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News

## Medical pros share improvement techniques

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MIDDLETOWN >> Health care professionals are doing more and more to share information in order to improve lives, and things were no different this week when Community Health Center Inc. welcomed visitors from Sheffield, England who are adopting a similar improvement and training model.

For about the last two years, CHC has been trying to improve the quality of care to its 130,000 patients statewide "in a systematic way" across its more than 200 locations. CHC provides primary care to underserved and underinsured patients in 13 comprehensive primary care centers and more than 150 school- and community-based centers.

The system is called a "PDSA," Plan, Do, Study and Act, according to Dr. Daren Anderson, vice president and chief quality officer. At a quality improvement symposium at its Main Street headquarters on Thursday, they shared what they call a clinical microsystem process of quality improvement, which emphasizes empowering front line staff to be sure that people are served.

CHC staff explained various examples of what has been done to give people better access to healthcare. Concepts are tested, analyzed and then executed at other facilities.

In one instance, staff in the New Britain center realized that diabetes patients were not doing as well as staff would like them to progress. "We looked at the data and found that their diabetes were poorly controlled. We established a diabetes group visit where 10 to 15 people can learn from each other. Their medication was adjusted and they discussed nutrition," Anderson said. "They were able to show that their diabetes got better at a rapid rate and we spread it to other teams. It was change from the bottom up.

"It's part of what we call creating a learning organization. We learn from our staff," Anderson added.

"It's a process of coaching and Sheffield is starting a quality improvement coaching program," he said.

Steve Harrison, the service improvement manager from Sheffield Teaching Hospitals, said that there are ongoing issues that his hospital faces, and like all other healthcare providers, they are "trying to improve the quality of what we do and reduce costs."

Sheffield has 2,000 beds in two sites and employs 15,000, making it the second-largest hospital in the United Kingdom and the largest in Europe, he said.

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The hospital had been in discussion with the Dartmouth Institute in New Hampshire about microsystem coaching and was referred to meet with CHC, he said. It is a system Sheffield is starting and officials there wanted to see how it works in practice.

CHC also has collaborated with the Dartmouth Institute to implement clinical microsystems. The process was originally developed by Dartmouth and is an attempt to apply rigorous quality improvement processes to improve the quality and safety of healthcare. Microsystems emphasize a patient-centered approach to primary health care.

"The idea is to train 180 new coaches to coach quality improvement on the micro level," Harrison said.

"We're here to show what we're doing and learn from the great work they're doing here. It was a full day of sharing...The aim is to build relationships and share ideas. We're totally different organizations and come from different continents but the issues are similar," he said.

Among the similarities are how long patients have to wait to get an appointment and how they can get immediate access to care in an emergency.

Five professionals from Sheffield arrived in New England on Monday, visited a facility in Vermont, and spent Friday in Boston, according to Harrison.

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