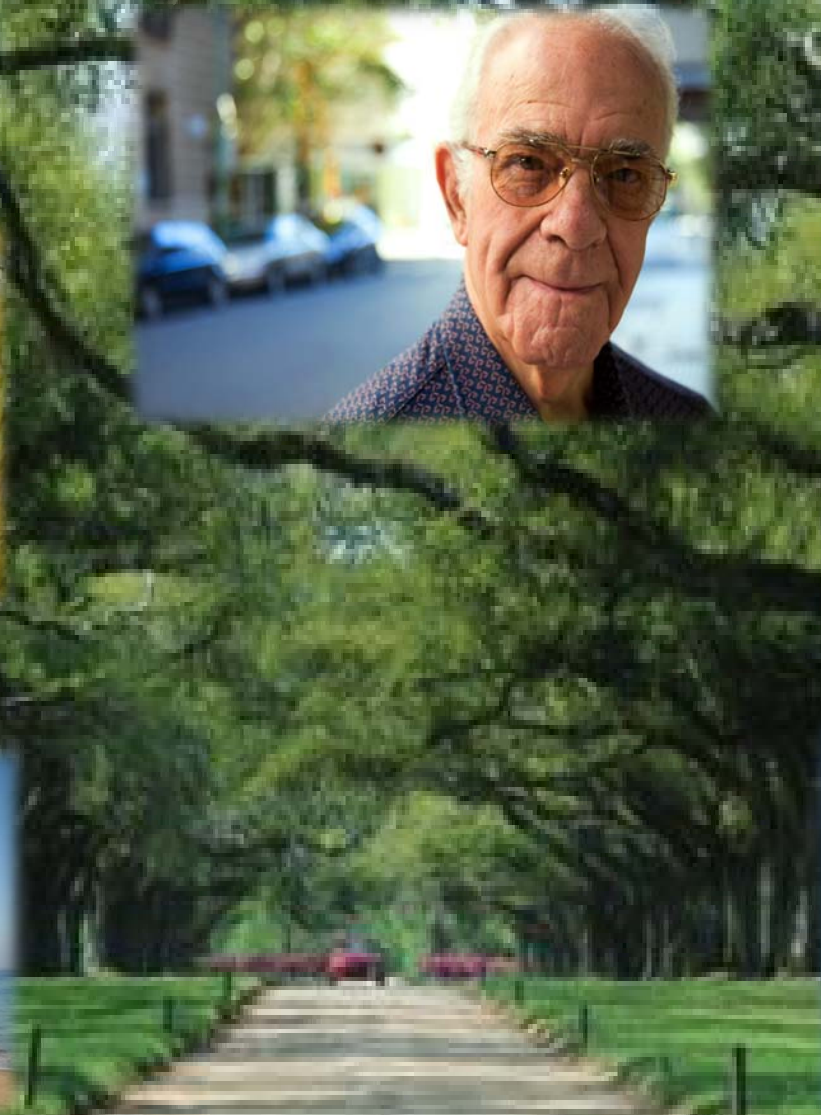# The Road to a Healthy South Carolina

"Rather than uncoordinated, episodic care, we need to offer care that is well organized, coordinated, integrated, characterized by effective communication, and based on continuous healing relationships"

-Eric Larson

IHI.org — A resource from the Institute for Healthcare Improvement

PROTECTING **5 Million** *lives* FROM HARM

SOME IS NOT A NUMBER. SOON IS NOT A TIME.

The **5 Million Lives Campaign** challenges American hospitals to adopt 12 changes in care that save lives and reduce unintended patient harm

IOM Six Aims for Improvement- Patient Care that is:

- **Safe-** avoidance of unintended pt. harm
- **Effective-** evidence-based
- **Patient-centered-** focused on needs and rights of the individual patient
- **Timely-** avoidance of delays & barriers to patient care flow
- **Efficient-** elimination of waste
- **Equitable-** fair access to comparable health care services for all

EVERY
PATIENT
COUNTS

The SC Partnership to
Advance Patient Safety
and Quality Healthcare

Vision: That all South Carolina hospitals and providers deliver safe, high quality health care in a caring and compassionate manner to each patient, every time

Mission: To establish a culture of continuous improvement in quality and safety across all hospitals and providers statewide

EVERY PATIENT COUNTS: SYSTEM-LEVEL AIMS

- **Create an organizational culture of safety with engaged leadership**
- **Actively improve the quality & outcomes of evidence-based care for key patient populations**
- **Eliminate preventable serious adverse events and unintended patient harm**
- **Establish a patient-centered environment of care with open and transparent communication**

EPC- KEYS TO SUCCESS

- **Built on a strong mission and strategic foundation**
- **Collaboration and shared accountability among key stakeholders- "seat at the table for everyone"**
- **Active communication and knowledge sharing**
- **Effective use of QI tools and methodologies**
- **Education built around active learning model**
- **Focus on measurable process and outcomes performance indicators**
- **Environment that encourages innovation**

