

INSTITUTE FOR PERFORMANCE EXCELLENCE



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The Baldridge Foundation Institute for Performance Excellence

Presents:

Patient Throughput Barriers and Solutions

May 23, 2023





Mac Baldrige Society Institute Trustees



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Opening Remarks

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	Dr. Derek Feuquay, Chief Medical Officer Northern Arizona Healthcare Jake Lansburg, MBA, LSBB, System Vice President of Care Transformation & Effectiveness Northern Arizona Healthcare Charles (Chuck) Peck MD, FACS – Co-Host, Baldrige Foundation Leader Dialogue Program Darin Vercillo, MD - Co-Founder and Chief Medical Officer ABOUT Healthcare Ben Sawyer, MBA, PT, OCS, LBB – VP, Transformation Engineering, ABOUT Healthcare
Audience Questions	Moderator – Al Faber
Closing	Al Faber Remarks

Background & Discussion Agenda

Background

Over the last quarter, the LeaderDialogue team has discussed with leaders across the healthcare spectrum the topic of ***Patient Throughput Barriers and Solutions*** during various podcasts. Patient throughput defines the flow of patients from one phase of care to the next, admission through discharge, and then back to home or the next best transition of care. Throughput success is measured by how efficiently and effectively patients gain access to, and receive the care needed, as they move from one care setting to the next. In short, it is purposeful velocity that defines patient throughput performance from a demand, capacity, and throughput standpoint.

Today, we're going to discuss patient throughput insights and learnings with two leaders from Northern Arizona Healthcare: Dr. Derek Feuquay, Chief Medical Officer, and Jake Lansburg, System VP of Care Transformation & Effectiveness. Welcome Derek & Jake!

Discussion Agenda

Following the Leader Dialogue *What, So What, and Now What* format, today's discussion track will proceed as follows:

1. What

- What are the barriers to improving patient throughput performance?
- What is impeding health systems from being able to remove those barriers?

2. So What

- Why is patient throughput so important to patients, providers, and health systems?
- What bad things will happen if patient throughput and efficient transitions of care do not improve?

3. Now What

- Health Systems will need to carefully consider the answers to these questions. They should then deliberate as to the right patient throughput improvement approaches considering the following:
 - What are the implications of the rapid expansion of care settings outside of the hospital acute care setting, for example telemedicine and hospital-at-home?
 - What is the impact of the new non-traditional competitors on the patient throughput equation, and what response, if any, is necessary?

WHAT?

1. What are the barriers to improving patient throughput performance?
2. What is impeding health systems from being able to remove those barriers?



Patient Throughput Barriers

Common Examples

1. Long lead times
2. Inefficient capacity coordination
3. Delayed admissions & discharges
4. Siloed processes

Contributions to these barriers can include:

- Inadequate staffing
- Inconsistent standards
- Insufficient operational planning
- Data rich, insight poor environments



Other Specific Barriers

That can be Quite Frustrating to Patients & Providers Alike

1. Demand

- Significant delays in access to hospital from ED's or via transfers
- Inadequate system load balancing to ensure right care, right place, right time for patients

