



AMERICA'S ESSENTIAL HOSPITALS

Summit on Harm Reduction: Sustaining Progress,
Building on Success

November 10, 2014



WELCOME



Bruce Siegel, MD, MPH
President and CEO
AMERICA'S ESSENTIAL
HOSPITALS



WELCOME



John Jay Shannon, MD

Chief Executive Officer

COOK COUNTY HEALTH AND HOSPITALS
SYSTEM





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Summit on Harm Reduction: Sustaining Progress,
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November 10, 2014



WELCOME



David Engler, PhD

Senior Vice President for Leadership and
Innovation

AMERICA'S ESSENTIAL HOSPITALS





AMERICA'S ESSENTIAL HOSPITALS

Opening Remarks

David Engler, PhD

Senior Vice President for Leadership and Innovation

November 10, 2014



CURRENT WORK

Reduce Organizational Harm

- Harm counts vs. harm rates
- Aligning quality improvement initiatives

Patient and Family Engagement

- Patients and family as members of care teams

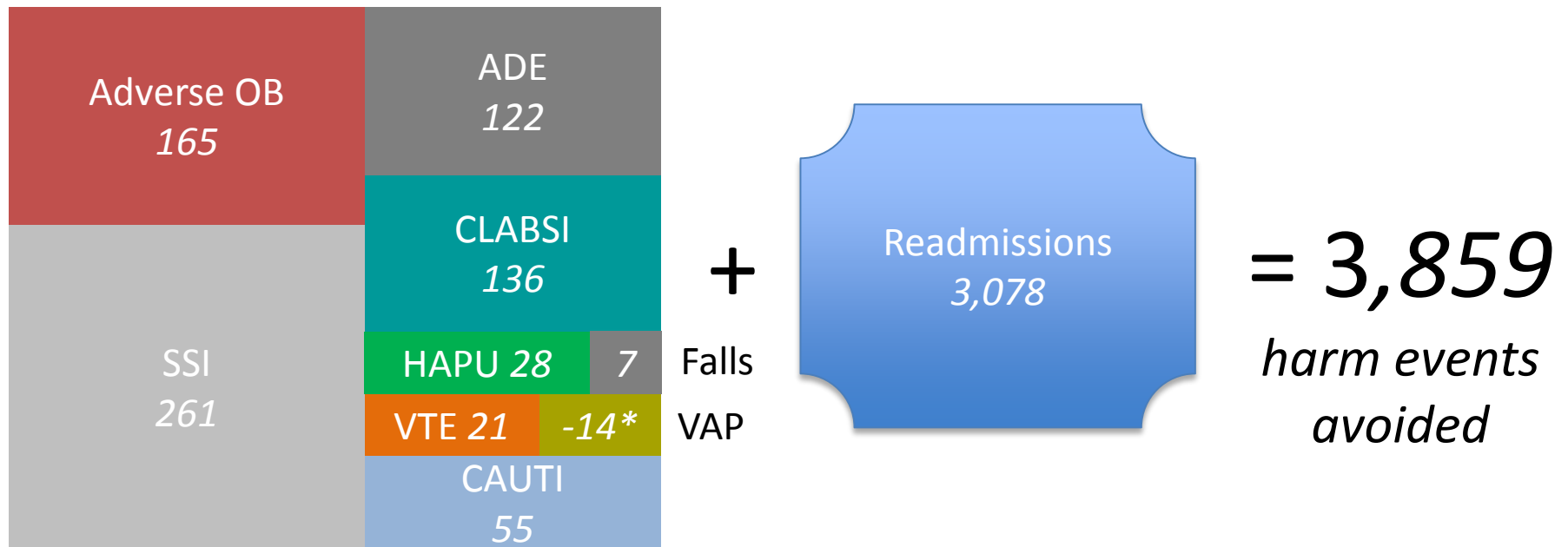
Health Equity

- National leader
- REAL data
- Reducing care disparities

COUNTDOWN

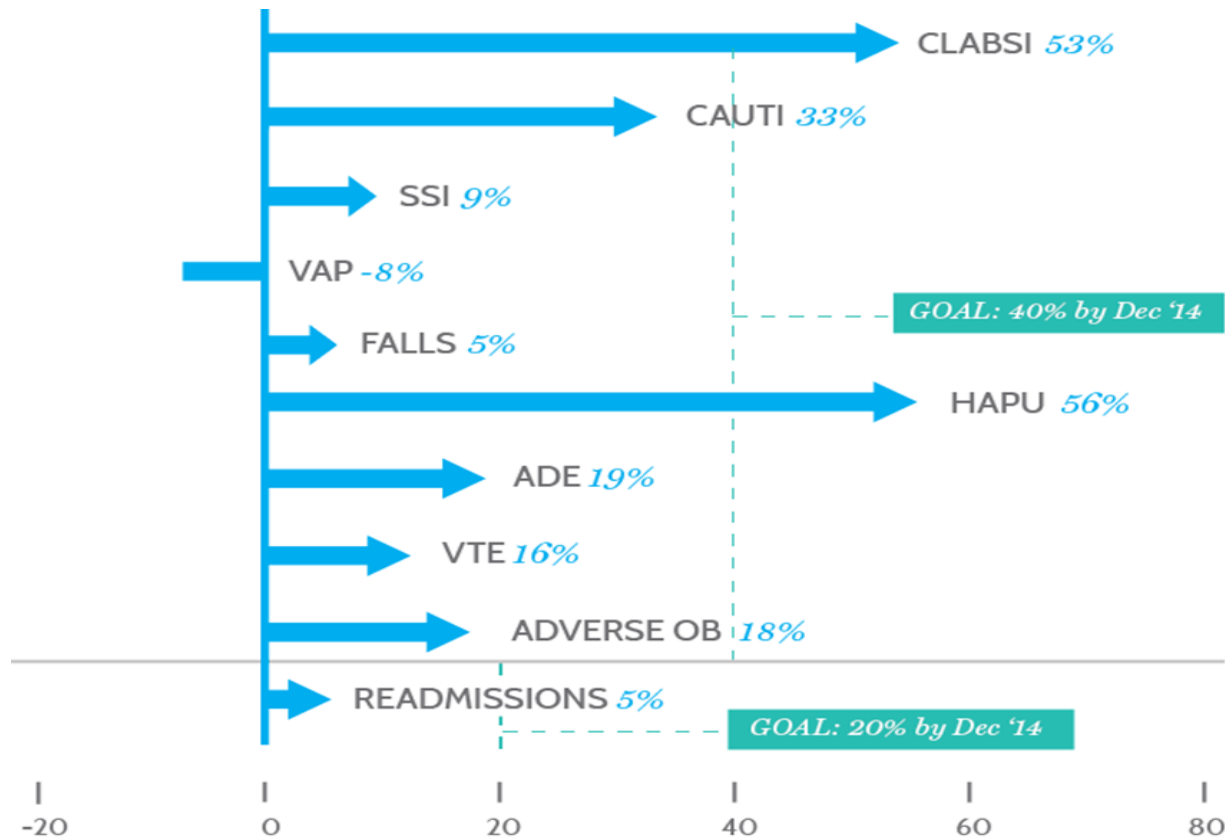
- Less than 30 days left in the current project
- The initial goals
 - » 40% reduction in nine infections or conditions
 - » 20% reduction in unnecessary readmissions
- National baseline established by AHRQ in 2010 - 145 harms / 1000 patient days – reduction to 132 harms/ 1000 patient days in 2012.
 - » 8.8% reduction in measured HACs
 - » \$3.1B in 2012 in associated savings (\$4.0B for 2012 and 2011 combined)
- The numbers for 2013 are not final yet; however, preliminary predictions indicate the downward trend continues and will exceed the goal set by the Partnership for Patients.

