Clinical Safety and Effectiveness Course Project 2010

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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

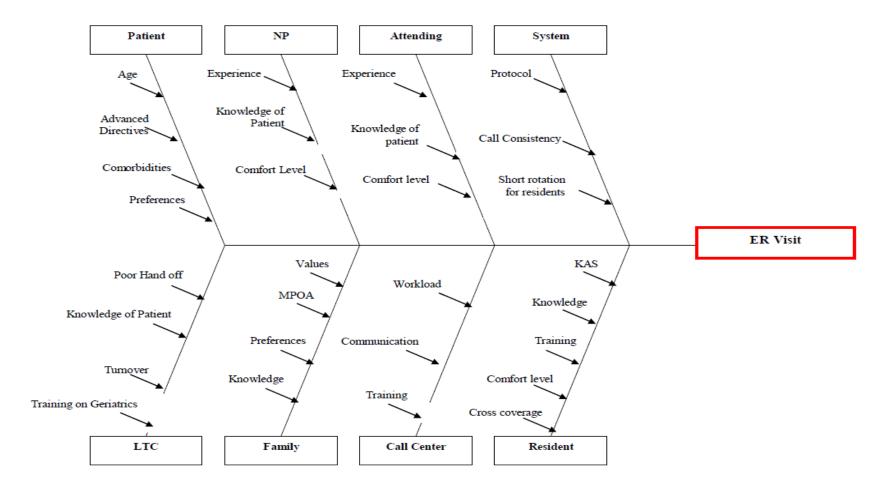
 MSM- Morningside Manor Nursing home, assisted living and skilled nursing facility

 AFV – Air Force Village 1 and 2 – Nursing homes, independent living, assisted living and skilled nursing facility.

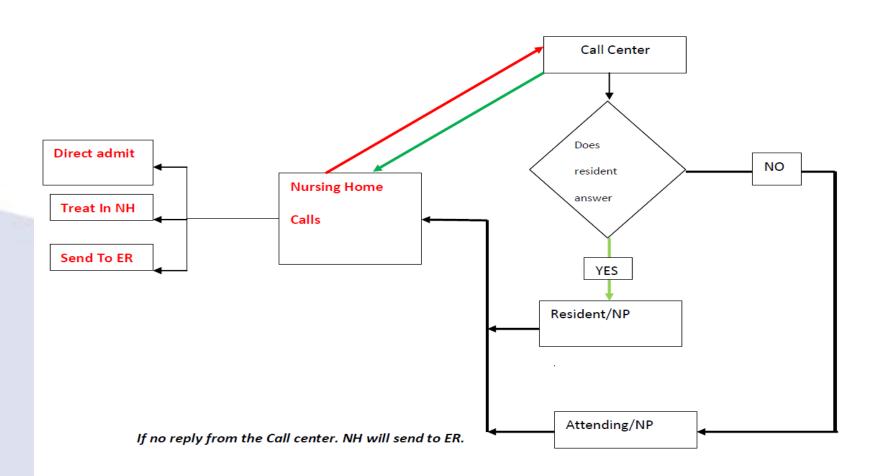
 BV- Buena Vida Nursing home, assisted living and skilled nursing facility

Fishbone for ER admissions

Title: Reducing ER visit by 50%



Flow of calls



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

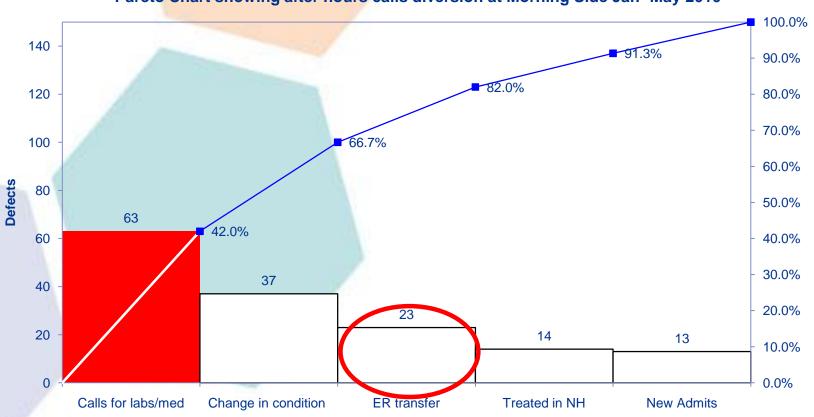
- Emergency Room (ER) visits of Nursing Home Patients – Obtained from
 - call center logs,
 - calls tracker maintained by resident/attending/nurse practioner on call
 - and reviewing charts in nursing homes.

