

Performance Strategies



Improve Performance through Process and Culture Change

Vol. 3, Issue 2, 2009

NCH Optimizes Clinical Care with Standardization



By Dale Beatty, RN, MS
Vice President for Patient Services and Chief Nursing Officer
Northwest Community Healthcare



Understanding How You Work

In 2007, [Northwest Community Healthcare](#) (NCH) launched an ambitious initiative to roll out IT solutions for clinical documentation, surgical documentation and utilization, and medication administration. We were embarking on what would be a major redesign of our clinical processes, which we believed would reap great benefits in terms of patient safety and organizational efficiency.

This project was truly a monumental task that went far beyond simply installing software. It demanded a deep understanding of our own current processes and practices so they could be articulated in a single clinical documentation and order system.

We were hampered by a lack of experience in designing a standards system that would fit NCH's needs and processes. To ensure success and meet our own ambitious timeframe for deployment, we decided to seek outside expertise to guide us in a series of rapid design sessions that studied and re-engineered our clinical workflow. Had we done this alone, I'm confident we would not have achieved the same fast implementation and ROI.

Designing A Standard

With a design structure in place that drew on the expertise of physicians, nurses and caregivers from throughout the organization, we were able to build a customized clinical documentation system that supported clinical practice rather than simply driving it. Our goal was to ensure that the deployment was not simply an IT initiative, but a clinical initiative that was supported by IT. In essence it became a strategic partnership between clinical and IT that provided the vital balance of skills, knowledge and expertise.

Through these sessions, we standardized our processes and practices. There are often variations in how care is rendered within organizations, and these differences can increase costs and reduce quality of care — particularly when there is a lack of evidence to support specific clinical practices.

Under the guidance of McKesson's [clinical consulting](#) team, we focused on these variations and arrived at standards that served the needs of the NCH community. Thanks to the involvement of our clinical personnel in the design sessions, we reaped the added advantage of a strong adoption of the clinical documentation and orders system.

The fruit of all this work was realized in an easy go-live of the IT solutions and a system that has produced significant improvements for our staff. For example, the project completed four weeks early:

- Eliminated 63% of nursing documentation processing steps
- Eliminated 87% of paper-based process steps
- Reduced process flows from 12 to 3

OR Expansion Drives Improvement

The lessons learned in the clinical documentation system rollout served NCH well when it came to the next step in our technological revolution — surgical documentation and resource utilization.

CONTINUED ON PAGE 2

NCH Optimizes Clinical Care with Standardization (Cont.)

The OR was expanding from 20 to 24 surgical suites, but that rapid growth was proving costly as efficiency began to decline. Our goal focused on optimizing operational flow within the surgical services area by improving room utilization and decreasing room turnover time.

Once again we brought together stakeholders from each discipline for rapid design sessions. That process saved valuable time and enabled us to successfully integrate surgical flow with documentation, while developing process standards that improved efficiency and quality of care for patients.

The end result: \$1.2 million in savings. These savings included eliminating open OR time, reduced printing costs, and efficiencies gained from moving to online documentation.

Redesigning Safety at the Bedside

Our next step brought medication administration and documentation together at the bedside. Once again we examined current processes and developed improvements through a partnership between consulting, clinical and IT. By the time we deployed bar-code scanning of medications, we had also redesigned the medication process to increase efficiency in the care delivery process. Process steps were reduced by 37%, while manual charting fell by 52%.

Planning for Success

Through this process, we at NCH have learned that it is vital to:

- Leverage all your resources for their expertise in IT and your clinical services.
- Utilize strategic partnerships such as consulting services.
- Design a system that supports your clinical practice.

Implementing technology can be a complicated and demanding experience, but, as we discovered, it is also a unique opportunity to fundamentally redesign and improve the delivery of healthcare. That's good for everybody.

Dale E. Beatty is the Vice President, Patient Services and Chief Nursing Officer for Northwest Community Healthcare (NCH), a 511 bed acute-care hospital in Arlington Heights, Ill. NCH is an ANCC Nursing Magnet hospital as well as one of Fortune's Top 100 Best Places to Work for 2005, 2006 and 2009. Mr. Beatty is responsible for leadership of patient services and key corporate initiatives and has been instrumental in the development of effective work teams to produce organizational outcomes.

Results of Charting and OR Process Redesigns

Patient Care Assessment

- ▶ Eliminated 63% of charting steps for patient care assessment and 87% of paper-based charting steps.
- ▶ Reduced current state process flows from 12 to 3 for future state process.

Medication Administration

- ▶ Eliminated 37% of medication administration charting process steps and 52% of paper-based charting steps.

Operating Room

- ▶ Saved \$1.2 million in the OR by reducing open OR time and printing costs, and efficiencies gained from moving to online documentation.

By redesigning processes when moving to electronic documentation systems for patient care assessment, medication administration and OR charting, NCH was able to decrease the number of process steps and streamline the charting process. Decreasing paper-based process steps improves efficiency and decreases the opportunity for errors. In addition to charting improvements in the OR, the redesign helped NCH reduce open OR time and reduce printing costs.

Learn More

[JAMIA: Workarounds to Barcode Systems and Threats to Patient Safety](#)

[UHN Provides Patients a Window on Care](#)

[Improving Physician Adoption](#)

[Health Management Technology: The Two-Way Solution](#)