

PATIENT SAFETY AND QUALITY

Establishing Effective Hospital Quality Initiatives



Whatever form the health care legislation under debate in the House and Senate takes, one priority is shared by lawmakers from both sides of the aisle: improving quality and safety. President Obama's proposed 2010 budget includes a recommendation to implement a hospital quality-incentive payment program; the budget projects that such an initiative could result in savings of \$11 billion over the next decade. In addition, the Medicare Payment Advisory Commission has recommended that Medicare revise its payment-system incentives to adjust provider payment based on quality of care, and has suggested that Congress create a wide-reaching quality-incentive payment policy for hospitals and physicians.

With quality and safety in the spotlight on a national level, hospitals across the country are renewing their commitment to ensuring that their services meet or exceed the core measures for quality set by the government. For many facilities, this is a massive, daunting undertaking, requiring a comprehensive reexamination of even the simplest daily processes to ensure that all members of hospital staff are enforcing the common goal: improving patient care.

Memorial Hermann Healthcare System (MHHS), Houston, Texas, embarked on a new quality initiative in 2003. The hospital began by developing a brand promise that Michael Shabot, M.D., chief medical officer, describes as striking at the health care system's core mission: "That the system provide the highest possible quality and safe health care combined with an outstanding patient experience."

Shabot, who came onboard in January 2007 as chief quality officer, was hired, in part, to reinforce this renewed commitment to patients. "Everyone talks about differentiating themselves on the basis of quality care and safety," he says. "Our commitment was actually to do it and demonstrate it. It required real dedication."

Shabot was instrumental in implementing the second wave of the system's new initiative, which became known as the Breakthrough in Patient Safety campaign. One idea that set the Breakthrough campaign apart was that it took cues from what Shabot calls high-reliability industries, such as nuclear power and naval aviation, which conduct specialized training for every single employee. "We brought in consultants from other industries to retrain all of our employees, including the kitchen staff, the maintenance staff—everyone who works for MHHS," Shabot says. "We even train our volunteers to speak up when they think something's not right. It's everybody's job to make every patient safe."

All MHHS facilities honor a safety hero of the month (an individual who has intervened to ensure patient safety); the system has also designated 600 employees as safety coaches, who perform safety-monitoring services on work areas other than their own. In addition to meeting or exceeding safety and quality standards set by the government, MHHS ensures total transparency by publishing its own core measure data on its Web site.

In May 2009, the National Quality Forum presented MHHS with its 2009 National Healthcare Quality Award. By that time, the health system had been recognized by the New York Times for having the best heart-attack care in the city of Houston, averaging less than 90 minutes from the door to percutaneous coronary intervention. The system has revolutionized triage for both stroke and pneumonia, leveraging top-of-the-line imaging and PACS equipment to create what Shabot calls “a true culture change for everyone involved.”

“Our imaging capabilities are crucial to ensuring rapid, quality care,” Shabot says. “Modalities like CT angiography, CT, and MRI are crucial for rapid diagnosis of trauma. If a patient comes into the emergency department with chest pain, he or she gets an immediate ECG, and if there’s any evidence of an ST-elevation myocardial infarction, the catheterization laboratory is immediately activated.” In some cases, ECGs are actually read wirelessly from ambulances, meaning that the catheterization laboratory is ready by the time the patient arrives at the hospital. “It’s like a ballet,” Shabot says. “We have to make sure all of our staff is committed to this, on call, and available.”

Shabot and the team have also implemented a comprehensive program for appropriate dose in pediatric imaging. “In retrospect, we were often using more radiation than was necessary, like the rest of the country,” he recalls. “At appropriate lower doses, you can get the same quality images, and in the past few years, the need to attenuate these doses for children has become a priority.”

Though the Breakthrough campaign has already cost MHHS around \$18 million, Shabot expects the investment to pay big dividends down the line. “We’ve made these improvements because it’s the right thing to do, but reimbursement is very important,” he says. “If we’re able to take a patient who was going to have a heart attack and literally reverse it—so that instead of spending days in critical care, clinging to life, he or she can go home in 48 hours or less—we’ve done the right thing for the health care economy. In our day-to-day operations, quality saves money and it saves lives. It’s a win-win situation.”

Putting Patients First Program Expands

In 2008, the AHRA: The Association for Medical Imaging Management, in conjunction with Toshiba America Medical Systems, Inc. sponsored its inaugural Putting Patients First grant program. Three grants were awarded to three facilities with innovative, cutting-edge initiatives aimed at improving patient care in imaging. In 2009, the program has been expanded to include imaging centers and will award three additional grants specifically for programs focused on pediatric imaging.



