



Using Baldrige Criteria to Achieve Performance Excellence
Patient Safety Improvement
at
SSM Health Care

The Quality Colloquium at Harvard

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Agenda

- **SSM Health Care and MBNQA**
- **Patient safety improvement**

SSM Health Care (SSMHC)

- Large Catholic health care system - St. Louis
- 21 Hospitals, 3 nursing homes, home health care
- 4 Midwestern states
- 5000 Physicians
- 23,000 Employees
- \$2 Billion revenue / year

The MBNQA Effort

- 1990 - CQI model adopted
- 1995 – MBNQA criteria added
- 1999 – MBNQA applications

The Precursors of The MBNQA

- **Strong, committed leadership**
- **Mission centered**
- **Perseverance**
- **Attention to MBNQA feedback**
- **Conviction that the pursuit made us better**

SSMHC's Mission

*Through our exceptional health care services,
we reveal the healing presence of God*

What MBNQA Means to SSMHC

- **Attend to our mission**
- **Have goals consistent with our mission**
- **Have mature improvement processes**
- **Implement effective system improvement initiatives**
- **Use comparisons to “best in class”**

Safety and Clinical Improvements
SSMHC Clinical Collaboratives

The SSMHC Environment and The Clinical Collaboratives

- The mission
- The commitment to CQI
- Our experience with the IHI Breakthrough Series

