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QualityCollaborative

A Partnership Sponsored by the Greater New York Hospital Association and the United Hospital Fund

With this issue, we introduce *Quality Collaborative's* new look. The "Inside" box on the cover summarizes the contents at a glance, and the type was chosen for its readability.

New Collaborative Aims to Reduce Readmissions from Nursing Homes

Nearly 20 New York hospitals will be working together to improve patient transitions—from hospital to nursing home and nursing home to emergency department—through a new quality improvement initiative jointly launched by GNYHA and UHF.

Participating hospitals in the *IMPACT* (*IMprove Processes And Care Transitions*) to Reduce Readmissions Collaborative will work with one or more nursing homes to streamline and improve current efforts to coordinate care and reduce avoidable readmissions. Beyond strengthening relationships between the hospitals and nursing homes, the collaborative aims to identify and address communication gaps and to embed reliable processes for sharing critical patient information between organizations and with patients and their family caregivers.

Building on an existing education and training program for providers, *IMPACT* will also focus on advance care planning prior to hospital discharge and on increasing the effectiveness of patient engagement—leveraging the resources for family caregivers and health care providers developed by UHF and available on its Next Step in Care website (**www.nextstepincare.org**). The collaborative's work will also complement the ongoing readmission reduction efforts of the NYS Partnership for Patients, led by GNYHA and the Healthcare Association of New York State. ■

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Partnership Gets Contract for Year 3

The Centers for Medicare & Medicaid Services has renewed the NYS Partnership for Patients (NYSPFP) contract, co-sponsored by GNYHA and the Healthcare Association of New York State, for a third year. This funding is part of a nationwide effort to tackle patient harm across the board, including a 40% reduction in specific hospital-acquired conditions and a 20% reduction in hospital readmissions. Building on its longstanding partnership with GNYHA focused on quality improvement and patient safety, UHF is also actively engaged in New York's initiative.

"We are pleased to have the opportunity to continue working with the more than 170 hospitals statewide participating in the program and making a real difference in improving patient safety and quality of care," said Lorraine Ryan, senior vice president for legal, regulatory, and professional affairs at GNYHA.

NYSPFP is addressing 12 focus areas, including nursing-centered initiatives such as preventing adverse drug events and pres-

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Leadership and Teamwork: Essential Components of Quality Improvement

GUEST COLUMNIST
Alan D. Guerci, MD
President and Chief Executive Officer
Catholic Health Services of Long Island

Catholic Health Services of Long Island (CHSLI) has a longstanding, system-wide commitment to providing the highest quality care. We take the delivery of excellent, safe care seriously—it is not merely a question of dedication; as part of our mission, it is our moral obligation.

We have an integrated framework for quality and patient safety throughout the CHSLI system and support it as a core mission from the top down—that is, from the system-level governing board leadership to the level of the individual entity. This framework incorporates processes for engagement, accountability, informed decision making, innovation, education, and sustainability. Each component is critical to cultivating and preserving a patient safety culture and to achieving better, safer care.

In addition to leadership, teamwork is central to our quality improvement efforts. Providing care in a hospital, particularly for patients with complex problems, is never provided by one person working in isolation. In our system, we pride ourselves on teamwork and collaboration, not only within individual hospitals, but also by sharing best practices, and problem solving to address common challenges across sites. We recognize and celebrate each hospital's differences, but ultimately come together as a system under one mission to ensure patients receive outstanding care.

One example of our system-wide quality improvement efforts is our participation with the GNYHA/UHF *STOP (Strengthening Treatment and Outcomes for Patients)* Sepsis Collaborative. This initiative has been important to us because, although we have "thought leaders" and champions within our system, collaboration with others in the region can help engineer and implement best practices. We recognize this type of joint initiative provides learning opportunities from others, which we get to reciprocate by sharing the successes and achievements that have been accomplished at CHSLI.

"Among the CHSLI hospitals participating in the *STOP* Sepsis Collaborative, the number of hours from recognition of severe sepsis to achievement of resuscitation goals has decreased by 66% from 2011 to 2013."

Through this initiative our staff has developed, tailored, and implemented tools to assist with early identification and treatment of patients with severe sepsis. Through a system-wide collaborative effort, CHSLI created a sepsis trigger tool based on systemic inflammatory response syndrome (SIRS) criteria and clinical presentations that cue providers to identify cases earlier. With support from senior leadership, we educated staff on the development of new tools, protocols, and policies—and overall increased the awareness of severe sepsis and septic shock as a true medical emergency. Every hospital campus has a sepsis committee, and staff from each campus are represented at the system level.

