Conclusions Study provides evidence QIA survey possesses strong psychometric properties. High model fit indices show the data reflect theoretical models of organizational change. Moderate correlations between scales indicate assessment of distinct constructs and high scale reliabilities signify precise and robust measurement.

IHI ID 23

SAVING TIME, MONEY, AND STRESS: A QUALITY IMPROVEMENT REVIEW OF BOSTON MEDICAL CENTER'S GUARDIANSHIP PROCESS

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Saving Time, Money, and Stress:

A Quality Improvement Review of Boston Medical Center's Guardianship Process

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BACKGROUND

- A guardianship is a legal process that takes place when a patient cannot make informed healthcare decisions and there is no Health Care Proxy. A court appoints a person to serve as guardian.
- Before this project, the burden was on a patient's family to navigate the court system when a guardianship was necessary. For individuals without family members or friends able to pursue and serve as guardian, hospital counsel would handle the case and look for a person to serve as guardian. This was difficult because Massachusetts has no public guardian program.
- Boston Medical Center is a private, not-for-profit, academic medical center in Boston, Massachusetts. The primary teaching affiliate for Boston University School of Medicine, BMC is the largest safety net hospital and busiest trauma and emergency services center in New England. Before beginning this project the average length of stay for a BMC patient needing a guardian was 120 days and the median was 98 days. The hospital's average length of stay is 5 days. At any given time, BMC has 10-15 inpatients pursuing guardianship.
- BMC began this project to improve the overall length of stay for patients who need a guardian, to avoid delays in care while awaiting appointment of a guardian, reduce costs related to discharge delays, and create an efficient guardianship process.

AIM

To reduce the median number of days a patient who lacks capacity remains in the hospital because of judicial guardianship related issues from 98 to 30, by October 1, 2018.

METHODS

- We formed a multi-disciplinary group consisting of core departmental stakeholders from legal affairs, business strategy, social work, case management, psychiatry and the hospitalist service.
- This core group worked with executive leadership to identify, plan and execute interventions to streamline the guardianship and conservatorship processes. The group followed the Institute for Health Care Improvement's Model for Improvement using the Plan, Do Study, Act (PDSA) model.

SOLUTIONS

RESULTS

Outcome Measure: Reduced Median Length of Stay

- After intervention, the median time it took for each segment of the guardianship process:
- When patient was admitted and need for guardian was identified = 8 days
 - When need for guardian was identified and referral to outside counsel = 1 day
 - When outside counsel received referral and guardian was appointed = 14 days
 - When guardian was appointed and patient was discharged = 4.5 days

Process Measure: Trend Shows Fewer Days Between Case Identification and Guardian Appointment

Balancing Measure: Reduced Workload for Social Workers Involved in Guardianships

Balancing Metric: Workload
Audience: Social Workers
Change in guardianship workload
~75% of full-time adult inpatient Social Workers responded to the survey
11 out of 13 social workers reported a decrease in guardianship workload

-30%

Workload reduction

"There has been major stress and time lifted off of the family. Also, the guardianship process has moved exponentially faster and therefore fewer internal meetings reviewing alternative discharge planning options (even if there were no alternatives)."
- BMC Social Worker

CONCLUSIONS

- What worked well and why
 - Engaging outside counsel immediately created a more efficient process
 - Internal support for the overall project
- What barriers were encountered
 - Competing priorities of the core group members
 - Implementing necessary changes to workflow
 - Developing relationships with, and expectations of, outside counsel
 - Managing court delays
 - Timely identification and resolution of insurance coverage issues that delay patient discharge
- Why barriers may have arisen
 - Data not available and difficulties in data analysis
 - Apprehensive stakeholders
 - Resource constraints

KEY FINDINGS / RECOMMENDATION

- Using outside counsel and establishing a guardianship oversight group to regularly review the status of patients admitted longer than the hospital's average length of stay were key to the project's success.
- Those two interventions will (1) reduce unnecessary prolonged hospital stays caused by delays in the guardianship process, (2) reduce the costs related to these prolonged stays, and (3) increase the availability of hospital beds for patients in need of acute health care services.

Background A guardianship is a legal process that takes place when a patient cannot make informed healthcare decisions and there is no Health Care Proxy. A court appoints a person to serve as guardian. The burden was on a patients family to navigate the court system when a guardianship was necessary. This was difficult because Massachusetts has no public guardian program. BMC began this project to: improve the overall length of stay for patients who need a guardian; to avoid delays in care while awaiting appointment of a guardian; and to reduce costs related to discharge delays.

Objectives To significantly reduce the number of days a patient who lacks capacity remains inpatient because of judicial guardianship issues.

Methods We formed a multi-disciplinary group consisting of hospital stakeholders. This group identified, planned and executed interventions to streamline the guardianship processes. The group followed IHIs Model for Improvement using PDSA cycles.

Results We implemented three simultaneous interventions: engaging outside counsel to handle guardianship cases; establishing a weekly guardianship committee to review the status of inpatients who might need a guardian; pursuing the completion of Health Care Proxy forms. These interventions immediately created a more efficient guardianship process.

Conclusions Using outside counsel and establishing a guardianship oversight group to regularly review the status of patients admitted longer than the hospitals average length of stay will: reduce unnecessary hospital stays caused by delays in the process; reduce the costs related to prolonged stays; and increase the availability of hospital beds for patients in need of acute health care services.

IHI ID 24

IMPROVING DOOR-TO-GROIN PUNCTURE TIME FOR ACUTE STROKE PATIENTS IN THE ER WITH LARGE VESSEL OCCLUSION

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Background Given the rapid increase in endovascular-eligible acute ischemic stroke patients, it became imperative to improve and streamline our stroke alert algorithm for ER patients particularly given the two city blocks between the ER and endovascular lab. Delays in door-to-groin puncture time (DTG) for stroke patients with large vessel occlusions are associated with worse clinical outcomes.

Objectives To improve DTG time, an interdisciplinary quality committee was formed. This committee identified barriers by retrospective data review, developed novel QI approaches, and implemented a redesigned stroke algorithm incorporating evidence-based practices and a team approach (figures 1 and 2).

Methods A new stroke alert protocol was implemented and data was prospectively collected for six months for two groups of patients:

1. Transfers from ER for possible LVO who underwent thrombectomy,
2. Transfers for possible LVO but deemed not a candidate for thrombectomy.

The co-primary outcomes were DTG time and door-to-door (ER->endovascular lab) time. Retrospective comparison data was obtained from 2015 to 2017.

Abstract IHI ID 24 Figure 1 Stroke alert algorithm pre-QI implementation