



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

- **Team Leader & CSE participant:**

Eric Fein MD

- **Team Members & CSE participants**

- Lisa Sanchez RN
- Elizabeth Wilson RN

Team Members

- Lisa Dodge RN
- Bill Marsh
- Michael Johnson MD
- Debra Cardell MD
- Wen Pao RN



AIM STATEMENT

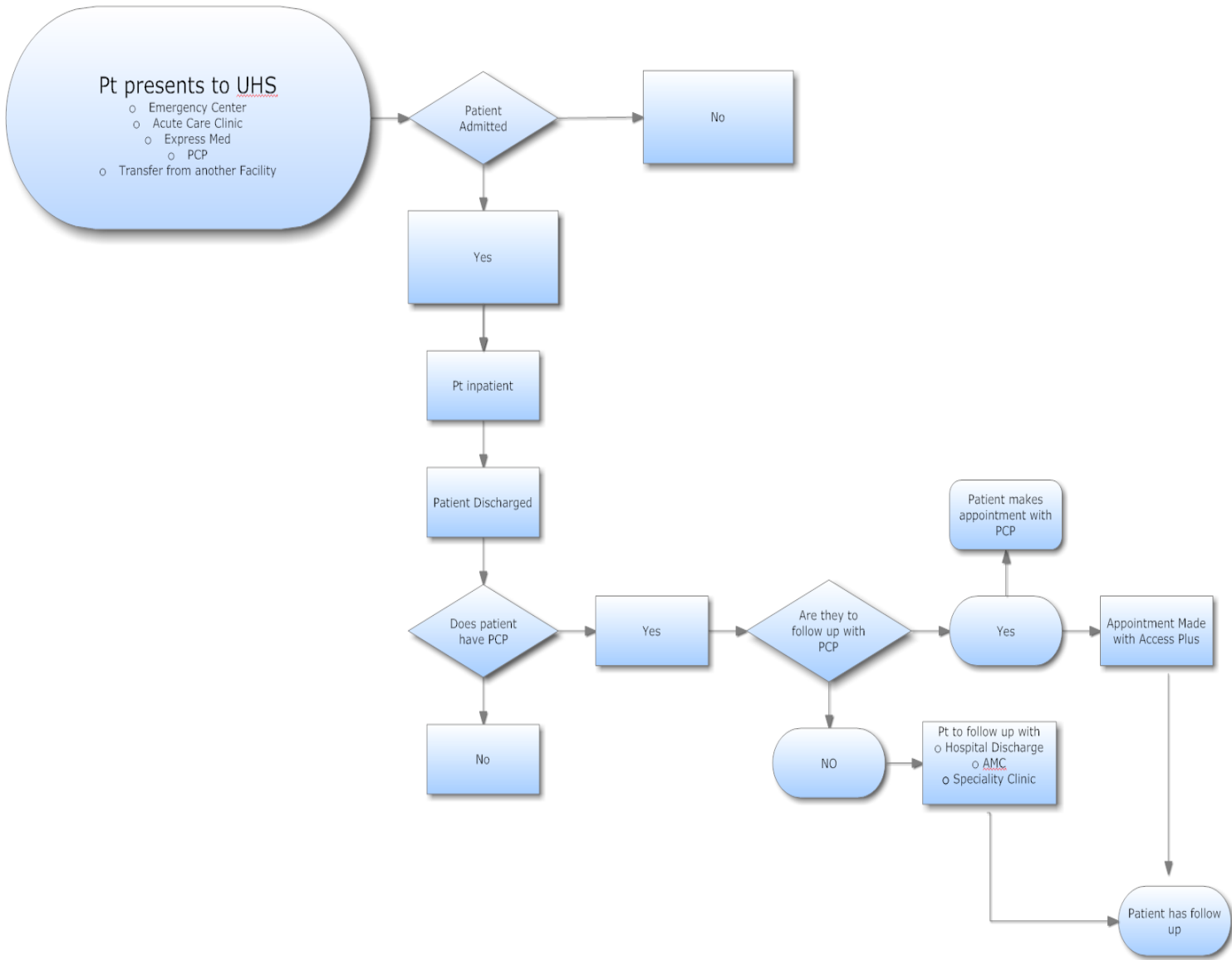
- **To increase the notification of primary care physicians (PCP) to 75% when their patients are admitted or discharged onto or from the 9th floor, University Hospital within the next 4 months .**

