



NCQHC National Quality Health Care Award, 2005



Cardinal Health
Foundation

Corporate Sponsor

Modern Healthcare

Legacy Partner

Starting with the patient

Northwestern Memorial Hospital's "Patients First" philosophy steers quality initiatives

Virtually all hospitals believe they put patients first. The patients themselves may not agree, as they sit in pain in the emergency waiting room, or spend the first half-hour of a non-emergency stay on an uncomfortable beige chair in the admitting office.

But at Chicago's Northwestern Memorial Hospital, the busy urban emergency department competes with itself to see how long it can keep its waiting room closed each day, by whisking patients right into a treatment room the moment they arrive. "I've seen them get to two or three in the afternoon before they have to open the waiting room," says chief executive officer Dean Harrison, even though the department sees between 180 and 210 patients a day. "We know that's a great patient satisfier, and it also happens to be great clinical care."

And there's no inpatient admitting area at all. Patients go right to their rooms. Registration information is taken at the bedside by a staff member who, concierge-like, also assists with non-medical concerns throughout the patient's stay.

Northwestern's dedication to its "Patients First" mission is one factor that made it the winner of the 12th annual NCQHC National Quality Health Care Award, given by the National Committee for Quality Health Care and supported by corporate sponsor Cardinal Health and Legacy Partner *Modern Healthcare*.

Measurement is the hallmark of Northwestern's quality initiatives, Harrison says, and if they can measure it, they can improve it.

"We've realized that our systems are a lot more predictable than we thought," says Julie Creamer, vice president of operations and quality. "We have an inpatient scheduling project that gives each patient a schedule of their tests and treatments for the day. If we know someone's going home, we can schedule their tests early. That frees up their room in order to admit someone sooner from the ED."

"Measurement is powerful," Harrison says. "If something takes 23 minutes, what would it take to make it 18 minutes? It's some-

thing that gets an organization excited, because everyone can participate."

Following are a few examples of how Northwestern fulfills the award criteria in the seven key areas:

Leadership

The leadership structure at Northwestern Memorial is designed around quality and safety. Key bodies include the professional standards committee of the board of directors, quality management committees for both the administration and the medical staff, and the clinical care evaluation committee.

The patient safety and research team, led by the medical director of healthcare epidemiology and quality and the director of quality strategies, includes nurses and pharmacists, a statistician and a health services researcher.

The process improvement team, led by the director of operations and quality, is responsible for implementing the infrastructure for performance improvement. The eight-member team uses the DMAIC methodology (Define-Measure-Analyze-Improve-Control). Ninety-eight percent of hospital managers have received training in the use of DMAIC tools.

Patient-centered practices

In the early 1990s, Northwestern Memorial started a major long-term building program in which every aspect of hospital design and layout was considered from the patient's perspective.

The newest inpatient pavilion has large, all-private rooms with shelves for flowers and cards and large, low windows that allow patients to see the outdoors from their beds. A special window seat converts to a bed for family members to use overnight. Staff and public spaces are separated, so that gownned patients can be transported through more private zones. Patients give the new facility high marks on satisfaction surveys.

The outpatient pavilion has a state-of-the-art health informa-



tion library, offering books, videos, journals, internet service and a curriculum of 15 health education classes. Extensive health education is also available via the organization's web site, which is due to offer online transactions and interactive health assessments later this year.

To improve patient safety, a clinical care evaluation committee was launched in 2002. Senior management and physicians meet weekly to assess adverse events and look for ways to prevent them. A fall prevention program established standardized risk assessments for falls, and simplified fall precautions. All employees in direct patient care areas were enlisted to prevent falls. The program reduced falls nearly 10 percent within a year, to less than 2.5 per 1,000 patients.

Another initiative looked at the accuracy and safety of the surgical sponge and instrument-counting process during surgery. New protocols were put in place to prevent surgical miscounts and improve interventions when miscounts occur.

Short- and long-term strategic planning

A long-range financial plan lays out financial performance goals and sources and uses of capital over ten years. An annual implementation plan identifies initiatives that will help achieve the goals of the long-range plan. To monitor and report progress on strategic initiatives, leaders maintain "dashboards" for each of four goal areas: Best Patient Experience, Best People, Exceptional Financial Performance and Information Technology.

Senior management meets monthly with department heads to discuss strategies and progress. All employees get information on strategic initiatives through a monthly internal newsletter, an employee intranet, and an annual meeting where senior leaders present the hospital-wide achievements and goals for the coming year.

