LIFEBRIDGE
HEALTH
Sinai Hospital
Northwest Hospital Center
Levindale Hebrew Geriatric Center and Hospital
Jewish Convalescent & Nursing Home
and related entities and affiliates

Performance Improvement

Facing Requirements with Innovation in the Hospital Setting

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LifeBridge Health
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Sinai Hospital/LifeBridge Health

Structure of Quality – Guiding Principles

- Quality outcomes and processes are owned by many, hundreds in fact
- Staff in the Quality Department are consultant-level clinicians with 25 or more years of experience each
- Quality, Safety, Risk is a continuum of tracking and trending, education and reporting (reaction to events)
- Quality Coordinators coach specialty clusters to improve required indicators, targeted quality indicators, service excellence indicators and financial indicators

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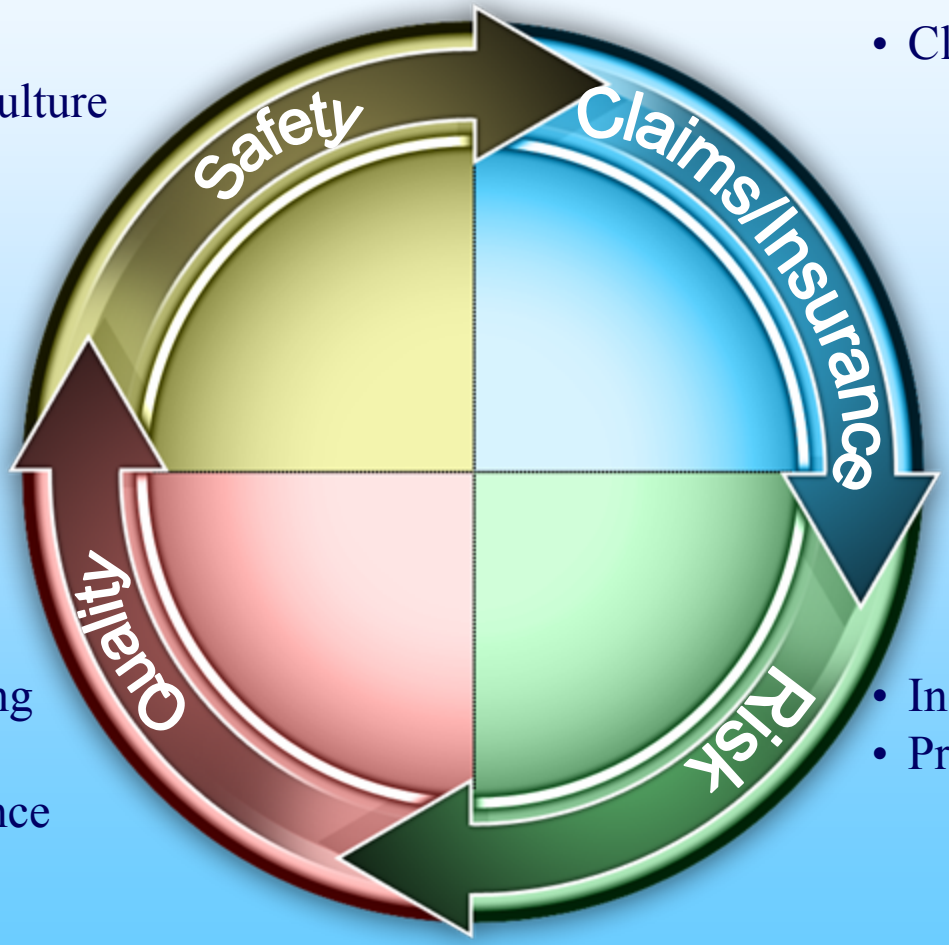
The Cycle of Quality

