# HOWARD A. STEIN, D.O. PHYSICIAN ADVISOR CENTRASTATE MEDICAL CENTER, FREEHOLD, NJ

- Board Certified Family Practice
- Full time practitioner until 2003
- Peer Review Organization of NJ 1992-1998
- Physician Advisor (PA) since 1992, full time since 2003 Assoc. Director Medical Affairs
- Board Certified American Board of Quality Assurance & Utilization Review Physicians (Fellow)-PHYSADV specialty
- MHA -University of Maryland
- Consultant Jim Hull Resource Management Group
- Executive Board ACPA



### LENGTH OF STAY

- Definition: number of midnights
- Economic Considerations of LOS
- Quality Consideration of LOS
- Medicare LOS vs. Commercial LOS
- Throughput Considerations



## MULTIDISCIPLINARY ROUNDS: "How"

#### **Members:**

Floor Nurse, Nurse Manager, Physician Advisor, Social Worker, Case Manager, Physical Therapy, Respiratory Therapy, Visiting Nurse, Palliative Care Nurse, Nutrition, Pastoral Care, Pharmacy, PA

#### Time:

1 minute or less per patient, per day, 5 days per week



#### INTERDISCIPLINARY DISCHARGE ROUNDS SIGN-IN SHEET

	•	<b>NURSING UNIT: 5 NORTH</b>
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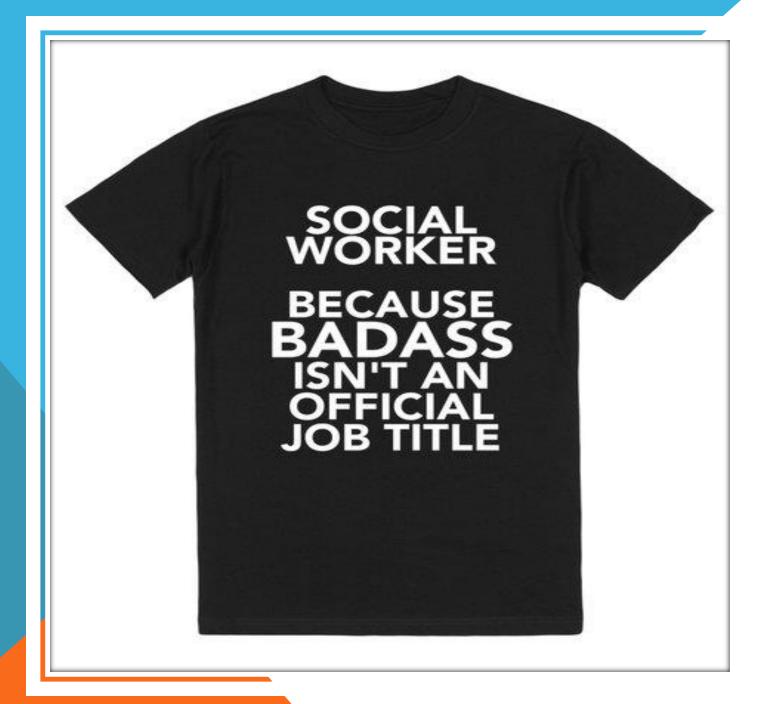
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#### INTERDISCIPLINARY DISCHARGE ROUNDS DISCUSSION

- Patient's Name
- Patient's Age
- Admission Date
- Diagnosis
- LOS
- Where was the patient admitted from
- Current medical treatment/needs
- Special needs of the patient
- Daily Goals
- Discharge Plan

#### RESPONSIBILITIES AT ROUNDS

- Nurse Manager:
  - Keeps flow of nurses going
- ♦ Floor Nurse:
  - ◆Gives brief clinical picture focusing on IS/SI
- PA:
  - Coordinates, listens for physician issues
- Social Work:
  - Discharge planning, e.g. living situation, rehabs, long term care, social issues
- Case Manager:
  - Utilization review, progression of care