Innovative informatics and use of new technologies

Northwestern Memorial has been implementing an electronic health record and computerized physician order entry. In fiscal year 2004, 78 percent of all inpatients had medication administration documented online and 94 percent of internal medicine inpatients had electronic medical records available. The organization expects to have physicians enter at least 75 percent of medication orders online by mid-2005, which will make it one of a handful of hospitals to meet the standard set by the Leapfrog Group.

"We were very careful to make sure we had all the foundational aspects in place— pharmacy, nursing documentation, medication delivery— before we went to physicians actually ordering," says Charles Watts, M.D., senior vice president of medical affairs. "That way, the orders are able to take advantage of the entire power of the system. We trained physicians early, conceptually and then in practice. We had one-on-one trainers follow them around."

In preparation for CPOE, a team of clinical quality and infor-



Dean M. Harrison

President and Chief Executive Officer of Northwestern Memorial Hospital, is also chair of the Metropolitan Chicago Healthcare Council.

He joined Northwestern in July 1998 as senior vice president, after serving as president and chief operating officer of the University of Chicago Health System. He

also served as president and chief executive officer of Louis A. Weiss Memorial Hospital.

matics experts evaluated more than 140 existing order sets, to standardize common elements of care consistent with published evidence.

Nearly three million laboratory tests are processed annually at Northwestern Memorial. Bar coding and robotic technology have reduced result turnaround time by 32 percent, and increased the accuracy of results.

Northwestern Memorial's capital plan includes a \$100 million investment in new information technology over ten years.

Building a committed workforce

Northwestern has established baseline employee satisfaction numbers through a Gallup survey to which 80 percent of the employees responded.

Each year, the CEO reviews each director and manager, to identify high-potential talent early and to develop succession plans for critical positions.



Advancing the Delivery of Health Care™

C.R. Bard, Inc.
is proud to be a member of

The National Committee for Quality Health Care

and congratulates this year's NCQHC award winner Northwestern Memorial

730 Central Avenue Murray Hill, NJ 07974 908-277-8000
www.crbard.com

Copyright©2005 C. R. Bard, Inc. All Rights Reserved

The Northwestern Memorial Academy centralizes all training, education and staff development activities. It provided 50,000 hours of education in 2004. Northwestern also has training schools in nuclear medicine technology, radiation therapy and sonography that offer 12- to 18-month post-college certificate programs. They're open to both employees and the public. The programs help the hospital fill vacancies in areas where trained workers are scarce, and save \$1 million a year in staff overtime and agency usage.

Science-based performance evaluation systems

Clinical leaders in Northwestern's six medical-surgical intensive care units were challenged to standardize care processes to reflect ICU protocols developed by the Institute for Healthcare Improvement. The project team implemented the protocols for ventilator and glucose management in one surgical unit, and saw continuous improvement in quality measures.

"We've embedded those protocols in our computerized physician order entry system for all the ICUs, and the early results have been rewarding," says Charles Watts. "The degree of compliance

Northwestern Memorial at a glance

Fiscal year 2004	
Inpatient admissions	40,840
Patient days	200,109
Average daily census	562
Average length of stay	4.9 days
Deliveries	9,801
Outpatient registrations	378,870
Surgical cases - inpatient	11,065
Surgical cases - outpatient	17,612
Emergency room visits	67,299
Beds	744
Medical staff	1,414
Employees	6,347

	Financial results*	
	(\$ in millions)	
	2004	2003
Net patient service revenue	\$883.5	\$800.8
Other operating revenue	85.1	81.3
Total operating revenue	968.6	882.1
Total expenses	915.5	853.5
Operating income	53.1	28.7

*For parent organization Northwestern Memorial HealthCare

has been very high. The physicians are completely engaged, and one of the most important things to them is moving ahead to implement the new protocols in day-to-day practice. One of the really discouraging realities is that it may take 10 years or more for a proven protocol to become part of day to day practice and we're trying to shorten that gap."

Financial management

Northwestern Memorial has a history of strong financial performance and is currently one of only four healthcare organizations in the country whose bonds are rated AA+ by Standard & Poor's. In 2003, the organization made exceptional financial performance an explicit goal of its strategic plan.

Two new patient pavilions opened in May 1999, on time and on budget, and are among the nation's most advanced health care facilities. A new women's hospital is scheduled to open in 2007. Over the next seven years, the long-range plan includes \$1.5 billion in capital investments in construction projects and information technology.

