

THE QUALITY COLLOQUIUM

EVIDENCE-BASED MEDICINE AND HEALTH SYSTEMS

**LEADERSHIP IMPLEMENTS DISEASE MANAGEMENT
GUIDELINES AND REPORTS RESULTS THROUGH A
“QUALITY METRIC”**

August 22 – 25, 2004

Cambridge, MA



JCAHO 1999 Ernest A. Codman Award

HANYS 2001 & 2004 Pinnacle Award - Honorable Mention

Yosef D. Dlugacz, Ph.D.
Senior Vice President

Objective

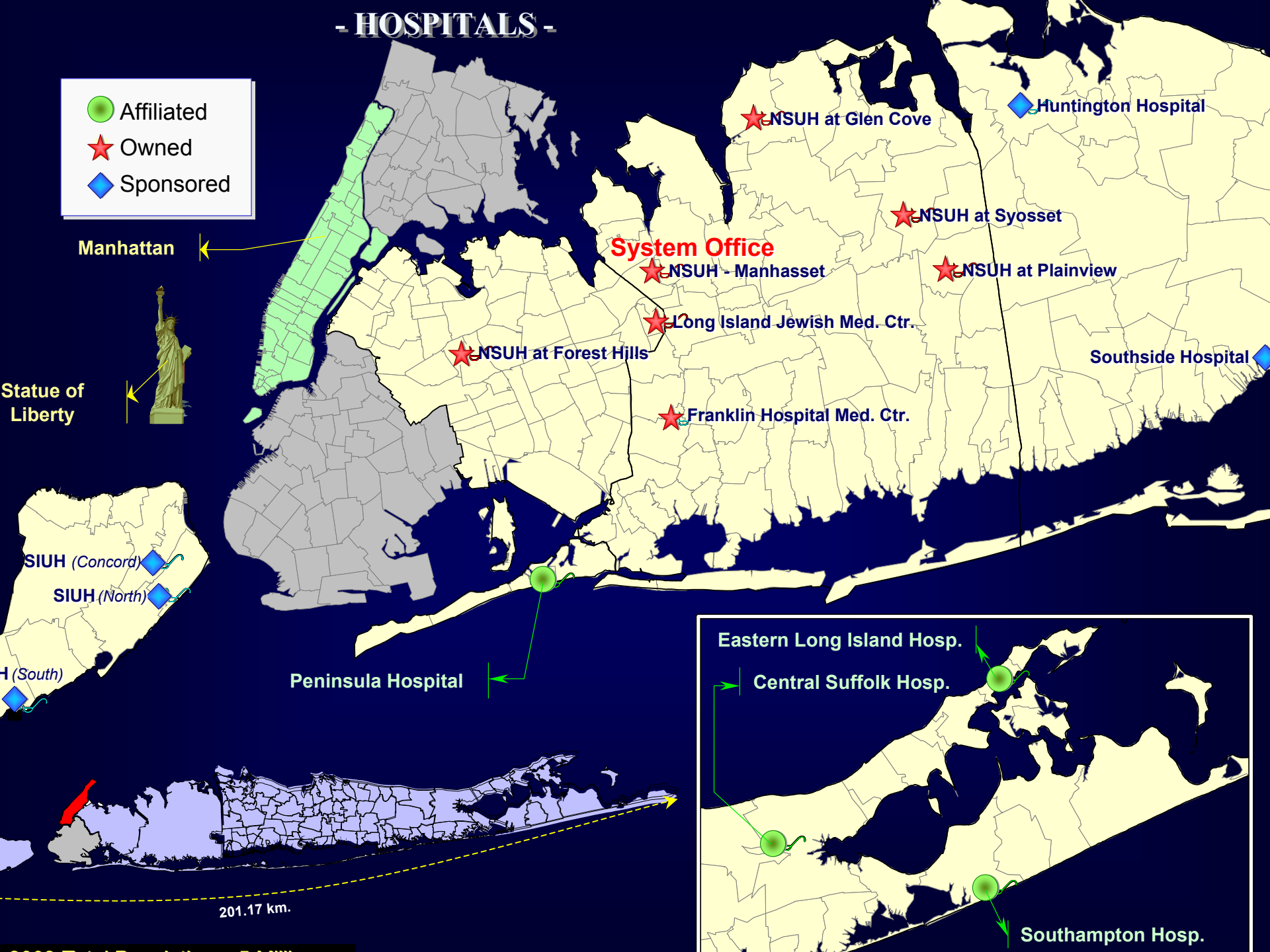
To define and explain how to implement guidelines
based on evidence for all organizations ...
and why

The Challenge

To standardize care and change practice
across a vast, diverse healthcare System

- HOSPITALS -

-  Affiliated
-  Owned
-  Sponsored



Manhattan



Statue of Liberty

SIUH (Concord)

SIUH (North)

H (South)

Peninsula Hospital

Eastern Long Island Hosp.

Central Suffolk Hosp.

Southampton Hosp.

201.17 km.

Creating Consistent Care Across....

5,670 Hospital & Nursing Home Beds

- 3 Tertiary Care Hospitals
- 2 Specialty Care Hospitals
- 13 Community Hospitals
- 4 Long-Term Care Facilities
- 1 Children's Hospital
- 1 Psychiatric Hospital
- 3 Regional Trauma Centers
- 3 Area Trauma Centers
- 1 Burn Center

- 7 Home Health Agencies

- Research Institute

- Core Laboratory

- Center for Emergency Services

Educating Staff

32,000 Employees (largest employer in region)

- 7,000 Nursing Professionals

7,000 Active Physicians & Dentists

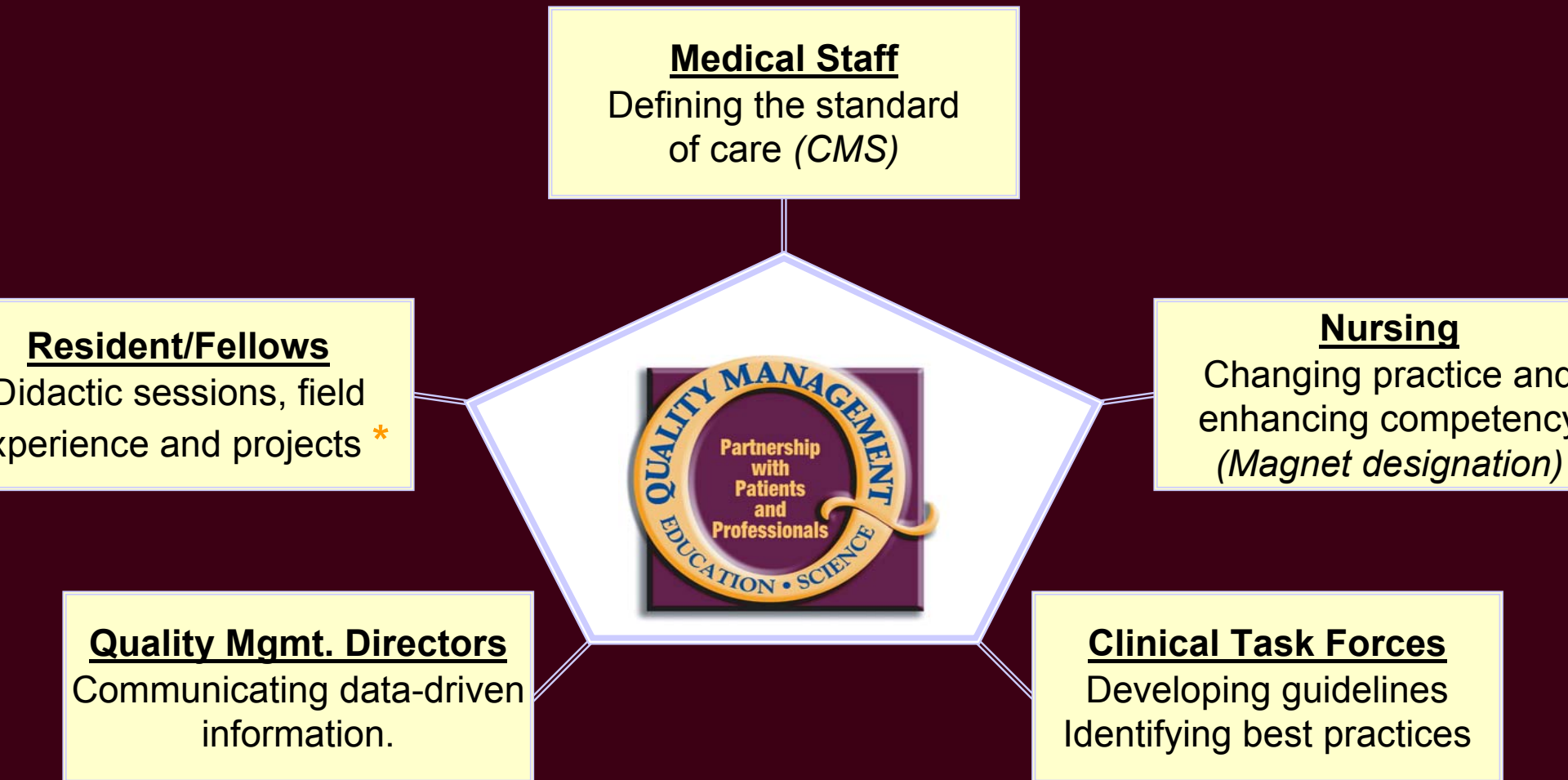
- 800 Full-time

6,000 Volunteers & Auxiliary

1,200 Residents & Fellows in 89 Accredited Programs

1,300 Medical Student Rotations

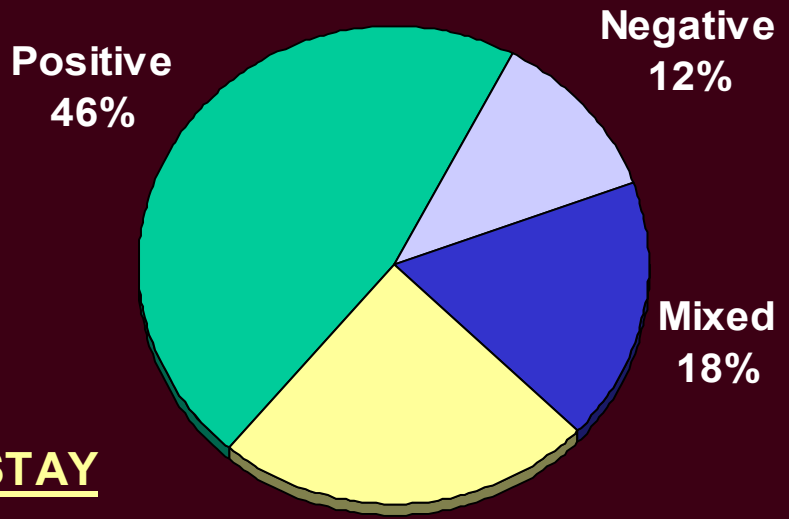
Evidence-Based Medicine Education



* "A Critical Literature Appraisal of Care Pathways and Structured Order Sets in Internal Medicine"

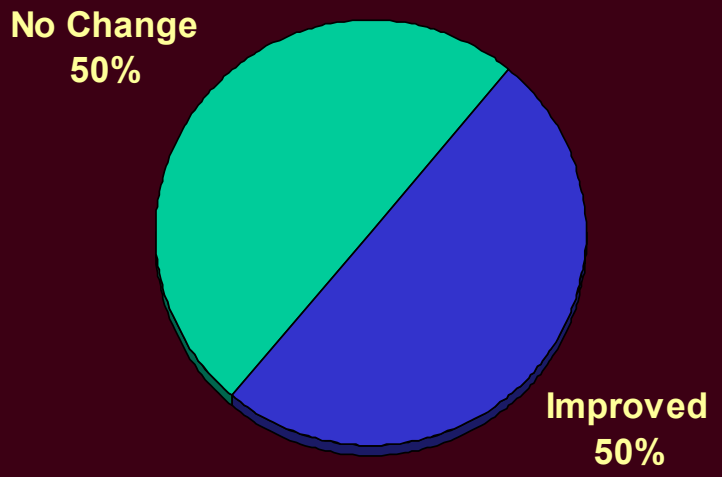
and Structured Order Sets in Internal Medicine