HARM AVOIDED THROUGH THE EHEN (JULY'12-JUNE'14)



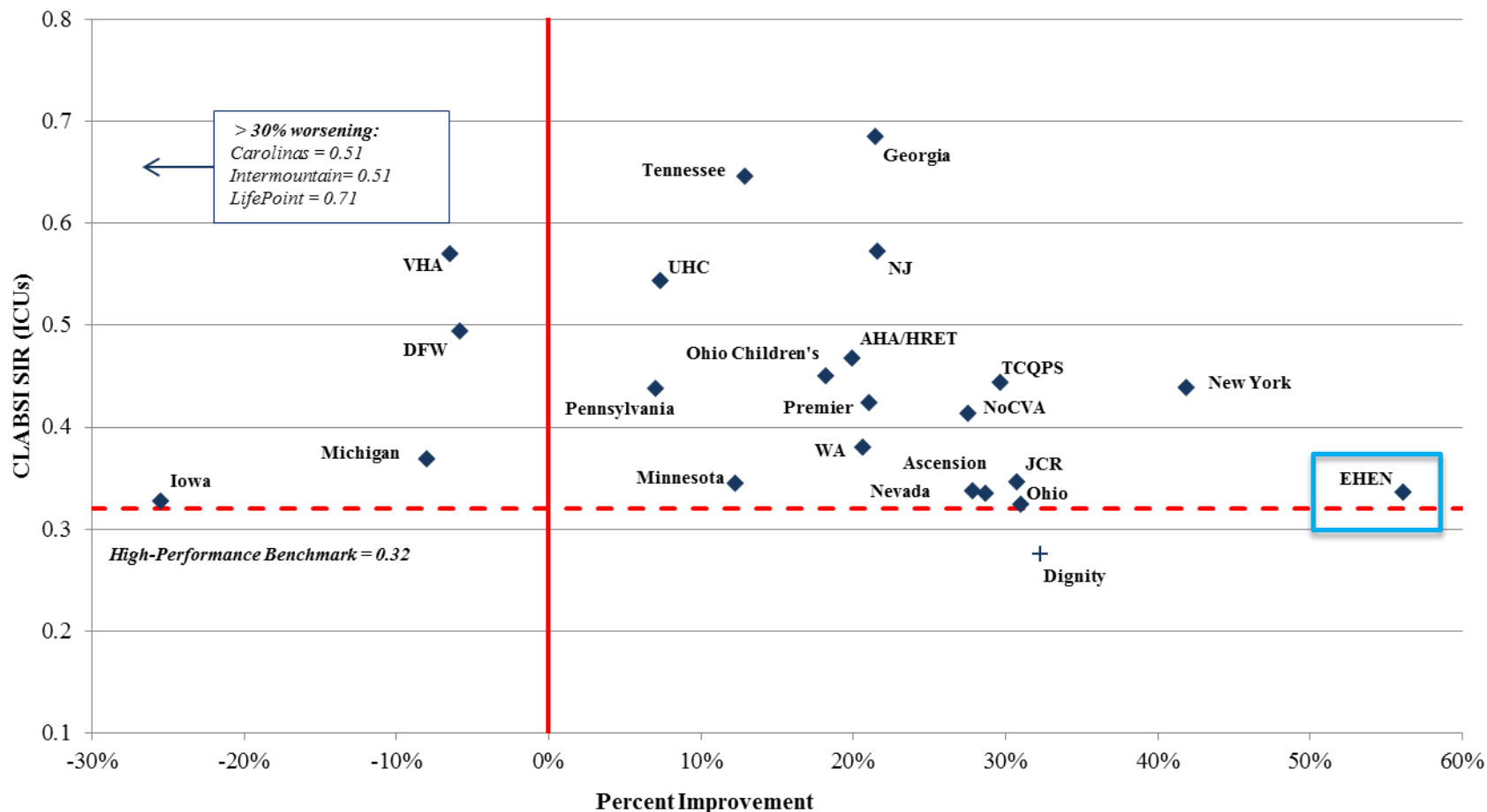
**The EHEN has avoided events in nine of ten harm areas. Based on claims data.*

PROGRESS TO OUR GOALS (APRIL '14- JUNE '14)



Note: For all measures UHC's claims database is the source and >80% of the network is represented. Adverse OB is episiotomy. Percent change is based on rates.

CLABSI Standardized Infection Ratio (SIR) in ICUs, Current SIR and Percent Improvement by HEN



