

# **University Hospitals**

May 2010

## **The Organization**

University Hospitals (UH) is a diverse, not-for-profit integrated delivery system serving northeastern Ohio. The UH system consists of UH Case Medical Center, a major academic medical center, Rainbow Babies and Children's Hospital, MacDonald Women's hospital, the Ireland Cancer Center, 7 community hospitals, post-acute facilities, and a large ambulatory network. Two new UH hospitals are scheduled to open –the Ahuja Medical Center, a community hospital will begin operations in late 2010 and, in 2011, a new, dedicated cancer hospital. University Hospital is the primary teaching affiliate of Case Western Reserve School University of Medicine. More than 24,000 physicians and employees of UH and its partnership hospitals seek to carry out the health system's mission "To Heal. To Teach. To Discover."

UH has received a number of awards and recognition for its achievements in the delivery of quality care, including America's Best Hospitals, Thomson Reuters Top Healthcare System for Quality and Patient Safety, Thompson Reuters Top 15 Major Teaching Hospitals, University Healthsystem Consortium's Quality Leadership Award, America's Best Children's Neonatal Care Hospitals, Leapfrog Award for Patient Safety and the Beacon Award for Critical Care Excellence.

## **The Initiative**

University Hospitals is driven by its vision to lead the industry in developing and delivering the next generation of consumer-driven health care through:

- **Superior Quality** - The pursuit of breakthrough medical advancements and practices to deliver superior clinical outcomes; and
- **Personalized Experience** - Care focused on patients as individuals, providing every patient an experience customized to his medical, emotional, social and spiritual needs.

Changes in organizational structure driven by new leadership provided UH with an opportunity to closely evaluate its quality program and develop new initiatives to drive improvement in the quality and patient safety for which UH is being recognized.

***Starting with the Status Quo.*** Taking a hard, evaluative look at the status quo of their quality program in 2003, UH's leadership identified several key factors that characterized the program and its limitations:

- Core measures were ranging from the 60<sup>th</sup> to 90<sup>th</sup> percentiles;
- Patient satisfaction scores were at the 62<sup>nd</sup> percentile;
- Infection rates were somewhat better than the National Nosocomial Infections Surveillance System (NNIS) benchmarks;
- Malpractice claims rates met the national average;
- Joint defense for hospitals and physicians was limited and malpractice insurance was outsourced;
- Adverse events were shared with caution in deference to fears of litigation;

- Quality was “owned” by the chief of staff and infection control, risk management, Joint Commission were “owned” by the vice-president of nursing;
- Quality reports to the board were conservative, a reflection of concern that board members lacked quality knowledge and understanding;
- Neither senior management nor the board were focused on quality;
- Management incentive plans did not include quality performance; and
- The organization lacked a clear definition of quality.

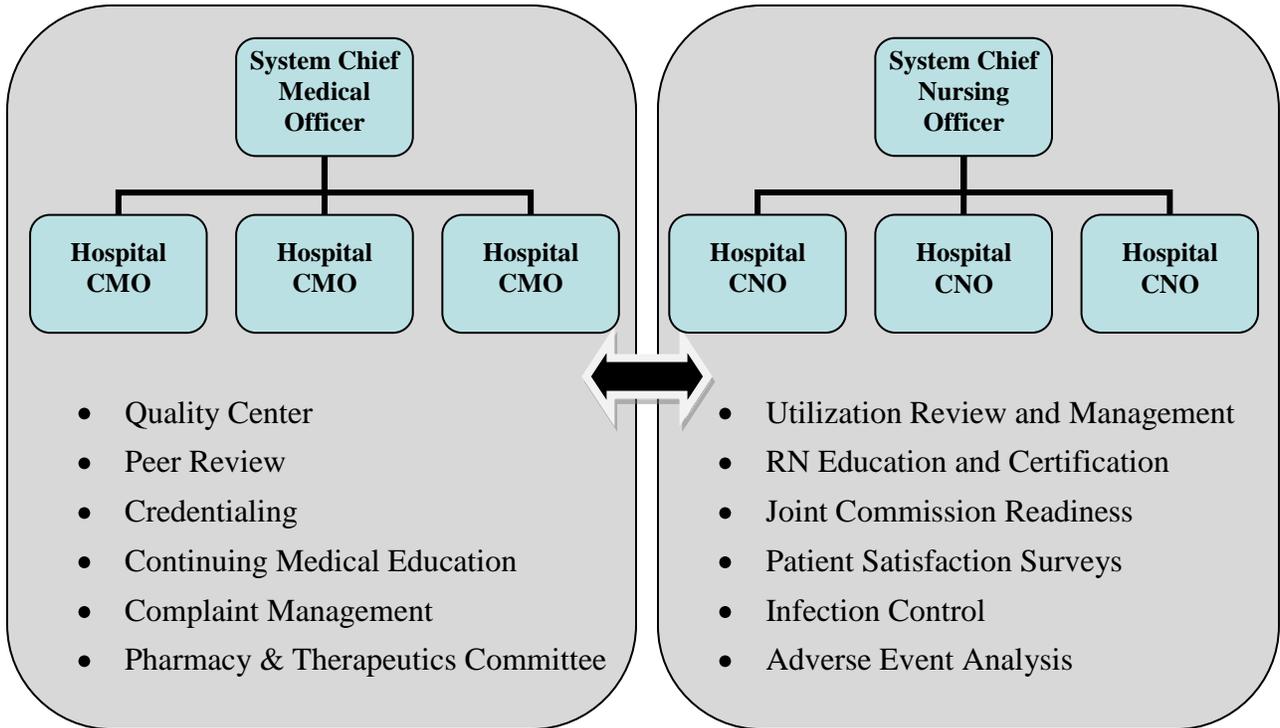
***Six Steps to Improvement.*** UH identified and implemented six essential steps to strengthen and advance excellence in its quality program:

1. Creation of a clear definition of quality;
2. Establishment of senior administration and board ownership of and accountability for UH quality;
3. Modification of the organizational structure to support the quality initiative’s effectiveness;
4. Prioritization of quality goals;
5. Utilization of metrics to create change; and
6. Shared learning and development of a culture of transparency.

***Creating a Clear Definition of Quality.*** UH created a definition of quality that encompasses patient safety, public reporting of metrics and accreditation, service and patient experience of care.

***“Owning” Quality.*** Under the leadership of the UH CEO, senior leadership assumed the ownership of the UH quality agenda and began to emphasize and communicate its importance to the organization. Quality was given a prominent place on the board’s agenda, and a curriculum was developed to effectively engage board members in an education of hospital quality of care and patient safety. An enthusiastic physician board member was appointed to chair the board’s quality committee. Energized by these events, the board became astute at understanding the clinical aspects of quality, and full and immediate reporting of sentinel events became a board norm. The board has evolved to be a vital resource for improving quality at UH.

***Organizational Change.*** The appointment of a System Chief Medical Officer (CMO) and a System Chief Nursing Officer (CNO), and assigning overall joint responsibility for quality was an integral step towards improving quality outcomes. Implementing a different infrastructure and a newly-designed model of interdisciplinary care brought together related roles and allowed a new culture of quality to flourish. While UH leadership established the over-arching vision and interdisciplinary teams manage defined quality initiatives, UH has ensured that staff is empowered and enabled to identify and improve situations that do not meet standards of quality and safety.



**Prioritizing Quality Goals.** Evaluating their early quality results, the UH leadership determined that taking on too much and trying to do too many things at one time prevented any real accomplishments. Today, UH limit the number of priorities they undertake and focus on ensuring the successful achievement of those few goals. The number of priorities is expanded only when initiated by a patient safety concern.

In setting and prioritizing its annual goals, UH evaluates infection reduction, procedural outcomes, patient satisfaction and complaints, adverse events, resource utilization, medical malpractice, Joint Commission and publicly reported outcomes.

**Shared Learning and Transparency.** UH shares its quality lessons throughout the organization by several means. Two examples include:

- The Quality Center’s Quality and Patient Safety Council maintains a diverse agenda wherein different disciplines and interdisciplinary teams present new approaches, processes and practices; and
- There exists a shared governance structure within nursing that allows quality efforts to be shared and move from a division to clinical services, helping to ensure best practices are selected and standardized.

Medical malpractice has developed as an area of significant change, increased transparency and “lessons learned” for UH. In an effort to increase transparency, UH focused its attention on prompt incident reporting and early disclosure. With UH’s captive medical malpractice insurance, contact with a plaintiff’s legal counsel has resulted in early notification of potential litigation, and joint defense for hospitals and physicians has increased. When appropriate, early

settlements have been made, UH’s Quality and risk management staff work closely with its claims and litigation divisions, integrating them into the quality process. This has resulted in better identification of opportunities to mitigate risk exposure, system-wide sharing of lessons learned and the implementation of an effective risk management education program for all UH clinicians.

