

2023 ORH Hospital Quality Workshop

May 15-17, 2023

Seaside Civic and Convention Center | Seaside, OR

Building a Quality Program And Patient Care and Safety Structure

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Coquille Valley Hospital

COQUILLE VALLEY HOSPITAL

QUALITY PROGRAM BUILD

PATIENT CARE & SAFETY



Future State CVH



ESTABLISHING
QUALITY
AT CVH



LEADERSHIP



VISION



ACTION



COMMITMENT

LEADERSHIP



LEADERSHIP



SHARED VISION



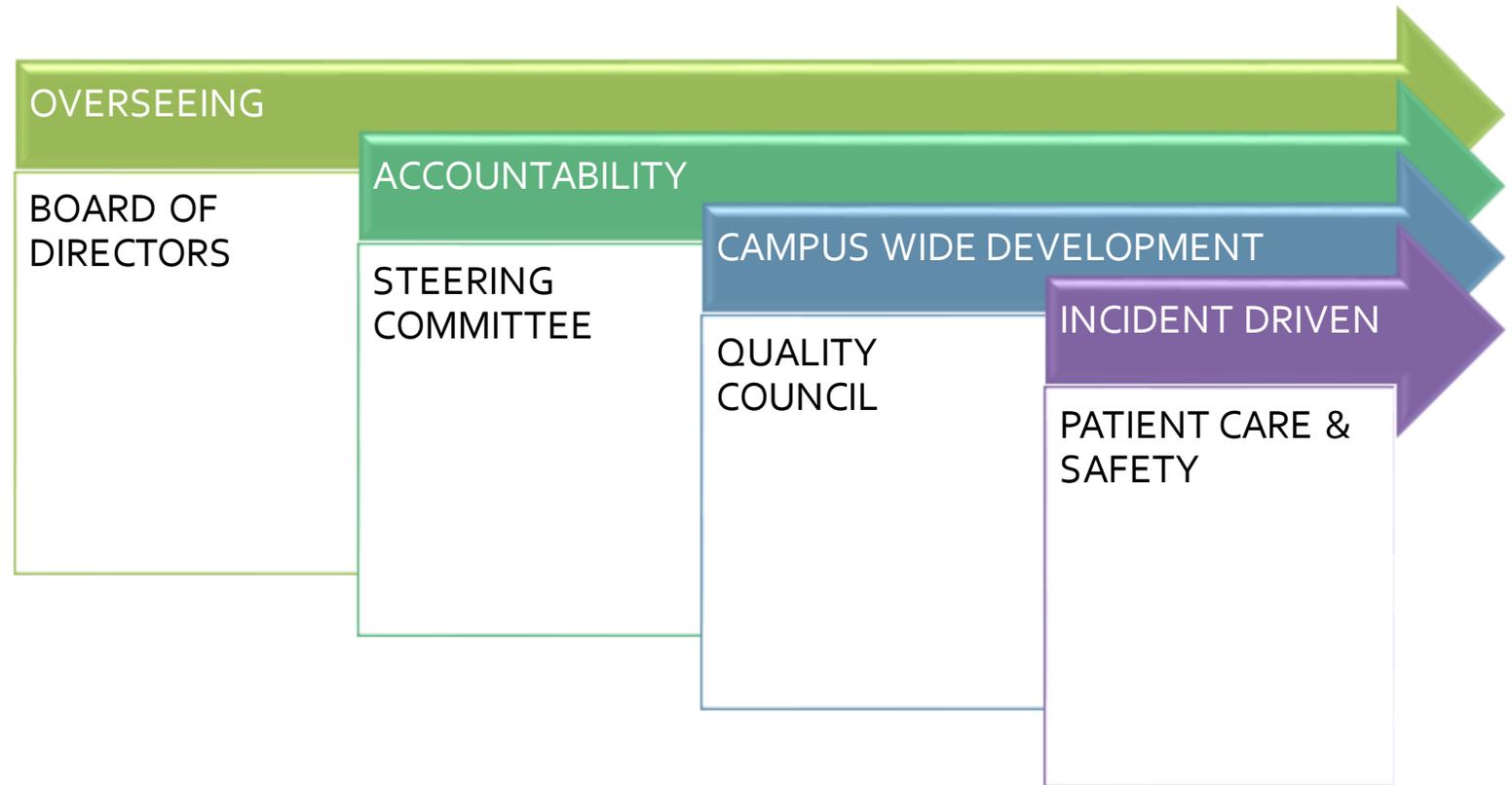
VISION



- SUCCESSFUL QUALITY PROGRAM
- ROBUST INCIDENT REPORTING



VISION QUALITY STRUCTURE



VISION

DASHBOARDS

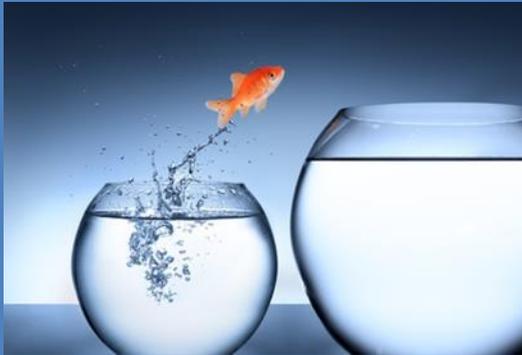


MEDICAL
STAFF

ACTION

QUALITY REPORTS

DASHBOARD PI PAGE

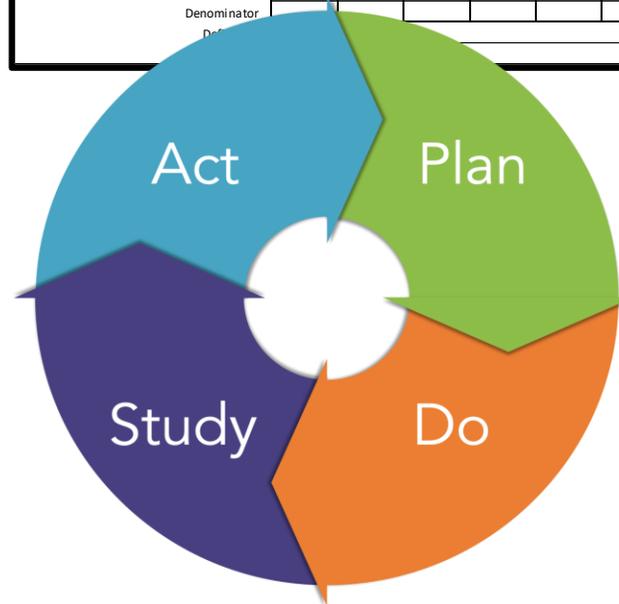


TEMPLATE												
MEASURE 1												
MEASURE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Rate 2022												
Goal												
Numerator												
Denominator												
Definition												
Source												

