

# Ten Years of Quality



The  
American Hospital  
Association-McKesson  
Quest for Quality®  
Prize Winners



American Hospital  
Association

**McKESSON**

# Ten Years of Setting the Quality Standard



This is the 10th anniversary of the AHA-McKesson Quest for Quality Prize®. We're pleased to present not only the stories of this year's honorees, but also updates on the continued progress of the past Quest for Quality winners.

What began in 2001 as an award recognizing a culture of patient safety evolved into a prize for achievement in all of the Institute of Medicine's six quality aims—safety, patient-centeredness, effectiveness, efficiency, timeliness and equity. Today, the AHA-McKesson Quest for Quality Prize continues to focus on the six IOM aims. Each year, the bar for recognition has been raised as hospitals continue to improve the quality and value of their services.

The 10th Anniversary Quest for Quality Prize winner, Memorial Regional Hospital, Hollywood, Fla., is a public hospital in which the passion for quality improvement is palpable at all levels—top down and bottom up. Notable for its achievements in all six aims, work on patient- and family-centered care and equity stand out, as do efforts in effectiveness, timeliness and efficiency.

Finalist winner, AtlantiCare Regional Medical Center, Atlantic City, N.J., was recognized for its strong leadership and accomplishments in safety and effectiveness as well as its groundbreaking work in the creation of a Special Care Center to manage chronic, high-cost conditions. Finalist winner, Northwestern Memorial Hospital, Chicago, an academic medical center, was impressive in its deep and wide use of robust quality tools to address effectiveness, safety and equity as well as its collaborative environment for physicians and nurses and its strong leadership throughout.

Providence Little Company of Mary Medical Center Torrance, Calif., was awarded a Citation of Merit for its remarkable quality turnaround story, focusing on the development of quality improvement strategies, and strong and engaged leadership. Virginia Mason Medical Center, Seattle, was awarded a Citation of Merit for its transformational leadership and work in safety and efficiency and for its national leadership in developing the Virginia Mason Production System to improve efficiency.

All five hospitals have demonstrated a commitment to pursue excellence. Their passion and strategies provide models and best practices for the entire field.

On behalf of the American Hospital Association Board of Trustees, membership and staff, I am pleased to thank McKesson for its 10 years of commitment to the hospital field's Quest for Quality. Its support and funding for the AHA-McKesson Quest for Quality Prize have furthered the field's work in creating safer, more effective, more efficient, more timely, more patient-centered and more equitable systems of care.

A handwritten signature in black ink that reads 'Rich Umbdenstock'.

**Rich Umbdenstock**  
President and CEO  
American Hospital Association

# 2002

**WINNER | Missouri Baptist Medical Center**  
St. Louis, Missouri

# 2003

**WINNER | Abington Memorial Hospital**  
Abington, Pennsylvania

# 2004

**WINNER | Sentara Norfolk General Hospital**  
Norfolk, Virginia

# 2005

**WINNER | North Mississippi Medical Center**  
Tupelo, Mississippi

# 2006

**WINNER | Cincinnati Children's Hospital Medical Center**  
Cincinnati, Ohio

# 2007

**WINNER | Columbus Regional Hospital**  
Columbus, Indiana

# 2008

**WINNER | Munson Medical Center**  
Traverse City, Michigan

# 2009

**WINNER | Bronson Methodist Hospital**  
Kalamazoo, Michigan

# 2010

**WINNER | McLeod Regional Medical Center**  
Florence, South Carolina

# 2011

**WINNER | Memorial Regional Hospital**  
Hollywood, Florida



**WINNER | Missouri Baptist Medical Center**  
St. Louis, Missouri  
President: Joan Magruder

## Going Further Than They Ever Imagined

2002

Reminiscing about Missouri Baptist Medical Center winning the first Quest for Quality Prize in 2002, Nancy Kimmel, director of quality and patient safety, marvels at how far the institution has come. “We have been able to go even further than where we even envisioned we would go,” she says. “We’re able to do what we’re doing today because we spent all that time focused on creating an organization of learning and transparency.”

That culture of embracing transparency and communication, combined with efforts to improve the safety and efficiency of care, “has positioned us to achieve nationally recognized performance in patient safety, satisfaction and outcomes, while at the same time introducing Lean methodology to become more efficient—all necessary as we enter the era of health care reform,” says Joan Magruder, president of Missouri Baptist, located in St. Louis.

The institution’s commitment to quality is evident on Day 1 for employees. Magruder and the hospital’s vice presidents conduct orientation, at which they teach new staff about the Institute of Medicine’s six quality aims.

The organization, part of the BJC HealthCare system, adopted the Lean approach about five years ago. “You can have a quality product that is very labor intensive and redundant,” Kimmel says. “So we’re focusing on how to streamline—that’s our Lean approach—with high quality associated with it.”

The benefits are tangible. For example, Lean work on the emergency department value stream resulted in the placement of an emergency physician in triage. ED patients are seen within 30 minutes. Another success is the elimination of ventilator-associated pneumonia in the intensive care units. The hospital has not had a case in nearly five years, Kimmel says.

Communication is a pillar of the organization’s qual-

ity improvement efforts. The feedback goes both ways—from the leadership down and from the staff up. Magruder and the hospital’s vice presidents make regular leadership rounds during which they talk with staff about everything from quality initiatives to employee benefits and hospital financials, Kimmel says.

The results of quality efforts are distributed hospitalwide using a number of methods, including town halls, e-mail, the intranet, computer screen savers and flat-screen TVs located throughout the facility. Missouri Baptist employs a communications manager whose job is to get the word out via these multiple venues.

Seeing the impact of their efforts keeps the staff engaged. “Everybody gets really excited when they’re able to see that they took a very complex process and made it easier,” Kimmel says. “It’s when they see a change in an outcome metric that really makes a positive impact to the patient—a decrease in readmissions or in surgical-site infections—that’s when it’s really a home run.”

Health information technology plays a big part in Missouri Baptist’s efforts. The hospital’s transition to an electronic facility is nearly complete. The last piece, expected next year, is to implement computerized provider order entry and electronic physician notes, Kimmel says.

The hospital uses a sophisticated electronic reporting system that kicks out alerts in real time so that adverse patient-safety events can be prevented, Kimmel says. For example, the software can match a patient’s medication profile with labs and catch a change in kidney function that might require a new prescription. “We’re always trying to find unique ways to make the computer systems work for us and enhance our ability to detect and mitigate,” she says. [Q4Q]

Joan Magruder (center), president of Missouri Baptist Medical Center, and Nancy Kimmel (right), director of quality and patient safety, discuss quality initiatives with a nurse during one of their leadership rounds.





**WINNER | Abington Memorial Hospital**  
Abington, Pennsylvania  
President & CEO: Laurence Merlis

## Award Created Energy that Continues Today

2003

The health care community still was in the early years of its awakening to the notion that harm could be occurring in the nation's hospitals when Abington (Pa.) Memorial Hospital won the 2003 Quest for Quality Prize. Since then, the hospital's approach has grown tremendously in scope and complexity.

