

*NEXT LEVEL Partners*<sup>®</sup> HealthCare

# Sampling of Client Success Stories

Revenue Cycle  
Story

Peri Op  
Story

ED  
Story

Patient Flow  
Story



**For More Information, Contact:**

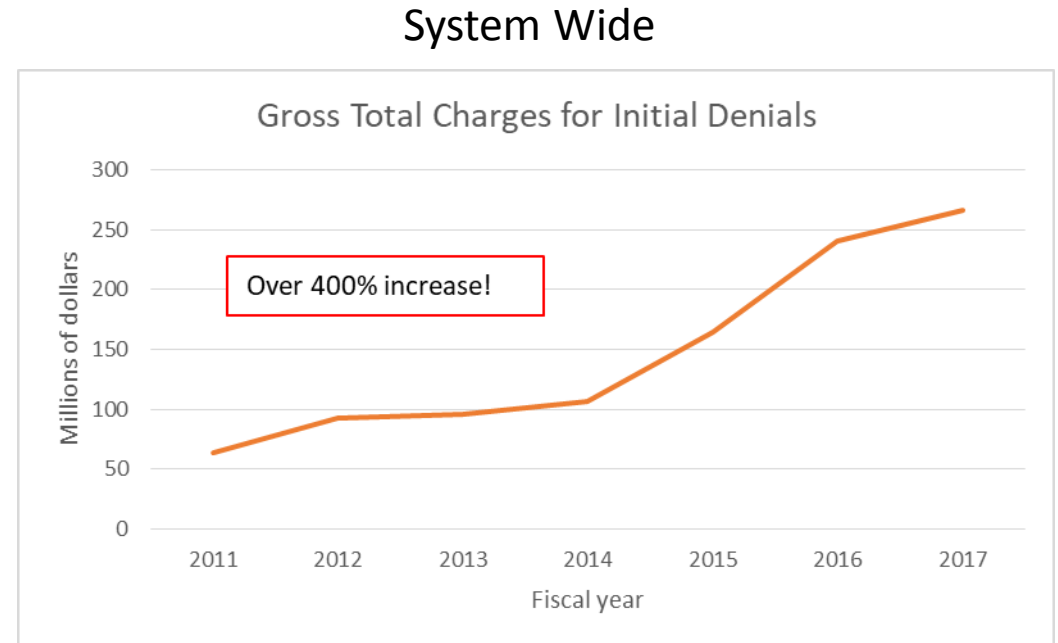
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# Revenue Cycle Case Study

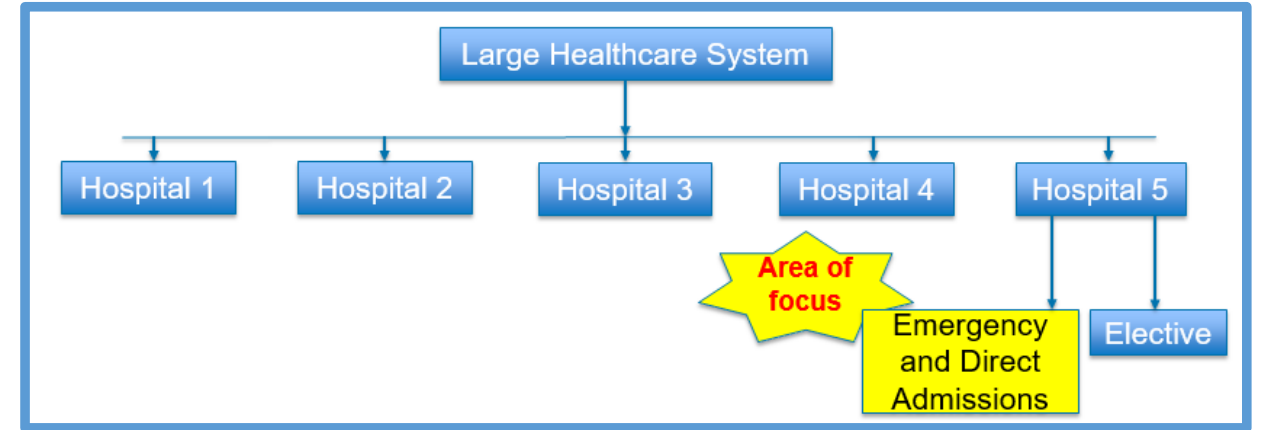
## Situation Summary

- Denials have increased over 400% between 2011 – 2017
- \$6.1M/month in denial charges
- Unnecessary delays in receiving payment
- Excessive time spent on denial management & resolution
- Senior VP of Revenue Cycle reached out to NLP for help



