New Jersey Hospital Improvement Innovation Network (NJHIIN)

Annual Update

September 29, 2017

WORKING TOGETHER TO IMPROVE HEALTH

Agenda

- Overview of New Jersey Hospital Improvement Innovation Network (NJHIIN) initiative
- Hospital-specific NJHIIN reports
- Collaborative updates
- Questions and answers

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NJ HIINnovation Team

- Aline Holmes: NJHIIN Director
- Lauren Rava: PFE, falls, antimicrobial stewardship, ADE
- Angela Centellas: Data reports, pressure injuries, VTE
- Pat Dimino: CAUTI, CLABSI, STRIVE CDI
- Jennifer Barrett Sryfi: Readmissions, health disparities
- Soniya Sheth: Safe imaging, ADE
- Mary Ditri: High Reliability, behavioral health, substance abuse
- Nancy Winter: Director of Education
- Dara Elkholy: Sepsis readmissions
- Kim Hewitson: Interpreter training, OAT survey, website, newsletter, creative design
- Shannon Davila: Sepsis, HAI, surgical safety

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Overview

- Funded by the Centers for Medicare and Medicaid Services
- Builds on previous four years of Partnership for Patient (PfP), Hospital Engagement Network (HEN) efforts
- Aligning the QIN-QIO 11th Scope of Work and the PfP to create the systematic use of innovative patient safety practices on a national level

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Program Details

- Contract timeframe: Sept. 2016 – Sept. 2018, plus one option year
- 16 HIINs selected
- Engage the hospital, provider and broader caregiver community
- Rapid implementation of well-tested and measured best practices to reduce “harm across the board”

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New Jersey HIIN

- All New Jersey hospitals are participating in the HIIN
- 66 hospitals participating in the NJHIIN
- NJHIIN works to support all New Jersey hospitals, even if they affiliate with other HIINs

- Partners include:
  - Quality Insights Quality Innovation Network: Healthcare Quality Strategies Inc. (HQSI)
  - New Jersey Innovation Institute (NJII) Transforming Clinical Practice Initiative (TCPI)

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Reduce Harm Across the Board

- Support hospitals to work on all 11 core areas of harm
  - Adverse drug events (ADE), to focus on at least the following three medication categories: opioids, anticoagulants and hypoglycemic agent
  - Central line-associated blood stream infections (CLABSI)
  - Catheter-associated urinary tract infections (CAUTI)
  - *Clostridium difficile* (*C. diff*) bacterial infection, including antibiotic stewardship
  - Injury from falls and immobility
  - Pressure Ulcers
  - Sepsis and Septic Shock
  - Surgical Site Infections (SSI)
  - Venous thromboembolism (VTE)
  - Ventilator-Associated Events (VAE)
  - Readmissions

Other Areas of Focus

- Undue Exposure to Radiation
- Multi-Drug Resistant Organisms
- Sepsis Readmissions
- High Reliability

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Goals

(based on various baselines depending on metric)

- **Goal 1**

  A 20 percent reduction in overall patient harm

- **Goal 2**

  A 12 percent reduction in 30-day readmissions

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Accomplishments to Date

HAC Topic	Rate of Change	Harm Avoided	Costs Saved	Lives Saved
ADE	-31% (avg.)	-3	($15,623)	0
CAUTI	-11%	147	$147,140	3
CLABSI	-34%	103	$1,750,777	19
C. Difficile	-24%	419	$4,021,302	96
Falls	-28%	63	$454,198	3
Pressure Ulcers	-24%	149	$6,021,594	107
Sepsis	-7%	120	n/a	120
SSI	-22% (avg.)	19	$397,630	1
VTE	-1%	-3	($22,104)	0
VAE	28%	-12	($208,004)	n/a
Radiation	-25%	431	n/a	n/a
MDRO	0%	48	$823,299	11
Sepsis Readm.	4%	-7	($111,688)	n/a
Readmissions	-7%	6,095	$53,686,416	n/a
TOTAL		**7,569**	**$66,944,938**	**360**

Multi-pronged Approach

- *Engagement of hospital leaders*: Hospital-specific reports
- *Data to drive action*: Sepsis mortality reports, CT imaging reports, antibiotic use
- *Multi-disciplinary approach*: Medical staff, nursing, pharmacy, infection prevention, support staff
- *Evidence-based framework for improvement*: CDC core elements, Surviving Sepsis Campaign, subject matter expertise
- *Synergize with partners*: QIN-QIO and NJDOH

Overview of Hospital-specific Reports

- Report terms
- Adverse event area dashboards
  - Hospital current rate compared to its own baseline rate
  - Hospital current rate compared to NJHIIN current rate
- Run charts
- Tornado charts

Adverse Event Area Scoring Dashboard

Hospital-Specific

Hospital's Current Rate Compared to its own Baseline Rate		
ADVERSE EVENT AREA	**SCORE**	**DESCRIPTION**
Adverse Drug Events from Anticoagulants	4	Maintained 0 Rate
Adverse Drug Events from Opiates and Narcotics	4	Maintained 0 Rate
Adverse Drug Events from Poor Glycemic Control	4	Maintained 0 Rate
Warfarin Event	N/A	Not Reporting
CAUTI Standardized Infection Ratio	0	Insufficient Data
CAUTI Rate	3	Achievement
CLABSI Standardized Infection Ratio	0	Insufficient Data
CLABSI Rate	4	Maintained 0 Rate
CDI Standardized Infection Ratio	1	Reporting
CDI Rate	1	Reporting
MRSA Standardized Infection Ratio	0	Insufficient Data

Dashboard Legend:	0 = Insufficient current data; comparison not possible 1 = Data is being reported, but reduction targets were not met 2 = Improvement of 0% to <20% reduction was achieved (0% to <12% for readmissions) 3 = Achieved 20% reduction (12% reduction for readmissions) 4 = Had a rate of zero (0) at baseline and maintained it N/A = Hospital does not submit data for this measure

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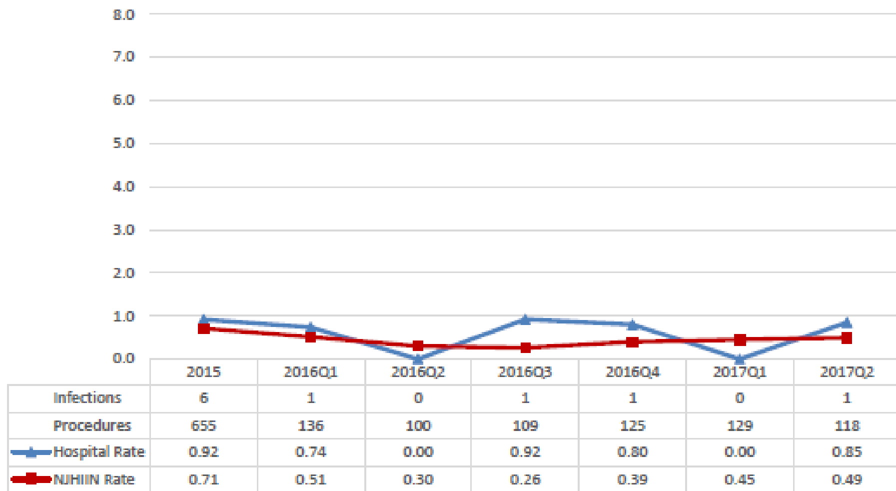
Adverse Event Area Scoring Dashboard

