Talking the Talk: An Innovative Approach to the Transfer Center Triage Nurse Role

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Objectives

- Review background and problem of interfacility transfers
- Discuss methods and interventions for improving transfers
- Consider implementation at other facilities
- Identify results following implementation of Transfer Center Triage Nurse role
The University of Kansas Hospital

- Academic Medical Center
- 910 licensed beds, representing 200 specialties
- Over 10,000 employees, including 3,500 nurses
- 11 ICU’s
Background

- Delivering the right care, at the right place, at the right time is the mission of an effective, efficient transfer center.
- Interfacility transfer of seriously ill or injured patients needs to be a streamlined process to ensure patients receive appropriate, timely care. (ENA, 2015; EMS & NHTSA, 2006).
Problem

• When care is transferred between hospitals, obstacles exist that contribute to miscommunication and may lead to errors in diagnosis and delay of definitive care.
• These hurdles often result in increased patient morbidity and mortality. (ENA, 2015; EMS & NHTSA, 2006).
Where We Were

- Outsourced Call Center staffed by non-clinical phone operators
- Sending provider selected requested service, but didn’t know our health system – resulting in numerous calls (i.e. GI doesn’t accept, IM) and long transfer times
- Inability of accepting physician to know bed availability – resulting in bed capacity issues
- Transfers outside of transfer center for convenience
- Transfer process was chaotic and variable
- Lack of transfer center charting in electronic medical record (EMR)
Where Did We Want to Be

- Streamlined and standardized process
- Fast decisions and timely, efficient transfers
- Maximize inpatient capacity
- Better continuity of care
- Improved customer service experience for in-house and sending providers
Methods/Interventions

• The Transfer Center Triage Nurse Coordinator (TRNC) role was created at TUKHS to improve the process of interfacility transfers from regional, national, and international medical facilities.
• TRNCs with backgrounds in emergency and critical care having at minimum 5 years experience working at TUKHS assist sending providers in the transfer of patients.
• TRNCs rapidly assess, triage, and help determine the best specialty service for consultation or admission with placement in appropriate level of care.
Timeline

- First Transfer Center TRNC started January 20, 2016.
  - Started strategic planning for TRNC Go-Live
- TRNC took first call May 2, 2016.
  - Outsourced Call Center maintains connecting calls and documentation.
Day 1 – Strategic Planning
Transfer Center
at The University of Kansas Hospital

As an academic medical center, The University of Kansas Hospital is committed to serving as a resource for other hospitals throughout the Midwest.

Our doctors and nurses in more than 200 specialties are available to provide your patients with care for complex conditions. Our dedication to healthcare excellence means you can be confident your patient will receive the best possible patient-focused care. Our accomplishments include:

- 11 medical and surgical specialties ranked nationally by U.S. News & World Report
- Magnet designation for the third time
- Level I Trauma Center nationally verified by the American College of Surgeons
- Advanced Comprehensive Stroke Center recognized by The Joint Commission
- Accredited Chest Pain Center recognized by the Society of Cardiovascular Patient Care
- Accredited STEMI Receiving Center recognized by the American Heart Association
- Accredited adult and pediatric burn care facility recognized by the American Burn Association and American College of Surgeons
- One of 69 National Cancer Institute-designated Cancer Centers in the nation

About the Transfer Center
The Transfer Center operates 24 hours a day, seven days a week, assisting with transfers for admission to our hospital and consultations with our physicians. This service streamlines referral and acceptance for a faster, more convenient process.

On-site triage nurse coordinators
Every month the hospital receives nearly 700 requests for transfers from other facilities. To facilitate this, our team of triage nurse coordinators works directly with the Transfer Center to expedite safe, efficient care. These specially trained nurses with more than 10 years' experience at our hospital assist with transfers and consultations. They work to ensure each patient is directed to the proper service and level of care after discussing the patient's condition with the referring provider. The team's expertise in critical and emergency room care is vital to providing patients the highest quality care.

Call the Transfer Center 24/7 at 877-738-7286 (toll-free). We accept most major insurance plans, including Kansas Medicaid.

