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  - Written questions are encouraged throughout the presentation
  - To submit a question, type it into the Chat Area and send it at any time

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  - Utilize the chat throughout the webinar. To chat everyone, make sure your chat reflects the picture below**:**

To: Everyone ⌄

Type message here...
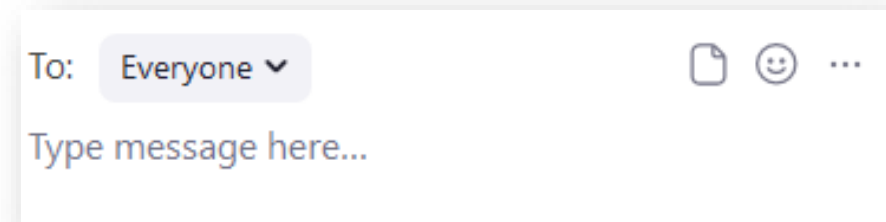
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- **Create a Duke OneLink account.** You only need to create an account once – you may use it for all future webinars. Instructions will be chatted in and/or you may find them in your registration confirmation email.
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INTERPROFESSIONAL CONTINUING EDUCATION

DukeHealth

American Hospital Association™
Advancing Health in America

AHA CENTER FOR HEALTH
INNOVATION

Upcoming Team Training Events

Courses

    o *Check out In-person* TeamSTEPPS Master Training Offerings in 2025!

Webinars

    o Happy to announce, our monthly webinar series will continue in 2025. Webinars will be held on the second Wednesday of every month. Details on webinars can be found on our website.

Custom TeamSTEPPS Advisory Services at Your Organization

TeamSTEPPS Master Training Course

Using a train-the-trainer model, **we give you the foundational tools** and concepts, and train your staff through this **two-day training** program. You will gain a team of Master Trainers ready to teach others in your organization.

Comprehensive TeamSTEPPS Programs

We help you along the way. After delivery of the two-day Master Training course, we continue to work with your team for **3-6 months**, building the internal capacity to hardwire TeamSTEPPS throughout your organization.

Learn More »

> Our relationship with the TeamSTEPPS faculty and the on-site trainings were both phenomenal. **They did a great job of meeting us where we were** and customized a program that really helped us gain clarity about the problem we're trying to solve.

– **Melissa Riffe-Guyer**
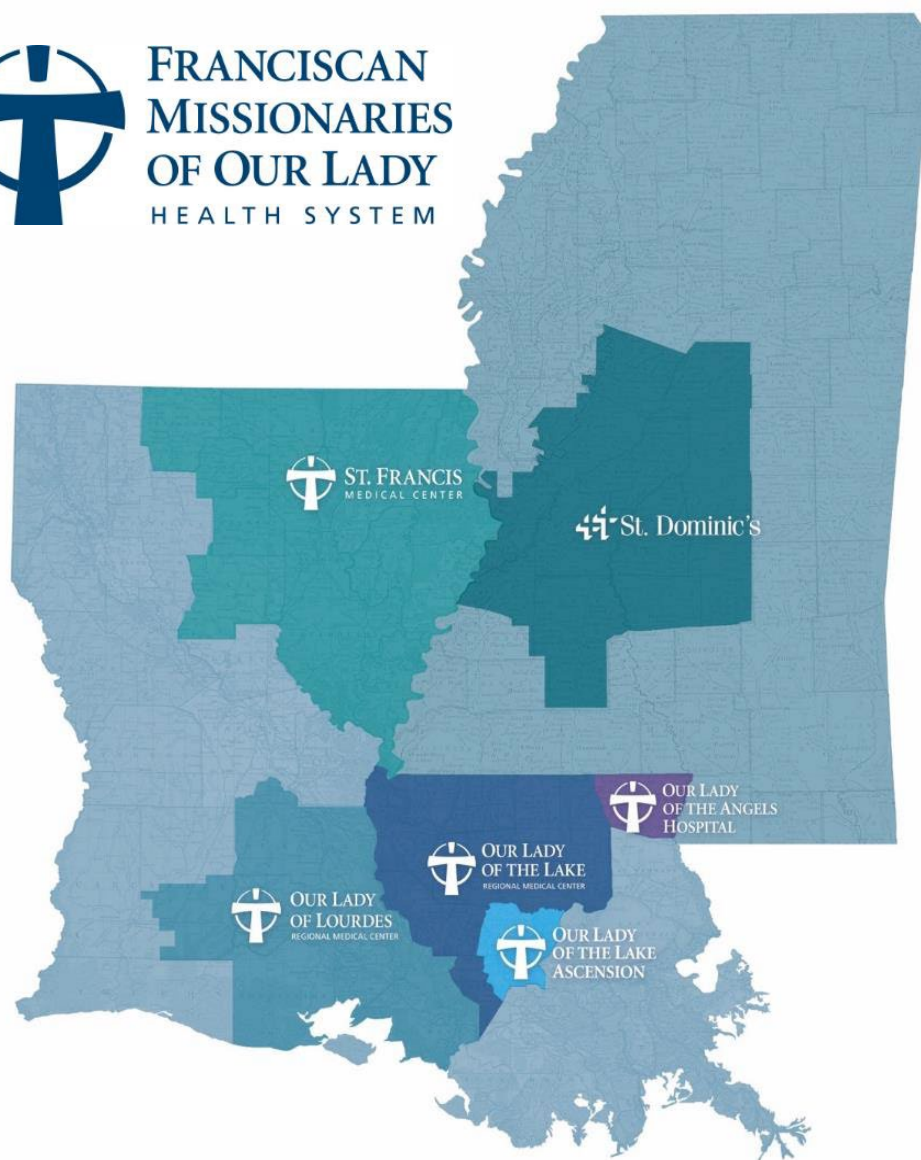Executive Director,
Culture Cone Health

