

Health Management Strategies, Inc.

Company Background

Health Management Strategies (HMS) is an innovative health care consulting group, established in 1996, that specializes in implementing process-centered performance improvement to impact clinical and operational outcomes. The team's expertise is facilitating redesign of core clinical processes, integrating best practices into daily work, standardizing information and workflow in preparation for information technology solutions, guiding multi-disciplinary implementation plans, and evaluating impact on clinical and financial performance measures.

Current trends in the health care industry are quickly defining the strategic and operational imperatives for health care providers:

- Coordinate cost-effective care across a continuum of services
- Rapidly adopt information technology solutions to improve quality and decrease costs
- Build an infrastructure to improve patient safety and reduce medical errors
- Implement information systems to identify, adopt, and continue to support best practice clinical decision-making

AHRQ-Funded Long Term Care Initiatives: HMS is currently involved in several AHRQ-funded projects in long term care (Partnership for Quality, Transforming Health Care through IT, On-Time QI in Long Term Care, and Pressure Ulcer Healing in Nursing Homes).

Services

HMS' expertise and experience is focused on collaborating with health care providers the following areas:

1. **Process Redesign & Performance Improvement:** Provide project management services. Develop process view of daily work and assess current state of daily operation; establish target for future state operation; identify strategies to integrate best practices into daily activities; and develop a plan and infrastructure to achieve and sustain improvements.
2. **Pre-HIT Planning:** Goal-Setting, Workflow Redesign, Data Standardization, Impact and Performance Measures, and Clinical Decision-Support Requirements. Assist leadership in developing a plan and establishing foundation for future HIT implementation.
3. **HIT System Selection:** Facilitate a systematic approach to system selection and IT investment, including: team process, selection guidelines, evaluation tools, vendor comparison analysis, and contract negotiation.
4. **Health IT Implementation:** Collaborate with facility leadership and front-line implementation teams to focus on the analysis of current operational environment and core clinical processes, identification of facility-specific user requirements, incorporation of best practice guidelines and quality improvement and compliance reporting into system functionality, standardization of processes to improve efficiency and effectiveness prior to automation, and strategy to optimize technology features and incorporate its use into redesigned clinical workflow.
5. **Care Management Assessment, Design, and Implementation:** Assess and design continuum-based care management processes that integrate activities across traditional functions (UM, CM, Quality) and establish an infrastructure for implementing best practice models in daily clinical activities.

Consultant Profiles

Sandra Hudak, MS, RN

Ms. Hudak (Principal, Health Management Strategies, Inc) has more than 25 years in health-care, with experiences in clinical care delivery, information system implementation, and software development. For over ten years her focus has been in clinical informatics and software development, contributing to and managing new product development efforts for hospital and ambulatory care clinical information systems. As Director of Product Development for Internet-based technology vendor, focused on new product design for physician office clinical information system. She has in-depth experience in collaborating with physicians, nursing, and ancillary staff to elicit system requirements for clinical and ancillary product development efforts and clinical implementation projects. She has experience coordinating performance improvement efforts and workflow redesign for implementation of acute care, ambulatory care, and long term care clinical systems. Additional HIT experience includes project coordinator for clinical system selection projects. In the acute care setting, experience in multiple project efforts to impact patient workflow; redesign inpatient flow and interdisciplinary communication to optimize bed utilization in surgical services and critical care.

Sandy received her BSN and MS in Nursing Informatics from the University of Maryland School of Nursing.

Siobhan Sharkey , MBA

Ms. Sharkey is currently a consultant/principal for Health Management Strategies, Inc., a consulting group she co-founded in 1996. Siobhan has over 20 years of experience in health care performance improvement: evaluating opportunities for process-centered performance improvement, analyzing workflow to align processes to meet outcomes, project managing multi-site restructuring and improvement efforts, and facilitating implementation of clinical and business improvement initiatives. Areas of expertise include care management, process and quality improvement tools, data analysis, analytical methods and techniques, organizational change/restructuring strategies, and facilitating cross-functional teams. She has extensive experience working with hospital systems, physicians, and long term care providers to assess, design, and implement case management processes. She has published articles and spoken at numerous conferences around the country on implementing care management, performance measurement, and process improvement in health care. Previous experiences include VP Consulting for Internet-based software company, Internal Quality Consultant within Intermountain Health Care (IHC), and Senior Research Associate in health care consulting at APM, Inc.

Siobhan received her MBA from the University of Pennsylvania, Wharton School and a BA in Applied Mathematics/Economics from Yale University.

