OHA Quality Programs Save Lives, Costs with Focus on Prevention, Care Transition

The Ohio Hospital Association's quality programs team collaborated with nearly 100 Ohio hospitals plus community partners from 2012 to 2016 improving hospital health care outcomes for patients and saving an estimated $8.5 billion (based on Centers for Medicare & Medicaid 2016 calculator) in costs statewide by preventing more than 1.9 million health care acquired conditions.

With support of federal contracts, OHA's health care improvement campaign focused on infection prevention and transitions of patient care projects. Participating hospitals included small, rural and critical access hospitals, urban and large teaching institutions and one long-term acute care hospital.

As the nation's first state hospital association, OHA was one of the first to focus member hospitals, staff and resources on improving health care quality. In 2015, Ohio hospitals had 32.4 million patient encounters. Those encounters comprise 24.9 million outpatient, 1.5 million inpatient and 6 million treated and released from emergency departments.

Patients traveled to Ohio for health care in 2015 from all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and numerous countries abroad.

Today, through OHA's Institute for Health Innovation, the association leverages our long-standing legacy of quality improvement strategies through statewide and regional hospital collaboratives.

Leading Data Analytics, Educational Programming for Quality Improvement

Using a robust data services and quality improvement strategies, OHA provided intensive technical assistance and various training events and learning sessions for participating hospitals, focusing on the top areas of opportunity for each hospital. OHA implemented evidence-based educational seminars for nurses, physicians and hospital administrators.

Education programs were delivered in face-to-face meetings, conference calls, seminars, conference calls, in-person trainings, webinars and live webinars.

The program targeted reductions of 40% in health care acquired conditions and 20% in readmissions.
OVERVIEW

OHA Quality Programs Save Lives, Costs with Focus on Prevention, Care Transition (CONTINUED)

systems to effectively identify and analyze key quality data metrics to provide benchmarks for progress.

PATIENTS BENEFIT FROM IMPROVEMENTS

During the campaign, participating hospitals significantly reduced probable ventilator-associated pneumonia incidents by 68 percent at their institutions by implanting the OHA-developed patient-centered infection care bundle.

The bundle included oral care that was modified to be conducted every two hours, improved maintenance of a closed circuit system, better extubation techniques (removal of the endotracheal tube), incorporating a physician intensivist on the care team to follow ventilator patients, daily rounding, and using a c-pap and bi-pap whenever feasible.

By reviewing and modifying surgical bundles, deploying modified surgical preparation solutions and ensuring appropriate dimensions of pre-op scrubs, participating hospitals reduced surgical site infections for knee, colon and hip procedures by 51 percent.

Hospitals that adjusted their pre-op and post-op cleansing with CHG-chlorhexidine gluconate wipes, conducted more hand hygiene and frequent glove changes, and altered the surgical suite traffic patterns, contributing to the reduction of these incidents.

A reduction of pressure ulcers by 59 percent was achieved through the enhancement of hospital wound teams and designation of unit skin care champions. Hospitals provided new patient beds with pressure-reducing mattresses, consulted with their respiratory therapy teams for ear and nose ulcers, implemented an improved skin assessment process upon patient admission and deployed a new shift rotation.

Participating hospitals were able to reduce falls by 43 percent. Fall intervention is a team process and appropriate communication of fall risk was necessary with transition from unit to unit or between facilities. Results showed that falls were preventable with increased rounding, patient and family education and improving response time of hospital staff to address patients’ needs.

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webinars and online, with materials developed for providers and patients. New improvement occurs through the sharing of effective practices and lessons learned promoting safety, reducing infections, improving health care quality and avoiding preventable readmissions.

Participating hospitals achieved improvement by focusing on health literacy of patients at discharge and improvement of patient education materials. Hospitals that engaged community partners to provide patient resources and services reduced readmissions. Hospitals’ engagement with pharmacists also improved readmission rates through medication instruction and reconciliation for patients.

OHA tracks, monitors and analyzes hospital data through our statewide clinical database that collects all 32.4 million annual hospital encounters. By compiling hospital specific, real-time information, OHA is able to work directly with hospitals and health
OHA Quality Programs Reduce EED, Readmissions and Improve Worker Safety (CONTINUED)

INTEGRATING WORKER, PATIENT SAFETY
OHA is leading a special project to improve safety culture, specifically focusing on integrating worker and patient safety. This project involved member hospitals that utilized worker compensation claims data to analyze four major focus areas related to worker safety: safety patient handling, injuries from lifting and moving a patient, being struck by or other injuries caused by patients, slips, trips, falls, and needle sticks and sharps incidents. Patient handling improvement included a 20 percent reduction in incidence and claims. A 40 percent increase in reporting of aggressive patient incidences was achieved.

