



# Clinical Safety & Effectiveness

## Cohort # 11

# Implementation of Discharge Planning Rounds on an Inpatient Internal Medicine Service



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# Financial Disclosure

Raj Sehgal, MD has no relevant financial relationships with commercial interests to disclose.

# The Team

Raj Sehgal, MD (CS&E participant)

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Vivian Dee, Hospital Medicine Nurse Practitioner

Utilization Management RNs: Kelli Alexander, Erica Barrett

Mary Gaona, Marilyn Ponce, Elaine Wolff

Social Workers: Angela Bodnar, Ileana Elizardo, Elizabeth Lopez, Catherine Rivera, Lynda Sandoval, Donna Stribling

## Sponsor Department

Luci Leykum, MD, MBA, MSc

- Division Chief, Hospital Medicine, UTHSCSA

Deborah Baruch-Bienen, MD, MA Ethics, FACP

- Chief, Medicine Service, STVHCS AMD

# What We Are Trying to Accomplish?

## OUR AIM STATEMENT

Increase by 5% patients meeting criteria for continued stay on internal medicine inpatient ward teams by August 2012.

# Project Milestones

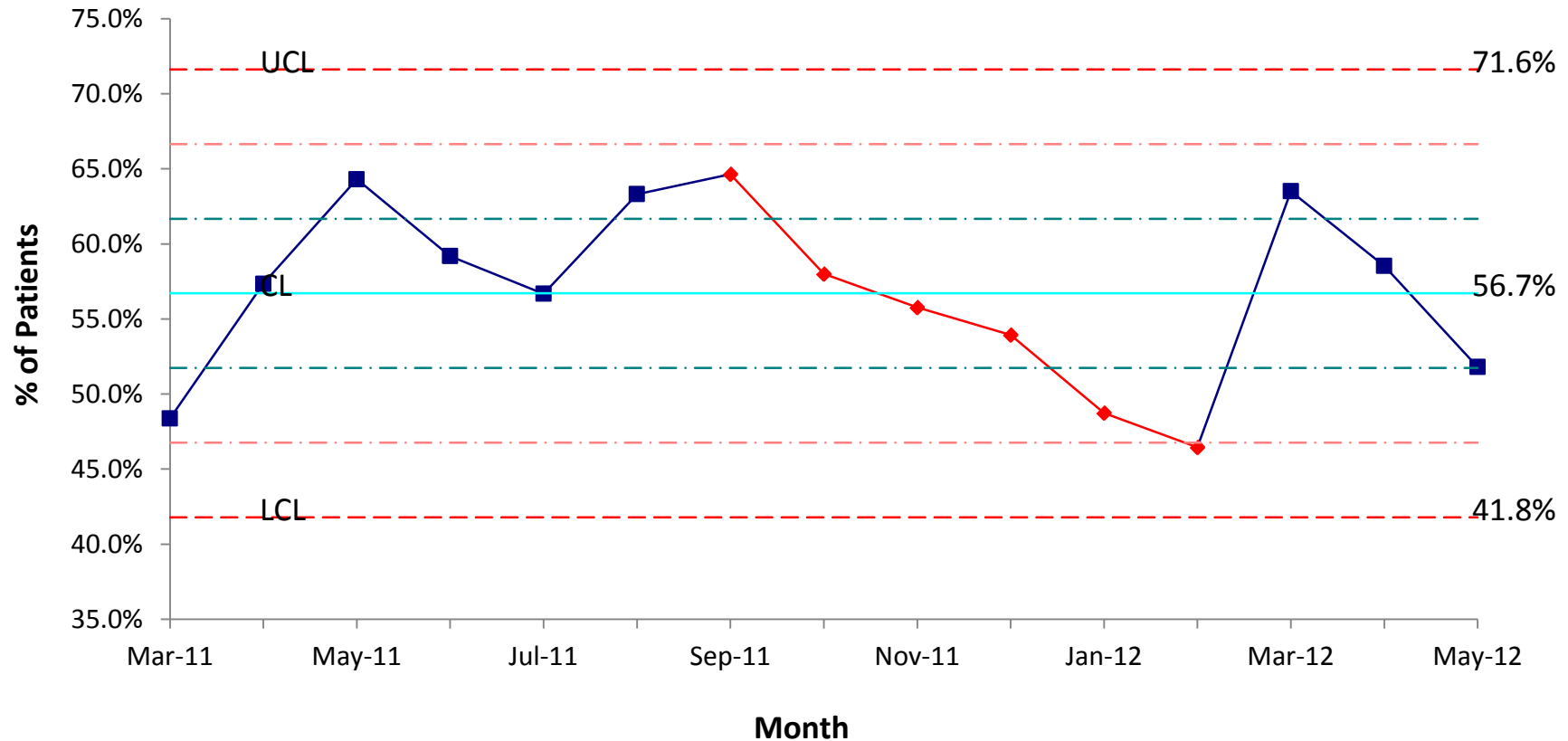
- Team Created April 2012
- AIM statement created April 15, 2012
- Weekly Team Meetings Started May 2012
- Background Data, Brainstorm Sessions, Workflow and Fishbone Analyses Started May 2012
- Interventions Implemented 1<sup>st</sup>: May 14  
2<sup>nd</sup>: June June 4
- Data Analysis Started July 2012
- CS&E Presentation September 14, 2012

