

Elimination of Admission Denials

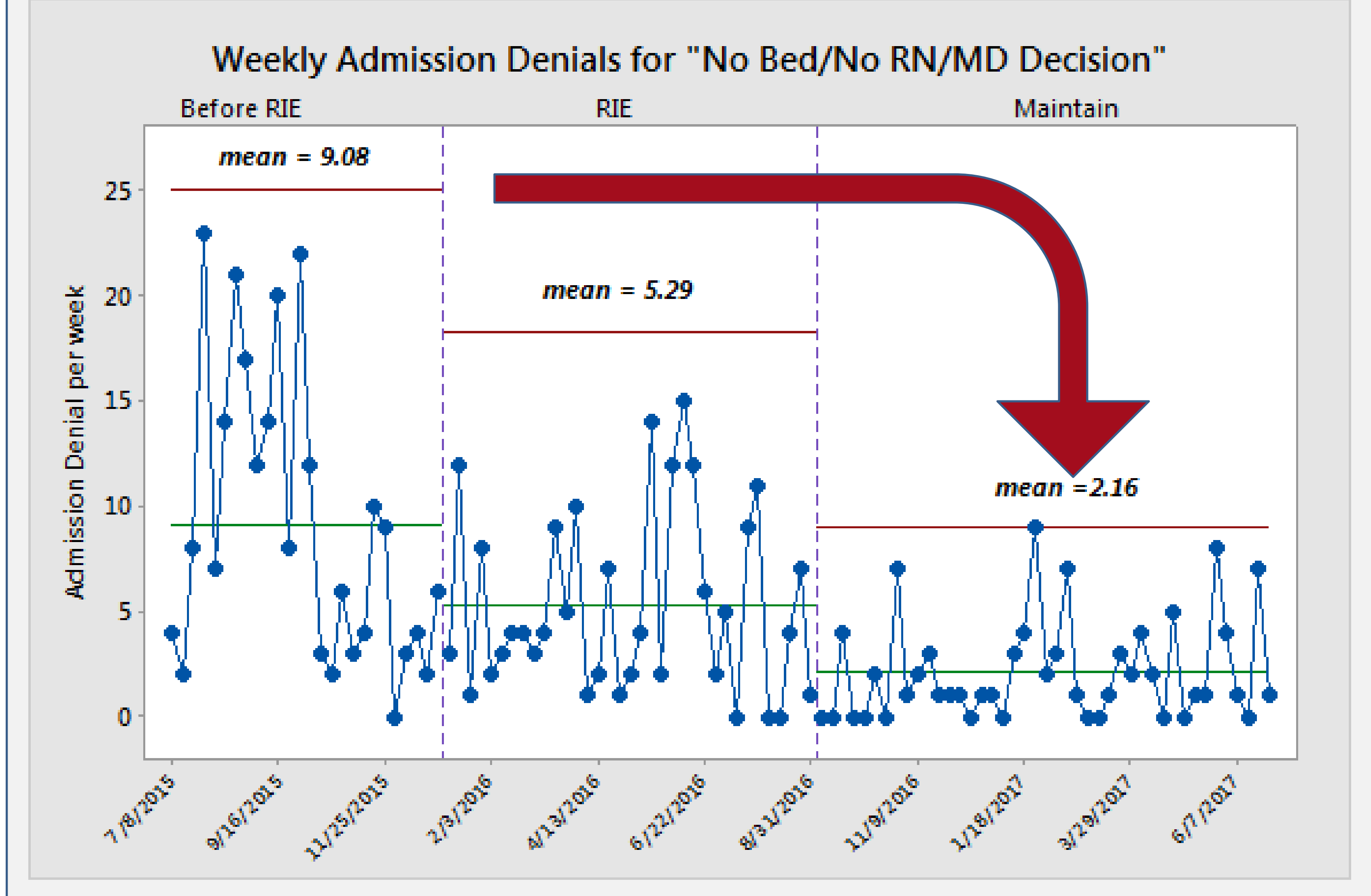
PRE RIE(s) ADMISSION DENIALS STATUS

Saint Alphonse Regional Medical Center's (SARMC) ability to consistently accept admissions from sister and outlying hospitals was strained and hindered by insufficient available beds, nursing staff availability, and throughput challenges.

- From July to December 2015, the number of monthly admission denials grew from a rate of 19.5/month to 37.8/month, a 94% increase in admission denials.
- August and September 2015, admissions denials were above 64 patients each month.

