National Committee for Quality Health Care's 2004 Annual Award

Luke Skywalker had R2D2

Trinity Health, Novi, Mich., has I2S2 to guide it along the path toward improving the quality of care

The Integrated Information Shared Services intranet is a virtual library and information exchange site, where all of Trinity Health's 26 member organizations can share their clinical indicator performance data, practice guidelines, and training tools.

"We're trying to get away from the 'not invented here' syndrome," says CEO Judith Pelham. "We talk about 'borrowing with pride.' No one should feel they have to do it all alone. Everybody has something to share and something to learn."

The institutions compete to see who's doing best on the core clinical indicators of the Joint Commission on Accreditation of Healthcare Organizations. Trinity's corporate goal is to be at least in the top quartile in all indicators across all its institutions, and they can use I2S2 to check their monthly performance against their peers. "No one likes to be at the bottom of the list," says Paul Conlon, vice president for clinical quality and patient safety.

Any employee or physician can access any of I2S2's contents at any time. The system helps clinicians design and execute pilot projects to improve specific areas, and share the results when the pilot is complete. It also helps them prepare posters and papers to present at Trinity Health's annual Fall Conference on clinical quality improvement, which received 206 submissions in 2003.

I2S2 and the Fall Conference are two reasons why Trinity Health has been named the winner of the 10th annual National Quality Health Care Award, given by the National Committee for Quality Health Care (NCQHC) and co-sponsored by *Modern Healthcare.*

Not bad for a four-year-old, says Pelham, who was present at the birth when the Sisters of the Holy Cross and the Sisters of Mercy, Regional Community of Detroit merged their respective organizations in May 2000.

"We set about creating a new culture not exactly like either predecessor," Pelham says. "We set up a culture that would support the values of respect and dignity and open communication. We're just completing our first three-year strategic plan now, and to already have achieved this kind of culture speaks well of our strategy."
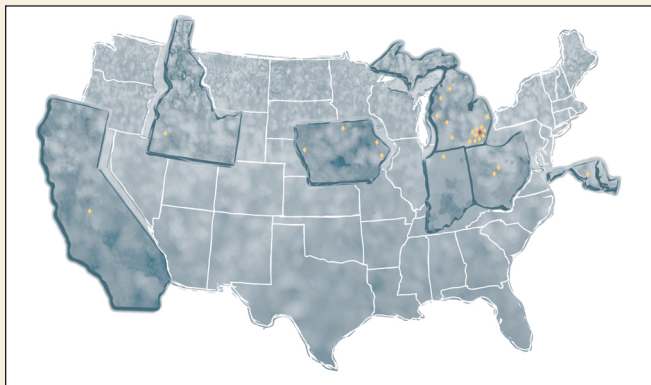
Trinity Health operates 26 member organizations in seven states

Here are some examples of what Trinity Health is doing in the eight key areas considered by the award jury:

Leadership

Trinity's culture of sharing helps each institution, and the organization as a whole, develop and monitor standards in these areas: mission accountability, financial viability, patient and employee satisfaction, quality enhancement, and stewardship of resources. Recently, Trinity Health made a decision to pursue Six Sigma, a quality-improvement process aimed at achieving

"zero defects," or as close to that goal as possible. Mount Carmel Health System in Columbus, Ohio, was the guinea pig for the process, and saved $36.5 million in the first two years of deployment. Trinity is currently training Six Sigma teams at five additional organizations.

The Trinity Health Clinical Leadership Council, made up of local clinical leaders, annually researches and recommends clinical performance targets to the senior management team.

Trinity Health also holds a Spring Conference on Governance and Leadership, where its top executives listen to national experts in quality and safety and bring home cutting-edge innovations.

Patient-centered practices

Each Trinity member organization undergoes an annual assessment to measure how well it respects its patients' decisions about their treatment. Trinity also provides patients and their families with tools to help them understand their options, such as consultation services at the local level and access to the Internet-based Healthwise Knowledgebase. Feedback on use of Healthwise helps Trinity design patient education materials.

Trinity Health solicited input from patients and families into the design of services at the Wege Institute, Grand Rapids, Mich., an outpatient facility that offers both traditional medical services and holistic treatment in an integrated approach.

Short and long-term strategic planning

At its inception, Trinity Health engaged an outside facilitator to help it design a strategic plan. After a two-day meeting among more than 100 of its top administrative and clinical leaders and board members, Trinity produced a plan to improve performance, develop its workforce, strengthen its mission, manage its resources, and support innovation. Individual goals are assigned to accountable executives on the senior management team. Those accountable executives, along with the member organizations' CEOs and the entire senior manage-

ment team, have 30 percent of their annual compensation tied to performance on those goals.

Innovative informatics and use of new technologies

In addition to I2S2, Trinity Health recently embarked on a $190-million system-wide installation of a computerized provider order-entry system and an electronic medical record. Five of its hospitals have CPOE installed, and three of those have more than 90 percent of orders being directly entered by physicians. Use by nurses is 100 percent.

"We've had nurses say that for the first time in years they can go home on time because all of their documentation is done," Pelham says. "This system will be very helpful for us in increasing the job satisfaction of our nurses."

Trinity also has an adverse drug event alerting system active in 23 of its hospitals. The system fires an alert if it detects a potential problem when comparing lab results with drug orders. The pharmacist reviews the alert, and if action is warranted, notifies the physician or changes the order. The system fires 15,000 alerts a month, and care changes result in 1,300 of those cases.

