

HOSPITAL COMPARE: ROAD MAP TO EXCELLENCE

FLOWERS HOSPITAL

- ◆ Dothan, AL
- ◆ 235 beds
- ◆ www.flowershospital.com

Flowers Hospital has served Dothan, AL, for more than 50 years and also functions as a major referral center for south Alabama, southwest Georgia, and northwest Florida. Dothan is a city of 65,000 people in the southeast corner of the state.

STEEEP

Effective

Improving the numbers requires an unflinching look at how every process on the clinical side is carried out and whether it is effective in reaching patient care goals.

Patient-centered

The hospital has a team devoted to improving patient satisfaction. Its work has helped boost satisfaction numbers directly, while efforts around avoiding infections and providing top-quality care result in more patients leaving with better outcomes.

THE PROBLEM

Flowers wanted to improve its performance on the 28 quality measures that are featured on the Hospital Compare Web site. The hospital's CEO, Keith Granger, made it an organizational goal to get performance "as close to perfection as we can get."

THE SOLUTION

Granger made improvement in publicly reported quality measures a focus of the hospital's strategy in 2005. From there, the solution became multifaceted as separate teams tackled the main categories of Hospital Compare measures: heart attack, heart failure, pneumonia, surgical care and mortality.

The teams were overseen by a multidisciplinary group called the Hospital Quality Alliance (HQA), an internal group that addresses issues around Hospital Compare (not to be confused with the national public-private collaboration of the same name). Flowers' HQA includes team leaders, the chief quality officer and representatives from surgical specialties, anesthesiology, pharmacy, surgical floor nursing and management. The group meets every two weeks to discuss the latest numbers and process changes, and the team leader reports to the CEO once a month to present all the cases that kept a measure from hitting 100 percent.

RESULTS

- » Flowers is the top-performing hospital in Alabama, based on Hospital Compare, and number 2 in the nation. The hospital hit 100 percent on 25 of the 28 measures in the second quarter of 2008.
- » Improvements were seen in the provision of ACE inhibitors for heart attack. From the first quarter of 2005 to the second quarter, Flowers improved from 67 percent compliance to 100 percent and continues to maintain that

achievement. Another example was the timing of primary percutaneous coronary intervention, which went from 40 percent to 92 percent in one year.

- » The hospital also improved in areas beyond Hospital Compare measures. The hospital reduced catheter-associated urinary tract infections by 20 percent between 2007 and 2008. MRSA infections were reduced by 25 percent, and surgical site infections are down 20 percent.

BACKGROUND

Flowers Hospital officials recognized that theirs was a hospital-wide challenge when they sought perfection in publicly reported quality measures. The effort touched a wide range of staff members, from surgeons to nurse's aides, and required them to change the way they thought about their own work. It called for sophisticated analysis of their work processes.

The hospital's HQA uses rapid-cycle performance improvement projects to bring the numbers to desired levels. It conducts root-cause analysis and maps the processes. This goes along with a focus on processes rather than individuals. The non-punitive environment for errors is meant to encourage openness, but is balanced by a "no excuses" policy that requires staff members to take responsibility for their part of the process.

Culture change occurred across the board. New staff members receive educational materials about Hospital Compare measures, and performance improvement permeates everyone's workday. "We said it's got to become an everyday topic and everyday focus," Granger says. "Every meeting and every event in this organization has to be around 'how do we improve care and performance for our patients.'"

Physician support has been essential. The chief of staff and chief of surgery have been

TEAM MEMBERS

- » **Amy Butler, RN**
Chief Quality Officer
- » **Dan Combe**
Chief Nursing Officer
- » **Keith Granger**
President and CEO
- » **Lori Louis**
Associate Nursing Director
- » **Andrew Osborne, MD**
Chief of Staff
- » **Calvin Reid, MD**
Chairman,
Quality Improvement Council
- » **Darla Silavent, RN**
Infection Control Director
- » **Jon Vuckovich, MD**
Chief of Surgery
- » **Suzanne Woods**
Senior Vice President

involved and supportive by championing the process changes with their colleagues. Surgeons receive report cards on their performance that are discussed one-on-one with the operating room director. Physicians found some of the changes cumbersome but recognized that they would improve patient care, says Calvin Reid, MD, an internal medicine physician who heads the hospital's Quality Improvement Council, a group of senior physicians, nurses and administrators. But two factors made the difference: leadership from administration and physician champions.

Physicians sometimes grumbled about the methodology behind some standards, but Reid would remind them that the measures were nationally accepted. "We present it like a 13-inch ruler," Reid says. "The methodology may never be perfect and in any system there are flaws in the collection of data. But we're all being measured by the same ruler. It may not be an accurate ruler, but it's the same one for all of us."

To reduce infections, Flowers followed the Institute for Healthcare Improvement's bundles approach along with CDC guidelines. This led to standardized bedside care of lines and a daily needs assessment to end the use of lines that are no longer needed.

Flowers also sought high performance with additional outcomes measures that are part of the Surgical Care Improvement Project, even though some are not currently part of Hospital Compare, says infection control director

Darla Silavent, RN. By working with surgeons and anesthesiologists, the team was able to achieve significant reductions in surgical site infections. Other infection control efforts center on reminding physicians and staff to think about things such as flu vaccine to pneumonia patients on discharge, Silavent says. "Reminders, protocols and consistency are a huge part of this," she says.

She uses a computerized system that tracks lab results reporting certain types of infections to look for nosocomial infection markers. When the number of markers goes up, she knows it's time for more reminders of staff on proper infection control procedures.

PRINCIPLES OF PERFORMANCE EXCELLENCE

Creation of High-Reliability Culture

Flowers Hospital's commitment to the best possible performance on clinical quality measures came directly from CEO Keith Granger. He gets a monthly update from team and quality leaders about performance and any variation, with discussion about why that variation occurred. "We need to be very visible leaders in this process," Granger says.

Physician leaders are invested in the project and work with members of the medical staff one-on-one to focus on specific processes and protocols. Quality team leaders, for example, consulted with surgeons who questioned changes meant to reduce surgical site infections and discuss the pros and cons.

"Overall they came on board and supported us," Silavent says.

Flowers' approach is to focus on systems and processes, but to hold staff members accountable. "There are no excuses," Granger says. The analysis of a problem is straightforward and examines how it happened and how to stop its recurrence. "That mindset really goes a long way across the entire organization," he says. "We're clearly focused on accountability."

Managing Organizational Variability

Flowers Hospital chose the Hospital Compare measures as a road map in part because it was clearly becoming the standard for consumers, as well as the industry as a whole, Granger says. "We're working within the system, rather than resisting and trying to assume our opinion is greater than the wisdom of others," he says. At the same time, the organization reports back to measurement designers when they see a useful adjustment.

CONTINUAL IMPROVEMENT

The organization continues to stay on top of Hospital Compare measures by keeping close track of the numbers and responding quickly when they fall off. An additional staff member was hired so the organization could carry out concurrent review seven days a week of all Hospital Compare measures; that person educates staff and notifies department managers regularly about performance.