Health Industry Forum

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• History of Goal Setting
  – Journey to Zero 2008
  – Destination Statements I & II

• Current Results
  – Priorities for Action (PFAs), Preventable Mortality, Core Measures

• Key Milestones and Improvement Process
  – Consensus Building as a System
  – Process and Spread
  – Knowledge Dissemination
  – Ministry Ministry Perspective
  – Challenge Areas

• Healing without Harm by 2014
  – A behavior-focused approach to reducing harm and events
Together we promise:

Healthcare That Works
Healthcare That is Safe
Healthcare That Leaves No One Behind

If not us – who? If not now – when?
Defined by our Clinical Excellence Goal:

The care we deliver will be safe and effective. We commit to having excellent clinical care with no preventable injuries or deaths in five years (by July 2008).
Destination Statement II

- Seven Aims that Guide How We Work
- Ten Rules for Achieving the Seven Aims
- Five Challenges in How We Work Together as a System
- Three Measures to Assess Our Progress
Eight Priorities for Action

- **Hospital-Standardized Mortality Rate (HSMR)**
  - Box 3 & 4 analysis

- **Nosocomial Infections**
  - Ventilator acquired pneumonia
  - Sepsis
  - Catheter infections

- **Falls and Fall Injuries**

- **Pressure Ulcers**

- **Birth Trauma Injuries to Neonate**

- **Surgical Complications**
  - Post-op Deep Vein Thrombosis and Pulmonary Embolism
  - Post-op hemorrhage
  - Peri-op myocardial infarction
  - Foreign body left after surgery

- **JCHO Safety Goals**

- **Medication Safety**
FY05 Scorecard Goals

• Reduce Adverse Drug Events across Ascension Health by 30%
• Reduce non-comfort care mortality rates by 5%
• All Health Ministries do baseline culture – safety attitudes questionnaire (SAQ) last quarter of 03 or first quarter of 04
Observed/Expected Mortality Performance Adjusted to Current Premier Model “C”

- 1,288 less mortalities in FY07 compared to FY06
- 1,803 less mortalities in FY08 compared to FY07
- 1,381 less mortalities in FY09 compared to FY08
- 495 less mortalities up to date (3m) in FY10 compared to FY09
Priority for Action-Perinatal Safety
Birth Trauma (AHRQ Definition)
7/1/2008 - 6/30/2009

Birth Trauma Rate Trend Line: 1/06 – 7/09

Priority for Action-Perinatal Safety
Neonatal Mortality
7/1/2008 - 6/30/2009

System Rate

Observed Rate per 1000 Live Births

Neonatal Mortality Rate Trend Line: 1/06 – 7/09

Hospital ID  (* = Level III NICU, # = Level II NICU)

Priority for Action - Falls with Serious Injury
7/1/2008 - 6/30/2009

Falls with Serious Injury Rate Trend Line: 1/06 – 7/09

Priority for Action – Pressure Ulcer
Facility Acquired Pressure Ulcer Incidence
7/1/2008 – 6/30/2009

Pressure Ulcer Rate Trend Line: 1/06 – 7/09

Priority for Action - Nosocomial Infections
Central Line Blood Stream Infections
7/1/2008 - 6/30/2009

Blood Stream Infection Rate Trend Line: 1/06 – 7/09

Priority for Action - Nosocomial Infections 
Ventilator Associated Pneumonia 
7/1/2008 - 6/30/2009

Ventilator Associated Pneumonia Rate Trend Line: 1/06 – 7/09

Key Milestones and System Spread
Alpha Sites Stage the Work

Prototype Phase
- Little to no evidence
- Idea generation stage
- Definition and scoping needed to progress
- Literature absent findings

Pilot Phase
- Evidence exists
- Best practice known but not yet implemented
- Design and change concepts package exists with results
- Ideas ready to test
- Literature available

Spread
- Evidence clear
- Successful implementation(s)
- Outcomes defined
- Literature widely available
- Adoption needed
What do we know?

