

# Implement New Transfer Center Model

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Beth Israel Deaconess Medical Center

## Introduction/Problem

In 2016 a hospital-wide audit was performed by PWC and found the following deficiencies related to our inter-hospital transfer processes:

- Lack of a strategic vision and plan for inter-hospital patient transfer management and patient flow.
- No singular, consistent process for accepting & tracking patients requesting transfer and related medical information.
- No clear philosophy or priority setting algorithm regarding acceptance or rejection of transfer inquiries.

The inability to reliably provide timely decision-making, access to needed tertiary and specialty services, and follow-up to transfer requests can compromise patient care and safety. Additionally, capacity challenges and sub-optimal referral relationships could compromise the organization's ability to grow strategically important services. The processes for data capture and performance management are labor intensive and do not optimally leverage technology, and the opportunity cost from lost transfers is high.

Implementing a new transfer center model will impact **effectiveness, efficiency, timeliness, equitability, safety, and patient care.**

## Aim/Goal

**Goal:** Increase the % of our population admitted via outside hospital transfer from 10% to 12%, and develop methodology to track and analyze “appropriate” transfers.

Auxiliary goals include providing easy access to care for patients and physicians and facilitating the transition of care, facilitating data collection on transfers to drive decision making within BIDMC and the network, and ensuring that BIDMC is strategically filling available beds according to hospital strategy and clinical necessity.

## The Team

### Steering Committee

Peter Healy  
Stan Lewis  
Marsha Maurer  
Mary Jo Brogna  
Sheila Barnett  
Rich Wolfe

Alexa Kimball  
Julius Yang  
Manu Tandon  
Sarah Moravick  
Kristin O'Reilly  
Joseph Nammour

### Core Team

Sheila Barnett  
Mary Jo Brogna  
Julie Dasey/Admissions Facilitator  
Kristin O'Reilly  
Joseph Nammour

### Clinical Team

**ED:** Leon Sanchez  
**Cardiology:** Mike Gavin, Duane Pinto  
**Medicine:** Julius Yang, Lauge Sokol-Hessner  
**Surgery:** Allen Hamdan, Ron Alterman, Charles Cook  
**ICU:** Michael Cocchi, Todd Sarge, Jen Stevens  
**OB/GYN:** Blair Wylie  
**Oncology:** Ben Schlechter  
**Other:** Edward Rodriguez  
**+ Core Team**

