

Case Study

Organization

Community Health Network
Indianapolis, Ind.

- 5 hospitals
- 11,170 employees
- 45,000 annual hospital admissions

Solution Spotlight

- McKesson Enterprise Intelligence™

Critical Issues

- Inpatient glucose management
- Inpatient costs
- Length of stay

Results

- Reduced percent of patients with hypoglycemia levels lower than 70 from 4.27% to 3.09% and the percent of patients with hypoglycemia levels lower than 50 reduced from 1.30% to 0.69%
- Reduced number of diabetes care center referrals from 1,825 to just 257
- Reduced length of stay from 4.28 to 4.17 days
- Decreased direct cost per case from \$6,606 to \$6,512

Community Health Network improves inpatient diabetes care with McKesson Enterprise Intelligence™

As diabetes plagues a growing number of patients, Community Health Network has leveraged knowledge from the McKesson Enterprise Intelligence™ solution suite to implement best practices that have improved inpatient diabetes care — while reducing length of stay and overall patient costs.

Challenges

A few years ago, leaders at Community Health Network handed the nursing staff a challenge: find a way that nurses could have an impact on patient cost per case. Because diabetes is so prevalent, the nurses zeroed in on developing a glucose management program that could more effectively treat hospitalized patients.

“With nearly 267 million Americans suffering from the disease, we knew that focusing on inpatient glucose control could truly impact the quality of patient care for a large population,” says Robyn Pollom, RN, network director for diabetes, Community Health Network.

The financial justification for focusing on this initiative also is bubbling to the top, as the federal government and private

payers begin to tie reimbursement more closely to individual and population-based outcomes.

“Often, when patients are admitted to the hospital for a primary problem such as a heart attack, a chronic disease like diabetes exacerbates the initial problem, increasing the risk of infection or the length of stay,” Pollom says.

The challenges associated with improving inpatient diabetes care, however, required access to standardized data. Because the five-hospital system uses a variety of technologies — for example, different EHRs are utilized at various facilities — it has been difficult to turn disparate data into real knowledge to drive quality improvement.

“Without data, clinicians tend to make decisions based on intuition. With access to data, though, we are confident that we are implementing best practices,” Pollom says. “When a patient is in the hospital, real-time data is so much more valuable than retrospective data. Clinicians can’t enhance care with data that is 30 days old.”

“We now use data as evidence to enable our staff and clinicians to do the right thing. We rely on our data to drive how we deliver care. McKesson Enterprise Intelligence™ helps us focus on providing the best possible outcomes for individual patients and entire patient populations.”

*Robyn Pollom, RN, MSN, ANP-BC
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Answers

To effectively manage inpatient glucose levels, the hospital turned to the McKesson Enterprise Intelligence solution suite to aggregate clinical, financial and operational data from all settings and transform it into actionable information.

Using the solution, Community Health Network identified the need to move toward a standardized insulin administration regimen, as some of the provider's clinicians were using insulin administration practices that were 15 years out of date.

To remedy the situation, clinical leaders developed insulin administration order sets that would force all clinicians to use the best practice methods.

“By integrating these order sets in our computerized physician order entry system, we are able to hardwire the best practices into clinical care. The clinicians simply point and click — and can't work around the orders,” Pollom says.

Having immediate access to intelligent data also makes it possible to continually fine-tune practices. For example, the initial intent of the insulin administration intervention was to lower the blood sugar levels of many diabetic patients. But the data started to show that blood sugar levels were dropping too low for many patients.

“Instead of trying to lower high blood sugar levels, we shifted our emphasis to concentrating on first making sure that no blood sugar levels were dangerously low,” Pollom says.

Clinical staff members now rely on the system's data to ensure that patient hypoglycemia levels do not drop below 70, taking even more aggressive action when levels fall below 50. Clinicians then concentrate on ensuring that blood sugar levels do not escalate above the 180 mark.

Results

Tapping into the intelligence has made it possible to improve inpatient diabetic care, and thereby to reduce costs by improving safety and decreasing overall length of stay. In one year, the health system has reduced average length of stay from 4.28 days to just 4.17 days. Direct cost per case has dropped from \$6,606 to \$6,512.

Even more significantly, diabetic patients are now receiving the best possible care. Patients with hypoglycemia levels lower than 70 have been reduced by 1.18%, while patients with levels lower than 50 have been reduced by 0.61%. The number of diabetes care center referrals has also decreased substantially, from 1,825 to just 257.

“We now use data as evidence to enable our staff and clinicians to do the right thing. We rely on our data to drive how we deliver care. Enterprise intelligence helps us focus on providing the best possible outcomes for individual patients and entire patient populations,” Pollom says.