2012 Quality Excellence Achievement Awards Compendium

Recognizing Illinois Hospitals and Health Systems Leading in Quality and Transformative Health Care

INA Illinois Hospital Association

The Institute

for Innovations in Care and Quality

2012 Quality Excellence Achievement Awards



OVERVIEW

The Illinois Hospital Association's (IHA) Institute for Innovations in Care and Quality (The Institute) second annual Quality Excellence Achievement Awards recognizes and celebrates the achievements of Illinois hospitals that are committed to transforming Illinois health care through innovative approaches and best practices.

From 67 submissions representing 40 hospitals, awards were presented to a total of eight hospitals in two categories: urban and rural/critical access. The two award recipients and six finalists, who were honored at IHA's annual Leadership Summit, were selected by a panel of 30 nationally-recognized quality improvement leaders based on their achievement and progress in advancing one or more elements of the Institute of Medicine's six aims for improvement:

- Safety
- Effectiveness
- Timeliness
- Efficiency
- Equity
- Patient-centered care

To share these initiatives among members, The Institute has published this compendium that provides a synopsis of all award entries along with contact information for additional details. The compendium receives national exposure by being featured annually on the Hospitals in Pursuit of Excellence (HPOE), an AHA affiliate, website.

IHA IIInois Hospital Association



2012 Quality Excellence Achievement Awards

Call for Entries May 2013 Be sure to

Be sure to watch for this opportunity to be recognized and celebrated for your hospital's achievements in advancing patient care.





Care and Quality

2012 Quality Excellence Achievement Awards



Award Recipients





DELIVERING QUALITY WITH DISTINCTION

2012 Quality Excellence Achievement Awards



AWARD RECIPIENTS

Award category—Rural/Critical Access

Katherine Shaw Bethea Hospital, Dixon

Streamlining the Intake Process of Cardiac Patients in the Emergency Department

Award category—Urban

OSF Healthcare System, Peoria

Improving Obstetrical Care Through Organizational Collaboration

The following pages contain summaries of the award recipients' projects.





2012 Quality Excellence Achievement Awards



Award Finalists





2012 Quality Excellence Achievement Awards



AWARD FINALISTS

Rural/Critical Access category

Gibson Area Hospital & Health Services, Gibson City

Reduce Medication Errors Through the Implementation of Computerized Physician Order Entry (CPOE), Medication Bar Coding and Smart Pump Technology

Graham Health System, Canton

Intensive Care Management

St. Mary's Hospital, Centralia

Reducing Readmissions CQI+ Team–Implementing Change Through the IHA Project RED Collaborative

Urban category

Advocate Hope Children's Hospital, Oak Lawn

Utilization of an Interdisciplinary Team Approach for the Care of Infants with Hypoplastic Left Heart Syndrome (HLHS)—The Ideal Quality Improvement Collaboration

Alexian Brothers Health System, Arlington Heights

Improvement in Patient Safety and Quality of Inpatient Care Through Appropriate Blood Product Management

Holy Family Medical Center, Des Plaines

Collaborative Approach to Reduce Health Care-Acquired Clostridium difficile Infection Rate in a Long-Term Acute Care Hospital (LTACH)

The following pages contain summaries of the award finalists' projects.





2012 Quality Excellence Achievement Awards



Infection Prevention

| Hospital/System: | Rush-Copley Medical Center, Aurora |
|------------------|--|
| Contact: | Diane D. Homan, MD Vice President, Quality & Patient Safety Officer 630-978-6208 <u>Diane.Homan@rushcopley.com</u> |
| Project Title: | <i>Reaching Zero Central Line-Associated Infections by Improving Compliance to Aseptic Technique</i> |
| Summary: | Central line-associated bloodstream infections continued to occur in the adult Intensive Care Unit despite the implementation of the Institute for Healthcare Improvement's Central Line Bundle. Compliance with central line bundle was high, yet observations revealed breaks in aseptic technique during skin preparation, line insertion and port access. |
| | Collaboration between infection prevention and IV therapy revealed that the kits used for dressing changes and port access needed to be configured to support compliance with aseptic technique. After staff education, collaboration with the dressing change kit vendor and staff commitment to patient safety, the rate for the adult medical/surgical Intensive Care Unit has remained at zero for 17-consecutive months. |
| Website: | http://www.rushcopley.com |



