TRANSFER PATIENT WORKFLOW

U HEALTH
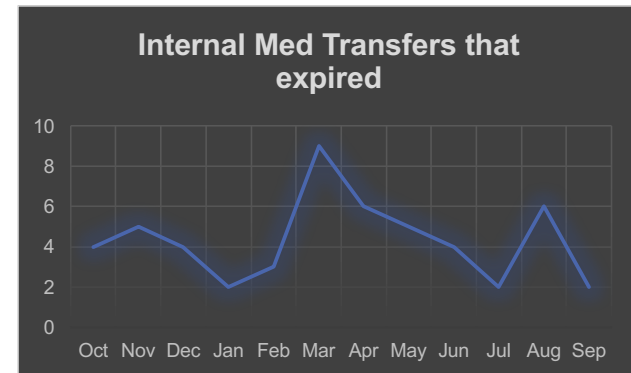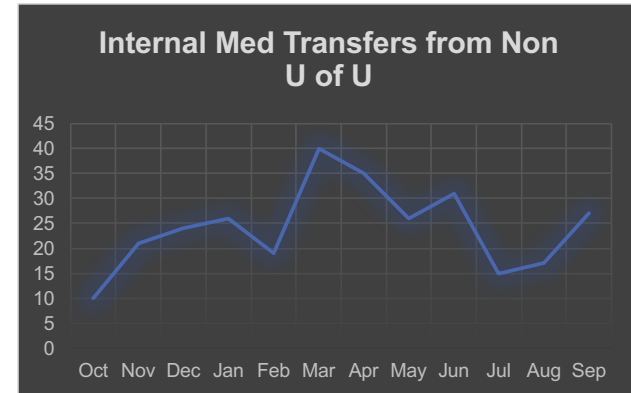UNIVERSITY OF UTAH
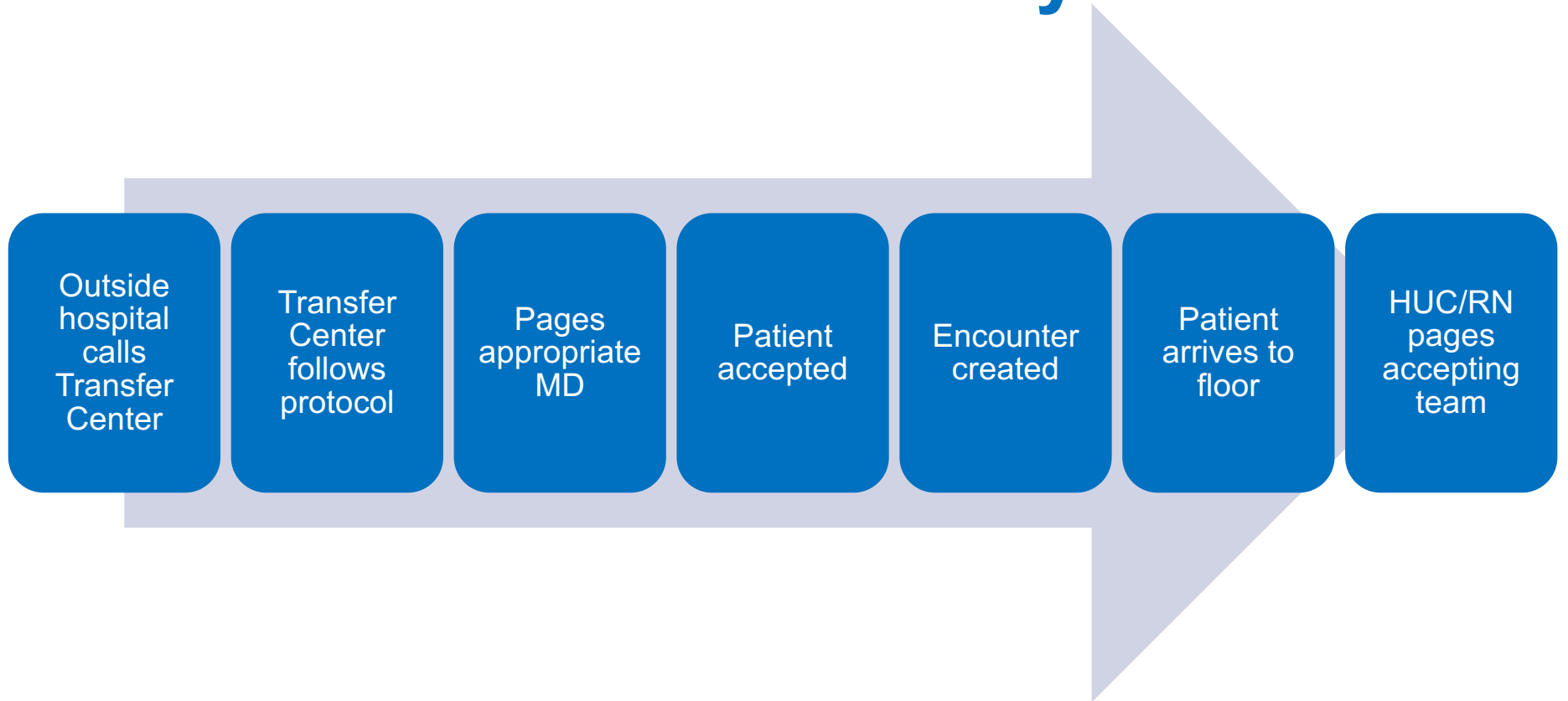
Transfers to U of U Health

