THE QUALITY INSIDER

Apr-Jun 2020 | Issue 5

QUALITY UPDATES

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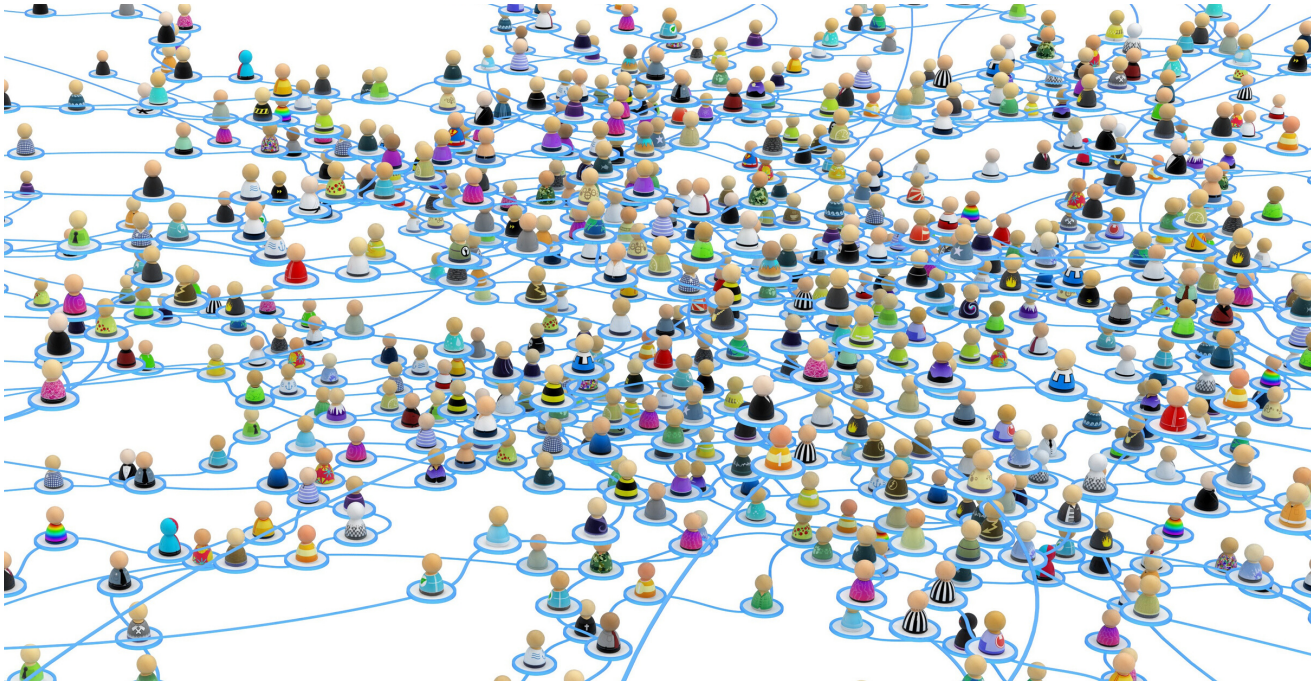
- Infection Prevention Changes

