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kristen Baca

Charles Pizanis

Grant Scott

Christopher Barlett

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University of New Mexico Internal Medicine Triage Hospitalist Pilot

Kristen Baca BS MBA¹, Charles Pizanis MD^{1,2}, Grant Scott MD^{1,3}, Christopher Bartlett MD MPH^{1,2}

1 - UNM School of Medicine 2 – Division of Hospital Medicine, Department of Internal Medicine, UNM Health Sciences Center 3 – Department of Emergency Medicine, UNM Health Sciences Center

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

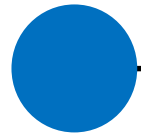
~50% of patients are admitted to Internal Medicine at UNMH.

Admission Time Definition:

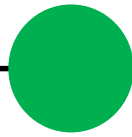
- Starts with “Consult to Inpt Medicine” order in Cerner.
- Ends with “Admit to Inpt/Observation” order in Cerner.

Baseline Data (1/1/2019 – 9/1/2019)

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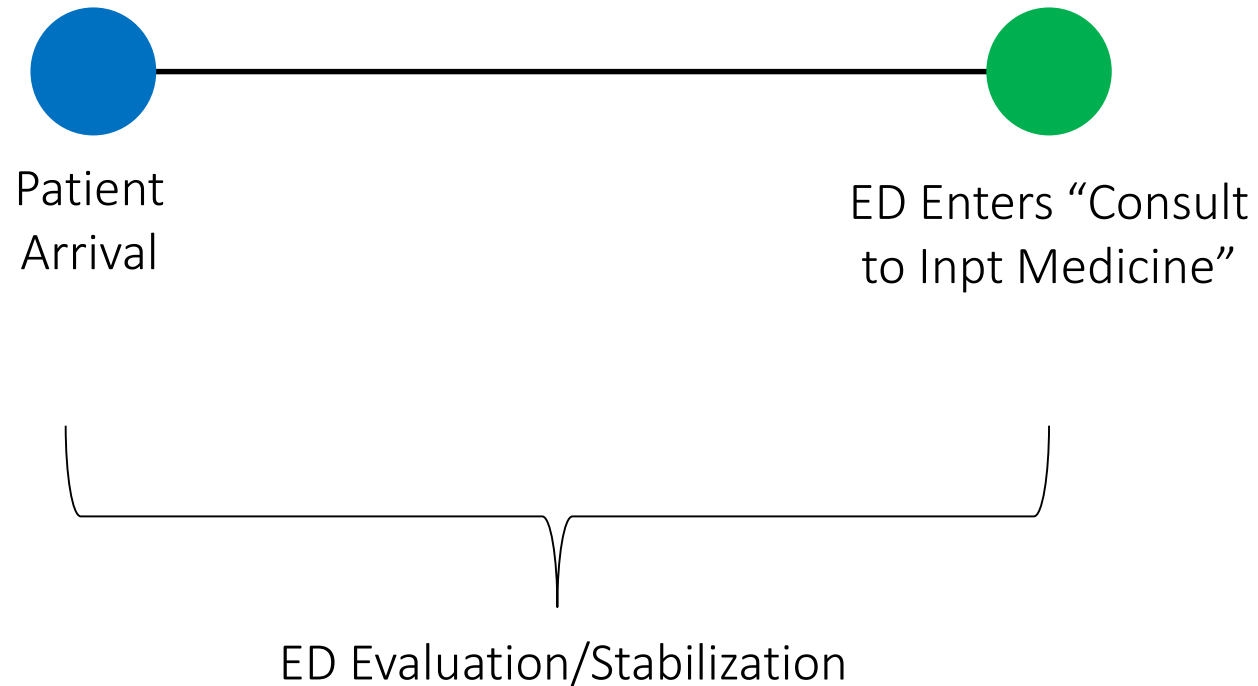


