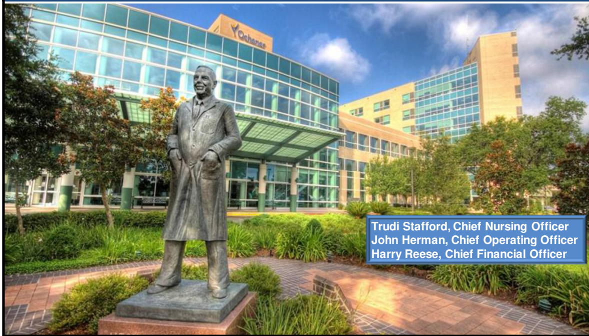
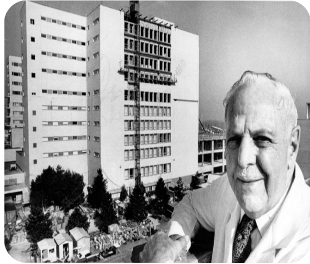
Ochsner Medical Center – New Orleans

Ensuring Access for the Next Patient Through Improved Communication



Why Ochsner Exists….



"Our Goal is to Keep People Well and Functioning"
-Alton Ochsner, MD

Ochsner Health System

Profile

- 380K Unique Patients
- $2.3B in Revenue
- Largest Integrated Health System in Gulf Coast
- 12 Hospitals and 45 Health Centers
- 1,200 Clinically Integrated Physicians
- Largest Private Employer in Louisiana
- Top 15 Large Teaching Hospital in U.S.

Nationally Recognized Quality

- Top 1% Clinical Quality in U.S.
- Top 100 Hospitals in U.S.
- Ranked in 9 Specialties
- #2 Overall Hospital Care in U.S.
- Top Liver Transplant Center in U.S.

Ochsner Health System Locations

St. Tammany Parish Hosp
Covington, LA
JOA

OMC-BR
Baton Rouge, LA
Owned

Hancock
Bay St. Louis, MS
Managed

OMC-NS
Slidell, LA
Owned

River Parishes
LaPlace, LA
Owned

OMC-K
Kenner, LA
Owned

OMC
New Orleans, LA
Owned

Baptist
New Orleans, LA
Owned

St Charles Parish
Luling, LA
Managed

OMC-WB
Gretna, LA
Owned

St. Anne
Raceland, LA
Leased/Managed

Chabert
Houma, LA
Managed

LEGEND
OHS Clinics
OHS Hospitals

OHS Patients by State

Patients by State
>250
101 to 250
26 to 100
1 to 25

12 months from Jan 2014 to Jan 2015; No exclusions; any OHS patient
Data Source: EDW (LM)
Prepared by: Planning & Analysis (AWS)

2014 OHS Patients by Country

In 2014, patients from 90 countries were cared for at Ochsner facilities.

Patients by Country
11 to 230 (exc USA)
6 to 10
3 to 5
1 to 2

Data Source: OHS International Dept
Prepared by: Planning & Analysis (AWS)

Continued Excellence in Quality

CARECHEX
A Rating Service of The Delta Group

Overall Hospital Care:
#8 In Nation,
#1 & #2 in State

Overall Medical Care:
#1 in State & Top 100 in Nation

Overall Surgical Care:
#1 in Market

20 Different Specialties:
#1 in Market
#1 in State

BEST HOSPITALS US News & World Report NATIONAL RANKED IN 9 SPECIALTIES 2014-15

- #28 in Diabetes & Endocrinology
- #36 in Ear, Nose and Throat
- #18 in Gastroenterology & GI Surgery
- #46 in Geriatrics
- #34 in Nephrology
- #24 in Neurology & Neurosurgery
- #41 in Orthopedics
- #26 in Pulmonology
- #46 in Urology

TRUVEN HEALTH ANALYTICS 100 TOP HOSPITALS

THE LEAPFROG GROUP

DISTINGUISHED HOSPITAL CLINICAL EXCELLENCE 2015 healthgrades

AMERICA'S 100 BEST HOSPITALS 2015 healthgrades

BECKER'S Hospital Review

OMC New Orleans
Facts

- 556 Beds
- 650 Employed Providers
  - Over 80 specialties and subspecialties
- One of the largest independent academic medical centers in U.S.
  - 200 residents in 19 programs
- Multi-Organ Transplant Institute