DEPARTMENT QI PROJECTS

- Response to Opioid Crisis
- Methods to Improve Communication

PERFORMANCE METRICS

- Time Sensitive
- Adverse Drug Events
- Readmissions
- Patient Experience

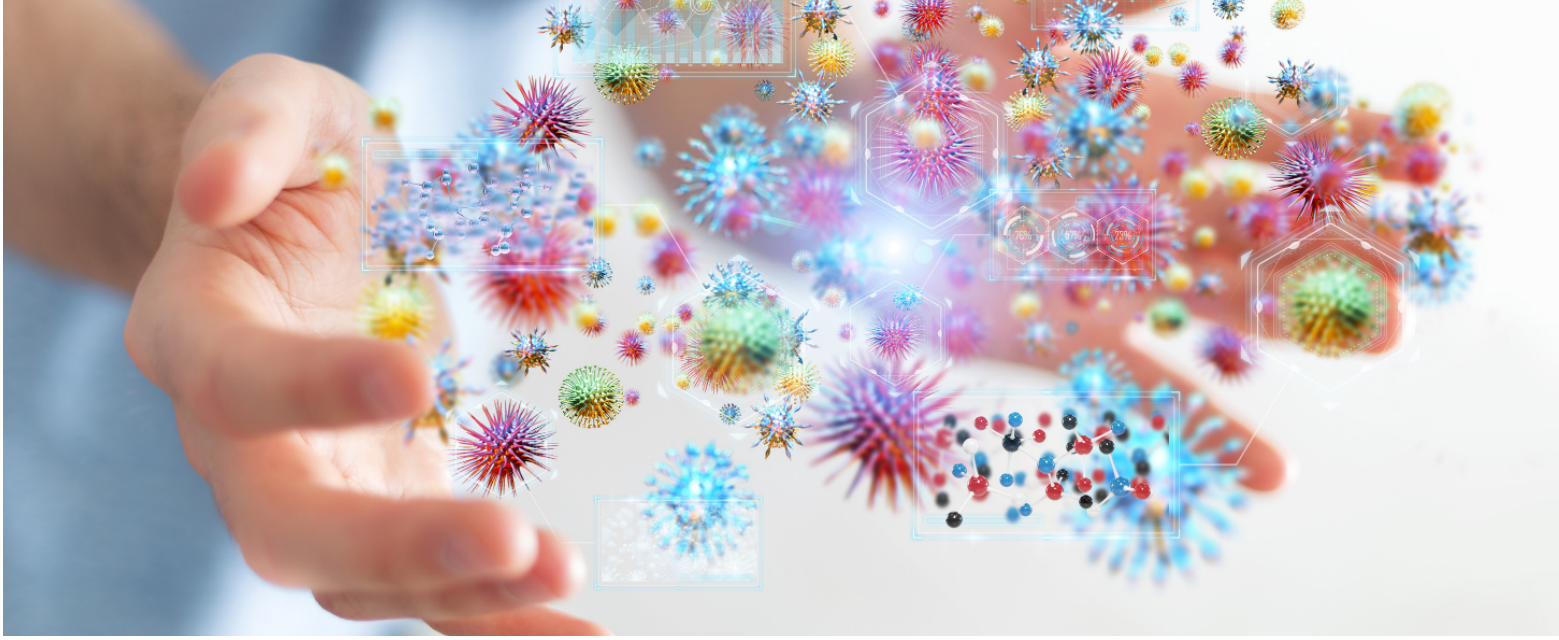


THE PATIENT NAVIGATOR TRIAL

Patient navigation is a field in the healthcare industry that has gained national attention for quite some time. More and more hospitals are creating these positions to help patients traverse an often confusing medical system. Unlike providers and nursing staff, patient navigators are not limited by the traditional clinic or hospital-based care model. They engage patients during clinical encounters with healthcare professionals and between visits through frequent telephone communication. Our trial plans to evaluate the navigator role for patients undergoing a total knee replacement with hopes to expand further, pending a successful trial. Essentially, we will be creating a VIP surgical experience.

Our 90-day trial began on June 23rd. We are now navigating eleven patients through the process of obtaining surgical clearance and preoperative testing, all the while providing education on what the patient can expect throughout their total knee replacement journey. The patient navigator is also responsible for completing insurance authorization and ensuring that all pertinent health information is available within the hospital record. By facilitating the collaboration between the hospital, the patient's medical providers, and the surgeon, we can establish a safer, more comprehensive care plan for our patients. Overall, this experience has been very positive. When validated to be successful, it will be an excellent service to offer our patients.

This trial will continue through the end of September, followed by a presentation to the Executive Staff with our trial findings. We will remain hopeful that this trial continues to be successful. Stay tuned in the next edition of the Quality Insider for further updates.



THE FUTURE OF INFECTION PREVENTION AT PRMC

As a healthcare industry, many valuable lessons have been learned throughout this worldwide pandemic. Many of these lessons have led to practice changes that will create a safer environment to deliver healthcare. This article will provide a brief overview of some of the advancements PRMC plans to make within the world of infection prevention.

Environmental Conditions:
Ten additional patient rooms will be upgraded to have negative airflow capabilities – bringing our total to thirteen. This upgrade makes caring for patients with airborne or droplet illnesses safer through the use of filtration, ultraviolet treatment, and exhaustion of air. Additionally, we plan to invest in two portable units that can convert any space into a negative air space in the instance we had to expand capacity.

