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# Welcome to the Webinar

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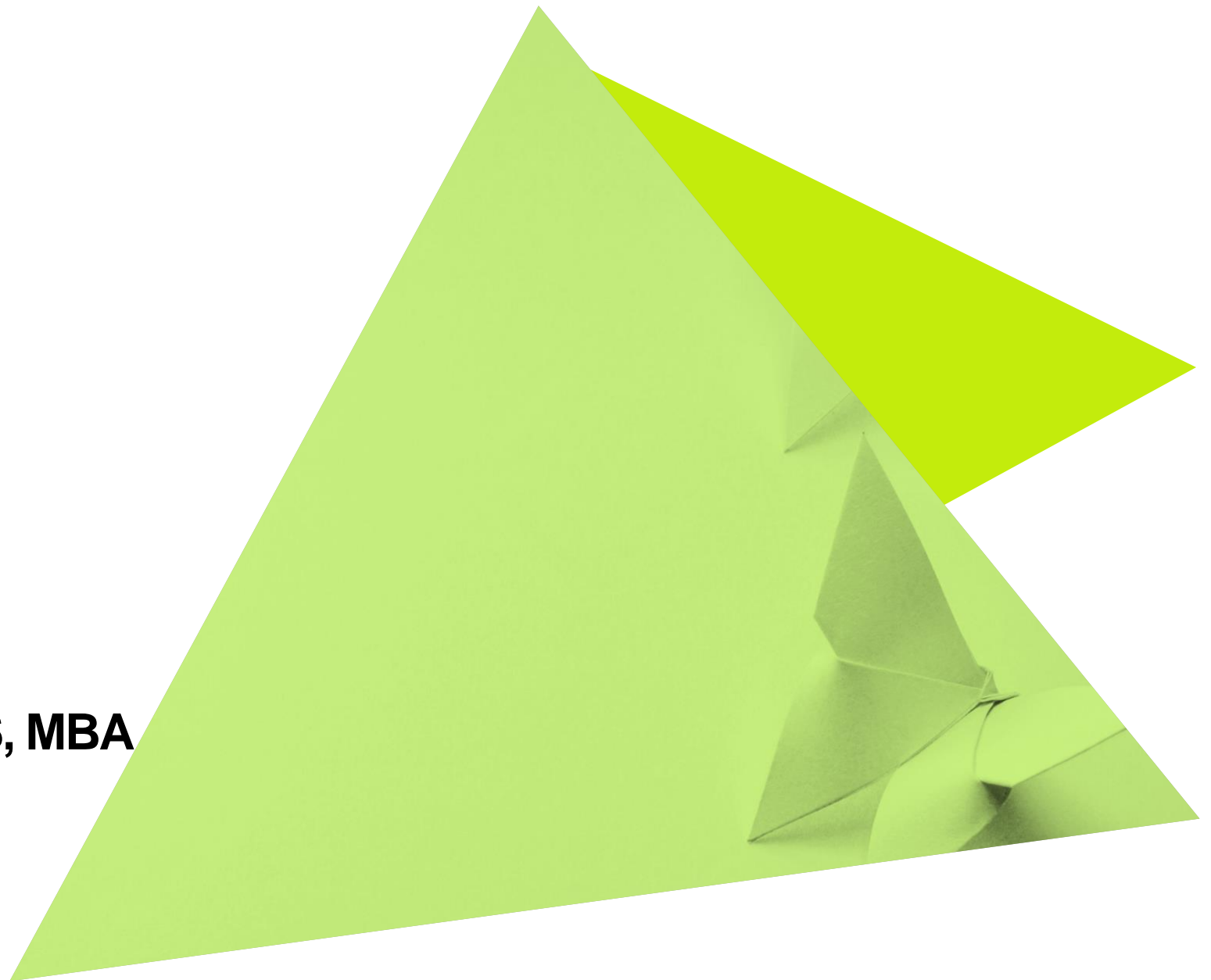




# Driving Transformational Change

ZurickDavis Webinar  
10.20.21

Apurv Gupta, MD, MPH  
Joan Deming-Murphy, RN, MS, MBA



# Introductions



**Apurv Gupta, MD, MPH**



**Joan Deming-Murphy, RN, MS, MBA**

Dr. Gupta is an expert in organizational and individual transformation at Guidehouse Consulting. He is skilled at physician engagement, change management, and leadership development. He had led recent projects in clinical operating model redesign, length of stay/ throughput, clinical variation, and service line optimization. He has experience as a clinician, manager, executive, educator, and thought leader. Dr. Gupta completed Internal Medicine training at Beth Israel Deaconess Medical Center, received an M.D. and Sc.B. from Brown University, and a M.P.H. from Harvard University.

