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About FYA

FYA – *For Your Advantage*, is a free twice-monthly newsletter published by TrendLeader Connections.

With every issue, FYA provides insights into the topics that concern healthcare leaders today and the challenges that will be faced in the near future.

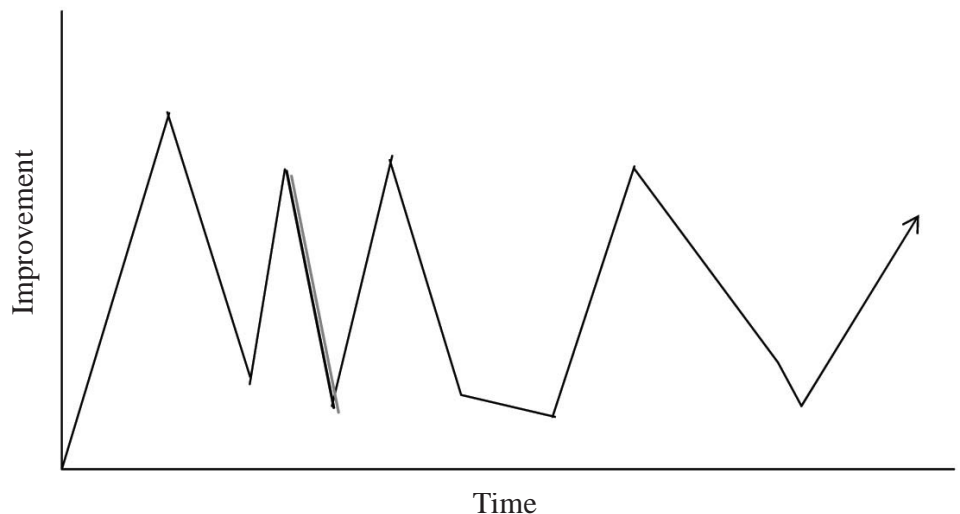
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If You Solve the Small Problems, Do the Big Problems Really Go Away?

By Dorothy (Dolly) Bellhouse

It's the beginning of a new year and many of us are looking at last year's performance and making course corrections for the coming year. Do you find yourself thinking that your organization could really make a difference in care for patients if everyone would just focus? Or do you think your organization's performance on the core measures would improve if people would just follow the process? Does a graph of your organization's quality improvement efforts over the past few years look like the following chart?



The peaks should be the result of a systematic improvement effort. Yet, the valleys can be harder to understand. Did something happen? Did we take our eye off the ball? All of this work and the baseline never really moves!

We look at results like this and decide to make another concerted effort to improve during the coming year. We make core measure improvement or patient satisfaction one of the key goals for the coming year and include meeting the specified targets in our organization's incentive compensation formulas. And usually, the results we seek follow. However, what we don't realize is that is exactly this kind of approach that produced the results depicted above in the first place. Improvements seem to deteriorate over time. It's hard to sustain improvements without making those measures a key focus for the organization. The rub is that each year there are so many things to focus on and only a handful of things can be a priority each year.

How do you make improvement the key strategy of the organization and execution of that strategy part of everyone's work every day?

My suggestion is to disaggregate your problems. Let me explain with an example. Most organizations do not have a medication error problem. They have

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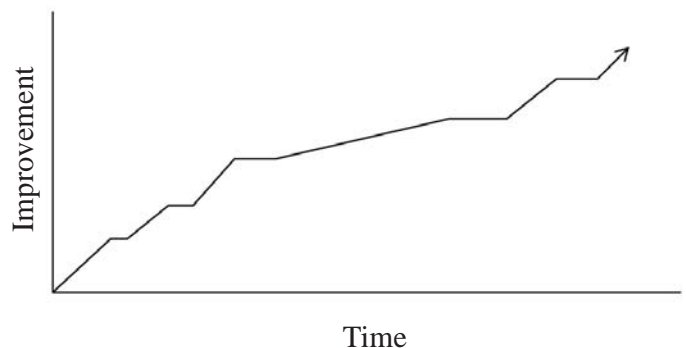
MANY medication error problems. Why Mrs. Smith on the 3rd floor didn't get her 8:00 a.m. medication on time yesterday morning may be quite different from why Mr. Brown did not receive his this morning. Unless, your organization can learn from each one of these problems, you will miss valuable opportunities to improve.

