



# THE QUALITY INSIDER

ISSUE 3 • JAN 2020



## WHY IS TEAMWORK IMPORTANT IN HEALTHCARE?

### Table of Contents

---

The Team Approach • pg. 2

---

Great Catches • pg. 3

---

Quality Initiatives • pg. 4 - 6

---

Performance Metrics • pg. 7 - 11

# Taking the Team Approach

WRITTEN BY PAUL CARRINGTON AND NIKI GRIFFITH

Very few industries match the scale of health care. In the United States alone, an estimated 85% of the population has at least one health care encounter per year. A single visit requires collaboration among a multidisciplinary group of clinicians, administrative staff, patients, and their loved ones. During an average three-day medical inpatient stay, a patient will encounter 18 different healthcare workers. During a three-day surgical stay, the patient will, on average, encounter 28 healthcare workers. This study does not reflect the contributions of workers in housekeeping, billing office, medical records, pharmacy, etc.

Ineffective care coordination and sub-optimal teamwork processes are a public health issue. Health care delivery is complicated, and the stakes are high. The coordination and delivery of safe, high-quality care demand strong teamwork and collaboration within, as well as across organizational, disciplinary, technical, and cultural boundaries.

We know that caring for patients is a group effort. Henry Ford once said, "Coming together is a beginning, staying together is progress, and working together is a success." Regardless of our role providing comprehensive care cannot be done with each member of the care team operating in a vacuum - isolated from the rest of the care team. Each one of us must work together and combine our talents and expertise to provide our patients with the level of care we promise.

Our transition to small quality improvement teams has been very beneficial to our overall quality program. The cross-collaboration among the team members is exciting to experience. The discussions and collaboration are refreshing, positive, and focused on finding solutions. Pratt Regional Medical Center is on a journey to find opportunities to collaborate more than ever before. This issue of the Quality Insider will seek to highlight opportunities that may play a pivotal role in the next level of success for PRMC. We hope that as you read this edition of the Quality Insider, collaboration ideas come to mind. We then ask that you share these ideas so that the opportunity can be realized.

“

*Great things in business  
are never done by one  
person; they're done by  
a team of people.  
-Steve Jobs*



# Great Catch!

## Protecting Patients From Sepsis

Did you know that more than 1.7 million adults develop sepsis each year, and of those 1.7 million, at least 270,000 of them will die? Sepsis happens when an infection worsens to the point of triggering a chain reaction throughout your body, leading to organ damage or even death. Our patients count on us to understand the risks, detect the signs, and act fast to this life-threatening illness. Research shows that rapid, effective sepsis treatment ensures adequate blood flow to vital organs and improves their ability to survive. Our goal is to get all recommended treatments started within 1-hour of when the patient first shows signs of severe sepsis. Both Dana Vasholtz and David Sherraden demonstrated incredible teamwork on a patient who recently arrived at our emergency department. Because of their ability to think critically, communicate effectively, and respond promptly, this patient received all of the sepsis bundle elements (blood cultures, lactic acid, antibiotics, and IV fluids) within twelve minutes of severe sepsis identification. Excellent work to the both of you during this case!



## Follow-Up Phone Calls

Providing excellent and compassionate healthcare services remains our primary focus at PRMC. At times, this has become increasingly more complex as we begin to focus our efforts on providing care beyond discharge and into the community. Following up with the patient after discharge remains essential in identifying areas of opportunity to improve upon our discharge process. Deb Ryan has made another great catch this last quarter after finding a discrepancy in the patient's discharge medications. A medication to prevent blood clots following surgery was ordered to be taken twice per week instead of the intended twice per day. After collaboration with all key members, this error was fixed, the patient was put on the correct dosing schedule, and the patient suffered zero harm. Thank you, Deb, for your excellent attention to detail.



# More Than Coding...Efficiency through Purpose-Driven Decision Making

Written by: Amanda Vandervoort

Great coders are hard to find! Health Information Management (HIM) coders translate physician documentation into billable codes. They speak a language of their own and become highly valued experts that are essential to operations for the healthcare business. In recent years, competition for competent and certified coders led to a consolidation of the market and outsourcing.

