THE 2014 QUALIS HEALTH AWARDS OF EXCELLENCE IN HEALTHCARE QUALITY

Since 2002, Qualis Health has presented the annual Awards of Excellence in Healthcare Quality to outstanding organizations in Washington and Idaho. Winners have demonstrated leadership and innovation in improving healthcare practices, reflecting the very best in healthcare quality improvement. The awards recognize those who demonstrate outcomes to the three broad aims outlined in the National Quality Strategy:

- Better healthcare (for individuals)
- Better health (for populations)
- Reduced costs through improvement

Winners of the 2014 Awards of Excellence in Healthcare Quality in Washington were selected by a panel of Washington expert stakeholders. Awards were presented at the 12th Northwest Patient Safety Conference on Wednesday, May 28, 2014.

(l-r) Rebecca Kendrick, OTR/L, Director of Rehabilitation Services; Vicki Scheel, Administrator; Jonathan Sugarman, MD, MPH, President and CEO, Qualis Health

FORT VANCOUVER CONVALESCENT CENTER VANCOUVER, WASHINGTON

A Multidisciplinary Approach to Preventing Rehospitalizations in the Skilled Nursing Setting

Submitted by: Rebecca Kendrick, OTR/L, Director of Rehabilitation Services

The Fort Vancouver Return-to-Hospital Risk Assessment Tool was developed in January 2012 in response to the emerging emphasis on preventing rehospitalizations from the skilled nursing setting. The tool is an 18-point scale based on three years of outcomes data, with weighted point values for functional status, impact of comorbidities on recovery, length of acute care hospital stay, cognition, and diagnosis group. Over 1200 skilled nursing admissions were tracked during a period of 16 months using the tool, and the subsequent data were analyzed and determined to be statistically significant in risk stratifying and triaging skilled nursing patients. The odds of a patient with a risk score of 12 or greater being re-hospitalized is 2.205 times higher than a patient with a score of 11 or less, and 91.71% of patients with a score of 11 or less will not be rehospitalized. Starting in August of 2013, patients with a score of 12 or greater were triaged to the care team within 24-48 hours of admission. For high risk patients, nurses extend the duration of the head-to-toe nursing assessment from the standard 72-hours to a full seven days, in an effort to mitigate potential hospital readmissions.

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On-site providers also provide more frequent face-to-face assessment of higher risk patients with subsequent progress note documentation in the electronic medical record, as well as more frequent lab testing. For a selected pilot project population, the rehospitalization rate dropped from 14.7% in Q3 of 2013 (28 patients) to 8.5% in Q4 of 2013 (17 patients), a 43% reduction in one quarter.

(l-r) Tara L. Lerew RN, BSN, Nurse Manager, Burn/Pediatric/Plastic Surgery Acute Care Unit; Gretchen Carrougher RN, MN, Research Nurse Supervisor, Department of Surgery; Sarah Opdahl RN, BSN, Staff Nurse, Burn/Pediatric/Plastic Surgery Acute Care Unit; Dana M. Kyles RN, MS, Assistant Administrator, Patient Care Services; Darcy Jaffe MN, ARNP, NE-BC, Chief Nursing Officer, Senior Associate Administrator, Patient Care Services; Jonathan Sugarman, MD, MPH, President and CEO, Qualis Health;

HARBORVIEW MEDICAL CENTER SEATTLE, WASHINGTON

Fast Track for Burn Care

Submitted by: Patty Calver, RN, BSN, CPHQ, Director of Quality Improvement

At the UW Medicine Regional Burn Center, short-stay hospital admissions for patients with non life-threatening burns (requiring ≤ 2 hospital days) account for over one-half of acute burn admissions. Historically, such patients were admitted to the hospital for wound care, pain management, physical and occupational therapy, and teaching. In an attempt to optimize resources, limit unnecessary hospital admissions and improve the patient experience for patients with minor burn wounds, the Fast Track Burn Care (FTBC) program was instituted in 2011. The program utilizes the 24/7 inpatient burn care resources rather than the business hours of an outpatient clinic. Under this program, patients are screened in the ED and evaluated by the burn care team. When deemed appropriate, patients transfer to the inpatient burn unit where expert burn staff provide wound care, burn therapy and teaching. The patients are then discharged from the burn unit as if from the ED with a follow-up clinic appointment if necessary. The ability to treat minor burn patients in an outpatient encounter supports high-quality, patient-centered care that is more cost effective. Subtracting the average direct cost for Fast Track patients from the direct cost/case for inpatient burn cases (admitted for ≤ 2 days; n=452) provided an average cost savings of $254/case.

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(l-r) Jerri Anderson, Patient Safety and Quality Director; Linda Clevinger RN, ASPHP, Care Manager; Jonathan Sugarman, MD, MPH, President and CEO, Qualis Health;

MORTON GENERAL HOSPITAL
MORTON, WASHINGTON

Safe Transfers and Reduced Time Loss (STARTL)

Submitted by: Linda Clevinger, RN, CSPHP, Care Manager

From 2010 through 2011 there was a sharp increase in patient falls and employee injuries while moving patients at Morton General Hospital. The Safe Patient Handling Committee was tasked with developing and implementing a hospital-wide plan to reduce falls and patient handling injuries. The solution required a complete paradigm shift in the culture of the hospital. The committee researched and purchased equipment, started an educational push for all frontline staff, and asked for the support of administration. The results have been dramatic. As staff embraced a culture of safety using proper equipment, injuries from patient handling with time loss have dropped from four in 2011 to zero in 2013. Falls dropped from eleven in 2011 to one in 2013. Now, staff evaluate patients on admission for transfer safety and do a mini root cause analysis immediately for falls and near falls.