POST RIE(s) ADMISSION DENIALS RESULTS

>76% reduction in Admission Denials to <2.2 denials per week

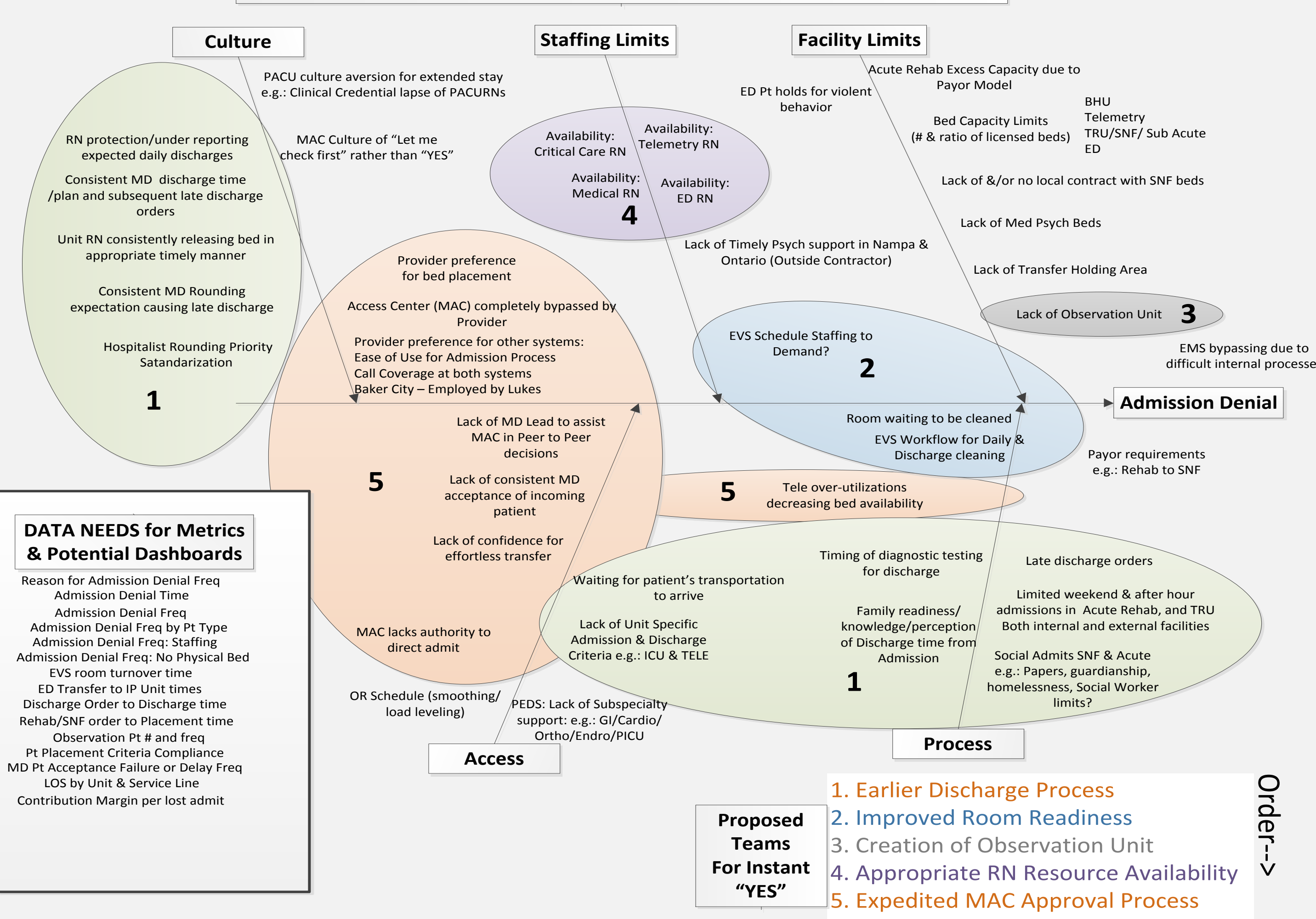


RIE(s) PROJECT STRATEGY

Multi-factorial Cause and Effect created five separate but integrated RIE teams run concurrently and focused on SARMC controllable factors covering:

- No Physical Bed
- No Available RN
- Physician Decision

SARMC ADMISSIONS DENIAL REDUCTION - 01/12/2016



RIE(s) ACTIONS TAKEN

- Discharge Room Turn Around Time** reduced from 100+ minutes to less than 60 minutes.
 - Standardize clean process with standardized carts and equipment, cleaning chemicals were reduced from 17 to two, supervisor out on units using mobile computer on wheels to dispatch room assignments in under two minutes, resource labor demand matched to needed work.
- Early Discharge Prior to Noon** on Ortho Surgery and Telemetry Units increased from <9% to 40+% and remaining patients DC reduced from post 4 pm to ~2 pm.
 - Standardized Daily DC Planning
 - Physician support to provide DC orders by 10 am.
 - Standardization of Nursing and Ancillary response
 - DC Tracking report by Unit/MD Group/Specific Provider
- Appropriate RN Resource Availability** improved through
 - Demand matching RN resources through float pool
 - Increasing and cross training Monitor Techs
 - Improve and standardized RN Labor Management expectations
- Creation of Transitional Observation Unit (reduced LOS <24hrs)**
 - Capital equipment purchased to support 10 bed unit
 - Patient population criteria approved by Medical Exec
 - Patient managed by Hospitalist Department using developed protocols
- Expedited Medical Access Center Approval Process**
 - Streamline multiple policies into one policy
 - Created a streamlined High Census Response and defined action plans
 - Eliminated one off processes based on individuals to create a uniform admission response plan
 - Improved escalation (out of control action plan) and improved detail daily reporting to Senior Leaders of admission success



SAHS Admission Denials Reduction

RIE Kaizen Teams

| IMPROVE ROOM READINESS Meredith Hotchkiss | EARLIER DISCHARGE PROCESS Rebecca Swenson | APPROPRIATE RN RESOURCE AVAILABILITY Misti Leavitt | CREATION OF OBSERVATION UNIT Jana Perry | EXPEDITED MAC APPROVAL PROCESS Teri Woychick | DATA & DASHBOARDS Jeff Warner |
|---|--|--|--|--|---|
| Six Sigma Advisor: Taylor Croft | Six Sigma Advisor: Brady Nixon | Six Sigma Advisor: Kelly Dwello | Six Sigma Advisor: Janelle Weeks | Six Sigma Advisor: Nick Baptista | Six Sigma Advisor: N/A |
| MD Advisor: N/A | MD Advisor: Dr. Jim Lederer | MD Advisor: Rick Diaz | MD Advisor: Dr. Vic Garabedian | MD Advisor: Dr. Bill Morgan | MD Advisor: N/A |
| Proj. Champion: Mark Phillips | Proj. Champion: Jed Smith | Proj. Champion: Teresa S. & Sherry P. | Proj. Champion: Jed Smith | Proj. Champion: Sherry Parks | Proj. Champion: Jeff Warner |
| Sub Team Members: Env Service: Paul Dennie, Vanity Christensen, Anthony O'Vey, Alejandra Santana, Guy Ailther, RC Inman - Nampa, RN Units: Kyli Jo Sandry -ICU, Danielle Zehring -IC, Darlene Prince - Tele | Sub Team Members: RN Units: Teresa Marshall, Tina Demaris, Social Workers: Kim Santoni, Transport: Justin Phillips, RN Units: Ryan Machado - Ortho, Nancy Roman - Ortho, Ben Westland - Ortho, Cindy Gilmore - Tele, Kerry Shorbouty - SC, Jennifer Fairburn - SC, Casey Friskey - Rehab, Tonya Kardas - Admin, Kevine Bishop - Nampa, Adisiana Pheasant-PT Sat, RN Units: Vanessa Reed - PT | Sub Team Members: RN Units: Hilary Manning - ICU, Paulina Vega - Tele, Michael Jeppson - SC, Maria Romero - CST, Kasey McBride - CST, Teri Woychick - RN, HR: Kyle Stevenson, MAC: Sue Piel - Staffing, Mandy Moriarty - Clin Coord, Nampa RN: Catherine Weber | Sub Team Members: RN Units: Jacob Floyd - RN Tele, Jennifer Tyler - RN IC, Sara Keen - RN Med Surg, Carmen Gannier - CST, Maria Romero - CST, Emergency Dept: Christine Shirazi - Heart, Eric Lowery - RN, Kelly McNitt - Nampa, IEP: Dr. Chris Wyatt - IEP, Dr. Eric Elliot - IEP, AD HOC: Dr. Joseph Crowley | Sub Team Members: MAC: Rita Schaeffer, Mandy Gibbs, RN Units: Hilary Manning - ICU, Michelle Fisk - SC, Shelly Simon - Tele, Emergency Dept: Eric Lowery - RN, Kelly McNitt - Nampa, IEP: Dr. Chris Wyatt - IEP, Dr. Eric Elliot - IEP, AD HOC: Dr. Joseph Crowley | Sub Team Members: Six Sigma: Taylor Croft, Janelle Weeks, Bernadine Marconi, Kelly Dwello, Nick Baptista, Brent Cherne, Data, Informatics, & Analytics: Bart Morrison, Nancy Peterson |
| Improve Room Readiness | Discharge by Noon | Decrease RN Staffing Cause of Denials | Create Observation Unit | Time to MAC Acceptance of Admission | Create Valid Data & Dashboard |
| Culture Change Support: Taylor Croft | Culture Change Support: Brady Nixon | Culture Change Support: Kelly Dwello | Culture Change Support: Janelle Weeks | Culture Change Support: Nick Baptista | |
| Odette Bolano | Mark Phillips | Jed Smith | Brent Cherne | Sherry Parks | Jana Perry |
| Dr. Vic Garabedian | Dr. Jim Lederer | Dr. Drew Southard | Linda Payne-Smith | Dr. Ryan Williams | Dr. Bill Morgan |
| | | | | | Dr. Darin Lee |
| | | | | | Karl Keeler |

