

Quality Engrained in Culture at Iowa Hospital

by Janet Jacobsen

At a Glance . . .

- During its decade-long quality journey, Guttenberg Municipal Hospital (GMH) has embraced the plan, do, study, act (PDSA) cycle to improve the organization's processes.
- By using the PDSA cycle routinely, hospital leaders learned the importance of utilizing data for decision making.
- A hospital board member introduced GMH to the Malcolm Baldrige Criteria for Performance Excellence, which ultimately led to a Silver Award in the Iowa Recognition for Performance Excellence (IRPE) program.
- Feedback from the hospital's first IRPE submission in 2005 led GMH to update its values statement to better align with the hospital's continuous quality improvement strategy.
- To further its quality journey, GMH is beginning to use lean methodologies, such as the 5S tool, for process improvement.

A few years into Guttenberg Municipal Hospital's quality journey, CEO Kim Gau experienced a revelation when she noticed a shift in mind-set at the hospital. Managers no longer viewed quality as a to-do list item; instead, they began to regard it as part of the hospital's culture. Continuous quality improvement (CQI) had shifted from merely a task to an engrained way that employees do everything, every day.

About Guttenberg Municipal Hospital

Nestled along the bluffs of the Mississippi River in northeast Iowa is the small, picturesque town of Guttenberg, home to Guttenberg Municipal Hospital (GMH). This 25-bed hospital is a critical access facility, a crucial designation for small hospitals, as it provides the opportunity for cost-based Medicare reimbursement. GMH, established in 1961, employs 105 people as it serves Clayton County, a largely rural area with a population of approximately 18,000 people. The hospital is an Iowa Health Systems rural affiliate and offers a variety of inpatient and outpatient medical and surgical services as well as community services, such as a community fitness center and a family resource center.

An Introduction to Continuous Quality Improvement

GMH's quality journey dates to the late 1990s, when the hospital board was searching for a partnership opportunity that could bring a wider scope of hands-on operations, applications, and management strategies to help the small hospital prosper. Subsequently, GMH joined forces with The Finley Hospital in nearby Dubuque as part of Iowa Health System's rural hospital partner program. Gau recalls that Finley presented the concept of CQI departmental and hospital-wide plans. Soon thereafter, GMH began using the plan, do, study, act (PDSA) model for process improvement.

Then in 2003, a board member introduced GMH leaders to the Malcolm Baldrige Criteria for Performance Excellence, which Gau says led the hospital on the path toward alignment. GMH merged its operations plan with its quality plan and aligned that with the strategic plan. "Everything was aligned using Baldrige; it really put us over the top in terms of momentum," Gau explains.

Eventually, to improve buy-in for quality initiatives, the hospital changed the composition of its CQI committee to include all managers. Robin Esmann, administrative director at GMH, says the hospital had struggled a bit with early CQI efforts because some managers hadn't felt like they were a part of the initiatives. She recalls that once all managers became part of the CQI team they helped educate and then motivate their staff members to become involved. "When we talk about CQI, it's not a program; it's everything we do every day. We really try to work with employees to have them thinking CQI in every process and in everything they do," notes Esmann.

Improving Processes Through the PDSA Model

A fundamental element of the hospital's CQI strategy involves using quality measures to assess performance. In essence, this enables the hospital to ask, "How are we doing?" When data indicates that a process change is needed—perhaps to the patient menu or to the way that x-rays are prepared and read—GMH depends on the PDSA model as shown in Figure 1. Employee-led performance improvement teams using the PDSA cycle have spearheaded successful projects that have led to higher patient satisfaction scores and drastically improved turn-around time for radiology services.

Esmann says the organization models every group and process around the PDSA cycle. "It [the PDSA cycle] makes you take a step back and look at planning to identify the problem and to figure out if you can solve it through a process, rather than a quick fix. Quick fixes are nice, but they aren't sustainable," she explains.

Another key benefit to using the PDSA tool is its cyclical nature, which leads the hospital toward continuous improvement. "It makes you go back again once you think you've solved the problem to see if you've sustained it—that helps close the loop," says Esmann.

