

 **IMPROVING CARE TOGETHER**

TOGETHER  **MHA Keystone Center
2017-2018 ANNUAL REPORT**

Message from the CEO

Collaboration in healthcare is imperative for improvement, whether it occurs in the traditional hospital setting or in the communities that MHA members serve. Healthcare teams must be willing to work together, learn from peers and implement the changes necessary to make patient care safer and more reliable. In addition, their work with patients and families is integral to the advancement of person- and family-centered care in Michigan.

Historically, the MHA Keystone Center has facilitated shared learning through educational opportunities provided to member hospitals and health systems in Michigan and beyond. These collaborative efforts have resulted in advancing the health and overall well-being of Michigan communities by reducing infections and harm, improving patient and staff safety, and lowering healthcare costs.

Our member hospitals have worked tirelessly to improve healthcare quality and safety by committing their time and passion to achieve better outcomes. Their voluntary efforts to improve have included committing staff time to participate in learning events, as well as reporting their performance to the MHA Keystone Center. As a result, Michigan hospitals have experienced a 68 percent decrease in early elective deliveries in the past eight years, a 15 percent reduction in Clostridium difficile (C. diff) from 2014 to 2017, a 49 percent drop in catheter-associated urinary tract infections since 2012, and a 30 percent reduction in central line-associated bloodstream infection rates since 2015. In addition, the efforts to reduce patient harm have led to an estimated savings of \$80.6 million among member hospitals this program year alone.

As we review the 2017-2018 program year in the MHA Keystone Center Annual Report, we want to thank all Michigan hospitals that have worked with us side-by-side to address some of the biggest issues and challenges in healthcare. We look forward to our continued collaboration as we serve the healthcare needs of Michigan residents and improve patient safety and quality.

Sincerely,



MHA CEO Brian Peters





Every day, the MHA Keystone Center is connecting with members, sharing knowledge, learning from one another, and improving care **together**.



Over the past 15 years, the MHA Keystone Center has been firmly committed to fulfilling its vision and mission by helping member hospitals and health systems provide safer and more reliable care. To enact change, create sustainable efforts and cultivate a culture of safe care and continuous improvement, the MHA Keystone Center is educating and empowering others to lead the transformation.



Stories of Collaboration & Change

MHA KEYSTONE CENTER EQUIPS MEMBERS WITH TOOLS TO SUCCEED



(From left to right) Karmanos' Readmissions Taskforce team includes Patrice Tims, RN, BSN, MSA, director of Quality, Regulatory Affairs and Clinical Excellence; Kirsten Dahlgren, director, Utilization Management and Admitting; Anne Payne, director, Karmanos Clinics; Truvella Murray, manager, Case Management and Social Work; Kathy Fedoronko, director, Patient Care Services; Michael Stellini, MD, leader of the Supportive Service Multidisciplinary Team; and Nina Hudgins, manager, Patient Care Services. Not pictured are Steve Rea and Vera Szram-Senyk, quality improvement specialists, and Philip A. Philip, MD, PhD, FRCP, leader of the Gastrointestinal and Neuroendocrine Tumors Multidisciplinary Team at Karmanos.

Readmissions – Karmanos Cancer Center

Focused on readmissions after participation in a GLPP HIIN Improvement Action Network

In August 2017, the Karmanos Cancer Center, Detroit, the largest cancer research and provider network in Michigan, began its focus on readmissions through its voluntary participation in an Improvement Action Network (IAN).

IANs are hosted by the MHA Keystone Center and provide a small group of hospitals with the opportunity to receive specialized coaching on mitigating an area of harm. The IANs require a strong commitment from the hospitals — typically three to four months — to dedicate staff time and resources to understand areas of opportunity through use of quality improvement skills.

“When we participated in the Readmissions IAN, we realized we had a great opportunity to take an in-depth look at our inpatient data and readmission rates,” said Patrice Tims, RN, BSN, MSA, director of Quality, Regulatory Affairs and Clinical Excellence at Karmanos Cancer Center. “By participating in this unique MHA Keystone Center initiative, it required us to look at what we were doing, make a plan and create changes for improvement.”

One of the first tasks was to collect and understand the data.

“This was challenging at the beginning, as we wanted to solve the problem before we understood the contributing factors or determined the root causes of patient readmissions,” Tims said. “We learned the number one reason for readmissions was pain, closely followed by nausea, vomiting and acute kidney injuries.”

Karmanos opted to drill down on readmissions to determine patients’ point of entry when being readmitted to the facility.