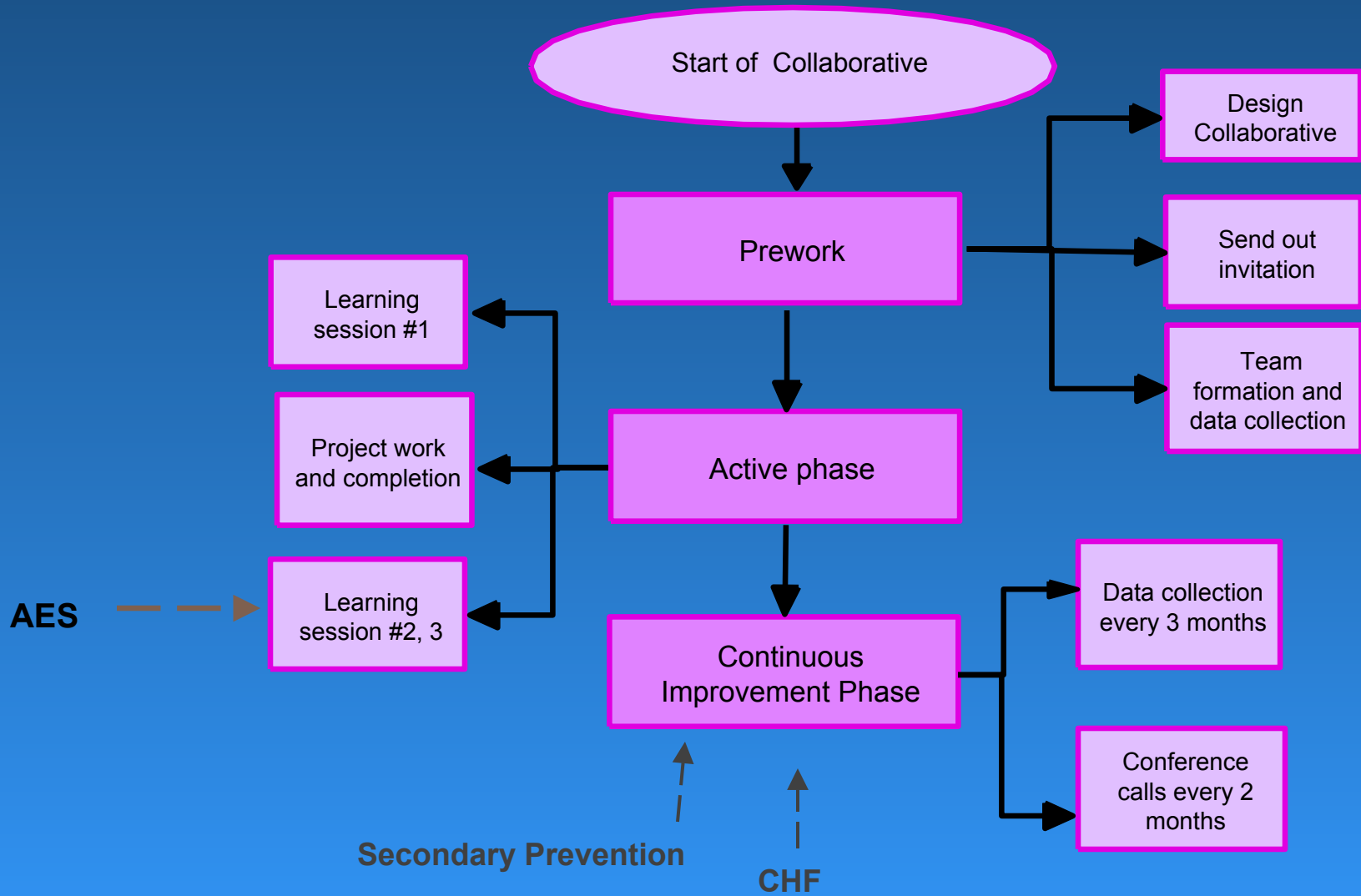
The Concept

By working together we can improve system clinical performance resulting in exceptional patient care

Collaboratives

85 collaborative teams

- Improving the Secondary Prevention of Ischemic Heart Disease (Secondary Prevention) - **1/99**
- Improving Prescribing Practices (IPP) - **5/99**
- Using Patient Information to Improve Care (UPI) - **11/99**
- Enhancing Patient Safety Through Safe Systems (EPS) - **3/00**
- Improving the Treatment of Congestive Heart Failure (CHF) - **11/00**
- Achieving Exceptional Safety in Health Care (AES) - **1/02**



SSMHC's Safety Improvement History

■ Pre - IOM

Individual caregiver and entity efforts
IHI Collaborative – medication safety
SSMHC Clinical Collaboratives

■ Post - IOM

Enhancing Patient Safety Collaborative(EPS)
Safety infrastructure changes
Achieving Exceptional Safety Collaborative(AES)

Achieving Exceptional Safety in Health Care (AES)

- **Jan., 2002**
- **Goal for the collaborative**
*To have each entity adopt and implement
16 + recommended safety practices*
- **3 year collaborative with 22 entities enrolled**

Achieving Exceptional Safety in Health Care (AES)

16 + Recommended Practices

1. Implement a near miss reporting system
2. Eliminate dangerous abbreviations
3. Design and implement an accurate patient medication list at admission and discharge and avoid "home" medication and blanket orders
4. Implement an effective disclosure of unanticipated outcomes process
5. Provide and use protocols for high risk medications
6. Implement a fall reduction process
7. Implement a sentinel event review process
8. Establish an entity Safety Center Team

