Quality and Patient Safety

Alaska Health Care Commission
October 3, 2014
Today’s Triad

• Measurement, Reporting & Scoring Quality and Patient Safety Outcomes

• Overview of national initiative activity in AK

• Data Dive and its role in quality improvement
Measurement, Reporting & Scoring
Quality and Patient Safety Outcomes
Alaska’s Hospitals

• 13 Critical Access Hospitals
  ➢ 25 beds or less
  ➢ 9 are cohoused with Long-Term Care
  ➢ Specific rules and regulations apply

• 8 Inpatient Prospective Payment Systems
  ➢ 26 beds or more
  ➢ includes “tweeners”
    ✓ little hospitals with big city problems
    ✓ Central Peninsula, Mat-Su, Bartlett, Yukon-Kuskokwim
  ➢ Does not include adult/child psych, military/VA hospitals, or Rehab
# Mandated Reporting

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<tr>
<th>Inpatient Prospective Payment Service</th>
<th>Critical Access Hospitals</th>
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<td>Core Measures</td>
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<td>National Health Safety Network (NHSN)</td>
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<td>NHSN Data conferred to AK Section of Epidemiology</td>
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<td>Patient Satisfaction Survey (HCAHPS)</td>
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<tr>
<td>Hospital Based Inpatient Psychiatric Core Measure Sets</td>
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Mandated Reporting

Hospital Compare Core Measures—IPPS and CAHs

- Heart Failure
- Pneumonia
- Inpatient and Outpatient AMI and Chest Pain
- Surgical Case Improvement Project—9 measures
- Inpatient and Outpatient stroke
- Outpatient Surgery
- Emergency Department Throughput
- Venous-thromboembolism
- Perinatal Care
Mandated Reporting

National Health Safety Network
Manually Entered by IPPS hospital staff:

- Catheter Associated Urinary Tract Infections
- Central Line Blood Stream Infections
- Surgical Site Infections
- Methicillin Resistant Staph Aureus
- Clostridium Dificile
- Vaccinations—all employee healthcare personnel, licensed Independent practitioners (physicians, NP, PA), adult students, trainees and volunteers.
- Also conferred to Section of Epidemiology per recent regulatory mandate

HCAHPS Survey—Patient Satisfaction Survey
Mandated Reporting

Hospital-Based Inpatient Psychiatric Services Core Measure Set

HBIPS-1 Admission screening for violence risk, substance use, psychological trauma history and patient strengths completed

HBIPS-2 Hours of physical restraint use

HBIPS-3 Hours of seclusion use

HBIPS-4 Patients discharged on multiple antipsychotic medications

HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification

HBIPS-6 Post discharge continuing care plan created

HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge
Voluntary Reporting

- National Database for Nursing Quality Improvement (NDNQI)
- Association for Healthcare Research Quality (AHRQ)
- LeapFrog
- Medicare Based Quality Improvement Project—CAHs only
Voluntary Reporting--continued

• Critical Access Hospitals- Medicare Based Quality Improvement Project
  • Emergency Inpt & Outpt—7 measures
  • Heart Failure—3 measures
  • Pneumonia—2 measures
  • Acute MI inpt & Outpt—8 measures
  • Surgical inpt & outpt—9 measures
  • Influenza—2 measures
  • Perinatal—1 measure
  • Stroke—8 measures
  • VTE—6 measures
  • HCAHPS
  • Mortality Readmissions/Complications
  • HAI Measures
CMS Pay for Performance

• Value Based Purchasing Score

• Readmissions Score

• Hospital Acquired Condition Score
Scoring Highlights

• Data is up to 2 years old, depending on the measure
  
  Gold Standard is concurrent review of data

• Broad variance in interpretation of many metrics, documentation of care, and billing coding

• There are winners and losers
Based on a Bell Curve

There will be winners and losers
Pay for Performance

Up to 6% Medicare Part A revenue at risk:

- Value-based Purchasing (2%)
- Readmissions (3%)
- HAC (1%)
- Commercial Payer P4P Programs are certain to follow
Summary of Measurement, Reporting and Scoring Penalties

• The number of metrics has increased enormously over the past 5 years
• The mandates are continuously changing—adding new ones and rarely subtracting
• Analysis at the federal level is too retrospective
• Aggregation diminishes value of the data
• The increase in mandates and penalties achieved the timely goal of grabbing the attention of hospital leadership, but…

