VCU Health™

Davies Case Study
Vehicles for Communication

August 2018

VCU Health's Vision by Design
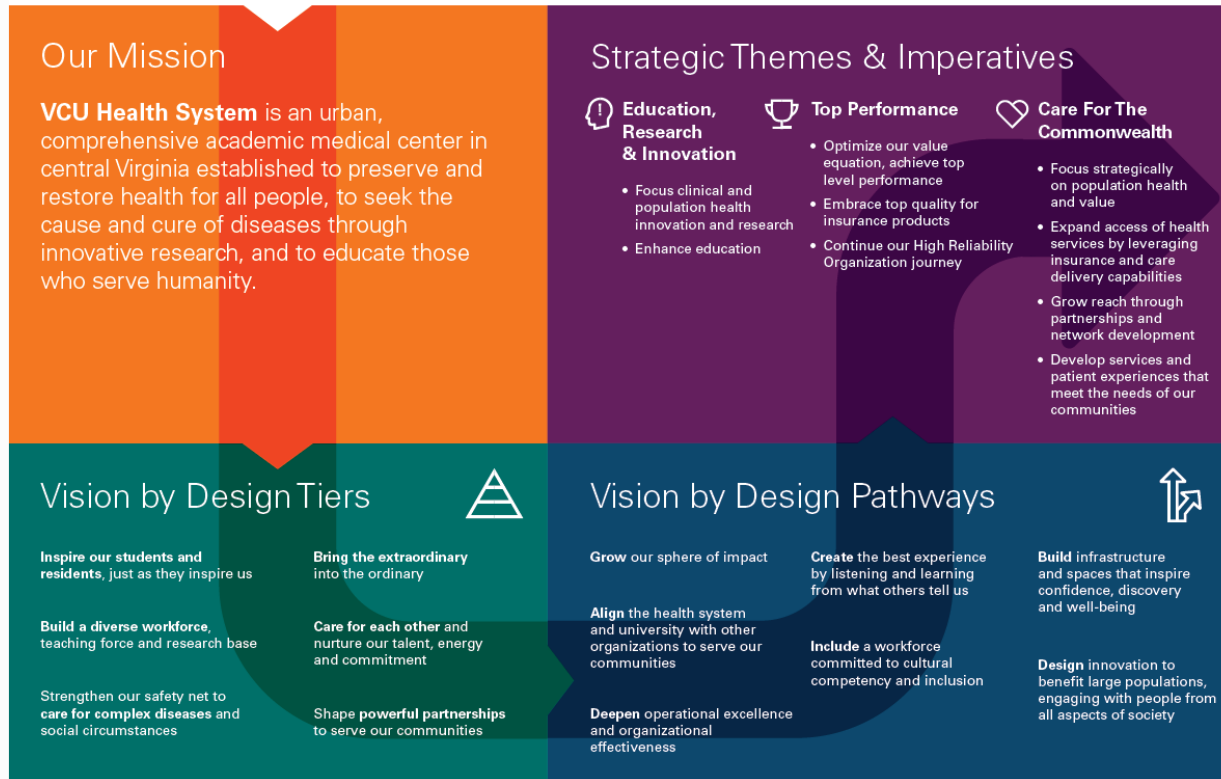
Lynn Goodloe, MS, RN, NE-BC
Director of Patient Flow, Telepage, Service Response, Communications and Emergency Management

