# DAILY ROUNDS



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# ROUNDS: Why



- Effective service which only needs a room & a will
- Valuable to all: patients, staff, doctors, hospital, you
- Productive & beneficial in multiple areas
- Doable at & adaptable to your hospital

#### ROUNDS: Where



- 3 MedSurg floors 40 bed units
- Observation Unit 12 bed unit + ER holds
  - [ICU 20 beds]

#### ROUNDS: When



- AM Q15m: 9:30 10:30
  - Start/stop on time
    - PM follow up

#### ROUNDS: Who



- Case Managers
- DC Planners
- Nursing
- Coders
- Physical Therapy
- Dietary
- Pharmacy
- Home Health
- 'Cares' Program
- Psychosocial Worker
- Hospitalists
- Palliative Care
- Physician Adviser

#### ROUNDS: What



- Progress care
- Facilitate discharge
  - Identify problems
  - Support care team
  - Communication
  - Psychosocial needs
  - Correct DRG
  - Tube feeds/TPN
  - Long-term IV AbRx
  - Hospice/Palliative care
  - Reduce LOS/Costs
  - Telemetry usage
  - Readmission risk

#### ROUNDS: How



- Physician 'facilitator'
- 40 bed unit/15 minutes
- All Hospitalist patients
- Plus all >5 days LOS....
- Readmits/FFers
- Addicts/Mental health
- 'Vulnerable' patients
- Anyone/anything else

### HOW: In EHR

	nose   Include no next review du	FIN Visit Reason DRG	Actual LOS GMLOS	Next Review (Last Review)	(Class)	1 0
RCU	nation E. (N. Station F. R. Nature)  2.2 Years Minde Continued Siny Diagno, Colosio	(Type/Attending) 18751044 BOWEL OBSTRUCTION Progressive Care Stancofiski MD, Ersk	Schry-s(x) Oday s(x) school 94 12 14	854/17/14	PIKAIMARK MEDICARE SVCS  Aleddore Frances  CHI	ATENDARE WIND PLS:
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#### Progress Care/Identify Problems



- Expedite testing
- Address OR delay
- Timely consultation
- Shift to OP workup
- Identify disposition
- Identify needs
- Identify obstacles
- Telemetry overuse

## Facilitate DC/Identify Problems



- Home, rehab, SNF, hospice
- IV meds: home, SNF, clinic
- WoundVACs, Bariatric needs
- 'Self Pay', drugs, criminal hx
- Homelessness
- \$\$\$\$\$ drugs
- BM watch

#### **Support Doctors/Communication**



- Psychosociomedicofamilial
- Palliative Care consults
- Professional 'differences'
- Address delay of care
- Insure documentation
- HINN letters
- Patient care advocate

#### Long-term IV MEDs/TPN & TFs



- Adjust dosing & drugs?
- Tube feeds at home/SNF
- Family/Insurance limits
- PICC access in addicts
- Leverage with SNFs

#### LOS/Costs/Benefits



- Improved morale
- Doctor-staff rapport
- Improved patient flow
- Makes you credible
- Reduction in LOS
- Optimize testing
- Correct DRG
- Informs you
- Collect & share data



Tab	Measure	1/1/2012- 12/31/2012	1/1/2013- 12/31/2013	Cohort -Top Decile
Utilization	Length of Stay	4.7	4.33	4.06
	Average Consulting Physicians Used	0.93	1.05	0.97
	Average Charges	\$33208	\$31010	N/A

#### Comparison of Performance 2013 vs 2012

Measure	Cost Category Name	1/1/2012-12/31/2012	1/1/2013-12/31/2013	Cases
Average Charge by Charge	Blood Utilization	\$1,402	\$1,622	301
Category	Cardio	\$7,128	\$6,940	2330
	ER	\$2,089	\$2,269	2529
	ICU	\$27,579	\$21,979	198
	Lab	\$4,349	\$4,109	2536
	Operating Room	\$4,141	\$4,600	284
	Other	\$6,544	\$5,995	2537
	Pharmacy	\$5,199	\$5,256	2538
	Radiology	\$2,801	\$2,544	2435
	Respiratory	\$1,373	\$1,619	1999
	Room	\$2,821	\$2,978	1470

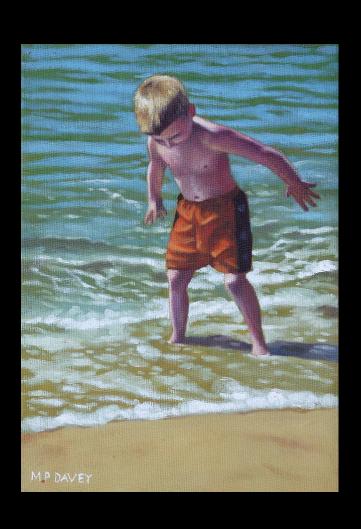


- 03/12 25% of ER were for lack of telemetry
- -Telemetry protocol 04/12
- -12/12 ER holds for telemetry were zero
- Cost of telemetry = \$521/day
- Cost of unnecessary Rx/LOS??



- O4/12 06/14 171 Palliative Care consults
- 81% non- Oncology diagnoses
- 153 agreed Palliative Rx = 2 readmissions
- 18 continued aggressive Rx = 31 readmissions

#### Limits



- "Hospital Dependent Patient"
- Hospital's 'favorite' services
- Social safety 'netlessness'
- Garrulousness
- Long-term IV costs
- Intractable/insoluble issues
- Private Hospitalists
- "The Leader" Syndrome

# Summary



- Effective service which only needs a room & a will
- Valuable to all: patients, staff, doctors, hospital, you
- Productive & beneficial in many areas
- Doable at & adaptable to a hospital near you

# Thank You



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