



# THE QUALITY INSIDER

July - Sep 2020 | Issue 6

## Healthcare Heroes



### QUALITY UPDATES

- Patient Navigator Trial
- COVID care unit

### DEPARTMENT QI HEROES

- Information systems Support and security
- Pharmacy the guardians of medication safety

### PERFORMANCE METRICS

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

# THE PATIENT NAVIGATOR TRIAL

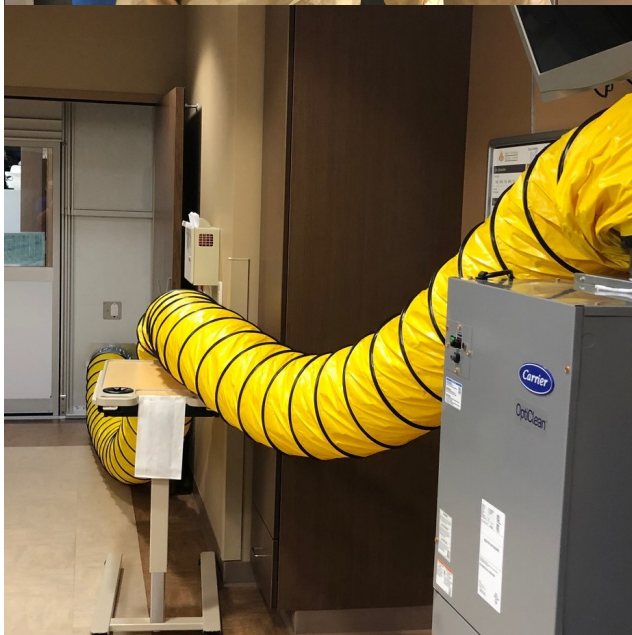
The patient navigation trial with the total joint surgery program has been highly successful. The 90-day trial met all the proposed objectives and dramatically improved the patient experience and completion rate for total joint surgery candidates. All patients that entered the patient navigator trial successfully completed surgery with no readmissions, cancellations, or complications.

## COVID Care Unit

COVID presents a care challenge that healthcare has not faced since the 1918-1919 Spanish flu. The SARS CoV2 virus's rapid spread, high viral replication and transmission, and unusually broad symptom profile have made the control of this illness very difficult. PRMC has focused heavily on transmission controls, testing, staff & patient safety. We have set-up a COVID care area that has helped us care for patients while maintaining CDC recommended negative pressure rooms. We have upgraded our personal protective equipment to keep staff comfortable and safe.



Dr. Hauser & Dr. Pribil are wearing CAPR positive pressure units. High-efficiency HEPA units and Starc System walls.





# INFORMATION SYSTEMS SUPPORT AND SECURITY

The IT department at Pratt Regional Medical Center employs 6 employees in a variety of different roles. Our IT department supports a wide variety of systems across our organization, including those that are typically supported by biomed.



Last year our IT team supported over 2,000 applications installed on our roughly 400 computers\VDI's and 90 servers across our 8 business locations. We also had to quickly adjust to supporting users working from home during the sudden lockdown as well as deploying telemedicine. We support approximately 2,000 network devices, including 600 phones, 100 printers\copiers, 100 Access points for wireless, and two datacenters running our operations. We also average over 300 devices connected to our guest wireless network during business hours. Virtually every system and device in the facility is connected to our network and communicating to a server in our datacenter, including the building control system, nurse call, access control systems, cameras, and all of our ancillary diagnostic equipment for departments like LAB, Radiology, and Cardio-pulmonary. Most of these devices also require interfaces that we setup and maintain to communicate with our systems and to send results between our EHR systems as well as outside providers. Our Helpdesk averages 500 support requests per month and we have staff on call 24/7/365 to provide support.



Our healthcare system is under attack by cybercriminals hoping to disrupt our healthcare system during a nation health crisis so that they can increase their profits.