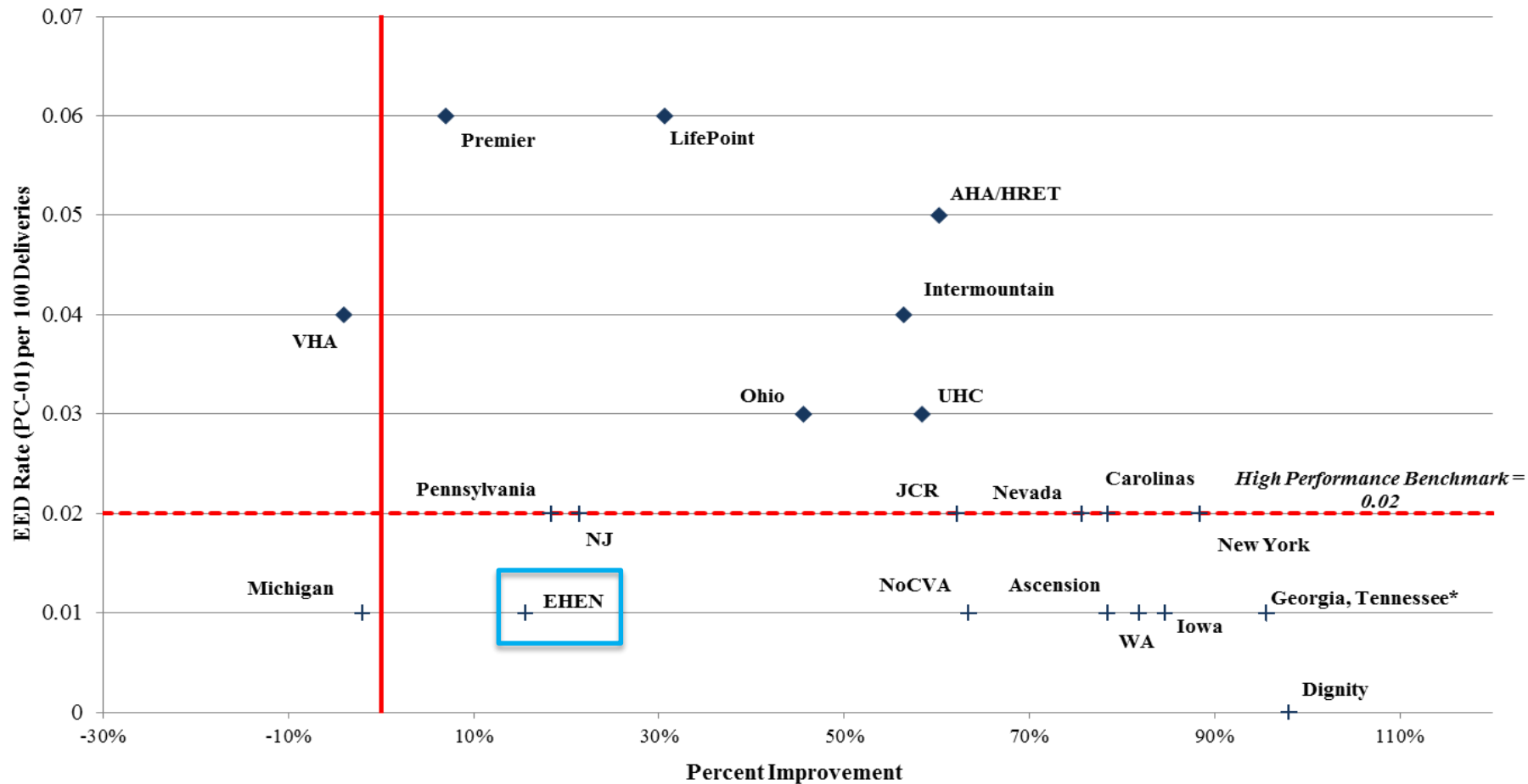
Source: NHSN (2011, Q1 2014).

Note: Progress is seen as movement toward the bottom right corner of the figure, indicating both reduction in harm and low current event rate.

CLABSI data reporting is mandatory for all IPPS hospitals.

+ Indicates HEN met High-Performance Benchmark.

Early Elective Delivery (EED) Rate (PC-01) per 100 Deliveries, Current Rate and Percent Improvement by HEN



Source: HEN-reported data submitted September 2014.

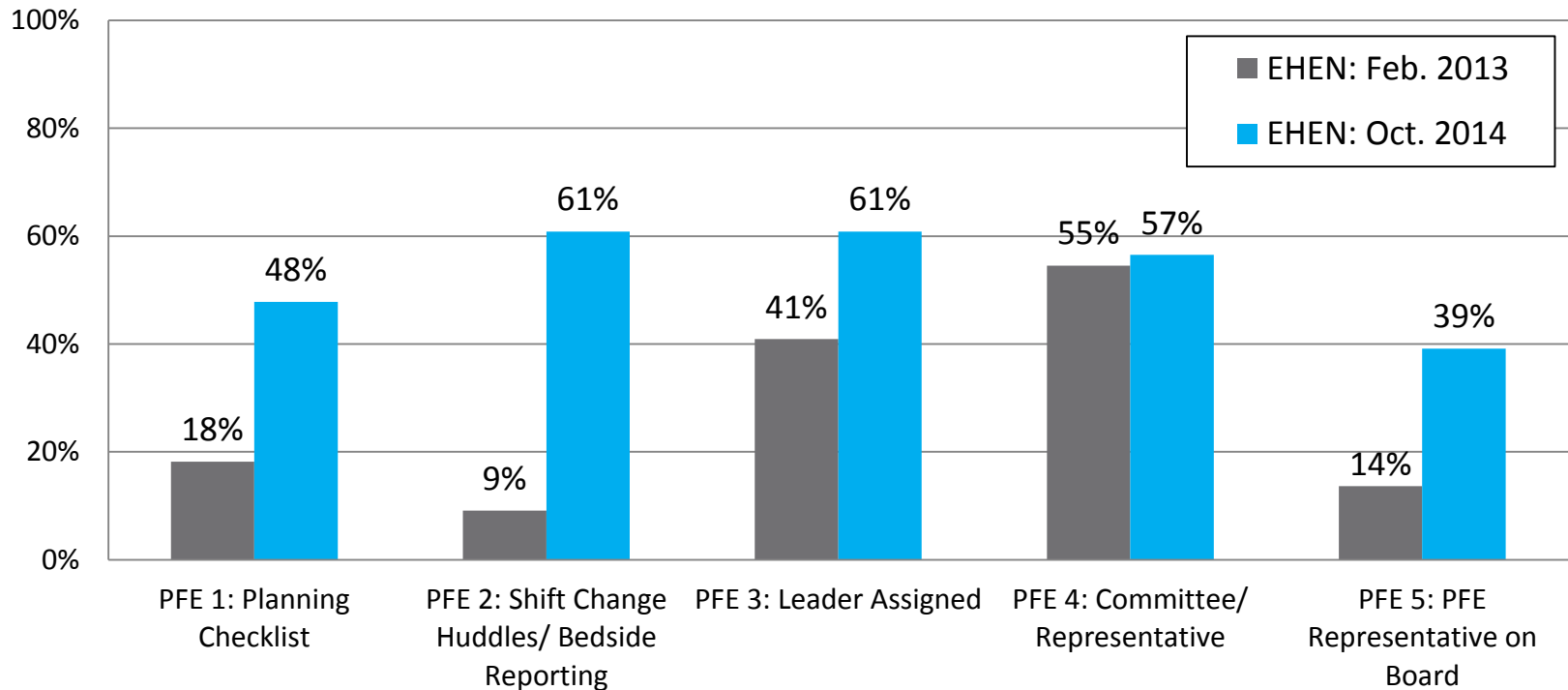
Note: Progress is seen as movement towards the bottom right corner of the figure, indicating both reduction in harm and low current event rate. The graph depicts measure improvement and levels only for those HENs that chose to report this measure, and at least 60 percent of their aligned hospitals are represented in the data. Baseline and current periods vary by HEN.

+ Indicates HEN met High-Performance Benchmark.

* Georgia and Tennessee share the same data point

PATIENT AND FAMILY ENGAGEMENT

Patient and Family Engagement Metrics* (n=23)



*Metrics established by Partnership for Patients at the beginning of 2013



HOME



PAGE X OF XX



CLOSE

Welcome to Ask Every Patient: REAL

This is all about helping your patient self-report their Race, Ethnicity And Language preferences (REAL).

This learning session will help you increase your patients' self-reporting skills and develop a better understanding of the information you are collecting. You will learn how your registration skills benefit your patients, and your healthcare organization. By the time you are finished, we hope you will be more comfortable with collecting REAL.





