

# University of New Mexico Internal Medicine Triage Hospitalist Pilot

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No financial disclosures for  
individuals involved in this project.

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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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Significant patient care delays occur at *admission time* to Internal Medicine.

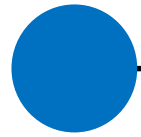
**~50% of patients are admitted to Internal Medicine at UNMH.**

*Admission Time Definition:*

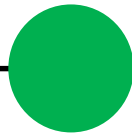
- Starts with “Consult to Inpt Medicine” order in Cerner.
- Ends with “Admit to Inpt/Observation” order in Cerner.

# Baseline Data (1/1/2019 – 9/1/2019)

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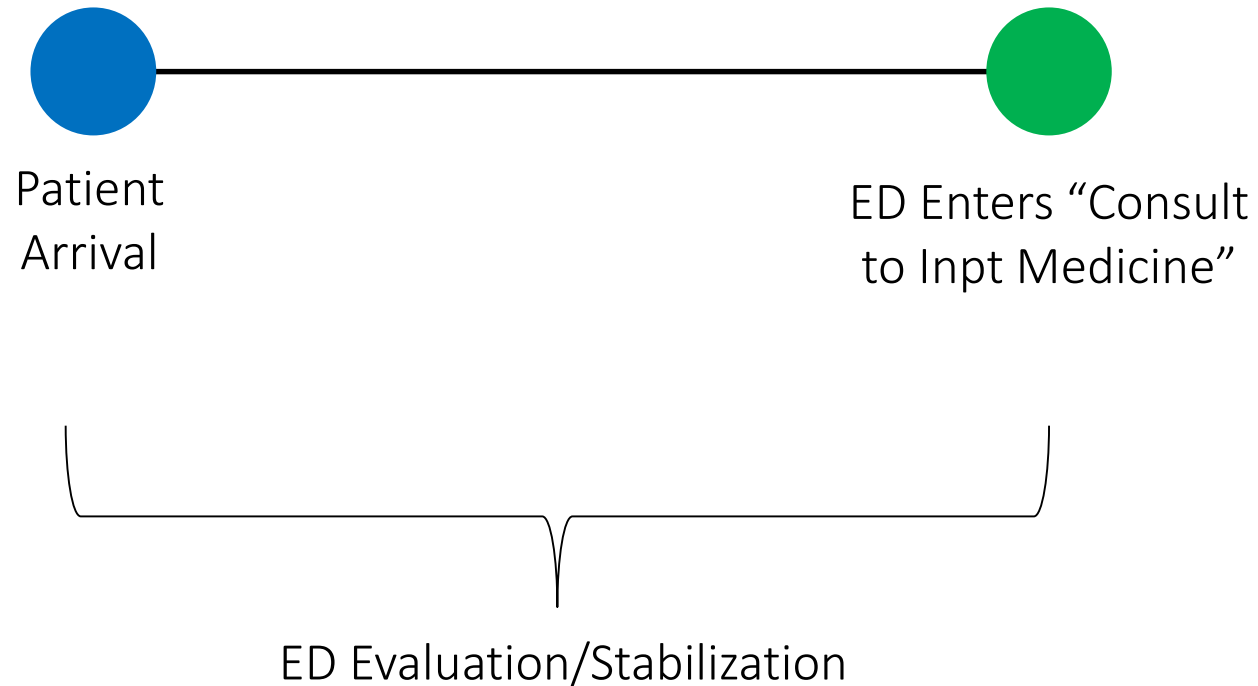


