

“The Huron project surpassed our goals and generated many improvements, including significant financial benefits. However, it’s the human factor of being able to serve more patients, save more lives, and live up to TCH’s reputation in the community that’s most valuable.”



**JACKIE WARD,**  
MSN-HCSM,  
RN, NE-BC  
ASSISTANT VICE  
PRESIDENT

OF NURSING TEXAS  
CHILDREN’S CANCER &  
HEMATOLOGY CENTERS  
AND INPATIENT ACUTE  
CARE UNITS

## RESULTS AND BENEFITS

**38%**  
reduction in  
acute care red  
census alert  
hours



Created  
capacity to  
serve **2,296**  
additional  
patients per year.



**8%**  
reduction in  
readmissions  
to the hospital  
within 48 hours.



# TEXAS CHILDREN’S HOSPITAL

HOUSTON, TEXAS

TEXAS CHILDREN’S HOSPITAL IS A 469-BED NONPROFIT HOSPITAL AND ACADEMIC MEDICAL CENTER. TEXAS CHILDREN’S IS CONSISTENTLY RANKED AMONG THE TOP CHILDREN’S HOSPITALS IN THE NATION.

## THE CHALLENGE

**Texas Children’s Hospital (TCH)** had recently completed a large-scale expansion of services and facilities, including the implementation of an electronic medical record (EMR). The combination of new staff, space, services, and a pending change in the pediatric payer environment, plus an influx of capacity constraints and bed availability issues, heightened the need for operational efficiency.

## OUR APPROACH

**Redesigned patient flow:** By designing and implementing a new patient flow reporting and accountability structure, Huron helped TCH improve patient flow and operational performance. Improvements were also realized through the implementation of patient flow meetings and restructured patient placement, environmental services, and patient escort functions.

**Optimized technology:** Huron assisted in configuring technology to support best practice processes and also in the design and implementation of new tools, including an electronic bedboard and a care management software system. These steps improved utilization review, discharge planning, payer communication, and staff productivity. In addition, new flow

sheets for the EMR system helped improve access to actionable metrics and drive patient throughput.

**Coordinated care management:** The project team designed and instituted multidisciplinary care progression meetings across the units, ensuring greater coordination of care. Huron and TCH also worked collaboratively to institute weekly clinical high-risk meetings, which help address and resolve barriers to efficient patient flow, efficient care, and care transitions.

**Care variation management:** Huron and TCH worked with physicians, nurses, and ancillary providers to streamline care, reduce variation, and enhance existing evidence-based standards of care in select DRGs. The group used lean methodology and processes as the structure to perform this work.

**Enhanced role clarification:** Roles and responsibilities were optimized through the design and implementation of a new department staffing model. New roles include an access care manager, as well as a physician advisor position that supports crucial roles in improved utilization review and resource management. The result is a more nimble organization that can flex to meet anticipated and unanticipated changes in volume.