

# Quality & Excellence: *Our Shared Vision*

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THE QUALITY AND PATIENT SAFETY NEWSLETTER OF CONTINUUM HEALTH PARTNERS

# 2012

## Quality and Patient Safety Award Winners

Antimicrobial Stewardship Programs

Promote Better Prescribing

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CONTINUUM'S BOARD OF TRUSTEES COMMITTEE ON QUALITY CARE received many outstanding submissions for its fourth annual Award for Quality and Patient Safety. The award recognizes and rewards staff for initiatives aimed at improving patient care and safety, which ultimately helps Continuum further its goal of becoming a model organization and national leader in the delivery of high-quality care.

# Quality and Patient Safety Award Bestowed on 2012 Winner

Representatives from each Continuum hospital made up the judging panel, charged with the challenging task of selecting a winner and two honorable mentions. The winning submission, the two honorable mention winners and all of the nominated programs are highlighted in this special issue of *Quality & Excellence: Our Shared Vision*.

All three winning submissions were honored with a cash prize and an engraved crystal sculpture.



Congratulations to all the nominees for their invaluable contributions to patient care and safety!



*ASP team leaders review the initiative's latest data. Left to right: George McKinley, MD, Infectious Diseases Attending, SLR; Alanna Farrell, PharmD, Clinical Pharmacy Manager, SLR; Tomasz Jodlowski, PharmD, Clinical Pharmacist, BI-Petrie; and Jorg Ruhe, MD, Infectious Diseases Attending, BI-Petrie.*

WITH THE GROWING INCIDENCE OF ANTIBIOTIC RESISTANCE, MANY PROFESSIONAL SOCIETIES like the Joint Commission and the U.S. Centers for Medicare and Medicaid Services are championing antimicrobial stewardship programs (ASP) to facilitate the proper and most appropriate use of antimicrobial/antiviral agents. Programs that can integrate current pharmacy usage data with microbiologic and clinical data, and then tailor interventions in real-time, have proven to be the most effective.

St. Luke's and Roosevelt Hospitals and Beth Israel Medical Center-Petrie Division have heeded this call—with SLR establishing an ASP in 2007, followed by BI in 2009. Later, in 2010, under the auspices of the Continuum Health Partners Antimicrobial Subcommittee, the two ASPs joined together to start discussing their experiences, presenting their accomplishments and formulating strategies and goals. Both ASPs call upon the expertise of infectious diseases physicians and fellows, pharmacists and pharmacy residents, and provide decision-making support regarding the selection of broad- and narrow-spectrum antimicrobial agents, optimal dosing and route of administration, and duration of therapy. They review antiretroviral medications as well.

“What we’re doing with targeted antibiotics is looking at the patient’s medical record, seeing what modifications can be made, and making recommendations to the ordering physician,” says **Jorg Ruhe, MD**, Infectious Diseases Attending and ASP Codirector, BI. “This may involve discontinuing an agent, switching to another one, moving from IV to oral therapy to minimize risk of IV-line infections, or even adjusting doses based on a patient’s organ function,” adds **Alanna Farrell, PharmD**, Clinical Pharmacy Manager and ASP Codirector, SLR.

For example, at SLR, which historically has had a highly restricted formulary, the ASP has counseled changing administration of both linezolid and azithromycin from IV to oral after a certain number of days to decrease length of stay, reduce risk for infection, and expedite discharge. At BI, the ASP has advised using ceftriaxone-based therapy over moxifloxacin-based therapy for patients hospitalized with community-acquired pneumonia, and rendered Timentin, a broad-spectrum penicillin, less effective due to its rising resistance.

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— Jorg Ruhe, MD

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## 2012 Trustees Winner

# Antimicrobial Stewardship Programs Promote Better Prescribing

### TEAM LEADERS:

**Jorg Ruhe, MD**, Infectious Diseases Attending  
 Beth Israel Medical Center–Petrie Division

**Tomasz Jodlowski, PharmD**, Clinical Pharmacist  
 Beth Israel Medical Center–Petrie Division

**George McKinley, MD**, Infectious Diseases Attending  
 St. Luke’s and Roosevelt Hospitals

**Alanna Farrell, PharmD**, Clinical Pharmacy Manager  
 St. Luke’s and Roosevelt Hospitals



2012 Trustees Honorable Mention

# Strategic Plan Improves Obstetrical Outcomes

**TEAM LEADERS:**

**Adam P. Buckley, MD**

Former Associate Chair for  
Quality and Patient Safety

**Susan D. Rothenberg, MD**

Associate Director of Obstetrics for Special Projects  
Department of Obstetrics and Gynecology  
Beth Israel Medical Center–Petrie Division

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“All our efforts have translated into  
greater patient safety and more  
cost-effective care.”

