

Balancing Capacity and Demand

Project Purpose

Looking to decrease wait times and improve the placement of patients?

MGMC developed the Daily Bed Management Huddle (DBMH) as an effective and efficient daily plan for patient throughput that helps ensure appropriate utilization of resources.

Development & Implementation

- Initiated back in 2019 to manage emergent situations when the hospital was at capacity and beds and staffing were problematic.
- Utilized on an as needed basis with meetings occurring when hospital beds were at 95% capacity.
- After recognizing the benefits that the DBMH brought to the efficiency of patient throughput, it was quickly established as a Monday-Friday 0830 daily huddle.
- During the COVID-19 pandemic, the DBMH was utilized to discuss and make decisions regarding the cancellation of elective surgeries and procedures based on the demand from the ED and hospital bed availability.
- Began with leaders from inpatient areas, the ED, and outpatient surgery and grew to include leaders, or representatives from physical therapy, guest services, case management, and a hospitalist.

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Special thanks to Matt Aitchison & the Nursing Leadership Team at Mary Greeley Medical Center

Outcomes & Evaluation

- Works well in conjunction with our Transitions of Care meetings (multidisciplinary rounds) that also meets daily to discuss discharges and potential problems around placement or transfer.
- Information shared from Transition of Care meetings during DBMH provides a clearer picture of the obstacles surrounding the day to the house supervisor, who is responsible for processing all admissions and transfers.

The DBMH has resulted in:

- Improved Communication
- Collaborative Planning
- Problem Resolution
- Time Savings

Utilizing key performance indicators, we were able to identify successes and breakdowns. We have then taken steps to correct and improve patient throughput.

MGMC results:

Graph to the right shows:

Time savings of over 463 manpower hours
A reduction of 2,300 daily room cleans
~ \$25,000 annual savings in Housekeeping costs

Although ED admission order to transfer times have not yet decreased, we know that an inflated census, higher acuity patients, and Covid-19 have impacted our wait times. We will continue to monitor and anticipate as accountability improves, (discharge order time and actual discharge time) wait times will also improve.

