

The Baldrige Foundation Institute for Performance Excellence

Presents:

A Virtual Executive Roundtable

Technology - Maximizing Your Systems to Accomplish Your Goals

December 9, 2022



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Opening Remarks/Agenda

Introduction Al Faber, President & CEO, Baldrige Foundation

Facilitator Roger Spoelman, DBA, MBA

Senior Advisor - Strategy, Leadership, and Innovation

Co-Host, Baldrige Foundation Leader Dialogue Program

Panelists Ben Sawyer, MBA, PT, OCS, LBB – VP, Transformation Engineering, ABOUT Healthcare

Dan Mullen, MBA, MBB, CSM – VP, Innovation, ABOUT Healthcare

Darin Vercillo, MD - Co-Founder and Chief Medical Officer, ABOUT Healthcare

Audience

Questions

Moderator – Roger Spoelman

Closing Al Faber, Remarks

Persistent Financial Headwinds

Key Takeaways

1. Oct 2022 represents another month of negative operating margins

 Compounding months of poor performance signal continued difficulties unless something changes

2. Cost pressures are driving poor performance

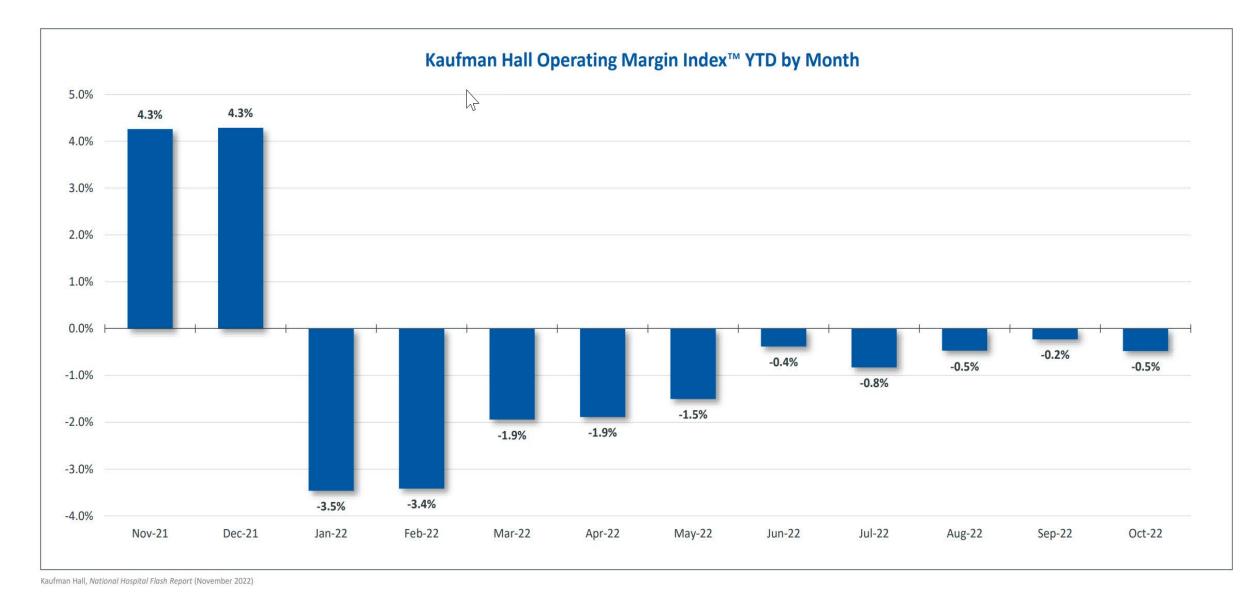
- Weight of high expenses is outpacing revenues, particularly when it comes to the cost of labor
- High cost of materials due to inflation has not abated

3. Hospitals continue to struggle to admit and discharge patients

- Impacted by labor shortages both in the hospital as well as in post-acute settings. Increases in LOS
- Increased LOS did not translate to additional revenue as OE ratios were > 1.0 increasing avoidable day costs

4. ED visits and operating room minutes increased slightly in October

- However, ED visits increases put further strain on hospitals as many hospitals were unable to admit patients needing in-patient care
- Increased boarding of patients in the ED has led to increased pressure on ED staff