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Joan is a Senior leader with deep healthcare system expertise who leverages expansive exposure to all phases of healthcare operations and financial performance. A strategic influence and member of senior teams, noted for identifying and addressing critical organizational issues that drive efficiency, productivity and profitability. Skilled in leading large, highly engaged teams. Blends deep subject matter knowledge, keen intellect and a bias for action with advanced business and clinical degrees to deliver results in key performance areas.

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# What We Plan to Cover

- Complexity creates an imperative for transforming your care model in order to deliver on the diverse outcomes the market is demanding
- High Reliability Management creates a deft balance between structure (control) and emergence (collaboration and creativity) which results in organizational transformation

# Health Care in the Age of VUCA



**Volatility:** The COVID pandemic has created unpredicted rapid change during an already complex situation



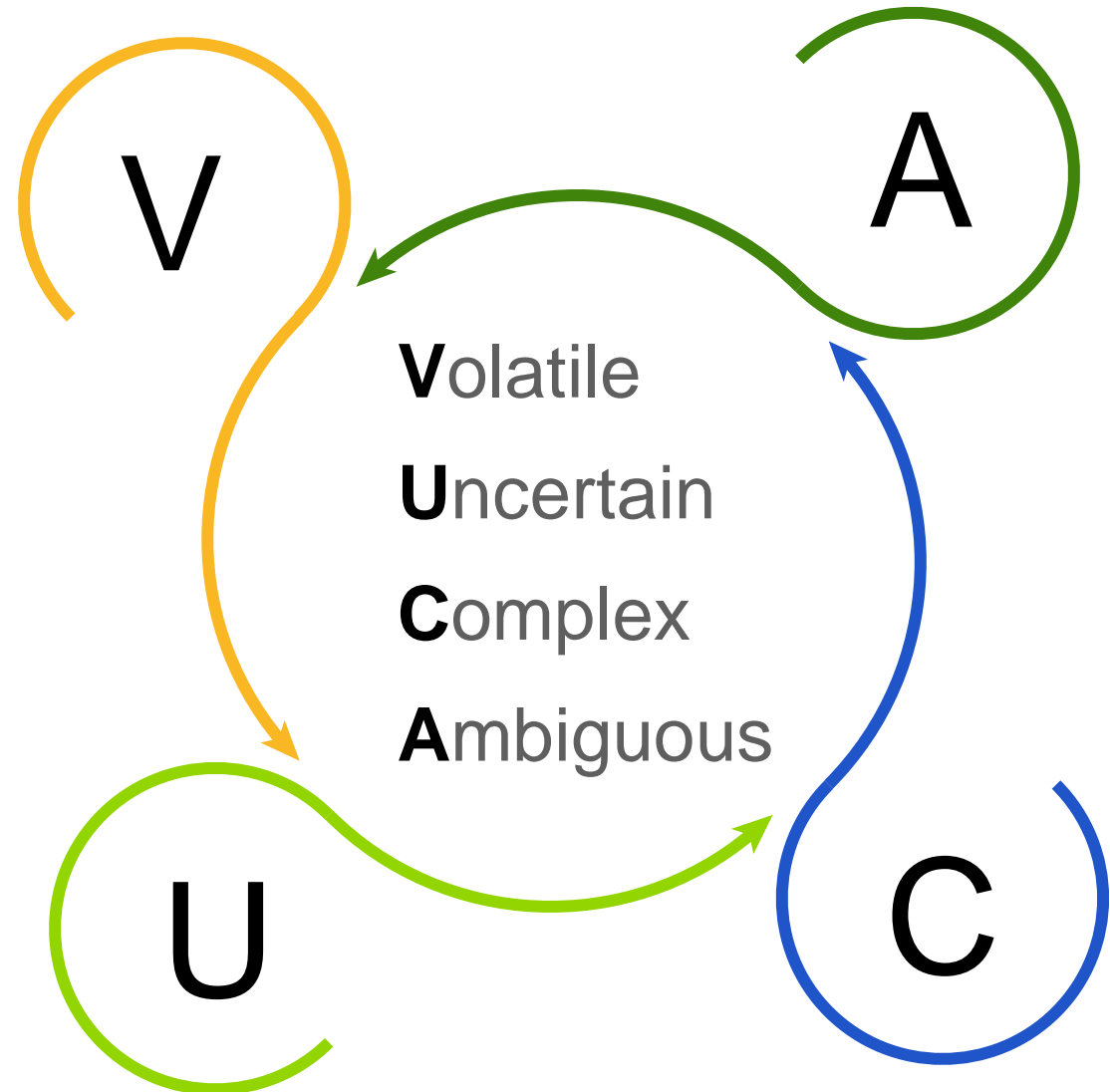
**Uncertainty:** Different players wait to see how the situation will evolve and what other players will do



