



Strategies to Track Avoidable Days

How two health systems identify discharge delays

PUBLISHED BY

Post-Acute Care Collaborative

[Advisory.com/PACC](https://www.advisory.com/PACC)

postacute@advisory.com

RECOMMENDED FOR

Post-acute strategy leaders,
health system strategy leaders

READING TIME

15 min.

The how—and why—of recording avoidable hospital days

Avoidable hospital days are extra days patients spend in the acute care setting relative to national averages due to clinical or discharge related delays. Excess hospital days negatively impact financial performance by increasing a patient’s average length of stay and, in turn, hospital operational costs. In 2018, there were 9.4 million avoidable days, with 71% of hospitals reporting at least 500 avoidable days per 1000 cases¹. However, knowing the aggregate data is not enough. Moving the dial on avoidable days means organizations need to consistently track and monitor avoidable days at their institution.

This research note is designed to give you the insights needed to develop an effective delays tracking program and focuses on two priorities:

- 1 Simplify the delay tracking processes.** Streamlining the data recording process increases the likelihood that staff will comply with avoidable days tracking procedures, improving accuracy of collected information.
- 2 Develop and implement appropriate interventions.** By discussing collected data with hospital leaders and implementing accountability measures, hospitals can use the data to bring about long-term interventions to reduce avoidable days.

Simplify data recording to increase compliance.	3
Convert data into opportunities for improvement.	5

1) Data based on Medicare fee for service claims from Q1 2018 to Q4 2018.

Source: Post-Acute Care Collaborative interviews and analysis.

Simplify data recording for increased compliance

How to surface inefficiencies through robust data gathering

CASE IN BRIEF

Banner Health System

Not-for-profit hospital system with 28 hospitals • Phoenix, AZ

- Banner revamped their data recording method in 2018 to simplify and streamline the process.
- Banner incorporated a delays tracker in the new discharge tracking tool within their EMR.
- After implementation of the tool at a large, level 1 trauma center, length of stay decreased from 4.91 days to 4.3 days. This success was used to communicate the value of the tool to other Banner Hospitals.

Impetus to revamp methodology



Cumbersome data collection process

Tool isn't easily accessible through EMR reports and staff find it difficult to use, reducing the likelihood of data collection.



Incomplete data collection

Even though anecdotal evidence exemplified delays, collected metrics don't tell the same story.

Implemented solution to fix challenges



- Implemented new discharge tracking tool in Cerner called Cerner CareAware Capacity Management Discharge list
- New tool auto-populates anticipated discharges and includes feature to track delays

Banner's process in brief

Discharge identification

Discharge-ready patients (with discharge order or night nurse recommendation) placed on EMR discharge list

Delay flagged

If discharge is delayed by two hours (four for patients going to post-acute care), assigned staff¹ can record cause from delays list²

Real-time triage

Assigned staff address delay immediately with assignment based on delay type (i.e. clinical nurse for testing delays)

Automatic analysis

Discharge tool records timestamp and automatically calculates number of avoidable days for each delay

1



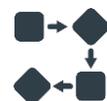
2



3



4



1) Nurses, Physician, or Case Management.

2) Sample delays list is available on page 7.

Source: Banner Health System, Phoenix, AZ; Post-Acute Care Collaborative interviews and analysis.

Building an effective process to streamline data capture

Frequently asked questions

How did Banner decide on the 20 delays?

Care coordination, nursing, and physician leaders met to outline a comprehensive list of delays. The list was narrowed to 20 categories in order to avoid inflating number of delays.

Who is in charge of ensuring accurate recording?

All clinical staff can record delays, but an oversight committee comprised of post-acute directors, CMOs, care coordination leaders, and process engineers review data to track effectiveness of the tool.

How are staff trained to use the tool?

Staff learn to record avoidable days through instructional videos and documents developed by the oversight committee. In addition, senior leadership communicate to staff the importance of accurately recording delays.

