

Albert Einstein  
Healthcare Network

Einstein

 *Jefferson Health System*

# Albert Einstein Medical Center

Capacity Management  
Patient Flow

## *Major Issues*

- Financial implications
- Physician and staff dissatisfaction
- Significant ED gridlock and diversion
- Long Length of Stay (LOS)
- Multiple discrete efforts had been implemented, but were not maximally effective or well integrated
- Patient satisfaction scores were below desired levels

## *Critical Success Factors*

- Priority for organization
- Invested in outside consulting and IS technology
- Executive sponsorship (clinical, administrative)
- Wide-spread communication
- Measurement and Monitoring
- Incentives/accountability

# *Bed Management*

- Bed assignment process was revised with Healthcare Access as single owner.
- Developed criteria for bed use and unit overflow.
- Changed an existing HCA position into Patient Flow Coordinator.
- Invested in bed management/tracking software
- Daily bed briefings (11 am everyday and 3 pm when necessary) attended by nursing representatives from each unit, bedboard, administration

# *Care Management*

- Redesigned care management department; appointed new director.
- Initiated Use of Interqual criteria for medical necessity
- Educated all Care Managers on use of Interqual; developed competency for same
- Implemented care management software
- Introduced Physician Advisor concept

## *Care Management*

- Redesigned interdisciplinary discharge rounds (attended by care manager, social worker, residents, physician's assistants, nursing)
- Initiated long stay rounds
  - All patients with LOS > 3 days are discussed 2xs per week
  - All patients with LOS > 10 days are discussed at another meeting once a week

## *Care Management*

- Initiated the use of ECIN (Extended Care Information Network) software for all nursing home placements.
- Developed centralized nursing home placement function.
- Reconciliation of daily nursing home placement list with social workers and nursing home placement office staff.

# *Nursing*

- Developed ongoing dialogue with nursing leadership regarding bed assignment issues; monthly reports now distributed.

# *Emergency Department*

- Renovated the Emergency Dept. expanding capacity
- Developed Emergency Dept. Care Management program
- Educated all Emergency Dept. Attending and Resident staff on use of Interqual
- Instituted use of NEDOC (National Emergency Department Overcrowding Score) to assess ER capacity
- Developed objective criteria for when divert could take place.