- 2,467 between Oct 2015 to 2016
- 291 to an Internal Medicine service
- 52 died
- Length of Stay 4.98 days

- 2015 Mortality Rate for other admissions 1.30%
- 2015 Mortality Rate for patients transferred from another hospital 3.97%

Internal Med Transfers from Non U of U

Internal Med Transfers that expired

Problems with Transferred Patients

- Often arrive with residents or APCs unaware of the pending arrival
- Often hours pass between arrival and provider notification
- Delays between provider notification and action
- 19 safety event reports (RLs) filed between November 2015 – October 2016
- Most common reason for a resident-submitted RL
- 2 M&Ms on this topic since February 2016

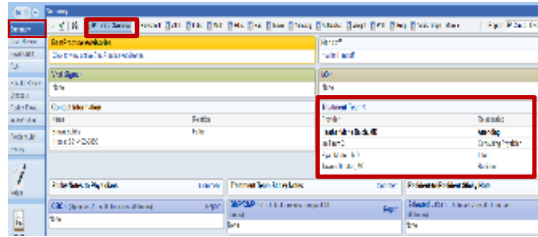# Workflow Prior to February 2016

Outside hospital calls Transfer Center → Transfer Center follows protocol → Pages appropriate MD → Patient accepted → Encounter created → Patient arrives to floor → HUC/RN pages accepting team

(Where do you see problems?)

