

# On the Path to Excellence

By Sharon Lucie, RN, BSN, Regional Director of Operations Charter Professional Services Corporation

## PHYSICIAN OFFICE LINK

As our multi-site group of 72 physicians embarked upon Bridges to Excellence, we were heartened to find a program that rewarded us for something we knew we could control – process. Like most groups, we are evaluated by quality metrics that focus primarily on outcomes and for which physicians depend upon patient compliance and colleague cooperation to achieve. Applying for BTE certification seemed an obvious choice, one which we naively assumed would be without significant impact.

NCQA standards swiftly challenged our ability to systematically record performance, particularly in process driven areas such as diagnostic tracking. System opportunities, realities over what today's EMR would and would not ultimately accomplish in the quality arena, and the investment of time and resources necessary to achieve staff and provider changes in areas that are often governed by personal work style preferences, were key themes during our re-engineering. However, the rewards have been significant. Increased staff satisfaction over patient care improvements, rejuvenation of internally developed quality initiatives and cohesion of physician leadership over group quality self-monitoring are emerging.

### Lessons Learned and Tips:

- ◆ Start early. It will take longer than you think to evaluate, plan and implement.
  - ◆ Engage the survey tool immediately to define your gaps.
  - ◆ Buy in from providers and staff is essential. Their daily decision-making and workflow will be impacted.
  - ◆ Maintain emphasis on quality improvement, not program mechanics.
  - ◆ Engage physicians, managers and staff champions with a passion for quality.
  - ◆ Identify easy process changes and implement first to build confidence.
  - ◆ Identifying and fixing associated broken processes along the way will reward physicians and staff for their efforts in the program. For example, a flow sheet to track incoming results can become a master order form with your hospital to avoid documentation redundancy.
  - ◆ Keep it simple. Using visual aids like colored sheets and stickers may be all you need to prompt staff that a chart needs additional attention.
- ◆ Enlist your training department or staff willing to mentor others. Repeated reinforcement of data entry and clinical staff processes will be key.
  - ◆ Use your practice management system in new and unique ways for data capture:
    - ◇ ICD-9s at charge entry = chronic disease patient identification
    - ◇ Unused fields for data capture, i.e., language preference
    - ◇ Referrals management module to track tests, consults
  - ◆ Processes that initially add labor can be time savers when staff become proficient. For example, entering test result tracking into a referral or other database allows telephone staff to answer patient questions about the status of results at the point of service rather than transferring them to medical records or nursing.
  - ◆ Use your hospital affiliates and professional memberships as a resource for patient educational and compliance materials.
  - ◆ Provide strategy-sharing opportunities between departments and sites.
  - ◆ Regularly audit and provide progress reports to staff and physicians.
  - ◆ Use momentum from this program to foster culture change and practice-driven quality improvements.



"Charter Pioneers" Rhonda Katz, Site Manager; Ernesto DaSilva, MD; and Lorraine Klimarchuk, Supervisor