

# Avoidable Day Text Pager

*Collaborative Process: Improving Patient Throughput Utilizing an Avoidable Text Pager*

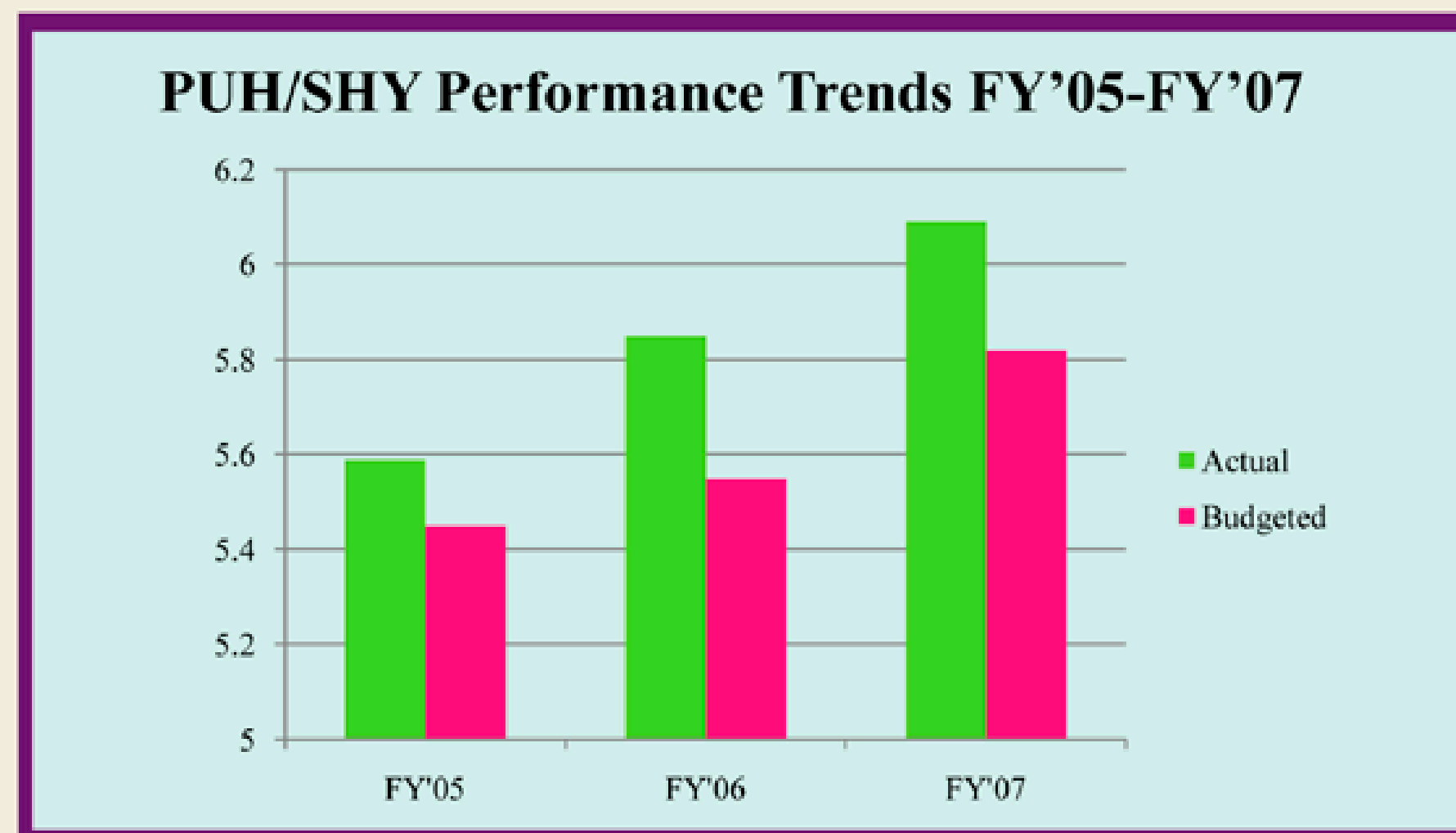
**UPMC PRESBYTERIAN/SHADYSIDE HOSPITAL**

