

Translating Strategy into Action: Empowering Innovation from the Front Lines

Mount Carmel West

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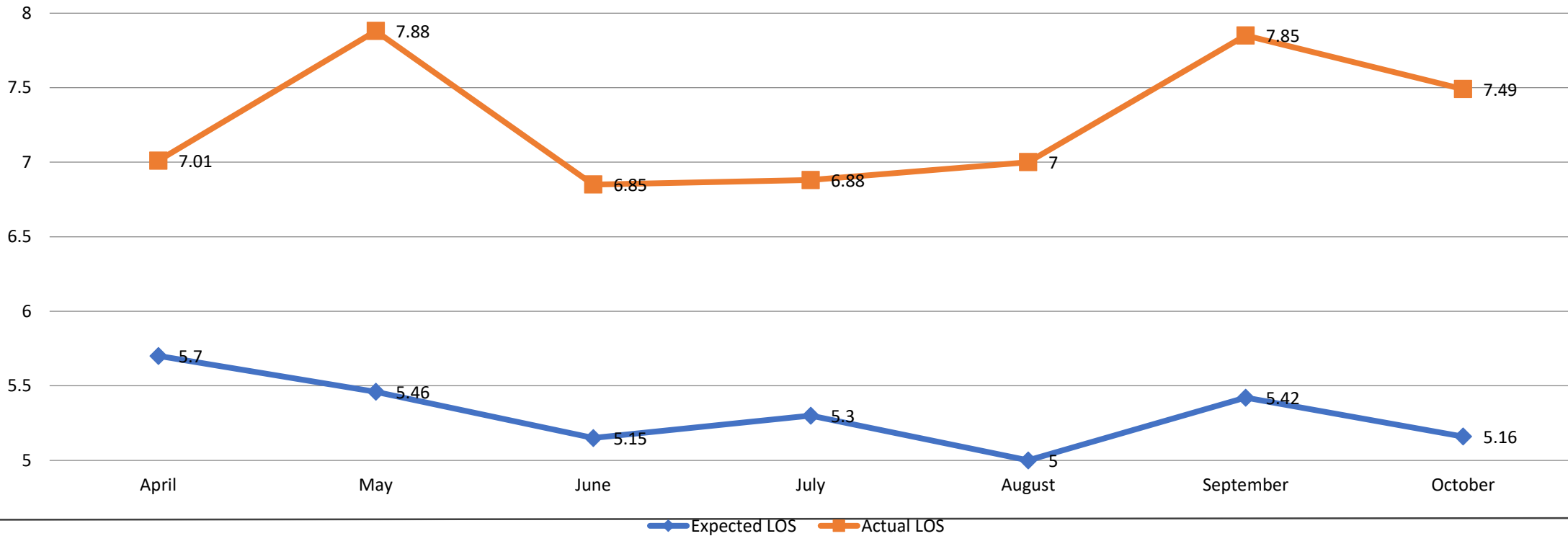


Background

Mount Carmel West Length of Stay (LOS)

With the imminent transition to our new hospital in Grove City, a focus towards reducing LOS (Length Of Stay) became imperative to allow for effective patient flow to ensure optimal patient access. Overall, the actual LOS for the entire hospital had been consistently above the expected LOS by 2.3 days (previous 6 months).

