

Efficiency is the cure

ThedaCare's Appleton center refined patient care as it raised productivity

By GUY BOULTON

gboulton@journalsentinel.com

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Appleton - The typical visitor wouldn't notice many of the changes in the general medicine unit at ThedaCare's Appleton Medical Center.

But patients do.

The new unit, which treats patients with such conditions as heart failure, pneumonia and infections, is ThedaCare's most sweeping attempt to change the way it cares for patients. Those changes include redefining the roles of doctors, nurses and other caregivers.

"There are two things we need to do in medicine," said Kathryn Correia, the senior vice president of ThedaCare who oversees the Appleton Medical Center and Theda Clark Medical Center in Neenah. "We need to learn to see waste. And we need to see risk."

Learning to see waste will increase productivity and lower costs. Seeing risk will reduce errors and improve quality.

ThedaCare set out to do both when it developed a new model for patient care.

The health care system has been testing and refining the model, called Collaborative Care, in the redesigned general medicine unit since February 2007.

The new model and redesigned unit employ many of the lessons ThedaCare has learned since the mid-1990s in its drive to eliminate waste and reduce errors. That effort, drawing on techniques first developed by manufacturers, entailed re-examining nearly every step in the health care system's operations.

"Every wasted step is an opportunity for error," said John Poole, senior vice president of the ThedaCare Improvement System. "And when you eliminate waste, you eliminate costs."

ThedaCare rethought every task, from restocking supplies to how doctors make their rounds, when designing the new unit and developing the model.

The results so far have been impressive: In its first year, the unit reduced the average patient's stay by 20%. That translates into sizable savings given the cost of each day in a hospital.

Increasing efficiency

ThedaCare's costs and rates are lower now than hospitals in southeastern Wisconsin.

An uncomplicated heart bypass, including physician fees, costs \$30,400 on average at a ThedaCare hospital, based on what ThedaCare and its independent physicians bill one large health insurer. That insurer pays \$42,700 to \$71,000 for the same procedure at hospitals in southeastern Wisconsin.

The health care system's focus on increasing efficiency has attracted national and international attention, drawing more than 200 people to Appleton last year to learn more about the effort.

"It's a huge departure from what's going on in 99.5% of American health care," said Arnold Milstein, chief physician for Mercer Health & Benefits and medical director of the Pacific Business Group of Health.

The biggest change is the emphasis on collaboration and the redefined roles of doctors, pharmacists, nurses and others involved in the patient's care.

"Everybody knows what's going on," said Franny Kilgas of Kaukauna, a patient last year in the unit.

Doctors now make their rounds in the unit with a pharmacist and the nurse. A care manager, who handles such tasks as insurance coverage or arranging home care for patients, sometimes will join them.

One result is doctors' pagers buzz a bit less.

"They are not trying to track me down three hours later," said James McGovern, an internist and hospitalist, or doctor who specializes in care for hospitalized patients.

Making the rounds with a pharmacist also means doctors can get immediate advice on medications - potentially reducing errors - or explain why they ordered a specific drug.

"The pharmacist isn't sitting in a room three floors away trying to figure out why Dr. McGovern is ordering this prescription," he said.

"It's a different style of medicine than we are used to," McGovern said. "Physicians tend to be independent people."

They now must take time to explain what they have ordered and why.

"It's the best thing for the patient," he said. "I've had my butt saved a number of times by people on the team."

Better use of skills

For their part, nurses can focus on coordinating and managing the patient's care - not just on following a doctor's orders. Tasks once done by registered nurses now are done by licensed practical nurses or certified nurse assistants. The goal is to make better use of the skills of each.

Nurses are not expected to be doctors. But they are expected to understand what the doctor is trying to do and his or her plan in caring for the patient. It means they can ask the right questions if something is not working.

"That's what we want them to do," McGovern said.

The transition wasn't effortless for some nurses. They now have more responsibility for coordinating and managing the patient's care, such as comparing his or her condition with clinical guidelines.

"Our nurses are doing professional nursing work," said Correia, the ThedaCare executive who oversees its two largest hospitals.

One of the underlying themes in all of this is to organize work a bit more like factories - more efficient and less costly.

"They've asked anyone who knows anything, anywhere, what we can put to use," said Donald Berwick, president and chief executive officer at the Institute for Healthcare Improvement in Cambridge, Mass., and a national expert on health care quality.

"By far the biggest opportunity for health care to solve its cost problem is through the improvement of care itself," he said. "That is the biggest place to find money."

Color-coded changes

Some changes are decidedly low tech, but effective. For example, a whiteboard faces every bed listing what is scheduled that day and when the patient should go home, so patients and families know what's ahead.

The new unit includes visual reminders whenever possible. Health care long ago became too complex to rely solely on memory. And visual cues - such as red socks for patients at risk of falling - reduce the chance of errors.

"The less the nurse has to remember, the more efficient they are going to be," said Shana Herzfeldt, a nurse and supervisor of medical services for the unit.

Outside each room are lights - yellow, for when a doctor has written an order, such as a change in medication; green, for when an administrative assistant has entered the order into the computer, orange, for when medication has been delivered.

Herzfeldt came up with the idea of placing color-coded magnets on the doorframe of patients' rooms for when a specimen needs to be collected or a patient needs an electrocardiogram.

The changes add up.

"If I had to go back to the hospital, I would request to go back to that unit," said James Coleman of Appleton.

ThedaCare continues to make improvements in the model and the unit. That can be seen in a simple bulletin board, divided into sections with clear headings and subheadings.

Under newly identified problems recently was the task of finding a better way to schedule pulmonology appointments for patients once they have been discharged. The unit now faxes an order to the pulmonologist's office, which then calls an administrative assistant to schedule the appointment.

An administrative assistant asked, why not just call the office?

It's just one example of the unnecessary steps built into common procedures. But the change often results in immediate savings.

ThedaCare plans to redesign other units for the Collaborative Care model in its hospitals. That could cost tens of millions of dollars. But the pilot project's results, such as shorter hospital stays, suggest the move could save money in the long run.

"I'm all for it," said Kilgas, the former patient. "I would stand on a corner and tell people, 'Don't worry about it. This is going to be great.' "