Dear Health Care Leader:

Sometimes you can just see improvement in action. Since the AHA-McKesson Quest for Quality Prize was established nine years ago, it has progressed from honoring hospitals that have created a culture of patient safety to recognizing hospitals that exemplify the pursuit of excellence and commitment to an integrated approach to achieving all the Institute of Medicine’s six quality aims (safety, patient-centeredness, effectiveness, efficiency, timeliness and equity). State-of-the-art in health care quality has progressed along with the award, and we hope that the examples set by the AHA-McKesson Quest for Quality Prize honorees have helped spur hospitals on their quality journey.

This year’s honorees should also provide models and inspiration. The 2010 winner is McLeod Regional Medical Center, Florence, S.C. The organization’s quality work was impressive when it received a 2007 Citation of Merit for its work on clinical effectiveness and safety. Since then, it has applied its data-driven quality improvement process to all the aims, amazing the AHA-McKesson Quest for Quality Prize Committee with its rapid progress and the lessons it took from its previous Quest for Quality experience.

The Finalist award was won by Henry Ford Hospital & Health Network, Detroit, in recognition of its overall transparency and culture of safety, work on equity and strong leadership and board engagement. Queens Hospital Center, New York, was awarded a Citation of Merit for its focus on community health, community involvement, and outreach and overall commitment to cultural competency and equity.

Please notice the prize’s new tag line—Hospitals in Pursuit of Excellence. We believe that these three honored hospitals are clearly pursuing excellence and that they provide ideas and pathways for all hospitals and health care systems to follow.

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

Sincerely,

Rich Umbdenstock
President and CEO
American Hospital Association
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WINNER
McLeod Regional Medical Center
Florence, S.C.

Driven to Continuously Improve
Employees at McLeod Regional Medical Center work ceaselessly to provide safe, quality care. The hospital’s goal is to be better tomorrow than it is today. The organization’s single-minded focus on quality improvement has been maintained and intensified over time.

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FINALIST
Henry Ford Hospital & Health Network
Detroit

‘You can achieve dramatic results’
Henry Ford Hospital & Health System sets aggressive goals for achieving clinical and service excellence. The organization strives to become a national leader in delivering safe, reliable, high-quality and highly coordinated care.

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CITATION OF MERIT
Queens Hospital Center
New York

A Staffwide Sense of Ownership
Queens Hospital Center is dedicated to eliminating disparities in care. Strong community ties are crucial to achieving the organization’s vision of providing effective, high-quality care.

The American Hospital Association–McKesson Quest for Quality Prize®
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 a grant from McKesson Corp. The 2010 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 2011 award are due Oct. 10 and can be found at www.aha.org/questforquality. For more 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 organizations.

The awards are presented in July at the Health Forum-American Hospital Association Leadership Summit.
Achieving quality perfection. That’s the underlying pursuit at McLeod Regional Medical Center. The hospital’s goal is to be better tomorrow than it is today.

The goal fosters an environment where employees work ceaselessly to provide safe, high-quality care. “We have a desire to continuously improve everything that relates to the care of the patient,” says Donna Isgett, R.N., senior vice president of quality and safety. McLeod was awarded the American Hospital Association-McKesson Quest for Quality Citation of Merit in 2007. Since that time, the organization has not only sustained, but also intensified its commitment to clinical, operational and service excellence.

Leadership involvement is a key to the 453-bed organization’s success. Isgett credits President and CEO Rob Colones for inspiring employees to relentlessly pursue perfection. “He knows our efforts and performance as well as I do,” she says. “That’s a differentiator.”

Colones and other members of the leadership team make time each day to visit with patients to discuss their care and perceptions of quality. Quality is also the focus of a weekly senior executive meeting that examines progress in performance improvement initiatives, challenges and potential solutions.

“Carving out time in the senior executive calendar is important from a learning, resource and messaging standpoint,” Colones says. “My role is to be engaged and involved in our quality work.” Colones also writes a weekly blog updating employees and the community.

The Quest for Quality is ongoing. McLeod Health leaders are pictured in the McLeod Hospice Garden standing among flourishing greenery along the Infinity Walkway. From right: Ronnie Ward, McLeod Health chairman of the board of trustees; Donna Isgett, R.N., senior vice president of quality and safety; Rob Colones, McLeod Health president and CEO; William Boulware M.D., McLeod Regional Medical Center chief of staff; Marie Segars, R.N., administrator of McLeod Regional Medical Center.
ty on the organization’s efforts.

The board, too, plays a visible role. Board members participate in patient rounds and quality is at the top of the agenda for each board meeting. “We have good, meaningful discussions,” says Board Chairman Ronnie Ward. “We know we are never going to be perfect, but we can’t be content with being better than average.”

