Healthcare is demanding, complex and constantly changing. Institutions face increasing pressure to promote and enable system improvements for safe, effective and efficient care. Partners HealthCare, the largest academic health system in the United States, has faced and continues to face those and many other issues every day. Our client, a long term partner, and a premier not-for-profit healthcare provider in the Middle East, believed in new tools and a commitment to do things differently to improve healthcare quality for its citizens.

A dedicated multidisciplinary team from Partners HealthCare International® (PHI) delivered services to the client using a phased approach. The PHI team members' efforts were augmented by faculty from Partners HealthCare, the Harvard University community and other affiliated Partners institutions.

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Fostering rapid advances in quality for a national integrated healthcare system

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Six months to safer surgeries:
One improvement tool advances the quality of surgical procedures for patients nationwide

The challenge
Our client is the state healthcare provider for surgical care in its country, with an estimated 13,000 operations annually. Eight separate hospitals comprise the healthcare system.

Our client's goal
The World Health Organization (WHO) and New England Journal of Medicine (NEJM) both published studies that showed a standard approach to treating surgical patients improves communication, teamwork and reduces preventable complications and errors. The goal of our partnership was to decrease the possibility of surgical errors and pursue outstanding outcomes through a corporation-wide safety protocol.

Our approach
The PHI quality team worked with the client to design a simple safety checklist along with system-wide training across 40 operating rooms to improve communication.

In just six months from the launch of the protocol:

Operating Theatre Surgical Safety Checklist (SSC) was implemented in all hospital surgical areas

Greater consistency resulted in improved surgical outcomes for patients

6 months

Train-the trainer-approach built an in-house pool of competent instructors

Evaluation phase was implemented to track use of the SSC in Client's operating rooms

Understanding the pathway to high-quality patient care:
Front-line health care teams redesign processes of care from the ground up

The challenge
Large scale change can be difficult when key hospital staff lack familiarity with performance improvement techniques . When surveyed, eighty five percent (85%) of our client's physicians responded that they believed it was important for physicians to participate in, and often lead, quality improvement projects but only 15% indicated they had the tools and training they needed to evaluate and participate in quality improvement work.

Our client's goal
Our client supports quality and performance improvement initiatives, and understood that their physicians were key decision makers in patient care, and thus integral to the quality improvement projects. The goal of our partnership was to focus the client's physicians on leading clinical care improvements

Our approach
PHI's team of medical educators worked with the client to design the Clinical Care Improvement Training Program (CCITP) to provide physicians with an active understanding of quality improvement (QI) tools and concepts.

Now in its fifth cycle, CCITP has had widespread impact across the organization:

More than 120 clinicians from 22 departments were trained to successfully execute QI projects

55 CCITP projects have been implemented at Client hospitals

Client Projects were presented at the Middle East Forum for Quality Improvement in Healthcare

CCITP graduates have pursued additional quality improvement training, including Certified Professional in Healthcare Quality (CPHQ)

CCITP won an organization-wide staff recognition award for excellence

The program advances the quality of resident physicians' education thereby meeting Accreditation Council for Graduate Medical Education International LLC (ACGME-I) requirements

A collaborative care model:
The key to better population health management

The challenge
Gestational diabetes mellitus (GDM) is a dangerous condition during pregnancy that can have a life-long impact on both mother and child. Like the rest of the world, the prevalence of GDM was increasing at our client's women's hospital, with more than 16 percent of pregnant women diagnosed with the condition.

Our client's goal
Treating GDM in a collaborative setting where obstetrics, endocrinology, nurse educators and dieticians practice side-by-side results in better outcomes for both mother and baby. The goal of our partnership was to improve and integrate GDM clinical practice at the client's women's hospital.

Our approach
PHI worked with the client to establish a collaborative specialty GDM clinic at their women's hospital to facilitate outpatient treatment for patients and the many visits they require.

While we anticipated that developing an integrated program was justified for gestational diabetes, the immediate impact of such an effort was underestimated:

225 patients visit the clinic each month

Direct admissions from the obstetrics outpatient clinic have decreased by 50%

Fewer inpatient days for GDM increased bed availability throughout the hospital

The use of oral hypoglycemic agents to control sugar levels has increased

Patients self monitor glucose levels weekly and share them with providers via telemedicine

Admissions of patients with high blood sugar have decreased from an average of 30 per month to an average of five per month

Collaboration with the national diabetic foundation has resulted in shared resources, including particularly procurement of additional patient glucometers for patient home use

Comprehensive guidelines to the management of pregnant women with diabetes have been formulated and disseminated to our Client's obstetrical and endocrine health care providers

Postpartum visits include screening for Type 2 diabetes and optimization of maternal glycogenic status