

## Creating a Quality Movement in Your Hospital

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*“We can stand still and fall behind, we can move forward and stay even, or we can choose to lead and define the future.”*

These words by Dr. Arthur Dugoni served as a wake-up call and challenge to Enloe Medical Center in 2009. In 2006, Enloe’s administration received a no-confidence vote from its medical staff. The following three years were marked by four different acting hospital administrators, several tragic surgical services outcomes and three Immediate Jeopardy determina-

tions. In addition, regulatory agencies were on-site nearly two-thirds of the time for months on end. This drama was played out in the local press and in coffee shops and businesses. The status quo had to change, and it had to change immediately.

In January 2009, the Board, hospital leadership, and medical staff leaders recognized we had to change in order to survive. We had an enviable representation of medical staff specialties, dedicated nursing and other staff but we needed to communicate a burning platform for change and create a vision that people felt passionate about. We needed to be deliberate and explicit in forming a roadmap for success. Mandated data reporting was not producing the momentum needed for this kind of change. We needed something else.

So in January 2009 we asked ourselves a simple question: “What do we stand for?” To answer this, the first Quality Summit was convened in April 2009. At that Summit, we asked Board, administration, medical staff and nursing leaders these questions:

- What does the highest quality care at Enloe look like?
- What standards of practice will

help us achieve that quality?

- How will we roll this out?

The answer was to establish five Quality Initiative Teams committed, in one year’s time, to implementing evidence-based standards shown to improve patient care. Physicians volunteered to lead these teams, supported heavily by Quality Management staff.

The goals were to:

- Decrease ventilator-associated pneumonia by 50%
- Decrease urinary catheter-associated infection by 50%
- Decrease venous thromboembolism events by 50%
- Decrease death from severe sepsis and septic shock by 50%
- Implement the IHI-endorsed surgical checklist

Incorporating best practice from the Institute for Healthcare Improvement and other published sources, the teams met several times a month. Progress was tracked by the medical staff’s Performance Improvement/Patient Safety Committee and reported to Board, medical staff, and hospital staff regularly.

At the second Quality Summit in April 2010, the following results

were presented:

- Ventilator-associated pneumonia: Eliminated for the prior seven months
- Urinary catheter-associated infection: Decreased by 74%
- Venous thromboembolism: All adults screened and best-practice prophylaxis choices given
- Death from severe sepsis and septic shock: Decreased 66%
- Implement the IHI-endorsed surgical checklist: Utilized in 98% of surgeries within two weeks of adopting the policy

Other highlights of the 2010 Quality Summit were the twenty-eight quality improvement poster presentations showcasing grassroots efforts from throughout the organization to improve care. The Sepsis Mortality Reduction Team's work received the first Quality Summit Award.

We are now in the midst of our 2010 quality cycle. The three initiatives are:

- Throughput: Exceed national standards for ED timeliness (including left without being seen and boarding) and hospital discharge time
- Multiple drug resistant organ-

isms: Standardize use of antibiotics, more effectively and efficiently screen for MRSA, and exceed national best practice for hand hygiene

- Maternal-newborn health: Perform elective deliveries at 39 weeks or later unless medically contraindicated

Besides the direct results of the Quality Initiatives, there have been other benefits of this movement. The local press has highlighted our work. Staff shares their pride in seeing the achievements of their peers. Enloe has achieved recognition for excellent outcomes in stroke management, STEMI care, bariatric surgery, and cardiac surgery. And we recently received the Community Value Five-Star Award from Cleverley+Associates.

What has been done at Enloe can be replicated at other organizations. The key points to consider are:

- Stand for quality and define that quality clearly
- Set SMART (Specific, Measureable, Attainable, Realistic, Timely) goals
- Anchor the work on evidence-based practice from organiza-

tions such as the IHI

- Support the teams and provide the resources (material and personnel) needed to engage in rapid PDCA cycles
- Enlist physician champions and recognize them for their contributions
- Communicate often and broadly about the work being done
- Celebrate successes

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*Marcia Nelson, MD, is the Vice President for Medical Affairs at Enloe Medical Center. A Redding native and graduate of CSU, Chico, she earned her medical degree from UCLA and completed her Family Medicine residency in Merced. She has had a family medicine practice in Chico since 1989. Dr. Nelson became the VPMA at Enloe in 2005. In that role, her primary focus has been the annual Quality Summit, which highlights the past year's quality improvement successes and helps set the next year's quality priorities. Dr. Nelson has been honored by the Chico Chamber of Commerce as the "Outstanding Woman in Health Care" in 2004, and by Enloe with the "Spirit of Planetree Physician Champion" award in 2008.*

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