



UNIVERSITY OF LOUISVILLE HOSPITAL [UofL]

Louisville, Kentucky

-  CHALLENGE //
-  ACTION //
-  RESULT //

CHALLENGE

- Extensive competition existed between area health systems for both patients and team members.
- In July of 2017, UofL ended its relationship with its parent organization, KentuckyOne Health, and a multi-disciplinary black belt team was formed to address challenges within the organization—one of which had to do with technology infrastructure.
- Capacity was typically between 88%-105% due to the average length of stay of 6.1 days and ED/PACU boarding—which meant diverting patients was common.
- Members of the nursing team were doing tasks that were not the best use of their skills thus taking them away from their core mission of caregiving—such as transporting discharged patients.

There was also a large footprint for team members to navigate across the hospital.

- Issues in the discharge process included delaying discharges in order to avoid new admissions, a lack of communications between departments and a lack of non-emergency transportation services to support the needs of discharged patients.

ACTION

- At the same time the KentuckyOne Health relationship ended, UofL Hospital created an access center, led by the capacity management director who was tasked with addressing capacity challenges. The initial focus was on improving discharge efficiency—including monitoring the number discharges occurring by 11a.m. and 2p.m., completing the necessary tasks pending discharge and ensuring that a patient had the proper transportation arranged in order to be discharged.

University of Louisville Hospital [UofL]—an academic teaching and research hospital with 340 beds—is located in the heart of the Louisville metro area. UofL is the only Level I trauma center and adult burn unit in the region, admitting more than 3,000 patients each year—including 1,500 patients who live outside Jefferson County and its surrounding communities. UofL also includes a top-notch cancer center and a uniquely streamlined, nationally accredited stroke center—the latest innovations in a long history of world-class care. The goal of UofL process improvement is not just to save lives and restore health, but to get patients back to enjoying their lives as fully and quickly as possible.

- Metrics started being reported across the organization and presented to hospital leadership at a monthly meeting. These meetings resulted in the creation of a multi-disciplinary patient flow council.

- Prioritization of patient transports is essential to the discharge process, and the decision was made to place a registered nurse in the transport manager role. The transport department was further transformed with a process change that involved ensuring patients were actually ready for discharge before a transport request was made. Transport staff was also increased during peak hours of discharge volume. In addition, wi-fi access points were increased to support the shift to improved communication using iPhones.

- Another nursing staffing change included having a charge nurse dedicated to assisting with patient downgrades to observation status, discharges and overall patient flow.

- Monitors were installed on all units displaying TeleTracking's PatientTracking Portal. Icons illustrating patient status and their progression towards discharge was another way to improve discharge readiness communications amongst caregivers.

- Collaboration with case management led to the implementation of rapid rounds on all inpatient units, as well as the establishment of a daily afternoon huddle to assess discharge readiness—and if appropriate, start the tasks necessary for discharge. In addition, the discharge order process was revised so that any attending physician can now sign the discharge order rather than just the admitting provider.





RESULTS

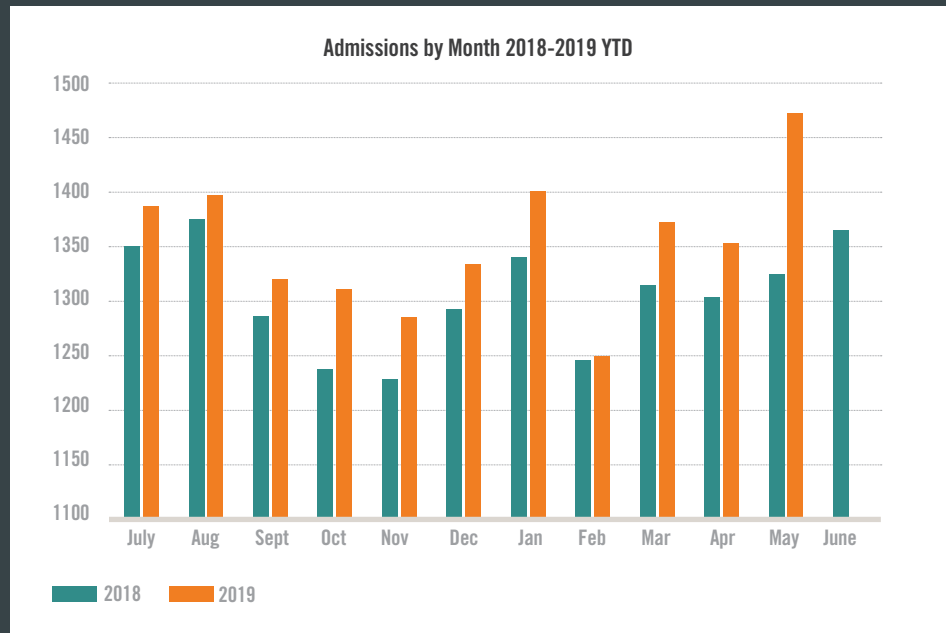
Strong support from senior leadership, the dedication of the entire UofL team led by a passionate advocate for patient flow, and the combination of people, process and technology has resulted in the following outcomes in a very short period of time:

- The ability to admit and provide care for 589 additional patients January—September 2019
- A 525-hour reduction in capacity status hours and a decrease in patient length of stay from 6.1 days to 5.3 days
- An increase in discharge compliance from 39% to 56%
- 169 additional OR cases
- An increase in the number of patient transport trips from 3,604 per month to 5,135 per month and decrease in total trip time of more than 5 minutes

Next steps include rounding and continued education to maintain momentum—along with continued analysis of data and process to identify areas of improvement. Soon, UofL plans to add the emergency department as a transport origin and destination to aid in pulling patients out of the ED and on to the units to improve patient flow. And, in the near future, the goal is to establish a Health System Command Center that will provide visibility across the entire Louisville UL Health Campus to facilitate care throughout all medical facilities and the community.



ADDITIONAL CAPACITY FOR PATIENT CARE



MONTHLY MAIN OR CASE VOLUMES

