

IHA HOSPITAL EXECUTIVE ACADEMY

PROJECT SUMMARY



CLASS OF
2018



IOWA HOSPITAL
ASSOCIATION

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Asking Questions About Stress: Comprehensiveness Score in SAIL

Name: Nicole Aldrich

Title: Nurse Manager Specialty Clinics

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Description: Primary care appointments cover more than just physical health. During appointments, screening and follow-up questions may be asked regarding areas such as mental health and stress. Although staff may be asking these questions, scoring in Strategic Analytics for Improvement and Learning (SAIL) does not reflect that we are asking them so they are memorable.

Goals:

- Identify ways to make questions regarding mental health/stress during primary care appointments memorable or impacting.
- Identify needs of staff for asking questions regarding mental health/stress.
- Improve comprehensiveness/stress discussed score in SAIL.

Summary of Results:

- Information presented to main campus in Des Moines and five Community Based Outpatient Clinics (CBOCs) on comprehensiveness/stress discussed score. Information gathered from Veterans on how to ask questions effectively.
- Noted improvement on targeted CBOCs.
- Score in SAIL improved from 4th quintile to 2nd quintile (lower quintile is better).

[Click here](#) to view the full presentation.

Partnering for Quality

Name: Pam Brahn

Title: Care Coordination and Education Manager

Hospital: Waverly Health Center

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Description: The purpose of this project was to strengthen relationships with the area hospices our organization has contractual agreements with to better ensure ongoing quality of care and ensure full compliance with Joint Commission standards.

Goals:

- To establish more formal relationship with contracted hospices.
- To work collaboratively with hospices to promote quality care and identification of quality measures to monitor.

Summary of Results: We were able to update contractual agreements with the hospices we partner with. After meeting in person with hospice leaders, were able to agree upon meeting in person at minimum twice a year and began discussions for other quality metrics that could be monitored besides patient satisfaction scores.

[Click here](#) to view the full presentation.

Engaging Staff in the Environment of Care

Name: Scott Cue

Title: Director of Radiology Services

Hospital: Mary Greeley Medical Center, Ames

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Description: Environment of care plays an important role in every medical center. Teams are tasked with compliance in the areas of fire safety, safety and security, biohazardous waste, emergency management, infection control, medical equipment and utilities systems. One of the best ways to ensure compliance is through environment of care rounding and regular department checklists to stay in a constant state of readiness.

Much like many organizations, Mary Greeley Medical Center has struggled with an affective rounding process that engages department leaders and staff as well as providing quality oversight in the aforementioned areas. Rounding was being done and findings were trending down, but department engagement and interaction with the rounding teams felt much less than a success. This is what Mary Greeley has done to improve the environment of care.

Goals:

- Engage departments by creating a monthly form that allows adding uniquely specific department priorities to the rounds. All departments will be using the monthly form by August 1, validated by scheduled team rounds.
- Update team rounding form to allow for follow-up (accountability) and using the same terminology as that of the monthly department form, put into use by April 1.
- Change the format of the team rounds to involve departments in the audit and be present for a verbal summit immediately following prior to seeing a written report, put into use by June 1.

Summary of Results:

- Clinical- 38/38 clinical and 28 non-clinical departments received communication, 20/38 clinical and 5/28 non-clinical departments are using the tool.
- New rounding form was completed April 1.
- Small test of change began April 1 and team discussion and plan was completed on May 2. Roll out will be completed on June 1.

[Click here](#) to view the full presentation.

Comprehensive Cancer Center

Name: Chad Darter

Title: Director of Facilities

Hospital: Mercy Medical Center-Dubuque

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Description: Improve patient care in the Dubuque area by developing a comprehensive cancer center.

Goal: For Mercy to be the first in the tristate region to conveniently offer a both chemotherapy infusion and radiation oncology services in same building. To meet this goal, we needed to obtain a Certificate of Need (CON) from the State Health Facilities Council, partner with our provider of medical oncology and complete design and construction within the given budget.

Summary of Results: While the process is ongoing today there has been a lot of movement towards a successful and complete project. This presentation will give an overview of the process to bring this center to life by exploring the CON process, partnership developments with clinics and finally the design process.

Contact Chad to view the full presentation.

Transforming a Department: From Chaos to Understanding to Improvement

Name: Stephanie Duckert

Title: Marketing Manager

Hospital: Mercy Medical Center-North Iowa, Mason City

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Description: The marketing department at Mercy – North Iowa was operating in a state of chaos. With deliberate changes, the department has developed a greater understanding of its purpose, how it receives and performs work and what that work produces. It is now using that knowledge to improve its performance so it can help the organization achieve growth.