5. Highly Competitive Environment with New Non-traditional Entrants

Challenges health system market share

6. Consumer Demand has Increased as have Care Options

Cost cutting focus could stifle the innovation necessary to fulfill demand

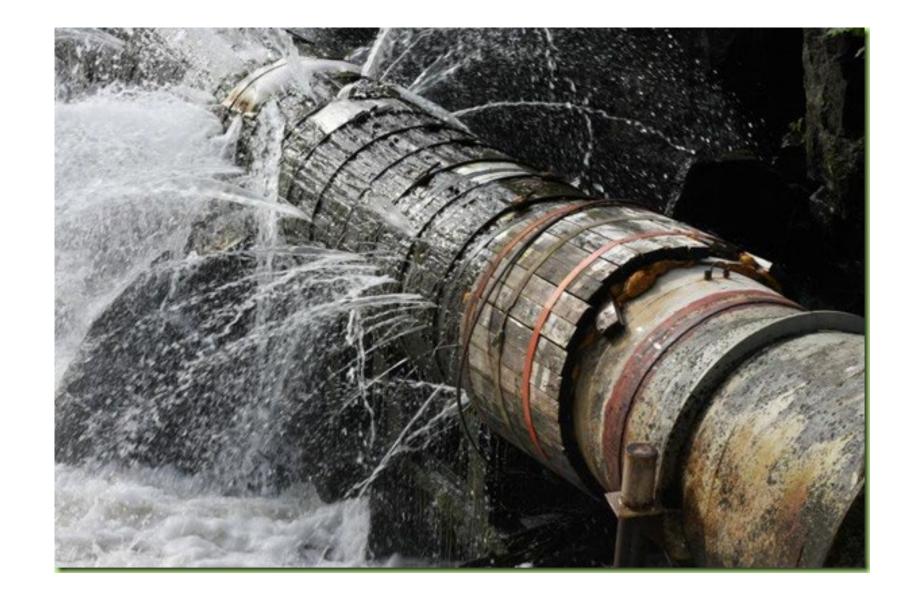
© Kaufman Hall, National Hospital Flash Report (November 2022)

^{*}The Kaufman Hall Hospital Operating Margin and Operating EBITDA Margin Indices are comprised of the national median of our dataset adjusted for allocations to hospitals from corporate, physician, and other entities

Frontline Insights

Roundtable Feedback

- 1. "Covid really pulled out the ugly"
- 2. "We're doing things in the near term just to stop the bleeding"
 - Nice to incentivize retention by increasing time off benefits for example, but we need achieve a high-performance culture
- 3. "These problems are not unique, but they are more pronounced"
 - We cannot solve problems with the same workarounds
- 4. "What really matters is not the technology we use but how are we are changing. We tend to react in healthcare"
 - For example, when *BPCI-A APM models were introduced, we've worked to figure out how to make it happen
 - That's what we need to do now more than ever. There's no going back to pre-COVID days.
- 5. "It is like using a pipe with cracks"
 - When you only run a small volume of water through the pipe it doesn't really show
 - However, if you attempt to push a lot of water through the pipe it will shoot out all sides
 - We must maximize our systems to meet the new demands, in order to accomplish our goals



* BPCI-A is an Advanced Alternate Payment Model (APM) in which healthcare providers agree to receive a single payment for physician, hospital and other healthcare services for specific diagnoses within an episode of care. An episode of care is defined as an anchor stay and 90 days following the anchor stay.

What Will it Take to Succeed?



- Innovation means making meaningful change to improve your organization's health care services, programs, processes, operations, health care delivery model, use of technology, and business model, with the purpose of creating new value for stakeholders.
- Innovation should **lead** your organization to new dimensions of performance.
- Innovation requires a supportive environment, a process for identifying strategic opportunities, and the pursuit of intelligent risks.
- Innovation and continuous incremental improvement are different, but complementary concepts. Successful organizations use both approaches to improve performance.

