QI and Patient Safety

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Today's Discussion:

- National information
- Current initiatives in Virginia
- Upcoming projects and events
- What it takes to be a high performing hospital
  - Role of management
  - Role of MD
  - Role of staff

Mandated by Congress

- Medicare Modernization Act
  - Publicly report measures – 10 starter set (AMI, HF, Pne)
  - Hospital Compare – http://www.hospitalcompare.hhs.gov

Mandated by Congress (cont'd)

- Deficit Reduction Act
  - Publicly report measures
    - All AMI, HF and Pne
    - SCIP - all over time
    - Mortality
    - Patient Satisfaction
  - Value Based Purchasing
    - Scores affect reimbursement
  - Present on Admission
    - Hospital-acquired medical conditions will not be paid
    - Begin collecting information October 1, 2007
    - Starter set

May 3, 2007 Federal Register
http://www.cms.hhs.gov/AcuteInpatientPPS/downloads/CMS-1533-P.pdf

Quality Improvement Organization

- VHQC under contract with CMS
  - Hospitals
  - Nursing Homes
  - Home Health Agencies
  - Physician Offices
  - Other mandatory
- 5 Million Lives Campaign - Node Partner

Quality Improvement Organization

- Hospitals
  - Report data
  - Surgical Care Improvement Project (SCIP)
  - Appropriate Care Measure (ACM) – AMI, HF and pneumonia measured at the patient-level
  - Rural Organization Safety Culture (ROSC)
  - CAH – Report data & QI
  - System Improvement and Organizational Culture (SIOC)
  - Other
- Assistance provided
  - Learning sessions, teleconferences, one-to-one

CAH/SHIP

http://www.vdh.virginia.gov/healthpolicy/ruralhealth/ship.htm

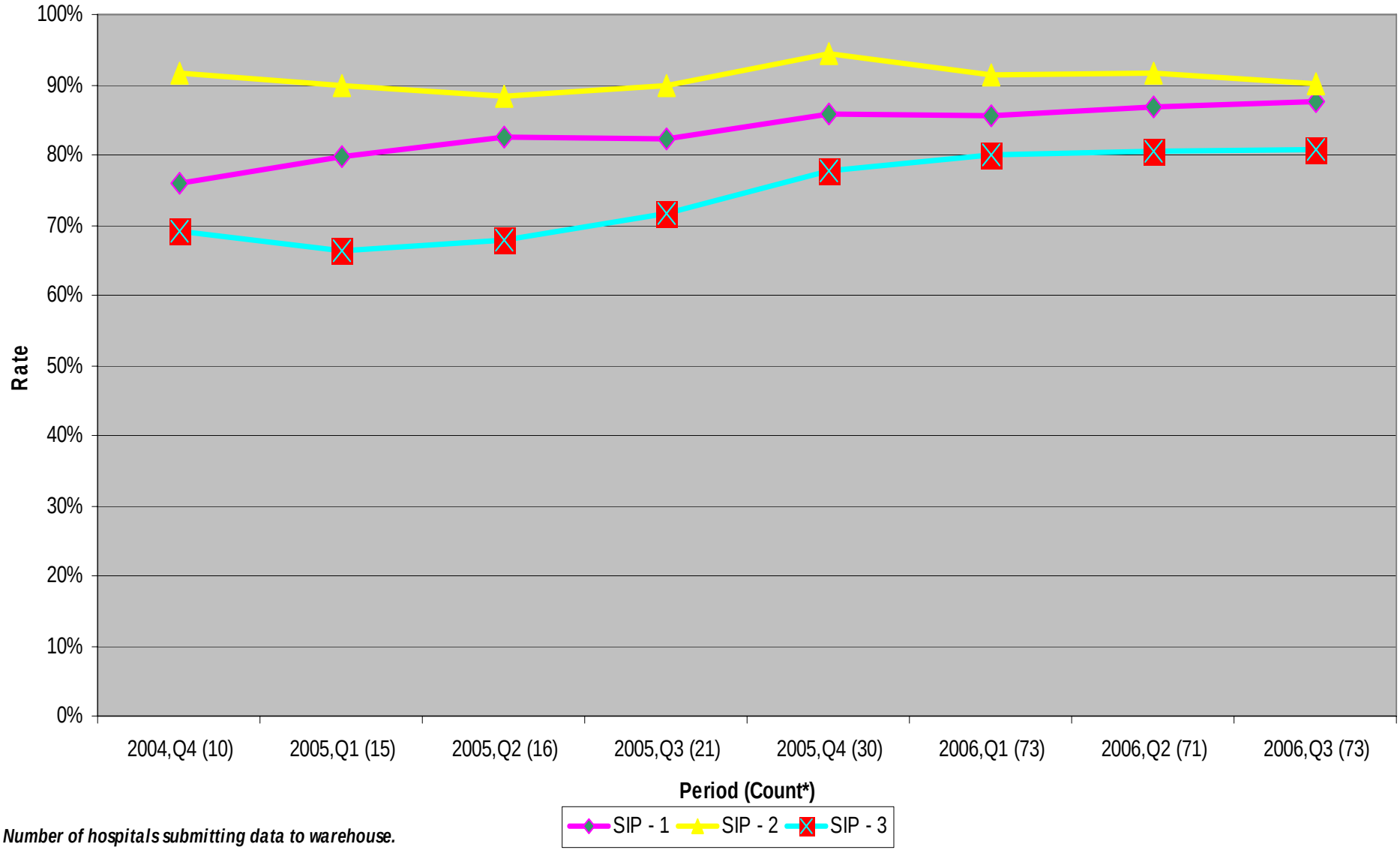
Bath County Community
Bedford Memorial Hospital*
Buchanan General Hospital*
Carilion Franklin Memorial
Carilion Giles Memorial
Dickenson County Medical Center
Lee Regional Medical Center*
Mountain View Regional Medical Center*
Page Memorial
Pulaski Community Hospital*
R. J. Reynolds-Patrick County Memorial
Rappahannock General Hospital*
Riverside Tappahannock
Russell County Medical Center*
Shenandoah Memorial
Smyth County Community Hospital*
Southampton Memorial Hospital*
Southern Virginia Regional Medical Center
Southside Community Hospital*
Stonewall Jackson
Tazewell Community
Warren Memorial Hospital*
Wellmont Lonesome Pine
Wythe County Community Hospital*

