

MDmetrix

CASE STUDY

Seattle GI Endoscopy Suite Transformed Clinical Operations

"MDmetrix's GI Advisor empowered us to understand variation across providers and workflows, so we could optimize patient outcomes and efficiency."

Dr. Ghassan Wahbeh, Endoscopy Director

THE CHALLENGE

A busy endoscopy lab overrun by two hours a day, averaging 25 minutes late per case. Patients were frustrated. Staff morale was low. Nursing and physician turnover grew, and overtime costs climbed.

With 9 GI physicians, 45 anesthesia providers, and 12 nurses, operational performance depended on each day's particular combination of staff. Caseload primarily consisted of outpatient sedated endoscopy procedures, with 2,000 cases per year. But, no true standardized workflow or clinical protocols existed across teams and procedures. As a result, patients experienced high variation not just in procedure times but also in recovery times, overfilling the PACU and creating workflow bottlenecks.

FOR MORE INFORMATION, CONTACT US

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THE SOLUTION

MDmetrix's GI Advisor was introduced as a self-service clinical performance platform. This allowed clinical teams and their leaders to directly access real-world data collected by their EMR. Now, they could look across similar patients having specific procedures, to understand the performance of their protocols.

GI Capacity
↑15%

RESULT

Improved workflows and protocols resulted in the GI suite ending an hour ahead of schedule – allowing the endoscopy suite to add cases while finishing the day on time.

PACU Time
↓25%

RESULT

Reduced variation in sedation protocols shortened PACU length of stay, improving patient experience and reducing "PACU hold" bottlenecks.

THE DETAILS

Clinicians and their leaders can now quickly and easily leverage their EMR data to find actionable answers to clinical and operational questions. Also, they can track key clinical and operational metrics over time, investigating treatment and workflow outcomes on-the-fly. As a result, they are empowered to rapidly improve and manage care.

For example, the GI team quickly discovered that clinicians using propofol infusions at 250mcg/kg/min for upper endoscopy cases increased anesthesia prep time, turnover time, and PACU time – while clinicians using a bolus technique improved patient flow.

The team analyzed their historical performance, identified clinicians with the best outcomes, and protocolized their techniques and workflows. Each provider reviewed performance with their own real-time control board, delivered via MDmetrix Mission Control, showing their personalized metrics. This real-time feedback encouraged adoption of recommended clinical protocols, quickly reducing variation in performance.

THE RESULTS

In just six weeks, the GI team incorporated learnings from MDmetrix into their workflows and clinical protocols. As turnover times improved, so did on-time starts. Patient procedures started running 11 minutes early per case (the previous average was 25 minutes late). New protocols resulted in more efficient recovery processes, cutting average PACU length of stay from 76 minutes to 55 minutes, valued at \$1.5 million per year. When the team began finishing early, clinical leadership added cases without impacting scheduling or staffing – unlocking hidden capacity worth an additional \$4.5 million per year in revenue.

Financial Benefit

\$6M/yr



Increased volume, with decreased cost per case

“MDmetrix enabled our team to optimize protocols, improving efficiency and unlocking hidden capacity.”

Dr. Rachel Feldman, Anesthesiologist

THE BENEFITS

- **Patient Outcomes**
Consistent on-time starts and shorter discharge times improved patient experience and satisfaction.
- **Increased Capacity, Reduced Cost**
Instead of routinely finishing two hours late, the clinic began finishing an hour early. As a result, extra cases were added to the schedule, driving increased revenue without impacting staff.
- **Increased PACU Capacity**
Reducing average PACU length of stay sharply cut the frequency of "PACU holds" for the OR, improving patient flow.
- **Improved Staffing, Lower Burnout**
Predictable scheduling dramatically improved staff morale, thereby reducing costly nurse and physician turnover. Unwanted overtime was virtually eliminated.

11

MINUTES
EARLY PER PATIENT

RESULT



Historically 25 minutes late per patient, now 11 minutes early after optimizing protocols.

19

PACU MINUTES
SAVED PER PATIENT

RESULT



Historical PACU length of stay was 76 minutes. Improved to 55 minutes within 6 weeks.



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www.mdmetrix.com/news