



# THE QUALITY INSIDER

ISSUE 2 • OCT 2019



## The Power of Organizational Alignment

WRITTEN BY:

NIKI GRIFFITH AND PAUL CARRINGTON

The two most essential elements in business success are having a clear vision for where you want to go and organizational alignment. Ted Skinner (2019) writes, "...the difference between organizational vision and organizational alignment as drivers toward success is a whopping 99%." Vision represents only 1% and alignment is accounting for the remaining 99%. Think about the power of that statement for a moment. Why is it that alignment is exponentially more significant to success than vision? Because without alignment, each department continues to function in silos with their own goals, data, and processes.

*(Organizational Alignment cont. pg. 2)*

PRATT REGIONAL MEDICAL CENTER  
QUALITY REPORT

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# Organizational Alignment

(Organizational Alignment cont. from pg. 1)

Part of the rationale to change the quality improvement program was to improve cross-department collaboration and develop depth in understanding of how each job function impacts the overall system. Quality improvement is complicated by nature. Add in the various requirements for building and maintaining an effective, continuous quality improvement program with sustained outcomes, and it is no surprise health systems feel overwhelmed. Successfully sustaining quality improvement in healthcare is a tall order to fill, but a necessary order to ensure patients receive the level of care they deserve. Historically, quality improvement was something a department within a hospital was charged with pursuing. We know now that improvement requires every employee, at every level in the organization to understand and be a part of the improvement efforts. To successfully improve quality and safety, it must become deeply hard-wired into the system. If it is not part of the system or the organization's culture, it will likely be unsustainable.

About a year ago, a group of leaders, board members, and providers met with a consultant to develop our 3-5 year strategy. Some of the concepts that came out of that planning session are included on this page (**see right hand column - white**). Over the last few months, many key players have been working extensively to define the goals that align with our strategic goals and can be accomplished by September 2020. This set of annual goals (**see right hand column - yellow**) will allow us to objectively measure the progress we have made towards our overall strategy. I think we would all agree that one thing we can't create more of is time. So, we are aligning our focus to do more with less. The pace at which healthcare is changing and the external pressures we are up against as a healthcare organization is not going away. We all must continue to evaluate our efforts spent relative to impacting the success of the organization. A great way of evaluating the impact is through goal setting. And if we do it right -- meaning we set the appropriate goals for the organization and then share these goals with the department leaders who then develop goals supportive of our senior leaders, we begin to create alignment in the organization that is more likely to get positive outcomes. What we are developing is a formalized goal-setting process that will result in sustainable outcomes. If we perform well on our organizational goals, we will be making a significant impact on our overall strategic objectives.

## Strategic Objectives and FY2020 Goals

- **Remain an Independently Owned Hospital.**
  - *Achieve 5.5% EBIDA.*
  - *Maintain 90 Days Cash on Hand.*
  - *Achieve 100% of Expense Budget.*
- **Capture our Market Share**
  - *Achieve 100% of Budgeted Gross Revenue.*
- **Expand our Regional Impact**
- **Improve our Provider and Staff Engagement**
  - *Decrease First-Year Turnover to less than 30%.*
- **Provide Healthcare Services that are Safe and Effective**
  - *Reduce 30-day Readmissions to less than 6 per month or an Annual Total of 72.*
- **Provide Excellent Customer Service**
  - *Increase our Overall Hospital Rating to 87% Top Box.*
  - *Increase Overall Patient Communication to 84.6% Top Box.*

*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!**



## **Pharmacy**

The pharmacy has an incredible synergistic team approach to identifying and addressing medication risks. This work is happening daily behind the scenes to keep our patients safe and provide the excellent care we promise our patients. Pharmacy, as with many departments, make great catches every day, but we wanted to highlight two that happened recently. One patient had a previous reaction to a medication resulting in a potentially life-threatening reaction. This risk was unknown by the provider, and therefore the medication was ordered. The clinical pharmacists' thorough patient workup identified the risk and made a rapid recommendation for alternative treatment. The patient did not receive the first medication because of this catch. The second great catch had to do with a patient being treated for an infection with two very costly antibiotics. The pharmacist recognized that the culture indicated that the infection could be treated with a much more cost-effective antibiotic. This great catch saved the patient and PRMC thousands of dollars. These two examples are, but a tiny fraction of the great catches pharmacy contributes to every day.

