

## 2014 Gage Awards

<b>Reference #</b>	7492271
<b>Status</b>	Complete
<b>Name of hospital or health system</b>	Norwegian American Hospital
<b>Name of project</b>	Norwegian American Hospital's Journey to Improve Quality and Safety as Evidenced by Improvement in Leapfrog Scores
<b>CEO name</b>	Jose Sanchez
<b>CEO approval</b>	Check here to confirm that your CEO approves of this project being submitted for a 2014 Gage Award
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<b>Within which of the two categories does your application best align?</b>	Quality

<p><b>1. Provide a brief description of the project. (This section should resemble an abstract for a poster presentation or an abstract for a peer reviewed journal. Include an objective, data sources, study design, findings, and conclusions.)</b></p>	<p><b>Objective:</b> The objective of the performance improvement initiative was to improve the key weighted areas of the 2013 Leapfrog Hospital Recognition Program (LHRP) Summary Scores, as well as the Hospital Safety Score, by advancing the quality of care provided to patients at Norwegian American Hospital (NAH).</p> <p><b>Data Sources:</b> The Leapfrog Group is an organization that provides a national comparison of publically-reported data on patient safety, quality and efficiency within hospital settings. The Hospital Safety Score, on the other hand, assigns hospitals a letter grade of A, B, C, D or F based on publicly available safety data from the Centers for Medicare and Medicaid Services (CMS) Hospital Compare, The Leapfrog Hospital Survey and the American Hospital Association.</p> <p><b>Study Design:</b> NAH initiated a focused plan to become a role model for quality and patient safety in community hospitals beginning in 2010 under the leadership of the hospital's Chief Executive Officer.</p> <p>In 2012 as part of the strategic direction to change the culture of the hospital, a new leader with expertise in risk management and patient safety joined NAH. Building a culture of safety became one of the core strategic initiatives for the hospital's leadership team. Since the recruitment of the Vice President of Medical Affairs (VPMA), also in 2012, the organization has become increasingly data driven, which has engaged all employees, including frontline staff, physicians and the board of trustees, to ensure quality and safety measures are being practiced.</p> <p>To improve the 2013 LHRP Summary Scores and the Hospital Safety Score NAH instituted several structures, processes and systems specific to the Leapfrog Survey Measures for hospital-acquired central line associated blood stream infections (CLABSI) and the Safe Practice Score (SPS).</p> <p><b>Findings:</b> Zero CLABSIs from January 1, 2012 through December 31, 2012 as reported in the 2013 survey has been observed, in comparison to 2.19 reported in the 2012 survey for the time period of January 1, 2011 through December 31, 2011. In addition, 7 of the 8 safe practice measure scores increased significantly, where 6 of the safe practice measures were found to be better than the national average.</p> <p>NAH's 2013 Leapfrog Hospital Recognition Program summary scores exceeded the national average across all three composite scores of Quality, Resource Use and Value that The Leapfrog Group assigns to hospitals.</p> <p>Furthermore, NAH received a Hospital Safety Score of 2.6142 and a letter grade of C.</p> <p><b>Conclusions:</b> The two-letter jump for the Hospital Safety Score was largely due to the improvement initiatives implemented for the Leapfrog Hospital Recognition Program. The measures in which significant improvement was witnessed from the 2012 survey to the 2013 survey were also the measures largely in which the greatest weight is assigned by The Leapfrog Group.</p>
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**2. Describe the methods use in this project. Include where, why, and how the project was accomplished.**

In 2012, with the expertise of our new risk management leader, a culture of safety was established through the following:

- Instituted formal multidisciplinary RCA process that was led by the VPMA and Risk Manager,
- Performed root cause analyses (RCA) on serious safety events as well as near misses,
- Created an RCA dashboard to track and report departmental progress on action plans,
- Established voluntary reporting of sentinel events/serious safety events to Joint Commission and
- Provide all new employees with patient safety training. This training includes three patient safety techniques to reduce errors.

