

2023 VIZIENT CONNECTIONS SUMMIT

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WYNN, LAS VEGAS

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# LOS Reduction Through Service Line-Focused MS-DRG Intervention

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Inova Health System, Falls Church, Va.

**Rishi Garg, MD, Chief Medical Officer**

Inova Fairfax Medical Campus, Falls Church, Va.

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# Learning Objectives

- Describe the use of MS-DRG data to drive change that impacts hospital operations.
- Discuss how service lines can integrate into hospital operations.
- Explain how shifting away from tradition can positively affect hospital and patient metrics.

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# Who Are We?



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# Inova Strategy

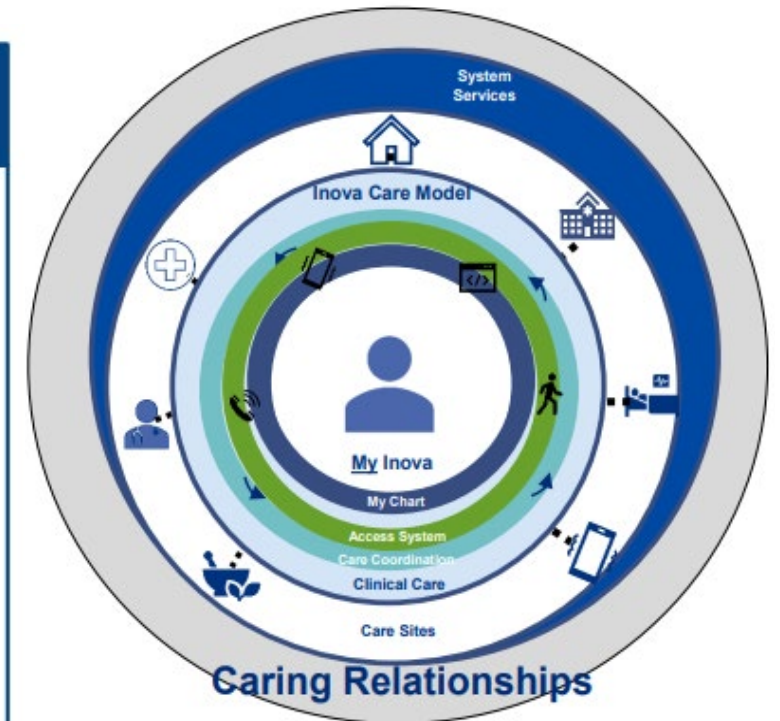


## Mandate

Provide a people-centered, high reliability, high value, seamless system of care

## Our Imperatives for Transforming Care

- We must create an environment of **zero harm**.
- We must **know each patient and honor** what matters most to them with **empathy and compassion**.
- We must create a culture of **psychological safety** that empowers each team member to fully engage.
- We must **collaborate in teams** with equal voices, embracing patients and their families as integral members of the care team.
- We must embrace and practice **best evidence**, forgoing tradition and individual preference.