“We discovered that 85 percent of patients that were being readmitted came from another facility’s emergency department (ED), since Karmanos currently does not have its own dedicated emergency department,” said Vera Szram-Senyk, quality improvement specialist. “We also learned that 70 percent of our patients were at risk for being readmitted to the hospital after being discharged.”

One of the biggest preliminary initiatives was to drive patient traffic to the Karmanos Acute Care Clinic (ACC), a facility that supports the continuum of care for Karmanos patients, in lieu of an emergency room at another hospital.

“Karmanos started the ACC so patients would have a place to go to treat or manage acute symptoms or side effects,” said Szram-Senyk. “The ACC gives our cancer patients a very unique environment to manage symptoms. For example, they can come in and receive IVs if they’re dehydrated or have their medications revised, if needed.”

Karmanos’ ACC is open Monday through Friday from 7 a.m. to 7 p.m. Appointments are scheduled in advance and can occur the same day or even within an hour, depending on the specific patient’s needs.

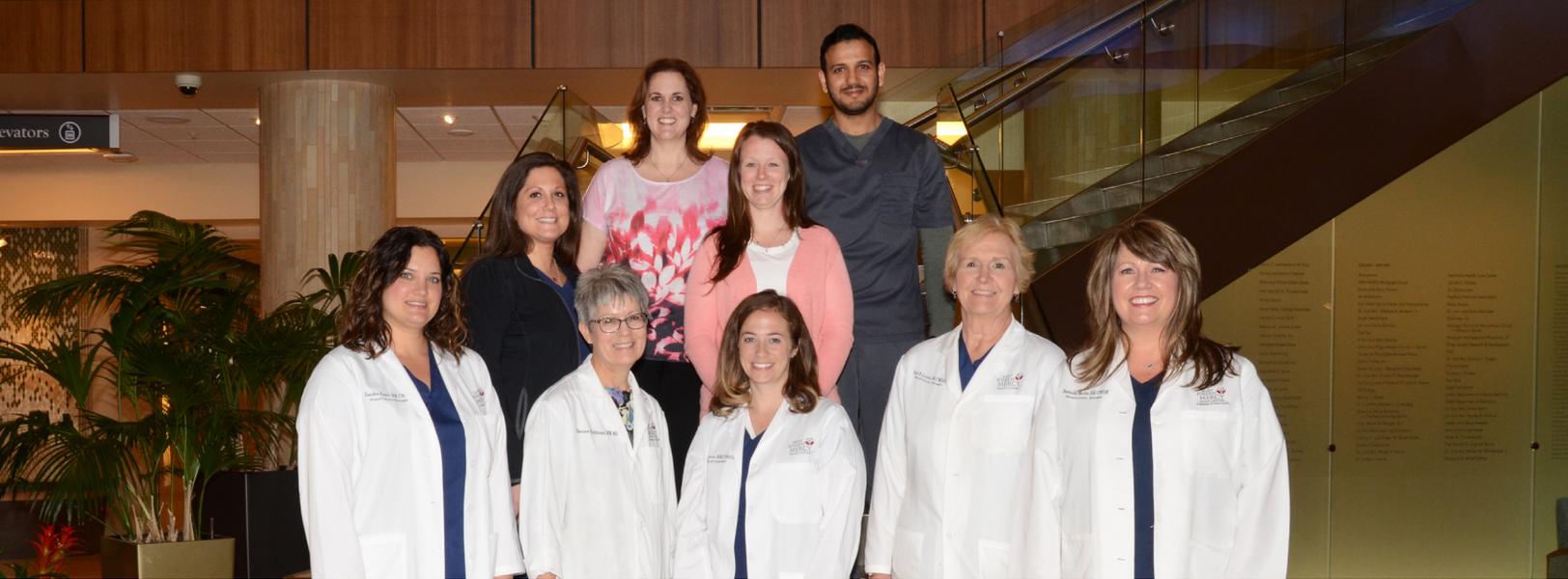
Karmanos also sought to drive improvement in readmissions by focusing on the following efforts:

- » Identify high-risk patients by implementing a readmission risk assessment tool and developing discharge protocols for those patients.
- » Schedule a follow-up appointment in the clinic prior to the patient leaving the hospital. Patients at high risk for readmission have this appointment scheduled within three days after discharge.
- » Have medications filled and given to patients prior to being discharged.