- Education
- Annual Safety Culture Assessment
- Compliance

- Claims Reduction



- Tracking, trending
- Measurement
- Clinical Excellence
- Benchmarking

- Incident Reporting
- Proactive Risk Assessment

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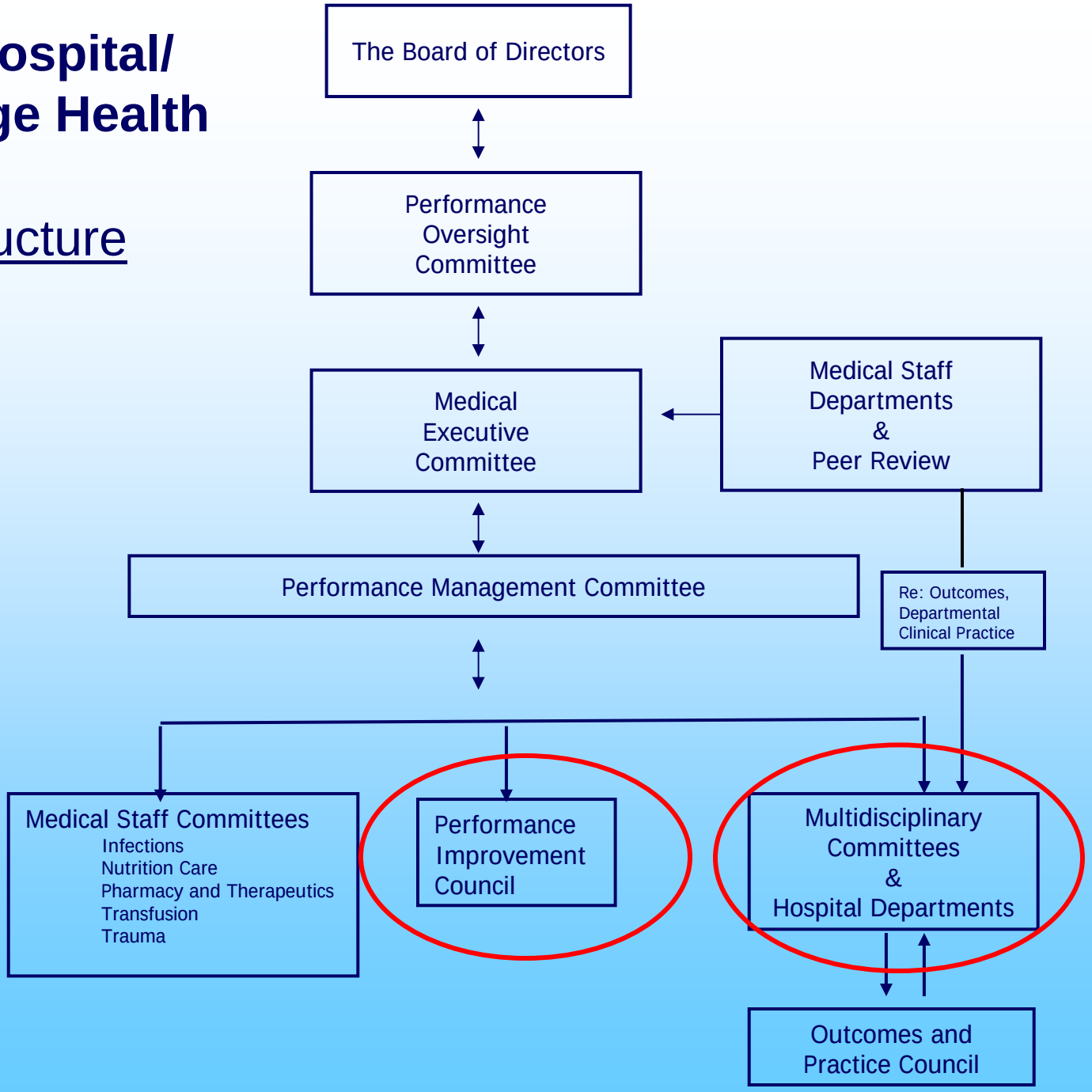
PI Structure