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RECENT HIGHLIGHTS

I. Clinical Process Redesign & Performance Improvement

- Regional Hospital/Medical Center (Oregon). Project managers for service quality and operations improvement effort in surgical services and sterile processing: conducted operational assessment of key areas of surgical services, facilitated use of lean process techniques to analyze clinical workflows from admission to recovery, analyzed process and outcomes data, evaluated staff educational needs, identified baseline measures and specified on-going evaluation reports to assess impact; redesigned processes, developed and implemented OR and SPD process improvements including core specialty teams, charge nurse model, leadership role redesign, and structured specialty education strategy for OR staff; designed and implemented performance dashboard reports for administrative use. In SPD, conducted analysis of staffing patterns, scheduling, and skill mix resulting in schedule redesign, education plan development and implementation strategy that met departmental goals. Results include increased on-time first cases starts in ORs, identification of workflow inefficiencies with improved throughput in Sterile Processing Department, decreased errors on case carts, improved staff and physician satisfaction with OR turnover, increased staff satisfaction with education strategy and scheduling in SPD.
- Regional Hospital System (Utah)
 - * Facilitated clinical practice improvement team efforts with physicians, nurses, and other clinical staff members, acted as a resource in clinical research study design and definition of critical measures of outcome, patient and process, develop and execute analysis plans, and provide support to clinical and operational process improvements. Identified opportunities for process improvement using benchmarking data. Areas of clinical practice improvement include CABG, low back pain, total hip replacement, ACL repair, and senior services.
 - * Participated in development of health management model for local employers. Designed risk identification survey tools and coordinated employee data collection effort. Provided analytical support to team clinicians. Presented results and recommend interventions to increase value of health care dollars. Efforts resulted in 10-15% reduction in health care costs and 5-year contract between employer and health plan.

II. Pre-HIT Planning

- Multi-facility organization: 4 nursing home providers (Ohio);
Facilitated collaboration across four facilities to develop common CNA documentation for organization. Incorporated standardized data elements into clinical documentation to include best practice elements for pressure ulcer prevention. Streamlined documentation, reduced total number of CNA forms. Emphasized inclusion front-line staff, multiple disciplines in documentation redesign. Redesigned clinical workflow to implement process improvements. Facilitated the development of business goals and objectives supported by new technologies.
- Hospital owned long term care provider (Washington, DC)
Consolidated and redesigned CNA documentation form to reduce number of forms completed each day and incorporate standard elements of best practice. Implemented standardized documentation on paper for all CNAs house-wide in preparation for clinical IT system. New process well received by staff, improved documentation completeness, and reduced redundancies in documentation.
- CCRC 200+ bed provider (Arizona)
Redesigned CNA documentation to incorporate best practice elements for pressure ulcer prevention. Reduced CNA documentation from 7 disparate forms to one comprehensive document; Clinical data elements for CNA documentation defined and ready for integration into clinical application; Integrated use of weekly Pressure Ulcer status report into facility team conferences; eliminated need for time-intensive data collection to compile weekly PU status report for facility leadership.

III. HIT System Selection: Physician Practices and Long Term Care

- Long Term Care. AHRQ grant: Nursing Home IT: Coordinated systematic approach to system selection project for 3 long term facilities seeking clinical and financial solutions for the long term care environment. High level review of 20 long term care systems with follow-up in-depth assessment of 6 systems; facilitated detailed review of product capabilities for use within individual organizations with emphasis on product support of organizational business objectives. Produced detailed RFP document for distribution to vendor finalists; reviewed contract to support facility negotiations with vendor.
- Long Term Care. 400+ bed provider (New York): Provided consulting assistance to organization providing continuum of services to the senior population. Facilitated system selection to meet organization objectives: implement EHR to support MD order entry, results reporting, MD and RN note documentation, improve communication across disciplines for early recognition of priority residents, streamline workflow to reduce inefficiencies, and support seamless information flow between long term care facility and hospital.
- Physician Practice: Orthopaedics (North Carolina): EMR system selection project for 60 provider orthopedic practice with Physical Therapy Services. In-depth review of vendor products to meet the business and financial needs of the practice; systemically led facility team through selection process utilizing evaluation tools and metrics to support goal-oriented decision-making. High level review of 30+ vendors, detailed review and analysis of 3 vendor finalists resulted in selection of NextGen EMR to support front and back office clinical and business operations, and physician and physical therapist point-of-care documentation.

