



Take These Actions to Immediately Improve Patient Throughput

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Results Delivered. Performance Improved.

Presenters



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How significant of a problem is patient throughput? What are the real costs?

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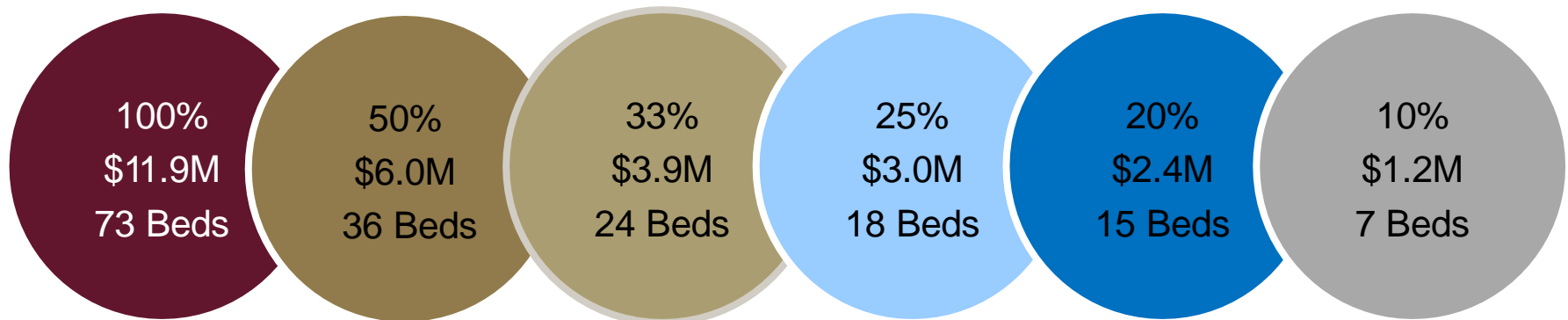
Burning Platform: The Joint Commission Standards

Highlights of Standards

- Establishment of processes, measures and goals that support the flow of patients throughout the hospital
- Plans for the care of admitted patients who are in temporary beds and in overflow locations
- Plans for patients boarding in the ED, with specific procedures for the behavioral health population
- Criteria for decision-making to initiate ambulance diversion
- Active review of patient flow processes, results and achievement of goals
- Take action to improve patient flow processes when goals are not achieved

Effective Patient Throughput Creates Capacity Allowing for Additional Revenue or Savings Through Decreased Resource Use

Total Excess Days	Excess Day Discharges	Total Cost Savings Opportunity	25% Cost Savings Opportunity
26,543	6,152	\$11,944,350	\$2,986,088



Questions to Address Newly-Defined Capacity

Strategy 1: Backfill with additional volume

- Where can we gain additional volume?
- How much additional volume is available?
- What type of volume is optimal?
- Can new service lines be developed?
- Can existing service lines be expanded?
- Can we develop “Centers of Excellence”?

Strategy 2: Maximize resources

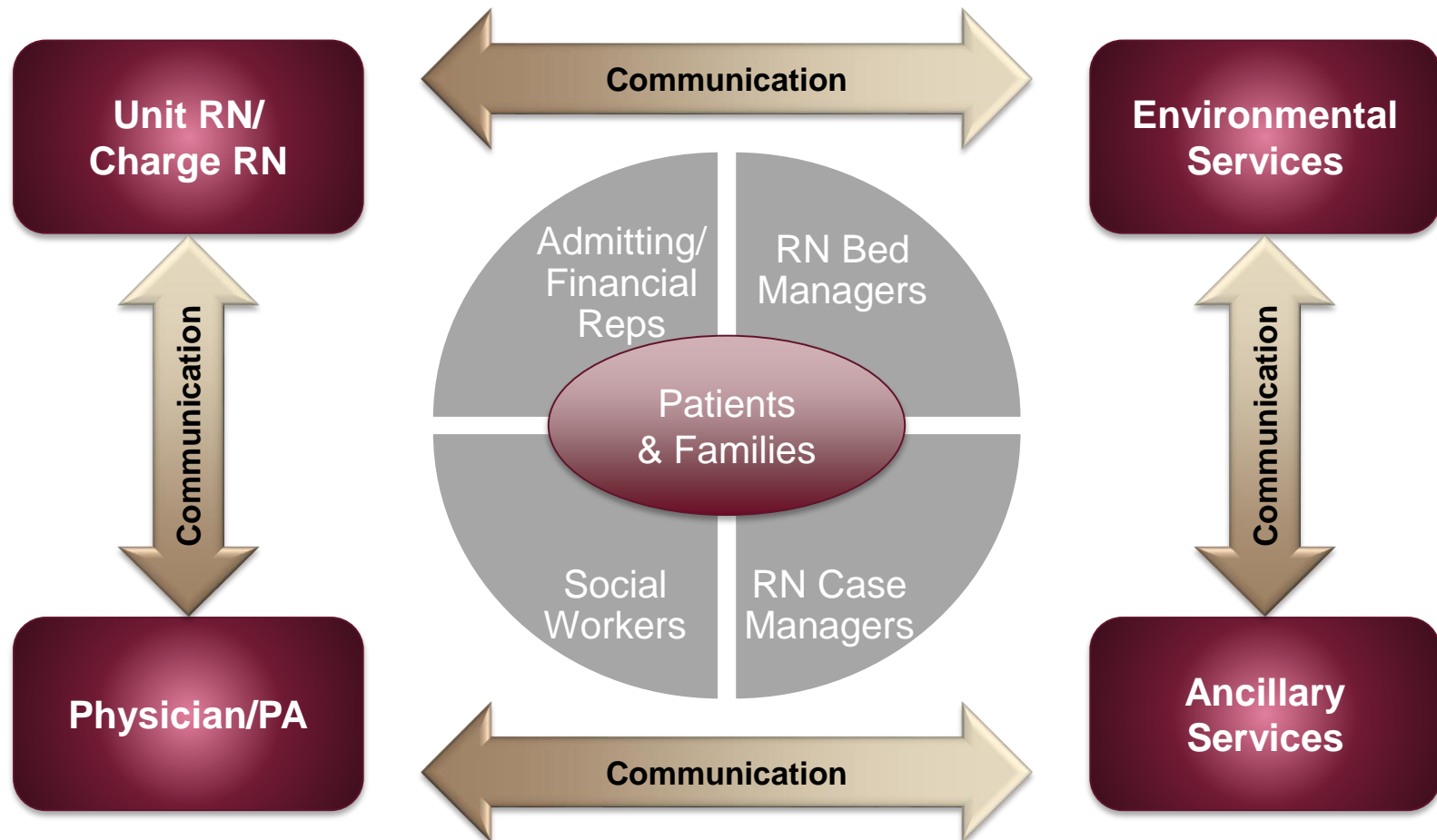
- Can we utilize swing beds?
- Can we temporarily close or consolidate underutilized units?
- Do we need to reallocate staff to areas where volume is high?

