ENCOURAGING OUTCOME IMPROVEMENT THROUGH HOSPITAL LED INITIATIVES
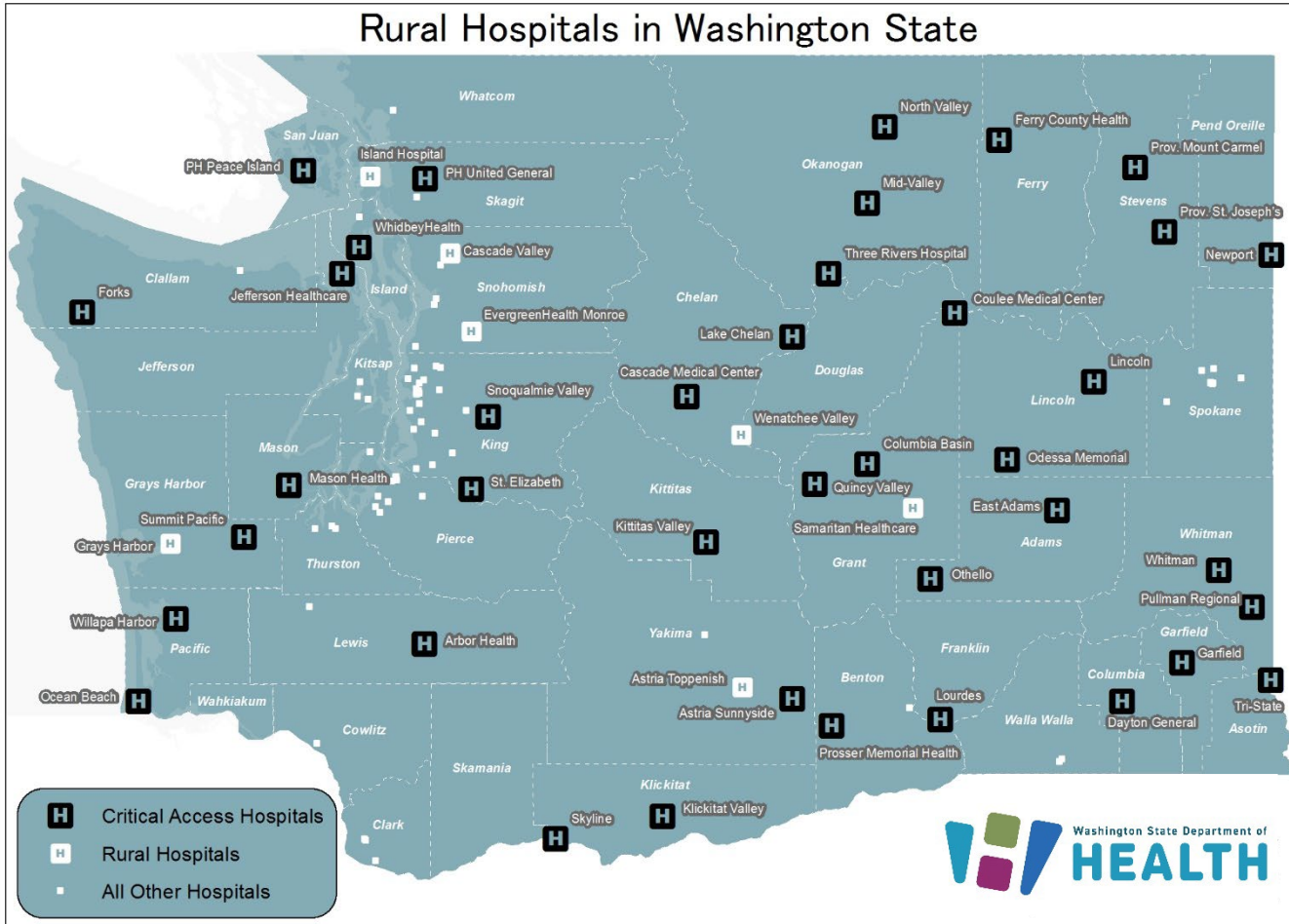
Washington State Flex Program
Reverse Site Visit | July 19, 2023

