Success Belongs to Those Who Can Manage Money and Quality as Two Sides of the Same Coin

From Common Sense To Health Cents

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SQSS: Leadership's Therapeutic Intervention for COVID-19

Your costs are up…your revenue is down…you've had to eliminate key positions… surveyors are getting ready to reappear…how does today's leader handle all of this chaos while ensuring quality and avoiding the costs of a problematic survey?

As COVID-19 sours an already tenuous balance between hospital revenues and costs — exacerbated by the absence of any magic bullets large enough to undo the damage done — today's healthcare leaders need to think long and hard about how to create savings without doing more harm than good to any or all of their five critical business outcomes: *patient loyalty, new patient acquisition, patient retention, market domination and long term profitability.*

Central to doing that is a decision about whether those leaders will continue to practice a type of resource-consumptive soft quality born fifty years ago out of an unhealthy, fiscally dangerous relationship that evolved with market players like regulators, surveyors and payers, or will make a critical shift to a type of quality management *focused on getting as many things right the first time in the most efficient and effective ways possible so they are protecting their money at the same time they are protecting their patients.*

Lessons from the Past

The difference lies in whether a hospital or any type of provider keeps utilizing a form created in the name of quality that has no value-adding impact in improving patient safety or the quality of care delivered, but is so resource consumptive that it damages patient satisfaction, raises the risk of patient harm and undermines the opportunity to invest in future growth because of the 5.07 FTEs of nursing time it consumes for every twenty five patients it is filled out for. It is found in the hospital that has no time for working on its strategic plan but still ties up gobs of more leadership time by creating one or more committees as it already suffers from a syndrome called "STP," where the "same ten high paid people " spend most of their day sitting in committee meetings discussing the same issues an average of five times a month for an average of six to ten months per year without the certainty that those meetings will eventually produce a net gain for their patients and organization.

20 minutes
X 3 shifts
X 365 days in a year
21,900 minutes
X 25 patients
547,500 minutes
/ 60 min in an hr
9125 hours
/1800 hours per FTE
5.07 FTEs

The risk lives in the decision to keep tolerating the three to five useless steps that now tend to exist in the average healthcare procedure and the cumulative effect that all those steps create as they tie up the equivalent of *four or more fulltime caregivers* every time two hundred of them are carried out two hundred times.

The question is *how you, as a leader, will manage a heightened risk for financial failure in the aftermath of COVID-19 if you continue to tolerate the enormous financial commitment created as more than two dozen of these types of soft quality activities displace as much as forty cents of every dwindling dollar your organization earns.* This does not dismiss the importance of quality and patient safety but asks the all-important question about whether there are more business smart ways to manage quality that are actually better for patient outcomes than those that tolerate the kind of double-edged financial swords that have nurses sitting in offices all day long counting hash-marks and manipulating Excel spreadsheets so quality can be managed after the damage or harm is done *instead of having them out on the patient care units where the money is made helping to make sure patient care and experiences are so right the first time that people are more likely to come back with family and friends in tow because of the great stories they tell.*

For our SQSS users, a big piece of the answer is in how effectively and aggressively you are using the System to achieve exactly the kind of quality control and reduction in costs that it was designed to create. The first and most impactful question to answer is how well you are using the *My QC* piece of the System to efficiently achieve sustainable control over an ever-growing list of regulatory, accreditation and safety activities that can easily exceed 50,000 for the average one-hundred bed hospital so to drastically reduce how often all these things have to be managed at a much higher cost by small armies of clinically skilled people caught up in babysitting compliance and micromanaging status quo at the expense of using their expertise to create breakthrough performance.

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"The greatest chance for success belongs to those who can manage money and quality as two sides of the same coin"

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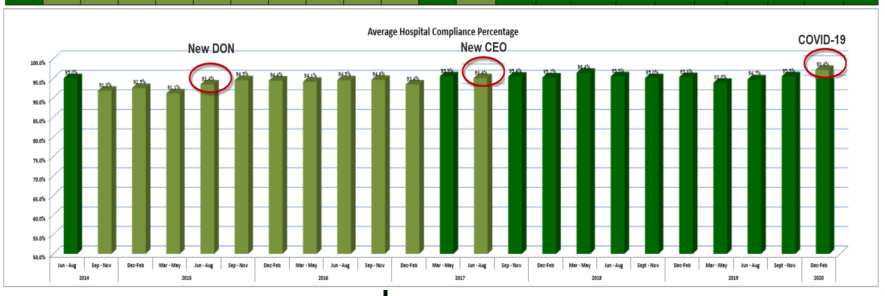
A Case History