# Client Objectives

- Reduce denial quantity and total charges by 30%
- Identify Pilot Hospital and Area of Focus
- Improve Productivity by reducing time spent working on denials

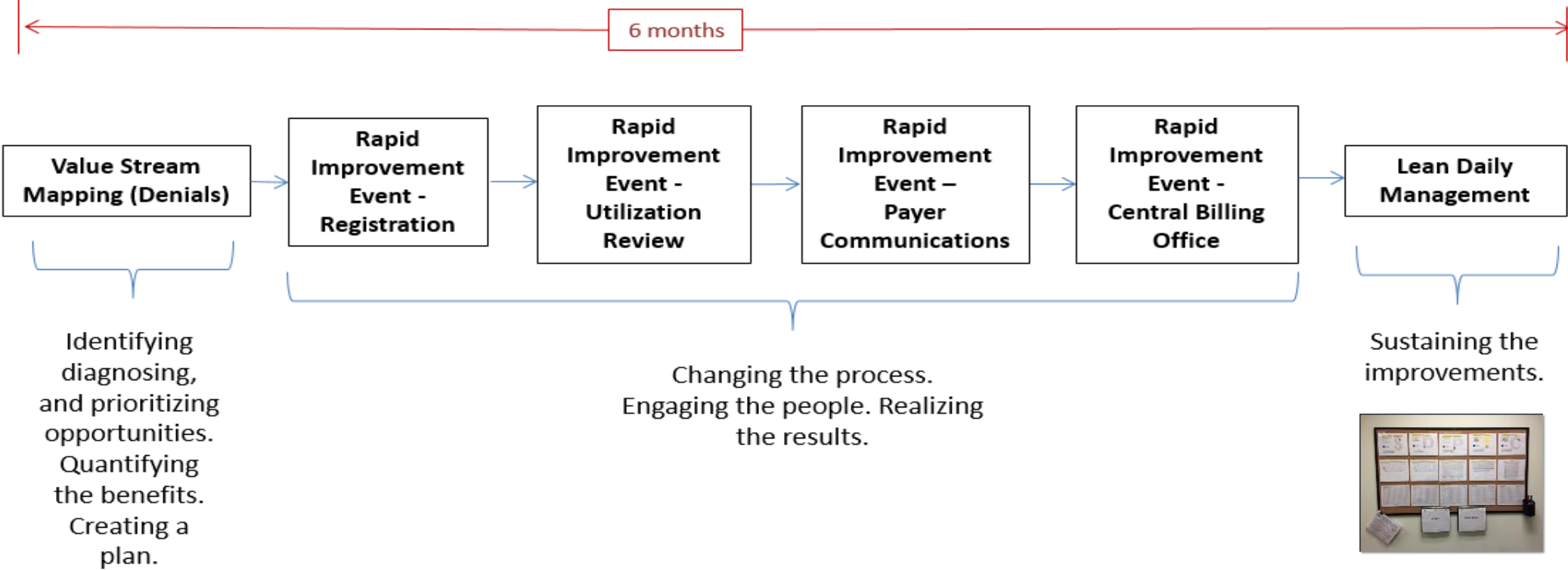


## Other considerations

- 6 month target timeframe
- Complexity of process requires multi-disciplinary teams