Abington Memorial has been participating in Institute for Healthcare Improvement efforts since 2005, says John Kelly, M.D., the hospital's chief of staff and chief patient safety officer. Thanks to generous annual gifts from a former board chair, the hospital is able to send 30 to 40 people—from board members to nurses—to the IHI annual meeting. In addition, 22 physicians and nurses have been certified by the IHI as patient safety officers since 2006, Kelly says. "They're a safety posse, if you will." In 2006, Abington created a Center for Patient Safety and Health Care Quality, which houses the patient safety officers and other quality personnel.

Abington also has adopted its own form of Team Strategies and Tools to Enhance Performance and Patient Safety, an evidence-based teamwork system developed by the Agency for Healthcare Research and Quality and the Defense Department aimed at creating and sustaining a culture of safety. Every employee and medical staff member was required to go through this training, Kelly notes.

To spark new ideas to improve care and treatment, Abington Memorial developed the Innovators' Circle. The program provides seed money to physicians, nurses and staff to get innovative concepts off the ground. The circle has funded 45 projects since 2005. One Innovators' Circle idea that Abington Memorial adopted is the Daily CARE Plan, an individualized information sheet given each day to patients and their families. It details such items as what medication the patient is on, who the patient's doc-

tors are, and what's going to happen throughout the course of the day, Kelly explains. "It really helped us engage our patients and their families as partners."

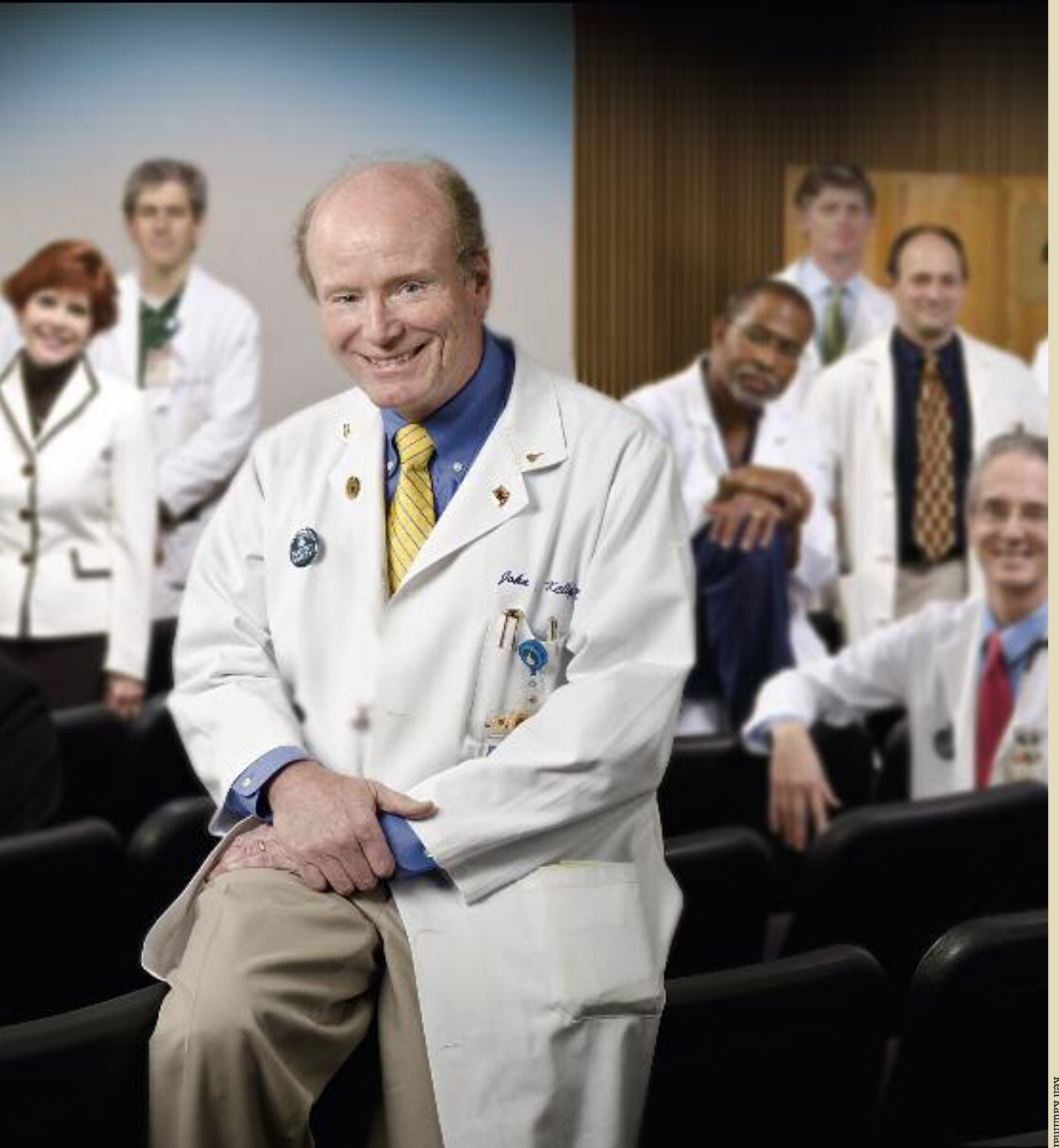
In recent years the hospital has focused on becoming a high-reliability institution. The effort began with an in-house project to reduce variation in the obstetrics department, Kelly says. That initiative's success sparked a hospitalwide effort that began about 18 months ago to reduce variation by engaging with Healthcare Performance Improvement, a joint venture of Sentara Healthcare and nuclear power consultants to help hospitals improve reliability and patient safety. "We've come to understand high reliability is not just processes, it is behaviors," Kelly says.

Now, every hospital meeting with an agenda starts with a story that has a patient safety message. Also, the hospital's intranet displays the number of days since the last adverse safety event "so all of our employees can keep this at the forefront of their daily focus," says Laurence Merlis, president and CEO of Abington Health.

Abington also is in the process of launching a physician performance-measurement program using the Advisory Board Company's Crimson Initiative approach. It will pull data from various repositories and track physician performance on both general and specialty-specific metrics, Kelly says. "Understanding the variances that occur in care will enable our individual physicians to bring themselves to where they want to be in terms of quality."

The physician performance project and the other safety initiatives are "built on that initial platform of the Quest for Quality award," Kelly says. "It created an energy that continues to this day." [Q4Q]

John Kelly, M.D., Abington Memorial Hospital's chief of staff and chief patient safety officer, gathers with some members of the "safety posse."





**WINNER | Sentara Norfolk General Hospital**  
Norfolk, Virginia  
System CEO: David Bernd

## Striving for the Top 10 Percent Nationally

2004

The sense of affirmation the 2004 Quest for Quality Prize gave to Sentara Norfolk (Va.) General Hospital propelled not only a rollout of its safety program to the rest of the Sentara system, but also a desire to spread the word nationwide. Sentara Healthcare helped to create a joint venture called Healthcare Performance Improvement. “It was formed to help other hospitals and systems who are interested in going down the path that we had here to try to improve reliability and patient safety,” says Gary Yates, M.D., senior vice president and chief medical officer for the eight-hospital system.

