AIM

Reducing inappropriate* emergency room visits of patients from UT Medicine Senior Health Nursing homes (AFV, MSM, & BV) by 50% in response to after hours calls by September 2010.

* Inappropriate – patients with change in condition who can be treated either at the nursing home or be directly admitted
Residency Training Sites

- MSM - Morningside Manor Nursing home, assisted living and skilled nursing facility
- AFV – Air Force Village 1 and 2 – Nursing homes, independent living, assisted living and skilled nursing facility.
- BV - Buena Vida Nursing home, assisted living and skilled nursing facility
Fishbone for ER admissions

Title: Reducing ER visit by 50%
Team

CSE Participants:
Neela Patel, MD, MPH
Efoevbokhan Ughanwan, GNP, PhD

UT Medicine Senior Health faculty and staff:
Robert Parker, MD
David Espino, MD
Magaret R. Finley, MD
S. Liliana Oakes, MD
Yanping Ye, MD
Sheetal Kanjee, MD

Facilitators:
Amruta Parekh, MD, MPH
Wayne Fischer, PhD

- Residents rotating on the service and those on call
- Call Center Staff
- Nursing home staff
- Directors of Nursing for the three NH’s where the residents rotate – Buena Vida, Morning side Manor and Air Force Village
Metric

• Emergency Room (ER) visits of Nursing Home Patients – Obtained from
  – call center logs,
  – calls tracker maintained by resident/attending/nurse practitioner on call
  – and reviewing charts in nursing homes.
Current trends

• We reviewed the after hours call tickets from January 1 2010 to May 15 2010
• 11 to 13 patients sent to the ER from the 3 facilities mentioned.
• Reviewed charts in the nursing homes
• noted that the patients were being sent to the ER inappropriately.
• Hence decision to take this up as a QI project
Morning Side Manor
Jan – May 2010

Pareto Chart showing after hours calls diversion at Morning Side Jan- May 2010
Pareto Chart showing after hours calls diversion at Buenavida Jan-May 2010
Pareto Chart showing after hours calls diversion at AirForce Village Jan-May 2010
Plan

• We know it is a system problem.

• Focus is on improving quality of care – quality of response to after hours calls

• For good quality it is more important for the whole team to be doing the same thing. All as a team need to be on the same page.
Our Intervention

• Calls tracker – the resident/Nurse Practitioner or Attending on call maintain a call tracker that is emailed to TK and Neela Patel

• Excel Spread sheet – the call center to track the calls and submit spreadsheet to TK and Neela Patel on a weekly basis
Our Intervention

• Orientation of residents on one to one basis

• Changing the norm – all residents on call, cannot send a patient out from the nursing home without calling the attending on call.
<table>
<thead>
<tr>
<th>Time</th>
<th>NH/Facility</th>
<th>Who called</th>
<th>Name of the resident (from facility whom the call was regarding)</th>
<th>Outcome/Plan</th>
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## Results

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Number of calls for the month of July 2010</th>
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<tbody>
<tr>
<td>Morning Side Manor</td>
<td>17</td>
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<tr>
<td>Parklane West</td>
<td>26</td>
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<tr>
<td>Home</td>
<td>12</td>
</tr>
<tr>
<td>Buena Vida</td>
<td>40</td>
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<tr>
<td>Air Force Villages</td>
<td>68</td>
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<tr>
<td>Chandler</td>
<td>5</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>10</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>178</strong></td>
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</tbody>
</table>
u chart showing ER transfer from Morning Side Manor

Rate of ER transfers

Time Period

Pre Intervention

Post Intervention
u chart showing ER transfer from Beunavida

Pre Intervention

CL

0.227 0.233 0.211

UCL

0.338

Intervention

CL

0.083

Intervention

Post Intervention

Rate of ER transfers

Time Period

Jan Feb March April May

7/6-7/10 7/11-7/17 7/18-7/24 7/25-7/31 8/1-8/7 8/8-8/14 8/15-8/21 8/22-8/24 8/25-9/31 Sep 1-7

0.500

0.221

0.040

0.000
u Chart showing rate of emergency admissions from Airforce Village

Pre Intervention | Intervention | Post Intervention

Rate of ER transfer

Time Period:
- Jan
- Feb
- March
- April
- May
- 7/6-7/10
- 7/11-7/17
- 7/18-7/24
- 7/25-8/31
- 8/1-8/7
- 8/8-8/14
- 8/15-8/21
- 8/22-8/24
- 8/25-8/31
- Sep 1-7

UCL
CL
0.096
0.426
0.181
0.035
• 1 patient sent from PLW for unresponsiveness,
• 1 from BV for hypoglycemia,
• 2 from AFV, patient preference to Wilford Hall
• 1 sent from home by Attending for Chest Pain

<table>
<thead>
<tr>
<th>Change in Condition</th>
<th>Treated in NH/Home</th>
<th>ER</th>
<th>Direct Admit to ACE</th>
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<tbody>
<tr>
<td>22</td>
<td>15</td>
<td>5*</td>
<td>2</td>
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</table>
Action – What next?

- Protocols – for health providers on call
  - Residents, Faculty and Nurse Practitioners
- Protocols for call center staff
- Protocols for NH – DON and staff
Future

• Track day time calls and improve care for non emergency calls during the day.
Questions?
Thank you!