

Quality Collaborative

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

IMPACT's Progress at the Two-Year Mark

Established in 2014 by Greater New York Hospital Association (GNYHA) and United Hospital Fund (UHF), the *IMPACT (Improve Processes And Care Transitions)* to Reduce Readmissions Collaborative continues efforts to help participants avoid hospital admissions and readmissions of nursing home residents and home care patients. *IMPACT* identified improving communication as essential in minimizing preventable readmissions and the associated costs, which can be significant given the new Affordable Care Act penalties. With that in mind, the collaborative has focused on creating a strong foundation for better

communication among the 18 hospitals, 28 nursing homes, and five home care agencies participating, as well as between providers, patients, and caregivers.

The past year's highlights include recent caregiver-related legislation and hospital-based programs for enhancing communication.

Engaging Patients and Caregivers

In a caregiver-related presentation held in October, Suzanne Mitchell, MD, Assistant Professor of Palliative Care and Family Medicine and co-researcher of Project Re-Engineered Discharge (Project RED) at Boston University, stressed the importance of understanding the patient population. Dr. Mitchell noted that asking patients the right questions about clinical and personal needs is critical, and that a "one-size-fits-all approach" does not always work.

In a November webinar addressing care transition needs, Lorraine Ryan, Senior Vice President, Legal, Regulatory, and Professional Affairs, GNYHA, explained the key provisions of the CARE (Caregiver Advise, Record, and Enable) Act and shared a CARE Act readiness assessment tool to assist hospitals in identifying gaps in current practices. Enacted in 18 states, including New York, the CARE Act requires that hospitals ask patients to identify a person who can care for them at home and that

they train that person on the necessary health-related tasks to be provided in the home. Carol Levine, Director of the Families and Health Care Project, UHF, also offered insights on engaging and educating caregivers, highlighting several caregiver resources that UHF has developed as part of its Next Step in Care program.

In December, *IMPACT* participants attended a robust session focusing on hospital-based initiatives to improve care transitions. Susan Goldberg, RN, MPA, Vice President, Organizational Performance at Maimonides Medical Center, reported on the progress of a transfer center staffed by a nurse around the clock to triage calls for patient transfers from nursing homes to the Emergency Department. Fran Silverman, ACSW, LCSW-R, Director, Social Work, Mount Sinai Beth Israel, discussed her facility's efforts to improve communication during care transitions, using "warm"—i.e., live—communication handoffs between clinicians in patient transfers between hospitals and nursing homes. The NYU Langone and Visiting Nurse Service of New York team shared an update on the successful implementation of "teach-back," a method used to educate patients and caregivers to ensure that essential information is clearly communicated and

continued on page 4

Inside

- 2 **Clinical Quality Fellowship Program Evolves: An Interview with Rohit Bhalla, MD**
- 3 **GNYHA/UHF Clinical Quality Fellowship Program Current Fellowship Classes**
- 4 **Second Round of NYS Partnership for Patients Advances Safety Goals**



Clinical Quality Fellowship Program Evolves: An Interview with Rohit Bhalla, MD

Lunched in 2009 by GNYHA and UHF, the Clinical Quality Fellowship Program has grown in importance and relevance with each graduating class. With final selections made for the class of 2016–17, Quality Collaborative sat down with Rohit Bhalla, MD, MPH, Vice President and Chief Quality Officer at Stamford Hospital and a key faculty member of the fellowship program since its inception, as well as its current chair, for his perspectives on how it continues to evolve to meet the changing needs of health care.

Quality Collaborative: The application field for those wanting to participate in the program has never been stronger. What makes it so appealing?

Dr. Rohit Bhalla: There's no doubt, positive word of mouth has been a big draw. The program also features some key differences from others out there—a lot of our applicants have participated in other programs, interestingly, they come to us for added training, skill building, and professional development in quality improvement.

With many of the other programs, participants have to leave the hospital where they work and be trained elsewhere for an extended period of time. With ours, they get to continue clinical work at their hospitals. Moreover, our program is practical, focusing ultimately on helping the fellow build skills on how to effectively plan and implement quality improvement initiatives at his or her organization. And the work our participants do is longitudinal, allowing

them to look at their projects over time in their home organization, which encourages them to build working relationships with on-site clinicians and achieve sustainable successes.

It's heartening to see senior leaders in hospitals continuing to offer support for applicants, year after year. This tells me that they see a real benefit.

Another thing that makes the program work so well is the remarkable faculty. We have 12 quality improvement experts from throughout the region who mentor the fellows and bring invaluable knowledge to the table.

