

Clinical Quality Improvement Initiative

Project Name: Reducing Readmissions

Time Frame: May 2015 - Ongoing

Goal: Reduce the number of 30 day all cause inpatient readmissions to the hospital by 2% within 12 months. To achieve the goal, we will review and analyze health records of all patients that are readmitted within 30 days of discharge in order to identify the reason for readmission, and develop and implement improved care or treatment strategies that could prevent future readmissions.

Interventions: All health records for patients readmitted to Copley Hospital within 30 days in 2014 will be reviewed by an RN. RN reviewer will identify cases where initial admit diagnosis and readmit diagnosis are clearly or potentially related. These cases will be assigned to a physician for further review.

The physician will review the medical care provided, all pertinent data and findings, and conduct an analysis to determine if there are any opportunities for improvement in care. If opportunity for improvement is identified, the physician will share his/her findings, analysis, and rationale for recommendations with the patient's attending provider. The goal is that this sharing of suggestions for improvement will present learning opportunities for the providers and application of this new knowledge may help prevent readmissions for future patients.

All data collected will be aggregated and analyzed, looking for trends and patterns that may identify opportunities for improvement. Data, analysis and recommendations will be shared with the Department of Medicine and, as appropriate, with the Blueprint Community Health Teams to support ongoing efforts to improve transitions in care. Process improvement will be ongoing

This project will initially focus on readmissions to Copley as records are readily accessible. The project hopefully will expand in the future to include review of records of Copley patients 30 day all-cause readmits to other facilities. Also, eventually we will transition the project to real-time review of 30 all-cause readmit cases.

Measures: Copley Hospital's 30 day all-cause readmission rate (readmitted to Copley) averaged 8.6% in 2014 while Copley's 30 day all-cause readmissions to Copley and other facilities averaged 14.6% in 2014. We will continue to monitor 30 day all cause readmission rate throughout the project to measure our progress toward the goal of reducing our over-all rate of all cause readmissions within 30 days by 2%.

Next Steps: Continued monitoring of all-cause readmissions.

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Clinical Quality Improvement Initiative

Project Name: Strategic Quality Support Systems (SQSS) Implementation

Time Frame: March 2015 - Ongoing

Goal: Successfully implement a web-based system that simplifies, centralizes, and shares data collection and aggregation, supports accountability and quality improvement and improves Copley Hospital's operational, and financial performance.

Interventions: Copley Hospital currently has multiple compliance-required quality and safety tasks that are tracked manually. Many of these processes are cumbersome, inefficient, and susceptible to human error. The Hospital recently purchased a web-based system entitled Strategic Quality Support System (SQSS) that can electronically track and aggregate data, produce compliance reports and allows for sharing of data. Drivers for making this change based on our organizational goals are: increase patient safety, improve efficiency/cost savings, improve regulatory compliance, improve identification of problem areas and opportunities for improvements, improve organizational performance, and increase accountability.

SQSS has three modules: Patient Safety, Regulatory, and Operations. Copley will initially implement the Patient Safety module, beginning with transitioning our current paper Unexpected Occurrence Reports (UOR) process into SQSS. We began building the electronic UORs in early May, 2015. We expect to roll-out the electronic event reporting in June of 2015. Manager education has begun and will continue during the next month; end-user education is planned for early June. Once implemented, the Quality Department will run parallel paper and electronic processes for approximately one month, then transition completely to electronic reporting. This test of change will be evaluated and any adjustment or improvements will be made prior to implementing additional tasks. Upon completion of this evaluation and any adjustments, additional patient safety /safety related tasks will be built and rolled-out. Managers will also have the ability to build and assign tasks for their departments in the system. We will continue to build, adding Regulatory tasks and then Operations. We are aiming for 300 tasks to be built and implemented by May, 2016.

A patient safety culture survey will be conducted in May of 2015 to collect baseline data of staff and providers current attitudes regarding the safety culture at Copley Hospital. Plans are to conduct a follow-up survey in approximately 18 months following implementation of SQSS to see if attitudes have changed with regard to patient safety culture.

Measures: Measures of success specific to the implementation of the electronic UOR process are 1) the number of event reports (UORs) received compared to baseline, and 2) UOR turn-around-time, i.e. the number of days between event report (UOR) submission to event report follow-up completion.

Our measures of success for the over-all project this year are: 1) the number of processes transitioned from manual to electronic in SQSS compared to the goal of 300 processes in 12 months, and 2) the number of regulatory requirements met as compared to baseline.

Next Steps: Roll out electronic Unexpected Occurrence Reports in SQSS, evaluate outcomes, and adjust as needed.

