

CASE STUDY



Leading Indianapolis Health System



Overview

With 4 hospitals consisting of 760 beds, and more than 4,000 staff members managing over 29,000 annual discharges, this leading Indianapolis health system was in search of intelligent workflow automation that could create transparency, increase staffed capacity, and improve patient care.

With the improved transparency of the availability of staffed beds along with better collaboration and resource sharing, nursing leaders enhanced their utilization of limited core staff, allocating the right resources to the areas of greatest need to drive the best possible outcomes. And while they didn't eliminate bonus pay, data-driven decisions on when to deploy such incentives improved equity across all services lines and proactively balanced the schedule across the health system.

Problem

Staffing shortages and limited visibility to patient care needs resulted in inefficient operations, which impacted their ability to care for more patients. Resources were not properly utilized or shared across units, leading to staff being allocated to areas of less need. This impacted staff satisfaction and also resulted in leaders overprotecting resources and limiting collaboration to protect the resources they were given.

The organization attempted to address this imbalance by moving patients to where staff was allocated, which reduced patient satisfaction, disrupted the continuity of care, and reduced capacity due to delays and unexpected bottlenecks while moving patients.

In a further attempt to balance patients and staff across units, they relied on bonus pay to proactively fill open shifts, but not only was this process too time-consuming to fill last-minute openings, excessive bonuses were impacting the health system's bottom line.

Solution

iQueue for Inpatient Flow provided full transparency into system-wide patient care needs and resource availability, which enabled strategic staff reallocation based on patient needs, proactive capacity management, and data-driven decisions.

RESULTS:

63% ▼

Reduction of patient moves within the same level of care

250

Days of usable capacity created per year through more strategic staff allocation

\$1 Million

Savings per year as a result of fewer patient moves to put towards patient care

