Since 2002, Qualis Health has presented the annual Awards of Excellence in Healthcare Quality to outstanding organizations in Washington and Idaho.

Winners have demonstrated leadership and innovation in improving healthcare practices, reflecting the very best in healthcare quality improvement. The awards, now in their 16th year, recognize those who demonstrate outcomes relevant to the three broad aims of the National Quality Strategy:

- **Better healthcare (for individuals)**
- **Better health (for populations)**
- **Reduced costs through improvement**

Winners of the 2018 Awards of Excellence in Healthcare Quality in Washington were selected by a panel of expert Washington stakeholders and patients. Awards were presented at the annual Northwest Patient Safety Conference on May 1, 2018.
Dual antiplatelet therapy (DAPT), consisting of aspirin in combination with a P2Y12 inhibitor, is a well-established approach to reducing the risk of thrombosis after percutaneous coronary intervention (PCI). Studies have shown that nonadherence to DAPT significantly increases the risk of stent thrombosis and death. Because nonadherence typically results from inadequate education prior to discharge, the Harborview/UW Medicine team created a multidisciplinary discharge and follow-up program for patients undergoing PCI in order to improve access to care and adherence to DAPT.

The program was designed to ensure that every PCI patient receives individual education and a scheduled clinic visit prior to discharge, as well as DAPT prescription refills even if the appointment is not kept. In the six months before and after program implementation, rates for discharge DAPT prescription pick-up increased from 83.3% to 93.1%, and first refill rates rose from 60.9% to 81.5%. The percentage of appointments that were kept increased from 63.3% to 72.7%. Finally, six-month hospital readmission rates decreased from 27.6% to 11.8%. 
AWARD OF EXCELLENCE:
INTEGRATED HEALTHCARE SYSTEM

Kaiser Permanente Washington, Renton, Washington
Collaboration between Pharmacy and Care Management to Expand the Medication Reconciliation Program to Improve Health Outcomes
Submitted by: Bryan Davis, Clinical Programs Coordinator, Transitions of Care

Post-discharge services are an essential component of care delivery: they help the patient navigate the transition from the hospital to the home and, ultimately, reduce negative patient outcomes, such as hospital readmissions. Reviewing their own selection of post-discharge programs, the Kaiser team identified one in particular that demonstrated a strong correlation with readmissions reduction: the medication reconciliation program. While this program had traditionally focused on high-risk patients, the Kaiser team recognized that the reconciliation process could be used for discharged patients of any risk level. The team found that most low-to-moderate-risk patients had an average of eight or greater medications; because of this, they determined that these patients would benefit from the same services that high-risk patients were receiving.

As a result, they aimed to expand medication reconciliation services to a large volume of patients using limited resources, as well as generate evidence on the impact of a telephonic post-discharge medication reconciliation program on hospital readmissions. Focusing on Medicare patients and forming a partnership between clinical pharmacy and care management services, the intervention utilized pharmacist-patient phone calls to expand the medication reconciliation program from approximately 4,700 medication reconciliations per year to a target of over 17,000. At the same time, Kaiser saw a decrease in the observed-to-expected readmissions ratio (O/E ratio), a readmissions outcome outlined by the HEDIS® Plan All-Cause Readmissions (PCR) measure. Over four months, the number of patients who completed a medication reconciliation more than doubled, from the baseline of approximately 35% of Medicare patients to approximately 70% of Medicare patients. At the same time, the O/E ratio dropped by approximately 10–20% overall, and by approximately 40% for populations that had not received medication reconciliation prior to the intervention.
AWARD OF EXCELLENCE: ACUTE CARE HOSPITAL

Legacy Salmon Creek Medical Center, Vancouver, Washington
Reducing Readmissions from the Emergency Department
Submitted by: Cynthia Miceli, RN, BSN, CCM

Hospital readmissions and high ED utilization are associated with unfavorable patient outcomes and high costs. With these correlations in mind, Legacy Salmon Creek Medical Center worked to create a program that would focus on reducing the hospital’s all-cause 30-day readmission rate and decreasing inappropriate ED use in the hospital’s high-ED-utilizer population, and by extension ensure patients receive the right care at the right time in the right setting, support patient end-of-life choices, and allow the hospital to thrive in a value-based healthcare system. Because the ED is the gateway for many hospital admissions and readmissions, Legacy Salmon Creek’s ED Care Management staff identified high-risk patients in real time and implemented multi-component interventions, including an ED Readmission Algorithm, designed to standardize a systematic approach for managing and considering alternatives to readmissions.

