Spring 2018

Quality Collaborative

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

Clinical Quality Fellowship Program at 10 Years

In January 2018, the GNYHA/UHF Clinical Quality Fellowship Program (CQFP) reached its 10th anniversary, a major milestone. The 10th class of 29 fellows—23 physicians and six nurses—has embarked on a rich learning experience that will provide a unique opportunity to gain knowledge and skills to help them become quality leaders for their organizations.

The Fellows

The new class brings a diverse range of medical and nursing backgrounds specializing in neonatology, psychiatry, midwifery, oncology, trauma surgery, and primary care, among others. They work in academic medical centers, community hospitals, and outpatient clinics.

The diversity of their backgrounds and interests is shaping a rich variety of capstone projects. Examples include the development of a workflow for screening and treatment of preoperative anemia, improvement of diagnostic test results, follow-up in the ambulatory setting, and decreasing length of stay on a geriatrics unit through early mobilization.

The Faculty

GNYHA and UHF are fortunate to have a committed and experienced cadre of faculty guiding the implementation and evolution of this special program. Among them are physicians and nurses in various leadership positions at the region's health care institutions who not only advise GNYHA and UHF on important programmatic direction, but also mentor and coach the fellows through development and deployment of their capstone initiatives. We are ever grateful for their time and expertise.

This year we are pleased to add a new member to our faculty and advisory committee, Dr. Foster Gesten, Chief Medical Advisor for Quality and Health Care Delivery at GNYHA.

CQFP at 10 Years—A Look Back

Much has changed in health care and CQFP since the inception of the program. The first class comprised 16 clinicians—all physicians. In 2011 (Class 3), in recognition of a team-based approach to quality and the important role of nurses in clinical leadership, the program began admitting nurses. The program has further evolved in response to the need to address quality across the continuum of care, by expanding its focus and reach into the ambulatory setting. Faculty have led the charge by modifying the curriculum to include quality improvement topics on ambulatory care as well as in addressing issues around coordination across settings. A testament to the success of the program is that many of our fellows continue to be involved with the program after graduation. All alumni are invited to participate in key events throughout the year. A CQFP LinkedIn group, created to facilitate sharing of information and networking among fellows, alumni, and faculty, has grown to 89 members. In addition, several former fellows are serving as program faculty and mentors to current fellows.

View this year's CQFP class:
http://www.gnyha.org/news/clinical-quality-fellowship-program-at-10-years

Evaluation results from fellows who graduated from the program in April 2017, the most recent class to complete the program, indicate widespread satisfaction and achievement of program goals.

- Fellows were asked to rate their knowledge and skills related to

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GREATER NEW YORK HOSPITAL ASSOCIATION GNYHA

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Transforming Your Hospital into an HRO: An Interview with LaRay Brown

In an ongoing commitment to improving the outcomes and quality of patient care, GNYHA and UHF launched the High Reliability Organization (HRO) Leadership Forum in January 2018. The Forum supports hospitals and health systems as they incorporate high reliability principles into their daily practices.

LaRay Brown, President of Interfaith Medical Center (IMC) and Chief Executive Officer of One Brooklyn Health System, Inc. (OBHS), spoke with QC on IMC's experience with the Forum (OBHS is a partnership of Brookdale University Hospital Medical Center, IMC, and Kingsbrook Jewish Medical Center).

Quality Collaborative: *Can you describe your strategy for promoting a safety culture prior to the Forum? What are your improvement area targets?*

Ms. Brown: IMC has been highly engaged in clinical improvement initiatives and efforts to promote a safety culture. With GNYHA's support, IMC is actively participating in the New York State Partnership for Patients (NYSPFP), and is proud to be one of the top-performing Brooklyn hospitals achieving higher than average performance on seven NYSPFP measures. When the opportunity arose to join the Forum, we felt it would complement and help further develop the behavioral and cultural components of initiatives already in place. Prior to the Forum, IMC leadership conducted monthly Executive Rounds. The Forum has provided insight into conducting more effective rounds that involve line staff. Leadership is revising the format to include HRO principles and concentration on "Zero Harm." A guiding principle for our organization and staff is a commitment to compassionate, safe, and equitable care for all of our patients.

