



Southern Maine
Health Care
MaineHealth

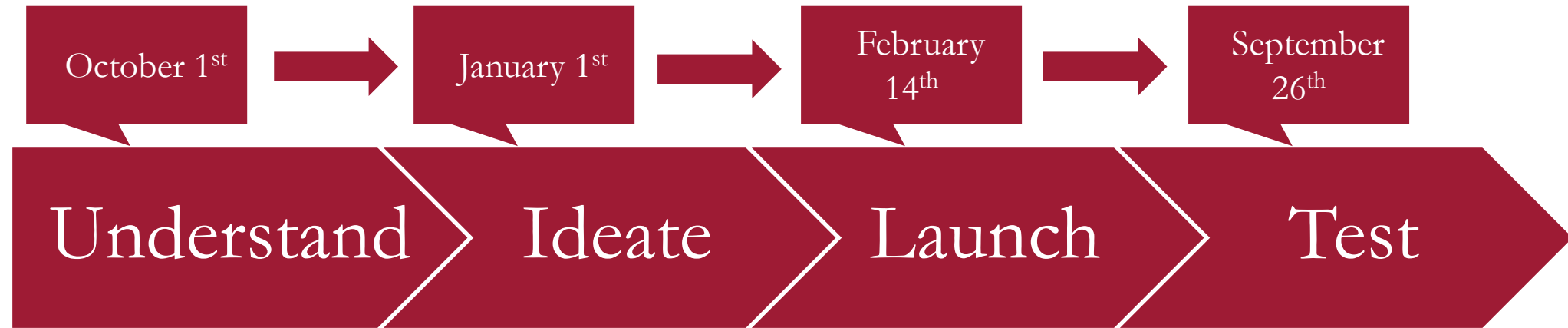
iPACE Retreat – SMHC Spotlight

November 17th, 2023

Barriers To Success/Concerns of Team:

Hospitalist Team	Nursing Team	Both
Increase in Handoffs Due to Patient Movement	RN's being Split on the Floor Between Assignments	Time Concerns
Too many Nurses Per Panel	Staffing Limitations	

Timeline



Teams Involved in the Planning Process:

- Nursing
- Hospitalists
- Patient Flow
- Case Management
- Pharmacy

The Model

Come check out the posters!

iPACE™ in Action: We are Better Together

ONE TEAM

On the unit

1
CASE MANAGER

1
PROVIDER

<4
BEDSIDE NURSES

<15
PATIENTS

ONE ROUND

PROVIDER

Leads round, completes assessment, develops plan, patient teach-back, and places orders

Provides objective and subjective information and reinforces the plan with the patient and family

PHARMACIST

Places medication orders, suggests dosage, frequency, or type, and answers medication related questions

BEDSIDE NURSE

BADGE BUDDY

- Overnight events
- Discontinue TELE?
- New medications or changes
- Review plan for the day
- Address any patient and care team concerns
- Foley/lines/drains for removal
- Anticipated remaining length of stay/date of discharge
- Has patient been mobile? How does this compare to baseline? Is patient a fall risk?

ONE MESSAGE

Before rounds

Review patient panel & disposition strategy

After rounds

Most up-to-date plan discussed at IDCR or through EPIC chat (as needed) post rounds

Facility Overview

Biddeford, ME

2 Med-Surg Units

101 Patient Beds

7 rounding teams

Highlights

Inpatient interdisciplinary care teams minimize the number of contacts a team must make to coordinate high quality patient care

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Reducing Length of Stay in a Community Hospital Setting Through Improvement Science

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Description

A Process Improvement Initiative with the goal to decrease inpatient length of stay was performed at a 141-bed community hospital in Biddeford, Maine. Three interventions were developed, implemented, and monitored in order to achieve our goal:

1. Early Mobilization
2. Interprofessional Bedside Rounding
3. Discharge Plan Optimization

Aim

Achieve a 10% or greater reduction in inpatient length of stay from baseline, measured with both unadjusted and risk-adjusted length of stay measures.

Multi-Disciplinary Team

Hospital Medicine, Nursing, Pharmacy, Case Management, Rehab, Quality, Project Management, Chief Nursing Officer, Chief Medical Officer.

Methodology

A multidisciplinary intervention was designed by utilizing the Science of Improvement framework:

- **PLAN:** A multidisciplinary team participated in developing the intervention in the fall/winter of 2022.
- **DO:** Interdisciplinary workgroups were designed to support implementation of each intervention (Table 1).
- **STUDY:** Process- and outcome- measures were monitored regularly.
- **ACT:** Initiatives were modified in real-time based on results. Results were reported out weekly to the full Leadership Team to maintain organizational focus.

Length of Stay - Results

Process Measures: Compliance rates with our three interventions are reported below (Figure 1). Our goal was 80% compliance for each intervention. The Discharge Plan Optimization achieved target and audits were discontinued after three months. Bedside Rounding was observed to achieve the goal more frequently than Early Mobilization.

Outcome Measures: Length of Stay is reported as the unadjusted Average Length of Stay (ALOS) and as the Risk-Adjusted Geometric Length of Stay (GMLoS Index). Our observed ALOS decreased from 6.33 in 2022 days to 3.46 days in 2023 (p<0.0001; Figure 2). The ALOS for the prior two years are included for reference. Reduction in the GMLoS Index was also observed (Figure 3).

