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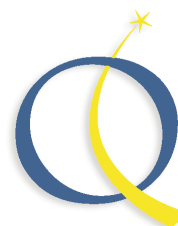
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The  
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Quest for Quality Prize®

2009



American Hospital Association-McKesson

Quest for Quality Prize®

## Dear Health Care Leader:

**P**lease join me in congratulating the three 2009 AHA-McKesson Quest for Quality Prize® honorees: Bronson Methodist Hospital, Kalamazoo, Mich. (Winner); Beth Israel Deaconess Medical Center, Boston (Finalist); and Duke University Hospital, Durham, N.C. (Citation of Merit). These organizations exemplify hospitals' pursuit of excellence and commitment to achieving all six of the Institute of Medicine's quality aims—safety, patient-centeredness, effectiveness, efficiency, timeliness and equity.

The quality journeys of each of these hospitals are still works in progress, but they all offer models, innovation and inspiration for others. Bronson's emphasis on a shared vision and its Plan for Excellence ... Beth Israel Deaconess' commitment to complete transparency and eliminating all preventable harm ... and Duke University Hospital's Safe Choices program are just a few examples of their initiatives. Their efforts are characterized by strong leadership and active engagement by front-line staff.

On behalf of the AHA Board of Trustees, membership and staff, I am pleased to thank McKesson Corp. and the McKesson Foundation for its support and funding for the AHA-McKesson Quest for Quality Prize® and for its commitment to excellence.

Sincerely,

Rich Umbdenstock  
President and CEO  
American Hospital Association



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# The American Hospital Association-McKesson Quest for Quality Prize<sup>®</sup>

The American Hospital Association-McKesson Quest for Quality Prize is presented annually to honor leadership and innovation in quality, safety and commitment in patient care. The prize is supported by grants from McKesson Corp. and the McKesson Foundation. The 2009 award recognizes organizations that have systematically committed to achieving the Institute of Medicine's six quality aims—safety, patient-centeredness, effectiveness, efficiency, timeliness and equity. These organizations have demonstrated progress in achieving multiple aims and provide replicable models and systems for the hospital field.

Applications for the 2010 award are due Oct. 11 and can be found at [www.aha.org/questforquality](http://www.aha.org/questforquality). For information, call (312) 422-2700 or e-mail [questforquality@aha.org](mailto:questforquality@aha.org).

The winner will receive \$75,000 and finalists receive \$12,500 each. Citations of Merit may be awarded recognizing other noteworthy programs. The awards are presented in July at the Health Forum-American Hospital Association Leadership Summit. ●

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[www.aha.org/questforquality](http://www.aha.org/questforquality)





**STRATEGIC FOCUS:** Quality is a strategic priority at Bronson Methodist Hospital. Frank Sardone, Bronson president & CEO (front); Jane Janssen, director clinical operations improvement; Cheryl Knapp, vice president quality & safety (middle, left to right); Scott Larson M.D., senior vice president medical affairs; CMO, William Mayer M.D., vice president medical staff clinical quality; and Neil Johnson, vice president patient care services and chief nurse (back left to right), place quality at the top of every agenda.

# Hardwiring Excellence

**B**ronson Methodist Hospital strives to be a national leader in health care quality—and judging by the recognition it has received, it is succeeding with flying colors. The 380-bed hospital won the Malcolm Baldrige National Quality Award in 2005 and the American Hospital Association-McKesson Quest for Quality Citation of Merit in 2006.

Since receiving the Quest for Quality Citation of Merit, Bronson has taken additional steps to hardwire excellence into its processes, including adopting “Requirements for Excellence” that reflect the Institute of Medicine’s Six Aims, known collectively as STEEP for Safe, Timely, Effective, Efficient, Equitable, and Patient and Family Centered.

Hospital President and CEO Frank Sardone says, “The key to quality is making sure that all employees understand the vision of the organization and their role in achieving it. Our employees really understand what they need to do to bring our vision to life.”

The organization’s strategic plan focuses on clinical excellence, customer and service excellence, and corporate effectiveness as the basis for individual, departmental and organizational goals. All employees, including the medical staff, are provided with a copy of the “Plan for Excellence” and it is highly visible, seen on screen savers and bulletin boards.

