Standardized, Multidisciplinary Rounds (MDRs) Reduce Length of Stay Index

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BACKGROUND

Using a comparative database, the organization identified excess patient days as a significant financial opportunity of at least $10.4 million annually, relative to peer benchmarks. Based on these benchmarks, the health system set a goal to reduce LOS index from 0.97 to 0.92 across six hospitals.

AIMS

AIM 1: Implement standardized **multi-disciplinary rounds** (**MDRs**) system-wide to reduce the LOS index.

AIM 2: Develop a measurement system to track financial progress against targets.

AIM 3: As part of a formal control plan, launch the LOS Surveillance Team to regularly monitor key measures and address any headwinds post-implementation.

AIM 4: In conjunction with feedback from the Surveillance Team, use statistical hypothesis testing to determine root causes of unexpected variation that might increase the LOS index post-implementation.

METHODS

Under the Financial Turnaround Steering Committee's purview, the executive sponsor formed a core team of hospitalists, case managers, and nursing leaders to identify and reach consensus on a standardized MDR approach.

The MDR team met weekly to develop the MDR script, rollout plans, and education.

These standardized MDRs, reflecting best practices, were rolled out in a stepwise fashion across all acute care units at all hospitals.

C-suite level hospital leaders attended MDRs and completed MDR audit surveys to convey their support for the MDRs and LOS reduction.

MDR audit surveys, including comments, were reviewed during weekly meetings to verify script adherence and make immediate enhancements to the MDR scripts.
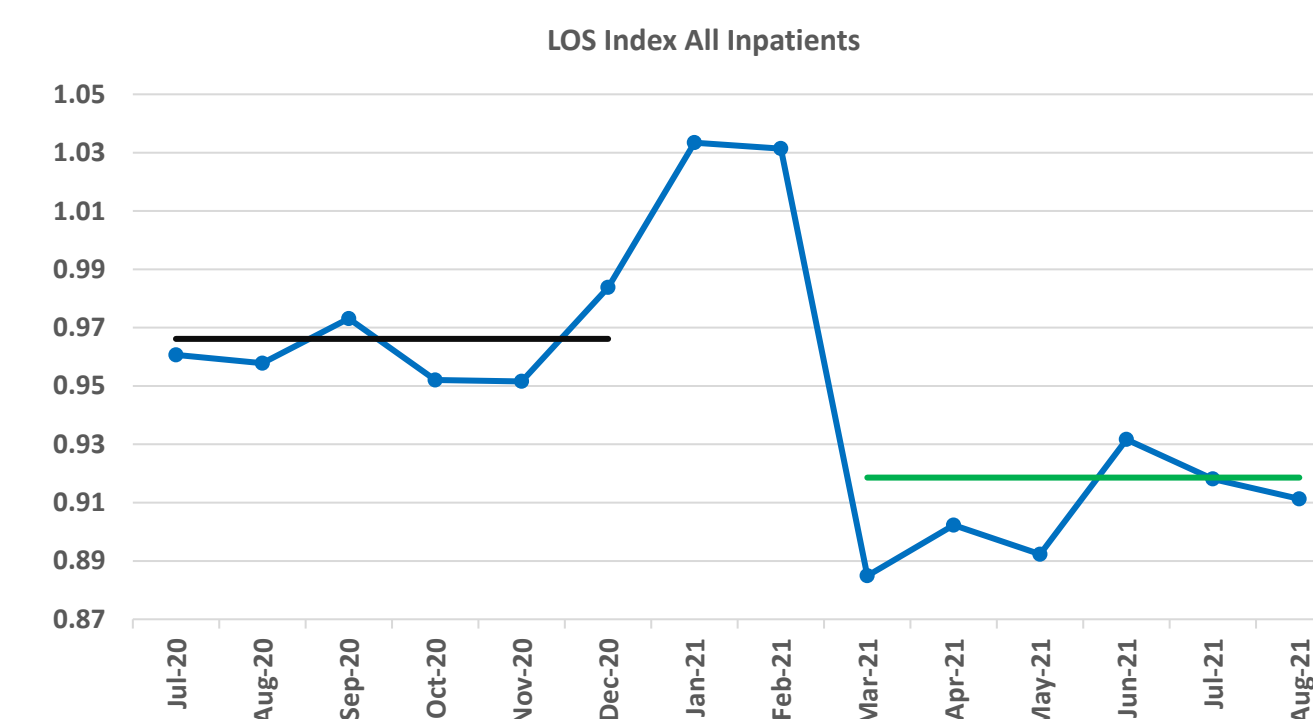
The team also developed ongoing monitoring of the LOS Index by facility and non-risk adjusted LOS and balancing measures to monitor progress towards the financial goal.

RESULTS

In the first six months post-implementation, the LOS index reduced from 0.97 to 0.92 across the system, realizing an annualized benefit of $13.4 million. The organization also saw significant improvement in percentile rankings relative to other peer hospitals, in some cases improving 13 percentile points relative to peer hospitals during the pandemic.

LOS Index All Inpatients

Post-implementation, the organization was challenged with COVID surges and staffing shortages. To remedy the situation, the Surveillance Team developed theories as to what was causing the increase, used statistical hypothesis testing to identify which root causes were likely contributing to the problem, and implemented several process changes to mitigate the new challenges.

DISCUSSION

Ultimately, we've been able to demonstrate significant improvement in the LOS Index using standardized MDRs. Our approach highlights the value of standardized MDRs, but also a control plan to hold gains as well as statistical analysis to diagnosis and resolve issues as they arise.

Despite the improvements from MDRs and statistical analyses to address variation due to COVID census and staffing levels, ongoing barriers were difficult to remedy through the MDR process alone.

KEY TAKEAWAYS

Having executive presence throughout the project reinforced the importance of MDRs and LOS reduction.

Using the audit comments during the design process provided immediate feedback and improvements to MDRs.

Using statistical methods which controlled for confounding factors, hypothesis testing helped to identify root causes of the problem.

Learning Objectives:
1) Illustrate a novel approach to multidisciplinary round best practices in reducing length of stay.
2) Summarize the application of statistical techniques to identify root causes of the problem and to remove data variation that might cloud interpretation of results.

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