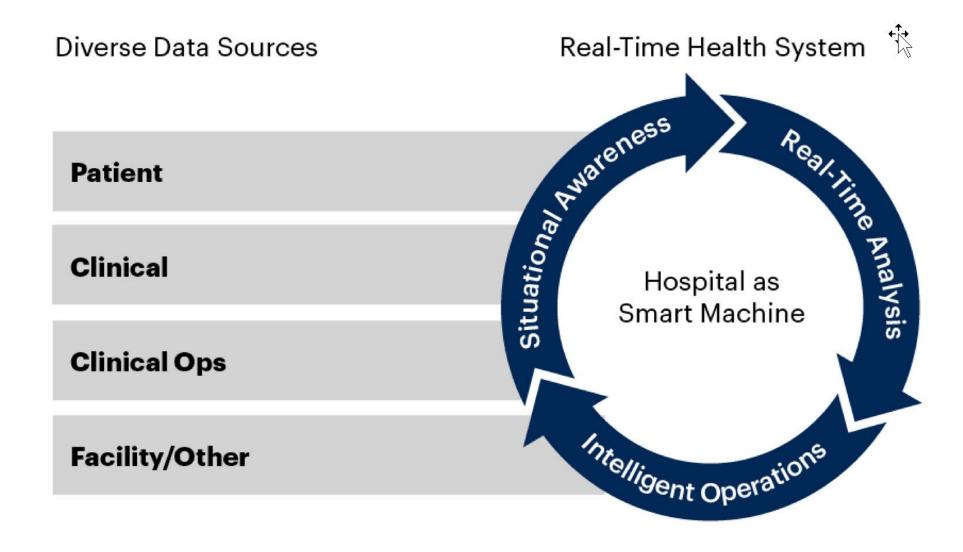


What Will it Take to Succeed?



CREATE A REAL-TIME HEALTH SYSTEM

The RTHS Vision – Sources of Operational Intelligence (Gartner Guidance)



- 1. Gartner, "The Real-Time Health System Architecture", By Gregg Pessin, 4 August 2021.
- 2. Wikipedia contributors, "Composability," *Wikipedia*, The Free Encyclopedia, https://en.wikipedia.org/w/index.php?title=Composability&oldid=1030547806 (accessed September 30, 2021).

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ACCORDING TO GARTNER®1

1. Stay Up-to-date

"Gartner sees the RTHS as the next evolutionary phase of technology-based change that arises from the electronic health record (EHR)-centric era and bridges to the longer-term era of precision medicine and digital care delivery."

2. Benefits of RTHS

"The RTHS focuses on delivering value to health consumers while fully exploiting the organizational benefits of more streamlined and efficient orchestration for care teams and managers."