Actual vs Expected LOS - MCW

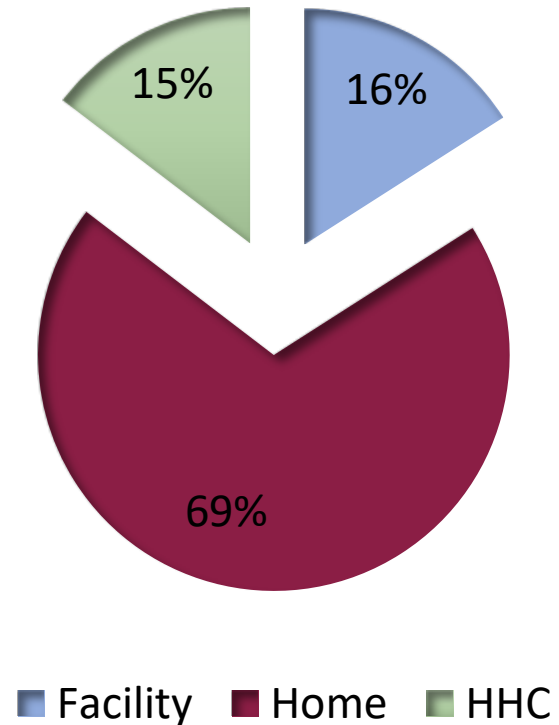
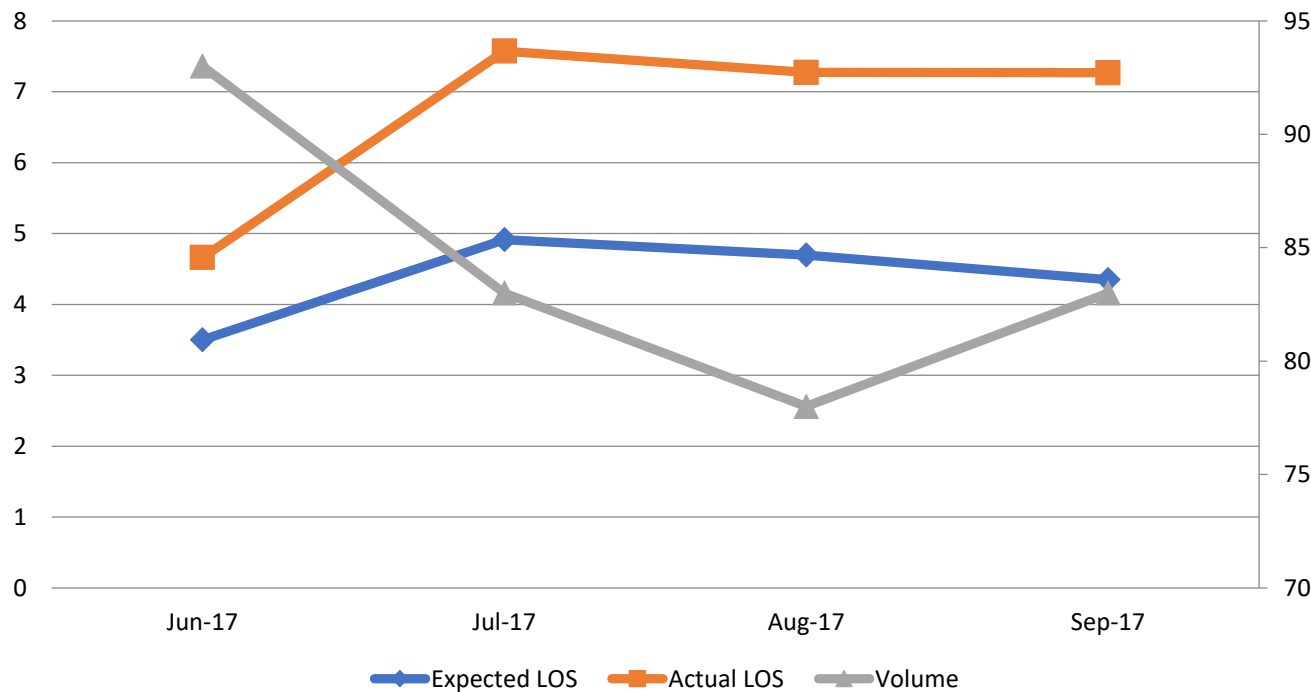


Problem Statement

Length of Stay Delays – Excess Days

8 North (Neurology unit) discharged patients accounted for 493 excess days in relation to LOS over a 4 month window (June 17' – September 17'). This had accounted for \$295,800 in excess spending for Mount Carmel West.

8 North Discharged Patients



Goal

Delay Reduction & Excess Days

*Reduce Excess Days from:
0.93 excess days/discharge to 0.25 excess
days/discharge by April 1st, 2018.*

