

Quality and Safety Update at Sharp Grossmont Hospital:

Presentation to Grossmont Healthcare
District

August 21, 2020



Quality Improvement
& Patient Safety

SHARP Grossmont
Hospital



Quality Roadmap

Leap Frog & CMS Star Rating



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12 Process/Structural Measures

- (16%) Patient Experience (5 measures)
- (6%) Computerized Physician Order Entry
- (6%) Bar Code Medication Administration
- (7%) ICU Physician Staffing
- (4%) Hand Hygiene Program
- (11%) Safe Practices:
 - Culture of Safety Leadership & Systems
 - Culture Measurement & Intervention
 - Nursing Workforce (Magnet)

15 Outcome Measures

- (18%) Patient Safety Indicators
- (11%) Never Events
 - Foreign Object Retained
 - Air Embolism
 - Falls & Trauma
- (21%) Infections

Patient Experience

- Nurse Communication
- Physician Communication
- Responsiveness of Staff
- Communication About Medicines
- Discharge Information

Mortality

PSI 4: Death Rate, Surg. Inpatients
w/ Serious Treatable Complications

Safety of Care

Patient Safety Indicators (Rates)

- PSI 3: Pressure Injury
- PSI 6: Iatrogenic Pneumothorax
- PSI 11: Postoperative Respiratory Failure
- PSI 12: Perioperative PE/DVT
- PSI 14: Postoperative Wound Dehiscence
- PSI 15: Accidental Puncture/Laceration
- Hospital Associated Infections (HAIs):
CLABSI, CAUTI, SSI: Colon, MRSA, C. Diff

68 Measures in 7 Groups

- 22% Patient Experience (10 Measures)**
- 22% Safety of Care (17)***
- 22% Mortality (7)***
- 22% Readmission (9)***
- 4% Effectiveness of Care (11)**
- 4% Timeliness of Care (9)**
- 4% Efficient Use of Medical Imaging (5)**

**Risk Adjusted
(dependent upon
physician documentation)*



Roadmap to Leapfrog A and CMS 5 Star



2020/2021 Priorities

1. Enhance the **Advanced Illness Management (AIM)** Program
2. Physician Engagement in **Patient Safety Indicator (PSI)** response
3. **Clinical Documentation Integrity (CDI)** Program 2.0
4. **Early Recovery After Surgery (ERAS)** Program



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Patients at End of Life

Emergency Department



Sharp: In-hospital Mortality

- Often not a desirable death
- Caregiver burden
- Long length-of-stay

D
I
S
C
H
A
R
G
E

CMS: 30-day Mortality

- Focus on transitions and post-acute care follow up.

Readmission



Timely and effective Goals of Care Conversation and a 'good death' in hospice, SNF, home, observation status

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Report reflecting performance through 06/30/2020



Additional Quality and Safety Indicators

Patient Safety Indicators (AHRQ)	★	Rate per 1,000 Discharges (number of defects)						Current Fiscal Year (YTD)	Benchmark
		Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	FY 2020	National Rate
PSI-3: Pressure Ulcer	LF	0.00 (0)	0.87 (1)	0.00 (0)	0.00 (0)	1.10 (1)	0.95 (1)	0.41 (4)	0.60
PSI-4: Death among Surgical IP's with Serious Treatable Complications	LF	55.56 (1)	437.50 (7)	142.86 (2)	545.45 (6)	166.67 (2)	210.53 (4)	269.23 (35)	164.15
PSI-6: Iatrogenic Pneumothorax	LF	0.48 (1)	0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)	0.12 (2)	0.25
PSI-8: Postoperative Hip Fracture		0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)	0.11
PSI-9: Perioperative Hemorrhage or Hematoma		4.33 (2)	2.15 (1)	0.00 (0)	3.28 (1)	2.86 (1)	0.00 (0)	1.82 (7)	2.49
PSI-10: Postoperative Acute Kidney Injury Requiring Dialysis		0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)	7.04 (1)	2.29 (3)	1.36
PSI-11: Postoperative Respiratory Failure	LF	0.00 (0)	14.08 (2)	0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)	5.21 (6)	6.15
PSI-12: Postoperative Pulmonary Embolism or Deep Vein Thrombosis	LF	2.02 (1)	0.00 (0)	4.31 (2)	3.01 (1)	2.69 (1)	2.34 (1)	2.21 (9)	3.76
PSI-13: Postoperative Sepsis		6.21 (1)	0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)	2.32 (3)	4.79
PSI-14: Postoperative Wound Dehiscence	LF	0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)	0.91
PSI-15: Accidental Puncture or Laceration	LF	0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)	0.31 (1)	1.26
PSI-18: Obstetric Trauma Rate - Vaginal Delivery With Instrument		0.00 (0)	0.00 (0)	111.11 (1)	0.00 (0)	90.91 (1)	0.00 (0)	44.44 (4)	N/A
PSI-19: Obstetric Trauma Rate - Vaginal Delivery Without Instrument		0.00 (0)	27.59 (4)	0.00 (0)	7.09 (1)	0.00 (0)	0.00 (0)	6.03 (8)	N/A