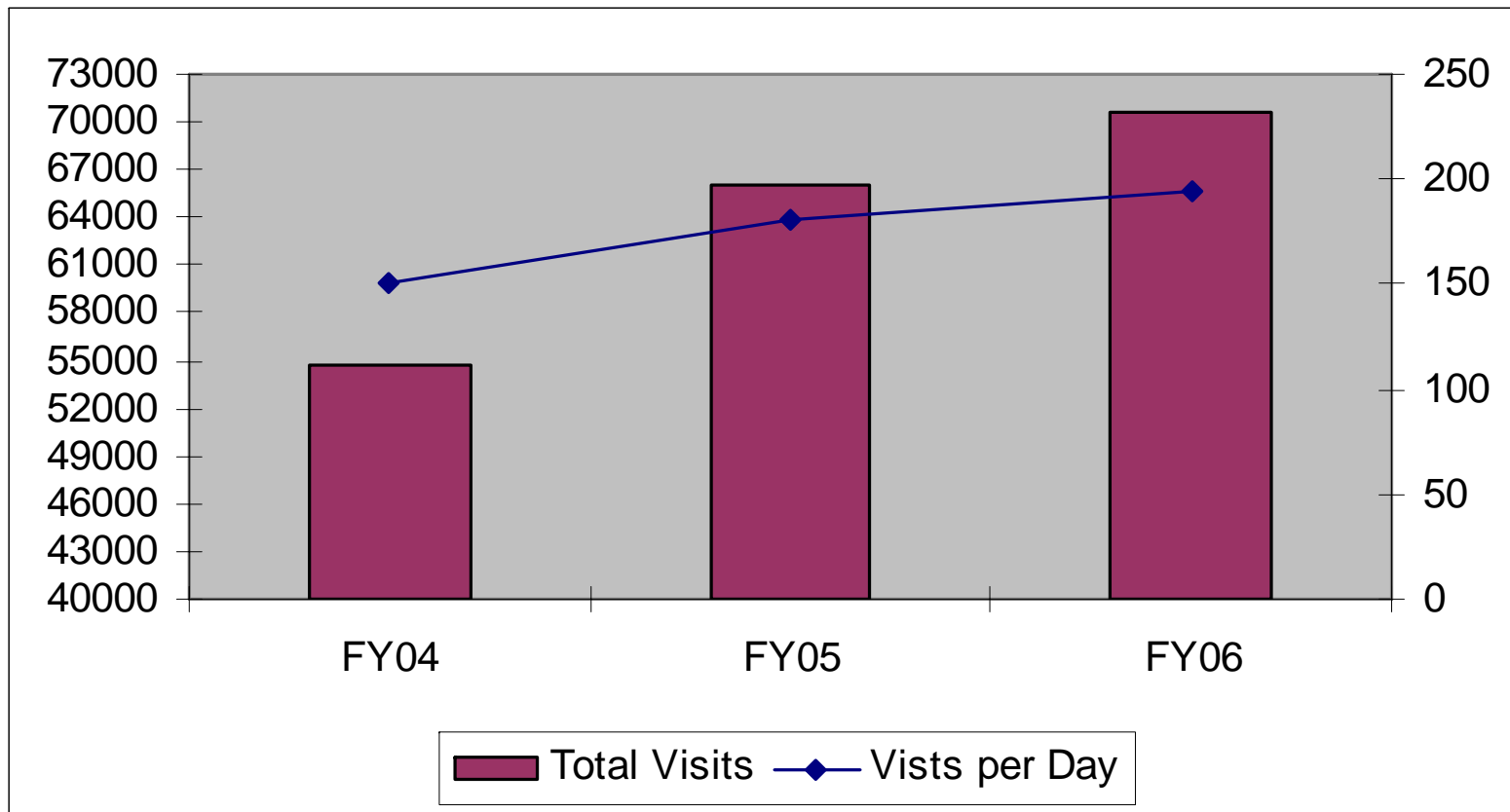
# *Physician Involvement*

- Development of multi-disciplinary physician work group to identify and resolve system and physician-related issues.
- Developed order sets for specific diagnoses