yellow - upcoming collaborative recommended practice

black - recommended practice in progress

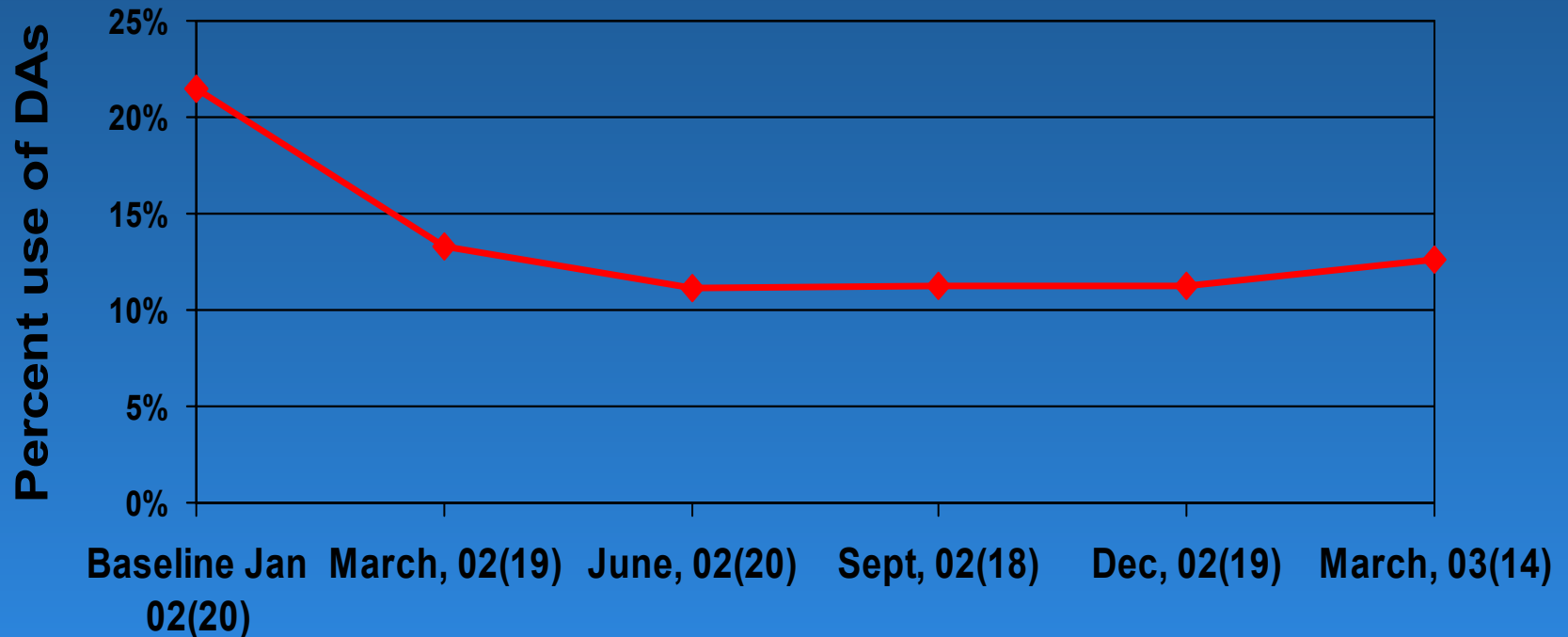
Achieving Exceptional Safety in Health Care (AES)

16 + Recommended Practices

9. Provide pharmacy rounding in ICU's
10. Implement all recommended safety information technology advances
11. Implement 24 hour pharmacy coverage
12. Provide a quarterly "state of safety report"
13. Develop a protocol for proper timing of surgical antibiotic prophylaxis
14. Institute a needleless IV system
15. Implement a protocol for glucose management of diabetic patients undergoing surgery
16. Implement a surgical site marking procedure to avoid wrong limb surgery
17. Effectively implement all JCAHO National Patient Safety Goals
18. Improve hand washing