The journey began in the early 2000s when Sentara Norfolk leaders felt they weren’t getting the quality improvements they wanted to achieve. The hospital partnered with a consulting firm specializing in safety in the nuclear power and other high-risk industries to see if some of those practices could be adapted to health care.

The result was the Real Time Behavior-Based Monitoring Program, which revolved around behavior-based expectations, now called safety behaviors. The concept is that “there are certain key behaviors and tools that everyone can use and, by using them they keep your patients safer,” Yates explains. “If you use them often enough, they become habits. Then, if enough of us across the organization create these safe habits, we begin to influence the culture and create a safer environment for patients.”

The positive results from that program led to the Quest for Quality award. From there, two nuclear engineers involved in the hospital’s effort partnered with Sentara to create HPI. The firm now is working with about 240 hospitals, says Yates, HPI’s president.

Since winning the Quest for Quality award, Sentara Norfolk has kept its core methodology but incorporated a focus on quality in addition to safety, says Mary Blunt,

administrator of Sentara Norfolk and a system corporate vice president. For example, a goal in the system’s strategic plan is to be a top 10 percent performer in national quality and safety benchmarks.

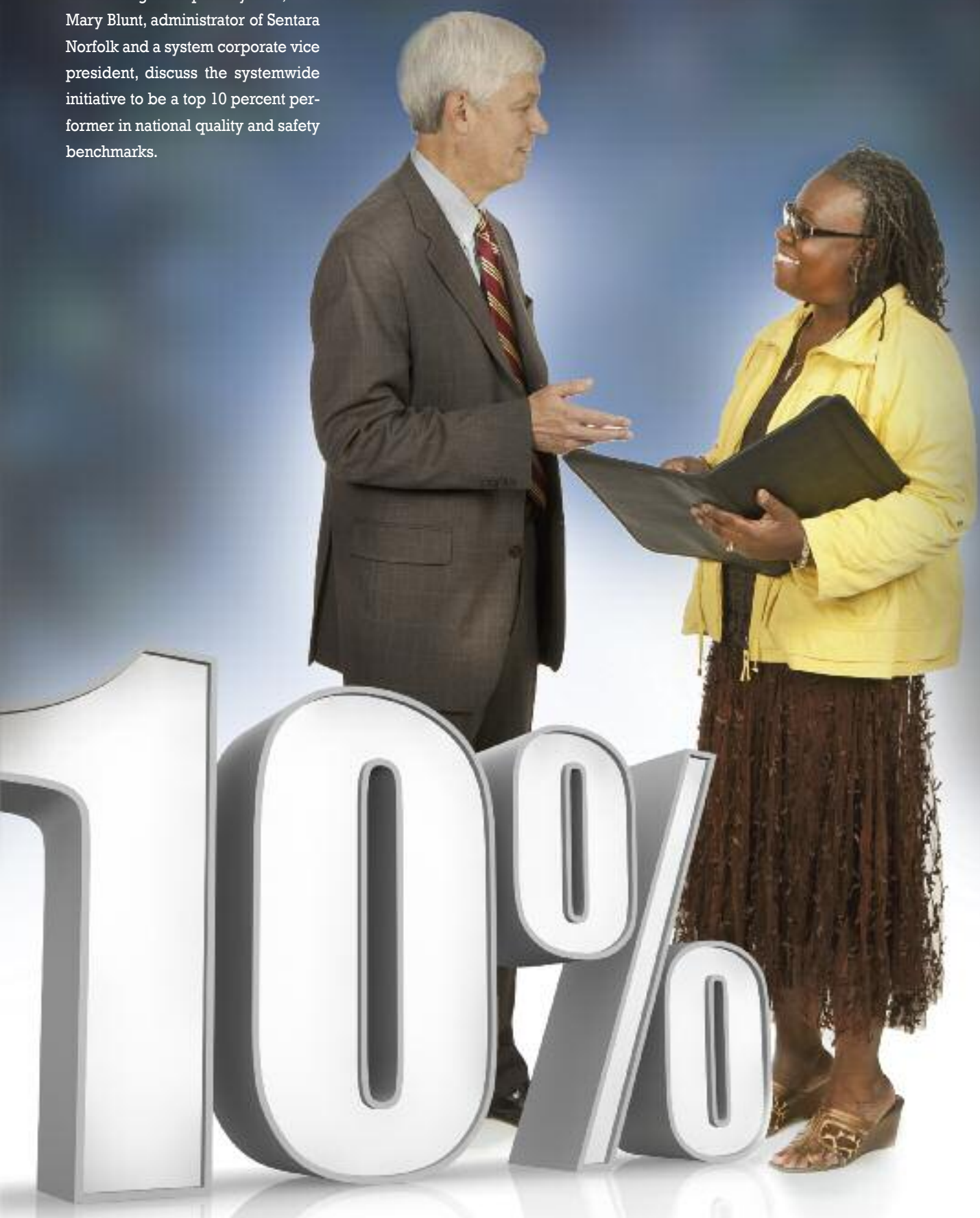
To that end, about four years ago Sentara instituted daily check-ins at each hospital. Senior leaders and operational leaders huddle to review any adverse events that happened over the last 24 hours and discuss what events might be anticipated and prevented in the coming 24 hours. “The leadership team starts each day focusing on how to make that day a safe day and getting everybody engaged and focused,” Yates says.

Each year Sentara hospitals develop specific quality goals. This year Norfolk General is focusing on preventing falls. Part of that effort is what Blunt calls “Mary’s three-step process”—ask, document and demonstrate. Each senior leader is assigned a bed tower. Their first step is to engage the staff around what they should be doing to prevent falls. The second step is to pull pertinent patient records and check the care plans. The last is to visit patient rooms and have staff show how the fall-prevention elements were followed. “You just keep reinforcing the expectation and the behaviors,” Blunt says.

Sentara leaders always are looking for new quality improvement ideas. Some bubble up from HPI and others are inspired by high-reliability organizations in high-risk fields. “Every now and then, it’s trying something new to see if we can learn from these industries to make things better for our patients,” Yates says. [Q4Q]



Gary Yates, M.D. (left), senior vice president and chief medical officer for the eight-hospital system, and Mary Blunt, administrator of Sentara Norfolk and a system corporate vice president, discuss the systemwide initiative to be a top 10 percent performer in national quality and safety benchmarks.





**WINNER | North Mississippi Medical Center**

Tupelo, Mississippi

President: Steven Altmiller

President & CEO of North Mississippi Health Services: John Heer

## Staying Focused on the Right Things

2005

North Mississippi Medical Center has stayed with its basic approach to quality improvement since achieving the 2005 Quest for Quality Prize. “Some people might get bored by that, but when you’re focusing on the right things, it’s hard to argue,” says John Heer, president and CEO of North Mississippi Health Services, the health system to which the medical center belongs.