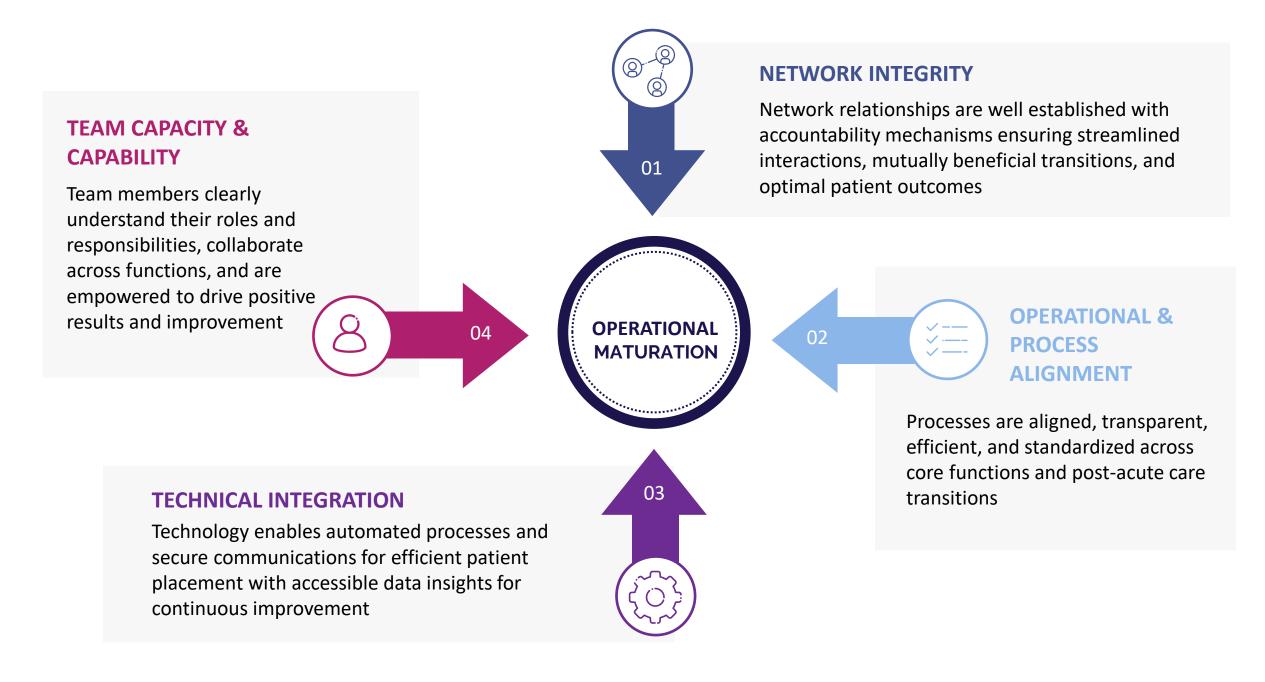
3. How It's Done

"The architecture fully supports the notion of composability, which is required if HDOs are to nimbly adapt their business and operating model in response to external disruption and change in business strategy."

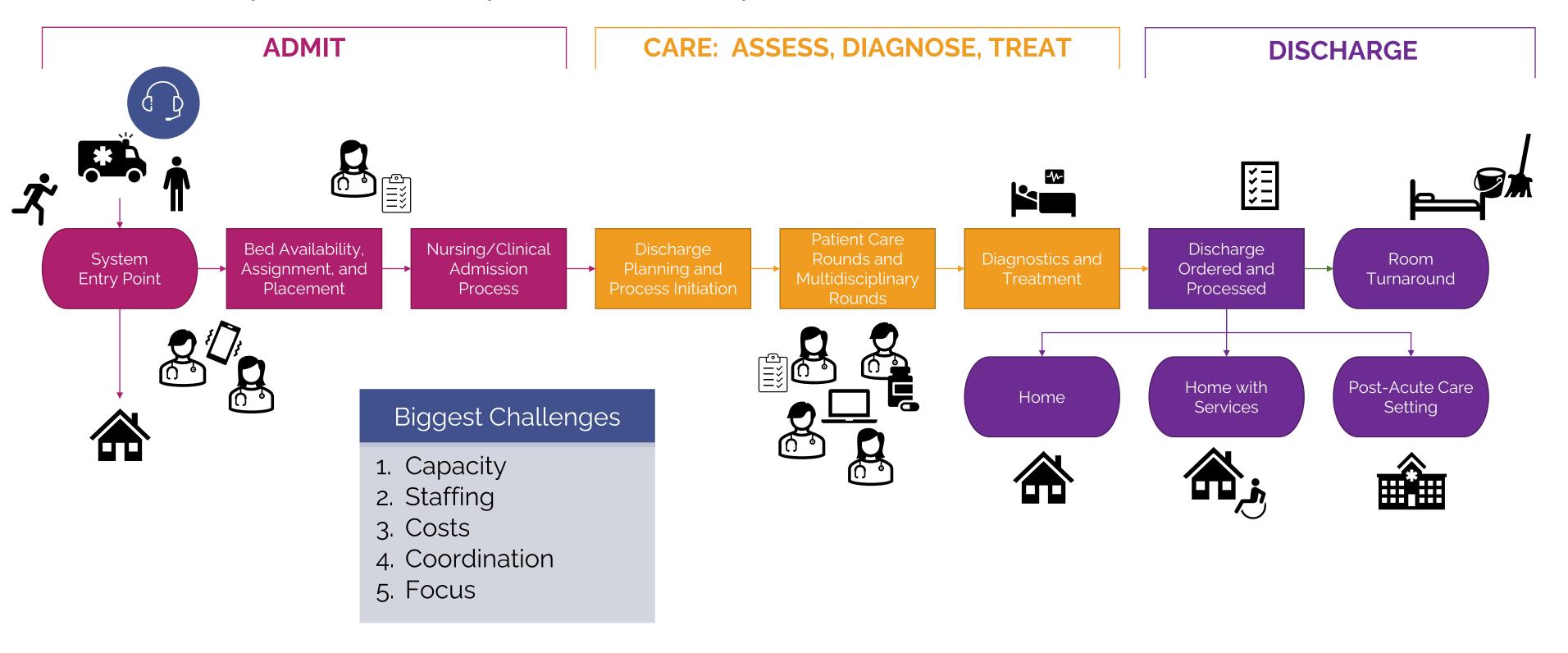
Composability²: Composability is a system design principle that deals with the inter-relationships of components. A highly composable system provides components that can be selected and assembled in various combinations to satisfy specific user requirements.

What Will it Take to Succeed?

