Continuum-Based Throughput Transformation

Substantial reductions in average length of stay deliver major financial impact

Removing Bottlenecks, Moving Patients.

Emerging from the COVID pandemic, Allina Health, like many health systems across the country, struggled with patient backlog — hospital beds were filled with patients who could be better served at lower levels of care. The problem stemmed from inefficiencies managing bed availability and patient care at external care facilities downstream. This decreased Allina Health's ability to discharge patients to skilled nursing facilities (SNF), home health programs, long-term acute care hospitals, and other post-acute care programs in a timely manner. By extension, Allina Health's hospital beds were less available to patients who truly required intensive care.

Allina Health's goal was to improve patient health outcomes and satisfaction, as well as enhance financial performance, by opening beds for backfill with higher acuity patients. To accelerate the process, scale their efforts across multiple hospitals at once, and enable immediate financial impact, Allina Health partnered with Navvis.

Allina Health and Navvis worked together, utilizing Navvis' Patient Throughput solution, which focuses on best-practice methods and standardization to reduce length of stay (LOS) and ensure patients can be efficiently discharged to the right next site of care.

Allina Health

Large, nonprofit health system based in Minneapolis with clinics across Minnesota and western Wisconsin

8,300
clinical providers

28,500
staff

12
hospitals

60+
primary care clinics

20
prompt/urgent care centers

>100
specialty care sites

1.6M
hospital visits per year

NAVVIS
A SURROUNDCARE COMPANY

A Two-Pronged Approach to Patient Throughput Transformation to Maximize Financial Performance and Patient Outcomes

Navvis provided dedicated, in-market team members to launch a series of rapid-cycle assessments to jump-start throughput analysis and improvement. At the root of Navvis' proposed strategy was the appropriate increase in throughput via both in-hospital acute care discharge behavior, post-discharge hand-off processes, and optimized patient management systems.

Align internal staff around standardized discharge behaviors.

- Deploy standardized patient protocols to align patient's condition and care needs with optimal next site of care
- Implement process optimization, deployment of best-practice multidisciplinary rounding, and use of best practice tools
- Align, optimize, and enhance Allina Health's existing clinical care assets and resources
- Institute next site of care directors and coordinators to launch, educate, and drive discharge planning from day one

Engage the post-acute network via targeted interventions.

- Develop, implement, and manage a high-performing SNF network to deliver high-quality services in a cost-effective manner
- Conduct routine meetings with the post-acute network facilities
- Implement and organize transition-of-care managers (ToCMs)
- Align, optimize, and enhance Allina Health's existing post-acute care assets and resources to impact difficult-to-place patients (complex care, Medicaid pending, guardianship, etc.)
- Formalize SNF referral escalation processes, resource assistance, and reserved bed processes

The Proof is in the Throughput.

Within one year of launching Navvis' solution, Allina Health's three hospitals realized substantial decreases in average LOS (ALOS) across all dispositions to post-acute care programs or facilities. The decrease in ALOS across all dispositions collectively opened 24,808 days of capacity for Allina Health to backfill with higher acuity patients. Total ALOS improvements correspond to $30.9M up to $92.8M in potential value to Allina Health based on 25% and 75% backfill, respectively, using an estimate of daily patient revenue of $15,000.

Working with Navvis, the team at Allina Health has effectively adopted the standardized discharge processes for post-acute dispositions across the three hospitals. Furthermore, qualitative feedback from nurses and doctors reveals that the changes have resulted in improved satisfaction on behalf of both patients and providers.

Looking Ahead

Navvis and Allina Heath will expand into all units of the hospitals to share discharge best practices and effective internal processes for post-discharge resource alignment and patient disposition. In addition, hospital units involved early in the collaboration will receive iterative training to refresh and reinforce best practices surrounding rounds, handoffs, discharge, and continuity of care.

In the first 12 months:

-1.61 day
ALOS decrease for discharge to SNF

-0.89 day
ALOS decrease for discharge to home health

↓16.9%
ALOS for discharge to hospice

↓18.8%
ALOS for discharge to LTACH

↓12.0%
ALOS for discharge to Home Health