- » Include physician and ACC contact information with discharge information.
- » Direct patients to call their physician to review symptoms prior to going to an ED. Physicians can also schedule an ACC visit after reviewing patient symptoms.
- » Improve utilization of ACC for management of chemotherapy and cancer pain.
- » Increase patient referrals to supportive services to improve pain management and psychosocial support.
- » Increase patient compliance with discharge instructions by placing follow-up phone calls within 72 hours of discharge to ensure patients understand their instructions, have pain medications and keep their follow-up appointment.
- » Review data collected from follow-up discharge phone calls to identify opportunities to provide needed information and appropriate follow-up care.

Success of the Karmanos readmissions task force is due to the involvement of multiple disciplines, including quality, case management, nurses and physicians, who have the same goal – to provide high-quality, safe care that is effective and patient-centered. The team’s overall goal is not only to reduce readmission rates, but provide a greater patient experience through improved service and better communication among physicians, staff and patients.





St. Joseph Mercy Ann Arbor staff have worked diligently to reduce hospital-acquired pressure injuries. Staff members shown above include (top) Wendy Walker, BSRT-RRT; Saadiq Jamaluddin, BSRT-RRT; (middle) Emily Pasola, RN; Jennie Bowerson, RN; (bottom) Sandy Basch, WOC RN; Denise Hoffman, RN; Molly Patterson, WOC RN; Barb Boylan Lewis, WOC RN; and Danielle Mastin, WOC RN.

Pressure Injuries – St. Joseph Mercy Ann Arbor

Team-based approach and interdepartmental collaboration reduces hospital-acquired pressure injuries

Collaboration in healthcare has been proven to drastically improve quality of care. A team-based approach allows each person's perspective to be considered, including that of the patient, so the best possible care can be delivered.

The MHA Keystone Center partners with its member hospitals and health systems daily to improve healthcare quality and patient outcomes by sharing evidence-based practices and offering various educational offerings, such as workshops, conferences, monthly check-in calls and resources.

Last year, St. Joseph Mercy Ann Arbor primarily focused on its pressure injuries in the ICU and medical device pressure injuries. As a result, it formed an ICU subcommittee and focused on high-risk critical care units. It also sought to drive improvement in pressure injuries by implementing the following measures:

- » Develop a focus on problem solving and continuous change for all pressure injuries.
- » Develop a "body map" tool, which is used to assess all skin areas.
- » Use root cause analysis as a structured process to brainstorm action plans for risk modification.
- » Identify key stakeholders and have skin champions from each unit.
- » Have skincare products for patients readily available on each nursing unit.

- » Add additional wound ostomy and continence (WOC) nurse to team.
- » Institute/coordinate daily rounds (Monday-Friday) that include a WOC nurse and nursing staff.
- » Conduct daily interdisciplinary rounds, including executive leaders.
- » Deep-dive into 2017 pressure injury serious reportable events and identified common issues.
- » Focus on respiratory support devices and develop criteria for the prevention of medical device-related pressure injuries.
- » Conduct monthly, random validation of daily checks to ensure quality.

In 2017, the focus for St. Joseph Mercy Ann Arbor was driving improvement. The significant reduction in pressure ulcers systemwide is attributed to collaboration across the board – from looking inward at its own processes and equipment, getting feedback from its staff, being transparent with its data and incorporating leadership into the entire process, to visiting other hospitals to identify potential improvement methods and taking advantage of interprofessional learning opportunities offered by the MHA Keystone Center.

From March 2017 to February 2018, St. Joseph Mercy Ann Arbor worked diligently to reduce hospital-acquired pressure injuries (HAPI). During

that period, there was a 54 percent reduction in stage 3, 4 and unstageable hospital-acquired pressure injuries within its facility.

The significant decrease is attributed to a mixture of an interdepartmental collaboration within St. Joseph Mercy Ann Arbor and the MHA Keystone Center resources related to HAPI.

Since the MHA Keystone Center's inception, St. Joseph Mercy Ann Arbor has been deeply involved in its various patient safety and quality initiatives, which has allowed for improved safety culture practices and hospital-acquired infection prevention strategies.

St. Joseph Mercy Ann Arbor staff and leadership team members regularly attend MHA Keystone Center workshops and conferences, including

intensive care unit (ICU) initiatives that are patient safety-related.

Furthermore, St. Joseph Mercy Ann Arbor continually uses the MHA's technical work process and Agency for Healthcare Research and Quality's Comprehensive Unit-Based Safety Program Toolkit to help shape its overall organizational culture.



