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EFFICIENTLY MOVING PATIENTS THROUGH THE ENTERPRISE WILL BE CRITICAL

Economic pressures and increased patient flow have forced CIOs to address patient throughput with I.T.

by Stacey Kramer



Suresh Gunasekaran

With one eye fixed on finding new ways of caring for sicker patients and improving patient care, and the other on figuring out more effective business solutions in a world with an ever-tightening bottom line, hospitals are using technology to discover better ways to free up emergency room beds and push patients through the hospital.

"The notion of patient throughput has always been with us, but what has happened is a convergence of technology triggers that enable you to do more," says Vi Shaffer, a research vice president at Gartner Consulting of Stamford, Conn. However, this improved technology — such as barcoding, RFID and ultrasound — has brought about "a desire to know that you're efficient and effective using the capital assets," she says. "It's really the heightening of the combined issues of reimbursement and resource demand."



Suresh Gunasekaran, assistant vice president and CIO at University Hospitals and Clinics at UT Southwestern Medical Center in Dallas, agrees that the problem has always existed at a certain baseline, but says that there is now a greater premium on throughput due to a lack of beds, particularly in the emergency department. "If you can't build another bed tower, (bed tracking) is your next best bet. And if you are building a bed tower," he says the technology is useful "until you get it."

Finding beds was always a patient safety issue and is now also a growing financial one. "A lot of admissions are not just based on what insurance contracts you have, but who is coming through the ED," Gunasekaran says. "Folks are very interested in making sure that patients coming in through the ED find a bed." The other issue, he says, is that managed care contracts now have mostly migrated to case rates. What this means is that keeping patients longer than the "allotted" time for their particular case hits hospitals right in the bottom line, as the money comes out of their pockets. Stories abound of situations such as patients having to stay an extra day just because a radiology test didn't get scheduled on time, or because test results came back after a physician rounded.



Steve Tobin

Things may be changing though, Gunasekaran says, as the Joint Commission spends time looking at the hand-offs between units.

"You start looking at all of these process problems as to why patients end up staying longer, and it's not really related to their medical condition. It really has to do with how efficiently a hospital operates." Gunasekaran says in his hospital, for example, a patient was significantly delayed leaving, causing another patient in the ER to wait for a bed. "The process just broke down," he says.

Many of the problems with patient throughput are due to a lack of communication — "The ED not talking to the floors well; the floors not talking to patient transport," he says. Another key player is housekeeping. If the room doesn't get cleaned in a timely manner, then the hospital can't put another patient there. Likewise, if the room has been cleaned but the right people haven't been notified, it sits unused.

Gunasekaran calls patient flow problems one of the industry's least well-kept secrets. "When I meet with other CIOs, we never list this as one of our top IT things that we're looking at. But any time I talk to a CIO, they have some pet in-house project trying to address this issue."

Pinpointing the exact location of a facility's problem is part of the challenge. "You have to figure out for your organization where you think the biggest bang is for your buck," he says. While many CIOs write their own programs, there are also a number of vendors in this market. For UT Southwestern, a good starting point was bed management, and Gunasekaran says he chose Alpharetta, Ga.'s StatCom for a bed board.

As Steve Tobin, a senior industry analyst at Frost and Sullivan in San Antonio, Texas, points out, the technology has matured considerably. "Now you have more sophisticated terminology," he says, which translates to a lot more tools at the CIO's disposal to tackle patient care. However figuring out wherein lies the problem is key, and as Tobin says, "Every hospital is different. One hospital it could be the OR. Another, it could be the ED or step-down units."

Shaffer estimates the technology is on a relatively sharp trajectory, and says she expects a lot of activity in the next three years. What's coming down the pipeline, she says, will be the next level of sophistication in terms of analytics, reporting and predictive modeling data. "The quick hits are not trivial," she says, "but insight into throughput issues, as well as insight into quality issues, will distinguish a small number of organizations."

Sidebar

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