# Background

- One of the benefits of the VA system is the availability of additional resources for many patients post-hospitalization (home health, skilled nursing facilities, hospice, etc.)
- One of the frustrations (particularly for trainees) is navigating this process and getting patients discharged from the acute care setting in an appropriate time frame
- Patients in the hospital without a clear indication are at risk for hospital-related complications (infections, deconditioning, etc.) and occupy beds needed for other acutely ill patients
- Utilization management nurses review inpatients each day to determine if patients continue to meet criteria for continued hospitalization

# Background

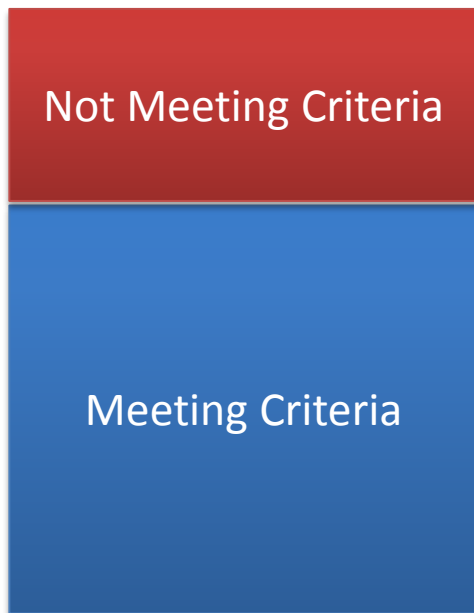
Patients Meeting Continued Stay Criteria



