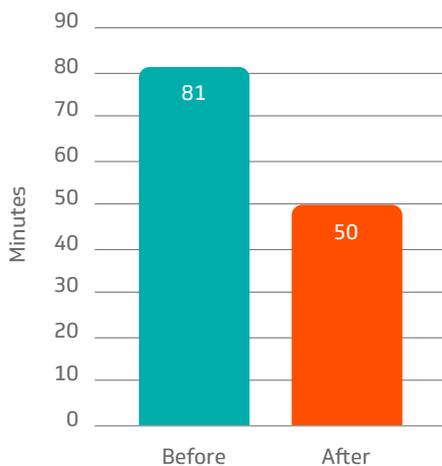


Efficiency improvements set the stage for millions in extra revenue

Streamlining patient flow in a surgery center increases capacity, reduces frustration and adds to the bottom line

Figure 1. Patient wait time in pre-op bay (average)



Challenge

The surgery center at a Tennessee hospital shared a common problem among surgery centers: the flow of patients was not as efficient as it could be, resulting in patient waits and caregiver delays. Besides causing inconvenience and frustration, suboptimal patient flow meant fewer patients could be treated, reducing capacity and increasing costs. First-case start times were often missed, which set off a domino chain of delays all day long.

Solution

That’s why the hospital turned to Healthcare Performance Partners, a Vizient™ company, for assistance with conducting an assessment and a rapid improvement event. Together, the surgery center and Healthcare Performance Partners team members identified ways to eliminate waste and stabilize workflow from preregistration through the post-anesthesia care unit (PACU).

Based on careful observations of the surgery center work, the team charted the separate flows of patients, workers and patient charts in the course of a surgical case. While looking for opportunities to improve, team members gained renewed appreciation for the work of people in other units, such as pharmacy and patient access.

The team then focused on developing a future state that would improve patient flow, nurse workflow and administrative workflow while providing more flexibility.

Patient flow

Registration. Patients often waited to have their accounts activated before being escorted to the surgery center for their procedure. To solve this problem, the patient access department implemented a fast-track process for all preregistered patients who completed their preadmission testing and financial arrangements. The process reduces wait times for eligible patients, accelerating their transfer from the main admitting area.

The new process includes a key feature — a standardized patient interview. This thorough assessment catches any special needs before the patient enters the pre-op area. A visual cue (a completed chart with a green dot) signals to staff that the interview is complete and the patient is ready.

Patients who must wait may remain in the lobby with family, reducing time in the pre-op area where family is not allowed. The new process increases capacity and flexibility for add-on cases and emergencies.

Pre-op. Patient pre-op wait times averaged 81 minutes, constraining the number of available beds. With a new modified “pull” system, patients are moved into pre-op only when the operating room signals its readiness — reducing pre-op wait time by more than 30 minutes. The staff reports that they now spend more time with each patient (Figure 1).

Nurse workflow

Nurses in both pre-op and the PACU found that commonly used supplies were not always available at the bedside. The team configured patient care areas to meet nurses’ needs (e.g., gloves on the right side of the bed). Travel time was reduced, along with central stock room par levels. After the team standardized the content and sequence of the charts according to nurses’ needs, their rework, confusion and reordering were reduced.

The team also reconfigured bays in the PACU so that the administrative assistant could see all open bays. Plus, the installation of additional phones improved communication.

Administrative workflow

The team discovered that the administrative assistant spent 1.5 hours per day creating blank chart packets. This step was eliminated because the information technology department created a way to print the standardized packets on demand in the preadmission testing area. This change improved workflow, eliminated wasted paper and freed up a room in the surgery center.

The team also assessed the excessive travel required by the administrative assistant for same-day medication orders. They discovered the scanning process to be the issue. Nearly 30 percent of the scanned items were not being read properly. A new scanning process eliminated the inaccuracy, travel and frustration, saving approximately two hours of the assistant’s time per day.

Interruptions were another form of wasted time, as operating room staff called the pre-op staff for basic contact information. A physician contact list posted in each operating room readily reduced these interruptions.

Results

These workflow improvements reduced wait times for patients (Figure 1) and increased the amount of time that caregivers can devote to patient care. They also laid the foundation for meeting first-case start times. Additionally, on-time starts rose from 38 percent to more than 80 percent. Plus, administrative assistants freed up 3.5 hours per day for value-add activities.

Overall, improved efficiency in the surgery center allows for enough extra cases per day to translate into a potential revenue increase of more than \$1 million per month, or \$14 million per year.

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