Using Data to Drive Decision Making

GMH managers have learned that changing processes based on intuition rather than data won't always provide positive results, as Jane Thein, GMH business office manager, can attest. She reveals that her office was planning to implement an online bill paying option in 2008. "At the time we thought our patients would use it so it would be a good investment," Thein recalls. However, when the hospital initiated a survey and asked patients if they would use the electronic option, only one person indicated a likeliness to use the service. As a result of collecting and analyzing data before making a decision, GMH postponed this

process enhancement. "When you actually track the data you can learn that your 'gut feeling' can be wrong," shares Thein.

Another example of using data in the decision-making process comes from the hospital lab where Danelle Krapfl, laboratory manager, tracks testing data, including the number of physician orders for specific tests that are outsourced to other labs. She says that when a physician places a request to have a certain test moved in-house, she can look at her data and easily determine the cost-effectiveness of such a process change.

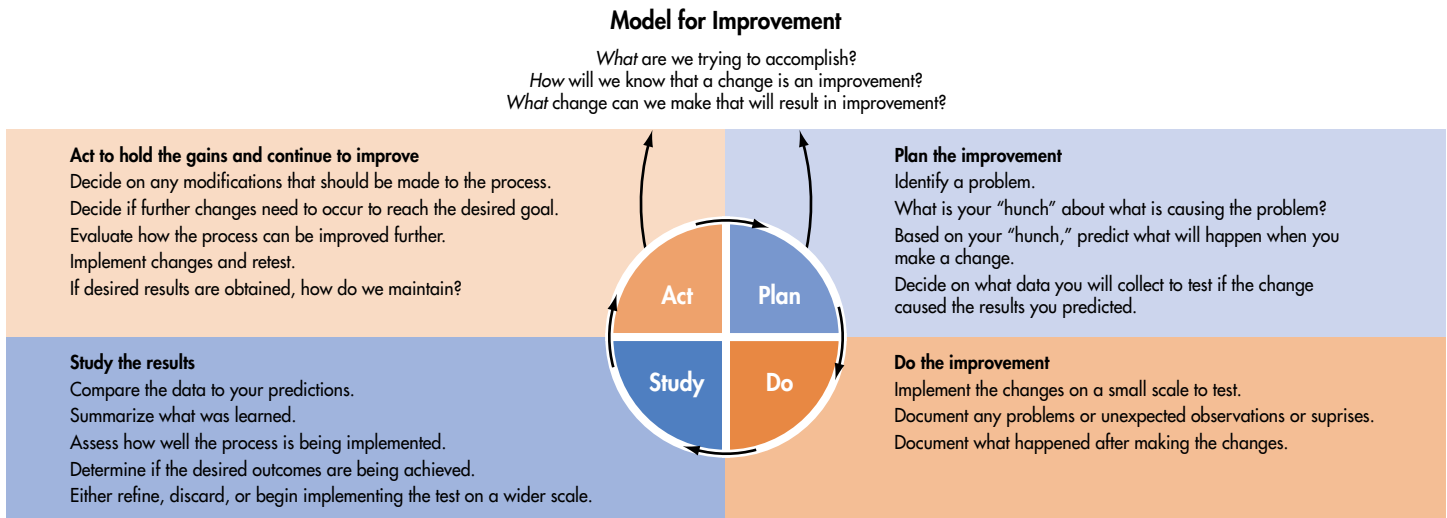
In some instances, the data provide the green light for a process change, as in the case of the hospital's radiology department. While making an upgrade to a digital picture archiving and communication system (PACS) was a very expensive move for a small hospital, data helped the staff to make an informed decision. "While it was a big investment, we saw that we could save money on film and chemicals for the processor," explained Lori Kann, radiology manager. The new PACS, which uses digital technology, allows the hospital to provide physicians with crucial patient information in just minutes, rather than days.

Capturing Statewide Honors for a Balanced CQI Approach

As GMH enjoyed more and more success with its CQI initiative, Gau and her team felt it was an opportune time to seek external feedback through the Iowa Recognition for Performance Excellence (IRPE) program, which is based on the Baldrige criteria. GMH has played an active role in the IRPE program for several years, having submitted its first application in 2005. The hospital's commitment to the IRPE program is so strong that 10 GMH employees serve as volunteer examiners for this statewide program.