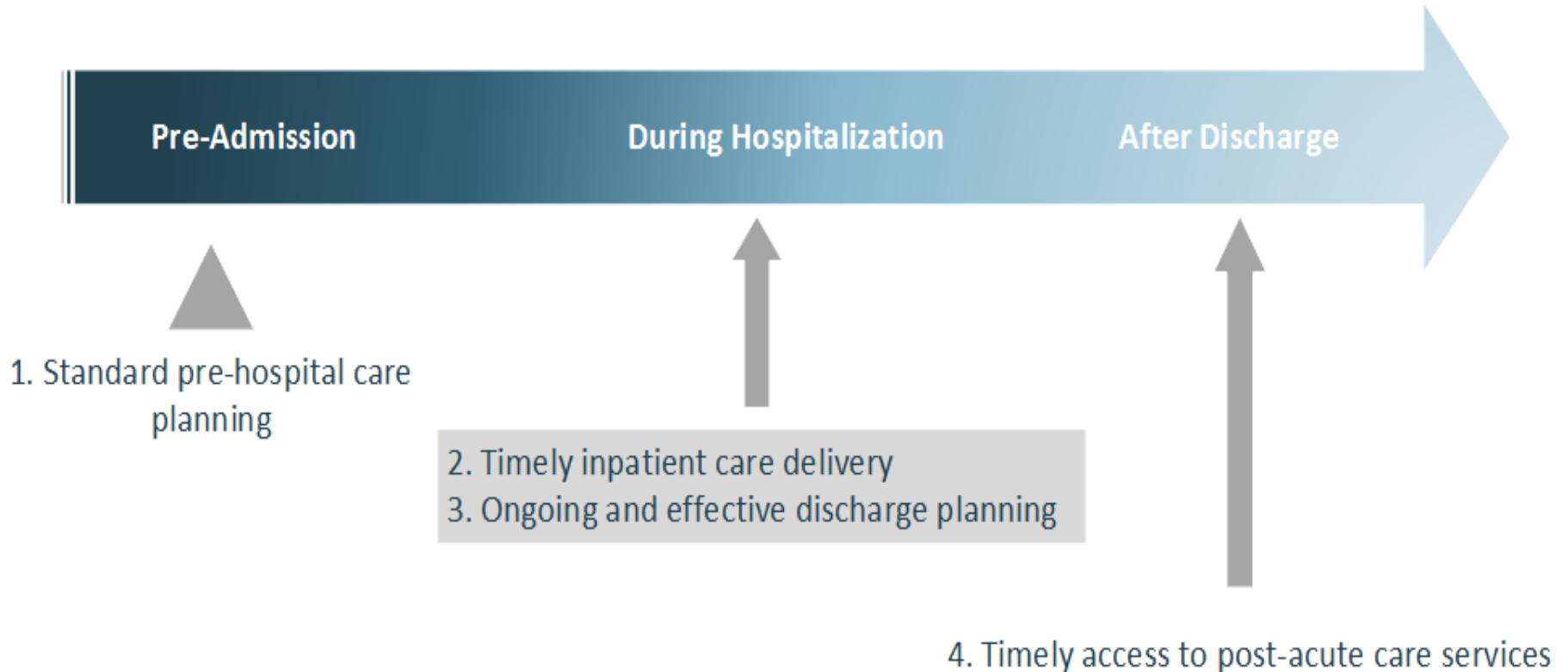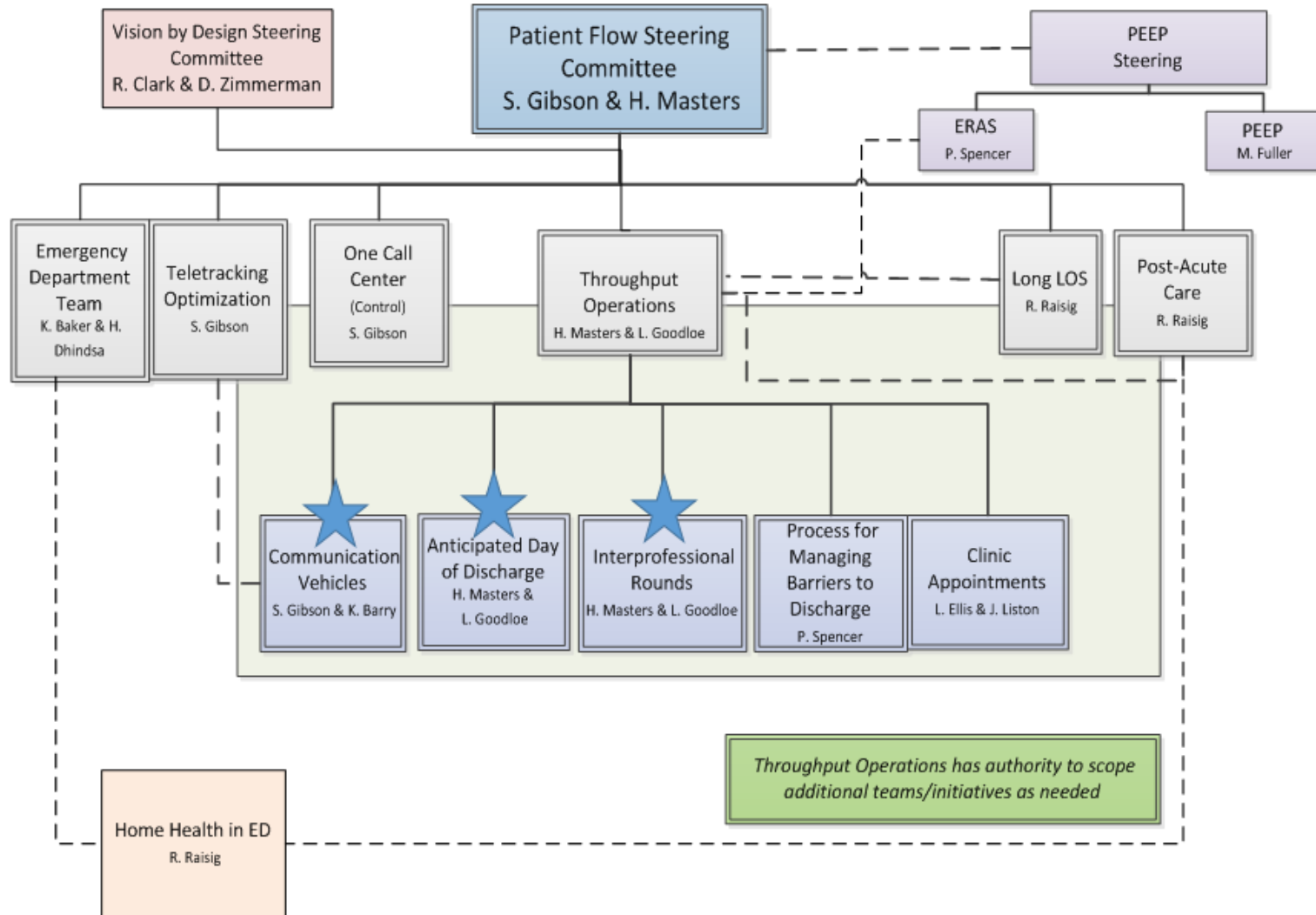# Vision by Design – Throughput and Capacity

Vision by Design provides pathways to preserve, sustain and advance our mission and elevates us to be among the premier academic health systems in the nation. One of the pathways specifically challenges us to deepen our operational excellence and organizational effectiveness by optimizing patient flow so we can care for those who need us, when they need us, where they need us and in the most appropriate manner.

Four Components of Efficient Care

Inpatient Hospital Stay

Pre-Admission	During Hospitalization	After Discharge

1. Standard pre-hospital care planning

2. Timely inpatient care delivery
3. Ongoing and effective discharge planning

4. Timely access to post-acute care services

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Patient Flow Steering Committee: Project Management Reporting Structure

6.30.2017 v10 seb

Why not open more beds?

Opening more beds, without fixing our processes, would immediately fill the beds and we would still be needing more inpatient space to accommodate our patients.