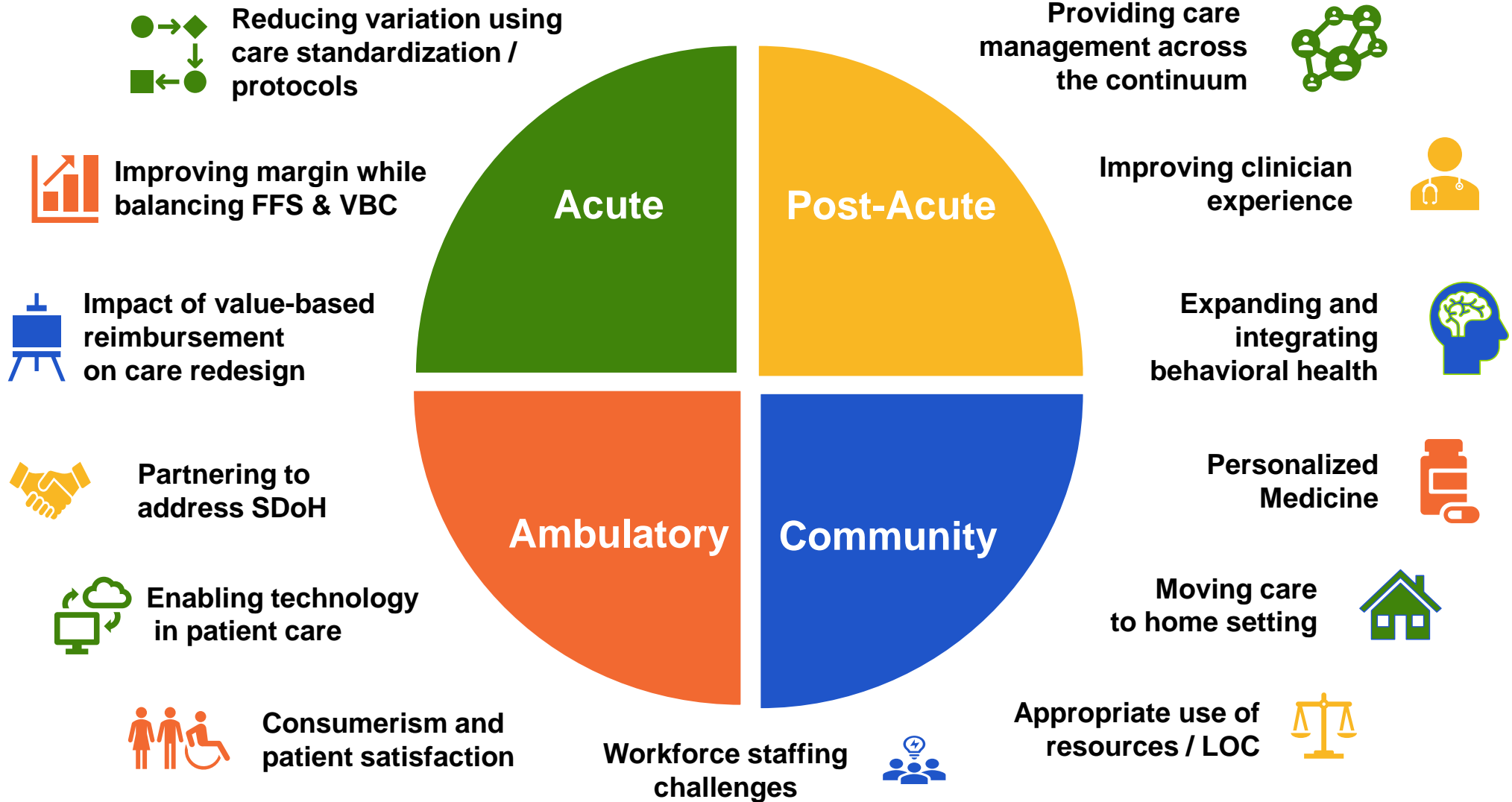
**Complexity:** Many interconnected parts and variables and can be overwhelming to process