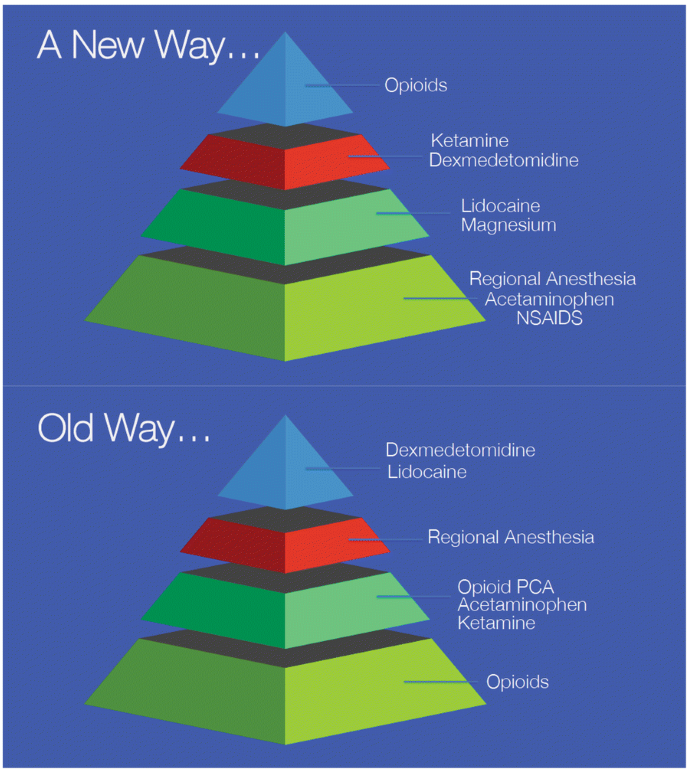
Disinfection Practices:
We plan to expand our use of electrostatic disinfection (Clorox 360). This method ensures surface coverage with a disinfectant that is almost impossible to replicate using a manual cleaning process. We recently added a small floor scrubber that allows our housekeeping staff to disinfect up to 10,000 ft of floor space per hour. To finish out the changes to our disinfection processes, we will also be adding a Germ-Zapping robot from Xenex that can eliminate germs within five minutes.

Employee Health Practices:
PRMC is investigating the opportunity to use employee tracking software to identify and trace employee health exposures that may quickly spread through the healthcare workforce. This software would make it possible for employees to report an exposure, track and report symptoms, and have remote access to employee health services seven days a week. Nationally there is a nursing shortage. This pandemic has deepened the impact of the deficit. Strategic interventions aimed at maintaining appropriate staffing levels to ensure safe and effective care is vital to the infrastructure of our healthcare services.

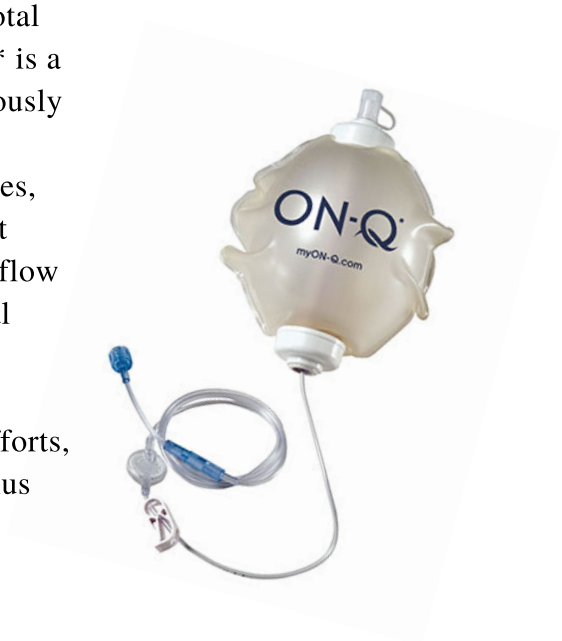
In conclusion, PRMC is charging full steam ahead to deliver the safe and compassionate care our community deserves.

