Efficiency and Cost Savings

Care Coordination Clinical Redesign: Restructuring Strategies for Success
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INTRODUCTION: Care Coordination Departments in acute care hospitals are responsible for securing post-acute services, assuring compliance with the Conditions of Participation for Utilization Review and Discharge Planning, assuring timely payer correspondence in order to secure payment and length of stay management.

OBJECTIVE OF THE PROGRAM: The program objective was to develop an internal process redesign that would affect our workflow, our structure as a team and ultimately have a positive impact on the care and services provided for patients and the hospital from a quality and financial perspective. Our primary goal was to facilitate a more cohesive team approach in order to fully execute the work load daily in a more efficient patient centered approach and to decrease length of stay as well as improve discharge times.

Planning/Research Methods: Beginning in January of 2014, the Case Manager Supervisor, the Social Work Supervisor and Department Director met to discuss our goals and objectives for the staff as we moved to assist in facilitating these changes. At our first meeting, we listed the various duties and responsibilities for the Social Workers and the Case Managers. We then met two weeks later as a group and each team presented their recommendations on how best to proceed with the department changes. In conjunction with this effort we began work on our redesign of multidisciplinary rounds. A committee was formed comprised of nurses, hospitalists, mid-level providers, Case Managers, Social Workers and many other representatives from various ancillary service departments. Our change in name from multidisciplinary rounds to STAT Rounds (Safe Transition and Throughput) was renamed by our hospitalist team to signify the change in our focus- the "plan for the day and plan for the stay". All floor nurses, physicians and ancillary staff were trained by our Nurse Educators. We also trained two physician advisors in order to fully support the Care Coordination team.

Implementation Methods: In February of 2014, the Care Coordination Department implemented High Risk Length of Stay rounds meeting twice weekly to discuss all patients in house for greater than 5 days. STAT rounds were fully implemented by May 2014 on each unit. In May 2014, our department team changes were launched. Assigned as pods, each pod (team) had 1-2 Case Managers and 1-2 Social Workers geographically assigned to units. We extended our coverage to weekends and evenings and our emergency department has a dedicated Case Manager 12 -16 hours per day. In addition, we now have a dedicated Case Manager that functions as the Bed Flow “expert”. She carries our UConn MD line which takes all direct and transfer calls as well as managing admissions, discharges and transfers constantly monitoring the flow of patients through UCONN Health.

Results:
*ALOS decrease from 4.82 to 4.07 within the first month of changes-savings of $623,211.00 since implementation February 2014
*LOS in observation has also decreased by 5 hours from 33.51 to 27.30 hours
*Median hour of discharge decreased from 4 PM to 2PM
*Utilization of on-site Physician Advisors produced cost savings of $187,001.00 since implementation May 2014
Total savings-$810,212.00