



NCQHC National Quality Health Care Award, 2006



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At Brigham and Women's Hospital, constant communication keeps quality high

Gary Gottlieb, M.D., chief executive officer of Brigham and Women's Hospital, Boston, is headed out to a nursing floor after lunch to hear the staff download their patient safety concerns. He and other C-level executives show up in patient-care areas once a week—sometimes at the crack of dawn to catch the night shift. They've been doing it every week for five years, pioneering what is now a national best practice.

The gripes range from a plea to fix broken equipment to an idea on how to relieve overcrowding or improve cleanliness. "All the suggestions that come from the ground up are terrific," he says. "They teach me the ways that we can make things better."

Nurses in the intensive care unit complained that their critically ill patients were called down for imaging studies before radiology was ready for them, leading to long, unhealthy waits. All of the involved parties are now tracing the chain of delay to see how things can be expedited.

"There's never any blame and there's always follow-up," Dr. Gottlieb says.

Michael Gustafson, M.D., vice president of clinical excellence, keeps a database of all the complaints and suggestions. "We try to work that list and close things out whenever possible," he says. The completion rate is about 80 percent.

Chronic discontent fuels the quest for quality at Brigham, the winner of the 2006 Quality Health Care Award from the National Committee for Quality Health Care.

"There's a always a sense here that we can do better," says Dr. Gottlieb, who's been at the hospital's helm for the past four years. "And we're willing to use science to figure it out. We had research showing that there were too many errors. Even one tenth of one percent is a lot if you have millions of med administrations. That's thousands of people you could kill."

One of the two founding members of Partners HealthCare (the other is Massachusetts General Hospital), Brigham benefits from a medical staff that doubles as the faculty of Harvard Medical School. Research activi-

ties are plentiful and the budget includes \$400 million in research funding. A landmark study of house staff in a Brigham ICU showed that residents who spend more than 16 hours on the job made twice as many mistakes as those who were on duty for 14 hours or less. The results have influenced residency programs across the country to reassess schedules.

Brigham's culture of quality provides an example for hospitals nationwide. Following are a few of the ways that Brigham excels in each of the eight categories examined in the award competition.

Leadership

Brigham has developed a hospital-wide performance management system called the Balanced Scorecard. More than a thousand people use it to track monthly data on things like patient falls, hospital-acquired infections, and risk-adjusted mortality. Each measurement can be drilled down to the business unit or the individual physician, to help understand variance and identify opportunities.

The Care Improvement Council includes all department chairs, vice presidents, and quality/safety directors. The chief medical officer and the chief nursing officer work together in leading quality initiatives. The Center for Clinical Excellence supports all quality improvement and patient safety projects, and a Quality Outcomes Group sets and monitors performance improvement goals, and assists other standing groups. Specific programs are set up to manage high-risk issues, such as a new out-of-OR anesthesia division to cover sedation procedures in radiology and endoscopy.

Short and Long Term Strategic Planning

Brigham's clinical enterprise strategic plan, adopted in 2003, includes developing five centers of excellence, in cancer, cardiovascular, women's health, neurosciences, and orthopedics, which account for more than 70 percent of inpatients, and adopting a "distributed campus" strategy to provide the right care to the right patients in the right place, whether on the main campus or through remote ambulatory sites or partner facilities.



Gary Gottlieb, M.D.
Chief Executive Officer,
Brigham and Women's
Hospital, Boston



Brigham and Women's Hospital at a glance

Fiscal year 2005		Financial results (\$ in millions)		
		2004	2005	
Inpatient discharges:	46,608	Net patient service revenue	\$968.6	\$1,081.4
Births	9,000	Direct academic and research revenue	274.5	294.1
Outpatient visits	750,000	Indirect academic and research revenue	94.4	91.0
Inpatient surgeries	17,422	Other revenue	31.1	36.2
Outpatient surgeries	11,512	Total revenue	\$1,368.7	\$1,502.7
Emergency room visits	54,000	Net margin	\$62.0	\$ 104.0
Staffed beds	735			
Medical staff	2,450			
Employees	11,000			

Brigham established a joint venture in 1997 with nearby Dana Farber Cancer Institute and took over all of its adult inpatient care. Brigham's inpatient volume has grown 13 percent, and outpatient volume has more than doubled. In 2003, the two institutions committed to create a single integrated adult cancer program.

Patient-Centered Practices

In 2002, Brigham committed to a service excellence program that included two to four major redesign efforts every year. Currently twelve teams are active, several of which include patients. The obstetrics/postpartum team implemented a number of changes, including development of a workload measurement tool to ensure balanced patient assignment, and creation of a "buddy system" to pair nurses for better response time. Patient satisfaction scores for obstetrics have increased steadily over the past three years.

For outpatients, Brigham began a program called the Ideal Patient Experience, to standardize and improve customer service. Patient-care personnel were removed from handling administrative functions, and different teams were assigned to handle check-in, check-out, and telephone calls. Insurance verification was outsourced to the hospital's central service center. During the first year, telephone answer rates increased from 75 percent to better than 95 percent, and co-payment collections jumped by 40 percent.

