

# Quality Improvement Ahead For Clinic

■ Nancy May brings 10 years of experience to the job.

By Ron Karten

Nancy May, the Wellness Clinic's Quality Improvement Coordinator, wants clinic patients to bring problems to her as soon as they occur, if possible, and to look at patient surveys with fresh eyes.

"It's really important that people respond with constructive comments," she said, "and suggestions for improvement."

It is easy to blow off surveys and many do. One day in June, the clinic served 90 patients who were then sent follow-up surveys. Only 13 responded and of those, eight had no name or address for the person commenting.

May is bringing back to life the formal process of quality improvement at the clinic. She comes to the job with some 10 years of experience as a Registered Nurse, Quality Improvement and Peer Review Specialist for the Good Samaritan Regional Medical Center in Corvallis.

Patient surveys represent one part of quality improvement. May also works with clinic physicians and other staffers to make sure that the clinic's policies and procedures "are reflecting the care we give."

Her work takes her into each area

of care to develop "quality improvement studies" showing how far the clinic has come and how far it still has to go.

The new effort is a way to formalize what is too often an anecdotal process. "If people have concerns," she said, "they need to do it in a formal process."

Making a complaint formal is done with an incident report in May's office upstairs at the clinic. Forms are also available at the windows of each section in the clinic. "I'll follow-up with you or just take care of it," she said. "But it's important to do it as soon as the incident occurs. It makes it more difficult if we go three weeks down the road (before a complaint is filed)," she said.

"If we see a trend," she said, "we can work more effectively with a formal complaint (filed right away)."

"Since starting in June, the office has received only a handful of formal complaints," said May.

Principle concerns for staffers include customer service, safety issues, particularly with equipment, infection control and patient care. For patients of the clinic, concerns should include the other side of cus-

tomers service: that is, successful interactions with staffers, access to services needed and cases of poor outcomes from service provided, said May.

Patients should not expect solutions overnight. When May learns of a problem, she wants to learn how widespread it may be, and she wants to know if others have different perspectives on the issue.

A complaint about waiting too long to see a clinic staffer, for example, could be an individual problem but May already knows that in many cases, the system itself plays a role.

"For example, we know that emergency cases go before routine cases (sometimes causing longer waits than desirable)," she said.

"We may try a few solutions before we find a good one," she said.

"There may not always be a simple answer," she said, "but if we hear about it, we can try to improve it. If we don't, we can't address it."

"Every organization can improve,"



Photo by Ron Karten

Nancy May

said May. "The main thing is that we have a process here."

However, she added, success "requires the cooperation of the staff and the community."

For questions or comments, May can be reached at 503 879-2098.

## Health Clinic Administrator Balances Care And Cost

■ David Foss continues his health care career in Grand Ronde.

By Ron Karten

David Foss, Administrative Officer for the Tribe's Health Clinic, is an Oregon boy. His great grandparents homesteaded in Moro, Oregon — "wheat country." His grandparents lived along the Siuslaw River near Florence. His grandfather was a Forest Service Engineer who designed "a lot of parks and roads around Mount Hood" including Eagle Creek Park.

"He used to take me up there," he said.

So, it should be no surprise that he looks at his recent life in Oregon that began again in January when he started working for the Tribe, as a homecoming.

He came from a career in hospital management serving both small, federally-sponsored clinics and major hospital corporations. He started as an orderly at Stanford University Hospital in California and has since worked across California, Washington and Oregon.

What brought him back to Oregon this time, however, was his daughter, who was attending George Fox University in Newberg and decided to stay in Oregon. "It was a chance to come home," he said.

He commutes twice as far to work from his Oregon home in Sandy, but said that the two-hour commute is so beautiful that it's easier to take than the hour he used to struggle through every day in the Bay area of California.

Over the years, he has seen over-



Photo by Ron Karten

David Foss

cally, mainly in his view, because of improved technology and methods, he said. The big issue with care has always been delivery — that is, how to get care to all who need it.

"Access is the problem in any system," said Foss. "I don't know that that has changed over the years."

In that regard, Foss has lobbied Congress for improved access for the poor and in many cases been successful. His observations over the years about service have left him with the impression that health care in this country is great for those with money or a job that provides

health insurance and OK for the very poor.

To a great degree, the poor have been served by federally funded clinics, though he said that access, again, is spotty. Here in Oregon, for example, federally funded clinics can basically be found in the major metropolitan areas of Portland, Salem, Eugene and Klamath Falls.

Big gaps can also be found among those with too much money for federally funded clinics but no health insurance and not enough money to pay cash for health services.

And likewise, while services and techniques and pills are better than they've ever been for curing or

maintaining patients with many serious conditions, another big gap in America's health care system is prevention. Relatively few dollars are available for preventive services, said Foss.

"If you're having a heart attack," he said, "they'll take you. If you want to prevent a heart attack, that's another story."

But here in Grand Ronde, Tribal members are participating in a growing effort to bring preventive care to the forefront (See "Dog Days Walk" story on page 7 for one recent example). The Tribe also offers diabetes aquatic classes and

support groups, alcohol, tobacco and drug education, safety classes for Pre-school, HeadStart and Aftercare programs, including such messages as the importance of hand washing in preventing colds.

Different programs at the Tribe offer culturally attuned prevention-type messages — using tobacco in a sacred way only, for example — as part of what Tribal Wellness Manager Bonnie Tom called, "a holistic approach to prevention including mind, spirit and body. You have to use all three to prevent illness," she said.

As Administrative Officer, Foss described his goal for the Tribe as "buying the best care possible with limited resources."

Put another way, he added, "I'm basically watching our finances and I'm available for day-to-day problems," said Foss.

Foss has been married for 39 years. His wife, Denise, is a teacher for Clackamas County, and together, they have three grown children. Over the years, the family has enjoyed "a fair amount of camping, hiking and water skiing," he said. "I tried windsurfing but I spent all day trying to get back on the board. It's easier," he supposed, "if you learn when you're younger."

He has been a scout leader and a church leader for years, but now, he is reaping the reward for a life well lived: "I'm leaving it to the kids," he said.