What are common misconceptions about patient flow and throughput?

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Common Misconception: Patient Flow is Easily Repaired

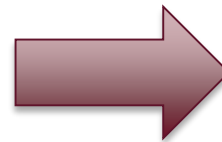
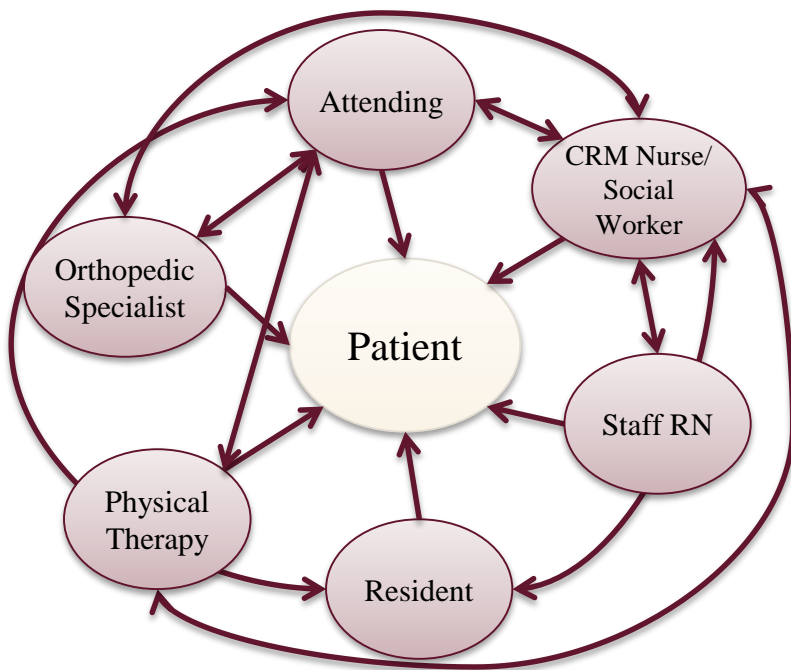
- Everyone is involved – most importantly, patients and families!



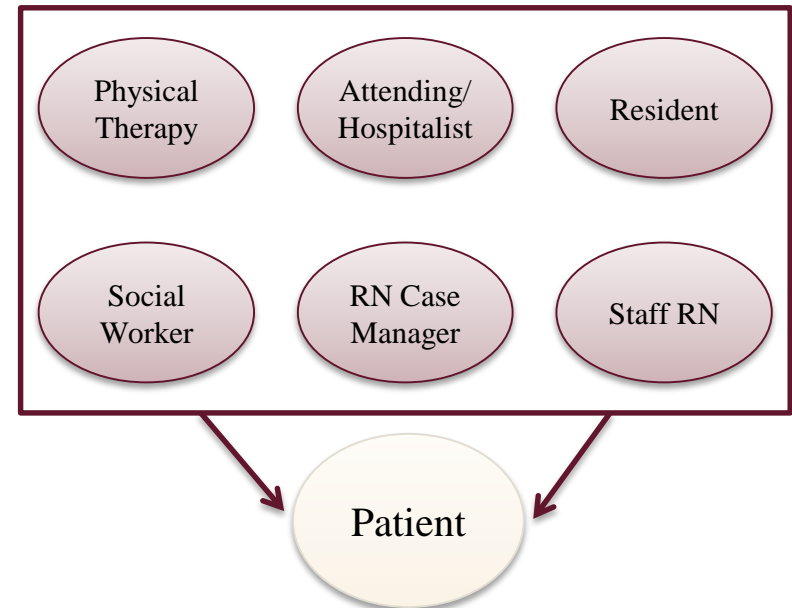
Common Misconception: Nursing and Case Manager Staff Can Fix the Problem

➤ Common slip-ups regarding communication:

- Care team members communicate to the patients and to one another separately
- No discussion of ADD (Anticipated Date of Discharge) or clinical milestones
- Discussion with families for discharge planning often occurs day before or day of discharge



Coordinated Interdisciplinary Team Rounds



Common Misconception: Throughput Starts in the Emergency Department Rather than with Sound Inpatient Throughput Processes

