Dear Health Care Leader:

The 2005 AHA McKesson Quest for Quality Prize® honorees all have a very different story to tell: a rural referral center in one of the poorest regions of the nation … a major academic medical center in the heart of the Big Apple … a West Coast suburban hospital … a hospital with campuses serving both suburban and urban communities. Their paths may be different and their challenges may vary, but they all share a commitment to improving hospital performance and quality of care. Our congratulations!

The 2005 Quest for Quality Prize criteria were a giant leap from the award’s initial emphasis on safety. The criteria now encompass all six of the Institute of Medicine’s quality aims: safety, patient-centeredness, effectiveness, efficiency, timeliness and equity. These transcend more conventional definitions of patient safety and quality to consider the total environment of patient care. Hospitals are seeking the best ways to approach these quality elements, and learning from each other … how to get started, what’s worked, what hasn’t, how to surmount barriers to progress … is the most valuable way to do it. The stories of these leadership organizations’ quest for quality can inspire your own quality efforts.

The American Hospital Association, McKesson Corporation and the McKesson Foundation have been partners in this award since its inception. McKesson Corporation and the McKesson Foundation have made a five-year commitment to continue underwriting the award. Its new name— the American Hospital Association McKesson Quest for Quality Prize®—recognizes McKesson’s valuable support and its long-time commitment to helping hospitals provide high quality, safe health care.

On behalf of the AHA Board of Trustees and our hospital members, thanks to McKesson Corporation and the McKesson Foundation; the American Hospital Association McKesson Quest for Quality Prize® Committee for contributing their time and expertise; and all of the hospitals who participated in the 2005 prize competition.

Sincerely,

Dick Davidson
President
American Hospital Association
Winner

First Step: The Staff
North Mississippi Medical Center, Tupelo

Finalist

Doctors Drive Efforts
New York-Presbyterian Hospital, New York City

Finalist

Clinicians Team Up
El Camino Hospital, Mountain View, Calif.

Citation of Merit

A Quality Mindset
Lehigh Valley Hospital and Health Network, Allentown, Pa.

The American Hospital Association McKesson Quest for Quality Prize® is presented annually to honor leadership and innovation in quality, safety and commitment in patient care. The prize is supported by grants from McKesson Corp. and the McKesson Foundation. The 2005 award recognizes organizations that have systematically committed to achieving the Institute of Medicine’s six quality aims: safety, patient-centeredness, effectiveness, efficiency, timeliness and equity. These organizations have demonstrated progress in achieving multiple aims and provide replicable models and systems for the hospital field.

Applications for the 2006 award are due Oct. 14 and can be found at www.aha.org/questforquality. For information, call (312) 422-2700, or e-mail questforquality@aha.org.

The winner will receive $75,000 and two finalists will receive $12,500 each. Citations of Merit may be awarded recognizing other noteworthy programs. The awards are presented in July at the Health Forum and American Hospital Association Leadership Summit.
CEO John Heer emphasizes North Mississippi Medical Center’s commitment to quality and safety at every orientation session for new employees.
A highly skilled and committed workforce is the centerpiece of quality and patient safety efforts at North Mississippi Medical Center. “We take care of our employees first,” says Ken Davis, M.D., chief medical officer, “then our patients.” CEO John Heer echoes that sentiment: “Having a motivated workforce is essential if we are to provide world-class customer service and quality care. Our employees know from day one how focused we are on quality and safety and that we support them in this effort.”

Heer underscores that message during one-and-a-half hour sessions at each new-employee orientation. It’s part of a servant-leadership philosophy adopted by the organization’s senior executives. Servant leaders focus their efforts on the needs of their employees and on helping staff develop skills to maximize their abilities. “We can’t be successful without servant-leadership,” he says. “If the employees aren’t satisfied, the quality won’t be there. We must support the workforce.”

Davis says servant-leadership helps shape the organization’s culture. “It means being firm about the organization’s direction, but providing support whenever it is needed,” he says. Servant-leadership improves workflow because it removes barriers that inhibit efficient, quality care, adds Joellen Murphree, director of clinical and quality outcomes. It empowers staff because they’ll have the support they need to do their jobs.

