

Bi-directional Transfer:
Skilled Nursing Facility to ED and Back

HALLMARK HEALTH SYSTEM

Hallmark Health System

- Community based, non-academic, non-profit
- 2 acute care facilities
 - Melrose-Wakefield Hospital
 - 234 licensed beds
 - Lawrence Memorial Hospital
 - 134 licensed beds
- HHMA: multispecialty practice
- Cancer Center
- Hybrid medical staff model
- Hospitalists
- 70% admissions arrive through the ED

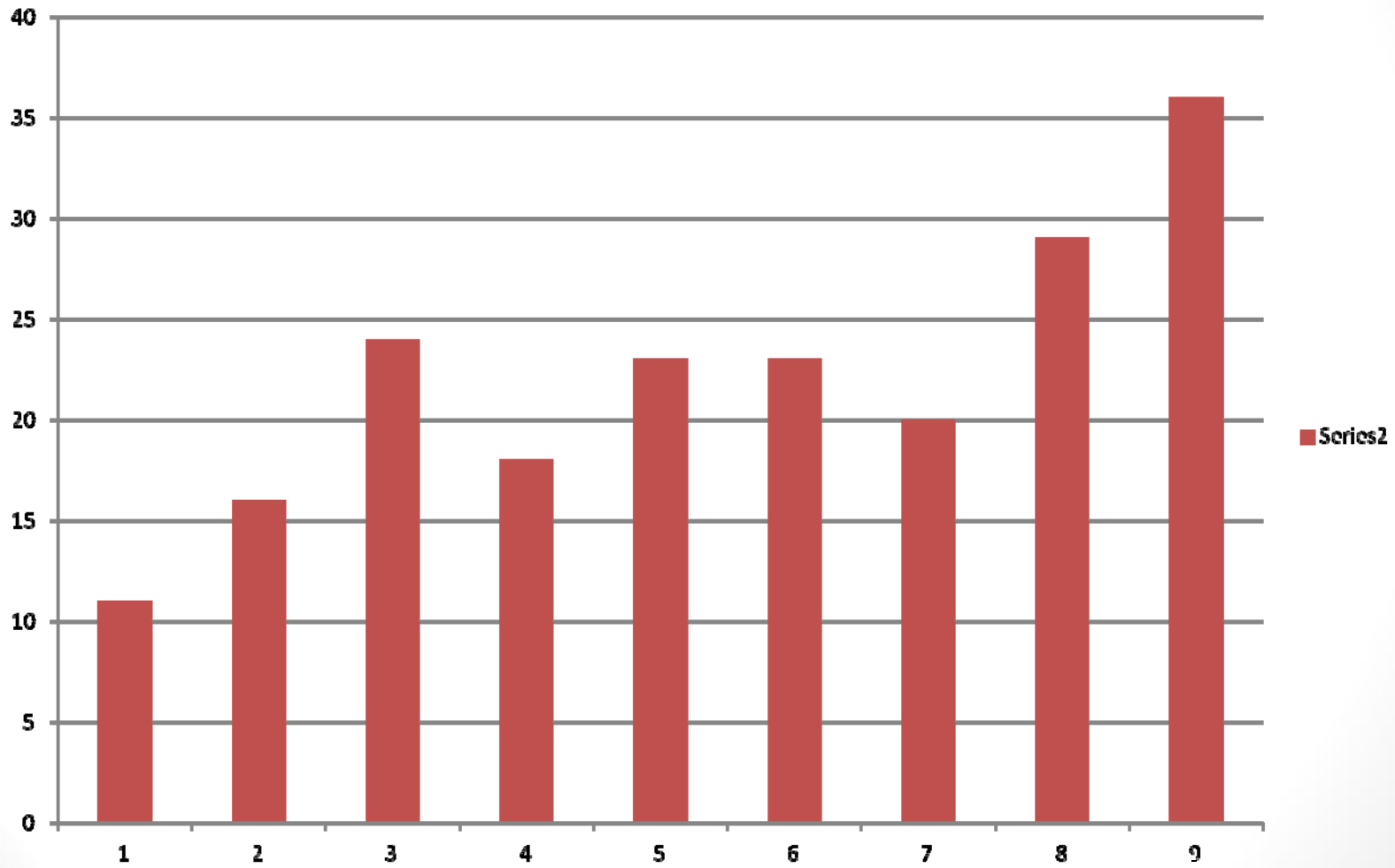
Hallmark Health System

- Melrose-Wakefield Hospital
 - 42,000 patients annually
 - 18 beds (8 hallway beds)
 - Behavioral Health area: 5 beds
- Lawrence Memorial Hospital
 - 18,000 patients annually
 - 8 beds (5 Hallway beds)
 - UCC 13,000 patients annually
- Paper charting system
- Electronic Tracking board
- Meditech IS system

