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## Background

Mass General Brigham’s Faulkner Hospital (BWFH) is a 171-bed community hospital closely affiliated with Brigham and Women’s hospital (BWH), which is located 2.5 miles away. Patient care at BWFH is supported by robust access to consultation and advanced testing from subspecialists located at BWH. To access some advanced diagnostic testing and procedures, patients are physically transported to the BWH campus, and then return to BWFH via a process called a Leave of Absence “LOA”. On average LOA is used for 1-2 patients daily. While LOA has provided access to timely tertiary care for BWFH based patients, multiple stakeholders have identified patient safety issues related to this process.

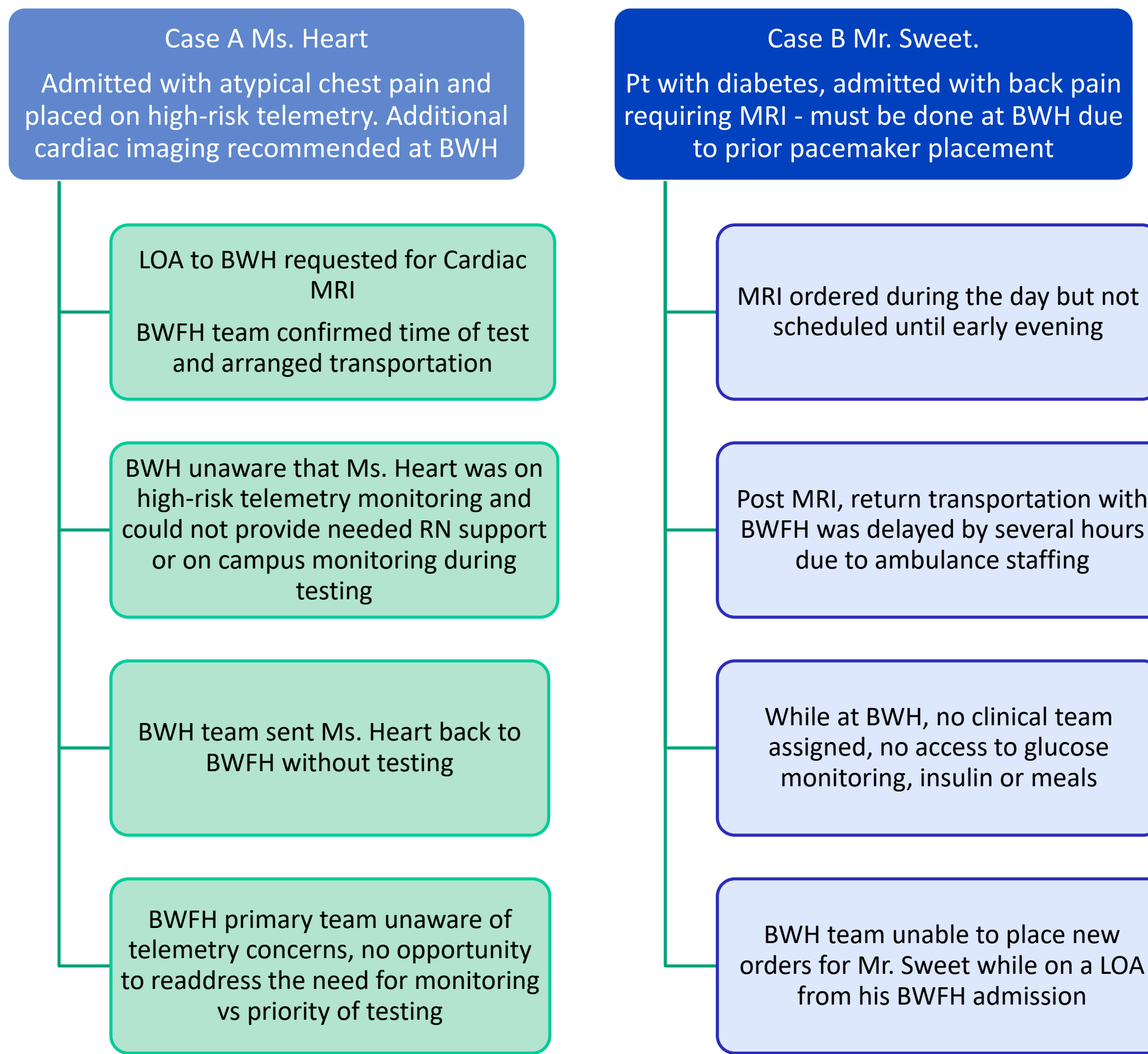
## Purpose

- Evaluate the current process for LOA from BWFH to BWH.
- Identify best practices and opportunities for quality and safety improvement for LOA
- Implement an improved process for LOA, without reducing patient access to timely advanced diagnostic or therapeutic procedures at BWH.