MEASURE 2												
MEASURE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Rate 2022												
Goal												
Numerator												
Denominator												
Definition												
Source												

MEASURE 3												
MEASURE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Rate 2022												
Goal												
Numerator												
Denominator												
Definition												
Source												

MEASURE 4						
MEASURE	JAN	FEB	MAR	APR	MAY	JUN
Rate 2022						
Goal						
Numerator						
Denominator						
Definition						
Source						



QUALITY

PATIENT QUALITY & SAFETY

MEASURE XYZ

Target	YTD Actual	Prior Year Actual

Measure XYZ

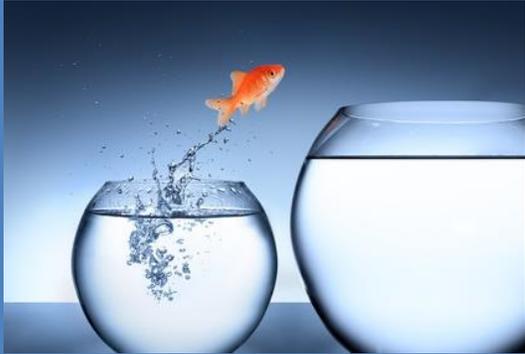
Timeframe - 2022 YTD

Explanation for Variation

Date	Action Plan

ACTION

MEETING CADANCE



QUALITY COUNCIL

Quality Council meets once – this includes all managers.

Managers present measures that did not meet their goal and give barriers as to why and action plans to move forward.

