

# 2019

The  
American Hospital  
Association  
Quest for Quality®  
Prize Honorees



*Advancing Health in America*



## About the Prize



**The American Hospital Association Quest for Quality Prize is presented annually to honor health care leadership and innovation**

**in achieving high-quality health care and advancing health in communities. The 2019 award recognizes hospitals and health care systems that have been successful in aligning with the five commitments of access, health, innovation, affordability and being a partner in the health of individuals.**

**The prize is generously supported by RLDatix. This year, the winner received \$75,000, the finalist received \$12,500 and one additional hospital was a Citation of Merit honoree.**

**The prize is directed and staffed by AHA's Office of the Secretary.**

**The awards were presented in July at the AHA Leadership Summit in San Diego.**

**For more information about the prize, visit [www.aha.org/questforquality](http://www.aha.org/questforquality).**



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# Inside



## WINNER

**Carolinas Rehabilitation** | Charlotte, N.C.  
Culture and benchmarking keep patient safety a top priority



## FINALIST

**Mission Health** | Asheville, N.C.  
Focus on social determinants improves population health



## CITATION OF MERIT

**Richmond University Medical Center** | Staten Island, N.Y.  
Collaboration reduces costs, improves outcomes



American Hospital Association  
*Quest for Quality Prize*<sup>®</sup>

Hospitals in Pursuit of Excellence



The AHA Quest for Quality Prize is generously sponsored by RLDatix, AHA's Champion Sponsor for Quality



WINNER

Carolinas Rehabilitation | Charlotte, N.C.



**The Carolinas Rehabilitation Team**

Robert Larrison Jr. (center), president of Carolinas Rehabilitation, says the rehabilitation system has distinguished itself by its work in defining, measuring and benchmarking patient safety in a rehabilitation facility. It earned that reputation by creating the only rehab-specific quality database in the country.

**Culture and benchmarking keep patient safety a top priority**

Robert G. Larrison Jr., FACHE, president of Carolinas Rehabilitation for more than 10 years, was donning gown and gloves to round on a patient in the spinal cord unit a few weeks ago when an environmental services teammate used her TEAMSTEPS® training to remind him that he was putting his personal protective equipment on incorrectly. The organization's culture of safety trumps org-chart hierarchy.

"One of the housekeepers who had just finished cleaning the room next door said, 'You've put your gloves on incorrectly,'" he recalls. "I was so proud of her for doing that because it speaks to the type of culture and high-reliability organization that we want to be."

Carolinas Rehabilitation, one of the largest non profit rehabilitation providers in the nation, is part of Atrium Health, formerly known as Carolinas HealthCare System, based in Charlotte, N.C. The rehabilitation network has distinguished itself by its work in defining, measuring and benchmarking hospital-acquired conditions in rehabilitation hospitals and units for the purpose of rapid-cycle improvement.

It earned that reputation by creating the first Agency for Healthcare Research and Quality (AHRQ) listed rehabilitation-specific Patient Safety Organization (PSO) in the world — the Exchanged Quality Data for Rehabilitation (EQUADR™) database.

EQUADR began more than a decade ago. The Centers for Medicare & Medicaid Services (CMS) was holding acute care hospitals accountable for patient safety, but only functional benchmarks were being collected and reported for rehabilitation hospitals and units. Carolinas Rehabilitation leaders sought clarity: Were they really providing best-in-class care?



By 2017,  
Carolinas  
Rehabilitation  
reduced falls  
by 73% below  
the 2009 rate.

"We thought it was really important to know how we compared to other world-class rehabilitation hospitals in preventing harm or complications," Larrison says. "We simply could not wait for some regulatory body to either incentivize or penalize us in order to motivate us to improve care."

Several other leading rehabilitation hospitals were recruited to join the effort, which started with just an Excel spreadsheet and a confidentiality agreement not to share one another's data. In 2010, EQUADR provided a platform for member organizations to confidentially collect, analyze and share de-identified information as Patient Safety Work Product in a secure environment leading to the exchange of best practices aimed at rapid-cycle improvement.

Today, 38 rehabilitation hospitals and health systems participate in EQUADR, which has helped member institutions demonstrate improvements in rates of infection, reduction of urinary catheter use, thromboembolic events, pressure injuries, injuries from falls and other metrics. Since implementing EQUADR, members have prevented more than 1,000 harm events and avoided more than \$9.9 million in costs.

"For Carolinas Rehabilitation, one of the best patient safety success stories is our reduction of falls while also reducing the use of restraints and decreasing cost of care," says William Bockenek, M.D., CPE, chief medical officer of Carolinas Rehabilitation.

The organization started working to reduce falls in 2009 when it identified falls and hospital-acquired conditions as areas of improvement related to patients' medical and functional recovery. New initiatives included the Falls Reduction Action Team, Hand Off Protocol and more advanced bed alarms at all locations.

"Even when we were hitting stretch performance, we knew there was room for improvement," Bockenek says.

