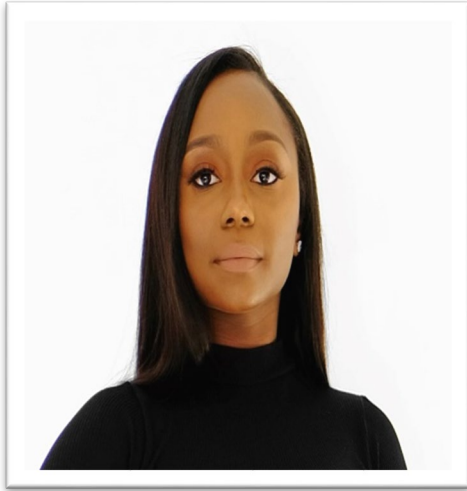


HQIC Community of Practice Call

Patient Safety Culture and Leadership: Reducing All Cause Harm and Achieving a Five-Star Rating

November 10, 2022

Introduction



Welcome!

Shatterra Smith

Social Science Research Analyst
Division of Quality Improvement Innovation
Models Testing
iQuality Improvement and Innovations Group
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services

Agenda

- Introduction
- Today's topic
 - Patient Safety Culture and Leadership: Reducing All Cause Harm and Achieving a Five-Star Rating

Presenters:

- Charisse Coulombe
Director, Hospital Quality Initiatives
Iowa Healthcare Collaborative
- Zachary Johnson
Director of Risk, Compliance & Quality
Memorial Regional Health
- George Harrison, Chief Medical Officer
Tamara NeSmith, Vice President - Quality
Fairview Park Hospital

Panelist Facilitator:

- Lynda Martin
Senior Director Patient Safety
Qlarant

- Open discussion
- Closing remarks

As You Listen, Ponder...

- What impactful actions can you take as a result of the information shared today?
- How are you able to increase engagement within your facilities to ensure a true change in patient safety?
- Based on what you heard today, what activities do you currently have underway that can leverage immediate action over the next 30, 60 or 90 days?

Meet Your Speakers and Panelist Facilitator



Charisse Coulombe, MS, MBA, CPHQ, CPPS
Director, Hospital
Quality Initiatives
IHC Compass HQIC



Zachary Johnson, BSEP, MSPT, MBA
Director of Risk, Compliance &
Quality
Memorial Regional Health
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George E. Harrison, MD, MMM
Chief Medical Officer
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Lynda Martin, MPA, BSN, RN, CPHQ
Senior Director
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IQUALITY IMPROVEMENT & INNOVATION GROUP

Patient Safety Culture and Leadership: Reducing All Cause Harm and Achieving a Five-Star Rating

Charisse Coulombe, MS, MBA, CPHQ, CPPS

Director, Hospital Quality Initiatives

Iowa Healthcare Collaborative

Preventing All Cause Harm

- Significant numbers of patients admitted to United States hospitals experience some form of harm during their hospital stay.
- Studies demonstrate that the percentage of patients harmed is much larger than previously reported in the Institute of Medicine (IOM) report *To Err Is Human: Building a Safer Health System*, which estimated that 44,000 to 98,000 people died in hospitals every year as a result of preventable medical errors.
- In 2013, James suggested that preventable harm may lead to as many as 440,000 deaths and more than 6 million injuries per year

References:

Institute of Medicine (US) Committee on Quality of Health Care in America; Kohn LT, Corridan JM, Donaldson MS. *To Err is Human: Building a Safer Health System*. Washington DC: National Academies Press; 2000

James JT. A new evidence based estimate of patient harms associated with hospital care. *Journal Patient Safety* 2013; 9:122-128

<https://oig.hhs.gov/oei/reports/oei-06-09-00090.pdf> (PDF)

Adopting a Patient Safety Culture



Reference:

<https://www.ahrq.gov/sops/about/patient-safety-culture.html> (Link)

Background for Centers for Medicare and Medicaid Services (CMS) Care Compare/Star Ratings

- CMS came up with a way for consumers/patients/families to determine how the quality of care was being provided at their facility.
- Previously, hospitals were rated on a CMS website called Hospital Compare. Nursing Homes were rated on a CMS website called Nursing Home Compare. Physicians were rated on a CMS website called Physician Compare.
- CMS created the Care Compare website to make the information for hospitals, nursing homes and physicians easier for the consumer/patients/families to access and compare.