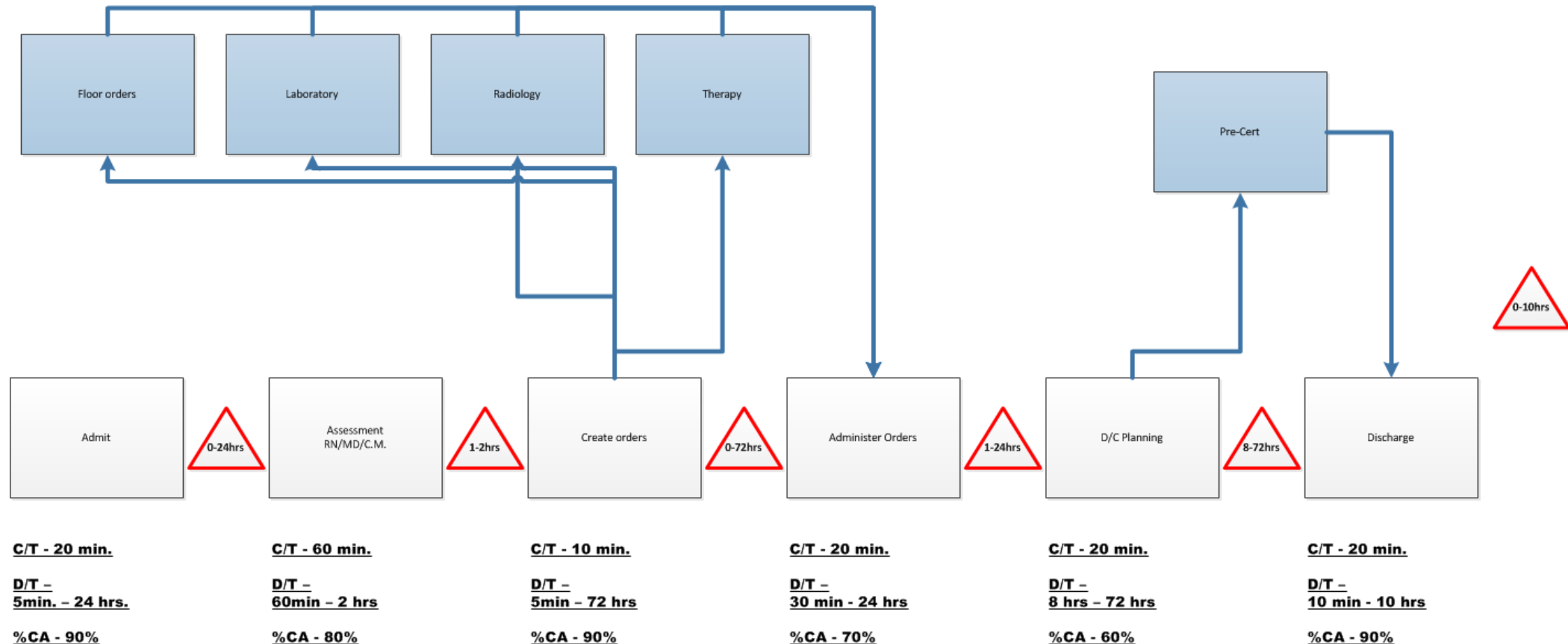
Analysis

Value Stream Analysis

Current State VSM – 8 North Patient to Facility

