

Engaging Process Improvement Methodology to Reduce Excess Costs of Contracted Dialysis Services

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AIM & BACKGROUND

AIM STATEMENT

To successfully optimize dialysis operations to achieve a cost savings of \$300k by September 30, 2020.

TEAM MEMBERS

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FACILITY

Methodist Charlton Medical Center
Methodist Dallas Medical Center

BACKGROUND

In two, 300+ bed acute care hospitals with separately contracted dialysis units, unnecessary delays in transporting the patient to/from the dialysis unit were contributing to excess and avoidable costs. In addition, new hire education and premium rate fees contributed to a total annual financial opportunity of \$300k.

The demand for dialysis nursing care is increasing and costly. Due to the high cost of care for the dialysis patient population, significant investment from the hospital is required. Dialysis vendor staff and hospital staff working collaboratively best serves the hospital from a cost savings perspective. Additionally, optimized dialysis related operations may positively impact patient and employee satisfaction.

IMPROVEMENT METHODOLOGY

1.2.3. PDSA

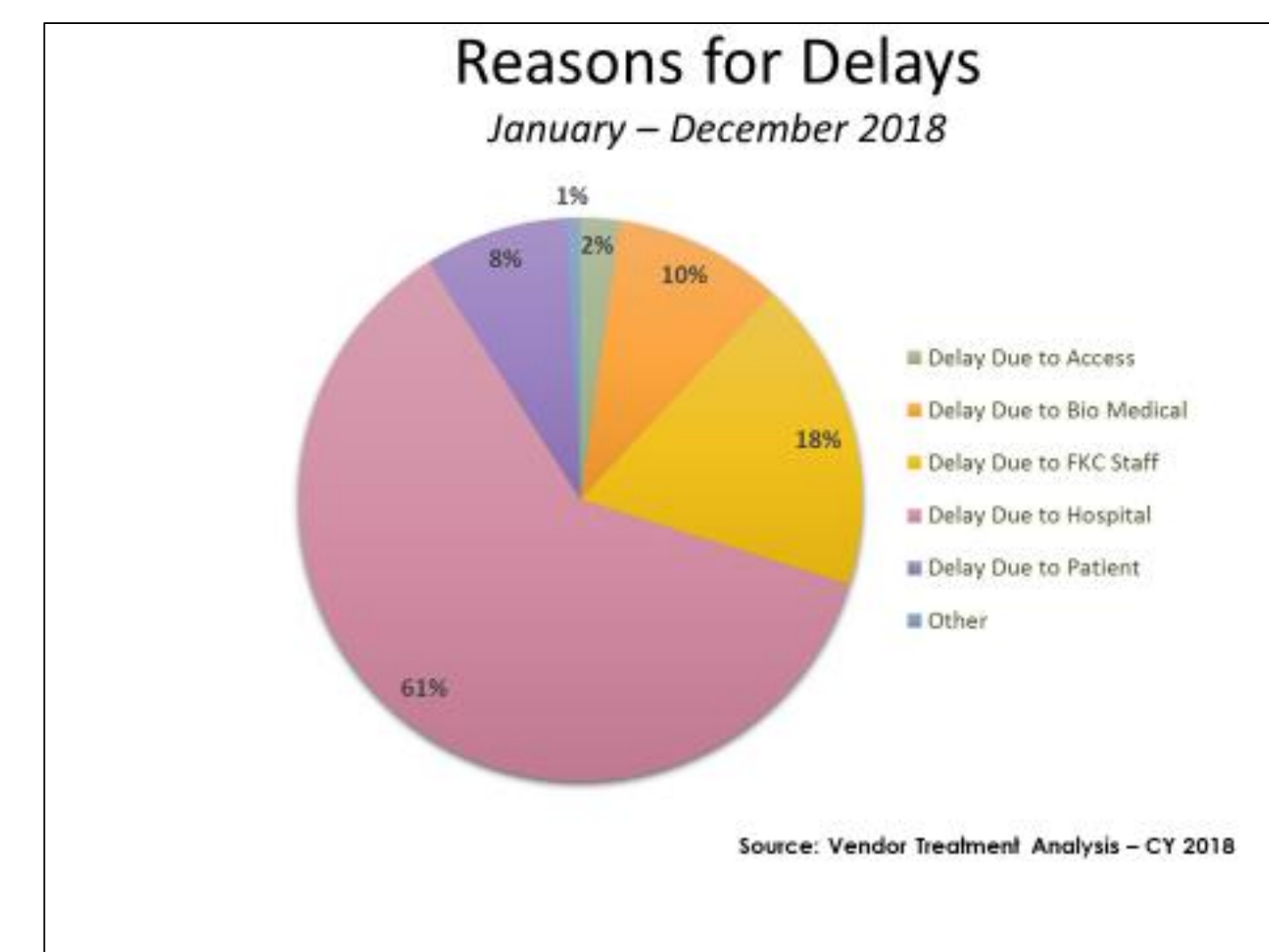
TIMELINE

Project Start Date: April 2019
Pilot Start Date: July 2019
Project Implementation: December 2019
Project End Date: September 2020

