

ALGORITHM FOR OPTIMIZED CARE DELIVERY: ANALYSIS + ALIGNMENT + ACCOUNTABILITY

Using data as the foundation for care delivery optimization, Premier experts help providers identify where to find and how to tackle clinical variation to enhance care, improve outcomes and reduce costs. **BY ERIKA SUNDRUD**

Across many industries there's the familiar saying "if you can't measure it, you can't manage it." In healthcare, it's partially true. People aren't motivated to improve unless they know how they're doing. But when it comes to variation in care delivery, if the right stakeholders aren't aligned and accountable, improvement efforts won't be sustainable enough to last long term.

Healthcare organizations that want to succeed in value-based care and payment models must take steps to understand where variation lies, identify the best clinical practice and then optimize that practice to drive standards, align incentives and hardwire disciplined improvement processes across the continuum that can be sustained over time.

Analysis

The first step to tackling variation is to understand readiness for change. Timely and actionable system-wide data can empower leadership teams with the information needed to support clinical efficiency while maintaining or improving quality.

Take the ICU – putting patients in the ICU when it's not necessary or keeping them there longer than needed is potentially harmful. ICU stays have been linked to increased risk for hospital-acquired infections (HAIs) and other

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adverse events. Looking at nearly 800 hospitals in a recent analysis, Premier found opportunities to reduce ICU days by 200,000 per year for patients with diagnoses that had the greatest variation, such as sepsis patients and patients that were undergoing cardiac valve and other major cardiothoracic procedures.



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ICU optimization is no easy task but using robust data and analytics to conduct gap analysis assessments can help unveil and pinpoint opportunities to rapidly improve high-reliability efforts. Premier found that providers making progress in optimizing ICU care have decreased patient length-of-stay by 13 percent across the top diagnoses with the greatest variation in this setting.

But analysis doesn't stop at identifying gaps. Care delivery must be monitored throughout a patient's care journey to avoid complications that extend stays. Technology that alerts

clinicians and nurses to use evidence-based practices, proactively identifies patients at-risk for HAIs and other harmful drug interactions, and tracks and monitors clinician performance goals to ensure consistent use of medications and therapies for targeted disease states is also a key piece to optimizing care delivery.

Alignment

Strong leaders that are visibly involved in sustainably removing barriers to change use structured processes, cross-continuum care paths and communication forums that are aligned with the organization's mission and goals, and encourage communication, teamwork, system-wide awareness and staff empowerment.

For example, providers that were successful in lowering length-of-stay in the ICU created multidisciplinary teams to ensure all of the patient's care providers were together at the same time to collaboratively determine the next steps in the most efficient way for each patient. Driving engagement by tapping the insights of physicians, nurse leaders, primary nurses, case managers or social workers, pharmacists, respiratory therapists, physical therapists, dietitians and others was vital to the success of the multidisciplinary ICU team. Overall, patients treated at these hospitals spent 24 percent less time in the ICU.

Additionally, identifying and aligning quality metrics and incentives that are targeted on reducing care variation with physician groups is critical. Engaging physicians is vital to establishing the framework and foundational elements required to determine and achieve medical group buy-in for the most impactful strategies. After all, the only way to earn revenues for achieving high-reliability is through aligned, value-based incentives.

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Accountability

An accountability structure using checklists, scorecards and incentives that are based on measurable, objective data must be set in place to increase speed to results, solidify alignment efforts, standardize care and sustain success within any care redesign effort.

Anticipating and preparing for the barriers and setbacks that will occur is also critical. As the project structure

takes shape, consistently and transparently sharing and encouraging dialogue around leadership goals, membership, and timelines provides a hyper focus on the accountability of each leader, team and staff member redesigning the needed processes.

Every unnecessary day a patient spends in the hospital is a threat to the bottom line. To keep providers accountable, dashboards that highlight progress and clinician scorecards that identify what is working and pinpoint improvement opportunities provide a continuing feedback loop of measurement and analysis of success along the way.

Dollars follow high-reliability investments that optimize care delivery. While it's not easy, clinical staff are increasingly in tune with the importance of standardizing care to benefit patients, deliver value and reduce costs. Having the right data and analytics to analyze readiness, understanding how to best operationalize and streamline workflows, and keeping leadership and staff accountable are all essential components of creating a culture of care delivery optimization.

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