



# THE QUALITY INSIDER

The Official Quarterly Newsletter of the PRMC Quality Program



## COVID-19: A LESSON IN RESILIENCE, BALANCE, AND ADAPTABILITY

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We are approaching week six of our pandemic preparation, and some lessons are beginning to emerge. Some are crystal clear - like, our nation's view on the importance of toilet paper and how much we failed to appreciate what we all wished we could go back to. The other lessons that come along with this pandemic are still fuzzy, each day coming more into focus. Some of the lessons learned over the past few weeks and the actions taken because of them will be covered throughout this quarterly edition of the Quality Insider.

### WHAT'S IN OUR LATEST ISSUE:

**COVID-19 Preparation**

**Performance Metrics**



## LESSON #1: THE IMPORTANCE OF HAND HYGIENE

As the nation faces a national shortage of the critical supplies needed to care for COVID-19 patients, we learn to rely on our individual safety measures. Social distancing through visitor limitations and good hand hygiene are two essential pieces to keeping both our patients and staff safe. Our most recent hand hygiene performance shows an average of 20 percent improvement, with one area performing at a 94 percent compliance. This data helps to validate alignment across the organization and is one of the simplest, cost-effective steps staff can take to prevent the spread of coronavirus.



## LESSON #2: OUT OF CRISIS, COME NEW OPPORTUNITIES

*"The most valuable lessons aren't taught, they're experienced."*

*-Anonymous*

Although the concept of telehealth has existed for quite some time, it's been relatively slow to catch on. However, necessity is often known as the mother of invention. Social distancing and stay-at-home orders due to COVID-19 has forced PRMC to pursue alternative models of care delivery to maintain a source of revenue. Actions by state and federal officials to reduce regulatory burden, our providers' willingness to adopt alternative models for clinic services, and the help of our information systems have made telehealth a reality for PRMC. Using the tool Qliqsoft, a tool purchased initially for secure texting, we now have the capability of virtual visits. Virtual visits enable our clinicians to initiate a visit request with their patients through a secure text message. Once the patient accepts the message, the provider can engage with the patient using video technology. All of this capability can be achieved without requiring the patient to download any application or risk exposing themselves to the virus. This capability may be a tipping point for PRMC. It could have a significant impact on how we operate in the future. After all, remote healthcare allows patients to be cared for more efficiently, taking the strain off healthcare facilities and reducing overall operating costs.



## LESSON #3: THE FINE ART OF BALANCED DECISION MAKING

From the beginning of the COVID-19 outbreak, PRMC has tried to maintain a balance in its response. Perhaps, the biggest challenge faced thus far is *when* to make decisions. Make them too slowly, and the event can overtake us and compromise safety. Make them too quickly, and we risk acting rashly, running out of supplies, and not being able to recover financially. This pandemic response globally has been unprecedented. One of the factors that challenges the decision-making abilities is the sea of available information. A few years ago, it took days to gather information on the number of state influenza cases. With COVID-19, we have watched on the edge of our seats as the virus slowly and methodically moves across the globe, nation, and state.

The COVID-19 pandemic has had scientists, epidemiologists, and public health officials scrambling to predict what will happen next. Good decision making is based on the best information at the time and judgment on actions to optimize the outcome. In early March, the guidance from national and state resources was challenging to navigate and often changed two or three times per day.

As the COVID-19 virus began to make its way into the states, PRMC quickly formulated a team of diverse perspectives. The diversity around the table has been vital in the decision-making and problem-solving efforts. This crisis has helped to grow our leadership abilities throughout the organization forcing us to utilize creativity and innovation in preparation for the COVID-19 pandemic. The methods being used at this time include both technology applications and a train the trainer model to help with the dispersion of information. Staff engagement is high as they continue to offer innovative solutions to problems and help us to identify any remaining gaps. Only time will tell if PRMC made the right decisions in response to this pandemic. However, the lessons we have learned throughout this experience will bring lifelong value to Pratt Regional Medical Center.

*"The hardest decisions in life are not between good and bad or right and wrong, but between two goods and two rights."*

*-Joe Andrew*

## LESSON #4: PROTECTING HEALTHCARE WORKERS IS ESSENTIAL

Despite the increases in production, we cannot avoid the reality that demand for the supplies needed to protect our healthcare workers will continue to exceed the available supply for the near future. We must conserve masks and other protective equipment now so that clinicians can be protected later - again part of a balancing act. We must also be strategic in our plans for PPE (personal protective equipment) use and consider extraordinary strategies to extend our supply (e.g., extended wear and reuse). Some of the tactics implemented over the last several weeks are listed below. These tactics not only will help preserve our supplies but also help reduce the spread of transmission risk.