When the department got the news that our outsourced coding service would increase more than 140 percent in cost, we knew it was time to consider other options. Since coding is a continuous process that is critical to our PRMC revenue cycle, a break in service was not an option. Therefore, we simultaneously sought local employee candidates, remote candidates, and alternate vendors to determine the best course of action.

Using nationally recognized standards through The American Health Information Management Association (AHIMA), we calculated hours needed to fulfill the acute coding workload at PRMC.

We believe that employing rather than outsourcing, when possible, helps support our PRMC Value of Community Responsibility. Our project goals included accurate, timely, and compliant coding and finding a service-minded employee who was connected to rural health and engaged with our mission and vision. We are happy to welcome Rhonda Nighswonger to the PRMC team to join our outpatient coder, Vickie Brown. Rhonda works from her home in Alva, OK and comes on-site monthly. This change led the way to an annual cost reduction of about \$45,000. Not only that, we also gained intangibles in the form of a rural culture connection, quality, increased control, and the ability to develop relationships that support our operation.

The benefits have not stopped there. Since making the switch, our un-coded days have dropped from an average of 5.2 to as low as 2.3. Our coders are working synergistically and have increased efficiency in a tremendous way. The new norm is emerging well under our goal of 4 days. The un-coded balances once routinely hovered around \$1.5 million and are currently below \$600,000. Accounts are submitted for billing faster than ever, effectively supercharging our revenue cycle! This project has been an enormous success for the HIM department and PRMC as a whole.



“  
*In the middle of every  
difficulty lies  
opportunity.*  
-Albert Einstein

# EVS: Delivering on the Promise of Excellence

WRITTEN BY: PAUL CARRINGTON

Florence Nightengale, a founding figure in the profession of nursing, helped to establish the knowledge and understanding of how the environmental condition impacts the healing process. Over 150 years later, hospitals continue to focus their attention on improving the environmental conditions to keep both staff and patients free from harm. To help support our mission of excellence and compassion, the housekeepers will be implementing several new tactics over the coming weeks. Optimizing communication with the EVS department was the first problem we needed to address. Now, all requests for environmental issues can be submitted through the email [housekeeping@prmc.org](mailto:housekeeping@prmc.org). This process is very similar to both our IT helpdesk and Maintenance requisitions - helping us to prioritize, assign, and track the requests.

Secondly, we are now routinely using the Clorox 360 Sprayer in all waiting areas during the periods of high-exposure. This machine will effectively eliminate any virus or bacteria left on surfaces - keeping our staff, patients, and visitors safer. High traffic areas such as public restrooms can have a significant impact on our customers' perception of cleanliness; therefore, we created a rotating schedule to ensure our public restrooms receive an hourly walk-through by our housekeeping staff. Another high traffic area is our cafeteria. We recently purchased sanitation stations that are food safe. These stands can be found in the cafeteria and near the main entrance allowing for staff and visitors to sanitize their hands or wipe down surfaces before use. Lastly, to add a personal touch to our patient's experience, we will begin supplying the patient or family member with a card that includes the EVS contact information and the name of their person responsible for cleaning the room. These small steps will help us to be more responsive to needs and proactively protect everyone from unnecessary illness.

## We've Moved In!

We are happy to announce the transition in laundry services has been very smooth. The high volume of patients over the last few weeks has been a great test to our ability to keep up - averaging around 1000 pounds of laundry each day. We appreciate everyone's patience and support over the last few months. As we continue to streamline our workflows please do not hesitate to reach out with any requests or concerns. Overall, the project has been a huge success!



It was my pleasure to clean your room.

Our goal is to exceed your expectations please let us know if there is anything we can clean for you.  
Thank you

## Using Teamwork to Streamline Financial Processes

Over the past decade, the healthcare industry continues to experience declining reimbursement, and rising costs. This type of trend elevates the importance of accounts receivable (A/R) management. Reducing days in A/R is an important strategic imperative for healthcare facilities as they struggle to manage increasingly slim margins. A/R days indicates the time it takes a facility to collect payments due.