North Mississippi employees are also guided by five critical success factors deemed essential to the 730-bed hospital’s success. These factors serve as a base in the organization’s short- and long-term planning process, and are aligned with the six Institute of Medicine quality aims. They are:

- People: Maintain a high quality workforce
- Service: Improve customer service
- Quality: Improve health outcomes and improve prevention and health education
- Finance: Provide financial resources to support the mission and vision
- Growth: Expand access to health care

Quality goals are selected each year by North Mississippi’s board and senior leaders following a review of outcomes, safety and community health data. In 2005, for example, improving...
management of congestive heart failure is a top priority.

Goals are set for departments, units and individuals, and are aligned when appropriate. A unit goal may be to improve patient education for CHF. A nurse may then set an individual goal, with approval from the manager, to review a list of educational topics for CHF with each patient.

All employees carry a list of their individual goals with them at all times.

“We set pretty rigorous standards,” says David Cole, trustee and chairman of the board’s Quality Standards Committee. “The standards are ratcheted up each year to achieve high levels of performance.” Physician credentialing standards, he says, are stronger than those required by the state.

Central to the organization’s performance and quality improvement efforts is the use of the Baldrige National Quality Award criteria, which North Mississippi began using in 1996. “Baldrige is robust and will force change across the entire organization,” Heer says. “It forces you to wipe the slate clean and start with a new focus from leadership on down.”

North Mississippi has won two state-level Baldrige awards. In 1997, it received the Excellence Award recognizing organizations that have built effective, systemic processes to achieve performance excellence. In 2001, the hospital received the Governor’s Award—the state’s highest honor—that recognizes outstanding examples of quality management and superior results. “Whether we win or not,” Murphree says, “we’ve made significant improvements working through the criteria.”

The rigorous measurement requirements of Baldrige help the organization track progress toward its critical success factors. Relevant data becomes part of a performance scorecard that measures performance toward meeting the annual goals and key process indicators on a hospital, department and unit level. The scorecards are posted on “knowledge boards” in the various departments and units so everyone knows the status of quality improvement initiatives.

Even before it adopted critical success factors and the Baldrige criteria, North Mississippi recognized that efficiency was the key to an organization’s survival and success. It looks beyond traditional cost drivers, such as staffing and supplies. The organization hones in on things that cause, or help avoid, complications and comorbidity. These have a much greater impact on the actual cost of care. “The way to reduce cost is to improve care,” Davis says. “Everyone’s focused on improving care to improve the bottom line.”

Physician performance is measured with a clinical practice analysis tool that uses evidence-based guidelines to access the physician’s resource utilization, processes and diagnosis for a particular case. A benchmark of physician performance is then produced, and that is credited with improving doctors’ compliance with protocols and with improving clinical outcomes.

Nurse performance is the focus of an annual Outcomes College, a two-day off-site educational program. “We wanted nurses to see how they are part of creating the clinical outcome for the patient,” Murphree says. Adds Karen Koch, director of research, “We teach best practices and show how they can improve care.”

At North Mississippi Medical Center, as elsewhere, nurses play a central role in quality efforts. “Physicians spend a few minutes with patients, administration, maybe a few seconds,” Davis says. “A nurse is there 24-hours a day, seven days a week.”

Davis points out that North Mississippi doesn’t have a quality department. “Quality is engrained in the culture through our development of employees and our systematic approach to care,” he says.
Physician leadership helps drive quality improvement at New York–Presbyterian Hospital. The chief executive officer, chief operating officer, and chief quality officer are all MDs. And, the hospital's role as an academic medical center results in heavy physician involvement in quality and process improvement.

"All of our physicians are involved," says Mary Cooper, M.D., vice president and chief quality officer. "They drive the quality agenda as much as any member of the team, which helps sustain momentum." For example, she says, physicians are responsible for between 5 and 8 percent of reports to the organization's intranet incident reporting system. "It's highly unusual to have that level of physician reporting," Cooper says.

Building and sustaining an organization that achieves clinical, service and operational excellence is the vision of New York–Presbyterian Hospital. The organization credits its success in these areas to its people, processes, and partnerships.

New York–Presbyterian is the result of a 1998 merger between two large academic medical centers: New York Hospital and The Presbyterian Hospital. The merged entity consists of five operating units with 2,455 inpatient beds and is affiliated with the Columbia University College of Physicians & Sur-
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Physicians ‘drive the quality agenda,’ says Mary Cooper, M.D., New York-Presbyterian’s vice president and chief quality officer.

Surgeons and the Weill Medical College of Cornell University.

