Cohorting Patients by Medical Groups Improves Throughput and Length of Stay

Susan L. Lawrence MS, CMAC
Lehigh Valley Health Network, Susan.Lawrence@lvhn.org

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Cohorting Patients by Medical Groups Improves Throughput and Length of Stay
Lehigh Valley Health Network, Allentown, Pennsylvania

**Abstract**
Cohorting patients by high volume internal medicine practice groups within a 762 bed academic, community Magnet hospital has been effective in promoting physician accessibility to patients, families, and staff, thus effecting satisfaction, collaboration and ultimately, throughput and length of stay. A quantitative dashboard includes measures associated with improved patient flow, such as overall length of stay, discharges before 11:00 AM, and time from emergency department decision to admit to unit admission. Results to date for all measures show improvement compared to baseline data.

**Impact**
Cohorting Dashboard
Rolling 6 Months

<table>
<thead>
<tr>
<th>Measure</th>
<th>Group A</th>
<th>Group B</th>
<th>Group C</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Discharged before 11am</td>
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<tr>
<td>% Discharge Orders before 11am</td>
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<tr>
<td>#5K Discharges</td>
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</tbody>
</table>

**Background**
- Continued capacity issues despite additional beds
- Increased Length of Stay (5.3 days in FY 07 to 5.42 days through March FY 08)
- Increased geography for physicians to cover – new tower (336,000 additional square feet)

**Current Conditions**
- Observational Study
  - Inefficient rounding process
  - Inability to have team participate in rounding
  - Internal Medicine managing 31% of hospital admissions – 68% of Medical admissions
- Schematic modeling visually depicted the number of patients and units physicians were visiting per day

**Countermeasures**
- Development of Cohorting Plan (group specific bed projections and unit assignments based on historical data)
  - Worries
    - Would we hold patients in the ED awaiting the "cohorting unit bed"?
    - Would Bed Management be bombarded by ED for holding patients?
    - Would the staff be happy with different patients?
- Confidential discussions regarding targeted units
- Development of respectful communication plan
- Elements to assure success:
  - Timeline
  - Mutual purpose: What do we really want?
  - Rapid turnaround – 30 day plan
  - Expectations
    - Collaborative Rounding
    - Reduction in LOS
    - Improvements in Patient Satisfaction
  - Weekly Dashboard, monthly report cards through Department of Medicine, monthly cohorting meeting
  - Have Fun - Bulletin Board, Picnic, Llama shirts, Adopt a Llama, Monthly lunches on unit

**Metrics**

- **Average Length of Stay**
- **Average Minutes from ED Admit to Bed Assignment**
- **Cohorting - LOS by Group Overall**
- **Cohorting - LOS by Unit**
- **Cohorting - Press Ganey**