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Today's Presenter

LeaAnn Teague

Sr. Director Performance Improvement

Our Lady of the lake Health, Baton Rouge, LA

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INNOVATION

Objectives

Explain the Components of the Unit Safety Score

Demonstrate the Calculation of the Weighted Unit Safety Score

Encourage Ongoing Engagement with the Unit Safety Score for Continuous Improvement

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FRANCISCAN MISSIONARIES OF OUR LADY HEALTH SYSTEM

ST. FRANCIS MEDICAL CENTER

St. Dominic's

OUR LADY OF THE ANGELS HOSPITAL

OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER

OUR LADY OF LOURDES REGIONAL MEDICAL CENTER

OUR LADY OF THE LAKE ASCENSION

OUR LADY OF THE LAKE

36,213 Inpatients

1,230,000 Outpatient Visits

211,141 ED Visits

527 Employed Providers

100+ Clinics

7,800+ Team Members

2,800+ Medical and Clinical Students

26 Academic and Residency Programs

275+ Clinical Trials

1,020 Licensed Patient Beds

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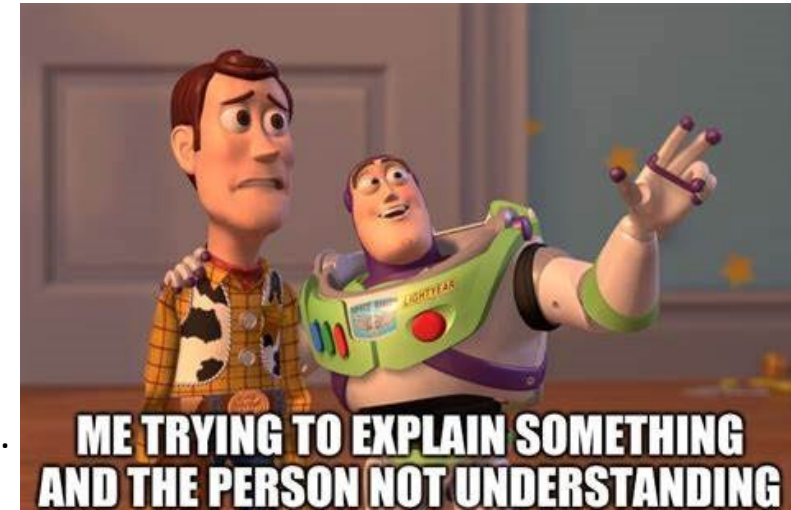Advancing Health in America

AHA CENTER FOR HEALTH INNOVATION

Aim

- To provide a **consistent, transparent, and objective Unit Safety Score** for each acute care unit within OLOL Health.

- The intent of the Unit Safety Score is to provide **actionable insights** that aim to **influence and encourage a culture of safety**.

Why Consolidate Data into a Unit Safety Score?

- Tedious and difficult to update scores each month due to varied data sources.
- Complex data and calculations need to be transparent and understood by a wide audience.
- Presentation of data needs to be easily distributed at the unit level.

- Development Team
  - MD, Quality
  - MD, Infection Prevention
  - VP, Nursing
  - VP, Quality
  - Senior Director of PI
  - Quality Analysts
  - LSU Students

- Stakeholders / Customers
  - Hospitalist
  - Nursing Sr. Directors
  - Executive Leaders

AUG'19	FEB'20	JUN'21-DEC'21	AUG'22	SEP'22
Idea for a Unit Harm Score spawned	Intro to the Interdisciplinary Quality Committee	LSU Master's Program Capstone Project	Unit Safety Score Go-Live	• PI Studio • VOC Sessions (nursing and MDs)

Unit Safety Score

OVERALL UNIT SAFETY SCORE RATING

3.960
Effective

UNIT SAFETY SCORE REPORT

Neurology (2020)

July 2024, August 2024, September 2024

EFFECTIVENESS RANGE

Highly Effective	4.5 - 5.0
Effective	3.5 - 4.4
Moderate	2.5 - 3.4
Low	1.5 - 2.4
Needs Improvement	1.0 - 1.4

Strive for a perfect 5!

HARM EVENT DOMAINS	3 MONTH SCORE	PATIENTS IMPACTED
C.DIFF (Clostridium Difficile)	5	0
CAUTI (Catheter Associated Urinary Tract Infection)	5	0
CLABSI (Central Line Associated Bloodstream Infection)	5	0
FALLS (Falls with Injury)	1	2
HAPI (Hospital Acquired Pressure Injuries)	1	6
MRSA (Methicillin-Resistant Staphylococcus Aureus)	5	0
HOBSI (Hospital-Onset Bloodstream infection)	4	1
SSE (Serious Safety Events as Determined by RLDatix)	5	0

BEST PRACTICE DOMAINS	3 MONTH SCORE	REPORTED EVENTS
HAND HYGIENE (Number of Hand Washing Events)	5	988
SAFETY REPORTING (RLDatix All Events)	4	71
Activity and Mobility Promotion (AMP)	3	53.31%