In late 2008, GMH learned that it had captured a Silver Level IRPE award. While the honor was a positive affirmation of the hospital's CQI efforts, it's the IRPE process that's most valuable

Figure 1—The PDSA model for process improvement



This model was created by the Iowa Foundation for Medical Care (IFMC) under a contract with the Center for Medicare and Medicaid (CMS).

It's All About RESPECT

The feedback report from the Guttenberg Municipal Hospital's Iowa Recognition for Performance Excellence submission in 2005 noted an opportunity for improvement in aligning the hospital's values with its continuous quality improvement (CQI) strategy and strategic planning. Leigh Ann Judge, human resources director, says the hospital's recruitment and retention (R&R) committee was asked to create a simpler way of helping employees learn the hospital's values and use them on a daily basis.

Ultimately, the R&R committee coined the new values statement shown in the figure below. Reflecting a more customer-focused theme, the values statement defines the core competencies of the hospital.

Mission:

To responsibly meet the healthcare needs of those we serve.

Vision:

To be the Clayton County healthcare provider of choice.

Values:

The acronym RESPECT was adopted to reflect the hospital's values.

Responding to our customers with
Excellence
Safety
Professionalism
Empathy
Confidentiality
Timeliness

Judge says that the values statement is introduced to new employees during orientation and reinforced for all employees by banners proclaiming "RESPECT" placed throughout the hospital. In 2007, the hospital began asking employees to make a commitment to these values by signing colorful paper stars which are then displayed in a conference room as reminders.



Paper stars with the signatures of Guttenberg Municipal Hospital employees, demonstrating commitment to the values of the hospital.

Kim Gau, hospital CEO, is a big fan of the RESPECT acronym, noting, "If we truly live our values then people will be comfortable with us and we'll be successful and sustain our long-term direction."



Kim Gau, Guttenberg Municipal Hospital CEO

to GMH leaders. Gau contends that the hospital's involvement with a Baldrige-based framework really helps differentiate GMH from the competition. Only a few of Iowa's critical access hospitals are using the Baldrige criteria.

Leigh Ann Judge, human resources director, says that the IRPE/Baldrige framework is a good fit for small rural hospitals with big challenges and limited resources: "IRPE helps align things, reduce waste, and keep focus as an organization." From a recruiting perspective, she notes that the hospital's involvement with IRPE/Baldrige is a real asset. Potential new hires on the leadership level are anxious to be a part of an organization that is on the cutting edge for rural healthcare.

The results of the hospital's everyday CQI approach are apparent in recent data, such as inpatient loyalty trends shown in Figure 2, and in key measurement areas over the last five years, as illustrated in Table 1.

Guttenberg's Continuing Daily Commitment to Quality

They say that one of the primary challenges in bringing the CQI philosophy to GMH was convincing employees that tracking data is a positive activity aimed at improving processes and systems, not something used for pointing fingers at individual employees or errors. "That was the biggest struggle we had in the business office, getting employees to help with data tracking because they were afraid of the repercussions if errors or bad data were uncovered," she notes. Now, They say nearly every employee in her department is involved with data collection and tracking, making CQI a routine part of the workday.

Members of the hospital's CQI committee offer the following advice for others who are looking to embark on a CQI journey:

- Jane Parker, support services manager, suggests focusing on securing staff input to ensure buy-in, keeping the process manageable by selecting one or two projects at a time, and allocating the necessary resources, both human and financial.
- They advocate early CQI training for staff. "We trained managers but not staff on a hospital-wide basis," she says. "Had we done that [staff training], it might have made the transition a little easier because staff would have better understood what was behind the effort."

