

iowa healthcare collaborative

Synergy

Fall 2011 Newsletter



IHC Cornerstones

- **Align and equip Iowa healthcare providers for continuous improvement**
- **Promote responsible public reporting of healthcare information**
- **Raise the standard of healthcare in Iowa**

MESSAGE FROM THE PRESIDENT...

IHC's vision is to create an Iowa healthcare culture of continuous improvement in quality, safety, and value that provides the most effective and efficient care in the nation. IHC believes this vision is possible because of the dedication and commitment you all have made to your work in healthcare. Improvements made in the facilities you represent happen because of the effort individuals or teams put forth every day. This work affects the safety of care provided and focuses on the best outcome for the patient.

Since 2005, IHC has recognized these best practices and success stories at conferences, phone calls, and learning communities. Beginning in 2012, IHC will recognize this outstanding work through the inaugural **Iowa Healthcare Collaborative Patient Safety Award**. This award is presented to healthcare providers and/or healthcare organizations who have demonstrated outstanding leadership and achievement in patient safety.

This award honors patient safety champions that support the following initiatives:

- Improve patient safety
- Reduce the risk of harm
- Keep patients at the center of care

We encourage you to share this opportunity with your organization or submit a nomination for who you think should be recognized. The **nomination deadline is December 1, 2011**. Please [click here to apply online](#) or download the brochure and fax/mail it in.

The award will be presented to the winning organization, department, or individual at the spring 2012 IHC Patient Safety Conference on March 7th. In addition, they will be asked to present their story at the fall 2012 IHC Annual Conference. IHC will recognize the remaining candidates at the Patient Safety Conference.

Thank you and we look forward to receiving your application!

Tom Evans, MD



Fall Conferences Follow Theme of 'Partnerships'

Jack Uldrich: "Life-long learning will obviously be more essential than ever in this chaotic and churning environment; but often lost in this new emerging reality of exponential change is the fact that before an organization can seize tomorrow's opportunities it must first unlearn old, obsolete knowledge as well as unlearn the old ways of doing business."



IHC hosted its 8th Annual Conference on Quality, Patient Safety and Value on August 31 at The Meadows Conference & Event Center in Altoona. A record 288 individuals attended. Participants heard a keynote address from Jack Uldrich, author and futurist, on "The Future Will Require Unlearning". Dr. Tom Evans followed with a presentation on "Partnerships" and how changes in reimbursement, access and new incentives to promote care coordination are altering the health care landscape. Dr. Evans highlighted the new call for coordination and collaboration as various members of the provider community work with patients in new ways to improve care and reduce costs. This year, the Annual Conference offered four themed breakout session tracks – Readmissions, Leadership, Lean and Transitions.

On the heels of the successful IHC Annual Conference, IHC hosted the Hospital Learning Community (HLC) at The Meadows Conference & Event Center in Altoona on September 1. The conference theme, "Partnership for Patients" was attended by a record 125 participants. Dr. Evans' keynote message was, love it or hate it, the Accountable Care Act has introduced a new world. He addressed how the National Healthcare Strategy, reimbursement changes and the Partnerships for Patients initiative have spurred us to focus our efforts on new accountabilities and responsibilities.

Morning HLC presentations focused on Wellmark's data related to potentially preventable readmissions, transitioning medication therapy plans across the continuum of care, and hospital-associated infections and Iowa's effort to reduce CDI and CAUTI. In the afternoon, participants were engaged in presentations on care coordination across the continuum focusing on hospital, long-term care, home health care, physician and community care coordination.

Is Your Organization Ready to Become Lean?

IHC invites you and your staff to attend the “Lean Introduction Series” on November 29th and November 30th at the Hilton Garden Inn of Ames in Ames, Iowa. This two-day learning experience includes instruction, simulation, and observation of how Lean process improvement can help your hospital or clinic. This educational series is for health care professionals from front-line staff to managers to leadership teams, with no prior knowledge of Lean. Topics covered include the origins of Lean, how Lean works, the Lean tools, Lean leadership, managing change, and features a walking tour of Mary Greeley Medical Center and their successes in implementing Lean. The series is \$150 per attendee and offers a total of 1.26 CEUs.

Please visit our website www.ihconline.org for registration.

Space is limited, so we encourage you to register as soon as possible. If you have any questions, please contact Nancy Thompson thompsonn@ihconline.org or 515-283-9330.



IHC Upcoming Calendar

November 1st: Statewide Cardiovascular Task Force 10 AM - 3 PM
IHA Education Center, 100 E Grand, Des Moines

November 7th: Infection Control Monthly Conference Call 11 AM - 12 PM

November 9th: Data Committee 9 AM - 12 PM
Patient Safety Committee 10 AM - 12 PM
Provider Advisory Council 1 PM - 3 PM
Iowa Medical Society, 1001 Grand Ave, West Des Moines

November 17th: Board of Director's Meeting 10 AM - 1 PM
IHA Education Center, 100 E Grand, Des Moines

November 29th-30th: Lean Introduction Series
Hilton Garden Inn of Ames, Ames, IA

Promote Responsible Public Reporting: Iowa Report Update

As in previous years, the IHC is currently engaged in two large public reporting projects that typically take place during the fall season. First, the Centers for Medicare & Medicaid Services (CMS) publicly released a large set of hospital inpatient performance information that reflects hospitals' calendar year 2010 performance for inpatient services. This release includes many of the process and patients' experience metrics that the IHC has reported publicly in the Iowa Report for many years. In addition, CMS will be releasing new performance information that will be new to the Iowa Report. For example, several hospital outpatient quality and utilization metrics are due to be added to the Iowa Report this fall.

