2019 16, JULY

Length of Stay



OF_

LAURA BISHOP, MD CAMILO CASTILLO, MD RUSS FARMER, MD JOSEPHINE GOMES, MD ABBY STOCKER, MD



at University of Louisville Hospital

How do we increase physician engagement around throughput at University of Louisville Hospital?





Communication

- Recruitment of Physician Discharge Advisor
- Comprehensive education and awareness campaign
- MugBook / messaging

Analysis

- Identifying pilot service lines
- Utilization of teletracking, EMR assists, care coordinator service line cohorting, LOS report card





Reinvestment

- System-wide LOS report cards
- Discharge Advisor assists with determining savings
- Med Exec directs savings to proposed projects



Leadership and Innovation in Academic Medicine

Increased bed occupancy on units

OR, ED, PACU, CATH, IR patients are held

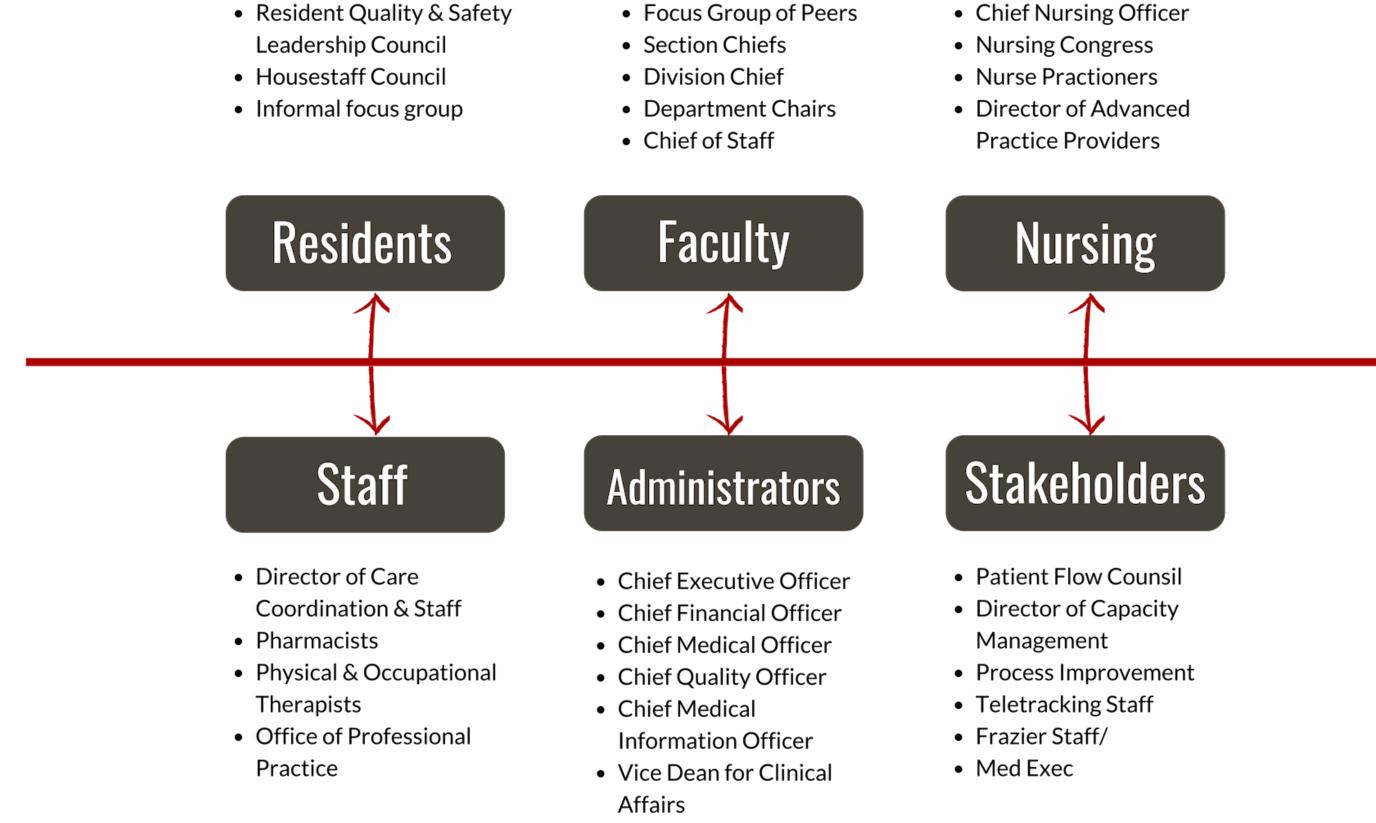
PATIEN

ICU's are unable to transfer patients ED holds, on diversion, transfers denied

Our Need

ULH LENGTH OF STAY

Define and implement an innovative solution to address the physicianspecific factors that drive a longer length-of-stay





IF I HAD ONLY ONE HOUR TO SAVE THE WORLD, I WOULD SPEND FIFTY-FIVE MINUTES DEFINING THE PROBLEM, AND ONLY FIVE MINUTES FINDING THE SOLUTION.

ALBERT EINSTEIN

standards / policies

compensation

environment

safety

culture

people accountability

leadershipdignity

organization

shared vision



Our Need

REDEFINED

Enhance physician engagement during the length of stay / patient flow process at ULH through culture change



Approach: Phase One

Communication



the best care... at the right time