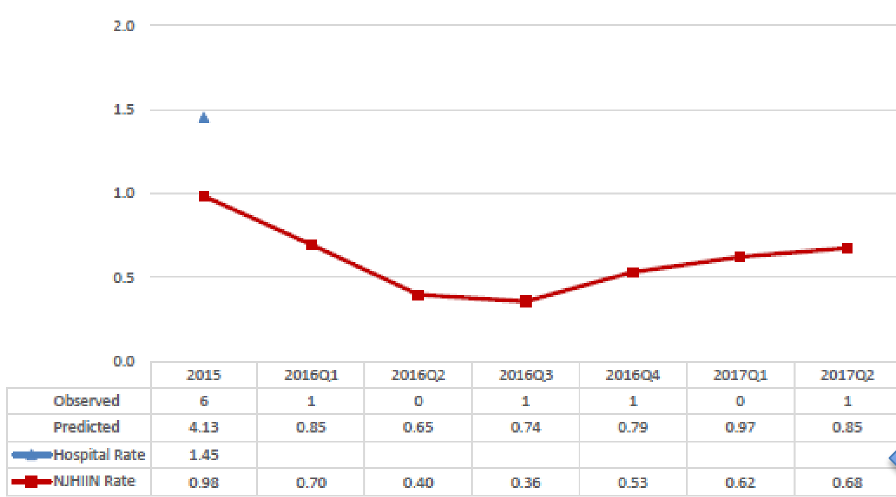
Hospital Compared to NJHIIN

Hospital's Current Rate Compared to the Statewide Current Rate	
Adverse Event Area	**SCORE**
Adverse Drug Events from Anticoagulants	LOWER
Adverse Drug Events from Opiates and Narcotics	LOWER
Adverse Drug Events from Poor Glycemic Control	LOWER
Warfarin Event	Not Reporting
CAUTI Standardized Infection Ratio	Insufficient Data
CAUTI Rate	LOWER
CLABSI Standardized Infection Ratio	Insufficient Data
CLABSI Rate	LOWER
CDI Standardized Infection Ratio	HIGHER

Dashboard Legend:	LOWER = Hospital's most current rate is lower than the current NJHIIN Rate HIGHER = Hospital's most current rate is higher than the current NJHIIN Rate Insufficient Data = Hospital not reporting current data Not Reporting = Hospital does not submit data for this measure



	2015	2016Q1	2016Q2	2016Q3	2016Q4	2017Q1	2017Q2
Infections	6	1	0	1	1	0	1
Procedures	655	136	100	109	125	129	118
Hospital Rate	0.92	0.74	0.00	0.92	0.80	0.00	0.85
NJHIIN Rate	0.71	0.51	0.30	0.26	0.39	0.45	0.49



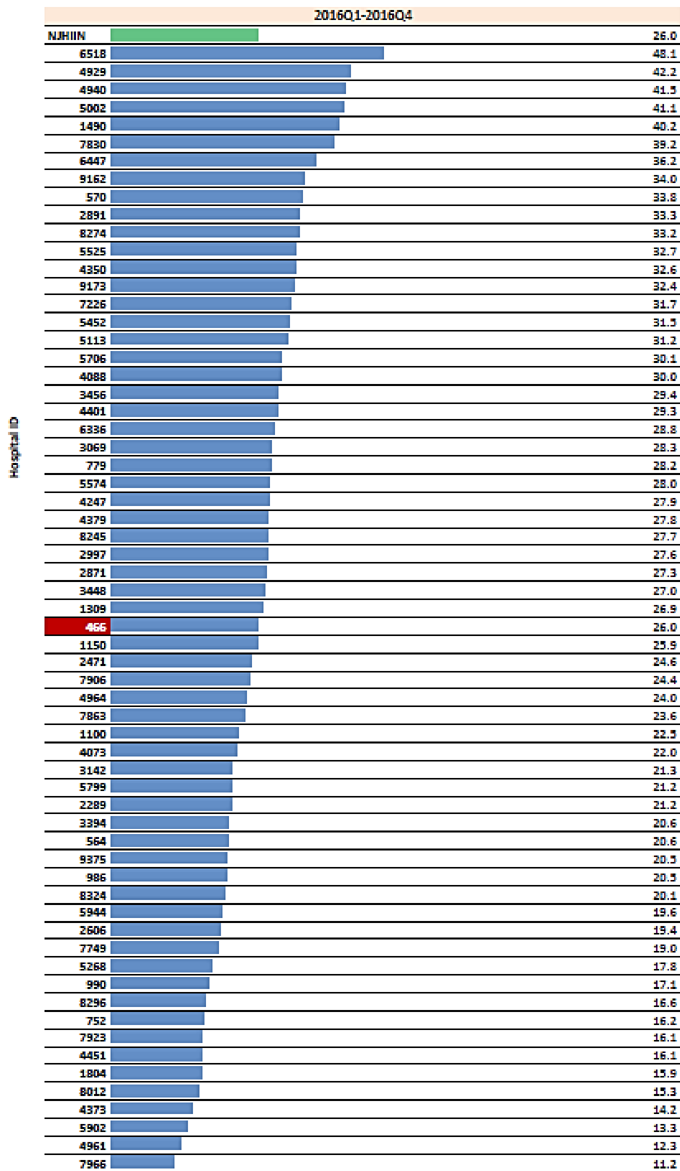
	2015	2016Q1	2016Q2	2016Q3	2016Q4	2017Q1	2017Q2
Observed	6	1	0	1	1	0	1
Predicted	4.13	0.85	0.65	0.74	0.79	0.97	0.85
Hospital Rate	1.45						
NJHIIN Rate	0.98	0.70	0.40	0.36	0.53	0.62	0.68

Each chart displays your hospital's numerator and denominator used to calculate the rate and only the aggregate NJHIIN data.

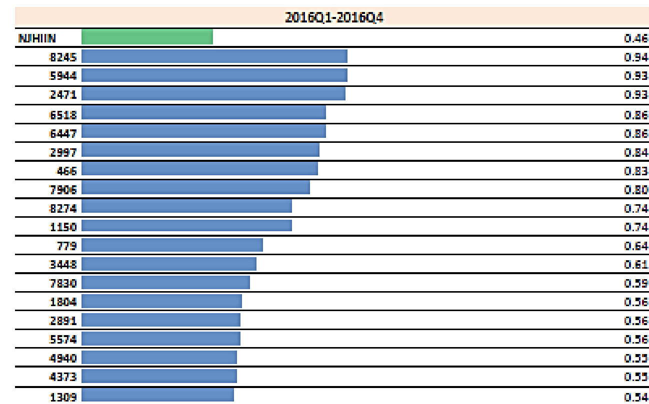
Please note the following:

- If your hospital does not report on a measure, the run chart will be blank.
- Standardized Infection Ratio (SIR) measures will only display a rate when the predicted value is greater than or equal to 1.

