Dear Health Care Leader:

Please join me in congratulating the four hospitals receiving American Hospital Association-McKesson Quest for Quality Prize honors. Each is working toward achieving the six Institute of Medicine quality aims: safety, effectiveness, efficiency, patient-centeredness, timeliness and equity. They are engaging all levels of the organization in their quality journey and integrating and hard-wiring an institutional culture that encourages and sustains progress.

While all of the hospitals have approached their quality improvement journeys differently, they share a common drive and goal. The winner and finalist are both from Michigan: the winner, Munson Medical Center in Traverse City, is a rural referral center, and the finalist, University of Michigan Hospitals and Health Centers in Ann Arbor, is an academic medical center. The Citation of Merit honorees are both metropolitan hospitals: Avera McKennan Hospital & University Health Center, Sioux Falls, S.D., and Saint Vincent Health Center, Erie, Pa.

We hope that our honorees’ stories and their commitment to community and quality improvement will provide ideas and inspiration for your hospital’s quality journey.

On behalf of the entire AHA, I am pleased to thank McKesson and the McKesson Foundation for its support and funding for the AHA-McKesson Quest for Quality Prize and for its commitment to excellence.

Sincerely,

Rich Umbdenstock
President and Chief Executive Officer
American Hospital Association

Munson Medical Center, Traverse City, Mich.
A Clear-Eyed Approach to Quality
Munson Medical Center’s acknowledgement of mistakes and near-misses has bolstered its quality improvement efforts. By increasing transparency, the organization encourages employees to speak up without fear of blame and demonstrates administrative support. That creates an environment where employees are excited to work and dedicated to improve.

University of Michigan Hospitals and Health Centers, Ann Arbor
Creative Thinking, Yes; Cookie-Cutter, No
The University of Michigan Hospitals and Health Centers expects a lot of itself. It strives to deliver the highest quality care, provide the best training for future health care professionals and conduct innovative research that produces medical breakthroughs.

Avera McKennan Hospital & University Health Center, Sioux Falls, S.D.
Passion to Do the Right Thing
Mission drives quality improvement at Avera McKennan Hospital & University Health Center. The organization has dedicated itself to continuously improve performance.

Saint Vincent Health Center, Erie, Pa.
Getting on the Right Path
The road to quality at Saint Vincent Health Center has been full of twists and turns. A cultural transformation is helping create an environment that embraces and sustains quality.
It happens here: Surely, three of the most difficult words for any health care professional to utter. Yet failing to acknowledge mistakes and near-misses guarantees one thing: They will keep happening.

Those three simple but fraught words have fundamentally changed the culture at Munson Medical Center. While the organization has focused on improving quality and safety for 10 years, only when it began to publish a monthly report on errors and near-misses within its own walls did the effort hit home with clinicians.

“We are a good hospital, but things happen here,” says Ed Ness, president and CEO. The monthly report—called, appropriately enough, It Happens Here—is intended to create transparency within the organization, encourage employees to speak up without fear of blame, and demonstrate administrative support for the process. “It’s the biggest cultural breakthrough we’ve had,” says Ness.

The board of trustees and senior leaders are actively engaged in developing the quality agenda at the 391-bed acute care hospital in northern Michigan. A 23-member quality committee, comprising board members, senior leaders and physicians, sets the agenda through a performance improvement plan and regularly reviews progress in meeting the plan’s objectives.

“Quality is part of the culture of Munson Medical Center,” says trustee John Erb. “It’s woven into the fabric at every level. It’s the strategy that drives everything we do.”

To that end, quality is the first item on the agenda at board meetings.

Ness says trustees set the tone. “The board’s agenda keeps us focused on the right things. They don’t sacrifice quality at the expense of financial performance.”

Ness himself heads the patient safety committee, made up mainly of front-line staff, including nurses, pharmacy technicians and members of the corporate communications staff, who disseminate the committee’s activities to the rest of the organization.
The committee focuses on root-cause analysis and data on core measures and other key indicators. "Our consistency with root-cause analysis is unique," says Ness. "We use the process to examine any incident that has caused injury or harm to a patient or could have caused injury or harm to a patient."

Ness joined the medical center in 1999 as chief operating officer and became president and CEO in 2004, following the retirement of Ralph Cery who led the organization for almost 20 years. That continuity in leadership has delivered a consistent message that quality and patient safety are the top priorities, says Ness. Every individual is expected to improve the quality of the organization, and the senior leadership is committed to providing the resources and the direction to support staff in these efforts.