Apps 🔕 PtK 🕥 ULP	🔒 ULH UMC 📷 57	🔂 Norton 🏪 🧆 Lib 🥠	R+F 🛃 🗾 MH 🧱 RM	SS 🔄 RTR 🔮 LL 🛛 » 🛅 Other Boo
UL Phys			Cancer Cente	
✓ Welcome page				Returning Candidate? Log back i
		SICIAN CHAMPIO		Apply for this job online
Job ID: 2019-5046 # of Openings: 1 Category: Administrative Dept: Decision Support OVERVIEW			Email this job to a friend	
This physician is responsible for assessing and advising on practices surrounding patient flow, or movement of patients through the healthcare facility. They will work closely with the medical staff, including house staff, advanced care providers, hospital leadership, care coordination and utilization management personnel to develop and implement continuous quality improvement methods to optimize use of hospital services and increase patient flow from presentation to discharge.				Share on your newsfeed
		ONSIBILITIES		
to determine ser Close int work to o	king training and assist vice lines for initial focu eraction with attending optimize the transfer/d	patient flow council in physician us. gs, house staff case management ischarge process through a conti removing barriers to discharge/t	r, nursing and social nuous quality	





PROVIDER ALERT BED STATUS ALERT PLEASE DISCHARGE PATIENTS **BEFORE NOON** HELP MAKE ROOM FOR INCOMING PATIENTS PATIENT





Approach: Phase Two

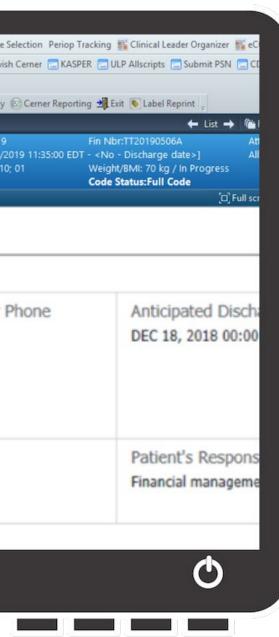
Analysis

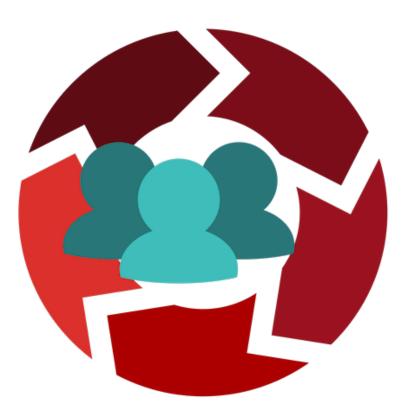
Quality Dashboard

Year to Dat	e FY2019 (Jul	y '18 - May '19 Mean LOS	Mean LOS	LOS Indez
	# of Cases	Observed	Expected	0.78
	26	3.04	4.34	0.83
	432	2.63	3.06	0.00
	90			