Building a committed workforce

One of Trinity's corporate objectives is to reduce nursing turnover, and it has funded several pilot projects among its members based on ideas submitted. Mercy General Health Partners, Muskegon, Mich., came up with a comprehensive program to improve the ergonomics of the nurses' work environment, from changing the flooring on inpatient units to giving them allowances for more supportive shoes, to teaching them how to lift properly, to providing special equipment to transfer patients between gurneys and beds. "Our average nurse is in her forties, and may be more susceptible to being injured," Conlon says. "We need to take good care of them."

As a result of this kind of attention, Trinity Health's nurse vacancy rate has declined to 7.6 percent, down from 11.5 percent in 2001.

Science-based performance evaluation system

Trinity Health has made a systemwide commitment to achieve outcomes in the top 25 percent nationally for ten core clinical indicators: seven from the JCAHO, two medication safety indicators, and the primary caesarean section rate. For comparison, it uses blinded data from several clinical indicator vendors, including MedStat and the Michigan Health and Hospital Assn.

In the past year, Trinity has achieved top quartile status for six of the indicators, up from two in January 2003, and eight showed improved performance. Trinity Health member organizations routinely use I2S2 to see which of their peers are doing better than they are on selected indicators, and information

exchange is common. "People are flattered to be asked what they're doing," Conlon says.

In the area of patient safety, Trinity has made a concerted effort to gather data about errors and near-misses: information

that's classically been difficult to elicit. Seventeen of its hospitals are now using an intranet-based system that allows anonymous, standardized, non-punitive reporting. The system receives about 3,000 reports a month. As a result, there have been many actions in the past year, including 72 facility improvements, 29 new policies or procedures, 36 revisions of existing procedures, and 179 revisions of existing processes.

Financial management

Trinity Health has exceeded its system operating margin targets for three years and expects to at least reach this year's target of 2.5 percent. Strong performance on clinical quality indicators means that the system can maximize reimbursement from both CMS and private insurers such as Blue Cross and Blue Shield of Michigan, both of which base reimbursement at least partly on quality of care.

Trinity Health has worked to standardize many system-wide functions, such as supply-chain management, financial management, compliance oversight, legal services, employee benefits administration and risk management. The process has saved millions of dollars. For example, three years of standardized supply-chain management has saved more than $65 million, and the system expects the total to hit $110 million by the end of fiscal year 2005.

Community health needs

Each Trinity member organization completes an annual assessment of its community's needs. The assessment includes outcome measures that are tied to the health of the community. In fiscal year 2003, Trinity provided $438 million to 1,656 community

benefit programs, an increase of 16 percent over the previous year. Of those programs, 468 ministered to the poor and under-served.

Trinity takes care to assess community needs when deciding the strategic direction of its facilities, Ms. Pelham says. For example, Trinity operated a nursing home for developmentally disabled adults in Indiana, and it was financially shaky. "We don't close facilities or change services unless there are other good resources available to the people we serve," she says. "We don't walk away from people who need care." As it turned out, the state actually preferred that the residents live in group homes, so Trinity worked with the state's social services to ensure that all the residents were appropriately relocated. ∎

Trinity Health at a glance

Formed in 2000 from the merger of organizations run by the Sisters of the Holy Cross and the Sisters of Mercy, Regional Community of Detroit. It is the third largest Catholic health system in net patient revenue.

Headquarters:
Novi, Mich.
Web site:
trinity-health.org
26 member organizations

Facilities:
45 hospitals (29 owned, 16 managed)
402 outpatient clinics
27 long-term care services facilities
9 independent housing facilities
1 low-income housing facility
3 hospice facilities
5 assisted living facilities

FTEs: 43,900
Registered nurses: 8,418
Physicians: 7,906 (95 percent in private practice)
Total beds: 8,537 (5,087 acute / 3,450 non-acute)
Annual discharges: 320,228 (288,727 acute / 23,336 non-acute)
Financials (in thousands):

Total unrestricted revenue	
2003: $4,956,730	**2002:** $4,696,596

Excess of revenue over expenses	
2003: $110,921	**2002:** $105,710

Total assets	
2003: $6,210,146	**2002:** $5,855,538

Source: Trinity Health

About the National Quality Health Care Award

The National Quality Health Care Award program, begun in 1994 and co-sponsored with *Modern Healthcare* since 1995, requires applicants to demonstrate a multifaceted commitment to quality, as well as a system for measuring and continuously improving quality. The application is modeled on that of the renowned Malcolm Baldrige Award, and 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.

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Past winners of the award include:

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 City, Kansas City, Mo.
Honorable Mention for Progress Targeted to Special Populations:
Independence Blue Cross, Philadelphia. Pa.
Touchette Regional Medical Center, Centerville, Ill.

1995
Evanston Hospital Corp., Evanston, Ill.
Honorable Mention:
Our Lady of the Lake Regional Medical Center, Baton Rouge, La.

1994
Henry Ford Health System, Detroit, Mi.

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 health-care industry who share a common interest in quality as the foundation of healthcare delivery.

The committee's mission is:
• To create an assembly of national thought-leaders from the diverse constituencies of the healthcare system concerned with quality healthcare.
• To provide leadership in promoting principles of quality as indispensable elements of the American healthcare system.
• To anticipate challenges to the system and to identify and assess alternatives for improving the health of the American people.
• To communicate cost-effective means for improving the healthcare system that are based on sound research and evaluation.

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.

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