



BRIGHAM AND WOMEN'S
Faulkner Hospital

***“Optimizing a Quality and Safety
Program in a Community Hospital
with Limited Resources”***

*Patient Safety and Healthcare Quality Improvement 2016
Christi Barney RN, MSN and Tayla Hough
Brigham and Women's Faulkner Hospital Boston, MA*

Agenda

Learning Objectives:

At the end of the session, participants will be able to:

- Identify 4 principles to align hospital quality projects with existing data sources to improve efficiency and impact.
- Identify resources and strategies for cross cutting patient safety and quality workgroups to ensure project success.
- Describe 3 strategies to utilize, reinforce and sustain safety reporting as a component of highly reliable patient care.





About BWFH



- 162 bed Community Teaching Hospital in Boston, Massachusetts
- Community Teaching Hospital of Brigham and Women's Healthcare
- Member of the Partners Healthcare, Inc. Network

Challenges for a Community Hospital

Quality and Safety Mandates impact all hospitals

- CMS Quality Measures/Joint Commission Measures
- Joint Commission Hospital Standards burden
- Safety Reporting assessment and follow up
- Staff survey for Safety Culture, Staff Satisfaction
- Magnet Nursing criteria
- Infection Control reporting DPH, NHSN
- Mass Health, Boston Public Health Commission, DPH
Opiate, Veteran mandates, Leapfrog, DMH



Opportunities for a Community Hospital

- Relative size can facilitate rapid tests of change
- Relative size can allow for implementing and sustaining culture shifts
- Training or Educational Challenges can be diminished
- Potential cross service or interdisciplinary work may be easier to facilitate

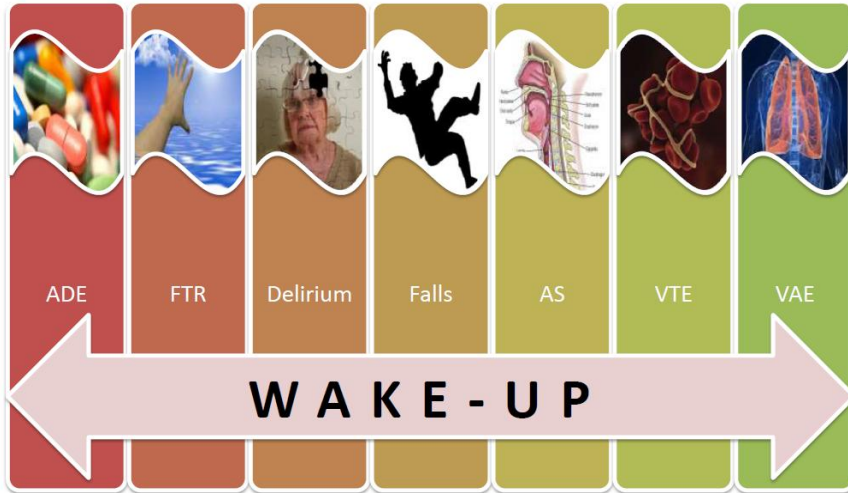


The Work is the Same

	Patient Safety	Infection Control	Nurse Sensitive Indicators	Value Based Purchasing
CAUTI	✓	✓	✓	✓
CLABSI	✓	✓	✓	✓
FALLS	✓		✓	✓
PRESSURE ULCERS	✓		✓	✓
SSI	✓	✓		✓



Safety and Quality Projects Cross Broad Patient Care Issues



Centered on the Care of the Patient and Family

- Does this initiative improve safety for patient and family?
- Does this initiative ensure the highest quality care for the patient and family?
- Does this initiative support the best possible patient experience?
 - Efficiency and cost as seen from patient viewpoint
- Will implementation support joy and meaning in work for staff?



4 Principles to align Quality Projects and Data Sources

- 1.** Align Projects
- 2.** Use new mandates as opportunities
- 3.** Choose metrics you can manage
- 4.** Use existing resources differently



#1 Align Projects when Possible

- **Look for Overlapping content in Different Projects**
 - Just Culture, AHRQ Safety Culture Survey, CRICO RAPP grant
 - Non punitive response to error
 - Follow up on reporting
 - Restraint Regulations
 - TJC/CMS/DPH/DMH reporting and standards
- **Find shared Process and Stakeholders for Same Issue: Avoid Silos**
 - CAUTI, CLABSI
 - Nurse Sensitive Indicators, Magnet - Nursing
 - Infection Control NHSN reporting - Infection Control
 - Leapfrog Managing Serious Errors (section 7) - Patient Safety
 - Hospital Quality (HAC and PSI 90) - Hospital Quality
 - Patient Violence/OSHA/DPH
 - Data Bases for Security, Occupational Health, Safety Reporting
 - Patient Safety, Risk Management, Occ Health, Security



