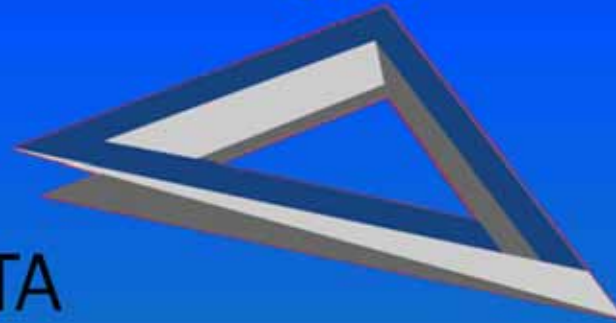


“What’s a Departmental Assessment and How do You Make it Successful”

Frank Overfelt, MBA, LFHIMSS, Diplomate
SHS



DELTA
healthcare consulting group

Outline

- Purpose of the Departmental Assessment
- Ingredients for a Successful Assessment
- Essential Processes
- Findings and Recommendations
- Staffing Recommendations
- Presentation
- Summary

Purpose of a Departmental Assessment

- It is a 30,000 foot view of the department

Purpose of a Departmental Assessment (cont.)

- To determine potential opportunities for improvement in leadership, staffing and processes.
- To validate findings against acceptable benchmarks

What a Departmental Assessment is Not

- Not a detailed from the ground up development of staffing and process issues – not a “0” based approach
- Does not include the implementation of the results & findings (but could).
- Not DMAIC, but close

Note: Focus is on labor/process related issues

Ingredients for a Successful Assessment

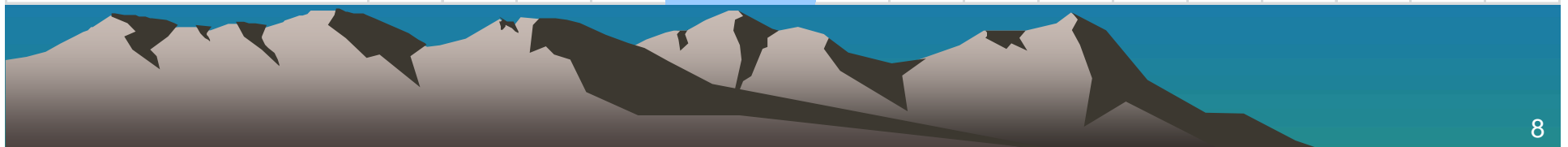
- Client Buy-in
- Understanding the Department
- Essential Processes to an Assessment
- Findings and Recommendations

Client Buy-in

- A mutual understanding of the scope, timeliness, and expectations between consultant (internal or external) and client is essential
- The client needs to be the champion, not the consultant
- The client needs to lay the groundwork with the respective parties before commencing work
- Both parties need agreement on a work plan

Timetable

Consultant: Don Pace		Workstream/Departments: Plant Operations/Security/Biomed																	
Week Ending:	18-Sep	25-Sep	2-Oct	9-Oct	16-Oct	23-Oct	30-Oct	6-Nov	13-Nov	20-Nov	27-Nov	4-Dec	11-Dec	18-Dec	25-Dec	1-Jan			
Project Steps	Onsite				V a c a t i o n			Onsite											
Initiate Data Requests	█																		
Review Intial Data	█	█		█															
Meet with Management	█										█								
Orient to Department	█																		
Benchmark Data																			
Obtain	█	█	█	█															
Review with Management				█						█	█	█	█						
Adjust											█	█	█						
Approval of Benchmarks																			
Meet with Line Staff/Work Sample											█								
Analyze Findings				█						█	█	█	█						
Produce Recommendations											█	█	█						
Analyze Financial Impact													█	█					
Review Findings with Management														█	█	█	█	█	█
Develop Phase II Workplan																			█
Present to VP																			
Present to Exexecutive Level																			



Understanding the Department

- Organizational Structure
- Services Provided
- Hours of Operation
- Departments, Patients, Physicians Served
- Staffing

Understanding the Department (cont.)

- Organizational Structure
 - To whom does the department report?
 - Who is the medical director?
 - Key Players
 - Org Chart

Understanding the Department (cont.)

- Services Provided (Example: Respiratory Care)
 - Attend all family-centered rounds, usually attended by a Rehab Therapist
 - Cystic Fibrosis Therapists attend CF rounds on Mondays and Thursdays
 - Pulmonary Hypertension Therapist attend PH rounds at least 2-3 times per week.
 - Rehab Therapists attend vent rounds twice a week.
 - Frequently therapists will attend care rounds in the NICU, PICU, or for mechanically ventilated patients on 9 So.
 - RCTs run all Blood Gas Analyzers on the Critical Care floors
 - The Blood Gas Analyzers are located behind the RCT workstations in the PICU and CICU. In the NICU they are located in the blood gas lab on the bridge.

Understanding the Department (cont.)

- Hours of Operation (by modality; on weekends)
- Communication (electronic, phone, person to person) – **Focus on ordering**
- Treatment Processes (agreed upon protocols)
- Documentation (electronic, paper, combo, what is documented)
- Facilities & Equipment (bottlenecks, acquisition)
- Performance Measures (what and are they tracked regularly)
- Information Systems (support, desired enhancements)
- Staffing (right time, right place, right skill)

Understanding the Department (cont.)

