

Safety First:

Why Vigilant Regard for Safety Plays a Vital Role in the Patient Experience

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Objectives for Today

- Share our story
- Provoke reflection
- Share ideas and tools

MedStar Health at a Glance

- Maryland
 - **Good Samaritan Hospital**
 - Franklin Square Hospital Center
 - Harbor Hospital
 - Union Memorial Hospital
 - Montgomery General Hospital
 - St. Mary's Hospital
- Washington, D.C.
 - Georgetown University Hospital
 - National Rehabilitation Hospital
 - Washington Hospital Center
- Diversified Services
 - Diabetes Institute, Visiting Nurse Association, MedStar Physician Partners, MedStar Research Institute



MedStar Health

Good Samaritan at a Glance

- **Our Mission:** We are Good Samaritans, guided by Catholic tradition, and *trusted* to deliver ideal healthcare experiences
- **Our Vision:** To be the *trusted* leader in caring for people and advancing health.
- **Our SPIRIT Values:** Service, Patient/Customer First, Integrity, Respect, Innovation, Teamwork



Good Samaritan
Hospital

MedStar Health

Good Samaritan at a Glance

service

Goal: To create an experience that patients and physicians choose because it is noticeably better than other hospitals.

Key Initiatives:

- Formally re-educate all associates about Service Expectations via GSET
- Assist physicians in preparing for implementation of CG-CAHPS
- Explore open scheduling, expanded hours, etc., for appropriate clinical services
- Develop centralized Customer Service Line for Facilities/EVS requests
- Implement new SSE
- Create Comprehensive Management System for wheelchairs, stretchers, etc.
- Conduct Physician Survey/related Action Planning
- Conduct Community Needs Assessment

Key Measures:

- HCAHPS and NRC Overall Rating
- HCAHPS and NRC Likelihood to Recommend
- Physician Satisfaction

quality

Goal: To provide a consistently safe environment with integrated care processes, resulting in outcomes that meet or exceed comparative benchmark standards.

Key Initiatives:

- Develop and implement Pain Management, IP Anticoagulation Protocols and new Hospitalist Model
- Implement Action Plans to eliminate/reduce Pressure Ulcers, Falls and Central Line Infections
- Continue IT Roadmap, including MedConnect II, Rehab, Oncology and Renal Systems
- Implement standardized approach to Performance Improvement Skills Training and Implementation [i.e., LEAN, Six Sigma, etc.]
- Continue Safety Initiatives via Speak Up, SBAR and Just Culture

Key Measures:

- Serious Safety/Never Events
- Readmissions

people

Goal: To attract and retain the best people, to provide ideal experiences for those we serve.

Key Initiatives:

- Increase the number of associates who participate in Clinical Ladder, Certification and BSN and MSN Programs
- Pursue Nursing Excellence [i.e. Magnet]
- Implement computer kiosks for training, applications, etc.
- Develop ways to increase retention [i.e., formalized on-boarding process, flexible work options, etc.]
- Develop/implement hospital and department-specific Action Planning based on FY11 Employee Survey
- Establish Associate Wellness Programs
- Open Infant Day Care
- Increase participation in/use of Shared Staffing across MedStar

Key Measures:

- Associate Retention
- Associate Injuries
- Vacancy Rate

growth

Goal: To serve our community and achieve market leadership in select services.

Key Initiatives:

- Renegotiate Joint Agreement with Johns Hopkins
- Orthopedic Program Development, including fracture program, TJC certification for hip/knee replacement, sports medicine
- Evaluate facility options for Renal Services, new POB, etc.
- Integrate post-acute services to grow Rehab, Nursing Home and Transitional Care
- Develop/raise funds for Ortho/Spine Institute
- Build/develop programs to Expand Medical/Surgical Service Lines
- Develop/implement formal Physician Recruitment Plans
- Implement MedStar Regional Programs, including ortho, wound, cardiac, oncology and ambulatory/primary care

Key Measures:

- Surgical, Rehab and Medical Volumes
- Outpatient Clinic and Observation Volumes

financial

Goal: To secure long-term financial strength.