During the last few weeks of pregnancy, critical fetal development is still occurring. Yet, some mothers request that their baby be born sooner than their due date. These are considered early elective deliveries: inductions or cesarean sections performed before 39 completed weeks gestation without medical necessity. These procedures can carry significant risks to both mom and baby. Because of this risk, many payers are now requiring facilities to report their early elective delivery rates and attaching significant incentives for those that have a low rate. PRMC is happy to say they have had zero early elective deliveries since January 2015. Last month we had a great catch on an early delivery that would have been processed by insurance as an early elective delivery, however did meet medical necessity. This was caught through careful chart review. The financial impact of this good catch is an estimated \$80,000.00 per year in the form of mitigating the penalty that would have been imposed by one of our insurance providers.



## **OB Nurses**

# STRATEGIC QUALITY INITIATIVES



## EDUCATION WORKGROUP

*by Niki Griffith and Paul Carrington*

One of the most significant drivers of patient dissatisfaction with joint replacement is the uncertainty as to what to expect at all points along the care pathways. At PRMC, we recognize that total joint replacements account for about 50% of our Inpatient stays, attracting people from all over south-central Kansas, Colorado, and Oklahoma. According to a (2018) study, "CMS estimates that by 2040 the incidence of osteoarthritis is projected to increase by 49%, to 78.4 million patients, which means that over one-quarter of the adult US population will have osteoarthritis."

These projections can be a positive thing for our total joint program. It validates that continuing to enhance our program will be beneficial in positioning South-Central Bone and Joint and Pratt Regional Medical Center for the influx of patients in the future. We have put together a task-force that is working to create a unique experience that sets PRMC apart from other hospitals and ambulatory surgery centers (ASCs). The area that we want to focus on first is patient education. Continuity of messaging and engaging the patient and family in the recovery experience strengthens confidence in self-management. Dr. Kovach states, "We should strive to make a joint replacement a non-event in a person's life. They should not feel like they are sick or that they have anything wrong with them." This process will be a multi-phase journey, and the future looks very bright. We are thankful for the participation and engagement of our providers and staff in this project.

## IN-HOUSE LAUNDRY

*by Paul Carrington and Mary Nunn*

The Centers for Disease Control (CDC) and The Association for Professionals in Infection Control (APIC) began focusing their attention on the quality of linen reprocessing in healthcare. This increased focus drove us to thoroughly evaluate our current vendor finding both a significant increase in cost and a decrease in the quality of service. These findings drove us to pursue other options. We toured other commercial laundry vendors and found their quality to be sub-par. The decision was made to evaluate further the feasibility of bringing laundry services back in-house. We are approaching the finish line on the completion of our laundry construction project. The benefits PRMC expects to gain include cost savings, quality control, potential revenue gain, and immediate access to our linens. We are using cutting-edge technology, chemistry, and equipment to ensure our linen service is of the utmost quality. An example of two value-added technologies we plan to implement as part of the reprocessing system includes the use of ozone (oxidizer) and an EPA approved fabric sanitizer. In addition to the benefits this transition will bring to PRMC, it will also add additional job opportunities to the Pratt community. We are hopeful to begin the transition of laundry service in the very near future.

“  
*Problems are like  
washing machines.  
They twist, they  
spin and knock us  
around. But in  
the end, we come  
out cleaner,  
brighter, and  
better than before.*

# DEPARTMENT QI INITIATIVES

*2020 Forecast & 2019 Follow-Up*



## 2020 Forecast

*by: Niki Griffith and Paul Carrington*

As previously mentioned in our goal alignment article, we have a very systematic process developed for our fiscal year 2020 quality improvement efforts. Each month the individual work groups will present their 90-day action plan. As a group, we monitor the progress, collaborate on potential solutions, and continue to provide support and guidance from a quality improvement capacity. As we launch into the new fiscal year, we would like to highlight a few projects (on the right) that departments have chosen to work on for the first quarter of FY 2020.

