2014 IHC YEAR IN REVIEW

The Iowa Healthcare Collaborative (IHC) is dedicated to working with healthcare communities to improve quality, patient safety and value. IHC is recognized nationally as a leader in driving healthcare improvement. IHC’s provider-led approach to quality care is unique and focuses on leadership, provider engagement, and rapid cycle deployment of best practices to improve the way care is delivered.

What a great year! I want to thank all of the partners who have committed to our statewide culture of leadership and continuous improvement. Your commitment to improving care delivery and patient health outcomes is transforming care for our patients and their communities.

Tom Evans, MD

HIGHLIGHTS

- Executed national Partnership for Patients campaign to improve patient safety and care coordination in Iowa
- Promoted a culture of safety across the healthcare system through leadership engagement, patient and family engagement, and rapid cycle performance improvement
- Worked with the Iowa Department of Public Health to develop and deploy statewide strategies in Medication Safety and Obstetrics
- Provided comparative hospital clinical performance data on the IHC website
- Aligned efforts of providers, payers and patients to improve care coordination and clinical performance
The Iowa Healthcare Collaborative has been leading the charge to improve patient safety and care coordination in Iowa. IHC promoted Iowa hospital participation in the Centers for Medicare and Medicaid Services (CMS) Partnership for Patients campaign and as a result, Iowa was the first state with 100% participation. Later IHC contracted with CMS as a “Hospital Engagement Network” (HEN) of 127 hospitals across Iowa, Nebraska, and Illinois. The campaign’s ambitious goal are a 40% reduction in harm and a 20% reduction in readmission by the end of 2014. IHC not only equipped providers and communities in improvement, but led national efforts in medications safety, rural healthcare, and sustainability of these efforts.

On December 4, 2014, the CMS recognized the Iowa Healthcare Collaborative for their participation and leadership in this important national initiative as a part of CMS’s “Quality Net: The CMS Healthcare Quality Conference.” IHC not only equipped providers and communities in improvement locally, but led national efforts in medications safety, rural healthcare, and sustainability of these efforts.

2014 IHC YEAR IN REVIEW

- Successfully completed a three-year Hospital Engagement Network contract that provided onsite performance improvement coaching to hospitals and communities, used monthly run charts to track improvement, and engaged patients and families as partners in their care
- Sustained reductions in Early Elective Deliveries from baseline of nearly 7% in 2012 to less than 1% in 2014
- Reduced hospital Adverse Drug Events by 92.6%
- Reduced pressure ulcers by 89.4%
- Worked closely with the Iowa Department of Human Services and the Iowa Department of Public Health on an Innovation Center grant application to develop State Innovation Models (SIM) of improved care and sustainability. Iowa was awarded a four year testing grant in December that will drive statewide strategies of care improvement in healthcare-associated infection, obstetrics, and diabetes
- Conducted conferences and learning communities with over 600 attendees including hospital CEOs, physicians, nurses, and other healthcare professionals
- Revised and expanded the IHC website to make educational resources more accessible to community partners
- Aligned comparative hospital reporting measurements with emerging CMS national metrics on the IHC website
- Spread innovation through abstract presentations. Dr. Evans presented two abstracts on patient safety and Accountable Care Organizations at the 2014 Iowa Governor’s Conference on Public Health. Meg Nugent, RN presented Iowa’s work with Early Elective Deliveries at the 2014 CityMatCH Leadership and MCH Epidemiology Conference
- Dr. Evans chaired the Medication Safety Affinity Group and Rural Affinity Group, and promoted long-term sustainability of these efforts through work with the National Quality Forum and National Content Developer
IHC Partnership for Patients (PfP) Hospital Engagement Network (HEN)

IHC was one of 26 organizations nationwide that was awarded a contract with CMS to work to reduce hospital-acquired conditions by 40% and hospital readmissions by 20%, nationally.

