

The BEST in patient care

Clinical excellence is a driving force at Avera McKennan

BY DONNA FARRIS, AVERA MCKENNAN WRITER/EDITOR

Health care in the Midwest, in Sioux Falls and specifically at Avera McKennan is among the best in the nation – a claim that's backed up by a varied external measurements and recognitions.

Out of all the regions and cities in the nation, why is Sioux Falls home to such excellence? Certainly, there's access to technology and research data on the best medical practices. And external pressures such as federal "Pay for Performance" rules continually raise national standards to new heights. Yet these factors are true for every hospital across the United States. What makes the difference?

Leaders at Avera McKennan believe the dividing line is an internal drive challenging care providers to be the best.

"Among the senior leadership and medical staff of Avera McKennan is the desire to reach Nirvana," said Dr. John Hitt, Avera McKennan senior vice president for medical affairs and chief medical officer. "We're very good, but we're not satisfied at all. We have to seek to be perfect."

Avera McKennan holds enviable designations, for example, as a HealthGrades Distinguished Hospital for Clinical Excellence, one of the 100 Top Hospitals® by Solucient®, and as a Magnet hospital by the American Nurses Credentialing Center.

"In national performance metrics we are among the top performers, frequently in the top 10 percent of hospitals," Hitt said. And yet Hitt and the Avera McKennan team strive for an even higher goal. "Until you can rename Avera McKennan 'Utopian Medical Center,' we have some work to do."

Externally, national standards, accreditation and public reporting have created an overall awareness about clinical excellence, said Judy Blauwet, senior vice president of Hospital Operations at Avera McKennan.

Yet forces inside the minds and hearts of health professionals are just as strong.

"An external designation is validation that we are very good," Blauwet said. "But as health care providers, we have an innate desire to provide the best care that we can to our patients. It's the right thing to do."

Because research and medical practice continually uncover new and better ways to care for patients, the status quo is unacceptable in health care. Year in and year out, Avera McKennan strives toward clinical excellence, whether it's on the level of hospital-wide initiatives, special task forces, informal departmental projects, or the professional achievements of physicians, nurses, therapists and technicians.

"We want to give evidence-based care, consistently and at the lowest cost," said Mary Leedom, director of Medical Support Services at Avera McKennan. "That begins with looking at the research, and finding the best practices that are out there."

Exceeding national standards

Staff and physicians desire to not only meet, but exceed national standards.

In 2003, Avera McKennan became one of 260 early adopters in a "Pay-for-Performance" project initiated by the federal Centers for Medicare and Medicaid Services (CMS). This program measures hospitals by 20 standardized and widely-accepted quality indicators, in the areas of heart attack, heart failure, pneumonia and the prevention of surgical infections.

Participating hospitals receive a bonus in reimbursement for top-quality care. Those which lag behind lose federal dollars.

continued on next page

National recognition

Avera McKennan has received numerous recognitions for clinical excellence:



- HealthGrades Distinguished Hospital Award for Clinical Excellence, placing Avera McKennan in the top 5 percent of all hospitals in the United States, as well as five-star ratings for clinical excellence in total hip replacement, hip fracture repair, pulmonary services, treatment of pneumonia, treatment of sepsis, treatment of respiratory failure and stroke care.
- One of the nation's 100 Top Hospitals® by Solucient®, part of Thomson Healthcare, a leading provider of information and solutions to improve the cost and quality of health care.
- Premier Awards for Quality from Premier, Inc., for hip and knee procedures, pneumonia, heart failure and acute myocardial care. Avera McKennan is the first and only organization to receive four quality awards in a single year from Premier Inc.
- Joint Commission accreditation as a hospital, plus certification for stroke treatment and most recently, hip and knee replacement. Avera McKennan is one of only 18 health care organizations holding Disease-Specific Care Certification for knee and hip procedures, and is one of 322 certified as a Primary Stroke Center.
- Recognized for excellence in nursing through the Magnet Recognition Program®, one of only 238 hospitals to receive this honor.
- One of only 210 hospitals to be a member of NACHRI, the National Association of Children's Hospitals and Related Institutions.

Stroke Center exceeds national expectations



As the first Joint Commission certified stroke center in the state of South Dakota, Avera McKennan's Stroke Center has been consistently meeting national standards of confirming a stroke diagnosis within 45 minutes of the patient's arrival.

In an effort toward even greater excellence, however, Avera McKennan's radiology department and Stroke Center have raised their own bar to 40 minutes, said Keith Miller, director

of Avera McKennan Imaging Services.

The Joint Commission's expectations are that 24 hours a day, seven days a week, a patient presenting with stroke symptoms must be assessed by a physician and sent to radiology for a CT scan, with the results back within 45 minutes, so necessary treatment can begin within 60 minutes.