McLeod prides itself as being dedicated to continuous learning. Shared learning is viewed as an opportunity for organizational growth. Senior executives, along with medical staff officers, participate in a book review to discuss management, safety and related topics. And Colones makes monthly visits to a different employer in the community to discuss their quality and safety initiatives. The meetings also address, among other things, workers’ compensation issues, services the employer would like McLeod to offer, and health care cost concerns.

“It’s helpful to see the workforce in its setting,” Colones says. “It’s a great place for us to learn.” A visit to GE Medical Systems in Florence, for example, resulted in McLeod’s adoption of the Six Step Problem Solving Process, a forerunner to Six Sigma. The process is used as the standard approach to the organization’s clinical excellence initiatives.

Clinical, service and operational improvement initiatives are designed around the six IOM aims. Improvement processes are data-driven and focus on system-level improvements, rather than disease, department or unit-level changes. Rapid Improvement Event teams are deployed to oversee operational effectiveness projects. The teams include three sets of “fresh eyes,” team members who work in areas unrelated to the improvement initiative to provide new perspective to the process.

Physicians have played a central role in clinical excellence since the program began in 1998. The majority of physicians have participated on improvement teams. “The success we had in the early years created enthusiasm,” says William Boulware, M.D., chief of staff. “We’ve created a culture of excellence and quality and that has attracted better physicians to the organization.”

McLeod has made significant progress in the efficiency and timeliness of care. Lean principles are applied to streamline services and enhance care. In the emergency department, door-to-provider time was reduced from two hours and 20 minutes in February 2008 to 60 minutes in August 2009. And the number of patients leaving without being seen dropped from 8.6 percent in February 2008 to 4.7 percent in August 2009.

One lesson McLeod has learned is the value of taking time to salute the organization’s accomplishments. “We are so driven to continuously improve, that we often don’t stop to celebrate where we are,” says Marie Segars, R.N., administrator. “That’s a future focus for us. We have many people who need to be recognized and rewarded.”

McLeod tries to take a deeper dive into quality improvement each year. The organization continues to seek out change methodologies that are reliable and effective. “It’s important for us to recognize when an improvement has maxed out so that we can change our approach,” Colones says. “We have come to understand that the quest for quality is part of our daily work.” •
The American Hospital Association-McKesson Quest for Quality Prize Committee

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www.aha.org/questforquality
Quality and safety drive success at Henry Ford Hospital & Health Network. The 802-bed hospital, in Detroit, sets aggressive goals for achieving clinical and service excellence, seeking to become a national leader in delivering safe, reliable, high-quality and highly coordinated care.

The six IOM aims are embedded in all safety and process improvement efforts. The belief is that the aims will help the organization achieve its vision to provide the level and manner of care that employees would want for themselves and their families.

Quality and safety initiatives support the organization’s core values: a social conscience, respect for people, high performance, learning and continuous improvement. Goals are updated annually and receive regular oversight from the board of trustees’ quality committee. Results are disseminated across the organization through various modalities, including meetings, the intranet, Internet and a quarterly performance report, which details results on a business unit and organizationwide level. “We work hard at openly sharing results about all units across the hospital,” says William Conway, M.D., senior vice president and chief quality officer of Henry Ford Health System and chief medical officer of Henry Ford Hospital & Health Network. “Internal competition is very healthy and transparency helps drive that.”

The hospital uses a variety of process improvement efforts to achieve its safety and quality goals, including Six Sigma, Lean and root-cause analysis. All process improvements follow the Plan-Do-Check-Act cycle. “We’re not committed to a single improvement tool, but we are committed to a consistent approach,” says Susan Hawkins, vice president of planning and performance improvement. The organization stays actively involved in local and national organizations and improvement initiatives to keep abreast of quality and safety developments.

Leaders throughout the hospital use weekly huddles with safety messages to share what’s going on throughout the organization, says Veronica Hall, chief operating officer and chief nursing officer. In addition, an annual Quality Expo features about 75 improvement projects around the six IOM aims. The expo allows staff to learn about quality initiatives throughout the organization and share best practices among teams. External judges, who have included Don Berwick, M.D., president and CEO of the Institute for Healthcare Improvement, and former U.S. Surgeon General David Satcher, M.D., hear presentations from the top 12 project teams and select up to eight to receive special expo awards, providing an opportunity to publicly recognize staff for their efforts.

As a member of the Henry Ford Health System, the hospital’s quality and...
safety initiatives are part of a broader effort to develop a cohesive strategy to eliminate harm from the health care experience. The system adopted a No Harm campaign in 2007 that seeks to combine harm-reduction initiatives into a single systemwide effort. The campaign focuses on enhancing the culture of safety, improving the quality and clarity of clinical communications, identifying the top causes of harm as a system and at the individual points on the continuum of care, and redesigning care to eliminate common causes of harm.