Washington State Department of
HEALTH

Washington State

Rural Hospitals in Washington State

- ⊃ 39 CAHs
- ⊃ 6 Rural Hospitals

Wenatchee Valley no longer designated rural

- ⊃ 123 RHCs

Dedicated Flex Team

Washington State Department of Health

Lindy Vincent

*Rural Hospital
Program Manager*

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*Rural Hospital
Quality Improvement Manager*

Hospital Quality Improvement Initiative Program

SCORING CRITERIA		

Significance: How significant is the problem that is being addressed?

Advanced (3)	Intermediate (2)	Basic (1)
▪ Timely issue identified ▪ Addresses a critical need ▪ Describes potential impact to patient outcomes	▪ Timely issue identified ▪ Addresses a critical need	▪ Issue Identified

Data Driven: Does the proposal provide data and evidentiary support for the identified problem?

Advanced (3)	Intermediate (2)	Basic (1)
▪ Data provided to support the need or details how data will be collected ▪ Provides improvement measures that will be tracked	▪ Some supporting data provided ▪ Briefly discusses measures	▪ Minimal data discussion

Improvement Plan:
Does the proposal utilize the model of improvement in its design? Does the proposal detail action steps and the interventions that will be executed? Is there a detailed timeline with major milestones?

Advanced (3)	Intermediate (2)	Basic (1)
▪ Describes the potential PDSA cycles to be used for the proposal ▪ Describes timeline and milestones ▪ Details action steps and improvement interventions to be executed	▪ Describes timeline and potential milestones ▪ Details action steps or interventions to be executed	▪ Briefly describes timeline, but does not detail action steps for the project

Evaluation: How does the proposal describe evaluating the project's success? Were goals and objectives provided? Are output, process, and outcome measures identified?

Advanced (3)	Intermediate (2)	Basic (1)
▪ Describes a thorough evaluation plan ▪ Specifically discusses output, process, and outcome measures	▪ Briefly discusses evaluation ▪ Provides some evaluation measures	▪ Briefly discusses evaluation plan ▪ Provides no measures

Applicable to Flex Priorities: *YES OR NO*

Does the project match the priorities of the Flex program as set forth by the Health Resources and Services Administration (HRSA) and the Federal Office of Rural Health Policy (FORHP)?

- ▪ Creates or sustains an improvement program that identifies or addresses a specific quality improvement need
- ▪ Utilizes quality metrics and data to measure impact and change due to the intervention
- ▪ Directly or indirectly improves patient outcomes

- We award between 5 and 10 proposals each year

- Awards range from $2,500 to $8,000

- We look for data driven proposals, but assist hospitals in gathering data if inspired ideas fall short

- A key requirement is using evaluation metrics or identifying appropriate measures through the project work