Patient
Arrival

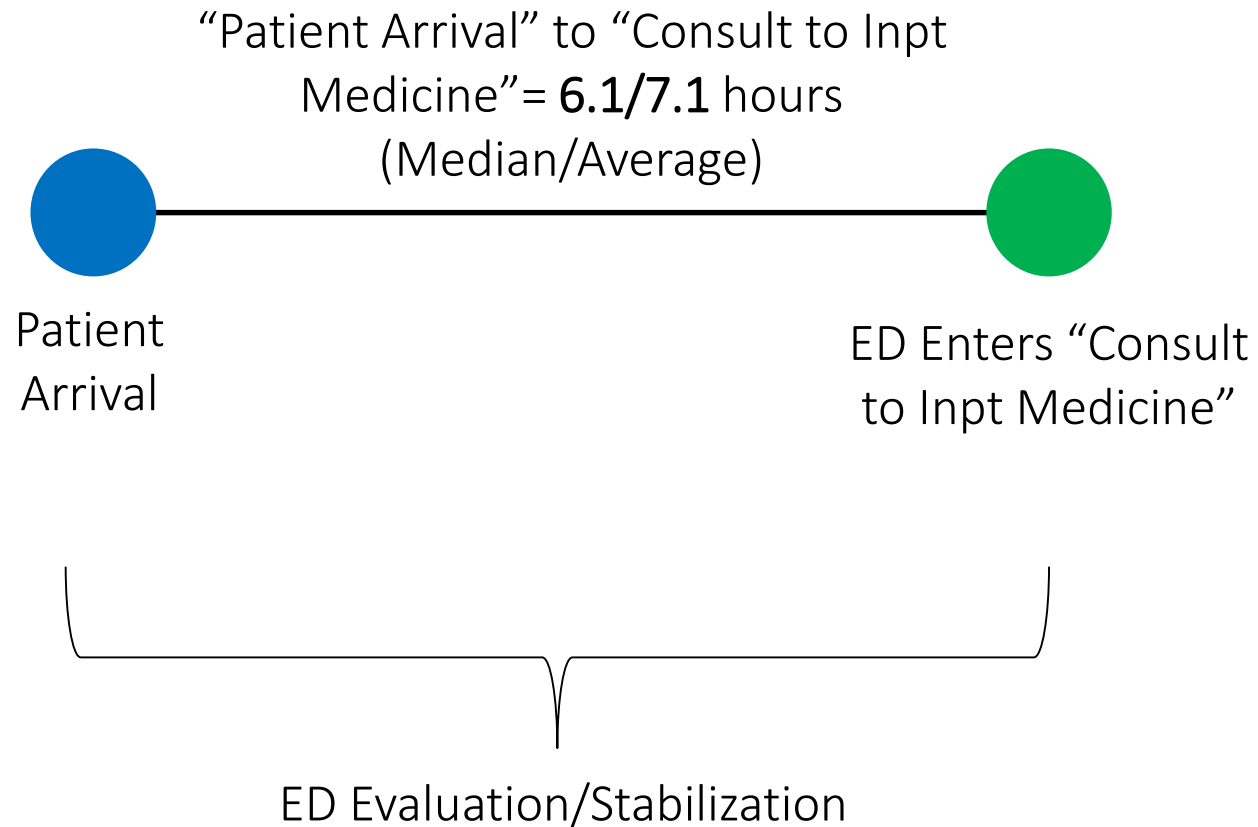


ED Enters "Consult
to Inpt Medicine"

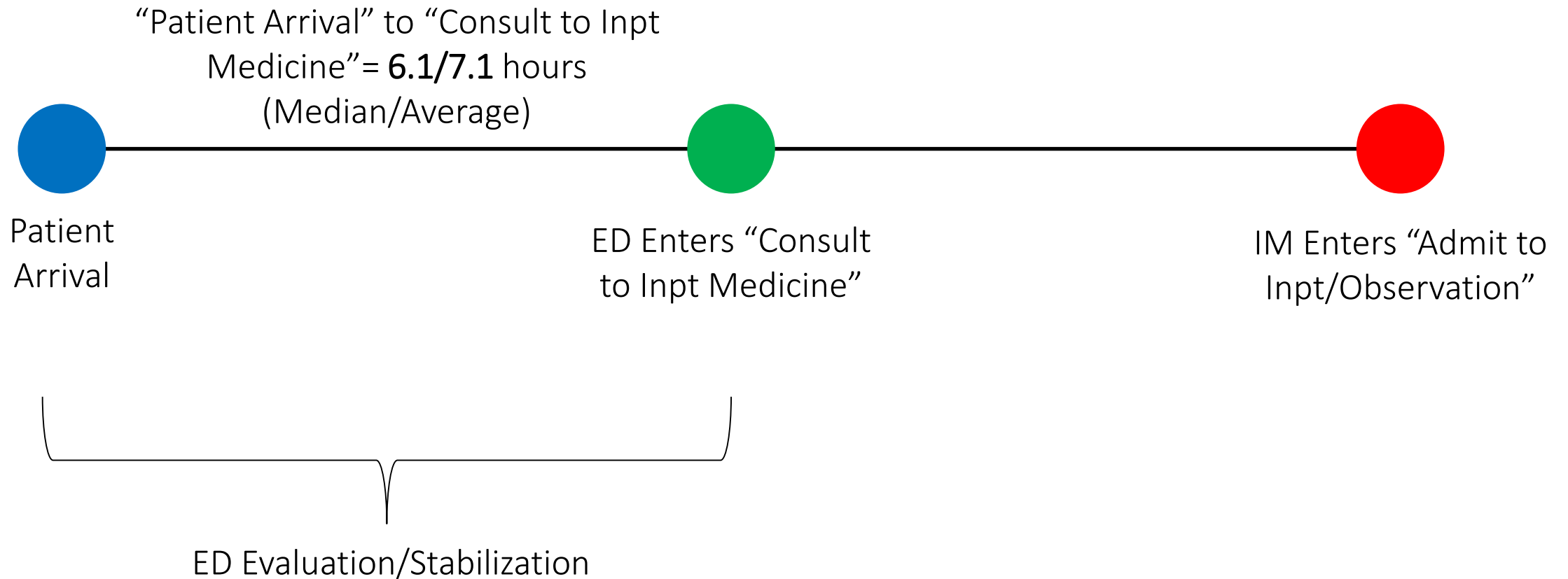
Baseline Data (1/1/2019 – 9/1/2019)



