Partnership for Patients ■ Annual Report 2012

Working Together
to Make Healthcare Better

NJHA

New Jersey Hospital Association
Institute for Quality & Patient Safety

Partnership for Patients Annual Report 2012

Knowledge has no borders and more knowledge means better preparation and overall results. Healthcare is no different. Hospitals, physicians, nurses and other healthcare providers work every day to design systems of care that are safe, effective and efficient. Taking that knowledge and sharing it with others benefits everyone, especially patients.

The New Jersey Hospital Association (NJHA) and its member hospitals currently are participating in an innovative initiative called Partnership for Patients (PfP). Partnership for Patients is a national initiative developed by the Centers for Medicare and Medicaid Services (CMS) to improve the quality, safety and affordability of healthcare.

NJHA's Health Research and Educational Trust was selected by CMS to lead this effort in New Jersey as a hospital engagement network (HEN). Sixty-two acute care hospitals are just completing their first year of participation in the initiative, and we are pleased to share with you what they've been working on and how they have improved the quality of care patients receive in their institutions.

Our goals are to:

- Keep patients from getting injured or sicker. By the end of 2013, certain healthcare-associated conditions would decrease by 40 percent compared to 2010. Achieving this goal would mean about 1.8 million fewer injuries to patients, with more than 60,000 lives saved over the next three years.

- Help patients heal without complications. By the end of 2013, preventable complications during a transition from one care setting to another would be decreased so that hospital readmissions would be reduced by 20 percent compared to 2010. Achieving this goal would mean more than 1.6 million patients could recover from illness without suffering a preventable complication requiring readmission to the hospital within 30 days of discharge.

Here is what our hospitals focused on in 2012

Adverse Drug Events (ADE)

An Adverse Drug Event is an episode where any medication at any dose may have resulted in an adverse outcome to a patient. Hospitals consider any episodes that result in death, a birth defect, disability, hospitalization, threat of life or requiring intervention to prevent harm as an adverse event.

The NJHEN began its efforts in this area by forming an Adverse Drug Event Advisory Committee, where pharmacists from our state's hospitals pilot tested current processes and outcome measurements. As hospitals collected data, they successfully improved

communications and processes that at the same time resulted in systems that lowered the potential for future adverse drug events.

Hospitals began monitoring the use of the blood thinner warfarin last spring. As a result, education made available to patients increased and providers now consistently perform a vitally important key blood test before prescribing warfarin.

Insulin measures were launched in September 2012, which prompted an immediate intervention for patients who had the potential to have a blood sugar event. Most recently, participating hospitals agreed to begin measuring the use of opiods (narcotics) by the beginning of 2013.

Catheter-Associated Urinary Tract Infections (CAUTI)

Urinary tract infections account for more than 30 percent of infections reported by acute care hospitals with virtually all of those that were healthcare-associated caused by the insertion of a catheter. This form of infection has been associated with increased morbidity, mortality, hospital cost and length of stay.

Currently, 36 of New Jersey's hospitals are part of a national initiative to improve treatment and reduce catheter-associated urinary tract infections throughout their organizations. With an overall reduction in infections at 25 percent in 2012, hospitals participating in the On the CUSP: Stop CAUTI initiative have seen demonstrable improvements by learning from their peers, sharing best practices and by participating in educational forums.

Central Line-Associated Blood Stream Infections (CLABSI)

Central line-associated blood stream infections have challenged providers to implement measures to prevent complications that could have been avoided in the care setting.

In 2004, NJHA's Institute for Quality and Patient Safety launched its own collaborative to improve care for patients in the intensive care unit (ICU). At the end of the three-year initiative, 55 hospitals were part of an overall 73 percent reduction in these infections because of best practices initiated.

In 2009, NJHA engaged 42 hospitals (52 ICUs) as part of the On the CUSP: Stop BSI initiative, a funded commitment aimed at improving quality, access and cost of care. With nationally recognized clinical leadership from

Johns Hopkins University Quality and Safety Research Group, the model provided the framework for improvement at New Jersey's hospitals.

With rates steadily below the national average, these efforts boasted shared experiences and clinical knowledge resulting in small, yet steady incremental improvements. These hospitals continue to improve and refine their efforts to improve clinical care and reduce infections.

Injuries from Falls and Immobility

Falls continue to be the most frequently reported event submitted to the state's Patient Safety Reporting System (PSRS) by hospital providers. According to the New Jersey Department of Health and Senior Services, New Jersey hospitals experienced a steady increase in falls through 2008 when it peaked at 40 percent of all reported adverse events. In 2009, however, incidence of falls began to decrease slightly with an annual reporting of 37 percent of all reported events for that year.

