Saving Health Care

"Quality"

The Diamond in the Rough in Helping Us to Save Health Care!

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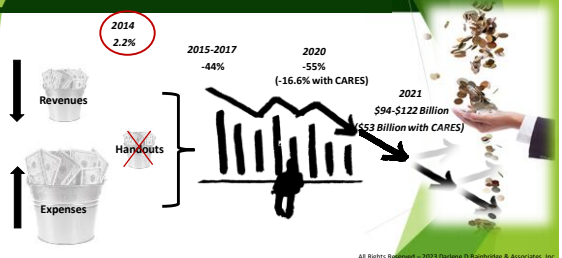

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The Cost of Quality For Hospitals!

A Trillion Dollars a Year

- *$600 Billion in Administrative Costs*
- *$380 Billion in the Cost of Medical Errors*
- *$300 Billion in Lost Business Opportunities*

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How we lose so much money to the way we manage quality?

How we keep doing it?

How we have to act differently to stop it?

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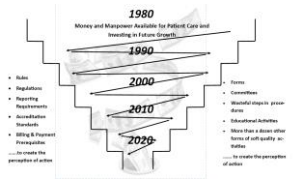
Healthcare's Tit-for-Tat Quality Model



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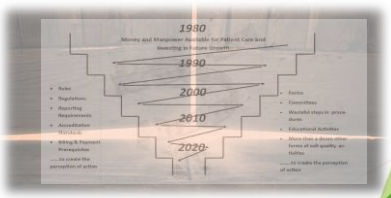
The Losing Game of Tit-for-Tat



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20 minutes
X 3 shifts
X 365 days in a year
21,900 minutes
X 25 patients
547,500 minutes
/ 60 min in an hr
9125 hours
/1800 hours per FTE
5.07 FTEs

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Always Upside Down in The Game

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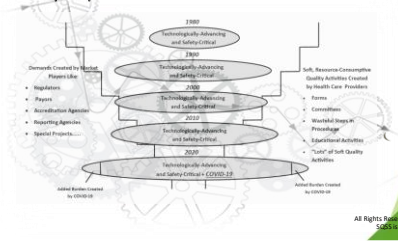
Always Upside Down in The Game



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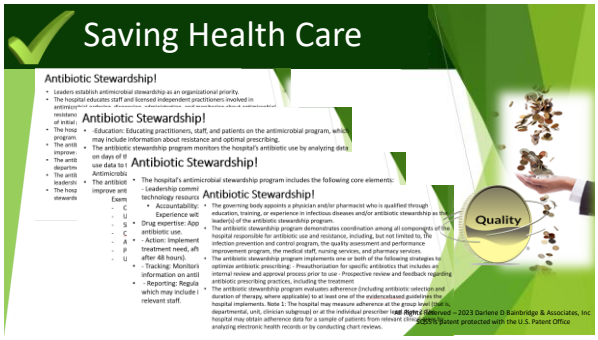

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U.S. Department of Health and Human Services
Office of Inspector General

Adverse Events in Hospitals:
A Quarter of Medicare Patients Experienced Harm in October 2018

Christi A. Grimm
Inspector General

From 2008 to 2018, Medicare patients only saw a 2% decline in medical errors "with no statistically significant improvement in harm-producing errors detected".

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U.S. Department of Health and Human Services
Office of Inspector General

Adverse Events in Hospitals:
A Quarter of Medicare Patients Experienced Harm in October 2018

Christi A. Grimm
Inspector General

Only 5% were on the list addressed as part of CMS's Hospital-Acquired Condition Reduction Program (HACRP) and , only 2% on its Deficit Reduction Act Hospital Acquired Conditions list (DRA-HAC)!

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RECOMMENDATION:

1. Expand the lists
2. Expand the types of harm addressed as part of pilot projects and special programs
3. Identify and develop new strategies for the hospitals in reducing errors

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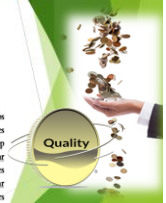
3 non-value-adding steps
X 500 procedures
X 3 minutes per step
X 200 implementations a year
900,000 non-value-adding minutes
/60 minutes in hr
15,000 hours
/1800 actual work hrs/FTE
8.3 FTEs

5 non-value-adding steps
X 500 procedures
X 3 minutes per step
X 200 implementations a year
1,500,000 non-value-adding minutes
/60 minutes in hr
25,000 hours
/1800 actual work hrs/FTE
13.9 FTEs