The support provided by GNYHA and UHF has enabled us to track data related to process improvements throughout the *STOP* Sepsis Collaborative. I am proud to say that among the CHSLI hospitals participating in the *STOP* Sepsis Collaborative since 2011, the mean number of hours from recognition of severe sepsis to achievement of resuscitation goals among CHSLI hospitals has decreased by 66%, from 2011 to 2013. In addition to the system-wide process improvements, individual campuses have differentiated themselves with their own successes, including, for example, a decrease in the mortality rate at St. Francis Hospital by 12%, from 33% in the first quarter of 2013 to 21% in the third quarter of the same year. This is a testament to the dedication and efforts of individual teams and collaboration at the system level.

We feel confident that the achievements CHSLI has made throughout all of our quality improvement endeavors have been hardwired into routine processes and will spur other improvements. The strides that have been made thus far will help not only to sustain those efforts, but to serve as a template for addressing other challenges at the hospital and the system levels in the future. ■

Brooklyn Hospitals Pool Regional Knowledge at Quality Improvement Forum

Sharing innovative strategies and learning lessons from quality improvement activities were among the attractions that brought together nine Brooklyn-area hospitals in early November for a meeting convened by the NYS Partnership for Patients (NYSPFP). At the forum, leaders from NYSPFP provided an overview of its statewide accomplishments over the last two years and its key priority areas for 2014.

Hosted by Maimonides Medical Center, the meeting drew physicians, nurses, and administrators who discussed common challenges as well as insights gained from internal quality improvement activities. Representatives from one hospital shared information about a successful pilot project to reduce readmissions among congestive heart failure patients. Attendees from another hospital discussed a physician-led effort to prevent hospital-acquired pressure ulcers. Others focused on a multidisciplinary approach to improving surgical safety and reducing surgical site infections. Staff from NYSPFP and hospital leaders also discussed the importance of cultural competency in care delivery and ways to more effectively engage patients and their families in care.

"I'm looking forward to bringing back a number of these ideas to my hospital to see whether they might work for us as well," said one attendee.

The November meeting was just one of many regional forums planned for hospitals throughout the state. Led by GNYHA and the Healthcare Association of New York State, with additional strategic leadership and technical support from UHF, NYSPFP will continue to use these forums and other efforts to assist hospitals in collaborating on performance improvement strategies to optimize the quality and safety of care for their patients. ■

Palliative Care Leadership Collaborative: Hospital Success Stories

In its efforts to standardize practice and gain greater traction and support for palliative care among hospitals in the metropolitan area, the Palliative Care Leadership Collaborative is applying the methodology from earlier successful GNYHA/UHF quality improvement initiatives—including the development of new treatment guidelines and action steps. The experiences of two participating hospitals are highlighted here.

Lenox Hill Hospital (North Shore–LIJ Health System) When Lenox Hill's palliative care director and lead intensive care specialist jointly recognized that more patients in the medical intensive care unit could benefit from the hospital's palliative care resources, they developed a list of criteria to automatically trigger a consult: age 80 or over, with multiple chronic illnesses, pain, and shortness of breath. Those characteristics would automatically bring in the palliative care team and, when appropriate, collaborating specialists from the hospital's ethics, geriatrics, counseling, and music therapy departments. Care goals, including addressing each patient's code status and identifying and assessing family caregivers, are an integral part of the consult. To ensure ongoing services, the palliative care team continues to follow patients when they transfer out of the intensive care unit.

Since the automatic trigger was instituted, palliative care consults have increased by 67% in the unit, and collaboration among nurses, intensive care specialists, palliative care providers, and medical residents has improved. Involvement of the music therapist has also raised awareness throughout the intensive care unit and medical floors of the value of nonclinical patient care services. Plans are underway for its expansion to the oncology unit.

Memorial Hospital for Cancer and Allied Diseases Memorial saw participation in the Palliative Care Leadership Collaborative as an opportunity to improve education and refine guidelines on extubation—the withdrawal of ventilator support—for intensive care or surgical acute care unit patients nearing the end of life. Simultaneously, in focusing on the earlier identification and referral of patients who could benefit from palliative care, the project fostered greater collaboration between Memorial's palliative care and intensive care unit staffs.

