

Presentation to

Critical Access Hospital Patient Safety Summit

**Best Practices Project for
Emergency Department Utilization**

March 18, 2009

Charles Moore, President and CEO
HealthMETRICS Partners, Inc.
329 Massachusetts Avenue, Suite 4
Lexington, MA 02420
(781) 687-9500
Email: info@healthmetricspartners.com



Challenges Facing Florida Hospitals

- Need for services growing
- Complexity of patients increasing
- Financial resources available for healthcare services are flat or even declining
- Need to increase revenue



Information Needed

- Current level of performance and potential level of performance
- What is working well and what could be improved
- What changes will improve quality, lower costs and raise revenues

3

HealthMETRICS

Identification of Barriers

Integrated clinical and management data makes it possible to identify...

- Where the barriers exist
- Magnitude of the barriers
- Strategies to remove barriers

4

HealthMETRICS

Background on HealthMETRICS

- Since 1996, HealthMETRICS has worked with over 330 sites in 38 states to enhance quality and reduce cost of care typically more than 20%.
- Florida Best Practice Projects:
 - 18 Family Planning
 - 4 Prenatal
 - 1 Diabetes
- BCCSP Best Practices Projects results presented at CDC annual meeting
- Colposcopy Best Practices project results presented at HHS Women's Center of Excellence Program annual meeting
- Colonoscopy Best Practices Project

5

HealthMETRICS

HealthMETRICS Partners' Strategy

- Identify the Best Practice for providing a specific service or episode of care using proven tools and methodologies.
- Systematically measure and evaluate across sites:
 - Clinical Quality
 - Unit Costs
 - Patient Satisfaction
 - Staff Satisfaction

6

HealthMETRICS

Knowledge Transfer Process

- HealthMETRICS analyzes and explicitly documents:
 - Patient flow
 - Staff structure
 - Job responsibilities
 - Clinic layout
 - Other key elements of the Best Practice
- Clients gain the knowledge necessary to understand and implement critical operational improvements.

7

HealthMETRICS

Review of Findings

Routine Screening Colonoscopy

HealthMETRICS

Key Findings

- Opportunity exists to:

- **Improve staff satisfaction** by an average of **20%**
- **Increase the volume** of services by **30%** with current resources
- **Reduce costs** by **more than 23%** on average
- **Increase revenue** by 30%

9

HealthMETRICS

The Great Experiment

Different sites use different processes to deliver the exact same service.

Sites establish processes based on the best information they have.

But which is the best process?

10

HealthMETRICS

Variation in Pre-Procedure Visit

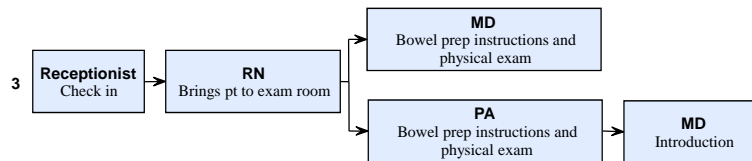
Routine Screening Colonoscopy

PRE-VISIT WORK COMPLETED WITH PHONE INTERVIEWS (NO PRE-PROCEDURE VISIT REQUIRED)

1 **Medical Assistant**
Provides bowel prep instructions

2 **NP**
Takes medical history,
provides bowel prep instructions

PRE-PROCEDURE OFFICE VISIT REQUIRED



11

HealthMETRICS

Summary of Variation in Process

Routine Screening Colonoscopy

Step	Staff Mix	Time	Identified Variation in Structure
<i>Pre-Procedure Instructions</i>	LPN, RN, PA, ARNP, MD	15 to 48 minutes	✓ Visit or phone call
<i>Intake</i>	LPN, RN, Anesthesiologist	15 to 28 minutes	✓ Medical history completed in advance
<i>Procedure</i>	Combination of Tech, LPN, RN, Gastroenterologist, Colorectal Surgeon	9 to 23 minutes	✓ Driven by clinic layout in addition to staffing mix, MD support, and method for administering sedation
<i>Recovery</i>	LPN, RN, some MD involvement	41 to 62 minutes	✓ Driven by sedation method ✓ Discharge method varied

Staffing mix, time to provide the service, and visit structure varied substantially across all sites.