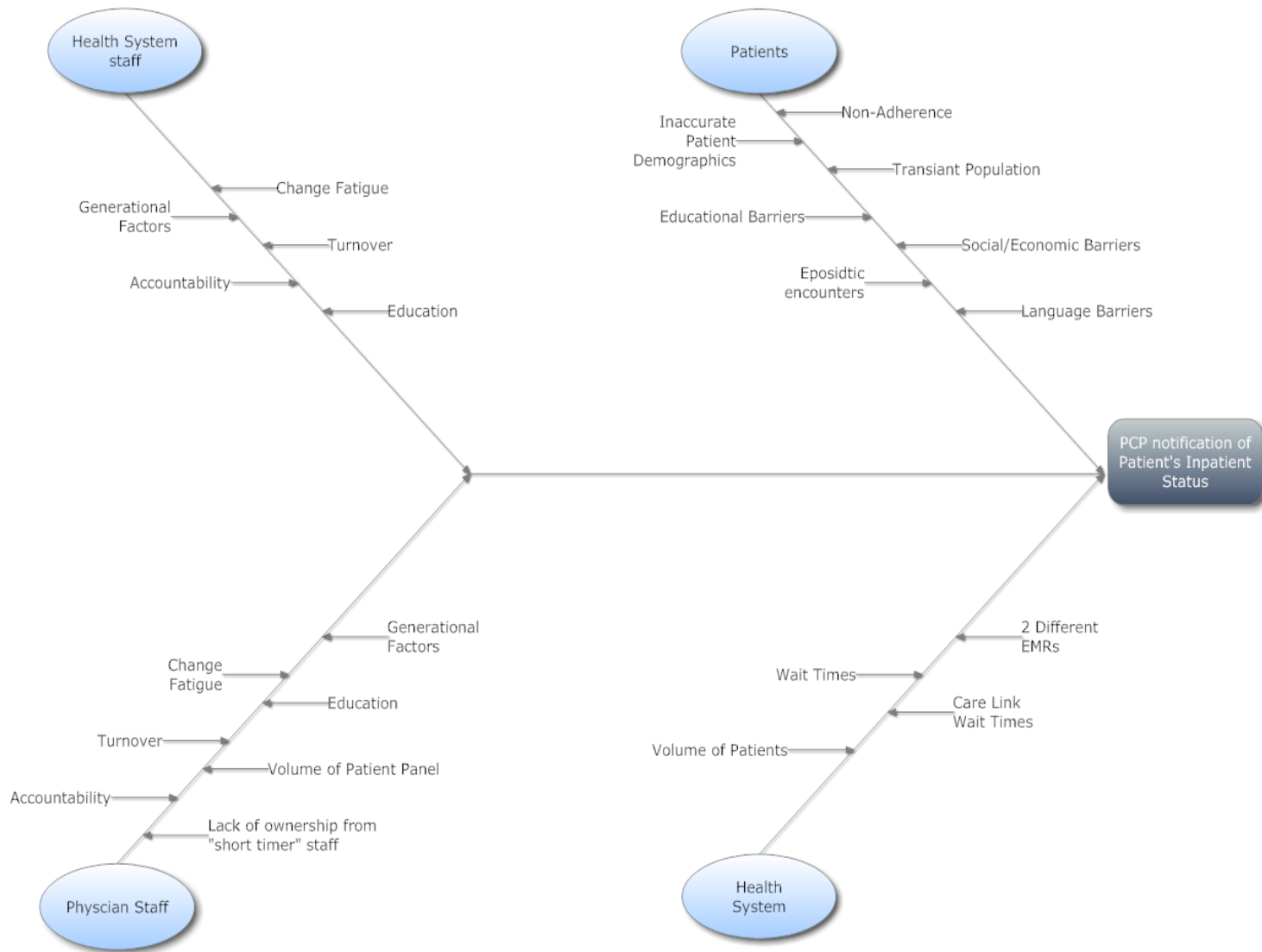
BACKGROUND

- 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

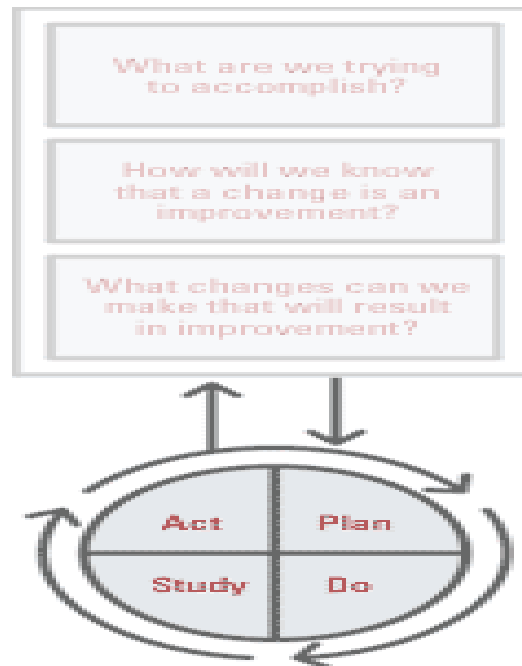
SELECTED PROCESS ANALYSIS TOOLS

- Flowchart -- allows for schematically course for the process we are attacking
- Fishbone – allows visualization of the areas having the greatest impact on current processes

