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## ***President's Report: IHC Celebrates Five Years***

Milestones are important markers on a long road. And the road to improvement of healthcare quality, safety and value, as recently underscored by federal legislation, will continue to be a long journey indeed. Milestones occasionally also serve as reasons for celebrating accomplishments. A particularly notable milestone that I would like to recognize is the 5<sup>th</sup> anniversary of the [Iowa Healthcare Collaborative](#) (IHC).

In 2005, through the visionary board leadership of the Iowa Medical Society (IMS) and the Iowa Hospital Association (IHA), a new organization was formed: A physician and hospital-led statewide collaborative, the first of its kind, with a mission to facilitate exceptional healthcare quality and safety for all Iowans. Financially supported by IHA, IMS, major health systems both within and on the borders of Iowa, and community partners such as Wellmark, Principal and MMIC, IHC is truly a major “collaborative” effort.

Recently, IHC held its 7th annual conference with this year's theme of “Leading Transformation.” This is an appropriate moniker as we recognize some of the accomplishments of Iowa hospitals and physicians facilitated by IHC over the past 5 years:

- ***Deployment of Best Practices-*** In 2006, fewer than 20 percent of Iowa hospitals had implemented the following bundles of best practices as defined by the Institute for Healthcare Improvement nationally. Below is a sampling of hospitals in “full deployment” during the summer of 2010:

- 62 percent fully implemented rapid response teams
- 84 percent fully implemented the acute myocardial infarction (AMI) care bundle
- 84 percent fully implemented the surgical site infection bundle
- 76 percent fully implemented the methods to manage high alert medications
- 79 percent fully implemented the pressure ulcer care bundle
- 90 percent fully implemented the heart failure care bundle.
- ***Influenza vaccination of healthcare workers***- Iowa hospitals have increased employed vaccination rates from 68 percent in 2007 to 91 percent in 2010. That almost doubles the CDC's latest national estimate of 49%.
- ***Healthcare-associated Infection***- In 2006 IHC launched a statewide hospital reporting initiative of eight measures of healthcare acquired infections. In the three years of voluntary reporting, over 90% of hospitals participate in this voluntary initiative. Over that time:
  - The variation in coronary artery bypass graft (CABG) surgical site infection has been cut in half
  - Hysterectomy surgical site infections reduced by 25 percent
  - There has been a seven-fold reduction in central line infections variation
  - Improvement is already being seen in MRSA infection rates after only two years of reporting
- ***Centers for Medicare & Medicaid Services (CMS) indicators of quality***- Iowa hospitals have improved from complying with the AMI bundle of services from 86 percent in 2005 to 94 percent in 2009; for pneumonia from 85 percent to 90 percent; and for surgical care from 73 percent to 90 percent.
- ***Patient Satisfaction***- Iowa hospitals rank in the top 10 percent of states in the U.S. in each of the patient satisfaction measures
- ***Readmissions***- Iowa hospitals are better than the national average in the 30-day readmissions for AMI, heart failure and pneumonia
- ***Patient Safety***- Iowa hospitals have shown steep declines over the last five years in deaths in low-mortality DRGs, accidental punctures or lacerations and central line-associated bloodstream infections
- ***Efficiency***- More than 50 percent of Iowa hospitals now employ Lean health care improvement to eliminate waste and improve efficiency
- ***Medical Home***- More than 80 primary care practices have participated in the IHC efforts to deploy the “medical home” model across Iowa
- ***Education***- Thousands of Iowa hospital employees and physician leaders have actively participated in information sharing and collaboration through IHC-sponsored conferences and workshops. A common theme: To be the best, learn from the best.
- ***Transparency***- IHC has served as a responsible repository of clinical performance information since offering it first “*Iowa Report*” in 2005. Today the information is presented on the IHC website in an interactive format and updated as new information becomes available

The work that has been done is impressive, however, there is still so much more to be done. Healthcare-associated infections need to be driven down to zero. All Iowa hospitals need to deploy 100 percent of the clinical bundles of service (evidence-based medicine) as the medical care of the patient dictates. Readmission rates are still too high. All Iowa healthcare workers - beyond just hospital employees - need to be immunized for influenza. Better coordination of patient care is critical through models like the Patient-centered Medical Home (PCMH) and Accountable Care Organizations (ACOs). And as we all know, there is much inefficiency in the system still to be eliminated.

