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– Melissa Steffy, Director of Decision Support and Process Improvement, St. Tammany Parish Hospital



CASE STUDY: QUALITY MEASURES SOLUTION

Interdisciplinary Approach Improves Compliance, Quality Indicators, and Patient Outcomes



St. Tammany Parish Hospital

Location:

Covington, La.

Size:

223 licensed beds

Scope and Services:

Founded in 1953, St. Tammany Parish Hospital is a not-for-profit, acute-care facility providing integrated healthcare services such as education, prevention, a full range of diagnostic services, and both inpatient and outpatient care to the community of Western St. Tammany Parish and surrounding areas.

Saint Tammany Parish Hospital began reporting Centers for Medicare and Medicaid Services (CMS) quality indicators using the Thomson Healthcare quality measures solution in 2002, with an initial focus on acute myocardial infarction (AMI) and heart failure (HF). The hospital was determined to improve its quality indicators for these measures, which included a mean door-to-dilatation time of 358 minutes, left ventricular function (LVF) assessment of 89 percent, and angiotensin-converting enzyme (ACE) inhibitor for left ventricular systolic dysfunction (LVSD) of 82 percent.

The goal was not only to meet CMS requirements, but also to provide better care and outcomes for its patients. While public reporting has become a requirement in today's healthcare environment, it also plays a critical role throughout St. Tammany's entire organization at the management level. Results are relayed in staff meetings, and performance on these measures is compared to that of other area hospitals.

To achieve its objectives, St. Tammany adopted the quality measures tool as both a compliance solution and a performance improvement tool. The Internet-based tool allows hospitals to capture and submit Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and CMS compliance data more effectively and efficiently while integrating information into ongoing performance improvement initiatives. The tool then integrates data for hospital quality measures and other performance initiatives without redundant or manual collection and input.

“To meet our objective of improving patient outcomes, we knew an interdisciplinary approach was needed, along with the use of the quality measures solution from Thomson Healthcare, to help us quantify each process improved,” says Melissa Steffy, director of decision support and process improvement at St. Tammany. “We realized the significance of involving all levels of the organization so that each department understood its responsibilities in terms of reporting and how it impacted the process,” she adds.

The hospital developed various teams in addition to the existing medical staff committees to facilitate the involvement of all areas. These groups represented all levels and disciplines, and each was composed of physicians and nurses, as well as case management, quality, pharmacy, and ancillary staff. The subcommittees of the Emergency Services Committee and the Cardiovascular Services Committee included the acute myocardial infarction team and the congestive heart failure team.

ENHANCE INTERNAL COMMUNICATION PROCESS

To improve compliance with HF indicators, St. Tammany needed to enhance communication among the various departments providing care to congestive heart failure (CHF) patients. Physicians were checking patients for the right signs and symptoms, but they were not necessarily documenting the data in detail or recording it in such a way that was compliant with public reporting requirements. The required information could not be effortlessly transferred for reporting purposes, nor was it clear to the next department along the CHF patient's path which specific conditions and symptoms were associated with each patient.

To improve communications, the medical care committee and the cardiovascular medical staff committee were presented information on best practices for LVF assessment and ACE inhibitor

for LVSD. These presentations resulted in the development of a CHF sticker that was placed on the physician's progress note in each patient's chart. The sticker assists with compliance and documentation of best practices per the tool's requirements and has become a permanent part of the medical record.

Completed stickers are now mandatory, ensuring that all required information is available and accessible for reporting purposes. The sticker educates all physicians on a CHF patient's condition and stats, and provides a simple, convenient method to demonstrate compliance. The introduction of the CHF sticker dramatically improved the level of detail available to medical staff.

In addition to the sticker, the CHF team developed a CHF order set to be used for all emergency department (ED) or direct admits with a diagnosis of CHF. This order set was adopted by the cardiovascular medical staff committee and is used as clinical guidelines for admission.

These enhanced communication practices helped the organization improve its compliance with LVF assessment – from 89 percent in 2003 to 100 percent in 2004 – and ACE inhibitor for LVSD – from 82 percent in 2003 to 97 percent in 2004.

IMPROVE ADMISSION PROCESS FOR CARDIOVASCULAR PATIENTS

In 2002, it took approximately 358 minutes for an AMI patient at St. Tammany to travel from the initial admission to the ED to the catheterization lab — including time to conduct an electrocardiogram (EKG), page a cardiovascular doctor, and wait for the physician's response. To comply with CMS requirements, the time for a patient to travel this path had to be reduced by two-thirds to 120 minutes. Improving the admission process for cardiovascular patients became a priority.

The quality measures reporting tool allowed St. Tammany to provide a standard set of reports to all clinicians involved in the treatment of CHF and AMI patients. "By enabling us to separate each step of the process, this tool made it easier for us to identify existing roadblocks to improvement," states Steffy.

St. Tammany began with changes in the EKG process and focused on expanding the pool of ED staff available to perform EKGs. The hospital trained all ED staff to administer EKGs, decreasing its reliance on cardiology or respiratory therapy staff to execute such procedures. With emergency medical technicians (EMTs) and certified medical assistants (CMAs) trained to perform an EKG, there was never a significant wait for the procedure.

The hospital also designated a specific beeper code to be used by ED staff when paging cardiologists for suspected AMI patients. This code was used for any patient with suspected AMI, as indicated by ST elevations based on the latest EKG, and those cases needing immediate intervention.

Early in the improvement process, St. Tammany implemented monthly presentations of concurrent data to the cardiovascular medical staff committee that detailed AMI patients' progress from ED arrival to cardiovascular lab intervention. The committee used this information to review time intervals between each point in the process, and to identify where the process was breaking down. Monthly reviews such as these encouraged physician committee members to recommend the creation of an interventionalist-specific call list for cardiologists. This call list was used for suspected AMI patients, reducing the time to get the AMI patient to the catheterization lab once the cardiologist arrived onsite.

In addition to these process improvements, the organization implemented a teaching protocol. Staff cardiologists provided educational sessions to the ED physicians and staff focused on the importance of aggressive treatment for AMI patients.

With new procedures in place for the admission process, St. Tammany reduced its mean door-to-dilatation time by 67 percent in one year, allowing it to meet the CMS requirement of 120 minutes.

The quality measures tool has become a foundation for interdisciplinary cooperation between clinical staff and physicians and cardiologists and ED physicians. "Each clinician has taken responsibility for his part in the reporting process and more importantly in improving patient outcomes," Steffy explains. Both the ED and cardiovascular committees understand their roles and importance in getting the documentation completed and they hold each other accountable.

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