There's a three-hour window after the onset of stroke symptoms in which intervention with clot-dissolving medications is most effective to lessen the effects of a stroke. So the quicker a diagnosis is made, the better.

In the six months prior to March of 2006, average diagnosis time was 43 minutes and below. Since April of 2006, average time has stayed below 40 – dipping as low as 37 minutes. While the actual scan takes only 10 seconds, there's prep time in getting the patient to the unit and ready for a scan, Miller said. And after the scan, images may need to be reconstructed by the computer for most accurate results.

Actual time for stroke diagnosis in some patients has been as low as 20 minutes. "This is extremely important for our accredited Stroke Center, and we have long-term better patient outcomes due to early intervention," Miller said.

Lab accuracy rate is phenomenal at 99.9975%

Good hospital laboratories in the United States are accurate 97 to 98 percent of the time. But such impressive showings pale in comparison to Avera McKennan's phenomenal accuracy rate of 99.9975 percent.

Out of every 1 million tests performed in the lab, only about 86 involve errors at some level. While that level of accuracy is almost unheard of, Leo Serrano, director of laboratories at Avera McKennan, still sees room for improvement.

"We'd like to be at 6 Sigma," the designation for a lab with 3.4 errors for every 1 million tests, Serrano said.

When Serrano began his tenure at Avera McKennan in 2004, the lab was better than average as a 3.8 Sigma lab, having an accuracy rate of 98 percent.

But then came LEAN, which turned this very good lab into an exceptional one, with a rating of 5.4 Sigma on the six-point scale.

"Standard work has had a huge impact. All work is done in the same way in the same time frame. We have error-proofed all our work processes but we feel there is more we can error proof."

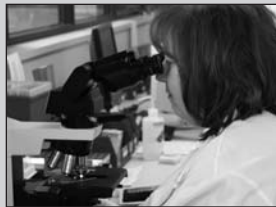
Lab staff keep very close tabs on error rates, making sure quality doesn't slip from day to day. Staff also set and exceed targets for turn-around time, guaranteeing when they will have results back to physicians.

Labs for the past 50 years have followed traditional quality controls, Serrano said. "LEAN takes it to a whole different level, and that's where we are."

In fact, out of 57 LEAN labs worldwide surveyed by Johnson & Johnson Co., Avera McKennan's was rated number one.

Faster turn-around time means patients are treated faster. And a low error rate means doctors can trust the results they receive – the first time.

"The bottom-line benefit for the patient is enormous," Serrano said.



"Our outcomes are way above the rest of the country," Leedom said. "We do exceptionally well."

A national Surgical Care Improvement Project, known as SCIP, is seeking to reduce the incidence of surgical complications nationally by 25 percent by the year 2010.

To achieve this at Avera McKennan, surgical staff are monitoring protocols such as the timing of antibiotics before and/or after surgery, preventative treatments for vein thrombosis or clots in the legs, warming of the patient during surgery and blood glucose levels, Leedom said.

"If we can deliver the best care for patients consistently, it makes a big difference in outcomes. In other words, fewer deaths, more people going home without complications, or people being released from the hospital earlier," she said.

On the cutting edge

Maintaining a high level of quality in care is a matter of staying on the cutting edge, Blauwet said.

"It's an internal interest and passion to do the right thing and to have the very best outcomes that we can. As soon as we know there is a particular practice that will drive us to an evidenced-based, high-quality outcome on a consistent basis, as an organization we're very quick to adopt that," Blauwet said.

The ego factor that says, "this is the way I've always done it" is absent at Avera McKennan, said Fred Slunicka, Avera McKennan regional president. "We don't let ego get in the way of best practices and good care."

Hospitals nationwide also strive to exceed national standards, continually raising the bar, Blauwet said. "So as we continue to improve in clinical excellence, we are doing so against even tougher competition."

In several quality indicators, Avera McKennan is at the very top of the 99th percentile. "There are also several in which we are not quite there, so we have opportunity to improve," she said.

A high level of professionalism among staff at Avera McKennan is indispensable in maintaining a culture of excellence.

A large number of nurses, lab technicians, pharmacists and other staff have attained additional credentials within their professional disciplines.

Another contributor is the Process Excellence initiative, along with LEAN principles to eliminate waste and standardize work flow. Standard work improves patient safety as well.

continued on next page

“In our lab, the error rate is extremely low in comparison to the national average, and this happened through LEAN. Standard work is all about doing our work the right way, every time,” Blauwet said. “Process Excellence gives you clinical excellence.”

Saved lives

From a patient’s perspective, the bottom line in clinical excellence is saved lives and prevention of complications.

