

A Safe and Timely Discharge for Children with CPS Referrals at The Children's Hospital of San Antonio

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CHRISTUS SANTA ROSA HEALTH SYSTEM

Project Team

Leader:	Crystal Davenport, MD
Co-creator:	Crystal Stricklin, RN
CPS Liaison:	Jiliann Williams, LMSW
Social Work:	Angie Oviedo, LMSW and Friends!
Case Management:	Felisca Fuentes, RN
Center for Miracles:	James Lukefahr, MD Tim Reznicek, LMSW
Clinical Nurse:	Lindsie Arizola, RN
Coach:	Ricardo Quinonez, MD

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The authors do not have any conflicts to disclose

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Background

- **The Children's Hospital of San Antonio**
 - Santa Rosa Infirmary 1891
 - Children's Hospital 1959
 - Free Standing Children's Hospital September 2012
 - Open Hospital with Academic & Private Physician Groups
 - 89,000 ED visits per year
 - 5,000 Inpatients
 - 200 Private Rooms, 12 Operating Rooms
 - >75% Medicaid Payer Mix

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Background

- **CPS STATS: Bexar County 2015**
 - 24,512 Reports
 - 13,790 Completed Investigations
 - 1,150 Children removed from home (2014)
 - 12 Deaths (2014)
 - 4348 Children living in Foster Care (2014)
 - About 1000 Abuse/Neglect cases at CH of SA
 - Medical Providers have a Legal/Ethical Obligation to Report Abuse/Neglect

Background

- **CPS STATS: Texas**
 - 278,325 Reports
 - 176,868 Completed Investigations
 - 171 Deaths
 - 17,000 Children removed from home (2014)
 - 31,176 Children living in Foster Care (2014)

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Background

- A significant proportion of victims of child physical abuse require hospitalization.
- Often stay significantly longer than their medical situation would justify due to a complicated social disposition.

The Hospital is NOT a Safe Place!

- 7 out of 100 hospitalized patients will acquire AT LEAST 1 Nosocomial Infection!
- Incidence rate= 5%
- Much higher rate in ICU and in neonates
- 10 infections per 1000 patient days
- The longer the hospital stay, the more likely the infection
- Children do NOT get the physical, emotional or intellectual stimulation they need in the hospital