MEASURE

BASELINE MEASURE

Our baseline measurement was defined as the total annual spend for delay fees attributed to hospital inefficiencies during calendar year 2018. At the start of this improvement project, 61% of dialysis delay fees were related to a hospital cause. The annual cost of hospital originated delays for both campuses **totaled \$109,246.76.**



LIST OF MEASURES

Process Measures:

- Percentage of hospital caused delay fees
- Percentage compliance of monthly invoice review

Outcome Measures:

- Annual hospital delay fees spend

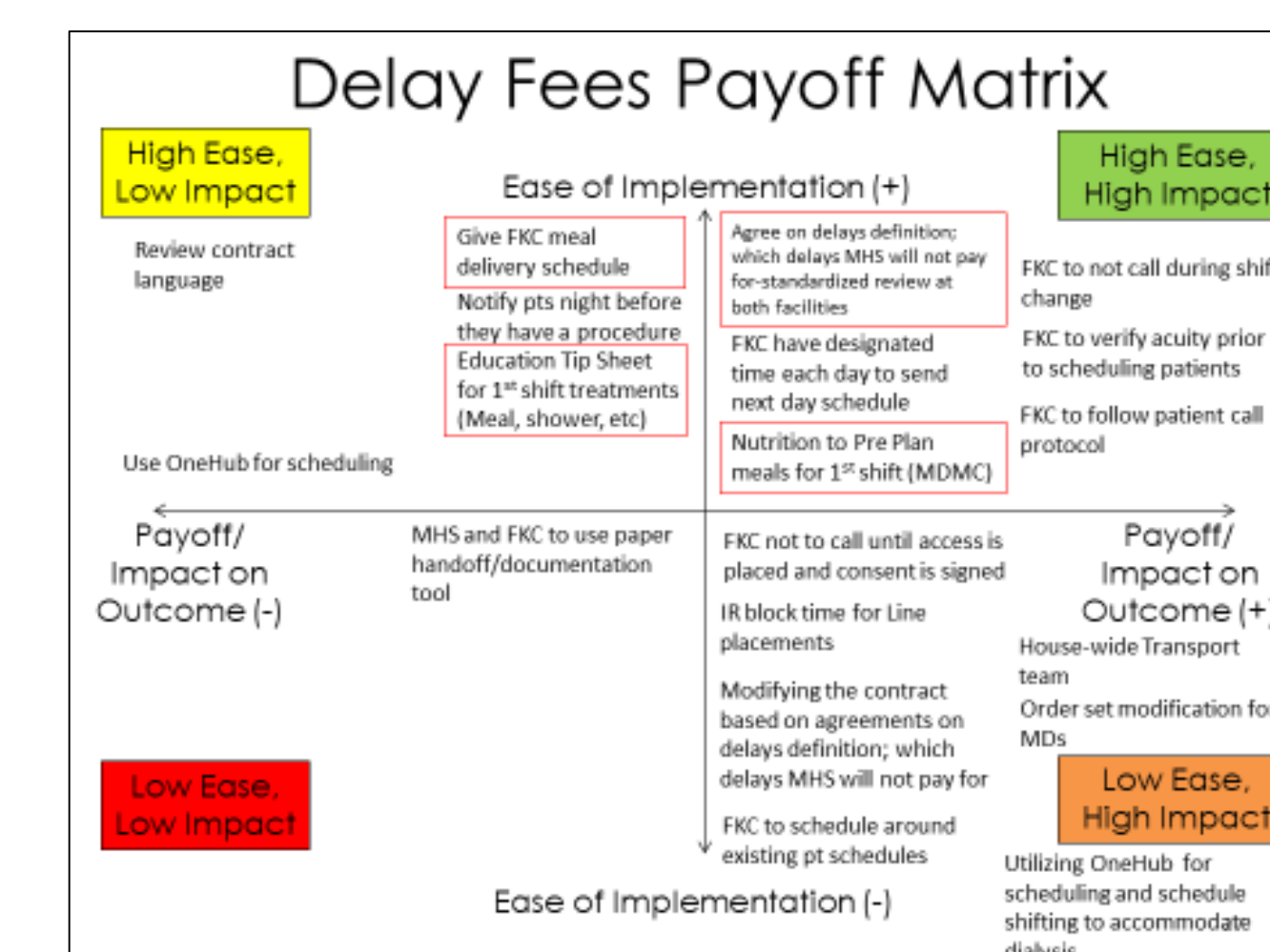
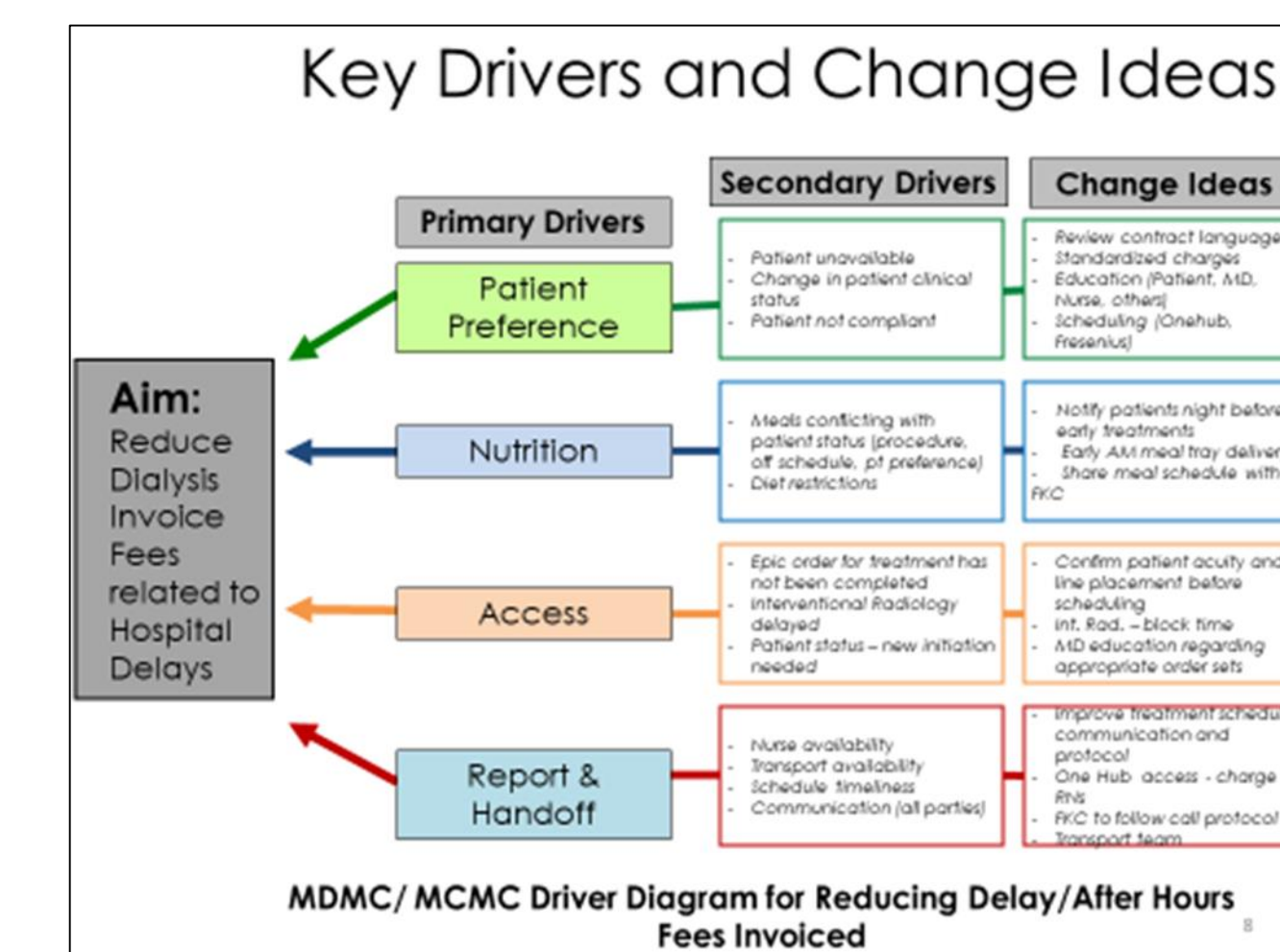
Balancing Measures:

- Percentage of delay fees by Cause

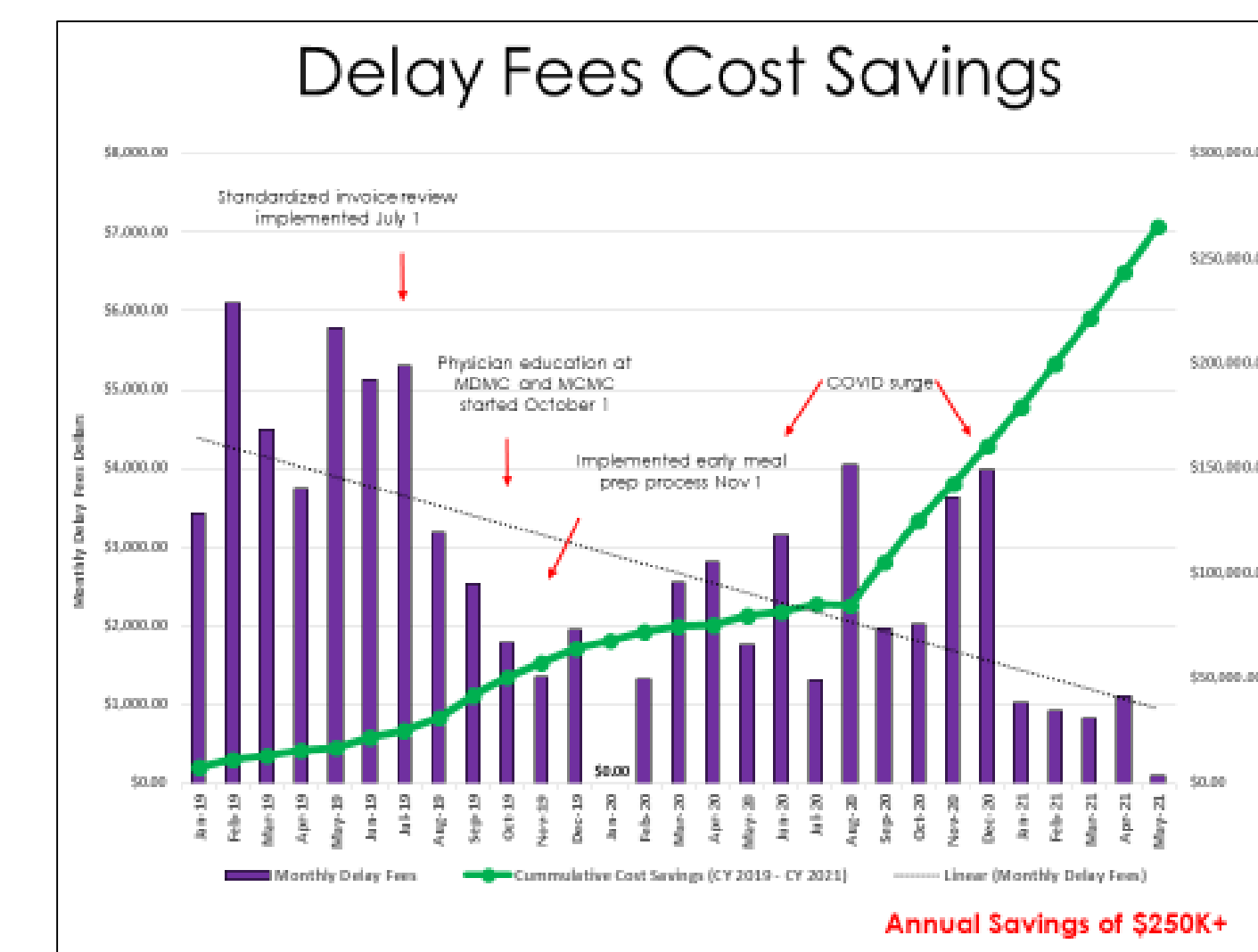
CHANGES

CHANGES TESTED

- Standardized Invoice Review**
 - Monthly review of invoices to ensure fees are appropriate and accurately charged
- Early Meal Prep**
 - Prepping meals the night before patients with very early appointments
- Contractual Amendments**
 - Delay fees trigger changed from 15 minutes to 45 minutes
 - Eliminated premium charges for evening peritoneal dialysis treatments
 - Eliminated premium charges for Saturday (normal business day in dialysis community)
 - New nurse orientation hours charges not to exceed 30 hours.
- One Hub Access (scheduling) for all charge RNs**
 - Allow access to scheduling platform to increase real time changes in dialysis scheduling



RESULTS



Our total annual savings attributed to delay fees (standardized invoice review, early meal prep, and OneHub Access) were \$85K.

Contractual amendments and re-pricing attributed to a total annual savings of \$240K.

SUSTAINABILITY

NEXT STEPS

- Performance measurement and reporting at executive, nursing, and physician meetings
- Ownership of dialysis planning in daily rounds
- Continue collaboration with dialysis vendor
- Will continue to monitor our outcome measure: Annual hospital delay fees spend

OWNERSHIP

Nursing Directors/Managers at the two campuses are responsible for conducting invoice reviews. Meal prep is owned by Dietary. Contractual amendments were completed at the Corporate level.

HARDWIRING

We implemented the invoice review process with a checklist. We implemented the early meal prep process after the pilot was run with no issues. Contractual amendments have been completed and fully executed.

KEY LEARNINGS

- Engaged leaders and team members are critical to project success
- External care coordination challenges require consistent feedback
- Potential opportunity for in-house dialysis services
- Quality Improvement tools increased overall team cohesiveness and engagement
- Maintaining a pulse on pricing in this niche market is necessary to maximize pricing opportunities

REFERENCES/ ACKNOWLEDGEMENTS

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