MYSCHOSPITAL.ORG

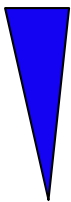# South Carolina Average Optimal Care Scores
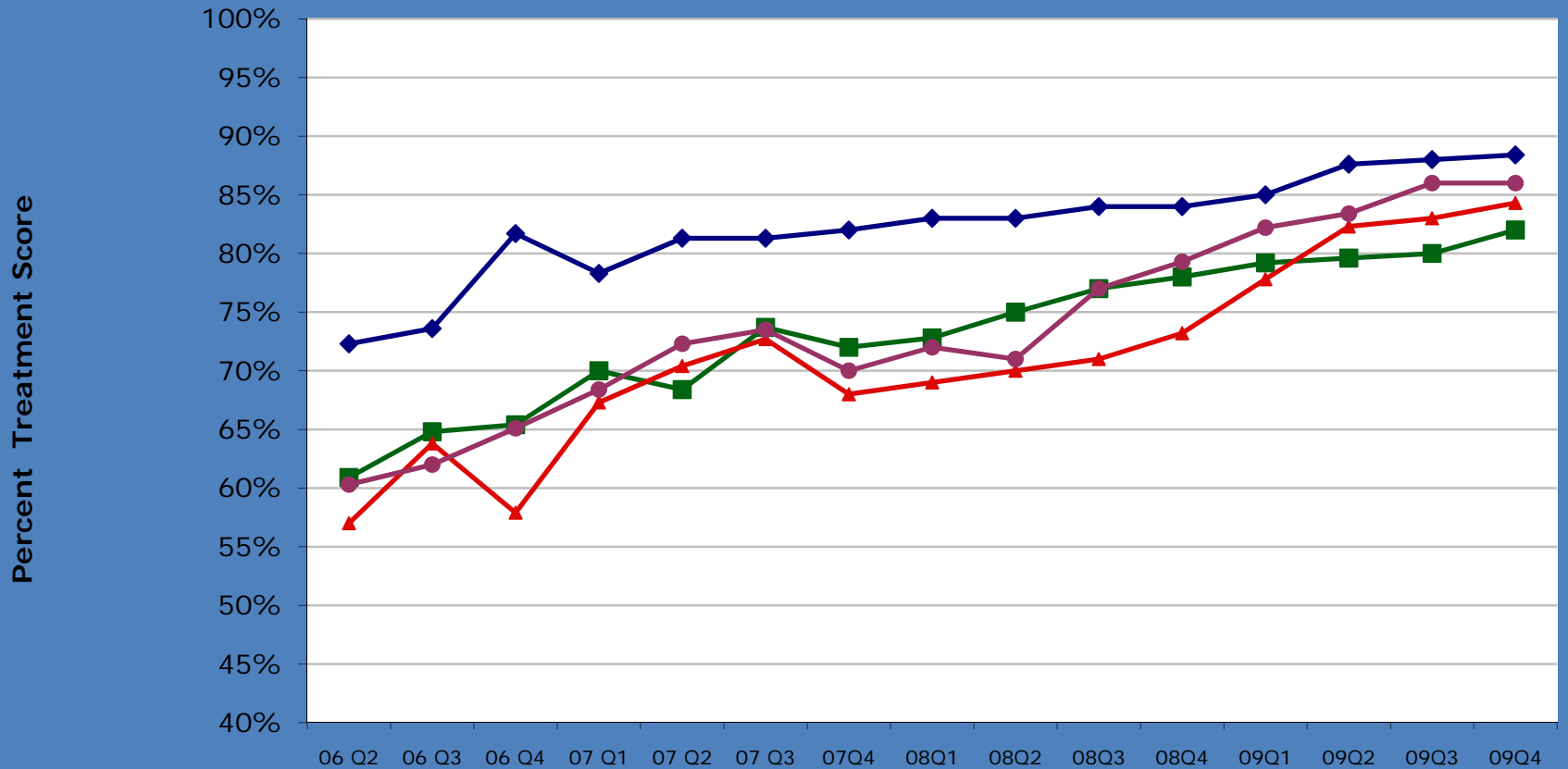
Each quarter represents 4 rolling quarters

South Carolina Quality Dashboard on Hospital Care Compared to All States

published by AHRQ report in 2010

Hospital Care Measures

Compared to all states, for the most recent data year, the performance for SC for hospital care measures is in the <u>strong</u> range. For baseline year, performance is also in the <u>strong</u> range.

South Carolina was recently ranked by the federal government (i.e. AHRQ) as one of five states making the most improvements in the quality and safety of health care.

Most recent data year
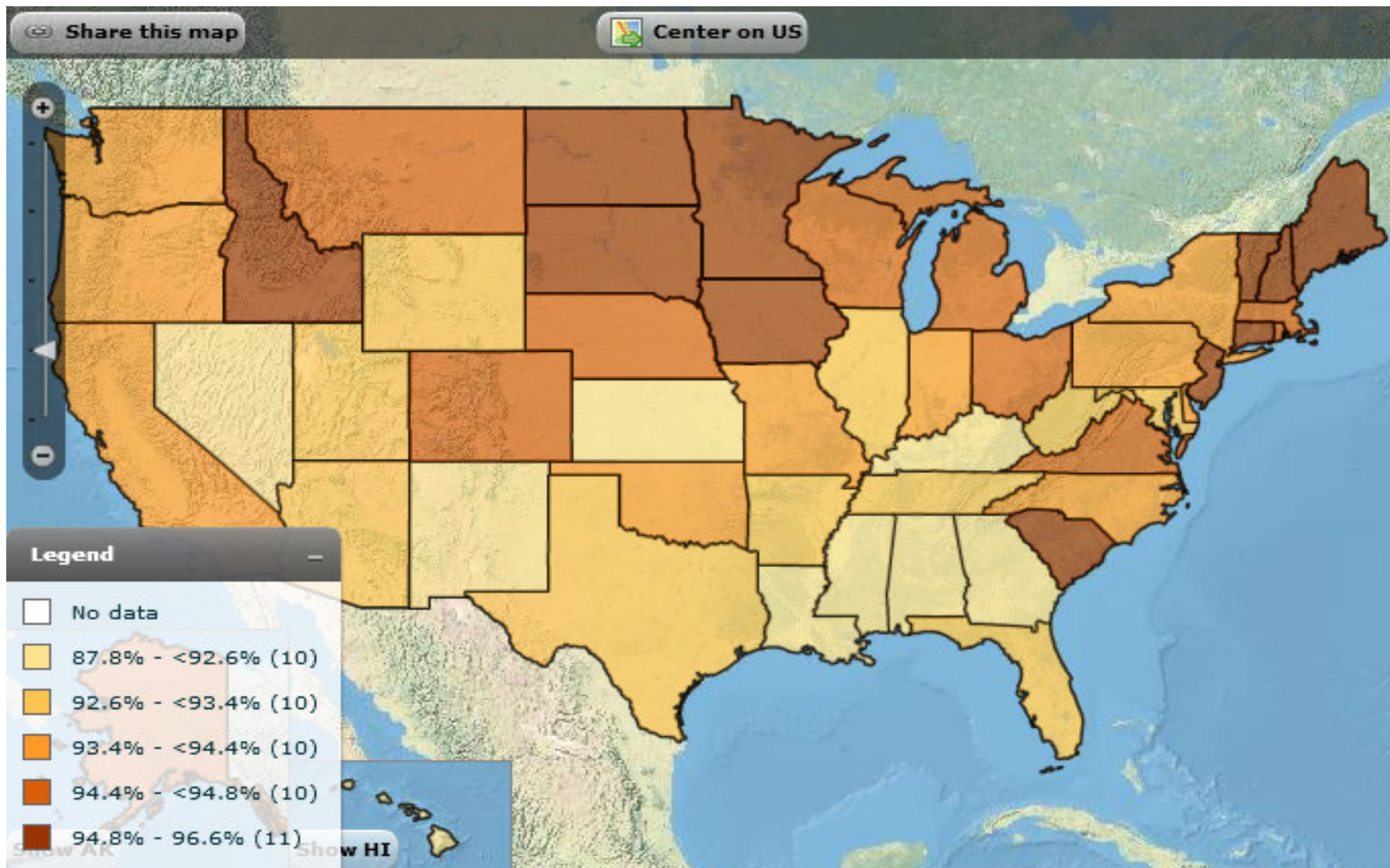
Baseline year

Composite Quality Score- State

Legend
- No data
- 87.8% - <92.6% (10)
- 92.6% - <93.4% (10)
- 93.4% - <94.4% (10)
- 94.4% - <94.8% (10)
- 94.8% - 96.6% (11)

THE DARTMOUTH INSTITUTE
FOR HEALTH POLICY & CLINICAL PRACTICE

What is SC Mission: Lifeline?