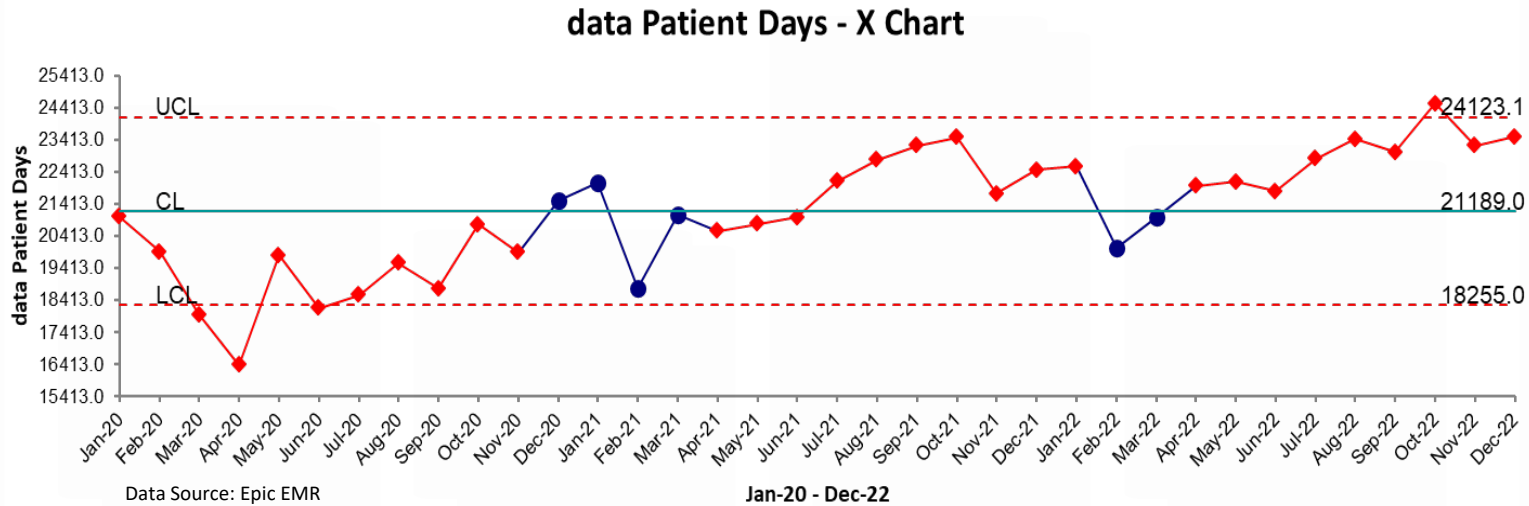


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# Problem Statement

In 2021 we began to see significant increases in patient volumes, this trend has continued into 2023. Additionally, our comparative data told us that our length of stay was higher than goal and benchmark. This combination was stressing our ability to meet our mission of providing world-class healthcare- every time, every touch- to each person in every community we have the privilege to serve



Adult Inpatients		AMC
		IFH
<b>Inova Performance</b>		
	2019	1.00
	2020	1.00
	2021	0.99
Green if met 2021 goal -->		
<b>2021 Target (5% improvement YOY)</b>		0.95
<b>Benchmarks</b>		
Vizient Top Quartile (2020)		0.93
Vizient Top Decile (2020)		0.90

IFH: Inova Fairfax Hospital

Data Source: Vizient CDB

LOS O:E

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# Project Plan and Initiation

Each service line (SL) chose a MS-DRG/family of MS-DRGs with length of stay opportunities. Each team's goal was to implement interventions and achieve LOS O:E  $\leq$  1.0 by the end of the year for their chosen MS-DRGs.

- Identified SL teams were given MS-DRG-based data for year over year opportunity related to LOS and/or MS-DRG-based data related to Vizient Q&A efficiency opportunity
  - SL teams were provided with interpretation of the data shared
  - SL teams were also provided with patient level data for selected MS-DRGs upon request
- After data analysis each SL team came up with an action plan to address LOS opportunities for their selected MS-DRG/family of MS-DRGs
- Teams did bimonthly check-ins with CMO and QI Director for guidance/barrier removal/accountability
- Teams did quarterly check-ins with System Flow Committee

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# Project A3

## Fairfax LOS Reduction



**Problem Statement:** Excess LOS is a key driver in IFMC patient flow challenges. History making high volumes have exposed the opportunities that exist to reduce LOS and therefore improve patient flow.

**Scope of project:** interventions to reduce LOS by DRG

**Out of Scope:** interventions to reduce costs or other metrics, interventions for other departments to do

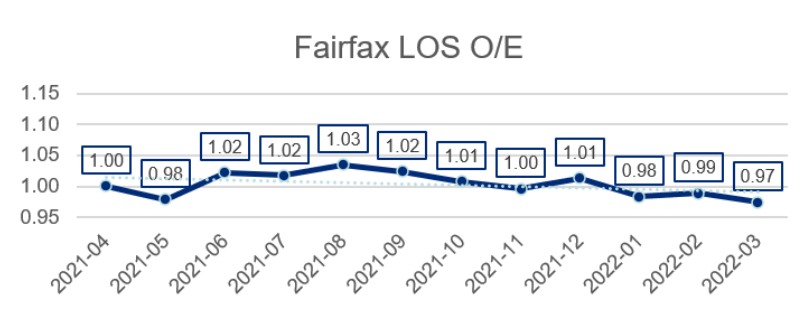
**Goal:** Each SL reduce LOS in specific DRG's based on Vizient identified opportunities to reduce O:E to 1.0 or less in 2022.

