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Good grades

How a Bucks County hospital made a big leap on its report card

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When Doylestown Hospital received a “C” grade two years ago on a report card issued by the Leapfrog Group, a coalition of large businesses that advocates for high-quality and cost-effective care, the leaders of the 232-bed Bucks County community medical center didn’t mope. Instead, they decided to take a hard look at the reason for the grade, and take action to improve it. Doylestown Hospital President and CEO [Jim Brexler](#) sat down with me to talk about what happened next.



GARY NEVITT JR

Doylestown Hospital in central Bucks County.

What was your reaction to receiving the “C” grade?

That’s not Doylestown Hospital. We pride ourselves on being in the upper echelons of quality [health care] providers. So we dove into it a little deeper. We don’t start with how did we get a score. We start with doing really good stuff, and the byproduct of that is getting recognized for it. But sometimes if you don’t look at the criteria by which you are being evaluated you can find yourself out of sync with what you think are priorities and what others think are priorities. The Leapfrog score is an important score in the business community, so we looked hard at the criteria they used.

Was there a key issue?

The big issue was intensivists [hospital-based doctors who specialize in the care of critically ill patients in the intensive care unit]. In our cardiac ICU, we already had specialists in the house all the time. But for the general ICU, we worked with a pulmonology group in the community where all the doctors are critical care certified and they made rounds with the patients. We already had the doc level at the right level. But for intensivists, to check the box in the Leapfrog form, you have to have 24-hour coverage. The history here had been our results were good, the lengths of stay were good, we didn’t have any mortality problems. The question was did we really need to go to this next level. We

had a call to make and the community pulmonology group had a call to make.

What did you decide?

We sat down and made the decision that this is the gold standard for specialty care in hospitals today. Why we may have had all the rationale around why we may not need it, we would never have the chance to explain it to everybody. The score is the score. As long as we didn't have an intensivist program, we were never going to get an "A." To get the 24-hour coverage the group had to recruit some additional doctors and staff. From the institution's point of view, we had to make the decision we'd be willing to work in a partnership with them and develop a contract that, as it turned out, was a \$750,000 investment for us [Which was offset in part by a donation of "several hundred thousand dollars by the Pamela Minford Charitable Endowment Fund].

And what happened?

We started an intensivist program about two years ago. (The Leapfrog report is based on data gathered a year earlier.) We didn't fully expect there would be any outcome differential other than now we could check the box off. Oh my gosh, were we wrong. First, the nurses were thanking us. They said while the doctors were always responsive when we called them, they always had to wait for the call back. Now they are in the unit. If anything happens they are immediately right on top of it.... Family members also now have a point of contact with a doctor which has made communication better.... After two years of doing the program, we've been able to reduce by almost a day the length of patient stay in the ICU. Why? Immediate decisions are being made about things like changing medicines and weaning patients off ventilators. Everything is being done in real time. Having less days in the ICU opens up capacity, and we are able to flow patients through the hospital more effectively. We've also found readmission rates went down. We had good outcomes before, but we were able to improve upon them.

Anything else?

We were able to bring in two endovascular surgeons to do some unique new endovascular work. They were very clear, absent an intensivist program, they were not going to be prepared to do the critical procedures they are doing unless they knew there was going to be an intensivist monitoring their patients on the back end. So it has given us the ability to bring more specialists to the community and prevent folks from having to leave."

This year, when the Leapfrog grades came out you received an "A". What was your reaction this time?

We did a little celebrating, then moved on to look at how will we maintain it. Leapfrog changes the bar every year.

John George
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