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AHA CENT INNOVATION

Our Lady of the Lake Health Internal Data- Quality Analytics Unit Safety Score

Index and weighting behind one of the unit safety score non-harm domains, Hand Hygiene

HAND HYGIENE EVENTS

Practicing Hand Hygiene is a simple but effective way to prevent the spread of infections. This domain measures the count of reported Hand Hygiene events per unit. It is a positive event where occurrences, as well as the documentation of occurrences, should be maximized.
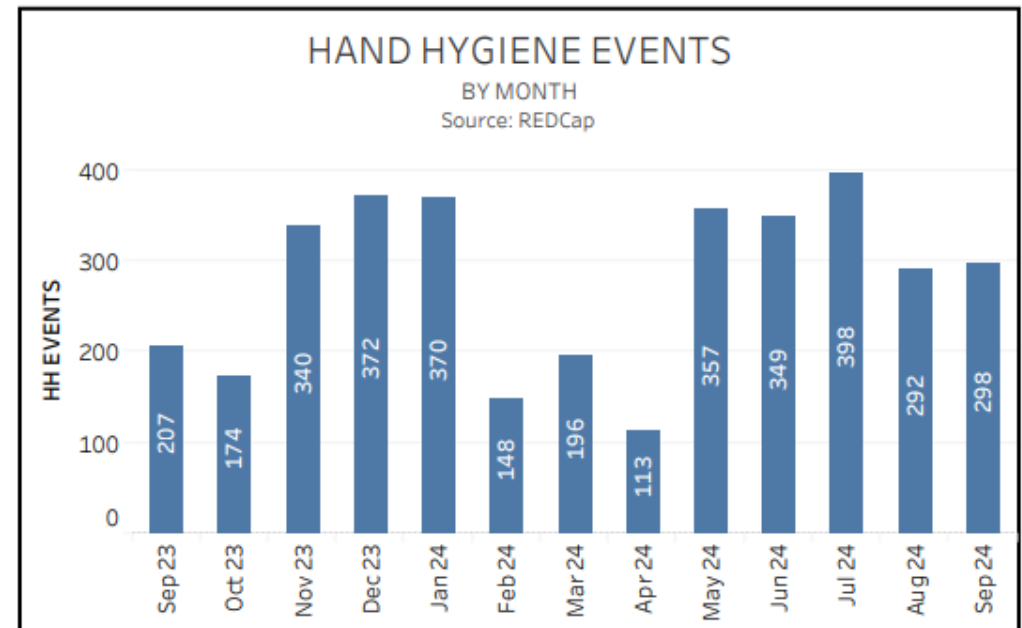
3 MONTH SCORE	3 MONTH EVENTS	UNIT INDICES	
5	988	Index	Events
Highly Effective		5	600+
		4	450-600
	WEIGHT	3	300-450
	4%	2	150-300
		1	0-150

HAND HYGIENE EVENTS
BY MONTH
Source: REDCap

Month	HH Events
Sep 23	207
Oct 23	174
Nov 23	340
Dec 23	372
Jan 24	370
Feb 24	148
Mar 24	196
Apr 24	113
May 24	357
Jun 24	349
Jul 24	398
Aug 24	292
Sep 24	298

Our Lady of the Lake Health Internal Data- Quality Analytics Unit Safety Score

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Case Study

A case study in how the Unit Safety Score combined with a PI methodology can lead to rapid patient safety improvement

Innovative Strategies Result in Rapid Quality and Patient Safety Improvement

BR MARKET INPATIENT SAFETY SCORE REPORT
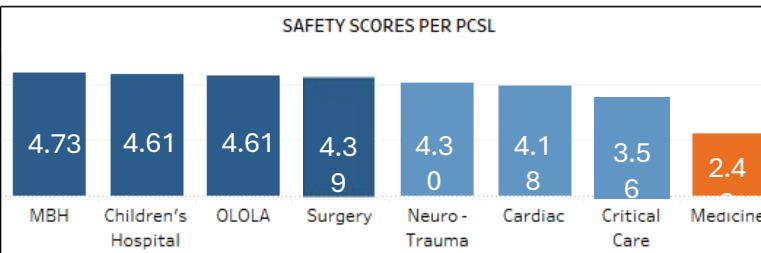
February 2023, March 2023, April 2023

OVERALL BR MARKET INPATIENT SAFETY SCORE

2.930
Moderate

4.5 – 5.0 Highly Effective	3.5 – 4.4 Effective	2.5 – 3.4 Moderate	1.5 – 2.4 Low	1.0 – 1.4 Needs Improvement

The BR Market Inpatient Safety Score summarizes unit safety performance measures of inpatient units over a three-month period at the market level. It is designed to help identify preventable patient safety issues, and investigate solutions to these issues. The BR Market Inpatient Safety Score is calculated using the following ten domains and includes eight harm events and two events that encourage best practices.

