

Value Management at the Point of Care

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What problems are we trying to solve?



- ❑ Time pressured - high service demand
- ❑ Unnecessary variation in quality of care & patient experience
- ❑ Data rich but information poor
- ❑ Tight budgets with pressure to reduce costs
- ❑ Communication challenges
- ❑ Inconsistent processes & inefficiencies
- ❑ Staff time not always well utilised
- ❑ Staff shortages with many experiencing burnout

.....Putting out fires all day

Value Management

- Provide frontline staff with a management approach and useful data to inform strategically-aligned improvements
- Improve quality, better utilise staff capacity and lower costs

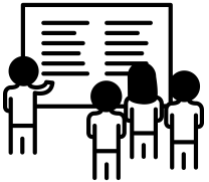


The solution – 3 key elements

Value can be achieved through the application of improvement science & these 3 elements:



1. Box Score



2. Visual Management



3. Communication Method - Huddles






1. Box Score

1. Performance Metrics
Quality and other key patient outcomes

2. Capacity Metrics
Staff time utilised over 24 hours

3. Financial Metrics –
Focus on variable costs

		METRIC	WEEK 1	WEEK 2	WEEK 3	WEEK 4
	Performance Measures	% On Time Discharges	38%	41%	42%	45%
		Average number of discharges per day	2.87	2.96	3.27	3.34
		28-day readmission rate	9.4%	9.7%	9.2%	8.90%
		Pressure Injuries (raw numbers)	1	1	0	0
		Falls (raw numbers)	0	1	1	0
		PROMs - Average Physical Functioning score	34	42	39	38
		PREMs - Average Overall Satisfaction (1-5 Scale)	3.9	4.4	4.3	4.6
	Staff Capacity	Day Direct Care	0.46	0.45	0.47	0.48
		Day Indirect Care	0.38	0.36	0.38	0.39
		Day Available Time %	0.16	0.19	0.15	0.13
		Night Direct Care	0.38	0.36	0.4	0.39
		Night Indirect Care	0.39	0.36	0.35	0.32
		Night Available Time %	0.23	0.28	0.25	0.29
	Financial Measures	Medical Staff	\$20,284	\$20,111	\$19,383	\$19,320
		Establishment Nursing Staff	\$24,445	\$22,110	\$21,850	\$20,998
		Bank Nursing Staff	\$2,667	\$2,724	\$2,525	\$2,694
		Drugs	\$9,200	\$8,998	\$8,527	\$8,656
		Surgical Supplies	\$2,417	\$2,822	\$2,010	\$2,045
		Other	\$1,376	\$1,212	\$1,568	\$1,445
		Total COSTS	\$60,389	\$57,977	\$55,863	\$55,158
		Costs per patient seen	\$3,006	\$2,798	\$2,441	\$2,359