HOME



PAGE X OF XX



CLOSE

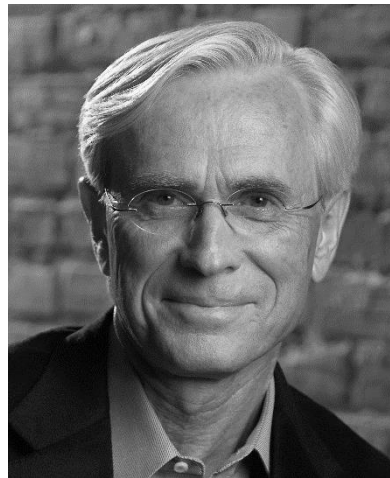


Earlier, we said that for REAL data purposes, “ethnicity” simply means Hispanic or Latino origin. Roll over Hispanic or Latino origin to learn the meaning of the term.

HISPANIC
OR
LATINO ORIGIN



SETTING THE STAGE



Jim Reinertsen, MD
Principal
THE REINERTSEN GROUP



LEADERSHIP PANEL



Kirk A. Calhoun, MD
President and CEO
UT HEALTH
NORTHEAST



Steve Purves
CEO
MARICOPA
INTEGRATED
HEALTH SYSTEM



**John Jay Shannon,
MD**
CEO
COOK COUNTY
HEALTH AND
HOSPITALS SYSTEM



BREAK

10:00 – 10:15am



HOSPITAL DISCUSSIONS I: PATIENT AND FAMILY ENGAGEMENT

Vanesa Garcia, Quality Improvement Specialist
Rancho Los Amigos National Rehabilitation Center

Diondre M. Henderson, Community Health Worker
Highland Hospital

Shawn Phipps, PhD, Chief Quality Officer and Associate Hospital
Administrator Rancho Los Amigos National Rehabilitation Center

Sonia Sutherland, MD, Medical Director of Quality and Safety
Contra Costa Regional Medical Center

Vickie C. Wilson, RN, Manager of Quality
Santa Clara Valley Medical Center





AMERICA'S ESSENTIAL HOSPITALS

Patient and Family

Sonia Sutherland, MD

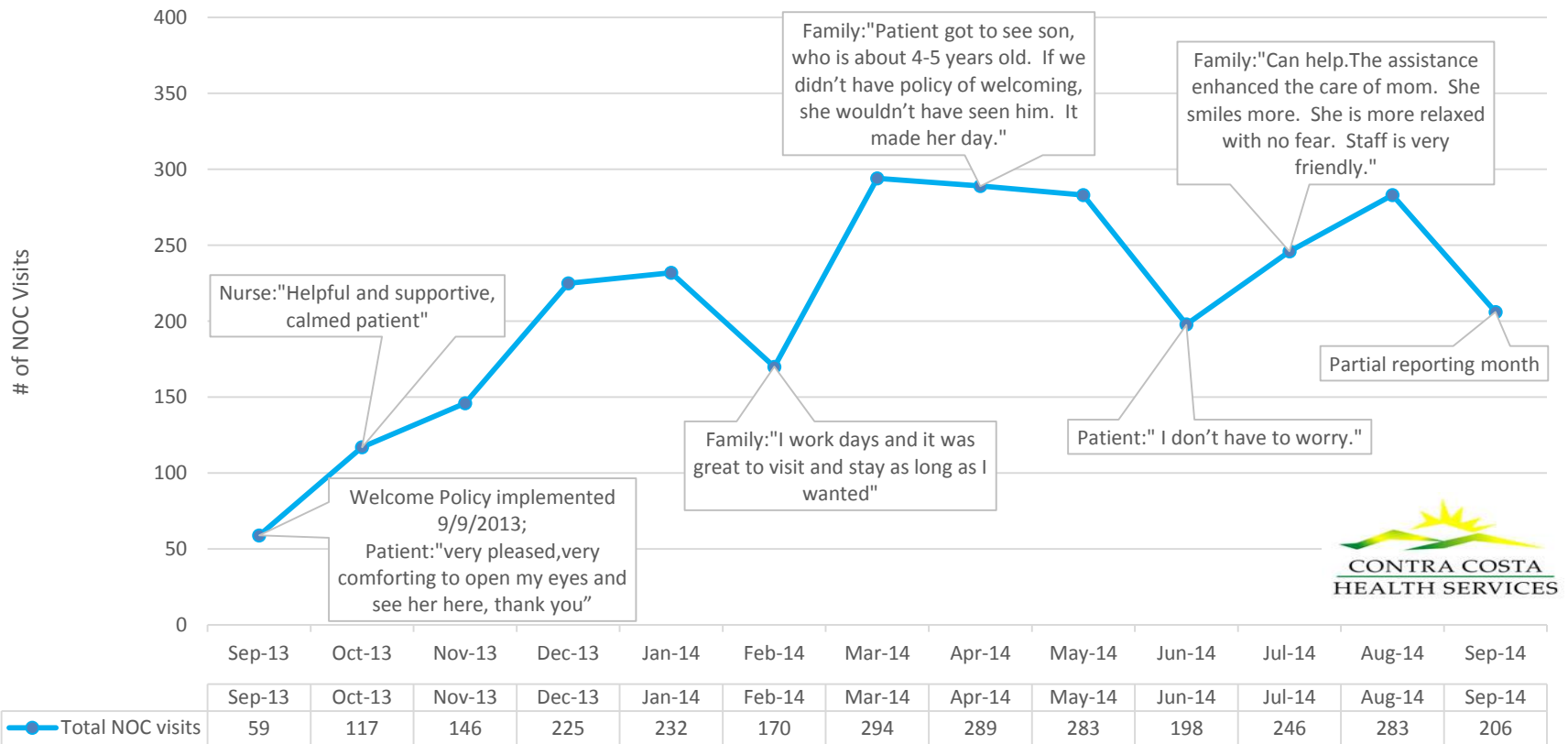
Contra Costa Regional Medical Center

November 10, 2014



CCRMC WELCOME POLICY

Run Chart on Welcome Policy Results



CONTRA COSTA REGIONAL MEDICAL CENTER PATIENT AND FAMILY CENTERED CARE DASHBOARD

PATIENT/FAMILY PERCEPTIONS OF CARE National Research Corporation (HCAHPS) January 1, 2014 — September 30, 2014

During this hospital stay, how often did doctors listen carefully to you?

81.6%

During this hospital stay, how often did nurses listen carefully to you?

75.2%

During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

80.0%

Before giving you any new medication, how often did hospital staff tell you what the medication was for?

82.6%

During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

39.1%

During this hospital stay, how often was the area around your room quiet at night?

51.9%

When I left the hospital, I clearly understood the purpose for taking each of my medications.