2 Use New Mandates as Opportunities

- **Identify Institutional Priorities**

- Does the Project connect to stated Hospital Strategic Plan or Goals?
 - Connection to the Organization's Annual Priorities will ensure Senior Leadership support
 - Improved Staff Acceptance improves Change Management process

- **Utilize Regulatory and Emerging Issues**

- Opiate Addiction Epidemic
 - DPH Regulatory Requirements/Pain Management/ Staff Safety/ Diversion
- Antibiotic Stewardship
 - CMS/TJC/CDC Regulatory, Leapfrog reporting, Sepsis, Readmission
- Zika and Ebola
 - Emergency Management, Infection Control

- **Identify Quality and Safety Elements within Changes**

- Electronic Health Record (Epic) implementation
 - Patient Safety Risk, Compliant Documentation (CMS, TJC, DPH), Quality Data capture



#3 Choose Metrics you can manage

- **Involve Quality Stakeholders and Data Experts at the start of the project**

- Time to EKG improvement Project
 - Baseline data gap
- Decreasing falls for Addiction Recovery patients
 - Multi-variant analysis
 - Research Study or Improvement Project



- **Understand the constraints of the Data Source**

- Epic Workbench Reports
 - Desktop application designed for current patient review
 - Time frame constraints, no ability to recapture missing data
- UHC, NSQIP, NHSN
 - Data reported by Quarters vs. Month; by Unit or Hospital
 - Data fields prescribed and definitions prescribed
 - » Enhanced Recovery After Surgery: Colorectal

- **Use Existing Databases and when possible, ones you can modify**

- Patient Safety Reporting Database
- Infection Control Database



#4 Use Existing Resources Differently

- **Find Untapped Talent and Bandwidth**
 - Student Interns
 - Delta Beckwith database and Quality Intern analysis for Safety Committee
 - Student Nurses
 - Literature Review: Falls Risk Assessment Psychiatry
 - Surveillance Survey Skin
- **Build on Best Practice Literature and Strategies**
 - Not everything requires original research
 - Hospital Engagement Network (HEN 2.0)



Health Research and Educational Trust Website



Hospital Engagement Network 2.0



- Audience
- Patients & Families
- Senior Leadership & Governance
- Physician Leadership
- Unit-Based Improvement Teams
- Data & Informatics Teams

The screenshot shows the website's navigation menu with 'Topics' expanded. The 'Topics' dropdown includes: Adverse Drug Event (ADE), Airway Safety, Catheter-Associated Urinary Tract Infection (CAUTI), Central Line-Associated Bloodstream Infection (CLABSI), Clostridium difficile Infection (CDI), Culture of Safety, Early Elective Delivery (EED), Failure to Rescue, Health Care Disparities, Iatrogenic Delirium, Injuries from Falls and Immobility, Obstetrical Adverse Event, Patient & Family Engagement, Pressure Ulcers, Radiation Exposure, Readmissions, Sepsis, Surgical Site Infection (SSI), Venous Thromboembolism (VTE), and Ventilator-Associated Event (VAE). The main content area features a 'Data Base' section with text about data integration and a list of links: Encyclopedia of Measures (EOM) - Core Topics, Encyclopedia of Measures - Core Process Measures, and Encyclopedia of Measures - Additional Topics. Below this is a paragraph titled 'What changes can we make that will result in improvement?' followed by three icons: 'Track Your Data in the CDS', 'Download the EOM', and 'Access Additional Process Improvement Resources'.