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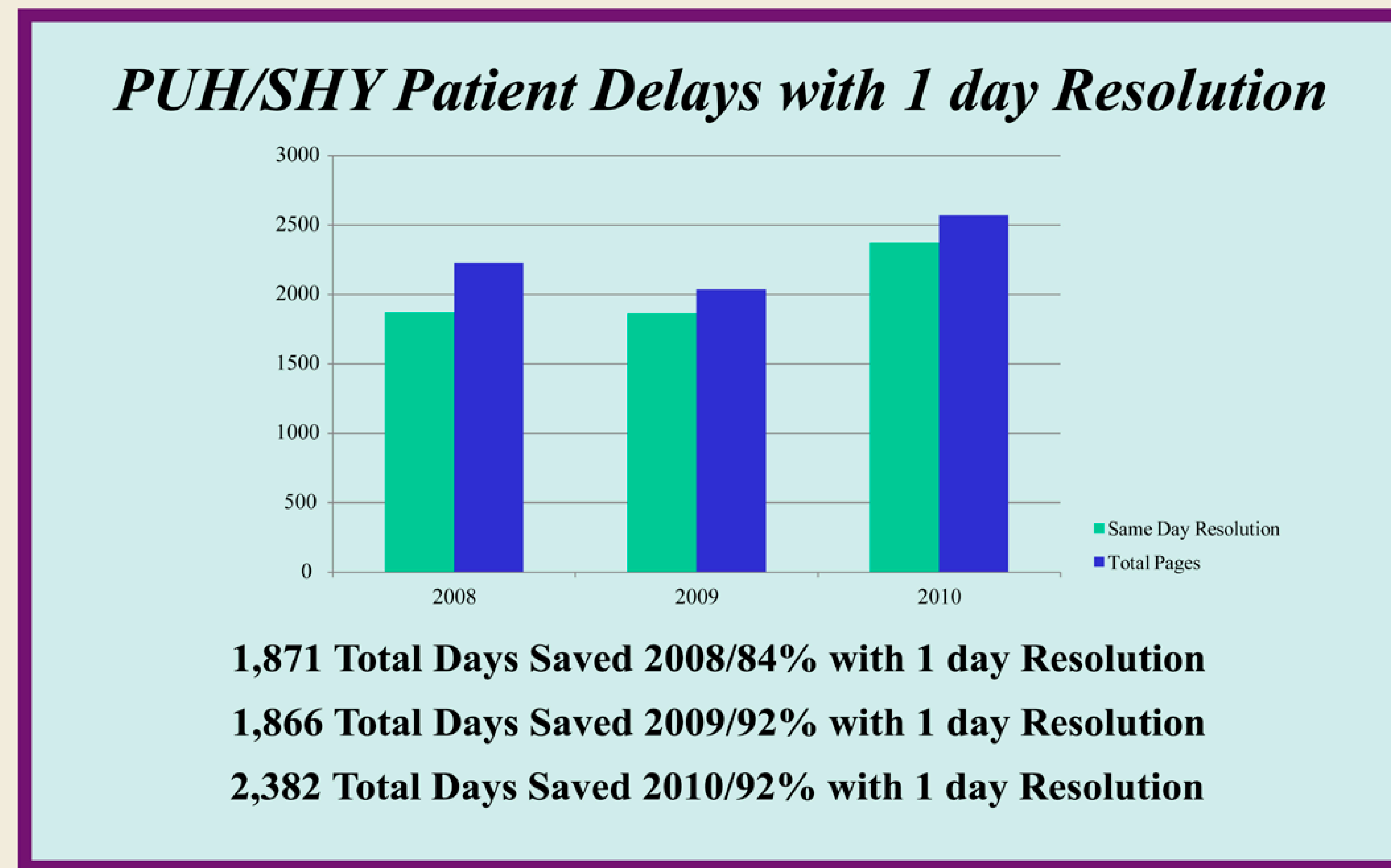
## Background

- Actual LOS over Budgeted LOS at UPMC Presbyterian Shadyside (PUH/SHY)



