Chapter XXIV

Managing Knowledge to Improve Healthcare Quality in Banner Health

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ABSTRACT

In 2001 Banner Health launched Care Management and Organizational Performance as a system-wide, collaborative and team-based effort to improve the performance consistency of the organization's core product: patient care. Functional Teams are composed of recognized knowledgeable clinical leaders who were viewed by peers as being experts with profound knowledge. Functional Teams have created more than 36 Work Groups that cut across organizational boundaries.

INTRODUCTION

The mission of Banner Health is to make a difference in people's lives through excellent patient care. Banner Health's core product is, in fact, patient care, and patients and other customers have increasing expectations of the healthcare they receive.

Delivering an excellent product and service is of paramount importance. One way to gauge the quality of the product is to measure its performance. Performance (clinical, financial, service) within every healthcare organization varies and can be described as "normally" distributed: some bad, some good, but most in the middle. Meeting changing demands requires ongoing improvement and different improvement approaches are required for different situations: bad performance or outcomes need to be reviewed and understood so that they can be avoided in the future. Outstanding performance or outcomes need a similar review to determine how such results can be consistently achieved. Performance in the middle can be improved by reducing variation (narrowing the area under the bell curve) and by improving processes (moving the curve). The Care Management and Organizational Performance Department at Banner Health is built on this premise. The mission of Care Management is to support the Banner Health mission by providing oversight and improvement of clinical care and patient safety that is coordinated across the system.

Banner Health is a new healthcare organization, formed as the result of a merger of Lutheran Health Systems and Samaritan Health System in September 1999 (see *Figure 1*). Banner Health is one of the nation's largest, nonprofit healthcare organizations in the US, with 19 hospitals, six long-term care centers and an array of other services, including family clinics, home care services and home medical equipment. Banner Health operates in nine Western and Midwestern states, with 21,500 employees, 2,569 acute care and 1,037 long-term care and rehabilitation beds. In addition to basic emergency and medical services, Banner Health medical centers offer a variety of specialized services, including heart care, cancer treatment, delivery of high-order multiple births, organ transplants, bone marrow transplants, rehabilitation services, and behavioral health services. Banner Health is nationally recognized for research in spinal cord injuries and Alzheimer's disease.

Improving quality of care has been a critical issue for healthcare institutions for decades. The Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) has always had a focus on healthcare quality, and in recent years continuous process improvement has become a requirement for accreditation (JCAHO, 2003). The Institute of Medicine in recent years has issued a number of reports on the need to improve healthcare quality (Donaldson, 2000; Kohn et al., 2000; Adams & Corrigan, 2001; Hurtado et al., 2001). Following the approaches of TQM, CQI and Six Sigma, these efforts include measurement, analysis, prioritization, and process improvement, including implantation of proven practices (Besterfield et al., 2003; Endres, 2000; Evans & Lindsay, 2002; Barney et al., 2003; McLaughlin & Kaluzny, 1994; Wan & Connell, 2003). A number of journals (IJQHC, JCJQS, QSHC, IJHCQA, JQCP)[1] present numerous peer-reviewed case studies of various quality improvement and quality assurance activities in specific institutions, and a number of literature reviews examining this field have appeared (Counte & Meurer, 2001; Maguerez et al., 2001). In recent years several experts have recognized that current quality improvement and evidence-based practice efforts are not sufficient to significantly improve the outcomes of care (Haynes & Andrew, 1998; Plochg & Klazinga, 2002; Grol, 2000). While the potential for gains from using knowledge management in this area has been recognized, (Stefanelli, 2002; Burns, 2001; Malone, 2001; Zazzara, 2001; Horak, 2001; Stefanelli, 2001) detailed reports on the use of knowledge management concepts to support quality improvement efforts are difficult to

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