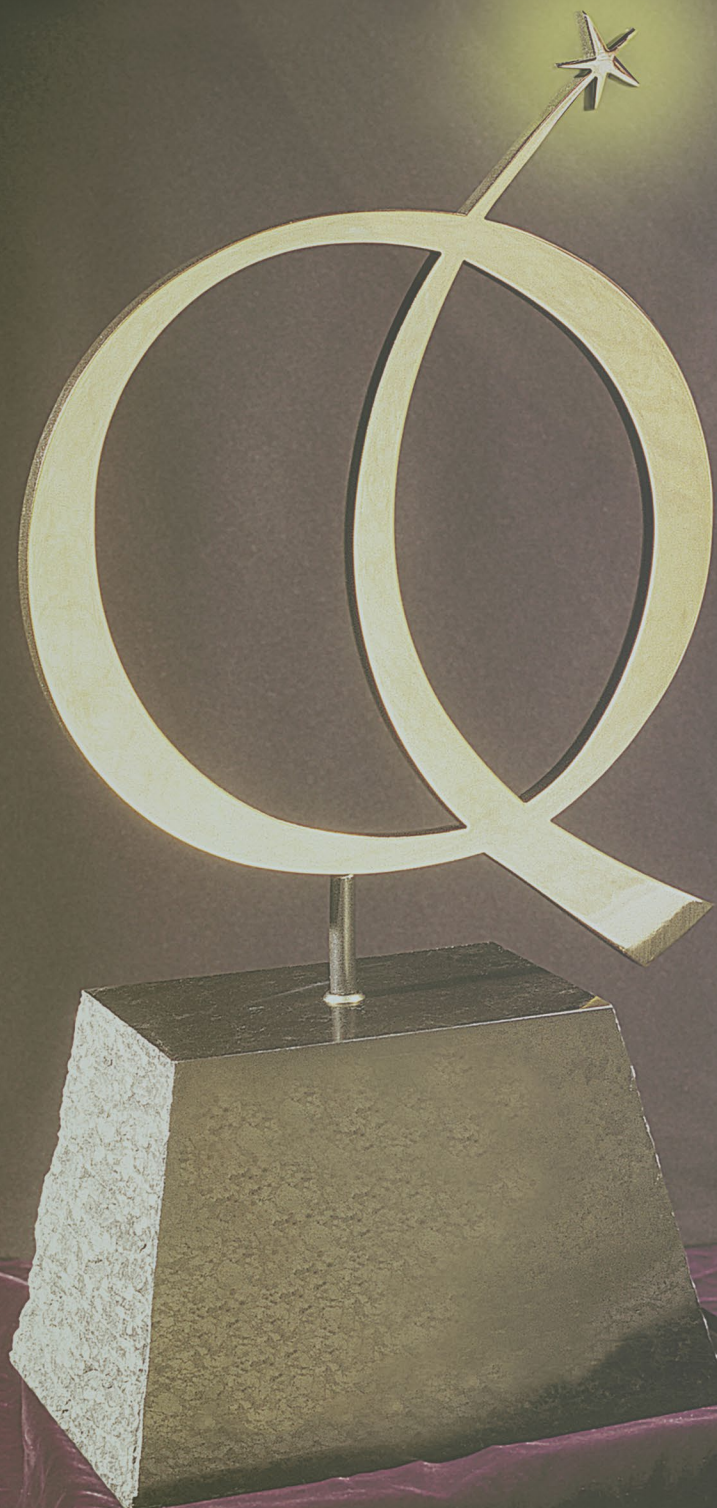


2021

The
American Hospital
Association
Quest for Quality®
Prize Honorees



Advancing Health in America



About the Prize



The American Hospital Association Quest for Quality Prize is presented annually to honor health care leaders and innovation in achieving high-

quality health care and advancing health in communities. The 2021 award recognizes hospitals and health care systems that have been successful in aligning with the five commitments of access, health, innovation, affordability and being a partner in the health of individuals. The prize is generously supported by RLDatix. This year, the winner received \$75,000 and each finalist received \$12,500. The prize is directed and staffed by the American Hospital Association's Office of the Secretary. The award winner and finalists were recognized in July at the AHA Leadership Summit. For more information about the prize, visit www.aha.org/questforquality.

The 2022 award applications are due Oct. 15. The application can be found at www.aha.org/about/awards/quest-for-quality. Call 312-422-2749 or email questforquality@aha.org with questions.



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Inside



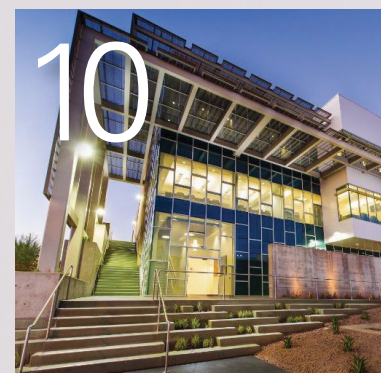
WINNER

Yale New Haven Health | New Haven, Conn.
Unified approach to quality drives operational innovation



FINALIST

Memorial Healthcare System | Hollywood, Fla.
Focus on most vulnerable improves community health



FINALIST

Yuma Regional Medical Center | Yuma, Ariz.
Employee empowerment improves quality and safety



American Hospital Association
Quest for Quality Prize®

Hospitals in Pursuit of Excellence



The AHA Quest for Quality Prize
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WINNER

Yale New Haven Health | New Haven, Conn.



Unified approach to quality drives operational innovation

Yale New Haven Health uses a unique approach to quality, linking the quality and safety program of the five-hospital system with that of Yale School of Medicine.

Steven Choi, M.D., serves as chief quality officer for both the health system and the medical school. "We create our strategy centrally, and then we execute locally," he says. "If you walk into our hospitals in Greenwich or Bridgeport, you should experience the same level of care as if you were at the academic medical center in New Haven."

The health system and the medical school collaborate each year to establish strategic quality and safety goals implemented by members of Choi's staff who are based at the medical school and individual hospitals.

"Those goals create the context for the annual goals developed by each of our hospitals and our physician practice," says CEO Marna Borgstrom. "Although site-specific improvement targets may be different, all providers throughout the system are focused on the same topics and, in turn, support our goal of creating a systemwide 'Care Signature.'"

All components of the system also use the same approach for continuous improvement. The Institute for Healthcare Improvement Model for Improvement is incorporated into each hospital's performance improvement plan. "This has allowed us to follow a standard methodology and speak a common language in our journey to become a top decile academic health system," Borgstrom says.

That system approach came into play when the severity of Connecticut's opioid crisis became clear in 2017. A system opioid stewardship steering committee, with subcommittee

The Yale New Haven Health Team

(Front row, left to right): Marna P. Borgstrom, CEO, Yale New Haven Health System (YNHHS); Steve Choi, MD, chief quality officer, YNHHS; Beth Beckman, DNSc, chief nursing executive, YNHHS. (Back row, left to right): Thomas Balcezak, MD, chief clinical officer, YNHHS; Christopher O'Connor, FACHE, president, YNHHS; and Keith Churchwell, MD, president, Yale New Haven Hospital

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“Our approach was to start with broad inclusion of all practice areas so that we built the new opioid Care Signature — one way, one experience across our system — together.”

— Beth Beckman, DNSc —
Chief Nursing Executive

arms focusing on inpatient and ambulatory stewardship, was convened to identify solutions. Two primary strategies were: to promote the use of oral medication or subcutaneous injections of opioids in place of intravenous opioids whenever possible, and at discharge, we explore alternatives to opioids whenever possible for patients who require post-hospital pain management.

“We really changed the culture by saying, ‘If the patient doesn’t need opioids within the 24 hours prior to going home, there’s a really good chance that you could get by with over-the-counter medications or



maybe some stronger NSAIDs,’” Choi says.

Because most providers have been trained to prioritize pain relief, and opioid prescribing historically has been unrestricted, changing culture is not easy, particularly in a large system like Yale New Haven Health.

“Our approach was to start with broad inclusion of all practice areas so that we built the new opioid Care Signature — one way, one experience across our system — together,” says Beth Beckman, DNSc, chief nursing executive. “We took down the silos and understood that the end product could and should be applicable to all settings.”

To make sure prescribers knew what was expected and received reminders just when they needed them, decision support was automated in the electronic health record system.

The result: Intravenous administration of opioids has fallen by 25% since the new strategy was introduced, and opioid prescriptions at discharge have decreased by at least 20%, Choi says.

“That is a huge testament to the collaboration and also the Care Signature approach to how we manage what is a delicate scenario and a difficult crisis that we’re seeing in Connecticut,” he says.