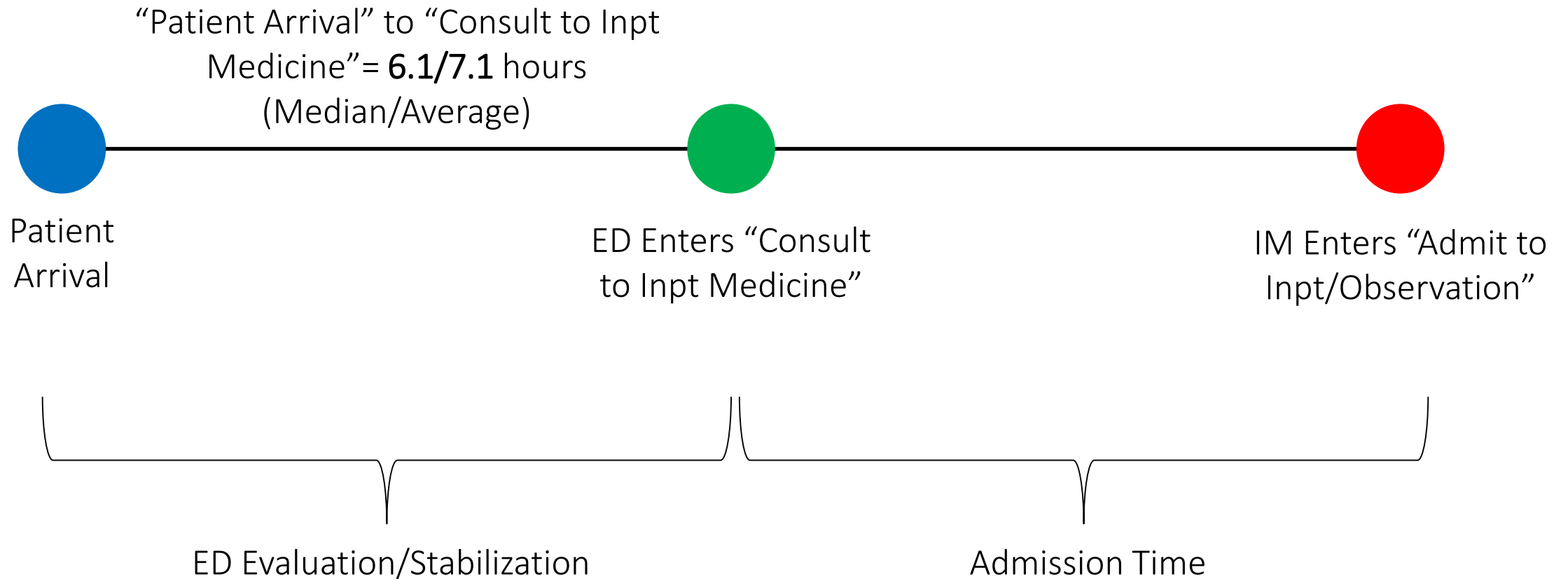
Baseline Data (1/1/2019 – 9/1/2019)



