

DECREASING DELAYS FOR IN-PATIENTS WHO HAVE URGENT CONSULTATIONS ORDERED



Editor’s Summary: In *Decreasing Delays for Inpatients Who Have Urgent Consultations Ordered*, Regional Health Authority B in New Brunswick tested a method that was successful in increasing the rate at which urgent physicians consultations were completed. By mapping out the process and engaging the services of a dedicated transcriptionist who could complete the paperwork to provide necessary information and facilitate the request, the rate of urgent consultations completed within a 24 hour period was 92% for the test group compared to 76% in the control group. This result of this success is the ability to keep the care plan moving forward an in many cases, emergencies to be averted.

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<p>Purpose:</p>	<p>During the process of analyzing reasons for delays with inpatient care and increased lengths of stay for the inpatient population, using the Medworxx Utilization Management tool, it was discovered that urgent consults (defined as needing to be seen within 24 hours of the request) often took longer than expected. The purpose of this project was to identify the reasons for the delays and develop a process which would lead to timely consults and subsequently improve patient care. While direct verbal contact between the attending physician and the consultant would be ideal, it is often impractical, especially surgical and procedure-oriented services. The current process for notification of consults is complex, time consuming, varies for each service, and may involve many individuals (nurses, ward clerks, private office staff, ambulatory care clinic staff, phone answering services, and physicians.) There is often no record to confirm that the consultant has actually been notified.</p>
<p>Context:</p>	<p>The Health Records department was just in the process of installing a new physician dictation system that has additional functionality. We explored ways that this technology as well as existing computer and telecom technology could be leveraged to improve the communication process for a consultation request.</p>

Resources:	Operating \$: FTE's 0 new
Source of resource:	In kind contributions from the organization
Population Group:	The initial population was in-patient Family Practice patients who had days of delay attributed to waiting for a consultation as identified by the utilization management software. Once the pilot phase was completed the new process was introduced to all in-patient locations and services that request urgent consultations.
Patient Flow Entry and End Points:	From the time the physician orders an urgent (to be seen within 24 hours) medical consultation and the order is transcribed until the consultant has seen the inpatient.
Description/ approach:	<p>Analysis of the wait times for consultants was undertaken on a control group. It was determined that 21% of the urgent consultations were taking longer than 48 hours to complete, thereby possibly affecting patient care and length of stay.</p> <p>Stakeholders from all groups in the process were interviewed by the Business Analyst and recurring themes emerged. The project team then looked at possible solutions to better communicate and track consultation requests, using the technology tools we currently had in place.</p>
Tools and Tactics:	A flow diagram of the new work flow was developed and distributed to patient care units, and presented to physicians at various meetings. The key change was that the urgent consult requests would be dictated by the requesting physician to a specific work type in the dictation system. A dedicated transcriptionist would transcribe the request and contact the consultant by what ever method was preferred, telephone, page, fax, etc... The patient care unit would be notified by the transcriptionist once contact had been made with the physician or service being consulted by changing the order status to "In Progress" and printing the typed request directly to the unit. The request included physician specific information (ie. which physician was to see the patient in the case of a group practice). This provided an electronic trail of the order, when it was processed and when contact was made with the physician.
Measurement approach:	The times from the consultation request being transcribed until consult completion were monitored on all of the pilot transactions, for a period of 3 months. Transcription services are available from 0800-1600 hours daily so, dictations done out of those time ranges would be handled first thing in the next morning. This in no way replaced the physician to physician consultations of an emergent nature that are still done by direct physician to physician contact. By the 4 th month there were too many transactions to monitor each one, so a sample of 10% of the transactions was audited. The auditors looked for evidence by way of a dictated or written consult or an order placed by the physician who was consulted that the patient had been seen. The percentage of total consultation requests being dictated was monitored and is now at 80%. These will likely level off at this point, as the remainder of the consultations are most likely of an emergent nature and not be expected to follow this process.

<p>Impact/ evaluation:</p>	<p>The twenty-four hours expected turn around time for an urgent consult increased from 76% in the control group to 92% in the pilot intervention group. In the months following post-implementation of the new process, which was extended to additional nursing units, the percentage of consultations seen within 24 hours remained at > 90%. The data also shows that over 70% of all requests are completed on the same day as the request, compared to the control group that had 40% of the requests completed on the same day. The new process allows for tracking of the order electronically through Order Entry and the transcription system. As a result of the reduction in delays, physicians requesting consultations are able to move care plans forward more effectively,. Some physicians were reluctant to follow the new process, but the evidence that the process is more effective has been presented at medical staff meetings, and has encouraged the change to be adopted. Physicians receiving the consultations are given more complete information with respect to the consult. The transcriptionist processing the order is no longer dealing with hand written orders, but audible data. Both factors further contribute to the reduction in communication breakdowns. Further study is being done to measure the impact on patient length of stay.</p>
<p>Observation/ Discussion:</p>	<p>Post implementation interviews with family physicians were universally positive. By the time they visited their patient the next day, there was a high likelihood of the consultation report being available and decisions could be made with regard to the continuing care of the patient. Other health care professionals have been very positive as the reasons for consultations are clear, legible and can be reviewed from anywhere in the hospital. Ward clerks are satisfied with not having to spend so much time following up and trying to track down physicians for consults which can also lead to increased risk associated with respect to the potential to forget to complete the process due to numerous interruptions. Clinical Resource Nurses were also very satisfied as they could see the orders were in the “in progress” status once the consultant had been contacted by the transcriptionist.</p> <p>Due to increasing pressure on bed access, patients within our facility have a high transfer rate due to the effort associated with repatriation of patients to the appropriate service . This consultation process being universal ensures that the consultant is aware of the need for a visit, even if the patient has changed unit location in the meantime.</p> <p>Having a pilot period was a good strategy. We were able to work out most of the process issues and become aware of any situations we had not anticipated with the implementation group with adequate time to think through how to handle those particular situations as they arose.</p> <p>Some physicians are requesting to receive the consultation requests via their Blackberry devices. There are concerns about patient confidentiality so this option is still being actively explored.</p>

<p>Critical success factors/ lessons:</p>	<p>The problem of delays in consultations was investigated and presented to the Program Management committee for Family Practice. It was agreed that this problem was larger than a single program so presentations were made to the Executive Management Team. Strong support from the Executive Management Team was obtained to form a Project Team to determine if we could devise a better process. We utilized Project Management and Business Analyst tools, principles and guidelines to map our processes. This ensured that we did the literature reviews, stakeholder interviews, and had the right people on the project team to make decisions as we moved forward. The Information Systems department was supportive in providing business analyst and application analyst time to work on the project. The Health Records department was key in providing a transcriptionist to not only transcribe the requests, but learn the new dictation system at the same time.</p>
<p>Limiting factors:</p>	<p>Some physicians are reluctant to change practice and dictate their consult findings. A growing percentage of physicians are adopting this approach, as it greatly improves accurate communication of their thoughts to all members of the health care team, and ultimately provides for better patient care.</p>