

Hospital Check-In Success Story, November 2010

CentraCare Health System - Long Prairie Develops Successful Surgical Improvement Processes



(l to r) Marie Katterhagen, OR Manager; Suresh Gundaji, MBBS; Chris Hagen, Pharmacist; Rona Bleess, RN, SCIP Project Leader. *Missing:* Thomas Ferry, MD; Connie Anderson, abstractor; Kim Hansen, LPN; Doris Lieser, LPN

CentraCare, a Long Prairie hospital in central Minnesota, has been participating with Stratis Health in the national Surgical Care Improvement Project (SCIP) to improve health care quality around surgical processes. Its team approach to solving problems and improving processes has well exceeded expectations.

Rona Bleess, quality improvement director, described how the team tackled its major issues related to surgery: pre-surgery antibiotic administration and deep vein thrombosis (DVT) prevention. It became apparent that they needed to form a team to take a comprehensive look at all the processes and measures around surgical procedures.

The multidisciplinary team included the operating room manager, a pharmacist, core measure abstractor, post-op nurses, and two physicians. Bleess says, “We weren’t doing as well as we would have liked with our core measures, so the team sat down and looked at each of the indicators to decide how we could improve.” Many discussions took place, with input from all members of the team.

They began with implementation of consistent pre-op orders—a change from the various pre-op orders they usually received from a variety of physicians. They then concentrated on correct timing for antibiotic administration. The most consistent person in the whole process, the anesthetist, was designated to administer the antibiotic. The anesthetist takes the patient history, starts the IV, and knows exactly when surgery will take place. Staff no longer has to worry if the surgeon will arrive within the one-hour window between antibiotic administration and surgery. Preprinted orders with standards for when and how long antibiotics would be given were established.

To prevent deep vein thrombosis, the team looked at use of support stockings, pumps, medication, and patient education. A process was developed to determine the needs of high-risk patients (e.g., patients over 60 years of age, patients with diabetes, cardiopulmonary disease, etc.) as part of the hospital’s new electronic health record.

Bleess says, “Getting everyone to review and agree to the new procedure was a big process. Many discussions took place. Changes took a while to implement—and this was all taking place *at the same time we were implementing our new electronic health record system!* But by the end of the process, everyone knew what we were doing and why we were doing it.”

Because Long Prairie has so few eligible cases for the core measures, they often wondered how they measured up. So they are especially proud of achieving 100 percent for all the SCIP measures in the project, and of the great surgery and DVT protocols they now have in place. Bleess says, “People have changed their practices and how they look at the whole surgical process. It has become a new way of life.”



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