- Departments, patients, Physicians served

Eg: Radiology

- All inpatient units
- ED
- Outpatient clinics
- Primary Care Providers

Understanding the Department (cont.)

- Staffing Considerations
 - Skill level
 - On-call
 - Numbers
 - Staffing by hour of day

Essential Processes for an Assessment

- Data Analysis
- Interviews
- Observations
- Benchmarks

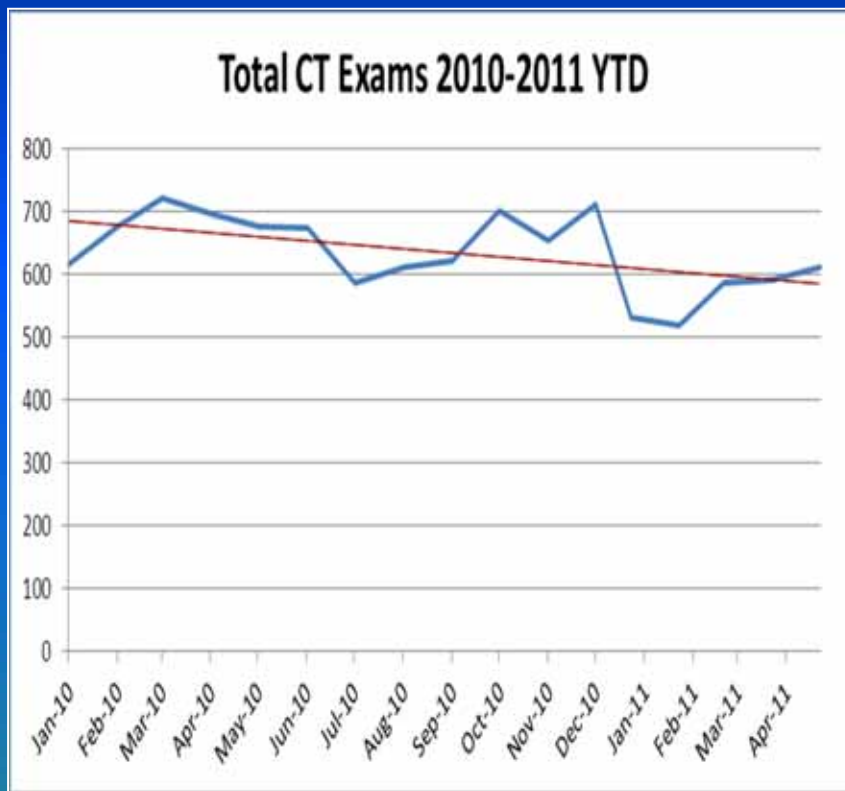
Data Analysis -Data Requirements

- Payroll Data (hrs worked, paid, hours by skill level) for at least a 12 month period
- Volume data against which performance is measured (patient days, visits, procedures, exams, etc.), matching the same period of time as payroll
- Trending of volumes