SAFETY SCORES PER PCSL

MBH	Children's Hospital	OLOLA	Surgery	Neuro-Trauma	Cardiac	Critical Care	Medicine
4.73	4.61	4.61	4.39	4.30	4.18	3.56	2.4

HARM EVENT DOMAINS	3 MONTH SCORE	PATIENTS IMPACTED
C.DIFF (*Clostridium Difficile*)	3	11
CAUTI (*Catheter Associated Urinary Tract Infection*)	3	9
CLABSI (*Central line Associated Bloodstream Infection*)	2	10
FALLS (*Falls with Injury*)	4	16
HAPI (*Hospital Acquired Pressure Injuries*)	3	63
MRSA (*Methicillin-Resistant Staphylococcus Aureus*)	3	6
HOBSI (*Hospital-Onset Bloodstream infection*)	2	8
SSE (*Serious Safety Events as Determined by RLDatix*)	3	10

BEST PRACTICE DOMAINS	3 MONTH SCORE	REPORTED EVENTS
HAND HYGIENE (*Number of Hand Washing Events*)	2	10,347
SAFETY REPORTING (*RLDatix All Events*)	5	1,152

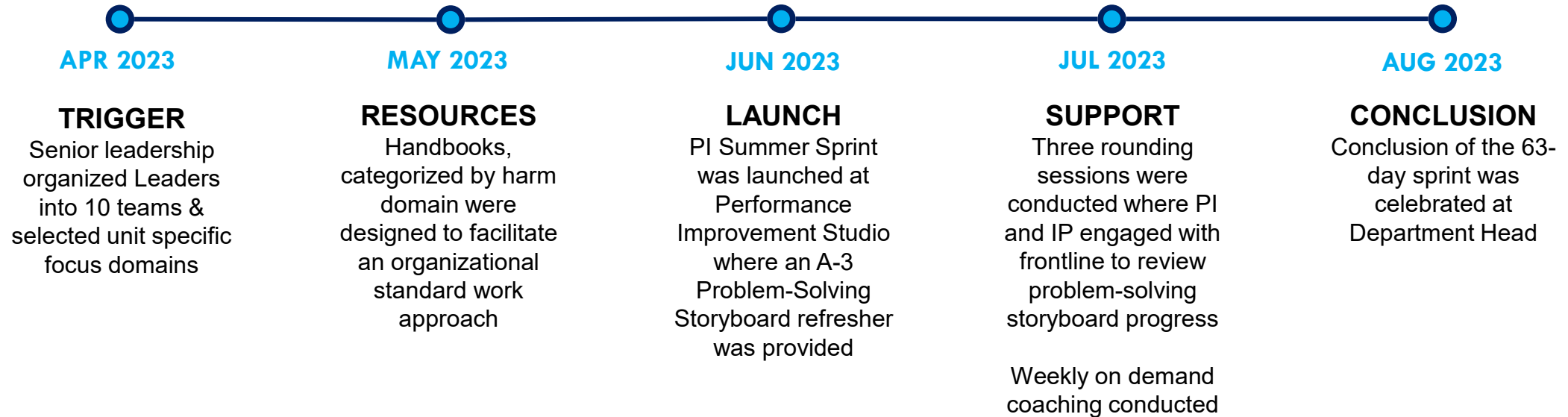Our Lady of the Lake Health Internal Data- Quality Analytics Unit Safety Score

Our Lady of the Lake Health

Spring 2023 Performance

OLOL Health Unit Safety Score measures safety performance and culture in our inpatient units.

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AHA CENTER FOR HEALTH INNOVATION

Patient Centered Improvement PI Summer of Excellence Objective

Renew and reinforce organizationally accepted standard work practices that support <u>patient centered improvements</u> thereby <u>reducing patient harm</u> in a sustainable manner.

APR 2023

TRIGGER
Senior leadership organized Leaders into 10 teams & selected unit specific focus domains

MAY 2023

RESOURCES
Handbooks, categorized by harm domain were designed to facilitate an organizational standard work approach

JUN 2023

LAUNCH
PI Summer Sprint was launched at Performance Improvement Studio where an A-3 Problem-Solving Storyboard refresher was provided

JUL 2023

SUPPORT
Three rounding sessions were conducted where PI and IP engaged with frontline to review problem-solving storyboard progress

Weekly on demand coaching conducted

AUG 2023

CONCLUSION
Conclusion of the 63-day sprint was celebrated at Department Head

TRIGGER
Senior leadership organized Leaders into 10 teams & selected unit specific focus domains

