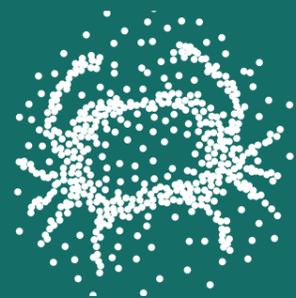




The Harris Unit



**C-ci**  
*CRAB<sup>®</sup> Clinical Informatics*



# CRAB: the Harris Unit



Improve quality.  
Save money

## Harris Unit economic analysis

The link between quality and cost has always been difficult to prove. In a world where finance directors are under pressure to make savings the clear choice is to cut services and staff, but this can place them in direct conflict with the founding principles of healthcare and the professionals who deliver it.

*“The path to lower costs is the same as the path to safer care.”*

Pioneering healthcare organisations such as Virginia Mason know this intuitively and others have been able to show it anecdotally. The knock-on effect of poor quality on complaints and litigation is also well-

documented. However, a standardised system for demonstrating the immediate impact on daily operating costs has been lacking.

The Harris Unit does precisely this. With a new, ground-breaking model, the Harris Unit creates a sophisticated but accessible ‘profit and loss’ to show on a single page the economic impact (positive and negative) of the quality of care across a hospital.

## Apply the Harris Unit analysis to your organisation

- Pinpoint the services costing money due to poor quality
- Identify and focus on the biggest cost area for maximum results
- Understand what the quality shortfalls are and how to correct them, so improvements can be made rapidly
- Chart the financial impact of service changes
- Identify where higher quality services are creating savings to share cost-effective models of care
- Benchmark your organisation internationally



- Engage clinical staff in delivering clinical cost-effectiveness in a new and positive way

## Improve quality. Save money

There are certain areas in clinical care where avoidable costs and therefore (in)efficiency can be identified. For example:

- complaints and litigation;
- increased length of stay due to hospital-acquired problems;
- avoidable use of HDU/ITU; and
- return to theatre/unnecessary surgery and equipment usage

The Harris Unit analyses the driving factors behind these, including for example:

- clinically risk-adjusted surgical mortality and complications, broken down by specialty;
- specific surgical complication rates against established clinical norms, notably those which significantly impact upon length of stay, use of critical care and return to theatre; and
- specific medical and nursing-based performance triggers indicative of avoidable harm, such as:
  - failure to rescue (deteriorating EWS);
  - AKI;
  - shock/cardiac arrest;

- hospital acquired chest infection;
- C. diff; and
- pressure ulcers.

These factors, together with other variables available from CRAB data, allow for a sufficiently concise analysis represented in a simple dashboard which also enables direct comparison both between trusts and internationally.

It stands to reason that in most hospital organisations there will be pockets of good and bad practice. Any analysis should therefore take account where performance is better than it should be (resulting in notional efficiency savings) compared to areas of poor performance which may be making the organisation more inefficient.

The result is a balancing of cost pressures and savings with an overall net loss/gain, but a clear understanding of where simple measures could create the greatest savings.

Empirical use of CRAB around the world has demonstrated there are common areas (e.g. AKI, shock and chest infection) which apply to even the best organisations and where savings may be universal.

To find out more or to book a demonstration, please email: [enquiries@c-ci.co.uk](mailto:enquiries@c-ci.co.uk)

