CLINICAL TRANSFORMATION SOLUTIONS



Capacity & Throughput Management

Our Point of View

Fluctuating patient volumes, COVID-19, workforce shortages, and higher labor costs continue to pressure hospital operating margins. Effectively managed hospital-wide patient flow and capacity management not only allows an organization to deliver the right care in the right setting at the right time, but also an opportunity to right size the clinical workforce and allow for backfill of new patients.

To solve capacity and throughput challenges, health systems must look outside the four walls of the hospital at the entire continuum of care. While traditional approaches to throughput focus on the people, processes, and technology within the hospital, they do not consider the impact of post-acute availability, transitions of care, readmissions, or innovative care models that extend care outside of the hospital.

Our Solutions

Guidehouse works with organizations to develop a wholistic, cross-continuum approach to capacity and patient throughput. Our team of physicians, nurses, mid-level providers, operators, pharmacists, EHR, and post-acute experts brings diverse expertise to address operational inefficiencies, post-acute barriers, readmission drivers, EHR workflows & optimization, physician engagement, and clinical management.

Guidehouse Throughput Methodology

Our methodology is designed to focus on the root causes most significantly impacting efficient and effective throughput in order to accelerate impact. This requires an integrated clinical and operational approach.







Demand Management: The ability to anticipate and manage patient demand from the critical points of entry (ED, OR, direct admissions, and transfers) and evaluating appropriate demand for care and services from key ancillary and support service areas



Resource Management: Evaluation of care delivery team configurations in key functional areas, including ED, OR, case management, and support services and the ability of these teams to manage current demand



Clinical Management: Use of evidence-based clinical protocols (ex: early mobilization) to optimize patient outcomes, reduce complications, and ensure timely access to clinical services to facilitate patient progression and recovery



Care Management: Comprehensive and proactive management of observations and inpatient admits from medical necessity review to discharge planning including leading practice CM/UM teams, efficient multi-disciplinary and complex care rounds, and engaged physician advisors



Transitions of Care Management: Effective transitions minimize readmissions and provide patients with appropriate and timely follow-up as they integrate back with their primary care providers



Post-Acute Management: Effective collaboration and impact with post-acute venues of care (ex: SNF, home health, etc.) including care in patients' homes through innovative models to improve patient experience and quality of care



Clinical Governance, Technology Enablement, Data Transparency and Communication & Culture: Foundational elements upon which care transformation occurs and is sustained. These elements are often overlooked or deprioritized, however, are essential for sustained impact

Our Impact

Northeast Health System Achieves 17% in O:E LOS:

Guidehouse developed a multifaceted approach to throughput which included post-acute, care management, transitions of care, and readmissions prevention. The pilot achieved a 17% reduction in observed to expected length of stay (O:E LOS).

Pennsylvania Community Health System Drives \$6M Financial Impact:

To decrease LOS, Guidehouse designed a program to standardize care progression rounds, develop escalation pathways, and redesign clinical governance. Initial results yielded a \$6M financial impact.

Contact

Donna Cameron Partner donna.cameron@guidehouse.com

> Nicole Fetter, MD Director nicole.fetter@guidehouse.com

Lois Benneweis Director lois.benneweis@guidehouse.com

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