*Pending approval by the Health Resources and Services Administration (HRSA), Office of Rural Health Policy

CAH/SHIP

- Reporting data – CAH- 7 as of 4th qtr 2006
  - All PPS (minus a couple of specialty with PPS #)
- ACM – 6
- SCIP – 4
- ROSC – 8
- CAH QI – 5
- SIOC - 4

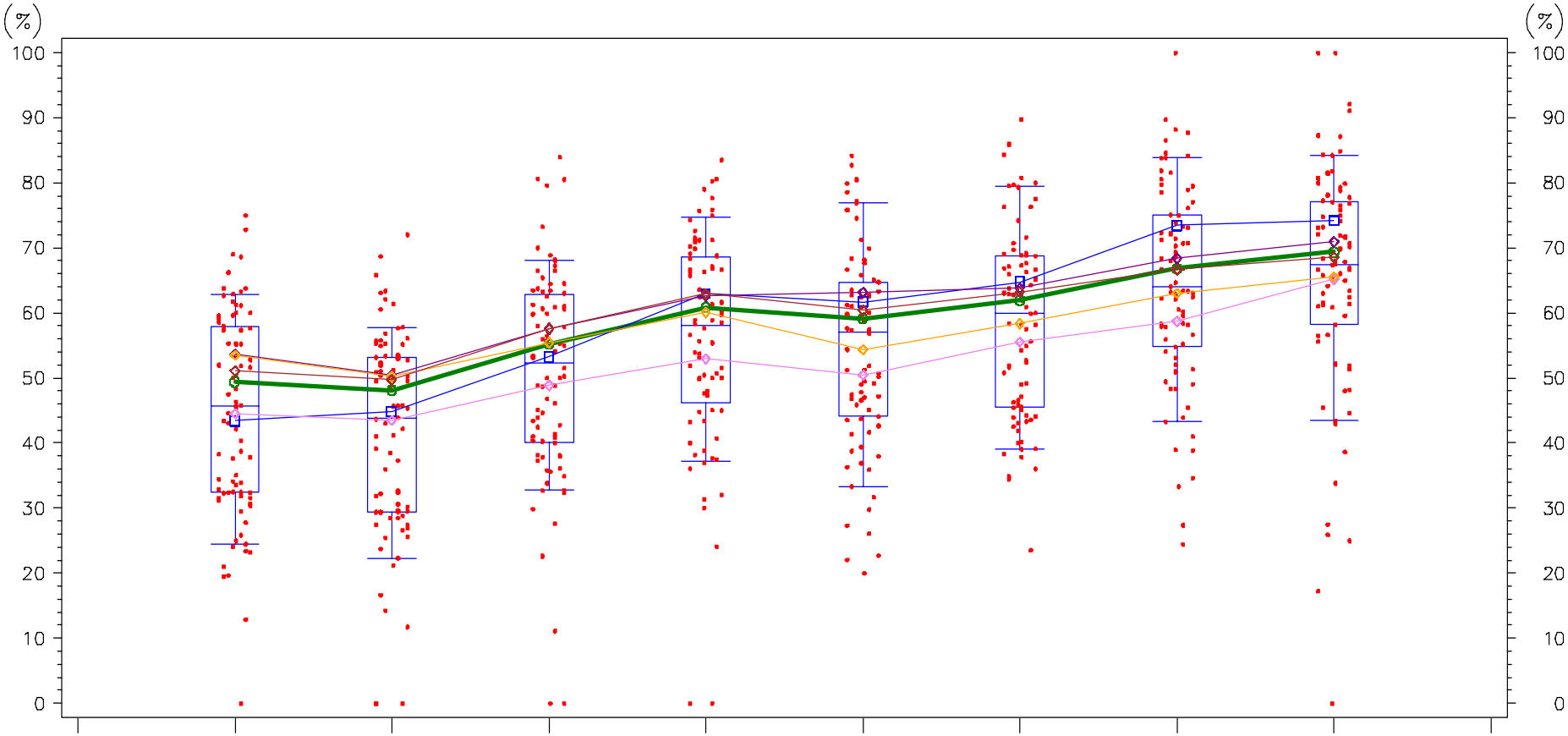
SCIP 1-3



** Number of hospitals submitting data to warehouse.*
The data is based on the hospital submitted data to clinical warehouse.

Appropriate Care Measures (ACM) for: AMI HF & PNE (20 Measures)

All Hospitals



	Oct–Dec 2004	Jan–Mar 2005	Apr–Jun 2005	Jul–Sep 2005	Oct–Dec 2005	Jan–Mar 2006	Apr–Jun 2006	Jul–Sep 2006
S:	49.41%/N=14526	48.12%/N=16630	55.21%/N=13787	60.86%/N=11830	59.15%/N=13098	61.98%/N=14899	66.82%/N=13037	69.35%/N=11032
CE:	43.39%/N=2782	44.86%/N=3259	53.28%/N=2564	63.05%/N=2100	61.69%/N=2467	64.75%/N=2817	73.48%/N=2496	74.23%/N=2142
ES:	53.70%/N=3423	50.41%/N=4295	57.53%/N=3445	62.61%/N=2902	63.21%/N=3466	63.85%/N=3947	68.41%/N=3412	70.91%/N=2846
NT:	44.52%/N=2554	43.51%/N=2379	48.88%/N=2015	52.89%/N=1900	50.47%/N=2007	55.58%/N=2224	58.70%/N=1920	65.12%/N=1769
NW:	53.55%/N=2002	50.27%/N=2264	55.43%/N=1925	60.08%/N=1651	54.36%/N=1558	58.41%/N=1741	63.03%/N=1569	65.56%/N=1298
SW:	51.10%/N=3765	49.70%/N=4433	57.63%/N=3838	62.92%/N=3277	60.42%/N=3600	63.24%/N=4170	66.68%/N=3640	68.53%/N=2977