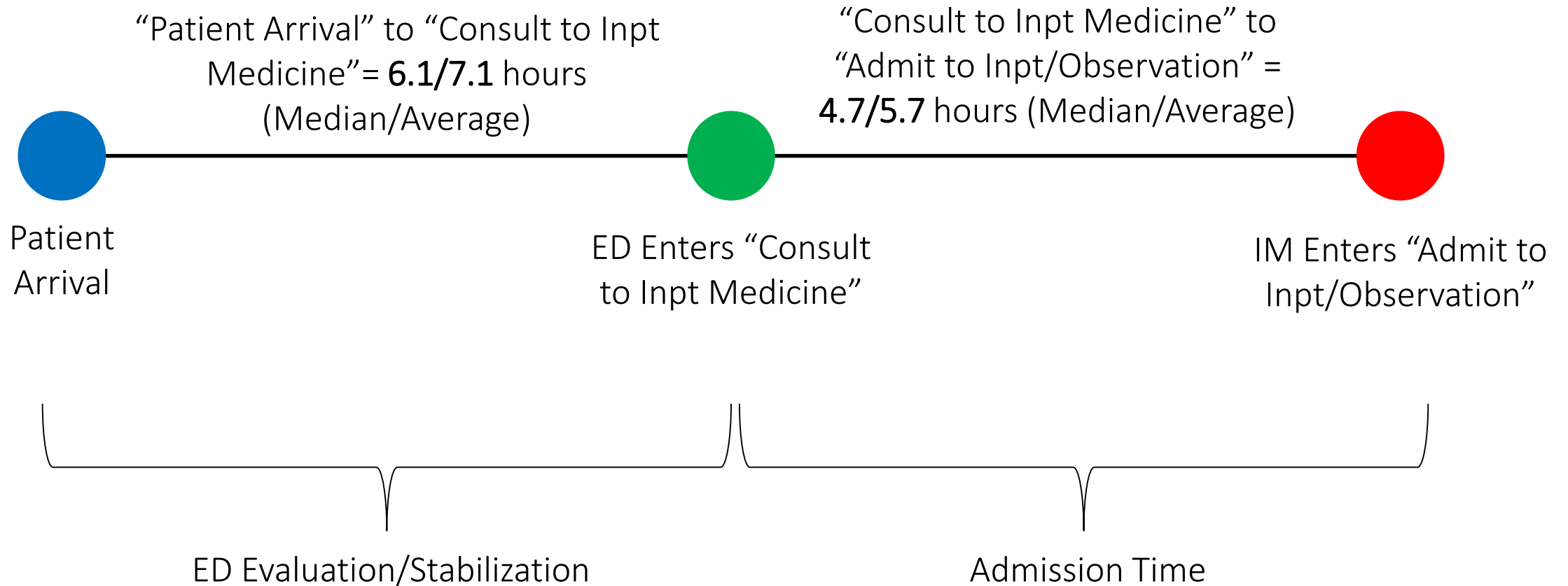
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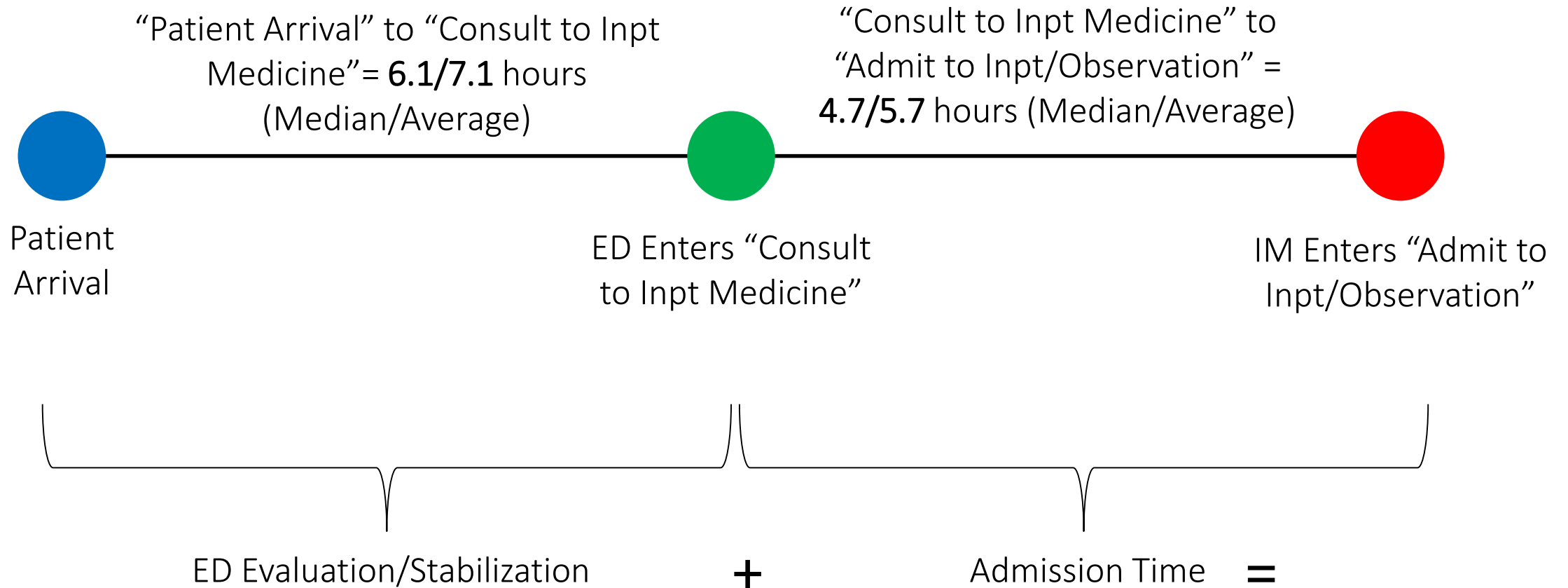
Baseline Data (1/1/2019 – 9/1/2019)