*"People working together in a strong community with a shared goal and a common purpose can make the impossible possible."*

-Anonymous

- Visitor Restrictions
- Reduced Entry Points
- Screening All Visitors
- Social Distancing
- Homemade Masks for All Staff
- Tier-based PPE Use Guidelines
- Donated Supplies
  - Hand sanitizer
  - Sanitizing wipes
  - Face shields
  - Respirators
  - Homemade Masks





## LESSON #5: THE IMPORTANCE OF HOPE

As each day brings more coverage on the COVID-19 pandemic and its impact on communities worldwide, it becomes a challenge to remain positive among all the uncertainty. But isn't uncertainty life's way of reminding us all of how little we can control? Uncertain times also provide us an opportunity to grow closer as an organization and as a community - that is, if we make that choice. The COVID-19 pandemic has everyone stressed. Each day the news headlines are filled with lost lives, people buying up cleaning supplies to sell, hoarding toilet paper, or businesses closing their doors. But, the stories we need to be telling are the ones that inspire hope for the future of healthcare and PRMC. The changes we've experienced throughout this pandemic response has turned our worlds upside down. But, now is the time that we should begin strategizing how we will return to normal. What could we do with the new capability of telehealth? Each influenza season, we have posted signs about visitor limitations, but it's taken a global crisis to standardize a screening process that is followed. This week many large healthcare groups (e.g., The American Hospital Association, The Association of PeriOperative Registered Nurses, and The American College of Surgeons) all collaborated on a road map to resuming elective surgeries. This road map focused heavily on three objectives:

- Steps to Make Surgery Safer
- Steps to Communicate More Effectively
- Steps to Return Staff to the Operating Room

In the coming weeks, PRMC will be researching and adopting guidance from well-respected researchers and large healthcare groups to define our pathway back to normal operations. This pandemic has highlighted many gaps in healthcare that we must be considerate of as we establish our new norm and recover from the financial hit.

We know already that many areas are needing to be optimized from their current state. Some of these areas include streamlining our total joint surgeries, improving charge capture, reducing claim denials, and controlling our costs. Now is the time to focus our attention on internal efficiency, staff training, and taking our healthcare experience to the next level.



*"There is no great future without great hope."*

**#WeAreRuralStrong**

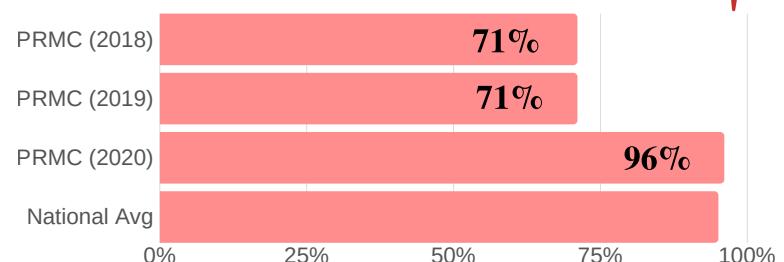
# Time Sensitive Diagnosis

\* 2020 Data from Oct 2019-Mar 2020

\* National Benchmark from Hospital Compare

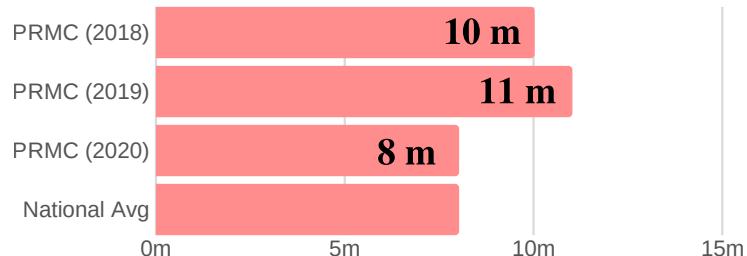
## Aspirin Administration to Chest Pain Patients (\*Higher is better)

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.



