

# 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  $\geq 5$  days LOS....
- Readmits/FFers
- Addicts/Mental health
- 'Vulnerable' patients
- Anyone/anything else



# HOW: In EHR

Location	Patient (Last, Status/UR Name)	EN/Visit Reason (Type/Attending)	DRG Actual LOS/CM/LOS	Next Review (Last Review)	Payer (Class)	
SEST - PCU 0507 A	72 Years Male Continued Stay Daigre, Celeste	48751044 BOWEL OBSTRUCTION Progressive Care Nancoski MD, Erik	8days(x)0days(s) Admit: 04/12/14	04/17/14 04/16/14	HIGHMARK MEDICARE SVCS Medicare Primary GHI	NET BUCK IN? ↑ TENDRICE F WOUND RS?
SEST - PCU 0508 A	49 Years Male Continued Stay Conner, Joanne	48766935 CHRONIC KIDNEY DIS EASE Progressive Care Kitredge MD, Jonathan	5days(x)0days(s) Admit: 04/15/14	04/18/14 04/16/14	HIGHMARK MEDICARE SVCS Medicare Primary DELAWARE PHYSICIAN CARE Medical Managed Care	TODAY / AM
Utilization Management    Conner, Joanne    04/16/14 04-16-14 Medical necessity & 2MN documented in H&P. JConner RN						
SEST - PCU 0509 A	59 Years Male Waiting Payer Authoriza... Discharge Order Daigre, Celeste	48784086 ACUTE ENCEPHALOPA THY Progressive Care Zhang MD, Binzhi	3days(x)0days(s) Admit: 04/17/14	04/21/14 04/20/14	DELAWARE PHYSICIAN CARE Medical Managed Care	REFERS RSHAS ↓ HOMET LIFE
Utilization Management    Tenly, Peggy    04/18/14 LAD 4/17/14, 1d icu, ref # 141080000045, per 4/18/14 DPCL log						
SEST - PCU 0510 A	54 Years Male Waiting Payer Authoriza... Dougherty, Sherrill	48660161 PVD Progressive Care Kitredge MD, Jonathan	19days(x)0days(s) Admit: 04/01/14	04/24/14 04/17/14	PERDUE INC CLAIMS Noncontract-Primary	HHC TODAY? NPRO ORDER P/U 1000
Utilization Management    Dougherty, Sherrill    04/18/14 LCD 4/23, Next 4/24 or give d/c date if sooner. 4/18 @ 11:45 am I s/w Anna and she verified LCD 4/23. Case Reviewer is Kathy and fax number is 1-806-473-2706. Ph one number: 877-202-6379 ext 2530						
SEST - PCU 0511 A	67 Years Male Continued Stay Daigre, Celeste	48791768 BACTERIAL PNEUMON IA Semi-Private Shoukry MD, Emad	3days(x)0days(s) Admit: 04/17/14	04/20/14 04/20/14	HIGHMARK MEDICARE SVCS Medicare Primary AARP HEALTHCARE OPTIONS Noncontract-Primary	NEW PAIN NEW DEPRESSION ↑ USES ↑ SUB
Utilization Management    Daigre, Celeste    04/20/14 PA review: not meeting IQ criteria for IP -67y/o admitted with PNA - not hypoxic, but febrile, with SOB, dyspnea. With significant medical history for aspiration pneumo nia complicated by empyema s/p VATS with decortication in 2012						
SEST - PCU 0512 A	66 Years Male Waiting Payer Authoriza... Daigre, Celeste	48801153 ACUTE MI Progressive Care P Sabugh MD, Firas	1days(x)0days(s) Admit: 04/19/14	04/21/14 04/20/14	AETNA Contract-Primary HIGHMARK MEDICARE SVCS Medicare Primary	↓ ICU IN AM →



# 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

# 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

# Data

## 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 Category	Blood Utilization	\$1,402	\$1,622	301
	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	

# Data



- 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??



# Data



- **04/12 – 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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