Hallmark Health System

- ED Medical Staff
 - 20 Physicians
 - 17 Physician Assistants
- Schedule ~ 1.8pts/hr
- Single coverage \longleftrightarrow 5 providers at one time

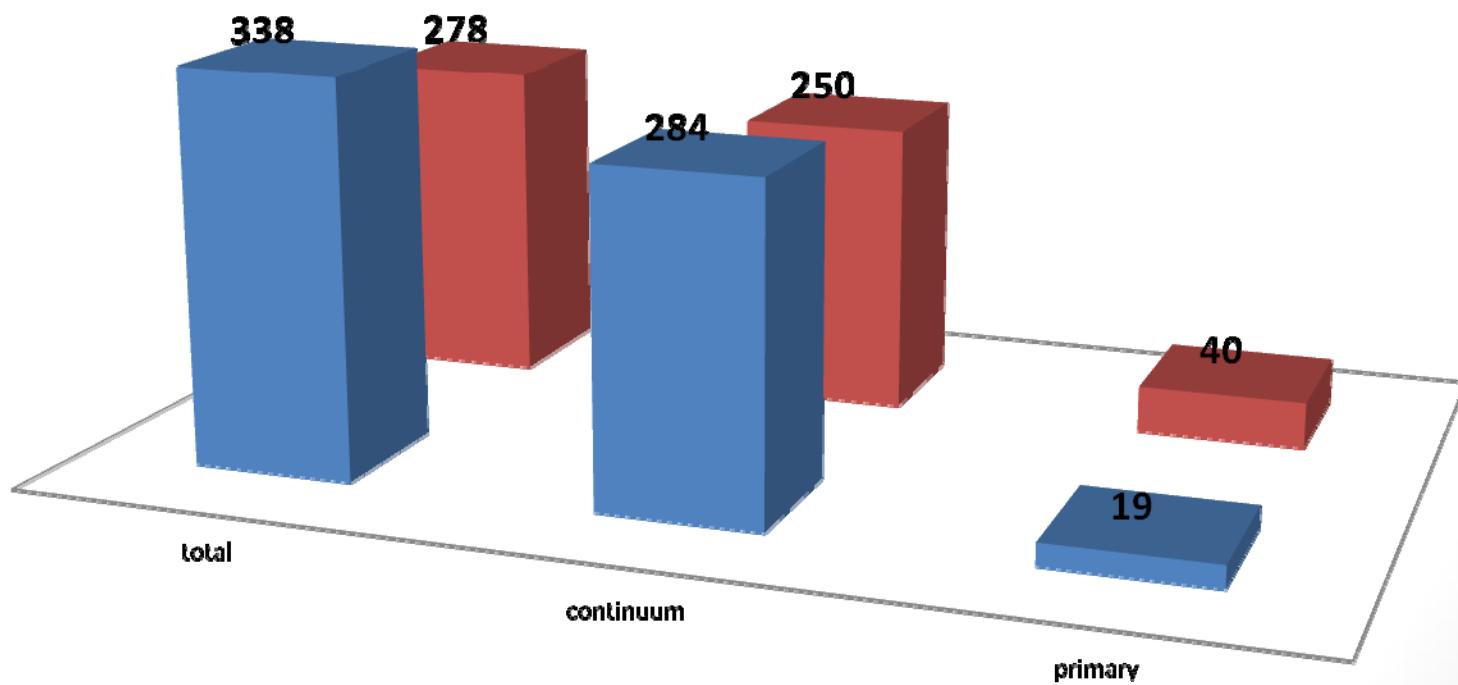
First 9 months: 2011



Continuum of Care

Transfer: ED to SNF

■ 2012 ■ 2013



How did we get there?

