MEDHOST®

Technology and process improvements yield material impact to the bottom line.

Leveraging Streamlined Patient Flow to Improve Care Delivery and Financial Health

Combining new technology with consultative process improvements deliver the deepest positive impact to patient flow. Real-time visibility, strong leadership and a significant culture change demonstrate how one hospital improved patient care and quality outcomes while decreasing length-of-stay and containing costs. The result? Material impact to its bottom line.

Patient-flow improvement initiative checklist

In order for hospitals and health systems to be successful with their patient-flow improvement initiative, they need to establish the following:

- ✓ Hospital strategic vision
- ✓ Commitment to change
- ✓ Executive sponsorship
- ✓ Facilitation of change process
- ✓ Knowledge of the organization and people
- ✓ Open and continuing communication
- ✓ Development of KPIs to measure and manage
- ✓ Deployment of proven methodology and technology
- ✓ Ongoing education and training

Since 2005, The Joint Commission has set standards for patient flow to "prevent crowding and boarding of patients in the emergency department (ED) and in other temporary locations." The standards were amended in January 2013, with hospitals needing to comply with two elements of performance beginning January 1, 2014: Hospitals must measure and set goals for mitigating and managing the boarding of ED patients within a recommended four-hour window, and hospitals must address the boarding risk for behavioral health emergencies. Specifically, hospitals must communicate with behavioral health providers to improve care coordination.

While these evolving standards are designed to improve care coordination and patient safety, hospitals are discovering that patient flow, with its impact on admissions and resource allocation, also has critical financial implications. With reimbursements continuing to shrink, hospitals must look for opportunities to increase operational efficiencies and reduce cost. "A focused patient-flow initiative can drive positive results in various areas," said Barbara Bryan, vice president of Consulting for MEDHOST, provider of market-leading enterprise, departmental and healthcare engagement solutions to more than 1,000 hospitals. By implementing a patient-flow initiative, hospitals can efficiently achieve multiple goals – improve patient safety and care coordination, decrease financial risk while improving financial health, and comply with The Joint Commission standards. In addition, with patient flow directly related to staff, patient and family satisfaction, such an initiative can increase stakeholder satisfaction.

Process, technology and metrics

For patient flow, combining technology with focused process-improvement initiatives will deliver the greatest results. While technology can provide data transparency to sustain results, "you have to look at the process and improve the process itself," Bryan said. These initiatives more often than not involve culture change. One of the biggest challenges for hospital executives regarding patient-flow improvement is that it touches so many people in the organization. "Communication and how communication flows around patient flow is key to create efficiencies," she said. Therefore, hospitals need to develop a communication structure that reaches across the organization to help drive culture change.

Hospitals must also develop performance indicators to help them determine whether they are moving in the right direction. "If you can't measure it, you can't manage it," Bryan asserted. Once hospitals identify their greatest areas of opportunity, they need to establish metrics and implement a system that aggregates real-time data around patient flow and drives transparency throughout the organization. An executive dashboard presenting financial, quality and patient-flow information, for example, can help leadership make proactive decisions versus retrospective decisions based on end-of-the-month reports.

Beaufort Memorial Hospital: best practices for streamlined patient flow

Beaufort Memorial Hospital, a 197-bed, not-for-profit community hospital in South Carolina, commenced its patient-flow improvement initiative in the fall of 2013. The hospital, which averages approximately 10,000 discharges, 50,000 emergency department visits and 200,000 outpatient visits per year, received a citation from The Joint Commission around patient flow. Although following ED protocol, with ED nurses taking care of patients, the hospital was essentially holding inpatients in its ED. "We knew they were inpatients, but we weren't really treating them like a complete inpatient," acknowledged Edward Ricks, CIO and vice president of Information Services. "And that's not good for patient care."

While the hospital is a technology-driven organization, it presented its initiative as a process-improvement project. The initiative was named "Catch the Wave of Patient Flow" and driven from the top down to signal to the entire organization that the initiative was hospital – not IT – focused. Beaufort Memorial Hospital engaged MEDHOST to provide process-improvement expertise, which validated the hospital's focus and recognition that its core competency is providing high-quality care.

