

From Vision to Reality

Diligent leadership moves the needle on continuous quality improvement.

By Anne Geske



Care teams look to their executive and clinician leaders to prioritize and execute the quality and patient safety culture initiatives of their organizations. Executive leaders, along with their clinicians, provide inspiration, accountability and resources. Without leadership to ensure staff have resources such as time, people, training and budget, important quality and safety work won't get done.

In the arena of clinical initiatives, HealthPartners has developed a "best practice" collaborative model to promote success of the company's initiatives. The model involves designating executive sponsors and clinical leaders for every quality initiative in every setting. "We don't have a formal initiative in this organization that does not have an executive sponsor," says Cara Hull, chief quality officer at HealthPartners. "Executive sponsors are a key and critical step in good quality work. We identify executive sponsors as well as operational sponsors. We even have training in our organization for the role of executive sponsor."

HealthPartners, headquartered in Bloomington, MN, has grown over the years to offer health insurance in six states, encompassing 16 employers, 90-plus clinics and hospitals with 55 specialty and primary care service lines, and seeing 1.2 million patients per year. One quality initiative currently in progress involves follow-up systems around clinically significant incidental findings in test results, such as those in radiology or pathology.

"We identified an area of opportunity for improvement," says Hull, "where if someone is getting a test for a specific reason but they find something else—an abnormal finding unrelated to why that test is being done—how do we flag that, track it and make sure there's appropriate follow-up? We want to make sure it gets to the right provider and track the chain of command of who is responsible to follow up and take action on that result."

This initiative involves the EHR and IS&T (information services and technology) teams, who are building a workflow for follow-up and tracking within the EHR. Currently in proof-of-concept phase, the project looks at how keywords in the dictation and transcription processes might feed into the EHR to trigger automated workflows to track follow-up actions for the incidental finding. The goal is that the keywords would initiate a work list for every step of follow-up, including alerting the patient, tracking whether they came back for an appointment, and if they're overdue for any actions necessary as a result of that appointment.

This initiative is only one example of several in the works at HealthPartners. Hull keeps her eyes peeled for other opportunities. "Any time we have evidence-based care and best practices, we're

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trying to automate them through workflows in the EHR," she says.

Dyad leadership—a clinician lead plus an operational lead—is another structure in place for initiatives across all areas of the organization. "Every clinic, every service line has a partnership. It's a structure that's been in place for a long time here. The physician leader partners with an operational leader to manage the business and all aspects of quality, safety, cost, etc., at every level of leadership, from the top down."

Quality improvement work, Hull says, involves working with people, processes and technology. "We start with where we want to be and what we need to do to get there. Whether it's people, tools, IT support, communication, auditing—it runs the gamut. It's a PDSA cycle—an improvement process where you plan, do, study, act, and then test and evaluate. That's a constant in our lives every day. We never finish it, we just keep tweaking and evaluating and moving forward with it, making it better."



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