The award validated to the leadership, the front-line staff, the board and the community that the medical center was indeed focused on the right things, he says.

The organization, located in Tupelo, pursues its goal to be “the provider of the best patient-centered care and health services in America” by attending to five “critical success factors.” They are:

- People: Maintain a high-quality workforce.
- Service: Improve customer service.
- Quality: Improve prevention and health education services. Improve health outcomes.
- Financial: Produce financial resources required to support mission and vision.
- Growth: Expand access to health services.

The way the medical center keeps that approach fresh is to be vigilant about the data, Heer says. “For instance, if you’re having issues in patient satisfaction that show up on results, you may have to start different initiatives or a different focus.” The organization uses a rigorous monthly scorecard to keep track of performance on its indicators.

Quality goals are established through a multipart process that starts with feedback from all of the hospital’s constituencies, including front-line employees, the community and patients, Heer says. All that information is brought together during a leadership-planning retreat, and from that a rolling, five-year strategic plan is forged.

Goals are set for the organization, departments, units and individuals. “We have ‘keys-to-success’ cards that every employee has in their name badge holder,” Heer says.

Under Heer’s leadership, North Mississippi adopted a “servant leadership” philosophy under which leaders focus their efforts on the needs of their employees. Everybody in the organization is evaluated cyclically on his or her performance. Those who score poorly are evaluated more often and those who score well are reviewed less frequently.

New leaders go through a training process based on that of a four-year college, Heer says. The first two years are focused on general leadership skills, and the second two are targeted more toward the person’s specific job. For example, nurses have different leadership requirements than employees who work in central sterile processing, he notes.

North Mississippi’s quality efforts have earned other recognition: The medical center received the Malcolm Baldrige National Quality Award in 2006. The organization “continues to raise the bar in each of the critical success factors,” Heer says. Patient and employee satisfaction scores are up, and the hospital is staying on the leading edge of quality indicators. “We’re coming off of two of the best years in the history of the organization financially, and we continue to grow our market share,” he adds.

Like other hospitals, North Mississippi is working to prepare for health system reform, Heer says. Part of the strategy is to continue to develop alignment with the medical staff and keep a focus on population-based care, he says. “The approach we have with the mission, vision, values and critical-success factors forces you to focus on the things you need to in order to be successful in any environment.” [Q4Q]



John Heer, president and CEO of North Mississippi Health Services, emphasizes the medical center's commitment to quality and safety at every orientation session for new employees.



**WINNER | Cincinnati Children's Hospital Medical Center**  
Cincinnati, Ohio  
President & CEO: Michael Fisher

## Quality, Safety and Outcomes are the Highest Priority

2006

The journey that enabled Cincinnati Children's Hospital Medical Center to win the 2006 Quest for Quality Prize began a decade ago with now-retired President and CEO James Anderson. To honor that legacy, the hospital's board last year established the James M. Anderson Center for Health System Excellence.

"The center will expand the scope of our work by hardwiring the infrastructure for transformation into our clinical, research, education and advocacy activities," says current President and CEO Michael Fisher. Through the center, Cincinnati Children's plans to work with other hospitals and industries to advance improvement science and quality improvement, Fisher says. The center's website posts resources, such as an evidence-based care guidelines development process called LEGEND—Let Evidence Guide Every New Decision: Tools for Evaluating the Evidence.

The poor economy and the push to cut health care costs mean hospitals need to work even harder to make the best use of limited resources. To that end, the hospital has launched a value initiative that is exploring opportunities for improving efficiency and productivity in clinical, research and business operations, Fisher says.

Over the last few years, Cincinnati Children's has focused on building a high-reliability organization and improving patient flow across the hospital. As a result, the hospital has the capacity to serve 65 more inpatients every day, has avoided construction of about 75 new beds to meet today's volume, and has increased operating room capacity by about 5 percent, Fisher notes.

To sustain its success, the organization invests resources to build its capacity for improvement work. For example, the hospital has recruited recognized leaders in quality and young faculty with a particular interest in

quality improvement, Fisher says. In addition, a five-year project to implement a comprehensive, integrated electronic health record system with embedded quality measures is nearing completion.

The hospital also has developed a training program in improvement science that is offered twice a year. About 300 employees have taken the six-month course, "giving us a critical mass of trained leaders," Fisher says.

Since winning the award, the hospital has worked to keep staff engaged in the quality improvement effort. "We continually communicate about quality-improvement initiatives, successes and failures," Fisher says. "This reinforces for our employees that quality, safety and patient outcomes are our highest priorities."

Cincinnati Children's has a safety tracker, updated daily, on its internal website that reports adverse safety events. This contributes to the high level of employee awareness and commitment to patient safety, Fisher says. The hospital also engages parents in its quality-improvement initiatives. "Having families as part of the team is an everyday reminder of the importance of the work we do," Fisher adds.

The Quest for Quality Prize helped to build lasting momentum, enthusiasm and confidence from the board and senior leaders down to the front-line staff. Quality, safety and family-centered care now are rooted firmly in the hospital's culture. "We talk about it all the time," Fisher says. "It's part of our thinking, planning and day-to-day operations." Complacency is not an option, Fisher says. "It takes ongoing commitment and vigilance to sustain the highest level of performance every day, for every patient. Experience shows that every time we achieve a success, we learn there's more to do. Quality is a journey, not a destination. We're still on the quest." [Q&Q]



President and CEO Michael Fisher plays pool with one of the young patients in the kids' activity center at Cincinnati Children's Hospital Medical Center.



**WINNER | Columbus Regional Hospital**  
Columbus, Indiana  
President & CEO: Jim Bickel

## Local Flooding Made the Community Stronger

2007

When Columbus Regional Hospital was awarded the 2007 Quest for Quality Prize, little did staff members know that within a year the culture they had crafted would be put to a severe test. In June 2008, a flash flood filled the basement with water. The hospital's pharmacy, laboratory, dietary department and IT system were ruined.

Water rose from the basement to the ground floor another eight inches, disabling the emergency and radiology departments, the cancer center and other outpatient services. The hospital expected to be closed for 12 months, but reopened in just five. "Our focus on excellence and quality is what got us through the flood because we said, 'OK, how do you recover from this type of an event? Let's do it in a stellar fashion,'" says President and CEO Jim Bickel.

The hospital's philosophy of investing in and valuing staff was evident after the event. Columbus Regional used money set aside to build a new ED and inpatient tower to keep the staff on the payroll while the hospital was closed. "I didn't want to let that most valuable resource scatter to the winds when the flood hit," Bickel says. Employees worked during that time. They got outpatient services up and running in the community in about two weeks. Some employees worked on flood recovery or were leased to other hospitals.

The flood affected about 2,000 homes. "Getting back to our value of being a good community citizen, we put our case managers to work helping citizens navigate insurance and the Federal Emergency Management Agency," Bickel adds. "We had folks in people's homes ripping out drywall and insulation, trying to help put their lives back together."