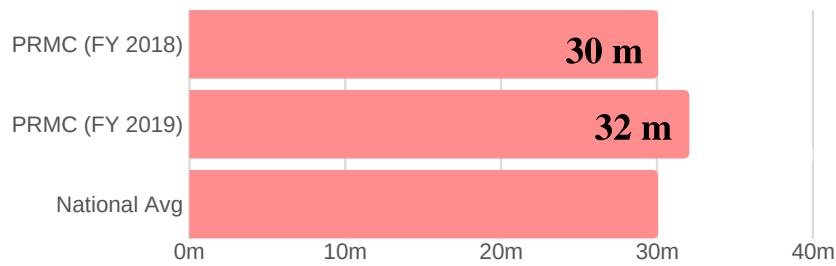
## Average Time to EKG for Chest Pain Patients (\*Lower is better)

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

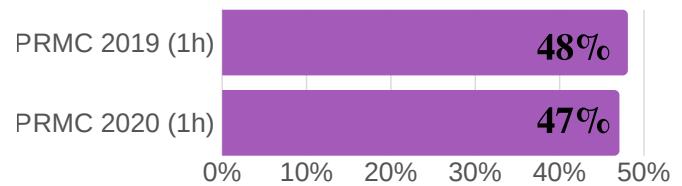
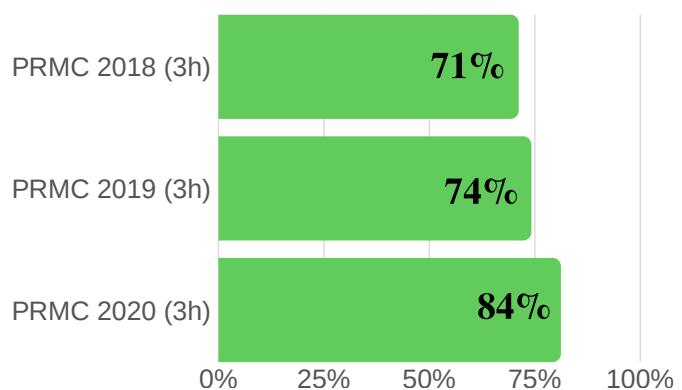
## Sepsis Bundle (\*Higher is better)



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.

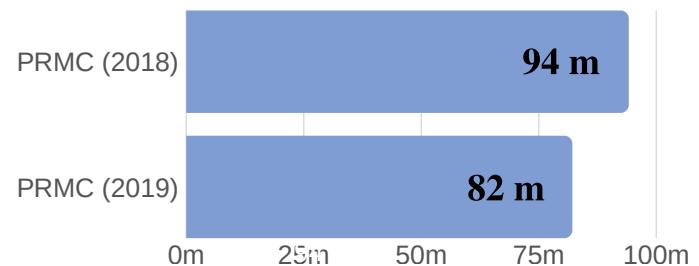


## Average Time to Head CT/MRI Interpretation for Stroke Patients (\*Lower is better)



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.



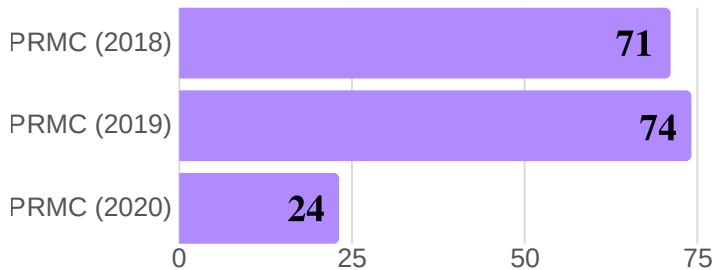
- Note: Not enough data for FY2020

# 30-day Readmissions

\*2020 Data from Oct 2019-Mar 2020  
\*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.



# Congrats!

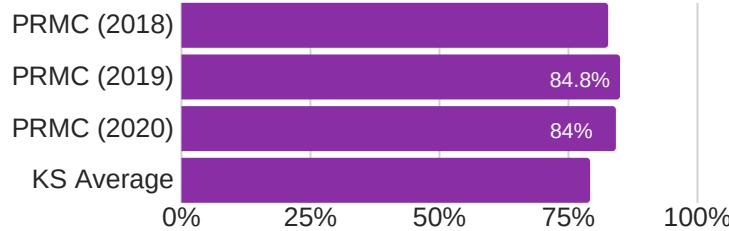
# PRMC

For the Achievement of  
Another 'A' in Safety (Spring  
2020 *Leapfrog Survey*)