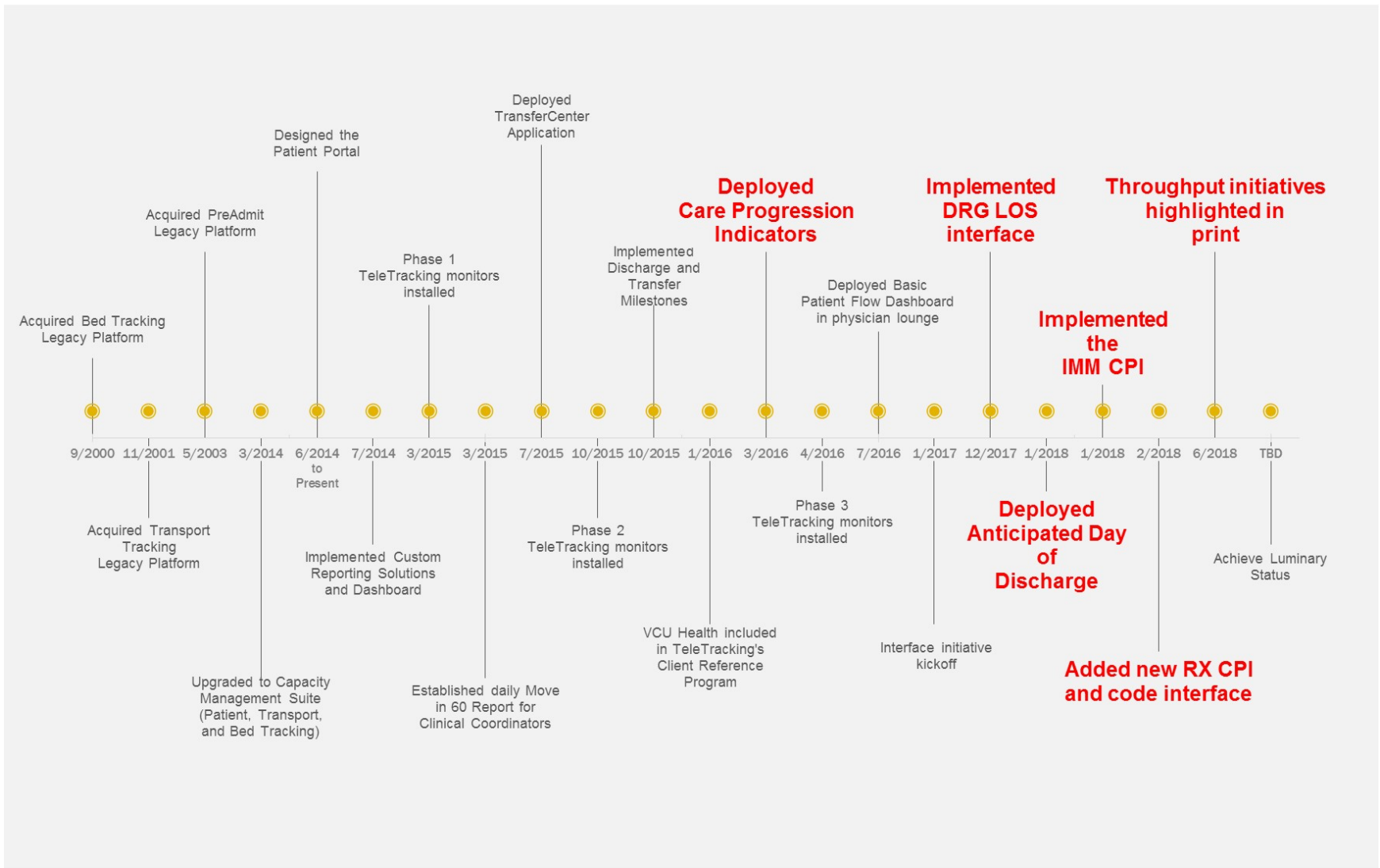VCU Health had ZERO beds that could be converted into inpatient beds.

WHY NOT?

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VCU Health and TeleTracking

Sharon Bednar MSN, RN, CEN, LSSGB
Performance Improvement Coordinator

VCU Health and TeleTracking

Designed the Patient Portal

Deployed TransferCenter Application

Acquired PreAdmit Legacy Platform

Phase 1 TeleTracking monitors installed

Deployed Care Progression Indicators

Implemented DRG LOS interface

Throughput initiatives highlighted in print

Implemented Discharge and Transfer Milestones

Deployed Basic Patient Flow Dashboard in physician lounge

Acquired Bed Tracking Legacy Platform

Implemented the IMM CPI

9/2000 11/2001 5/2003 3/2014 6/2014 to Present 7/2014 3/2015 3/2015 7/2015 10/2015 10/2015 1/2016 3/2016 4/2016 7/2016 1/2017 12/2017 1/2018 1/2018 2/2018 6/2018 TBD

Acquired Transport Tracking Legacy Platform

Implemented Custom Reporting Solutions and Dashboard

Phase 2 TeleTracking monitors installed

Phase 3 TeleTracking monitors installed

Deployed Anticipated Day of Discharge

Achieve Luminary Status

Interface initiative kickoff

VCU Health included in TeleTracking's Client Reference Program

Established daily Move in 60 Report for Clinical Coordinators

Added new RX CPI and code interface

Upgraded to Capacity Management Suite (Patient, Transport, and Bed Tracking)

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Local Problem:

Ineffective Communication:

Potential to have a negative impact on the number of patient days for inpatients admitted to the acute care setting.

Goal:

Improving communication among providers, patients, and families may improve the length of stay while improving patient satisfaction, safety and quality of care.

