



Leading the Quest for Quality

2010 PROFILES IN QUALITY
AND PATIENT SAFETY

HANYS Quality Institute

INTRODUCTION

The Healthcare Association of New York State (HANYS) and its members are committed to innovative practices and continuous improvement in quality, safety, and efficacy of care. HANYS' Pinnacle Award for Quality and Patient Safety is one forum to recognize organizations playing a leading role in promoting these works.

Leading the Quest for Quality: 2010 Profiles in Quality Improvement and Patient Safety is a compendium of submissions for HANYS' Pinnacle Award for Quality and Patient Safety that met publication standards. Each profile includes a program description, outcomes, and lessons learned that provide insight into what it takes to make positive change occur.

There were winners in four categories: multi-entity, large hospital, small hospital, and specialty or division-based. In addition, HANYS recognized submissions in the top 10th percentile based on the scoring guidelines.

HANYS congratulates and thanks all of our members for their willingness to share their ideas, experiences, and successes. We encourage all members to take advantage of the information in this publication as a strategy to inform and accelerate efforts to improve quality and patient safety.

For more information about the Pinnacle Award for Quality and Patient Safety, please contact Nancy Landor, Senior Director of Strategic Quality Initiatives, at (518) 431-7685 or at nlandor@hanys.org.

CHAPTERS

The 2010 profiles are categorized into four themes:

- **Clinical Care—**
Improving Patient Care
- **Operations—**
Improving Systems and Processes
- **Patient Safety—**
Falls, Infection Management, Medication Management, and Pressure Ulcers
- **Specialty—**
Behavioral Health, Emergency Services, Home Care, Long-Term Care, Maternal-Child, Outpatient, and Primary Care

Information Technology and the Stroke Task Force Collaborate to Improve Quality

Nassau University Medical Center

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PROJECT DESCRIPTION

As a New York State Designated Stroke Center, Nassau University Medical Center follows best practice standards and discharge guidelines developed by the American Heart Association. Recognizing that stroke management is very

time-sensitive and that emergency department physicians need to make critical decisions regarding treatment, the Plan-Do-Study-Act model was applied to the patient entry component of their stay. Issues were identified with inconsistent stroke code initiation, problems with validation due to inconsistent data

sources or missing data, and time lags in practitioner feedback.

Nassau University Medical Center's goal was to simplify and ensure the validity of documentation, and provide real-time "drill-downs" with immediate correction plans. To accomplish this goal, an information technology solution was developed and initiated in April 2008. Triggered by presumptive stroke International Classification of Disease, Ninth Revision, Clinical Modification (ICD-9-CM) codes, stroke team activation is automatic. A stroke order set populates information fields automatically, and generates an e-mail capturing key quality indicators that is sent to all disciplines.

OUTCOMES

This initiative achieved:

- a 228% increase in the number of stroke patients with a recorded National Institutes of Health stroke scale score;
- a 36% increase in the number of stroke patients who received a computerized tomography scan less than 25 minutes from arrival;
- a 158% increase in the number of stroke patients with a recorded last well and arrival

LESSONS LEARNED

- The organization's information technology system can help with data collection and validity.
- Real-time drill-down with immediate remediation can improve outcomes.
- Ongoing analysis and continual revision of the Medical Logic Module system can improve processes.

time to identify the earliest possible time that stroke symptoms began; and

- a 126% increase in validation of acute ischemic stroke patients who are not treated with intravenous tissue plasminogen activator (IV t-PA) due to exclusion criteria.

SELECTION COMMITTEE MEMBERS

NANCEE L. BENDER, PH.D., R.N., a Consultant with Joint Commission Resources, has a diverse background in nursing, health care administration, education, research, and performance improvement, and served as the Executive Director for Ambulatory Accreditation for The Joint Commission. She currently teaches the use of "tracer" methods as a performance improvement intervention. Dr. Bender served as a professor in an academic faculty appointment at the University of Rochester, School of Nursing. While pursuing research interests in the coordination of care and performance improvement for quality, cost, and patient safety outcomes, she taught leadership, patient safety, population health, ethics and public policy, and evidence-based quality improvement practices. She served as the Principle Investigator for a Robert Wood Johnson Foundation-funded program that paired nursing graduate students and medical students on performance improvement planning and implementation teams. She served on solution teams for the World Health Organization and The Joint Commission focusing on prevention of pressure ulcers and patient falls prevention. Dr. Bender received her Bachelor's and Master's of Nursing degrees from the University of Michigan, Ann Arbor, and her Doctor of Philosophy degree from the University of Rochester.