## Description

- Reviewed reports of patient safety events from a variety of sources including: formal patient safety reports, adverse event reports, patient and family relations, and individual interviews with medical providers
- Data collected on the volume of LOA by BWH destination department and specific test or procedure
- Qualitative interviews were conducted with all departments at both hospitals involved in the LOA process including:
  - interventional radiology
  - diagnostic imaging
  - interventional-cardiology
  - gastroenterology
  - cardiac testing
- Areas of risk included:
  - communication and coordination of care challenges
  - lack of access to nursing support
  - no designated on campus assigned clinician
  - inability to dispense necessary medications including insulin or pain medications
  - delayed patient transport back to the BWFH campus

## Examples / Results



Example cases that highlight safety events that could occur during LOA

Pre LOA check list created to anticipate and prepare for safe patient care during LOA

**Checklist for Patients Going on LOA to BWH**

For patients going to BWH on an LOA for Diagnostic Radiology studies (including MRI, PET), the patient will not be received by a nurse. Some patients going from BWFH to BWH on an LOA may require a nursing resource while on LOA.

Once the nurse acknowledges the LOA order the nurse should initiate this checklist. The BWH staff nurse and provider will utilize the below checklist to prepare for a patient's LOA and determine if a nursing resource is needed for their patient while on an LOA using the below checklist as a guide.

Considerations for All Patients	Comments
Does patient have any medications that should be administered prior to leaving and/or re-timed?	
Does patient need ALS or BLS ambulance for transfer?	
Does patient have a pacemaker?	
If yes, discuss with tech during handoff	
Does patient have contrast allergies?	

Nursing Needs Criteria	Yes	No
Patient on moderate or high risk telemetry		
High oxygen requirement (above 4 liters – if this is not patient's baseline)		
Total Care/Total Feed		
Continuous Meds (Ex. Heparin drip)		
Patient on insulin for type 1 diabetes		
Patient with dementia/Alzheimer's and concern for behavioral disturbances		

If yes to any of the above questions, please discuss with the Nursing Supervisor whether it is appropriate to request a nursing resource for patient while on LOA.

If patient requires a nursing resource, the BWH Nursing Supervisor should call the Float Pool Charge RN at BWH at 617-306-8789 to request care once need identified. The BWH Staff RN should call and provide a warm handoff.