🚰 Home 🖃 Message G	Center 🌃 Or	rganizer 🌃 Physician Handoff 🕢	Patient List 🌃 My Experience	e 🌃 Real Time Dashboard 📁 Case S
🕄 UTD 🕄 PtKeep 🕄 I	MyULH	Up to Date 🕄 ITW Application [🗟 Lexicomp Pharmacology 🗔	Lippincott Nursing Advisor 🔚 Jewis
🍫 Orders: 11 Crit: 0				
Tear Off 🚕 Charges	Charge	Entry 📗 Calculator 🎦 AdHoc	i Specimen Collection	mmunicate 👻 🛃 Patient Pharmacy
XXULHTEST, DOC	CROW			
XXULHTEST, DOCC	ROW		Age:32 years DOB:2/6/1987	MRN:T000000019 Inpatients T [5/6/2
are Team:Medicine - P i:	Purple Team	LVL:Progressive Care (PCU)	Gender:Male	Loc:ULH TEST; T10
Menu	4	< 🔹 🔹 🏦 Provider	View	
Provider View	^			
lesults Review		Discharge Pla	anning	
Orders	🕈 Add			
Quick Orders				
ocumentation	🕈 Add			
ocuments/Reports		Barriers to Dis	scharge	Home Caregiver I
MAR Summary	=	Identified		Number +919988006677
MAR		Follow-Up appoi	intments needed,	
Aedication List	🕈 Add	Home environm		
View/1&0		assisted living re		
)iagnoses and Problems			estuence beu	
listories		available		
Allergies	+ Add			
atient Information		Living Situatio	n	Home Barriers
orm Browser		Home with pallia	ative care, Law	No phone
ischarge Summary		enforcement de	tention	
acesheet				
Calculators				







Approach: Phase Three

Reinvestment

UL Hospital Quality Dashboard Year to Date FY2019 (July '18 - May '19) Year to Date FY2019 (July '18 - May '19)						
Year to Dat		Mean LOS	Mean LOS Expected	LOS Index		
Service Line	# of Cases	Observed 3.04 3.60	3.87 4.34 3.06	0.78 0.83 0.86		
Hand Cardiology Dentistry / Oral Surgery -1 Medicine	432 90 2,842 774	2.63 5.07 7.11	5.72 7.72 8.90	0.89 0.92 0.98 0.98		
Dentistry / Ona & Constraints General Internal Medicine Medical Oncology Psychiatry (3 North)	432 1,571 744	8.72 7.34 4.15 5.70	7.48 4.21 5.78	0.99 0.99 0.99 1.00	-	
Trauma Orthopedic Surgery Vascular Surgery Neurology (excluding Stroke)	86 624 2,804	4.25	4.26 4.82 7.34	1.02 1.02 1.07	\mathbf{O}	
Neurology (en DB/GYN Pulmonary General Surgery (excluding Trauma)	671 750 936 226	7.5	6.00 3 4.73 6 3			
Veurosurgery Jrology Stroke	833 18 25	3 7.0 6 7.0	5 6.1 15 7.2	0		

Otolaryngology







PATIENTS

- increased patient satisfaction
- decreased mortality



MD

- improved engagement
- enhanced wellness





- more
- interprofessional teamwork
- employee retention

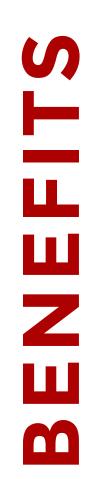
COMMUNITY

- increased capacity
- increased access for transferred patients



DEPT

• faster escalations and de-escalations of care to/from ICU • less ED holds



 increased reimbursement • an average decrease by 0.5 days = \$3 million





COMPETITION

CULTURE CHANGE



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