LOCAL RESPONSE TO THE OPIOID CRISIS

Pain management remains a significant societal issue - approximately 116 lives are lost to opioid overdose each day. Given the concern that abuse can start with opioids prescribed during the course of medical care, our clinicians have adopted a multimodal approach for their pain management regimen. Such multimodal therapy has two desirable effects. First, a multimodal approach may decrease the use of opioids, their associated side effects (e.g., delirium and respiratory depression), and overall tolerance. Second, a multimodal approach may be a more effective pain control strategy, potentially decreasing the complications associated with suboptimal pain control, such as pneumonia, deep vein thrombosis, and postoperative cognitive dysfunction.



Our orthopedic patients receive a pain regimen that includes a combination of acetaminophen, non-steroidal anti-inflammatories, anti-convulsants (e.g., gabapentin), COX-2 inhibitors (e.g., celebrex), and regional anesthetic. In addition to the above combination, we are now trialing a localized pain pump (On-Q Pain Pump) for our patients undergoing a total knee replacement. The ON-Q Pain Relief System* is a non-narcotic pump that automatically and continuously delivers a regulated flow of local anesthetic to a patient's surgical site or in close proximity to nerves, providing targeted pain relief for up to five days. It contains a variable rate controller that enables the flow rate to be changed according to patients' individual pain relief requirements.



We are still in the data collection phase of these efforts, but patient feedback has been primarily positive thus far.

METHODS TO IMPROVE COMMUNICATION

Multidisciplinary Rounds

Maintaining collaborative efforts within the healthcare team, and between patients and caregivers in inpatient acute care units depends largely on communication. Recently our multidisciplinary rounds process went through a process overhaul. Every weekday at 10:30 am a representative from each discipline meets to coordinate patient care, determine care priorities, establish daily goals, and plan for potential transfer or discharge. This patient-centered model of care will be a valuable tool in improving the quality, safety, and patient experience of care. This patient-centered model of care has proven to be a valuable tool in improving the quality, safety, and patient experience of care. The standing huddle approach allows for the meetings to remain brief, and the organized structure allows for the information covered to be consistent from patient to patient, yet individualized to each patient's needs.

"*Good communication is the bridge between confusion and clarity.*"
-Anonymous

Nurse Hand-Off Communication

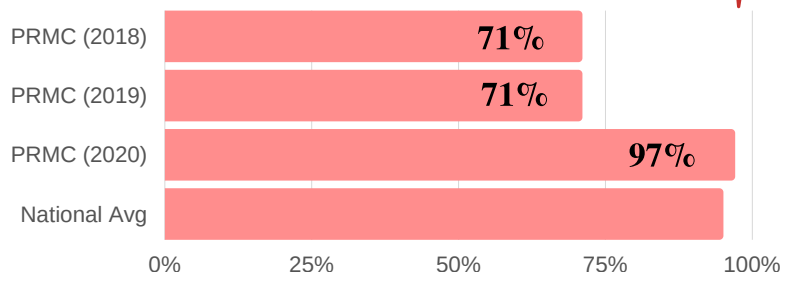
Ineffective communication among members of the healthcare team is caused by delays in communication, failure to communicate with the appropriate team member, provision of inaccurate or incomplete information, and matters left unresolved until the point of urgency. Avery Hitt, RN (Med-Surg) plans to implement a communication strategy to the multidisciplinary rounding process as part of our Nurse Residency program requirements. Her communication strategy is in the use of a standardized communication tool that should enhance the ability to communicate effectively within or between disciplines. Pairing both the multidisciplinary rounds and the standardized tool will be an important means to achieve reliable, consistent and efficient communication that supports collaborative work within the healthcare setting.

Time Sensitive Diagnosis

*2020 Data from Oct 2019-Jun 2020
*National Benchmark from Hospital Compare

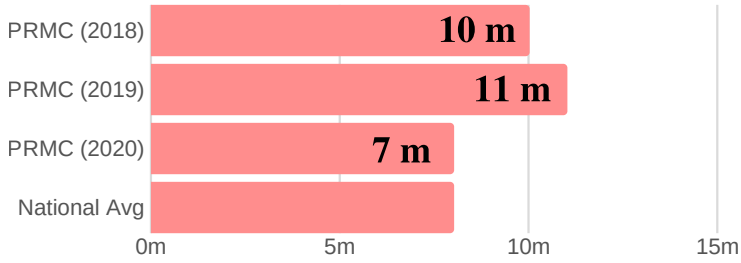
Aspirin Administration to Chest Pain Patients (*Higher is better)

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.



