

No. 1! UCH scores highest on U.S. academic hospital quality, patient safety scorecard.

Bruce Schroffel called it the closest thing he could imagine to winning an Academy Award: University HealthSystem Consortium – the organization of perhaps the best hospitals in America – gave UCH its Quality Leadership Award in Chicago last week. The win was also the result of a “deep dive” into medical records.



A “deep dive” into medical records

UCH’s Biggest Catch: Academic Hospital Association Names it No. 1 in Quality & Safety

It was, said University of Colorado Hospital President and CEO, the closest thing he could imagine to receiving an Academy Award.

He was speaking of his moment last week on a dramatically lighted stage at Chicago’s Navy Pier, standing with a team of hospital colleagues who were there to accept the Quality Leadership Award.

The award, bestowed by University HealthSystem Consortium, the 114-member alliance of the nation’s leading nonprofit academic medical centers, honors the academic hospital with the best overall patient outcomes in six clinical categories: patient safety, mortality, clinical effectiveness, equity (meaning that outcomes did not differ for patients of different ethnicities or socioeconomic status), “patient centeredness” and clinical efficiency.

“It’s a very prestigious award,” Schroffel said. “It’s like our version of a ‘best movie,’ but it’s not just the director [who earns it]. We have a great team that did all the work. They committed a lot of resources and collaborated with our staff and our faculty.”

The number-one ranking comes one year after University HealthSystem Consortium (UHC) named the hospital a “rising star” for improving its quality ranking from 22nd to 8th (*Insider*, Oct. 13, 2010).



President and CEO Bruce Schroffel (far right) and UCH team celebrate as they receive the University HealthSystem Consortium Quality Leadership Award.

Sue West, RN, director of Clinical Effectiveness and Patient Safety, said she was “cautiously optimistic” the hospital would maintain its top-10 ranking this time around. But snaring the top spot last week came as a surprise, she added.

“We’ve been seeing improvement in our performance, but there were many other great organizations in the chase,” West said.

Indeed, the UHC membership is a who’s who of American health care: from Massachusetts General in the east to Cleveland Clinic

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and the Mayo Clinic in the midwest to UCLA and University of California San Francisco in the west.

The UHC recognition, especially in conjunction with July's *U.S. News & World Report* rankings of UCH as one of the best in the country and the best hospital in the Denver metro area, is added confirmation that UCH belongs solidly among them.



Some of the UCH-ers on hand in Chicago to receive the quality award. Left to right: Bruce Schreffel, Kristin Stocker, Kamy Leeret, Carolyn Sanders, Sue West, Derek Rushing, Lorna Prutzman, Mary Glaser, Holly Saratella, Sandy Godcharles, Carol Ruscin, and Connie Chambers.

Matching records to performance. The UHC award reflected an organization-wide commitment to not only providing but also documenting the high level of clinical care the hospital provides, West added.

"We had partners at many levels who helped us put together process-improvement and documentation-improvement projects that helped us show that the care we render was told clearly in the medical records," West said. "The number-one ranking is a huge accomplishment and reflective of what we are here."

Getting to the top of the UHC rankings was no easy task. Aside from the daily challenge of treating patients effectively, it required a year-long effort of gathering, extracting, analyzing and submitting data to UHC, which then compiles a monthly "accountability performance scorecard" that ranks each organization overall and in a half-dozen clinical categories.

Within each category are dozens of performance indicators, including core measures – clinical standards the Centers for Medicare and Medicaid Services deems essential to delivering quality hospital care – mortality rates for selected clinical services,

30-day readmission rates for selected procedures, adherence to safety measures, and so on.

"It's a snapshot of our performance compared to other hospitals," said Connie Chambers, RN, nurse informatics specialist with Clinical Excellence and Patient Safety. "UHC has determined that this balance of measures is a good indicator of how a hospital is doing overall."

Achieving a high ranking is more than a matter of dumping data into a computer and sending it to UHC for a whirl in a magical statistics blender.

It's a tricky business with plenty of moving parts. Physicians, for example, must clearly and unambiguously document their activities in the medical record so it can be coded accurately.

If not, the hospital can get dinged for an error it didn't actually commit. Given the speed at which most providers have to move, it is not uncommon for a clerical rush to make something that wasn't really an error *look* like an error.

To make sure the records are accurate, Holly Saratella, a database analyst with Clinical Excellence and Patient Safety, extracts and combs through data from thousands of patient records.