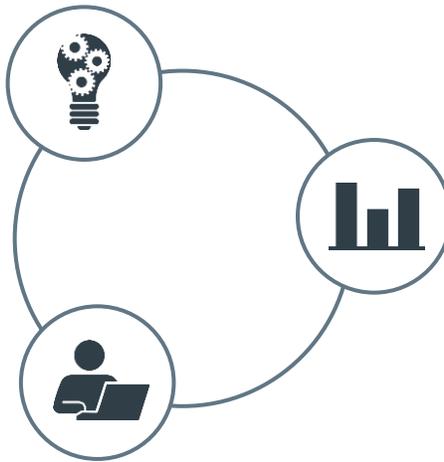
Simplicity and customizability elevates success of data collection process

Customizable platform

Cerner platform is easy to change and customize. Leadership can change the tool to incorporate relevant delays and remove uninformative categories.

Simplicity in data recording

Staff can select from a preset list of 20 delays and add brief comments explaining the delay. The tool auto-populates additional details including payer source, next site of service, time of delay.



Real-time triage

Each delay is assigned to one team (clinical staff, care coordination, or discharge planning staff) who is responsible for attending to delays when they're recorded. For example, clinical staff will reach out to the lab if they notice test result delays.

Data-tracking surfaces opportunities for improvement

The oversight committee reviews the collected data to identify largest delay areas.

Engage the right payers to mitigate preauthorization delays



- Data identified which payers are biggest contributors to delays
- Managed care teams share data with MA payers to understand what the preauthorization process looks like on payer's end and jointly identify solutions

Target SNF transitions hindered by lack of transitions



- Data indicated transportation arranged by SNFs was often delayed
- Now if SNF transportation is delayed by more than 90 minutes, Banner contacts SNF-contracted transport to arrange patient transportation themselves
- Contracted transport is available daily

Source: Banner Health System, Phoenix, AZ; Post-Acute Care Collaborative interviews and analysis.

Convert data into opportunities for improvement

Edward-Elmhurst Health System use multiple review meetings to address gaps

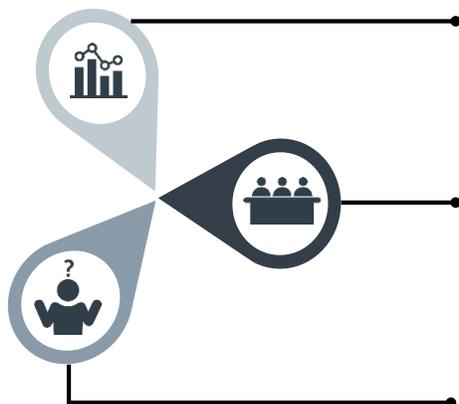
CASE IN BRIEF

Edward-Elmhurst Hospitals

Non-profit health system with three medical campuses • Naperville, IL

- Edward-Elmhurst health has implemented a length of stay reduction and care managed strategy to reduce avoidable days.
- As a part of their strategy, Edward-Elmhurst hospital leadership meet quarterly to review staff reported avoidable days data.
- Through data tracking and review meetings, Edward-Elmhurst has identified nearly 1,200 avoidable days in 2019 and their underlying reasons, providing areas to focus on to reduce avoidable days.

Converting avoidable days data into solutions is often challenging for providers



Disorganized tracking process

Inconsistent tracking methodologies between departments, staff differences in recording the data, and poorly defined criteria for what counts as a delay hinders organizational ability to collect accurate data for review.

Lack of formalized structure to review data

Even if organizations have strong data, a gap in formal data assessment by senior leadership can prevent progress. If leaders aren't aware of challenges, then taking actions to rectify problems can be difficult.

No real ownership over specific delays

Improvement initiatives that don't assign clear ownership to staff or address vaguely defined problems can limit organizational success at fixing underlying sources of avoidable days.

