

2016



The  
American Hospital  
Association–McKesson  
Quest for Quality®  
Prize Winners



American Hospital  
Association

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## About the Prize

The American Hospital Association-McKesson Quest for Quality Prize is presented annually to honor leadership and innovation in quality improvement and safety in patient care. The 2016 award recognizes hospitals that 1) have committed systematically to achieving safety, patient-centeredness, effectiveness, efficiency, timeliness and equity, 2) can document progress in each, and 3) provide replicable models and approaches for the hospital field. The prize is supported by a grant from McKesson Corp.

This year, the winner received \$75,000, the finalist received \$12,500 and one additional hospital was a Citation of Merit honoree. All U.S. hospitals were eligible for the AHA-McKesson Quest for Quality Prize. The prize is directed and staffed by AHA's Office of the Secretary.

The awards were presented in July at the Health Forum-AHA Leadership Summit in San Diego.



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Editorial Director: Bill Santamour | Proofreader: Susan Edge-Gumbel | Design: Chuck Lazar | Production: Heather Yang | Cover Photographer: John Starkey. 2016 American Hospital Association-McKesson Quest for Quality Prize® is published by Health Forum, an American Hospital Association company. The American Hospital Association and McKesson Corp. sponsor the Quest for Quality Prize program. ©2016 by Health Forum, 155 N. Wacker Drive, Suite 400, Chicago, IL 60606, all rights reserved. All materials in this publication are provided for informational purposes only and should not be construed as professional advice.



## WINNER

Memorial Medical Center | Springfield, Illinois

# A 30/30/30 solution to set quality goals and keep the momentum going

In 2010, the leaders at Memorial Medical Center recognized that health care reform requires an unprecedented focus on outcomes, and to get there its quality and safety culture needed to evolve. It adopted the mantra "Structure, Process and Outcome" to reengineer a system that aligns with the Institute of Medicine's Six Aims of quality health care, better engages with medical staff, deploys Lean Six Sigma as its change process, and produces meaningful outcomes that last.

"We knew that physician engagement was crucial to success, and they want to help, but too often administration squanders this potential through efforts marked by vague objectives, unspecified timelines, and meager results," says Charles Callahan, Memorial Health System executive vice president and chief operating officer. Lean Six Sigma is a rapid, data-based method from industry that produces quality, service and cost benefits that matter to stakeholders. A key early win came from one initiative that reduced hospital-acquired pressure ulcers by 81 percent across 17 inpatient units and won the state quality award.

The organization has since advocated its "30/30/30 Solution," meaning each year it will certify 30 percent more Lean Six Sigma staff ("belts"), complete 30 percent more projects in an average of 120 days, and show average project improvement of at least 30 percent. Led by senior executives,

**THE MEMORIAL MEDICAL CENTER TEAM:** (Seated from left) **Todd Roberts**, administrator of quality and safety, Memorial Health System; **Chuck Callahan**, system executive vice president and chief operating officer; **Rajesh Govindaiah, M.D.**, system senior vice president and chief medical officer; and **Marsha Prater, R.N.**, system senior vice president and chief nursing officer. (Standing from left) **Ed Curtis**, system president and CEO, Memorial Health System, and **Jerry Kruse, M.D.**, dean and provost, Southern Illinois University School of Medicine.

Photograph by Terry Farmer



# WINNER

“Our patients deserve [quality], and you must reach escape velocity. If you relax, you’ll go back to the old, comfortable ways.”

more than 1,500 employees and 500 physicians have earned LSS certification, and 300 additional projects have been completed.

Average project improvement is now 43 percent, with the quality program contributing \$30 million of financial value since 2012. Regarding this aggressive approach to improvement, Callahan says: “Our patients deserve it, and you must reach escape velocity. If you relax, you’ll go back to the old, comfortable ways.”

Improvement ideas come from the entire staff, from physicians to volunteers, through Memorial’s electronic event reporting system, SENSOR (Safety Event Notification System for Organizational Reliability). Near-misses and events are evaluated during bi-weekly defect huddles, allowing quality staff to identify trends that lead to improvement projects. For example, medication errors in the emergency department for drugs dosed by weight spurred an initiative. Emergency staff members often entered estimated patient weights into the electronic health record to speed ED check-in, says Todd Roberts, the system’s administrator of quality and safety. The project improved access to electronic scales and modified the admitting process to give staff more time to weigh patients. The changes save about \$1.5 million a year and prevent 175 medication errors, Roberts estimates.

