LSU Bogalusa Medical Center: Improving Quality Through Cultural Change
By Jill Breazeale, RN, BC, Performance Improvement Coordinator, LSU Bogalusa Medical Center

LSU Bogalusa Medical Center (BMC) is a 98-bed acute care rural hospital located in Bogalusa, La. In 2009, the facility recorded 2,551 inpatient admissions; 28,277 emergency department and 94,016 outpatient visits; and 459 inpatient and 3,049 outpatient surgeries. BMC is the product of a 2002 merger of Washington-St. Tammany Charity Hospital and Bogalusa Community Medical Center, and is one of seven hospitals in the LSU Health Care Services Division (HCSD). Mission-driven to care for the uninsured and provide training for future health professionals, LSU HCSD is a statewide safety net system in which everyone is eligible for care, and provides the majority of care for uninsured patients in Louisiana.

Challenge
Improving performance on The Joint Commission and Centers for Medicare and Medicaid Services (CMS) core measures is important because it reflects use of evidence-based clinical best practices. The financial importance of core measures performance is also growing. Posting core measures results on the Hospital Compare web site puts hospitals’ reputation for quality at stake, and future Medicare reimbursement will increasingly be based on core measures performance. Following the merger that formed BMC, our performance on many of the measures was below average. Our challenge was improving the quality of patient care and core measures performance throughout the organization.

Preparation
Our first step was conducting an organization-wide assessment of core measures performance. On an organizational level, we identified knowledge deficits of core measures requirements and supporting evidence, fragmented and repetitive documentation practices, lack of staff input and administrative support, and low morale of team members after the merger as barriers to improving both the quality of patient care and core measures results. Within the four core measures sets, we identified specific problem areas, including administering antibiotics within one hour before incision and discontinuing them within 24 hours after surgery (SCIP), administering pneumonia vaccines (PN), delivering discharge instructions for heart failure and giving aspirin at arrival for heart attacks (AMI).

Solution
We initially addressed these issues through staff education. However, when we did not improve as much as we expected, we adopted a strategy of assigning ownership and responsibility for specific measures. This culture shift empowered staff and was the turning point toward improvement for our hospital.

Core measures were emphasized as standards of care and best practices for patient care rather than just added documentation and data collection. Stakeholders from nursing, quality management and the medical staff worked together to improve care processes based on core measures requirements. Many longstanding inconsistencies and inefficiencies in existing processes were also addressed.

In 2006, the ambulatory surgery unit (ASU) and operating room (OR) nursing flow sheets were revised to create one continuous flow sheet. ASU and OR managers and nursing staff collaborated on the revisions, which included antibiotic start and stop times and...
administration route, hair removal technique and temperature assessment in the recovery room. The revision eliminated duplicate charting, improved documentation and provided for easy core measures data retrieval. Concurrent chart reviews of surgery patients by the OR nursing staff were also implemented to ensure compliance with CMS guidelines.

These efforts helped our OR staff take real ownership of the SCIP measures. Employing best practices such as antibiotics administered within one hour of incision and antibiotics discontinued within 24 hours of anesthesia end time is now the standard of care for all surgeries at BMC, not just those required by CMS.

Pre-printed surgery and pneumonia orders including core measures data were developed by the medical director and the core measures analyst. The orders allow revisions of antibiotics as needed per CMS guidelines. The approval process for physician orders also was streamlined to ensure up-to-date orders are available as soon as changes are noted in the core measures manual.

The analyst attends nursing and medical staff meetings to give continuous feedback on core measures results, and receives feedback from staff on data collection problems. This provides an opportunity for the analyst to educate the staff on our latest core measure results, changes in the measures or processes, best practice standards and areas that need improvement.

We use compliance rate reports and graphing to report progress in staff and committee meetings, and also to inform our facility leadership and our governing board. This helps reinforce top-level support for performance improvement. Our medical director uses information from DataSphere to share department and individual physician performance in our quarterly physician report cards. This helps focus physicians on following best practice processes.

Education is still a big piece of the effort. We distribute core measures education and documentation tips to nurses during orientation and post them in nursing units and the physicians’ lounge. We instituted an employee recognition program to encourage employees to provide input and ideas to improve processes and reward them for going beyond their normal job duties.

### Results

When staff members realized how important individual efforts were and how each person contributed to the overall improvement process, we began seeing changes in both patient care and patient outcomes. For example, from 2006 to 2009, delivery of antibiotics one hour before surgery jumped from 67% to 96%, discontinuing antibiotics 24 hours after surgery from 69% to 98%, pneumonia vaccines for PN patients from 46% to 90% and aspirin on arrival for AMI patients from 88% to 95%. In 2009, BMC received the eQHealth Solutions Louisiana Hospital Quality Platinum Level Award indicating significant clinical quality improvement. For the 12 months ending June 2010, our overall SCIP results were above the national and state target ranges.

We believe that our adoption of a culture of quality contributes to our ability to sustain these gains. A greater understanding by our staff of the core measures and why we collect the data also helps. At BMC, quality is not a department, it is an organizational commitment.

<table>
<thead>
<tr>
<th>Measure</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotic Within 1 Hour of Incision</td>
<td>N/A</td>
<td>67%</td>
<td>67%</td>
<td>90%</td>
<td>96%</td>
</tr>
<tr>
<td>Antibiotics discontinued within 24 hours of surgery end time</td>
<td>N/A</td>
<td>69%</td>
<td>76%</td>
<td>79%</td>
<td>98%</td>
</tr>
<tr>
<td>Pneumonia Vaccine</td>
<td>43%</td>
<td>46%</td>
<td>42%</td>
<td>69%</td>
<td>90%</td>
</tr>
<tr>
<td>Discharge Instructions</td>
<td>43%</td>
<td>67%</td>
<td>88%</td>
<td>89%</td>
<td>88%</td>
</tr>
<tr>
<td>ASA on Arrival</td>
<td>74%</td>
<td>88%</td>
<td>100%</td>
<td>95%</td>
<td>95%</td>
</tr>
</tbody>
</table>