— Arnold J. Friedman, MD

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*Arnold J. Friedman, MD, Chairman, Department of Obstetrics and Gynecology, center, examines fetal heart rates with Michael R. Berman, MD, FACOG, Medical Director, Labor and Delivery, and Susan D. Rothenberg, MD, Associate Director of Obstetrics for Special Projects.*

IN 2008, BETH ISRAEL'S OBSTETRICS AND GYNECOLOGY DEPARTMENT LAUNCHED A quality and patient safety initiative to lower its Adverse Outcome Index (AOI), the percentage of healthy obstetrical patients at term with presumably healthy babies that experience at least one adverse outcome during childbirth. More than 10,000 deliveries over three years later, not only did the AOI drop significantly—from an annualized peak of 11.5% to 6.2%, according to audited charts—but many other positive results were achieved.

“The AOI figures represent a sustained and statistically significant reduction,” remarks **Arnold J. Friedman, MD**, OB/GYN Chairman. “As for secondary outcomes, we’ve created a culture of safety that is both based on and further promotes mutual respect, enhanced teamwork and structured communication between providers.”

Shortly after the project began, the department hired **Adam P. Buckley, MD**, to the newly created position of Associate Chairman for Quality and Patient Safety. During his tenure, Dr. Buckley oversaw a comprehensive “needs assessment” involving OB/GYN clinical leadership, physicians, nurses and residents. The findings were then used to develop concrete steps to improve outcomes. Chief among them were aligning policies with best practices as defined by regional affiliated medical centers (both within and external to Continuum), implementing an OB electronic medical record that incorporates safety guidelines on oxytocin use, and redesigning the recredentialing process with a focus on educational activities like a standardized fetal heart rate interpretation course and a mandatory simulation curriculum.

The department also put into effect a new policy for managing disruptive providers, revamped the physical layout of triage for better screening and evaluation, and added physician extenders to increase patient throughput in Labor and Delivery. Most recently, in the second quarter of 2012, it adopted the TeamSTEPPS® system, an evidence-based protocol developed jointly by the Department of Defense and the Agency for Healthcare Research and Quality. TeamSTEPPS® “optimizes patient outcomes by improving communication and teamwork skills among health care professionals.”

“We have continued the initiative beyond our three-year plan, and have brought on **Michael Berman, MD**, as a laborist to run the L&D floor,” Dr. Friedman says. “All our efforts have translated into greater patient safety and more cost-effective care.

“Receiving this honorable mention reinforces the work of our team. We appreciate the acknowledgement.” ✂

**RESEARCH AND FEEDBACK FROM PSYCHIATRIC CARE CONSUMERS HAVE** underscored the fact that restraint and seclusion diminish trust, which is critical to healthy therapeutic relationships. Such treatment also creates an environment of fear, which can lead to a “vicious cycle” that encourages continued use for control and compliance.

Beginning in late 2010, the Department of Psychiatry and Behavioral Health at St. Luke’s and Roosevelt Hospitals began an initiative to decrease utilization of restraint and seclusion on its inpatient units. The effort has since paid off, with restraint use dropping nearly 42% and the rate of seclusion by about 82% (both figures per 1,000 patient days). Additionally, the time in restraint and seclusion has lowered, by 10% and 88%, respectively.

So, how did the project team realize such numbers? They started by applying to the New York State Office of Mental Health’s Positive Alternatives to Restraint and Seclusion (PARS) Learning Collaborative, in which they have participated to this day.

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“PMCS involves developing individual crisis ‘calming’ plans, taking into account how patients like to be approached and cared for when they feel agitated.”

— Robin Kerner, PhD


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The Collaborative coordinates monthly conference calls between multidisciplinary staff at SLR and national experts in psychiatry, and also provides inservices and consultations. **Robin Kerner, PhD**, team leader and Director, Quality Initiatives and Outcomes, Psychiatry and Behavioral Health, SLR, now sits on the statewide PARS Steering Committee, and eight associates from Psychiatry, Nursing, Security and Organization Development, Education and Talent Management have become certified trainers in the PMCS (preventing and managing crisis situations) method for other SLR staff.

