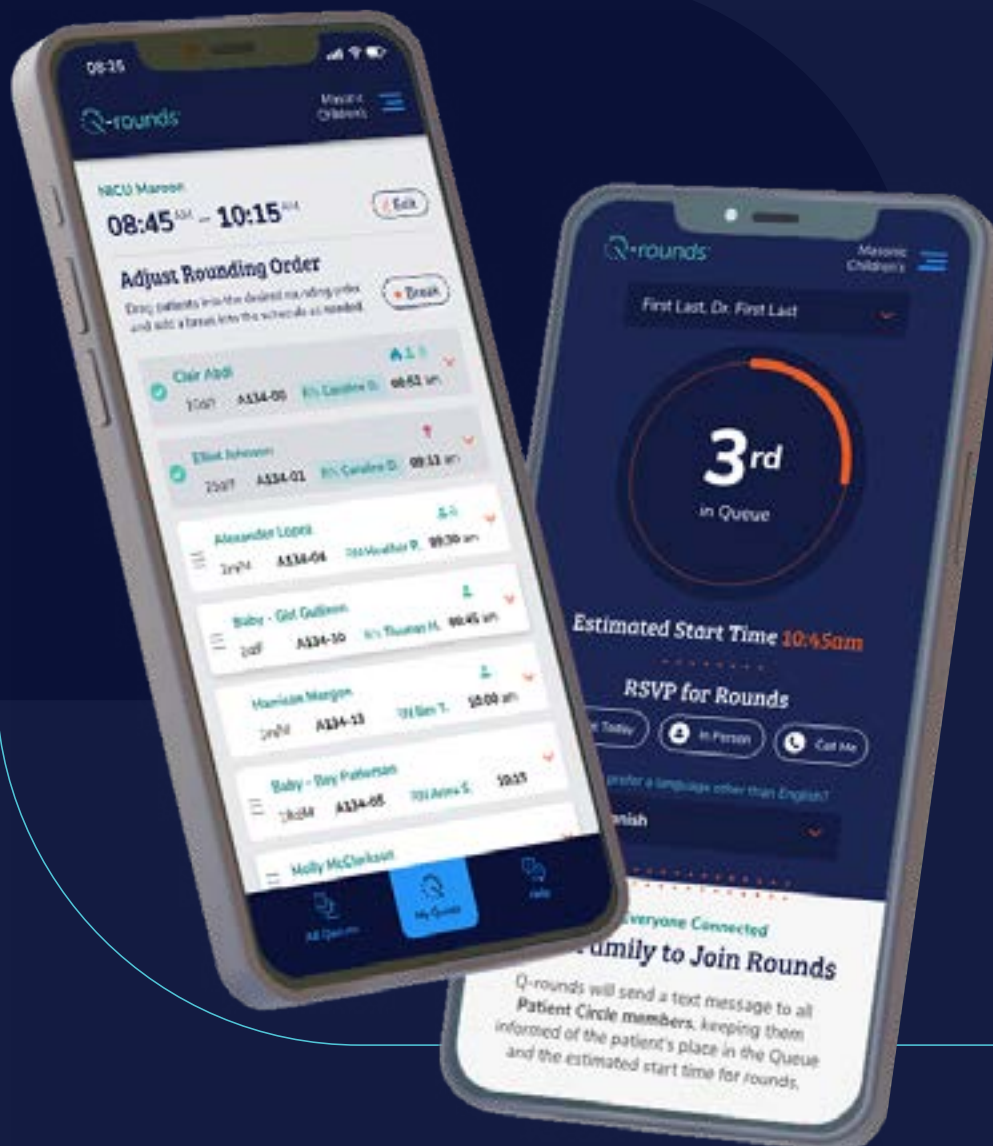


# The Impact of Q-rounds™ in Hospital Systems:

Unlocking revenue potential and cost savings by reimagining the rounding experience with a virtual rounding queue.



In an ever-evolving healthcare landscape, many US hospitals are operating on the brink of financial vulnerability with historically low operating margins.

This white paper serves as a guide for hospital administrators, healthcare executives, and stakeholders who are seeking innovative solutions to enhance their bottom line while ensuring exceptional patient experience and outcomes. The content provided within is from secondary research performed using peer-reviewed journals to assess the transformative potential of Q-rounds within hospital systems.