OUTCOME

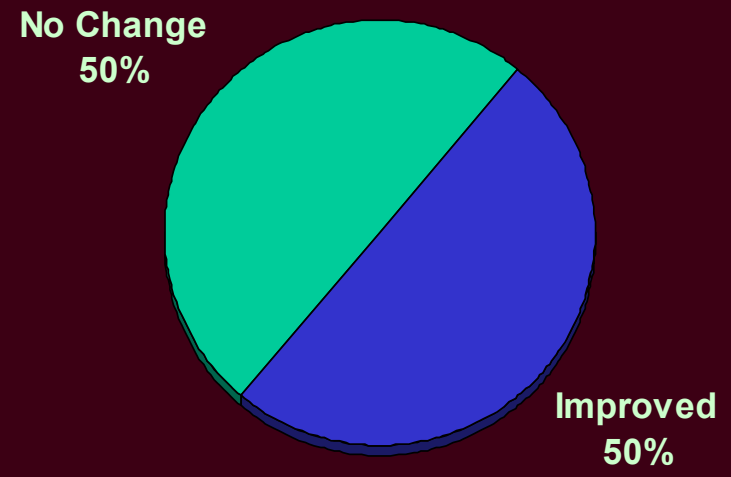


Source: Edward Wu, M.D.
Quality Management Rotation

LENGTH-OF-STAY



PROCESS CHANGE



n = 59% of parameter
Note: Only 60 % used statistical analysis (multivariate)

n = 47% of parameter
Note: Only 50 % used statistical analysis (multivariate)

and Structured Order Sets in Internal Medicine

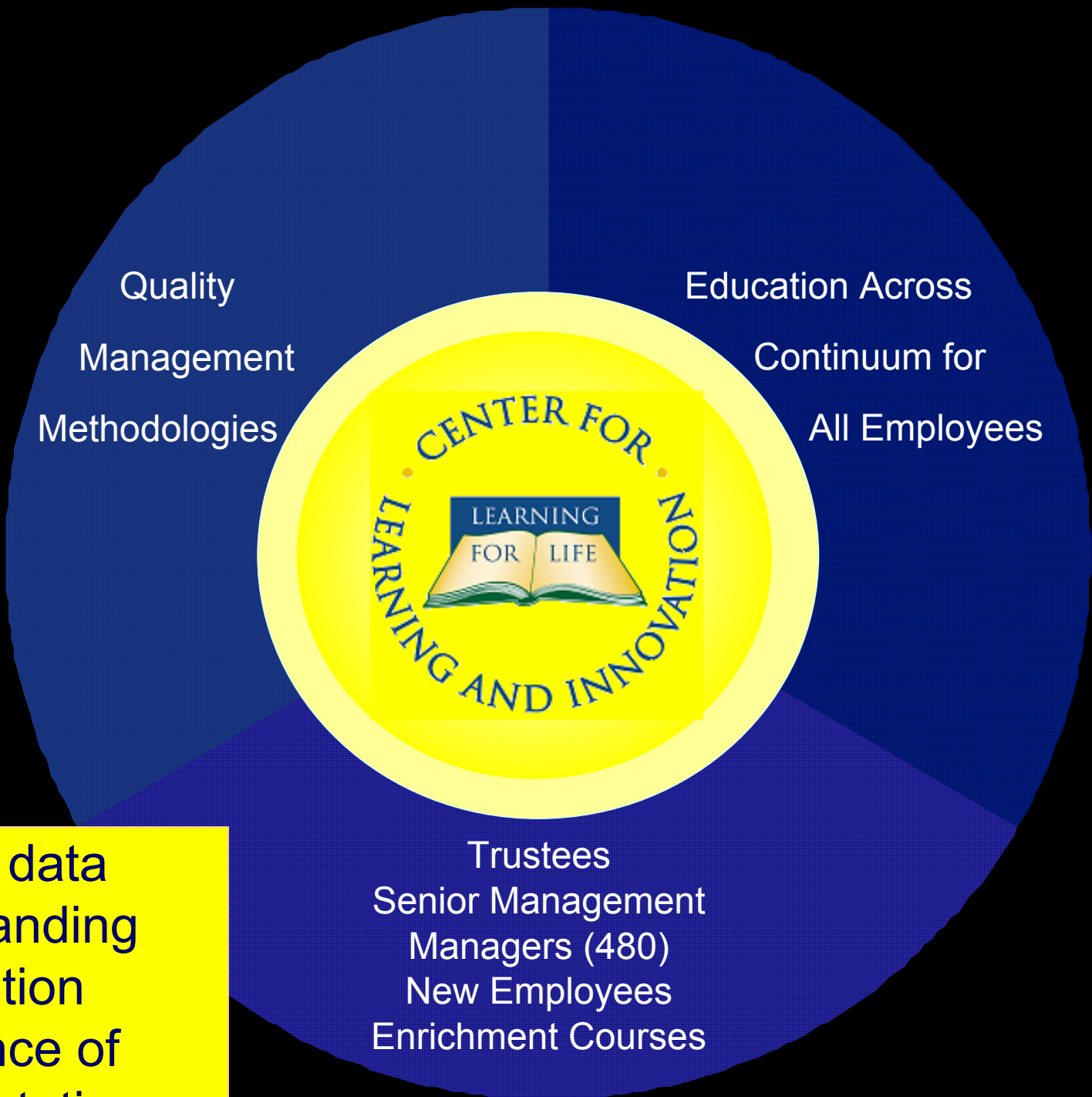
More randomized controlled studies need to be done particularly studying the incremental effect of structured order sets

Studies are needed which include more education of the care pathway

Order sets are on the horizon and have yet to be studied in detail

Source: Edward Wu, M.D.

Quality Mgmt. Rotation



Leadership Values Quality

North
Shore LIJ **THE ROAD AHEAD...**










Consistent Quality Patient Care

Objective: To become the leader in providing quality healthcare which can be defined and measured






- Strategies:**
- ◆ Create a culture of safety and quality at the bedside.
 - ◆ Promote utilization of CareMaps® as we embrace evidence-based medicine.
 - ◆ Focus on processes.
 - ◆ Educate future generations of medical and nursing professionals on quality principles.

Jan 2003-Dec 2003

ICD-9-CM#	Description	Cases	AVG LOS	Evidence-Based Pathway
43	Chest Pain	6,354	1.9	
127	Heart Failure & Shock	4,606	6.3	
089	Simple Pneumonia and Pleurisy (Age >17 w/ CC)	4,303	7.1	
183	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders	3,662	2.45	
088	Chronic Obstructive Pulmonary Disease	2,981	6.1	

(excludes: OB/GYN, psych, & rehab)

Jan 2003-Dec 2003

DRG#	Description	Cases	AVG LOS	Evidence-Based Pathway
527 / 517	Percutaneous Cardiovascular Procedures	4,716	1.7	
209	Joint and Limb Reattachment Procedures of Lower Extremity	2,772	5.3	
148	Major Small and Large Bowel Procedures w/ CC	1,572	13.1	
494	Laparoscopic Cholecystectomy w/o C.D.E. w/o CC	1,424	2.4	
288	O.R. Procedures for Obesity	1,255	2.8	

(excludes: OB/GYN population)

Who Wants Evidence-Based Medicine?

External Groups

JCAHO

CMS

NPSF

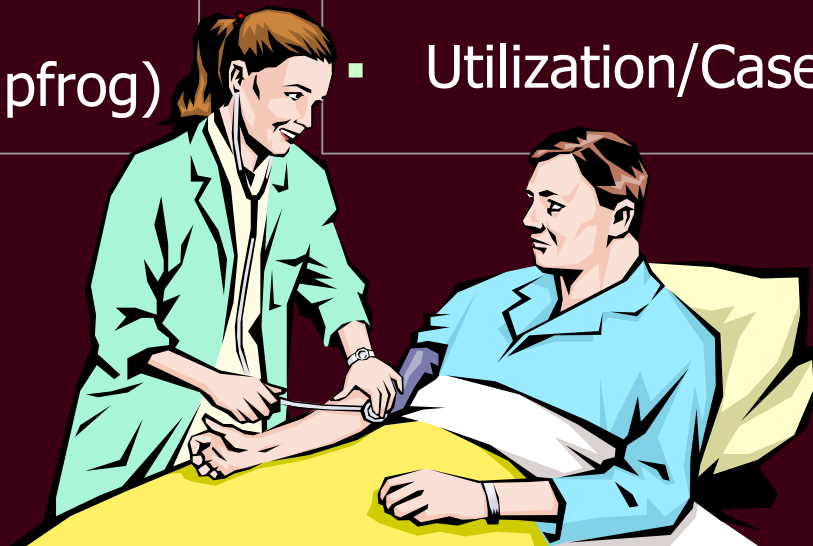
NQF

AHA

Advocacy (Leapfrog)

Internal Groups

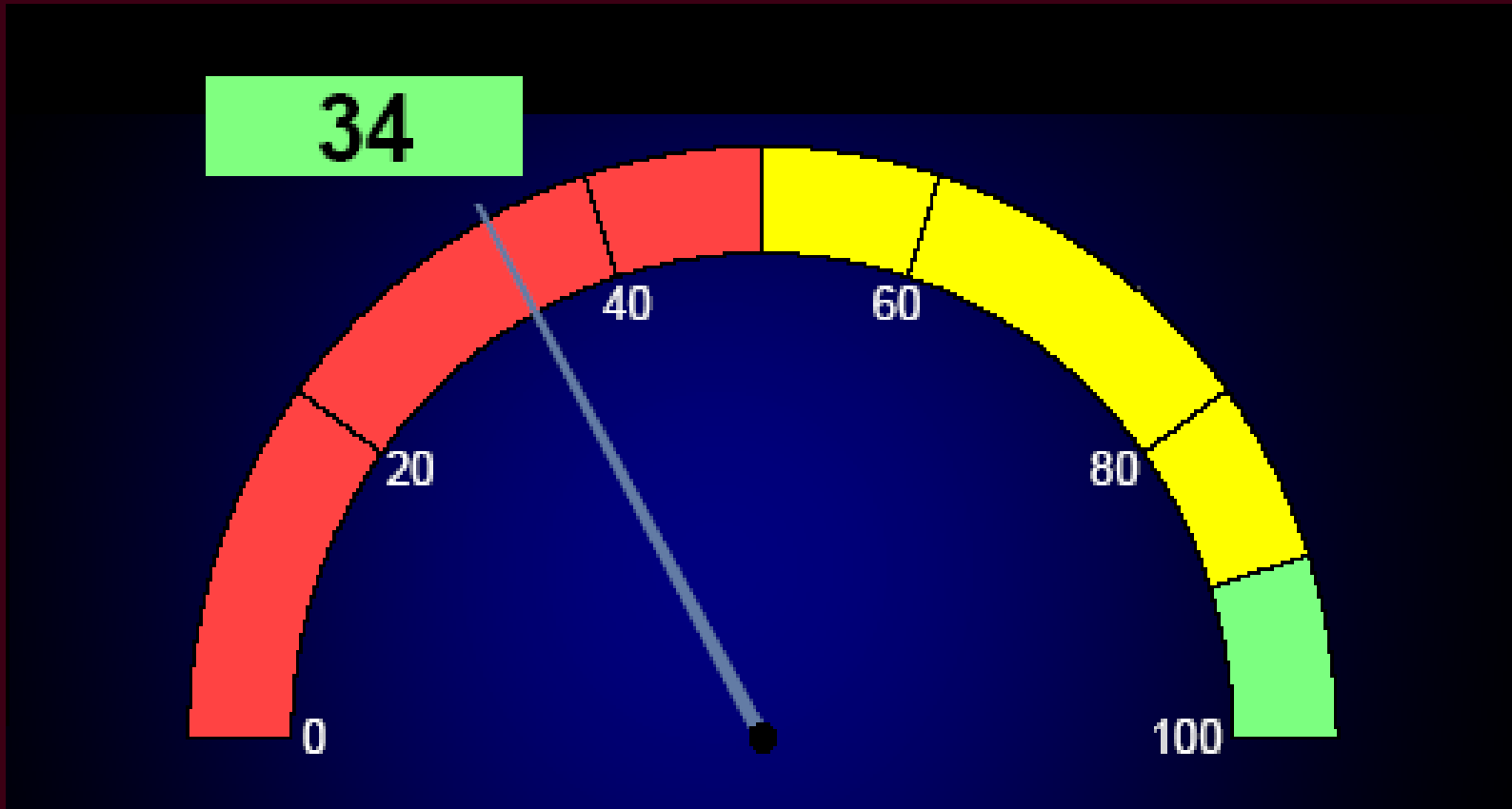
- Nursing- communication
- Quality Management – develop measures to define performance and opportunities for improvement and communication
- Utilization/Case Management - CareMap[®]



