

Claiborne Medical Center: Delivering Great Care Close to Home

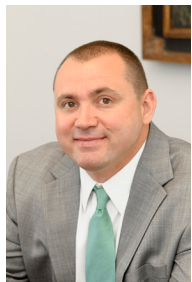
Nestled in the northeastern region of Tennessee on the border of Kentucky and Virginia, the surgeons and staff at Claiborne Medical Center have always believed they were a small-town hospital delivering big-city outcomes. Joining the Tennessee Surgical Quality Collaborative (TSQC) and the National Surgical Quality Improvement Program (NSQIP) has allowed the hospital to corroborate that theory with empirical evidence that comes from their outcomes measures.

"We're a small, rural hospital," said Robert Wilmoth, MD, surgeon champion at Claiborne Medical Center (CMC), which is now a member of Covenant Health. "One of the battles we continually fight is that people tend to think that traveling to Knoxville, they are going to get better care in the bigger city," he added of losing patients to East Tennessee's largest metropolitan area, located about an hour south of Claiborne County.

"The surgical program at CMC has had continuity for over 40 years," he continued. "We always felt our outcomes were as good as our competitors in Knoxville, but we really had no way to benchmark that."

Attending a meeting of the Tennessee Chapter of the American College of Surgeons several years ago, Wilmoth heard Vanderbilt trauma surgeon Oscar Guillamondegui, MD, talk about the collaborative efforts around quality and safety, along with risk-adjusted outcome measures, that were part of TSQC membership.

"It peaked my interest," Wilmoth recalled. "The following year, BlueCross BlueShield of Tennessee Foundation expanded the grant program ... that's when we applied." He noted everyone at the hospital was so excited to have been accepted into the program and to have access to meaningful data in order to put together an action plan to better serve patients.



Dr. Robert Wilmoth

"With the NSQIP/TSQC data, we're able to capture the preoperative risk factors of our patient population," he said. "Before, we just had administrative data, but it was a year old and had no risk adjustment." Now, Wilmoth continued, "We are also able to compare our Tennessee patients with patients all across the country and see our Tennessee patients generally have more risk factors for postoperative complications due to preexisting conditions than the general population of the U.S." Having that knowledge, he said, helps providers be better prepared on the front end to address potential issues across the entire episode of care.

Being nimble, Wilmoth said, is an advantage smaller hospitals often have over larger counterparts. When TSQC rolled out their colon bundle to address surgical site infections, Wilmoth noted, "We were able to bring that back, make changes to a couple of the order sets, and we were literally able to enroll the first patients within a week." Wilmoth added that while CMC didn't have an issue with colon SSI rates, instituting the bundle introduced some preventive measures that should keep their rates from ever reaching an unacceptable level.

Wilmoth said having trustworthy, meaningful outcomes data is critical for a couple of key reasons. "Number one, if we see a patient that needs an operation, we want to know ... and we want to be able to tell that patient ... that as a

surgeon and as a healthcare facility, we can provide that patient with the same or better outcome than a larger hospital," he explained. Secondly, he noted there are some specialty surgeries where a patient might be better served at another facility with deeper expertise in that particular field. He said it's equally important to know that, as well.

"We're very proud of the fact that we're the smallest hospital within the TSQC," Wilmoth said. "Fortunately, we've never been an outlier in any of the complication rates TSQC measures."

However, he added, being small does come with its own set of challenges. "If you're doing 400-500 colon resections a year and have 10 SSIs, it's still a low rate. If you're only doing 25 a year and have even one, your numbers can look horrible," he pointed out. "In a small community, word-of-mouth is everything," Wilmoth continued of the need to be ever vigilant.

Recently, he said the hospital addressed the rate of blood transfusions among surgical patients. Although CMC was within range for postoperative blood

transfusions, Wilmoth said the number was still higher than the surgical team would like as transfusions could open the door to other complications. As he and fellow surgeon Carroll Rose, MD, began to drill down and review charts, they determined hospitalists were most frequently ordering the transfusions. Simply bringing the matter to everyone's attention and actively thinking about whether or not an individual patient needed blood were enough to flip the script. "We were able to get a significant reduction in post-op blood transfusions from one year to the next," he said.

Wilmoth noted the collaboration among hospitals in the TSQC is invaluable to CMC. "We don't have an army of quality improvement staff," he pointed out. However, he continued, the larger hospitals are always happy to share insights and information. On the other side, he added, "Because we don't have 50 or 60 surgeons that the big hospitals all have to get on the same page, we're much more nimble in implementing changes once we decide what direction to go, and we can report back to the group."

Wilmoth said he was incredibly grateful to the THA and to BlueCross BlueShield Foundation for the funding that has allowed his hospital to participate. As a small hospital, he said, there simply wouldn't have been the budget available to really drill down on quality measures and to implement QI projects as quickly or efficiently. "It's been invaluable to our facility and the patients we serve," Wilmoth concluded.



Claiborne Medical Center



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.