Regardless of the care setting, the fragile nature of an elderly individual significantly increases the risk for falls or falls with serious injury or disability. Patients moving from one level of care to another experience changes in level of need based on diagnoses, other existing conditions, response to treatment or the natural changes related to the aging process.

According to the most recent information, New Jersey hospitals' rate of falls has remained under 3 percent, which is below the national average. However, providers continue to face the challenge of designing effective risk assessment mechanisms, establishing follow-up protocols, implementing policies and practices and educating staff, patients and residents to meet the needs of the communities they serve.

Obstetrical Adverse Events

In 2007, NJHA, the New Jersey Department of Health and Senior Services, the New Jersey Chapter of the American College of Obstetrics and Gynecology, the New Jersey Obstetrical and Gynecological Society, the New Jersey Chapter of the American College of Nurse Midwives and the New Jersey Association of Women's Health, Obstetric and Neonatal Nurses began discussions on the state's high rate of caesarean sections and inductions of labor prior to week 39.

Now, after just one year, 50 hospitals have discontinued the scheduling of elective deliveries prior to week 39, and have developed training programs around adverse events like maternal hemorrhage and medication safety. This achievement was as a result of hospital leaders, physicians and members of the communities aligning themselves on a common issue to improve care.

In 2013, we will continue to expand partnerships that will focus on fetal heart rate monitoring and the standardization of maternal medication protocols within each hospital.

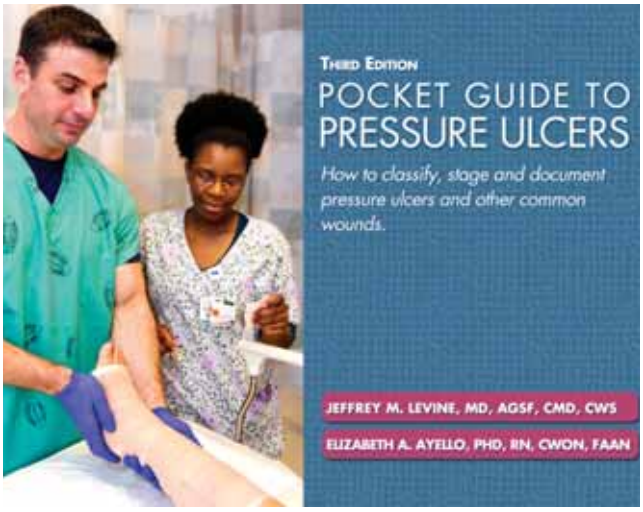
Pressure Ulcers

Pressure ulcers (also known as bed sores) are a common, serious and significant healthcare occurrence in the frail and elderly, causing pain, disfigurement and slow recovery from other existing conditions.

Studies show that each year pressure ulcers affect over one million patients and residents in hospitals and nursing homes, with associated costs exceeding $11 billion. While financial costs associated with pressure ulcers are high, the human toll of pain, depression, altered self-image, stress, infection and increased mortality and morbidity is immeasurable.

To address this issue and assist providers in working together on assessment, prevention and treatment of pressure ulcers, the NJHA/HRET's Institute for Quality and Patient Safety formed an advisory group of state and national experts and designed a statewide collaborative focusing on reducing pressure ulcer incidence across multiple healthcare settings.

Over the course of a two-year period from 2006 to 2007, more than 150 organizations across care settings (hospitals, nursing homes, rehabilitation facilities and home health agencies) worked together and implemented best practice guidelines. As a direct result, providers saw a 70 percent reduction of overall incidence.



Additionally, as a result of a public/private partnership, a universal transfer form was created to facilitate care coordination throughout the continuum. According to the New Jersey Department of Health and Human Services, "New Jersey is one of the first—if not the only—state in the nation to require the Universal Transfer Form to be used by hospitals, long term care facilities, ambulatory care facilities, assisted living facilities and home health agencies."

In the coming year, hospitals and their post-acute care partners will strive to maintain the 70 percent reduction and work toward decreasing even further the incidence of pressure ulcers.

Surgical Site Infections (SSIs)

According to national studies, surgical site infections are a major contributor to patient injury, mortality and healthcare costs. With approximately 30 million surgeries performed in the United States each year, and despite the advances in surgical and anesthesia techniques and improvements in perioperative care, variations in outcomes continue to occur.

These infections number about 500,000 a year by many researchers and account for approximately 25 percent of the estimated two million healthcare-acquired infections in the U.S. The same reports show that patients with this type of infection are five times more likely to be readmitted to the hospital, 60 percent more likely to be admitted to an intensive care unit, have mortality rates twice that of the average hospitalized patient and have lengths of stays seven days longer on average.

In New Jersey, hospitals submit surgical site infection data for colon surgery, hip and knee arthroplasty, abdominal and vaginal hysterectomy, cardiac surgery and

vascular surgery, which is made publically available in the state's annual Hospital Performance Report.

