



THE 2015 QUALIS HEALTH AWARDS OF EXCELLENCE IN HEALTHCARE QUALITY

Since 2002, Qualis Health has presented the annual Awards of Excellence in Healthcare Quality to outstanding organizations in Idaho and Washington. Winners have demonstrated leadership and innovation in improving healthcare practices, reflecting the very best in healthcare quality improvement. The awards recognize those who demonstrate outcomes to the three broad aims outlined in the National Quality Strategy:

- Better healthcare (for individuals)
- Better health (for populations)
- Reduced costs through improvement

Winners of the 2015 Awards of Excellence in Healthcare Quality in Washington are selected by a panel of Washington expert stakeholders. Awards are presented at the 13th Northwest Patient Safety Conference on May 13, 2015.

AWARD OF EXCELLENCE: HOSPITAL

HARBORVIEW MEDICAL CENTER, SEATTLE, WASHINGTON

Improving Chronic Care and Reducing Readmissions in a Highly Vulnerable Heart Failure Safety Net Population

Submitted by: Ted Gibbons, MD, Section Chief, Cardiology

Harborview Medical Center recognized a significant disparity in continuity of care and 30-day readmissions rate in a vulnerable, under 65-year-old patient population. They organized a multidisciplinary team to examine the social and physiologic factors which contributed to the disparity and developed interventions. The team implemented a model of improvement addressing five major elements: new admission triage; vulnerable patient identification at admission; transition team assessment before discharge; team "pull" to the heart failure clinic within seven days; and a 48-hour post-discharge phone call. As a result, they have increased heart failure clinic follow-up within seven days after discharge from 42% to 79% and increased total heart failure panel and follow-up visits. From 2008-2014, 30-day all-cause readmission fell from 35.1% to 17.1%. Cost savings totaled \$2,315,358 for the reduced readmissions after 2010, with an average savings of \$3,043 per index admission.

AWARD OF EXCELLENCE: HOSPITAL

UW MEDICINE HEALTH SYSTEM, SEATTLE, WASHINGTON

An Enterprise Approach to Evidence-based Performance Improvement for Central Venous Catheter (CVC) Associated Complications

Submitted by: Vanda Chaudhari, MHA, Transformation of Care, and the UW Medicine Health System Team (UW Physicians, University of Washington Medical Center, Harborview Medical Center, Northwest Hospital & Medical Center, Valley Medical Center)

Management of complex illnesses may require access to veins around the heart to measure cardiac function and to administer medications. Catheters placed in the neck, upper chest and arm, or groin veins allow access to the central circulation. Although this is essential for some treatments, placement of a central venous catheter (CVC) risks injury to arteries or the lung and can mean longer term risks for infection. UW Medicine aimed to reduce complications and infections associated with CVCs. Practitioners who place elective CVCs completed mandatory simulation-based training which included a best practice standards checklist, a proctored experience, and staff support for both patient monitoring and timely CVC removal. This approach led to reduced CVC use overall, fewer complications, a 41% reduction in infections, and a cost savings of \$440,000. CVC placements are now considered a special privilege and an enterprise model for performance improvement in a high-risk technical procedure.

AWARD OF EXCELLENCE: HOSPITAL

VIRGINIA MASON MEDICAL CENTER, SEATTLE, WASHINGTON

Venous Thromboembolism Prophylaxis Journey at Virginia Mason Medical Center

Submitted by: Niloofar Alikashani, Inpatient Medication Safety Pharmacist

Venous thromboembolism (VTE) represents the third most common cause of hospital related deaths in the United States. It is also the most common preventable cause of hospital death. Virginia Mason set out on multi-year journey to prevent hospital-acquired VTE in 2009. Multiple interventions were implemented, including an evidence-based VTE protocol in all admission orders, implementing real-time visual cues to prompt assessment of risk for the patient's changing clinical status, and enhancing patient education. By 2014, all of Virginia Mason's VTE measures exceed both the national and Washington state rates on Hospital Compare, and they demonstrate a 17-month rolling average of 100% compliance with VTE prophylaxis in the intensive care unit, a 12-month rolling average of 95.8% compliance in all non-ICU floors, and dramatically shortened lead times for VTE ordering and patient risk assessment.