Fellow managers have opportunity for feedback, realize how their departments affect or how other departments affect them. Great opportunity for breaking down silos and improve intradepartmental work flow.

QUALITY STEERING

Feedback from quality Council provides insight for managers to add, edit and fine tune their reports for the next week's Quality Steering meeting.

Quality Steering Committee includes two Board Members, Chief of Staff, CEO, CNO, Quality and only managers that are presenting.

Opportunity for feedback and question/answer time is provided.

BOARD OF DIRECTORS

CNO and/or Quality Manager then present findings to Board of Directors

ACTION

UPDATES, PROJECTS, IMPROVEMENTS

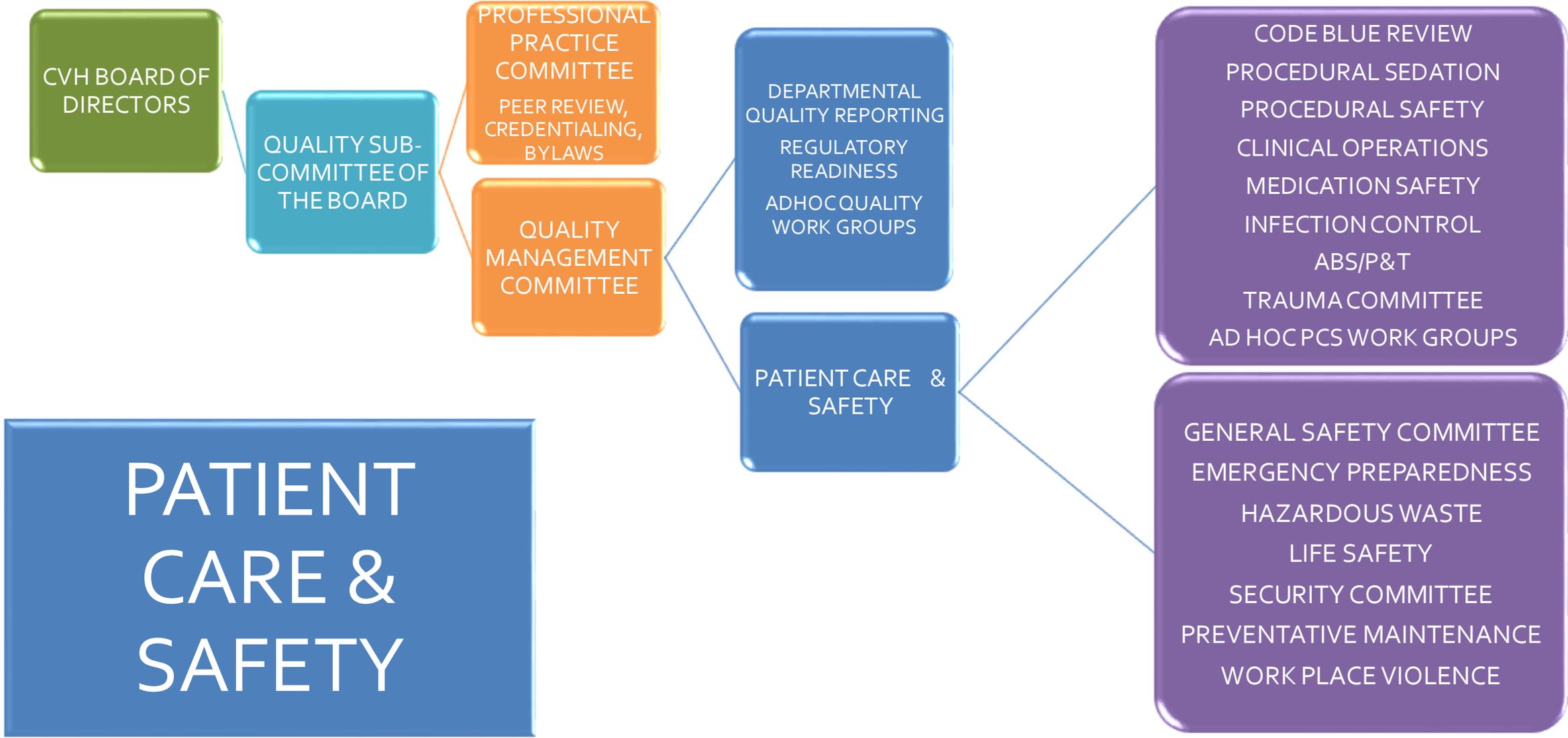


GRIEVANCE COMMITTEE

- Updated Language Line
- Translation Services for grievance letters
- Magnifying Glasses at all admitting areas
- Service Recovery Training
- Improved ER Waiting Room Communication
- Release of Information and HIPAA training
- Providing quicker rescheduled clinic appointments
- Better Communication between Radiology and Admitting
- Improved process from Clinic to Surgical Services
- New gurneys that lower closer to floor