It wasn't until last year that the hospital truly put the flood behind it, Bickel says. But the experience made Columbus Regional stronger. "It makes the future seem

a little less daunting for us because we feel up to the challenge." The flood even had a silver lining, Bickel says. As part of the resulting flood-mitigation plan, the hospital had to move departments out of the basement. That freed up a lot of square footage. The hospital used that space to build an innovation center, expected to open this summer.

About the time Columbus Regional won the Quest for Quality Prize, it was adding Lean and Six Sigma—what Bickel calls Lean-Sigma—to its arsenal of process-improvement tools. The innovation center will house the Lean-Sigma belts, clinical quality management teams, clinical nurse specialists and others focused on quality.

In the middle of the innovation center there will be a space where staff can gather to think about delivering care in new ways, whether it's looking at how to develop a medical home or how to manage chronically ill patients more effectively. "We're trying to build an organizational competence around innovation and a culture of innovation where it is another value of the organization," Bickel says.

Adjacent to the center will be a simulation lab, which will have a mock operating room suite, emergency room and inpatient room. The lab will help clinicians improve their clinical skills, and allow the hospital to test new delivery concepts. "We're really looking at this innovative piece as a strategy for the organization not only to survive health care reform, but to thrive in it," Bickel says. [Q4Q]



Columbus Regional Hospital executives (left to right) CNO Cheri Goll R.N., CEO Jim Bickel, and CMO Tom Sonderman, M.D., seized victory from disaster by developing an “innovation center” after a flood in 2008 left the hospital’s basement completely destroyed.



**WINNER | Munson Medical Center**  
Traverse City, Michigan  
President & CEO: Edwin Ness

## Becoming a Regional Leader in Quality

2008

Since receiving the 2008 Quest for Quality Prize, Munson Medical Center has reached beyond its four walls to help improve quality in northern Michigan. The hospital, located in Traverse City, was instrumental in launching a regional STEMI (ST-segment elevation myocardial infarction) initiative in 2009 and a regional sepsis project in late 2010.

“These initiatives really came out of Munson Medical Center with our expertise, then we spread them through our health care community and then outside to the other community hospitals that make up the care system throughout northern Michigan,” say John Erb, chair of the Munson Medical Center board of trustees. The efforts reflect the board’s belief that the hospital’s responsibility is not only to the local community but also to the entire area, Erb says.

The STEMI project, which includes 15 hospitals, emergency medical service providers and physician practices, has netted some impressive results. Identification of STEMI cases has increased 28 percent, median door-to-balloon time has dropped from 73 minutes to 57 minutes, and median door-to-needle time has fallen from 55 minutes to 18 minutes, according to the January 2011 issue of *Physicians Practice* magazine distributed by Munson. Community education about when to call 911 also is part of the effort. The percentage of STEMI patients using EMS to access care has increased from 56 to 72 percent.

The sepsis initiative is too new to have yielded data yet, Erb says, adding: “We’re hoping to spread the word that all of the hospitals and everyone that provides emergency services in northern Michigan can do something dramatic to improve the outcomes of people who present with sepsis.”

The efforts focus on what is best for the patient,

rather than how the hospital can get more business, says Edwin Ness, Munson Medical Center president and CEO. “We came to realize you only can get so far in improving some of these metrics just working as an institution.” Hospitals in the region have developed a unique culture of putting aside competition on some matters to work together on quality, he adds.

Munson’s collaborative efforts, which also include participation in the Michigan Health & Hospital Association’s Keystone Center quality improvement project, help to prepare the hospital for the national push toward payment based on quality, and penalties for excess readmissions and adverse events, Ness says. “These patients are going to come to one of our hospitals and if we don’t do it right, it’s going to lead to longer lengths of stay and higher costs. So, we look at this as cost avoidance by providing the right care.”

Within Munson Medical Center, quality improvement efforts are never stagnant, thanks to the efforts of the hospital’s patient safety committee and the board’s quality committee. This year the facility, part of the seven-hospital Munson Healthcare system, is focusing on hand-hygiene compliance and patient falls.

The aim is to boost hand-hygiene compliance from 87 to 95 percent through a multifaceted approach. It includes the code phrase “Hi, Gene” that physicians, nurses and others can use to politely remind one another to wash their hands. The falls prevention effort includes a fall assessment tool, color-coded charts that reflect the patient’s fall risk, and hourly rounding that involves getting patients moving during the day and providing assistance to the bathroom, if needed, especially at night.

“The quality goalpost is always moving,” Erb says. “We have to move with it.” [Q4Q]





Quality is the first item on the agenda at board meetings. Board member John Erb (right) says, "It's woven into the fabric at every level." Edwin Ness (left), president and CEO, and Carl Benner, M.D. (center), chair of the board's quality committee, couldn't agree more.



**WINNER | Bronson Methodist Hospital**  
Kalamazoo, Michigan  
President & CEO: Frank Sardone

## A Foundation that Focuses on Patients and Quality

2009

Winning the 2009 Quest for Quality Prize created momentum to further improve quality at Bronson Methodist Hospital by reinforcing staff confidence, raising community awareness of its high standards, and strengthening its partnership with physicians, says President and CEO Frank Sardone.

“A decade ago we probably had 30 physicians involved in and focused on performance improvement,” he says. “We probably have more than 200 physicians involved now. Having the strong vision focused on patients and families is the great unifier.”

The organization, located in Kalamazoo, Mich., is in the midst of a three-year electronic health record initiative called i-Optimization and has engaged its doctor community in the effort through a physician-advisory team. Beginning this fall, the new system will be deployed in stages across the Bronson system, including hospitals, physician offices and home health. “One of our focuses is on improving care and aligning it across the continuum, and the i-Optimization project gives us the tools to be able to do that,” Sardone says. Patients will have electronic access to their medical records to improve communication and teamwork among patients, families and the care team.

Bronson in recent years has concentrated on the Institute of Medicine aim of providing equitable care. It has developed a “Guide to Culturally Competent Health Care,” which is accessible to every employee in the system. It provides a quick reference to unique characteristics of different populations and cultures. In addition, all employees are required to utilize a computer-based learning tool on health literacy.

The organization has continued its participation in the Michigan Health & Hospital Association’s Keystone Center patient safety and quality project. Since 2005,

Bronson has been able to quantify savings of almost \$7 million through the reduction of ventilator-associated central line infections and urinary tract infections, notes Cheryl Knapp, R.N., vice president for accreditations and quality standards. “And we’ve been able to save 59 lives.

Two years ago Bronson embarked on a major project, in partnership with Western Michigan University, to create a school of medicine. The organization recently hired a founding dean and received a \$100 million grant from an anonymous donor for the school’s startup. Kalamazoo is the headquarters of the Stryker medical products company and was home to the Upjohn Company, now part of Pfizer. Several new companies were created to retain the scientific talent that might have been lost when Pfizer acquired Upjohn in 2003, Sardone says. “A school of medicine was a natural progression of that interest.” The school is two or three years from becoming a reality, he says.

