



IMPERATIVE: CASE STUDY:

Improve Quality, Lower Mortality Rate Bay Medical Center

“It was a very positive experience. They are unlike other consultants who hand you a plan and then leave. They stood with us and helped us get it done”

– Pam Spires

VP of Medical Staff and
Performance Management



Quality Initiatives at Bay Medical Center Result in Dramatic Drop In Healthcare Mortality Rate

Overall mortality rates from the end of 2007 to the beginning of 2010 at Bay Medical Center in Panama City, Florida have dropped from 3.4 to 2.1. A 1.3-point drop represents a huge reduction for any hospital and translates into lives saved. To date, Bay Medical Center’s rate for heart attack is down from 15.7% to 15.1%, for heart failure from 9% to 7.4% and pneumonia is holding at 8.5%. Those numbers are well below the risk-adjusted, national hospital mortality averages for heart attack (16.1%), heart failure (11.1%) and pneumonia (11.4%). The drop began with the onset of a quality improvement project facilitated by a Wisconsin-based process improvement firm, Compirion Healthcare Solutions, in 2008.

Compirion was engaged to help improve Emergency Department Throughput, Finance and Core Measures compliance. Early in the project, Compirion consultants along with the Director of Performance Improvement/Patient Safety/Regulatory Compliance, Robert Campbell, PharmD, completed an observational study in the Emergency Department. Among many inconsistencies, they found that only 25% of the staff regularly washed their hands between visits with patients. Yet, according to The Joint Commission, hand-washing failures

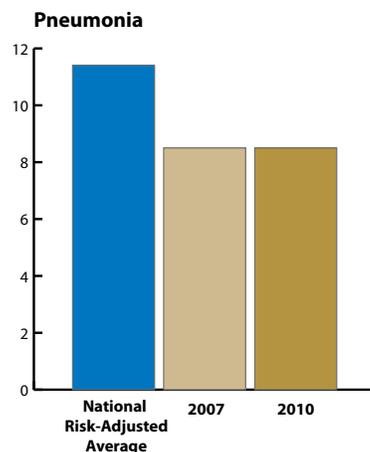
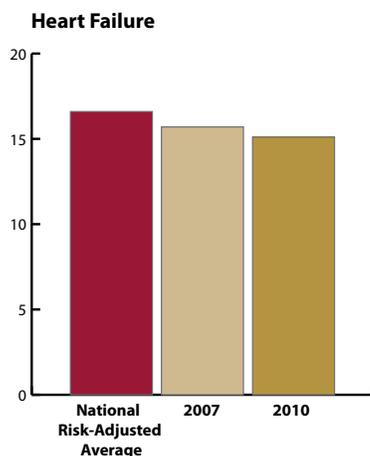
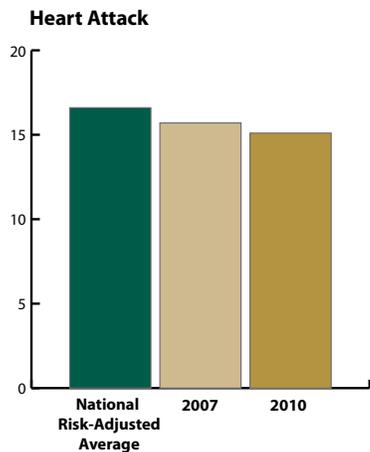
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Bay Mortality Rate ... *(continued)*

Annual Risk-Adjusted Mortality Rates by DRG



contribute to healthcare-associated infections that kill nearly 100,000 Americans each year and cost U.S. hospitals \$4 billion to \$29 billion annually to combat. Hand washing originally fell under the auspices of Infection Control. Instead, Compirion's initial hand-washing observations were brought before the Steering Team.

"Out of concern for patient safety, the Steering Team took ownership of hand-washing protocols to a very personal level," said Compirion Consultant Lynette Svingen acting as Interim Chief Nursing Officer. "CEO acknowledgment of the issue certainly got the ball rolling."

According to Robert Campbell, Director of Performance Improvement/Patient Safety/Regulatory Compliance and Co-chair of the Core Measures team, "When the CEO is looking at you and points out that you didn't wash your hands ... you wash your hands."

In the first four months, hand-washing compliance increased by 293%. The target was 80%, but scores have remained in the 88-93% compliant range. Accountability is ensured by submitting names of the non-compliant to their immediate managers. Other Core Measures compliance improvements included Blood Cultures prior to Antibiotic from 83% to 96%, Pneumonia Vaccine from 84% to 100% and Flu Vaccine from 58% to 91%. Currently the mortality rate for pneumonia at Bay Medical Center is 8.5, well below the risk-adjusted national average of 11.4.

