



THE QUALITY INSIDER

ISSUE 1 • JULY 2019



The Quality Journey

WRITTEN BY:

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We are pleased to introduce a new format for our quality report that combines both stories and key performance metrics. The purpose of the new format is in bringing life to the data through the sharing of stories that reflect the dedicated efforts our PRMC healthcare team delivers every day in pursuit of our ultimate goal of providing an excellent and compassionate experience. Following the stories, is our most recent performance in the areas of patient safety, infection control, and patient experience.

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PRATT REGIONAL MEDICAL CENTER
QUALITY REPORT

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The Quality Journey

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While life in western Kansas and Pratt feels insulated, healthcare and the growing focus on quality improvement and benchmarking are pushing us to see how we stack up to our peers in Kansas and across the nation. The healthcare community expects us to compete. Our conditions of participation with CMS (Centers for Medicare and Medicaid Services) demand it. The data allow us to make comparisons, but the improvements we make in our systems and processes as well as adding and working on skills related to communication and leadership are more often reflected in the stories that play out in our hospital every day.

The threat is that we fail to perform at the level our patients expect or that the organizations who pay us demand. To shelter us from this threat we are shifting toward a framework of a High-Reliability Organization. The framework has three primary focuses: leadership, safety, and a dedication to continuous learning and improvement.

PRMC, and more broadly healthcare, has a culture that is commonly reactive to events and environmental changes. A better, more practical solution is to plan and anticipate hazards. Thinking and collaborating as a team across departments allows that to happen and is critical to mission fulfillment.

We have had a journey which has provided gradual exposure over the past five years, which has laid the foundation for quality management principles. From 2015 until today, there have been a series of initiatives that have been very positive for PRMC. We feel our team is ready to take our quality assurance process improvement (QAPI) program to the next level. Part of this step includes focused workgroups working across departments to improve the overall system. As we take a more systems approach towards quality, we will become closer to developing a preoccupation with failure at the employee level, obtain an understanding of the complexity of our work, improve our situational awareness, have deference to expertise with the unique specialties we all have, and make a commitment to resilience. The quality team will help facilitate and support this journey by assisting our leaders and staff through the use of lean process tools, data analytics, and constructive feedback.

With all this in mind, we are planning on sharing stories that reflect the journey of learning and applying new methods, tools, and skills to enhance our operations and the care we deliver at the bedside. We are continuing the journey and are very enthusiastic about what the near future for PRMC will be. We hope you appreciate the stories and what they reveal and expect that the data we report will reflect the results of our efforts toward high-reliability, compassion, and excellence.

Mission: PRMC provides excellent and compassionate healthcare services.



Vision: PRMC will be essential to the health, wellness, and quality of life in our region.

Let's celebrate GREAT CATCH!



While performing follow-up phone calls, Deb Ryan caught a missed order to have the patient follow-up with the surgeon for an incision check following their surgery. Deb made sure to notify the clinic of the communication error so the patient could get scheduled. The clinic made sure the patient was scheduled and notified of their need to follow-up. The patient had their incision checked, as expected. Had Deb not have paid attention to the discharge orders and informed the clinic, this patient would have failed to appropriately follow-up, which could have put the patient at risk for infection. Thank you for bringing this gap to our attention through the QDC system and Great Catch!

A gentleman in his 40's arrived at our Emergency Department complaining of chest pain. Sue Slief, Gentry Schmeidler, and Leann Hogan responded promptly. The patient was found to be having a full-blown heart attack caused by the complete blockage of a heart artery, also known as a STEMI (ST-Elevation Myocardial Infarction). The clinical team was able to identify and begin treating the blockage within 19 minutes of arrival. The patient was safely transferred to Wichita for further treatment. This team's 'great catch' saved this gentleman's life. Great Job!



SYSTEM-WIDE QI PROJECT HIGHLIGHTS



REVENUE CYCLE PROJECT

by Niki Griffith and Paul Carrington

When we ask community members if they can identify one source of frustration with PRMC, they respond with 'billing.' We took this feedback and initiated a system-wide quality improvement project to improve our revenue cycle.