- Employee injury education
- Triage Time, Room & Signage

INCIDENT COMMITTEE

- Single Sing-On for all staff that work with patients
- Improved method for patient weights
- High utilizers in clinic/ED identified for Chronic Care Management
- Outpatient admitting to utilize yellow fall risk bands
- Handling of found substances on hospital grounds
- Creating better timeframes for inpatient imaging
- Refined EMR training for travelers
- Better workflow for patients receiving discharge instructions
- Parking Garage
 - Parking Stops Painted Yellow
 - Service Entrance Sign on Garage Doors
 - Additional camera added to Parking Garage



CVH BOARD OF DIRECTORS

QUALITY SUB-COMMITTEE OF THE BOARD

PROFESSIONAL PRACTICE COMMITTEE
PEER REVIEW, CREDENTIALING, BYLAWS

QUALITY MANAGEMENT COMMITTEE

DEPARTMENTAL QUALITY REPORTING
REGULATORY READINESS
ADHOC QUALITY WORK GROUPS

PATIENT CARE & SAFETY

CODE BLUE REVIEW
PROCEDURAL SEDATION
PROCEDURAL SAFETY
CLINICAL OPERATIONS
MEDICATION SAFETY
INFECTION CONTROL
ABS/P&T
TRAUMA COMMITTEE
AD HOC PCS WORK GROUPS

GENERAL SAFETY COMMITTEE
EMERGENCY PREPAREDNESS
HAZARDOUS WASTE
LIFE SAFETY
SECURITY COMMITTEE
PREVENTATIVE MAINTENANCE
WORK PLACE VIOLENCE