Patient  
Arrival



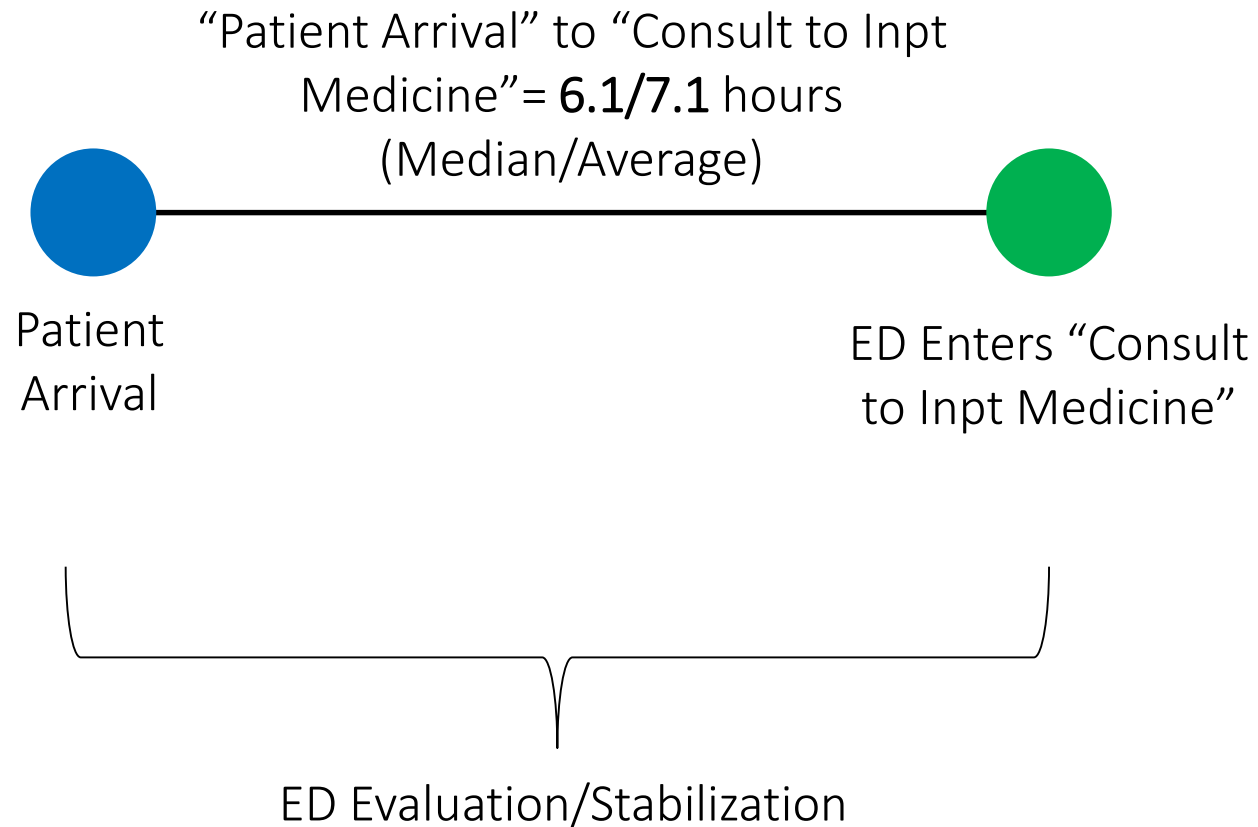
ED Enters "Consult  
to Inpt Medicine"

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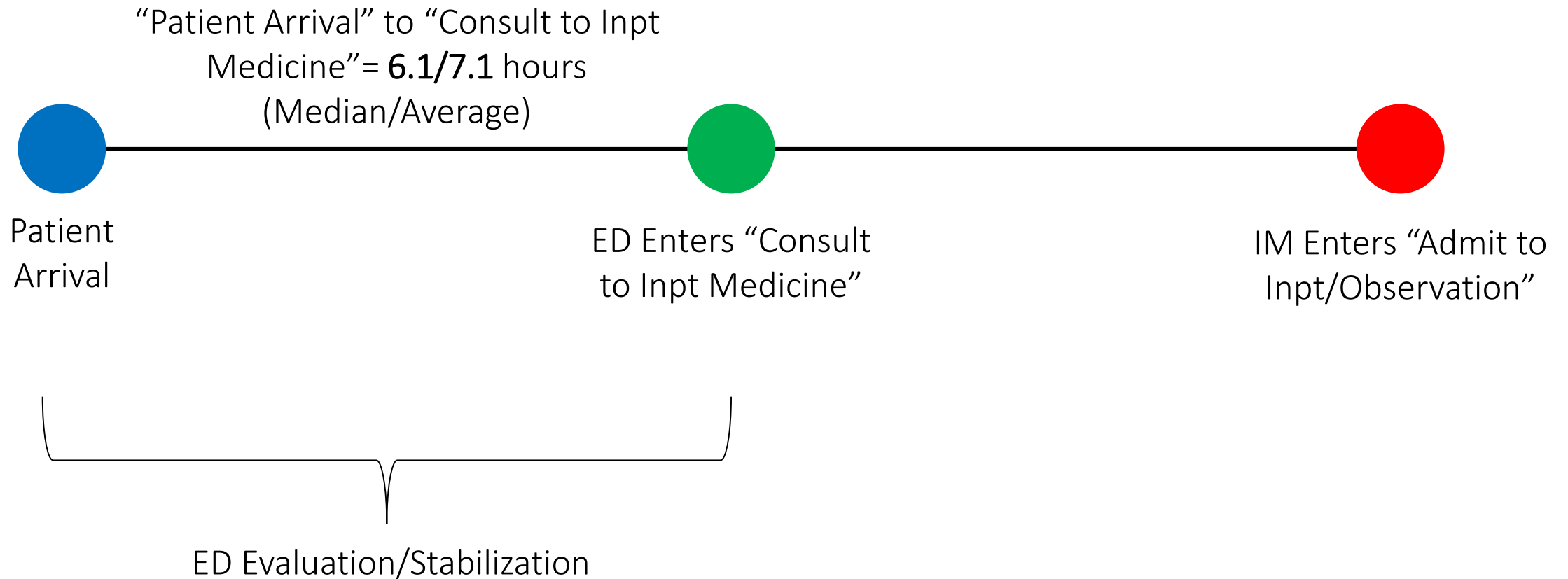