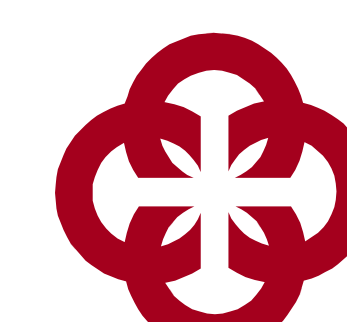
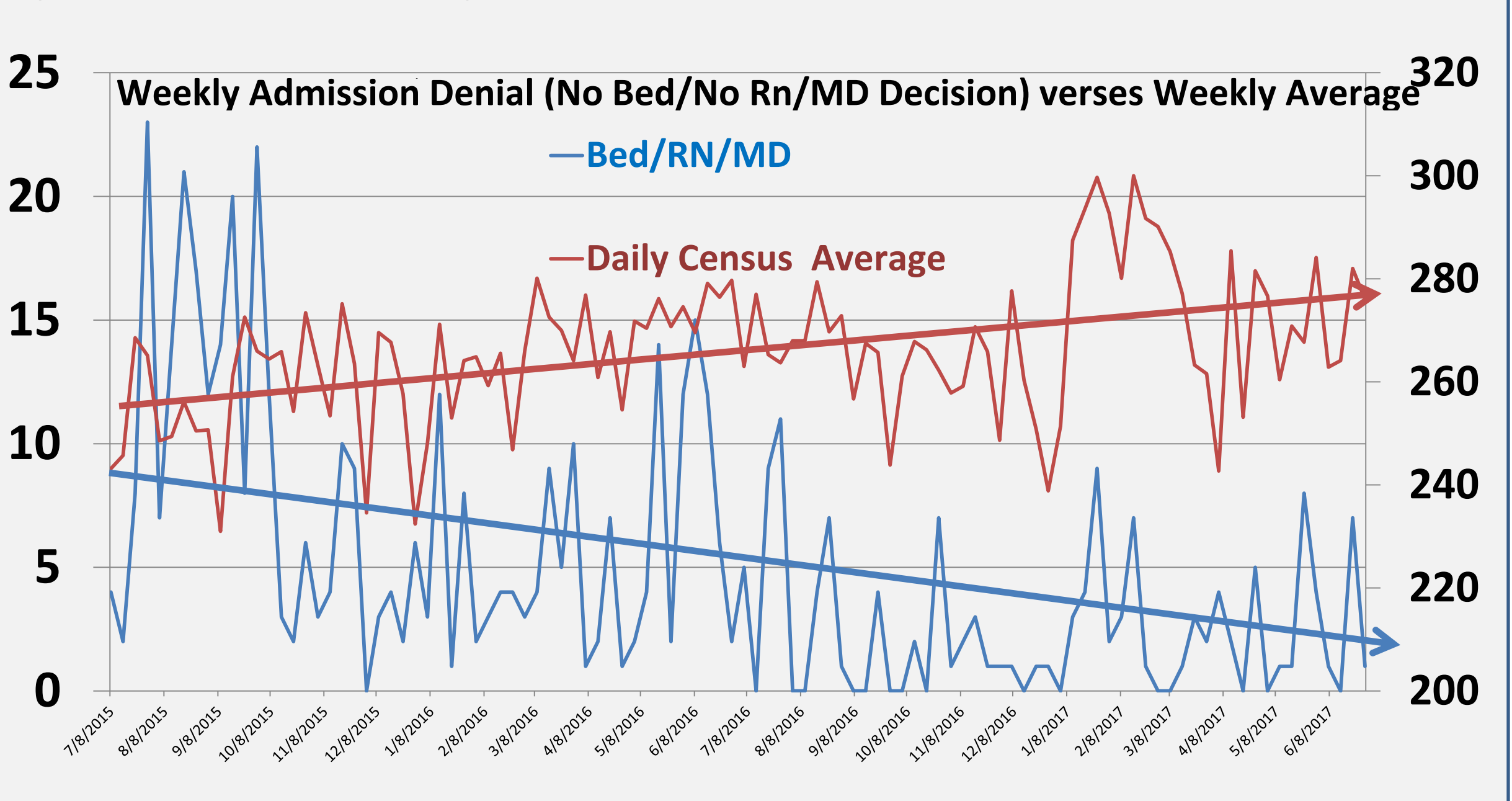
OVERSITE COMMITTEE PROCESS METRIC DASHBOARD