The Bronson system continues to grow. In 2008, it acquired LakeView Community Hospital, renamed Bronson LakeView Hospital. Now Bronson is in the process of creating a partnership with Battle Creek Health System, about 25 miles to the east.

“This partnership with BCHS will enable Bronson to take our long-standing commitment to quality to an even higher level,” Sardone said in a December 2010 statement announcing that the two systems had signed a letter of intent for Bronson to buy 51 percent of BCHS. “Working together for the greater good of our patients will help us achieve optimal use and coordination of health care resources regionally.”

Bronson’s overall approach positions it well for the future, Sardone says. “We have created a foundation—that focuses on quality and patients—for whatever happens with health reform.” [Q4Q]



Quality is a strategic priority at Bronson Methodist Hospital. (Clockwise from front and center) Frank Sardone, Bronson president & CEO; Jane Janssen, R.N., director of clinical operations improvement; Scott Larson, M.D., senior vice president of medical affairs; William Mayer, M.D., CMO and vice president of medical staff clinical quality; and Cheryl Knapp, R.N., vice president of accreditations and quality standards.



## WINNER | McLeod Regional Medical Center

Florence, South Carolina

President & CEO: Rob Colones

# On a Continual “Quest for Quality”

# 2010

After winning the 2010 Quest for Quality Prize, the folks at McLeod Regional Medical Center have taken time to celebrate and reflect. As a result, they’ve already built upon their success.

“To celebrate, we made sure that our physicians, our nurses and our staff received recognition for what is a confirmation of the improvement work we’ve been doing in and around the Institute of Medicine’s six aims,” says President and CEO Rob Colones. Reflection meant realizing the hospital’s quality improvement work is not done. “Quest is a good name for it, because it’s a continual quest,” Colones says. “There’s always a new thing around the bend, another hill to climb.”

As part of their reflection, the organization’s leaders analyzed why the hospital was able to win, so they wouldn’t attribute success to the wrong causes. They identified six core success factors: prioritization of work, physician leadership, executive engagement, use of improvement methodologies, a change theory, and infrastructure dedicated to help the improvement work.

Senior leaders returned to the classroom for additional instruction in improvement methodology. As a team, they read *On the Mend* by John Toussaint, M.D., and Roger A. Gerard, Ph.D., and *The Checklist Manifesto: How to Get Things Right* by Atul Gawande, M.D. Then each leader was required to participate in at least two improvement events.

The hospital has adopted *The Checklist Manifesto* principles as part of its safe-surgery work, notes Donna Isgett, R.N., senior vice president for quality and safety. The South Carolina Hospital Association has partnered with Gawande, director of the World Health Organization’s Global Challenge for Safer Surgical Care, to introduce the WHO Surgical Safety Checklist in every

operating room in the state.

The McLeod staff stays excited about quality work by constantly looking for opportunities to improve, Isgett says. As an example, she points to mortality rates. The hospital’s mortality rates had become as good as possible by attacking the problem at the disease-category level. “We weren’t satisfied with just being good,” Isgett says. So a team of physicians was assembled to look at every death in the hospital and identify commonalities. The physicians found that certain patients, such as those transferred out of the intensive care unit in the past 24 hours, patients using pumps to control their pain medications, and transfers from other facilities, were at higher risk for death.

The hospital developed, tested and launched a rover program that sends an ICU nurse to visit at-risk patients daily throughout the hospital. “We’re probably 20 percent better than expected in overall mortality rates,” says Isgett of the efforts over the last 16 months.

McLeod also is updating its health information technology systems to improve clinical integration and meet the meaningful use definitions. The change also will improve quality through computerized provider order entry populated with evidence-based order sets.

Winning the Quest for Quality Prize hasn’t made McLeod immune from the pressures confronting hospitals today, including government program-payment reductions. “Finding ways to reduce costs and work efficiently is increasingly becoming a focus,” Colones says. “We’re trying to figure out how to improve our improvement work because we need to spread it.” [Q4Q]



McLeod Health leaders are standing in the McLeod hospice garden among flourishing greenery along the Infinity Walkway. From left: Ronnie Ward, McLeod Health chairman of the board of trustees; Donna Isgett, R.N., senior vice president of quality and safety; Rob Colones, McLeod Health president and CEO; William Boulware, M.D., McLeod Regional Medical Center chief of staff; and Marie Segars, R.N., administrator of McLeod Regional Medical Center.



**WINNER | Memorial Regional Hospital**  
Hollywood, Florida  
CEO & Senior Vice President: Zeff Ross

## Believing in Their Mission Statement

2011

Provide safe, quality, cost-effective and patient- and family-centered care. That mission is what drives employees at Memorial Regional Hospital, a public hospital in south Broward County, to achieve service and operational excellence.

“Seven Pillars of Excellence” frame the organization’s work: excellence in safety, quality, service, people, finance, growth and community. Quality is defined as “exceptional health care with dignity” that focuses on kindness and compassion. “We call it the Memorial Experience,” says Zeff Ross, CEO and senior vice president.

The organization has a strong culture of safety, striving to be nothing less than the safest hospital in the United States. The use of crew resource management, adapted from the aviation industry, fosters teamwork throughout the hospital. “We no longer think in silos,” Ross says. “A patient comes here and is touched by every department in the hospital.” It’s also been an effective safety tool. A study of CRM usage over a one-year period found instances in which employees made adjustments, avoiding errors and potential deaths.

The establishment of a “just culture” further has facilitated teamwork by recognizing that mistakes and errors often are the result of imperfect processes and systems. “The combination of CRM and just culture has allowed us to achieve outstanding results,” says Stanley Marks, M.D., senior vice president and chief medical officer for Memorial Healthcare System.

Patients and families are engaged actively in the care process, says Debbie Tedder, R.N., chief nursing officer. “It changes the culture of the organization. We work side by side.”

A special-needs coordinator creates programs and provides tools that help staff assess all inpatients for phys-

ical, psychological, developmental and cultural needs, and the coordinator works with hospital leaders and staff to ensure all needs are met. Family members and friends have around-the-clock access to patients, including those in the intensive care unit. Patients and families also are engaged in the planning and improvement processes, assisting in the design of consumer-friendly bills, creating new signage and developing educational materials for palliative care, among other things.

Memorial Regional Hospital takes an innovative approach to community outreach. Its Health Intervention with Targeted Services program, for example, uses patient data to identify neighborhoods with a large percentage of uninsured patients admitted with chronic conditions or with high emergency department usage. In 2005, two of the neighborhoods identified accounted for \$44 million of the organization’s \$129 million in charity care and bad debt. The HITS team, in partnership with community organizations, went door-to-door talking with residents about their health needs. They assisted uninsured residents with applications for Medicaid and other programs, and sponsored health fairs to educate the community. Since its inception, the program has reached more than 7,500 people, enrolling 416 in Medicaid and 1,163 in Memorial’s primary care program, saving the organization more than \$2.8 million in uncompensated care expenditures.

