



Stony Brook University Hospital

Optimizing length of stay

State University of New York, Stony Brook (SBUH) is a top regional academic hospital on Long Island, New York. SBUH faced many challenges of similar healthcare providers; increased demand for services, facilities that are no longer adequate and supply costs that are excessive. Renoir Consulting was engaged to lead a collaborative initiative to improve patient throughput and reduce the length of stay. Furthermore the development of an institute wide bed management and patient allocation strategy to best meet the needs of patients, physicians, nursing and ancillary staff was created.

“The project has been a huge success. We have tackled a particularly tough hospital wide problem and with the help of Renoir have developed a model and engrained approach to ensure that length of stay and the management of patients’ throughput remains a strategic imperative. In addition to the delivered financial benefits, we have learned that operational efficiency, management of length of stay, and patient satisfaction are not mutually exclusive.”

Dr Lee Xippolitos
Chief Nursing Officer

Key Results

Achieved targeted length of stay reduction before project completion

Positive revenue impact in excess of \$3.8 million dollars during the project

Annualized bed capacity increase of 4327 additional bed days

Annualized revenue opportunity of \$11.8 million

Renoir’s Analysis focused on the operational aspects that impact patient throughput, including the underlying operational, behavioral and systemic hurdles that existed. A solid and factual understanding of these areas would enable action plans to address these opportunities and facilitate the drive towards improved length of stay.

Based on their findings and benchmarks, a number of opportunities were identified:

- Management Control Systems not adequately controlling critical activities
- Inadequate management performance system
- Lack of focus on length of stay
- Insufficient training to guide patient expectations and discharge
- Patient placement process and planning

PROJECT APPROACH

The Renoir’s Focus Process™ includes the formation of a client Task Force who will work, full time, with the Renoir team to ensure understanding, get buy-in, transfer skills and establish a sustainable platform. In addition, a number of Management Action

- Teams (MATs) are formed to drive through and implement the required changes. Together the teams set out to analyze, map, identify gaps and implement changes in the overall process for understanding and assigning a length of stay upon admission
- for their patient set (DRGs). Some of these key areas and activities include, but are not limited to the following:

- **Focus on management of length of stay**

A systematic process was established to ensure that length of stay guidelines were used to improve the planning of the patients stay upon their admission and monitoring the progress and improving the communication of the status of the patient to the whole patient care team. Benchmarks were established, used and tracked in relation to specific DRG’s to remove management of length of stay by “gut feel”.

- **Utilization of Milliman guidelines**

Utilization of clinical, evidence based practice guidelines and discussed during discharge rounds to facilitate and document patient treatment milestones and ensure targeted LOS for optimal recovery. Additionally,

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the Milliman guideline tool ensures appropriate documentation capture to maximize reimbursement throughout the patients hospitalization.

- **Care Management training and focus**

Providing the Care Management and Social work functions with the requisite tools and training to facilitate the necessary changes.

- **Geographic placement of patients on dedicated floors**

Focused efforts via Bed control, Bed co-ordination and the admitting function to aggregate patients admitted to a specific service on a dedicated service specific floor. Focus on improving the communication amongst the healthcare team, improving diagnosis specific care, assisting MD response time for clarification of patient issues, and overall benefit patient satisfaction.

- **Extended Length of stay management**

Enhanced focus on patients that remain longer than thirty days in the hospital. Development of a more proactive cultural shift and results orientated focus to deliver timely follow up to facilitate the patients discharge more appropriately.

- **Performance Management System**

Measurement of performance to evaluate the effectiveness of process change. A structured system was developed to ensure targets to drive operational improvement were met, and a review mechanism was created to ensure performance was delivered and variance to targets was managed effectively.

Additional focus was placed on the following:

- Key Performance Indicators (KPIs)
- Overall hospital length of stay
- Geographic patient assignment
- DRG LOS performance
- Case Mix Index (C.M.I.)
- Extended LOS patient aggregate days
- Visibility of performance

An integral part in driving performance was the posting of the results so that the departments and staff see the impact of the initiative.

Displaying success reinforces positive behaviors, and raises awareness that the efforts are reflected in improved performance.

- **Scorecard utilization**

Utilizing a scorecard format enabled data to be presented in a coherent, structured and objective way. The inclusion and comparison against benchmark data assisted in the drive towards performance excellence. Using a dynamic measuring system allowed targets to be stretched and amended as each goal step was completed. It also allowed for corrective actions to be taken at shorter intervals.

RESULTS

The results were significant, both in terms of the financial impact (see panel on the left) as well as the growth of the staff and the improved communication between all key stakeholders. Patient and staff satisfaction increased dramatically, proving that doing things right, benefits everyone.

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THE RENOIR GROUP

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