



Pulse Newsletter Health Care Practice

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Micro Hospitals: Increasing health care access and creating opportunity

The demand for health care services in fast growing urban and suburban areas has outgrown its availability. Some health systems have noticed this need and are opening tiny, full-service hospitals with comprehensive emergency services. These micro hospitals usually have less than a dozen beds but offer quicker access to care, laboratory and diagnostic services, outpatient surgery and primary care.

The idea is catching on and micro hospitals may also be used in rural areas where access to care is difficult. They are generally affiliated with larger health care systems, which can use the smaller facility to expand in an area without incurring the cost of a full-scale hospital.

One of the advantages of a micro hospital is that it can help connect patients with specialty and primary care physician networks. In some cases, the micro hospital design includes a second floor with separate specialty and primary care physician offices to which patients could be referred.

Micro hospitals are fully licensed hospitals with inpatient beds to accommodate people admitted from the emergency room. They may have other capabilities as well, including surgical suites, a labor and delivery room, and primary care or specialist services onsite or nearby.

Risk management strategies for Micro Hospitals

Marketing and Messaging: Marketing should describe exactly the services that are offered and the limitations.

The patient should be easily referred for services not offered by the micro hospital and include a range of options.

Patients in emergency situations beyond the scope of the micro hospital should be referred via 911.

Additional services that the patient needs should be clearly documented and communicated to subsequent care givers.

Follow-up communication with the patient should be provided.

Diagnostic procedures and lab results should be available to subsequent care givers via electronic medical records.

Blood transfusion savings

By implementing institution-wide initiatives around blood management, Vanderbilt University Medical Center reports saving millions of dollars and dramatically reducing blood wastage.

Just by changing their blood ordering practices to be more specific, the hospital reduced usage of red blood cells for transfusions by more than 30%.

A study authored by Barbara J Martin, RN and presented at

the American College of Surgeons/National Surgical Quality Improvement Program National Conference 2016, examined a success story on reducing blood waste and saving money.

In an effort to evaluate how they could implement evidence-based guidelines around restrictive transfusion, Ms. Martin and her colleagues at Vanderbilt University Medical Center, Nashville, first changed provider orders to support a single unit order and then a follow-up order for more blood if necessary. The previous process was to order two units of blood, which was at times more blood than was needed. "The data on restrictive transfusion has been out for years documenting that patients have better outcomes with a more restrictive transfusion strategy," Ms. Martin, of the Vanderbilt Center for Clinical Improvement, said in the press release. "We were looking at whether we could guide providers to treat symptomatic anemia with a single unit of blood rather than the usual two units."

The researchers enhanced the computerized provider order entry (CPOE) system to allow blood ordering practices to be based on a specific assessment of each case rather than on a standard order of two units. As a result, red blood cell transfusions at Vanderbilt declined from 675 units per 1,000 discharges in 2011 to 432 units per 1,000 discharges in 2015, a decrease of more than 30%.

In an effort to reduce inefficiencies in the way blood is ordered, transported and stored, Ms. Martin and her multidisciplinary team developed the following guidelines for perioperative handling:

- When more than one unit of blood is ordered, it is sent in a cooler rather than the pneumatic tube.
- Coolers are reconfigured to optimize temperature management.
- A specific staff member is tasked with "ownership" of the blood products, including returning unused product to the blood bank.
- Individual unit wastage is reported to clinical leaders for review; aggregate data are reported monthly.

After implementation of these practices, fewer than 80 units of blood were wasted at Vanderbilt in 2015, a drop from 300 in 2011. Collectively, the blood management strategies resulted in a savings of \$2 million. Ms. Martin said that such guidelines can be implemented at other medical centers, but "you have to prioritize what your initiatives are. At Vanderbilt we had a lot of opportunities with blood transfusion and blood wastage and we made huge gains. Any incremental improvement would take additional resources." Efficient conservation of blood resources and reduction of waste benefits the hospital, the patient and the donor.

Hospitals anticipate mass shootings

There is a growing recognition that our health care workers and facilities should be prepared for events involving mass shootings. We only need to look at recent history to recognize the need to be prepared.

During the Emergency Nurses Association's annual meeting in October at the Orange County Convention Center in Orlando, 40 nurses and 100 actor volunteers simulated a mass casualty terrorist attack before 3,000 people.

Just a few months later the tragic shootings occurred at an Orlando night club. Their training was put to good use when Orlando Regional Hospital treated 44 of the victims. More organizations are beginning to train their staff for such events which are predicted to become commonplace in the future.

Treating victims of large-scale shooting incidents requires an approach different from accidents involving mass casualties — such as plane or bus crashes — because as more information becomes available, hospitals recognize that they could be a target, or they could be treating perpetrators of violence without realizing it.

It is recommended that hospitals work closely with law enforcement officers, who offer protection at the facility. The collaboration between hospitals and law enforcement is key to creating a successful response. Hospitals are engaging in planning and simulation to increase the effective and rapid response of law enforcement during mass shootings.

In the past there has not been much training in hospitals to deal with this type of a tragedy, but this is changing. More hospitals see the need to train their response teams for this type of emergency. Health care organizations are looking to the military experience to identify the types of injuries and resources needed to respond effectively and save lives

Experts involved in disaster planning say that not only do we need to train and equip first responders, but we also need to share information and experience along with coordinating community resources.

Emergency drills can help save lives. Matthew Powers, interim executive director at the Emergency Nurses Association, says drills have increased in particular since a 2012 mass shooting at a movie theater in Aurora, Colorado that killed 12 people. "It became unfortunately more prevalent and, therefore, many hospital associations began to provide tools for hospitals to better prepare training standards," he says.

References

Micro Hospitals: <http://khn.org/news/sometimes-tiny-is-just-the-right-size-microhospitals-filling-some-er-needs/> By Michelle Andrews July 19, 2016

Blood transfusion savings: <http://www.acssurgerynews.com/specialty-focus/general-surgery/single-article-page/blood-management-strategy-leads-to-cost-savings-less-waste/354f0a8b8d68aa930439a053fbc65b1a.html> Blood management strategy leads to cost savings, less waste, July 22, 2016

Mass shootings: <http://www.usnews.com/news/articles/2016-06-13/hospitals-increasingly-anticipate-mass-shootings> **Hospitals Increasingly Anticipate Mass Shootings** By Kimberly Leonard | Staff Writer June 13, 2016, at 6:47 p.m.

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