

CAH Hospital Category – Our Lady of the Way Hospital

Our Lady of the Way Hospital (OLWH) subscribes to the definition of quality adopted by The Institute of Medicine-"Quality is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge". Safety and quality link directly to the core values of the organization. Our organization strives to provide safe, quality patient care with Reverence, Integrity, Compassion and Excellence.

A clinical patient care initiative and innovative change project was the initiation of a project improvement team that included a patient as a team member. The "Partnering with Patients" project was initiated in January 2007 when Our Lady of the Way Hospital began participation in an Institute for Healthcare Improvement Web-based training program titled "Partnering with Patients and Families to Accelerate Change". The Web and Action project combined a series of expert-led web based sessions with action periods during with participants put learning into practice.

Following the initial web based session, a multidisciplinary team was formed and a process for improvement was determined. The team was comprised of administration, Nursing, Case Management, and Social Services. The project chosen for improvement was the patient education process for inpatients. The entire team project consisted of the web-based training over a 6-week period. The team participated in a total of 10 hours training conducted by the Institute for Healthcare Improvement, Catholic Health Initiatives, and the Center for Family Centered Care. Team meetings were conducted in between the training sessions and all objectives were completed. The project was completed within six weeks. Team meetings resulted in revision of patient education plan, updating of educational materials, development of person-centered educational packets, and a streamlined discharge planning process for three top admitting diagnoses: Pneumonia, Congestive Heart Failure, and Chest Pain.

Our Lady of the Way Hospital has always been very active with patient safety and quality initiatives. Our most recent strategic plan identifies person centered care as an important strategy for the future of Our Lady of the Way and its patients. Therefore, the opportunity to develop our person centered environment further by forming a partnership with a patient to accelerate improvement was a very significant step. By being innovative and involving a patient in the project we truly saw the meaning of person centered.

Less than 100 Beds Category – Taylor Regional Medical Center

The mission of Taylor Regional Hospital (TRH) is to provide outstanding healthcare to the people we serve. In recognition of that mission, TRH identifies *quality healthcare* to be healthcare that is patient-centered, reliable, effective, efficient, equitable, safe, and timely. Organizational Excellence is a philosophy at Taylor Regional Hospital that everyone can make a difference in patient quality and service.

A key part of TRH's Organizational Excellence initiative evolves around quarterly Leadership Development Institutes (LDI). All management team members attend the LDIs and at least one time a year, team members from each hospital department attend. Topics have included communication, team building, relationship management, and patient satisfaction. Presenters have varied from prominent, well-known speakers, such as Quint Studer to TRH team members.

As a participant in the IHI 100K Lives Campaign, TRH officially implemented the "Central Line Bundle" on March 1, 2006. In December 2005, central line infection data was presented to the TRH Medical Staff showing that during three months of the year the central line infection rate had exceeded our expected thresholds. The Medical Staff as a group questioned the need and rationale behind the Central Line Bundle and referred the issue to the TRH Quality Assurance Committee for analysis and recommendations.

In January of 2006, the Quality Assurance Committee reviewed and discussed evidenced-based literature and analyzed internal central line data and concluded that TRH would implement the five components of the Central Line Bundle:

1. Hand Hygiene
2. Maximal Barrier Precautions
3. Chlorhexidine skin antisepsis
4. Optimal Catheter site selection (Subclavian Vein)
5. Daily review of line necessity

This project has proven to be significant to the organization as evidenced by a decrease in central line infections from a rate of 9.85 infections per 1000 line days in 2005 to a rate of 1.36 infections per 1000 line days in 2006 and first quarter 2007. Actual central line infections dropped from 4 cases in 2005 to only 1 case during 2006 and first quarter 2007. Estimating that each central line infection adds seven days to an acute care hospital stay and an average of \$16,000 additional cost, the central line project has saved approximately \$48,000 and 21 days of additional care.

100 to 250 Beds Category – VA Medical Center/Lexington

Our mission statement best defines the organization's quality expectations: *"To be a patient-centered integrated health care organization for veterans providing excellence in health care, research, and education; an organization where people choose to work; an active community partner and a back-up for National emergencies."* VA is a recognized leader nationally for its system of organizational performance measurement and management. The philosophy of the medical center is that performance improvement is a culture, not a program.

A new program implemented at the medical center in 2006 encompasses all aspects eligible for consideration here: clinical and non-clinical process improvements; patient care initiatives and innovative change projects. The Lexington VAMC Goal Sharing Program was developed as an employee award system designed to promote teamwork and reward commitment to higher quality. More importantly, it aligned financial rewards with facility priorities. Medical Center leadership established two broad overarching goals for the program an effort to foster innovation and unleash employee creativity. Projects eligible for this program had to be related to:

- improving the quality of care and/or services
- maximizing resources

Employees at all levels of the organization participated and made measurable improvements in important aspects of patient care and services. Participants were empowered to establish improvement teams based on the overall goals.

