



How to “Level” the Playing Field: A Severity Leveling Guide for Pediatric Urgent Care Centers

Nicklaus Children's Hospital, Miami, Florida



- Pediatric urgent care centers (UCCs) rapidly expanding within the Nicklaus Children's Hospital system
 - 9 UCCs currently
 - 1 more UCC to open before the end of 2017
 - In 2016, over 118,000 Urgent Care Visits
 - Services to the tri-county area – Miami-Dade, Broward, Palm Beach
- In November 2014 it was discovered that the Emergency Medical Treatment and Active Labor Act (EMTALA) law applied to these UCCs
 - Transfer guidelines needed 8 components for compliance
 - Patients needed to be prioritized in terms of severity of illness instead of order of arrival
 - 100% compliance needed as soon as possible after gaps identified
 - Multi-disciplinary task force (nurses, medical providers, quality and regulatory department personnel) organized to address and correct gaps

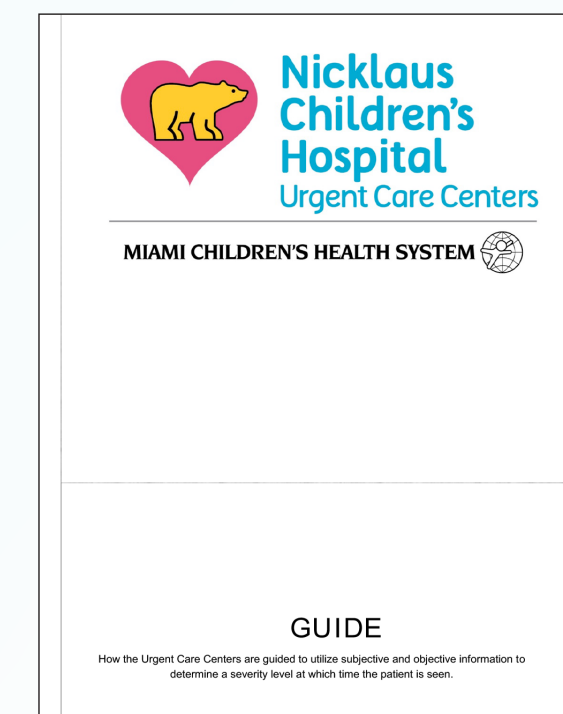
- To describe metrics and methods used to:
 - Develop an innovative leveling process to categorize, treat and expedite transfers of the critically ill pediatric patient population to a higher level of care (as needed) from a pediatric urgent care center in the outpatient setting.

- Acuity of patients seen in the UCCs are similar to those seen in the Emergency Department, however, complexity is not as high and they typically require less resources.
- Developed a simplified leveling system based on current Emergency Severity Index (ESI) guidelines and information from a literature search of best practices (Marx, et al, 2013).
- Further research was conducted and 3 levels of severity to categorize patients was created.
- 3 levels: RED, YELLOW, and GREEN with Red being most severe and Green low severity.
- Guides the physician to the order by which to complete the Medical Screening Exam (MSE).
- The use of mostly objective information gathered upon initial intake of the patient is used.
- When initial intake is performed by a nurse, a standard process is used to level the presenting severity and thus noted in the medical record documentation.

- Live system wide in 10/2015
- Current practice was to see patients in order of arrival rather than by acuity.
- Nursing team at the UCCs previously recognized higher acuity illnesses based on relatively subjective criteria
- New policy streamlined a process to improve the quality of care provided to our patients by using a primarily objective leveling system to identify higher acuity patients and ensure they are seen quicker
- Simplified leveling system based on Emergency Severity Index (ESI) guidelines and literature review of best practices
- Based on symptoms, severity of illness or history and potential number of resources to be used for treatment
- Level assigned in intake by the nurse
- Guides medical provider as to the order in which to see patients
- Guide comprises of:
 - Diagnoses
 - Parameters
 - Symptoms
 - Definition of resources
 - Normal vital signs

- Detailed guide developed and updated
- Intense staff education
- Colors embedded in electronic health record (EHR) and visible on tracking board for all (especially medical providers) to see

Bed #	V	INT	PA Admit	Admit Bed	CS	Acuity	Name
PA							
PBC01						YELLOW	
PBC02						GREEN	
PBC03						YELLOW	
PBC04						YELLOW	

[illegible]

	Nicklaus Children's Hospital UCC Acuity Census 2017 Running Totals									
	PB	DO	WK	MIR	PBG	MID	ML	MAIN	West Bird	TOTAL
GREEN	10,358	6,560	6,695	4,107	2,823	6,626	11,685	5,870	4,200	58,924
RED	120	43	23	13	8	46	120	25	29	427
YELLOW	1,745	803	776	342	720	990	1,300	356	469	7,501
None	48	16	27	6	9	12	59	61	17	255

Quarter	Length of Stay (LOS) in minutes
3/2015	128
1/2016	118
2/2016	113
3/2016	94
4/2016	82

Quarter 3/2015 = Length of stay (LOS) 128 minutes (Pre-Leveling)

Quarter 4/2015 = Leveling introduced system wide

Quarter 4/2016 = LOS 82 minutes

Overall Results = 35.9% decrease in LOS

- 35.9% decrease in LOS for 2016
- Critical patients being seen and transferred to higher levels of care such as Emergency Rooms more quickly
- Monthly evaluations of length of stay and amount of critical patients being seen at the UCCs are evaluated and increased staffing correlates to these patterns.
- UCCs maintaining their 90 minute target for average length of stay for each patient visit.

Marx, J., et al.(2013). Rosen's Emergency Medicine: Concepts and Clinical Practice. 8th ed. Philadelphia: Saunders.