🧩 CHALLENGE
▶️ ACTION
🎯 RESULT

SETTING THE BAR FOR SUCCESS IN ACTION

UNIVERSITY HOSPITALS

Cleveland, Ohio

University Hospitals offers Northeast Ohio's largest network of primary care physicians, outpatient centers and hospitals. The system has over 26,000 employees and 5,400 physicians and providers who are responsible for facilitating 129,500 annual discharges and 117,000 annual surgeries.

🧩 CHALLENGE

In 2015, University Hospitals [UH] was comprised of eight hospitals, and was in the process of expanding and upgrading TeleTracking when five additional hospitals were acquired. With the expanded footprint, UH realized that success was dependent upon their transformation as a system, not individual hospitals, and the first critical step was to centralize patient placement. This led to the launch of the Center for Patient Flow Management (CPFM), which was built utilizing best practice processes and technology.

After developing an over-arching patient flow strategic plan, the next phase involved focusing on discharge readiness as a means of streamlining operations and expanding capacity. The challenges UH identified included:

PATIENT ENTRY AND ACCESS
Staff were dealing with inconsistent processes when assigning beds from the ED and different entry points for direct admits instead of one specific location.

CARE AND TREATMENT
For admitted patients, there was a general lack of process standardization.

DISCHARGE PLANNING
Discharge planning tools were inconsistent, including issues with prioritizing patients who needed to be seen before a discharge could be initiated.

DAY OF DISCHARGE PROCESS
Day of discharge delays occurred because of scheduling challenges with attendings and consultants; incomplete discharge orders; and patient pick-up delays.

TRANSPORT AND BED TURNS
Patient Transport and EVS were impacted by delays due to competing priorities with inpatient needs and siloed processes.

ACTION

A strategic planning session from November 2016, provided a framework for a discharge efficiency initiative, which first involved establishing a set of patient flow values and beliefs:

- Providing exceptional care and service to patients, families and providers
- Changing the culture to "Just Say Yes" to make it happen
- Enabling one call access and efficiency
- Creating flexibility and consistency in standard work processes
- Maintaining community-based care
- Coordinating seamless communication across the system

Next, the team took a hard look at the discharge process, identified waste in the process, and came up with DOWNTIME:

Defects [Errors in medical records, omission of projected discharge date], **Overproduction** [Batching of patient discharges and bed cleans], **Waiting** [Transport delays, last minute discharge preparation], **Non-Value-Add Work** [Redundancy/Rework]; **Transportation** [Wrong Mode of Transport]; **Inventory** [Just-in-time equipment/supplies, inefficient PAR levels]; **Motion** [Wasted effort in immediate work space]; **Underutilized Employees** [Staffing, role clarification, inefficient handovers, nursing transports].

With issues identified, UH collaborated with TeleTracking's Advisory Services team and implemented a series of best practices to improve the discharge process—and consequently increase capacity:

- Nursing and care managers now predict and plan a patient's discharge, in collaboration with physicians. However, physicians are responsible for the medical release and discharge order.

- During discharge huddles and/or the multi-disciplinary rounds, the team predicts which patients will be discharged within the next 24 hours [this process results in a 70% accuracy rate].

- The day of the discharge prediction is indicated in the system, and the comments can be entered to share any discharge contingencies.

- Pending and confirmed discharges are printed to improve communication for the charge nurse handoff between shifts.

- In-room white boards are used to communicate discharge date and time to the patient and their family.

- There is clear communication with transport, housekeeping, therapy, pharmacy, lab and radiology in order to plan and prioritize pending discharges, and avoid any delays.

RESULTS

- All levels of the organization—from executives to charge nurses—understand the importance of patient flow, the role of discharge planning, and how it benefits the success of the system as a whole.

- Increased visibility engages all levels of the organization—the improvements are clear, including decreased overcrowding in the ED and lower level of surge than in the past.

- All 13 hospitals now function as an enterprise with a common set of metrics and goals. Continuous improvement is a priority, which has involved re-educating the staff and optimizing processes with EVS and Transport, in addition to holding monthly patient flow council meetings.

- The percent of discharges by noon rose from 9% in January 2017 to 17% in September 2017.

- The improved processes and streamlined operations led to a length of stay reduction from 6.71 days in January 2017 to 5.73 in September 2017.

BETTY SOPKO

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Betty Sopko is a long-time UH employee. She manages a talented team of 11 IT professionals that support a variety of applications including all TeleTracking applications, Hyland OnBase, Midas+ Care Manager, Streamline Health Abstracting/ CDI, Allscripts EPSi and several others. Betty is currently pursuing her Lean Six Sigma Green Belt certification.