- Encourage the use of the model of improvement and PDSA cycles

Flu Vaccination Improvement Initiative

IMM-2

⇒ 2018 to 2020

⇒ Used the Toyota Production System Method

⇒ Improved documentation and checkpoints to ensure no patients were missed

⇒ Goal of 90%

HCP

⇒ 2019 to 2023

⇒ Meet employees where they are at

⇒ Incentives

⇒ Goal of 95%

Community

⇒ 2021 to 2023

⇒ Flu vaccinations for underserved populations

⇒ Pop-up vaccine events at locations that meet the population where they are at

⇒ Goal of 70%

Flu Vaccination Measurement Change

Flu Vaccination Improvement Data Measurement

Legend: IMM-2, HCP, Community Vaccination Rate
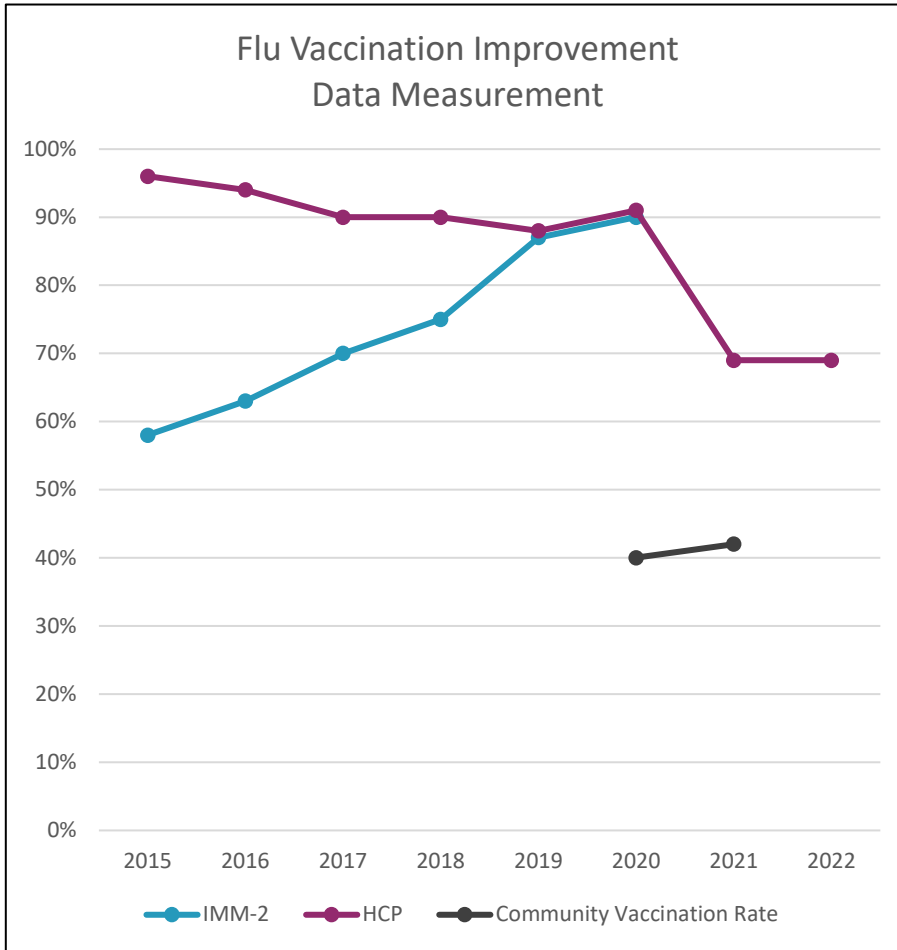
IMM-2 →
- Although retired, the hospital continued to collect data and continued to improve
- This work fed into their community improvement project

HCP →
- Data began to improve
- COVID and mask wearing depleted all momentum and decreased the rate significantly

COMMUNITY VACCINATION →
- Data collection still ongoing
- Small improvement seen so far

Challenges and Lessons Learned

- Unexpected events cause priorities to shift and require pivoting

- Make it as easy as possible for participants

- Provide education in many different languages, medias, messages, and methods

- Partner, partner, partner, and partner some more

- Not all program elements will be successful, but they can provide valuable information on how to pivot or adjust actions

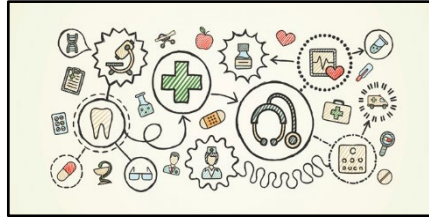- A good assessment is the foundation for a strong QI project

Fall Prevention

➡ **Significance**

Alarming increase in the patient fall rate sparked concern for assessment and improvement

