



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](mailto: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**

## Prevention of “Naughty CAUTIs”

### St. James Mercy Hospital

Hornell

#### PROJECT DESCRIPTION

In 2009, St. James Mercy Hospital implemented a new quality and patient safety initiative, Achieving Clinical Transformation (ACT). This initiative focused on five hospital-acquired clinical conditions: catheter-associated urinary tract infection (CAUTI), ventilator-associated pneumonia (VAP), pressure ulcers, falls with injuries, and central-line infections. The hospital created teams for each indicator.

The CAUTI team named their team “naughty CAUTIs” with the goal of keeping staff aware of the seriousness of urinary tract infections. They reviewed the hospital’s infection rate and device utilization for CAUTIs and realized the rate was above the National Health Safety Network (NHSN) average.

A multidisciplinary team was created to assess the hospital’s policies, procedures, and protocols related to the management of urinary catheters. Strategies were identified to reduce and improve rates, including:

- medical staff and staff education;
- implement Institute for Healthcare Improvement bladder bundle;
- monitor catheter days and CAUTI incidence;
- develop a documentation tool;
- indications and daily review of necessity for indwelling catheter;
- purchase of bladder scanner; and
- computer screen savers.

#### OUTCOMES

- There were no CAUTIs for 18 months.
- The utilization of catheters decreased by 44%.
- There was a significant increase in compliance with catheter protocols.
- The hospital achieved 100% compliance with the Surgical Care Improvement Project (SCIP) measure, “catheter removed by post-op day 2.”
- Length of stay decreased in 2010 to 4.04 days.

#### LESSONS LEARNED

- Prevention strategies related to catheter utilization resulted in better patient outcomes and patient satisfaction.
- A multidisciplinary team is necessary to achieve facility-wide improvements.
- A successful process requires multiple tools.

#### CONTACTS

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