CLINICAL SAFETY AND EFFECTIVENESS SESSION FIVE

CENTER FOR PATIENT SAFETY & HEALTH POLICY

UT Health Science Center

SAN ANTONIO

Educating for Quality Improvement & Patient Safety
THE TEAM

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AIM STATEMENT

- To increase the notification of primary care physicians (PCP) to 75% when their patients are admitted or discharged onto or from the 9th floor, University Hospital within the next 4 months.
BACKGROUND

- PCP notification was not routinely occurring for paneled patients
- PCPs were not correctly identified in the medical record in a consistent manner and location
- Discharge patients were not always following up with PCP in a timely manner
SELECTED PROCESS ANALYSIS TOOLS

- Flowchart -- allows for schematically course for the process we are attacking

- Fishbone – allows visualization of the areas having the greatest impact on current processes
Pt presents to UHS
- Emergency Center
- Acute Care Clinic
- Express Med
- PCP
- Transfer from another facility

Patient Admitted

Yes

Pt inpatient

Patient Discharged

Does patient have PCP

No

Are they to follow up with PCP

Yes

Patient makes appointment with PCP

Yes

Appointment Made with Access Plus

No

Pt to follow up with
- Hospital Discharge
- AMC
- Speciality Clinic

Patient has follow up
Improvement Method
BEGINNINGS

Pre and Post Staff Education Progress

- Admissions
- PCP Identified
WHAT ARE WE TRYING TO ACCOMPLISH?

- An automatic notification to the Primary Care Physician of patient admission
- A seamless exchange from inpatient to outpatient arenas
  - Utilization of the 10:10 appointments dedicated for hospital discharged patients
IMPLEMENTATION

- **Initial** manual extraction of PCP identification and notification
  - Accomplished by utilizing staff member manually extracting data from Sunrise documentation
  - PCP responds to SHM with acknowledgment of receipt

- Creation of MLM for automatic PCP notification utilizing secured health messaging
  - This process would be triggered when an admission order initiated
HOW WILL WE KNOW A CHANGE IS IMPROVEMENT?

- Increase in PCP acknowledgement
  - Increase in admitted patients had an immediate spike to 100% PCP notification with those patients that had an identified PCP
    - The patients that had a noted PCP were only 20% of admitted patients
    - Not all noted PCP’s were correct
WHAT CHANGES CAN WE DO THAT WILL RESULT IN AN IMPROVEMENT?

- Education with the outpatient areas on indication of PCP within medical record
- Coordination efforts in place with Carelink to establish a provider in lieu of current process of assigning to a location
- Designating PCP on EMR to enable automated notification of patient admission
u Chart showing increased PCP notification Post Education

Preintervention       Intervention       Postintervention

Ratio of PCP notification/total number of patients

Pre Education       Post Education       Current

CL                   CL                   CL
0.008                0.040               0.142

UCL                  UCL                  UCL
0.190                0.244               0.239
WHERE WE ARE

PCP Identifications

Pre Education  Post Education  Current

PCP Identifications
Linear (PCP Identifications)
WHERE DO WE GO FROM HERE?