High Reliability

The partnership between the MHA Keystone Center and the Joint Commission Center for Transforming Healthcare is in its third year. The relationship has facilitated the sharing of concepts of high reliability with more than 100 Michigan hospitals as they transition toward becoming high-reliability organizations. The goal is to reduce all-cause harm throughout Michigan, with the end point of zero preventable harm.

QUADRUPLE AIM

The MHA has focused largely on the Triple Aim: improving the individual experience of care, improving the health of populations, and reducing the per capita cost of healthcare. For the 2017-2018 program year, the MHA expanded to the Quadruple Aim, adding the fourth target of improving the experience of providing care by focusing on healthcare providers finding joy and meaning in their work. As part of this effort, the MHA and its governing boards committed to prioritizing workplace safety and physician burnout.

Concerns regarding caregiver burnout and workplace safety are ever-present. A safe workplace is crucial to provide safe, high-quality care, and addressing the root cause of burnout requires addressing the wellbeing of caregivers.

Collaborative conversations with experts in the field and other healthcare advocacy organizations are ongoing as the MHA will continue to engage partners in addressing these very important issues.

Person- and Family-Centered Care



MHA LAUNCHES PERSON AND FAMILY ENGAGEMENT COUNCIL

The MHA formally added a member council to promote and accelerate person and family engagement in Michigan hospitals. The Person & Family Engagement Advisory Council seeks input from patient and family partners, serves as advocates for their needs, and ensures their voice is incorporated into MHA quality and safety initiatives.

Transparency

VerifyMICare: In support of increasing transparency of hospital data, a new website – VerifyMICare.org – launched January 2018. The website allows the public and patients to compare Michigan hospitals side-by-side on various quality measures, such as C-section rates, readmissions, mortality, retained surgical items, early elective deliveries and more. It was created voluntarily by the MHA and its member hospitals and has received more than 14,000 hits since the launch.



Quality



GREAT LAKES PARTNERS FOR PATIENTS

MHA KEYSTONE CENTER CELEBRATES FIRST ANNIVERSARY OF GREAT LAKES PARTNERS FOR PATIENTS (GLPP) HOSPITAL IMPROVEMENT INNOVATION NETWORK (HIIN) CONTRACT

In September 2016, the MHA Keystone Center, Illinois Health and Hospital Association, and Wisconsin Hospital Association signed a two-year contract with optional third year as part of the Centers for Medicare & Medicaid Services HIIN.

The partnership united three state hospital associations and 316-member hospitals across Michigan, Illinois and Wisconsin with a common goal: to reduce hospital-acquired conditions by 20 percent in 11 areas of harm and achieve a 12 percent reduction in all-cause readmissions.



Michigan HIIN Outcomes

FROM SEPTEMBER 2016 TO JUNE 2018

20%

REDUCTION IN FIVE AREAS OF HARM:

- » Central line-associated Bloodstream Infection (CLABSI) in both ICUs and hospitalwide.
- » Catheter-associated Urinary Tract Infections (CAUTI) in the ICU and hospitalwide.
- » Surgical-site Infections (SSIs) following hysterectomies.
- » Possible ventilator-associated pneumonia.
- » Adverse drug events related to anticoagulants.

10%

REDUCTION IN FIVE AREAS OF HARM

MICHIGAN HOSPITALS HAVE ACHIEVED IN THE PAST 22 MONTHS:

- » SSIs following total knee replacements.
- » Clostridium difficile (C. diff).
- » Adverse drug events related to glycemic control.
- » Venous thromboembolism (deep vein thrombosis and pulmonary embolism).
- » Total infection-related ventilator-associated complication plus.

RESULTS

Estimated cost savings:

\$80.6 million

Instances of harm avoided:

6,392

Lives saved:

214

GLPP HIIN MEMBERSHIP

316 hospitals total, with

112

MICHIGAN HOSPITALS

Areas of Focus

SEPSIS

Sepsis is the body's extreme response to an infection. Without timely treatment, sepsis can rapidly cause tissue damage, organ failure and death. Sepsis is the number one cause for hospital readmissions and a leading cause of mortality in Michigan. The MHA Keystone Center has focused on identification and treatment of sepsis and ways to prevent sepsis readmissions.



MHA KEYSTONE CENTER TACKLES SEPSIS THROUGH SPECIALIZED MEMBER TRAINING

The MHA Keystone Center aimed to tackle sepsis by offering sepsis simulations to its members. The simulations provide participants with a chance to work in real-life scenarios of identifying and treating patients who are septic. The simulations were hosted across the state, allowing participants to attend at least one simulation. Throughout the year, 154 attendees from nearly 50 facilities participated in seven simulations on sepsis best practices.