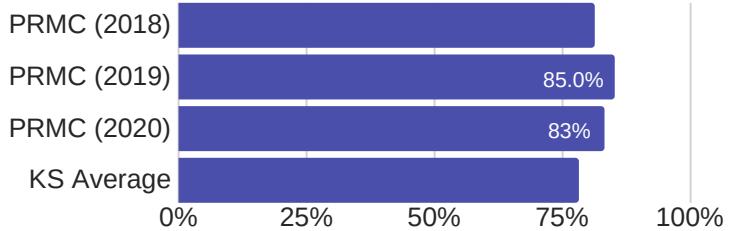
# Patient Experience

## Inpatient Experience (HCAHPS-Press Ganey)

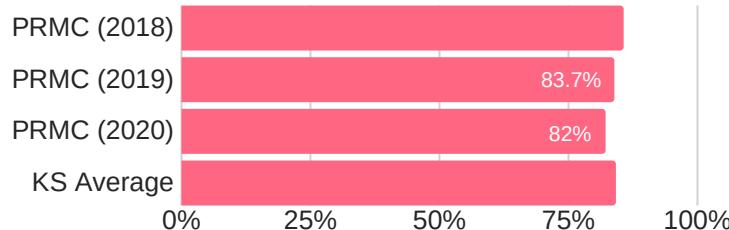
### Hospital Rating



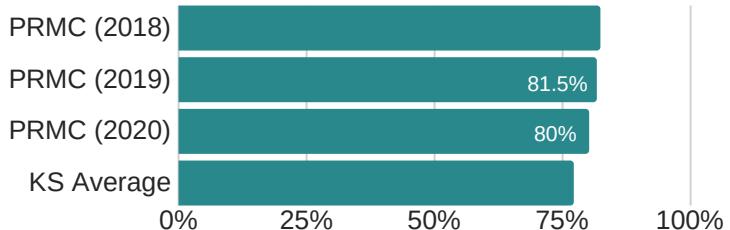
### Recommend Hospital



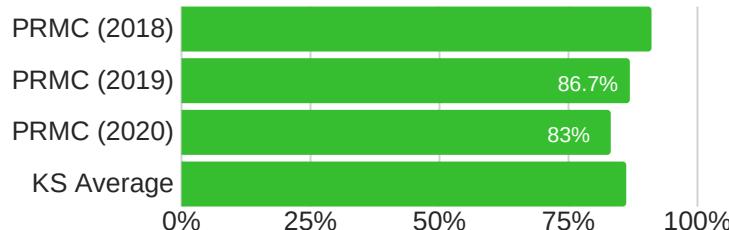
### Communication w/ Nurses



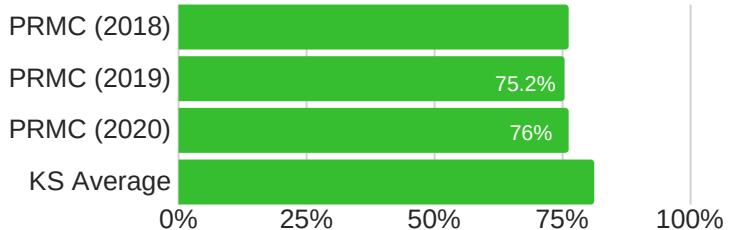
### Responsiveness



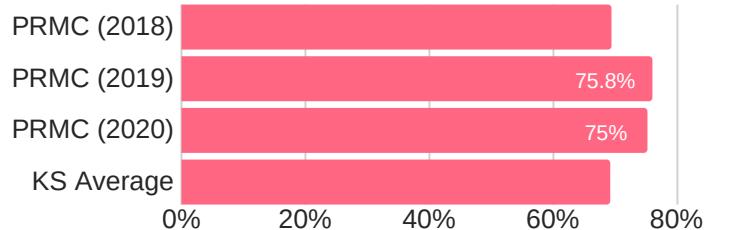