Patient Throughput

Effective Discharge
Processes

Effective Bed Management
Processes

Discharge
Planning

Discharge
Execution

Bed
Turnover

Patient
Placement

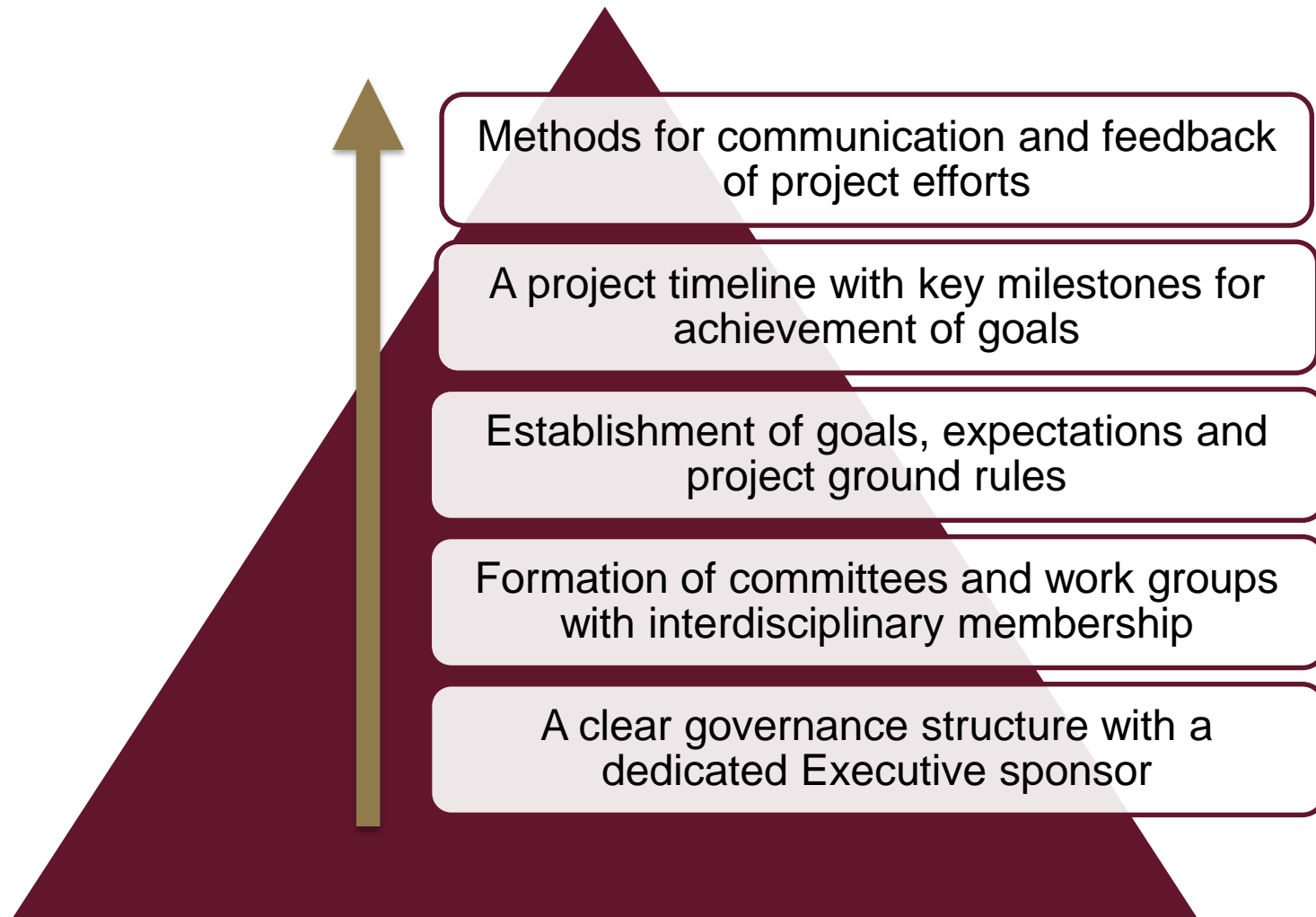
Key Performance Metrics and Methods of Measurement

Streamlined Communication and Structured Reporting

How do you start a successful
throughput improvement project?
What are the critical success factors?

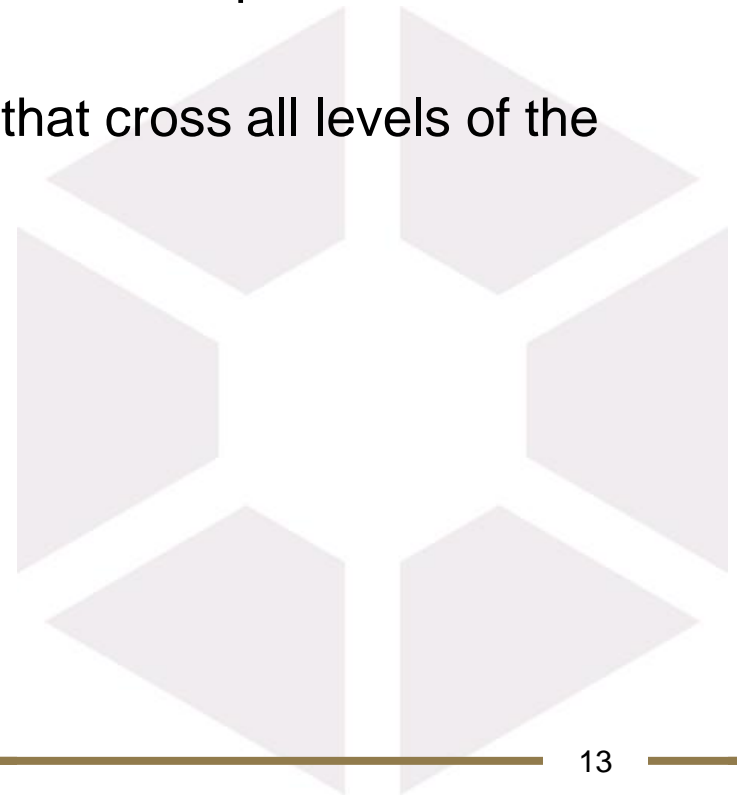
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Project Infrastructure Components