Since 2003, the use of process improvement tools has yielded \$7 million in annual benefits.

The hospital has undertaken a multi-year strategy to reduce preventable errors and improve claims management, thereby reducing professional liability insurance costs.

Community health needs

Northwestern Memorial is the only hospital in downtown Chicago. It's the sixth largest hospital provider of Medicaid services in Illinois and provided \$50.6 million in charity care in fiscal year 2004. In fiscal year 2003, Northwestern sponsored 38 community outreach programs, serving more than 327,000 Chicago residents. It supports two community health centers that provide almost 40,000 patient visits a year.

A women's ambulatory clinic provides comprehensive gynecological and obstetric care and education on a sliding fee scale. The clinic provides special support to HIV positive women. Since it was launched in 1999, nearly all infants of mothers in that program have been born HIV-free.



Leadership for Quality

Catherine McDermott's tenure at NCQHC has been distinguished by a commitment to measuring the quality of care.

The National Committee for Quality Healthcare was in transition when Catherine McDermott took the helm in June of 1997. Catherine is widely credited for helping to define and build health philanthropy as a professional field. She came from Grantmakers in Health, the organization she had founded in 1982 to bring together organizations with an interest in healthcare issues. As President and CEO, she facilitated communications and collaborative program planning and funding among corporations, foundations, and public agencies. She also developed a national initiative to provide targeted programs and assistance to new health foundations that were formed as a result of the conversion of non-profit hospitals and health systems into for-profit corporations. At her departure, GIH numbered more than 140 members, showing her skill at building organizations into a position of strength.

Under her leadership, NCQHC has focused more fully on how to measure and improve quality of care, and has adopted a set of ten principles for quality healthcare (see below). Her first step as executive director of NCQHC was to survey its members to see where they wanted the organization to go. It was out of this work, that the committee created these tasks for itself:

- Convene leaders from diverse sectors from both within and outside of NCQHC membership, to learn from the finest thought-leaders and to inform the public as well as private sectors.
- Connect NCQHC membership and the field by leveraging resources, developing new partnerships and building new bridges with reliable, well-informed and highly regarded organizations concerned with quality health care.
- Communicate important new information by gathering and synthesizing research data to present to members and related audiences through a variety of communication mechanisms.

The committee began an annual publication, *What's New in Quality Healthcare*, to track quality initiatives launched each year.

Recognizing the relationship between quality and new technologies, Catherine made technology one of the committee's key inter-

ests. Among other activities, she initiated a series of meetings on biotechnology and technology transfer with NASA and the Department of Defense.

Catherine has been fortunate to have a series of strong boards, led by outstanding chairmen:

- Mark Neaman, President and CEO, Evanston Northwestern Healthcare
- Don Yesukaitis, Partner, Arthur Andersen
- Tony Alibrio, President & CEO, Sodexo Marriott Health Care Services
- Sam Nussbaum, MD, executive vice president, BJC Health System
- Steve Reynolds, President and CEO, Baptist Memorial Health Care Corp.
- Dan Bourque, Group Senior Vice President, VHA
- Joe Zaccagnino, President & CEO, Yale New Haven Health System
- Bruce McWhinney, Senior Vice President, Cardinal Health

During Catherine's tenure, the National Committee has grown in size and stature, with new initiatives and collaboratives creating excitement in the Committee and in the field. The NCQHC Executive Institute, established in the spring of 2003, provides an opportunity to examine best practices in such broad areas as data collection and analysis, consumer education, performance measurement and outcomes, quality delivery for public health concerns, and dissemination of information. The Institute will fill a core need in the healthcare industry. Current activities of the Institute are:

- CEO Survival Guide to Performance Measurement
- Tools for Executives: Performance Measurement
- Quality Primer
- Task Force on Pay for Performance

The board and membership of NCQHC are grateful to Catherine for her strong leadership and wish her all the best in the next phase of her life. She leaves the NCQHC in a strong position to continue its mission:

- To create an assembly of national thought leaders from diverse constituencies
- To provide leadership in promoting Principles of Quality Healthcare
- To anticipate challenges to the healthcare system
- To communicate cost-effective means for improving the healthcare system

NCQHC Principles of Quality Health Care

A Commitment to Excellence

Quality Healthcare...

- strives for continuous improvement in provider skills and the delivery of healthcare.
- is accessible to all.
- encourages active consumer participation.
- delivery is value-based.