How to Page Medicine Teams

Identify Treatment Team on Summary Page in Epic
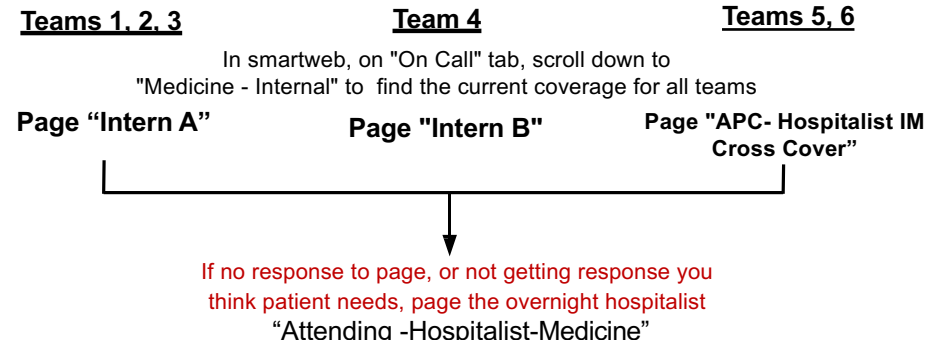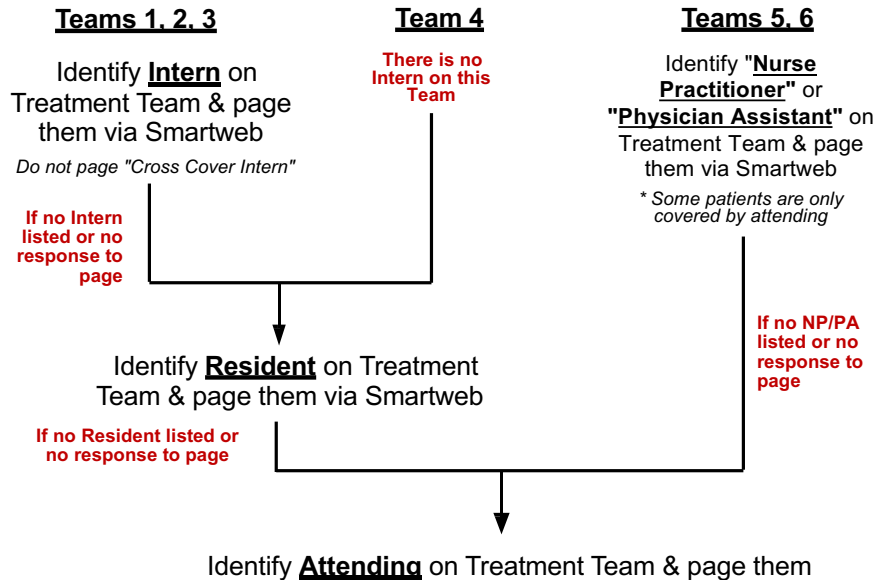
Team Composition
Teams 1, 2, 3: Intern, Resident, Attending
Team 4: Resident, Attending
Teams 5, 6: PA or NP, Attending
  *Some patients on Teams 4-6 are covered only by an attending

DAYTIME
6:30 AM to 6:30 PM

OVERNIGHT
6:30 PM to 6:30 AM

Teams 1, 2, 3

Identify **Intern** on Treatment Team & page them via Smartweb

Do not page "Cross Cover Intern"

If no Intern listed or no response to page

Identify **Resident** on Treatment Team & page them via Smartweb

If no Resident listed or no response to page

Team 4

There is no Intern on this Team

Teams 5, 6

Identify "**Nurse Practitioner**" or "**Physician Assistant**" on Treatment Team & page them via Smartweb

* Some patients are only covered by attending

If no NP/PA listed or no response to page

Identify **Attending** on Treatment Team & page them

- If the first-call provider pages are being forwarded, please continue and page the individual receiving the forwarded pages
- Please provide feedback to the Attending Hospitalist when the Treatment Team is not correct and up to date, or when you are not receiving prompt responses to pages
- **Do not page the Cross Cover pagers during the day**

Teams 1, 2, 3

Page "Intern A"

Team 4

In smartweb, on "On Call" tab, scroll down to "Medicine - Internal" to find the current coverage for all teams

Page "Intern B"

Teams 5, 6

Page "APC- Hospitalist IM Cross Cover"

If no response to page, or not getting response you think patient needs, page the overnight hospitalist
"Attending -Hospitalist-Medicine"

Teams 5,6
In-House Attending
Teams 1,2,3
Team 4

DO NOT PAGE the patient's listed daytime attending at night, as they are not in house

Owner: Karli Edholm, MD
Last Update: 2/23/16

Closed the Communication Loop

- *From* "Patient xxx has arrived to AIM-A 5312. Thanks, HUC"

