

Shortening the Learning Curve

Lessons from the TSQC

For the team at Holston Valley Medical Center in Kingsport, which is part of the Wellmont Health System, joining the Tennessee Surgical Quality Collaborative has allowed them to ramp up their quality improvement programming and move ideas and innovations from the boardroom to the bedside much more quickly.

"We joined in April 2016. I attended the first TSQC meeting in May, the (NSQIP) national conference in July and another TSQC conference in November," recalled Sherry Drumwright, RN, of diving into the state and national quality collaboratives.

Drumwright, the surgical clinical reviewer (SCR) for Holston Valley, works on the hospital's performance improvement (PI) projects, including their initiative to decrease infections in elective colorectal patients. "It's shaved light years off our PI project. It might have taken us a year or more to get this project up and running, and we've done it in about two months," she said of being able to tap into the resources and expertise of statewide colleagues. "The knowledge offered is invaluable. To learn from other SCR's experiences keeps all of us from having to continually reinvent the wheel. The group is so willing to share what works well and what doesn't, which allows all of us to cover more ground to continually improve patient care."

In addition to the colon bundle, Drumwright said the medical center just rolled out their ICOUGH pneumonia prevention initiative and is launching ERAS: Enhanced Recovery After Surgery in early 2017. "That's three major projects that we are taking live in a short time. Without the collaborative, we would never have been able to have accomplished that," Drumwright noted.

Elizabeth Jackson, MD, FACS, a general surgery partner with Surgical Associates of Kingsport and Holston Valley Medical Center's surgeon champion, said participation in NSQIP and TSQC provides a major benefit to everyone involved. "The projects we can offer through NSQIP – like the colorectal bundle – function to improve outcomes and provide structured guidelines for all surgeons to follow to improve the care to our surgical patients ... and that's appealing," she said. "Surgeons very much take it to heart the outcomes of their patients," Jackson added of the willingness to implement evidence-based protocols.

Drumwright reviews charts to search for outlier data and gaps in processes or documentation. She then works closely with Alisha Westmoreland, RN, BSN, the hospital's quality facilitator, to roll out measures to address those gaps. "It's a group effort," Westmoreland said of the collaboration required to educate nurses, physicians and the larger staff when a process changes. However, she noted, "Everybody here is excited. They want to see great patient outcomes."

Drumwright added that all new projects start as a pilot program on one nursing unit. "Once the project is up and running, and we've worked out all the glitches, we will then introduce the project to the rest of the

hospital," she explained.

While it's critical to have the clinical staff on board for quality improvement, having administrative support is equally important. Jackson said they are lucky to have an administration that is "100 percent behind us." She added that although it would still be possible to roll out quality improvement programming without such support, it becomes an uphill battle unless everyone is on the same page. "This has administrative backing, which gives validity to it," Jackson noted of the new quality improvement initiatives.

Amber Murdock, MBA, director of quality for Holston Valley, said being part of the national and state collaborative efforts sends a message to both patients and staff about the value the medical center places on quality. "It gives emphasis to what we feel is important here at Holston Valley," she stated.

She also agreed it takes having all the right pieces in place to truly change the culture. "Before Dr. Jackson joined us, we were struggling a bit to get our colorectal surgical site initiative off the ground," Murdock explained. "Now, surgeons are asking if there is a NSQIP benchmark. They want to be able to point to improved outcomes."

Murdock, who has been involved in numerous project improvements, gave a lot of credit for the early success Holston Valley is seeing with NSQIP efforts to being able to tap into the behind-the-scenes insights of their TSQC colleagues.

"The transparency of the group at the state level is invaluable," Jackson agreed, adding TSQC members are equally open about what works well and what doesn't work at all. "It has saved time ... it's saved effort and energy," Jackson noted.

Drumwright added, "It allows us to learn from others. And when we come up with new approaches or discover things that don't work, others can learn from us. It helps us all rethink the way we are doing things."

The Holston Valley quality team said TSQC participation offers them the opportunity to look at processes from a new vantage point and to implement evidence-based measures to improve outcomes, which are key steps in reaching the hospital's ultimate goal of zero complications and outstanding patient satisfaction.



*The Holston Valley Medical Center team (L-R):
Amber Murdock, Dr. Elizabeth Jackson, Sherry Drumwright
and Alisha Westmoreland*



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.