Hospital	Unit Name	CAUTI	CDIFF	CLABSI	FALLS	HAPI	HAND HYGINE	MRSA	NEAR MISS	HOBSI	SSE	COMPOSITE
Ascension	STE ICU (7734)	5.000	5.000	5.000	5.000	5.000	4.000	5.000	1.000	5.000	5.000	4.710
	STE Surg 1 (2042)	5.000	5.000	5.000	5.000	5.000	1.000	5.000	1.000	5.000	5.000	4.560
	STE Telemetry (2048)	5.000	5.000	5.000	3.000	5.000	2.000	5.000	2.000	5.000	5.000	4.510
	STE Med1 (2027)	5.000	3.000	5.000	3.000	5.000	3.000	5.000	3.000	5.000	5.000	4.420
OLOL CH	OLOL CH - Hematology/Oncology Unit (1258)	5.000	5.000	5.000	5.000	5.000	4.000	5.000	5.000	5.000	5.000	4.950
	OLOL CH - Medicine Unit (2033)	5.000	5.000	5.000	5.000	5.000	3.000	5.000	5.000	5.000	5.000	4.900
	OLOL CH - Surgery Unit (2046)	5.000	5.000	5.000	5.000	5.000	4.000	5.000	3.000	5.000	5.000	4.830
	OLOL CH - NICU (2113)	5.000	5.000	5.000	5.000	5.000	1.000	5.000	2.000	5.000	5.000	4.620
	OLOL CH - UCU (2055)	5.000	3.000	5.000	5.000	5.000	1.000	5.000	2.000	5.000	5.000	4.420
	OLOL CH - PICU (2117)	5.000	5.000	5.000	5.000	2.000	1.000	5.000	5.000	3.000	5.000	4.240
OLOL RMC	Adolescent Inpatient Unit (2501)	5.000	5.000	5.000	5.000	5.000	2.000	5.000	5.000	5.000	5.000	4.850
	MBH - St. Clare (2511)	5.000	5.000	5.000	5.000	5.000	3.000	5.000	3.000	5.000	5.000	4.780
	MBH - GBC (2506)	5.000	5.000	5.000	5.000	5.000	3.000	5.000	1.000	5.000	5.000	4.660
	TNCC (2122)	5.000	3.000	5.000	5.000	5.000	4.000	5.000	3.000	5.000	5.000	4.630
	MBH - Acute Psych (2512)	5.000	5.000	5.000	5.000	5.000	2.000	5.000	3.000	3.000	5.000	4.530
	4MNT (2034)	5.000	5.000	5.000	3.000	4.000	1.000	5.000	5.000	5.000	5.000	4.520
	Orthopedics (2038)	5.000	5.000	5.000	5.000	4.000	1.000	5.000	2.000	5.000	5.000	4.500
	CCDU2 (2051)	5.000	5.000	5.000	5.000	2.000	4.000	5.000	2.000	5.000	5.000	4.410
	SICU (2120)	5.000	5.000	3.000	5.000	4.000	4.000	5.000	1.000	5.000	5.000	4.350
	Medicine 5 OLOL (2030)	5.000	5.000	5.000	3.000	2.000	4.000	5.000	5.000	5.000	4.000	4.280
	SUR 2 (2047)	5.000	5.000	5.000	3.000	5.000	2.000	3.000	5.000	3.000	5.000	4.250
	Oncology/Hematology (2022)	5.000	3.000	1.000	5.000	5.000	3.000	5.000	5.000	5.000	5.000	4.220
	HVCU (2103)	3.000	5.000	5.000	3.000	1.000	3.000	5.000	5.000	5.000	5.000	4.060
	STU (2045)	5.000	5.000	5.000	5.000	1.000	3.000	3.000	5.000	5.000	4.000	4.030
	SURG Unit (2044)	5.000	3.000	5.000	5.000	1.000	5.000	5.000	5.000	1.000	5.000	3.920
	Medicine 1 OLOL (2028)	5.000	3.000	5.000	1.000	1.000	3.000	5.000	5.000	5.000	5.000	3.900
	Rehab Unit (2706)	5.000	5.000	5.000	1.000	2.000	1.000	5.000	4.000	3.000	5.000	3.860
	HVC8 (2053)	5.000	5.000	5.000	1.000	1.000	1.000	5.000	5.000	5.000	4.000	3.850
	MSCC (2123)	3.000	5.000	3.000	5.000	4.000	5.000	5.000	3.000	3.000	3.000	3.820
	Neurology (2020)	5.000	3.000	5.000	1.000	2.000	2.000	5.000	5.000	5.000	4.000	3.820
	PCU (2119)	5.000	1.000	5.000	3.000	1.000	5.000	5.000	5.000	5.000	4.000	3.810
	Medicine 6 OLOL (2031)	5.000	5.000	1.000	3.000	3.000	1.000	5.000	5.000	5.000	4.000	3.770
	Neuro Critical Care Unit (2114)	1.000	3.000	5.000	3.000	4.000	3.000	5.000	4.000	1.000	5.000	3.560
	MICU (2105)	1.000	3.000	3.000	5.000	1.000	2.000	3.000	3.000	5.000	4.000	3.020

Our Lady of the Lake Health Internal Data- Quality Analytics Unit Safety Score
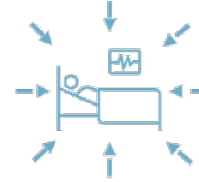
APR 2023   MAY 2023   JUN 2023   JUL 2023   AUG 2023

Patient Centered Standard Work
2023 PI Summer of Excellence

CAUTI
- Interdisciplinary daily review of line need and risk
- Aseptic Foley Insertion

CLABSI
- Interdisciplinary daily review of line need and risk
- CHG bathing
- Peripheral IV insertion and maintenance

MRSA
- Interdisciplinary daily review of line need and risk
- CHG bathing
- Peripheral IV insertion and maintenance
- Shared device cleaning audits

CDIFF
- Hand hygiene monitoring
- Monitor isolation compliance
- Room cleaning audits
- Shared device cleaning audits

HOBSI
- Interdisciplinary daily review of line need and risk
- Peripheral IV insertion audits

HAPI
- 2 RN skin assessment
- Interdisciplinary daily review of risk
- Braden assessment
- *Application of appropriate interventions for Braden score

FALLS
- Interdisciplinary daily review of risk
- Hester-Davis assessment per shift
- *Application of appropriate interventions for Hester-Davis score or nurse judgement

AMP
- AMPAC capture at admission
- Daily AMPAC
- Daily HLM
- *Application of appropriate interventions for corresponding AMPAC target

Hand Hygiene
- Hand hygiene monitoring

*Appropriate interventions listed via appendix

Our Lady of the Lake Health

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RESOURCES
Handbooks, categorized by harm domain were designed to facilitate an organizational standard work approach