Trending Samples

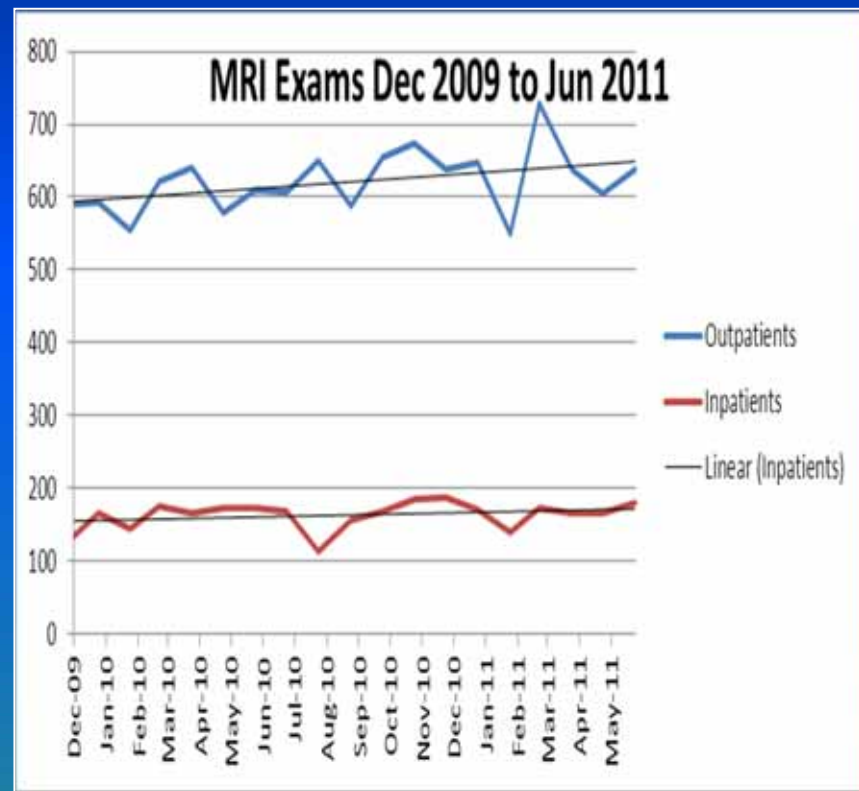
CT Volume Jan 2010-Jun 2011

Source: Epic Imaging Reports

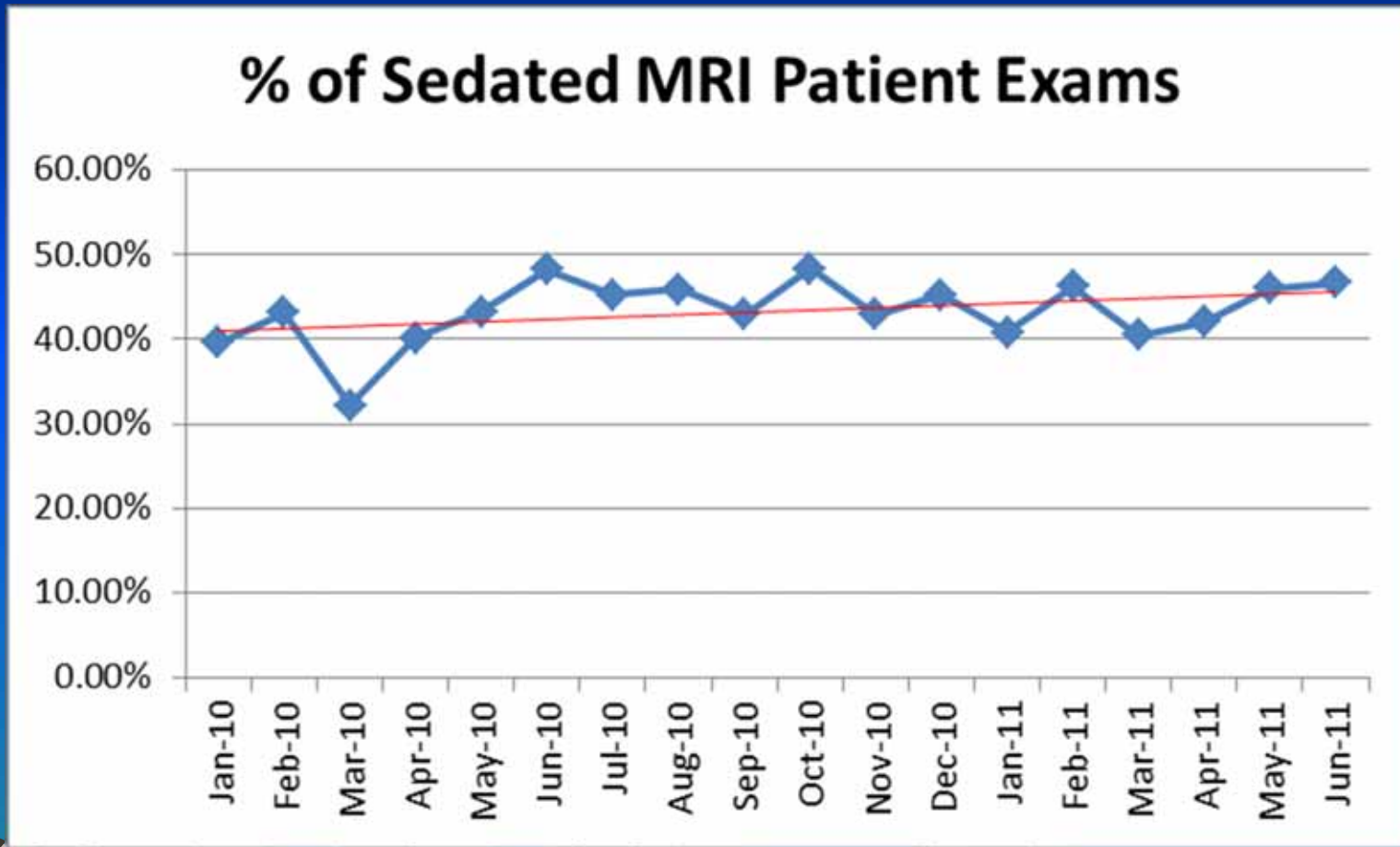


MRI Volume Dec 2009 – Jun 2011

Source: Epic Imaging Reports

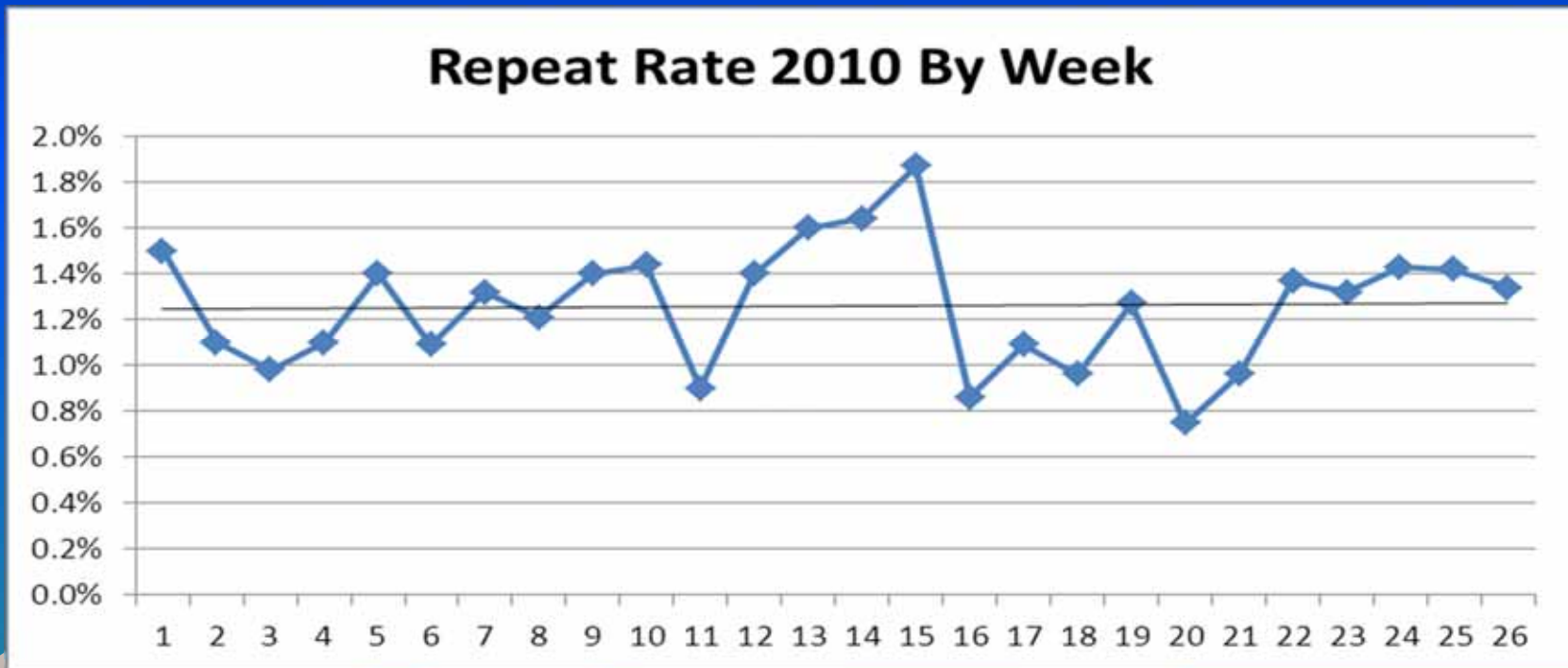


Trending Samples



Trending Samples

- The exam repeat rate is holding steady for the year 2010



Data Analysis - Data Requirements (cont.)

- Other data:
 - Exam Schedules,
 - Call logs,
 - Sedation Statistics,
 - Cross-training data
 - Change orders,
 - Back-logged procedures and others
- Labor Related Data
 - Labor distribution reports,
 - Organizational charts,
 - Staffing schedules,
 - Productivity monitoring,

Data Analysis - Data Requirements (cont.)

- Labor Related Data (cont.)
 - benchmark comparisons,
 - job descriptions
- Initiatives of the department
- Performance Measures



Interviews

- Administrators
- Department Director
- Department Managers or Supervisors
- Medical Director
- Other Physician Staff
- Clinical Staff
- Non-Clinical Staff
- Ancillary Department management/staff



What to Look for in Interviews

- History of the Department
- Initiatives and future plans
- Roadblocks to success
- Medical Staff issues
 - Incomplete orders
 - Unsupported orders
 - Education on processes
- Support from administration
- Strengths of the manager or director
- Leadership skills

Observations

- To gain maximum credibility one must spend time with the troops, sometimes even on the off shifts (evening and nights)

Observations (cont.)

- Using Work Sampling one can:
 - Observe all staff
 - Watch for processes
 - Observe interaction of ancillary staff
 - Determine effective use of technology
 - Consider layout and design issues
 - Identify Patient Safety Issues

Work Sampling

Name of Surveyor: _____

Page _____ of _____

Activities:

- | | | |