One of our IT departments critical functions is to secure our systems from attacks not only to ensure patient privacy, but to also keep our system up and functioning so that we can continue to care for patients at an optimal level. We realize that new security controls can be intrusive and can impact productivity, but we must balance security requirements and productivity to be able to protect our data while still being able to operate efficiently and effectively.

In the past year we received 3.9 Million emails. Of those 3.9 Million emails only 11% of them or 438K were considered clean and were delivered. We also implemented a 3rd party Security Operations Center (SOC) that monitors all our security systems 24/7/365 and immediately notifies us of any security events so that we can stop and remediate them. The SOC monitors over 390 Million events per month looking for anomalies or red flags such as account lockouts or traffic to or from countries considered a threat. One particularly effective control we added this past year was MFA, or Multifactor Authentication. While it was not a popular addition from users, several security breaches left us no choice but to implement it for remote access. I am happy to say it had an immediate, impact on our security. Prior to implementing MFA, we were seeing 3-4,000 login attempts from foreign countries trying to access our Office 365 accounts per month and that number dropped to single digits and has remain there in the 9 months since we implemented MFA.

# PHARMACY THE GUARDIANS OF MEDICATION SAFETY

The Pharmacy Department at Pratt Regional Medical Center employs four pharmacy technicians, three clinical pharmacists, and a Director of Pharmacy. All four pharmacists have earned their Doctor of Pharmacy degree and have completed extensive continuing education courses specializing in acute care.

The members of the pharmacy team work together year-round to ensure the safe distribution of medications throughout our hospital. Over the last year, 171,803 doses of medication were dispensed at PRMC. The pharmacists verified 51,526 orders, monitored 4,085 inpatients, and performed 5,140 medication consultations/interventions.

## Pharmacy Technicians

Pharmacy technicians help our hospital to provide medications when and where patients need it. The daily activities of a pharmacy technician include purchasing, receiving, unit-dosing, compounding, delivering, charging, and crediting medications. Additional duties include answering phone calls, optimizing inventory, mitigating medication shortages, completing reports, processing clinic orders, and organizing documents.

Our pharmacy technicians regularly utilize their knowledge on medication pricing and usage trends within the hospital to help manage our medication inventory, ultimately providing cost savings for PRMC. Some examples of cost-saving strategies they use include ordering medications at the best price available, rotating soon-to-expire stock to higher use areas to minimize waste, and processing pharmaceuticals for optimal credit. In the last five months, the technician's stock rotation and out-of-date return credits saved our facility at least \$21,000.

## Clinical Pharmacists

Our clinical pharmacy services are available 24 hours a day, seven days a week. The goal of our service is to improve patient outcomes through optimization of medication therapy.

PRMC's pharmacists review all medication orders, guarding against allergies, drug interactions, adverse drug reactions, therapeutic duplications or omissions, etc. They provide oversight for the hospital's drug distribution system to provide accurate and timely medication doses. In addition to these duties, the clinical pharmacists are active participants on the patient care team, working closely with our providers to optimize pharmaceutical care. They carefully monitor patients on an ongoing basis to help ensure that medication therapy is appropriate and is achieving the desired outcomes. The pharmacists are frequently consulted by providers in both the inpatient and outpatient setting for their pharmaceutical knowledge and expertise.