Triage nurse team

Lori Hollingshead, RN  Manager
Joanete Addington, RN
Michele Barkley, RN
Emily Barrett-Doyle, RN  Sharon Breman, RN  Wilma Guilbeau, RN

When you call the Transfer Center, a nonclinical coordinator and triage nurse coordinator will:
- Collect patient information regarding condition and diagnosis
- Facilitate communication with our hospital's attending physician to expedite transfer or consult
- Provide clinical triage and decision-making regarding patient placement, and activate appropriate response teams
- Offer real-time bed status for incoming patients
- Coordinate medical record information to reduce duplication of diagnostic tests and scans
Timeline

• Auto-Accept for Trauma Go-Live June 1, 2016.
• Nuance “Cloud” images Go-Live July 13, 2016.
• Utilization Review (Financial Clearance & Medical Necessity Review) Go-Live April 1, 2017.
• Ghost Beds for Time Critical Diagnosis or Critically Ill Go-Live June 30, 2017.
Timeline

• Ended Contract with Outsourced Call Center March 17, 2018.
• Epic Transfer Center Module Go-Live October 30, 2018.
• Tele-Health Go-Live November 19, 2018.
• Brain Attack Telephone (BAT) for Acute Strokes Go-Live December 5, 2018.
• No ED Diversion Go-Live January 1, 2019.
Staffing Matrix

- Started with 2 RNs staffing Monday-Friday 8-5.
- Currently 24/7 x 365:
  - M-F Days 4 RN’s staffing 7-7
  - M-F Swing 1 RN staffing 9-9 or 11-11
  - M-F Nights 2-3 RN’s staffing 7-7
  - Weekend Days 3 RN’s staffing 7-7
  - Weekend Nights 2 RN’s staffing 7-7
Policy & Procedure

• General Transfer Center Protocols
• Service Specific Protocols
  - Reviewed annually or as needed by Dept Chair
• Operations Manual
• Resource binder at each desk
Triage Process

- When a TRNC receives a call from a referring facility, the first step is to gather essential clinical information as well as demographic data.
- The TRNC helps determine the best service for consult or admission and the appropriate level of care (Med/Surg-Tele-ICU) given patient diagnosis.
- We can also bring other specialists into the conversation to help the referring provider and ensure we're making the best decision for each patient. (Ex: Hepatology, ID, Ophthalmology, GI, etc.)
Specific TRNC Documentation

- Demographic information – Name, DOB, Gender
- Transfer provider, contact information, facility
- Reason for transfer – Established patient, Higher level of care, Pt/Family Request, OSH Service not available, Procedure
- Current level of care – ED, M/S, Tele, ICU, etc.
- Diagnosis, S/Sx, PMHx, VS, Labs, Medications, Interventions/Treatment, Imaging
- Utilization Review: Financial review and Medical necessity review outcome
- Transfer status – Accepted, Denied, Consult, Cancelled, Referred to Clinic
- Accepting physician and service, level of care
- Transport type, service, ETA
- RN to RN report
- Provider updates and notifications
Intake Form

- Created for internal documentation
**DOCUMENT TIMES**

Face Sheet: (Request Fax to 913-274-3474)

Requested@ Sent for FC: Yes/No

Medical Records: (Request Fax to 913-274-3474)

Requested@ Sent for Med Nec: Yes/No

Sending RN to TUKHS RN connected @:

Sending RN Name/Phone #:

Transportation Service:

ETA:

ED Secretary via Voalte Notified of Incoming Patient @:

**Patient Name** **Diagnosis** **Sending Hospital**

**Transport Service** **Bed Assigned**

**Accepting Provider** **ETA**

Bed Assignment/ETA Updates to Voalte/ Pager @:

**Patient Initials** **Sending Facility**

**Transport** **Room Number** **ETA**

Name and Title of Person Completing:
Primary Focus

• Priority on Time Critical Diagnoses:
  ➢ Trauma
  ➢ Burn
  ➢ Stroke
  ➢ STEMI
  ➢ Acute AML

• EMTALA = must accept if patient has an emergency medical condition and the facility does not have ability to provide care for patient, regardless of patient ability to pay
Coming From

- Several points of entry into KU health system:
  - ED to ED (via helicopter or ambulance)
  - ED to Inpatient
  - Inpatient to Inpatient
  - Direct admit from a doctor’s office
  - Other KU Health System campuses
Need to Know

• Populations served
  ➢ Demographics
  ➢ Communities

• Resources
  ➢ Referring facilities (size, capabilities) – support Critical Access Hospitals
  ➢ EMS (Non-critical vs Critical, Ambulance vs Life Flight [Helicopter or Fixed Wing], BLS vs ACLS)
Critical Access Hospitals

• TRNCs can help smaller facilities/Critical Access Hospitals determine whether they can manage a patient.