Second, IHC is analyzing the latest calendar year 2010 Iowa state inpatient database (SID) hospital data using the most recent versions of the Agency for Healthcare Research and Quality's (AHRQ) Quality Indicator (QI) tools. It is noteworthy that CMS has been working on integrating the AHRQ QI metrics within their public reporting and value-based purchasing programs over the past couple of years. Their work has culminated in the recent release of hospitals' measures of AHRQ QI performance on their Hospital Compare website. However, there will be significant differences between the CMS AHRQ QI analyses and the pending IHC Iowa Report AHRQ QI analyses. CMS' analyses were conducted using a previous version of AHRQ's QI software tools and were limited to Inpatient Quality Reporting (IQR) program hospitals' Medicare fee-for-service patients receiving inpatient care from October 1, 2008 through June 30, 2010. In contrast, the IHC approach typically utilizes the most recent version of the AHRQ QI software tools, includes all-payer (all-patients) discharge data, and when feasible uses several years of data. This year's analyses are slated to include SID data from 2008, 2009, 2010, and 2008-2010 combined. As usual, Iowa hospitals will receive private reports of IHC's AHRQ QI analyses once completed this fall/early winter for review and commenting purposes before the results of these analyses are

Medical Home Learning Community:

A Focus on Care Coordination

Care Coordination was the topic for an outstanding IHC fall Medical Home seminar presentation. Tom Evans, MD, IHC President/CEO, emphasized the message that the medical home model provides an opportunity to improve care coordination between inpatient and outpatient areas. His presentation provided several office process changes that would promote readmission reduction strategies and increased working relationships between hospitals, office practices and community agencies.

Bruce Bagley, MD, Medical Director for Quality Improvement for the American Academy of Family Physicians, challenged participants to achieve a successful patient-centered medical home by changing their practice environment and being ready to change their organizations in the future of changing payment incentives.

The imperative for clinical change within practices was reinforced by Mike Fay, Vice President of Health Networks at Wellmark Blue Cross Blue Shield, as he discussed the future of payment systems that promote and sustain the medical home model thru care coordination, particularly for people with chronic illness and complex needs.

Patient registry management, patient engagement utilizing community resources, and the deployment of the medical home model for the Medicaid population created awareness of the spread of medical home concepts throughout practices in the state of Iowa.

HRSA Grant Update: One Year Later

In 2010, the IHC received a federal grant from the Health Resources & Services Administration (HRSA) to drive best practices of Lean across the state to Iowa's hospitals where resources may already be limited. This grant opportunity was supported by Senator Harkin. Lean provides both a framework and set of tools to seek out and reduce waste by eliminating unnecessary motion, streamlining processes, and reducing the cost of care. After initial involvement with the Lean concept, it became apparent there are two audiences to target with Lean education, new users and advanced users. IHC began to look for alternative options for conducting Lean education to the healthcare community.

In November and December of 2010, IHC offered four 3-day regional trainings to equip healthcare workers in the basic principles and applications of Lean. They introduced participants to the history and culture of Lean, provided a description of Lean tools with simulation exercise, a walking tour of a successful Lean facility, and explored how leadership and culture drive the application and sustainability of Lean in an organization. The regional focus of the trainings allowed rural healthcare providers to attend spending minimal resources. The four sets of meetings brought together over 200 hospital and clinic employees representing over 65 facilities in Iowa.

In spring 2011, IHC convened the Lean Application Series to focus on issues health care institutions are facing in today's market: transitions of care, patient flow, emergency department wait times, and medication reconciliation. The series drew 62 participants from 27 different facilities in the state. The attendees met three times over 12 weeks to work on applying Lean principles at their institution and wrapped up in June of 2011. Teams were set up to see initial results in the three months and sustain improvement efforts past the series meeting dates. During a Lean breakout session at IHC's Annual Conference in 2011, three facilities presented on their successes achieved through the Lean Application Series. Some of the initial improvements include:

- Improving the pump use at Alegent Bergan Mercy to streamlining the storage and use process to decrease the needed amount and decrease the time spent looking for pumps;
- Stewart Memorial developed algorithms for medication reconciliation process to decrease errors and eliminate the gaps in the current process;
- Mary Greeley Medical Center saved money and space in the ED by reducing inventory in rooms: 10 catheter kits removed from one room, 23 simple masks removed from one room, and 43 fracture pans removed from one of the rooms;
- Alegent Midlands hospital saw an initial savings of \$1,479 by supply consolidation in the ED and expect a total year savings from inventory alone to be \$22,488;
- Pella Regional increased hospice productivity from 2.8 down to 1.86, which they hope to lower to 1.6 in the coming months;
- Skiff focused on increasing the productivity of their med rec process in the EMR as well as standardizing the ED process to reduce wait times and increase patient satisfaction.

IHC would like to publicly recognize Senator Harkin for his commitment and dedication to improving the quality of health care in Iowa. Through his efforts, over 50% of Iowa hospitals have studied and implemented performance improvement initiatives aimed to provide more effective and efficient care to Iowans. Thanks to Senator Harkin, this grant opportunity has positioned Iowa as one of the leaders in quality improvement execution and ultimately has raised the standard of healthcare in Iowa.