Innovative Informatics and Use of New Technologies

Brigham's clinical information systems have won numerous national awards, and other types of technology investments also stand out, such as the country's first operative MRI suite and a combined suite for cardiovascular imaging, interventional cardiology, and cardiac surgery. The hospital implemented an \$8 million electronic medication administration record, including bar-coding of patients and drugs, and internally developed software that will allow full integration with the physician order entry system and all other clinical information systems. The system has cut dispensing errors by 85 percent.

Brigham has also done in-house design and programming for

an outpatient medical record that includes important pieces of information from inpatient stays, and is used by 650 primary care physicians and 1,800 specialists within the Partners system. A fully digitized medical imaging system not only enhances patient care but provides data for quality measurement and improvement initiatives.

Building a Committed Workforce

More than 80 percent of the 12,000 employees rate Brigham favorably as an employer on bi-annual surveys. The hospital has implemented many of their suggestions, including staff bonuses for foreign language fluency, a transit

subsidy, and redesign of the clinical supply delivery process.

The hospital sponsors scholarships and supports twelve youth programs that exposes students to various healthcare careers. For its new cardiovascular center, a formal task force is engaged in pro-



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moting current employees and recruiting from the local community to fill 250 positions.

Evidence-Based Performance Evaluation and Improvement System

Brigham's Balanced Scorecard, mentioned above, pulls data from more than 50 internal sources into a single repository, so that users can track variances in several areas, including safety, effectiveness, timeliness and efficiency. Embedded in the scorecard are risk-adjusted benchmarking data from Partners, the University Hospital Consortium, Solucient, Press Ganey, the American College of Cardiology and the Society of Thoracic Surgeons, among others. Brigham shares its quality data through state and national Web sites such as CMS, the Leapfrog Group and Massachusetts.gov, as well as on its own Web site.

Brigham collaborated with the Institute for Healthcare Improvement in fall 2004 to develop a comprehensive assessment of its performance improvement agenda, focusing on leadership, patient flow, specialty access, mortality, high reliability, and patient-centeredness. The final report showed great success in areas such as mortality and length of stay, and identified areas for improvement that the hospital leadership is currently working on.

Financial Management

Brigham's net margins have climbed steadily for the last five years, and at a faster rate than its net patient care revenue. Over the

same period, medical-surgical length of stay has dropped 6 percent, even while the hospital has been caring for more severely ill patients. Quality of care and financial planning are tied together; the vice president for clinical excellence reports to both the chief financial officer and the chief medical officer.

Brigham has established pay-for-performance contracts with all three major Massachusetts insurers, to align improvement efforts with financial incentives.

Community Health Needs

Located between the affluent suburb of Brookline and the impoverished Boston neighborhood of Roxbury, Brigham serves a diverse population. "Many academic centers are in homogeneous neighborhoods—either in the inner city or in the suburbs," Dr. Gottlieb says. "Since we sit right on the border, we're driven to be culturally sensitive and embrace diversity. People of quite different backgrounds can be side by side in a semi-private room."

Brigham provides more than \$31 million a year in free care. Two health centers serve 17,000 patients per year. The Boston Asthma Initiative, a joint effort of Brigham and Boston Children's Hospital, provides home visits, bi-lingual asthma education, and assistance to schools in identifying environmental irritants. The African Women's Health Center improves the healthcare of African refugees, many of whom have undergone genital mutilation. The center was founded by Nawal Nour, M.D., a 2004 recipient of a MacArthur Foundation genius grant.



The NCQHC and NQF Join Forces

Janet Corrigan to Lead the Newly Formed Organization

The National Committee for Quality Health Care (NCQHC) is an independent Washington, D.C. based 501(c)3 membership organization comprised of senior leaders from multiple sectors of the health care industry. These leaders share a common interest: they view quality as a bedrock foundation of health care delivery. For patients, this singular focus is particularly important as our health system is poised to undergo rapid change with respect to both health care policy and financing, and in the health care delivery system. Whether this change will be gradual or hasty remains unknown, however leaders across the nation have largely concluded that maintaining the status quo is untenable due to escalating costs, concerns about safety and quality, and increased numbers of uninsured. NCQHC leadership believes that much more can and should be done at both the national and community levels to rapidly move the health care sector to a higher level of system performance. Maintaining a constant focus on quality will be critical to achieving the greatest gains in health for the American public.

To further this commitment, NCQHC board members have very recently concluded that the organization will be best able to fulfill its mission by joining together with the National Quality Forum, a public and private sector partnership focused on enhancing quality through standardized performance measurement and reporting. The two organizations announced their decision to merge on February 28, 2006. Janet Corrigan, PhD, MBA, current president and CEO of NCQHC, has been named the president and CEO of the newly reconstituted NQF. The NCQHC Board of Trustees is very enthusiastic about bringing the two organizations together. A newly reconstituted NQF that preserves and builds on the best of both organizations has enormous potential to enhance quality.