Goals: The original target condition was to make the work visual, understand customer needs/wants and to schedule work to 80 percent capacity with better balance of the work split between team members. Once that was achieved, the team set a goal to shift the way they spend their time, with more time spent on marketing growth opportunities (50 percent from 10 percent) and less on projects with no financial return on investment (68 percent to 15 percent), with the ultimate goal of improving market share in selected service lines by 1 percent.

Summary of Results: Time spent on projects with no financial return on investment has shifted from 68 percent to 44 percent. Time spent on projects with financial return on investment has shifted from 10 percent to 18 percent. Various positive marketing returns on investment have been achieved and the cardiology service line market share grew 2 percent from the six-month period prior to the campaign to the six-month period during the campaign.

[Click here](#) to view the entire presentation.

Performance Excellence 101 Class

Name: Denyse Gipple

Title: Quality, Risk and Safety Director

Hospital: Davis County Hospital, Bloomfield

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Description: Davis County Hospital has committed staff time and talents towards its Performance Excellence (PEX) program. All departments participated in at least one PEX project during the past fiscal year. Lean improvements continue to be a focus of the hospital and we recognized the need to train more staff in the concepts. In the spirit of Lean, we determined the most efficient way to accomplish this was to train staff onsite by offering a PEX 101 course.

Goals:

- Develop, plan and deliver a PEX 101 class for staff at Davis County Hospital.
- Increase capacity for performance excellence project leadership within the facility.

Summary of Results: A PEX 101 course was offered for Davis County Hospital employees who were interested. The class format is five two-hour sessions. Nine staff started the course on March 2 and they will graduate on June 8.

Course outline:

- Foundations of Lean, waste walks, huddles
- Overview of 3P process
- The 5S
- Process mapping
- Standard work, group facilitation and team building

[Click here](#) to view the entire presentation.

Strategic Planning: A Plan for the Future

Name: Amy McDonough

Title: CNO

Hospital: Van Diest Medical Center, Webster City

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Description: Van Diest Medical Center (VDMC) has been working on a strategic plan for the past several years. I have joined them in the last stretch of their journey.

Goal: To outline the path to defining a strategic plan and pillar system.

Summary of Results: Developed a functional plan to help guide VDMC through the next few years. The pillars will help guide the goals of the organization.

[Click here](#) to view the entire presentation.

Improving Coding in the Cardiac Catheterization Lab

Name: Sara Peterson

Title: Director of Cardiology Service Line

Hospital: Mercy Medical Center- North Iowa, Mason City

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Phone: 641-428-8016



Description: It was recognized that the cardiac catheterization lab at Mercy Medical Center- North Iowa had opportunity for improvement in coding of procedures performed. Charges are placed in the cath lab by physicians and technologists, then the coders email a key person in lab to remove procedural charges as they didn't see adequate documentation. The Centers for Medicare & Medicaid Services had flagged the lab for charging too low for a procedure and new physicians have commented that it is strange that there currently is not a coding expert onsite or near to provide physicians feedback.

Goals: To receive maximum reimbursement possible for work being done in the cath lab, increase revenue and develop an ongoing process for audits and feedback to sustain improvements.

Summary of Results: Significantly reduced the number of e-mails coming to cath lab for clarification. Sent a technologist to training for procedural coding to have an onsite expert and built a process for auditing and sustainment of improvements. Identified seven additional procedural charges not previously used. Achieved financial growth in the department's bottom line.

[Click here](#) to view the entire presentation.

Strategic Planning: A Plan for the Future

Name: Debbie Randolph

Title: Refining the Referral Process

Hospital: Van Buren County Hospital, Keosauqua

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Description: Refining the referral process.

Goals: To get a process in place that includes all departments touched by a referral and then get it put into our electronic medical record system.

Summary of Results: We were able to get all departments involved and get a process that would make referrals seamless to our patients. We were also able to get it put on our electronic medical system.

[Click here](#) to view the entire presentation.

Transitional Care Management

Name: Mary Jo Romanco

Title: Registered Nurse, Certified Hospice and Palliative Nurse

Hospital: Mercy Medical Center Des Moines

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Description: Introduction of transitional care management (TCM) concepts and benefits to Mercy Clinics Des Moines.

Goals:

- Educate providers, care teams and billing staff regarding patient benefits of TCM at all Mercy Family Medicine clinics.
- Educate health coaches regarding TCM benefits and process.
- Initiate TCM Care at Mercy Family Medicine Clinics.
- Measure financial impact.
- Measure readmission impact.

[Click here](#) to view the entire presentation.