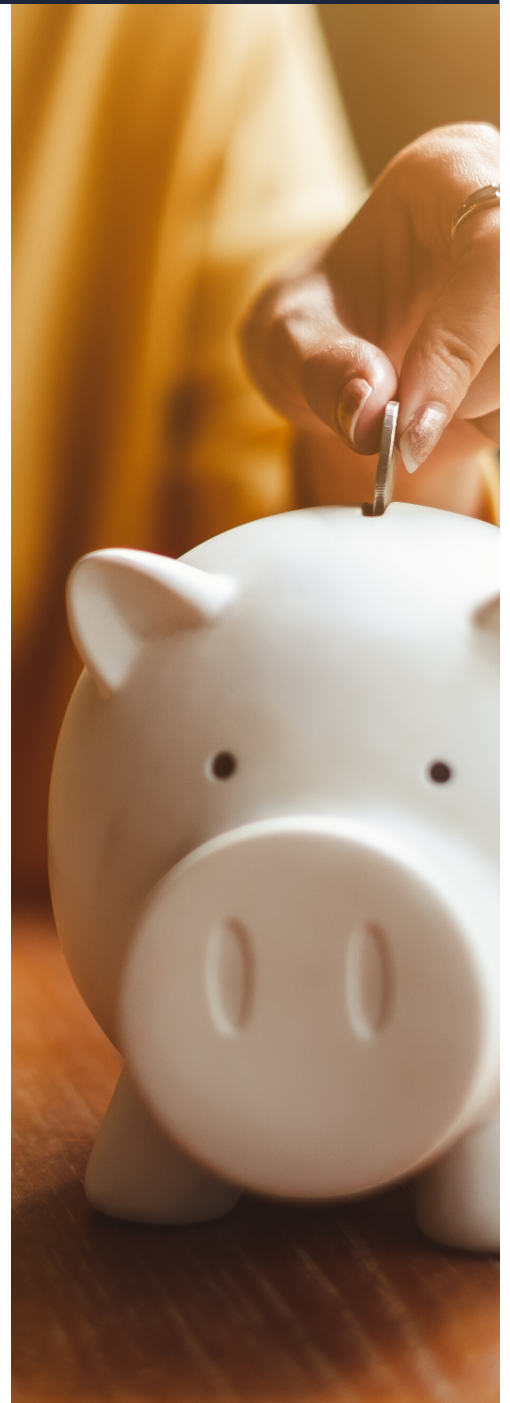
Historically, we have averaged around 60 days. However, through focused efforts to eliminate A/R bottlenecks we have reduced that average to 44 days - each day equaling around \$200,000 cash. All key players in our revenue cycle deserve a huge pat on the back for a job well done. Every day we can get back can result in fewer days in A/R, more revenue, and improved profits.

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## The Vision for Discharge Planning

by Brittany Schmidtberger

A trip to the hospital is an intimidating event for most patients and their families. The hospital staff and families primarily focus on the patient's medical treatment giving minimal thought about what happens when the patient leaves the hospital. Yet, the way this transition is handled – whether the discharge is to home, a rehab facility, or nursing home is essential to the health and well-being of the patient. Studies have found that improvements in hospital discharge planning can dramatically improve the outcome for patients as they move to the next level of care. There are more than 35 million hospital discharges annually in the United States and addressing weaknesses in the discharge process has been on the Medicare regulatory agenda for some time. On November 29, 2019, a new discharge rule went into effect focused on addressing barriers to care coordination. The changes will dramatically affect how hospital discharge planning departments operate. Our department is strongly focused on updating our workflows to ensure we comply with the new requirements. Over the next few months, our focus will be on optimizing communication, redefining job functions, and updating policies. These changes will demand a team effort. Please help to assist and support one another through these significant changes so that we can continue to provide our patients with excellence and compassionate healthcare services.



