ED-Hospital Throughput Best Practices

Feb 27, 2025

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Agenda

- Review Final Best Practice Measure/Tier Submissions from small groups

- Review Summary of Comment Letters

- Open Discussion

Interdisciplinary Rounds

Interdisciplinary Rounds

Definition: Interdisciplinary Rounds, IDR, are formal mechanism of daily communication to advance the comprehensive patient centric plan of care where healthcare professionals from a variety of relevant health disciplines gather, informed by their clinical expertise, review, discuss, coordinate patient care, determine care priorities, establish daily goals, and *plan for transfer or discharge*. Below are elements of IDR care progression to ensure timely and safe discharge:

1.   Early and effective discharge planning discussed in IDR can ensure a quality patient centered transition, significantly decrease length of stay, LOS and readmission risk. Hospitals will submit evidence of early inpatient discharge planning based on documentation and process used by health system.

2.   Barriers to discharge and follow-up may be caused by health-related social needs by screening SDOH, hospitals can identify barriers to a supported and safe discharge. Hospitals will submit evidence from the inpatient discharge planning cohort described in element 1 that have been offered screening for one or more of the SDOH categories.

      a.   Food insecurity

      b.   Housing instability

      c.   Transportation needs

      d.   Utility difficulties

      e.   Interpersonal safety

3.   Screening to identify and understand barriers is important. Addressing the identified barrier through referrals and community connection develops a successful and supported plan of discharge. Hospitals will submit evidence from the inpatient discharge planning cohort described in element 1 that screened positive for one or more of the SDOH categories in element 2 and addressed through a referral or community connection.

	Tier One	Tier Two	Tier Three
Criteria	• Discharge Planning Adult General Medical and Surgical Inpatient Admissions	• Adult inpatients offered screening for the 5 HRSN prior to discharge	• Adult inpatients that have screened positive for HRSN are given referrals to community resources prior to discharge
Accountable measure or outcome	✓ Documentation within 48 hours of admission on estimated discharge date (EDD) and disposition ✓ **KPI:** of 70% of inpatient admissions have documented discharge planning	✓ Documentation of food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety screenings for inpatients who are screened ✓ **KPI:** 50% of all inpatients identified in tier one offered screening for HRSN	✓ Documentation of community resource access for patients screening positive for 1 or more of HRSN ✓ **KPI:** 75% of all positive screen of HRSN are given referral prior to discharge identified from tier two.

Effective IDR of established patient centric goal of discharge date, disposition and health related social needs to address potential care progression delays.

- ✓ Improve patient outcomes through enhanced facilitated communication and collaboration in coordinating care among disciplines
- ✓ Engage patient and/or natural supports to be involved in continuum of care and discharge planning process
- ✓ Reduces LOS and improves capacity

Standard Daily/Shift Huddles

Standard Daily/Shift Huddles

- The AHRQ defines a huddle as a short, standing meeting that is typically used in clinical settings to quickly share important information and touch base with a team, typically held at the beginning of each workday or shift.

Tier 1: Implementation of, at minimum, daily huddles utilizing a multidisciplinary team approach with a focus on throughput and discharges.

KPI: Multidisciplinary daily huddles are being completed at X frequency as defined by each organization.

Tier 2: Tier 1 requirements with the addition of a standardized infrastructure (standard scripting, documentation, and/or use of huddle boards). Tier 2 would also include an escalation process for addressing clinical and/or non-clinical barriers to discharge or throughput.

Tier 3: Tier 1 and Tier 2 requirements, with the addition of monitoring and reporting of key performance indicators (KPIs) as drivers of process improvement r/t throughput. Example KPIs could include but are not limited to, percent of discharge orders written by noon, or percent patients leaving the facility by a designated time as determined by each facility.

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Bed Capacity Alert

Bed Capacity Alerts

Tier 1 -- Organization establishes one or more capacity metrics, examples could include: total number of patients in hospital, % hospital beds occupied, % of ED boarder c/w overall ED beds, NEDOC score, other hospital defined metrics.

Tier 2-- Organization establishes a bed capacity alert process (aka surge plan) driven by capacity metrics that triggers defined actions to achieve expedited throughput. Actions could include: Enhanced inpatient huddles to expedite discharges, rapid admission order turnarounds, hospitalist care in the ED, executive escalation, opening surge units, etc

Tier 3 – Organization quantitatively demonstrates consistent activation of surge plan in response to bed capacity triggers. Internal metrics to be hospital defined and specific to hospital surge protocol. Examples could include: #/% of protocol activations, % discharges by specific time- maybe 1 p.m. and/or 3 p.m, etc.

Expedited Care Bucket

Expedited Care Bucket

Many best practices are proven to reduce ED LOS and ED boarding. Select one or more of the expediting practices listed below:

- ❑ Nurse Expediter
- ❑ Discharge Lounge
- ❑ Observation Unit (ED or Hospital based)
- ❑ Provider Screening in Triage / Early Provider Screening Process
- ❑ Dedicated CM and/or SW Resources in the ED

Tier 1: Implement one (1) expedited care practice from the list above and report KPI as determined by hospital. For example, LWBS, Inpatient LOS, Door to Provider Time, etc.