Average: 57%

# Background

## Administrative View



## Clinician View



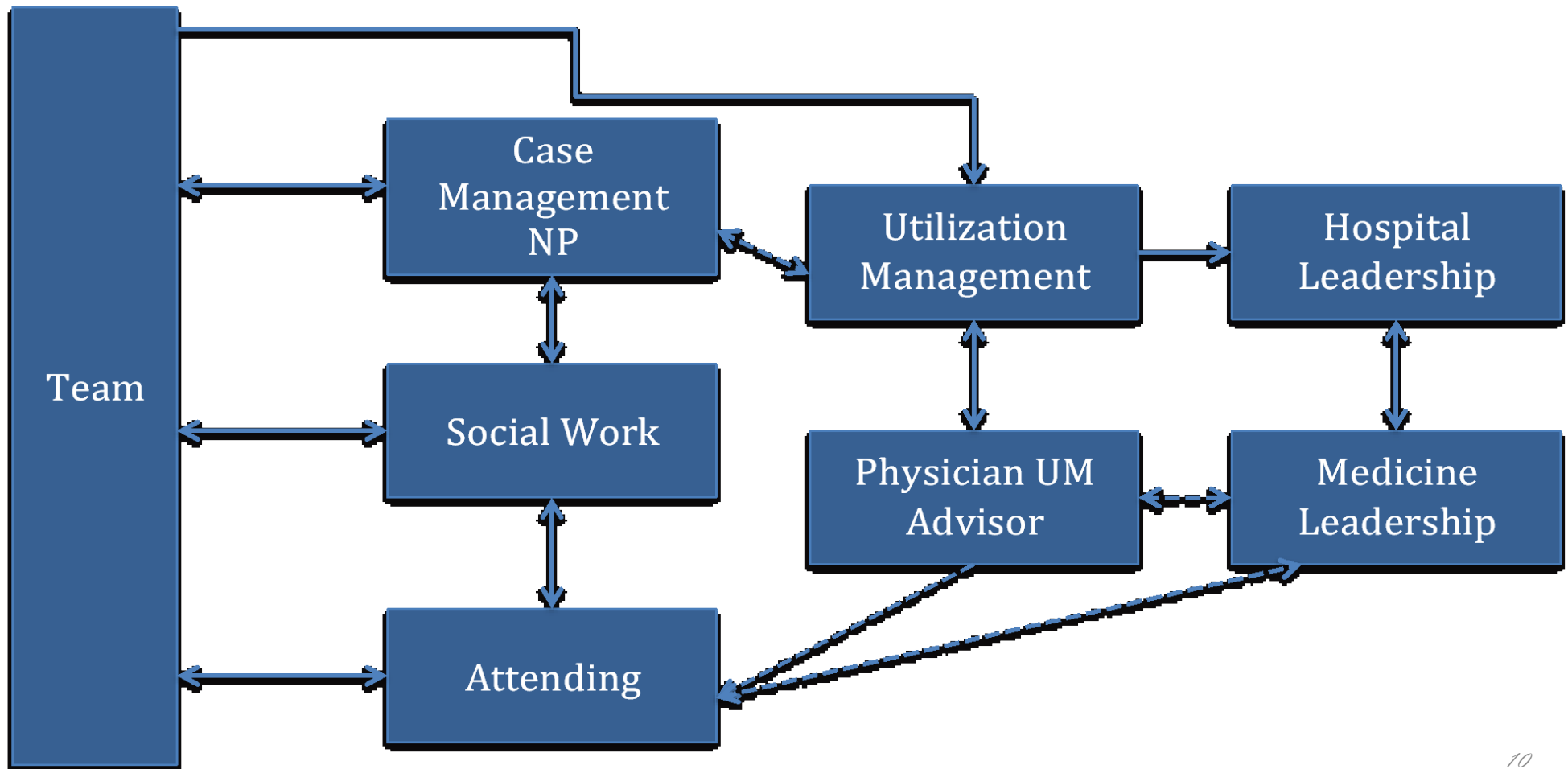


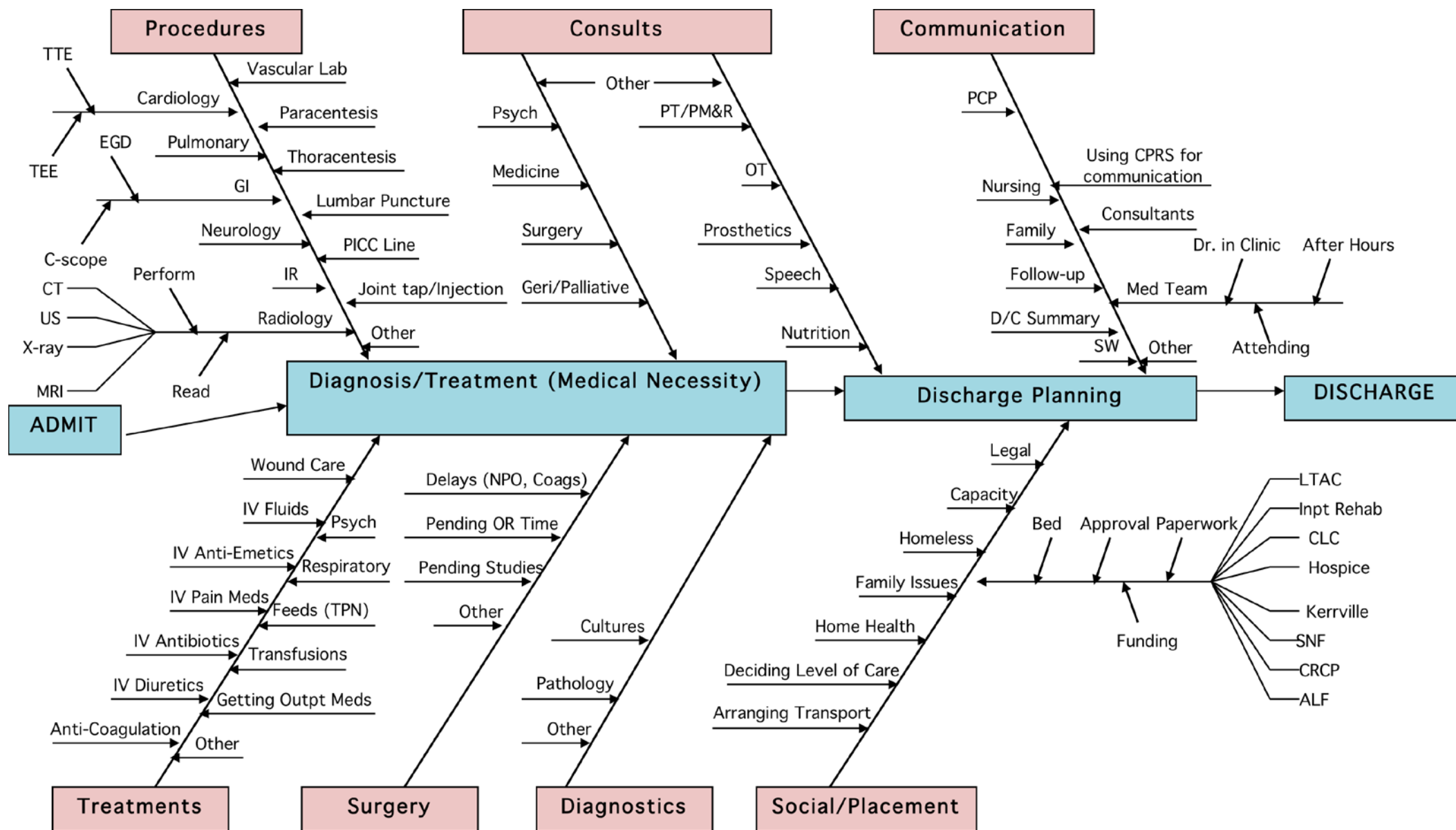
# How Will We Know That a Change is an Improvement?

