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OUR VIEW: Cost-cutting in the ER *The Patriot Ledger*

News about hospital cost-cutting is almost always bad, at least from the consumer's point of view. When hospitals are able to save money delivering care, which is rare, it often resulted from patients spending less time in the hospital after a surgery or illness. Often, while that worked better for the hospital, the patient felt shortchanged.

Now comes a report from Boston Medical Center about using engineering principles in the emergency room and elsewhere, with the astonishing result that everyone benefited while costs were reduced.

The experiment sounds elementary. A major goal was to fill operating rooms rather than having them empty at some times while surgery patients backed up. Overhead is one of the reasons hospital costs are so high; unused equipment is just wasted money.

Surgery schedules were streamlined so that elective surgeries could be plugged in when operating room space was available, in contrast to blocking out time for certain types of surgery, to accommodate doctors. The streamlined system meant more surgeries, not fewer, for doctors, which made them happy. Nurses benefited because better scheduling means less stress on the system and patients, and patients waited less time for an operation.

The changes came from Eugene Litvak, a professor at Boston University School of Management. When his procedures were applied to the emergency room, the bottleneck at every hospital, Boston Medical Center was able to cut patient waiting time by a half-hour. Because the ER was operating more efficiently, it was closed to ambulances on far fewer occasions than previously.

Other hospitals can benefit from what Boston Medical Center has done, including Quincy Medical Center, which affiliates with BMC. Hospitals are notorious for sticking to the old way of doing things, but patients, insurance carriers and taxpayers all suffer when inefficiencies are not addressed.