

Community hospital focuses on discharge to improve patient throughput and satisfaction

A large not-for-profit community hospital licensed for 683 acute and rehabilitative care beds with a main campus covering nearly 2 million square feet and spanning more than six city blocks, wanted to increase patient throughput and satisfaction across three medical surgery units.

Part of the nation's largest faith-based ministry and non-profit health system, and the third-largest system (based on revenues) in the U. S., its mission is to provide acute care services, long-term care, community health services, psychiatric, rehabilitation and residential care while paying special attention to the poor and vulnerable.

Executive leadership realized that accomplishing its goal of improving patient throughput and satisfaction required removing the impediments that were inhibiting optimal patient flow: lack of anticipation, visibility and advance coordination; serial and non-concurrent communication; fire fighting and reactive resource deployment; time lost waiting for beds.

After considering a number of consulting firms, the hospital selected USC Consulting Group (USCCG), an operations management firm well known for its world class operations management practice.

Once on board, the consultants performed a detailed review of existing information flows and processes across the hospital. This included case management, bed management, housekeeping, laboratory, pharmacy, transportation, dietary services, ICU and the ED.

USCCG team members worked alongside hospital clinical, support and administrative staff to obtain a more in-depth understanding of processes and methodologies. Their objective was to implement a discharge “pull” system to drive improvements in productivity

Key Metrics

Average length of inpatient stay was reduced by 18% or 3/4s of a day

Incremental throughput represents \$4 million in additional revenue potential through the ED or ICU

Hospital administration was pleased with synergy established across the hospital between clinical and non-clinical resources

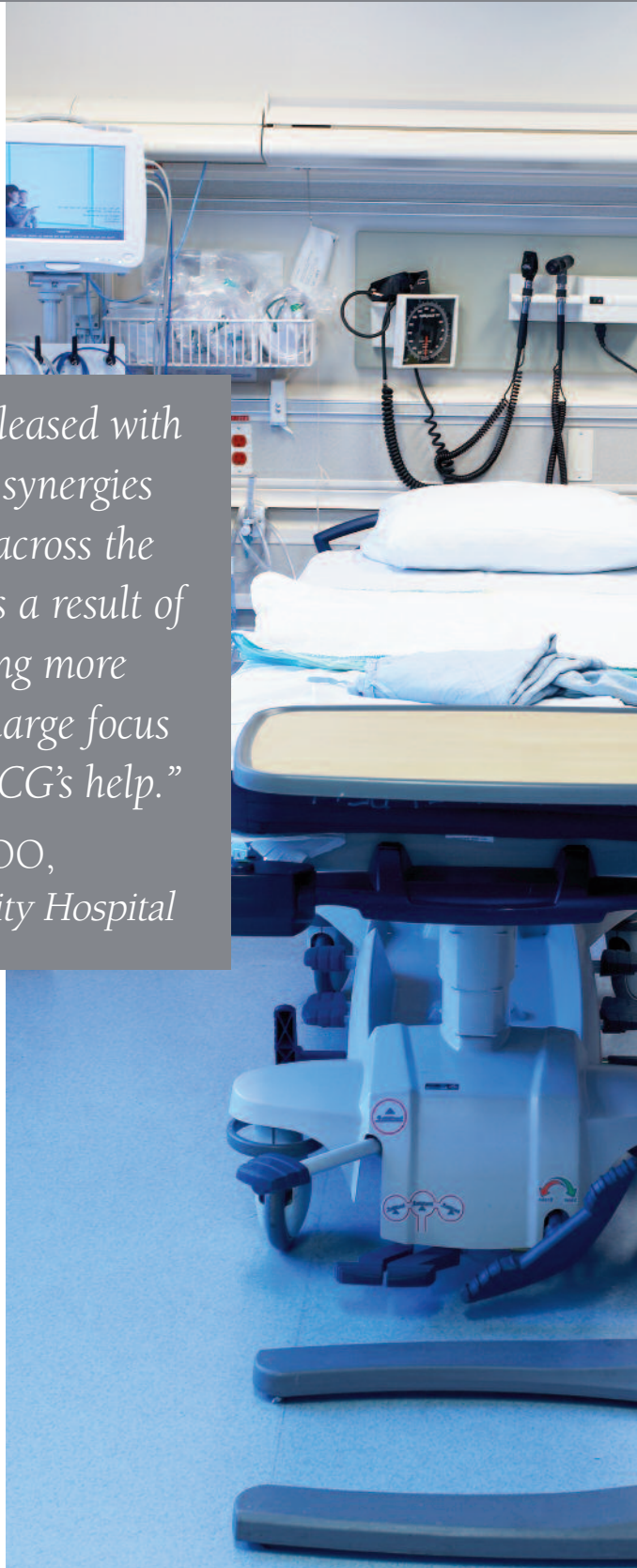
and throughput -- this to favorably impact the patient experience by cutting wait time in the ED, and reducing inpatient discharge cycle time.

The team identified and eliminated/minimized nonvalue-adding activities; prototyped, standardized and installed best practices, and enhanced an existing patient management system with enabling technology to deliver actionable business intelligence to hospital decision makers. This brought visibility to key performance metrics, improved accountability and facilitated fact-based decisions in management priority and corrective action.

As a result of process improvements and a new management operating system, ambulance diversions were down and coordination among and between clinical and support staff improved, resulting in more efficient admissions and discharges. Average length of inpatient stay (LOS) was reduced by 18% or 3/4s of a day versus the baseline, representing \$4 million in additional revenue potential through the ED or ICU.

Summing up the engagement, the hospital's COO said, "We are pleased with the new synergies created across the hospital as a result of adopting more of a discharge focus with USCCG's help."

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COO,
Community Hospital



First we make it work. Then we make it last.
For more information, contact us at 800-888-8872 or www.usccg.com.