### NEW PROJECTS UNDERWAY!

#### TRANSPARENCY

- Co-pays
- Patient Estimator
- Patient Environment Walk-throughs
- Communication of organizational performance

#### ACCOUNTABILITY

- Decreasing No-show rates
- Increase Medication Scanning Percentage
- Ensuring Diabetic Patients Receive Recommended Screenings (e.g. Eye Exams)
- Budget Compliance (e.g. Freight costs)

#### COMMUNICATION

- Nurses Listening
- Improving Compassion
- Developing Patient Friendly Education
- Service Recovery





## Retrospect: A Look Back at Last Quarter Projects

by: Niki Griffith and Paul Carrington

- **Electronic PO Process:** The electronic process for purchase ordering trial has been completed and expanded to additional departments. As we adjust to the different workflows between departments we continue to optimize the process to fit the larger population.
- **Invalid Orders:** A small team meets on a regular basis to review the project status. All stakeholders are logging any invalid order for further investigation.
- **Radiation Exposure:** This project has been expanded to include all CT patients instead of the original pediatric focus. The numbers we have received now with the use of our 'NEW' CT machine are very positive. The CT technicians are doing an excellent job at ensuring our patients only receive the least amount of radiation exposure necessary for a clear and accurate picture.

- **Falls Reduction:** The Medical/Surgical department is happy to report they only had 6 falls for the entire year of FY 2019. That is a 75% reduction in their Fall Rate compared to last year. Falls are the most common cause of accidental injury and death in older people. National statistics show that about 3% of hospitalized patients fall and about 25% of patients who fall sustain an injury. The Medical/Surgical floor ended FY 2019 with a fall rate of less than 1%. Nice Job on your project!



## QUALITY DEPARTMENT'S MESSAGE

"Socrates once stated, "The secret of change is to focus all of our energy, not on fighting the old, but on building the new." The examples above are excellent examples of building the new. Do not let 'the way we have always done it' stop us from finding a better way.

