

Annual MAHQ Fall Program Held in Portland



Jeff Austin from the Maine Hospital Association gave updates on work being done in the Maine State Legislature

The annual fall education program put on by the Maine Association for Healthcare Quality was held on Friday, October 17th at the Maine Health Headquarters in Portland. Over 35 people from different disciplines from all over the state attended the program.

Erin Graydon Baker, Director of Patient Safety and Risk Management at Maine Medical Center kicked off the day with an excellent presentation on Patient Safety Walk-Rounds by Hospital Leadership.

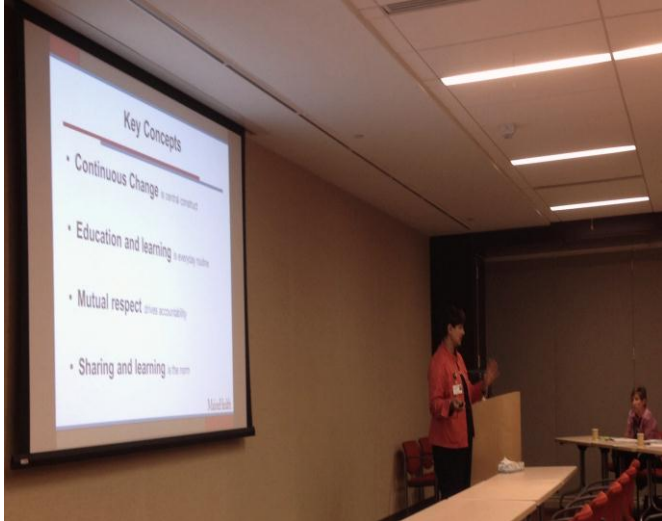
Ms. Baker talked about the experience at Brigham and Women's Hospital in Boston and the previous work done by Dr. Allan Frankel at the Institute of Healthcare Improvement. The concept of the safety walk-around includes changing the culture by increasing transparency within your organization. It also encourages the engagement of Senior Leadership with front-line staff who know what the safety issues are at the bedside. The most critical aspect of the Walk-Rounds is the follow-up to any concerns or issues that came up. There needs to be a clear structure in place with expectations that issues will be addressed through bi-directional feedback to staff and leadership.

Rose Langdon from the National Association for Healthcare Quality was on hand to update MAHQ on the work being done at the national level. Ms. Langdon reviewed the trends in healthcare quality including the role of everyone in improving quality, the use of data to make improvements and the increasing focus on population health management. The importance of certification for healthcare quality professionals through the CPHQ

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Suneela Nayak, RN, Clinical Quality Improvement Specialist at Maine Health talks about different tools that can be used to improve performance

Exam was also stressed. NAHQ has also been working with the Institute for Healthcare improvement on the development of tools for front line leaders that will help embed quality into everyday work.

Sandra Neptune, an Education Specialist from Maine General Medical Center talked about bullying in the workplace and offered strategies on stopping this type of behavior. Ms. Neptune provided the group insight on recognizing the behaviors that constitute bullying including unwarranted criticism, unjustified blame, exclusion, verbal abuse, unreasonable demands and denied opportunities.

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Suneela Nayak, Clinical Quality Improvement Specialist from Maine Health offered multiple tools to help improve quality within your organization. The tools included Value Stream Mapping, 8 wastes, Spaghetti Diagrams, using the 5S and 5Why concept. The key concepts of quality improvement include the central construct that change is continuous, education and training should be part of the everyday routine, mutual respect drives accountability and knowledge sharing and learning is the norm.

During the lunch break, MAHQ Secretary Sue Curtis, RN updated the group on the Partners Healthcare-BWH Conference on *Quality, Safety, and Process Improvement: Building High Performing Organizations* held in Boston Sept 29-30 2014. (See full report on page 4).

After lunch, Jeff Austin from the Maine Hospital Association gave an overview of the 126th Maine State Legislature. One of the areas of interest involved Medicaid expansion under the Affordable Care

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April 23-24, 2015

NAHQ
NATIONAL ASSOCIATION FOR HEALTHCARE QUALITY

**The National
Quality Summit
Hyatt
Regency/Philadelphia**

Partners Healthcare-BWH Conference
Sept 29-30 2014 Fairmont Hotel, Copley
Sq Boston
*Quality, Safety, and Process
Improvement: Building High Performing
Organizations*

Key Points from Conference Presentations

Susan Curtis, RN CPHQ
curtis@mmc.org

Improving Quality & Safety Using Health IT presented by David W. Bates, MD, MSc, Chief Quality Office, Senior Vice President, BWH. Key remarks: Harm from errors estimated at 10-30 % of admissions, CPOE reduced order entry/transcribing errors by 50-80%. Example of decision support IT impacting safe ordering of medications is the NEPHROS study which found 42% of patients (17,828 patients) had some degree of renal insufficiency. 67% required dose adjustment. Study of the Leapfrog CPOE test supported that pharmacy barcoding technology can reduce dispensing errors by 31% and bedside bar code technology can reduce administration errors by 41%. Handoffs are known to be high risk events. Provider cross coverage handoffs can have as much as a 5 fold increased risk of adverse event. Implementing computerized sign-out adds no additional risk.

