

Right Care in the Right Location

The Problem

Patients at Chestnut Hill Urgent Care (UC) were being sent to the emergency department (in most cases Boston ED) to be admitted when their medical needs exceeded the capabilities of the UC center. Many of these cases were patients who required admission and/or 24 hour observation. This process resulted in patients being sent to the ED and spending unnecessary time there when there was an opportunity to direct admit patients to the floor.

- After review of patients transported to BIDMC in FY15 Q1 and Q2, we found many patients did not require tertiary care and could be cared for at BID-Needham.
- Diagnostic testing and evaluation that are normally done in the ED prior to admission were, in many of these cases, already completed in Urgent Care.
- The clinical team saw an opportunity to streamline the direct admit process to both BID-Needham and BIDMC Boston.

Aim/Goal

To develop a clinical guideline to determine the appropriate pathway and location for each patient. The goal was to refer patients to BID-Needham when indicated and direct admit when possible and to only transfer patients to BIDMC when there was patient preference or clinical indication. Developing a direct admit pathway is an example of patient-centered care that prevents unnecessary ED visits and meets the requests of our patients.

The Team

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The Interventions

Direct Transfers to Community Setting

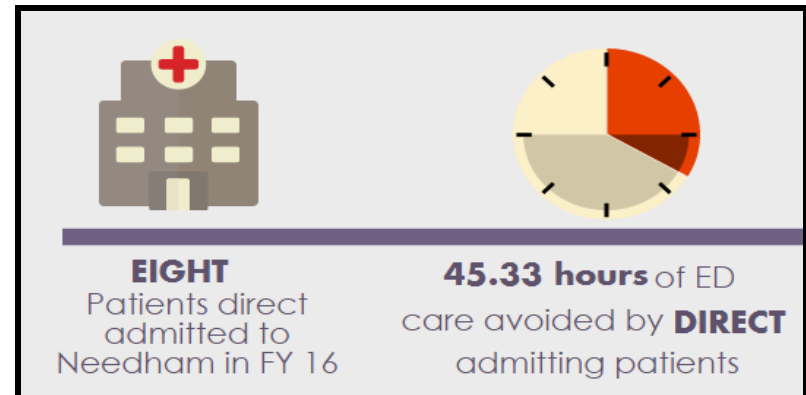
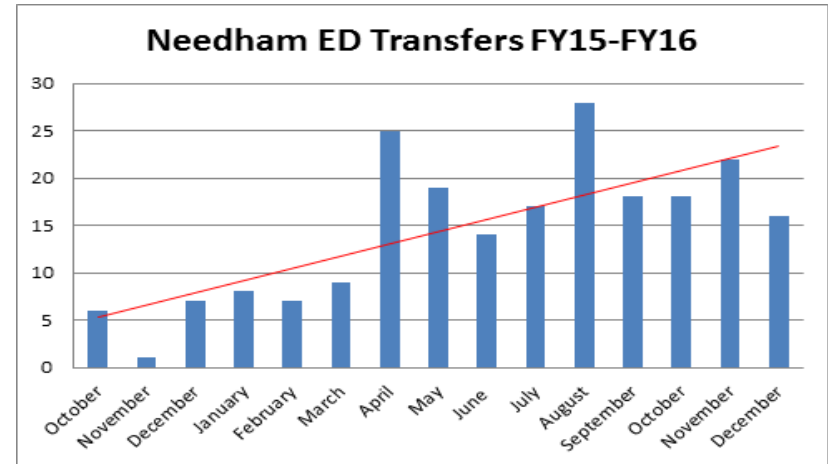
- Through staff meetings and communication, we developed a decision tree to be used at time of disposition to identify clinical capabilities of community vs BIDMC.
- Created scripting to better guide patient discussions around decision to transfer to BID-Needham vs. BIDMC for ongoing care
- Tracked outcome of patient transfers to ensure that appropriate decision making occurred (i.e. looked at their final disposition and any subsequent transfers to BIDMC)

Create Direct Admit Pathway for BID- Needham

- Collaborated with BID-Needham hospitalist and nursing leadership to mirror the direct admission process used in their ED
- Requested Forerun, our EHR vendor, to develop workflow changes and give BID-Needham hospitalists access to the UC dashboard. This helped facilitate communication between BID-Needham and UC once a direct admit was accepted.

The Results/Progress to Date

Transfers to BID- Needham have increased in volume and percentage of total transfers—currently 29% of transfers compared to 12% prior to the interventions.



Lessons Learned

- During this process, we realized that both BID-Needham and BIDMC UC needed an agreed-upon timeline for direct admit response.
- During implementation, we also found that we needed to have a clear and consistent process as to who needed to be alerted to initiate direct admits.

Next Steps/What Should Happen Next

- Expand the process to BID Milton
- Continue to monitor transfers to ensure proper use of clinically indicated transfers