TRACERS TEACH WAYS TO IMPROVE SEPSIS RATES

During a tracer, sepsis care experts visit hospitals to understand the delivery of care for sepsis patients and provide recommendations for improvement. The subject-matter experts perform a tracer methodology that follows a patient through the care process, from the emergency department to the ICU to a patient care unit to discharge. Staff are encouraged to share thoughts on current sepsis practices and what could be improved throughout the process. After the tracer concludes, a leadership meeting is held to discuss the findings. Later, written recommendations are provided to the facility to guide them in improvement efforts. In the 2017-2018 program year, sepsis tracers were performed at three facilities, involving more than 35 physicians and nurses.

SEPSIS READMISSIONS REGIONAL LEARNING SESSION HIGHLIGHTS READMISSION PREVENTION STRATEGIES

Nearly 90 clinicians from more than 20 hospitals across Michigan, Illinois and Wisconsin participated in a session to review strategies for readmission prevention and evidence-based practices at discharge and post-discharge. The session was led by two nationally known sepsis experts: Pat Posa, RN, BSN, MSA, quality excellence leader, St. Joseph Mercy Ann Arbor, and Hallie C. Prescott, MD, MSc, assistant professor, University of Michigan, Ann Arbor, and health system and research scientist, Health Services Research and Development Center for Clinical Management Research, VA Ann Arbor Healthcare System.



PODCAST RAISES AWARENESS ABOUT SEPSIS

The MHA's MiCare Champion Cast featured an episode in December on sepsis and raised awareness about Michigan hospitals' efforts to combat the serious condition. The episode featured interviews with Pat Posa, RN, BSN, MSA, quality excellence leader, St. Joseph Mercy Ann Arbor; Corine Ross, patient safety and quality coordinator, MHA Keystone Center, Okemos; and Rebecca Thomas of Harrison Township, who was hospitalized with sepsis in 2017.

FALLS

The MHA Keystone Center regularly works with its members to implement fall prevention best practices. Over the past year, the MHA Keystone Center conducted 11 site visits to observe daily safety briefings and current procedures and practices and to make key recommendations to reduce the number of falls and prevent patient injury.

HEALTH EQUITY

Health equity refers to differences in access, treatment and outcomes across different populations. The MHA Keystone Center continues to pursue several opportunities to educate its members on why health disparities are vitally important and what can be done to reduce inequities in healthcare. Some examples from 2017-2018 are shown below.

- » **Advancing Health Equity:** The three-part webinar series taught 573 participants from 142 Michigan, Illinois and Wisconsin hospitals how to use data to identify and address health disparities and improve the quality and safety of care.
- » **The Bridge Model:** A person-centered, social work-led, interdisciplinary model of transitional care was launched as a pilot to address hospital readmissions among the state's most disparate populations. Bridge emphasizes collaboration among hospitals, community-based providers and the Aging Network to ensure a seamless continuum of health and community care across settings.

OPIOIDS

The opioid epidemic is one of the most pressing issues in America. Over the past year, the MHA Keystone Center has participated in national opioid task forces and produced educational materials to help organizations address the overuse, misuse and disposal of opioid products and prescription medications.

Advocating for appropriate opioid stewardship will remain a priority for the MHA Keystone Center in the year ahead.

MHA KEYSTONE CENTER OPIOID STEWARDSHIP TOOLS & RESOURCES

- » **Michigan Opioid Legislation Hospital Compliance Checklist:** The checklist was created to help guide MHA-member hospitals through the requirements of a package of bills signed into law December 2017 in response to the opioid epidemic.
- » **Medication Disposal Tool:** The MHA Keystone Center, Michigan Department of Environmental Quality and Michigan Pharmacists Association created the standardized tool to outline how to properly and safely dispose of expired, unused or unwanted prescription medication.
- » **Opioid Knowledge Self-Assessment:** The MHA Keystone Center administered a self-assessment for any member who wished to use the tool with practitioners who prescribe, dispense, and/or administer opioid products.



- » **Be Rx Safe:** The MHA Keystone Center teamed up with Blue Cross Blue Shield of Michigan, the Michigan Osteopathic Association, the Michigan State Medical Society and the Michigan Opioid Prescribing Engagement Network to create the Be Rx Safe campaign – an effort to raise awareness about the dangers of prescription drug abuse and overuse and to encourage prescribers and patients to do their part in addressing the opioid crisis.