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Patient Safety Quality Improvement Initiative

Project Name: Quality Assurance of Remote Order Entry Medication Order Processing

Time Frame: December 2013 - Ongoing

Goal: Assure accuracy of medication orders entered after in-house pharmacy hours by the remote order entry pharmacy with which Copley contracts; to reduce both potential and actual medication events linked to this critical patient care service.

Interventions: Copley Hospital instituted remote order entry pharmacy services in March of 2011 to ensure 24/7 pharmacist review of all medication orders placed on our patients - this is a Best Practice recommendation by our accrediting body (CMS) and the American Society of Health System Pharmacy (ASHP). We changed remote pharmacy service providers in November of 2013, and the team was then changed in December 2014.

Training of the remote pharmacist team was performed in November 2013 for them to learn the intricacies of our pharmacy information system, our policies, and our formulary. Copley's in-house pharmacist reviews orders processed over night and any corrections are sent to the remote pharmacy via email (quality assurance [QA] emails) and to Copley's Director of Pharmacy. Additionally, potential and actual medication events are recorded for any quality issues related to remote order entry processing.

When increases in inaccuracies were noted, the root cause was determined and additional training, via Webex or "cheat sheets", was performed. After each type of intervention, the number of QA emails sent and the number of both potential and actual medication events related to remote order entry processing was measured.

The original implementation of the new service in November 2013 entailed a QA period of 53 weeks during which 226 QA emails were sent, at an average of 4.3/week. The remote pharmacy implemented a new team of pharmacists in December 2014, noted by an increase in QA emails and medication events. On January 9th, 2015, Copley presented a comprehensive training webex for the remote pharmacy team. The number of QA emails in the 6 weeks between implementation of the new team and the webex was 35, or 5.8/week. After the January 9th webex training, in a 14 week time period, a total of 42 QA emails were sent, or 3/week. Both potential and actual medication events decreased as well. On the accompanying graph of potential medication events, the star symbols indicate interventions.

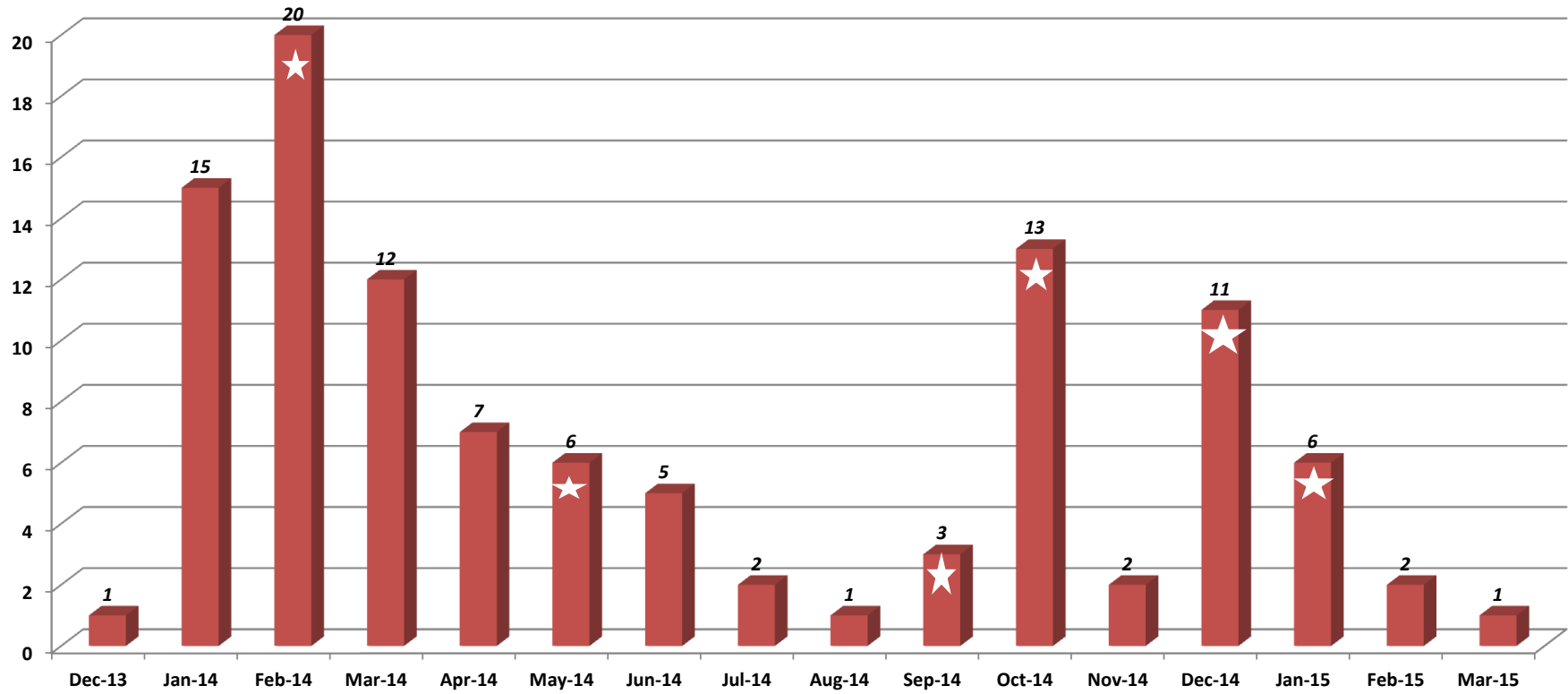
Measures: QA emails and number of potential and actual medication events.

