



Steward Healthcare—Mountain Point Medical Center

TOP BENEFITS

1. Identify and reduce unintended variation
2. Engage providers in performance improvement efforts
3. Increase reliability of care provision

Background

Rising costs in healthcare, collapsing reimbursements, and ever-increasing value based payment models are forcing hospitals to focus on reducing costs of care. Given this trend, it is no wonder Katie Flores, Chief Nursing Officer at Mountain Point Medical Center in Lehi, UT, received marching orders from her executive leadership to reduce costs in three high-volume, high-cost Diagnosable-Related Groups (DRGs) within her hospital.

While shifts in reimbursement and value-based payment models pose a financial challenge, solving the problem demands clinical change. Healthcare executives are dependent on clinical leaders taking ownership and action to improve their clinical, operational, and financial results—exactly why Mountain Point Medical Center partnered with Relias to bridge the gap between system-wide goals and care providers with a performance management solution.

Challenge

One specific area of focus for Mountain Point Medical Center was the Obstetrics Department, in particular their rates of vaginal and cesarean deliveries. Rather than looking solely to reduce the cost of care, the team set a broader goal of creating a better patient experience for mothers and newborns in their care.

At the hospital and nursing unit level, their overall patient experience scores aligned with other Steward Healthcare hospitals and labor and delivery units. Assessing scores specifically within vaginal and cesarean deliveries revealed areas for improvement within the overall patient experience.

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DRG 775 and 766 emerged as specific opportunities, as transparency provided insight beyond an aggregate score for the nursing unit and admitted patients. The main area for growth resided in the discharge process. Coupled with a length of stay (LOS) opportunity in comparison with other Steward Health hospitals, the clinical improvement team agreed to focus on improving patient experience and reducing LOS with a targeted patient discharge initiative. The areas needing attention included better communication around the discharge process, medication side effects, and general environment and support staff.

Clinical leaders knew nursing communication and staff interaction with patients had to be front and center in their efforts to improve the



patient experience. Improved communication around medications, engaging with mothers and families early to better prepare for discharge, and rounding with patients directly after physicians to reinforce provider communication and patient education gave the team clear goals. Monitoring average length of stay allowed them to assess the effectiveness of these efforts.

A concurrent initiative aimed to create a new RN staffing model focused on the discharge experience. The mandate to reduce costs aligned well with this initiative, and increased the priority and organizational value of clinical improvement efforts.

Additional clinical improvement efforts included the development of a discharge teaching course designed to improve patient education. By defining specific parameters for setting patient expectations for preparation and departure, staff could enhance patients' discharge experience.

Areas of focus included:

- Setting expectations on what time the patient should expect to go home
- Streamlined discharge information and patient education with consistency across all staff
- Dedicated discharge nurses covering all nursing shifts with defined annual performance goals for each
- Development of a checklist to capture important education and discharge preparedness items needed
- Communication and PI plan updates as a recurring Nursing Staff Meeting agenda for staff reinforcement



Identify Issues.
Assess Knowledge.
Change Behavior.
Track Improvements.

Areas of waste in vaginal and cesarean deliveries were also identified around medication ordering and lab tests. Melissa Clayton, Director of Women's Services, discovered clear opportunities to reduce costs in these areas. The variation analyses revealed anesthesia providers were ordering costly drugs when a less expensive, equally effective alternative was available. The team also discovered unnecessary lab tests were being ordered.

After identifying unintended variation, the team implemented the changes immediately. Anesthesia providers agreed to order the less expensive medication and the lab performed full blood workups only when deemed medically necessary.



Solution

By implementing two simple order changes, this small facility will save over \$8,000 annually. The Performance Improvement Plan will monitor the clinical impact over time and give Mountain Point the ability to see the benefits of continuous performance improvement. The impact on patient experience and average length of stay will also position Mountain Point Medical Center to thrive as value-based payment models continue to evolve.

Mountain Point's introduction of the Relias platform has allowed them to prove the value of using analytics to drive clinical change. By choosing a focus area and recognizing quick wins, the team can socialize their success with other service lines and nursing units within the hospital.

Interested in learning more about how Relias can help you achieve continuous performance improvement?

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