



Making a Difference
Poudre Valley Health System
Russ Branzell
VP/CIO

IT Leads Quality Initiatives at Poudre Valley Health System

Quality initiatives are not just a theoretical concept at Poudre Valley Health System. In fact, quality is hard-wired into everything that the organization does to provide healthcare and support its caregiving professionals. And from top to bottom, those associated with the system believe their quality makes a difference.

“We can prove without a doubt that we’ve made a monumental difference in patient care, and clinical outcomes,” said Russ Branzell, vice president and chief information officer for the Fort Collins, Colo.-based system. “We know for a fact that there are people alive today and better today because of the processes that we put into place.”

And information technology has played a key role in enabling Poudre Valley to make the adjustments in care and process that have supported this drive for quality. In addition to supporting the improvement of clinical care, IT helps the organization keep its finger on the pulse of things like patient and employee satisfaction and its performance compared with a variety of national benchmarks.

New Model for Care Delivery

Executives at Poudre Valley believe the model for healthcare delivery in the U.S. is quickly evolving to one that emphasizes quality and innovation. That belief explains many of the changes the system has made in recent years. Its use of healthcare information technology supports those changes, helping Poudre Valley achieve one of its organizational goals of receiving the 2008 Malcolm Baldrige National Quality Award for healthcare. High on the hospital system’s

list of quality deliverables are customer service and world-class healthcare, which it defines as ranking in the top decile of major national quality and patient safety measures. A strong IT system provides the information and support the system needs to get there.

“The reason we exist is to provide world-class healthcare,” said Rulon F. Stacey, president and CEO of Poudre Valley. “We don’t spend as much time on the IT component because we just trust that it’s going to be there.” More important than IT is senior executives’ access to quality information and data, and physicians’ access to information systems that enable clinical teams to provide informed care to patients, Stacey said, adding that, “these are the things that are crucial to where we are going as an organization.”

The focus on access to information, enabled by IT, provided a new purpose for Branzell, who is able to pay more attention to how IT helps Poudre Valley improve quality outcomes and refine care delivery. “The role of the CIO, and more importantly, the function of IT in an organization, is to support the business of healthcare and the clinical outcomes that are there,” Branzell said.

Poudre Valley has a long list of clinical IT initiatives, and it has also been successful in reaching out to physicians to help them implement IT in their practices. The health system has created a for-profit IS company to meet the needs for IT support for physicians in its area. Early in 2009, Poudre Valley was providing IS support to about 80 percent of the physicians in the community.

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“All these major initiatives were put in place just to improve outcomes in the organization,” Stacey said. “As the organization takes on more initiatives to achieve ever-higher standards for quality and satisfaction, it becomes absolutely dependent on world-class IT.”

The impact of IT, when paired with quality initiatives, has been startling at Poudre Valley. For example, patients who need assistance with breathing often are at high risk of contracting ventilator-associated pneumonia if they are receiving mechanical ventilation through an endotracheal or tracheostomy tube for at least 48 hours. There are a variety of strategies that clinicians can use to cut down on instances of this pneumonia, and Poudre Valley has wired effective steps into its treatment plans for patients who need ventilators. As of mid-May 2009, the system had gone 14 months without a single case of ventilator-associated pneumonia.

Technology helps improve operations in other ways. For example, the system recently completed a test of a video monitoring system in a neurosurgery unit in efforts to reduce patient falls when they get out of bed without assistance. The video monitors help nursing staff monitor at-risk patients attempting to get out of bed; quicker intervention reduced falls to zero during the pilot, and the organization now plans to use the approach on a broader scale.

“Where IS can help them is through data extraction from the system,” Branzell said of the role information technology can play in providing the foundation for process improvement. “As we pull data out of the system, where we can drill down to find variability of cost and outcome, this provides opportunities for the medical staff to see where there are opportunities for improvement.”

Clinician Ownership of Projects

The responsibility for IT projects is shared, which increases executive-level support, and gives clinical staff the understanding that information technology is a tool they can use to provide world-class healthcare.

It's more work to get physicians involved in the IT process, because most of the doctors who treat patients at Poudre Valley aren't employed by the system. Particularly with clinical informatics, change is driven by nursing, Branzell added. “They're responsible for process change and working on standardization, outcomes and working on everything throughout the organization to achieve world-class healthcare.

“The EHR is not owned by IT; we provide the services, but it's led by chief nursing officers who work with the physicians and other clinical staff,” Branzell said. CNOs and other clinical staff help drive process change; for example, there was less than 60 percent compliance with using a bedside medication verification system, but chief nursing officers and directors of pharmacy stepped in to improve compliance, and as of the first quarter of 2009, the compliance rate was in the high-90 percent range, Branzell said.

“We realized there was far more process related to this (shift to the EHR) than screens and technology,” Stacey said. “It naturally gravitated to the right owners. The key is who owns this and who owns the end deliverable, and that's who should be championing these things. CNOs live and breathe this from a clinical process perspective. They want to own their outcomes.”

Nurturing a Culture of Continuous Improvement

Poudre Valley sees its role as serving as a conduit for healthcare information, which can enable caregivers in the community and patients to do a better job in maximizing health and improving overall healthcare delivery.

“We want to make sure that we support the entire community of care,” Stacey said. “We don't want to create the false boundaries that exist in most healthcare organizations around the country, the traditional walls of the hospital versus physician offices versus other care providers. We want to break all those walls down and to serve as the conduit to connect our patients to our employees to our physicians to our community. The goal is to have all that information flow, and this is truly an initiative to break down the walls but, at the same time, provide all the information we can.”

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