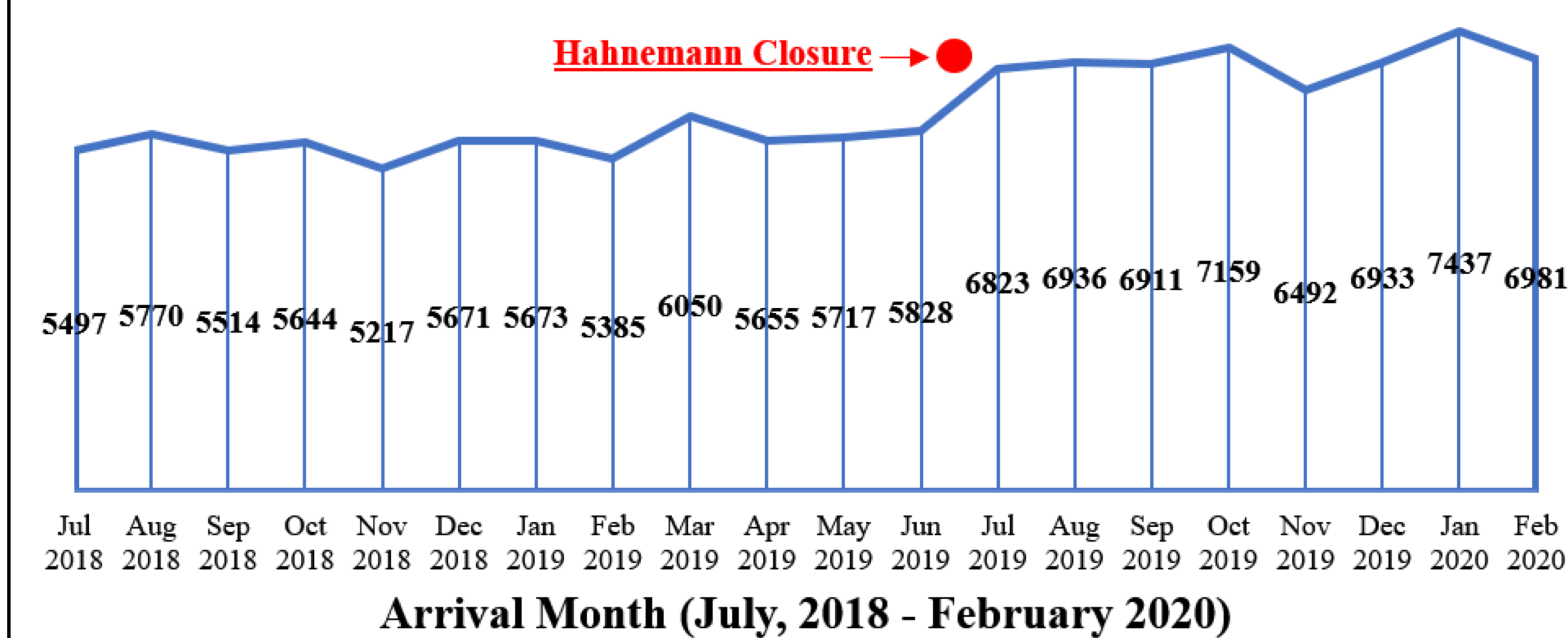


Mitigation of ED Patient Boarding: Transferring Admissions from the Center City ED to Methodist

