

2017 Quality Excellence Achievement Awards
IHA Institute for Innovations in Care and Quality

Recognizing Illinois hospitals and health systems for maximizing their performance to ensure high-quality, safe and coordinated care.

Outstanding Achievement - HSHS St. John's Hospital, Springfield

Reducing Surgical Scope Repair Costs by 54% Using Lean Improvements

From June 2015 to March 2016, surgery was averaging nearly \$28,000 per month in scope repairs, and had spent over \$277,000 total in that time period. With approximately 80% of those being due to improper scope handling by OR colleagues, Sterile Processing colleagues, as well as the surgeons and residents, we knew that we had opportunity to improve. Our goal was to eliminate costs related to mishandling, and reduce our repair costs to under \$15,000/month. Through the DMAIC process and using several LEAN tools, we were able to plan and implement several changes to reach our goal; including an ongoing in-service schedule, partnership with the surgeons/residents, improved storage/transport devices, and visual demonstration campaigns for proper handling. Since implementation of our improvements, we've seen a 54 percent decrease in monthly repair cost. We are now in the control phase of this project and have sustained this performance for over a year. We continue to monitor and make adjustments to our process in the spirit of continuous improvement.

Community Partnership - Memorial Health System, Springfield

Integration of Behavioral Health Staff Improves Patient Outcomes 74% and Contributes to 13% Neighborhood Crime Reduction

Individuals with behavioral health (BH) conditions have long been plagued with issues of access to care. The combination of access and lack of appropriate screening/assessment mechanisms led the organization to adopt "Behavioral Health" as one of seven quality and patient safety improvement priorities, and initiate a portfolio of projects focused on BH integration. BH staff have been embedded in the organization's primary care provider network, local schools, and community partner specialty clinics, while medical services were embedded in the affiliate BH provider. Screening and assessment tools were integrated into the electronic health record and staff workflow, increasing screenings and services provided in schools, healthcare sites, and the adopted low-income neighborhood close to the hospital. Embedded BH staff now provide 9,418 hours of clinical service to individuals that would not have received treatment in the traditional siloed format, generating results such as a 13% reduction in police calls to the adopted neighborhood. Embedding continues to expand to other community sites and additional services have been identified and implemented in support of the patients' needs.

Patient Safety - Carle Foundation Hospital, Urbana*Chasing Zero: A Multidisciplinary Evidenced Base Approach to CLABSI Reduction and Prevention*

Central line-associated bloodstream infections (CLABSIs) continue to be one of the most severe and costly healthcare-associated infections affecting hospitalized patients. Despite nationally achieved reductions, our hospital was not experiencing the same success. In 2014, the hospital's CLABSI rate was 1.8 infections per 1,000 central line days, with a reported standardized infection ratio (SIR) of 1.95 that remained unchanged into 2015. During these timeframes, multiple sporadic CLABSI initiatives were tried but none used a multidisciplinary, bundled approach. In May of 2015, a multidisciplinary team was formed and began working on CLABSI reduction with a goal to reduce CLABSIs by 50%. PDSA methodology and an evidence-based approach were followed. Resources from professional organizations, best practice guidelines, and research were reviewed and served as foundations for conversation and planning. Both a gap analysis and event reviews were conducted identifying improvement areas for line reduction, daily care, communication, and staff accountability. Through this CLABSI improvement project, we achieved a 61% reduction in our CLABSI rate in 2016 compared to 2015.

Small and Rural OSF St. Mary Medical Center, Galesburg*Reduction of Hospital Acquired Clostridium difficile (C. diff) Rates*

In 2015, an increase in the hospital acquired C dif rate following interventions from a sentinel event was identified. Ministry wide strategy included reduction of hospital acquired C Dif Rates as a part of the Ministry Clinical Agenda. A Ministry C Dif team was initiated. Our local facility team's goal was to reduce the C dif rate from 25.8 per 10,000 patient days to Ministry's goal of 6.9 per 10,000 patient days as defined by NHSN. The implementation strategy was to pilot a C dif bundle while participating in a Ministry C Dif team. The local team began with implementation of reduction in Levaquin use in January 2015. When the C Dif rate spiked to 38.06 the team piloted an algorithm to assist with appropriate patient ID for specimen testing in November prior to the Ministry implementation. Continued efforts have reduced C Dif rates to 4.98 per 10,000 patient days through April FY17. Levaquin use has decreased by over 50%.

Tim Phillip Award for Excellence in Palliative Care - Swedish Covenant Hospital, Chicago
Implementation of an Outpatient Palliative Care Clinic as part of an Integrated Cancer Care Center

The Integrated Cancer Care Program (ICCP) provides care services to cancer patients from diagnosis through survivorship with the aim of strengthening, supporting, and successfully treating the whole person. Palliative care services through community based programs are offered as a part of the comprehensive care but were either utilized too late in the care continuum and/or the communication between the ICCP Oncologists and the providers was nonexistent or lacking. An outpatient palliative care clinic was implemented using various tools and methods including DMAIC. The clinic occurs weekly and is staffed by provider from a community based palliative care agency, the ICCP Social Worker, and an ICCP Nurse. The ICCP Social Worker facilitates referrals and patients are scheduled by the community agency. The clinic remains staffed after one year and is evaluated quarterly. Six months of data revealed that patient satisfaction scores slightly decreased for Oncologists with low referrals to the clinic, completion of advance directives increased, and those with palliative intervention show an above average number of days between last cancer treatment and time of death.