SMH staff members who are involved in the Substance Abuse and Treatment Services Program include Janet Pratt, PMHNP-BC; Kim Shiner, LPN, SMH rural health clinic director; Sara Giles, marketing director; Bob Crumb, CEO (not pictured); Mark Hebert, RN, BSN, chief quality and patient safety officer; and Jenna Bradshaw, patient navigator.

Schoolcraft Memorial Hospital Addresses Opioid Epidemic with Triad Approach

Opioids kill tens of thousands of U.S. residents per year, and the death toll is expected to continue to climb. Providers, federal regulators and healthcare organizations have confronted the opioid crisis with various prevention, treatment, pain management and support solution options.

Manistique-based Schoolcraft Memorial Hospital (SMH) set out to address this complex, multidimensional issue through an integrated approach. It formed a Substance Abuse and Treatment Services Program to improve health outcomes of patients of all ages by increasing access to high-quality, integrated mental health and substance use disorder medical services.

SMH believes that childhood trauma can adversely affect life trajectory and, consequently, lead to mental health and substance use issues. Therefore, the program is both patient-centered and trauma-informed. It aims to tackle opioids with a unique triad approach, including childhood trauma, mental health issues and substance abuse. Staff education and community collaboration are integral parts of the program.

SMH hired a family psychiatric nurse practitioner in 2017 to assist with the mental health needs of the community. It also recently recruited a pediatrician to be available one day per month to provide specialty services to children. The hospital plans to integrate substance use disorder services into its

care system and to hire a trauma-informed mental health therapist to help patients address issues.

SMH also hired a patient navigator who serves as an internal and external liaison to coordinate care, services and community resources. This helps patients, young and old, navigate complex systems to assure their mental health, substance use disorder, and/or medical care needs are addressed.

Many community organizations collaborate with SMH to improve healthcare. The Substance Abuse and Treatment Services Program was launched with support from the Michigan Center for Rural Health, Blue Cross Blue Shield Foundation of Michigan and Superior Health Foundation. Other partners include the Department of Health and Human Services – Trauma Initiative, Schoolcraft County Mental Health Court and Substance Abuse Court, Manistique Area Schools, Great Start Initiative, and the Schoolcraft County Sheriff's office. SMH has also helped Great Lakes Recovery Centers fill a long-vacant position for a substance use disorder counselor.

Addressing the cycle of trauma and abuse during childhood can have a positive impact on future generations. Recovery is lifelong and requires support. SMH is confident that great strides toward mental and physical health can be realized for children and adults when a collaborative approach is applied.

Connecting with Members

MHA KEYSTONE CENTER CONNECTS WITH MEMBERS THROUGH MONTHLY CHECK-IN CALLS

MHA Keystone Center staff started to connect with member hospitals this year through monthly check-in calls. These calls are valuable, as hospitals can discuss the struggles they're facing, areas for improvement, data needs, educational opportunities and any successes the facility is experiencing and willing to share with its peers.

The MHA Keystone Center staff also find the calls helpful, as they allow them to keep a finger on the pulse of the hospital community. Lastly, the calls are a way for MHA Keystone Center staff and member hospitals to maintain contact and hear from one another about needs on both sides.

WEBINAR STATISTICS FOR THE 2017-2018 PROGRAM YEAR

33
WEBINARS

1,834
PARTICIPANTS

228
HOSPITALS REPRESENTED

WORKSHOPS

Members Learn Best Practices in Critical Care

More than 200 MHA Keystone Center members participated in the MHA Keystone Center Fall 2017 Workshop: Critical Care to learn how to implement best practices in critical care surrounding sepsis, readmissions, pressure ulcers, patient falls and antimicrobial stewardship.



Spring Workshop Offers Unique Member Experience

The MHA Keystone Center Spring 2018 Workshop: Preventing Harm Across the Board featured two breakout sessions that allowed participants to learn best practices from their peers in four specific areas – pressure ulcers, adverse drug events, patient falls and venous thromboembolism – and how to implement processes in their own facilities to reduce harm.

