



TeamHealth Collaboration Helps Improve Observation Unit Performance

THE CHALLENGE

When the leadership team of a Wilmington, Delaware, hospital sought to improve operational performance of its observation unit, they called upon its trusted hospitalist partner TeamHealth to prioritize, study and improve the situation.

With a commitment to results-oriented partner collaboration, TeamHealth's clinical leaders drew upon decades of experience in performance improvement. Once it became clear that multiple operational and procedural factors contributed to high length of stay (LOS), TeamHealth hospitalists structured a multi-pronged plan to quickly achieve the desired results for the 146-bed acute care facility.

Challenges ranged from absence of vital fields in the electronic medical record (EMR) and patient lists, to the need for improved discharge procedures and patient observations. For example, staff lacked the ability to accurately identify observation patients in the hospital's patient list and the hospitalist team's daily assignments. The patient list lacked fields to denote patient status, thus making the hospital staff take an extra step by adding status into the individual patient chart.

Partnership Information

A 146-bed acute care facility in
Wilmington, Delaware

TeamHealth Services

- Emergency Medicine
- Hospital Medicine



Additionally, nurses and clinicians in various departments needed targeted education regarding prioritization of observation discharges over critical patients. When only a few were observation patients, immediate discharge could take second place to a critical inpatient or patients with complex conditions.

THE SOLUTION

TeamHealth identified and studied the operational gaps, focusing primarily on determining root causes of the higher-than-desired LOS. Once the barriers were identified, the team worked on solutions to decrease observation time and putting plans into place to improve the metrics. For example, the team solved the patient status indication problem by initiating multiple patient list daily downloads, structuring the means to identify observation patients, and configuring a process to recognize these patients.



Another identified challenge was that accessible observation status listings were not provided for the entire facility (including LOS hours). Once this correction was made, a concise list of all observation patients was sent several times daily to various departments, leading to a reduction in turnaround time, including diagnostic turn-around and performance.

Other strategies involved re-establishing surgical rounds and initiating single provider rounder (SPR) procedures. Ongoing work will focus on the surgical observation LOS pilot project, and data collection continues with SPR outlines in mind.

THE RESULTS

After the second full month of the study, the hospital showed improved LOS hours for observation patients involved in the pilot project of a single dedicated observation provider (single provider rounder) with:

- an improvement of **2.7 hours (52%)** in comparison to the previous two months
- an improvement of **7.4 hours (66%)** in comparison to fiscal-year to date (FYTD Average)
- a steady **decrease in hospitalist observation care time** (PSO to discharge order)

TeamHealth's dedication to improving the situation has shown clear benefits, including a reduction of nearly 17% (5.5 hours) in total hospitalist treatment time. The total treatment time went down from 32 hours (in the first three-month period) to 26.5 hours (in the second three-month period). TeamHealth's hospitalists believe that similar collaboration would allow future LOS reduction for observation patients. In fact, the HM team has noted a long-term downward trend over the past year that shows continued improvement in LOS, with nearly 50% of all observation patients being discharged within 24 hours (a number that rises to around 65% when the window is increased to 36 hours).

THE CONCLUSION

Akash Varshney, MD, Facility Medical Director, expressed he was "very proud of the hard work that our group put in to achieve the improved LOS hours for observation patients. From the time we started the pilot project, the results have shown a steady decrease in hospitalist observation care. I feel certain that a further reduction in the LOS may be achieved as other challenges are addressed and solved."

We know hospitals face unique challenges in addition to the universal obstacles burdening health systems today. TeamHealth's hospitalist services provide dedicated 24/7 in-house teams to strengthen care delivery and performance through a patient-centered approach with an emphasis on innovative and customizable solutions. Contact our team to learn more.



TEAMHealth®

teamhealth.com

business_development@teamhealth.com [f](#) [@](#) [t](#) [in](#) [D](#)

EMERGENCY MEDICINE • HOSPITAL MEDICINE
ANESTHESIOLOGY • CRITICAL CARE • AMBULATORY CARE
POST-ACUTE CARE • ACUTE ORTHOPEDIC SURGERY
ACUTE GENERAL SURGERY • OB/GYN HOSPITALIST
BEHAVIORAL HEALTH • ACUTE BEHAVIORAL HEALTH
VIRTUAL CARE

**Practice
made
perfect®**