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EXECUTIVE REPORT

PERFORMANCE IMPROVEMENT POST-COVID: APPLYING LESSONS LEARNED DURING THE PANDEMIC

BY: DON JARRELL

"A silver lining to the COVID-19 pandemic was that there is now an opportunity for true reform in America's healthcare industry."

It's well known that COVID-19 created many issues for the healthcare industry, many unique to the pandemic. However, many systemic challenges were not pandemic-induced. Rather they long existed and only surfaced or became exacerbated by the public health crisis and operational changes induced during it. Although the alarm was sounded on major issues like healthcare worker burnout and information siloing years before

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2020, they did not become apparent to the public until the last two and a half years. With these ubiquitous weaknesses of health systems now exposed, it has become a higher priority to find enterprise-wide solutions that address those issues and optimize performance improvement.

Burnout has been a long-standing issue, but it is getting worse

There are several contributing issues to healthcare provider burnout caused by the COVID-19 pandemic, such as the inability to properly perform jobs due to supply chain shortages, exhaustion from working an abundance of overtime hours, contentious politics, higher risk of contracting the infectious disease, and having to isolate multiple times due to exposure. These factors are on top of the issues that were already present.

The high prevalence of burnout among healthcare providers, which has led to record-breaking resignation and turnover rates, has demanded attention from healthcare organization (HCO) leaders and policymakers as they recognize that there are an increasing number of gaps to fill. Over 1 million nurses will be needed to fill the openings over the next eight years and there is a projected national shortage of more than 3 million low-wage health workers in the next five years and 139,000 physicians by 2033. To add to the growing problem, lower-level clinicians are now stepping into higher-level roles with administrative duties that they are not prepared nor trained to perform. This only creates a compounding effect on the burnout syndrome as these overburdened individuals feel overwhelmed with tasks that would not typically be in their purview.

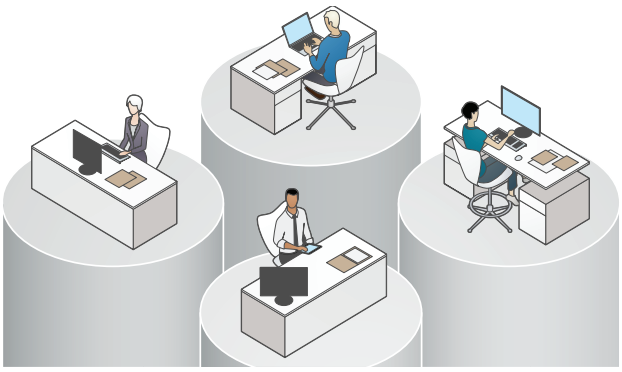
In October 2019, the National Academy of Medicine (NAM) published a report that a staggering 35 to 54 percent of providers (nurses and doctors) experienced symptoms of burnout, including loss of joy in their work, detachment from their patients, and serious mental health issues like anxiety, depression, and suicidal thoughts. The incidence of burnout was even higher–60 percent–for residents and medical students. Note that this was released several months before the pandemic. Because this statistic

covers over half the clinician population, it's safe to deduce that burnout is far-reaching, affecting all areas of medicine, and isn't limited to hospitals.

Expectations aren't aligned with resources

There are many reasons clinicians cite as to why they have been experiencing burnout over the last decade, but none of them are surprising. They are facing intensifying pressure from all sides as they're driven to enhance performance improvement, work with often inefficient means and technology, and meet the demands of policies and regulations, all while trying to provide exceptional care for their patients. They simply can't do it all, or at least not without it taking a significant toll on their well-being and standard of care.

A main takeaway from the NAM report is that administrative obligations are detracting healthcare providers away from their primary duty of directly caring for patients. The burden of administrative work is one of the major contributors to burnout, particularly for physicians and nurses, which causes a cascading negative effect on both quality of patient care and safety within the hospital and clinic environments. Consequently, a secondary, but not inconsequential effect is an overall cost increase for HCOs.