References:

<https://www.cms.gov/newsroom/fact-sheets/first-release-overall-hospital-quality-star-rating-hospital-compare> (Link)

<https://data.cms.gov/provider-data/topics/hospitals/overall-hospital-quality-star-rating/> (Link)



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■ Kentucky Hospital Association
■ Q3 Health Innovation Partners
■ Superior Health Quality Alliance



Background

- In 2016, CMS released the first Care Compare website and methodology, making it easier for consumers to compare hospitals and interpret complex quality information.
- In 2020, CMS updated the Hospital Overall Quality Star Ratings methodology with the goal of making hospital ratings more transparent, equitable, stable and predictable.
- In July 2022, CMS released updated Hospital Overall Quality Star Ratings.

References:

<https://www.cms.gov/newsroom/fact-sheets/first-release-overall-hospital-quality-star-rating-hospital-compare> (Link)

<https://data.cms.gov/provider-data/topics/hospitals/overall-hospital-quality-star-rating/> (Link)

Background

- The Overall Hospital Quality Star Rating summarizes a variety of measures across five areas of quality into a single star rating for each hospital.
- Once reporting thresholds are met, a hospital's Overall Star Rating is calculated using only those measures for which data are available. Hospitals report data to CMS through the Hospital Inpatient Quality Reporting (IQR) Program, Hospital Outpatient Quality Reporting (OQR) Program, Hospital Readmission Reduction Program (HRRP), Hospital-Acquired Condition (HAC) Reduction Program and Hospital Value-Based Purchasing (VBP) Program.
- Overall Star Ratings aren't calculated for Veterans Health Administration (VHA) or Department of Defense (DoD) hospitals.

Reference: <https://data.cms.gov/provider-data/topics/hospitals/overall-hospital-quality-star-rating>

Five Areas of Quality

Measure Group	Number of measures in calculation	Weight used in calculation
Mortality (e.g. Death rate for pneumonia patients)	7	22%
Safety of Care (e.g. Central line-associated bloodstream infections (CLABSI))	8	22%
Readmissions (e.g. Rate of readmission after hip/knee surgery)	11	22%
Patient Experience (e.g. Patients who reported that they received help as soon as they wanted)	8	22%
Timely and Effective Care (e.g. Percentage of patients who left the emergency department before being seen)	13	12%

Reference: <https://data.cms.gov/provider-data/topics/hospitals/overall-hospital-quality-star-rating/> (Link)

Care Compare in Action

← → ↻ medicare.gov/care-compare/

MY LOCATION *

Round Lake, IL 60073

PROVIDER TYPE *

Hospitals ▼


NAME & TYPE (optional)


Facility name or type


Search


[Show search history](#)


Or, select a provider type to learn more:



Doctors & clinicians



Hospitals



Nursing homes including
rehab services


Home health services


Hospice care


Inpatient rehabilitation
facilities


Long-term care hospitals


Dialysis facilities

Looking for medical supplies and equipment? [Visit the Supplier Directory](#)


What's New?

Feedback

Care Compare in Action

← → × medicare.gov/care-compare/results?searchType=Hospital&page=1&city=Round%20Lake&state=IL&zipcode=60073&radius=25&sort=closest&tealiumEventAction=Landing%20Page%... ☆ ⚙ □ ⓘ

Filter by: Distance: 25 mi ▾ Overall star rating ▾ Patient survey rating ▾ Emergency services ▾ Hospital type ▾ Affiliated doctors & clinicians ▾ [Clear all filters](#)

