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– Andrea Rothenberger, Director of Quality Management, Washington Regional Medical Center



Washington Regional Medical Center

Location:

Fayetteville, Ark.

Size:

233-operating bed, not-for-profit, community-owned healthcare system

Scope and Services:

An acute-care teaching hospital with a rehabilitation hospital, assisted living and long-term care facilities, kidney dialysis centers, outpatient surgery center, and a network of clinics and services. More than 300 physicians and 55,000 emergency department visits annually.

CASE STUDY: CLINICAL PERFORMANCE IMPROVEMENT SOLUTIONS

Leveraging Executive Support and a Strong Decision Support System to Improve Quality

As the sole not-for-profit healthcare system in one of the fastest growing communities in Arkansas, Washington Regional Medical Center wanted to differentiate itself based on excellence in quality of care. To stay ahead in its highly competitive local market, the hospital’s strategy centered on taking an accelerated, proactive approach to quality and cost effectiveness.

Washington Regional needed excellent data and decision support tools to realize this goal. It was also essential to leverage the support of the organization’s executives and clinical leaders.

Key physician-driven task forces and hospital staff used Thomson Healthcare clinical performance improvement solutions to review data, assess performance, and select improvement priorities. These tools were chosen because they met two critical requirements: They provided a robust decision support system, supplying detailed information on a service-line level, and they used methodologies with a national reputation for credibility.

LEVERAGE EXECUTIVE, CLINICAL LEADER SUPPORT

Washington Regional implemented a structured approach to its improvement initiatives. In 2004, the hospital created the Physician Advisory Committee (PAC), comprising multiple medical service members and hospital executives and leaders. The PAC was directed by the hospital’s chief executive officer, and chaired by the chief of staff emeritus. It focused on improving hospitalwide quality, with responsibility for steering the overall process, and designing the hospital’s clinical performance improvement strategy. The PAC’s long-term strategic goals also included a board driven endorsement of achieving Thomson 100 Top Hospitals® National award-winner status.

Using service-line data from the Thomson Healthcare tools, members of the PAC regularly reviewed data to assess gaps in performance and select priorities for improvement. Over time, the committee’s goals progressed into clinical improvement initiatives and outcomes, focused primarily on two 100 Top Hospitals metrics: complication and mortality rates.

As the process evolved and others within the organization became aware of the value of the data being reviewed, clinical strategic task forces were assembled and delegated the “work of improvement.” These subgroups, composed of physicians focused in a particular area, distributed data and implemented the change process. While the PAC concentrated on creating the vision and high-level plans for improvement, task forces were responsible for fine-tuning action plans, assigning accountability, and assessing the implemented programs using multiple Thomson Healthcare data sources.

Washington Regional’s first successful task force using this approach concentrated on the cardiovascular/cardiology areas. The group, which began meeting in the summer of 2004, was chaired by the medical center’s chief operating officer. Members included all cardiovascular surgeons, two cardiologists, the executive vice president/administrator, the chief of medical affairs, the quality director and a quality analyst, the director of critical care, the director of the cardiovascular operating room, and an inpatient coder. The team’s priority was quality improvements related specifically to clinical process, documentation, and improving understanding of pertinent administrative data.

"We believe our PAC structure is an innovative approach to clinical effectiveness and the applied use of data for improvement," says Andrea Rothenberger, director of quality management at Washington Regional. "This type of structure has truly connected and engaged leaders and medical staff in organized, focused and meaningful dialogue around strategic quality goals. It provides an informal and relevant format for sharing information and ideas."

Today, three task forces are active. The PAC oversees each of them, sharing individual reports and analyses among all groups. The PAC and physician task forces work together to identify key areas of opportunity, to set goals, and to implement changes in physician practices and/or hospital operations to improve patient care and outcomes.

Rothenberger notes that physician participation in these task forces has been extremely strong and positive, resulting in better communication and relationships between the hospital and physicians. "This approach is useful to growing our business, and represents examples of tangible and intangible benefits of using data for improvement," concludes Rothenberger.

IMPROVE PATIENT CARE AND OUTCOMES

Washington Regional used Thomson Healthcare information and tools to perform clinical and financial analyses and develop performance improvement plans. Hospital staff and executives examined transactional-level data that would highlight unacceptable outcomes, indicating where to concentrate improvement efforts.

To prioritize areas of improvement, the committee and the cardiovascular/cardiology task force evaluated several data sets. The task force's initial efforts focused on quality of outcomes — specifically complication and mortality rates.

Quality data at the service-line and patient levels were obtained from the clinical performance improvement solutions. This information was used to set targeted, strategic quality-focused goals. The solution's methodologies provided valuable insights and answers when physicians questioned the validity of certain data. In addition, the solution allowed Washington Regional to concentrate on the true issues and make faster, more effective clinical and process decisions.

The hospital also analyzed Thomson Healthcare data for detailed quality discussions with physicians, administrators, coders, and admissions department staff. This information has driven critical enhancements in physician understanding of the rationale for better documentation. The task force created a cardiovascular/cardiology diagnosis worksheet to improve coding and physician documentation. This document is placed in the progress notes and details the specific conditions of the patient, but it is not part of the permanent patient record.

In 2005, performance improvement efforts of the cardiovascular/cardiology task force resulted in a 25 percent reduction in coronary artery bypass graft (CABG) mortality rates — down from 3.2 percent in 2004 to 2.4 percent in 2005. The team's efforts also produced a 50 percent decline in CABG complication rates — down from 15.6 percent in 2004 to 7.8 percent in 2005. Declines in overall severity-adjusted mortality and complication rates of 22 percent and 7 percent, respectively, were also experienced.

MOVING FORWARD

After just two years of using the Thomson Healthcare clinical performance improvement solutions, Washington Regional has realized great financial, quality, and cultural rewards. Rothenberger says, "Using Thomson Healthcare's tools with medical staff and hospital leaders have been tremendously effective in motivating and inspiring us to create a culture of performance improvement."

The organization is looking forward to further use of these tools to continue achieving quality improvement advances. Two additional task forces have been formed — one surgically focused and one concentrated on medical cases - to help the hospital continue on the path to further reduce hospitalwide complication and mortality rates. Plans are also underway to participate in the Surgical Care Improvement Project (SCIP), a Centers for Medicare and Medicaid Services initiative committed to improving surgical care by reducing surgical complications. "Moving forward, our key challenges are to utilize and share the data even more broadly, and to sustain current gains while improving in new areas," says Rothenberger.

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