In the last year, all of the related infection measures improved with total knee replacement infections dropping by 78 percent, and colon surgery infections decreasing by 74 percent. In addition, most of the participating hospitals are using regularly the World Health Organization's surgical safety checklist.

Representatives from the New Jersey chapters of the Association of Practitioners in Infection Control, the New Jersey Department of Health and Senior Services' Office of Healthcare Quality Assessment and Healthcare Quality Strategies Inc. have partnered with hospitals to continue to address the challenge of further reducing surgical site infections.

Venous Thromboembolism (VTE)

A venous thromboembolism, commonly known as a blood clot, affects 350,000 to 650,000 people every year. Up to 200,000 deaths occur from VTE every year, with most of those deaths related to hospitalizations. Studies show that they account for 10 percent of hospital deaths and may account for more deaths than any other healthcare-associated condition.

Tracking VTEs involves identifying patients who are on certain treatment medications and intervening proactively to change treatment protocols and improve patient outcomes. In 2013, hospitals will begin tracking the percentage of patients on anticoagulants, integrating risk assessment protocols and implementing processes that will aid in VTE prevention.

Ventilator-Associated Pneumonia (VAP)

According to studies from the Centers for Disease Control and Prevention and the Agency for Healthcare Research and Quality, ventilator-association pneumonia is historically the leading cause of morbidity and mortality in hospital ICUs.

In published reports, critically high incidence can result in costs ranging from $11,000 to nearly $60,000. Morbidity and mortality is compromised by each additional day that an individual spends on the ventilator in the ICU and subsequently in the hospital.

New Jersey's hospitals have demonstrated outstanding success in this area with many hospitals going for months at a time with no cases of ventilator-associated pneumonia. The goal for 2013 is to help all hospitals reach this milestone.

Preventable Readmissions

According to published reports, avoidable hospitalizations are dangerous for patients while placing a costly burden on the healthcare system overall. Research has shown that heart failure contributes to millions of hospitalizations each year, $29 billion in total hospital costs annually and 10 percent of total hospital expenditures. A significant number of hospitalizations occur from nursing homes each year and up to 300,000 patients die from the disease annually.

Beginning in 2007, the Robert Wood Johnson Foundation funded NJHA's Institute for Quality and Patient Safety to work with 10 hospitals to improve care for

minority patients with chronic heart failure as part of a program called Expecting Success.

Hospitals focused on gathering data on the race and ethnicity of their patients and used that data to develop and implement a variety of care management tools and best practices, including advanced practice nurse-led care, patient educations work groups and post discharge follow-up activities to improve care and reduce readmissions.

Based on lessons learned, a statewide collaborative was initiated in 2010 focusing on readmissions of heart failure patients and partnered New Jersey's hospitals with the American Heart Association and the National Transitions in Care Coalition. This initiative included acute care hospitals, nursing homes, rehabilitation hospitals and home health agencies.

In 2012, other areas besides heart failure were included in provider efforts, and over the past two years, 30-day readmission rates for all Medicare patients discharged from NJHEN hospitals has declined steadily each quarter.

Many hospitals are looking at various software programs that will help them identify those patients at risk for readmission and to then take proactive steps to prevent readmission. This could include follow up phone calls from a nurse, home visits to check on how patients are doing with their medications and intensive education of nursing home staff.

Patient and Family Engagement

As a healthcare consumer, patients have the right to expect high quality care. Studies suggest that patients who talk with their doctors tend to be happier with their care and ultimately have better medical results.

During the past year providers have worked to do a better job at engaging patients, family members and the community on committees that help shape new policies and practices. There are many initiatives planned for 2013, including having hospitals identify former patients to sit on their board of trustees, and asking patients to tell their stories so hospitals can better understand the patient experience and improve it.

Several partnerships have been formed with community-based providers and government agencies to provide hospitals and consumers with a vast array of resources available to help patients once they are discharged from the hospital.

Patients, consumers and family members also can take advantage of the recently launched Partnership for Patients Web site at www.njha.com/pfp, which offers a wealth of information and resources designed to further educate everyone on what they can do to help avoid healthcare-associated conditions during a hospital visit plus more detailed information on the Partnership for Patients initiative.

What Does All This Mean?

New Jersey hospitals place great pride in the work they do each day, delivering high quality, safe patient care to those in need. They recognize, however, that with the changing landscape of healthcare and advances in medicine, there is a resounding call for continued improvement.

The Partnership for Patients initiative is an opportunity for providers of care to learn from each other by sharing evidence-based practices and models for partnering with other care providers, regardless of the setting. In hearing the voice of the patient, either through survey or at the bedside, our hospital teams are able to set a course of action that will foster an environment that meets the diverse needs of the communities they serve in their greatest time of need.