FSU, TMH Team Up for Patient Safety Study



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Medical errors during hospital stays make headlines, but far more common are problems that occur after patients especially older ones - go home. Little research has focused on the critical weeks after discharge, and none has focused on rural patients — until now.

Dennis Tsilimingras, M.D., M.P.H., Director, Center on Patient Safety and Assistant Professor of Family Medicine & Rural Health at the Florida State University College of Medicine, has been awarded a two-year, \$908,000 grant from the federal Agency for Healthcare Research and Quality. "This is another splendid example of the positive and powerful influence of the FSU-TMH comprehensive research agreement," said Paula Fortunas, President and CEO of the TMH Foundation.

With the participation of the Tallahassee Memorial Hospitalist Group, this study will monitor approximately 600 patients - half of them rural - for three weeks right after they're discharged. "Ultimately the goal is to recommend ways to reduce post-discharge problems, which often involve medications," said Dr. Tsilimingras.

"Dr. Tsilimingras' grant is designed to evaluate how safe our health care system is when patients transition their care from hospital to home," said Les Beitsch, M.D., J.D. Associate Dean for Health Affairs. "He may play an instrumental role in making patient care safer and better."

Dr. Tsilimingras (pronounced "chili-MING-gras") and his fellow researchers will be looking for medical errors that injure patients - or, in the language of patient safety, "post-discharge adverse events." He said the only previous U.S. study done, in Boston, found that 19 percent of discharged patients experienced an adverse event. When that study was replicated in Ottawa, the

rate was 23 percent. He said those were five to six times higher than in-hospital rates. Neither study looked at rural patients.

The FSU-TMH study, which officially began September 30, 2011, has three specific aims:

- 1. Identify adverse events and determine which ones could be prevented or at least be less severe. Researchers' hypothesis is that the rate among the rural population will be higher than among the non-rural because of less access to follow-up health care.
- 2. Identify the causes. The hypothesis is that most adverse events will be related in some way to medications, sometimes resulting from a miscommunication between the patient's regular physician and the hospital physician. In the Boston study, medication problems were a factor in two-thirds of all adverse events after discharge. And because older patients typically have more medications, they more often have adverse events.
- 3. Examine other factors that could play a role, such as whether the patient didn't have a primary-care physician, or whether the patient had a chronic disease before entering the hospital - and, if so, the severity of that disease.

Dr. Tsilimingras hopes this study can lay the foundation for a screening tool that will flag any patients who are particularly at risk. In the meantime, Dr. Tsilimingras has this advice for patients: "Always talk to the physician. Always ask as many questions as possible. Always have a list of your medications with you. Before you're discharged, make sure you know what you're supposed to do next. Make sure you know what to tell your own physician, because you can't assume he or she has spoken with the hospital physician. "And if you can't take these steps, bring along a family member who can."



Vice President and Chief Medical Officer, Tallahassee Memorial **HealthCare**

TMH Creates Transition Center for Patients Who Need Follow-Up Care

The Tallahassee Memorial Transition Center that opened in February 2011 is an innovative partnership among the FSU College of Medicine, Capital Health Plan and TMH and is designed to reduce hospital readmissions. The Center delivers follow-up care in a multidisciplinary setting for certain patients who have been recently discharged from the hospital and are clinically stable. Health care professionals connect patients to any care they need such as filling prescriptions, arranging physical therapy or other rehabilitation services or getting in touch with case management or social work for intervention. "First and foremost, the Center is benefiting the patients it serves ... emergency room visits and readmissions to the hospital have been reduced by 68 percent since the Center opened," said Dean D. Watson, M.D., Vice President and Chief Medical Officer, Tallahassee Memorial HealthCare. "Ultimately, the Center will become a multidisciplinary learning site for TMH, the FSU Colleges of Medicine, Nursing and Social Work, the FAMU College of Pharmacy and the Tallahassee

Community College Division of Healthcare Professions." The Tallahassee Memorial Transition Center was recognized for its effectiveness in the December 2011 edition of The Hospitalist magazine.