Note: Representation does not contain any true data

Source: Institute for Healthcare Improvement



2. Visual Management Board



2. Visual Management Board

Box score - updated
on a weekly basis

Select ~5 strategic
improvement areas
based on measures
from box score

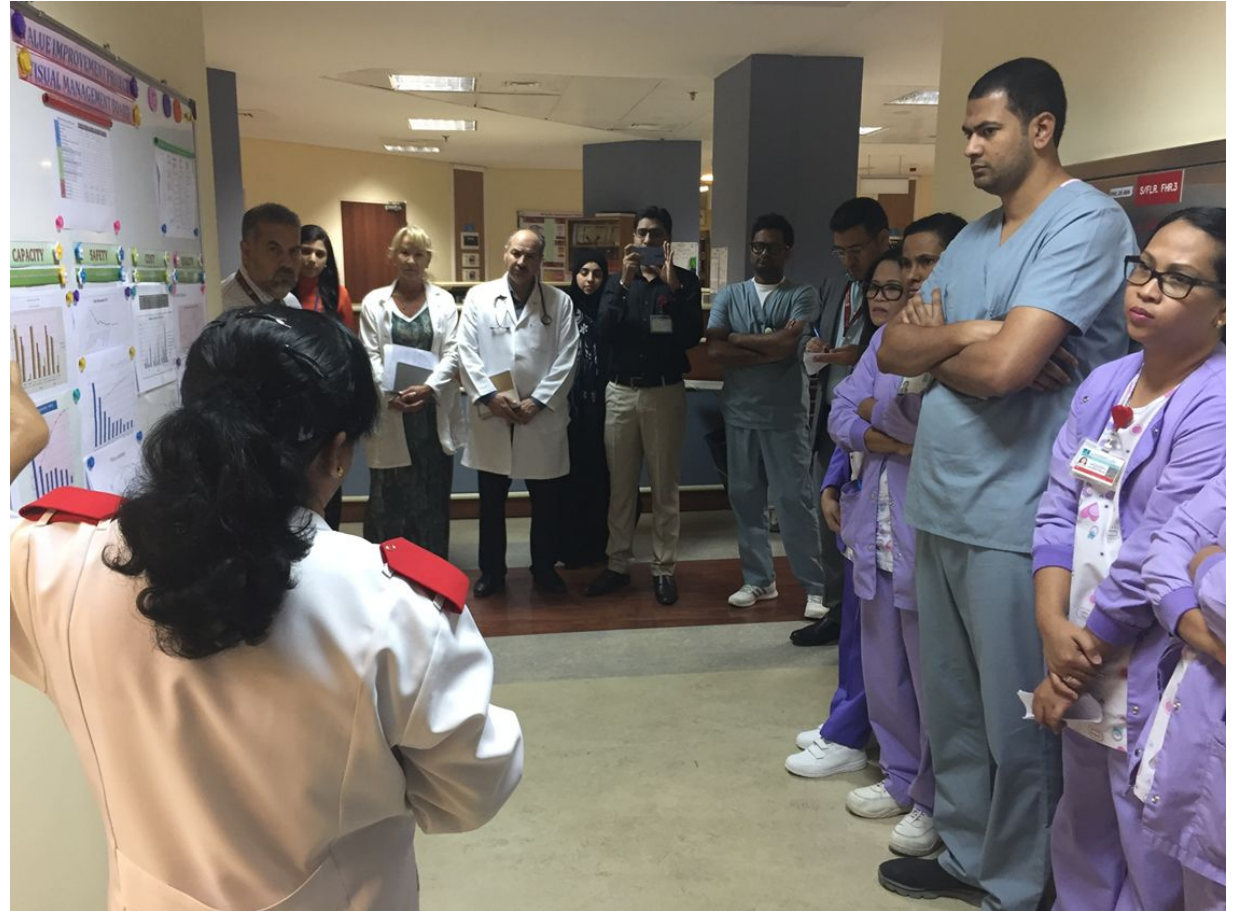
Use improvement
science to get results

Model for Improvement



3. Communication Method - Huddles

- Conducted weekly around the Visual Management Board
- Should involve multi-disciplinary team
- Last < 15mins
- Uses a standard agenda



Results Achieved



Results snapshot



Improved quality, safety and patient outcomes



Improved patient experience – more direct care



Improved efficiency, flow and productivity



Increased revenue and reduced costs



Improved staff experience



Improved Value

Raigmore, Scotland

- Delirium screening compliance increased from 14% to 85%
- COPD bundle compliance increased from 25% to 100%
- 29% increase in patients admitted to the ward per week
- 22% reduction cost per patient
- Staff satisfaction above 95%

Source: Mate KS, et al. Novel quality improvement method to reduce cost while improving the quality of patient care: retrospective observational study. *BMJ Qual Saf.* 2020 Jul;29(7):586-594.

