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# New 'Door-to-Discharge' Programme to Help Hospitals Save Millions

Texas-based VHA, a national healthcare network of more than 1,400 hospitals and 28,000 non-acute care providers, is using its nationwide comparative database to help US hospitals cut millions of dollars in wasted expenses from their high-cost cardiology, orthopedics and spine service line procedures with a new "Door-to-Discharge" programme.

The programme will make use of VHA's Physician PreferenceLYNX national comparative database, which provides performance metrics on patient procedures, clinical conditions, physician practice, operational measurements, readmission and mortality, among other factors. By looking at each patient's case as a single episode of care and applying Lean Management and Six Sigma methodologies, officials say the Door-to-Discharge programme can cut material use costs by as much as 30 percent, streamline patient flow by up to 40 percent and reduce supply chain acquisition costs by as much as 25 percent.

According to Patricia Tyson, vice president of performance services for VHA, financial pressures and future demands accompanying healthcare reform efforts will force hospitals to implement rapid and effective cost-reduction strategies that engage and align clinicians, physicians, administrators and staff. She explained that focusing on each step of the patient care process it is possible to monitor the expense and revenue opportunities buried within each step and help hospitals improve their financial position by preserving money that would otherwise have fallen through the clinical cracks. The programme is simultaneously tackling issues like room turnover time, registration delays and infections, all of which impact patients directly.

VHA officials said Door-to-Discharge will target several areas in the process, including supply acquisition costs and use, ancillary service use, patient throughput, operational productivity, clinical quality, documentation and coding and physician engagement. The programme is designed to apply clinical metrics to these areas to minimise physician and nurse practice variations, improve the use of existing capacity, reduce waste and drive down service line costs.

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