Solving the Dilemma for Interhospital Patient Transfer

Special Report covering the current state of Patient Transfer Systems and What the Future Holds

Special Report by doc2doc health
1) Problem: Patient Life May Depend Upon Zip Code

(2) Problem: Lack of Standardization Procedures

(2-3) Problem: Time Is Brain

(3) Problem: Under-Utilization of Technology

(4-5) Imagine...

(6) Conclusion

(7) Get in Touch

(8) References
Doug Johansen, a 56-year-old male, was admitted for severe chest pain to a hospital located in a rural community. Paramedics transported Doug from his home to the closest Chest Pain Certified Center.

An angiogram revealed that Doug’s arteries were blocked, and the needed treatment was not available at this particular hospital. The closest tertiary care center was located over 100 miles away.

The severity of this cardiac emergency correlates directly to the amount of time the artery remains blocked. Chances for Doug to survive diminish as his emergency care is being passed from facility to facility.

The cardiologist caring for Doug initiated contact with the tertiary care center to get Doug transferred. A nurse responded that the interventionist from the tertiary care center would contact the cardiologist soon.

Doug lay in pain as a full 45 minutes went by. The cardiologist once again called the tertiary care center, requesting to speak to the admitting physician. An hour passed when Doug’s cardiologist received notification that Doug would not be accepted by the admitting physician due to Doug’s diagnosis being beyond his expertise.

Another delay. Crucial time lost. Potentially lifesaving time lost. Doug is eventually accepted, and the patient-transfer arranged. It took numerous phone calls and over two agonizing hours for Doug to be loaded into the air ambulance.

According to the American Heart Association, the goal for door-to-door transfer at the referring facility should be 120 minutes or less. (1)
In Doug's case, 20 minutes were spent in the rural community hospital, and another 180 minutes were needed to successfully transfer. The time in getting Doug appropriate medical care far exceeded American Heart Association guidelines.

Doug's experience reflects the story of many patients in need of time-critical care. The survival rates for trauma, stroke, and cardiac events differ dramatically depending upon geographic location or zip code.

Doctors concerned with saving lives and frustrated with what they view as a complicated and inconsistent transfer process may try to circumvent obstacles to avoid delays. This further adds to the inconsistencies and complications in the patient transfer.

"There appear to be no standards."

Hospital providers are only as good as the tools and resources available to them. The goal of physicians is to serve patients, especially those in need of emergent time-critical care.

Instead, what is manifesting across the spectrum are physicians wasting valuable time facilitating the patient transfer. In some instances, doctors have reported calling multiple facilities - up to five at the same time - in hopes of finding the quickest acceptance of their patient. Doctors and clinicians have repeatedly complained of frustration in the variability of the transfer process throughout the healthcare industry.

Lack of standardized procedures affects many other key hospital functions, bed assignments, communication, access to medical imaging, notification of patient arrivals, misdiagnosis, and inappropriate transfers.

In an article entitled, “Interhospital Transfers Pose Plenty of Problems,” the necessity of restructuring the entire patient transfer process in order to improve communication, standardize procedures, and eliminate inefficiencies is explored at length.
Transfer practices and requirements were so variable that, “There appeared to be no standards,” according to researchers from the Rutgers-Robert Wood Johnson (RWJ) Medical School in New Jersey.

The VP’s father depended on the qualitative workflow of his own patient-transfer center that he himself had helped put in place. The VP already knew for a fact that, “Time is brain.”

He watched with relief as the transfer system functioned as intended. “They did it. They did it flawlessly with the system that we gave them, but it was 15 phone calls. All I could think of this entire time is whether my dad lives or not is because of the systems I put in place.”

In this case, the VP and his father experienced a successful patient transfer and outcome. However, the transfer was not within the 60 minutes or less door-to-transfer guideline published by the American Academy of Neurology.

There are multitudes of inconsistencies in patient transfer systems, including, but not limited to: missing clinical data, lack of imaging, mis-triaging, unknown arrival times, and absence of reported interhospital transfer quality metrics.

Many hospitals throughout the United States continue to communicate through antiquated systems. Technology has afforded patients access to telemedicine, specialty consultation, and the ability of their community hospitals to provide healthcare closer to home. The use of telemedicine and encrypted, secure data transfer should be expected as a patient right.
There are technology-driven solutions developed to address these interhospital transfer challenges. At the present, a beginning to end solution has not yet been made available.

**Imagine**… The process for transferring a time-critical patient was the same, regardless of destination or diagnosis

**Imagine**… Interhospital transfers did not require multiple phone calls to be achieved

**Imagine**… Hospitalists were included in the transfer at the time of consultation

**Avoidance of misinformation and mistakes**

**Imagine**… A rural physician had access to any desired specialist at the touch of a button

**Happy, satisfied, and productive physicians**

**Imagine**… Rural emergencies were diagnosed with the use of telemedicine on a handheld device

**Increased accuracy**

**Imagine**… That same handheld device gave way to critical diagnosis information, imaging, and a gateway of secure communication

**Knowledge is power**

**Accessing knowledge is powerful**
Imagine… Critical Access Hospitals (CAH) could provide and bill for specialty consultation.

- Results are increased revenue stream and better business for CAH.

Imagine… CAH provided emergent behavioral health and de-escalation through a licensed social worker in their own emergency rooms.

- Psychology is universally provided – not geographically distributed.

Imagine… Physician specialists were incentivized to answer and provide better teleservice.

- Specialists would be incentivized to answer and provide better teleservice.

Imagine… More patients were treated closer to home.

- Quicker recovery times and decreased readmissions.

Imagine… Only high acuity patients were appropriately transferred to a higher level of care.

- Tertiary care centers would have efficient bed capacity and provide appropriate competency care.

Imagine… Physician specialist clinics were updated with information related to the emergent teleconsultation for follow-up care.

- Post-Emergency leakage would diminish.

Imagine… Rural patients were not left to navigate the complicated healthcare system.

- Increased patient follow-up visits.

Imagine… Data analytics for door-to-transfer times, referring facilities, referring and accepting physicians, modalities transferred, or any delayed consults, were all available in real-time.

- Administrators would be empowered to make the best decisions.
Conclusion

ER doctors, hospitalists, and specialists want and need the ability to consult with each other at a moment’s notice. Clinicians must believe they are an integral part of the hospital infrastructure instead of feeling the need to problem-solve on their own and circumvent transfer processes.

Forward-thinking hospitals and early adopters of the innovative systems will be far ahead of medical establishments clinging to the old modes of administration. It is always less expensive to prevent a problem than it is to fix the problem. Hospitals must implement and utilize a digital front door or someone else will. (3)

Using a patented algorithm to coordinate the patient transfers re-imagines the entire patient transfer experience. Transfers become standardized; time-to-transfer becomes significantly reduced. Physicians have the resources and tools necessary to make educated decisions which will, in turn, increase positive patient outcomes.

Whether you live in a rural community or the largest metropolis, geography should not determine your access to care. The implementation of a standardized workflow reduces cost, increases revenue, improves physicians’ experiences, gives administrators clear return on investment with real-time data analytics, and most importantly, adopting a standardized workflow saves lives.
Get in Touch

For more information on how to improve your own workflow and gain access to doc2doc health, email us at info@doc2dochealth.com

Discover how we can improve your patient transfer challenges today.
References


(3) https://henrykotula.com/tag/deliver-health-and-healthcare-with-no-address/