A statewide community-based initiative to improve quality of care and outcomes in heart attack patients by improving the health care system readiness and response to ST-elevated myocardial infarction (STEMI) patients.

Door to Balloon Average Time
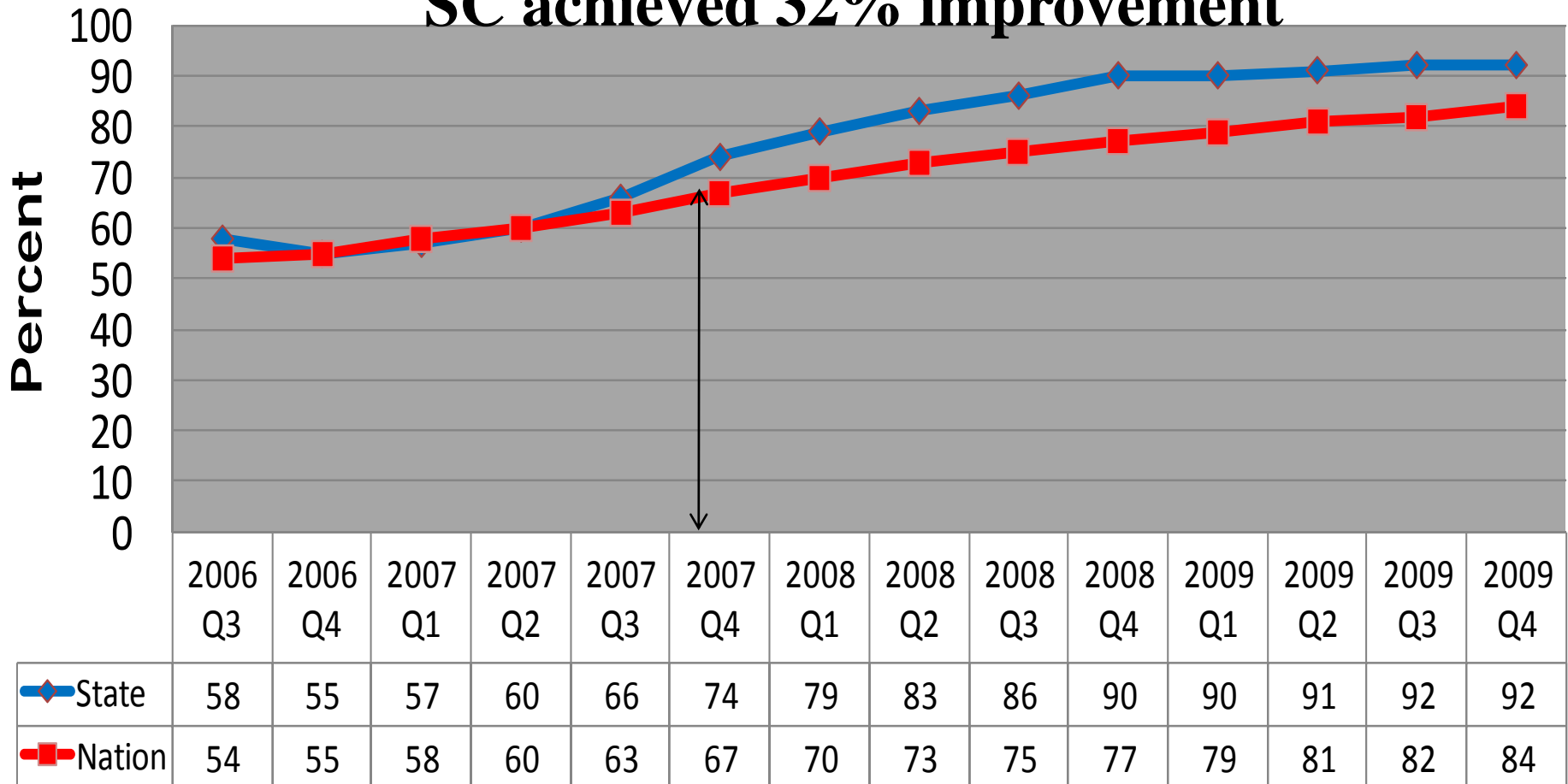
ACTION/Get with the Guidelines Registry (2007-2010)

37% improvement rate

Time in minutes
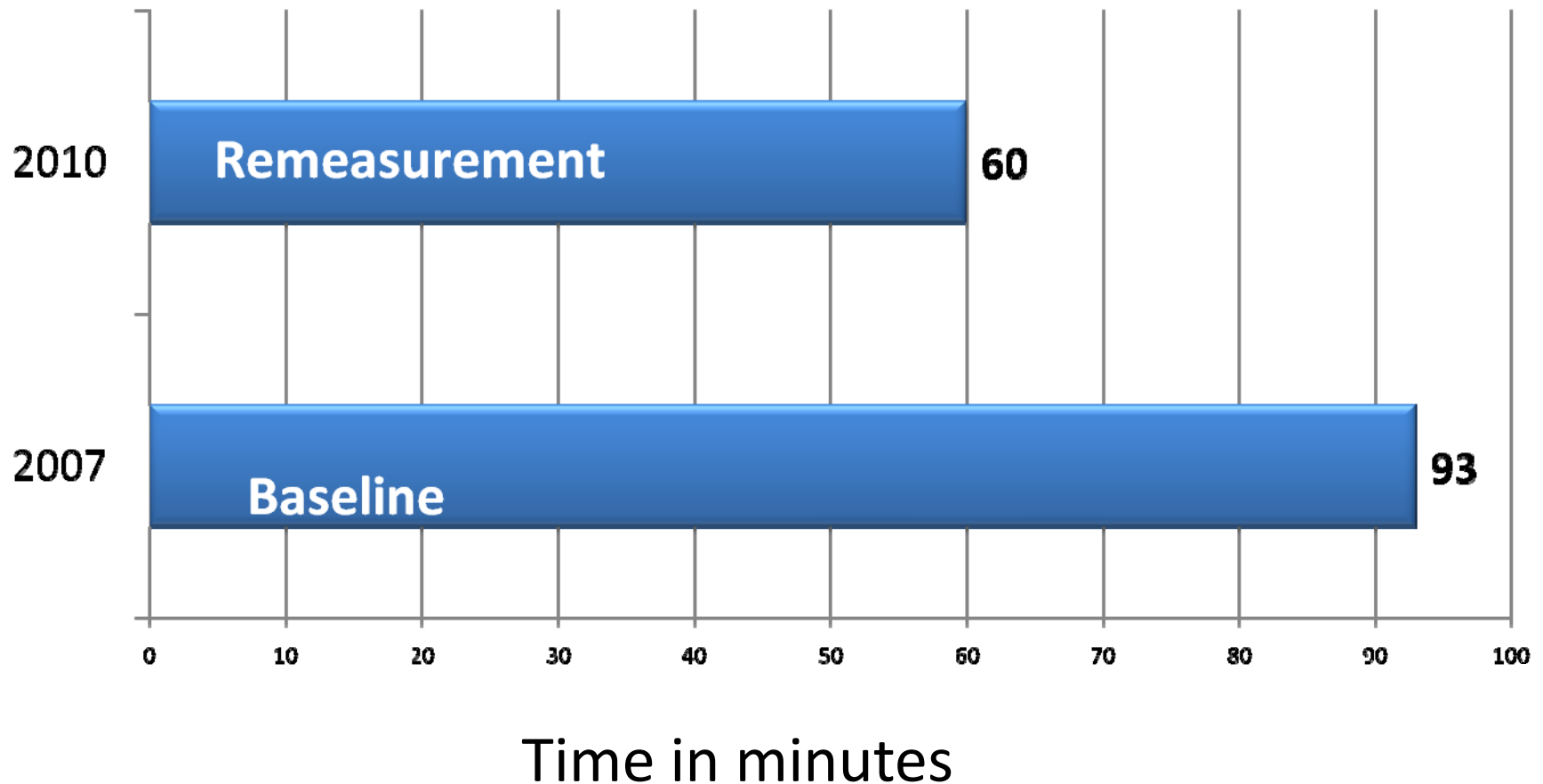
The STEMI-receiving hospitals participated in the registry and sent SCHA data monthly