In 2015, the organization opened the four-story, 70,000-square-foot Memorial Center for Learning and Innovation. The facility houses an advanced Simulation Center, including exact replicas of a hospital nursing station, patient care room, operating room, emergency/trauma bay, dual-purpose intensive care and labor/delivery room, and physician exam room, plus an ambulance and a home setting.

The facility includes surgical skills labs, a high-tech conference center, classrooms and collaboration rooms. Physicians, nurses and other hospital staff, residents from the Southern Illinois University School of Medicine, and emergency medical technicians use the center for training and to test innovations before using them in patient care. “It’s not like grandma’s living room where it looks nice but you can’t touch it,” Callahan says. “People are in and out of there all day long.”

The center also is home to the Midwest Healthcare Quality Alliance, a partnership between Memorial Health System and Southern Illinois University School of Medicine. The alliance offers a federally certified patient safety organization and is certified by the American Board of Medical Specialties to offer physician maintenance-of-certification training. When doctors must perform a quality improvement project for board re-certification, the alliance provides Lean Six Sigma mentoring in quality improvement and new project development or implementation of existing evidence-based protocols. “The doctors get their certification, which they need; they learn how to do something interesting, which they want; and the region benefits because we’re getting empirical-based care fired all at once across the region,” Callahan says.

The spread of quality innovation beyond the hospital into the community is a primary strategy for Memorial. This commitment to community is reflected in its behavioral health efforts. With more patients presenting to the ED because of mental health needs, the hospital’s embedded psychiatric response team of licensed therapists coordinates with on-call psychiatrists to develop care plans ranging from inpatient admission to community care.

Memorial also has embedded psychiatrists and counselors within its patient-centered medical home primary care practices. “Think about how mental health affects other conditions,” Roberts says. “If you have someone with diabetes who also has behavioral health issues, they’re not taking their medications or doing the things they need to do to keep themselves healthy.”

Ultimately, Memorial’s approach is founded on the idea of quality in operations, addressing customer requirements across all venues of care, and impacting practice, research and education. ●

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2015-2016





## FINALIST

Memorial Hermann Greater Heights Hospital | Houston, Texas



# 'It's amazing what you find out when you make rounds'

Top executives at Memorial Hermann Greater Heights Hospital don't just talk about the organization's commitment to quality improvement, they demonstrate it daily to staff.

Hospital Senior Vice President and CEO Susan Jadowski and other executives round regularly to talk with staff about quality goals and to ask how they can help staff members keep patients safe. "The conversation takes place in many avenues in many places every day," Jadowski says.

Vice President and Chief Nursing Officer Melody Dickerson, R.N., shadows nurses quarterly and is in the midst of a series of small-group meetings with all nurses to celebrate the year's accomplishments and to explain the hospital's latest strategic initiatives. "It's amazing what you find out when you make rounds and make those touches with people," says Dickerson, who recently spent a night feeding babies in the neonatal intensive care unit.

Jadowski and Dickerson read and evaluate every entry in the hospital's electronic variance reporting system, where staff members can report safety events, near-misses and internal disputes. "We're constantly looking for process errors and failures and those near-misses because that's where your bread and butter is," Dickerson says. "If you can identify those near-misses and work on those processes, rather than try to react to an event after it's already touched the patient, that's where you're going to get the most impact."

Quality improvement projects also are generated from analysis of monthly quality reports. One such initiative focused on catheter-associated urinary tract infections. Changes included staff education on overuse of more infection-prone silicone catheters, creation of a badge card listing

**THE MEMORIAL HERMANN GREATER HEIGHTS HOSPITAL TEAM:** (From left) **M. Michael Shabot**, M.D., system chief medical officer; **Susan Jadowski**, R.N., hospital senior vice president; **Benjamin Chu**, M.D., system president and CEO; and **Melody Dickerson**, R.N., the hospital's vice president and chief nursing officer.

Photograph by Robert Seale

FINALIST

“ We’re caring for not just the physical, but for the financial welfare of the patient.”

CAUTI-prevention bundle elements, and a shift away from ED catheter placement except when necessary.

The hospital as of June 2016 had gone 18 months without a CAUTI and without a serious safety event for three and a half years.