1. Advocate Condell Medical Center 

9 mi

ACUTE CARE HOSPITALS


801 S Milwaukee Ave
Libertyville, IL 60048
(847) 362-2900


Overall star rating

★★★★☆

Patient survey rating

★★★★☆

Compare 

2. Northwestern Medicine McHenry 

9.7 mi

ACUTE CARE HOSPITALS


4201 Medical Center Drive
McHenry, IL 60050
(815) 344-5000

Overall star rating

★★★★★

Patient survey rating

★★★★☆

Compare 

3. Lake Behavioral Hospital

11.6 mi

PSYCHIATRIC


2615 W Washington St
Waukegan, IL 60085
(847) 249-3900

Overall star rating

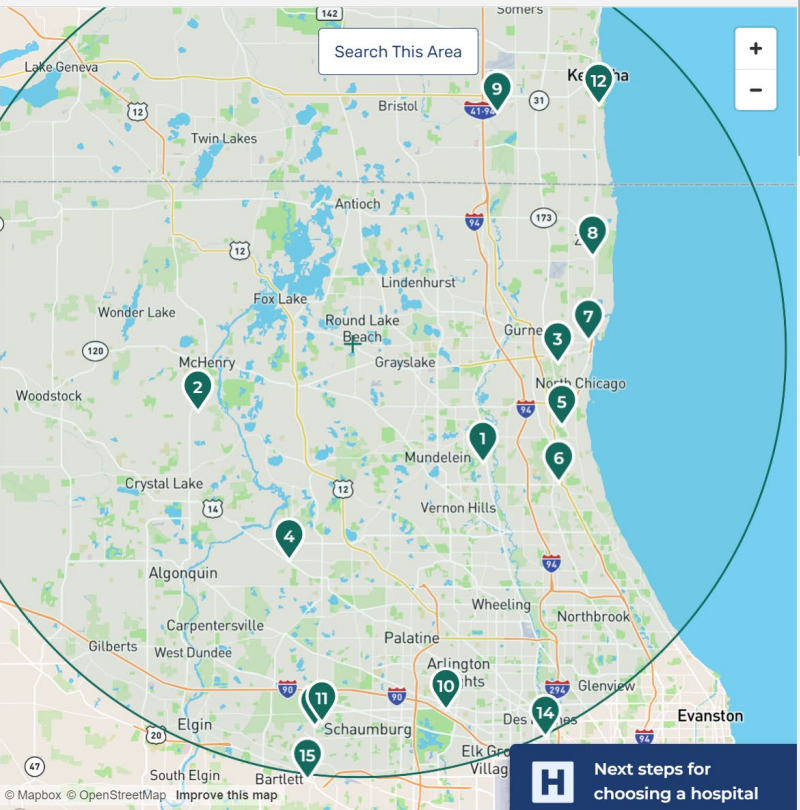
Not available ¹⁹

Patient survey rating


Not available ¹⁹

Compare 

Search This Area




Next steps for choosing a hospital



Care Compare in Action

← → ↻ medicare.gov/care-compare/results?searchType=Hospital&page=1&city=Round%20Lake&state=IL&zipcode=60073&radius=25&providerRating_overall=5&sort=closest

Filter by: Distance: 25 mi ▾ Overall star rating: 5 stars ▾ Patient survey rating ▾ Emergency services ▾ Hospital type ▾ Affiliated doctors & clinicians ▾ [Clear all filters](#)

