

Improving Healthcare Processes and Quality of Care

The Ottawa Hospital

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Compassionate People. World-Class Care.

Des gens de compassion. Des soins de calibre mondial.



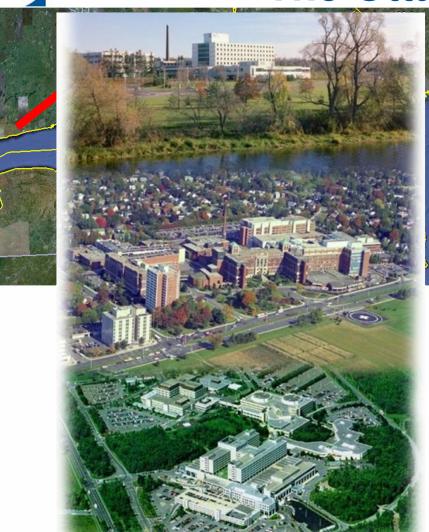
Agenda

- Healthcare at The Ottawa Hospital
- Could BPM fit Healthcare too?!
- Care Process Management Approach
- Health Records Pilot Success
- Critical Success Factors









Vision:

To provide each patient with the world-class care, exceptional service and compassion that we would want for our loved ones.





Mrs. Smith is an 88 year old lady, brought in after being found on the floor of her retirement home



The ED Physician finds her confused with hip pain. X-rays show no fracture but mild CHF



The Family Medicine Intern doesn't answer his page.



Eventually they contact Family Medicine staff who explains that the intern is on his half day. He says the patient is too sick for Family Med





Internal Medicine Service is paged, and, after some "debate", they come down and admit the patient to the AMA



But there's no bed in the AMA so she waits in the ED overnight



In the morning, the ED nurse wants the AMA status reassessed but the resident on call is going home



Everyone else is in morning rounds and can't reassess the patient until later





Next day the therapist finds her in a lot of pain and tries to tell the medical team but doesn't know who to call as the patient is off service.



Eventually the medical team repeats the hip x-ray and find a fracture



The ortho intern puts the patient on the OR list and consults anaesthesia and cardiology





Nobody on the Medical Team knows when Mrs. Smith is going to the OR ⇒ her family gets increasingly irate as she waits while NPO



She goes to the OR over the weekend and is returned to the Medical Service post operatively



Over the next few days, the team has trouble getting direction about post op care ⇒ whenever they page, the ortho intern on-call doesn't know anything about the patient.





Mrs. Smith remains confused postoperatively and recovery is slow



The team holds a meeting with the family who admit that Mrs. Smith has been declining at the Retirement Home for months



The social worker leaves the medical and nursing forms on the chart to be completed for placement but nobody notices until tomorrow



But it's Friday afternoon so the application doesn't go in until Monday



Current Pain Points



Difficulty finding an available consult (clinician, member of the patient care network)



Open loop communication



Ineffective communication of consult requests



Lack of coordination of patient care plan across teams



Could Healthcare fit too?!