Project Aim Statement

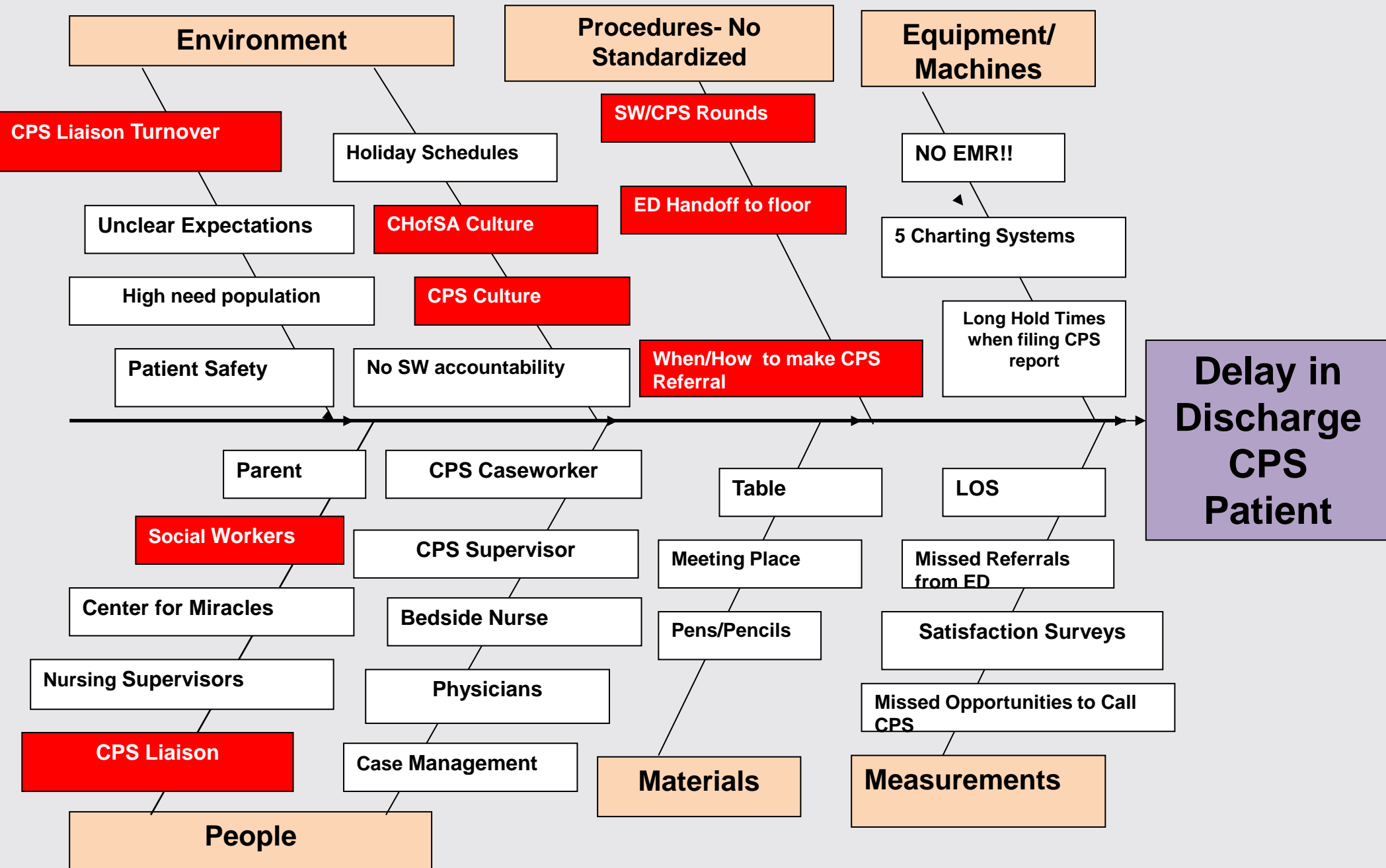
Decrease Avoidable Hospital Days/Waste for patients awaiting CPS disposition by 20% by December 2014.

CH of SA Mission!

- To Extend the Healing Ministry of Jesus Christ
- Our Children Will Always Be First!

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Plan: Improvement Opportunities

