

Bedside-to-Operations: Nursing & Supply Chain Collaboration Drive Financial Stewardship

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BACKGROUND

Global Issue

In the 2017 American College of Healthcare Executives' annual survey, financial challenges was ranked as the #1 most concerning issue hospitals faced, with 64% citing increased costs for staff, supplies, etc. as a specific financial concern.¹

Local Action

To address this concern and ensure the Children's Hospital of Philadelphia's (CHOP) mission continues, CHOP increased its focus on financial stewardship; challenging the organization to lower cost while maintaining world class safety and outcomes.

In 2017, Nursing and Supply Chain collaborated to improve charge compliance for the existing inventory management system in order to recapture lost revenue, estimated at 2 million annually.



This unique "bedside-to-operations" partnership yielded impressive results, but more importantly established a reliable model for future work.

AIM



Increase gross revenue captured for medical supplies by \$100K and improve charge compliance by 5% over prior year.

MULTI-DISCIPLINARY APPROACH

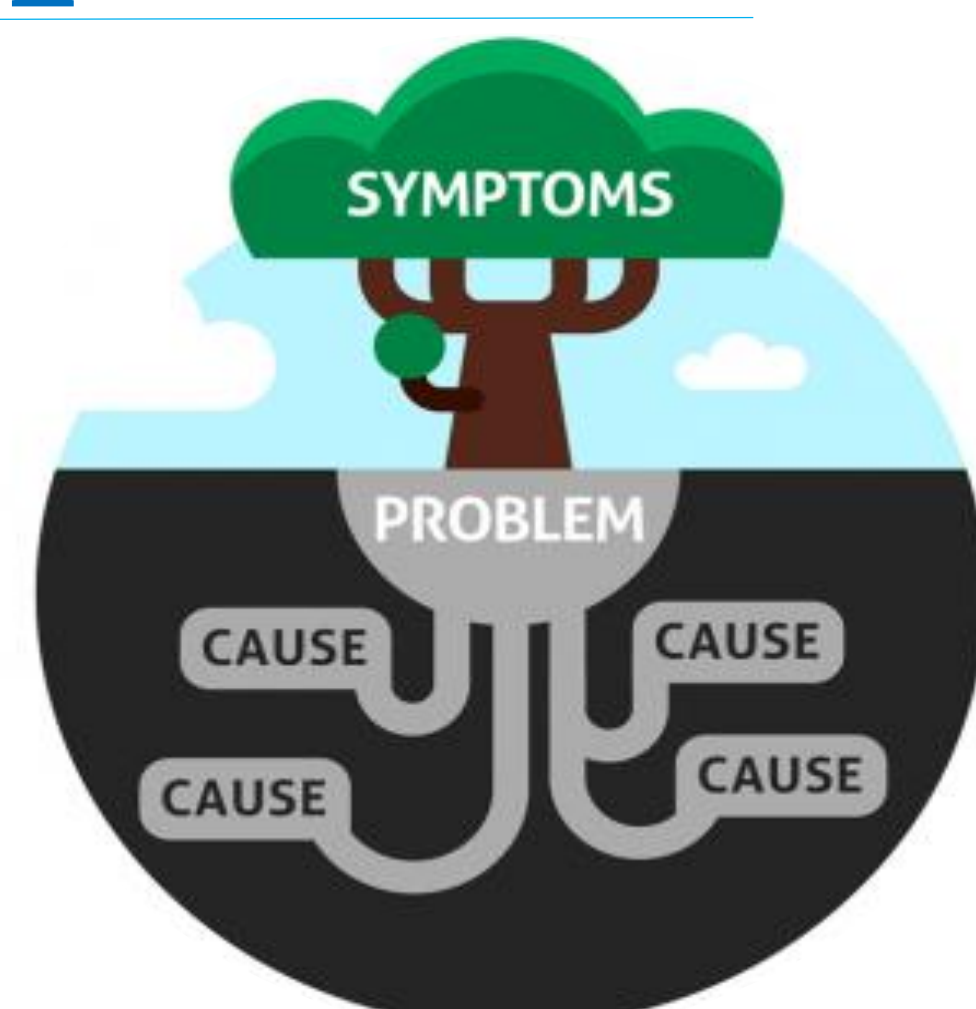


- **Executive Champions** with diverse leadership styles
- **Project leads** with shared ownership
- **Stakeholder event** to kickoff work
 - Walk the process, identify root causes on which to focus

- **Work streams** aligned to root causes
- **Embedded** organizational-wide functional **support**
 - Process improvement, IS, Finance, Nursing Education
- Multifaceted **governance** structure to sustain improvements
 - Make compliance a "program" and embed into culture
- Organizational **process improvement** methods and tools

ASSESSMENT

"Discovery" event uncovered 3 root causes, which guided the remaining work.