### Communication w/ Doctors



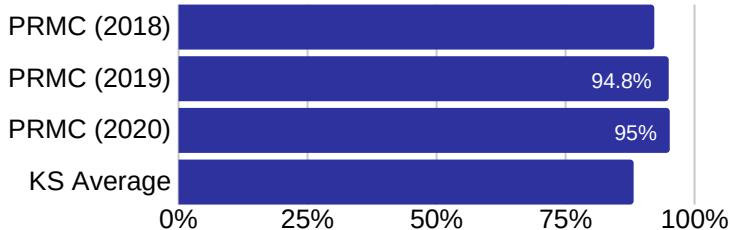
### Hospital Environment



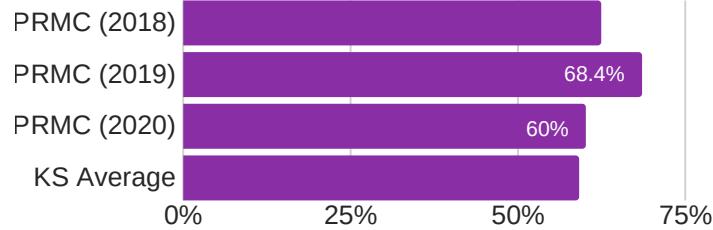
### Communication about Medications



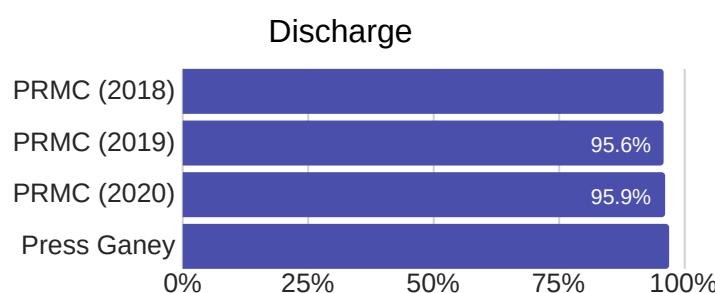
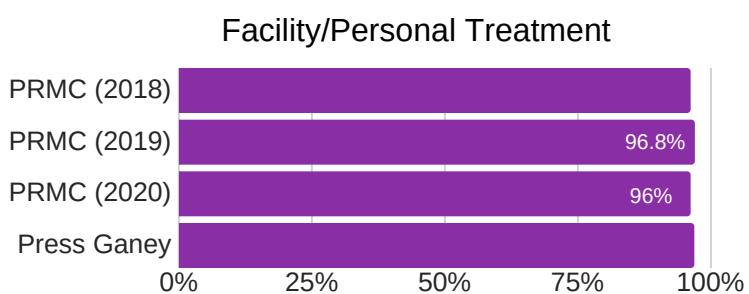
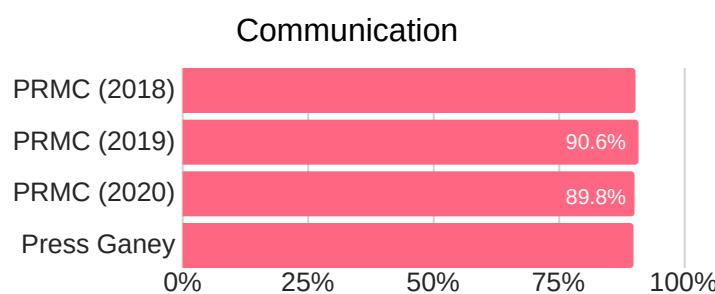
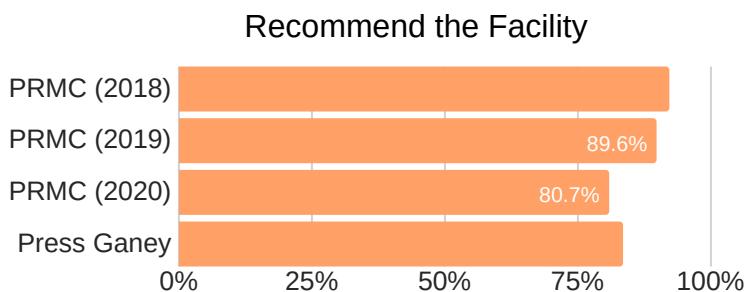
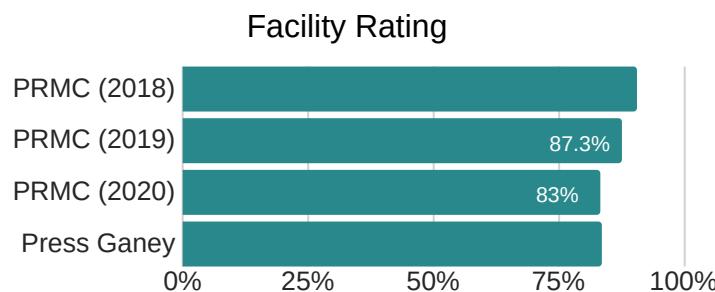
### Discharge Information



