

Cohorting Patients by Medical Groups Improves Throughput and Length of Stay

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Cohorting Patients by Medical Groups Improves Throughput and Length of Stay

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Abstract

Cohorting patients by high volume internal medicine practice groups within a 762 bed academic, community Magnet hospital has been effective in promoting physician accessibility to patients, families, and staff, thus effecting satisfaction, collaboration and ultimately, throughput and length of stay. A quantitative dashboard includes measures associated with improved patient flow, such as overall length of stay, discharges before 11:00 AM, and time from emergency department decision to admit to unit admission. Results to date for all measures show improvement compared to baseline data.

Impact

Cohorting Dashboard
Rolling 6 Months

Measure	Current Month Jan 2010	Prior Month Dec 2009	-2 Months Nov 2009	-3 Months Oct 2009	-4 Months Sep 2009	-5 Months Aug 2009	FY10 YTD	FY09	Baseline
SK LVHSCC & LVPGM									
#SK Discharges	142	182	180	165	173	181	1,209	1,895	3,402
Avg SK Acute LOS	5.63	4.79	4.71	5.30	5.65	4.66	5.07	5.34	5.78
Avg Observation Hours	29.78	39.51	28.60	28.36	33.75	32.28	30.57	30.79	34.37
% SK Discharges before 11am	4.2%	4.9%	4.4%	3.6%	1.7%	0.6%	3.1%	2.4%	3.4%
Avg SK ED Admit to Disposition min	92	89	82	77	107	90	88	98	168
# Discharge Orders before 11am	8	24	39	17	17	22	157	240	
% Discharge Orders before 11am	6%	14%	24%	11%	11%	13%	14%	14%	
# Discharges with LOS 10 Days or Greater	17	19	13	15	22	13	115	184	368
Press Ganey-Physician Kept You Informed		93	88	77	83	88	86	86	81
Press Ganey-Staff Worked Together		96	92	81	92	90	90	91	88

Background

- Continued capacity issues despite additional beds
- Increased Length of Stay (5.3 days in FY 07 to 5.42 days through March FY 08)
- Increased geography for physicians to cover – new tower (336,000 additional square feet)

Current Conditions

- Observational Study
 - Inefficient rounding process
 - Inability to have team participate in rounding
 - Internal Medicine managing 31% of hospital admissions – 68% of Medical admissions
- Schematic modeling visually depicted the number of patients and units physicians were visiting per day

Countermeasures

- Development of Cohorting Plan (group specific bed projections and unit assignments based on historical data)
 - Worries
 - Would we hold patients in the ED awaiting the “cohorted unit bed”?
 - Would Bed Management be bombarded by ED for holding patients?
 - Would the staff be happy with different patients?
- Confidential discussions regarding targeted units
- Development of respectful communication plan
- Elements to assure success:
 - Timeline
 - Mutual purpose: What do we really want?
 - Rapid turnaround – 30 day plan
 - Expectations
 - Collaborative Rounding
 - Reduction in LOS
 - Improvements in Patient Satisfaction
 - Weekly Dashboard, monthly report cards through Department of Medicine, monthly cohorting meeting
 - Have Fun - Bulletin Board, Picnic, Llama shirts, Adopt a Llama, Monthly lunches on unit



Metrics

