



## THE 2012 QUALIS HEALTH AWARDS OF EXCELLENCE IN HEALTHCARE QUALITY

Since 2002, Qualis Health has presented the Award of Excellence in Healthcare Quality to outstanding organizations in Idaho and Washington. 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 2011 National Quality Strategy:

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

An awards committee comprising representatives of local healthcare professional and trade organizations judges the nominations. Winners of the Washington Awards of Excellence in Healthcare Quality are recognized in a special ceremony at the Northwest Patient Safety Conference.

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



(l-r) Jonathan Sugarman, MD, MPH, President and CEO, Qualis Health; Jeanne Lowe, PhD, RN, CWCN, Clinical Quality Specialist; Eileen Whalen, MHA, RN, Executive Director; Darcy Jaffe, MN, ARNP, Chief Nurse Officer; Laura Collins, LICSW, Administrator Psychiatry & Behavioral Health Services; Paula Minton-Foltz, MSN, RN, Assistant Administrator Patient Care Services

### HARBORVIEW MEDICAL CENTER

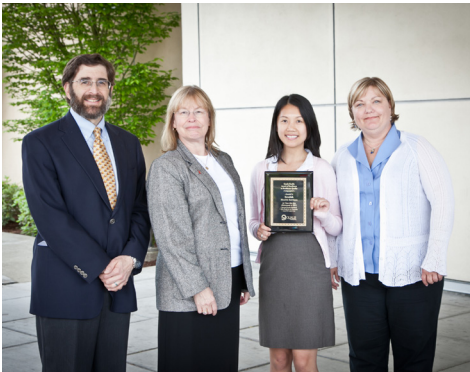
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#### Three Part Aim Outcomes

#### *Improving Access, Outcomes and Efficiency of Mental Health Care: Moving from Consultation to Integration in Primary Care*

Prior to 2008, Harborview Medical Center's primary care population had limited access to mental health services, with only minimal psychiatric consultation offered at each clinic. The team saw an opportunity to expand mental healthcare in the clinics with the Mental Health Integration Project (MHIP). In partnership with Community Health Plan of Washington and King County, Harborview implemented this project in three of their primary care clinics and, over the course of four years, has enrolled over 1,000 patients in the program. The quality aims for MHIP promote increased access to services, patient engagement and satisfaction with services, clinical improvement, and provider accountability. Over four years with the project, Harborview consistently improved in meeting these aims by successfully implementing evidenced-based practice that brought overall improved clinical outcomes. The significant improvement in access to care was cost-neutral.

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## SWEDISH HEALTH SERVICES

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### Three Part Aim Outcomes

#### *Reducing 30-Day Readmissions for Heart Failure Inpatients through Coordinated Care and Post-Acute Follow-Up*

A review of patients with the diagnosis of heart failure who were readmitted within 30 days found that a large portion were not compliant with at least one of the recommended behaviors of heart failure (HF) self-management (e.g. properly using medications, following a low-sodium diet, daily weigh-ins). To reduce preventable 30-day readmissions, a multidisciplinary readmissions committee identified and implemented new processes to improve patient care, safety, and quality of life for HF patients. The strategy is focused on bridging the gap between acute and post-acute healthcare services through standardized education, scheduling follow-up appointments, and follow-up phone calls to patients discharged to their home. Since the implementation of these strategies, the 30-day readmission rate for all HF patients at Swedish-Cherry Hill has reduced from a pre-pilot average of 23% to 12.2% in the pilot phase. The readmission rate for Medicare fee-for-service HF patients has reduced from 23% to 12.4%.