Evidence-Based Medicine from Three Perspectives

**Analysis of the Variance Between Expected
Outcome (Evidence) and
Actual Outcome (Practice)**

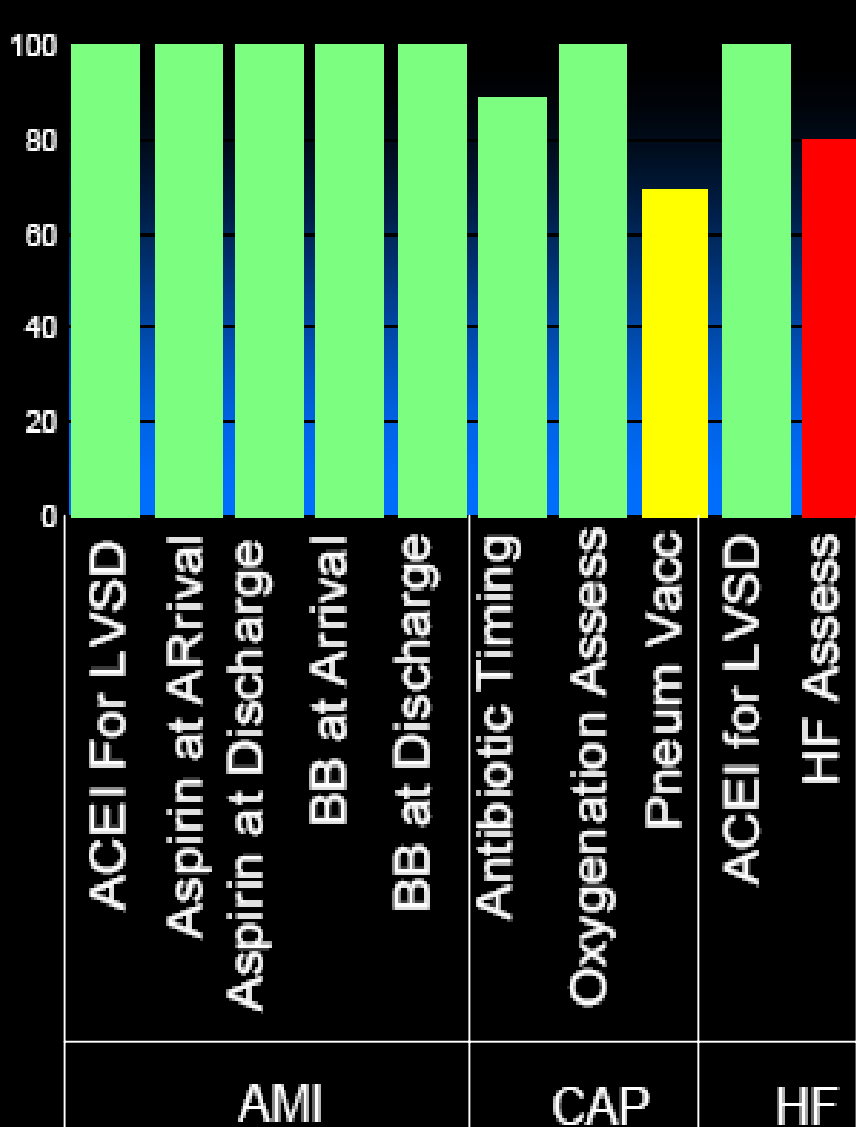
Q1 2004



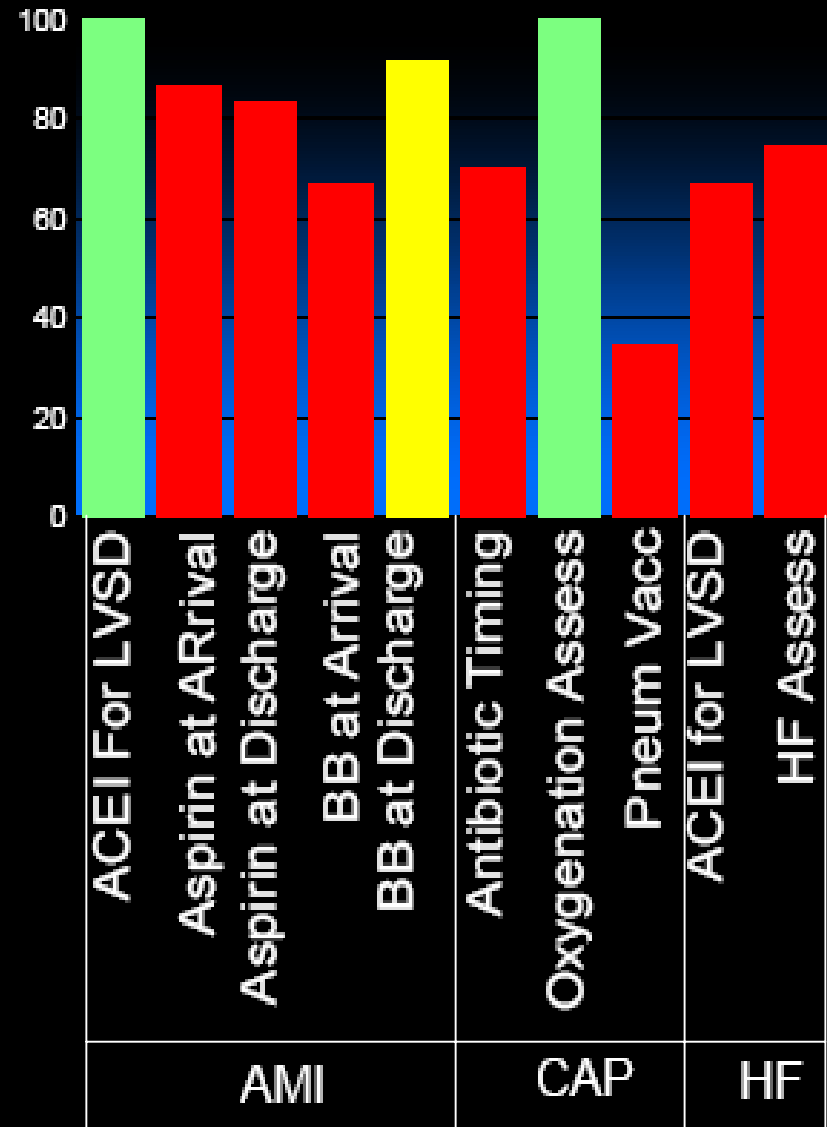
Out of 100 indicators (10 hospitals times 10 measures) reported to CMS, 34 exceeded the top 10% level reported by all hospitals.

Performance Improvement Best Practice and Opportunities for Improvement

Top Performing



Bottom Performing



Public Reporting: Preliminary

Hospital Performance

	<u>Q3 2003</u>			<u>Q4 2003</u>			<u>Q1 2004</u>		
Hospital A	5	3	2	6	3	1	4	5	1
Hospital B	8	0	2	6	2	2	7	1	2
Hospital C	8	1	1	7	2	1	6	2	2
Hospital D	6	4	0	5	5	0	4	4	2
Hospital E	2	7	1	3	4	3	2	5	3
Hospital F	3	6	1	5	4	1	2	5	3
Hospital G	7	2	1	6	4	0	5	3	2
Hospital H	6	4	0	8	2	0	1	5	4
Hospital I	2	6	2	1	5	4	1	2	7
Hospital J	7	0	3	2	1	7	1	1	8

Q3 2003 Green = 13 Q1 2004 Green = 34

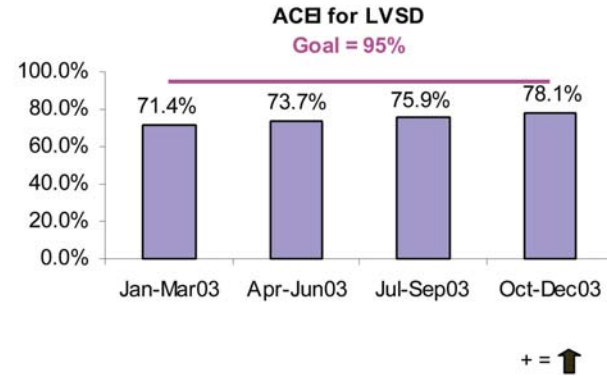
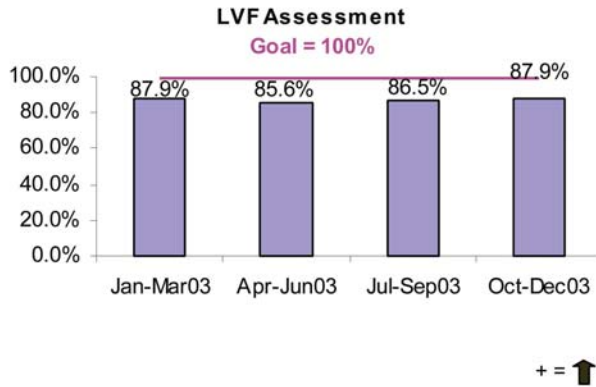
Indicator Performance

	Q3 2003	Q4 2003	Q1 2004
AMI ACEI for LVSD Rate	Yellow	Yellow	Yellow
AMI Aspirin at arrival Rate	Red	Red	Yellow
AMI Aspirin prescribed at discharge Rate	Yellow	Yellow	Yellow
AMI Beta Blocker at arrival Rate	Yellow	Yellow	Yellow
AMI Beta Blocker prescribed at discharge Rate	Yellow	Yellow	Yellow
CAP Antibiotic Timing Rate	Red	Red	Yellow
CAP Oxygenation assessment Rate	Red	Red	Yellow
CAP Pneumococcal screening and/or vaccination Rate	Yellow	Yellow	Yellow
HF ACEI for LVSD Rate	Red	Yellow	Yellow
HF LVF assessment Rate	Yellow	Yellow	Yellow

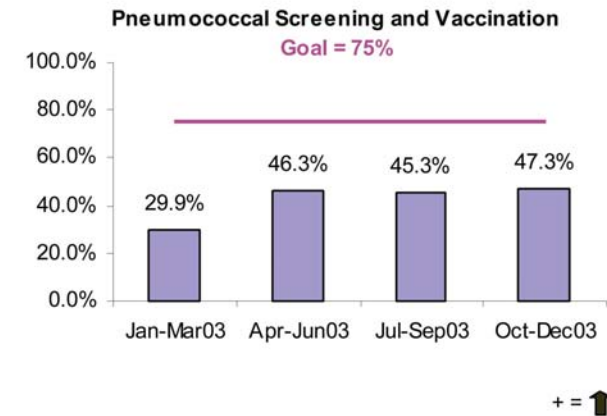
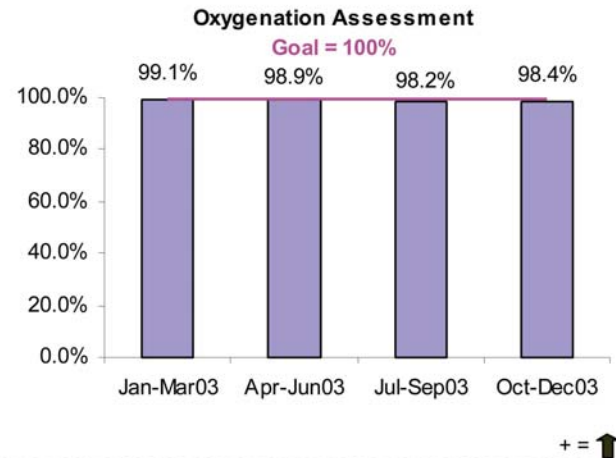
Heart Failure

Actual Trend

Actual Trend



Community Acquired Pneumonia



Desired Direction + = ↑

+ = ↓

Change in Trend From Previous Period

Physician Profile

North Shore University Hospital at Plainview

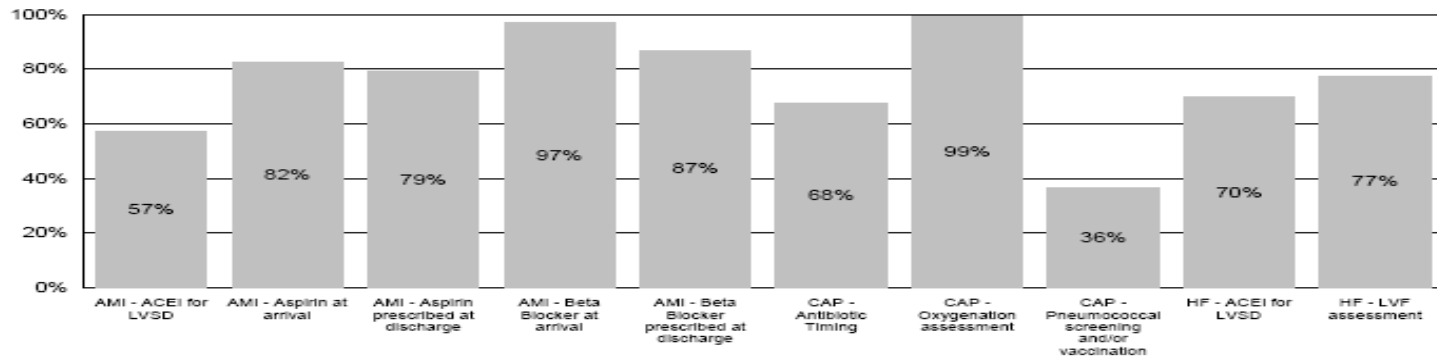
Jan - Sep 2003

Physician License: XXX

Physician Name: XXX

	Pts in Numerator	Pts in Denominator	Rate (%)	CMS Top 10% Benchmark
Acute Myocardial Infarction				
<i>Aspirin at arrival</i>	3	3	100	100
<i>Aspirin prescribed at discharge</i>	2	2	100	99
<i>Beta Blocker at arrival</i>	3	3	100	98
<i>Beta Blocker prescribed at discharge</i>	2	2	100	98
Community Acquired Pneumonia				
<i>Antibiotic Timing</i>	14	17	82	86
<i>Oxygenation assessment</i>	17	17	100	100
<i>Pneumococcal screening and/or vaccination</i>	2	13	15	73
Heart Failure				
<i>ACEI for LVSD</i>	0	1	0	92
<i>LVF assessment</i>	6	9	67	97

Hospital Performance for Public Reporting Indicators



Physician Profile

Heart Failure Public Reporting

Franklin Hospital Medical Center

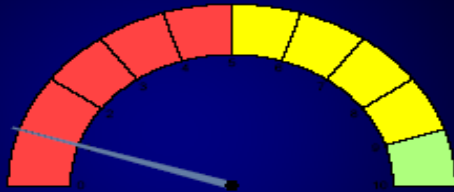
Jan - Sep 2003

Physician License	Physician Name	LVF Numerator	LVF Denom	LVF Rate	ACEI Numerator	ACEI Denom	ACEI Rate
203		13	14	93	2	3	67
143		4	13	31	1	3	33
175		7	13	54	3	3	100
206		12	13	92	5	7	71
116		6	12	50	2	2	100
182		9	12	75	0	1	0
196		10	12	83	0	0	
196		11	11	100	3	5	60
221		8	11	73	3	3	100
163		10	10	100	3	3	100
198		7	8	88	3	3	100
216		8	8	100	0	1	0
165		3	6	50	0	0	
172		2	6	33	0	0	

Service and Nursing Unit Performance

Hospital X

Hospital Performance

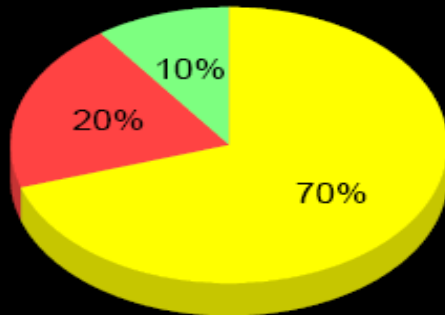


Out of 10 publicly reported measures, 1 were above the top 10% CMS benchmark.