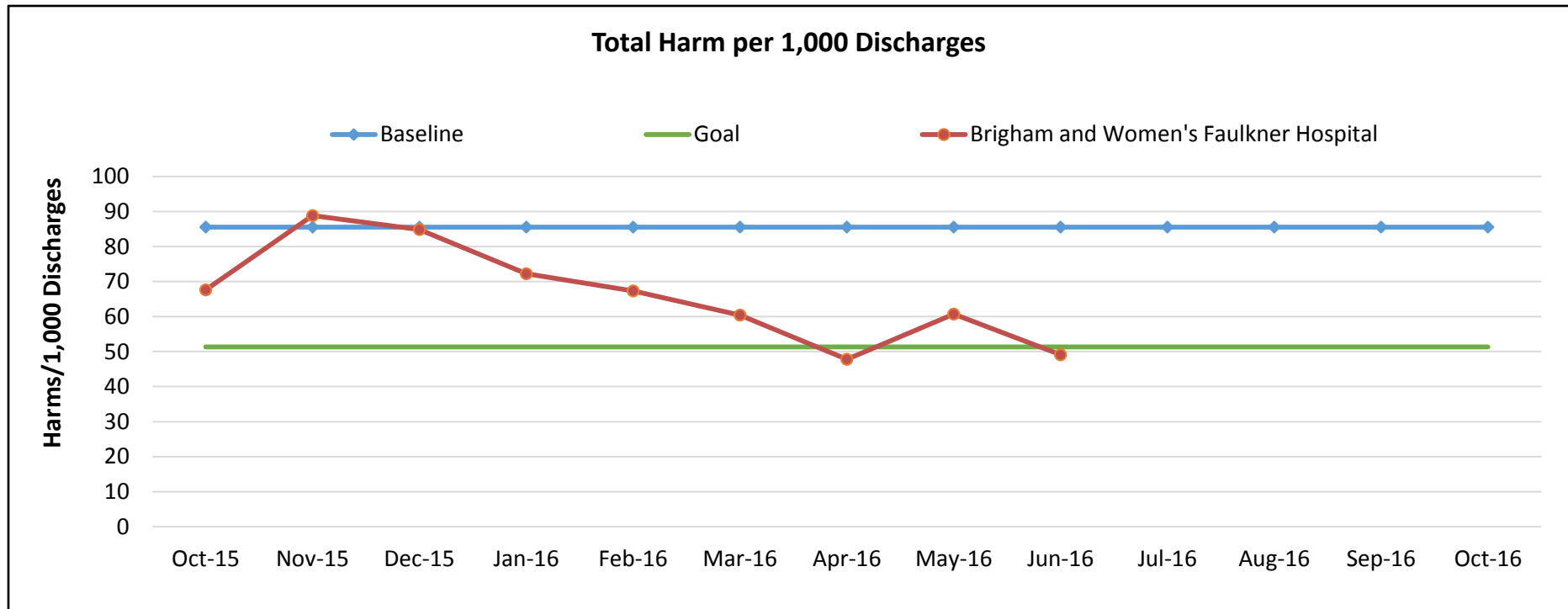
Resources

- <http://www.hret-hen.org>
- https://www.jointcommission.org/leading_practice_library
- Professional practice groups
- Intentional use of Conferences
- Leverage relationships into working groups
 - Partners Clinical Compliance Leaders: Mock TJC survey
 - rL Solutions Boston Users Group (BUG)



Total Harms per 1,000 Discharges

Most Recent Month Harms/Discharge (% Improvement)	0.05	(42.6%)
Most Recent Month: Number of Harms Prevented to Date*	Jun-16	
Cost Savings to Date	146	
(Based on average \$NA cost per HAB)	\$1,294,336	
Estimated Number of Harms to Prevent in Order to be at Goal Rate by Next Month	0	



Community Hospital Elements for Success

What Hospital Needs

- Senior Leadership Support
- Working Relationships between and across disciplines, service lines, programs and departments
- Front line staff involvement and engagement in any of the projects or initiatives

What Quality/Safety Can Do

- Create Partnerships with external resources to support the teams
- Enter at the start of projects
- Recruit and retain smart young people at the beginning of their careers
- Support and intentionally create space for learning



Example: Highly Reliable Patient Care through Safety Reporting

- 1. Align: Implement EHR, Use AHRQ Safety Culture Survey, Implement Just Culture**
- 2. Use Mandates as Opportunities:**
 - Mandate A: Monitor patient safety during new EHR implementation
 - Mandate B: Find strategies to address AHRQ Survey results
 - Mandate C: Implement Just Culture constructs to respond to AHRQ Survey
- 3. Use Metrics you can Manage**
 - Patient Safety data touches on all aspects of highly reliable care: high quality, safe, patient centered
 - Built in platform for change, potential Champions
 - Existing data collection process already exists
- 4. Use Existing Resources Differently**
 - Feedback loop to reporters
 - Creating vehicles to inform staff of impact of reporting
 - Evidence of use of reported material to impact patient care and safety



Hospital Wide Feedback Project

Last Week in Patient Safety!

