THE QUALITY INSIDER

APR- JUNE 2021 | Issue 9

Lions and Tigers and Bears, Oh my!

QUALITY UPDATES

- DNV Survey update
- CMS annual scorecard

DEPARTMENT QI PROJECTS

- Safe Medication Administration
- C-section first time mothers

PERFORMANCE METRICS

- Time Sensitive
- Quality Dashboard
- Patient Experience

DNV Survey Update

DNV Accreditation 101

In a previous Quality insider, we briefly discussed DNV accreditation and what it means for PRMC. On August 3rd -5th, we had our initial survey with DNV.

There were three specialists for the survey, with each specializing in specific areas. The generalist is versed in healthcare operations, quality management, patient safety systems, organizational structure, and contract management. The clinical specialist focuses on care delivery, care documentation, patient experience, staffing, and review of clinical care specialty areas. The physical environment/life safety specialist focuses on the physical plant, life safety, security, emergency operation plans, and equipment safety. This survey was much more in depth than state survey.

DNV has a few specific terms they use in the journey:

• NIAHO- National Integrated Accreditation for Healthcare Organizations This document is the survey standards that PRMC will be measured up to.

• NC1c- Nonconformity level 1 conditional- This is the most severe level of finding and requires a revisit in 45 days to ensure the finding is corrected.

• NC1- Nonconformity level 1 – This is a significant finding and PRMC must have a plan in place to correct in in 60 days after receiving the report from DNV. This finding will be reevaluated in a year.

• NC2- Nonconformity level 2 – This is a minor finding that could still impact the patient or organization operations. This level would need correction within the year.

• OFI- Opportunity for Improvement- These will not show up on our report in years 1 and 2. These are suggested changes that could help guide PRMC in the path of success in future surveys.

• NE- Notable efforts- This is an example of where we are going above and beyond and really standing out as an organization.

Survey Results

Our facility scored the following:
NC1c = 0
NC1 = 7
NC2 = 9
OFI & NE = numerous for both

How does this compare to other facilities and our expectation?

Accreditation surveys are much more intense and in depth. We anticipated between 20-25 NC1 or NC2 findings with our first survey. PRMC has not been accredited by a third party for over 20 years.

The NIAHO standard is new to us and there are several changes we need to make in the future to fully implement the standards, however, our surveyors were very impressed with PRMC and the performance standards we strive to maintain.

Summary of Findings

Generalist specialist findings

NC1- MS8 & MS9 =Physician and Provider Performance data are used to evaluate, analyze and take action. This data would be considered in the credentialing and re-credentialing process.

NC1- SM6= All staff shall have an orientation to the specific job duties, roles, and responsibilities. This standard extends to both employed and non-employed physicians and providers working at PRMC.

NC1-MM1= Pharmacy written policy to ensure effective medication management. The found clarification needed on the timing and scheduling of medication and the medications that may be given off the scheduled times.

NC1- UR1= Activities for a Utilization review committee. We need to develop a utilization review committee and incorporate physicians on the committee to review ordering patterns and the utilization of healthcare resources.

NC2- MS10= Continuing education for physicians and providers in the credentialing file. This also is expanded to include continuing education for the physician in areas they supervise mid-level providers. *Cont. on next page*

NC2- DC3= Implementation of discharge plan

NC2-DC5 Provide patients with a post discharge list of options with Quality-of-care information. (Medicare compare stars for each facility/ service)

Clinical specialist findings

NC2-PR2= Patient rights and beneficiary notices. We need to provide the important message from Medicare to beneficiaries on admission and a second time for any beneficiary staying over 48 hours.

NC2- AS3= Anesthesia services. PRMC needs policies that guide anesthesia practice. Anesthesia documentation needs to meet 6 pre-anesthesia standards and 7 post-anesthesia standards.

NC2-SS8= Operative reports need to contain 11 elements about the procedure.

NC2- MR7 Inpatient History and Physical shall be completed no more than 30 days prior to admission and placed in the medical record within 24 hours of admission

NC2-MS17= Outpatient Assessment shall be completed no more than 30 days prior to admission and placed in the medical record within 24 hours of admission.

Physical Environment/ Life safety specialist findings

NC1- PE1= Management policies and plans for the 7 areas for Life safety and annual evaluation of systems.

NC1-PE2= Life Safety Management System. mostly fire code safety findings.

