Delivering on the Patient Promise
Reducing Hospital LOS
Outline

• Brief overview of WFBH
• Lessons Learned from Phase 1
• Current State of Phase 2
Wake Forest Baptist Health

- Academic medical center located in Winston-Salem, NC
  - Service area covers 24 county’s in NW NC and SW VA
- Founded as North Carolina Baptist Hospital in 1923
- Magnet Hospital
- 1,004 acute care, rehabilitation and psychiatric care beds
  - 885 beds at Baptist Hospital and Brenner's Children's Hospital
  - 94 beds at Lexington Medical Center
  - 25 beds at Davie Hospital
2012 Stats

- Admissions: 38,601
- Day Hospital Stays: 24,638
- ED Visits: 104,325
- Outpatient Visits: 905,879
- Total Workforce: 13,625
Quality and Awards

Wake Forest Baptist Medical Center
Phase 1 Work

- Clinical Quality Goals set in Sept 2012
- 5 Aims with identified drivers and measures
- PI Team focused on Care Pathways and End of Life Care
## Project Successes

**• Leukemia Care Pathway**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Hospital</th>
<th>Cases</th>
<th>LOS Outliers</th>
<th>Mean LOS (Obs)</th>
<th>StDev LOS (Obs)</th>
<th>Mean LOS (Exp)</th>
<th>LOS Index</th>
<th>LOS Variance (Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>340047 WAKEBAPTIST</td>
<td>151</td>
<td>(2)</td>
<td>28.62</td>
<td>19.68</td>
<td>26.27</td>
<td>1.09</td>
<td>354</td>
</tr>
<tr>
<td>2012</td>
<td>340047 WAKEBAPTIST</td>
<td>160</td>
<td>(5)</td>
<td>31.19</td>
<td>21.65</td>
<td>25.02</td>
<td>1.25</td>
<td>987</td>
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</tbody>
</table>
Project Success

• End of Life Care
Additional Project Work

• Discharge Optimization
  • Mapped the patients stay from admission to discharge
    • Discharge planning starts on admission
  • Initially focused efforts on a few units
  • Focus on discharge huddles
  • Wanted to measure discharge process efficiency
Discharge Optimization Success

**Measure: Proportion of Patients Discharged by 1 PM**

- Staging line indicates go-live of discharge initiative
- Wake Forest Baptist Medical Center
Any Impact on LOS???

Based on discharge average length of stay
Lessons from Phase 1

• Were there other things that could have increased LOS?
• Are we focusing on the right drivers?
• How were projects executed?
  • Change in behavior?
Lessons from Phase 1

• Discharge Process Effectiveness
  • Swift spread
  • No focus on admissions
  • Gaming the system to meet the target
  • Messaging
Kicking Off Phase 2

• Utilization and cost reduction efforts for FY14
  • Inpatient diagnostic tests and treatments
  • Clinical practice variation
  • LOS
• Vendor pricing
## LOS Focus

<table>
<thead>
<tr>
<th>FY13-14 AIM</th>
<th>FY14 DRIVERS</th>
<th>FY14 MEASURES</th>
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<tbody>
<tr>
<td><strong>LOS: Decrease LOS by .30 days in 24 months</strong>&lt;br&gt;(Mean Observed LOS; Includes early deaths; 18+ age, Excludes Normal Newborn/OB/PSYCH/RHB)</td>
<td><strong>High LOS Variance Case-Types</strong></td>
<td>Number of care pathways developed for top 10 variance (by patient days) DRGs</td>
</tr>
<tr>
<td></td>
<td><strong>Avoidable Days</strong></td>
<td>LOS for vent patient DRGs</td>
</tr>
<tr>
<td></td>
<td><strong>Discharge Process Effectiveness</strong></td>
<td>Number of avoidable days due to inability to obtain a post-acute bed placement</td>
</tr>
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<td></td>
<td></td>
<td>Press Ganey score on speed of discharge questions</td>
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<td>Percent of patients discharged by 1pm</td>
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</tbody>
</table>
Current Status

• High LOS Variance Case Types
  • Analysis to identify potential areas
    • Heart Failure and Cervical & Thoracic Fusion
  • Engaging leadership within areas to better understand opportunity and plan for implementation

• Vent Patient Pathway
  • Interventions identified
  • Work teams assigned and developing new processes
Current Status

• Avoidable Days
  • Care coordination ownership
  • Recently redefined avoidable day
  • Reporting structure to capture avoidable days
    • 84 reasons within 5 categories
  • Recent meeting to discuss opportunity and implementation plan
Current Status

• Discharge Process Effectiveness
  • 17% of units identified
  • Physician/Nurse engagement plan
  • Getting patients out and getting patients in
Timeline

• FY 14 Q1 (July – Sept 2013)
  • Utilization group launched in August
  • LOS workgroup formed
  • Analysis of drivers

• FY 14 Q2 (Oct – Dec 2013)
  • Defining project scope and implementation plans
  • Kick-off meeting and planning for DC effectiveness

• FY 14 Q3 (Jan – March 2014)
  • Piloting of improvements across all drivers

• FY 14 Q4 (April – June 2014)
  • Target realization date and control phase
Questions?