

Quality Collaborative

A Partnership Sponsored by the Greater New York Hospital Association and the United Hospital Fund

New Evidence Supports *STOP* Sepsis Collaborative Approach

A March 2014 *New England Journal of Medicine* article lends new support to the GNYHA/UHF *STOP* Sepsis Collaborative approach to improving care for severe sepsis and septic shock. “A Randomized Trial of Protocol-Based Care for Early Septic Shock,” reporting the results of a sepsis treatment study that included 31 emergency departments throughout the U.S., validates that early detection and vigilant, evidence-based care are critical in treating sepsis, and that invasive treatment is not superior to other alternatives.

Since 2010 the GNYHA/UHF *STOP* Sepsis Collaborative has been supporting hospitals’ efforts to improve sepsis

care processes. This initiative has not only provided hospitals with education, resources, and performance improvement data analytics but has also helped prepare them to meet New York State Department of Health sepsis requirements.

The study questioned simpler treatment methods, to which patients with septic shock were randomly assigned, may potentially be just as effective as “early, goal-directed therapy,” which requires inserting a central line—an invasive and sometimes difficult procedure. The article affirms the value of adapting and implementing evidence-based therapies at the bedside in busy and diverse emergency departments, by offering both an invasive and non-invasive approach to treatment. The *STOP* Sepsis Collaborative employs just such an approach.

During the coming year, GNYHA and UHF will continue to support hospitals’ efforts to address sepsis, as well as comply with Department of Health sepsis regulations and related data requirements. GNYHA and UHF will convene hospitals on a regular basis in a forum that encourages sharing of information and best practices to overcome challenges, including successful strategies on capturing data to meet the State’s reporting requirements. ■

NYSPFP Guiding Principles to Advance Culture of Safety

Now in its third year, the New York State Partnership for Patients (NYSPFP) continues its vital mission of improving patient safety and quality care. Building on the ongoing effort to reduce adverse events and preventable readmissions, NYSPFP has developed a framework of guiding principles to inform programming and communicate goals to hospital partners. These guiding principles—innovate, integrate, engage, and hardwire—create a programmatic approach for future efforts; every educational activity and program falls under one of these concepts.

The response to the principles, and their accompanying graphic (see page 4), has been positive. “More than anything, NYSPFP intends for these principles to empower hospitals to sustain the improvements made in care delivery processes and patient safety culture,” said Lorraine Ryan, GNYHA’s Senior Vice President for Legal, Regulatory, and Professional Affairs. Designed to be simple, direct, and dynamic, the principles can be easily internalized and used effectively to reduce risk in

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Performance Excellence: A Core Mission of the Mount Sinai Health System

GUEST COLUMNIST
Kenneth L. Davis, M.D.
President and CEO
Mount Sinai Health System

The Mount Sinai Health System was created last fall, when The Mount Sinai Hospital and Mount Sinai Queens combined with Continuum Health Partners. Today, we encompass seven hospital campuses and an extensive ambulatory platform throughout the New York metropolitan area. Our steadfast focus is excellent patient care and safety, and we firmly believe health *systems* can improve more rapidly than traditional stand-alone hospitals. They can share data between sites, identify and share best practices, and coach everyone to achieve excellence. The whole of our new system will be better than the sum of its parts. Already, we are seeing evidence of dynamic transformation.

Within weeks of coming together, Mount Sinai created system-wide quality, safety, and service dashboards with numerous metrics. These data, coupled with rapid improvement cycles, are already leading to better and safer care. For example, our central line and urinary catheter infection rates are plummeting while our employee influenza vaccination rates are at an all-time high.

Other factors that help us maintain excellence include our internal framework for communication and alignment, and

our Health System Quality Leadership Council. This body meets every two weeks and comprises all hospital and ambulatory presidents, chief medical officers, chief nursing officers, and quality leaders.

