

Part II: Quality Issues

A. Organizational leadership at Harrison Memorial Hospital (HMH) begins at the top with its Governing Board by setting the tone for promoting quality. The message for all HMH employees is that performance improvement is not optional. Higher-reliable excellence in all care and service is a must for every patient served.

- 1) Quality is defined by HMH as a positive patient outcome achieved in a safe, patient-centered environment provided in a timely, efficient and cost-effective manner. In essence, quality is: “Doing the Right Thing Well the First Time.”
- 2) HMH’s role is to exist for the purpose of providing high quality health and medical care to all the people of central Kentucky within the hospital’s capabilities and its resources. In fulfilling our mission, HMH strives for excellence in the:
 - Quality of care delivered,
 - Safety and security offered to patients during their care,
 - Coordination and provision of access to health care services.

HMH’s vision is “to be the hospital of choice by the people it serves”.

HMH integrates the promotion of quality by identifying how to achieve quality through our core values of:

- Continual pursuit of excellence and innovation through integrity, honesty, fairness and ethical behavior in all that is done.
- Expected contribution of each employee through teamwork, cooperation and flexibility in achieving their mission.
- Respecting the right of each patient to choose the type and extent of their health care by providing continuous caring and sensitivity in all patient interactions.

Leadership works together to continuously improve quality by facilitating the efforts of the board of directors, medical staff, quality council and professional service staff to demonstrate endeavors to deliver safe, effective, optimal patient care in an environment of minimal risk.

- As patient care is coordinated in a collaborative effort, the approach to improving quality involves multiple departments and disciplines in establishing the plans, processes and mechanisms that comprise the quality improvement activities at HMH.
 - The organization receives support and approval from the Governing Board in its efforts to monitor every aspect of patient care and delivery of health care services.
- 3) HMH leadership engages its employees, staff and its patients (and families) in setting clearly defined quality goals by leading-by-example working along side staff and patients to continuously and systematically plan, design, assess and implement changes to:
 - improve performance of critical focus areas,
 - improve health care outcomes and
 - reduce and prevent unanticipated adverse events and/or unanticipated outcomes.

The Medical Staff functions as a committee of the whole, serving as the executive function. The committee meets monthly to fulfill accountability to the Governing Board for the quality of care and service provided to patients. This is a decision making body that ensures that reasonable steps are in place to facilitate ethical conduct, patient safety and competent clinical performance.

- The Medical Staff works collaboratively with the hospital services and departments in providing the best possible experience for patient care at HMH.

B. Our organization openly supports staff and employee efforts to achieve quality goals.

1) HMH employees and clinical/medical staff are trained in principles and practice of effective teamwork, communication and relationship management.

- Clinical nursing as well as all other clinical ancillary staff have initial training in general orientation. Further enhancement of training is provided throughout the unit specific orientation by their preceptor and manager. Periodic training is established through webinars off-site training
- Medical staff training is provided monthly at the HMH medical staff committee. Medical staff members are identified as leaders in many of our inter-disciplinary teams; i.e. clinical excellence and the quality council.

HMH continuously evaluates the effectiveness of training by performance appraisals, evaluations and at reappointment.

- Employees and clinical staff are evaluated annually on six (6) key concepts which support the hospital's mission. They are:
 - Customer Service
 - Communication
 - Teamwork
 - Quality Improvement/Innovation
 - Self Management/Integrity
 - Compliance/Code of Conduct
- Medical staff has ongoing performance assessment and shared best practices. as demonstrated by peers.

2) Personal accountability for job performance is balanced in personal understanding of the causes of harm and errors at HMH. It is based on an analytical systems approach and is demonstrated through a non-punitive just culture and a neutral non-judgmental approach to root cause analysis.

- Employees are invited to participate in a root cause analysis by their manager, director and risk manager so as to identify changes in processes that would lead to better outcomes. Employees are asked to voluntarily explain what happened and to discuss what could have been done to prevent undesirable results. Questions posed are open-ended, non-disparaging but unbiased and inquisitive.
- HMH promotes a non-punitive reporting culture, where clinical staff and medical staff contribute to the success of quality and safety.

- 3) The perceptions of employees, clinical and medical staff on quality and culture of safety are assessed yearly through:
 - *Hospital Survey on Patient Safety Culture (HSOPS)* conducted every two years. Kentucky *HSOPS*.
- 4) Employees satisfaction with the hospital work environment and the care provided to patients is assessed yearly through:
 - *Best Places to Work Survey* centers on role satisfaction and employee perception of leadership within the hospital organization. In 2014, HMH was named a top Kentucky “Best Places to Work” company for a fourth year in a row.
 - Medical staff satisfaction is assessed through one-on-one daily contacts and monthly at medical staff meetings. Care provided to their patients is an ongoing formal assessment by random survey with reports by Press Ganey. Patient care is assessed through patient response cards, peer review and multidisciplinary meetings.