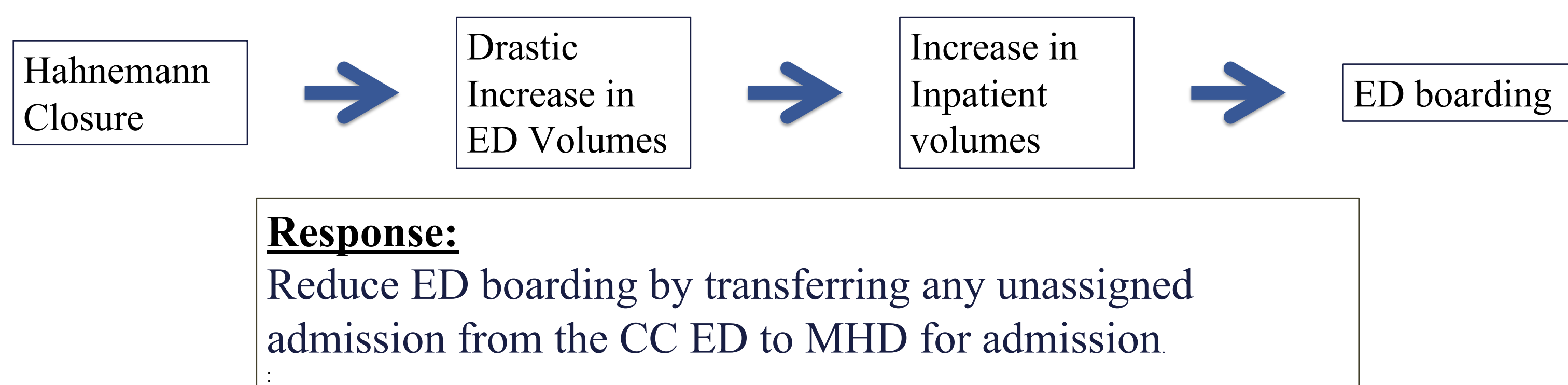
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Background

Total Center City ED Arrivals by Month



- Throughout 2019, the Center City ED noticed gradually increasing patient volumes.
- In July 2019, Hahnemann University Hospital closed, a nearby trauma center and tertiary care center.



Objectives:

- Objectively analyze transferred patient transfers cases as far as LOS (length of stay), final diagnosis, and transfer failure.
- Assess patient satisfaction with the transfer process as means to identify areas for improvement as well as potential patient safety issues.

Methods

Design:

- A Quality Improvement (QI) focused retrospective review of all CC ED to MHD admissions during a 4 month period from July-October, 2019 was performed with attention to LOS, final diagnosis, and need for transfer back to CC.
- Patients were contacted via telephone and asked to participate in a satisfaction survey about their experience.

CC ED to MHD Satisfaction Survey				
Likert scale response (1=Strongly disagree, 4=Strongly agree)				
	1	2	3	4
I was satisfied with transfer to MHD for admission instead of boarding in ED				
I was satisfied with the communication regarding transfer, satisfaction with time required for transfer				
I was satisfied with the quality of transportation used for transfer				
I was satisfied with the discharge process from MHD at the conclusion of their admission.				