Northwell Health, New York

- Improved SAT screening compliance from 7% to 84%
- Reduced patient transfer times from 94 to 77 minutes
- Neuro orders reduced from 3.7 to 1.8 per week

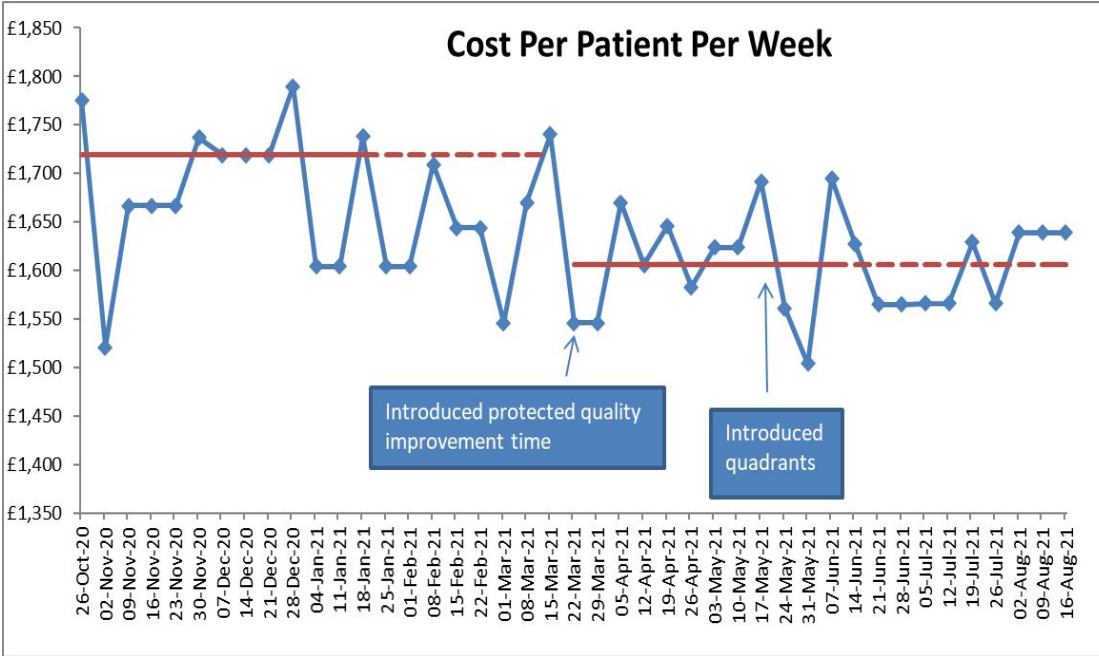
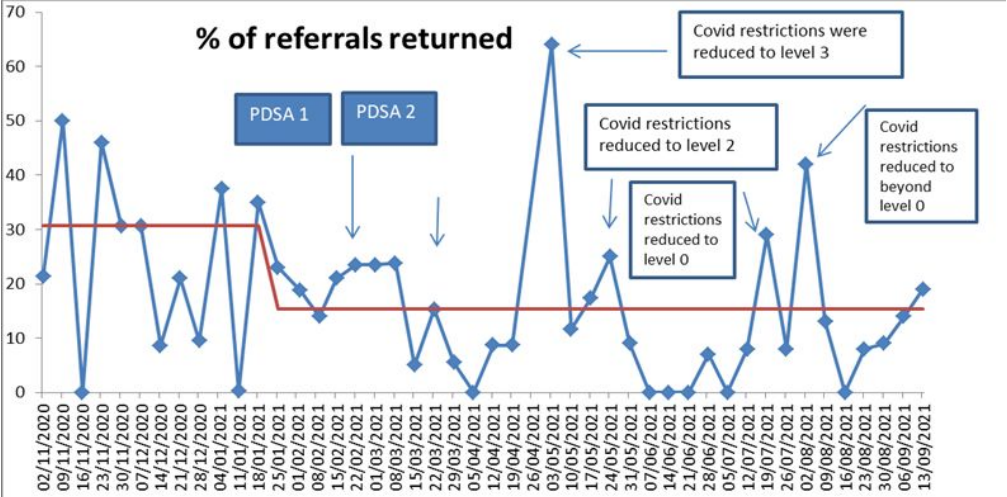
Doha, Qatar

- 68% reduction in pressure ulcers and skin issues
- 20% reduction in blood samples per patient per day
- Eliminated rejected lab samples
- 18% increase in nursing time spent in direct patient care from 57% to 75%
- 61% increase in patients discharged before 13:00
- Registered Nurse overtime hours reduced by 52%
- 40% reduction in laboratory sample costs
- Staff satisfaction increased from 60% to 100%.

