

Hospital Impact

Hospital teamwork improves care, reduces costs

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by Joseph Landsman

One thing is clear in healthcare: We need to change. With rising costs, new legislation and an aging population facing more chronic diseases, our current system is no longer sustainable.



Here in Tennessee, we want to make sure our health system changes for the better--not only reducing costs, but also improving care, helping patients heal sooner, return home quicker and stay home once they've left the hospital. And we've proven we can provide better care at a lower cost.

In 2008, the University of Tennessee Medical Center in Knoxville joined with nine other hospitals across the state to form the Tennessee Surgical Quality Collaborative (TSQC).

Now at 21 hospitals, TSQC, a partnership of the Tennessee Hospital Association, the American College of Surgeons Tennessee Chapter and Blue Cross Blue Shield of Tennessee, aims to significantly improve surgical outcomes across the state.

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Central to our collaborative is participation in the quality program called "Best in the Nation" by the Institute of Medicine: the American College of Surgeons' National Surgical Quality Improvement Program (ACS NSQIP), which provides risk-adjusted, 30-day patient outcomes based on clinical (not claims) data and allows us to benchmark our hospitals against others locally and nationally. That's important, because data shows Tennessee patients are sicker than average, and this is taken into account in the reports we receive.

By working together, using robust data to uncover areas of concern and sharing best practices among the other hospitals in the collaborative, we found from 2009-2010 TSQC hospitals were able to reduce complications significantly: 25 percent fewer patients experiencing kidney failure, 18 percent fewer superficial infections and 15

percent fewer patients who had a prolonged stay on a ventilator. With these improvements the collaborative was able to save more than \$8 million throughout one year--results that were recently published in the *Journal of the American College of Surgeons*.

It wasn't all good news, though. Statewide, we continue to work on reducing urinary tract infections and improving colorectal surgery outcomes. Using our ACS NSQIP reports, we're able to see which hospitals are doing well in these areas and learn from one another through site visits and greater understanding of the best practices among top performers. At the University of Tennessee Medical Center, an academic medical center, we're making the tenets of TSQC standard process, and are encouraged for the future of healthcare thanks to significant buy-in and use of the data by our residents.

Bringing together patients, surgeons, payers and hospitals is not an easy task, but it has been made easier by the common goal we share--improving care for our patients, and thereby improving our healthcare system. Having a foundation of strong data that all participants in the collaborative believe in has been crucial to our success.

We believe we can have a better health system even while reducing costs--and in Tennessee, we've proven this is possible.

Joseph Landsman became president and CEO of University Health System, Inc. in January 2005. Landsman has been with the University of Tennessee Medical Center since 1999 when he joined as senior vice president and chief financial officer; he later became executive vice president in 2003.