Strategies to Engage Team Members
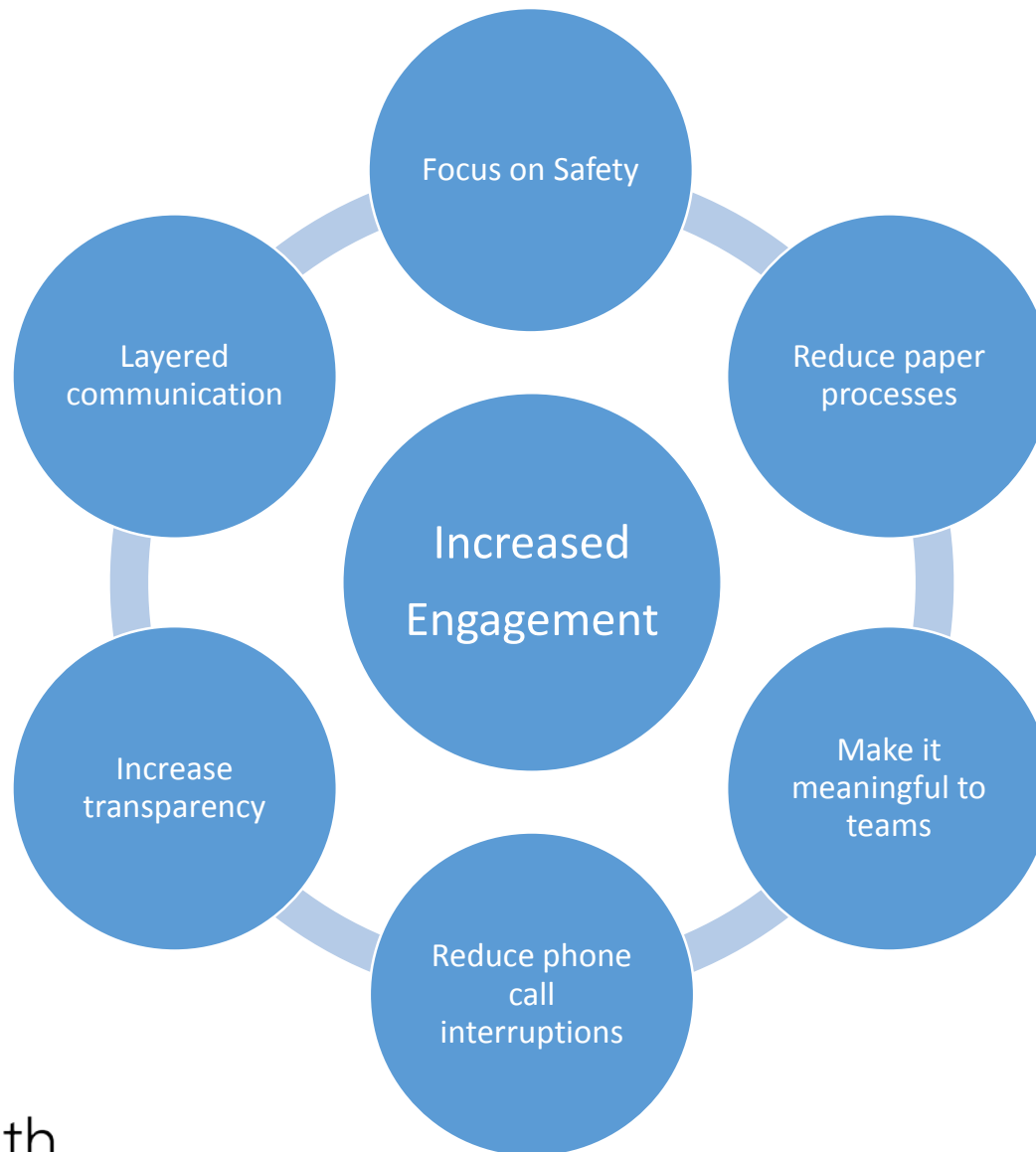
Lessons Learned
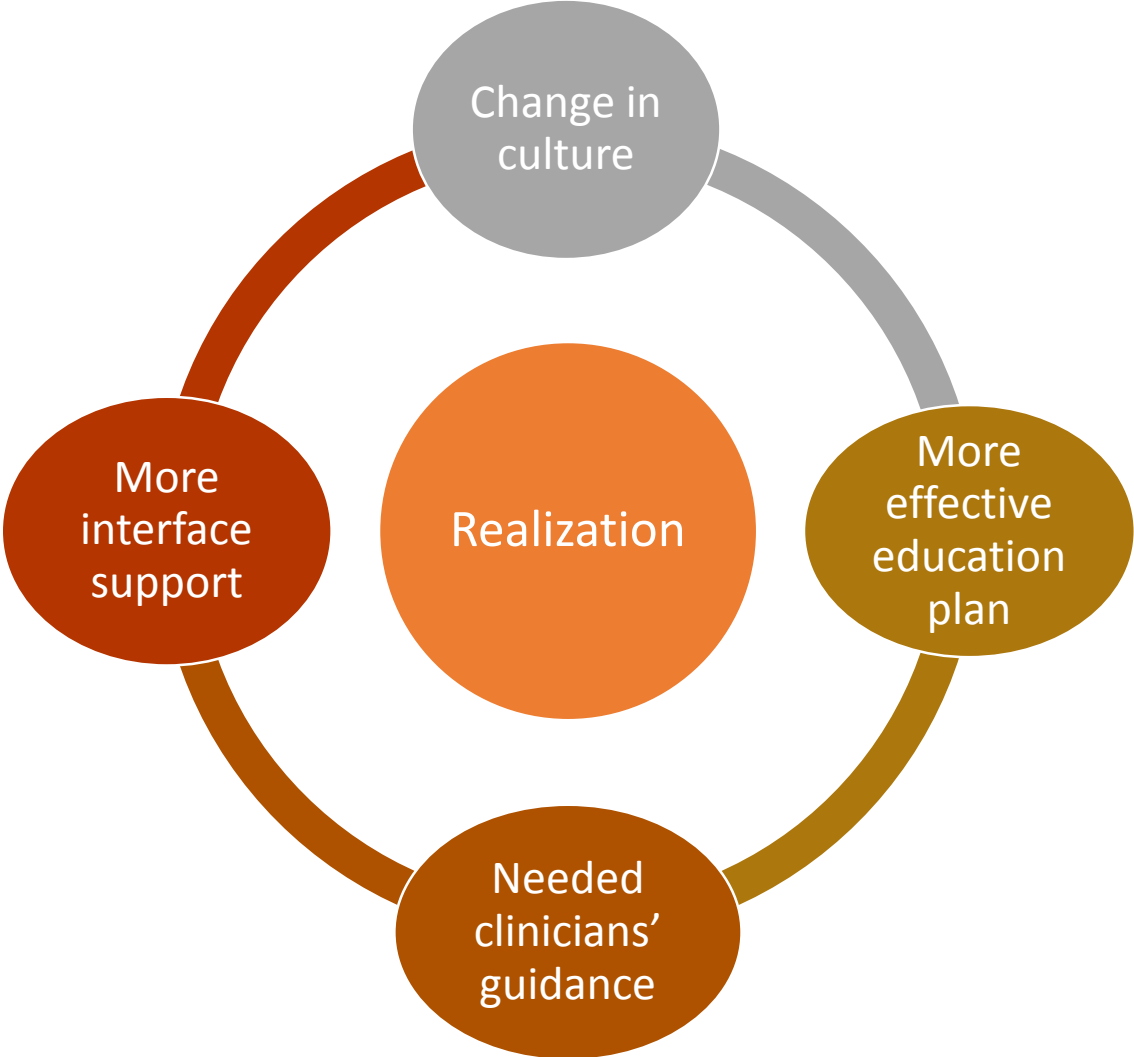
Care Progression Indicators

Sharon Bednar MSN, RN, CEN, LSSGB
Performance Improvement Coordinator

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Care Progression Indicators

Documented by the care teams to show progress to those patients that need their services. Used as a communication tool to provide real-time information.

