



An Innovative Approach to Improving Care at the Bedside Through a Leadership Driven Focus on Accountability and Sustainability

Gerald T. Kozai, Pharm.D., Louis G. Rubino, Ph.D., FACHE, Marsha Chan, Pharm.D., FACHE, Beverly S. Quaye, Ed.D., RN, NEA-BC, FACHE
St. Francis Medical Center, Lynwood, California



Introduction

Established in 1945, **St. Francis Medical Center (SFMC)** is the only comprehensive, non-profit health care institution serving Southeast Los Angeles. The medical center provides a full range of diagnostic and treatment services for the 700,000 adults and 300,000 children who count on it for high quality and compassionate medical care. SFMC is committed to meeting the health care needs of the whole person -- *body, mind, and spirit* -- and respecting the dignity of each patient.



The Mission of SFMC reflects the guiding principle of the Daughters of Charity--serving the sick and those in poverty, and advances the core values of **Respect, Compassionate Service, Simplicity, Advocacy for the Poor, and Inventiveness to Infinity.**

Dedicated to achieving excellent quality outcomes and to building a culture of patient safety, SFMC participated in the CMS/Premier Hospital Quality Incentive Demonstration from 2003 - 2009, and was a founding member of Premier's QUEST program in 2007, a health care performance model which focuses on **quality, efficiency, safety, with transparency.**

Objectives

Following initial gains in clinical quality improvement, SFMC experienced the challenge of achieving and sustaining top level performance across its key result areas in quality, safety, patient satisfaction and finance. The medical center has an established history of collaborative work in quality and patient safety through its support of the Institute for Health Care Improvement's 100,000 Lives and 5 Million Lives Campaigns and as a member of the Southern California Patient Safety Collaborative.

The first two years of QUEST focused on improvements in Evidence Based Care, Mortality and Efficiency, with Harm and Patient Experience metrics added in years two and three. Our goal is to consistently meet or surpass top performer levels.

Methods

Planning and Research Methods

At the Daughters of Charity Health System's Quality Collaborative, baseline performance data were reviewed identifying clear gaps in our results benchmarked against top performing organizations. The SFMC team strategized how to close the gap and improve our performance in reducing mortality, reducing costs and complying with evidence based care standards. The following strategies were outlined:

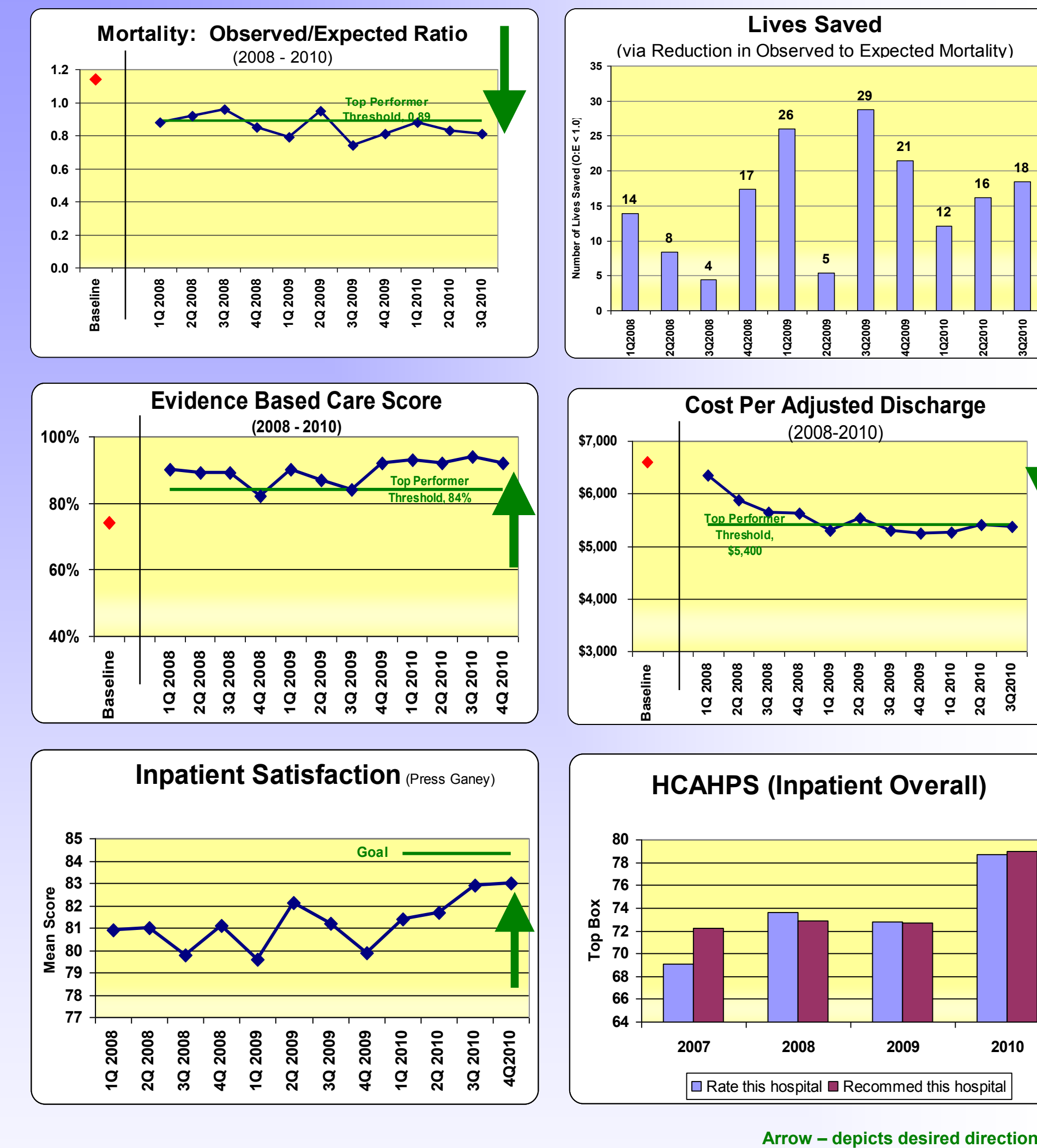
- **Save Lives** with an emphasis on reducing sepsis related mortality through the adoption of best practices in early sepsis identification and goal directed therapy
- **Deliver the most reliable and effective care** through increased accountability at the bedside for adherence to evidence based care
- **Reduce the cost of care** through improvements in case management, identifying and eliminating waste, contract compliance (purchasing), appropriate pharmaceutical use/drug formulary management
- **Improve the patient experience** through the adoption of an evidence based practice model for patient-family centered care
- **Improve patient safety** by preventing incidents of harm, including hospital acquired conditions and hospital acquired infections and birth injuries

Implementation Methods

Hospital leadership implemented multiple approaches aimed at closing the gap between current performance and top performance, placing continual emphasis on accountability at all levels. The key changes implemented to achieve and sustain top performance levels included:

- Board of Directors and its Quality & Patient Safety Committee established expectations for perfect care and zero harm
- Key Result Area (KRA) focused leadership meetings: 30 minute meetings focused on Quality/Patient Safety, Patient Experience, Finance
- KRAs cascaded to department/unit level operational plans
- Integration of KRA goals into leadership performance evaluations
- Aligned performance expectations of contracted clinical services
- Shared governance adoption and collaboration across patient care services (Our Magnet journey)
- Clarity of communications: roles and responsibilities for direct care givers, and performance expectations
- Consistency in addressing lapses and breaches through Just Culture®