2. Capacity

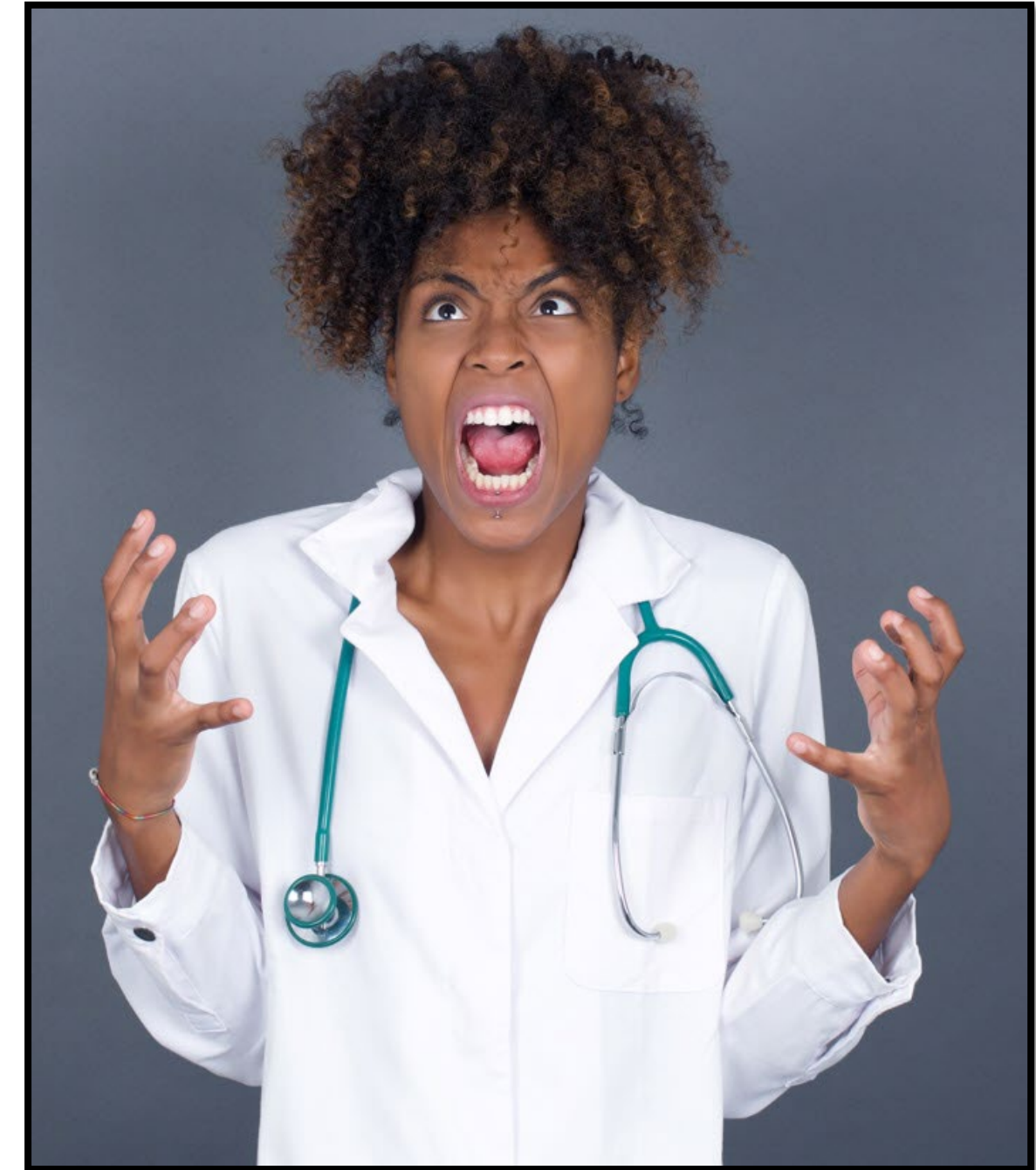
- Extended LOS and increased avoidable days
- Delays in patient discharges and in receiving PAC referral acceptances

3. Throughput

- Clinicians being burdened with admin tasks and not being able to work at the top of their license
- Inefficient hand-offs and care coordination

4. Technology

- Systems not being streamlined or interoperable
- Limited data insights to guide real-time operational decisions and processes



What has been Northern Arizona Healthcare's experience?

What Impedes Health Systems from Removing These Patient Throughput Barriers?

Examples

1. Capacity constraints
2. Insufficient staffing / productivity
3. Financial deficits
4. Cultural mis-alignment
 - *All of the above can be exacerbated by disproportionate levels of contract labor*
5. Technology limitations
6. Other impediments?



SO WHAT?

1. Why is patient throughput so important to patients, providers, and health systems?
2. What bad things will happen if patient throughput and efficient transitions of care do not improve?
3. How have leading health systems been responding?



Why is Patient Throughput so Important?