...More data mandates and penalties potentially counterproductive

There is plenty of data and a scarcity of time/staff to use the data for improvement
Overview: ASHNHA Statewide Quality Effort
Triple Aim

1. Improving the patient experience of care

2. Improving the health of populations

3. Reducing the per capita cost of health care
Hospital Engagement Network goal:

To Reduce Hospital Acquired Conditions by 40% and reduce preventable readmissions by 20% by December 08, 2014.
- Central line-associated blood stream infections (CLABSI)
- Catheter-acquired urinary tract infections (CAUTI)
- Surgical infections and complications
- Venous thromboembolisms (VTE)
- Adverse drug events
- Falls
- Birth-related injuries
- Pressure ulcers
- Ventilator-associated pneumonia (VAP)
- Readmissions
# ASHNHA Statewide Quality Effort

<table>
<thead>
<tr>
<th>HEN Participants</th>
<th>Non-HRET HEN Participants</th>
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<tr>
<td>Alaska Psychiatric Institute</td>
<td>Fairbanks Memorial Hospital</td>
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## ASHNHA Statewide Quality Effort

**HEN Participants:**
- Alaska Psychiatric Institute
- Alaska Native Medical Center
- Alaska Regional Hospital
- Bartlett Regional Hospital
- Central Peninsula Hospital
- Maniilaq Health Center
- Mt. Edgecumbe Hospital
- Norton Sound Health Corporation
- PeaceHealth Ketchikan
- Petersburg Medical Center
- Sitka Community Hospital
- South Peninsula Hospital
- Wrangell Medical Center
- Yukon Kuskokwim Health Center

**Non-HRET HEN Participants:**
- Fairbanks Memorial Hospital
- Providence Anchorage Medical Center
## Education and Training

### Weekly Webinars

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>9/9  10-10:30am</td>
<td>Medicare's Hospital Inpatient Quality-Based Payment Reforms for FFY 2015 and Looking Ahead to FFY 2016, Kevin Krawiecki, DataGen</td>
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<tr>
<td>9/16 1-1:30pm</td>
<td>CAUTI Talk, Barb DeBaun, Cynosure</td>
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<td>9/23 1-1:30pm</td>
<td>Intro to Livanta</td>
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<td>9/30 1-1:30pm</td>
<td>Mountain-Pacific 11th SOW</td>
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<td>10/7 1-1:30pm</td>
<td>How to fully implement beside opioid monitoring in less than 90 Days, Lisa Maloney, Caldwell Medical Center</td>
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ASHNHA Quality Conferences

3 Quality Conferences in 2 years

• Focus: Evidence-Based Practice
  ➢ Readmissions
  ➢ Adverse Drug Events
  ➢ Patient and Family Engagement
  ➢ Patient Safety Culture Development

• Attended by over 60 attendees representing all hospitals in AK
Boot Camps and Subject Matter Expert Site Visits

Dr. Tremain
- Adverse Drug Event Reduction Boot Camp
- 5 Site visits
- Post-site visit support

Dr. Quigley
- Facilitates and Statewide Falls Calls
- Site visits to 13 acute and LTC in 2013/14
- Post-site visit support with individual teams and during statewide calls
Mentors for Quality—M4Q

• 7 Mentoring Pairs
• QI/IP Focus Project
• Mentoring site visits
• Weekly mentoring calls
• Biweekly Education
• Biweekly Round Table
• Poster Session Presentations Oct 23-24th, Pt. Safety Conference
Graph Key

- 1490 AHA HEN participating hospitals across the US
- **All AK** hospitals combined rate
- **PPS** hospitals combined rate
- **Critical Access** AK hospitals combined rate
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• CAH’s made huge advancements between 2012 and mid-2013. They had a 12-month run of no CAUTIs beginning in April 2013.
• Nov-13 and Jul-14 saw no reported CAUTIs in the state.
Ventilator Associated Events
Rate of Possible, Probable VAP / 1000 Vent Days

- All Project Organizations Rate
- AK Organizations Rate

Actual number of patients with possible VAP

Jan-13  Jul-13  Jan-14
2  2  1
Central Line Blood Stream Infections
Rate of hospital-acquired CLABSI /1000 Line Days

