

REDUCTION IN LENGTH OF STAY THROUGH STANDARDIZED CARE AND INTERDISCIPLINARY TEAM APPROACH

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DESCRIPTION

Congestive Heart Failure (CHF) is a chronic condition that contributes to increased Length of Stay (LOS) and high re-admission rates. As a Quality-Based Procedure (QBP), CHF impacts Acute LOS (ALOS) and Expected LOS (ELOS). High LOS contributes to lack of access to inpatient beds, increase complications, reduce patient satisfaction on the telemetry unit. At Humber River Health (HRH), the interprofessional team had daily meetings to review patient acuity and care planning. Initiatives were developed to streamline transfer of information between team members effectively resulting in proactive care planning.

OBJECTIVE

To reduce ALOS statistic of CHF patients by 10% annually by utilizing a multifactorial approach to improve team communication, engagement, and collaboration.

ACTIONS TAKEN

Quarterly chart reviews of top 10 longest CHF LOS cases were conducted. A Root Cause Analysis (RCA) review identified barriers:

- Fragmented communication (team rounds were held twice weekly)
- High rates of allied health staff turnover
- Transfer of Accountability (TOA) gaps
- Patients/families possess different expectations from clinical team

Improvement strategies implemented focused on a collaborative team approach as follows:

- CHF Pathway compliance reminders in team huddles
- Immediate activation of CHF Order Set on admission
- Daily team meetings
- Collaborative workload distribution through designated healthcare provider sections
- Ongoing dialogue with patients/families regarding medical stability and Expected Discharge Date (EDD)