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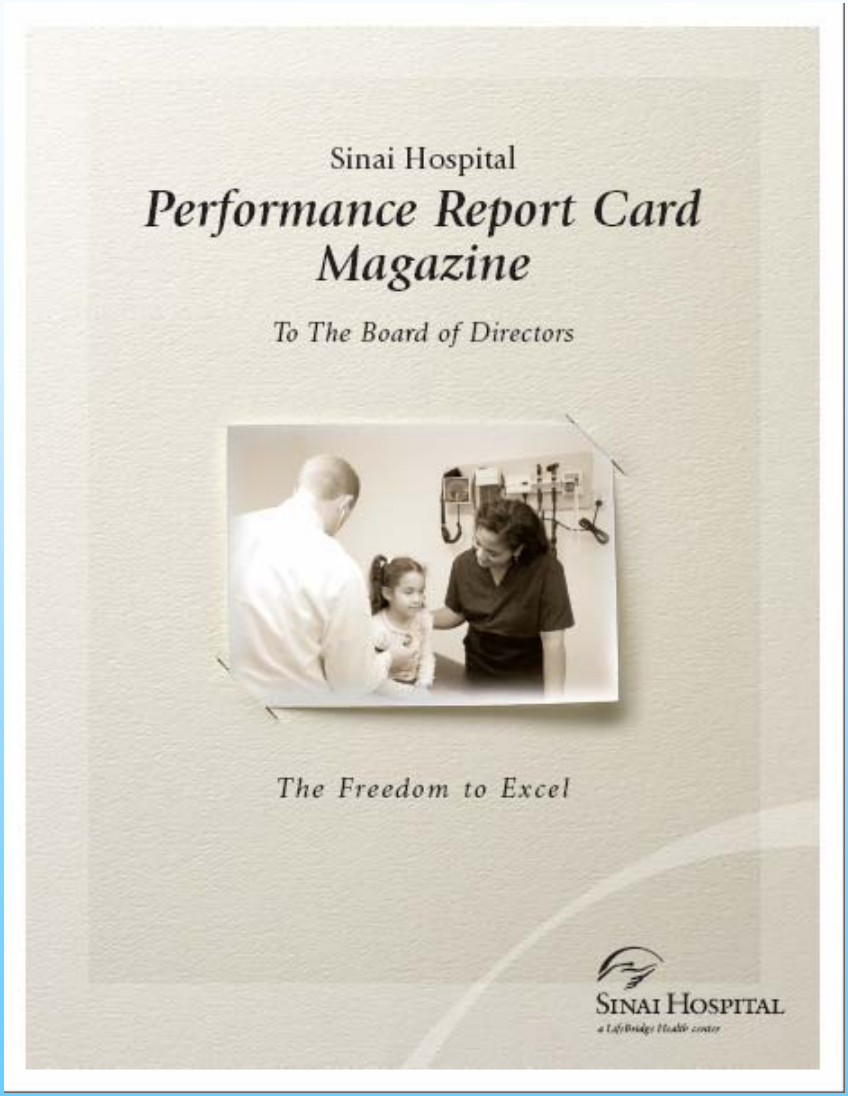

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Transparency Meters

Acute Myocardial Infarction

Where Reported	Metric	Pay For Performance: Oct 2008 %	GOAL	Jul 2008 %	Aug 2008 %	Sep 2008 %	Q3 2008 %	State of MD Avg. % *(as of 7/2007)*	Sinai Q3 2008 Versus State Avg. %	May 2008 %	Jun 2008 %	Jul 2008 %	Aug 2008 %	Sep 2008 %	Oct 2008 %
1, 3	Aspirin on Arrival	100 17/17	90	100 17/17	100 15/15	100 21/21	100 53/53	95	BETTER	100 22/22	100 9/9	100 17/17	100 15/15	100 21/21	100 17/17
1, 3	Aspirin at Discharge	100 24/24	90	100 24/24	100 21/21	100 30/30	100 75/75	95	BETTER	100 29/29	100 14/14	100 24/24	100 21/21	100 30/30	100 24/24
1, 3	ACEI for LSVD	100 7/7	90	100 6/6	100 3/3	100 5/5	100 14/14	83	BETTER	100 4/4	100 3/3	100 6/6	100 3/3	100 5/5	100 7/7
1	Smoking Cessation Education	100 6/6	90	100 6/6	100 9/9	100 8/8	100 23/23	95	BETTER	100 9/9	100 5/5	100 6/6	100 9/9	100 8/8	100 6/6
1, 3	Beta Blocker at Discharge	100 24/24	90	100 22/22	96 21/22	100 30/30	99 73/74	93	BETTER	96 25/26	100 13/13	100 22/22	96 21/22	100 30/30	100 24/24
1, 3	Beta Blocker on Arrival	100 12/12	90	100 14/14	100 13/13	100 20/20	100 47/47	93	BETTER	100 18/18	100 8/8	100 14/14	100 13/13	100 20/20	100 12/12
2	Inpatient Mortality	0 0/16	7	6 1/18	12 2/17	4 1/23	7 4/58	** CMS Natl. Avg. = 7*	SAME	0 0/23	11 1/9	6 1/18	12 2/17	4 1/23	0 0/16
2	PCI (Door to Intervention w/n 90 minutes)	50 3/6	90	83 5/6	100 4/4	60 3/5	80 12/15	** CMS Natl. Avg. = 75*	BETTER	75 6/8	No cases	83 5/6	100 4/4	60 3/5	50 3/6

