

Case Study Series

Reducing Length of Stay at Inova HealthPlex

In mid-2009, Inova HealthPlex ECC was experiencing significant growth in patient volume. Average volume in June through September 2009 was 106 patients per day compared to an average of 89 patients per day during the same period the previous year. While an increase in volume is good, it was leading to challenges with patient flow, increasing length of stay times and admission boarding delays. BestPractices, partnering with the Inova administrative and nursing teams, saw this as an opportunity to improve not only patient flow processes, but also patient satisfaction, team satisfaction and overall teamwork.

An Operations Approach to Improvement

BestPractices assessed the current state by mapping the current process flow and analyzing patient arrivals and acuity by hour of the day and day of the week. We also did a thorough assessment of staffing hours and clinical productivity, and mapped these findings against the forecasted demand for services. We then examined the plans Inova HealthPlex had in place to cope with the increase in volume, and in collaboration with the HealthPlex team, developed a comprehensive set of recommendations for improvement.



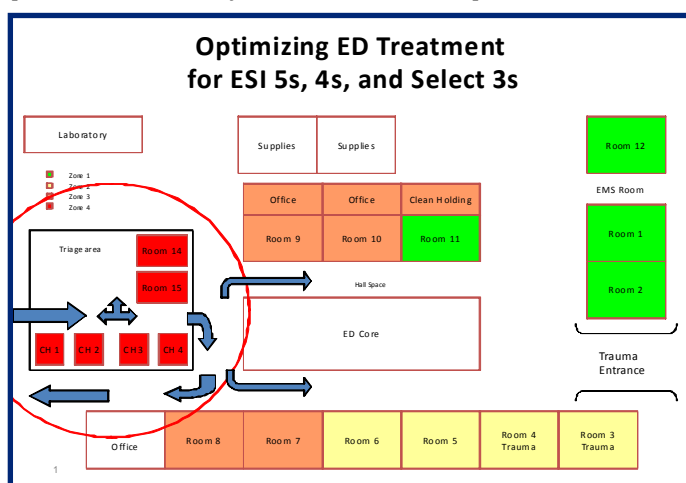
Inova HealthPlex, Springfield, VA

Lower overall lengths of stay by implementing a patient flow and service plan

BestPractices recommended creating monthly length of stay goals and extracted on-going patient flow metrics from the electronic medical record system to monitor progress against those goals. A patient flow operations plan was implemented, which included the development and deployment of a Rapid Intervention Zone (RITZ) for ESI level 5s, 4s and some 3s. Staffing was also increased during peak hours.

Create a separate treatment area for low acuity patients

A high percentage of HealthPlex patients (more than 50 percent of all patients) are ESI 4s and 5s. These patients could easily be treated in the Rapid Intervention and Treatment Zone (RITZ) that was developed and deployed, lowering the stress on the main emergency department and improving overall patient flow. This opened up the “front-end” of the ED and patient flow, allowing us to “FastTrack” and “SuperTrack” the ESI 5s, 4s, and some 3s.



Create a boarding/surge policy

As volume increased, boarding became a problem. To cope with this increase, BestPractices recommended the implementation of a boarding policy that included triggers and next actions, allowing the staff to ease the boarding burden and handle boarders in place. Patient and staff satisfaction increased.

Implement an enhanced compensation plan

The legacy compensation plan had a meaningful productivity component but clinicians found it overly complex and too far removed from day to day performance. A new compensation plan was implemented that more clearly and frequently rewarded productivity. Furthermore, compensation directly rewarding effective length of stay outcomes and patient safety behaviors was initiated.

The Results that Matter to Inova HealthPlex ECC

The results at the HealthPlex have exceeded our expectations and have to be attributed to the combination of strong physician and nursing teams coming together and embracing a solid, data-driven plan. Results include:

- Length of stay contracted from a baseline of 200 minutes: first steadily to 150 minutes, then to just above 120 minutes, then to below 120 minutes and most recently to below 110 minutes.
- Patient satisfaction scores rocketed upward, from the 60th percentile to the 95th and now 99th in 2010.
- Received national recognition from Courtemanche & Associates, a leading healthcare research and consulting firm, which just chose the HealthPlex as the Best Free Standing Emergency Department as part of their 2009-2010 Best Practice Awards.

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