In today’s economy, getting the most value from your Cath Lab—in terms of operational throughput, human capital, and patient and physician satisfaction—is crucial to survival in the increasingly competitive market for cardiovascular services. In the case of a growing or expanding program, understanding the complex workings and inter-relationships within the Cath Lab setting is especially important to future success. The Cath Lab is unique with the staff working elbow-to-elbow with the cardiologist in a collaborative setting to provide care in an often intense clinical situation. Ensuring that a Cath Lab is operating efficiently and effectively, while also providing the highest-quality care in this environment is not always easy.

In order to maximize teamwork, Corazon recommends performing a detailed, comprehensive operational assessment. This assessment can be an invaluable tool for creating a competitive edge in terms of clinical outcomes, operational efficiency, and/or financial performance.

In any assessment process it is important to understand the base-line performance. Key steps must be taken to evaluate the program from start to finish in order to define areas of outstanding performance and also those that could use improvement. Despite the industry-wide focus on quality, and the endless quest for ‘best practice’ at all hospitals, making change can be difficult. (Sustaining change can be even more of a challenge!) Indeed, a thorough assessment of operations can be performed internally, though the process is best completed with a neutral third party. Often, an external consultant such as Corazon is needed to make those “tough” recommendations and bring fresh ideas to the table for improvement and/or change.

An example of a simple problem that often involves strong recommendations is related to on-time case starts. In Corazon’s experience, most Cath Labs struggle with this issue (first case of the day and on-time starts for those to-follow cases), and sustainable solutions can be elusive. A root cause analysis can bring hard data to what often becomes “finger-pointing” between staff and physicians, or between the Cath Lab and the patient care areas.

Another area of stress in the operations of most labs that requires “tough” decisions is associated with on-call for the staff. This is a particularly difficult issue for Cath Labs that are moving from diagnostic-only care to interventional services, and can be the basis of burn-out and employee dissatisfaction in busy interventional labs that are not well-managed.

These issues and other operational parameters need to be explored as part of the assessment. A tour of the Cath Lab and related areas is often a great place to begin to understand the base-line operations and identify areas of strength and ones that may need some attention. Taking a patient’s perspective from facility entry points such as Outpatient or Emergency room entrance areas can start the patient flow evaluation process. For example, pay attention to signage while mapping the patient path. Are the signs easy to read? Do they include multiple languages if applicable to your patient population? Can patients easily navigate from one destination to the next within the cardiovascular care continuum? These and other questions, along with interactions with the various staff and communications with other departments, can provide valuable information about daily operations.

Interviews with cardiovascular department leaders, cardiologists, cardiovascular surgeons, anesthesiologists and other key physicians is the best next step. During the interviews, open-ended questions enable the interviewee to provide insight with more than a simple ‘yes’ or ‘no.’ This interview process can serve multiple purposes. Clearly, an understanding of operations is the focus, but the interviews can be a vehicle to also gather market intelligence. It can be important to find out what drives the physicians to practice at your hospital, how you measure up to other hospitals where they practice, and why they may refer cases to one or the other. Find out what the likes and dislikes are which relate to their patients and workflow. Often from this dialogue, a S.W.O.T. analysis can be created that allows the organization too to classify findings in a way that can be shared with key constituents.

A cardiovascular data query is another vital step in the process of evaluation. There are a variety of cardiovascular data sources—both financial and quality—which can provide detailed clinical and financial outcomes information. Examples of databases are ACC (American College of Cardiology), STS (Society of Thoracic Surgeons), or others in which the hospital participates to gain access to national and regional benchmarks. Corazon typically advises that hospitals are rich with financial and clinical data that often resides in disparate systems that can be mined and aggregated to create a clearer picture of performance.

Open discussion in team meetings about Cath Lab data from volumes, outcomes, quality, and financial perspectives can set the stage for making improvements in the service line. Patient, staff, and physician satisfaction data opens insight into another variety of workable items as well. Corazon advises organizations to become familiar with the National Patient Safety Goals and other national or state regulatory requirements for patient care areas to ensure the Cath Lab areas are compliant. Corazon advises clients that discuss must be followed with a clear written plan with accountable parties and timeframes for resolution identified.

Corazon believes that it is essential to review the financial data from coding and billing for the Cath Lab department by comparing charges to billing. Are there outliers with charges missed? Or, are there discrepancies between physician documentation and the coded procedures? It is also crucial to determine if the chargemaster has been updated for all the latest codes and procedures being performed in the Cath Lab, especially during times of change in the IPPS.
Another important element to assess is how patients are scheduled and if it works efficiently for the cardiologists, patients, and Cath Lab staff. Is there a holding area for staging patients pre- and post-procedure? If so, does it cover the Cath Lab sufficiently with staffing and hours of operation? Identifying the cause of extended turnaround times or procedure delays can put emphasis on a solution for time management improvement.

After synthesizing all the information, a multidisciplinary team meeting on a frequent schedule with a physician champion will be beneficial to develop an action plan based on the assessment. Together, the team can find workable solutions to address each problem area.

Overall, an operations assessment creates a baseline for efficiency, and can identify areas needed quality-improvement or process-improvement. All stakeholders including patients, hospitals, and physicians, can benefit from the findings. And while initiating change internally can be difficult, using a third party can bring the tough issues to the table for discussion and resolution. Oftentimes, a “that’s the way we’ve always done it” mentality can hinder necessary change. Bringing new perspectives, altered thinking, and fresh ideas can be an exciting and rejuvenating process. Strong leadership from the management team and physicians can be important in setting the tone for the assessment and acceptance of recommended actions.

To meet the industry need for these important evaluation services, Corazon has combined operational assessments with an evaluation of the financial aspects of cardiovascular program performance in our CORE product (Corazon Operations and Revenue Evaluation). For more information on this unique package, call 412-364-8200.

Corazon, Inc. is a national leader in strategic program development for the heart, vascular, neuro, and orthopedic specialties. Corazon offers a full continuum of consulting, recruitment, interim management, and physician practice and alignment services for hospitals and health systems across the country and in Canada. To learn more, visit www.corazoninc.com or call 412-364-8200.

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Part of a thorough Operations Assessment includes a SWOT Analysis:

**Strengths** (S) support the positive aspects of the program. Examples include a facility design that is conducive to optimal patient flow or a leadership team that takes a crucial role in the program development.

**Weaknesses** (W) can be found in financial losses, staff competencies, or lack of physician champions. These are areas for improvement or sometimes can be unavoidable obstacles that will need addressed.

**Opportunities** (O) enable a focus on development and can lead to potentially increased revenue and better care delivery.

**Threats** (T) are the outside influences that can negatively impact a program’s bottom-line, frequently from a competitive or regulatory standpoint.