|--------------------------------------|--------------------------------------|---------------------------------|
| 1. Procedure - Patient | 12. Clerical Charting | 23. Photocopy/Fax |
| 2. Procedure - Other | 13. Clerical Other | 24. Precepting |
| 3. Assist Parent w/Feeding | 14. Telephone | 25. Rounds |
| 4. Pt/Family Education/Emotional Spt | 15. Dept. Management | 26. Taking Inventory |
| 5. Serve & Clean - Patient | 16. Talk Business - MD | 27. Greeting Patients (Receipt) |
| 6. Serve and Clean - Other | 17. Talk Business - Peers, Ancillary | 28. Sitting a patient |
| 7. Positioning Patient | 18. Talk Business - Other | 29. Labs |
| 8. Transport Patient On/Off Unit | 19. Staff Education | 30. _____ |
| 9. Errands Off Unit | 20. Retrieve Equipment/Supplies | 31. _____ |
| 10. Walking To/From | 21. Computer Interactions | 32. _____ |
| 11. Medication Prep or Admin | 22. _____ | 33. Meals/Breaks |
| | | 34. Other Non-productive |

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Name:																				
Area:																				
Time																				
Skill Level>																				

Observations (cont.)

- Using Work Sampling one can:
 - **Watch for processes**
 - Eg. In an MRI suite, who handles the non-sedated patients, nursing or techs?

Observations (cont.)

- Using Work Sampling one can:
 - Observe interaction of ancillary staff
 - Eg: Who is responsible for suctioning on a critical care unit; Nursing or RCT?

Observations (cont.)

- Using Work Sampling one can:
 - Determine effective use of technology
 - Eg: How are orders being transmitted to RCTs and Nurses?
Use of phones?
 - Eg: Duplicate Data Entry
 - Eg: Computerized Worklists



Observations (cont.)

- Using Work Sampling one can:
 - Consider layout and design issues-
-Eg: Where are certain pieces of equipment located relative to where the work is performed?

Observations (cont.)