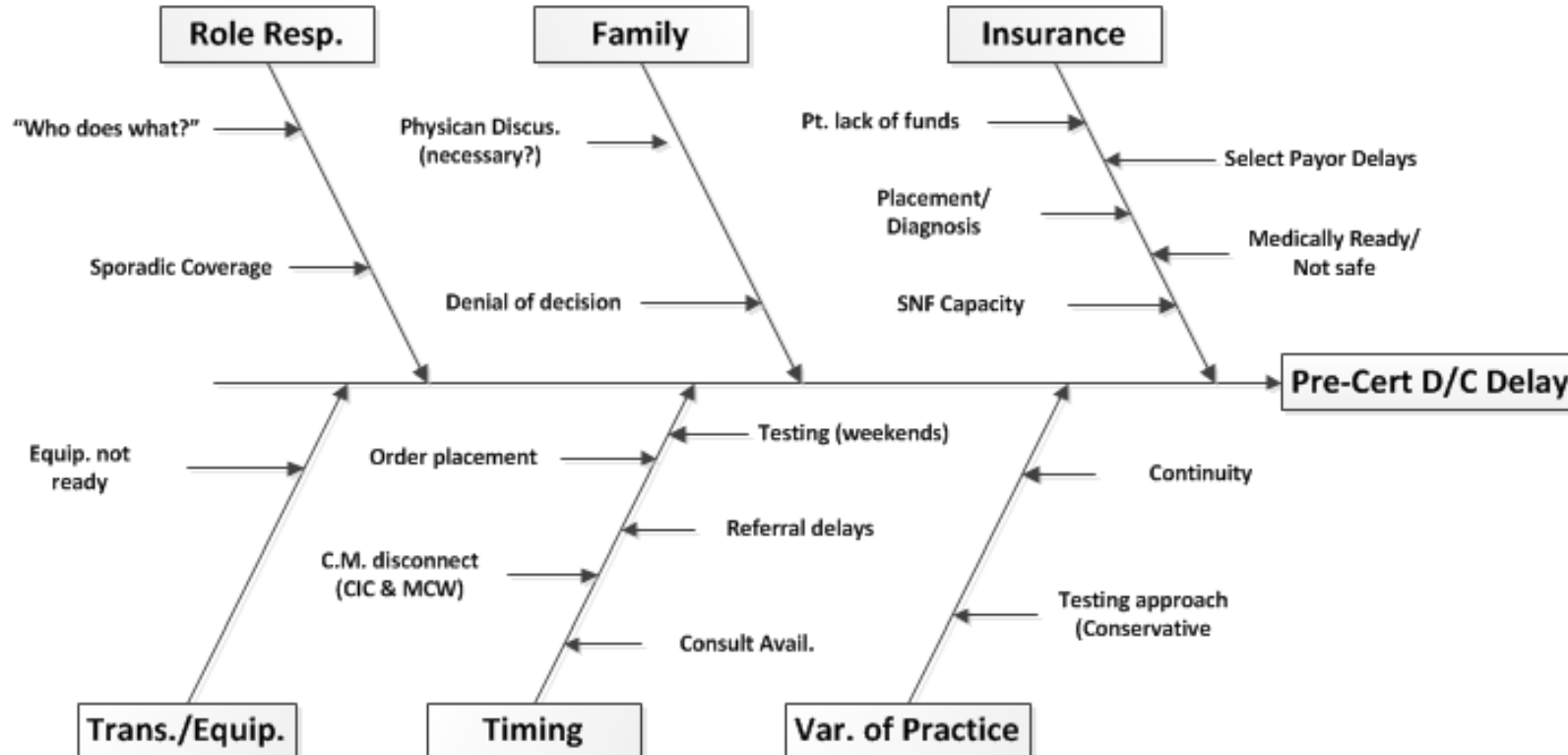
Total Value Stream Metrics

Total C/T – 2.5 hrs
Total D/T – 8.5 hrs – 204 hrs
Total %CA – 24.94%