Committee met weekly with team leaders and reviewed progress and eliminated barriers

| Elimination of Admission Denials RIE Team Process Metrics Dashboard | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------|---------|---------|---------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|
| Denial Metric | Time Frame | Unit | Targets | | Pre RIE | | | | | | | | | | | | | | | | | | | |
| | | | Target | Pre RIE | Jan 15 | Feb 15 | Mar 15 | Apr 15 | May 15 | Jun 15 | Jul 15 | Aug 15 | Sep 15 | Oct 15 | Nov 15 | Dec 15 | Jan 16 | Feb 16 | Mar 16 | Apr 16 | May 16 | Jun 16 | | |
| 00 RIE Elimination of Admission Denials Oversight | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | # of Accepted Admits (Inpatient, Observation, & Interventional Procedures) | Thurs to Wed | Count | 432 | 432 | 433 | 455 | 466 | 463 | 436 | 431 | 440 | 462 | 462 | 441 | 442 | 441 | 474 | 462 | 466 | 464 | 485 | | |
| 2 | # of Denials - All Reasons (HCC-MAC data) WEEK | Thurs to Wed | Count | 0 | 13.9 | 10.8 | 9 | 12 | 7 | 13 | 16 | 12 | 9 | 8 | 7 | 5 | 10 | 10 | 8 | 7 | 9 | 9 | | |
| 4 | # Denials - No Bed, RN Staffing, MD Decision (HCC-MAC data) WEEK | Thurs to Wed | Count | 0 | 9.1 | 6 | 4 | 6 | 3 | 6 | 9 | 6 | 2 | 1 | 2 | 2 | 1 | 4 | 3 | 1 | 3 | 2 | | |
| 6 | Adjusted # Denials out of system (No Bed, RN Staffing, MD Decision) WEEK | Thurs to Wed | Count | 0 | 2.1% | 1.3% | 0.8% | 1.3% | 0.6% | 1.2% | 2.1% | 1.4% | 0.5% | 0.2% | 0.5% | 0.4% | 0.3% | 0.9% | 0.7% | 0.3% | 0.6% | 0.5% | | |
| 7 | % Denials/Total # of Requests (Accepted Admits+Denied) | Thurs to Wed | % | 0 | 3.8% | 2.5% | 1.5% | 2.5% | 1.1% | 2.2% | 3.7% | 2.5% | 1.0% | 0.4% | 0.9% | 0.7% | 0.3% | 1.1% | 1.2% | 0.5% | 1.1% | 0.9% | | |
| 8 | % Denials - No Bed, RN Staffing, MD Decision (HCC-MAC data)/Average Daily Census | Thurs to Wed | % | 0 | 3.7 | 0.5 | 1 | 2 | 1 | 1 | 3 | 1 | 0 | 0 | 1 | 0.4 | 2.0 | 3.0 | 0.4 | 2.8 | 1.8 | 0.8 | | |
| 9 | # Denials - MD Decision - WEEK | Thurs to Wed | Count | 0 | 0.8 | 4.75 | 2 | 1 | 2 | 3 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | | |
| 10 | # Denials - RN Staffing - WEEK | Thurs to Wed | Count | 0 | 4.6 | 2.5 | 1 | 3 | 2 | 4 | 4 | 2 | 1 | 2 | 1 | 0.4 | 0.8 | 0.3 | 0.0 | 0.0 | 0.4 | 1.5 | | |
| 11 | Vacancy Rate All RNS | Thurs to Wed | % | 0 | 9.94% | 8.90% | 8.8% | 9.2% | 10.8% | 11.2% | 9.3% | 10.4% | 11.8% | 11.8% | 11.8% | 11.8% | 11.8% | 11.8% | 11.8% | 11.8% | 11.8% | 11.8% | | |