Niki Griffith and Paul Carrington will be utilizing their lean six sigma 'green belt' knowledge to facilitate this project from beginning to end. We know that this will be a significant project and have high hopes that areas for efficiency and improvement can be identified to create a more patient-centric billing process.



TALENT MANAGEMENT

by Niki Griffith and Amy Seaman

The talent management workgroup is a collaborative effort between members of the Quality and People Strategic pillars. One of the number one reasons for people leaving an organization is directly related to their manager.

We understand that managers have a great deal of responsibility within the complex system of healthcare. Not only do they impact the performance of the staff they manage, but they also have an impact on their engagement, productivity, and behavior. The majority of our managers have learned their job by trial and error – allowing both good and bad habits to be formed. The workgroup is focused on developing a solid new manager resource guide to create standardization and influence the way new managers learn how to do their job before they start, and while they are learning about it.

“

Leaders worldwide believe the one competitive advantage that will make a difference between a great company and its competitors is its people

DEPARTMENT QI HIGHLIGHTS

There are many great projects underway at PRMC. The following are a few that we wanted to highlight in this quarter's edition of the Quality Insider.



ELECTRONIC PO PROCESS

In the operations QA meeting, Materials Management put forth the idea of modernizing the current purchase order process. The rationale behind this idea came from experienced failures. The plan moving forward is to develop a digital purchase order process that allows for tracking and authorization throughout the system.

INVALID ORDERS

Recently Health Information Management 'HIM' (Medical Records) identified a gap in our ordering process that allowed orders to be acted upon without validation by the ordering provider. The potential impact of invalid orders puts the organization at an increased risk for a variety of reasons. The task group has been formed and includes Laboratory, Imaging, Clinic Staff, Registration, Informatics, and HIM.



PEDIATRIC RADIATION EXPOSURE



National attention is beginning to intensify around the topic of radiation safety, particularly in the pediatric population. The radiation dosing for imaging with CT scans has recently garnered the most attention. PRMC is developing a method for tracking pediatric dosing and benchmarking with national standards.



RESPIRATORY TREATMENTS

Respiratory Care identified a patient safety gap relative to medication ordering and notifications within our inpatient population (e.g., a patient routinely takes an inhaled steroid as a home med. During their inpatient stay the medication must be entered in our electronic medical record (EMR) in such a way that it notifies both pharmacy (scheduling the med) and respiratory care (administering the med). If the patient is dependent on this medication, gaps in administration could have an undesired effect. This group is in close collaboration with informatics, pharmacy, and IT to develop a consistent notification method that is safer for our patients.

FALLS REDUCTION

Falls reduction was selected by nursing to improve patient safety and to meet trauma designation requirements. Nursing is using a multi-factorial approach to improve their fall rate by implementing purposeful rounding, nursing huddles, chart auditing, and community education. This project has shown significant positive results in their efforts to reduce total falls.