Service Performance

CTS	6	0	4
MED	1	7	2
PED	2	1	0

Hospital Performance



Unit Performance*

XXX	2	1	1
XXX	1	0	4
XXX	2	0	3
XXX	2	0	3
XXX	7	0	1
XXX	1	4	5
XXX	3	4	3
XXX	4	0	3
XXX	2	0	2
XXX	2	0	2
XXX	9	0	0
XXX	0	0	2
XXX	1	0	0
XXX	1	0	1
XXX	4	0	0
XXX	3	0	4

*Unit Performance includes only Med, Med/Surg, Medicine and Internal units only

Performed BETTER than the top 10%

Performed below the top 10%, but above the top 50%

The 10% and 50% benchmarks are set by CMS

Performed WORSE than the top 50%

NS-LIJHS Quality Management EBM Task Forces

Pneumonia

Heart Failure

Myocardial Infarction

Coronary Artery Bypass Graft
Surgery

Hip and Knee Orthopedic

Stroke

Bariatric Surgery

Pediatric Cardiac Surgery

Hyperbaric Wound Treatment

Critical Care

Skin Care

Sterilization

- Fall Prevention
- Health Information Management
- Infection Prevention
- Needle Stick Safety
- Oncology
- Safe Practices
- Credentialing
- Bioethics
- Perioperative
- Mental Retardation
/Developmental Disabilities
- Discharge Planning
- Utilization Management
- CareMap[®]/Variance

NS-LIJHS Quality Management EBM Task Forces

Charge

Provide understanding, direction, education and tools to achieve improved processes/outcomes

Benefits

- Optimize patient care
- Standardize measures
- Share best practices
- Identify gaps in safe patient care
- Improve clinical involvement
- Enhance communication

Results

Acute Myocardial Infarction

- Pilot of standardized admission orders
- Pilot of rapid diagnostic testing
- Incorporating CEMS into treatment protocols

Heart Failure

- Development of education module on CD ROM and Intranet
- Physician champions conduct around the clock educational programs for staff

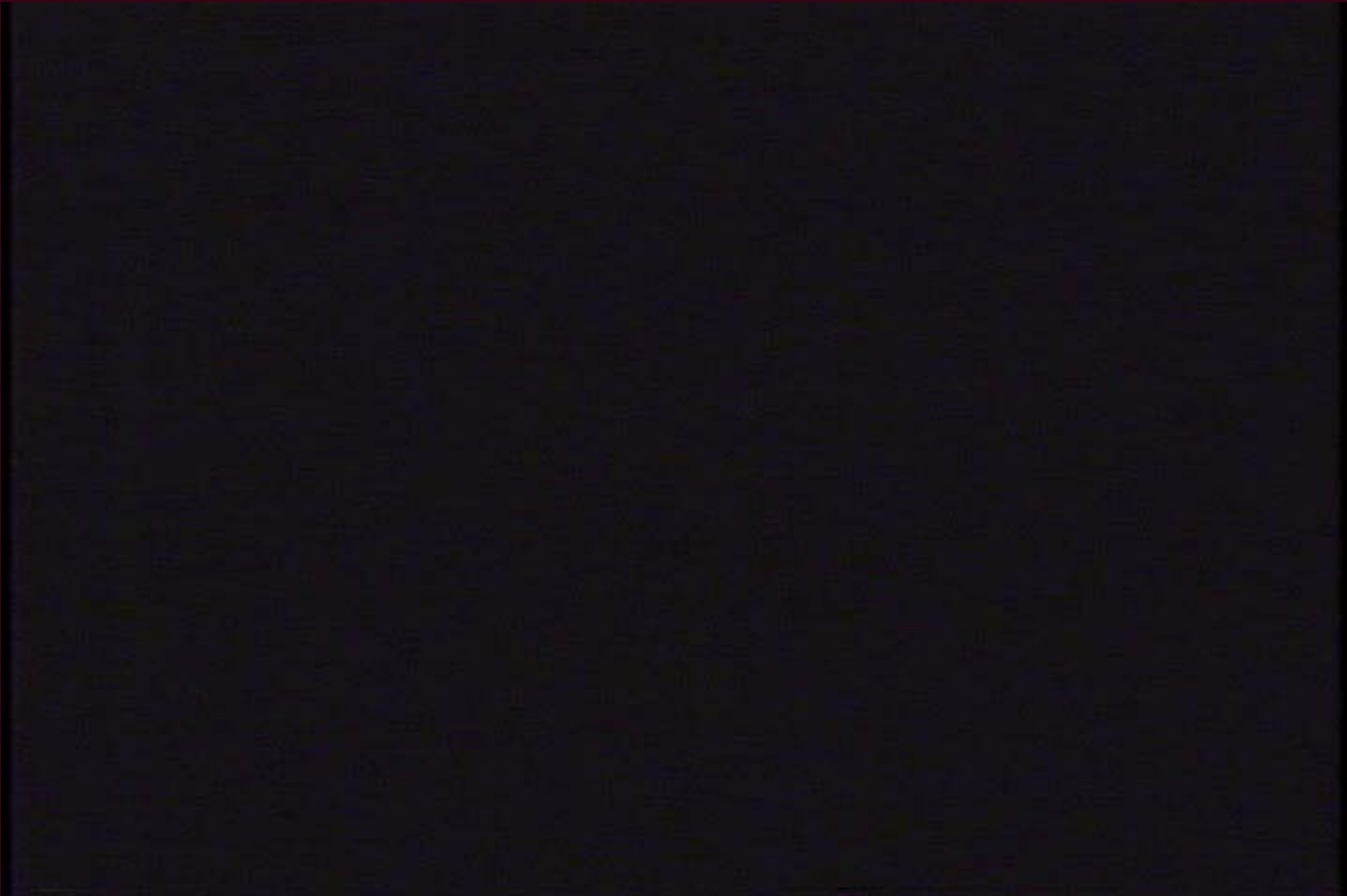
Orthopedic/CABG

- Standard protocol for antibiotic administration

Pneumonia

- Standardized orders for immunizations
- Educational video for patients

Educating Patients

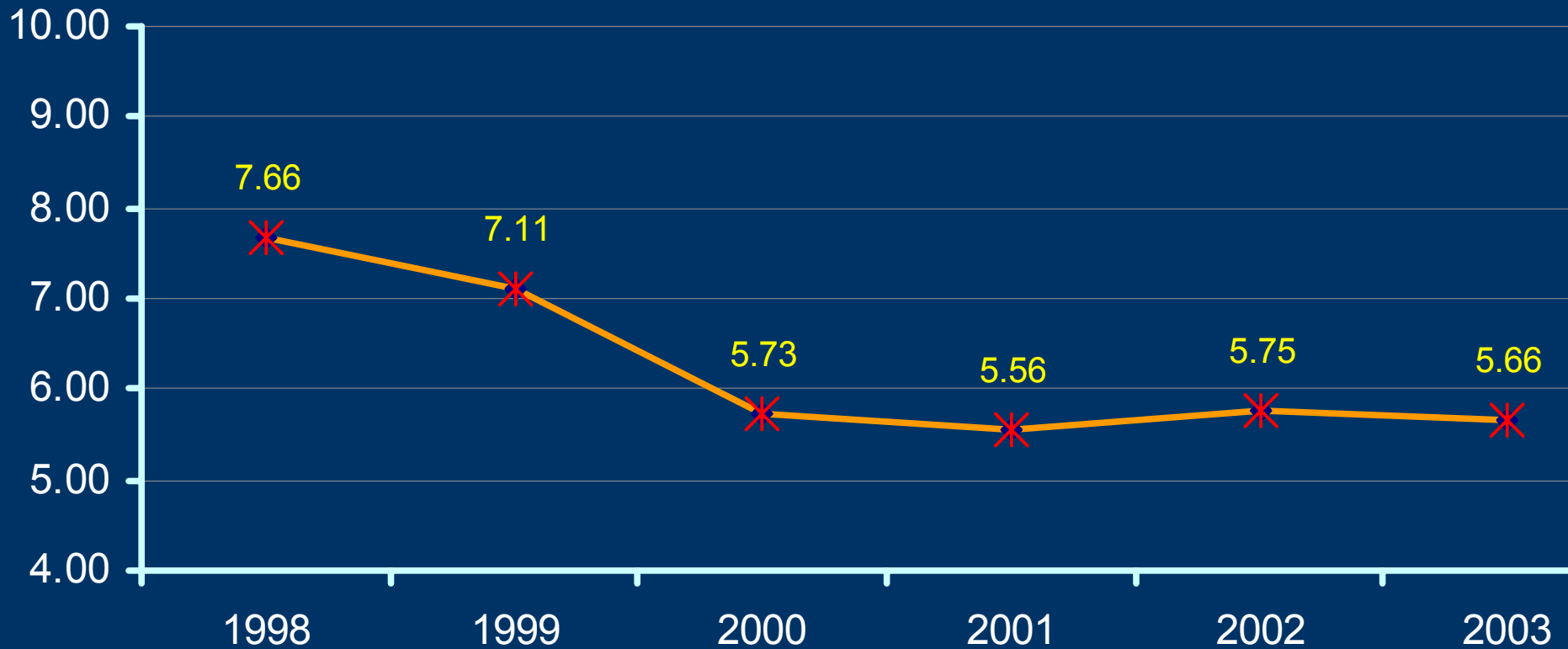


**Evidence-Based Medicine is Used
for LOS Management**

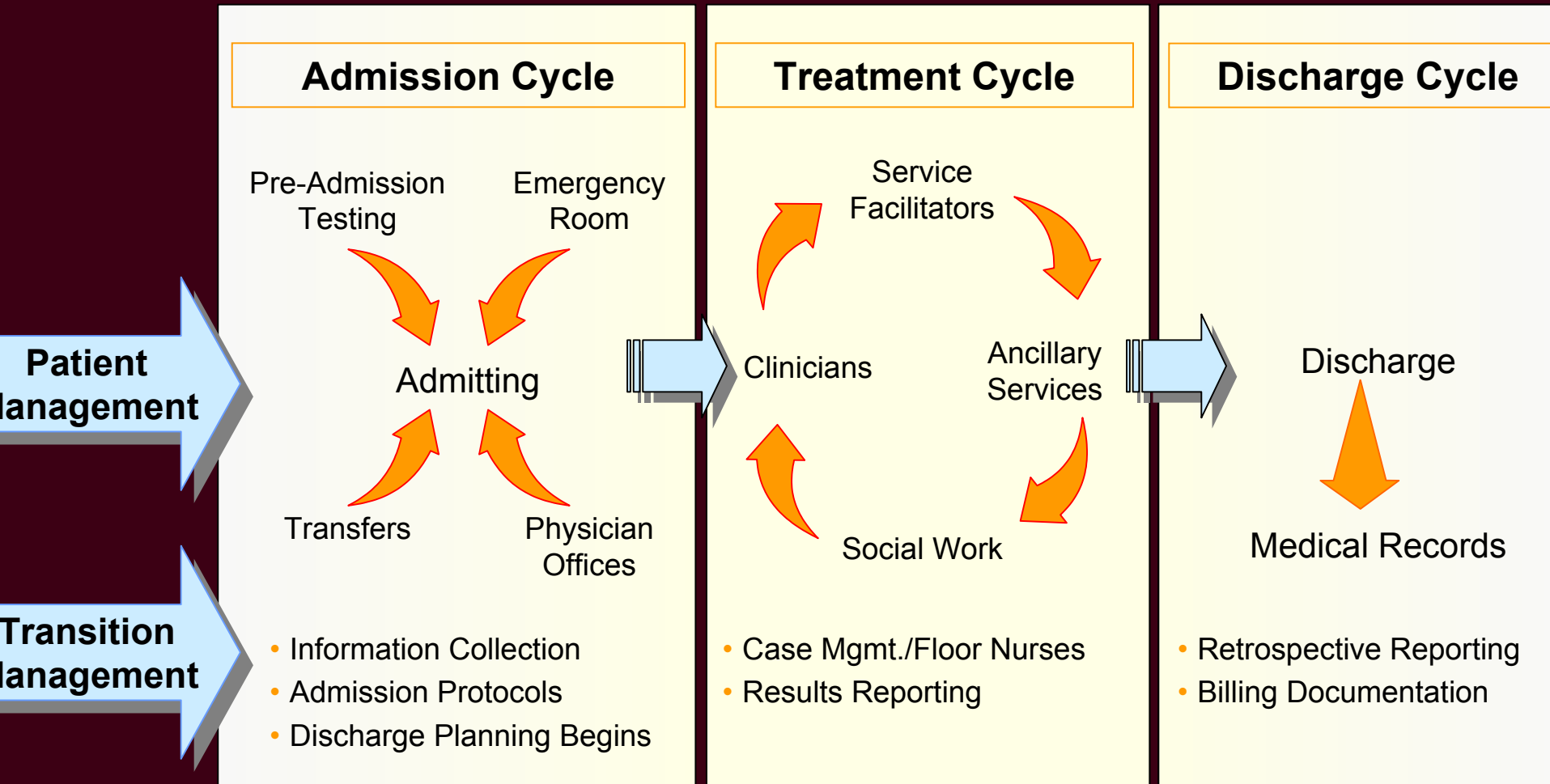
Example: LOS Management Community Hospital