Key Initiatives:

- Establish Community Benefit Committee of Hospital Board
- Develop programs to grow Philanthropic Support from patients/major donors
- Standardize orientation/use of Agency Staff
- Expand and enhance Financial Performance Improvement Processes related to Overtime and Non-nursing Productivity
- Develop infrastructure for managing a range of Physician Practice Models
- Implement hospital/system initiatives to Reduce Readmissions [Discharge Optimization Clinic, etc.]
- Address Medical Necessity in ED/Acute Settings
- Develop/implement plans to ensure proper documentation and charge capture

Key Measures:

- Earnings from Operations
- Operating Margin
- Length-of-stay
- Productivity
- Fundraising Dollars

Strong Foundation

- Over 10 year partnership with StuderGroup
- Named Best Place to Work by the *Baltimore Business Journal* in 2011
- Three-time winner of the Delmarva Foundation's Quality Excellence Award
- Named one of America's Top 50 Hospitals and Baltimore's Top Five Hospitals by *U.S. News & World Report* for 2010-2011
- Received the Distinguished Hospital Award for Clinical Excellence from HealthGrades

The Patient Experience

Patients ask three things of us:

- **Don't hurt me** [safety]
 - Goal: ZERO serious events, such as pressure ulcers, falls and central line infections
 - Goal: ZERO associate injuries
- **Heal me** [quality]
 - Goal: We will heal our patients using evidence-based practices
- **Be nice to me** [service]

Culture of Service

- Two-time winner StuderGroup organization of the month, most recently in April 2011
- Consistent improvement in HCAHPS overall top box score
 - 50% improvement since advent of HCAHPS
 - MedStar and state-wide top performer

Culture of Quality

MEDICARE EXCELLENCE AWARD										
Quality Indicator	2nd Qtr. 10 (Apr- Jun 2010)		3rd Qtr. 10 (Jul - Sep 2010)		4th Qtr 10 (Oct - Dec 2010)		1st Qtr. 11 (Jan- Mar 2011)		2nd Qtr. 11 (Apr - June 2011)	
	#	#	#	#	#	#	#	#	#	
Acute Myocardial Infarction										
Aspirin at Arrival	97%	32	100%	22	100%	21	92%	26	93%	28
Aspirin prescribed at Discharge	92%	26	100%	18	100%	19	95%	19	100%	25
Beta-Blocker prescribed at discharge	100%	27	100%	16	100%	18	100%	19	100%	23
ACE Inhibitor or ARB for LVSD	100%	9	100%	5	100%	5	100%	3	100%	8
Statin prescribed at discharge					100%	17	100%	19	96%	24
Heart Failure										
LVEF assessment	93%	192	97%	181	97%	208	97%	209	98%	222
ACE Inhibitor or ARB for LVSD	96%	55	98%	56	95%	56	92%	49	93%	60
Pneumonia										
Initial antibiotic received within 6 hours of arrival	95%	81	91%	45	95%	66	93%	84	90%	63
Pneumococcal vaccination	98%	45	92%	49	93%	46	90%	50	90%	41
Influenza vaccination	n/a	0	n/a	0	91%	77	95%	91	n/a	0
Surgical Infection Prevention										
Prophylactic antibiotic within 1 hour prior to incision	97%	163	98%	126	99%	171	99%	157	99%	141
Appropriate antibiotic selection	99%	167	98%	127	99%	174	99%	157	99%	141
Antibiotics discontinued within 24 hours after surgery	99%	160	97%	124	99%	168	98%	152	97%	131
Beta Blocker during the perioperative period	95%	57	96%	53	94%	47	91%	66	92%	61
Venous thromboembolism prophylaxis ordered	96%	68	94%	68	93%	97	98%	68	99%	178
Venous thromboembolism prophylaxis received	96%	68	93%	68	92%	97	98%	68	99%	178
Urinary Catheter Removal Post-op Day 1 or 2	93%	176	96%	142	95%	213	98%	180	94%	152
Surgery patients with perioperative temperature mgt.	99%	241	100%	194	100%	266	99%	238	100%	238
COMPOSITE AVERAGE (ALL Measures)							97.2%		97.1%	

