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## Taking the "e" out of Night "MARE" Rotation: Uncloaking Ghost Admissions via Teletracking and Reducing Paper Fatigue

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# Taking the “e” out of Night “MARE” Rotation: Uncloaking Ghost Admissions via Teletracking and Reducing Pager Fatigue

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\*MAR = Medical Admitting Resident

## QI BACKGROUND

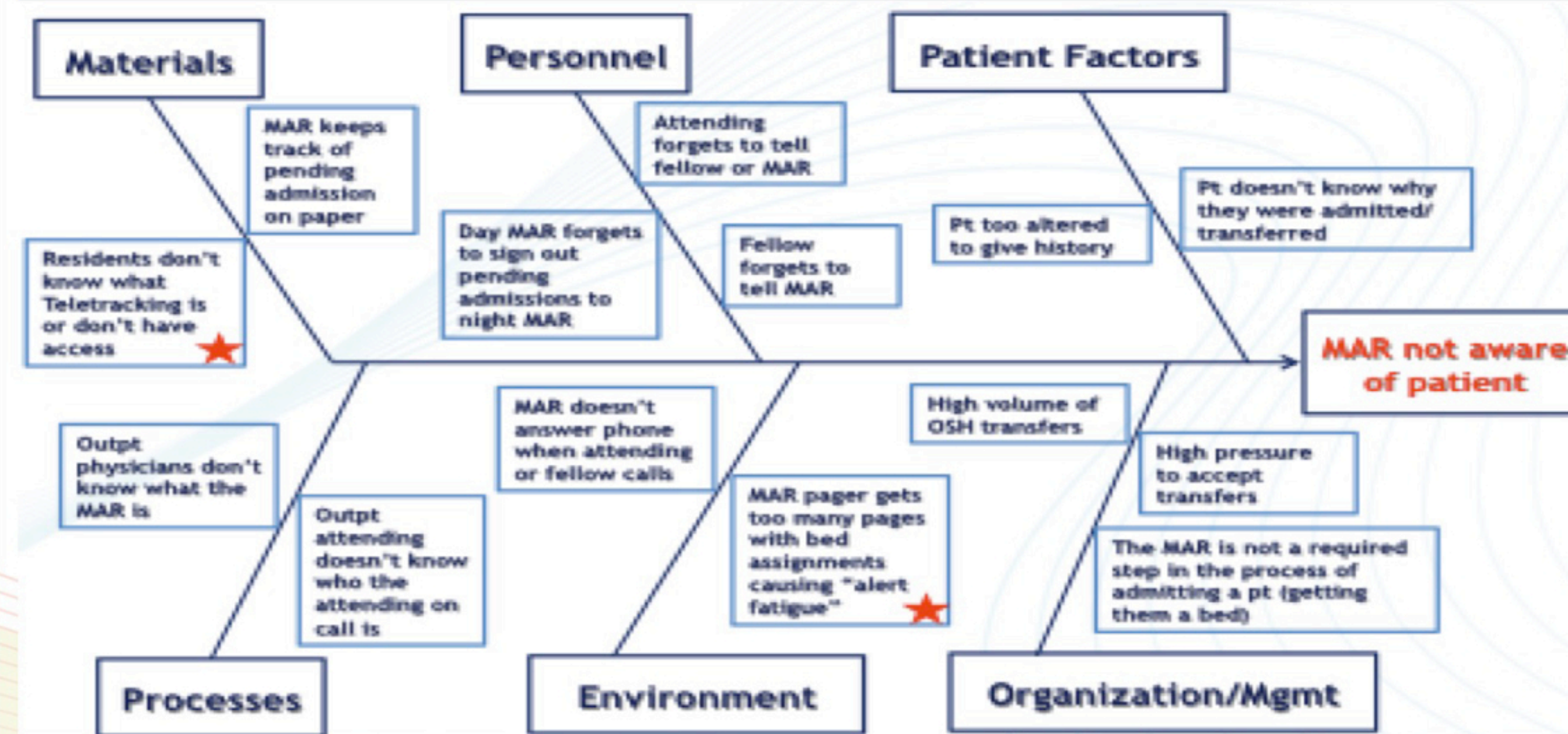
Patients admitted to the hospital from non-ED locations can at times arrive on the unit without resident forewarning. As residents are responsible for initial assessment and admission of these patients, this can present unnecessary delays in care, or risk of harm. This situation is also highly stressful for interprofessional staff, leading to friction on teams, and tends to happen at night when fewer staff are available (hence the nickname Night ‘MARE’ rotation). We reviewed a case series to identify root causes of these non-ED ‘ghost admissions’ (unexpected OSH transfers, direct admissions, & post-procedure admissions).