READMISSIONS
Participating hospitals decreased preventable readmissions by focusing on health literacy for patients at discharge and through patient education materials. From 2015 to 2016 OHA worked with 68 hospitals to achieve a 33 percent reduction in 30-day all-cause, all-payer readmissions.

Hospitals' improved results by assembling staff after incidents to determine cause and improvement, if necessary.

Participating hospitals reduced sepsis at their institutions by implementing early warning system fields and processes, sepsis order sets for different departments and reports for ease of auditing were necessary for complete implementation and evaluation of the sepsis program. There was a 32 percent reduction reported in sepsis mortality among participating hospitals between 2013 and 2016.

INFANT MORTALITY—ELIMINATING EARLY ELECTIVE DELIVERIES
An early elective delivery (EED) is defined as scheduled vaginal delivery or cesarean section between 37 and 39 completed weeks of gestation.

Reducing the rate of early elective deliveries is one of the OHA Institute’s many efforts to reduce infant mortality. The hospital-led 39 Weeks is Good4Baby initiative focuses on adopting scheduling practices that align with eliminating EEDs; promoting physician accountability, transparency and discussion; and providing patient and community education.

Hospitals receive access to online resources, awareness tools and public recognition as a participating hospital.

Hospitals agree to:
• Designate a champion and compile baseline data
• Standardize the process for approving early deliveries—including consideration of “Hard Stop” policy
• Promote transparency and accountability
• Educate and engage staff and physicians
• Provide consumer and community education

Hospitals engaged community partners to provide patient resources and services to prevent readmissions. Hospitals’ engagement with pharmacists also improved rates through medication instruction and reconciliation for patients.

In the readmission health literacy assessment project, hospitals that were able to move their assessment tool to the electronic health records and add a field for the “teach back” option for discharge instruction in the EHR showed improved compliance rates and enhanced denominator abstraction for audits.

Reducing preventable readmissions allows patients to recover and return to their families and jobs more quickly. Reducing readmissions is a complex undertaking because not all readmissions can or should be prevented; indeed, some are planned as part of sound clinical care.

Hospital Readmissions Decline in Ohio

Wednesday, Sept. 21, 2016
"The rate of 30-day hospital readmissions decreased 10.6 percent from 2010 to 2015 in Ohio. Ohio tied with New York for the sixth-fastest decline in readmissions and is one of only 11 states that saw readmission decline by more than 10 percent over the past five years."

Dayton Daily News

Friday, Sept. 23, 2016
"The rate of hospital readmissions in Ohio fell dramatically over the past five years, corresponding with Affordable Care Act initiatives designed to reduce avoidable hospital stays, new federal data shows. From 2010 to 2015, the 30-day hospital readmission rate tracked by Medicare fell by 10.6 percent in Ohio, which tied with New York for sixth-fastest decline in readmissions and is one of only 11 states that saw readmission decline by more than 10 percent over the past five years, according to figures from the Centers for Medicare & Medicaid Services."
OVERVIEW

Participating Hospitals of OHA Hospital Engagement Network

Central
Berger Health System
Diley Ridge Medical Center
Fairfield Medical Center
Fayette County Memorial Hospital
Knox Community Hospital
Licking Memorial Hospital
Memorial Health
Mount Carmel East
Mount Carmel New Albany
Mount Carmel St. Ann’s
Mount Carmel West
OhioHealth Doctors Hospital
OhioHealth Dublin Methodist Hospital
OhioHealth Grady Memorial Hospital
OhioHealth Grant Medical Center
OhioHealth Riverside Methodist Hospital
The Ohio State University James Cancer Hospital