- Using Work Sampling one can:
 - **Determine Patient Safety issues-**
 - Things fall between the cracks when transferring patients
 - Important patient information is lost during shift change
 - Problems often occur in the exchange of information across hospital units

Use of Benchmarking

Benchmarking Defined

- Benchmarking generally consists of obtaining 3rd party information and comparing that information to the current performance of the present client.
- One has to make every attempt to make the comparative data fit the current environment (called normalizing)
 - Eg: If it's known that most operating rooms use environmental services to clean between cases and upon completion of the day's activities, but the OR in question has it's own staff do the between case cleaning, then adjustments are made to "normalize" the benchmark.

Departmental Productivity Summary

Period:		May, 2009 through Nov 2009 (7 Mths)				Per. Hrs:	1,216.66	CA Benchmark		Actual	30th Decile		50th Decile	
Cost Center	Cost Center	Unit of Service	Volume	Productive hrs	HPUOS components	GCMC HPUOS	30%	50%	Prod FTEs	Target FTEs	FTE Variance	Target FTEs	FTE Variance	
GCMC Surgical Services	6600	OR	Min	707,940	78,272	0.1106								
	6650	PACU	Min	1,802,280	44,601	0.0247								
	6670	PAT	Patients	6,549	10,072	1.5379								
	Raw Benchmark			707,940	132,945		0.1878	0.1547	0.1778	109.27	90.02	19.25	103.46	5.81
	Adjustments:													
		Schedulers			4,452		0.0063	0.0063		3.66				
		Angio Pt (PAT, Hold, PACU)			(4,859)			-0.0069		(3.99)				
		Cath Lab (annualized)			(5,248)			-0.0074		(4.31)				
		Housekeeping			7,519		0.0106	0.0106		6.18				
		Extended Stay PACU -Annualized			7,635		0.0063		0.0063	0.0063	3.66		3.66	
Adjusted Benchmark			707,940	134,810		0.1904	0.1904	0.1610	0.1841	110.80	93.68	17.13	107.12	3.69

Benchmarking Defined

- With few exceptions, the benchmarks should **not** be used as precise productivity measures.
- Benchmarks do not address level of service
- The benchmarks should assist in:
 - Establishing direction
 - Prioritizing future work
 - Showing potential opportunities

Benchmarking Services

- NACHRI (for Pediatrics) – PACT Data
- NDNQI
- CALNOC
<https://www.calnoc.org/globalPages/mainpage.aspx>
- Solucient (Thomson Reuters Healthcare -
www.thomsonreuters.com)
- GHC Consulting [garrick@garrickhyde.com]
- Delta Healthcare Consulting Group –
www.deltahcg.com
- Premier

Findings & Recommendations

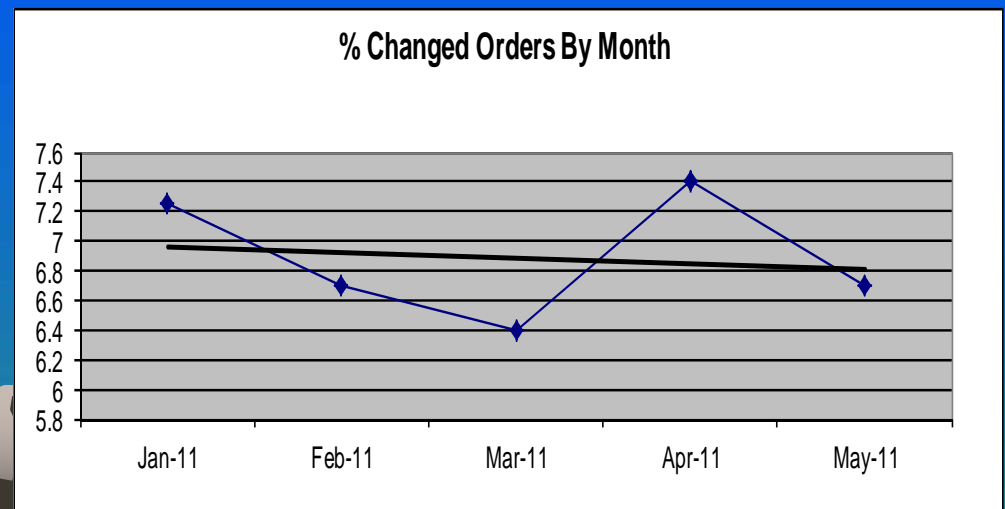
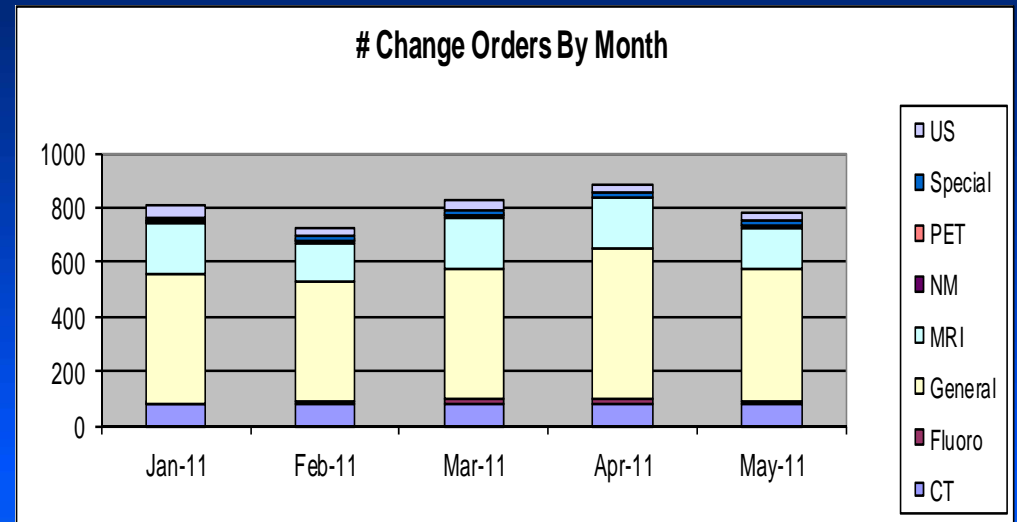
- An atmosphere of teamwork was reflected in all modalities; staff are very willing to assist one another
- The performance measures currently kept are appropriate, but additional metrics should be considered
- Cross-training of staff at all sites is done extensively. While additional opportunities exist, current demand may not require further cross training.
- Leadership in all modalities is highly competent and strong