**Target:** LOS O:E- 0.96      **Actual:** YTD LOS O:E- 0.98      **Gap** LOS O:E- 0.02

**Problem Owner:** Rishi Garg      **Stakeholders/Team members:** Service line leaders on the Fairfax campus  
**Date Assigned:** Oct 2021

SL	MS-DRG selected	baseline LOS O:E	Project LOS O:E
Cancer	811/812 RED BLOOD CELL DISORDERS	1.91/1.42	1.74/1.4
IHVI	216/219 CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES	1.07/1.06	1.26/1.16
Medicine	377-379 GASTROINTESTINAL HEMORRHAGE	1.17/1.1/0.79	1.44/0.85/na
	637-639 DIABETES	1.43/0.94/0.91	1.04/1.37/1.06
MSK	551-552 MEDICAL BACK PROBLEMS	1.27/1.05	1.22/0.93
Neuroscience	64 INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH MCC MS	1.04	1.15
	69 TRANSIENT ISCHEMIA WITHOUT THROMBOLYTIC MS	1.34	1.46
Peds	100/101 SEIZURES	1.63/1.05	1.65/1.00
	640/641, 391/392 DISORDERS OF NUTRITION, METABOLISM, FLUIDS AND ELECTROLYTES/ GASTROENTERITIS	1.2/1.23/1.23/1.06	na/1.00/1.51/1.04
Surgery	329-331 MAJOR SMALL AND LARGE BOWEL PROCEDURES	1.08/0.97/0.68	0.87/0.93/0.68
Womens	742 UTERINE AND ADNEXA PROCEDURES	1.57	1.27
	805/806 VAG DELIVERY WO STERILIZATION/D&C	1.21/1.13	1.28/1.03
<b>IFMC</b>	<b>Overall LOS O:E</b>	<b>1.01</b>	<b>0.98</b>

Intervention	Responsible Person	Status
Medicine-DKA- early identification and standardized treatment focus. GIB- add endoscopy service on weekend to decrease delays for GI pts, onboarded 3 GI hospitalists, improve transition of care for OP GI procedures	Paul Weisbruch, Sam Elgawly	In progress
Cancer - Sickle Cell Clinic opened, sickle cell team, exploring single unit where sickle cell pts are admitted to decrease variation	David Heyer	In progress
IHVI- improve interdisciplinary communication, explore options for IV abx therapy pts. Begin interventions for pts at sending hospitals prior to transfer. Cardiac surgery milestone pathway.	Sharri Robinson, Tiffany Latham	In progress
MSK- partner with NS, ACS & MSL to explore standardized pathway and guidelines for imaging, bracing & mobility. Biggest challenge is ID-ing pts at admission	Bob Hymes	In progress
NS- TIA outpt clinic, inpt inefficiencies related to testing and diagnostics, documentation opportunities, data drilldown to ID which comorbidities are assoc with longer LOS	Pat Lane, Sairah Bashir	In progress
Peds- EEG < 12 hrs vs > 12hrs, TAT for initiative of enteral nutrition and IVF cessation	Cindy Gibson	Getting started
Surgery- decrease open procedures, dc barriers- time to endoscopy, ostomy/wound vac teaching is a barrier to dc late in the week	Kirsten Edmiston, Jen Ditto-Kocis	In progress
Womens- pain mgmt and pt education pre-op, coding, post-partum variation reduction. Focus is on coding opportunities	Scott Rose, Falika King	In progress



Data Source: Vizient CDB

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# Baselines

## Cancer

- MS-DRGs 811/812
- Red Cell Disorders
- LOS O:E 1.91/1.42

## IHVI

- MS-DRGs 216/219
- Cardiac valve & other major CT procedures
- LOS O:E 1.07/1.06

## MSK

- MS-DRGs 551/552
- Medical Back
- LOS O:E 1.27/1.05

## Pediatrics

- MS-DRGs 100/101, 391/392, 640/641
- Seizures, Gastroenteritis, Disorders of nutrition, fluids & electrolytes
- LOS O:E 1.63/1.05, 1.23/1.06, 1.2/1.23

Data Source: Vizient CDB

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# Baselines

## Medicine

- MS-DRGs 377-379, 637-639
- GI Hemorrhage, Diabetes
- LOS O:E 1.17/1.1, 1.43

## Surgery

- MS-DRGs 329-331
- Major Bowel Procedures
- LOS O:E 1.08/0.97

## Women's

- MS-DRGs 742 & 805/806
- Uterine and Adnexa Procedures, Vaginal Delivery
- LOS O:E 1.57, 1.21/1.13