To capture this kind of learning, you'll need to reconsider how you improve. Currently, most medication error information is submitted to the quality department, tabulated and reported out monthly or quarterly. A late medication may not be ideal, but is often classified as "no harm to the patient" and "bigger" issues are examined. Either way the valuable information on what was happening with Mrs. Smith or Mr. Brown those days is lost. Was it a problem with the doctor's order? Was it a computer glitch in pharmacy? Did something happen to interrupt the nurse or the unit clerk on the floor? You will never know until you help your organization learn about EACH medication error as close to the time it happens as possible.

The key is supporting your frontline staff to signal these problems as they happen. But this requires changing the way your organization works. Instead of getting reports on late medications in the quality department, can you envision your quality team going to the units to coach and learn real time with staff? Could your quality staff take some of its work to the units so it would be there for a busy nurse or physician to signal these types of problems as they happen?

The biggest challenge here is to deal with each problem as it happens. Dealing with problems one at a time allows you to learn about things you cannot see in monthly or

quarterly data, yet it is hard because doing one problem at a time seems inconsequential. However, as you coach your staff, you will build your capability and theirs to understand problems and experiment with improvements. You are seeking steady cumulative improvement over time, so that your results will look like the chart that follows.



Solving small problems as they happen will make the big problems go away, but it means changing the way you work. By learning and coaching staff close to the point of care, you will be creating a clear focus on patients and making their experience more ideal. What a great way to start a new year!

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About



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Best or Worst?!

By: Rick Kneipper, Chief Administrative Officer and Co-Founder of PHNS

The Presidential primaries in Iowa, New Hampshire, Michigan and South Carolina have been exciting enough to catch my attention way earlier than usual. And it's been especially interesting since each of the major Presidential candidates has a strong stump speech about how they're going to fix all of our U.S. healthcare ailments. But it amazes me that each of the candidates emphatically continues to tell the American public that the U.S. has the best healthcare system in the world when the facts don't support the candidates' rah-rah.

The U.S. ranked "worst" among 19 leading industrialized nations on preventable deaths, while France, Japan and Australia ranked the best, according to a new study by researchers at the London School of Hygiene and Tropical Medicine, which was backed by the Commonwealth Fund, was recently reported in *Health Affairs*. The study tracked deaths that could have been prevented by access to timely and effective health care, which it states is an important way to evaluate a country's healthcare system. The study found that if the U.S. healthcare system performed as well as the leading industrial countries, there would have been 101,000 fewer deaths in the U.S. per year! That's a very disturbing number, right up there with the preventable death findings in the first Institute of Medicine's report.

The study analyzed deaths before age 75 from numerous causes, including heart disease, stroke, certain types of cancers, diabetes, certain types of bacterial infections and complications from common surgical procedures. It found that France, which did the best, had 64.8 deaths deemed preventable by timely and effective healthcare per 100,000 people during 2002-2003. Japan was second with 71.2 preventable deaths, Australia was third with 71.3 preventable deaths...and the U.S. was last with 109.7 preventable deaths per 100,000. Spain was fourth, followed by Italy, Canada, Norway, the Netherlands, Sweden,

Greece, Austria, Germany, Finland, New Zealand, Denmark, Britain, Ireland, Portugal and, in last place, the U.S.

Even more disturbing – the study compared the results to a prior study covering 1997-1998 in which France was first, Japan was second and the U.S. was 15th, so the U.S. preventable death ranking went down from 15th to last at 19th.

Unfortunately this wasn't the first study, and won't be the last, that finds U.S. healthcare isn't the best in the world (see my prior FYAs for additional studies), even though we should be very proud of healthcare in the U.S. But perhaps it's time for our politicians to fess up and tell the public the truth about the serious ills of our U.S. healthcare system, and that may improve the chances of getting the thoughtful healthcare reform that we earnestly need in the U.S.

