Considerations for Care Transitions
Matrix "B" – Scenarios
[FOUR SCENARIOS FOR HIMSS]

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	User Notes (Scenarios)
1	Matrix Table "B" lists any number of Scenarios, which are use cases for care transitions. Each case is represented as a table containing problems and solutions. Anyone might submit a new case to the scenario database.
2	This document contains four examples extracted from the master Table "B" which has additional scenarios.
3	Column headings are to organize exposition: **Element:** Dimensions of care transition from Table #1 **Details:** What are the particulars of each Element in the given case? **Failure modes, risks, barriers:** For each scenario, what tends to go wrong? **Supportive materials, etc.:** Tools and resources relevant to each Element in the scenario.
4	Row numbers are for convenience in editing.
5	The application "FIND" function allows searching for any term or phrase.
6	The **Value** of solutions can be expressed in terms of HIMSS Value STEPS (Satisfaction, Treatment/Clinical, Electronic information/data, Prevention & Patient Education, Savings); regulatory/legal compliance (e.g., Meaningful Use, HIPAA); patient safety, privacy; risk management; etc.
7	Matrix Table "A" (Elements) lists the logical components of a care transition.

1	***Hospitalist discharges patient from community hospital to home after pneumonia***			
	Element (from Table A)	**Details**	**Failure modes, risks, barriers**	**Supportive materials, standards, references, guidelines, best practices, resources, links**
A	Initiator	Hospitalist determines patient is ready for different level of care and writes an order. Nurse determines patient is ready for discharge and requests a physician order.	Delayed follow-up with provider; follow-up left to patient alone	RARE Campaign: www.rarereadmissions.org/
B	Receiver	Patient, family, PCP	No follow-up appointment scheduled; patient unclear about who, when, why	
C	Transport carrier	Private car		
D	Human payload	Patient		
E	Other (physical) payload	Medications, property, equipment		
F	Information payload	Physician prepares D/C instructions & summary Nurse provides care plan, med administration log, property log	Discharge summary does not accompany patient; no "discharge package" (e.g., emergency contact, prescriptions, follow-up, warnings)	Written summary, patient portal
G	Communication medium & mode	Verbal, paper		

1	*Hospitalist discharges patient from community hospital to home after pneumonia*			
	Element (from Table A)	**Details**	**Failure modes, risks, barriers**	**Supportive materials, standards, references, guidelines, best practices, resources, links**
H	Tasks & contingencies	Follow up by patient; follow-up by providers; prescriptions transmitted and picked up; arrangements for home O2	Patient not clear about follow-up plan; contingency plans; no provision for O2 at home until after the weekend	RARE Campaign: www.rarereadmissions.org/
I	Authorization	Normal	Nobody in charge; no case manager; patient has impression "things are under control"	RARE Campaign: www.rarereadmissions.org/
J	Voluntariness	Normal		
K	Complexity	Low	Low	
L	Latency	Minimal		
M	Priority	Medium		
N	Notices, acceptance, acknowledgement	Paperwork with patient, electronic notification to PCP, claim to insurance		
O	Documenting the transition	EHR	Delay in recording D/C summary	
P	Status tracking	Complete		

2	*Patient makes appointment (self-referral) to a specialist*			
	Element (from Table A)	**Details**	**Failure modes, risks, barriers**	**Supportive materials, standards, references, guidelines, best practices, resources, links**
A	Initiator	Patient senses a medical problem and presents to a healthcare entity.	Did not bring necessary information; unprepared for visit/procedure (e.g., bowel prep); wrong specialty selected; specialist is out-of-network	Insurance carrier portal; specialist portal; messaging system
B	Receiver	Specialist (e.g., dermatology, neurology, etc.)	Did not receive necessary information (e.g., care plan, meds, reason for visit); cannot provide expected service	Electronic appointment portal; info on website; pre-visit questionnaire/info; pre-visit communication
C	Transport carrier			
D	Human payload	Patient with arthritis	Mobility	Disability access
E	Other (physical) payload			
F	Information payload	Current concern (reason for visit), past medical history, demographic data, insurance data	No records available; patient unable to list past providers; takes 9 weeks to obtain records; lack of interoperability w/PHR; lack of pre-visit package	Personal Health Record (PHR); portable PMR; CCD/CDA (Dossia, Cal-INDEX, Availity; Relay Health); "BEST Practices"

2	*Patient makes appointment (self-referral) to a specialist*			
	Element (from Table A)	**Details**	**Failure modes, risks, barriers**	**Supportive materials, standards, references, guidelines, best practices, resources, links**
G	Communication medium & mode	Verbal; phone; e-message		Electronic portals; messaging
H	Tasks & contingencies			
I	Authorization	Patient initiated		
J	Voluntariness			
K	Complexity	Low		
L	Latency	Short		
M	Priority	Low		
N	Notices, acceptance, acknowledgement	Verbal	Scheduling error	Online scheduling; confirmation
O	Documenting the transition	Provider EHR; patient PHR		
P	Status tracking	Pending		