- is committed to consumer and provider safety.
- protects confidentiality and privacy.
- delivery is a coordinated effort among providers.
- improves the health status of the local community.
- includes end-of-life consumer concerns.
- measures are accessible to the public.

About the National Quality Health Care Award

The NCQHC National Quality Health Care Award program, began in 1994. *Modern Healthcare* has co-sponsored the award since 1995, and continues supporting the award as a Legacy Partner. NCQHC is pleased to welcome the Cardinal Health Foundation as the first corporate sponsor for this award. With the addition of this generous support and partnership, the prestige of this award and its recipients will be further elevated. The award requires applicants to demonstrate a multifaceted commitment to quality, as well as a system for measuring and continuously

improving quality. The award is presented annually by NCQHC to a provider with a demonstrated outstanding program to improve the quality of healthcare delivery to its community.

Applicants are required to describe their organizations' commitment to quality in eight areas: Leadership, patient-centered practices, short and long-term strategic planning, innovative informatics and the use of new technologies, building a committed workforce, science-based performance evaluation, financial management, and methods of meeting health needs in their communities.

2005 Board of Jurors

- **Diane P. Appleyard**
President, HRDI, Pensacola, Fla.
- **Daniel P. Bourque**
Group Senior Vice President, VHA, Washington, D.C.
- **Carolyn Clancy, MD**
Director, Agency for Healthcare Research and Quality, Rockville, Md.
- **Ralph Cerny**
President & CEO, (retired) Munson Medical Center, Traverse City, Mich.
- **Steve Epstein**
Senior Partner, Epstein Becker & Green, P.C., Washington, D.C.
- **Peggy King**
Senior Vice President, Quality Improvement, Evanston Northwestern Healthcare, Evanston, Ill.
- **Peter D. Lanser**
Director, Press Ganey Associates, South Bend, Ind.
- **Edward G. Murphy, MD**
President & CEO, Carilion Health System, Roanoke, Va.
- **Don Nielsen, MD**
Senior Vice President for Quality Leadership, American Hospital Assn., Chicago, Ill.
- **Kenneth A. Samet**
President & COO, MedStar Health, Columbia, Md.
- **Sue M. Widner**
President, Abbott Health Systems Division, Abbott Laboratories, Abbott Park, Ill.
- **Nancy Wilson**
Senior Advisor, Quality, Agency for Healthcare Research and Quality, Rockville, Md.
- **Donald C. Yesukaitis**
Advisor, KPMG, Annandale, Va.

Past winners

- | | |
|---|---|
| 2004
Trinity Health,
Novi, Mich. | 1999
BJC Health System, St. Louis, Mo. |
| 2003
Lehigh Valley Hospital and Health Network,
Allentown and Bethlehem, Pa. | 1998
University of Pennsylvania Health System,
Philadelphia, Pa. |
| 2002
Carilion Health System,
Roanoke, Va. | 1997
St. Luke's Health System,
Kansas City, Mo. |
| 2001
Catholic Health Initiatives,
Denver, Colo. | 1996
Intermountain Health Care,
Salt Lake City, Utah |
| 2000
Munson Medical Center,
Traverse City, Mich. | 1995
Evanston Hospital Corp.,
Evanston, Ill. |
| | 1994
Henry Ford Health System,
Detroit, Mich. |

About the NCQHC

The National Committee for Quality Health Care is a 501(c)3 independent educational membership organization founded in 1978 and made up of senior leaders from all sectors of the healthcare industry who share a common interest in quality as the foundation of healthcare delivery.

The Mission of NCQHC is to advance quality throughout the healthcare continuum.

We will accomplish this by:

- Creating an assembly of diverse national thought-leaders
- Informing policy makers on quality healthcare
- 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.

2004-2005 NCQHC BOARD of TRUSTEES

Chair: Bruce D. McWhinney
Pharm.D, Senior Vice President,
Clinical Affairs, Cardinal Health

Immediate Past Chair: Joseph A. Zaccagnino
President & CEO, Yale-New Haven Hospital,
Yale-New Haven Health System

- F. Kenneth Ackerman, Jr., President, Clark Consulting Healthcare Group
- Joel T. Allison, President & CEO, Baylor Health Care System
- Tony Alibrio, President Emeritus, Sodexo Health Care Services
- Diane P. Appleyard, President & CEO, Healthcare Research & Development Institute
- Daniel P. Bourque, Group Senior Vice President, VHA
- Thomas W. Chapman, President & CEO, HSC Foundation
- William M. Dwyer, Senior Vice President, Cerner
- David J. Fine, CEO, St. Luke's Episcopal Health System
- Kester S. Freeman, Jr., Chief Executive Officer, Palmetto Health Alliance
- Edward J. Giniat, Industry Sector Leader, Health Care, KPMG
- David R. Hanke, Senior Vice President, McKesson Corporate Solutions