- *To* "TRANSFER patient xx has arrived to room 5xxx. Please call [ten digit phone #] to confirm. Thanks, HUC Name"

- *To* "ED/MICU patient xx has arrived to room 5xxx. Please call [ten digit phone #] to confirm. Thanks, HUC Name"

- On AIM-A, AIM-B, WP5 and CVMU

- Also changed on charge nurse pages

August 9, 2016 – Safety Event Report (RL)

- Pt arrives to NACU, is not seen for >4 hours, many pages sent

- "When internal medicine gets a new patient from an outside hospital, they already know something about the patient and could put in a basic set of orders so that the nursing staff could care for the patient appropriately and answer at least some of their questions."

New Transfer Workflow

- Live for AIM-A, WP5 10/13/16 at 2 pm

- Changes:

  - Transfer center will get a Face Sheet and create encounter before UU accepting physician calls them (when possible)

  - Accepting attending will enter a note in Epic

  - Can enter orders

- .TRANSFERCENTERNOTE

Transfer Workflow Improvement

1. Transfer center gives MRN or CSN
2. Look up the patient
3. There should be a Pending Admission Encounter
4. Double click on the Encounter to enter it
5. In the patient's record, go to notes
6. Enter a new progress note
7. .TRANSFERCENTERNOTE
8. If desired, can also enter basic orders

New Note by REED, CHARLES

Type: Progress Notes   Service: [   ]   Date: 10/4/2016   Time: 0920   Bookmark

☐ Cosign Required

.transfer

Abbre...	Expansion
☆ TRANSFER	Discharge disposition (destination)
☆ TRANSFERCENTERNOTE	Note when accepting pt from Transfer Center

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New Note by REED, CHARLES

Type: Progress Notes   Service: [   ]   Date: 10/4/2016   Time: 0920   Bookmark

☐ Cosign Required

I accepted this patient ~~Mark Zinni~~ from *** Hospital to The University of Utah Hospital on 10/04/2016 at 9:22 AM, to the General Internal Medicine Hospitalist Service. The pt is a 45 year old y/o male with a past medical history of ***. Admitting diagnosis is ***.