Critical Success Factors of a Patient Throughput Project

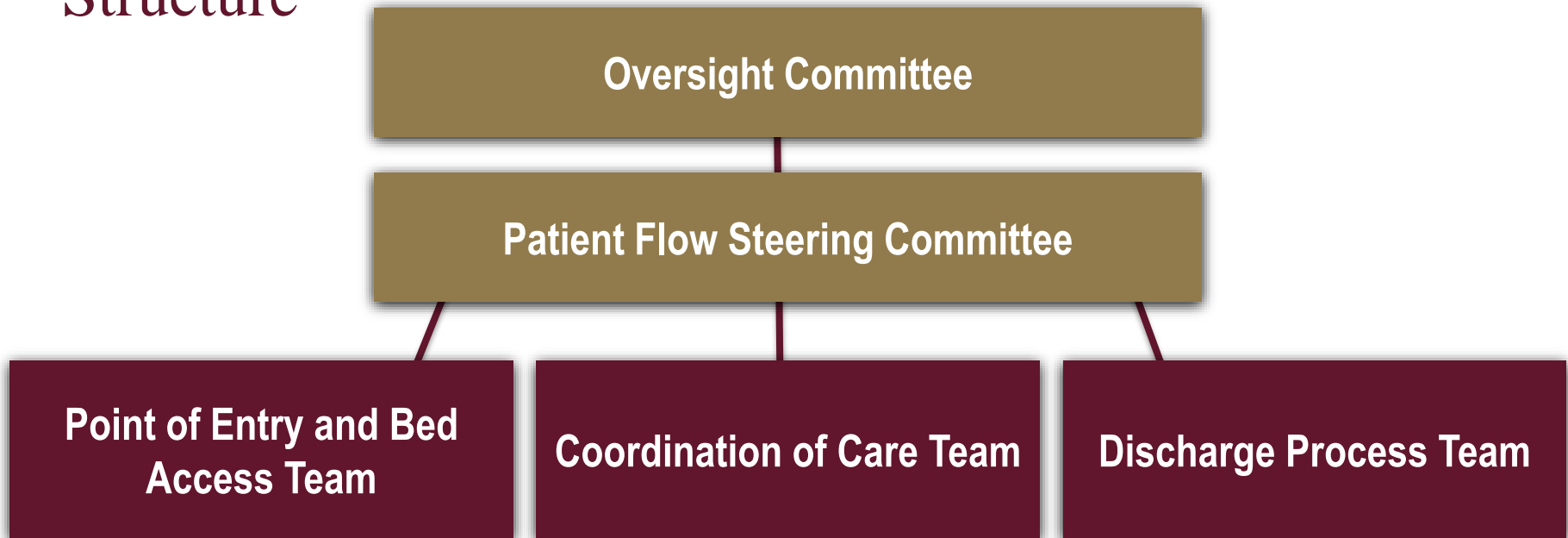
1. A sound project infrastructure
2. Comprehensive examination of key patient flow processes
3. Meaningful performance metrics and methods of measurement
4. Maximization of tools and technology to enhance patient flow processes
5. Communication and reporting methods that cross all levels of the organization



How do you engage all levels, from management to medical staff, in managing and improving throughput?

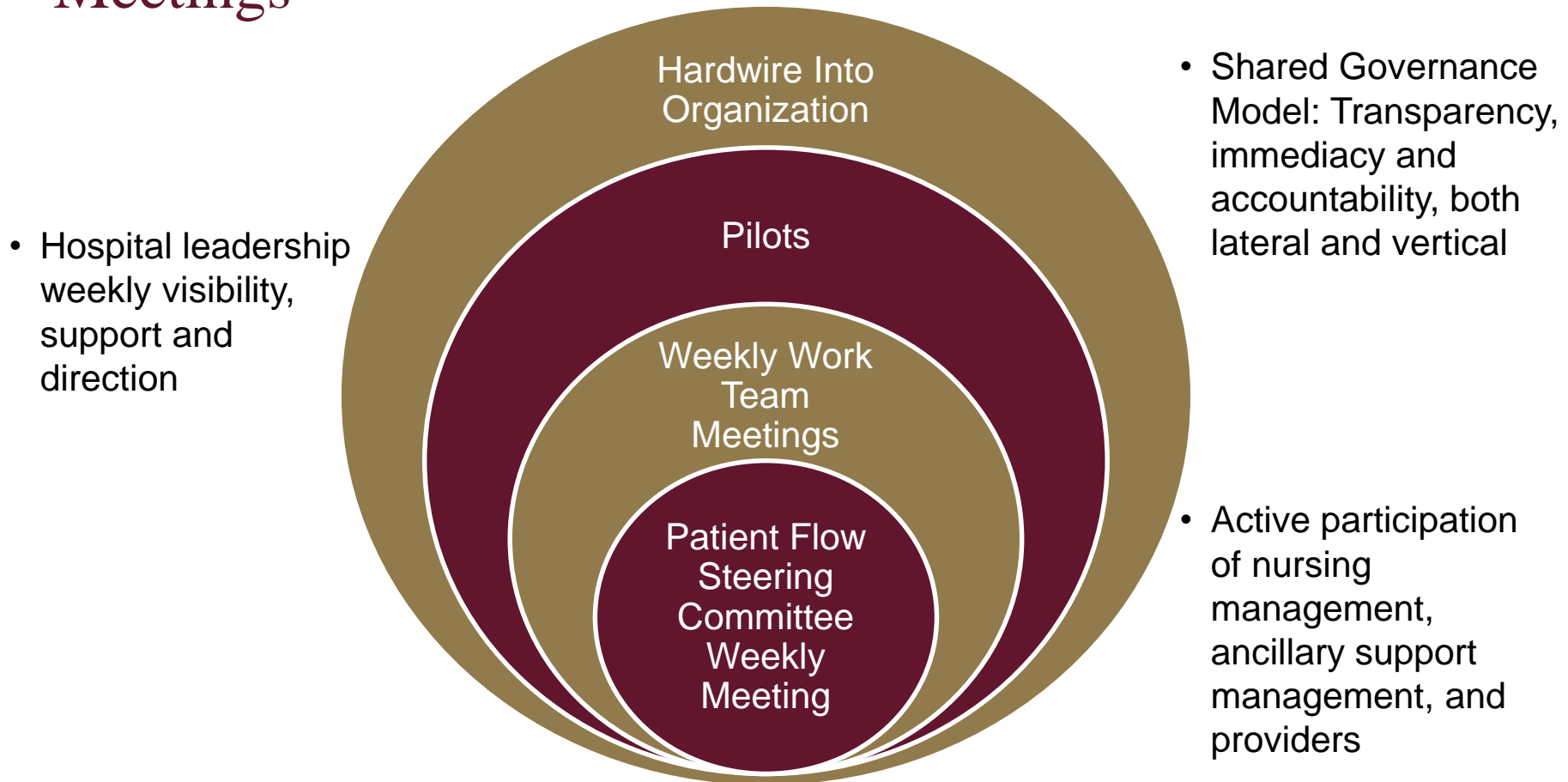
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Involve Management and Physicians in Governance Structure