Information siloing

In addition to healthcare worker burnout, the COVID-19 pandemic exposed another enduring issue in the healthcare industry: information siloing. Although information siloing was present well before the lockdown period, having many employees working remotely further constrained any horizontal communication that may have been occurring before the crisis.

Information siloing can occur in any industry, and it is a major problem when it is present in a healthcare setting, whether it be a hospital, primary care clinic, specialty practice, nursing home, etc. It's a communication barrier caused by communication channels primarily flowing vertically instead of horizontally among workers of the same level of management, or

across members of different practices. It's a stubbornly archaic mechanism that impedes multi-departmental team collaboration which is essential for the timely access of information necessary for executive-level decision making.

Unfortunately, information siloing is a rather intrinsic form of communication in healthcare. There is a natural tendency for HCO employees to focus on vertical communication because they are more concerned with making reports to their managers and following direction from leaders above them. Mid-level to high-level staff are constantly receiving reports (and passing them on to administrators), or taking direction about policies and guidance and sharing them directly with the employees who work for them. It makes sense to prioritize these vertical relationships over ones with colleagues that aren't in their chain of command, but the two forms of communication are not mutually exclusive.

"Because information siloing is so deeply rooted in the structure of healthcare systems, it ends up as the default method for day-to-day operations."

Because information siloing is so deeply rooted in the structure of healthcare systems, it ends up as the default method for day-to-day operations. When this is how an HCO typically operates, it's easy for all its members to simply go with the flow. It takes some out-of-the-box thinking, additional motivation, and leadership intervention for the process to change unless there is a mind shift across the board, enterprise-wide.

Another healthcare issue COVID-19 made worse

The significant isolation of information workers due to working from home and the drastic avoidance of face-to-face meetings also increased information pocketing. Clinicians and administrative staff who were normally involved in process chains simply could not access the raw information or information work products of others they needed. In-person meetings were one place in which clinicians with different roles were joined together. Even if they weren't gathered with the intention of collaborating inter-departmentally, in-person meetings would at least allow clinicians to gain awareness of developments in other departments other than their own. Moreover, many reports and presentations are available to be shared only in the format of in-person meetings (because they are printed or are only accessible in one particular electronic system), so once those meetings halted due to the pandemic, some of the information sharing ceased as well.

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What causes siloing?

- **Privacy requirements.** Privacy is not only vital to protect the health information of patients; it's the law. There are many challenges to ensuring patient privacy is kept, and many HCOs find it too high of a risk to share information outside of their network. Because of the visibility of the privacy concerns and the associated penalties, worker behavior and even policy and process development sometimes overprotect Protected Health Information (PHI).
- **Cultural Mindsets.** Solutions are available. Integrative technology is now available. So why hasn't a seismic shift already happened? It's about an ingrained culture. True performance improvement in HCOs requires a culture of quality, and if leaders are not incorporating that into their vision and daily operations, it's more difficult to make positive changes to ingrained inefficient processes. This is perhaps the biggest hurdle to breaking down silos.
- **Organization.** There is a resonating effect of hard organizational boundaries with the mindset issue above where department managers hold strongly on to independence and autonomy for their respective operations, resulting in a sense of owning the information and data on which they operate. This sometimes turns into more conflict than collaboration.
- **Tactical versus strategic management.** Possibly the biggest cause of siloing is the historical tendency of layers of healthcare management seeing and operating on information tasks separately rather than ensuring standardization and coherence of information management processes across the enterprise that are focused on serving the real strategic goals of the organization. This is such an important issue we will address it more thoroughly in another white paper coming soon.

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Reasons for change

The primary reason healthcare organizations should attempt to break down information silos is that it's the opposite of a patient-centered approach and a barrier to true performance improvement. When communication is flowing only vertically, the fragments of information aren't pieced together to view the whole picture.

There are also some indirect negative impacts on patients' quality of care due to a lack of information sharing within HCOs. When a hospital or clinic

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has silo syndrome, redundancy of services or tasks is likely prevalent. Another name for duplicate services and efforts is waste, and waste means a reduction in profits. Breaking down silos results in better cost efficiency. Additionally, the reluctance to share data results in a lack of transparency, which in turn can cause the information to be relayed incorrectly. For both organizations and patients, this can be a disastrous, costly effect. Overall, siloing causes a reduction in quality of care, lower cost efficiency, and possibly poorer population health.