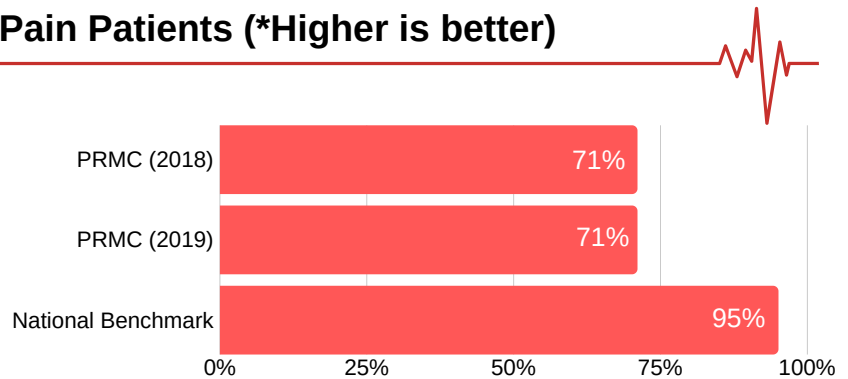
# Time Sensitive Diagnosis

\*Data from Oct 2018-Sep 2019

\*National Benchmark from Hospital Compare

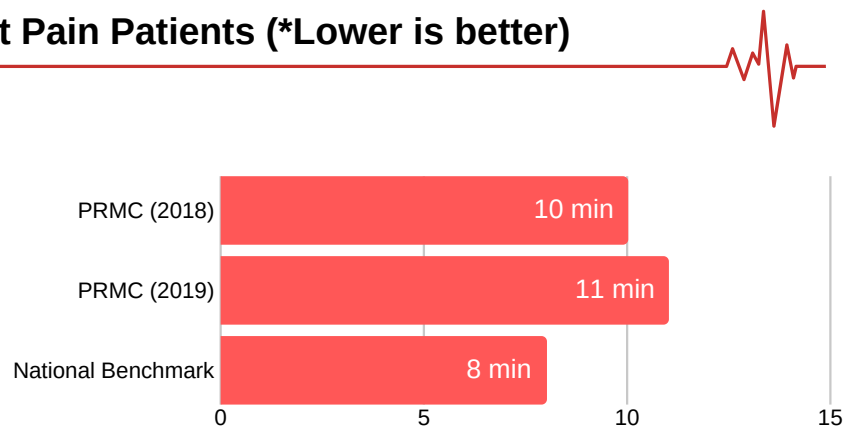
## Aspirin Administration to Chest Pain Patients (\*Higher is better)

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.



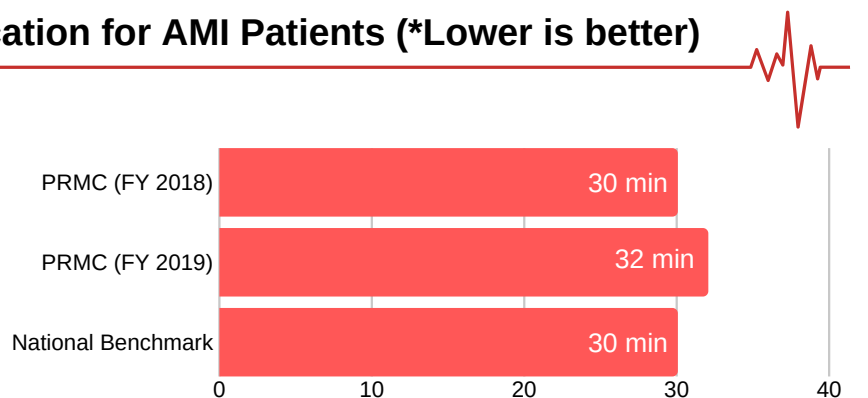
## Average Time to EKG for Chest Pain Patients (\*Lower is better)

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.



# Time Sensitive Diagnosis

\*Data from Oct 2018-Sep 2019

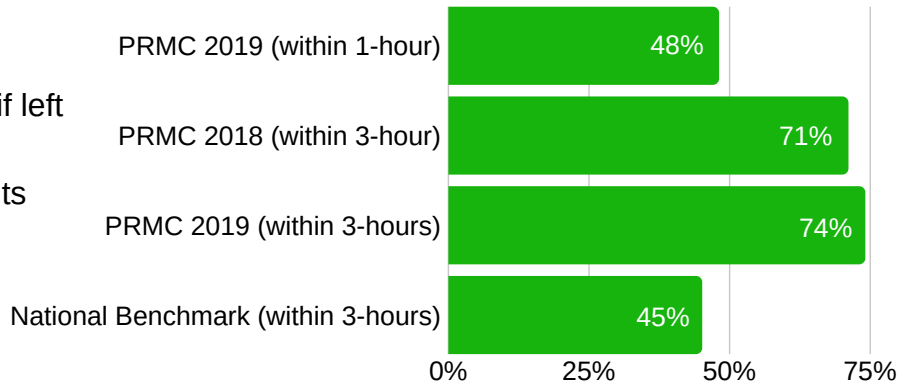
\*National Benchmark from Hospital Compare