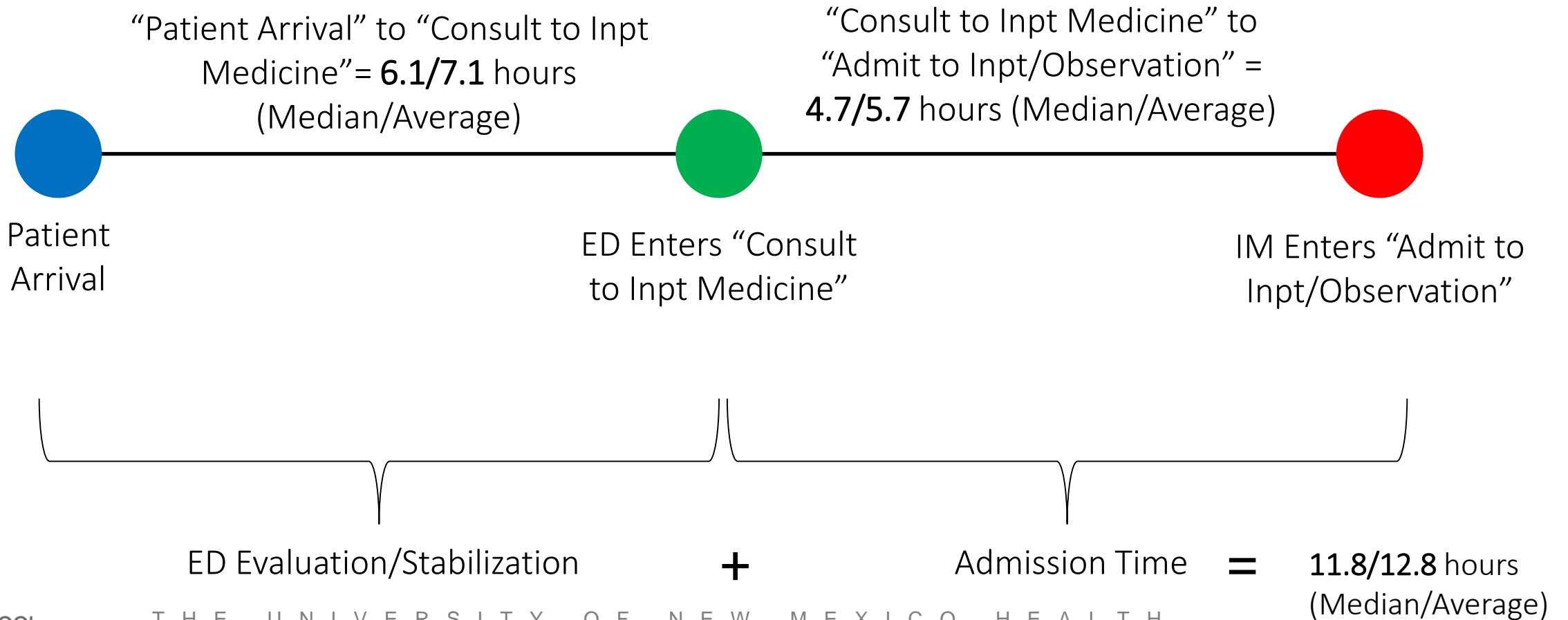
Baseline Data (1/1/2019 – 9/1/2019)



