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University of New Mexico Internal Medicine Triage Hospitalist Pilot

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No financial disclosures for individuals involved in this project.
Objectives

1. Review patient care delays occurring at time of admission to Internal Medicine.
2. Discuss new Triage Hospitalist position.
3. Reflect on pilot data and next steps.
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1. Review patient care delays occurring at time of admission to Internal Medicine.
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Significant patient care delays occur at admission time to Internal Medicine.

~50% of patients are admitted to Internal Medicine at UNMH.

Admission Time Definition:
• Starts with “Consult to Inpt Medicine” order in Cerner.
• Ends with “Admit to Inpt/Observation” order in Cerner.
Baseline Data (1/1/2019 – 9/1/2019)
Baseline Data (1/1/2019 – 9/1/2019)

- Patient Arrival
- ED Enters “Consult to Inpt Medicine”
Baseline Data (1/1/2019 – 9/1/2019)

Patient Arrival

ED Enters “Consult to Inpt Medicine”

ED Evaluation/Stabilization
Baseline Data (1/1/2019 – 9/1/2019)

“Patient Arrival” to “Consult to Inpt Medicine” = **6.1/7.1** hours (Median/Average)

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ED Evaluation/Stabilization
Baseline Data (1/1/2019 – 9/1/2019)

“Patient Arrival” to “Consult to Inpt Medicine” = 6.1/7.1 hours (Median/Average)

Patient Arrival  ---  ED Enters “Consult to Inpt Medicine”  ---  IM Enters “Admit to Inpt/Observation”

ED Evaluation/Stabilization
Baseline Data (1/1/2019 – 9/1/2019)

“Patient Arrival” to “Consult to Inpt Medicine” = 6.1/7.1 hours (Median/Average)

Patient Arrival

ED Enters “Consult to Inpt Medicine”

ED Evaluation/Stabilization

Admission Time

IM Enters “Admit to Inpt/Observation”
Baseline Data (1/1/2019 – 9/1/2019)

“Patient Arrival” to “Consult to Inpt Medicine” = 6.1/7.1 hours (Median/Average)

“Consult to Inpt Medicine” to “Admit to Inpt/Observation” = 4.7/5.7 hours (Median/Average)

Patient Arrival

ED Enters “Consult to Inpt Medicine”

IM Enters “Admit to Inpt/Observation”

ED Evaluation/Stabilization

Admission Time
Baseline Data (1/1/2019 – 9/1/2019)

“Patient Arrival” to “Consult to Inpt Medicine” = 6.1/7.1 hours (Median/Average)

“Consult to Inpt Medicine” to “Admit to Inpt/Observation” = 4.7/5.7 hours (Median/Average)
Baseline Data (1/1/2019 – 9/1/2019)

- "Patient Arrival" to "Consult to Inpt Medicine" = **6.1/7.1** hours (Median/Average)
- "Consult to Inpt Medicine" to "Admit to Inpt/Observation" = **4.7/5.7** hours (Median/Average)
- IM Enters "Admit to Inpt/Observation"
- ED Enters "Consult to Inpt Medicine"
- ED Evaluation/Stabilization + Admission Time = **11.8/12.8** hours (Median/Average)
Baseline Data (1/1/2019 – 9/1/2019)

"Patient Arrival" to "Consult to Inpt Medicine" = 6.1/7.1 hours (Median/Average)

"Consult to Inpt Medicine" to "Admit to Inpt/Observation" = 4.7/5.7 hours (Median/Average)

IM Enters "Admit to Inpt/Observation"

ED Evaluation/Stabilization + Admission Time = 11.8/12.8 hours (Median/Average)
Root Cause Analysis of Admission Time Delays:

- Insufficient IM admitting capacity
- High medical complexity resulting in prolonged admission evaluations
- Batched admission requests from ED
- Incorporation of ICU and PALS admissions into admit workflow
- Pending surgical specialty consultations
- Uncertain admitting service agreements
Root Cause Analysis of Admission Time Delays:

- Insufficient IM admitting capacity
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SMART Aim Statement:

Decrease admission time, defined as “Consult to Inpt Medicine” to “Admit to Inpt/Observation”, from baseline average 5.7 hours to an average of 2 hours or less by July 1, 2020.
Objectives