OMC New Orleans
Figures (2014)

- 25,537 Discharges
- 62,532 ER Visits
- 10,791 OP Surgeries
- 8,363 IP Surgeries
- 415 Organ Transplants
- 6,442 Transfers through Regional Referral Center

The Case for Improved Throughput

- OMC-NO strategy focused on inpatient growth
  - Regionally: the preferred referral center for the Gulf South
  - Internationally: Transplant program; relationships with Australia, Saudi Arabia, Central and South America
- Success has led to capacity issues
  - Greater than 90% occupancy
  - Added critical care capacity - filled immediately
- Length of stay opportunities
  - Observed LOS exceeding expected LOS (Truven)
  - Transfer patients stay 25% longer than expected (2 days)

Other Factors Impacting Capacity

- Excessive readmissions
  - Penalized by Medicare
  - Full risk for 16,000 MA lives and 10,000 employees
- Majority of discharges occur late in day
  - > 15% by noon; > 35% by 2p
  - Leads to patients being held in ER and PACU waiting for beds
  - Lower satisfaction with discharge process
- Bottlenecks lead to lost admissions
  - ER Saturation/Diversion
  - Patients leaving ER without being seen

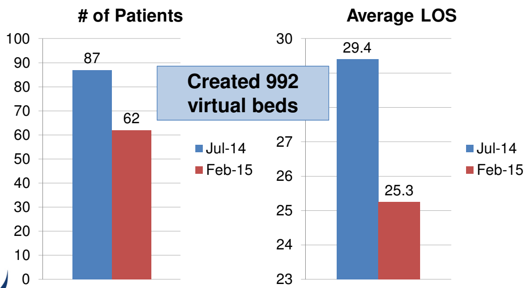
Our Challenge

- How do we better transition patients through the care continuum to allow for continued growth?
- How do we get the **right patient** in the **right bed** at the **right time**?
  - Evaluate case management model
  - Implement daily multidisciplinary huddles
  - Institute patient placement processes
  - Build accountability and sustainability

Case Management Redesign
"Pace the Case"

- Shift in culture from utilization managers and discharge planners to ***Transition Navigators***
  - Case manager will handle both UM/DP responsibilities
  - Service-based vs. unit-based assignments
  - Ensure appropriate level of care (inpt vs obs vs outpt)
  - Discharge evaluations initiated within 24 hrs of admission
- Establish weekly "Clinical High Risk" meeting
  - Patients who have been in-house for an extended time
- Implemented Physician Advisor program
  - Advocates for CM/SW

Outlier Management: Clinical High Risk Meetings



Daily Multidisciplinary Huddles

- Implemented on all med/surg, step-down and critical care units (17 total)
- Participants include MD, CM, SW, RN, Pharm, PT/OT and post-acute
- Essentials of every huddle:
  - Discuss expected discharge date (EDD)
  - Medical milestones
  - Discharge needs/barriers
  - Patient/family communication
- Use EDD to drive patient placement and bed prioritization

Daily Multidisciplinary Huddles

- Where was the patient prior to admission?
  - Home, home with home health, nursing home, snf, ltac, rehab
  - Is the patient capable to return to that setting?
- Why is the patient here?
  - Diagnosis, procedure, elective, non-elective, readmit, high risk patient
- *Does the patient have telemetry, tubes, lines, drains, Foley, oxygen?
  - Can any/all be discontinued?
  - Does the patient need to continue any/all upon discharge?

* Existing patient

Daily Multidisciplinary Huddles

- *Where is the patient going upon discharge?
  - PT/OT requirements
  - Needs identified in the discharge planning assessment
  - Needs identified by the physician
  - Needs identified by the patient/family
- *What is the earliest expected discharge date?
  - Has the patient/family been notified of the earliest discharge date?
  - Can the patient be discharged today? If no, why not?
  - Did we miss the expected date of discharge? If yes, why?