Next Steps: To continue such QA efforts and perform interventions when necessary.

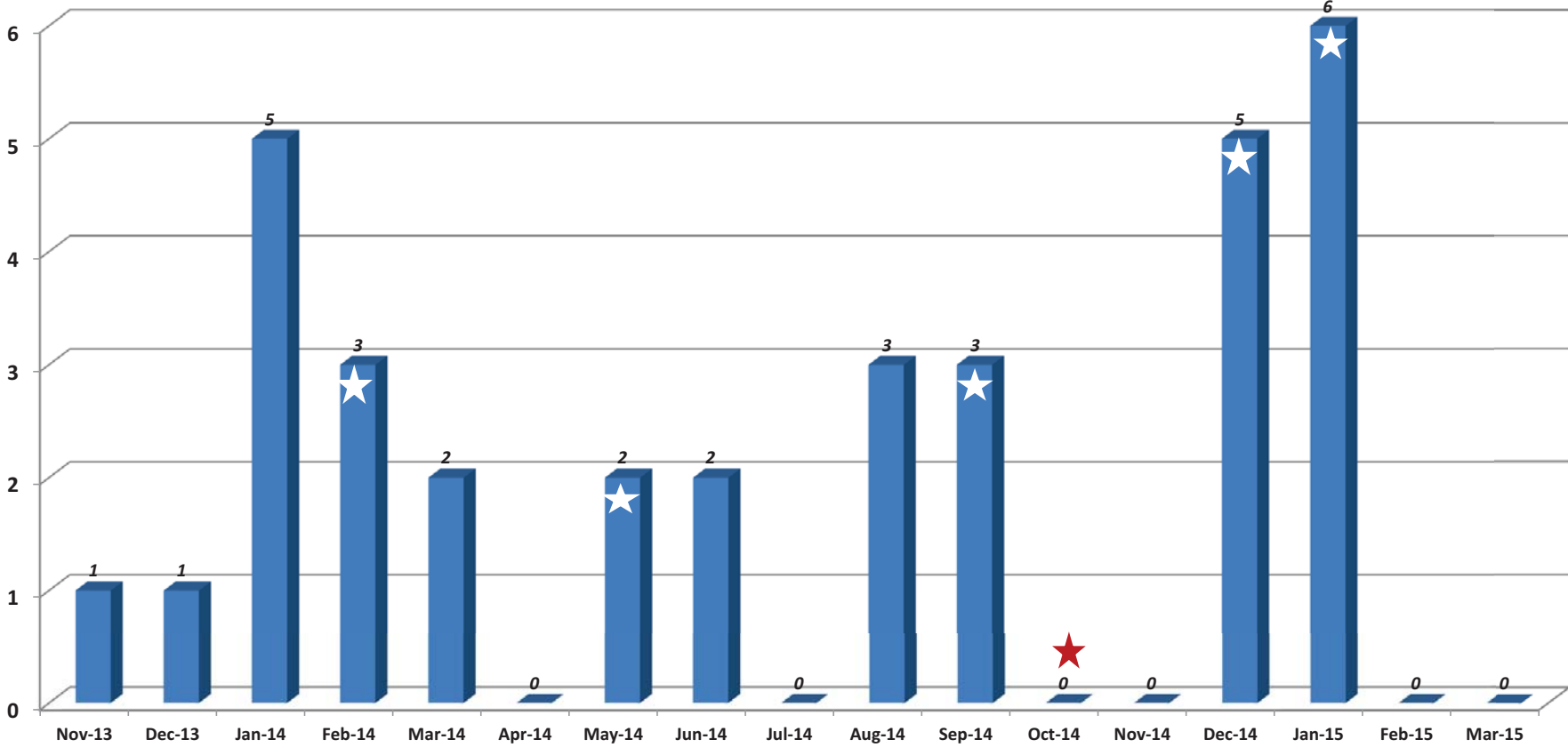
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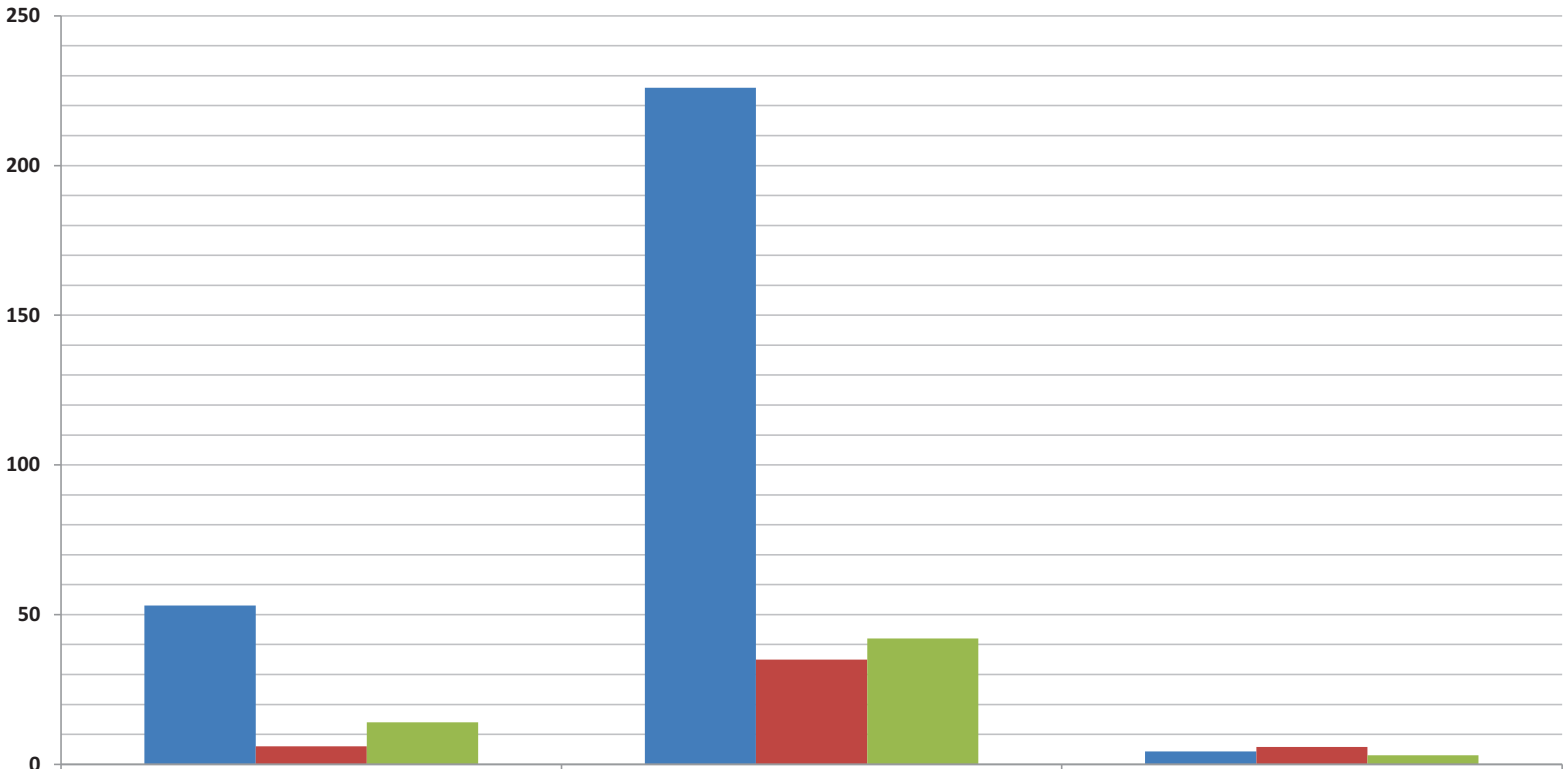
Potential Medication Events - Pipeline Remote Pharmacy



Actual Medication Events - Pipeline Remote Pharmacy



QA Email Volume for Pipeline Remote Pharmacy Services



	# weeks in range	# emails	avg/week
Original Team	53	226	4.3
New Team Prior to Webex	6	35	5.8
New Team Since Webex	14	42	3