## 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)

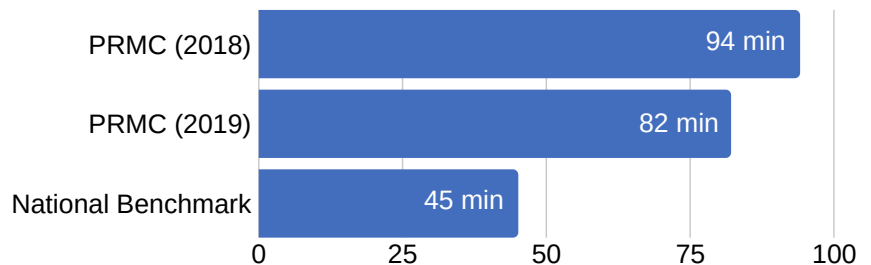
This bar-graph (*right*) shows the percentage of patients who received all 4 sepsis bundle elements within a 1-hour window (*upper*) and those that received them within a 3-hour window (*middle*) of Severe Sepsis identification. The National Benchmark for a 3-hour window is displayed for comparison (*lower*).



## 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.



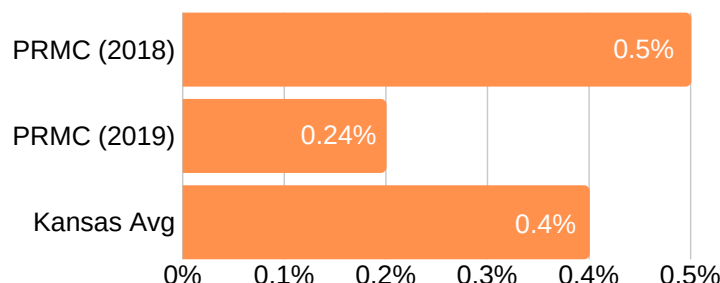


# Adverse Drug Events

\*Data from Oct 2018-Sep 2019  
\*Kansas Average from KHC HIIN

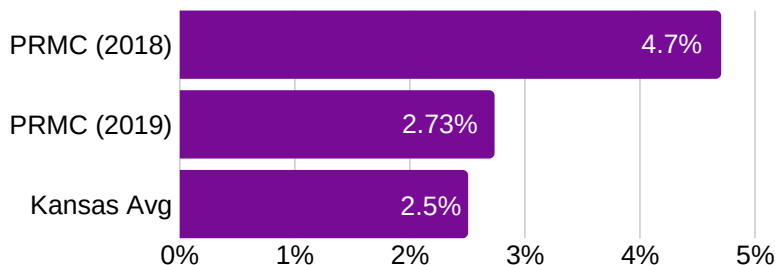
## Adverse Drug Events due to Opioids (\*Lower is Better)

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.



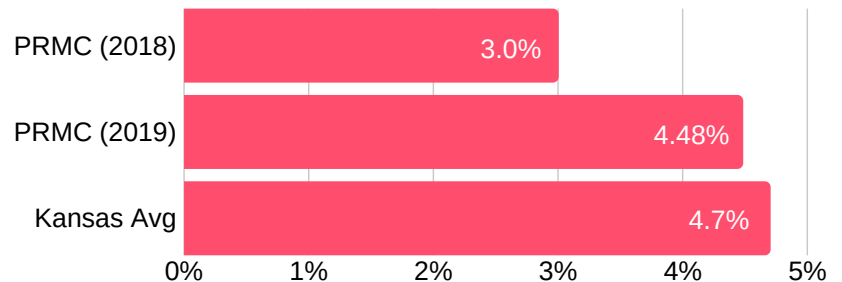
# Adverse Drug Events

\*Data from Oct 2018-Sep 2019  
\*Kansas Average from KHC HIIN

## Adverse Drug Events Involving Insulin (\*Lower is Better)

Diabetic patients who use insulin are at risk of suffering adverse drug events (ADEs) if their insulin care is not carefully managed.

