Applying Human-Centered Design to Improve Hospital-to-Home Transitional Care of Children and Youth with Special Health Care Needs (CYSHCN)

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Introduction

Hospital-to-home care transition interventions have been widely adopted by health systems. But families and caregivers of CYSHCN still experience gaps in this process. Working with Duke Population Health Management Office (PHMO) and UNC Health Alliance, we aim to:

Identify opportunities for improvement in existing transitional care workflows

Co-design adaptations to transitional care processes

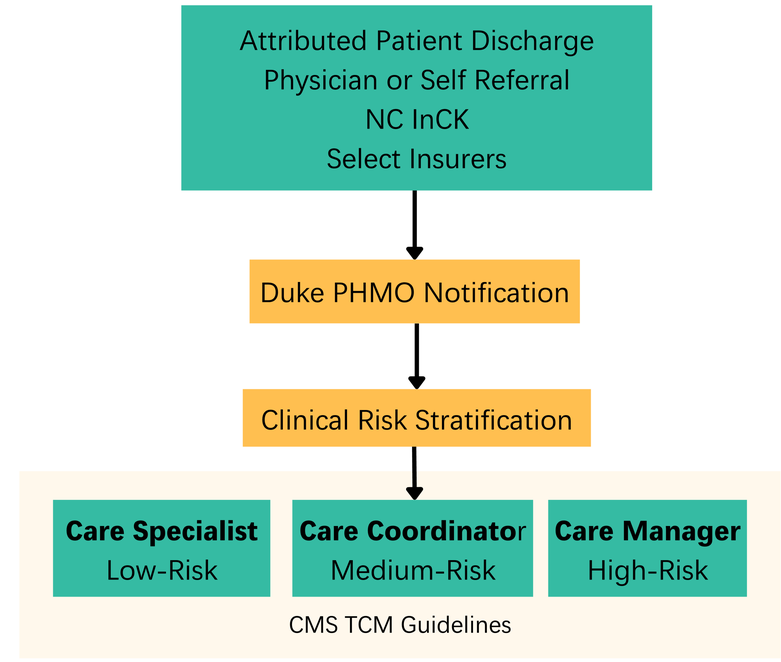
Methods

Human-centered design ideates with the end user in mind. We followed a quality improvement plan-do-study-act cycle, involving population health leadership and transitional care managers.

- Current state process maps of transitional care practices and organization
- Semi-structured interviews (n=8) with front-line transitional care managers
- Rapid qualitative analysis of interviews; journey mapping of workflow
- Iteratively co-design and refine team prototype with transitional care management staff

Results

Many stakeholders are involved in determining patient eligibility and referral to transitional care.



Process Map of Duke Transitional Care Management

In interviews, transitional care managers discussed existing resources, strategies, and barriers to outreach calls.

- Use of a standardized workflow to confirm medication and appointments
- Use of NCCARE360 directory to address social needs
- Obtaining consent for referrals to external resources involves additional communication

"We're just trying to make sure all of jigsaw pieces are fitting together and that the patient has everything they need."

-A Transitional Care Manager

Preliminary Findings

- Clinical stratification helps guide transitional care management.
- Care managers interface with a diverse patient population, across the state and across the lifespan.
- Assessing eligibility criteria over the phone often felt difficult and time-consuming.
- The transitional care workflow for all pediatric patients is the same for adults.

Next Steps

Final interviews and continuation of rapid qualitative analysis will characterize opportunities for workflow improvement at both Duke PHMO and UNC Health Alliance.

Potential prototypes may include pediatric-specific training, different EHR documentation, and a modified consent form process.

These findings will directly support an upcoming clinical trial aimed at comparing H2H care transition interventions at Duke Health and UNC Health.

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