How Strategy Can Overwhelm Culture:

A System Approach to Improving Flow and Reducing Deferrals

BACKGROUND

Charleston Area Medical Center has struggled for years to accommodate our referral demand. At its worst, deferrals were occurring at a rate of >300 times a month. This represented a significant loss in access to tertiary care services for our patients and was associated with quality, financial and satisfaction opportunities.

AIM

To say "yes" and accept every appropriate referral patient.

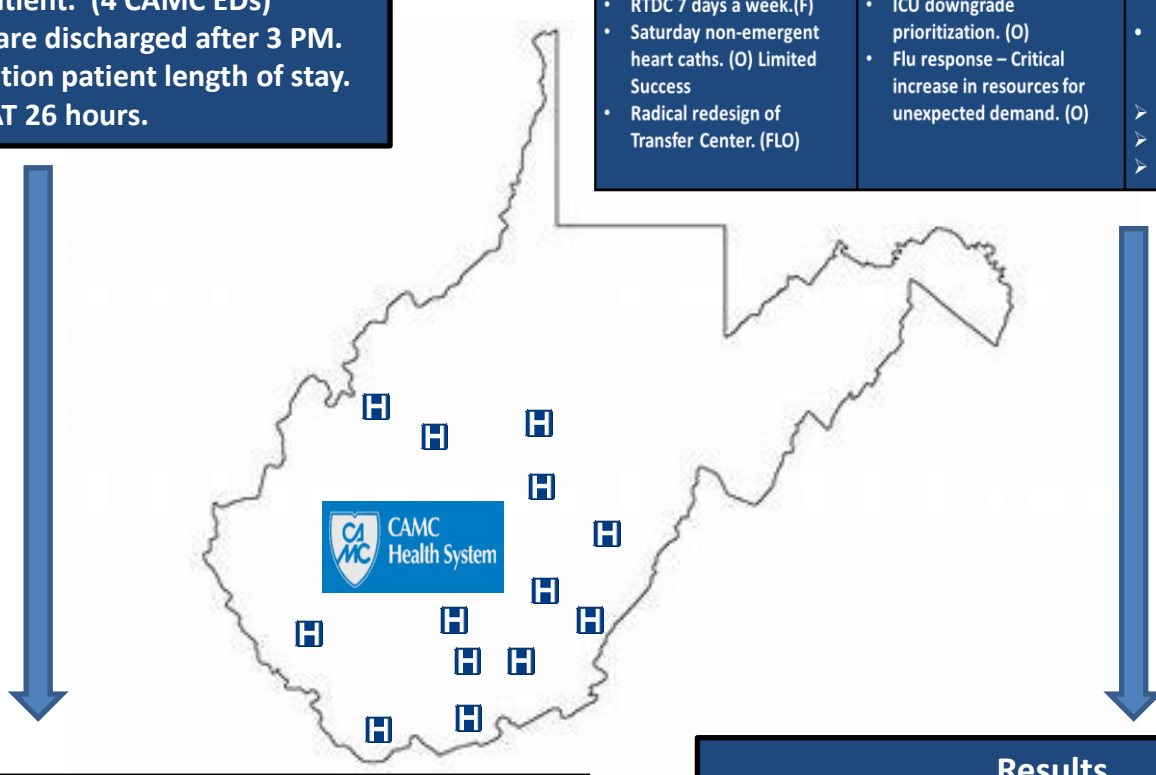
Baseline Measurements

- Averaging > 300 deferrals per month 2016.
- Accepting < 45% of referral patients.
- ED "boarder hours per patient" averaging 3.9 hours per patient. (4 CAMC EDs)
- 65% of patients are discharged after 3 PM.
- 46 hour Observation patient length of stay.
- MRI inpatient TAT 26 hours.

Internal Strategies / Factors

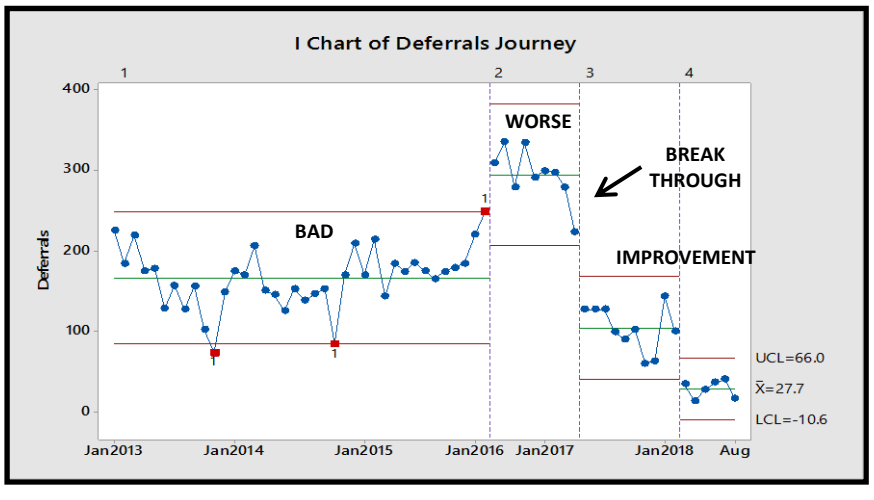
- Established metrics for capturing and measuring deferrals. (F)
- Daily "noon call" to discuss deferrals in real time. (L)
- Created red, yellow green report to track observation patients' LOS daily. (F)
- Weekly deferral/OBS/LOS meeting. (FLO)
- RTDC 7 days a week.(F)
- Saturday non-emergent heart caths. (O) Limited Success
- Radical redesign of Transfer Center. (FLO)
- Added Mondays to "per diem" nursing to align resources with demand. (O)
- Turn Around Time improvement projects for rate limiting services. (O) Limited Success
- Real time analysis and daily reporting by Six Sigma. (manual reports) (F)
- ICU downgrade prioritization. (O)
- Flu response – Critical increase in resources for unexpected demand. (O)
- Discharge 2 patients by 10AM pilot. (O) Limited Success
- 2017 Deferral Corporate Goal. (L)
- 2018 Deferral Corporate Big Dot. (L)
- Traditional unit assignments re-evaluated. (O)
- Solicited VOC from referring hospitals. (F)
- Redesigned ED surge process. (O) Limited Success

➢ (F) = Feedback Loop
➢ (L) = Leadership
➢ (O) = Operational Strategy



External Strategies / Factors

- MDTR – Premier (2014)
- RTDC – Roger Resar, Deb Kaczynski, Kevin Nolan (2015)
- Clinical Decision Unit – Jody Crane (2016)
- ICU Flow – Tom Rainey (2016)
- Brought ED in-house from contracted service (2017)
- RAZ (ED) – Jody Crane (2018)



Results

- Averaging 25 deferrals per month, 2nd Q 2018.
- Accepting 85% of referral patients.
- Referral calls increased by 42%
- ED "boarder hours per patient" averaging 2.3 hours per patient – 41% decrease. (4 CAMC EDs)
- 5% decrease in patients discharged after 3 PM
- 33 hour Observation patient length of stay.
- MRI inpatient TAT 7 hours.

CAMC Mission: Striving to Provide the Best Care to Every Patient Every Day

Malcolm Baldrige National Quality Award 2015 Award Recipient

The Six Sigma Way Performance Improvement Charleston Area Medical Center

Charleston Area Medical Center - Charleston, WV