Acute Hospital Care for LHH Patients

ZSFG Joint Conference Committee

May 24, 2016

Background

LHH patients requiring acute hospital care frequently cannot be admitted to ZSFG, which may result in compromised continuity of care

Reasons:

- The patient is unstable and must be transferred to the nearest hospital via 911 EMS
- ZSFG does not have available beds
- ZSFG is on ED diversion

Data Review

Month	Total ED/Acute Transfers from LHH	# of patients diverted from SFGH	% of patients diverted from SFGH	% admitted to ICU level of care
October	23	10	44%	26%
November	24	8	33%	17%
December	36	6	17%	8%
January	24	5	21%	21%
February	31	12	39%	10%
March	27	10	37%	19%
Average	**27**	**8**	**30%**	**17%**

EMS Agency Diversion Policy # 5020

- Used by Emergency Departments to indicate that they are over capacity, meaning the next patient who arrives is at risk of receiving below the standard of care (and potentially affecting the standard of care of patients already present)
- Applies only to patients arriving by ambulance (not “walk ins”)
- Applies only to patients whose destination is the Emergency Department (not direct admits/inter-facility transfers to inpt. beds)
- Does not apply to specialty care patients (trauma, stroke, STEMI, post cardiac arrest, burns, obstetrics, some others; see policy # 5000)

Options Implemented

Option 1 – LHH to acute care hospital, *dependent on diversion status*

(Most common current scenario)

- 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 may be compromised

Option 2 – Directly Admit to ZSFG Acute Care Bed

- Pros: Process 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 3 (proposed previously)

- Prioritize Admission to ZSFG 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 ZSFG
  - Standard transfer process already exists
- Cons:
  - Bumps capitated out-of-medical-group patients
  - Trade offs: Compromises finances and continuity of care for this patient group
  - Same challenges with ED transfers as Option 1

Option 4 (new)
Base Hospital Physician/CAREpoint™ Proposal

- Multi-pronged approach to transfer more LHH patients to ZSFG for care in acute crises:
  - Continue direct admit of stable LHH patients via AOD (no change from current practice)
  - Continue 911 transport of clearly unstable patients to closest appropriate hospital (no change from current practice)
  - Utilize Base Hospital MD on duty, paired with AOD and CAREpoint™ technology in the ZSFG Emergency Department, to determine ability of the hospital to provide care for potentially unstable patient based on specific needs


CAREpoint
Workstation
UHF MED 1
PATCH 1
AEROMED
NJ STATE PD HERN
MEDCOM
HEAR
ALS 1
ALS 2
BACK-UP
Overhead Page 1
Overhead Page 2
Overhead Page 3
Overhead Page 4
CLR
AUTODIAL
REDIAL
CONF
HOLD
FLASH
1
ABC 2
DEF 3
GHI 4
JKL 5
MNO 6
PRS 7
TUV 8
WXY 9
*
0
#
COMM
FORMS
ECG
MORE
HELP
15:43:41
10/22/2012
VOLUME
SELECT
UNSELECT
MUTE
MUTE
TRANSMIT
ALERT
ACKNOWLEDGE
HANGUP
ROSETTA-D
CD FREE 95%
General Devices
CAREpoint
Workstation
REC
CALL
HOLD
HANG UP
SETTINGS
CONNECTED
AUDIO
General Devices

Base Hospital Physician/CAREpoint™ Proposal

- Proposed steps:
  - LHH MD determines patient potentially too unstable for direct admit
  - LHH MD calls (teleconsultation) ZSFG BH MD using CAREpoint™, who conferences in ZSFG AOD and contract ambulance provider at start of encounter
  - LHH MD transmits voice, EKG, live video, any other data relevant to case and discusses with ZSFG BH MD anticipated patient need
  - ZSFG BH MD and AOD determine availability of specific resource(s) and okays transfer, directing contract ambulance provider (or as backup 911 dispatch center) with ETA to LHH and confirmed destination of ZSFG
  - Anticipated teleconsultation time :15 to :20
  - Ambulance transports patient from LHH to ZSFG designated destination (CT scan, CDU bed, resuscitation room for procedure then ICU, etc.)

Base Hospital Physician/CAREpoint™ Proposal

- Pros:
  - Enables “fine tuning” to match any available resource to need
  - Improves LHH-ZSFG ED-ambulance provider coordination/interface
  - May not require new equipment/personnel/standby capacity
- Cons:
  - Unknown effect on ZSFG BH MD workflow; *may be too time intensive*
  - Need to define “ownership” during evaluation and clear hand-off to inpatient team
- Caveats:
  - Technology is new; installation has occurred and user training is in progress. Will be operational on 5/21/16.
  - Does not CREATE beds or other treatment resources. If LHH transfer patient needs a type of resource that is not available at the time of call, ZSFG will be unable to accept

Patient Flow at ZSFG

Simultaneously, there is intensive activity at ZSFG 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 for level 4/5 patients
- Inpatient Value Stream
  - Launched in January
  - Focusing on discharge planning/communication and discharge before noon

Summary

- LHH and ZSFG clinical leadership are working together to develop safe and effective mechanisms for admitting LHH patients to ZSFG
- We are deploying both Option 1 and 2 now
  - Only stable patients are directly admitted to ZSFG (few patients qualify)
  - Most LHH patients are sent to outside hospitals when ZSFG is on diversion
- Deployment of Option 3 is a Network-level decision
- Option 4 is being explored actively
- LHH and ZSFG medical and clinical leadership are committed to do all we can to enhance continuity of care for our SFHN patients

Questions, Comments, Discussion