

St. Vincent Health

Using ad hoc reporting to reduce excess days and associated operational expenditures



About St. Vincent Health

Location: Indianapolis, Indiana

Solutions in use: CarePort Care Management

Profile:

- 20 hospital ministries with 1,500+ beds
- 30,000+ discharges per year
- 2.2 million patients treated annually
- 2,500+ physicians employed



“To make our care teams effective, we need reports that are relevant, easy to read, and actionable. That’s why

CarePort Care Management’s ad hoc reporting works so well for us. We can create custom reports containing the exact information that the team needs to act efficiently. We are now rolling out this program across the entire health system.”

Vincent Accetturo
Solutions and Strategy Manager
St. Vincent Health

St. Vincent Health consists of 20 hospitals across central and southern Indiana. It is a member of Ascension Health, the largest not-for-profit Catholic health system.

Vincent Accetturo, solutions and strategy manager at St. Vincent Health, wanted to increase efficiency and reduce operating expenses in the health system’s inpatient units. He designed a program that combined a team-based care model with real-time data sharing through CarePort Care Management’s ad hoc reporting feature. The initial program was so successful in reducing excess days and associated spend that Accetturo is now rolling out the program, driven by CarePort Care Management’s ad hoc reports, to inpatient units across the entire health system.



Reduced operational expenses

St. Vincent Health decreased their costs for patients with excess days from \$1.36 million per month to \$685,600 per month.



Decreased excess days

St. Vincent Health decreased excess days for patients on the Accountable Care Unit by 33.7% compared to other inpatient units in the same hospital.

Introducing a collaborative team-based care model

In a typical inpatient care delivery model, members of the patient's care team — including the physician, nurse, case manager, and pharmacist — have limited interactions. Team members round individually, bouncing between floors in the hospital and relying on chance encounters, pages, phone calls, and notes to exchange information about patients. This results in chaotic clinical operations, frustrated patients and families, and delays in patient discharges. To address these issues, Accetturo implemented the Accountable Care Unit (ACU) approach, which creates an interdisciplinary team of clinicians, assigns the team to an inpatient unit, and then holds the team responsible for the clinical and financial outcomes of that unit.

Selecting tools to make the team effective

Because information sharing and communication are key to making an ACU successful, these teams round as a group, a practice known as structured interdisciplinary bedside rounding (SIBR). To ensure team alignment outside of SIBR daily rounds, Accetturo turned to CarePort Care Management, a robust workflow tool that St. Vincent Health care managers were already using to streamline care transitions for the health system's patients.

Accetturo leveraged CarePort Care Management's ad hoc reporting function to create custom dashboards for real-time information sharing between the clinicians that were part of the ACU. These dashboards are designed to display length of stay (LOS) statistics at a glance. Specifically, the reports show the total number of patients on the unit, average and expected LOS, patients at risk of missing their discharge date, and current excess days. They are accessible by all clinical members of the ACU and are also easily shared with executive leadership.



“Nurses can use this information to ask questions like, ‘Three patients are going home tomorrow. Is that still the case?’

Are there barriers to discharge?’ They can then proactively work toward resolving any identified issues and avoid pushing out discharge dates.”

Vincent Accetturo
Solutions and strategy manager

Achieving tangible results

Using CarePort Management's ad hoc reporting, St. Vincent Health reduced excess inpatient stay days by 1.33 days per patient during the initial phase of the program. With approximately \$400 in operating costs attributed to each excess day a patient stays in the hospital, this translated into a decrease in operating expenses from \$1.36 million per month to \$685,600 per month.

Beyond the financial results, access to real-time patient data allows clinicians to spend more time on patient care and less time rewriting orders or tracking down other members of the care team. This increases efficiency and improves relationships between team members.



Learn more! Contact a CarePort® representative for more information.