Northeast
Acuity Specialty Hospital—Ohio Valley
Affinity Medical Center
Ashtabula County Medical Center
Aultman Hospital
Aultman Orrville Hospital
Cleveland Clinic Akron General Lodi Hospital
Cleveland Clinic Akron General Medical Center
Cleveland Clinic Euclid Hospital
Cleveland Clinic Fairview Hospital
Cleveland Clinic Hillcrest Hospital
Cleveland Clinic Lutheran Hospital
Cleveland Clinic Main Campus
Cleveland Clinic Marymount Hospital
Cleveland Clinic Medina Hospital
Cleveland Clinic South Pointe Hospital
East Liverpool City Hospital
Lake Health Tripoint Medical Center
Lake Health West Medical Center
Mercy Hospital of Defiance
Mercy Medical Center
Mercy St. Anne Hospital
Mercy St. Charles Hospital
Mercy St. Rita’s Medical Center
Mercy St. Vincent Medical Center
Mercy Tiffin Hospital
Mercy Willard Hospital
MetroHealth System
OhioHealth Mansfield Hospital
OhioHealth Shelby Hospital
Pomerene Hospital
Salem Regional Medical Center
Southwest General Health Center
St. Vincent Charity Medical Center
Summa Akron City Hospital
Summa Barberton Hospital
Trumbull Memorial Hospital
Union Hospital
University Hospitals Elyria Medical Center
University Hospitals Samaritan Medical Center
Western Reserve Hospital

Northwest
Blanchard Valley Hospital
Bluffton Hospital
Bucyrus Community Hospital
Community Hospitals & Wellness Centers—Bryan Hospital
Community Hospitals & Wellness Centers—Montpelier
Community Memorial Hospital

Southeast
Belmont Community Hospital
Coshocton Regional Medical Center
East Ohio Regional Hospital
Firelands Regional Medical Center
Fisher-Titus Medical Center
Galion Community Hospital
Grand Lake Health System—Joint Township
District Memorial Hospital
Mary Rutan Hospital
Mercer Health
Mercy Allen
Mercy Regional Medical Center
Mercy St. Elizabeth Boardman Hospital
Mercy St. Elizabeth Youngstown
Mercy St. Joseph Warren Hospital
Mercy Medical Center
OhioHealth Hardin Memorial Hospital
OhioHealth Marion General Hospital
ProMedica Bay Park Hospital
ProMedica Defiance Regional Hospital
ProMedica Flower Hospital
ProMedica Fostoria Community Hospital
ProMedica Lima Memorial Health System
ProMedica Memorial Hospital
ProMedica Toledo Children’s Hospital
ProMedica Toledo Hospital
St. Luke's Hospital
The Bellevue Hospital
ValleyCare Health System of Ohio - Northside Medical Center
Van Wert County Hospital
Wood County Hospital

Southwest
Adena Greenfield Medical Center
Adena Pike Medical Center
Adena Regional Medical Center
CMH Regional Health System—Clinton Memorial Hospital
King’s Daughters Medical Center Ohio
Mercy Health Anderson
Mercy Health Clermont
Mercy Health Fairfield
Mercy Health Jewish Hospital
Mercy Memorial Hospital
Mercy Springfield Regional Medical Center
Mercy West Hospital
Mercy Lourdes Hospital (KY)
Premier Health Atrium Medical Center
Premier Health Good Samaritan Hospital
Premier Health Miami Valley Hospital
Premier Health Miami Valley South
Premier Health Upper Valley Medical Center
Southern Ohio Medical Center
The Christ Hospital
The Medical Center at Elizabeth Place
TriHealth McCullough-Hyde Memorial Hospital
UC Health West Chester Hospital
Wayne HealthCare
Wilson Health

Holzer Gallipolis
Holzer Medical Center—Jackson
Marietta Memorial Hospital
OhioHealth O’Bleness Hospital
Selby General Hospital
Moving forward, OHA is committed to the strategic priority of patient safety and quality, and to leading innovative and creative strategies to deliver the best patient experience for those treated in Ohio hospitals. OHA’s quality team will continue to work with hospitals, health care organizations and other partners to understand and deploy game changing techniques and technology to assure a vibrant, sustainable health care system and ensure a healthy Ohio.

OHA is leading a new quality improvement network for Ohio hospitals and health systems through a new 2-year (with an optional third year) contract—Hospital Improvement Innovation Network (HIIN)—from the Centers for Medicare & Medicaid Services.

Under this HIIN initiative, OHA invited all member hospitals and health systems to join the new collaborative focused on the coordination of improving health care quality and patient safety. OHA and participating hospitals will further their commitment to fostering a culture of safety and improving health care quality as part of a continuum of care.