Edward-Elmhurst's data review process

Data recording

- Floor nurses note delays in EMR
- Case management team notes additional delays daily
- Delays coding based on ACMA¹ recommendations

Data cleaning

- Care coordination teams:
- Check data for inconsistency
 - Categorize data into easy-to-understand format

Data review

- Hospital leadership analyze avoidable days data
- Leadership outline a correction plan and assign ownership
- Leaders establish timeline to review the results

Avoidable days categories:

- Funding/payer delays
- Physician opportunity delays
- Patient/family barriers
- Internal delays (nursing, testing)
- External delays (placement, transport)

Sample metrics:

- Total number of avoidable days per category
- Total number of cases with avoidable days per category

1) American Case Management Association.

Source: Edward-Elmhurst Hospitals, Naperville, IL; Post-Acute Care Collaborative interviews and analysis.

Collaborative meetings result in meaningful outcomes

Pre-meeting interventions improve accuracy of collected data

Built-in opportunities to correct errors



Accurate data is a prerequisite to identifying and addressing challenges. Edward-Elmhurst has a two-step process to maintain the validity of the data. First, case management staff review the data daily to identify missed delays. Then, care coordination teams routinely review data to monitor for additional mistakes or inappropriate capture of delays.

Staff buy-in garnered through culture shift



As the data is only as good as the data collector, staff are given initial one-on-one training through webex modules provided by ACMA¹. In addition, leadership consistently communicates the value of tracking delays and follow up with nurses to track delays—particularly for complex cases. If there is a dip in compliance, then nurses are required to redo training.

Meeting structure in detail

Review meetings with hospital leadership are used to assess data, identify sources of avoidable days, and determine and review correction plans.

Attendees

Meetings include CMOs and directors from acute care, ED, utilization review, revenue cycle, care coordination, and case management.

Frequency

Meetings occur quarterly to allow time for data to accumulate and staff to test interventions.

Agenda

Meeting is a system wide meeting, and time is allocated to review avoidable days data presentations.

Follow-up

At follow up meetings, team discusses if the process change was successful or needs improvement.

Key meeting components that lead to effective discussions



Easy-to-understand data visualization

The care coordination leaders summarize the list of avoidable days causes into five broad categories for data review meetings. This gives leaders who may not be familiar with specific categories of delays an overview of pain points before dividing the data into specific delays.



Meetings include all involved stakeholders

System review meetings ensure all involved stakeholders are aware of the avoidable days issues. This both raises awareness and creates unique opportunities for stakeholders to work outside their siloes and identify solutions.

Example interventions

Resource investment

Hemodialysis replacement

Challenge: One of the initial delays was related to hemodialysis replacement due to limited equipment.

Solution: The hospital allocated additional hemodialysis resources, reducing avoidable days.

Cross-continuum work

Preauthorization

Challenge: Leadership identified that preauthorization delays are a major contributor for avoidable days.

Solution: Hospital revenue and finance leaders are using data to meet with payers and identify solutions.

Course correction

Physician created delays

Challenge: Initially, physicians were flagged for interventions in case they incurred 15 avoidable days in 6 months. No physicians met this criteria.

Solution: Care coordination teams stratify avoidable days per physician to identify outliers.

1) American Case Management Association.

Source: Edward-Elmhurst Hospitals, Naperville, IL; Post-Acute Care Collaborative interviews and analysis.

Sample delays list

Listed below are the 20 delays used by Banner Health to identify delays. The 20 types of delays are grouped into three categories—clinical, placement, and case management. The category determines the teams that are responsible for addressing delays.