Employee understanding and commitment is crucial, says Neil Johnson, vice president of patient care services and chief nurse executive. “We depend on our staff to implement our strategic plan and we depend on them to tell us how. We have a strong, engaged staff and we lean on them to provide the best answers.”

Performance improvement is directed through three strategic oversight multidisciplinary teams, which review patient care practices, identify opportunities for improvement and measure results. As an organization that is never satisfied to rest on its laurels, Cheryl Knapp, vice president of quality and safety, explains, “Once we reach a plateau, we find new needs for improvement.”

That non-stop striving for excellence has now earned Bronson Methodist this year’s top Quest for Quality honor.

Knapp says, “Most opportunities for improvement are system problems, but some instances are based on individual choice.” To that end, the organization is transitioning from a “blameless culture” to a “just culture,” a subtle difference, but one Bronson leaders believe is more aligned

with its mission and vision.

Improving processes to make them safe and reliable “comes down to accountability,” says Scott Larson, M.D., senior vice president of medical affairs and chief medical officer. A just culture reinforces personal accountability and leadership commitment to transformational change. All employees are encouraged to speak out if concerns arise and management is committed to providing the support and resources necessary for improvement.

Bronson’s dedication to patient-centered care is evident in its \$1 million-plus investment in employee training to enhance relationships with patients and families. In 2008, all employees attended a mandatory, four-hour session called “Teaming Up with Patients and Families.” “We are in the business of relationships,” Johnson says. “By managing those relationships in a positive manner, we are able to achieve great things.”

Bronson also supports the continuum of care in the community, Johnson says. “It’s not just about what occurs within our four walls. It’s really about how we can provide efficient care for the community. We need to provide for a continuum of care outside of the hospital.” Bronson will participate in a program with the Institute for Healthcare Improvement and the Michigan Health & Hospital Association this summer to help improve transitions in care.

Of the six IOM quality improvement aims, Bronson leaders say it has made the most progress in the area of effectiveness. For example, it has achieved an 83 percent compliance rate for hand washing, compared with about 40 percent nationally. Psychology students from Western Michigan University receive class credit to observe and document hand-washing compliance in all nursing units and patient care areas. A Bronson board member also serves as an observer. “We have as much scientific evidence as anyone in regards to our hand-washing performance,” Larson says.

Sardone attributes the organization’s success in part to its trustees. The organization has invested heavily in board education to build understanding and commitment to quality. “Visionary leadership helps turn a good organization into a great organization,” he says. ●



# No Goal Too Small

Consider these audacious goals: Eliminate all preventable harm and score among the top 2 percent of hospitals on standard measures of patient satisfaction by 2012. That's what drives performance improvement at Beth Israel Deaconess Medical Center. To get there, the 621-bed academic medical center has embraced transparency as a means to inspire the workforce, build accountability and develop strong community relationships.

"Even if we don't meet the goal to eliminate preventable harm by 100 percent, there will be several dozen people each year who walk out of the hospital as opposed to dying," says Paul Levy, president and CEO. "That is worthwhile."

The medical center aligns its quality goals with the IOM's Six Aims and continuous improvement is ingrained in organizational activities. Lean techniques have helped achieve significant results, including reducing infections and timeliness of scheduling outpatient appointments. Board Chair Lois Silverman, R.N., says the medical center is building a culture that strives to be the best at getting better,

a goal it adapted from Cincinnati Children's Hospital and Medical Center. "Everyone feels accountable, whether they are a transporter or the head of a department," she says.

Marsha Maurer, R.N., senior vice president of patient care services and chief nursing officer, says improve-

ment is a step-by-step process. "We don't want the goal of perfection to get in the way of progress. Everyone knows we won't be perfect overnight." But, she adds, "We've gone beyond where we've gone before. People get that we have to be innovative."

Individual accountability is central to all quality activities. Last year, the organization launched a program called SPIRIT (Solutions Promoting Improvement, Respect, Integrity and Teamwork) that encourages employees to "call out" problems and get involved in the

problem-solving process. More than 600 managers have been trained on real-time problem-solving and work with staff to develop and implement solutions. Teams are then established to develop ways to measure success. All SPIRIT suggestions and activities are logged and made available throughout the organization to promote the spread of ideas.

"It's everyone's responsibility to call out barriers and problems as they see them," says Kenneth Sands, M.D., senior vice president of the health care quality. SPIRIT sends a message that the organization cares about barriers to quality and has a process in place to assist with breaking them down, he says. "Our staff is aware that they have to be prepared to meet certain expectations and levels of accountability in the work that they do." And, Sands says, "People do feel a higher degree of responsibility to performance."