- 1. Process** → Ambiguous and undocumented
- 2. Education** → No formal education
- 3. Governance** → Across the organization no knowledge of performance and no oversight or accountability

INTERVENTIONS

Process

- Re-designed and documented process from user perspective:
 - Emergency situations
 - Return of supplies
 - Patients not yet admitted

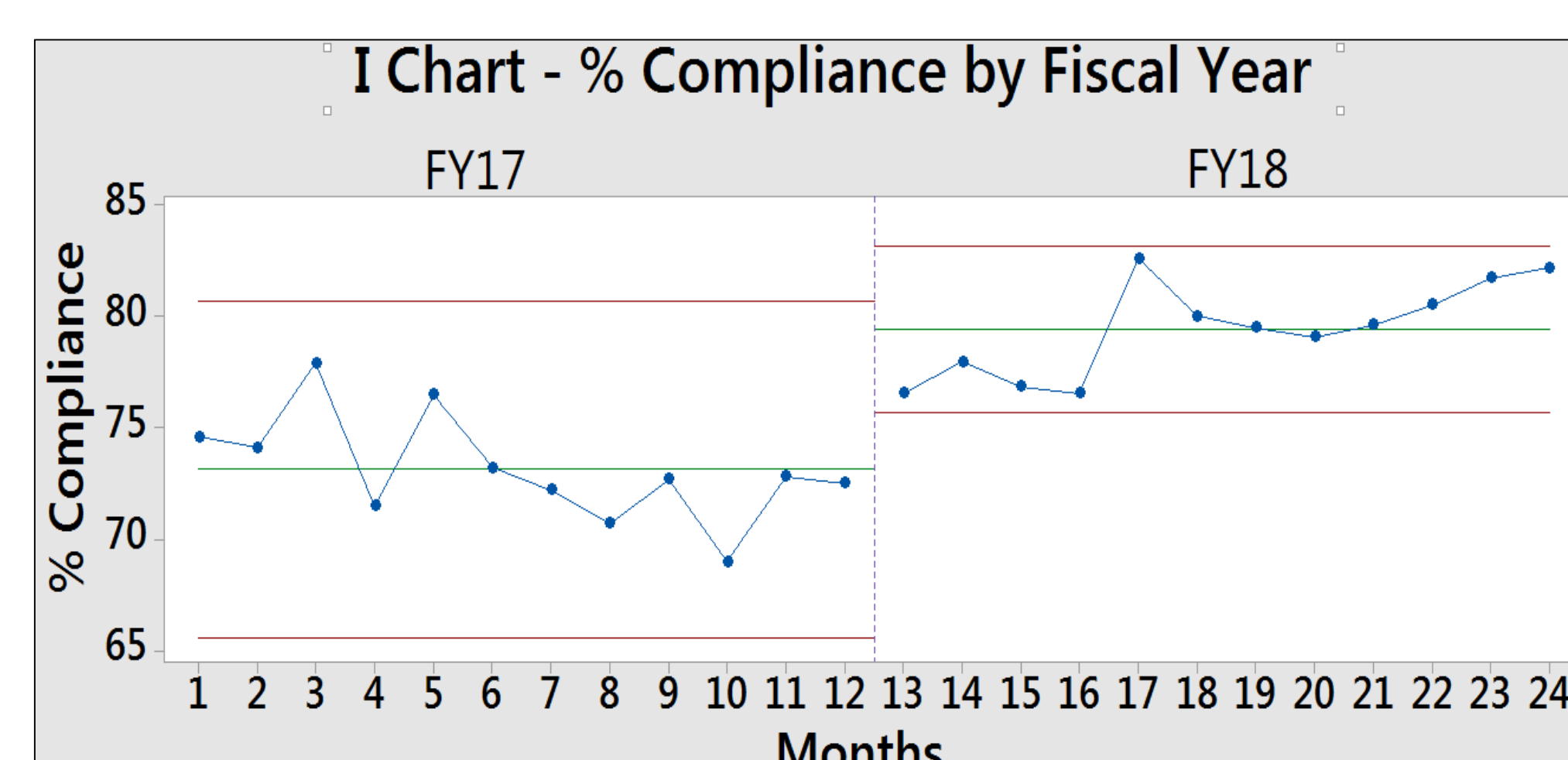
Education

- Conducted hands-on training with super user group
- Created dynamic online education for new and existing staff, embedded into new-hire and mandatory education

Governance

- Created multi-level and faceted control plan:
 - Organization: Nursing Shared Governance Chair and Director of Nursing Operations accountable for driving performance and embedding compliance into culture
 - Unit: Unit-based compliance teams, led by Nursing Shared Governance Unit Chairs with defined roles, responsibilities, goals, & alignment to Nurse Manager
 - Bedside: Education and tools for staff; with close alignment to unit team for support
- Developed dashboards, reports, and web site to promote visibility and drive performance
- Embedded support with clear lines of communication