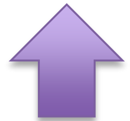
Please see pg. 2 of the report for more details.



Your Hospital ID:
466



Your Hospital ID:
Your hospital does not report this measure



The tornado charts contain your hospitals data charted next to that of all hospitals reporting data for these measures. The most current complete year's aggregate data is shown.

Note: Only *Standardized Infection Ratio* data is standardized. Standardizing the data accounts for variations in exposure and incidence as well as risk factors, promoting more fair comparisons.

Hospital-specific Reports

- Preview reports sent to HIIN hospital leads on September 28
  - Review and contact us with any questions
- CEOs will receive a final copy October 13

Adverse Event Area Collaborative Updates

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Adverse Drug Events

- Opioid Misuse Series
  - New Jersey epidemiology of opioid misuse, abuse, addiction and overdose related death;
  - Regulations and requirements;
  - Drug diversion within facilities;
  - Impaired health care professional;
  - Acute pain management;
  - Chronic pain management;
  - Opioid-related addiction and issues in the very young and very old;
  - Legal implications for health care professionals related to inappropriate opioid prescribing; and,
  - An overview of opioid prescribing, abuse, diversion and addiction.
- ADE Conference – November 8

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Contact Lauren Rava, lrava@njha.com

Surgical Safety

- Enhanced Recover After Surgery
  - Patient and family engagement, including counseling about expectations for surgery and recovery
  - State of the art analgesia
  - Early mobility and restoration of functional status
  - Avoidance of prolonged periods of fasting
  - Evidence-based best practices for preventing harms
- American College of Surgeons/Armstrong Institute Collaborative
  - Cohort 1 Colon Surgery

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Contact Shannon Davila sdavila@njha.com

HAI Accomplishments

- Year long HAI Prevention Series; The Power of ZERO HAI Kills
- AHRQ Safety Program for ICUs Cohort2: CLABSI/CAUTI
  - October 2016 – September 2017
  - Participation: 10 hospitals; 15 units
- States Targeting Reductions in Infections via Engagement (STRIVE)
  - April 2017 – March 2018
  - Participation: 16 hospitals
- Targeted HAIs: CDI, CLABSI, CAUTI, MRSA
  - Using TAP Strategy to identify units with highest infection rates
  - TAP Workshop – Attended by participating hospitals August 2017

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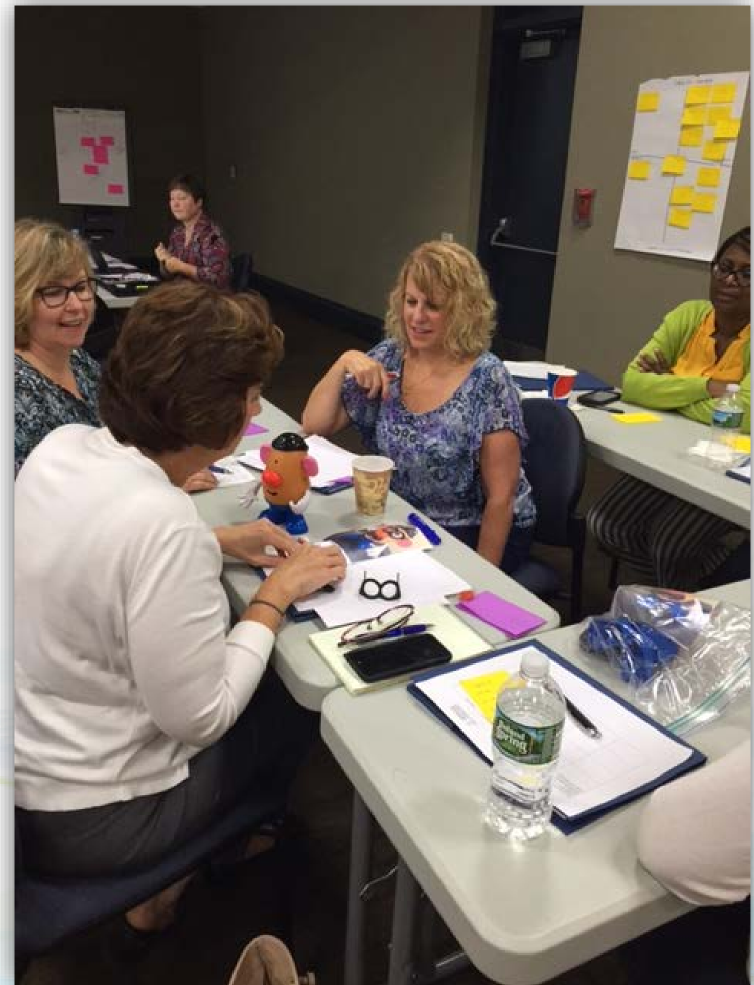
Contact Pat Dimino pdimino@njha.com

Targeted Assessment for Prevention



HAI Plans for 2018

- Focus on VAE prevention
- Stratify HAI data by race, age, gender
- Continue Antimicrobial Stewardship programs to reduce CDI and MRSA
- TAP workshop for CAUTI and CLABSI

Sepsis Updates

- Continue efforts for early screening and treatment
- Preventing sepsis readmissions
- Engaging patient and families in sepsis
- Other areas of interest
  - Documentation and coding of sepsis webinar October 18
  - Neonatal sepsis management webinar January 10

