

Reported to the Board of Trustees,
March 10, 2005

University of Illinois Medical Center at Chicago

The Annual Quality Improvement Report*

Submitted to the University of Illinois Board of Trustees

March 10, 2005

**The University of Illinois Medical Center at Chicago is required by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to share the information contained in the attached report with the Board of Trustees on an annual basis.*

In FY-04, the medical center performance improvement program continued with a model of integration of quality into the line management structure as a leadership strategy to improve clinical and operational processes and outcomes. Each year, the Executive Director and Executive Staff Leadership establish a set of goals and objectives which are top-down driven, are critical to the success of the organization, and are expected to have a measurable impact. In addition, departments establish specific quality improvement metrics which are key to their scope of service, in support of an organization wide initiative. Both levels of performance measures are reported on a scheduled basis to Executive Staff Leadership in bimonthly meeting forums. Over the course of the past year, this reporting and accountability system has identified the following accomplishments and future goals:

Goal #1- Employer of Choice-

- Centralization of Medical Center Human Resource support for personnel transaction processing, salary administration, labor and employee relations.
- 100% completion of employee performance evaluations for FY-04.
- Evaluation of organizational staffing effectiveness indicators for Radiology Turn-Around time and Adverse Medication Events, identified no direct association between outcomes and staffing; however, other process improvements were subsequently put into place. These included process redesigns that resulted in more timely availability of radiology results to clinicians, and changes in medication processes to reduce medication events.
- Nursing internship program successfully recruited and transitioned nursing students into medical center careers.
- Orientation of new staff was expanded to be more comprehensive.
- Increased rates of TB skin testing to achieve > 90% compliance for last 7 quarters.

Goal #2- Provider of Choice-

- Expansion of the medical center Safety program, based on risk assessment and national patient safety goals.
- Integration of peer review and significant event analysis into the safety program.
- Established teams to systematically improve clinical outcomes in national performance areas on Acute Myocardial Infarction, Heart Failure, Asthma, Pneumonia, Stroke, Deep Venous Thrombosis Prevention, and Surgical Infection Prophylaxis.
- Continued implementation of electronic medical record with increasing capabilities and functionalities as the medical center moves towards a 100% electronic record goal.
- Improved access to care, with reduction in abandonment rate for clinic call center appointments.
- Maintained high levels of patient satisfaction (>90%), regarding quality of ambulatory and inpatient care.
- Provided employee grand rounds on pain management to expand clinician awareness of effective pain management strategies.
- Introduced new technology to improve patient safety and standardize training with enhanced telemetry capability.
- Significant reduction in restraint utilization across psychiatry services.
- Improved overall cleanliness of the Medical Center as an Environmental Services initiative with continuous customer feedback.
- Achieved a 15% increase in pediatric patient goal attainment related to increased parental contact on the unit.
- Implemented a patient referral program for smoking cessation.

- Successfully implemented a Crime Victim's Compensation Program.
- Developed a physician education program to promote teamwork, & effective communication.
- Rehabilitation patients exceeded national and regional scores for Functional Independence Measurement improvement during hospitalization.

Goal #3- Productivity & Service Efficiency

- Improved the financial revenue cycle, including charge capture processes. The cash collections reached 105% of net revenue in FY-04.
- Fully implemented electronic contract management system.
- Implemented new software for both operating and capital budgets to maximize efficiency of budget planning process.
- Completed the comprehensive market driven and strategic pricing project.
- Significantly improved efficient functionality in Gemini system, and reliability of performance.
- Integrated and combined adult intensive care units to improve bed flow management and patient coverage.
- Significantly improved radiology results availability through process redesign.
- By utilizing automated telephone reminders, the ambulatory clinics improved the success rate of patient contact to reschedule missed appointments, while at the same time reducing staffing time and costs.
- Improved gross revenue and visit volume through improved clinic flow process, and also improved the charge reconciliation process. These efforts were piloted in one clinic area and were expanded to other areas as well.
- Improved the pre-registration rate for scheduled outpatient appointments.

Goal #4- Business Growth and Development

- Increased cash collection to \$24.9 million/month for FY04.
- Developed strategic plan for medical center expansion with presentation to the University's Board of Trustees.
- Developed template for coordination and reporting of business plan initiatives and metrics.

Goal #5- Organizational Compliance

- Achieved successful 3-year accreditation by Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) in January 2005.
- Expansion of corporate compliance plan and formal reporting of compliance metrics to the Compliance Oversight Committee.
- Maintained medical record delinquencies well below JCAHO standards.
- Implementation of a password system to protect privacy of patient information requested by phone during the patient's hospitalization.
- Achieved Accreditation for Laboratories from the College of American Pathologists.
- Implemented a "Tracer Methodology" training and audit program to assess the readiness of staff for ongoing accreditation.