Note: Tables show compliance rates with number of defects in parentheses



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Healthcare-Associated Infections	12-month SIR (monthly infection count)						Current Fiscal Year (YTD)	Benchmark	
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	FY 2020	NHSN Expected	HHS target
CLABSI: Housewide	0.13 (1)	0.12 (0)	0.13 (1)	0.13 (0)	0.13 (0)	0.12 (0)	0.16 (2)	1.00	0.50
CAUTI: Housewide	0.69 (1)	0.63 (0)	0.56 (1)	0.45 (1)	0.48 (2)	0.50 (5)	0.52 (13)	1.00	0.75
CDIFF: Housewide	0.51 (3)	0.49 (4)	0.56 (5)	0.60 (4)	0.55 (1)	0.58 (4)	0.63 (28)	1.00	0.70
MRSA: Housewide	0.42 (0)	0.35 (0)	0.35 (0)	0.36 (0)	0.18 (0)	0.09 (0)	0.13 (1)	1.00	0.50
Ventilator Associated Events	1.14 (2)	1.09 (2)	1.21 (3)	1.38 (5)	1.58 (5)	1.52 (2)	1.31 (24)	N/A	

Healthcare Associated: Surgical Site Infections	12-month SIR (monthly infection count)						Current Fiscal Year (YTD)	Benchmark	
	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	FY 2020	NHSN Expected	HHS target
SSI - Colon Surgery + Abdominal Hysterectomy	1.30 (2)	1.32 (0)	1.00 (0)	0.83 (0)	0.90 (1)	0.98 (0)	1.29 (5)	1.00	0.70
SSI - Colon Surgery	1.27 (2)	1.28 (0)	0.92 (0)	0.73 (0)	0.78 (1)	0.85 (0)	1.11 (4)	1.00	0.70
SSI - Abdominal Hysterectomy	N/A (0)	N/A (0)	N/A (0)	N/A (0)	N/A (0)	N/A (0)	N/A (1)	1.00	0.70
SSI - Vaginal Hysterectomy	N/A (0)	N/A (0)	N/A (0)	N/A (0)	N/A (0)	N/A (0)	N/A (0)	1.00	0.70
SSI - C-Section	0.93 (1)	0.96 (0)	0.48 (0)	0.46 (0)	0.46 (0)	0.46 (0)	0.62 (1)	1.00	N/A

Note: Table shows 12 month **Standardized Infection Ratios** (SIR = observed/predicted) with number of infections for the individual month in parentheses. Graphs display 12 month SIR, 95% confidence intervals, and are color-coded based on statistical significance in relation to hospital's expected performance.

An SIR with a 95% confidence interval that excludes the benchmark value is considered statistically significant (better / worse).

SIR is N/A if the number of predicted infections is less than 1.0, or if data not yet available. **SIR data for C. Difficile released at the end of each quarter only.**

All SIR and confidence intervals are calculated per CDC risk-adjusted algorithm.

