Acute Hospital Care for LHH Patients

SFGH Joint Conference Committee

January 26, 2016

Background

2015

- At closed session with Med QI report, an LHH patient was discussed needing acute level of care, was sent to another acute hospital because SFGH was on diversion
  - *Patient was an orthopedic patient who was well known to SFGH Orthopedics Service*
- LHH JCC Commissioners requested SFGH and LHH to explore options for admitting LHH patients to SFGH acute care for continuity of care

Data Review

2015	Total ED/Acute Transfers from LHH	# of patients diverted from SFGH	% of patients diverted from SFGH	% admitted to ICU level of care
August	36	7	19%	14%
September	28	10	35%	11%
October	23	10	44%	26%
November	24	8	33%	17%

Activities

- LHH and SFGH clinical leadership met to lay groundwork for implementing direct admissions to SFGH
- SFGH clinical leadership developed protocol based on existing “repatriation” processes
- SFGH clinical leadership drafted standard procedures for direct admission to an SFGH acute care bed (bypassing the ED)
- LHH clinical leadership and medical staff reviewed draft procedure

City Diversion Policy

- LHH medical leadership met/conferred with John Brown, EMS Medical Director, on three occasions
- Confirmed DPH *cannot* circumvent the EMS diversion policy and preferentially send patients to SFGH ED when on ED diversion

Options Explored

Option 1 – Directly Admit to SFGH Acute Care Bed

- Pros: protocol already exists, and ED diversion does not impact this protocol
- Cons:
  - Can delay patient receiving timely care
  - *Only for stable patients*
  - Time intensive for providers and nursing staff

Option 2 – Continue current procedure (LHH to acute care hospital, dependent on diversion status)

- Pros: protocol already exists, and patient can be transferred to an ED *immediately*
- Cons:
  - With diversion, can be time intensive for providers as they are calling multiple EDs for accepting patient and physician; no guarantee that patient will go to accepting ED
  - Patient is admitted out of network; continuity of care is compromised

Option 3

- Prioritize Admission to SFGH from outside EDs after stabilization
- Places LHH patients at top of ED-to-Inpatient repatriation priority

- Pros:
  - Enhances continuity of care for LHH patients at SFGH
  - Standard process already exists
- Cons:
  - Bumps capitated OOMG patients
  - Trade offs: Compromises finances and continuity of care for this patient group
  - Same challenges with ED transfers as Option 2

Patient Flow at SFGH

Simultaneously, there is intensive activity at SFGH around improving Patient Flow using Lean methodology

- Improving flow increases our capacity to accommodate *all* of our Network patients and decreases ED diversion
- ED Value Stream
  - Launched in October focusing on fast-track for lower acuity patients
  - Substantial improvements already realized
- Inpatient Value Stream
  - Launched the week of Jan. 25
  - Scope: Decision to Admit to Discharge

Summary

- LHH and SFGH clinical leadership have worked hard together to develop safe and effective mechanisms for admitting LHH patients to SFGH
- We are deploying both Option 1 and 2 now
  - Only stable patients are directly admitted to SFGH (few patients qualify)
  - Most LHH patients are sent to outside hospitals when SFGH on diversion
- Deployment of Option 3 is a Network-level decision
- LHH and SFGH medical and clinical leadership are committed to do all we can to enhance continuity of care for our SFHN patients

Questions, Comments, Discussion