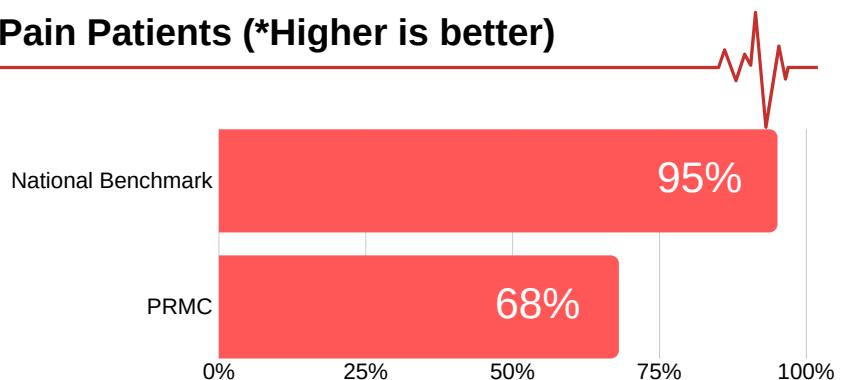
Time Sensitive Diagnosis

* Data from Mar-May 2019

* National Benchmark from Hospital Compare

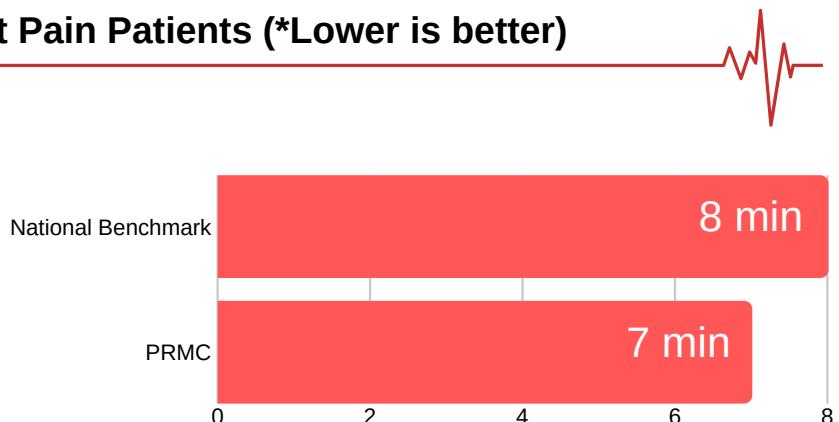
Aspirin Administration to Chest Pain Patients (*Higher is better)

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



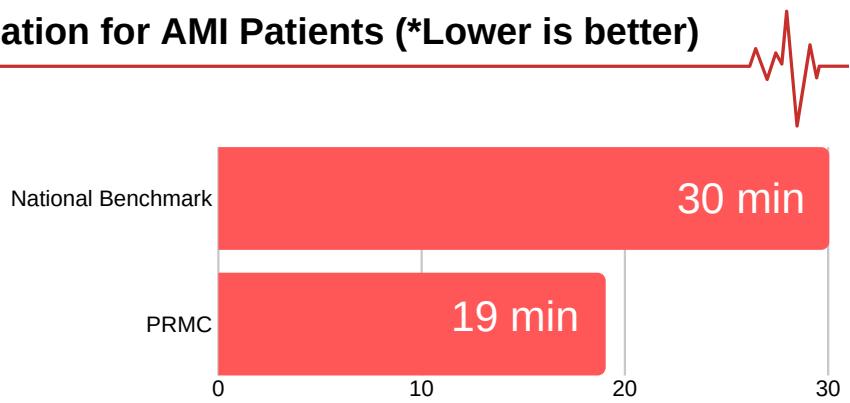
Average Time to EKG for Chest Pain Patients (*Lower is better)

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 graph 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 graph shows the speed at which PRMC administers a clot busting medication compared to the National Benchmark.



Time Sensitive Diagnosis

* Data from Mar-May 2019
* National Benchmark from Hospital Compare

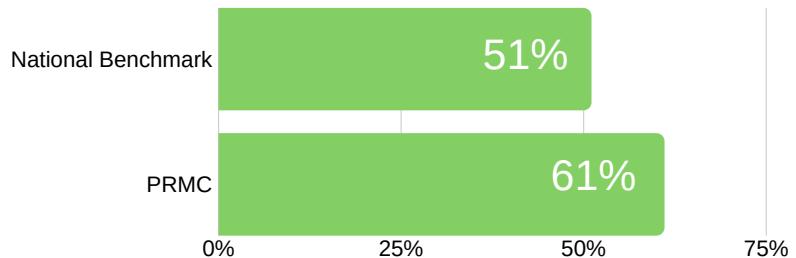
Sepsis 1-Hour Bundle (*Higher is better)



Every patient who is identified as meeting "Severe Sepsis" criteria should receive all elements of the 1-hour Bundle. Severe Sepsis is a life-threatening condition that if left untreated can develop into Septic Shock and/or death. The 1-hour Bundle elements include:

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

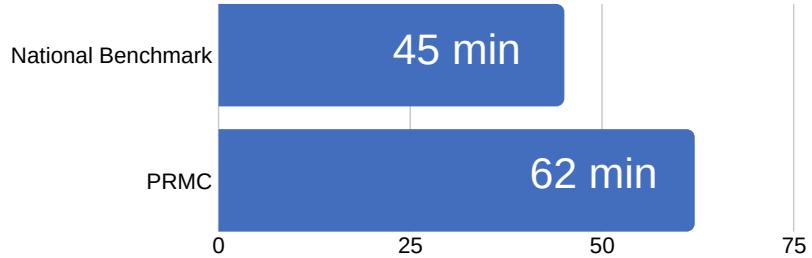
This graph shows the percent compliance with all 4 elements within 1-hour of Severe Sepsis identification compared to the National Benchmark.