Mount Sinai's long history of participation in the GNYHA/UHF quality improvement collaboratives also contributed to our success. In fact, many of the collaboratives' clinical leaders and advisory workgroup members come from our system. We embrace the GNYHA/UHF collaborative mindset, since we ourselves foster a multidisciplinary team approach to patient care, using standardized evidence-based bundles and clinical protocols as the core of the collaborative methodology. As a result of partaking in GNYHA/UHF collaboratives, including those on rapid response systems, *C. difficile*, central line-associated bloodstream infections, and sepsis, we have witnessed significant success in improved outcomes.

I believe much of our success is a result of relentless emphasis on the importance of these programs and improvement efforts; empowerment of program leaders to drive improvement system-wide; emphasis on the importance of transparency in sharing of data and improvement strategies; and a total organizational commitment to teamwork and collaboration. Equally important is sustainability of improvement. The GNYHA/UHF collaboratives are closely aligned

with our system objectives and help to catalyze our efforts. They provide extra institutional partnerships and idea sharing that result in the acceleration of our improvements.

The GNYHA/UHF Clinical Quality Fellowship Program (CQFP) has also been an enormous resource – 16 fellows from our system have completed the program and our participants have gone on to lead critical quality and safety programs within our system. In fact, many have either formally moved into new quality leadership roles or are on track to do so. One of our newest hospital chief medical officers is a CQFP graduate.

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Overall, the GNYHA/UHF quality and patient safety initiatives have served as critical catalysts and galvanizing forces to bring together interdisciplinary leaders from across our health system and the region in order to work on issues of utmost importance to our patients, their families, and our communities. We are a safer and better health system as a result of the GNYHA and UHF partnership for improvement. ■

Fellowship Graduates Using Lessons to Improve Patient Care

Launched in 2009 by GNYHA and UHF, the Clinical Quality Fellowship Program is currently training its sixth class of early- and mid-career physicians and nurses to develop the skills necessary to become the next generation of quality leaders in our hospitals.

Upon becoming the Chair of the Clinical Quality Fellowship Program in 2013, Rohit Bhalla, MD, Vice President and Chief Quality Officer at Stamford Hospital, offered the following: “The Fellowship Program physicians and nurses have accomplished remarkable things over the years. Seeing how graduates are applying the programs lessons in the real world proves we are making a difference.”

To illustrate that difference, *Quality Collaborative* talked to three graduates of the 15-month program whose lessons are making a positive impact on patient care long after graduation.

Maria Lyn Quintos-Alagheband, MD (2013 Graduate) – Winthrop-University Hospital For Dr. Quintos, Physician Quality Officer, Winthrop’s Children’s Medical Center, improving quality of care for children exhibiting signs of severe sepsis and septic shock was only the beginning. As a member of the New York State Department of Health’s sepsis advisory workgroup, she has provided professional insight on proposed State regulations on severe sepsis and septic shock. While established standards exist for severe sepsis and septic shock in adult patients, evidence is still evolving for pediatric patients. “There are other

factors to consider,” Dr. Quintos notes. “Standards—not just for treatment, but for performance and outcome metrics—still need to be shaped to meet the needs of the children we treat, and I’m glad to be a part of this important discussion.”

Dr. Quintos also credits the program with providing bigger insights into the health care landscape: “I now recognize that real change won’t happen if you don’t consider all the stakeholders, including hospital leadership and payers.”

Jennifer Lee, MD (2012 Graduate) – NewYork-Presbyterian Hospital, Weill Cornell Medical Center As the Quality and Patient Safety Officer for Weill Cornell’s Department of Medicine, Dr. Lee says the Fellowship Program came at an opportune time, when quality improvement was quickly becoming a greater focus for her department.

Dr. Lee credits her Capstone project training as so useful that today she follows the Capstone format to develop a quality curriculum for second- and third-year residents in the Weill Cornell Internal Medicine program. “It helps them learn to undertake projects and modify them in real time to overcome barriers, as well as nurture greater collaboration with a faculty mentor,” she says.