8	*Hospital discharge of 86 year-old patient to SNF after surgery for hip fracture*			
	Element (from Table A)	**Details**	**Failure modes, risks, barriers**	**Supportive materials, standards, references, guidelines, best practices, resources, links**
A	Initiator	Orthopedic surgeon's Physician Assistant	Never met the patient before making rounds this morning	
B	Receiver	Charge nurse at SNF	Overworked	
C	Transport carrier	Ambulance		
D	Human payload	Patient		
E	Other (physical) payload	Walker, paperwork, personal property		
F	Information payload	Admission H&P, Op-note, D/C summary, Form LTC 101; Durable Power of Attorney	H&P has inaccuracies, Op-note not dictated yet, D/C Summary sparse, Transfer Form lists meds inaccurately; Transfer Form has too little space for necessary information; DPOA does not accompany patient	LTC-101 (Standard transfer form)
G	Communication medium & mode	Verbal (phone) sign-out, paperwork	Hospital portal is cumbersome to use	SNF nurse could have access to hospital EHR portal

8	*Hospital discharge of 86 year-old patient to SNF after surgery for hip fracture*			
	Element (from Table A)	**Details**	**Failure modes, risks, barriers**	**Supportive materials, standards, references, guidelines, best practices, resources, links**
H	Tasks & contingencies	Rehab until fit for D/C home; manage multiple active medical conditions in addition to rehab	Does not have good communication channel with surgeon to report concerns; no communication with multiple other specialists (e.g., neurology, cardiology, nephrology)	
I	Authorization	Routine	No care coordinator	
J	Voluntariness	Reluctant consent; possibly confused	Nothing to do; everybody hates nursing homes for valid reasons	
K	Complexity	Low		
L	Latency	Short		
M	Priority	Standard		
N	Notices, acceptance, acknowledgement	Phone sign out; faxes sent to numerous providers	PCP not notified about the transfer; no notice back to hospital on arrival; family supposed to be notified by hospital but nurse was not able to reach by phone; faxes went out a week after discharge	Portals could have patient status tracking function with Push notifications to authorized subscribers.
O	Documenting the transition	Hospital EHR, SNF EHR	Dual data entry; no direct exchange	Standard message format
P	Status tracking	On route		

11	*PCP refers patient to specialist*			
	Element (from Table A)	**Details**	**Failure modes, risks, barriers**	**Supportive materials, standards, references, guidelines, best practices, resources, links**
A	Initiator	Family practitioner	Doesn't know if specialist is in network; portals are difficult to use	Network affiliation available in EHR; Insurance carrier portal; specialist portal
B	Receiver	Cardiologist	Does not speak Russian	Translation service
C	Transport carrier	Private car	Don't know directions to office	GPS; portals
D	Human payload	Patient and daughter	Patient speaks Russian; daughter's English is less than fluent	Translation service
E	Other (physical) payload	Asked to bring "all your meds"	Do not bring medications	PHR

11	*PCP refers patient to specialist*			
	Element (from Table A)	**Details**	**Failure modes, risks, barriers**	**Supportive materials, standards, references, guidelines, best practices, resources, links**
F	Information payload	Current concern (reason for visit), past medical history, demographic data, insurance data	Patient does not have necessary records; unprepared for visit/procedure (e.g., fasting overnight); portals are cumbersome – specialist does not have time to access info	Portable PHR; PCP portal
G	Communication medium & mode	In person	Language barrier	Translation service

H	Tasks & contingencies	Address concerns; evaluation and management	Visit ineffective:
			• Doctor didn't hear or respond to the active concern
			• Patient didn't absorb, understand or accept the explanation or advice
			• A critical test, result or resource was not available; or action was deferred because of:
			  • poor coordination of resources
			  • poor communication between providers
			  • lack of foresight or planning
			• The patient referred to wrong doctor, facility or program; or received the wrong test or information
			• Diagnosis or treatment proposed made no sense to the patient, or had already been tried
			• Obvious errors apparent in data collection or communication
				See "Medical School"

I	Authorization	Shared decision making	Daughter disagrees	
J	Voluntariness	Patient is conscious and competent	Daughter mistranslates and introduces bias	
K	Complexity	Moderate		
L	Latency	None		
M	Priority	Moderate		
N	Notices, acceptance, acknowledgement	Verbal		

11	*PCP refers patient to specialist*			
	Element (from Table A)	**Details**	**Failure modes, risks, barriers**	**Supportive materials, standards, references, guidelines, best practices, resources, links**
O	Documenting the transition	Office scheduling system; provider EHR; visit summary; billing/claim history	No visit summary; claim does not match service	
P	Status tracking	Complete		