Multidisciplinary Rounds First Point of Contact/ Daily Reviews

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- 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)
- 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
- Spend 1 minute or less per patient, per day, 5 days per week
- PA attendance

CentraState Medical Center

INTERDISCIPLINARY DISCHARGE ROUNDS
SIGN-IN SHEET

DATE: _____ NURSING UNIT: 5 NORTH

Name (please print)	Signature	Status	Job Title	Unit	Emp. ID

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 (cont.)

- Physical Therapy-rehab evaluation, moving patients after surgery
- Nutrition-prolonged NPO, swallowing issues, decubitus ulcers
- Respiratory Therapy: 0 2 dosage, nebulizer treatments, incentive spirometry
- Visiting Nurse-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


I pooped today!

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 (did we get it right in the ED?)
- Possible code 44 cases
- Keep readmissions in your thoughts
- Organizational goals: CAUTIs, Core Measures, etc.
- Which docs do I need to communicate with?

Initial Results

- 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 Results

- Physician Delays: afternoon or evening rounder, uses Dr. Slow as consultant, coverage groups, still practicing in the 80’s
- 50 % of avoidable days

Metrics to Measure

- Physicians: LOS (Risk Adjusted)/ALOS commercial & Medicare
- Avoidable Days: hospital or physician? Await SNF? Procedure or weekend delay?
- Cost Data: How much are delays worth, physician report cards
- Commercial Appeals: Win? Lose? Which Insurer?

CENTRASTATE MEDICAL CENTER
LOS COST COMPARISON BY PHYSICIAN VARIANCES
EXCLUDING LOS > 30
AUG 2010 - JAN 2011
FAMILY PRACTICE/ INTERNAL MEDICINE/ GERIATRICS