Figure 2—GMH patient loyalty trended by year

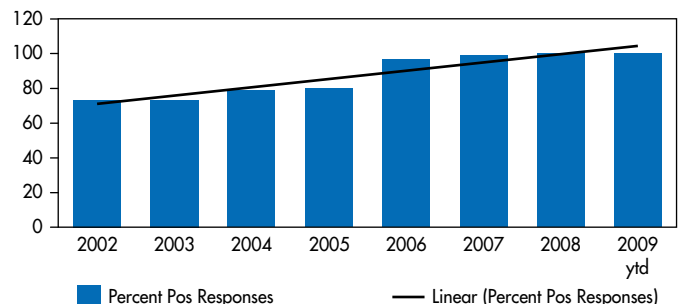


Table 1—GMH achievement in five key areas using a continuous quality improvement approach

Objective	2004	2005	2006	2007	Year-end 2008
Quality achievement	95% of targets met	96% of targets met	96% of targets met	97% of targets met	98% of targets met
Overall patient satisfaction	Goal met	Goal met	Goal met	Goal met	Goal met
Patient loyalty	Goal met	Goal met	Goal met	Goal met	Goal met
Financial goals	Goal met	Goal met	Goal exceeded	Goal exceeded	Goal exceeded
Employee satisfaction	Goal not met	Goal not met	Goal met	Goal met	Goal met

- Emily Matt, health information manager, cautions against allowing the fear of failure to hinder CQI efforts: “Don’t be afraid to fail at first. It’s going to take more than one cycle of planning to get the outcomes you want.”

Looking Ahead

As for the future, GMH leaders plan to keep an everyday focus on CQI by using the IRPE/Baldrige framework and the PDSA model. Hospital employees are also now beginning to use lean concepts such as the 5S methodology, as noted in the sidebar,

Hospital Adds Lean to Its CQI Initiative, to continually improve hospital processes.

Northeast Iowa residents expect a high level of excellence at GMH because the hospital makes very few errors in its processes thanks to its CQI culture. “This is our strategic advantage—to provide services in a timely, excellent, and respectful manner,” Gau proclaims.

For More Information:

- To learn more about Guttenberg Municipal Hospital, visit the hospital online at <http://www.guttenberghospital.com>.
- For additional details about the hospital’s quality journey, contact Robin Esmann via e-mail at robin.esmann@guttenberghospital.org.
- Contact the Iowa Quality Center at www.iowaqc.org for further information about the Iowa Recognition for Performance Excellence award.
- For more resources on using continuous quality improvement tools in healthcare settings, visit www.asq.org/healthcare-use/why-quality/overview.html. Also, register to receive ASQ’s *Healthcare Update* newsletter at http://www.asq.org/healthcare/update_info.html.

Hospital Adds Lean to Its CQI Initiative

Leaders at Guttenberg Municipal Hospital (GMH) advocate life-long learning and view continuous quality improvement (CQI) as a journey, not a destination. Lean is the most recent stop on the hospital’s CQI excursion.

In December 2008, GMH kicked off its first lean project: A performance improvement team applied the 5S methodology to a project on wheelchair placement and integrity. A quality tool derived from five Japanese terms beginning with the letter “s,” 5S creates a workplace geared for visual control and lean production. See the table below for more information on 5S.

Robin Esmann, administrative director, explains that the hospital had been encountering some difficulties in having wheelchairs available in certain areas of the hospital. Another issue addressed with this project was missing foot pedals on the chairs. “We started with this very basic project, but one that was a huge dissatisfier for people,” Esmann reports.

The improvement team worked through the five S’s and studied where to place the wheelchairs as well as the number of chairs per location. Next, the team determined how to educate and encourage employees to return the chairs, intact, to the designated locations. Ultimately, the solution involved color-coding the chairs to specific locations within the hospital. The color swatches painted on the backs of the chairs and on the foot pedals are referenced on posters placed throughout the hospital that contain color keys, such as red for the emergency room.

The project concluded in January 2009. Esmann says the improvement has generated positive feedback and the focus is now on sustaining the process change.

About the Author

Janet Jacobsen is a freelance writer specializing in quality and compliance topics. A graduate of Drake University, she resides in Cedar Rapids, IA.

The 5S methodology

Japanese	Translated	English
Seiri	Organize	Sort
Seiton	Orderliness	Set in order
Seiso	Cleanliness	Shine
Seiketsu	Standardize	Standardize
Shitsuke	Discipline	Sustain