Breaking down silos

One avenue that some health systems use for breaking down information silos is bringing clinicians from multiple disciplines together to discuss incidents to learn what went wrong, why, and what could be changed to prevent an incident from occurring again. The formation of interdisciplinary teams to create "lessons learned' is nothing new but bringing together teams to learn from each other for reasons other than identifying and preventing mishaps, is. Although collaboration is needed for incidents and understanding failures and how to prevent them, creating more intersectional dialogue can allow teams to learn best practices, too. They can gain insight from each other on processes and initiatives that work, helping other departments become more efficient, saving time not having to reinvent the wheel. If one team finds an innovative solution, why not share it so others can replicate and tailor it to their team to make improvements, too?

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When the silo mentality exists within a healthcare system, any significant reform becomes more of a challenge. Because an ingrained culture in using traditional methods is a cause for information siloing, it's necessary for organizations to develop a mindset shift and, more importantly, to implement a real shift in the manner and pattern of work to one that is much more collaborative, accountable, transparent and efficient.

- **A more proactive approach is needed.** Instead of a reactionary way of operating, HCOs could more effectively promote performance improvement by proactively considering what processes are working well within their organizations and allow for more cross-departmental discussions to enhance a collaborative environment.
- **The use of technology must be optimized.** In this modern, digital age, some HCOs are still reluctant to fully embrace fundamentally innovative

technological services that can positively impact their performance improvement. Instead of simply tracking data and creating reports, it's important for HCOs to use available technological resources to share data more transparently as well as apply data to create action plans that lead to practical change and measurable outcomes. The design of information systems that can deliver on these changes and benefits will look and feel different, but the users and managers must not keep saying "We have always done it this way" and retreating to the comfortable, familiar and inefficient approaches of 40 years ago.

Initiative for Change - Triple Aim and Value-Based Care

Triple Aim Initiative

In 2007, the Institutes for Healthcare Improvement (IHI) developed an initiative called the Triple Aim. Triple Aim is a framework with a three-dimensional approach to optimizing a healthcare system's performance using various metrics. The three areas of improvement that it focuses on are:

1. The health of populations as a whole.
2. Healthcare costs, per capita.
3. The patient experience, quality of care, and satisfaction.

Using this model, patients are ideally at the center of communication. It's also a movement toward value-based care, which is patient-centric and data-driven.

Value-Based Care

Value-based healthcare, a modern concept, differs from the typical fee-for-service model in which payment is based on the number of services provided. Value-based care (VBC) health systems share the Triple Aim goals in that they focus their performance improvement strategy on patient experience, clinical outcomes, and reducing costs. Using this model, providers are incentivized to improve patients' health, including lowering the incidence of chronic disease by focusing on preventative care and healthier lifestyles.

There are several elements that HCOs must embrace in order to make the switch to VBC and align with the Triple Aim initiative.

"Performance Improvement must be part of a natural and continuous technology-facilitated flow of work, thought and data"

Performance Improvement

Performance improvement strategies require a framework of several components for sustainable success. For performance improvement to be effective, initiatives must not be perceived as singular, isolated activities, but instead as a constant and consistent organizational way of operating. For a culture of quality to exist, objectives must be clearly communicated, decisions should be made, and process chains executed collaboratively, and improvement must be measured so that it's known what success looks like. Finally, Performance Improvement must be part of a natural and continuous technology-facilitated flow of work, thought and data and neither an afterthought that can fade into oblivion in the priorities of the day, nor an arduous task of setting up, managing and producing new information.

Integration

Healthcare organizations often consist of many entities with different needs and objectives, but collaboratively integrating performance into their objectives can prove effective at streamlining processes, focusing resources that will yield the most impactful outcomes, and achieving important enterprise goals.

Analysis

Health systems can determine best practices and adopt better standardizations when they analyze various existing processes with an evidence-based approach. Identifying practices that do not achieve desired results become potential opportunities for improvement.