C. Process Improvement

Process Improvement for Reducing Readmissions at HMH 2013-2014

- The Affordable Care Act (ACA) established a readmissions reduction program to decrease hospital readmissions within 30 days of discharge (CMS, 2013).
- This program requires the Centers for Medicare and Medicaid Services (CMS) to penalize facilities with excess readmissions by withholding up to 2% of their reimbursement (CMS, 2013).
- Harrison Memorial Hospital (HMH) has been penalized for excess readmissions resulting in a substantial financial loss.
- Discharge teaching and failure to identify patients at high risk for readmission have been determined to contribute to the high readmission rate.

Background

- Currently 20% of Medicare patients are readmitted to a hospital within 30 days of discharge (ACEP, 2013). This number is considered excessive by CMS (ACEP, 2013).
- CMS believes that readmissions are a direct indicator of quality of care provided (ACEP, 2013).
- CMS (2013) states that facilities with excess readmissions were penalized with a 1% reduction in reimbursement in 2013 and the penalty will increase to 2% in 2014.
- The readmission reduction program applies to acute myocardial infarction, congestive heart failure, and pneumonia patients only (CMS, 2013).
- In 2015, CMS (2013) states the program will expand to include chronic obstructive pulmonary disease (COPD), elective total hip arthroplasty (THA), and total knee arthroplasty (TKA).
- The readmission penalty will increase to 3% in 2015 (CMS, 2013).
- HMH must improve their discharge process to prevent further loss of revenue.
- A 3% reduction in reimbursement from CMS could prevent I-IMH from remaining an independent community hospital.

How can nurses help decrease readmissions?

- Nurses have the ability to improve patient outcomes by providing an optimal discharge experience
- Discharge teaching is the key to reducing readmissions
- Evidence shows utilizing the teach-back method ensures patients understand their discharge instructions.

- Improving discharge teaching with the teach-back method will result in fewer readmissions.
- Nurses impact the overall patient experience--from admission to discharge.
- This project utilized the teach-back method of discharge education and implementation of a high risk for readmission checklist to decrease readmission rates.
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What is teach-back?

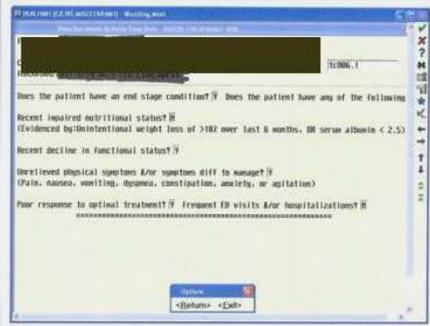
- Communication strategy used to evaluate learning.
- Once education is provided, the educator asks the learner to teach back what they were just taught.
- Gaps in knowledge are identified and further instruction provided.
- Teach Back Example:
 - **Educator:** "Mrs. Jones, the doctor has increased your Lasix which is your fluid pill to 40mg twice a day. Can you tell me how you will take your Lasix tomorrow?"
 - **Learner:** "The doctor increased my fluid pill or Lasix, Tomorrow I will start taking 40mg of Lasix twice a day. I will take one pill at breakfast and another at dinner."

Readmission Checklist

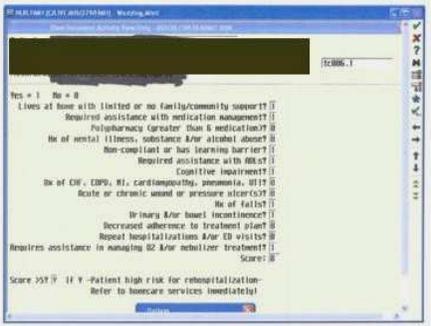
- Home health services can also be utilized to decrease readmissions.
- Patients that are high risk for readmission should be referred to home health or hospice services.
- A high risk for readmission checklist has been developed and entered into the Meditech system to be completed at admission on all patients.