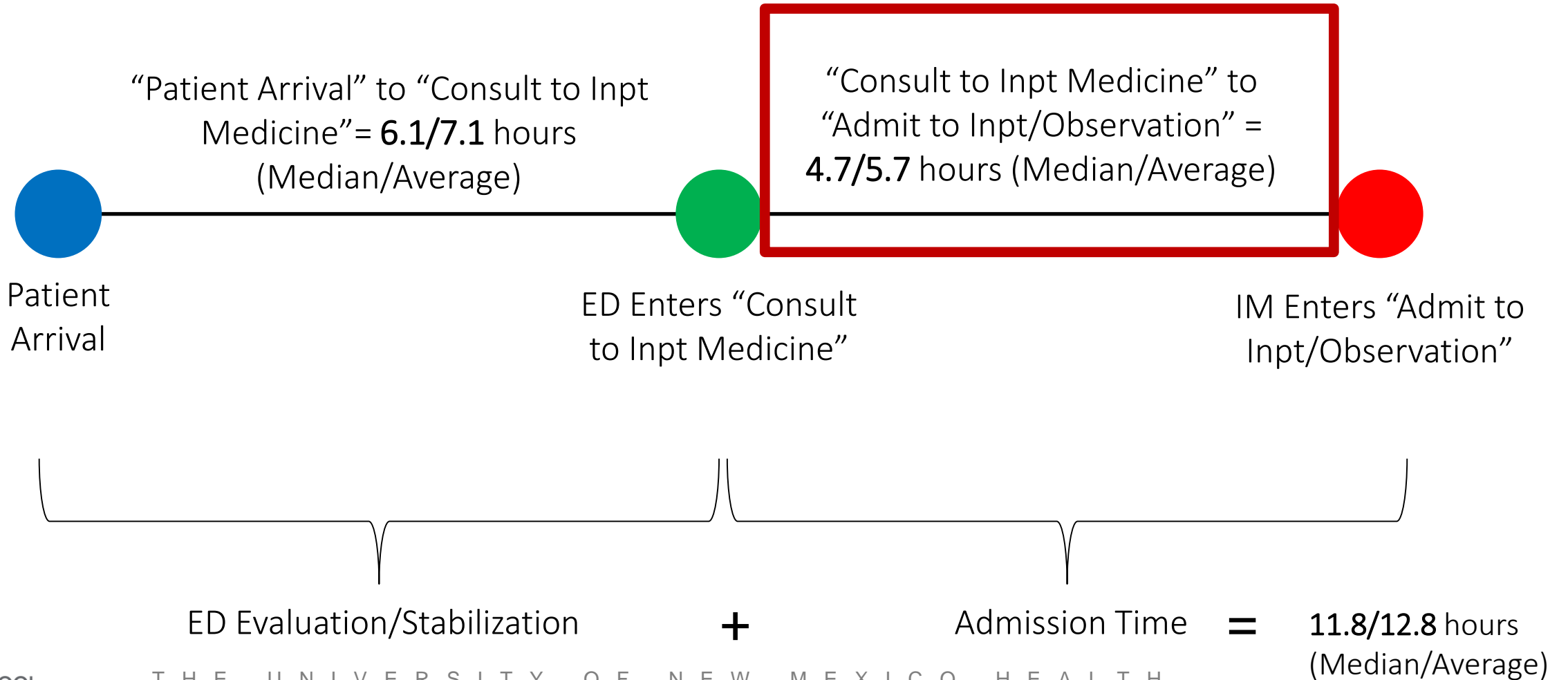
Baseline Data (1/1/2019 – 9/1/2019)




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Baseline Data (1/1/2019 – 9/1/2019)



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

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.

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 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