Best practices

Although health systems tend to pay more attention to poor-performing areas or eliminate wasteful practices, it's important to shift the focus to initiatives that are working well and promote them.

Automated, Integrative Technology: The Missing Piece

It may seem puzzling that the problems of healthcare worker burnout and

information siloing are well recognized in healthcare communities. Also, a nationwide initiative that solves these problems has been established for over a decade. Yet, we haven't seen more progress aligning to the goals of the Triple Aim initiative and movement toward value-based care. It is happening, but more slowly than many have hoped. The missing piece to the puzzle is likely the reluctance to adapt to innovative technology.

"Automated, integrative technological systems can allow healthcare organizations to simplify their workflows and rid themselves of much of the onerous administrative tasks contributing to clinicians' burnout."

With finite resources, staff, and unrelenting demand for regulatory and reporting compliance, the one variable component of the equation is the workflow–the processes by which the employees work. Incorporating automated, integrative technological systems can allow healthcare organizations to simplify their workflows and rid themselves of much of the onerous administrative tasks contributing to clinicians' burnout and simultaneously develop workflows that break down the barrier of information siloing.

Improved administrative workflows reap benefits to the organization. Implementing technology systems that allow healthcare professionals to automate workflows reduces time spent on administrative tasks and enables workers to focus on improving the patient experience. It also reduces waste, creates better efficiency, and helps to increase revenue. Extending this improved design to consider the consumer of the insights generated by the system is also important. When senior managers and executives can easily access the Performance Improvement insights in a working platform, when and how they choose, instead of waiting to receive a massive dump of voluminous monthly or quarterly reports (which they won't read anyway), they become more engaged in the Performance Improvement processes and their leadership more effectively applied to the organization.

Not all data management systems are created equally. There is an abundance of data in the healthcare industry, but it does not provide value unless it's used in the right context and can produce actionable insights that lead to improved outcomes. Data should be used to create strategies that lead to meaningful change. Spreadsheets, presentations, and reports may all relay information. However, accessible, transparent, and easy-to-digest information can be better leveraged to give users intuitive insights that refine processes and lead to performance improvements.

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How the ActionCue CI Platform Enhances Performance Improvement

ActionCue Clinical Intelligence (CI) empowers healthcare organizations to strengthen their performance improvement strategy. The software-as-service (SaaS) program is inherently designed to break down information silos and allow members of different teams to collaborate, problem-solve, and improve efficiency. When all members of various levels of an organization can readily access information and see the big picture, it's much easier to achieve the common goal of bettering patient outcomes and financial outcomes.

ActionCue CI delivers technologically advanced tools, user-friendly checklists, charts, and dashboards that make visualizing and analyzing data an intuitive experience that improves workflow. With many functions on the platform automated, it relieves the administrative burden that is siphoning many providers away from their primary duties. That feature, in addition to decreasing the time required to report and analyze data, can have a huge impact on workflow efficiency and has the potential power to ease the burnout issue.

Some have said that a silver lining to the COVID-19 pandemic was that there is now an opportunity for true reform in America's healthcare industry. It's time we embrace the new post-COVID era and adapt to the modern technologies that are readily available to achieve data-driven, patient-centered healthcare and performance improvement.

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About the Author:

Don Jarrell is a recognized expert on the topic of software and application design for several industries. In addition to founding Prista and designing ActionCue, Don has served as the Software Business Manager, a Product Management function, for Alcatel USA, Director of High-Level Design and Business Architect at The Equitable, and the Director of Product Line Planning/Product Line Management with Northern Telecom, Inc (later known as Nortel Networks).

About Prista:

Prista's flagship product, ActionCue Clinical Intelligence, has transformed the way hospitals manage risk, quality and performance improvement by making information immediate and easy-to-use and understand. While a number of software solutions address some of these functions separately, none deliver information in a single, collaborative environment that provides the actionable insights and reporting found in ActionCue CI.

Schedule a quick demo:

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https://pristacorp.com/actioncue-ci-solution/#demo

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