The hospital made an initial investment of between $5 million and $6 million to develop a centralized quality department. “We had the advantage of being new,” Cooper says. “We didn’t have to continue old traditions.”

Initially, New York-Presbyterian set three goals: quality, efficiency and access. “We did not set out to meet the Institute of Medicine’s six quality aims,” Cooper says. “They matched what we were trying to do, which is to provide safe, effective care.”

Adds CEO Herbert Pardes, M.D.: “We’ve all been on the patient side. We’ve seen the good and the bad. I’m determined to make the patient and the family experience as good as it can be.”

Each year, quality improvement goals are chosen and aligned with the hospital’s overall strategic objectives—strategic growth, performance improvement, people development, information technology, and innovation. These also conform to objectives from the Institute of Medicine. Achieving performance improvement, for example, touches upon all six IOM aims: safety, patient-centeredness, effectiveness, efficiency, timeliness and equity.

People make the difference in whether the IOM aims and the organization’s strategic objectives are reached. “We’re lucky to be an organization where quality and excellence is driven from the top-down and the bottom-up,” Cooper says. New York-Presbyterian defined principles of behavior for all staff:

- Create positive first impressions.
- Protect confidentiality.
- Maintain a safe environment.
- Treat everyone with respect.
- Communicate compassionately and effectively.
- Acknowledge patients’ needs.
- Apologize and amend when a negative experience occurs.

These principles are incorporated into the hiring, performance improvement and credentialing processes. “We attract good people who want to provide quality service in a quality organization,” Cooper says. And, notes Pardes, “We try to emphasize values that are all within the quality arena.”

Implementing the right processes also helps the organization meet its goals. The IOM report “To Err is Human” helped propel the organization from one that took a reactive approach to safety to one that takes a proactive, systems-oriented approach. Two years ago, the organization adopted Six Sigma to improve its measurement capability and promote team development and change management, as well as sustainability. Currently, the organization has 40 full-time managers who work on Six Sigma—so-called Black Belts—and 136 change facilitators.

Six Sigma provides the framework for the organization’s various quality and process improvement initiatives. “It empowers the front-line staff,” says Trudy Johnson, R.N., vice president of quality. “It gets them involved in the quality initiative.”

One initiative the organization adopted is to reduce length of stay throughout its facilities by improving efficiencies and clinical outcomes. “We’re very fortunate that lots of people want to come here and be treated by us,” Cooper says. “We need extra capacity.” The initiative also ties in with improving operational performance. Benchmark data revealed that New York-Presbyterian’s length of stay exceeded that of other similar facilities. “To be competitive, we need to get patients in the door in a fair amount of time,” she says.

Among the accomplishments to date, length of stay dropped from 11.05 days to 8.25 days for patients undergoing a cranectomy to treat a cerebral aneurysm. Time in the post-anesthesia care unit was reduced from 219.2 minutes to 111 minutes. And, cardiac diagnoses have improved, resulting in reduced length of stay.

Partnerships also play a big role in helping the organization identify areas for improvement and solutions. The close relationship between the hospital and the medical schools promotes innovation in care. New York-Presbyterian also actively participates in various state and national initiatives. It adopted 30 of the National Quality Forum’s 37 Consensus Standards for Hospital Care.

“We’ve gone further than we could have gone as an individual hospital through these partnerships,” Cooper says.
2005 Finalist

Strong doctor-nurse teamwork is key

El Camino Hospital, Mountain View, Calif.

Achievements in quality and safety at El Camino Hospital can be attributed largely to its experienced nursing and medical staffs who work collaboratively, a thorough process and quality improvement initiative, and reliance on clinical pathways and protocols.

“We are well-known in the nursing and physician communities as being a desirable place to work,” says Diana Russell, R.N., vice president of patient care services. One reason, she says, is the strength of its nursing staff. A low vacancy rate—2.6 percent in the second quarter of 2005, compared with an 8.1 percent rate for Northern California—results in an experienced, well-trained staff. The organization also has an extensive orientation program that helps match skills with the right positions.

The result is an environment in which nurses feel empowered to provide input in the clinical decision-making process. And physicians are confident in the nurses’ abilities and welcome their advice. “We have a strong culture and relationship between nurses and physicians,” Russell says. “It’s an environment where physicians and nurses like to practice because of the respect they share on a peer level.”

