



Quality Connections

Sharing Best Practices and Lessons Learned

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Edited by Bev McCullough, Quality Improvement Manager

Highlights from the June RHQN Call: "Creating a Quality Program - Be a Coach: You Can't Do it Alone"

Many thanks to Cheryl Nelson at Lincoln Hospital (Davenport) who shared Lincoln's Quality program as well as their "Quality Measures for Managers." Thank you, too, to the Columbia Basin-Northeastern Washington RHQN hospitals for sharing their quality measures as background material for this call. A thick packet of suggested measures was sent to each RHQN QI lead. A number of you listened to the call with all your managers. Cheryl's call will be posted on the [RHQN website](#) if you or your managers missed the call.

Checklist for success:

- ✓ **CEO Leadership:** Cheryl credits CEO, Tom Martin's, leadership, support, and Quality focus. Tom makes it clear that each manager is expected to report on their QI measures at the Quality Council meetings. It's part of their job expectations. "They can't by-pass Cheryl and get excused by Tom."
- ✓ **Accountability:** One word says it all. Just like "some is not a number and soon is not a time," successful change won't happen without assigned champions and ownership. (Refer to Randy's [January RHQN call](#) based on Harvard Business professor, John Kotter's 8 steps for successful change.)
- ✓ **Coaching Managers:** Cheryl spends 3 days each Fall meeting with each manager for 30 minutes to review quality measures for the coming year. Cyril Kincaid at Quincy Valley Hospital (Quincy) shared his approach of coaching managers the day before their Quality Council presentations. Managers sometimes are shy and appreciate being "set up for success."
- ✓ **Color Graphs:** Managers on the call said they appreciated graphs of their data to use in Quality Council presentations. "It's so much better than just raw data on a piece of paper."
- ✓ **Quality Council Colored Dashboards with all Department Measures:** If a manager's measures aren't filled in for that month... it's noticeable. Peer pressure works. Note: Quality Council dashboards are more detailed as opposed to more limited Board Quality Dashboards.

- ✓ **Make Quality a Priority in Your Organization:** Quality is the first item on Lincoln Hospital's (Davenport) Board's agenda. It took about one and a half years until the Quality Program with manager participation was fully implemented.

Quality Measures for Swing Beds

During the call, several asked for Best Practice measures for Swing Beds. I am working with Mike Lee at the Department of Health to find a national Swing Bed Best Practice resource to speak on a future RHQN call. I'll keep you updated.

Best Practice Ideas

RN Case Managers

A trend? Do you have RN Case Managers on staff? RN-CM roles include checking daily to ensure all HF, AMI, and Pneumonia evidence-based care and quality measures are delivered and documented, arranging for follow-up appointments and doing follow-up calls. Bette Barlund at United General Hospital (Sedro-Woolley) says they have two RN-CMs Monday & Friday and one Tuesday, Wednesday, Thursday, and Saturday with a Case Manager on-call Sunday. Denise Fowler at Whitman Hospital (Colfax) reports they are hiring for a RN-Case Manager position. Others report night shift nurses cover some of these roles.

The Goal: Best CAH Care

Data Survey... How Did We Do?

The results for the first 2010 RHQN Survey are in. Thank you for completing the survey. We will use the results for awards to, hopefully, your hospital at the Chelan Rural Conference. Additionally, the RHQN receives \$\$ from the Washington Department of Health to work with you. In return, the state asks that the hospitals share data about quality measures with the RHQN to be combined and reported in aggregate to the state. In next month's newsletter, I will share the blinded data and award recipients.

Look for the RHQN Survey Monkey to arrive quarterly. The next survey will be sent around August 1 to be completed by August 15th and will cover data for 2nd Quarter 2010. We will not ask you to produce data you do not already collect. Even if your sample size is small, these are the basic measures for RHQN hospitals to collect and analyze internally to assure quality care - whether your hospital reports these measures publicly or not.

2nd Annual Stroke Conference

Does Your Community Have a Stroke Protocol?

Stroke is a major cause of death and disability in Washington State, yet new medications and protocols can save “Time and Brain.”

Three of our RHQN hospitals' stroke programs were highlighted at the 2nd Annual Washington State Stroke Symposium on June 15th. As you develop your protocols, I would encourage you to “steal shamelessly” from these peers.

Bob Appel at Mason General Hospital (Shelton) presented their community stroke program in partnership with Providence St. Peter's Hospital (Olympia). Terri Camp and Paramedic Steven Steele from Jefferson Healthcare (Pt. Townsend) shared their Lean Rapid Process Improvement (RPI) workout results and the telestroke program they developed with Swedish Medical Center (Seattle), and Marilyn Snider and EMT Eric Cassidy from Lincoln Hospital District (Davenport) explained their stroke program with Sacred Heart (Spokane). Davenport's stroke program is patterned after their STEMI project that many of you have copied. This presentation was recorded for CAHs unable to attend. The recordings and materials will be posted on the Washington State DOH Stroke Forum Website (a great resource) with links from the RHQN site within a week. <http://strokeforum.doh.wa.gov/>

It was so exciting to be at the Conference and feel the energy in the room as people networked and came to the realization that “We could do this at our hospital community, too.” I was impressed to find that Paj Nandi, Kim Kelley, and Chara Chamie from the Washington Department of Health truly want to understand the rural healthcare experience for you and your patients, learn more, and bring you practical applications to support your work.

A highlight of the conference was learning about “Target:Stroke: Time Lost is Brain Lost Best Practice Strategies” the new joint American Stroke Association and American Heart Association materials that are **FREE**... amazing resources. I was holding my breath just waiting to see how much this would cost each of you. What a joy to learn these materials are available to all of us at no cost. The Target:STROKE website link can be found [here](#).

Hints and Tips from the Stroke Symposium: Best Practice Checklist

- ✓ **Do community education** on Stroke Symptoms. It is key. Davenport uses billboards, visits community organizations, etc. Involve your marketing department.
- ✓ **Be inclusive.** To insure success, invite all who “touch” the patient in the process to be involved in the planning sessions. These include dispatch, EMS, ambulance, helicopter services, ED, Chief of Staff, neurologist, clinical lead, QI leader, medical records, tertiary hospital ED, QI leader, previous patient and family, etc. Partner with your tertiary hospital.
- ✓ **“One call” protocol.** Trauma, Acute Coronary Syndrome/STEMI, and Stroke all build on similar models. Have a red protocol box in your ED for ACS/STEMI, and a similar blue box (or other color) for STROKE protocols.
- ✓ **Develop decision trees and maps** for your service area. Identify geographic areas where transfer to your facility is indicated. If more appropriate, transfer to another facility. “In good weather, if the patient lives South of Johnson Road, the ambulance will take the patient to X hospital.”
- ✓ **Common communication.** Have everyone use SBAR to reduce errors.
- ✓ **Feedback:** It's a QI activity that builds job satisfaction. Let all involved know the patient's outcome. Include data to analyze for improvement.

Many thanks to all who called or wrote to say how much you appreciated the packet of Quality Measures sent to you for the June 8th RHQN call and also those who said you found the call helpful. I love getting your feedback. Please let me know of any topics you would like covered in future calls. I look forward to hearing from you and being with you to learn, celebrate, and share your Best Practices, Lessons Learned, and “Helpful Hints.”

Bev

If you have ideas, comments, questions, need additional resources or a consultation, please contact Bev McCullough, RHQN Quality Improvement Manager, at (206) 216-2862 or by email at bevm@wsha.org.