

## ABSTRACT

### Owning the System: Collaborative Practice on an Accountable Care Unit

Primary Author: Collette Sajko

**Background:** Many healthcare organizations are searching for new care delivery models that are capable of producing quality, value and patient/family-centered care. A deliberate redesign of a clinical microsystem is needed to develop high performing clinical care teams.

**Description of the Model:** The Accountable Care Unit (ACU™) model is designed to organize physicians, nurses and health professionals into cohesive, high-functioning teams. An ACU is a geographically distinct patient care area with four key features: unit-based patient care teams, nurse/physician(s) leadership jointly responsible for developing patient-centered teams accountable for outcomes, patient-centered work flow through daily Structured Interdisciplinary Bedside Rounds (SIBR™) and unit level performance data to drive process improvement.

**Implementation of the Model:** Two physician teams were assigned on one 29-bed medical unit. Training was provided prior to implementation of the ACU in August of 2013. Institutional support and strong unit-level leadership and commitment to the fidelity of the model were essential.

**Results:** After the first 12 months, the observed to expected (O:E) length of stay decreased from 0.91 to 0.79 ( $p < 0.0001$ ), with average length of stay 3.96 days. There was a trend towards lower mortality, from 0.6% to 0.29% ( $p = 0.14$ ). Patient satisfaction for likelihood to recommend the hospital increased numerically from 66 to 77 points ( $p = 0.59$ ) and overall rating of care from 62 to 68 points ( $p = 0.47$ ). Nursing report of collegial nurse-physician relationships increased from 2.79 (14th percentile) to 3.17 (67th percentile) and perceived quality of care from 3.21 (34th percentile) to 3.43 (64th percentile) for magnet hospitals.

**Conclusions:** Our experience suggests that deliberate redesign of an inpatient clinical microsystem can improve value and reliability in hospital care. More cohesive teams reduced length of stay, while improving patient satisfaction and enhancing staff engagement. The ACU model of care may be adaptable to a variety of inpatient settings and patient populations.