

3) Inpatient Pediatric Acute Care Coordination Team – FINALIST

Floating Hospital for Children at Tufts Medical Center

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PROJECT DESCRIPTION

Children with complex medical conditions have a broad range of medical, social and supportive needs. Although these children represent a small percentage of the general population, they have increased healthcare utilization and represent a disproportionate amount of health care spending. Care coordination is necessary to facilitate essential care delivery and resources that are cost effective, efficient and safe during hospitalizations. Our institution developed an inpatient pediatric acute care coordination team to coordinate inter-professional efforts for patients throughout their acute hospitalization with a goal for transitioning to home. A steering committee with representation from medical and surgical physicians, nursing leadership, case management, social work, clinical documentation, nutrition and child life, developed a strategic plan for implementation and bylaws. Then, starting in June 2015, a 90-day pilot was implemented during which the team reviewed complex patients admitted to the medical/surgical unit. A structured process was developed in order to identify patients, collect pertinent patient information, and review patients.

OUTCOMES ACHIEVED

- The team met 30 times and conducted 72 reviews on 59 patients. An average of 9.8 minutes was spent per patient review. (33-38% of all acute hospital admissions to the unit met criteria of complex patients).
- The team identified increased hospital utilization:
 - The 7-Day Readmission Rate was 21%.
 - 36% of patients had a length of stay \geq 5 days.
- The team identified 21 total discharge delays. Provider miscommunication, delay in transfer of care to another facility, and medication/formula prior authorizations were the most common reasons.
- The team was able to more accurately document the complexity of patient care by reviewing all chronic and acute diagnoses with specialized clinical documentation experts during each team meeting. This may have been reflected in the average of variance between actual LOS and Expected LOS which improved from 0.21 to 0.01 from June – July 2015. In addition, the added financial impact of patients reviewed is \$66,119.70 to date (reflecting 3 patients). A projected return of investment could be \$1.1 million dollars per year with an estimate of 50 patients.
- The team identified the most common patient educational needs including: medication/infusion teaching, central line care and wound care.
- Each patient review included an assessment of risk of Hospital Acquired Conditions. The most common risks identified were for readmission and central line associated blood infection. There were no adverse drug events identified during this pilot in this patient population.
- The specialty pharmacist completed medication reconciliation by review of outpatient chart and home pharmacy communication during 30 days of the pilot. 32 medication reconciliations were completed resulting in 35 specific recommendations within the categories of: medication education, dosing optimization, medication monitoring, medication procurement (compounded medications and prior authorizations), and proper allergy/adverse effect documentation.
- Additional care recommendations that came out of the cases reviewed included: further care coordination (i.e. outpatient scheduling), missed inpatient consultation opportunities (i.e. medical co-management for surgical patients), missing health care proxies, and patients who desired smoking cessation counseling.

LESSONS LEARNED

- An inpatient care coordination team meeting using a standardized template has positive impacts on patient safety, length of stay, and financial reimbursement.
- Length of stay improvements were likely secondary to anticipating and coordinating care needs prior to the day of discharge.
- Including clinical documentation professionals added value to these discussions and allowed us to improve documentation which improved appropriate financial reimbursement for this patient population.