

Care Management – Reaching Out and Working Together

Those who participated in Care Management activities, whether they were on the Council, members of a team, workgroup leaders or in some other way involved in Care Management activities, also listed the following as outstanding achievements for Care Management in 2002:

- Care Management website. The website has significantly enhanced communication. As one individual noted, "The website is where I can find out what is going on and keep up to date with information."
- Working together as a system. Through conference calls, in-person and virtual meetings, those involved with Care Management have learned to network with counterparts throughout Banner. One member noted, "We are reaching out to colleagues all over the system. We can speak to our counterparts in Alaska as readily as we do to those in Greeley or Mesa. This has enabled the culture of Banner to change."
- Care Management is a foundation for Banner. The concept of Care Management is central to the organization's strategic plan and mission of making a difference in people's lives through excellent patient care. It is about improving the core product of Banner Health.
- Better access to data. Additionally there is a greater appreciation for data because of the progress made with TSI.
- Becoming a data-driven organization. Through data, measurements regarding the delivery of care are becoming more consistent with less variation.
- Realizing documented patient outcomes. As one person noted, "With data we can demonstrate that Banner's patients are benefiting from the care they receive."
- Developing a common language. By standardizing definitions and guidelines, there is reduction in variation and a common understanding of purpose in the delivery of care.
- Joint Sponsorships. These "cross-silo" collaborations involve and engage various departments and cross geography.
- Collaboration on CLINIC. This multi-disciplinary effort in Care Transformation supports the work of Care Management by combining work redesign, culture changes and enabling technology.
- Care Management Council. This governing body brings leadership to the effort. The Council itself has internalized performance standards and is a high-functioning organization. Through the Council's members, information about Care Management efforts is transmitted to physicians.



During 2002, the Care Management Council included the following members:

Jeff Abbett	Regional Liaison – Colorado
Bernadette Arnecke, MD	Patient Safety Consultation
Joan Brambert	Care Coordination and UM
Twila Burdick	Organizational Performance
Karen Chaudiere	Performance Improvement
Patsy Colwell	Regulatory/Accreditation Consultation
Dennis Dahlen	Finance
Jacque Doyle	CME
Barb Gilliam	Customer Satisfaction Data
Anita Hancock	Patient Safety Consultation
Kathy Harris	Regional Nurse Exec – Colorado
John Hensing, MD	Senior VP, Care Management & Quality
Bert Honea, MD	Regional Physician Liaison – Colorado
Steve Kisiel	Organizational Performance Measurement
Deb Krmpotic	Regional Nurse Exec – Arizona
Ted Laughlin, MD	Care Coordination and UM
Richard Manch, MD	CME
Lavonne Martin-Abe	Clinical Innovation
Larry Mayer, MD	Banner Research
Don Mellman, MD	Regional Physician Liaison – Colorado
Pam Nenaber	Care Management
Paul Panico	I/T
Karl Sanford	Regional Nurse Exec – Alaska
Lola Schreiber	Population Health Management
Dale Schultz	Risk Management
Howard Silverman, MD	Clinical Innovation
Maire Simington	Regional Liaison – Arizona
Larry Spratling, MD	Regional Physician Liaison – Arizona
Paul Stander, MD	Population Health Management
Amy Sweeny	Clinical Data Management
Cheryl Thomas	Banner Research
Judy Van Norman	I/T
Carol Vanetti, MD	Regional Physician Liaison – Colorado



Care Management Overview

The mission for Banner Health is to make a difference in people's lives through excellent patient care. Care Management supports this mission by providing oversight and improvement of clinical care and patient safety that is coordinated across the Banner system. This organized effort involves multiple locations throughout a multi-state region and many different providers.

Significant progress has been made in measuring outcomes and improving clinical performance and patient satisfaction during 2002. Patient satisfaction supports the Service Excellence initiative and provides a barometer for what patients think about the level of service they experience during their episode of care. The four major Care Management initiatives for 2002 focused on improving outcomes for patients while managing Banner's limited resources wisely.

This report provides an overview of major accomplishments and achievements for Care Management during 2002. The major emphasis for the second year of this effort was to measure organizational performance, implement key strategies and methodologies that would improve care delivery and integrate those improvement strategies throughout the Banner system.

More than 250 people throughout Banner participated on teams or workgroups that implemented the work of Care Management in 2002. Many have said that one of the most significant accomplishments is the connection made with counterparts throughout Banner and that people have begun to think about working together as a system. This has been accomplished through presentations, conference calls, and in-person and virtual meetings. Knowledge has been gathered, posted and shared on the Care Management website, which now has very high traffic because of the volume of information available there.

Additionally, Banner is evolving as a data-driven organization. Care Management is linked to the organization's heartbeat and core business: providing excellent patient care. The organization is working to benefit the patient with this data and with evidence-based guidelines. With data, performance can become more consistent with less variation. At the end of 2002 Banner has documented patient outcomes and can demonstrate that patients are benefiting from these efforts. As one participant from Alaska noted, "We have been able to transition from intuitively knowing we are doing a good job of providing patient care to being able to demonstrate that we are doing a good job because of the data."

