

Title: Walter Reed National Military Medical Center: Operating an Efficient Patient Coordination Center in the Era of COVID-19

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Objective of project: Hospitals are incredibly complex. Every day, thousands of patients move through a hospital, arriving, receiving care, and being discharged. Patient origins are unique and ensuring they get quality care takes many resources including transportation, eligibility, credentials, beds, equipment, physicians, nurses, technicians, and clinical support staff. Coordinating this interdependent activity is a challenge and a slowdown in inpatient processes can impact the quality of their care experience and create costly time delays.

Walter Reed National Military Medical Center's (WRNMMC) Patient Coordination Center (PCC) is a hub for expedited admissions; providing a streamline "One Call" process quickly connecting a sending provider to an inpatient admissions team ready to provide care. Put simply, the PCC verifies patient eligibility and care resources for inpatient admissions. At WRNMMC the PCC concept lacked a comprehensive framework. From the beginning, staff participation was limited and after the onset of COVID-19, the staff vacated the space due to safety concerns. In fall of 2020, the status of the PCC was discussed in a leadership meeting when conversation began about delays in inpatient admission, patient safety concerns, communication breakdown, an increase of inpatient admissions, a lack of objective data, and a missing organization structure as well as policy.

Given the numerous stakeholders, inputs, outputs, and processes involved with inpatient movement, this project aimed to use data to create goals, procedures, and put mechanisms in place in the form of policy to improve WRNMMC inpatient movement.

Planning: The project was approached using the Donabedian Framework identifying structure, process, and outcome focus areas by gathering quantitative and qualitative data. The Admission and Disposition (A&D) Clerks recorded admission information in the form of a patient note in an electronic health record tool called Essentris. The Essentris note captured sending locations and decision times. After data collection and analysis, the information aided in a better understanding of the inpatient population and incoming call volume. Tables were used to display call volume by month and the health care facilities that the calls originated. Box plots aided in displaying the inner quartile ranges for minutes to an inpatient decision and identifying trends. The data collected identified the number of minutes it took for the hospital staff to collectively make an inpatient decision, minutes to connect to a Physician, and minutes to connect to the Nurse of the Day. The project also highlighted the sending locations with the highest volumes as well as their corresponding times to decision. Additionally, Command Center best practices and local WRNMMC policies were reviewed. Subject matter experts were interviewed, the process flow was mapped out identifying layers of coordination and delays.

Implementation/Initiatives: Several initiatives took place to ensure data quality by standardizing patient note input, training staff, requiring metrics to be logged, and regular reports to leadership. Mailer pamphlets were created and disseminated to 85 internal clinics and 200 partnership hospitals throughout the region which marketed the PCC as a hub for expedited admissions. The Information Technology department was critical in connecting the PCC with the patient wards to show real time bed status and disbursement of on call cell phones. An improved physical space was secured, COVID 19 precautions were taken that include droplet shields, and signs were developed. Policy was created identifying personnel, management and oversight, resources, flow processes, and communication.

Results: In FY2021, the project's initiatives showed results of improvements. There were improvements in mean admission decision time from all sending locations, as well as the four locations with the highest volume of inpatient calls. Admission decision time dropped three and a half minutes from FY2020 to FY2021, which is a 31% improvement. WRNMMC Emergency Department admission decision time, also known as patient boarding time, improved by 34%. There was a 24% improvement noted with patient admission time from the Washington DC VA Medical Center as well as decision time improvements from other VA hospitals. The PCC removed labor waste of 40 minutes per day, which equates to 0.12 FTEs.

Conclusions: The project results of reduced inpatient admission times during an increase in inpatient admission volume highlighted positive efficiency results from structure and process improvements. Patients moving to the right level of care at the right time highlighted WRNMMC's commitment to patient safety.

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