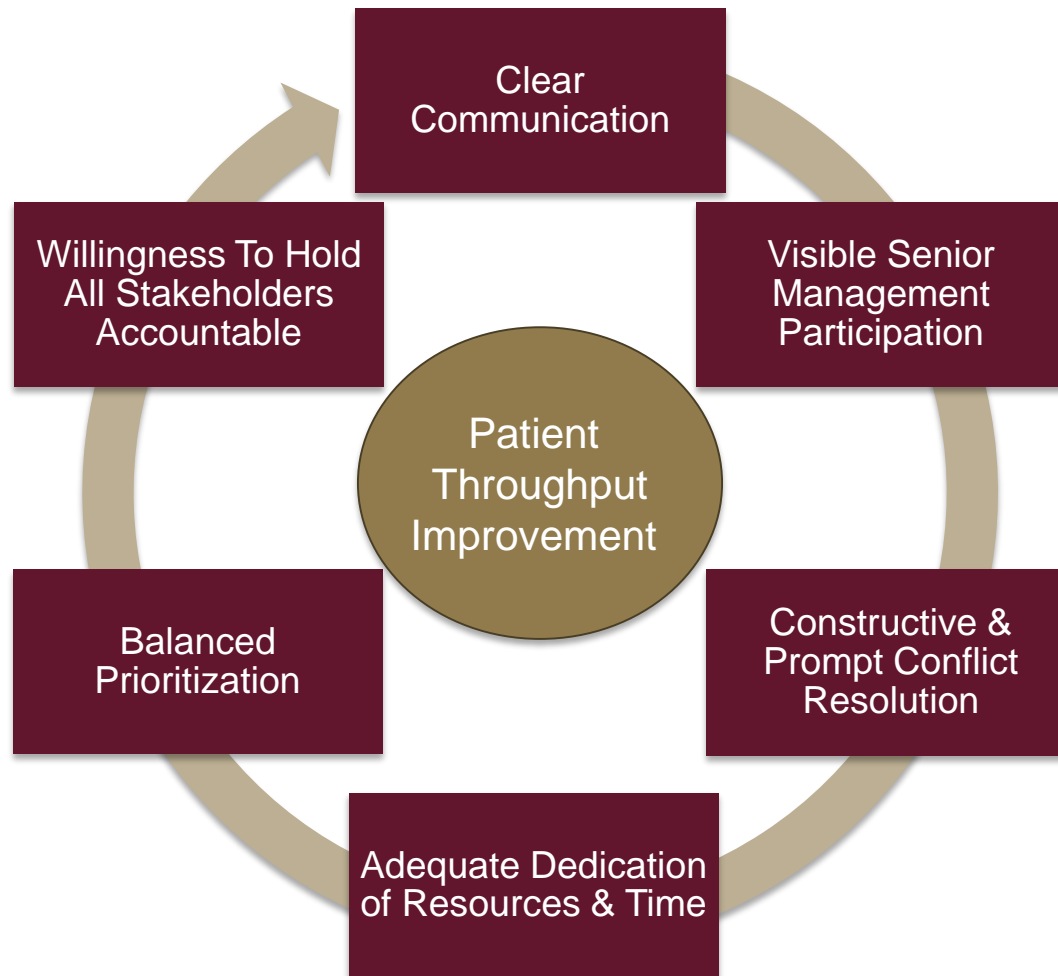
- Each team should have team leader and interdisciplinary membership, including physician representation in each group
- Work teams develop solutions that are vetted through Patient Flow Steering Committee
- Critical decisions are elevated to Oversight Committee (i.e. decisions that impact labor, physician or community relations, or other sensitive issues determined by Oversight Committee)

