

# THE 2018 QUALIS HEALTH AWARDS OF EXCELLENCE IN HEALTHCARE QUALITY IN IDAHO



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, now in their 16th year, recognize those who demonstrate outcomes relevant to the three broad aims of the National Quality Strategy:

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

Winners of the 2018 Awards of Excellence in Healthcare Quality in Idaho were selected by a panel of expert Idaho stakeholders and patients. Awards were presented at the annual Idaho Patient Safety Conference on April 19th, 2018.

## AWARD OF EXCELLENCE: HEALTH SYSTEM

### Clearwater Valley Hospital & Clinics, Orofino, Idaho

#### Team-Based Chronic Opioid Patient Care

*Submitted by: Christine Packer, Chief Transformation Officer*

The rate of overdose deaths involving opioids has quadrupled since 1999 with more than 165,000 fatalities related to opioid overdose. Rural communities such as rural Northern Idaho have been disproportionately affected. Clearwater Valley Hospital and Clinics participated in a research project with the University of Washington to define and implement a team-based opioid practice for patients on chronic opioid therapy (COT). As a part of this project, an interdisciplinary team was formed to design new workflows for COT patients, and an organizational goal was established that no more than 10% of these patients would have a morphine equivalent dose (MED) of 90 or above.

To accomplish this goal many changes were implemented. Some notable changes include establishing a patient registry of chronic opioid patients and creating a workflow and associated electronic health record forms to screen for abuse. As a result of the project, the average morphine equivalent was reduced by 13 morphine equivalents over approximately 230 patients.

This translates to mortality reduction of 0.65 patient deaths and 5.4 overdoses prevented annually. The impact on the safety and health of the community is substantial over time.



## AWARD OF EXCELLENCE: ACUTE CARE COMMUNITY HOSPITAL

### **St. Luke's Meridian Medical Center, Meridian, Idaho**

#### **Leveraging Technology, Tools and Purposeful Rounding to Reduce Patient Falls on a Medical Surgical Unit**

*Submitted by: Jean Clark, Director, Meridian Medical/Surgical Nursing Unit*

It is estimated that between 700,000 and 1,000,000 people fall in United States hospitals each year. Injuries related to falls can result in an additional 6.3 hospital days with the cost of a serious fall with injury averaging \$14,056 per patient. St. Luke's Meridian Medical Center aimed to reduce the number of patient falls and injury falls on a medical surgical unit and improve patient outcomes. Based on lean principles, multiple tools and processes were implemented including adopting a new fall risk assessment through an electronic medical record and implementing patient safety plans.

Additionally, a purposeful rounding initiative was implemented and a staff commitment to patient safety was adopted. These efforts resulted in a 153.3% improvement in the overall fall rate and a 547.9% improvement with the injury fall rate. The fall rate was reduced from 2.7 to 1.0 post intervention.



## AWARD OF EXCELLENCE: CRITICAL ACCESS HOSPITAL

### **Bonner General Health, Sandpoint, Idaho**

#### **Antibiotic Stewardship: Creating a Program in a Critical Access Facility**

*Submitted by: Tracy Autler, Director of Quality and Risk Management*

Overuse, misuse and inappropriate use of antimicrobial therapy can lead to significant consequences in a critical access facility, including hospital-acquired infections, increased morbidity and mortality, antimicrobial resistance and increased hospitalizations. Additionally, patients often lack understanding of the consequences that can arise as a result of inappropriate antibiotic use. To create greater awareness and spread best practices, Bonner General Health created an antibiotic stewardship program focused on prescribing practices, drug-bug matching, screening, and prescriber and patient education. The team focused initial efforts on two commonly prescribed medications with potential for increased consequences, piperacillin/tazobactam and vancomycin.

For each patient and medication order, staff reviewed the appropriateness of the drug, dose and duration. Protocols were also created in which specifically trained pharmacists were able to substitute, discontinue or alter therapy as appropriate to the patient. After 18 months, the use of piperacillin/tazobactam had decreased by 50 percent, and vancomycin by 25 percent. The

team anticipates sustained success and improvement as the program continues and broadens.



## AWARD OF EXCELLENCE: HEALTH SYSTEM

### St. Luke's Health System, Boise, Idaho

#### **Developmental Dysplasia of the Hip (DDH) Care Map: A Tool for System-Wide, Integrated Care of Hip Dysplasia**

*Submitted by: Aleksei Dingel, Research Assistance/Quality Control Intern, and Kevin G. Shea, MD, Orthopedic Surgeon*

Early diagnosis of pediatric hip dysplasia, or developmental dysplasia of the hip (DDH), is essential: late or missed diagnoses can lead to early hip arthritis, disability, need for major surgical procedures, and increased medical costs. But variation in the identification and management of DDH—including appropriately timed and evaluated imaging, as well as appropriate referral to orthopedic specialists—is wide across the national healthcare system. Consistent diagnosis and optimal treatment of DDH, St. Luke's determined, relies on an evidence-based, standardized system of care.

To achieve this, staff turned to the 2014 American Academy of Orthopedic Surgeons Clinical Practice Guideline on the management of hip dysplasia to develop the DDH Care Map, intended to guide primary care providers in the care of patients with DDH through a consistent care process. Staff also worked to improve provider education on clinical evaluation of DDH through lectures and a video training module, and implemented radiology changes intended to reduce travel burden for families and improve the quality of image interpretation. In the first year, the training module was used to train more than 86% of primary care providers, a policy was

implemented to allow same-day hip ultrasound evaluations for all patients outside of the local region, and 0% of patients seen by the system's four orthopedic surgeons experienced a late diagnosis.



## ABOUT QUALIS HEALTH

Qualis Health is one of the nation's leading population healthcare consulting organizations, partnering with our clients to improve care for millions of people every day. We work with public and private sector clients to advance the quality, efficiency and value of healthcare.

In April 2018, Qualis Health and HealthInsight announced a formal merger, combining the two organizations and operations across the U.S. Both Qualis Health and HealthInsight have been engaged in healthcare quality consulting and providing quality improvement services for more than 40 years.

In Idaho, Qualis Health serves as the Quality Innovation Network – Quality Improvement Organization (QIO) and the Quality Payment Program – Small and Underserved/Rural Support (QPP-SURS) contractor for the Centers for Medicare & Medicaid Services.

For more information, visit [www.QualisHealth.org](http://www.QualisHealth.org)

