Decrease Excess Days of Stay

PHIS Data Comparison
Dell Children’s Medical Center of Central Texas

Teamwork and Consistency Enhance Patient Outcomes

Dell Children’s Medical Center of Central Texas (Dell Children’s) is a leader when it comes to maintaining a low percentage of excess days. Based on the Pediatric Health Information System (PHIS) data analysis of the Ambulatory Care Sensitive Condition report comparing participating hospitals on excess days for six commonly treated conditions, Dell Children’s scored in the top five hospitals with the lowest percentage of excess days in 2018. The conditions in the report were: asthma, pneumonia, ear nose and throat infections, gastrointestinal and dehydration, cellulitis and seizure.

PHIS is a comparative pediatric database and supports a wide range of improvement activities including clinical and resource utilization data for inpatient, ambulatory surgery, emergency department and observation unit patient encounters for more than 50 hospitals. Drill-down capability and 100-plus standard reports help identify improvement opportunities.

Jorge Ganem, M.D., is a member of the Hospital Medicine group at Dell Children’s and he works with the utilization review and readmission groups using PHIS to identify ways to improve length of stay (LOS) and decrease excess days of stay.

“It is important to use data for generating improvement.”

Jorge Ganem, M.D.

Ganem says understanding the structure of how an organization manages care is an important element to planning improvement. “We are a team,” says Ganem. “Working together is critical to a successful improvement effort. Lack of consistency in the approach to management of common conditions such as asthma, pneumonia and seizures can result in significant variation in outcomes, including LOS and excess days.”

Develop the Plan

When Dell Children’s decided to focus on asthma and bronchiolitis management, it involved all stakeholders to help support acceptance and adherence of changes or added practices. A multidisciplinary workgroup of content experts including; representatives from quality, nursing, medical staff, respiratory therapy, pharmacy and education met monthly.

The group developed an order set and accompanying guidelines and a pathway to standardize key care steps for asthma and bronchiolitis patients.

Dell Children’s routinely reviews metrics for LOS, readmissions, delays in discharge and adherence to the pathway.
Formal Structure

Project management staff from the hospital’s Evidence-based Outcomes Center supported the work. They established a formal structure ensuring the workgroups had a clear scope, defined goals and evidence-based literature to support the guidelines they developed.

The asthma bronchiolitis group operates on a long-term basis. Members continually review best practices from literature, conferences and lectures as well as hospital performance data. “We look for opportunities to align our practice with evidence and decrease variability and then formalize the decision in a guideline or pathway,” says Teresa Stanley, DNP, RN, REBC, director, Quality and Patient Safety.

The Evidence-Based Outcomes Center leadership team and steering committee oversee the production of evidence-based guidelines and pathways.

Other groups may meet for a short time to guide new development or revisions to existing guidelines.

Questions?
Contact Carla Hronek

While some PHIS hospitals recorded as high as 50% of asthma cases with excess days, Dell Children’s had substantationally lower excess days at 0.4%. Here’s how CHA analysts determine the numbers for percent of excess days.

The All Patients Refined Diagnosis Related Groups (APR DRG) classification added to all cases determines excess days.

- An expected LOS is established based on the APR DRG and the severity of illness rank.
- Any day past the expected LOS is considered an excess day.

Excess days can occur because of delays in testing or treatment, delays in ability to discharge (SE, hospital issues), or incomplete documentation.

Hospitals use clinical documentation improvement and quality initiatives to standardize and streamline processes to ensure appropriate management and minimize delays.

Guideline Development

Staff review guidelines every three years but guidelines are updated if new research emerges.

Identification of new knowledge, operational issues or process barriers triggers the development of new guidelines.

Pathway Development

The proper creation of guidelines is important because the guidelines help determine a pathway.

Dell Children’s has 25 pathways and will soon make them available to other facilities through the hospital website.

Successful Asthma Case Management

2018 Percent Excess Days, as Compared to Peers: Asthma

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