Other lessons learned by UH include:

- The ease of becoming overwhelmed with information and opportunities for change is real; developing a clear direction, limiting the scope of the initiative, and remaining wary of taking on too much at one time is important to success;
- Recognizing that quality is about consistency and the delivery of care, it is important to involve clinicians and those responsible for operations in quality initiatives, and guide progress with pertinent and relative data;
- Ensure the involvement and collaboration of individuals who set priorities; otherwise initiative success will be limited; and
- A quality process or practice must be transferable from the “Quality Center” into the culture of the organization and become “what people do.”

## **Impacts**

An example of UH’s dedication to quality improvement occurred with the recent implementation of its “Surgical Communications Guide,” a guide similar to the World Health Organization’s (WHO) surgical safety checklist. UH closed its surgical units for a single day and over 1,000 doctors, nurses, residents, anesthesiologists and others attended a UH quality conference on surgical safety. The impact of this event was a significant change in surgical practices and communications. It represented a successful shift in culture to one in which physicians are also directly engaged in identifying quality efforts and changes that need to take place.

***Measures of Quality Success.*** UH efforts have resulted in other tangible measures of quality improvement, including:

- Significant improvements in publicly reported core measure outcomes. In 2003, most scores ranged from the 60<sup>th</sup> to 90<sup>th</sup> percentiles improving to 88%-100% in 2009;
- In 2003, only one UH nursing unit scored at or above the 90<sup>th</sup> percentile for patient “likelihood to recommend.” By 2009, 12 UH nursing units scored at or above the 90<sup>th</sup> percentile for patient “likelihood to recommend;”
- Significant improvements in infection rates;
- Declining risk-adjusted mortality rates;
- Greatly expanded risk management education sessions.
- Other improvements noted include:
  - A 335% increase in incident reporting since 2004;
  - A decrease of more than 50% in the number of active malpractice cases; and
  - UH’s average indemnity payments are below the averages reported by the Ohio

Department of Insurance.

***The Benefits of Technology.*** UH is now implementing a comprehensive, system-wide EMR, that will help to standardize care, as well as facilitate the review of outcomes and compliance with key quality and safety measures.

MIDAS, a Web-based quality and patient safety database, is used system-wide at UH to track traditional quality of care issues and for incident reporting. This system also provides UH with a standardized platform that has facilitated its public reporting. An electronically-processed quality scorecard is being readied to replace a more labor intensive quarterly report. The MIDAS database has significantly shortened UH’s response time in addressing quality issues.

The UH message for others is that, although technology will facilitate quality improvement efforts, the right leadership structure and “boots on the ground” empowerment and accountability for quality and patient safety were the driving factors in their quality achievement and success.

## **Value**

Although UH is now in the process of strengthening its methodologies for measuring the efficiencies and cost-savings of their quality efforts, they have received significant recognition for their achievements:

- In 2009, UH was ranked third in the 2009 University Health System Consortium (UHC) Quality Leadership Award, representing an improved ranking from number 16 in 2008 and number 74 in 2005. UHC is an alliance of more than 100 academic medical centers and more than 200 of their affiliated hospitals, representing approximately 90% of the nation’s nonprofit academic medical centers.
- In 2009, UH was ranked by Thomson/Reuters as one of the top ten health systems in a study of 252 health systems that measured clinical quality and efficiency. The study measured mortality, complications, patient safety, length of stay and use of evidence-based practices
- US News & World Report ranked UH among America’s Best Hospitals 2009-10 in six specialties: orthopedics, diabetes/endocrine disorders, cancer, digestive disorders, geriatric care, and respiratory disorders
- US News & World Report also ranked UH Rainbow Babies’ & Children’s Hospital among the top 30 children’s hospitals in eight of ten specialties, and ranked Rainbow’s neonatal intensive care unit second in the United States, 2008 and 2009
- 2008-2009 Beacon Award for Critical Care Excellence
  - The Medical Intensive Care Unit (MICU) received the award for the fifth consecutive year
  - The Surgical Intensive Care Unit (SICU) received the award for the third consecutive year
- 2008 Leapfrog Top Hospital Award

**Contact Name:** Randy Harmatz, MBA

**Title:** Vice President, Quality Center

**Email:** [randy.harmatz@uhhospitals.org](mailto:randy.harmatz@uhhospitals.org)

**Tel:** (216) 844-7015

**Fax:** (216) 844-1419