CEO Lee Domanico echoes that sentiment. “The relation-
ship between physicians and nurses contributes to a team approach that helps improve patient safety and clinical outcomes. It’s part of the organization’s history. We just try to reinforce it.”

Nurses are encouraged to take part in education and career-advancement opportunities. New nurses are hired at the clinical nurse 1 level, or CN 1. Within six months of their employment, they are advanced to the CN 2 level following a probationary period that involves hands-on training from their more senior colleagues. After two years, nurses can advance to the CN 3 level—the highest level—by completing projects, such as quality improvement initiatives, that are preapproved by management. CN 3 nurses receive higher pay and are able to play a more advanced role in the hospital’s performance improvement efforts.

A three-tiered performance improvement process helps El Camino achieve excellence in the six Institute of Medicine aims. It involves: monitoring, department-level participation and hospitalwide efforts. Extensive monitoring of clinical processes, performance and patient satisfaction data helps decide which opportunities for improvement should be tackled and in which order. Data is provided to the board, executives, managers and the Performance Improvement Prioritizing Group (PIPG), among others, which then select both department-specific and hospitalwide goals. Once goals are selected, they are aligned with the hospital’s strategic plan so everyone understands the goal in relation to overall hospital performance.

The PIPG selects hospitalwide initiatives that require involvement from multiple departments. Current hospitalwide initiatives include improving pain management, reducing wait times in the emergency department and reducing medication errors.

On the department level, managers set goals based on the department’s performance and needs.

The board of directors sets performance expectations for the CEO that include achieving quality goals and improved clinical outcomes. These, in turn, are aligned with management and department goals throughout the hospital. Managers—in collaboration with the clinical and medical staff—develop department-level strategies to move forward. “Quality is tied in with the management process, just as looking at financial statements is part of the process,” Domanico says. “We want to reinforce the importance of patient safety in measurably high clinical outcomes.”

One of Domanico’s quality goals for the current fiscal year is to decrease time to get antibiotics to patients with community-acquired pneumonia. Appropriate nursing directors, clinical managers and others also adopted this goal. “Having aligned goals has proven more powerful than we expected,” says Christine Hunter, R.N., manager of clinical decision support.

The hospital has 35 clinical pathways in place that reduce variation in treatment and result in consistent lengths of stay and cost per case. Most of the clinical pathways have been in place for more than 10 years, says Susan Bukunt, R.N., director of clinical effectiveness. “They are engrained in our care processes,” she says.

The pathways are reviewed annually by care coordinators to ensure best practices and are embedded into the computerized physician order entry system to help guarantee compliance.

“When there’s always something that will need to be improved,” Russell says. “Our quest for quality will never end. It will always be there.”

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Zubina Mawji, M.D., acting senior vice president for quality and management. "It wasn’t by conscious decision, but because they match what we do.”

Clinical innovation is enabled through a rigorous performance improvement process, which is overseen by top executives, including the chief executive officer, the chief operating officer and the chief medical officer, among others. Projects are identified through a dashboard of quality, satisfaction and clinical indicators. A literature review identifies best practices and pilot tests measure feasibility.

In addition to the data-driven approach, Lehigh Valley encourages its staff to identify opportunities to improve quality, safety and efficiency. Through the Working Wonders program, employees are financially rewarded for pinpointing areas for improvement and developing solutions. “Improvement is part of our daily work,” Mawji says.

To further enhance patient care, Lehigh Valley began a hospitalist program last year. Twelve hospitalists oversee patient care at the facility 24 hours a day, seven days a week. “We believe we’ll see an improvement in the continuity of care for patients,” Mawji says. Moreover, the presence of hospitalists is a boost for the organization’s resident program because a physician is always on hand when residents need assistance. The hospital serves as a teaching facility for the Penn State University College of Medicine.

Training and education programs at the hospital stress teamwork and communication. Programs, such as the Emotional Intelligence workshop, which helps to develop interpersonal relationships among staff, are designed to improve service excellence.

Technology also plays a role in improving service excellence and clinical quality. The hospital has deployed computer-assisted physician order entry, electronic medication administration records, bar code technology, and a picture archiving and communications system. An electronic bed board tracks patient logistics, helping move patients throughout their stay in a timely, efficient manner. The bed board, for example, alerts the system when a room is clean, so new patients can be admitted.

“We are an organization where the mind-set is one of quality improvement,” Mawji says. “Everything else falls in line.”

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