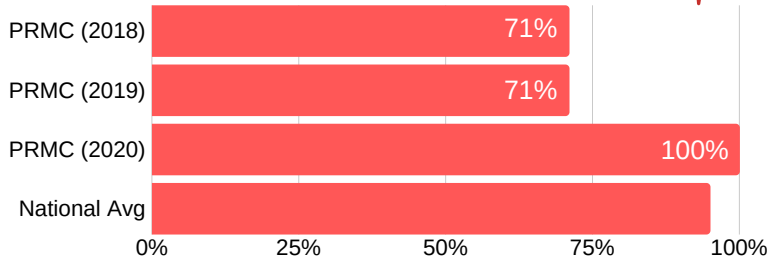
# Time Sensitive Diagnosis

\* 2020 Data from Oct 2019-Dec 2019

\* National Benchmark from Hospital Compare

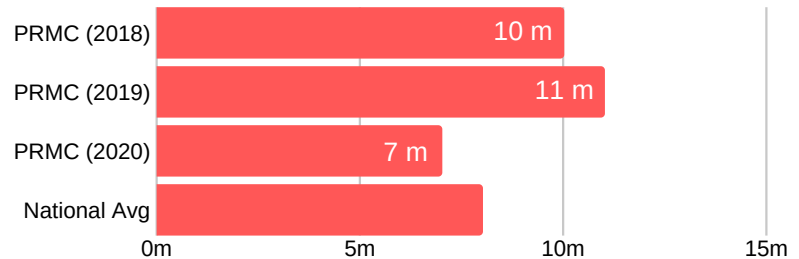
## Aspirin Administration to Chest Pain Patients (\*Higher is better)

Every patient presenting to the Emergency Department with a complaint of chest pain should receive 324 mg Aspirin during their ED visit. This bar-graph (*right*) shows our most recent percent compliance comparative to the National Benchmark.



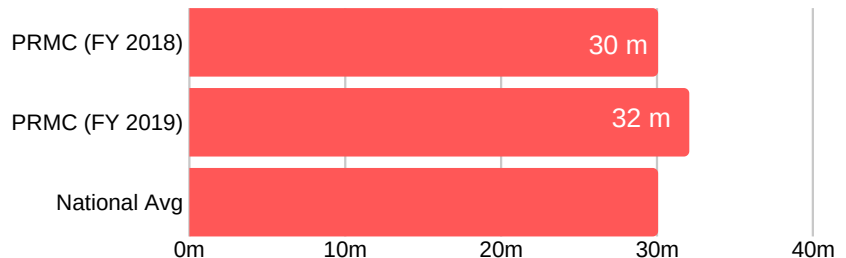
## Average Time to EKG for Chest Pain Patients (\*Lower is better)

Every patient presenting to the Emergency Department with a complaint of chest pain should receive a 12-lead EKG. A 12-lead EKG is the 'gold standard' diagnostic tool for cardiac events. This bar-graph (*right*) shows the speed at which PRMC obtains an EKG compared to the National Benchmark.



## Average Time to Clot Busting Medication for AMI Patients (\*Lower is better)

Every patient presenting to the Emergency Department with a diagnosed STEMI should receive either cath-lab intervention or clot busting medication as soon as possible. This bar-graph (*right*) shows the speed at which PRMC administers a clot busting medication compared to the National Benchmark.



• Note: Not enough data for FY2020

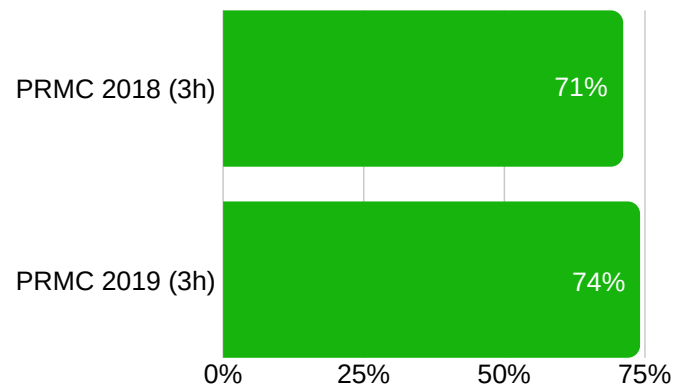
## Sepsis Bundle (\*Higher is better)