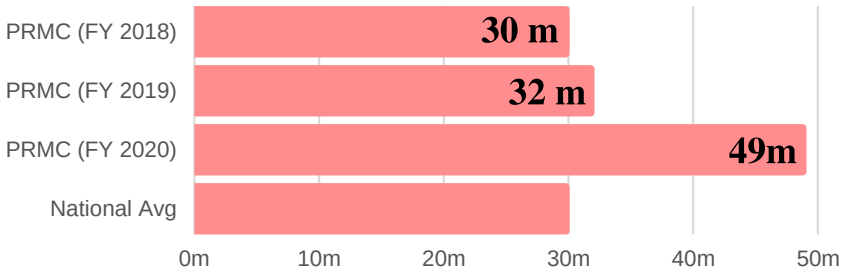
Average Time to EKG for Chest Pain Patients (*Lower is better)

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.

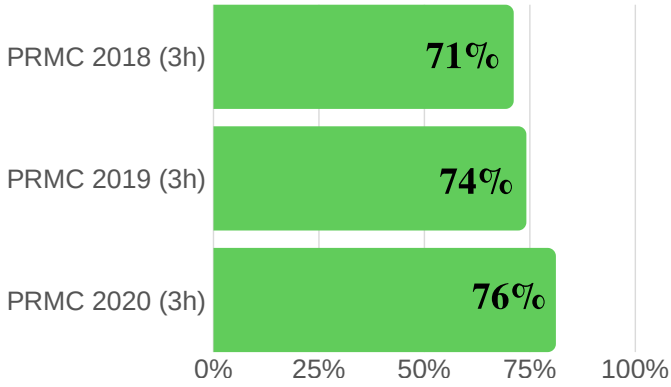


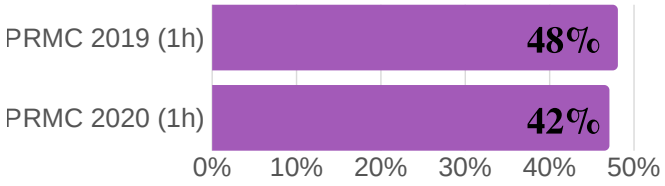
Sepsis Bundle (*Higher is better)

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)

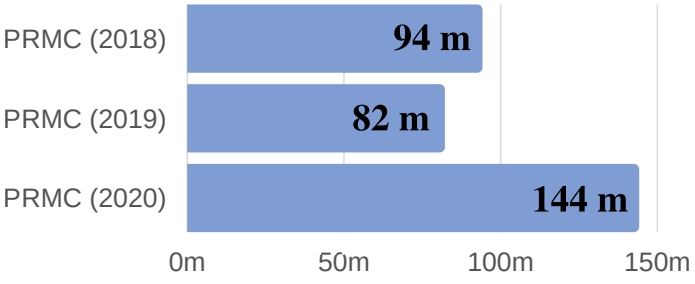
This bar-graphs (*right*) show the percentage of patients who received all 4 sepsis bundle elements within a 3-hour window (*upper*) and those that received them within a 1-hour window (*lower*) of Severe Sepsis identification.





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.

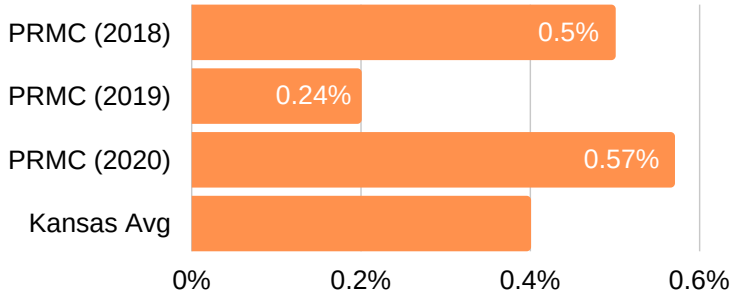


Adverse Drug Events

*2020 Data from Oct 2019-Jun 2020
*Kansas Average from KHC HIIN

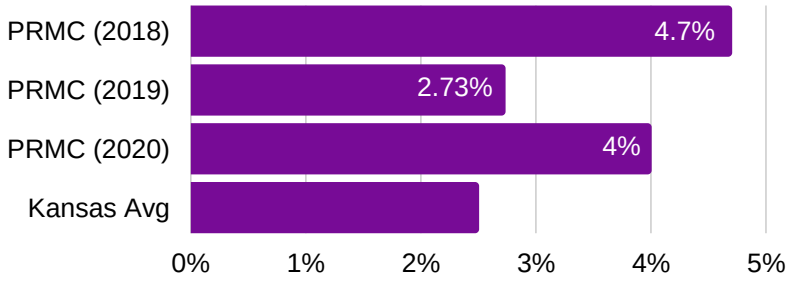
Adverse Drug Events due to Opioids (*Lower is Better)