QC: Final selections have been made for a new class—the program's eighth. With so much reform and other change occurring in health care, how has the fellowship program evolved over time?

RB: The program has evolved on many fronts.

Participant-wise, we started with physicians only. In recognition of the interdisciplinary nature of quality improvement, we expanded the program in the second year to include nurses, and both physicians and nurses have been participants ever since.

We started with a focus almost exclusively on acute care in hospitals. Obviously, reform legislation has been a huge force in health care over the past eight years, which has driven changes at federal, state, and regional levels, and we've adapted. Today, our fellows have an interest in and learn about accountable care, patient-centered medical homes, and quality improvement within primary care settings.

Content-wise, the curriculum has also expanded. Today, it addresses such topics as the alignment of quality and health information technology, the growing importance of standardized measurement, leadership techniques to use in the implementation of quality improvement efforts, change-management principles to achieve high reliability in health care, and skill-building activities for team-based care.

QC: Have you also seen changes in the capstone quality improvement projects that fellows lead as a key part of the program?

RB: With the field of quality improvement expanding in scope, many capstone projects in the last few years have not been about only bread-and-butter hospital safety concerns. They've addressed issues of timeliness, transitional care, and quality improvement within ambulatory settings, too. I think these are all healthy changes.

I should underscore the importance of the capstone projects not just to the fellow's training, but to the home organization as well. To the degree that the project makes meaningful change, it's a great benefit to the organization, at a price that can't be beat – free! We're essentially giving clinicians skills to be internal management consultants, and with the capstone the organization gets an applied improvement effort from someone who's embedded there, knows his or her way around, and can focus on the project at hand, as well as its sustainability over time. ■

GNYHA/UHF Clinical Quality Fellowship Program Current Fellowship Classes

These fellows compose the seventh and eighth classes of the Clinical Quality Fellowship Program, which supports the training and professional development of early- and mid-career physicians and nurses with the specific purpose of helping them to lead and champion quality improvement and patient safety efforts within their hospitals. Including these classes, there have been 152 participants in the program—123 physicians and 29 nurses—from more than 50 hospitals.

Class of 2016–2017

- **Tracy Dowlat, RN**, Brookdale University Hospital and Medical Center
- **Kevin Slavin, MD**, HackensackUMC
- **Natalie Bell, MSN, RN, ACNP-BC, OCN**, Memorial Sloan Kettering Cancer Center
- **Theresa Madaline, MD**, Montefiore Medical Center
- **Beth Kranitzky, MD**, Mount Sinai Beth Israel
- **Trini Truong, MD**, The Mount Sinai Hospital
- **Natalie Wilson, MS, RN**, The Mount Sinai Hospital
- **Bernard Biviano, MD**, Mount Sinai Queens
- **Kathy Navid, MD**, Mount Sinai Queens
- **Francois Dufresne, MD**, Mount Sinai St. Luke's
- **Michael Redlener, MD**, Mount Sinai St. Luke's
- **Bernice Emmanuelli, RN, BSN, MD**, Mount Sinai West
- **Matthew Lambiase, MSN, BSN**, NYC Health + Hospitals/Bellevue
- **John McMenamy, MD**, NYC Health + Hospitals/Bellevue
- **Chinyere Anyaogu, MD, MPH**, NYC Health + Hospitals/ North Central Bronx
- **Yvette Calderon, MD, MS**, NYC Health + Hospitals/ North Central Bronx
- **Stephanie Muylaert, MD**, NYP/Weill Cornell Medical Center
- **Ilseung Cho, MD**, NYU Langone Medical Center
- **Prashant Sinha, MD, FACS**, NYU Langone Medical Center
- **Diana Contreras, MD, MPH**, NYU Lutheran
- **Sarah Kaplan, MSN, RN-BC**, NYU Lutheran
- **David Hirschwerk, MD**, Northwell Health, North Shore University Hospital
- **Janine Liza Duran, RN, CEN, MS, APRN**, SBH Health System

- **Denise May, NP**, Winthrop University Hospital
- **Umar Choudhry, MD, MBA**, WMCHealth, Bon Secours Charity Health System, Good Samaritan Hospital Center (Suffern)