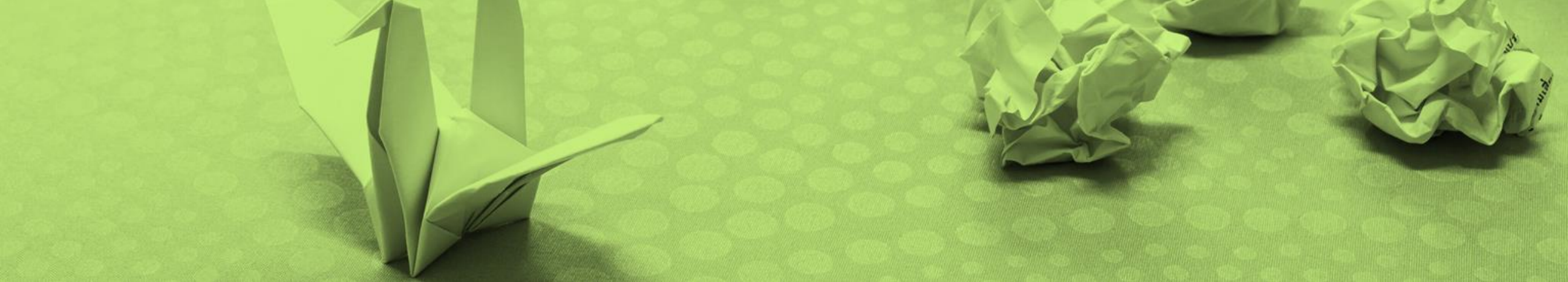


**Ambiguity:** Multiple cause-effect relationships, makes decision-making difficult



# Market Trends Creating the Need for Transformation





# Next Generation Transformational Change

## Structured

- Clearly defined
- Well documented
- Repeatable
- Measurable results and financial impact
- Evidence-based

## Agile

- Expedited, enabled, and sustained by technology
- Innovative & Creative
- Responsive to market needs
- Addresses organization's specific operational and strategic priorities
- Modular – able to assimilate parts to build custom solution

