



CHALLENGE
ACTION
RESULT

SETTING THE
BAR FOR
SUCCESS
IN ACTION

INTERMOUNTAIN HEALTHCARE

Salt Lake City, Utah

Intermountain Healthcare is a Utah-based, not-for-profit system of 24 hospitals (includes “virtual” hospital), a medical Ggroup with more than 2,400 physicians and advanced practice clinicians at 160 clinics, a health plan division, and other health services. Intermountain Healthcare is widely recognized as a leader in clinical quality improvement and efficient healthcare delivery fulfilling its mission of helping people live the healthiest lives possible.

CHALLENGE

Health systems throughout the United States face a persistent challenge—a surplus of patients straining capacity at tertiary care facilities, while community hospitals are underutilized. To ensure that no one hospital is overwhelmed, real-time visibility with actionable and meaningful data allows for load balancing across a system. Striking such balance also keeps patients closer to home and in community hospitals when a higher level of care is not medically needed. Load balancing has enormous benefits across the board. For example, from a financial and operational standpoint, smoothing and aligning patient needs and care capacity helps a health system optimize holistically. And most importantly, from the patient perspective, it decreases wait times and keeps patients closer to family and their support network.

However, successful load balancing is a complex challenge. Intermountain Healthcare, long known as one of the most innovative health systems in the United States, developed a multi-faceted, patient-centric approach to this challenge. The first step, however, was to create system-wide situational awareness to understand patterns of patient demand and capacity system-wide.

A key issue related to the lack of awareness was Intermountain outsourcing its transfer center in 2015. The outsourced center resulted in treatment delays, inappropriate placement of patients, and extreme frustration on the part of the referring provider. Shortly thereafter, the transfer center operations were brought back in-house which provided more control over the patient intake process. And then in March of 2019, Intermountain took another step forward by centralizing operations—patient transfers, patient placement, transportation, virtual care, and other key functions in a single center—creating system-wide situational awareness and cohesive workflows.

However, there were barriers that first needed to be addressed. The way in which physicians interacted with one another during a patient transfer needed to improve. For example, previously, the sending physician would speak directly to the receiving physician, which was ideal. However, receiving physicians are often dealing with critically ill patients and are unable to take those calls, which led/leads to delays and dissatisfaction from the sending physician. In addition, critical care physicians also often do not have time to obtain a complete patient history, and then unfortunately when patients arrive at the receiving facility, the placement of that patient isn't correct.

Finding ways to utilize hospital capacity more efficiently was essential. Critically ill patients were being automatically transferred to tertiary care hospitals when they may, or may not have, had tertiary care ICU needs—leading to community facilities being empty while tertiary care hospitals were inundated.

In addition, the telephone system conferencing capabilities needed to be upgraded. For example, the children's hospital requires the ability to conference up to six people simultaneously.

ACTION

When the decision was made to bring the transfer center back in-house, Intermountain was simultaneously implementing the “One Intermountain” organizational strategy, and the decision was made to manage Intermountain Healthcare as a system instead of four disparate regions.

Plans were already underway to create an enterprise-level virtual hospital, combining all clinical telehealth services with provider support services to manage the logistics of patient movement through the system. This made it possible to keep patients at community hospitals when medically appropriate, under the guidance of the hospitalist and in conjunction with the tele-specialty physician.

In collaboration with TeleTracking's patient flow experts, the team began to standardize enterprise patient access, patient placement, and patient discharge processes—while incorporating telemedicine to expedite the entry of critically ill patients into the system.

TeleTracking's analytics platform, SynapselQ® Enterprise, was launched in conjunction with the TransferCenterIQ™ module, which increased visibility and the ability to gain the critical insights that lead to better decisions. For example, SynapselQ provides a report that timestamps the patient transfer process—the time it takes the transfer agent to get a hold of the physician, the time it takes the physician to call back, and the time it takes to accept and place the patient in the most appropriate care setting. In addition, ICU patient transfers are challenging, risky, costly, and inefficient. The team started closely analyzing the data in SynapselQ, specifically looking at patients coming from other facilities, patients that could be downgraded versus transferred again, and patients who needed comfort care at perhaps a local facility.

As part of the transfer center launch, a single number was marketed—1-855-WEADMIT—which people call when they need to transfer a patient, need a consult on a patient, or have a question about the process. The calls are answered by a registered nurse who triages each call and determines next steps. For example, in the case of a critically ill patient, the Tele-ICU physician does a thorough, structured assessment of the patient, and then works with the transfer agent to determine the appropriate placement for that patient.

RESULTS

TeleTracking's operational platform has helped to manage and automate enterprise workflows and provide shared situational awareness and enterprise visibility with actionable and meaningful data to make better, faster decisions about patient care.

Having a nurse triage calls coming in through the transfer center, along with physicians to support the team 24/7, has transformed how patients are treated in their local facilities before being transferred, as well as during their transfer.

Feedback from sending physicians on the new process has been very positive, with anecdotal input from both sending and receiving physicians.

Documentation processes and workflows have been standardized, and accurate and actionable data has helped the team understand how quickly the team can get to “yes” when a request comes in.

With the centralized, standard processes driven by TransferCenterIQ™, Intermountain was able to change the trajectory of 12-15% of ICU patients—keeping them closer to home for care and reducing stress on tertiary sites.

The team has a report that shows when a case is denied and what the process is for escalating the denial in real time. For example, if a physician denies a patient, it is escalated to a local medical director. It makes it possible to see other denials that are trending so that the team can correct the trajectory.

There has been tremendous support from the very top of the organization, and local leaders who knew that referring physicians were frustrated with the previous process.