* Existing patient

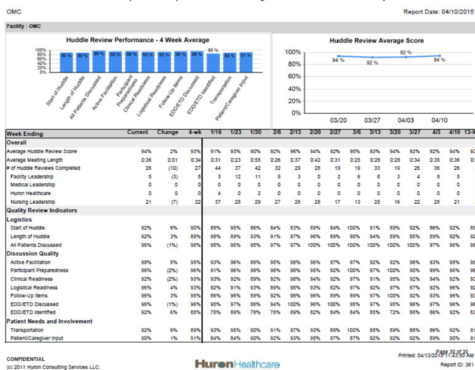
Daily Multidisciplinary Huddles

- *What are the barriers to the patient moving to the next level of care?
  - What is the patient/family's concern with moving to the next level of care?
  - Transportation?
  - Funding for medications?
  - Follow-up appointment/transportation to follow-up appointment?
  - Is there an alternative discharge plan?

* Existing patient

Daily Multidisciplinary Huddles

- Leverage physician leadership
  - Create clear roles and responsibilities
    - Physician advisors
    - Unit-based medical directors



Clinical Operations: Inpatient Flow - Care Progression Huddle Review Summary

OMC

Report Date: 04/10/2015

Facility : OMC

Week Ending	Current	Change	4-wk	1/16	1/23	1/30	2/6	2/13	2/20	2/27	3/6	3/13	3/20	3/27	4/3	4/10	13-Wk
Overall																	
Average Huddle Review Score	94%	2%	93%	91%	93%	90%	92%	96%	94%	92%	95%	93%	94%	92%	92%	94%	93%
Average Meeting Length	0:36	0:01	0:34	0:31	0:23	0:55	0:26	0:37	0:42	0:31	0:25	0:28	0:28	0:34	0:35	0:36	0:34
# of Huddle Reviews Completed	26	(10)	27	44	37	42	32	29	28	19	19	33	19	26	36	26	30
Facility Leadership	5	(3)	5	3	12	11	5	3	0	2	6	8	3	4	8	5	5
Medical Leadership	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Huron Healthcare	0	0	0	4	0	2	0	0	0	0	0	0	0	0	0	0	0
Nursing Leadership	21	(7)	22	37	25	29	27	26	28	17	13	25	16	22	28	21	24
Quality Review Indicators																	
Logistics																	
Start of Huddle	92%	6%	90%	88%	95%	86%	84%	83%	89%	84%	100%	91%	89%	92%	86%	92%	89%
Length of Huddle	92%	3%	89%	98%	89%	93%	91%	97%	96%	89%	95%	94%	89%	85%	89%	92%	92%
All Patients Discussed	96%	(1%)	98%	98%	95%	95%	97%	97%	100%	100%	100%	100%	100%	100%	97%	96%	98%
Discussion Quality																	
Active Facilitation	98%	5%	95%	93%	96%	88%	95%	98%	96%	97%	97%	92%	92%	96%	93%	98%	95%
Participant Preparedness	96%	(2%)	96%	91%	96%	98%	98%	98%	95%	92%	100%	97%	100%	90%	99%	96%	96%
Clinical Readiness	92%	(2%)	93%	93%	92%	89%	92%	98%	94%	92%	97%	91%	95%	92%	94%	92%	93%
Logistical Readiness	96%	4%	93%	92%	91%	93%	89%	95%	93%	82%	97%	92%	97%	87%	92%	96%	92%
Follow-Up Items	96%	3%	95%	86%	96%	88%	92%	98%	96%	89%	89%	97%	100%	92%	93%	96%	93%
EDD/ETD Discussed	96%	(1%)	96%	95%	97%	86%	94%	100%	96%	100%	95%	97%	95%	96%	97%	96%	96%
EDD/ETD Identified	92%	6%	85%	75%	89%	78%	78%	89%	82%	84%	84%	85%	72%	88%	86%	92%	83%
Patient Needs and Involvement																	
Transportation	92%	6%	89%	93%	95%	90%	91%	97%	93%	89%	100%	85%	89%	88%	86%	92%	91%
Patient/Caregiver Input	90%	1%	91%	84%	84%	90%	92%	93%	95%	97%	87%	92%	92%	92%	89%	90%	91%

