



A Quick Start with *Quick Check*

Introduction

Just a five percent improvement in productivity can produce annualized cost savings of better than one million dollars in a small critical access hospital and five million dollars or more in a typical mid-size urban community hospital.

Quick Check is the perfect resource for use in “what if” modeling during budgeting or when contemplating acquisitions, consolidations, or new service development. It’s a great help when utilization or other changes make it necessary to immediately re-calibrate staffing standards or you when you need to validate benchmarks you are currently using.

Now you can instantly determine the range of paid and productive hours per unit of service actually used in lean¹, well-managed departments with similar workloads in hospitals that share your institution’s characteristics. You need only provide very basic hospital and department data. We will walk you through what you’ll need in the way of data on the next page.

System Limitations

Here are a few basics.

1. *Quick Check* supports benchmarks for more than 150 department types. It will typically be able to benchmark departments comprising 90% or more of a hospital FTEs in acute care hospitals reporting acute ADCs of 3 to 450 and in all critical access hospitals. You may download the complete searchable list of supported departments from this [link](#).
2. Not all department types are supported by *Quick Check*. Many departments not supported by *Quick Check* are supported by our standard *IMPACT* benchmarking service. Call (816) 587-2120 during normal business hours (Central Time) if you need assistance.
3. Departments with multiple embedded functions require special handling. For example, Respiratory Therapy Departments frequently embed Cardiology and/or Sleep Laboratory functions within them. Solutions are available for all supported services. You may either:
 - a. Benchmark each embedded function separately and “total” the results off line, or
 - b. Call us at (816) 587-2120. We’ll be happy to provide a special data template, instructions and assistance, and will produce the report for you. There is an additional service fee.

¹ As defined by unit-of-service based labor productivity reported within the range defined by peer group mean and peer group -1 SD performance levels.

4. Inpatient Nursing Units: Both *Quick Check* and *IMPACT* treat observation patients who receive care on an inpatient unit as a patient day equivalent-EXCEPT² on OB and LDR units. Always count an observation patient's first day of care as a patient day equivalent. Do not count the day an observation patient is dismissed from the unit as a patient day equivalent unless it is the first day.
5. Clinics: *Quick Check* has a very robust database for clinics. For provider-based clinics, Quick Check benchmarks providers and clinic staff separately. In other words, benchmarking clinic staff and providers requires generation of two reports for each clinic. We benchmark providers and clinic staff together in Rural Health Clinics (one report per clinic).
6. Non-acute Departments: *Quick Check* benchmarks home health, long term care, and various ambulatory departments.
7. A Special Note for Certain Overhead and Support Service Departments: The adjusted discharge unit (ADU) is an industry recognized statistic that converts outpatient activity into inpatient equivalents using revenue as the metric. It is typically employed in overhead and other support departments for which no generally accepted surrogate indicator of workload has been identified. ADUs do not measure productivity. Instead they demonstrate the relative investment in staffing similar hospitals are making in the department overhead or support department being measured.
8. IMPORTANT NOTE: The limits of attainable productivity are the result of synergistic factors operating within and outside of the department. It may be necessary to resolve limiting factors before a management target established within the range defined by peer group performance can be attained.

Getting Started Step-by-Step

1. If your hospital is already an *IMPACT Plus* or *IMPACT Operations Monitor* client and you want to interact with Quick Check directly, enter through the "[subscriber entrance](#)" using the Quick Check user ID and password supplied by Brady & Associates and go to Report Delivery Options on page 3.
2. Not yet a client? Quick Check access is available to you through our no risk honor system. Just download the form at this link, complete it with the requested information, and send it to us via e-mail.

² OB and LDR-type units today provide a significant amount of care to observation and other outpatients. However, unlike observation patients who receive care on Med/Surg, Medical, Surgical, and many other nursing inpatient units, most of the care provided to OB patients is associated with patients who will ultimately deliver in the unit. Therefore, that work is associated in a predictable way with the number of deliveries and is not separately tracked.

Report Delivery Options

Existing Active Brady & Associates Clients: If your hospital is a current *IMPACT Plus* or *IMPACT Operations Monitor* subscriber, login through the [Subscriber Entrance](#) to enter your data and run your reports. Quick Check access is automatically provided as a part of your service agreement. You will receive an e-mail containing an embedded link to your reports after we have reviewed them, usually before the end of the next business day. You may view your reports in their native format on line or save them in PDF format.

Not yet a client? *Quick Check* access is available to you through our no risk honor system. If after 30 days you don't believe your staffing review was worth its \$150.00 total cost, just let us know and we'll unconditionally waive the fee. Otherwise we'll invoice you for the \$150.00.

We will run your reports. You will receive an e-mail containing an embedded link to your reports after a data quality review, usually before the end of the next business day. You may view your reports in their native format on line or save them in PDF format. For assistance, please call (816) 587-2120 during normal business hours from 8:30 a.m. to 5:00 p.m. Central Time, Monday through Friday, except on holidays.