

# Hospital Impact Report 2020

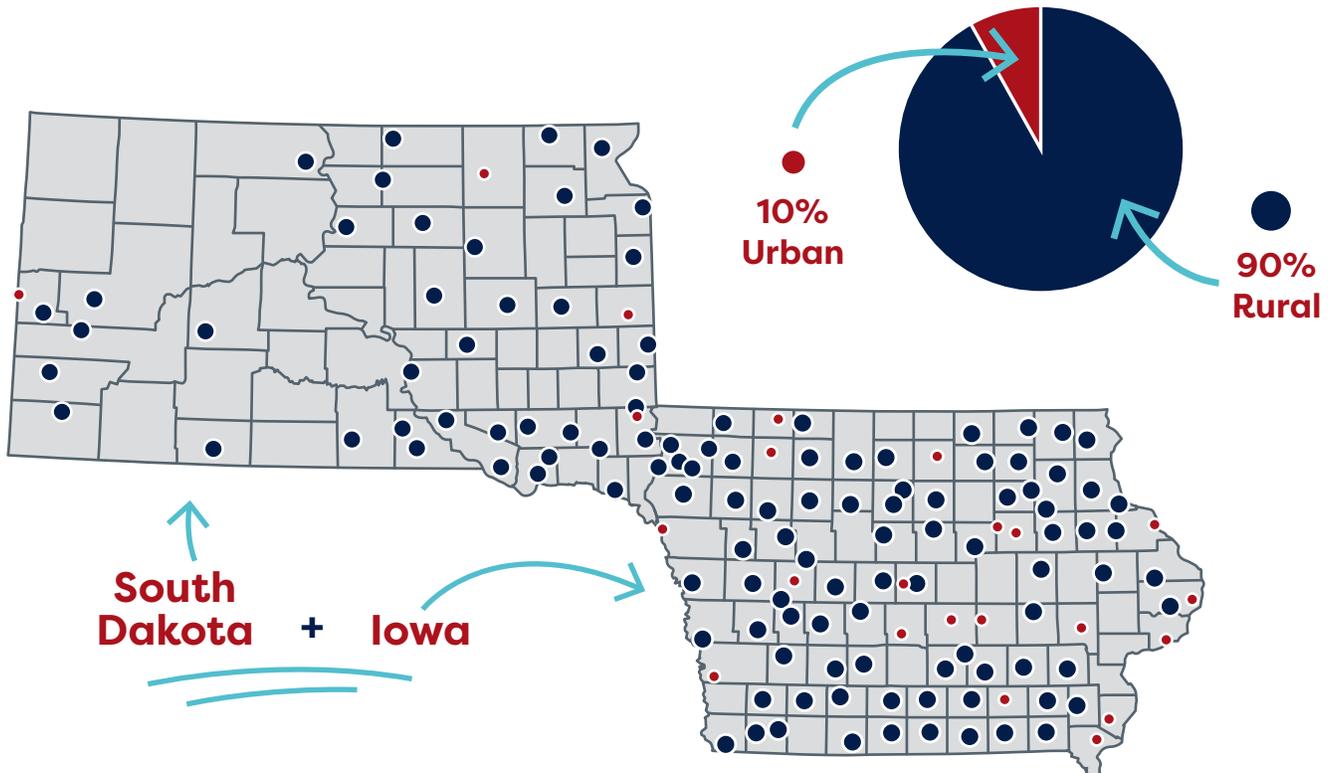
Iowa Healthcare Collaborative (IHC) has been privileged to lead Compass hospital improvement programs for many years. Throughout three consecutive program periods, participating hospitals have leaned into every challenge put forth with commitment to improving safety and care for the patients they serve. This commitment and rigorous efforts to reduce harm, improve

outcomes and engage patients have resulted in the achievement of widespread results. The 2020 IHC Hospital Impact Report will highlight the depth and breadth of hospital improvements. Unless otherwise indicated, information included will refer to program period 3. The following graphic depicts historical program timelines.



## Compass Composition

# 147 Hospitals



Dots indicate counties in which one or more hospitals participate.

