RENOIR CONSULTING

Charitable Medical Center

A better place

"We tried several years ago to take back surgeon blocks. What is different this time is that it is data driven and has included the surgeons in the process."

CNO

Due to the nature of the hospital, they have asked to remain anonymous. Founded in 1881, in response to a typhoid epidemic that was ravaging the city, this hospital has grown dramatically and today:

- Serves a 17-county region in three states
- is federally designated as a Regional Trauma Center
- has 2,592 employees
- has 267 beds
- employs 216 physicians and mid-level practitioners
- has 365 physicians on medical staff
- admits over 10,000 per year
- assists with 880 births (FY 2012)
- admits over 70,000 ER/Urgent Care patients
- carries out almost 10,000 surgeries per year
- deals with 485,411 clinic visits
- has 153,283 outpatient registrations

ANALYSIS

The hospital was just a year away from moving into newly constructed, state of the art Operating Rooms. They knew that their systems and processes could be improved and understood that if they didn't do it now, they would be moving problems and bad habits into their new space.

In addition, the Emergency Department (ED) was nearing capacity, given their growing 'average length of stay' (ALOS), and ED Management was in favor of including costly additions to accommodate more patients. Some key Analysis findings included:

- While 'block scheduling' (generally a hold on a number of hours or ORs by a department) is "owned" by the hospital, they did little to manage its efficacy.
- Their current ORs were scheduled for use ('Schedule Fill') for only 40% of the available time.
- Schedule Fill is about 18% when design capacity is considered
- Lack of active supervision of the professional staff
- ED room turnover time is lengthening cycle times and causing capacity issues
- Lack of an effective system in ED to process incoming patients.
- Available information is weak and not aligned with the pace of the work
- Leadership unable to use data to drive improvement

As an outcome of the Analysis, it was agreed that a need for relevant, timely data and KPI's were needed to drive the change process. It was also agreed that for the hospital to flourish, changes in ED ALOS and OR Utilization would need to be made, beginning with the hospital taking pro-active ownership and management of the OR blocks.

Key Results

Removed surgical blocks equal to 18% of current Operating Room peak time

Lowered ALOS by 12%

Facilitated a data warehouse, pulling data from multiple interfaces to provide real time tracking of key results and develop KPI dashboards

Implemented Pre-admit testing protocol requiring surgeons to complete their charts 24 hours prior to surgery

World Leaders in Sustainable Change

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PROJECT APPROACH

The project governance was designed with two Management Action Teams (MATs), one for the ED ALOS reduction, and one for the OR Utilization capacity improvement. Both would report directly to the executive Steering Committee, which was comprised of the CEO, CFO, CNO, VP Support Services, and CMO. The 32 week project began with the Focus Process™, drilling down into the key processes and behaviors that would need to be altered. The ED ALOS team would focus on reducing the time before a patient saw a doctor and the time deciding if a patient should be admitted to the main hospital as an in-patient. The OR team primarily focused on Pre-admission testing, Incomplete Charts, First Case Start Delays, Schedule Fill, Turnover Time and Surgeon Block/OR Utilization.

IMPLEMENTATION

The ED changes produced an ALOS decrease from 177 to below 155 minutes. This was accomplished by including a Charge Nurse rounding tool with daily reporting on any patients with a LOS over 2 hours and by changing to a care team model, instead of individual MDs and nurses. Also, trials were completed that showed a significant decrease in ALOS was possible by stationing an MD in Triage, once the Decision to admit time was reduced. To accomplish this, a Hospital LOS MAT was created to improve the ability of moving patients though the system in a more controlled manner.

- In the OR, the changes began with removing or adjusting blocks from surgeons or groups who habitually underutilized them. We then focused on improving 'first case on time starts' and reducing room turnover times.
- As the efficiencies came through and additional OR volume did not materialize, we began to reduce on call OR staff to match the number of procedures.
- Many changes in routine behavior and culture took hold, including a focus on completion of patient documentation and charts before surgery, Anesthesia taking an active role in the next day's OR scheduling and a twice daily hospital wide 'bed huddle' led by the ED. This "huddle" afforded all participants the opportunity to discuss ALOS and patient flow throughout the entire hospital.

RESULTS

The real benefit of the project is that the Hospital became a better place to work for their staff. A better place to be treated for their patients. And a better place to attract additional physicians, practices and patients. The OR has 22% open capacity and the ED 12% more time available for additional patients.

They are able to track, report, and respond to changes that negatively affect performance on a real time basis. Finally, they have created a culture of continuous improvement to match the rate at which healthcare in the US is currently changing.

THE RENOIR GROUP

Renoir Consulting is a world leader in sustainable, implemented change. Founded in 1994, Renoir has offices located in North and South America, UK, Europe, Turkey, Middle East, Southern Africa, India, Pakistan, China, South East Asia and Australasia. With over 350 fully employed and highly trained consultants, their work across a wide range of industry sectors gives them a broader perspective of the issues facing your business, allowing them to be sensitive to your unique challenges, culture and specific business issues. This cross-pollination ensures truly effective, rapid and sustainable solutions.

Visit Renoir at www.renoirgroup.com for more information and a complete list of regional contacts or send us an e-mail at: renoir.office@renoirgroup.com

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