## Emergent

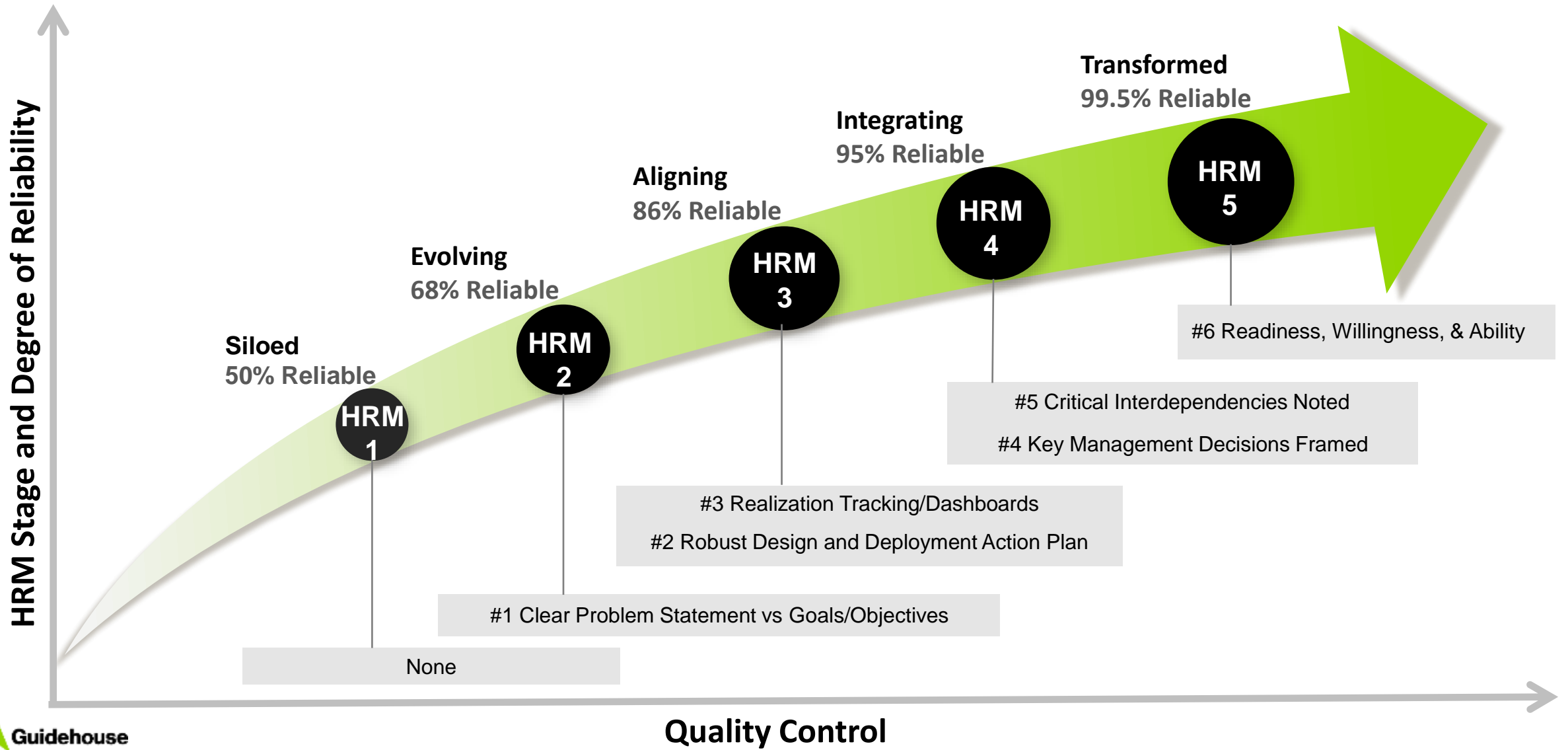
- Collective Intelligence -- leverage cross functional teams (e.g., care management, clinical variation, supply chain, pharmacy, nurses, physicians)
- Collaborative
- Able to ramp up quickly across facilities, departments, units, physician groups

