Universal Health Services, Inc. Case Study

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Background

United Health Services, Inc. (UHS) is a not-for-profit, community health system located in New York State. UHS consists of Wilson Medical Center, Binghamton General Hospital, Chenango Memorial Hospital, Delaware Valley Hospital, Senior Living at Ideal and UHS Home Care. UHS is a progressive integrated delivery system, committed to providing the best care for its communities through continuous performance improvement.

"There was a lot of discussion around build or buy, but in the short-run, it was most efficient for UHS to leverage ClinView®. With the rate of change, we could not wait for perfection in developing our own and it would have been costly."

Nancy Rongo, RN
UHS Vice President, Chief Quality Officer

Issues and Challenges

• Three years ago, the Performance Improvement Group at UHS was struggling with putting together quality reports using its own internal data warehouse. The data system lacked sophistication both in reporting and in the interface to accomplish system goals.

• The UHS team needed to find drivers of readmissions, as well as quickly identify other areas of opportunity and improve system throughput issues.

• At the time, the underutilized data system was leveraged mostly for a small set of indicators and by only a set group of individuals. Additionally, UHS used state data from a third party vendor to gather clinical data, as well as ad-hoc tools.

UHS Quality Awards and Recognitions

• **Ranked as one of New York's Best Hospitals by U.S. News & World Report for the third year in a row, placing it 29th out of 240 facilities.**

• **Ranked among the Best Hospitals for Joint Replacement by the Center for Medicare and Medicaid Services.**

• **Achieved National Healthcare Quality Status by Excellus BlueCross BlueShield's Small Hospital Incentive Program, stating UHS Chenango achieved 100% of quality goals.**

• **UHS Breast Center is the first facility in Greater Binghamton to receive three-year accreditation by the National Accreditation Program for Breast Centers.**

• **UHS' primary care offices achieved Patient-Centered Medical Home Accreditation from the National Committee for Quality Assurance in Washington, D.C.**

• The team was spending more and more time on where the data was from as opposed to leveraging data quickly to make decisions. It was a painful process with 10 different people in 10 different departments creating reports.

• UHS was in need of a unified data warehouse solution and began a "build vs. buy" discussion. First, they explored how long it would take to invest in their own data warehouse versus outsourcing. UHS determined that they could not wait for perfection internally to build their own, given the rate of change in the industry and the time it would take to create, test and implement. Additionally, they decided it was most beneficial to diversify investments rather than putting all apples in one basket to create their own system. UHS also felt there was risk to building and continuing to sustain their own internal warehouse, and required a depth of resources.

"Having ClinView® was an important part of our success, helping to create trust in the organization, with real time, objective data."

Nick Watson, Clinical Intelligence Senior Project Director

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Solution

UHS engaged Prism Healthcare Partners to reduce their excess days as well as to assist with other performance improvement initiatives. ClinView® was used during assessment and implementation to quantify benefit opportunity and was also leveraged as their unified data management and analytics platform, as well as the monthly monitoring system.

- ClinView® was first implemented with UHS senior management where each department learned how to use the tool for their respective areas. From there, different stakeholders and departmental teams were organized into groups to understand ClinView®'s functionality, reports and uses. This set everyone on the same level to move forward with consistent, monthly meetings where everyone was viewing the same data and insights across the system.

- ClinView® served as a single source of truth for all data and analyses, fostering drill-down capabilities at any moment for different data ranges that were impossible, in the past.

- From an analyst perspective, ClinView® enabled an understanding of all drivers, including good and bad outcomes. The team was able to easily identify trends and interpret data with information displayed graphically for a variety of audiences.

- Data became easily adaptable with fast turnaround times to ensure information was shared with audiences while experiences were fresh in people's minds.

- In one click, leadership was able to create reports and share reliable data while fostering meaningful conversations.

Outcomes and Results by Using ClinView®

- Implemented an annualized recurring benefit of $3.4M.

- Reduced excess days and denials. ClinView® is used for ongoing monitoring of excess days and financial impact of improvements.

- Measured and improved throughput, LOS by patient type, service line and DRG.

- Created an understanding of how much performance improvement is due to clinical, medical management, operations and documentation.

- Implemented committees to drive performance, including senior leadership, medical necessity, readmissions, research analyst group, utilization review committee and ClinView® development team.

- Created an alignment of metrics and scorecards with work teams and committees, leading to meaningful meetings and minimized disputes or speculations about data and drivers.

- Aligned leadership every month to understand performance and impact on organization.

- Implemented ongoing sustained improvement in Observation LOS, leveraging monthly ClinView® reports.

- Leveraged ClinView® reports to be outcomes focused for an enhanced Utilization Review Committee.

- Created monthly nursing unit based scorecards for KPI monitoring of select metrics for performance improvement.

- Drilled down by provider to assess impact on various metrics, including overall patient days, case mix index and CDI.

- Segmented by hospitalist, drilling down to process owners to implement and create change within each hospitalist's own domain of control. Focused responsibility and empowered process owners.

- Leveraged ClinView® in strategic planning process.

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