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QUALITY

Leaders at Michigan's Spectrum Health make improving quality a key strategic goal, and put serious money behind the effort. **BY MICHELLE ROGERS**

Getting Better

SOME CHIEF EXECUTIVES MIGHT shudder at the notion of unleashing a quality agenda that calls for setting strict performance measures for 40 medical conditions. This drills down to around 7,600 indicators that must be evaluated and improved—at least, at Spectrum Health in Grand Rapids, Mich., that is the plan.

The conditions being tracked account for 70 percent of the \$1.5 billion system's volume. It's ambitious, maybe even shockingly aggressive, since quality for the most part is still a hard business sell. Spectrum also went through a merger this summer, adding two new hospitals to the integrated delivery net-

work, to reach a total of nine facilities. Spectrum was originally formed through the merger of Butterworth and Blodgett hospitals in 1997.

Two years ago, President and CEO Richard C. Breon made quality concerns a key component of Spectrum's three-year strategic plan. Under his directive quality is on the same par as the IDN's financial health.

Breon, who joined Spectrum nearly four years ago, knows that having to pore through mountains of data can be paralyzing. The plan, similar to a 12-step approach, calls for quality teams to meet every two weeks, focusing on the top-10 volume conditions at two of the network's nine hospitals to start. The

rest of the medical conditions are followed quarterly. His goal: "to eat this elephant one bite at a time."

Breon is quick to defend the network's quality standing before the initiative got under way. It has consistently scored high on Joint Commission surveys. But the program was a bit disjointed when he arrived and the hospitals were not taking full advantage of the available data, he admits. "Just like all organizations that are growing at an exponential factor, we needed to make sure that we had a more globalized quality function," he says. And Breon has his eyes far down the playing field as the system's chief executive, finding a direct correlation between superior quality and a strong bottom line. He just sees this as the right thing to do.

Kenneth W. Kizer, M.D., M.P.H., president and CEO of the National Quality Forum in Washington, D.C., applauds providers such as Spectrum that are taking a proactive position on performance improvement. Overall, he says, hospitals have been slow on the uptake at this point because the evidence doesn't yet clearly support the business case. "But the notion that payment is going to be linked to performance is here," he says.

● **QUALITY FIRST.** John Byrnes, M.D., Spectrum Health senior vice president of system quality, was charged with forming quality-improvement initiatives focusing on 10 medical conditions. To get to that point, Byrnes spearheaded the implementation of a new data system to collect information from billing and medical records.



“Anyone who doesn’t recognize that is out of touch.”

For that matter, it is happening already. Kizer points to the Centers for Medicare & Medicaid Services’ recent pay-for-performance hospital program with Premier Inc., which has more than 270 participants nationwide. And about a dozen nationwide insurers, including Blue Cross Blue Shield of Michigan, have P4P programs in place. On the public-reporting side, the National Voluntary Hospital Reporting Initiative, headed up by the American Hospital Association in conjunction with CMS and others, has been tracking the rate of compliance of hospitals on certain quality measures and plans to share the data on the CMS Web site.

The Plan

At Spectrum, the vision for quality improvement is far-reaching, but getting it translated into action is the bigger story here. This is where John Byrnes, M.D., senior vice president of system quality, steps in. Hired in April 2002, Byrnes was charged with the infrastructure implementation for the initiatives regarding the first 10 conditions, which include congestive heart failure, acute myocardial infarction, hip/knee joint replacement, vaginal delivery and stroke, among others. “Essentially we were focusing on improving care for 30 percent of the people coming through our

SPECTRUM HEALTH'S QUALITY AGENDA

In July 2003, Spectrum Health rolled out 10 interdisciplinary teams headed up by an executive sponsor to monitor quality improvements at two of its campuses for the network's top 10 medical conditions. Elements of the initiative:

- » Quality teams meet every two weeks and set six- and 12-month goals.
- » Top 10 conditions include: congestive heart failure, acute myocardial infarction, coronary artery bypass graft, percutaneous transluminal coronary angioplasty, total hip/knee joint replacement, back and neck surgery, cesarean section, vaginal delivery, community-acquired pneumonia, stroke and transient ischemic attacks.
- » By 2007, Spectrum Health plans to roll out 30 interdisciplinary teams for the top 30 conditions.
- » Spectrum will spend \$3 million a year on quality initiatives.
- » Thirty-four full-time employees are devoted solely to Spectrum quality initiatives.

SOURCE: Spectrum Health

which meant the need to launch 30 different teams to improve upon patient safety throughout the hospital system.

“If you wanted to say how this is different from an average hospital, it is very aggressive in numbers of teams we launched and the time frame in which we are expecting to see improvement,” says Byrnes. Most hospitals tend to focus on three to five conditions, he adds.

“THIS IS VERY AGGRESSIVE IN NUMBERS OF TEAMS WE LAUNCHED AND THE TIME FRAME IN WHICH WE ARE EXPECTED TO SEE AN IMPROVEMENT.”

system. And we felt that was a good starting point,” he says.

