

Centralized Patient Transfer Center: Sustained and Continued Improvement of Patients and Family Care Experience

Introduction

The Naval Medical Center San Diego (NMCS D) Transfer Center, in its second year of operation, focused on providing opportunities to improve waning admission rates at NMCS D by consistently streamlining the transfer process for TRICARE beneficiaries from civilian hospitals in the San Diego area. Replacing what was a decentralized and cumbersome method for civilian hospitals transferring patients from their emergency room (ERs), the NMCS D Transfer Center has demonstrated great success. The system has decreased admission transfer times and improved the MTF's inpatient bed census. The standardized process has become more familiar and accepted by providers in the local network resulting in TRICARE beneficiaries receiving their specialty care and inpatient transfer needs at NMCS D in a more expeditious and efficient manner. Over the past two years, NMCS D has realized an improvement of the patient experience, continuity of care and access to military-specific services in addition to recapture of our TRICARE beneficiaries maximizing utilization of the medical treatment facility (MTF) and upholding fiscal responsibility.

Objective

To increase the NMCS D inpatient census and continue to provide a fast and efficient process for civilian ERs to transfer patients to NMCS D with the goal of improving patient and family centered care.

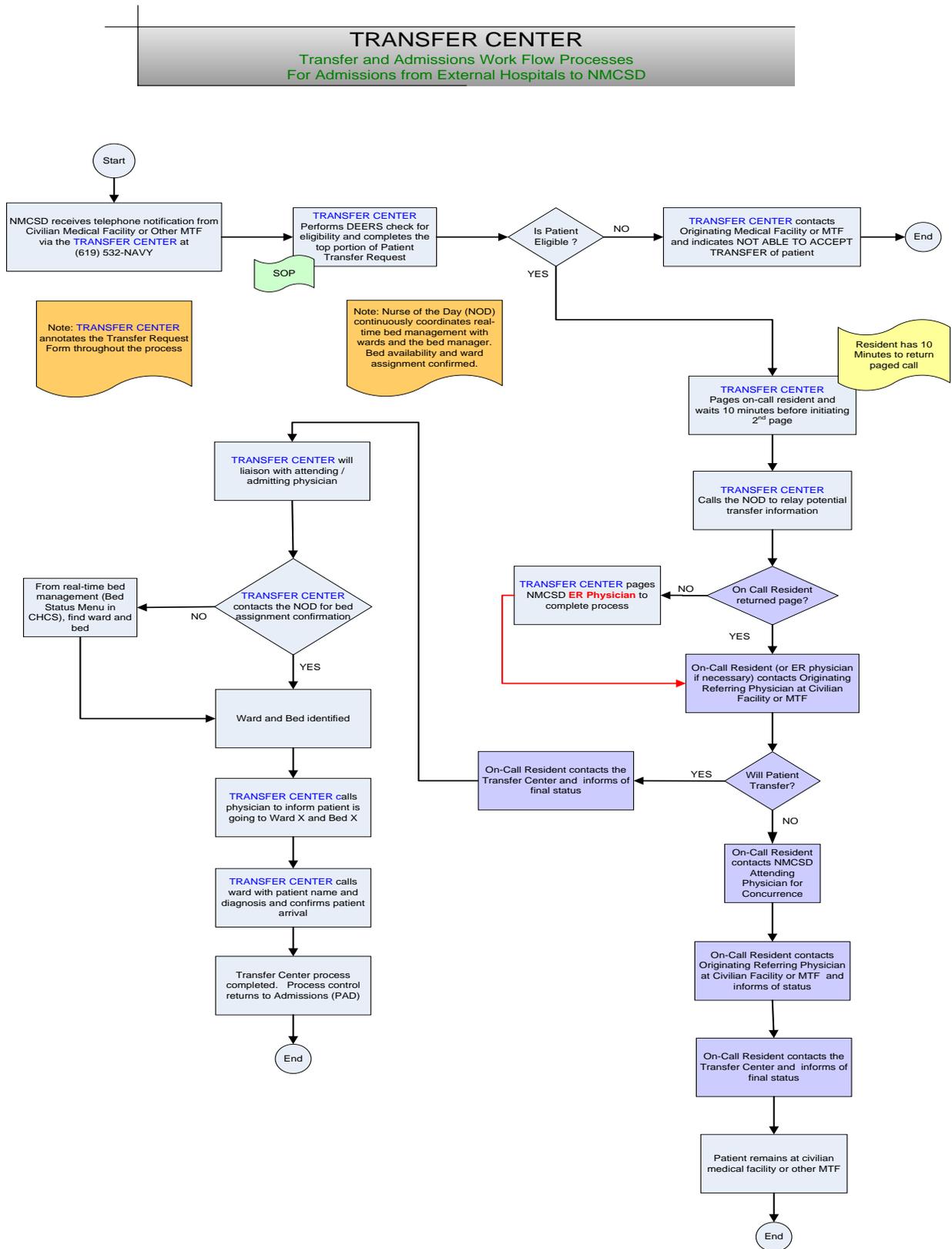
Methods

Revisiting the implementation method, a central standardized and streamlined process of accepting inbound patient transfers from outside facilities was established (Figure 1), including: 1) a single, 24 hour telephone line in the admissions department (619-532-NAVY) manned by a customer service trained transfer center technician; 2) a 10 minute transfer center to on-call resident physician response

time on a single designated line; 3) facilitation of direct physician-to-physician contact for acceptance of the transfer and 4) a tracking system for monitoring and evaluating transfer data to be used for reporting and continuous improvement opportunities.

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Figure 1.

