BACKGROUND

In 2012, Stanford Health Care (SHC) was designing a new facility aimed to transform the patient experience by bringing the care to the patient. This approach required service line optimization by leveraging a new care model, the AAU.

Concurrently, SHC was experiencing increased growth that was constrained by its current inpatient beds (i.e. >90% capacity at start of day operations). Although originally planned for SHC’s expansion (500P), the AAU Model was implemented in 2014 to provide increased capacity prior to the opening of 500P.

OBJECTIVE

To evaluate the success of SHC’s AAU implementation by analyzing the patient, staff, and organizational impacts associated with the AAU Model.
- To assess the association between AAU, unit transfers, and hospital capacity.
- To assess the association between AAU and patient quality metrics (HAPI, Falls, CLABSI, & CAUTI).
- To assess the association between AAU and registered nurse (RN) attrition.
- To assess the association between developed staff education and knowledge retention post 6-months.

IMPLEMENTATION

2014: AAU Pilot Initiated
2015: Create Staffing MATRIX & AAU Education Plan
2016: Define AAU & Associated Metrics
2016: AAU Phased Roll-Out
  - Phase One: Medical Units
  - Phase Two: Surgical Units
  - Phase Three: Specialty Units
2017: AAU Training/Unit Conversions Completed
2018: Opening of Expansion Facility

RESULTS

Hospital Capacity

Staff (RN) Attrition

Figure 5: Staff (RN) Attrition Contributed to AAU Model Implementation

Knowledge Retention

Figure 6: Average Knowledge Assessment (pre-post) with Percent Change

Patient Quality

Figure 7: Patient Quality Metrics per 1000 Patient Days

CONCLUSION

Initial analysis suggests:
- AAU’s improve hospital capacity through a decrease in unit-to-unit transfers.
- AAU’s do not negatively impact patient quality metrics.
- AAU’s are not associated with increased RN attrition.
- AAU’s education plan increased staff (RN) knowledge post-implementation.

References:

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