

Ashley Busuttill MD, FHM
 Medical Director Clinical Operations – UCLA Health
 abusuttill@mednet.ucla.edu

Problem Statement

Creation of a standard inpatient wellbeing bundle can reduce hospital acquired conditions and improve patient engagement in discharge. This may lead to a reduction in excess bed days and free inpatient capacity for the growth of tertiary services.

Discovery

Initial Hypothesis

"An academic institution can increase its capacity for growth of tertiary services by shifting the care of lower acuity patients to regional community institutions with clinical and financial partnerships"

- Executive team = Customer Segment
- Increasing Capacity for tertiary services = Value Proposition
- Clinical Leadership and Regional Institutions = Key Partners

35 1st Round Interviews
 Executive Team
 Strategic Development Team
 Hospitalists
 Departmental Chairs
 Financial Clearance
 Regional Payers
 Community Institutions

45 2nd Round Interviews
 Patients
 Hospitalists
 Surgeons
 Patients
 Patient Experience
 Nutritionists
 Physical Therapists

Additional Information:
 Literature review
 Clinical Case Reviews
 Hospital Data Analysis

Insights and Pivots

- Lack of buy-in from clinical chair
- Lack of buy-in from executive team



- Increasing capacity remains VP
- Executive team remains customer segment
- Pivot to increasing capacity through excess bed day reduction

Revised Hypothesis

Exec team = CS,
 ↑ Capacity = VP
 Care Team = KP

Optimizing inpatient wellbeing can ↓ LOS

Well-being resources exist, but are not used

"Improving inpatient wellbeing aligns Health System priorities of optimizing patient experience, delivering high value care, reducing excess bed days and maximizing capacity for growth"

Goals and Objectives

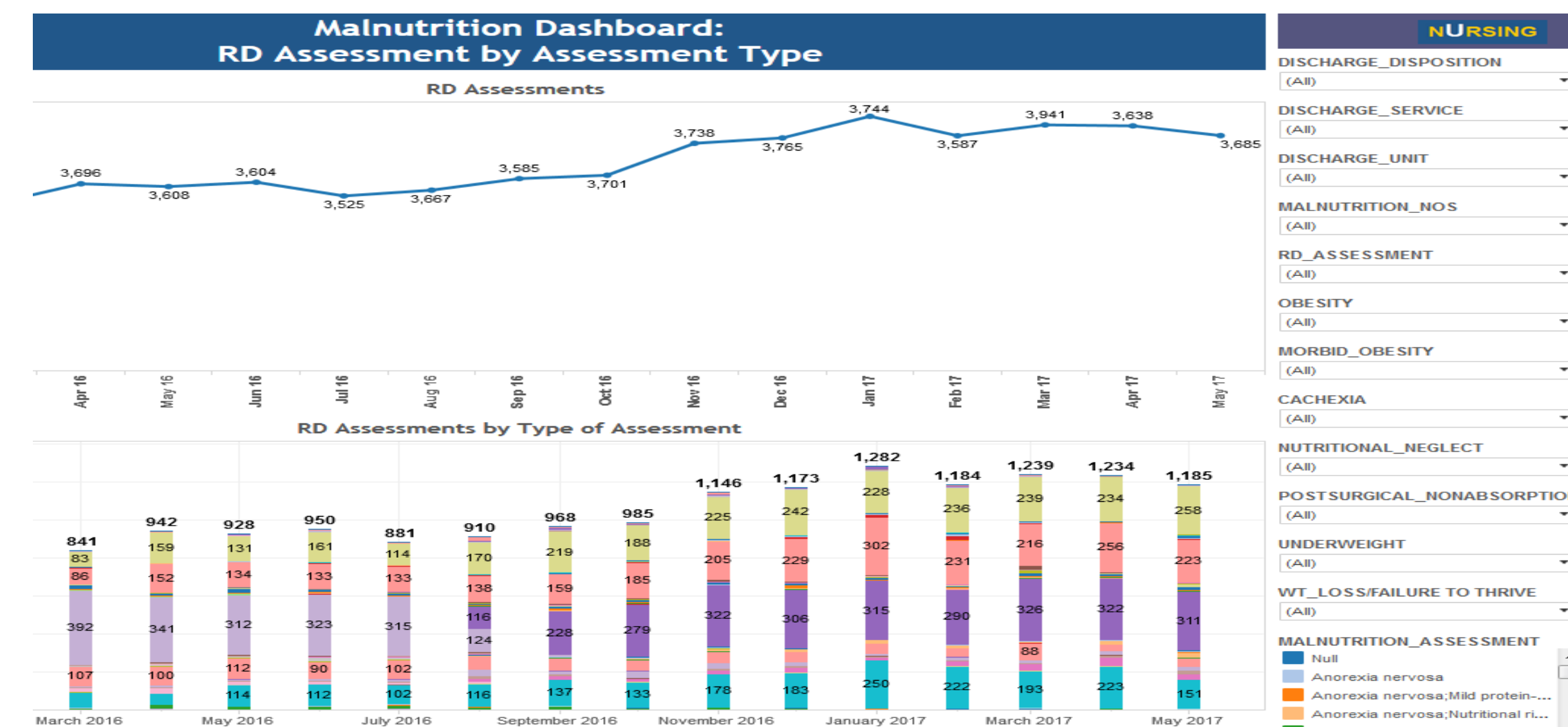
Goal: Reduce excess bed days and increase patient satisfaction through the standard delivery of an inpatient wellbeing bundle comprised of 5 domains: comfort, nutrition, mobility, hygiene and sleep.