The Importance of structure

A structure was established to ensure accountability and sustainability beyond the initiative's initial six-week campaign. A steering committee was formed to drive the patient-flow improvement process. The process action team, which comprised staff from all areas that affect patient flow, including management, nurses, physicians, environmental services (EVS), physical therapy, dietary and ancillary departments, was charged with looking at the data to prioritize projects

and then implement the changes one project at a time. Nursing is a big component of the initiative, according to Ricks. Pat Foulger, RN, vice president of Quality and Risk, served as the steering committee's executive champion and provided additional knowledge as manager of some of the ancillary departments.

The structure also added ad-hoc committees when needed. For example, lack of education, including continuing education, was exposed as the initiative moved along. Essentially everyone in the organization was retrained on the technology, with training tailored to what the person's role is in the organization. "We had the technology in place for a while and realized that we just weren't getting the full benefit of it because not everybody completely understood the capabilities and what their role was in that," Ricks explained.

The various committees met on a weekly basis, with information being disseminated to the organization. Open communication is key to engaging staff, Ricks stressed. "We learned through this process that our PR team was very important," he said. The hospital's weekly newsletter, which serves 1,400 employees, dedicated a page – complete with a surfboarder on a logo – to the Catch the Wave initiative. A contest with prizes was created to name the surfboarder as way to rally the staff around the initiative.

By the sixth week, the structure was in place to be sustainable, improvements were made, people understood their roles on the team and huge opportunities for improvement were identified. That's not to say, however, that the initiative didn't encounter pushback, especially when inefficiencies were revealed. In the care coordination department, social workers and nurses were working independently instead of collaboratively and technologies were not being utilized. The department underwent a 10-week deep-dive engagement, which overlapped with the overall initiative and therefore was presented as an opportunity for the department to help positively impact the hospital. The solution required staff to shift its work schedules from daytime only in order to accommodate the 24/7 patient flow. In some cases, staff classifications were changed from hourly to exempt. "Some of those things were very difficult from a personnel perspective, but it was correct," Ricks said. "It got us with the right structure in place for them."

Eventually, the staff embraced the technology and saw workflow improvement. They became more involved, making rounds with physicians and nurses. Instead of determining the social work requirements at discharge time, they now plan the discharge from the moment the patient is either admitted or going to be admitted. "Now we can measure it," Ricks said. "When they're in the ED, we know it's going to become an admission even before it is. We're going to start at that point in time, and that's helped us immensely."

KPIs: Measuring for improvement

Information technology enabled data transparency and validation, which helped various departments identify opportunities for driving process improvement. "We have to make absolutely sure that what's driving through the system is verifiable because we're going to rely on those results," Ricks said. Using the data, three to four key performance indicators (KPIs) were developed for each group of people or department and targeted process-improvement projects with attainable goals were deployed.

With PatientFlow HD, Beaufort reduced its LOS by more than half a day, resulting in half a million in cost reduction.

Beaufort Memorial Hospital recorded several successful projects, including improved processes for bed management. A system was implemented that allowed the EVS department to see which patients were going to be discharged that day so it could cancel the scheduled cleaning of those rooms on the morning shift. When a discharge is initiated, EVS staff is alerted to prepare the bed for the next patient. The EVS staff calls into the system from a phone in the room when the room is clean. "The system updates the status of the room so everyone can see, but it also captures more data so that process can be measured, such as the time they are notified to the time they get to the room," Ricks said. Oftentimes, he pointed out, more opportunities present themselves to improve the process. The hospital, for example, also reduced its bed turnover time from the two-hour time range recorded at the beginning of the initiative and met its targeted time of 60 minutes.

"Our goal was always to improve patient care and quality outcomes, but cost containment is a big component of that," Ricks said. The hospital consistently had a length of stay (LOS) for inpatients around 4.5 days. Through process improvement, it reduced its LOS by more than half a day and continues to hold at that range, resulting in half a million dollars in cost reduction. "That's a big deal for us; it's a real potential of bottom-line net revenue that we can gain from that half-a-day LOS reduction, based on our bed size and our volume through the organization," Ricks said. "We need both: We need cost containment and we need as much revenue as we can possibly get to drive us through the bottom line."