## Total Program 3 Impact



Cost Avoided:  
**\$227 Million**



Harms Avoided:  
**21,720**



Length of Stay (LOS) Avoided:  
**61,042**



Mortality Saved:  
**365.21**

## Total Cost Savings

**Program 1: \$50,380,226**  
+  
**Program 2: \$7,636,205**  
+  
**Program 3: \$227,246,576**

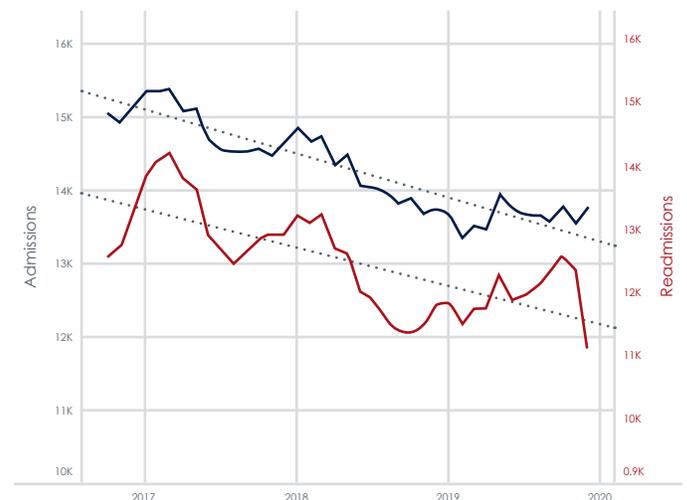
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**Total: \$285,263,007**

## Improving Transitions of Care + Decreasing Hospital Readmissions

IHC has partnered with hospitals to work intently to improve transitions of care and decrease hospital readmissions. As the volume to value proposition took hold, IHC observed hospital admissions decline while community care teams achieved success in new approaches to keeping patients healthy and delivering a new standard of whole person care. Despite a constantly decreasing denominator (approximately 3.2 percent annually and 1,000 less admissions per month on average across 147 hospitals), participants were still able to achieve a similar decreasing readmission trend signifying an enormous reduction in days patients spend in the hospital each year.

Admissions + Readmissions Run Chart



# Areas of Focus

Firmly committed to utilizing data to inform clinical priorities, strategies for improvement, tactical measurement approaches and sustaining progress, Compass hospitals report process and outcome measures across **15 harm areas** using a hybrid reporting source mix to minimize burden.

## Harm Areas

- + Adverse Drug Events
- + Catheter-Associated Urinary Tract Infections
- + Central Line-Associated Bloodstream Infections
- + *Clostridioides difficile*
- + Falls
- + MDRO/Antimicrobial Stewardship
- + Obstetrical Adverse Events
- + Pressure Ulcers
- + Readmissions
- + Severe Sepsis and Septic Shock
- + Surgical Site Infections
- + Undue Exposure to Radiation
- + Venous Thromboembolism
- + Ventilator-Associated Events
- + Worker Safety

# Data-Driven Execution

IHC offers hospital participants facility level data reports in addition to comparative data to inform tactical improvement strategies enabling them to activate target approaches and resources.

Custom report examples include:

- + Readmissions
- + Opioids
- + Venous Thromboembolism
- + Research Projects
- + Pressure Ulcer Injury
- + Portal On Demand Reporting

## Performance Improvement Generates Improved Outcomes

Percent of Improvement	Highlighted Measures
★ 44.74%	Opioid-Related Adverse Drug Event Rate
★ 35.67%	Adverse Drug Event Rate
★ 32.21%	Ventilator-Associated Condition Rate (VAC)
★ 30.29%	Postoperative Sepsis Rate
★ 29.52%	Colon Surgical Site Infection Rate
★ 24.80%	Worker Back Injury
★ 24.51%	Catheter-Associated Urinary Tract Infection Rate
★ 22.77%	Infection-Related Ventilator-Associated Complication Rate (IVAC)
★ 21.32%	Central Line-Associated Bloodstream Infection Rate
★ 19.57%	Falls with Injury
★ 18.76%	Hysterectomy Surgical Site Infection Rate