The U.S. government has experienced increasing pressure to recognize the growing opioid epidemic. In response to the pressure, many hospitals have taken a multimodal approach to ensure our patients receiving pain medication are safely managed. Part of this approach includes the tracking and monitoring of Narcan use. Narcan is used as a reversal agent for anyone showing signs of opioid overdose. This bar-graph (*right*) shows the percent of patients receiving pain medication who require a reversal agent (e.g. Narcan) during their hospital stay compared to our Kansas average.



Adverse Drug Events due to Blood-Thinners (*Lower is better)

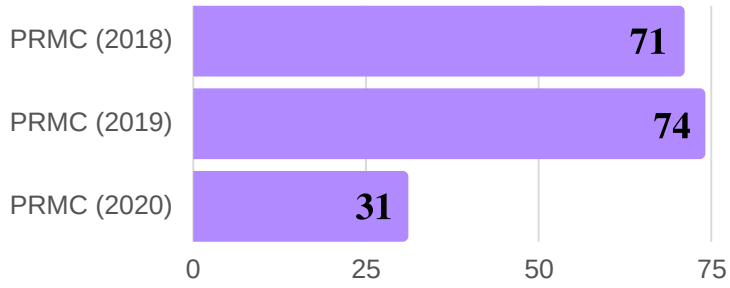
Medications for blood thinning (e.g., Coumadin) have many benefits, but also many risks. Careful monitoring of laboratory values is essential to maintaining the balance between the blood being too thick, which can result in developing blood clots, and too thin, which increases the risk of bleeding and hemorrhage. One blood test used to monitor this balance is an INR. This bar-graph (*right*) shows the percent of patients receiving the blood thinner, Coumadin and resulted in an INR of greater than 5 (too thin) during their hospital stay compared to our Kansas average.



30-day Readmissions

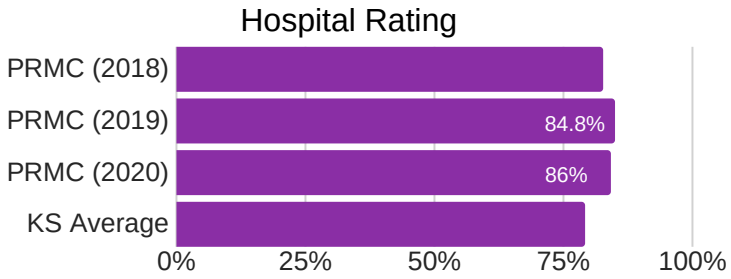
*2020 Data from Oct2019-Jun 2020
*National Benchmark from Hospital Compare
(***Lower is Better**)

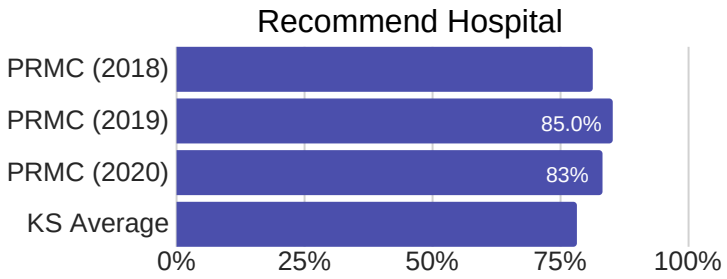
Payers will monitor every patient who is admitted to PRMC under Inpatient status for 30-days following discharge. If the patient returns as an Inpatient to PRMC or any other hospital, it will be considered an unplanned return. At the end of the year, hospitals will be given their overall rate for readmissions. 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.

