Implementation and Improvement of a “Pediatric Rapid Assessment Clinic” Model in a Large Community Hospital

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AIM

• The goal of the Pediatric Rapid Assessment Clinic (PRAC) is to reduce <48 hour avoidable pediatric admissions at The St. Catharines hospital by 25% by the end of December 2015.

• We aim to continually improve the clinic process in order to bring the appropriateness of referral to 100% with the goal of decreased hospital admissions and length of stay, and enhancement of overall patient/family and care provider experience.

CONTEXT

• In response to rising pediatric admission rates, hospitals are considering the benefits of ambulatory care models, such as rapid assessment clinics, as a "safe, efficient, and acceptable alternative to inpatient admission.

• A rapid assessment clinic for acute cases may help to facilitate early hospital discharge by providing reliable follow-up. Furthermore, rapid assessment clinics may allow for a shorter and more efficient "patient journey" through the healthcare system and may help to improve patient and staff satisfaction levels.

• Implementation of a similar pediatric rapid assessment clinic model in the United Kingdom resulted in a reduced in avoidable emergency department (ED) admissions.5,6

• The Pediatric Rapid Assessment Clinic (PRAC) is situated within the St. Catharines Site (SICS) of the Niagara Health System (NHS). The clinic serves five EDs and Urgent Care Centres across the Niagara Region (Ontario), with a geographic population of nearly 500,000.

• The Improvement Guide: A Practical Approach to Enhancing Organizational Performance.

METHOD

1. This project is a collaboration of a multi-disciplinary team of medical students, physicians, nurses, nurse managers, and quality improvement specialists.

2. This project followed the Model for Improvement from the Institute for Healthcare Improvement.

OUTCOME MEASURES

% decrease in:

• Pediatric admissions
• Readmissions
• Length of stay

PROCESS MAP & INTERVENTIONS

I. Initial Process Map - November, 2014

Patient enters ED and is triaged

Patient meets criteria for PRAC

Patient receives information from ED Physicians

Appointment booked manually (S. Catharines Site)

Patient contacted the next day with appointment time

Patient arrives and registers at 4th floor registration (SICS)

Patient seen by pediatrician (30 min appointment)

Pediatrician reviews referral appropriateness based upon case criteria

Patient discharged or admitted as inpatient status

II. Major PDSA cycles over time

• #5: Referral criteria clarified and communicated to referring and attending physicians. August 1st, 2015

• #2: Manual appointment booking at St. Catharines Site changed to Medtech central electronic booking at the Welland site. February 16th, 2015

III. Current Process Map - October, 2015

Patient enters ED and is triaged

Patient meets criteria for PRAC referral

Appointment through electronic central booking (SICS)

Patient is seen with information and appointment booking included

Patient arrives and registers at 4th floor registration (SICS)

Patient seen by pediatrician (30 min appointment)

Pediatrician reviews referral appropriateness based upon case criteria

Pediatrician letters referral inappropriate or not based upon case criteria

Patient discharged or admitted as inpatient status

Pediatrician reviews referral inappropriate or not based upon case criteria

Patient receives information

Patient enters ED and is triaged

Patient meets criteria for PRAC

Patient receives information

Patient taken to wait before clinic at 4th floor waiting area

Patient seen by pediatrician (30 min appointment)

Patient discharged or admitted as inpatient status

Pediatrician reviews referral appropriateness based upon case criteria

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IV. CONCLUSIONS

The PRAC has been successful thus far in providing an alternative to ED admissions for pediatric patients in the Niagara Region.

LESSONS LEARNED


• Several complex factors affect the study of admission rates to this ED: - Overall ED admission rates in the province are continually increasing. - The SCS is a new hospital and was opened April, 2013 limiting comparative data available. - Pediatric patients enter the ED and UCC at all five sites however St. Catharines is the only site with a pediatric department.

NEXT STEPS:

• Aim to improve physician engagement by using narratives from core PRAC referring physicians and attending pediatricians to increase amount of appropriate referral.

• Strategizing for high-use winter season in order to ensure appointments are only made <48 hours after ED visit (<72 hours for Friday visits).

• In the process of acquiring NHS admissions data to analyze outcome measures and determine how the project has progressed towards the aim of reducing avoidable ED admission.

REFERENCES