Other issues with protocol non-compliance that affected patient safety were found in the inpatient and ICU Nursing units. In the Emergency Department, observation found that ICU-bound patients were being held too long. According to research, when ICU-bound patients are held in the Emergency Department for longer than 6 hours their mortality rate increases by 27%. Moving patients into the ICU or up to the floors became a priority for the Inpatient Bed Placement team driven by Compirion.

Another observation revealed that 30-50% of the 24-hour chart checks were missed. That contributed to a number of other issues including a long Length of Stay. The same percentage of transcribed physician orders was missing which had a domino effect that led to numerous variances in care. Quality programs were piloted, adjusted and then hard-wired.

According to Pam Spires, VP of Medical Staff and Performance Management, "I think that the rapid transport of chest pain patients to the cath lab was also a contributing factor, but it's hard to quantify exactly which measure created the biggest improvement. It was really everything working together."

The importance and necessity of frequent rounding by all levels of hospital personnel quickly became evident. Lynette Svingen, Interim CNO implemented

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Bay Mortality Rate... *(continued)*

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hourly rounding by bedside nurses, daily rounding during all shifts by the CNO and nurse leaders, and rounding several times a week for hospital administration. That increased awareness by the staff that leaders were interested in the level of patient care they were providing, not only to the extent of what was inspected by them but what was expected of them.

"Rounding serves as a proactive approach to patient, staff and physician satisfaction. If they see you and you are asking questions, they will voice what is going well and what needs to be improved," stated Svingen. "Additionally, it creates an environment of accountability for everyone to do the right thing for the patient."

Svingen added, "I acknowledge the true heroes of the project: the Bay Medical Center employees, nurse directors, managers, and supervisors, Robert Campbell Director of Performance Improvement/Patient Safety/Regulatory Compliance, Dan Morgan COO, Pam Spires VP of Medical Staff and Performance Management, Rick Smith VP of Professional and Ancillary Services. They were all instrumental in implementing process changes and completing rounding consistently throughout the project. Melanie Henning, Christina Shontz and Jennifer Cain were among those who were relentless in their efforts to collect and track data throughout this initiative. It was a successful team effort that can be implemented in any organization through inspection, improved communication, accountability, collaboration and teamwork."

Spires concluded, "Working with Compirion was very enlightening. It was nice to have someone come in and help us 'see the forest for the trees.' It was eye-opening! You really need to have someone outside come in and 'see.' Their implementation of hourly rounding was a huge help. We really needed the Compirion 'push' to make it happen.

"It was a very positive experience. Their people were very helpful. Their resource management of staff was excellent. They are unlike other consultants who hand you a plan and then leave. The collaboration, teamwork and implementation were wonderful to rely on. They stood with us and by us and helped us to get it done."

Bay Medical Center is listed as one of America's top 50 hospitals and is a recipient of several awards for quality.

For more information on Compirion's sustainable healthcare solutions, call **1-866-661-4677**, or visit **www.compirion.com/Baymor**.

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Bay Mortality Rate... (continued)

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Patient Satisfaction

These Case Studies and others are available for download from our website at www.compirion.com

References also available

Other Case Studies Available:

IMPERATIVE CASE STUDY: Safe, High-Volume Patient Throughput East Texas Medical Center, Athens

"I'd like to think what would have happened if not Athens then Compirion had? Even here... it's much better, even at these volumes, we have more patients, less injured!"
— Dr. David Williams, Medical Director of the Emergency Department

ETMC, Athens Manages Record H1N1 Volumes While Decreasing Length of Stay

Throughout the month of September, East Texas Medical Center, Athens (ETMC) Athens saw a 42% average increase in number of patients per day due to publicity of the H1N1 virus and took it in stride. Improved efficiencies in the Emergency Department facilitated by a process improvement firm, Compirion Healthcare, allowed the hospital to absorb the volume and still see an improvement in quality. Many other Texas hospitals were caught off-guard and resorted to setting up triage tents and drive-through treatment centers to deal with the influx of cases related to the H1N1 virus. Since April, ten-year people in Texas have died from the H1N1 virus.

Because of the knowledge of ETMC Athens CEO Pat Wallace, Compirion Healthcare Solutions, from Elm Grove, Wisconsin, had been brought in five months earlier to conduct a process improvement project throughout the Emergency Department.

David Williams, Emergency Room Director noted, "We had some issues with Patient Satisfaction and Length of Stay. We needed someone with the resources to help. We called several companies. Compirion was the best fit, and they had the best track record. They also guaranteed that they could get us where we needed to be."