Fishbone Diagram

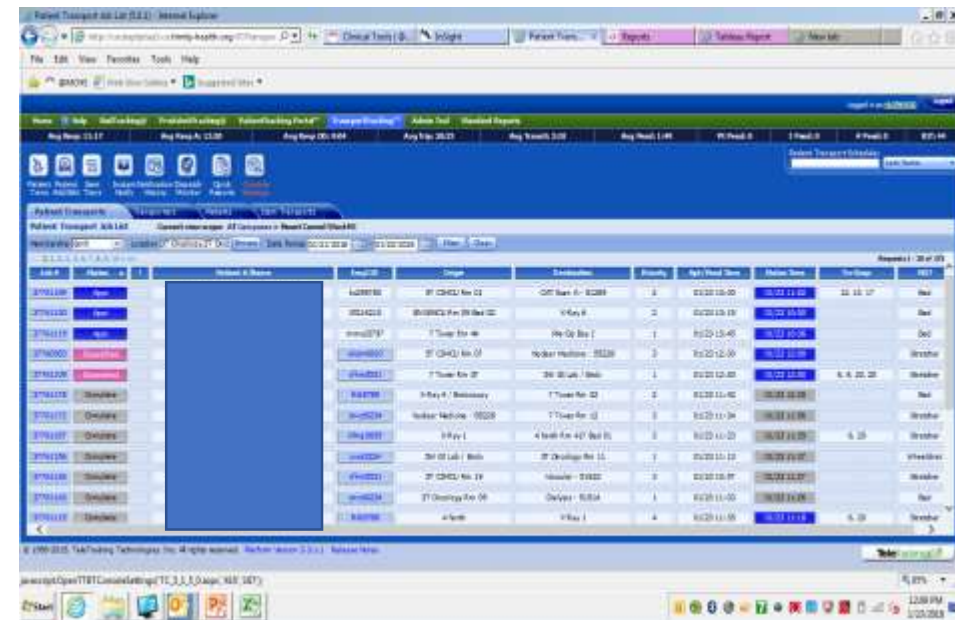
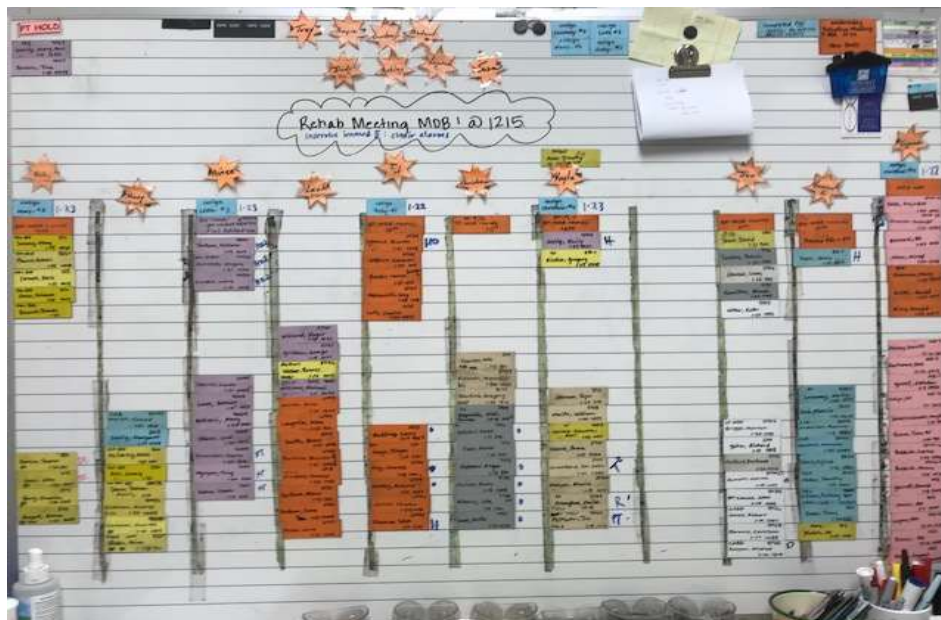
Pre-Cert Delay Fishbone Diagram



