

2009 Showcase in Excellence Award Recipient

Scottsdale Healthcare “Care of the Cardiac Surgery Patient”



Company Information:
Highest Ranking Official:
Tom Sadvary - CEO

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Type of work: Scottsdale Healthcare is one of the Southwest’s major not-for-profit health care systems. Cardiac surgery is provided on two campuses: Scottsdale Healthcare Medical Center Shea whose campus includes the Piper Outpatient Surgical and Recovery Care Center, Virginia G. Piper Cancer Center, and our Cardiac Rehabilitation Center. Scottsdale Healthcare Medical Center Osborn – a Level I Trauma Center whose campus includes Greenbaum Surgical Specialty Hospital, and Town Center Medical Plaza.

Workforce:
Shea – 2,672 employees
Osborn – 2,204 employees

Testimonial of Value of the Arizona Performance Excellence Award Program

“Scottsdale Healthcare is honored to be selected as a recipient for the 2009 Showcase in Excellence Award. The award acknowledges our commitment to our non-profit community-based mission to provide the highest quality and most compassionate care for all individuals. The Performance Excellence Award Program supports Scottsdale Healthcare in “Living our Vision” to set the standard for excellence in personalized healthcare. Our participation in the Showcase Program provided the opportunity for external review of the care provided to our cardiac surgery patients with feedback from trained examiners to reinforce results-based performance excellence. I would recommend participation in the Arizona Performance Excellence Award Program for any organization striving for exceptional performance through innovation, comparison to external benchmarks, and ongoing cycles of learning and improvement.”

-Tom Sadvary, CEO, Scottsdale Healthcare

Highlights of Organizational Process: Quality and performance results:

- Achieving the Core Strategy of “Best Clinical Outcomes and Patient Experience” is central to living our vision.
- Since 2008, we have monitored our Patient Satisfaction data collected via surveys and reported from Press Ganey. We specifically monitor the “Top Box” response to the question “Would Likely Recommend SHC to Others”. We maintain performance at or near the benchmark.
- CMS publicly reports Surgical Care Improvement Project (SCIP) data on the website hospitalcompare.hhs.gov for blood glucose levels < 200 mg/dl on **both** postoperative days one and two. This is a national standard determined by CMS

based upon evidence-based medicine. SHC monitors 100% of their cardiac surgery patients for glucose control and demonstrates 90-100% compliance, which is better than national and state averages.

- Longer ventilator times contribute to extended hospital stays, increase the cost of care, and most importantly, result in unnecessary complications. Protocols implemented after cardiac surgery result in 95% of our cardiac surgery patients requiring < 24 hours of ventilator support. Most patients are extubated < 6 hours after their surgery.
- Since 1999, Scottsdale Healthcare has participated in the nationally recognized Society of Thoracic Surgery (STS) Adult Cardiac Surgery Database. Information is submitted quarterly to Duke Clinical Research Institute and feedback reports are provided to participants. Since 2006, SHC has demonstrated consistent favorable Observed versus Expected Mortality rates in our STS outcome reports.
- Research demonstrates that a large percentage of patients who develop a deep infection of their sternal incision will die within one year of diagnosis. Since 2007, SHC has maintained a 0% Deep Sternal Wound Infection Rate for our coronary bypass population.
- SHC created standardized Cardiac Care Discharge Physician Orders to make sure that our patients continue home medications that are important to prevention of Coronary Artery Disease progression. Research shows that patients who have Anti-Platelet Therapy (Aspirin or Plavix) and Anti Lipid Therapy (a.k.a. cholesterol lowering) demonstrate a better long-term prognosis. 95-100% of our patients received the appropriate drugs upon discharge. Failures are reviewed by Quality and Nurse Practitioners to determine causes. In 2009 we had only one patient with a “failure” to prescribe Lipid Lowering Therapy which was due to documentation. Our PDSA cycle of improvement will focus on improving documentation.

Processes

Providing safe, timely, effective, efficient, equitable, and patient-centered care to the high risk patient is ensured on a daily basis by the following work processes:

- **Safety and Timeliness:** Prior to surgery, a pause, known as a “Time Out” occurs. With all parties in the operating room, staff are required to verbally verify they have the right patient and the right surgery is about to be performed by the right surgeon. To improve efficiency and patient care, the CVOR staff added information to the “Time Out” – antibiotic administration and current blood sugar level. Extensive research shows that antibiotics delivered at the appropriate time prior to the surgical incision and blood sugar control are essential to preventing infections. If it is discovered during the “Time Out” that antibiotics were not administered, then they can be appropriately given at that time. The blood sugar information allows anesthesia to begin providing appropriate medications to maintain blood sugars at an appropriate level.
- **Efficiency and Effectiveness:** Communication during the operative procedure occurs using a checklist tool used in CVOR to provide hourly updates on the surgery and patient status to the CVICU nurse who will care for the patient. This leaves minimal information to provide at the time of transfer. In addition, the CIVCU nurse updates the family waiting in the Surgery Waiting Area. Prior to this change, the family received no communication until after the surgery was completed.
- **Patient- and Family-Centered:** The Telemetry Unit uses a visual management technique to monitor patient daily progress and engage the patient and family in the patient’s recovery. Each cardiac surgery patient has an “Open Heart Progress Report” posted in their room. This tool has a column for each day on telemetry and also lists required activities and clinical goals that need to be met before the patient is discharged to home. The Progress Report is posted so the patient, family, nursing, cardiac rehab, physicians, or any other stakeholders can immediately see what needs to be accomplished before the patient can be discharged to home. Directions on the chart note that staff, family or the patient can “fill in” their activities such as daily showers, walking around the unit, and/or daily exercises.