HealthGrades estimates that if all patients nationwide were treated at Distinguished Hospitals, more than 158,000 lives could have been saved and more than 12,000 post-operative complications could have been avoided during a three-year period.

“We have reduced mortality in this organization,” Blauwet said. “This can be attributed to the eICU, but also to our focus on evidence-based medicine as well as Process Excellence. We can definitely demonstrate a dramatic trend line of improvement over several years time.”

“Who knows how many lives are saved by doing one thing, one at a time. We’re at the tip of the spear on this,” Slunecka said. It’s typical for hospitals to offer at least one service that its employees do not want to use, he said, but that kind of thinking is unheard of at Avera McKennan.

“I call it the ‘mom factor.’ Everything we do has to be good enough for our own mothers,” Slunecka said. “If it’s not, we fix it so it is. Our people take ownership in what we do. It’s a culture of excellence, a culture of caring.”

Heart attack patients get needed treatment ASAP

In the event of a heart attack, Emergency Department staff know full well the meaning behind the phrase “time is muscle.”

The more muscle lost, the more a heart attack survivor loses ability for physical activity. Most muscle damage – 85 percent – happens in the first one to two hours of a heart attack. The sooner the blocked vessel can be opened through balloon angioplasty in the cardiac catheterization lab, the better for the patient’s life and health.

Through a clinical excellence initiative involving the Emergency Department and Careflight at Avera McKennan, the time from a heart attack patient’s arrival in the ED (or when rescue teams reach the patient) until the time when balloon angioplasty takes place has been shaved to consistently fit well within that “golden hour.”

A multidisciplinary STEMI (ST-elevation myocardial infarction) team set out to meet a new national time standard of 90 minutes from arrival to balloon, when that standard was shortened from 120 minutes.

Prior to November of 2006, heart attack patients spent an average time of 60 to 70 minutes in the ED alone, making it tough to meet the 90-minute standard, said Lisa Lindgren, Avera McKennan Emergency Department nurse manager.

Beginning in November, ED and rescue staff began a new protocol. The team set a goal of performing an EKG on all chest pain patients presenting to the ED within five minutes. Compared to the previous EKG time-frame of 15 to 18 minutes, Avera McKennan’s new average is four minutes.

To save more minutes, the STEMI team designed a STEMI kit, containing everything needed to take care of chest pain patients. They also designed a similar cath lab bag which is sent along with patients to the cath lab.

From July to November of 2006, the percentage of STEMI patients who received balloon angioplasty within 90 minutes ranged from 40 percent to 85 percent.

The new protocol has ensured that every heart attack patient receives expedited care and has resulted in a 100-percent success rate since November.

In fact, the STEMI team is now running laps ahead of the national standard.

“Our quickest ED to cardiac cath lab time is 18 minutes, and our overall average is 30 minutes,” Lindgren said. “This reduces mortality rate, saves patients from possible infarct, and saves possible bypass surgery.”

Pain intervention speeds patient recovery

Although some level of pain can be expected after surgery and other procedures, too much pain can slow patients down on their road to recovery.

“While certain procedures will cause pain, we feel it’s our responsibility to create an environment in which the patients are comfortable to heal and get back to their daily activities,” said Rosanna Morris, RN, vice president for nursing services at Avera McKennan. Because an acute pain service developed a year ago didn’t overwhelmingly impact patient pain reports, patient care leaders have decided to take it up a notch.

“Research shows that the greatest impact for pain management is within the first 12 to 24 hours post-procedure,” Morris said. “During that window of time, intervention can manage pain for the rest of the patient’s stay. If we miss that window, the patient could deal with pain issues throughout their three- to five-day stay.”

Staff from anesthesia, psychiatry, nursing and pharmacy have teamed up to set new protocols for pain management.

It begins pre-admission, by assessing pain at that point and educating patients about Avera McKennan’s pain service.

Patients are screened for anesthesia needs and post-op pain intervention. The need is greater, for example, for particularly painful procedures such as knee or hip replacement.

“Our protocols are based on national research,” Morris said. The program will be piloted on 2 West with orthopedic patients. If pain measurements and patient satisfaction scores improve, the service will be rolled out hospital-wide, Morris said.

“If we can control a patient’s pain very early, the outcomes from overall recovery and length of stay should be significant,” she said. “The sooner pain is under control, the sooner patients can get back to daily activities. There are much more positive outcomes than just patient satisfaction scores.”

“EVERYTHING WE DO HAS TO BE GOOD ENOUGH FOR OUR OWN MOTHERS. IF IT’S NOT, WE FIX IT SO IT IS. OUR PEOPLE TAKE OWNERSHIP IN WHAT WE DO. IT’S A CULTURE OF EXCELLENCE, A CULTURE OF CARING.” – FRED SLUNECKA