

Decreasing Step Down Utilization: A Multifaceted Approach to Improve Staffing Ratios



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BACKGROUND:

Step down beds have a 1:3 nursing staff to patient ratio whereas floor beds have a 1:5/6 nursing staff to patient ratio. Utilizing appropriate step-down beds is essential to providing medical access to patients at all levels of care.

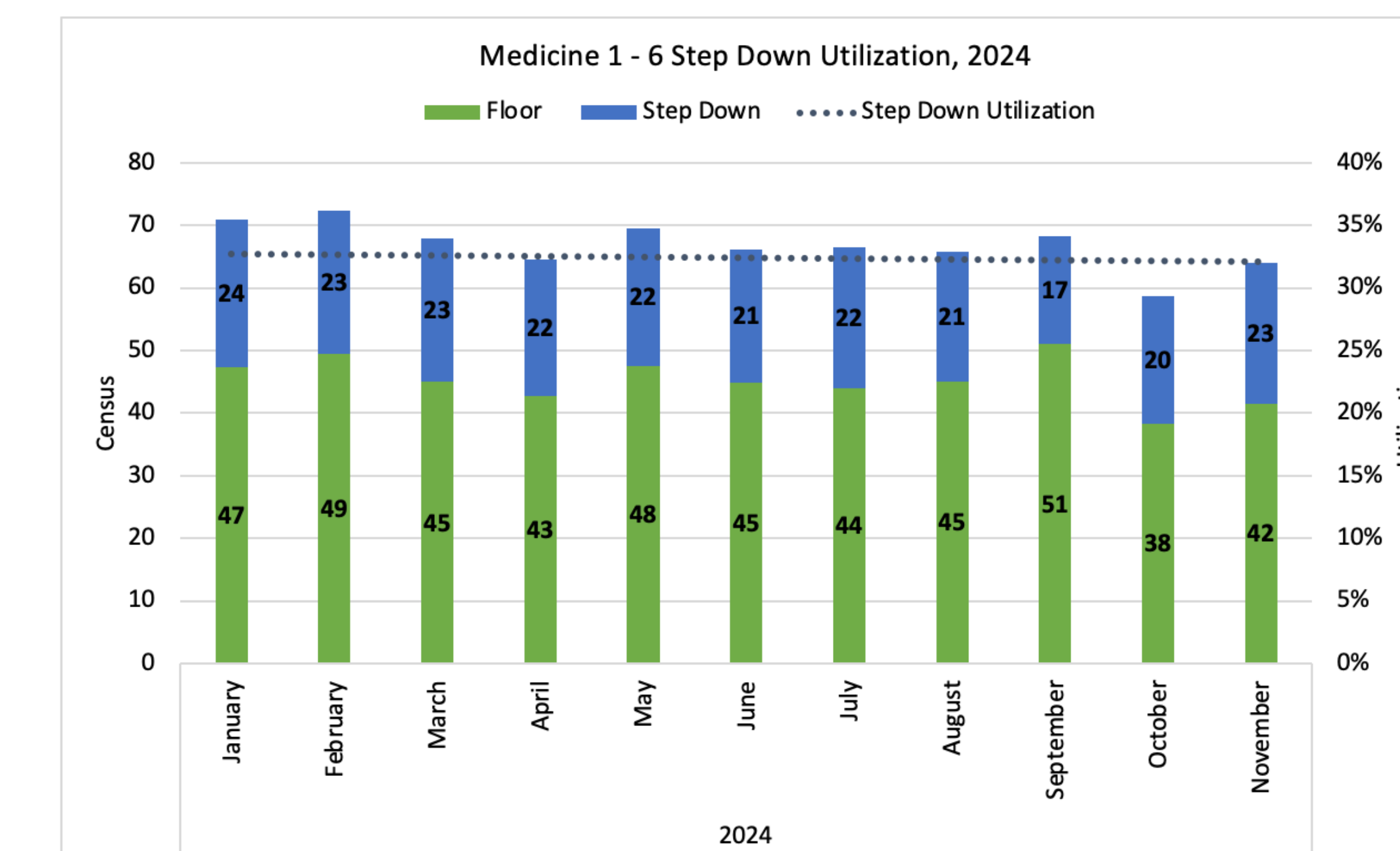
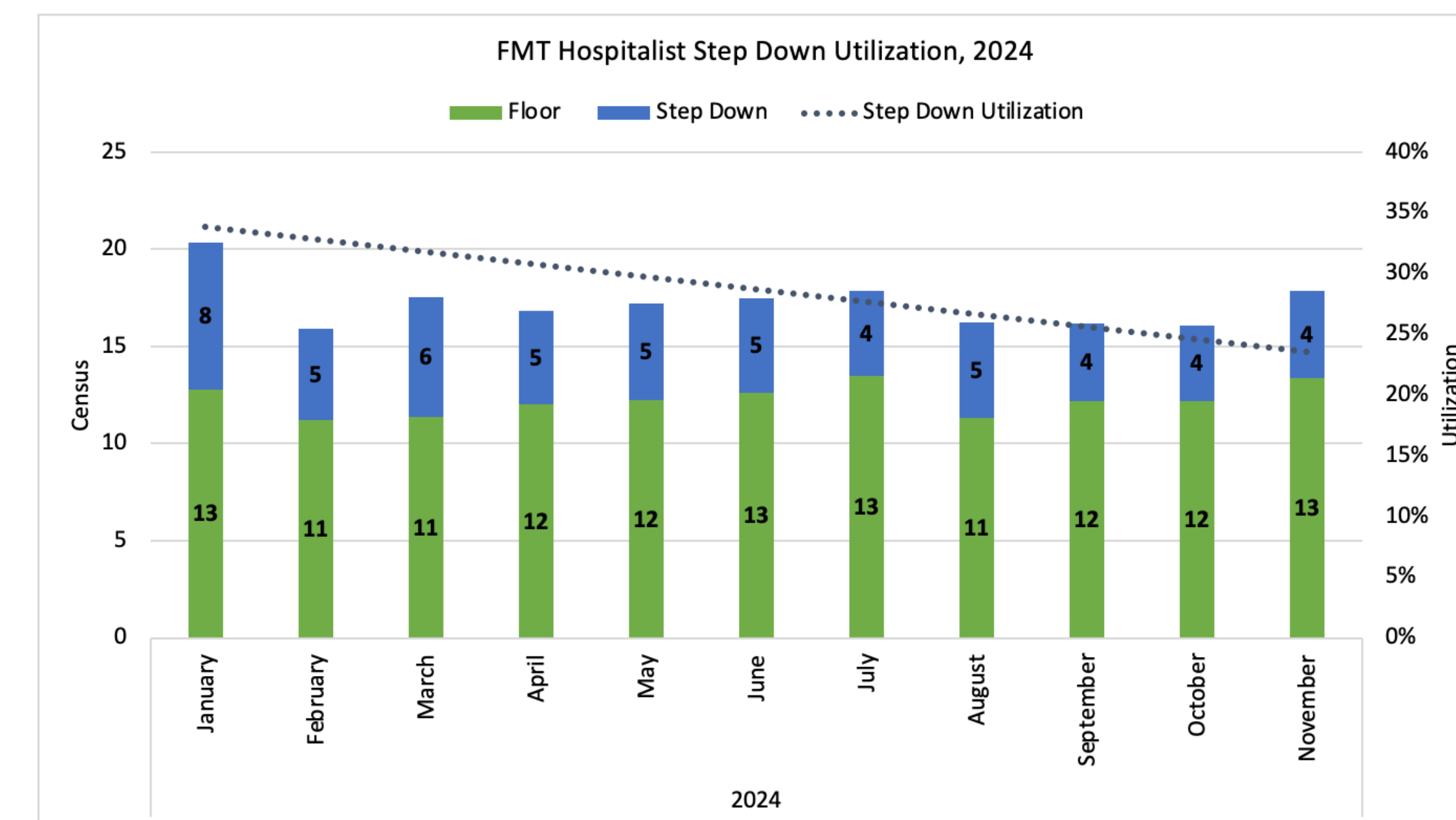
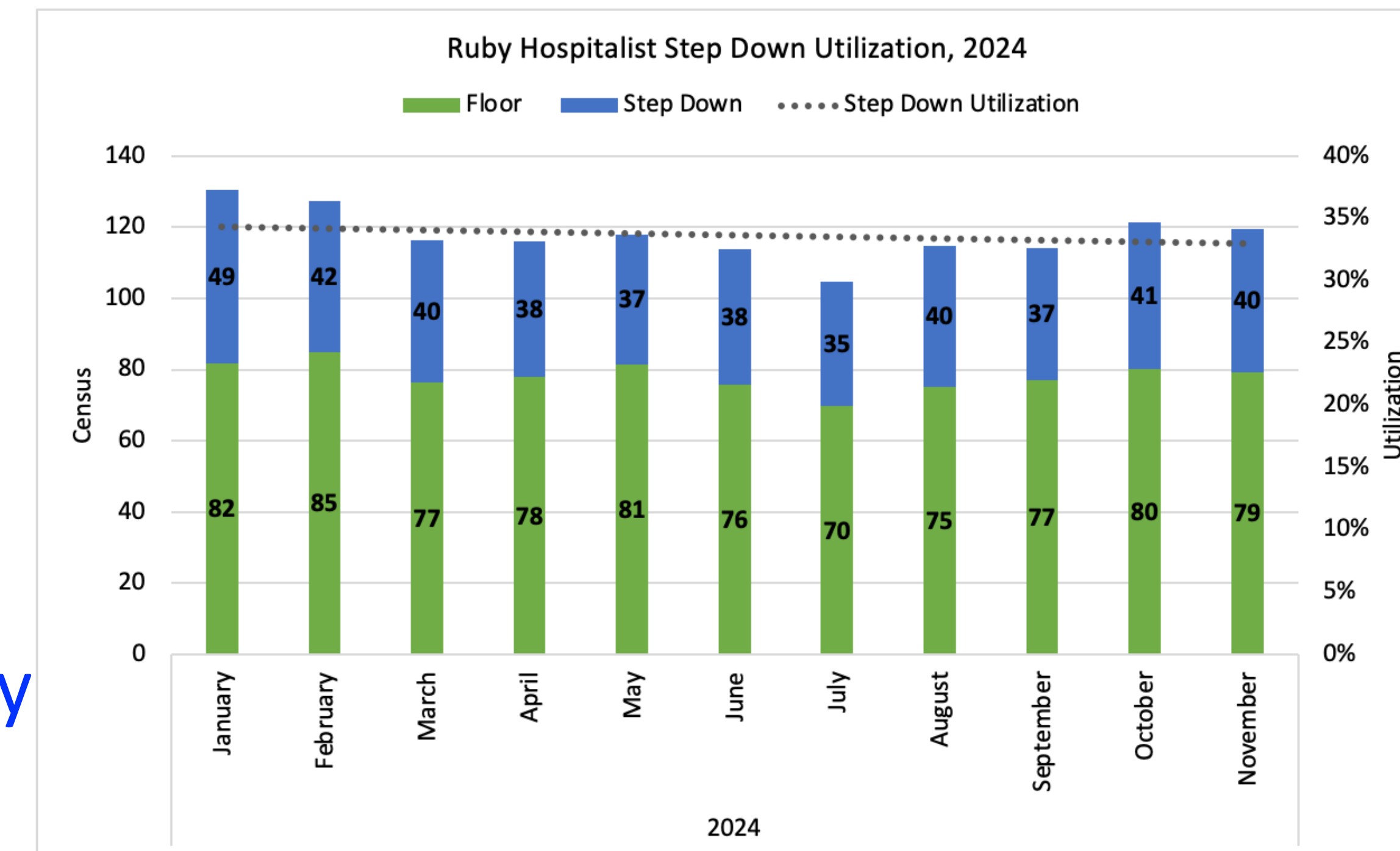
SMART OBJECTIVE:

