

Effectively Driving Quality in a Multi-Hospital System



**Keith R. Doram, MD,
MBA, FACP**

INTRODUCTION

According to a recently published report the two hundred largest multi-hospital systems (system being defined as having two or more acute care hospitals), account for over half of all hospital admissions in the United States¹. Furthermore as U.S. healthcare moves towards the creation of more integrated delivery systems utilizing multiple facilities, it is clear that successful healthcare organizations must be able to reliably drive high performance throughout their system.

Currently both state and federal “Hospital Compare” web sites only show patient safety and quality measures/outcomes by individual hospitals and not by systems. However, there are starting to be more published reports (such as the Lewin Group Report) that rate and rank a multi-hospital system’s based on the publicly available quality and patient experience performance data. From these reports there are starting to be characteristics emerging that are associated with the higher performing multi-hospital systems.

CHARACTERISTICS ASSOCIATED WITH HIGH QUALITY CARE MULTI-HOSPITAL SYSTEMS

Just as there are wide variances in quality performance between independent hospitals, there are also similar disparities between multi-hospital systems. Interestingly, these variances are not due to the size, geographical location, or teaching status of stand alone hospitals or multi-hospital systems. In fact it has only been recently that studies designed to better understand these variances have been conducted.

One of these studies by Hines and Joshi looked at over fifteen hundred US hospitals that were in healthcare systems containing six or more hospitals². They looked at nineteen quality process measure outcomes in Acute Myocardial Infarction, Heart Failure, Pneumonia, and Surgical Infection Prevention. System ownership and system centralization accounted for thirty percent of the variance in these outcome measures. For-profit and decentralized systems were significantly lower performers in quality.

In a follow-up more expansive investigational study by Hines and Joshi, the following four “Best Practice” characteristics were associated with high performing, multi-hospital systems: 1) Establish a System-wide Strategic Plan with Measurable Goals; 2) Create Alignment Across the Health System with Goals and Incentives; 3) Leverage Data and Measurement Across the Organization; and 4) Standardize and Spread Best Practices Across the Health System³. These authors further point out that there was no singular success factor, but creating a culture of high expectations, named accountability, and leadership execution were the keys to success.

IT’S ALL ABOUT MAXIMIZING YOUR CULTURAL AND TECHNICAL CAPABILITIES

The seven Malcolm Baldrige Criteria for performance excellence (from a system perspective) include: Leadership, Strategic Planning, Customer Focus, Workforce Focus, Process Management, and Results all supported by effective Measurement/Analysis/Knowledge Management. These criteria, in essence, boil down to cultural (people) and technical (tool) capabilities. For example, leadership, workforce focus, and customer focus are primarily about your people development. In this conceptual framework one of the most enabling criteria is analytics/knowledge management.

¹ Yonek J, Hines S, and Joshi M., *A Guide to Achieving High Performance in Multi-Hospital Health Systems*. Health Research Y Educational Trust, Chicago, IL. 1-24, March 2010.

² Hines S, Joshi M. Variation of Quality of Care Within Health Systems. *JCAHO*. Vol 34 (6):326-333, June 2008

³ Op.cit. Yonek. 1-2

It is a well known fact that without accurate, effective, and actionable performance dashboards and knowledge management an organization cannot achieve top performance in quality. Healthcare is very complex and healthcare administrators, clinicians, providers, and employees are constantly having to multitask, adjust priorities, and provide the best healing environment possible. They need the best information at the right time to help them in their decision making and daily clinical/administrative activities. If done properly this creates an environment of great people and using great tools resulting in great performance.

Most hospitals or multi-hospital systems won't win the prestigious national Malcolm Baldrige Award but that shouldn't be the main goal. The primary utility of the Malcolm Baldrige focus is that it provides an evidence-based framework that greatly enhance a systems performance.

STEPS TAKEN AT ONE FAITH-BASED MULTI-HOSPITAL SYSTEM TO ACHIEVE HIGH PERFORMANCE

Adventist Health/West (AH) is a 17 hospital system with facilities located in CA, WA, OR, and HI. The hospitals range from small critical access hospitals to large urban teaching hospitals. At AH we struggle with maintaining consistently high performance levels in quality as everyone else does. However, we have found many factors that were critical in enabling us to more reliably deliver a significantly higher quality of care.

It all starts with our faith-based mission. The overarching stated mission of Adventist Health/West is to share God's love through physical, mental, and spiritual healing. We feel that healthcare is a "Sacred Work" and that alone should inspire us to provide the best quality of care possible. So having and supporting a strong "Sacred Work" mission is vital. For example, at our annual Physician Leadership Symposium, we have an special Mission award's ceremony that acknowledges physicians who are known to provide a high quality of care and who also exemplify the mission.

