

A Measurable Decrease in Length of Stay for a Tertiary Care Medical Center



A Brief Overview



Location

The Upper Midwest



Annual Admissions

29,850



Beds

616



Case Mix Index

1.78



A tertiary care medical center located in the upper midwest



Challenges

- Post-acute care provider participation under previous discharge system was low (50 percent).
- Pay-to-play model deterred providers from joining post-acute referral network.
- Hospital discharge staff still tied to time-consuming phone calls, faxing and follow-up calls to post-acute providers.
- With a case mix index (CMI) of 1.78, patient length of stay (LOS) was not decreasing under previous discharge system.
- Fragmented discharge process was not conducive to the medical center's goals to increase efficiency in preparation for healthcare reform and Accountable Care Organization (ACO) participation.



Solution

Ensocare's care management solution replaced the existing discharge software at this tertiary care medical center.



Results

Provider Participation:

50% Before 75% After

Provider response time:

18HRS Before 1.5HRS After



Length of Stay:

Skilled nursing facility: LOS by 5% (0.25 days)
 Home health: LOS by 12% (0.6 days)
 Acute rehab: LOS by 8% (0.4 days)



Net Savings:

\$1.2 million per year
That is more than

8X ROI



Goals

- Reduce LOS, specifically avoidable days.
- Increase provider participation and satisfaction.
- Reduce provider response times.
- Improve staff adoption and satisfaction.
- Increase patient satisfaction.

See reverse for complete case study.

Challenges

The Centers for Medicare & Medicaid Services (CMS) identified this tertiary care medical center as one of the first 32 healthcare systems in the country to pilot a new federal model designed to lower costs while providing quality care to Medicare recipients.

To prepare for the coming changes under healthcare reform such as bundled payments, value-based purchasing and participation as a Medicare Pioneer Accountable Care Organization (ACO), this hospital needed to re-evaluate its discharge planning process—including the software used to help care managers transition patients from the hospital to post-acute care.

At the time, the 600+-bed medical center had a case mix index (CMI) of 1.78. Post-acute provider participation under the discharge system hovered around 50 percent, with an average response time of 18 hours. This was due, in part, to the discharge software company's pay-to-play model, which deterred providers from joining the medical center's post-acute network.

This low post-acute provider participation meant that discharge planners were still tied to the time-consuming cycle of making phone calls, printing multiple pages from patient electronic medical records (EMR), faxing multiple providers and placing numerous follow-up phone calls. Discharge delays contributed to increased length of stay (LOS), especially avoidable days.

The fragmented discharge process, staff and provider dissatisfaction, inefficiencies and discharge delays not only contributed to extended LOS and increased organizational costs, but it also conflicted with the medical center's goals for addressing healthcare reform.

Goals

The organization could no longer operate with low provider participation. The medical center looked to Ensocare to help them reduce their LOS index, increase provider participation and satisfaction, reduce provider response times, and improve staff adoption and satisfaction.

Ensocare's care management solution replaced the existing discharge software at the hospital. The new system gives hospital discharge planners on-demand access to an industry-leading, no-cost network of post-acute care providers.

"Our post-acute care providers don't have to pay for the product, so 100 percent of them can participate. It creates a win-win for

both," said the Director of Care Management and Patient Care Facilitation at the medical center. "We chose Ensocare because we felt the outcomes and efficiency would outweigh the cost."

With Ensocare's solution in place, the medical center set a goal of 70 percent post-acute provider participation with response time equal to or under 60 minutes. The facility also sought 70 percent staff adoption.

Additionally, Ensocare's data analytics reporting includes readmission statistics, response times and rates. This information will give the medical center the insight into the post-acute providers who would make the best partners as the hospital system assumes risk under the bundled-payment model.

Results

Just six months after deploying Ensocare's care management solution, this tertiary care medical center saw a 5 percent drop in the skilled nursing facility LOS index, equal to about 0.25 days. Home health and acute rehab LOS dropped 12 and 8 percent, respectively, equal to about 0.6 and 0.4 days. Net savings of \$1.2 million annually, which is eight times return on investment.

"After six months of having Ensocare, our length of stay is better this year compared to the same month last year," reported a hospital representative. "Our extended length of stay percentage has seen a decrease. We've had a lot of process improvement and workflow was redesigned to optimize our process. But the technology puts the package together to give us a better process of care for the patient."

By engaging a full network of post-acute providers, streamlining the care management process and empowering patients and families in the process, Ensocare is helping this midwest-based medical center reduce time per discharge, improve staff productivity and get patients to the right place—faster.