Improving Healthcare Processes and Quality of Care

The Ottawa Hospital

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Agenda

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

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 post-operatively 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?!
Business Process Management

Care Process Management

Health Records Pilot

- Clinical units/areas - Availability of charts for health records processing

- Chart completion & availability of charts for health records processing

- Chart Retrieval

- Chart Assembly

- Document Scanning

- Transcription

- Coding & Abstracting

- Chart Completion

- Corporate Reporting

- Funding Sources

- Release of Information

- Research

- Patient

- Clinicians
### Programs and Services
- Customer Relationship Care Delivery
- Operations
- Revenue Management
- Business Administration
- Research

### Direct (strategy, planning)
- Corporate Strategy And Planning
- Service Line Planning
- Ambulatory Services Planning
- Brand Strategy

### Control (manage, monitor, track)
- Service P&L Management
- Supply and Demand Matching
- Market Tracking
- Service Issue Tracking

### Execute
- Service Administration
- Customer Services & Communications
- Joint Ventures

### = areas of potential high business value

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?

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

As-Is State

To-Be State
List Work Items at each Step

- # of charts at this location
- What status is it in? deficient, on hold, coded, sent to CIHI
- View details (by unit, campus, service)
- Who last touched it

Introduce Rules
- How long at this step?
- Alert when overdue
- Escalate missing items when time > x hours

Process Optimization

# Proactively provide recommended staff levels based on volumes

# Simulation / What if Analysis

Basic Dashboard to track status
- i.e. TAT, % of Charts Processed / Assessed,
- % of charts Deficient,
- % of Charts Coded/Submitted
- By Units of Analysis

Real-time Performance Monitoring:

Metrics can be tracked and reviewed at the business unit or individual level.

Measurable Metrics

- On Time: 75.00%
- At Risk: 15.00%
- Overdue: 10.00%

Click Pie Slice to see the tasks in that status. Or click All.
Measuring Success

- **Chart Coding** on time

- General Inpatient *Chart Assembly*
  - 13 days → 8 hrs

- Civic Inpatient *Chart Assembly*
  - 13 days → 2.5 days
Critical Success Factors

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