Action Plan

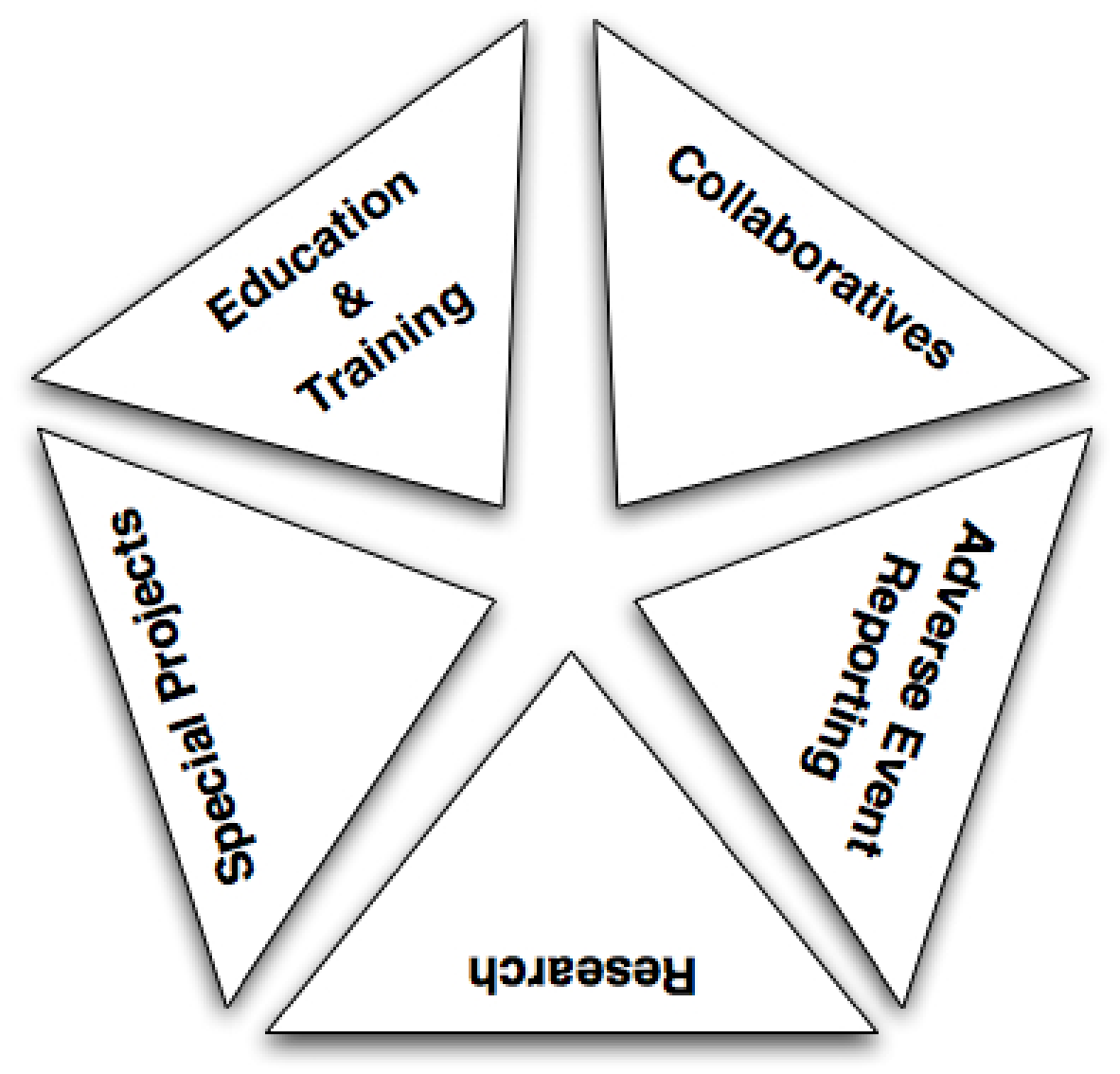
- Revised Discharge Instruction Form indicates that Smoking Education has been provided.
- Direct and timely indicator performance feedback provided to Physicians and Nurses.
- Chief of Service informed of Physicians not meeting criteria.
- Cath Lab and the Interventionalist are called simultaneously.
- On Call Cath Team response time has been reduced from 60 minutes to 45 minutes.
- Code STEMI called overhead in ED upon patient arrival.
- Cath Team Member calls ED within 10 minutes of arrival to hospital and ED transports patient to the Cath Lab.
- EKG is performed within 10 minutes of arrival to ED.
- Interventionalist on-call schedule provided to Clinical Support Center.
- Cross train Coronary Care Nurses to work in the Cath Lab.
- Daily Cardiologist/Interventionalist on-call schedule provided to ED.
- Enrolled in D2B National Alliance (door to balloon).
- Hospital Operations Coordinator involved helping manage delays
- ED has STEMI Hot Line to improve communication.
- Investigate doing vest EKG's in the ED.
- Capital approved for purchase of more EKG monitors.