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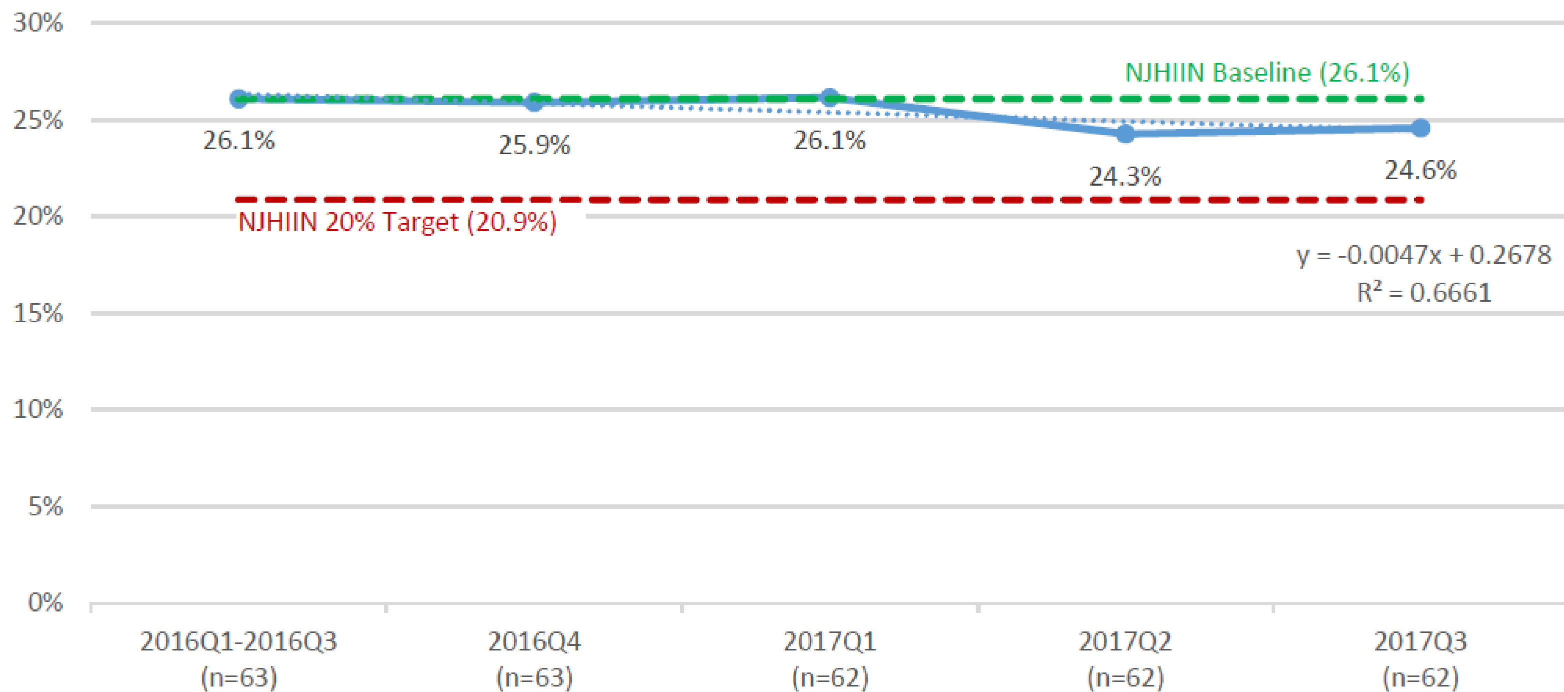
Contact Shannon Davila sdavila@njha.com

Sepsis Mortality



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Engaging Patients and Families in Sepsis Improvement

- Partnering with Sepsis Alliance
- Sepsis Awareness Month
- New sepsis education handout

Tips for Prevention

You can help prevent sepsis by getting vaccinations against the flu and pneumonia ...

... and practicing good hygiene such as handwashing.

Early SEPSIS treatment SAVES LIVES!

SUMMARY

Sepsis is caused by many common infections

- Symptoms include fever, fast heartbeat and weakness
- Seek healthcare if you think you or your loved one has sepsis
- Help prevent sepsis with handwashing

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What you know about SEPSIS can save a life

The first step to survival is sepsis awareness.

Know four important points about sepsis:

1. Common causes of sepsis
2. Signs and symptoms of sepsis
3. Steps to take if you think you have sepsis
4. How to prevent sepsis

Sepsis is a health emergency.
Treat Early to Save Lives

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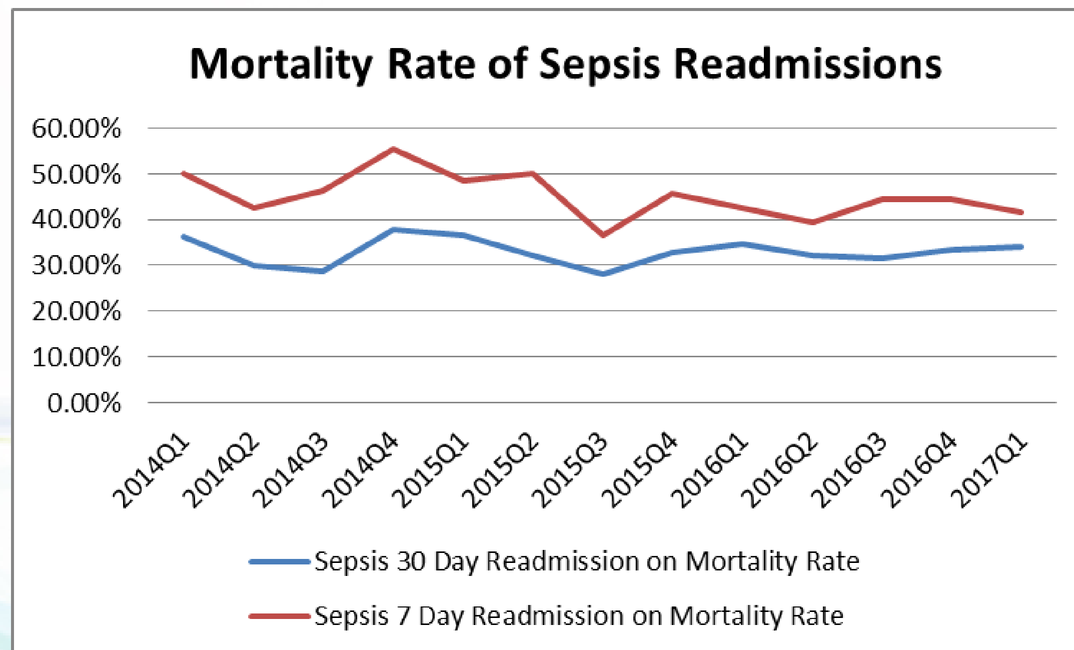
Sepsis Readmissions

- New data on sepsis mortality and readmissions
- Disparities of patients being readmitted (age, race, language, payer and ethnicity)



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Sepsis Readmissions Toolkit

- Patient education and family engagement
  - Patient instructions (PMAT tool, Sepsis Alliance, NJHA tool, Surviving - Sepsis Campaign)
  - Discharge checklist
  - Readmission
- Preparation for next level of care (transitions)
  - Quality improvement
- Partnering with the community
- Goals of care
- Life after sepsis

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Antimicrobial Stewardship Collaborative

Accomplishments

- Monthly webinars and multiple in-person learning sessions covering
- LTC series
  - Leadership commitment
  - Accountability
  - Drug expertise
  - Action
  - Tracking
  - Reporting
  - Education

Plans for 2018

- Engage more teams in collecting antibiotic use data
- Cover more advanced topics
- ICU/Ventilated patient
- Sepsis
- Transitions of care
  - Peri-operative use
  - Pediatrics
- Continue to implement best practices

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Contact Lauren Rava, lrava@njha.com

Antimicrobial Stewardship Collaborative

Kennedy Health's Multi-Disciplinary ASP Program and Impact on HO-CDI: A 3-Year Initiative

Cindy Hou, DO, MBA, FACOI; David Condoluci, DO, MACOI; Nikunj Vyas, PharmD, BCPS; Marianne Kraemer, RN, MPA, ED. M, CENP, CCRN; Debbie Cunningham, BA, MT, HHS Donna Cybulski, RN, MSN, CCRN, and Christine Andrusiw, RN, BSN, CPHQ