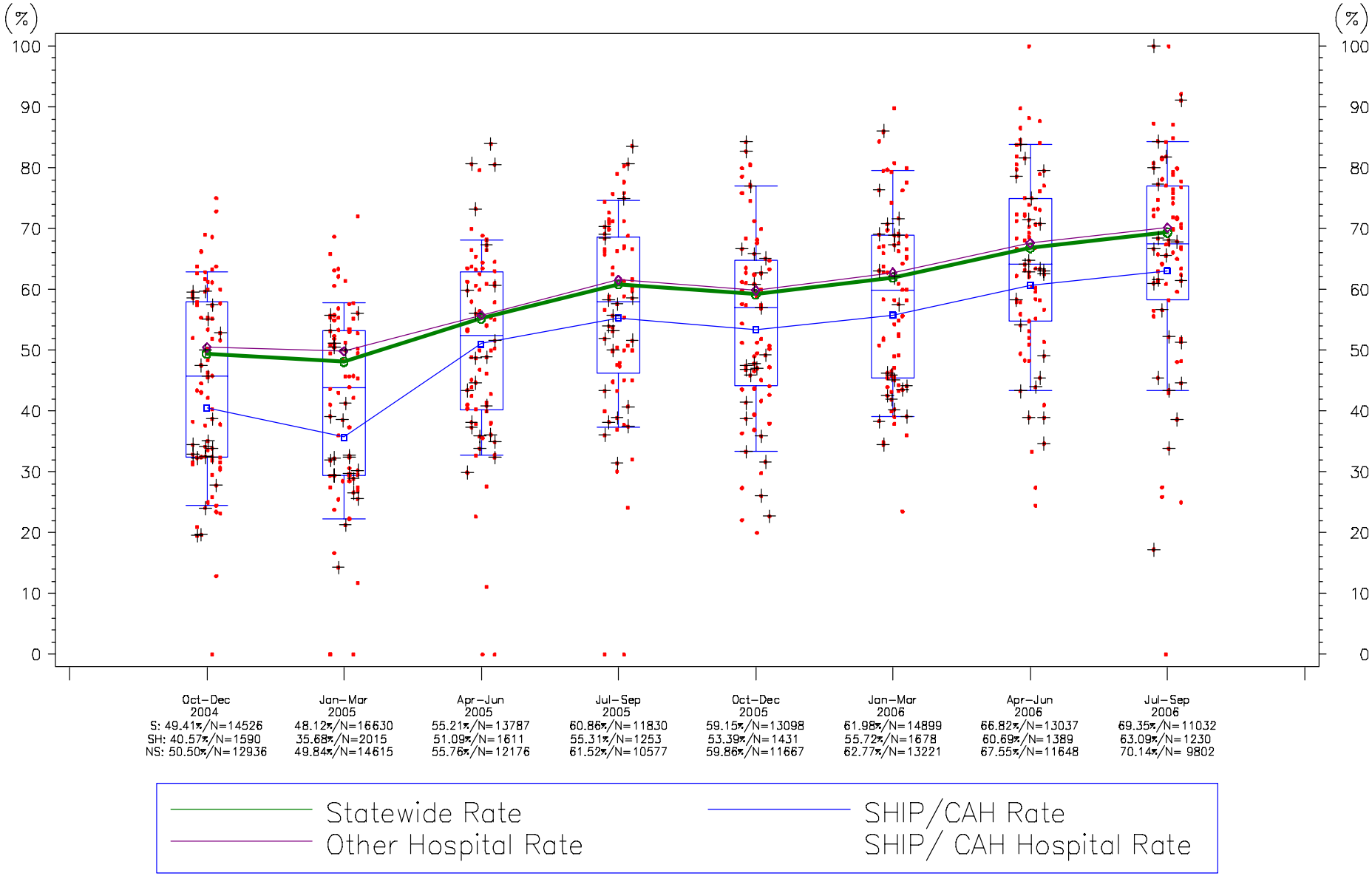
Statewide Rate
Central Rate
Eastern Rate
Northern Rate
Northwestern Rate
Southwestern Rate

Rates based on CART data as of April, 2007

Prepared by VHQC 04/2007

Appropriate Care Measures (ACM) for: AMI HF & PNE (20 Measures)