The team at Memorial Regional is not one to rest on its laurels. The achievement of milestones is celebrated, but new goals are set quickly. “We have a great team of people,” says Marks. “We are all competitive, but we recognize that we are here for the greater good of the community.” [Q4Q]

(Left to right) Zeff Ross, CEO and senior vice president; Debbie Tedder, R.N., chief nursing officer; and Stanley Marks, M.D., senior vice president and chief medical officer, believe that quality is defined as “exceptional health care with dignity that focuses on kindness and compassion.”





## 2011 FINALIST | AtlantiCare Regional Medical Center

Atlantic City, New Jersey

President and CEO: Lori Herndon

President and CEO of AtlantiCare health system: David Tilton

# Culture is the Key to Execution

AtlantiCare Regional Medical Center's quest for excellence firmly rests on a straightforward premise: "We build healthy communities." It encourages all individuals to improve their work at every opportunity.

David Tilton, president and CEO of the AtlantiCare system, says the quality journey is an ongoing effort that began more than 20 years ago. "We've spent an enormous amount of time on developing the culture," he says. "Culture is the key to execution."

Lori Herndon, executive vice president, AtlantiCare and president and CEO of the medical center, agrees. "Our culture, which is pervasive, is one of continuous improvement. Our staff are committed to coming to work and making the organization better than it was the day before."

To that end, AtlantiCare has invested heavily in leadership development. Pathways to Leadership, a one-year program, provides front-line staff an opportunity to focus on the core knowledge and behaviors necessary to become successful leaders. And the year-long Excellence in Leadership program helps mid-level managers acquire the next level of leadership competence. "It's essential to have the right people in the right spot," Tilton says. "To do that, we have to grow and develop our leaders."

The board actively looks for opportunities to enhance organizational performance. "We've got a strong board," says Eugene Arnone, trustee and past chair of the board of governors. "We are very progressive and aggressive and demanding of the administration and physicians." Ten years ago, the board agreed AtlantiCare should adopt the Baldrige criteria, a decision that's had a significant impact on the organization. "Change is not only accepted, it's expected," Tilton says. The organization won the Malcolm Baldrige National Quality Award in 2009.

The Institute of Medicine's six quality aims are re-

flected in AtlantiCare's performance excellence commitments: best quality, best people and workplace, best customer service, best financial performance and growth. "Our quality plan is driven by implementing evidence-based care and promoting best practices across the organization," says Joan Brennan, R.N., vice president of quality and performance excellence. "We are never going to be perfect in everything we do, but we identify opportunities and work to improve them."

As part of its commitment to building healthy communities, AtlantiCare opened Special Care centers in Atlantic City and Galloway to reduce costs and improve the quality of care for patients with chronic conditions. Each center provides a comprehensive primary care delivery model that incorporates intensive health coaching to improve compliance with treatment plans. It has reduced hospitalizations and emergency department visits, and performs above the 90th percentile on such indicators as congestive heart failure, hypertension, coronary artery disease, smoking cessation and diabetes.

Chief Medical Officer Marilouise Venditti, M.D., attributes part of the organization's success to setting clear goals. All employees wear badges that highlight how their work supports the organization's objectives. "We all know why we are here," Venditti says. "The mission and vision resonate with everyone." [Q4Q]





David Tilton (center), president and CEO of AtlantiCare, along with his team (left to right) Sandy Festa, director, Special Care Center; Lori Herndon, executive vice president, AtlantiCare, and president and CEO, ARMC; Ines Digenio, M.D., medical director, Special Care Center; and Eugene Arnone, trustee, believe cultural development is key to success.



**2011 FINALIST | Northwestern Memorial Hospital**  
Chicago, Illinois  
President & CEO: Dean Harrison

## Breaking the Siloed Approach to Quality

The culture of quality at Northwestern Memorial Hospital is one of collaboration. Nurses and physicians serve as co-chairs of the organization's quality committees in pursuit of its strategic objective: deliver exceptional care; advance medical science and knowledge; and develop people, culture and resources.

"We are a group of caregivers that have great dedication to providing high-quality care to our patients," says Gary Noskin, M.D., chief of staff. "Over the past several years, we have moved away from the siloed, department-based quality agenda to an interdepartmental, interdisciplinary approach to quality improvement." Nurses and physicians participate in daily interdisciplinary rounds on all patient floors to ensure comprehensive, effective care planning. "It's just a fun way to work," says Cynthia Barnard, director of quality strategies, of the organization's interdisciplinary approach. "It's much more satisfying."

Northwestern's definition of quality reflects the Institute of Medicine's six aims: care that is safe, timely, efficient, effective, equitable and patient-centered. The Define-Measure-Analyze-Improve-Control process, a Six Sigma methodology, serves as the performance-improvement framework. It's an intuitive process for nurses and physicians, says Jay Anderson, vice president of quality. Access to timely, reliable data is the foundation of the DMAIC process. "We were very early adopters of not resisting the data," Anderson says. "We were quick to embrace the need for change."

Since 2002, more than 185 DMAIC projects have been completed, with more than 70 percent showing statistically significant improvement. Northwestern Memorial estimates these projects have impacted more than a million patient encounters and provided at least \$40 mil-

lion in financial benefit each year.

Scorecards and dashboards are used to communicate progress toward achieving goals. Every unit and department has a quality committee that meets monthly to discuss outcomes. "We all know where we are supposed to be, and where we are, in relation to attaining goals at all levels," says Terri Halverson, R.N., patient safety leader, quality strategies.

The board is integrally involved in setting goals and monitoring the quality of care and services. Quality and safety goals are intended to enhance clinical improvement and accountability and are vetted through the Patient and Family Advisory Council. "This goal-driven, data-fed, collaborative approach is what defines us and results in a culture that strives to deliver exceptional, patient-centered care every day," Halverson says.

Transparency—both internal and external—has been a game changer for the organization, notes Michelle Janney, R.N., senior vice president and chief nurse executive. "It only enriches our growth and journey toward quality improvement." [Q4Q]



Every unit and department has a quality committee that meets monthly to discuss outcomes. Members of Northwestern's quality team includes administrators, physicians and nurses.

## From the Bottom to the Top in Five Years



Providence Little Company of Mary Medical Center Torrance set the bar for organizational turnaround. Over a five-year period, it has gone from a low performer to top performer in all key metrics.

“We were in a difficult place,” says former CEO Michael Hunn. “Our quality metrics were not in place and we were operating at negative margins. We had to turn the organization inside out and upside down.” The goal was straightforward but ambitious: to become the finest medical center in Los Angeles.

Hunn, now senior vice president and chief executive of Providence Health & Services’ Southern California region, credits much of the transformation to the hospital’s physicians who voiced their concerns and actively participated in the transformation. There is a mandate against unilateral decisions from administration. “We make all of our decisions together—the medical staff and administration,” Hunn says. “The physicians even selected the new CEO for the organization.

