Overview

The need
DeKalb Medical needed to improve operational and clinical outcomes, reduce administrative and clinical inefficiencies and develop system-wide key performance metrics, all with limited resources.

The solution
The team used IBM® CareDiscovery® to fundamentally change the way it measured system-wide performance, monitoring key metrics such as length of stay, mortality and readmissions.

The benefit
The CareDiscovery solution ultimately helped the system reduce complications by 58 percent, save 55 lives annually by reducing mortality—and realize savings of more than $12 million.
Introduction

In 2012, DeKalb Medical underwent a shift in organizational strategy and was reeling in the wake of executive turnover and saddled with financial setbacks. Still, the health system needed a way to improve operational and clinical outcomes, reduce administrative and clinical inefficiencies and develop system-wide key performance metrics at three of its facilities: DeKalb Medical at North Decatur (451 beds), DeKalb Medical Long Term Acute Care at Downtown Decatur (77 beds) and DeKalb Medical Hillandale (100 beds).

Given the health system’s limited resources, these goals seemed unattainable. That’s why Ellen Hargett, Executive Director at DeKalb Medical, reached out to IBM® Watson Health™ to help benchmark system-wide outcome performance.

“Prior to our time working with Watson Health we had reported our quality performance to the Board of Directors in the context of performance measures, core measures and CMS-required public reporting. We really didn’t effectively use the global outcome measures that reflect an organization’s overall performance,” Hargett said. “So while we were doing well on those process measures and publicly reported measures, we weren’t doing so well on the bigger issues like complications, mortality and length of stay.”

The birth of an institute

With the assistance of the CareDiscovery performance improvement solution, Hargett and her team fundamentally changed the way they measured system-wide performance. For example, they began:

- Monitoring key quality measures such as length of stay, mortality and readmissions
- Comparing the health system’s performance on each metric against national peer group standards each month
- Using Lean Six Sigma as the system’s performance improvement model to execute the clinical quality improvement initiative

For each key performance indicator on each metric’s dashboard, DeKalb established tactical teams comprised of three to four physicians, an equal number of operations leaders, a performance improvement (PI) coordinator and a Lean Six Sigma Black Belt. The team’s Black Belt focused each group on expert use of CareDiscovery data to provide statistical analysis, identify key drivers of the observed/expected indices and facilitate process improvement.

These industry best practices were then organized under the new DeKalb Quality Institute (DQI) banner, creating a center of excellence for better understanding process of care and helping to improve physician efficiency and patient outcomes.

Overall, the system saw a reduction in complications and lengths of patient stay, which resulted in savings of more than $12 million. Complications decreased 58 percent over a three-year period, and 55 lives were saved annually through mortality reduction. For its efforts, DeKalb received the 2016 Truven Health Advantage Award for Performance Improvement and Efficiency.

A culture of trust

Achieving such a large shift in culture is not an easy change to navigate. Reorienting major administrative and clinical decisions around data requires an organization-wide commitment from all care managers and business practice leads. Hargett says that engaging physicians so they understood that this information was helpful to identify systemic issues, as well as clinical practice issues, helped breed a culture of trust.

It is crucial, she says, for physicians to feel they are part of the process and not just the targets to be “fixed.” Prior to this culture change, the hospital approached many metrics as a “doctor problem.” The sophisticated use of CareDiscovery and the strengthening role of the PI coordinator have resulted in a sense of trust and collaboration with physicians.
“Now we approach virtually every metric as an organizational system output versus a doctor problem,” Hargett says. “We know that our system is supporting every standard of care, so we have to look at the system first. The majority of the improvements we have put in place were system issues, so it is a fundamental difference in our approach.”

To get to that realization, significant support came from DeKalb Medical’s physician hospital organization (PHO), which is comprised of employed physicians and those who work primarily at the hospital. Operating under a clinically integrated structure, the PHO negotiates the doctors’ fee contracts with payers.

“The PHO really stepped up and said it would compensate physicians for their time on these tactical teams,” Hargett says. “It’s not a huge amount of money, but it is enough to respect their time and maximize how we use them.”

Results:

Successful proposal and more

**What is CareDiscovery?**

CareDiscovery provides insights into a hospital or health system’s quality measures and resource utilization to support improvement with objective, fact-based information. Consisting of three main components—the IBM® CareDiscovery® Transform outcomes improvement solution, the IBM® CareDiscovery® Advance process-of-care solution and a comprehensive dashboard for stakeholder alignment—CareDiscovery offers the advanced measurement, benchmarking and reporting tools that can help hospitals succeed in today’s healthcare environment.
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HPC03063-USEN-03

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Route 100
Somers, NY 10589
Produced in the United States of America
April 2018

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Solution components
– IBM® CareDiscovery®
– IBM® CareDiscovery® Advance
– IBM® CareDiscovery® Transform

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