The No Harm campaign focuses on high-impact harm areas such as sepsis mortality. Sepsis represents about 30 percent of all deaths at Henry Ford Hospital. Since the creation of an evidenced-based sepsis identification program at Henry Ford Hospital in January 2004, the sepsis mortality rate has dropped from over 15 percent to less than 11 percent in May 2009. The implementation of a sepsis bundle, among other things, has contributed to the decline.

Henry Ford Hospital is committed to providing care in a culturally supportive environment. The hospital strives to provide care that does not vary because of personal characteristics, such as gender, race or socioeconomic status. A Health Equity Campaign, launched last year, seeks to increase knowledge, awareness and opportunities for ensuring health care equity. The three-year campaign also strives to establish equity as a key, measurable aspect of clinical equity.

“Given the extent of diversity in our community, we are committed to making progress in this area,” Conway says. To address the needs of the large Arab-American population in the Detroit-area, for example, the hospital has partnered with a community services organization to establish the Arab Community Center Obstetrics Clinic and the organization hired Arabic-speaking female staff to encourage women to seek care. The health system’s website is also translated into Arabic. The African-American Male Health Initiative promotes prevention and early disease intervention by reaching out to the community—such as through churches, barbershops and community centers—to provide health screenings and education.

Resource allocation remains a challenge, given the breadth of quality and safety initiatives under way at Henry Ford Hospital. Like most hospitals, the organization struggles not to overwhelm front-line staff with new concepts and training. Education and training is bundled over a half- or full-day per quarter to limit disruptions to work schedules.

Still, Conway says that hospitals should set aggressive goals for quality and performance improvement. “Don’t be afraid,” he says. “You can achieve dramatic results.”
As a public hospital in New York, Queens Hospital Center serves a culturally diverse population and is dedicated to eliminating disparities in care. Strong community ties are crucial to achieving the organization’s vision of providing effective health care through a continuum of locally focused services that work as a catalyst for improving community health.

“Our community is well-informed in terms of what we are working on and we elicit their support in our efforts,” says George Proctor, executive director. A community advisory board discusses disparity-related issues during monthly meetings that are attended by both clinical and administrative leaders.

Efforts to eliminate disparities in care include the opening of a state-of-the-art cancer center in 2002. Data from the New York City Department of Health and Human Services showed an unusually high level of cancer being identified in late stages because many local residents lacked on-going preventive care. A partnership with Memorial Sloan-Kettering Cancer Center provides patients with access to the same clinical trials available at that renowned facility. A Center of Excellence in Diabetes was also opened to address the high incidence of diabetes in the community.

Queens Hospital Center is part of the New York City Health and Hospitals Corp., an 11-hospital system with a mission to provide all New Yorkers with comprehensive, high-quality services in an atmosphere of humane care, dignity and respect regardless of their ability to pay. The six Institute of Medicine aims drive quality assurance efforts across the system; each facility sets its own goals and develops improvement projects accordingly.

At Queens, quality and patient safety improvement initiatives are placed largely in the hands of front-line employees. Their feedback on safety concerns helps set the quality assurance agenda. “We keep our staff highly engaged,” Proctor says. “Everyone has...
A sense of ownership for our quality improvement efforts.

A shared governance model gives nurses a voice in the process. “It’s really brought decision-making down to the front-line staff,” says Jean Fleischman, M.D., associate director, department of medicine.

One improvement project identified by the organization was eliminating central-line infections. A multidisciplinary group developed a set of recommendations that are now in place across the HHC system. The recommendations include: Empower critical care nurses to stop physicians who deviate from standard procedures; create a checklist to monitor insertions; devise a safe catheter insertion kit; create a “how to” video for catheter insertion; make the catheter maintenance bundle part of nurses’ daily workflow reporting; and avoid of catheter insertion in the femoral area.

Since implementation of the recommendations, central-line infections have dropped throughout the hospital. In the ICU step-down unit, for example, the median rate of infections dropped from 22.1 per 1,000 device days in 2002 to zero in 2007 and 2008.

Improving efficiencies throughout the hospital and health system remains a top priority. “We are challenged to improve efficiency and quality while also reducing costs,” Proctor says. The organization has an electronic medical record system and 100 percent of medical orders are electronic. Yet changes in the care delivery system are needed if the system is to meet its mission of providing high-quality care regardless of ability to pay. Lean principles are used to identify efficiency gaps. In the OR, the majority of patients are ready for surgery 30 minutes prior to start time, representing a great increase since implementation of Lean principles.

“We’ve had a lot of advances and improvements, but we still have a lot to do,” Fleischman says. She recommends that organizations undertake a thorough self-assessment as it relates to the IOM aims. Completing the Quest for Quality application has helped Queens structure how to move forward, says Fleischman. “With all that’s going on with health care reform, that’s crucial,” she says.
The American Hospital Association-McKesson Quest for Quality Prize® is a program administered by the Health Research & Educational Trust.

The American Hospital Association-McKesson Quest for Quality Prize® is supported by the McKesson Corp.