

OBC:

Out

Patient

Bronchiolitis

Clinic

Created a committee:

Pediatrics Hospitalist Medical Director

Pediatric Nurse Manager

Respiratory Care Manager

Respiratory Care Charge Therapist

Pediatrics Infectious Disease Physician

Pediatrics Pharmacist

PICU Medical Director

PICU Nurse Manager

Emergency Director

Emergency Nurse Manager

Emergency Physician

Data collected:

Researched what other hospitals with an OBC were doing.

Collected policies and procedures.

Brought information to the committee.

WARM SCORE

WHEEZE

None	0
End Expiratory	1
Entire Expiratory / Any Inspiratory	2

AIRWAY

Normal	0
One Lobe Decreased	1
More than One Lobe Decreased	2

RESPIRATORY RATE

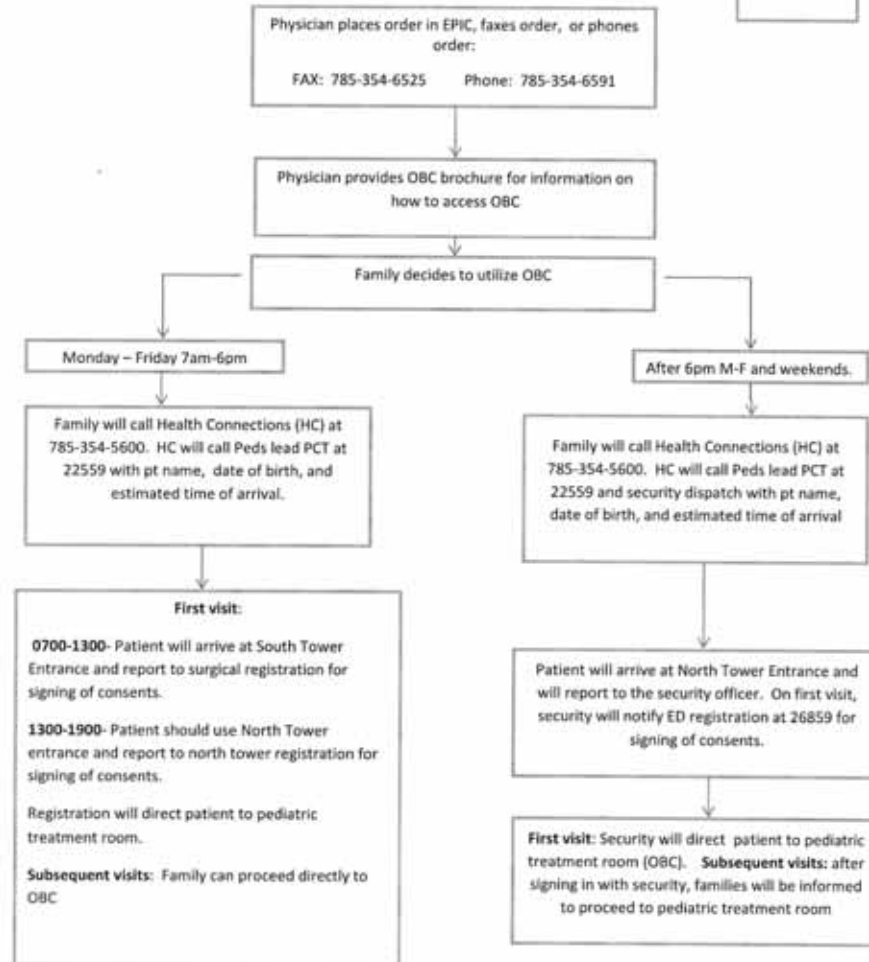
Normal	0
Tachypnea: 0-6months > 60 6-18months >50	1

MUSCLE USE

No Retractions	0
Intercostal Retractions	1
Substernal/ Supraclavicular Retractions	2