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

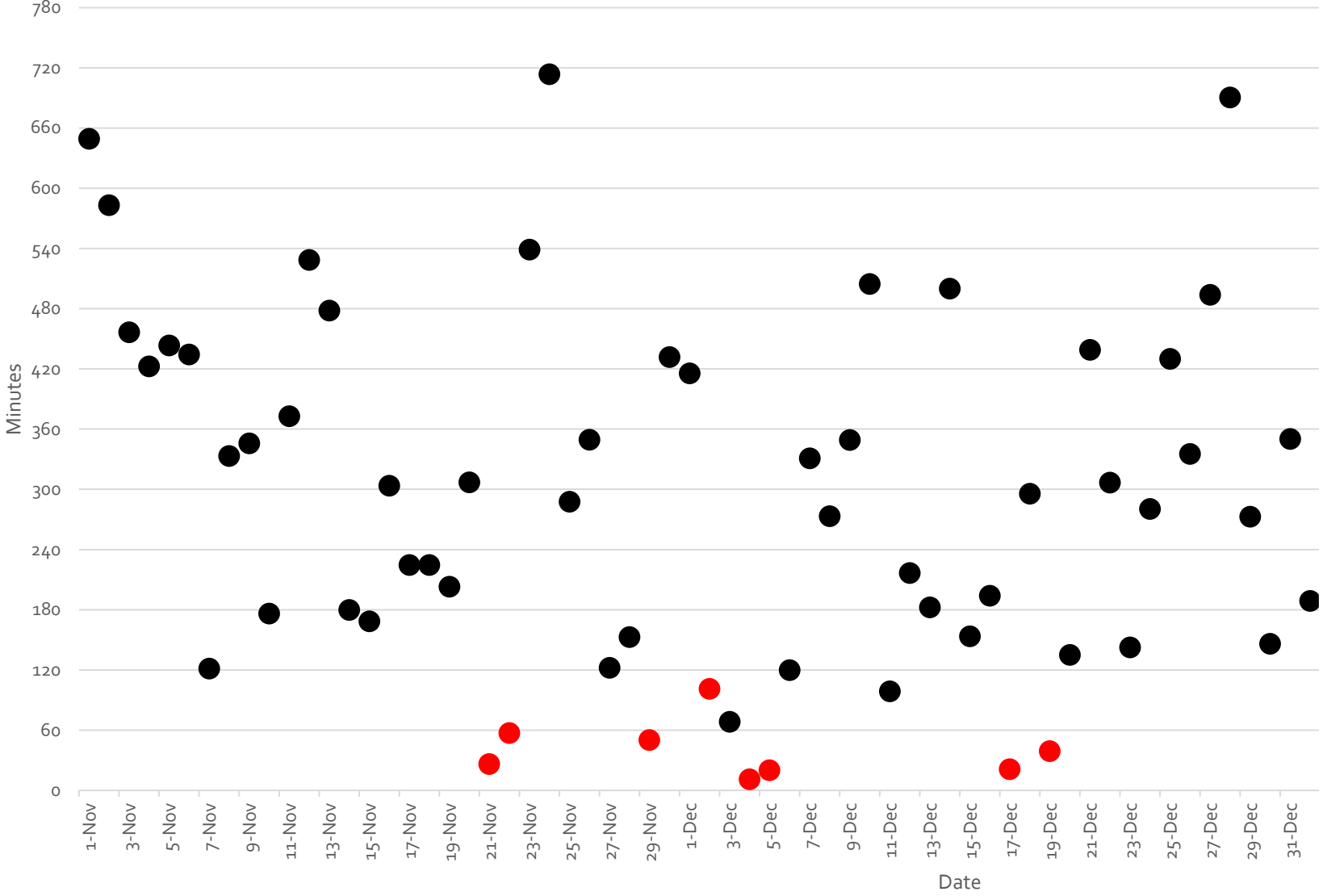
“ Admissions are happening faster. There is less confrontation. EM is freed up to see new patients. Patients are boarding less.” – ED Resident

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

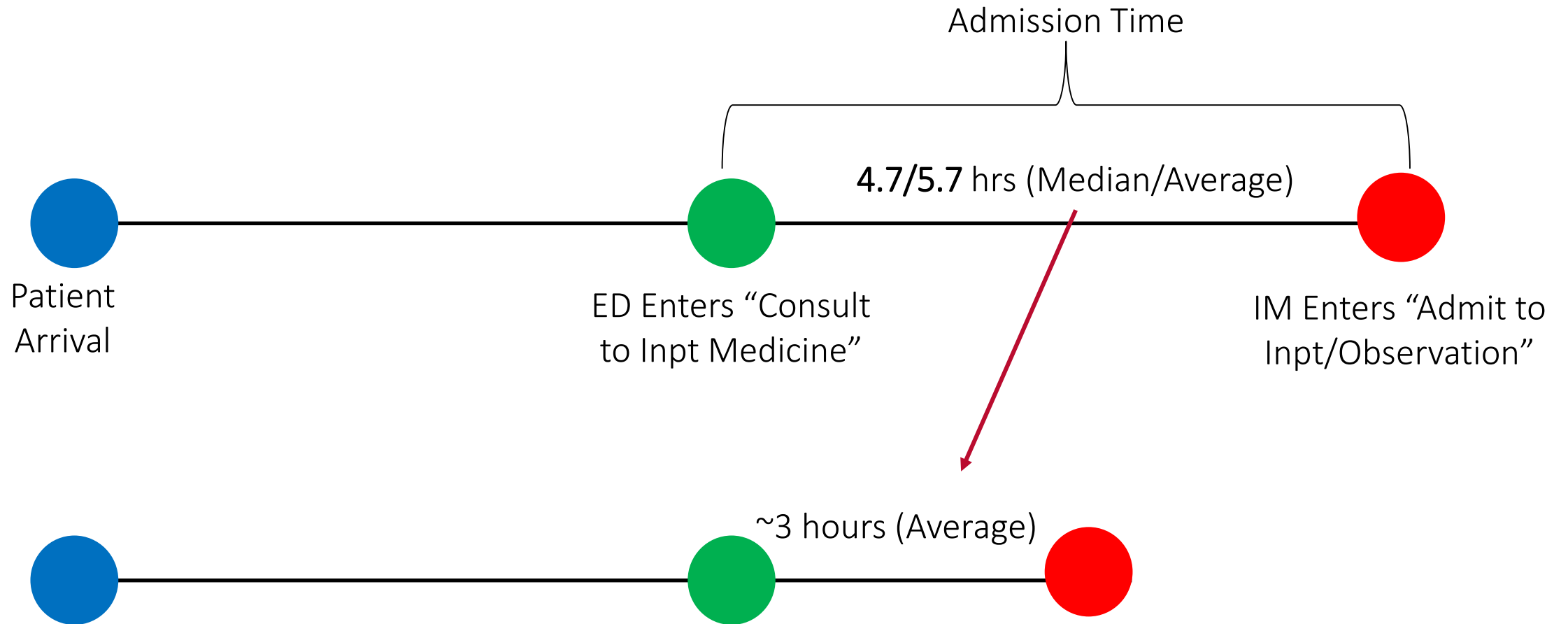
“Great for patient care. Smooth.” – EM Attending

