



How a progressive hospital was able to maintain high-quality health care while lowering its costs.

This 600-bed hospital had earned a reputation for delivering high-quality nursing care and community health services, but was seeing a 6 percent rise in labor costs accompanied by a 10 percent decline in reimbursements. The hospital's administrators realized that they needed to find more cost-effective ways to provide the quality of health care that their patients and their families had come to expect, and decided to hire an experienced outside resource to support their efforts.

In their selection criteria, they specified a consulting group that would work as an extension of their internal team - a group that could go beyond theory to add value through real hands-on implementation. They chose USC Consulting Group, a process improvement firm with over 30 years' experience and broad expertise in the area of operational effectiveness.

The USCCG team began by interviewing directors, managers and hospital personnel in all work areas on all shifts over the course of a two-week feasibility study. As they gathered detailed information about current methods and practices and observed how things got done, they identified potential financial gains that would result from specific operational improvements. Throughout the study, USCCG shared their observations directly with hospital leaders to assure that all aspects of quality, service and cost were fully considered.

The implementation phase of the project began in the Medical/Surgical nursing units along with several ancillary units: environmental services, food services, plant operations and biomedical services.

A joint USCCG/employee team began by reviewing each operation. Every process and activity was assessed in minute detail to identify the impact on

service, quality and cost. Required changes were made swiftly. Among the first changes in the hospital was the relocation of supplies and equipment. More convenient storage proximities reduced time spent by nurses chasing down items needed to deliver care. Unit staff



Key Metrics

Dollars-per-patient day reduced	20%
Dollars-per-statistic reduced	10%-20%
Nursing agency usage reduced	8%
Overtime reduced	4%

This USCCG-led engagement produced lasting results throughout the hospital.

assignments were also changed to reduce the travel distance required to provide care. Interactions among nurses, patients and physicians were improved, as were communications between nurses at shift changes and support from ancillary departments. By redistributing tasks among nurses, the use and cost of licensed vocational nurses and HCAs was significantly reduced.

To minimize interruptions and obstacles, personnel from selected ancillary areas were drawn in to examine issues of coordination and support, and corrective actions were taken to improve efficiency. USCCG and hospital personnel used a bottom-up approach to identify how each task is performed, who performs it, and how long it takes. This information enabled USCCG, working with nurse managers, to consider different care models in which many tasks can appropriately be done by unlicensed support.

As the project evolved, more meaningful metrics that focused on quality, service and costs were introduced. These allowed managers to make better decisions about patient care, as well as to improve support for physicians and employees.

“We saw four major areas of improvement early in our joint efforts with USCCG,” said a nurse manager. “We saw our day-to-day processes get better and learned more efficient ways for staff to handle workloads. We saw more appropriate utilization of human resources and more productive management of service and quality.”

“These improvements did not come without pain and effort,” said the hospital’s chief executive officer. “The detail involved is really overwhelming, but what impresses me is that more nursing care is being given to patients. Our nurses actually have more time with their patients. They are happier and patients are happier. I came into this very skeptical,” the CEO concluded, “but now I’m anxious to bring these improvements into our children’s hospital.”

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CEO
Hospital



First we make it work. Then we make it last.

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