



HEALTHCARE ASSOCIATION OF NEW YORK STATE
LEADING THE QUEST
FOR QUALITY
2011 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 recognizes organizations playing a lead role in achieving excellence and sharing best practices.

The 2011 *Profiles in Quality and Patient Safety* is a compendium of submissions for HANYS' Pinnacle Award that meet publication standards. Each profile includes a program description, outcomes, and lessons learned that provide insight into what it takes to accomplish and sustain successful change. This year there were winners in three categories: system, large hospital, and small hospital or division/specialty. In addition, HANYS recognizes submissions in the top tenth percentile based on the scoring guidelines.

HANYS congratulates and thanks all of its 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 means to continue to inform and accelerate efforts to improve quality and patient safety.

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

The 2011 profiles are categorized into four themes, with the following sub-topics:

CLINICAL CARE

- General
- Preventing Pressure Ulcers
- Reducing Readmissions

OPERATIONS

- General
- Improving a Culture of Safety

PATIENT SAFETY

- Preventing Falls
- Infection Prevention
- Medications

SPECIALTY CARE

- Behavioral Health
- Emergency Department
- Home Care
- Long-Term Care
- Obstetrics
- Outpatient Programs
- Pediatrics
- Rehabilitation

SELECTION COMMITTEE

Nancee L. Bender, R.N., Ph.D., brings extensive expertise in patient safety, quality improvement, hospital administration, ambulatory care, critical care, emergency care, disaster management, and health care systems research to her role as a Continuous Service Readiness (CSR) and domestic consultant for Joint Commission Resources, Inc. Dr. Bender has a diverse background in nursing, administration, education, research, and performance improvement, and has served as the Executive Director for Ambulatory Accreditation for The Joint Commission.

Dr. Bender served as a professor in an academic faculty appointment at the University of Rochester School of Nursing, in Rochester, New York. While pursuing her research interest in the coordination of health care and performance improvement for quality, cost, and patient safety outcomes, she taught leadership, patient safety in health systems, population health, ethics, public policy, and evidence-based quality improvement practices in health care. She has presented the results of her research on coordination of care at the National Institutes of Health's National Institute of Nursing Research *State of the Science* conference in Washington, D.C., and the International Society for Quality conference in The Netherlands. She served as the Principle Investigator for a Robert Wood Johnson-funded program for pairing 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 falls. Dr. Bender received her Bachelor's and Master's degrees in nursing from the University of Michigan, Ann Arbor, and her Doctor of Philosophy degree from the University of Rochester.

Pamela A. Carroll-Solomon, M.J., R.H.I.A., C.P.H.Q., is Director of Quality Services at Catholic Health East (CHE), a multi-institutional Catholic health system that is co-sponsored by nine religious congregations and Hope Ministries, and includes 34 acute care hospitals, four long-term acute care hospitals, 25 freestanding and hospital-based

long-term care facilities, 14 assisted-living facilities, four continuing care retirement communities, eight behavioral health and rehabilitation facilities, 37 home health/hospice agencies, and numerous ambulatory and community-based health services. In her position, Ms. Carroll-Solomon is responsible for performance reporting across the continuum of care on key strategic initiatives to improve outcome and patient satisfaction scores. For her work on a CHE home care report, she received OCS HomeCare's 2010 Vision Award, which honors home care and hospice organizations for strategic and/or innovative use of OCS products in furthering agency performance. She has a Bachelor's degree in Health Records Administration and a Master's degree in journalism, both from Temple University, and is a certified Six Sigma green belt.

Paul A. Gitman, M.D., M.A.C.P., practiced general internal medicine until he accepted the responsibility as Chief of the Division of General Internal Medicine and Director of Quality Management at Long Island Jewish Hospital. Dr. Gitman advanced to Vice President of Clinical Care and Resource Management and then to Medical Director at both Long Island Jewish Hospital and North Shore University Hospital. He was promoted to Vice President of Medical Affairs for the North Shore-Long Island Jewish Health System, and retired in October 2009. Dr. Gitman is board certified by the American Board of Internal Medicine and the American Board of Quality Assurance and Utilization Review. He is certified in Medical Quality by the American Board of Medical Quality. Dr. Gitman is currently Chair of the Board of the American Board of Medical Quality. Until his retirement, Dr. Gitman was a member of the American Medical Association (AMA) Physician's Consortium, a national organization developing indicators that can be used to evaluate physicians. Dr. Gitman serves as Chair of the Executive Committee and chair of the Physician Alliance of the New York Quality Alliance. He is also a member of The Quality Subcommittee of the Medical Society of the State of New York and an alternate representative for AMA to The Joint Commission's Home Care Professional and Technical Advisory Committee. He received his

Bachelor of Arts degree from Columbia College and his Medical Doctor degree from Boston University School of Medicine.

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.

Vahe Kazandjian, Ph.D., is Principal, Aralez Health LLC, a consulting group assisting health care organizations in achieving accountability through performance measurement. From 1987 until 2011, he was a Senior Vice President at the Maryland Hospital Association (MHA), and President of The Center for Performance Sciences, an MHA subsidiary outcomes research center. He is the original architect of the Maryland Quality Indicator Project. Dr. Kazandjian is Adjunct Professor of the Health Policy and Management Department of the Johns Hopkins Bloomberg School of Public Health, and Adjunct Professor of Preventive Medicine and Biometrics, Uniformed Services University of Health Sciences, Bethesda, Maryland. In addition, 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 on the development of clinical protocols, indicators of quality, small area variation analysis, and

longitudinal epidemiological studies. He received his undergraduate and graduate degrees from the American University of Beirut, Lebanon, and his Doctorate from University of Michigan, Ann Arbor, Department of Medical Care Organization and Policy, School of Public Health.

