

Assessment

The service line model has been proven to help shift healthcare toward value-based services, which is characterized by coordinated, multidisciplinary, high quality and cost-effective care. A high-functioning service line is a recognizable, coordinated collection of healthcare services, providing patients with central access points to receive seamless treatment across multiple disciplines, care providers, caresites and time.

At the time of acquisition of Vanderbilt Bedford Hospital, an assessment of community needs along with the available facility resources was performed. Opportunities were identified to improve the patient experience as well as patient quality at Vanderbilt Bedford Hospital. High-risk items included patients that were scheduled for transfusions and medication infusions. The following problems were found.

- Immunocompromised patients were being directed to the ER and Med Surg to receive outpatient infusions during the pandemic, putting them at a higher risk through exposure.
- There was not a process for outpatient medication infusions
- With the implementation of EPIC, a designated department was required for infusions.

Implementation

MEDICATION INFUSION AND TRANSFUSION CLINIC

- Two full time FTEs were approved to support the infusion clinic
- Policies and SOPs were implemented to support the practice of the infusion nurses.
- Education was provided on new medications
- A business process was implemented with Executive leadership to receive approval for new medications and new procedures.
- Infusion chairs were acquired for the department

Process

ASSESS INTERNAL READINESS

- We assess referral patterns from community providers
- Attained buy in from the staff
- Looked for opportunities to provide services we didn't currently provide

ALIGN WITH LEADERS

- Define expectations with the department
- Provide performance data
- Ensure policies are put into place that align with Vanderbilt
- Collaborate with Blood Bank and Pharmacy leadership to ensure that our processes support their staffing model.

DEVELOP A PLAN FOR GROWTH

- Assessed the physical space and create a plan for growth
- Provided data to leadership that supported the additional FTEs
- Improve efficiency of the staff

Barriers

- The implementation of EPIC created a new referral method which staff and leadership were not aware of.
- Staff with little buy-in, caused turnover rate to increase.
- Recruiting, hiring and training of nurses is a timely process, while referrals began happening quickly.
- Changing protocols for medication and blood transfusion reactions took place without the inclusion of a representative staff member from the medical infusion department.
- Referring community providers were not readily available during emergency situations, therefore we had to create an in-house process for handling blood or medication reactions.

Opportunities

- Surgical leadership is working with the physician leaders at both main campus and VPEC, to provide a source of pre-operative infusions for anemic patients.
- Provide a safe space for patients to receive chemo-therapy, which would require chemo certified nurses.
- Create an in-house PICC line team to place PICC line for long term infusion patients.

Overview of Key Outcomes

QUALITY

Improved patient outcomes; complications caused from inappropriate port access decreased from three Year-over-prior to Zero.

OPERATIONS

Infusion referrals increased by 35%. A Vaccination clinic was an opportunity to provide services we previously did not have. Highest volumes are COVID vaccines and Rabies Vaccines. We also provide a wider variety of infusions to treat autoimmune disorders.

PATIENT SATISFACTION

Patient satisfaction will be measured with HCAHPS beginning in July. Informal measures of patient satisfaction are performed by leader rounding, which all reflected exemplary responses.

