Beyond Integration: How Redesign of Cardiovascular Service Line Performance Team Structure is Driving Change to Improve Outcomes, Patient Experience and Decrease Variation

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Abstract
Recent evidence supports the importance of using standardized tools and practice approaches adopted from manufacturing sectors such as “Lean” or “Six Sigma” to improve quality, specifically process-of-care measures and lower mortality in health care. Despite use of standardized tools and practices, however, quality remains highly variable across organizations, as was recognized within our Cardiovascular (CV) Service Line (SL). The use of tools such as balanced scorecards (dashboards), team charters, and value stream maps have been shown in several studies to effectively improve outcomes.1–2 We combined these tools with structural changes to our service line’s performance teams, and within 18 months we have shown that this framework is associated with improved outcomes.

Transformational Strategy
2. Charters approved by each P.E.A.K. Team, roles and deliverables clearly defined
3. System-wide P.E.A.K. Teams set goals for Service Line Quality Plan; design dashboards based on Fairview’s 5 pillars: Exceptional Clinical Care, Exceptional Patient & Family Experience, Effective & Efficient use of Resources, Strategic Growth, National-leading Research & Education

Results
Our model has shown that the strategic design of efficient system-wide quality improvement teams led by service line physicians produce top quality improvement teams led by service line physicians produce top quality improvement teams led by service line physicians produce top
delighting patients yet keeping infections, blood usage and LOS at top decile performance in complications, blood usage and LOS

Challenge
In 2008 Minnesota Heart merged with University of Minnesota Physicians (UM Physicians) cardiology. Immediately after, UM Physicians and Fairview Health Services together formed the Cardiovascular service line: UM Physicians Heart at Fairview. Horizontal Integration Teams (H.E.T.) were formed in order to integrate community and academic physicians, strategic plans and goals. In order to achieve the CV Service Line’s goal of being a top 10 program nationally, it was determined in 2011 that the service line need to refocus on the Triple Aim (clinical quality, patient experience and total cost of care) and move beyond integration.

Lessons Learned:
1. Connect the Data Utilize Registry, Clinical Trial and Research data on your dashboards as they are invaluable to performance teams and key to identifying variation
2. The innovative nature of physicians and staff on the front lines of patient care
3. The strength of interprofessional collaboration, including between primary and specialty care
4. Involvement of IT liaison in P.E.A.K. work instrumental in electronic health record improvements
5. The abilities and effectiveness of transformational leadership
6. The power of “Lean” and “Six Sigma” tools and trained staff in facilitating performance improvement

References

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