Advances in patient monitoring are providing opportunities to capture key clinical assessments without nuisance alarms that reduce their safety. Early Sense is a continuous monitoring system that is designed for use on a general inpatient floor to monitor pulse, resp, and motion. This new technology can alert nurse when patient needs to be repositioned. A study of 7,643 patients showed reduced LOS from 4 to 3.63; reduced ICU LOS from 4.53 to 2.45; 2.2 alerts /100 recorded hours; Most O2 monitors and telemetry have 730 alerts/100 hrs. In an economic analysis of ICU only, this advanced monitoring reduced LOS and pressure ulcers.

**STRATUS Medical Simulation Center:
Simulation, Training, Research, and
Technology Utilization System
presented by Charles Pozner, MD
Medical Director, STRATUS Center for
Medical Simulation
Brigham and Women's Hospital.**

Began the talk with "If I gave the room a test, as a group, you'd get 100%. Someone in the room will have the answers." Stressing the importance and

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value of teamwork. He called a code one day in the empty boardroom, not a great team response. It proved to be the necessary springboard to do 2/month unannounced mock codes. Purpose is not training, purpose is to test the process, identify opportunities for improvement. Results: team membership changed, earlier times to defib and CPR, standardized equipment, emphasis on first 5 min, elevator issues, teamwork training. They have metrics that are monitored: Was defib at bedside? Was CPR in progress? Was Code Cart at bedside ? Were defibrillator pads applied? Was backboard under patient? Was defibrillator used for V-Fib?

Reduction of Suffering as a Framework for Improvement by Thomas H. Lee, MD, MSc, Chief Medical Officer at Press Ganey Associates, Inc.

He has been struck with how healthcare systems everywhere he travels are under great duress. This leads to hospitals being more open to new ideas and change. Example of an innovative change he saw at Novant Health Care was the development of “Comfort Codes” to respond urgently to End of Life crisis such as pain or respiratory distress. Current key drivers

of healthcare crisis are not result of fiscal crisis, but the result of our medical progress, crisis in coordination of care, our aging population, and our global economy. Types of patient suffering are those associated with a diagnosis, a treatment, and avoidable suffering arising from defects in care and services. A patient sees the provider, at end of visit is often told “someone will call you”. Wouldn’t it be better to tell them who will call, when, and with what information? Another example, providers criticizing other providers has negative impact on patient’s peace of mind. Find positive things to say about other providers. Work on producing peace of mind. Need transparency at provider level. University of Utah has developed methodology for doing their own publicly displayed physician survey results. As a result, in 2013, 25% of their providers were in the top 1% nationally. Result of peer pressure and respect.

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Save the Date!
QC 2015: Delivering Health Care or Health?
April 1, 2015
Augusta Civic Center

**Featuring Keynote Speaker
Atul Gawande, MD**



Partners Healthcare-BWH Conference

Mortality Review presenters Jennifer Beloff, MSN, RN, APN-C Director, Quality Programs, Center for Clinical Excellence & Kiran Gupta, MD, Fellow, BWH.

Developed auto email program, peer review protected, to all providers who cared for a patient who died. To the best of your knowledge did the patient have...HAI, complications, issues with timelines of interventions, issues with teamwork and communication, issues with end of life. Asked to rate the preventability of the death: 0= no chance to 5= quite likely. They have identified 50 cases for review in the two years that otherwise wouldn't have been reviewed.

NAHQ Conference

BettyAnn Cyr, RN, CCM, CPHQ

I was fortunate have gone to this year's NAHQ Educational Conference in Nashville, TN with the assistance of the MAHQ conference scholarship. The conference was extremely well attended both in person and virtually. Saturday and Sunday had pre-conference sessions and an Opening Reception was held on Sunday evening. The Exhibition Hall had a variety of vendors (with



great gifts if you were lucky enough to win!), poster sessions, food and plenty of time for networking.

The Opening General Session was by Marty Makary, MD MPH where he talked about transparency and new innovations in healthcare. There were a number of session topics to choose from: Operational Excellence, Patient Safety, Patient-Centered Homes, Infection Prevention, Pharmacy Quality and Patient Experience, to name but a few. This year's speakers were very knowledgeable and passionate about their topic. The attendees all seemed to have enjoyed this conference: the quality of the speakers and the venue that was brand new and state-of-the-art. NAHQ Leaders have decided to move the fall conference to early spring so there will not be an Annual Educational Conference. The next Annual Educational Conference will be in early spring 2017. The plan is to look at how they can bring new approaches to education, professional growth and networking. There will be a National Quality Summit on April 22-24, 2015 in Philadelphia, PA and one in 2016. Information can be found on the NAHQ website at: www.nahq.org/annualconference/2014/futureconferences.html

IHI Open School Courses

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Shaun Alfreds, CEO at HealthInfonet discusses work being done around readmissions at the MAHQ Annual Fall Program

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Act (ACO). There were 3 bills that dealt with Medicaid expansion and all three failed. There were several healthcare related bills that did pass including two acts on Hospital Billing Transparency.

The final speaker of the day was Shaun Alfreds, the COO of HealthInfonet. Shaun noted the increased focus on quality and outcomes due in part to the ACO. Some of the challenges facing healthcare nationally involve the changing payment models that

are increasingly based on value but with no clear roadmap on what the system will look like. There is also a huge demand for data but in many cases, healthcare workers don't really have a clear understanding of what they need.



Maine Association for Healthcare Quality