## Human-Centered

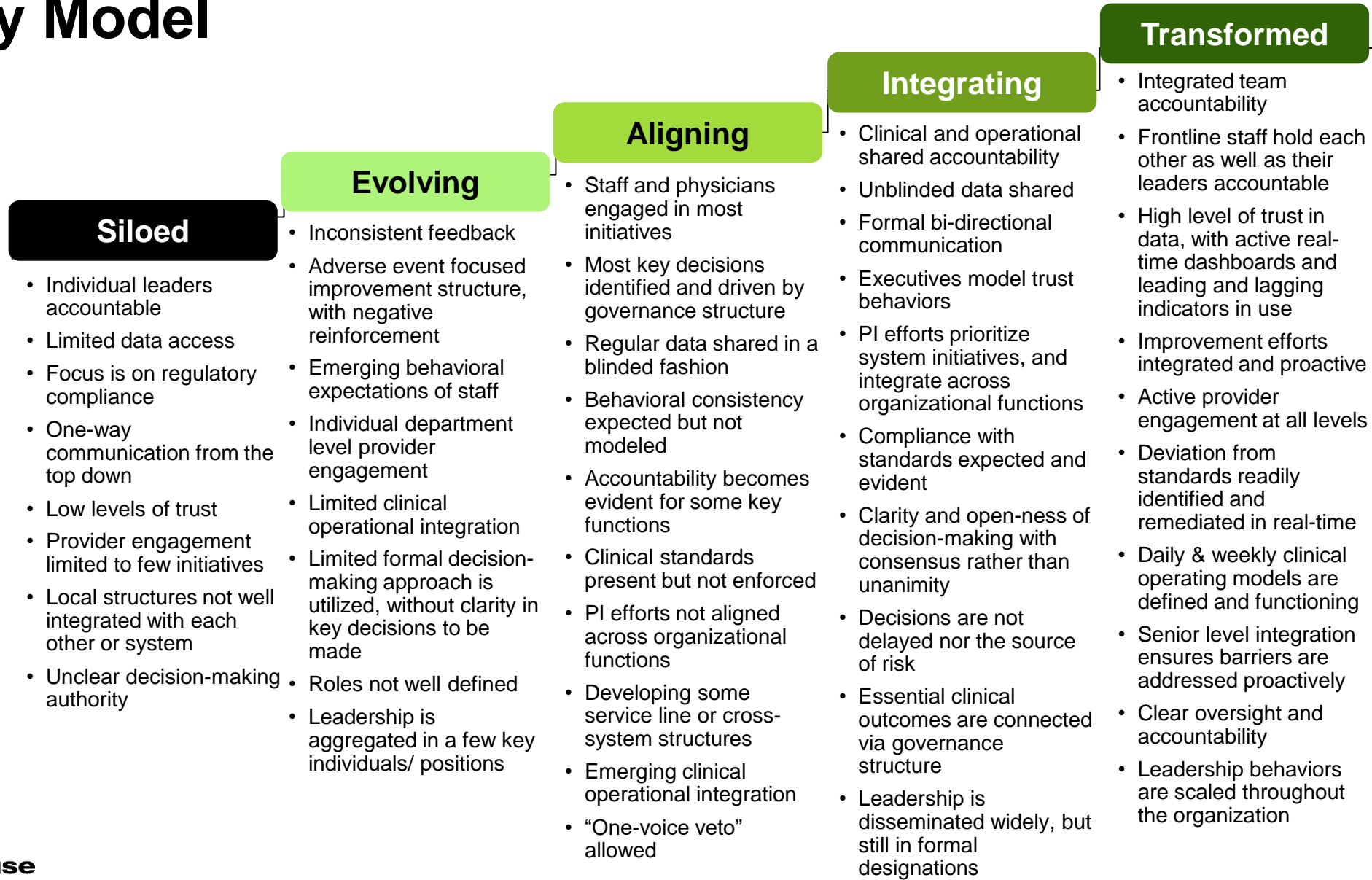
- Relevant and applicable to different stakeholder needs
- Involving and engaging stakeholders directly in the work
- Develops and distributes leadership capacity throughout the organization



