

## TACKLING PROBLEMS USING THE ABCS

### HAZLETON GENERAL HOSPITAL

- ◆ Hazleton, PA
- ◆ 150 beds
- ◆ [www.ghha.org](http://www.ghha.org)

Hazleton General Hospital is a 150-bed community hospital with a medical staff of approximately 100 physicians. It is part of the Greater Hazleton Health Alliance.

## S T E E P

### Safe

Performance on the five measures has increased markedly and has stayed high.

### Timely

Several of the pilot projects, such as CT scans for stroke patients and antibiotics for surgery patients and ED patients with pneumonia, focused on carrying out interventions in a timely manner.

### Efficient

The ABC process focuses on rapid-cycle interventions. Data were assessed weekly and process changes were made immediately after weekly meetings identified an opportunity for improvement.

### THE PROBLEM

Hazleton General Hospital officials were unhappy with their performance on a number of core measures, many of which are on posted on the Hospital Compare Web site. Previous quality improvements efforts didn't always involve teamwork among affected departments, data would be collected for months before any action was taken, interventions were delayed and quality targets weren't always met.

### THE SOLUTION

In January 2007, 14 people from across many disciplines at Hazleton began rigorous training in Baylor Health Care System's Accelerating Best Care (ABC) quality improvement process. The method focuses on three steps:

- » breaking problems down into small pieces;
- » quickly analyzing the situation through data collection; and
- » implementing rapid-cycle interventions.

During training, the Hazleton team settled on five areas in need of improvement—heart failure discharge instructions; antibiotic administration for ED patients with pneumonia; pneumococcal vaccinations; CT scans for stroke patients; and prophylactic antibiotics for particular types of surgery.

### RESULTS

The hospital has shown sustained improvement in all five categories. From January 2007 to June 2008, compliance rose from:

- » 79 percent to 92.9 percent for heart failure discharge instructions;
- » 70 percent to 95.7 percent for timely antibiotic administration for ED patients with pneumonia;
- » 85 percent to 91.5 percent for pneumococcal vaccination of inpatients who meet the criteria;

- » 13 percent to 100 percent for CT scans within 20 minutes for stroke patients presenting to the ED; and
- » 20 percent to 83.3 percent for prophylactic antibiotics given to patients within an hour of particular types of surgery.

### BACKGROUND

The idea for Hazleton's quality improvement project came from an unusual source—a state lawmaker, who secured a \$400,000 state grant for the hospital to implement the ABC quality improvement methodology. "Our core measures back then were not where they are today," says Anthony Valente, MD, vice president of medical affairs. "They were horrible, to be blunt."

President and CEO Jim Edwards, Valente and other hospital leaders already were eager to bring their numbers up, and they quickly made the decision to participate.

The 14 people trained in the ABC process settled on five pilot projects. The goal: to meet 100 percent compliance on each of the five measures. Multidisciplinary teams were created for each measure. These teams collected data and met weekly for 20 to 30 minutes to go over the results and brainstorm interventions that were applied immediately. "One of the nicest parts of this type of set up is that everything is immediate, and you can see where you're making your progress," says Gwen Boyle, RN, who participates on the prophylactic surgical antibiotic team. "You're not waiting and collecting data for months on months. It was really exciting as a staff person."

Boyle's team, with help from frontline staff, developed a process for carrying out and tracking the prophylactic surgical antibiotic measure in the short-procedure unit. When orders were processed the day before surgery, a pink sticker was placed on the chart noting the patient needed an antibiotic. A

## TEAM MEMBERS

» **Andrea Andrews, RN**

Director  
Quality Case Management  
and Hospital-Wide  
ABC Facilitator

» **Gwen Boyle, RN**

Case Manager

» **Jim Edwards**

President and CEO

» **Anthony Valente, MD**

Vice President of Medical Affairs  
and Vice President in Charge  
of the ABC Process

form was placed at the top of the chart that identified the antibiotic to be given. It also was used to document the time the antibiotic was given, whether it had been given within an hour of incision, and if not, the reason why. The form would go to the operating room with the patient, come back with the patient and then be placed in a folder for data collection and weekly analysis.

The ABC process is “light years different” from other quality improvement efforts, Valente says. “A lot of quality initiatives are drawn out or burdensome. They don’t produce results in a timely manner or don’t get you to the goal because they’re just a shotgun approach. They try to fix the whole problem hospital-wide or system-wide before you’ve taken baby steps.” In the ABC process, teams identify areas where they can get the biggest bang for the buck, he says. “You work those leverage points, see the results, and if it works, you continue. If it doesn’t, you move on.”

The rapid-cycle interventions showed results quickly. Early success spurred the hospital to take the ABC process facility-wide in July 2007. As of January 2008, all quality improvement projects follow the methodology. Hazleton has approximately 40 ABC teams in place. “Now when you have an issue or a problem, the first thing everybody thinks of is ‘let’s put an ABC team in place,’” says Andrea Andrews, RN, director of quality case management.

## PRINCIPLES OF PERFORMANCE EXCELLENCE

### Creation of High-Reliability Culture

Although the idea to use ABC came from hospital leaders, the staff quickly embraced the method. Frontline staff constantly brought ideas to the five core measure teams. The interventions “all came from going to the staff and saying, ‘if this is what we need to do, how do you think we could do it?’” Boyle says.

The ABC program empowered the staff, Andrews says. “Many times in the past people were afraid to say anything for fear of sounding inept. This process allows you to become involved and say what you are really thinking because your idea could be the best one of all.”

The program stressed rewards and recognition. If an ABC team performed well, they might receive a pastry tray or congratulatory balloons, says Andrews. “That little bit of gratitude meant all the world to the team.” Staff members were happy to know that they were involved in the process and felt good knowing that people realized it, Boyle says. “It helped them to buy into the process.”

### Removing Waste

A financial analysis estimated the ABC program would produce efficiencies, as well as improve quality. For example, hospital officials calculated that if they complied with the surgical antibiotic measure 100 percent of the time, it would save \$292,200, prevent 638 hospital days and save two lives each year.

That last figure is the most important, Valente says. “If you’re looking at saving a life or two every year by our improvement in

pneumonia, and another couple of lives by our improvement in antibiotic prophylaxis, if you have multiple of projects going on, before you know it, you’re in double-digits [number of lives saved],” he says. “For a hospital our size, it’s really nice to think about because we’re a small community.”

## CONTINUAL IMPROVEMENT

Compliance rates vary from month to month, and although they’re high, they haven’t continuously hit 100 percent. The staff will continue to keep the numbers up and strive for perfection.

Meanwhile, the ABC process is being applied beyond the initial five measures. For example, the methodology is being used to try to lower Hazleton’s average length of stay from 4.7 days to 4.0 days. Using the ABC approach of breaking a problem down into small pieces, the hospital initially focused on one physician with high volume and a high LOS. In two months his average dropped to two days. The hospital is now gradually expanding the effort, Valente says.