1. Review patient care delays occurring at time of admission to Internal Medicine.
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Triage Hospitalist Role Overview:

- ED attending to IM attending bedside handoff
- Makes final clinical decision to admit, indicated by placement of “Bed Request” order in Cerner
- Helps overcome ED discharge barriers that would have otherwise resulted in admission to IM
- Confirms complete ED evaluation/stabilization
Triage Hospitalist Role Overview:

- Confirms ED placing “Consult to Inpt Medicine” order into Cerner
- Confirms patient evaluated for possible transfer to outside facility
- Distributes patients pending complete admission to IM teams
- Responsible for clinical care of patients pending complete admission
Objectives

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Triage Hospitalist Pilot

- November 1st to December 31st, 2019

- Prospective Data Collection
  - Patient arrival timestamp
  - “Consult to Inpt Medicine” order timestamp
  - Start and end time of attending handoff (mins)
  - Bedside handoff (yes/no)
  - Final admission decision (admit vs other)
  - “Bed Request” order timestamp
    - Surrogate for “Admit to Inpt/Observation”
• Retrospective Data Collection
  • Transfer to ICU within 24 hours
  • Transfer to alternate service
  • Discharge next day
  • Recidivism

• Prospective REDCap Surveys
  • Collected data on pilot strengths and weaknesses from ED and IM clinicians
Pilot Results

8 pilot shifts
- 75 patients evaluated by the Triage Hospitalist position over the course of 8 weeks
Outcome Measures:

- Average time from ED “Consult to Inpt Medicine” to IM “Bed Request”
  = 40 minutes

- Average time from IM “Bed Request” to IM “Admit to Inpt/Observation”
  = 2 hours and 22 minutes

- Average “Admit Time”
  = ~ 3 hours
Pilot Results

Process Measures:

• ED placed “Consult to Inpt Medicine” order 28.6% of the time.
• 7 minutes on average elapsed between “Consult to Inpt Medicine” order and start of attending handoff.
• Attending handoff required 3.41 minutes on average.
• Attending handoffs occurred at patient bedside 60.7% of the time.
Balancing Measures:

For those patients evaluated by Triage Hospitalist…

- **56 (75.7%)** were admitted to IM
- **16 (24.3%)** were dispositioned elsewhere
- **5 patients (6.7%)** were discharged from IM the following day
- **1 patient** was transferred to another service following admission to IM
- **1 patient** was re-admitted within 72 hours of discharge from IM
- **0 patients** transferred to ICU
Feedback was overwhelming positive!

“I love this, it allows me to see more patients and keep the department flowing.” – ED Resident

“Honestly, this is the best thing since sliced bread or the advent of ice.” – ED Resident

“Admissions are happening faster. There is less confrontation. EM is freed up to see new patients. Patients are boarding less.” – ED Resident

“Quick triage and admission. Cordial and collegiate discussions. – IM Attending

“Great for patient care. Smooth.” – EM Attending
Triage Hospitalist Pilot resulted in a ~50% reduction in Admission Time.

Admission Time

4.7/5.7 hrs (Median/Average)

Patient Arrival

ED Enters “Consult to Inpt Medicine”

IM Enters “Admit to Inpt/Observation”

~3 hours (Average)
Due to pilot success, Triage Hospitalist role implemented between 7am and 10pm on 1/1/2020.
Average "Consult to Inpt Medicine" Order to "Bed Request" Order in Minutes

Black - Non Pilot Days, Red - Pilot Days

Triage Hospitalist
7am - 10pm
Conclusions
• “Admission Time” decreased from ~5.7 hours average to ~3 hours average.

• “Admission Time” remains greater than 2 hour goal.
Next Steps
• Anticipated Late March 2020
  • Implement TigerConnect feature to...
    • Improve ease of communication between ED and IM
    • Increase adherence of ED “Consult to Inpt Medicine” to 100%.

• May 1st 2020
  • Complete post-intervention survey of ED and IM clinicians to determine whether interpersonal aspects of admission (collaboration, respect, communication, etc.) have improved with Triage Hospitalist role implementation.

• July 1 2020
  • 24/7 Triage Hospitalist services
Questions