# Organizations Transform through High Reliability Management



# High Reliability Management Maturity Model



# Value-Focused Drivers Hone the Insights

Goal	KPI	Primary Drivers	Key Interventions - CHAMPIONS	Leading Metrics - MANAGERS	"The WHY" Metrics - CLINICIANS	Lagging Metrics - EXECUTIVES
Improve the value of care for the patients we serve while reducing avoidable variation	Cost Per Case	Care Progression/ Throughput/ Peri-op	<ul style="list-style-type: none"> <li>- D/C planning</li> <li>- Surge protocols</li> <li>- Complex CM</li> <li>- Patient placement</li> <li>- Periop efficiency</li> </ul>	<ul style="list-style-type: none"> <li>- Avoidable days</li> <li>- Bed assignment times</li> <li>- Time to physician eval</li> <li>- OR first case starts</li> <li>- Turnaround times</li> </ul>	<ul style="list-style-type: none"> <li>- Reduced wait times for clinicians</li> <li>- Less frustration with system delays</li> <li>- Improved communication</li> </ul>	<ul style="list-style-type: none"> <li>- Observed : Expected</li> <li>- Severity adjusted LOS</li> <li>- Readmissions</li> <li>- Mortality</li> <li>- CMI (case mix index)</li> <li>- Block utilization</li> </ul>
		Clinical Supply Utilization	<ul style="list-style-type: none"> <li>- Custom packs</li> <li>- Implants, stents</li> <li>- Med/ Surg supplies</li> </ul>	<ul style="list-style-type: none"> <li>- Use of preference cards</li> <li>- Tray utilization</li> </ul>	<ul style="list-style-type: none"> <li>- Streamlined provider experience in OR</li> </ul>	<ul style="list-style-type: none"> <li>- Purchase/ acquisition</li> <li>- Supply cost per case</li> <li>- Compliance to protocol</li> </ul>
		Clinical Care Protocols and Other	<ul style="list-style-type: none"> <li>- Pathways/ protocols</li> <li>- Quality and safety</li> <li>- Consultants</li> <li>- Handoffs</li> <li>- Admissions process</li> <li>- Discharge process</li> </ul>	<ul style="list-style-type: none"> <li>- Order set/ pathway use</li> <li>- Ambulation completed</li> <li>- Review of readmission risk</li> <li>- Referrals to palliative care</li> <li>- Consult turnaround process</li> <li>- Admission handoff process</li> </ul>	<ul style="list-style-type: none"> <li>- Improved patient safety</li> <li>- Reduced risks of pressure ulcers, deconditioning, exposures in hospital</li> <li>- Reduced frustration from coordination challenges</li> </ul>	<ul style="list-style-type: none"> <li>- Order set utilization</li> <li>- Readmissions, mortality</li> <li>- HAI incidents</li> <li>- Patient experience</li> <li>- Consult turnaround time</li> </ul>

# Putting it All Together – Executive Quality Control

QCC	Executive Quality Control Checklist	How Do Executives Use the QCC to Drive Results?	Tool
#1	<input type="checkbox"/> <b>Clear Problem Statement Identifying the Heart of the Problem, including Goals/Objectives/Vision, Development of Key Messaging and Communication Channels</b>	Have we developed a clear problem statement, specific objectives, with supporting data and front-line feedback?	<a href="#">IDW</a>
		Have we assessed and are monitoring organizational capabilities of high reliability maturity management?	<a href="#">HRM Maturity Model</a>
		What is the organizational messaging on why this work is being done?	<a href="#">Messaging House</a>
		What communication channels are in place to support the messaging?	<a href="#">Stakeholder Mapping &amp; Communications Plan</a>
		Are leaders unified on direction?	<a href="#">Stakeholder Mapping &amp; Communications Plan</a>
		Is the role of leaders in change management clear?	<a href="#">(re)Vision</a>
#2	<input type="checkbox"/> <b>Robust Design and Deployment Action Plan with Staffing, Due Dates, Risks; Reflective of Work, Process, Workforce, Technology, Order Set, etc. Changes</b>	Are deliverables clear, with appropriate milestones?	<a href="#">Action Item Tracker</a>
		Do teams develop clear action items, aligned with milestones?	<a href="#">Action Item Tracker</a>
		Do action items have clear owners with deadlines?	<a href="#">Action Item Tracker</a>
		Are teams identifying, escalating, and mitigating risks?	<a href="#">EMT Update</a>
		Are we designing a plan to develop new capabilities?	<a href="#">Capability Development</a>
		Have we developed and hard-wired leader standard work?	<a href="#">Leader Standard Work</a>
#3	<input type="checkbox"/> <b>On-going "Metrics that Matter" Realization Tracking Methodology, Dashboard Deliverables &amp; Accountability</b>	Do we have a comprehensive set of leading, lagging, and financial measures that are aligned to the desired outcome metrics?	<a href="#">KPIs by Subgroup</a>
		Do we have dashboards which automate the collection and reporting of leading, lagging, and financial measures?	<a href="#">Dashboards by Subgroup</a>
		Have we developed realization tracking methodologies that will allow us to measure the clinical, quality and financial impact associated with improvement work?	<a href="#">Realization Tracker</a>
		Are we developing leadership acumen required to problem solve: analyze data / metrics, identify root causes, and develop the right actions to drive improvement?	<a href="#">Continuous Improvement Methodology, PDCA</a>
#4	<input type="checkbox"/> <b>Key Management Decisions &amp; Front-Line Decisions Framed and Made to Achieve Objectives/Goals</b>	How are leaders / teams identifying the critical interdependencies across projects / functional areas / resources?	<a href="#">Critical Interdependencies and Key Management Decisions Matrix</a>
#5	<input type="checkbox"/> <b>Prioritized Sequenced Projects with Critical Interdependencies Noted</b>	How are leaders identifying key decisions which need to be made?	<a href="#">Critical Interdependencies and Key Management Decisions Matrix</a>
#6	<input type="checkbox"/> <b>Development of Staffs' Readiness, Willingness, &amp; Ability to Implement Changes into Daily Operations</b>	Have key stakeholders and their corresponding levels of engagement been identified? (Unaware, Resistant, Neutral, Supportive, Leading)	Stakeholder Alignment & Influence Model
		Where do staff members reside on the willingness / ability matrix?	<a href="#">Willingness vs Ability Assessment</a>
		What strategies have been developed to support staff progression across the willingness / ability matrix?	<a href="#">Willingness vs Ability Assessment</a>