All Hospitals

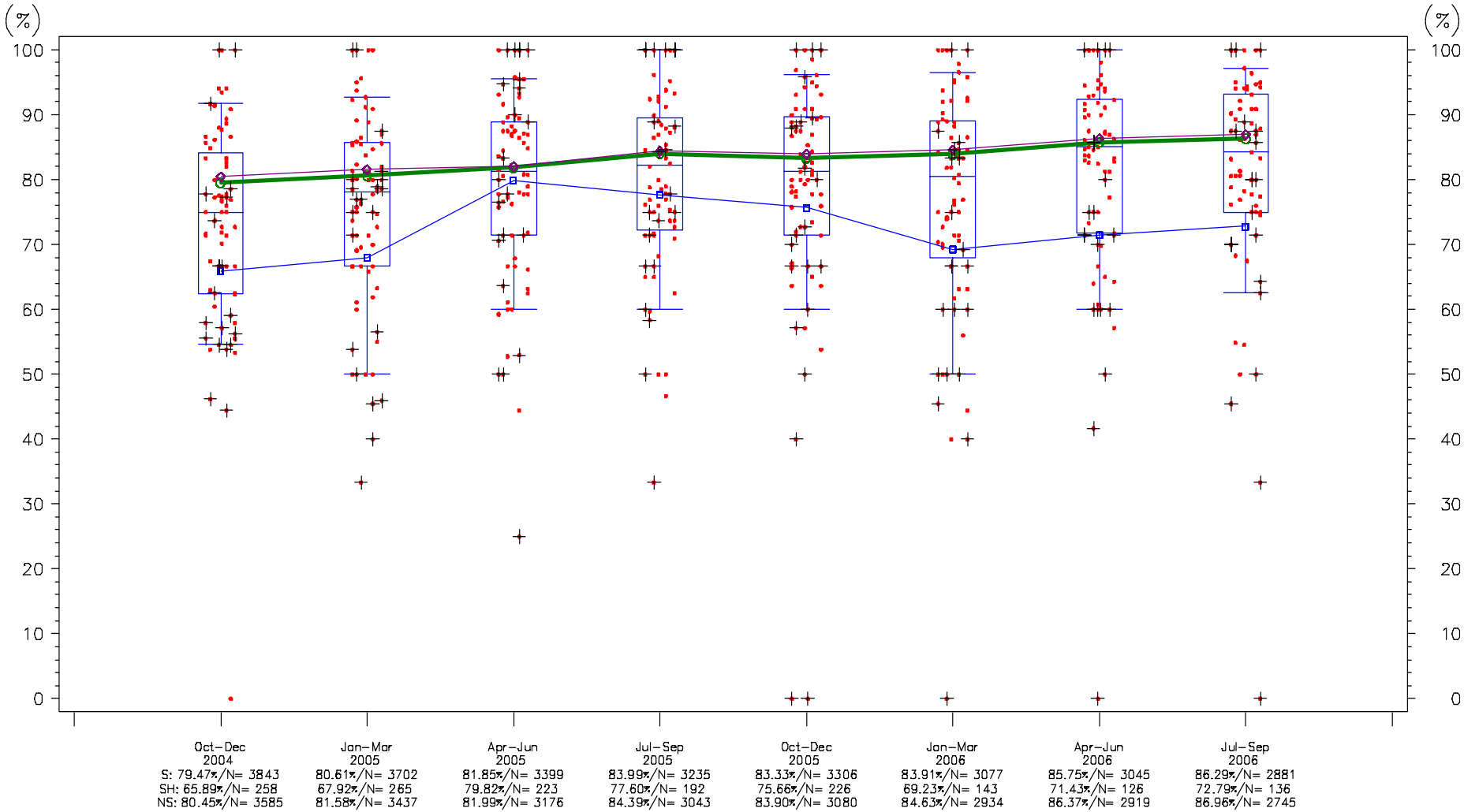


Rates based on CART data as of April, 2007

Prepared by VHQC 06/2007

Appropriate Care Measures (ACM) for: AMI (8 Measures)