Hospital B - ALOS

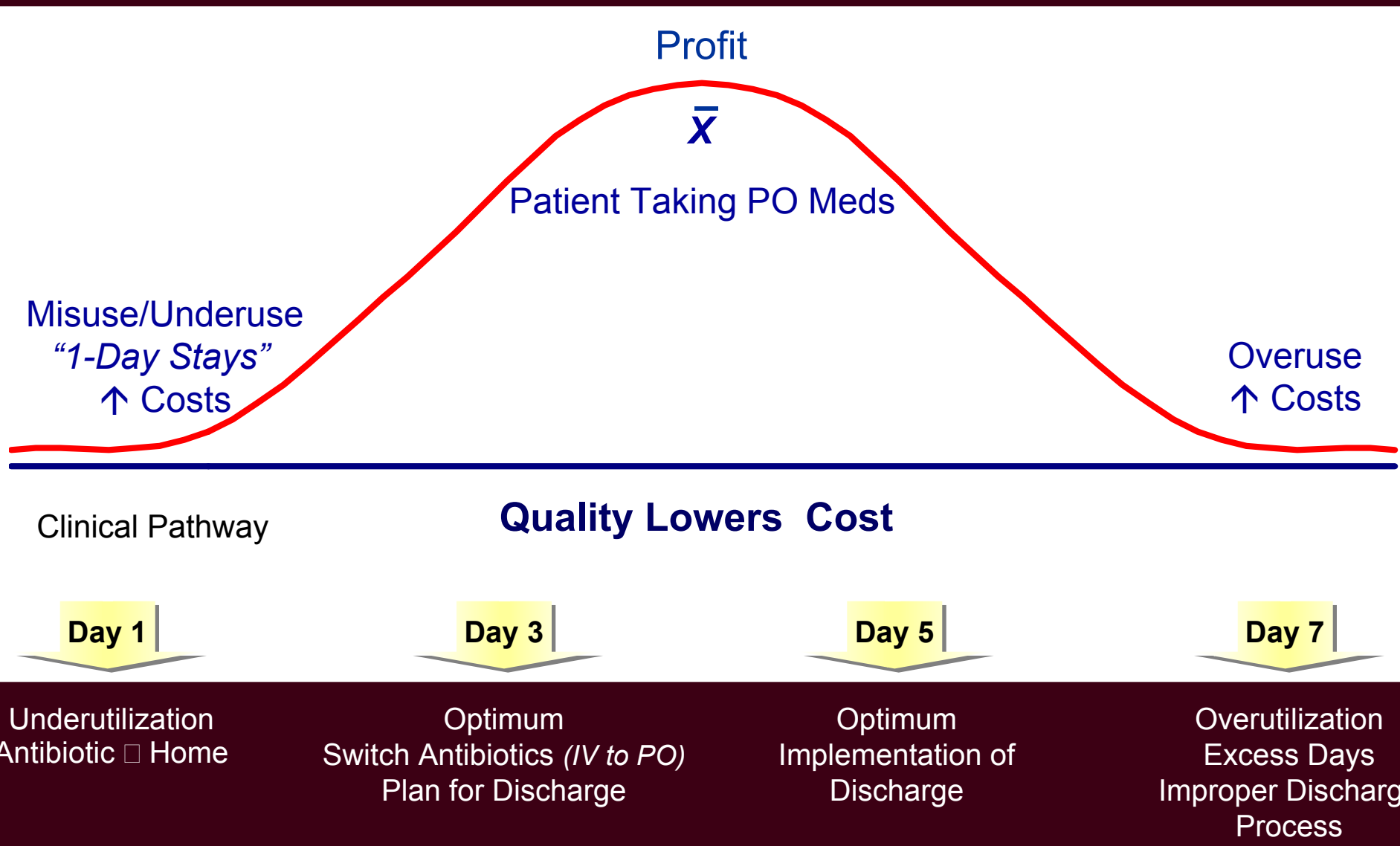
(excluding hospice, psychiatric, rehab and detox)



Continuum of Care Process Description

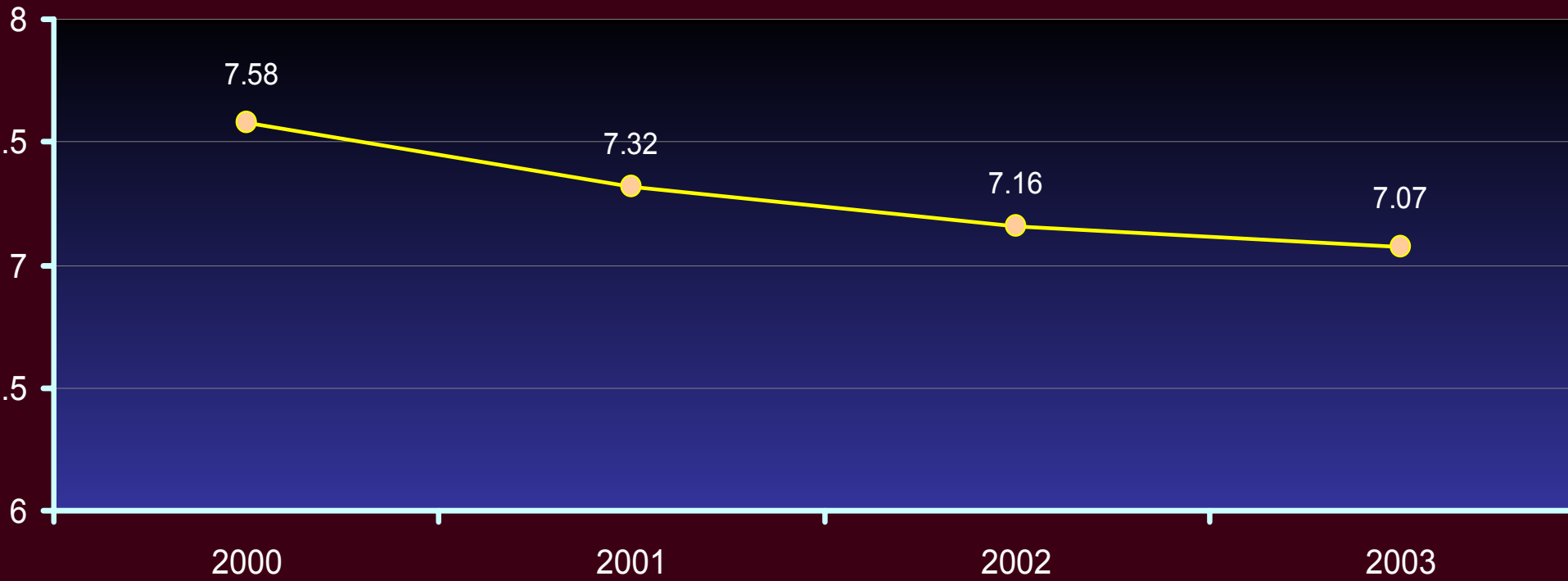


Result: Care of Pneumonia



Example: Disease Specific LOS Management

North Shore - LIJ Health System Medicare Patients Pneumonia (DRG 089, 090) ALOS





Outcomes Indicators – March 2004

	Hos A	Hos B	Hos C	Hos D	Hos E	Hos F	Hos G	Hos H	Hos I	Hos J
Autopsy Request Rate Benchmark Range: (72.69-25.66)	*** 84.38	* 1.20	** 36.59		* 15.19		** 94.41	INS 0.00		*** 75.4
inpatient 30Day readm Rate Benchmark Range: (6.2-7.12)	** 5.36	** 6.59	* 9.65	* 7.96	* 7.66	* 7.51	* 10.42	*** 2.44	* 11.03	** 3.9
inpatient Return OR Rate Benchmark Range: (0.78-1.28)	* 1.36	** 0.00	** 0.47	*** 1.19	** 1.67	** 2.10	*** 1.10	** 0.62	** 1.3	** 1.3

●: Hospital/System performed BETTER than the benchmark^

●: Hospital/System performed within average.

●: Hospital/System performed WORSE than the benchmark^.

A: Hospital does not report on this indicator. Note: SIUH has a two month lag in their reporting of the SSI Rate

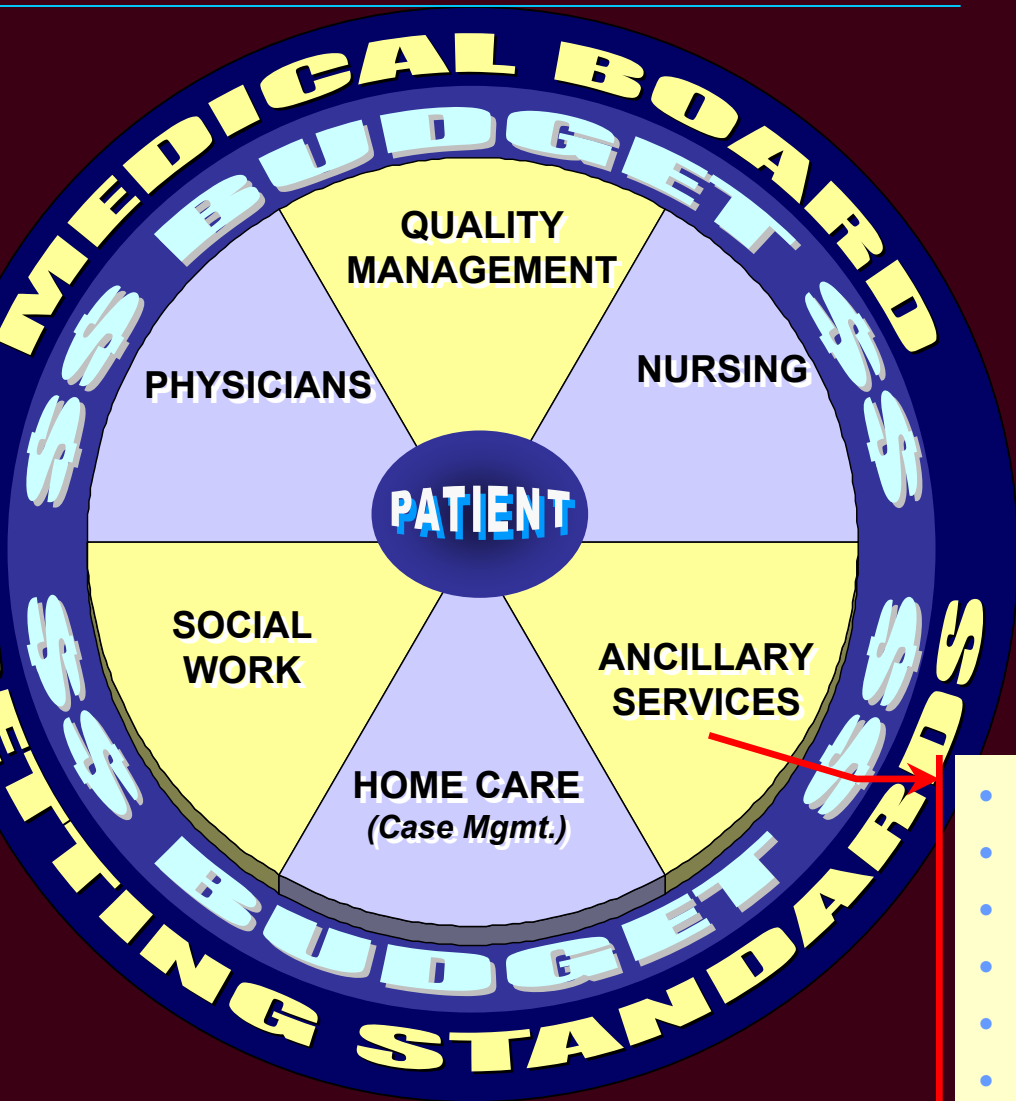
: Hospital does not meet sample size requirements and was not benchmarked.

Empty Cell: Hospital should report data on this indicator, but did not submit data this month.

Benchmark: Developed using the system's previous year's performance.

^: For Facility Performance, the benchmark is the average of the top 10 performing hospitals.