Class of 2015–2016

- **Maria Teresa Timoney, CNM**, Bronx Lebanon Hospital Center Health System
- **Lisa Tank, MD, FACP**, HackensackUMC
- **Fouad Atallah, MD**, Maimonides Medical Center
- **Chhavi Kumar, MD**, Memorial Sloan Kettering Cancer Center
- **Glenn Kashan, MD**, Mount Sinai Beth Israel
- **Robert Freeman, MSN, RN-BC**, Mount Sinai Health System
- **Hyung (Harry) Cho, MD**, The Mount Sinai Hospital
- **Amrita Gupte, MD, MPH**, Mount Sinai Queens
- **Jeffrey Rabrich, DO, FACEP**, Mount Sinai West
- **Barbara Gatton, MD**, New York Methodist Hospital
- **Daniel Crossman, MD**, NYP/Lower Manhattan Hospital
- **John Babineau, MD**, NYP/Morgan Stanley Children's Hospital
- **Roxana Lazarescu, MD**, NYP/Queens
- **Jean Versace, RN, CCM**, NYP/Queens
- **Kenneth Feldhamer, MD**, Northwell Health, North Shore University Hospital
- **Yasir Al-qaqaa, MD**, NYU Langone Medical Center
- **Raghad Said, MD**, NYU Langone Medical Center
- **Nada Abou-Fayssal, MD**, NYU Lutheran
- **Karen DeLorenzo, MSN, RN, CHCR**, NYU Lutheran
- **Daniel Lombardi, DO, FACEP**, SBH Health System

Second Round of NYS Partnership for Patients Advances Safety Goals

The second iteration of the NYS Partnership for Patients started in late September and is now fully underway. Led again by GNYHA and the Healthcare Association of New York State, with support from UHF, the NYS Partnership for Patients has enrolled more than 150 hospital sites in this second round, which aims to reduce hospital-acquired conditions by 40 percent and preventable readmissions by 20 percent.

The partnership's statewide educational series provides hospitals with opportunities to learn about best practices from local and national experts on a range of topics, with new areas in this round to include sepsis and septic shock, *Clostridium difficile*, and delirium. Other areas in which work is picking up where it left off from the first round include catheter-associated urinary tract infections, central line-associated bloodstream infections, surgical site infections, adverse drug events (as well as best practices for glycemic management), pressure ulcers, patient falls, and venous thromboembolism. Regional and hospital-level educational sessions are held to facilitate more targeted sharing around the implementation of best practices.

NYS Partnership for Patients is one of 17 such initiatives led by national, regional, or state hospital associations and health system organizations across the country, continuing efforts undertaken in the first round, which began in 2011. Improvements achieved from the first round of the NYS Partnership for Patients included:

- 1,832 fewer early elective deliveries, giving babies a healthier start in life

and reducing risk for mothers;

- 25,351 avoided hospital readmissions within 30 days of discharge; and
- 1,279 fewer infections resulting from the use of central intravenous lines which withdraw blood and provide patients with fluids and medication.

These results coincide with a recent report issued by the Agency for Healthcare Research and Quality indicating that the rate of hospital-acquired conditions decreased by 17 percent from 2010 to 2014, averting approximately 2.1 million inpatient adverse events cumulatively during that timeframe. Aggregating national data, the Department of Health and Human Services has estimated that 50,000 fewer patients died in hospitals and approximately \$12 billion in health care costs were saved as a result of a reduction in hospital-acquired conditions from 2010 to 2013—much of the success attributed to the national Partnership for Patients initiatives.

In the second round just underway, the NYS Partnership for Patients is providing hospitals with tools to help build internal capacity for change and improvement in specific service lines, or patient safety hubs, including critical care, medical-surgical, obstetrics, operating room, and emergency room departments. Hospitals are embracing this approach as a method to ensure that highly reliable, systemic quality improvement processes exist in each department, rather than focusing on individual topic-specific quality improvement projects.

For more information about the NYS Partnership for Patients, visit www.nyspfp.org. ■

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understood prior to discharge. Amanda Ascher, MD, Chief Medical Officer of Bronx Partners for Healthy Communities, a Delivery System Reform Incentive Payment (DSRIP) Performing Provider System, offered her perspective on how *IMPACT* providers can strategize and leverage the benefits of their care transition activities to more broadly effect improvement with the goals of improving interdisciplinary care coordination, realignment of incentives, and addressing social determinants of health.

Looking Ahead

As the collaborative continues to plan and showcase its third-year activities, it will be shifting its focus to problem areas, including conducting effective case reviews, implementing medication reconciliation, and effectively hardwiring the necessary changes to ensure that these processes are carried out reliably. Educational sessions and workshops focused on operationalizing the New York State CARE Act and how to collect appropriate process measures will also be offered. ■

Quality Collaborative

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 more than 160 member hospitals and health systems, in the metropolitan New York area and throughout the State, as well as New Jersey, Connecticut, and Rhode Island.

United Hospital Fund (UHF) is an independent, nonprofit organization that works to build a more effective health care system for every New Yorker.

