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## Huddle to Enhance Patient Progression of Care

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# Huddle to Enhance Patient Progression of Care

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St. Cloud Hospital, St. Cloud, Minnesota

## Plan

CentraCare (CC) is committed to improving patient flow and is now using the Geometric Mean Length of Stay (GMLOS) Index as our primary measure of success. This is a Key Performance Indicator that is monitored by the Patient Flow Steering Committee and Executive Leadership. In recent years, SCH GMLOS Index is higher than expected.

## Do

Solution: Implement Standard Work of Discharge and Loop Back Huddle that aims to improve communication regarding the discharge plan and act on barriers to flow in effort to avoid delays in the progression of care and discharge plan.

Goals:

- Create an evidence based, standard approach for improving collaboration, progressing patient care and achieving the discharge date/plan.
- To collaboratively create a multidisciplinary plan that safely discharges the patient.
- To work collaboratively to continue to provide great patient care, while being more aware of the patient's length of stay, barriers to discharge and who is going to work on those barriers.
- To engage the entire multidisciplinary team members to address potential barriers and consider different interventions or "way of doing things" in order to avoid delays to discharge.

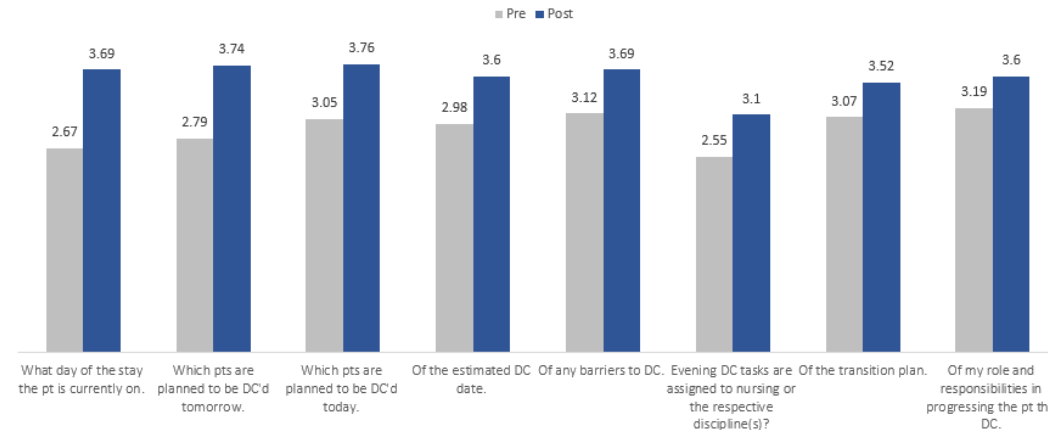
## Team Members

Melinda Jennings, BSN, RN, OCN  
Kristi Patterson, BSN, RN, CPHQ  
Annie Volkers, MHA, BSN, ACM-RN  
Jen Salzer, MBA, LSW, ACM-SW

## Study

Staff Perception Survey: Pre and Post Implementation of Discharge & Loop Back Huddles

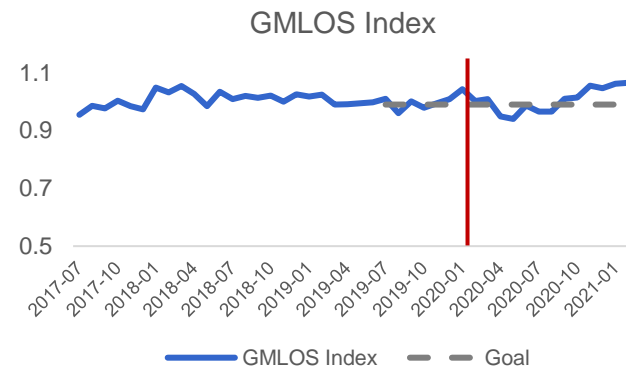
"I am aware..."  
Number of Respondents: 44  
Scale: 1-Strongly Disagree to 4-Strongly Agree  
(Higher is Better)



St. Cloud Hospital GMLOS Index

*Huddles started in January 2020. Capturing the direct impact they had on GMLOS has been challenging amidst a pandemic.*

*It is the belief that this evidence based work supported an Improved GMLOS as compared to no intervention.*



## Act

Success of Discharge and Loop Back Huddles on pilot unit (Medical Unit 2) included:

- decreasing GMLOS Index
- shortening "report" time
- increasing staff's knowledge surrounding discharge plans

The team implemented huddles on the remaining inpatient units including, Medical and Oncology, Surgical Care Units, Orthopedics, Neuroscience Spine, Medical Unit 1, and soon in the Heart Center.

During implementation, rapid cycle changes were made based on participants feedback in real time.

- Change sequence of participants contributing information
- Including providers as able
- Utilization of the Epic Discharge Readiness Documentation

Ideally, this team will focus on supporting the adaptive changes that come with this work. It is believed this will bring further success.

## References

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