Performance Strategies

Improve Performance through Process and Culture Change Vol. 3, Issue 2, 2009

To Optimize Results, You Need Synergy between Process and IT

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Experience teaches that technology alone will not drive change in the healthcare setting. Rolling out electronic medical records, computerized physician order entry (CPOE), bar-code scanning and other tools can help clinicians and other staff members work more effectively and efficiently. However, technology may not achieve the desired results without the supporting processes, adoption and workflow.

A recent *Sentinel Event Alert* issued by the Joint Commission concluded that "users (of technology) must be mindful of the safety risks and preventable adverse events that these implementations can create or perpetuate." Even with this caution in mind, organizations should not shy away from investing in healthcare IT. The rewards of greater patient safety and better use of resources are far too great to be ignored.

The goal of implementing clinical technology always must be to support safe and effective patient care. A successful outcome requires a strategy that integrates people, process and technology to drive results. To achieve optimum results, healthcare organizations must consider and develop new ways of delivering care that take into account how clinicians actually work and the realities of everyday practice.

Laying the Groundwork for IT Adoption
Rolling out software solutions without laying the proper groundwork for adoption may create compliance issues as staff and clinicians figure out new ways to keep the old manual processes in place.

Reducing medical errors, keeping patients safe and achieving a host of other objectives promised by automation, can only be achieved through a holistic approach to organizational change. Prior to the first technology roll out, several essential elements must be in place:

- Program leadership
- Clinical practice change
- Standardization
- Process re-engineering
- Success measures

Let's look at each of these factors.

Taking the Lead: The implementation of technology often requires culture change as well as an investment of finances and human resources. To effect culture change, leaders need to effectively communicate goals and expectations as well as the importance of change. If those involved don't grasp why changes are taking place, an organization will not achieve the anticipated results. This includes understanding the rewards for success and the penalties for failure and non-compliance.

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Changing Clinical Practice: New technology always brings about changes in care practice. However, non-compliant users can always devise a workaround that creates duplicate documentation. As a result, the organization fails to realize the efficiencies promised by the technology.

Involving stakeholders in every aspect of the process helps ensure that the end result meets their needs, and therefore is more likely to have their support. When the chief nursing officer and the chief medical officer delegate decision-making authority to representatives of every affected clinical department, they create stakeholders that see the technology as their clinical tool, not just an IT implementation.

Setting Standards: Many organizations view technology as a means to create efficiencies through automation, but it should also support decision-making through effective data mining. Information aggregated from thousands of patient encounters can reveal trends and opportunities for positive change that create safer, more effective healthcare.

For data analytics to work, standardization of how information is gathered and categorized must be built into the system during the implementation phase. A common language creates a common process for gathering and evaluating data on an organization-wide basis.

Engineering New Processes: One of the most difficult areas of any implementation is changing the way clinicians do things. We find over 70% of the opportunities for improvement in IT clinical transformation projects are centered on the work processes. For technology to be effective, the clinical workflow must be safe, efficient and compliant. A careful study of how work gets done can lead to process improvements or changes in the way the IT is implemented.

Measuring Success: It's a truism in business that you can't improve what you can't measure. Healthcare organizations must be able to accurately gauge efficiency, patient safety, and compliance. Out of these measures will come opportunities for improving day-to-day delivery of care in an efficient and safe way that transcends simply creating an automated process.

Successful IT Implementation Results from Planned Process Change

Healthcare technology is a powerful tool for improving the way your healthcare organization delivers care. But like any tool, without preparing for it, mastering its use and implementing it to support your goals, its benefits will never be realized.

Throughout my consulting experience with McKesson, one fact has emerged over and over again. In consulting with more than 50 different healthcare organizations undergoing significant technological change, about two-thirds of improved results stem from carefully planned process change that precedes and accompanies the implementation of IT.

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OR Benchmarks Collaborative Provides Data for Actionable Change

In greater numbers, healthcare organizations are leveraging their data for process improvement by benchmarking results against best practices and peer performance. For example, members of the OR Benchmarks Collaborative (ORBC), a "vendor-neutral" service from OR Manager Inc and McKesson, provide monthly trend data on 12 key performance indicators (KPIs) and many other supporting data points, including:

- Start-time accuracy for the first case of the day and subsequent cases
- Estimated case-duration accuracy
- Prime time utilization and block utilization
- Day of surgery add-on and cancelled cases

Members use a dashboard of the organization's results against KPIs to analyze bottlenecks and efficiency. The data can be viewed by various factors, such as procedure and surgeon. The organization can also view their results as benchmarked against other member's results and set achievable performance improvement goals.

Ross Memorial Hospital, a 178-bed community hospital in Ontario, joined ORBC in 2007 and has been able to drill down to specific causes of scheduling bottlenecks. The hospital used the results to create common case durations for the top 10 procedures by surgeon. The common durations enable the hospital to improve the accuracy of booking and improve subsequent case start times. After improving case averages for only two surgeons, it was able to improve booking accuracy by more than 20%.

"Now patients come in at the right time and leave at the right time," said Pat Ainsworth, OR Coordinator.

Overall, ORBC users have improved their scheduling accuracy by 29% based on data from more than 4 million OR case records from 381 ORBC subscribers. Scheduling accuracy, which translates into predictable start and end times, improves both patient and physician satisfaction with the OR, and is a key contributor to efficiency.

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