The state is making progress in its fight against opioid overdoses and deaths, but has much more work to do, Beckman says. “The key lesson learned in this opioid stewardship journey has been that health care is inherently complex and managing the reduction of opioid risk means intersecting each level of care in all settings, and working to the same mission,” she says. “The potential outcome is a saved life.”

Yale New Haven Health’s orientation to systemness also kicked in when COVID-19 emerged last year, says Thomas Balczak, M.D., chief clinical officer. While each of the five hospitals set up an incident command structure, a system-wide incident command structure was created to coordinate, standardize and resource the five hospital responses. “This structure was invaluable in our ability to react rapidly to a dynamic environment, and push out best practices across our integrated delivery network in an extremely quick, effective and clear fashion,” he says.

Shortly after the first patient in Connecticut was diagnosed with COVID-19, the system launched its COVID-19 call center to serve as a centralized access point for patients, providers, employees and, as it turned out, people from around the world. In its first month of operation, the center fielded calls not just from the communities that Yale New Haven Health serves, but from 28 states and two other countries.

“We served as a hub of resources and knowledge at a time when people were scared and confused, the medical community included,” Choi says. “And we were able to divert a lot of the mad rush into emergency rooms by triaging patients appropriately, whether it was to the emergency room or to do a comprehensive assessment and reassure them that they were going to be OK.” ●

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“Intravenous administration of opioids has fallen by 25% since the new strategy was introduced, and opioid prescriptions at discharge have decreased by at least 20%”

— Steven Choi, M.D. —
Chief Quality Officer

FINALIST

Memorial Healthcare System | Hollywood, Fla.



The Memorial Healthcare System Team

(Left to right): Thomas Macaluso, MD, vice president & chief quality and patient safety officer; Maggie Hansen, senior vice president and chief nurse executive; Marc L. Napp, MD, MS, FACS, senior vice president and chief medical officer; Aurelio M. Fernandez, III, FACHE, president and chief executive officer; and Douglas A. Harrison, chair, South Broward Hospital District.

Focus on social determinants improves population health

Memorial Healthcare System, one of the largest public health care systems in the nation, keeps a bead on the well-being of its huge South Florida community through an electronic health record tool that identifies patients' social needs.

Using standardized assessment questions, the tool identifies patient and family needs in housing, transportation and other societal factors influencing health. Staff members use the information to link patients to food banks and other community resources, based on their particular needs. The social-determinants information also is paired with other community data to inform the health system's service delivery.

"Our business intelligence team creates heat maps to determine where we place our services, such as primary care clinics and mobile vans and even door-to-door interventions, in the areas of greatest need," says Maggie Hansen, the system's senior vice president and chief nurse executive.

Memorial, a six-hospital system, also uses the social-needs data to support its Health Intervention through Targeted Services teams, which link uninsured residents to state and federal resources, thereby reducing the health system's uncompensated care. The team also connects those residents to a medical home with the goal of improving their health status and that of the entire community.

"All of this work continued during COVID," Hansen says. "They pivoted to make sure that nothing went unaddressed because that crisis particularly hit uninsured people who don't always have access to services."

Memorial's proactive response to the pandemic included outreach to nursing homes filled with extremely vulnerable residents. Health system leaders recognized that the mitigation protocols established for its own nursing home, Memorial Manor, should be used by all the skilled nursing

facilities in the area. So, it sent staff to help nearly 60 of its competitors mitigate the crisis.

"There were no boundaries or competition during the worst of the pandemic," Hansen says. "We showed them how to set up isolation rooms and how to look at their airflow. We educated them in infection prevention and control, and we helped them find personal protective equipment."

That outreach reflected the system's long-standing commitment to safety, says Aurelio M. Fernandez III, FACHE, president and CEO.

"For decades, Memorial's safety guidelines have been considered the best in the industry," he says. "And during the most difficult year of our lifetimes, we held steadfast to our philosophy of 'safety first,' and adjusted and enhanced operations and protocols to meet the challenges of the pandemic."

Some emergency response measures from Memorial's COVID-19 experience are leading to sustained changes. For example, the health system addressed a dual challenge — the need to limit the number of staff from working in COVID-19 units as much as possible and the loss of nurses who took travel assignments — by adopting team nursing. In that care model, an experienced nurse oversees the care delivered to a group of patients by other clinicians and support staff.