Care Progression Indicators

Status	Description	Icon
Recommendation	New information that needs to be acknowledged or acted upon.	
In Progress	The patient and the appropriate therapist or caregiver are in the process of completing the care type, but it is not finished.	
Completed	The patient and the appropriate therapist or caregiver have finished the care type.	
Delayed	If the progress of the care type cannot continue at this time, select a reason from the Delay Reason list.	

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CPI: Communication between groups

Additional information:
- Care Coordination
- Occupational Therapy
- Physical Therapy

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Discharge Pharmacy

1. **Red pill**: Prescriptions sent to Pharmacy
2. **Yellow pill**: Pharmacist is filling prescriptions
3. **Green pill**: Prescription filled. 4-digit code to release medications from the tube station automated
4. **Alert icon**: Delay was noted

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Diagnosis-Related Group LOS

3M 360 ->TeleTracking

- DRG is a statistical system of classification
- Length of stay generated by the Clinical Documentation Improvement Department (CDI)
- Interfaced into TeleTracking from the 3M 360 software

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Anticipated Day of Discharge

Georgia McIntosh, MD
Associate Professor, Hospital Medicine
Quality Director for Internal Medicine Residency Program

ADD and TCRs

- Transitional Care Rounds (TCR) evolved
  - Focus on transition
- TCR structure impacted ADD success
  - Care Coordination prompts ADD updates
- Provider satisfier
  - Increased communication
  - Increased patient safety
- Patient satisfier
  - Increased communication on the patient whiteboard

ADD – How it works

Automated Pending Discharges

- Increase Pending Discharge communication across the organization
- TeleTracking is set to automatically update a patient's status to a Pending Discharge at midnight on the Projected Day of Discharge.
- To avoid communicating a false Pending Discharge, the Projected Discharge Date must be kept as accurate as possible.

Unit View

Automated Pending Discharges

Throughput Administrator View

ADD Data
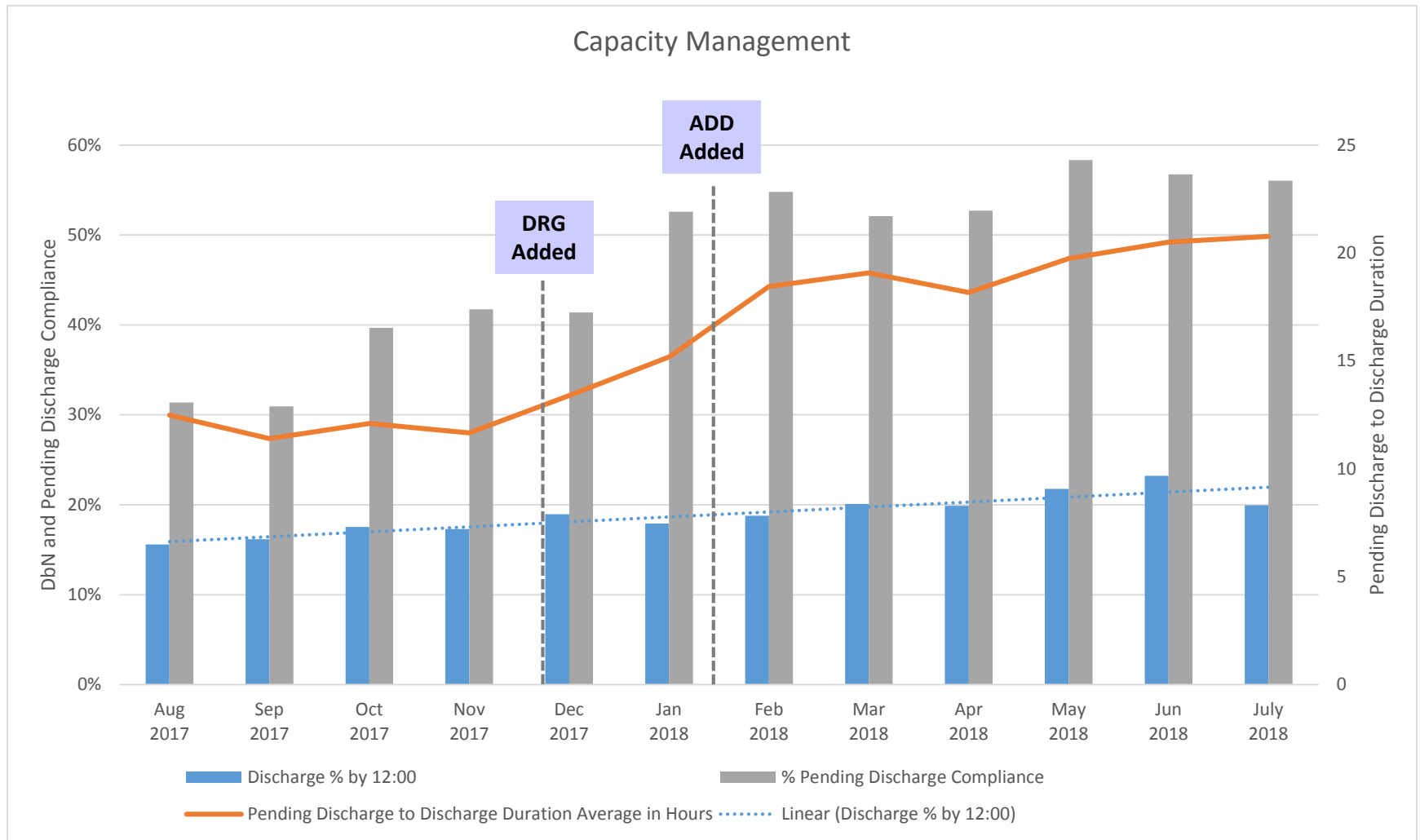
Important Message from Medicare

Cynthia Mathews, MS, BSN, RN
Department of Care Coordination

Important Message from Medicare (IMM): Problems

- **Problem**- Not in compliance with IMM regulation.

