

Physician Satisfaction Survey

Last year, Huntington Hospital physicians participated in a satisfaction survey, and much was learned from your answers. We have since taken several steps to improve the areas that concerned you – the first issue involving which clinical services needed to be strengthened, expanded, and/or improved. We also integrated pathology into the Meditech system providing physicians the ability to view pathology results in the EMR.

We agreed, and solidified plans to expand our emergency department, doubling its size. Construction is in progress and expected to be finished by late 2011. The building will be expanded to the east, requiring us to reroute Fairmount Avenue.

In December 2007, the laboratory moved to its new location in the West Tower, increasing its size and capacity. We also expanded hours and now conduct testing on the weekends.

The next question posed was, “What keeps you from using Huntington



Hospital more frequently?” Bed capacity was the leading answer, with payor restrictions and OR scheduling a distant second and third.

Earlier this year we employed Lean Six Sigma methodology at Huntington, and one of the first projects involved reviewing the various functions that affect throughput and capacity. (See the Six Sigma articles in this issue to learn more about our progress.) We began a similar project to address OR scheduling and turnover. In addition, the emergency department build-out will include shelled space on the upper floors to allow for additional OR suites, should the need arise.

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Huntington Hospital

Fall 2008

Introducing **MD Connect**

We have created *MD Connect* to provide updates to the medical staff on issues you identified as needing attention in the last physician satisfaction survey. In this quarterly newsletter we plan to provide progress reports on these issues as well as other initiatives the hospital is undertaking to improve quality and operations. It's our way of staying connected with our physicians and we look forward to your feedback.

What is Six Sigma?

Black belts, green belts, work outs – these are terms you might hear at the local gym, not in a hospital setting. Yet, more and more Huntington Hospital meetings include these words and more. They are all part of the language of Lean Six Sigma, a new methodology we have undertaken to improve processes and become more efficient.

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Want to participate in focus groups to improve physician communication and relations with administration? Your input is needed! Focus groups will take place the week of November 17. Please call Sheryl Rudie at (626) 397-3455 to participate or if you have any other questions about the content in this newsletter.

**In our next issue of
*MD Connect:***

- Surgical and interventional council
- Neurosurgery cost reduction
- OR scheduling
- Update on capacity and throughput

Physician Satisfaction Survey (continued from page 1)

The new doctor's dining area provided for some very lively feedback, and we knew this needed to be addressed quickly. Initially, the selected area seemed like a good choice – close to the cafeteria and accessible. You let us know that it was too small and that you wanted windows. In answer, we transformed a conference room across the hall into a new and improved doctor's dining area. Not having to depend on cash for meals was also important to you, so we issued badges that serve as "debit cards" for your cafeteria purchases.

Physicians wanted to see improved communication with administration and to be more involved in decision making. We took this to heart and have since involved our physicians in several projects including: reductions in supply costs for orthopedic and neurosurgery, as well as improving discharge times. Your contributions to these projects have proved invaluable and have led to improved efficiencies in several areas. (Please see the financial benefit chart on page 3 to see cost savings from surgery supply cost initiatives).

With regard to better communication/relations with administration, we are hosting focus groups with our physicians to determine specifics about what concerns you. We look forward to solving these issues and would appreciate your involvement. To participate, call Sheryl Rudie, director of business development, at (626) 397-3455. Focus groups will take place the week of November 17.

Much has been accomplished to address your concerns and we continue to look for further ways to improve. Open communication is the best way to enhance the relationship between physicians and administration and, in turn, benefits the patient experience. We appreciate your input and look forward to your valuable feedback in our next survey.

Are you satisfied???

Please log on to www.huntingtonhospital.com click on physician's only section on the bottom of the homepage and then click on survey button to take the survey.

What is Six Sigma? (continued from page 1)

How does Lean Six Sigma work?

Lean Six Sigma involves a team approach to looking at a process and compiling quantitative and qualitative data about how the process works. Quantitative studies rely on the analysis of numerical data. Let's take the issue of throughput as an example. For several weeks we observed and gathered information about how long it took transport to arrive at a patient's room after the request for their service had been made, and how long it took to have the room cleaned once vacated. We then took that data and determined the average time needed to accomplish those tasks. From that information, we established a goal to improve the process – one that we could consistently achieve.

Qualitative studies focus more on human behavior and look at the why and how decisions are made. In the case of looking at how long it takes to have a room cleaned after the patient has left, we might ask the EVS team member why it took only five minutes to ready the room on one occasion and 45 minutes the next time. There might have been another urgent cleaning call made for another area, or it could have been that a break or meal period created the delay. We learn what influences behaviors or impacts a task from being completed efficiently, so that process changes can be made for the sake of time efficiency and improvement.