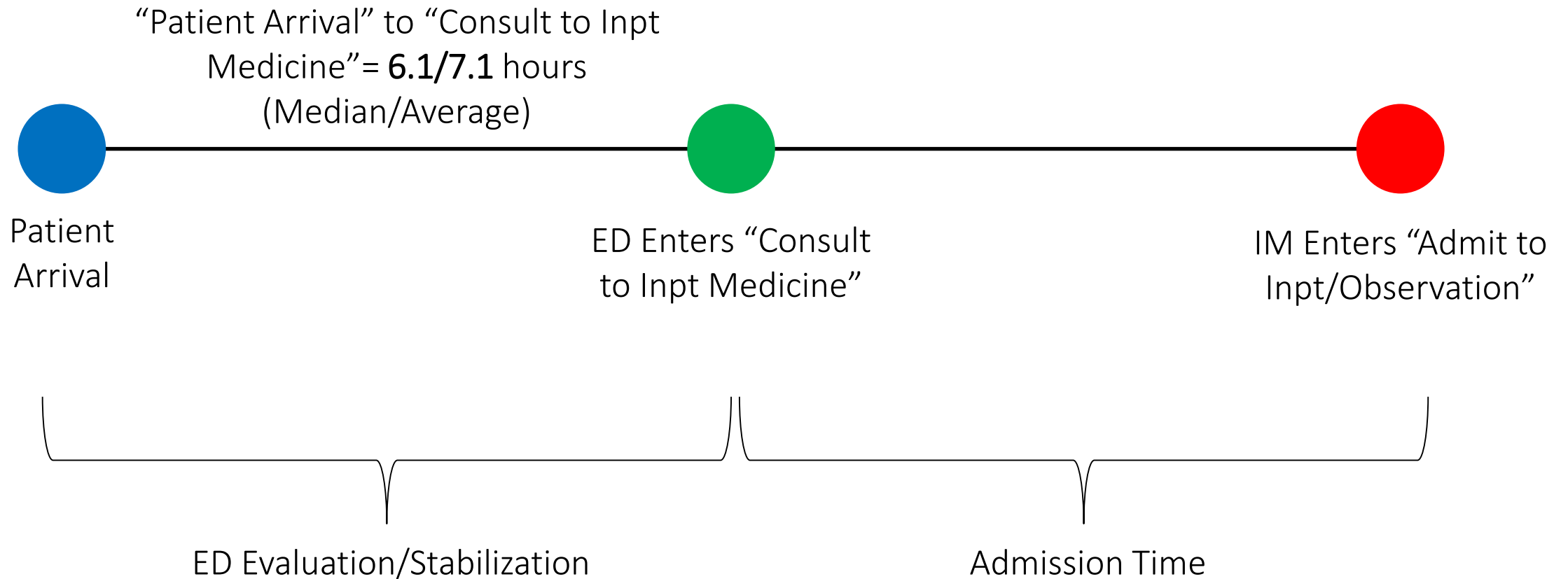
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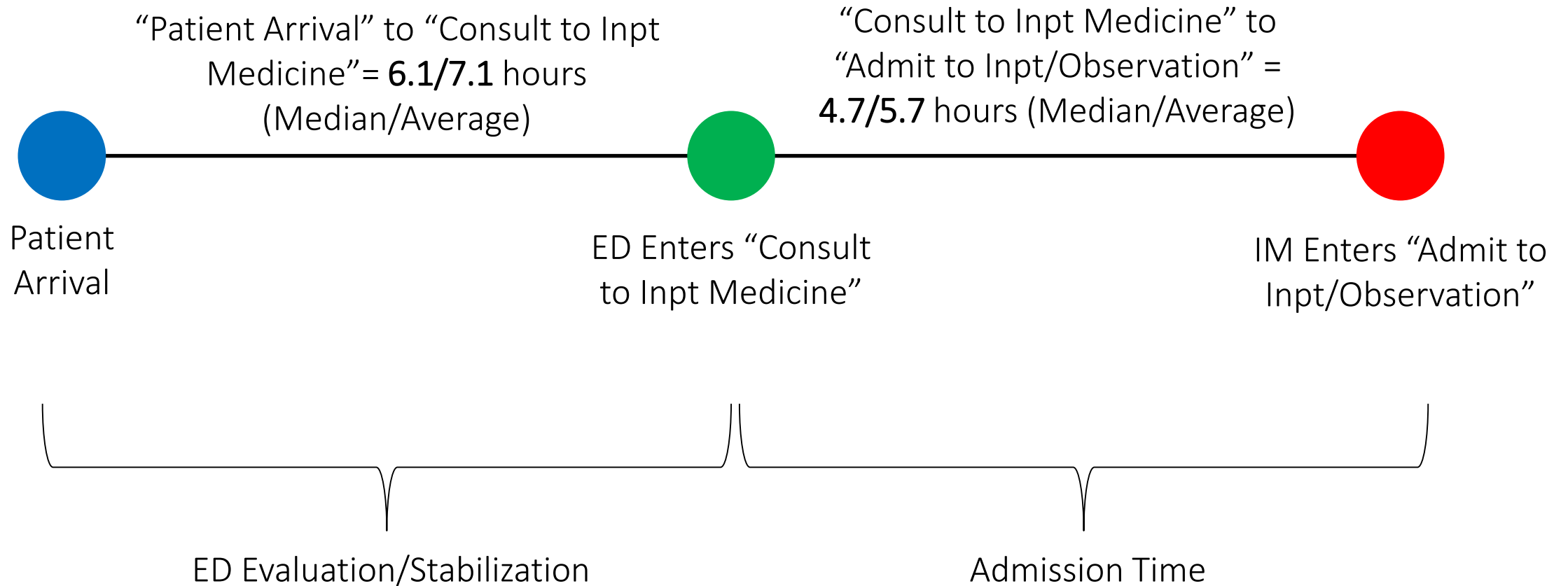
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