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Managing for Change

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Boston University



The University Hospital

Managing for

CHANGE

A Publication for the Managers of The University Hospital

Dear Leader,

September 20, 1991
Volume 2, Number 6

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To: Nancy 5
~~Marie~~
Marie
Hannah
Emily
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CHIP on-line date approaching

In a recent conversation, recalling her husband's four-week stay here, a woman reported that UH, in their opinion, was the perfect hospital. She said that the care, service, attention and compassion her husband received was the best they could have ever hoped for. The only imperfection she could recall was the wastefulness she noticed. During her husband's stay, she saw that many items were unnecessarily ordered and haphazardly delivered. "Isn't there any way to reduce this kind of waste?", she asked. A telling question, indeed.

We believe that the CHIP (Computerized Hospital Information Processor) information system will help eliminate such wastefulness. CHIP will centralize the information that formerly was independent and uncoordinated. Scheduled to come on line later this month, CHIP is the first centralized information processing system we have had. Once fully functional, CHIP will greatly improve the way information is gathered, processed and communicated at the Hospital. The proper use of CHIP will be a key to further enhancing the care and service we provide at the Hospital.

Many of your staff members have been and will continue to learn to use CHIP. I ask that you, our managers, be leaders and get involved in the learning and problem solving with your staff. And even though many of you won't have to use the system yourselves, you certainly can benefit from it by learning the way it is used.

Please take the opportunity to read through the CHIP Fact Sheet attached to this newsletter, which outlines the range of benefits CHIP will provide. If you have further questions about CHIP, please contact CHIP Training Director Andrea Dawes at x8536 (638-8536).

NEWS TO USE

Five-day unit on 6-North aims for efficiency

As a way to better manage the often erratic census in the surgical unit on 6-North, the Department of Nursing has converted that area into a five-day unit. This unit opens on Monday at 11 a.m. and closes at 3 p.m. on Saturday. The intention of the new operation is to dedicate that area to short-term inpatients, who can be cared for by the appropriate nursing staff during the week.

"We started this program on July 15," says Dorothy O'Sullivan, R.N., M.B.A., vice president for Nursing. "We will evaluate it within the next month-and-a-half to see how cost-effective it is, but also to measure client (physicians and patients) satisfaction.

Leading indicators update

With four weeks left in fiscal year 1991, the Hospital's leading performance indicators are holding steady at very positive levels:

- Admissions—After a slow period in the early and middle part of FY91, admissions have leveled off in the last three

UH becomes smoke-free on October 15

I'm delighted that on Tuesday, October 15, The University Hospital will become a smoke-free institution. Many people throughout this institution have worked to see this policy come to fruition, and many others have lent their full support. The smoke-free policy also observes the Joint Commission for the Accreditation of Healthcare Organization's mandate that all hospitals become smoke free by January 1, 1992.

There will be a few designated smoking areas outside of the Hospital buildings (smoking will be prohibited in building entranceways): the overhang area beneath the SkyLight Dining Pavilion in the Atrium Plaza; the courtyard in front of the Preston Family Building; and near the Emergency Department, by the bicycle racks.

My opinion, as both a physician and a hospital administrator, is that smoking is antithetical to good health and medicine. Smoking and health are diametrically opposed, and hospitals must consistently advocate good health. My opinion on smoking as a private citizen is that I sympathize with smokers because of how addictive their habit is. Thus, for employees who wish to quit smoking, the Hospital will subsidize 50 percent or the first \$50 of the cost for smoking cessation programs, which will be offered through our Occupational Health Program. Those interested in joining a smoking cessation program can sign up from 10 a.m. to 3 p.m. on Tuesday, October 15, on the H-2 bridge.

Changes being made to ASK-IT! program

The ASK-IT! program has been a highly successful one, yet I have heard concerns about questions that have gone unanswered. I can assure you that the reason for the lack of response is not that the questions were without answers. Instead, most of them simply did not have a return address and I simply cannot respond to such questions.

ASK-IT! has been a very rewarding program, but it also has provided a great deal of work in answering questions. To help ease this workload, modifications are being made in the process through which information will be gathered and questions will be answered.

I also encourage people to use existing channels of communication with supervisors and department heads, who in most cases know the Hospital best. ASK-IT! is an entry point for good ideas that will make The University Hospital a better institution. Please communicate this message to your staffs.



J. Scott Abercrombie Jr., M.D.
President & Chief Executive Officer

periods, actually coming in over budget during those periods. To date, admissions are under budget by about 3 percent, but are on pace to match last year's figure of 10,782 admissions.