1. Patient throughput drives health system capacity, is the key determinant of productivity, and the underpinning of acute care profitability
2. Providers and staff are much more productive as patient throughput efficiency increases, thereby improving their job satisfaction
3. Effective patient throughput is essential for:
 - Accommodating patient demand
 - Reducing inefficiency and process waste
 - Expanding capacity, and improving patient care and satisfaction
4. Efficient access and predictable throughput are key customer value considerations in an increasingly competitive environment
5. Other considerations?



The World is Changing for Hospitals

Nine (9) Significant External Forces at Work Across the Globe

Hospital care is changing rapidly and radically.

Standalone hospitals, once the flagships of healthcare in many communities, are no longer the answer to some of today's most urgent healthcare needs.

Neither are they islands that can ignore trends sweeping across the world. Hospitals will have to adapt and rethink their offerings to fit future consumer and community needs.

These nine (9) significant external forces are affecting the work and very existence of hospitals. While their relative importance differs country to country, these forces are at play across the globe.

1. *Patient populations are getting older, and their needs are becoming more complex driving a need for alternative care settings and*
2. *approaches Patients and consumers have far higher expectations than before*
3. *Recognition is increasing that care can often be better provided in a community setting*
4. *Complex care is requiring concentration into specialized, high-volume centers of excellence*
5. *Clinical advances are delivering high quality care and outcomes outside of the acute care setting*
6. *Digital technologies have begun to affect how healthcare is delivered and have the potential for disruptive change (self-care, etc.)*
7. *Availability and expectations of the healthcare workforce are changing*
8. *Payers find it increasingly difficult to finance healthcare in line with increasing costs—which puts pressure on hospitals to deliver high-quality care more affordably*
9. *There are many more requirements to measure and publish quality metrics and receive financial bonuses for high-quality acute care (increased scrutiny)*

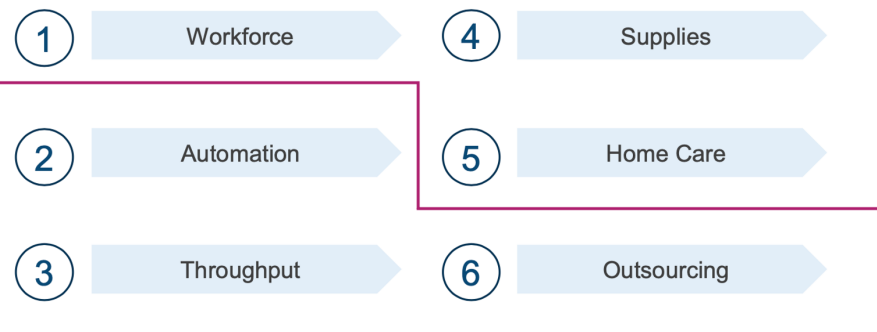
McKinsey
& Company

Feedback from the Field

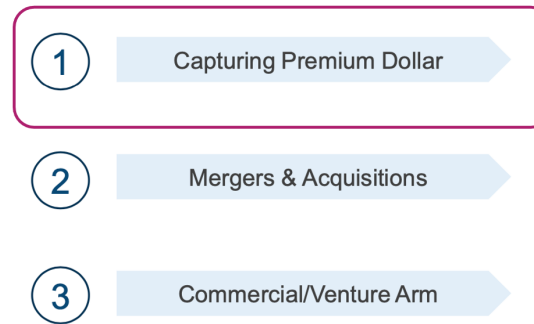
How have Health Systems been Responding?