Achieving Exceptional Safety in Health Care

Use of Four Dangerous Abbreviations Ave. Performance of Collaborative Entities



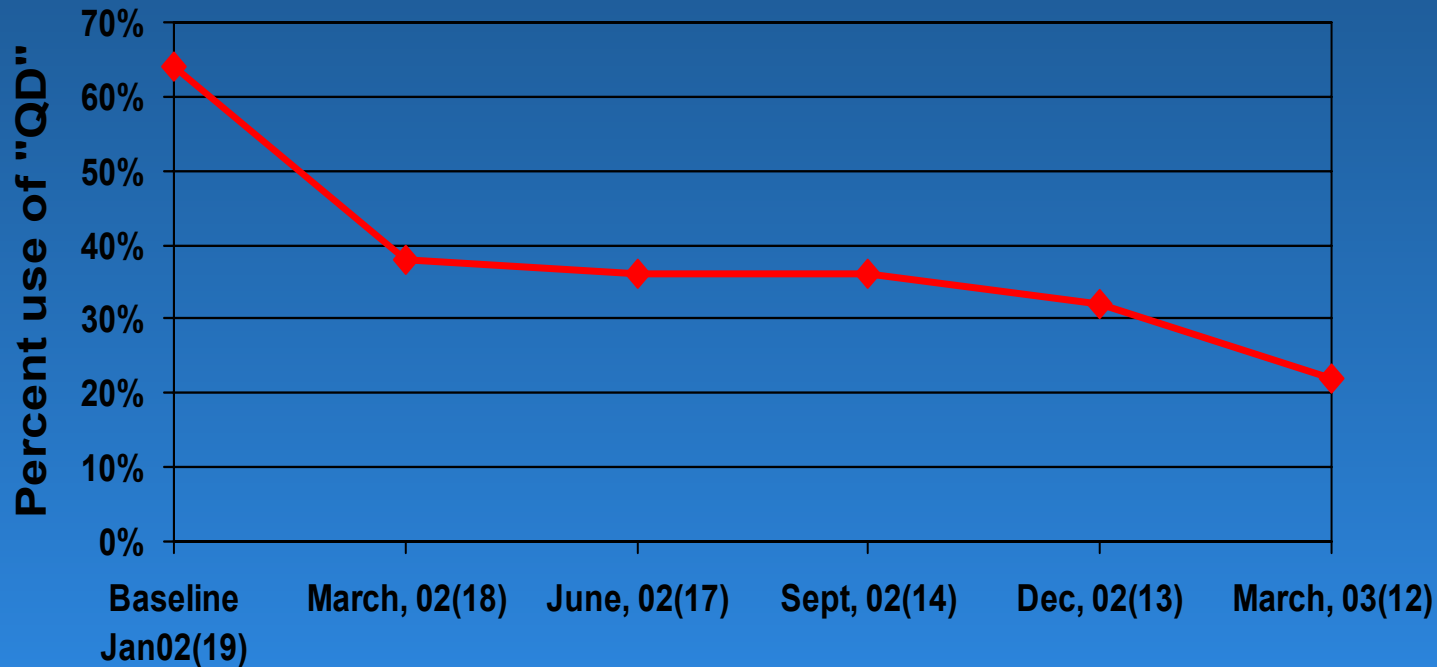
Time of data collection
◆ SSMHC use of DAs

- Eliminate "QD" for daily
- Eliminate "U" for units
- Eliminate trailing zeros
- Use leading zeros