- **Length of Stay**—As the Hospital's case-mix intensity has been very high this year, average length of stay has been unable to continue its decline. However, ALOS has held steady at about 8.4 days, which still is better than its budget of 8.5 days.
- **Ambulatory Visits**—Through Period 12, the Hospital's outpatient volume remains over budget for FY91. While the budget margin is only about 1.5 percent (1,381 visits over budget), it is anticipated that the volume for the last period will increase with the opening of the Ambulatory Center and Endoscopy Suite, and the first ambulatory operating room.
- **Operating Bottom Line**—As of Period 12, the Hospital has posted a \$5.696 million gain from operations, more than \$3 million over budget.
- **Operating margin**—This short-term profitability indicator—4.07, compared to a budget of 1.53—indicates that the Hospital is in an excellent cash position because of its operating performance.
- **Case mix**—The intensity of our patients conditions (case mix) is high for both our Medicare (1.74, compared to 1.64 budget) and non-Medicare patients (2,164.43, compared to a budget of 2,135.39). The fact that length of stay remains below budget is a testimony to outstanding case management.



The
University
Hospital

CHIP Fact Sheet

What is CHIP?

CHIP offers its users a single source of accurate and up-to-date patient information—all at the touch of a keystroke. CHIP is customized to support the day-to-day operations of the Hospital's ancillary and clinical staffs, which provide or use patient-related information, specifically Admitting/Registration, Medical Records, Patient Accounting and Appointment Scheduling. Phase II, the clinical-care component, to be implemented in about a year, will allow physicians and nurses to order and direct patient services at the bedside.

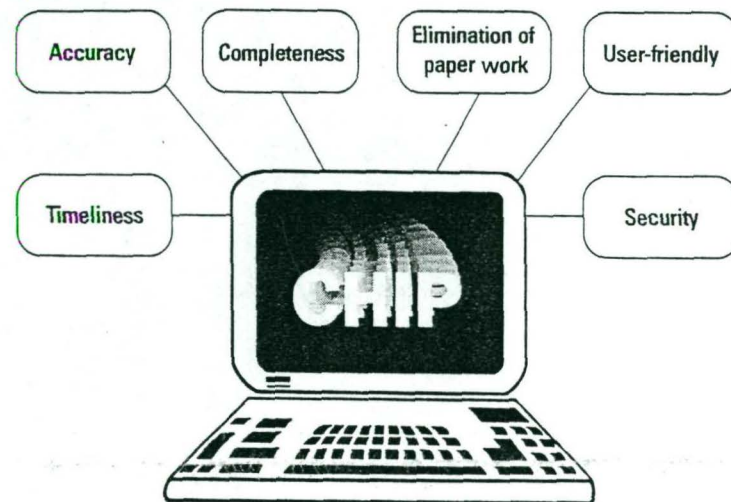
What are CHIP's features:

- **Timeliness:** Information entered into the system will be available to users immediately upon entering the system, and users will be able to display or to report system information from their desks. With CHIP, billing information can be disseminated to insurance companies faster and more efficiently. In turn, the Hospital can accept payments and credit patient accounts at a quicker rate through electronic reimbursement.
- **Accuracy:** Data and charges can be examined and, if need be, corrected, at the time of input.
- **Completeness:** Inpatient and outpatient information will be available from a single system. Traditionally, inpatient and outpatient data has been scattered about the Hospital's individual systems. CHIP also has the ability to interface with sophisticated systems in ancillary departments, thereby making demographic data readily available to subsystem users.
- **Elimination of manual systems and paper:** Because users will perform much of their work on-line, CHIP will eliminate the variety of paperwork—and its accumulation—generated by patient visits.
- **User-friendly:** Users will be guided through the system with a series of built-in display menus, the concept being similar to that of an automated teller machine (ATM). Help menus

will supply users with immediate on-line information.

- **Security:** Users will be able to access only the information they need to perform their jobs, thus ensuring patient confidentiality. The passwords assigned to users will allow them to penetrate the system only as deeply as they are permitted.

- **Patient Accounting:** CHIP will automate the current manual system of billing and reimbursement for both inpatients and outpatients, thus greatly reducing the amount of paperwork. This information will allow the Hospital to improve the capture of patient charges.



What will CHIP do?

- **Admitting, Discharge and Transfer:** Inpatients and outpatients will be registered in one central system, with the information being made readily accessible to other authorized users. With CHIP, the availability of open beds also will be tracked in greater detail.
- **Appointment Scheduling:** Appointments with physicians and clinics can be viewed and scheduled on-line. The system also has the ability to track physician referrals and to generate reminders for patients' next appointments.
- **Medical Records:** With CHIP, all inpatient and outpatient information, including medical-record numbers, the storage location of records and DRGs, will be available on one system. CHIP also will be able to interface with the highly sophisticated internal coding system, which currently is operating. A new feature, to be installed later, will make use of bar-coding technology to track records that leave the department.

- **Order Entry/Results Reporting:** This last phase of implementation, scheduled for one year after CHIP comes on line, will allow physicians and nurses to order patient services, review existing orders and examine the status and results of earlier orders at the patient's bedside.

What can managers expect?

In the immediate future, managers can expect their employees to be intensely involved in learning the system. This period of learning and adjustment may at first result in some delays, but such occurrences should be short-lived. Nonetheless, we ask that managers be patient and get involved, whenever possible, in problem solving.

Ultimately, because much of an employee's work will be performed on-line, it is anticipated that the time and accuracy with which a specific function is performed will increase significantly.