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 graph shows the speed at which a head CT or MRI is completed and interpreted compared to the National Benchmark.

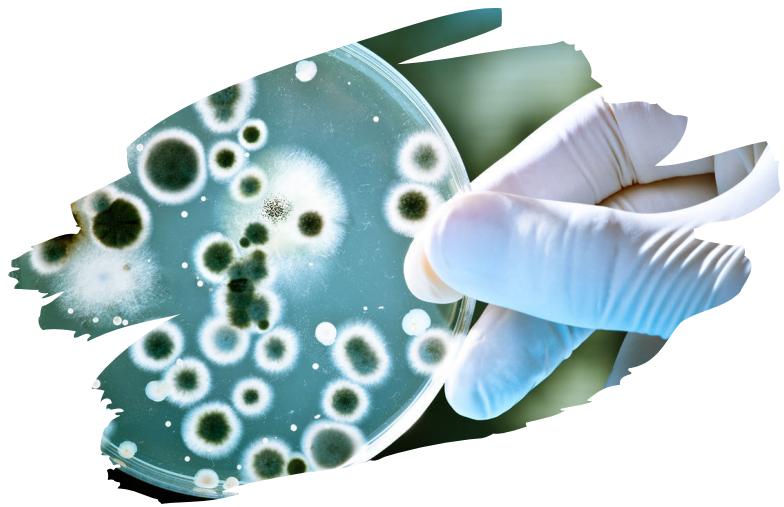


Hospital Acquired Conditions

* Data from Mar-May 2019

Total Hospital Acquired Infections = 0

- Central-Line Associated Bloodstream Infection
- Catheter-Associated Urinary Tract Infection
- Surgical Site Infections:
 - Colons
 - Abdominal Hysterectomy
 - Total Joint Replacements
- Clostridium *difficile* (*Cdiff*) Infection
- Methicillin-Resistant *Staphylococcus Aureus* Bacteremia
- Ventilator-Associated Pneumonia



Total Hospital Acquired Conditions = 0

- Foreign Object Retained after Surgery
- Air embolism
- Blood incompatibility
- Falls and Trauma



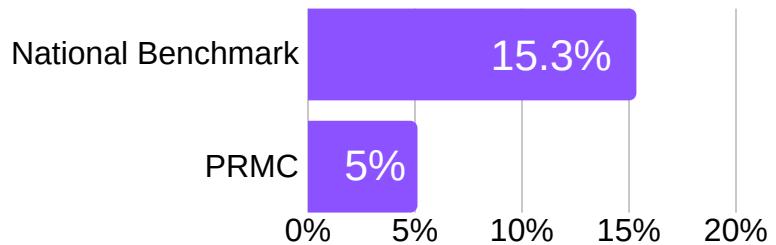
30-day Readmissions

* Data from Mar-May 2019
* National Benchmark from Hospital Compare

Overall Medicare Readmission Rate (*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 graph represents the readmissions who returned to PRMC within 30-days in comparison to the national benchmark.



PATIENT READMISSION DATA OVER THE PAST 3 YEARS, SHOWS THE INITIAL VISIT WAS FOR:

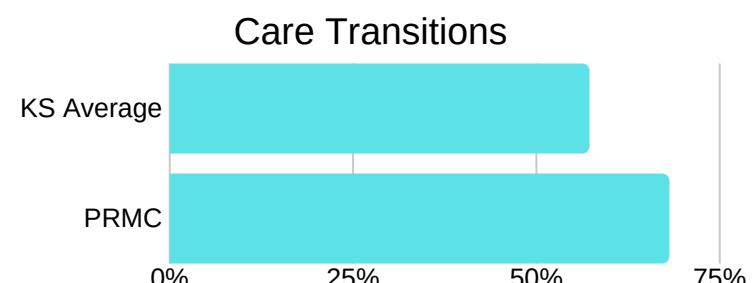
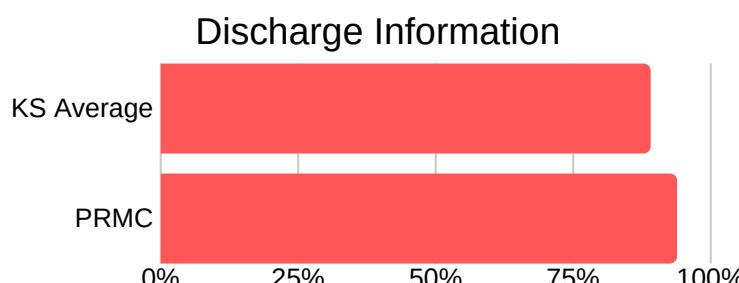
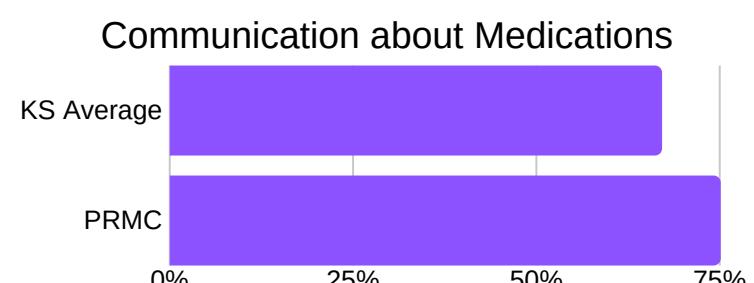
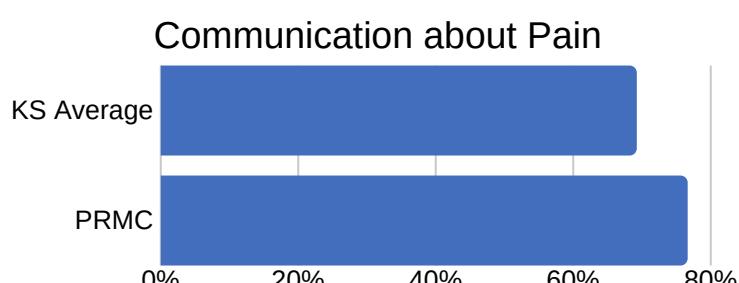
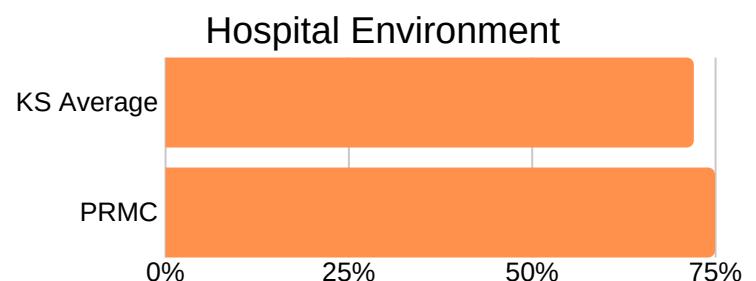
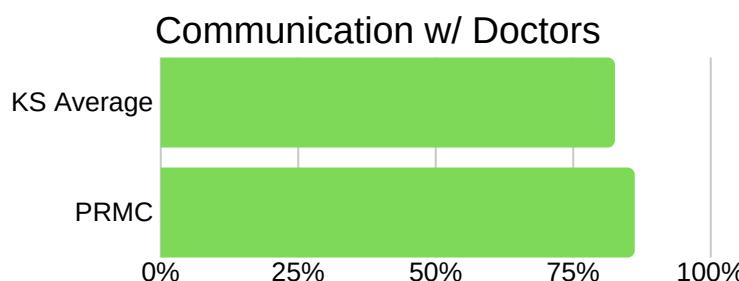
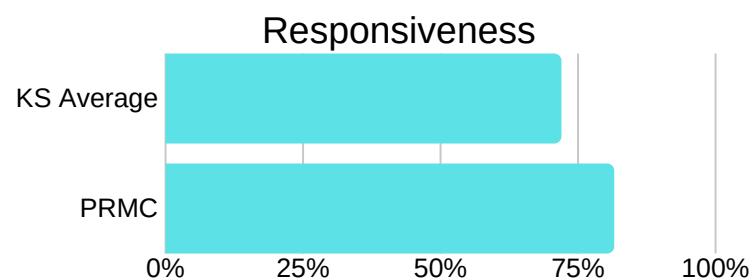
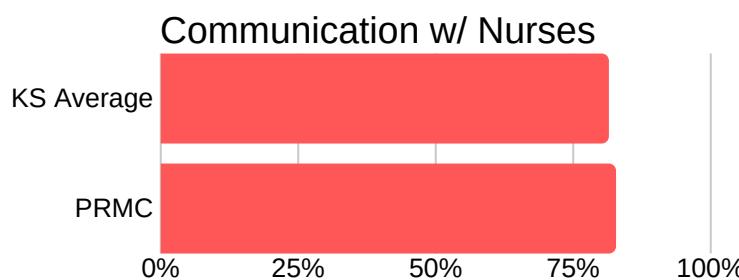
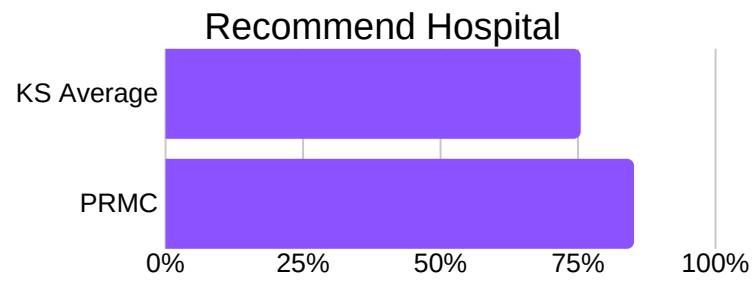
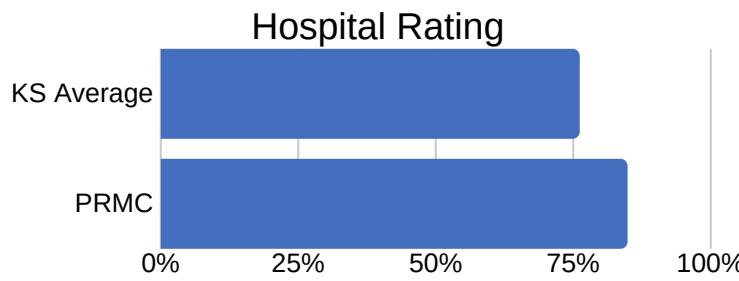
1. Major Joint Replacement Lower Extremity **21.7%**
2. Sepsis **9.6%**
3. Heart Failure **4.1%**
4. Pneumonia **4.1%**
5. Respiratory Failure **3.6%**
6. Bilateral Joint Replacement Lower Extremity **3.0%**
7. Major Joint Replacement Upper Extremity **2.6%**
8. COPD **2.5%**
9. Stroke **2.3%**
10. Hip and Femur Procedures **2.2%**

