

Remove Barriers to Throughput and Reap the Financial Rewards

This 850-bed, not-for-profit tertiary referral center regularly remained at greater than 90 percent capacity, with patients being held in the ED, the operating room and the post-anesthesia care

unit for up to three days. Its case management model was broken at best, and a lack of departmental goals left employees uninspired to strive for performance improvement.

A Dramatic Turnaround

The hospital's situation has improved dramatically since administrators engaged B. E. Smith in early 2008 to improve patient throughput — the results of which impacted nearly every area of the hospital, particularly revenue cycle management. Average length of stay decreased by 0.5 days, weekend discharges increased by 8 percent with the hospital census averaging 80 percent, and "patients from ED to inpatient bed in less than three hours" increased from 53 percent to 75 percent. In addition, medical necessity reviews increased by 9.6 percent, net reimbursement increased by \$780,000 for inpatient-only procedures and by \$223,000 for overturned denial days, and write-offs decreased by 93 percent.

Challenge: Departments were providing care in silos, resulting in a fragmented system of care. The case management manager accepted another position, leaving behind a broken case management system that further contributed to the problem.

Solution: Administrators brought in a B. E. Smith case management consultant to perform an assessment and collaborate with the consultant to develop a 90-day implementation plan for the ideal multidisciplinary case management model — linking case management, finance and clinical areas together and removing throughput barriers.

Challenge: Patients were not being discharged in a timely manner.

Solution: The consultant established nursing case manager and social worker supervisory roles and assisted with role clarification to ensure that employees understood what they were responsible for achieving within the new model. He implemented walking rounds and a tracking report, improving communication and ensuring that stakeholders were on the same page regarding patient care.

Challenge: The hospital's denial log included lost revenue due to inpatient-only procedures; days denied; and lack of necessary pre-certifications, insurance verifications and necessary reviews.

Solution: The consultant identified where in the precertification process the correct steps were not being followed, implemented process improvements and a tracking report to ensure appropriate reimbursement. He also demonstrated to administrators the importance of value-added employee positions on the front-end to ensure appropriate reimbursement.

The consultant also developed an average length of stay measure by unit so that departmental employees had measurable data to support their progress and eventually celebrate their success. The engagement was so successful that administrators extended it to a second year, with the option to be extended further as projects are identified.

7 essential tips

Tips for Improving Patient Throughput

According to a recent B. E. Smith survey, 32 percent of healthcare organizations do not have an individual or department dedicated to hospital-wide patient throughput. Even if that is the case within your facility, here are seven tips for improving patient throughput:

- **Ensure** that a multidisciplinary case management model exists.
- **Educate** all stakeholders on the case management model, from housekeepers to nurses and finance employees.
- **Link** case management, finance and clinical areas together because each manages fragments of overall throughput solutions.
- **Identify** barriers to throughput.
- **Develop** measurable goals.
- **Monitor** outcomes, preferably on a 30-day or 90-day schedule, to keep stakeholders involved.
- **Communicate** results so that stakeholders know they're contributing to the organization's success.

by the numbers