MD Patient Safety Center – Collaboratives Promote Innovation

Maryland Patient Safety Center:

- Designed collaboratives for MD hospitals in key areas with opportunity for improvement
- Over 9,000 participants in MD since 2005 have attended annual conferences, participated in special projects, education and training
- Chartered by MD General Assembly, MD Health Care Commission, Health Services Cost Review Commission and partnered with MD Hospital Association/Delmarva Foundation
- MPSC was recently granted an additional 5 years by the MD Health Care Commission

MD Patient Safety Center



MD Patient Safety Center

Perinatal Collaborative Aim

The aim of the Perinatal Collaborative is to reduce infant harm through the implementation and integration of systems improvements and team behaviors into maternal-fetal care.

Perinatal Collaborative (DHMH)

- 76% of hospitals
- 64% improved safety culture perception
- Assessment of Inquiry – statewide
- 4.4% adverse outcome baseline

MD Patient Safety Center

Perinatal Collaborative at Sinai:

- Standardization of electronic fetal monitoring (EFM) language
- Training in team coordination and teamwork behaviors
- Ensuring complete documentation and availability of prenatal medical records
- Assessment of safety culture
- Monitor strip reviews are conducted monthly with RNs and physicians
- Rounds in L&D are conducted twice a day
- Induction and Augmentation Bundles are being reviewed with auditing of induction data

Emergency Department (ED):

ED Collaborative Goals

- Building more coordinated ED teams
- Getting treatment to seriously ill patients who need intravenous antibiotics quickly
- Decreasing the number of patients who get ED-acquired bloodstream infections
- Making sure that getting better care to the very sick quickly does not result in longer stays and more inconvenience for the less critically ill

ED Collaborative Results

- 30 minute reduction (LOS)
- Yellow and red alert reductions
- Timely antibiotics

ED Collaborative at Sinai Hospital:

- The ED physicians completed holding orders before patient admitted to the floor bed.
- Introduced the PCI team to improve Door to Balloon time
- CPOE-MEC approved preprinted orders for pneumonia, collaborated with Pharmacy for availability of antibiotics in AccuDose for pneumonia patients
- The implementation of Quick Registration in the ED, Rapid Evaluation Unit, provider communication

MD Patient Safety Center – MRSA Prevention

Maryland Patient Safety Center (MPSC) Positive Deviance (PD) MRSA Prevention Initiative

The MPSC has pulled together a diverse group of thirty Maryland hospitals and dialysis centers to participate in this MRSA Prevention Initiative

Goals:

MRSA Prevention

- Target – 30% reduction/year
- NHSN data system – CDC

Positive Deviance at Sinai Hospital

- A.R.M.S. to prevent harm (Action Requires Management Support to Prevent Harm) purple bracelet
- Caught In The Act cards
- MRSA Surveillance testing compliance in all critical care units, Pulmonary unit; house-wide surveillance by criteria
- Multi-drug resistant organism policy
- ED assessments and alerts/testing
- Safety Surveillor computer system includes real-time alerts for all current resistant organisms and all patients with MRSA on admission

MD Patient Safety Center

Help on the Horizon - Highlighted Current Program Areas

- Special Projects
- Perinatal Learning Network
- Condition Help
- Falls Prevention Pilot
- Pressure Ulcer Advisory Panel
- TeamSTEPPS Learning Network

Education

- Lean/Six Sigma
- Team Training
- Annual Conference (April 2, 2009)

Collaborative Programs

- Neonatal Collaborative (Spring 2009)