All Hospitals



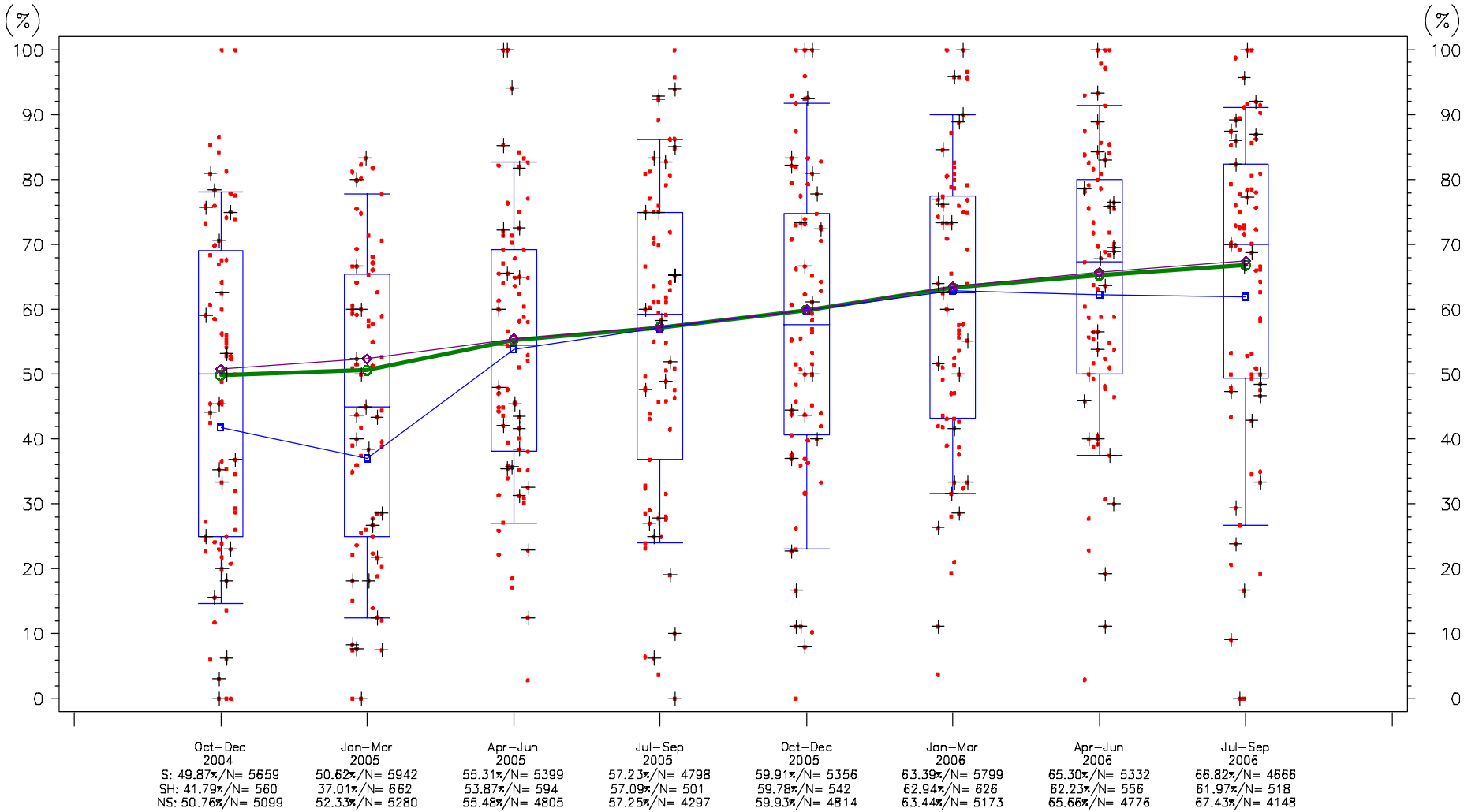
Statewide Rate
Other Hospital Rate
SHIP/CAH Rate
SHIP/ CAH Hospital Rate

Rates based on CART data as of April, 2007

Prepared by VHQC 06/2007

Appropriate Care Measures (ACM) for: HF (4 Measures)