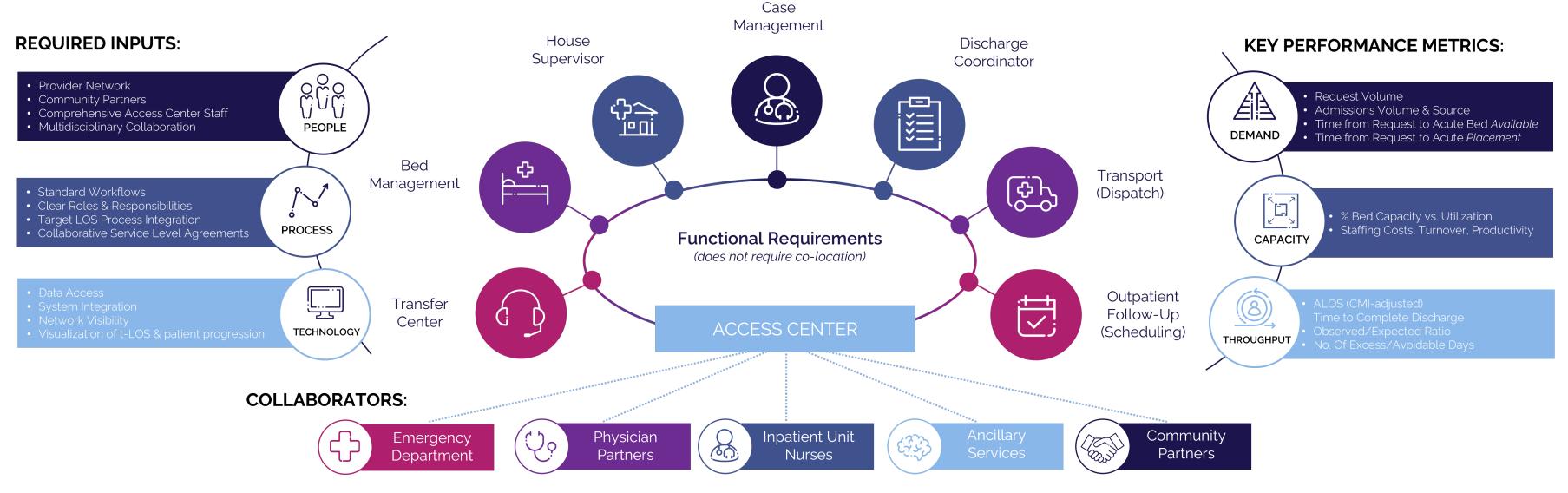
PURSUE OPERATIONAL MATURATION: Summary Diagram



Practical Example: The Journey Across the Hospital



Practical Example: Improve Performance with the Maturation of a Real-time Access Center



EXPECTED OUTCOMES:

ACCESS

- Efficient, predictive admissions and placement with clear prioritization processes
- Comprehensive relationships with provider networks across service lines
- Anticipated plan of care and discharge disposition upon review for admission and medical necessity
- Automated workflows to streamline placements & expedite access to best clinical care setting

PROGRESSION

- Smooth transitions between levels of care without unnecessary patient movements
- Coordinated care & services with timely prioritization criteria and transportation between & within facilities
- Multidisciplinary collaboration to common discharge plan and clinical goals based on DRG-related t-LOS
- Management of patient throughput milestones
- Real-time operational intelligence

TRANSITION

- Market-wide visibility of curated provider networks for timely, safe, and clinically appropriate PAC placements
- Patient-centered coordination between Inpatient and Outpatient settings of care to prevent readmissions and maximize health system loyalty
- Automated PAC referral, acceptance, and transfer process for timely transitions & optimal team productivity
- Enhanced relationships with community partners

Practical Example: Improve Performance with the Maturation of a Real-time Access Center

Connect critical priorities and key performance indicators to organizational levers using technology and process enhancements

> **PRIORITIES KPIs** OUTCOMES

DEMAND

- Be able to say "yes" and open the front door
- Better manage volume of requests
- Achieve the right patient mix



- Request Volume
- Admission Volume
- Time from request to placement



- Increase equitable access to care
- Enhance market share
- Increase patient safety and revenues

CAPACITY

- Provide systemwide visibility
- Load balance demand to resources
- Optimize resource utilization



- % Bed Capacity vs. Utilization
- Staffing Costs
- Resource availability



- Optimize staffing
- Reduce contracted labor costs
- Load balance between facilities and units

THROUGHPUT

- Start discharge planning upon admission
- Anticipate patient care transitions
- Rapidly transition patients to the next best care setting