Pediatric Outpatient Bronchiolitis Clinic (OBC) Access

Revised
2/12/16



**Pediatric Outpatient Bronchiolitis Clinic (OBC) Registration process
Pediatric/ Registration Staff**

Revised
12/1/15

OBC order received on Pediatrics by fax or phone; or
entered into EPIC with Referral to OBC order

Fax: 785-354-5070
Phone: 785-354-6591

Registration of appointment
Monday – Friday 8:00am-4:30
pm

**Registration after 4:30 pm M-F and
weekends.**

*Patient in EPIC system and referral order has been placed
Pt will appear in OBC order depot- no further action needed*

*Patient in EPIC system and referral order has been placed
Pt will appear in OBC order depot- no further action needed*

*Patient in EPIC system and referral order has not been
placed
Charge RN to place "Referral to OBC" in orders only*

*Patient in EPIC system and referral order has not been
placed
Charge RN to place "Referral to OBC" in orders only*

*Patient not in EPIC system
Provide Clinical secretary with pt information so
appointment can be created
After appointment created, charge RN to enter
"Referral to OBC" in orders only account*

*Peds Charge Staff: Check in OBC order depot for patient.
For patient not found in EPIC: complete Series Admission
sheet and FAX to 25092 for creation of EPIC appointment
After appointment is created, charge RN to enter "Referral
to OBC" in orders only account*

**RN- Enter Outpatient Bronchiolitis Order set for
each patient on first visit**

**Family will call Health Connections (HC) at
785-354-5600. Health Connections will obtain
name, date of birth, and approximate time of
arrival. HC will call Pediatrics Lead PCT, and
security dispatch after hours**

See patient access algorithm

Education Provided to:

Physicians: Pediatricians, Family Practice

Respiratory Therapy Staff

Pediatrics Staff: Nurses and Patient Care Tech's

Health Connections Staff

Prescription's written by any physician for the
Out Patient Bronchiolitis Clinic (OBC)

2014-2015 Prescription good for 7 days

2015-2016 Prescription good for 10 days

Up to Four visits a day

Orders placed in EPIC, Faxed or Phoned in to the
Pediatric department.

Physician provides an OBC brochure that outlines
how to access this service.

OBC is open 24 hours a day.

First family visit they call Health Connections (HC) and give patient information and an estimated time of arrival.

Monday thru Friday 7 a.m. to 6 p.m.

HC then calls the lead PCT with the patient name, date of birth and estimated time of arrival.

After 6 p.m. and weekends

HC then calls the lead PCT and SECURITY with the patient name, birthdate and estimated time of arrival

Upon patient's first visit consent forms need filed out. Depending on the time of day Stormont Vail Health utilizes the Surgical, North Tower and Emergency Room registrar's.

Registration will direct patient to pediatrics and after hours and weekends security will direct patient to pediatrics.

Pediatric RN places OBC order set into EPIC.

Upon patient arrival lead PCT will greet the family and call RT to notify them of an OBC patient.

The PCT will verify patient information, drag OBC orders into the snapboard in EPIC.

PCT then documents time of arrival, obtains weight, document intake and output history, and obtain basic vital signs (Temp, HR, RR, SaO₂ and cap refill).

Respiratory Therapist:

WARM scores the patient.

Performs suctioning.

Post WARM scores. If post score ≥ 4 notifies pediatric hospitalist. If post score ≤ 3 RT provides education and discusses follow up plan.

Education includes using Bulb Suction at home.

RT documentation: WARM score pre and post interventions, education provided to family and time patient left in a progress note.

On first visit provide parental survey to family.

Bulb Syringe Suctioning

Why is this important?

Babies cannot clear mucous from their noses like adults can. Parents need to help their baby breathe easier by clearing the mucous with a bulb syringe. Keeping the nose clear from excess mucous will help the baby breathe, feed and sleep easier.

What is needed?

- Bulb Suction Syringe
- Tissues
- Saline

When is suctioning needed?