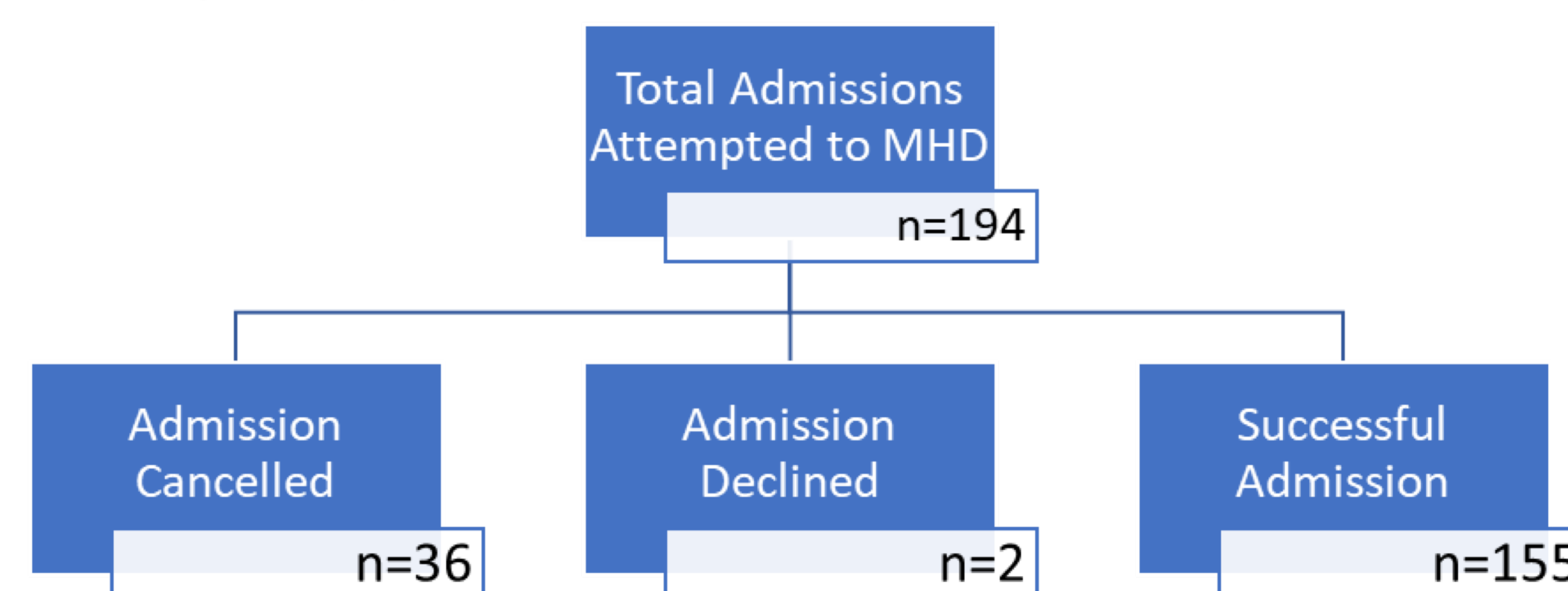
Results

Multimodal Analysis from July 2019 to October 2019

Chart Review via Transfer Code (TJUH to Methodist)

Charts of patients transferred from TJUH to MHD were screened for results of transfer process (including transfer failure), LOS and final diagnosis

- TJUH Providers initiated transfer procedures for 194 patients
 - 155 successfully underwent transfer
 - 36 patients were not ultimately transferred
 - Examples of reasons for cancelled transfer include patient instability, patient refusal, patient required higher level of care
 - 2 patient transfers were refused by accepting facility
- Average LOS for successful transfers was 4.5 days (Range 1-35 days; SD 5.3 days)
- Most common discharge diagnoses: Cellulitis (5), UTI/Pyelonephritis (4), Osteomyelitis (4)