AWARD OF EXCELLENCE: HOSPITAL

YAKIMA VALLEY MEMORIAL HOSPITAL, YAKIMA, WASHINGTON

Meds to Beds; Your Prescription Delivered to Your Bedside

Submitted by: Dr. Heather H Gamache & Randall G. Cline, PharmD, Pharmacy Manager & Master Black Belt, LSS

Medication errors are dangerous to patients and costly. To reduce the risk of medication error and potential rehospitalization, Yakima Valley Memorial Hospital implemented Meds to Beds. At the patient's bedside, it brings together physicians, nurses, pharmacists, case managers, and most importantly the patient, to ensure medications, education, and instructions are delivered and understood prior to discharge. Instead of leaving the hospital with a prescription to be filled, medication is delivered to the patient prior to discharge so they can administer them in compliance with the physician's care plan. Meds to Beds has not only been a great customer satisfier, it also creates an error-proofing patient safety intervention process. Out of the first 71 patients observed (with 161 prescriptions), 25 interventions were made, a 9.8% error rate corrected at the bedside that potentially saved a negative outcome or readmission due to a medication error.

AWARD OF EXCELLENCE: CRITICAL ACCESS HOSPITAL

WHITMAN HOSPITAL MEDICAL CENTER, COLFAX, WASHINGTON

Readmission Reduction

Submitted by: Kate Getz, RN

Hospital readmissions are costly and often avoidable. Whitman Hospital Medical Center aimed to reduce readmissions within 30 days of discharge to skilled nursing facilities, as well as discharges to home, for the diagnoses of Congestive Heart Failure (CHF), Myocardial Infarction (MI) and Pneumonia. The hospital revamped the discharge process and developed a "High Risk for Readmission Assessment" form to evaluate each patient's individual risk factors for readmission. Each risk level had a corresponding list of interventions to assist the patient after returning to home. For discharges to skilled nursing facilities, communications between the facilities was enhanced and an RN-to-RN warm handover was implemented, alongwith a guide that included information deemed important by the accepting facilities. After these changes were implemented, readmissions from SNFs decreased from 32.5% in 2013 to 8.4% in 2014. Additionally, readmissions from home decreased for MI by 73.3% and pneumonia by 12.7% since 2012, and for CHF by 6.66% since 2013.

AWARD OF EXCELLENCE: POST-ACUTE/LONG-TERM CARE

PUYALLUP NURSING AND REHABILITATION CENTER, PUYALLUP, WASHINGTON

**Reducing Prevalence of New or Worsening Pressure Ulcers
in Nursing Home Residents**

Submitted by: Chelsey Smith, RN, DNS

New or worsening pressure ulcers after nursing home admission impacts resident health outcomes, increases risk of re-hospitalizations, increases complaints and concerns regarding skin care, and increases costs for care. Puyallup Nursing and Rehabilitation Center was experiencing a high incidence rate of new or worsening pressure ulcers among residents, with rates ranging from 3.99% to 7.35%, significantly above the national benchmark. The facility set out to decrease the percentage of residents experiencing new or worsening pressure wounds. They partnered with a wound care specialist to participate in weekly rounds with the nurse management team and to provide education on wound care, including evaluation, intervention and prevention support. Emphasis was made on documentation, resident education and resident involvement around healing preferences. Staff education and wound rounds enhanced a team approach to prevention of skin breakdown. The rate of occurrence dropped to below the national average and the organization realized cost savings is \$344,925 per year.

AWARD OF EXCELLENCE: OUTPATIENT SERVICES

NORTHWEST KIDNEY CENTERS, SEATTLE, WASHINGTON

Improving Kidney Transplantation Initiative

Submitted by: Dr. Leanna Tyshler, CKD and Clinical Quality Initiatives Medical Advisor; Transplant Liaison

Chronic kidney disease (CKD) is devastating. Kidney failure, the last stage of CKD, requires patients to undergo dialysis or a kidney transplant to survive. Kidney transplantation is the best treatment option for eligible patients because it offers the best survival and quality of life. However, many patients are not informed of transplantation or feel too overwhelmed to pursue this option. Northwest Kidney Centers' Transplant Initiative was launched in 2009 to develop an infrastructure to: 1) address patients' needs before, during and after transplant; 2) educate patients about transplantation; 3) track each patient's transplant status; and 4) remove barriers to transplantation and collaborate with local hospital transplant programs. In 2014, the CMS dialysis facility reported that Northwest Kidney Centers' transplant rate is 80 percent better than the national average, and the number of dialysis patients that received a kidney transplant increased by 14 percent over 2013.

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