KaufmanHall
a Vizient® company

ASK THE EXPERT

Transforming Hospital Capacity Through Smarter Patient Progression Strategies

ROY BOLAND, MSN, MHA, RN
Vice President, Clinical Efficiency – Kaufman Hall, a Vizient company

In hospital operations, keeping patients moving smoothly through their care journey is critical. Patient progression directly affects bed availability, patient outcomes, and the bottom line. Yet challenges such as healthcare staff shortages and burnout, rising patient acuity, increased emergency visits, delayed discharge processes, and social factors complicate achieving this goal.

The consequences are longer-than-necessary lengths of stay (LOS) and emergency department (ED) patient boarding, two critical bottlenecks to improving efficiency and capacity. Despite operational improvements post-pandemic, ED boarding remains a persistent problem, delaying admissions and affecting patient outcomes.

Roy Boland, vice president of clinical efficiency at Kaufman Hall, a Vizient company, understands these challenges firsthand. With a background as a nurse, hospital leader (including a tenure as chief nursing officer), and consultant, Boland offers strategies to enhance patient flow, reduce LOS, and tackle ED boarding. These strategies enable hospitals to unlock greater capacity while creating a more efficient, coordinated healthcare system.

What is patient progression, and why is it critical to optimizing capacity management?

A: Patient progression, the cornerstone of modern hospital operations, refers to the coordinated movement of patients throughout their care journey, from admission to discharge and beyond. It spans diagnosis, treatment, recovery, and transitions between care settings. For hospitals, this isn't just about operations improvement — it's about outcomes. Timely progression enhances patient satisfaction, prevents complications like hospital-acquired infections, and ensures better use of resources.

What are the biggest challenges impacting capacity management?

A: Workforce shortages and an aging population are major drivers of capacity challenges. Hospitals are treating older, sicker patients with longer care management needs, all while facing limited staffing. Many facilities have even had to close inpatient units due to insufficient staff.

At the same time, post-acute care providers — such as skilled nursing facilities and home health agencies — are dealing with staff shortages, making it harder to discharge patients promptly. This creates a cascading effect with delayed discharges, leading to longer LOS and less capacity, which in turn causes ED boarding.

Unfortunately, ED boarding is associated with adverse outcomes, which has prompted accreditation bodies to set reduction goals. Despite these efforts, progress has been slow. Addressing ED boarding and extended LOS requires not only operational efficiencies but also cultural shifts in how care teams communicate and coordinate.

How can hospitals reduce excess days and ED boarding?

A: One essential strategy is optimizing multidisciplinary meetings (MDMs). Too often, these meetings lack focus and center only on patient rounding updates. Instead, MDMs should address specific barriers to discharge, such as ensuring a patient has ambulated, voided, or arranged transportation home. The goal is a timely, medically appropriate, and safe discharge.

It's also crucial for the physician/hospitalist overseeing the care episode to participate actively in these MDMs, setting clear direction to identify and resolve discharge barriers. Early discharge planning is equally important. Teams often become consumed by their own task lists without addressing the critical steps necessary for discharge two days earlier. These missed opportunities delay patients who are medically ready to leave but are waiting for diagnostic testing, consultative sign-off, transportation, or their medications.

Another pitfall is prioritizing complex patient discharges over simpler cases. While complex cases require attention, hospitals should focus on patients with minimal needs, as they represent the larger volume and will free up capacity for others waiting for admission.

Engaging patients and families early in the process is also critical. They should never be caught off guard by discharge plans and must be thoroughly informed and involved in the process, including understanding care goals, managing medications, and arranging follow-up care. Well-prepared families help ensure smoother transitions, minimizing unexpected complications and unnecessary delays. Transparent communication and active involvement throughout discharge planning not only streamlines the process but also empowers patients and families, improving adherence to post-discharge instructions and leading to better outcomes.

How are technology and data integration improving patient progression?

A: Recent advancements in predictive analytics, AI, and care coordination platforms with real-time dashboards provide visibility into a patient's status and transition progress. These tools allow clinicians to monitor individual LOS and excess days on their units. They also equip teams to communicate more effectively, assess readiness for discharge, match patients to appropriate post-acute care resources, and identify those at risk for readmission or adverse events, enabling targeted interventions.

Modern electronic health record (EHR) systems now integrate discharge planning, task management, and care team communication. Interoperability solutions, such as those using HL7 (Health Level-7) and FHIR (Fast Healthcare Interoperability Resources) standards, ensure seamless data sharing across care settings. Ride-sharing platforms and telehealth services also streamline patient care transitions. For instance, ensuring transportation availability at discharge can prevent unnecessary delays, while telehealth reduces the need for follow-up in-person visits.

Can you share an example of a hospital that improved patient progression outcomes with these strategies?

A: One East South Central hospital system we worked with achieved remarkable results, reducing ED boarding time by 60% and cutting excess days by 475 per month compared to the same period the previous year at their largest facility. The work unlocked much-needed capacity at an overburdened hospital that receives the highest acuity of patients and consistently operates over capacity — sometimes exceeding 120%. Not only did patient and physician satisfaction improve, but the cost savings were substantial, amounting to millions of dollars.

How do you sustain the MDM process and other strategies to ensure patient progression continues to improve?

A: Sustainment is a common challenge. Keeping patient flow improvements on track requires leaders to stay actively involved. This means rounding regularly, addressing barriers raised by care teams, and implementing solutions. For example, leaders may need to work with colleagues to speed up diagnostic tests or consults.

It's also vital to monitor metrics that drive excess days and LOS reduction, sharing them with the team to keep everyone aligned. Seeing efforts translate into better outcomes reinforces the importance of staying focused. Consistent engagement and tracking progress make long-term success possible.

For nearly 40 years, Kaufman Hall, a Vizient company, has been a trusted advisor to our clients. We're here to help you transform your healthcare organization by identifying and achieving your strategic, operational and financial goals. For more information, reach out to Roy.Boland@kaufmanhall.com.

Email Roy >