



*Charla Albury, RN, (left) nurse manager and Abel Biri, (right) director of the Florida Hospital System's Digestive Health Center.*

## **Retooling operational processes saves endoscopy unit more than \$240,000 annually**

Florida Hospital Orlando, the main campus of the seven-campus Florida Hospital System, uses world-leading technology to treat more than 32,000 inpatients and 53,600 outpatients annually. This 900-bed, acute-care community hospital also serves as a major tertiary facility for much of the Southeast, the Caribbean, and South America.

The Hospital's GI and pulmonary endoscopy procedure unit is likewise bustling, serving more than 8,900 pediatric and adult patients annually, with a caseload in excess of 40 patients per day. At the unit's helm is Abel Biri, the director of the Florida Hospital System's Digestive Health Center, and Charla Albury, RN, the unit's nurse manager.

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## Calling in the consultants

Biri was given oversight of the unit in early 2007 after it experienced steady declines in 2005 and 2006 in both procedural volume and revenue. While understanding the stiff competition from freestanding facilities, Biri's first thought was that the unit was potentially missing revenue opportunities. That's when he called in the Olympus EndoSite® Consulting<sup>1</sup> team to conduct Reimbursement<sup>2</sup> and Operations and Efficiency<sup>3</sup> analyses.

*"I was concerned about our efficiency," explains Biri. "It seemed it cost too much and took too long to get patients through the process, and there were no operating guidelines for the unit. I needed experts to take a closer look. I also wanted to see if our reimbursement was commensurate with the type of patient case mix in our unit," stated Biri.*

Seasoned Olympus endoscopy consultants Joanne Harbaugh, BS, RN, CGRN, and Nancy Schlossberg, BA, BSN, RN, CGRN, were assigned to the project, and they quickly established an easy working relationship with Biri. The nurse consultants examined the reimbursement charge capture process as well as uncovered gaps in the unit's patient and staff workflow processes. To get to the bottom of the unit's operational issues, Biri extended his work with Olympus EndoSite Consulting in early 2007 to have them help implement strategies and best practices to further enhance patient care and improve revenues.

*"Nancy and Jo made significant recommendations with compelling rationale. Their expertise and guidance made it easy to make some difficult decisions," commented Biri.*

## Discovering through data

Gathering reliable data, the consultants uncovered key areas that were not consistent with national benchmarks.<sup>4</sup> Olympus' GI Benchmarking service is a qualified source for comparative analysis of various performance metrics. This service provides GI specific benchmarks from data gathered from peer facilities in order to define industry best practices. *"Staff costs per case were elevated, overtime was excessive, inpatient cancellations were high, patient throughput was lengthy, flow was not optimal, reprocessing facilities were inadequate and endoscopy equipment was aging,"* says Harbaugh. *"We were dealing with leadership, staff, and physicians that were very faithful to the Hospital's mission to care for patients. Once we uncovered the culprits contributing to diminished procedural volume and declining revenue, our goal focused on determining appropriate process improvements to reverse those trends."*

## Creating the team

But all the data in the world doesn't help improve the process unless you can actually act on that knowledge. *"Assembling the right team is essential,"* states Schlossberg. One of the most important factors in the success of Florida Hospital Orlando's improvements was the leadership and consensus-building ability of Biri. *"He immediately involved all of the stakeholders in the process to get their buy-in and expertise. Then he made sure it happened,"* says Schlossberg. Biri brought in the Hospital's administrators, physicians, Infection Control, and the OPI (Operational Performance Improvement) team. The other key person in the implementation process was Charla Albury, RN, the unit's new nurse manager. *"If Abel was the brick, Charla was without doubt the mortar. She was a master change agent, taking accountability for making things happen, all while maintaining a team approach to delivery of patient care and keeping morale up,"* adds Harbaugh.

The Olympus team, in turn, included the two nurse consultants, business analysts, an endoscopy support specialist, and the Olympus sales representative. *"All the participants were very valuable. The complement of the hospital and Olympus groups working together ensured seamless implementation of recommended processes and protocols,"* says Harbaugh. *"Olympus EndoSite Consulting presented an outside objective eye, but OPI really provided the force that translated team ideas and suggestions into realistic, measurable goals for operational processes. OPI and the Florida Hospital Orlando team continue to re-evaluate the unit's progress and raise the bar even higher,"* explains Schlossberg.

## Implementing seamless solutions

Working as a team, the group began implementing the solutions recommended by the nurse consultants. “Most of the issues were actually interrelated,” explains Schlossberg. “Overtime was high because physician procedure scheduling was not tightly controlled. Inadequate endoscope reprocessing areas contributed to equipment damage, downtime, and scheduling delays. Non-nursing tasks performed by nurses contributed to higher than necessary salary dollars. We took a look at each variable and prioritized where we could make the most effective changes. Overall, our goal was to implement streamlined, cost-effective processes that would not compromise the unit’s high quality patient care.”

