Innovative Collaboration

Transition Center Helps Hospital Patients Who Need Follow-up Care

A unique new relationship between Tallahassee Memorial and other local health care organizations aims to reduce health care costs by lowering the number of hospital readmissions in Leon County.

Tallahassee Memorial HealthCare, Capital Health Plan and the Florida State University College of Medicine are collaborating on the Transition Center, an innovative new facility that opened in February 2011 to provide follow-up care to patients discharged from Tallahassee Memorial Hospital who are at risk for readmission. Patients seen at the Transition Center include adults who were hospitalized at TMH and meet any of the following criteria when they are discharged.

- Patients without a primary care provider.
- Patients without health insurance.
- Patients who are not able to obtain a follow-up appointment with a physician within seven days of discharge.
- Patients who have been hospitalized three or more times over the last 12 months.

The Transition Center is part of an Institute for Healthcare Improvement (IHI) initiative called Triple Aim, a multi-organization international collaborative that pursues new health care delivery designs aimed at accomplish three objectives: (1) to improve the health of a community’s population; (2) to enhance the patient experience of care (including quality, access, and reliability); and (3) to reduce, or at least control, the per capita cost of care.

Patients may be seen at the Transition Center for a variety of reasons. It’s a place where health care professionals can connect patients to any care they need following their time in the hospital, whether this means filling prescriptions, arranging physical therapy or other rehabilitation services, or getting in touch with case management or social work for intervention. The Centers for Medicare and Medicaid Services believes lowering the incidences of hospital readmissions can dramatically reduce the overall cost of health care.

TMH Chief Medical Officer Dean Watson, MD, developed the original idea for the center. He explains, “In essence, we want to be available to provide care for patients who can’t see their physician within five to seven days of discharge from the hospital. We want to make sure they get the care and support they need to prevent them from having to come back to the hospital.”

Stephen Quintero, MD, who is a faculty member at the FSU College of Medicine, serves as the facility’s medical director helping to oversee the center, along with TMH colleague Judy Griffin, ARNP, who is the center’s nurse practitioner. Working specifically with patients age 65 and older at the Transition Center are Kenneth Brumwell-Smith, MD, and John Agens, MD, of the FSU College of Medicine Geriatrics Department. These two physicians are often accompanied by fourth year FSU medical students who are completing their geriatrics rotation.

One unique aspect of the Transition Center is the role of our RN Care Coach. The Coach calls patient after discharge from the hospital and in between appointment visits to encourage, educate, and motivate patients on their disease and support their role in self management.

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— Dean Watson, MD, TMH Chief Medical Officer

“Establishing a place where discharged hospital patients can receive care is the focal point of phase one of this facility,” stresses Dr. Watson. “Phase one is a creative collaborative effort of the hospital and community.

This approach will leave the center open to many possibilities for expansion in the future. However, there are some clearly defined long-term plans for the facility. “Phase two of the center will involve expanding care for patients with chronic diseases, such as heart failure, COPD and diabetes, as well as further developing the educational component of the program,” Dr. Watson explains.

Ultimately, the center will provide a multi-disciplinary learning environment, bringing together the Tallahassee Memorial Family Medicine Residency Program, the FSU College of Medicine, College of Social Work and College of Nursing, the FAMU College of Pharmacy, and Tallahassee Community College’s Respiratory Therapy and Medical Technology Programs.

“Nursing, physical therapy, respiratory therapy, medical, pharmacy, and allied health professional students will be learning side-by-side from the beginning of their educations.

This isn’t being done across the country. We will have a safety-net Transition Center and multi-disciplinary education coming together at the same facility,” says Dr. Watson.
Gretchen Moss (standing) is a licensed practical nurse at the Transition Center who works with other health care professionals to provide follow-up care to patients discharged from TMH.