

Performance Improvement Services

Healthcare Performance Improvement Services

Navigant has extensive experience and a successful track record helping healthcare organizations improve their strategic, financial, operational and market performance. For many of our clients, the performance is often rapid and dramatic. For the majority, it has also proven sustainable in changing environments and markets. Dramatic and sustainable results are due to:

- » Balancing strategy, revenue and cost interventions
- » Using a comprehensive approach that reflects the fact that most organizations experience difficulty due to multiple, interrelated problems
- » Reducing costs to competitive levels as volumes and/or revenues decline
- » Increasing potential revenues through improved performance or identifying new sources of revenues
- » Strategically and competitively repositioning organizations in their markets
- » Reaching commitment and consensus among board, medical staff/faculty leaders, and management regarding the future direction of their organization and how they are going to get there

We use a two-phase approach in our performance improvement projects.

Phase I

The first phase involves a swift assessment of a broad range of financial, operational, management, clinical and strategic issues, followed by a more in-depth review of areas with the greatest opportunity for improvement.

We examine a range of areas such as:

- » **Management:** structure, responsibilities and accountabilities, performance and compensation and talent requirements
- » **Operations:** labor and supply expense management, productivity improvement, facilities use, contract services and materials management
- » **Patient Care:** nursing process, nursing model, capacity management and patient throughput
- » **Programs/Services:** structure, leadership, physician vulnerabilities, opportunities and vulnerabilities within key services, resource allocation issues, competitive and financial performance
- » **Clinical Resource Management:** methodology, approach, scope of services and utilization by clinical service, DRG and physician
- » **Medical Staff and Physicians:** organization, mix, integration and succession planning, contracts and compensation, competition and key hospital relationships, primary care and specialty network
- » **Finance and Revenue Cycle:** financial impact of market trends, capital financing and allocation strategy, cash, operating margin, accounts receivable, billing and collections, payer mix

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- » **Managed Care:** strategy, infrastructure, network, risk arrangements and abilities, and plan/contract performance
- » **Strategy and Market:** strategic and competitive position and initiatives, key market and environmental threats and opportunities and partnership needs with physicians, other systems and payers
- » **Information Systems:** adequacy and effectiveness of systems and staff, strategy and resources
- » **Governance:** structure, function and effectiveness

Phase II

The second phase involves developing recommendations for areas where vulnerabilities or opportunities for improvement are identified. For each recommendation, we provide a detailed timetable that encourages immediate implementation of recommendations.

Wherever feasible, we work with our client's management team to develop and "pretest" recommendations before presentation to the organization's CEO, board and any other appropriate groups, e.g., managers or medical staff.

Our performance improvement plan results in the development of a comprehensive, detailed business plan which includes:

- » Assessment of financial, operational, management, clinical and strategic issues
- » Performance objectives and benchmarks
- » Recommendations for strategies and major tactics
- » Assigned accountabilities
- » Implementation timetables
- » Quantification of the financial impact of performance improvement interventions
- » Required resources, e.g., capital or management support
- » Major, potential barriers to implementation