Clinical Performance Structure of Weekly Throughput Meetings



Success relies on transparency and collaboration

Critical Success Factors for Committees and Work Teams

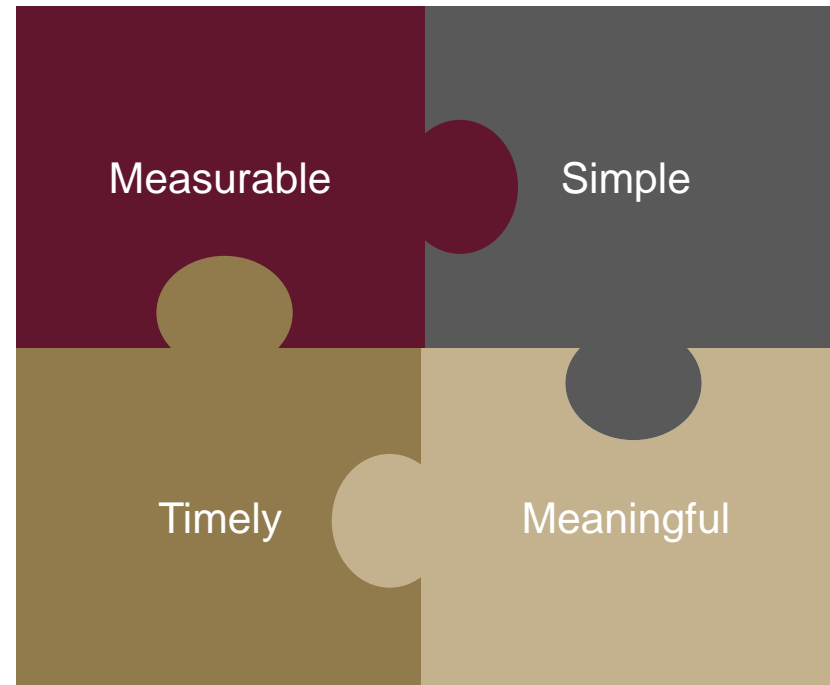


How should hospital leaders track and manage clinical performance throughout the day, the week, the month?

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Performance Metrics and Measurement Methods

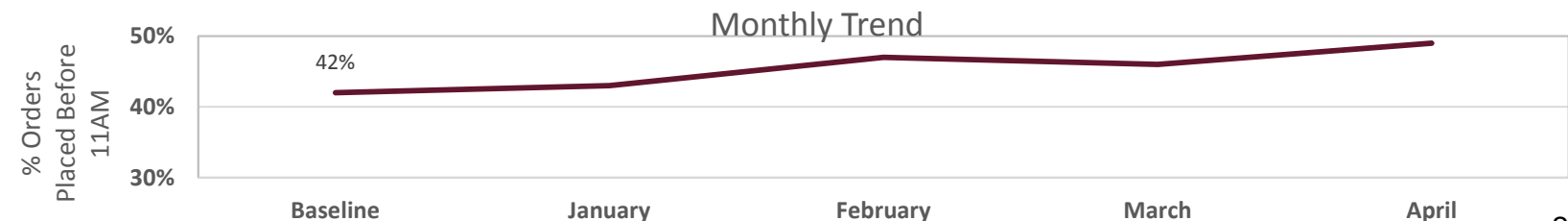
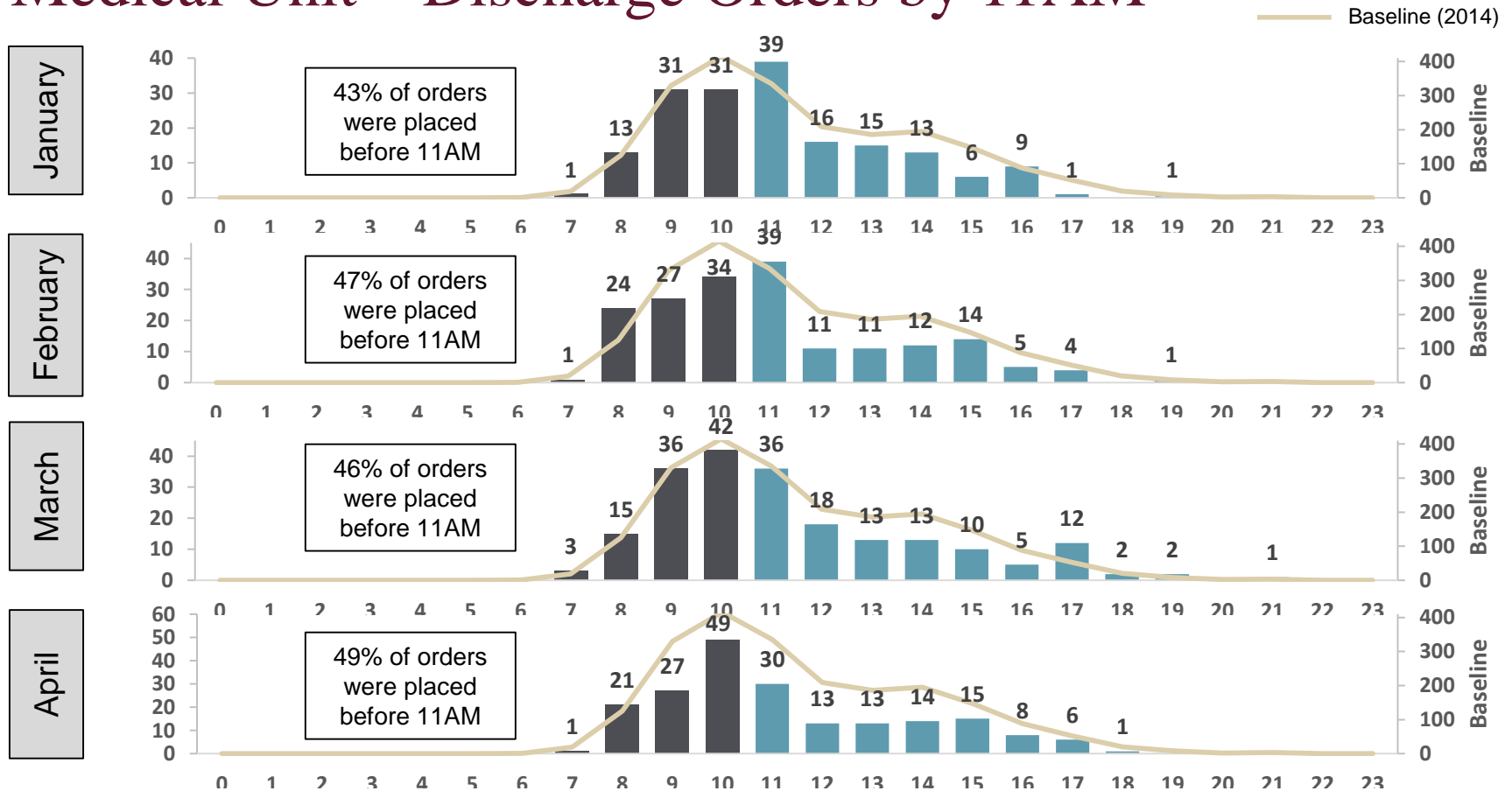
- Determine very specific metrics to monitor that are directly related to initiatives and will accurately represent success/failure of pilots
- Determine data sources and validate data integrity
- Create streamlined reporting process
- Establish goals and baseline for each metric
- Structure communication system to share information
- Ensure compliance with monitoring
- Hold everyone accountable



