

Case Study: LDS Hospital

Cultural Change Empowers Staff to Be Part of Credentialing Process



LDS Hospital, a 217-bed community hospital in Salt Lake City, Utah, is part of Intermountain Healthcare, a nonprofit health system with 22 hospitals, over 800 physicians, and a broad range of clinics and services.

CHALLENGE

In 2000, LDS Hospital wanted to establish a supplier credentialing program to help prevent companies from sidestepping the Purchasing Department and meeting directly with physicians. The program initially focused on credentialing suppliers, which included pharmaceutical, medical device and service reps, and ensuring they were registered and had the required immunizations. However, the program's focus rapidly evolved from credentialing to making the hospital a safer place for employees, patients and suppliers.

The hospital originally tried to implement the program manually and had suppliers submit forms and attend provided orientation classes. Immunization records were stored in plastic tubs in the Surgical Services Department. And while suppliers were supposed to go to the Purchasing Department and sign-in when they had an appointment, the process had variable consistency at best. That was when Intermountain Healthcare decided to evaluate electronic vendor credentialing systems to meet Joint Commission requirements for all Intermountain facilities, which they could use to help standardize processes inside the hospital – and across Intermountain's 21 other hospitals.

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- Joe Walsh, Assistant Vice President of Procurement
Intermountain Healthcare

SOLUTION

According to JoAnn Autenrieb, supplier access program manager for Intermountain Healthcare, they did their homework before implementing their supplier credentialing system, and this made all the difference. In 2006, Intermountain’s Supply Chain created a committee that included Autenrieb, Surgical Services, Material Management, Compliance, Operations Managers, and Purchasing to evaluate and select a vendor credentialing system. Intermountain Healthcare uses the Reprax™ system, provided by IntelliCentrics. To streamline implementation, they spent the following year meeting and arming hospital managers and supervisors with talking points for how to work with suppliers and how to handle difficult situations.

Intermountain also took this time to establish policies and procedures. According to Autenrieb, reps are not permitted access simply because they passed a background check and had the correct immunizations. They also had to read Intermountain’s policies, view an orientation video and sign and date a form that said they agreed to them. So when the credentialing system went live in 2008, Intermountain’s 34,000 employees felt empowered. If they saw a supplier walking down the hall without a badge, they felt comfortable challenging them and asking “Where’s your badge?”

“We’ve built a culture of accountability and responsibility,” said Joe Walsh, assistant vice president of procurement at Intermountain. “Everyone is responsible for quality management and creating a safe work environment.”

Walsh said that the key to creating this type of cultural change was executive involvement. The CEOs at each hospital supported this initiative, as did Intermountain’s executive

leadership. In fact, Intermountain’s chief medical officer was instrumental in having physicians ultimately embrace the program. They also developed cross functional teams to pull all stakeholders together and create consensus-driven decisions.

RESULTS

It’s been five years since LDS Hospital and Intermountain first started using Reprax, and it has become part of day-to-day operations in the system. Not only has the program helped to standardize practices across the organization, but it has also helped uncover a number of things that could have impacted the health, well-being and safety of their employees and patients. For instance, when Intermountain first started conducting background checks, they learned that some reps had criminal records, including sex offenses.

“Our employees will question suppliers if they are in the hospital without a badge,” said Heath Jones, senior manager of supply chain solutions for Intermountain Healthcare. “It’s this type of self-reporting that changed the organization.”

In addition, they found a couple of people with live tuberculosis, one of whom was a medical device rep.

Intermountain’s staff has truly embraced the system. Today, they require that supplier appointments be made in advance, which has helped to eliminate the number of suppliers making cold calls. Since implementing Reprax, Intermountain has helped to standardize processes and procedures across their hospitals and departments.

Suppliers are just one type of visitor in need of credentialing. To ensure all types of visitors, including volunteers, students and contingent labor, continue to receive proper credentialing, Intermountain has created a program called Intermountain Access. This program uses Best Practices to identify the visitor by type and determines the risk level, security level, product/service competency and credentialing requirement needed for the badge.