Humanizing Data:

Fort Sanders Regional Medical Center Turns Metrics into Meaningful Action

For Fort Sanders Regional Medical Center in Knoxville, participating in the Tennessee Surgical Quality Collaborative (TSQC) and the larger American College of Surgeon's National Surgical Quality Improvement Program (NSQiP) fits neatly into the metrics-driven mindset that is central to the hospital's care culture.

"My hospital, in particular, is very driven by outcomes," noted Candace Stooksbury, RN, BSN, who serves as the TSQC/NSQIP surgical clinical reviewer at Fort Sanders. "Whereas some hospitals would say five UTIs are an acceptable rate, it's like a knife in the heart at my hospital if there is even one."

The reason for that, she continued, is because of the emphasis on the name behind the number. Stooksbury said the viewpoint isn't 'one urinary tract infection' … but rather Mr. Robinson, who is 82 years old and has a family that expected him home last week, has a UTI because protocols weren't followed. "Anything that has a negative impact becomes very human for our staff."

Getting Off the Respiratory Roller Coaster

With the medical center's focus on moving the needle on preventable adverse events, Stooksbury said the up and down nature of their pneumonia rates had become a point of frustration. "Our data with pneumonia was kind of like a roller coaster. We were never awful, but we were never good either," she explained.

Then in 2015, the hospital received a report from the American College of Surgeons that showed a spike in pneumonia rates that was higher than the hospital had previously experienced. "Instead of the roller coaster with the dip back down, we had continued to climb," she said.

To address the issue, the hospital decided to launch a TSQC quality improvement project in June 2015. The I-COUGH protocol, which was originally developed by Boston Medical Center in response to their own high rates of pulmonary complications, focused on simple, evidence-based, common sense steps. Stooksbury said the initiative's acronym – ***I***ncentive spirometer, ***C***ough and deep breath, ***O***ral care, ***U***nderstanding, ***G***et out of bed, and ***H***ead of bed elevated – provides an easy-to-remember checklist of preventive actions.

In presenting the program to the Fort Sanders staff, Stooksbury said the general consensus was that all those steps were already being taken … but the outcomes measures told a different story. "I collected data for three months prior to the June 1 launch, and the numbers were not good," Stooksbury said. Presenting the data to the nursing staff was eye-opening for everyone. "We know you all know this, but it isn't getting done," was the message the quality team shared with the nursing staff and nursing assistants. "Truly, it was just a simple reminder to the nurses," Stooksbury noted.

She added no one intentionally skipped steps like making sure the incentive spirometer was used multiple times or ensuring patients brushed their teeth and used mouthwash twice a day. However, she continued, those seemingly small missed steps had very real consequences for patients.

In looking at the problem, it was noted that because all of these interventions were considered basic nursing care, they weren't being documented. That lack of written communication made it all too easy to overlook a step in the midst of bedside care and charting or to assume something had been handled on a different shift.

"Every portion of I-COUGH is documented," Stooksbury said of the accountability that came with launching the program. "For example, the incentive spirometer has to be documented four times a day, and the nurse has to visually see a patient do it. They must physically go and see the patient do it four times a day and encourage patients to do it more often," she explained.

After getting the green light to launch the program from the medical center's clinical and administrative leadership, Stooksbury worked with the staff on education efforts and to assess potential barriers to implementation.

"With a background as a clinical nurse, I've been the recipient of a lot of great quality improvement projects that weren't great in actual practice when translated to the clinical area," she said. "I wanted to make sure the staff didn't feel penalized by this and that they had all the resources they needed."

She also outlined accountability, sharing weekly reports with both staff and leadership to assess improvements and areas of concern. "Everyone knew what the expectation was going in and that there would be follow-through," she said, adding that she routinely rounds on patients at risk for developing pneumonia with the knowledge and consent of the nurses.

Stooksbury has found a way to turn what could have been a dreaded weekly visit into a treat. "I take chocolates to everyone once a week so they love to see me coming," she said with a grin.

Reaping the Rewards

For an outcomes driven medical center like Fort Sanders, the measure of success always comes back to the human impact.

"In one year, our pneumonia rates have cut by 75 percent," Stooksbury reported. While thrilled to have attained a low rate, now the emphasis has moved to sustaining it. "Every week I get a patient census of general vascular surgery patients in the hospital. I go visit those patients and look to see if the floor is meeting all the I-COUGH parameters," she said of keeping the initiative on track.

"Our numbers continue to stay down," Stooksbury said. "When I look weekly to see how we're trending, we don't have that roller coaster anymore. We've gone down and stayed down … it's leveled out in a great area."

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.