# Approach

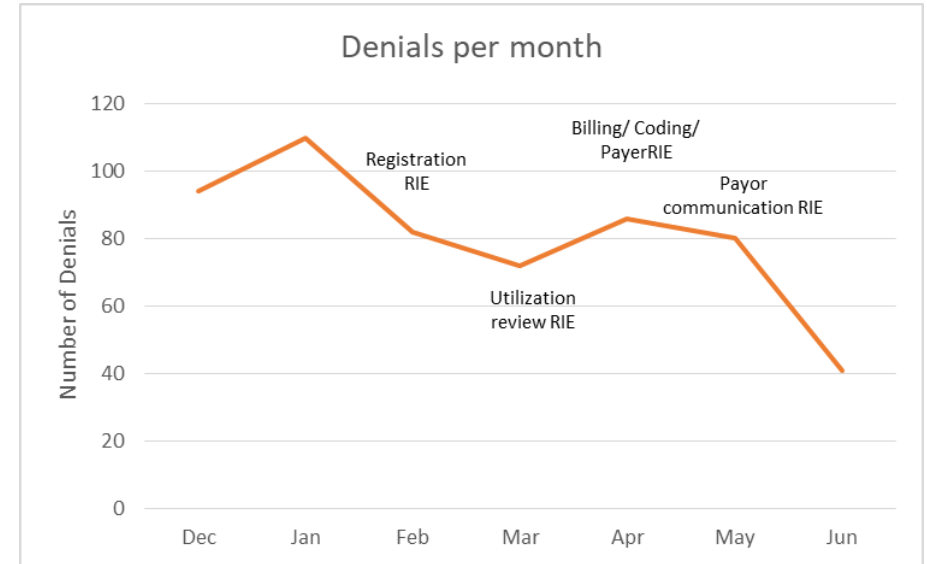
## Transformation Road Map



- Pilot hospital - 800 beds, 12,000 in-patient admissions per year
- Planned roll out to 4 additional sites

# Results

- 62.7% reduction in Denials (exceeded goal)
- 63.3% (\$4.1M) reduction in denial total charges
- \$703K in Labor Savings (9 FTEs reallocated)
- Trained 2 Subject Matter Experts in lean tools



RIE = Rapid Improvement Event aka Kaizen event

ROI of 10.1x



# PeriOp Case Study

## Situation Summary

- Delayed/late cases, low productivity, excess & obsolete supplies
- Variation in patient prep RN to RN, missing
- Significant wait time for lab results
- Inconsistent process to pull and charge for supplies
- Excessive room changeover times

# Client Objectives

- Identify long range plan for lean implementation with clear business results defined:
  - Improve operational efficiency
  - Improve patient safety and outcomes
  - Improve patient satisfaction scores
  - Improve quality of work life
  - Improve financial performance
- Improve contribution margin by improving OR utilization



Value Stream Map

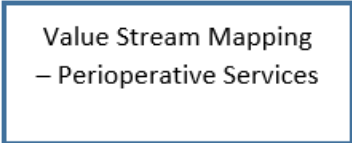
VALUE STREAM ROAD MAP					Data Prepared	Surgical Service VSM Event
					VS Owner	John Brothers
					Team Leader	Robin Lueh/Dana Troutman
					Data Prepared	6/15/2012
#	Action - SYSTEM Events	Where	Event Type	Potential Leader	Expected Results	
1	Improve Data flow and collection. Non-standard metrics. Improve accuracy and consistency of data. (Definitions)	BI, OR, IT	SW	John Brothers	Standardized Process for compiling OR data. Develop standardized metrics of measurement for all 3 campuses. Standardize process for compiling data - datasources, definitions. Understand the reporting forums. Have standardized metrics and targets shared by all 3 hospitals. Identify metrics for Patient Satisfaction, Quality, Quality of Worklife and	
2	IT System Analysis for OR Multiple Information Systems utilized in the OR/Surgical Services (different systems utilized at the campuses)	OR	Just do it	John Brothers	Understanding OR systems: What does future state look like for it? (Decrease in systems) Patient Satisfaction, Improve outcomes, Quality of Work Life, Financial performance.	
3	Scheduling/Requesting key information/Block Time	OR	SW	John Brothers	Standardization of scheduling and key information needed (process & IT) Eliminate redundancy of requesting physician orders multiple times. Review Block Time Utilization/Improve OR Utilization. Goal is to improve unused Block Time by 25%. Patient Satisfaction, Improve outcomes, Quality of Work Life, Financial performance.	
4	Patient has multiple registrations preparing for OR	Registrations	SW	John Brothers	Can we reduce #registrations? Pre-reg? Create Standard Work for Registration. Patient Satisfaction, Improve outcomes, Quality of Work Life, Financial performance.	
5	Results Realization Check, Verify that intended results-to-date have been realized and endorsed by local leadership	Administration	R2K	Site COOCFO	Validate realization of desired performance improvement results. If not, conduct 2-3 day Results Realization Rapid Cycle Improvement Event before proceeding with any further rapid cycle improvement events	
6	Pre-Anesthesia/Pre-OP/Non-standardized	Pre-Anesth./Pre-Op Testing	SW	John Brothers	Standardize what patients need to come to the hospital for a pre-anesthesia visit. Standardize information required. Eliminate/Reduce duplicative testing (lab testing done in the physician's office, repeated in Pre-Anesthesia testing, H&P's). Clear roles and responsibilities. Develop process for some testing to be completed on the morning of OR. Standardize Pre-Anesthesia orders/criteria. Decrease motion and transportation within hospital. Patient Satisfaction, Improve outcomes, Quality of Work Life, Financial performance.	