KENNEDY HEALTH

INTRODUCTION

ASP IMPLEMENTATION AND INTERVENTIONS

ANTIMICROBIAL UTILIZATION AND HO-CDI TRENDS

NATIONAL PRESENTATIONS

DESIGN OF ASP

UPCOMING PROJECTS AND FUTURE DIRECTION

CONTACT US

Hackensack Meridian Health
Riverview Medical Center

492 bed, Acute Care Community Hospital

Antimicrobial Stewardship Team

2017 Focus Areas

Antibiotic Stewardship PI Dashboard

Restricted Antimicrobial Consumption

Non-Restricted Antimicrobial Consumption

Initiative started March 15, 2017

Hospital wide Memo sent to the Physicians with a new 48 hour antibiotic review rule

Restricted vs Non-Restricted Antimicrobial Consumption Jan-June 2017

DOT of all injectable and oral antimicrobials- 2017 YTD

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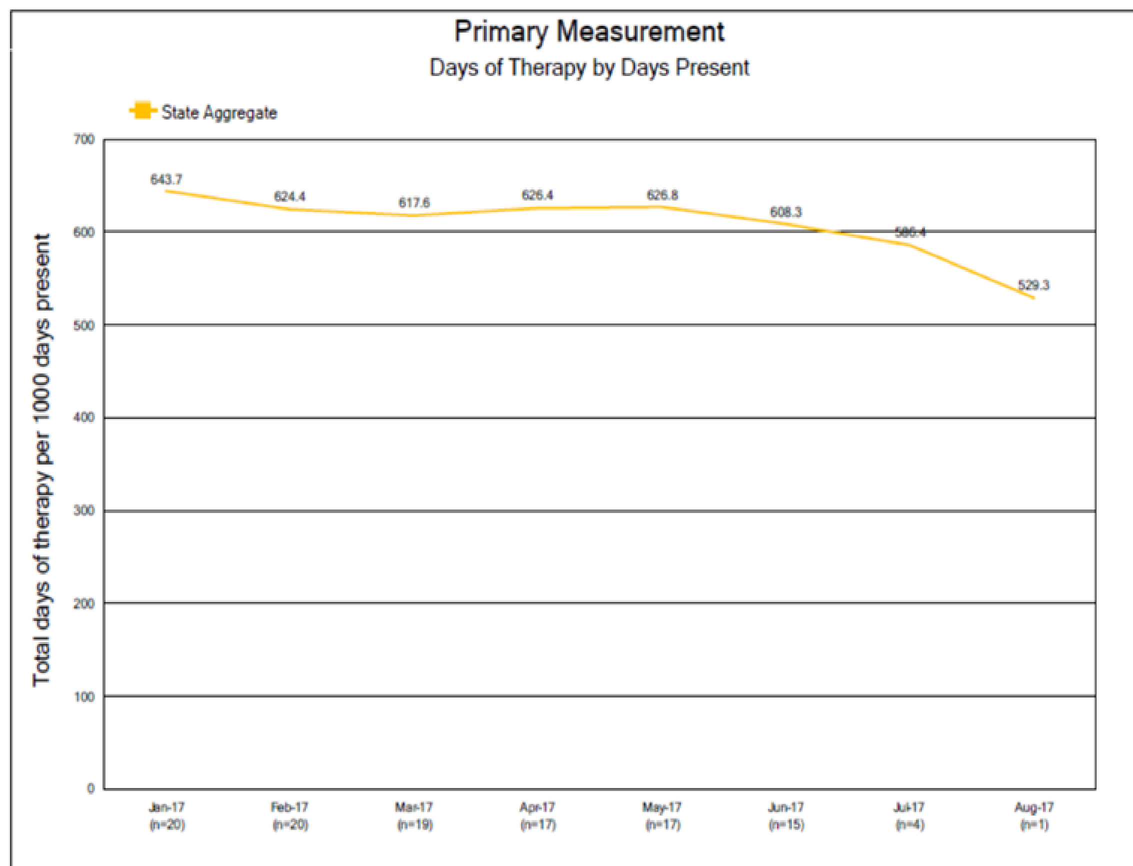
Results



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Fall Prevention

- ~10 N.J. hospitals enrolled in the Falls TIPS Collaborative, led by Dr. Patti Dykes and her team from Brigham and Women's Hospital
- In-person sessions in May 2017 and April 2018, 6-part webinar series over the course of one year, including coaching webinars and content webinars on behavioral health and community-based fall prevention
- Dr. Dykes and her team provide all training materials, Falls TIPS poster, instructions, logos and FAQs, as well as constant support
- Still time to join Collaborative!

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Contact Lauren Rava, lrava@njha.com

Venous Thromboembolisms

- Assessing the Risk for Venous Thromboembolism (VTE) in Hospitalized Medical Patients – March 17, 2017
  - Importance of identifying VTE risk factors, performing a thorough assessment for VTE risk, and initiation of VTE prophylaxis if risk is significant even with vague or missing symptoms.
- Anticoagulant Education for Patients Diagnosed with VTE - Oct 30, 2017, 12 noon – 1 p.m.
  - DOAC limitations & use in routine clinical care
  - The Joint Commission's Discharge Instructions / Education Materials for Venous Thromboembolism (VTE): A Comprehensive Approach to Medication Management

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Contact Angela Centellas, acentellas@njha.com

Pressure Injuries

The Pressure Injury Prevention 3-part webinar series kicked off in May 2017, to help inform hospitals of best practices in pressure injury prevention. Faculty experts in the field presented updates and best practice techniques.

Accomplishments 2017

- Identified changes in terminology from pressure ulcer to pressure injury and staging
- Reviewed pressure injury updates from the international perspective
- Defined appropriate documentation for the use of the term unavoidable pressure ulcer
- **In-Person Conference** – Nov. 1 at NJHA Princeton, NJ

Plans for 2018

- Faculty lead – Mary Brennan
- Targeted outreach – High and low performers

Measure	Percent Change from Baseline
HAPU (NQF 0201) Rate, Stage 2+	-23%
PSI-3: Decubitis Ulcer Rate Stage III or IV	59%

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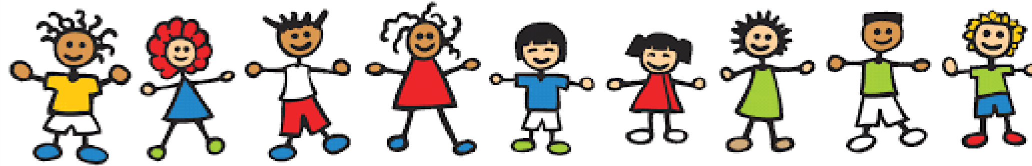
Contact Angela Centellas, acentellas@njha.com



Children’s Safe Imaging Collaborative

Update

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Contact Soniya Sheth, ssheth@njha.com