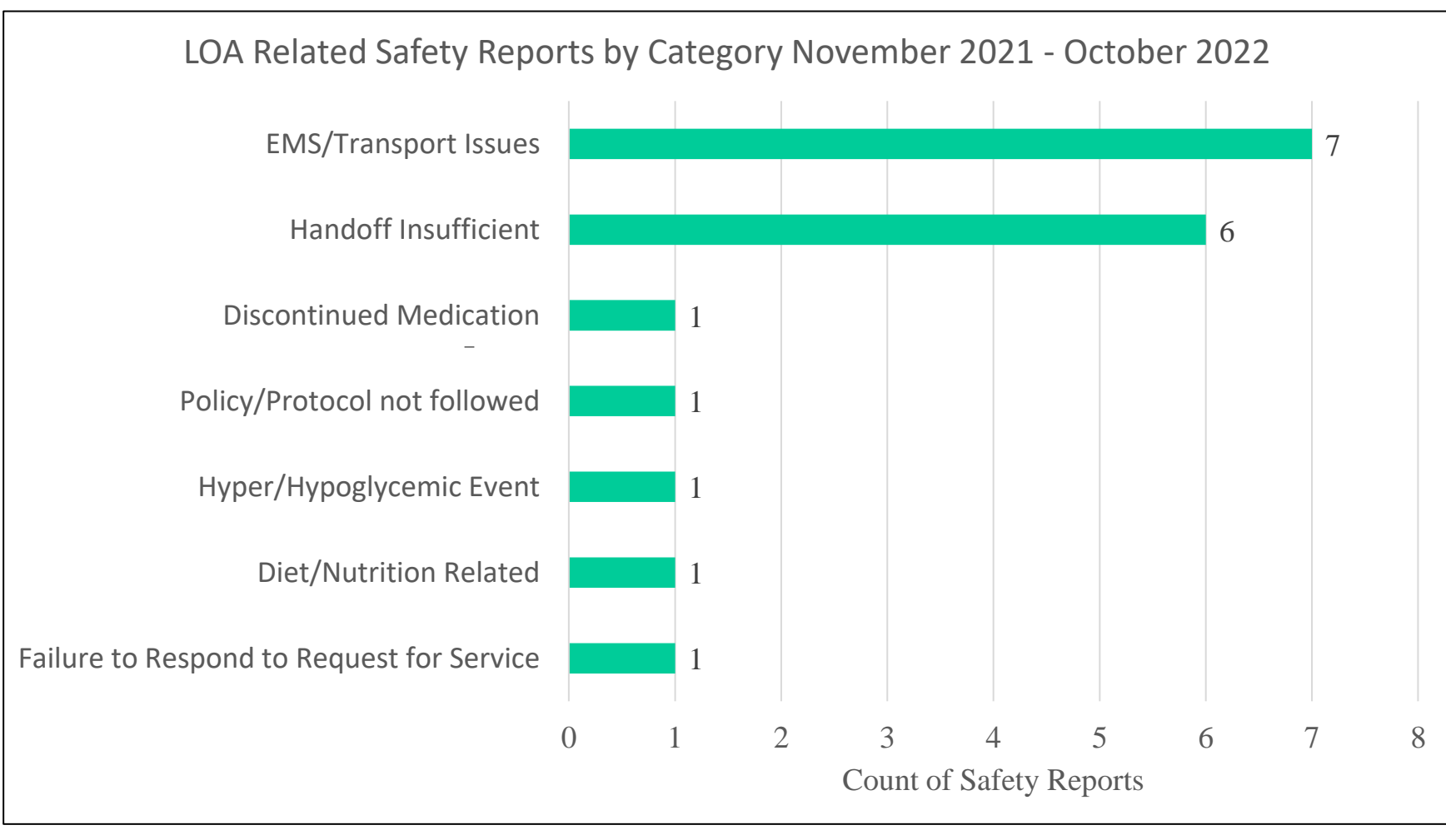
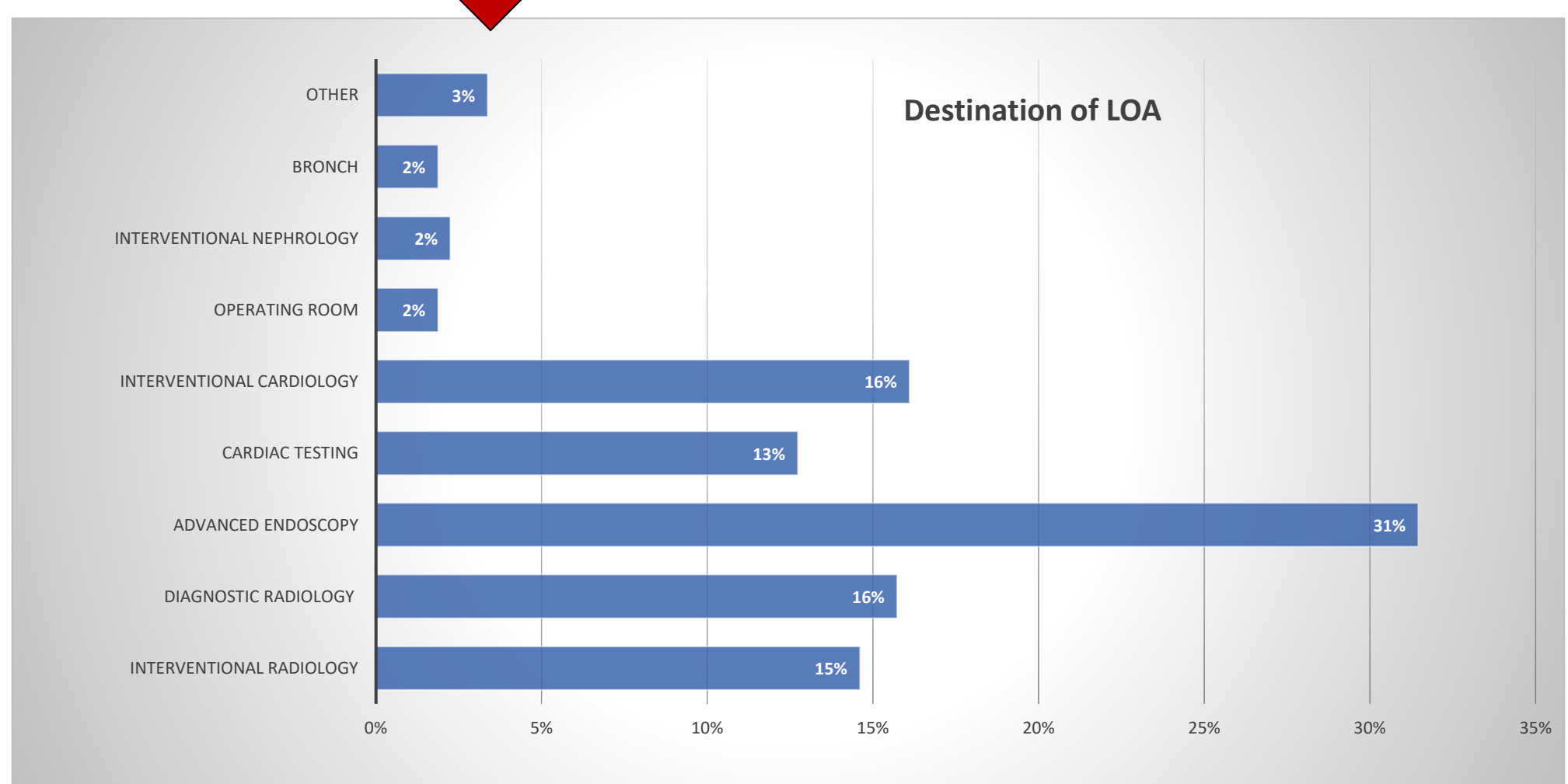
A handoff should also be provided to the team receiving the patient. Please refer to the LOA Contacts List on BWHConnect – Nursing Resources or in the Paging Directory – On Call Schedule to determine who should receive handoff and for all other workflow related questions.