Readmission Checklist

Readmission Checklist



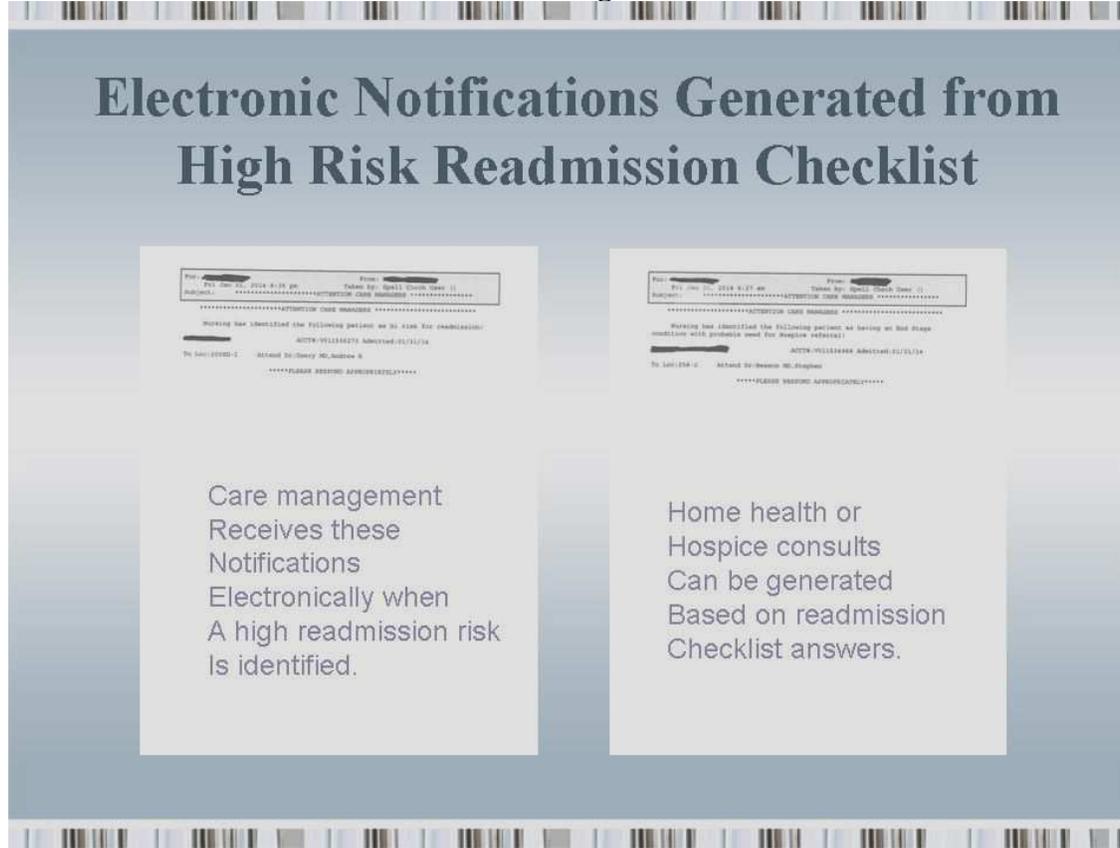
The admitting nurse will Complete this electronic Checklist to identify Patients high risk for readmission.



Hospice and Home health Referrals will be generated Through completion of this checklist..

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Electronic Notifications Generated from High Risk Readmission Checklist



Financial Considerations

- Utilization of existing electronic systems for checklist implementation has ensured costs were kept minimal. Development of the high risk for readmission checklist utilized the greatest amount of human resources.
- Existing computers were utilized in the project and no additional material resources were required.
- All staff were trained during normal working hours so training costs were minimal.

External Influencing Factors

- HMH is accredited by The Joint Commission.
- The Joint Commission requires many components to be met at discharge to ensure patient safety and quality care are provided (The Joint Commission, 2012).
- Joint Commission mandates must be considerations when changes to the discharge process are made.
- CMS (2013) will penalize facilities will excess readmissions. In 2014, this penalty will be 2% (CMS, 2013).
- This penalty was established through the Affordable Care Act (ACA), therefore the ACA is a influencing factor.

Impact and Value of Reducing Readmissions at HMH

- Ensure patients receive optimal discharge instructions.
- Provide patients with tools needed to manage their care at home.
- Arrange home care services for high risk patients.
- Improve customer service and quality of care to patients.

- Prevent loss of 2% of CMS reimbursement by avoiding the excess readmission penalty in 2014.

Project Progress

- Teach-back training developed and training completed.
- High risk for readmission electronic checklist developed and implemented.
- Care Management is notified electronically of high risk patients which are being evaluated for home care services.
- Baseline Readmission rates were obtained for 2012 and 2013.
- Concurrent monitoring of readmission rates is being communicated to inpatient units.
- Teach-back effectiveness was confirmed by RN follow-up calls.
- Tracking and comparing readmission rates is in progress.

Sustainability

- All new nurses must be trained on the teach-back method of patient education.
- High risk for readmission checklist must continue to be utilized on admission for all patients.
- Patients determined to be high risk for readmission must continue to be evaluated for home care services. Readmission rates must be tracked and communicated back to inpatient units.