NC1-PE3= Safety management system lock out tag out safety and confined space safety program

NC2-PE4= Security vulnerability assessment including a 18 element inspection.

Many of the findings are already well on the way to being corrected. Some may take more time and effort to fully correct. It is imperative that we share the findings of the survey with PRMC staff, PRMC Board of Directors, and Medical Staff.

For any questions, clarification, or suggestions, please contact Paul Carrington, Sherry Besser, or any member of the Executive Staff.

CMS Performance and Payment Update

Once per year CMS updates PRMC on how we have performed on measures that effect our reimbursement. We are measured on readmissions, hospital acquired conditions, patient safety indicators, and Medicare spend per beneficiary.

This year PRMC has continued to set the bar high in meeting our Medicare performance goals and we avoided significant financial penalty.

Readmission Domain

Patient diagnosis	PRMC readmission rate	National average	Penalty
Acute Myocardial Infarction	2/6 or 33%	15.4%	No penalty
COPD	6/65 or 9.2%	19.7%	No penalty
Heart Failure	9/71 or 12.6 %	21.7%	No Penalty
Pneumonia	8/124 or 6.4%	16.7%	No Penalty
Total Joint Replacement	6/339 or 1.7%	3.9%	No Penalty

Hospital Acquired Condition Domain

CLABSI	Below National Average	No Penalty
CAUTI	Below National Average	No Penalty
Surgical Site Infection	Below National Average	No Penalty
MRSA Bacteremia	Below National Average	No Penalty
C-Diff infection	Below National Average	No Penalty

Patient Safety Index domain

PSI domain	Compared to national average	Penalty
PSI 90 composite	Below	No Penalty
PSI 3 Pressure ulcer	Below	No Penalty
PSI 06 Pneumothorax	Below	No penalty
PSI 08 Fall with Hip Fx	Below	No Penalty
PSI 09 Post-op Hemorrhage	At national average	No penalty
PSI 10 Post op Kidney injury	Below	No penalty
PSI 11 Post op Respiratory Failure	Below	No penalty
PSI 12 Post op PE or DVT Blood Clot	Below	No penalty
PSI 13 Post op wound dehiscence	Below	No penalty
PSI 15 Abdominopelvic laceration accidental	Below	No penalty

Medicare Spend per Beneficiary

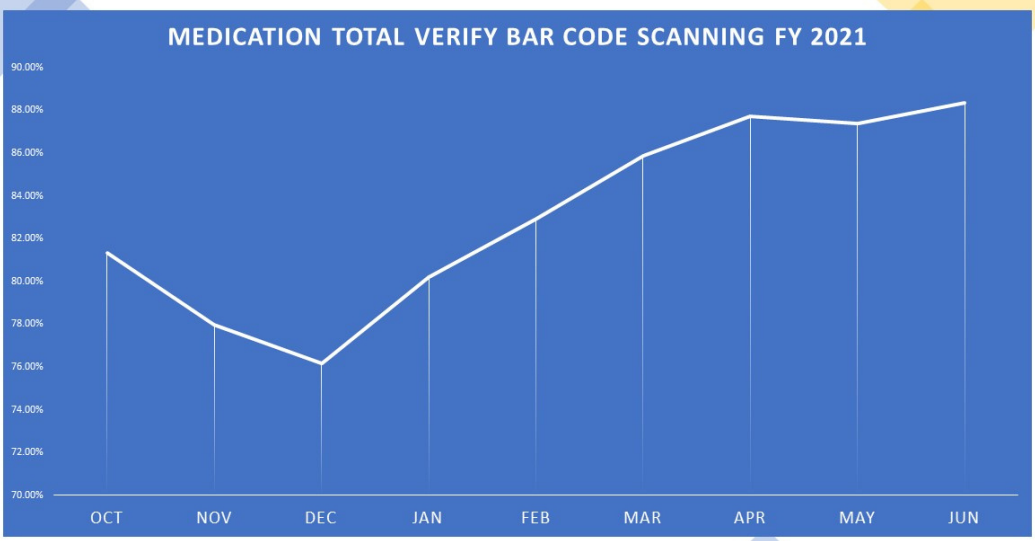
MSPB	Score	National Average
MSPB	1.09	1.0

Analysis of the opportunity to improve this score would focus us on the utilization of Skilled nursing facilities for post –acute care.

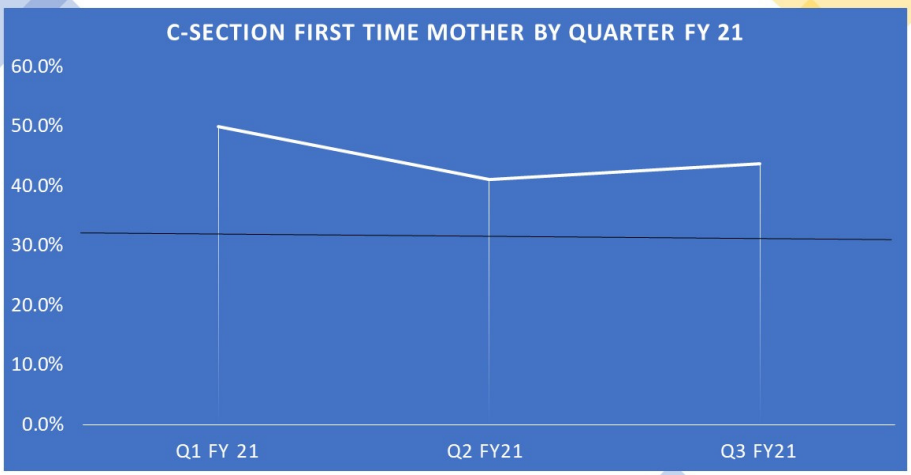
Safe Medication Administration

Total Verify is a process of validating the electronic medication order to the patient and the medication packaging. Our goal is >95% total verify of medications. We have identified some opportunities to improve our total medication verification processes.
Our graph shows a steady improvement over the past several months. We have worked with information technology to improve the scanning reliability of the hardware and software and have focused on staff training and accountability.

PRMC Department managers and directors are using additional reports and tools to find areas for improvement in medication total verify scanning.



Family Birth Suites C-section Rates



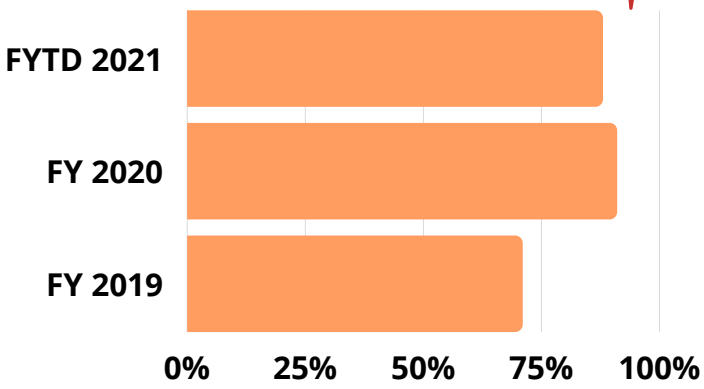
Family birth suites is using a new tool from the California Maternal Quality Care Collaborative to trend induction failures. There is some discussion on identification of breach presentation earlier in the labor process. Status: Trend and Report.

Time Sensitive Diagnosis

*2021 Data from Oct 2020-Mar 2021

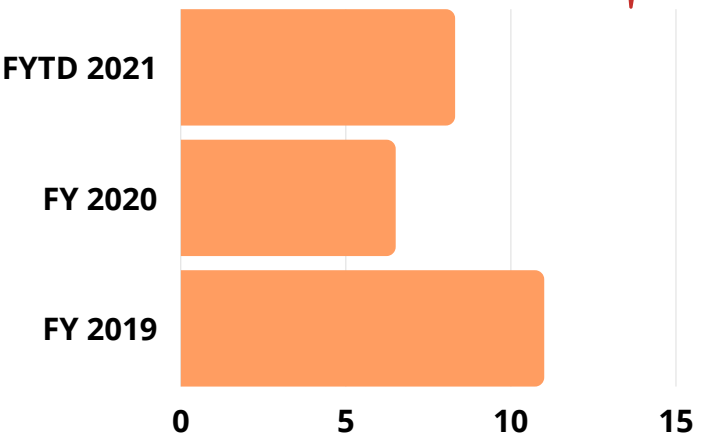
Aspirin Administration to Chest Pain Patients (*Higher is better)

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.



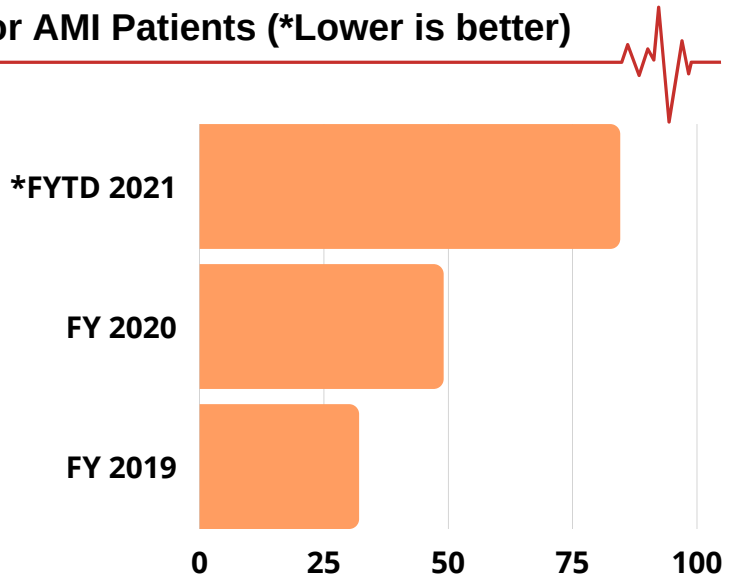
Average Time to EKG for Chest Pain Patients (*Lower is better)

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. Our goal is 30 minutes to TNKase .* very small sample size

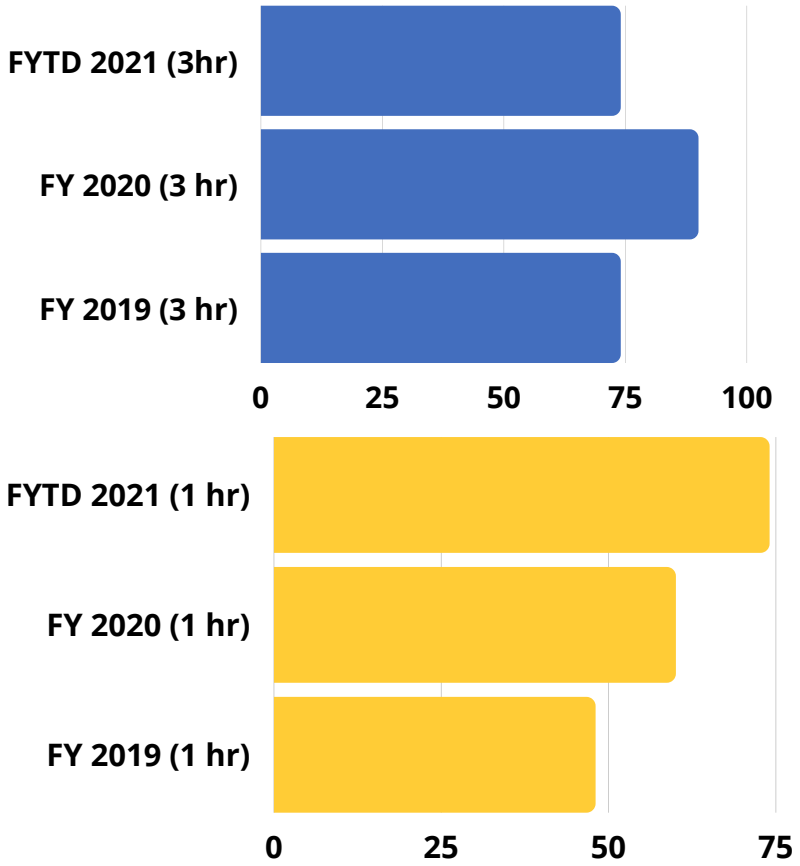


Sepsis Bundle (*Higher is better)

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:

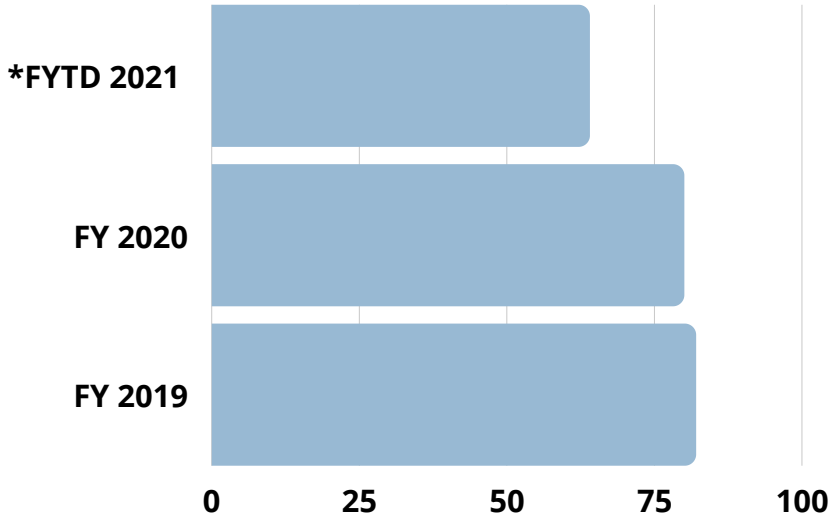
- Blood Culture Collection
- Lactic Acid Testing
- Antibiotic Administration
- Intravenous Fluid Resuscitation (30ml/kg)

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.

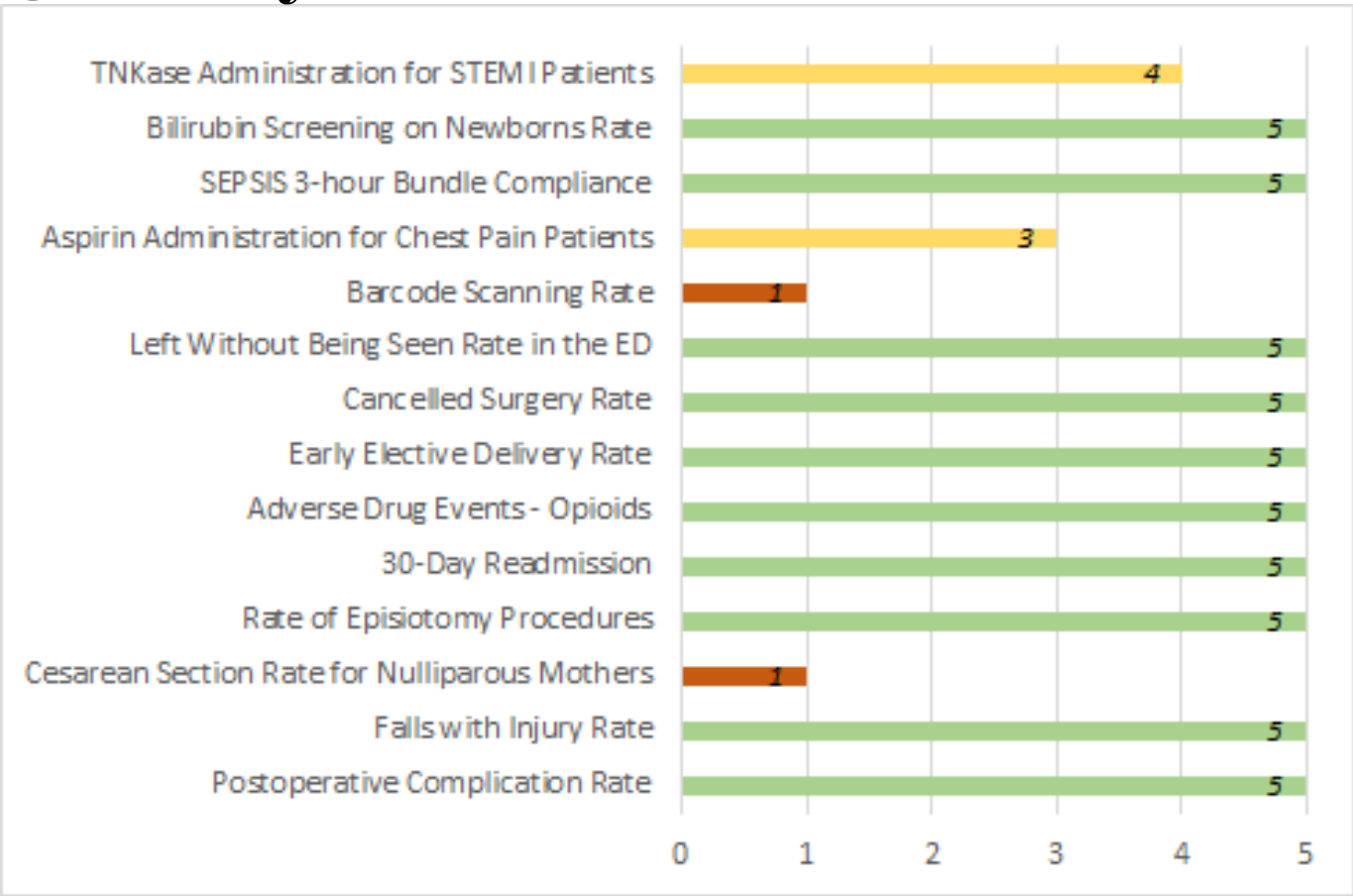


Average Time to Head CT/MRI Interpretation for Stroke Patients (*Lower is better)

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.
*very limited number of cases



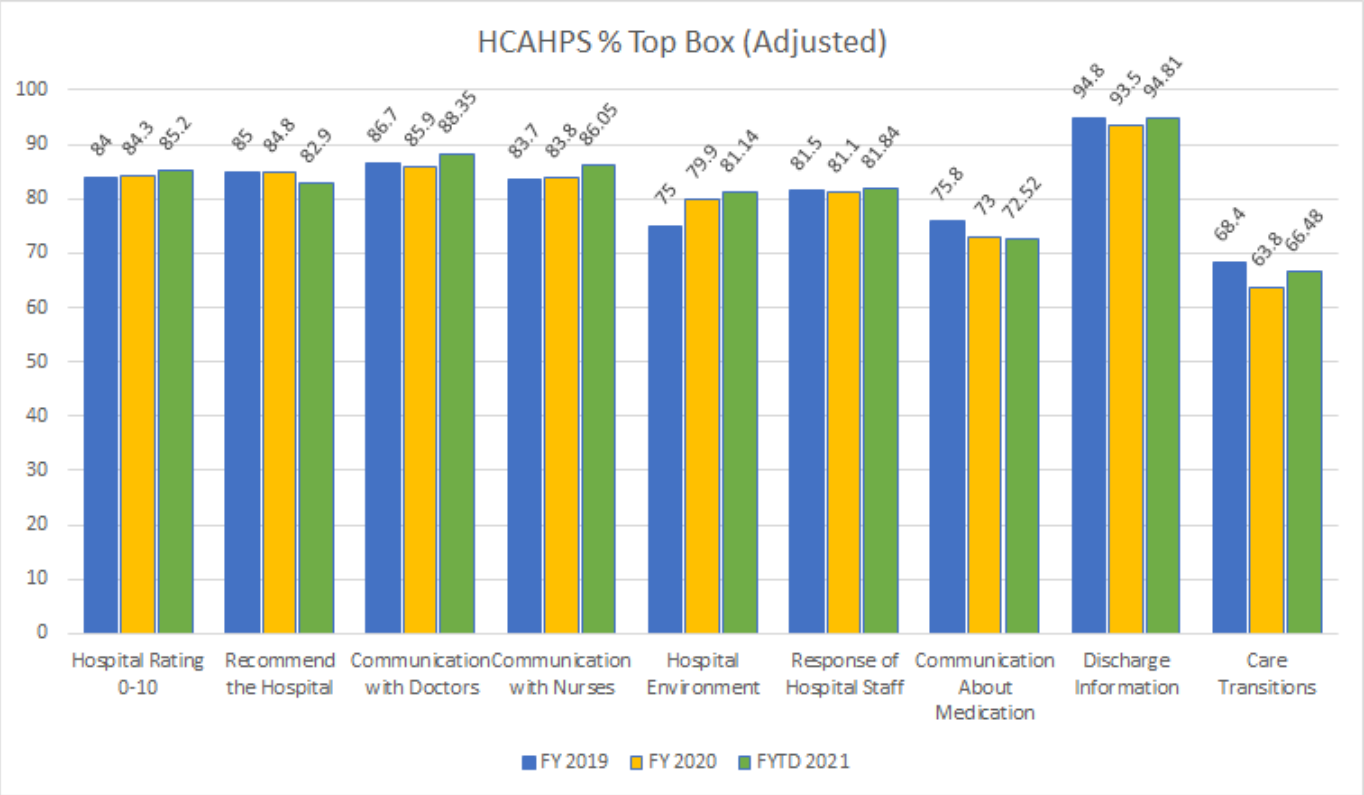
Quality Dashboard FYTD 2021

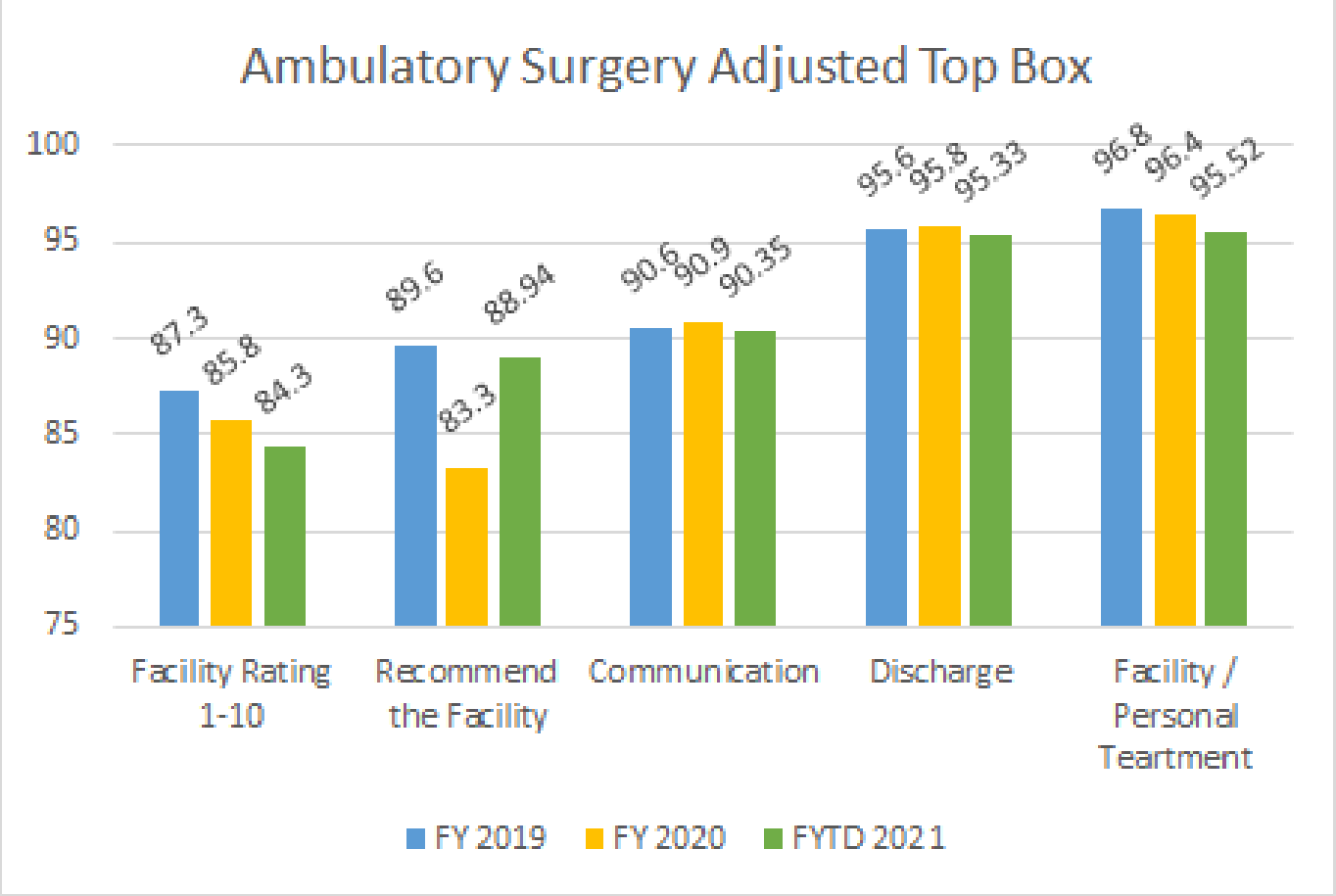


This year we implemented a quality dashboard with fourteen quality measures. We have set goals based on national benchmarks, historic performance, and targets for improvement. We are scoring each measure on a 1-5 scale with our goal being 3 or better. Twelve measures we have met or exceeded our goals. Two measures we have room for improvement. The Quality department is working with Family Birth Suites to trend and identify the cause of any preventable c-sections. Nursing and quality are working on opportunities to increase barcode scanning rates on medications. We believe that some corrections have been made that will increase scan capture and improve compliance. Adverse medication events with opioids are being trended.