LAUNCH

PI Summer Sprint was launched at Performance Improvement Studio where an A-3 Problem-Solving Storyboard refresher was provided

PROBLEM-SOLVING STORYBOARD

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SUPPORT
Three rounding sessions were conducted where PI and IP engaged with frontline to review problem-solving storyboard progress

Weekly on demand coaching conducted
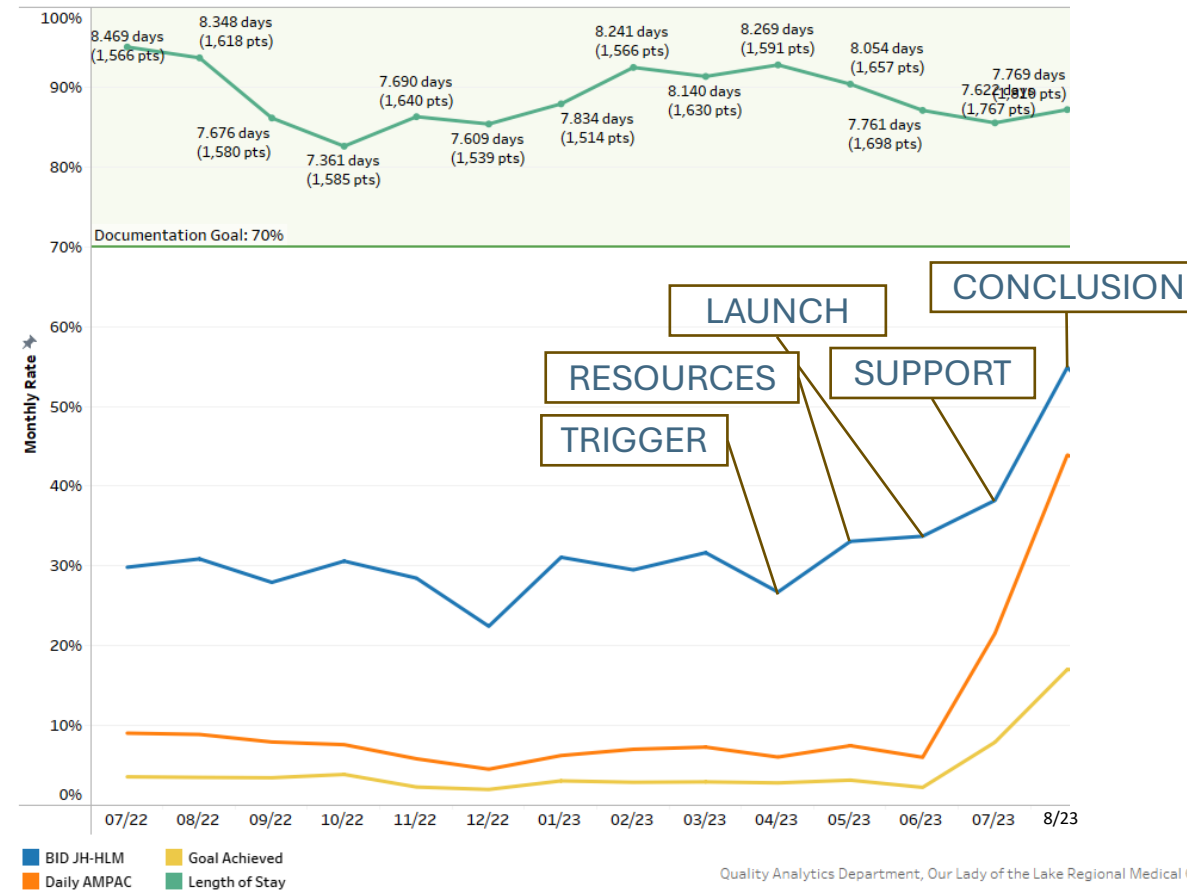

Team Member photo used with permission.

CONCLUSION
Conclusion of the 63-day sprint was celebrated at Department Head

APR 2023   MAY 2023   JUN 2023   JUL 2023   AUG 2023

Enhanced Mobility: OLOL Health Mobility Units AMP Performance
AMP Documentation Compliance and Patient Performance with LOS Outcomes

Impact

94%
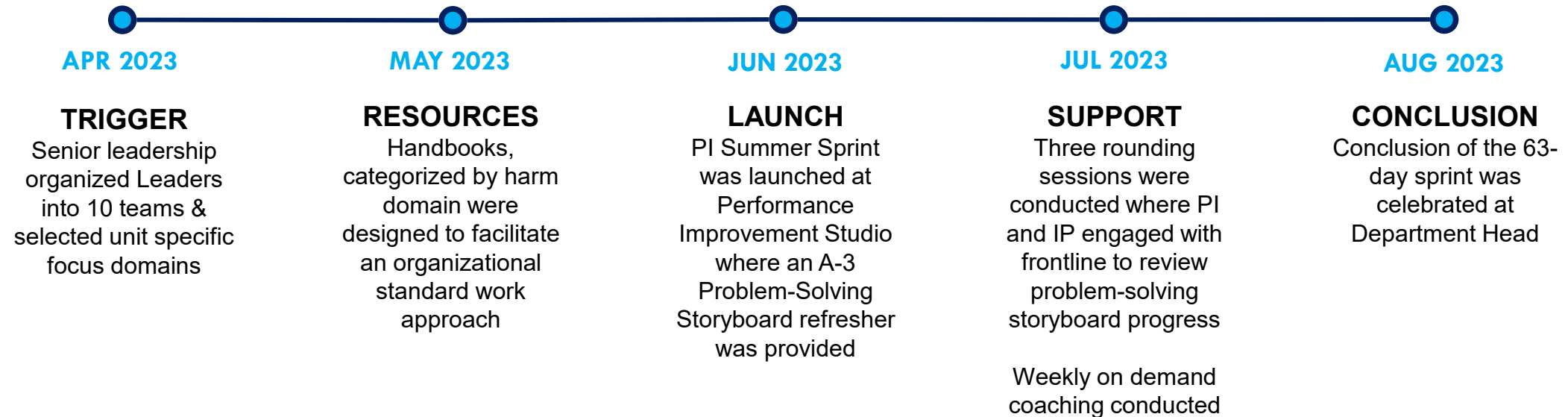Units focused on Johns Hopkins Activity & Mobility Promotion Improved Mobility Documentation