Safety

PATIENT SAFETY ORGANIZATION (PSO)

MHA KEYSTONE CENTER PSO STATISTICS



MHA KEYSTONE CENTER SPEAK-UP! AWARD



2017-2018 MHA Keystone Center Speak-up! Award Recipients

2017 Q3: Cassandra Gauna, RN, Hayes Green Beach Memorial Hospital, Charlotte

2017 Q4: Danielle Gebolys, BSN, Beaumont Hospital, Dearborn

2018 Q1: Natalie Nowak, St. Joseph Mercy Livingston Hospital, Howell

2018 Q2: Crystal Watson, RN, and Lori Engler, RN, Lakeland Hospital, Niles

2017 Annual MHA Keystone Center Speak-up! Award: Cassandra Gauna, RN, Hayes Green Beach Memorial Hospital, Charlotte

AREAS OF FOCUS

RECERTIFIED AS FEDERALLY LISTED PSO

The MHA Keystone Center PSO successfully maintained its certification as a federally listed PSO with the Agency for Healthcare Research and Quality (AHRQ) through 2021.

ROOT CAUSE ANALYSES

Over the past year, the MHA Keystone Center PSO focused on collecting root cause analyses (RCAs) from all MHA Keystone Center PSO-member organizations. Each member shared the lessons it learned and provided data feedback with other MHA Keystone Center PSO members.

REDUCING BURNOUT

MHA Keystone Center PSO member hospitals that administered a Safety, Communication, Operational Reliability and Engagement survey showed an 8 percent improvement in burnout culture scores.

PSO MEMBERSHIP

The MHA Keystone Center PSO added members in 2017-2018.



Learning & Connecting

MICRO-WEBINAR SERIES PROVIDES INTRODUCTION TO PSO CONCEPTS

The MHA Keystone Center PSO launched a six-part micro-webinar series to provide high-level introductions to specific PSO concepts and help identify ways to gain the most value from MHA Keystone Center PSO membership.

PSO ENGAGEMENT REPORTS SHOW MEMBER PARTICIPATION

The MHA Keystone Center distributes biannual PSO Engagement Reports to show each member's participation over a six-month period in essential PSO-sponsored activities and to engage executive leadership and drive improvement.

MEMBERS SHARE WITH PEERS AT MHA KEYSTONE CENTER PSO ANNUAL MEETING

The March 22 meeting drew more than 130 MHA Keystone Center PSO members from 74 hospitals across Michigan and Indiana. Attendees heard from peers on a variety of patient safety topics, varying from behavioral health and workplace violence to root cause analysis and action (RCA²). Presentations highlighted lessons learned and personal perspectives and experiences from representatives of PSO-member hospitals and health systems.

MHA KEYSTONE CENTER SAFE TABLES HIGHLIGHTED AT AGENCY FOR HEALTHCARE RESEARCH AND QUALITY PSO ANNUAL MEETING

Adam Novak, manager of patient safety and quality, MHA Keystone Center, presented April 17 at the AHRQ PSO Annual Meeting in Rockville, MD. Novak's presentation provided background

on safe tables and how to plan and implement them within organizations. It also covered foundational, proven practices with newly listed PSOs.

RCA² TRAININGS SHOW MEMBERS HOW TO REDUCE AND ELIMINATE PATIENT HARM

These trainings equip participants with the knowledge and resources required to conduct robust RCAs.

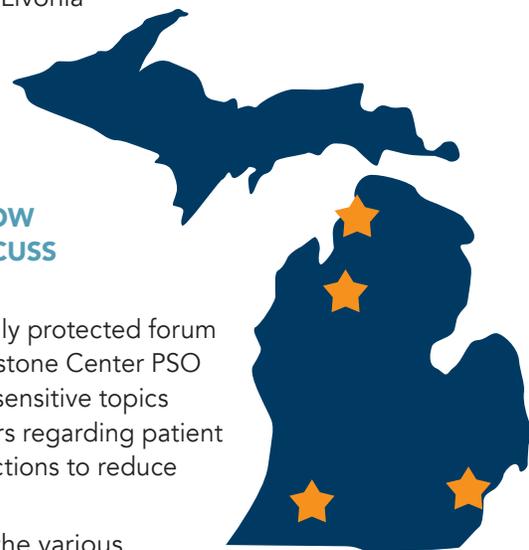
- » Sept. 20, 2017 – Livonia
- » Nov. 29, 2017 – Bay Harbor
- » June 20, 2018 – Kalamazoo

SAFE TABLES ALLOW MEMBERS TO DISCUSS SENSITIVE TOPICS

A safe table is a legally protected forum that allows MHA Keystone Center PSO members to discuss sensitive topics and prevailing barriers regarding patient safety and explore actions to reduce patient harm.