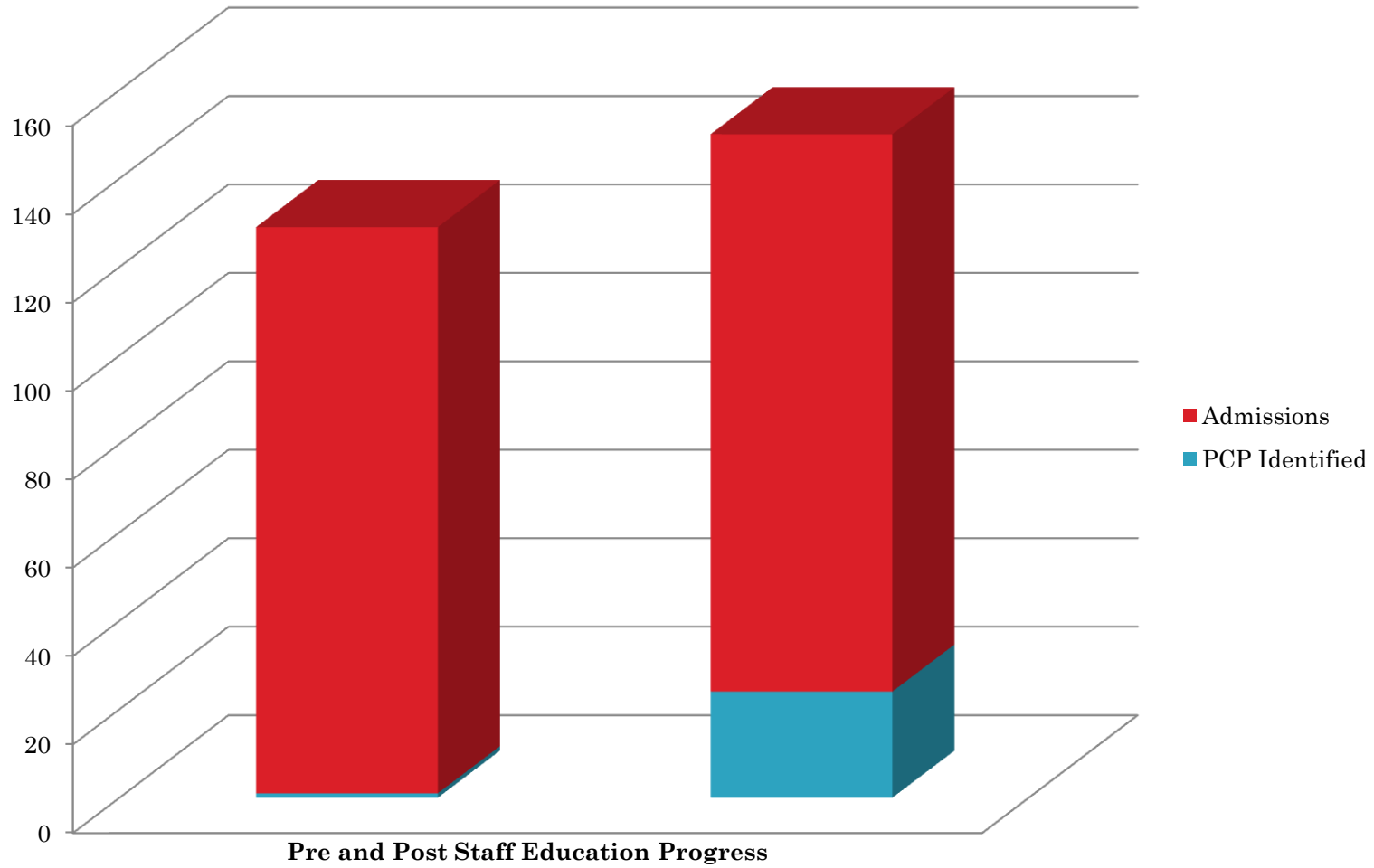




IMPROVEMENT METHOD



BEGINNINGS



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