Balancing the Patient Experience

- Hospitals will be competing against each other
- Play or pay

VBP

- Best performers win
- Others break even or lose

Readmissions/HACs

- No winners, only losers

EHR Program

- Carrot and stick

Call to Action

In-depth Review of Patient Safety Occurrence: Incompatible Blood Transfusion

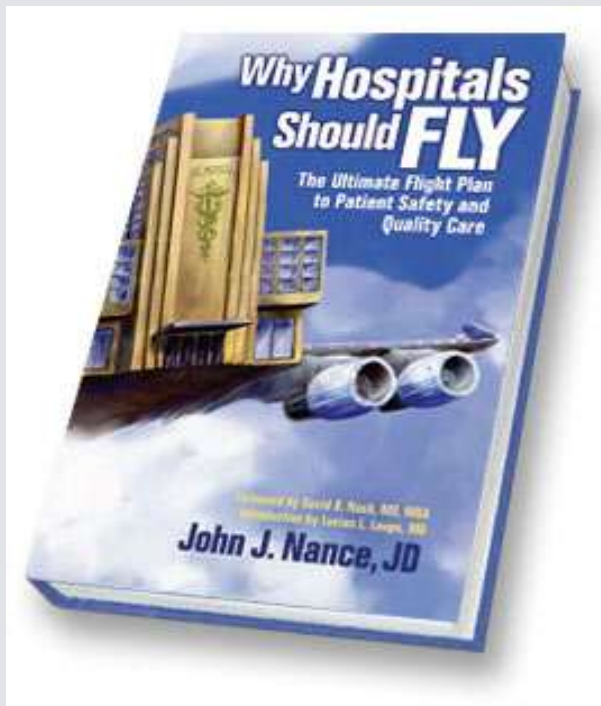
- What were the contributing factors that led to the error, such as staffing and workload?
- Were there any distractions?
- What's the protocol and process?
- Where was the error made? Was it negligence or human error?
- What steps can be taken to minimize the contributing factors and distractions? Does the protocol and process need adjustment?

The Patient Experience



Taking the Next Step for Safety

Leading a Culture of Patient Safety at Good Samaritan Hospital



“Perfect safety, by the way, doesn’t mean eliminating all mistakes. It means structuring a system that expects and safely deals with mistakes.”