## CASE EXAMPLES

Four examples of non-ED ‘ghost admissions’ compiled in 17 days from Sept-Oct 2015 by surveying Night MARs (total number of cases identified = 8).

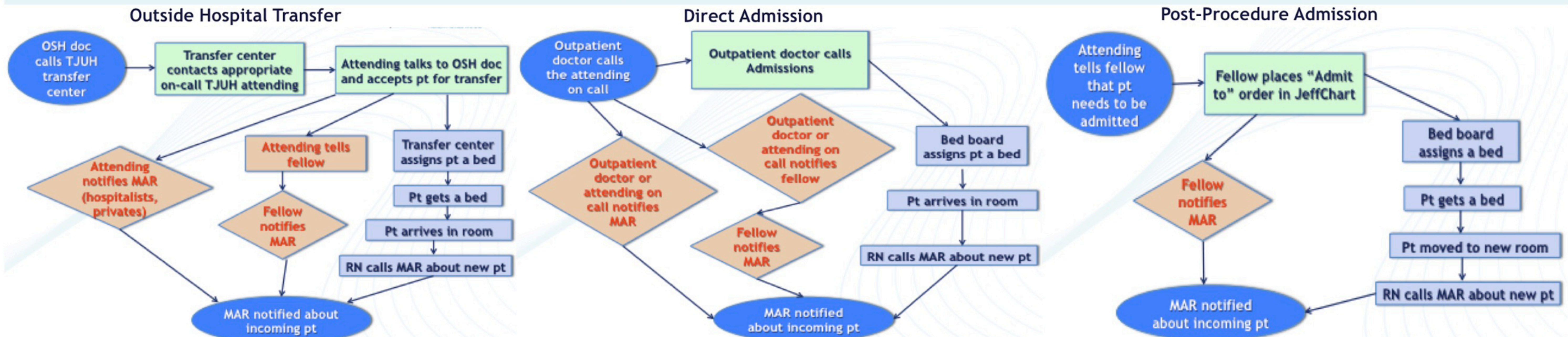
Background	Cause	Care Delay	Background	Cause	Care Delay
Outside hospital (OSH) transfer with cancer, neutropenic fever, renal failure	Accepting attending called day resident but resident didn't answer & attending didn't call back	1 hr 5 min	Direct admit patient with cryptogenic cirrhosis for aortic stenosis repair	Attending/fellow told resident during the day but night resident not informed at shift change	1 hr 21 min
Direct admit patient with cancer and hypokalemia	Neither the admit attending nor the on-call attending notified the resident	1 hr 25 min	Direct admit after flutter ablation	Fellow put the admission order in JeffChart but forgot to tell the resident	12 hrs 11 min

## CAUSE ANALYSIS



## CURRENT PRACTICE

Existing communication maps for OSH transfers, direct admissions, and post-procedure admissions. If no physician to physician communication occurs, the blue path is the default and the resident is unaware of the admission until arrival.



## GOAL

- TO improve communication at admission FOR patients admitted from non-ED locations SO THAT patient care delays are minimized and provider frustration decreases.

## INTERVENTIONS IMPLEMENTED

Eliminated text pages to the MAR pager about bed assignments for every patient admitted to the hospital: *Previously, the pager carried by the MAR received automated pages from Bed Management with the room assignments of all patients admitted to the hospital, including ED admissions, OSH transfers, and direct admissions. This resulted in "alert fatigue" and important pages were frequently overlooked.*

Gave all residents access to Teletacking with instructions on how to use it: *In past years, residents used Teletracking, the electronic bed management system in which all patients moving into, out of, and within the hospital are tracked. However, in the last 1-2 years, residents have not been using this resource to monitor incoming patients because they either did not had access, did not realize they had access, or did not understand its use.*

## EARLY RESULTS AND NEXT STEPS

- We monitored a convenience sample of admissions to medicine services during a 2 week block pre- and post- interventions. Prior to the process change, there were 7 such missed/unexpected admissions, compared to 1 post-intervention.
- Feedback from night MARs indicates that eliminating excessive pages to the MAR pager has freed up the board-holder to manage the work flow and keep track of incoming patients. Giving residents access to Teletracking allows them periodically review all pending admission to TJUH, thus allowing them to proactively approach fellows/attending about these patients and anticipate their arrival.
- A limitation to our project is the fact that data for our outcome must be collected manually through self-reporting by MARs, making process improvement challenging.
- We suggest further improvements be implemented, including:
  - Making “The Board” (on which day and night MARs keep track of all admissions to medicine) an electronic document, such that information is more easily and reliably passed on from shift to shift.
  - Transfer Center/Admissions remind all accepting attendings to notify the MAR when they accept patients, since the Transfer Center/Admissions is inherently central to the process.
  - Establish clearer policies regarding who is responsible for notifying the MAR of admissions and educating all attendings and fellows of the process.