Balancing Cost Containment with Investments to Diversify Revenue

I. Cost Management Strategies



II. Revenue Diversification



Common Factors Driving LHS Budget and Investment Decisions



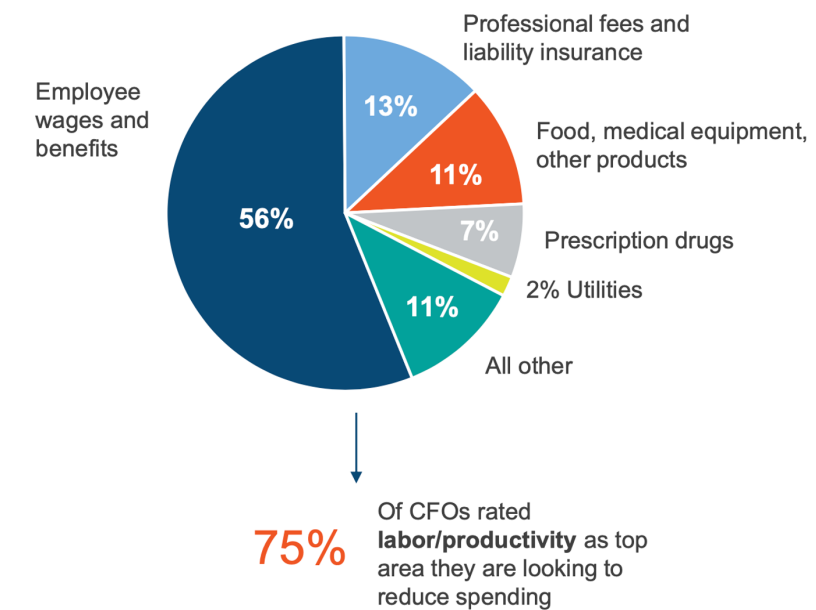
Source: Academy research and analysis.

Biggest Cost Challenges Tied to Biggest Budget Item

Labor and Ops Efficiency Present Greatest Opportunities to Drive Cost Savings

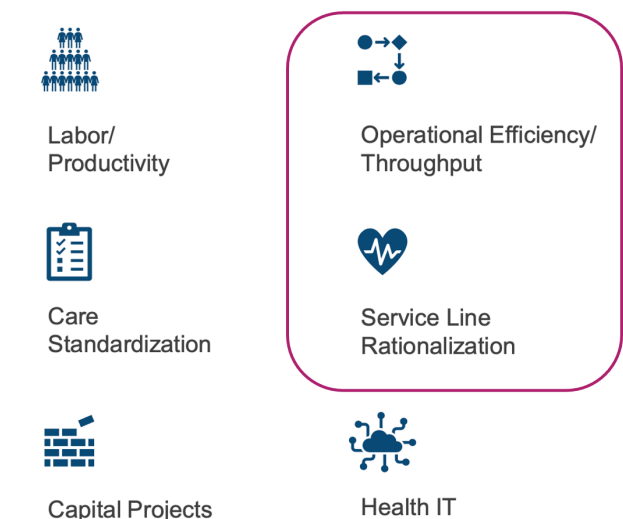
Unpacking the Typical Hospital's Operating Budget

Academy 2022 CFO Survey



Areas Where LHS Have the Most Difficulty Reaching Cost Containment Goals

Academy 2022 CFO Survey



Source: Academy research and analysis.

- Fitch's outlook warns that hospitals will require transformational changes to offset short- and long-term pressures. For example, health systems will need to become efficient and effective in managing transitions of care within the rapidly expanding care setting environment given increased consumer choices.*

Source: Health Management Academy. Advisory IQ.

NOW WHAT?

- Health Systems need to carefully consider the answers to the aforementioned questions.
- They should also deliberate as to the right patient throughput improvement approaches considering the following:
 - i. The implications of the rapid expansion of care settings outside of the hospital acute care setting, for example telemedicine and hospital-at-home.*
 - ii. The impact of the new non-traditional competitors on the patient throughput equation.*



Some helpful guidance: Cost containment strategies alone in the short term may lead to more significant challenges later. Better to focus on comprehensive production improvement efforts to meet patient & consumer needs and achieve sustainable gains.

Panelist Questions and Discussion



Roger Spoelman, DBA, MBA
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Charles (Chuck) Peck MD, FACS
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Ben Sawyer, MBA, PT, OCS, LBB
VP, Transformation Engineering
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Al Faber
President & CEO
Baldrige Foundation
Moderator



Thank You!



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 <p>Baldridge Upskill Onboarding</p>	 <p>Leading a Remote Customer Service Center</p>	 <p>Diversity & Inclusion Yellow Belt</p>	 <p>Process Improvement Specialist</p>	 <p>Project Management</p>



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