| 12 | Average Daily Midnight Census (BIB) - Center | Thurs to Wed | Count | 238 | 240 | 238 | 252 | 247 | 255 | 254 | 248 | 247 | 238 | 241 | 242 | 247 | 248 | 247 | 248 | 252 | 246 | 251 | | |
| 14 | Average Daily Noon Census (BIB) - Center | Thurs to Wed | Count | 1480 | 1445 | 1385 | 1519 | 1471 | 1473 | 1425 | 1443 | 1522 | 1461 | 1528 | 1500 | 1447 | 1558 | 1460 | 1528 | 1518 | 1540 | 1540 | | |
| 15 | Average Daily 12 AM Census (Room Charge) - RSW | Thurs to Wed | Count | 59 | 59.8 | 53.2 | 48.0 | 38.0 | 43.1 | 60.9 | 58.8 | 71.8 | 60.4 | 55.1 | 37.5 | 48.4 | 102.4 | 137.4 | 75.5 | 45.0 | 42.7 | 53.6 | | |
| 18 | # of Inpatient Discharges by Month | Thurs to Wed | Count | 58.6 | 55.9 | 65.2 | 55.1 | 64.1 | 67.2 | 98.8 | 55.8 | 80.4 | 74.4 | 67.7 | 64.9 | 35.9 | 101.9 | 84.5 | 73.1 | 53.1 | 58.4 | 64.1 | | |
| 19 | ED Patient Hold Hours - Weekly | Thurs to Wed | Count | 58.6 | 55.9 | 65.2 | 55.1 | 64.1 | 67.2 | 98.8 | 55.8 | 80.4 | 74.4 | 67.7 | 64.9 | 35.9 | 101.9 | 84.5 | 73.1 | 53.1 | 58.4 | 64.1 | | |
| 20 | PACU Patient Hold Hours - Weekly | Thurs to Wed | Count | 58.6 | 55.9 | 65.2 | 55.1 | 64.1 | 67.2 | 98.8 | 55.8 | 80.4 | 74.4 | 67.7 | 64.9 | 35.9 | 101.9 | 84.5 | 73.1 | 53.1 | 58.4 | 64.1 | | |
| 01 RIE Improved Room Readiness | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Dispatch Time Day Shift | % w/in 20 | % | 87% | 89.2% | 88.8% | 90.3% | 96.1% | 97.9% | 96.8% | 98.0% | 98.4% | 97.5% | 96.6% | 97.1% | | | | | | | | | |
| 2 | Response Time Day Shift | % w/in 20 | % | 77% | 77.8% | 81.4% | 80.2% | 88.7% | 90.2% | 88.9% | 95.0% | 92.5% | 91.1% | 92.0% | 92.1% | | | | | | | | | |
| 3 | Total Time Day Shift | % w/in 20 | % | 69% | 69.7% | 72.4% | 72.3% | 80.2% | 81.9% | 80.7% | 84.3% | 85.5% | 85.8% | 87.4% | 89.3% | | | | | | | | | |
| 4 | Dispatch Time Evening Shift | % w/in 20 | % | 87% | 89.2% | 88.8% | 90.3% | 96.1% | 97.9% | 96.8% | 98.0% | 98.4% | 97.5% | 96.6% | 97.1% | | | | | | | | | |
| 5 | Response Time Evening Shift | % w/in 20 | % | 77% | 77.8% | 81.4% | 80.2% | 88.7% | 90.2% | 88.9% | 95.0% | 92.5% | 91.1% | 92.0% | 92.1% | | | | | | | | | |
| 6 | Total Time Evening Shift | % w/in 20 | % | 69% | 69.7% | 72.4% | 72.3% | 80.2% | 81.9% | 80.7% | 84.3% | 85.5% | 85.8% | 87.4% | 89.3% | | | | | | | | | |
| 7 | Median Discharge to PACU Assign (Dispatch Interval) | Thurs to Wed | Mm | 5 | No Data | No Data | 29:58 | 5.2 | 3.6 | 3.0 | 3.0 | 3.2 | 24.5% | 22.5% | 31.1% | 73.1% | 77.9% | 72.7% | 83.1% | 82.1% | 80.2% | 77.2% | | |
