CHA/REGIONAL ASSOCIATIONS

EMERGENCY CARE SYSTEMS

INITIATIVE

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2017 California Hospital Volunteer Leadership Conference
San Diego, California
Non–Admit ED drives the volume increase and growing at a rate greater than admit ED

California Hospital ED Volume
Non-Admit versus Admit

Source: OSHPD EMS Utilization Trends
13 plus million have Medi-Cal - 1 in 3 Californians

40% of ED visits - Medi-Cal

California ranks 47th in Medi-Cal reimbursement

Medi-Cal uncompensated care in hospitals exceeds $8 billion per year

2020 cost shift will exceed 55%
ED Crowding Symptoms Intensify

- **Consumer** – longer wait times, increased costs, lost productivity, lack of primary care

- **Hospitals/Providers** – quality and patient safety, disaster and crises preparedness, increased use of scarce resources to support mission, boarding of patients in ED, hospital closures, increased 5150 impaction, homeless d/c dilemma, increased opioid seekers

- **Payers** – sub-optimal use of scarce resources in high cost settings

- **Pre-hospital** – ambulance patient offload delays, insufficient use of resources, threats
ED Input Solutions Examples

- Community Paramedicine
- Community Care Response Unit
- Volunteer Programs
- Field Triage Alternatives, Triage to waiting room
- Behavioral Health- PES/CSU initiatives
- 2012 DHCS Medi-Cal Managed Care Education
- FSED legislation, AHA rural hospitals/vulnerable communities
- Surge protocols/Reddinet/NEDOCS/HIE
- Hospital Reengineering- bedside registration, orders from triage, direct to
Throughput Solution Examples

- Safe Pain Prescribing Guidelines, CURES
- APOD tracking, AB 1223 guidelines, statewide core measures
- Hospital Reengineering-lab, pharmacy, staffing models/pods/hospital, bed flow/placement
- Behavioral Health 5150 holding areas
- Volunteer programs
- Workforce - scribes
ED Output Solution Examples

- Hospital Reengineering - Bed Czar, CDU, observation units, boarding on floor
- Case management/care coordination
- Volunteer programs
Emergency departments around the country continue to struggle with overcrowding and, in some cases, come up with options for delivering care in different ways.

For example, in Boston, Massachusetts General Hospital's ED is at capacity less than five years after opening a $500 million expansion, The Boston Globe reported. Eight out of 10 ED patients have to wait for care, in part because more patients require complex, time-consuming care, according to the article.

It's not that all of the beds are always full, according to the Globe. The problem is that 30 to 45 beds in shared rooms go unused because staff can't match patient gender or don't want to put someone in a room with disruptive patients.
“The tragedy of the quick fix”

Tendency to deal with problems on a piecemeal basis, one problem, one solution basis, often missing the root cause of the problem, leading those to think that the problem has been solved.
ED Crowding is Complex

- Definition of ED Crowding not clear, often based on stakeholder perspective

- Complexity requires interdependent stakeholder consensus and systems thinking
High ED Demand Drivers

- **Lack of public resources** – affordable housing, transportation, addiction treatment

- **Insufficient behavioral health resources** - 1200 pts a day in Ca ED’s /long LOS, 1 million ED visits/year

- **Insufficient post-acute capacity** – CHA Study

- **Limited use of and availability of alternatives** - primary, urgent, community clinics, telemedicine, advice lines

- **Outdated regulations** such as ambulance routing patterns and 911
MISSION
To extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of people in the communities we serve.

VISION
We bring people together to provide compassionate care, promote health improvement and create healthy communities.

VALUES
Dignity
Service
Excellence
Justice

MISSION OUTCOMES
Sacred Encounters
Perfect Care
Healthiest Communities

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FY2014-2018 Dimensions of Performance

Population
Health
Management

Network
of Care

Physician
Partnership

Engaged
People

Value

Information
Sophistication

Essentiality

Community-Based Care

Acute Care

Recovery & Rehab Care
Reducing Preventable Emergency Room Visits

- Systems approach, common definitions, partnership, collaboration, 7 best practices, focused on opioid frequent visits
<table>
<thead>
<tr>
<th>When</th>
<th>What</th>
<th>Impact</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original proposal</td>
<td>3-visit limit on unnecessary use</td>
<td>Cuts payments to providers</td>
<td>Won lawsuit; policy abandoned</td>
</tr>
<tr>
<td>Revised proposal</td>
<td>No-payment for unnecessary visits</td>
<td>Cuts payment to providers</td>
<td>Delayed by the Governor just prior to implementation</td>
</tr>
<tr>
<td>Current policy</td>
<td>Adoption of best practices</td>
<td>Improves care delivery and reliance on ER as source of care</td>
<td>Passed in latest state budget</td>
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● Decreased ED Visits by 9%
● Dropped frequent ED user visits by 10%
● Decreased the rate of opioid prescriptions by 24%
● Saved $33 million in FY 2013 state budget
Emergency Care Systems Initiative – ECSI

