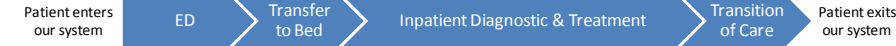


Unexpected Staffing Accuracy Gains from Visual Hospital

The Problem

"We do not have length of stay right for every patient"

Scope:



Demand for discharge is not understood & expected number of discharges vary by who you ask

Aim/Goal

Understand each patient's 'medically fit for discharge' status and raise awareness of patient needs so providers are able to prioritize their work in an effort to discharge patients as soon as they are medically fit to leave

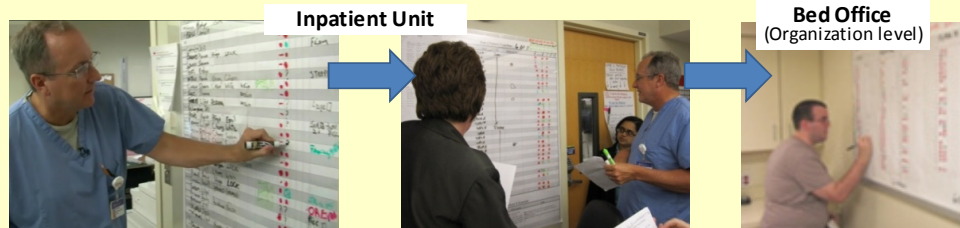
The Team

- Tricia Bourie, Farr 3
- Mary Jo Brogna, PCS
- Alicia Clark, MD, Medicine
- Donna Clarke, Farr 7
- Denise Corbett-Carbonneau, Farr 2
- Maureen Cunniffe, PCS
- RoseAnne Cunniffe, PCS
- Richard Knowles, Farr 2
- Sarah Moravick, HCQ
- Mary O'Connell, 5 ST
- Norma Wells, CC7
- Julius Yang, MD, HCQ
- Alice Lee, BT
- Kimberly Eng, BT
- Bonnie Baker, BT

The Interventions (June 20, 2011)

Visual Hospital – understanding demand to get out

Purpose: Understand current state of each unit by identifying expected discharges, potential barriers to discharge and how to act upon them, in an effort to plan the flow of the hospital



Resource RN collects each patient's status from the patient's MD or RN and records it on the unit's board, 4 times per day (9a, 12p, 3p, 5p), Monday - Friday

Bed & Staffing Office representatives round on each unit (4x/day) and reviews each patient's status with the Resource RN & Case Managers and notes specific reasons for delay

Data from each unit is collected & displayed on central board

Patient Status Key*

- Not medically fit for discharge
- ? Awaiting results/decision for discharge
- X Medically fit for discharge, but requires externally controlled resources
- Medically fit for discharge

* Designed by a multidisciplinary team with situational examples

Data collected to understand current state:

- Delays reasons
- Delay hours
- Changes in status
- Predicted discharges

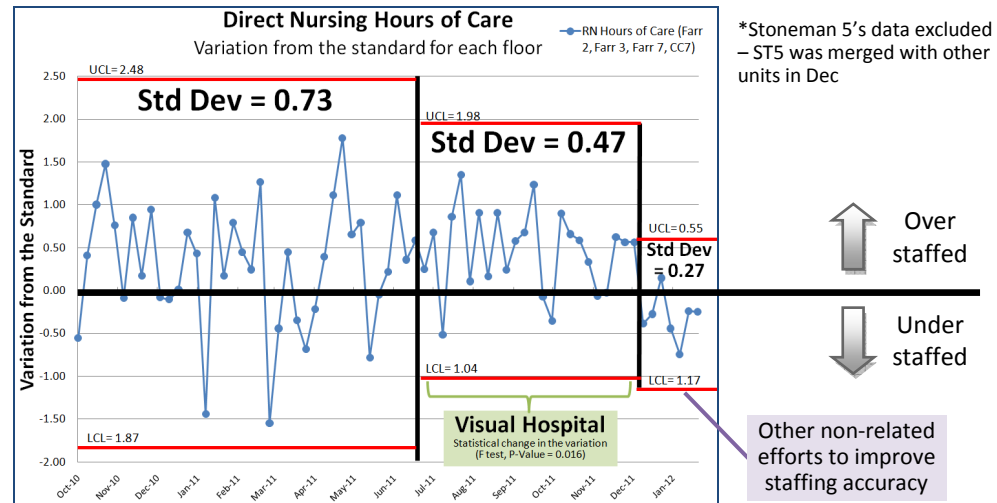
The Results

A process was developed to review each unit's expected number of discharges (participating units: Farr 2, Farr 3, Farr 7, CC7, Stoneman 5) and each patient's 'medically fit for discharge' status, 4 times per day – previously expected number of discharges were reviewed once per day at the 10a Bed Meeting.

As expected, problems and delays surfaced as patient status and needs were made visible close to real time. Unexpectedly, the problems and delays have been difficult to quantify and report in fine enough detail to create system-wide countermeasures. Further study and refinement of the process is needed.

An unexpected gain was an increase in staffing accuracy for inpatient nursing. Inpatient nursing flexes their staffing based on patient census. The increased awareness of each patient's status positively impacted the Staffing Office's ability to accurately staff.

Each floor has a standard number of 'direct nursing hours of care' allocated per patient per day. Variation from that standard indicates the unit is over or under staffed for the number of patients that are on the unit. The graph illustrates this deviation over time:



Lessons Learned

Understanding the status of each patient, at a glance, allows staff to focus on throughput and make more accurate operational decisions (e.g. more closely matching RN staffing to patient census).

Next Steps

Study, in detail, the processes containing sources of delay that have surfaced through the visual hospital experiment.

For More Information Contact

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