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Resurrection Medical Center

Streamlining Patient Care

In 1993 Resurrection Medical Center in Chicago, Ill., launched an ambitious initiative to improve delivery of services along the entire continuum of patient care. Quality assurance, utilization review, and discharge planning had been organized within two discrete departments. The result was overlapping responsibilities between review analysts, who were responsible for quality and utilization, and social workers, causing duplication of services.

"These staff were dealing with the same issues," explained Bernie Stetz, manager of the Quality Improvement Resource Department. "Our disjointed efforts were interfering with our ability to streamline patient care services and provide patient-focused care. We needed to create a framework that would help us improve communication with physicians and provide a means of tracking patients across inpatient and outpatient services."

THE PHYSICIAN-BASED MODEL

Resurrection's first step was to eliminate duplication of effort and improve communication by consolidating quality assurance, utilization review, and discharge planning within the role of twelve continuity of care planners (CCPs). The CCPs were organized across the hospital by specialty and assigned to physician groups, not hospital units, to facilitate better relationships with physicians. The CCP often accompanies his or her assigned physicians on patient rounds, enabling the CCP to observe physicians' practice patterns and become familiar with resources used for particular patients. The CCP also acts as a liaison between the hospital and physicians' offices, keeping physicians updated on patients' progress along all points of the continuum. "Our goal was to build a cooperative team strategy between physicians and their assigned CCP," Stetz said.

Typically a CCP reviews a new patient's chart within 24 hours of admission and meets personally with that patient within 48 hours of admission. In some cases the CCP holds preadmission conferences with multidisciplinary staff to discuss the proposed treatment plan and services that might be needed throughout the course of a patient's hospitalization. This introductory process helps the CCP to anticipate the patient's needs and note any complications that might interfere with treatment. At the same time, the CCP continually monitors quality and utilization issues and works with physicians to adjust the discharge plan accordingly.

"We tested the physician-based model against a unit-based CCP model and found that unit-based CCPs tended to lose track of patients once they left the unit," Stetz said. The physician-based model provides more seamless coordination of patient services.

MONITORING SATISFACTION

As with most hospitals, Resurrection faces increasing pressure to decrease length of stay. Since implementation of the CCP program, Resurrection has decreased its average stay by one day, translating into savings of $3 million over a two-year period. Stetz credits the length of stay reduction to the CCPs' ability to coordinate quality assurance, utilization review, and discharge planning.

"For the first time we have a monitoring process that does more than simply report our efficiency levels," Stetz said. "The CCP is part of an ongoing effort to constantly improve our processes and as a result decrease our length of stay."

Resurrection Medical Center is concerned about its customers—patients as well as physicians and clinical staff. The Quality Improvement Resource Department conducts patient satisfaction surveys on a regular basis; results from patient surveys over a three-year period indicate improved patient satisfaction with cancer services. In addition, the department developed a tool to measure physician satisfaction with the CCP design.

The Quality Improvement Resource Department also consulted nursing staff to measure their satisfaction with the CCP program. Initially staff nurses on the units were not included in the communication loop. "Both nursing and the Quality Improvement Resource team soon discovered that nursing was an integral part of the treatment planning and process," according to Lynn Noell, R.N., M.S., oncology clinical nurse specialist.

To promote dialogue between nurses and CCPs, Resurrection implemented weekly multidisciplinary discharge planning meetings on each unit. In addition, a CCP is matched to a specific nursing unit, which serves as the CCP's "home base." The CCP is responsible for reporting back patient information to the unit on an ongoing basis. Noell credits this measure with encouraging more informal one-to-one interaction among staff, CCPs, and physicians about treatment planning. "We've increased team members' awareness to keep each other informed," Noell said.

Oncology CCP Mary Heinz, R.N., B.S.N., serves as the primary point of contact for oncology patients. Heinz works with patients from admission to discharge, including outpatient treatment or services provided at satellite locations. "Patients are reassured to know that I will be there to assist them every time they return for treatment," Heinz said.

The CCP's commitment to

quality patient care has helped Resurrection broaden the discharge process to include an effective patient advocacy approach, according to Tomas Kisielius, M.D., president of the medical staff and a medical oncologist. To ensure that patients receive appropriate treatment, the CCP intercedes with insurance companies on behalf of patients, consulting regularly with case reviewers about treatment coverage.

Previously physicians or their office staff followed up denied claims when time permitted. Today physicians are often unable to invest the time needed to challenge denied claims, Kisielius said. "With the CCP, we have one person dedicated to pleading a patient's case when treatment is jeopardized by denial."

While they have improved Resurrection's success with reversing denied claims, most importantly CCPs help physicians and the hospital to integrate each patient's treatment plan and at the same time assist patients and their families in every aspect of their care.

Resurrection Health Care is a comprehensive health care system that includes Resurrection Medical Center, Our Lady of the Resurrection Medical Center, Resurrection Nursing and Rehabilitation Center, Resurrection Retirement Community, one of the state's largest home health companies, two nursing homes in upstate New York, and dozens of outpatient facilities and services. Sponsored by the Sisters of the Resurrection, Resurrection Health Care is among the largest Catholic health care systems in Chicago.

VITAL STATISTICS

- Total system-wide beds: 1,512
- New analytic cancer patients seen each year: 1,225
- Managed care penetration in Illinois: 18.6 percent

PATIENT SUPPORT SERVICES

- Quality Improvement Resources assists with home care planning, selection of an extended care facility, and referral of patients and friends to a broad range of cancer-related services throughout the Chicago metropolitan area.
- ResCare 65, a free program open to anyone 65 years of age or older, offers assistance with Medicare and other insurance paperwork.
- Medi-Ride provides vans for nonemergency transportation services for patients traveling to and from Resurrection facilities.