Outcomes-Based Standardization: A New Approach to An Old Problem

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Background

The COVID-19 pandemic has significantly strained care delivery, reduced available resources, and further destabilized healthcare finances. As healthcare organizations emerge from a pandemic that created economic instability, reactive cost cutting with little regard for the people at the end of those decisions quickly emerged as the standard approach. 1-6 In the post-COVID healthcare environment, where clinical and financial challenges are greater than ever, a new approach to reducing healthcare spending offers promise.²

Purpose

The purpose of this project is to explain the Outcomes-Based Standardization Model, describe application of the model in practice to reduce hospital-acquired pressure injuries, and report successes across US hospitals.

Method

Case-Based Proof of Concept

Outcomes-Based Standardization Defined

Outcomes-based Standardization (OBS) is defined as an organized and concurrent approach to product and practice standardization that incorporates evidencebased products and care redesign to ensure valuebased outcomes. This new approach incorporates lean concepts to alleviate redundant or ineffective products and practice and serves as a framework for change that balances clinical and financial decisions to ensure high value care across the continuum.

Outcomes-Based Standardization Model for Quality Structure Process Outcomes Design **Educate** Disseminate Implement Measure **Assess** Staff Intervention Needs Change **Outcomes** Outcomes **EB** Procedures Disseminate Outcomes **Assess Current State** Brand New Process Track Performance Adhere to the Plan Lean Standardization Set SMART Goals Stay the Course Share Best practices Measure Competency Adopt, Adapt, Abort

CASE 1 350-bed Magnet-designated AMC, SE

- 150 HAPIs during prior year
- 3rd Magnet redesignation at risk
- 12-month PIP Program using OBS Model
- 76.3% HAPI reduction
- Stage 3 and 4 reduced to ZERO
- Reportable HAPIs reduced 50%
- \$1.4 million saved

CASE 2 300-bed Magnet-designated AMC, SE

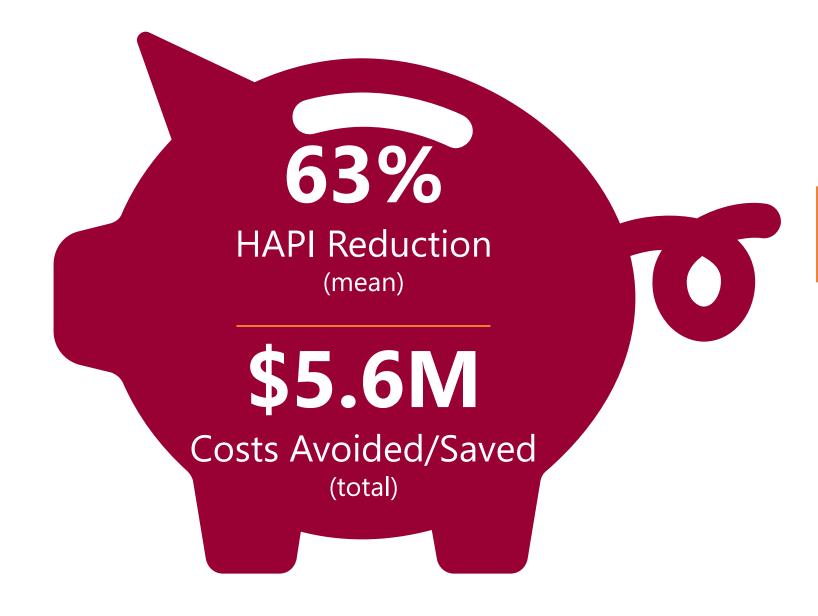
- HAPI higher than internal benchmark
- 12-month PIP Program using OBS Model
- 42% HAPI reduction
- 196 unnecessary LOS days avoided
- \$1,192,297 saved

CASE 3 500-bed AMC, NE

- HAPI higher than internal benchmark
- 7-month PIP Program using OBS Model
- **63% HAPI Reduction**
- 84 unnecessary LOS days avoided
- \$438,000 saved
- ROI achieved in 3 months

CASE 5 300-bed Magnet-designated AMC, NE

- Reduce HAPIs for redesignation
 - 10-month PIP Program using OBS Model
 - 82.5% HAPI reduction
 - 264 unnecessary LOS days avoided
 - Reportable HAPIs reduced from 11 to 2
 - \$1,268,815 total cost savings



Conclusion

Lessons Learned

Even when implemented as intended, there will be

opportunities for improvement, barriers to

There is no one size fits all solution to harm

reduction. OBS is a framework for change, but

the details of and movement through each step

will look different each time. Be courageous

and intentional in seeking the right solutions

Engaging the nursing leadership catalyzed

faster progression to the goal, improved

compliance, and sustained best practices and

3. Just culture is an essential component of OBS.

Participants need to feel empowered to report

barriers and challenges without fear of

Standardization of evidence-based products

and practice must occur concurrently. This

holistic approach to standardization serves to

simplify and streamline decision-making to

reduce the risk of variation and errors and

brands best practice as the expected standard

of care. Branding best practice sustains success.

overcome, and lessons learned.

for your unique needs.

retribution.

positive outcomes over time.

Although the cases presented represent the wound care sector, the simplicity and practicality of outcomes-based standardization easily translates to other areas of health care. This new approach has been successfully employed across the country to help healthcare organizations achieve better clinical outcomes, alleviate waste, reduce SKUs, improve workflow and reduce unnecessary healthcare spending.

Reduce HAPIs for redesignation

- 5-month PIP Program using OBS Model

CASE 4

1100-bed Magnet-designated AMC, NE

- 51.6% HAPI reduction
- 4 units sustained ZERO
- ZERO stage 4s
- 85% reduction in stage 3
- \$1,371,321 treatment cost avoided

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Key: AMC = Academic Medical Center EB=Evidence-Based SKU = Stock Keeping Units HAPI = Hospital-acquired Pressure Injury

References