Over the past year, the various safe tables have provided a forum for examining aggregate-level data trends and discussing barriers/successes regarding targeted interventions and contemporary practices.

- » Sept. 12, 2017 – Livonia: Behavioral Health
- » Nov. 28, 2017 – Bay Harbor: Rural Health
- » Feb. 21, 2018 – Livonia: RCA² PSO
- » May 17, 2018 – Kalkaska: Critical Access Hospitals
- » June 12, 2018 – Kalamazoo: Obstetrical Harm





“It is with gratitude to the physicians, nurses and other members of the healthcare team that we look back at the incredible results we have achieved together to make care safer. The success that we have seen in improving the quality and safety of care is the result of the great work of providers, the generous support of Blue Cross Blue Shield of Michigan and the investments of the Centers for Medicare & Medicaid Services and the Agency for Healthcare Research and Quality.”

Sam R. Watson, MSA, MT (ASCP), CPPS, executive director, MHA Keystone Center, senior vice president of patient safety and quality, MHA.

Celebrating 15 Years of Safe Care

2

National awards won for quality improvement & safety

35⁺

publications in peer-reviewed literature

4

international events to teach about successes in Michigan hospitals

\$822
million

cost avoidance between 2006-2017

68%

reduction in early elective deliveries since 2010

10.5%

decrease in severe maternal morbidity since 2015

51%

decrease in urinary catheter utilization since 2012

15%

reduction in C. diff since 2014

30%

reduction in surgical-site infections since 2015

49%

reduction in CAUTI events since 2012



MHA Keystone Center Communications

DIGITAL OUTREACH AND SOCIAL MEDIA

The MHA Keystone Center provides regular content updates on social media that promote events, provide tools and resources, highlight the work of Michigan hospitals, and encourage participation in making Michigan care safer.

10

VIDEOS

650

VIEWS

273,901

IMPRESSIONS

5,780

CLICKS/COMMENTS

647

TWITTER FOLLOWERS

204

LINKEDIN FOLLOWERS

MHA KEYSTONE CENTER MONTHLY NEWSLETTER

The MHA Keystone Center provides a monthly newsletter that highlights the latest safety and quality news, important updates, member highlights and upcoming MHA Keystone Center and GLPP HIIN events. It is distributed during the first week of every month.

Accomplishments



WATSON RECOGNIZED AS A TOP PATIENT SAFETY EXPERT

Sam R. Watson, MSA, MT (ASCP), CPPS, executive director, MHA Keystone Center, senior vice president of patient safety and quality, MHA, was named one of the 50 Experts Leading the Field of Patient Safety by Becker's Hospital Review, a leading healthcare publication.

MHA KEYSTONE CENTER VISITS HELEN DEVOS CHILDREN'S HOSPITAL

MHA Keystone Center staff visited Helen DeVos Children's Hospital in Grand Rapids to learn about its iHub, an innovative and multifaceted approach to performance improvement and the management and communication of quality improvement projects. Lessons learned from the visit help inform the MHA Keystone Center's collaborative efforts and its work on best practices in promoting the advancement of safety culture and quality improvement among all Michigan hospitals.



MHA ADVANCING SAFE CARE AWARD

The Neonatal Intensive Care Unit Antibiotic Stewardship Team from Bronson Children's Hospital, Kalamazoo, was the recipient of the inaugural Advancing Safe Care Award. The award recognizes teams of healthcare professionals who demonstrate a fierce commitment to providing quality care to diverse socio-economic populations, lead the charge for quality improvement, promote transparency to improve healthcare, and achieve better outcomes due to a strong culture of safety.



BMJ PUBLISHES STUDY BY MHA KEYSTONE CENTER LEADERS

The BMJ Quality & Safety international medical journal published *Providing Feedback following Leadership Walkrounds is associated with Better Patient Safety Culture, Higher Employee Engagement and Lower Burnout* in late 2017. The study was done by Bryan Sexton, PhD, MA, partners from Safe and Reliable Healthcare and the MHA's Sam R. Watson and Brittany Bogan.

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Jonathan So, Detroit Regional Chamber of Commerce

The MHA Keystone Center acknowledges and appreciates the generous financial support of Blue Cross Blue Shield of Michigan.



MISSION

VISION

Supporting healthcare providers to achieve excellence in the outcomes desired by the people they serve.

VALUES

Excellence. Innovation.
Compassion. Teamwork.

Achieving the highest quality healthcare outcomes that meet individual values.



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