

There's GOLD in “Them Thar” Preference Cards!

In this Executive Podcast Interview, LARRY GROSSMAN, Vice President of Product Management and Marketing of Unibase Systems Architecture, talks to *Future Healthcare* about the value of preference cards.



What do you mean by the statement that there is gold in preference cards?

We all know that the OR is the economic engine that drives revenue in the healthcare marketplace. Behind each OR procedure lives a preference card. Just like prospecting, there are riches to be discovered by “mining” the preference cards for the hidden wealth.

Could you expand on that a little more, please?

What we are really talking about here is expense control. In our experience, there is not a hospital OR director that would honestly answer that their preference cards don't need more work. Certainly, some facilities do a terrific job in maintaining what the surgeon wants on the card, but what we find in our customer base is the in-depth analysis of what they don't need on the card is often missing. That is where the real fortune lies.

So the value is in discovering what to exclude?

Exactly. If you think about the process surrounding the preference card, it's about identifying what items to have at the surgeon's disposal for the case. Every item picked in the supply chain process that is unnecessary adds additional labor and transportation costs that ultimately diminish margins. Not only do you have the cost on the way into the OR, but you duplicate them on the way out.

Furthermore, there are often items that are wasted during the case because the preference card indicates they should be open and available just in case they are needed. If not used, they are not returnable and are a much higher cost to the organization than just the labor to pick them and then return them to inventory. Finally, there are items that are not on the card and are then picked on a stat basis by room staff. I'd argue that having RNs pick inventory is an unwise use of a valuable resource. If the facility can identify those items frequently used that are not on the card, they should be added.

Sounds like a pretty detailed process to discover which of these items to eliminate and which to add to the cards.

It certainly is, if done manually. However, we have automated the process using the statistics developed through the charging process embedded in our application. We have a report that will not only look at a particular surgeon's usage for a specific procedure, but will compare their usage to other surgeons doing the same procedure. It looks at what is on the card and provides usage statistics, but also identifies what was not on the card but used anyway. As a by-product, if the facility loads costs into their item master the report includes a cost-per-case comparison to the peers doing similar surgeries. Now you have a tool at your disposal that will identify the specific changes that need to be made to the individual preference card, let you know what was used and unused, and what to add. It's a goldmine of information!



Larry B. Grossman, Vice President of Product Management and Marketing of Unibase Systems Architecture Inc., has extensive commercial and healthcare executive management experience. Prior to USA, he was the Director of Systems Development at Jewish Hospital & St. Mary's HealthCare in Louisville, Ky. Prior to JHSMH, Larry served as Director of Marketing for a major food manufacturer and Senior Vice President of a regional distribution organization focused on supply chain management.



COSTLY SURGICAL DELAYS

Is Your Patient Ready for Surgery?

How many times a day do your ORs come to a complete stop because the patient scheduled for surgery is not ready? Would you be interested in a way to know with a glance – in advance – that there are issues that would prevent the case from proceeding as scheduled? Of course you would! Such delays are costly – and not just in hard dollars.

Aside from the lost revenue as a result of even a minute's delay in the OR, there are other soft costs such as patient, physician and staff satisfaction. What about patient safety? If that lab required to give cardiac clearance was not ordered or completed on time, you now have an empty OR, staff everywhere scrambling to get the lab done on a stat basis, angry anesthesiologists and impatient surgeons – not to mention an outstanding patient safety issue if you operate on a patient with cardiac issues. Along with everyone else, the stress level of the OR support staff goes up, creating an impact that may not show up for months in your healthcare costs. Why not know well ahead of time that the patient is not ready and allow an orderly realignment of the surgery schedule to keep everyone busy and the activities at a steady pace?

Using functionality in the application to monitor patient readiness for surgery in a number of facility determined areas, Unibased Systems Architecture Inc. (USA) has developed a surgical checklist to avoid the disruption caused by avoidable delays in the surgical area. Beginning with the scheduling of the surgical procedure, the system attaches your facility's customized surgical checklist to the registration. This checklist is monitored by a "stoplight" display associated with the case that uses a red light to signify a problem, a yellow light to signify there are outstanding items on the checklist yet to be evaluated and a green light to indicate the patient has met the criteria to be ready for surgery. Checklists can be developed for individual or groups of procedures, individual or groups of surgeons, entire medical services, entire departments or even entire facilities – it's your choice.

With the customized surgical checklist, you can monitor such disparate items as medical necessity, insurance authorization, history and physical exams (H&P) completed, abnormal labs, pre-admission diagnostic study results, consent forms, electrocardiograms (EKGs), pregnancy tests and much more. Via the stoplight indicator, each facility-designed element can be monitored individually or the entire case may be viewed. Because each element is discrete in the database, you can even design a custom report that will identify any outstanding item, by patient, days in advance. This provides the opportunity for improved customer service by contacting the patient or insurance company in a timely manner to address any outstanding items. The checklist items automatically default to a red status to avoid clearance by mistake.

Imagine the financial impact of knowing there will be no delays in the operation of your surgical suites related to the patient not being ready for surgery. In addition, consider the improvement in patient, physician and staff satisfaction surveys, and how that will positively influence your volume and bottom line. With the surgical suites being the economic engine for most hospitals, can you afford not to STOP and consider the impact of a surgical checklist on your financial performance?



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