SSI offset by one month to allow for surveillance period. SSI fiscal year is Sept to Aug.

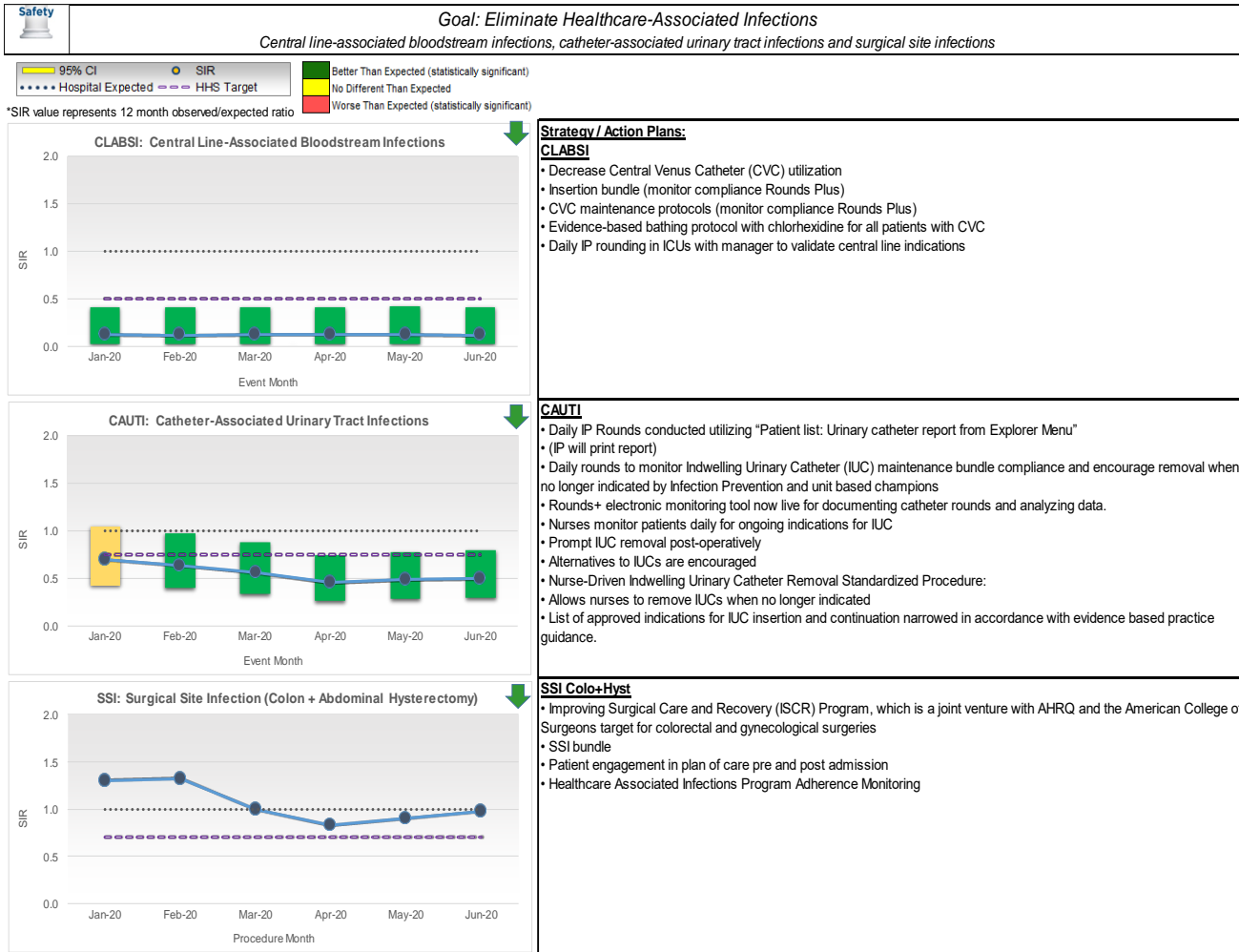


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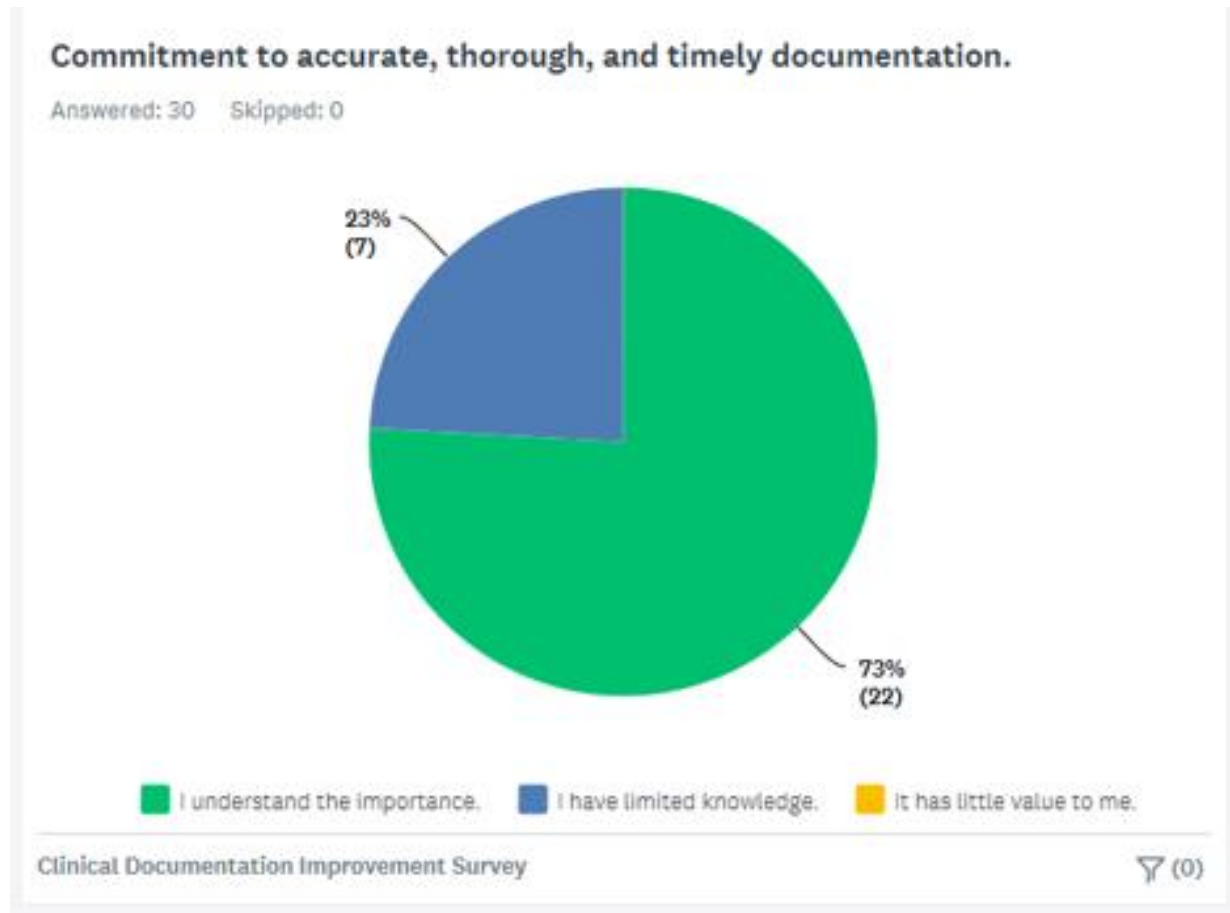
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Improving Clinical Documentation Integrity (CDI)



Good News!

- 73% of key physicians express a commitment to CDI.

