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?
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

<table>
<thead>
<tr>
<th>Total Excess Days</th>
<th>Excess Day Discharges</th>
<th>Total Cost Savings Opportunity</th>
<th>25% Cost Savings Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>26,543</td>
<td>6,152</td>
<td>$11,944,350</td>
<td>$2,986,088</td>
</tr>
</tbody>
</table>

- 100%  
  - 11.9M  
  - 73 Beds

- 50%  
  - 6.0M  
  - 36 Beds

- 33%  
  - 3.9M  
  - 24 Beds

- 25%  
  - 3.0M  
  - 18 Beds

- 20%  
  - 2.4M  
  - 15 Beds

- 10%  
  - 1.2M  
  - 7 Beds
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?
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
  - Discharge Planning
  - Discharge Execution
- Effective Bed Management Processes
  - 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?
Project Infrastructure Components

- Methods for communication and feedback of project efforts
- A project timeline with key milestones for achievement of goals
- Establishment of goals, expectations and project ground rules
- Formation of committees and work groups with interdisciplinary membership
- A clear governance structure with a dedicated Executive sponsor
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?
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

- Hardwire Into Organization

  - Pilot

  - Weekly Work Team Meetings

  - Patient Flow Steering Committee Weekly Meeting

  - Hospital leadership weekly visibility, support and direction

  - Shared Governance Model: Transparency, immediacy and accountability, both lateral and vertical

  - Active participation of nursing management, ancillary support management, and providers

Success relies on transparency and collaboration
Critical Success Factors for Committees and Work Teams

- Clear Communication
- Visible Senior Management Participation
- Willingness To Hold All Stakeholders Accountable
- Balanced Prioritization
- Constructive & Prompt Conflict Resolution
- Adequate Dedication of Resources & Time
- Patient Throughput Improvement
How should hospital leaders track and manage clinical performance throughout the day, the week, the month?
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

Meaningful
Timely
Simple
Measurable

19
## Sample Scorecard – Inpatient Throughput

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

- **January**: 43% of orders were placed before 11AM
- **February**: 47% of orders were placed before 11AM
- **March**: 46% of orders were placed before 11AM
- **April**: 49% of orders were placed before 11AM

**Monthly Trend**

- **Baseline (2014)**: 42%
Discharge Orders before Noon by Physician

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

![Bar chart showing percentage of discharge orders completed before noon for different doctors.]

- Doctor 11: 86%
- Doctor 4: 65%
- Doctor 6: 64%
- Doctor 3: 52%
- Doctor 1: 44%
- Doctor 5: 38%
- Doctor 8: 38%
- Doctor 10: 35%
- Doctor 2: 29%
- Doctor 7: 29%
- Doctor 9: 20%
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

<table>
<thead>
<tr>
<th>Hospitalist Team</th>
<th>DCs</th>
<th>CMI</th>
<th>%1D</th>
<th>ALOS</th>
<th>Exp LOS</th>
<th>Pot Avoid $</th>
<th>Avg Excess</th>
<th>%30D Read</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>4507</td>
<td>1.3766</td>
<td>11.4%</td>
<td>4.8</td>
<td>3.2</td>
<td>$4,622,319</td>
<td>2.2</td>
<td>11.6%</td>
</tr>
<tr>
<td>Team A</td>
<td>665</td>
<td>1.4583</td>
<td>12.3%</td>
<td>4.9</td>
<td>3.5</td>
<td>$623,725</td>
<td>2.0</td>
<td>14.3%</td>
</tr>
<tr>
<td>Team B</td>
<td>384</td>
<td>1.4309</td>
<td>7.0%</td>
<td>6.4</td>
<td>3.6</td>
<td>$566,984</td>
<td>3.2</td>
<td>13.3%</td>
</tr>
<tr>
<td>Team C</td>
<td>861</td>
<td>1.3359</td>
<td>13.2%</td>
<td>4.2</td>
<td>3</td>
<td>$712,782</td>
<td>1.8</td>
<td>11.3%</td>
</tr>
<tr>
<td>Team D</td>
<td>561</td>
<td>1.2556</td>
<td>12.5%</td>
<td>4.9</td>
<td>3.4</td>
<td>$566,144</td>
<td>2.2</td>
<td>11.1%</td>
</tr>
<tr>
<td>Team E</td>
<td>419</td>
<td>1.2930</td>
<td>10.3%</td>
<td>4.6</td>
<td>3.0</td>
<td>$406,757</td>
<td>2.1</td>
<td>9.8%</td>
</tr>
<tr>
<td>Team F</td>
<td>382</td>
<td>1.4567</td>
<td>9.2%</td>
<td>6.9</td>
<td>3.6</td>
<td>$661,552</td>
<td>3.7</td>
<td>10.2%</td>
</tr>
</tbody>
</table>
What are some examples of the benefits of an effective throughput program?
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

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Jan-16</th>
<th>Feb-16</th>
<th>Mar-16</th>
<th>Apr-16</th>
<th>May-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual LOS</td>
<td>4.43</td>
<td>3.95</td>
<td>3.77</td>
<td>3.97</td>
<td>3.71</td>
<td>3.30</td>
</tr>
<tr>
<td>GMLOS</td>
<td>3.77</td>
<td>4.13</td>
<td>3.92</td>
<td>4.03</td>
<td>3.97</td>
<td>3.87</td>
</tr>
</tbody>
</table>

### Excess Days

<table>
<thead>
<tr>
<th></th>
<th>Jan-16</th>
<th>Feb-16</th>
<th>Mar-16</th>
<th>Apr-16</th>
<th>May-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess Days</td>
<td>319</td>
<td>285</td>
<td>358</td>
<td>263</td>
<td>159</td>
</tr>
<tr>
<td>Baseline (512)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharges</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

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

Post Project Times

<table>
<thead>
<tr>
<th>Physician</th>
<th>Average Discharge Order Time Completed</th>
<th>Nursing Processing Time Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>11:15 AM</td>
<td>12:47 PM</td>
</tr>
<tr>
<td>B</td>
<td>12:00 PM</td>
<td>2:00 PM</td>
</tr>
<tr>
<td>C</td>
<td>12:17 PM</td>
<td>2:06 PM</td>
</tr>
<tr>
<td>D</td>
<td>11:10 AM</td>
<td>1:30 PM</td>
</tr>
<tr>
<td>E</td>
<td>1:14 PM</td>
<td>3:00 PM</td>
</tr>
<tr>
<td>F</td>
<td>1:00 PM</td>
<td>2:50 PM</td>
</tr>
</tbody>
</table>
Questions?

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