

Kentucky Hospital Association Quality Award
2014 Application

Hospital Name: Saint Joseph Martin
Application Contact: Billie Turner
Title of Contact: VP of Patient Care/CNO
Street Address: 11203 Main Street
City, State, Zip Code: Martin, KY 41649
E-Mail Address: BillieTurner@catholichealth.net
Phone Number: 606-285-6402 Fax : 606-285-6409

The following should be read and signed by the hospital CEO.

This award seeks to increase understanding of the value of organizational focus and commitment to achieving optimal outcomes. Hospitals are urged to consider participation in the awards process both as recognition of their quality improvement and patient safety efforts and to assess their progress in creating an environment focused on safety and effectiveness.

All applications for the award become the property of the Kentucky Hospital Association. Descriptions of winning programs may be published by the Kentucky Hospital Association in an aim to increase awareness of the need for an organization-wide commitment to quality improvement and patient safety. Program contacts may be asked to provide additional information.

I certify that the information in this application is accurate and consent to the use of submitted information by KHA in publications or for the purposes of promoting exceptional quality in the delivery of care by Kentucky hospitals.

Signature Kathy Stumbo Date 3/24/14
Title President

Part I: ORGANIZATIONAL Demographic Information

1) Quality Award category:

- Critical Access Hospital
- < 100 Acute Beds
- 100 to 250 Acute Beds
- > 250 Acute Beds
- Psychiatric
- Physical Rehabilitation or Long-Term Acute Care

2) Medicare designation:

- Urban
- Rural

SERVICE DEMOGRAPHIC INFORMATION: Please provide an estimation

1) Population Demographics of the Community Served

- 22% <21 years of age
- 28% ≥ 21 years of age but less than age 40
- 34.2% ≥ 40 years of age, but less than age 65
- 15.8% ≥ 65 years of age

2) Population Diversity Demographics of the Community Served

**A. 98.2% Caucasian 0.6% Latino/Hispanic 0.9% African-American
 0.2% Asian 0.8% Other (please list major groups)**

**B. 99.2% English as primary language
 0.8% Non-native English speaker
 % Little or no English (requiring interpreter)**

3) Patient Insurance Demographics of the Community Served

**19%% With private insurance
37%% With Medicare
N/A% With Medicare and supplemental insurance
21% Medicaid or other public assistance
23% No coverage**

Part II: Quality Issues

Part II-A: What role does organizational leadership (governance, clinical leadership, administration) play in defining and promoting quality health care in your organization?

1). The specific definition of “quality” used by your organization

Saint Joseph Martin (SJM) defines quality as safe efficient patient care that produces positive patient outcomes. The first step to achieving safe and efficient healthcare outcomes is fact based clinical evidence, good communication, and shared decision making. The second step is to provide a healthcare system that delivers timely diagnosis and disease state recognition, person-centered care, safe, efficient practice management work flows, effective care team coordination, and patient cooperation to adherence and compliance of treatments. This holistic approach to patient care provides a framework for producing improved desired health outcomes.

2). How leadership works together and uses the organizations definition of quality in conjunction with the organization’s mission and vision to set quality goals

SJM is a part of KentuckyOne Health. Our organization has identified itself as a comprehensive health system strengthened by our Catholic, Jewish, and academic heritages and inspired by our shared values. Our purpose is to bring wellness, healing and hope to all, including the underserved. Our future is to transform the health of communities, care delivery and health care professions so that individuals and families can enjoy the best of health and wellbeing.

Safety and quality are directly related to our values of Reverence, Integrity, Compassion, and Excellence. We strive to respect those we serve and those who serve by doing the right things in the right way for the right reason. We provide excellent and compassionate care by sharing the joys and sorrows of others and living up to the highest standards of quality care.

Using these principals our leadership team works together to set quality goals that provide safe, timely, effective, efficient, equitable, and person-centered care for the patients of our community.

SJM has an organizational structure in place that provides input to the performance improvement team prioritization process.

3). How organizational leadership engages the organization’s employees, clinical/medical staff, and patients and families in setting goals, evaluating progress, and implementing changes to achieve the defined goals.

SJM develops quality goals from departmental improvement monitoring, comparative data base information, Joint Commission and IHI initiatives and standards, the patient population we serve, high risk, problem areas, and high volume services. Patient and family members have opportunities to provide input through our Healthstream satisfaction surveys and the SJM Patient Family Advisory Council.

Employee input is crucial and is obtained through patient safety surveys, employee satisfaction surveys, committee memberships, and performance improvement projects.

SJM's Medical Executive Committee (MEC) is the decision making body for the medical staff. All the performance improvement projects, safety information, and quality reports are approved here. In return the MEC makes reports and recommendations to the KentuckyOne Health Quality Council. One member or more of the MEC serves as a member of the KentuckyOne Health Quality Council.

Information is gathered from clinical services within SJM to identify the projects with the highest impact on quality patient care and safety. These projects are presented to the MEC for final approval. Progress on these projects is monitored at least quarterly.

Part II-B: How does your organization support staff and employee efforts to achieve quality goals?

SJM considers it a strategic imperative to recognize all employees as partners in fulfilling our health ministry. To effectively meet our quality goals every link in the chain: executive leadership, middle management, employees and physician partners – must be involved in the pursuit of quality patient care services and healthy communities.