Application In Other Settings

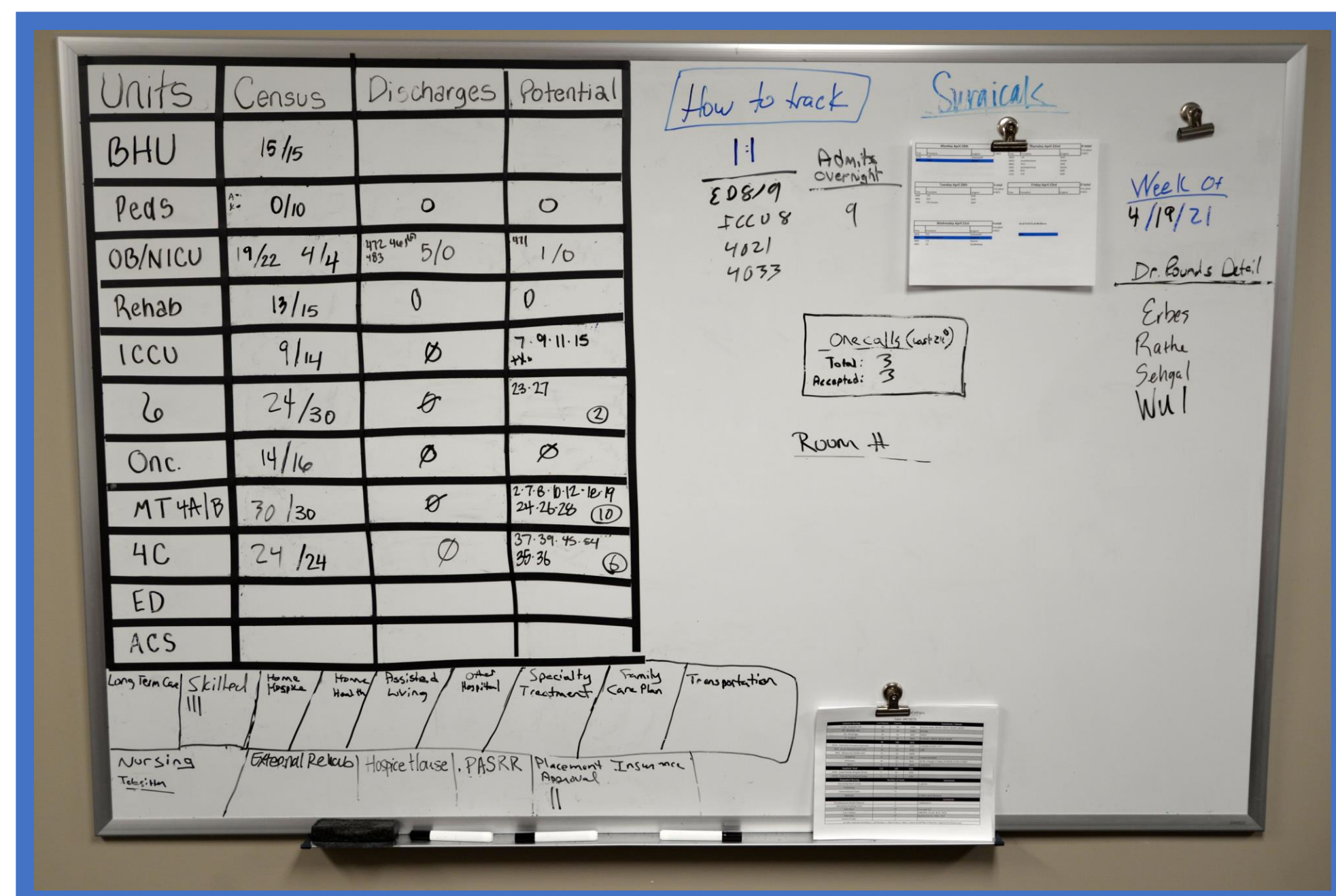
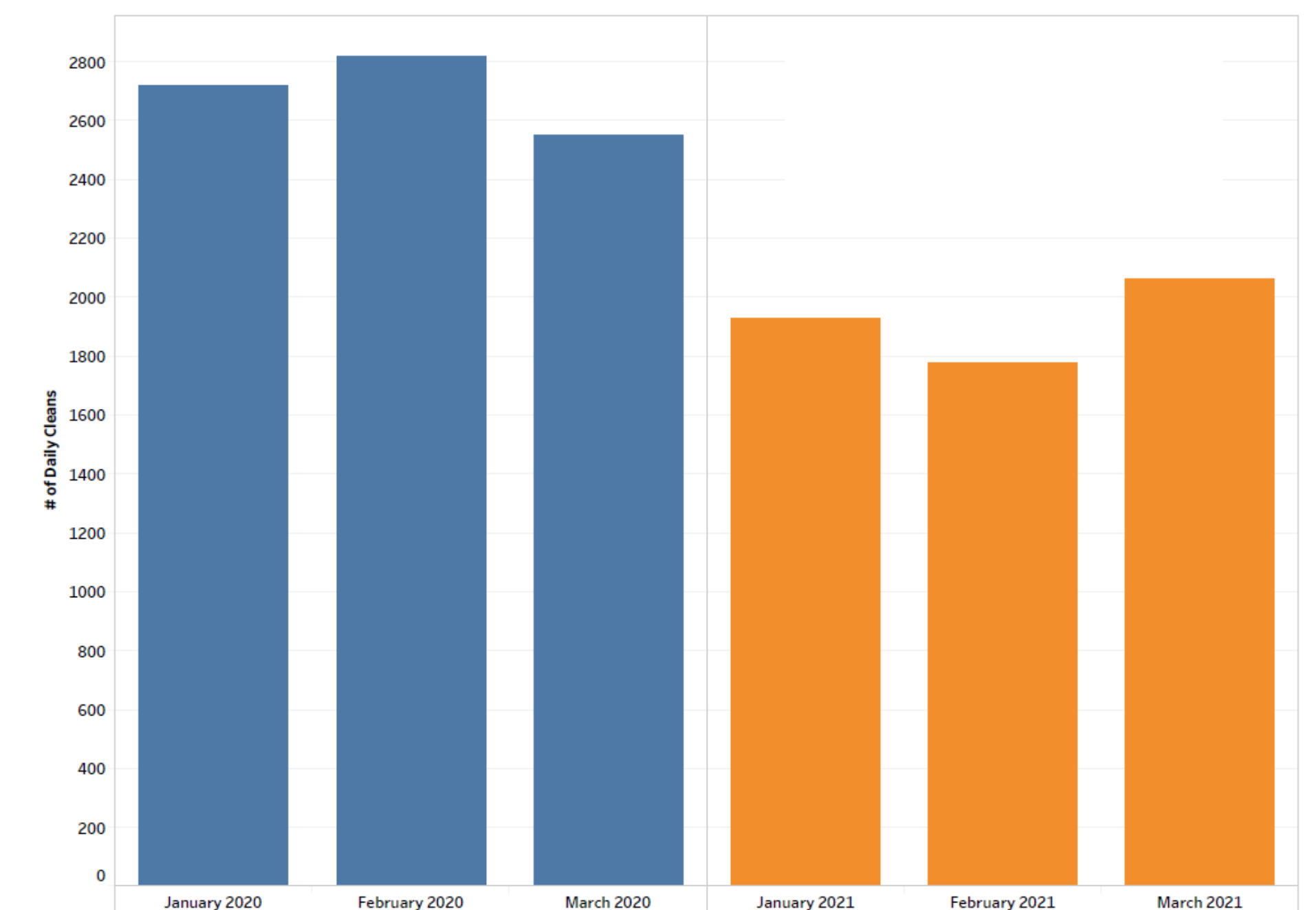
This process would be suitable for hospitals looking to improve patient throughput and bed management.

Evidence Based Practice

There are many challenges around patient flow in hospitals (Allder, Silvester, & Walley, 2010). Understanding varying demands and managing patient's length of stays can help improve patient flow. Timing of discharges, patients with longer lengths of stays, and bed shortages represent three of the major issues that should be addressed to improve patient flow. The inability to discharge patients contributes to unnecessary increased length of stays, thus resulting in bed shortages and longer waits for placement of patients.

Bed capacity is a critical hospital resource and optimal allocation of hospital beds decreases the time patients have to wait and decreases the instance of cancelled admissions (Schmidt, Geisler, & Spreckelsen, 2013). We utilize the DBMH for strategic bed planning and operational management of beds, which results in improved patient flow and satisfaction.

Total Daily Cleans Compared
Jan-March 2020 and Jan-March 2021



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