In addition to the lessons learned from her Capstone project—which focused on improving patient attendance at follow-up appointments after hospital discharge—Dr. Lee benefited from the Program’s overview of quality improvement from institutional and national perspectives, which enhanced her understanding of how to execute

change in the quality of care. “It has been invaluable to see how governmental agencies and policies, available resources, and the application of metrics all come together.” She also appreciates the lessons she learned from her peers in the Program, especially how they applied the knowledge they gained to activities at their respective hospitals.

Maria Basile, MD (2011 Graduate) – John T. Mather Memorial Hospital Dr. Basile, Assistant Vice President, Medical Affairs, John T. Mather Memorial Hospital, was repeatedly cautioned that her Capstone project was too big for the Fellowship Program’s 15-month span. Her goal was to build a useful, engaging, reliable, and sustainable tool to address hospital-physician communication concerns related to Mather’s launch of a new clinical information system. Today Dr. Basile is glad she persevered. Not only did her project meet its initial goals but it now also plays an integral role as a vehicle for effective physician-to-hospital and physician-to-physician communication at Mather.

“The hospital leadership’s buy-in early on was critical,” says Dr. Basile. “They saw both the potential value and urgency, since we were simultaneously rolling out new systems for communicating clinical information and searching for streamlined, effective ways to reach our medical staff.” Today, the system allows for the sharing of training materials, leadership memos, communications related to emergencies such as blood shortages or weather-related issues, and event announcements. It also helps physicians connect with each other. ■

GNYHA/UHF's *IMPACT* to Reduce Readmissions Collaborative

The *IMPACT* (*IMprove Processes And Care Transitions*) to Reduce Readmissions Collaborative officially launched on February 4 and collaborative activities are currently underway. There is tremendous energy and enthusiasm for the new Collaborative, which is expected to add significant value to hospital and nursing home care coordination programs. The goals of the Collaborative are to strengthen relationships between providers, standardize and improve communication processes across settings, and incorporate patients, family members, and caregivers in the care transition process. Over 20 hospitals and over 30 nursing homes are participating in the Collaborative; hospitals are partnering with up to four nursing homes each.

The Collaborative kickoff meeting featured a keynote address from Amy Boutwell, MD, President of Collaborative Health Strategies and co-founder of the Institute for Healthcare Improvement's STAAR Initiative (State Action on Avoidable Rehospitalizations), which focuses on reducing hospitalizations by engaging partners across the continuum of care in Massachusetts, Michigan, and Washington. Dr. Boutwell stressed the importance of the Collaborative's goals and highlighted other quality improvement initiatives that have successfully demonstrated reductions in avoidable readmissions through communication process improvements across care settings. Following Dr. Boutwell's keynote speech, hospital and nursing home teams worked together to review current care coordination practices

and identify areas for improvement, which then became part of their collaborative work plan.

Since the kick-off, the Collaborative participants have come together to learn about process mapping, and applying root cause analysis principles to case reviews. Future sessions will focus on advance care planning, and incorporating patient, family, and caregivers into care coordination. GNYHA and the Continuing Care Leadership Coalition (CCLC, a GNYHA affiliate) staff will be providing hands-on support, which includes site visits and meeting facilitation. In these meetings, they will also assist teams in leveraging tools and resources from INTERACT (Interventions to Reduce Preventable Acute Care Transfers) NY, a program administered by CCLC; and UHF's Next Step in Care campaign. ■

NYSPPF (continued)

multiple clinical areas. Plans to create similar principles and graphics for other content areas are under way. ■

Quality Collaborative

Quality Collaborative is published three times a year, covering the efforts of the UHF/GNYHA partnership to improve hospital quality of care and patient safety.

GNYHA is a trade association representing nearly 250 hospitals and continuing care facilities, both voluntary and public, in the metropolitan New York area and throughout the State, as well as New Jersey, Connecticut, and Rhode Island.

United Hospital Fund (UHF) is a health services research and philanthropic organization whose primary mission is to shape positive change in health care for the people of New York.