Heart Attack Patients Given PCI Within 90 Minutes Of Arrival

SC achieved 32% improvement

	2006 Q3	2006 Q4	2007 Q1	2007 Q2	2007 Q3	2007 Q4	2008 Q1	2008 Q2	2008 Q3	2008 Q4	2009 Q1	2009 Q2	2009 Q3	2009 Q4
State	58	55	57	60	66	74	79	83	86	90	90	91	92	92
Nation	54	55	58	60	63	67	70	73	75	77	79	81	82	84

Most updated Hospital Compare data 10_10: Each quarter represent 4 rolling quarters
Most updated data (Q1_2009 – Q4_2009)

safe surgery 2015: sc

- *vision*

Every surgical patient in South Carolina will receive the highest quality and safest care in all surgical settings.

- *purpose*

Develop an integrated system for hospital surgical teams that focuses on process improvement, establishing a just culture of open communication, learning and team work and reducing near misses and adverse events by providing the highest quality of care and the safest environment using evidence based medicine in the surgical setting.

improvement aims

➢ Establish a statewide multidisciplinary leadership team to guide and direct Safe Surgery 2015

➢ Establish surgical safety teams in every hospital in SC

➢ Provide a Team Training Program that can be accessed by any SC hospital or other surgical care provider

➢ Implement a common set of standards/guidelines for team based surgical care built around the WHO checklist

➢ Create a common statewide data base of key surgical safety process and outcomes measures/indicators

goal

By **2014** a modified version of the WHO Surgical Safety Checklist with team based communication will be used in **every** operating room for **every** surgical patient **every** time a surgical procedure is performed in the state of South Carolina.

100% of hospitals committed

To date, **all** SC acute care hospitals with surgical suites have fully committed to implementing the surgical checklist.

key surgical outcome indicators
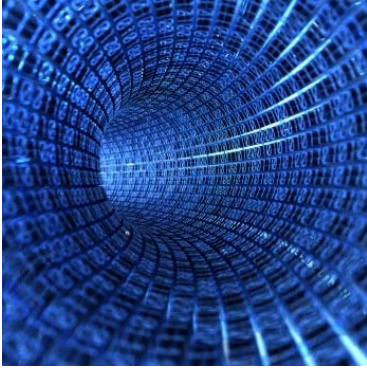
- *inpatient mortality rates*

- *unplanned return to operating room within 48 hours*

- *surgical site infections*

Harvard team to determine clinical data definitions of these three data components

Ask South Carolina Hospitals to track identified data components

Use SSI data reported through CDC NHSN system (HIDA program)

Explore data using administrative claims from Office of Research and Statistics (ORS)

implementation effectiveness

- Safety culture assessment by all surgical team members

- checklist implementation/utilization assessment by OR managers and directors

- assessment of checklist application and team-based communication in each OR by circulating nurses

South Carolina Surgical Safety Checklist Template

Before Induction of Anesthesia

Nurse and Anesthesia Provider review:
- ❑ Patient identification (name and DOB)
- ❑ Surgical site
- ❑ Surgical Procedure to be performed matches the consent
- ❑ The site has been marked
- ❑ Known allergies
- ❑ The anesthesia safety check has been completed

Anesthesia provider discusses patient specific information with the team:
- ❑ **Anticipated airway or aspiration risk**
- ❑ **Risk of significant blood loss**
  - – Two IVs/central access and fluids planned
  - – Type and cross match/ screen
  - – Blood availability
- ❑ **Risk of hypothermia - operation >1h**
  - – Warmer in place
- ❑ **Risk of venous thromboembolism**
  - – Boots and anticoagulants in place

Before Skin Incision

Surgeon, Nurse, and Anesthesia Provider perform the Time Out:
- ❑ Patient's name
- ❑ Surgical procedure to be performed
- ❑ Surgical site
- ❑ Patient Positioning
- ❑ Essential imaging available
- ❑ **Has antibiotic prophylaxis been given within the last 60 minutes?**
  - – Plan for redosing discussed

Briefing

- ❑ **Everyone please state your name and role.**

Surgeon discusses:
- ❑ Operative plan and possible difficulties
- ❑ Expected duration of procedure
- ❑ Anticipated blood loss
- ❑ Implants or special equipment needed

Anesthetist discusses:
- ❑ Anesthetic plan
- ❑ Airway or other concerns

Nursing team discusses:
- ❑ Sterility, including indicator results
- ❑ Any equipment issues or other concerns

Surgeon states:

"Does anybody have any concerns? If you see something that concerns you during this case, please speak up."