- Consulting firm tracked performance of Care Management Data at UPMC facilities
- Barriers identified to throughput related to timely completion of diagnostic procedures, ancillary services and surgeries /delay in service
- Problem:** Service Line manager made aware of delay after occurrence and cannot fix the problem before it occurs
- Action Plan:** Avoidable Text paging process developed to intervene proactively/concurrently to resolve barriers /fix the problem before it occurs
- Pilot Study initiated at PUH utilizing Avoidable Text Pager 2006/implemented at UPMC PUH/SHY 2006-2007
- Barriers Identified to Throughput Responsible Party:**  
Radiology/Cardiology/Operating Room IV/PT/OT/Pulmonary/GI Lab/PV Lab

## UPMC Presbyterian/Shadyside Avoidable Day Paging Process PUH/SHY



## Process

- Care Manager identifies delay in testing or procedure which is impacting patient length of stay/throughput
- Care Manager sends out a group **Avoidable Day Page via e-mail** to both: Department Supervisor and Director of Care Management
- Page includes:
  - Patient name and unit
  - Procedure/Testing being delayed
  - Name and pager of Care Manager
- Responsible service line manager receives page and investigates situation. Expectation is that manager will intervene with testing department and unit to provide service that day
- Care manager to receive return page within 30 minutes relaying outcome of intervention
- Data collected detailing successful versus unsuccessful interventions
- Avoidable day/delay entered into Canopy if intervention unsuccessful

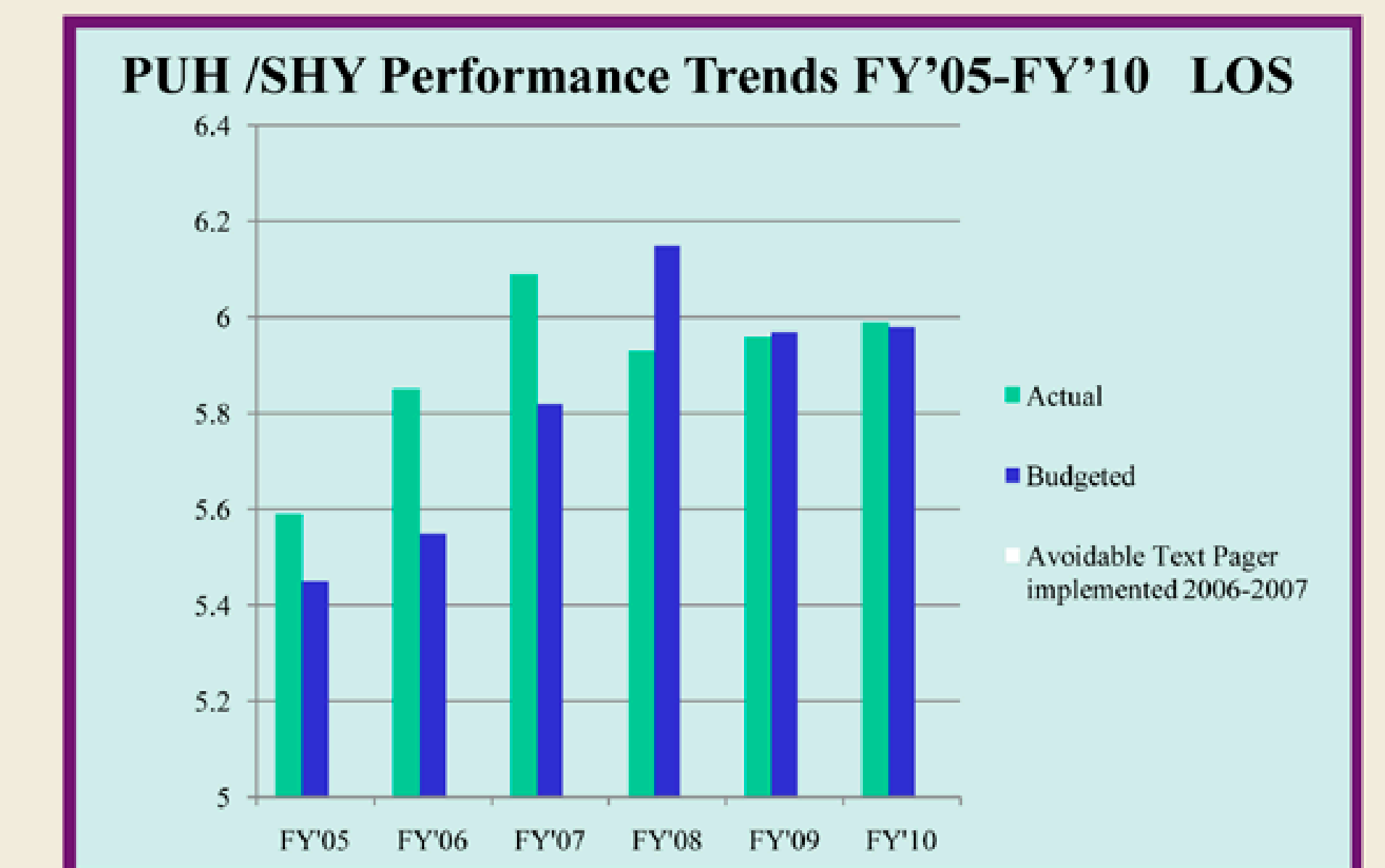
Canopy (UPMC Care Management Data Base) Avoidable Day/Delay report is distributed weekly to various departments and Senior Management