- CMI-adjusted ALOS
- Time to Complete Discharge
 - O/E Ratio (# of Excess Days)



- Improve safety and quality performance
- Reduce administrative burdens
- Drive healthy patient network retention

Practical Example: Improve Performance with the Maturation of a Real-time Access Center

1 ANALYTICS

Professionally designed electronic dashboards and printed reports

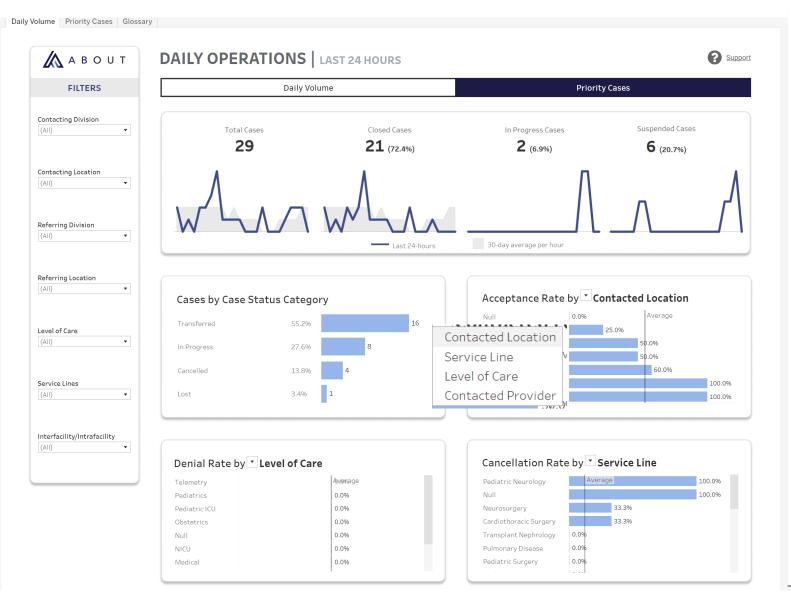
2 EXTRACTS

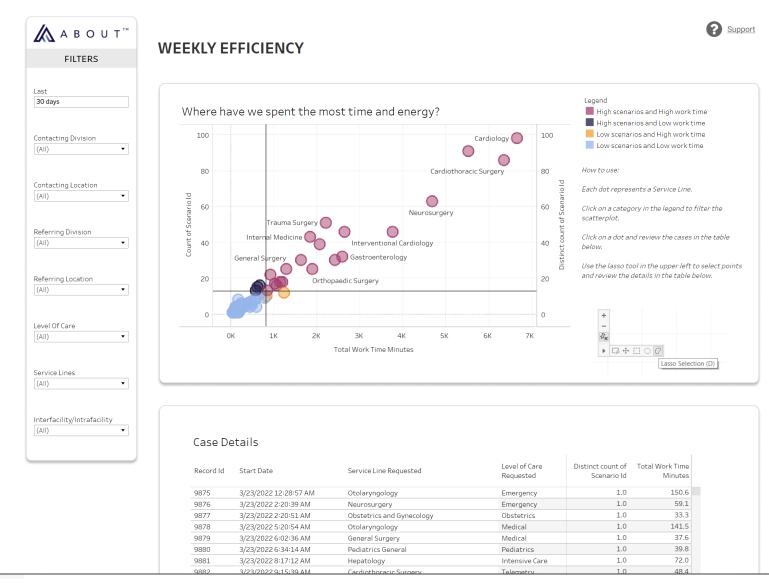
Organized, quick data exports to spreadsheets and PDFs

3 DATA ACCESS

Direct EDW connections to live, unfiltered data

Use a 3-fold approach to gain relevant data and insights





Practical Example: Improve Performance with the Maturation of a Real-time Access Center