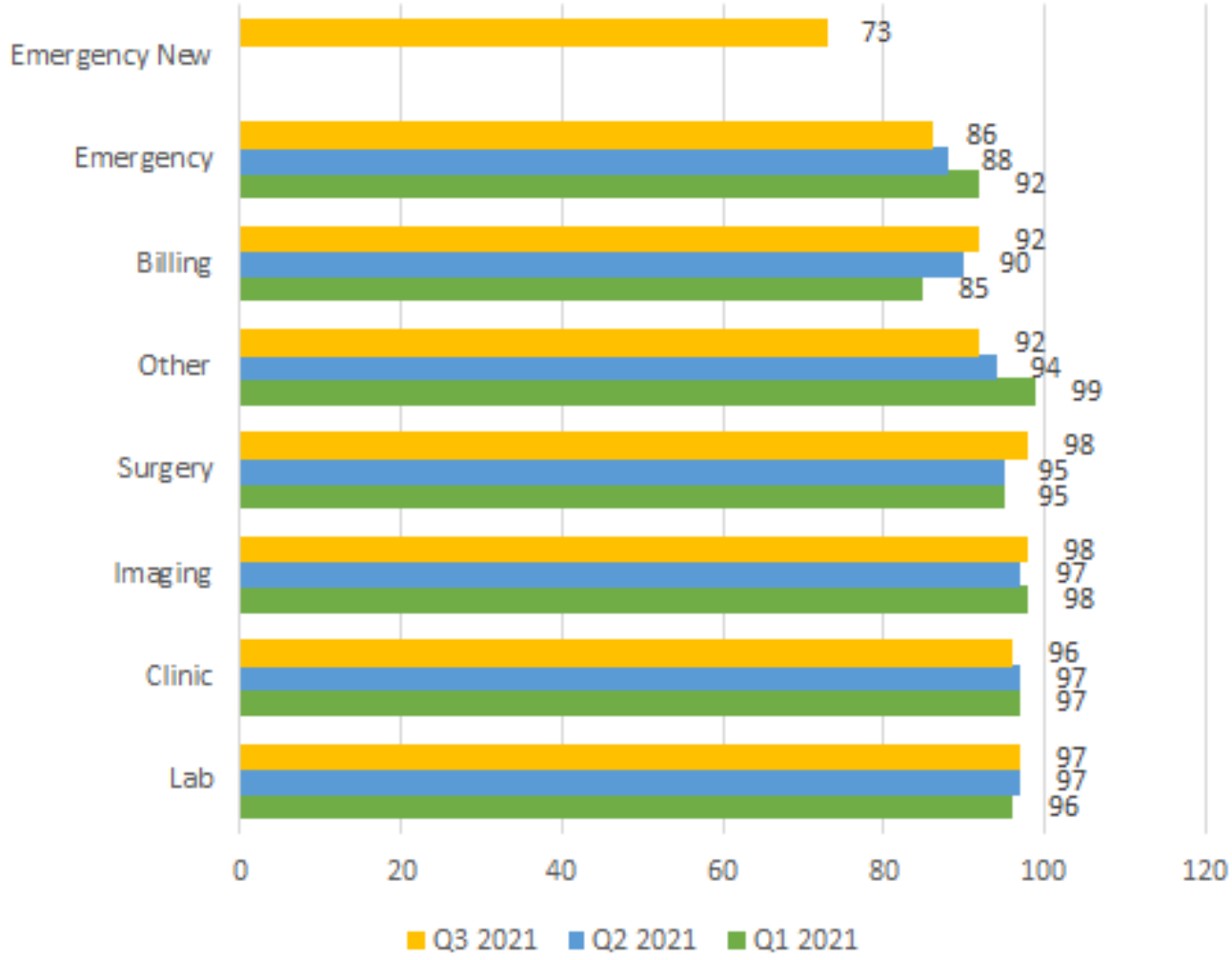
Very proud of the dedication to excellence we see daily in staff that are contributing to meeting and exceeding these goals.

Patient Experience





Outpatient Feedtrail Scores



We have learned so much these past several months. How to be a better organization through teamwork and determination. Showing our grit by being measured by an accrediting body during a pandemic. Learning to change and be open to new possibilities through transparency. We need not fear the unknown lions, tigers, and bears. We have seen worse and know together we can overcome them.

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