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*. Currently, he is a member of two IOM committees: one is looking at patient safety and health information technology and the other will make recommendations to advance a learning health care system. Mr. Levin is Chair of the National Quality Forum Consensus Standards Approval Committee and Co-chair of the National Committee for Quality Assurance Committee on Performance Measures. He has served on numerous New York State Department of Health task forces and workgroups focused on safety, quality, informed consent, and bioethics. 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.

PINNACLE AWARD FOR QUALITY AND PATIENT SAFETY

2011 AWARDEES



SYSTEM CATEGORY AWARD

*Reducing Adverse Outcomes
on Labor and Delivery*

**North Bronx Healthcare Network/New York City
Health and Hospitals Corporation**

William Walsh, Chief Executive Officer, accepts the Pinnacle Award on behalf of North Bronx Healthcare Network/New York City Health and Hospitals Corporation, from HANYS' President Daniel Sisto (left) and Board Chair-elect Joseph McDonald (right), President and Chief Executive Officer of Catholic Health System.



LARGE HOSPITAL CATEGORY AWARD

*Reducing Readmissions by Leveraging a
Comprehensive Care Transition Approach*

Bassett Medical Center

Dr. Komron Ostovar, Attending Physician, and Lorraine Stuble, Director, Care Coordination, accept the Pinnacle Award on behalf of Bassett Medical Center, from HANYS' President Daniel Sisto (left) and Board Chair-elect Joseph McDonald (right), President and Chief Executive Officer of Catholic Health System.



SMALL HOSPITAL OR DIVISION/ SPECIALTY CATEGORY AWARD

*Improving Hospital Access and Efficiency
of Care for Our Community*

Mercy Hospital of Buffalo/Catholic Health System

Kathleen Guarino, Vice President of Patient Care Services and Chief Nursing Officer, accepts the Pinnacle Award on behalf of Mercy Hospital of Buffalo/Catholic Health System, from HANYS' President Daniel Sisto (left) and Board Chair-elect Joseph McDonald (right), President and Chief Executive Officer of Catholic Health System.

SPECIAL RECOGNITION

SUBMISSIONS THAT SCORED IN THE TOP TENTH PERCENTILE

Pay for Performance—P4P

Continuum Health Partners

Successful Implementation of a Comprehensive Anticoagulation Safety Program

Continuum Health Partners

Implementation of TeamSTEPPS® to Improve Communication, Patient Outcomes, and Reduce Clinical Errors

Lincoln Medical and Mental Health Center

Improving Medication Management Following Hospital Discharge Through Patient-Centered Education and In-Home Monitoring

South Nassau Communities Hospital

Reducing Sepsis Mortality Through Early Identification of Systemic Inflammatory Response Syndrome and Implementation of “Change Bundles”

South Nassau Communities Hospital

Redesign of the Patient Care Model Across the Continuum to Improve Patient Flow

Southampton Hospital

A Nursing Strategic Plan Built Upon a Foundation of Patient Safety

Southampton Hospital

Prevention of “Naughty CAUTIs”

St. James Mercy Hospital

Patient-Centered Pharmacy Services at the Time of Hospital Discharge

Strong Memorial Hospital/University of Rochester Medical Center

Preventing Hospital-Acquired Pressure Ulcers in a Medical/Surgical Intensive Care Unit

Unity Hospital of Rochester

PATIENT SAFETY — PREVENTING FALLS

Continuous Monitoring and Real-Time Data Review of Falls Intervention Program

Bassett Healthcare Network/O’Connor Hospital
Delhi

PROJECT DESCRIPTION

In 2009, O’Connor Hospital began collecting data to evaluate each patient fall, including classifying and examining the outcome of falls.

The Fall Intervention Program identified areas needing improvement including a lack of multi-disciplinary attention and the need for better identification of patients at risk. At the time, green wrist bands were the only means of identification. A newly created education program included a “STOP” sign at the patient doorway and over the bed. Staff, families, and visitors were educated, and the Fall Intervention Program was highlighted on individual patient wipe boards. Documentation of the fall risk assessment took place every 12 hours.

Daily benchmarking is visible in the hallway as each day without a fall accumulates. Everyone is involved in the daily fall tracking. If a fall occurs, the fall team is notified and completes a review within 24 hours.

Members of the fall team conduct monthly audits to evaluate knowledge of signage, review bed alarms, and identify patient fall risks. The audits are discussed at the meeting that identifies gaps in staff and community education.

OUTCOMES

- At this writing, there were no falls with injury in the last 14 months.
- Elimination of all falls was achieved for 128 days.
- This initiative improved staff assessment and identification of all high-risk patients.

LESSONS LEARNED

- It is possible to achieve realistic expectations based on data.
- Benchmarking with prior days without a fall allowed staff to see success.
- Fall assessments increased from 24 to 12 hours, allowing staff to implement changes.

CONTACT

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