HIMSS LAS VEGAS

Patient engagement, population health, predictive analytics, telehealth and interoperability continued to take center stage at this year’s HIMSS conference in Las Vegas from February 29 to March 4, 2016. Matt Bornstein, Manager of IT and Data Analysis, attended the conference and listened to many of these educational session discussions. In addition, attendees were extremely interested to learn more about the Centers for Medicare and Medicaid Services (CMS) Merit-Based Incentive Payment System (MIPS) program as well as what will happen to the Meaningful Use Incentive Program Requirements in 2019 and how it will play a part in physician and hospital reimbursement. The answers will become clearer in the coming months as CMS releases feedback on the proposed program.

With the shift towards value-based (or merit-based) payments, healthcare organizations are looking for vendor partnerships to provide software solutions and services designed to meet these challenges head-on. Vendors are using technologies such as machine learning and natural language processing techniques to understand the vast amounts of data that healthcare organizations are generating from their electronic health record and other systems which, in some cases, have been in place for many years. "Predictive" analytics can be derived from these technologies in hopes to proactively assess patient risk, contain costs and effectively manage the health of identified populations.

Telehealth/virtual visit discussions and related technology vendor exhibits have drawn increased attention as there continues to be reimbursement penalties for hospital readmissions.

Lastly, CMS released information about the availability of new funding to spur health information exchange interoperability with Long Term Care facilities and Mental Health Service providers. The available funding bridges the gap in the sharing of interoperable electronic medical record information between the acute care and ambulatory settings with long term care organizations and mental health services. However, the understanding is that this funding cannot be used to procure and install electronic health record systems but instead assist with the technical infrastructure and interface development to electronically exchange data.

The HIMSS 2017 conference will be held in Orlando, Florida, from 2/19/2017 to 2/23/2017. AMS looks forward to being there!
Patrick F. Abrami, Principal, was selected by the University of Buffalo Engineering and Applied Sciences Alumni Association as the University of Buffalo Engineer of the Year 2016. For the past five years Pat has chaired the Industrial and Systems Engineering Advisory Board at his alma mater, the University of Buffalo. He is also a member of the Dean’s Advisory Council for the past four years which encompasses the whole School of Engineering and Applied Sciences. This brings Pat back to Buffalo four times a year to assist his old department, as well as the whole school, as it seeks input from graduates working in all industries as to the skills that businesses are seeking in today’s environment. Pat was also involved in the strategy sessions for the fund raising efforts for the newest state-of-the-art engineering building built several years ago.

He was honored during The Order of the Engineer ceremony for senior engineering students about to graduate. The Order of the Engineer was initiated in 1970 to foster a spirit of pride and responsibility in the engineering profession. During the ceremony the students took the oath of the Obligation of the Engineer that was designed to be similar to the “Hippocratic Oath” that is taken by medical school graduates and which sets forth an ethical code. These initiates, as they accept it voluntarily, pledge to uphold the standards of dignity and ethics of the engineering profession. Each initiate received a steel pinky ring to wear with pride.

As part of the ceremony Pat was asked to address the seniors with some inspirational thoughts and pearls of wisdom from his 42 years in the profession. Pat told the audience which included the Dean of the school of Engineering and Applied Sciences, faculty members, officers from the Alumni Association, representatives from several engineering professional societies, and the engineering students, “It is an honor to receive this award. Being selected from so many potential candidates is certainly humbling”.

AMS Clients on the Truven List of Top 100 List

The Truven Health Analytics Top 100 Hospital list for 2016 includes the following six AMS clients: Froedtert Hospital, Milwaukee, WI; Doctor’s Hospital, Columbus, OH; St. Joseph’s Medical Center, Phoenix, AZ; BSA Health System, Amarillo, TX; Mercy Hospital, Coon Rapids, MN; and Scripps Memorial Hospital, San Diego, CA. The criteria for making this list revolve around a series of operational performance indicators. Congratulations to all these clients from across the country.