- When baby's nose is stuffy
- When baby is having difficulty breathing or noisy breathing
- Before baby eats, baby will eat better if nose is clear

How to suction using bulb syringe:

1. Instill 2 drops of saline into one side of the nose. (Baby may sneeze after drops are given).
2. Squeeze the bulb to push air out.
3. Keeping the bulb squeezed, gently insert tip of bulb into baby's nose on the side where saline was used.
4. Release the bulb, while tip is still in baby's nose, allowing mucous to enter the bulb syringe.
5. Gently remove the bulb syringe from the baby's nose.
6. Squeeze bulb into tissue to remove mucous.
7. Repeat steps on the other side of nose.
8. May suction each side as needed to clear mucous.
9. Clean baby's nose and face from any remaining mucous.
10. Clean bulb syringe before storing.

How to clean bulb syringe:

Place bulb syringe in a bowl of warm soapy water. Squeeze bulb repeatedly to allow soapy water in and out of the bulb. After cleaning with the soapy water, repeat using fresh, clean water (no soap). Clean as needed, at least once a day.

Bulb syringes should not be shared between other children and should be discarded after illness.

To get the most suction, use the bulb correctly (see picture):

1. Bulb should be placed in palm of hand.
2. The tip of the bulb should be between the first and second fingers.
3. To push all the air out of the bulb, squeeze bulb all the way in with your thumb prior to inserting the tip into baby's nose. This allows for more suction once the bulb is released.



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Pediatric Staff: Wipe down all surfaces, equipment and replenish any supplies needed.

Each patient has a treatment bag with suction tubing and a treatment bag with a BBG, saline bullets, SaO₂ probe and charge card. Tubing bag is placed inside the other bag marked with patient name and start and end date of prescription.

The OBC clinic is on the pediatric floor.

One room serves as the waiting room where the vital signs are taken.

A second room is where services are provided.

This room is a droplet isolation room. All patient treatment bags hang on hooks. The suction canister has been covered with colored paper to help with a more pleasant environment. A pediatric stethoscope is provided and cleaned between each patient.

OBC Utilization:

Dec. 2014-May 2015

# of Patient Referrals	347	
# of Patients that visited	183	(53%)
# of total visits	419	

Dec. 2015-May 2016

# of Patient Referrals	611	
# of Patients that visited	364	(60%)
# of total visits	1508	

DATA:

2014

Bronchiolitis admissions: 88

Average Length of Stay increased from 50.8 hours to 62 hours. This increase was due to admitting the sickest patients and utilizing the OBC.

Decrease in chest xray's and the administration of steroids in the emergency room.

An increase in the utilization of WARM scoring.

DATA:

2015-2016

Cost of OBC visit: \$148.66

Cost of 1 Hospital day: \$1,473.00

Cost of Emergency Room visit: \$967.00

2015-2016 OBC data showed Emergency Room

Bronchiolitis patient discharges: 181

Reduction in return visits to the Emergency Room

Patient admissions from the OBC: 32

Patient Survey results:

How satisfied with care received:

Very Satisfied/Excellent: 70%

Would have returned to the emergency room
without the OBC: 50%

Physician Survey:

How easy was the referral process:

Very Easy 68%

Somewhat Easy 32%

How many days should a patient be seen at the OBC before re-visiting their PCP:

4-6 days 47%

7-8 days 33%

No days 30%

Physician suggestions/remarks:

Good for emergency room physician's to refer patient's to OBC.

Suggest leaving OBC clinic open until June 1st.

Have year round availability.

This is one of the best services for patients as well as parents.

2015-2016 OBC stayed open until June 1st with the 10 day script, up to 4 visits per day.

After June 1st OBC could be utilized with a script for only 48 hours, up to 4 visits per day.

Looking at reducing the script for 2016-2017 back to 7 days with up to 4 visits per day. Utilization after the 7th day was minimal.

Physicians are able to order the OBC after the expiration of a previous order.