Before Patient Leaves Room

Nurse reviews with team:
- ❑ Instrument, sponge and needle counts are correct
- ❑ Name of the procedure performed
- ❑ Specimen labeling
  - – Read back specimen labeling including patient's name

Debriefing

Surgical Team Discusses:
- ❑ Equipment problems that need to be addressed.
- ❑ Key concerns for patient recovery and management
- ❑ Could anything have been done to make this case safer or more efficient

SAFE SURGERY 2015:
SOUTH CAROLINA

SC Healthcare Alliance for Infection Prevention (SCHAIP)

Vision:

- To create a statewide system of care that prevents patient harm from healthcare associated infections

Major Projects

- Stop BSI Project with Johns Hopkins

- Statewide Hand Hygiene Campaign

On the CUSP: Stop BSI Project

- Collaborative project w/ Johns Hopkins and 25 SC hospitals to eliminate central line infections
- Improvement teams established w/ clinical and administrative champions
- Effective application of CLABSI bundle
- Outcomes data through same system (CDC-NHSN) as used for HIDA public reporting
- **Over 34%** reduction in CLABSIs (Nat'l avg. 24%)

CLABSI Infection Ratio (SIR) Trend Data
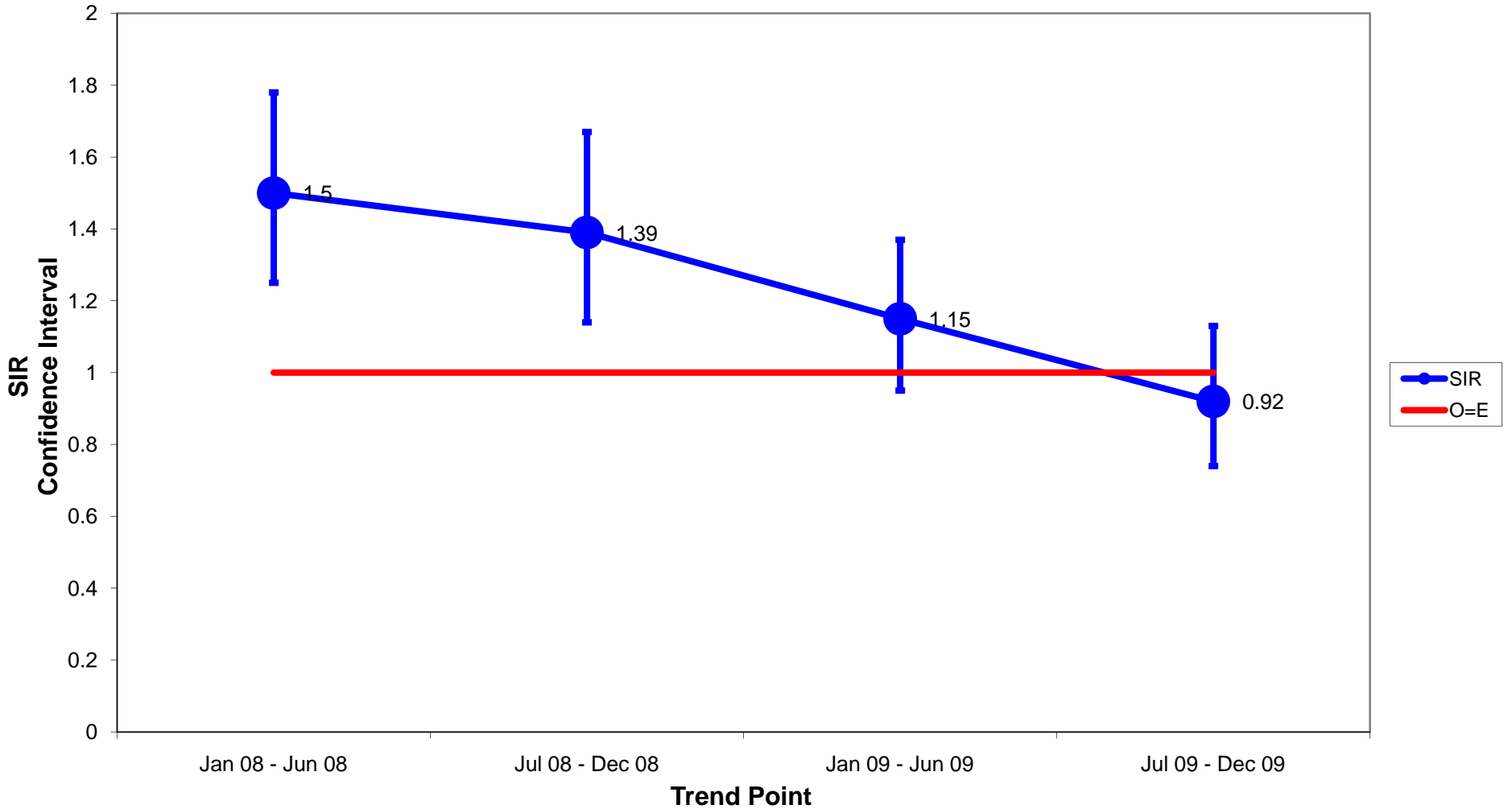
GSI:SC
GRIME SCENE INVESTIGATORS

Save Lives:
Clean Your Hands

What is GSI:SC

A collaborative community-based campaign to eliminate the spread of preventable infections and related loss of lives through an innovative approach to promoting proper hand hygiene

GSI:SC

Save Lives:
Clean Your Hands

Lewis Blackman Patient Alert System

- Patient/family system for activating RRTs
- SCHA Quality Council & Board-set goal of 100% acute care hospital implementation by 12/09
- Survey update with all SC acute care hospitals in August and provide status report
- RRT resource toolkit and mentor hospitals
- Monitor volume and pattern of patient calls and outcomes by hospital and state aggregate

SC Cares Project Purpose

➢To create a model system for SC hospitals to report and investigate near misses and adverse events; transparently disclose those events that result in significant patient harm; track rates and patterns of events/harm; and effectively reduce adverse events through performance improvement and education,

➢Develop and test this system through a multi-hospital pilot program and

➢Establish a centralized system for aggregate monitoring and analysis of key adverse event data.

Key Project Improvement Aims

- Creating a system-wide "just culture"
- Establishing a clearly defined system for reporting of adverse events and near misses
- Defining processes and procedures for timely and coordinated adverse event investigation
- Determining parameters for full disclosure
- Developing IT infrastructure at hospital and state levels for reporting, tracking, analysis
- Providing educational guidance and support

