

Achieving Clinical Transformation at Multi-Facility Health Systems

STANDARDIZING AND OPTIMIZING CLINICAL OPERATIONS AND CARE PROCESSES

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By Chad Kellogg, managing director, Huron Healthcare

Providers face unprecedented pressure to enhance the quality and cost-effectiveness of clinical care delivery. Growing financial risk for clinical outcomes and the imperative to reduce the cost of delivering care between 20 percent and 40 percent¹ over the next three years have created a burning platform to implement effective programs that address both costs and quality of care.

However, without a strong foundation of standardized clinical processes, hospitals and health systems will be hard-pressed to achieve major improvements in cost and quality or sustain those gains in the long term. In fact, most studies still show a 60%–70% failure rate for organizational change projects – a statistic that has stayed remarkably constant from the 1970s to the present.² Sustaining meaningful change is especially challenging in health systems with multiple facilities, where clinical care processes may vary significantly across the system, creating inefficiencies and inconsistencies in care delivery.

“Just as a strong transportation infrastructure is imperative for a city to function efficiently, a strong clinical operations infrastructure is essential for delivering high-quality, affordable care. Organizations that create sustainable improvements in cost and quality nearly always have standardized and high-performing clinical care processes,” says Chad Kellogg, managing director, Huron Healthcare. “Conversely, organizations that are struggling in key clinical operational areas find it difficult to realize the full benefit from clinical transformation.”

DEFINING CLINICAL OPERATIONS AND CARE PROCESSES

Four major areas of clinical operations must be standardized to achieve clinical transformation:

1. Care Access: Having the infrastructure and systems in place to provide patients with the ability to access the right care setting at the right location, at the right level of care at the right time, with the right provider, maximizing the use of valuable clinical resources.

2. Interdisciplinary Care Coordination: A highly collaborative team approach to care delivery, characterized by disciplined and effective communication patterns, and proactive planning for patient transitions. High performance in this area helps ensure continuity of care across the continuum.

3. Care Management: Effective care management focuses on timely utilization review and psychosocial assessments along with proactive discharge planning. This helps health systems proactively manage patients with complex needs across the care continuum, reducing avoidable admissions and minimizing care delays.

4. Care Variation Management: Care variation management decreases medically unnecessary process variation by creating mutual accountability among the care team for adhering to evidence-based best practices and care protocols. This includes reducing variability in practice among both clinical professionals and sites of care.

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THE RELATIONSHIP BETWEEN CLINICAL OPERATIONS AND CLINICAL EXCELLENCE

By optimizing performance in clinical operations, hospitals and health systems can achieve superior outcomes and significantly improve financial performance by millions of dollars in either cost reductions or revenue enhancements.

"A high-functioning clinical operations infrastructure ensures optimal patient access, care delivery and transitions within and between care settings," said Hazel Seabrook, managing director, Huron Healthcare. "Hospitals and healthcare systems need to create system-wide standardization of the care delivery process so that no matter where a patient or a provider goes in the system, they will have consistent experiences."

In addition to consistent care delivery processes, strong clinical operations create transparency, discipline and accountability – all foundational to delivering high value care. This is especially crucial within multi-facility systems.

SIX KEYS TO REDUCING VARIATION IN CLINICAL OPERATIONAL PROCESSES

Consider these six key infrastructure components for reducing variation in clinical operational processes at multi-facility healthcare systems:

- 1. A simple, uniform care access system** that is seamless to physicians and that accurately assesses current capacity and patient demand to ensure patients are placed in the right care setting at the right time to maximize quality and minimize cost.
- 2. A standardized approach to interdisciplinary care coordination** that brings together key members of the care team, utilizes a consistent discussion format, is facilitated by a trained care leader and occurs seven days a week.

3. A standardized care management model with defined roles for case managers and social workers, consistent patient loads and detailed performance metrics. The care management model should enable proactive transition planning and focus on appropriate utilization of health system resources.

4. A multidisciplinary approach to reducing care variation, creating evidence-based care pathways and order sets and test/treatment protocols and training the care team on standardization of processes.

5. A governance structure that provides operational and clinical leaders with timely and relevant data to positively influence care processes and is enforced with a regular review of performance, culminating in action plans to sustain/improve performance.

6. A clearly defined approach to inform and engage physicians on their performance related to health system imperatives and variation in clinical practice.

FOCUS INITIAL EFFORTS ON THESE KEY AREAS

High-performing healthcare organizations initially focus on these areas to build a strong foundation of clinical operations:

- Decreasing avoidable patient days
- Minimizing/eliminating boarding times
- Reducing avoidable readmissions
- Reducing unnecessary medical tests and procedures

Improving these areas will result in lower costs, a more productive workforce and better clinical outcomes.