Tier 2: Implement two (2) expedited care practices from the list above and report KPI for each practice as determined by hospital.

Tier 3: Implement three (3) expedited care practices from the list above and report KPI as determined by hospital.

Expedited Care Bucket – Definitions

❑ Nurse Expediter: A dedicated nurse to expedite components of the care process (i.e., admissions, discharges, transfers, etc.).

❑ Discharge Lounge: A dedicated area for discharged patients from the ED or Inpatient areas to expedite room turnover.

❑ Observation Unit (ED or Hospital based): A dedicated patient unit for observation status patients to expedite care and minimize inpatient hospital admission.

❑ Provider Screening in Triage / Early Provider Screening Process: A provider assigned to the intake/triage area to expedite diagnostic testing and therapeutic interventions after triage.

❑ Dedicated CM and/or SW Resources in the ED: CM/SW resources accessible to ED patients to facilitate discharge and coordinate outpatient management.

For this best practice, reporting will include an attestation that "x" best practices are implemented, with best practices identified and hospital-specific KPI reported.

Clinical Pathways/Observation Management

Clinical Pathways/Observation Management

Clinical pathways are designed to improve the quality of care primarily through evidence-based standardization in the ambulatory setting while reducing ED visits and hospital admissions.

Examples of the effectiveness of clinical pathways:

· Diabetes Management: Implementation of diabetes pathways reduced ED visits by 28% over 18 months (Peterson et al., *Journal of General Internal Medicine,* 2020)

· COPD Care: COPD Clinical pathway implementation reduced 30-day readmission rates from 21.4% to 13.6% and decreased average length of stay by 1.7 days (Lemoigne et al., *Chest*, 2017)

· Stroke Recovery: Integrate stroke pathways increased timely rehabilitation assessments from 62% to 91% of patients (Wang et al., *Stroke,* 2020) and standardized stroke care pathways reduced post-stroke pneumonia by 23% (Rodriguez-Pardo et al., *Neurology,* 2019)

Clinical Pathways

Tier 1: Design and Implement Intervention

Hospitals will select and implement a clinical pathway tailored to a specific patient population. This clinical pathway should be based on the facility's unique patient needs and can incorporate existing pathways if already in place.

Tier 2: Develop Data Infrastructure

Hospitals will establish robust data collection and analysis systems to monitor and evaluate outcomes. These systems should emphasize comparing the effectiveness of inpatient and ambulatory management strategies for the selected patient population, enabling data-driven decision-making and continuous improvement.

Tier 3: Demonstrate Improvement

Hospitals will define clear, measurable improvement targets specific to their chosen intervention. For example, they may aim for a percentage reduction in hospital readmissions, ED visits or improved clinical outcomes. Pre- and post-intervention outcomes will be measured to quantify the impact of the implemented clinical pathway.

Patient Flow Throughput Council

Patient Flow/Throughput Council

Definition: Multi-disciplinary council of leaders, including CMO or other Executive, meets every month or more frequently, to evaluate patient flow, mitigate or eliminate barriers, and track progress of patients as needed. The council also shares data and KPIs with front-line staff. The PI Council oversees PI initiatives throughout the hospital, including throughput huddles, staffing for surge, discharge lounges, and other flow-related or capacity-building initiatives. The PI council should include executive leadership, nursing leaders, ED leadership, EVS, transport services, patient access, intensive care and hospitalist leadership.

	Tier One	Tier Two	Tier Three
Criteria	• **Create Structure:** create a multidisciplinary team, identify an executive sponsor, form a committee charter, and report KPI as determined by hospital.	• **Establish Accountability:** Conduct monthly meetings with key stakeholders across the organization to review capacity & throughput related projects & metrics	• **Change Culture:** Cascade capacity-related goals to all nursing units to ensure front line staff awareness & engagement.
Accountable measure	✓ Committee/council meets monthly at minimum ✓ Team develops and works on capacity and throughput projects that align with institutional priorities.	✓ Committee meetings include regular "report outs" on relevant KPIs and data. ✓ The report outs include participation from at least one hospital executive. ✓ KPIs are evidence-based and shown to improve capacity or throughput or enhance patient care.	✓ KPIs are reported for key units or service lines as determined by the hospital. ✓ The committee ensures routine capacity/throughput huddles occur daily to drive patient flow and reduce delays. ✓ The committee ensures that any observation patients have built-in efficiencies & protocols that promote discharge within two midnights. Observation LOS is tracked, data is shared, and OBS PI processes are implemented on units with OBS patients.

Next Steps

- Final Draft Best Practices Policy with the final edits due to HSCRC Commissioners for review on 2/28

- Presentation of Final Policy at HSCRC Commission meeting on 3/12

- Request Hospitals indicate which two best practices they will select by April 18th

- Next meeting tentatively scheduled for May 2nd

- Small group designations based on best practice selections