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

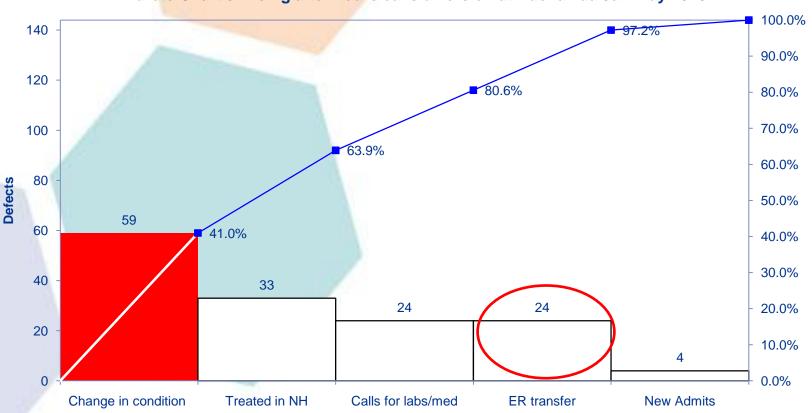
Morning Side Manor Jan – May 2010

Pareto Chart showing after hours calls diversion at Morning Side Jan- May 2010



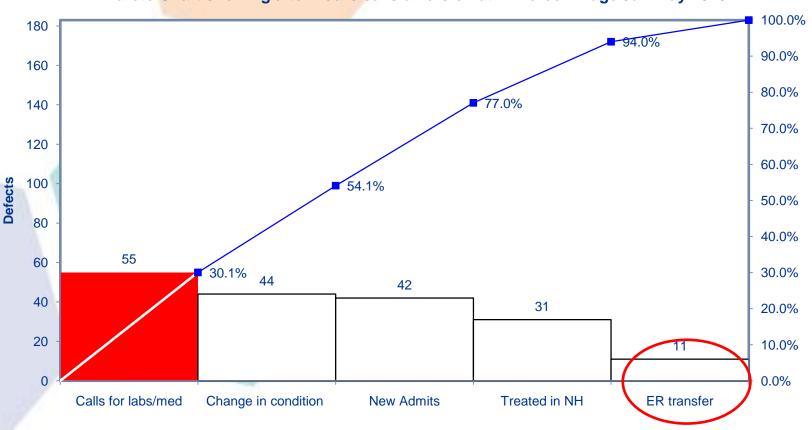
Buena Vida – Jan to May 2010

Pareto Chart shwoing after hours calls diversion at Buenavida Jan-May 2010



Air Force Village – Jan to 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
 Practioner 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.