All Hospitals

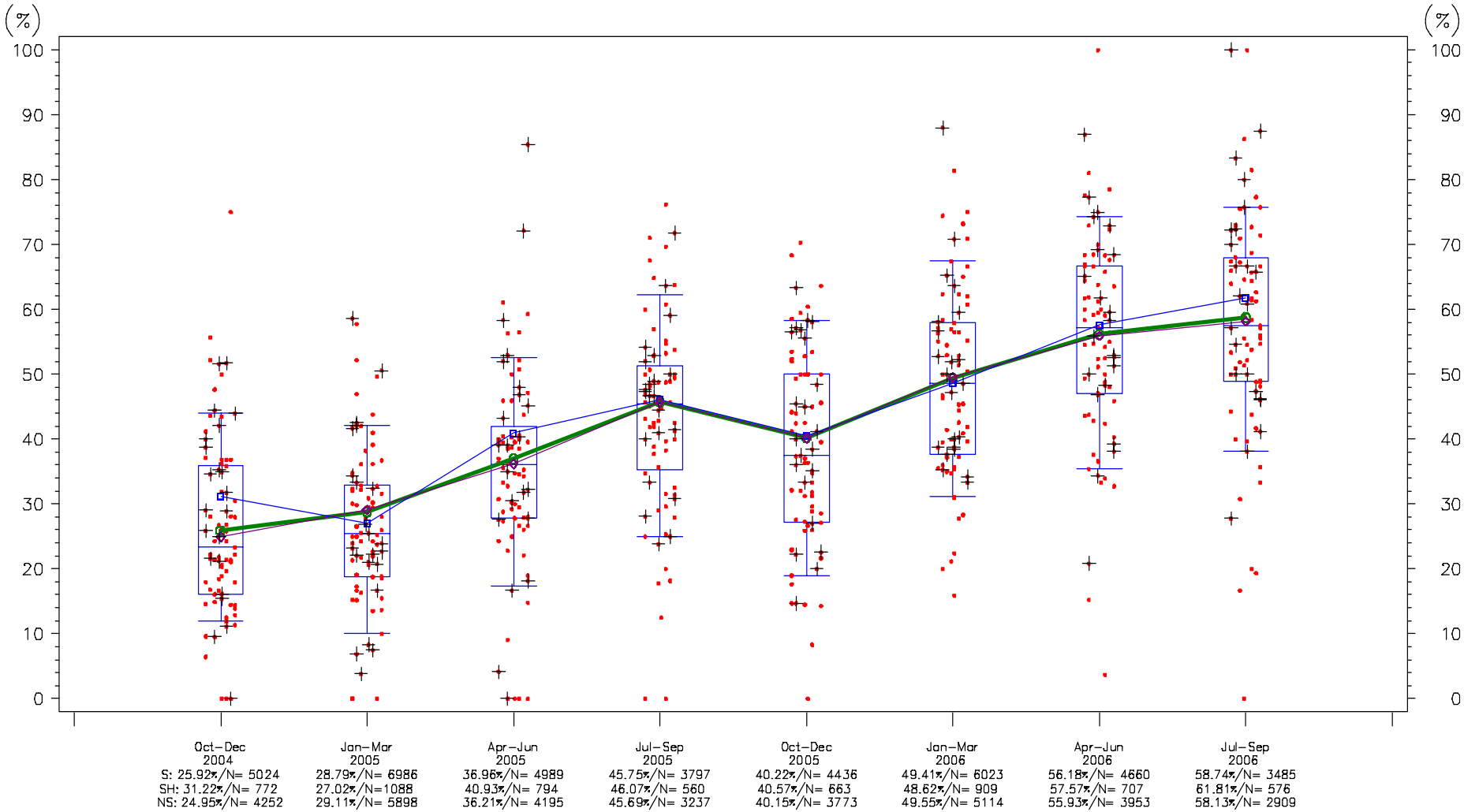


Rates based on CART data as of April, 2007

Prepared by VHQC 06/2007

Appropriate Care Measures (ACM) for: PNE (8 Measures)

All Hospitals



Rates based on CART data as of April, 2007

Prepared by VHQC 06/2007

ROSC- Survey of Staff Perceptions of Patient Safety

- Free AHRQ tool and information http://www.ahrq.gov/qual/hospculture/
  - Or VHQC can help
- Survey emphasis - patient safety issues and on error and event reporting. Measures seven unit-level aspects of safety culture:
  - Supervisor/Manager expectations and actions promoting safety
  - Organizational learning/Continuous improvement
  - Teamwork within units
  - Communication openness
  - Feedback and communication about errors
  - Non-punitive responses to error
  - Staffing

Culture – What Does It Feel Like

- What is an error anyway and can we talk about it?
  - Individual's perception
  - Management perception
  - Policies
  - Literature says
  - Legal
  - Near miss/great save
- Bottom line: Can't make a change if discussion is blocked or absent

What Do You Think Happens?

- The story of two nurses
- Drug in ACC/AHA guidelines not ordered/given