Save the Date

ACHE of Massachusetts conference: Making Healthcare Work presented by six different speakers and panelists, Friday, June 24, 2016, Framingham Sheraton, Framingham, MA.
How does your hospital measure up? Benchmarking provides the answers

AMS’s hallmark service is labor benchmarking. Only by identifying a hospital’s actual staffing levels and comparing it to our proprietary industry labor benchmark database can an institution confidently begin the process of optimizing productivity. We perform both hospital-wide and department-level benchmarks.

Immediate Benefits
- Identify, by department and cost center, staffing based on AMS work-function level benchmarks
- Identify departments with potential for productivity and operating system improvement
- Provide a focal point for senior management to discuss labor resource issues
- Establish a starting point for improvement efforts
- Assist with development of long-term labor strategies

Recent Results

200-bed community hospital: AMS identified a labor improvement opportunity of 108 FTEs of the hospital’s 1,250 FTEs. Eight outlier departments accounted for 50% of the opportunity.

3-hospital, 600-bed regional system: AMS identified areas with staffing opportunity equal to 3% (136 FTEs) of the system’s 4,500 FTEs.

Critical access hospital: AMS identified an 8% staffing opportunity (48 FTEs) in a system of 600 FTEs comprised of a 25-bed acute care, 25-bed nursing home, 10-bed rehab unit, and support staff for physician practices.

Average ROI = more than 30 times

The AMS Benchmarking Advantage
- Hospital-wide benchmarks compare your hospital/health system to similar institutions (size, type, and case mix) on a global basis.
- Department benchmarks are based upon a key volume indicator and paid hours per indicator for each department or area of the hospital.
- AMS’s proprietary benchmarking database is based primarily on:
  - Actual studies AMS performs for its clients
  - Best practice targets developed by AMS content experts who specialize in all facets of health care.

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Streamline management while improving functional relationships

The AMS Span of Control Analysis takes a detailed look at your organization’s management and direct report structure in order to document the current functional relationships and to identify opportunities for organizational efficiencies. We regularly perform this service for hospitals and entire health systems.

Immediate Benefits

- **Areas of opportunity**: A Span of Control analysis will reveal the targeted ratio of management to staff, provide recommendations to combine select departments, move or realign departments, and recommend a target mix of executives, directors, managers and supervisors by function.

- **Annual budget planning**: A Span of Control Analysis identifies opportunities to reduce management expense in next year’s budget.

- **Target resources**: A Span of Control Analysis shows you where to focus your organizational design efforts to achieve maximum savings at the management level.

Recent Results

**200-bed community hospital**: AMS identified several key management span of control opportunities including the need to reduce staff in the executive category and manager category while increasing staff in the supervisor category. In addition, an overall targeted hospital management span of control ratio of management to staff was established.

**3-hospital, 600-bed regional system**: Through an evaluation of its organizational structure, AMS identified specific opportunities to consolidate functions/services at the system level, take advantage of system integration, and realize greater efficiency and economies of scale.

**50-bed community hospital**: AMS identified an opportunity to consolidate management positions within specific divisions for improved labor resource utilization. Additional opportunities included reducing the number of supervisory level staff in select areas throughout the organization.

**6-hospital, integrated healthcare network including 30 clinical locations**: AMS identified an opportunity to significantly reduce the manager category, improve the reporting accuracy of allocating staff to the cost center/department where they work, and targeting a higher system-wide ratio of management to staff.

To learn more, please contact:

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An AMS analysis includes a review of each cost center, individual divisions, and the organization as a total entity. We do all our work on site.

**Data sources we collect and review:**

- Job title/FTE reports
- Organization charts by division/department
- One-on-one interviews with both senior management and department directors

**Span of Management:**

- The number of people who report to one superior (whose responsibilities include the functions of planning, organizing, and leading)

**Span of Control:**

- The number of levels in an organization, which is a measure of the length of the lines of communication

**AMS Deliverables:**

- Org. chart documenting “where you are now”
- New org. chart illustrating AMS recommendations

What we look at

Reveal the appropriate ratio of management to staff

Dedicated to Excellence in Health Care Management