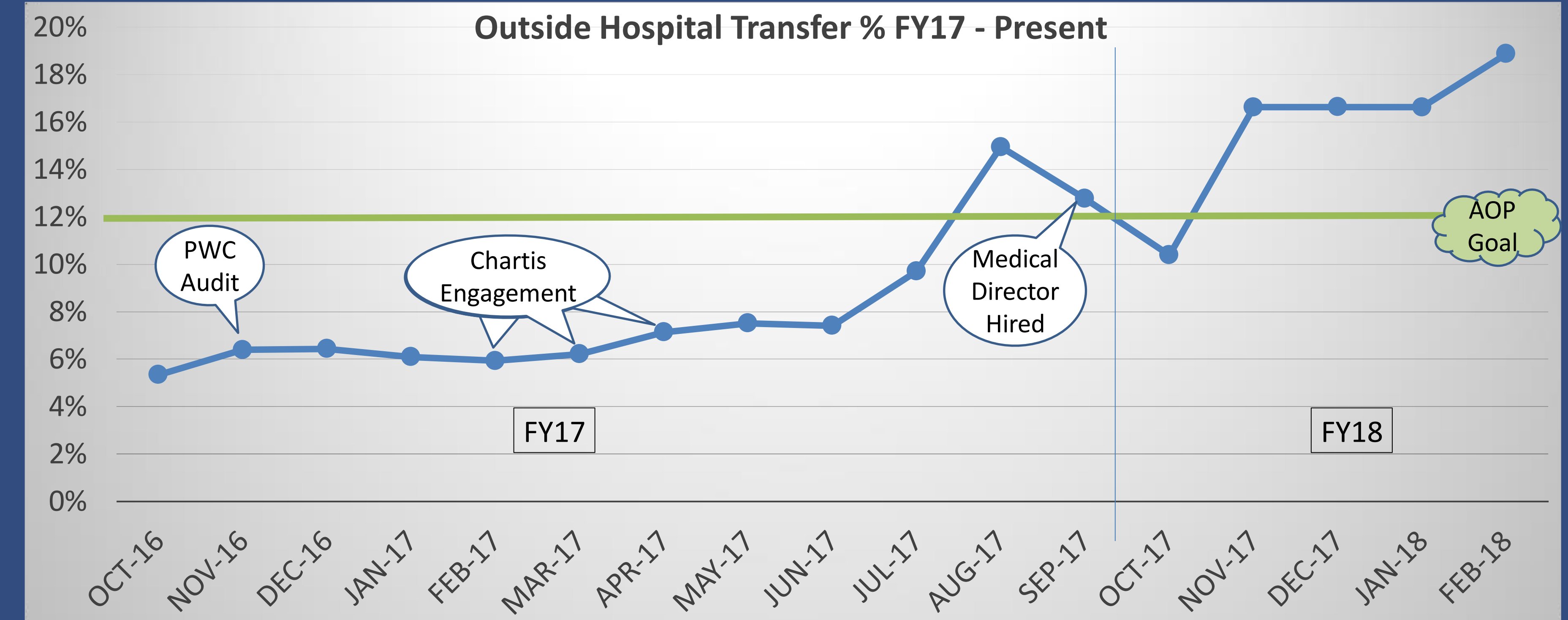
### Operations Team

Manu Tandon  
Larry Markson  
Ayad Shammout  
Leonard Markowitz  
Sandy Denekamp  
David Baker  
Dana Dahill  
**+ Core Team**

## The Interventions

- Identified gaps in data collection, which led to a plan to improve this process by creating a form to capture all declined ED-ED transfers & a system to track performance data on accepted & declined transfers over time.
- Implemented a weekly huddle with admissions facilitators to review cases, barriers, and delayed transfers.
- Created a meeting structure to maximize productivity. The Operations team includes representatives from IS, Telecomm, and Facilities; while the Clinical team has MD representatives spanning the Medical Center.
- Held workshops and training sessions to gather feedback from staff and introduce workflow changes to bed placement & admission facilitator roles to create structure and enhance communication.
- Renovation of the existing workspace to modernize and create a more collaborative environment.
- Developed a policy to establish standards applicable to patients transferred to BIDMC from other facilities.

## Results/Progress to Date



AOP Goal: Increase the % of our population admitted via outside hospital transfer to 12%  
Demonstrates % growth of inpatient population admitted via transfer since FY17. Project began in early 2017.  
Source: Performance Manager, Hospital Dashboard – Weekly Activity; \*excludes Neonatology, OB/GYN, and Psychiatry\*