Case Studies

- A good way to open up discussions about perceptions of what really is an error. Resources can be found at: http://www.umt.edu/bioethics/research_studies/current.htm

ROSC Timeline/ National AHRQ

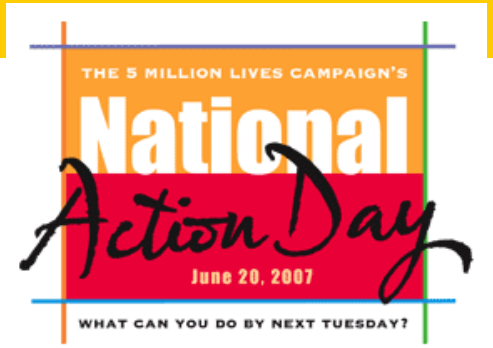
- Baseline survey staff on Perceptions of Patient safety – blinded results to CMS - 1/31/2006 (9 or 12)
- Review data and implement change model(s)
- Resurvey staff on Perceptions of Patient Safety (9 of 12)
  - Planning teleconference – June 2007
  - Reintroduce process to management and staff - July 2007
  - Conduct Survey & key results August and September 2007
  - Notify VHQC of completion – October 1, 2007
  - Blinded results sent to CMS – November 1, 2007
  - Review of results with Virginia participants – December, 2007
- Baseline survey results sent to AHRQ -6/30/2006 (8 of 12)
  - National comparisons sent 4/2007
- Review data and implement change model(s)
- Resurvey staff on Perceptions of Patient Safety (10 of 12)
  - Reintroduce process April, 2007
  - Conduct Survey & key results May-June, 2007
  - Notify VHQC of completion –June 20, 2007
  - Results sent to Westat/AHRQ– July, 2007

