

Cath Lab @ Bergan Mercy Medical Center Decreases Supply cost by \$49,000 annually



Bergan Mercy at a glance...

- ▼ Founded in 1910, Bergan Mercy Medical Center (BMMC) is a 400-bed acute care hospital located in Omaha, Nebraska serving the eastern Nebraska and western Iowa area.
- ▼ It is one of nine acute care hospitals integrated into the Alegent Health system, which was organized in January 1996.
- ▼ The Bergan Heart and Vascular Institute performed more than 1200 invasive procedures in fiscal year 2003 and more than 5000 non-invasive procedures.

Aim

Conduct clinical evaluation of three post-heart catheterization closure patch devices for the following:

- ▼ Quality – as evidenced by hematoma rate
- ▼ Efficiency – as evidenced by nursing staff feedback
- ▼ Cost – as evidenced by price of devices

Results (cost, quality, and efficiency)

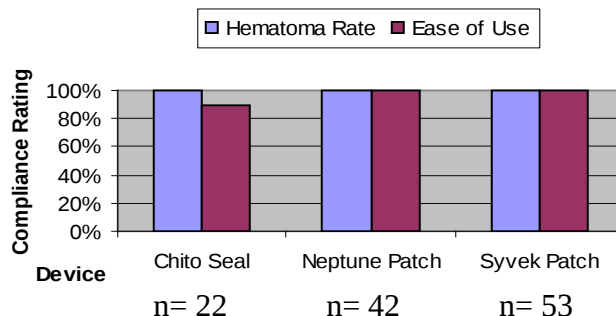
The three products evaluated were:

- ▼ Syvek Patch
- ▼ Chito Seal
- ▼ Neptune Patch

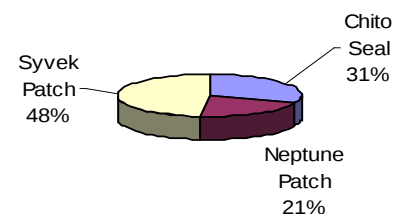
Results:

A three-month concurrent study from November 2003 through February 2004 was conducted on 117 procedures. During the evaluation period outcomes between all three-closure devices had a less than 2% hematoma rate. Nursing feedback regarding the differences in each of the three patches revealed no clear front runner for efficiency and ease of use. All three were therefore evaluated to be equal in quality and efficiency. Since price was the only measure left to consider, the decision was made to use the Neptune closure device at BMMC.

Quality-Efficiency Study



Cost Differentiation



Cycles of improvement/changes implemented

Key change:

- ▼ Standardized patient care process
- ▼ Reduce inventory in cath lab
- ▼ Standardized inventory

Testing and implementing the idea:

1. Obtain baseline – hematoma rate per chart review and ACC data
2. Develop documentation form for data collection
3. Define target population: 100 elective diagnostic BMMC Cath Lab patients.
4. Develop Cath Lab “Core staff” as “experts” to train, mentor, and evaluate staff performance.
5. Develop training of new products and create communication document to stakeholders
6. Post procedure follow-up of 100% of target group prior to discharge including site inspection & patient discharge instruction/education.
7. Create database for data analysis
8. Determine deliverables, benchmark, and measures.
9. Conduct evaluation of patches
10. Collection of data for analysis
11. Data analysis to Bergen Cardiology Specialists, PC and Cath Lab Staff for recommendations.
12. Expand study to other hospitals in Alegen Health System

Keys to success

Lessons learned:

- ▼ Solutions require diligence, not brilliance
- ▼ Integrated approach produces maximum benefit
- ▼ Top level support is essential
- ▼ Incremental steps vs quantum leaps
- ▼ Evolution of communication within organization
- ▼ Staff-wide participation yields best results

Alegen Heart & Vascular Institute Staff Testimonials:

If we work together, we can all improve...

If you find a weakness, make it a strength...

Embrace and incentive quality and appropriateness through partnerships in patient care...

Get tough on costs at every corner...

Embrace new opportunities for care as teams...

Be a leader in customer/community service...

Bergen Heart & Vascular Institute

The deadline for submission is March 31, 2004. Please send your electronic submissions to Rene Snook at rene_snook@premierinc.com. Submissions can be sent by facsimile to 630.891.4140. Submission problems call Rene Snook at 630.891.4736. Inquiries regarding the parameters of subject matter should be directed to Gay Wayland at 858.509.6411 or gay_wayland@premierinc.com.

Members will be notified by April 5, 2004 if their papers are selected for scholarship award.