“By funding these grants, we are giving hospitals and imaging centers the ability to continue improving imaging quality and safety for children and adults through the development of diagnostic imaging best practices,” says Cathy Wolfe, director, Marketing Services, Toshiba. Applicants’ programs should seek to improve day-to-day practices centered around imaging and address reducing the need for radiation and/or contrast dose, reducing the need for anesthesia, improving patient communication and comfort, and/or improving the overall clinical pathway.

“For the pediatric projects we are generally looking for the same types of projects as we are looking for in the area of adult imaging,” Ed Cronin, AHRA CEO, explains. “For instance, one of the awards last year went to a facility that was developing a patient handoff system, so that patients were transferred from the floor to the imaging department via a formal system, cutting back on errors. With pediatrics, there may be some specific features that make programs different for children, but the emphasis on developing new and creative ideas remains the

same.”

Cronin says that this year’s program also features an improved application process and more lead time for submissions. The program accepts applications from any hospital or imaging manager seeking to implement a new safety/quality program. “Recipients will share their processes with our members by writing an article for our Radiology Management journal or our newsletter,” Cronin explains. “One of the projects we’re funding this year even developed a seminar to present to other regional hospitals.”

Six \$7,500 grants will be awarded in 2009: three focusing on improving patient care and safety in diagnostic imaging and three focused on pediatric imaging. To apply, visit AHRAonline.org; or medical.toshiba.com. Entries are due October 31.

AHRA & Toshiba Grants Bolster Creative Safety Initiatives

When St. Mary’s Regional Medical Center, Lipton, Maine, decided to renew its focus on CT quality and safety, the first step was developing a set of best practices upon which future improvements to CT workflow could be based. “We thought we could tap into the validated knowledge that resource centers had put together and actually implement those findings in the field,” explains Donna Knightly, RT, radiology supervisor. “Our objectives were dual: promoting the use of ACR appropriateness criteria and improving patient safety in any way that we could.”



In January 2009, AHRA: The Association for Medical Imaging Management, in conjunction with Toshiba, awarded three \$7,500 grants to help fund

innovative patient-safety and quality initiatives. St. Mary’s was a recipient, along with Washington Hospital Center, Washington, DC, and Jennie Edmundson Hospital, Council Bluffs, Iowa. “We have changed the way we engage patients. We now are more focused on being patient-centered and family-centered,” Knightly says. “It’s little things that make a big difference, like having a blanket warmer in the room. We just converted a warmer box that was used for contrast media, and we located this right in the scanner room so it’s easy to access for the technologist and they can keep the patient warm during the scan.”

Gayle Thompson-Smiley, director of Radiology at Washington Hospital Center, used her facility’s grant to initiate a patient-handoff program designed to refine the processes involved in transferring 300-350 patients a day from the hospital floor to the radiology department. “Washington Hospital Center is a very large institution and quite complex. In this type of environment, we’re also focused on how we can better improve the patient experience and the patient outcome,” she says. “This was a very unique opportunity for us.”

Meanwhile, Jim Lipcamon, director of Imaging Services at Jennie Edmundson Hospital, sought to leverage his hospital’s information systems to alert radiologic technologists to potential complications associated with contrast media for imaging. “People who take metformin [for type II diabetes] are contraindicated to receive iodinated contrast,” he explains. “We wanted to hardwire that process. Prior to the grant, that process was strictly on paper, relying on the patients to remember to tell their physician or tell the nurse on the floor. With the increase in obesity nationwide, we felt that this was a critical issue that needed to be addressed in our institution.”

Tom Kaiser, informatics pharmacist at Jennie Edmundson, is grateful for the interdepartmental collaboration fostered by the grant. “We’ve been able to use a multidisciplinary approach to our patient-safety enhancements,” he says. “It allowed me an opportunity to work with IT professionals, radiology professionals, and the pharmacy itself to come up with a program that generated rules based on patients’ medications.”

Washington Hospital Center is developing a CME course to train staff on successful handoff communications programs. “The CME event will help prepare physicians in our staff to really think about how best to keep patients safe in day-to-day care and in whatever handoff communication processes that they are involved with,” says Kathleen Srsic-Stroehr, senior nursing director for Evidence-based Practice and Quality. “It’s really important to think about those particular processes and those sender and receiver communication messages that are so important in a handoff communication situation.”

Knightly concurs: “This is a great opportunity for other departments in CT to tap into this knowledge and apply it to what they do every day out in the field. These best practices are very simple, very usable and make a difference in patient care and patient safety. It’s very exciting to be able to share what we’ve found and also to encourage people to use what’s out there.”

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