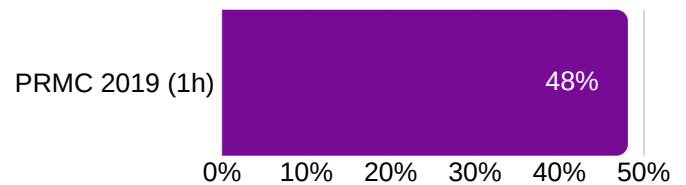
Every patient who is identified as meeting "Severe Sepsis" criteria should receive all elements of the Sepsis Bundle. Severe Sepsis is a life-threatening condition that if left untreated can develop into Septic Shock and/or death. The Sepsis Bundle elements include:

- Blood Culture Collection
- Lactic Acid Testing
- Antibiotic Administration
- Intravenous Fluid Resuscitation (30ml/kg)

This bar-graphs (*right*) show the percentage of patients who received all 4 sepsis bundle elements within a 3-hour window (*upper*) and those that received them within a 1-hour window (*lower*) of Severe Sepsis identification.



- **Note: Not enough data for FY2020**



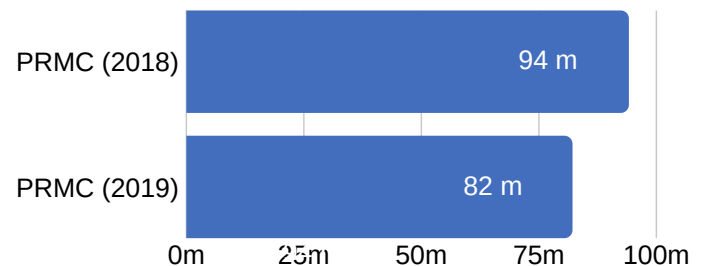
- **Note: Not enough data for FY2020**

## Average Time to Head CT/MRI Interpretation for Stroke Patients (\*Lower is better)



Every patient who is presenting with stroke-like symptoms should receive a head CT or MRI as soon as possible.

This diagnostic tool helps to differentiate the type of stroke and possible treatment options. This bar-graph (*right*) shows the speed at which a head CT or MRI is completed and interpreted compared to the National Benchmark.



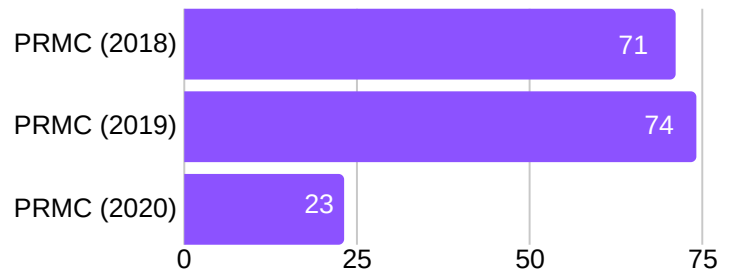
- **Note: Not enough data for FY2020**

# 30-day Readmissions

\* 2020 Data from Oct 2019-Dec 2019  
\* National Benchmark from Hospital Compare  
(\* **Lower is Better**)



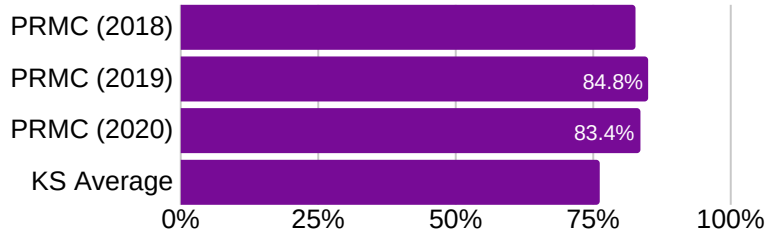
Payers will monitor every patient who is admitted to PRMC under Inpatient status for 30-days following discharge. If the patient returns as an Inpatient to PRMC or any other hospital, it will be considered an unplanned return. At the end of the year, hospitals will be given their overall rate for readmissions. If this rate is higher than the expected rate, a penalty will be applied to the facility. This bar-graph (*right*) shows the number of patients returning to PRMC within 30-days of discharge.