- **Goal**: Transform California Emergency Systems to alleviate ED Crowding and achieve and accelerate an optimally healthy society

- Engage **stakeholders** and develop baseline assessment of current state of emergency systems. Establish meaningful metrics using the **public health model, regional networks, continuous quality improvement**
Network of Regional Emergency Systems Improvement (NfRHI)
ECSI Improvement Networks
ECSI Deliverables

- California Emergency Systems Report Card
- Stakeholder consensus document on the state of emergency systems and a definition of emergency systems of the future
- Established metrics for access, quality and patient safety, prevention, disaster preparedness and cost
- Toolkit of solutions and best practices for local, regional and statewide approach
- Public and Provider websites/portals for interactive learning
- Local, regional and state advocacy plans
2015 ED Data - Top 10 Principal Causes of Injury by Encounters

1. Fall on the same level from other slipping, tripping or stumbling: 194,753
2. Unspecified fall: 130,979
3. Overexertion from sudden strenuous movement: 130,028
4. Motor vehicle collision (traffic accident), driver: 88,084
5. Accidental striking against object or person, with or without a subsequent fall: 110,939
6. Accidental injury by other specified cutting and piercing instruments or objects: 74,628
7. Other and unspecified environmental and accidental causes, other: 72,326
8. Other fall: 53,500
9. Unspecified accident: 148,916
10. Striking against or struck accidentally by objects or persons in sports, without subsequent fall: 48,868
The U.S. is an Anomaly in Health and Social Spending Patterns

Source: OECD 2012
Questions
Our Affiliation with USC as a medical training hospital dates back to 1885. We train about 870 medical residents a year in multiple specialties. Los Angeles County College of Nursing and Allied Health is one of the premier academic school and graduates about 160 Nursing students a year. We have a Formal affiliation with U.S. Navy for Trauma Center staff to train their nursing, medical, and paramedical personnel.

Los Angeles County is geographically 4,000-plus square miles and is home to over 10 million residents it is the largest county in the nation.

LAC+USC Medical Center was founded in 1878 and is one of the largest teaching hospitals in the country - General Hospital was built 1923 through 1932.
LAC + USC Medical Center is one of the largest public hospitals in the country.

- In 2008 we moved into the replacement hospital, a 600-bed facility which includes:
  - Level-One Trauma Center for the most severe injuries
  - Specialty Burn Center
  - Level III Neonatal Intensive Care Unit
  - LAC+USC is home to the Rand Schrader HIV/AIDS Clinic
The complexity of our patient population (uninsured, homelessness, trauma, mental health, and substance abuse) and high demands for emergency services at LAC+USC Medical Center are met through the provision of

- 120 bed ER
- care to over 28% of trauma needs within LA County.
Benefits of Having Volunteers in the ER

• ER volunteers assist the clinicians with various aspects of patient care, family and visitor support.

• ER services can safely be supported by volunteers with a rotating volunteer schedule to meet the 24/7 needs.

• ER volunteers contributed over 26,000 hours of service, which was equivalent to 68 FTEs.
ER Volunteers Can Assist with:

- Assist with feeding patients, under the direction of the Nurse in Change
- Pick up express meals from dietary services
- Assist with transporting patients within the ER services area, accompanied by nursing staff only.
- Pick-up discharge clothing packet for patient.
- Answer patients request for service/ call lights and notifies nurse in charge of patients need.
- Facilitate basic NON-medical communication between patients and providers.
- Escort approved patient family visitor to patient’s room.
- Visit with patients and offers comfort items.
- Assist with completing Hand Hygiene monitoring tool (secret shopper)
- Locate gurneys, disinfects and changes linens
- Stock medical supplies in rooms and supply carts.
- Deliver magazines /reading material to the ER waiting areas.
ER Volunteers Improve Patient Experience:

- Volunteers support a positive patient experience as they assist with family and visitor support.

- ER volunteers serve as ancillary help to the ER team.

- At LAC+USC we have over 100 ER Volunteers
ER Specific Training for Safe Volunteering

- An all day new hire hospital Orientation

- ER Specific Training by lead experienced volunteers.

- ER nurse to train directly in ER with return demonstration opportunities

- First day of volunteering is initiated with a “buddy-buddy” system.

- Volunteers are updated remotely/ via internet communication on new hospital mandates (Joint Commission, Hand Hygiene)
Monitoring and Evaluating ER Volunteers

— Four way system of Volunteer Tracking:

1. Volunteer Daily Assignment Slip
2. Volunteer Performance Evaluations
3. Volunteer Rounding
4. Re-orientation (annual)
ER Volunteer Recruitment and Specific Requirements:

ER Volunteer Recruitment:

- Primary source of new volunteer recruitment is via word of mouth from existing volunteers.
- Clinical experience required by academic institutions.
- Positive Internet reviews
- Website and Medical Center homepage.

www.lacusc.org → + Volunteer Services

ER Volunteer Specific Requirements:

- Adult/ College Students, with a sincere desire to volunteer directly with patients in a ER.
ER Volunteer Interview process: 2 PART

– First Interview by the Volunteer Coordinator to assess maturity, availability, and commitment.

