Acute Care Island-wide Model

July 31, 2018

This model has been designed to meet the needs of a unique community. As a rural island community, served by a limited ferry system, options that are available in mainland communities, even those more rural, are not available here. These factors cause us to have unique needs of the clinics and physicians providing our health care services.

I) Key Characteristics of the Island-wide Acute Care Model – <u>During and After</u> Hours

1) The providers will have the necessary skill sets to provide acute/urgent care (these skills would be identified on an ongoing basis). It is important that providers and clinical staff have the acute care skills necessary to treat the varied medical needs that arise on the island to reduce the need for patients to go off-island for care. While it is not possible to list all those skills, we think it is desirable for providers to acquire those skills that do get identified. We would like to have a periodic review of specific acute care patient needs that were not being met because of an absence of a skill set and possibly find a solution to meet that need. We recognize that the appropriate use of staff time for training, and for providing specific acute care needs to be taken into consideration but we would like the primary focus to be on meeting acute patient needs and preventing patients having to go off-island to get that care. An analogy is that our EMS providers have a wider set of skills and provide more extensive treatment than traditional "stabilize and transport" functions because of where we are located and the lack of easy access to an ER.

2) The triage process should be patient-centered (that is, more inclined to see the patient than not) and the patient should be seen that same day as soon as possible when deemed medically appropriate.

3) Anyone calling or walking into the clinic will be triaged by a member of the clinic medical staff (during hours) and/or a remote triage nurse (after hours - see Alternatives A and B below) for acute care regardless of whether they are an existing patient of that clinic. Clearly, the patient can register as a new patient during the process of being seen.

4) It is possible the triage person might determine that the presenting problem is not urgent and that another course of treatment/action would be more appropriate.

5) We also recognize there may be diagnostic tests that could be done in the clinic that could give the providers the ability to provide more acute care on island as well. We would also like to include the need for diagnostic tests in a periodic review.

II) Characteristics Unique to the <u>During Hours</u> Portion of the Island-wide Acute Care Model

1) Staffing the clinic at appropriate provider and clinical staff levels is important to achieve this goal so that there is time in the schedule to see all patients with acute medical needs; provider availability should not be a consideration in determining whether presenting problems are acute.

2) Clinics are encouraged to periodically reassess standard hours of operation to determine if/when alternative hours/days would be a more cost-effective method for meeting needs.

III) Characteristics Unique to the <u>After-Hours</u> Portion of the Island-wide Acute Care Model

1) A physically accessible provider is available on call and is physically accessible at all times when deemed medically appropriate after regular clinic hours

2) All appropriate providers in both clinics will share call coverage collaboratively. Since providers from both clinics will be doing call, the patient being seen will have to be seen at the clinic of the provider who is on call and, in some cases, medical records may not be available if the patient is a patient at the other clinic. While this is less than desirable, it is more important that all providers share call.

3) Since Ray's Pharmacy is not open at night or on Sundays, the PHD would like both clinics to stock necessary basic medications (e.g. antibiotics) to be dispensed to patients for treatment until the pharmacy opens.

4) The on-call providers would work collaboratively with EMS to coordinate patient care when it is determined that a physically accessible provider is appropriate:
    a) When a patient is first seen by EMS personnel, the on-call provider would work collaboratively with them to determine if the patient should be seen at a clinic by the on-call provider.
    b) When patients seek assistance at the Eastsound Station and it is deemed an urgent care situation, EMS staff should be able to reach the provider on call immediately to determine the appropriate course of action which may include being seen by the on-call provider at a clinic.
    c) A bi-monthly meeting of providers and EMS staff would be held to have collaborative discussions regarding: a) what happened with specific cases, b) how they were handled, c) why something did or did not work well, d) what can be improved and how, and by whom.
    d) When EMS patients are transported off-island, EMS staff will notify the clinic in which the patient is registered.

IV) Customer Experience Process – After Hours Portion of the Island-wide Model

Alternative A:

1) A person calls a phone number and speaks with a triage nurse who makes a determination of the urgent nature of the concern. The triage nurse will provide to **all** callers all the next-step options available to registered UW patients.

2) The triage nurse will offer one of several options:
   a) to advise the person to call 911
   b) to help arrange a conversation with the local on-call provider
   c) to offer home care recommendations with follow-up during clinic hours
   d) to refer the caller to Virtual Care

3) If triage nurse determines that option (b) is appropriate, then the person would be informed of who the on-call provider is at that time. The person will have the option to be connected with the on-call provider who will then make a determination whether to see the patient right away or to recommend options (a) or (c) or will have the opportunity to select option (d).

4) The PHD would like the nurse triage process to be patient-centered and be more (rather than less) inclined to connect patients by phone with the provider on call.

Alternative B:

1) A person calls a phone number and speaks to a representative at an answering service. The representative then contacts the provider on call who calls the patient back. The provider decides what course of action to pursue:
   a) to advise the patient to call 911
   b) to offer home care recommendations with follow-up during clinic hours
   c) to see the patient at one of the clinics for treatment

V) Other Requests

1) So that we can see the annual volume of the need relative to its cost and to see the monthly changes in activity, particularly during the summer, the PHD requests that UW Medicine, OFHC and EMS start collecting data including:
   a) Number of after-hours calls
   b) Disposition of each call (e.g. on call provider sees the patient in the clinic, home care advice, referral to Virtual Care clinic, recommendation to call 911, see patient sometime during regular clinic hours.
   c) Number of visits to the clinic after-hours
   d) Number of visits after hours that started through EMS

2) The PHD commissioners will make a specific offer regarding remuneration for call coverage.