A "Just Culture": balancing culpability and blamelessness

UNSAFE ACTS ALGORITHM

Were the actions as intended? — NO → Evidence of illness or substance use? — NO → Knowingly violated safe procedures? — NO → Pass substitution test? (Could someone else have done the same thing)? — YES → History of unsafe acts?
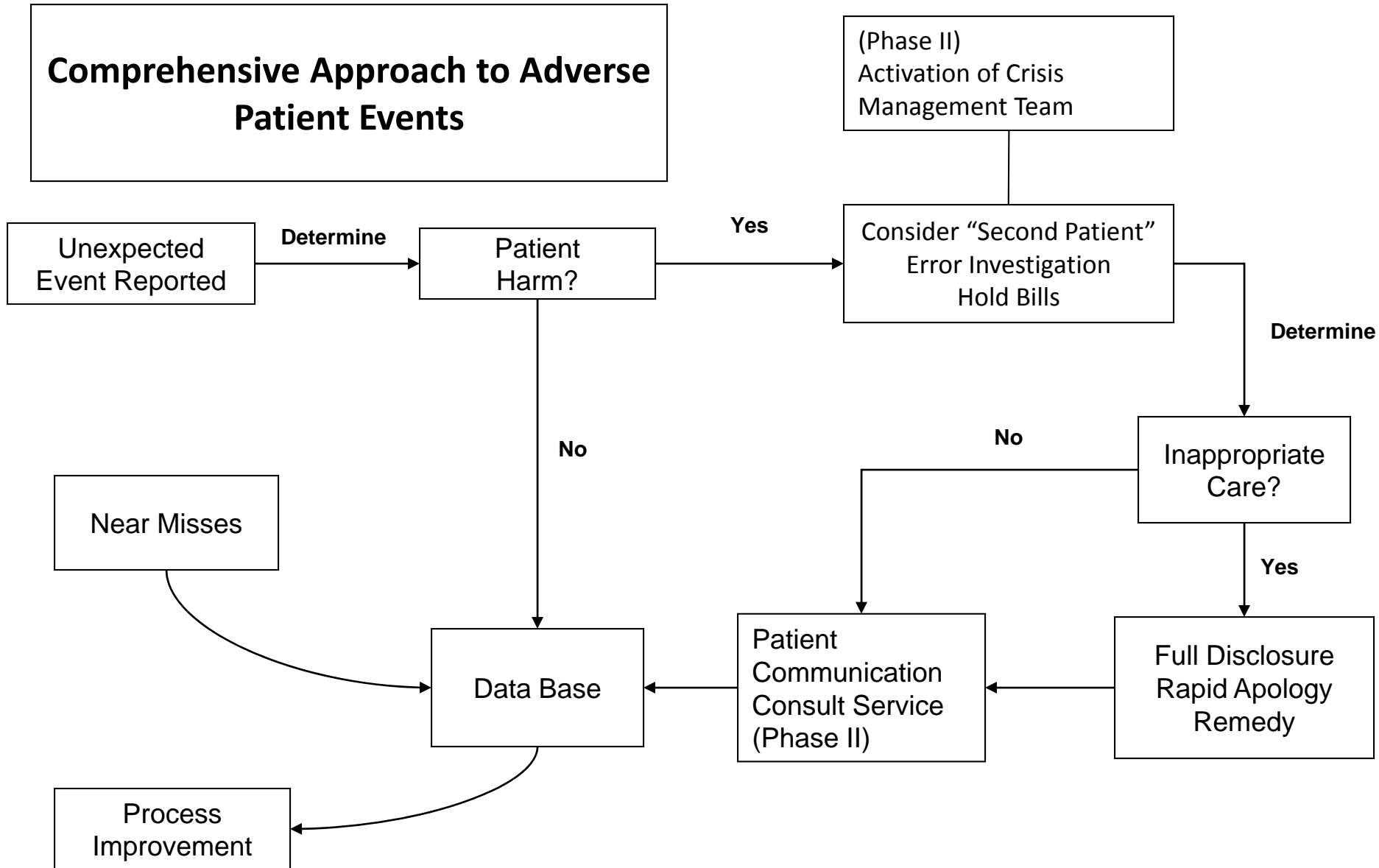
Were the actions as intended? — YES ↓ / NO ↘
Evidence of illness or substance use? — YES ↓

Were the consequences as intended?
Known medical condition?
Were procedures available, workable, intelligible, correct and routinely used?
Deficiencies in training, selection, or inexperienced?

Pass substitution test? — NO
History of unsafe acts? — YES / NO → Blameless error

Known medical condition? — NO → Substance abuse without mitigation / YES

Were procedures available...? — NO → System induced violation

Deficiencies in training...? — YES → Blameless error, corrective training, counseling indicated

Were the consequences as intended? — YES ↓
Were procedures available...? — YES ↓
Deficiencies in training...? — YES → System induced error

Possible reckless violation

Deficiencies in training...? — NO

Sabotage, malevolent damage | Substance use with mitigation | | Possible negligent behavior

Culpable	Gray Area	Blameless

Adapted from James Reason. (1997). Managing the Risks of Organizational Accidents.

Linking Transparency to Patient Safety

Comprehensive Approach to Adverse Patient Events

(Phase II) Activation of Crisis Management Team

Unexpected Event Reported

Determine

Patient Harm?

Yes

Consider "Second Patient" Error Investigation Hold Bills

Determine

No

Inappropriate Care?

Near Misses

No

Yes

Data Base

Patient Communication Consult Service (Phase II)

Full Disclosure Rapid Apology Remedy

Process Improvement

Survey on Patients' Hospital Experience

| Measures	SC National Rankings	National Ranking of Performance	SC's improvement rate from B to R
Percent of patients who reported that their room and bathroom were "Always" clean.	25	2nd Quartile	4.5%
Percent of patients who reported that the area around their room was "Always" quiet at night.	4	1st Quartile	8.1%
Percent of patients at each hospital who reported that YES they were given information about what to do during recovery.	18	2nd Quartile	3.8%
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	16	2nd Quartile	4.6%
Patients who reported YES they would definitely recommend the hospital.	22	2nd Quartile	6.2%

IHI Open School Mission

"Advance health care improvement and patient safety competencies in the next generation of health professionals worldwide."

