PARTNERSHIP FOR PATIENTS – NEW JERSEY

1-Year Status Update

New Jersey hospitals are on a constant quest to improve the quality of care they provide to their patients. Quality improvement is an essential part of their operations and must be championed, practiced and measured on a continual basis.

This report is an important part of that process. It measures the one-year progress of New Jersey's Partnership for Patients initiative. Partnership for Patients is a national effort led by the U.S. Centers for Medicare and Medicaid Services to improve the quality, safety and affordability of healthcare services delivered by U.S. hospitals. CMS has chosen the Health Research and Educational Trust of New Jersey, an affiliate of the New Jersey Hospital Association, to lead one of 26 "hospital engagement networks" across the country to implement the Partnership for Patients quality initiative. Sixty-two New Jersey hospitals are engaged with HRET in this important work.

Background

The Partnership for Patients initiative is a public-private partnership led by the U.S. Centers for Medicare and Medicaid Services to improve the quality, safety and affordability of healthcare for all Americans. The Partnership for Patients and its over 3,700 participating hospitals are focused on making hospital care safer, more reliable and less costly through the achievement of two goals:

1. Making Care Safer. By the end of 2013, preventable hospital-acquired conditions would decrease by 40 percent compared to 2010.
2. Improving Care Transitions. By the end of 2013, preventable complications during a transition from one care setting to another would be decreased so that all hospital readmissions would be reduced by 20 percent compared to 2010.

The Partnership for Patients has identified 10 core patient safety areas of focus. They are:

1. Adverse Drug Events
2. Catheter-Associated Urinary Tract Infections
3. Central Line-Associated Blood Stream Infections
4. Injuries from Falls and Immobility
5. Obstetrical Adverse Events
6. Pressure Ulcers
7. Surgical Site Infections
8. Venous Thromboembolism
9. Ventilator-Associated Pneumonia
10. Readmissions

In December 2011, NJHA's Health Research and Educational Trust of New Jersey was selected by CMS to bring the Partnership for Patients initiative to New Jersey hospitals as part of a "hospital engagement network." Under the initiative, NJHA is engaging New Jersey hospitals in a collaborative model to create an interactive group of hospitals and health systems engaged in evidence-based education, analysis, information and data exchanges. These are tried-and-tested strategies that have proven to yield quantifiable improvement in healthcare quality and patient safety. Data reporting and benchmarking is a critical component of the effort.

Visit NJHA's Partnership for Patients Web site at www.njha.com/pfp for more information, tools and resources on this important statewide initiative.

Working Together to Make Healthcare Better

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TOPIC	WHAT WE MEASURE	BASELINE	1-YEAR STATUS	CHANGE
Adverse drug events	The rate of patients who experience an adverse outcome related to improper medication at any dose.	11.6 %	7.7 %	- 33.7%
Catheter-associated urinary tract infections	The rate of infections per 1,000 catheter days.	2.11	1.74	- 17.8 %
Central line-associated bloodstream infections	The rate of infections per 1,000 central line days.	1.58	1.12	- 29.1 %
Falls	The rate of patients per 1,000 who experience a fall that results in harm.	0.45	0.20	- 55.7 %
Early elective deliveries	The percent of babies born in an elective delivery before 39 weeks.	2.8 %	2.87 %	No change*
Pressure ulcers	The percent of patients who developed a pressure ulcer during their hospital stay.	4.09 %	1.42 %	- 65.2 %
Surgical site infection-colon surgery	The rate of post-surgical infections for patients undergoing colon surgery.	4.19 %	3.46 %	- 17.6 %
Surgical site infection-hysterectomy	The rate of post-surgical infections for patients undergoing a hysterectomy.	1.83 %	1.40 %	- 23.6 %
Surgical site infections-total knee replacement	The rate of post-surgical infections for patients undergoing knee replacement surgery.	0.97 %	0.71 %	- 26.0 %
Venous thromboembolism (VTE)†	The number of post-surgical cases of deep vein thromboembolism or pulmonary embolism (blood clots that can develop due to immobilization.)	201	168	- 16.4 %
Ventilator-associated pneumonia	The rate of cases of pneumonia in patients on a ventilator, per 1,000 ventilator days.	0.89	0.48	- 45.8 %
Hospital readmissions	The percent of discharged patients readmitted to the hospital within 30 days, for all causes.	21.8 %	20.4 %	- 6.4 %

The results reflected above are based on data from 100 percent of New Jersey's 62 HEN hospitals for catheter-associated urinary tract infections, central line-associated bloodstream infections, surgical site infections, venous thromboembolism and ventilator-associated pneumonia. All other measures are based on data reported from approximately 50 percent of hospitals.

