Generating Savings - It Can Be Contagious

The Problem
The CQVA process has been in place for almost 4 years at BIDMC. The CQVA Interventional Procedures Committee has generated over $4 million in savings since the inception of the process. Every year it becomes difficult to find new savings opportunity as traditional contract changes/improved pricing, and standardization has been maximized. Saving goals for FY’14 only identified 4 potential initiatives.

Aim/Goal
The savings goal for $1.1 million was set at the beginning of FY’14. Though there were not enough initiatives identified to meet the goals. The CQVA IP committee challenged itself to continue idea generation by re-examining the utilization of products in use.

The Team
Michele Hokinson, RT
Marge Guthrie, RT
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Chip McIntosh, NP
Al Buxton, MD
Peter Fiorentino (Materials Manager)
Shari Pasley, RN
Lisa Hird, RN
Donna Hallet, RT
Mark Wyers, MD
John DiGiorgio
Pam Kennedy, (Contract Manager)

The Interventions
Michele Hokinson challenged the group to look at number of products that were used and question the need for or a change in practice of how the product is being utilized. This sparked interest in other committee members to look in their own areas (Cath Lab, Interventional Radiology and OR 18) beyond previous considerations to think of substituting items, getting all three areas to move to the same product, and reducing the number of items used by practice changes. Examples include:

- Standardizing to one microcatheter in all three areas-$12,705
- Standardizing insufflators devices in all three areas-$6,366
- Using a less expensive contrast for prepping angiography balloons- $7,579
- Practice change of reducing the number of sheaths prepared for cases and then not used- $30,000
- Changing ultrasound probe covers- $19,954
- Changing embolization glue
- Providing alternative neuro coils
- Standardizing IVC products hospital wide from 9 options to 4 with two being the standard choices-$25,000.

The Results/Progress to Date
The committee exceeded its $1.1 million goal. While the majority was from one major contract enhancement through our local purchasing organization of which our BIDMC contract manager help lead. The smaller clinician led projects contributed to the success, help reduce waste, and have resulted in long term cost reduction to the medical center. The idea generation was contagious.

Lessons Learned
It is not always possible to predict 18 months in advance all possible savings initiatives for the coming fiscal year. It is possible to remind our staff members to look at the products they use every day and raise awareness for possible waste or alternative ways to reduce use, or conversion to other products. In many instances these small changes can make a big impact on both productivity and cost.

Next Steps/What Should Happen Next
- FY’15 is off to a good start with similar projects.
- Renewed focus on reprocessing in the EP Lab.
- Further idea generation from CQVA IP members to motivate their frontline workers for new ideas.

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