

HealthcareLeaders



Rose Lindsey-Giulian
Director of Quality and Medical Management

By Holli W. Haynie

In her 25-year tenure with the Baptist Memorial Health Care Corporation, Rose Lindsey-Giulian, RN, RHIA, PhD, administrator for quality, case management and infection prevention, has seen tremendous change. Born in Lima, Peru, she came to the U.S. to become a nurse and quickly developed a passion for the administrative side of medicine.

Lindsey-Giulian, or as some of the doctors like to call her, "Mother Superior," is responsible for designing whole systems measures, such as her "Rose Report" to evaluate length-of-stay and an array of other ongoing daily reports.

Through the organization's evolution, she has played an integral role in shaping the quality infrastructure throughout the 15-hospital system. Her approach is to play ahead of the curve and be ready for anything that's coming down the pike in regulation.

What strategies does Baptist have in place to stay on top of quality measures?

We have to look at CMS Measures for Best Practices. We all need to continue learning the best practices, continue that ongoing learning. We always try to identify what people are doing outside of Memphis. We look at benchmarks and we like to compare with the top 10 healthcare organizations in the United States.

We streamline the infrastructure to be able to be on the forefront in quality and case management. With the systems of the medical staff and the hospital, we write our "Blueprint for Quality".

Because quality is led by physicians, one of the most exciting things we can accomplish is we have developed the system improvement map. We have followed IHI teachings and initiatives since 1991. Our "Blueprint for Quality" includes seven strategic initiatives, and one of them is integration of the IHI Improvement Map into our everyday work.

From the IHI website: The Improvement Map is a free online tool developed by IHI and launched in September 2009. It distills the best knowledge available on key process improvements that lead to better outcomes for patients. The Improvement Map is designed to help improvers easily sort through the complex and overlapping demands hospitals face to establish priorities, organize work, and optimize resources.

How has Baptist benefitted from the core quality initiatives?

There has been improvement in outcomes in ICU, and within that we've been able to reduce CA-UTIs. With these programs we've been able to have significant improvement in sepsis rates. In addition, we are doing a fantastic job in perinatal care. The Desoto hospital is one of the only ones in the country to

go into a prototype, applying different IHI techniques. Physicians want to learn. It's beautiful when you see a group of OB/GYNs around the table and they are just like children looking into the information.

What are some of the biggest challenges of quality measurement, reporting and implementation?

Many years ago, change happened but it happened every two years. You had more time. There is this continuous, ongoing evolution and because of that you have to be able to establish "how am I doing in this or that?" so your turn-around time has to be faster. We need to try to figure out a way to get that from informatics. We're trying to do the best we can in the most efficient way. As we evolve more and more, we're going to see great change.

In a recent IHI newsletter, you talked about how your systems utilize collaborative efforts to be more time efficient in researching best practices. Please elaborate.

We have something called "Shared Knowledge. Any idea or good product is downloaded into the shared knowledge. We participate in face-to-face conference calls because we know who is doing better than the others. Then we ask those that are doing better to share with the rest what it is that they're doing better.

When we embrace a new initiative, like the IHI Improvement Map, we begin by doing research about it at the system level. We do all the groundwork to get people ready for tests of change, so they don't need to do their own research, and so there will be commonality among our facilities. This is especially important because some of our physicians practice at more than one of our hospitals. The research can be very time-consuming. Now, we simply turn to the Improvement Map for all that research.

Name one of your proudest moments with Baptist.

I was at the IHI forum in Paris a couple years ago, and some leaders of American healthcare wanted to meet me, and it was because they wanted to know how Baptist Memphis had gotten its mortality down. I thought it was fascinating that they were discussing Baptist, at that level, in Europe. When I got back I hugged every doctor I could.

What's next?

We want to continue improvement in CMS measures and evidence-based practice. We want to continue decreasing our mortality. We want to continue to improve our length of stay, patient satisfaction, and continue the efforts of the system improvement map.