The Ottawa | L'Hôpital Hospital d'Ottawa

Care Process Management

Patient flow

Patient Care Plan

Support Services Care Plan

Back-office Care Plan

Care Process Management Platform















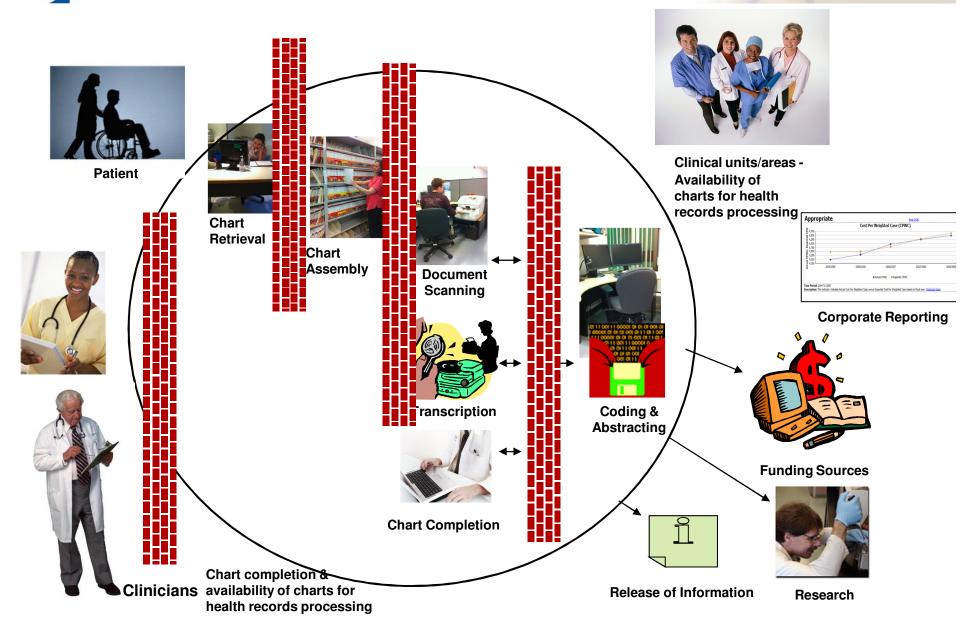


Results Management

Enablers in the Language of Care Design



Health Records Pilot





Health Records Pilot

	Programs and Services	Customer Relationship	Care Delivery	Operations	Revenue Management	Business Administration	Research
Direct (strategy, planning)	Corporate Strategy And Planning	Patient Planning	Models of Care Planning	Supply Chain Planning	Revenue Cycle Planning	Facility Planning	Research Portfolio Planning
	Service Line Planning Ambulatory Services	Physician Planning	Patient Safety	Pharmacy Laboratory,	Pricing/Contracting Planning	Information Technology Planning	Broad Falls
	Planning Brand Strategy	Payer Planning	Leading Practices & Evidence-Based Medicine	Badiology	Human Resource Planning	Research Facility Planning	
Control (manage, monitor, track)	Service P&L Management	Patient Registration	Case Management	Information Management	Contract Negotiations Oversight	Business Performance Mgmt	Policy & Regulation Compliance
	Supply and Demand Matching	Customer Satisfaction Assessment	Specialty Care (OR, ED, Critical Care) Capacity &	Procurement & Logistics Oversight	Referrals, Authorizations &	Organization Process & design Legal and Regulatory Compliance	Oversight Funding Tracking
	Market Tracking	Disease Management	Utilization Management Staffing &	Patient Scheduling Documentation &	Finance Control/	Quality Management Recruitment &	Information Management
		Service Issue Tracking	Scheduling			Retention	Research Tracking
Execute	Service Administration	Patient Relations	Outcomes Measurement	Coding Results	Registration / Admission	Risk Management Facility/Equipment	Protocol Administration
	Customer Services & Communications	Physician Services	Physician Clinical Practice	Management Inventory	Patient Accounting Denial Management	Management HR Administration	Grant Administration
	Joint Ventures	Customer Servicing	Post Acute Services	Management, Procurement, Standardization & Utilization	Accounts Receivable	IT systems & Operations	Consent Management
			Clinical Documentation		General Ledger	Education & Training	IP Maintenance

= areas of potential high business value



Health Records Pilot

Sources

Interview Sessions with TOH domain experts

TOH actual data for YTD 2011

IBM experience in past healthcare IBVAs

3rd Party Research (Academic, RWJF, US Govt, HIMSS)

Mapping between TOH pains and solution capabilities

What are TOH's objectives?

How does the health records process impact quality of care and financial health of the hospital?

Identify the process flow and requirements

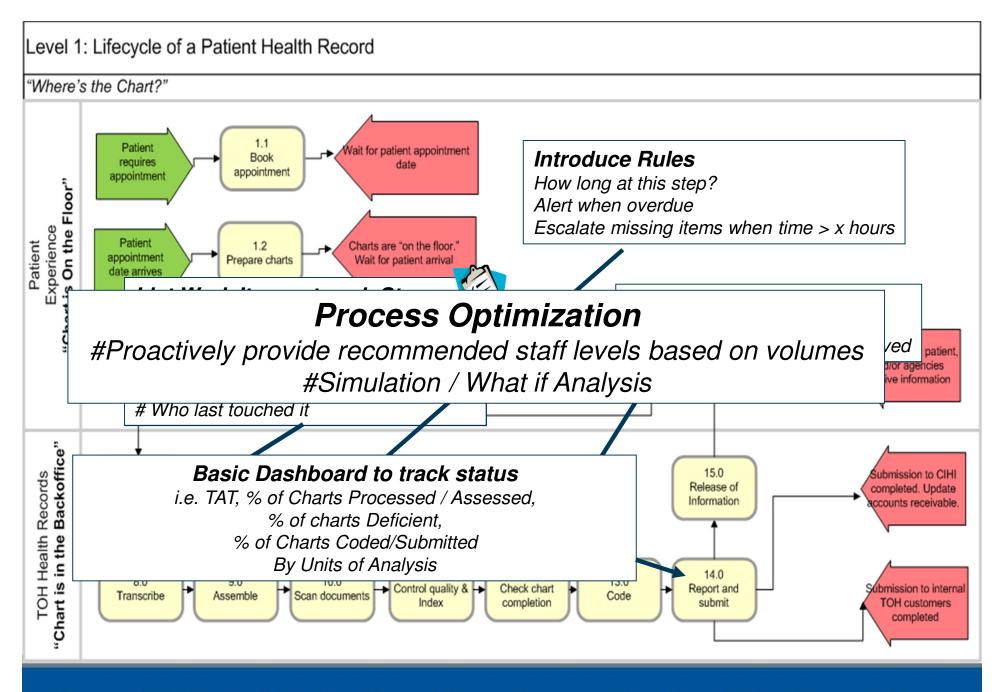
What can we do to improve?

What will TOH end-users experience?

What's the roadmap for the next 2 years?

As-Is State

To-Be State



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Measurable Metrics



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Measuring Success

- Chart Coding on time
- General Inpatient Chart Assembly
 - 13 days → 8 hrs
- Civic Inpatient Chart Assembly
 - 13 days \rightarrow 2.5 days





Critical Success Factors

- 1. Delicate approach required
- 2. Nerve to change the culture
- 3. CPM is a capability not a system