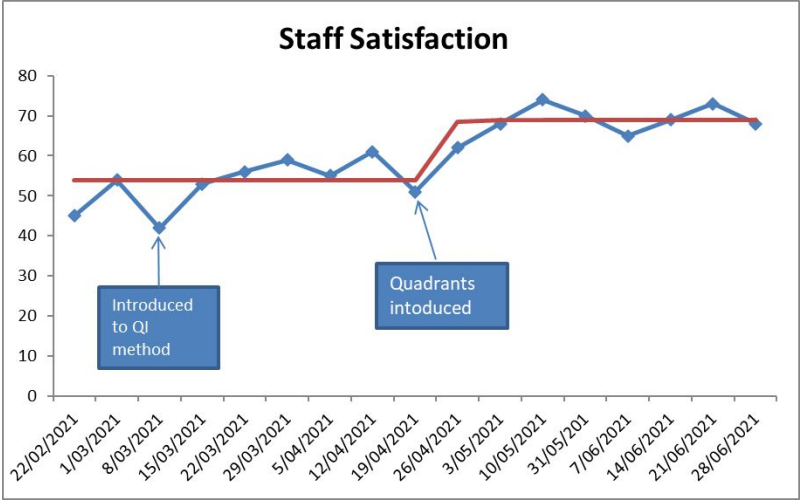
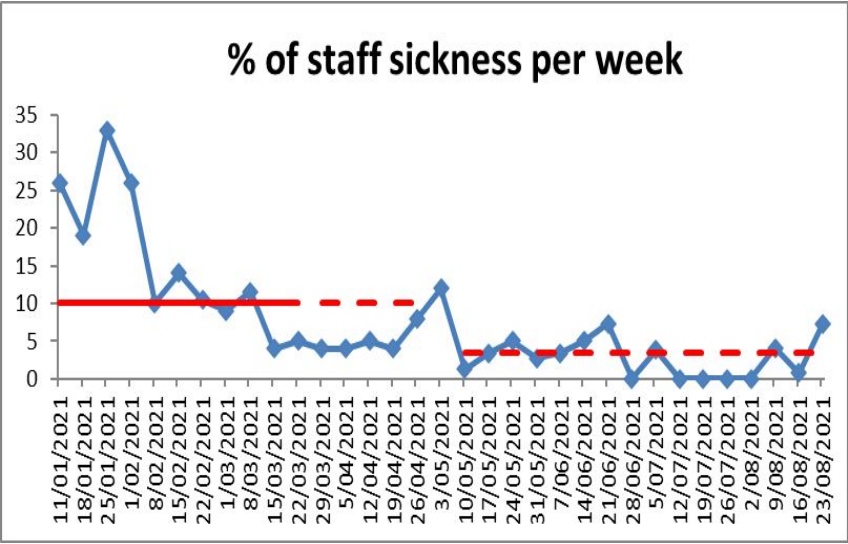
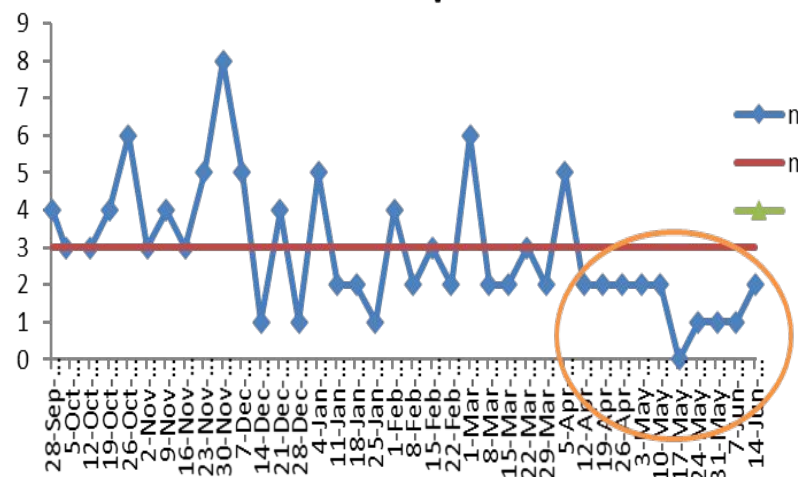
Source: Gupta P, et. al. Value improvement at the point of care: engaging and empowering front-line teams with a new quality improvement methodology. *BMJ Open Qual.* 2021 May;10(2)