Orders {HAVE/NOT:1215:o} been placed for the patient's admission. If placed, orders can be found under signed & held orders and may need u[have]bon evaluating the patient. Please page the General Medicine Resident Admitting Pager upon the patient's arri[have not]
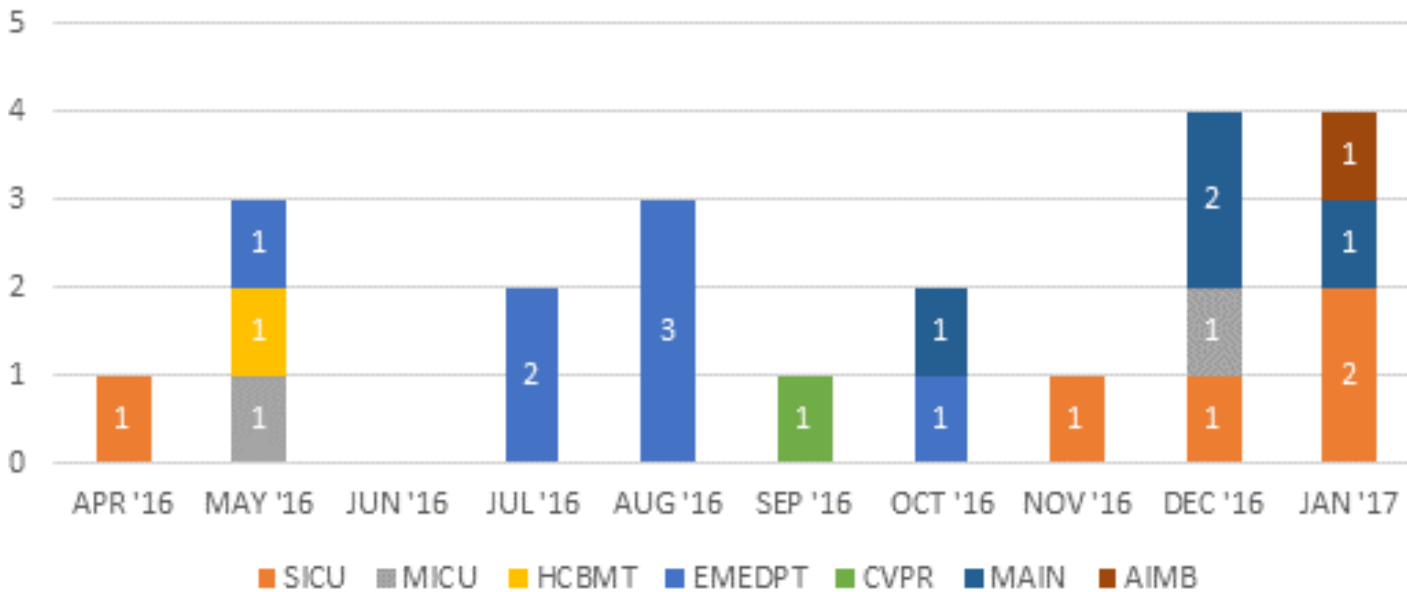
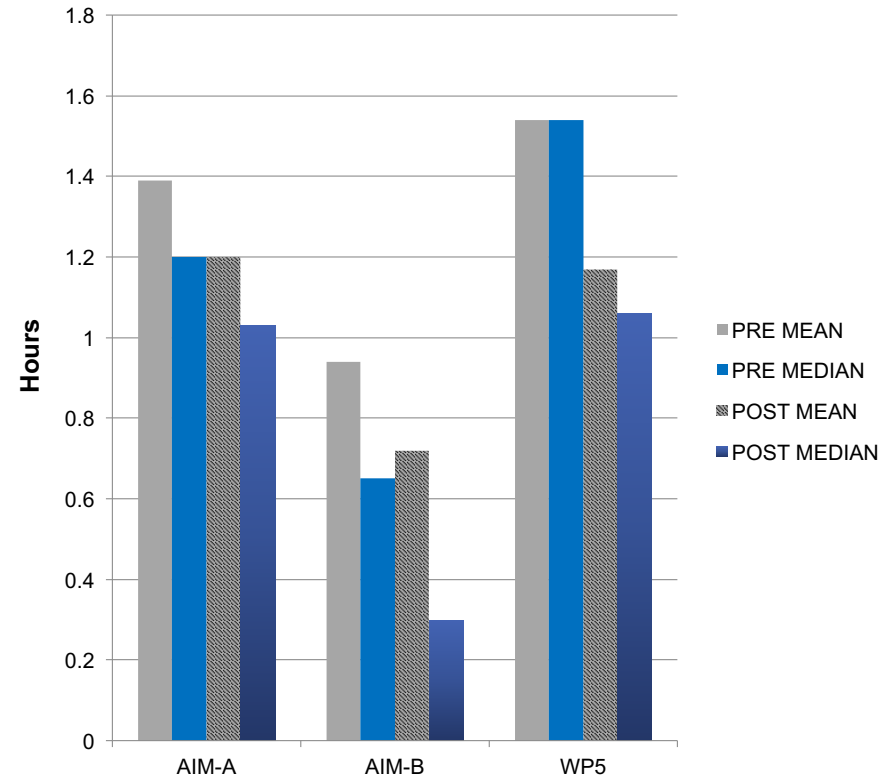Charles Reed, RN

