



Nursing's Role in Managing Length of Stay



Medicare adopted the Diagnosis-Related Group (DRG) methodology for hospital inpatient care reimbursement in 1983. Many commercial insurance payers and Medicaid have adopted this reimbursement system in which hospitals are paid a flat rate per case for inpatient care.

In this flat rate model, cost-effective hospitals are rewarded for their efficiency while less efficient institutions are incentivized to become more adept.

DRG is a statistical system that consists of 25 major diagnostic categories. It classifies any inpatient stay into one of 977 groups for the purposes of calculating payment due to the hospital. Several factors may be considered when determining the appropriate DRG, including principal diagnosis, the patient's age and sex, comorbidities, complications and discharge status.

Here's an example. DRG 291 is Heart Failure with Major Complication or Comorbidity. The Geometric Mean Length of Stay is four days, and the National Average Reimbursement is \$8,618.00.

Because the hospital is paid a DRG-based flat figure for this patient's hospital stay, it's at serious risk for losing money if that stay is extended because of hospitalacquired infection or other complication.

That means the financial health of Methodist Hospitals and our overall ability to deliver safe, quality care to our patients both depend on our ability to effectively manage Length of Stay.

Additionally, the longer a patient occupies a bed in our hospital, the longer that person will require clinical attention from staff and the greater their risk of an adverse event, including drug reaction, hospital-acquired infection and ulcer.



Our nurses can play important roles in managing Length of Stay by effectively communicating with providers about changes in patient conditions and by identifying barriers to timely discharge, such as transportation or home issues, early in patient stays.

When our nurses practice accurate and timely documentation, embrace educating patients about new medications and adhere to clinical best practices to prevent hospital acquired conditions and infections, we can have a meaningful impact on Length of Stay.

Multidisciplinary rounds provide a forum in which nurses and other Methodist Hospitals providers can focus on efficient, collaborative, cost-effective delivery of safe care transitions, as well as evidence-based and quality-driven patient care.

Please watch for next month's edition of The Lamplighter. In that issue, we will explore multidisciplinary rounds in more detail.

Congrats!

This section is dedicated to sharing some of our colleague's accomplishments and milestones.

■ Latoya Williams, RN

Latoya has been a Northlake certified surgical tech for nearly 20 years. She just earned her nursing degree at the University of St. Francis. Latoya is now a Northlake surgery staff nurse.

These Methodist Hospitals nurses just passed their boards...

- Chae Torres, RN Southlake MED/SURG IMCU, 2W3
- Megan Doctor, RN Southlake MED/SURG IMCU, 2W3
- Austin Chas, RN

Welcome New Nurse Leaders

- **Diahn Leohr, RN**Nurse Manager, 5W1
- Teri Hamilton, RN

 Nurse Manager, 5 South
- Susan Marcek, RN

 Director of Women and Children's Services

We love to share our nursing colleagues' accomplishments in The Lamplighter. Please send that info to Mary Jo Valentine at mvalentine@methodisthospitals.org



