



Cardiovascular OIP Case Study

Central Baptist Hospital
Heart and Vascular Institute

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Cardiovascular OIP

Central Baptist Hospital Heart and Vascular Institute, Lexington, KY

Central Baptist Hospital has earned a reputation for quality care while representing some of the most advanced cardiovascular (CV) medical technologies and capabilities available anywhere. Beginning with a coronary care unit in 1967, its cardiac service line has expanded over time to include the establishment of the Baptist Heart and Vascular Institute in 2004 where a complete range of CV services, including prevention, education, and rehabilitation, complement its patient care activities.

Increasing the Performance of CV Operations

Although Central Baptist Hospital has invested in advanced medical systems to support its operations, the management concluded that having excellent technology alone was not enough. It must go hand in hand with streamlined processes in order to maximize overall productivity and efficiency.

When this observation was raised with Siemens executives, the institute agreed to have Siemens provide its outcomes-improvement planning consulting services. Specifically, Siemens was asked to conduct an in-depth review and recommend how the performance of the CV systems and staff at both Baptist Hospital and the Heart and Vascular Institute could be aligned and enhanced across their entire CV service line.

The Outcomes Improvement Planning Engagement

Cardiovascular Services Outcomes Improvement Planning establishes the foundation for achieving performance excellence. The Siemens team focused their efforts on the optimization of CV core service line processes in order to improve outcomes and support the hospital's strategic objectives.

“Siemens was able to take a hard look at our operations and identify existing opportunities where we could adjust our current processes and earn valuable productivity gains in the delivery of our CV services.”

Todd Jones, Vice President of Cardiovascular and Surgical Services

The approach included a thorough analysis of the CV patient care process from preadmission through follow-up after discharge. Consideration was given to the potential impact upon clinical performance, operational performance, and financial performance.

Components of the engagement included:

- **Strategic vision alignment** that defines and prioritizes the objectives and priorities of key stakeholders, including physicians, executive leadership, and service line managers.
- **Performance scorecard** that selects and analyzes specific clinical, operational, and financial metrics to define organizational processes and structure, and to benchmark to best practices.
- **High level technology roadmap** that prepares a technology vision which identifies the enabling technologies, including infrastructure systems, IT systems, and modalities that are required for efficient healthcare delivery.

- **Operations optimization plan** incorporating a comprehensive assessment of service line offerings and care delivery practices including patient flow, information flow, and clinical staff workflow for each step in the patient care process. Opportunities for clinical and operational performance improvement were identified.

The Study Recommendations

At the conclusion of the study, a series of 30 recommendations for improvement were presented. Many outlined opportunities for enhancing the patient experience and optimizing physician and staff workflow.

Some Key Recommendations

Recommendation	Outcome
Expand performance improvement (PI) structure with quality teams	Improve outcome measures in high volume, high profile areas (CAB, AMI, PCI)
Establish optimal workflow process in cath lab	Target additional 750+ procedures per year within existing facility
Implement focused protocols with clinical and LOS targets in cardiac surgery	Reduce LOS for DRG 107 (547/548) CABG w cath and DRG 109 (549/550) CABG w/o cath by 25%
Eliminate stop in CVOU unit for patients being admitted to 3M post cath procedure	Reduce patient transfer steps for cath procedure patients
Develop a short-stay cluster with an intense treatment process for chest pain patients	Reduce LOS for DRG 143 chest pain by 50%

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06-41-PC-1174 09-2006

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