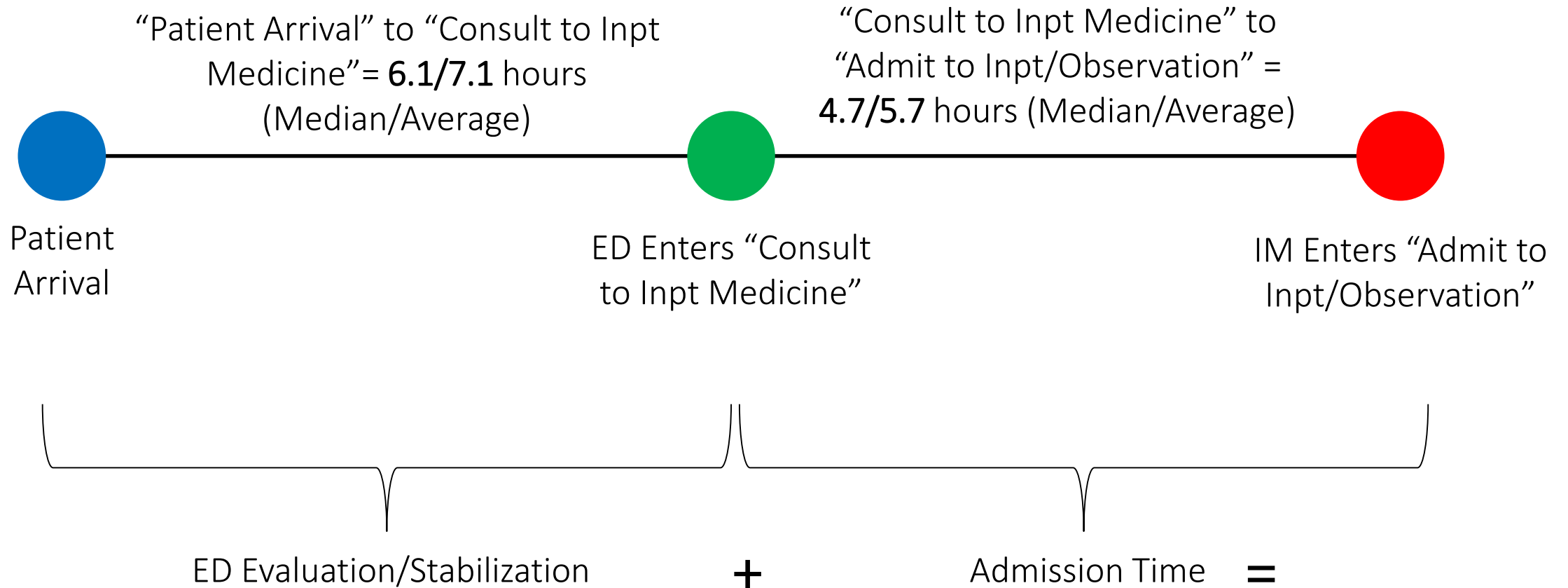
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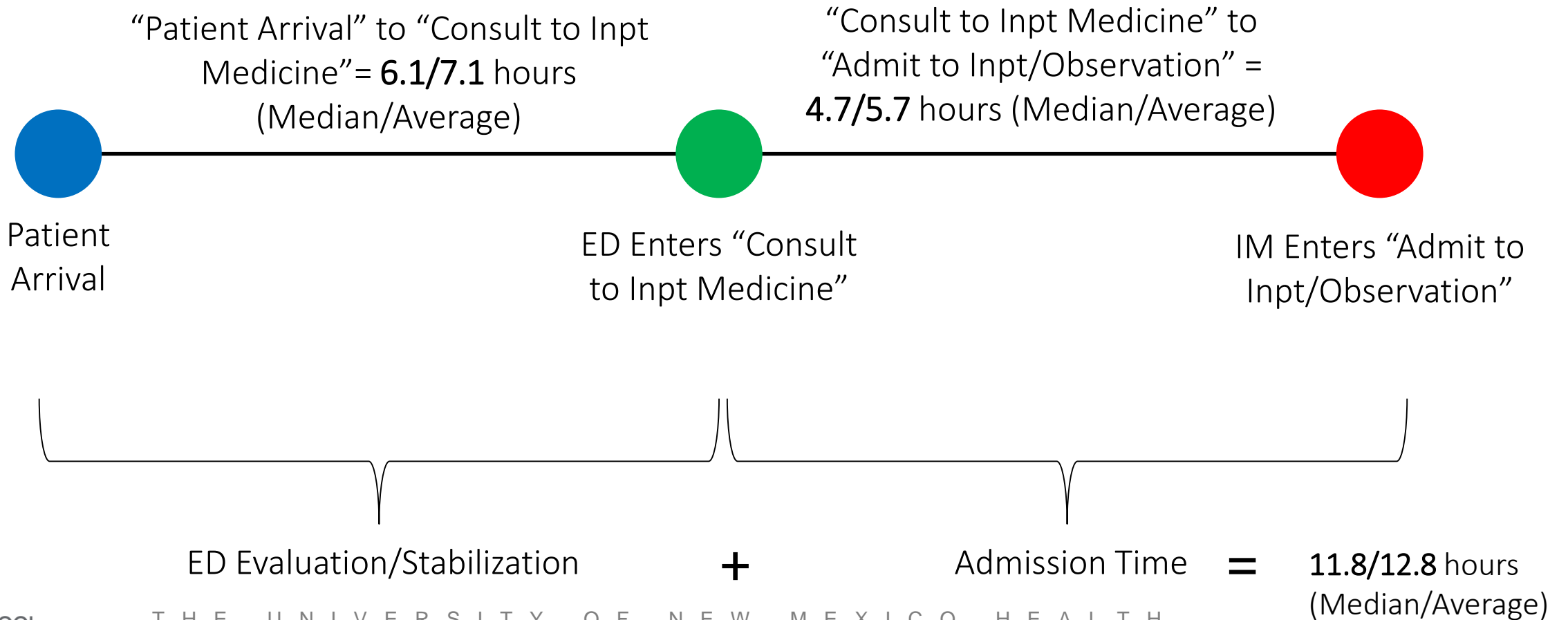
