



**Health
Management
Strategies, Inc.**

Health Management Strategies, Inc
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Health Management Strategies, Inc. (HMS) www.hmstrat.com is a health care consulting group dedicated to

- designing solutions that integrate clinical best practices with daily operations, and
- collaborating with providers to improve care delivery and coordination at both the front-line practice and organizational performance levels.

Established in 1996, HMS provides expertise and experience in integrating quality improvement and health IT implementation, embedding care management in daily work, process improvement measurement and implementation, practical workflow redesign, and technical assistance for clinical process and outcomes research. Our main focus is facilitating implementation of clinical process improvement initiatives that leverage HIT, sustained care coordination strategies, and applied research activities to positively impact clinical and operational outcomes.

Our team brings a unique combination of process redesign, health IT, care management, and research-based clinical practice improvement expertise. We partner with our clients to:

- Redesign workflow of core clinical processes (e.g., Nutrition management, skin and wound care, behavior management, falls prevention and root cause analysis, patient discharge and transfer to post-acute settings, case management for high risk individuals and populations),
- Integrate evidence-based best practices into clinical decision support and daily work of clinical team,
- Improve clinical decision-making based on evidence based care,
- Standardize information and processes to build foundation for continuous improvement,
- Implement clinical information technology solutions in a ‘meaningful’ way, and
- Evaluate the impact on clinical and financial performance measures.

HMS clients include long-term care and post-acute providers, acute care (free-standing and integrated systems), physician groups, and community health care providers.

We use five guiding principles in our work with clients:

- i. Build partnerships and collaborative networks with key stakeholders to accelerate QI efforts, i.e., health care providers, Department of Health, provider trade associations, Quality Improvement Organizations (QIOs), etc.
- ii. Integrate evidence-based best practices into practical solutions for front-line caregivers.
- iii. Use information and standard process techniques to promote consistent execution of efficient, high quality delivery of care.
- iv. Embed continuous improvement into clinical care team’s daily work.
- v. Establish mechanisms to sustain improvements - engage multi-disciplinary team members, embed QI tools into practice, and automate data-driven process and outcome monitors.

HMS Principal Profiles:

HMS is led by two principals. Sandy Hudak MS RN has extensive experience in software development, integrating process redesign and IT strategies into clinical workflow, serving as clinical liaison to vendor for multiple clinical system implementation efforts, and facilitating transition from paper to electronic documentation. In addition, she has in-depth experience in case management redesign and coordinating large and small team efforts in process improvement and IT implementation for large hospital systems, physician practices, and long term care providers. She has 14 years experience in critical care nursing and has served on organization wide committees to redesign the patient care delivery model in acute care. She received her BSN and MS in Nursing Informatics from the University of Maryland School of Nursing.

Siobhan Sharkey MBA brings expertise including knowledge of quality improvement tools and implementation strategies, care management design in acute, ambulatory and long-term care settings, analytical methods and techniques, and facilitating organizational change/restructuring strategies. Her previous experiences include VP Consulting for an internet-based software company, Internal Quality Consultant within Intermountain Health Care (IHC), and Senior Research Associate at APM, health care consulting. She has published articles and spoken at numerous conferences around the country on clinical workflow and quality improvement, case management, and use of health information systems in health care. Siobhan received her MBA from the University of Pennsylvania, Wharton School and a BA in Applied Mathematics/Economics from Yale University

Highlights of Work:

1. Embedding quality improvement and clinical decision-making support into health information technology implementation efforts to improve risk management and care coordination for vulnerable populations (elderly and chronically ill)
 - **Project Directors for 5 Agency for Healthcare Research and Quality (AHRQ) – funded projects in long term care (Nursing Home HIT, On-Time Quality Improvement in Long Term Care: Pressure Ulcer Prevention, Pressure Ulcer Healing, Falls Prevention, and Avoidable Transfers to Hospital and ED from SNF).** Dates: 2002- 2012. Major objectives of the projects include: facilitation of multi-facility workgroup to standardize core set of documentation data elements, incorporate standardized documentation into clinical documentation processes, design strategies to implement best practices, redesign clinical workflow to integrate process improvements using HIT, and integrate use of clinical decision support tools into care processes and planning of long-term care providers. Software development work includes clinical report development, business and software requirements specifications, vendor collaboration, and software review to confirm requirements.

2. Analyzing clinical workflow to identify areas for improvement and redesigning daily work of clinicians to impact key measures of process and clinical outcomes

- **'Workflow Analysis** of Front-Line Care Practices in Traditional Nursing Homes and Green House Homes' funded by Robert Wood Johnson Foundation. Dates: 2008-2010. Publication in JAGS, December 2010. (In process of finalizing overall Evaluation work.)
- **Behind the Quality Measures Study** sponsored by large SNF organization on east coast to identify key clinical processes associated with three quality measures (ADL decline, low risk incontinence, and high risk pressure ulcer.) Dates: 2007-2008.
- **Clinical Operations Improvement: Surgical Services.** Regional Hospital/Medical Center (Oregon). Dates: 2004 – 2005. Conducted operational assessment of key areas of surgical services in large regional hospital. Facilitated use of lean process techniques to analyze current workflow, analyze process and outcomes data, develop reports, redesign processes, and implement improvements. Results include core team development and role redesign, formalized specialty education plans, dashboard reports, increased on-time first cases, improved throughput in Sterile Processing Department, decreased errors on case carts, and improved physician satisfaction.

3. Assessing care management processes and facilitating plans for improving care coordination in and across hospitals, integrated delivery systems, health plans, and community settings

- **Evaluation of Chronic Disease Self-Management Efforts.** New Jersey Department of Health and Senior Services (New Jersey). Dates: 2007 – 2010. Serve as evaluation analyst on two projects to implement evidence-based chronic disease self-management efforts in community.
- **Assess Hospital Case Management System.** Regional Medical Center (Arkansas). Dates: 2005. Conducted assessment of hospital case management system. Measured progress of Case Management department over past 5 years and assessed current departmental performance relative to benchmark standards from other organizations. Led development of revised strategic plan for case management to achieve objectives and target performance measures for next 5 years.
- **Clinical Process Redesign & Improvement: Hospital Case Management.** Community Hospital (New Jersey). Dates: 2004 – 2005. Analyzed patient flow in the hospital and facilitate redesign of inpatient care management processes. Coordinated multi-disciplinary teams, led process analysis and redesign effort, and tracked and analyzed data to assess impact of process changes.
- **Design and Implement Chronic Care Management Processes Across Provider Settings.** Regional Hospital System (Utah). Dates: 1997-1999. Worked with caregiver teams (physicians, nurses, case managers, patient educators, dietary, etc.) to implement clinical practice improvement strategies for chronic care populations. Conducted analyses to evaluate impact on performance. Evaluated community care management model and demonstrated cost-effectiveness of care managers in physician clinics: designed study, analyzed large datasets, summarized and reported findings.