Outcome-oriented Objective:

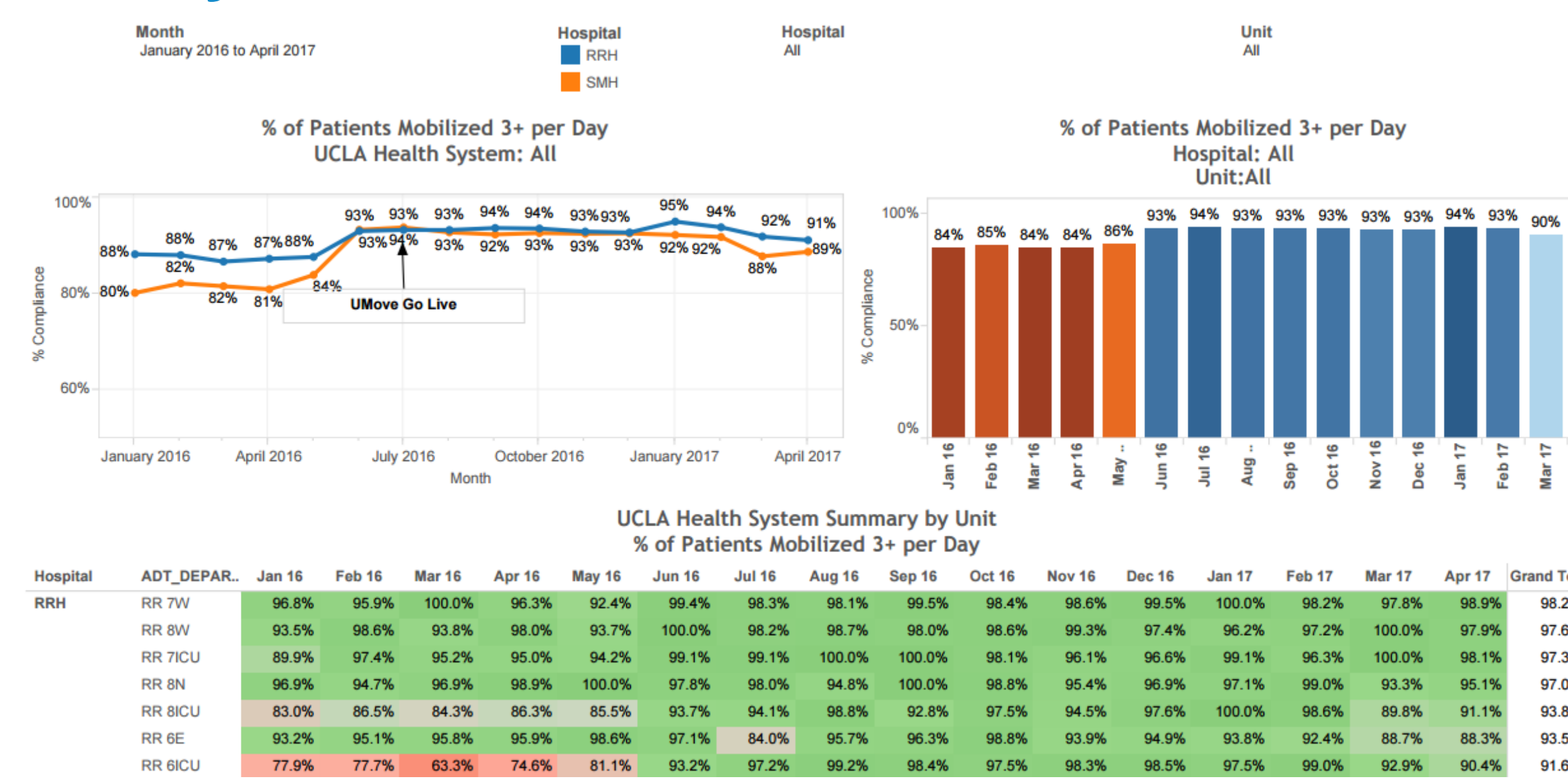
- Decrease excess bed days (Vizient 2016 risk adjustment method) by 4% within 6 months.
- Decrease higher level of care transfers lost due to hospital at capacity by 40% within 6 months.