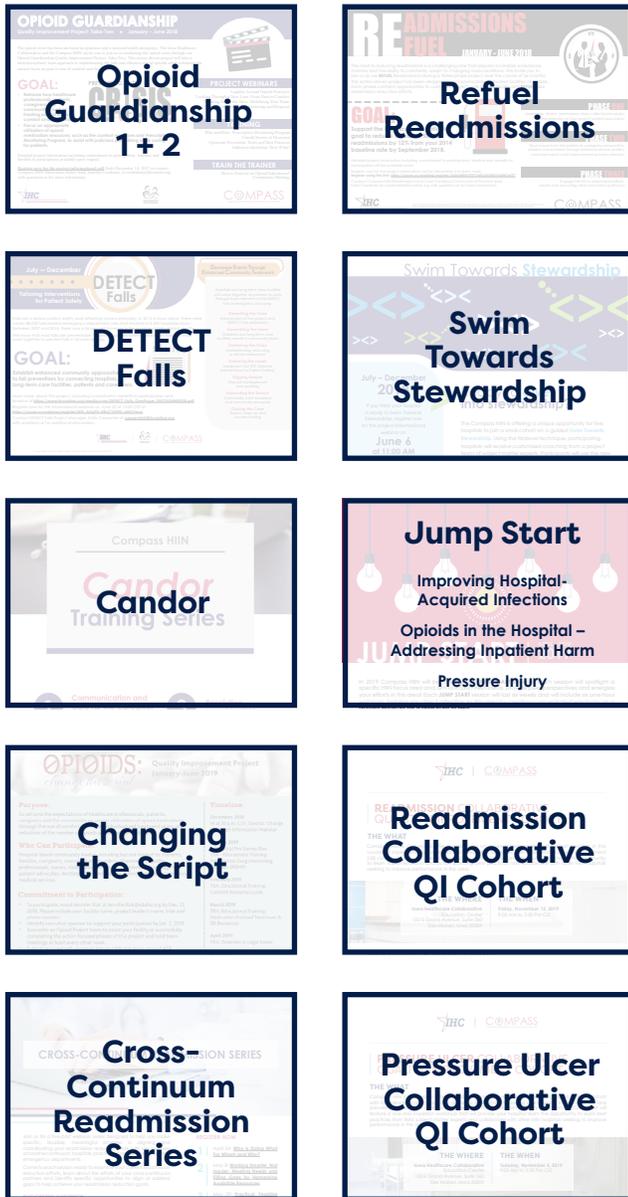
## Patient and Family Engagement

Compass hospitals are passionate about their patients and have prioritized efforts to implement meaningful and actionable ways of engaging and activating patients and caregivers. IHC coached hospitals on measuring patient and family engagement (PFE) using nationally recognized metrics.

Percent of Hospital Participants with Standard Met	PFE Metric
★ 79.59%	<b>PFE 1:</b> Implementation of a planning checklist for patients known to be coming to the hospital
★ 98.64%	<b>PFE 2:</b> Conduct shift change huddles and bedside reporting with patients and families
★ 94.56%	<b>PFE 3:</b> Designation of an accountable leader in the hospital who is responsible for PFE
★ 82.99%	<b>PFE 4:</b> Hospitals having an active Patient and Family Advisory Council or other committees where patients are represented
★ 88.44%	<b>PFE 5:</b> One of more patient representatives serving on hospital Board of Director

# Special Initiatives to Catalyze Results

IHC designed and deployed several focus area specific initiatives to help speed the pace and fuel the momentum of improvement. These optional projects provided additional coaching, SME instruction and peer collaboration opportunities to support local hospital improvement activities.



**Low Performer 6-Month Sprints**

## Education + Technical Assistance



Podcasts



Site Visits



Coaching Calls



Training Events + Workshops



Webinars



Toolkits + Resources  
On Evidence-Based Practice + Performance Improvement

### Development of New Tools/Resources

- + Opioid Stewardship Implementation Guide
- + Refuel Guide
- + Hand Hygiene 5 Moments Audit Tool
- + Teach-back Curriculum
- + Comfort Scale and Menu
- + Reducing Neonatal Jaundice Readmissions Guide
- + New Quality Staff Orientation Guide
- + Pressure Ulcer Braden Scale

### Bold Aims Generate Positive Impact for Patients

Compass hospitals are not just members of the network, they are engaged contributors. The improvements demonstrated throughout this Impact Report are the result of the unwavering dedication of hospitals to put patients first, push forward to reach stretch goals with new innovations and a steadfast commitment to quality and safety.

**On behalf of the IHC team, thank you Compass hospitals for your continued leadership and congratulations on your success!**

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