*New Jersey's rate is below the national target of 5 percent.

†Results for this measure are based on VTE Patient Safety Indicators reported to the Centers for Medicare and Medicaid Services, pending new January 2013 VTE CMS measures.

Summary

One year after the launch of New Jersey's Partnership for Patients effort, participating hospitals have demonstrated measurable improvement on key quality measures. The national Partnership for Patients goal is to reduce hospital-acquired conditions by 40 percent and reduce preventable readmissions by 20 percent. New Jersey hospitals have already met the national goal of 40 percent reduction in three of the quality measures (pressure ulcers, ventilator-associated pneumonia and patient falls that result in injury.) Significant improvements have been measured on 11 of the 12 main indicators. (The 12th measure remains statistically unchanged.)

For patients, this work has resulted in healthcare that is safer, more efficient and ultimately more affordable. Based on this work, and reflected in this data, patients in a New Jersey hospital today are far less likely to develop a post-surgical infection; experience an adverse event from improper medication or a fall; get pneumonia, a urinary tract infection or a bloodstream infection while hospitalized; or develop a pressure ulcer.

These are interim numbers based on one year of data collection. The formal work of New Jersey's hospital engagement network will continue at least through the end of 2013. Despite significant progress to date, the quest to improve healthcare quality and patient safety is never-ending.

Data Notes

This chart shows the results of data collected from New Jersey hospitals participating in NJHA's hospital engagement network for 11 healthcare-associated conditions, along with 30-day hospital readmission rates. Data sources include the National Healthcare Safety Network, the National Database of Nursing Quality Indicators and hospital-reported data extrapolated from chart reviews. Depending on the data source, the current data reflects the 2nd, 3rd or 4th quarter of 2012.

Adverse Drug Events

An adverse drug event is an episode in which any medication at any dose may have resulted in an adverse outcome for a patient. New Jersey's HEN efforts in this area include the formation of an Adverse Drug Event Advisory Committee, where pharmacists from N.J. hospitals pilot-test processes and outcome measures, along with close monitoring and education on the use of the blood thinner warfarin. More recently, the HEN has added efforts on insulin to promote immediate response to blood sugar events.

Catheter-Associated Urinary Tract Infections (CAUTI)

Urinary tract infections account for more than 30 percent of infections reported in acute hospitals, and virtually all of those are associated with the insertion of a catheter. NJHA has led 36 of New Jersey's hospitals in a national initiative called On the CUSP: Stop CAUTI. Participants have seen significant improvements by learning from their peers, sharing best practices and participating in educational forums. Those lessons learned are now being used in NJHA's HEN.

Central Line-Associated Blood Stream Infections (CLABSI)

Central lines, which are IV lines inserted into a major vessel like a vein, leave patients vulnerable to bloodstream infections. In 2004, NJHA's Institute for Quality and Patient Safety launched a statewide quality collaborative with 55 hospitals to improve care for patients in the intensive care unit. Reducing CLABSIs was a key part of this initiative, and the participating hospitals achieved a 73 percent reduction by implementing best practices. That work was expanded in 2009 when NJHA and 42 N.J. hospitals joined a national effort called On the CUSP: Stop BSI. That work now continues under NJHA's HEN, with New Jersey providers showing continuous improvement in reducing blood stream infections. That work is now being expanded to dialysis units.

Injuries from Falls

Patient falls are the most frequently cited adverse event reported to the N.J. Department of Health's Patient Safety Reporting System. For elderly patients, falls are a significant hazard that can lead to serious injury, disability or even death. The rate of patient falls in New Jersey hospitals is below the national average, however, providers continue working to design effective risk assessment mechanisms, establish follow-up protocols and education for staff, patients and family members to further reduce the incidence of falls.