#SCANSMART:
Children's Safe Imaging Collaborative
Scope of Work

- NJHIIN and N.J. Council of Children's Hospitals teamed up to focus on the use of CT scans on children with minor head injuries discharged from the ED.
- Collaborative started September 2016
- 47 hospitals committed to reducing the overall # of CT scans done on children by 20 percent
- Provided hospital-specific data highlighting the number of CT scans ordered on patients seen and treated for minor head injury prior to discharge from the ED (based on 9 ICD-9 & ICD-10 codes)

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Scope of work, *cont.*

- Receive quarterly data in the form of a tornado graph with all hospitals unidentified to monitor and evaluate improvement in reduction of CT scans.
- Hosted educational webinars with expert speakers to all member hospitals highlighting, use of the Pediatric Emergency Care Applied Research Network Head Injury/Trauma Algorithm (PECARN), risk of radiation in children, and the nurses role in reducing CT Imaging.
- Engage in hospital-to-hospital best practice and policy sharing

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Collaborative Goals

Goals:

- Hospitals **that have lower rates** than the median of the Emergency Department Head CT Scans for Pediatric Patients (0-17 years of age) graph will assess current practice to determine if any improvement can be made.
- Hospitals **that have higher rates** than the median of the Emergency Department Head CT Scans for Pediatric Patients (0-17 years of age) graph will reduce head CTs by 20 percent from their current standing.

Achieve Goals By:

1. **The Right Exam** – use of the Pediatric Emergency Care Applied Research Network Clinical Prediction Rule (PECARN).
2. **The Right Way** – have protocols in place to reduce dual-phase head and chest CT imaging.
3. **The Right Radiation Dose** – use of size-specific pediatric CT imaging protocols.

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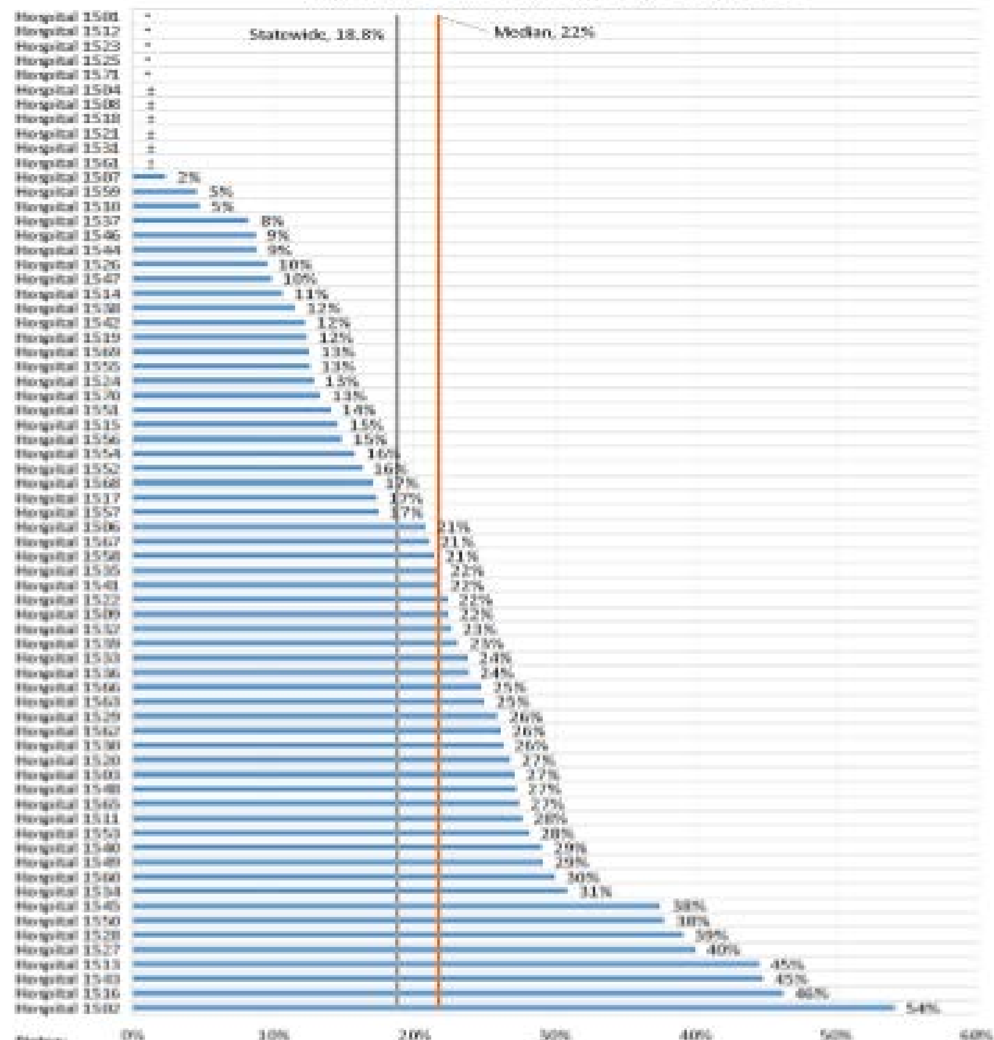

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Accomplishments

Time	Sum of Numerator	Sum of Denominator	Rate
Sept 2015-Aug 2016	4940	20077	**24.6%**
Sept 2016-July 2017	2962	14791	**20.0%**
Percent Change:			**-18.6%**

- Sent PECARN lanyards to all participating hospitals to be used by ED providers and staff
- Developed and created #SCANSMART patient resource and educational toolkit
- Toolkit sent to all EDs the week of Sept. 11

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Accomplishments, *cont.*

#ScanSmart

There are ways to work with the medical team to ensure your child is exposed to the smallest amount of radiation possible.
Stay **COOL** and ask questions.

- **C** onsider using other testing (without radiation) when appropriate
- **O** nly image the indicated area
- **O** nly scan once
- **L** owest amount of radiation based on child's size (child-dosing) should be administered

Parents are their child's best advocate.
Make sure a CT scan is necessary before agreeing to the procedure.

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Do I have a choice?

- As a parent or caregiver you always have a choice. However, it is important that you have all the information about your child's injury and symptoms. Here are some important things to remember and discuss with your medical professional:
- Is there a clear medical benefit for conducting a CT scan?
- Are there any other tests (such as an MRI or an ultrasound) or actions (such as observing your child for a time period) that would safely take the place of a CT scan?
- If you and your medical professional decide to proceed with a CT scan, ask to make sure that the CT scan setting is adjusted to the size and weight of the child so that the lowest possible dose is given.
- Explain to your child that the CT scanner is large and looks like a donut. The child will be laid flat on the table and will need to remain still while the table moves through the donut. The test itself is quick and pain-free, and it is often encouraged that you remain with your child. Sedation may be given to keep the child still during the test.
- Avoid multiple scans and keep track of your child's radiation exposure by using the pocket card attached below by listing all X-rays (including dental), CT scans and radiology tests, performed through the years.
- Talk to your child's doctors and nurses, be involved in the care plan and ask questions if you have concerns.