– Seconded interview conducted by Assistant Nurse Manager to review ER required commitment, expectations, exposure -do’s and don’t.
Volunteer Application Process

Volunteer is interviewed & accepted

Volunteer completes online HSN form, and has C# issued.

Volunteer Completes Live Scan Fingerprinting

Volunteer completes online attestations for the following:
- Compliance Awareness
- Code of Conduct
- HIPAA
- Infection Control
- Sexual Harassment
- Risk Management

Clearances are met; Volunteer is notified of ready start & to pick up ID badge from Human Resources

Volunteer visits Volunteer Office on the same day of ID badge Pick up To rent uniform, sign service assignment and select shift

Volunteer completes Health Clearance Note: This step may be completed before or after orientation, depending on speed of fingerprint clearance.

Volunteer Attends Orientation

Volunteer Starts Volunteering

Note: This entire process should take no longer than approximately 35 days.
ER Volunteer Mentoring and Professional Growth:

– Volunteers are invited to attend educational and special events within the Hospital and our affiliate USC.

– Volunteers are able to build professional relationships with clinicians for mentoring, guidance, and networking.

– Many ER volunteers successfully return as our MD’s, PA’s, RN’s, NP’s, and as other professionals as a direct from their positive volunteer experience.
ER Volunteer Recognition, Retention and Acknowledgment:

– Volunteer gains exposure and experience in an ER clinical setting (required by academic institutions)
– Personal satisfaction of giving
– Letter of Recommendation
– Certificate of Recognition
– Opportunity to participate in special hospital events
– Recognition via small tokens of appreciation (e.g. t-shirts, coffee mugs, personalized unique crafted items)
Emergency Department

Presenters:
Scripps Memorial Hospital La Jolla
Rose Colangelo, Manager
Graham Henstock, Volunteer
Four (4) hospitals on five (5) campuses
Scripps Locations

Scripps Hospital Campuses
Scripps Clinic
Scripps Coastal Medical Center
Scripps Cardiovascular Institute
Scripps Hospice & Home Health
Scripps Awards of Excellence

- FORTUNE 100 Best Companies to Work For 2013
- Working Mother 100 Best Companies 2012
- AARP Best Employers for Workers over 50
- San Diego’s Healthiest Employers 2010
- NAFE Top Companies for Executive Women
- Marble Winner 2012
- Best Hospitals
- Best Regional Hospitals
- Leader in LGBT Healthcare Equality
- Healthcare Equality Index
- Top Leadership Teams
- HealthLeaders Media Annual Conference and Awards
- Solucient Top Hospitals
- 15 Top Health Systems 2013
- Top Learning Organization 2012

Becker’s Hospital Review/Becker's ASC Review

100 Best Places to Work in Healthcare
Scripps by the Numbers

• **Two** of San Diego’s five adult trauma centers.

• **30+** outpatient and specialty centers.

• **1,411** total licensed acute care beds.

• **200+** medical residents and fellows.

• **2.1 million** patient visits annually.

• **14,000+** employees and **2,700** physicians.

• **2,000** volunteers!
• **Level 2** trauma center
• **47** beds
• **4-8** trauma bays with the capability to extend
• **40,000** visits a year
• **Comprehensive Stroke Center**
• **LVAD/STEMI**
• **120** employees and **20** physicians
• **56** volunteers
Selection of Volunteers in ED

Volunteer Onboarding Process
• Must attend orientation/complete medical screening
• Interviewed by volunteer services
• Volunteer services selects and assigns new volunteers to shifts.
• Shifts include: Sun.-Sat., 800-1200, 1200-1600, 1600-2000 & 2000-2400

ED Volunteer Position Qualifications
• Must be at least 18 yrs. old
• Must be able to attend shift regularly
• Friendly, able to engage with patients
• Customer service, communication and listening skills
• Compassionate & caring

Volunteer Training
• With the supervision of staff, experienced volunteer trains new volunteer
• Competency checklist is signed by volunteer, staff and kept in volunteer file.
Emergency Department Volunteer Duties

- Greet patients and visitors
- Always keep patient charts, orders, records and other written information out of sight of others
- Always introduce yourself as a volunteer
- On arrival to department check-in with staff for the day’s duties
- Become familiar with all hospital departments, their extensions, and direct guests to destinations throughout campus if time allows
- Provide comfort and support to family members and patients
- With nurses approval, give patients pillows, water, juice, blankets, ice
- Make rounds in the ED waiting room.
- Inventory items in each room
- Stock supplies
- Deliver and pick up items throughout campus
- Keep department tidy- wipe down beds, phones, key boards
- Assist nurses with moving and transporting patients
Addressing the Needs of the Community