- **Problem**- Unable to effectively communicate the need for the delivery of an IMM.

- **Problem**- IMM intent not met with "discharge pager" process.

Updating the IMM Delivery Process

Three phased approach:

Phase I – Setting the foundation

Culture change

Waiting for technology

Phase II – Solidified workflow

ADD adopted

Software build complete

Waiting for build/test/approval of interface

Phase III – Go-live

Interface fully functional
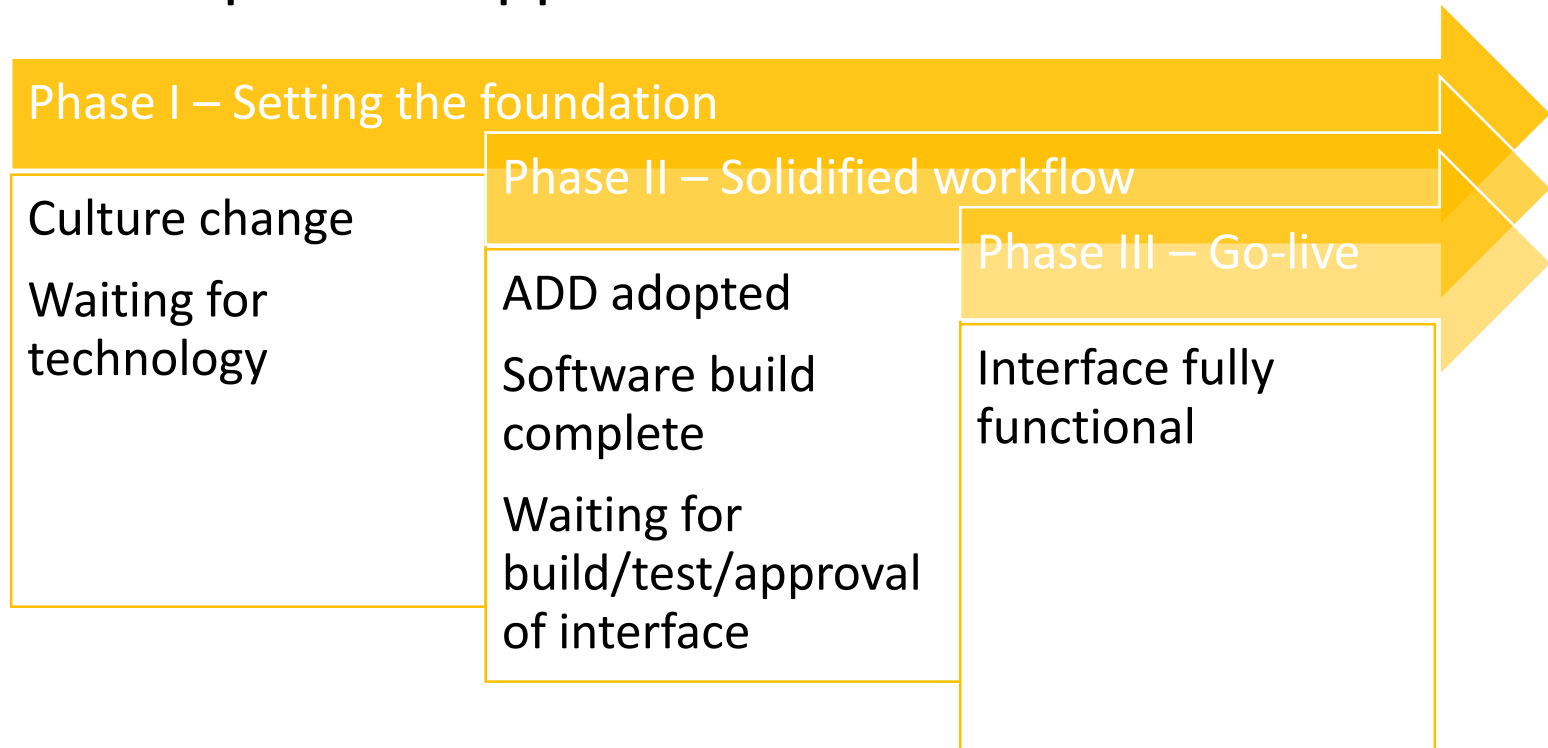
IMM – How it works

- Medicare/Medicare Managed Payer triggers an **M** in the CPI column

IMM – How it works

- Care Coordination Assistant monitors ADD
- Has IMM signed between 1-2 days of discharge
- Updates IDX with date signed
- Interfaces to TeleTracking and triggers an **M** in CPI column

IMM – How it works

- Triggers another message after 2 days, switching back to an **M** in the CPI column

IMM Compliance relies on ADD

- §482.13   Condition of participation: Patient's rights. A hospital must protect and promote each patient's rights. ***Noncompliance with this requirement places the hospital at risk of termination from the Medicare program.***