1. **Northwestern Medicine McHenry** 


9.7 mi


ACUTE CARE HOSPITALS

4201 Medical Center Drive
McHenry, IL 60050
(815) 344-5000

Overall star rating
★★★★★

Patient survey rating
★★★★☆

Compare 

2. **Advocate Good Shepherd Hospital** 


11.8 mi


ACUTE CARE HOSPITALS

450 West Highway 22
Barrington, IL 60010
(847) 381-9600

Overall star rating
★★★★★

Patient survey rating
★★★★☆

Compare 

3. **Aurora Medical Center Kenosha** 


17 mi

ACUTE CARE HOSPITALS

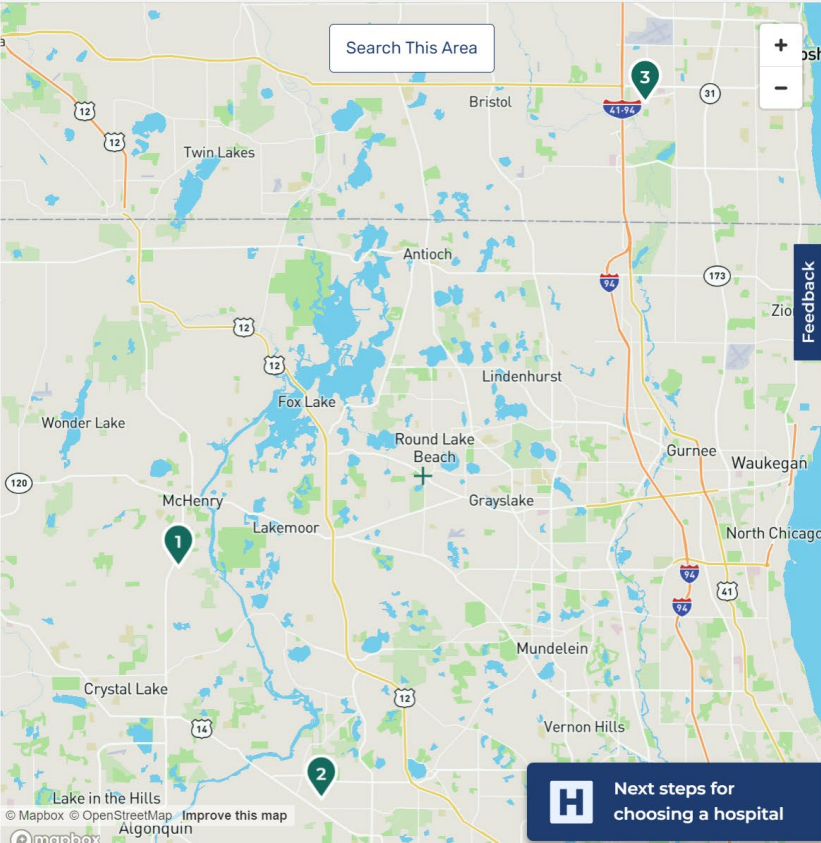
10400 75th St
Kenosha, WI 53142
(262) 948-5600

Overall star rating
★★★★★


Patient survey rating
★★★★☆

Compare 

Search This Area



Feedback

 Next steps for choosing a hospital

National Distribution of Overall Star Ratings

Overall rating	Number of hospitals (N=4,586, %)
1 star	198 (6.34%)
2 stars	702 (22.49%)
3 stars	895 (28.68%)
4 stars	895 (28.68%)
5 stars	431 (13.81%)
N/A	1,368 (30.47%)

Updated July 2022

Reference: <https://data.cms.gov/provider-data/topics/hospitals/overall-hospital-quality-star-rating/> (Link)

Summary

- This presentation will showcase how a hospital embedded their patient safety culture across departments and created their quality dashboard that mirrors dimensions of the CMS Hospital 5 Star Ratings.
- In addition, a hospital group will discuss how their hospital reached a CMS Hospital 5 Star Rating based on safety across the board, daily leadership huddles and driving accountability.
- A panel discussion will be held at the end of our time together to answer any questions you may have.

Journey to Becoming a Four - Star Hospital

Zachary Johnson, BSEP, MSPT, MBA
Memorial Regional Health
Craig, CO



Memorial Regional Health

- Located in Craig, Colorado
- 25-bed Critical Access Hospital
- Services provided
 - Inpatient/Emergency
 - Multi-specialty clinic
 - Rehabilitation
 - Primary care
 - Skilled nursing



Goals

- Prevent hospital acquired infections and injuries
- Prevent hospital readmissions
- Increase HCAHPs scores and patient satisfaction
- Improve CMS Quality Rating- Become a four-star hospital!
 - Four-star quality rating requirements



MRHs look into Readmissions

- 2019 – Readmissions were at 18.1%; goal of reducing 2.5% in 2020 (15.6%)
 - We tasked Utilization Review to discuss all readmissions
 - We asked Pop Health if they could assist with frequent users of ED and Hospital
- 2020 – Goal 15.6%; we were at 15.9%; discussion for 2021 = decrease by 1.0%
- 2021 – Goal 15.5%; we were at 15.7%; discussion for 2022 = decrease by 0.5%
- 2022 – Goal 15.0%; we were at 14.8%; we are discussing our goal for 2023 now
 - Considering decreasing by 0.5%
- 2023 – Goal 14.3%...