PATIENT CARE & SAFETY

FACILITY DASHBOARD PATIENT CARE & SAFETY

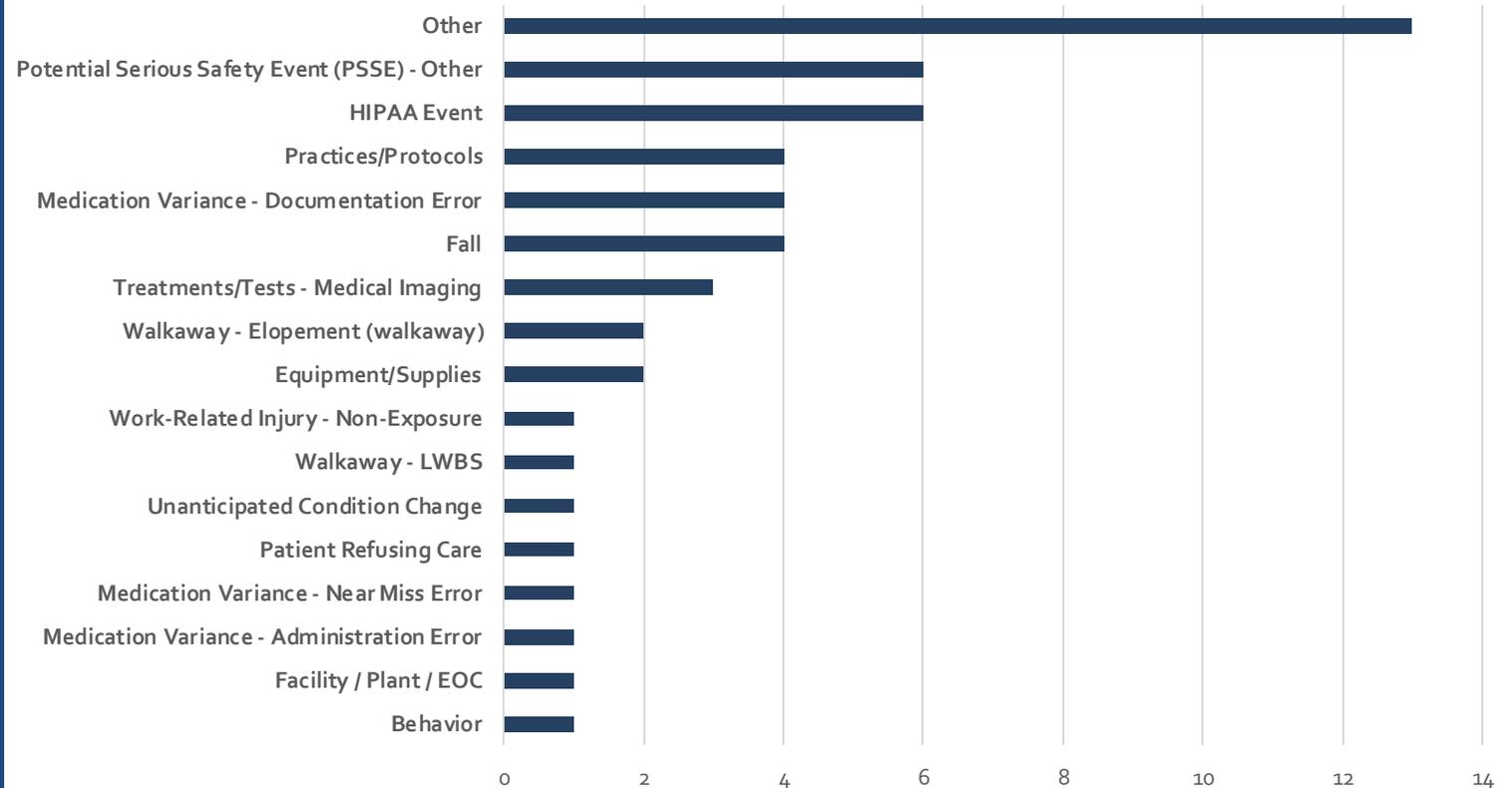
INCIDENT REPORT DRIVEN



Incidences by Quarter 2022



4Q2022 Incidences in ActionCue



ACTION

ADHOC WORKGROUPS



Moderate Sedation



Fall Prevention



Workplace Violence



Blood Safety



Skin Integrity



Mandatory Reporting



C. Difficile



EMTALA

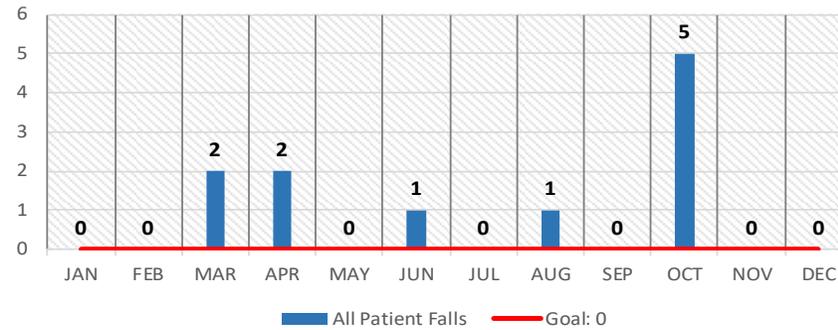
ACTION

FALLS PI PAGE



FALLS

2022 Inpatient Falls



Target	YTD Actual	Prior Year Actual
0	11	1

Explanation for Variation
10/1/2022 Found on knees next to bed - call light in reach, not on
10/1/2022 Found pt on floor, lying on back. Tripped over shoe
10/4/2022 Pt sitting on side of bed vomiting, syncope spell, fell
10/15/2022 Pt trying to move from chair to bed. No alarm on chair. Fell
10/18/2022 Alarm alerted - found pt on floor.

