The ‘Intelligent Clinical Environment’ model

Transcript

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AI is still being tested, right? The falls piece is still … you’re still iterating, right? But in your pilot, could you talk a little bit about, like, some of the key results you’re finding?

Dr. Peter Pronovost

Yeah, yeah. So super, exciting. We, did pilot using the Vitalchat technology. We’re, like, a 17-hospital, $6.5 billion system. But we tested it in about 156 beds in across five hospitals, an ICU, a children’s hospital, then some med-surg bays. So, over the six month deployment, our cost to install and the hardware and all that we put in was, about $750,000, maybe $800,000. In those six months, we saw a $10 million return. So really, really exciting.

And we’re looking to go to a full model. But let me just, share with you a couple things why, at least from our view, is … you know, too often we buy point solutions or use cases for models rather than a platform, and we are breaking the bank with that because everyone is … 80% of the work is data work that you just repeat for every use case … is literally wasted money. And if you buy a point solution and you want to add to it, you know it’s another million dollars, and 50% of health systems are losing money.

And so, what we have with this is a platform that we had use cases for no marginal cost. So, let me give you example. Where once we start to deploy whole hospitals, we are now going to have remote social workers covering multiple hospitals on the weekend that I wasn’t able to do before. We’re going to have healthcare managers working remotely, and literally both of those will double their productivity about how many people they care for.

We also, I mentioned earlier, that SOAP model about, what could I automate, what could I stop? As part of this work, we did this, really innovative model, what we call the "Care Team of the Future." And what we said is too often our care models are organized around role. So, I'm a nurse and I could do this. I'm a pharmacy or an MA, I can do this. What we said, again, imagine a world where we're just looking at tasks. Forget about who traditionally does the role and say who is the best person to do this task for the patient?

And it was just, I mean, it was so energizing. And like I'll give you an example. What came out of that is a new care team with roles we never dreamed of. So, we have a whole new role of a personal hygiene specialist. And because what we found is there were some LPN or MAs who were passionate about giving people hygiene — like that was their, like their love language. And they cared deeply about people and they wanted to do it all the time. They didn't like all the other stuff. So we said, OK, well, what if we created a role and that's your job on this care team, right? There is another one who was really, really a little more extrovert about soliciting, "Are we meeting patient's needs?" Right? And so, they're a patient care manager. And all they do is walk around and make sure we have what you want.

And we designed it to say, "We're going to be doing this, but it has to be 20% less total labor cost per patient." Right? So, like you can't, you know, it's not "put one nurse at every bedside." And, ah, like the turnover with this, and the turnover with our Vitalchat is just unbelievable.