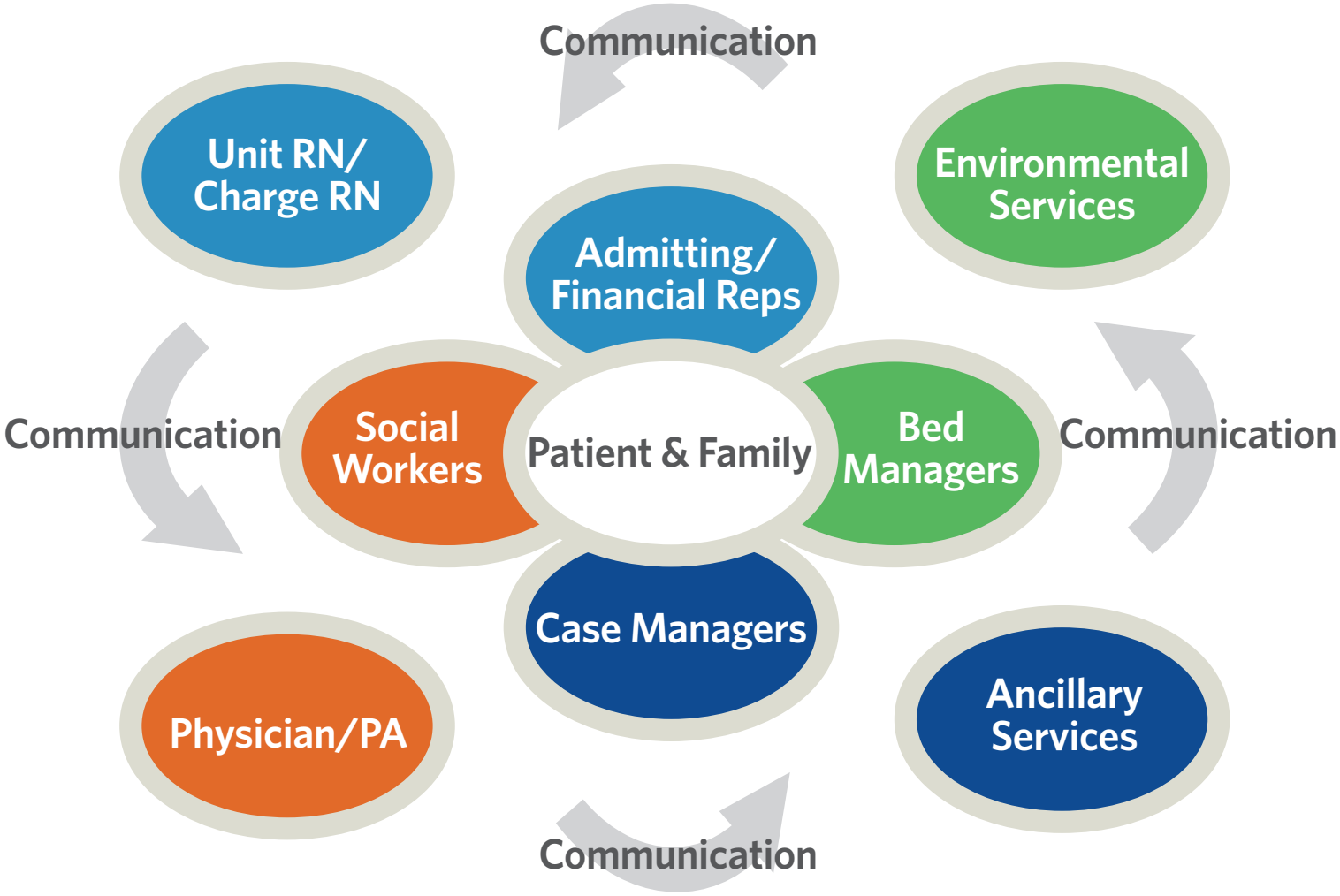
Our patient flow management solution has earned the exclusive endorsement of the American Hospital Association.

By consistently applying a formal due diligence process, AHA Solutions, Inc., an American Hospital Association (AHA) member service, identifies products and services that help hospitals achieve operational excellence. When hospitals select a solution earning the AHA Endorsement, they can be confident it has met the AHA's highest standards.

The American Hospital Association (AHA) Endorsement Seal is the exclusive property of the AHA. AHA Solutions, Inc., a subsidiary of the American Hospital Association (AHA), is compensated for the use of the AHA marks and for its assistance in marketing endorsed products and services. By agreement, pricing of endorsed products and services may not be increased by the providers to reflect fees paid to the AHA.

The Complexity of Patient Flow

The patient flow process is a continuous cycle with many interdependencies and where the management of information is mission critical.



MEDHOST Solutions Corp.
6550 Carothers Parkway, Suite 100, Franklin, TN 37067
Toll free 800.383.3317 • www.medhost.com
© 2014 MEDHOST Solutions Corp. All rights reserved.

MEDHOST®