Unit level - snapshot



Number of falls per week



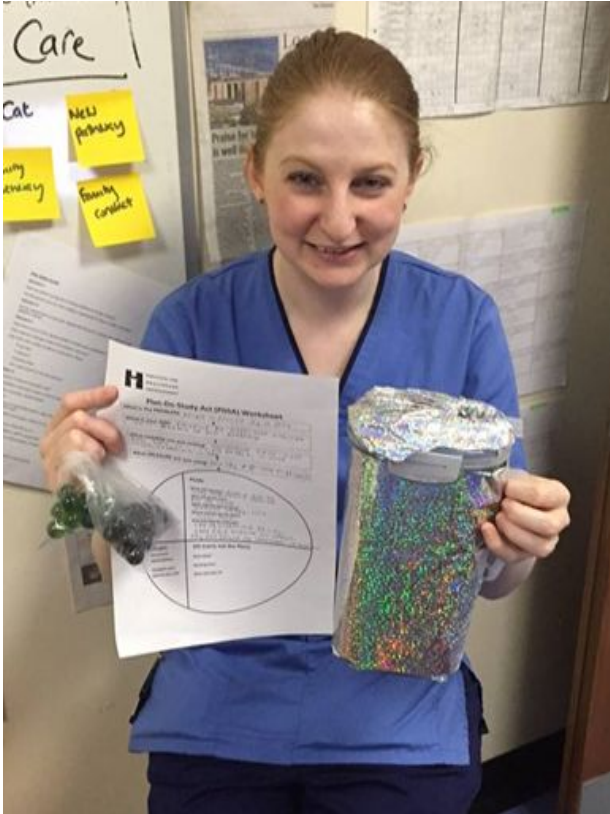
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What have we achieved?



- ✓ Visibility of metrics that matter
- ✓ Clarity on what to prioritise
- ✓ More effective communication
- ✓ Less unnecessary variation – processes & outcomes
- ✓ Better utilisation of staff time
- ✓ Improved staff morale
- ✓ Improved patient experience
- ✓ Value – Increased quality & lower costs

..... *Focus on improving value*

Key factors contributing to results

Data (Box Score) + Visual Management + Communication Method (Huddles) + Improvement Capability + Will to Solve Problems + Leadership Support

PROCESS



PEOPLE



Outcomes +
Patient Experience

Direct Costs +
Indirect Costs



Resources

For more details please review these Value Management publications:



BMJ Quality and Safety Journal - Novel quality improvement method to reduce cost while improving the quality of patient care: retrospective observational study



BMJ Open Quality Journal - Value improvement at the point of care: engaging and empowering front-line teams with a new quality improvement methodology



Harvard Business Review – 4 steps to sustaining improvement in health care



Harvard Business Review – A simple way to involve frontline clinicians in managing costs



IHI communities blog – Box scores: not just for baseball



IHI communities blog – Lean accounting: how to turn data overload into continuous improvement