She looks at dozens of key measures of patient care. For example, if the record doesn't show that a patient didn't receive a pneumonia vaccination – one of CMS's core measures – during the hospital stay, did he or she get it elsewhere? If a patient had a urinary tract infection, was it acquired in the hospital – an outcome that negatively affects its safety record – or was it present on admission?

Accurate picture. If the hospital can show, through careful record review and queries to physicians, it provided proper care, Saratella works with hospital coders to fix the record before she sends the data to UHC.

"We may have had great patient care two years ago, but the documentation didn't always reflect it," said Saratella. "The data we submit has to be as clean as possible. We've now had a great collaboration between the coders, physicians, nurses and everyone in the organization."

After last year's quality-ranking jump, Clinical Excellence and Patient Safety created an organization-wide "Collaborating for Quality Committee" to increase the hospital's focus on quality even further.

Steve Ringel, MD, the hospital's vice president of Clinical Excellence and Patient Safety, chairs the committee, which includes representatives from a wide variety of disciplines.

The idea was to make sure the hospital's clinical care was accurately reflected in the medical record, West said. "I felt that we weren't always being recognized for the quality and level of care we provide," she said.

Sharper focus. The group meets monthly, Chambers said, with a lead person assigned to each UHC measure. "The real work gets done in these small teams," she noted. "Physicians and other experts around the hospital also serve as subject matter experts." Chambers compiles detailed monthly records of the hospital's rankings on the performance scorecard, which the committee uses to identify improvement projects.

The collaboration produced some notable successes. For example, the committee earlier this year noticed an unusual number of post-operative respiratory failure cases. After reviewing the documentation, blood gas measurements and other data, however, they concluded that some of the cases were actually "respiratory insufficiency," not failure.

"Physicians were trying to do the right thing by documenting respiratory failure," Chambers said. "They were trying to be conservative in their care. But we wanted to make sure we documented the care with precision."

"We pulled and reviewed all the cases," Saratella said, "and saw many of the cases were not true respiratory failure."

With Respiratory Director Allen Wentworth, RRT, MEd, and Associate Professor of Anesthesiology Fareed Azam, MD, the committee reviewed the cases as well as the guidelines for diagnosing respiratory failure. Azam clarified the symptoms of failure, and helped to educate intensivists. The hospital now has new protocols in place to guide physicians when they document respiratory cases.

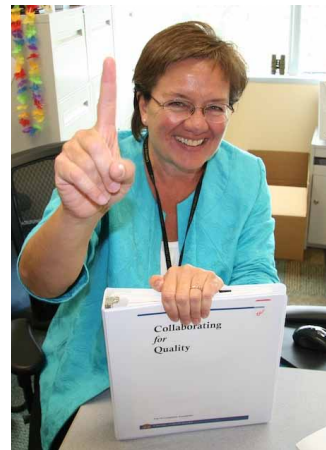
The committee pointed the way for this kind of work throughout the year, often coming up with simple fixes that vastly improved quality measurements.

For example, a checkbox added to the post-operative procedural note allows surgeons to document when hemorrhaging and hematomas are an expected part of a procedure, as opposed to an unexpected complication.

"In transplants, for example, hemorrhaging may be an expected outcome," West said, "not a complication."

The committee's "deep dive" into the records, she concluded, "uncovered a lack of clarity we have sometimes had regarding our patients' course of care and outcome. Coders can only code what is in the record."

Back to work. Less than a week after being feted by UHC in the grand ballroom of Chicago's Navy Pier, West's group and the hospital as a whole was back at work. In effect, a new season had begun, and hospitals around the country are gunning for number one.



Chambers (left) and Saratella of Clinical Excellence and Patient Safety did lots of the heavy lifting required to earn the number-one ranking.

"If we maintain our attention to safety and quality, we will continue to be recognized as a leader," West said. "But everyone is in the chase."

The hospital's recent conversion to the Epic electronic medical record (EMR) may be one of the biggest challenges UCH faces in the renewed race. "That's our biggest risk for falling out of the top 10," West said. "We've been proactive with reviewing information in the record, but Epic could slow us down."

Saratella has no doubt Epic's integrated EMR ultimately will prove to be a boon to quality and safety. But for now, she and others are not altogether familiar with it. "In the paper world we knew where to look. Now we're struggling to learn the documentation."

But she still gives herself a couple of minutes to reflect proudly on the ranking.

"When we heard the announcement, I thought that all the weekends and nights we spent working and every chart we abstracted were well worth it. Leadership here made an effort to push the idea that quality is important. I respect them for that. They listen to us. That's all you can ask for."