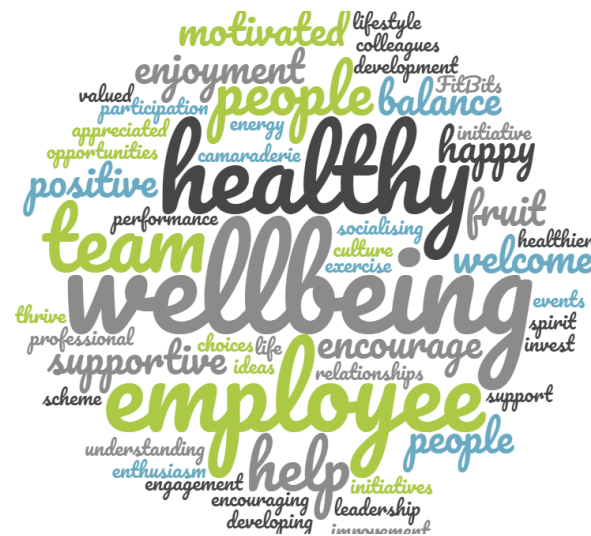
# Pharmacy Services

- Drug information services
- Antimicrobial stewardship
- Antibiotic dosing and monitoring
- Anticoagulation dosing and monitoring
- Parenteral nutrition dosing and optimization
- Renal and hepatic dose adjustment recommendations
- Response to critical care emergencies (code blues, traumas, and rapid responses)
- Critical care infusion optimization
- Medication reconciliation and transitions of care assistance
- Influenza vaccination screening, ordering, and administration
- Intravenous to oral dosage form conversion recommendations
- Protocol creation and implementation
- Drug use evaluation & formulary maintenance

Employees are our single most incredible resource. Kansas has been in recent weeks one of the top ten states experiencing COVID case growth. PRMC has updated employee health and safety procedures to keep our workforce healthy and capable of meeting the community needs. PRMC has a new employee health hotline that employees call to notify us of illness, potential exposures and ask questions on our COVID response. This process has improved communication with staff and employee health and created a method to determine staffing shortages quickly.

**Call**  
**620-450-1308**

## Employee Health & Safety



The COVID pandemic has significantly impacted stress levels and has pushed our coping mechanisms to the limit. PRMC offers an employee assistance program through EMPAC. EMPAC is a critical benefit during times of crisis that can optimize employee resilience.



Affiliates | Contact | (316) 265-9922 or (800) 234-0630

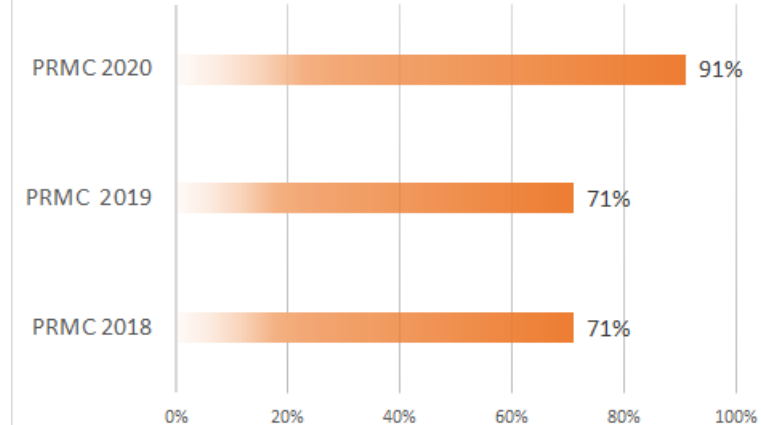
# Time Sensitive Diagnosis

\* 2020 Data from Oct 2019-Sept 2020

\* National Benchmark from Hospital Compare

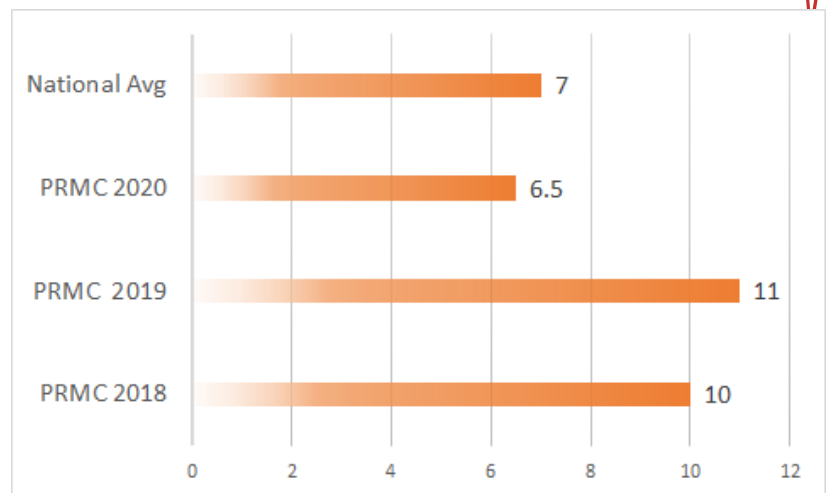
## Aspirin Administration to Chest Pain Patients (\*Higher is better)