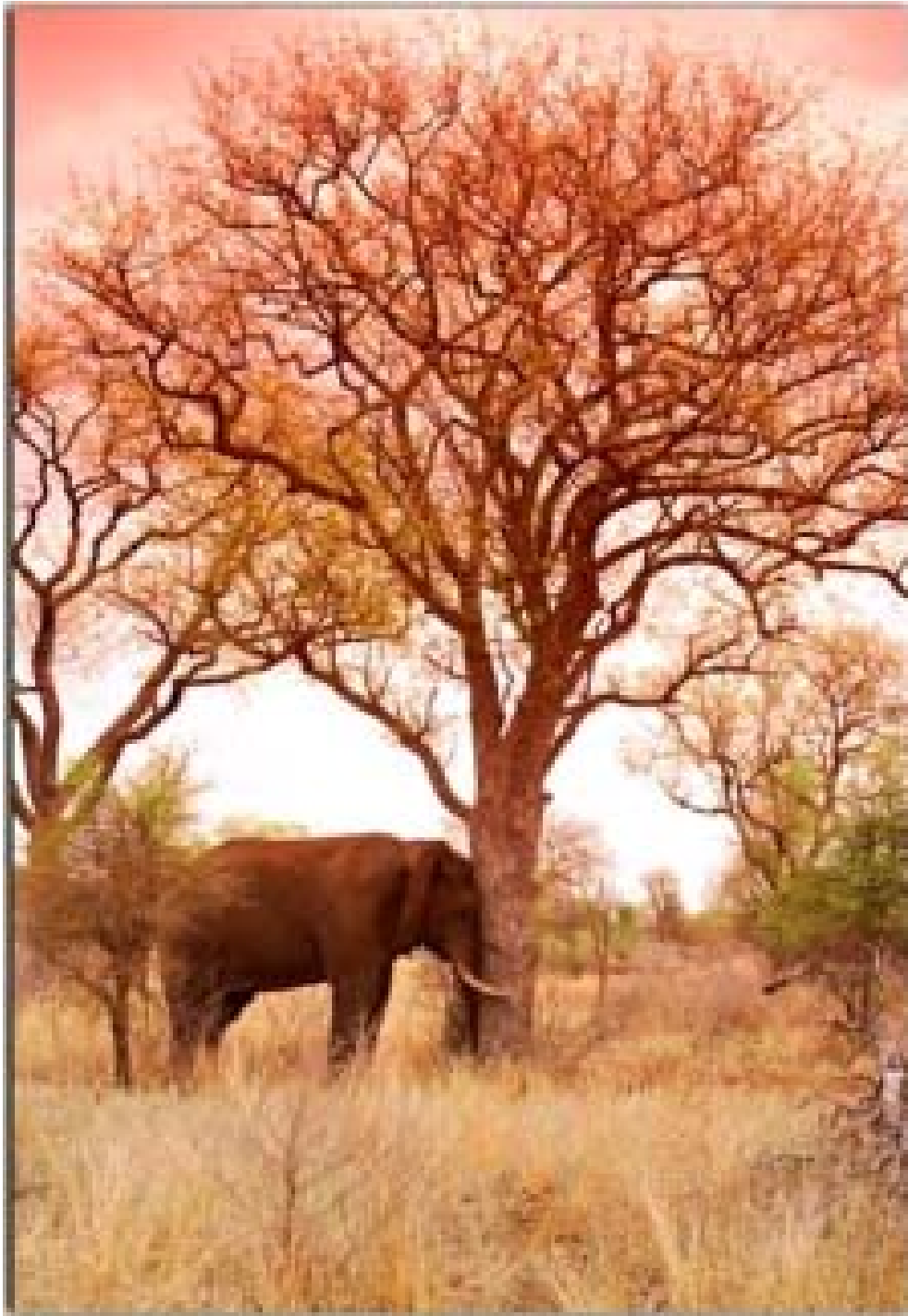
“You can’t solve problems by using the same kind of thing
we used when we created them”

Albert Einstein

“If you don’t know where you are going, you’ll end up
someplace else”

“If you don’t know where you are going, you might
not get there”

Yogi Berra



What didn't work



"Of course I believe in teamwork. I believe your team should do all the work."



LATE JULY

"OK, now that we all agree, let's all go back to our desks and discuss why this won't work."

