ROOM TO MOVE

IMPROVING ACCESS TO CARE WITH TRANSFER CENTER TECHNOLOGY

Children's Healthcare of Atlanta [CHOA] has three locations [Children's at Egleston, Children's at Hughes Spalding, Children's at Scottish Rite] with thousands of physicians representing more than 60 specialties. For more than100 years, CHOA has been dedicated to serving kids and their families. The largest pediatric provider in Georgia—and one of the largest in the country—CHOA is ranked among the nation's top pediatric hospitals in the U.S. News & World Report *2018-2019 edition of* "Best Children's Hospitals." *CHOA has also earned The Joint Commission's Gold Seal of Approval by upholding national standards for healthcare quality and safety.*

We had the opportunity to sit down with Cheryl Stokes, Director of Clinical Resource Management and Patient Intake at Children's Healthcare of Atlanta to talk about the uniqueness of a children's hospital and CHOA's patient flow journey over the last decade.

"Given our reputation for providing excellent care—and because we're a regional tertiary center and the only large pediatrics program in the Southeast—we pull patients from all of Georgia, Alabama, the Carolinas, and North Florida. Not to mention, we also get patients from other states that need the expertise of our cardiac or children's cancer research center. That means our capacity is typically 88-92%, and so finding ways to manage that volume has always been a priority," says Cheryl.

In 2006, CHOA was already looking at transfer center technology to effectively manage patient flow—and maximize the number of patients they could treat. At that time, nursing staff had long lists of names that showed where patients were placed across the three facilities. Physicians who were trying to get a patient in would call and speak with a staff member—then the staff member would have to find an accepting physician to admit the patient. "It was a very time-consuming, labor intensive process," she explains. "Our staff knew they needed help with patient placement and that a transfer center, located off-campus, was critical to managing patient flow for the three campuses."

STAFFING WITH CARE

"When we started, we wanted to make

sure those working in the Transfer Center had deep clinical backgrounds, so we staffed with critical care nurses from the very beginning. In fact, the role of patient placement is so essential to CHOA's success that we've made it a part of our education process for all nurses—regardless of their department—to enhance their understanding of patient flow," continues Cheryl. "With the combination of their experience and training, clinicians can take a phone call from a referring physician, look at TeleTracking's BedTracking®, and know what the options are to quickly tell the physician on which campus we can place the patient at and connect them with the appropriate specialist. Managing patient placement for the three campuses is the bedrock of what we do."

There is a process to staffing the center. Once a transfer center nurse has a clear understanding of the patient placement process, they then learn how to take physician calls. There are still manual processes—which involves an extensive spreadsheet of physician preferences, such as "How do our physicians want to facilitate patients coming in to them?" "Who needs to be called?" "How do we get patients accepted?"

These preferences represent an important step because physician acceptance is needed for every patient, and that needs to occur on a recorded line so that there is record of the conversation between the two physicians. This requirement has brought a lot of transparency to the communication between physicians.

TRAIN AND REINFORCE

While the process continues to evolve, significant progress has been made. In fact, CHOA hasn't had capacity issues since late 2016. One reason ties back to training—staff can manage calls more quickly because they're looking and listening for certain signs and symptoms that helps them identify almost instantaneously who needs immediate care versus who needs a physician consultation before determining the course of treatment. Through collaboration, nurses and doctors work really hard to move kids through the process to receive the care they need. Cheryl tells us that this level of efficiency is so important because children are innately more difficult to treat, and the margin of error is very small.

The number of patient encounter calls coming into the center has grown from 8,000 to almost 46,000 calls per year for a year-over-year average growth of about six to seven percent. However, staffing doesn't fluctuate. There is one patient placement coordinator and up to five nurses per shift—which varies with call volumes. Since the center is open 24/7, even the nights can be busy, so the more that can be automated, the better.

"The number of patients coming into the system each year can really affect your system operating margin. When we look monthly at our patient census, it makes sense that when length of stay increases, capacity decreases and margins can be affected," continues Cheryl. "Those are just a few of the many reasons that patient flow comes into play. We worked on our front-end patient intake to make it as safe and efficient as we can. Now, we're also trying to focus more on discharge coordination so that when patients are ready to go, we're discharging them in a timely manner, making room for the new patients."

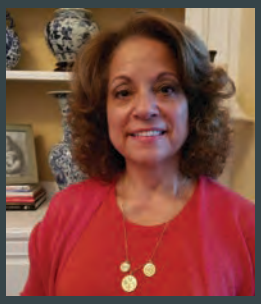
Multi-disciplinary rounding plays an important role in discharge coordination. CHOA is expanding this concept by starting family centered rounding, which brings the parents into the process as well. The center is able to support this initiative by launching a pilot where certain types of patients end up on certain units, so that they can participate in these family centered rounding sessions. In fact, the same doctor who admits that patient is watching that patient the whole time they're in the hospital.

REAL LIFE IMPACT

"A case that has stayed with me is one that happened years ago as we were just in the process of implementing technology and were not really co-located with patient transport and had no automated communication with them. In the middle of the night, we got a call from a referring hospital six hours away. There was some lab work that they weren't comfortable with, and they said they would send the patient to us. We offered to speak with our transport team and arrange to pick the child up, but the physician chose an alternate option. It took almost ten hours for that child to get to CHOA, and when they did, they were in crisis," she explains. "They were immediately admitted and received the definitive care they needed. I'm happy to say that the child is alive and well today. And, I can also say that, now, when the Transfer Center gets those complex, emergent patient calls, we immediately get them on phone with a doctor who can give two simple and safe options—we will either pick this child up, or we will fly them here." We have implemented direct communication with our Transport Dispatch Team by co-locating with them and automating these requests in the Transfer Center, in order to allow us the ability to offer this service whenever safely possible and desired by the referring physician."

As the center continues to evolve, change is on the horizon. The first priority is a plan to transition to an entirely new area, modeled as a command center. This will allow for greater visibility and recognizes opportunities for growth. Since Children's is building a new hospital campus that will have room for many more patients and the reputation for the service CHOA provides is expanding, the Transfer Center will need the new space to grow with them. The CHOA network, and all urgent care centers now have a direct line to the Transfer Center. The aligned and community physicians will build in efficiencies for bringing their patients to the right place at the right time. The goal is to provide a higher level of service to community partners.

"The work we do has life or death implications, so the tools we have at our disposal makes a huge difference," concludes Cheryl. "By getting the appropriate documentation to the doctors early, pulling data from TeleTracking, along with information from our electronic medical record system, we're able to consistently deliver excellent care to our patients, while also driving continuous improvement strategies forward."



CHERYL STOKES, BSN, RN

Director of Clinical Resource Management and Patient Intake at Children's Healthcare of Atlanta

A nurse for more than 42 years, Stokes is responsible for overseeing the Transfer Center and Central Staffing Office, which involves leading a team of RNs and Bed Placement Coordinators who facilitate almost 4000 patient encounters per month and bed placement for three campuses. She is also responsible for a clinical informaticist, the house supervisors who help drive patient flow on the campuses, the Central Staffing Pool of over 200 RNs/PCSs and the Staffing/Scheduling Support team.