IV. Health IT Implementation: Physician Practices and Long Term Care

- Multi-state implementation of Digital Pen and Paper Technology: AHRQ/QIO Collaborative Project in Long Term Care (CA, AZ, ID, and MD). Project Directors for multi-state implementation effort to disseminate a quality change strategy with demonstrated track record of results: reduction of pressure ulcer development and reduction in operational inefficiencies. Project management: established and managed overall project plan for 20+ facility implementation teams, facilitated multidisciplinary facility implementation teams to standardize CNA documentation, implemented PU tracking documentation for wound nurses, integrated feedback reports into daily workflow to support clinical decision making for improved care planning, redesigned communication across front-line teams; provided on-site implementation and training support; served as liaison with vendor to coordinate development efforts, enhancement requests, and priorities for future module development.
- Implementation of IT for CNA and Wound Nurse documentation in nursing homes: AHRQ HIT Project Long Term Care. Project Directors for AHRQ funded project to facilitate implementation of clinical technologies at participating facilities. Developed and coordinated global and individual facility project plans using three clinical applications. Worked with leadership team to establish clear business and operational goals to optimize use of new technology and integration of IT into daily workflow. Served as liaison between facilities and vendors to ensure availability of resident and unit-specific reports to support clinical decision-making. Established baseline measures and process to collect ongoing assessment measures.
- Physician Practice EMR: Orthopaedics (North Carolina): Established and managed project plan and timeline for 18-month implementation NextGen EMR for large, multi-site orthopedic practice. Project management: pre implementation assessment of administrative and clinical workflow to identify front, mid and back office clinical and operational requirements; workflow redesign to incorporate new technology into daily workflow and minimize impact, gain operational efficiencies, and promote staff and patient satisfaction. In-depth analysis of documentation requirements with

- [Physician Practice EMR: Orthopaedics (North Carolina) continued] emphasis on development of core data set to support efficient and timely clinical decision-support. Clinical content development for physician point-of-care documentation; content development for point-of-care documentation by physical therapy staff using touch screen kiosks as input device; eliminated paper documentation and transcription by physical therapy staff within 3 months of system implementation. Go-live support of EMR implementation for 250 end users including 24 physicians at 9 locations; achieved organization objective to reduce 12 FTE's in transcription department within first year of implementation.

Software Development

- Healthcare IT Vendor: Browser-based Technology for Orthopedic Practices (Texas). Product Management and Consulting: facilitated development and deployment of a comprehensive Internet-based clinical application for use by orthopedic group practices. Product features included front and back office workflow module, order communication, results reporting, and physician documentation. Responsible for managing relationships with clients including physician clinic partners and corporate sponsor, managing cross-functional workplans and schedules for product management, software development, testing, training and deployment teams; responsible for identifying strategic business partner relationships to support future product development efforts. Managed multi-office collaborative with physician users to elicit functional requirements and conduct workflow analysis to identify software development requirements; utilized Rational Rose Process and on-line tools to manage development cycle. Identified clinic ROI in terms of transcription costs, productivity (chart pulls, filing, results review), and documentation completeness/accuracy.
- Healthcare IT Vendor: Laboratory Information System for Hospitals and Ambulatory Care (Florida) . Product management responsibilities to define and develop a new product offering for a large Lab Information System vendor: web-based order entry/results reporting application targeted for use by physicians in ambulatory care; utilized the Rational Process and on-line tools to manage software requirements and use cases; collaborate with physician development partners on requirements and prototype development; coordinate beta testing strategies and implementation approach.

V. Case Management Assessment, Design & Implementation

- Regional Medical Center (Arkansas): Conducted assessment of hospital case management system. Performed three major activities to complete the assessment: measured progress of Case Management department over past 5 years, assessed current departmental performance relative to benchmark standards from other organizations along three dimensions: structure, process and results; updated the case management vision and objectives, and developed an action plan. Provided revised strategic plan for case management, detailed workplan to achieve objectives, and target performance measures for next 5 years.
- Community Hospital (New Jersey). Project managers to analyze patient flow and length of stay, clinical protocols to prioritize patients and escalate issues, staff communication, and roles and responsibilities on nursing units to facilitate redesign of inpatient care management processes; coordinated multi-disciplinary teams, led process analysis and redesign effort, implemented process improvement initiatives, and tracked and analyzed data to assess impact of process changes. Project resulted in streamlined processes, improved communication among clinicians, and decreased Medicare LOS.
- Regional Hospital System, UT : Designed care management processes across provider settings, implemented clinical practice improvement strategies, and conducted analyses to evaluate impact on performance. Evaluated community care management model and demonstrated cost-effectiveness of care managers in physician clinics: designed study, analyzed large datasets, summarized and reported findings.