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

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