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An Open Forum on Patient Safety and Risk Management
For Critical Access Hospitals
June 19, 2019

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KEY TAKEAWAYS

Patient safety is at the core of everything in healthcare delivery; everyone is accountable for Risk, Quality, and Safety (RQS) reporting and putting integral interventions in place.

Encouraging reporting with an easy-to-use system enables organizations to quickly spotlight emerging issues and to use data provided to drive effective, sustainable change.

Trust data to help make informed decisions and reinforce a positive culture of reporting.
A broad-based reporting process with sound follow-up and collaboration that puts data in a convenient place helps ensure ongoing evaluation and improvement.

The ability to capture information on event reports and enact data-driven projects is key to effective RQS Management.

Using a data management system to support multiple approaches to managing safety across many situations demonstrates the power of an organizational commitment to RQS management.

PANELIST STORIES

Diane Bradley, Independent Healthcare Consultant

Each organization can affect positive change in Risk-Quality-Safety by starting with a few key questions:

"What are we doing to mitigate harm to patients?"
"How do we share key performance indicators across all levels of our organization?"
"How do we develop cross-functional collaboration?"
"How do we trust the insights from the data?"
"How do we enact effective changes to improve patient safety?"

Strategic Principles: A culture of interdependency nurtures safe, quality care:

Make a commitment to zero harm – engage your workforce
Make sure patients are at the center of care delivery
Involve patients in their care – bedside rounding
Move towards interdependence of safe, high-quality and consumer-centric care

Operational Principles:

Use data transparently
Let your goals transform your culture
Consider provider burnout and encourage wellness
Have a succession plan, develop employees
Practice accountability in action
Commit to an environment of safety

Todd Hebert, QI & Risk Management Specialist, Powell Valley Healthcare, Wyoming

"The data that you're pulling out is only as good as the information that's put in."

Some examples of data that we pull from the SafetyZone system include QI Initiatives for the state, Powell Valley Healthcare Board, Quality Council, Safety Committee, and Falls Committee

We continuously determine data-driven organizational changes needed to improve patient safety

New Falls Intervention Program: As a matter of policy we conduct a post-Fall huddle as soon as the patient has been evaluated and medical attention has been given, and the event is documented in the SafetyZone system. When looking at the last 2 years of Falls data in our long-term care unit, we pinpointed specific residents with an increased risk of falls between 3pm and 5pm, which enabled a more pointed intervention, including volunteers to be with residents during late afternoons.

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Iris Vering, Director of Quality Services, Waverly Health Center, Iowa

"Let the data drive the decisions."

Falls Prevention Project – *Driving to Zero*

An initial root-cause analysis from SafetyZone data showed that the organization needed an evidence-based falls scale. We added post-Fall huddle documentation to the SafetyZone system. Later, data showed that patients coming over from local nursing homes were falling more, and later in the day. RCA showed that these patients were experiencing disorientation at night, and potential confusion from medications. This prompted the creation of an Admissions Assessment:

"Do you feel dizzy, light-headed or weak today?"

"Do you need help walking or standing longer than 5 minutes?"

"Have you fallen within the last month for any medical reason?"

"Do you feel like you are at risk to fall for any reason?"

Emergency Department Admit Decision Time Assessment

Data from the SafetyZone system showed the ED's admit time to be better than the national average, though some internal staff were still uncomfortable with the length of time shown by the data. We determined a need to build and standardize processes for patient handoff, transition-of-care decisions, and medication reconciliation. We're currently using checklists and audit forms to help establish processes from start to finish, to pinpoint how they can be most successful in getting to an optimal ED Admit Time for every patient.

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