Johnson Memorial Health 2022 Community Safety & Quality Report

Putting the Patient First! through Accountability, Compassion, and Teamwork

Johnson Memorial Health believes being transparent with our community about safety and quality will result in better outcomes for our patients and is the right thing to do. From that belief comes this annual report sharing our current safety and quality measurements, projects, results, and actions to improve.

National Quality Forum (NQF) Serious Reportable Events

Description: The NQF endorses 29 patient safety events as Serious Reportable Events. These events are also called Never Events or Serious Adverse Events. Indiana law requires hospitals to report when Serious Reportable Events occur. A list and description of these events may be retrieved through the link in the references.

Results: JMH had no Serious Reportable Events in 2022.

Actions: Although a Never Event did not occur, we believe in a proactive and vigilant approach to prevent future events. Here are some of the actions we are taking to ensure our patients are safe.

- Just Culture – A mindset of learning from mistakes, no matter how small, by analyzing the systems or processes allowing the mistake to happen. By focusing on systems, rather than individuals, we may prevent future safety events by fixing the root cause of the event. A Just Culture avoids knee-jerk reactions of blaming individuals when something goes wrong, but also demands accountability for willful disregard of safe practices.

- Internal Reporting – All safety events, even those that cause no harm, are reported internally for review and analysis. Changes to our processes occur as needed to prevent possible future events.

- Root Cause Analysis – When a significant safety event occurs, we use a standardized analysis method to determine the root cause(s) of the event and then we fix the cause(s) so that the system or process will not allow for that event to occur again.

- Quality Improvement – We measure over 300 internal processes and outcomes and report these to our Quality Council, Medical Executive Committee, and Board of Trustees every month. With this kind of oversight, every department and contracted service is held accountable for quality and safety improvement.

Centers for Medicare & Medicaid Services (CMS) Quality & Safety Metrics

CMS measures quality and safety of hospitals in many ways and publicly reports results on their Care Compare website. CMS data tends not to be up to date, typically up to three years old, but we present our latest information here for some of the measures.

Sepsis Care

Description: CMS expects hospitals to provide the best, evidence-based care quickly to patients with severe sepsis or septic shock. The care algorithm is complicated, so hospitals across the nation work very hard at meeting the expectation.

Results: JMH had consistently been in the top 10% of hospitals nationwide in providing prompt, evidence-based care for our patients with sepsis. We dropped to 76% compliance in the most

recent CMS reporting period as shown on the CMS Care Compare website. However, we have rallied with renewed vigor in meeting expected care 100% of the time in the first three months of 2023.

Actions:

- <u>Sepsis Care Team</u> – A dedicated sepsis care team reviews each patient care episode to determine whether we could have provided better, more timely care. The team then recommends actions to be taken to individuals or process owners.

- <u>Concurrent Review</u> – A Registered Nurse observes the care of patients with sepsis, while the care is occurring, to ensure each care team member meets all expectations. Reminders and prompts are provided to the care team as needed.

- <u>SSC Hour-1 Bundle</u> – CMS expects care elements to be provided quickly, within the first *three* hours of the patient arriving at the hospital. The Surviving Sepsis Campaign (SSC) says hospitals can do better by providing the care within the first *one* hour. JMH says "YES, we can"! We have adopted SSC's hour-1 bundle as of late 2022 and our latest data shows we are progressing well, meeting higher than CMS expectations greater than 80% of the time.

Patient Safety Indicators (PSI)

Description: CMS tracks the occurrence of several outcomes of care which are indicators of hospitals' attention to patient safety. For more information about the indicators, please see the CMS Care Compare website.

Results: From our latest CMS report:

Patient Safety Indicator	Number of Occurrences
PSI 03 – Pressure Ulcer	0
PSI 06 – Iatrogenic Pneumothorax	0
PSI 08 – In Hospital Fall with Hip Fracture	0
PSI 09 – Postoperative Hemorrhage or Hematoma	1
PSI 10 – Postoperative Acute Kidney Injury Requiring Dialysis	0
PSI 11 – Postoperative Respiratory Failure	0
PSI 12 – Perioperative Pulmonary Embolism or Deep Vein Thrombosis	0
PSI 13 – Postoperative Sepsis	0
PSI 14 – Postoperative Wound Dehiscence	0
PSI 15 – Abdominopelvic Accidental Puncture or Laceration	0

Actions: Each PSI occurrence is reviewed to determine if and how we could have prevented the occurrence. This informs us how we need to change processes. PSI performance is reported to our Quality Council where we discuss improvement actions.

Healthcare-Acquired Infections (HAI)

Description: Infections should not be acquired while a patient is in the hospital. CMS tracks specific types of infections that are commonly acquired while patients are in the hospital. Note that CMS will not calculate *standardized infection ratios (SIR)* for hospitals with zero infections

over an extended time – this is why you will not see SIRs on the CMS Care Compare website for JMH.