## Objectives

- Understand a process to manage delays in service, improve collaboration and throughput
- Envision the ability to drive change with use of evidence based data
- Identify the benefits of the Avoidable Day Pager to improve patient care/satisfaction/safety by improving throughput
- Recognize the importance of Care Management Tracking Avoidable Days and the use of reports for process improvement
- Identify the opportunity to decrease time spent by Care Management on coordination of testing

## Results

- Total volume PUH/SHY pages 2,227 in 2008/ 1,871 or 84% had a same day resolution which is an assumed LOS saving of 1 day per patient
- Total volume PUH/SHY pages 2,036 in 2009 /1,866 or 92% had a same day resolution
- Total Volume PUH/SHY pages 2,579 in 2010 /2,382 or 92% had a same day resolution
  - 2008 PUH/SHY Budget Patient Days 363,804/Actual 352,424
  - 2009 PUH/SHY Budget Patient Days 362,453/Actual 349,836
  - 2010 PUH/SHY Budget Patient Days 354,672/ Actual 350,086
- PUH/SHY improves Actual/Budgeted LOS for 2008, 2009 and 2010 with implementation of Avoidable Text Pager in 2006-2007**



## Conclusions

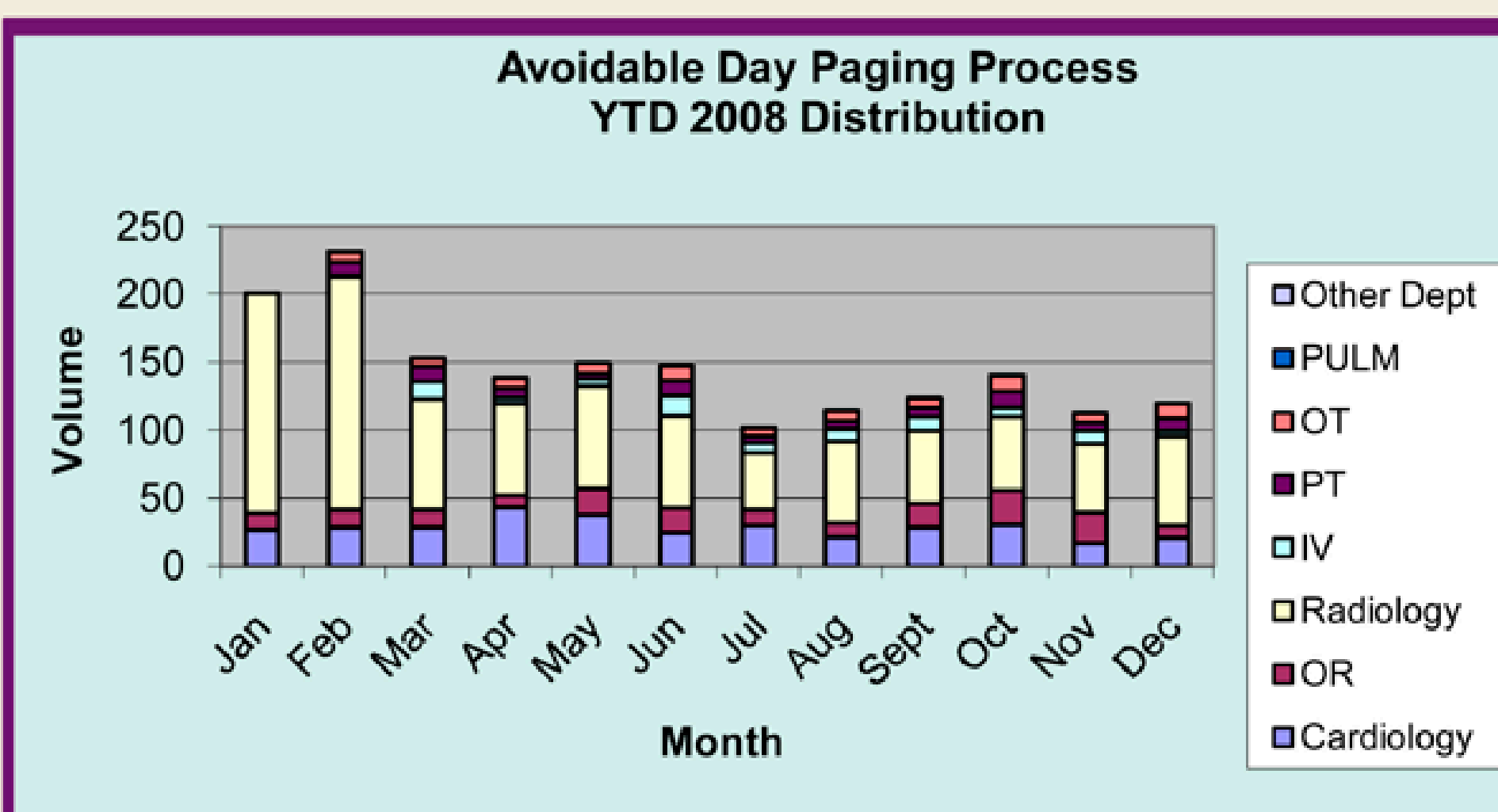
- PUH/SHY improves Actual/Budget LOS with implementation of an Avoidable Day Pager
- The avoidable text pager contributes to improved collaboration and efficiency by removing barriers to care
- UPMC developed a collaborative process that improved efficiency with assumed savings of 1 day per patient with same day resolution
- Assumed Decrease LOS and improved throughput with implementation of Avoidable Text Pager
- Timely testing leads to an assumed improved patient care/satisfaction/safety: decreased LOS/ less exposure to potential medical error and infection

## Summary

- Process improvement initiative instituted to address increased Actual LOS from Target LOS at PUH/SHY FY'05-FY'07
- Utilize care management tracking data for process improvement
- Developed a process that examines each avoidable day issue as it occurs and intervenes proactively/concurrently to resolve
- UPMC Health System expanded the Text Paging Process from Presbyterian/ Montefiore/Shadyside campus to Magee, McKeesport, Northwest, St. Margaret and Mercy
- Monitor trends in avoidable days to drive change
- Positive outcomes: Assumed improved patient care/satisfaction/safety, improved throughput, assumed decrease in length of stay, decreased time spent by care management on coordination of testing and improved collaboration

## Goals

- Intervene proactively/concurrently to resolve barriers and improve throughput
- Track performance to improve outcomes/drive change
- Promote collaboration between departments to improve timeliness of testing and patient care/satisfaction/safety
- Decrease the number of Avoidable Days/LOS
- Expedite timely appropriate discharge to maximize capacity



*This data is self-reported and manually collected/tabulated*