Banner Health’s list of discharge delays

	Discharge Delay Reason	Definition
Clinical delay	Evaluation delay: Ambulatory Study	Waiting on respiratory therapist to do ambulation study
	Evaluation delay: Medical Imaging	Order place and delay in MRI, ECHO, US, CXR, etc.
	Evaluation delay: Physician	MD consult has not occurred or orders have requested but not yet w ritten
	Evaluation delay: PT/OT/ST	Delay in therapy evaluation needed for discharge
	Interventional procedure	Procedure completing untimely
	Test result delay	Delay in obtaining test result
	Transportation delay: Regular	Transportation delay greater than 2 hours (other than to post-acute setting)
Placement delay	Unjustified unit delay	Everything w as set up for discharge, but patient did not discharge
	Behavioral health placement	Difficult behavioral health inpatient placement
	Difficult placement delay: Complex medical	Difficult placement due to complex medical issues
	Difficult placement delay: Complex social, protective services delay	Any social issue preventing discharge of medically stable patient
	Discharge appeal	If patient initiates a call to the quality improvement organization to start the appeal process
Case management delay	Authorization delay	Aw aiting authorization for post-acute setting or patient appealing level of care denial
	Discharge planning delay	Care coordination delay (i.e. discharge planning, delivery of authorized DME, no rehab choice) after discharge order is w ritten
	Documentation aw aiting pertinent information	Waiting on appropriate orders (F2F, PASRR Level 2, depart, hospital visit summary)
	Family/caregiver delay	Unable to determine post-acute provider after discharge order w ritten
	Home medical equipment delay	Delay in delivery or set up for equipment after authorization and discharge order complete
	No bed available	No bed available at discharge facility after discharge order and authorization complete
	Post-acute resources: No staff	Post-acute provider has inadequate personnel to staff the patient
	Transportation delay: Medical	Arrangements for discharge to post-acute are made, but transportation causing 4 hour or greater delay

Source: Banner Health System, Phoenix, AZ; Post-Acute Care Collaborative interviews and analysis.

Example delays tracker

Below is an example of Banner's delays tracking tool built into the discharge tracking dashboard in the EMR.

Representative delays recording process within discharge dashboard

The screenshot displays a dashboard for 'Discharge List 159/229' with a sub-tab 'Test 3/3'. The dashboard includes a summary bar with the following metrics: Pending: 70, Confirmed: 99, Departed Patients: 60, Actual: 10, and Average Turn-Around Time (MM:SS): 691:23. Below the summary is a table with columns: Encounter, Comment, Delay Reason, and Patient Attributes. The table lists various delay reasons such as 'CTM: Transportation delay: Medical', 'CTM: Documentation: awaiting pert...', 'CTM: Discharge planning delay (CC)', 'CTM: Auth delay', 'CTD: Behavioral Health Placement', and 'CLIN: Test results delay'. Three callout boxes provide context: one points to the 'Delay Reason' column stating 'Code notifies team to triage delay cause, improving discharge time'; another points to a comment 'Cardio consult' stating 'Staff note specific delay reasons via comments'; and a third points to the 'Delay Reason' column stating 'Broader categories are used to group delays'.

Encounter ...	Comment	Delay Reason	Patient Attributes
S...	DC to LTACH - Auth obtained - Pending transport time	CTM: Transportation delay: Medical	[Icons]
C...	DC to SNF - Facility needs previous inpatient stay dated ...	CTM: Documentation: awaiting perti...	[Icons]
S...	DC to SNF - Tasked to TCN- Pending for referral to be s...	CTM: Discharge planning delay (CC)	[Icons]
W...	DC to SNF - Auth obtained - Facility stating need to call t...	CTM: Auth delay	[Icons]
O...	D/C to SNF - Accepted to Glencroft - Pending auth from ...	CTM: Auth delay	[Icons]
C...	DC to MHIP - Petition - Waiting for accepting - Desert Vis...	CTD: Behavioral Health Placement	[Icons]
C...	DC to MHIP - Pending accepting facility - Petition accept...	CTD: Behavioral Health Placement	[Icons]
C...	DC MHIP - Team working toward BeH unit at SNF throug...	CTD: Behavioral Health Placement	[Icons]
S...	DC to SNF - Per note patient still getting blood and pend...	CLIN: Test results delay	[Icons]
F...	DC to SNF FOR IV ABX, GROUP HOME WONT ACCEPT	CLIN: Evaluation delay: Physician	[Icons]
L...	DC home with HH-multiple DME items - Pending Face t...	CLIN: Evaluation delay: Physician	[Icons]
Sl...	Cardio consult		[Icons]
L...			[Icons]
C...			[Icons]
M...			[Icons]

Post-Acute Care Collaborative

Project Director

Tripti Rathi

rathit@advisory.com

202-568-7343

Program Leadership

Jared Landis

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