Expediting Obstetrical Patient Throughput: Decreasing Lengths of Stay and Optimizing Hidden Bed Capacity

**NDM2 Learner Objective**
identify and evaluate the impact of the nursing workforce’s proactive discharge management and improved communication efforts on obstetrical throughput, length of stay, and hidden bed capacity.

**Background**
- **Background Gap Analysis**
  - Existing Lengths of Stay (ALOS)
  - High variability in length of stay
  - Need to improve patient throughput

**Methodology**
- Process Mapping Utilizing Value Stream Maps
- Time Studies
- Root Cause Analysis

**Results/Outcomes/Findings**
- **Key Performance Indicators (KPI) Identified**
  - Average Length of Stay (ALOS)
  - Pre and Post Discharge
  - Transcutaneous Bilirubin Screening
  - Hepatitis B Vaccine Administration
  - Environmental Services

**Conclusion/Summary**
- **Decrease Average Length of Stay**
- Increase Nurse-Bed Capacity
- Decrease in Salary Expense/Staff Overhead
- Proactive completion of census and non-clinical activities

**Arrival and Discharges by Time of Day**
- Arrival Rate
- Discharge Rate
- **Reasons for Late Discharges Identified**
  - Pediatricians’ Orders and Waiting on Ride
  - Waiting on Tests
  - Waiting on Ride

**Patient Throughput Team Structure**
- Team Leader: Nurse Manager
- Team Composition: Nurse Managers, Staff Nurses, Clinical Nurse Specialists

**Results of Multiple Observational Time Studies**
- **Rehabilitation Phase**
  - 30-Day Stay
  - 45-Day Stay
  - 60-Day Stay
- **Discharge Phase**
  - 30-Day Stay
  - 45-Day Stay

**How Does the Enhanced Bed Board System Help?**
- **Key Features**
  - Electronic Bed Board
  - Environmental Services can see workload
  - Can predict overflows
  - Reduced nurse-to-patient time
  - Reduced patient-to-room time
  - Enhanced communication