IMM Compliance
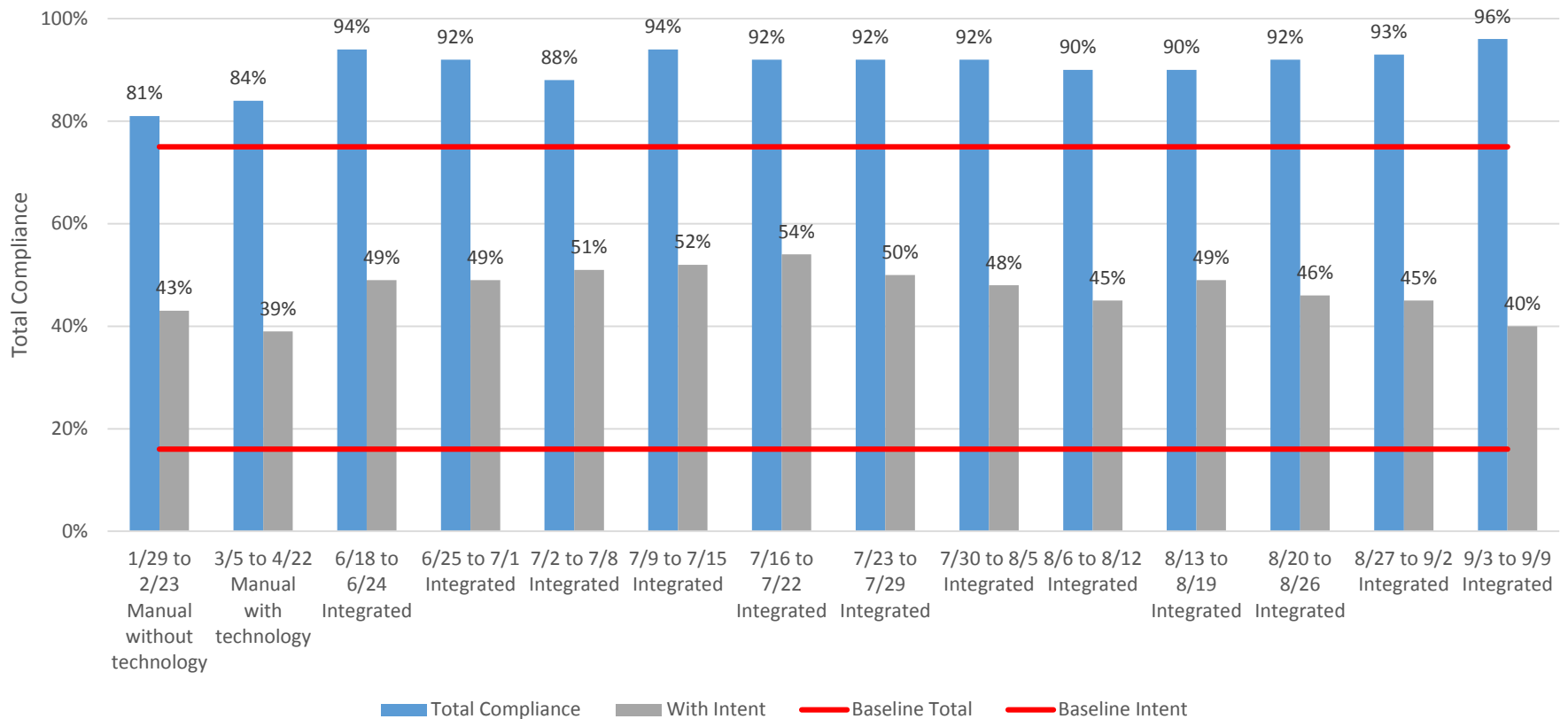
Return on Investment and Accomplishments

Sharon Bednar MSN, RN, CEN, LSSGB
Performance Improvement Coordinator

Return on Investment

20% reduction in Lost Bed Time or 96,215 minutes

ROI

Capital Costs: $112,950
Yearly Operational Costs: $344,487
FY18 Lost Bed Time Savings: $195,006

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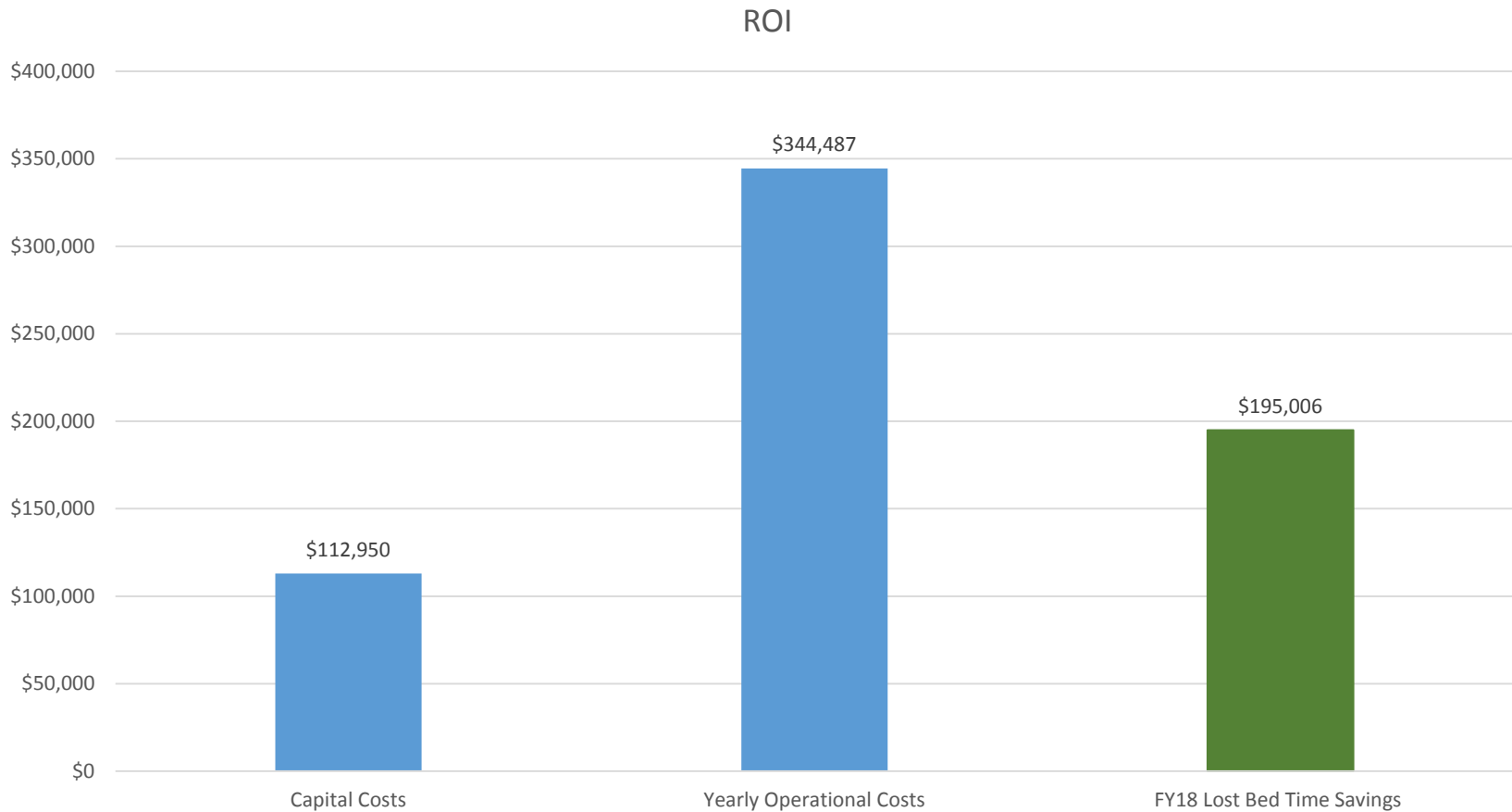
Return on Investment