Quality Collaborative: *In what ways has the Forum had an impact on IMC's quality and patient safety efforts?*

Ms. Brown: IMC is engaged in a number of quality improvement and patient safety efforts, many of which were underway before we joined the HRO Leadership Forum. We believe that embedding high reliability principles across the organization will drive further improvement by ensuring that staff execute clinical and other practices more consistently and effectively, leading to sustainable and spreadable change. We are moving from merely implementing patient safety interventions to establishing a deep-rooted culture of safety that can prevent errors and harm wherever risk exists.

More specifically, we are using the HRO principles to enhance and expand our existing initiatives. For example, IMC has participated in the Agency for Healthcare Research and Quality (AHRQ) Culture of Safety Survey through NYSPFP. Analyzing our results through the lens of the principles of HRO, our HRO leadership team developed six patient engagement and six quality improvement priorities, including propagating interdisciplinary rounding at the patient bedside and expanding successful daily patient safety calls to include weekends.

We are focused on expanding our infection control efforts and are committed to reducing the incidence of hospital-acquired conditions. Daily rounds are conducted to ensure that central lines and Foley catheters are utilized only when necessary. Our interdisciplinary Sepsis Team meets weekly to review compliance with treatment protocols. IMC maintains a close to zero *Clostridium difficile* infection rate and has taken a deep dive into sepsis improvement by participating in a sepsis readmission pilot program, as adapted from AHRQ's Designing and Delivering Whole-Person Transitional Care: The Hospital Guide to Reducing Medicaid Readmissions (ASPIRE) tool. IMC was also the first hospital to host a GNYHA regional forum on sepsis.

Quality Collaborative: *How has the Forum contributed to IMC's leadership?*

Ms. Brown: Having multiple members of the C-suite team engage in the Forum has helped us have important conversations on what high reliability means for the organization. These discussions have compelled our team to acknowledge our gaps, potential weaknesses, and that failure is a possibility.

The baseline assessment tool each team member completed at the onset of the Forum helped identify variation in

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Bringing Antibiotic Stewardship to Hospital Outpatient Sites

The United Hospital Fund (UHF) grant initiative on outpatient antibiotic stewardship, which engages 35 outpatient clinics from seven hospital and health systems, has been actively working to improve antibiotic prescribing for the past two years. Participants are building on interventions and lessons learned from the first phase of the UHF initiative to address the misuse and overuse of antibiotics for acute respiratory infections.

The hospital outpatient teams focused on the following: electronic health record (EHR) tools and modifications, patient education, provider education, and provider feedback. While most teams have developed interventions to address each key area, their efforts have been tailored to the outpatient site based on the teams' knowledge of staffing, workflow, and resources.

UHF hosted two in-person meetings; the first to highlight early planning for implementing interventions and reviewing the core elements of antibiotic stewardship, including a framework developed by the Centers for Disease Control and Prevention (CDC) to promote successful antibiotic stewardship. Dr. Katherine Fleming-Dutra, a medical epidemiologist with the Office of Antibiotic Stewardship at the CDC, discussed the core elements and provided examples of evidence-based interventions for each.

The second meeting highlighted troubleshooting specific challenges and included developing and disseminating provider feedback reports and creating modifications to EHRs. Dr. Rita Mangione-Smith, division chief of general pediatrics and hospital medicine at the University of Washington and the director of the quality of care research fellowship at the Seattle Children's Hospital, discussed via webinar a four-part communication strategy for clinicians to use when discussing antibiotic prescribing with patients with acute respiratory infections.

Next Steps

Hospital outpatient teams will begin collecting post-intervention data on prescribing practices, which UHF will use to compare to data from the initiative's initial stage to track progress. UHF will also engage teams on how best to sustain their antibiotic stewardship efforts. A final meeting will be planned for early June, and a report on the findings will be produced along with a tool kit that can be broadly disseminated. ■

Interview (continued)

how the quality and safety of patient care we provide is perceived. For example, the assessment demonstrated that staff throughout the organization had varying definitions of "harm." This feedback is being used to identify and address potential areas of patient harm across the organization and establish our vision for improvement going forward.

