Recipe for success: Elevating and implementing high acuity care in the primary care setting

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Background
The purpose of this initiative is providing high acuity care options in a general internal medicine primary care setting steps involved:
- Implementing and providing a high acuity pathway to a higher level of care as needed.
- Providing advanced care options in the primary care setting.
- Maintaining safe quality patient care in the clinic setting until the patient can be transitioned to home or a higher level of care by direct admission or emergency department.
- The ultimate goal is patient centered care.

Aim
Expanding primary care into high acuity care to demonstrate:
- Reduction of Emergency Department utilization.
- Decrease hospital readmissions.
- Directly admit patients to the hospital when appropriate.
- Provide high quality care in the primary care setting.

Methodology
This initiative used a multimodal approach to patient care. Strategies included:
- Focus on education of the health care team including staff, patients, families, and specialists to encourage clinic utilization first.
- Registered nurses to triage patients appropriately Monday thru Friday to the high acuity clinic or ED based on symptoms.
- Providing same day access for all patients.
- Offering walk-in clinic hours five days a week.
- Daily and weekly huddles with the entire healthcare team to focus on improving care access and discuss high utilization patients.
- Post ED and transition of care phone calls with combined efforts of the nurse navigator and case manager to assure appropriate follow-up.

Results
- 420 patients required high acuity care from July 2018-June 2019 for a total of 1308 hours.
- Length of time patient spends in clinic is 1 hour to 10 hours and 30 minutes with the average time 2.82 hours.
- The ages ranged from 18-91.
- Main interventions included: IV hydration, IV antibiotics, IV diuresis, stat labs, vital signs and pulse ox monitoring, EKGs, nebulizer treatments, IM and PO steroids.
- The improved healthcare utilization resulted in 79.1% of patients not requiring care from the Emergency Department within 30 days of high acuity care and 79.1% to 80% were not readmitted to the hospital in 30 days.

Conclusion
- A dedicated in clinic RN triage facilitates timely treatment of complex patients in the primary care setting.
- Treatment in the clinic is safe for the patient and anecdotally improves patient satisfaction.
- From the first call to the Internal Medicine triage nurse our commitment to our patients was achieved by our multimodal team approach to patient care.
- A dedicated team to keep our patients out of the ED and provide safe high quality care in the primary care clinic.
- Providing the opportunity for our patients to seek care in the comfort of their primary care office versus the chaos of a busy emergency department.
- Providing the right care in the right setting at the right time.

Lessons Learned
This continues to be an evolving primary care initiative:
- Do we have the right staff mix and do we have enough staff to continue to expand?
- Continued reinforcement for education to patients and families.
- Changing a culture of specialties ‘1st response “we’ll see the patient in the ED” and challenging the response.
- Need for expansion of our partnerships with additional specialties.

Future Direction
- Continue to educate and encourage specialty departments to see patients in the clinic vs emergency department.
- Continued collaboration with the Emergency Department when patient needs transitioned to a higher level of care.
- Collaboration project with ED to decrease utilization for hospital based clinics.
- Implementation of oral hydration protocol.
- Share our experiences with other primary care clinics.