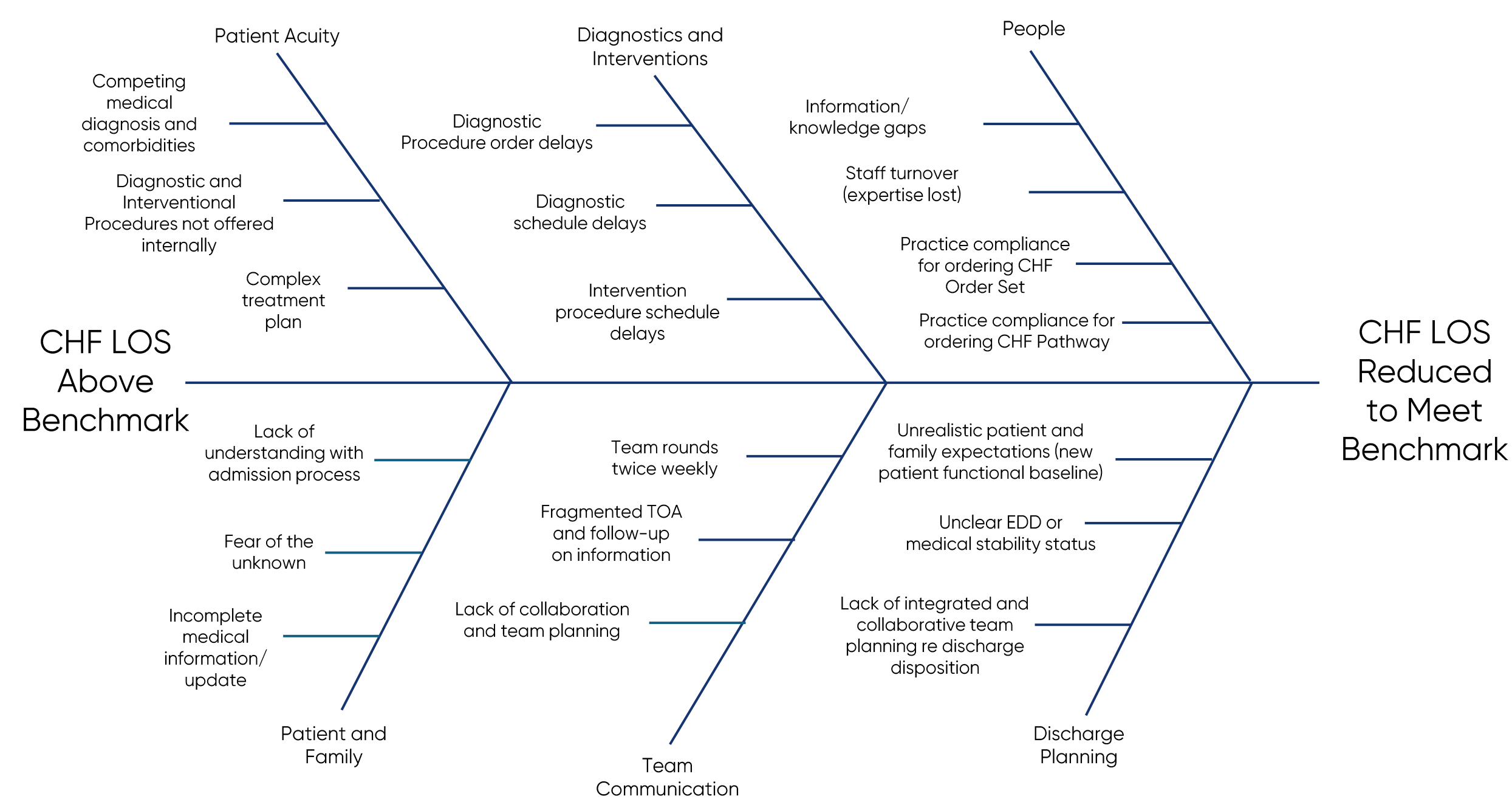


Figure 1. Root-Cause Analysis using a fishbone diagram created to identify barriers for CHF LOS on the telemetry unit.

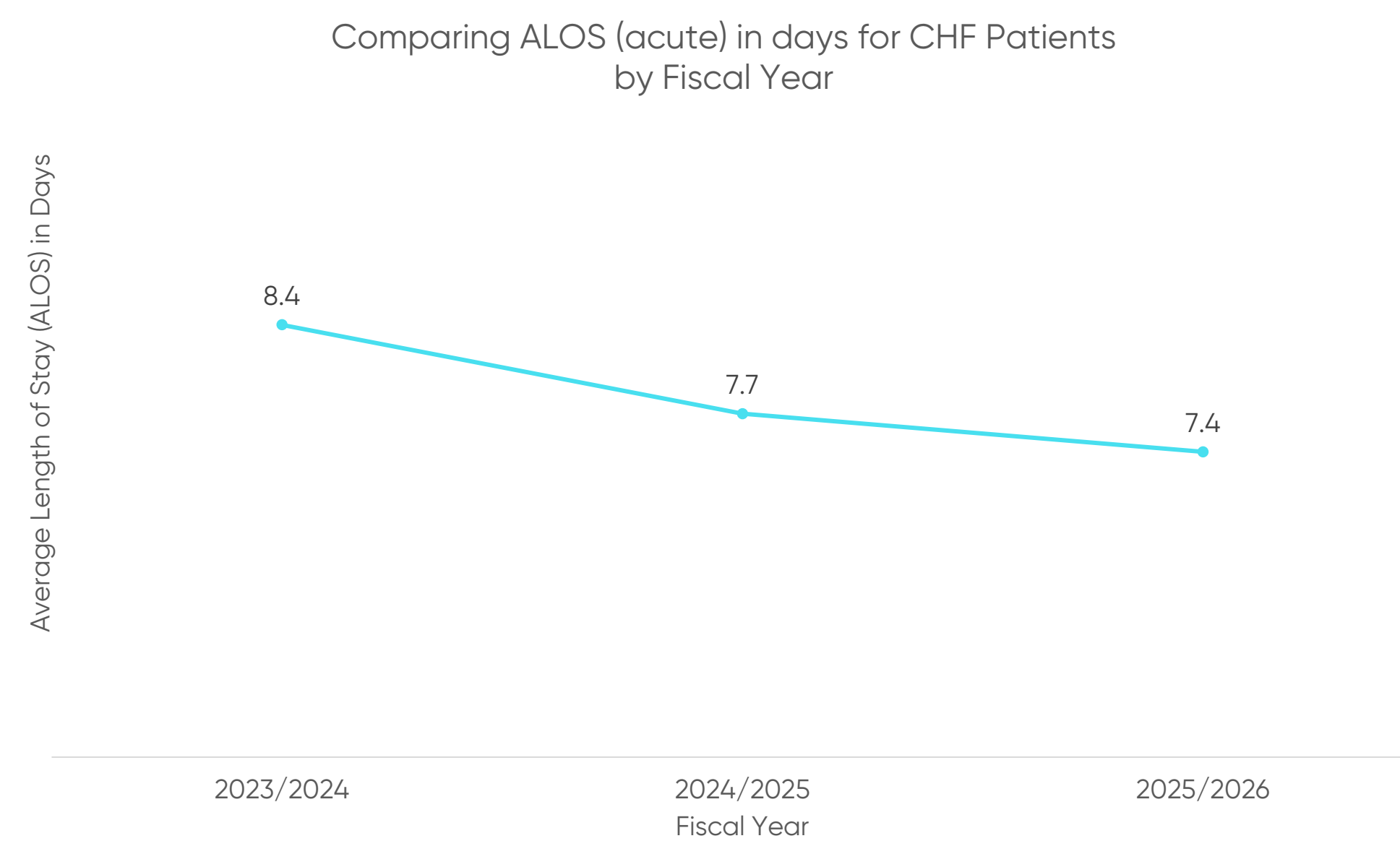


Figure 2. Comparing ALOS (acute) in days for CHF Patients by Fiscal Year.

