

KershawHealth board hears quality report

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During the KershawHealth Board of Trustees' March 23 meeting, Vice Chair Dr. Talullah Holmstrom provided what she said would be "robust report" from the board's quality committee.

She focused first on HCAPS -- the Hospital Consumer Assessment of Healthcare Providers and Systems survey. Holmstrom said those scores of patient satisfaction remain a "significant challenge" for KershawHealth.

"Despite concerted efforts, we see on occasion bumps up, but, in general, we don't see a lot of movement in those areas," Holmstrom said. "Our hope is that in our collaboration with MUSC (Health) -- if you look at MUSC's ... data, their HCAPS scores are definitely through the roof."

She said while MUSC Health has one relatively new facility, which could be contributing to its high scores, at least half of MUSC's facilities are as old as KershawHealth's.

"I don't think we can any longer blame it on older infrastructure," Holmstrom said.

MUSC Health, the patient care arm of the Medical University of South Carolina, is collaborating with Capella Healthcare of Franklin, Tenn., on a new venture in South Carolina called the Midlands HealthONE Network.

Capella purchased Carolina Pines Regional Medical Center on Dec. 31, 2014, making it the first facility in the HealthONE network. Capella and MUSC Health are negotiating a lease/purchase of KershawHealth. Capella is offering \$36 million to lease KershawHealth's real estate for 40 years and purchase all of its furniture, fixtures and equipment. Capella and MUSC Health will collaborate to operate KershawHealth, making it the second HealthONE facility.

The board voted unanimously March 23 to extend a letter of intent with Capella and MUSC Health beyond Tuesday's original deadline. Although a new closing date has yet to be announced, trustees used the term "45 days" during other discussions at the meeting, which would indicate a new date sometime in mid-May.

Holmstrom also said KershawHealth has seen gains, over time, in terms of satisfaction with the information patients are given when they are discharged from the hospital. However, cleanliness and quietness, Holmstrom said, have "moments of improvement," but have not made significant gains.

"The muscle memory of old habits is a little stronger than our intention to improve them, and we need to figure out, system wide, how to do that," she said.

Holmstrom also talked about emergency department wait times, something KershawHealth has been able to drastically reduce since implementing its Express Care system in 2014. The average wait time, she said, from being admitted to the emergency department to being discharged home has dropped by 142 minutes. In addition, the time between arriving in the emergency department and actually being admitted is now at 252 minutes -- a little more than four hours -- also better than in 2014. Holmstrom indicated she didn't want KershawHealth to rest on that laurel.

"I think 252 minutes is an awful long time to be in line in the ER ... even if that is the national benchmark," she said.

Holmstrom expressed frustration at the lack of trustee attendance of the quality committee meeting. However, she noted the committee's function would likely transfer to "the new board" under the Capella/MUSC banner. She urged any current trustees who may move to the new board to remember quality is paramount to everything KershawHealth does.

After speaking about a few other quality measurements, Holmstrom said she will present the quality committee's annual report in executive session during the board's next meeting since it includes peer review information.

Board member Eric Boland agreed a 252-minute wait time for admittance to an emergency room is a long time, but wondered if the statistic isn't being skewed by things KershawHealth can't control. Holmstrom acknowledged this can be the case -- where true, critical emergencies are occurring versus patients coming in with important, but not urgent medical issues.

On this and other matters, Boland also said some people may be ascribing an entirely unsatisfactory experience due to only one element of their stay. In response,

Gunn responded and said he recently attended the 2015 Congress on Healthcare Leadership in Chicago, where continuing education opportunities are offered and a number of relatable topics were discussed. He said one session focused on the transfer of patients from one care setting to another.

"As I sat through, I couldn't help but be struck by how aggressively every organization across the country is pursuing these metrics," Gunn said. "There's a delicate balance between celebrating the trend but not letting up off the accelerator because everyone else is mashing the pedal to the floor."

Board Chair Eckford thanked Holmstrom for "leading the fight" on quality care and encouraged trustees to attend the quality committee's meetings if they wanted to gain first-hand knowledge of its issues.

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