Our Challenge:

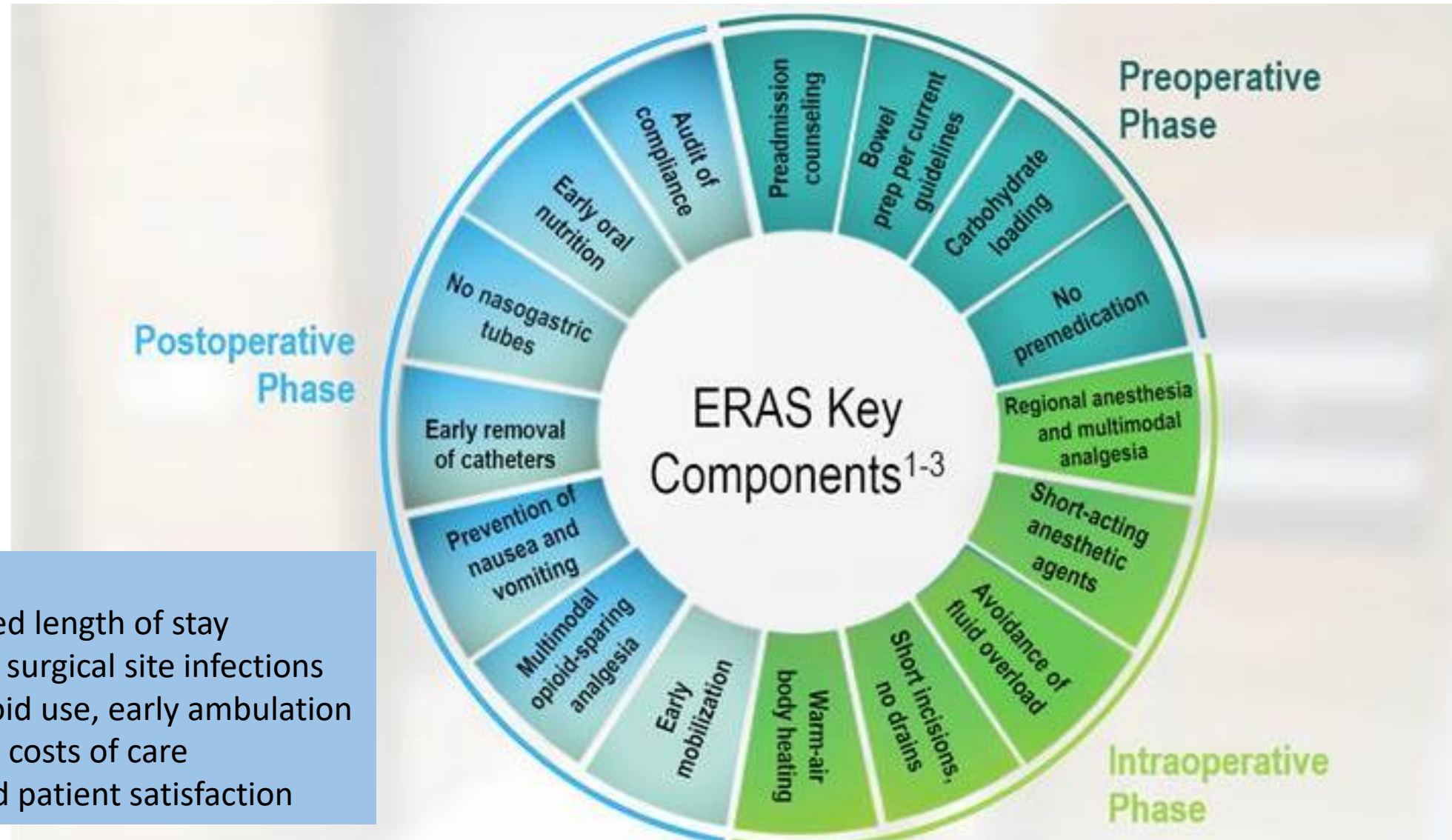
- Move the engagement to 90%

What's Next:

- Review survey results to understand physician perspectives
- Redesign education
- Implement new tools



Early Recovery After Surgery (ERAS)



Benefits

- A. Decreased length of stay
- B. Reduced surgical site infections
- C. Less opioid use, early ambulation
- D. Reduced costs of care
- E. Improved patient satisfaction