Harborview Medical Center
Safe in Our Hands: A multifaceted approach to improving hand hygiene associated with a reduction in hospital-acquired MRSA
Patient suffering associated with hospital acquired infections (HAI) has fueled national and local initiatives to address prevention measures. Multidrug-resistant organism (MDRO) transmission is a growing concern within healthcare facilities, as well as elsewhere due to the emergence of community-associated MRSA. Proper hand hygiene by healthcare professionals is an essential and effective component in preventing the occurrence of HAI and transmission of MDROs but has proven difficult to consistently implement and monitor. Harborview Medical Center’s (HMC) work on early identification and isolation of patients with MRSA assisted in timely patient containment but did not improve hand hygiene behaviors. Through the implementation of an all-staff hand hygiene campaign linking hand hygiene process measures and patient perception metrics to reduction in the transmission of MRSA, HMC has successfully increased hand hygiene among all healthcare personnel, raised patient perception of healthcare hand hygiene and lowered its hospital-acquired MRSA rate.
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Providence ElderPlace
Fall Prevention Program
Since Providence ElderPlace – Seattle’s (PEPS) Program of All-Inclusive Care for the Elderly (PACE) works with frail elderly people, at least 90% of its participants are at moderate risk for falls based on the program’s fall risk assessment screening tool. Because of this high statistic, PEPS considers all of its participants at risk for falls. The Fall Prevention Program is an integral part of PEPS quality initiatives and reporting requirements under CMS. Therefore, PEPS continuously monitors and reviews participant falls to determine when, where and why they occur, as well as implements action plans for those participants who have experienced falls. The Fall Prevention Program includes measures such as participant falls assessments, at-home location safety evaluations, care plans that address individual risk factors, participant, caregiver, family and staff education and regular medication review by physicians and pharmacists. The program’s improvements in care leading to participant safety include fall reduction, injury fall reduction, improved residence safety and improved independence in participants; a positive correlation between length of time in the PACE program and a reduction in falls; and CMS data analysis showing a very low PEPS percentage rate for high risk medication prescribing practices, as well as no identified drug interactions that could impact a participant’s risk for falls.
Contact: Sheryl O’Connor, RN at sheryl.oconnor@providence.org
Providence Sacred Heart Medical Center
Hospital Acquired Pressure Ulcers
Two years ago, Providence Sacred Heart Medical Center’s (PSHMC) Wound and Ostomy department began efforts to reduce hospital acquired pressure ulcers (HAPUs) through focused education and treatment protocols. The department’s goal was zero HAPUs. Each quarter, the wound care team started a new initiative designed to target some aspect of pressure ulcer reduction. Each team member spearheaded projects in different areas, including education, products and critical care rounding. Once it had executed the standard interventions, the group began trying innovative approaches. It started wound care rounding in critical care areas, implemented a pressure ulcer admission packet, began automatic wound care referrals for all intubated patients and trained all patient intake areas to perform pressure ulcer prevention measures immediately upon admit. In the first quarter of 2008 PSHMC’s HAPU prevalence rate was 10.49%; in December 2009 it was 1.3%. Although it has not yet reached its goal of zero, the team has achieved significant improvement.

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Virginia Mason Medical Center
Heart Failure Care Transitions
Evidence indicates that congestive heart failure (CHF) patients do better if certain therapies are provided or bundled together (referred to as the CHF bundle), so multidisciplinary teams within Virginia Mason Medical Center (VMMC) targeted interventions to improve its performance providing the entire CHF bundle. These interventions included creating an enhanced-functionality checklist in the electronic medical record, redesigning CHF patient educational materials and developing tools to help providers become more knowledgeable about the bundle, as well as how to address all of its components. Additionally, VMMC took steps to ensure appropriate post-discharge follow-up, such as calling CHF patients within 48 hours of discharge, electronically notifying VMMC physicians of their patients’ discharge and ensuring the patient is seen within five days of discharge. VMMC’s performance providing the entire CHF bundle improved substantially from the 2007 twelve-month average of 74.9% to 97.5% in 2009, resulting in improved care for hospitalized patients with CHF.

Contact: Linda Duchscherer, RN, CPHQ at admldj@vmmc.org
Yakima Valley Memorial Hospital
Emergency Department Throughput
Yakima Valley Memorial Hospital's (Memorial) Emergency Department (ED) currently serves 79,000 patients annually, up 12% from 2008. While capacity demands have grown, budget constraints limit expansion options. The ED faced this challenge to increase overall capacity in response to the community’s needs by changing processes. Its vision was to improve patient safety while decreasing the “Length of Stay” and “Left without Being Seen” rates. To accomplish this, Memorial has embraced an innovative quality improvement program called Q+. Using Lean and Six Sigma strategies, Q+ empowers the direct workforce to create change. They can form multidisciplinary teams within individual areas of expertise to develop change ideas, test on a pilot scale using rapid cycle tests, measure results to determine statistical significance and implement process changes. The Q+ program has enabled staff to reduce the “Length of Stay” rate from 146 minutes to 118 minutes and “Left without Being Seen” from 1.69% to 0.85%—a decrease of 50%. These efforts have created capacity for 49 additional patients daily—17,885 annually.

Glycemic Control Per Pharmacy
Hyperglycemia in hospitalized patients can lead to increased mortality, infectious complications and length of stay. Glycemic Control Per Pharmacy aims to improve glycemic control in adult orthopedic patients according to national guidelines. This protocol, which surgeons can order at any point during a patient’s hospital admission, triggers orders for two pre-meal finger stick blood glucose (BG) checks. If either of the two values is above the goal of 100-180 mg/dl, the pharmacist initiates the hospital-approved protocol, which may include additional BG checks, basal-bolus-correction insulin, patient home diabetes medications, dietary changes, laboratory work and/or diabetes education. Data on protocol efficacy and safety is collected and reviewed quarterly. Since March 2009, the admit day BG has been 181 mg/dl, which decreases to 151 mg/dl by day 4 of hospital admission. By day 4, 89.8% of patients have reached a daily average BG that is within the 100-180 mg/dl goal. The rate of hypoglycemia (BG < 70 mg/dl) is very low at 0.008 events per patient per day.

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Thank you to the 2010 award panel for their time and care in reviewing applications:

**John Arveson** Director, Professional Affairs, Washington State Medical Association

**Myron E. Bloom, MD, MMM** Medical Director, Rural Healthcare Quality Network

**William Boyan, MD, MHA** Associate Medical Director, Qualis Health

**Susie Dade, MPA** Director, Quality Improvement & Administration, Puget Sound Health Alliance

**L. Gordon Moore, MD** Faculty, Institute for Healthcare Improvement

**Jan Norman, RD, CDE** Chronic Disease Prevention Unit Director, Washington State Department of Health

**Marc Pierson, MD** Regional Vice President of Quality and Clinical Information, St. Joseph Hospital

**Lynn Tungseth** Vice President of Quality and Risk Management, Providence Senior & Community Services

**Carol Wagner, RN, MBA** Vice President of Patient Safety, Washington State Hospital Association

**Ed Wagner, MD, MPH, FACP** Director, MacColl Institute for Healthcare Innovation at the Center for Health Studies, Group Health Cooperative