Key elements of the program included:

- Teams established measurable goals up front using baseline data
- Teams were launched in April 2006 with the performance period ending September 30.
- The team goals were reviewed and concurred in by a Goal Sharing Steering Committee which also set reward targets based on three levels of achievement: Bronze, Silver and Gold.
- At the end of the goal sharing period, the Steering Committee reviewed each team's results, determining their monetary reward levels.

Important organizational benefits resulting from the Goal Sharing program in 2006 included:

- Implementation of new Ventilator Associated Pneumonia protocols resulting in a decrease of 22 cases from the baseline and an estimated cost savings of \$880,000
- Reductions in pharmacy costs equating to \$950,000
- System and process changes resulting in a \$700,000 increase in revenue from third party billing payments
- Important patient access improvements

- 80% reduction in patient complaints related to lost or missing patient belongings
- 44% reduction in radiographic film expenditures (at a cost savings of \$7,583)
- Enrollment of 250 patients in a new Care Coordination program
- Increased enrollment of 48 volunteers in targeted categories
- Total elimination of the use of restraints on an inpatient unit
- Disposal of 2300 pounds of batteries at no cost to the medical center (a \$4900 cost avoidance)
- 80% increase in identification of treatment rendered for Worker's Compensation, No Fault and Tort cases
- \$138,000 in revenue recovered by ensuring optimal CPT coding of previously non-vested patients.

At the conclusion of the 2006 program, Goal Sharing Program celebrations were held. The Medical Center Director and top management participated and the event included management speeches and remarks; recognition of the Goal Sharing Steering Committee; stories and presentations by several of the teams; presentation of certificates to successful teams and members. This was followed by a reception with a poster session illustrating the work of the teams. This program not only achieved dramatic successes in a 6-month period but also had the byproducts of instilling an enhanced sense of teamwork and pride in the organization among its participants.

Greater than 250 Beds Category – Central Baptist Hospital

The expectation for quality is reflected throughout the mission, vision, and values of Central Baptist Hospital (CBH). Our mission is to “enhance the physical, spiritual, and emotional health of the people we serve by providing **quality** and compassionate health services consistent with our Christian heritage.” Through our leadership development program, the Evolving Leaders Program, hospital employees are offered education such as Basic Statistics, Performance Improvement Tools and Techniques, Core Measures and Patient Safety Goals, Communication Skills, Emotional Intelligence, Effective Teamwork, and Cultural Sensitivity.

The project, “Our Journey to Joint Replacement: Improving Patient Outcomes One Step at a Time,” profiles our transition to improved performance including alignment with our physicians in goal achievement. Prior to the inception of this work, CBH struggled with improving physician support of our pre-admission testing (PAT) program, inconsistent scheduling of patients for our pre-operative joint education class, lower than benchmark compliance with the Surgical Care Improvement Project (SCIP) measures, and low utilization of standardized order sets.

In 2005, an analysis of our case volume, statistics regarding the aging of the population, and internal data led us to charter a multidisciplinary team focused on the care of the patient undergoing total joint replacement. Our goals were to offer the best total joint replacement service possible and to improve all outcomes for this patient population. In March 2005, a multidisciplinary team was formed and co-led by the Vice President of Nursing and the Medical/Surgical Educator. The concept of a new “Total Joint Center” was formulated based on the ideal patient experience. Patient feedback solicited from patient satisfaction surveys and feedback interviews were utilized. Project outcomes include:

- Development of a standardized, evidence-based, multidisciplinary order set.
- Redesign of the content and format of the pre-operative joint replacement education class.
- Increase in the frequency of classes based on feedback from physician’s offices and patients.
- Scheduling the class at an adjacent timeframe to the PAT visit.
- Incorporated PAT nurse, PT, OT, and a Home Health nurse into class faculty.
- Instituted a “one-call” scheduling process for PAT, pre-registration, surgery, the new “total joint class,” and a reservation for a complimentary night’s stay at a hotel if the patient lived over 90 miles away.
- Improved directions and way-finding based on patient feedback.
- Expedited pre-op room patient processing through adherence to PAT guidelines.
- Renovation of the post-op nursing unit to include a satellite physical therapy service.

- Updated the unit environment to include equine art to provide a theme for all printed materials, unit décor, and patient ambulation markers.
- Updated patient education materials
- Re-educated staff and physicians and their staff on new process and materials
- Provided dry erase boards in each patient room to increase communication and update patient and family members on progress towards daily goals.

The new “total joint class” began in June 2005. Family members are encouraged to attend the total joint class to participate in all aspects of care, assist the patient in recalling information, reinforce teaching, and participate in developing the discharge plan for recovery and rehabilitation. In 2006, 63% (55) of patients rated the total joint class as excellent and 30% (26) rate it as very good. The improvement of quality is ongoing, dynamic, and a truly collaborative effort.