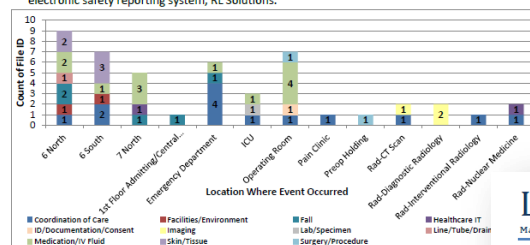
- Newsletter
 - Debut 4/6/15
 - Weekly document sent by email to Department Leaders group, Chiefs, Senior Leadership
 - Leaders send to staff
- Highlights “Good Catch” events and storytelling
- Provides area specific data on reporting
- Content allows for printing and posting for all staff
- Provides talking points

Last Week in Patient Safety!

June 1, 2015 – June 7, 2015



- For the week of June 1st 2015 through June 7th 2015, 47 Safety Events were entered into BWFH's electronic safety reporting system, RL Solutions.



- 74% of Safety Events entered were Near Miss Events.
- 12 of the Safety Events entered had a reported severity rating of temporary or minor harm higher.
- Congratulations to Ellen McKenna for being the top safety reporter for last week! Thank you commitment to reporting safety events that happen at BWFH especially through our implementation.

Good Catch of the Week!

_____ a RN on 6 North, noticed 2 units of PRBC was ordered for her patient in Emergency Department, as well as one additional unit of PRBC was ordered by the Admitting Physician once being admitted to the unit. The Blood Bank then prepared all 3 of the request After realizing there was a double order, Palmisano spoke with the covering Physician, who c that the patient only needed 2 units of blood and should not receive the additional unit. Palm called the Blood Bank, and had the Physician change the order to ensure they were accurate Thanks to Palmisano's vigilance, she caught the duplicate order and prevented any impact to patient! Duplicate orders are a known system issue that arises in the early stage implementa Epic. The Department of Patient Safety would like to ask all staff members to pay extra atten orders through this transition time. If something does not look right, speak up. Thank you!

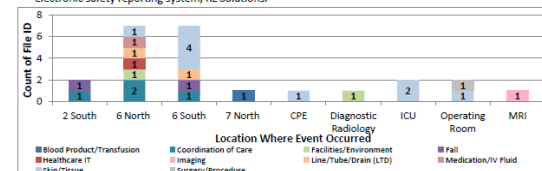
If you would like to hear more about a safety event you have submitted, please contact your Director or Tayla Hough at ext 7679

Last Week in Patient Safety!

May 18, 2015 – May 24, 2015



- For the week of May 18th 2015 through May 24th 2015, 24 Safety Events were entered into BWFH's electronic safety reporting system, RL Solutions.

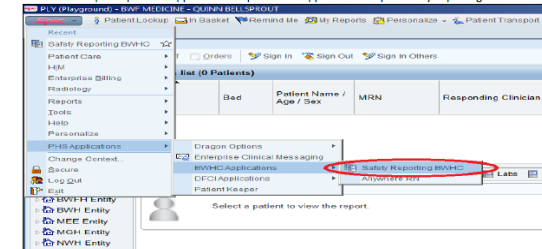


- 67% of Safety Events entered were Near Miss Events.
- 8 of the Safety Events entered had a reported severity rating of temporary or minor harm or higher.
- Congratulations to Christopher Richard and Lawrence Borbee for being the top safety reporters for last week! The Department of Patient Safety thanks you for your commitment to reporting safety events that happen at BWFH.

eCare Go Live

Once BWFH goes live with Partners eCare on May 30th, you will be able to access RL Solutions through Epic.

Click on Epic – open PHS Applications – open BWHC Applications – Open Safety Reporting BWHC .