Sample Scorecard – Inpatient Throughput

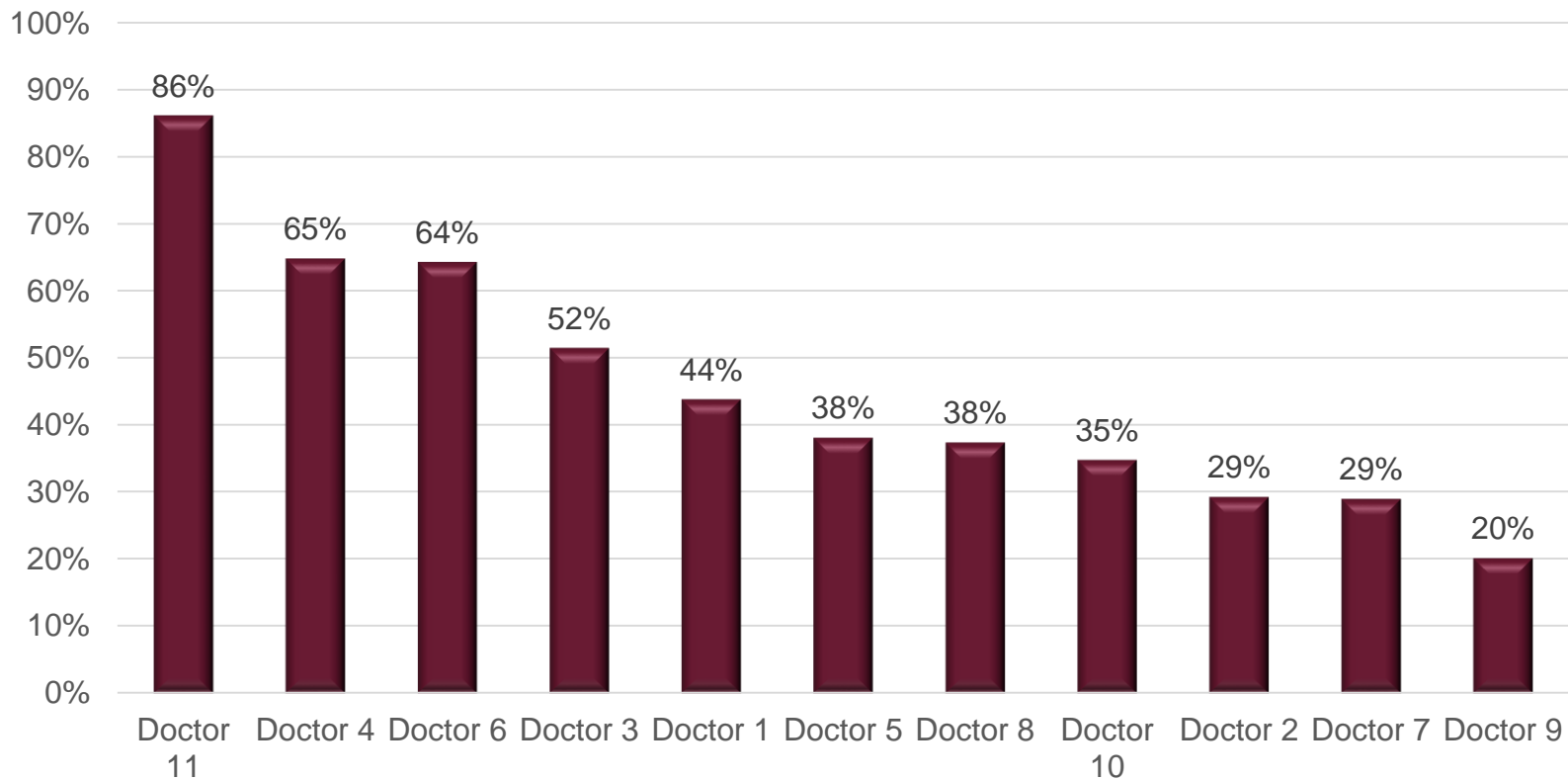
Department	Indicator	Baseline	Target	Jan	Feb	March
Medical	Discharge within 2 hrs of order	15%	35%	19%	32%	57%
	% of Discharges by 11am	19%	30%	18%	15%	28%
	Transfer Turnaround Time	15%	25%	28%	27%	27%
Surgical	Discharge within 2 hrs of order	15%	35%	24%	37%	40%
	% of Discharges by 11am	22%	30%	17%	24%	31%
	Transfer Turnaround Time	15%	25%	23%	45%	53%
ICU	Discharge within 2 hrs of order	18%	50%	18%	28%	35%
	Transfer Turnaround Time - OUT	23%	50%	23%	42%	61%
	Transfer Turnaround Time - IN	40%	80%	40%	21%	51%
EVS	Bed Cleaning Turnaround Time	85	60	78	72	58
	STAT Bed Clean	62	45	50	45	42
Bed Management	Direct Admit Denials	46	0	38	23	15
	Occurences of No OR Add - Ons	9	0	7	5	4

