Keys to Successful Surgical Quality Improvement

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Reducing the number of urinary tract infections (UTIs)—and saving approximately $53,000 in medical costs per patient—is just one example of how Saint Francis Hospital and Medical Center is improving quality and reducing costs.

Benchmark data from the American College of Surgeon's National Surgical Quality Improvement Program (ACS NSQIP) showed that Saint Francis had a higher post-surgical UTI rate than its peers. "When we brought these data to the hospital's quality committee, we realized that catheter-associated UTIs were a problem throughout the hospital, not just in surgery," says Scott J. Ellner, DO, MPH, FACS, vice chairman of surgery and director of surgical quality at Saint Francis in Hartford, Conn. "So we got buy-in from all the key stakeholders and leaders and worked together to reduce our UTI rate."

One key change was to encourage the prompt removal of urinary catheters within two days of surgery, which is recognized standard of care. A standing protocol was put in place that allows nurses to remove catheters from patients meeting specific criteria without a physician's permission. "We knew what the problem was," says Ellner who is also a practicing general surgeon. "It was just getting everyone on the same page." As a result of the team effort, the hospital's rate of catheter-associated UTIs went from 3 percent to 1 percent among all patients.

When asked what is critical to a successful surgical improvement program, Ellner points to a variety of factors, including trustworthy data and alliances with key stakeholders.

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