Results

Nutrition Dashboard



Mobility Dashboard



Lessons Learned

Lessons Learned:

- Focus on factors within your control for optimal success.
- Ensure buy-in. Aligning excess bed day reduction with patient-centered care delivery resonated well with clinical care providers.
- MD-RN collaboration model was critical at all levels.
- Investigate and capitalize on existing resources. If existing resources are not being used effectively, ask why and revise rather than reinvent.

Next Steps:

- Completion of domain dashboards (2/5 complete)
- Complete clinical care team education
- Bundle implementation start date: 3/1/2018
- Obtain grant funding

Mission Model Canvas

Key Partners <ul style="list-style-type: none"> • Chief Nursing Executive • MD-RN Dyad domain leads • Multi-disciplinary domain taskforces 	Key Activities <p>Total # of Performance Improvement Initiatives, Projects & Pilots: 88</p> <table border="1"> <tr> <td>Comfort (44)</td> <td>Nutrition (0)</td> <td>Mobility (32)</td> <td>Hygiene (8)</td> <td>Sleep (4)</td> </tr> </table> <p>Siloed, No Standard Knowledge, No Standard Implementation, No Standard Process Tracking, Minimal Multi-Disciplinary Collaboration</p>	Comfort (44)	Nutrition (0)	Mobility (32)	Hygiene (8)	Sleep (4)	Value Propositions <p>Improve patient engagement with discharge and decrease hospital acquired conditions through the standard delivery of an inpatient well-being bundle optimizing comfort, nutrition, mobility, hygiene and sleep.</p> <p>Decrease excess bed days by 4% over 6 months post-implementation.</p> <p>Decrease number of higher level of care transfers lost due to hospital at capacity by 40% within 6 months post-implementation.</p>	Buy-in & Support <ul style="list-style-type: none"> • End-Users make up taskforces • Automated system-level change • Project management and analytics support for unit-level change • Tie-in to incentive measures (patient satisfaction scores) 	Beneficiaries <p>Patients</p> <p>Hospital Executive Team</p>
Comfort (44)	Nutrition (0)	Mobility (32)	Hygiene (8)	Sleep (4)					
Mission Budget/Cost <ul style="list-style-type: none"> • 1.0 FTE Data Analyst and Project Manager (aggregate support 5 domains) • 1.0 FTE Nursing Domain Leads (estimated 0.2 per domain) • 1.0 FTE Faculty support for integrative medicine (comfort domain) • X \$ Facilities and marketing budget (signage, web design, facility upgrade needs, educational materials) 		Mission Achievement/Impact Factors <ul style="list-style-type: none"> • Optimize health and wellbeing throughout the inpatient setting. • Optimize high value care through decrease in excess bed days. • Maximize the Health System's growth of tertiary services. 							