Levy notes that the SPIRIT program has empowered front-line staff and provided employees with a sense of purpose. "This is a different form of management," he says. "Usually management is top-down. This is bottom-up, where people within the organization are trained and encouraged to see problems and report them."

Levy champions transparency as a means to process improvement. The medical center posts outcomes data on its Web site ([www.bidmc.org](http://www.bidmc.org)) and on Levy's blog (<http://runningahospital.blogspot.com>). The blog serves as a forum for discussing organizational performance, among other things. "I'm really strong on the idea of transparency," he says. "The only way you improve as an organization is being public with yourselves about when things are not working right. It creates accountability to a higher standard."

And the standard is high. "I can't tolerate when I see that things are being done better somewhere else," says Mark Zeidel, M.D., chief of medicine. So the organization constantly seeks partnerships with high-performing organizations to learn and adopt best practices. "We have to do what's best for our patients," Zeidel says. "We can't accept anything less." ●



**QUALITY GURUS:** From left to right, Kenneth Sands, M.D., senior vice president of health care quality; Paul Levy, president and CEO; Marsha Maurer, R.N., vice president of patient care services and chief nursing officer; and Mark Zeidel, M.D., chief of medicine, support audacious goals to drive Beth Israel Deaconess Medical Center's quest for quality.



# Improving Quality through Sharing

**A**t Duke University Hospital, the art of storytelling is transforming patient care. The sharing of performance metrics, safety events and near-misses is creating a culture in which all employees understand how their behaviors impact quality and safety.

“Communication on priorities, tactics and results is something we employ to build responsibility,” says William Fulkerson, M.D., senior vice president of clinical affairs and former CEO of the 943-bed academic medical center.

Each hospital unit contains a storyboard that highlights balanced scorecard results, helping to drive performance improvement. The data is also published monthly on an employee intranet site.



**GOOD LISTENERS:** Storytelling is a key to quality improvement at Duke University Hospital.

Success stories are shared in an internal newsletter.

Storytelling is also a central component of Safe Choices, a voluntary seminar designed to empower employees to understand the importance of behavioral choices. The day-long seminar, led by the chief operating officer and chief nursing officer, presents 10 actual stories of safety events and near-misses. Patients are brought in to share their experiences whenever possible.

Safe Choices is open to all employees and encourages interdisciplinary participation. Through small-group activities, the participants begin to understand how their actions impact quality. “In many instances, they didn’t realize how their decisions impact others,” says Mary Ann Fuchs, R.N., chief nursing and patient care services officer.

The program reinforces personal responsibility, helping employees see that identifying safety risks is part of their job. “It creates a change in culture,” says Kevin Sowers, R.N., newly appointed CEO and past COO of Duke University Hospital. “By the end of the day, the participants have a new respect of the role they play in keeping patients safe.” Sowers will continue to co-lead Safe Choices for the time being.

Senior leadership relies on front-line staff to identify and report actual or potential risks. “Our philosophy is to engage at the point of service,” says Fuchs. “The front line knows what works and what doesn’t work. Their engagement is extremely important.”

Collaboration is another key to performance improvement. Patient care services are organized into 10 clinical service units that serve as economic and operational units, led by administrative, nurse and physician leaders. This structure aligns physicians, staff and administration with the organization’s priorities and helps structure performance improvement activities around specific patient populations.

Patient care teams likewise are built on a collaborative, interdisciplinary team model. Teams are brought together based on the needs of the individual patient. A patient resource manager helps organize the interdisciplinary team and works with the patient and the patient’s family to help them understand their role in the care process.

An annual strategic management process outlines organizational goals that are aligned with the six IOM aims. These goals become an integral part of the performance management system that emphasizes teamwork and collaboration, as well as personal accountability. Collaboration and teamwork are evaluated through a defined set of behavioral expectations, which include continuous learning, customer service and diversity. These behaviors comprise 50 percent of an employee’s annual performance rating; the remainder of the rating is based on actual performance.

The result is that front-line staff are actively engaged in performance improvement. “They understand the privilege of what we do every day,” Fulkerson says. “When we focus our efforts and energy, we can achieve dramatic improvement.” ●