Findings & Recommendations (cont.)

- Relationships between technologists and radiologists is supported by good interaction and communication
- All modalities are digital
- The “RIS” is the EPIC Radiant system
- The PACS system is provided by Fuji Synapse
- Voice recognition is used for 100% of exams to provide reports

Findings & Recommendations (cont.)

- Majority of change orders are associated with Dx Imaging, followed by MRI and CT
- Radiologists are initially focusing on MRI due to high cost and complexity of the exam
- % Change Orders are slightly decreasing



Findings & Recommendations (cont.)

Strengths of the Department

- Excellent management throughout, from Director to Supervisors
- Patient-focused care
- Team work among staff
- Team work with the Radiologists

Findings & Recommendations (cont.)

Strengths of the Department

- Proactive in resolving issues related to Ordering, Scheduling, Patient Flow and the like
- Coordinated effort among peer departments to provide services to patients at NOC, ED, Outpatient Departments, and Inpatient Nursing
- Cost Consciousness
- Focus on Future (MFM, satellite centers, etc)

Findings & Recommendations (cont.)

Major Challenges & Initiatives

- Obtaining American College of Radiologist Accreditation – goal is to achieve full accreditation by January 1, 2012. Only CT, Nuclear Medicine/PET remain to be qualified.
- Accommodating the growth of the Maternal Fetal Medicine (“MFM”) Program (impacts Ultrasound and MRI) – in beginning stages
 - MFM program will require additional effort in handling outside films
 - Indexing of mothers in a pre-delivery state with the eventual birth of the child will present challenges within PACS software
- Addressing the expanded demand for MRI services – planned expansion is to add one more magnet. Current YTD 2011 utilization is running about 68% (exam start to exam stop).

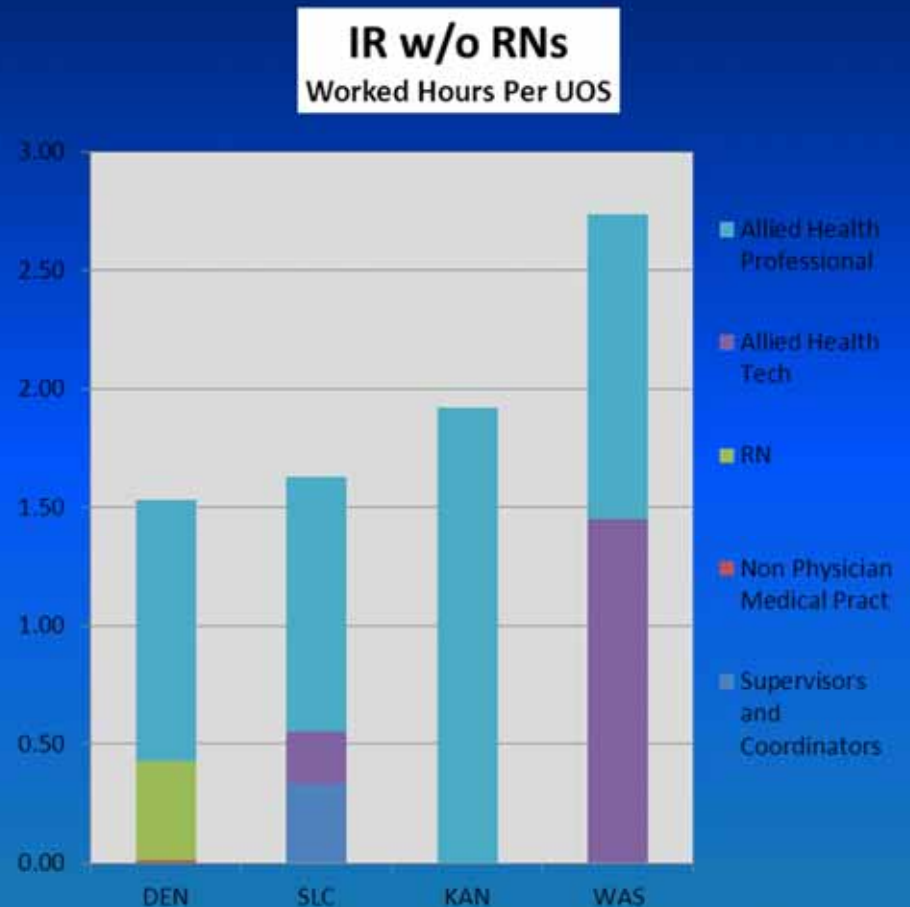
Staffing Recommendations

Comparative Data

- PACT and Action OI Data were used to compare performance of Patient Children's Hospital with other peer groups
- The comparative data set within PACT is smaller than Thompson & Reuters Action OI database. Action OI hospitals include academic medical centers with pediatric services
- One of two peer group hospitals within PACT are way out of range of other facilities and, therefore, distort the performance of the other peers
- In Interventional Radiology, Patient Children's IR, which has nurses, is assigned to IR without nurses. However, there are no other peers in PACT that identify that they have nurses assigned to IR.
- PACT data include outlier facilities that distort performance of other like facilities.