** See MPSC's 2008 Annual Report to the Commission for further details*

Sinai Hospital – Innovation

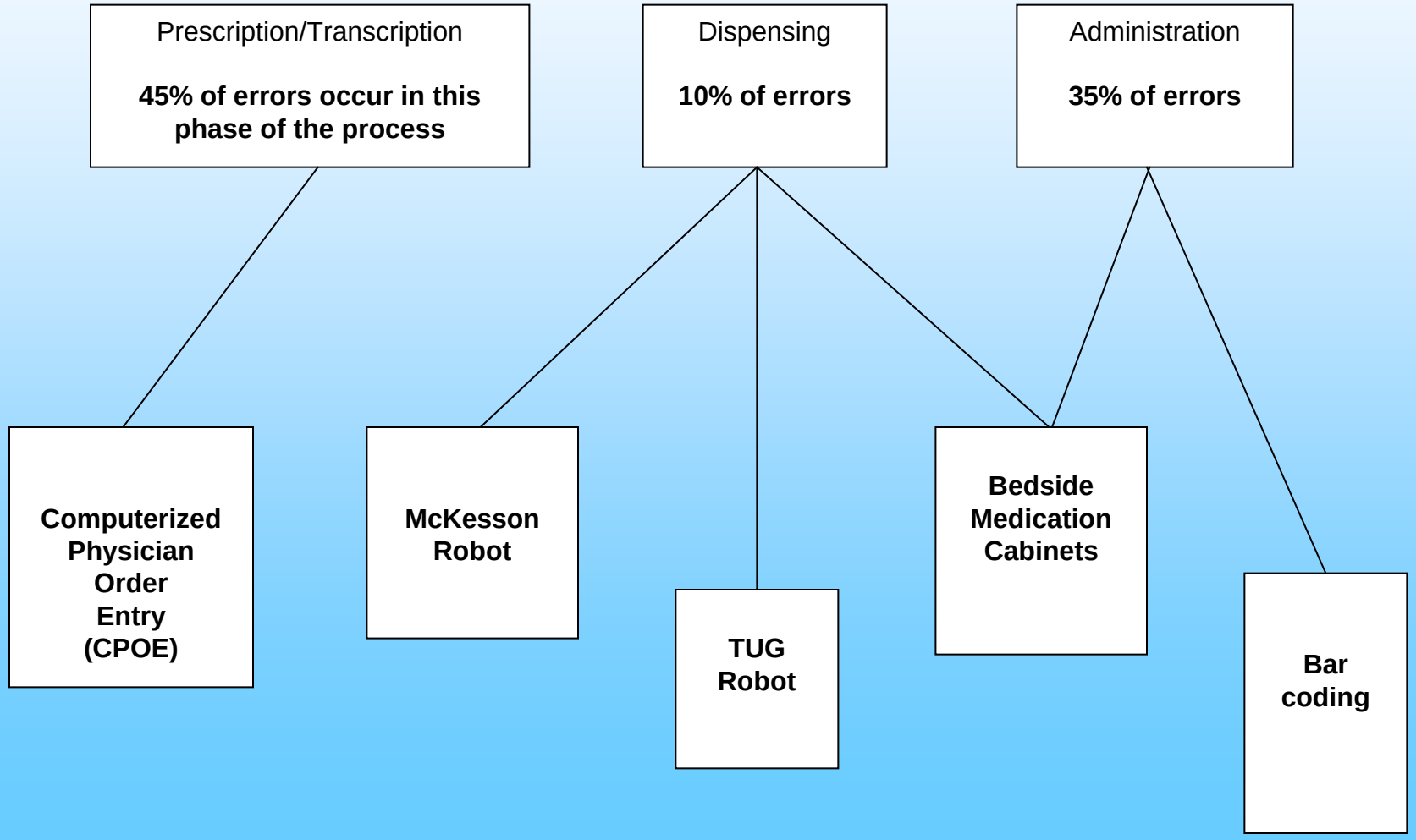
Robots Now Deliver Medications

<u>Guaranteed:</u>

- Cycle time
- No vacations or breaks
- No staff turnover

Sinai Hospital – Innovation

Pharmacy Automation Strategic Plan



Sinai Hospital - Innovation

Diabetic Patients Have Special Attention Post Hospitalization As A Key Chronic Disease

- In 2001 the National inpatient hospital costs for diabetes with complications was #3.8 billion
- In 2002 the total direct and indirect costs of diabetes was $132 billion
- 2007 total estimated cost of diabetes was $174 billion. $116 billion in excess medical expenditures – 50% of the medical expenditures to hospital inpatient care
- Diabetes affects 18.2 million, nearly 6% of children and adults in the U.S.

Focus: Program in the Making

- Inpatient hyperglycemia, hypoglycemia, DKA protocols
- Outpatient Management program – medication management, lifestyle management, diet management, group support, foot care, eye care and smoking cessation program

Thank You!

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