
EDGILITY
Cognitive Healthcare

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THROUGHPUT ENTERPRISE LEADER

With the fluidity of hospital capacity in the current pandemic, as well as entering into influenza season, it is critical that health systems have a system level clinical executive, who is consistently monitoring capacity and availability of beds, across the enterprise. The recommendation would be for this person to be clinical, recommended RN, in order to help facilitate conversations and workflows with providers, when required.

SITUATION

The dynamic nature of the COVID-19 pandemic requires all health systems to define flexible yet scripted patient placement and workflow processes. The upcoming influenza season will further complicate and stress workflows and resources, highlighting the need for an effective discharge management process, as well as strategies for effective level of care transfers within the hospital and enterprise.

BACKGROUND

Although the prediction of potential COVID-19 admissions is possible based on public health information, localized 'hot spots' and 'community spread' will continue to impact hospitals' daily census in unknown ways. Hospitalized COVID-19 patients require a thoughtful approach to ensure interdisciplinary teams know their role in the overall process. As influenza patients present with similar signs and symptoms to COVID-19, the plan for 'positive' vs. 'rule-out' needs to be established and communicated consistently across the health system.

Health systems will continue to be impacted by the same community spread, affecting their ability to work and care for patients, whether due to infection, exposure, or even remote learning for their children. Resource strain will impact overall patient care opportunities.

RECOMMENDATION

There is an opportunity to help operationalize the management of all patient flow. Edgility's Chief Outcomes Officer, Lisa Meyer, and Outcomes Director, Donna Bristow, have led the efforts for patient flow, across the system, in order to provide a more proactive approach to meet the needs of patients in health systems around the country.

Hospitals often have someone who monitors the bed situation for the hospital, such as the nursing supervisors, however this leaves a gap at the system level. Discharges, pending admissions, level of care transitions, and community trends, must all be tracked and monitored for optimal patient flow. This clinical executive will have a dyad leadership role with identified physician, who can help with escalations and removing barriers as needed.

DUTIES and RESPONSIBILITIES:

1. Lead system-wide bed huddles: depending on capacity issues, quantity of these huddles would be ramped up or down (recommend 3x daily to start)
2. Tracking of today and tomorrow's discharges, by unit and room number, to facilitate earlier discharges. (Recommend target 2-3 early discharges for each unit per day)
3. Tracking of specific discharge metrics on identified early discharges (discharge order, med rec, outstanding procedures/labs/orders, therapy sign-off, etc.), with the assistance of identified patient flow person at each hospital.
4. Tracking of ICU and step-down beds for appropriate level of care, including the following:
    a. Patients ready for transfer to lower level of care (who are first two patients ready to transfer when certain criteria are met)
    b. Number of beds to be held for emergency (trauma, MI, CVA, etc) – with a goal that this is kept to realistic minimum
5. Act as liaison for local SNF, public health, and school nurses, to track potential 'hot spots' that could become future admissions. Recommend weekly calls with 'ad hoc' updates when trend is concerning
6. Develop and activate 'elective surgery' algorithm and act as liaison for surgical services/surgeon offices. (Recommend tiered process for rescheduling elective cases, based on current trends and capacity issues).
7. Continuous contact with transfer center/bed management, to identify trends and escalations as needed
8. Daily updates to executive leadership on the above measures, recommend report out at tiered huddles and emails
9. Identify escalation path for future and real-time capacity constraints (i.e. ED boarders, elective surgery count, etc.)

ITEMS FOR CONSIDERATION

1. Improvement in discharge flow, including facilitating early discharges across the system
    a. Potential approach:
        i. Communicate needs of early discharges and effective level of care transfers, to assure patients who need critical care have access to that care
        ii. Develop 'checklist' of discharge items that facilitate early discharges (discharge order, consults, placement, therapies, etc)
        iii. Set potential discharge time for system (i.e. discharges by noon)
        iv. Identify lead person at each hospital, who will join huddles for patient flow – across the system. Potential 3x day huddles and PRN.
        v. Target 2-3 early discharge patients, *for each unit,* for next day and what barriers are present to make that happen. We would establish criteria for choosing those early discharges in advance of course.
        vi. Monitor discharges through the day and assist bedside staff when able,

with physician conversations, etc.

2. Monitor community/nursing home/staff spread daily and track this for the system
3. Track total number of COVID-19 admitted patients, across the system
4. Track Influenza admitted patients

Impacted departments to consider in this work:

i. Nursing
ii. Providers, residents, etc.
iii. Care transitions (TCC, SW, PCN)
iv. Lab and imaging
v. Therapy dept
vi. Dietary
vii. Transport (within and outside)
viii. Inventory/supply chain
ix. Environmental services
x. Transfer center/bed management
xi. I.T.
xii. Rev Cycle (CDI staff, etc.)

5. Home management of positive COVID-19 patient and ability to track declining patients
6. Staff resiliency and availability – central staffing and tracking daily number of staff on quarantine and/or positive cases
7. Ability to track ICU bed availability across the system and effectively manage patients able to transfer to lower level of care
8. Develop solid plan to manage transfer from ICU to lower level of care when appropriate (i.e. move to stepdown or to SNF/LTAC)
9. PPE and resource management
10. Consider approach to cancel elective surgeries in thoughtful approach vs. cancelling all elective surgeries
11. Call center strategies – ability to flex up based on needs
12. Influenza vaccination strategy – tracking number of vaccines/supplies and approach to get high risk vaccinated as soon as possible