Across Continuum



Multidisciplinary

Patient Centered Care

- Laboratory
- Nutrition
- Occupational Therapy
- Pharmacy
- Physical Therapy
- Radiology
- Respiratory Therapy
- Speech Therapy
- Environmental Services

Coordination
(Pre, During and
Post Discharge)

The NS-LIJHS CareMap[®]

- Disease-specific
- Helps to direct the care towards evidence-based best practices
- Provides a standard of care for varied patient populations with discipline-specific goals, focusing on patient and cost outcomes
- Increases collaboration and efficiency by prospectively planning for care
- Strengthens accountability by linking assessment and intervention strategies with patient outcomes

NSUH (Manhasset) NSUH at Syosset
 NSUH at Forest Hills Long Island Jewish Medical Center
 NSUH at Glen Cove Franklin Hospital Medical Center
 NSUH at Plainville Southside Hospital

Evidenced Based Plan of Care
Code 311-C

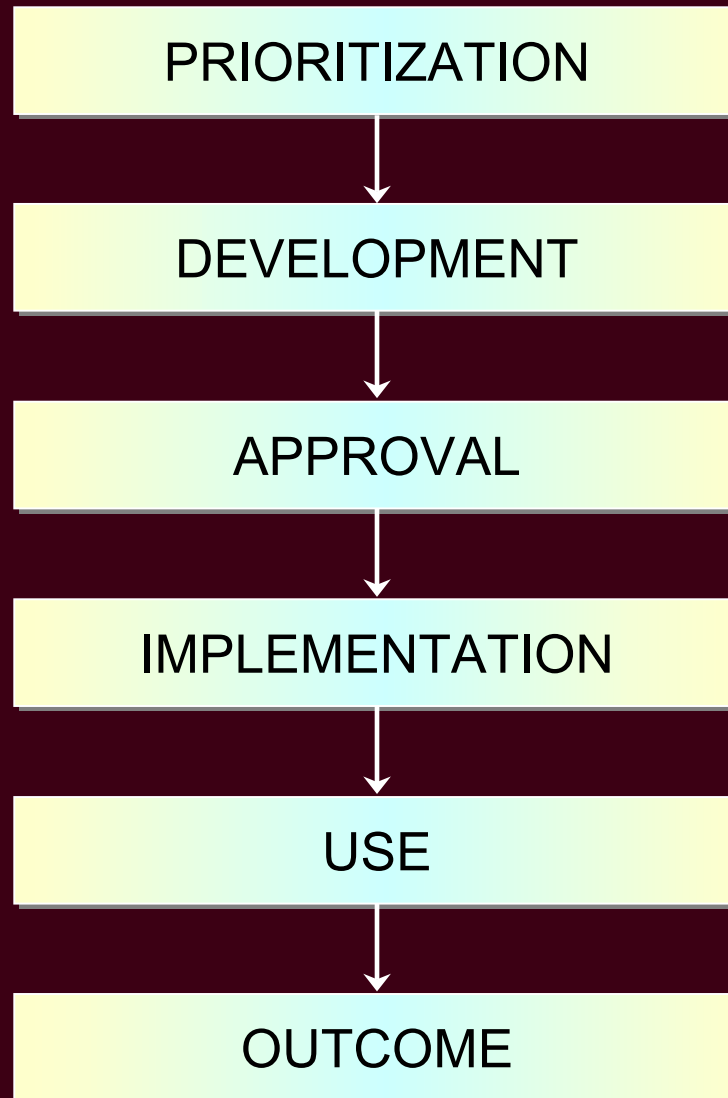
This protocol is a general guideline and does not represent a professional judgment of the provider's obligation to patients. Care is revised to meet individual patient needs.

ADDRESSOGRAPH

Admit Date: ___/___/___ Initiation Date: ___/___/___ Time: ___ Latex Allergy: No Yes
 Allergies: No Yes _____ Ejection Fraction% _____
 Advance Directives: No Yes DNR Proxy Living Will Other _____
 Advance Directives on chart Date met: ___/___/___ Init: _____ Unmet / Init: _____
 Patient / Significant Other to bring Advance Directive to hospital yes non-applicable
 Isolation Precautions: No Yes Date Initiated: ___/___/___ Type: _____ Date discontinued ___/___/___
 Smoker within last year No Yes If yes, was smoking cessation advice given? No Yes

History of Present Illness	Medical History			
	Stroke <input type="checkbox"/>	Atrial Fibrillation <input type="checkbox"/>		
	Diabetes Mellitus <input type="checkbox"/>	Renal Failure <input type="checkbox"/>		
	Hypertension <input type="checkbox"/>	Arthritis <input type="checkbox"/>		
	Coronary Artery Disease <input type="checkbox"/>			
Medical Summary:	Hypercholesterolemia <input type="checkbox"/>			
	Chronic Obstructive Pulmonary Disease <input type="checkbox"/>			
	Consults/Tests/Procedures	Date Ordered	Date Completed	Initials
		___/___/___	___/___/___	
		___/___/___	___/___/___	
Surgical Summary:		___/___/___	___/___/___	
		___/___/___	___/___/___	
		___/___/___	___/___/___	
		___/___/___	___/___/___	
		___/___/___	___/___/___	
Patient lives with:		___/___/___	___/___/___	
Phone Number:		___/___/___	___/___/___	
Contact Person:		___/___/___	___/___/___	
Phone Number:		___/___/___	___/___/___	
Initial Discharge Plan:		___/___/___	___/___/___	
<input type="checkbox"/> Home		___/___/___	___/___/___	
<input type="checkbox"/> Home Care		___/___/___	___/___/___	
<input type="checkbox"/> Rehabilitation		___/___/___	___/___/___	
<input type="checkbox"/> Skilled Nursing Facility		___/___/___	___/___/___	
<input type="checkbox"/> Other		___/___/___	___/___/___	
Signature	Initials	___/___/___	___/___/___	
Initiated by:		___/___/___	___/___/___	
		___/___/___	___/___/___	

CareMap[®] Creation Methodology



CareMaps[®] Encourage Patient Education

Patients partner in their care

Patient Friendly CareMaps[®] provide patient information on:

- Disease Process
- Treatment Goals
- Patient's Role
- Tests
- Medications
- Diet
- Activity
- Discharge Planning



Heart Failure Code 311-C

This protocol is a general guideline and does not represent a professional care standard governing provider's obligation to patients. Care is revised to meet the individual patient's needs.

Heart Failure

If you have heart failure that has caused you to be in the hospital, it probably means that your heart muscle has weakened to the point where it has allowed your body to collect too much fluid, causing difficulty breathing and/or a low energy level.

Tests	can provide you with education on all the tests. Blood will be taken from you as ordered by your doctor. It usually is necessary to draw blood early in the morning so that the results are available to take care of you throughout the day. Sometimes blood tests are needed several times during the day to best care for you.
Medications	Your medication will be adjusted to improve your heart function and remove the extra fluid. Medicine that removes the extra fluid is called a diuretic (water pill). All medications will be ordered by your doctor. You may also receive medication called ACE-inhibitors and Beta-blockers. These medications are important in protecting your life and decreasing your chance of being rehospitalized. Feel free to question your Health Care Team about these medications. If you are being given a diuretic (water pill), it is important to note if you are urinating soon after taking the medicine and if you are urinating more, less or the same amount as the day before. Please report this to both your nurse and doctor. By giving you the diuretic early in the day, it helps the doctor to know if that day's dose is working.
Diet	The amount of liquid you drink will be limited to decrease the stress on your heart. Your diet will be ordered by your doctor. You may be on a low sodium (salt), low fat or a low cholesterol diet. A Registered Dietician is available to talk to you about your diet needs.
Activity	Walking will help you feel better and improve how your heart works. Check with your doctor and nurse before you begin. Please call for help before getting out of bed for the first time or if you are feeling unsteady or weak.
Education	We have made a plan that we believe will get you well as quickly and safely as possible. This plan begins early in the morning with a weight check in order to know if you are losing fluid. Ask about your daily weight. You will also be given information about your condition and the medication you are taking by members of the Health Care Team. You will also be taught the importance of weighing yourself everyday and writing it down in a book that can be brought to your physician's office. You will be taught to check your feet and legs for swelling, what you should do if your symptoms get worse, when to contact your doctor, and the importance of a low sodium diet. If you are a smoker, you will be educated on the effects of smoking on your body and given information on how to stop.

Discharge Planning

Your discharge plan will be based on your needs. If you need help with care at home were receiving home care services, please tell your nurse and ask about home care programs available for patients with heart failure. A Social Worker/ Case Manager may visit you to talk about discharge planning. The Health Care Team will go over your discharge instructions and answer any questions you or your family may have. If any

Heart Failure Specific Supplemental Discharge Instructions

Heart Failure Specific Supplemental Discharge Instructions

Patient-Specific Discharge Information

Your discharge weight is _____ pounds. Your last creatinine was _____ mg/dL.
Your last ejection fraction was _____ % OR mildly/moderately/severely reduced (circle one)

Data for
outpatient care

Heart failure is an on-going (chronic) disease. It requires **YOUR** care and participation *everyday* in order to give you the highest quality of life, decrease the chance you will be re-hospitalized and lower your risk of dying from this disease. Just like in the hospital, *checking and recording your weight on a daily basis is critical*. Each morning after waking up and going to the bathroom, you should check your weight. Then record it on a calendar or piece of paper that will be available to bring to each of your doctor visits.

) Smoking cessation material provided/counseling given: If you are a current smoker or have smoked within the last year, you have been provided with smoking cessation advice. It is extremely important for your health to discontinue smoking.

Heart Failure specific
home instructions

) Discharge Medications: Please see the accompanying general discharge sheet.

) Follow-up appointment: Please see accompanying general discharge sheet.

) Diet: Please see the accompanying discharge sheet for special dietary concerns. Just like in the hospital, limiting your fluid intake is important. This can significantly reduce the fluid you retain and may allow you to need lower doses of diuretics (water pills). You should also watch your salt intake as advised by your physician.

) Activity: If you are able to exercise, adequate physical activity is important for your well-being. Please discuss with your physician any restrictions on your activity level.

Notify your physician immediately, call 911 or come to the emergency room if you have chest pain, tightness or if you are extremely or suddenly short of breath. It is equally important to contact your physician with any questions you may have or if your weight increases more than 5 lbs from your discharge weight, experience chest pain, increasing shortness of breath leg swelling.

To document our high
quality of care

American Heart Association/American College of Cardiology Guidelines

1. If current smoker or has smoked within 12 months smoking cessation advice given and documented on the chart Yes No
2. Ejection Fraction checked within past 6 months and documented on the chart Yes No
3. The patient is on an ACE-I on discharge (or contraindication explained) and recorded on the chart Yes No

Doctor's signature

Please print MD

4. Heart Failure Specific Supplemental Discharge Instruction Sheet given Yes No

Sample Page of CareMapSM

Heart Failure Case 577-C
 Endorsed by the NS-LIJHS Task Force
 Day 1 Date: ___/___/___

