

Improved access for referring providers

DocLine Opens UCH Health Doors Wider

By Tyler Smith and Erin Emery

Physicians across Colorado and the region who need to connect with University of Colorado Health physicians may now dial a single telephone number – 1-844-285-4555 – for specialty consultations or to transfer a patient to one of UCH Health’s facilities.

Physicians who dial the number are connected immediately to “DocLine,” where a critical care-trained nurse assists with all phases of transfer and consultation, including physician-to-physician communications, bed assignment, facilitation of patient transport, and even nurse-to-nurse reports. This ensures that the receiving unit is prepared for the patient’s arrival.



University of Colorado Hospital implemented changes that led to DocLine early in 2014.

“All that a referring physician needs to do is make that one call,” said Rob Leeret, senior director of access services for UCH Health. “Patients and providers benefit because this is by far the easiest and most efficient way to get the patient into the system, to the right level of care, and connected to the right physicians. Patients receive a bed right away, and their transport by air or ground is initiated expeditiously.”

DocLine nurses do not make independent decisions regarding patient destinations, Leeret said.

“We find out from the physician or physician group which hospital they are trying to contact 100 percent of the time. The vast majority of physicians let us know right up front, and if they don’t, we ask,” Leeret said. This ensures the patient ends up at the requested facility, he said.

Regional reach. The UCH Health DocLine began providing services to both University of Colorado Hospital and Memorial Hospital in March. The service is new to Memorial, but [UCH implemented it early in 2014](#) in what was then called the Access Center. Leeret said physicians connect with a UCH physician in five minutes or less as often as 90 percent of the time. The call abandonment rate is about 1 percent.

Leeret said DocLine is on pace to handle a total of 16,000 cases – including transfers, transports, consultations, telehealth contacts, and direct admissions – in fiscal year 2016, which begins July 1. That’s 40 percent more than the number UCH recorded in fiscal year 2014, he added.

Larissa Thorniley, RN, nurse manager for DocLine, said the service has helped community providers get better access to UCH Health physicians for consultations and transfers, and has bolstered the level of care.

“Patients benefit by the nurses being able to triage the call quickly, get them to the right physicians, get transport set up as quickly as possible, and facilitate nurse-to-nurse reports so nurses know exactly what is coming to them upon arrival of the patient. It is so important that nurses are adequately prepared for the arrival of these very ill patients,” Thorniley said.

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“Just having one consistent process for the system is what is really benefiting folks today,” she added. Thorniley said a call to the centralized DocLine is one process for everybody, so physicians calling from anywhere can expect the same results. In addition, all the calls are recorded for quality assurance to identify and remedy issues, Thorniley said.

Drilling down. While there are benefits of convenience and expertise for physicians and patients, DocLine also offers UCHealth the benefit of additional data, Leeret said.

“We will be able to produce data that will show us where our business is coming from, whether or not any of our outreach efforts are working, where our business is starting to decline and where we need to go out and reconnect,” he said.

“All of these efforts will help us ultimately improve access into our system,” he said. Improvements to the DocLine database could be in place by the first quarter of fiscal year 2016, Leeret added.

A move toward acceptance. So will the notion that UCHealth is a system that “just says ‘yes,’” to transfer requests, said Leeret, who urged on-call physicians to accept patients, secure in the knowledge that DocLine nurses follow an algorithm to determine next steps.

“We want docs to say we can take care of the patient, then DocLine will go through the rest of the process,” Leeret said. That step avoids placing the on-call physician in a position where he or she is perceived by a referring provider as a barrier to access, he added.

The algorithm provides a series of questions for DocLine nurses to ask during a transfer request, and most lead to “yes.” Any patient with insurance or who is being followed at a UCHealth facility is accepted. Patients without insurance who meet other criteria are also automatically accepted. The list includes patients with emergent conditions, as well as those who require specialty care provided by a UCHealth hospital. Acceptance is also automatic if the patient needs care available only at a UCHealth designated center of excellence for diagnosis and treatment of a particular condition – such as burn or stroke at UCH.

Even if none of these criteria applies, DocLine could still accept the patient if a UCHealth physician has an existing or developing

relationship with the requesting provider or facility. Failing all of these possibilities, the decision to accept or deny an uninsured patient falls to the hospital’s lead administrative physician – at UCH, it’s Vice President of Clinical Affairs [Greg Stiegmann, MD](#) – who takes responsibility for informing the referring provider if the answer is “no.”



Memorial Hospital in Colorado Springs began using DocLine last March.

Thorniley said DocLine nurses can run through the algorithm in 30 seconds or so about three-quarters of the time. They also inform the requesting provider if the hospital doesn’t have the capacity to accept the transfer at that moment. In that case, the nurses offer a delayed acceptance and keep the referring institution informed until there is a bed available, a situation that doesn’t happen often, Thorniley said.

The algorithm offers a standardized method for assessing transfer requests as well as the information necessary to make rational policy decisions, Leeret said. Payer source, for example, is only one factor to consider, along with relationships UCHealth hospitals and its physicians have with other institutions.

Fine-tuning. Leeret said that UCHealth continues to work through issues regarding direct admission processes and work flows. During the initial launch of the DocLine at Memorial, employees were encouraged to call in daily to report what was working and what wasn’t. Many of those issues have been addressed, Leeret said.

The launch of DocLine has also illuminated process issues that can scramble the hospitals’ capacity management efforts, Leeret said.

“For example, there are physicians out there who still admit from their clinic offices before they let anyone at the hospital know,” he said. “We have had a few direct admissions arrive in the lobby

prior to the physician placing the admission order. This has resulted in delays and frustration for both the patient and the hospital staff before a bed is assigned.”

Conversely, if physicians call DocLine, the patient can be assigned a bed before the patient leaves the office, Leeret noted.

“This provides a safer, more reliable experience for the patient as well as the hospital staff,” he said.