Clinical Safety & Effectiveness
Cohort # 11
Implementation of Discharge Planning Rounds on an Inpatient Internal Medicine Service
Financial Disclosure

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

Raj Sehgal, MD (CS&E participant)
Amjed Baghdadi, Chief of Quality Management, STVHCS
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
  o Division Chief, Hospital Medicine, UTHSCSA
Deborah Baruch-Bienen, MD, MA Ethics, FACP
  o 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, Started May 2012
  Workflow and Fishbone Analyses
- Interventions Implemented 1\textsuperscript{st}: May 14
  2\textsuperscript{nd}: 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**
- Meeting Criteria
- Not Meeting Criteria

**Clinician View**
- No Medical Needs
  - Medical Needs, Delays in Care
- Medical Needs, Timely Care
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

Team

- Case Management NP
- Utilization Management
- Physician UM Advisor

TABLE

- Social Work
- Attending

- Hospital Leadership
- Medicine Leadership
Plan – Do – **Check** - Act

Patients Meeting Continued Stay Criteria (Medicine Ward Teams)

<table>
<thead>
<tr>
<th>Month</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar-11</td>
<td>37%</td>
</tr>
<tr>
<td>May-11</td>
<td>47%</td>
</tr>
<tr>
<td>Jul-11</td>
<td>57%</td>
</tr>
<tr>
<td>Sep-11</td>
<td>67%</td>
</tr>
<tr>
<td>Nov-11</td>
<td>77%</td>
</tr>
<tr>
<td>Jan-12</td>
<td>87%</td>
</tr>
<tr>
<td>Mar-12</td>
<td>97%</td>
</tr>
<tr>
<td>May-12</td>
<td>89.01%</td>
</tr>
<tr>
<td>Jun-12</td>
<td>70.02%</td>
</tr>
<tr>
<td>Aug-12</td>
<td>51.02%</td>
</tr>
</tbody>
</table>
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!