If you would like to hear more about a safety event you have submitted, please contact your Director or Tayla Hough at ext 7679



Feedback to Reporter

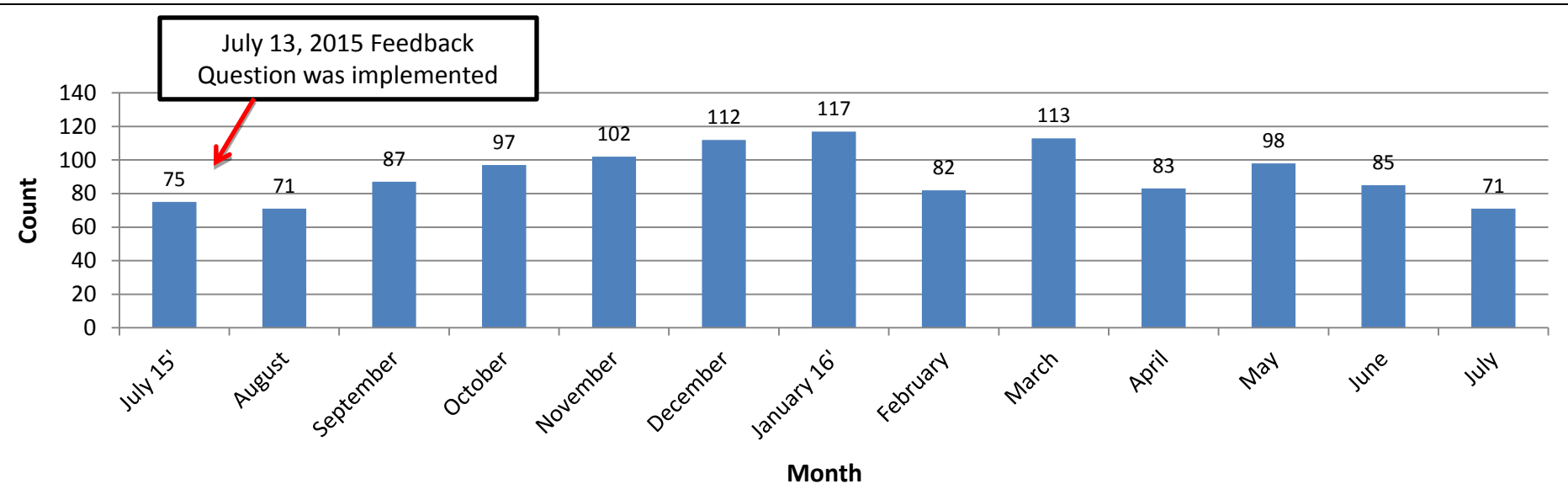
Would you like follow-up on this report? *

Yes

No

Was follow-up given? (Patient Safety Use Only)

Follow-up Details (Patient Safety Use Only)



New EHR/workflow Related Question within Safety Reporting System

Resolution and Outcomes

Resolutions and Outcomes of the Event

Did Epic or new workflows factor into this event? *

Severity Level (Actual) *

Yes

No/Unknown

Creating a field in the Resolution section that is visible to Leaders who review/close. Drop down allows Patient Safety team ability to tag reports as related to Electronic Health Record and/or new workflow. Field then pulls to report for trending.



Report tracking EHR impacts

Pursuant to Mass General Laws (abbreviated MGL) c. 111 section 203 et seq, this file is confidential and for internal use only.

Brigham and Women's Faulkner Hospital

Epic Related Safety Reports

(Event Date is within Calendar 2016) and ((File State is not equal to "Incomplete") and (File State is not equal to "Deleted") and (File State is not equal to "Deleted-Inc") and (Did Epic or new workflows factor into this event? is equal to "Yes")) and ((Facility is equal to "FH"))

File ID	Event Date	Location Where Event Occurred	General Event Type	Specific Event Type	Severity Level (Reported)	Brief Factual Description	Resolution Comment
25696	01-01-2016	6 North	Healthcare IT	System - ECare / EPIC	1-No Harm – did reach patient	60 year old patient discharged home on 1/1/16. Patient has a discharge order. Unable to print AVS because discharge readmit order needed to be reconciled was notified and tried reconciling the order and help desk was called and notified. Patient ended up leaving without any papers but fortunately she knew about her medications and follow up appointments. Tried printing the discharge summary and gave it to patient. The problem was fixed somehow after the patient had already left.	1/5/16 Note: no other pattern of similar problems with printing known. Likely build related reconciliation issue and user error contributing factors. C. Barney 01/07/2016: As noted, issue resolved after patient discharged. Will follow-up with patient by phone to extend apology(01/07/2016 SSE).

A daily report was created to assist Leadership in overview of all safety events that were related to EHR or new workflows



What Happened?

