



Multi-Hospital System Reducing LOS, Improving Access to Care, Gaining \$36.1 MM Bottom-Line Impact



Issue:

Increased average length of stay (ALOS) impacts patient care.

- Increased emergency department boarding
- Higher risk of infection
- Hindered access for surgical patients and community members with medical care needs



Approach:

Systems thinking used with a physician-led multi-disciplinary team ensures:

- Daily evaluation and coordination of resources with patient demand
- Implementation of standardized care plans to meet medical readiness guidelines by expected discharge date
- Dynamic review of care progression against the care plan modeling PDSA with reflection
- Learning from discrepancies between expected and actual discharge dates for continuous improvement



Results:

Improved ALOS for surgical patients 46% and medical patients 27% (initial pilot hospital). As innovations spread across each hospital in the system, impacts include:

- 19,000 additional bed days, 13% reduction in inpatient LOS
- Reduced readmission rate by 12%
- Allowed for an additional \$6M in surgical revenue
- Staggering surge in margin for medical and surgical patients, with \$36MM in 12 months
- Enhanced patient safety and satisfaction, and unburdening of dedicated staff
- Increased productivity by 15.1% within the medical group



Staff Feedback:

- "Love the MDRs [multi-disciplinary rounds]. Everyone is on the same page, it is quick, useful and effective. The care team actually feels like a *team*."
- "Teaming of Nurse, Care Manager, Social Worker and physician is a huge win. MDR huddle is efficient and productive, and an excellent return on investment of time spent."