54.3%

GREEN—Score is equal to or greater than NRC Average
YELLOW—Score is less than NRC Average
RED—Score is significantly less than NRC Average

PATIENT AND FAMILY PARTNERS

118 Patient/Family/Community Partners on Advisory Partnership Councils (2009–2013)
09 Committees/teams with partners/advisors

Committee name(s)

- Patient Safety & Performance Improvement Committee
- Executive Leadership Operations Team
- Perinatal Safety Team
- Ambulatory Care Redesign Team—Martinez
- Behavioral HealthCare Partnership Council
- Patient Experience Partnership Council
- Spiritual Care Partnership Council
- Kaizen—Rapid Improvement Teams

04 Partnership Council Oversight Committee Meetings
55 Staff/clinicians involved with endeavors (2009–2013)

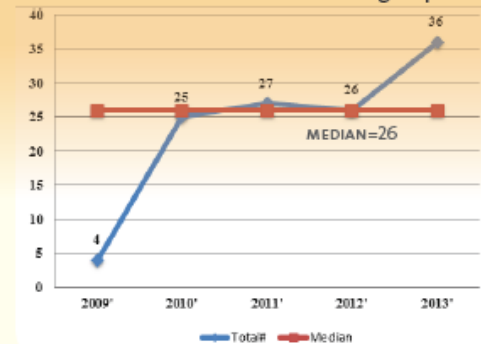
Collaborative Projects: Continuous Patient Safety and Performance Improvement Projects

- Vaginal Birth after C-Section VBAC Project
- Vacuum Bundles
- Patient Experience
- Quietness—Noise Level Reduction
- Spiritual Care Services and Oversight
- Behavioral Health Access and Welcomeness
- Partners in Care Welcome Policy
- Hospital Operations
- Ambulatory Care Access

Media Coverage: Patient/Family Engagement and Partners in Care Welcomeness

- New York Times blog
www.newoldage.blog.nytimes.com/2014/07/11
- Modern Healthcare Magazine
www.modernhealthcare.com/article/20121201/MAGAZINE/312019953
- HealthCare Leaders
www.healthleadersmedia.com/content/qua-306074

Patient, Family Community Partners Included on Committees/Workgroups



Patient Family or Caregiver Involved in Health Care Decision Making

May 2014—September 2014
n=691

Has your family member or caregiver been acknowledged and included when making decisions about your care by the nurse and doctor? How often?

62%

8%

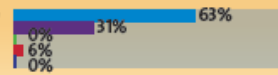
30%

Always Sometimes Never

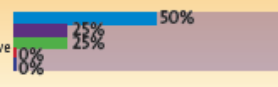
2014 Patient and Family Centered Care Staff Self-Assessment Survey—Hospital

n=19

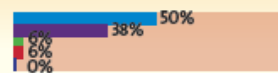
Including patients & family members in care planning can improve clinical outcomes for the patient?



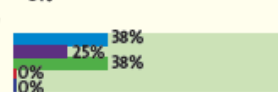
Including patient & family members in organizational decision making will improve the overall patient's care experience?



CCRMC is committed to patient & family centered care at all levels of the organization?



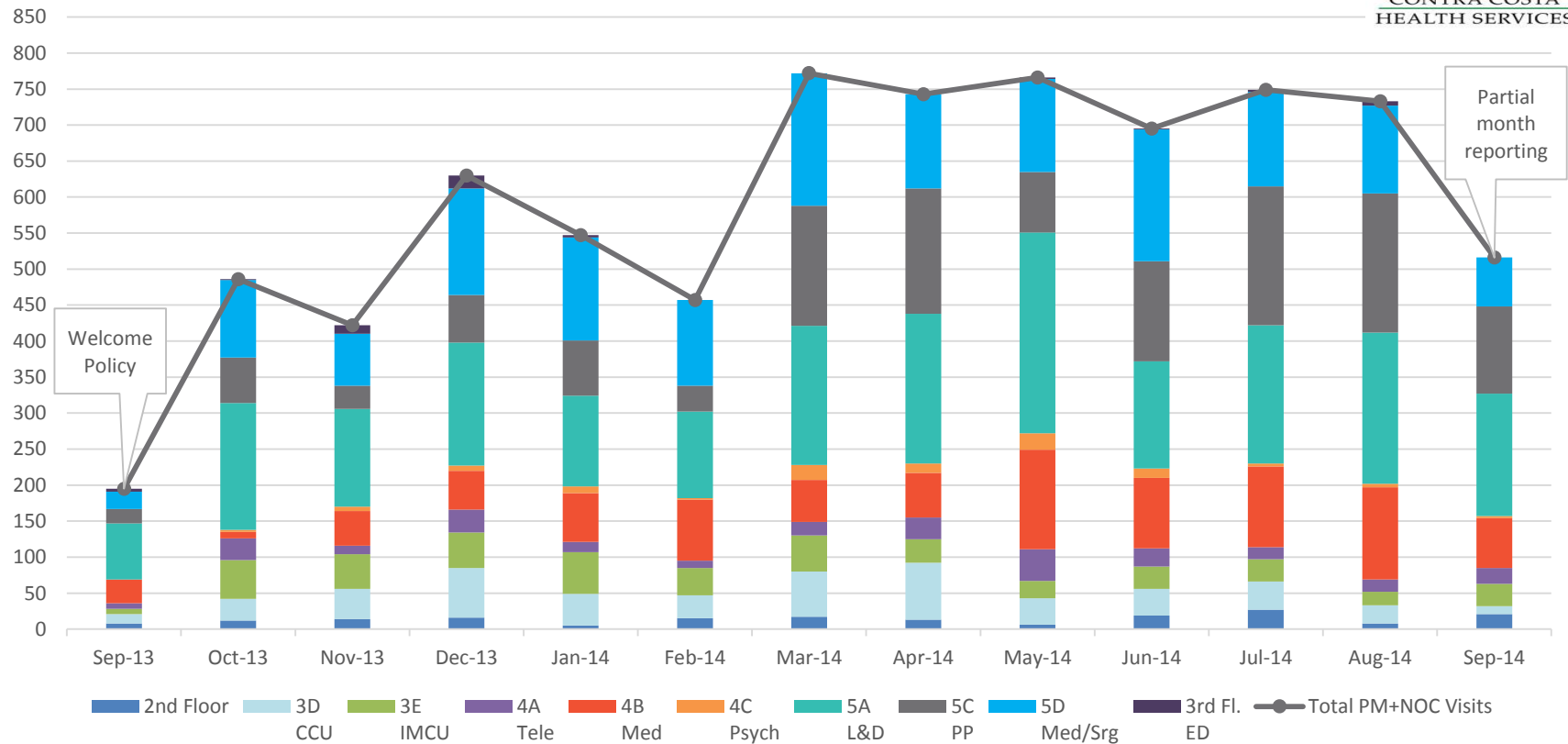
Involving patients & family advisors as part of the improvement teams & program development is beneficial?