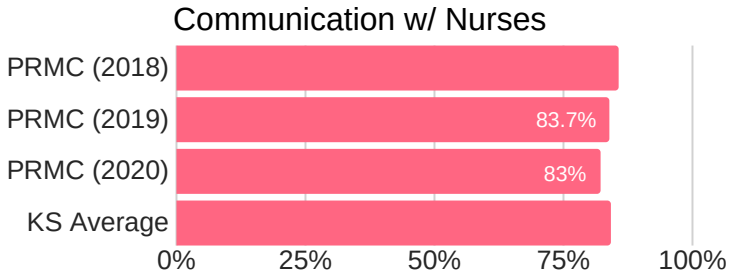


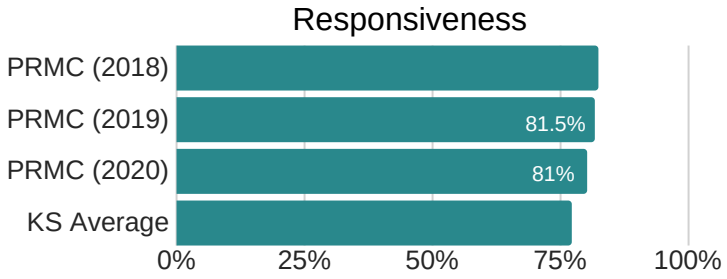
Patient Experience

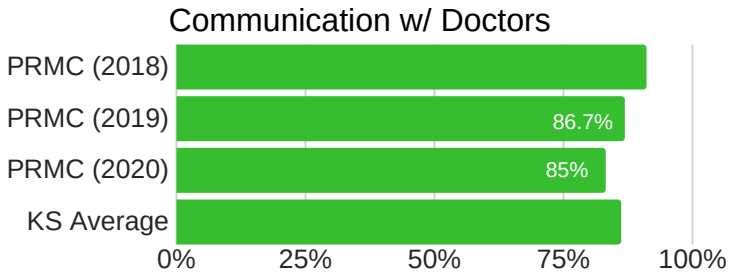
Inpatient Experience (HCAHPS-Press Ganey)