- **Introduction to Q-rounds**
- **Cost Savings**
  - Reduce Medical Errors
- **Revenue Generation**
  - Increase Patient Satisfaction Scores
  - Increase Billable Consults
- **Conclusion**

# Q-rounds solves one of the biggest challenges in the hospital by taking the waiting around out of rounds.

Q-rounds is a virtual queue that sends real-time notifications to patients, families, nurses, and other stakeholders of when to arrive for rounds. This lets the care team plan their day more efficiently with personalized notifications and schedule visibility via the EHR, while empowering patients and their families with the Time Transparency™ they've come to expect as a consumer in almost every other industry.



## Step 1: Build the Queue

Q-rounds pulls patient lists from the EHR, and with a combination of AI and the provider's own decision making, patients are marked as high priority or ready for discharge. This creates a rounding schedule that prioritizes efficiency and patient care.



## Step 2: Share the Queue

Q-rounds shares the rounding schedule with everyone who needs to be present for rounds, with real-time updates if their place in the queue changes. Families receive a text message; nurses are notified in the EHR and on their communication devices.



## Step 3: Arrive at Rounds Together

Having everyone present for rounds, including nurses, interpreters, and families, leads to improved patient advocacy, effective communication, higher levels of confidence in the care team, and satisfaction with the care provided.

*"This solution is remarkable! Nurses and families love it, and it was pretty seamless for the medical team. You are not allowed to turn this off after the pilot!"*

- VP of Patient Quality and Safety

Nurse presence plays a crucial role in reducing costs associated with medical errors.



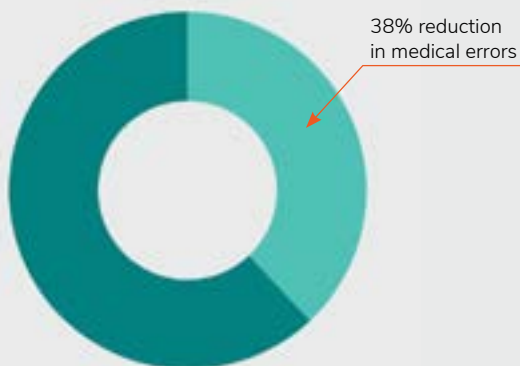
▲ **215%**

Increase in nurse presence for the entirety of rounds with Q-rounds.<sup>3</sup>

### Reduce Medical Errors

As the third leading cause of death in the United States, medical errors pose serious risks to both patient well-being and hospital finances.<sup>1</sup> While Q-rounds cannot eliminate all errors, it can contribute to a reduction in their frequency, severity, and associated costs. Available data suggest that each harmful error costs an estimated \$16,104. Furthermore, harmful errors are highly, highly prevalent, occurring in 1/18 patients.<sup>2</sup>

**It is also well established that having nurses present during rounds can reduce errors by 38%,<sup>2</sup> with the absence of nurses for rounds often being cited as the root cause of harmful errors that occur in hospitals.**



Q-rounds has been shown to increase nurse presence for the entirety of rounds by a remarkable 215%.<sup>3</sup> By automating the inclusion of the nurse for rounds on every patient, Q-rounds can reduce harmful errors and save hospitals money by having the nurse at the bedside with the medical team for rounds. Q-rounds makes this possible by sharing the daily rounding scheduling directly to nurse communication devices. Real-time changes, pushed into the electronic health record (EHR) and personalized updates ensure that the nurse remains informed even if the rounding schedule or their patient's place in the queue has changed.

Prior to implementing Q-rounds, one system found that even when their nurses were present for rounds, they arrived after the discussion had started, missing an average of 13% of the time spent discussing their patient. With Q-rounds, this same system saw that nurses arrived on average 6 seconds before the doctors began rounding.<sup>3</sup>

This Time Transparency™ allows nurses to plan accordingly, provide more efficient patient care, and fosters a sense of respect for the nurse’s time and their invaluable role within the care team. Q-rounds helps to ensure that the multidisciplinary team can be present for rounds together.

**Implementation of Q-rounds, leading to increased nurse presence during rounds, could translate to annual cost savings of approximately **\$3.1 million** for a 250-bed hospital system.**

By getting the nurse to the bedside on time every time, Q-rounds can contribute to the reduction in costly harmful errors and their financial burden on hospitals.