Using SQSS to make a difference lives in the stories that the director of nursing from the hospital reflected in these graphs tells about how she came into work one morning as the informatics nurse and went home that night as the DON. Because of how SQSS worked with the frontline staff every day to manage activities important to patient safety and making sure that the hospital was ready for its next survey while she settled in to a position she knew nothing about, the hospital never lost control of the progress it had already made. Using those same features to manage stability when a new CEO settled in and while she dedicated most the month of March 2020 to getting ready for the arrival of COVID-19, it was how easy it was for SQSS and the workforce to hold the line for patient safety and survey readiness while she focused on moving forward—without having to worry about how many steps she might take backwards if she took her eye off from

Year	2014		2015				2016				2017				2018				2019				2020
Quarter	Jun - Aug	Sep - Nov	Dec-Feb	Mar - May	Jun - Aug	Sep - Nov	Dec-Feb	Mar - May	Jun - Aug	Sep - Nov	Dec-Feb	Mar - May	Jun - Aug	Sep - Nov	Dec-Feb	Mar - May	Jun - Aug	Sept - Nov	Dec-Feb	Mar - May	Jun - Aug	Sept - Nov	Dec-Feb
Total Number of measures	995	4147	4259	7139	7688	8793	10213	11646	12772	13442	15791	18995	19949	21497	22569	25702	27827	34220	35089	37359	38712	38833	39454
Total Number of new measures	135	3191	112	2923	1802	1105	1420	1433	1126	670	2349	3204	954	1548	1072	3133	2125	2300	869	2270	1353	121	621
Total Number of measures improved	49	40	77	37	37	48	60	33	54	33	67	46	63	51	84	74	69	1342	799	2155	930	1040	621
Total Number of measures declined	20	70	20	51	55	36	25	72	28	49	29	43	68	40	25	20	42	33	33	43	42	44	42

2014		2015				2016				2017				2018				2019				2020
Jun - Aug	Sep - Nov	Dec-Feb	Mar - May	Jun - Aug	Sep - Nov	Dec-Feb	Mar - May	Jun - Aug	Sep - Nov	Dec-Feb	Mar - May	Jun - Aug	Sep - Nov	Dec-Feb	Mar - May	Jun - Aug	Sept - Nov	Dec-Feb	Mar - May	Jun - Aug	Sept - Nov	Dec-Feb
95.0%	91.8%	92.5%	91.1%	93.4%	94.5%	94.4%	94.1%	94.5%	94.6%	93.4%	95.5%	94.7%	95.4%	95.2%	96.4%	95.5%	95.0%	95.3%	93.8%	94.7%	95.5%	96.0%



the ball called compliance—that made it easier for her to do what she needed to do. Reducing the number of her people dedicated to traditional quality positions and the amount of time she has to commit to committee work by managing more and more in SQSS while also having to deal with fewer things that have to be managed at a much higher cost in the bucket for fixing the past, she now spends most of her day helping her people to deliver more care to more patients in stronger ways so it is easier for her hospital to position itself as a provider of choice.

As you perfect the use of *My QCs* to free up money, manpower and time by getting a lot more things right the first time in better ways for your patients and workforce—and hanging on to that performance every day, some of the other *key money-saving activities* to consider using the System to achieve include:

1. reducing the duplicative work that the industry's siloed approach to quality management creates.

2. reducing the number of niche quality programs that drive a tremendous repetition in costs and cause fragmentation in leadership.

3. moving highly skilled people back to the frontlines where money is made and patient experiences are created.

4. creating stronger systems of accountability that make it easier to recognize your best people and ferret out those who drag overall performance down.

5. reducing your reliance on a very costly approach to quality improvement that uses educational activities to aerial bomb the entire workforce in hopes of improving the performance of a handful of employees—and too many times just one.

5. automating real-time data collection and report generation so important information is available with a lot less effort and at the moment it is needed most.

6. building the kind of big quality data sets that are going to be important to reestablishing the confidence of much more discerning consumers and corporate leaders who now have an even bigger reason than they did three months ago to come after the billion dollars or so a year that they lose off their own bottom lines because of medical errors.