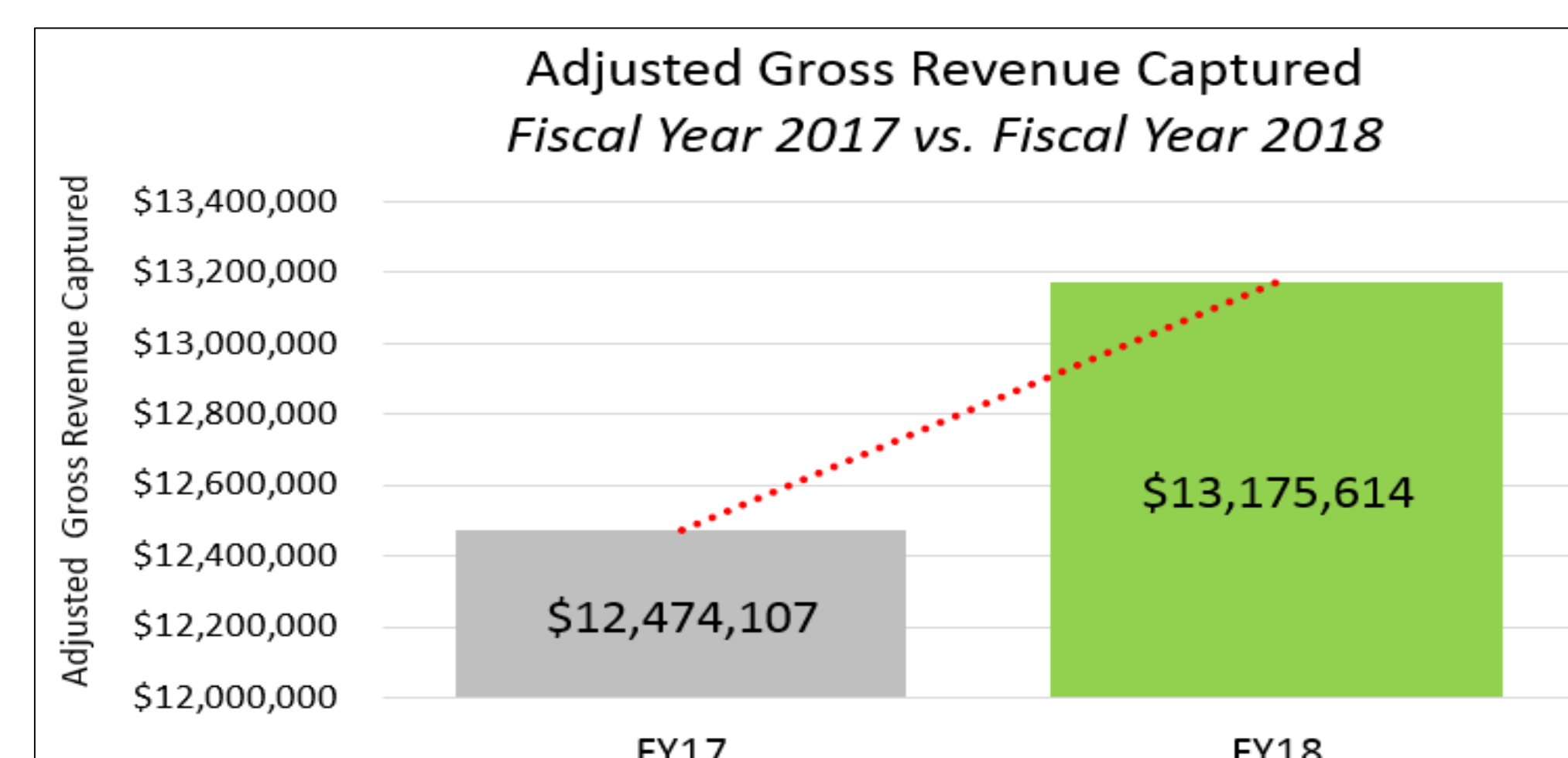
OUTCOMES



2-Sample t Test for Percent Compliant by Fiscal Year
Is FY18 Statistically Better than FY17?

Individual Samples	FY17	FY18
Sample Size	12	12
Mean	73.142	79.425
95% Confidence Interval	(71.60, 74.68)	(78.072, 80.778)
Standard Deviation	2.4194	2.1291

p < 0.001 suggests our redesigned process was effective in achieving a significant improvement in charge capture from FY 17 to FY 18



- **8.5% improvement in charge compliance**; 73% to 79%
- **Incremental \$700K in gross revenue captured**
- 6% increase in gross revenue captured per patient day
- 98% of users (3000+) trained; new and existing staff

CONCLUSION

- Finding creative ways to maximize resources without compromising safety and outcomes is paramount in today's healthcare environment
- An intradisciplinary, collaborative approach along with staff engagement from bedside to operations creates solutions when standardizing work processes
- Empowering members and using structured improvement methodology related to process, education, and governance drives outcomes and sustainability of work

References:

1. American College of Healthcare Executives. (2017). Top issues confronting hospitals in 2017. Accessed on 9-18-2018 at: <https://www.ache.org/pubs/research/ceoissues.cfm>.

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