

Best Practices for Improving Maternal and Infant Health

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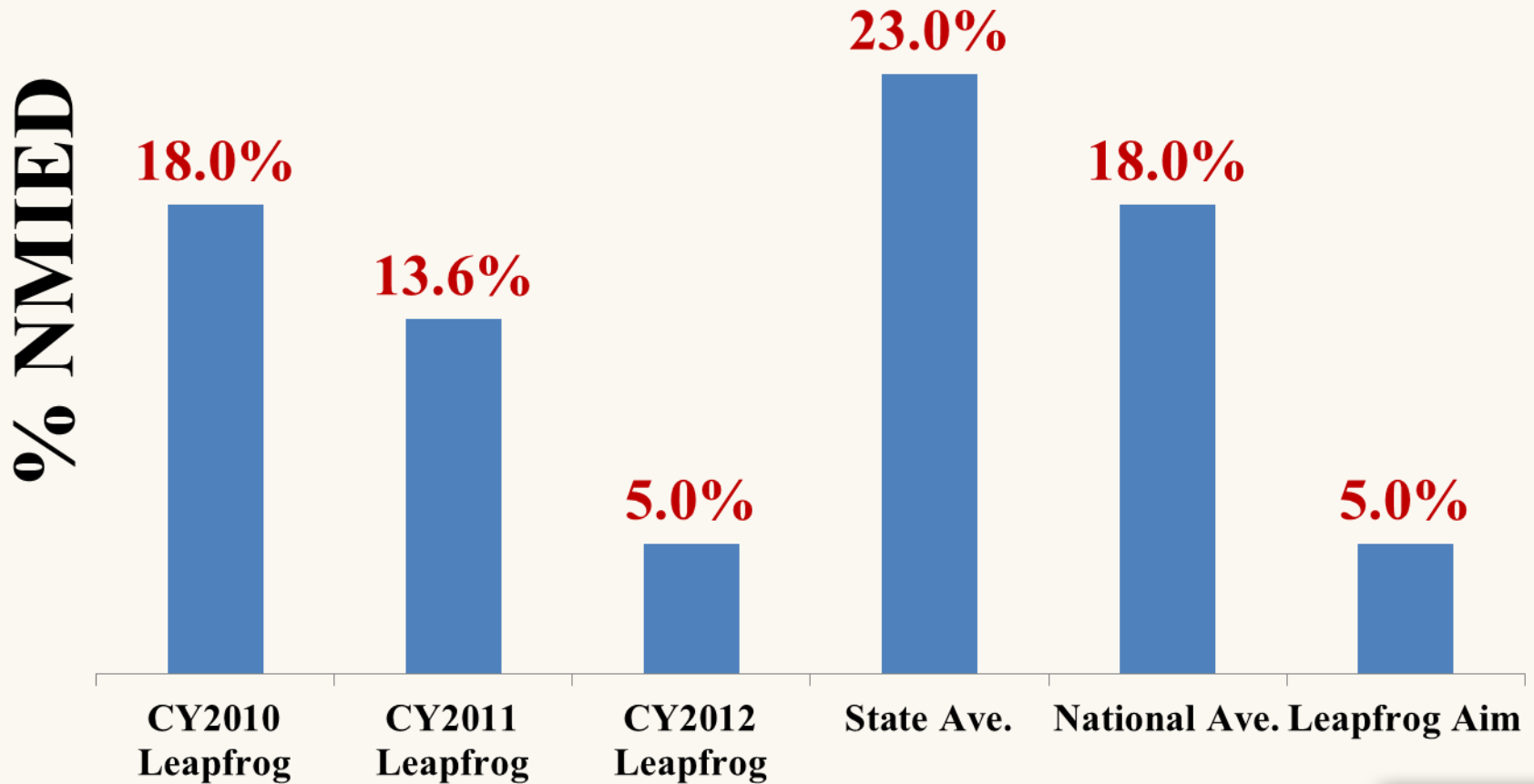
Our Story...

Clinical Excellence



OSF Healthcare System

Non Medically Indicate Early Elective Deliveries 2010-2012



Clinical Excellence

Value Added

- Lower Early Elective Delivery
- Lower induction rate
- Less supplemental oxygen use
- No change in stillbirths

Did not see statistical changes:

- Primary or total C section rate
- Respiratory Distress
- Transfers / Special care

DELIVERING QUALITY WITH DISTINCTION

2012 Quality Excellence Achievement Awards

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



Award Recipients

Rural/Critical Access

Katherine Shaw Bethea Hospital, Dixon

Streamlining the Intake Process of Cardiac
Patients in the Emergency Department

Urban

OSF Healthcare System, Peoria

Improving Obstetrical Care through
Organizational Collaboration

Finalists

Rural/Critical Access

Gibson Area Hospital & Health Services, Gibson City

Medication Variance Reduction

Graham Health System, Canton

Intensive Care Management—Improving Care for Every
Patient Every Time for Heart Attack, Heart Failure,
Pneumonia, and Surgical Care

St. Mary's Hospital, Centralia

Reducing Readmissions through the IHA Project
RED Collaborative

Urban

Alexian Brothers Health System, Arlington Heights

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

Advocate Hope Children's Hospital, Oak Lawn

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

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)

Congratulations 2012 Award Recipients!

The next issue of Institute Insights will feature profiles
on the award recipients.

IHA Quality Excellence Award 2012

Safer Care was Achieved:

- Utilizing Illinois Risk Management Services to identify high risk behaviors and re-assess for performance
- Elimination or near-elimination of nonmedically indicated inductions and C-sections
- Use of the IHI Induction and Augmentation Bundles
- Standardization of obstetrical and NICHD terminology
- Certification of fetal monitoring by joint physician and nurse reviews

Safer Care was Achieved:

- Standardization of multiple protocols such as magnesium and oxytocin protocols and cord blood gases
- Nursing education on tachysystole and fetal monitoring competency
- Antibiotic selection for C-section and Group B Prophylaxis
- Partnership with other organizations—Advocate, March of Dimes
- Community education on the risks of early deliveries

Why Were We Successful

- We had a purpose
- Board level direction
- Physician leadership
- Application of evidence-based medicine**
- Physician-Physician outreach/Building relationships
- Collaborative meetings, phone calls, email, other
- Data presentation and transparency
- Feedback loops and accountability
- Fostering cultural changes

Using Data to Drive Change – Why Do We Do It?

- To meet regulatory requirements
- To assess or monitor deviations
- For performance improvement
 - *“if you don’t measure it, you can’t manage it”*
- For transparency
- To *“climb a mountain”*

*Good Data Begin With the
Right Question*

Operational Definitions

- **Critical to understanding**
 - Study group(s)
 - Sample Size
 - Data source
 - Time Frame
 - Type of analysis
 - Annotations and other factors which could affect the interpretation of data
- **Establishes integrity and credibility**
 - Arguments of convenience will destroy a reputation
- **Serves as a common platform**

Why Is It So Hard?

*Electronic Medical Records systems
are NOT Plug-n-Play*

No one has ever done this before

Measurement: Implications

- *To shed light*
- To shed heat



*All Change is Social,
All Change Takes Time*

Clinical Excellence



Sustainability

2013

System Average: 1.7%

BCBS: estimated \$1 million in P4P