Five years is an important milestone. The performance milestones we've achieved are important markers of our progress as well. Milestones mark both our trail and our progress. They also remind us to stay focused on the road ahead and the work still needed for a successful journey.



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## ***Iowa's Flu Vaccination Rate of Healthcare Workers Nearly Doubles National Average***

More than 90% of Iowa hospital workers received a flu vaccination during the 2009-2010 flu season, according to data from the Iowa Healthcare Collaborative (IHC). This rate nearly doubles the recently released national average of 49% recorded by the Centers for Disease Control and Prevention (CDC) for 2007-2008 season.

Beginning in 2006, the non-profit IHC launched an initiative to improve the state's hospital health care workers influenza immunization rates. In the second year of the project, 100% of hospitals in the state voluntarily reported their vaccination data. This is remarkable considering many states with public reporting mandates struggle to reach full participation. For example, the *Los Angeles Times* recently reported that the 2009-2010 influenza vaccination rate in California for the same period was 52.4%. In addition, the newspaper reported, "31% of hospitals in the state did not report their vaccination rate to health department despite a law requiring it."

The influenza vaccination of health care professionals is critical in eliminating the transmission and outbreaks of the virus. The CDC suggests health care workers have a specific role in the fight against influenza, with vaccination of workers linked to improved patient outcomes and reduced influenza infection.

"Annual influenza vaccination is a vital public health measure, especially in hospitals," said Dr. Tom Evans, president of the collaborative. "We're proud of the results and believe this underscores that significant improvement can be achieved without legislative mandates."

"With a major emphasis on health care quality in the United States, health care innovators have the task of driving quality initiatives to improve the system," said Dr. Evans. "According to the Commonwealth Fund's 2009 report, Iowa is ranked second in the nation in health care quality. Although this high ranking cannot be contributed to one specific area, a high rate of flu vaccinations among health care workers is a critical piece of the puzzle."

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## ***IHC Hosts Statewide Lean Trainings***

In these times of healthcare reform, healthcare providers are asked to do much more with less each day. Since 2006, the Iowa Healthcare Collaborative (IHC) has promoted the use of Lean manufacturing techniques to improve the efficiency of healthcare. At that time, only a handful of Iowa hospitals were using Lean. A recent survey showed that now over 50% of Iowa hospitals are using lean to improve process, remove waste and reduce cost.

The cost of hiring a consultant to educate your organization about Lean is a problem for many

healthcare organizations. To address this issue, the IHC offered a three-day training to equip healthcare workers in the basic principles and applications of Lean. The ***Regional Lean Trainings*** were offered in four different locations around the state. They introduced participants to the history of Lean, a description of a subset of Lean tools with simulation exercises, provided a walking tour of a successful Lean facility at work, and explored how **leadership and culture** drive the application and sustainability of Lean in an organization. Information was presented by staff from the Pittsburgh Regional Health Initiative (PRHI).

The Iowa Healthcare Collaborative received a grant that covered the registration fees for accepted participants. In all, the trainings had around 200 participants who represented more than 60 hospitals and clinics in the state. The IHC would like to thank the four facilities who showcased their success in the Lean journey: St. Luke's Hospital in Cedar Rapids, Mercy Medical Center North Iowa in Mason City, Mercy Medical Center in Sioux City, and Vermeer Manufacturing in Pella.

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## ***Seventy One Iowa Hospitals Sign-up for State's HAI Reduction Efforts***

Seventy-one Iowa hospitals have indicated their intentions to begin work with the Iowa Department of Public Health in their healthcare-associated infection project. A list of participating hospitals can be found at [http://www.idph.state.ia.us/hai\\_prevention/common/pdf/common/pdf/participating\\_hospitals.pdf](http://www.idph.state.ia.us/hai_prevention/common/pdf/common/pdf/participating_hospitals.pdf). The enrollment among hospitals in the project is much greater than originally planned. "The level of engagement Iowa hospitals are exhibiting indicates their level of commitment to quality improvement for all Iowans," said Dr. Tom Evans, President of IHC.

IHC is working with the Department in development of toolkits and its educational strategy to support the 71 hospitals in the "prevention collaborative" phase of the project, planned for kickoff later this fall. IHC's work is in the assembly of a practical set of tools hospitals can use in implementing prevention strategies on the two infections of the project's interest: catheter-associated urinary tract infections (CAUTI) and *Clostridium difficile* infection (CDI). Two subgroups, made up of infectious disease physicians and infection preventionists from across Iowa, will be reviewing the tools and educational strategies proposed for the effort later in October and November. A formal kickoff for the effort is being planned for December or January 2011.