Pend   Sign   Cancel
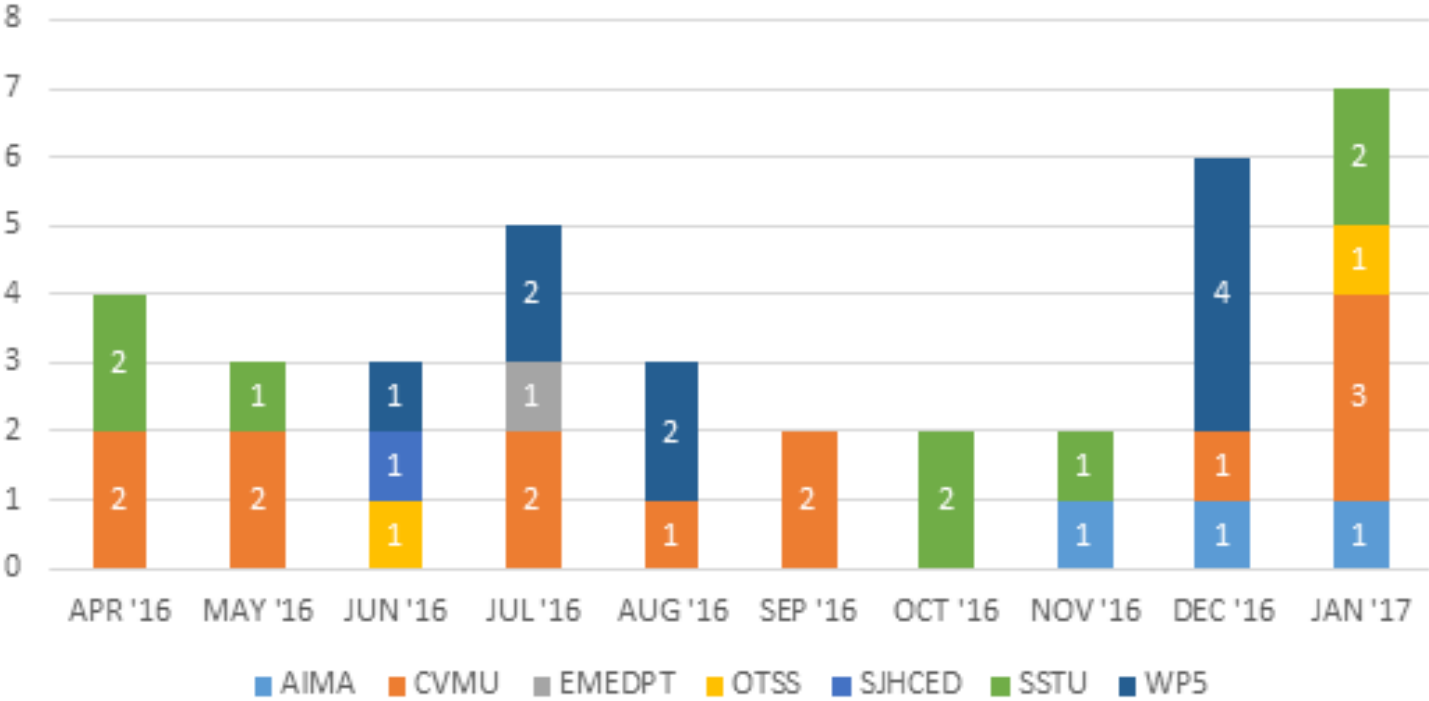
Expired within 12 Hours of Admission

(transfer from outside facility)

Results

- Looked at the time of arrival in Epic

- Then the earliest positive of 3 events in the electronic medical record for a patient:
  - H&P started
  - "Code Status" order placed
  - "Admit to" order placed

- Pre n=72, Post n=129

Transfer Workflow Team

- Kencee Graves, MD
- Gene Scerbo, NP
- Nursing
  - Andrew Davies
  - Sunnie Hadley
  - Shegi Thomas
- IT
  - Amy Sneddon, RN
  - Charles Reed, RN
- Transfer Center
  - Spencer Steinbach, RN
  - Megan Hawkinson
- Quality
  - Jared Schultz

To learn more, visit:

https://uofuhealth.utah.edu/accelerate/