Catheter-Associated Urinary Tract Infections (CAUTI)

Description: Urinary catheters can allow germs to travel into the urinary tract and cause infection. Hospitals have limited the use of urinary catheters over the last several years to help prevent harmful urinary tract infections.

Results: JMH had zero CAUTIs in 2022.

Actions: We want to keep our infection rate at zero, so we ensure that every catheter use is necessary and limited to only the necessary time. We report catheter use at our daily safety huddles. Our Infection Preventionist monitors use and reports this to our Infection Control Committee where we discuss whether process improvement is needed.

Central Line-Associated Blood Stream Infections (CLABSI)

Description: A special intravenous (IV) catheter that goes deep into the body called a central line can allow germs to travel into the blood stream if used too often, for too long, or if not kept clean.

Results: JMH had zero CLABSIs in 2022.

Actions: Just like for urinary catheters, we report our central line use at daily safety huddles and at Infection Control Committee meetings to ensure that we are not exposing our patients to unnecessary risk of infection.

Surgical Site Infections (SSI)

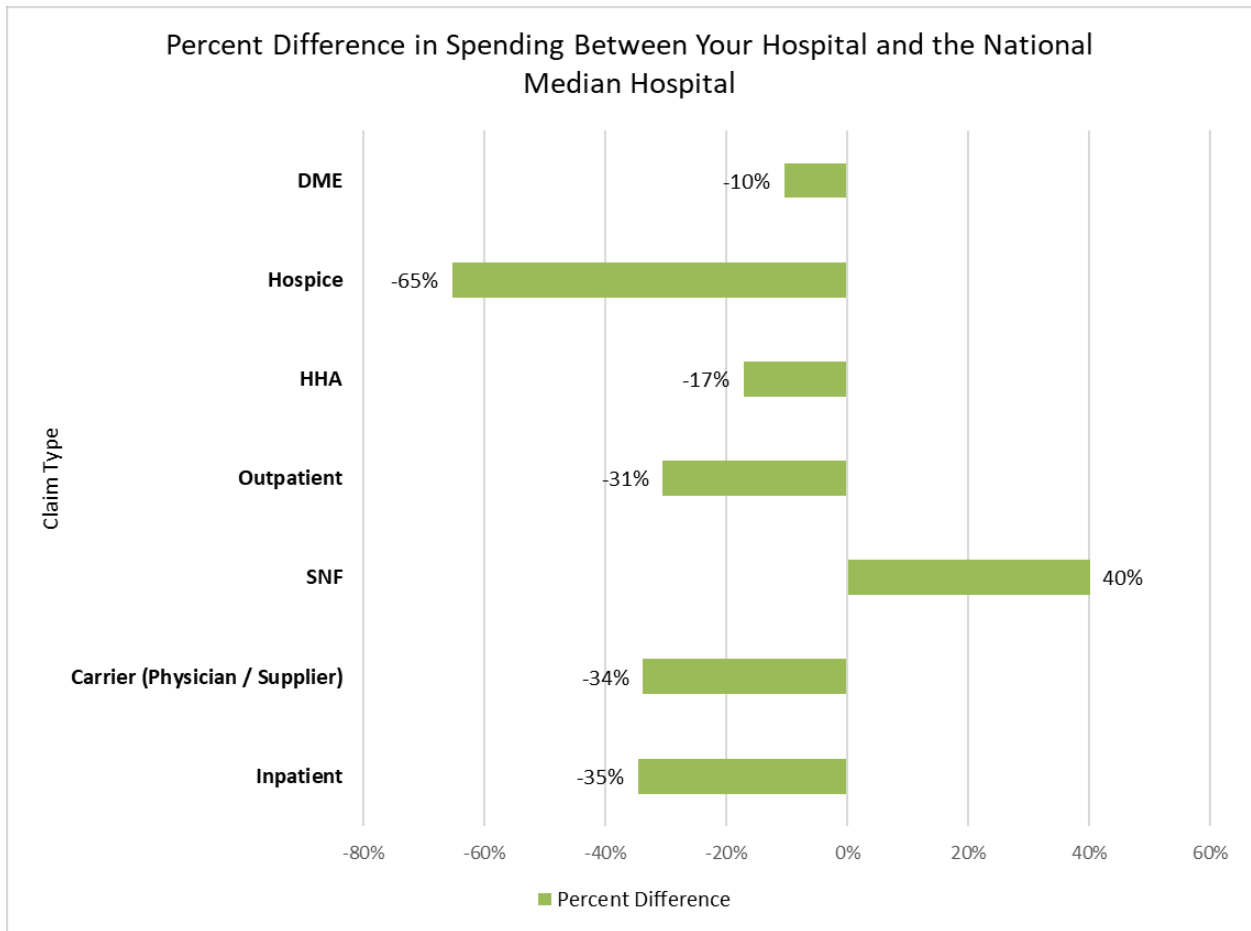*Description:* CMS tracks two types of surgeries for infection, abdominal hysterectomy and colon surgery.