# RESPONSIBILITIES AT ROUNDS (CONTINUED)

- Physical Therapy:
  - Rehab evaluation, moving patients after surgery
- Nutrition:
  - Prolonged NPO, swallowing issues, decubitus ulcers
- Respiratory Therapy:
  - $\bullet$  0<sub>2</sub> dosage, nebulizer treatments, incentive spirometry
- Visiting Nurse:
  - igoplus Home care needs,  $0_2$ , antibiotics
- Palliative/Pastoral Care:
  - End of life issues, support for grim diagnosis
- Clinical Pharmacist:
  - Duplicate coverage, renal dosing, medication errors



#### C SUITE BUY IN

- MUST be made an administrative priority by CEO down
  - CNO directs nurses to participate
  - ◆COO directs departments to participate and provides the tools to do their jobs (laptops, portable phones, etc.)
  - CMO informs medical staff that this is a matter of good quality

#### PA: DAILY REVIEW

- Consider admission vs. observation
- Possible code 44 cases
- Keep readmissions in your thoughts
- Organizational goals: CAUTIs, Core Measures, etc.
- Which docs do I need to communicate with?



### Initial Findings

- lacklow 50% avoidable days are due to hospital inefficiency:
  - Radiology delays,
  - stress/echo delays,
  - ◆PICC line delays,

- Test result delays,
- Weekend delays,
- OR delays
- PA must go meet with departments to improve patient flow

## SECONDARY FINDINGS

- 50 % of avoidable days are due to physician delays including:
  - Afternoon or evening rounders,
  - Uses Dr. Slow as consultant,
  - Coverage groups,
  - ◆Still practicing in the 80's



#### MEASURABLE METRICS

- Physicians:
  - LOS (Risk Adjusted)
  - ALOS commercial & Medicare
- Avoidable Days:
  - ♦ Hospital?
  - Physician?
  - Await SNF?
  - ◆ Procedure?
  - ♦ Weekend delay?

- Cost Data:
  - How much are delays worth?
  - Physician report cards
- Commercial Appeals:
  - ♦ Win?
  - ♦Lose?
  - Which Insurer?