- Douglas A. Hastings, Esq., Partner, Epstein, Becker and Green, PC
- Brent C. James, M.D., M.Stat, Executive Director, Institute for Health Care Delivery Research, Intermountain Health Care Systems
- William M. Kelley, Chairman, Hill-Rom
- Charles S. Lauer, Corporate Vice President Publishing & Editorial Director, *Modern Healthcare*
- Richard Marrapese, Partner & National Director, Health Care Sector, Ernst and Young
- Paul R. Meyer, PhD, Director, Public Policy, Pfizer
- Richard P. Miller, President & CEO, Virtua Health
- Samuel R. Nussbaum, MD, Executive Vice President & Chief Medical Officer, Wellpoint
- Ronald R. Peterson, President, Johns Hopkins Hospital

President & CEO: Catherine E. McDermott

Secretary: Curt M. Selquist
Company Group Chairman and World Wide Franchise Chairman,
Johnson & Johnson Health Systems

Treasurer: David F. Ertel
Principal, Morgan Stanley

- Thomas M. Priselac, President & CEO, Cedars-Sinai Medical Center
- William G. Ries, President, Lake Forest Hospital
- Kenneth A. Samet, President & COO, MedStar Health
- Craig R. Smith, President & COO, Owens & Minor
- Michael Stephens, President & CEO, Hoag Memorial Hospital
- Bernard J. Tyson, Senior Vice President, Brand Strategy & Management, Kaiser Foundation Health Plan, Inc.
- Anthony L. Watson, President & CEO, HIP Health Plans
- John H. Weiland, President & COO, C.R. Bard
- Susan M. Widner, President, Abbott Health Systems Division, Abbott Laboratories
- Dan Wolterman, President & CEO, Memorial Hermann Health System

2005 NCQHC MEMBERS

Abbott Laboratories
ARAMARK Corp.
Baptist Memorial Health Care Corp.
Baxter Healthcare Corp.
Baylor Health Care System
Bronson Methodist Hospital
C.R. Bard
Cardinal Health
Carilion Health System
Catholic Health Initiatives
Cedars-Sinai Medical Center
Cerner Corporation
Clark Consulting, Healthcare Group
Deaconess Hospital
Deloitte & Touche
Epstein Becker & Green
Ernst & Young
Evanston Northwestern Healthcare
Hackensack University Medical Center
Healthcare Research & Development Institute
Henry Ford Health System
Hill-Rom

HIP Health Plans of Greater New York
Hoag Memorial Hospital Presbyterian
Hospira
Hospital for Special Surgery
HSC Foundation
Intermountain Health Care
Johns Hopkins Hospital
Johnson & Johnson Health Care Systems
Kaiser Foundation Health Plan
KPMG
Lake Forest Hospital
McKesson Corp.
M.D. Anderson Cancer Center
MedAssets
MedStar Health
Memorial Hermann Health System
Meridian Health
Methodist Health Care System
Modern Healthcare Magazine
Morgan Stanley
Munson Medical Center
New York Presbyterian Health System

Northwestern Memorial Corp.
Owens & Minor
Palmetto Health Alliance
Pfizer
Piedmont Medical Center
Press Ganey Associates
Robert Wood Johnson Health Networks
Sentara Healthcare
Sisters of Charity Leavenworth Health System
Sodexo Health Care Services
Stamford Health System
Thomas Jefferson University Hospital
Trinity Health
UAB Health Systems
University of Wisconsin Hospital and Clinics
VHA
Virtua Health
Wellpoint
Yale-New Haven Hospital and Yale-New Haven Health System



© 2005 Cardinal Health, Inc. All rights reserved.

Hope.
Trust.

The people of health care provide it.
We support it.

From nurses to materials managers. Surgeons to health system CEOs. Pharmaceutical researchers to pharmacists. Worldwide the 50,000 men and women of Cardinal Health partner with health care professionals each and every day. Our goal is simple. To help them focus on what counts — improving people's lives.

**Cardinal Health congratulates the NCQHC
2005 National Quality Health Care Award
winner, Northwestern Memorial Hospital.**



www.cardinalhealth.com