Other Benefits Observed:

- Financial Savings:** Estimated Annualized Savings of \$3.5 Million from the LOS reduction
- Patient Placement:** 8.4% increase in the percentage of patients discharged home versus to a SNF/Rehab
- Patient Experience:** 5% increase to Overall Rating & 6% increase to the "Doctors Listened" as measured by Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores

Table 1. Primary Tactics for Length of Stay Interventions

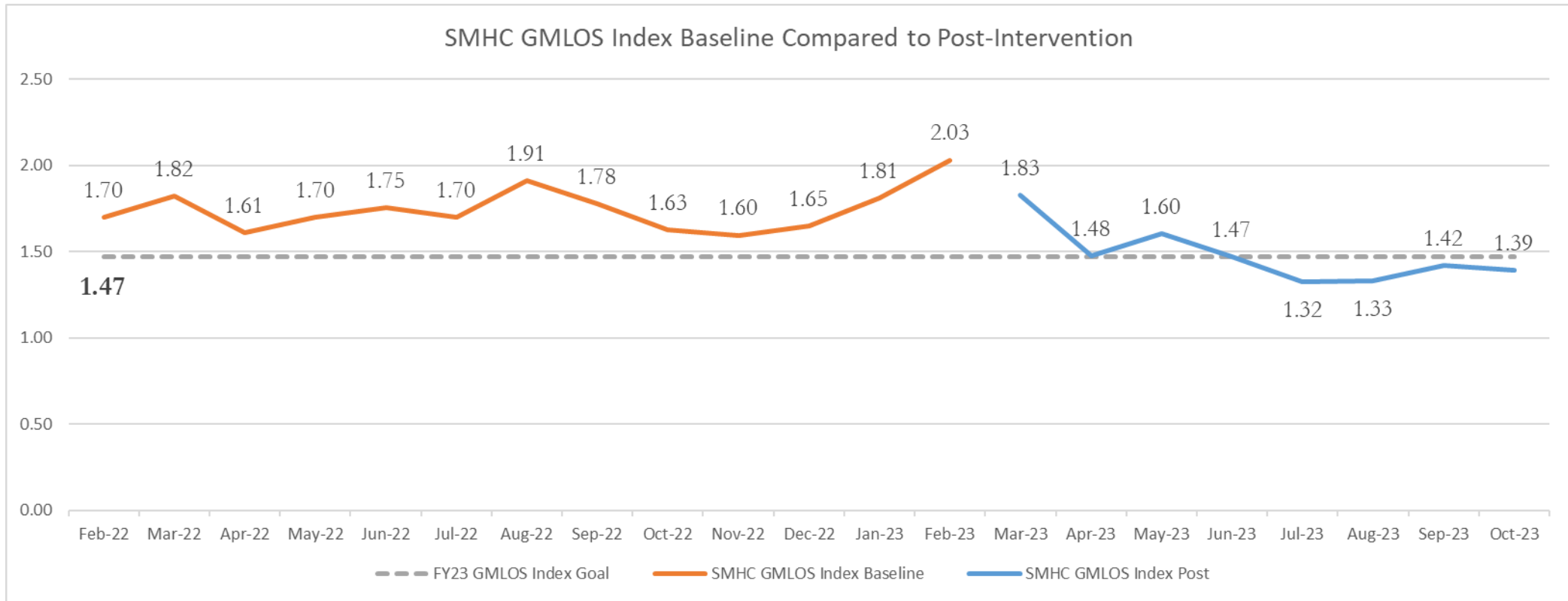
Early Mobilization	Interprofessional Bedside Rounding	Discharge Plan Optimization
<ol style="list-style-type: none"> 1. Bedside mobility assessed with standardized tool: Bedside Mobility Assessment Tool (BMAT) 2. Daily mobility goals established for patients who were independent or minimal assist (MILAT BMAT) 3. Progress towards daily goal reported by nursing 4. These results update & re-evaluated against set of data in leadership 5. Goal documented on bedside whiteboard 	<ol style="list-style-type: none"> 1. Nursing and respiratory assigned to geographically clustered patients 2. Optimal scores of 15 patients reported by case providers, these BMAT and Care Storage 3. Bedside Rounds with Provider and Nurse (Detailed on EPIC) (Nurse eye set in Care Storage) 4. Review of trajectories from discharge planning rounds to increase time spent on unit whiteboard 5. Badge Buddy with key topics and purpose 	<ol style="list-style-type: none"> 1. Nursing and respiratory assigned to geographically clustered patients 2. Identify Estimated Date of Discharge based on Regional Database Mean Length of Stay for the primary diagnosis 3. Interdisciplinary Discharge Rounds focus on barriers to discharge 4. Estimated Date of Discharge reported 5. Implementation of an afternoon outpatient holds to address any remaining barriers

References

¹ Schull, M. 2018. "Do These 4 Things When you are Scaling up Improvement." Institute for Healthcare Improvement. Blog post April 17.

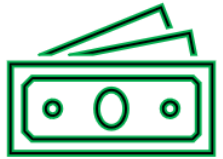
² Vianakis, K. et al. (2023). Let's Pick up the Pledge: Leveraging Innovative Educational Research to Redesign Healthcare Delivery. Journal of Maine Medical Center, 3(1), Article 6.

Outcomes & Benefits



Baseline GMLOS Index (Feb 22-Feb 23)	Post-Intervention GMLOS Index (March 23-Oct 23)	% Difference
1.741	1.482	-16.07%

Outcomes & Benefits



Financial Savings: Estimated Annualized Savings of \$3.5 Million from the LOS reduction



Patient Placement: 8.4% increase in the percentage of patients discharged home versus to a SNF/Rehab



Patient Experience: 5% increase to Overall Rating & 6% increase to the 'Doctors Listened' as measured by Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores

Outcomes & Benefits

Care Team Engagement	MS3	MS4	Hospitalists
FY22	2.94	3.18	2.67
FY23	3.82	3.95	3.21
Difference (%)	.88 (29.9%)	.77 (24.2%)	.54 (20.2%)



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Thank You!

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