Four Care Management Initiatives

Four specific Care Management areas of focus were included in the system initiatives in 2002. These included Medicare CMI Adjusted Length of Stay, Antibiotic Administration Time for Community Acquired Pneumonia, Aspirin at Arrival for AMI Patients and the Adverse Drug Events Prevention Index. Each of the measures was selected to help improve health outcomes and increase safety in our facilities.

Oversight of the Initiatives

While oversight of the initiatives resides with Banner's leadership and with the Care Management Council, monitoring Care Management initiatives and harvesting knowledge about improvement efforts resides with the eleven Care Management teams. Population Health Management, for example, reviewed and monitored the initiatives that centered on aspirin for AMI patients and antibiotic administration time for patients with pneumonia. The Patient Safety Consultation Team shepherded the collaborative effort to reduce the number of potential adverse drug events, and the Care Coordination and Utilization Management Team worked on appropriately reducing length of stay for Medicare patients. The results for the four initiatives are shown here by quarter:

Highlights of 2002 Care Management Accomplishments

Population Health:

- Increased standardization of care for AMI, CHF and pneumonia patients by adopting a common measurement methodology and using evidence-based protocols
- Adopted clinical guidelines for antibiotic use in pneumonia patients
- Demonstrated significant improvements in timelines in administration of antibiotics to pneumonia patients and aspirin for AMI patients

Patient Safety:

- Implemented the MedMARx medication error reporting system at all Banner facilities
- Demonstrated a decrease in the number of potential adverse drug events in specific high-risk populations chosen by each of the facilities
- Developed and implemented a system-wide Operation and Invasive Site Identification Policy that will potentially avert chances of wrong site surgery
- Developed and distributed the "Speak Up for Safety" brochure
- Developed guiding principles for a non-punitive approach to improve care team communication
- Included patient/employee safety questions in the Gallup Q12 survey and Press Ganey satisfaction surveys
- Sponsored the *Charlie, Victor, Romeo* performance and development of communication training materials for all Banner facilities
- Developed the Patient /Visitor Incident Disclosure Policy for reporting, monitoring and analysis and disclosure of incidents involving safety issues
- Developed template for standardizing facility-specific patient safety plans

Care Coordination/Utilization Management:

- Implemented systematic methodology for reducing length of stay
- Developed standard CC/UM performance report
- Developed and distributed a system-wide Resource Toolkit to assist with managing length of stay
- Developed a consistent data gathering and reporting process developed for determining cost per case
- Developed system-wide Care for Non-Resident Policy

Regulatory/Accreditation:

- Selected core measure vendor for all lines of business for Banner Health
- Developed minimum physician data reports for medical staff credentialing

- Prepared guidelines for system-wide approach to JCAHO Staffing Effectiveness
- Established guidelines for responding to unannounced surveys by regulatory agencies and developed Survey Findings Template
- Developed methodology for coordination and operational accountability of JCAHO survey
- Synchronized JCAHO schedule for all Banner facilities
- Identified organizational expertise to scan the environment, to identify educational opportunities, to develop support materials and to communicate the processes identified
- Developed accreditation and licensure philosophy

Performance Improvement:

- Completed improvement inventory
- Completed system-wide Quality Plan including quality improvement methodologies
- Developed facility-specific Quality Work Plans
- Developed Project Reporting Template

Customer Satisfaction Measurement:

- Implementing system-wide Press Ganey patient satisfaction surveys
- Linked patient satisfaction reporting sites

Organizational Performance Measurement:

- Developed guiding principles and framework for balanced scorecard
- Implemented 2002 Initiatives web information

Clinical Data:

- Provided training on TSI to individuals involved with clinical data collection throughout Banner. As a result, significant progress has been made regarding the use and interpretation of data
- Developed system-wide clinical performance measures for hospitals
- Identified nationally recognized clinical indicators for acute care for reporting to the Banner Health Board
- Improved quality by creating common definitions for disease categories
- Developing methodology to quantify clinical outcomes in financial terms

Clinical Innovation:

- Developed mechanisms to solicit clinical innovation ideas from all Banner employees based on needs identified by the various Care Management teams

- Scanned the environment to monitor clinical innovations and clinical innovative processes
- Developed concept for PDA pilot project to explore the technical and cultural feasibility of physician prescribing of medications via hand-held wireless ordering devices

Research/Leadership:

- Embarked on collaboration with Arizona State University on Knowledge Management and how to best organize, disseminate and collect knowledge about Care Management processes and proven practices. This research focuses on studying the current methods that knowledge is produced, shared and disseminated and will yield a greater understanding of how these processes work, address the issue of improvement if needed, and will establish "proven practice" methods by which Care Management knowledge can be gathered, catalogued and shared throughout the organization.

Joint Sponsorships

Projects from several teams have evolved into collaborations with other departments throughout Banner. Known as "joint sponsorships" these include the following:

CRI – Clinical Risk Intervention Team

Care Management and Risk Management are jointly sponsoring an effort to analyze Banner's clinical risk data experience, redesign work processes to eliminate failures and implement, monitor and evaluate clinical interventions across all facilities.

Care Transformation

Care Management and IT are sponsoring the Clinical Informatics Implementation Council (CLINIC), a collaborative effort to build the data architecture that is the clinical information technology foundation for Banner.

Balanced Scorecard

Sponsored by Care Management and Strategic Services, the development of a balanced scorecard will develop measures that will help Banner achieve its performance targets.