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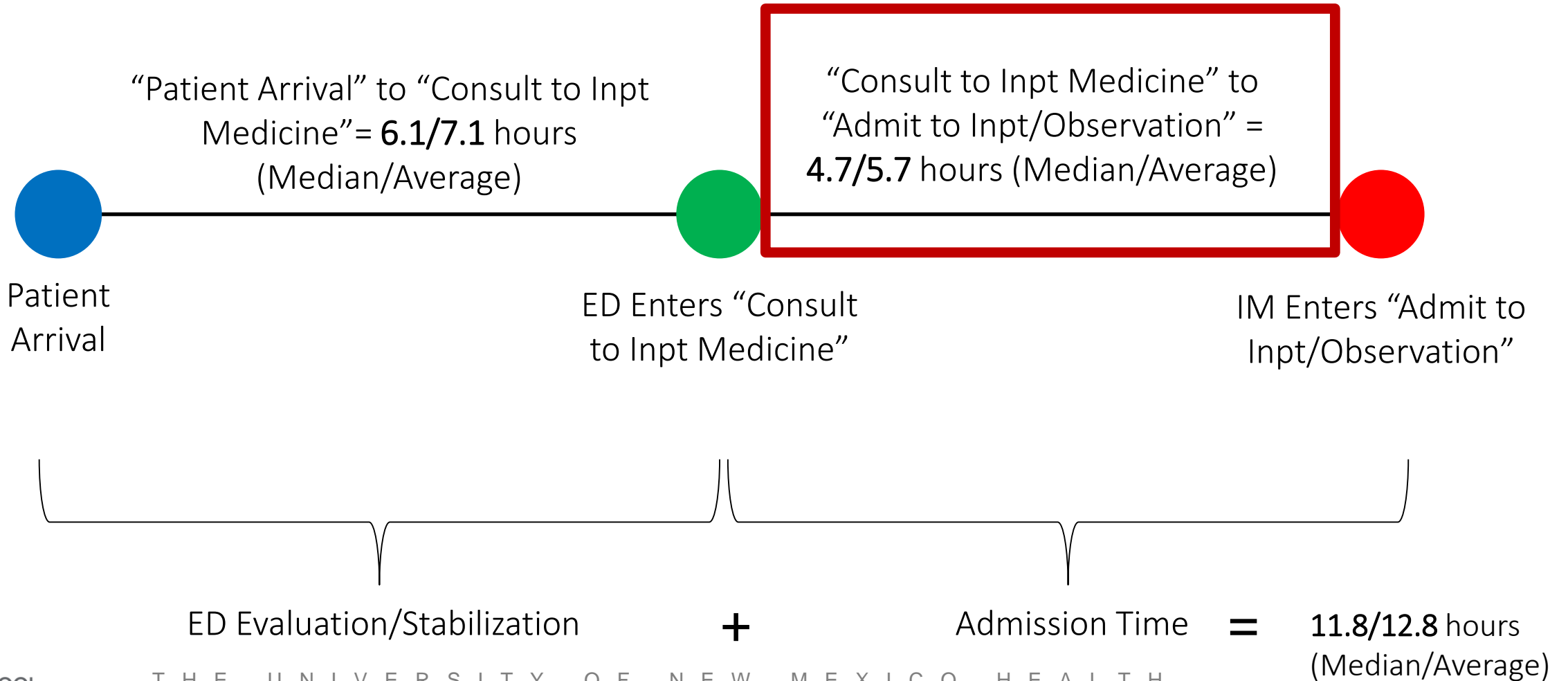
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# Root Cause Analysis of Admission Time Delays:

- 
- 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**



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**New Triage Hospitalist Role**

## 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

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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

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# Triage Hospitalist Pilot

- November 1<sup>st</sup> to December 31<sup>st</sup>, 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

# Pilot Results

## 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.

# Pilot Results

## 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

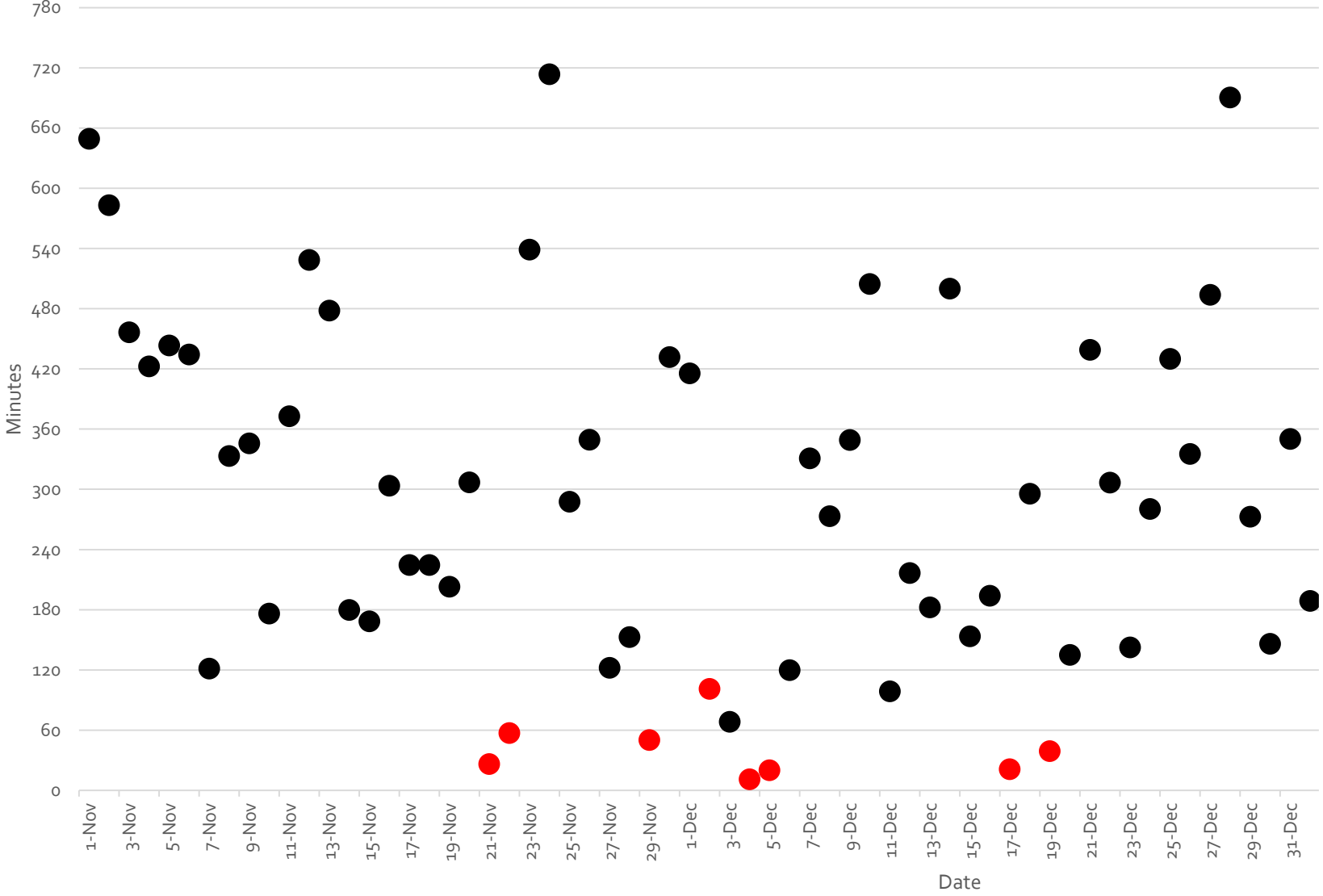
“ Admissions are happening faster. There is less confrontation. EM is freed up to see new patients. Patients are boarding less.” – ED Resident