Change Begins at the Top

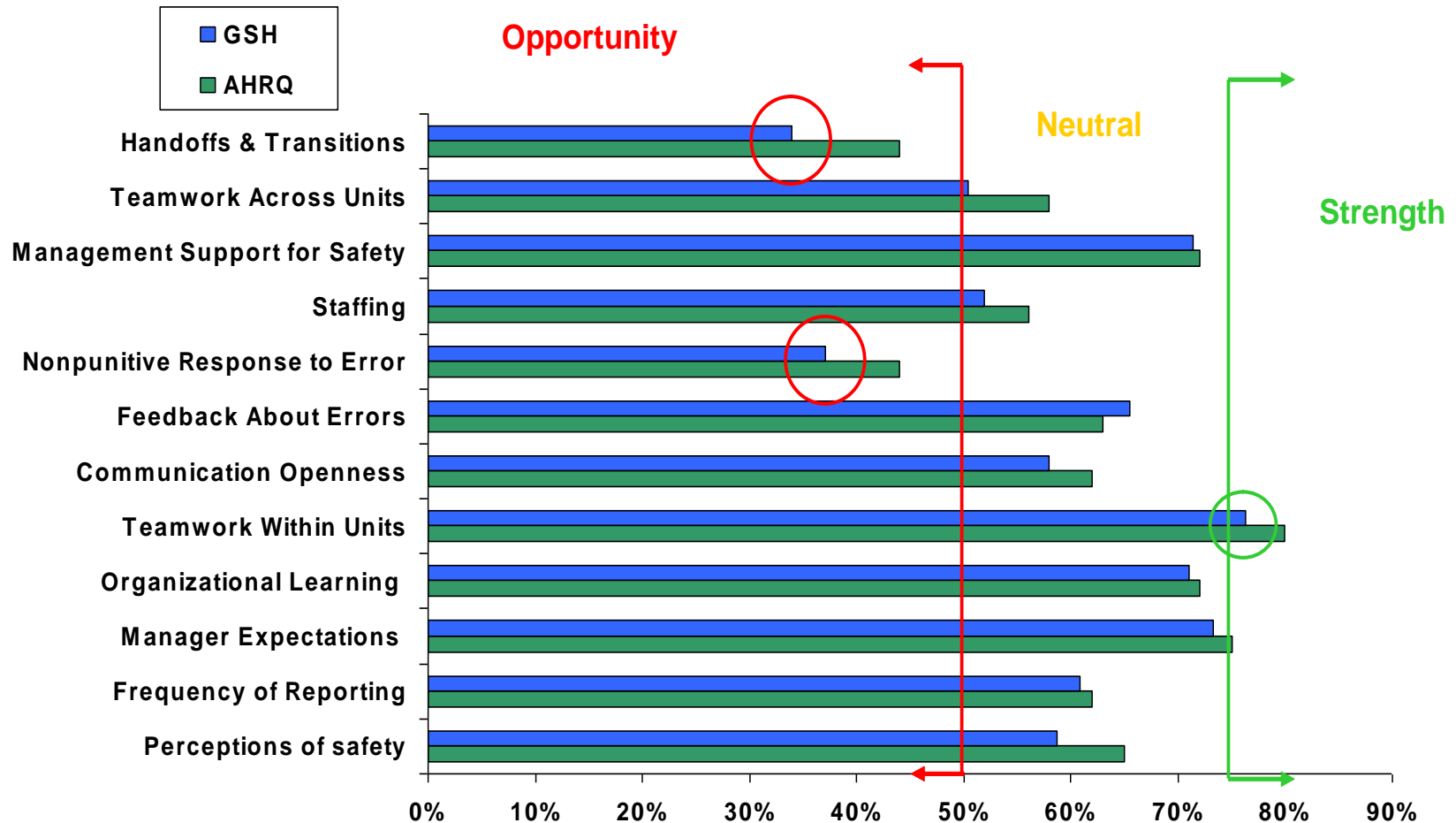
- A change in culture must have the commitment of hospital executives and key leaders
 - Board education
 - Physician buy-in
 - Leadership Development Institutes
- Culture change must be guided by appropriate teams
 - Culture of Safety Team

Culture of Safety Team

- Define components and goals of safety program
- Develop/promote consistent and clear message
- Develop strategies to engage all medical and hospital staff [safety initiatives & practices]
- Recommend systematic improvements that foster a culture of safety and prevent errors and injury
- Develop measures to track progress

Our Safety Rating

[GSH Culture of Safety Survey Dimension Results: % of Positive Responses]



1462 Participants

Data Transparency

		FY TARGET	FY 2012											DAYS FROM LAST EVENT*
INDICATOR	●/○	FY 2010	FY 2011	July	Aug	Sept	1st QTR	2nd QTR	3rd QTR	4th QTR	YTD			
Never Events and Serious Safety Events	Medication Errors Resulting in Serious Patient Harm or Death	0	0 ●	0 ●	0	0	0 ●					0 ●	847	
	Transfusion Reaction-Incompatible Blood	0	1 ○	0 ●	0	0	0 ●					0 ●	607	
	Air Embolism Associated with Serious Harm or Death	0	0 ●	0 ●	0	0	0 ●					0 ●	>5 years	
	Surgery (Wrong Patient, Site, Procedure or Retained Foreign Body)	0	0 ●	0 ●	0	0	0 ●					0 ●	856	
	Hospital Acquired Pressure Ulcers Stage III, IV, Unstageable	0	9 ○	2 ○	0	0	0 ●					0 ●	266	
	Inpatient Falls Resulting in Serious Harm or Death-	0	4 ○	2 ○	0	1	1 ○					1 ○	10	
	Central Line Associated Blood Stream Infection - (ICU)	0	1 ○	7 ○	0	1	1 ○					1 ○	8	
	Other Serious Harm or Death	0	0 ●	1 ○	0	0	0 ●					0	90	
Total		15	12	0	2	2					2			
Employee Safety	OSHA Reportable Employee Injuries		159	169	20	12						32		

But it's not just data...it's our patients

FY 2012

1st Quarter

2nd Quarter

Louise W.