Recommendations

Physical Therapy/Case Management

- Institute PT consult scheduling on Sundays
 - *Reduce delay in pre-cert process by eliminating rework*
- Determine Case Management staffing for 8N
 - Identify appropriate candidate for position



Multi-Disciplinary Rounds

- Create SMART Goals as related to 24 hour plan of care
 - Will allow team to focus on opportunities to the plan for discharge
- Hospitalist Physicians began attending MDR's to provide direction on plan of care and discharge

Discipline	RM	JT	GB	MX	NW	WR	EP	PA	WF	MS	SD	PF	RE	AG	ML	DS	CM
RM																	
JT																	
GB	1	0	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
MX	1	0	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
NW	1	0	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
WR	3	0	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
EP																	
PA	4	4	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
WF																	
MS	10	5	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
SD	2	0	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
PF	3	0	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
RE																	
AG	1	3	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
ML																	
DS	0	0	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
CM	1	0	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2

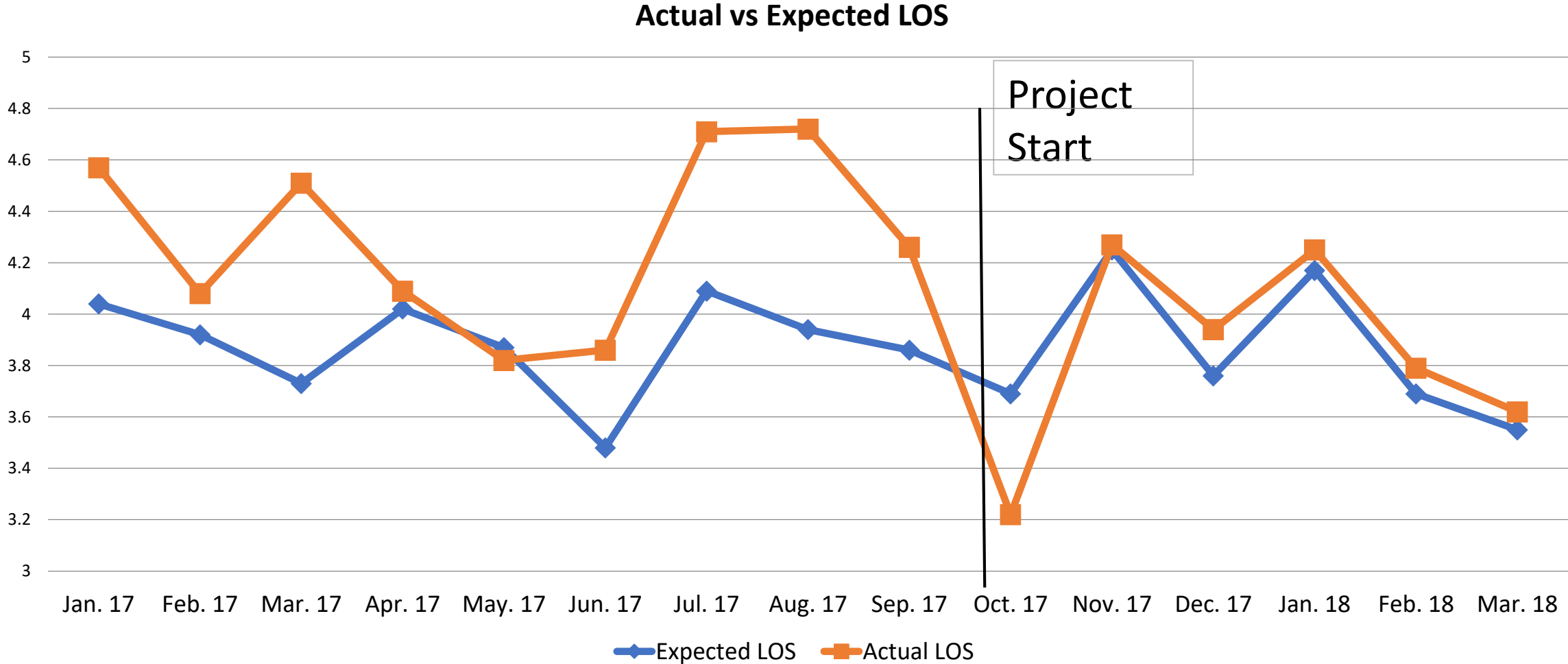
Teletracking

- Utilize Teletracking system to communicate 24 hour plan of care goals to entire team
 - Allow for night shift staff to drive towards discharge plan rather than maintaining care