1. How employees and clinical/medical staff are trained in principles and practice of effective teamwork, communication, relationship management, and how the organization continually evaluates the effectiveness of such training:

Training/Education:

- All new employees attend a program entitled "Our Values at Work" which emphasizes expectations related to organizational mission, vision and values, as well as customer service standards and behaviors.
- A Customer Service Excellence program was initiated in September 2009 including:
 - Customer service standards and behaviors
 - Scripts
 - Service recovery
 - Service Excellence Employee Recognition Program
 - Managements' commitment to customer satisfaction
 - Opportunities for brainstorming/action planning
- All staff members receive training at least annually on: performance improvement, risk management, safety, values and customer service standards.
- All medical staff members and clinical staff receive annual training on IHI initiatives and the Joint Commission Patient Safety Standards.
- The effectiveness of training efforts are evaluated through annual performance reviews, patient satisfaction results, quality outcomes, employee satisfaction and turnover.

2. How personal accountability for job performance is balanced with understanding the causes of harm and errors based on an analytical systems approach:

- Our Patient Safety Plan addresses personal accountability and understanding causes of harm and errors through the use of incident reports for tracking and

trending, a failure mode effects analysis (FMEA) to proactively look at high risk areas, and root cause analysis (RCA) to look at near misses or sentinel events.

The plan consists of:

- Recognition and acknowledgement of risks to patient safety and medical/health errors
- Internal reporting of what has been found and actions taken;
- Focus on processes and systems
- Minimization of individual blame or retribution for involvement in a medical health error
- Organizational learning about medical/health errors
- Support of the sharing of knowledge to effect behavioral changes
- Designation of a patient safety officer

3. How and with what frequency your organization assesses employee and clinical/medical staff perceptions of the quality and safety culture within your organization:

- Employee and Medical Staff survey on perceptions of quality and safety are completed biannually through the Association for healthcare Quality and Research..

4. How and with what frequency your organization assesses employee and medical staff satisfaction with the hospital work environment and the care provided to patients:

- The HealthStream Organization completes Medical Staff satisfaction surveys and employee satisfaction surveys annually.
- We celebrated high marks on the employee satisfaction survey for 2013, scoring in the 98th percentile for Leadership effectiveness, 96th percentile for Employee engagement, and 98th percentile for High Performance Culture.

Part II-C: Describe one clinical or non-clinical hospital process improvement, patient care initiative, or innovative change project.

A clinical patient care initiative and hospital process improvement initiative that was implemented was the development and implementation of a patient safety program called "Safety First".

In 2013 Saint Joseph Martin (SJM) began participating with other KYOne Health facilities in the Catholic Health Initiatives (CHI) model safety program entitled "Safety First". The initiative was developed and introduced throughout CHI as a strategic priority designed to reduce/eliminate harm to patients by creating a highly reliable organization. At SJM, Safety First was a major initiative to change our organization into one that always puts patient safety first and reduce the number of safety events each year in order to reach the overall strategic goal of zero events by 2020.

To reach the goal at SJM, a multidisciplinary team consisting of Quality/Risk, Physicians, Nurses, Ancillary Service personnel, and Executive Leadership was established to focus on the following tasks:

- Complete an assessment of the current safety climate using a safety culture survey tool
- Calculate the serious safety event baseline rate
- Complete a common cause analysis of past safety events
- Introduce safety techniques at all levels of the organization

The team began meeting weekly to review all reported patient incidents and complete a common cause analysis to determine any related trends that needed to be addressed. Upon completion of the common cause analysis the following goals were established:

- Complete training in high reliability and safety techniques/behaviors for a minimum of 80% of employees and 90% of the medical staff
- Begin a "Safety Coach" program with at least one trained coach for each unit/department
- Increase the number of days between serious safety events by 30 days
- Decrease the number of patient falls by 20%

Following assessment and the establishment of the goals, the following actions were taken:

- Developed and implemented safety training for all employees and the medical staff
- Completed root cause analysis training for all clinical leadership
- Developed visual aids for patient rooms to alert all staff to bed alarm usage in fall risk patients
- Began weekly audits of bed alarm usage
- Revised "ticket to ride" process for interdepartmental transfers
- Implemented daily safety huddles in all departments
- Established safety boards in all departments
- Implemented leadership rounding tracking mechanism
- Implemented a "safety coach" program

Process improvements and educational programs began in March of 2013 with the completion of the AHRQ culture of safety survey. All education and training was completed by December 2013. Safety summits were held quarterly to reinforce training and safety behaviors.

Goals were monitored for progress and improvements. The first quarter of fiscal year 2014 (July through September 2013) was used as a baseline for improvement. By March 2014, the following results were obtained:

- 83% of employees and 100% of the medical staff were trained in high reliability and safety techniques
- Eleven safety coaches were trained and active in each department
- The average number of days between safety events increased from 28 to 109, an increase of 81 days.

- Patient falls decreased from 17 to 11 for a 36% reduction from the same period the prior year.

The project was very significant for SJM and the community we serve. Studies show that serious safety events occur in hospitals on average every eight days. By implementing this major initiative and increasing our average number of days between serious events by nearly 200%, we have created a culture of safety in our organization and have become an organization that always puts patient safety first. We have created a safer environment for the care of our patients and the community we serve.