- Types of measures
  - % of patients meeting criteria for continued hospitalization on the inpatient internal medicine service (using McKesson InterQual Level of Care Criteria)
- Methods of measurement
  - Summative monthly reports from Quality Management service based on daily patient reviews
- Specific targets for change
  - Original: 5% increase in the percentage of patients meeting inpatient criteria for continued stay on internal medicine ward teams from May to August 2012.
  - Revised: Raising percentage of patients meeting inpatient criteria to 64%

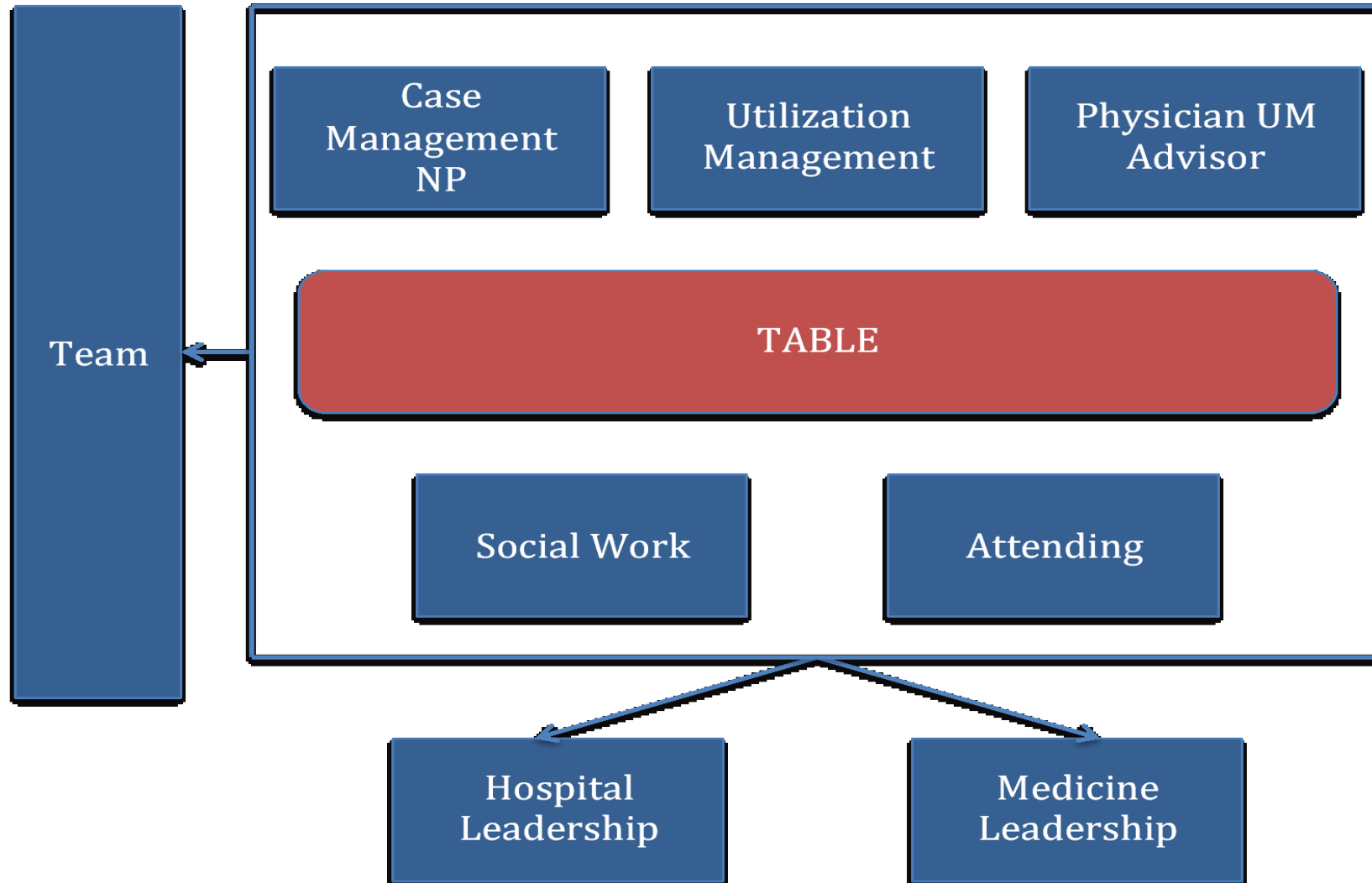
# Plan – Do – Check – Act

Discharge planning process (as of April 2012)