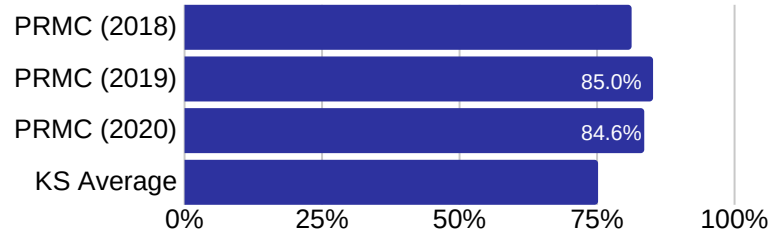
# Patient Experience

## Inpatient Experience (HCAHPS-Press Ganey)

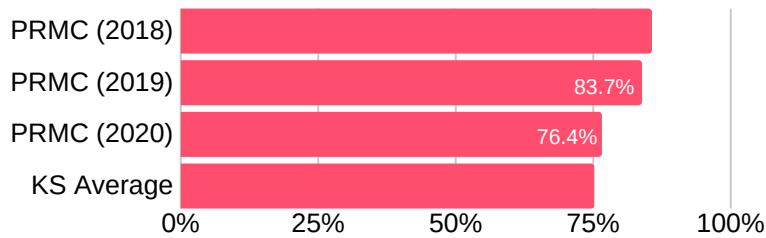
### Hospital Rating



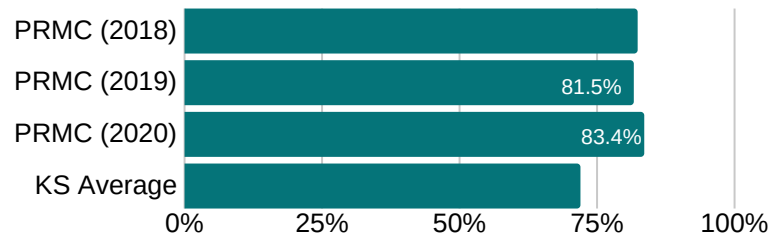
### Recommend Hospital



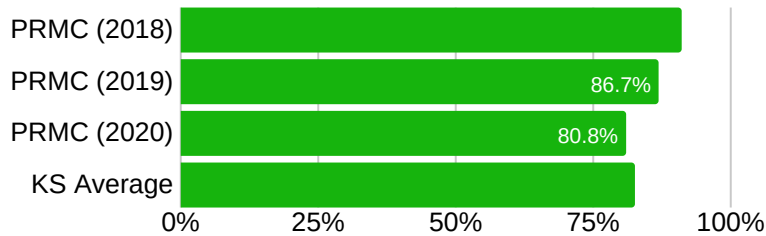
### Communication w/ Nurses



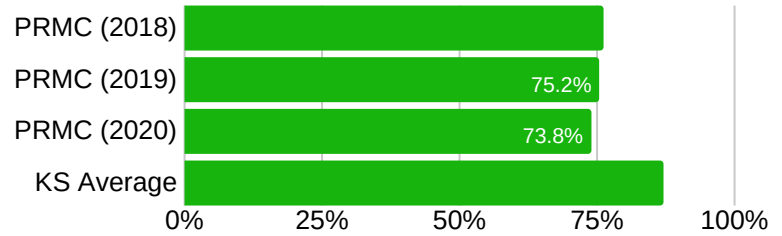
### Responsiveness



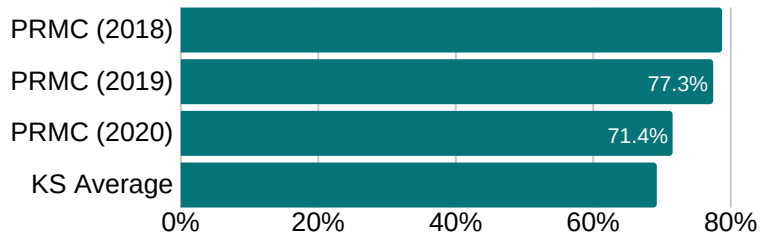