12

HealthMETRICS

Variation in Clinical Outcomes

Routine Screening Colonoscopy

Clinical Indicator	Range
Number of complications and/or side effects	0 to 1
% of patients with cecum visualized	76% to 100%
% of patients whose oxygen saturation did <u>not</u> fall below tolerance level	57% to 100%
% of patients with satisfactory colonoscopy	89% to 100%
% of patients with adequate bowel prep	96% to 100%

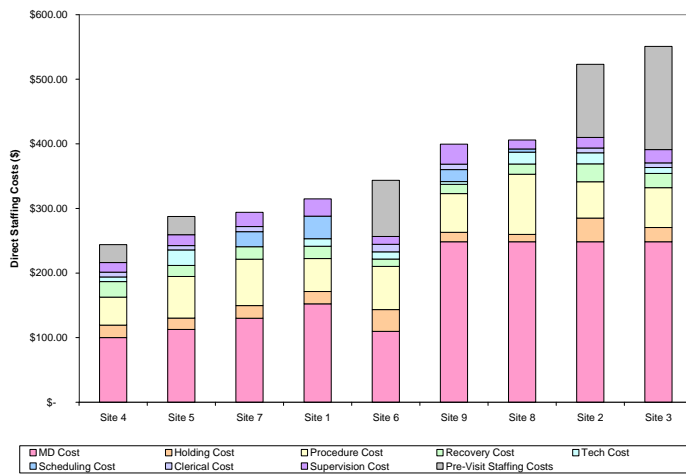
*Significant variation in clinical outcomes.
However, as in to satisfaction scores, the Best Practice demonstrated some of the highest clinical scores of all sites.*

13

HealthMETRICS

Variation in Adjusted Staffing Costs

Routine Screening Colonoscopy

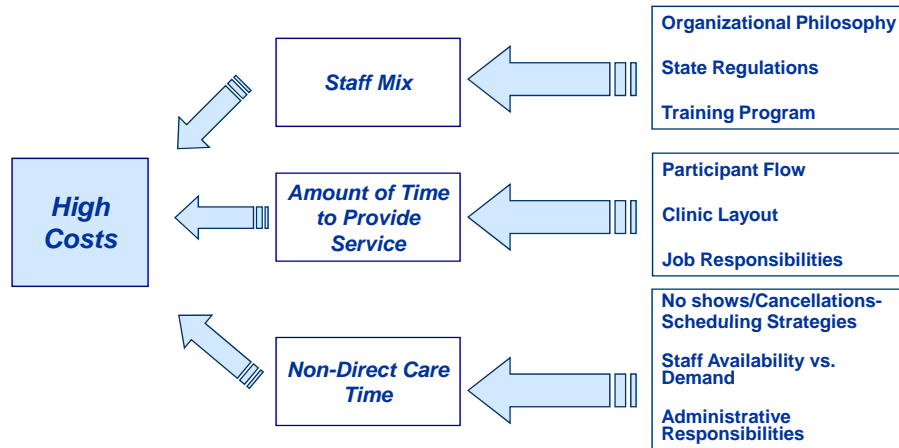


*Process variations produce wide variation in costs.
Total staffing costs varied from \$200 to about \$550, while total unit costs for the visit varied from \$460 to almost \$810 per visit.*

14

HealthMETRICS

Drivers of High Costs



15

HealthMETRICS

Problem Statement

Many patients arriving at the Emergency Department (ED) are not in need of ED level care and could be more efficiently and effectively seen in other settings

16

HealthMETRICS

Consequences of Inappropriate ED Utilization

- Longer wait times and lower patient satisfaction
- Higher health care costs
- Lower staff satisfaction
- Potential reduction in the quality of care
- Lower revenues

17

HealthMETRICS

Process Variations

Hospitals and referring groups have different processes that influences appropriate utilization of EDs

- Patient factors: Establishment of medical home and patient orientation process
- Provider group factors: Primary care physicians hours and availability of same day appointments
- External factors: Availability of Urgent Care settings
- ED factors: Evaluation and referral process for patient arriving at ED but not in need of ED services

18

HealthMETRICS

Solutions

- Document processes associated with ED at participating hospitals and affiliated provider groups
- Quantify cost, quality, and satisfaction outcomes associated with each site
- Identify most effective processes
- Transfer appropriate sub-processes on a site specific basis that will measurably improve outcomes

19

HealthMETRICS

Conclusion

- *Wide variation in the delivery* of clinical services *generates an opportunity* to substantially reduce costs and improve the quality of care.
- *Systematic measurement* of clinical outcomes, patient and staff satisfaction, and unit costs across sites is *necessary to accurately identify a best practice*.
- *Documentation* of the Best Practice process *and a comparison* to one's own process provides the information and motivation to *change and improve the cost effectiveness of care*.

20

HealthMETRICS

Next Steps

Those interested in joining the effort should contact Bob Pannell about:

- Joining a group
- Potential funding