

Gaining Efficiencies Through Parallel Program Management: Neuro and Cardio

By Mona Steinbeiser

We live in a world where the focus is on efficiency...the more the better, in the shortest amount of time. We have all-purpose cleaners, pre-order and pick-up shopping, one size fits most, and voice-controlled electronics, all seeking to make life easier. Just as streamlining personal lives has become the norm, our professional lives are following the same route, especially in the healthcare industry. It is imperative that hospitals as a whole, along with specific service lines and individual team members, perform at the top of their game, enabling cost savings, goal achievement, and the best service excellence to patients and families.

Nationally there has been a shift, trending towards hospitals utilizing administration in intuitive ways to control overhead costs. Organizational charts look leaner with the use of system-wide coverage of personnel, unit directors and (previously unit-based) educators bearing the responsibility of multiple units, and staff members cross-trained to work in more than one area. Titles and responsibilities are changing as well, with multiple roles encased in one job description, and yet, in order to satisfactorily fulfill these expectations, a specialized skill set is needed.

Overall, based on the above changes, Corazon has seen a great deal of shift from the focus on *project* management to that of *program* management. The new and expanded role of a project manager now involves the need to exhibit not only project management skills, but also the appropriate operational skills to oversee the successful delivery of the program's mission and goals.

Corazon has noticed this trend while partnering with facilities seeking certification in both Chest Pain Centers (CPC) and stroke programs, in particular. More frequently, the role of a stroke or CPC project manager is seen as responsible for spearheading the initiative of developing both programs and bringing them to fruition — a vast and varied “project”, to be sure! However, it can provide opportunities to gain efficiencies by capitalizing on synergies between these areas as follows:

- Both programs contain areas of overlap and commonality between treatment modalities, enabling the accomplishment of the requirements set forth in the standards written by the American College of Cardiology (ACC), The Joint Commission (TJC), and the American Heart/American Stroke Association (AHA/ASA).

- Blending resources between programs results in the achievement of overarching goals and objectives of both.
- The program manager is able to focus on project timelines and ensure the eligible outputs from one program are naturally feeding the other.
- Utilizing one steering committee to oversee both programs aligns the organization to meet goals more efficiently.
- Marketing, education, and outreach dollars can be leveraged to support both programs.

One of the first and foremost areas of collaboration and cross-pollination opportunities to capitalize on efficiencies is with local EMS services. Through the efforts of both the hospital and the local or regional EMS, community education can be provided as a partnership, leading to an increased level of trust, pride, and recognition. The relationship-building activities resulting from community education offer patients the tools necessary to make educated decisions and feel secure in their choice of healthcare providers. A strong relationship between the hospital's program manager and EMS services also broadens an avenue of communication and allows for the development of standardized protocols between the two entities. It provides feedback to both parties, thus increasing the quality of care deserved by the public, along with expediting the time-to-treatment requirements stated by various governing bodies. In addition, community education can open a door of opportunity for staff personnel as they experience the process of developing a program, potentially aiding those staff with an eye toward career ladder advancement.

Blending staff and physicians in education activities strengthens the professional image of both within the community as well as in their collegial relationships within their facility. Appointing physician program champions reinforces the support needed to collaborate with colleagues to increase referrals of patients in order to grow outpatient clinics (i.e., anticoagulation clinics). The strength in collaboration between both cardiac and neuro departments developing efficient patient care flows, policies and procedures, and standard levels of care throughout the “door-to-door” experience, enables the patient to receive consistent, precise care throughout their hospital stay and beyond.

Financially, it can be advantageous to support dual program implementation from a workgroup perspective.

Many cardiac and neuro committee members will be working simultaneously on the same focus initiative, negating the need to start at square one with each program.

Financial gains from insurance incentives can be obtained when staff participates in wellness screenings provided by the hospital. Also, the investment in equipment that supports both programs simultaneously eliminates the additional cost of program-specific requirements like computed tomography scanners, interventional radiology equipment and supplies, etc.

Although the institution of a dual program initiative may not coincide with most specialty programs, this approach can be beneficial for cardiac and neuro programs. As with any collaboration, both programs will have specific requirements pertaining to their certification as a CPC and Stroke Center. However, requirements from one program can enhance another.

Sharing public service announcement opportunities via radio talk shows or local television stations, expanding education to include local businesses and schools, and connecting the community with the mobile applications available leads to better communication and association within the expanded community. Here, hospitals can promote more with less, so capitalizing on the synergies between cardio and neuro departments can bring cost savings through the dual use of these platforms.

Success requires a strong, organized, skilled program manager who, with the support of administration, physicians, colleagues, and staff, collaborates with, leads, and manages both program-specific and collaborative workgroups to achieve certification of both programs. A dedicated effort amongst all participants will build strong, viable programs, guided by the twin realizations that “time is muscle” and “time is brain”.



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