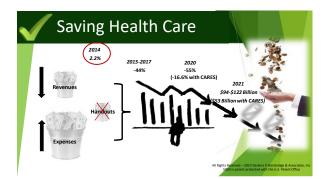


"Quality"

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





Saving Health Care

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



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

How we keep doing it?

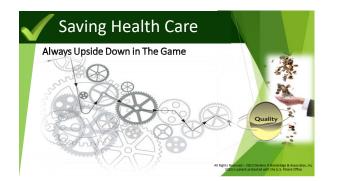
How we have to act differently to stop it?













 The boostital educates sta 	andship! vota dearaatile se en opplications proving The of learned independent spacificies in wheeld in the of learned independent spacificies in wheeld in
The hosp - Educatio program may inclu The antili improve The antili	as Antibiotic Stewardship! * The hospipi's antimicrobial stewardship program includes the following core elements: •

Office of Inspector G	
Adverse Events in A Quarter of Medi Patients Experienc October 2018	care
Christif A, Grimmi Impector Consell municipal constants	6

om 2008 to 2018, Medicare tients only saw a 2% decline in edical errors "with no atistically significant provement in harm-producing rors detected".

> ane D Bainbridge & Asso with the U.S. Patent Of

Saving Health Care



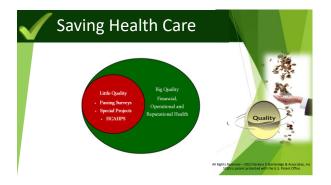
Only 5% were on the list addressed as part of CMS's Hospital-Acquired Condition Reduction Program (HACRP) and, only 2% on its Deficit Reduction Act Hospital Acquired Conditions list (DRA-HAC)!

> lights Reserved – 2023 Darlene D Bainbridge & Associate SQSS is patent protected with the U.S. Patent Office



RECOMMENDATION: 1. Expand the lists

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











6

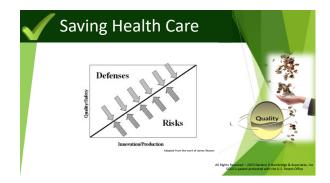


Saving Health Care				
 - A set al - A set al				uality
All Rights Reserved – 2023 Darlene D Bainbridge & Associate SQS51s patient protected with the U.S. Patient Office	Tamanta diversiti 2018 H taking bilaranang I manangan ang Pangangan I manangan I manang	And the second s	Colorador and	





Saving Healt	n Care
Ŭ	
What Can An Incident Managed to the "10	0" Cost
 Allocate case insure obtains our of the businest for human growth and into the buckets for hum electronic basis to averall at small has a little of their meaning or statistic and advances of advances for human electronic basis. 	
2. Now another two house of state for the initial had who has a mattery according to and an incomments but risk assigns who has a second a big is mittedly incompare a synchronic means for the real.	mpriderent. The
2. Add on an boses of same area the budget for foring the part for the budget manager that is recomparing as a tableau is a charge partners and their families and addressing what some ment	10.100 Pula
 Add these leases of hadredup conclusion during means and need consent of every operation presed in the invergence. 	
 Addresse house of plantation country sectory plantation involved of the transition includes an and Addresse house of and/time of the includes has to be second on a conditioner statem. 	1,000
 Topic-for risk manager over if the boolean incodes preses have or an incodering time. 	
8. Candingle loadening and physician care. Fish error much its long tensor presenter for 9. Whereas requires the remains of a formal interview series plan for an ormate agreey reaching, they can all it a cost factor of these factors. In energy spatial performant acceleration interview of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the	10,000
 The bashes can then add once there have of inner for the surfacting staff if the story of event is suggerive and homese author. 	Quality
11. Triple all concern this point if the syme threases bindious continuing as a payer relation	100,000
 Anti-the costs for the state of purpy monitor of every summarizer involved in the review of states it is contented, architegy propriate. 	
 If the incident resolution is additional ours between of a damps in the perior's plan of our presented with being directly for our of the additional our two areas (2000 and 2000). 	
14. Othersite sequence in an effective of other patients between of an expresse and some the resonances, and its choice over	adaanaga 1,000,000
15. Either markets is a presentially compressible trends (as reveal that could result in a forward core monitorie) with processing the data and all selected down for a period of data to core as terming and result (which proceeds the data).	
 while in the posts associated with damplinary at paintings reduced actions that are part of plan for a period and second and second as 	All Rights Reserved - 2023 Darlene D Bainbridge & A SQSS is patient protected with the U.S. Patien







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 surgical site infection \$28,000 to \$58,0
 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 +



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
- 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.
- Inen there is the \$7 million (+) in loss every time there is a successful cybersecurity attack.
 EHR costs, initial software and infrastructure costs, annual maintenance.
- EHH costs, initial software and infrastructure costs, annual maintenance, additional licenses, upgrade fees, and support costs - including staff FTEs dedicated to the application.

Saving Health Care

<u>The cost of poor quality</u> – 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.



Quality

2

Saving Health Care

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.









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?



Saving Health Care

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?