“PMCS involves developing individual crisis ‘calming’ plans, taking into account how patients like to be approached and cared for when they feel agitated,” explains Dr. Kerner.

The initiative also implemented changes to the inpatient environment and documentation practice. For instance, residents’ offices have been relocated across from the nursing stations and outfitted with glass panels to allow patients to see that their doctors are nearby and to allow them to interrelate with them more often. Computers have been installed to enable patients in stay in touch with their social networks, thereby minimizing feelings of isolation. And debriefings following episodes of restraint and seclusion are now more extensive and actively involve the patient.

Apart from the noteworthy statistical results, outcomes from the project also include improved teamwork and staff communication, more comprehensive and collaborative treatment planning, increased interaction with patients, and a safer atmosphere. “Obviously, we have undergone a real culture change, with staff moving toward a more patient-centered, recovery-focused, trauma-informed model of care,” notes Dr. Kerner, adding. “The less time spent in restraints is key to the initiative’s sustainability, and we will be sending relevant data to the Joint Commission.”

Feedback to date from both patients and staff has been positive, and other areas, like the Emergency Department, are requesting PMCS training. 

## 2012 Trustees Honorable Mention

# PMCS Method Reduces Use of Restraint and Seclusion

### TEAM LEADER:

**Robin Kerner, PhD**

Director, Quality Initiatives and Outcomes  
Department of Psychiatry and Behavioral Health  
St. Luke’s and Roosevelt Hospitals



*Helping to reduce the use of inpatient restraint and seclusion are SLR Department of Psychiatry and Behavioral Health associates, clockwise from left, Robin Kerner, PhD, Director, Quality Initiatives and Outcomes, Behavioral Health Services; Avis M. Evans, RN, Nurse Manager, Clark 8; Anca Amighi, MD, Unit Chief, Clark 8; Fiorella Paradisi, RN, MSN, SANE, Nurse Manager, 7G; Steven Hogan, MA, Data Manager, Behavioral Health Services; and Nadine Chang, PhD, Psychology Attending.*

# A nod to the Nominees

There were many other nominated projects and programs that have demonstrated the commitment of Continuum associates and enhanced patient care and safety throughout the organization. Here we pay tribute.

...thank you for continued efforts to improve patient care and safety at Continuum!

## The Charles Evans Integrative Management Program (CEIMP)



**TEAM LEADER:** Aurora Ocampo, MA, RN, CS, Continuum Center for Health and Healing (CCHH), BIMC-Petrie Division

With unmanaged stress linked to medical errors, absenteeism and turnover, Beth Israel's CCHH implemented the CEIMP to teach stress reduction and self-care modalities to nurses and

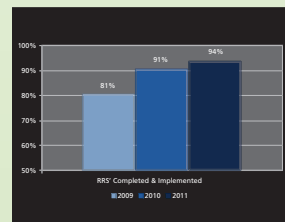
staff at the Petrie Division. Approximately 1,300 RNs, patient care associates and unit support associates were instructed in such techniques as breath work, meditation and guided imagery to help them improve their physical, mental and emotional well-being, and ultimately enhance staff satisfaction as well as patient care and safety. Results of year one of the three-year initiative were determined via pre- and post-program staff surveys. The reported reduction in stress levels infers the CEIMP has had a positive impact on job performance and satisfaction, and a number of participants have since been invited to further their self-care practices and become Integrative Wellness Advocates.

## FMEA: Violence in the Workplace

**TEAM LEADER:** Michael Graziano, MPA, Assistant Director, Quality Improvement, BIMC

In May 2012, Beth Israel implemented the S.T.A.R. (Safety Team Assessment Response) code to diffuse potentially violent circumstances in the hospital setting that can affect patients, visitors and staff. The S.T.A.R. code process was developed by an FMEA (Failure Mode and Effects Analysis) Committee on Workplace Violence Prevention, which researched other efforts at similar institutions, conducted a detailed hospital-wide security assessment, identified at-risk areas and equipment needs, created a workflow diagram to guide staff and collect data, and distributed educational materials including posters and pocket cards. The program has been very successful in bringing together a multidisciplinary team as a "show of force" to de-escalate situations that otherwise might have proven harmful. During S.T.A.R.'s first six months, approximately 55 codes were called at BI Petrie and BI Brooklyn, with no major injuries sustained.