IHI Open School Chapter Congress, Dec 09

Overall Aims
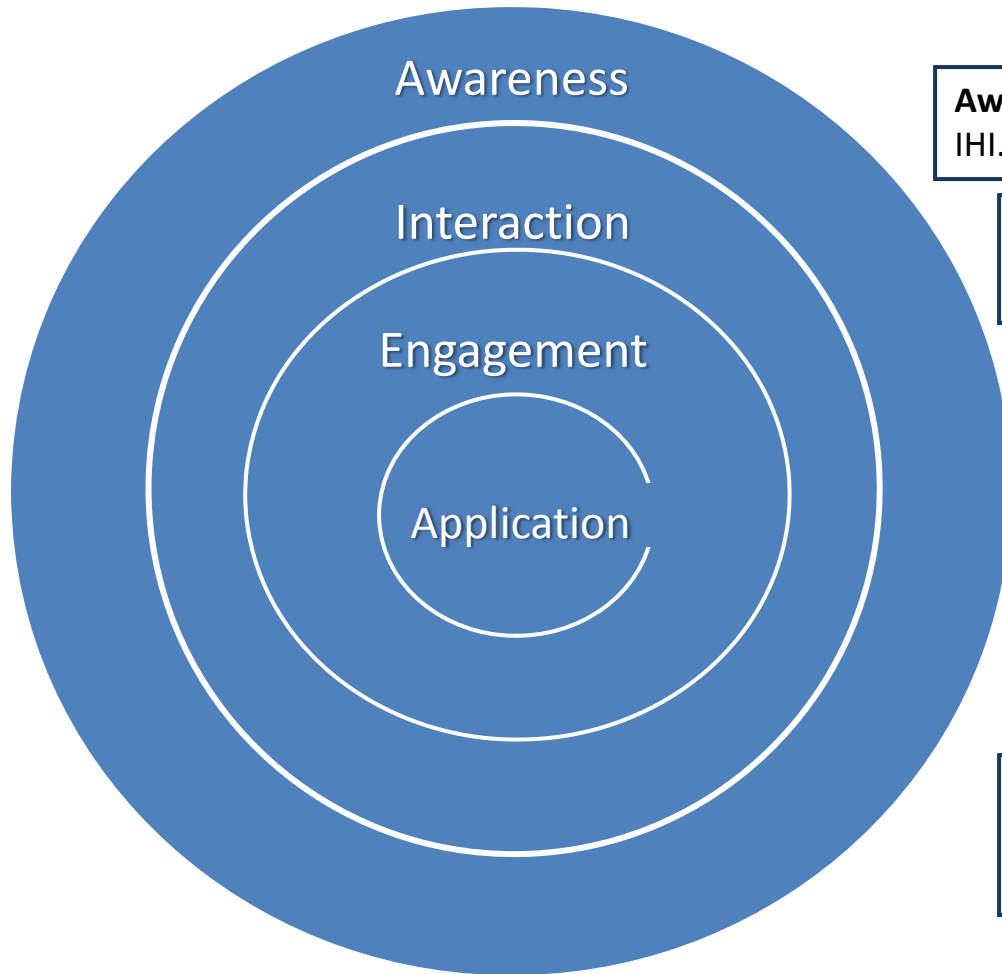
Awareness: # of students and residents registered on IHI.org **53,706**

Interaction: # of students and residents who have completed at least one course **18,395**

Interaction: # of Chapters started by students, faculty, residents and health professionals **310 in 40 countries**

Engagement: # of students who have earned IH I Open School Basic Certificates of Completion **1,157**

Application: # of students that receive a Certificate of Completion for their practicum experience (TBD) **6 test sites in progress**

Basic Skills: Defined by number of students who have completed the Basic Certificate of Completion (Goal: 800)
Advanced Skills: Defined by number of students who have completed the practicum (Goal: 100)

Southeast Regional Event

"Find a Mentor"

44 faculty and health professionals have "opted-in" to date
7 student volunteers are testing the tool

SC Triple Aim Platform
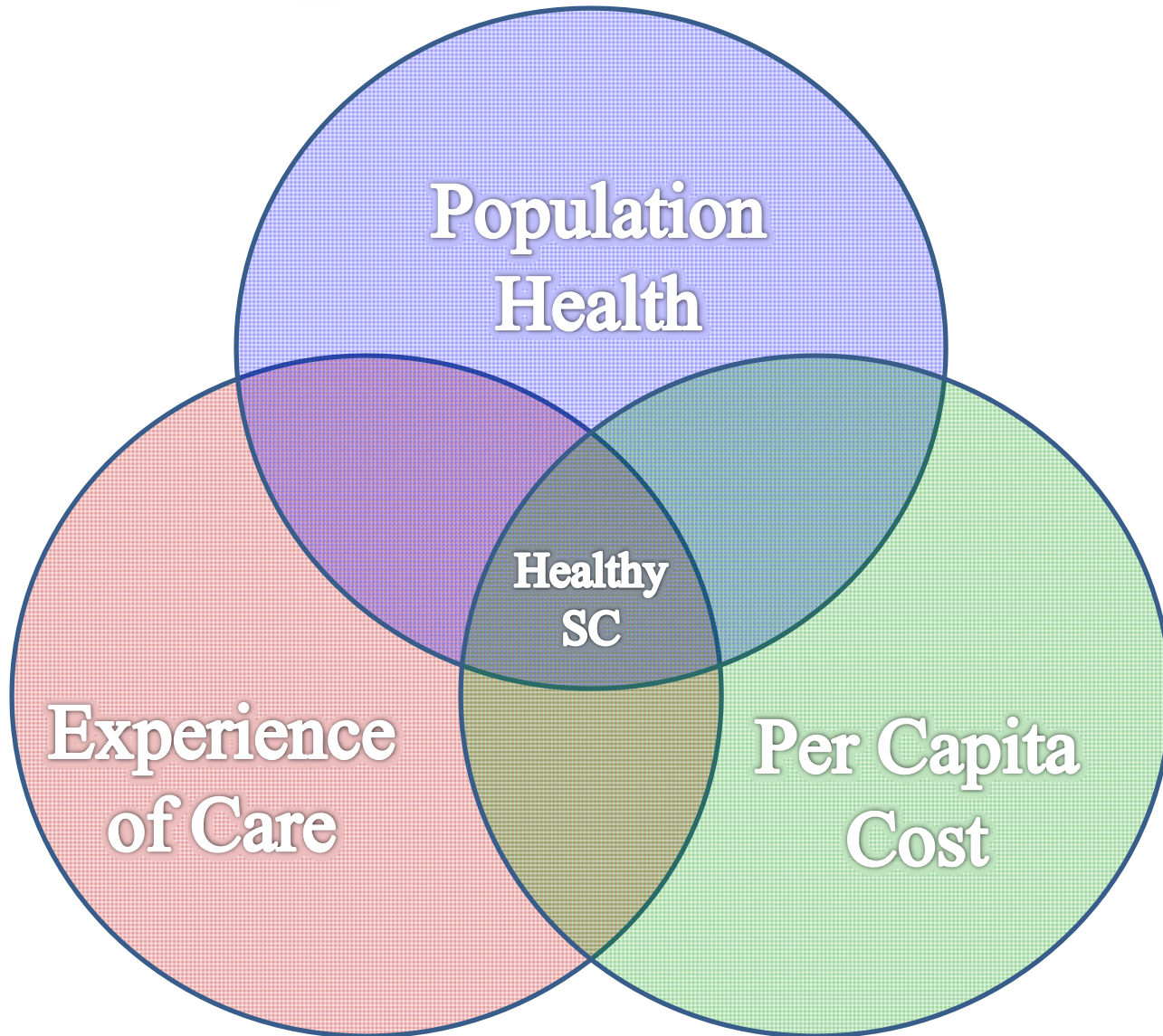
HHS Quality Strategy

- **Better care: increase the overall quality, by making care more patient-centered, reliable, accessible and safe.**

  - **Making care safer by reducing harm**
  - **Ensuring that each person and family are engaged as active care partners**
  - **Promoting effective communication and coordination of care**