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)

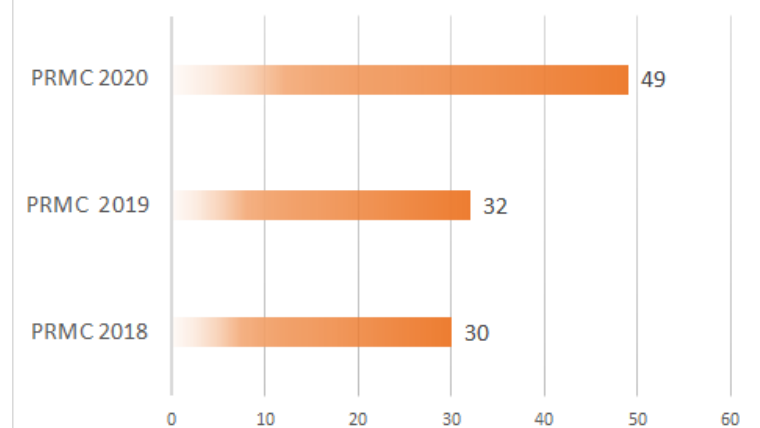
Every patient presenting to the Emergency Department with a complaint of chest pain should receive a 12-lead EKG. A 12-lead EKG is the 'gold standard' diagnostic tool for cardiac events. This bar-graph (*right*) shows the speed at which PRMC obtains an EKG compared to the National Benchmark.



## 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.

\*2020 limited data 2 cases.



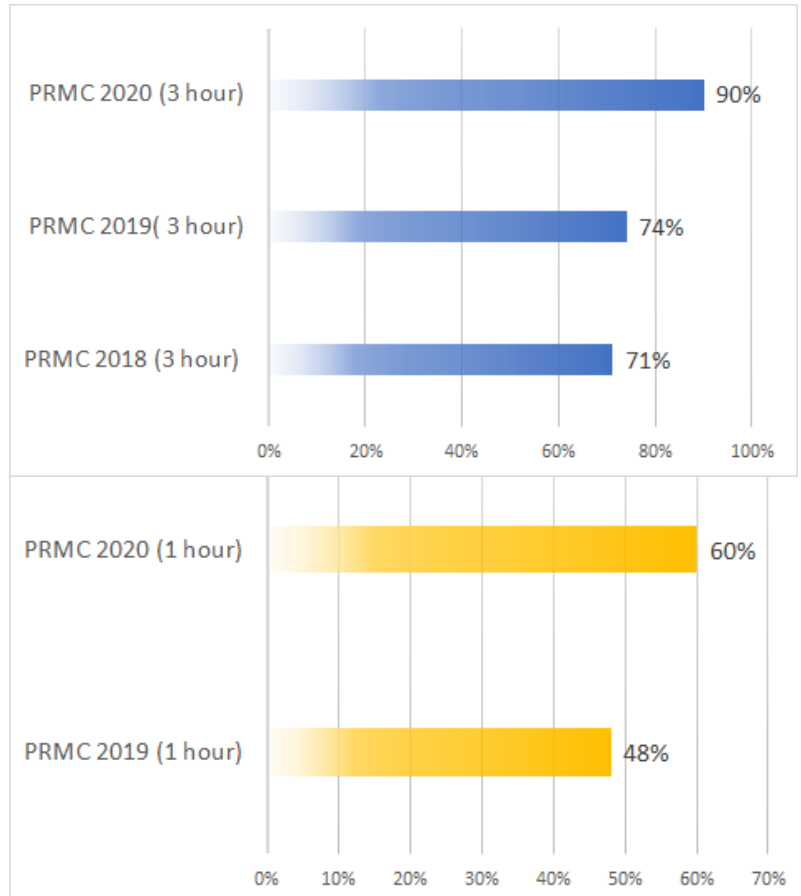


## Sepsis Bundle (\*Higher is better)

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)

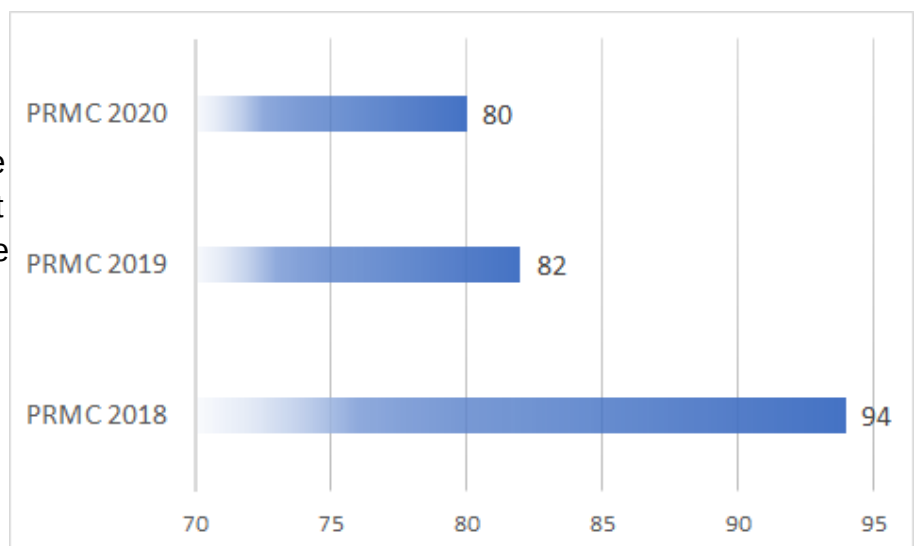
This bar-graphs (*right*) show the percentage of patients who received all 4 sepsis bundle elements within a 3-hour window (*upper*) and those that received them within a 1-hour window (*lower*) of Severe Sepsis identification.



## 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.



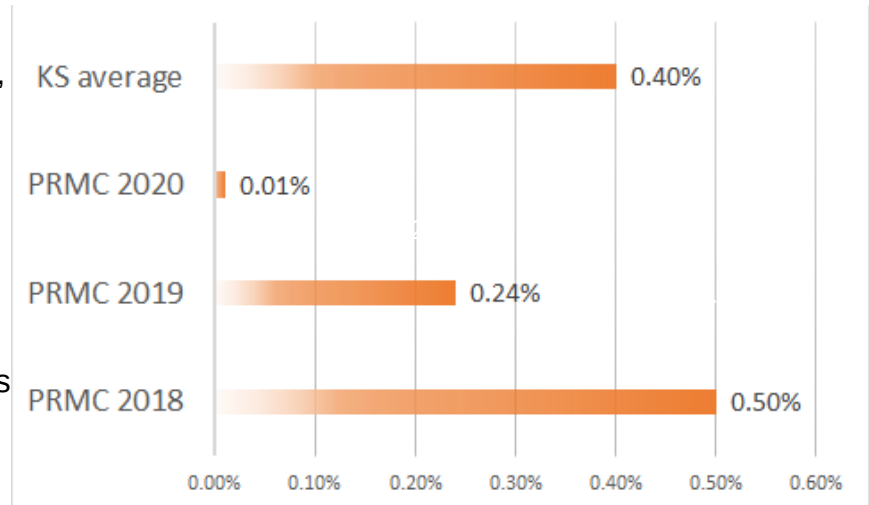
# Adverse Drug Events

\* 2020 Data from Oct 2019-Sept 2020

\* Kansas Average from KHC HIIN

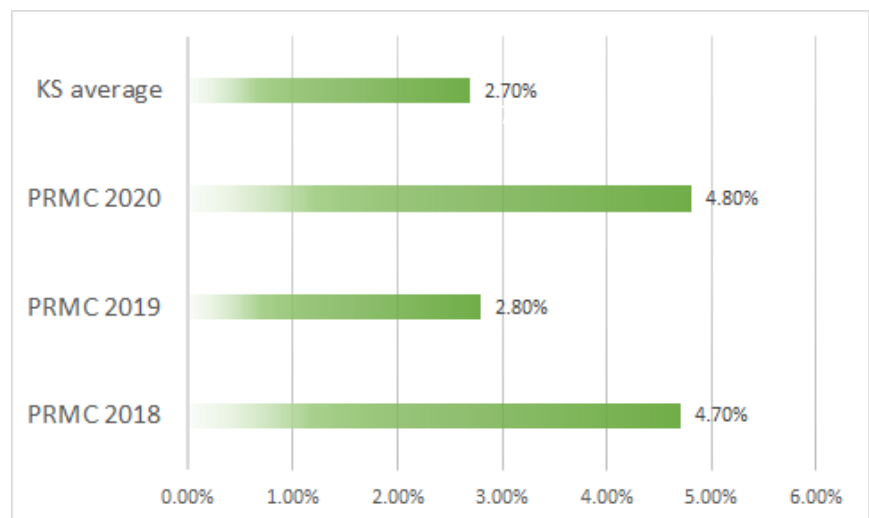
## Adverse Drug Events due to Opioids (\*Lower is Better)

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.