Table 1: Cost savings from nurse presence for the entirety of rounds a variety of bed counts

Bed Count	Admissions/Year	Serious Errors/Year	Cost of Harmful Errors	Baseline Nurse Presence	Post Q-rounds Nurse Presence	Error Reduction/Year	Total Savings
100	8,343	463	\$7,464,076	45%	90%	88	\$1,418,174
250	20,857	1,159	\$18,660,190	45%	90%	220	\$3,545,436
400	33,371	1,854	\$29,856,305	50%	90%	352	\$5,672,698

**Assumptions:** Admission/year approximated using average length of stay of 3.5 days and 80% occupancy. Number of serious errors based on published average of 1/18 patients experiencing an error causing serious medical harm<sup>2</sup> and mean published cost for this type of error of \$16,104 per error. Reduction estimate based on Q-rounds demonstrated increase of nurse presence at the bedside and published error reduction of 38% in serious medical errors when nurse is present for rounds.

The higher that patients rate their experiences, the greater incentives hospitals receive.



### Patient Satisfaction Scores

The Centers for Medicare & Medicaid Services (CMS) now incentivize hospitals to improve patient experiences through the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores. The higher patients rate their experiences, the more financial incentives hospitals receive—having a direct impact on a hospital's earnings.

Beyond this direct reimbursement, research demonstrates a strong link between patient satisfaction and financial performance. Hospitals with improved satisfaction scores not only enhance their reputation but also see higher profitability, a relationship that holds even when considering other performance factors. Compared to similar hospitals in the market, a 10% increase in top-box ratings is linked to a 1.4% net margin increase and a 1.3% boost in Return on Assets (ROA).<sup>4</sup>

▲ **197%**

Increase in family attendance at rounds<sup>3</sup>

**For example, a hospital system with over 250 beds could potentially gain around \$11.4 million in profits due to improved patient satisfaction scores.\***

Q-rounds has a profound impact on enhancing patient satisfaction. By streamlining the rounding process and providing Time Transparency™ with real-time updates on rounding schedules, patients and families are empowered to anticipate and actively participate in discussions with their care teams, and if families are not able to be present for rounds due to employment or transportation barriers, Q-rounds brings them to the bedside virtually via one-click telehealth.

\*In comparison to hospitals in the same market, a 10 percentage point increase in the proportion of respondents providing a hospital with a top-box rating (9 or 10 out of 10) is linked to a 1.4% rise in net margin and a 1.3% increase in ROA, relative to hospitals receiving a bottom-box rating (0 to 6 out of 10).<sup>4</sup> The average hospital with 250+ beds had an average net patient revenue of \$817.1M in 2021 with net margins of 6.5%.<sup>5,6</sup> An improvement of 1.4% in net margin would result in increased profits of approximately \$11.4M for a hospital system of that size.

Furthermore, the increased presence of nurses during rounds, facilitated by Q-rounds, fosters stronger communication and a deeper sense of trust between patients and healthcare providers. 91% of families had increased confidence in the care team,<sup>7</sup> and 64% of families viewed the provider as more compassionate when

they are routinely present for rounds.<sup>8</sup> These improvements in transparency, communication, and patient engagement, not only make patients and their families feel more valued but also contribute to a more positive overall hospital experience, ultimately leading to higher levels of patient satisfaction.

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# Eliminate lost revenue from curbside consults.



## Incorporating Sub-specialty Consultants at Rounds

Incorporating sub-specialty consultants into rounds presents advantages both in patient outcomes and in hospital finances. This inclusive approach improves decision-making by providing immediate access to specialized expertise, leading to more precise diagnoses and personalized treatment plans. Timely intervention reduces potential complications, enhancing patient outcomes. It also promotes interdisciplinary collaboration among healthcare professionals, ensuring comprehensive patient assessment and a holistic approach to care. Importantly, involving sub-specialty consultants fosters better patient and family understanding of their condition and elevates satisfaction.

**Curbside consults** - where a primary team informally seeks input from a specialist without generating a formal billable consult - are common despite hospitals discouraging the practice.

Curbside consults place hospital systems at risk, as they occur without documentation and ultimately lead to lost opportunities for revenue. Q-rounds provides an opportunity to seamlessly pull in consultants to inpatient rounding discussions with families – with the opportunity join the primary team virtually to address specific questions – and generates revenue, as specialists are able to bill for these encounters.