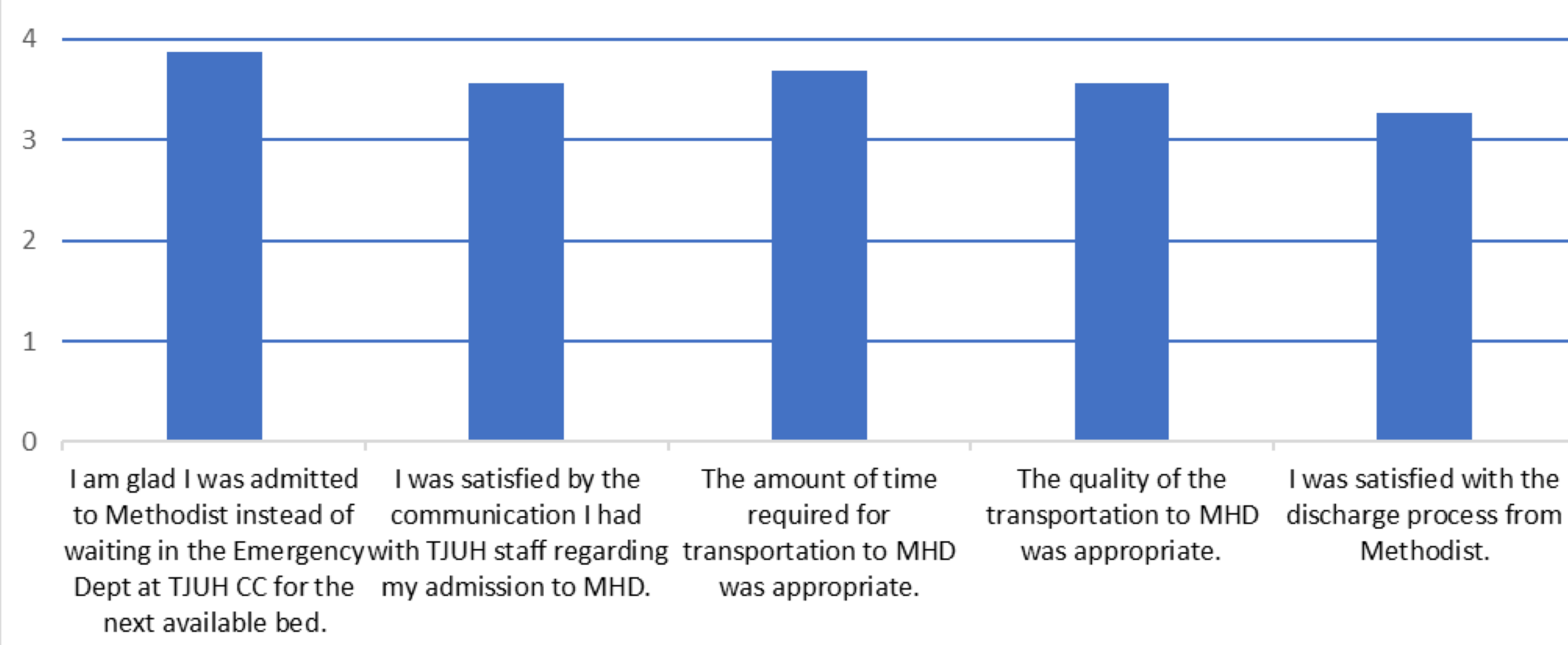


Patients who underwent successful transfer to MHD were contacted via telephone by emergency medicine residents from TJUH and given a short satisfaction survey

- Attempts were made to contact 105 patients
 - 16 patients answered and agreed to participate in survey
 - 15/16 patients completed the entire survey (1 patient declined to answer question 5)
- The average value for Likert scale results of all five survey questions was > 3
 - 3 = "Somewhat agree", 4 = "Strongly agree"
- Question 1, related to decision to be admitted to MHD, had the highest average score of 3.875 +/- SD 0.48
- Question 5, related to the discharge process from MHD, had the lowest average score of 3.266 +/- SD 1.24

CC to Methodist Satisfaction Survey Results

(1- Strongly disagree, 4- Strongly agree)



Discussion

On review of results of our satisfaction surveys, patients were generally satisfied with the MHD transfer process. Notably, all but one patient in our sample responded "Strongly agree" to being satisfied with transfer to MHD over waiting for an available TJUH CC inpatient bed for admission. While we recognize specific opportunities for improvement in the overall process moving forward, responses to this specific area suggest that although patients may have initial reservations toward transfer to MHD, after discharge the decision to transfer is viewed favorably by patients admitted to MHD.

Limitations

- Small sample size: 16 / 105 patients answered our phone calls and elected to participate, which introduces possible selection bias
- Selection of patients for transfer:
 - Stable for transfer, not medically complex
 - Not expected to require consultation
 - Primary care doctor who admits to MHD
 - Patients amenable to transfer process
- Data collection method and acquiescence bias: survey items worded as degree of agreement, may lead to skewed responses if one assumes that patients are more comfortable agreeing than disagreeing

Next Steps

- Identify specific areas leading to patient dissatisfaction with the discharge process from MHD. A discharge packet is included for patients transferred within this process, however even more assistance with transportation home from MHD after discharge could represent an opportunity for improvement.
- Survey patients during transfer process and immediately after discharge
- Provide written survey for open-ended response collection at patients' convenience
- Consider comparing the experiences of patients who were transferred to MHD vs. admitted to TJUH who had admissions of similar complexity and length of stay