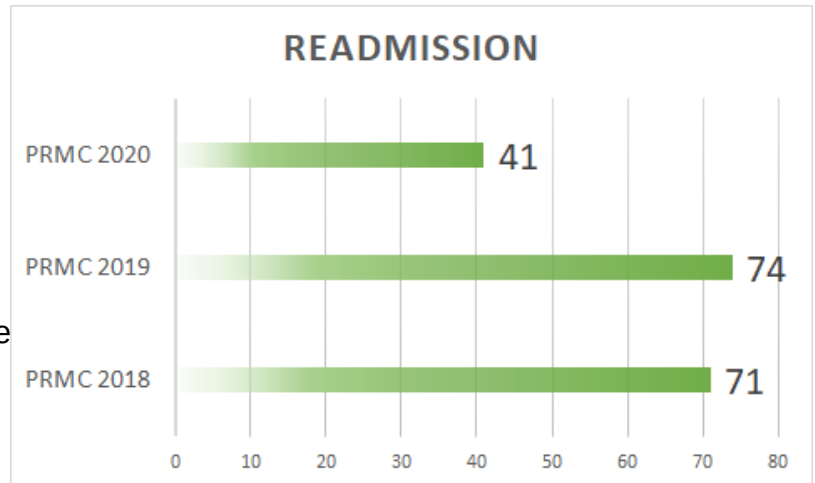


# 30-day Readmissions

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

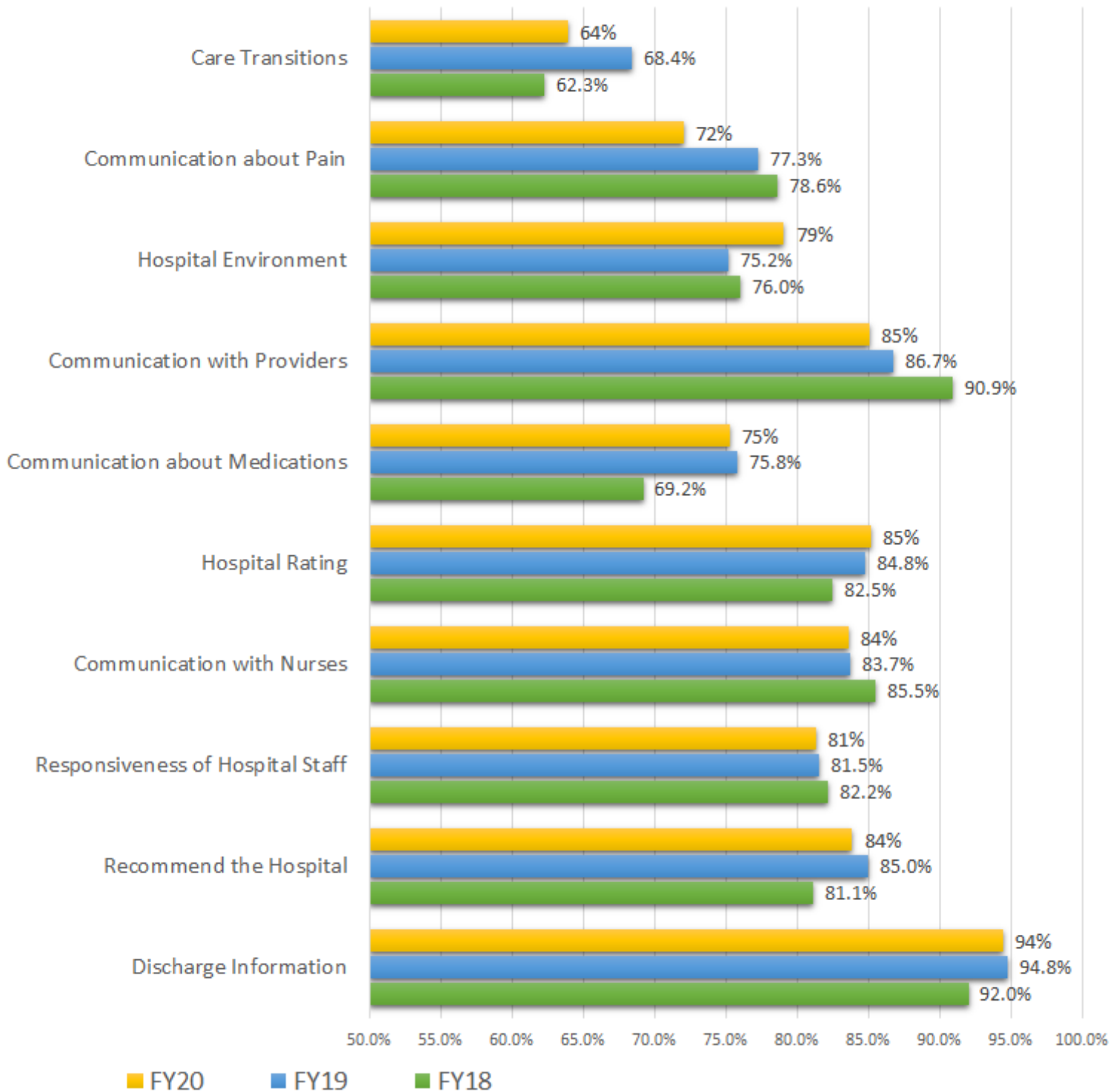


Payers will monitor every patient who is admitted to PRMC under Inpatient status for 30-days following discharge. If the patient returns as an Inpatient to PRMC or any other hospital, it will be considered an unplanned return. At the end of the year, hospitals will be given their overall rate for readmissions.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