Goal was to decrease step down utilization across medicine services by 10% in 2024 while monitoring rapid response rate for a balancing measure and discharges from step down as a secondary endpoint.

INTERVENTION:

- A daily command center physician phone call to assess step down utilization and address discharge barriers
- A command center physician dashboard was utilized to assess daily service line step down utilization
- Fairmont Inpatient physicians were added to the call to assess daily step down utilization
- Continued monitoring of dashboard with direct communication to providers to assess step down utilization with higher than average percentages
- Continue to monitor rapid responses

RESULTS:



SCALE UP PLAN:

Continue with the ongoing efforts within the medicine department with plans to help implementation to other hospital service lines.

SUSTAINABILITY PLAN:

- Continue monitoring Step Down Utilization on Dashboard
- Consideration of adding service lines to daily command center phone call for step down utilization
- Continue monitoring rapid response data

LESSONS LEARNT:

Step down utilization is provider dependent and standardization is needed to create ideal nurse staffing ratios.

2023 Rapid Responses	2024 Rapid Responses
1237 total 8% of Discharges	1433 total 9.5% of Discharges

Year	Step Down Utilization	% Discharges from Step Down
2023	35.70%	32.60%
2024	32.30%	24.40%

REFERENCES:

Garcia AL. Variability in Acuity in Acute Care. J Nurs Adm. 2017 Oct;47(10):476-483. doi: 10.1097/NNA.0000000000000518. PMID: 28858955.