Purpose
The focus of the project was to improve patient outcomes by improving the quality of communication between stakeholders. A robust communication system will potentially save Visiting Physicians Association on operational costs while improving patient outcomes.

Background
One problem contributing to the readmission of geriatric patients has been traced to improper discharge planning of transitional care (Asher, 2004). Post-discharge instructions are often either incompletely known or completely unknown to patients and/or caregivers leading to deterioration in the patient’s health following a transition in care.

Methodology
Development of Communication Plan with focus on critical information was created. The project developed a communication plan and framework that optimizes the exchange of the following information: medication lists, wound care information, resumption of care, and follow-up appointments. A detailed design process and plan to establish procedures of communication and responsible players along the chain of transmission.

Results
Discharge files transfer times reduced by nearly half from 48 hours to 26 hours. Fulfillment of patient requests also improved significantly, with 90% of patients reporting that their requests for information were satisfied, from a response rate of fewer than 50% pre-intervention. These improvements contributed to overall reductions in emergency calls, which respectively fell below half and 70% of pre-intervention levels.

Implications
There was an improved outcome, readmission rates dropped across patient categories, while patients reported quicker information exchange times and more accurate information transfer across the VPA partner network.