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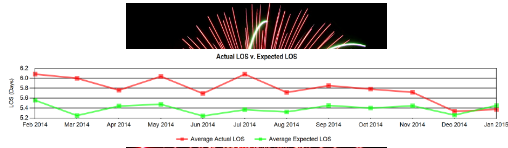
Patient Placement

- Implement a centralized model to improve capacity management
- Update “Patient Placement Matrix” with goal to better cohort patients
- Accelerate Epic bed board utilization
- Leverage house supervisors to manage bed capacity
- Establish a “Capacity Alert” plan

Accountability and Sustainability

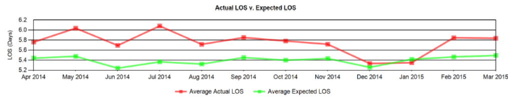
EARLY WINS !!

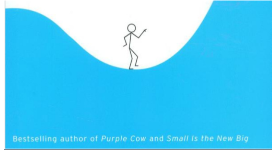


Accountability and Sustainability

REALITY

the dip





Accountability and Sustainability

WHAT IS IMPORTANT ?

Accountability and Sustainability

WE ARE HERE FOR THE PATIENTS.

Accountability and Sustainability

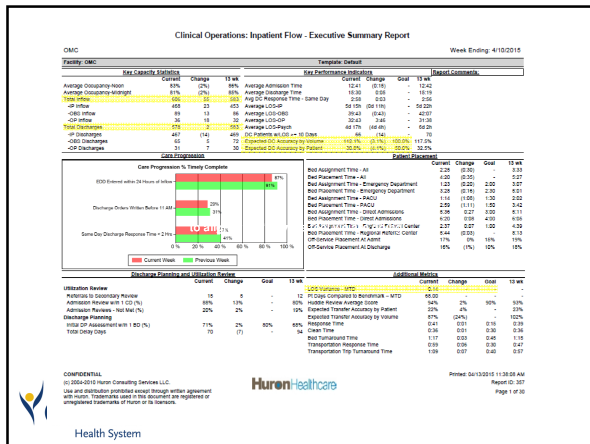
MANAGEMENT ?

- **Clear Goal statement**
- **Praise / Recognize good behaviors**
- **Coach through bad behaviors**

THIS WILL BE HARD

Accountability and Sustainability

- Weekly “Patient Progression” meeting
  - Discuss multidisciplinary huddles successes/barriers
  - Share capacity issues and solve collectively
- Consistently discuss Key Dashboard Reports
  - Full transparency
  - Ensure integrated (MD, RN, Case Manager) patient flow
  - **Align with “how we feel we are doing”**



Clinical Operations: Inpatient Flow - Executive Summary Report

OMC — Week Ending: 4/10/2015

Facility: OMC — **Template: Default**

Key Capacity Statistics

	Current	Change	13 wk
Average Occupancy-Noon	83%	(2%)	86%
Average Occupancy-Midnight	81%	(2%)	85%
Total Inflow	606	55	583
-IP Inflow	468	23	453
-OBS Inflow	89	13	86
-OP Inflow	36	18	32
Total Discharges	578	2	583
-IP Discharges	467	(14)	469
-OBS Discharges	65	5	72
-OP Discharges	31	7	30

Key Performance Indicators

	Current	Change	Goal	13 wk
Average Admission Time	12:41	(0:15)	-	12:42
Average Discharge Time	15:30	0:05	-	15:19
Avg DC Response Time - Same Day	2:58	0:03	-	2:56
Average LOS-IP	5d 15h	(0d 11h)	-	5d 22h
Average LOS-OBS	39:43	(0:43)	-	42:07
Average LOS-OP	32:43	3:46	-	31:38
Average LOS-Psych	4d 17h	(4d 4h)	-	6d 2h
DC Patients w/LOS >= 10 Days	66	(14)	-	70
Expected DC Accuracy by Volume	112.1%	(3.1%)	100.0%	117.5%
Expected DC Accuracy by Patient	30.8%	(4.1%)	50.0%	32.5%

Report Comments:

Care Progression

Care Progression % Timely Complete

	Current Week	Previous Week
EDD Entered within 24 Hours of Inflow	87%	91%
Discharge Orders Written Before 11 AM	29%	31%
Same Day Discharge Response Time < 2 Hrs	[illegible]	41%

Patient Placement

	Current	Change	Goal	13 wk
Bed Assignment Time - All	2:25	(0:30)	-	3:33
Bed Placement Time - All	4:20	(0:35)	-	5:27
Bed Assignment Time - Emergency Department	1:23	(0:20)	2:00	3:07
Bed Placement Time - Emergency Department	3:28	(0:16)	2:30	5:01
Bed Assignment Time - PACU	1:14	(1:08)	1:30	2:02
Bed Placement Time - PACU	2:59	(1:11)	1:50	3:42
Bed Assignment Time - Direct Admissions	5:36	0:27	3:00	5:11
Bed Placement Time - Direct Admissions	6:20	0:08	4:00	6:05
Bed Assignment Time - Regional Referral Center	2:37	0:07	1:00	4:39
Bed Placement Time - Regional Referral Center	5:44	(0:03)	-	8:13
Off-Service Placement At Admit	17%	0%	15%	19%
Off-Service Placement At Discharge	16%	(1%)	10%	18%

Discharge Planning and Utilization Review

	Current	Change	Goal	13 wk
Utilization Review				
Referrals to Secondary Review	15	5	-	12
Admission Review w/in 1 CD (%)	88%	13%	-	80%
Admission Reviews - Not Met (%)	20%	2%	-	19%
Discharge Planning				
Initial DP Assessment w/in 1 BD (%)	71%	2%	80%	68%
Total Delay Days	70	(7)	-	94

Additional Metrics

	Current	Change	Goal	13 wk
LOS Variance - MTD	0.14	-	-	-
Pt Days Compared to Benchmark – MTD	68.00	-	-	-
Huddle Review Average Score	94%	2%	90%	93%
Expected Transfer Accuracy by Patient	22%	4%	-	23%
Expected Transfer Accuracy by Volume	87%	(24%)	-	102%
Response Time	0:41	0:01	0:15	0:39
Clean Time	0:36	0:01	0:30	0:36
Bed Turnaround Time	1:17	0:03	0:45	1:15
Transportation Response Time	0:59	0:06	0:30	0:47
Transportation Trip Turnaround Time	1:09	0:07	0:40	0:57

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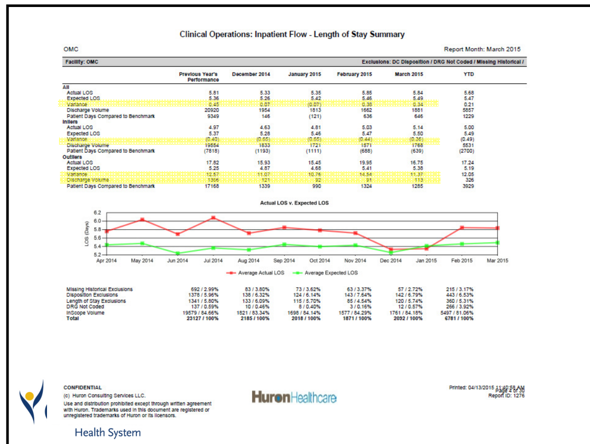
Health System



Clinical Operations: Inpatient Flow - Length of Stay Summary

OMC — Report Month: March 2015

Facility: OMC — **Exclusions: DC Disposition / DRG Not Coded / Missing Historical /**

	Previous Year's Performance	December 2014	January 2015	February 2015	March 2015	YTD
All						
Actual LOS	5.81	5.33	5.35	5.85	5.84	5.68
Expected LOS	5.36	5.26	5.42	5.46	5.49	5.47
Variance	0.45	0.07	(0.07)	0.38	0.34	0.21
Discharge Volume	20920	1954	1813	1662	1881	5857
Patient Days Compared to Benchmark	9349	146	(121)	636	646	1229
Inliers						
Actual LOS	4.97	4.63	4.81	5.03	5.14	5.00
Expected LOS	5.37	5.28	5.46	5.47	5.50	5.49
Variance	(0.40)	(0.65)	(0.65)	(0.44)	(0.36)	(0.49)
Discharge Volume	19554	1833	1721	1571	1768	5531
Patient Days Compared to Benchmark	(7818)	(1193)	(1111)	(688)	(639)	(2700)
Outliers						
Actual LOS	17.82	15.93	15.45	19.95	16.75	17.24
Expected LOS	5.25	4.87	4.68	5.41	5.38	5.19
Variance	12.57	11.07	10.76	14.54	11.37	12.05
Discharge Volume	1366	121	92	91	113	326
Patient Days Compared to Benchmark	17168	1339	990	1324	1285	3929