DATE	TYPE OF IMAGING	DOSE (IF APPLICABLE)

#ScanSmart

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GUIDE TO
Children's Safe CT IMAGING

CT scans are a good way for doctors to diagnose what is happening in our bodies, but they are not without risk especially when children are involved.

HRET

#ScanSmart

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Accomplishments, *cont.*

- Article on #SCANSMART in Fall issue of NJ AAP
  - Publication released Sept. 15 with #SCANSMART pamphlet insert and PECARN algorithm card to reach 1700+ pediatricians.

Plans for 2018

- Continue to provide quarterly CT data to all hospitals until 2018.
- Collect information and data regarding pediatric radiation dosing and pediatric CT protocols.
- Survey to help guide HRET in creating a standard level of best practice and compliance when determining appropriate levels of radiation dosing in pediatric population.
  - Appropriate member of team complete the following survey at earliest convenience. https://www.surveymonkey.com/r/CTdosing

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Reducing Readmissions

- Partner with Quality Innovation Network, Quality Improvement Organization (QIN-QIO)
  - Planning to convene a new Community Coalition in an underserved, high need area (Passaic)
- Partner with NJ Innovation Institute's Transforming Clinical Practice Initiative (TCPI)
  - Exploring ways to engage physician practice settings

Reducing Readmissions

- Community-based Healthcare Navigator pilot project
  - Address community-based factors that impact readmissions (health insurance status/literacy, lack of supports, chronic condition, mental illness)
  - Trained Healthcare Navigators (Veterans) use Health COACH model to provide outreach, screening for mental health and social service needs, education, patient empowerment, care coordination, and referrals
  - 4 Navigators serving in Camden, Gloucester, Burlington & Essex, Passaic, surrounding areas

Navigator Assistance to Date

- Assisted 618 families (952 individuals)
- 135 receive long-term health coaching
  - Education on utilization/sites of healthcare, self-care
  - Assistance with medication access
  - Referrals to chronic disease management program
- 48 aided with enrolling in health coverage program
- 209 assisted with finding/setting appt. with PCP
- 113 screened and referred for mental health needs
- 507 linked to transportation, other social supports

Community-Based Measures

- ACS Hospitalizations
  - % of inpatient discharges with primary care or ambulatory care-sensitive diagnoses (1st four)
- ACS ED Visits
  - % of ED treat-and-release discharges with primary care or ambulatory care-sensitive diagnoses (1st four)
- Proxy measures of access to community-based primary care
  - Conditions better treated by PCP or resulting from poor chronic disease management

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Primary Care / ACS Diagnoses

- TB
- HIV, STDs
- Virus (unspec.)
- Abnormal breast/ cervical findings
- Diabetes
- Failure to thrive
- Dehydration
- Alcohol/drug dependence
- Depression, anxiety mood disorders

- ADD, disruptive behavior
- Other mental disorders
- Otitis media
- Heart disease (sel.)
- Hypertension
- Acute pharyngitis
- Acute URI (unsped.)
- Acute bronchitis
- Asthma
- GE, colitis (unspec.)

- UTI (unspec.)
- Perinatal (select)
- Lumbago
- Fever, headache
- Other/unsp. chest/ abdominal pain
- Sprain, strain, contusion
- Finger wound
- Exposure (hot/cold)
- Attn. to surgical dressings, sutures

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Addressing Healthcare Disparities

- Support hospital collection of information on patient race, ethnicity and preferred language (REAL)
  - Identify gaps in data collection
  - Tools, resources, education for registrars on best data collection techniques
- Stratify data and report outcomes by age, sex, race, ethnicity, payor – aggregate and hospital level
- *Interpreter Training of Bilingual Healthcare Staff*
- *Everyone with Diabetes Counts*

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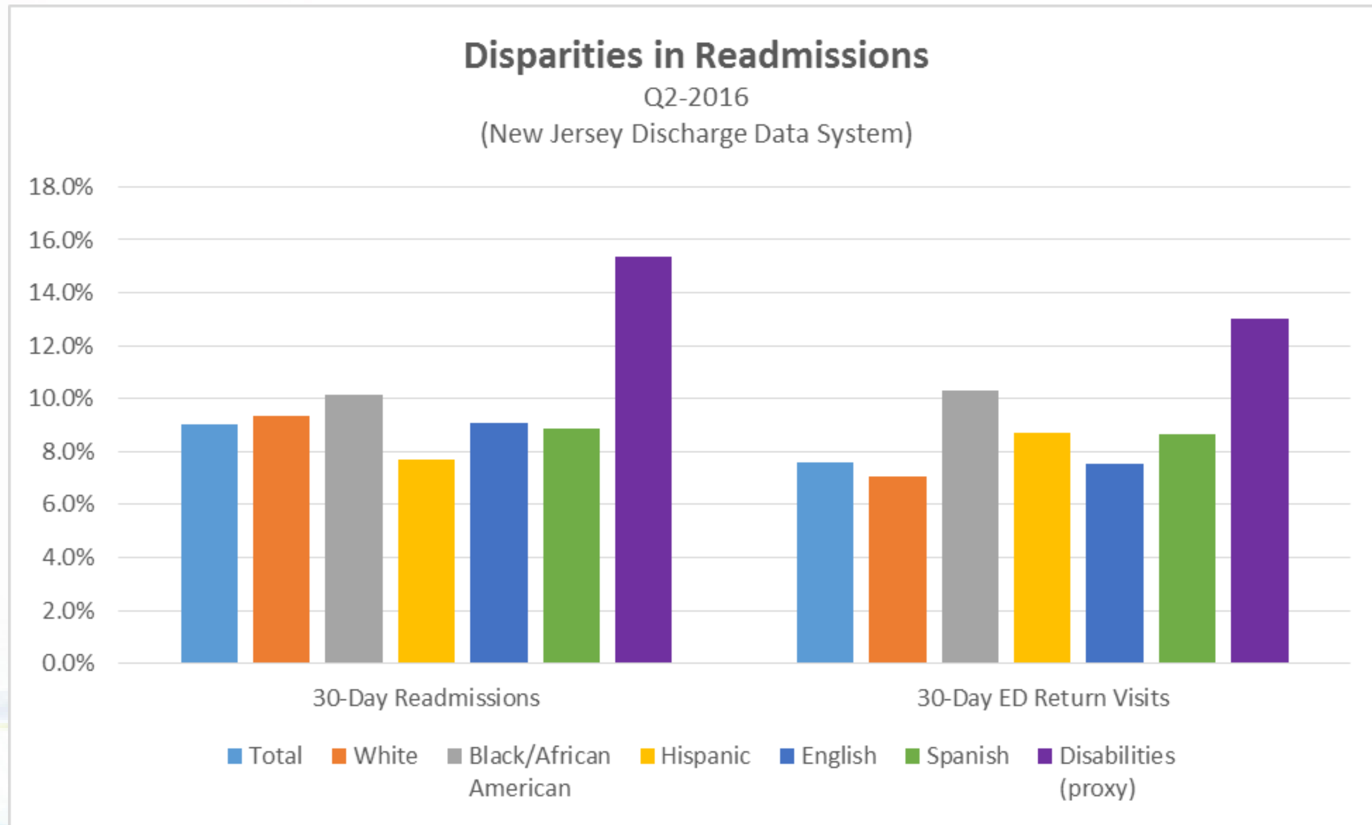
Measuring Disparities