No month exceeded 3 CLABSIs among all AK hospitals reporting
Preventable Readmissions
Rate of 30-day inpatient readmissions / 100 live discharges

4Q13 had very low submission, which appears to affect the combined rates
Pressure Ulcers
Rate of hospital acquired stage III or greater ulcers /1000 discharges
Adverse Drug Events
Rate of reversal agents needed /100 pts on opioids
VTE

Patients with hospital-acquired VTE who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing.
Cesarean Section
Cesarean Frequency Rate/100 NTSV

- Target is < 20
- 10 Hospitals report
- Initial data is excellent
Early Elective Deliveries
Rate of Elective Deliveries 37-39 Weeks /100 Patients with non-elective delivery

Hospitals with no EEDs reported:
- ANMC
- FMH
- Maniilaq
- Petersburg
- Sitka
- South Penn
- Yukon-Kuskokwim
Falls
Falls Rate With/Without Injury /1000 Inpatient, Observation Days

Spikes in falls rates are generally due to falls in smaller hospitals with lower patient days.
Acute Falls

= Fall with out injury  = Fall with injury  = Zero Falls

Interventions:

1  2  3-6  7-10
“Winning by Reducing Harm”
Project Champions: Barbara Jacobson, Debra Samson, Kathy Katongan

Date: 11/21/2013

Aim Statement
YKHC’s vision is to describe the process to systematically monitor quality of care, identify and drive opportunities for hospital and organizational improvement, and prioritize initiatives to increase patient safety.

Defining Moments
- Implemented CHF D/C instructions upon admission, discharge with Yu’pik translators
- Education to the nursing staff on CORE measures
- Corporate-wide changes from paper to EMR (RAVEN)
- Implemented Post Fall Huddle/Awareness campaign

Run Charts

Lessons Learned
- Physician and nursing engagement is key to drive success
- Employee awareness of Harm Across the Board (HAB)

Recommendations and Next Steps
- Presentation on HAB corporate-wide including the YKHC Board
- Develop CORE measures that are comparable that nation-wide and state-wide

Team Members
Barbara Jacobson, CNE
William Schreiner, PI Director
Ronald Bowerman, MD
Sue Varholo, InpV/OR Manager
Rachelle White Asst Inp Man
Melanie Gibson, Pharmacy
Director
Debra Samson, RN PI
Kathy Katongan, PI
Linda Weisweaver, RM
Lori Chikoyak, Inf Control
Sandra Abdiu, BH QA

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<table>
<thead>
<tr>
<th>Hand Hygiene Compliance</th>
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**SCORECARE:**

- **ON TARGET-ABOVE 90%**
- **NEEDS IMPROVEMENT-75%-89%**
- **NEEDS IMPROVEMENT, SUBSTANDARD-LESS THAN 75%**
Bartlett Regional Hospital

DAYS SINCE LAST:

CAUTI
(Catheter Acquired UTI)

6 Months

REMOVE THAT URINARY CATHETER!
Summary of Collective Quality Effort

Critical Elements

- Effort is voluntary
- Supported by education evidence based, face-to-face with subject matter experts
- Driven by data

Successes

- Statewide participation and data submission
- Deep organizational engagement

Challenges

- Lag in payment reform stunting QI progress
- Depth and stability of workforce
Steamship Cottage City
Skagway Bay, Alaska
READY FOR HAPPY HOLIDAY

Hugh J. Wade, 5, and his sister, Megan, 2, couldn’t be more delighted with their baby sister, Gretchen Marie, being held here by their mother, Mrs. Jerry Wade, 4800 Shelikof St., now that she’s at home with them. The infant was born with a partially absent and misconnected esophagus, which made surgery necessary when she was less than a day old. Now 15-days old, the infant was the third child in the state’s history to have successful corrective surgery for this condition.
Today vs 1970

Less empathy?

Less skill?

Less training?

Less knowledge?

Less passion?
Exceptional not Anomalous
Yes--We Can and Must Do Better

• Standardize Care

• Employ Evidence Based Medicine

• Hospitals Co-lead with strong physician role

• Data Driven Quality Improvement

• Multi-stakeholder Collaboratives
Thank You

Greta Wade, RN
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Alaska State Hospital and Nursing Home Association
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