	Previous Year's Performance	December 2014	January 2015	February 2015	March 2015	YTD
Missing Historical Exclusions	692 / 2.99%	83 / 3.80%	73 / 3.62%	63 / 3.37%	57 / 2.72%	215 / 3.17%
Disposition Exclusions	1378 / 5.96%	138 / 6.32%	124 / 6.14%	143 / 7.64%	142 / 6.79%	443 / 6.53%
Length of Stay Exclusions	1341 / 5.80%	133 / 6.09%	115 / 5.70%	85 / 4.54%	120 / 5.74%	360 / 5.31%
DRG Not Coded	137 / 0.59%	10 / 0.46%	8 / 0.40%	3 / 0.16%	12 / 0.57%	266 / 3.92%
InScope Volume	19579 / 84.66%	1821 / 83.34%	1698 / 84.14%	1577 / 84.29%	1761 / 84.18%	5497 / 81.06%
Total	**23127 / 100%**	**2185 / 100%**	**2018 / 100%**	**1871 / 100%**	**2092 / 100%**	**6781 / 100%**

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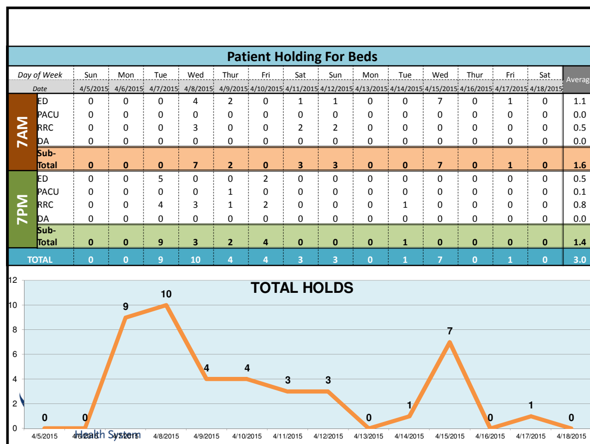
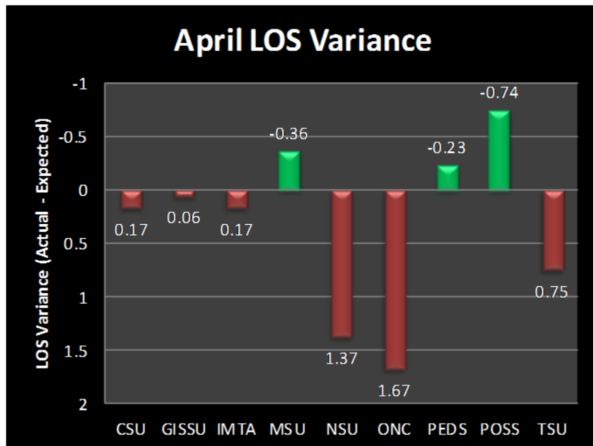
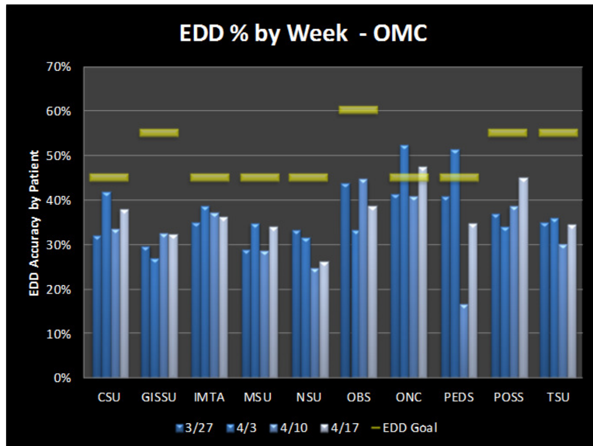


