

Performance Strategies



Improve Care & Capacity with At-a-Glance Enterprise Visibility

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Matching Capacity Management to Disaster Response



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We're No Stranger to Disasters and Daily Crisis Mode

Located in Southern California's San Fernando Valley, we are no stranger to disasters at [Providence Holy Cross Medical Center](#). The campus has been rebuilt twice, after devastating earthquakes in 1971 and 1994, and "wildfire season" visits us regularly each fall and winter. But like many community hospitals, all too often our 254-bed facility must operate in crisis management mode. Thankfully, a key solution to our daily patient flow struggles has also been invaluable during two recent capacity surges.

The Struggle to Manage Throughput

Providence Holy Cross experiences more than 62,000 annual ED visits, occupancy levels often over 100%, a chronic labor shortage and rising acute admissions. Our ongoing struggle has been to admit and care for more patients with the same scarce staff, without sacrificing quality. For the average 300-bed hospital, reducing length of stay (LOS) by half a day is equivalent to adding 25 beds. Looked at another way, it is equivalent to hiring 18 full-time nurses.

Between 2004 and 2008, we implemented 52 improvement strategies related to throughput. All important pieces of the puzzle, but we had yet to unify them, communicate them and sustain the gains. And despite the improvements, we still had inefficient bed turn rates that left too many patients waiting in the ED, ICU and PACU. Bed control staff was still unaware of real-time bed availability, and discharge plans were not broadly communicated.

In McKesson's [Horizon Enterprise Visibility™](#) electronic tracking board, we saw the potential to consolidate our efforts. Using this geospatial platform to broadcast relevant patient data would have a clinical impact while promoting data accuracy, positive behavioral changes and proactive management. Plus, we saw the clear opportunity to leverage this platform for disaster preparedness.

Immediate Operational Improvements

In May 2008, we went live on the system. Within the first three months alone, year-over-year comparisons showed the following gains:

- 11.5% increase in inpatient admissions
- 16.3% increase in ED visits
- 10.6% decrease in average length of stay
- 25.3% decrease in # of patients LWOBS (left without being seen)
- 35.8% decrease in % of patients LWOBS
- 53.3% decrease in EVS (environmental services) total bed turnaround time
- 85.0% decrease in admission turnaround time

The process redesigns had helped us define the "ideal state" we were seeking, but it was our electronic tracking board that tied all of those efforts together — and visibly holds us to that ideal.

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Matching Capacity Management to Disaster Response (Cont.)

Disasters Test Our Preparedness

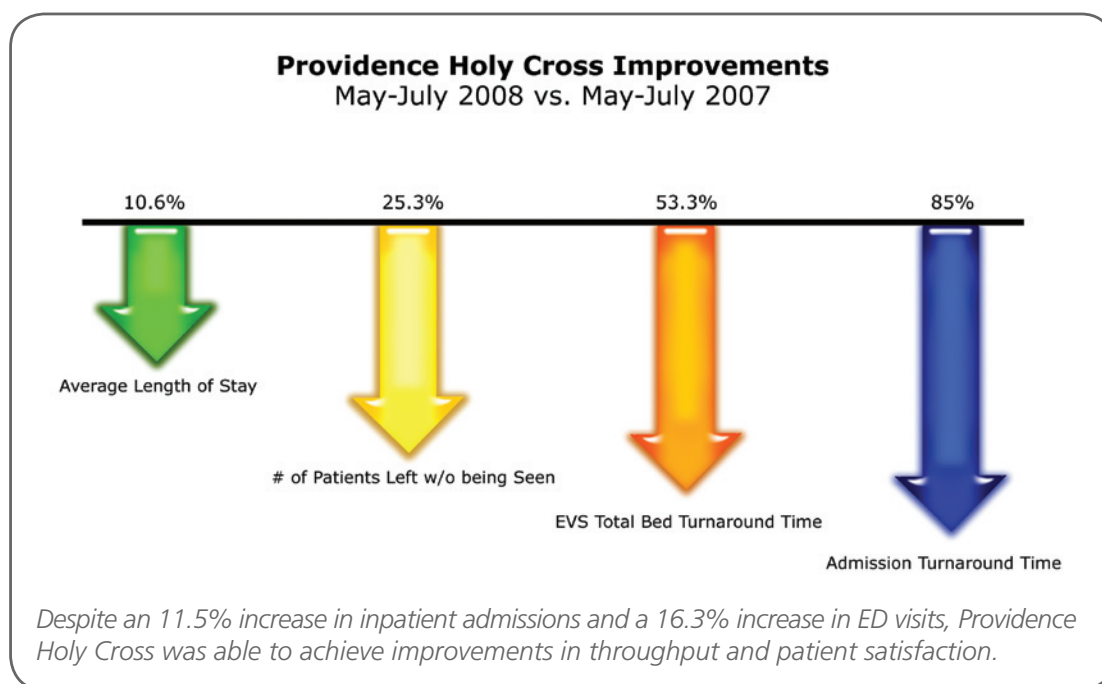
Train Wreck Tests Throughput – In September, the head-on crash of a Metrolink commuter train with a freight train killed 25 people and left 135 injured. In addition to the victims treated at the scene, 86 people were triaged to 15 area facilities, including ours. When the alert came, a glance told us we were already at 110% occupancy. We notified physicians with potential step downs and discharges to evaluate those patients right away to free up beds. We also set up beds in our infusion center (which we also monitored on the tracking board). We were able to take 17 patients, including five in critical condition — far more than any other hospital could accept.

Santa Ana Winds Blow Wildfire Too Close for Comfort – Scarcely a month later, we braced for the worst again when two massive wildfires in the vicinity burned out of control, threatening to require evacuation of nearby 377-bed Olive View-UCLA Medical Center — and we were at 102% occupancy. We prepared contingency plans to take in those patients and even for our own evacuation. The enterprise tracking board helped us to see much of the overall picture. Fortunately, the fires were contained — this time. However, more recently, wildfires raced through the valley again, and Olive View did require evacuation when flames surrounded the building, its generators failed and smoke filled the lower floors. We were able to assist by taking many of their most critically ill patients.

People Hate it When I Round

The silver lining to disasters like these, if there is one, is that they force everyone to understand the importance of always knowing how full we are, how many patients are waiting for beds, and what each individual can do about it. I want everyone to feel our patients' pain when we are over capacity. Admittedly, some people hate it when I round now. "Why has that pending discharge been there for the last 8 hours? When is the patient going home?" Or, "That blood's been ready for 25 minutes. Why hasn't anyone pulled it and started the transfusion?" Visibility into all of these actionable items adds up. And you really start to see the difference it can make in the delivery of care.

Derek Berz is assistant administrator of Providence Holy Cross Medical Center in Mission Hills, Calif., part of Providence Health and Services. Among its many honors, Providence Holy Cross received Magnet®, Baby Friendly and STEMI designation in 2007 and has earned HealthGrades awards for Women's Care (2005-2009), Stroke Care (2008) and overall Clinical Excellence (2006-2008). It has been verified as a Level II Trauma Center by the American College of Surgeons.



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