Medical Unit – Discharge Orders by 11AM



Discharge Orders before Noon by Physician

- Discharge order times have improved but show opportunity for increased focus with targeted physicians



Share Information that Is Meaningful for Physicians

- Scorecard shared with all Hospitalists
- One-on-one training sessions demonstrate the importance of proper clinical documentation and the impact excess days have on the organization

Hospitalist Team	DCs	CMI	%1D	ALOS	Exp LOS	Pot Avoid \$	Avg Excess	%30D Read
All	4507	1.3766	11.4%	4.8	3.2	\$4,622,319	2.2	11.6%
Team A	665	1.4583	12.3%	4.9	3.5	\$623,725	2.0	14.3%
Team B	384	1.4309	7.0%	6.4	3.6	\$566,984	3.2	13.3%
Team C	861	1.3359	13.2%	4.2	3	\$712,782	1.8	11.3%
Team D	561	1.2556	12.5%	4.9	3.4	\$566,144	2.2	11.1%
Team E	419	1.2930	10.3%	4.6	3.0	\$406,757	2.1	9.8%
Team F	382	1.4567	9.2%	6.9	3.6	\$661,552	3.7	10.2%

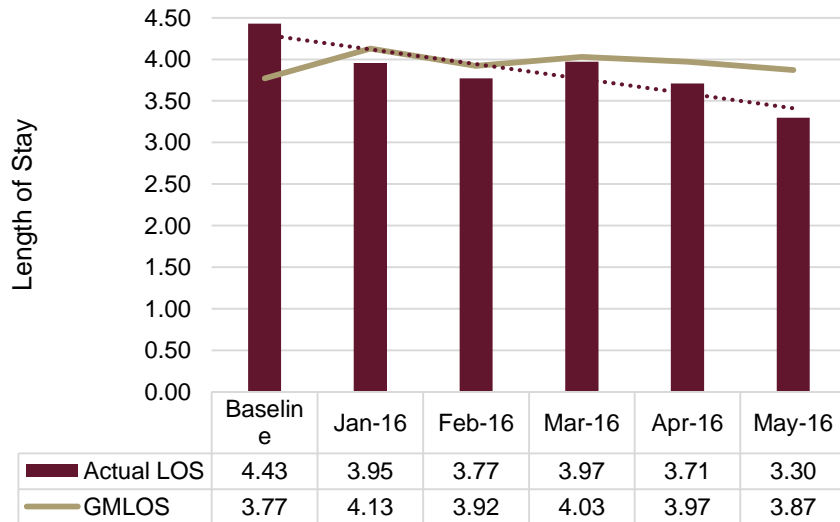
What are some examples of the benefits of an effective throughput program?

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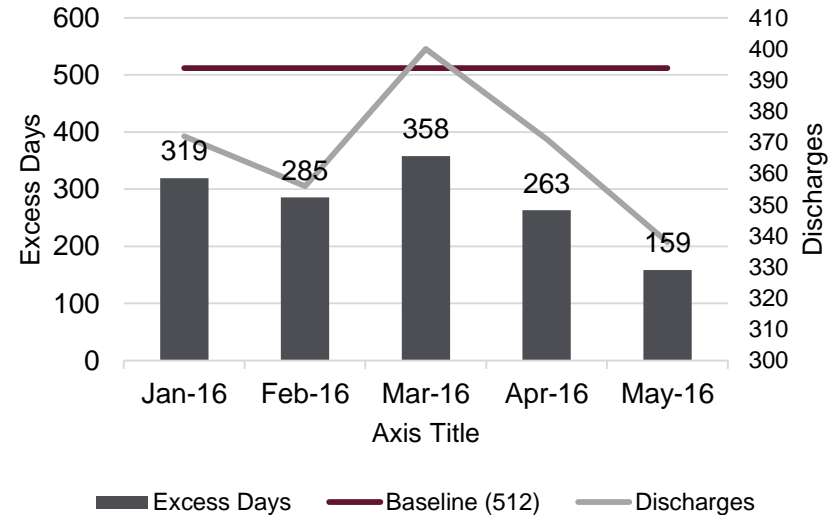
Patient Throughput Improves Length of Stay

- Two hospital system where patient throughput efforts improved Length of Stay, which resulted in over \$1.5 million in financial benefit
- LOS continues to trend down and is staying below GMLOS
- Excess days have remained below baseline with a significant improvement 6 months into the project

Actual LOS vs. GMLOS



Excess Days



Patient Throughput Improves Earlier Discharges

- Not-for-profit regional health system in southern tier of state of New York with \$750 million in net patient revenue and 500+ beds
- Patient throughput barriers clogged the ED and elevated the Left Without Being Seen rate to nearly 4%
- Work teams analyzed the issue and determined the late discharge was the driving factor

Baseline Process Times

Physician	Average Discharge Order Time Completed	Nursing Processing Time Completed
A	12:10 PM	3:17 PM
B	1:30 PM	3:37 PM
C	2:15 PM	5:06 PM
D	11:10 AM	4:21PM
E	3:00 PM	6:38 PM
F	4:00 PM	7:43 PM

Post ProjectTimes

Physician	Average Discharge Order Time Completed	Nursing Processing Time Completed
A	11:15 AM	12:47 PM
B	12:00 PM	2:00 PM
C	12:17 PM	2:06 PM
D	11:10 AM	1:30 PM
E	1:14 PM	3:00 PM
F	1:00 PM	2:50 PM

Questions?



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