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(l-r) Sharon Eloranta, MD, Medical Director, QSI, Qualis Health; David Dugdale, MD

## HALL HEALTH PRIMARY CARE CENTER

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### Innovation

#### *Modifying Opioid Prescribing Patterns By Use of Electronic Health Record Tools*

Due to rising concerns about use, overuse and abuse of opioid analgesics, Hall Health used education and a change in the electronic health record (EHR) prescribing tools to make improvements. At baseline, using EHR data, the mean opioid prescription size was 19.8 pills (95% CI 1.0) and 25% of prescriptions were for ten pills or less. Post-intervention, the mean prescription size was 15.6 (95% CI 1.0) and 52% of opioid prescriptions were for ten pills or less ( $p < 0.001$  compared to baseline). The project created positive change including better healthcare for individuals by providing appropriate prescriptions with a lower risk of accidental overdose, better health for the population by reducing the amount of opioids in circulation that may be intentionally or accidentally misused with possibly serious or even life-threatening consequences, and reduced costs through improvement by lowering pharmaceutical costs.

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## HARBORVIEW MEDICAL CENTER

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### Innovation

#### *Serial Patient Screening for Infectious Source (SePSIS): An Early Warning System for Sepsis*

Sepsis is one of the leading causes of death in the U.S. It is a major cause of inpatient death and produces substantial clinical and economic costs for hospitals. Nationally, hospital length-of-stay is doubled for patients with sepsis. Patients who develop sepsis during their inpatient stay on the acute care ward are 1.44 times more likely to die in the hospital than those arriving to the emergency department with sepsis. Using serial, evidence-based screening criteria, Harborview successfully implemented early identification of patients with sepsis on their acute care units. This early identification system has reduced rapid response (rescue) events on their pilot unit by 9.6% and reduced overall hospital length-of-stay by 4.9 days, resulting in reduced costs of care by \$7,749 per patient. Quality of life was also improved by reducing individual patient pain and suffering by avoiding a patient's worsening condition due to an infectious event.

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## MULTICARE HEALTH SYSTEM

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### Innovation

#### *Using a Multi-Faceted Active Change Process and Infection Prevention to Reduce Post-Op C-Section Infections. Implementing a "C-Section Bundle" for High-Risk Patients*

The C-Section surgical site infection (SSI) reduction team at MultiCare was formed in September of 2007 and continues today. The original goal defined success as reducing C-Section SSIs by 50% by 2010 and 75% by 2011—a goal that was achieved. Infection is a major cause of morbidity and mortality after cesarean section. Women undergoing C-section have a five to twenty-fold greater risk for infection compared to vaginal delivery. Biological explanation includes avascularity of adipose tissue, high body mass index and the poor penetration of prophylactic antibiotics. Review of data revealed that the majority of C-section SSIs occurred in high-risk patients. The focus of work was the identifying patient risk factors; developing interventions; and the implementation of the "C-Section Bundle." Team work focused on the Bundle, including clinician and patient education which results in better healthcare for the patient and the community and lower costs through improvement. This program is moving forward to 2012 with a goal of zero SSIs.

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## SEATTLE CANCER CARE ALLIANCE

### Innovation

#### Evaluating the Effectiveness of an Infection Control for Construction, Remodel and Maintenance Policy in an Ambulatory Oncology Setting

Invasive Aspergillosis (IA) is a frequent and morbid complication of hematologic transplantation. Construction in healthcare facilities has been associated with outbreaks of IA among immunocompromised patients. Little is known about IA in the outpatient setting. A construction infection prevention policy was developed with the goal of increasing patient and staff safety. Policy effectiveness was monitored through regular fungal air sampling and surveillance for aspergillosis infections. Air sampling in the clinic showed that fungal concentrations remained uniformly low throughout construction averaging <2 colony forming units per cubic meters; indicating effective dust containment. Prior to policy implementation, 93 ambulatory transplant patients were diagnosed with Aspergillus infections. Post policy, there was a 2.7-fold reduction in the infection frequency. These findings were significant (P-Value: 0.0004). Organization-wide policies can provide a foundation for enhancing safety in healthcare. Fungal air monitoring is a useful indicator of the effectiveness of construction policies.

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### About Qualis Health

Qualis Health is a national leader in improving care delivery and patient outcomes, working with clients throughout the public and private sector 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.

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