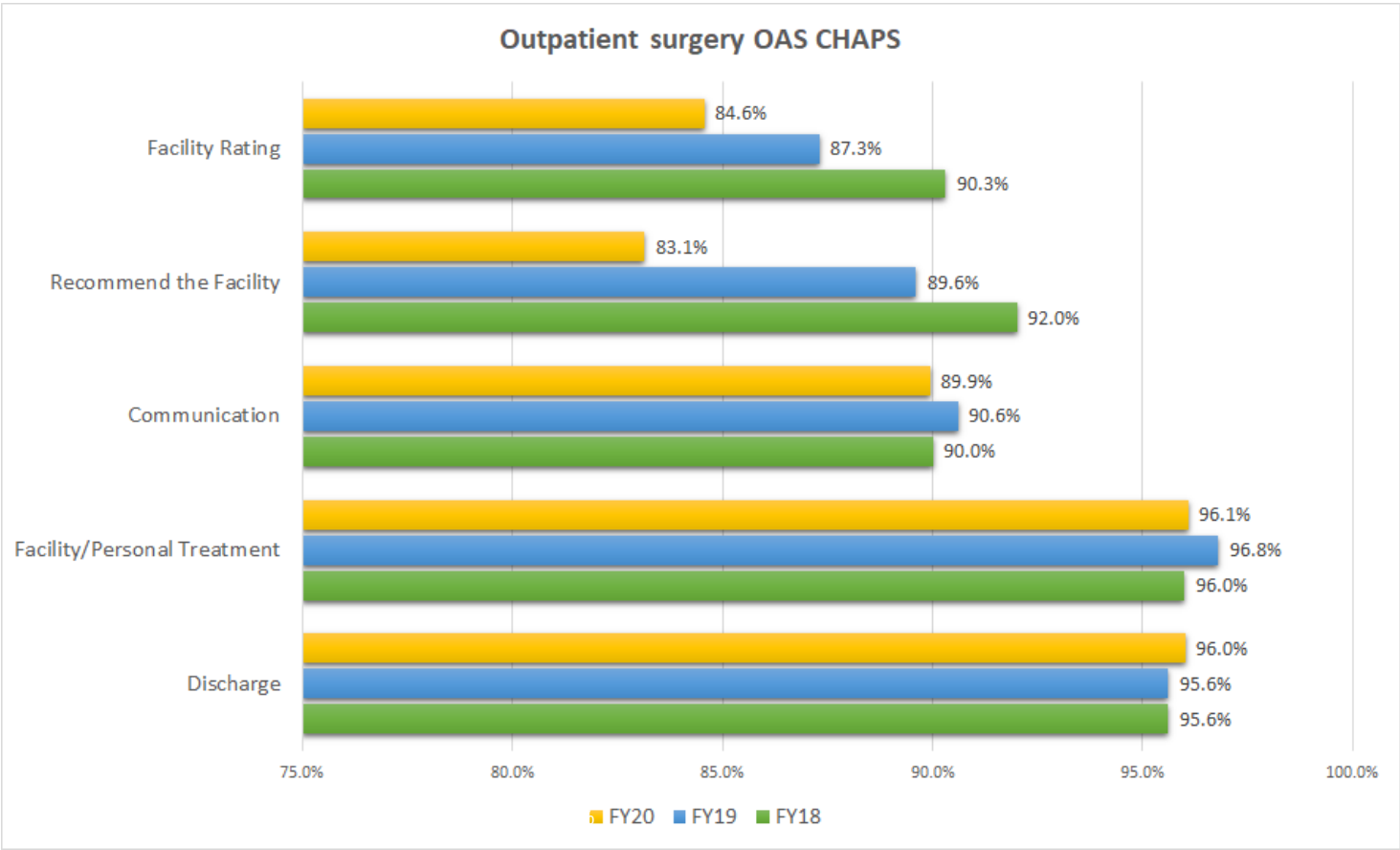


# Patient Experience

## Press Ganey HCAHPS Inpatient



# Outpatient Surgery Experience (OAS CAHPS - Press Ganey)



# Outpatient Services (Feedtrail)

