



2020 LEAD Capstone Poster Session

Project 'GO'

Creating a **G**eographical **O**bservation Unit

“A Better Way of Resource Utilization and Reducing ER Traffic”

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Abstract

- COVID-19 has taught us the true concept of COHORT and how grouping a similar population and similar care takers is an efficient and safe system of healthcare
- I propose to use the COHORT concept and put all “Observation” patients together, in a physical space, cared for by a team/cohort of care takers-physicians, nurses, social worker and ancillary staff
- This will allow UTSW to achieve the following
 - Meet the current best practices
 - Reduce over-utilization of resources and long length of stay
 - Improve hospital operations
 - And most importantly, improve patient satisfaction
- Project GO allows us to better use our existing investments and potentially generate \$2-\$4 million in incremental revenue



Objectives

- Project GO has the following primary objectives
 - Reduce our 'Obs' Length of stay by at least 5 hours, and save health care costs
 - Enhance UTSW's reputation by incorporating 'Best Practise' currently followed at most academic institutes
 - Reduce ER wait times, improve throughput and hospital operations
 - Reduce Appeals & Denials, create more bed hours with a potential to generate revenue
 - Improve overall patient care and patient experience at UTSW



Background Information

- Observation status patients are expected to stay in the hospital for ideally up to 24 hours
- However, the LOS at CUH is approximately 38 hours, higher than that national average, as estimated by the healthcare consultancy group Claro
- Numerous studies have shown that bringing the Obs patients together in one geographical unit improves operational efficiency and helps provide high value care by utilizing fast, efficient and less expensive work ups
- This practice has been adopted nationwide by leading academic hospitals and feedback has been very positive
- The relatively higher LOS could be driven by the Obs patients at CUH being spread out across various floors, and hence, UTSW is positioned to benefit from investing in its own Obs Unit - Project GO



Project Plan





Application of What You Learned at LEAD

Negotiation Strategies

Helped me navigate competing priorities as well as the hierarchy of an academic institution. This further helped me to gain trust of my stakeholders

Financial Analysis

Understanding the core of financial planning and budgeting, especially from the CEO helped me understand the reasoning behind certain financial decisions, especially in relation to the Medicare value based purchasing and ACO models that apply to Utilization Management

Lead Executive Coach

Helped me in prioritizing my academic goals for the year, and to put time and quality in certain projects rather than overwhelm myself with multiple projects

