Owning it: Team takes on reducing length of stay

In April 2019, the average length of stay for patients placed in observation status at MercyOne Des Moines Medical Center was 38 hours – more than twice the national benchmark. Thanks to thoughtful collaboration, the gap between average and baseline hours for outpatient observation status continues to shrink, while opportunities to provide improved care expand.

**OPPORTUNITIES OF OUTPATIENT OBSERVATION**

When patients come to the emergency department, they may be placed in “observation” for a brief stay in the hospital for additional testing and/or monitoring. While their stay is considered outpatient care, these patients are given beds in units throughout the hospital, and may receive the same assessments, pace of orders and rounding as their inpatient neighbors. This can mean staying longer than the insurance provider allows – and pays – for outpatient observation care. At risk are thousands of avoidable hours and millions of dollars of unreimbursed costs for MercyOne Des Moines, along with missed opportunities to care for additional patients.

**WORKING AS ONE**

To reduce the overall number and average length of stay for patients in observation status, a multi-disciplinary team worked to evaluate, strategize and deliver an improvement plan. Representatives from MercyOne Des Moines Case Management, Utilization Management, Performance Excellence, Nursing and Hospitalists began by taking a close look at the journey for patients navigating observation status. This comprehensive review allowed the team to better understand the big picture, and helped clarify how teams could best work together to deliver the right level of care in an expedited manner.

Plans called for departments across MercyOne Des Moines to evaluate their processes and reprioritize workflows. One of the most effective strategies is delivered by the Case Management department – now evaluating observation patients a minimum of three times daily.

“Our team looks for opportunities to convert a patient in observation status to inpatient, based on the provider documentation and acuity of the patient.”

Ann Marvelli

“...progress a patient toward discharge, and collaborate with the patient and provider on a safe discharge plan.”

In June, leaders of Patient Flow, Case Management, Hospitalists and Behavioral Health began holding a daily huddle, creating a venue to

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discuss opportunities to convert patients to inpatient status based on medical necessity, and identify process barriers that may prolong a patient’s stay.

“Because these huddles are held seven days a week, there has been great improvement in patient throughput and increased observation discharges during the week, as well as over the weekend,” said Diane Murphy, director of Performance Excellence.

Hospitalists are also actively engaged in the effort, meeting at 7 a.m. every day to review emergency department census, holds and any potential length of stay barriers for all patients. This group also looks for any testing that can be performed on an outpatient basis rather than inpatient.

SHORT-TERM STAY, COMPREHENSIVE CARE

A dedicated observation unit opened on 8N, supported by a team of nurses, care managers and providers. While some outpatient observation continues in other units, 541 patients have been seen on 8N since the unit opened in May 2019.

“The doctors love having the patients and care team all together on one unit. It is easier for them and the care is standardized,” said Carrie Parker, patient care manager. “The interdisciplinary support, such as getting echocardiograms done first thing, is amazing and helps to get an earlier decision on a patient’s status.”

EARLY SUCCESS

The collective focus on outpatient observation patient care is already showing significant results. In August, 49 percent of observation patients received care and were discharged within 24 hours or less, with the overall average length of stay reduced to just 26 hours.

“Throughout this process, we have learned a great deal – what outpatient observation status is, what we should do differently with these cases, and how we get reimbursed,” said Marvelli. “It takes many departments and moving parts coming together to have the greatest impact, and that’s exactly what’s happening at MercyOne Des Moines.”

Don’t let the unexpected catch you unprepared
Annual benefit enrollment, Oct. 16–Nov. 6

You can’t predict when life may throw you a curve ball. But you can take steps to be prepared. When faced with a challenge to your physical or financial well-being, you want to focus your time and energy on healing so you can get back to being your best self. Our upcoming annual benefit enrollment is the time to consider giving yourself some additional protection from curve balls: options include accident coverage, critical illness coverage and identity theft protection. These plans add a new layer of protection to your other benefits, helping guard against the financial challenges that can come with serious health issues or identity theft. You don’t need to be enrolled in a CHI medical plan to qualify – you only need to be eligible for CHI benefits. To learn more about how these voluntary benefits make a difference, visit the well-being pages on InsideCHI.
Special Feature

Mercy Days

Celebrate our heritage with fellowship, prayer and service

One day doesn’t capture the impact of the Sisters of Mercy, so we’ll be hosting a week of activities to celebrate the legacy entrusted to us. We hope you can participate in these activities and reflect on the Sisters’ devotion and commitment to service which continue to guide our patient care and service today.

MASS ON MERCY DAY
Bishop Richard Pates will celebrate his final Mercy Day Mass with us at MercyOne Des Moines Medical Center. Mass will also be offered at MercyOne West Des Moines Medical Center by Pastoral Care department staff.

- **Tuesday, Sept. 24, Noon**
  Our Lady of Mercy Chapel, Des Moines Medical Center (also viewable on Channel 4)

- **Tuesday, Sept. 24, 11:30 a.m.**
  Our Lady of Mercy Chapel, West Des Moines Medical Center

BLESSING OF THE HANDS
This special blessing is available for all colleagues on **Tuesday, Sept. 24**, at both campuses immediately following Mass. Directors who would like a chaplain to visit a unit for the blessing may contact the MercyOne Pastoral Care department at 515-247-3238. Those located in West Des Moines should contact Chaplain Mary Pink at 515-201-9606.

MERCY DAY MEALS
Des Moines Medical Center
- **Sunday, Sept. 22** – 5–8 p.m. in the East Tower Auditorium
- **Tuesday, Sept. 24** – 10:45 a.m.–1:30 p.m. and 5–7:30 p.m. in the East Tower Auditorium
- **Wednesday, Sept. 25** – 1–3 a.m. in the East Tower Auditorium

(Note: The cafeteria will not be open for third shift meal service.)

West Des Moines Medical Center
- **Sunday, Sept. 22** – 5:30–7:30 p.m. in the Atrium
- **Wednesday, Sept. 25** – 4–5 a.m., 11 a.m.–1:30 p.m. and 5–7 p.m. in the Atrium

Clive Health Plaza
- **Wednesday, Sept. 25** – 11 a.m.–1:30 p.m.

Ankeny Health Plaza
- **Wednesday, Sept. 25** – 11 a.m.–1:30 p.m.

FOOD DRIVE FOR DMARC FOOD PANTRY
A special food drive will be held Friday, Sept. 20, through Monday, Sept. 30, to help meet the needs of the food insecure served by the Des Moines Area Religious Council (DMARC). Requested donations are for dry pasta, peanut butter and canned soups. Please refer to the special flier for drop-off locations or to arrange courier pickup.