Creating an Organizational Structure for a Children's Hospital within a System

Name: Jody Timmins

Title: Pediatric Service Line Director

Hospital: Mercy Children's Hospital and Clinics, Des Moines

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Description: Mercy Children's Hospital and Clinics became a member of the Children's Hospital Association in November 2015. In December 2016 the pediatric service line director position was formed. It is a strategic leadership role that is meant to provide oversight and integration of all Pediatric services across the Mercy continuum.

Goal: To create an organizational structure to improve alignment and coordination of care across Mercy Children's Hospital and Clinics.

Summary of Results: The project is on-going and is a long term strategy. Significant changes at the administrative level during the project period affected the rate of progress.

[Click here](#) to view the entire presentation.

High Impact Techniques to Address Medication Financials

Name: Doug Wetrich

Title: Director of Pharmacy Services

Hospital: Mary Greeley Medical Center, Ames

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Description: The high cost of medications has been reported on a regular basis for many years. The burden of these expenses has impacted hospitals and the health care industry as a whole. Medications are not only expensive but face huge inflationary trends that outpace the general economy and make it very difficult to plan and budget.

At Mary Greeley Medical Center (MGMC) we face challenges with this subject just as others do. Our team of pharmacists and pharmacy technicians have set up high-impact techniques that have helped us identify anomalies and outliers in our practice and that allow us to make prudent financial decisions. We look for ways to be efficient at delivering relevant outlier information to stakeholders, which may leave a negative impact. We use financial information and industry metrics to track spending. We use trends to make sound decisions, help our institution thrive and ensure our providers have the resources to ensure our patients receive the highest level of care.

The metrics used for tracking are perfectly developed to control costs on our most frequently used drugs and have been tuned to show results. The initiatives implemented have created a margin friendly environment.

Goals:

- Develop some baseline information, trend it and deliver it to key stakeholders.
 - Examples: Annual medication spend and inventory
 - MGMC contract compliance with wholesaler purchases and how we compared to other facilities like us.
- Implement some of the techniques and measure for improvement or highlight ways that we learned to enhance the techniques.
 - Example: Measure inventory turns annually but focus on impactful turns and not just focus on overall turns.
 - “Impactful” is defined as those meds that are included in the over 80 percent of spend impact group.
- Engage the providers with information and have them help us make good decisions both financially and clinically.

Summary of Results:

- Stabilization over the past four years of drug spend and inventory.
- FY 2017 decrease of inventory by 5 percent.
- FY 2018 after 10 months: projecting a decrease of drug spend by 7 percent.

[Click here](#) to view the entire presentation.

Implementation of Unified Electronic Health Record in Hospital Ancillary Departments

Name: Mitch Whiley

Title: Director of Laboratory Services

Hospital: Cass County Memorial Hospital, Atlantic

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Description: Implementation of a new electronic health record (EHR). In particular, the impact that a unified EHR would have on integration between our physicians' clinic and hospital outpatient ancillary departments.

Goal: Identify and implement a new integrated electronic health record among all health system departments.

Summary of Results: Epic was selected as the EHR of choice and was successfully implemented in November of 2017. Based on surveys of staff perception, scores have improved from our legacy systems in all areas measured including safety, efficiency, ease of use and integration.

[Click here](#) to view the entire presentation.

IHA Hospital Executive Academy

IHA launched the Hospital Executive Academy to assist and support Iowa hospitals in developing the next generation of leaders to serve and guide Iowa hospitals. Beginning in 2019, the program will be titled the **IHA Advanced Leadership Academy**.

The Academy provides a blended approach to learning with six total in-person learning sessions combined with distance education over a 12-month period. IHA provides organizations with the opportunity to customize the Academy to the needs of the participant and hospital. Each participant is required to have a mentor from their organization and complete a learning project. Mentors serve an important role advising and guiding participants as they seek successful project completion while strengthening their leadership talents and industry knowledge.

In addition to the project, students were asked to complete and submit a project summary outlining the description, goals and results of their project along with any supplemental materials they had. Each individual project summary and handout is compiled in this comprehensive summary of all the class' projects. This summary highlights the work done by the graduating class throughout the course and is being shared as a resource for future Academy students and hospital leaders.

Succession planning is vital to the long-term survival of any business in any industry. Hospitals are encouraged to identify the capable individuals in their organization and consider Academy as a resource in succession planning to vet emerging talent or further develop leaders already moving up the ladder. The Academy ensures that decisions about the next generation of leadership are made based on performance so the successes of the past can continue well into the future. [Click here](#) for more information about the Academy.

2019 Advanced Leadership Academy

Registration for the 2019 Advanced Leadership Academy is still open. Those interested in participating in the 2019 Advanced Leadership Academy must be nominated by a hospital CEO. [Nomination forms](#) must be submitted by **May 20**.