

A Structured Approach to Creating Efficiencies

Support services drive value as part of process improvement.

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Grant C. Davies, FACHE

CEO

North Bay Hospitals

Executive Vice President

California Pacific Medical Center

Sutter Health

Although the U.S. health system already prides itself on being quality driven and results focused, healthcare reform has intensified the pressure to demonstrate value. Hospitals are working hard to bring costs, efficiency and outcomes together in a way that yields the highest quality care possible.

In 2008, leaders at California Pacific Medical Center (CPMC)—composed of four hospitals and 1,100 beds serving the greater San Francisco area—recognized that while their organization was high performing overall, operational processes were inefficient. As a result, CPMC was falling short of becoming the transformational provider its leaders envisioned. Thus, they spent a year studying industry-leading healthcare organizations to learn how to become more flexible and responsive—and, ultimately, more efficient.

CPMC leaders were drawn to Virginia Mason Medical Center in Seattle and its long-term success in applying the Toyota Production System (TPS)/Lean management concepts within the hospital. One of the basic tenets of TPS is that cost savings can be achieved by eliminating or reducing waste; applied to healthcare, this can be accomplished through improved quality, efficiency

and safety. As part of Northern California’s Sutter Health system, CPMC believed that adopting the structured approach of TPS fit with Sutter’s larger strategy of transforming healthcare and with the medical center’s specific goals. Thus, CPMC used TPS as the basis for its own improvement methodology, which was dubbed the “Quality Delivery System,” or QDS.

To identify, analyze and rectify trouble spots, CPMC uses TPS tools such as Rapid Process Improvement Workshops and the “5S” model. During Rapid Process Improvement Workshops, teams map processes and analyze their components to target areas for improvement and continuous refinement. CPMC has conducted more than 100 of these workshops since implementing its QDS in 2009. Using the 5S model, workflows or work spaces are examined for efficiency based on five concepts: sort, simplify, sweep, standardize and self-discipline. In 2011 through the early part of 2012, CPMC has scheduled several hundred improvement events that will continue to help the entire campus conform to QDS processes.

Integrating TPS methodologies with its QDS, CPMC has concentrated its efforts in four specific areas: the ED, ORs, the revenue cycle and inpatient satisfaction. Critical to CPMC’s ability to achieve results—particularly in the ED and ORs—has been the medical center’s partnership with ARAMARK Healthcare. For 15 years, ARAMARK has provided support services and played a significant role in the quality culture change at CPMC.

“ARAMARK delivers value through its tremendously deep knowledge when it comes to best practices in its areas of expertise,” says Grant C. Davies, FACHE, executive vice president, CPMC. “This allows us to focus on what we do best: delivering high-quality medical care. With ARAMARK’s help, we can now do that more efficiently. Our QDS gives us a framework for putting ARAMARK’s proven solutions into place within our organization.”



For example, ARAMARK's bed management program has played a significant role in reclaiming efficiencies in CPMC's ED. "The ED is dependent on room turnover times when it comes to admitting patients," says Davies. "ARAMARK's involvement has directly impacted how we communicate, leading to marked improvements in patient throughput time."

ARAMARK's bed management program is automated through its ISISpro system so that when a patient is discharged from the hospital setting, the system alerts housekeeping and transport staff. Using wireless technology, staff can then track emptied patient rooms in real time, providing current information about room status—which rooms are waiting to be cleaned, which are in the process of being cleaned and which rooms are ready to receive patients. This information is communicated automatically to the ED to help drive the flow of patients. Since implementing the QDS program in its ED two-and-a-half years ago, CPMC has experienced a 25 percent reduction in the amount of time it takes a patient to move through its ED.

ARAMARK's ability to automate patient transport has also contributed to CPMC's goal to improve surgery start times. Within 11 months, surgeries went from starting on time 20 percent of the time to 75 percent of the time. "ARAMARK manages the environmental and transport services for our ORs, which are key pieces of the puzzle," says CPMC's Davies. "They reconstructed the transport process and developed ways for us to think differently and more effectively in that area."

As part of CPMC's QDS efforts, ARAMARK has implemented its Safe Steps program to eliminate support staff slips, trips and falls that can lead to an unsafe working environment, lost productivity and increased costs. Managers in each department conduct monthly, 10-minute training sessions that focus on various safety topics.

"Conducting focused, regular meetings keeps safety at the forefront with our staff," says Dave Carpenter, president of ARAMARK Healthcare. In 2009, the total number of reported injuries among support staff was 81; paid lost time was 1,070 days; and total costs were approximately \$850,000. In 2011 (through October), the total number of reported injuries among support staff was 45; paid lost time was 117 days; and total costs were approximately \$163,000. "At CPMC, we are extremely pleased with the results of our efforts," says Carpenter. "This is a tremendous benefit to CPMC from a safety, efficiency and cost perspective."

ARAMARK has also lent its expertise to CPMC's QDS efforts by:

- Using the 5S model in standardizing medication rooms
- Using value-stream mapping to help prevent damage to facility infrastructure
- Creating new processes to refurbish rolling stock such as IV poles
- Continuously refining the processes related to work requests through its CPMC call center

CPMC's Davies believes ARAMARK's impact has been so significant, in part, because of the company's role within the medical center. "They aren't on a different team—they are our colleagues," says Davies. "ARAMARK has been an integral part of our improvements on every level. Their top leaders have participated in the same training that I have—and they now lead, as well as train for, QDS. We do not yet know exactly what the future holds for our healthcare system. But if we continue to focus on value with partners like ARAMARK, we will be well positioned to be a leader in the transformation of healthcare."

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