

Improving the Capacity for Care Improvement Park Nicollet and Methodist Hospital 2000 Acclaim Award Recipient

Park Nicollet Clinic and Methodist Hospital, part of HealthSystem Minnesota, is a two-time winner of the AMGA Acclaim Award. The organization created a charter to expand its capacity for implementing quality improvement projects in order to reduce variation in care and improve quality. The resulting "Care Initiatives Program" provides a consistent process for prioritizing quality improvement projects across the care system, linking them to the budgeting process, providing operational support and tracking progress.

The organization created a Care Improvement Department to provide support, training, measurement and educational and financial resources to designated care improvement initiatives. These initiatives involved major changes spanning multiple departments and required financial resources and extra-departmental support for tracking and measuring results. Care Improvement Department staff and key representatives from other areas formed a Care Improvement Team. This team managed improvements by coordinating the selection of owners, providing financial and staff support, facilitating the creation of a team charter, mentoring the team in identifying its aims and measures, promoting rapid cycle improvement strategies, supporting measurement, and working to remove barriers. Park Nicollet Clinic and Methodist Hospital can implement up to nine care improvements per quarter. Improvements in 1999 included Joint Replacement, Hospital Acquired Infections, CVD Lipids and Smoking, Influenza, Preventive Services, Acute Pain, Antithrombotic A-Fib, Diabetes, Sentinal Lymph Node Biopsy, 5-W Discharge Planning, Decrease Potential Avoidable Hospital Days and Pediatric Immunization.

Goal

To develop a consistent method for selecting and implementing quality improvement initiatives.

Intervention

Created a consistent care improvement process for prioritizing and selecting care improvement initiatives; identified content owners and operations owners for each initiative; facilitated project planning; measured, documented and publicly reported progress toward goals.

Highlights

- HealthSystem Minnesota's Clinical Board of Governors reviews candidates for care improvement initiatives using defined criteria before budgeting for the next year.
- Resources are allocated to the initiatives during the budget cycle.
- The Care Improvement Department provides staff training and helps facilitate organization-wide and departmental quality improvement initiatives.
- A central registry tracks quality improvement initiatives, regardless of size or scope.
- A Guidance Team (CEO and other top leaders) meets monthly for one and a half hours. Project owners report in person to the Guidance Team at least twice a year and say that the status of being recognized by senior administrators and having time to meet with them was very rewarding and helped address barriers.
- Run charts of quarterly improvements prominently figure in the organization's dashboard measures, used by senior managers to monitor progress towards corporate goals.
- Goals and successes are communicated frequently in many ways, such as newsletter, e-mail, voicemail and the intranet web site.
- Visibility of quality improvement efforts is raised with the annual James L. Reinertsen Diamond Award, which recognizes quality improvement teams and gives them \$5,000 to reinvest in their project. Celebration of the winning team and all candidates includes a special dinner, a ceremony and artwork commissioned for the award and presented to the winning team.

Results

Since the Care Initiative Program was developed, more than 25 groups within the organization have designed, implemented and measured results from quality improvement projects. A sampling of the results of their efforts includes:

- Increased percent of eligible deep-vein thrombosis patients receiving low molecular weight heparin (LMWH) from 35 percent to 90 percent and decreased average length of stay for these patients from 3.7 days to 2.4 days.
- Improved HbA1c outcomes for patients throughout the organization after changes were made in diabetes services. Patient "group visits" achieved the same degree of improvement for HbA1c levels, weight loss, knowledge acquisition and satisfaction compared to patients with the individual visits. Group visits cost one-third as much.
- Reduced the incidence of opioid-related adverse drug events and patient pain scores.
- Increased inner-city clinic encounters by 8 percent by removing language and cultural differences between staff and patients.

Park Nicollet Clinic and Methodist Hospital are part of HealthSystem Minnesota, an integrated delivery system serving the Twin Cities metropolitan area.