Utilizing data is often the best tool for identifying process issues and improving upon them. There are several Six Sigma projects currently being addressed at Huntington and we will highlight them in the

upcoming issues of *MD Connect*. These projects are designed to improve process so we can increase patient capacity and meet our strategic goals of achieving a two percent operating margin, aid service line expansion and ultimately improve quality.

"Reports Outs" are given monthly about Six Sigma projects and you are invited to attend these meetings to learn of the progress. Contact Ashley Nakawatase at (626) 397-3785 for a meeting schedule.

Learn Six Sigma Terms:

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Black Belt: A Six Sigma project team leader who works full time in this capacity.

Green Belt: An employee who has been trained in Six Sigma and assigned to a process improvement team, but only devotes part of their work time to that team while continuing in their current role at Huntington.

Report Out: After each Six Sigma project phase is completed, the team presents its findings to the organization.

Work Out: A one day meeting where a team of experienced and knowledgeable people gather to develop solutions and action plans for a particular issue.

Throughput- Making Beds Available



One area we look to improve upon is patient throughput, and we have assigned a Six Sigma team to address it. The idea is to get patients out of the facility as efficiently and safely as possible once the discharge order has been written. This allows us to admit more patients and increase hospital revenue. The time this process currently takes varies from 30 to 690 minutes, with an average of 241 minutes per patient.

As you can see, we have the capability of accomplishing this in 30 minutes, but our goal is to consistently discharge patients within 220 minutes from the time the order was written.

To improve the process, quantitative and qualitative data were compiled. As explained in “What is Six Sigma?” we observed and gathered information about how long it took for transport to arrive in the patient room after the request for their service was made, and how long it took to have the room cleaned once the patient has vacated.

Our qualitative study allowed us to observe human behavior so we could determine why it took an environmental services team member five minutes to get to the patient room on one occasion and 45 minutes the next time. There are a number of influencing factors that led to the delays and our observation will allow us to determine which of these are controllable in order to help improve process.

We reviewed the data, calculated the average time each task took and established a goal for consistency. As a result, four improvement projects have been born to help meet our goal. We looked at:

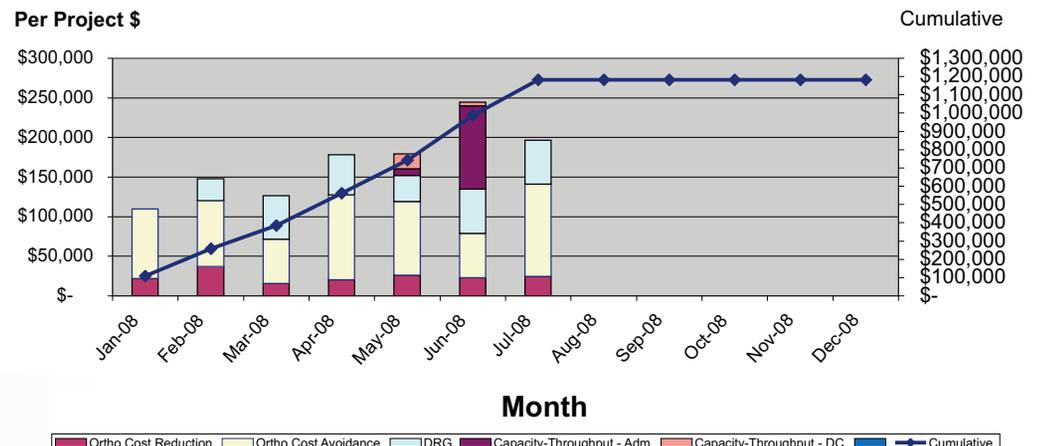
- **Capacity and throughput communication process (communication process from written DC order to when room is clean and available).**
- **The time hospitality was notified to the time EVS began cleaning.**
- **The time written discharge order was received by staff to the time patient vacated the room.**
- **Transport request received to completed (transportation process from initial request to notification of empty room).**

In the first two months of implementing this Lean Six Sigma project, a cost savings of \$113,402 was achieved. The new processes are expected to make the most significant financial impact during periods of high census, when efficient turnaround times are crucial to getting ill patients into hospital beds. Flu season is right around the corner, and we hope to report many positive outcomes resulting from Six Sigma projects in the next issue

IN ADDITION TO THE LEAN SIX SIGMA project on throughput, we teamed up with our physicians to reduce supply costs so that we could improve profitability on surgery cases. The chart below details cost savings achieved to date in the area of orthopedics. Neurosurgery is currently being reviewed and we look forward to reporting those results in a future issue of *MD Connect*.

The chart also reflects cost savings in our capacity and throughput project as well as accurate coding for DRGs. As you can see, our cumulative savings since January is \$1,182,851. For a more detailed breakdown of the financial savings to the organization, please contact Paula Verrette, MD.

**Financial Benefit Report
Actual - Cumulative 2008**





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