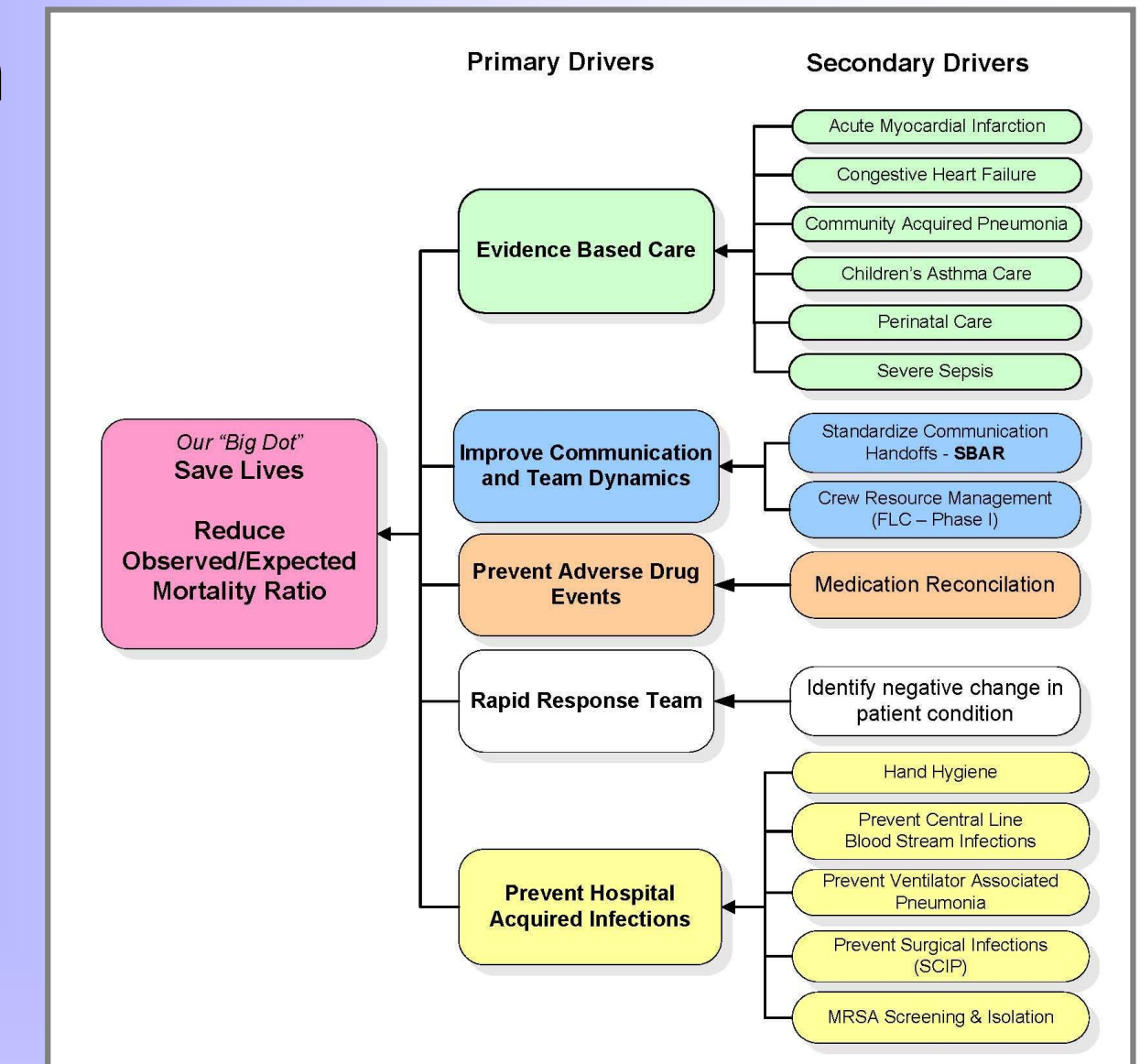
Results



Awarded QUEST Top Performer Status for year two as one of 76 hospitals reaching top performer threshold levels for Observed to Expected Mortality, Evidence Based Care and Cost of Care.

Driver Diagram

The driver diagram serves as a visual tool that allows associates and physicians to link our various initiatives to our "Big Dot" goal to save lives, reduce mortality.



Next Steps

- Continued participation in QUEST (2.0) in preparation for value based purchasing
- Broaden clinical documentation improvement (CDI)
- Expand Crew Resource Management to the main peri-operative area
- Extension of the electronic medical record in all patient care areas
- Sepsis screening for all inpatients
- Conduct a governance self assessment to identify areas for higher improvement
- Redesign the Quality & Patient Safety Committee of the Board to focus on more strategic issues
- Adoption of evidence based management tools in our exploration of an accountable care organization

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