DRAP 1

PT assessment →
 Ejection Fraction →

Daily weight →

Smoking cessation →

Variances

ACE-I →

Fluid guidelines →

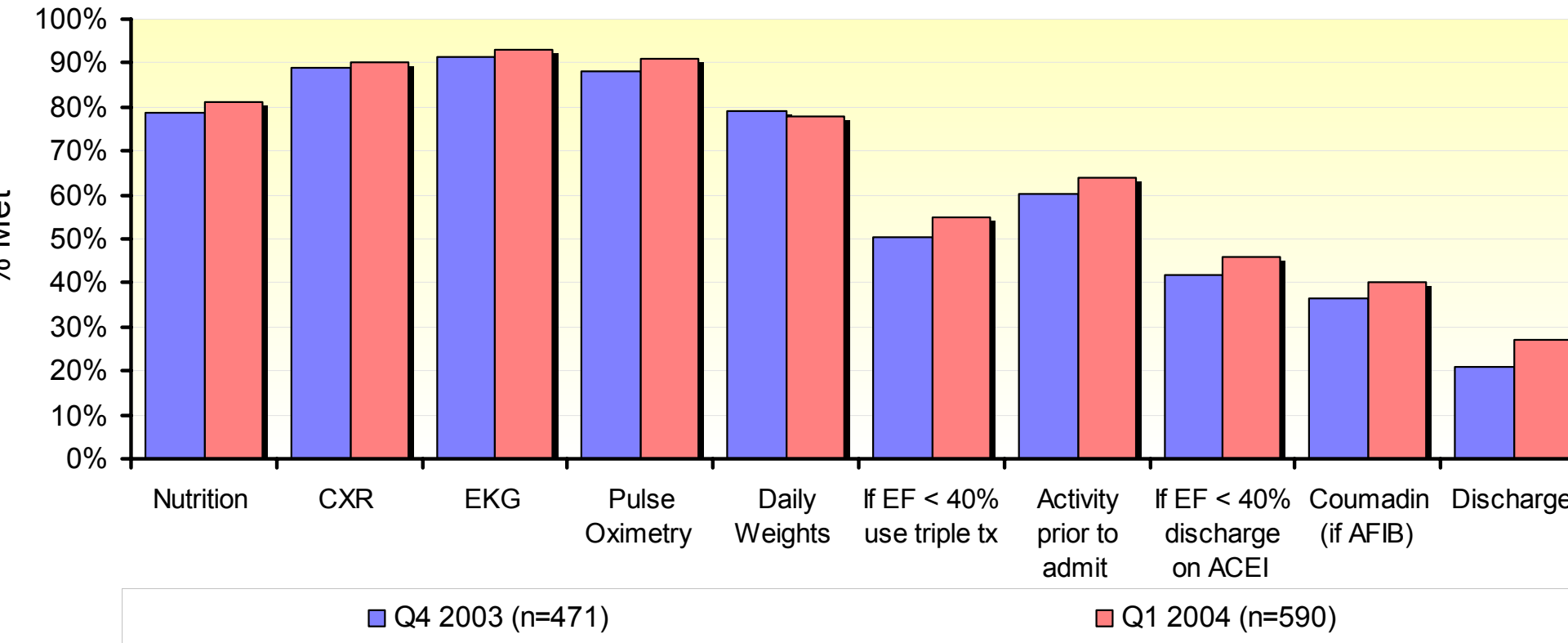
Pt friendly map →

Reminder for smoke and EF
RECORDING →

	Interventions	Outcomes
Consults	Nutrition screen	Nutrition consult ordered ()
	1. Physical Therapy screening	
Tests	2. Echocardiogram ordered if EF not assessed within the past 6 months	Echocardiogram performed: () EF documented in the medical record as ___ % or mild, moderate or severe dysfunction
	Cholesterol profile, BNP level	
	Electrocardiogram	Electrocardiogram performed ()
	Pulse Oximetry	Oxygen level greater than 90% ()
Monitors & Team Process	Admission history and assessment	Admission history and assessment completed ()
	Vital signs every ___ hours	
	3. Daily weight performed	1. Initial weight on nursing admission form Met: () Unmet: () Initial: _____
	Telemetry ordered	2. If smoker, smoking cessation counseling given Met: () Unmet: () Initial: _____
Active Problems	Pain management assessed ()	Patient is pain free ()
	Skin assessment ()	Patient's skin is intact ()
Treatments	Oxygen as ordered	
	DVT prophylaxis: yes () no ()	
Medications	4. If EF is below 40% use: ACE-inhibitor (ACEI) unless contraindicated. If so, consider angiotensin II receptor blocker (ARB)	Patient on ACE-I () or is ACE-I intolerant () Reason: _____ ACE-I held: Hypotension () Renal failure () Other () Specify: _____
	Diuretic prescribed: yes () no ()	If diuretic yes, intravenous () or oral administration ()
Diet	Fluid guidelines reinforced ()	Patient understands fluid and salt restriction ()
	Dietary requirements assessed	Correct diet ordered: 2 gram sodium (), ADA () low cholesterol / low saturated fat ()
Activity	Out of bed as tolerated () Bedrest ()	Activity guidelines discussed ()
Teaching	5. Patient Friendly CareMap given	Patient verbalizes understanding of heart failure plan of care. ()
	initial: _____ Orient to unit, review plan of care, teach disease process, diet, fluid restriction, medications, signs and symptoms to report, daily weights, safety precautions, smoking cessation, pain scale ()	Patient verbalizes an understanding of medications and pain scale ()
Discharge Planning	ACC/AHA guidelines for smoking cessation and EF assessed ()	3. Guidelines for smoking cessation and EF entered on Heart Failure Specific Supplemental Discharge Instruction sheet. Met: () Unmet: () Initial: _____
	Assess support network () Assess discharge planning needs ()	
Team Signatures & Titles	1. _____ 2. _____ 3. _____	4. _____ 5. _____ 6. _____

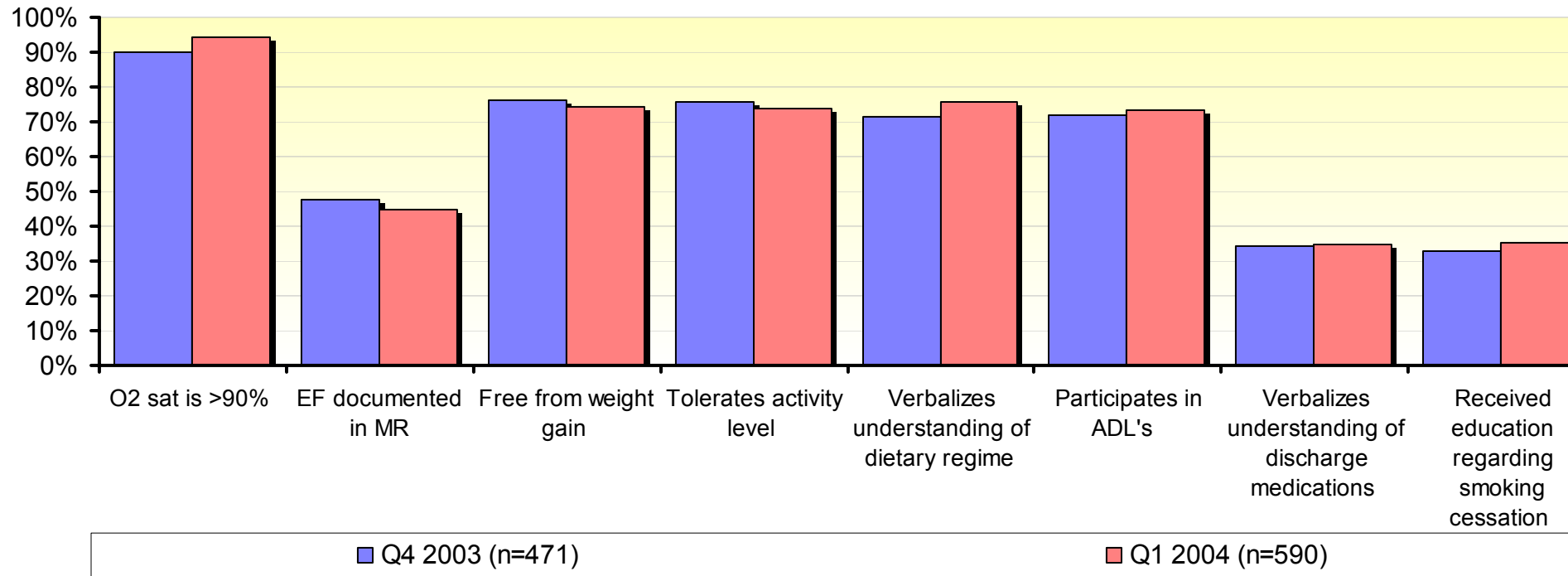
CareMap[®] Variance Analysis for Heart Failure

NS-LIJHS CareMap Variance Analysis Heart Failure - Interventions



CareMap[®] Variance Analysis for Heart Failure

NS-LIJHS CareMap Variance Analysis Heart Failure - Outcomes





**Improving Nursing
Decision-Making**

**Quality Management Data Identified
Variation in Assessment and
Treatment of Pressure Injuries**

Involves a Standardized Approach

Nursing Competency

Risk Assessment

Assessment/Reassessment

Treatment

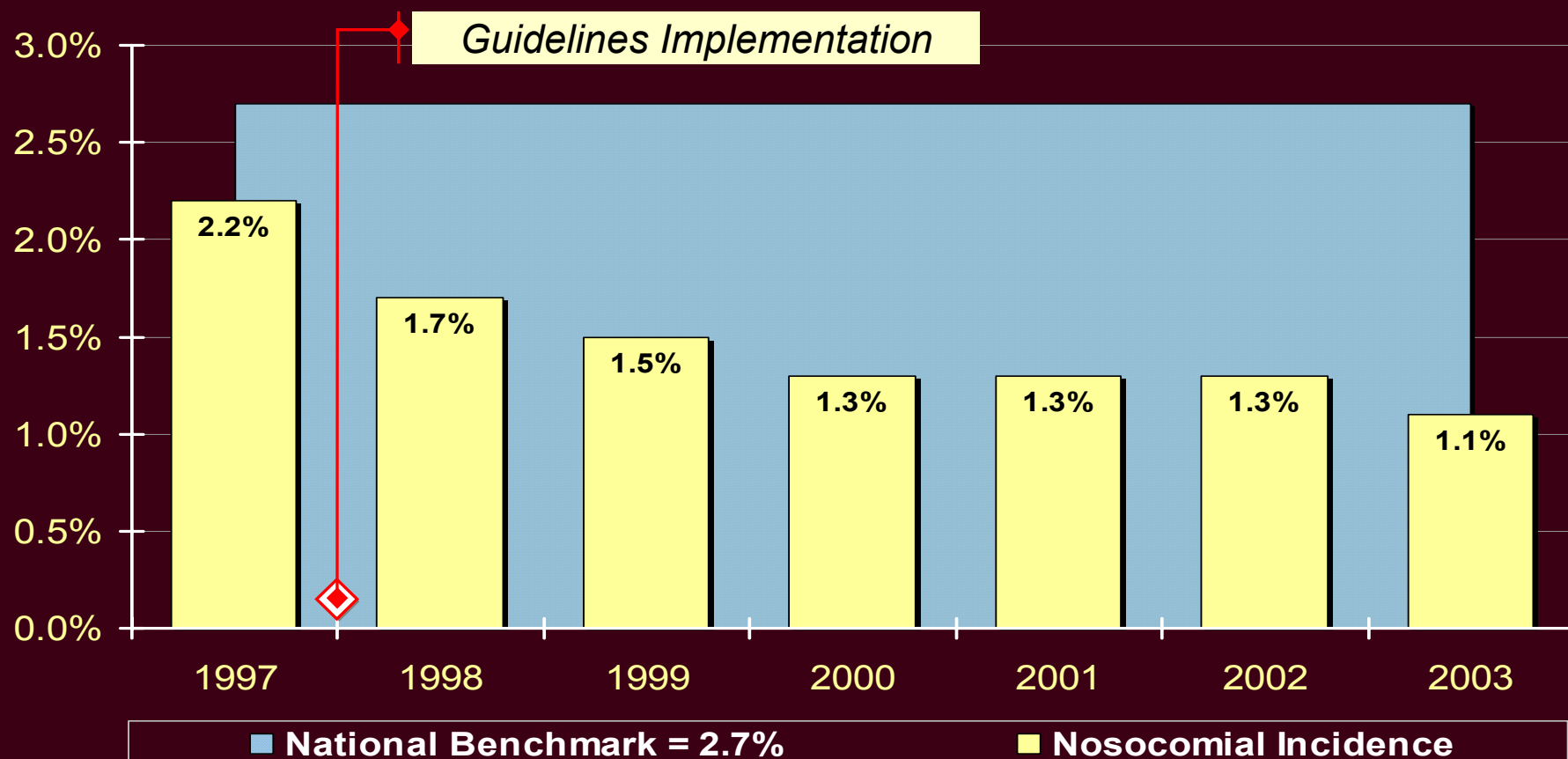
Measure/Benchmarking

Participate in Validation of Data with External Sources

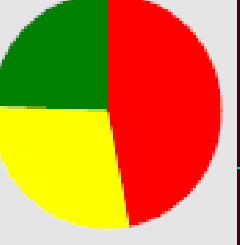
Example: Skin Care Guidelines

Using Guidelines for Skin Care Achieved Good Outcomes

Pressure Ulcer Incidence vs. National Benchmark



For the year 2002, no payments were made for decubitus ulcer lawsuits for the entire Health System !!



Patient Safety Indicators – March 2004

	Hos A	Hos B	Hos C	Hos D	Hos E	Hos F	Hos G	Hos H	Hos I	Hos J
nosocomial Press.Ulcer Rate Benchmark Range: (.74-1.33)	*	**	*	**	*	*	**	*	***	**
	1.47	0.88	1.40	1.32	1.34	1.37	1.27	1.43	0.69	0.0
T Fall Index Benchmark Range: (2.80-3.10)	***	*	*	*	***	***	***	*	*	*
	2.58	4.82	3.70	3.66	2.44	2.30	5.52	6.07	4.23	
T Med/Surg Restraint Index Benchmark Range: (5.10-31.80)	**	*	**	*	**	**	**	*	*	*
	11.67	66.83	26.14	46.66	7.12	19.67	36.41	33.56	50.28	
SI Rate Benchmark Range: (0.95-1.31)	**	***	**	*	*	*	*	*	***	NA
	1.01	0.00	1.09	2.02	2.41	1.44	3.68	0.66		

●: Hospital/System performed BETTER than the benchmark^

●: Hospital/System performed within average.

●: Hospital/System performed WORSE than the benchmark^.

NA: Hospital does not report on this indicator. Note: SIUH has a two month lag in their reporting of the SSI Rate

NA: Hospital does not meet sample size requirements and was not benchmarked.

Empty Cell: Hospital should report data on this indicator, but did not submit data this month.

Benchmark: Developed using the system's previous year's performance.