## Neuroscience

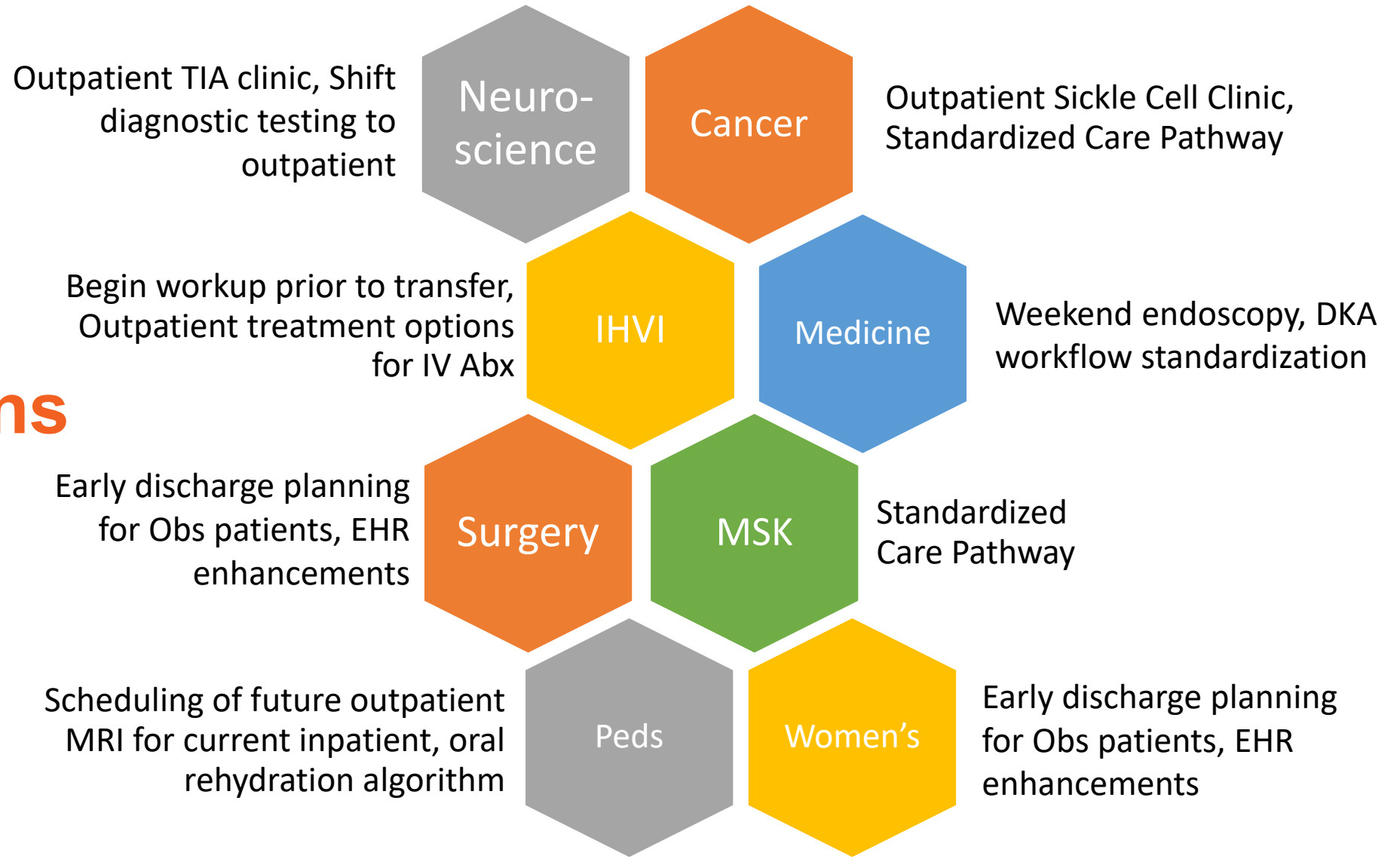
- MS-DRGs 64 & 69
- ICH & TIA
- LOS O:E 1.04, 1.34