Although the majority of Munson’s physicians are in independent practice, they are actively involved in the quality and patient safety initiatives. “Most of the physicians want to be a part of the process and part of the discussion,” says Daniel Navin, M.D., a pulmonary medicine and critical care specialist and board member. Munson Medical Center has a strong hospitalists and intensivist program, he says, which creates good working relationships with the independent physicians and makes it easier to get buy-in. “Physicians are pulled in a million different directions these days,” Navin says. “If you truly want to improve quality, you have to have their support.”

Navin credits the organization’s robust peer review, credentialing and privileging process with helping build a strong medical staff. “We take the peer review process quite seriously and we are very circumspect when it comes to credentialing,” he says. Physician behavior and performance are closely monitored. If a physician experiences unexpected outcomes or outcomes are outside defined parameters, a formal review is conducted. The purpose isn’t to close ranks, but to address the source of the problem.

The nursing staff is equally engaged in quality improvement. Among other things, each clinical department and nursing unit has an improvement committee that evaluates care and implements process improvements. And a representative group of staff nurses meets on a biweekly basis to analyze and improve nursing practice. In 2006, the nursing department achieved Magnet status from the American Nurses Credentialing Center. “This achievement highlights the nursing staff’s focus on quality and patient safety,” says trustee Erb.

The Plan-Do-Check-Act cycle is the model for quality initiatives. The organization is also actively engaged in local and regional quality initiatives and has been involved in various Institute for Healthcare Improvement projects since the early 1990s. “We are a learning organization,” says Terry Haslinger, R.N., administrator of performance improvement and patient safety. “We’ve picked up valuable tools to help prioritize quality and patient safety.”

Design also plays an important role in the delivery of quality care. A 17-bed emergency department opened last year featuring private treatment rooms and enhanced waiting areas for patients and their families. Community input played a large part in the department’s design, a fact that is reflected in high patient satisfaction scores. The former emergency department, which was outdated and didn’t have the capacity to meet demand, averaged patient satisfaction scores between 30 percent and 40 percent. Scores for the new ED fall between 95 percent and 97 percent. “That’s been a real morale booster,” Erb says. “It encourages us to keep trying.”

The Breast Health Center, which opened in February, further demonstrates how Munson Medical Center is involved with its community. Requests for a new breast health center came directly from the community and community input helped identify key features for the facility that are reflected in the location and design of the center. The center is located off-site near the hospital’s outpatient surgery center. Separate waiting areas are provided for women receiving routine annual exams and for patients returning with suspicious or unknown diagnoses. The waiting rooms are designed to maximize privacy. To ensure efficient workflow, a mock center was developed that offered live mammograms to employees and their families prior to the center’s opening. Timeliness of test results and appointments were also listed as priorities by the community members. Patients with suspicious results are notified within 24 hours and patients who find lumps are able to get in the next day for an evaluation.

The quality initiatives to date have created an environment where employees are excited to work and dedicated to improve. “There’s a great sense of quality in the organization,” says Carl Bemner, M.D., former chief medical officer and chair of the board’s quality committee. “That’s what brings people here and that’s what keeps them here.”
Creative Thinking, Yes; Cookie-Cutter, No

The board of directors oversees the clinical quality improvement program and the patient safety plan, which set yearly priorities and goals. Individual units, however, must develop a course of action to meet the goals that apply to them. So, while units may have the same goals, their methods may be entirely different. “We want to engage and empower our caregivers closer to their work,” Calarco says. “We don’t use a cookie-cutter approach.”

Communication is a key element. Outcomes data are reported openly throughout the organization and each unit gets a clear picture of its performance.

The organization offers a variety of training for employees on topics ranging from customer service to process improvement. In a pilot project, the medical school is developing a Patient Safety Certification Program that emphasizes training and teamwork. To be certified, residents will need to demonstrate competency on a variety of patient safety topics. Work on the pilot project began last year; the program should be up and running fully in about three or four years, Campbell says.

Although the University of Michigan Hospitals and Health Centers has achieved a high level of success with its quality initiatives, the cost of providing that care remains a challenge. “We have a deserved reputation for high quality,” Strong says. “We are also higher in cost and that is a disadvantage.” However, he believes that improving care is a benefit all the way around. An infection that doesn’t happen in the hospital, he says, is better for the patient and better for the bottom line.

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Passion to Do the Right Thing

Mission drives quality improvement at Avera McKennan Hospital & University Health Center. The 490-bed tertiary hospital, which is part of the Avera Health system, strives “to make a positive impact in the lives and health of people and communities by providing quality services guided by Christian values.” As such, the organization has dedicated itself to continuously improve performance.

“I’m proud of how the organization has embedded process improvement into the culture of the organization,” says Fred Shamecka, regional president and CEO. “It’s embedded at every level.” The organization adopted lean principles in 2004 to standardize work, eliminate waste and improve quality, efficiency and patient safety. Since that time, about 20 lean projects have been completed. “Lean is about throughput, but it is as much or more about customer satisfaction,” Shamecka notes.