*Teams working together with improved communication to provide patient-centered care

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VCU Health System Authority

Value & Efficiency | Board Summary

Data Current Through:
FY 2018 Q3 3/31/2018

Overall Performance

- Realization Target ($000s)
- Realization-Actual ($000s)

$106,831

$76,743
$76,743

$68,935

$38,313
$38,190

$19,116
$14,097

Q1 Q2 Q3 Q4

Workstream Performance

WORKSTREAM	Realization-Actual	Realization-Target	% of Realization Target	Resources-Actual	Resources-Required	% of Budgeted Resources Used
IT	$526	$350	150%	$509	$500	102%
MCV Physicians	$3,151	$10,000	32%	$0	$1,800	0%
OR Redesign	$11,010	$5,260	209%	$2,788	$2,747	102%
Pharmacy	$2,224	$6,000	37%	$0	$150	0%
Revenue Cycle	$23,904	$25,200	95%	$1,078	$1,800	60%
Supply Chain	$6,996	$7,792	90%	$2,960	$1,961	151%
Throughput and Capacity	$20,321	$9,898	205%	$368	$2,386	15%
Virginia Premier	$8,611	$4,435	194%	$909	$900	101%

Throughput & Capacity has realized $23.6 million in new revenue & savings to the institution.

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Roadmap to Luminary Site
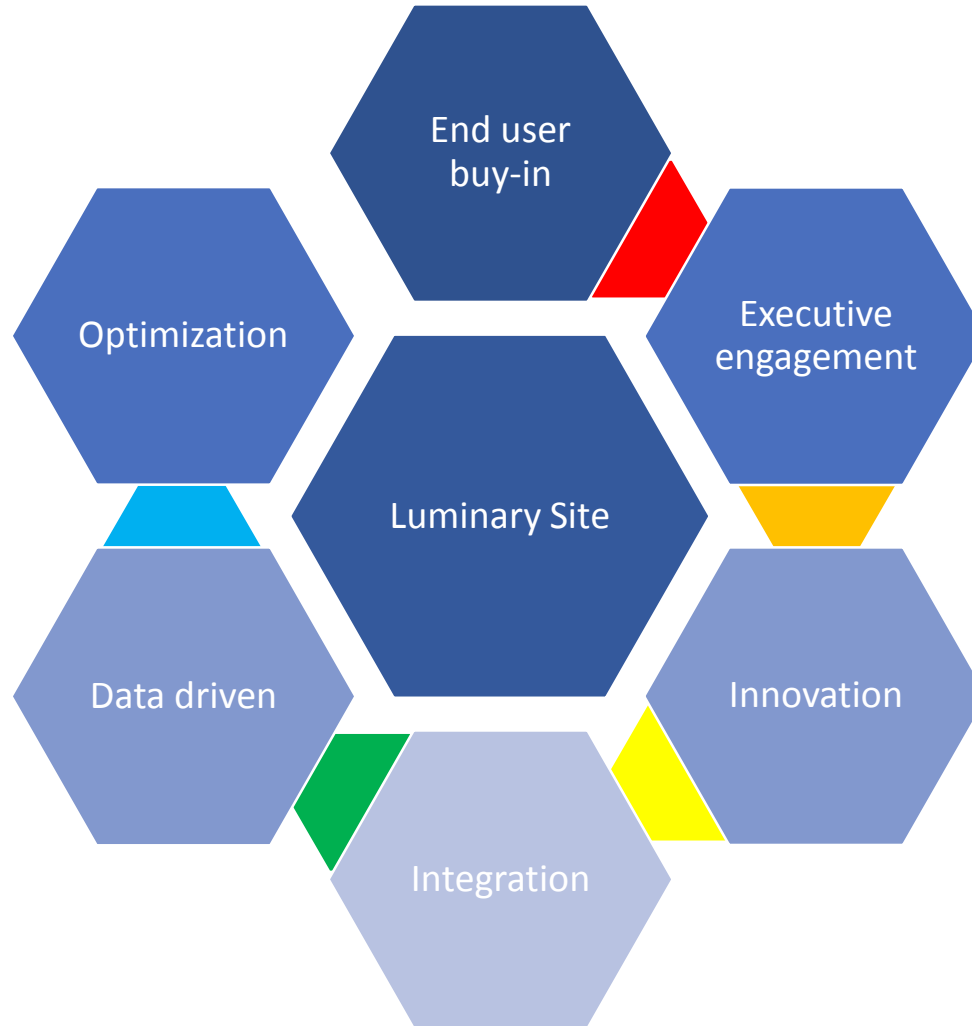
FierceHealthcare

Provides latest industry news and analysis

VCUHealth **The Spirit**
VCU Health System

Monthly newsletter for VCU Health team members

PATIENT FLOW *quarterly*

Quarterly newsletter containing the latest industry insights

Multiple Reference Calls & **Site Visits**

FierceHealthcare

by Paige Minemyer | Jun 4, 2018 2:45pm

VCU Health targeted its discharge pharmacy as a way to improve efficiency. (Shutterstock)

At Virginia Commonwealth University, pharmacists had a problem.

Even though they are a key part of the discharge process, they had limited information on which patients were closest to being sent home. Clinicians often submitted requests simply marked ASAP, interrupting the pharmacists several times a day to fill prescriptions, even if many of those patients were actually hours from discharge.

"There was really no logical order," Kelley Barry, senior clinical applications analyst at VCU Health, told FierceHealthcare in an interview.

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Thank you.