



Implementation of a Surgical Transfer Unit: An Innovative Approach to Increase Timely Access to Surgical Subspecialists

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Background

A review of emergency department boarder hours for surgical patients, transfer delay data, and customer feedback substantiated significant delays in access to Erlanger Health System Surgical Services for transfers and direct admission. These delays resulted in referral sources seeking alternate care locations both locally and regionally. Surgical transfers and direct admissions were found to often access Erlanger Health System via the Emergency Department resulting in significant Emergency Department boarder hours and overcrowding.

Objective

The goals we set out to achieve:

- Increased and more efficient access both locally and regionally to Erlanger Health System surgical subspecialists.
- Reduction in Emergency Department boarder hours by surgical patients.
- Reduced cost by eliminating Emergency Department presentation for transfers and direct admissions.
- Reduced delays in acceptance of transfers and direct admissions.
- Reduced surgical mortality.
- Increased referral volume.

Planning/Research Methods

The concept for this unit was identified by our Chief of Surgery based on the University of Maryland's (UMMC) Critical Care Receiving Unit. The need for surgical subspecialty access is no different for Erlanger Health System's local and regional customers in need of subspecialty surgical care. Secondary to significant throughput challenges, the Chief felt this model presented a viable option for improvement of the current transfer and direct admission process.

Implementation Methods

The vision was presented to Erlanger Health Systems executive team which resulted in a site visit to UMMC's Critical Care Receiving Unit. Those in attendance included the system COO, Chief of Surgery, AVP of Surgical Services, Director of Perioperative Services and Manager of PreOperative Services. A review of literature, limited to the USA, failed to reveal any specialty surgical units. The UMCC Critical Care Receiving Unit most closely resembled the vision of Erlanger Health System and therefore was chosen as our model.

Results

After process development, our Regional Transfer Center (EROC) and key leaders including surgeons were educated on the eSTAR (Erlanger Surgical Transfer and Receiving Unit) admission procedure. Admissions were prioritized with priority given to transfers and direct admit patients in an effort to limit unnecessary presentations to the Emergency Department (cost and overcrowding). Secondary goal was to decrease boarder hours in the Emergency Department. In the first 19 months of operation eSTAR prevented >1250 unnecessary Emergency Department presentations and >740 boarder days. As for the secondary goal of decreasing the amount of time a surgical patient spends in the Emergency Department boarding, >1400 non-trauma surgical patients were accepted from the Emergency Department accounting for a reduction of >850 boarder days in eSTAR.

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