Billing codes (CPT codes) determine revenue from sub-specialty consultations, varying by expertise and time spent.

For example, by incorporating just one additional consult per patient through Q-rounds, a hospital system with 250 beds can increase their consulting revenue stream by \$2,479,706 per year.



When Q-rounds™ is implemented in a hospital the positive impact on revenue becomes evident through an increase in patient satisfaction and consultant fees, leading to a substantial improvement in Net Present Value (NPV).

Table 2. Revenue from additional consultations

Bed Count	Admissions/Year	Average RVU for a Hospital Consult	Additional Consults Per Patient Per Stay	Total Additional Revenue Per Year
100	8,343	\$118.89	1	\$991,882
250	20,857	\$118.89	1	\$2,479,706
400	33,371	\$118.89	1	\$3,967,529

**100%**

of providers who participated in the pilot wanted Q-rounds to remain the standard of care.<sup>3</sup>

**100%**

of families surveyed would want the next hospital their family is at to use Q-rounds.<sup>3</sup>

## CONCLUSION

In conclusion, the evidence presented in this white paper underscores the case that by adopting Q-rounds, hospitals have a unique opportunity to simultaneously bolster their financial health and enhance patient safety.

As you navigate the complexities of healthcare management, we encourage you to take advantage of the chance to see Q-rounds in action. In your personalized demo, we will also use our proprietary calculator to run the numbers presented in this document with the unique metrics of your hospital, helping you to make informed decisions that align with your hospital's goals and aspirations.

**Choose to elevate your hospital's financial trajectory while delivering high-quality care by embracing the potential of Q-rounds. Schedule a demo to see your cost savings and revenue generation possibilities.**

Visit [q-rounds.com](https://q-rounds.com) to learn more.

**[Schedule a demo](#) to get a personalized tour of Q-rounds with CEO, Mike Pitt**



## SOURCES

- (1) Anderson J, Abrahamson K, Your Health Care May Kill You: Medical Errors, Stud Health Technology Inform. 2017;234:13-17 <https://pubmed.ncbi.nlm.nih.gov/28186008/#full-view-affiliation-1>.
- (2) Khan, A.; Spector, N. D.; Baird, J. D, et al. Patient Safety after Implementation of a Coproduced Family Centered Communication Programme: Multicenter before and after Intervention Study. BMJ 2018, 363, 4764. <https://doi.org/10.1136/bmj.k4764>.
- (3) Rizvi R, Quade A, Jarret B, et. al. Preliminary Data from University of Minnesota Center for Learning Health Systems Science multi-faceted study, “Q-rounds, A Virtual Rounding Queue to Facilitate Rounding Time Transparency” 2023.
- (4) Mckinny M, Evans M, Rice S, More hospitals to get bonuses than penalties in 2015 under value-based purchasing Modern Healthcare <https://www.modernhealthcare.com/article/20141218/NEWS/141219982/more-hospitals-to-get-bonuses-than-penalties-in-2015-under-value-based-purchasing> (accessed Aug 26, 2023).
- (5) U.S. hospital revenue and expense trends | Definitive Healthcare <https://www.definitivehc.com/blog/revenue-trends-at-u.s.-hospitals> (accessed Aug 26, 2023).
- (6) How hospitals profit even when many patients are in medical debt : Shots - Health News : NPR <https://www.npr.org/sections/health-shots/2022/09/28/1125176699/some-hospitals-rake-in-high-profits-while-their-patients-are-loaded-with-medical> (accessed Aug 26, 2023).
- (7) Aronson P, Yau J, MBS; Helfaer M, MD; et. al, Impact of Family Presence During Pediatric Intensive Care Unit Rounds on the Family and Medical Team, Pediatrics (2009) 124 (4): 1119–1125. <https://publications.aap.org/pediatrics/article-abstract/124/4/1119/71868/Impact-of-Family-Presence-During-Pediatric?redirectedFrom=fulltext>.
- (8) Lewis C, PhD; Knopf D, Chastain-Lorber C, MD; et al. Patient, parent, and physician perspectives on pediatric oncology rounds, Journal of Pediatrics, VOLUME 112, ISSUE 3, P378-384, MARCH 1988