# Case Study: Five Hospital System in Philadelphia

Using evidence-based practices and guidelines to inform clinical practice, clinical projects have streamlined and standardized work processes, reduced inefficiencies and costs while improving quality, safety, and operational governance.

## ELIMINATE HARM

- Best practice protocols for Hospital Acquired Infections
- Standardizing ICU criteria
- Tactics to Reduce Readmissions
- Discharge Disposition process
- Standard Sepsis alert process and adherence to bundle
- Implemented >40 Clinical Supplies projects

## ELIMINATE DISPARITIES IN CARE

- Standardized Care Coordination
- Implement the Patient Assistance & Free Drug Replacement Program
- Enhanced Recovery after Surgery (ERAS) protocols for Abdominal Surgeries
- Clinical pathways for Vaginal Delivery
- ERAS protocols for C-Section

## TOP DECILE PERFORMANCE IN QUALITY INDICATORS

- Recommendations for Blood Products and Lab Tests
- Improved patient Clinical Documentation
- Utilization criteria for targeted High Cost Drugs
- Improve system Keepage rate and annual wellness visits
- CHF therapeutic pathways
- COPD therapeutic pathways
- Clinical pathways for Hip & Knee Joint Replacement and Hip Fracture
- Clinical pathways for Spine surgery

## BREAK EVEN WITH MEDICARE

- Every clinical initiative has a financial target aligned to the tactics, with a total target of \$60M of margin improvement.

Guidehouse identified **\$68.2M in financial improvement opportunities**. Through July 2019, we have actual savings of \$59.4M.

	Project Target	Jul '19
<b>DRG Clinical Redesign</b> (CHF, COPD, C-Section, Vag Delivery, Hip/Knee Joint Replacement, Spine, Sepsis, Abd Surgery)	\$13.7	18.0
Clinical Supplies	\$8.8	\$6.2
Care Coordination / Length of Stay	\$8.0	\$5.1
ICU Standardization	\$1.8	\$1.5
Blood & Lab Standardization	\$2.0	\$1.5
Pharmacy High Cost Drugs	\$4.4	\$4.4
Clinical Documentation Integrity	\$8.2	\$14.4
Pay for Performance Incentives (Readmission, HAIs, Quality, Medical Cost)	\$10.8	\$8.4
Keepage / Annual Wellness Visits	\$2.5	\$--
<b>Total</b>	<b>\$60.0</b>	<b>\$59.4</b>

Thank you for  
attending!



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