

2024 VIZIENT CONNECTIONS SUMMIT

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Inside the War Room: Hospital Throughput

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Learning Objectives

- Describe strategies to manage patient flow across the continuum of care.
- Discuss the use of data and real-time management to improve hospital productivity

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Outline

- Demographics of Rockford 2022
- Problem faced
- Initial Throughput Team formation and challenges
- Process, culture change, and successes
- Results
- Complaint(s)
- Expansion to other areas of the health system

Rockford Demographics

- Population ~ 150,000
 - ~350,000 served
- Median household income
 - \$55,667
- 14% below poverty line
- High percentage Medicaid
- High SDOH challenges

Situation

- Hospital at maximal capacity (317 adults)
- ED full (72 patients receiving or waiting for care)
- 15 patients in ED on admission hold status
- “Do we go on ambulance diversion”
 - State will likely say no
- “Do we cancel OR cases”
 - Not a financially healthy option
- Can we somehow create space?

“How can we more efficiently move patients through our system to create enough bedspaces to serve the population?”

Organize a Team

- Hospital President
- Chief Medical Officer
- Chief Nursing Officer
- Director Center for Mental Health
- Director ICU
- Director of Medical Imaging
- Director of Perioperative Services
- Hospitalist Medical Director
- Director of Case Management
- House Supervisor
- Directors of Floor Units
- Director of Women's Hospital
- Director of Therapy Services
- Manager of Non-Inv Cardiology
- Chief Resident, Family Medicine

Understand the Current State at the Time

- Deep dive on understanding throughput
 - GMLOS: O:E 1.41
 - Where are our opportunities for improvement?
- Establishment of key metrics
- Goal setting

Understand the Variation

- Hospitalists admit ~ 85% of patients, but there was little standard work
- Little coordination between Hospitalists and ancillary services (PT/OT, CM, Imaging)
- Multi-step workups took multiple days
- “Nice to have” imaging studies done as inpatient
- Late engagement of Case Management

Select an Improvement Plan

- Creation of the Hospital Throughput Huddle
 - Huddle Prework
 - MRI reviews, unit census, Echo reviews, OR cases, etc.
 - Standard report out
 - Real-time coordination of care
 - Cross-functional teamwork
- Group texting of barriers
- Meetings: 0800, 1245, 1545, 2000 (as needed)
 - Weekend triggers to meet

Challenges and Culture Change

- Initially, met with resistance
 - “More meetings!”
 - “This is an insurmountable problem to fix”
 - “Is this just the flavor of the day?”
 - “There is no way we can get that many discharged. We would then be among the nation’s top 10%”
 - “We already have too much work to do”

Challenges and Culture Change

- Choosing goals and metrics – took some time
 - Initially, people were not enthusiastic
 - Many people wanted to solve the problem, rather than understand the problem
 - We removed goals and metrics not value added
 - We added goals and metrics where improvement was needed
 - We pushed back when we saw stagnant trends

Challenges and Culture Change

- Meetings
 - A lot of non-useful talk initially
 - As many “huddles” as needed initially
 - Standard report out
 - Expectations created personal ownership
 - Meeting goals decreased additional meetings
- Achieving goals improved group culture!
 - Leaders proud of ongoing accomplishments
 - Celebrations and Recognitions
 - Attention from The University of Wisconsin-Madison

- GMLOS:
 - 1.41 (O:E) → 1.05 (O:E)
- ALOS:
 - 5.52 → 4.39 (1.13 improvement)
 - ~30,000 annual admissions
 - *24.7 additional beds opened per day*
- 30-day Readmissions: DOWN to 10.8%
- Mortality (O:E) DOWN to 0.79
 - National average = 1.0
 - 75th percentile = 0.8

Year to Date Operating Margin

- FY23

– Parent System:	2.7%
– Our Hospital:	0.0%
– Combined:	2.2%

- FY24

– Parent System:	2.9%
– Our Hospital:	5.4%
– Combined:	3.4%

Complaints

- Anonymous complaints to the Department of Public Health
- “Throughput process is bad for patients”
- Multiple-day on-site inspection
- Extensive interviews with staff members, physicians, administrators
- Extensive records review

“The UW Health Northern Illinois Hospital Throughput process is an exemplary process”

No adverse findings

Hospital Throughput Expansion

- ED Throughput
- IR / Imaging Procedures Throughput
- Anesthesia Line Throughput
- University Hospital Throughput

Lessons Learned

- A successful hospital throughput process is an ongoing process
- Goals and metrics are a must to measure success
- The hospital throughput process must be flexible as situations change to keep improving
- Continuous leader engagement and participation is a key to ongoing success
- Efficient hospital throughput can be done without compromising quality, safety, or readmissions

Key Takeaways

- There will be resistance and this must be anticipated
- Many will initially feel this is an impossible project
- Real-time communication is essential - Group texting is extremely helpful
- Leaders must always monitor the ongoing engagement of members of the group
- Ad hoc meetings are often necessary during times of peak census – representation by all is important

Questions?



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