AH established a System Quality Council (SQC) that helps: establish the long and short-term quality goals; set both threshold and stretch targets; the sharing of best practices; and establish standardizations that need to occur in all hospitals

in the system. The SQC is made up of key corporate Directors, Vice Presidents, and Senior Vice Presidents as well as representatives from the various hospitals, including CEOs, CNOs, CMOs/VPMA's, CFOs, and Quality Directors. For example, the SQC standardized all of the main core content categories of each hospital board's quality report/dashboard which included the naming of the champion(s) accountable for each quality measure, the stating of the fall outs, the specific corrective steps being taken, and trend graphics. This SQC meets quarterly. The corporate quality team utilizes the Baldrige framework and many of the AH hospitals have won state Baldrige quality awards.

Several system-wide physician leadership groups were established (e.g., Physician Executive Leadership Council [PELC] made up of primarily CMOs/VPMA's; Physican Advisory Group set up to give advice on our Information System technologies and applications; Hospitalist Medical Directors; Rural Health Clinic Medical Directors; and Provider Order Set (Build) Team). These groups meet as frequently as weekly, but more usually meet monthly (typically as Webex calls). The networking, sharing of ideas, and engagement has been quite beneficial. This year a more formal system-wide physician executive leadership training program is being implemented utilizing the American College of Physician Executives' Program. This year the PELC members are going to be included in the system-wide Hospital Leadership Council meetings which occur four to six times a year.

It is our belief that it is very important to support the caregivers who are caring for the patients. So AH has partnered with Duke University and Dr. Bryan Sexton (an internationally acclaimed industrial social psychologist) in a multi-year culture improvement process that provides specific interventions designed to support frontline caregivers and improve our culture of teamwork and safety scores to at least sixty percent and ideally above eighty percent. As a part of this collaborative we are mapping several patient outcomes data and labor costs (by unit) to our culture scores (including safety, teamwork, work-life balance, spirituality, job satisfaction). The preliminary results are showing that if you improve your culture scores to at or above sixty percent you can show significant improvement in safety and reduced costs. We think that as we move forward in healthcare reform and

the many changes that will occur it is important to create a sustainable and supportive environment for our employees, caregivers, and providers.

AH utilizes a monthly operations report (MOR) dashboard that is standardized for all of the hospitals. Each month a Senior VP and other corporate representatives make a teleconference call to the Senior Management Team of each hospital to address any successes or gaps in each identified quality performance outcomes. This greatly facilitates alignment across the system with the key stakeholders.

A clinical analytic team at the corporate office helps produce many standardized and special reports that are utilized in several different forums. One of these dashboard reports include a comparative quality report that lists all of the hospitals' quality performance outcomes on one page as well as a combined AH system score. The system score is influenced significantly by volume, so larger facilities not performing well will significantly reduce the system performance. This report and the standardized board report are highly visible in the organization — particularly at the governance and management levels. There are also significant quality pay/accountability incentives tied into reaching the established quality targets. The clinical analytic team also provides physician reports that are used in the Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE) processes. More in-depth statistical and epidemiologic analyses and reports are available upon request. Steps are being taken to ease the burden of producing reports for both internal and external purposes.

The effective implementation of more automated Information Technology systems for clinical decision support and more real-time quality process interventions is also apart of AH's strategic planning. Everyone in healthcare is making huge financial investments in technology, but great technology must be matched with great people processes in order for it to work optimally. We are also in the midst of deploying Computerized Provider Order Entry in all of our hospitals as well as Electronic Medical Records (acute and ambulatory). So we have created multi-disciplinary design and steering teams to aid us in these processes. These teams meet as needed.

AH also engages in strategic partnering on quality initiatives, such as joining up with Johns Hopkins and a sister AH System in a central line blood stream infection (CLBSI) intervention. The partnering resulted in an astounding eighty percent reduction in CLBSIs, the saving of twenty-three lives and nearly six million dollars. Overall our system continues to show CLBSI rates significantly below the national average.

Supporting innovation is also a critical aspect of AH's strategic philosophy and a newly appointed VP of Innovation has established a task force (comprised on internal and external members) to develop better strategies that enhance innovation at every level. AH has acquired a new innovation IT application that will facilitate the sharing and vetting of innovative ideas.

CONCLUSIONS: ALL YOU NEED IS LOVE

We now know that you can be a high performance multi-hospital system if you love what you do and create a performance excellence promoting culture with effective leadership, focused accountability, and execution.

Avedis Donebedian, MD, MPH, who most consider the modern day father of healthcare quality improvement, said it best. He stated, "If you want to really improve health care system quality you have to first start with love.' You've got to love your God, love your patient, and love your profession.' Then you can work backwards and fix anything in the system." Although hard to measure and difficult to explain scientifically, love is the one unifying characteristic vital to both stand alone hospitals and multi-hospital systems who seek to drive quality to high performance levels.

In a health care environment filled with stormy political healthcare reform debate, increasing documentation/reporting requirements, diminishing margins, and an increasing need to manage populations of patients effectively and efficiently, it is important for us to remember the joy and love found in being a healthcare provider. The love we should have for a profession that is designed to promote physical, mental, and spiritual healing for our patients and the communities we serve.