| 8 | Median EVS Assign to Start (Response Interval) | Thurs to Wed | Mm | 10 | No Data | No Data | 18.0 | 9.5 | 8.9 | 10.0 | 9.9 | 9.5 | 9.4 | 8.8 | 8.7 | 7.3 | 7.0 | 7.0 | 6.3 | 6.3 | 6.4 | 6.6 | | |
| 9 | Median Total Room Clean Time - All Rooms (Clean Interval) | Thurs to Wed | Mm | 45 | No Data | No Data | 46.4 | 47.1 | 46.3 | 45.5 | 45.1 | 45.9 | 44.1 | 42.6 | 45.2 | 42.8 | 43.0 | 43.3 | 42.3 | 42.9 | 44.1 | 43.0 | 44.0 | |
| 10 | Median Total Room Clean Time - Inpatient (Clean Complete) (Total Turnover Interval) | Thurs to Wed | Mm | 60 | No Data | No Data | 94.0 | 68.5 | 68.0 | 71.0 | 71.2 | 71.7 | 73.5 | 70.9 | 70.2 | 57.5 | 55.7 | 56.7 | 52.4 | 54.4 | 60.3 | 56.6 | 62.9 | |
| 02 RIE Earlier Discharge Process | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Telemetry Unit - % Discharge Prior to Noon | Thurs to Wed | % | <40% | 23% | 23% | 31% | 23% | 35% | 31% | 37% | 25% | 32% | 28% | 29% | 26% | 31% | 20% | 22% | 31% | 28% | 24% | 33% | |
| 15 | Ortho Unit - % Discharge Prior to Noon | Thurs to Wed | % | <40% | 19% | 20% | 31% | 21% | 32% | 27% | 41% | 41% | 42% | 41% | 43% | 47% | 38% | 39% | 36% | 35% | 40% | 34% | 37% | |
| 16 | Medical Unit - % Discharge Prior to Noon | Thurs to Wed | % | <40% | 9% | 12% | 10% | 16% | 14% | 21% | 19% | 19% | 17% | 15% | 7% | 10% | 14% | 18% | 17% | 12% | 18% | 22% | 16% | |
| 17 | Telemetry Unit - % Discharge Within 120 Minutes of Order | Thurs to Wed | % | <40% | 54% | 59% | 61% | 59% | 56% | 54% | 57% | 61% | 57% | 56% | 59% | 54% | 67% | 57% | 52% | 52% | 65% | 55% | 43% | |
| 18 | Telemetry Unit - % Discharge Prior to 10:00 | Thurs to Wed | % | <40% | 27% | 27% | 31% | 27% | 39% | 35% | 41% | 25% | 35% | 31% | 32% | 24% | 28% | 21% | 20% | 21% | 41% | 31% | 21% | |
| 19 | Ortho Unit - % Order Prior to 10:00 | Thurs to Wed | % | <40% | 61% | 70% | 62% | 60% | 59% | 59% | 63% | 64% | 59% | 63% | 61% | 62% | 60% | 59% | 66% | 61% | 65% | 59% | 57% | |
| 20 | Medical Unit - % Order Prior to 10:00 | Thurs to Wed | % | <40% | 29% | 27% | 30% | 35% | 26% | 35% | 34% | 38% | 33% | 31% | 26% | 27% | 30% | 42% | 37% | 33% | 37% | 46% | 35% | |
| 05 RIE Create Transitional Observation Unit (TU) | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Target | Pre RIE | Target | Pre RIE | Target | Pre RIE | Target | Pre RIE | Target | Pre RIE | Target | Pre RIE | Target | Pre RIE | Target | Pre RIE | Target | Pre RIE | Target | Pre RIE | Target | Pre RIE | Target | Pre RIE |

RECORD AVERAGE DAILY CENSUS

Average Weekly Daily Census increased from 257 to 270 Patients with record High Census peaks of ~330 patients.



Saint Alphonse