Although NCQHC as a corporate entity will cease to exist, NCQHC's quality portfolio will remain going forward, and the boards of both organizations envision that it will be strengthened as a result of this union. In turn, NQF's efforts to endorse national standardized measurement sets will benefit from the insights and thinking of NCQHC members—a diverse set of top leaders on the front line of the delivery system—and the exchange between various stakeholder groups and across the public and private sectors that will inevitably result.

NCQHC's Quality Portfolio

As part of its quality efforts, NCQHC recognizes high performing health systems through its National Quality Health Care Award. Established in 1994, it is the first award of its kind to pub-

licly recognize outstanding health systems that have demonstrated innovative efforts to enhance the quality of care. NCQHC is pleased to have the Cardinal Health Foundation as the Lead Partner, and Modern Healthcare magazine as the Legacy Partner for this prestigious award. This year's award recipient is Brigham and Women's Hospital, who excels in each of the eight categories examined in the award competition.

The Executive Institute, established in 2003, is a more recent addition to NCQHC's quality portfolio. Through educational programming and written products, the Institute helps to inform executives and trustees about key, dynamic issues in the healthcare environment in order to facilitate their leadership in shaping policies that affect quality of care. A core competency of the Institute is the synthesis and analysis of current issues important to

health care executives, embedded with guidance on how they might respond to such trends. The Institute has recently published three such guides that numerous health care systems are now distributing across their organizations:

- The *CEO Survival Guide™ to Pay for Performance* extends the Performance Measurement guide by providing tools to assist executives in the development of strategic plans to successfully implement pay for performance programs in their institutions.
- The *CEO Survival Guide™ to Electronic Health Records (EHRs)* serves to inform executives of current activities in the development and implementation of EHRs, and provides advice and strategic tools to assist in implementing EHRs at their organizations.
- The *CEO Survival Guide™ to Performance Measurement* provides executives with an overview of current performance measurement activities, as well as a framework for implementing a powerful performance measurement system.

Both the award recognition program and the Executive Institute will become a new departmental area of NQF. Its work will be guided by a newly designated National Health Care Advisory Committee, consisting of former NCQHC board members and others yet to be appointed.

NCQHC is closing out an important chapter in its ongoing effort to enhance the nation's quality of care and its contributions to date are well recognized. It is now beginning a new phase as it joins with NQF. Boards of both organizations hope that such a union signals to organizations and stakeholders across the system how critical collaboration is to making substantial strides in closing our nation's Quality Chasm. Our patients deserve nothing less.



**Janet Corrigan, President
and Chief Executive Officer**

National Committee for Quality Health Care

Mission

The Mission of NCQHC is to advance quality throughout the health care continuum. We accomplish this by:

- Creating an assembly of diverse national thought-leaders
- Informing policy makers on quality health care issues
- Identifying, sharing, and celebrating best practices in quality
- Promoting public/private sector dialogue
- Anticipating challenges to the system and identifying and assessing alternatives for improving the health of the American people

NCQHC's 10 Principles of Quality Health Care

A Commitment to Excellence

1. Quality Health Care strives for continuous improvement in provider skills and the delivery of health care
2. Quality Health Care is accessible to all
3. Quality Health Care encourages active consumer participation
4. Quality Health Care delivery is value-based
5. Quality Health Care is committed to consumer and provider safety
6. Quality Health Care protects confidentiality and privacy
7. Quality Health Care delivery is a coordinated effort among providers
8. Quality Health Care improves the health status of the community
9. Quality Health Care includes end-of-life patient concerns
10. Quality Health Care measures are accessible to the public

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2005
Northwestern Memorial Hospital,
Chicago, IL

2004
Trinity Health,
Novi, MI

2003
Lehigh Valley Hospital and Health Network,
Allentown and Bethlehem, PA

2002
Carilion Health System,
Roanoke, VA

2001
Catholic Health Initiatives,
Denver, CO

2000
Munson Medical Center,
Traverse City, MI

1999
BJC Health System,
St. Louis, MO

1998
University of Pennsylvania Health System,
Philadelphia, PA

1997
St. Luke's Health System,
Kansas City, MO

Special Recognition:
Shadyside Hospital,
Pittsburgh, PA

1996
Intermountain Health Care,
Salt Lake City, UT

Special Recognition:
Ohio State University Medical Center,
Columbus, OH
St. Luke's Hospital of Kansas,
Kansas City, MO

Honorable Mention for Progress
Targeted to Special Populations:
Independence Blue Cross, Philadelphia, PA
Touchette Regional Hospital, Centerville, IL

1995
Evanston Hospital Corp.,
Evanston, IL

Honorable Mention
Our Lady of the Lake Regional Medical Center
Baton Rouge, LA

1994
Henry Ford Health System,
Detroit, MI



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**Cardinal Health congratulates the NCQHC
2006 National Quality Health Care Award
winner, Brigham and Women's Hospital.**



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