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Health Equity Metric

- Coming soon: Gap Assessment Survey
  - Strategies for collecting REAL data from patients
  - Identifying shortcomings in the REAL data collected
  - Utilizing data on healthcare outcomes disparities
  - Establishing a culture of health equity
- Participating in design of new metric on health equity to be used by all HIINs

Addressing Healthcare Disparities

- Next Steps
  - Develop a NJHIIN-level REAL data analysis report, including more granular breakdowns of race and ethnicity categories than is currently reported
  - Validate the accuracy of REAL data at the aggregate level, by comparing to Census data
  - Facilitate a similar REAL data gap analysis trial with a pilot hospital
  - Review examples of hospital-specific REAL data reports from other HIINs
  - Use NJDDCS data to develop hospital REAL data reports

Patient and Family Engagement

- Advance PFE interventions
  - In-depth webinar series around the PFE metrics identified as the greatest areas of improvement: PFE Metrics 2, 4, 5
  - PFE Conference - November 15
- Patient and family advisory counsels (PFAC)
  - Goal: for every hospital in NJ to have a PFAC
- Improve cultural competency of healthcare workers around LGBT patient issues
  - Research paper available as a resource: identifies population, data collection issues and health disparities

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Contact Lauren Rava, lrava@njha.com

Patient and Family Engagement

- Integrate the "Voice of the Patient" into all of harm reduction approaches
  - Sepsis Collaborative has included education about sepsis and PFE
  - Pressure Ulcer Collaborative – disseminating brochures of hospitals to give to patients on the early identification of pressure ulcers
  - Safe imaging (head CT) – included PFCC in all sub-projects
  - Attendees at all NJHIIN in-person sessions will be surveyed on their understanding on PFE metrics and if hospitals have implemented them

Improving Safety Culture

- What is a **High Reliability Organization**?
- Teamwork-based safety culture so inevitable human mistakes do not lead to patient harm
- Based on simultaneous actions in four areas –
  - Inter-professional interventions
  - Behavioral changes
  - Structured leadership
  - Culture of safety as a core value

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Contact Mary Ditri, mditri@njha.com

HRO Collaborative Details

- 12 hospitals participating
- Boot camp and on-site SSER diagnostics
- Web-based and didactic learning sessions beginning Sept. 2017
  – Sept. 22 (SEC Criteria, SSER Reporting Expectations and Initiative Roll Out)
  – Oct. 9 (Culture Design Planning Day)
  – Oct. 23 (Culture Design Day)
  – Oct. 27 (Safety Huddles and Culture Change)
  – November 2017 – May 2018 (24 programs for leadership and front-line staff)

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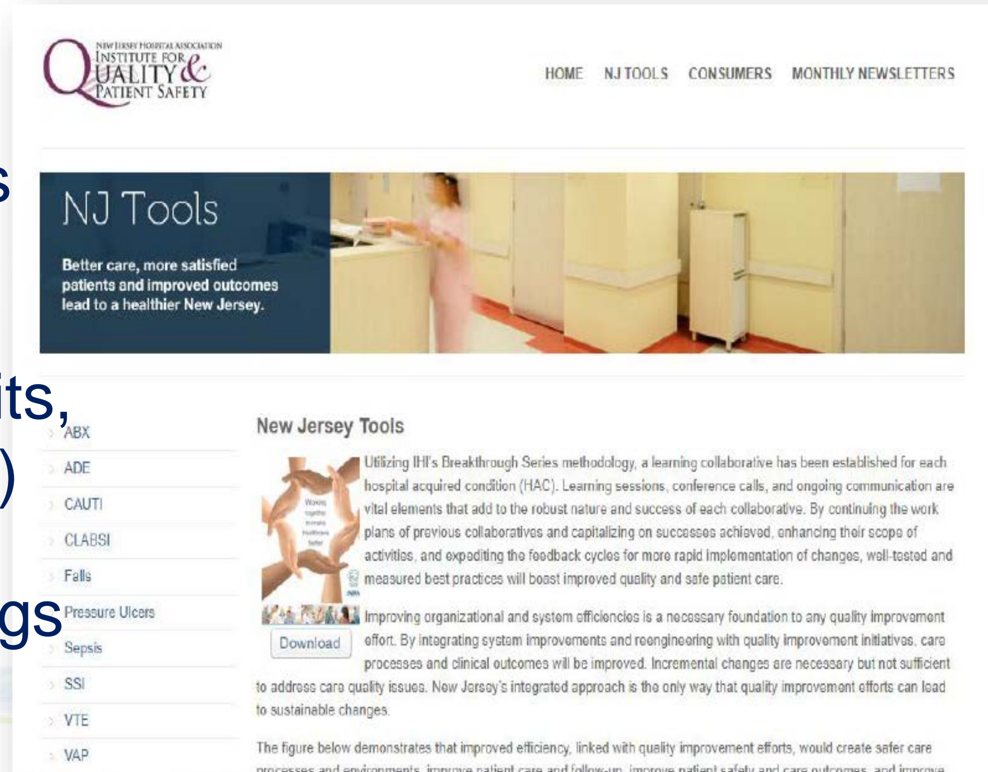
NJHIIN Website Update

- Progress updates
- Resources (guidelines, toolkits, patient education)
- Webinar recordings



http://www.njha.com/PFP/NJTools

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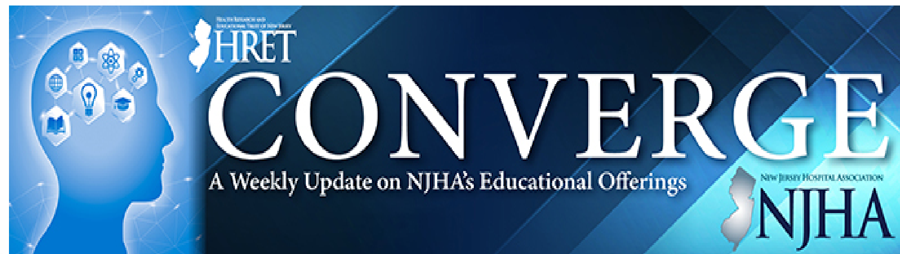
NJHIIN Education

www.njha.com/education



- Webinars (complimentary)
- In-person Learning Sessions (complimentary with $30 optional lunch charge)
- Archived Webinars on all HACS (http://www.njha.com/PFP/NJTools)

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Next Steps

- Review your NJHIIN hospital-specific report
- Visit the NJHIIN website
- Share educational program calendar with staff
- Join the NJHA-PfP listserv for updates

njha-pfp@njha-listserv.com

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Questions?

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