

Quality Is Key

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by Jane E. Blumenthal, associate editor

Even a short conversation with Elizabeth Contant, RRA, demonstrates that she is full of energy. And the more you talk with her, the more you realize how much of that energy is channeled into furthering her knowledge—and her career in quality improvement.

Contant recently left her job as director of quality management at Suburban Heights Medical Center in Chicago Heights, IL, to attend Chicago's DePaul University as a full-time student. "Because I am so committed to lifelong learning, I always knew that I would go back to school," says Contant. After pursuing her MBA with a concentration in operations management in the service sector for the past two years, she will complete her degree in June 1999. Upon graduation, she would like to use the skills she's gained from school and work in an operations management consulting position.

Laying the Groundwork

As director of quality management at Suburban Heights, Contant was recognized for her achievements. Working with the medical director, she supervised and implemented procedures to enhance quality improvement, including an award-winning secondary prevention program for cardiac care patients. Recognized by *Modern Healthcare*, the program won the 1997 Annual Excellence in Healthcare and Risk Management Award. While the program, initiated to improve the health of cardiac patients, was a bright moment for Contant, the real reward was the improved health of cardiac patients in her facility.

At the beginning of the program, approximately 40 percent of inpatient hospital stays were related to heart disease. Using knowledge from medical literature, the medical director and Contant's team believed the facility could improve patient care and decrease recurring cardiac events. Measured by the criteria selected from current medical literature, the outcome was decreased hospital stays for ischemic heart disease patients.

Reaching Success

The team managed quality management and risk management functions, including disease management. The department performed basic quality improvement functions, such as supporting and streamlining processes and studying best practices within the industry to determine better program management for diseases.

As Contant coordinated and led quality improvement meetings, she worked closely with staff members from a variety of departments, since her department relied upon them for feedback on projects. This process, she says, helped her recognize and tackle areas for improvement. "This opportunity gave me a good sense of what was going on in the clinic," she says. "I got an excellent view of which issues were really important to different departments in the facility."

Looking at the cardiology department, Contant's team found that paper-based patient care documentation was often incomplete and/or scattered throughout the chart, and information retrieval from the cardiac care system was difficult due to limited automated clinical reporting capabilities.

Improving reporting capabilities and developing a secondary prevention flow sheet solved the first two issues. Aware that the program would not succeed without the proper staff support, Contant worked with the medical director to develop a plan of action. In turn, the medical director worked with the clinical staff to promote acceptance of the change. Meanwhile, Contant's team adopted some enhanced ways of communicating with physicians, offering feedback on their individual documentation performance and receiving feedback on the project. "This built interest and momentum in the project," she says.

The program saw positive results but soon hit a plateau. The quality management team reviewed the process and found the physicians needed a prospective, rather than retrospective, view of patients to make preventive care work. The best solution

was for the quality management team to identify patients prior to each visit and conduct prospective chart reviews. Though this meant increased work for the team, it was a turning point for the program. Contant found that the extra effort to meet physicians halfway in the project significantly improved performance on key criteria. "At this point, they knew we weren't there to punish them, we were there to help them," says Contant.

Steps to Success

The program's outcome after three years: a 40 percent decrease in patient hospitalizations due to ischemic heart disease. Furthermore, a similar approach has been implemented for other disease management programs in the facility. Contant says implementing such a change takes a great deal of patience and time, but the end results are well worth the effort. She offers some advice:

- Read literature on effective ways to approach physicians, using a mix of theories to fit your professional culture
- Look for key management support. "Resistance is a normal response to change, and the medical director at Suburban Heights provided me with guidance and support," says Contant. "That really made all the difference and gave me the authority to do what I needed to do to get the project going"
- Cooperate and communicate with staff members who will be affected by the change, making sure to discuss overall benefits and give positive feedback
- Do not get upset or give up if others do not take the project as seriously as you do. Put your efforts into working with those who are willing to work with you—the others will eventually follow
- Stay focused on the goal, but flexible enough to find alternative ways to reach it

With an award under her belt and plenty of experience and energy to accompany it, Contant looks forward to opportunities that challenge her newly acquired skill sets. "I'm ready for any opportunity to further expand my operations skill base," she says.

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