• Sometimes a transfer request results in a consult because many providers want to care for patients locally, and we are happy to help with that. We have a great appreciation for providers in smaller hospitals with limited resources, and we try to expedite transport for them as well as provide immediate access to our consulting physicians.
Utilization Review

- For nonemergent transfers, TRNCs aid in utilization review to help patients make informed decisions and avoid the burden of unexpected, uncovered medical costs.
- Financial Clearance – completed by Financial Advisors
- Medical Necessity – completed by Physician Advisors
Utilization Review

• External hospitals sometimes request transfer for patients whose care they know they won't get paid for and receiving facilities that don't have a good system for managing transfers are more at risk not getting reimbursed for care

• This typically occurs when someone is in the hospital and their DRG (diagnosis-related group) payment runs out or when the person is simply uninsured with no other funding source
Transfer Status

- **Accepted** – TRNC accept on behalf of KU physician, don’t have to have Physician to Physician conversation
- **Denied**
  - Not stable for transfer
  - Bed not available
  - Financial clearance
  - Physician capacity
  - No medical necessity
  - Service not available
- **Consult**
- **Cancelled**
  - Unable to transfer
  - Elected to go to another facility
  - Treated and released
  - Unstable for transfer
  - Left AMA
  - Remain at sending
- **Referred to Clinic**
Nuance “Cloud” Images

• Burden of repeat imaging from transfers
• Reasons:
  ➢ Scans not clouded
  ➢ Disc not sent
  ➢ Software not compatible
• Repeat scans result in increased radiation exposure to patients, as well as, additional charges.
• Utilize an image sharing system to reduce repeat imaging
Other Considerations

• Customer service
  ➢ Identify external customers
  ➢ Identify internal customers
  ➢ Relationship building
  ➢ Defining the role
• Recorded audio line
• Hospital capacity management
  ➢ Patient Placement Bed Coordinator
  ➢ House Nursing Supervisor
• Physician Advisors
Other Considerations

- Service line admissions and discharges for throughput
- ED flow
- Patient access in critical access hospitals
- Transfer practice patterns
- Patient quality and safety
- Data management and tracking – Monthly Steering Meeting
- Highest acuity admissions thus increases hospital morbidity and mortality
- Transfers have better payer mix than patients admitted through KU Emergency Room
Transfer Center Steering Committee

• Internal review of transfer patient outcomes
• Who sits at the table…
  ➢ Administration
  ➢ Physician Leaders
  ➢ Risk Management
  ➢ Marketing
  ➢ EMS Outreach Liaison
  ➢ Physician Liaison
  ➢ Patient Placement
  ➢ Nursing Leaders
  ➢ Time Critical Diagnosis Coordinators
• Case review of Transfer Early Deaths (TEDS) – die within 48 hours after transfer
• Case review of Rapid Responses within 6 hours after transfer
• Data management and tracking
Results

• Since the implementation of the TRNC role requests for transfer have increased to more than 800 patients per month, prior to implementation average was 600.
• Greater than 65% of the requests are accepted for inpatient admission.
• An additional 5-10% referred to clinic and 5-10% consulting with a physician allowing for care to be provided at the current facility.
January 2019 Disposition (841)

- Accepted – 479 (57%)
- Referred to clinic - 28 (3%)
- Consult Only – 93 (11%)

- Cancelled – 85 (10%)
- Denials – 150 (18%)
- Telehealth – 6 (1%)
January 2019 Referring Facilities

- Lawrence Memorial Hospital - Lawrence
- Mosaic Life Care (Heartland - St. Joseph)
- The University of Kansas Health System St. Francis Campus - Topeka
- Olathe Medical Center
- Hays Medical Center
- Stormont-Vail Regional Health Care Center
- Providence Medical Center - Kansas City
- Shawnee Mission Medical Center
- Dwight D. Eisenhower VA Med Ctr - Leavenworth
- Via Christi Regional Medical Center - Manhattan
- Via Christi Hospital in Pittsburg
- Newman Regional Health - Emporia
- Atchison Family Medicine
- Mercy Hospital Fort Scott
- Mercy Hospital Joplin
- Liberty Hospital
- North Kansas City Hospital
- Freeman West Hospital - Joplin
- Centerpoint Medical Center
- Cameron Regional Medical Center
- Golden Valley Memorial Hospital
- St. Luke’s Cushing Hospital - Leavenworth
- Labette Health Family Practice
Days of the Week for January

- Sunday: Requests
- Monday: Requests
- Tuesday: Requests
- Wednesday: Requests
- Thursday: Requests
- Friday: Requests
- Saturday: Requests
Results

• Total utilization review cases have increased to more than 600 per month.
Results

• Acceptance is not dictated by ability to pay.
Conclusion

• TRNCs work to ensure that patients receive the highest quality of care at the proper location.
• Implementation of the TRNC role has improved effectiveness, efficiency, and safety of interfacility transfers.
References


Q&A

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