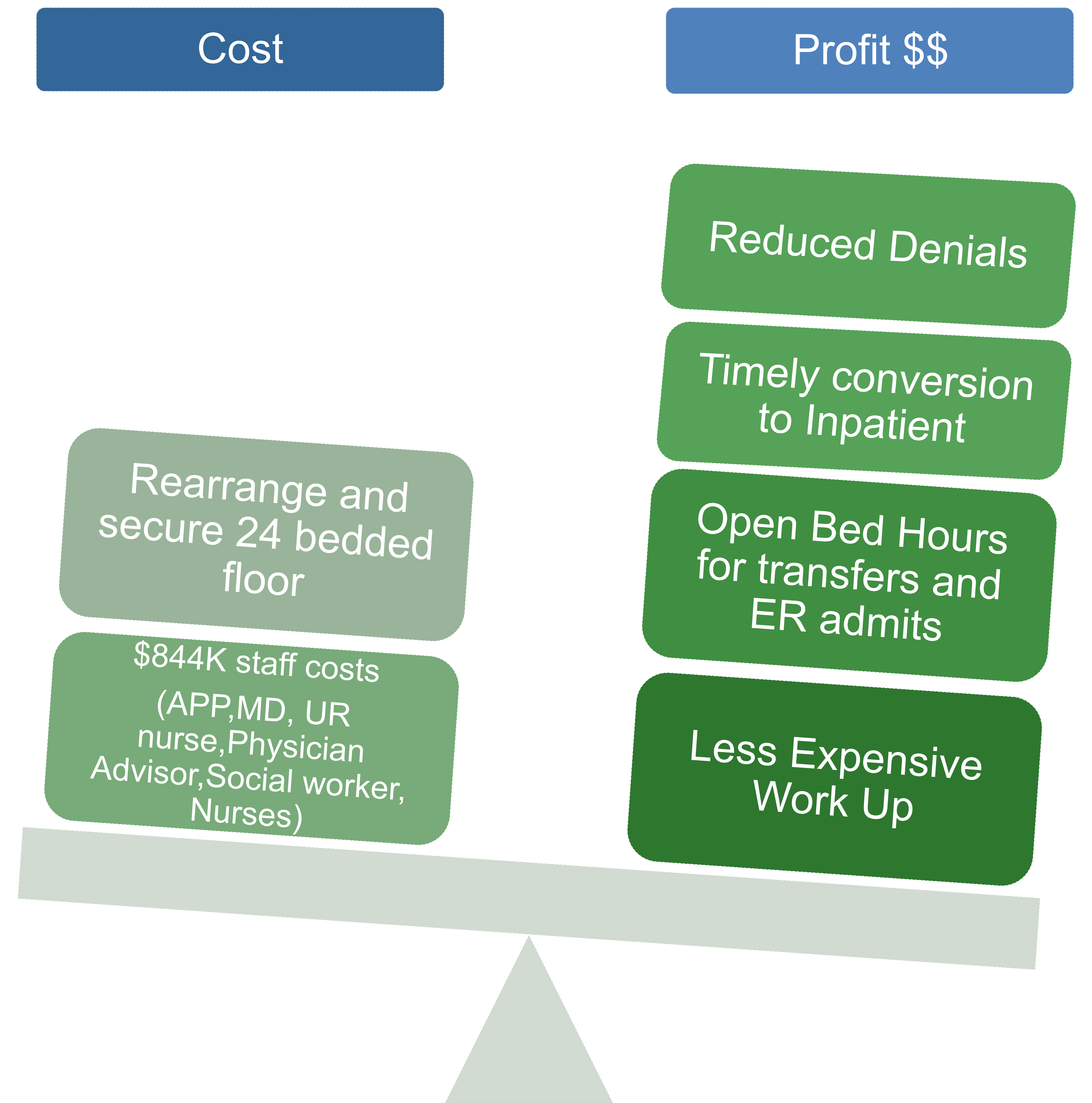
DISC

Improved my ability to understand DISC Profile styles of my peers and my seniors. This approach helped me adapt my communication style based on their DISC profile and recruit candidates who added to the strengths to the team.



Proposed Budget

The Calculated Budget is \$844K but no significant upfront funds are required, as staff already exists. We need to re-arrange staff and secure a 24 bedded floor. The Potential revenue generation of \$2-4 million/year will pay for this project, many times over.





Innovation and Significance

- UTSW is an institute that believes and supports innovation. This unit would be a new concept and will make the hospital meet the current standard of care
- Improve ER wait times by reducing LOS, opening up of beds and resulting in more efficient hospital operations
- In the current times of Value Based Care, Project GO will drive an efficient way of Resource Utilization and reduction in payor denials
- Lastly, this will overall improve our HCAHPS Score, which is a goal for our institution, as our overall patient satisfaction would materially improve

