Project: UNI Rapid Access to Clinical Evaluation (RACE)

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Start Date: April 2013  Completion Date: July 12, 2013

Faculty Unit/Department: Department of Psychiatry

I. Problem Situation:
Less than one third of admissions to the University Neuropsychiatric Institute (UNI) are seen by a physician within 6 hours of arriving on the hospital unit.

II. Current Situation:
1. After the UNI expansion two years ago, admissions have increased, but the number of residents and moonlighters to complete admission work-ups is not adequate.
2. Patients sometimes wait overnight before seeing a physician for the first time after admission.
3. The UNI admission process is redundant, consisting of two similar physician evaluations, the initial history and physical, and the attending admission note.

III. Target/Goal:
50% of all UNI admissions will be seen by a physician within 6 hours and 75% will be seen within 12 hours of arriving on the unit by August 1. Less than 2% of admissions will be seen greater than 24 hours after admission.

IV. Root Cause Analysis:
1. The initial H&P requires too much physician time and contains redundant information with the attending admission note
2. Moonlighters have no time requirement to see admissions

V. Countermeasures:
1. Increase number of residents on service to help with daytime admissions
2. Increase supportive strategies such as templates, pocket reminder cards, and paging from the admission unit

VI. Implementation:
1. Change structure of H&P to a focused medical and safety evaluation
2. Change moonlighting to have time requirement for completion of admission work-ups
3. New changes implemented July 1, 2013; 1st week data available:

- TIME PATIENTS SEEN AFTER ADMISSION: Week 1 vs. Baseline
- $343,770 in combined savings from decreased moonlighting costs and increased revenue from new billing of admission H&P’s

VII. Follow Up:
1. Increase admissions during daytime hours when maximal staffing available
2. Increase actual reimbursement through contracts, payer mix, etc.