Data showed a need for improved communication

➡ **Elements**

Communication white boards

Bedside huddles

Patient and family engagement training

Weekly fall prevention rounds

➡ **Results**

Positive feedback and participation from staff

Communication between staff and departments has improved

Rate declined

Fall Prevention Measurement Change

Hospital Fall Rate →

- Dramatic increase in fall rate from 2016 to 2018

- Project elements resulted in a significant decrease in falls

- Multiple staff changes since first implementation

- Some project elements are still in place

Hospital Patient Fall Rate

Year	Fall Rate
2016	7%
2017	16%
2018	18%
2019	9%

Fall Prevention
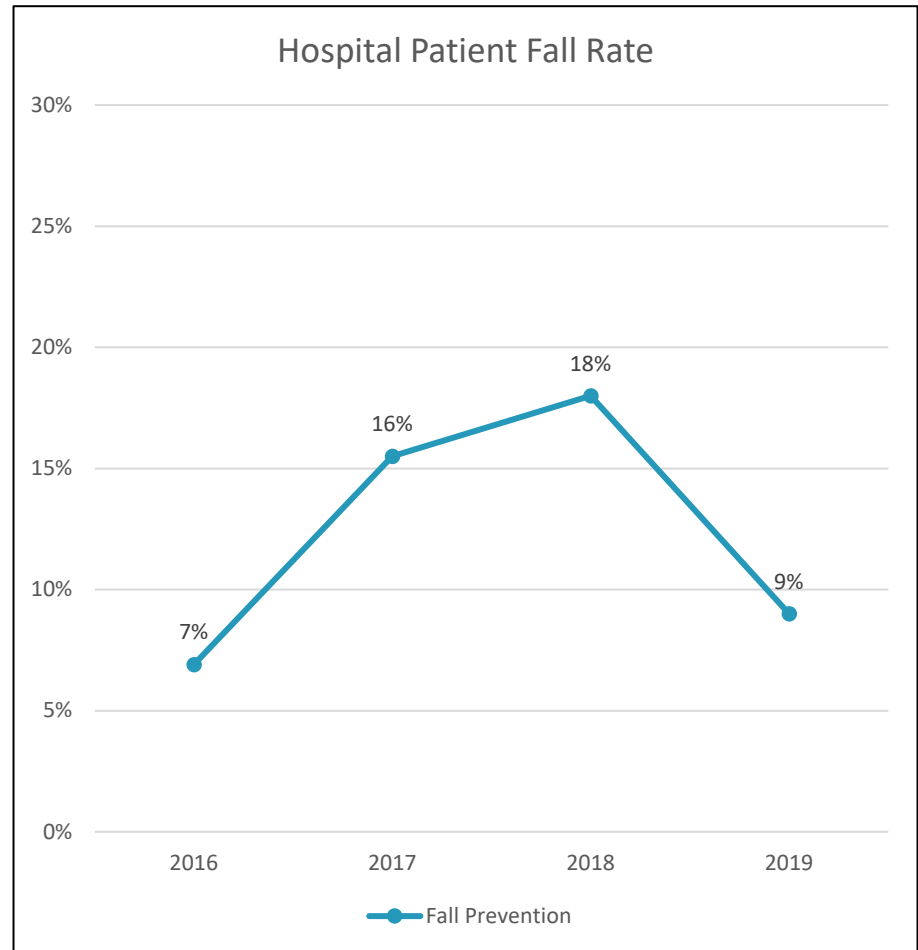
HCAHPS Improvement – Noise Reduction

➡ Significance

Q9 was the lowest performance on the HCAHPS survey

Larger hospital system made noise reduction a priority for their entire medical footprint

Goal was to reach 78.2% (75th percentile)