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ID	Name	Department	Function
#PRO-20-69566	Cardiopulmonary Scope of Services	Hospital Nursing	Patient Safety
#PRO-20-60090	Cardiopulmonary Services	Hospital Nursing and Emergency Room, Surgery, and Urgent Care	Patient Safety
#PRO-20-84489	Care of Body After Death	Hospital Nursing and Emergency Room	Patient Satisfaction
#PRO-20-83177	Care of Patient with Vancomycin-Resistant Enterococci	Hospital Nursing	Infection Control
#PRO-20-30359	Case for Police Notification	Hospital Nursing and Emergency Room	Public Reporting
#PRO-21-67090	Cellular Phone Usage	EHR and HIPAA and Central Supply, DEPARTMENT MANAGERS, Drug Room, Emergency Room, Hospital Nursing, Housekeeping, Information Technology, Laboratory, Laundry, Maintenance, Physical Therapy, Radiology, Surgery, and Urgent Care	HIPAA Compliance
#PRO-21-48912	Certification Policy	EHR and HIPAA and Anesthesia, DEPARTMENT MANAGERS, Drug Room, Emergency Room, HIM/Medical Records, Hospital Nursing, Housekeeping, Human Resources, Information Technology, Laboratory, Laundry, Maintenance, Medical Staff, Physical Therapy, Providers, Radiology, Surgery, and Urgent Care	HIPAA Compliance
#PRO-21-37854	Chain of Custody Drug Screen Collections	Laboratory and Hospital Nursing	Patient Satisfaction
#PRO-21-30309	Changing of Oxygen Administration Equipment	Hospital Nursing and Emergency Room, Surgery, and Urgent Care	Patient Safety
#PRO-23-07980	Chaperone Procedure	Emergency Room and Hospital Nursing	Patient Safety

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1:10:100 Rule

1,000
10,000
100,000
1,000,000

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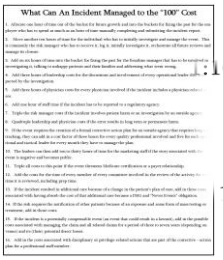
What Can An Incident Managed to the "100" Cost

~~1:10:100 Rule~~
1,000
10,000
100,000
1,000,000

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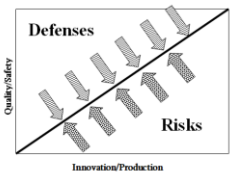

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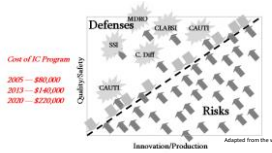

Cost of IC Program

2005 — $80,000
2013 — $140,000
2020 — $220,000

Cost of Infections

2010 — $10,300
2017 — $14,000
2022 — $25,000—$67,000 +++

$28—$47 billion in hospital costs
$1.9 billion in multi- resistant (2021)

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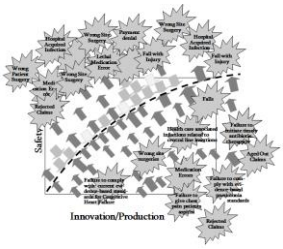

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Cost of Managing to the "100"!

- One infection - $31,000 to $67,000 +
- (CLBSI) - $48,000 to $69,000 +
- One fall - $6,700 to $14,668+
- One CAUTI - $13,793 to $22,568 +
- One ventilator associated infection - $47,238 to $72,587 +
- One surgical site infection - $28,000 to $58,000 +
- One C. diff infection - $17,260 to $35,000 +
- One VTE - $17,367 to $22,898 +
- One preventable pressure ulcer - $20,900 to $51,000+
- One medication error - $5,800 to $15,441 +

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Non-Clinical Costs Associate with "100"!

- Claim denials that are on the rise and estimated to be costing the average hospital more than 5% of their potential earnings.
- $40,000 to $51,700 comes straight off the bottom line every time a hospital loses a nurse.
- A $270,000 loss or more is created every time a turnover rate grows by 1%.
- Costs accumulate as it is estimated that 17% of new nurses quitting within 1 year of hire and 33% quitting within 2 years of hire.
- Then there is the $7 million (+) in loss every time there is a successful cybersecurity attack.
- EHR costs, initial software and infrastructure costs, annual maintenance, additional licenses, upgrade fees, and support costs - including staff FTEs dedicated to the application.

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The cost of poor quality – the difference between the realized cost and losses associated with how a service is delivered or an activity is carried out and what the much larger gain and smaller cost could be if the performance was laser focused on getting it right the first time in the most business smart, defect-free and customer-focused ways possible.

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Quality – how well a business or group does anything and everything it does in the most business smart, defect-free and customer-focused ways possible so to have the best chance of succeeding in an increasingly competitive, cost conscious and consumer-driven world.

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The Cost of Chasing New Money Without Managing the Quality Side of the Coin!

A multi-million dollar piece of diagnostic technology

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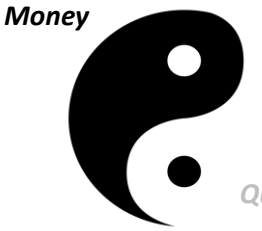

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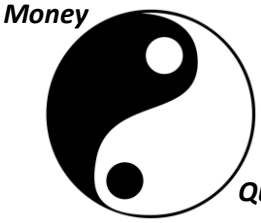

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What does it mean to be in the 95th percentile on a question where the herd is running tight and its collective performance is only 67%.

What do it mean if that question that has nothing to do with what decides whether a patient feels so well cared for and personally cared about that he or she will be back with family and friends in tow because of the great stories they have to tell?

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Is it one more activity in the game of Tit-for-Tat where we pretend that it means that we are winning

or

is it how we position ourselves to survive in an increasingly competitive world?

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