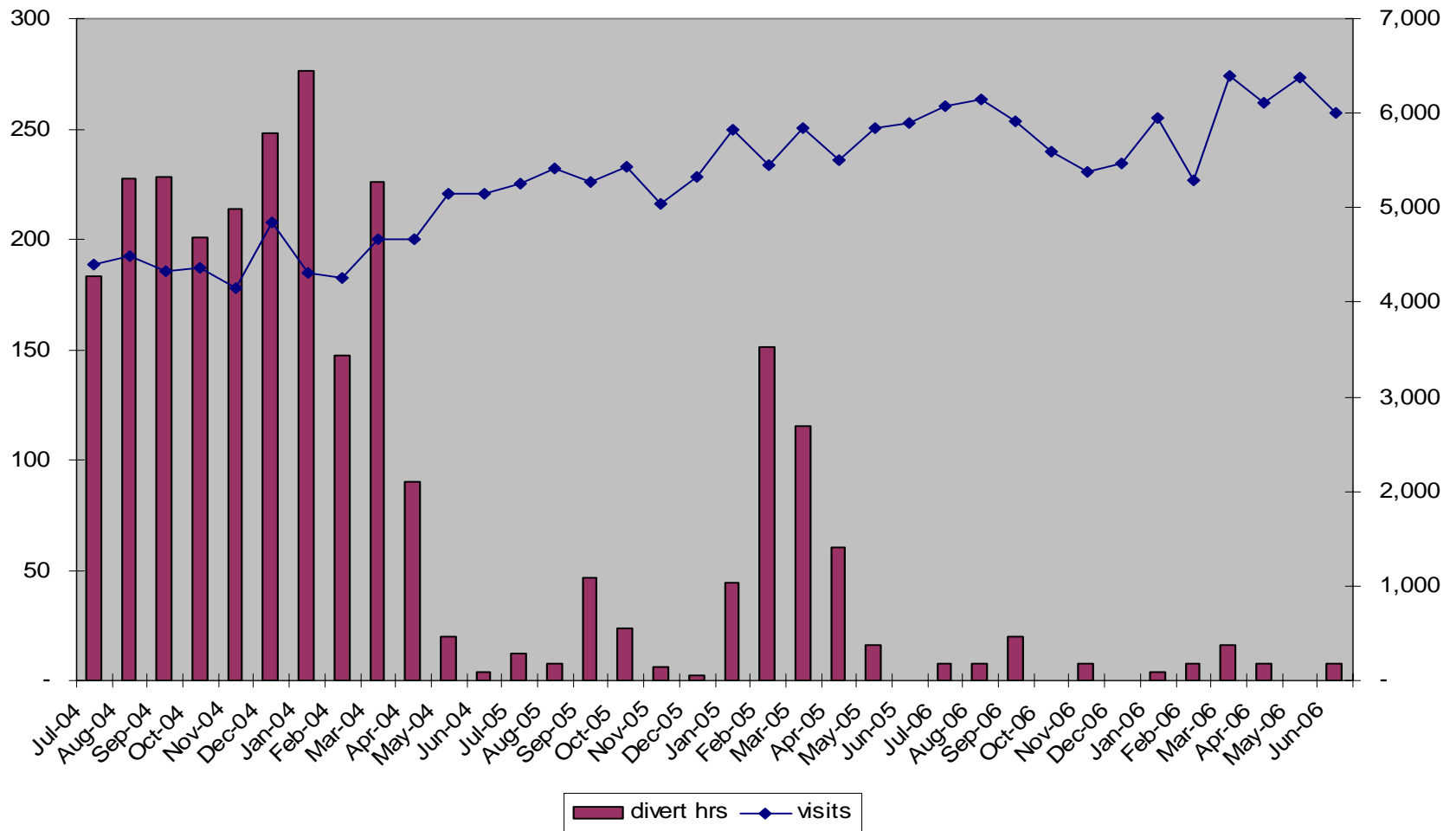
# ***THE RESULTS***

- Reduced ED divert hours and ED LOS
- Decreased percentage of ED patients who left without being seen
- Improved city-wide ED diversion ranking
- Avoided potential admission denials
- Reduced outlier patients as well as outlier days
- Sustained reduction in LOS resulting in financial benefits
- Improved patient satisfaction and quality of care
- Increased physician and staff satisfaction

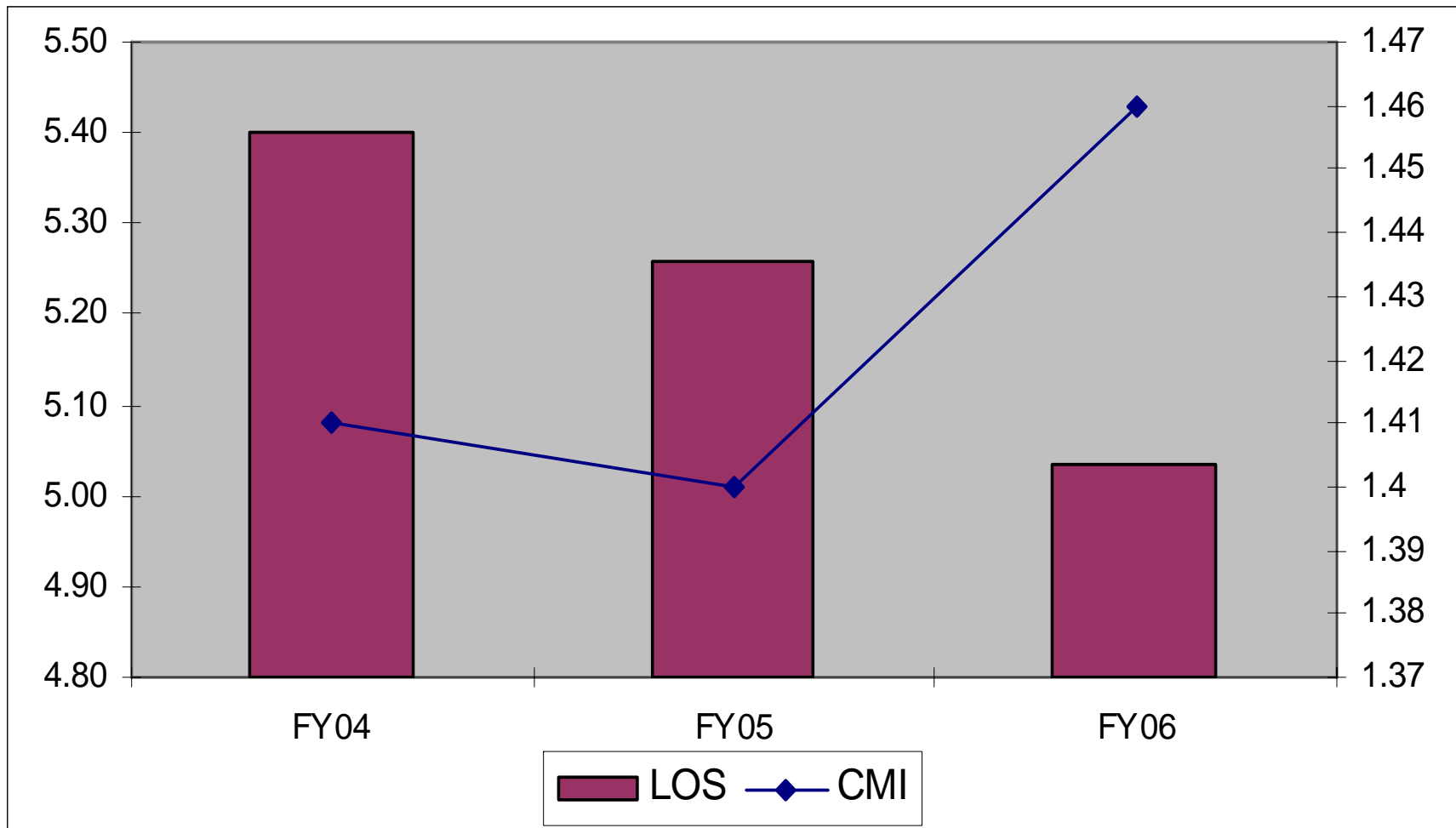
# ER Visits



# Divert Hours/Visits



# *ALOS/CMI*



# Patients with LOS > 6

