Appendix Figure 1. Timeline of Major Quality Improvement Interventions
Abbreviations: CRRT, continuous renal replacement therapy; EMR, electronic medical record; ICU, intensive care unit; PDSA, Plan-Do-Study-Act.

PDSA Cycle #1
- **Plan**: Expansion Phase, with extended clinic hours and referral indications.
- **Do**: TOC clinic staffed 5 days per week. Eligible population expanded to include patients without CHF, or those with lower CAN scores at provider discretion.
- **Act**: Rates of TOC utilization lower than expected, leading to PDSA #3.
- **Study**: Monitoring of # of total patients discharged, number of TOC referrals made, patients seen, and total 30-day readmission rate.

PDSA Cycle #2
- **Plan**: Magnitude Assessment.
- **Do**: Stakeholder inputs gathered. Transitions of care clinic model chosen, and Pilot planned in CHF patients.
- **Act**: Pilot conducted from April to October 2018, followed by analysis of results.
- **Study**: Monitoring of # of CHF patients discharged, number of TOC referrals made, patients seen, and 30-day CHF readmission rate.

PDSA Cycle #3
- **Plan**: Stakeholders — Met and discussed barriers to TOC referral and follow-up. Formal multidisciplinary TOC committee formed, with new committee chair.
- **Do**: Readmission rates fall to 7.9% over the final 3 months of the intervention, meeting the primary project aim of a 20% relative readmission rate reduction.
- **Act**: Monitoring of # of total patients discharged, number of TOC referrals made, patients seen, and total 30-day readmission rate.
- **Study**: Continuation of TOCC based on study results.

Continuation of TOCC based on study results:
- **02/2019**
- **08/2019**
- **02/2020**

1. Dedicated TOC scheduler assigned
2. Revamped virtual education for patients prior to discharge, led by TOC hospitalists
3. Biweekly visits with hospitalist teams to discuss discharge concerns
4. Standardized discharge summary
5. Modified sign-out protocol from TOC to PCP