### Communication w/ Doctors



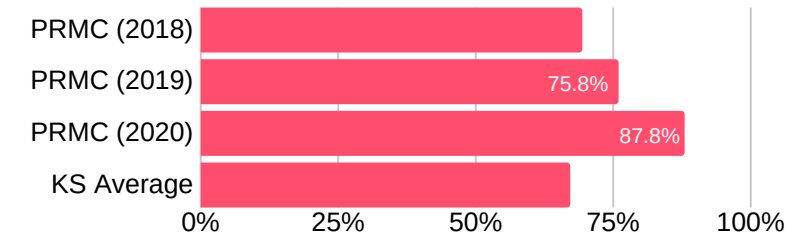
### Hospital Environment



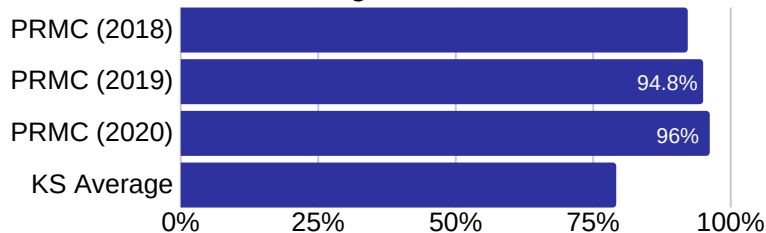
### Communication about Pain



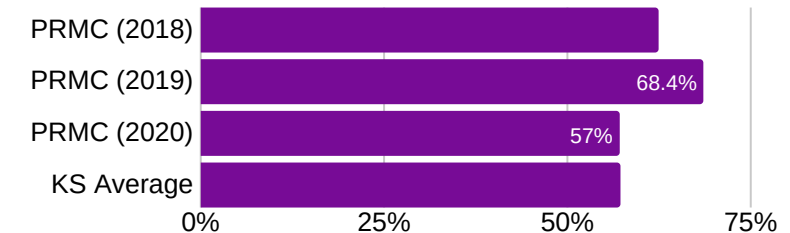
### Communication about Medications



### Discharge Information

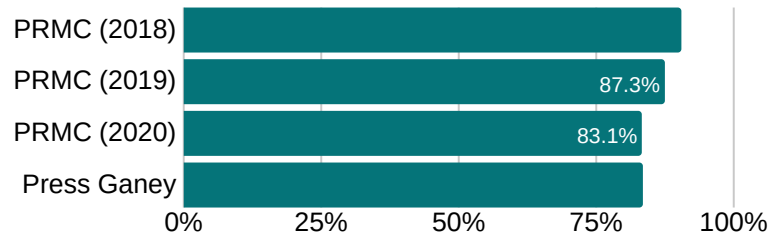


### Care Transitions

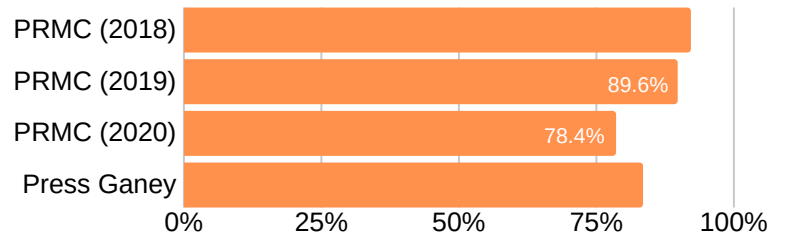


# Outpatient Surgery Experience (OAS CAHPS - Press Ganey)

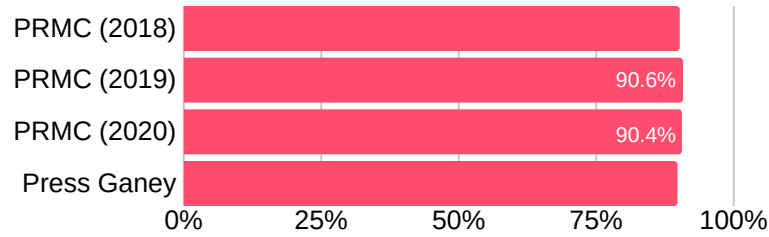