For urgent issues or concerns, please follow the normal escalation policy for your area. For feedback on this form or the LOA process, please feel free to reach out to [BWHLOAFeedback@partners.org](mailto:BWHLOAFeedback@partners.org). Please return this form to Unit Secretary for placement in skinny chart.

Form Updated 12/22/22

7% of LOAs over 12 months had safety reports. Most safety reports (89%) fell into the Coordination of Care category.

Distribution of BWH destinations for LOA over a 12-month period



## Description, cont.

- Best practices models were derived from high functioning departments with enhancements built to address specific patient safety concerns.
- Multidisciplinary teams were invited from both BWFH and BWH campus to review these results and create engagement from stakeholders at both campuses
- A pre-LOA safety check list was designed (see graphic) to embed best practice work-flow consistently across all LOA
- Expectations and work-flow created for situations when on campus MD, APP and RN provider support needed, and EMR updates to support new clinical order entry when necessary

## Implementation

- Engagement with leadership across campus required multiple stake holder meetings
- Some details of nursing responsibilities for non-bedded procedures at BWH remain in discussion

## Conclusions

- Access to advanced diagnostics and therapeutics via an LOA can be a valuable element of effective care in a community hospital setting
- LOA can also present important patient safety challenges including anticipating patient risks while off campus, and coordinating the safe transition of care
- Use of a pre-screening checklist can identify high risk patients and allow pre-planning for appropriate nursing support
- Easy access to department specific transfer algorithms and contact information for LOA within the hospital EMR can provide effective guidance and improve communication and coordination of care

## Next Steps

- Continue to monitor patient safety events during LOA
- Address ongoing gaps in care coordination across campuses
- Support staff and provider education around best practices for LOA

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