Road Map

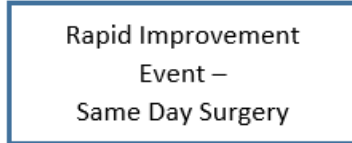
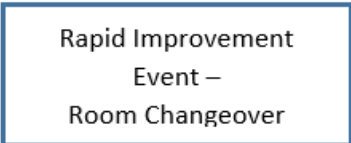
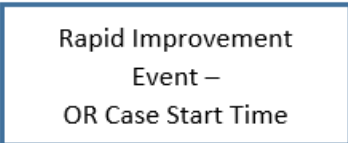
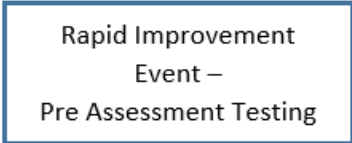
# Approach



6 Months



Identifying  
Diagnosing & Prioritizing  
opportunities  
Quantifying the benefits  
Creating a plan



Changing the process.  
Engaging the people.  
Realizing the results



Sustaining the improvements



- Pilot hospital – typical start in large hospital
- Then roll out to regional hospitals and rural critical care centers



# Results

- **\$3.4 million** increased capacity in the Operating Room
- **\$1.9 million increased** contribution margin at largest campus by improving OR utilization
- **17%** operational throughput for Same Day Surgery
- **\$50,000** reduction in obsolete inventory
- **\$53,600** reduction in overtime & staff turnover

**ROI of > 10x**



# Emergency Department Case Study

## Situation Summary

- Patient dissatisfaction, long wait times, inconsistent processes, poor interdepartmental communication
  - High LWOT – patients dissatisfied and leave before treatment
  - Lack of standard work for staff & nurse protocols
  - Door to Doctor time & Doctor to Unit time too long
  - Variation in patient prep RN to RN
  - Significant wait times for lab results

# Client Objectives

- Improve patient flow with reduced wait times
- Improve visit outcomes with fewer LWOTs
- Improve process with standardized patient care processes
- Improve patient satisfaction with staff-patient interactions



Current State VSM



Future State

Value Stream Map

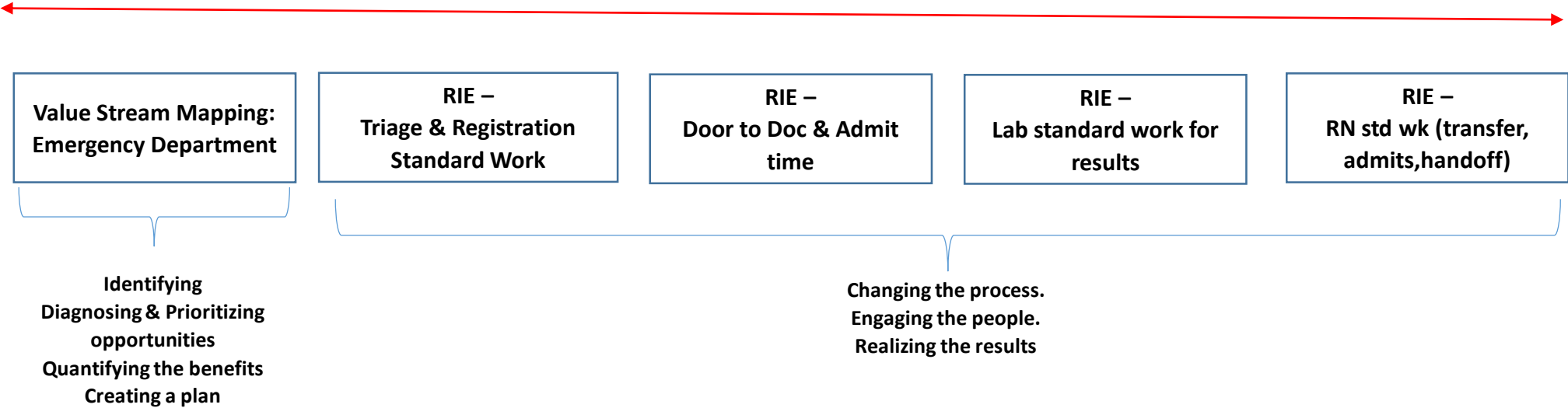
		Net Revenue per visit	Annual Net Revenue
Decrease LWOTS	1,000		
Level 5	380	\$31	\$11,780
Level 4	450	\$88	\$39,600
Level 3	170	\$231	\$39,270
Annual Net revenue From ED			\$90,650
Expected Admits from LWOTS	8%		
Estimated additional Admits	80		
Net revenue per Admit	8,945		\$715,604
<b>Total increase in Net Revenue</b>			<b>\$806,254</b>
Reduce S&T transfer by 10 per month	120		
Net Revenue per admit	8,945		<b>\$1,073,406</b>
Reduce Re-admits by 25%	72		
Impact to penalty	2,986		<b>\$215,000</b>
Decrease LAB TAT 25%	8532		
Additional Studies annually	1,280	31.65	<b>\$40,506</b>
		<b>TOTAL</b>	<b>\$2,135,166</b>