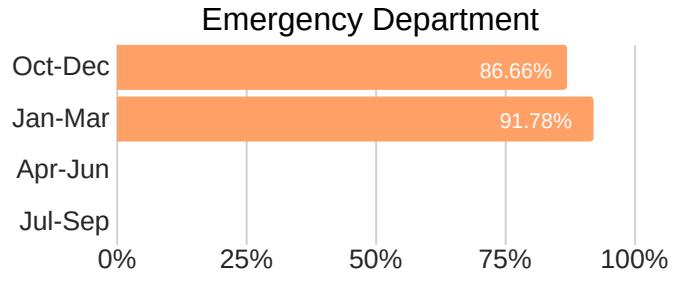
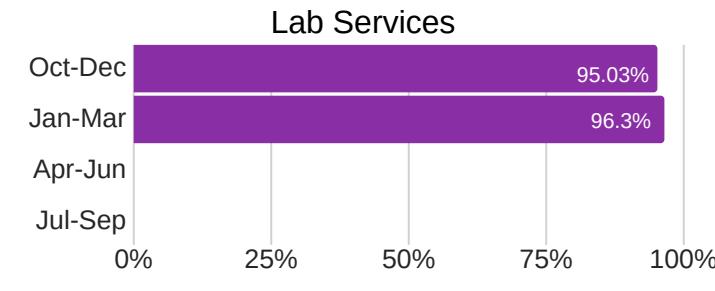
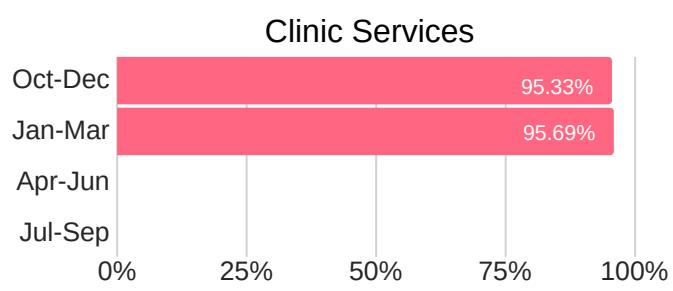
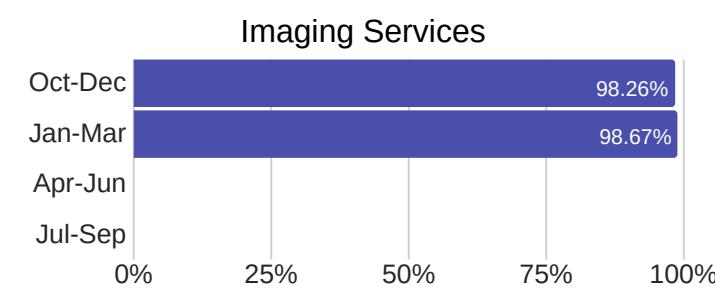
### Care Transitions



# Outpatient Surgery Experience (OAS CAHPS - Press Ganey)



## Outpatient Services (Feedtrail)



# Keep Our Workplace Safe!

## Practice good hygiene



Stop hand shakes and use **non-contact greeting methods**



Clean hands at the door and schedule **regular hand washing** reminders



**Disinfect surfaces** like doorknobs, tables, and desks regularly



**Avoid touching your face** and cover your coughs and sneezes

## Limit meetings and non-essential travels

Use **video conferencing** instead of face-to-face meetings

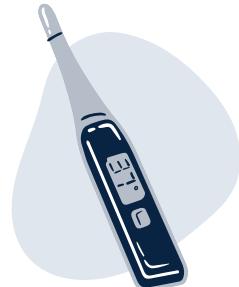
When video calls are not possible, hold your meetings in **well-ventilated rooms and spaces**



**Suspend all non-essential travels and trips**

## Stay home if...

- You are **feeling sick**
- You have a **sick family member** at home



## Take care of your emotional and mental well-being

Outbreaks are a stressful and anxious time for everyone. We're here to support you! Reach out to EMPAC anytime (316)-265-9922