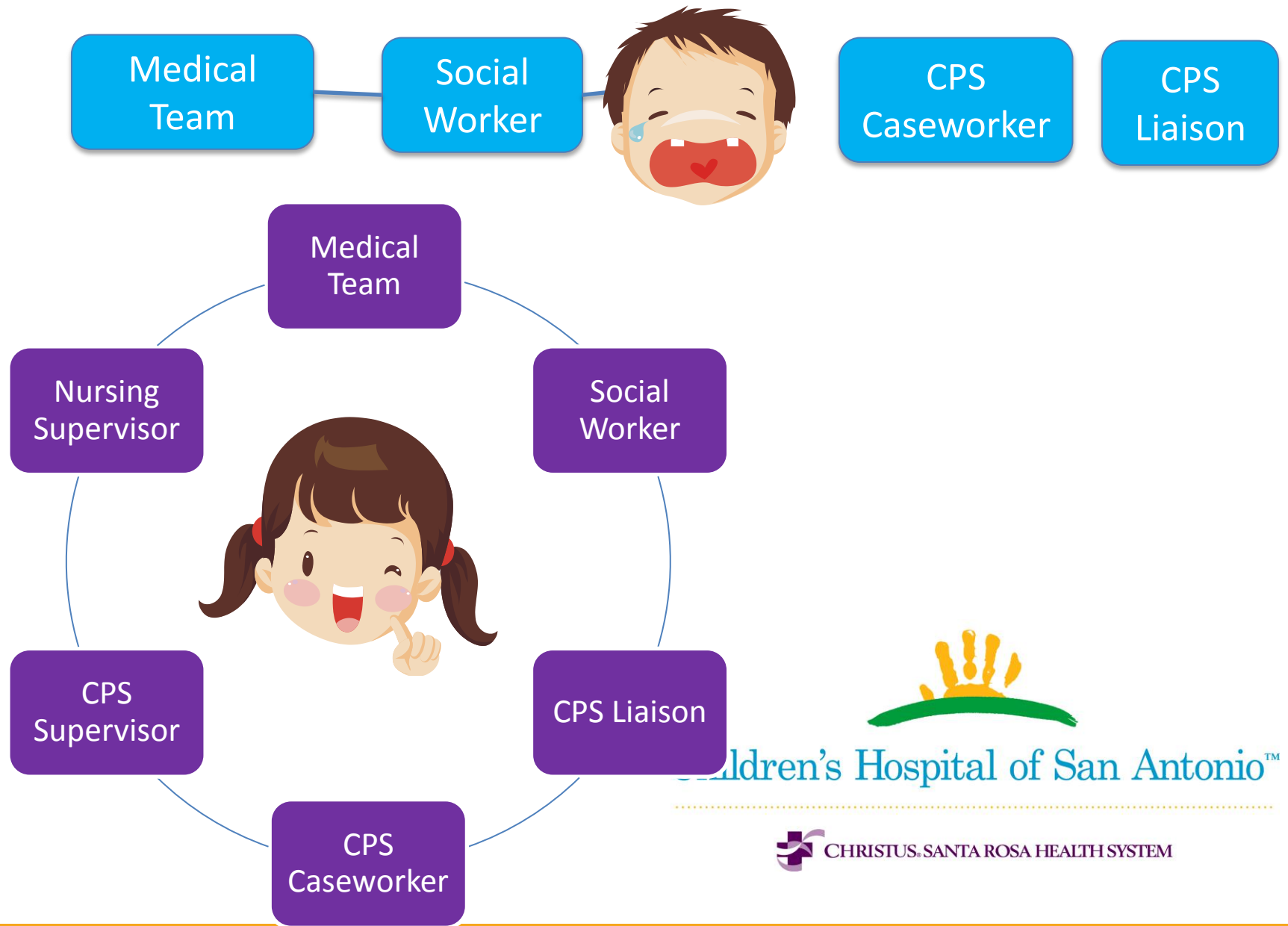
- Discharge patients when medically ready
- Develop better relationship with CPS
- Improve communications between CH of SA and CPS
- Identify patients with CPS involvement

Method

Intervention: Utilizing the Institute for Health Care Improvement Model for Improvement, we created CPS rounds which involved discussing every patient with a CPS referral daily Monday through Friday. The rounds were attended by a physician, nurses, social workers, and CPS. PDSA cycles were utilized to optimize the timing, goal and structure of these rounds with continuous feedback from stakeholders.

Metrics: We analyzed avoidable days and avoidable waste for CPS patients pre intervention (July 2013-June 2014) and post intervention (July 2014-May 2016). Avoidable days were calculated by subtracting the mean LOS for the corresponding APR-DRG code from the patient's actual length of stay. Avoidable waste was calculated by multiplying the avoidable days by the daily hospital unit cost.

