

California Health Improvement Project (CHIP)

Improved Care Coordination to Reduce Length of Stay

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In Memory of Matthew J Miller, MD

Problem Statement and Underlying Causes

Patients at St Joseph Hospital have a high length of stay (LOS), 5.0 days compared to the national average of 4.5 days. This high LOS is due in large part to poor care coordination internally and between the hospital and the community. This high LOS is also:

- Expensive for the hospital, as many of the extra days are non-reimbursed
- Risky for patients who might develop hospital-acquired complications, especially infection



Project Description

Create a new model of care coordination among relevant hospital departments and community providers. A key element will be the implementation of a Discharge Facilitator/Hospitalist Liaison who will work with stakeholders to identify additional model components and their relationship within the structure of St Joseph Hospital.

Goal and Objectives

Goal: To reduce the adjusted LOS to below the national average by improving care coordination, bringing the hospital into alignment with requirements of the Patient Protection and Affordable Care Act, without increasing the readmission rate.

Output-oriented Objectives:

1. New Discharge Facilitator/Hospitalist Liaison working by Sept 2014
2. Commence Interdisciplinary Rounds on every unit by Nov 2014
3. A secure community-wide texting app in place for 75% of providers by Dec 2015 to improve provider-provider communication

Outcome-oriented Objective: To reduce the adjusted LOS from 5.0 to 4.5 days or lower by December 31, 2015 without increasing the readmission rate.

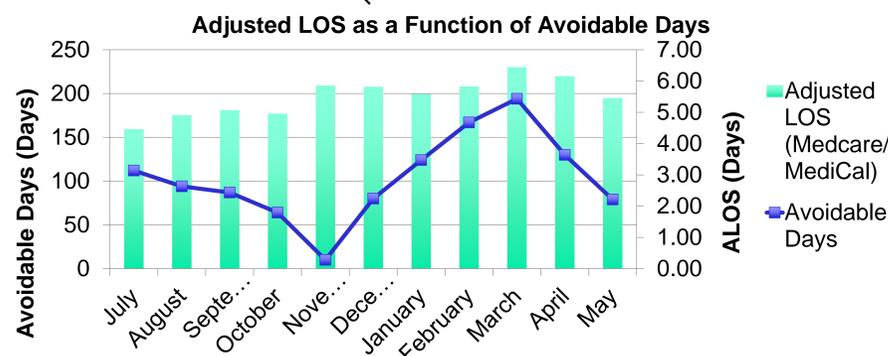
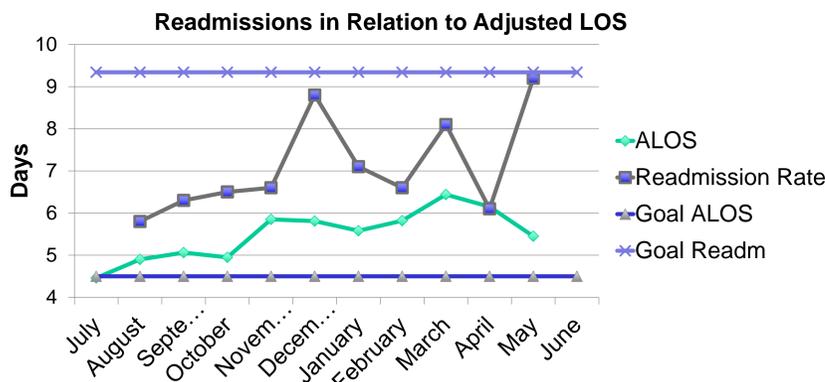
Outputs & Outcomes

Outputs Achieved

1. Discharge Facilitator/Hospitalist Liaison position created and filled by 9/22/14.
2. Interdisciplinary Rounds implemented on all units by 11/17/14.
3. Discharge Facilitator/Hospitalist Liaison care coordination strategies implemented:
 - Attends bedside rounds as a key member of the interdisciplinary team
 - Identifies interventions to facilitate discharge (diet, bowel & bladder management)
 - Focuses on progress and care coordination of cancer and renal patients
 - Identifies patients appropriate for Palliative Care or Hospice evaluation
 - Monitors Hospitalist schedule to minimize discharge delays due to physician handoffs
 - Meets regularly with Hospitalists and Hospitalist leadership
 - Communicates with outpatient complex care managers
 - Coordinates with Care Management to avoid duplication & improve efficiency; meets regularly with Care Management leadership
4. Work in progress toward use of a standard secure texting smart phone app among community providers involved in care of hospital patients

Outcomes Achieved

Readmissions did not increase overall, but there was no reduction in ALOS. This was due in large part to a high number of avoidable days, which were recorded poorly in November, April and May.



Lessons Learned

LOS is a complex metric. While care coordination does have a significant impact on it, LOS is vulnerable to many other variables that are impossible to anticipate or control.

The key components to improved CARE COORDINATION are improved COMMUNICATION among all the stakeholders and an INTERDISCIPLINARY APPROACH to discharge planning.

A Nurse Practitioner with an interest in innovation and with hospital and community experience is well suited to a position such as Discharge Facilitator/Hospitalist Liaison.

Improved coordination with outpatient care management teams is essential in order for the hospital to meet its community involvement obligations of the Patient Protection and Affordable Care Act and to prevent readmissions.

About My Organization

St Joseph Hospital (SJH) Eureka is part of the health care ministry of the Sisters of St Joseph of Orange, which began with the flu epidemic of 1918. The Sisters opened this hospital in Eureka in 1920 and have committed ever since to bringing people together to provide compassionate care, promote health improvement, and create healthy communities. This commitment is expressed in the St Joseph Health System's four core values: DIGNITY, SERVICE, EXCELLENCE, and JUSTICE.

SJH offers comprehensive services including emergency, cardiac services in The Heart Institute, an accredited Cancer Program, Women's and Children's Services in the Childbirth Center (including Pediatric Care and the only Level II Neonatal Intensive Care Unit on the North Coast), neurosurgery, and orthopaedic and sports medicine.

Contact Me

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CHCF HEALTH CARE LEADERSHIP PROGRAM

To learn more about CHCF go to: <http://futurehealth.ucsf.edu/>