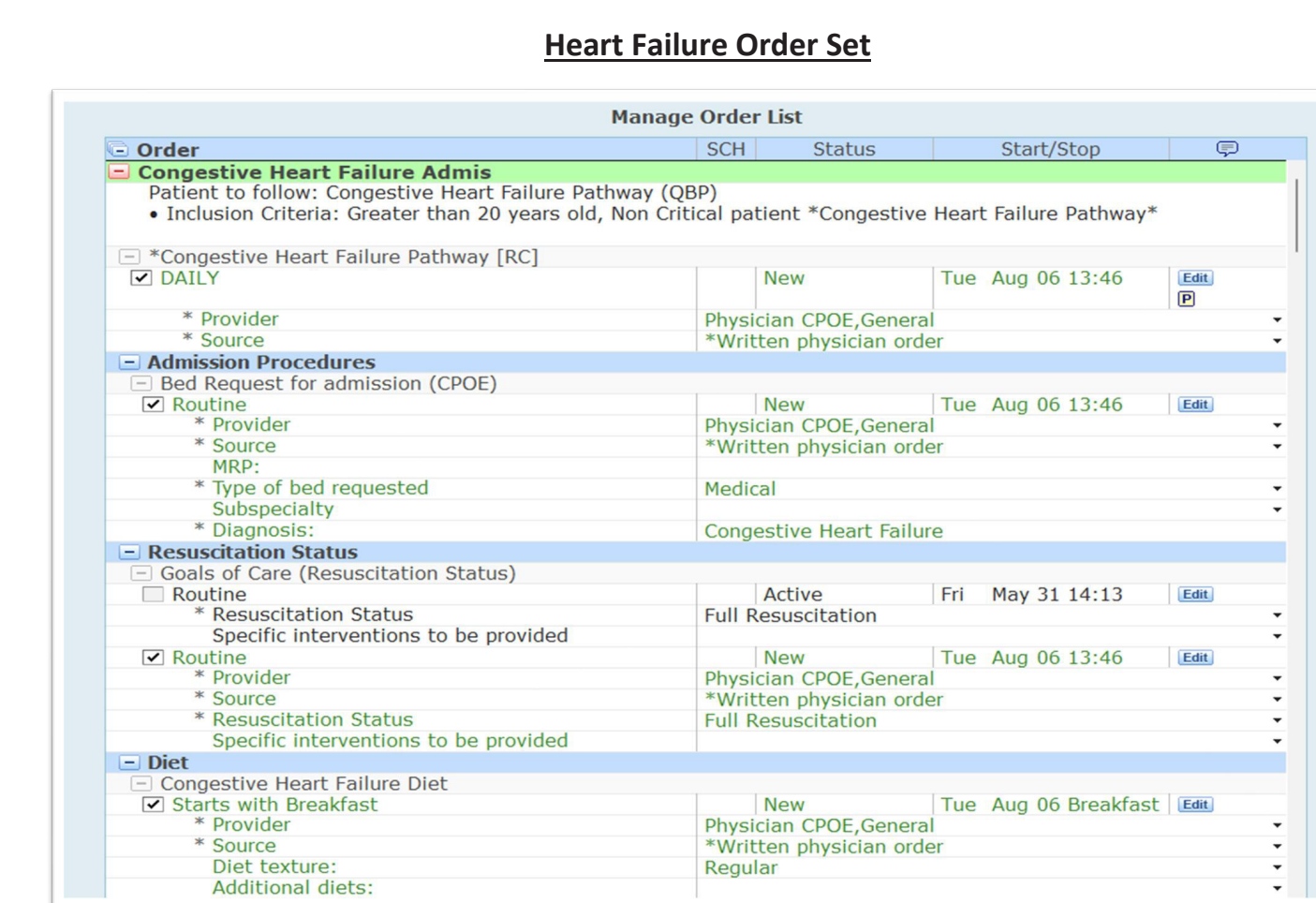


Figure 3. Heart Failure Order Set from Meditech reviewed with interdisciplinary team for compliance and to be ordered at the time of patient admission.

SUMMARY OF RESULTS

Pre-implementation QBP dashboard reviews revealed rising CHF LOS. Figure 1 represents the common barriers for workflow efficiency presented to the clinical team. A multifaceted approach with interdisciplinary team engagement utilized to develop a process to standardize management and discharge planning process for CHF patients.

Between Fiscal Year 2023/2024 and Fiscal Year 2025/2026, the average ALOS for CHF patients decreased from 8.4 to 7.4 days, reflecting a 12% improvement.

LESSONS LEARNED

A multifactorial approach enhanced communication and team engagement. Improved information sharing led to greater efficiency, sustainability, and reduced CHF LOS.