Communication

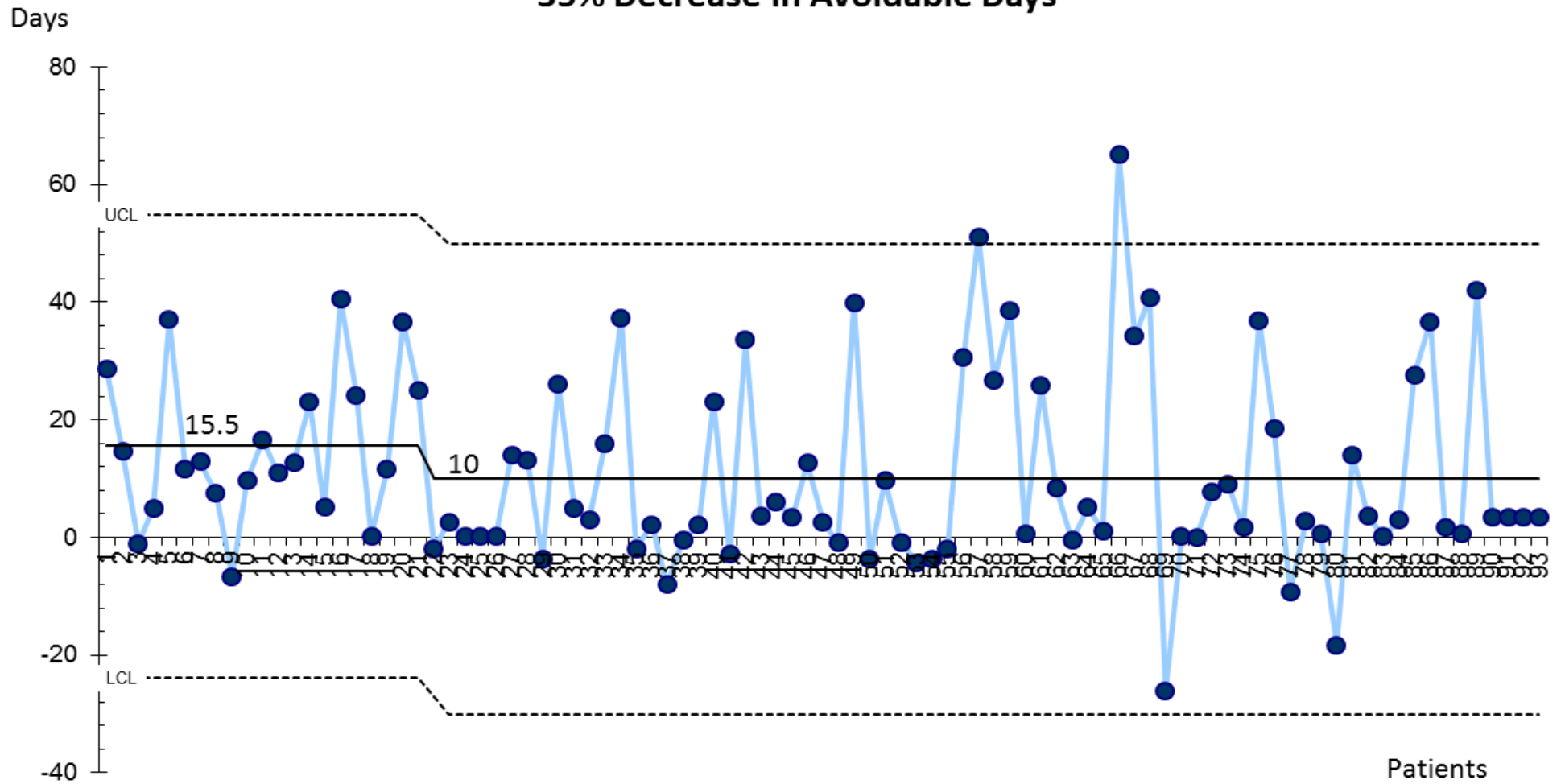


Results

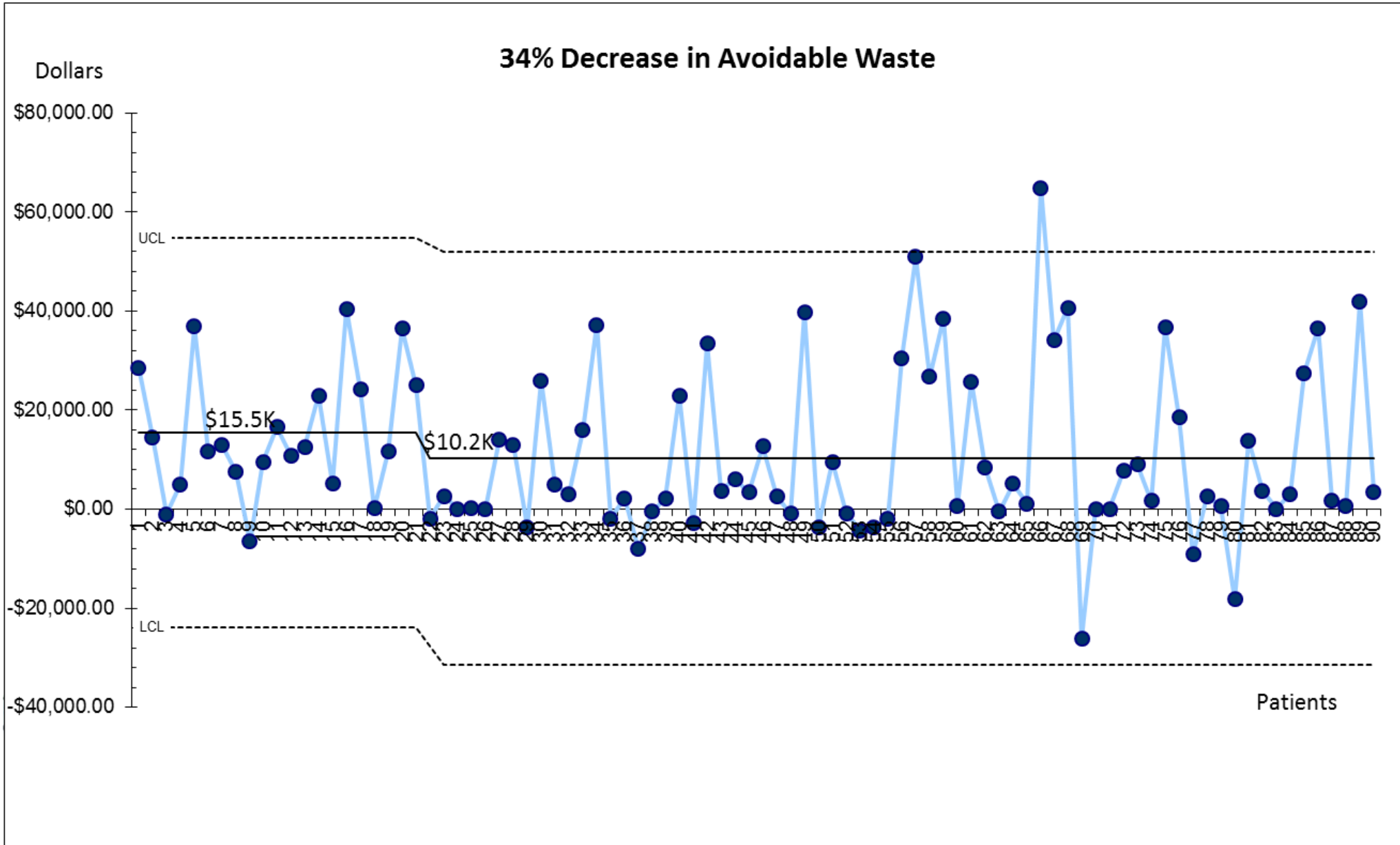
- Sustained improvement hospital wide for nearly 2 years.
- largest improvement = NICU
- Reduced Avoidable Days by 35% **[Figure 1]**
- Reduced Avoidable Waste by 34% **[Figure 2]**
- Decreased total NICU waste by over \$360,000
- No increase in readmissions

Results

35% Decrease in Avoidable Days



Results



Conclusions

- Implementation of multidisciplinary CPS rounds significantly reduces avoidable days and health care waste.
- Child physical abuse continues to be a heavy burden for our nation.
- Further QI projects are needed
 - increase the prevention of abuse
 - enhance the care of the abused patient by fostering a team approach.