COLIN HACKLEY

Dennis Tsilimingras

After they leave the hospital …

Midway into a two-year, $1 million grant, Dennis Tsilimingras is closing in on recruiting the 590 patients he had hoped for – half of them from rural areas. Now he has another year to analyze their data in his quest to improve patient safety.

The long-term goal is to help patients transition from hospital care to home life without experiencing what researchers call "adverse events." Experts look forward to this project's results because it's the first such U.S. study to focus on rural patients. Under pressure to reduce patient readmissions and preventable errors, hospitals welcome any evidence of what works and what doesn't.

"Post-discharge adverse events may not have been a big issue about 15 years ago," said Tsilimingras, M.D., director of the College of Medicine's Center on Patient Safety. "What has changed is that we have a new medical specialty called a hospitalist, an internal medicine or family medicine physician who practices only in the hospital."

As the hospitalist hands patients back to their regular physicians, miscommunication can lead to errors, especially concerning medications. Those are the kinds of slip-ups this study, funded by the federal Agency for Healthcare Research and Quality, is exploring.

Tsilimingras (pronounced chili-MING-gras) has assembled a strong team. College of Nursing doctoral student Ashley Duke and Leslee Hancock, nurse at Tallahassee Memorial Hospital, interview patients within three or four weeks of discharge, looking for incidents such as prescription-drug interactions. College of Medicine faculty members John Agens, M.D., and Stephen Quintero, M.D., ultimately judge whether such incidents were indeed adverse events and, if so, whether they could have been minimized or prevented. Jessica Bishop-Royse, Ph.D., a sociologist-demographer, is project manager.

Then there are the heavyweights from Harvard Medical School and Brigham and Women's Hospital. Consultant David Bates, M.D., and project co-investigator Jeff Schnipper, M.D., have participated in many similar studies.

Questions have included: Which definition of "rural" should they use? What if a doctor's office won't provide patient records? What if a physician gave a drug that had a tolerable side effect because it cost only $4 instead of $50 for a poor, rural patient? Is that a "preventable" incident? What if the patient can't arrange transportation to appointments?

In remote areas, the post-discharge challenges can be daunting.

"Sometimes there are real problems that the patients are complaining about that the primary care providers are just not picking up," Schnipper said during a June workshop, "and they would have picked it up a whole lot sooner if there had been more communication."

"*ANY* communication," Bates added.

The researchers are not targeting physicians, because many of them are physicians themselves. Schnipper, in fact, is a hospitalist. They're targeting preventable errors, and they're confident this study will help to identify them.

Tsilimingras hopes it can lay the foundation for a screening tool that would flag patients who are particularly at risk. Equipped with that information, the hospital physician would not discharge them until the risk factors had been addressed.

Tsilimingras hopes his next project can focus on even younger patients.

"Not even one study in the country," he said, "has identified post-discharge adverse events in children."