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

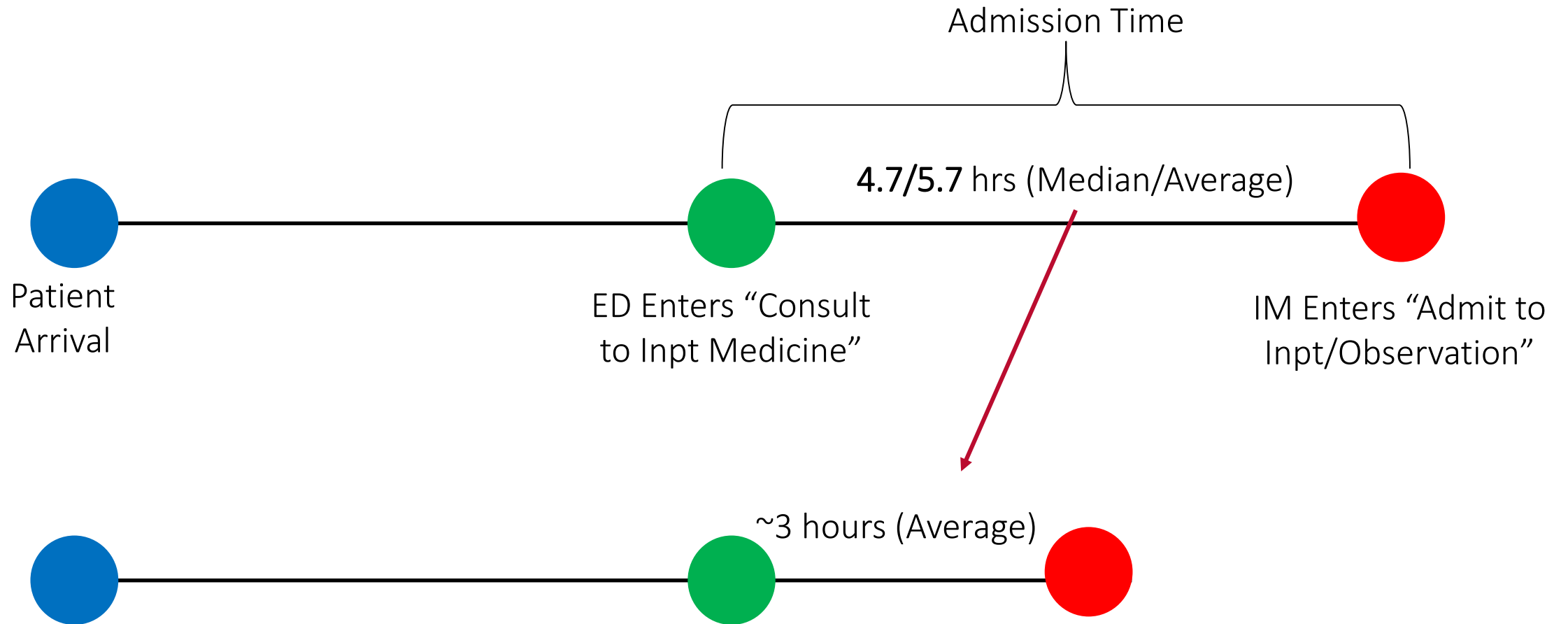
“Great for patient care. Smooth.” – EM Attending

# Average "Consult to Inpt Medicine" Order to "Bed Request" Order in Minutes

Black - Non Pilot Days , Red - Pilot Days



Triage Hospitalist Pilot resulted in a ~50% reduction in Admission Time.