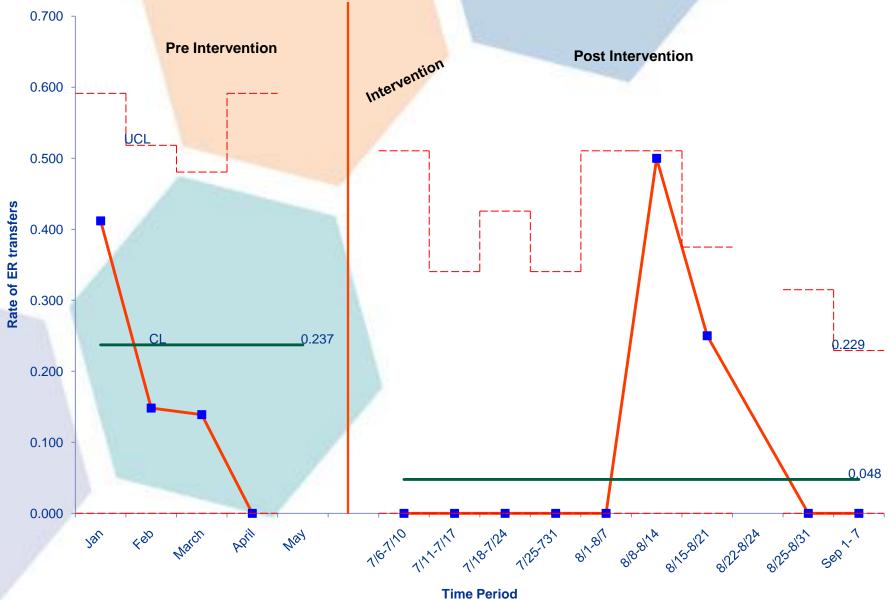
Calls Tracker

Time	NH/Facility	Who called	Name of the resident (from facility whom the call was regarding)	Outcome/Plan

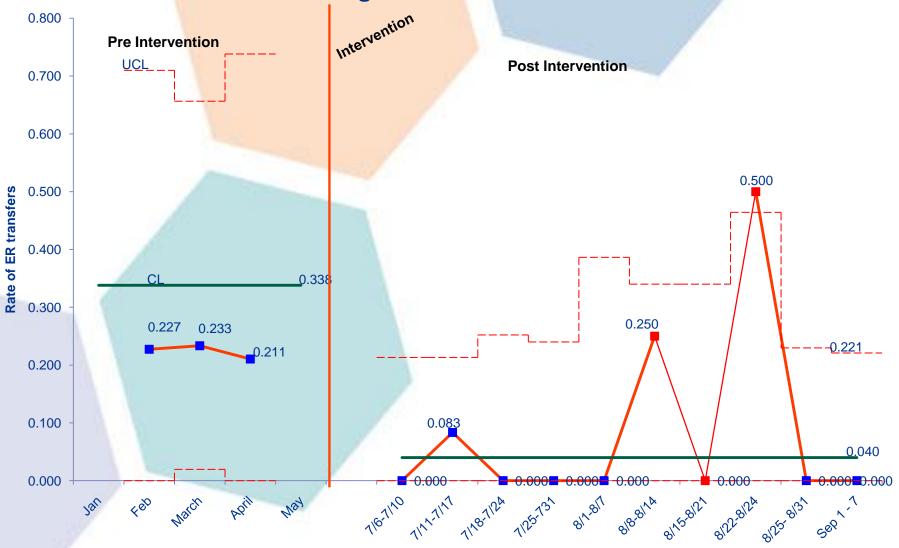
Results

Name of Facility	Number of calls for the month of July 2010		
Morning Side Manor	17		
Parklane West	26		
Home	12		
Buena Vida	40		
Air Force Villages	68		
Chandler	5		
Miscellaneous	10		
Total	178		

u chart showing ER transfer from Morning Side Manor



u chart showing ER transfer from Beunavida



Time Period

u Chart showing rate of emergency admissions from Airforce Village Intervention 0.500 **Post Intervention Pre Intervention** 0.450 0.426 0.400 0.350 Rate of ER transfer 0.300 UCL 0.250 0.200 0.181___ 0.150 CL 0.096 0.100 0.050 0.035 0.000 April 16-11-0 111-1117 118-112A 1125-131 811-817 88-811A 815-812 812-812A 8125-8131 5681-7 March 400 781 **Time Period**

J 3	Treated in NH/Home	ER	Direct Admit to ACE
22	15	5*	2

*

- 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

Action – What next?

- Protocols for health providers on call
 - Residents, Faculty and Nurse Practioners
- 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?