## Facility Rating



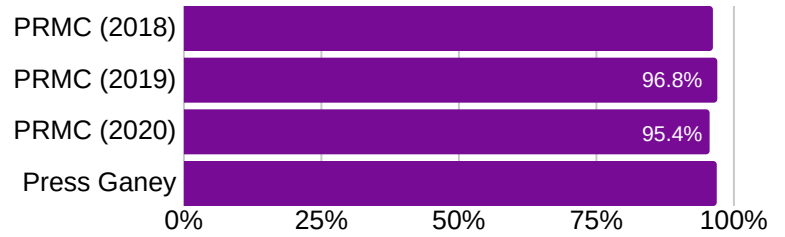
## Recommend the Facility



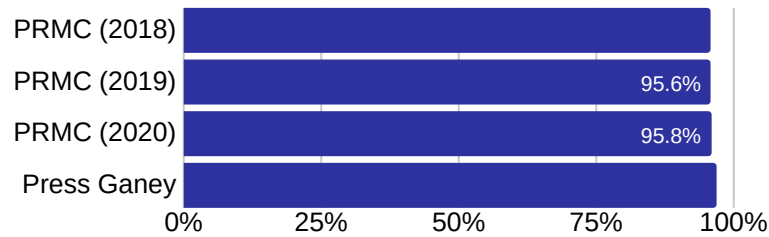
## Communication



## Facility/Personal Treatment

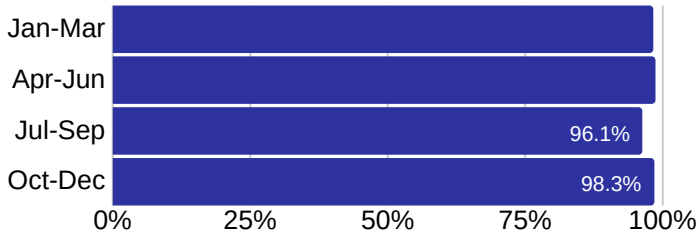


## Discharge

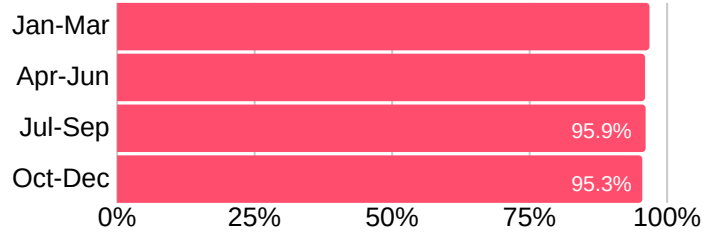


# Outpatient Services (Feedtrail)

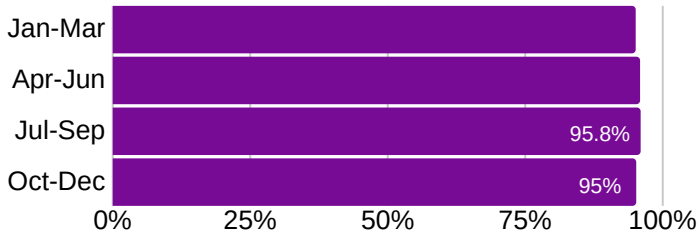
## Imaging Services



## Clinic Services



## Lab Services



## Emergency Department