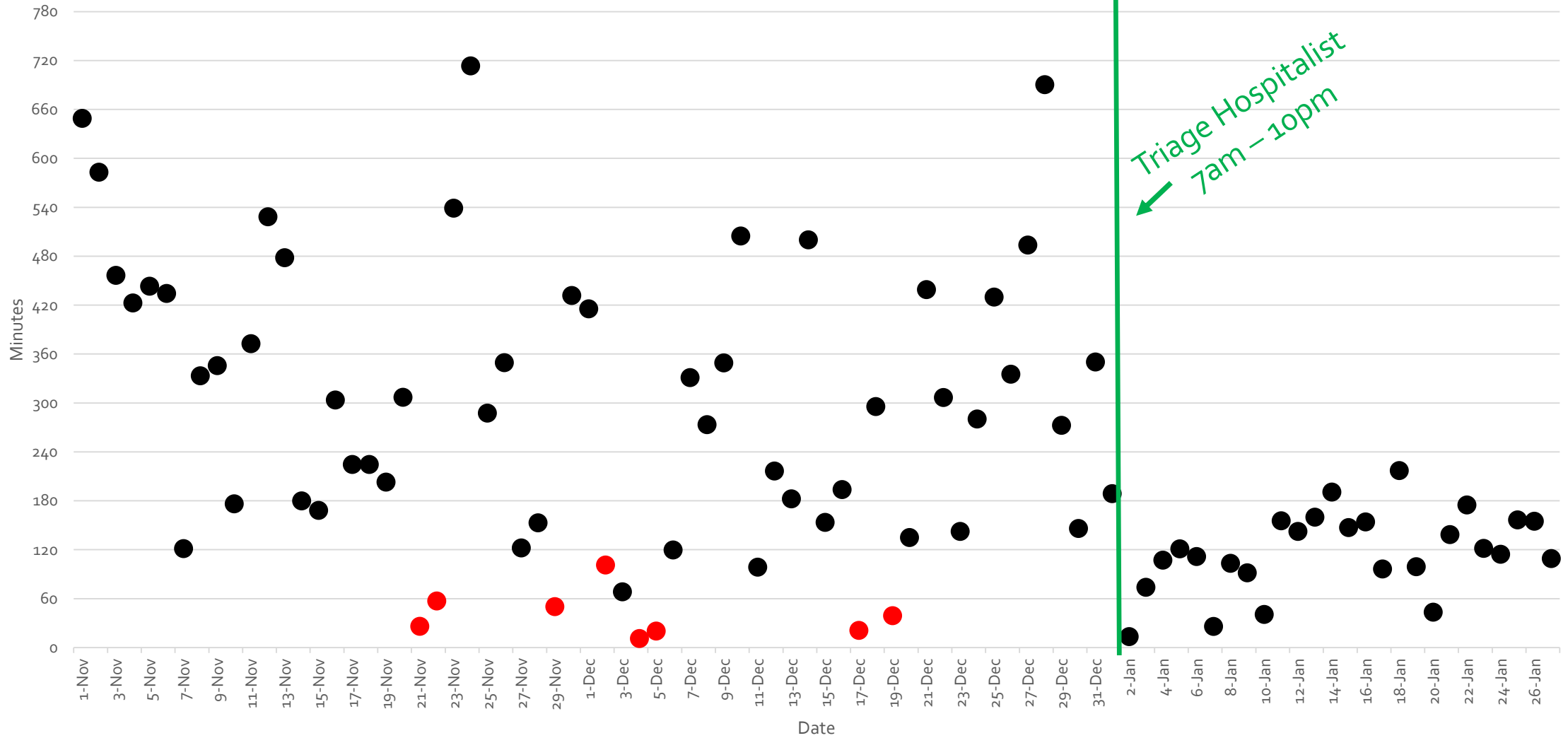


Due to pilot success, Triage Hospitalist role implemented between **7am and 10pm on 1/1/2020.**



# Average "Consult to Inpt Medicine" Order to "Bed Request" Order in Minutes

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# 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 1<sup>st</sup> 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