What do you think?

I would like to hear your comments.

Send them to:

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About



FYA - For Your Advantage is brought to you by TrendLeader Connections. The function of TrendLeader Connections is producing educational materials and seminars that help healthcare executives differentiate between fads and trends; and making connections with "Trend Leaders" within the healthcare industry.

We are committed to delivering new perspectives and ideas, creative and innovative healthcare solutions, provocative concepts and quality educational materials to today's healthcare leaders. We want to concentrate on "what comes after what comes next."

"Smart Rooms" Installed at Pittsburgh Medical Center

The University of Pittsburgh Medical Center at Shadyside has installed computer screens in six patient rooms that display patients' vital signs, medications and other personal information, and even identify the health professionals walking in the door.

The computer system presents other information, including reminders to patients to ask for help in getting out of bed if they are at risk for falls. And a spotlight focuses on the hand sanitizer dispenser when people enter or leave, reminding them of the need to wash their hands.

The University of Pittsburgh Medical Center calls the concept the "smart room." It is believed to be the first of its kind. The idea has been tested since October.

"While many technology vendors have developed 'smart' components, including advanced pumps that use patient information to regulate medication doses, ours is the first system designed to address the broader patient experience," David Sharbaugh, leader of the project and senior director at UPMC's Center for Quality Improvement and Innovation, told the *Pittsburgh Post-Gazette* newspaper.

"We believe this technology will enhance patient safety, allow clinicians to spend more time at the bedside and simplify the jobs of healthcare workers."

"Staff at UPMC have once again demonstrated leadership and innovation to improve the safety and quality of patient care," said Pat Rutherford, a vice president of the Institute for Healthcare Improvement.

She noted that UPMC is among a group of centers in the nation participating in Transforming Care at the Bedside, an institute-sponsored effort to improve safety and patient care.

"Pilot testing of this smart room may lead to innovations that may be more broadly adopted by hospitals throughout the nation," she said.

Dr. Shuja Hassan, a UPMC geriatrician and smart room user, said that having the latest patient information on lab results and medications "helps to ensure the safest and most effective patient care possible. In a typical hospital setting, this information is not as easy to retrieve."

Having the information readily available also encourages physicians to review it with patients and their family members, he said.

Plans call for expanding the smart rooms to a 24-bed

unit at UPMC Shadyside by the end of March. The results of the pilot project, including patient benefits and costs, will be evaluated before possible expansion to other UPMC hospitals.

The system is still being fine-tuned based in part on patient feedback, Mr. Sharbaugh said. Officials plan to modify a voice recognition system currently used to help medical personnel view clinical information. They also plan to move a screen displaying that information from behind the patient's bed to a side wall so that patients can more easily review the information with their doctors.

Access to that information is customized based on a health professional's need for the data. For example, a phlebotomist coming to draw blood would view only current lab orders and allergy information.

To protect patient confidentiality, medical professionals ask the patient's permission before accessing detailed health information. The system is programmed to retrieve the latest clinical data stored in UPMC's electronic medical record.

Another screen on the wall in front of the patient provides other information, including the names and titles of medical personnel entering the room.

Healthcare workers, who wear small ultrasound devices developed by Sonitor Technologies, are identified through an ultrasound detector in the room, Mr. Sharbaugh said.

Officials plan to add other features, including reminders to patients of when their next pain medication is due, or to healthcare workers about patients who need to be turned because they are at risk for bedsores.

Mr. Sharbaugh said the smart room idea arose from an incident at another UPMC facility. A patient who had a latex allergy was touched by a healthcare worker wearing a latex glove, even though a computer system indicated the patient had the allergy.

The lesson from that experience, he said, was the need to provide more information at the bedside, while protecting patient confidentiality and making access to the information "as easy as walking into the room."

So far, some physicians have been enthusiastic, while others are "waiting to see the benefits," according to Mr. Sharbaugh.

Surveys of patients have generally been positive.