Upcoming Projects and Events

- Regional meetings
  - June 14 - Prince William Hospital in Manassas
  - June 19 - Wythe County Community Hospital is Wytheville
  - June 25 - Chesapeake Hospital in Chesapeake
  - June 29 - Centra Health, Inc in Lynchburg
- Outcomes Congress
  - December 3-4 – Richmond Virginia
  - 9th SOW

Upcoming Projects and Events

- 5 Million Lives



  - June 20, 11AM-5PM Eastern (http://www.ihi.org/IHI/Programs/Campaign/NationalActionDay.htm)
  - No costs
  - Can attend all or sections - identify sessions that would support your on-going activities
  - By teleconference and/or e-conference
  - Slides available Monday June 18

Upcoming Projects and Events

Patient Safety Improvement Corps (PSIC)

- Application
  - Intent to submit – June 15, 2007
  - Application with all materials – July 17, 2007
- Team of 2-4
- Three 1-week sessions—September 17, 2007 (Washington, DC metropolitan area); January 28, 2008 (outside the Washington, DC metropolitan area); and May 12, 2008 (Washington, DC metropolitan area)
- Homework on selected project
- No cost. Will be reimbursed for travel, lodging, per diem, etc.

http://www.ahrq.gov/about/psimpcorps.htm

Outcomes Congress December 3-4, 2007

- Location: Richmond, Virginia
- Why: Celebrate successful 8th SOW and announce next set of projects – 9th SOW
- Who: All hospitals sign up to tell their story as well as national speakers update
- Special news: Awards ceremony

Leadership Affects Culture for QI and Patient Safety

- Top Priority: Quality - Patient Safety
  - Part of the strategic plan
- Leadership (C-Level)
  - Holds all departments to the course chosen
  - Interacts with community
  - Interacts with physicians

High Performers Move Beyond Incremental to Big Change

- Top Priority: Quality - Patient Safety
- Rapid Response
- Link leaders, physicians and staff with hospital QI goals
  - Accountability at all levels
  - Results at all levels – from Board to staff
- Instills values of excellence and high performance

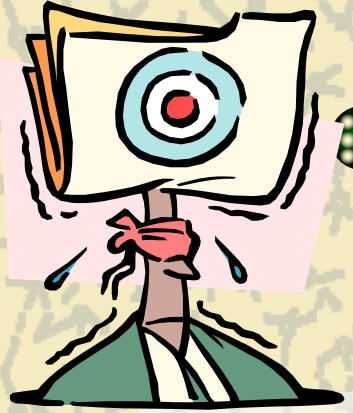
WalkRounds

- Senior leaders, using a pre-selected script, to talk with employees
- Routinely – monthly or more frequently – visit all departments and all shifts
- Collect information, track it, do something with it
- Moves from environmental issues to other safety issues as comfort level increases

MAKE SAFETY A TOP PRIORITY

"It is not by accident that you were chosen to be a leader.
It is your destiny."

Sensei Chihiro Nakao



Change Takes TIME, a whole lot of COMMUNICATION and support from all levels

Creating a safety environment is everyone's responsibility

Physicians

- Reinertsen JL, Gosfield AG, Rupp W, Whittington JW. *Engaging Physicians in a Shared Quality Agenda.* IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2007. (Available on www.IHI.org)

Governance Role in Hospital Quality

- http://www.medqic.org/dcs/ContentServer?cid=1171974640975&pagename=Medqic%2FMQPresentations%2FPresentationTemplate&c=MQPresentations

Tools

- https://nursingworld.org/mods/mod780/cerolefull.htm
  - The Nurses Role in Promoting a Culture of Patient Safety - CEU
- http://csel.eng.ohio-state.edu/productions/pexis/overview.html
  - Human Factor on-line training (Patient Safety Center)
- http://www.mers-tm.net/
  - Human Factor & Just Culture tutorial (free)
  - Blood bank error reporting system ($$)
- http://204.108.6.79/products/documents/roadmap%20to%20a%20just%20culture.pdf
  - A Roadmap to a Just Culture: Enhancing the Safety Environment
- www.justculture.org
  - Algorithm and reporting system ($$)

Four Cornerstones

- Interoperable health care information technology;
- Reporting of quality-of-care measures;
- Reporting of health care price information; and
- Incentives for high-quality, cost-effective care.