Strongly Agree Agree Not Sure Disagree Strongly Disagree

CCRMC WELCOME POLICY

Total PM + NOC Visitation Stratified by Unit



HOSPITAL DISCUSSIONS II: TRANSPARENCY

Clinton Coil, MD, Chief Quality Officer
Harbor -UCLA Medical Center

Thomas Holton, RN, Patient Safety Officer
San Francisco General Hospital and Trauma Center

Michele Whitehead, RN, Quality Manager
Regional One Health



Quality and Safety Boards to Promote Organizational Transparency

Clinton Coil MD, MPH, FACEP

Chief Quality Officer

LA County Harbor-UCLA Medical Center

Before....

- No “dedicated” board for Quality & Safety
- Data not timely, often months (even years) old
- Multiple formats used
- Data not always unit specific
- No alignment to organizational priorities



After...

Improving Organizational Performance Our Pillars



Like pillars support buildings...ours provide structure to the work we do to improve.

5 EAST

Improving Patient Experience

Quality & Safety Board



Like a compass provides direction... Our board shows where we are on key measures and keeps us on course to meeting our quality improvement targets.

Improving Patient Safety/ Reducing Harm

Falls

September 2013:

0

TARGET: 0
Awesome!

Key Points:
Requires conversation not observation
(APU)
Position
Pain
Prevalence
Personal Needs

CLABSI

August 2013:

0

TARGET: 0
Great job!

Key Points: CLIP Bundle
- Perform Hand Hygiene
- Maximal barrier precautions (mask, gloves, gown)
- Chlorhexidine skin antiseptic
- Optimal site selection (avoid femoral lines)
- Daily review of line necessity

Pressure Ulcers

September 2013:

0

TARGET: 0
Great Job!

Key Points:
Encourage Patients to be ACTIVE
Assess
Cushion
Turned Bedside
Insert Skin
Ventilation
Elimination

Medication Error

with Harm score ≥ 6
Sept 2013:

0

TARGET: 0
Great Job!

Key Points: 8R's
- Right patient
- Right medication
- Right dose
- Right route
- Right time
- Right reason
- Right documentation
- Right response

Hand Hygiene

August 2013:

88%

TARGET: 100%
Opportunity!

Key Points:
- Hand hygiene is required before and after every patient contact
- Use soap & water for 15 seconds OR a golf ball size spray of alcohol-based
- Do hand hygiene before and after using gloves

Communication with Patients

Physicians: 76%
Nurses: 76%

Target: 80% Opportunity!

- Key Points:**
- Always introduce yourself to patients and their families.
 - Always ask the patient if there is anything more you can do for him/her before you leave the room.
 - Call patients by their preferred name (Mr. Garcia)
 - Use "Teachback" to reinforce key information ("Just to make sure that I explained it correctly...")
 - Use "blameless apologies", "I am sorry for your wait."
 - Convey that you want to "always" want to address their concerns.

Unit Based Initiatives

BE QUIET

Be quiet, quiet, quiet... Promote Healing in Hospitalized Patients

Why we care about reducing noise especially at night

- Noise is the number 1 complaint most patients have.
- Better rest promotes patient healing
- Rested patients have improved heart rate and blood pressure
- Rested patients reportedly have less pain and anxiety

Quietness at Night

70%

TARGET: 80%
Opportunity!

Key Points:
- Place cell phones and pagers on vibrate
- Lower staff voices
- Avoid slamming doors
- Hanging charts & equipment
- Answer call lights in a timely manner

Harbor-UCLA Medical Center

SEAST/PCU/SWRTU Team (RN Manager: Thelma Travina)

With the Harbor-Highland Health Award, in honor of your outstanding performance in Harbor-Highland under the 5 EAST

QUALITY & SAFETY

Awarded On: 12th, 2013, for the month of September 2013

Director: Dr. [Name], SPT, MHA
Chief Executive Officer: [Name], MHA

Quality & Safety Board Updates and Current Information

Measure	Target	Current	Opportunity
Falls	0	0	0
CLABSI	0	0	0
Pressure Ulcers	0	0	0
Medication Error	0	0	0
Hand Hygiene	100%	88%	12%
Communication with Patients	80%	76%	4%
Quietness at Night	80%	70%	10%

Emphasizes basic data. Additional information available by flipping the display over, if desired.

Improving Patient Safety/ Reducing Harm

Falls

Hospital Acquired Pressure Ulcers (HAPU)
5 East PCU
July 2012 - September 2013

Month	Number of HAPU
Jul 2012	2
Aug 2012	1
Sep 2012	1
Oct 2012	0
Nov 2012	2
Dec 2012	1
Jan 2013	1
Feb 2013	3
Mar 2013	2
Apr 2013	1
May 2013	2
Jun 2013	1
Jul 2013	1
Aug 2013	2
Sep 2013	1

Lessons Learned

No Pressure Ulcers in September!
Last Pressure Ulcers: 8/17 & 8/26
Stage II - left buttock
SDTI - right heel

Key Lessons Learned:

- Educate the patient on the importance of off-loading heels
- Ambulate patients !!!!!
- Reposition patient every two hours if the patient is on MD-ordered bedrest
- Never position patient on pressure ulcer
- Use wedges to off-load pressure points

CLABSI

(Central Line Associated Blood Stream Infection)

August 2013:

0

TARGET: 0

Great job!

Key Points: CLIP Bundle

- Perform Hand Hygiene
- Maximal barrier precautions (mask, gloves, gown)
- Chlorhexidine skin antiseptics
- Optimal site selection (Avoid femoral lines)
- Daily review of line necessity

Medication Error

with Harm score ≥ 6

Sept 2013:

0

TARGET: 0

Great Job!

Key Points: 8R's

- Right patient
- Right medication
- Right dose
- Right route
- Right time
- Right reason
- Right documentation
- Right response

Hand Hygiene

August 2013:

88%

TARGET: 100%

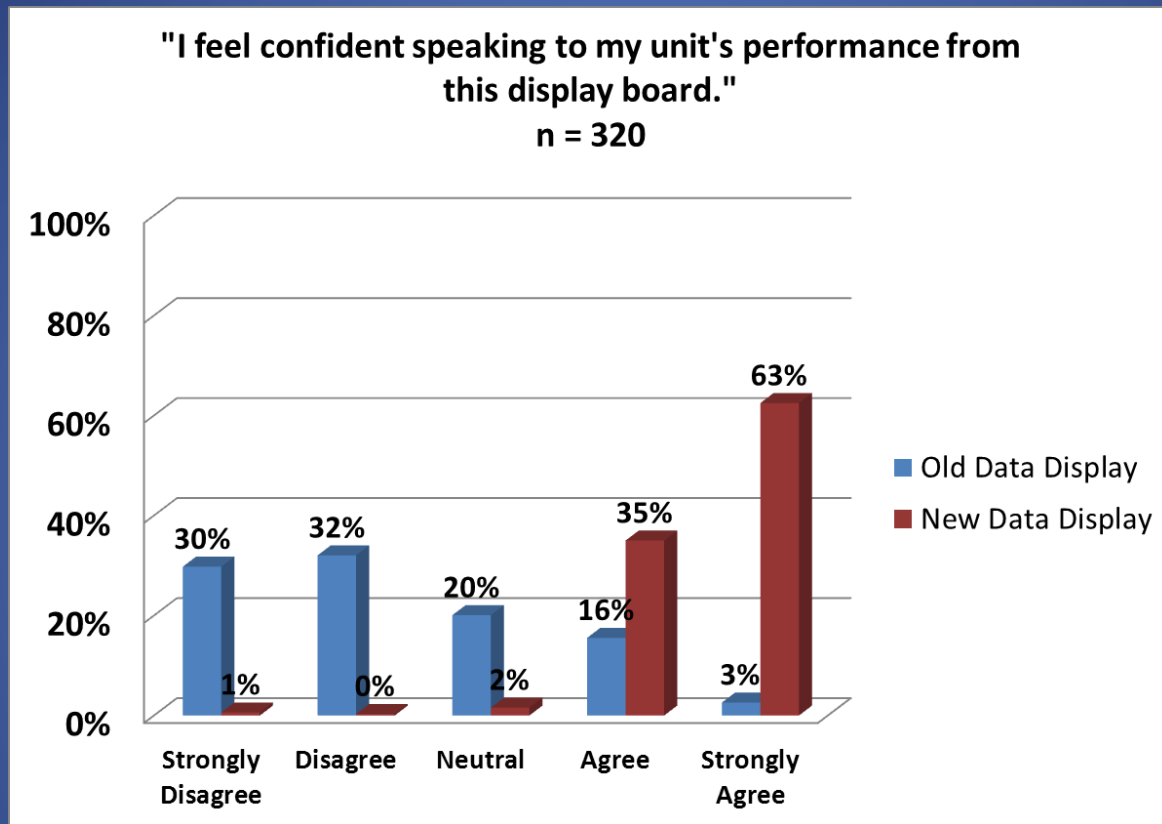
Key Points:

- Hand hygiene is required before and after every patient contact
- Use soap & water for 15 seconds OR a golf-ball size spray of alcohol foam
- Do hand hygiene last

Appropriate Indications for Urinary Catheter:

1. Acute urinary retention or bladder outlet obstruction
2. ICU pts who are ventilated or need accurate measurements of urinary output
3. Select Perioperative use (Insertion within 48hrs post op)
4. Select Perioperative use (Insertion within 48hrs post op)
5. Select Perioperative use (Insertion within 48hrs post op)
6. Select Perioperative use (Insertion within 48hrs post op)
7. Select Perioperative use (Insertion within 48hrs post op)
8. Select Perioperative use (Insertion within 48hrs post op)
9. Select Perioperative use (Insertion within 48hrs post op)
10. Select Perioperative use (Insertion within 48hrs post op)

BEFORE & AFTER: STAFF SURVEY

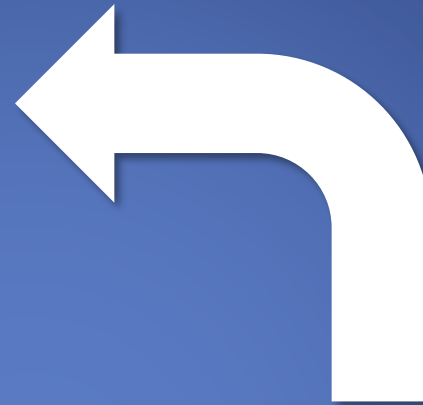


IMPROVING ALIGNMENT...

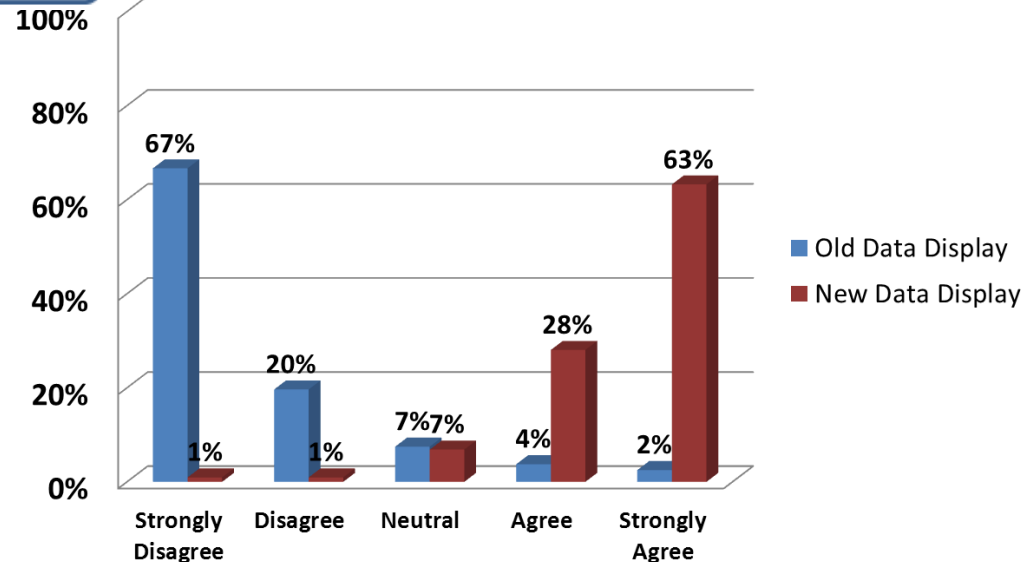
Improving Organizational Performance Our Pillars



Like pillars support buildings...ours provide structure to the work we do to improve.



"It is clear to me how the pillars relate to the performance goals that we are measuring."
n = 320