(l-r) Amy Richardson, PharmD, PGY1 Pharmacy Resident; Dalari Allington, PharmD, BCPS, Transition of Care Pharmacist; Jonathan Sugarman, MD, MPH, President and CEO, Qualis Health;

PROVIDENCE ST. MARY MEDICAL CENTER
WALLA WALLA, WASHINGTON

Discharge Redesign with Implementation of a Transition of Care Pharmacist

Submitted by: Michael Bernstein, MD, Chief Medical Officer

While Providence St. Mary Medical Center readmission rates have historically been good compared to national benchmarks, the hospital team wished to improve their discharge process to be more effective and reliable for their patients. Their goals were to improve patient engagement and knowledge about disease and medications, and to further reduce hospital readmissions. After a survey of best practices, the team chose to implement Project RED, a reengineered design of the hospital discharge process, with a particular focus on three areas: assessing patient understanding of disease and medications using the "teachback method," reviewing/confirming the patient's medication plan, and performing post-discharge follow-up phone calls. In support of the project, they implemented two focused pilots: the use of a virtual nurse educator that taught about disease states using teachback methods, and the creation of a Transition of Care (TOC) pharmacist position, split between the inpatient and outpatient settings, bridging the gap when patients are discharged from the hospital. Since implementing this project in October 2013, they have observed an increase in patient-reported satisfaction with discharge and a reduction in readmission rates. Observed readmission rates for Medicare patients reduced from 8.1% (90 cases pre-"go live", January-September 2013) to 4.5% (17 cases post-"go live," October-December 2013).

(l-r) Jonathan Sugarman, MD, MPH, President and CEO, Qualis Health; Gena Sears, Regional Heart Center Nurse Manager; Grace Parker, Chief Nursing Officer; Sherri Del Bene, Assistant Administrator; Vandna Chaudhari, LEAN/PI Consultant; Susan Pambianco, ARNP, Heart Failure Service; Kevin O'Brien, MD, PI Leader/Service Chief, Inpatient Cardiology; Thomas Staiger, MD, Medical Director; Stephen P. Zieniewicz, Executive Director; Cindy Angiulo, Associate Administrator

UNIVERSITY OF WASHINGTON MEDICAL CENTER SEATTLE, WASHINGTON

A Care Pathway and Diuretic Protocol to Decrease Length of Stay, Mortality and Costs on the UWMC Advanced Heart Failure Service

Submitted by: Kevin D. O'Brien, MD, Professor of Medicine

At the start of UWMC fiscal year 2013 (July 2012), the Advanced Heart Failure service was identified as having a case mix-adjusted, observed/expected length of stay (O/E LOS) of 1.61, or 61% higher than expected. UWMC and its Cardiology Division leadership supported the initiation of a team-based process improvement (PI) initiative to decrease LOS through: a heart failure (HF) clinical pathway and a stepped-care intravenous diuretic protocol. Protocols were posted to a password-protected website. To successfully introduce, improve and sustain the use of these protocols, UWMC formed a multidisciplinary Systems of Care Team; visibly engaged leadership participation at project kick-off to emphasize the project's importance to hospital physician leadership; formed a PI management team; used the PDSA (Plan-Do-Study-Act) cycle approach to make iterative improvements in both the clinical care pathway and diuretic protocol; and actively sought input from nurse practitioners and pharmacists on the wards to get advice about barriers to implementation of the protocols. For the pre- vs. post-PI periods, O/E LOS decreased from 1.61 to 1.15, and O/E mortality decreased from 0.91 to 0.26. Thirty-day hospital HF readmission rates did not worsen (20.2% vs. 19.6%), and direct costs/HF case decreased by 33%. Thus, length of stay, mortality and costs were significantly improved, with no adverse effect on HF readmissions.

(l-r) Randall G. Cline, Master Black Belt, LSS; Pam Simison, Lead Pharmacy Technician; Heather H. Gamache, PharmD, Assistant Manager; Jonathan Sugarman, MD, MPH, President and CEO, Qualis Health

YAKIMA VALLEY MEMORIAL HOSPITAL YAKIMA, WASHINGTON

Reduce Waste: Multi-Dose Medication for Home Use

Submitted by: Dr. Heather H. Gamache and Randall G. Cline

In May 2012, Yakima Valley Memorial Hospital pharmacy identified a gap in patient satisfaction when multi-dose medications (MDMs), such as inhalers, ophthalmic/otic products (e.g., drops, ointments), topical preparations (e.g. creams, lotions) and nasal sprays, which were prescribed and used during the patient's length of stay were being thrown away at patient discharge and new medication prescriptions were issued to be refilled by patients at an outpatient pharmacy. The hospital pharmacy was mindful of this waste and initiated a new process to evaluate all existing inpatient-issued multi-dose medications to see if staff might "re-label" the unused portion of medications and send them home with the patient

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for continued use until the total contents are consumed. This process saves unnecessary trips to the pharmacy and savings opportunities of $190,260 per year on just 22 MDMs measured. By keeping the patients' best interests in mind through process improvements, the hospital saved patient medication costs and increased patient safety by relabeling existing medications.

ABOUT QUALIS HEALTH

Qualis Health is a national leader in improving care delivery and patient outcomes, working with clients throughout the public and private sectors to advance the quality, efficiency and value of healthcare for millions of Americans every day. We deliver solutions to ensure that our partners transform the care they provide, with a focus on process improvement, care management and effective use of health information technology. In Washington State, we serve as the Quality Improvement Organization for the Centers for Medicare & Medicaid Services, the Health Information Technology Regional Extension Center for the Office of the National Coordinator for Health Information Technology and provide care management services to the Washington State Health Care Authority, Washington State Department of Labor and Industries, and private insurers such as Taft Hartley union trusts and self-insured employers. For more information, visit www.QualisHealth.org.