| IHC Patient Safety Award Poster Abstracts

1. **Hawarden Regional Healthcare (HRH)** | *Culture of Safety*

In the process of reviewing reports of unplanned occurrences, the HRH Safety Culture Committee realized that a simple process was necessary for the reporting of near miss safety events. The entire HRH staff was provided a QR Code for an online near miss reporting form. In three months, near miss reports tripled, giving the committee opportunities to provide solutions and feedback to staff, fostering a systemic culture of safety and excellence.

2. **Iowa Specialty Hospital (ISH)** | *Medication Safety: Protecting Patients and Staff*

Medication safety has always been a front-running issue, but since it has become mainstream news, ISH decided to do a deep dive. A Medication Safety team was created with an initial goal to look at medication practices and gaps. Once problems were identified, reports were run and education that focused on making the entire medication process safer was developed. These efforts contribute to the ISH's goal, which is to help nursing staff feel safer when it comes to administering medications.

3. **Virginia Gay Hospital** | *Safety Across the Hospital Stay and Beyond*

In 2018, Virginia Gay Hospital started working with PRC and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). Once Virginia Gay Hospital started receiving feedback from surveyors, they implemented the Plan-Do-Study-Act (PDSA) model. Nursing staff was consulted to brainstorm and plan how Virginia Gay Hospital would increase patient communication as well as HCAHPS scores. Staff started working on bedside shift reporting, previous reports had always been taped and a PowerPoint presentation was given to the nursing staff on the importance of bedside shift reporting (BSSR). Once changes were implemented, on hand managers monitored the changes as well as were available to answer questions. The quality department met with the nursing staff at their next nursing meeting to see how the changes were going and received valuable ideas and feedback.

4. **Van Buren County Hospital (VBCH)** | *Mock Tracers*

Mock tracers have been incorporated in into VBCH's practice as a way to monitor the quality and safety of care provided to patients. VBCH accomplishes this by surveying performance standards, competencies, infection control practices, environment of care, information management and compliance. Tracer surveys are performed monthly on a rotating schedule of all departments. Department managers are given findings and expected to complete plan of correction within two weeks. Results of findings are communicated to staff by using huddle boards, educational tool kits and department meetings.

5. **Van Buren County Hospital** | *Population Health and Care Coordination*

Van Buren County has the third largest per capita population of veterans in the state. At the beginning of 2021, VBCH, in partnership with the Veteran Rural Health Resource Center in Iowa City, began the development of a program to facilitate care coordination for rural veterans within the Van Buren County community. This program involved engaging rural veterans to help assist with their access to care within the community and identify any care gaps they may have, especially regarding primary care, specialty care and mental health needs.

6. **Van Buren County Hospital** | *Fall Prevention*

Having a patient fall can be detrimental to the patient, staff and facility. VBCH identified a need to increase their fall prevention program on the Medical Surgical Unit. After gathering data and staff discussion, a plan was implemented and led by their certified nursing Assistants. To help aid staff and decrease inpatient falls, pods were developed and kept patients and staff safe successfully.

7. **Mary Greeley Medical Center** | *Boots on the Ground to Prevent Catheter-Associated Urinary Tract Infections (CAUTIs)*

Mary Greeley Medical Center identified that COVID-19 and the subsequent challenges related to workforce shortages interrupted previously hardwired behaviors. Infection prevention policies also created barriers to audit processes by limiting access to isolation rooms and restricting volunteer activities that supported serious safety event prevention activities. As a result, the director of patient experience and safety was tasked with developing a rounding program to audit CAUTI prevention bundle compliance, identify trends and provide education to frontline staff in real-time. To prevent CAUTI and patient harm, a Leader Safety Rounds team, rounding checklist, trainings and other bundle items were formed. Following training, Leader Safety Rounds team members were assigned to a department (prioritized by catheter days and number of infections in FY2021) to round in once per week with a target of forty safety rounds per month.

8. **MercyOne Newton Medical Center** | *Proactively Addressing Social Determinants in Rural Health Care*

Jasper County has a high number of chronic disease patients compared to many other counties. Those with at least one social need are more likely to have a chronic diagnosis such as diabetes, chronic obstructive pulmonary disease, congestive heart failure, etc. MercyOne Newton Medical Center has demonstrated that they can impact these health conditions more effectively by addressing the socio-economic needs with the use of a community health worker (CHW). After screening patients in the emergency department and inpatient settings for social needs and concerns, MercyOne Newton Medical Center provides needed resources to patients with the goal of helping them stay safer and healthier as well as educates staff on the importance of alleviating patients stressors.

9. **Van Diest Medical Center (VDMC)** | *Meeting Patients Where They are Continuity of Care Team*

The VDMC Readmissions team meets monthly and retrospectively reviews the previous month's readmissions. This team saw a need to develop a pro-active approach to manage their patient's health. Methods that were used included the formation of a multidisciplinary Intensive Case Management team that met weekly, utilization of nurse informatics and patient specific interventions/action planning.