Memorial Hermann has responded to community need by providing care access points that help people to avoid costly and unnecessary emergency center visits. “We’re caring for not just the physical, but for the financial welfare of the patient,” Jadowski says. One example is the Mental Health Crisis Clinic-Spring Branch, opened in 2015. It gives the psychiatric response team a place to refer patients who don’t have access to follow-up mental health care.

Hospital leaders also averted near-closure of Memorial Hermann’s Neighborhood Health Center, serving low-income patients, because of insufficient volume. ED staff and other physicians were educated about the clinic, adjacent to the hospital, as a resource for patients seeking routine care in the ED and for newly discharged patients who lack a medical home.

“The emergency physician can give them a voucher and give them the option of receiving care in our ED or going literally around the hospital to this clinic where they can receive the same treatment and prescriptions at a much lower cost,” Dickerson says. The effort has increased volume from 2,500 patients in 2010 to 6,400 patients in 2015.

As another alternative to the ED, Memorial Hermann opened an urgent care center in March 2016 about five miles from the hospital. A convenient care center, expected to open in 2017, will complete a “triangle of care” in the hospital’s service area, Jadowski says. The center, currently under construction, will house an ED, imaging, sports medicine and rehabilitation, primary care and to-be-determined specialty care.

Memorial Hermann takes into account the diverse needs of its patient population. When its community needs assessment identified diabetes as a leading concern, the hospital hired a diabetes educator who works in the inpatient setting with newly diagnosed diabetics and those who aren’t managing their disease well, but also offers outpatient education and established a support group.

In the emergency center, instead of only treating patients with HIV/AIDs for whatever prompted their visit, staff connect them to community resources for their underlying disease. “It gets them to the right care and also at subsidized cost so they don’t have the financial burden,” says Jason Glover, director of business development. ●



## CITATION OF MERIT

Our Lady of the Lake Regional Medical Center | Baton Rouge, Louisiana

# Triumph over turmoil

**T**urbulence in the Baton Rouge health care landscape accelerated the urgency for Our Lady of the Lake Regional Medical Center leaders to continuously develop and implement performance improvement strategies that increase access to high-quality care for some of the city’s most vulnerable residents.

With the 2012 closure of Earl K. Long Medical Center, a state-run safety-net hospital and home to several clinical sites for Louisiana State University School of Medicine, Our Lady of the Lake took on local graduate medical education training. In addition, the closure of Long’s ED, used by many for primary care, coupled with an unexpected transfer of the related local LSU outpatient clinics to Our Lady of the Lake had the potential to cause confusion and disruption in patient care.

Hospital leaders reached out to the community, primarily through churches and town hall-style gatherings, to let people know that even though Long was closing, they could still go to the clinics to get their ambulatory care, says Coletta Barrett, vice president of mission. Process changes and enhanced staffing models at the clinics decreased new wait times for patient appointments from an average of eight months to less than 30 days.

The loss of Long’s emergency department also meant other local facilities, including Our Lady of the Lake’s ED and trauma center,

had to absorb this volume. The hospital added 25 beds — a mixture of regular emergency beds, fast-track beds for patients with non-emergent conditions, trauma bays and treatment beds for people with minor-to-moderate illness, says Christi Pierce, vice president safety and quality. Our Lady of the Lake also built a separate pediatric ED.

Because so many ED visits were for non-emergency conditions, Our Lady of the Lake immediately opened an urgent care clinic in north Baton Rouge to coincide with the Earl K. Long closure and then opened a second urgent care center in its Mid-City clinic when Baton Rouge General Medical Center’s Mid-City facility closed its ED in March 2015, further stressing local hospital resources.

The state’s shuttering of Long also meant the demise of its mental health crisis stabilization unit — a problem that was exacerbated with the closure of Baton Rouge General’s Mid-City ED.

Our Lady of the Lake responded by developing a dedicated mental health emergency department with an examination area, eight patient interview rooms, two communal patient waiting areas with reclining chairs, and two secure holding areas.

“It’s amazing when you look at what we’ve accomplished, especially in this amount of time,” Pierce says. “What could have been chaos has instead been the opportunity for a single, equitable community standard of care that everyone can be proud to support.” ●

# Focus Ahead For Better Health

**American Hospital Association –  
McKesson Quest for Quality Prize**  
*Celebrating 15 Years of Quality*



**McKesson salutes all of the winners and participants – past and present – of the Quest for Quality Prize.**

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