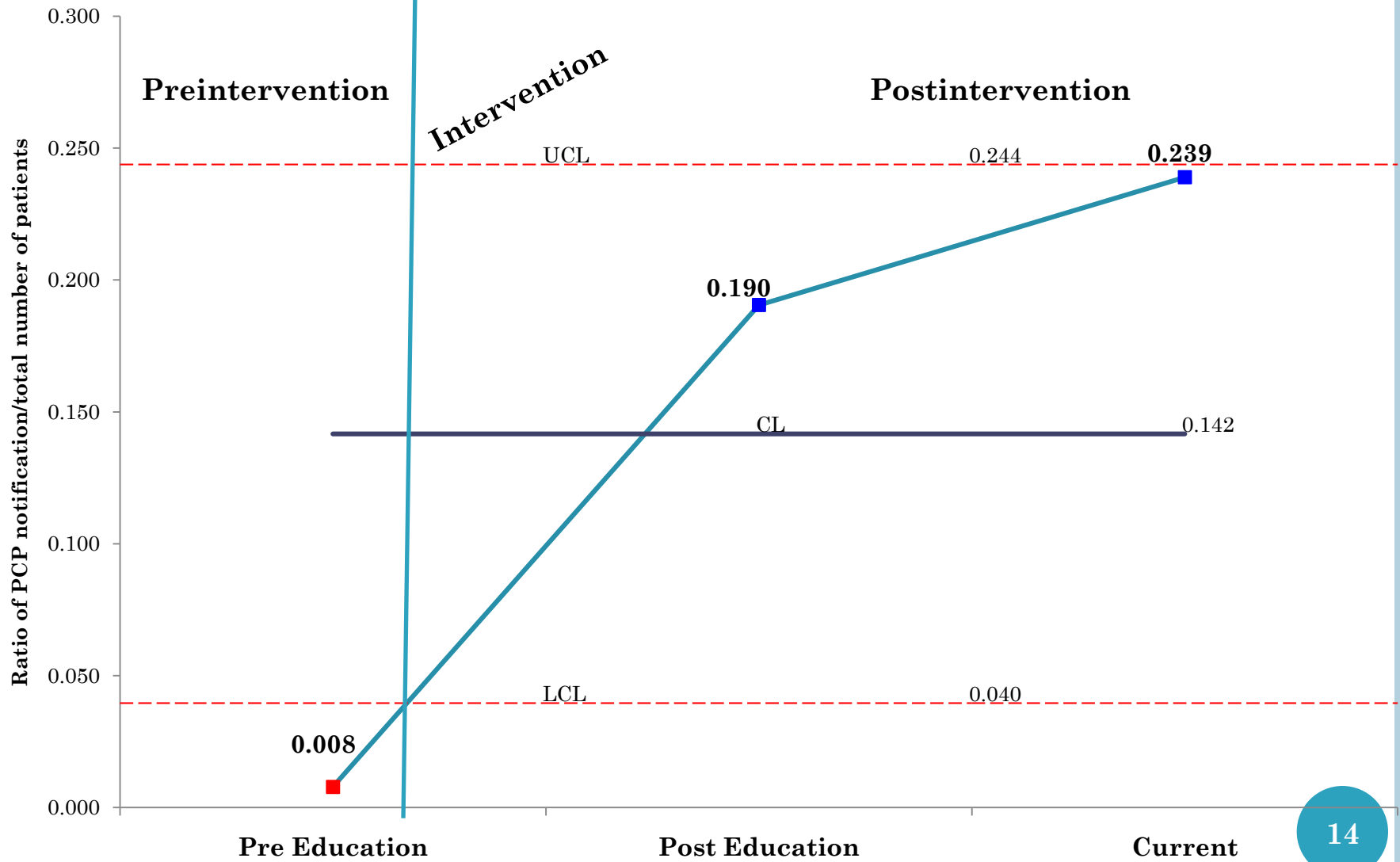
HOW WILL WE KNOW A CHANGE IS IMPROVEMENT ?

