

TAMPA BAY Business Journal

Friday, September 25, 2009 | Modified: Monday, September 28, 2009

Efficiency paying off at Moffitt, **St. Joe's**

Tampa Bay Business Journal - by [Margie Manning](#) Senior Staff Writer

TAMPA — An expected 12 percent increase in procedural volume at **H. Lee Moffitt Cancer Center & Research Institute** will add nearly \$8 million annually in incremental margin.

The numbers don't mean the team at Moffitt is pulling double shifts.

The renowned facility, which posted a \$25.4 million loss from operations in fiscal 2008, has committed to turning around its operating results by June 2011, and the latest numbers show it is well on its way.

Moffitt and St. Joseph's Hospital are using techniques originally developed on Toyota's auto production lines to cut hospital costs while treating more patients. Neither hospital spent money to build new facilities or to remodel space. Instead, working with consultants, they adapted efficiency techniques such as Lean and **Six Sigma** that stemmed from **Toyota Motor Corp.**'s (NYSE: TM) production system to enhance their operations.

St. Joseph's changed the patient flow in its emergency department, allowing the hospital to treat at least 10,000 additional patients annually. Moffitt revamped the way it schedules surgeries, creating capacity for 900 extra cases each year and adding up to \$8 million to its bottom line.

"Manufacturers have applied these improvement techniques for years. Health care is one of the laggards in that regard," said Braulio Vicente, Moffitt senior VP and COO.

Look for an increasing number of hospitals, faced with declining reimbursement rates as well as pressures from expected health reforms, to follow suit, said Ron Wince, CEO of **Guidon Performance Solutions**, a Mesa, Ariz.-based consulting firm. "The ability to improve quality, cost and service at the same time with a unified approach is very attractive."

Back-to-back surgeries

Much of the health care reform discussion has suggested that improved quality and expanded access requires additional cost, said Jeff Terry, managing principal for clinical excellence for **GE Healthcare**, the U.K.-based unit of General Electric Co. (NYSE: GE) that consulted with Moffitt. "Our position is in many cases you don't."

A major part of the project changed the way Moffitt scheduled surgeries. The hospital now allocates blocks of time for each surgeon, boosting efficiency by allowing doctors to do cases back-to-back, Vicente said.

The hospital also now makes sure both patients and ORs are ready when surgeries are scheduled to begin, and that the first surgeries of the day start on time, so the schedule for the rest of the day doesn't get thrown off. The first case on-time start rate went from 13 percent to 72 percent, GE said.

The project gave Moffitt the capacity equivalent of opening two new operating rooms without actually building. Doing more cases better meets patient needs, while improving flow cuts overtime and increases physician and staff satisfaction, Vicente said.

Shorter waits

St. Joseph's challenges were in its emergency department. An audit in 2007 showed poor patient satisfaction, long waits, patients who left without being seen by a physician and ambulances that were turned away, said Pat Donnelly, VP of patient services. The hospital is landlocked, without the ability to expand, so it focused on efficiency, working with **Empath Consulting** of Richmond, Calif.

Every process in the ER was examined, from the time a patient presented at the front door until they were in a bed. Registration was streamlined, and a secondary triage process was established for patients delivered by ambulance, among other changes. That reduced the average "door to bed" time from one hour to 35 minutes, said Lissa Hayes, director of emergency/trauma services.

About 25 percent of all ER patients are admitted to the hospital, so it was important to make sure there were inpatient beds open.

Beds became available quicker by standardizing the process for admitting patients in each of the 25 inpatient units, said Maria Brockway, the hospital's Six Sigma Black Belt II.

A bed-tracking system automatically assigns beds within 30 minutes, Donnelly said.

Staff also started pre-planning discharges for those patients ready to leave the hospital, ensuring they'd be out before noon, instead of later in the day when bed demand peaks.

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Happier patients

Patient volume and satisfaction is up, fewer ambulances are diverted, and the number of patients who leave without seeing a doctor has dropped below 2 percent, Donnelly said.

Both St. Joseph's and Moffitt administrators worked with doctors and staff extensively on the process changes. Collaborative participation is a must for success, Guidon's Wince said.

It's also important to identify waste and inefficiencies through patients' perspectives, to allow department leaders to cross lines and work horizontally in the organization, and to hold people accountable through performance management tools.

"In the end what gets measured gets done," Wince said.

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