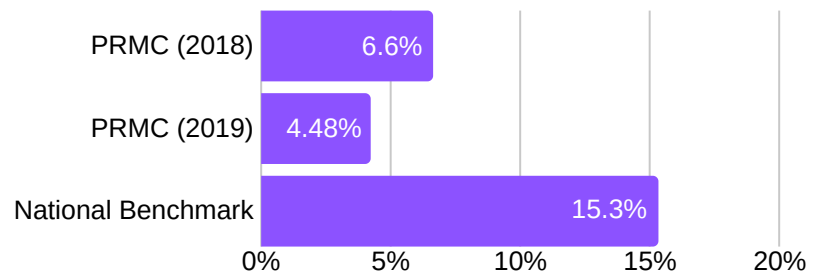
Hypoglycemic episodes (low blood sugar) can be sudden and severe and may lead to other complications and harm. Coordinating care processes to properly time monitor glucose levels and administration of insulin can help reduce the patient's risk of an adverse event. This bar-graph (*right*) shows our percentage of patients who experienced a hypoglycemic event while receiving insulin during their stay compared to our Kansas average.



# 30-day Readmissions

\*Data from Oct 2018-Sep 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 rate of patients returning to PRMC within 30-days of discharge in comparison to the National benchmark.

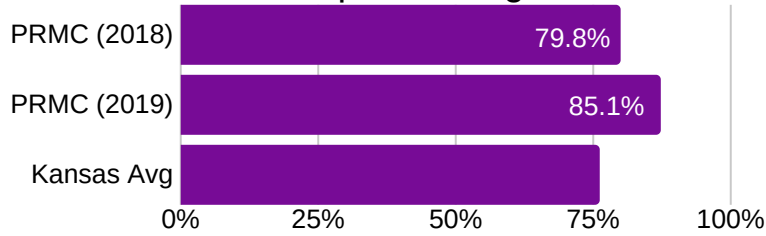


# Inpatient Experience

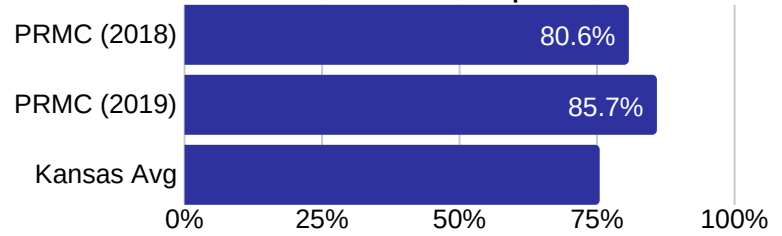
\* Data from Oct 2018-Sep 2019 HCAHPS-Press Ganey