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

Black - Non Pilot Days , Red - Pilot Days



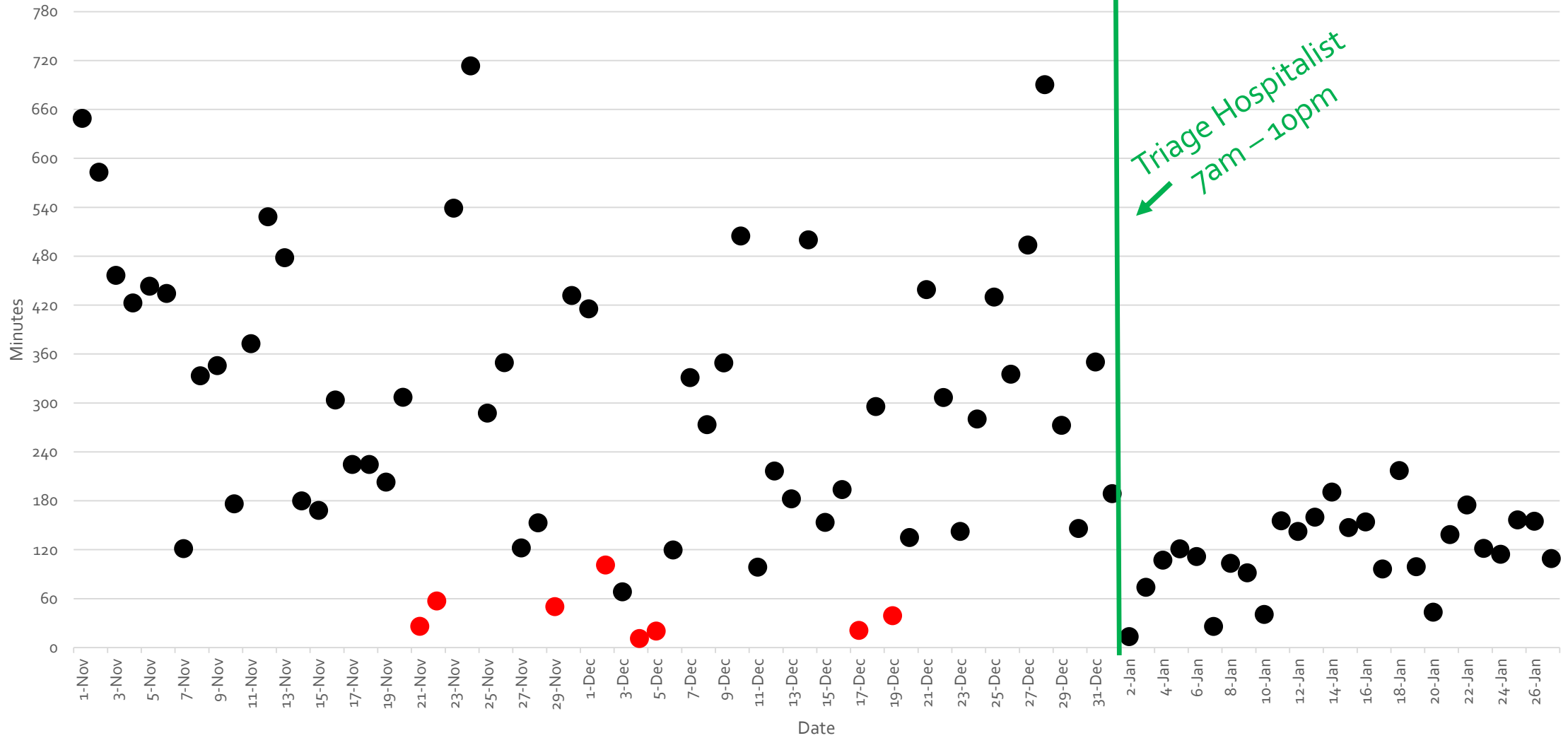
Triage Hospitalist Pilot resulted in a ~50% reduction in Admission Time.



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 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