What *didn't* work

- Unilateral Communication
- Unilateral Decisions
- All-or-nothing thinking (Black-and-White)
 - ED's perspective
 - Primary Care/Geriatric specialist perspective
- “Too complicated” solutions
- Trying to change everyone's behavior at one time

- Case manager in the ED

What *did* work

What *did* work

- Identifying a Champion
 - Point person
 - Educate and understand “the **why**”
 - Understand the capabilities of both the SNF and the ED
- Define what success is
 - Characteristics and metrics
 - Graduated success
 - Move away from all-or-none
- Play to people’s strengths/style
 - Don’t need to “change” a practitioner’s style

What *did* work

- **DATA**
- **FEEDBACK**



"To be an effective team leader, you need patience, strength, insight, tenacity and courage. If that doesn't work, bribe them with doughnuts."

What *did* work

- **Standardization**

Standard Interact Form

At least one physician, NP, or PA in the facility three or more days per week	Y	N
At least one physician, NP, or PA in the facility five or more days per week	Y	N

Diagnostic Testing

Stat lab tests with turnaround less than 8 hours	Y	N
Stat X-rays with turnaround less than 8 hours	Y	N
EKG	Y	N
Bladder Ultrasound	Y	N
Venous Doppler	Y	N
Cardiac Echo	Y	N
Swallow Studies	Y	N

Consultations

Psychiatry	Y	N
Cardiology	Y	N
Pulmonary	Y	N
Wound Care	Y	N
Other Physician Specialty Consultations <i>specify:</i>	Y	N

Social and Psychology Services

Licensed Social Worker	Y	N
Psychological Evaluation and Counseling by a Licensed Clinical Psychologist	Y	N

Therapies on Site

Frequent vital signs (<i>e.g. every 2 hrs</i>)	Y	N
Strict intake and output (I&O) monitoring	Y	N
Daily weights	Y	N
Accuchecks for glucose at least every shift	Y	N
INR	Y	N
O2 saturation	Y	N
Nebulizer treatments	Y	N
Incentive spirometry	Y	N

