

The Fine Awards: Rewarding Great Teamwork across the Continuum

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After six years, The Fine Awards for Teamwork Excellence in Health Care have become synonymous with quality improvement and teamwork in western Pennsylvania. They define a certain type of behavior. They have motivated frontline workers and the C-Suite, across all systems of care—acute, long-term/skilled nursing, rehab, primary—to look at and evaluate their processes with respect to clinical outcomes.

The Fine Foundation is a Pittsburgh-based family foundation established in 2007 by Milton and Sheila Fine. The foundation is interested in projects that have an impact in arts and culture, science and medicine, and/or the enrichment of the Pittsburgh region. A highly successful businessman (Milt cofounded Interstate Hotels Corporation, which became the largest independent hotel management company in the country), Milt wanted to apply what made him successful in business to his charitable investments. Running top-tier hotels requires exquisite attention to detail in meeting customer need and providing fine service. Performance excellence and flawless execution are the goals, and high-performing staff are recognized, creating a culture that expects excellence and recognizes the people who deliver it.

Several years ago, Milt asked what I regarded as the major obstacles to quality improvements in health care. By then, the Jewish Healthcare Foundation (JHF) and our Pittsburgh Regional Health Initiative operating arm had become a leading voice in patient safety, health care quality, efficiency, and related workforce issues. We had applied industrial process improvement principles to health care, creating an education and training program called Perfecting Patient CareSM, and had proven the value of these methods to increase quality, reduce errors, and improve safety. We trained thousands of health care professionals.

We still grappled, however, with moving quality improvement initiatives beyond the work of an individual unit or individual health care facility to effect systemwide improve-

ment. Milt wanted to know why. I identified one obstacle as the lack of incentives and rewards for those who promote quality, and another related obstacle as the disregard for the importance of teamwork. As a hospitality expert Milt grasped how these failures harmed both the patient—the customer—the workers, and the organization. Patients were not getting the caliber of care they deserved. Workers were not incentivized to deliver that higher-quality care. Milt wanted to create an incentive via a significant reward for health care workers who deliver quality, patient-centered care.

In 2008 The Fine Foundation and JHF launched The Fine Awards for Teamwork Excellence in Health Care. Each year, the awards celebrate health care teams in western Pennsylvania who achieve significant quality improvements.

What does it take to be a Fine Award winner? These outstanding teams are:

- **Recognized by their peers as health care innovators:** Fine Award winners are chosen by a distinguished, independent panel of regional and national experts.
- **Focused on patient-centered care:** Fine Award winners work across traditional medical “silos,” with nurses, physicians, pharmacists, social workers, medical directors, and others, collaborating to provide care that is safe, efficient, and patient-centered.
- **Committed to sustainable improvement:** Teams conduct research on the current state of care in their facility, identify ways to better serve patients, and develop a targeted program to measurably accomplish that goal. To be eligible for the Fine Awards, teams must submit at least one year of data supporting the positive impact of their intervention.

The Fine Awards have recognized teams providing patient-centered, data-driven health care in myriad ways: preventing infection and medication errors, improving patient flow and

care transitions, and honoring patients' end-of-life treatment preferences. Their process improvements endure well beyond award night.

STREAMLINING CARE

2009 winner St. Clair Hospital, for example, dramatically revamped its intake procedure in the emergency department. Patients arriving at St. Clair's emergency department endured a long, frustrating process that led some to leave before receiving treatment. Patients completed paperwork documenting the reason for their visit, then sat in the waiting room. They were called back to triage for a full nursing assessment, then sat in the waiting room. After patients completed the registration process, their paperwork was put in a queue—and they sat in the waiting room. It took an average of 54 minutes for patients to be placed in a room, and 81 minutes before they saw a doctor.

Guided by Perfecting Patient CareSM principles, St. Clair took on the patient's perspective and examined the winding journey from waiting room to examination room. They cut out unnecessary, time-consuming steps and harnessed new technology to get patients in front of physicians. Now when patients enter St. Clair's emergency department, they are greeted by an in-take nurse. The nurse weighs the patient (crucial to giving the right dose of medication), enters his or her information into the system immediately, takes the patient to a room, and alerts staff (equipped with walkie-talkie-like devices) that the patient is ready to be seen. An available nurse responds, conducts an assessment, and changes the patient's status to "provider ready to see" on an electronic monitoring system. After St. Clair's intervention, patients waited just four minutes to get a room and 22 minutes to see a doctor. In 2011 St. Clair was once again honored at the Fine Awards for sustaining their improvements for three years.

STOPPING THE REVOLVING DOOR

University of Pittsburgh Medical Center Montefiore, a 2012 winner, streamlined a fragmented discharge process for patients with complex post-transplant needs. Patients in acute care were discharged to rehab, but there was limited communication between hospital units to identify the patient's needs or knowledge of their condition. The burden of scheduling follow-up appointments and picking up medications fell on patients, not providers. With limited discharge planning, 43 percent of patients were readmitted to the hospital within 30 days.

Montefiore gathered its post-acute and transplant teams to discuss how they could better integrate their processes, and developed a transplant discharge education class for all staff.

Transplant patients being discharged from acute care now meet with a primary nurse and social worker who document the full spectrum of patients' needs, including medication, information on their condition, and any insurance issues. Before patients leave the hospital, they have all of their medication and already have follow-up appointments scheduled. By collaborating and lifting the burden of care off patients, Montefiore reduced its transplant readmissions rate to 6 percent.

FINE AWARDS, HEALTH REFORM CONVERGE

The health care system is starting to recognize and reward quality of care rather than volume of care. Under the Hospital Value-Based Purchasing program, the Centers for Medicare and Medicaid Services rewards or penalizes hospitals for Medicare patients based on processes of care, patient satisfaction, and clinical outcomes. Penalties target higher-than-expected readmissions rates, and high rates of injury or infection.

These programs—which could collectively decrease a hospital's Medicare reimbursements by as much as 5.5 percent—may require health care professionals to think of themselves as part of an even larger team spanning the continuum of a patient's care across various settings, delivering care that is safe, efficient, and best-practice. Performance excellence should be built into training for health care professionals the same way it is for hospitality staff, and should be rewarded and celebrated.

Grantmakers can complement these positive changes in policy by funding initiatives like the Fine Awards, education and training in quality improvement methods, demonstrations documenting the return on investment of improvements in care, and patient engagement strategies. We eagerly await the day when teams producing best practices are determined to be in every worker's and every organization's best interests, when special awards are unnecessary, and when the same exquisite customer service and attention to detail found in Milt's hotels is "standard work" in a hospital or other health care setting.

VIEWS FROM THE FIELD is offered by GIH as a forum for health grantmakers to share insights and experiences. If you are interested in participating, please contact Osula Rushing at 202.452.8331 or orushing@gih.org.