↓
Good

Achieving Exceptional Safety in Health Care

Use of "QD" Instead of Daily Ave. Performance of Collaborative Entities



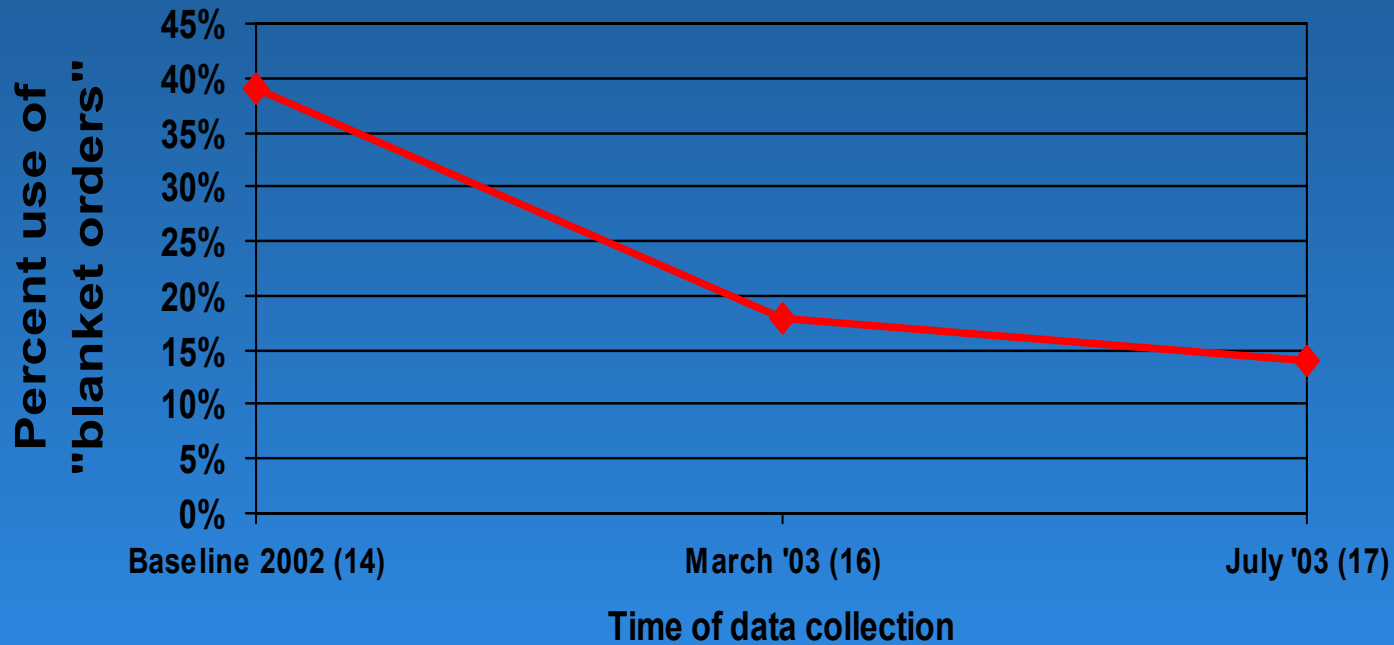
Time of data collection

—◆— SSMHC use of DAs

↓
Good

Achieving Exceptional Safety in Health Care

Use of "Blanket Orders" Ave. Performance of Collaborative Entities



◆ SSMHC Use of blanket orders

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Good

Achieving Exceptional Safety in Health Care (AES)

Near Miss Reporting and Safety Process Changes

- Stimulate near miss reporting
- Demonstrate safety process changes
- Magnify benefits by collaborative sharing

Achieving Exceptional Safety in Health Care (AES)

Near Miss Safety Process Changes

- Pharmacy staff re-educated on placement of narcotics in Pyxis
- Enforced the transfer checklist that includes the process of discarding old labels on 3ICU
- Near miss involving two look alike injectables being next to each other in Pyxis led to moving one of the meds to a different drawer
- Separated out the different types of insulin in Pyxis, into different bins so staff are sure to pull the right type of insulin
- Reviewing process use to document patient weights; changes recommended are to remove “lbs” and use “kg” on all forms and computer systems.

Achieving Exceptional Safety in Health Care (AES)

Near Miss Safety Process Changes

- Liquid theophylline is available in pharmacy, as only the nonalcoholic type, to prevent the alcohol type being given to infants/pediatric patients
- Orange stripe on NG tube to avoid confusion w/ IV lines
- Better identification of patients in “A” bed and “B” bed
- Noted confusion re: acute coronary syndrome orders and thrombolytic orders, so revision of orders and education of staff was done
- Stopped the practice of staff being able to override the lockout mode on PCA pumps.

Secondary Prevention

Percent of MI patients treated with Lipid Lowering Agents (LLA's) Average Performance of Collaborative Hospitals

