**ACHE Chapter Panel Discussion Template #77**

*For ACHE Face-to-Face Education Credits*

**Sustainability of Healthcare Organizations: A Plan of Action**

<table>
<thead>
<tr>
<th>Length:</th>
<th>1.5 Hours</th>
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<tr>
<td><strong>Target Audience:</strong></td>
<td>Department heads, vice presidents. C-suite executives and clinicians involved in leading organizational change in new and/or renovated tertiary clinical facility planning.</td>
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<td><strong>Description:</strong></td>
<td>Issues surrounding sustainability for healthcare institutions into the 21st century in the U.S., with regards to the era of healthcare reform, are very complex. Within the scope of priorities, this discussion will emphasize the necessity of understanding the key potential and existing operational and cost problem areas of adaptability for healthcare system sustainability as healthcare providers continue to face future operational challenges. The primary goal of this discussion is to provide an overview of the models of current successes and solutions with a focus on a realistic plan of action.</td>
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| **Faculty:** | Moderator plus two-three panelists.  
The moderator could be a healthcare professional (Board member, CEO, or facility planner/designer) who has a thorough understanding of the concepts/implications involving the issues of sustaining operational sustainability.  
The panel may include: A CEO or COO with several years of experience with operational and cost challenges who understands the impact of a accountable care organizations on sustainability; An experienced clinician that has working experience with healthcare executives who have significant knowledge of operational sustainability; A facility designer/planner or; An infection control expert. |

**Topics for Discussion:**

- Building successful Accountable Care Organizations, cohesive providers, and system partnerships.
- Pathways to achieving complete HL7* and HITECH Act* compliance.
- Developing a Medical Home/Long-Term Acute Care/Telehealth*/Primary Care Physician/Population Health management model that works.
- Simplifying computer physician order entry and clinical data entry to the electronic health record
- Clinical ergonomic work flow needs of the healthcare provider moving into the digital era that can best be served for maximum quality, safety and efficiency.
- MGW* Utility Systems. Their importance.
- “Small Hospitals/Big Ideas” (The Kaiser Health Design Charette for Small Communities).
Questions for Discussion:
1. What are the incentives and sustainability issues that need to be addressed and represented from the onset?
2. What are the attributes necessary for the leaders that take ownership?
3. What are the other components that play a critical role in the successful implementation of a Health Level-7* compliant healthcare delivery model?
4. What are the most common bottlenecks and needless duplications of task in the system and why.
5. What are the potential costs vs. return on investment?
6. How do you select the highest value expert consultant(s) for efficient design implementation and efficient utilization?
7. To what degree does information technology and schematic work flow design effect successful implementation of ICD-10* protocols and reliable/timely computer physician order entry?
8. What is the best method and time frame for including the clinical end-users in the planning and design process?
9. What is the best approach for educating the patient community in learning the new healthcare model?

Materials for Distribution:
“A New Health Economy Takes Shape”- Top health industry issues of 2014/ PwC Health Research Institute - December 2013

“Kaiser goes mobile with 9 million strong” / Healthcare IT News - January 24, 2012 | Bernie Monegain, Editor

Additional Resources:

Architecting for the Future: Converged Medical Infrastructure Improves Patient Care and Clinician Efficiency www.idc-hi.com


Glossary of Terms-Per Technological Acronym Forms

- **HITECH Act or Health Information Technology for Economic and Clinical Health Act** - enacted under Title XIII of the American Recovery and Reinvestment Act of 2009 (Pub.L. 111–5). Under the HITECH Act, the United States Department of Health and Human Services is spending $25.9 billion to promote and expand the adoption of health information technology.[1] The Washington Post reported the inclusion of "as much as $36.5 billion in spending to create a nationwide network of electronic health records."[2] At the time it was enacted, it was considered "the most important piece of health care legislation to be passed in the last 20 to 30 years"[3] and the "foundation for health care reform."[3][4]

- **HL-7 or Health Level 7- Hospitals** and other healthcare provider organizations typically have many different computer systems used for everything from billing records to patient tracking. All of these systems should communicate with each other (or "interface") when they receive new information but not all do so. HL7 specifies a number of flexible standards, guidelines, and methodologies by which various healthcare systems can communicate with each other. Such guidelines or data standards are a set of rules that allow information to be shared and processed in a uniform and consistent manner. These data standards are meant to allow healthcare organizations to easily share clinical information. Theoretically, this ability to exchange information should help to minimize the tendency for medical care to be geographically isolated and highly variable.[1]

- **ICD 10** - the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO). It codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.[1]

- **MGWU** - medical grade wireless utility; defined as an all-encompassing, scalable and flexible grid of pre-installed wireless component entry at onset of new construction and commissioned delivery of new projects. Treated as a "new" fourth utility in design; in the same consideration as MEP (mechanical, electrical and plumbing). As regards to strategic anticipation of need so as to lower overall long-term cost, time delay, orders of technological demand magnitude and economies of scale.

- **Telehealth** - is the delivery of health-related services and information via telecommunications technologies. Telehealth could be as simple as two health professionals discussing a case over the telephone or as sophisticated as doing robotic surgery between facilities at different ends of the globe. Telehealth is an expansion of telemedicine, and unlike telemedicine (which more narrowly focuses on the curative aspect) it encompasses preventative, promotive and curative aspects. Originally used to describe administrative or educational functions related to telemedicine, today telehealth stresses a myriad of technology solutions. For example, physicians use email to communicate with patients, order drug prescriptions and provide other health services. One of the most significant increases in telehealth usage is the home monitoring of conditions by patients whose clinical trials in the UK have shown to improve mortality by around 47%, however the case for telehealth is still being actively debated, with a study on a separate US project showed remote telemonitoring was associated with increased mortality in vulnerable patients.