In recognition that CLABSIs are preventable through the adherence of evidence-based prevention practices; Norwegian American Hospital implemented several strategies and techniques that have led to zero CLABSIs from January 1, 2012 through December 31, 2012 as reported in the 2013 survey. In addition to emphasizing hand hygiene, educating hospital staff through new employee orientation and practicing aseptic techniques as recommended by the Centers for Disease Control and Prevention (CDC) and the Healthcare Infection Control Practices Advisory Committee (HICPAC), Norwegian American Hospital has also implemented the following to reduce and eliminate CLABSIs in all acute inpatient areas:

- The use of guidelines for the indication of central venous catheters (CVCs) to minimize the unnecessary insertion of CVCs,
- The use of guidelines for catheter site selection to decrease the inappropriate selection of the femoral route and therefore lower the risk for infection and thrombosis, and
- The utilization of a primary CVC team that is trained to assess for appropriate CVC indication and site selection, as well as apply the CVC insertion bundle components that are proven to reduce rates of CLABSIs.

To improve the 2013 LHRP Summary Scores and the Hospital Safety Score, Norwegian American Hospital instituted the following structures, processes and systems:

- The establishment of a quality governance structure that created infrastructure, alignment and transparency across committees that ultimately report to the hospital's Board of Trustees,
- The enhancement of departmental dashboards to include targets and benchmarks that are aligned with national quality indicators and patient safety measures,
- The development of departmental action plans that include systematic measurement (i.e. audits) and the opportunity for feedback and refinement to facilitate a culture of continuous quality improvement, and
- The standardization of processes to reduce variation in patient care.

<p><b>3. Describe the results of the project. What data was used to support improvement results?</b></p>	<p>The implementation of a patient safety program to improve the culture of safety at Norwegian American Hospital has led to increased reporting of adverse events and decreased harm associated with these events. In addition, zero CLABSI were observed in calendar year 2012.</p> <p>Overall, NAH's 2013 Leapfrog Hospital Recognition Program summary scores exceeded the national average across all three composite scores of Quality, Resource Use and Value that The Leapfrog Group assigns to hospitals. For the 2013 survey, Norwegian American Hospital was able to exceed the national average score for quality by 14 percent, by 2 percent for resource use and by 10 percent for value. In comparison to the prior year's survey results, the hospital significantly increased its scores. In quality, Norwegian American Hospital improved its score by 235 percent. For resource use, the largest improvement was made with a 408 percent increase from last year's results. The overall value that is comprised of both the quality and resource use scores grew by 282 percent.</p> <p>Furthermore, Norwegian American Hospital received a Hospital Safety Score of 2.6142 and a letter grade of C. As highlighted by Modern Health, only 3.5% of hospitals saw their grades jump by two or more levels. Norwegian American Hospital was one of the few hospitals to improve their quality scores by two-letters.</p>
<p><b>4. Describe what happened as a result of the project. Was the improvement related to the intervention? Can the project be duplicated by other organizations?</b></p>	<p>As a result of the improvement project, Norwegian American Hospital has established a foundation that includes structures, processes and systems that enable leaders to improve the quality of care provided to patients. Safety is integrated into strategic planning at NAH where reliable, safe care is being delivered. Zero CLABSI from January 1, 2012 through December 31, 2012 as reported in the 2013 survey has been observed, in comparison to 2.19 reported in the 2012 survey for the time period of January 1, 2011 through December 31, 2011. In addition, 7 of the 8 safe practice measure scores increased significantly, where 6 of the safe practice measures were found to be better than the national average.</p> <p>NAH's 2013 Leapfrog Hospital Recognition Program summary scores exceeded the national average across all three composite scores of Quality, Resource Use and Value that The Leapfrog Group assigns to hospitals. Furthermore, NAH received a Hospital Safety Score of 2.6142 and a letter grade of C. As highlighted by Modern Health, only 3.5% of hospitals saw their grades jump by two or more levels since May. NAH was one of the few hospitals to improve their quality scores by two-letters.</p>

<b>5. Describe how patients, families, and if appropriate, community was included in the work.</b>	<p>The initiatives to improve the 2013 Leapfrog Hospital Recognition Program (LHRP) Summary Scores and the 2013 Hospital Safety Score, directly impacts patients, families and the community through a joint effort to improve quality and safety and become a high reliability organization. This impact is evident by the elimination of CLABSIs in calendar year 2012. Furthermore, in 6 of the 8 safe practice measures, Norwegian American Hospital demonstrated higher than national average scores.</p>
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