Team nursing, popular a few decades ago, largely had been replaced by a primary nursing model in most hospitals. "It's back with a vengeance right now and it is working," Hansen says. "It allows all of our professionals to practice at the top of their licenses."

Another silver lining was the discovery that telehealth could increase access to care for underserved populations. "We provided smartphones to some of the elderly people we serve and we taught them how to use them," she says. "This greater use of telehealth will be a permanent change because there's just more access that way." ●

FINALIST

Yuma Regional Medical Center | Yuma, Ariz.



The Yuma Regional Medical Center Team
(Left to right): Bharat Magu, MD, chief medical officer; Robert J. Trenchel, DO, MPH, president and chief executive officer; Deborah Aders, RN, MS, CENP, chief nursing officer and vice president of patient care services; and Trudie Milner, PhD, chief operating officer.

Employee empowerment improves quality and safety

The sea of change at Yuma Regional Medical Center shows what happens when leaders empower employees and the medical staff to point out problems and own the path to improvement. “We have driven decision-making down to the lowest levels in the organization possible,” says Robert Trenchel, D.O., president and CEO. “That was new for our staff and they were uncomfortable with it at first, but it has really been transformative for the organization.”

The hospital started its turnaround in 2016, when a staff survey and patient comments revealed concerns about how the hospital’s quality was perceived. Since then, Yuma Regional has embraced the Baldrige Excellence Framework for performance improvement, LEAN methodology to tackle specific improvements and a Balanced Scorecard measurement process that starts with the board of directors and cascades throughout the organization.

Among the life-saving, employee-driven innovations: a cancer survivorship clinic to help medically underserved survivors receive ongoing evaluations and screenings they otherwise might forgo and a redesigned postpartum hemorrhage-prevention process to proactively identify high-risk patients.

By 2019, Yuma Regional was undertaking nearly 300 quality improvement projects annually — up from just 18 in 2016 — and its staff members had become skilled at quickly learning new ways to do things.

That adaptability proved to be especially beneficial in spring 2020 when the medical center closed most of its ambulatory services and curtailed elective procedures in the hospital because of the COVID-19 pandemic. Nurses who normally work in ambulatory, surgical, procedural or nonclinical departments were quickly trained to help provide patient care at the bedside.

“The willingness and the courage to help at the bedside and do things they had never done before showed that our patients really do come first,” Trenchel says.

Front-line nurses became mentors, leading to exponential

growth in nursing skill levels, says Deb Aders, vice president of patient care services and chief nursing officer. As the first wave of COVID-19 patients ebbed, staff identified opportunities to improve quality and efficiency for the second surge.

To distribute the workload, radiology technicians were paired with respiratory therapists to facilitate oral care as a way to reduce ventilator-associated events. Likewise, rehabilitation staff partnered with nurses to create prone teams.

“They came up with new ways of securing supplies as well as ideas on how to get through this that we in leadership didn’t think of,” Aders says.

Throughout the pandemic, Yuma Regional has maintained its momentum for quality improvement. A new falls-prevention program, with an emphasis on patient mobility, had been introduced just before COVID-19 hit. Because so many COVID-19 patients required supplemental oxygen, Aders and her colleagues worried that patient falls would become an even bigger problem.

“We did not lose track of what we wanted to accomplish with our mobility plan,” she says. “Even though we had had all these extra challenges, we did not stop the process improvements that we already had put in place.”

A year-end analysis found that despite the pandemic overload, Yuma Regional recorded fewer falls than in the previous year.

Another noteworthy accomplishment: The medical center’s 20 family and community medicine residents are embedded into the organization as if they were permanent staff members. They participate in community outreach, treating or presenting in schools, churches and community centers. The residency program is helping address Yuma County’s significant physician shortage; almost half of Yuma Regional residents have stayed in the area after completing their training. ●

The quest for quality improvement starts with you.

Each year, the American Hospital Association Quest for Quality Prize celebrates hospitals and health systems across the country that exemplify what it means to provide the highest quality care. This year's winners exemplify how process improvement and a focus on patients and community health can raise the bar of what safe, quality care means.

Yale
NewHaven
Health


YUMA REGIONAL
MEDICAL CENTER


Memorial
Healthcare System

At RLDatix, we know that behind each step towards quality improvement is a dedicated group of people. As the AHA's Champion Sponsor for Quality, we are proud to congratulate all of this year's Quest for Quality honorees on their inspirational work and the impact it has in their communities.



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