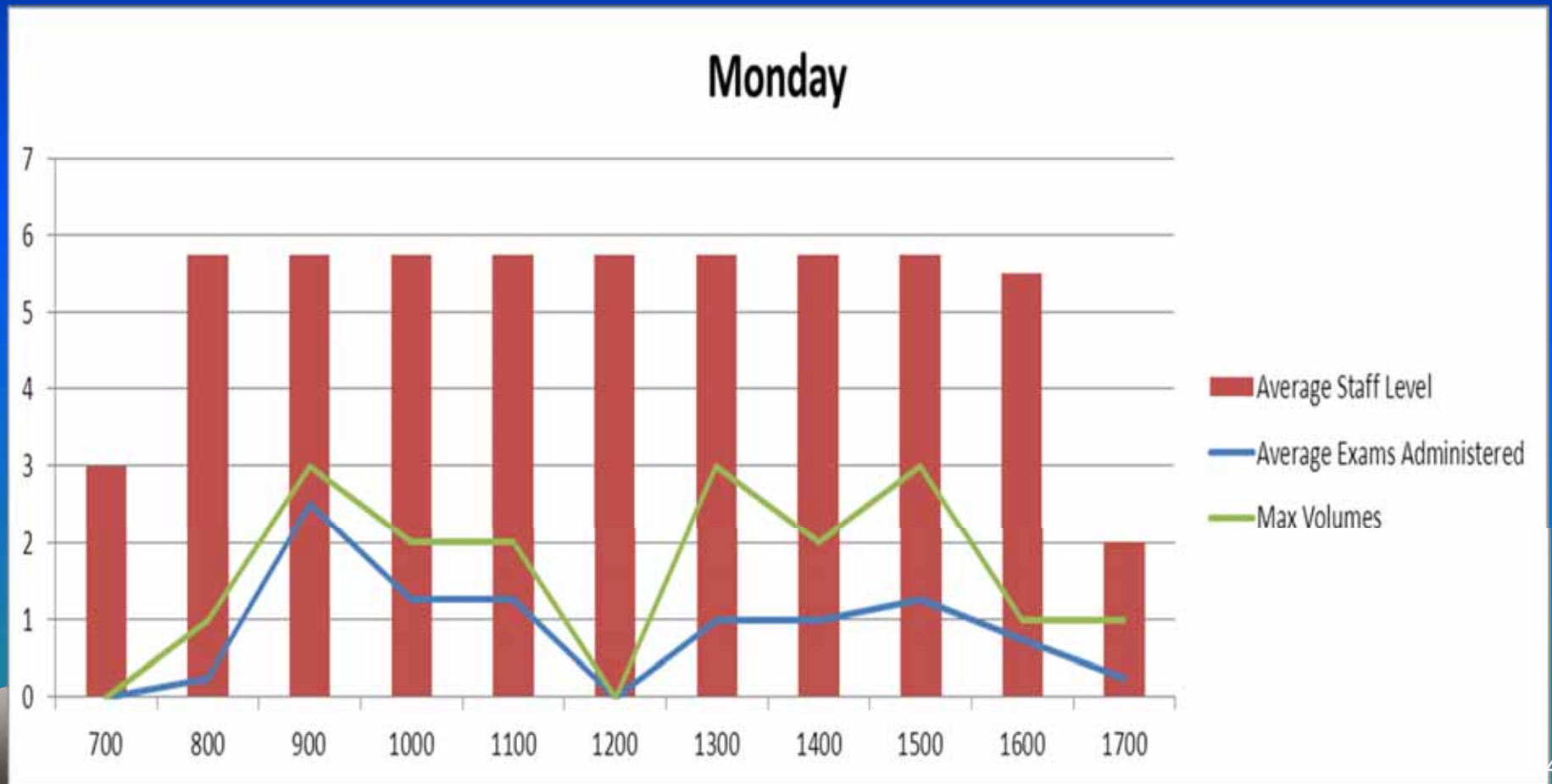
Staffing – CHCA Benchmark Interventional Radiology

- IR is grouped with peers that do not assign nurses to IR
 - IR (1.02 HPUOS) at Patient Children's performs better than the average (1.69) of other peers.
 - Comparing the staffing by hour of day with exams by hour of day, IR shows an opportunity for changing schedules (see graph next page).



