CHALLENGE
ACTION
RESULT

SETTING THE BAR FOR SUCCESS IN ACTION

TORRANCE MEMORIAL MEDICAL CENTER

Torrance, CA

Founded in 1925 by Jared Sidney and Helena Childs Torrance, Torrance Memorial is a 512-bed, nonprofit medical center established to provide quality healthcare services to the residents of the South Bay, Peninsula and Harbor communities in Torrance, CA. Torrance Memorial also includes an extensive integrated system of physicians and comprehensive medical services across the care continuum. In 2018, Torrance Memorial affiliated with Cedars-Sinai Medical Center under the umbrella of Cedars-Sinai Health System to further enhance access, coordination and quality of care, and to bring more expertise in the areas of neuroscience, cancer and heart failure to the communities of the South Bay. Torrance Memorial's nursing program has earned coveted Magnet® recognition from the American Nurses Credentialing Center, which recognizes nursing excellence. *U.S. News & World Report* also ranked Torrance Memorial as one of the best hospitals for 2017-18 in California and the Los Angeles metro area for the sixth year straight.

CHALLENGE

The team at Torrance Memorial operates with a set of core values designed to promote recovery and healing, and that means serving as many patients as possible. Although Torrance Memorial previously had a patient flow committee to help increase capacity, driving sustainable change was difficult and the committee was dissolved in 2013. Despite the continued effort to work on access and throughput challenges

— it turned out to not be an effective approach. Specifically, the main capacity challenge related to discharging the right number of patients by 11 a.m. and the lost bed time due to delays. In fact, in April 2017, only 80 patients/month were discharged by 11 a.m.

ACTION

Shanna Hall, Vice President of Nursing and Daniel Palma, Director, Medical

Surgical Services, experienced patient flow advocates, were promoted to leadership roles and knew the time was right to re-launch a comprehensive patient flow program that would include an active, engaged Throughput Steering Committee. The first step: endorsement from both the Chief Executive Officer and Chief Nursing Officer and the creation of a 15-member steering committee and a 15-member work group.

Next, they looked at their overall operations to determine what they could quickly impact. What emerged was time lost to an inefficient discharge process.

This was verified by both a current state assessment and a data-driven business review. The team started with three action items — all of which align with TeleTracking's roadmap of best practices:

• Ready to Move (RTM) within 15 minutes
• Environmental Service (EVS) response time within 30 minutes
• Discharging the appropriate number of patients by 11 a.m. — which became known as VIDA [very important discharge appointment]

The team kicked off the project in May 2017, developing a plan within 30 days

Patient Throughput Steering Committee Members:
[left to right] Makesha Lofton, Daniel Palma, Debbie Banderas, Barbara LeQuire, Diego Agudelo, Jesse Castaneda, Shahin Thomas, Shanna Hall (committee chairperson)

Members not pictured :
Dr. McNamara, Physician Advisors, Emergency Department Medical Directors, Derek Berz, Heather Shay, Debby Kelley, Mary Wright, Jeremiah Hargrave

that incorporated Lean methodology, A3 tools [an approach to problem solving and continuous improvement that includes that of Plan, Do, Check, Act], and a project charter. Each team member had a strong sense of personal urgency and commitment, passion and dedication to teamwork. The team also developed a strategy to increase engagement and collaboration among the full range of hospital teams by developing a set of Standard Operating Procedures [SOP] to ensure a unified approach.

By October 2017, the number of discharges by 11 a.m. jumped to 197. To drive home the impact, they track and report results in patient numbers versus percentages—this makes it much more personal, thinking of the patients they're caring for going home to a positive, healing environment instead of a cold statistic. In addition, patient Ready to Move dropped from 81.3 to 21 minutes and EVS response time decreased from 81.2 to 38.5 minutes.

Shanna and Daniel knew there was opportunity to improve further. In February 2018, they launched an initiative with cross-functional teams to really understand barriers to the 11 a.m. discharge, and also empowered those individuals to find solutions.

Both Shanna and Daniel lead by example—but they also knew that even with the processes put in place, change can be hard. Some of the tactics they employed to communicate with and engage staff were:

• Educating and training lead nurses on what to look for to determine if the patients is ready for discharge.

• Having nursing and case management collaborate closely, especially for patients moving to a skilled nursing facility as the next step in their care. This heightened level of collaboration led to the discovery that patient transport was a barrier — which was solved by setting up transport the day before a scheduled discharged.

• Creating campaigns that incorporated meetings, articles and huddles to garner physician, care management, and physical therapy adoption.

• Consistently meeting with teams to explain the importance of the initiatives and the impact on quality and patient safety.

• Easing the transition to the new processes and encouraging team spirit with contests that awarded points to the team with the highest number of VIDAs and those teams then being rewarded with pizza and cookie celebrations.

In addition, overall communication was enhanced with the following:

• Creating a VIDA icon in PatientTracking Portal™ so all team members are aware a patient has been designated as a VIDA and can work towards ensuring all discharge tasks are completed in a timely fashion.

• Triggering alerts to increase transparency with group texts to team members including nursing, case management, and physical therapy.

RESULT

• A decrease in PACU and ED boarding hours.

• Because of VIDA, the number of patients discharged by 11 a.m. increased to 287 in March 2018.

• When capacity reaches the red/yellow zone of Torrance's "patient flow volcano," VIDA helps open up rooms for new patients.

• EVS response time [February 2017-December 2017] dropped from 81.2 minutes to 38.9 minutes.

• Patient Ready to Move dropped from 81.3 to 21 minutes.

• Improved patient and staff satisfaction.

The Torrance team continues to motivate staff and create impactful change as part of a long-term patient flow strategy. The next phase in their journey is moving to the cloud, increasing the use of mobile solutions and eventually implementing centralized transport.