- 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?

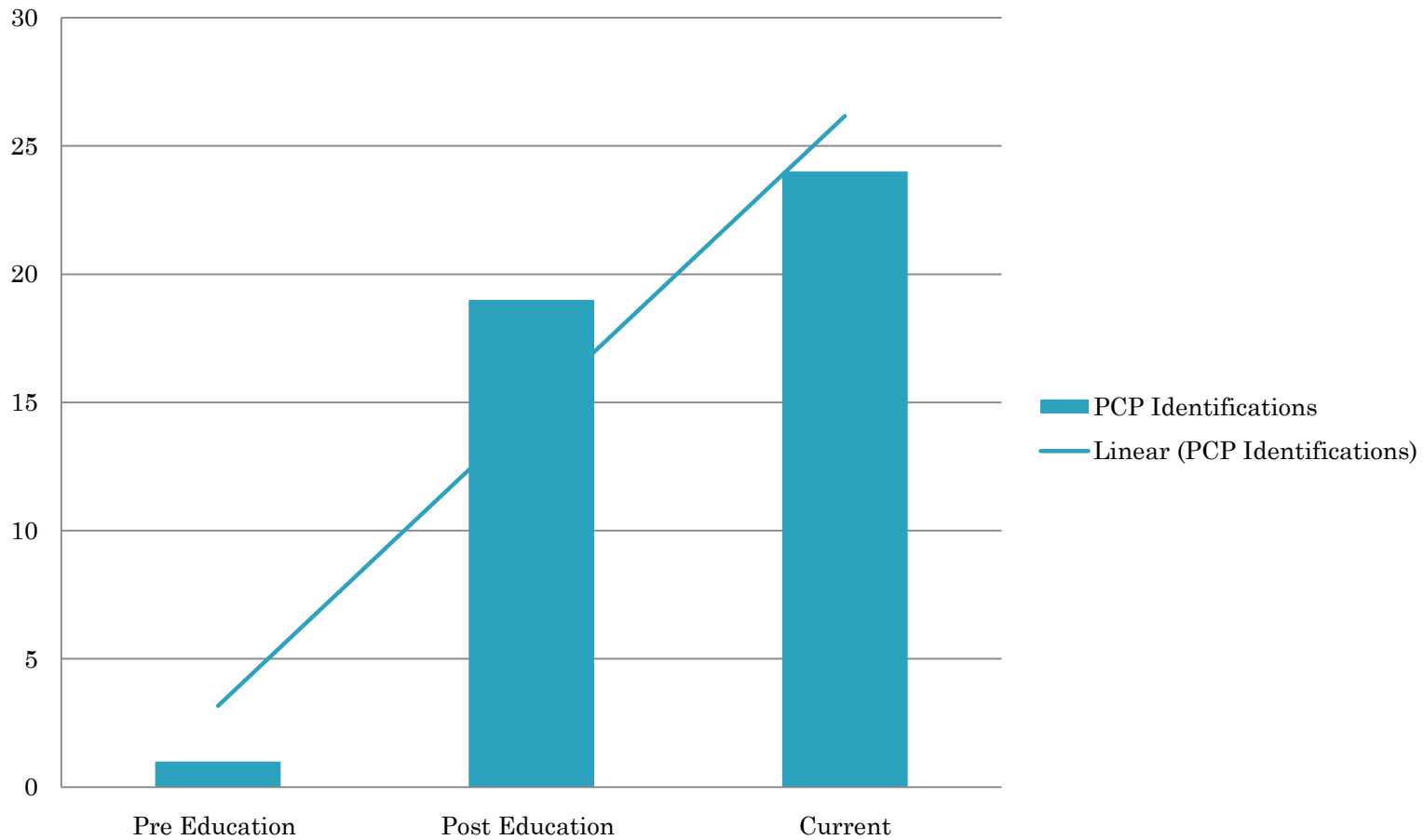
- Education with the outpatient areas on indication of PCP within medical record
- Coordination efforts in place with Carelink to establish a provider in lieu of current process of assigning to a location
- Designating PCP on EMR to enable automated notification of patient admission

u Chart showing increased PCP notification Post Education



WHERE WE ARE

PCP Identifications



WHERE DO WE GO FROM HERE ?