Road Map

# Approach

## ED Transformation Road Map w/RIEs (Rapid Improvement Events)

5 Months



- Started in main 275 bed/29,000 annual ED visit hospital

# Results

- Overall \$2,100,000 improved financial performance
- \$800,000 decreased LWOT, increased admissions (included above)
- 44% reduction in average door to doc time (27 min to 15 min)
- 25% Lab TAT (\$40k) reduction in lab result turnaround time & subsequent increased studies

ROI of > 13x



# Patient Flow Case Study

## Situation Summary

- Patient dissatisfaction regarding discharge. Slow flow through diagnosis & test processes
  - Up to a four hour wait for discharge after orders are written
  - Long wait times for short procedures – staff “searches” for patients
  - Lack of standard work for nurses and duplicate systems create waste

# Client Objectives

- Improve patient experience
- Reduce Length of Stay
- Reduce LWOTs
- Increase capacity to support more revenue
- Standardize the discharge process

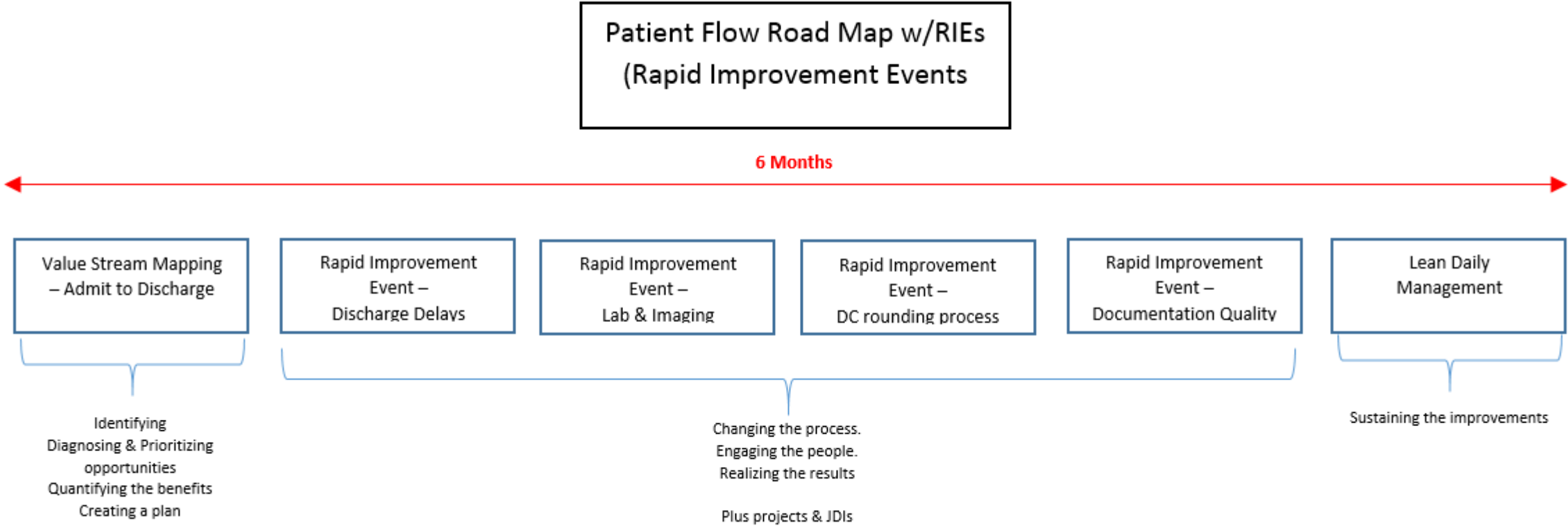
## Current State understanding



## Action plan and Charters

Owner	Start	End	Status	Details
Condy	Karen (PI) SW	8-15 to 8-15		25% reduction in minutes spent on phone, increase pt. Satisfaction, increase staff Satisfaction (Combine with 7)
Communication	Karen (SW)			25% reduction in minutes spent on phone, increase pt. Satisfaction, increase staff Satisfaction (Combine with 7)
Theresa	Karen (SW)	TBD		Improve pt. Satisfaction, improve discharge time, improved coordination, improved patient safety, decrease LOS.
Megan	Karen (SW)	7/18-7/22		Decrease Order to Discharge time (Target 2 hours), Increase Pt. Satisfaction (PCAP), increase throughput decrease boarders / holding patients), increase Staff Satisfaction (Turnover reduction).
Heather	Meeting / Project	1-Sep		Decrease time spent turning rooms, improve safety, decrease supply cost, decrease cost of care.
Karen	Meeting / JDI	1-Aug		Improve room turnover times (28% faster currently - Target 1-30%), Eliminate delays to patient care.
Kim	Meeting(s)	31-Jul		Decrease calls, smoother workflow, eliminate delays to care - waiting for Pharm, increase Safety.