AMERICA'S ESSENTIAL HOSPITALS

Transparency

Thomas Holton MS, RN

San Francisco General Hospital and Trauma Center

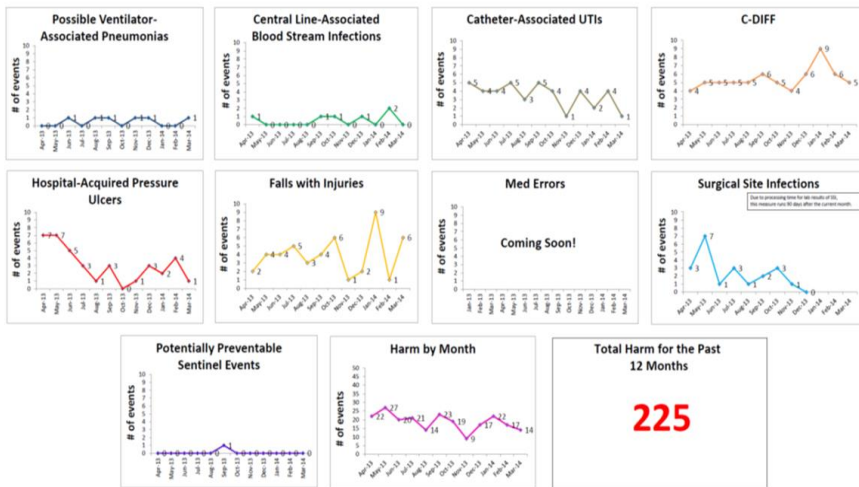
November 10, 2014



PATIENT SAFETY DASHBOARD

Inpatient Safety Dashboard

Aim: Reduce preventable harm to zero

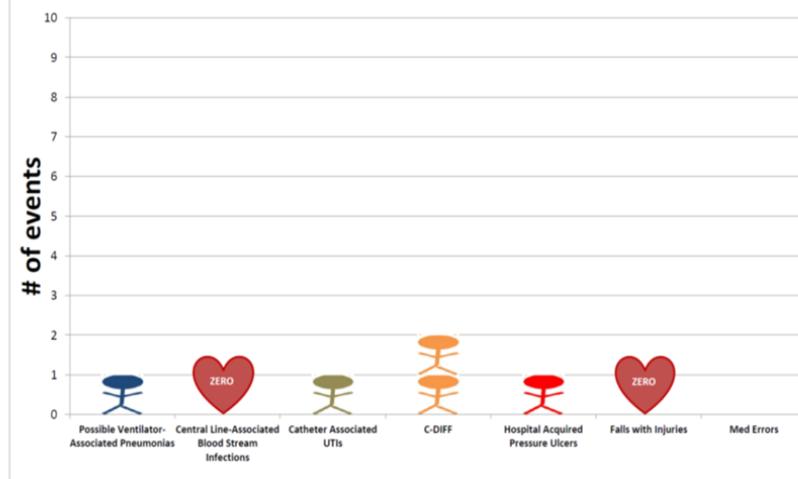


Brought to you by the Quality Data Center: Informing, engaging, and transforming practice through clinical and operational data. For Questions, please contact the Quality Data Center 415-206-4161.

Inpatient Safety Dashboard

Aim: Reduce preventable harm to zero

Instances of Harm in the ICU units for time period: March 2014



Brought to you by the Quality Data Center: Informing, engaging, and transforming practice through clinical and operational data. For Questions, please contact the Quality Data Center 415-206-4161.

PATIENT SAFETY HUDDLES



LUNCH

12:30 – 1:30pm

International West Room



HOSPITAL DISCUSSIONS III: CULTURAL TRANSFORMATION

Michele Bosworth, MD, Chief Quality Officer and Co-Chief Medical Information Officer

UT Health Northeast

Jennifer Conti, RN, Coordinator, Infection Prevention
The MetroHealth System

Krishna Das, MD, Chief Quality Officer
Cook County Health & Hospitals System

Stanka Petrovic, RN, Department of Cardiology Registered Nurse
NuHealth



HOSPITAL DISCUSSIONS IV: PREDICTORS OF SAFETY

Sasha Cuttler, PhD, RN, Coordinator and Nursing Shared Governance
Research Council; Co Chair
San Francisco General Hospital and Trauma Center

Jean Morris, RN, Director of Quality & Care Management
Maricopa Integrated Health System

Angela Stokes, RN, MSN, Wound Care Nurse Clinician
Truman Medical Centers



A framework for the measurement and monitoring of safety

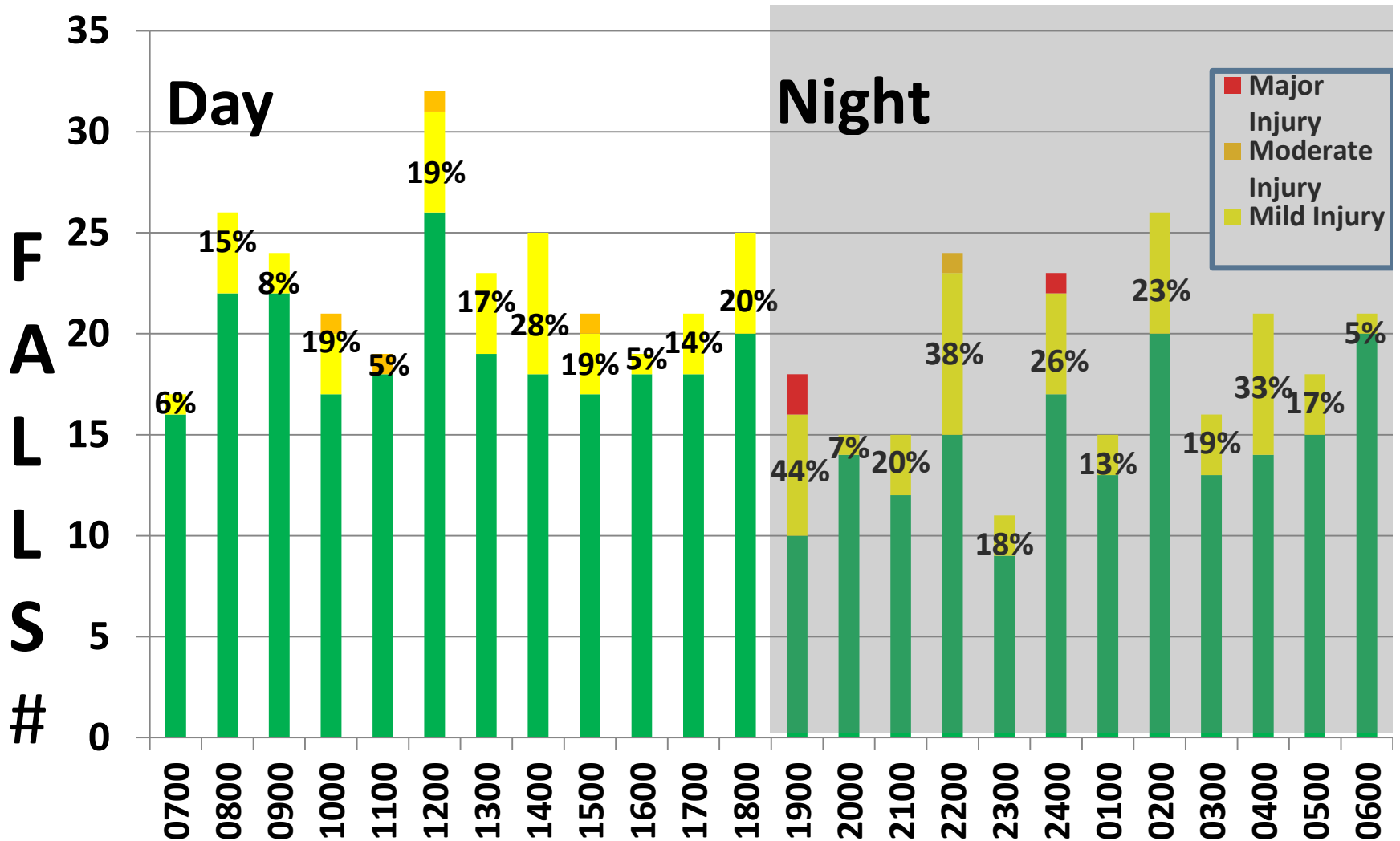




Predictors of Safety



Hourly Falls frequency and injury % by January 2011-June 2013



BREAK

3:30 -3:45pm



FINAL THOUGHTS

