Moving the Needle on Key Measures

Baptist Memphis Relies on Data to
Identify Trends, Drive Quality

One of Tennessee's highest volume healthcare centers, Baptist Memorial Hospital – Memphis is also routinely recognized as one of the nation's best. With deep expertise across a full range of specialties from audiology to urgent care … screenings to surgical services … the skilled providers at Baptist Memphis combine expertise with technology to continuously improve patient care.

That strong focus on outcomes was one of the key reasons the hospital was part of the first wave of member hospitals in the Tennessee Surgical Quality Collaborative (TSQC) and participates in the larger National Surgical Quality Improvement Program (NSQIP). A collaboration between the Tennessee Hospital Association's Center for Patient Safety, the Tennessee Chapter of the American College of Surgeons, and participating hospitals, TSQC provides pertinent, risk-adjusted data on a number of key measures. Not only can member hospitals see outlier areas for their specific facility, but the collaborative also provides a collegial atmosphere where members are happy to share ideas and insights to help improve outcomes across the state.

Stephen Behrman, MD, physician champion at Baptist Memphis, said one of the key benefits is to be able to view follow trends over time in an aggregate manner for the facility. He pointed out that if 20 individual surgeons are only aware of their own issues, it's difficult to recognize larger patterns that might need attention. "We can identify trends and problems within surgery that we can address directly," he said, adding the TSQC data shines a spotlight on areas where the hospital is performing well and areas where improvement is possible.

Bringing Outliers in Line

"We've been working on blood utilization to decrease the number of units patients are getting and also working on decreasing postoperative DVTs," Behrman said. "We were outliers compared to the rest of the state in deep vein thrombosis," he continued. Once the issues were flagged, it became a matter of doing a little research to figure out if there was a breakdown in processes or communications.

With DVT rates, Behrman noted, "We found out a number of those patients weren't put on an appropriate prophylaxis long enough before surgery, or they were at such high risk that they needed to go home with it for a month."

Putting their technology to work, Behrman said Baptist Memphis is in the process of working on a means to harness their computer system to set reminders and create a risk algorithm. "Surgeons will know in real time what the risk is, and the computer will let them know any treatment and alternatives, and the length of stay," he explained.

"We were also outliers on the need for blood transfusions, and that was particular to vascular surgery," said Behrman.

Following a chart review, Kay Loyd, RN, BSN, who is a surgical clinical reviewer for TSQC at Baptist Memphis and the hospital's NSQIP abstractor, found many of the patients were on antiplatelet therapy for any of a wide range of conditions. "There are so many patients in the hospital on so many medications that the information was getting buried," she said.

To heighten awareness, the hospital put a new process in place a little more than six months ago. For those coming to the hospital for a surgical procedure, Behrman said the operating room leadership reviews information on incoming patients to ascertain whether they are on an antiplatelet and contacts them three days prior to surgery to make sure the patients have stopped taking the drug. For inpatients, he continued, "When you order an antiplatelet, it's flagged in our computer and will say 'this drug needs to be stopped x days before a procedure.' We hope those two interventions will lower the need for blood transfusions."

For planned surgeries, Behrman said Baptist Memphis has instituted another safeguard, as well. Once in the operating room, he said verifying whether or not an antiplatelet was stopped on time has become part of the routine 'time out' the staff conducts before any surgery begins.

Stephen Behrman, MD, and Kay Loyd, RN, BSN

Making Good Great

Loyd noted the TSQC quality improvement projects also help drive better outcomes in areas where performance is already strong. One such program is I-COUGH, which looks at preventive measures to avoid postoperative pneumonia.

Patients are educated on expectations for using the incentive spirometer, oral care and getting up and moving before being admitted to the hospital; and patients and families are re-educated the morning of surgery. "You have to get the family involved since they are in the room," she pointed out.
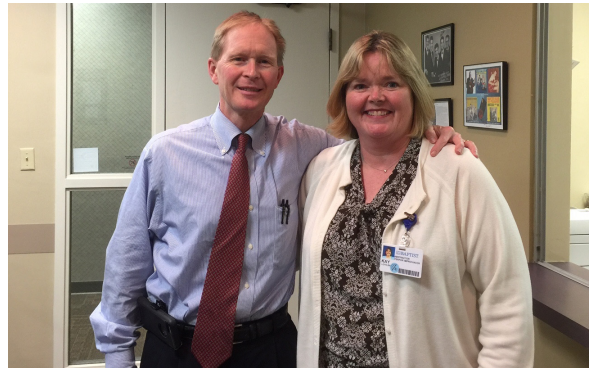
Comparing 2015 baseline data to the same months in 2016, Loyd said there was a statistical difference after the QI project was put in place. Even before the data was available, she knew there was improvement. "I could tell a difference, and when I am auditing charts, I see better documentation from doctors, residents and nurses," she said.

Big Picture Benefits

Both Behrman and Loyd said one of the benefits of the TSQC is that it takes caregivers outside the walls of their own hospital to share ideas and gain access to different viewpoints.

"It's not just that we participate in NSQIP. We're fortunate to have the TSQC because the Tennessee collaborative is one of the most active at a state level of anywhere in the country," said Behrman, who noted members get together at least four times a year and talk more often than that.

"The more people who put their minds together and review data together, it's going to lead to new ideas, which results in better patient outcomes and lowered cost for the delivery of care," he concluded.

TENNESSEE
Surgical Quality Collaborative

The Tennessee Surgical Quality Collaborative is made up of more than 20 hospitals and health systems across the state and represents approximately 1,500 surgeons. TSQC is a collaboration of the Tennessee Chapter of the American College of Surgeons, member hospitals, and the Tennessee Hospital Association's Center for Patient Safety, which serves as the coordinating center.