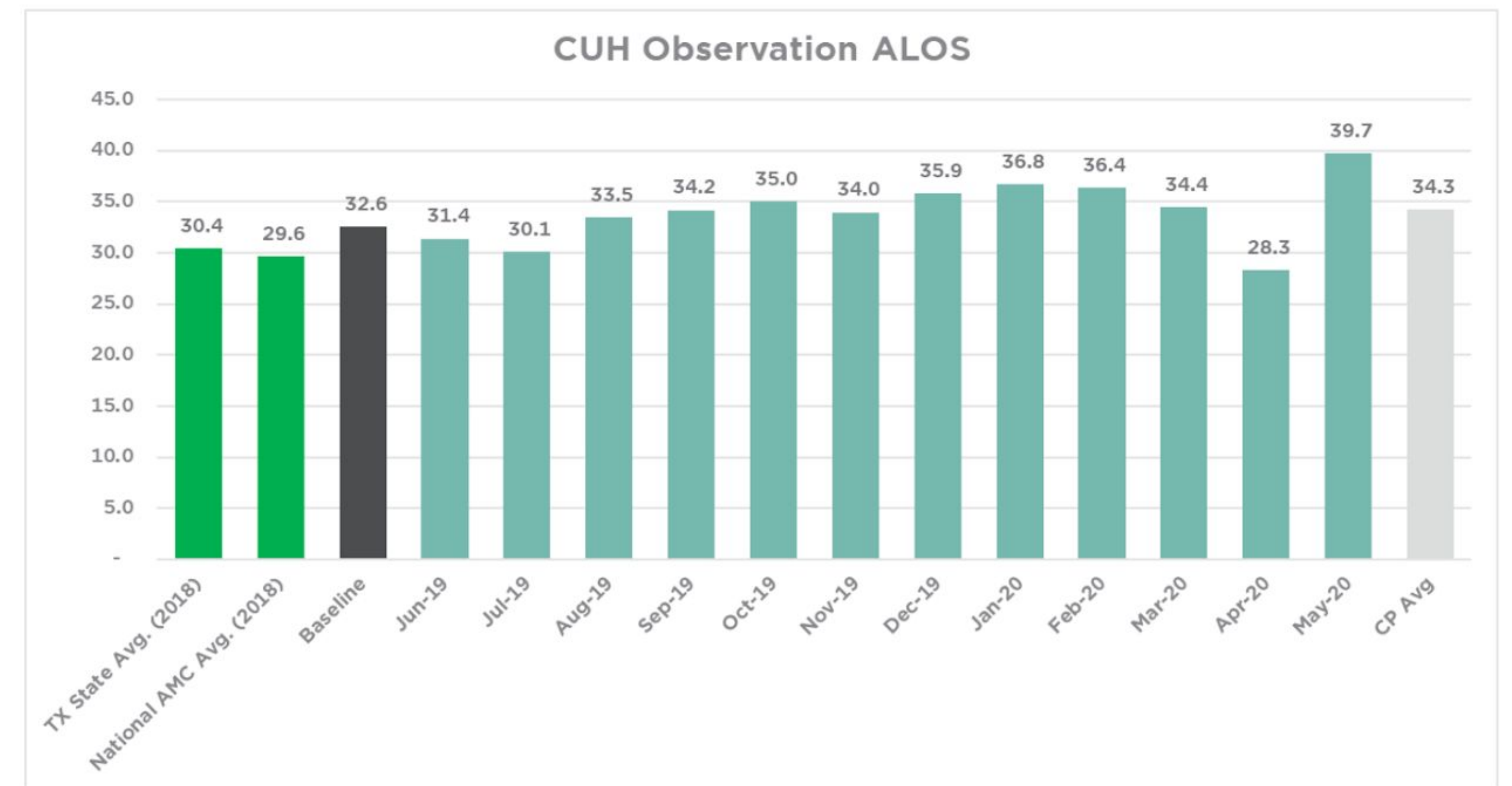


References

Adult (older to more recent studies)*	Inpatient Length of Stay (LOS)	Observation Unit length of Stay (LOS)	Author
Pancreatitis	5.8 days	14.4 hours	Saunders
COPD	12 days	3.4 days	Salazar
Toxicology (Acetaminophen)	72 hours	20 hours	Siviloti
Heart Failure	58.7 hours	25.7 hours	Storrow
Pyelonephritis	3 days	22 hours	Shrock
TIA	61.2 hours	25.6 hours	Ross
Atrial fibrillation	25.2 hours	10.1 hours	Decker
Chest Pain	22.3 hours	12.1 hours	Gomez

* From Mace SE. Observation Medicine: Principles and Protocols. Cambridge University Press 2017

OBS ALOS VERSUS BENCHMARKS



Notes:
 Represents patient account data provided by UTSW
 Current period reflects weighted average of June 2019 through most recent month
 Includes all Observation cases from CUH (no exclusions)
 Baseline Period represents 12 months ending May 2019
 National AMC represents 2018 MedPar simple average of all AMCs
 Texas State Average represents 2018 MedPar simple average of all STACHs in Texas

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