Strategy

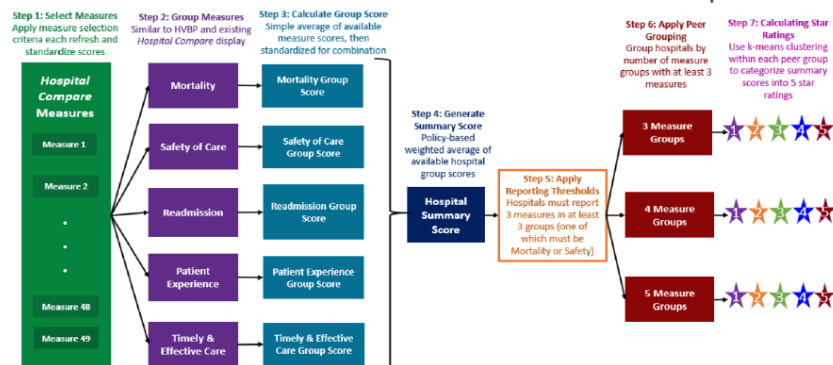
- Implement quality dashboard
 - Updated quarterly
 - Analyze data to determine interventions (ex. Patient satisfaction rounding conducted 5 days/wk to improve HCAHPs scores)
 - Share dashboard and progress with executive leadership and frontline staff
- Current progress
 - Limited data
 - Achieving hospital goals for patient safety and satisfaction, consistent with four-star rating

Quality Dashboard

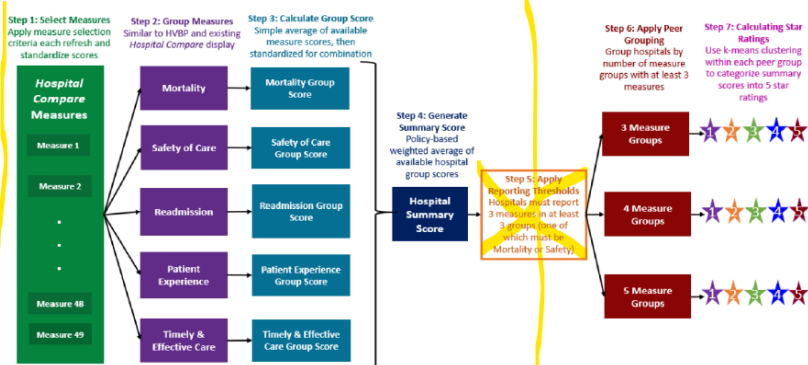
As of: 10/25/2022	★★★★●●	QAPI Quality & Performance Improvement				Q Indicator Status - Compare to Benchmark		
						Below Benchmark	Met Benchmark	Above Benchmark
Claims-based Data Updated annually	Currently Reported through	2022						Responsible for reporting
Readmission Data	12/1/2020	1st qtr	2nd qtr	3rd qtr	4th qtr	Benchmark		Goal
30 day Readmission Heart Failure	Number of cases too small					21.9%	US	↓
30 day Readmission Pneumonia	Number of cases too small					16.7%	US	↓
30 day Readmission COPD	19.3%*					19.8%	US	↓
30 day Readmission Hospital	14.8%					15.0%	US	↓

Suggestion

Acute Care Hospitals



Critical Access Hospitals (CAH)



Insert Step 1: Separate CAHs and Acute care hospitals

Remove or reduce the minimum reporting thresholds for CAHs.

- Minimum of three measures from at least three Group Measures
- Minimum reporting threshold for Infection data

*** Allow the consumer to compare Acute Care Hospitals with similarly resourced Acute Care Hospitals and CAHs with similarly resourced CAHs ***

Patient Safety Culture and Leadership: Reducing All Cause Harm and Achieving a Five-Star Rating

George E. Harrison, MD, MMM

Chief Medical Officer

Tamara NeSmith, RN, MSN, CPPS

Vice President - Quality

Fairview Park Hospital

Fairview Park Hospital

- Fairview Park Hospital is a 190-bed, acute care facility located in Dublin, GA
- Received Five Star Rating from CMS in 2022
- Named a Top Rural Hospital nationally by The Leapfrog Group in 2021
- Dublin, GA is known for their annual St. Patrick's festival



2018.....Our History

- CMS Successful Measures
 - Mortality and Complications
 - Readmissions
 - Care Experience (HCAHPS)
 - Timely and Effective Care
- CMS Unsuccessful Measure
 - Safety of Care

2018.....Our History

- Ineffective Quality Program
 - Disconnect between Quality Department and front line staff
 - Poor quality evaluation processes
 - Quality agenda was not chiefly communicated or prioritized
- Several Patient Safety Occurrences
 - Sentinel events
 - Serious adverse events
 - High patient fall rates
- Multiple HAI's occurred
 - C. diff
 - CLABSI
 - CAUTI

Our Approach to Excellence

- Reorganization of the Quality Department
 - VP Quality
 - Infection Prevention Director
 - Quality Director
 - Patient Safety Director
- Initiation of Daily Executive Safety Stand-up
- Patient Safety Initiatives
 - Sentinel Event Analysis/RCA's
 - Accountability
 - Patient Fall Programs