“Our strategy is to build relationships with physicians,” says Laurence Eason, M.D., chief medical officer.

“That creates trust and has gotten us to where we are today.”

John Armato, M.D., professional staff president, agrees. “We needed to reignite the internal commitment. We needed to create a place where physicians, and all employees, are proud to work.”

They’ve succeeded. The medical staff’s trust in administration jumped from 14 percent in 2006 to 91 percent in 2010. The likelihood of the medical staff to recommend the hospital went from 27 to 89 percent during the same period.

The organization’s vision incorporates the IOM’s six quality dimensions: safe, timely, efficient, effective, equitable and affordable care. “We focus on doing the right things right,” says Mark Koechling, project manager, performance improvement and outcomes.

Adds Chief Nursing Officer Kathy Harren, R.N., “We have the right systems in place and the right people. We have a relentless pursuit to do what’s best for the patient. It’s important to be open to new knowledge and new practices.” [Q4Q]

**2011 CITATION OF MERIT | Virginia Mason Medical Center**

Seattle, Washington

Chairman & CEO: Gary Kaplan, M.D.

## Quality Makes Good Business Sense



In 2001, Virginia Mason Medical Center's board adopted a business case for quality as part of the strategic plan to focus on the patient. It was a turning point.

"Our core business strategy is built around quality, not size and market share," says Gary Kaplan, M.D., chairman and CEO. Senior leaders flew to Japan to study the Toyota Production System and then adapted it to health care. The resulting Virginia Mason Production System is a management methodology based on zero defect principles to allow for continuous quality improvement. Through rapid process-improvement workshops, VMPS identifies waste and inefficiency throughout the delivery system. That benefits not only the quality of patient care, but the bottom line as well. "Quality and safety is everybody's work," says Kaplan. "We've worked hard to build that concept into the minds of all employees, and not just leadership."

The organization's goals are aligned with the Institute of Medicine's quality dimensions. And quality is the top agenda item at every board meeting. Each meeting opens with a patient story presented, when possible, by

the patient or a family.

The focus on continuous quality improvement enhances organizational efficiency. The process reduced the time it takes to report lab results to the patient by more than 85 percent and improved medication distribution from physician order to availability for administration from 2.5 hours to 10 minutes. The proportion of time nurses spend in direct patient care has surged from 35 to 90 percent.

VMPS also fosters teamwork. The rapid-cycle improvement workshops consist of multidisciplinary teams and include patients and families. "It's provided us with a common language and philosophy," says Celeste Derheimer, R.N., administrative director of corporate quality and safety. "We've gained an appreciation for each other's work."

Kaplan acknowledges that the organization's approach to quality is not always conventional. "We don't just want to create a strategy, we want to create processes and activities," he says. "We're seeking perfection. There will always be work to do." [Q4Q]



## About the Award

The American Hospital Association-McKesson Quest for Quality Prize is presented annually to honor leadership and innovation in quality, safety and commitment in patient care. The prize is supported by grants from McKesson Corp. The 2011 award recognizes organizations that have systematically committed to achieving the Institute of Medicine's six quality aims—safety, patient-centeredness, effectiveness, efficiency, timeliness and equity. These organizations have demonstrated progress in achieving multiple aims and provide replicable models and systems for the hospital field.

Applications for the 2011 award are due October 9, 2011, and can be found at [www.aha.org/questforquality](http://www.aha.org/questforquality). For information, call (312) 422-2700 or e-mail [questforquality@aha.org](mailto:questforquality@aha.org).

The awards are presented in July at the Health Forum-American Hospital Association Leadership Summit.

**PUBLISHER:** Mary Grayson

**WRITERS:** Geri Aston, Lee Ann Jarousse

**PROOFREADER:** Susan Edge-Gumble

**DESIGN:** Chuck Lazar

**PRODUCTION:** Heather Yang



American Hospital Association-McKesson  
Quest for Quality Prize®



American Hospital  
Association



## Dear Health Care Colleagues,

McKesson is proud to support the AHA-McKesson Quest for Quality Prize for the 10th consecutive year. As a health care community, we have made great progress over the past decade in improving the quality, efficiency and safety of patient care.

On behalf of the entire McKesson organization, I would like to pay special tribute to this year's winners for their exemplary performance in delivering on the Institute of Medicine's six quality aims of safety, patient-centeredness, effectiveness, efficiency, timeliness and equity:

- ▶ AHA-McKesson Quest for Quality Prize winner: Memorial Regional Hospital, Hollywood, Fla.
- ▶ Finalists: AtlantiCare Regional Medical Center, Atlantic City, N.J., and Northwestern Memorial Hospital, Chicago
- ▶ Citation of Merit recipients: Providence Little Company of Mary Medical Center Torrance (Calif.) and Virginia Mason Medical Center, Seattle

These institutions join past winners in demonstrating what can be accomplished when quality improvement is a central aim. From process integration to the adoption of health IT, evidence-based care and a culture of transparency, Quest for Quality winners have set a standard of excellence.

As a company whose purpose is to help our customers build healthier organizations, McKesson is honored to work with our hospital partners to help them enhance their clinical and financial performance. We know that every improvement in the operation, infrastructure and delivery of care makes the system more efficient, reduces costs, and increases quality and safety. We hope the results achieved by this year's finalists will pave the way for continued advancements throughout the industry.

Congratulations again to all participants—past and present—of the Quest for Quality Prize. We salute your leadership and dedication to achieving better health for all.

Sincerely,

A handwritten signature in dark ink, appearing to read "John H. Hammergren", is written over a light-colored background.

**John H. Hammergren**  
Chairman and CEO  
McKesson Corporation

# Celebrating a Decade of Quality

For the past 10 years, healthcare organizations nationwide have made great strides in improving the quality and safety of patient care. We salute all winners and participants – past and present – of the Quest for Quality Prize®.

In this next decade, let's make healthcare better by setting an even higher standard for quality. We can raise the bar by connecting care teams. By streamlining the business of healthcare. And, by delivering safe, patient-centered care.



**MCKESSON**

*Proudly supporting the Quest for Quality program for 10 years*

[McKesson.com/betterhealth](http://McKesson.com/betterhealth)

## Quest for Quality Winners

2011  
**Memorial Regional Hospital**  
Hollywood, Fla.

2009  
**Bronson Methodist Hospital**  
Kalamazoo, Mich.

2007  
**Columbus Regional Hospital**  
Columbus, Ind.

2005  
**North Mississippi Medical Center**  
Tupelo, Miss.

2003  
**Abington Memorial Hospital**  
Abington, Pa.

2010  
**McLeod Regional Medical Center**  
Florence, S.C.

2008  
**Munson Medical Center**  
Traverse City, Mich.

2006  
**Cincinnati Children's Hospital Medical Center**  
Cincinnati, Ohio

2004  
**Sentara Norfolk General Hospital**  
Norfolk, Va.

2002  
**Missouri Baptist Medical Center**  
St. Louis, Mo.