Tony	Project	1-Oct		Improve Staff Satisfaction, improve efficiency, safety - able to find notes, improve patient satisfaction, big impact on short stays - decrease steps in a day.
Condy	JDI	Dec-16		Improve Employee satisfaction, decrease time to dispense medications, decrease medication errors.
Backy	Project	1-Nov		Improved pt. understanding, decrease re-admissions, decrease phone calls back, decrease time spent on discharge, Patient awareness of follow-up.
Theresa	Project	1-Nov		Improve PCAP scores, Reduce PT. confusion, reduce reg times, reduce patient motion.
Dr. Greenberg	Karen (PI)	1/14-1/18		Increase throughput, increase Revenue, Reduce boarder cost. Patients not able to receive (BID) doses, Less Adverse Events/Complications, Clarity for case RN managing - Less Review, Less Time delays - 4 hrs. @ 8:30AM, Less confusion among staff, Accountability and enhanced case protocols, PI and Staff
Dr. Hoffman	Project	Dec-16		Decrease Order entry errors, decrease time spent clarifying and transcribing orders, Improve NSG / Staff / Satisfaction
Ginger	TPJ (Quality)	12/19-12/23		Improve communication, throughput, increase readiness to medical necessity denials, improve revenue, Reduce LOS by 1 day. Improve compliance with regulatory agencies.
Dawn	Project	31-Oct		Decrease wait times, increase patient satisfaction (PCAP), increased employee satisfaction (ESG), improved communication inter department communication, Decrease in Service Complaints.
Carroll	Meeting to implement PI	1-Aug		Improve Staff Satisfaction, Save time, increase efficiency, improve patient safety, improve continuity of care
VSM		6/20-6/24		Identify road map to improve time to discharge - Target a XXX% improvement.
Karen (LDM)		TBD		Improve time to discharge
RJK		10/15/2016		Improve time to discharge

# Approach



- Client was 70 bed for-profit hospital



# Results

- \$390,000 incremental revenue in Radiology (5 more cases/day)
- 50% reduction in lead time: order to discharge
- Reduced LOS by 1 day
- \$20,000 new lab cost avoidance and \$8k supply savings
- 38% Registration Productivity increase

ROI of > 8x

