Qventus for Inpatient Units

Creating Virtual Bed Capacity by Length of Stay (LOS) Reduction

Results at a leading hospital in the NY Metropolitan area include:

- 0.3 day reduction of LOS
- Resulting in 6,500 excess days saved within 6 months
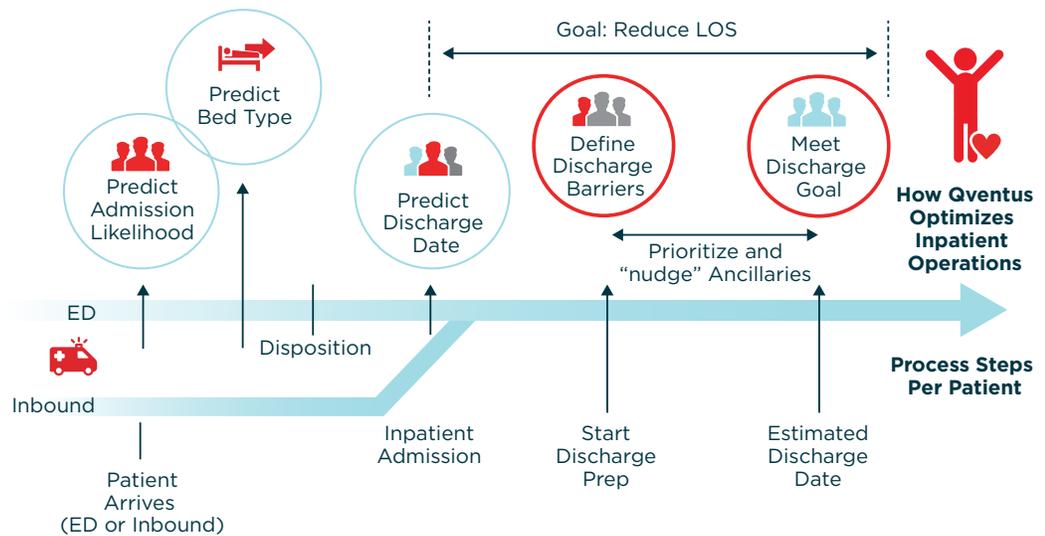- Estimated Day of Discharge and disposition defined for 95%+ of patients

Why Leading Hospitals Choose Qventus

- Drives success with clinical change management
- Activates frontline teams directly and automates workflows
- Predicts and prescribes in real-time with AI and machine learning
- Scales across the health system and integrates with existing software solutions
- Proven results in reducing Length of Stay and other metrics

"We are honing in on making sure that we can deliver information in an actionable way to the front lines, not just another alert... it's something that makes it easier for them to do their jobs."

— Dr. Peter Fleischut
    Chief Transformation Officer
    New York Presbyterian (NYP)

Challenge

When patients stay in the hospital longer than they should, capacity becomes constrained, patient satisfaction suffers, and costs skyrocket. According to a 2012 report by the Institute of Medicine (IoM), $750 billion of healthcare spending is wasted annually in the United States, of which $210 Billion account for unnecessary and $130 billion for inefficiently delivered services. This contributes to declining margins; a recent Navigant study shows two-thirds of health systems in the sample saw operating income decline from FY 2015 to FY 2017. Traditional methods to tackle this situation and optimize patient flow tend to be reactive and don't go far enough to actually improve throughput.

Creating Virtual Bed Capacity

One approach to increase bed capacity is to build new hospital towers; another is to create capacity virtually by optimizing patient flow. We send high-priority, real-time nudges to frontline staff who can effect change on a per-patient basis, thereby improving overall flow. Just like a car navigation system reroutes you in case of accidents, the Qventus system informs you of barriers ahead so you can take corrective actions preemptively.

Reduce Length Of Stay (LOS) by Using Intelligent Discharge Management Tool

The Qventus mission is to simplify how healthcare operates so that hospitals and caregivers can focus on delivering the best possible care to patients. The AI-based software platform helps leaders and frontline staff make better operational decisions in real-time. This improves patient flow, financial performance, and patient and staff experience across the entire health system and in emergency departments, inpatient units, perioperative units, and outpatient facilities.

Qventus recognizes operationalization of technology is difficult and provides deployment and professional services to support sustained results.

Qventus works with clients to facilitate change management, adoption and habit formation, and setup of key governance and other organizational structures.

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Key Impact Areas for Inpatient Solution

PLAN FOR CAPACITY

- Predict admission and discharge volume
- Improve huddles with intelligent discharge management tool
- Surface patients close to discharge across departments
- Identify management of high- and low-throughput units

OPTIMIZE EACH PATIENT'S STAY

- Identify discharge barriers and estimate EDD
- Predict disposition
- Prioritize inpatient transports
- Align ancillary prioritization with discharge schedules
- Cancel unnecessary or reschedule non-urgent orders to allow discharge

IDENTIFY EDGE CASES EARLIER

- Patients with excess days
- Radiology order delays for patients close to discharge
- Consult order delays
- Escalate long LOS patients earlier
- Single source of truth analytics to identify root causes of operational delays

Increase Bottom Line by $30M—Example of Estimated Impact

A 0.3 day reduction in LOS with Qventus can represent millions of dollars in savings and revenue increase. For example, a hospital with 20,000 admissions per year and a 5 day average LOS is expected to create additional capacity of 6,000 inpatient days annually. Not only does this result in direct cost savings of an estimated $6 million annually (assuming $1,000 in direct costs for each extra inpatient day), but it also frees up additional capacity that might result in an annual revenue increase of up to $23 million (assuming the 6,000 days result in an additional 1,277 patient admissions at an estimated revenue of $18k per case), totalling to roughly $30 million bottom line impact.

~0.3 day
reduction in LOS

- EXCESS DAYS
- INPATIENT COSTS
- CAPACITY & THROUGHPUT
- PATIENT SATISFACTION