➡ Elements

Decibel indicators installed in rooms, nursing stations, and common areas

Visual cues

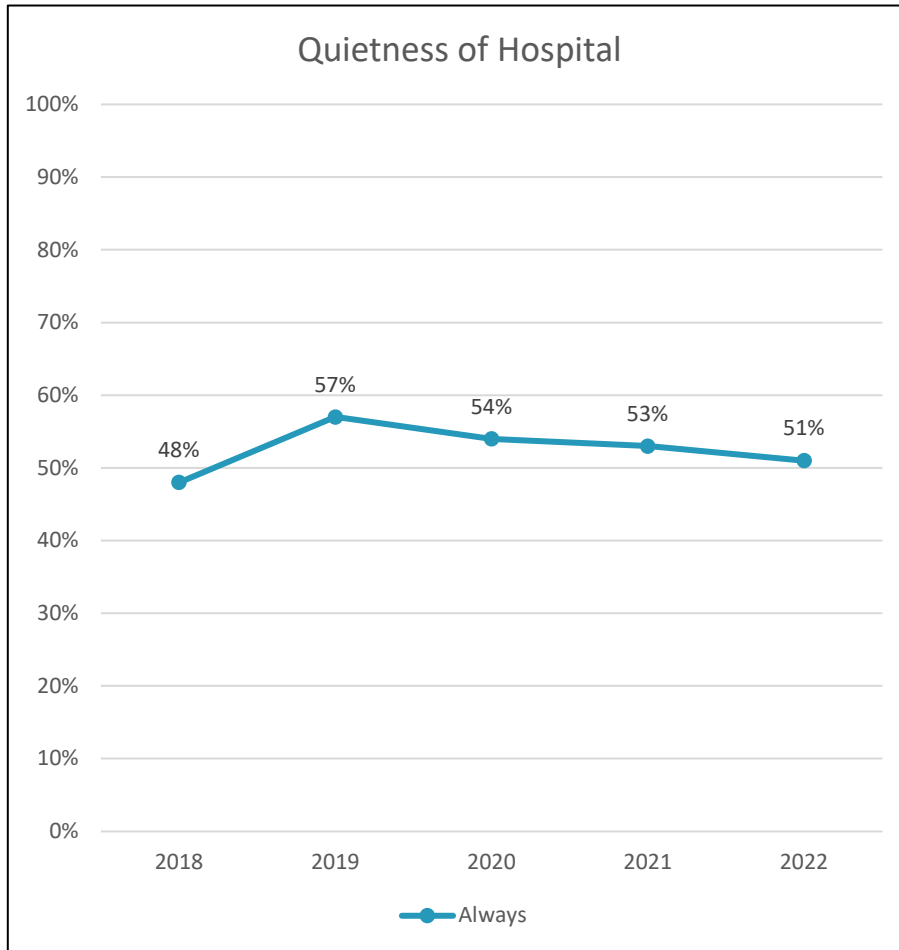Staff noise reduction huddles

Continued awareness

➡ Results

Positive feedback and participation from staff

Self-awareness increased

Patient experience improved

Quietness of Hospital Measurement Change

Quietness of Hospital

HCAHPS Q9 Quietness of Hospital →

- Significant improvement post project implementation

- Staff turnover fizzled momentum

- Quality continues to decline

- Due to high overall HCAHPS rating, specific focus on this element is minimal

Best practice to share

Initiatives lose impact longevity without a continued champion or permanent place in organizational culture and policies

Additional Ongoing Projects

Project	Measurement
Stroke treatment response times	Door to CT times Resulting patient outcomes
Antibiotic Stewardship	Prescribing rates for specific conditions
Improve AMI outcomes	ECG times in the ED (formerly OP-5)
Improve patient treatment adherence	Referral completion rates MIPS overall interoperability Patient adherence to specific treatment plans
Improving self-care outcomes in ostomy and wound patients	ICD10 codes for ostomy and wound complications
Postpartum hemorrhage carts and education	Labor and delivery complication metrics
Additional fall prevention programs	Patient fall rate

Improvements to this QI Program

- Assisting hospitals with finding new champions after staff turnover

- Educational opportunities for creating outcome measures and other evaluation methods

- Encouraging regular assessment as well as providing tools for identifying needs

- Highlight hospital initiatives with all the CAHs for replication and scalability

- Continue to guide hospitals through drafting project proposals, identifying data, and promoting long term impact

Questions?

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Washington State Department of **HEALTH**