Drive improved performance across 3 key variables as the access center matures



Represents the Maturation of the Access Center

Develop a High Performing Operating System

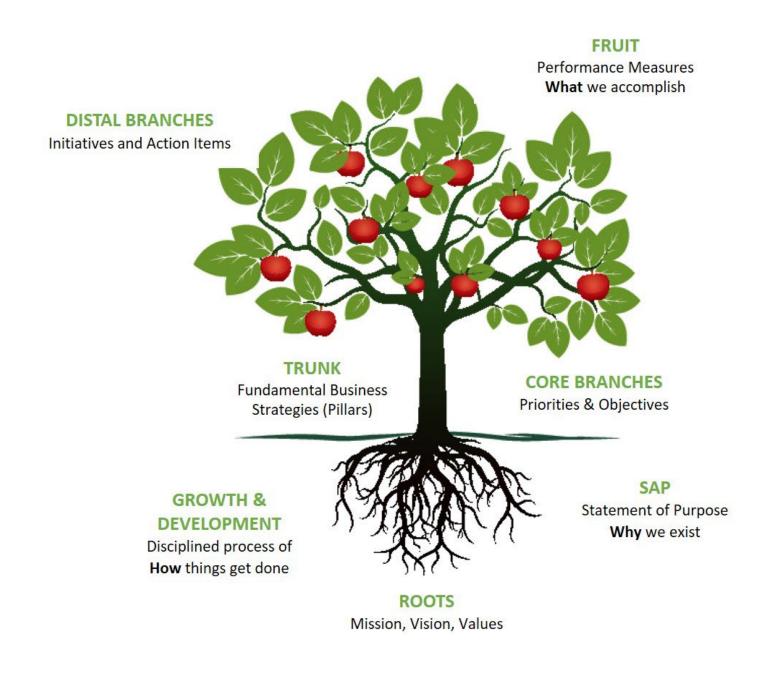
INNOVATE Follow the Baldrige Guidance

CREATE A REAL-TIME HEALTH SYSTEM The RTHS Vision – Leverage Sources of Operational Intelligence (Gartner Guidance)

PURSUE OPERATIONAL MATURATION Refer to Summary Diagram & Example of Maturing an Access Center for Reference (ABOUT Guidance)

High Performing Operating System

Healthy Tree Example



Panelist Questions and Discussion



Ben Sawyer, MBA, PT, OCS, LBB **VP, Transformation Engineering ABOUT Healthcare**



Roger Spoelman, DBA, MBA **Co-Host, Baldrige Foundation Leader Dialogue Program**



Darin Vercillo, MD **Co-Founder & Chief Medical Officer ABOUT Healthcare**





Dan Mullen, MBA, MBB, CSM **VP, Innovation ABOUT Healthcare**



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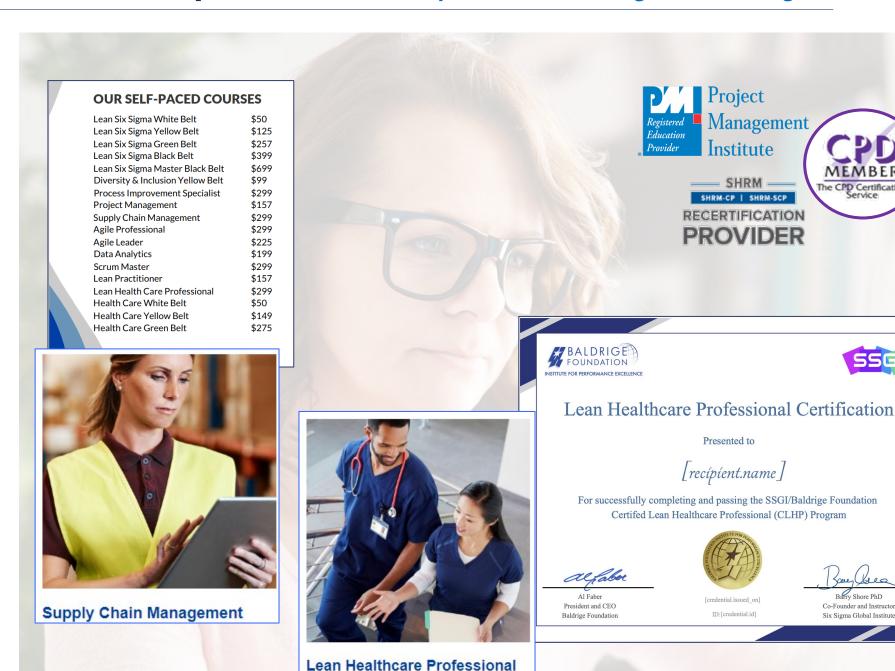


Our training allows your to impart the full strategy management process into your everyday decisions. Make better decisions and grow by instilling the ability to think and act strategically in an ever-changing business landscape.

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Earn your degree by enrolling in a degree program, including associates, bachelors, masters, or doctorate programs, through one of our Baldrige Foundation Institute for Performance Excellence Degree Partners.



Barry Shore PhD

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