## Development of a Novel and Replicable Hospital-Wide System to Track and Trend Root Cause Analysis Outcomes and Effectively Ensure the Implementation of Risk-Reduction Strategies to Enhance Patient Safety



**TEAM LEADERS:** Donna Wilson, RN, Director, Quality Improvement; Latha Sivaprasad, MD, Associate Chief Medical Officer; and Michael Graziano, MPA, Assistant Director, Quality Improvement, BIMC

To improve the effectiveness of its Root Cause Analysis (RCA) process, Beth Israel's QI

Department developed an electronic system to help ensure full implementation of Risk-Reduction Strategies (RRS), and in turn drive patient safety. This information database, launched in 2008, has enabled QI to track the details and timelines of adverse occurrences, identify the parties involved with and due dates for each RRS, monitor utilization and success of every RRS, produce detailed reports for hospital clinicians and administrators and regulatory agencies, and quantify the impact of the RCA process on patient care delivery. Data analysis revealed that agreed-upon RRS increased to 94% completion during calendar year 2011, compared to 81% completion during calendar year 2009. In the vast majority of cases, policy and procedural changes resulted in a safer infrastructure throughout the Medical Center.



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### **“Get with the Guidelines for Heart Failure”**



**TEAM LEADER:** Meir Shinnar, MD, *Director, Heart Failure Program, Department of Medicine, BIMC-Petrie Division*

The American Heart Association’s (AHA) “Get with the Guidelines for Heart Failure” program provides evidence-based protocols, real-time benchmarking, Web-based patient manage-

ment and other performance improvement methodologies to help providers save lives, enhance quality of life, and be more efficient and cost-effective.

Under the guidelines, patients are started on aggressive risk-reduction therapies (such as beta blockers and ACE inhibitors) and counseled on diet and exercise, and early follow-up is arranged. The Petrie team began the AHA program in November 2011, and in April 2012 Beth Israel received the association’s Bronze Performance Achievement Award for treating heart-failure patients for at least 90 days with 85% compliance to core standard levels of care, as outlined by the AHA/American College of Cardiology’s secondary prevention guidelines. The program was implemented at BI Brooklyn in January 2012.

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### **Reduction in Unit-Acquired Pressure Ulcers**

**TEAM LEADER:** Leonida Lacdao, RN, MA, *Nurse Manager, 6E Open Heart Recovery Room and Cardiac Care Unit (CCU), with 6 East Nursing and Medical Staffs, SLR*

Pressure ulcers have long been accepted as a physical, emotional and economic burden to patients, with those in cardiac care units at greater risk for developing them due to limited mobility from existing conditions and underlying disease processes. In late spring 2010 at SLR, a Pressure Ulcer Task Force developed an algorithm for prevention and guidelines for treatment. Performance improvement changes included strict adherence to the algorithm, daily rounds to identify at-risk patients, timely communication with medical and nursing staff, promotion of early ambulation, patient and family education, and the TAP system to assist in turning and repositioning patients in their beds. Since implementation of such interventions in 2011, the CCU reached the National Database of Nursing Quality Indicators’ comparative benchmark of 0% and maintained this percentage through second quarter 2012, according to the latest available data.

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### **Protocol for Sedation and Analgesia in Mechanically Ventilated Patients in the ICU**

**TEAM LEADER:** Janet M. Shapiro, MD, FCCM, *Director, Medical Intensive Care Unit, SL*

Developed by a multidisciplinary team comprising ICU intensivists, nurses and clinical pharmacists, a sedation/analgesia/delirium management protocol was implemented in the critical care units of St. Luke’s and Roosevelt Hospitals in 2011. The protocol involves sedation/analgesia scoring, and clinician choices of medications in intermittent or continuous IV infusion pathways to accommodate patient variability. It was promoted through training and lectures, order sets, posters in all critical care units, and laminated cards outlining nursing assessment tools and placed in bedside charts. Analysis of subject data collected over a two-month period in spring 2012 suggests that use of the protocol has benefited patients by reducing the number of hours on mechanical ventilation as well as the number of days in the ICU. The hope is that this will ultimately decrease the risk for ventilator-associated pneumonia and mortality and long-term complications such as weakness and neurocognitive decline.