**For more information, contact:**

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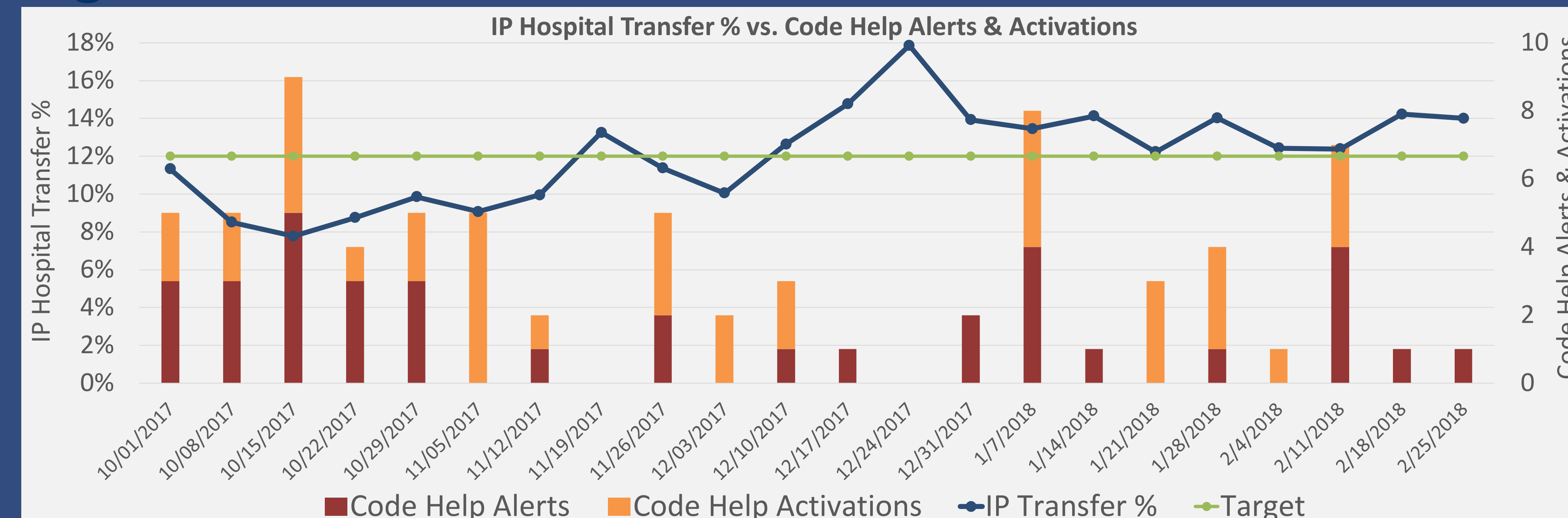
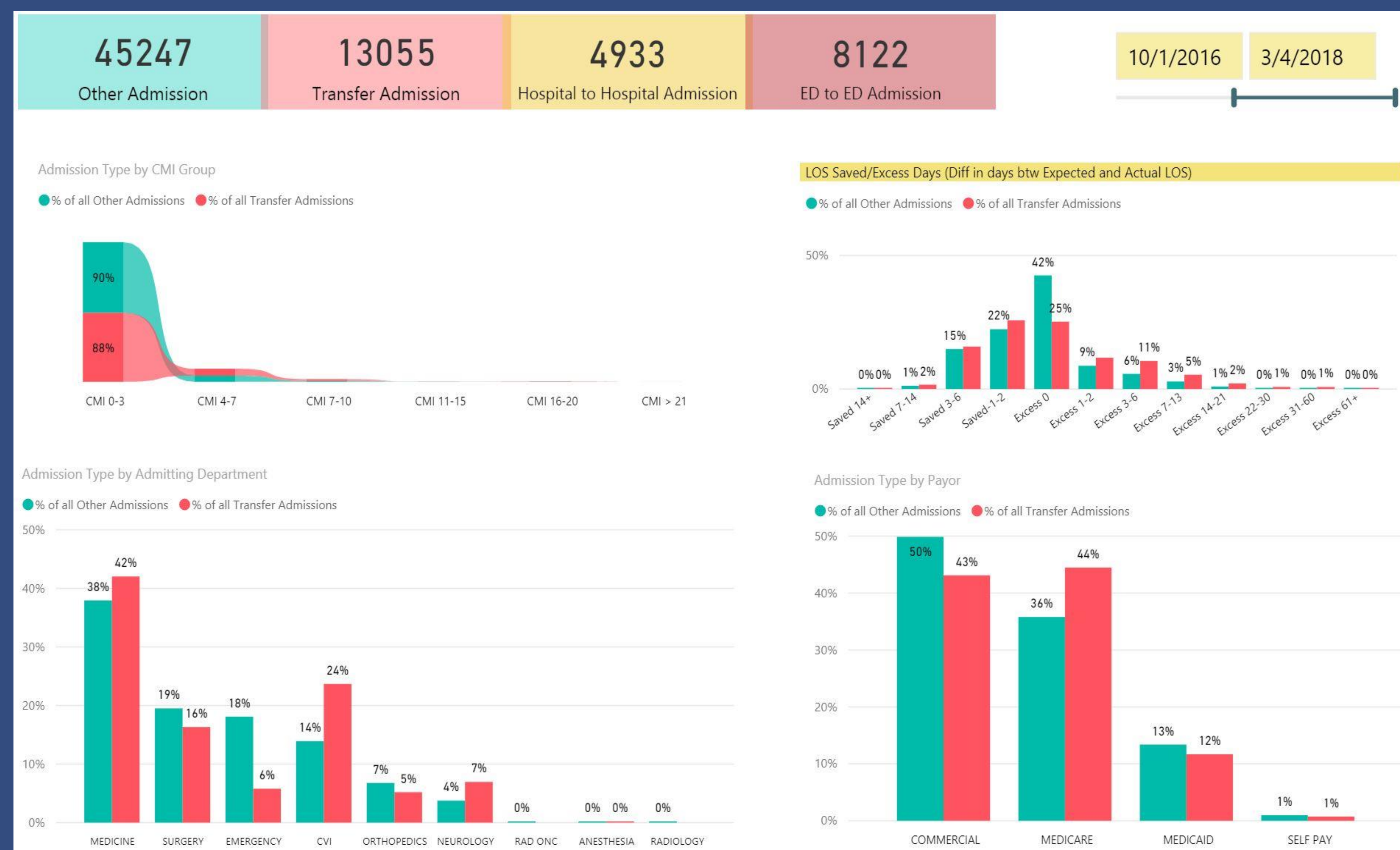


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## More Results/Progress to Date



The percentage of inpatient transfers is increasing despite consistent code help alerts & activations.  
Source: Performance Manager, Hospital Dashboard - Weekly Activity; ED Quality Assurance Utilities, Code Help Stats

## Lessons Learned

- The capacity challenges that BIDMC faces in its current state drive many of the decisions made on a daily basis.
- Transfer Center staff work very hard every day, but they didn't know what they didn't know. Without an organizational transfer strategy and reliable data to refer to and analyze, they were not operating at peak productivity, highlighting the need to structure data capture and enhance communication and collaboration.
- Creating subcommittees & specialized (operations and clinical) teams to tackle specific pieces of work was a crucial part of this process in ensuring consistent progress was made in areas of their particular expertise.

## Next Steps

- Purchase and integrate Teletracking product
- Standardize decision making for how transfer requests are prioritized
- Add administrative resource for Transfer Center
- Brand and market Transfer Center to external customers
- Develop a quality review process & capture patient feedback

IS is developing an interactive Transfer Dashboard that can display various quality metrics for specified date ranges.  
Top left: Admission Type by CMI Group  
Bottom left: Admission Type by Admitting Department  
Top right: LOS Saved/Excess Days (Diff in days between Expected & Actual LOS)  
Bottom right: Admission Type by Payor  
Source: Transfer Log

*For more information, contact:*

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