

LHH Acute Care Transfers Update

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- LHH residents requiring acute hospital care frequently cannot be admitted to ZSFG because of ED diversions, which may result in compromised continuity of care
- Because of this, the medical leadership at LHH and ZSFG were tasked with finding a solution to this challenge

Option 1

- LHH ambulance transfers to acute care hospital dependent on hospital's diversion status (current state)

Option 2

- Direct admit to ZSFG of stable, non-acutely ill resident (not the challenge we are trying to solve)

Option 3

- Prioritize LHH residents after stabilization in the EDs over other SFHN patients for admission to ZSFG (not practical because the other parts of SFHN will be impacted)

Option 4

- CAREpoint system (EMS implementation in progress)

- Two primary end goals:
 - Priority of maximizing continuity of care by retaining patients in the SFHN network
 - Priority of maximizing patient safety by transporting patients to the most expeditious ED
- Medical leaders at LHH and ZSFG agreed to **eliminate** option 4 (CAREpoint system) because it was not conducive to both end goals

Option 4

- CAREpoint system (EMS implementation in progress)



- Of the 3 remaining options, the decision was to continue option 1 with enhancements to
 - Acute care transfer workflows
 - Health information exchanges

Option 1

- LHH ambulance transfers to acute care hospital dependent on hospital's diversion status (current state)



■ Phase I: Acute Transfer

1. The Nurse identifies a patient is acutely ill.
2. The Nurse pages the physician on call.
3. The Physician evaluates the patient.
4. If the patient needs to be transferred to acute care and is critically ill, call 911. On arrival the ambulance crew informs Laguna Honda which hospital they are going to, which should be the closest available Emergency Room (ED).
5. If the patient needs transfer to acute care but is not critically ill, the Physician calls ZSFG ED for physician to physician sign off.
6. If ZSFG is on divert, the Physician calls the default hospital UCSF ED for the sign off, then St. Mary's, then others if necessary for diversion. * new *
7. The Nurse on the neighborhood calls King American, the contracted ambulance service and notifies them of the destination and asks if they can respond within 30 minutes (if the clinical situation warrants). If King American cannot respond within 30 minutes then the Nurse calls Pro Transport or AMR. * new *
8. When ambulance arrive, the Nurse notifies the crew which hospital and they leave Laguna Honda. Per EMS protocol the planned destination should not change on route. If it does happen we will report to Dr. John Brown, EMS director.

■ Phase II: Post Acute Transfer

9. In one hour the Charge Nurse or Nursing Operations calls the destination hospital to confirm arrival. * new *
10. If the patient is not there, the Nurse calls the 911 Dispatcher Center Paramedic Supervisor back number to locate where the patient was taken. The Nurse then informs the Physician where the patient was taken in. * new *
11. The Physician calls hospital ED for physician to physician sign off. * new *
12. ZSFG will make the effort to repatriate the resident/patient as soon as possible after stability. * new *

- Health Information Exchanges (HIE)
 - Physicians are already registered with the UCSF MD Link at UCSF.
 - We will register also with the HIEs at
 - Dignity Health (St. Mary's, St. Francis)
 - Sutter Health (CPMC, St. Luke's)
 - This will markedly improve our ability to monitor our residents/patients in real time and improve quality of care
- Systemic Changes
 - LHH will propose language in the ambulance contracts that the ambulance notify LHH if there is a change in the destination hospital after leaving LHH
 - Nursing will monitor and review hospital destination information
- Start date of October 1, 2016 (for standard workflow)

Questions, Comments, Discussion