PATIENT SAFETY EFFORTS AT SSM HEALTH CARE

By Lorraine Kee and Kelly Cheramy

In a quiet office tucked behind a nurse's station near the cardiac rehabilitation unit at St. Marys Hospital Medical Center in Madison, WI, Nancy Klaas, RN, is reviewing patient records and glancing at personal notations on each. Then she picks up the telephone. Talk about your house calls.

"Hi," she says cheerfully to the patient on the other end of the line. "This is Nancy at St. Marys." After a bit of small talk, Klaas gets to the real reason for calling. She asks the patient about his or her weight, appetite, sleep, and whether he or she is taking medications as prescribed. She says good-bye, makes a few notes, and then calls the next patient on her list.

Klaas heads St. Marys' congestive heart failure callback program, which started in February 2004. When patients suffering from heart failure are treated and released, Klaas stays in touch with them. The program is intended to reduce unplanned readmission rates, encourage patients to take an active role in their own recovery, and help them make a safe transition to home.

St. Marys is part of SSM Health Care, which is based in St. Louis. Sponsored by the Franciscan Sisters of Mary, SSM Health Care is one of the largest Catholic health systems in the country. It owns, operates, or is affiliated with 21 acute care hospitals and three nursing homes in four states (Illinois, Missouri, Oklahoma, and Wisconsin). In 2002, SSM Health Care became the first health care recipient of the Malcolm Baldrige National Quality Award, the nation's premier honor for performance excellence.

"The callback programs for heart failure patients ensure that patients with complicated medication regimens understand and adhere to their medications," says Andrew Kosseff, MD, the system's medical director of clinical improvement. "Additionally, the nurse calling the patient can assess whether he or she is having clinical problems that require a physician evaluation before the patient gets in such severe trouble that hospitalization is needed. These callback programs bridge venues of care and make certain there is a safe transition between hospital and home or outpatient environments."

How seriously does SSM Health Care take patient safety?

"Very," Kosseff said. "Even before the Institute of Medicine's *To Err Is Human* report in 1999, safety improvement was widespread at every SSM Health Care entity. Then, within months of the report, we began a clinical collaborative specifically related to patient safety."

That first effort morphed into SSM Health Care's Achieving Exceptional Safety in Health Care clinical collaborative, which has identified 16 practices that encompass the goals of the Joint Commission on Accreditation of Healthcare Organizations and other national initiatives.

Some of these safety practices—the callback programs, for example—are voluntary. About a third of SSM Health Care's hospitals operate some variation of it. Other practices are mandatory, including standardizing abbreviations (to reduce confusion), increasing accurate surgical marking, stimulating near-miss reporting of errors, and promoting hand washing.

SSM Health Care's Quality Resource Center, Creve Coeur, MO, which tracks the results of these practices, reported that the system has reduced "do-not-use" abbreviations (for example, "QD" for "daily" and "U" for "units") from 22 percent to 3 percent. It also has noted good success with the accurate marking of surgical sites, which has been increased from 92 percent to 100 percent. Hand hygiene compliance (which is tracked by supervisors) jumped from 56 percent to 88 percent. Still, the system's leaders aren't satisfied with those results. "Ultimately, our commitment to improving patient safety comes from our system leadership," said Shelley Niemeier, corporate clinical improvement consultant, noting that those leaders are given status reports quarterly.

Klaas, who has been at St. Marys for 30 years, develops a relationship with St. Marys heart failure patients during their hospital stays. She lets them know she will be following up once they're released. She currently is tracking about 55 patients, averaging about 45 calls a week. During the first week after discharge, each patient typically receives three calls to get him or her into the routine of checking weight and monitoring other signs. Klaas also reminds patients about upcoming lab appointments or contacts physicians on their behalf.

Klaas gradually reduces the frequency of her calls, depending on a patient's progress and support system. After making sure he or she knows what the next steps are, Klaas winds up each call with a cheery, "How does that sound?"

"Patients are so thankful for what we do," Klaas said. "It's hard for them to remember everything they're told in the hospital, and the calls decrease their stress levels. It has made a dramatic difference. We've had very few readmitted within the first 30 days."

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