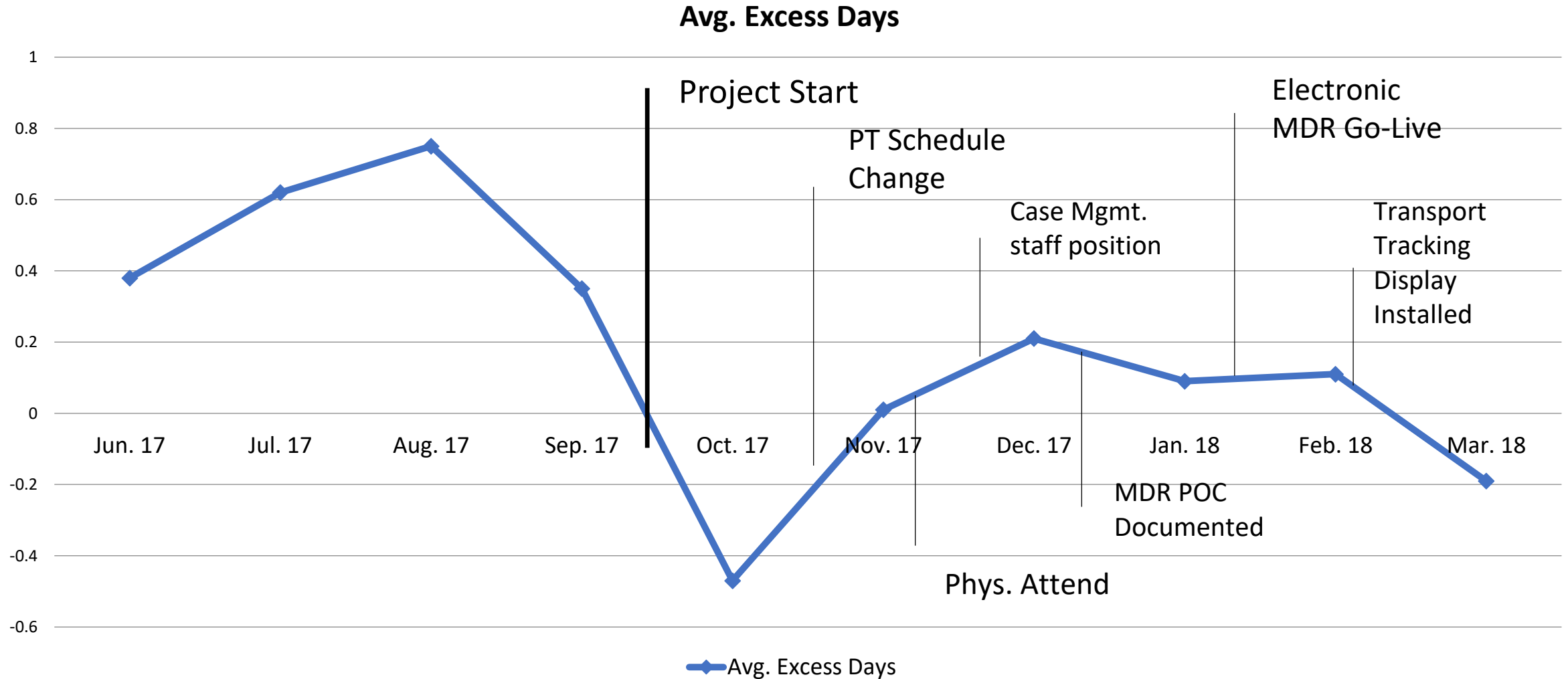
Bed	ST	Name	LOS	ELGS	Prg Discharge	Obs Timer	Diagnosis	Activity	Transport Status	Plan for 24Hours	Attending Phys
8N09-01	IH		3.5	3			ACUTE DISCITIS T...			Discharge PT: Wk Phys: c/s ID- d/c depending on what ID says CM/Dispo: front Wk. No longer homeless- if IV abx. d/c to SNF	CLINIC, BLUE
8N09-02	O		2.7	0	03/19 10:45		STROKE			MRI (+) for stroke Carotid. echo CM/Dispo: home so needs	DELLINGER, MARK
8N10-01											
8N10-02											
8N11	IH		15.5	3	03/20 00:00		STROKE ALERT			pt has intermittent anxiety. on 4 LPM NC. Phys: CXR. MRI C-spine d/t (L) shoulder pain OK 3/22. Pt needs to be near off Aapris- on 323 recommending stan...	CIC, FIVE
8N12-01											
8N13											
8N17											
8N18	C		3.8	2	03/19 12:02		LEFT SIDED WEAKN...			New stroke Phys: Serquel per neuro CM/Dispo: Family requesting home with hospice. CM to arrange for d/c today. CM called hospice liaison and SW	Dellinger, Mark
8N21											
8N23	C		6.8	3	03/19 12:16		STROKE ALERT			MRI (+) ST: nectar thickened liquids and pooled per MBS Phys: fluid bolus for creat Encourage IVF. Creat still elevated. Pall mtg 1300 CM/Dispo: d/c back to...	**CIC, Four
8N24											
8N25	IH		7.8	7			SEIZURE, BRAIN M...			brain lexixa c/ edema PT: Rec outp PT Phys: s/s s/o. ID to control abx- waiting to narrow down abx. IV decadron CM/Dispo: Home with Indiana- IPR not acc...	CIC, TWO
8N26	IH		2.9	0			AMS, SEIZURE			Phys: psych s/s- no longer suicidal. sister d/c'd. CM/Dispo: homeless. Referral to Dublin springs after discharge	GABRIELVAN, ARAM
8N27											
8N29-01	IH		9.1	4	03/17 22:00		INTRACTABLE PAC...			T7 fr: brace Dyspnea over the weekend. BiPap required On NC 4 LPM soon Palliative on board CM/Dispo: meadow grove reconsidering vs Col healthcare care...	DELLINGER, MARK
8N29-02											
8N33	IH		5.2	2	03/20 00:00		M4E 062			L4-5 Foley for retention CIC consult: Med mgmt QT: SNF PT:SNF KUB. hyperactive bowel sounds, ASA/Plavix?, non neuropathic pain D/C: pt refusing SNF- w...	AMOR, NATHANIEL
8N35	C		4.0	3	03/20 22:00		ACUTE TRAUMATI...		Complete	SAH XRay: Pelvic bc. (L) arm bc OT: not tolerating much. rec SNF d/t gain as of now Skin condition: fragile/claquing skin Phys: CM/Dispo: IPR waiting for pre...	**Trauma, Service

Results

Expected Vs Actual Length of Stay (8 North)