SKIN ASSESSMENT WITH BRADEN SCALE

History of: Bruises Lacerations Lesions Pressure Injury Rashes

MOBILITY STATUS	SCORE	MOISTURE	SCORE	ACTIVITY	SCORE
- Completely limited		1 - Consistently moist		1 - Bedrest	
- Very limited: Obesity/Limited Mobility or has experienced an episode of immobility > 24° during LOS		2 - Moist		2 - Chair	
- Slightly limited		3 - Occasionally moist		3 - Walks occasionally	
- No impairment		4 - Rarely moist		4 - Walks frequently	

FRICTION / SHEAR	SCORE	NUTRITIONAL STATUS	SCORE	SENSORY PERCEPTION	SCORE
- Problem		1 - Very Poor		1 - Completely Limited	
- Potential Problem		2 - Probably Inadequate		2 - Very limited (i.e. epidural analgesia)	
- No Apparent Problem		3 - Adequate		3 - Slightly limited	
		4 - Excellent		4 - No limpainment	

TOTAL SCORE:

*Score of 0 – 17
Patient is at risk and refer to Nutrition.*

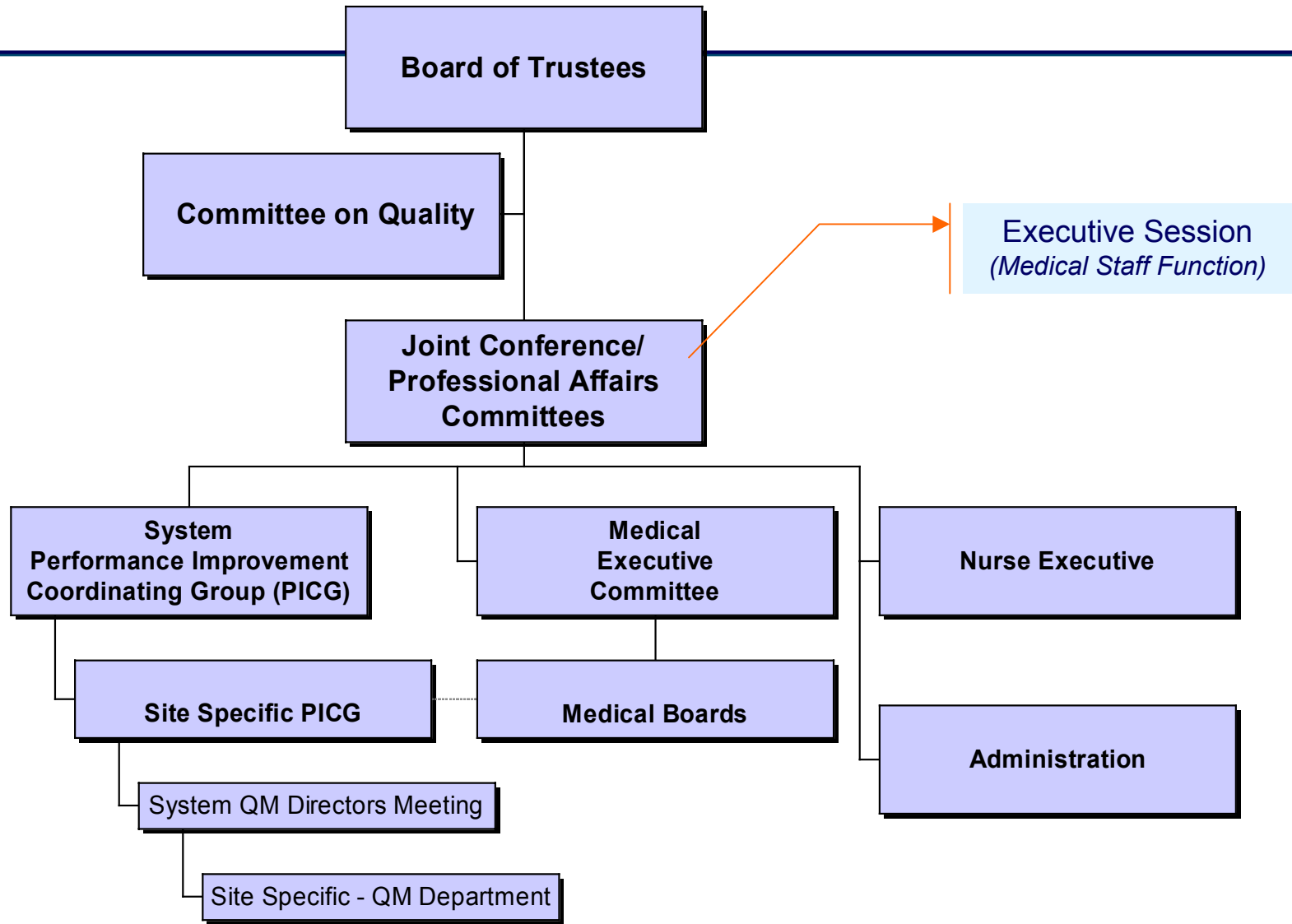
- The patient has no reddened areas or skin breakdown at this time and is not at risk.
- The patient has no reddened areas or skin breakdown but is at risk and has been placed on skin alert.
- The patient has reddened areas or skin breakdown and the Pressure Ulcer Assessment Form and Protocol has been initiated.

Initial patient assessment on admission. Reassessment: Daily and prn with changes in patient condition.

Quality Management Databases

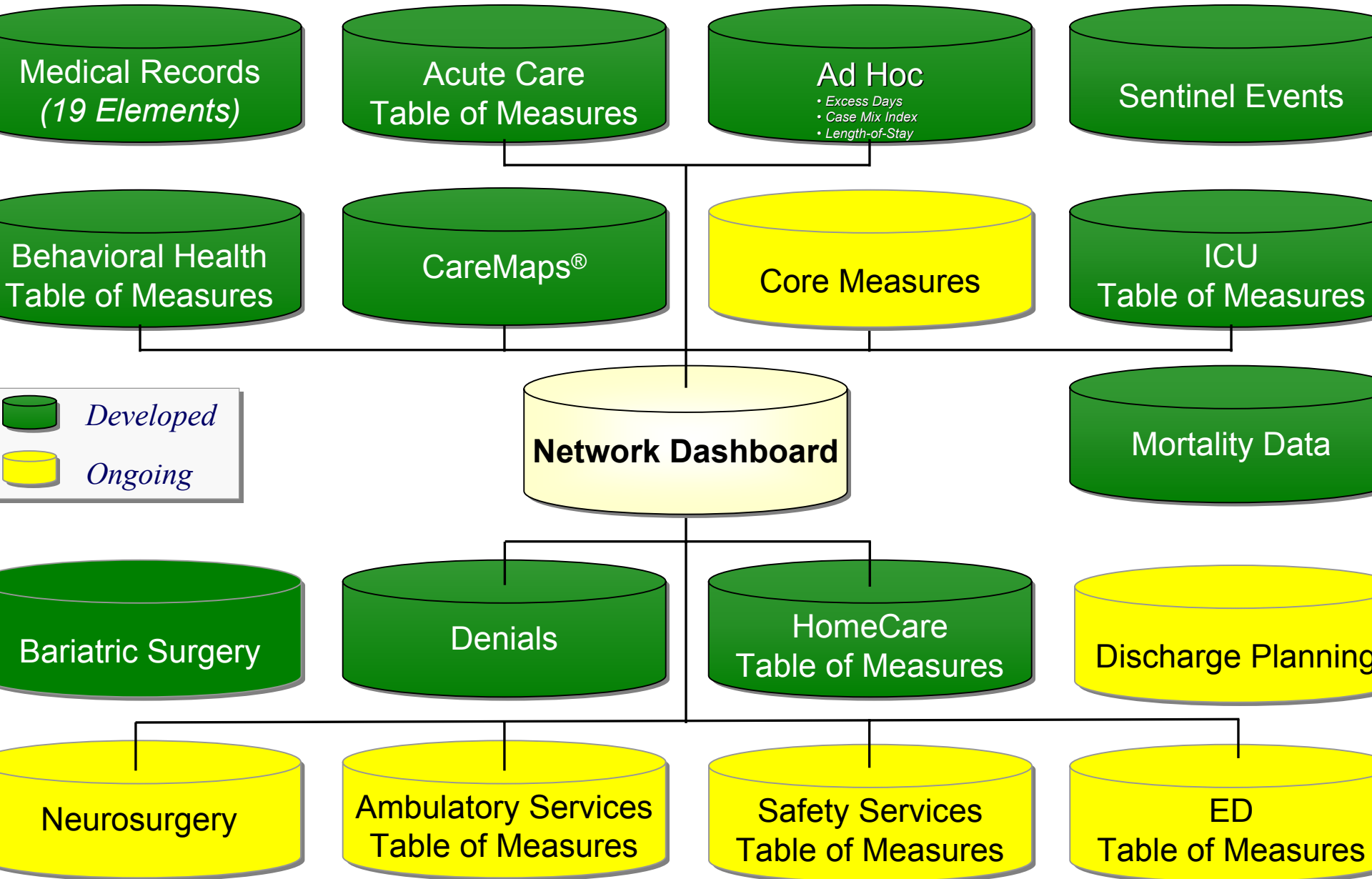
Developing databases allows Quality Management to share information

Quality Management Lines of Communication

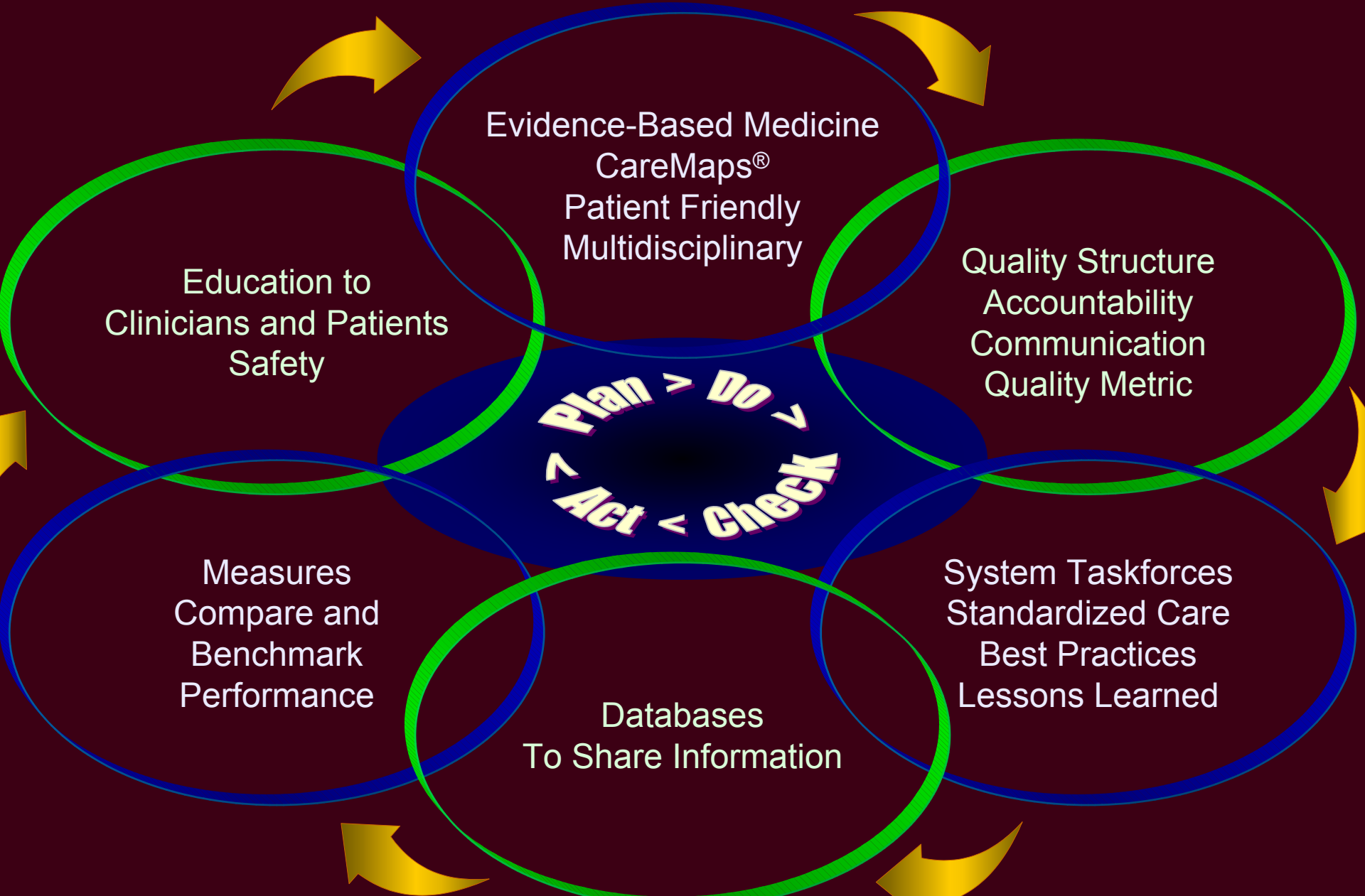


System Quality Management

2003/2004



Setting New Standardized Proactive Approach To Care



Quality Reference

THE QUALITY HANDBOOK FOR HEALTH CARE ORGANIZATIONS

A MANAGER'S GUIDE TO TOOLS AND PROGRAMS

YOSEF D. DLUGACZ

ANDREA RESTIFO

ALICE GREENWOOD

“Using guidelines also helps demystify the medical process -- for the patients, the nurses, and the physicians. There is an orderly plan of care for all caregivers to refer to. Specific disease processes can be anticipated to take a certain course, with treatment deliberately informed by expert information. Guidelines help mediate between the art and the science of medicine, between less and more experience. And for the manager, especially, following a clinical pathway or a process guideline can bridge the gap between less and more organized and efficient care. For a new manager, in particular, this is a welcome tool.”

The Quality Handbook for Health Care Organizations, Yosef D. Dlugacz, Andrea Restifo, Alice Greenwood