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Finding What *Does* Work in Healthcare

By Dave Brooks
*Chief Executive Officer
Providence Regional
Medical Center Everett*



In July, the Institute for Healthcare Improvement along with Dartmouth Atlas sponsored a symposium called *How Do They Do That? Low-Cost, High-Quality Health Care in America*. Healthcare leaders along with federal policy makers and national media from 10 high-performing/high-value regions of the U.S. were invited to share their experiences at the gathering in Washington, D.C. Everett was one of the 10 communities invited to participate.

Representing Everett at the symposium were: The Everett Clinic president and board chairman, Harold Dash, MD, senior vice president for Premera Blue Cross, Richard Maturi, and for Providence Regional Medical Center

Everett, me. Each visiting team was asked to describe their local success stories and innovative programs.

One characteristic that emerged as a shared trait in all 10 communities is a culture of genuine alignment between local providers—in our case, Providence Regional Medical Center Everett, and local physicians. At Providence, doctors are active members of the hospital leadership team, involved in day-to-day operations and strategic planning. Their involvement goes far beyond the traditional clinical quality oversight.

Physician champions have introduced many of the programs to reduce costs while improving both clinical quality and patient satisfaction. Our blood management and conservation program is an example. One of our cardiac surgeons, paired with a blood management nurse, implemented a cost-reducing blood conservation program now used in most cardiac and orthopedic surgeries. Our blood conservation program shows that quality care and cost savings often occur in tandem. Studies indicate that red blood cell transfusion during surgery is associated with higher rates of cardiac, neurologic, pulmonary, renal and infectious complications. Based on this evidence, and because blood is costly and in short supply, we use

transfusion selectively.

Providence Regional has reduced blood transfusions during knee replacements from 59 percent in 2002 to nine percent last year; the rate is five percent so far in 2009. Similarly, for hip replacement, we've gone from 48 percent with blood transfusion in 2002 to 14 percent in the first half of this year. In addition to reducing costs, blood conservation results indicate shorter lengths of stay, fewer infections, and fewer complications for our patients.

Physicians also led the way in the development of our cardiac surgery single stay unit -- the first of its kind in Washington State. After cardiac surgery, our patients go to private rooms in the single-stay unit and remain there for their entire hospital stay. Their care changes around them—from critical care nursing immediately after surgery, to various therapies and rehabilitative care as they prepare to go home. This approach provides better coordination of care for the patient, improved communication, less handoffs and transfers among caregivers and family members, a higher level of patient satisfaction and comfort, and even quicker recovery.

Hourly nursing rounds are another low cost, high quality strategy recently implemented by nursing in which staff “round” on patients

once an hour during the day and every two hours at night. Nurses use this time to ask the patient about pain, bed position and need to use the rest room. They also give medications, check vital signs and survey the room for safety. This methodical, proactive approach has decreased incidence of patient falls, reduced patient use of call lights and improved patient satisfaction.

At the symposium other examples were given of low cost, high quality healthcare. Dr. Harold Dash and Richard Maturi offered valuable insights about their own organizations' successes, and as a team, we discussed the culture of collaboration that we have achieved in Everett. While we compete in some areas, we collaborate for better patient care. It isn't always easy, but it is absolutely necessary

if we are to keep our patients' and community's needs first.

As individual entities, and as a unified team of community providers, we don't claim to have achieved perfect performance. We will always strive for improvement, regardless of the way our nation's healthcare system evolves in coming years.

This symposium instilled a sense of possibility and optimism in the midst of today's healthcare debate. I witnessed the extraordinary hard work and dedication of all who are involved in providing healthcare daily in our community, and I appreciated the symposium's recognition of the things that we are doing right in the Everett community.

Dave Brooks is the Chief Executive Officer of Providence Regional

Medical Center Everett. This five campus facility has 468 licensed beds and receives over 100,000 annual emergency room visits. Providence Regional Medical Center Everett is part of Providence Health & Services, the largest healthcare organization in the Northwest.

Editor's note: This is this first article in a three-article series devoted to the accomplishments of Providence Regional Medical Center Everett, The Everett Clinic and Premera Blue Cross in their efforts to provide low-cost, high-quality health care in Everett, WA.

In our December 2009 edition we will publish the second article in this series from Richard Maturi of Premera Blue Cross, and in our January 2010 edition we will publish the third article in this series from Harold Dash, MD, of The Everett Clinic.

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