The Impact of Continuous Quality Improvement on a System’s Healthcare Costs

Stephen T. Lawless, MD, MBA

In this month’s edition of Pediatrics, Lion et al1 share with us their research on improving inpatient care through the adoption of a wide array of “clinical standard work” products. Overall, this research has led to system-wide decreased lengths of stay as well as decreased costs per hospitalization. At the same time, readmission rates have not increased, and the investigators show that patient-reported quality of life remains the same. This outcome is important because most other quality improvement projects address only a single process at a time. Their results thus show the benefit of system-wide quality improvement methods. Many of us have been waiting to see such evidence regarding the value of quality improvement as delivered through an electronic medical record system.

Despite this improvement, we should recognize the sizeable investment, including $17 million and support for lost revenues each month, to achieve this performance. Advocating for spread of this innovation is going to be difficult for those institutions with limited budgets or competing demands. Future research should therefore focus on determining which components of the overall intervention were most beneficial and how other institutions can adopt these components. The next question that we need to push the investigators to answer is what really made the difference. Without this information, we will be unable to learn the important lessons from this project.

There are other important issues to understand. What was the impact on the health care system overall? Was this cost-shifting to outpatient care? Are the changes sustainable? What will happen when institutional support decreases?

I am excited by this research because it represents an important step in the evolution of the use of electronic health records to truly improve the quality and, in turn, the outcomes of the care we deliver.

REFERENCES


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Opinions expressed in these commentaries are those of the author and not necessarily those of the American Academy of Pediatrics or its Committees.

DOI: 10.1542/peds.2015-4164

Accepted for publication Jan 5, 2016

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PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

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FINANCIAL DISCLOSURE: The author has indicated he has no financial relationships relevant to this article to disclose.

FUNDING: No external funding.

POTENTIAL CONFLICT OF INTEREST: The author has indicated he has no potential conflicts of interest to disclose.

COMPANION PAPER: A companion to this article can be found online at www.pediatrics.org/cgi/doi/10.1542/peds.2015-1202.
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*Pediatrics* 2016;137;
DOI: 10.1542/peds.2015-4164 originally published online March 21, 2016;

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The Impact of Continuous Quality Improvement on a System's Healthcare Costs
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*Pediatrics* 2016;137;
DOI: 10.1542/peds.2015-4164 originally published online March 21, 2016;

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