Strategies

1. Total Joint Replacements:
 - a. Completed Video Project
 - b. Education booklet ready for printing
2. Sepsis:
 - a. Evaluating sepsis protocols to reflect the most current guidelines
 - b. Working on a CME opportunity for providers

Inpatient Experience

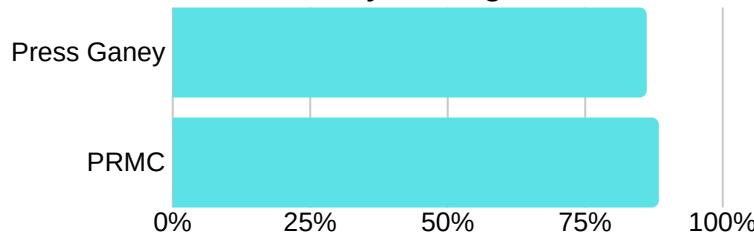
* Data from Oct 2018 - June 2019 HCAHPS - Press Ganey
 * KS Average provided by Press Ganey



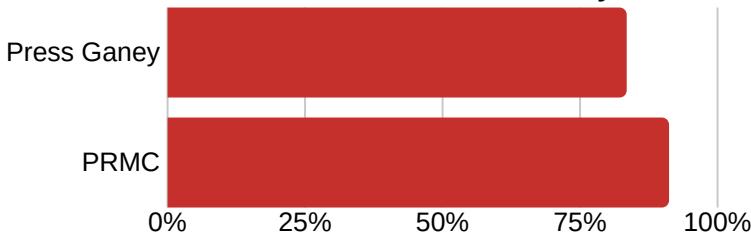
Outpatient Surgery Experience

* Data from Oct 2018 - June 2019 OAS CAHPS - Press Ganey

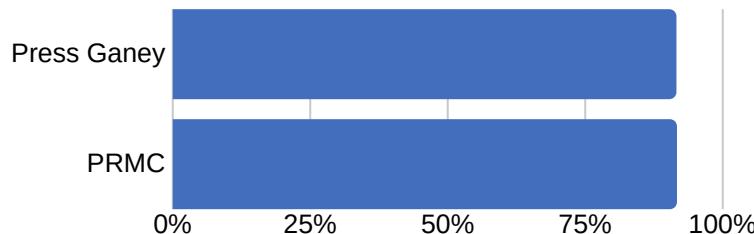
Facility Rating



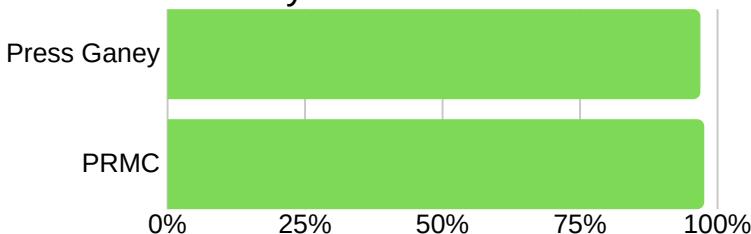
Recommend the Facility



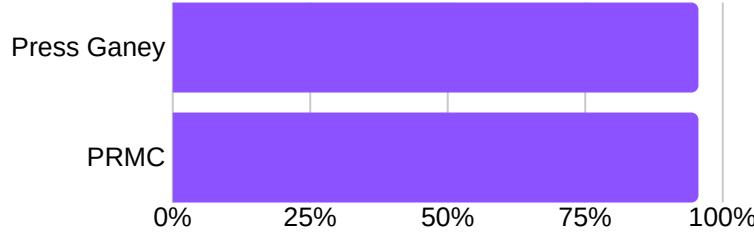
Communication



Facility/Personal Treatment



Discharge



Feedtral Data

Data timeframe: Apr-Jun 2019

*Percent favorable responses

Imaging Services **98.45%**

Laboratory Services **96%**

Surgery and Outpatient Care **96.99%**

Clinic Services **95.76%**

Inpatient and Observation Care **95.70%**

Emergency Department **83.13%**

ABOUT THE AUTHORS

NIKI GRIFFITH, RN-BSN, CPPS

I have been apart of the PRMC team now for 11 years in which I have grown my understanding of the complex healthcare system through a variety of different roles. My passion is being able to make a difference. This passion is fueled through the work I do every day. We have made so many significant improvements over the years I have been at PRMC, and I am truly blessed to be a part of this team. I am excited to share with you through this new format all of the reasons why I love what I do.

Quality Coordinator/Patient Safety Officer
Lean Six Sigma Green Belt

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PAUL CARRINGTON, RN-BSN, MHA

I am a second generation nurse who began working in healthcare at the age of 16. My passion is caring for people. My personality type on the Myers Briggs Assessment is INTJ, which is known as the rarest of the 16 personality types. Being able to impact the quality of patient care delivery for the Pratt community is one of the greatest highlights of my career. When people get excited about improving processes and solving problems it brings me great joy and helps to fuel my purpose.

Director of Quality/Infection Control
Lean Six Sigma Green Belt

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