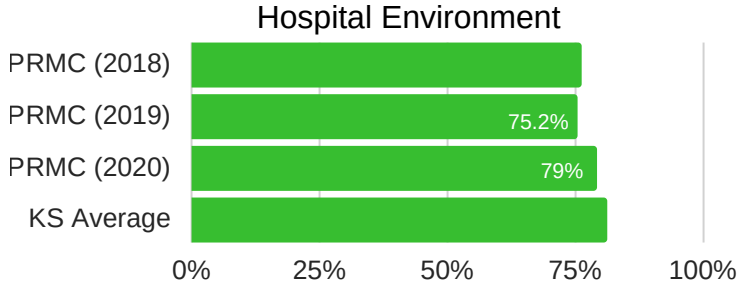


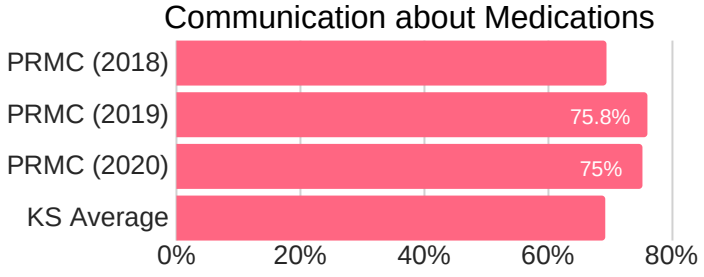


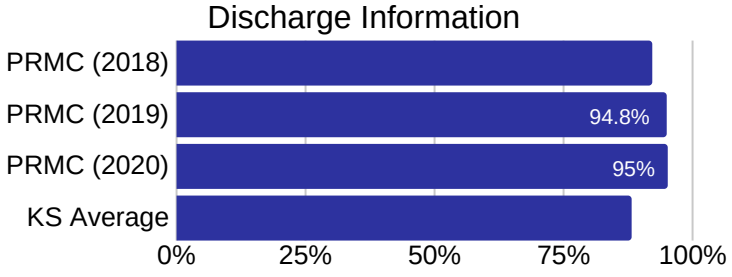


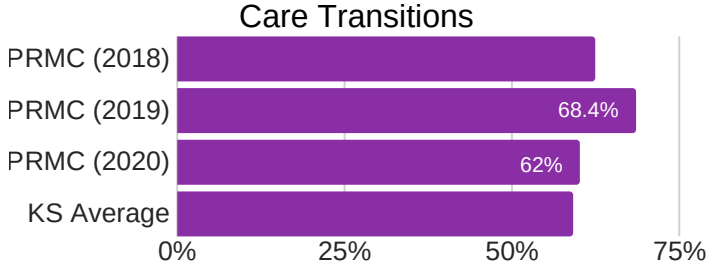




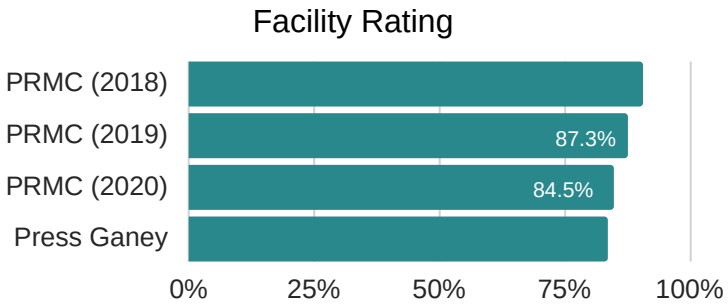


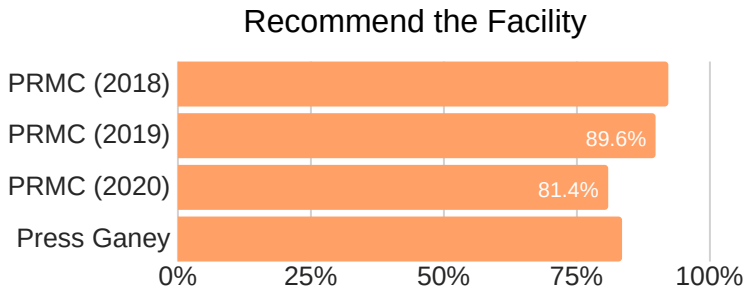


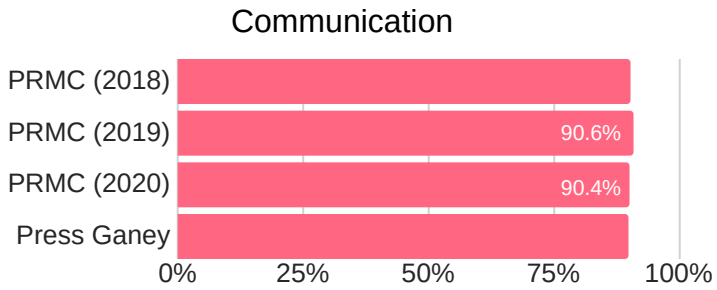


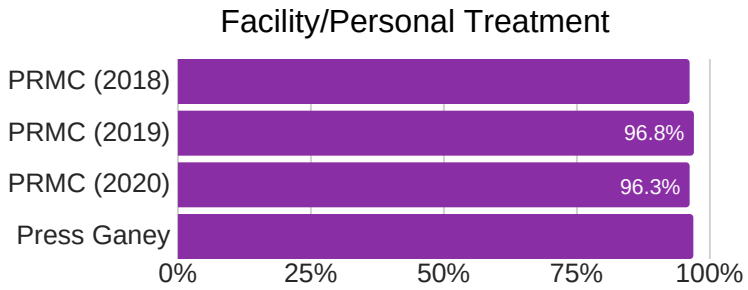


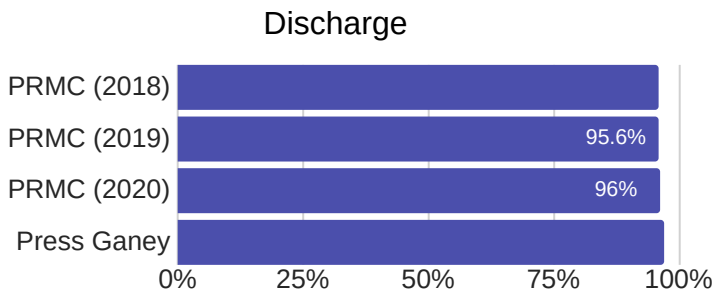
Outpatient Surgery Experience (OAS CAHPS - Press Ganey)











Outpatient Services (Feedtrail)