Obstetrical Adverse Events/ Early Elective Deliveries

Early elective deliveries – that is, babies electively born before 39 weeks of gestation – can pose risks to both mothers and newborns. And yet, many parents have chosen early elective deliveries for convenience or other reasons. In New Jersey, the rate of early elective deliveries has remained statistically unchanged in the first year of the HEN, however, significant progress has been made in reducing early elective deliveries in the future. Today, 51 of New Jersey's 52 acute care hospitals that provide labor and delivery services have discontinued scheduling of elective deliveries prior to week 39. These hospitals also have developed training programs around adverse events like maternal hemorrhage and medication safety. Additional plans for this year include added focus on fetal heart rate monitoring and the standardization of maternal medication protocols.

Pressure Ulcers

Pressure ulcers, also known as bed sores, are a serious healthcare occurrence in the frail and elderly. National studies show that more than 1 million individuals each year develop pressure ulcers in hospitals and nursing homes. Pressure ulcers are a serious condition that can cause pain, infection and even death in the frail elderly. NJHA's Institute for Quality and Patient Safety has overseen two highly successful quality collaboratives to reduce the incidence of pressure ulcers, with more than 50 hospitals, nursing homes, rehabilitation facilities and home health agencies participating. Working together by sharing best practices, following standardized guidelines and sharing data, this group achieved a 70 percent reduction in the incidence of pressure ulcers. That work continues under NJHA's HEN.

Surgical Site Infections

About 30 million surgeries are performed in the United States each year, and research shows that about 500,000 of them result in post-surgical infections. Patients who suffer an infection after surgery are five times more likely to be readmitted to the hospital, have longer hospital stays and have mortality rates twice that of the average hospitalized patient. In New Jersey, hospitals submit surgical site infection data for many procedures to the state, and that data is included in New Jersey's annual Hospital Performance Report. New Jersey hospitals have demonstrated consistent improvement in reducing surgical site infections through the use of a standardized surgical safety checklist and other precautions.

Venous Thromboembolism (VTE)

A venous thromboembolism, commonly known as a blood clot, affects 350,000 to 650,000 people each year, resulting in an estimated 200,000 deaths. These blood clots often strike individuals who are immobile or who are on certain medications, making them a serious concern in hospitals, nursing homes and other healthcare settings. Tracking VTEs involves identifying patients who are on certain treatment medications and intervening proactively to change treatment protocols. Under New Jersey's HEN, this work includes tracking the percentage of patients on anticoagulants, integrating risk assessment protocols and implementing processes to help prevent VTEs.

Ventilator-Associated Pneumonia

Patients who use a breathing tube or ventilator are vulnerable to pneumonia. And according to the Centers for Disease Control and Prevention, ventilator-associated pneumonia is the leading cause of mortality in hospital intensive care units. The risk increases each additional day that a patient spends on the ventilator. New Jersey's hospitals have confronted this issue through an NJHA quality collaborative and have implemented several processes and protocols to constantly assess patients and their need to remain on ventilators. Many New Jersey hospitals have now gone months at a time without a single-case of ventilator-associated pneumonia. And while statewide improvement is promising, the goal of NJHA's HEN is to help all hospitals reach this milestone.

Preventable Readmissions

Avoidable hospitalizations are dangerous for patients and costly for the healthcare system. In fact, the U.S. Centers for Medicare and Medicaid Services has begun a policy to penalize hospitals with high readmission rates by reducing their payments for treating Medicare patients. NJHA launched a statewide quality collaborative in 2012 with the American Heart Association and National Transitions in Care Coalition focusing on readmissions for heart failure patients. Since its launch, New Jersey hospitals have demonstrated some success in reducing readmissions, but more work needs to be done. Many of the protocols used to prevent heart failure patients from returning to the hospital can be replicated for other types of patients. In addition, NJHA has developed a patient follow-up tool called Well On Track that helps providers monitor patients after discharge and support them in sticking to their medication plan, scheduling follow-up visits with physicians and other important steps to ensure their recovery remains on track.