Data Source: Vizient CDB

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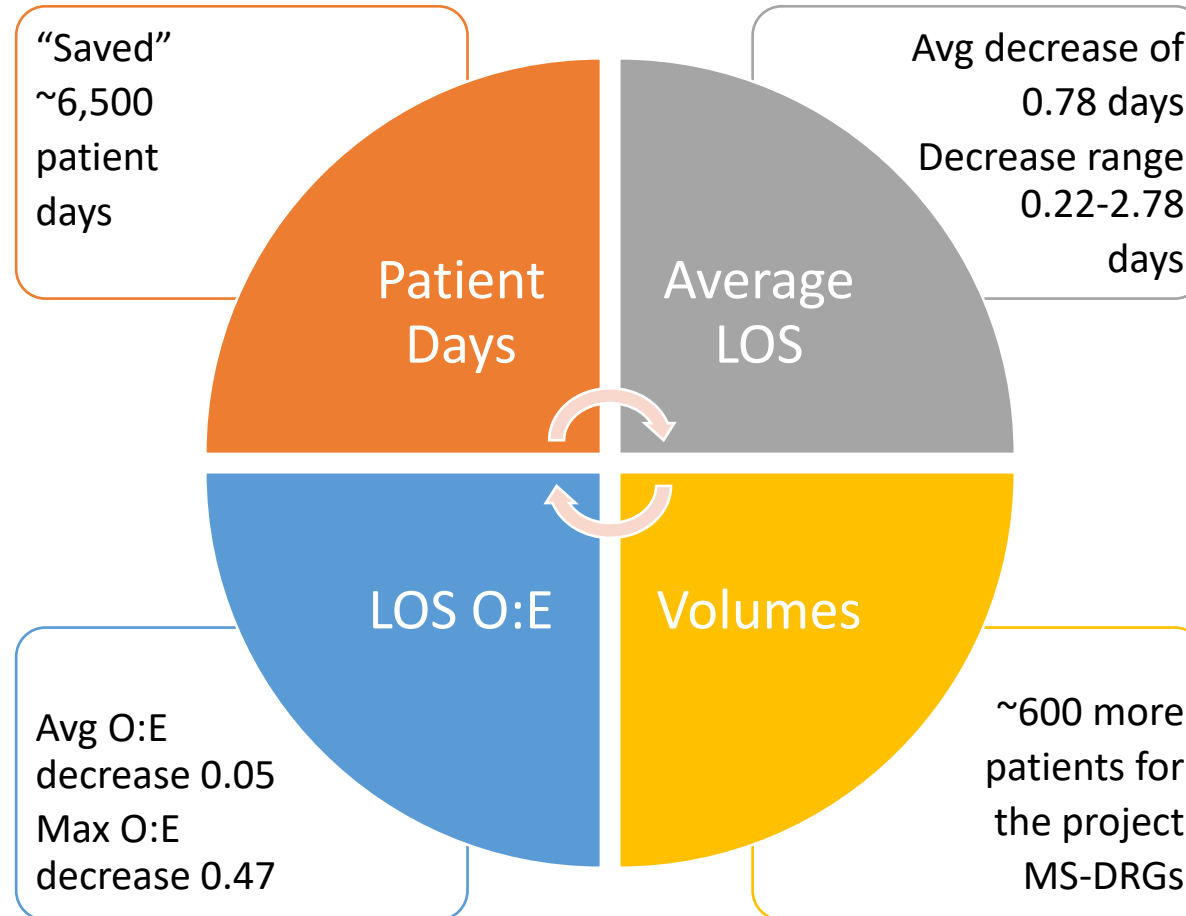
# Interventions



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# Results 2022 vs 2021



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# Lessons Learned

- The campus project was very quickly adopted by the system, but work was still mainly on our campus. Communication is a key driver of spread.
  - Formal presentation of several projects at other campuses has taken place via Hospital Quality and Safety Committee meetings
  - We learned they were unaware of the work and resources now available to them
- Having the right project lead(s) assigned by the SL was integral to the level of success
- SLs with more robust infrastructure achieved more than those without internal support
- Unless something entirely new was created, ongoing monitoring is necessary to sustain results
- Similar SL-focused model was used for all system flow and capacity work in 2023, therefore we could not continue the model for our campus-specific work

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# Key Takeaways

- SL-focused/owned work increased the breadth of work that was possible to undertake all at once
- Due to system interest, barriers for some projects were overcome faster (ex. EMR changes)
- Having centralized oversight decreases silo'd duplicative work by SLs
- Looking at benchmarked MS-DRG data helps drive focus where the largest opportunity to have impact exists
- This cannot be the only thing that is done to have an impact on LOS O:E, but is a key part of a bundle of interventions

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# Questions?



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