IHC HEN Improvement 2012-2014

- **Use of data to identify opportunities for improvement and drive needed change**
- **Equipping physicians as champions to lead change in a value-driven healthcare system**
- **Onsite and HEN learning community educational opportunities**

**SYSTEM-WIDE CULTURE OF SAFETY THROUGH PHYSICIAN ENGAGEMENT, PATIENT AND FAMILY ENGAGEMENT, LEADERSHIP ENGAGEMENT, AND RAPID CYCLE IMPROVEMENT.**

**PATIENT AND FAMILY ENGAGEMENT (PFE) THROUGH:****
- PFE toolkit
- IHC Advisory Council
- PFE Learning Community Education
- IHC HEN Patient and Family Advisory Council
- Statewide PFE strategy

**100% CEO COMMITMENT AND ENGAGEMENT THROUGH:**
- District Meetings
- High Reliability Organization Strategy
- Resource allocation for sharing leadership principles
- Board Engagement and Education
- Culture of Safety Techniques

**ONSITE IMPROVEMENT ADVISORS:**
- Helped hospitals with rapid cycle improvement, using real-time data to drive change
- Served as change agents and coaches, aligning hospital strategies and equipping them with best practice resources in the ten PfP focus areas

**SAFETY ACROSS THE BOARD STRATEGIES**

- Patient and Family Engagement
- Physician Engagement
- Culture of Safety
- Rapid Cycle Improvement
- Leadership Engagement

**IOWA STATEWIDE STRATEGIES**
- Medication Safety
- Cardiovascular and Stroke
- Palliative Care
- Obstetrics
- Healthcare-associated Infections
- Diabetes

**2012-2013**

- **TOTAL EVENTS AVOIDED**: 4,344
- **DECREASED THE LENGTH OF STAY**: 17,758
- **COST SAVINGS**: $51,240,122
QUALITY IMPROVEMENT STRATEGIES

We believe a culture of accountability and sustainability is key to providing meaningful improvement for providers, patients and their families.

PERFORMANCE SCIENCE

- Promote the use of data to effect change
- Align local performance measurement with national standards
- Use rapid-cycle improvement techniques to test change and drive innovation
- Utilize LEAN as a strategy for better clinical outcomes and healthier organizations
- Provide onsite coaching to hospitals and clinics to improve quality, safety and cost

PATIENT SAFETY

Key areas of focus:
- Convened falls learning community for hospitals
- Promoted community-wide pressure ulcers initiatives using the Institute for Healthcare Improvement bundle
- Developed statewide medication safety plan focused on high harm medications that aligns with national action plan

Results achieved:
- Falls reduced by 10.4% from baseline
- Pressure ulcers reduced 89.4% from baseline
- Reduced Adverse Drug Events by 92.6% from baseline

READMISSIONS

Key areas of focus:
- Equipping hospitals to interpret and use readmissions data
- Promoting community care transitions teams
- Utilizing Teach Back and STAAR methodology to reduce avoidable re-hospitalizations and improved transitions, coordination of care, health literacy, and patient safety
- Deploying palliative strategies like the Iowa Physician Orders for Scope of Treatment (IPOST)

Results achieved:
- All payer readmissions reduced by 9.97% from baseline

OBSTETRICAL (OB) COMPLICATIONS

Key areas of focus:
- Deploying ‘hard stop policy’ across 81 of 82 network birthing facilities
- Development and implementation of OB hemorrhage and pre-eclampsia bundles

Results achieved:
- Early elective delivery rate decreased 95.5% from baseline
- Primary cesarean delivery rate decreased 12.3% from baseline
- Injury to neonate rate decreased 58.7% from baseline

HEALTHCARE-ASSOCIATED INFECTIONS

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS (CAUTI)

Key areas of focus:
- Deploying ‘CAUTI: Reversed the Trend Campaign’
- Deploying emergency department CAUTI Bundle and Utilization measure
- Promote nurse driven protocols for Foley management

Results achieved:
- CAUTI rate has decreased 8.6% from baseline
- Urinary Catheter Utilization rate decreased 15.9% from baseline
- Emergency department catheter utilization rate decreased 20.1% from baseline
- 59 hospitals implemented the nurse driven protocols for Foley management, 125 hospitals implemented or refined CAUTI bundles, and 105 hospitals began using CAUTI bundles in the emergency department

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION (CLABSI)

Key areas of focus:
- Equipping critical access hospitals for insertion and/or maintenance
- Promote use of insertion checklists and Institute for Healthcare Improvement CLABSI prevention bundle

Results achieved:
- Hospital-acquired CLABSI (housewide) rate decreased 34.7% from a baseline

SURGICAL SITE INFECTION (SSI)

Key areas of focus:
- Promote the Surgical Unit-based program (SUSP)
- Promote ‘Project Joints’ program and use of the World Health Organization’s surgical safety checklist

Results achieved:
- Colon SSI rate decreased 19.5% from baseline
- Abdominal hysterectomy SSI rate increased 45.9% from baseline
- Hip replacement SSI rate decreased 91.4% from baseline
- Knee replacement SSI rate increased 34.3% from baseline

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