#### EXCLUDING LOS > 30

FAM PRAC RESIDENCY

SHARMA, NIVEDITA

KATZ, HOWARD

HUSSAIN, ZAHID

HAYNE/PETERS/PECK

PATEL, KALPESHKUM

PATEL, JATINCHAND

MAJUMDAR, SHIKHA

YOUSSEF.MAHER A

MANKARIOS, FARAG

KRISHNA, SUNANDA

LOMBARDI & SHETTY

SHENKER, BENNETT

SALCEDO, ELIZABETH

CHATTERJEE, ABHIJIT

ALDAY, GERONIMA

WEISSMAN/KROLL

ENG, KENNETH

STERN, JULIE

FEINGOLD, MARC

SOJKA, LESLIE W

RALPH MESSO DO

LIQUORI, FRANCES

CHERCIU.MUGUREL

RAYMOND.JOSHUA

KELTER.RICHARD

COHEN, HOWARD

**ZUCKERB**ROD/AXELRAD

**FAM PRACT CEN JERS** 

CHEN, ROBERT

KIM, MIAH

ELITE MEDICAL GROUP

RIJH-SINGHANI, SONIA

MILLS, ORLANDO

BALAR, DHIMANT

GHANEM, OSAMA

TAYLORS MILLS FA MED

HOWELL PRIMARY CARE

FREEHOLD HOSPLST LLC

AUG 2010 - JAN 2011 FAMILY PRACTICE/ INTERNAL MEDICINE/ GERIATRICS

MEDICARE MEDICARE

536

317

706

375

219

221

90

134

586

182

113

106

119

41

241

93

444

446

81

4

18

24

157

271

2

2

56

97

139

22

25

149

950

29

8

136

1.724

**TOTAL** 

DAYS

**TOTAL** 

**CASES** 

130

58

327

147

81

52

48

17

22

106

38

24

23

24

12

40

15

88

75

15

1

1

5

7

33

55

1

24

19

28

2

4

6

9

27

168

1

**ALOS** 

**ALOS** 

MEDICARE VARIANCE

4.1

5.5

5.3

4.8

4.6

4.2

4.6

5.3

6.1

5.5

4.8

4.7

4.6

3.4

6.2

5.9

5.4

2

4

3.6

3.4

4.8

4.9

5.7

2

2

8

5.1

4

5

5.5

4.2

5.5

5.7

3.2

5

6

5

**TOTAL** 

-1.1

-0.9

-0.3

-0.2

-1.4

-1.6

-0.9

0.4

-0.5

-0.5

-0.9

-0.8

-0.3

-1.2

-0.8

-0.2

0.2

-0.3

-0.2

-2.2

-4.9

-2.1

-1.4

-0.2

-0.3

-3.5

0.6

-3.1

0.8

-4.1

0.5

0.3

-1.4

0.4

-0.4

0

-2

0

0

COST

-43,556

-16,262

-34.933

-10,461

-35,567

-25,740

-13.694

2,694

-16326

-5,960

-6,942

-5,706

-2,378

-4,628

-1.046

5.991

-8,115

-919

-697

-1,553

-3,392

-3,138

-2,124

-4,565

-1,110

4,406

-983

1,775

-1,300

2.916

190

-380

666

-1,712

-3.202

-1.490

-5,579

-10,746

**TOTAL** 

DAYS

646

190

359

119

119

94

60

95

29

40

50

89

62

73

121

21

12

24

19

56

206

11

104

11

26

1

76

1

23

45

127

604

103

9

6

233

129

52

1.272

MEDICARE MEDICARE NON-CARE NON-CARE

**TOTAL** 

**CASES** 

187

299

101

13

31

39

37

30

21

36

11

14

18

25

53

20

27

27

8

6

8

2

5

14

46

4

29

4

9

21

5

9

2

26

18

135

69

**ALOS** 

NON-CARE VARIANCE

3.5

2.8

4.3

3.6

3.8

3.1

2.5

4.5

3.6

2.6

2.9

2.8

3.6

4.4

3.1

2.7