Increased Reporting

- 25% increase in safety reporting starting at Go-live and sustained safety reporting engagement from front line staff
- 75% of reports are “near miss”

Increased Collaboration

- Hospital leaders use safety reporting to work on identified issues using actual data from incidents rather than anecdote
- Real time review of 100% of reports

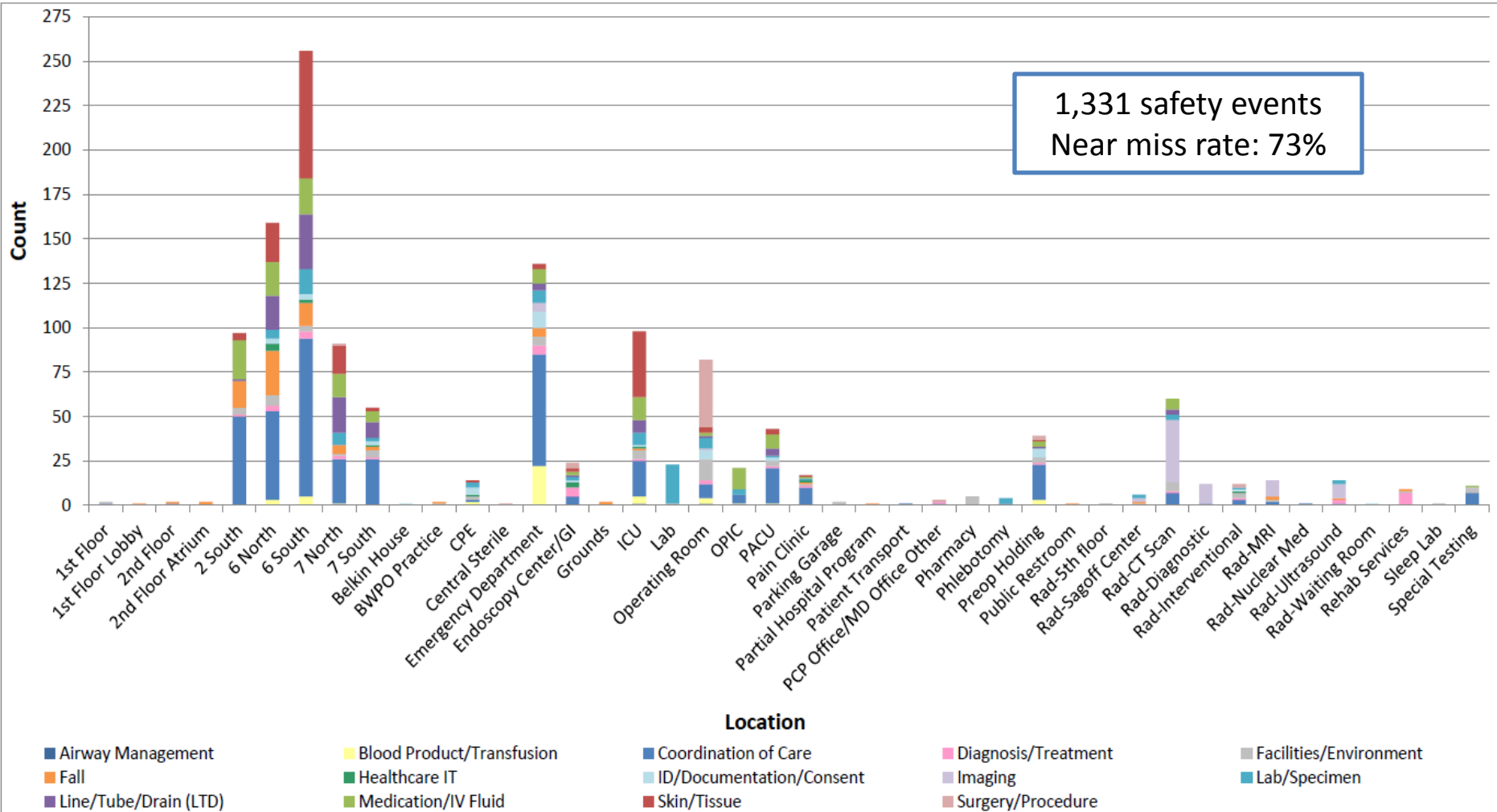
Improved Process

- Patient Safety Site Lead integration into Leadership Report outs allows for tracking and responding bi-directionally
- Rapid identification and correction of Patient Safety gaps