Central Line Infection

8/23/11

Annette G..

FALL with Hip Fracture

8/21/11

3rd Quarter

4th Quarter

Learning from Real Patient Experiences

- In-depth analysis of central line infections
- “Bundle compliance” with:
 - Optimal site/line selection
 - Hand hygiene
 - Chlorhexidine skin antisepsis
 - Maximal barrier precautions [insertion]
 - Aseptic technique for line access
 - Daily review of line necessity and prompt removal

Learning from Real Patient Experiences

- Corrective actions
 - Ensure staff competency for catheter access
 - Ensure proper alcohol pad is used [hub disinfection]
 - Daily checklist consistently use [assess line necessity]
 - Prompt removal of lines
 - Minimize blood sample collection from central lines

Involving Staff to Make Changes

- Good Sam U [new associate orientation]
- Quarterly *You First* Forums
- Safety Grand Rounds

Empowering Staff to Make Changes

- Tools to hardwire change
 - TeamSTEPPS
 - JUST Card
 - Senior leader rounding
 - Goal alignment

Tools to Hardwire Change



JUST
Speak Up for Safety!

*Safety is our top priority—
let's **JUST** take a minute to talk about it.*



Use this card when you feel you have a *JUST* cause to speak up and take a time out for patient safety.

It's my **J**ob to speak up
I am **U**ncomfortable
This is a **S**afety issue
Let's take a **T**ime out

To report a safety concern, call ext. 4243.

Tools to Hardwire Change

- Senior leader rounding
 - What opportunities do we need to focus on for continued improvement for safety, quality and service?
 - What could we do to make your department safer for patients and associates?
- Goal alignment
 - All associates are given the same systemwide safety goal, cascaded from the top of the organization, which is tied to performance evaluation
 - Creates accountability for all associates

Power of Recognition

- Good Catch Program
 - Positively recognizes those who identify a potential safety risk and **speak up to prevent harm**, or those who take extraordinary measures to **promote our culture of safety**
 - Shift from “near miss” to “good catch”
 - Actively engages associates to be “safety stewards”



What's Next?

Associate Injury Prevention

Associate Safety Scorecard

INDICATOR	JULY		AUGUST		SEPTEMBER		TOTAL	
	FY11	FY12	FY11	FY12	FY11	FY12	FY11	FY12 [through Sept.]
ASSOCIATE SAFETY Associate Injuries*	12	20	17	12	15	15	169	47

*Includes any OSHA-reportable injury that led to time off from work.

Our Commitment to Good Samaritan Associates:

To provide a safe environment in which to care for our patients and to provide tips to support our partnership in workplace safety.

Light Our Way...Be a Safety Star!

Associate safety is priority #1. You can help by being mindful about **injury prevention.**
Use this Safety Starboard to track your safety status...and as a reminder to **always play it safe!**

Bending | Lifting | Twisting | Reaching | Pulling | Pushing

Slip | Trip | Fall

Needle Stick | Sharp

Days Since Last Injury: _____!

Stay Star Bright:

Avoid falls by wearing proper shoes, always.



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Last Updated _____

What's Next?

WorkingSmarter: Achieving Breakthrough Performance

- How can we do this?
 - By applying a standardized and systematic approach to problem-solving
- Tools for WorkingSmarter
 - **Lean:** Eliminate waste and work more cost-efficiently
 - **Six Sigma:** Eliminate variation and improve what is critical to our patients



Closing Thoughts



- Call to action
- Engagement
- Getting good data
- Data transparency
- Make it personal
- Tools for change
- Recognition
- Gradual culture change

**To change the world, start with
one step. However small, the
first step is hardest of all.**

— Dave Matthews

Questions?

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