Organization: Kernan Hospital
Solution Title: Using System Synergy to Achieve Patient Safety

Program/Project Description: What was the problem to be solved? How was it identified? What baseline data existed? What were the goals—how would you know if you were successful?
Kernan Hospital, a 132-bed specialty hospital, is a member of the University of Maryland Medical System (UMMS). Selected challenges facing Kernan include improving SCIP compliance, improving compliance with The Joint Commission National Patient Safety Goals, as well as decreasing patient falls with injury.

The University of Maryland Medical System (UMMS) is comprised of 12-member hospitals dedicated to providing high quality healthcare through a regional system partnered with the University of Maryland School of Medicine. System goals include the desire to improve quality by strategically utilizing the strength of the system (i.e., synergy), inclusive of expertise & fiscal resources. Through a variety of forums, including Strategic Work Groups (SWIGs), councils, and teams, UMMS hospitals have significantly improved Core Measure compliance, and have now targeted as priorities (inclusive of, not limited to) reduce hospital acquired infections and decrease patient falls with injury.

Baseline data for Kernan Hospital (and all UMMS hospitals) was noted (not limited to) for core measure compliance, hand hygiene, & falls with injury. Outcomes from Joint Commission surveys (i.e., National Patient Safety Goals & Standards) at system hospitals is reported to and collated by the Corporate System Quality Office.

Process: What methodology or process was used to develop the Solution?
Expertise from across the system was utilized to develop system-wide approaches, review literature, identify best practices, and develop education programs; please refer to the "Solution" section.

Solution: What Solution was developed? How was it implemented?
Challenge: Improve Core Measure Compliance
UMMS developed a Core Measure Excellence Strategic Work Group (SWIG). The group developed a three-pronged approach to improving core measure scores, including awareness, education, and interventions. Preliminary data is submitted to Corporate System Quality on a monthly basis, final data is submitted quarterly. Kernan utilized selected components of the SWIG program, as well as additional strategies to achieve improvement from 1st Quarter 2009 of 75% compliance to 98% compliance in July 2011.

Challenge: Improve compliance with The Joint Commission (TJC) National Patient Safety Goals (NPSGs) & Standards
To create synergy among system hospitals, TJC Coordinators from each of the system hospitals communicate during a monthly forum. The forum includes three annual in-person meetings, three annual conference calls, and three consultative on-site visits at system hospitals. During the on-site consultation, system hospital TJC Coordinators visit patient care areas and complete tracer activities provided by the hosting facility. During consultation, system experts interact with staff throughout the hospital, providing evaluation, education, and feedback. Best practices and effective strategies, including education materials, are shared.
Challenge: Reduce Patient Falls with Injury
A system-wide Fall Team has convened with representation from all system hospitals. The Team has reviewed literature and adopted the NDNQI definitions for minor, moderate & severe fall injury. The Team is reviewing fall risk assessment tools and developing fall reduction education for customization and use in each system hospital, including patient awareness materials.

Challenge: Reduce Hospital Acquired Healthcare Infections (HAI)
Reduction of HAI is being focused on via the Core Measure SWIG, as well as adoption of system-wide hand hygiene guidelines based on CDC recommendations (and additional infection reduction initiatives). Hand Hygiene compliance is being monitored utilizing the Maryland Patient Safety Center Hand Hygiene Initiative. "Secret Shopper" data is being reported monthly to the Corporate Quality Office. Additional system-wide initiatives regarding HAI reduction are underway.

Measurable Outcomes: What are the results of implementing the Solution? Provide qualitative and/or quantitative results to data. (Please include graphs, charts, or tools as attachments.)
Kernan Hospital, a member of the UMMS, has experienced significant gains in SCIP compliance, moving from 75% in 1st Quarter FY 2009 to 98.5% in July 2011.

Baseline data from FY11 is available for all initiatives. Data regarding the initiative impact for the reduce fall with injury and improve hand hygiene initiatives will be available at the conference on April 3, 2012.

Sustainability: What measures are being taken to ensure that results can be sustained and spread?
Measures to support achievement and ensure sustainability include the identification of system-wide quality priorities with defined goals, milestones and measures of success. These priorities are identified and agreed upon by CMOs, CNOs and hospital quality executives. Progress is noted via monthly reporting of data to the Corporate Quality Data Office and quarterly system-wide report cards. Drawing on system-wide resources with best/successful practices, expertise is shared across the system.

Role of Collaboration and Leadership: What role did teamwork and collaboration play in the Solution? What partners and participants were involved? Was the organization’s leadership engaged and did they share the vision for success? How was leadership support demonstrated?
The vision and expectation for success was communicated and embraced from the top of UMMS corporate leadership and throughout all corporate hospitals, including Kernan via CEO, CMO, and Quality Executive forums. Ongoing communication regarding the vision is communicated at corporate and local organizations via local organization and corporate wide meetings, newsletters, reports, SWIG and team membership.

Leadership has created an expectation and the atmosphere to support change. The strategy is driven throughout Kernan via (not limited to) ongoing communication at Town Meetings, executive rounds, and newsletters. Teamwork at the organizational level is essential to goal achievement. Work focuses on design processes that improve work flow, eliminate barriers, and center on patient safety. Information regarding patient safety is communicated daily via the "Huddle for Patient Safety" program at Kernan.
Innovation: *What makes this Solution innovative? What are its unique attributes?*

The unique attribute of this solution is the system-wide approach to issue identification, planning, implementation, and evaluation. The system-wide approach provides individual hospitals support, while allowing for customization to the individual facility. System-wide identification of, intervention strategies, and monitoring of goals and objectives has been pivotal to improving patient safety, patient care quality, and outcomes.

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