Additionally, OHA will engage the broader health care community to develop appropriate strategies that are well-tested, evidence-based, and measured best practices. OHA also provides technical assistance to participant hospitals to ensure that methods proposed to improve health care quality are accurately implemented.

The components of OHA’s network are comprised of developing data sharing networks, developing mechanisms to support peer-to-peer training among hospitals, conducting conference calls, webinars and site visits to participating hospitals.

Through 2019, the OHA HIIN will work to achieve a 20 percent decrease in overall patient harm and a 12 percent reduction in 30-day hospital readmissions as a population-based measure (readmissions per 1,000 people) from the 2014 baseline.

### 2017 GOALS

**OHA HOSPITAL IMPROVEMENT INNOVATION NETWORK**

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<th>10% REDUCTION</th>
<th>11% REDUCTION</th>
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<td>Adverse drug events</td>
<td>Sepsis and septic shock</td>
<td>Pressure ulcers</td>
<td>Catheter association urinary tract infections</td>
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- Central line-associated bloodstream infections
- Clostridium difficile
- Falls
- Iatrogenic delirium
- Surgical site infections
- Ventilator-associated events

- Venous thromboembolism

- Sepsis and septic shock

- Pressure ulcers

- Catheter association urinary tract infections

- Venous thromboembolism
OHA Collaborates with Quality Initiatives for a Healthy Ohio

OHA’s Board of Trustees declared patient safety and quality one of the association’s three strategic initiatives. The Board’s Clinical Advisory Committee has developed a multi-faceted set of initiatives to impact change at the hospital level for the state’s most pressing issues in addition to the work carried out by the hospital engagement programs.

"The ability to have an outside observer who can objectively, without bias, view the hand hygiene practices in our facility has led us to focus on continuing improvement to become a leader in patient safety."
—Shirley Floyd, Mount Carmel St. Ann’s Hospital

"In our continued efforts to eliminate patient harm through proper hand hygiene, Memorial Health has found the OHA and its hand hygiene compliance program a valuable partner."
—Victor Triano, DO, Memorial Health System

Formed in 2015, the OHA Institute for Health Innovation combined the work of long-standing efforts of the Research and Educational Foundation and the Foundation for Healthy Communities to focus the efforts and resources of OHA to:

a. Accelerating Health Care Quality: Ohio hospitals and health systems establish and sustain a culture of safety and unrelenting quality.

b. Integrating Transition of Patient Care: Ohio hospitals will collaborate with other care providers to deliver integrated, patient-centric care.

c. Advancing Community Health: Ohio hospitals lead efforts to improve the health of their communities.

The Ohio Patient Safety Institute, founded by OHA, the Ohio State Medical Association and the Ohio Osteopathic Association, is a leader in developing and transforming health care into a reliable, safe delivery system. OPSI was designated by the Agency for Healthcare Research and Quality as a Patient Safety Organization in February 2009.

OHA is taking the lead to decrease the number of sepsis deaths in Ohio by 30 percent by the end of 2018 by increasing early recognition of the signs of sepsis and early intervention.

Sepsis is the most expensive condition to treat in the entire U.S. health care system accounting for $24 billion in annual costs, or 6.2 percent of all hospital costs. Through the first 16 months of the program, 123 hospitals have joined the initiative and achieve an 11 percent statewide reduction in sepsis mortality, saving 1,313 lives.

OHA’s hand hygiene initiative features an iPad tool designed by OHA staff to allow for same-day access to hospital compliance data. Data are unit- and provider-specific, allowing for identification of areas for focus and improvement. This product is very successful and has been implemented with OHA’s quality program efforts to improve health care quality.

OHA launched the Good4Baby initiative in April 2014 to impact change at the hospital level and to support member hospitals working in their local communities to address Ohio’s infant mortality crisis.

The key initiatives deployed are safe sleep education, elimination of early elective deliveries and promotion of breastfeeding. Eighty-five percent of Ohio’s maternity are hospitals participating in at least one of the initiatives.

OHA partnered with Battelle to launch WayFinder, an advanced analytics tool that helps hospitals identify preventable adverse events and readmissions.

Through predictive modeling, WayFinder software allows hospitals to evaluate their performance on the Agency for Healthcare Research and Quality Patient Safety and Quality Indicator scores up to 21 months sooner than previously available.