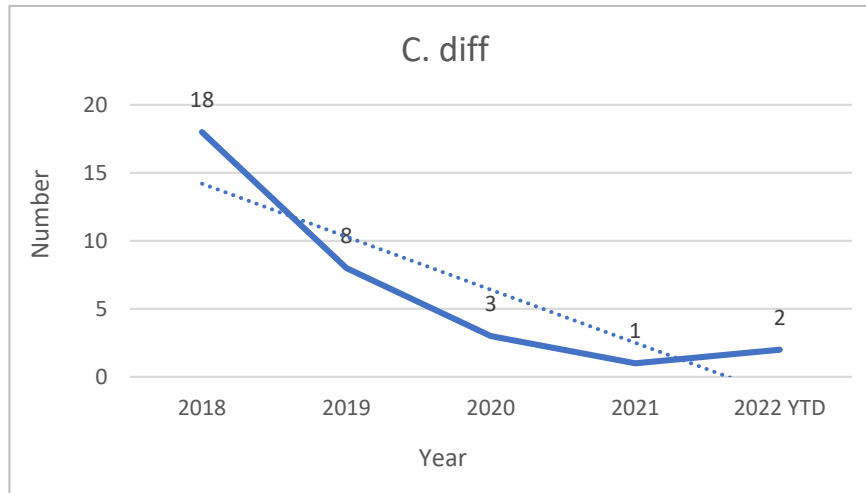
Our Approach to Excellence

- Formulated Sound and Measurable Quality Process
 - Aim for Zero Committee
 - Line Management Program
 - Vascular Access Team initiated
 - Bard assessment and teaching
 - De-escalation protocols
 - Cap/scrub the hub
 - Blood culture stewardship
 - Daily tracking with report out in Safety Stand-up and shift huddle reports

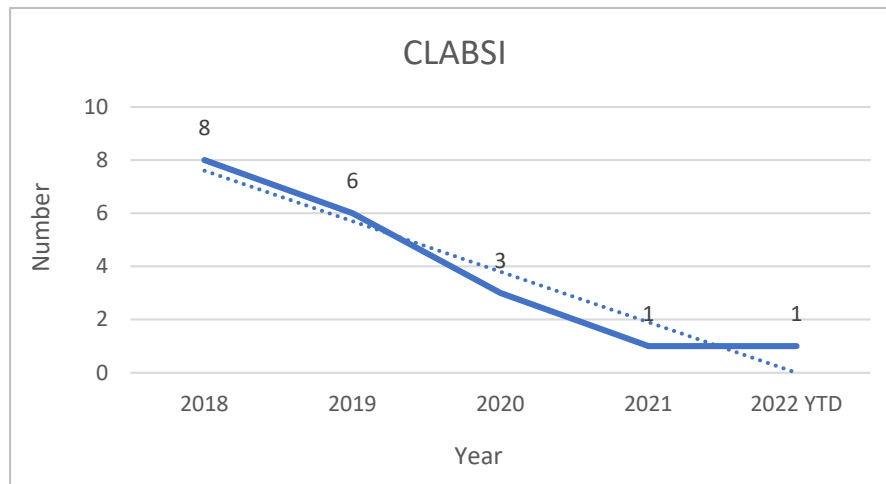
Our Approach to Excellence

- **Foley Catheter Management Program**
 - Bard assessment and education
 - Nurse-driven Foley protocol (auto-default)
 - Two-person Foley catheter insertion process and technique
 - Removed routine Foley placement in the Emergency Department
 - Urinalysis with Reflex Urine Culture (strict criteria)
 - Urine catheter change-out protocol
 - Daily facility tracking with report in Safety Standup
- **C-Diff Protocol Restructured**
 - Ticket to Ride
 - IP notified of all C-diff orders
 - Bristol stool scale reintroduced
 - Physician education and discussions regarding order appropriateness
 - Staff and lab buy in for success