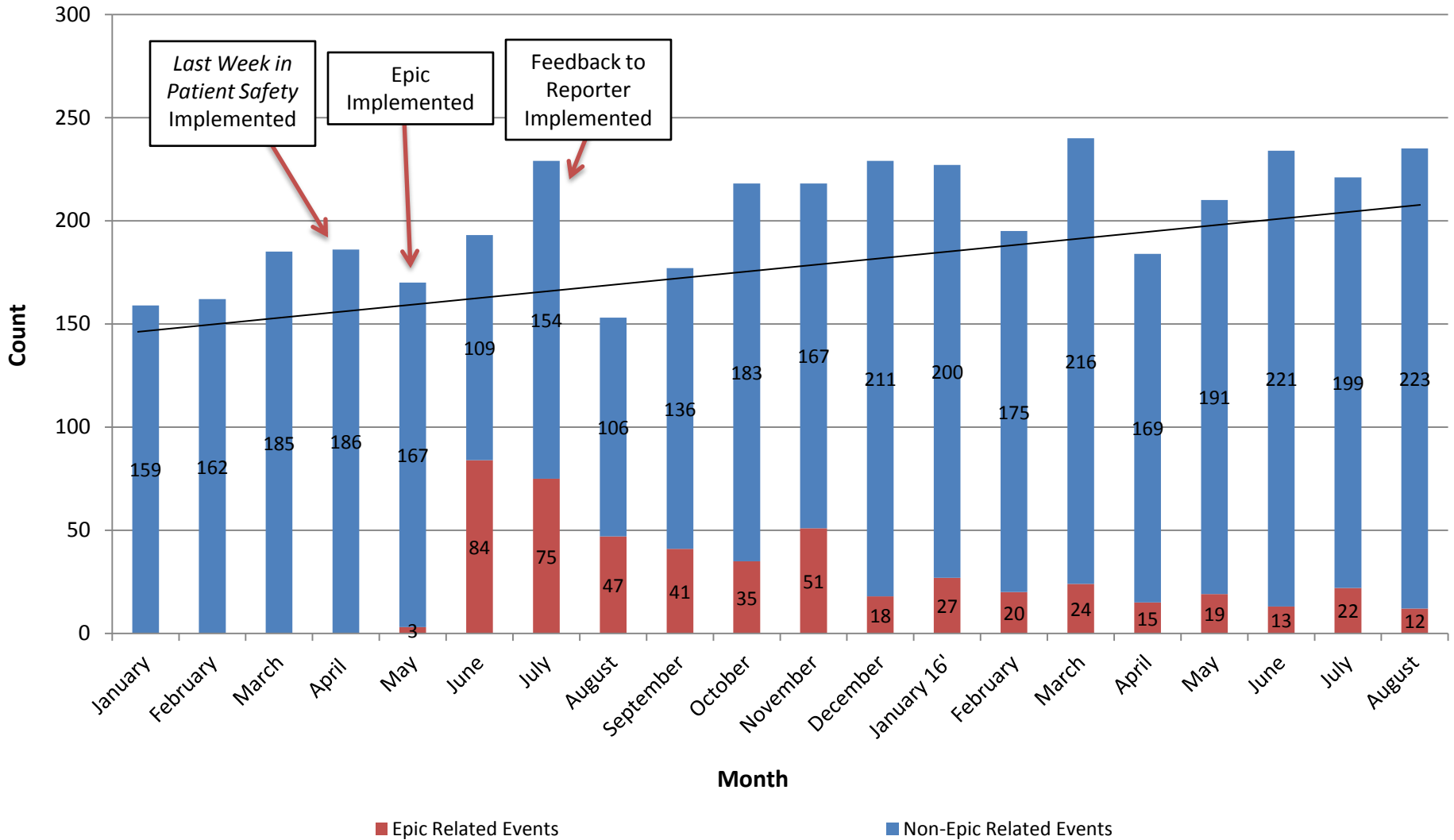


Six Months of Safety Reports by Location

March 2016 – August 2016



Safety Event Volume



Opportunity Summary

- Seize the moment of a big system change to harness the energy of staff regarding reporting
- Build reporting system to address issues that staff are reporting
- Implement systems that publicize, value and celebrate reporting including “good catch” events
- Establish trust and confidence that there is a closed loop process for safety event reporting
- Maintain increased reporting while building Just Culture constructs



Sustained Improvement Wheel



Questions?



Contact Info

Christi Barney

BWFH Director of Patient Safety, Quality,
Infection Control and Accreditation

cbarney@partners.org

Tayla Hough

BWFH Patient Safety Consultant

though1@partners.org