- Common problem in all hospitals
- Costs (human and fiscal) $20 thousand per case
- National practice guidelines available
- Predictive assessment is standard
- Variation exists across Ascension Health
- Best practice not identified within Ascension Health
- Surfaces (mattresses, beds) contribute
- Ascension Health has many experts
- Chief nurse community ready to partner with Alpha
- Supply Chain has request for proposal for global contract review
- Pressure Ulcer/Hands
Eight Priorities for Action

- Nosocomial Infections
- Falls and fall injuries
- Pressure ulcers
- Birth trauma injuries to neonate
- Surgical complications
  Eliminating surgical site infections post-op dvt, post-op myocardial infarction, post-op hemorrhage and foreign body left after surgery.
- Hospital Standardized Mortality Rate (HSMR)
  Box 3 and 4 analysis

Universal Priorities

- JCHO National Patient Safety Goals
- Medication Safety
- HSMR

Beta Partners

Surgical Complications

Five Year Goal

Ascension Health

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Nursing-led Initiatives
Pressure Ulcers

• Between 1993 and 2006 there was an **80% national increase** in pressure ulcers at an estimated cost of $11 billion annually.*

**Results**

• Ascension Health nursing developed, tested and implemented an evidence-based program to eliminate pressure ulcers, achieving a **95% reduction** from the national average rate.

• **Less than 1 per 1,000 patient days**

* [www.hcup-us.ahrq.gov/reports/statbriefs/sb64.pdf](http://www.hcup-us.ahrq.gov/reports/statbriefs/sb64.pdf)
Perinatal Safety

• An increase in C-sections (50 percent between 1996 and 2006 as cited by USA Today) has occurred as a way to minimize the potential for birth trauma in high-risk situations, at more than twice the cost of a vaginal delivery.

Results

• Ascension Health nursing developed, tested and implemented an evidence-based program to reduce birth trauma, resulting in a 77% reduction in the birth trauma rate and an 81% reduction in the neonatal mortality rate from the national averages.
Blueprint for Change Package:

- Identifies best approach (specific strategies) for eliminating Priority for Action events
- Identifies clear metrics for measuring and monitoring progress
- The value proposition
- Suggested organizational structure
- Timelines
- Required infrastructure changes
Healing without Harm by 2014
High Reliability
Called by the Mission to deliver spiritually centered, holistic care, in FY09 Ascension Health’s clinical and executive leaders established a new direction that would build on the successes of the *Call to Action* for Healthcare That Is Safe: *Healing without Harm by 2014*
Our Mission calls us to deliver **holistic care.**

For Ascension Health, holistic care means caring for the physical, emotional, social and spiritual well-being of the whole person by:

- Attending to the spirit through compassionate relationships and empathetic, effective communication
- Inviting shared decision making among patients, providers and care teams
- Delivering safe, reliable, evidence-based and interdisciplinary care consistent with individual preferences.
This approach supports the holistic care Mission by:

**LINKING**
shared values and beliefs with behaviors

**APPLYING**
shared approaches to patient and associate safety and potentially, in the future, to patient experience
Healing without Harm by 2014 is the framework that sustains important progress in patient safety and unites other bodies of work into an efficient, effective, and meaningful holistic approach.
A Natural Progression

- As the rate of Priority for Action events has declined, the opportunity has increased to review and learn from EVENTS instead of RATES.

If we understand errors and common causes, we can improve teamwork and increase safety in many different areas.
How Will We Achieve High Reliability?

By June 30, 2014, 66 hospitals must be here with sustained reduction in SSEs.

- Safety Culture
- Diagnostic Assessment
- Safety Culture Interventions
- Safety Culture Accountability Systems

47 hospitals are here in FY10

19 hospitals are here in FY10
The FY10 Integrated Scorecard goal supports these steps:

“By the end of FY10, 100% of the targeted hospitals (N=66) will have an established baseline for Serious Safety Events.”

The FY10 goal is the foundation for the work of Healing without Harm, with its FY14 target of significantly reducing the overall Ascension Health Serious Safety Event Rate (SSERSM).
Healing without Harm by 2014

“If not now, when? If not us, who?”

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