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

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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

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<th>Consultant</th>
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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

% of Sedated MRI Patient Exams

0.00% 10.00% 20.00% 30.00% 40.00% 50.00% 60.00%
Jan-10 Feb-10 Mar-10 Apr-10 May-10 Jun-10 Jul-10 Aug-10 Sep-10 Oct-10 Nov-10 Dec-10 Jan-11 Feb-11 Mar-11 Apr-11 May-11 Jun-11
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 _____

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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

<table>
<thead>
<tr>
<th>Period: May, 2009 through Nov 2009 (7 Mths)</th>
<th>Per. Hrs: 1,216.66</th>
<th>CA Benchmark</th>
<th>Actual Prod FTEs</th>
<th>30th Decile</th>
<th>50th Decile</th>
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<tbody>
<tr>
<td>Cost Center</td>
<td>Cost Center</td>
<td>Unit of Service</td>
<td>Volume</td>
<td>Productive hrs</td>
<td>HPUOS components</td>
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<td>6600 OR</td>
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<td>707,940</td>
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<td>6650 PACU</td>
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<td>6,549</td>
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| 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): (5,246) -0.0074 (4.31)
- Housekeeping: 7,519 0.0106 0.0106 6.18
- Extended Stay PACU -Annualized: 7,635 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 |
Benchmarks 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
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.
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)
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

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<tr>
<td>Surgical Services</td>
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<tr>
<td>Transport</td>
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</tbody>
</table>

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

(Note: Colors represent different statuses and values for each category.)
# Departmental Overview

<table>
<thead>
<tr>
<th></th>
<th>Efficiency</th>
<th>Quality</th>
<th>Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Processes</td>
<td>No Opportunity</td>
<td>Strong Opportunity</td>
<td>Satisfaction</td>
</tr>
<tr>
<td>Labor</td>
<td>No Opportunity</td>
<td>Strong Opportunity</td>
<td>Satisfaction</td>
</tr>
<tr>
<td>Leadership</td>
<td>No Opportunity</td>
<td>Strong Opportunity</td>
<td>Satisfaction</td>
</tr>
<tr>
<td>Roles &amp; Responsibilities</td>
<td>No Opportunity</td>
<td>Strong Opportunity</td>
<td>Satisfaction</td>
</tr>
</tbody>
</table>
Opportunities Summary

Cost to Implement
$11.9 million

Revenue Enhancement
$87 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
THANK YOU!

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

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www.deltahcg.com