But before he could start there, Byrnes had to install a new data shop. The hurdle was extracting the data from the billings and medical records systems, says Byrnes, which took three months. He also had to accelerate Spectrum’s medication and patient-safety initiatives,

Samantha Collier, M.D., vice president of medical affairs at HealthGrades in Lakewood, Colo., is favorably impressed with Spectrum’s quality efforts to date. “I work with hospitals all over the country, and many of them are in various stages of cultural development with regards to quality improvement, and based on research I have seen on Spectrum, they are ahead of the curve.”

Teamwork

Spectrum is focusing its efforts on the first 10 at its Butterworth and Blodgett campuses. It plans to introduce 30 conditions to these hospitals by 2007 and is currently in the process of bringing Hackley Hospital and United Memorial Health Center online. For each condition, an approximately 12-member interdisciplinary team that includes an executive sponsor meets every other week to discuss around 10 to 15 of the 200 or so quality measures that have been targeted. Each team sets six- and 12-month goals.

Under the condition acute myocardial infarction, for example, the team looks at measures such as aspirin on arrival, inpatient mortality, percentage of patients receiving angioplasties within 90 minutes, and statins prescribed at discharge.

The team has a three-tiered goal system with measurable criteria it sets in order to improve and standardize processes for this and all 10 conditions, says Jennie Dulac, M.S., R.N., senior director of quality improvement. Under heart attack, for example, where the hospitals have scored well on JCAHO measurements such as providing aspirin on arrival and at discharge, the goal is to hold that gain and continually improve. Second-level goals look at improving processes that need slight tweaking to minimize variation and improve patient outcomes. The third focuses on specific timing variables, says Dulac, such as improving the percentage of patients who receive an angioplasty within 90 minutes after arriving at the ED.

In this latter category, team members learned Spectrum’s hospitals needed to speed up the interval between a patient being evaluated to arriving in the cath lab. Dulac says the hospitals were hovering near the allotted 30 minutes. That needed to be reduced. The team discovered that the paging system that brought physicians and other providers to the cath lab was a tedious back-and-forth process between the hospital’s operators and providers. “It was a four-person handoff,” says Dulac. The solution in the end, she says, was to dump that whole process and give the cardiac team cell phones.

QUALITY

All the data, she says, must also be ready to upload into an electronic medical environment, which Spectrum is in the process of developing and implementing. "We can also report it on performance at the physician level and that is where we need to be so we can share it with our physicians and drive improvements," says Byrnes, noting that the data is severity-adjusted to answer for the physicians whose patients are sicker. Of the 10 conditions, Spectrum is compliant with all of the JCAHO and CMS measures and is part of the National Voluntary Hospital Reporting Initiative.

Data Mining

The success of the entire initiative hinges on a workhorse data system. Spectrum spent \$350,000 on a software system from Orlando, Fla.-based MEDai Inc. Data captured by the billing system and by the medical-records system is sent through a MEDai software system for processing. "It comes back to me in a CD and I just plop it into my computer," says Byrnes. "It is very easy to use compared to a lot of decision-support systems. You don't have to be a data analyst to use it."

From there quality information is fed throughout Spectrum, and shared with 1,600 physicians and more than 1,600 nurses, on a routine basis. At the highest level, aggregate data is shared on a quarterly basis with the board, and senior executives

as well as the quality teams and others. At the ground level, says Dulac, measures that impact work, for example, in the ED, are posted in glass cases so people can see the impact of their work.

The Competition

Spectrum isn't alone in its quality efforts. Ingham Regional Medical Center in Lansing, Mich., also is improving how it monitors quality. In particular, the 339-bed teaching hospital is interested in collecting data at the physician level and in how best to have one-on-one discussions about its clinical quality.

Geoffrey Linz, M.D., MBA, Ingham's chief medical officer, says the hospital's quality program has changed significantly in the last few years. For instance, it has been decentralized in the hospital's 12 departments. "We had one large committee and members from different departments would talk about quality improvement and that all sounds good but the problem is, if you were talking about OB/GYN quality you had 11 other members who had no vested interest in that discussion," he says.

In particular, the 91-year-old hospital would like to improve in cardiology orthopedics, and in pulmonary. The hospital has done relatively well on HealthGrades reports for those areas earning three- to five-star ratings (five being the best). But Linz says it is not a static situation. "If we

simply maintained our good behavior over time we would fall behind." He says the hospital is looking closely at average length of stay, morbidity and mortality rates and infection rates.

Also, he says, nearly a year ago the hospital's CEO took responsibility for all the quality issues hospitalwide. The quality director now reports directly to him. "In different hospitals across the country there are a variety of people in charge of quality but rarely has it been the CEO."

Making It Work

Back at Spectrum, Byrnes says Breon's endorsement and willingness to put the resources behind the quality initiative will remain crucial to its staying power. The health system has a full-time quality staff of 34. "You don't see a lot of hospitals putting that many FTEs and aligning them strictly with the quality-improvement agenda," Byrnes says.

You can't pull off such a project without the top brass truly believing that quality is going to be the mainstay of the industry with regards to market share and cost, agrees Collier of HealthGrades. "From a health leader perspective, I guarantee that that comes from the top." ■

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