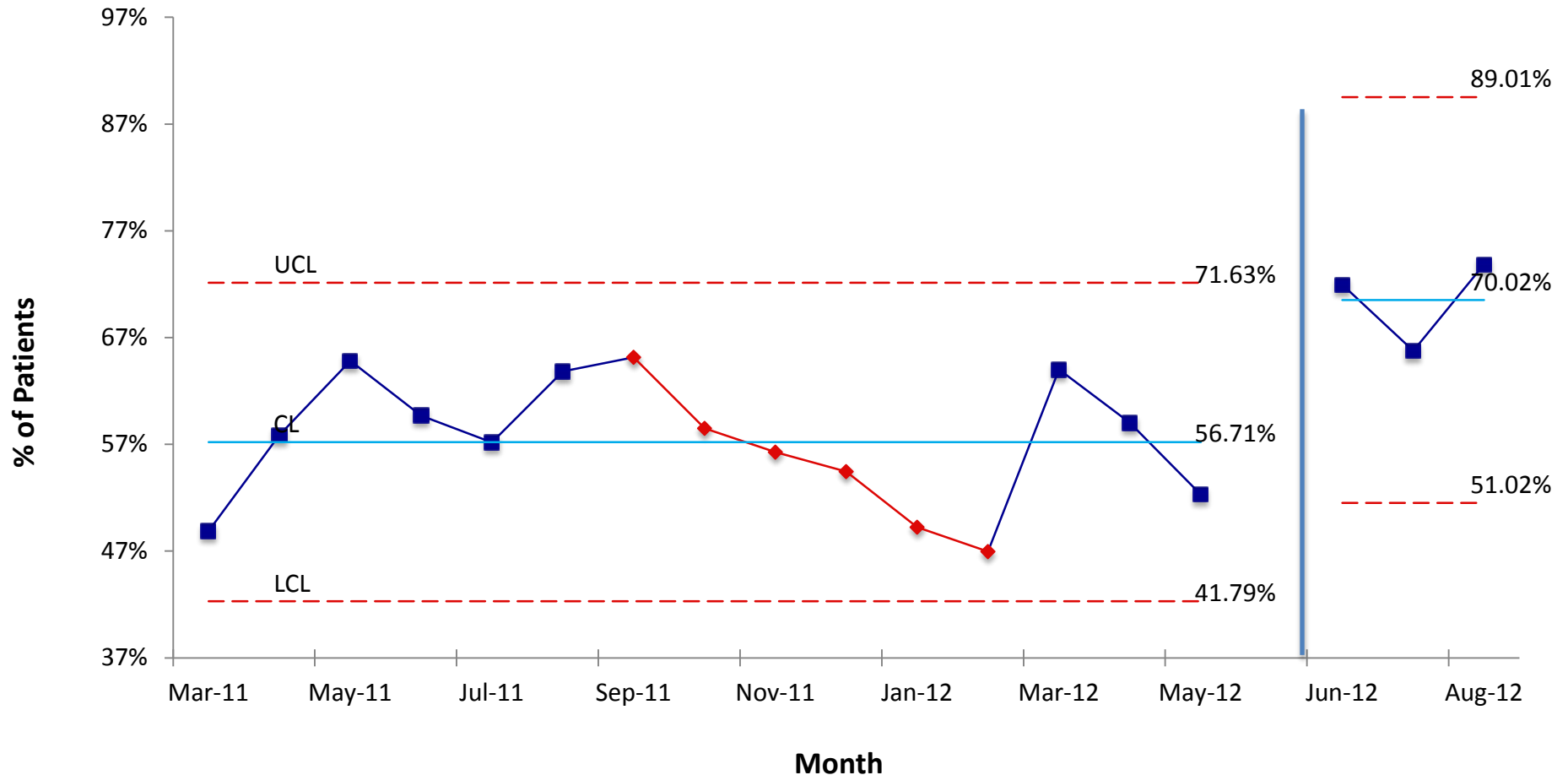


# Plan – Do – Check - Act

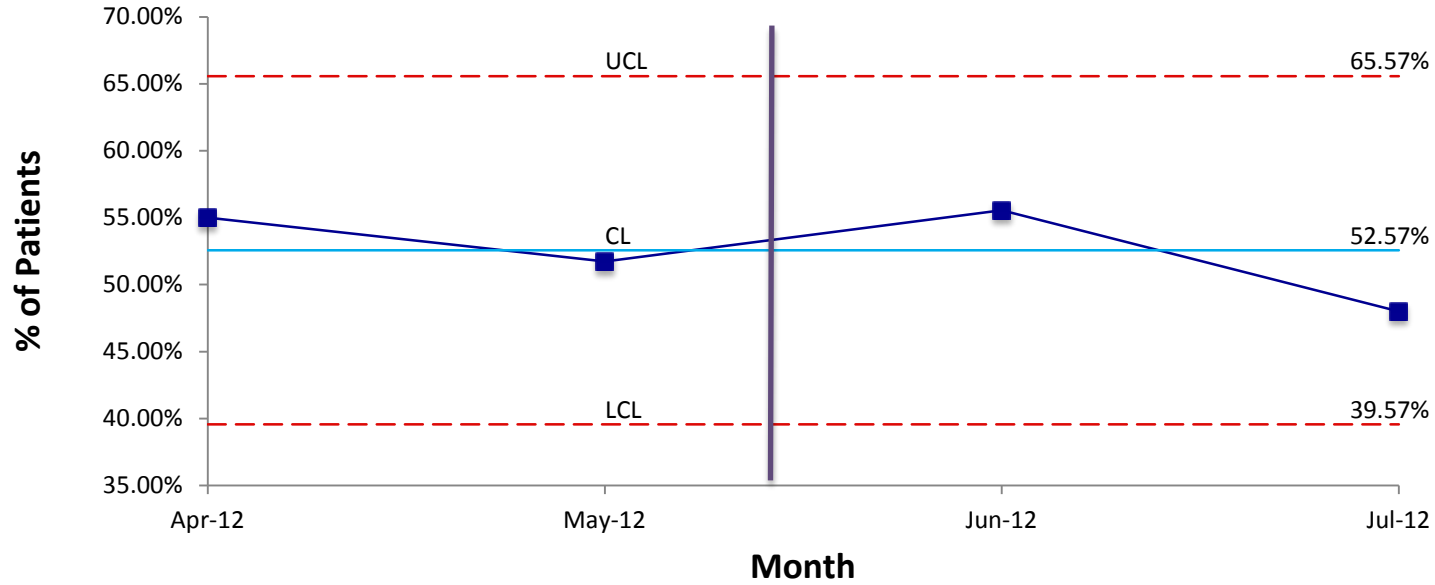