Following are examples of how Huron Healthcare worked with medical centers around the country to improve clinical operations in these areas.

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Decreasing avoidable patient days (length of stay). Huron commonly sees opportunities to achieve a 5%–10% reduction in inpatient days. Opportunities to reduce length of stay (LOS) typically occur by improving the accuracy of patient placement to ensure the right level of care, examining patient scheduling patterns to minimize downtime in room and staffing capacity, implementing and effectively using the right metrics for accountability, and establishing multidisciplinary rounding to advance patient progress and enhance communication with families.³

Huron Healthcare worked with Faxton St. Luke's Healthcare in Utica, N.Y., to address clinical services with significant LOS opportunities, allowing them to achieve substantial LOS reductions. This was accomplished by using a multifaceted approach that included:

- An extensive analysis of Faxton's clinical data to analyze patient care by service line, DRG and physician. This included length of stay, utilization of the critical care units, test and treatment utilization, complication rates, readmission rates and mortality.
- Physician-to-physician communication and sharing of data both in medical staff committees, practice groups and individual physicians.
- Redesign of the care management department including establishment of clinical high-risk meetings, redesigning roles and responsibilities of the case managers, social workers and care management support staff, and work drivers to standardize clinical practices.
- Redesign of Interdisciplinary care coordination rounds on the units. This included facilitated formal, daily discussions of inpatients with a focus on readiness for discharge based on operational and clinical milestones.
- Redesign and standardization of care processes in selected high-volume, high-cost and high-variation DRGs (physicians, nurses and other ancillary providers).

- Institution of a facility-wide dashboard to ensure accountability for key patient flow and operational metrics.

Huron Healthcare also worked with the UCLA health system to reduce length of stay and help them avoid 11,000 unnecessary patient days annually.

"Huron helped us develop mechanisms to look at our process more precisely," said Jan Tillisch, M.D., executive vice chair, Department of Medicine, Ronald Reagan UCLA Medical Center. "That resulted in a substantial improvement in the way we used beds."

J. Thomas Rosenthal, M.D., chief medical officer, Ronald Reagan UCLA Medical Center said, "We made some progress internally, but the internal efforts did not significantly reduce length of stay. Huron brought the process and the horsepower – the arms and legs – to make it happen. They were on top of every aspect, every day, to make sure we stayed on track."

The results were impressive and rapid. "I wouldn't have expected an actual length of stay reduction in such a short period of time, and yet there was," Dr. Rosenthal said. "It was a significant reduction, even before the solution was fully implemented. The economic benefit of that is enormous."

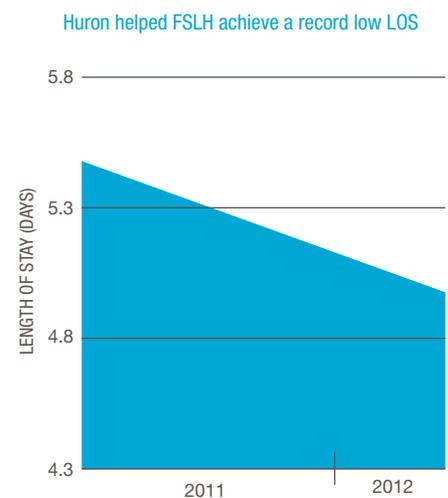
Huron Healthcare worked with Newton-Wellesley Hospital in Massachusetts to successfully reduce LOS. Mary Murray, director of Patient Access Services said, "Length of stay has gone down with no corresponding uptick in readmissions, which is an indicator that clinical quality has not been negatively impacted. Huron Healthcare understood it wasn't just about reports or metrics or software. It really was about leading a patient through the organization in the most efficient way. At the end of the day, the patient experience is better. That's really why we're here."

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Jan Tillisch

executive vice chair, Department of Medicine, Ronald Reagan UCLA Medical Center

Figure 1. Reducing Unnecessary Length of Stay at Faxton St. Luke's Healthcare



Source: Huron Healthcare

Minimizing/eliminating boarding times.

Shorter wait times in the Emergency Department (ED) as well as efficient transfer after a decision to admit the patient are critical for a good patient experience and improved outcomes.⁴

Working with Huron Healthcare, the Utah Valley Regional Medical Center (UVR) reduced the average “door to physician seen” time to 28 minutes, down from a baseline of 43 minutes. They also reduced their “leave without treatment” percentage from 1.7% to 0.5%.

Mary Ann Young, the UVR operations officer at the time of the engagement said, “The ED is now running much more smoothly. We’ve improved in every single metric. It was an absolute success.”

John Resch, the UVR ED nurse manager pointed out that “The hospital in general didn’t have a sense that the ED was the front door. The Huron team helped us engage the entire hospital in taking accountability for moving patients through.”