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East Texas Medical Center
H1N1 Surge Management

IMPERATIVE CASE STUDY: New Revenue Medical Center of Central Georgia, Macon

"Revenue went through the roof enabling Administrative work to expand to health ED. ED volume was the year over base. ED lay was got our money's worth."
— Dr. Andrew Davis, Medical Director of Emergency Services

Medical Center of Central Georgia Achieves 40:1 Return

MACON, GEORGIA... The Medical Center of Central Georgia expects to increase its revenues by \$20 - \$24 million this year. After an improvement project in the Emergency Department that began in June 2008, the hospital has consistently increased its billable patient volume every month by 15%. Medical Center Management initiated the project after patient dissatisfaction with wait times in the Emergency Department became evident. Compirion Healthcare Solutions was engaged to assist in the process.

Barb Socol, Senior Vice President and CNO, said, "Emergency Department throughput was higher than the national benchmark. It was more like a holding center than an Emergency Department. We were not fully staffed and we were over capacity. We tried to fix things ourselves but the staff became discouraged, they wanted help."

Dr. Andrew Davis, an Emergency Department physician at the time of the improvement project, commented, "We were aware of the problem but not really the size of it or that patients were waiting up to 15 hours to be seen. We also didn't know that hospitals of the same size had wait times as short as 2 hours."

To help create a strategy for reducing patient throughput times in the department, hospital leadership hired Compirion Healthcare Solutions. Compirion was selected

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Medical Center of Central Georgia
New Revenue

IMPERATIVE CASE STUDY: Improved Surgical Capacity Anderson Hospital

"I never realized with Anderson being a good surgery center we needed to be the best."
— Kim Perry, Director of Postoperative Services

Anderson Surgery Center Reduces OR Inefficiencies and Improves Finances

In the midst of hard economic times, Anderson Hospital's Surgery Center is thriving, thanks to the demand of hospital staff and the assistance of Compirion Healthcare Solutions. While competing hospitals in the area are seeing a drop in utilization of their operating rooms, Anderson Hospital's Surgery Center has seen Volume Hours increase 8.5% over the last six months.

At the end of last year, hospital administration noticed a slide in profitability and began receiving negative feedback from local surgeons. In response, hospital leadership wanted to ensure they were doing everything possible to make the Surgery Center attractive to area surgeons. They also wanted to streamline processes and procedures in the department to handle more volume and to increase profitability.

According to Kim Perry, Director of Postoperative Services, "The Surgical Department had reached status quo. We tried but we weren't moving along with Quality Indicators or Patient Satisfaction. I wasn't satisfied with Anderson being a good surgery center. We needed to be the best."

To assist in the improvement project, hospital President and CEO Keith Page assigned engaging Compirion Healthcare Solutions, a healthcare consulting firm focusing on hospital process improvement. Compirion had recently helped Anderson Hospital with a Patient Throughput improvement project in its Emergency Department that reduced Discharge-Admin time from 6 hours to 2.95 hours while increasing Billable Patient Volume 13%. Based on the success of that project, hospital leadership again chose to place their trust in Compirion.

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Anderson Hospital
Surgical Utilization

IMPERATIVE CASE STUDY: Reduced Length of Stay Henrico Doctors' Hospital

"We chose Compirion because we felt they were unique. They worked with us, side-by-side with hospital staff on a real-time basis. No one else we saw does that."
— Arnold Shalk, Associate Administrator

Reduced Length of Stay Henrico Doctors' Hospital

RICHMOND, VIRGINIA... Henrico Doctors' Hospital is a full service acute care hospital in Richmond, Virginia, closely tied to its competitor St. Mary's Hospital. Early in the year, Henrico's administration noted a marked decrease in volume of patients hospital-wide. Meanwhile, St. Mary's volume was increasing. After investigation, the problem was found to be in the Emergency Department and compounded throughout the facility. About midway through the year, Henrico's Emergency Department length of stay, creating staff, physician and patient dissatisfaction. Overall length of stay was 270 minutes, over 470 minutes for admitted patients, and over 216 for discharged patients on average. Bed hold times for admitted ED patients waiting to be admitted had risen to over 1500 hours per month. Callig's scores for patient satisfaction were at the 1.88 percentile. Patients began leaving without being treated at a rate twice the national average. Hospital administration decided something needed to change.

In March, upon recommendation by the Emergency Department's physician's group, Henrico Doctors' Hospital administration enlisted the help of Compirion Healthcare Solutions, LLC, a healthcare process improvement consulting firm based in Elm Grove, Wisconsin. Compirion services were engaged from March through October.

According to Associate Administrator, Arnold Shalk, "We chose Compirion because we felt they were unique. They worked onsite, side-by-side with hospital staff on a real-time basis. No one else we saw does that."

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Henrico Doctors' Hospital
Reduced Length of Stay