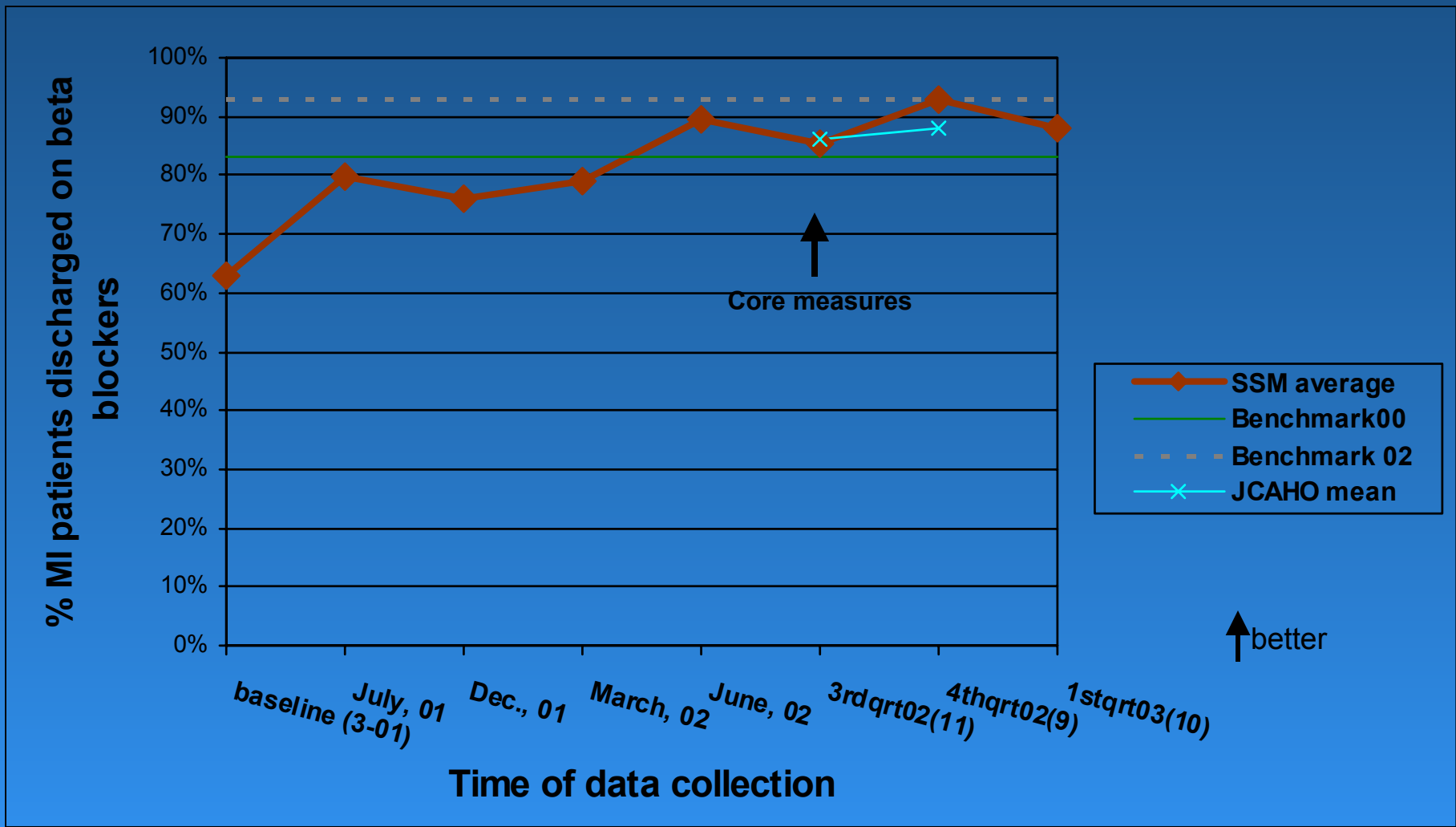


Mehta, RH et al. Quality Improvement Initiative and Its Impact on the management of Patients with Myocardial Infarction. Arch Intern Med. 2000; 160: 3057-3062
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Secondary Prevention

Percent of MI Patients Discharged on Beta Blockers

Average Performance of Collaborative Hospitals



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Results of SSMHC's Collaborative Safety Improvement Efforts

- Progress towards safer patient care
- Recognition that patient safety is a top priority
- Unexpected benefits and adventures

The End

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For more detailed information about MBNQA:
visit SSM's website at www.ssmhc.com
or contact Paula Friedman, VP of System Improvement at 314-994-7840