If you would like more information on the project, or IHC's efforts in supporting Iowa hospitals in reduction of healthcare-associated infections, contact Gerd Clabaugh at [clabaughg@ihconline.org](mailto:clabaughg@ihconline.org) or 515-283-9365.

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## ***Iowa Report- Hospital Performance Data Update***

The contents of the Iowa Report are changing quickly as more data becomes available for the analysis of hospital performance. Recently, several healthcare-associated infection (HAI) metrics were completed and published in the online version of the Iowa Report - <http://www.ihconline.org/aspx/publicreporting/iowareport.aspx> . Two additional projects are

underway that will update the Iowa Report contents with the latest measurements of hospital performance.

First, the Agency for Healthcare Research and Quality (AHRQ) recently released the latest version of their Quality Indicator (QI) tools. The Iowa Healthcare Collaborative (IHC) has used these tools for many years to produce measurements of adult patient safety, pediatric safety, and inpatient quality outcomes. The release of these tools will allow the IHC to analyze Iowa hospitals' calendar year 2009 hospital discharge data. In addition, hospitals' 2008 data and the 2008 Nationwide Inpatient Sample (NIS) will be analyzed using these tools to produce a longitudinal view of Iowa hospital performance over time along with national comparison measures.

Second, the Centers for Medicare & Medicaid Services (CMS) will be releasing an updated set of hospital performance measures that will be inclusive of a full set of calendar year 2009 data. Iowa hospitals' process and outcomes measures – pertaining to heart attack, heart failure, pneumonia, surgical care infection prevention, readmission rates, and patient satisfaction survey results – will be downloaded, analyzed, and posted within the Iowa Report.

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## *Medical Home Update*

Fall was a busy time for the Medical Home Learning Community. The Fall seminar on September 22<sup>nd</sup> had 40 practices meet to participate in the medical home learning environment. Topics presented included the health care reform legislative changes, meaningful use adoption and ACO formation. In addition, medical home in a pediatric practice was discussed and several offices shared the learning from their summer project demonstrations.

Iowa office practice visits have been conducted in 21 practices with 15 addition visits planned till the end of 2010. The visits encourage medical home preparedness for “meaningful use” guidelines, medical home principle implementation and potential medical home recognition application opportunities. The face to face visits by Iowa Healthcare collaborative staff have provided valuable collaborative and networking opportunities and IHC appreciates the responsiveness of all practices involved. Iowa practices have much to be proud of in their commitment to provide care for their patients.

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## *Fall 2010 Hospital Learning Community is a Success*

About 100 people attended the September 2, 2010 Hospital Learning Community at the Meadows Conference Center in Altoona, Iowa. Attendees saw a different program format at this HLC than at previous ones. Instead of breakout sessions focused on deploying improvement initiatives, they heard short, rapid-fire presentations from large and small Iowa hospitals sharing their best practice ideas and strategies to sustain improvement.

Dr. Tom Evans began the day by explaining the Hospital Learning Community's transition from the spread of best practices into a new chapter of care coordination. Following Dr. Evans, Lean improvement specialist, Dean Bliss, demonstrated how using Lean principles can have a positive impact on a process.

Dr. Mary Ann Abrams started the afternoon with a discussion of health literacy and its impact on patient safety. Next, representatives from large and small Iowa hospitals shared their best practice strategies on inserting PICC and central lines as well as strategies to ensure staff compliance with hand hygiene. Health care associated infection was next on the agenda with a discussion of best practices to reduce catheter-associated urinary tract infections and *Clostridium difficile* infections. The day ended with a moving story from Reylon Meeks that served as a reminder to everyone why they chose the nursing profession.

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## **Staff Changes**

It is with mixed emotions that we say good bye to Trula Foughty. Trula has been our Clinical Coordinator since February 2009. Trula has been instrumental in getting our Statewide Cardiovascular Plan up and running. Trula retired on October 8, 2010. While we will greatly miss Trula and her expertise, we wish her well as she spends more time with her husband, children and grandchildren.

The Collaborative welcomes Greg Clancy. Greg brings years of experience in the cardiovascular field as well as being a green belt in Six Sigma. Greg can be reached at [clancyg@ihconline.org](mailto:clancyg@ihconline.org), or 515 283-9330.

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