

DELIVERING QUALITY WITH DISTINCTION

2012 Quality Excellence Achievement Awards Compendium

Recognizing Illinois Hospitals and
Health Systems Leading in Quality
and Transformative Health Care



The **Institute**
for Innovations in
Care and Quality



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2012 Quality Excellence Achievement Awards



OVERVIEW

The Illinois Hospital Association's (IHA) Institute for Innovations in Care and Quality (The Institute) second annual Quality Excellence Achievement Awards recognizes and celebrates the achievements of Illinois hospitals that are committed to transforming Illinois health care through innovative approaches and best practices.

From 67 submissions representing 40 hospitals, awards were presented to a total of eight hospitals in two categories: urban and rural/critical access. The two award recipients and six finalists, who were honored at IHA's annual Leadership Summit, were selected by a panel of 30 nationally-recognized quality improvement leaders based on their achievement and progress in advancing one or more elements of the Institute of Medicine's six aims for improvement:

- Safety
- Effectiveness
- Timeliness
- Efficiency
- Equity
- Patient-centered care

To share these initiatives among members, The Institute has published this compendium that provides a synopsis of all award entries along with contact information for additional details. The compendium receives national exposure by being featured annually on the Hospitals in Pursuit of Excellence (HPOE), an AHA affiliate, website.

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Call for Entries

May 2013

Be sure to watch for this opportunity to be recognized and celebrated for your hospital's achievements in advancing patient care.

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Award Recipients

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AWARD RECIPIENTS

Award category—Rural/Critical Access

Katherine Shaw Bethea Hospital, Dixon

Streamlining the Intake Process of Cardiac Patients in the Emergency Department

Award category—Urban

OSF Healthcare System, Peoria

Improving Obstetrical Care Through Organizational Collaboration

The following pages contain summaries of the award recipients' projects.

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Award Finalists

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AWARD FINALISTS

Rural/Critical Access category

Gibson Area Hospital & Health Services, Gibson City

Reduce Medication Errors Through the Implementation of Computerized Physician Order Entry (CPOE), Medication Bar Coding and Smart Pump Technology

Graham Health System, Canton

Intensive Care Management

St. Mary's Hospital, Centralia

Reducing Readmissions CQI+ Team-Implementing Change Through the IHA Project RED Collaborative

Urban category

Advocate Hope Children's Hospital, Oak Lawn

Utilization of an Interdisciplinary Team Approach for the Care of Infants with Hypoplastic Left Heart Syndrome (HLHS)—The Ideal Quality Improvement Collaboration

Alexian Brothers Health System, Arlington Heights

Improvement in Patient Safety and Quality of Inpatient Care Through Appropriate Blood Product Management

Holy Family Medical Center, Des Plaines

Collaborative Approach to Reduce Health Care-Acquired Clostridium difficile Infection Rate in a Long-Term Acute Care Hospital (LTACH)

The following pages contain summaries of the award finalists' projects.

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Process Improvement–Clinical

Hospital/System: Advocate Hope Children’s Hospital, Oak Lawn

Contact: Colleen A. Perez, RN, MS, NEA-BC
Director, Quality and Regulatory Compliance
708-684-5067
Colleen.Perez@advocatehealth.com

Project Title: *Walking the Walk: A Progressive Mobility Protocol in a Cardiovascular Surgical Intensive Care Unit Improves Patient Perception and Results in Lower Costs Through Decreased Ventilator Hours and Length of Stay (LOS)*

Summary: Early and safe mobility of critically ill patients in a cardiovascular surgical intensive care unit (CVICU) was addressed in this study. Using a multilevel mobility protocol, the team aimed to decrease the CVICU LOS, decrease ventilator hours, and evaluate the patients’ experience of care related to mobility.

FOCUS-PDSA was used to develop a mobility protocol for use within the patients’ acute care environment. Their perception of mobility was measured in three phases using a visual analog scale.

The mobility protocol included bed and transfer activities, and ambulation. Patients reported a significant improvement in their perception of mobility during their CVICU LOS. The mean number of ventilator hours decreased from 63 hours to 35 hours. CVICU LOS decreased in three of four surgical categories; the largest decrease (10.8 CVICU days) experienced by ventricular-assist device patients.

The CVICU group experienced zero falls, an overall decrease in the pressure ulcer occurrence rate and no loss of lines, drains or endotracheal tubes during mobility.

Website: <http://www.advocatehealth.com/hope>