Staffing – Interventional Radiology

- All Mondays in March 2011 avg exam duration is 39 minutes



Presentation

Work Streams Analysis – Overview Chart

Work Stream	FTE Impact	Cost Savings	Revenue Enhancements	Cost to Achieve
Biomedical	Red	Red	Red	Green
Business Services	Red	Red	Red	Green
Case Management	Grey	Red	Green	Red
Cath Lab	Yellow	Green	Red	Green
Dietary	Red	Green	Red	Green
Environmental Services	Grey	Red	Red	Yellow
Facilities Management	Red	Red	Red	Green
Finance	Red	Red	Red	Green
Heart Central	Red	Red	Red	Green
Health Information	Red	Green	Red	Green
Human Resources	Red	Red	Red	Green
Imaging	Yellow	Yellow	Red	Green
Information Technology	Red	Red	Red	Green
Laboratory	Yellow	Green	Red	Green
Legal	Grey	Red	Red	Green
Marketing	Red	Yellow	Yellow	Green
Non-Invasive Cardiology	Yellow	Green	Red	Green
Nursing Administration	Red	Red	Red	Green
Patient Access	Grey	Red	Red	Green
PBX	Red	Red	Red	Green
Pharmacy	Green	Green	Green	Green
Plant Operations	Red	Red	Red	Green
Respiratory	Grey	Green	Red	Green
Security	Grey	Green	Red	Green
SPD/Central Service	Grey	Yellow	Red	Green
Surgical Services	Green	Green	Red	Green
Transport	Yellow	Yellow	Red	Yellow

High	>10 FTE savings	>\$500,000	>\$1M	<\$25K	Low
Med	2 - 10 FTE savings	\$100K - \$499K	\$500K - \$999K	<\$25k - \$500K	Med
Low	None or Minimal	<\$100,000	<\$500K	>\$500K	High
Add	> 1 FTE Req				

Departmental Overview

	Efficiency	Quality	Satisfaction
Processes			
Labor			
Leadership			
Roles & Responsibilities			

-  No Opportunity
-  Opportunity
-  Strong Opportunity

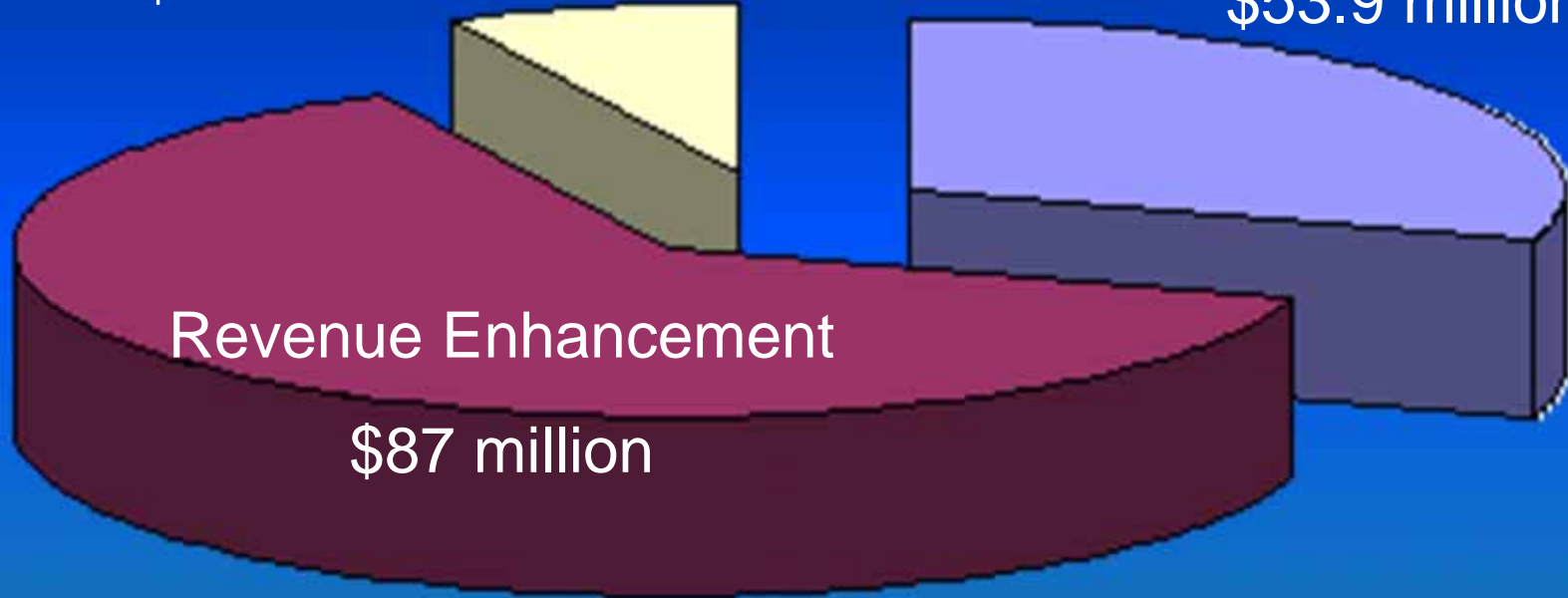
Opportunities Summary

Cost to Implement

\$11.9 million

Cost Savings

\$53.9 million



Summary

- Determine the Scope of the Project
- Identify data requirements (may have to be flexible)
- Adhere to a precise timetable (including periodic progress reporting)
- Core project steps of:
 - Data Analysis
 - Interviews
 - Observations
 - Benchmarking

Summary (cont)

- Report Preparation
- Preliminary Review of Findings
- Adjustments
- Final Presentation



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THANK YOU!

Thank you for your attention, please contact
Frank Overfelt for further questions...

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