Among the algorithm’s key elements are a huddle process to consider outpatient resources for chronic disease management, palliative care and hospice referrals, community linkages between ED case managers and medical homes, and retrospective review and length-of-stay analyses. As a result of its efforts, Legacy Salmon Creek saw a 24.9% reduction in their all-cause 30-day readmission rate (equating to 178 readmissions avoided), an 81% reduction in the ED visit rate, and a reduction in ED visits by high ED utilizers from 3,081 per year to 573.
The opioid epidemic is among the most challenging drug crises in American history. It is responsible for thousands of deaths and has impacted individuals and families nationwide. Snohomish County has been particularly affected by the opioid epidemic and ranks fourth in the state of Washington for number of opioid deaths. Because healthcare delivery systems have the ability and responsibility to influence the safe prescribing of opioid medications, the Everett Clinic developed a safe opioid prescribing strategy with three key components: appropriate pain control (or opioids only when indicated); safe opioid prescribing (or compliance with best practice); and identification and management of patients at high risk for overdose and death (as a result of high doses, or use of both opioids and sedatives simultaneously). TEC implemented all three strategies, with quantifiable results.

From September 2016 to May 2017, the clinic’s total number of patients on chronic opioid medications remained stable despite significant growth in the overall patient population; compliance with prescribing best practice in primary care improved from 56% to 75%; the number of chronic opioid therapy patients on high doses in primary care decreased by 56%; the number of chronic opioid therapy patients in the clinic’s surgery section decreased by 27%; and the walk-in clinic saw a 26% decline in overall opioid prescriptions and a 62% decline in pediatric opioid prescriptions.
AWARD OF EXCELLENCE:
FEDERALLY QUALIFIED HEALTH CENTER

Valley View Health Center, Chehalis, Washington
Establishing a Quality-Focused Dashboard for the Dental Department at Valley View Health Center to Drive Quality Improvement Efforts
Submitted by: Lou Ann Mercier, Dental Director

In patient populations marginalized by their socioeconomic status, oral health is often overlooked. As a federally qualified health center in a rural setting, Valley View helps to fill this gap, with an integrated care model incorporating physical, behavioral, dental, and pharmacy services. To better measure and monitor the quality of services delivered by its dental department, Valley View decided to establish quality metrics to help focus quality improvement efforts and, ultimately, improve the oral health of 0–20-year-olds seen in the health center’s dental program. The core of this effort was developing a quality dashboard featuring population health, financial, and patient satisfaction metrics, and establishing baseline quality data.

Staff also participated in a national dental quality collaborative to help develop their quality improvement skills and access current evidence-based researchers. Using a variety of PDSA (Plan, Do, Study, Act) cycles, including motivational interviewing, Valley View then focused on improving the quality measures, including the number of children receiving sealants on first molars, the number of children receiving topical fluoride at each visit, and the number of patients engaged in self-management goal setting. Since 2016, each measure has shown steady improvement.
ABOUT QUALIS HEALTH

Qualis Health is one of the nation’s leading population healthcare consulting organizations, partnering with our clients to improve care for millions of people every day. We work with public and private sector clients to advance the quality, efficiency and value of healthcare.

In April 2018, Qualis Health and HealthInsight announced a formal merger, combining the two organizations and operations across the U.S. Both Qualis Health and HealthInsight have been engaged in healthcare quality consulting and providing quality improvement services for more than 40 years.

In Washington, Qualis Health serves as the Quality Innovation Network–Quality Improvement Organization (QIN–QIO) and the Quality Payment Program – Small and Underserved/Rural Support (QPP-SURS) contractor for the Centers for Medicare & Medicaid Services (CMS).

For more information, visit www.QualisHealth.org