Reducing avoidable readmissions.

Optimal performance in clinical operations outcomes can result in up to 30% reduction in readmissions. Evidence suggests that the rate of avoidable rehospitalization can be reduced by improving core discharge planning and transition processes out of the hospital; improving transitions and care coordination at the interfaces between care settings; and enhancing coaching, education and support for patient self-management.⁵

“Improved interdisciplinary communication and proactive planning was the foundation needed to improve UCLA’s all-cause readmission rate by 12%,” said Dominic Foscatto, senior director, Huron Healthcare.

Reducing unnecessary medical tests and procedures.

Last year, a group of 25 specialty organizations concluded that

the routine use of 130 different medical screenings, tests and treatments were often unnecessary and should be scaled back.⁶ In fact, a 2012 report by the Institute of Medicine estimated that \$750 billion – about 30% of all health spending in 2009 – was wasted on unnecessary services and other issues, such as excessive administrative costs and fraud.⁷ Payment reform is putting pressure on physicians and hospitals to eliminate duplicative and unnecessary care processes.

Hospitals and healthcare organizations can achieve gains in this area by creating multidisciplinary teams to define best practices associated with laboratory testing and medical and surgical procedures. The team should also promote shared decision making between physicians and patients, including review of risk-benefit analyses of testing and treatment procedures.

CLINICAL TRANSFORMATION AND BEYOND

Breakthrough performance gains are achievable when hospitals maintain a clinical care model that drives new levels of care quality and clinical excellence.

When engaging in any change effort, patient and staff satisfaction must be proactively addressed. Organizations with an inclusive, comprehensive approach to transforming clinical operations can typically achieve above-average patient satisfaction.

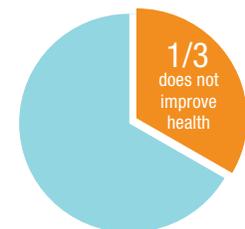
Huron worked with the Utah Valley Regional Medical Center to increase patient satisfaction scores in 11 questions, nine with statistically significant increases. Steve Smoot, chief executive officer, commented, “You usually don’t get letters full of compliments about the ED. Since the Huron engagement, I’ve had four or five letters come through, complimenting us on the ED. That’s just phenomenal. I’ve never seen that in my entire time here, or at any other hospital.”

“The hospital in general didn’t have a sense that the ED was the front door. The Huron team helped us engage the entire hospital in taking accountability for moving patients through.”

John Resch

UVR ED nurse manager

Total Healthcare Expenditures



Represents \$750B of NHE annually

Optimal clinical operations can also increase physician and staff satisfaction by improving physician engagement, encouraging bi-directional communication between physicians and executives and acknowledging their mutual roles in the shared successes in efficiency and productivity.

“If you talk with physicians, they would say life is better now than it was before [the engagement with Huron Healthcare],” said Elaine Bridge, former senior vice president,

Patient Care Services and chief nursing officer at Newton-Wellesley Hospital. “When I go to care coordination meetings I see the doctors coming in on their own – they’re not being paged or hounded. They come prepared; they see the value of the meetings.”

Multi-facility hospitals must achieve quality and cost reductions necessary for clinical transformation. Standardization and optimization of clinical operations is an imperative.



Questions to Gauge the Health of Your Clinical Operations

- Is our risk-adjusted length of stay by DRG greater than 75th percentile?
- Is our risk-adjusted level of care by DRG greater than 75th percentile?
- Are we estimating patients' length of stay accurately – to within one day of discharge – more than 90% of the time?
- Do we achieve on-service placement of patients more than 90% of the time?
- Is our bed turnaround time under 45 minutes, from patient discharge to being ready for a new patient?
- Are 100% of our annual discharge records reviewed by a clinical documentation specialist (CDS)?
- Is our physician response rate to CDS queries at 100%? Does our physician agreement rate exceed 90%?
- Do patients who admit through our ED wait less than 30 minutes to be placed in a bed?
- Is our patient-to-case manager ratio close to or above 1:25?

ACHIEVING CLINICAL TRANSFORMATION AT MULTI-FACILITY HEALTH SYSTEMS

ABOUT HURON HEALTHCARE

Huron Healthcare is the premier provider of performance improvement and clinical transformation solutions for hospitals and health systems. By partnering with clients, Huron delivers strategy and solutions that improve quality; increase revenue; reduce expenses; and enhance physician, patient, and employee satisfaction across the healthcare enterprise. Clients include leading national and regional integrated healthcare systems, academic medical centers, community hospitals, and physician practices.

To see how Huron Healthcare solutions can empower your mission, contact us at 866-229-8700 or visit huronconsultinggroup.com/healthcare.

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