

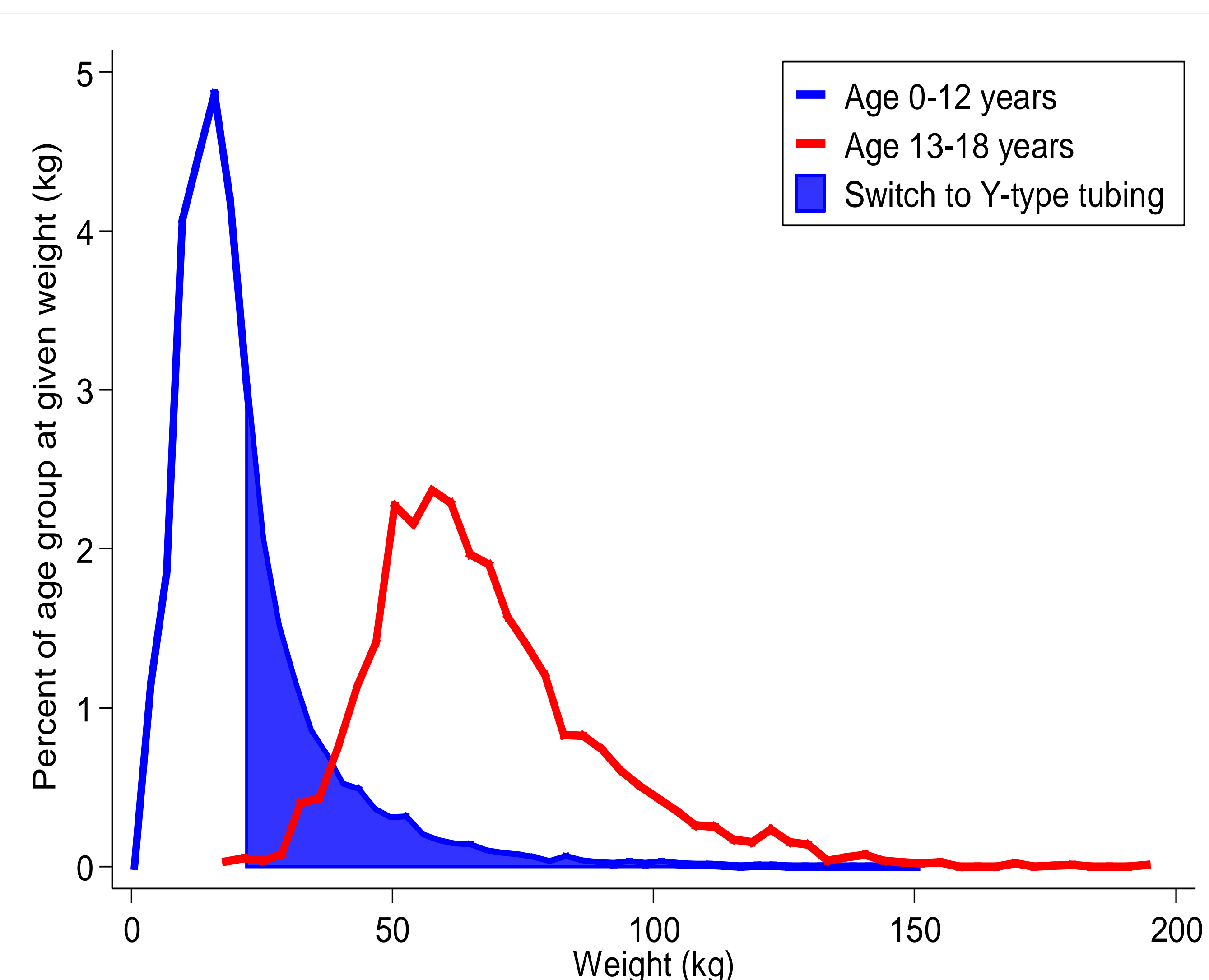
INTRODUCTION

- Streamlining healthcare is of paramount concern while still maintaining high standards of quality and safety.
- The Perioperative Surgical Home (PSH) initiative by the American Society of Anesthesiologists has advocated decreasing cost while still improving efficiency and quality of care.
- Changes can be simple yet effective concurrently improving efficiency while dealing with shortages due to natural disasters.
- Incentivizing quality improvement changes that lead to improved efficiency and cost may be even more effective in driving such measures.
- At Nationwide Children's Hospital, we incentivize cost savings by providing cost information directly to the healthcare team member affecting change.
- We evaluated a simple substitution of a Buretrol™ for Y-type tubing based on weight rather than age cutoffs.

METHODS

- Quality improvement project and therefore exempt from Institutional Review Board approval.
- We obtained costs of Y-type tubing versus Buretrol™.
- We interrogated the electronic medical record to quantify case volume in the main operating room according to age and weight.
- We calculated our costs to compare our current practice of using Buretrol™ for age ≤ 12 years and the planned practice of using Buretrol™ for weight < 20kg.

Distribution of weight by age group



The distribution of weight by age group is illustrated in the **Figure**, with the shaded area indicating switch from Buretrol™ to Y-tubing. A unit cost savings of \$4.40 substituting Y-type tubing for a Buretrol™ was determined.

RESULTS

- We identified 28,875 children ages 0-12 (60% weight <20kg) and 6,301 children ages 13-18 (0.1% weight <20kg) undergoing procedures in the main operating rooms over a 1-year period.
- Transitioning from age-based to weight-based criteria for Buretrol™ use was determined to potentially save \$51,260 over the period reviewed.

CONCLUSION

- Simple changes can impact efficiency and cost in healthcare.
- Incentivizing such measures to help drive these changes is important for staff engagement.
- In the future, with more incentivized measures, hopefully we can successfully make an impact of efficiency and cost of healthcare in United States without compromising safety or quality.

REFERENCES

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