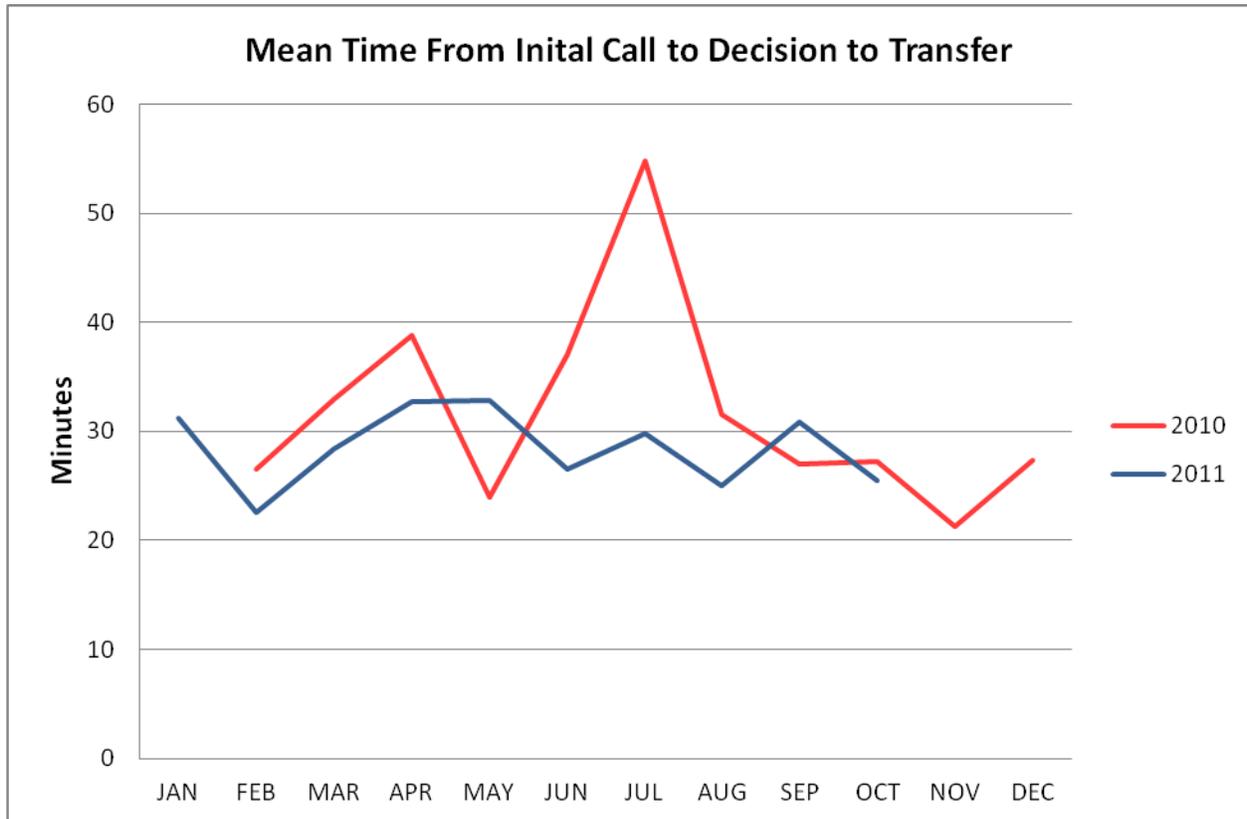


Standard operating procedures (SOPs) and training on SOP execution were established to ensure: 1) a first-rate customer service experience for transferring centers; 2) collection of patient data from the transferring center using a standardized form; 3) efficient confirmation of eligibility of care at NMCSO; 4) efficient evaluation by a physician for transfer acceptance, which includes a direct call to the appropriate resident-on-call to a designated Command on-call cell phone, a required 10-minute response time to the transfer center by the resident-on-call, and facilitation of direct physician-to-physician contact between NMCSO and the transferring center within 20 minutes of the initial transfer center call; the Nurse on Duty (NOD) is also contacted via a direct Command cell phone and is kept informed throughout the process. An integral component to the transfer center was the creation of a process for data collection, monitoring and evaluation for continuous process improvement coordinated and managed by our Utilization Management Department within the Department of Healthcare Business. Data are compiled, reported and discussed by the Executive Steering Council weekly reflecting the number of total calls to the transfer center, the number of patients who are accepted for transfer, how many patients are active duty or non-active duty, and the average time from the initial call to the transfer center to the time the decision is made to accept or decline the transfer. Also reported are the service that accepted the admission, the referring sites, and reasons for declining transfers.

Results

Prior to implementation of the NMCSO transfer center, the baseline mean time from the initial call for transfer from a civilian ER to the time of the decision to accept the patient for transfer was 200 minutes. Following the establishment of the transfer center in January 2010, the mean time decreased to approximately 30 minutes, a reduction of almost three hours. During 2011 the Transfer Center has shown a sustained mean time from the initial call for transfer from a civilian ER to the time of the decision to accept the patient for transfer of 28 minutes (Figure 2), an 86% decrease from the baseline.

Figure 2.



Additionally, in 2010, our center averaged approximately 47 TRICARE beneficiary transfers from civilian ERs per month. In 2010, that number increased to an average of 71 TRICARE beneficiary transfers from civilian ERs per month (Figure 3), an increase of more than 49% from a baseline of approximately 35 transfers per month. Prior to the transfer center, 185 transferrable beneficiaries were admitted to outside facilities per month suggesting a loss of 84% or more of eligible beneficiaries monthly. The data demonstrates that from 2006 – 2009, NMCS D averaged 18,710 admissions. During the first year of implementation (2010) of the Transfer Center, NMCS D had a 6% increase in admissions. In 2011, admissions are projected to reach 21,000, a realization of an 11% increase (Figure 4).

Figure 3.