That improvement in collaborative planning resulted in significant culture change. Before the project's new guidelines—including consistent documentation of end-of-life wishes, referral to the

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Fellowship Program Begins Its Sixth Year

On January 29, the Clinical Quality Fellowship Program, the GNYHA and UHF–sponsored training program designed to develop the next generation of quality improvement leaders in hospitals throughout the region, began its sixth year. This new class of 20 physicians and nurses represents a wide range of clinical specialties, including pediatric critical care and surgery, urology, radiology, emergency psychiatry, performance improvement, and nursing education. Interest in the program continues to grow as graduating fellows progress to careers in health care quality and performance improvement, and garner recognition for effecting change at their respective institutions.

The 15-month program focuses on developing the skills of early- to mid-career physicians and nurses to lead quality and patient safety initiatives in their institutions—skills rarely if ever taught in medical and nursing schools. This year's class includes 16 physicians and four nurses. ■

2014–15 Class of Clinical Quality Fellows

- Vimla Aggarwal, MBBS, FACMG – *NewYork-Presbyterian Hospital, Columbia University Medical Center*
- Jonathan Arend, MD – *The Mount Sinai Health System*
- Gabriella Azzarone, MD – *The Children's Hospital at Montefiore*
- Melvyn Braiman, MD, FAAP – *SUNY Downstate Medical Center*
- Margaret Celenza, MSN, RNC-OB, C-EFM – *Winthrop-University Hospital*
- Jennifer Crotty, RN, MA, CPNP – *NewYork-Presbyterian/Morgan Stanley Children's Hospital*
- Calvin Hwang, MD, MPH – *North Central Bronx Hospital/NYCHHC*
- Kaedrea Jackson, MD, MPH – *Kings County Hospital Center/NYCHHC*
- Danny Kim, MD, MSE – *NYU Langone Medical Center*
- Linda Kurian, MD – *North Shore-LIJ Health System*
- Charles Luther, MD – *Lenox Hill Hospital/North Shore LIJ Health System*
- Elaine Meyerson, MA, RN – *Lutheran HealthCare*
- Vishnu Oruganti, MD – *Jacobi Medical Center/NYCHHC*
- Franscene Oulds, MD – *The Brookdale University Hospital and Medical Center*
- Alfredo Rabines, DO – *Lutheran HealthCare*
- Winston Ramkissoon, MS, MPH, RN, CEN – *Hackensack University Medical Center*
- Ingride Richardson, MD – *Jacobi Medical Center/NYCHHC*
- Marie-Laure Romney, MD – *SUNY Downstate Medical Center*
- Bradley Shy, MD – *The Mount Sinai Health System*
- Adam Szerencsy, DO – *NYU Langone Medical Center*

Palliative Care (continued)

palliative care chaplain or intensive care unit social worker, and caregiver assessment—palliative care was provided for 40% of patients eligible for ventilator withdrawal. That increased to approximately 70% over the course of the initiative. Further, the clinical team began working with patients and families for a week, on average, rather than one or two days, before extubation, improving the family experience. Clinical satisfaction with the new model is strong, and a palliative care fellow now routinely covers the intensive care unit.

The projects were not without challenges, including achieving consistency in the assessment of the needs and capabilities of family caregivers. Nevertheless, at both hospitals, awareness was raised among the clinical staff about the value of caregiver assessment.

GNYHA and UHF will continue palliative care efforts in 2014, with a bi-monthly educational series focused on palliative care issues such as care coordination, the importance of integrating family caregivers in care planning, care transitions from one setting to another, and palliative care in the non-acute setting. ■

Partnership (continued)

sure ulcers, preventing infections that can occur in health care settings, and improving obstetrical safety.

GNYHA and UHF, as part of NYSPFP, look forward to continuing to work with hospitals to achieve meaningful and sustainable quality improvement. For more information about NYSPFP, visit **www.nyspfp.org** or contact Lorraine Ryan at **ryan@gnyha.org** or Hillary Jalon at **hjalon@uhfnyc.org**. ■

QualityCollaborative

Quality Collaborative is published three times a year, covering the efforts of the UHF/GNYHA partnership to improve hospital quality of care and patient safety.

GNYHA is a trade association representing nearly 250 hospitals and continuing care facilities, both voluntary and public, in the metropolitan New York area and throughout the State, as well as New Jersey, Connecticut, and Rhode Island.

United Hospital Fund (UHF) is a health services research and philanthropic organization whose primary mission is to shape positive change in health care for the people of New York.