CHALLENGE
ACTION
RESULT

SETTING THE BAR FOR SUCCESS IN ACTION

GREATER ACCESS ALL THE BEST CARE

UCHealth is an eight-hospital, rapidly expanding academic medical system with 1,700 beds located in Denver, CO.

A long-standing TeleTracking customer and partner, UCHealth opened its access center in early 2014, and then expanded in 2015 when the doors to DocLine opened as a way to improve access for referring providers.

All facilities are now serviced by UCHealth's DocLine, which is staffed with registered nurses available 24/7 to assist and facilitate all phases of transfer and consultation, including physician-to-physician contact, registration, bed assignment, and the facilitation of patient transport to ensure that caregivers are prepared for the patient's arrival. DocLine handled more than 41,000 cases over the past 12 months, including transfers, transports, consultations, telehealth contacts and direct admissions, which is 40% more than the number recorded in 2014.

CHALLENGE

Quickly and smoothly transferring patients from one facility to another is complicated enough. Add to that common cultural challenges and technical obstacles. However, UCHealth was determined to implement an easy, consistent process for the system by:

• Working with staff and physician groups to break down barriers to transferring patients
• Integrating and co-locating with air and ground patient transport
• Collecting, analyzing, and disseminating data for better operational decision-making
• Upgrading the telephone system
• Consolidating access centers with disparate processes

In addition, UCHealth wanted to know where its business was coming from and whether its outreach efforts were working. And most importantly, they wanted to simplify the process of accepting patients so that referring physicians could no longer say, "I don't call because it's too difficult to transfer a patient to your facility."

"Unfortunately, we didn't have a lot of baseline data regarding our referral patterns because the data was either manipulated or not available," says Larissa Thorniley, Nurse Manager for UCHealth's DocLine Operations . However, with vigilant monitoring and the implementation of call-recording software, patient declinations are now typically only due to the hospital not having a specific service line available, i.e. hand replantation. "Because all declinations are monitored in real time, we can and do intervene if we need to," added Thorniley.

ACTION

An important first step was creating an executive steering committee that included chief medical officers and physician leaders from across the system. "Obtaining buy-in from these leaders early on was key, and the success that we've had thus far is because of their support," says Rob Lerret, Senior Director of UCHealth DocLine. The following actions were also critical.

• Met with all physician leaders to obtain sign-off on workflows impacting patients and referral patterns prior to implementation.

• Implemented a "one-call, say yes" process and an acceptance algorithm for nurses to follow to determine next steps. There are a number of factors

LARISSA THORNILEY
BSN, RN, Nurse Manager for UCHealth's DocLine Operations Communication Center (DOCC)

Larissa has 16 years of nursing experience including leadership and hospital operations. Most recently Thorniley was instrumental in the design and implementation of the DOCC.

ROB LEERET
BS, BSN, Senior Director for UCHealth DocLine

Rob is the Senior Director for UCHealth DocLine, which includes patient logistics, the DOCC and the newly formed UCHealth Lifeline critical care transport program. Leeret has over 23 years of experience in nursing leadership, hospital operations and emergency nursing. He has extensive experience in hospital operations and performance improvement and has earned a national reputation as an expert in emergency, trauma and transfer systems development.

regarding diagnoses, the requested hospital, on-call services, etc., that determine who to call, where to send the patient and the downstream effect.

• Staff changes included the addition of communication center specialists that arrange patient transport; DocLine specialists to help with EMR (electronic medical record) and demographic information; a Quality RN that reviews cases and validates data; and a Utilization Management RN that assists with patient class, non-urgent transfer requests and patient disposition issues such as repatriation. Effective 2018, Patient Placement RNs will be added to place patients at the flagship site, and Environmental Services and Patient Transport staff will help from a throughput perspective.

• Built an integrated 2,000-square-foot center triple in size of the original

access center staffed with 21 registered nurses 24x7x365. The work stations are ergonomically designed with sound-baffling tiles, sit-to-stand desks, and eight different lighting and temperature control zones that were important improvements for staff. All monitors display real-time capacity metrics at each hospital, bed status, admissions, weather and traffic, live views of ambulance bays, and status of EDs in metro area.

• The ability to arrange patient transport has not only provided transparency (delays are communicated in real-time to expecting MDs and downstream teams), but specialty transport teams now arrive at the bedside 25 percent faster by bringing the communications specialist into the transfer conversation with the sending and receiving MDs.

RESULT

DocLine now handles approximately 900 calls per day, and in the first five months of 2016, the number of inpatient and outpatient transfers from non-UCHealth facilities increased 16 percent. Patients are arriving via air and ground transport to the bedside 25 percent faster, and the number of patients admitted to inpatient or observational units grew 21 percent. UCHealth now has comprehensive reports to include accepted versus declined transfers, physician response times and accepting/consulting service lines.

Referral patterns, CMI (case mix index) and payer sources by referring facility are captured monthly and reviewed month over month and year over year. DocLine has partnered with the physician relations team to use this data to drive outreach efforts and perform service recovery and education where needed.

Critically ill patients benefit from the services provided by DocLine because they can quickly be transported to the right level of care, where the right resources and caregivers are prepared for their arrival. "The service has helped community providers get better access to UCHealth physicians for consultations and transfers, and has bolstered the level of care our patients receive," says Thorniley.