DR. MAULIK S. JOSHI, DR.P.H. is President of the Health Research and Educational Trust (HRET) and Senior Vice President for Research at the American Hospital Association (AHA). HRET conducts applied research in improving quality and patient safety, reducing costs, eliminating health disparities, improving leadership and governance, payment reform, and care coordination. Dr. Joshi also leads Hospitals in Pursuit of Excellence™, AHA's strategy to accelerate performance improvement and support health reform implementation. Before joining HRET, Dr. Joshi served as President and Chief Executive Officer of the Network for Regional Healthcare Improvement and was previously a senior advisor for the office of the director at the Agency for Healthcare Research and Quality. Dr. Joshi served as President and Chief Executive Officer of the Delmarva Foundation. Before that, he served as Vice President at the Institute for Healthcare Improvement, and Senior Director of Quality for the University of Pennsylvania Health System. Dr. Joshi is Editor-in-Chief of the *Journal for Healthcare Quality*. He also co-edited *The Healthcare Quality Book: Vision, Strategy and Tools*, and authored *Healthcare Transformation: A Guide for the Hospital Board Member*. Dr. Joshi has a Doctorate in Public Health and a Master's degree in health services administration from the University of Michigan and a Bachelor of Science degree in Mathematics from Lafayette College.

ANDREA KABCENELL, R.N., M.P.H. is Vice President at the Institute for Healthcare Improvement (IHI), where she serves on the research and demonstration team and leads a portfolio of programs to improve performance in hospitals. Since 1995, she has directed Breakthrough Series Collaboratives and other quality improvement programs, including Pursuing Perfection, a national demonstration funded by The Robert Wood Johnson Foundation designed to show that near perfect, leading-edge performance is possible in health care. Before joining IHI, Ms. Kabcenell was a senior research associate in Cornell University's Department of Policy, Analysis, and Management focusing on chronic illness care, quality, and diffusion of innovation. She also served for four years as Program Officer at The Robert Wood Johnson Foundation. Ms. Kabcenell received her undergraduate degree and graduate degree in public health from the University of Michigan.

LYNN LEIGHTON, R.N., M.H.A. is Vice President, Health Services for the Hospital & Healthsystem Association of Pennsylvania, a statewide trade association that represents

Pennsylvania hospitals and health systems with policymakers and other trade and professional associations. In this position, Ms. Leighton works with Pennsylvania's hospitals and other stakeholders to support the development of health care policy with respect to health care quality, patient safety, delivery system accountability, professional supply, professional practice, public health, and workforce development. She has a Bachelor's degree in Nursing from Pennsylvania State University and a Master's degree in Health Services Administration from the University of Pittsburgh.

ARTHUR A. LEVIN, M.P.H. is co-founder and Director of the Center for Medical Consumers, a New York City-based non-profit organization committed to informed consumer and patient health care decision-making, patient safety, evidence-based, high-quality medicine, and health system transparency. Mr. Levin was a member of the Institute of Medicine's (IOM) Committee on the Quality of Health Care that published the *To Err is Human* and *Crossing the Quality Chasm* reports. He served on the IOM committee that made recommendations to Congress in IOM's *Leadership Through Example* report, and was a member of the committee that issued *Opportunities for Coordination and Clarity to Advance the National Health Information Agenda* and *Knowing What Works in Health Care: A Roadmap for the Nation*. Mr. Levin is co-chair of the National Committee for Quality Assurance Committee on Performance Measures that is charged with developing performance measures applicable to health plans. At the state level, he has served on numerous state health department task forces and workgroups focused on safety, quality, informed consent, and bioethics concerns. Recently, he served on a state policy workgroup for office-based surgery. He also serves on the board of Taconic Health Information Network and Community, a not-for-profit health information organization in the mid-Hudson Valley, and is a founding board member of the New York State E-Health Collaborative. Mr. Levin earned his Master of Public Health degree from Columbia University's School of Public Health and a Bachelor of Arts degree in Philosophy from Reed College.

DR. VAHE KAZANDJIAN is the President of The Center for Performance Sciences, a Maryland-based outcomes research center that develops quality measurement and evaluation strategies in the Americas, Europe, and Asia. He is the original architect of, and remains responsible for, the Maryland Quality Indicator Project (QIP), the largest indicator project of its kind in the world. He is Adjunct Professor of the Health Policy and Management Department of the Johns Hopkins Bloomberg School of Public Health. In addition, Dr. Kazandjian is the author of four textbooks on indicator development and quality of care. He is an epidemiologist by training and served as Advisor to the World Bank for Latin America, USAID for Africa, and is currently Advisor to the World Health Organization's European office in Barcelona. In 2002, Dr. Kazandjian was named President of LogicQual Research Institute, Inc., a not-for-profit organization dedicated to conducting research on clinical practice and accountability. From 2005 to 2010, Dr. Kazandjian served as the Principal Investigator for a quality-based reimbursement initiative by Maryland's Health Services Cost Review Commission. He has published extensively in clinical and health services peer review journals and books on the development of clinical protocols, indicators of quality, small area variation analysis, and longitudinal epidemiological studies. He is also a published poet and novelist. He received his undergraduate and graduate degrees from the American University of Beirut, Lebanon, and his Doctorate from The University of Michigan, Ann Arbor, Department of Medical Care Organization and Policy, School of Public Health.