39% to 54%
Increase in Overall Hospital Score for Mobility Documentation

74.2%
Inpatient Units Saw Unit Safety Score Improvements Within Their Focus Domains

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Internal Data – Our Lady of the Lake Health
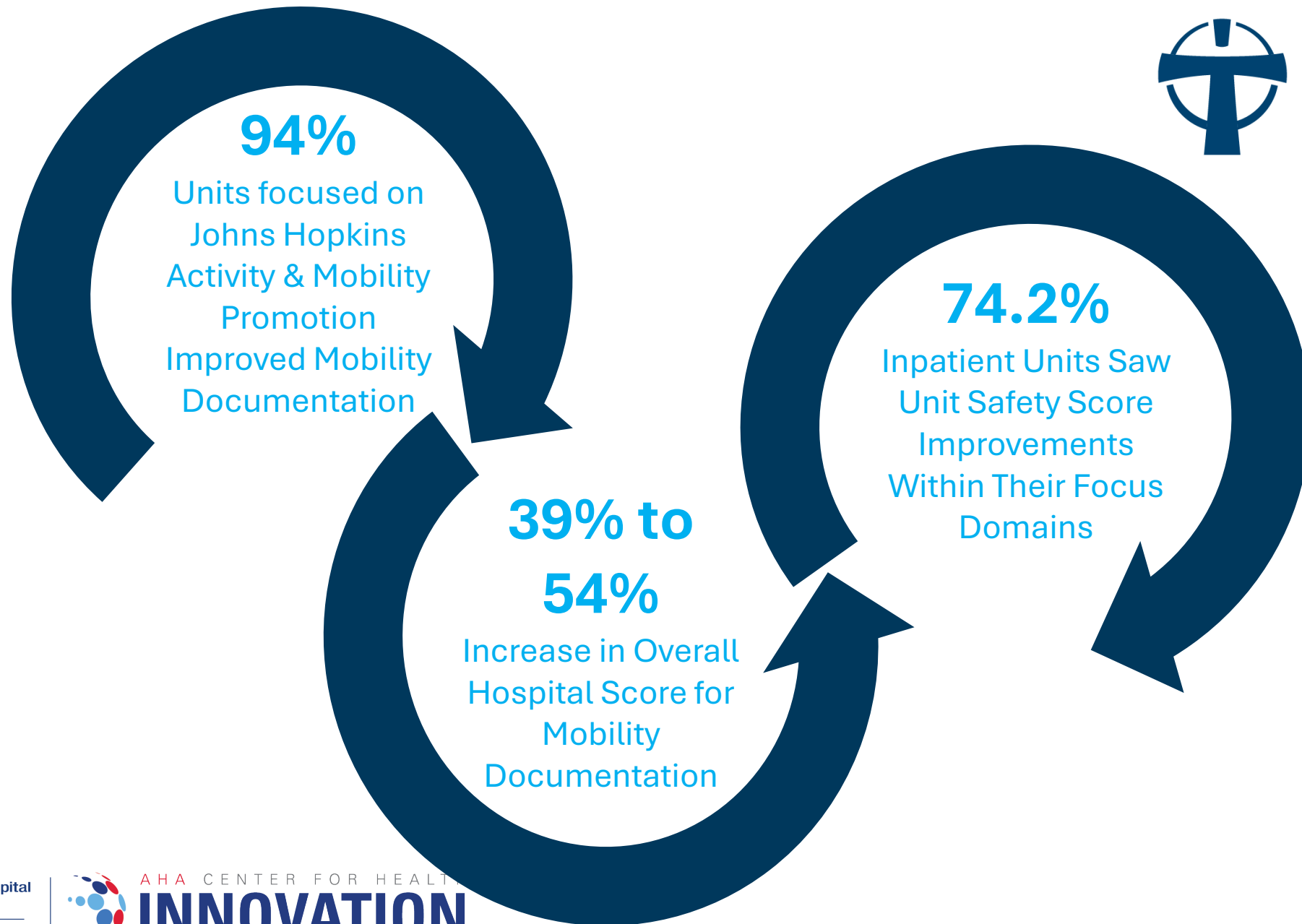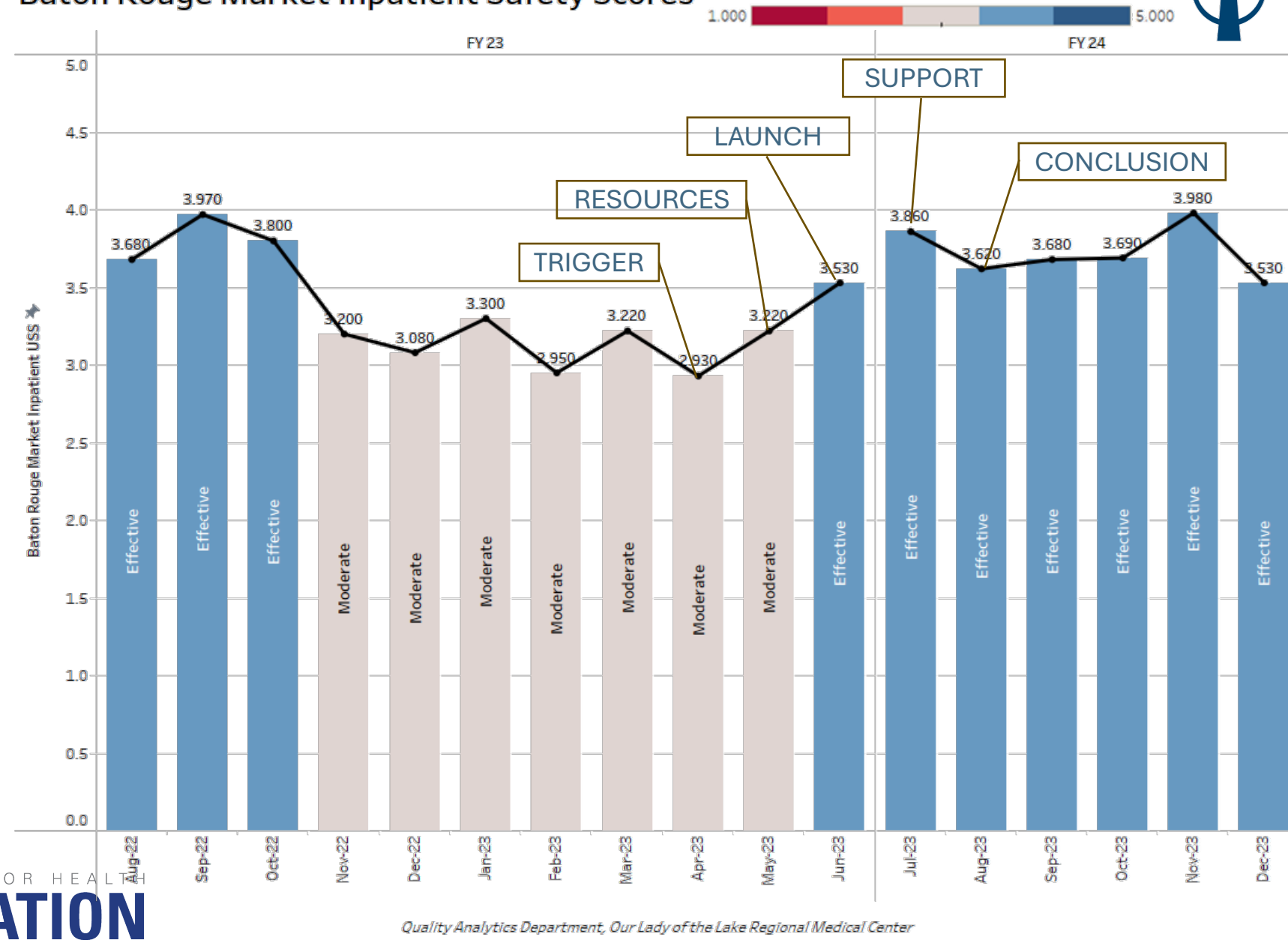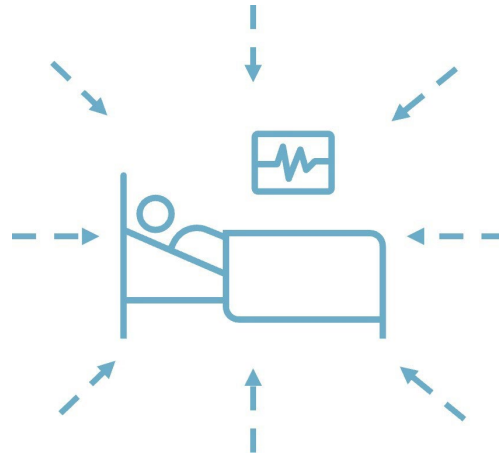
This method fosters regular, cadence-based opportunities for teams to address complex challenges that may be difficult to integrate into daily tasks.

Key Takeaways

Organize data in a way for leaders to easily interpret and make critical decisions.

Create an operational data strategy that considers both the user and the use of data to drive action.

Utilization of the Unit Safety Score enhances visibility and underscores the value of patient-centered decisions.

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Questions? Enter them in the chat!

Contact Information:

LeaAnn Teague, leaann.teague@fmolhs.org

Final Reminders

- **Evaluation**
  - Please complete the evaluation form that appears on your screen once the webinar ends

- **Continuing Education**
  - Create a Duke OneLink account if you have not done so
    - Instructions can be downloaded from the Files pod or your registration confirmation email
  - **Text FUPREX to (919) 213-8033 within 24 hours**

Questions? Stay in Touch!

www.aha.org/teamtraining

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