In the lab, for example, a lean implementation reduced testing turnover time by 44 percent and raised test accuracy to 99.9 percent. In the emergency department, lean techniques reduced the average length of stay by about 25 minutes. That resulted in a jump in patient satisfaction scores from the 60th percentile to the 90th percentile.

The performance improvement committee identifies priorities on an annual basis that are vetted by the administration, the board and discussions, trustees got the message and eventually became “very assertive,” says Bontempo, an attitude that made all departments across the organization engage everyone and take it to the next level.

“The education process continued incrementally, shifting first to managers, and then to other staff and independent physicians. “You have to teach the behavior that you expect,” Bontempo says. Transparency also sets expectations among the staff and patients.

As part of the commitment to servicing the mental health needs of the community, the organization launched the Avera Institute for Human Behavioral Genetics, a research laboratory that, in conjunction with several universities across the country, will examine the impact of the environment on individuals with genetic psychiatric disorders.

Through a partnership with the local school system, Avera McKennan will collect about 100 genetic samples from prescholars and children in Head Start. Identify students who are genetically predisposed to psychiatric disorders and work to create supportive environments for them at home and in school. Research shows that involving children in music programs and noncompetitive team sports are among strategies that can help, according to Steve Lindquist, assistant vice president of behavioral health services. The goal is to head off mental illness before it ever develops.

“We are excited about this project,” he says. “Over time, it will have a positive impact on the community through fewer kids getting into trouble, lesser involvement with the criminal justice system and a better environment in schools.”

Avera McKennan Hospital & University Health Center, Sioux Falls, S.D.

Getting on the Right Path

The road to quality at Saint Vincent Health Center has been full of twists and turns, for years failing to lead the organization to its desired results. So about five years ago, the 436-bed tertiary care facility in northwestern Pennsylvania decided to restart the journey, embarking on a cultural transformation to create an environment that would embrace and sustain quality. That made all the difference.

“It was a very clear determination,” says President and CEO Angela Bontempo. “We set out to deliver the message that quality is an organizational imperative.” The first step was engaging the board, a process that took some time. Board members were more confident discussing finances, strategic planning and facility questions—quality and patient safety issues fell outside their comfort zones. Through education and discussions, trustees got the message and eventually became “very assertive,” says Bontempo, an attitude that’s “terribly important for the organization.”

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Departmental quality indicators and details on quality improvement projects are placed in public corridors for everyone to see. This motivates staff to achieve the highest levels of quality and sets expectations among patients that quality is an organizational imperative.

Creating an environment that values the individual employee was also essential. “Quality starts with respect for one another,” she says. “Once you have a foundation of respect and concern, it’s easy to engage everyone and take it to the next level.”

Saint Vincent adopted lean Six Sigma in 2005 as its process improvement framework. The process has enhanced clinical quality and service delivery and has led to cost savings. In the two years following implementation, lean Six Sigma projects generated a return on investment of $527,000.

One example of how the process has paid off: The 30-day readmission rate for coronary artery bypass graft surgery patients was cut from 15 percent in the first quarter of 2005 to less than 8 percent in the first quarter of 2006. Another organization to its desired results. So about five years ago, the 436-bed tertiary care facility in northwestern Pennsylvania decided to restart the journey, embarking on a cultural transformation to create an environment that would embrace and sustain quality. That made all the difference.

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Saint Vincent Health Center, Erie Pa.

Photograph courtesy of Avera McKennan Hospital & University Health Center

Photograph courtesy of Saint Vincent Health Center

A proactive approach helps ensure patients receive the appropriate treatments while in the hospital. Case managers are not only responsible for care coordination, but also make sure the whole process is correct. Electronic screening tools, as well as tips from the lab or pharmacy, identify patients for additional chart review. The case managers are educated in evidenced-based and best practices, as well as the organization’s performance data and national benchmarks. “It’s not an easy task to master,” says Joseph Czaczynski, M.D., executive vice president of Saint Vincent Health System, but “we now have a much stronger adherence to clinical guidelines and we do deliver better patient care.”

The efforts will only improve as the organization upgrades its information technology system, says Pam Goep

Farth, R.N., director of quality and decision support. “The process has to come before the tools,” she says. One challenge is to sustain the momentum generated over the past several years. “We are proud of our improvements,” Bontempo says. “It will take patience and determination to keep going.”

Photograph courtesy of Avera McKennan Hospital & University Health Center

Sioux Falls, S.D.

Photograph courtesy of Saint Vincent Health Center