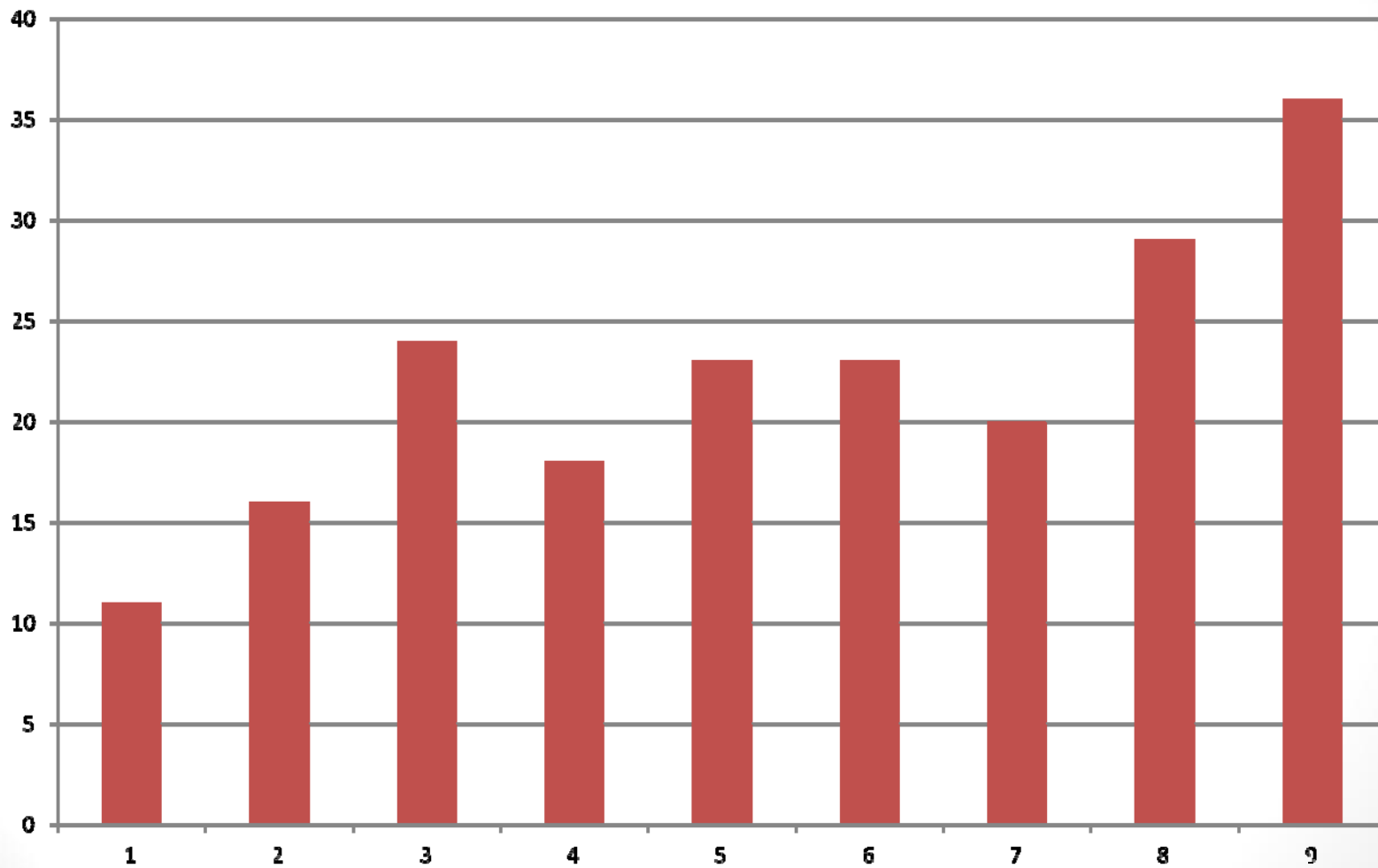
Interventions

IV Fluids (<i>initiation and maintenance</i>)	Y	N
IV Antibiotics	Y	N
IV Meds – Other (<i>e.g. furosemide</i>)	Y	N
PICC Insertion	Y	N
PICC Management	Y	N
Total Parenteral Nutrition (TPN)	Y	N
Isolation (<i>for MRSA, VRE, etc...</i>)	Y	N
Surgical Drain Management	Y	N
Tracheostomy Management	Y	N
Analgesic Pumps	Y	N
Dialysis	Y	N
Advanced CPR (<i>ACLS capability</i>)	Y	N
Automatic Defibrillator	Y	N

Current State: Available on Site

Emergency interventions	Yes/No	Interventions	Yes/No
CPR – basic only	Y	Drains and catheters	Y
Diagnostic Testing		Epidural catheters	N
Stat EKG (within 4-6 hrs)	Y	Suprapubic catheters	Y
Stat Xray (within 4-6 hrs)	Y	Urostomy	Y
Stat lab work (within 4-6 hrs)	Y	Surgical drains	Y
Bladder ultrasound	N	Pulmonary - Pulmonary Vest	Y
Cardiac Echo	N	O2 management	Y
Venous duplex	N	Suction q2hr	Y
Physician/NP Services		Suction q4hr	Y
7 day/wk visits	Y	Suction q shift	Y
5 day/wk visits	Y	Tracheostomy management	Y
1-2x/wk visits	Y	Nebulizer treatments	Y
Consultation		CPAP	Y
Psychiatry	Y	Wound care program	Y
One on one	Y	VAC dressings	Y
Therapies		Debridement	Y
Physical therapy	Y	IV capabilities	Y
Occupational therapy	Y	PICC insertion	Y
Speech therapy	Y	PICC management	Y
Isolation		IV Fluids	Y
VRE, MRSA, c. diff	Y	IV antibiotics	Y
		Q4 hrs	Y
Typical turnaround time when new Meds are ordered:	2.5 hrs	Q 8 hrs	Y
		Q 12 hrs	Y
Nursing Services		IV meds – other (e.g., furosemide)	Y
		CAD pumps	N
Vital sign monitoring Q 2 hrs	Y	Other- Pleura & cath- chest tubes	Y
Vital sign monitoring Q 4 hrs	Y	G/J tube feeding	Y
O2 saturation monitoring	Y	NG tube feeding	N
Peak flow	N	TPN	Available
Glucose monitoring at least Q 6 hrs	Y		

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