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### **The Medical Home Initiative to Improve Quality and Safety of Diabetes Care among Ambulatory Adults at Two Primary Care Sites**

**TEAM LEADERS:** Naa Abia Casely-Hayford, MD, MPH, and Megan Collins, MD, *St. Luke’s Medical Group and University Medical Practice Associates, SLR*

The Medical Home Initiative began at 12 SLR-affiliated primary care practices in July 2011, focusing on the care of adult patients with diabetes and using Chronic Care Model and Patient-Centered Medical Home (PCMH) change concepts. Among the many performance enhancements since implemented are data-driven population management, diabetes-risk stratification, proactive team-based care including specialists, and self-management strategies for patients. The experiences at the two leading practices, at 147th Street and 1090 Amsterdam Avenue, are particularly telling. Both have received the highest-level PCMH certification from the National Committee for Quality Assurance. Furthermore, outcome measures show improvements in controlled hemoglobin A1c and LDL cholesterol in the practices’ patient population of 1,147 over a 14-month period.

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### **Improvement of Surgical Care of Total Joint Replacement Patients Utilizing the IHI (Institute for Health Care Improvement) Class**

**TEAM LEADER:** Danielle Witman, RPA-C, *Physician Assistant, Department of Orthopedics, SLR*



In August 2011, SLR’s Department of Orthopedic Surgery joined the IHI’s Project JOINTS (Joining Organizations in Tackling Surgical-Site Infections), which recommends preoperative nasal screening for methicillin-resistant *Staphylococcus aureus* (MRSA), preoperative bathing with Chlorhexadine, and appropriate surgical skin preparation intraoperatively for patients undergoing total hip or knee replacement. SSIs like MRSA are associated with significant morbidity,

increased length of stay (LOS), and possible readmissions and subsequent surgeries. The program’s preoperative educational Joint Class has been administered to more than 90% of patients; this coupled with the other preoperative measures cited above has garnered positive feedback by patients and reduced SSIs significantly since inception. In addition, LOS has decreased, the hospital has realized considerable savings, and physicians have noted that patients are better prepared for surgery.

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### **Violence in Psychiatry: A Multi-Faceted Approach**

**TEAM LEADER:** Michael Serby, MD, *Attending Psychiatrist, and the Task Force on Violence in Psychiatry, BIMC-Petrie Division*

Violence against physicians and nurses by psychiatric patients has become a growing and universal concern. To help reverse this trend and respond to feelings following aggressive episodes, Beth Israel formed a Task Force on Violence in Psychiatry. Over a three-month period, the group reviewed admissions, standardized communication between clinicians, developed a way to identify patients with violent histories or tendencies, and established a “Code Purple” alert system on all inpatient units. It also looked at effective psychopharmacology measures, adapted the environment for more comprehensive coverage, and improved support of injured staff. Due to these efforts, inpatient incidents decreased significantly by 86% from fourth quarter 2010/first half 2011 to fourth quarter 2011/first half 2012, and security calls to inpatient psychiatry dropped by 44% between first half 2011 and first half 2012. Additionally, 95 patients were identified as being potentially violent.

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### Antimicrobial Stewardship Programs *(continued from page 3)*

The ASP teams also coordinate ongoing educational opportunities for providers, including faculty presentations and noon conferences and one-on-one bedside dialogues with residents. In addition, they have established an ASP rotation for pharmacy residents, and begun incorporating indication information on select antimicrobial agents into the PRISM order entry system to help facilitate prescribing.

Data tracking shows that the ASPs have prevented numerous medication errors and improved antimicrobial therapy via more than 3,600 interventions over a one-year period. The number of interventions then dropped by 15% in 2011, suggesting better prescribing by providers as a result of the ASPs' initiatives. Physicians, nurses and pharmacists have responded favorably to the programs, with intervention acceptance rates continuing to increase.

"It's important to note that the ultimate decision lies with the provider," says **Tomasz Jodlowski, PharmD**, Clinical Pharmacist and ASP Co-director, BI. "We function as an educational and service-oriented resource and want to work collaboratively with prescribers."

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"The collaboration between the Infectious Diseases and Pharmacy Departments has resulted in improved patient outcomes. This is a testament to our teamwork."

— George McKinley, MD

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Next on the ASPs' agenda is exploring the utilization of biomarkers and examining different disease phases. At the moment, however, the ASP teams are continuing their important work and enjoying their Trustees Award recognition. Offers **George McKinley, MD**, Infectious Diseases Attending and ASP Codirector, SLR, "The collaboration between the Infectious Diseases and Pharmacy Departments has resulted in improved patient outcomes. This is a testament to our teamwork." 