	TOTAL DAYS MEDICARE	TOTAL CASES MEDICARE	ALOS MEDICARE	ALOS VARIANCE MEDICARE	TOTAL COST MEDICARE	TOTAL DAYS NON-CARE	TOTAL CASES NON-CARE	ALOS NON-CARE	ALOS VARIANCE NON-CARE	TOTAL COST NON-CARE	TOTAL COST	MEDICARE CMI
FAM PRAC RESIDENCY	536	130	4.1	-1.1	-43,556	646	187	3.5	-0.9	-56,046	-99,601	1.1551
HOWELL PRIMARY CARE	317	58	5.5	0.9	16,262	190	69	2.8	1.6	36,011	52,273	1.2044
FREEHOLD HOSPLST LLC	1,724	327	5.3	-0.3	-34,933	1,272	299	4.3	-0.1	-13,821	-48,755	1.2787
SHARMA,NIVEDITA	706	147	4.8	-0.2	-10,461	359	101	3.6	-0.8	-27,072	-37,533	1.111
HAYNE/PETERS/PECK	375	81	4.6	-1.4	-35,567	52	13	4	-0.4	-1,648	-37,216	1.464
TAYLORS MILLS FA MED	219	52	4.2	-1.6	-25,740	119	31	3.8	-0.6	-5,516	-31,256	1.3208
KATZ,HOWARD	221	48	4.6	-0.9	-13,694	119	39	3.1	-1.3	-16,674	-30,369	1.1709
HUSSAIN,ZAHID	90	17	5.3	0	0	94	37	2.5	-1.9	-21,810	-21,810	1.0159
PATEL,KALPESHKUM	134	22	6.1	0.4	2,694	60	30	2	-2.4	-22,824	-20,130	1.1945
PATEL,JATINCHAND *	586	106	5.5	-0.5	-16326	95	21	4.5	0.1	824	-15501	1.4574
MAJUMDAR,SHIKHA	182	38	4.8	-0.5	-5,960	129	36	3.6	-0.8	-9,320	-15,279	1.1662
MILLS,ORLANDO	113	24	4.7	-0.9	-6,942	29	11	2.6	-1.8	-6,150	-13,092	1.1488
YOUSSEF,MAHER A	106	23	4.6	-0.8	-5,706	40	14	2.9	-1.5	-6,847	-12,553	1.1511
RIJH-SINGHANI,SONIA	119	24	5	-0.3	-2,378	50	18	2.8	-1.6	-9,256	-11,634	1.0772
BALAR,DHIMANT	41	12	3.4	-1.2	-4,628	89	25	3.6	-0.8	-6,657	-11,285	0.9655
MANKARIOS,FARAG	241	40	6	-0.8	-10,746	233	53	4.4	0	-63	-10,810	1.4482
KRISHNA,SUNANDA	93	15	6.2	-0.2	-1,046	62	20	3.1	-1.3	-8,242	-9,288	1.3395
LOMBARDI & SHETTY	444	88	5	0.2	5,991	73	27	2.7	-1.7	-14,519	-8,527	1.0845
ELITE MEDICAL GROUP	446	75	5.9	-0.3	-8,115	121	27	4.5	0.1	697	-7,418	1.5925
GHANEM,OSAMA	81	15	5.4	-0.2	-919	21	8	2.6	-1.8	-4,501	-5,421	1.1502
SHENKER,BENNETT	2	1	2	-2.2	-697	12	6	2	-2.4	-4,565	-5,262	0.9485
ALDAY,GERONIMA	4	1	4	-4.9	-1,553	24	8	3	-1.4	-3,550	-5,104	0.8681
SALCEDO,ELIZABETH	18	5	3.6	-2.1	-3,392	6	2	3	-1.4	-888	-4,280	1.2853
WEISSMAN/KROLL	24	7	3.4	-1.4	-3,138	19	5	3.8	-0.6	-951	-4,089	1.5715
ENG,KENNETH	157	33	4.8	-0.2	-2,124	56	14	4	-0.4	-1,775	-3,899	1.1546
CHATTERJEE,ABHIJIT	271	55	4.9	-0.3	-4,565	206	46	4.5	0.1	1,141	-3,424	1.2141
STERN,JULIE	2	1	2	-3.5	-1,110	11	4	2.8	-1.7	-2,092	-3,202	0.9288
FEINGOLD,MARC	136	24	5.7	0.6	4,406	104	29	3.6	-0.8	-7,481	-3,075	1.1836
RALPH MESSO DO	2	1	2	-3.1	-983	11	4	2.8	-1.7	-2,092	-3,075	0.8029
LIQUORI,FRANCES	56	7	8	0.8	1,775	26	9	2.9	-1.5	-4,311	-2,536	1.5596
SOJKA,LESLIE W	1	1	1	-4.1	-1,300	1	1	1	-3.4	-1,078	-2,378	0.7553
CHERCIU,MUGUREL	97	19	5.1	0.5	2,916	76	21	3.6	-0.8	-5,199	-2,282	0.9505
RAYMOND,JOSHUA	8	2	4	0.3	190	1	1	1	-3.4	-1,078	-888	0.7539
KELTER,RICHARD	139	28	5	0	-380	23	5	4.6	0.2	317	-63	1.1385
COHEN,HOWARD	22	4	5.5	-1.4	-1,712	45	9	5	0.6	1,712	0	1.4192
CHEN,ROBERT	25	6	4.2	0.4	666	9	2	5	0.1	63	729	0.922
ZUCKERBROD/AXELRAD	149	27	5.5	-0.4	-3,202	127	26	4.9	0.5	3,994	793	1.331
FAM PRACT CEN JERS	950	168	5.7	0	-1,490	604	135	4.5	0.1	3,170	1,680	1.2851
KIM,MIAH	29	9	3.2	-2	-5,579	103	18	5.7	1.3	7,545	1,965	1.2141

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 texting.
- Post best performers in physician lounge
- PA must “live” on floors talking to docs to be credible- know the cases!

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

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


EMERGENCY
TRIAGE NURSE
NOTICE TO POTENTIAL PATIENTS
We are out of:
Dilaudid, Sandwiches, Taxi vouchers
THE SARCASM SHOP