

076: FOLLOW THE LEADER: INTEGRATING QUALITY THROUGHOUT A DIVERSE HEALTH CARE SYSTEM

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Objective:

With the support and commitment of leadership, whose vision of integrated quality care permeated the acquisition of new facilities, a strong quality management department (QMD), in collaboration with other departments, successfully implemented a cost saving, data-driven methodology to standardize and centralize care throughout the diverse healthcare system.

Methods:

The CEO and senior leadership forged an integrated system from hospitals with disparate cultures and agendas through the formation of a QMD charged with developing a systemwide multidisciplinary accountability and quality communication structure. With 18 hospitals, 4 nursing homes, multiple state licensed ambulatory facilities, 8 certified home care, 2 hospice agencies, behavioral health programs, rehabilitation services, and more, the CEO realized that implementing consistency and uniformity of care required a rigorous methodology for performance improvement where information could travel from the bedside to the Board of Trustees (BOT). Leadership encouraged the BOT to actively participate in the QM process and promoted detailed risk assessments and root cause analyses in response to events. Process improvements were targeted, policies and procedures reexamined, and over time, a culture was created where information could be gathered and communicated without stigma, criticism or blame.

The QMD developed standardized definitions for indicators from the different services (such as skin care, utilization, restraints, falls, unplanned readmissions, self-extubation) with consistent numerators and denominators. Data, collected at each facility, reports variation from established best practice guidelines to a multidisciplinary committee comprised of members of the BOT, medical staff, administration, nursing and quality. Aggregated data form the basis of a Table of Measures that allows for benchmarking among similar facilities and with other institutions. Leadership uses these data to prioritize performance improvement activities and implement best practices. Because leadership encouraged permeable boundaries among departments, performance improvement initiatives were expected to be collaborative. Some examples: quality management, risk management, materials management, cost management, the nursing and medical staff worked together to facilitate conversion to latex-free gloves after reviewing claims submitted to risk management for latex exposure and lost workdays. Pharmacy, quality, materials worked together to standardize utilization of medications for appropriateness and cost savings. QMD, materials support services, safety, system administration, in collaboration with outside agencies, evaluated products for skin care and bed surfaces which helped to standardize care across the continuum. Research in pneumonia conducted in collaboration with other area health systems increased study sample size and improved our understanding of how patients manage their recovery. Data enabled four large teaching hospitals to target interventions.

Results:

As a result of the interdepartmental collaboration on performance improvement initiatives, the system has reduced lost workdays related to latex from 304 in 1999 to zero today. Anticipated savings from standardizing medication is over two million dollars. Quality management skin injury data, collected, aggregated and communicated systemwide, along with product standardization, reduced severe skin injuries to zero. Leadership and multidisciplinary collaboration with quality has led to improved use of clinical guidelines, reduction in variance and length of stay, better utilization of services, national recognition, and improved patient care. The strong QM program has resulted in better contract negotiations and created an improved financial picture for the system.

Conclusion:

The system has received prestigious awards for using measurements to improve patient care across the continuum from the national regulatory agency (JCAHO) and is regarded as the gold standard for quality management processes. Collaboration among departments and services to improve quality has been so successful that the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) has published 11 of our programs as examples of best practices. The QMD has been invited to replicate its successful program at other health systems across the nation.