4.5

2.6

2

3

3

4

3.8

4.5

2.8

3.6

2.8

2.9

3.6

4.6

1

1

5

5

4.9

4.5

5.7

2

4

**ALOS** 

**TOTAL** 

COST

-56,046

-36,011

-13.821

-1,648

-5,516

-16,674

-21,810

-22,824

-9,320

-6,150

-9,256

-8,242

697

-14,519

-4,501

-4,565

-3,550

-888

-951

-1,775

1,141

-2,092

-7,481

-2.092

-4,311

-1,078

-5,199

-1.078

1,712

3,994

3,170

7,545

317

63

-63

824

NON-CARE NON-CARE

-0.9

-1.6

-0.1

-0.8

-0.4

-0.6

-1.3

-1.9

-2.4

0.1

-0.8

-1.8

-1.5

-1.6

-0.8

-1.3

-1.7

0.1

-1.8

-2.4

-1.4

-1.4

-0.6

-0.4

0.1

-1.7

-0.8

-1.7

-1.5

-3.4

-0.8

-3.4

0.2

0.6

0.1

0.5

0.1

1.3

0

TOTAL MEDICARE

CMI

1.1551

1.2044

1.2787

1.111

1.464 1.3208

1.1709

1.0159

1.1945

1.4574

1.1662

1.1488

1.1511 1.0772

0.9655

1.4482

1.3395

1.0845

1.5925

1.1502

0.9485

0.8681

1.2853

1.5715

1.1546

1.2141

0.9288

1.1836

0.8029

1.5596

0.7553

0.9505

0.7539

1.1385

1.4192

0.922

.331

2851

1.2141

COST

-99,601

-52.273

-48.755

-37,216

-31,256

-30.369

-21,810

-20,130

-15501

-15,279

-13,092

-11,634

-10,810

-9.288

-8.527

-7,418

-5,421

-5,262

-5,104

-4,280

-4.089

-3,899

-3,424

-3,202

-3,075

-3,075

-2,536

-2,378

-2,282

-888

-63

729

1.680

1,965

0

793

-6,847 -12,553

-6,657 -11,285

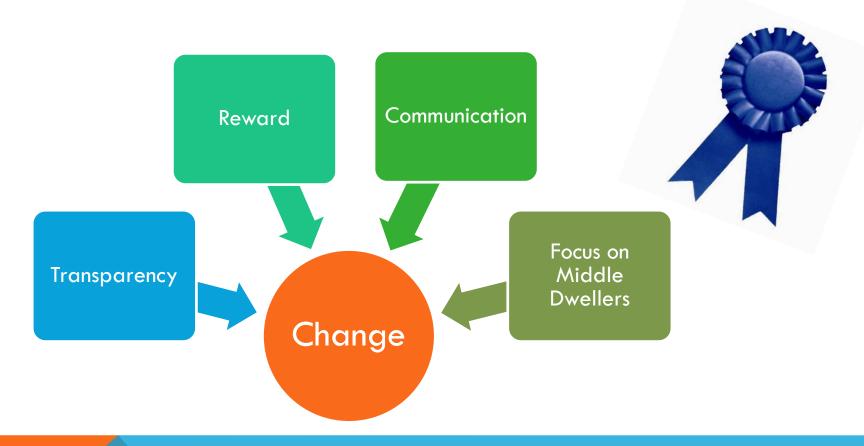
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### CHANGE PHYSICIAN BEHAVIOR

- Transparent data monthly
- Reward good guys
- Improvement comes from middle of the pack
- Stop calling offices for discharges
  - ◆Talk with docs as they round or speak through case manager.
  - ♦ Use encrypted HIPPA compliant texting.
- Post best performers in physician lounge
- ◆ PA must "live" on floors talking to docs to be credible- know the cases!



## INFLUENCING PHYSICIAN BEHAVIOR

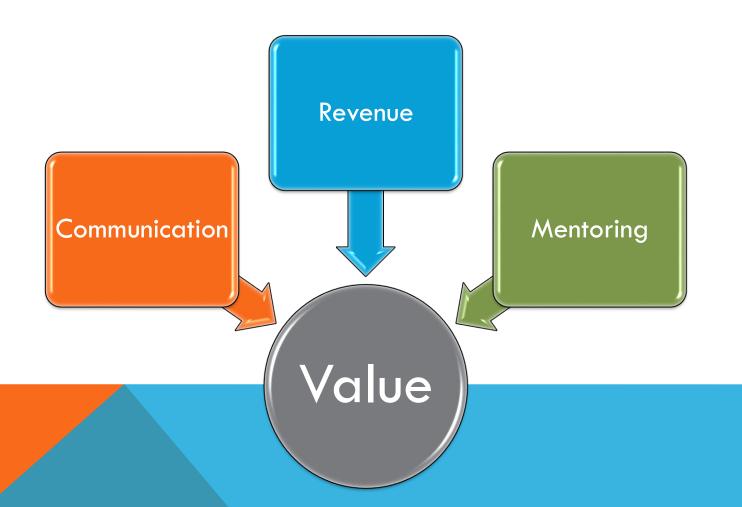


#### PA NEEDS TO PROVIDE VALUE

- Text them when a result comes back
- Mentor young physicians
- Leave notes in charts (pink cards)
- Insurance denials
- Gainshairing

- Link to Administration
- Have the "back" of the nurses, case managers when conflict arises
- Administration needs to know how much cash you saved them

## PA NEEDS TO PROVIDE VALUE



#### **SUMMARY**

- MDR's are a short and long term solution to LOS & reducing denials
- Better Economic outcomes
- Better Quality outcomes
- Empowers the nurse
- Becomes a signature of the organization