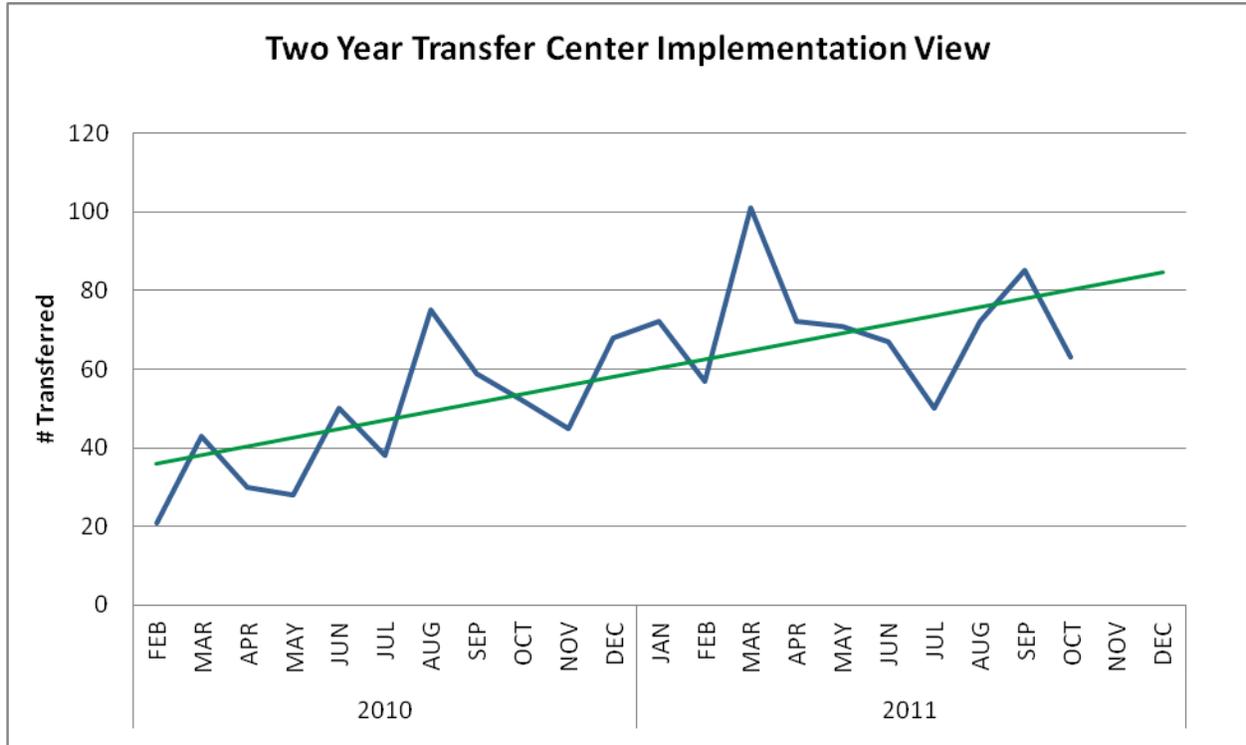
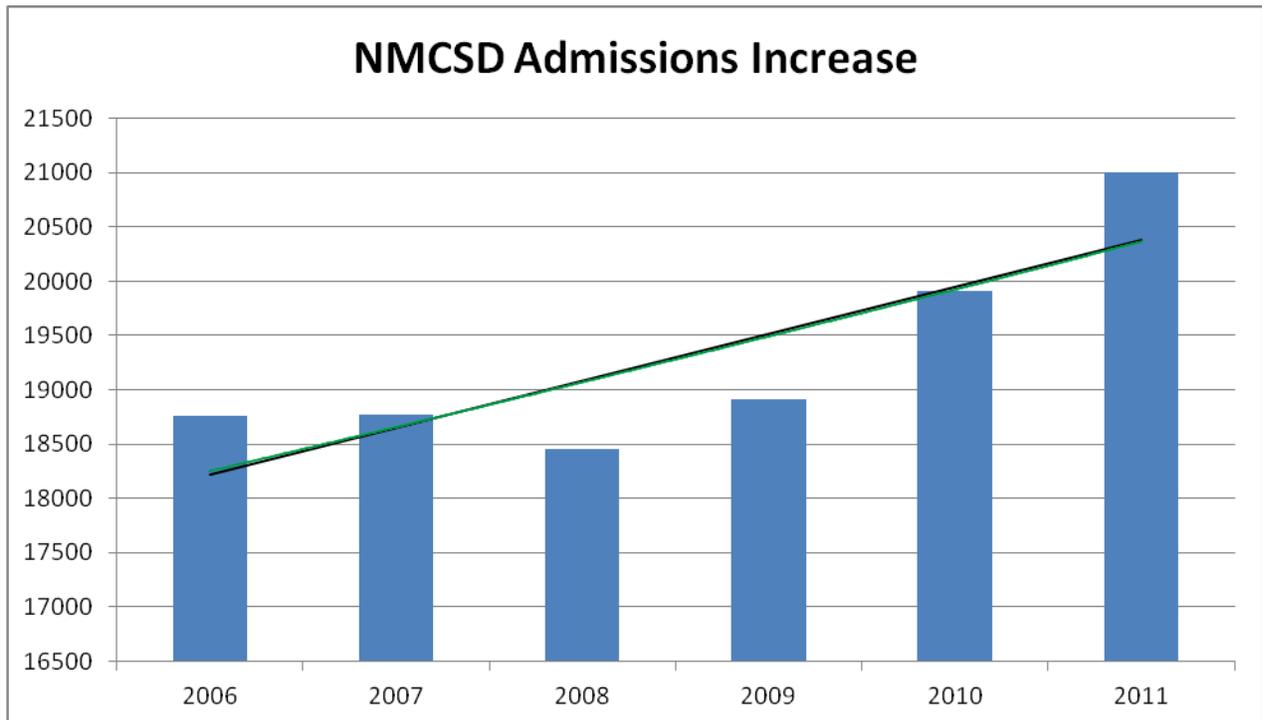


Figure 4.



Conclusions

The objective to positively impact inpatient admissions while sustaining a fast and efficient process for civilian emergency rooms to transfer patients to NMCS D has been accomplished. A cumbersome and non-standardized process for transfer that involved more than 11 different possible points of entry for transfer was simplified to one single portal with a streamlined and standardized process. Since implementation of the transfer center, the average time from the initial call for transfer request from a civilian ER to the time of acceptance decreased from a baseline of 200 minutes to 28 minutes. The transfer rate to NMCS D, has increased 49 percent positively impacting the overall admissions to NMCS D reflecting an 11 percent increase over the past 6 years. A faster and more efficient transfer process logically translates into a better experience for our beneficiaries and their families who are seen in civilian emergency rooms. Beneficiaries are transferred more quickly to a hospital system that knows them and offers military-specific benefits without having to wait additional hours in a civilian emergency room, uncertain of where and from whom they will receive their care. Additionally, recapturing TRICARE beneficiaries promotes maximal MTF utilization and fiscal responsibility for the Department of Defense Healthcare System.

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