Quality Collaborative: *What have you learned from other HRO hospital teams?*

Ms. Brown: It has been helpful to network with other regional teams thinking through innovative ways to achieve the same goal. Other hospitals are also challenged by measuring staff engagement in the organization's "mental model" or "shared aims" for improvement and change. The challenge we often face to institute effective daily multidisciplinary rounds across the organization is a good example. These rounds, when done well, can lead to greater transparency about what is working well and what needs to improve. Learning how to more effectively engage staff and measure impact is difficult, but is a major goal for us. Our workforce has been bombarded with increasing pressure from not only changing policies and regulations, but also expectations to embrace innovation, to "do a lot with little" due to the financial challenges of a safety net hospital, while keeping faith that the new system's transformation aims will meet the expected outcomes. Putting into practice the principles of a HRO will help IMC's senior team lead this organization during these dynamic times.

Quality Collaborative: *As the leader of a new health system, OBHS, how can GNYHA and UHF programming benefit your future engagements?*

Ms. Brown: The leadership of OBHS has embraced HRO principles. In addition to Interfaith, Kingsbrook is also participating in GNYHA's HRO Leadership Forum. Both the OBHS Governing Body and leadership of the three hospitals share a strong commitment to progressive values that prioritize patient safety, while striving to reduce health inequities. ■

Nursing Homes Actively Working on Antibiotic Stewardship

GNYHA recently held two sessions of the GNYHA/UHF-developed Antibiotic Stewardship Certificate Program (ASP) for nursing home clinical staff and pharmacy consultants. The program, which has been in high demand, provides the necessary knowledge base and mentorship for nursing home facilities to develop or bring their existing ASP to the next level and ensure the proper use of antibiotics. Participants from 45 facilities joined a live webinar and in-person sessions led by expert faculty from the Centers for Disease Control and Prevention (CDC), Duke University, Montefiore Medical Center, Nebraska Medicine, and Case Western University.

The program builds on the success of an ASP that GNYHA and UHF offered to hospitals in 2015–16. GNYHA and UHF have partnered with the New York State Council of Health System Pharmacists and expert faculty including Belinda Ostrowsky, MD, Field Medical Officer, New York CDC, and Elizabeth Dodds Ashley, PharmD, MHS, BCPS, Duke University, to develop the program. The two-day course includes topics such as appropriate antibiotic selection, dosing, switching, and discontinuing use to maximize the therapeutic benefits of antibiotics while minimizing risk to the nursing home resident population. Last summer, GNYHA and UHF redesigned the program to meet the needs of a nursing home audience and hosted more than 125 clinical staff from more than 45 nursing homes as part of an intensive certificate program to train nursing home pharmacists, physicians, and nurses in implementing and sustaining a facility-based ASP. Due to the overwhelming response from nursing homes, the program was held twice and again this winter.

The Need for Nursing Home ASP Support

This program supports nursing homes working to establish ASPs to help them better manage antibiotic use and address the growing concern that antibiotic resistance is contributing to increased infections and morbidity for their residents. Implementation of an ASP is also a Centers for Medicaid & Medicare Services requirement that nursing homes must continually meet as part of their participation in Medicare. ■

10 Years (continued)

health care quality following completion of the program; 100 percent of fellows who responded to this question rated their knowledge as high or very high for nine out of 10 key program areas.

- 100 percent agreed or strongly agreed that their mentor was helpful in initiating their capstone project.
- Over 90 percent agreed or strongly agreed that their mentor provided them with the support they needed to move their project along.
- 100 percent agreed or strongly agreed that their capstone project would be sustainable.

Dr. Rohit Bhalla, Vice President and Chief Quality Officer at Stamford Health and Chair of CQFP, says the program's mission to develop quality leaders is a success. "We initially conceptualized the fellowships as a way to equip very capable and motivated health care leaders with the tools they need to do successful quality improvement. What's happened... is that we now see the fellows as leaders not only in quality improvement but as organizational leaders in general."

Looking Ahead

GNYHA and UHF are committed to assuring that the CQFP curriculum continues to meet the needs of the next generation of quality leaders and health care organizations. Faculty are currently considering new topics for the curriculum and ways to maximize the effectiveness of the program focusing on the educational needs of adult learners. In recognition of the changing health care work force, for the first time this fall, CQFP will be accepting applications from Physician Assistants for the 2019–20 class. ■

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 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 is an independent, nonprofit organization working to build a more effective health care system for every New Yorker.

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