# Plan – Do – Check - Act

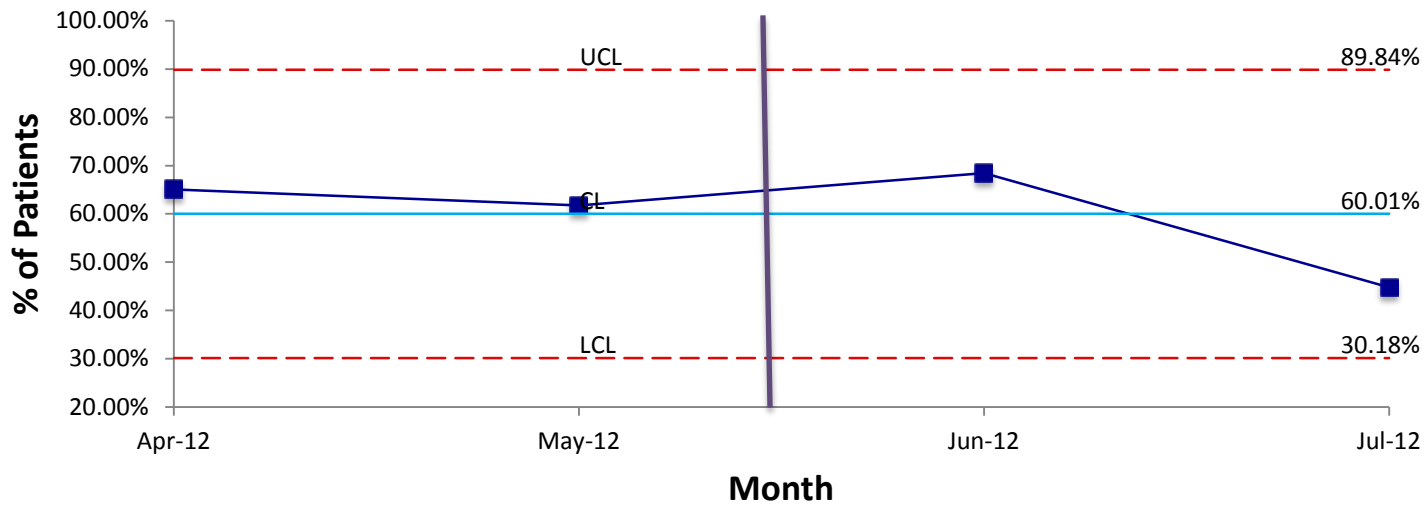
Patients Meeting Continued Stay Criteria (Medicine Ward Teams)