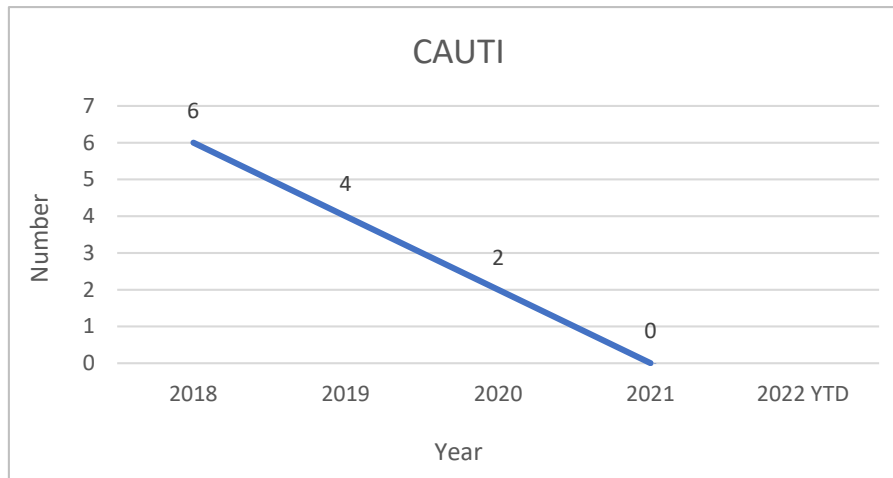
Our Results



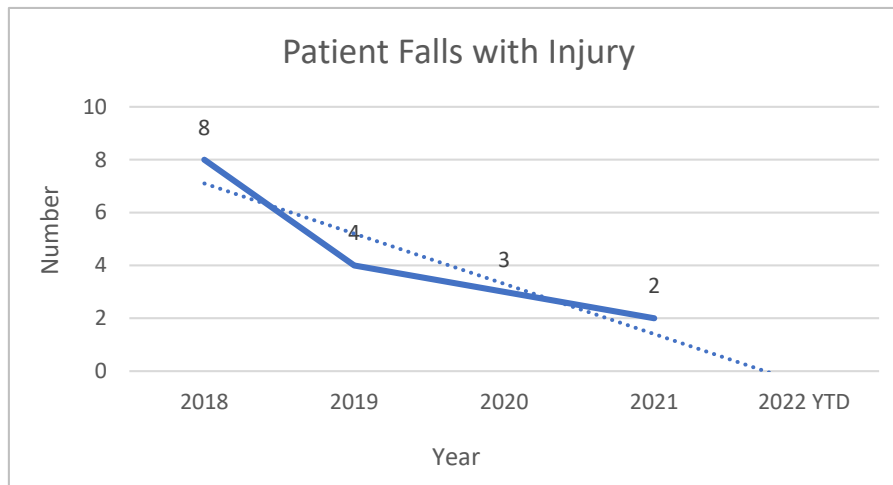
- Decrease in C. diff and CLABSI annually
- Favorable downward trends



Our Results



- Decrease in CAUTI and Patient Falls with Injury Annually
- Favorable downward trends



How Do We Maintain

- Patient Safety is Priority #1
- Continuous Evaluation of each program/protocol through outcome data
- Address each fallout with all key stakeholders timely (always looking for process failures)
- Encourage reporting of all events and close the loop with the front-line staff
- Continuous onboarding of new staff to programs and aggressive re-education when needed
- Continue to seek new and improved ways to engage front line staff on Patient Safety and Care

Facilitated Panel Discussion

Panelists



George Harrison, MD, MMM
Chief Medical Officer
Fairview Park Hospital, GA
Alliant HQIC



Tamara NeSmith, RN, MSN, CPPS
Vice President - Quality
Fairview Park Hospital, GA
Alliant HQIC



**Charisse Coulombe, MS MBA
CPHQ CPPS**
Director, Hospital Quality
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IHC Compass HQIC

Facilitator



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Discussion

- What impactful actions can you take as a result of the information shared today?
- How are you able to increase engagement within your facilities to ensure a true change in patient safety?
- Based on what you heard today, what activities do you currently have underway that can leverage immediate action over the next 30, 60 or 90 days?

Final Thoughts

Join Us for the Next Community of Practice Call!



Join us for the next
Community of Practice Call on December 8, 2022
from 1:00 – 2:00 p.m. ET

We invite you to register at the following link:

https://zoom.us/webinar/register/WN_ASI_l3p_TExx_VY_YYFFeA

You will receive a confirmation email with login details.

Thank You!



Your opinion is valuable to us. Please take 4 minutes to complete the [post assessment](#).

We will use the information you provide to improve future events.