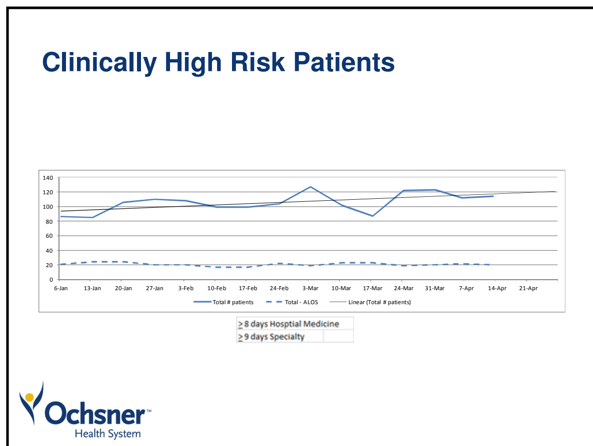
Patient Holding For Beds

	Day of Week	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Average
	Date	4/5/2015	4/6/2015	4/7/2015	4/8/2015	4/9/2015	4/10/2015	4/11/2015	4/12/2015	4/13/2015	4/14/2015	4/15/2015	4/16/2015	4/17/2015	4/18/2015	
7AM	ED	0	0	0	4	2	0	1	1	0	0	7	0	1	0	1.1
	PACU	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
	RRC	0	0	0	3	0	0	2	2	0	0	0	0	0	0	0.5
	DA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
	Sub-Total	0	0	0	7	2	0	3	3	0	0	7	0	1	0	1.6
7PM	ED	0	0	5	0	0	2	0	0	0	0	0	0	0	0	0.5
	PACU	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0.1
	RRC	0	0	4	3	1	2	0	0	0	1	0	0	0	0	0.8
	DA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
	Sub-Total	0	0	9	3	2	4	0	0	0	1	0	0	0	0	1.4
TOTAL		0	0	9	10	4	4	3	3	0	1	7	0	1	0	3.0

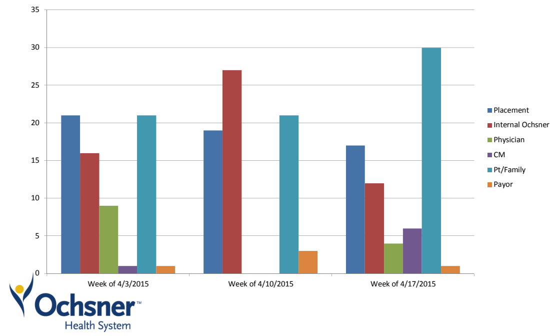
Health System


April LOS Variance
LOS Variance (Actual - Expected)
-1
-0.5
0
0.5
1
1.5
2
0.17
0.06
0.17
-0.36
1.37
1.67
-0.23
-0.74
0.75
CSU
GISSU
IMTA
MSU
NSU
ONC
PEDS
POSS
TSU

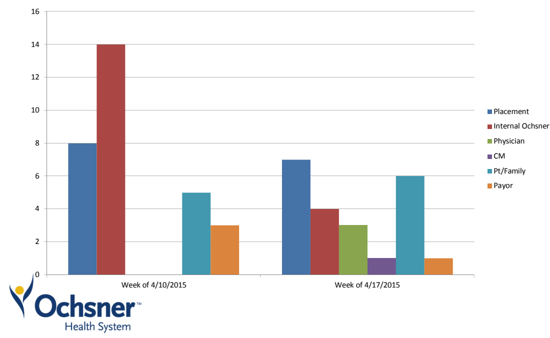

EDD % by Week - OMC
EDD Accuracy by Patient
70%
60%
50%
40%
30%
20%
10%
0%
CSU
GISSU
IMTA
MSU
NSU
OBS
ONC
PEDS
POSS
TSU
3/27
4/3
4/10
4/17
EDD Goal


