

SATISFYING MORE PATIENTS AND FAMILIES

PALMETTO HEALTH REALIZES THEIR VISION OF CARE

Palmetto Health is a non-profit healthcare system in South Carolina that includes five inpatient facilities with a total of 1,138 beds and 15,000 team members. Every employee is dedicated to fulfilling the Palmetto Health vision—to be remembered by each patient as providing the care and compassion we want for our families and

ourselves. However, without a comprehensive approach to support effective patient flow—getting patients to the right bed, the first time—it was becoming difficult to realize this vision.

“We knew we had to do something to better utilize our existing resources to improve patient flow—which would then positively impact both patient care and

employee job satisfaction,” said Hope Stack, Director, Patient Flow Operations. “We weren’t utilizing TeleTracking to its fullest capacity; patient placement was decentralized, so patients weren’t going to the right bed the first time; emergency department [ED] and post-anesthesia care units [PACU] were holding patients; and our length of stay was trending upward. In addition, our largest site, Palmetto Health Richland, was usually at 95% capacity.”

Under the guidance of TeleTracking's Advisory Services team, operational changes were implemented, including the creation of a dedicated patient flow improvement team that involved executive leadership, a daily bed meeting, and the alignment of patient placement with patient flow. "We combined those changes with process redesign and the optimization of our patient flow solutions, and almost immediately witnessed throughput improvements and a reduction in delays," said Harmony Robinson, CHES, System Manager, Patient Centered Care. "These changes also helped support our implementation of Accountable Care Units—which leadership believed could further improve length of stay, quality and service."

Accountable Care Units [ACU] started at Emory Healthcare in Atlanta in an effort to provide high quality, patient-centered care by using structured interdisciplinary rounding—which means all team members involved in a patient's care round together and collaborate in real time. What this means from a patient flow perspective is that in addition to placing patients geographically [for example, all heart failure patients in one unit], the care teams that previously might have been dispersed across different areas are geographically placed together too.

"This approach engages everyone from the patient and their family to the physician, pharmacist, case manager, and physical/occupational therapy. Visibility and communication is improved because everyone is in the same room at the same time, going over the plan of care for the day," says Stack. "From a patient flow perspective, if a patient needs to be placed on a specific unit because

a specific physician group needs to do their rounds, how do we get them there? And that's where our process redesign, supported by TeleTracking, came together." They created a process to input provider groups, then make the bed request specific for the accountable care units they served."

In addition, system views for unit nurses were created, making it possible for them to see both the provider group and the patients targeted to that unit. "For example, they can see if a patient is coming in that's not affiliated to the provider group, and work to figure out why that may be happening," said Robinson. "We've also created a way for patient placement to easily communicate the priority of the patients they want to come into the ACUs."

Service, Resilience and Safety are tenets of an ACU—and to address those components, the interdisciplinary rounds are supported with system views that make it possible to easily review the details of the quality safety checklist. Also, when shifts change, staff briefly huddle to review the status, along with the quality safety checklist for all the patients on the unit, and adjust accordingly.

These huddles also include a review of pending patient discharges. The nurse, the charge nurse, the physician group, pharmacy and case management look at the pending discharges for the day, and if there's a patient that needs to be added before rounds start, the patient is added and TeleTracking reflects that information. The system provides visibility to know what beds will be available for new patients.

"The patients and the families love this process. If you've ever been a patient, or you have a family member that's been a patient, it's frustrating when you don't know when the provider is coming or what the care—or discharge—plan is for the day," concludes Stack. "This is really a patient and family satisfier. And it has also been incredibly impactful for what we do every day as caregivers, making it possible to deliver the best possible care."

PALMETTO HEALTH RICHLAND ACU OUTCOMES FY'16 - FY'17:

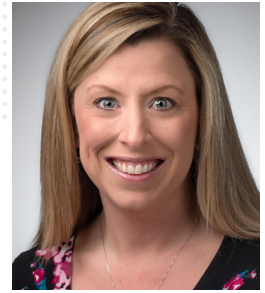
- REDUCTION IN MEAN LENGTH OF STAY OF 0.26 DAYS
- INCREASE IN CASE MIX INDEX (VALUE ASSIGNED TO A DIAGNOSIS-RELATED GROUP OF PATIENTS) FROM 1.63 TO 1.76
- REDUCTION IN OBSERVED TO EXPECTED (O:E) RATIO FOR LOS FROM 1.46 TO 1.32
- 1% REDUCTION IN 30 DAY READMISSIONS
- HEART FAILURE ACU [MOULTREE LOCATION]

Team Member Retention went from 54% to 80%

Staff engagement went from 39.4% to 51.3%

Falls dropped from 24 to 18

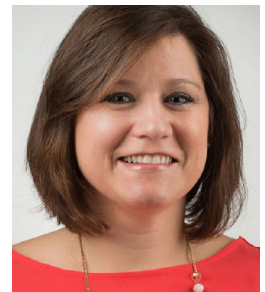
Hospital acquired pressure ulcers dropped from 10 to 6



HOPE STACK

RN, MSN, Director, Patient Flow Operations

Hope has a Bachelor of Science in Nursing from the University of South Carolina and a Master in Nursing Administration from Kaplan University. She has been with Palmetto Health since 1998 and has over 17 years of nursing experience, including over 12 years of nurse management experience.



HARMONY ROBINSON

CHES, System Manager, Patient Centered Care

Harmony has a Bachelor of Science in Nursing from the Medical University of South Carolina and a Bachelor of Science in Health Science from Clemson University. She has worked with Palmetto Health for 10 years and has three years of experience with Nursing Research and Program Development implementing Patient Centered Accountable Care Units™.