Results: JMH had one abdominal hysterectomy infection in 2022 and zero colon surgery infections in 2022.

Actions: Any SSI is reviewed and analyzed to find out what type of organism caused the infection and how the infection might have occurred. The surgeon is notified of the infection and the Infection Preventionist investigates for any potential breaks in process or contamination in the surgical environment. Often, infections are not a result of hospital processes, but we must evaluate each case to ensure the next patient is receiving the best, safest care possible.

Medicare Spending Per Beneficiary (MSPB)

Description: In an effort to reduce healthcare spending, CMS tracks how much money is spent, not just while a patient is in the hospital, but before and after as well. Services such as home health care (HHA), durable medical equipment (DME), and skilled nursing facilities (SNF) are attributed to the overall cost of care.

Results: The following graph is from our latest CMS report. This shows that costs attributed to JMH are significantly lower than average, other than for skilled nursing facilities over which we have little control.

Percent Difference in Spending Between Your Hospital and the National Median Hospital

Claim Type	Percent Difference
DME	-10%
Hospice	-65%
HHA	-17%
Outpatient	-31%
SNF	40%
Carrier (Physician / Supplier)	-34%
Inpatient	-35%

■ Percent Difference

Actions: We are currently working with an Accountable Care Organization, partially in an effort to reduce costs of care outside of JMH, but mostly to improve quality and safety of care as patients transition from one care setting to another. This involves a beginning of communication with skilled nursing facilities which will include discussion of efficient care and cost reduction.

Johnson Memorial Health Quality and Safety Indicators

Description: In addition to all the safety and quality monitoring by CMS, JMH monitors over 300 high risk processes and outcomes internally so that we know when actions are needed to improve. Here are just a few of our high priority quality and safety improvement monitors.

Falls

Description: Hospitalized patients have always been at high risk for falls and there has been no solution to completely eliminate the risk. As a patient, you can lower your risk of falling by always calling for help before getting out of bed. The Agency for Healthcare Research and Quality places the average rate of hospitalized patient falls at 3 – 5 per 1000 patient bed days.

Results: JMH's fall rate was 2.5 in 2022, much lower than average.

Actions: We continuously monitor our fall rate to watch for trends on which we need to take action. We have recently updated our fall prevention devices which assist patients in movement and alert our staff when a high fall risk patient gets out of bed without calling for assistance. Our fall prevention program includes:

- post-fall huddles with staff and managers to review what led to the fall and how we may prevent others from falling under similar circumstances,

- administrative review of every fall,

- assessing each patient for fall risk,

- placing bright yellow armbands and non-skid slipper-socks on patients at high risk,

- reminders for patients to "*call, don't fall*",

- review of our current fall rate at Safety Committee and Quality Council, and

- reporting of fall rates to our Board of Trustees.

Stroke Care

Description: Providing fast, evidence-based care to our patients experiencing stroke gives them the best outcomes. JMH is a "Stroke Ready" certified hospital, one of the first to achieve this designation in Indiana!

Results: The Accreditation Commission for Health Care (ACHC) completed our Stroke Ready program review in May, 2023 and have re-accredited JMH as a Stroke Ready hospital.

Actions: Although our re-accreditation was successful, we believe in continuous safety and quality improvement, so we will continue monitoring our processes and outcomes to identify any possible improvement. We also ensure our staff have the latest, evidence-based education and tools necessary to provide our patients with great care.

Barcode Medication Administration (BCMA)

Description: Technological advancements are wonderful for helping us to provide safer care to our patients. One of those advancements is the ability to scan medications and patient identification to ensure we are giving the right medication and dose in the right way to the right patient at the right time. Technology has limitations, but we expect a high level of compliance with BCMA. Leapfrog has set the highest level of expectation at 95%.

Results: Our latest results show achievement of the 95% goal.

Actions: BCMA rates are monitored continuously and results are shared at our safety huddles and with leadership. Actions taken to achieve 95% compliance include:

- medication barcode troubleshooting to ensure each medication is scannable,

- improvement in the medication preparation process,

- purchasing longer scanner cords to reach our patients,

- eliminating "workarounds", and
- education on the scanning process and how to ensure technical issues are promptly fixed.

Hand Hygiene

Description: Professional infection control organizations agree that hand hygiene (hand washing or alcohol-based hand sanitizer) is an essential component of preventing the spread of infectious disease. The World Health Organization (WHO) estimates that good hand hygiene, along with other good infection control practices, can prevent up to 70% of Healthcare-Acquired Infections. WHO also estimates an unfortunate 70% hand hygiene compliance rate among healthcare workers in high-income countries.

Results: JMH healthcare worker latest hand hygiene compliance rate was 88.4%.

Actions: JMH has much higher than average hand hygiene compliance rates, but we will continuously monitor and seek improvements for the better care of our patients. We have recently increased our monitoring to over 500 observations each month, watching for correct hand hygiene methods at correct times. When hand hygiene is not correct, the observer is expected to intervene for patient and staff safety.

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