Abstract:

Problem: Timeliness of consultation is a quality metric that has the potential to improve throughput, patient satisfaction, and clinical outcomes. We defined four rights of consult effectiveness to be: the right care in the form of actionable recommendations, delivered to the right patient, at the right time, using the right resources. A previous initiative established a stratified framework of consult priorities and definitions for timeliness. The current study worked to implement and measure this newly established framework on a single consult service of orthopedic surgery for patients in the emergency room.

Approach: We used the FADE QI model for framing this project. The Focus for the project was established by a multidisciplinary leadership group of Vice Chairs for Clinical Affairs and Quality. The variability in effectiveness of consultation delivery was identified as a common problem in their health system. This group established stratified criteria for consult timeliness. Analysis of how services were meeting these new criteria required that a systematic process be established for request for consultation and delivery of consultation recommendations. This data was automatically captured through electronic health record functionality. The project is currently evaluating and improving this data in preparation for Developing and Executing the improvement plan.

Outcomes: The two levels of urgency used in the pilot were “STAT” and “Level 1”. STAT consults were excessively long at 492 minutes since providers were caring for these patients rather than writing recommendations, so focus was moved to Level 1 consults. The percentage of Level 1 consult recommendations delivered in <1 hour has varied considerably from March-September 2015 from 43% to 81% partially due to data aberrations. The consult response times are on average 4 hours longer on Fridays compared to the mean times for the week.

Next Steps: Data from the orthopedic surgery pilot is being delivered to their leadership group to look for explanations for delayed consult responsiveness and correlations with emergency room length of stay. We are also expanding the project to the two other specialties of obstetrics/gynecology and neurosurgery. In parallel the project will extended into the inpatient setting where the priorities of Level 2 and 3 will be evaluated.