10. Iowa Specialty Hospital | *Discharge Folders: Ensuring Patients Understand Discharge Instructions*
Following a negative trend in HCAPHS discharge instruction scores, ISH created a multi-disciplinary team to investigate the downward trend identified. The team identified several factors, with consistency in delivery method and message being the primary concern. The team worked with ISH providers to develop consistent directions that are easy to read, understand and find.

11. Mary Greeley Medical Center | *Driving Organizational Outcomes with a Nursing Leader Goal Huddle*
Mary Greeley Medical Center developed a short stand-up huddle to create an environment for sharing best practices, celebrating successes, and meeting organizational goals, all while becoming a more connected team. Their nursing leaders knew that if they could engage, energize, and empower nurses, they could make an impact. Mary Greeley Medical Center was able to improve three organizational Wildly Important Goals (WIGs), including a reduction inpatient harm by over sixty-five percent.

12. Pella Regional Health Center | *Sepsis Survival at Pella Regional Health Center*
When putting together 2021's Quality Assurance and Performance Improvement Plan, Pella Regional Health Center staff identified the early treatment of sepsis as an opportunity for improvement. Over the last year, they have been looking for opportunities within their process to better identify septic patients quickly and decrease treatment time. By consulting their information technology department, they were able to identify opportunities within their existing electronic medical records that helped to properly alert staff when it came to septic patients. This made it easier for physicians to order appropriate treatment right from their worklist. Pella Regional Health Center also had a hospitalist and emergency department physician participate as sepsis champions to help increase awareness of the project, test potential solutions and serve as a resource to peer physicians when questions arose.

13. Orange City Area Health System | *Multidisciplinary Antibiotic Stewardship Committee in a Critical Access Hospital*
Orange City Area Health System established a system wide team that developed actions to achieve safe, effective patient care through appropriate use of antibiotics. Their goals included designing interventions that improved the care they provided related to antibiotic use and meet regulatory standards by implementing the seven core elements of antibiotic stewardship. They were able to improve reporting and appropriate treatment of urinary tract infections by developing tools and education related to assessment and reporting criteria, appropriate treatment, and interpretation of Urinalysis and culture results.

14. Mary Greeley Medical Center | *A Hospital Acquired Pressure Injury (HAPI) Prevention Program: Eliminating HAPIs*
From May 2018 to December 2018, one unit at Mary Greeley Medical Center identified seven patients that had developed HAPIs during their hospital stay. With an average of one patient per month developing a HAPI, it was clear Mary Greeley Medical Center needed to examine and revise practices. In January 2019, an interdisciplinary team implemented two-person skin assessments, twice weekly, for patients with a Braden score of eighteen or less. Unfortunately, this strategy was not enough to prevent patients from developing HAPIs. With collaboration and input from leaders, a validation tool was developed and implemented into a HAPI Prevention Program to help Mary Greeley Medical Center obtain their goals.

15. Pella Regional Health Center | *Readmission Reduction at Pella Regional Health Center*
Pella Regional Health Center's Readmission Project team looked at their readmission rates and attempted to stratify the data to look at health disparities. When none were immediately identified, they transitioned this group to working on a process to interview readmitted patients to discover what went on between their visits that could be contributing to their readmission. Many tools were used throughout this project while following the Define, Measure, Analyze, Improve, Control/DMAIC practices including observation data collection, the 5 whys, mind mapping, creating a standard operating procedure and visual management for staff members.

16. CHI Health Missouri Valley Hospital | *Implementing a Patient and Family Council (PFAC) in a Rural Critical Access Hospital (CAH)*
Implementation of a PFAC in a CAH may present a challenge for a small rural hospital with limited resources, staffing and an aging population. CHI Health Missouri Valley Hospital (a rural CAH located in southwestern Iowa) has successfully implemented an active and engaged PFAC over the past four years. The outcome of the PFAC meetings aren't quantifiable. However, the collaboration and feedback received is highly valuable to the healthcare team.

17. Story County Medical Center | *Our Quality Story: Making Quality More Meaningful Through Connections*
Prior to 2021, the Story County Medical Center Quality Department introduced a Quality Improvement Form that follows a PDSA format for each quality metric tracked. The Quality Department is responsible for submitting data while department directors are responsible for data evaluation, action planning and delivering reports to the Quality Committee on a quarterly basis. Beginning in 2021, the department directors were empowered to enter their data themselves for their quality metrics in addition to continuing to provide an evaluation and action plan for each. To help ensure their success, the Quality Department began to support them through monthly quality connection meetings. During these meetings, the director and additional department stakeholders would meet to review goals, analyze the data together, identify opportunities for improvement and determine action plans to help improve trends.