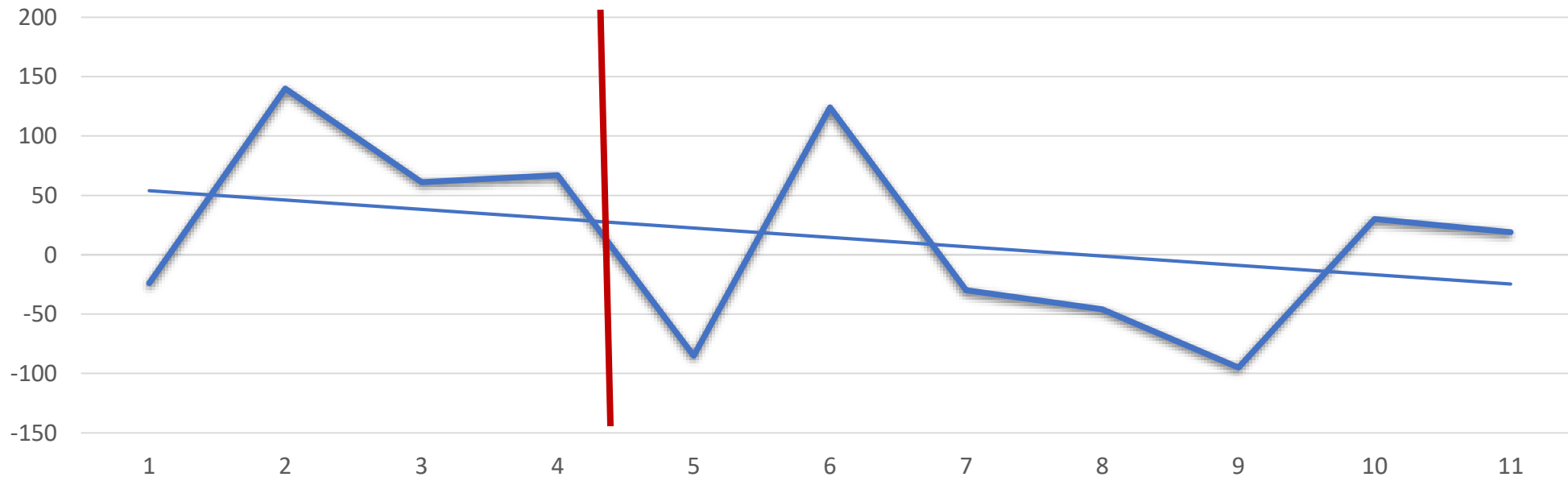
Average Excess Days (8 North)



Hospital Deployment

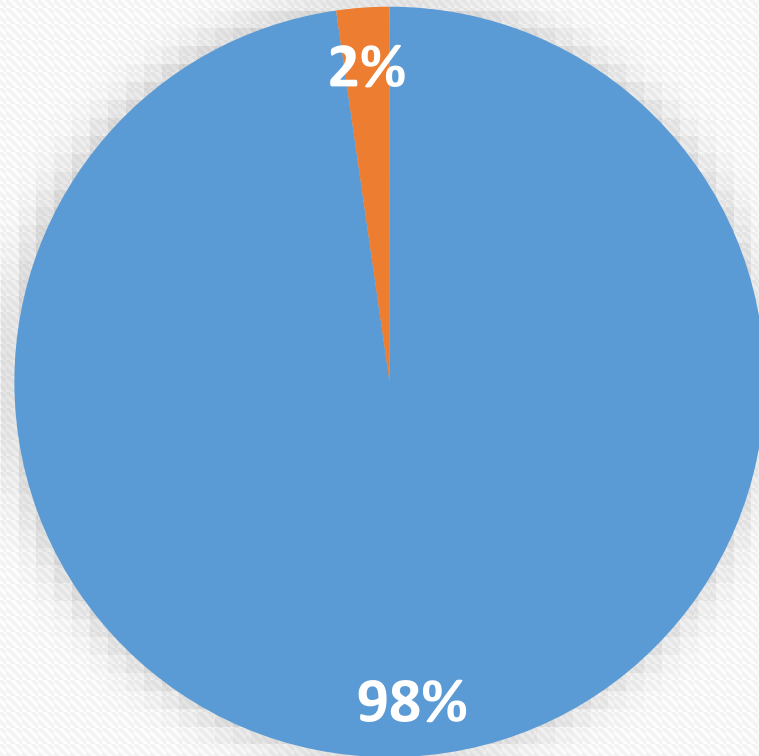
- 3 Tower – 30 Bed Medical / Oncology Unit (Start Date 4/1/18)
- 7 Tower – 42 Bed Medical / Surgical Unit (Start Date 8/1/18)

Impact on Excess Days
(Pre to Post Implementation)



Hospital Impact (8 North, 3 Tower, 7 Tower)

Excess Day Comparison (Annualized)



■ Pre Implementation ■ Post Implementation

- Pre Implementation Excess Days (Annualized)
 - 732 days - \$439,200
- Post Implementation Excess Days (Annualized)
 - 17 days - \$10,239

Annualized Savings
\$428,961

Next Steps

- Implement hospital wide at Mount Carmel Grove City
- Patient Flow Council established
 - Focus on physician leadership within MDRs
 - Refinement of MDR Standard Work
 - Predictive discharge accuracy
 - Utilize Tiered Ownership Structure for daily management

Questions