\* KS Average provided by Press Ganey

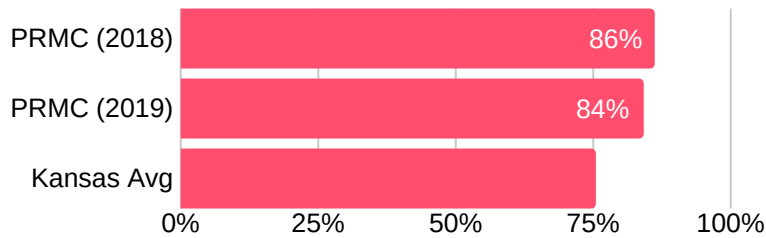
## Hospital Rating



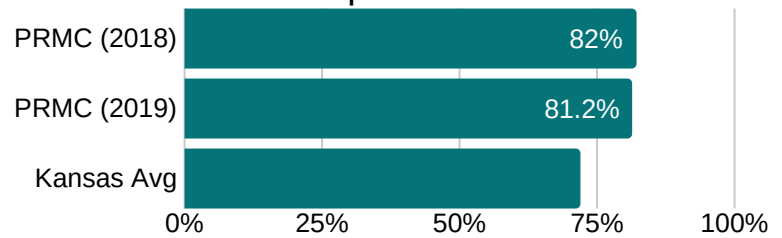
## Recommend Hospital



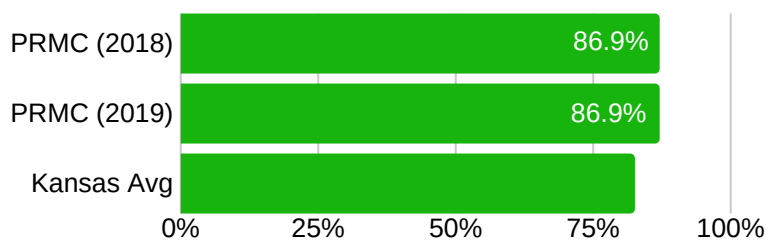
## Communication w/ Nurses



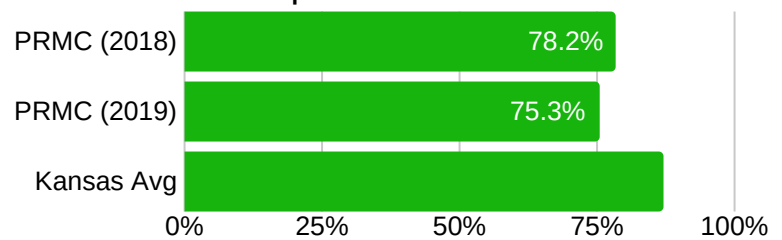
## Responsiveness



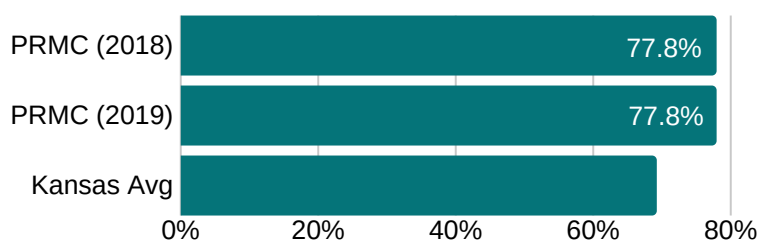
## Communication w/ Doctors



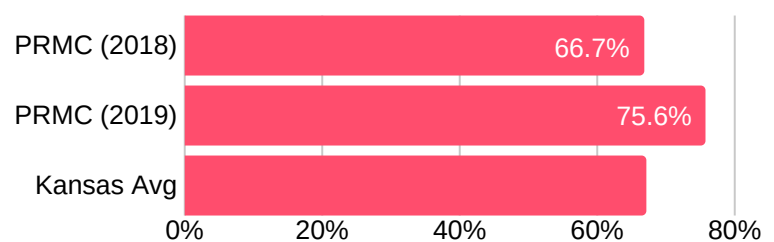
## Hospital Environment



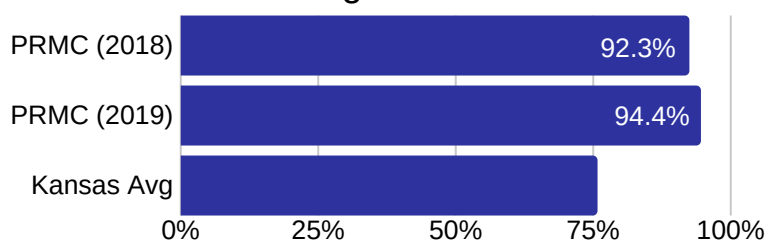
## Communication about Pain



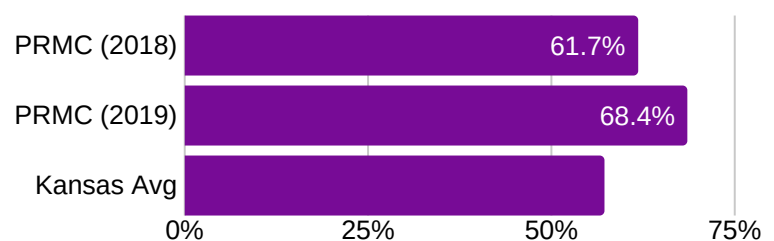
## Communication about Medications



## Discharge Information



## Care Transitions

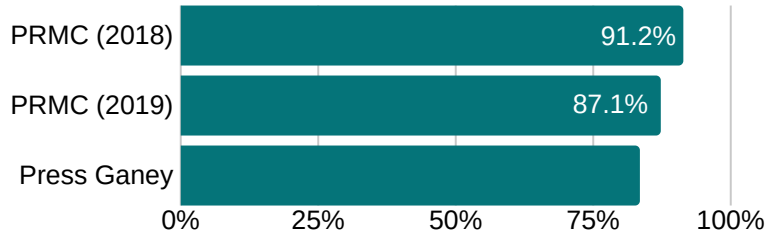




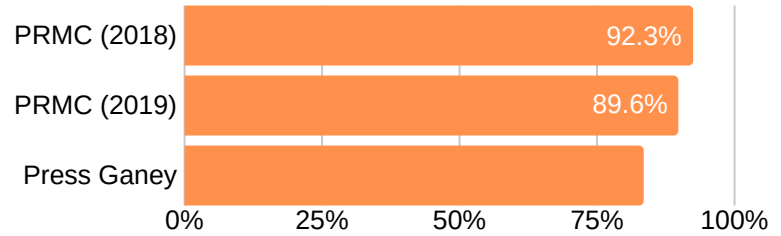
# Outpatient Surgery Experience

\* Data from Oct 2018-Sep 2019 OAS CAHPS-Press Ganey

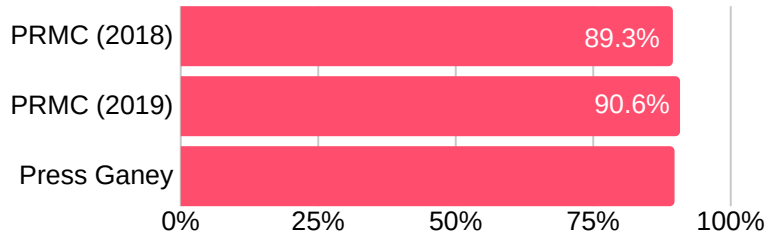
## Facility Rating



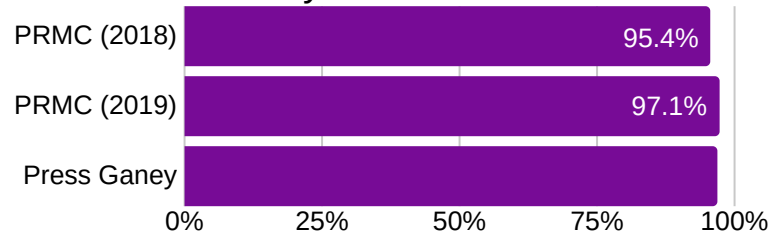
## Recommend the Facility



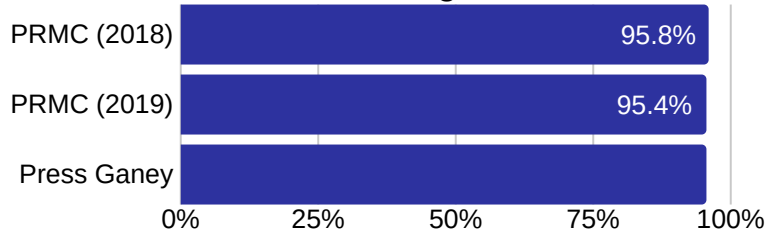
## Communication



## Facility/Personal Treatment



## Discharge



## Feedtrail Data

Data timeframe: Jan-Sep 2019

\*Percent favorable responses

- Imaging Services **97.49%**
- Laboratory Services **95.87%**
- Surgery and Outpatient Care **96.14%**
- Clinic Services **96.21%**
- Inpatient and Observation Care **96.31%**
- Emergency Department **86.04%**

# ABOUT THE AUTHORS

NIKI GRIFFITH, RN-BSN, CPPS

I have been a part 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 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

This year is my 22nd year as a RN. Some of my fondest memories of nursing are from times overcoming the greatest challenges. Thirteen years of my nursing career was in large Intensive Care Units. My favorite patient was often the patient no one else wanted. The challenge to overcome has been a big driver in my career. Thank you for the opportunity to serve!

Director of Quality/Infection Control  
Lean Six Sigma Green Belt

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