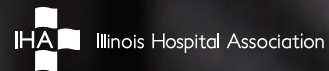


DELIVERING QUALITY WITH DISTINCTION

2012 Quality Excellence Achievement Awards Compendium

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



The **Institute**
for Innovations in
Care and Quality



DELIVERING QUALITY WITH DISTINCTION

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.

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2012 Quality Excellence Achievement Awards



Call for Entries

May 2013

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

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Award Recipients

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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.

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Award Finalists

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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.

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Process Improvement–Clinical

Hospital/System: NorthShore University HealthSystem, Evanston

Contact: Elizabeth Behrens, RN, MS
Vice President Quality Improvement
847-570-2218
ebehrens@northshore.org

Project Title: *Combining Nursing Assessment, Electronic Medical Record Technology and Risk Stratified Interventions to Develop an Effective Falls Prevention Program*

Summary: The project was to develop an infrastructure for a falls prevention program based on nursing fall risk assessment augmented by key information from the Electronic Medical Record (EMR) to support clinical practice standards and effective prevention strategies to decrease falls and fall-related injuries. The goal across all four hospitals was to attain and sustain fall rates and fall with injury rates below the National Database of Nursing Quality Indicators (NDNQI) mean for like Magnet units.

It was essential that staff believed that falls are preventable occurrences rather than inevitable events resulting from a patients' actions. A multidisciplinary approach, focusing on appropriately using the Schmid scale to identify patients at fall risk and building supplemental alerts within the EMR, was utilized. This methodology allowed patients to be risk stratified into two groups; High Fall Risk and High Fall Risk with High Risk of Injury, necessitating varying levels of intervention.

Within six months of the education, activation of the EMR tool and implementation of risk group specific interventions, the corporate (four hospitals) fall rate dropped by 37% and the injury from fall rate decreased by 52%.

Website: <http://www.northshore.org>