## Patients Meeting Continued Stay Criteria - Neurology



## Patients Meeting Continued Stay Criteria - Cardiology



# Plan – Do – Check - Act

1. Continue daily discharge planning rounds on the Medicine Ward service with all VA hospitalists trained to perform PUMA (Physician Utilization Management Advisor) duties.
2. Consider spreading process to other inpatient services.

# Return on Investment

## Medicine Ward Teams

% of patients meeting continued stay criteria:

Previous Quarter (Q2) without intervention: 52.5%

Intervention Period: 70.0%

## Medicine Service (including neurology, cardiology, BMT, MICU)

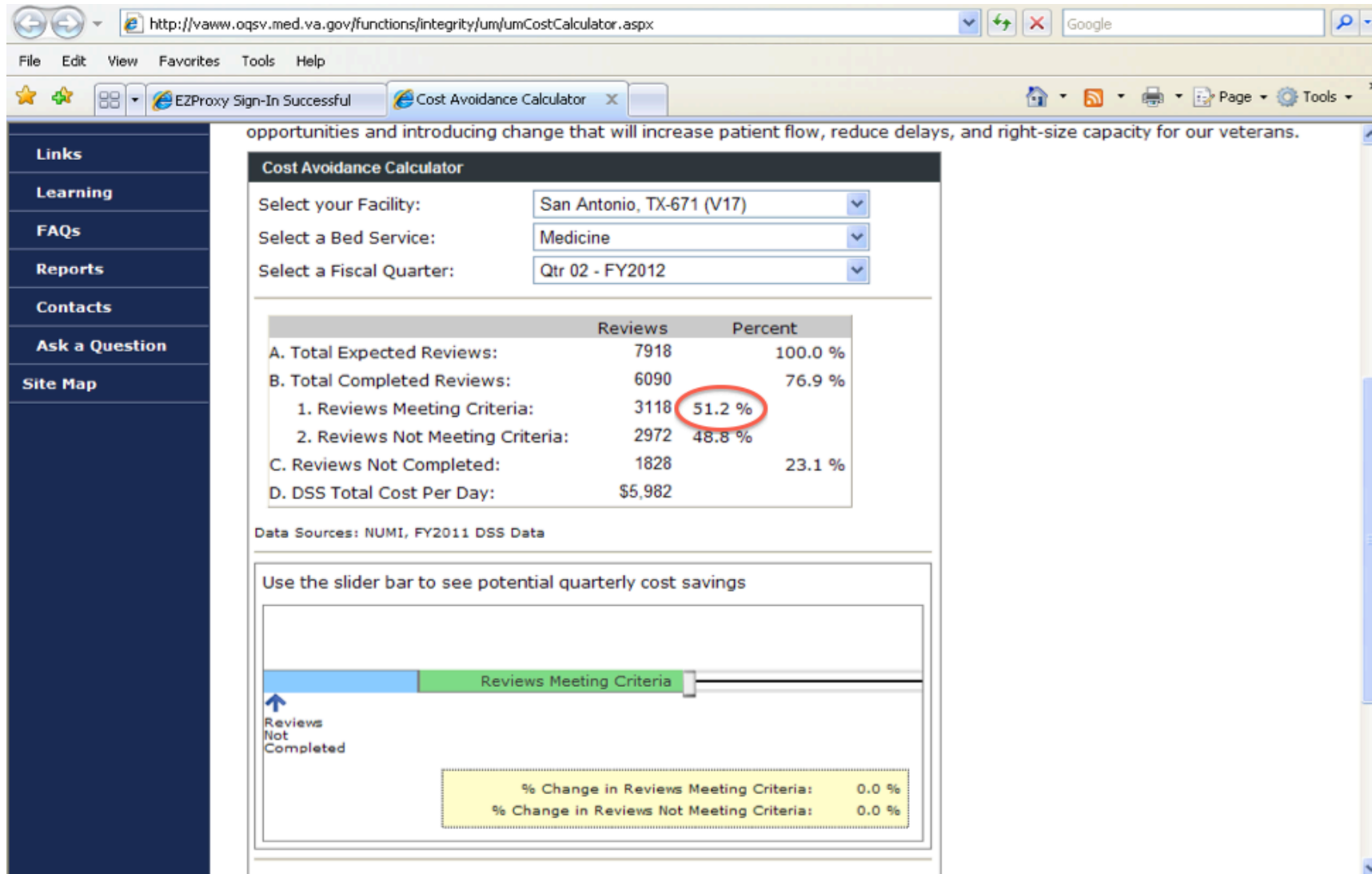
% of patients meeting continued stay criteria:

Previous Quarter (Q2) without intervention: 51.2%

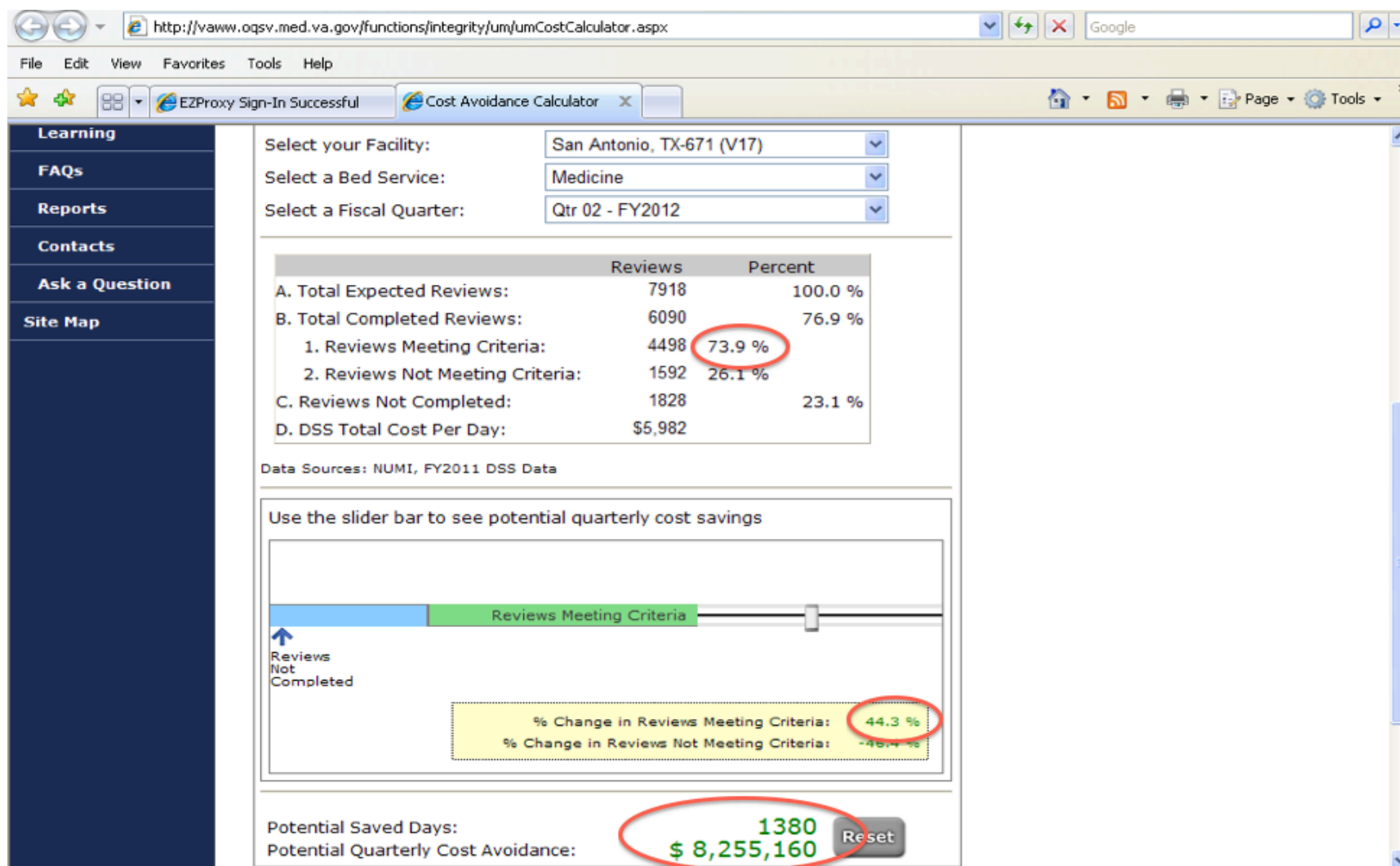
Intervention Period: 73.8%



# Return on Investment



# Return on Investment



# Conclusion/What's Next

## Lessons Learned

- Relatively small investments can have major impacts on patient care
  - Time required of attending physicians & social workers: 5 minutes, 5 days a week
  - Time required of UM nurses and Medicine Case Manager NP: 20-30 minutes daily, 5 days a week
- Communication is key

## What's Next

- Find ways to collect (and use) the data on processes that delay patients' care in the hospital.
- Check re-admission data

# Thank you!



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