

James L. Holly, M. D.

Team Members Focused on Safety and Quality

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Those who work in the organization are focused on
improving safety and quality
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It is relatively impossible for most people to focus on multiple issues simultaneously. As a result, SETMA has organized teams which allow members of that team to focus on safety and quality in regard to their area of responsibility. Those teams are:

1. Hospital Care Team
2. Long-Team Care Facility Team – I-Care
3. Quality Improvement Team
4. Information Technology Team
5. HIPAA Compliance Team
6. Nursing Services Team
7. Information Security Team

SETMA has standardized metrics identified through which to evaluate the performance of each of these teams. We routinely review our processes and outcomes to make certain that quality and safety are being supported. The following are critical supports required for success in our Performance Improvement and patient safety and quality efforts:

1. Care where the same data base is being used at ALL points of care.
2. A robust EHR to accomplish the above.
3. A robust business-intelligence analytics system, which allows for real-time data analysis at the point of care.
4. A laser printer in every examination room so that personalized evaluational, educational and engagement materials can be provided to every patient at every encounter, with the patient's personal health data displayed and analyzed for individual goal setting and decision making.
5. Quality metric tracking, auditing and statistical analysis.
6. Public Reporting of quality metric performance by provider name.
7. Quality Improvement initiatives based on tracking, auditing and analysis of metrics.

8. Shared vision among all providers, support staff and administrators - a personal passion for excellence -- which creates its own internalized, sustainable energy for the work of healthcare transformation.
9. Celebratory culture which does not compete with others but continually improves the organization's own performance, using others as motivation but not as a standard.
10. Monthly peer-review sessions with all providers, to review provider performance and to provide education in the use of electronic tools.
11. Adequate financial support for the infrastructure of transformation.
12. Respect of the personal value of others and the caring for people as individuals.
13. An active Department of Care Coordination and a hospital-care support team which is in the hospital twenty-four hours a day, seven days a week.
14. Aggressive end-of-life counseling with all patients over fifty, and active employment of hospice in the care of patients when appropriate.

The SETMA Model is the foundation of our medical home through which our quality improvement and patient safety and quality efforts are pursued:

- Transitions of Care using PCPI's 18-point quality measurement set on care transitions.
- Coordination of Care through our Department of Care Coordination which also recommends to The SETMA Foundation those who need our help in paying for their healthcare. In the past three years, the partners of SETMA have given \$1.5 million dollars to The Foundation for the support of the care of our patients. Through the Foundation, we have paid for tests, medications, treatments, surgeries, dental care and other care of our patients. None of the Foundation's money can be paid to or profit SETMA.
- Medication Reconciliation at multiple locations including hospital, emergency department, clinic, nursing home, home health, hospice, etc. In that the same data base is used in all locations, SETMA's patients receive dozens of instances of medication coordination each year which adds to patient safety.
- The Baton – out of 8,760 hours in a year, the patient is in charge of his/her care for over 8,700 hours. The patients "plan of care" and "treatment plan," with goal setting, education, information and current status of care is "the baton," which is passed from the provider to the patient to empower the patient to care for himself or herself.
- "Often, it is forgotten that the member of the healthcare delivery team who carries the 'baton' for the majority of the time is the patient and/or the family member who is the principal caregiver. If the 'baton'—the plan of care and treatment plan -- is not effectively transferred to the patient or caregiver, then the patient's care will suffer." (James L. Holly, MD)
- Care Coaching – done by 12-30 minute telephone calls, American Diabetes Association (ADA) accredited Diabetes Self Management Education (DSME) and Medical Nutrition Therapy (MNT) Education programs, as well as home visits by nurses, patients are further engaged with their own care.
- A Team – multi-specialty, multi-discipline team which coordinates care, accepts responsibility for patient safety and quality care, and which documents to the same data base, works together to provide outstanding care with documented excellent outcomes.

- SETMA's LESS Initiative is the foundation of our wellness program. "LESS" stands for "lose weight, "exercise" and 'stop smoking." Completed on all patients seen in the clinic, The LESS gives each patient a weight assessment of BMI, BMR, Body Fat, disease risk of current weight and instructions on how to change the BMR in order to facilitate weight control. The patient also receives a personalized exercise program based on their health, age, heart rate and over all conditions. Exercise programs are modified for diabetes, congestive heart failure and other physical limitations. Finally, every patient, even pediatric are assessed for smoking or exposure to tobacco smoke. Smoking cessation and nicotine addiction educational materials, and, if the patient smokes, an "electronic tickler file," are generated to trigger a personal telephone call 30-days later to assess progress in stopping smoking.
- SETMA's use of Clinic Decision Support (CDS) has improved provider performance and outcomes significantly. One element of our EHR deployment is described as "we want to make it easier to do it right than not do it at all." is illustrated by our population management of infectious diseases. In Texas, 78 diseases are reportable to the State Health Department. There are five categories of the timing requirement of that reporting. SETMA designed a program which is triggered by the placement of one of the reportable diagnoses in the assessment template. When that occurs, the following happens without any further action by the provider.