Date	Action Plan	Responsible	Status
7/27/22	Fall Prevention Policy reviewed and determined a new policy is needed	Committe	Complete
	Inpatient beds w/fall prevention technology w/interface call system by Striker ordered	Sacha	Complete
9/14/22	Non-skid socks are available	Sacha	Complete
	Enhance signage - Patient "Call Don't Fall" and Staff "Falling Stars"	Denise	Complete
	Post Fall Assessment Documentation (Investigation) established - inform House Supervisor	Sacha	Complete
	Triage Policy and process reviewed for ED and Surgery	Committe	Complete
	Pt Fall Packets to include policy, assessment tool - Make sure forms/data in packets	Amanda	Complete
	Implementing fall risks discussion at each shift	Sacha	Ongoing
10/4/22	Continuing to work on Fall Prevention Policy	Amanda	Complete
	Discussion of Code Lift. Discussion of Post Fall Huddle Form in AdHoc/Cerner - Will this trigger a task?	Rondi	Complete
	Post Fall Environmental Assessment to be completed after fall	HS	Ongoing
	Plan of Care - Fall risks for plan of care. Plan of Care - Acute Pain	Rondi	Complete
	Audit for appropriate plans of care - amanda has audit tool	Becky	Ongoing
	Census sheet to include fall risk score - House Supervisors/Nurse Mgr to audit rooms daily	HS	Ongoing
10/19/22	Bedside reporting to be included in GNO	Amanda	Ongoing
	Importance of documentation to be presented by Quality/Risk Manager at Nurse Meeting	Becky	Complete
	Fall Boards to include days from last fall	Sacha	Ongoing
	Physical Therapy to be included in fall precautions	Sacha	Complete
	Cerner Morse Fall Scale adapts to 0-44 Low Risk, >44 Fall Risk - Adapt policy to this	Amanda	Complete
11/30/22	Health Stream PowerPoint Reviewed - Looks great!	Amanda	Complete
	Striker Bed training has been sent out	Amanda	Complete
	Huddle Board recommended for tracking events, issues, follow up and responsible party	Sacha	Complete
	Yellow gowns - Inquire with Felisha regarding order	Sacha	Complete

WHAT CONDITIONS MAKE YOU MORE LIKELY TO FALL

- Lower body weakness
- Vitamin D deficiency
- Difficulties with walking and balance
- Use of medicines, such as tranquilizers, sedatives, or antidepressants
- Vision problems
- Foot pain or poor footwear
- Home hazards or dangers such as broken or uneven steps and throw rugs or clutter that can be tripped over.

419
PEOPLE FROM THE COMMUNITY FELL AND CAME TO THE ED DURING 2022

75% OF FALLS OCCUR IN THE HOME
 Easy Home Modifications can Prevent Falls

HAVE YOU FALLEN RECENTLY?



FACTS ABOUT OLDER ADULT FALLS

1 in 4 older Americans fall every year.
 1 in 5 falls results in head injury or broken bones.
 Older adults who have fallen have 2x the chance of falling again.
 Every 20 minutes an older adult dies from a fall.
 Fall Death Rates in the US increased 30% from 2007 to 2015 for older adults. If rates continue to rise, we can anticipate 7 FALL DEATHS EVERY HOUR BY 2030.



<p>Patient fall risk assessment on admission</p>	<p>Falling star signage alerting staff of fall risk patient</p>	<p>Yellow Fall Risk Patient Bracelet</p>	<p>Yellow Fall Risk Patient Non-Skid Socks</p>	<p>Yellow Fall Risk Patient Gown</p>	<p>Signage for patients to call for assistance</p>	<p>Striker patient beds with alarms to notify staff of patient movement</p>

ACTION

ONE YEAR PROGRESS IN QUALITY



COMMITMENT



“

Productivity is never an accident. It is always the result of a commitment to excellence, intelligent planning, and focused effort.

—
PAUL J. MEYER

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“Stay committed to your decisions, but stay flexible in your approach.”

Tony Robbins

EVERYDAY POWER

“

Motivation is what gets you started. Commitment is what keeps you going.

—
JIM ROHM

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“

Being successful in a particular field, especially sales, does not happen overnight. It requires hard work, dedication and commitment.

—
GEOFFREY WRIGHT

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COMMITMENT



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Thank you!

Terri Correia

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