Decreasing Length of Stay in the Respiratory Care Unit
Marissa L. Persaud, DNP, APRN
North Shore University Hospital
Gita Lisker, Joanna Sumcizk, Debbie Recchia, Fiona Stokes, Laura Gazzara, Linda Nici

Problem: The Respiratory care unit (RCU) is a 12 bedded vent unit at North Shore University Hospital. The patients have multiple co morbidities and life threatening illnesses, requiring extended stays. We were challenged to reduce LOS within the RCU by 86 days for 2012 without compromising the quality of care.

Evidence: It is widely known that decreased patient days in hospital will reduce costs without compromising patient outcomes (Clarke, 1996). Major financial constraints on health care payers are increasing pressure on hospitals to become more efficient (Clarke, 1996). Multidisciplinary teams broadening their scope to the general inpatient medical wards have documented improvements in satisfaction and LOS (Curley C, McEachern JE, Speroff T, 1998).

Strategy: We created an interdisciplinary team who met every month for 8 months to initiate a plan, identify issues and track progress while making changes as necessary. For over a period of 8 months, unit specific data were collected on length of stay.

Practice Changes:
- Improved communication with ICU to encourage peg placements prior to transfer to the RCU.
- Weekly family meetings to allow for updates of progress and questions.
- Early palliative care intervention for eligible patients.
- Early mobilization with the ability to suction and applying postural drainage techniques on appropriate RCU patients.
- Improved communication through care provider sign- out to reduce provider variability; improved communication with the voluntary attending physicians; Daily interdisciplinary rounding to utilize the daily goals tool to address issues such as central lines, Foley catheters, and skin breakdown; Weaning protocol to help patients move consistently through ventilatory weaning process.

Evaluation: Reduction in length of stay, improved communication & coordination of care, Improved family involvement, improved collaboration of attending physicians.

Results: Reduction in LOS of 291.9 days (42.47%) in 4 months when compared with last year’s data of 687.3 days over the same period.

Recommendation/Lessons Learned: Adapt this model for respiratory care units throughout system hospitals. Significant improvement in interdisciplinary communication and family involvement noted contributing to the reduction in length of stay.
Bibliography: