

# Capacity Intelligence Enables Operational Excellence During Record Patient Volumes



We have been experiencing record high census and have not gone on diversion or refused transfers. Every surgery, procedure, admission and direct admit is accommodated. We do not back up the OR or the Cath lab. This is **enabled by the tools we have from Hospital IQ** because we can see where the potential roadblocks are in advance and act.

*Director of Logistics, Flow and Observation at a leading Florida health system* ”



## 0 hours

on diversion while experiencing a 22% increase in ED visits



## 32%

decrease in total ED boarding hours while experiencing highest census levels in facility history



## 13-hour

reduction in average length of stay

## Customer Overview

- » Over 45,000 inpatient admissions
- » One of the largest employers in Sarasota county
- » IBM Watson Health Top 100 Hospital
- » Top 100 hospitals with Magnet designation

### THEIR PROBLEM

As patient volumes grew, the organization struggled to manage capacity and throughput as a result of:

#### An inability to proactively plan mitigations to census-related issues that resulted in:

- » Enacting surge plans too late or planning for surges that never occurred
- » Conflicting priorities at the leadership level and across frontline teams
- » Delays in communicating and acting on critical and time-sensitive information

#### Inconsistent management of patient discharges across nursing units and care teams due to:

- » Limited access to real-time patient status, priorities, and discharge barriers
- » A lack of patient discharge priorities between the Patient Logistics Center and Case Management
- » Inconsistent and interruptive communication (e.g. verbal, text) across care teams

### OUR SOLUTION

With Hospital IQ’s Enterprise solution, this client optimized how they managed operations:

#### Dynamically managed capacity using predictions of patient demand to:

- » Prepare for patient surges hours and days before they were forecast to occur
- » Allocate resources to the areas and units of greatest need to ensure patient care
- » Ensure alignment of priorities across leaders and frontline teams

#### Standardized and automated the discharge planning process across all units by:

- » Maintaining collaboration and communication of priorities and barriers from shift to shift
- » Addressing potential barriers in advance (e.g. foley catheters, central lines)
- » Identifying and driving patients going home with no needs that didn’t have an active discharge order