HHS Quality Strategy

- **Healthy populations/healthy communities:** improving population health by supporting proven interventions for behavioral, social and environmental determinants of health
  - **Promoting the most effective prevention strategies for the leading causes of mortality**
  - **Working w/ communities to promote wide use of best practices to enable healthy living**

HHS Quality Strategy

- **Affordable care: Reduce the cost of quality healthcare for individuals, families, employers and government**

  - **Making quality care more affordable by developing and spreading new health care delivery models**

CMS Partnership for Patients

- <u>HAC Prevention</u>
- $500M allocated through CMS Innovation Center
- 40% reductions in specific HAC rates
- Aligned with our HAI prevention and safe surgery projects
- Specific grants and demonstrations TBD
- "Vanguard" groups focused on all harm reduction

- <u>Care Transitions</u>
- $500M already allocated through ACA
- 20% reductions in readmission rates
- Grants awarded at community level
- Priority given to grant applications involving state/county offices on aging
- Aligned with existing care transition grant programs in SC

Healthy People 2020
Improvement Goals

- **Increase quality and years of healthy life**
- **Eliminate health disparities**
- **Obesity**- reduce by **10** percent
- **Tobacco use**- reduce # of smokers from **21** percent to **12** percent
- **Heart attack/stroke deaths**- reduce by **20** percent
- **Cancer deaths**- reduce by **10** percent
- **Diabetes related deaths**- reduce by **10** percent

Key System Components to Accomplish the Triple Aim:

- **Care process and experience for individuals and families**
- **Redesign of "primary care/medical home" services and delivery structures**
- **Population health management**
- **Cost control platform**
- **System integration- vertical and horizontal**

Healthy South Carolina Vision Statement

South Carolina will be recognized as a healthy state by achieving the most improvements in health and healthcare in the US by 2020

Healthy South Carolina Vision Statement

SC will be able to document the highest rates of improvement from current 2010 status in these three triple aim pillars:

1) Improvements in health status of defined populations within our state

2) Improvements in patient access, care processes, and clinical outcomes

3) Reductions in the healthcare cost burden on our state and its citizens
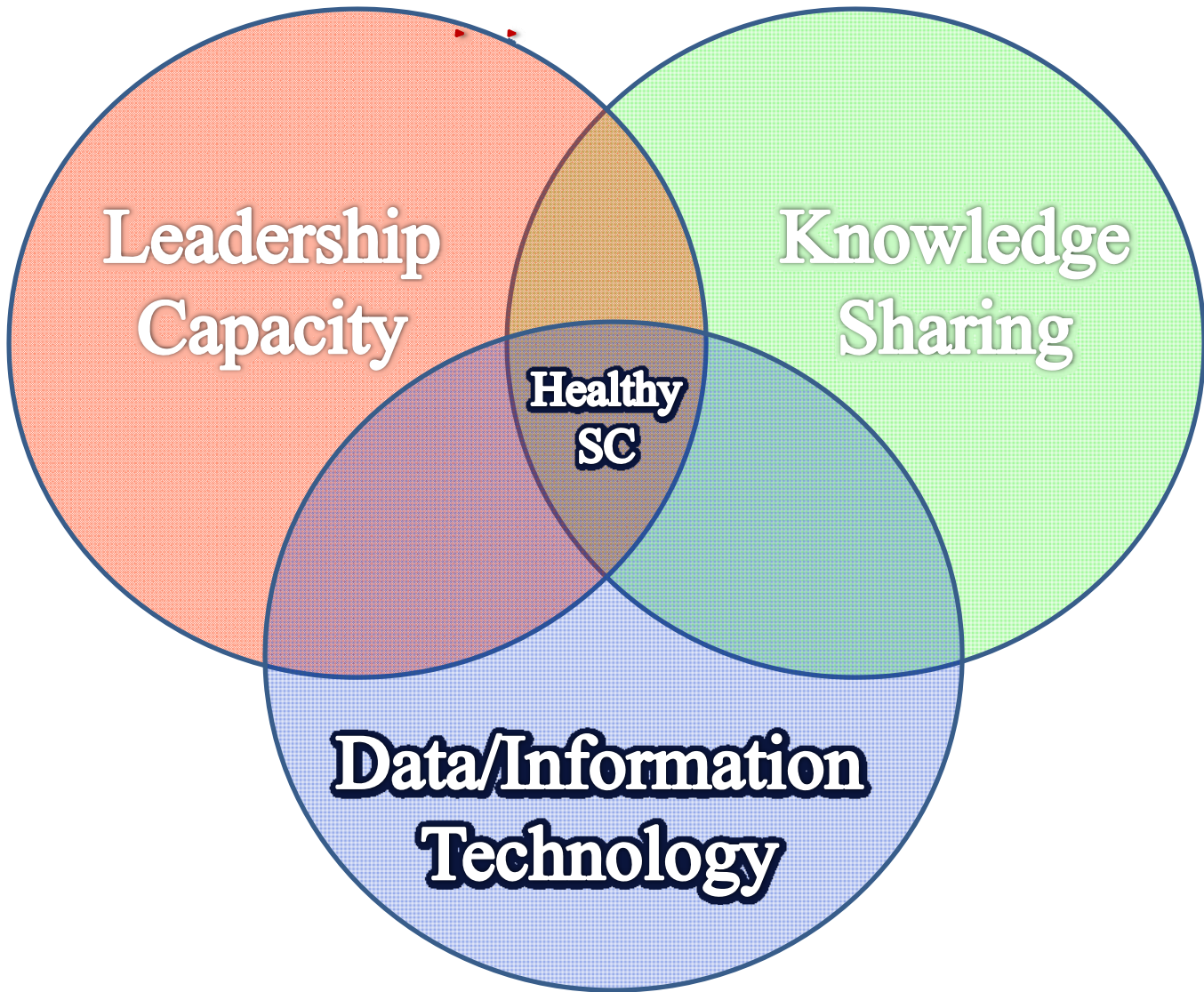
6 keys to a healthy south carolina

1. **Health care must become highly reliable**
2. **Patients must be more engaged**
3. **We must deliver compassionate and patient-centered care at the end of life**
4. **We must improve health status and reduce health disparities**
5. **We must improve efficiency and reduce waste**
6. **We must improve coordination of care**

Specific Triple Aim Innovations

- Re-engineered discharge/care transition process (Readmission prevention)
- Patient-centered medical home (PCMH)
- Utilization of health coaches and patient navigators for complex/high risk patients
- Consistent application of specific clinical bundles/protocols/checklists
- Community-based health improvement partnerships (parish nurse, walking trail)

Specific Triple Aim Innovations

- Targeted prevention and health education programs for specific patient populations
- Active participation in a health information exchange w/ other community providers
- Incorporation of palliative care services for seriously and terminally ill patients
- Effective utilization of telemedicine services
- Capability to conduct cost/benefit analyses for specific interventions

The Road to a Healthy South Carolina