Clinically High Risk Patients
140
120
100
80
60
40
20
0
6-Jan
13-Jan
20-Jan
27-Jan
3-Feb
10-Feb
17-Feb
24-Feb
3-Mar
10-Mar
17-Mar
24-Mar
31-Mar
7-Apr
14-Apr
21-Apr
Total # patients
Total - ALOS
Linear (Total # patients)
≥ 8 days Hosptial Medicine
≥ 9 days Specialty
Ochsner
Health System

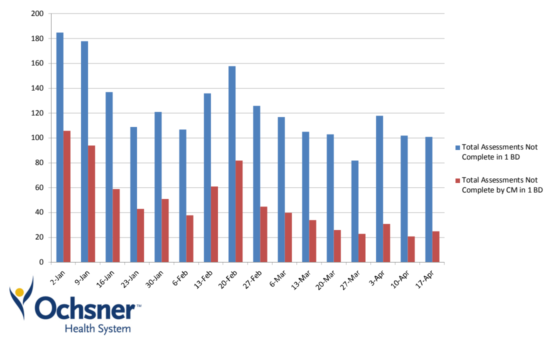
Avoidable Days - April

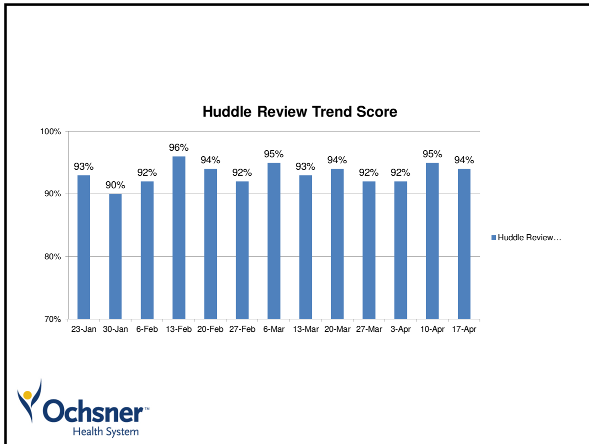


Avoidable Days – Number of Patients

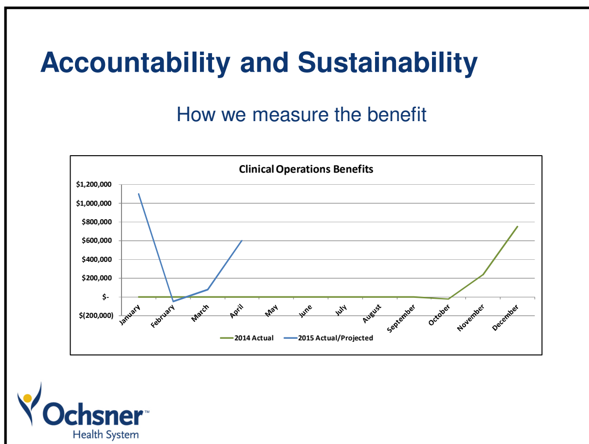


Discharge Planning Assessments




Huddle Review Trend Score
100%
90%
80%
70%
93%
90%
92%
96%
94%
92%
95%
93%
94%
92%
92%
95%
94%
23-Jan
30-Jan
6-Feb
13-Feb
20-Feb
27-Feb
6-Mar
13-Mar
20-Mar
27-Mar
3-Apr
10-Apr
17-Apr
Huddle Review...
Ochsner
Health System

Accountability and Sustainability
WHERE WE ARE TODAY
Actual LOS v. Expected LOS
LOS (Days)
6.2
6.0
5.8
5.6
5.4
5.2
May 2014
Jun 2014
Jul 2014
Aug 2014
Sep 2014
Oct 2014
Nov 2014
Dec 2014
Jan 2015
Feb 2015
Mar 2015
Apr 2015
Average Actual LOS
Average Expected LOS
Ochsner
Health System


Accountability and Sustainability
How we measure the benefit
Clinical Operations Benefits
$1,200,000
$1,000,000
$800,000
$600,000
$400,000
$200,000
$-
$(200,000)
January
February
March
April
May
June
July
August
September
October
November
December
2014 Actual
2015 Actual/Projected
Ochsner
Health System

QUESTIONS?