Some of the most important process improvements to increase efficiency and control costs included:

**Modifying staff mix:** Using two RNs in each procedure room contributed to high staff cost per case. The staffing mix was changed to reflect current Society of Gastroenterology Nurses and Associates, Inc. (SGNA) standards and guidelines as well as Olympus benchmarks. Likewise, the team evaluated tasks associated with each job process to determine who needed to perform each function based on licensure requirements, competencies, and available staff. As procedural volume increased, Full Time Equivalent (FTE) staff was also added while maintaining a lower staff cost per case than was obtained prior to the start of the project.

**Compressing schedule:** To eliminate gaps in the schedule, the team reduced the number of actively scheduled procedure rooms. The unit also established regular hours of operation, significantly decreasing overtime associated with non-emergent after-hours and weekend procedures.

**Streamlining workflow:** Alterations such as removing clutter from the workspace, relocating equipment, and adding patient transporters, among other things, helped streamline the flow of patients, staff, and equipment.

**Redesigning the reprocessing flow:** Increasing the size and changing the layout of the reprocessing area allowed staff adequate room to handle the endoscopes, minimizing the risk of damage and the associated downtime required for repair. Less damage resulted in fewer scheduling delays and reduced overtime required to reprocess scopes at the end of the day. Olympus worked with the reprocessing staff and the hospital’s infection control coordinator to establish consistent reprocessing protocols and ensure the staff responsible for reprocessing had the benefit of the most up-to-date training on equipment.

**Accelerating patient throughput:** The team prioritized patient processes, standardized discharge criteria, and incorporated best practice protocols to improve patient throughput.

**Minimizing case cancellations:** High acuity inpatients comprise a significant number of the unit’s procedure volume. Arranging for endoscopy-based transport and assigning optimal procedure times for these patients helped decrease cancellation rates and costly delays.

**Establishing physician advocacy:** An Endoscopy Governance Committee was formed to improve communication and ensure ongoing satisfaction between the unit and the physicians.

**Upgrading equipment:** With a high case volume and some reprocessing wear and tear, the unit’s endoscopes were beginning to show their age. The unit acquired all new equipment under an Olympus Cost Per Procedure® arrangement that included a full service contract. This helped minimize downtime and controlled repair-related expenses.

*“The process improvements implemented through Olympus EndoSite® Consulting addressed my concerns—namely to reverse declining volumes and revenues associated with loss of that volume,” says Biri. “In the end, we did more than reverse those trends; we improved the patient experience and increased staff and physician satisfaction. Our work is not yet done, but we’ve made tremendous progress and now we have a roadmap towards becoming a preeminent unit.”*

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## Measuring the results



### Patient Volume: Increased by 34% over 2 years

- Caseload increased from 6,670 in 2006 to 8,960 in 2008.

### Procedure Rooms: Improved utilization rates

- In 2007, the unit had 6 equipped procedure rooms with only 5 routinely scheduled. Overall utilization rate of the rooms was only 35%.
- Currently, the unit has 5 equipped rooms with 4 routinely scheduled. In order to better balance resource utilization, the Florida Hospital Orlando team continues to address overall utilization rates of 70%.

### Patient Throughput: Improved by 28%

- Patient throughput dropped from 207 minutes in 2006 to 149 in 2008. Overall goal is to reduce that time to 120 minutes.

### Case Cancellations: Reduced by 17%

- In 2006, 30% of cases resulted in cancellations. By 2008, that number was reduced to 13%.

### Staff Overtime Hours: Reduced by 68%

- In 2007, monthly staff overtime was 200+ hours. By 2008 it had dropped to an average of 65 hours per month.
- Number of staff FTE increased from 18.72 in 2006 to 22.5 in 2008 to accommodate the 23% increase in case volume.

### Staff Cost Per Case: Reduced by 14%

- In 2006, staff cost per case was \$187 and by 2008, it was reduced to \$160.

### Cost Impact: Annual savings of \$241,920

- At a staff cost savings of \$27 per case (\$187-\$160) and approximately 8,960 cases per year, the annualized savings is \$241,920 for the unit.

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<sup>1</sup> Olympus EndoSite® Consulting services are provided by nurse consultants—a diverse, highly skilled team of professionals, including registered nurses, who have hands-on experience working with hundreds of GI facilities across the country for more than a decade.

<sup>2</sup> Olympus' Reimbursement services are designed to analyze a facility's current coding processes and clinical operational costs to appropriately optimize the revenue for all procedures performed.

<sup>3</sup> Olympus' Operations & Efficiency analysis ensures optimum patient volumes, maximum operational profitability, and high satisfaction levels of both patients and staff through efficient processes.

<sup>4</sup> Olympus' GI Benchmarking service is a qualified source for comparative analysis of outcomes and various performance metrics. This service provides data and recommendations for optimum facility management utilizing information from various healthcare providers, industry experts, and national organizations.