In 2015, the facility launched a pilot of virtual patient observation (VPO) technology, which allows one health care technician to observe 12 patients simultaneously. Shortly thereafter, VPO was expanded so that two technicians could observe 24 patients located in any of the organization's four rehabilitation hospitals for adults, says Missy Neubauer, MBA, BSN, R.N., CRRN, nursing manager in the brain injury program.

"By 2017, we reduced falls by 73% below the 2009 rate. At the same time, the organization reduced its use of restraints, including enclosure beds and one-to-one sitters for high-risk patients," says Neubauer.

Because health care technicians rotate between working on the patient floors and VPO monitoring, they know the patients as individuals and can spot behaviors on the monitor that might lead to an unsafe situation. The VPO program improved patient experience and employee engagement scores.

"This gives our health care techs an added skill set, which helps with employee retention," Neubauer says.

Carolinas Rehabilitation network includes 192 inpatient beds distributed among four rehabilitation hospitals and a 13-bed unit at Atrium Health's nationally award-winning pediatric hospital, Levine Children's Hospital. In addition, the hospital manages and operates 28 ambulatory clinics and is the home of the Charlotte Continence Center, led by medical staff president Michael Kennelly, M.D., FACS, FPMRS.

"We have actually decentralized rehabilitation services so people can stay closer to home, because we know that social interactions and involvement of the family is so important," says James Hunter, M.D., chief medical officer for Atrium Health, referring to patients with serious rehabilitation challenges.

Four ambulatory clinics are embedded at YMCA of Greater Charlotte facilities to serve a different population. By providing convenient access for individuals who want to get an injured knee or a strained muscle checked out, these clinics may lead patients to an ongoing relationship with Atrium Health.

"Fortunately, we have direct access to therapy services, no referral needed, which makes for very convenient access to services," Larrison says. "Our therapists are very talented and subspecialized, it is not uncommon for them to recognize underlying medical issues that might be related to their orthopedic or musculoskeletal concerns, which can be referred to our other world-class service lines."

"Carolinas Rehabilitation also seeks to provide access to an unusually wide range of subspecialty expertise," Bockenek says. "For example, it traditionally had a single physician working on cancer rehabilitation, primarily lymphedema. As Atrium Health's Levine Cancer Institute has expanded in recent years, the rehabilitation network has grown to include three cancer rehabilitation specialists and additional clinic space embedded in the newest oncology building, Levine Cancer Institute II."

"The work that we do in cancer rehab has gone way beyond lymphedema to include pain management, neurologic and musculoskeletal issues that cancer patients experience, which are very significant issues in this patient population," Bockenek says.

Indeed, Carolinas Rehabilitation has the world's first CARF (Commission on Accreditation for Rehabilitation Facilities) accredited Cancer Rehabilitation Specialty Program and will launch a cancer rehabilitation fellowship — one of only a handful in the country — next year.

"It's a point of pride and has reinforced our focus on quality, patient safety and high reliability as these patients have increased the complexity of our overall patient population over the past decade," says Bockenek.

"Even before CMS started pushing us in that direction, we were working on it because it was the right thing to do," Bockenek says. "Everybody here talks about safety and everybody is involved in safety, and it's been an exciting journey for all of us." ●





# FINALIST

Mission Health | Asheville, N.C.



**The Mission Health Team**  
Mission Health's Accountable Care Organization is already tackling the social determinants of health through two innovative strategies. ACO care managers assess each ACO member to identify not only traditional risk factors — gaps in preventive care or a diagnosis of chronic disease — but also social and environmental factors that present a barrier to good health.

## Focus on social determinants improves population health

**M**ission Health's commitment to improving community health includes using a common acute care practice — clinical pathways — to work on population health goals.

"We believe that the way to improve population health is to ensure that we are providing evidence-based care in the clinic and the hospital and the home," says Kathy Guyette, division chief nursing executive/president of regional hospitals of Mission Health. Mission Health, based in Asheville, is the core unit of a new operating division of HCA Healthcare, and a six-hospital system serving western North Carolina.

The health system launched its first Care Process Models (CPMs) — evidence-based clinical protocols to be used by multidisciplinary teams — in 2012 with the goal of reducing variations in care, improving patient outcomes and eliminating avoidable costs. There are currently about 85 CPMs in use, including more than 30 that were added in the past year.

More than half the CPMs address population health goals, including breast and colon cancer screening, hypertension and diabetes control, and screening for depression and suicide risk. By detecting physical and behavioral health problems early, the health system and its Mission Health Partners Accountable Care Organization (ACO) can improve patients' health status while avoiding the high costs associated with untreated problems in advance of the need for crisis intervention.

Each CPM is chosen and developed by one of 10 clinical teams that will use it — acute medicine, behavioral health, children's care, heart, neurology/spine, oncology, orthopedics, primary care, surgery/trauma and women's care. The CPM for bariatric surgery, for example, includes processes related to the procedure, postoperative elements of care in the hospital and protocols for the patient's discharge and follow-up care.

A CPM's standardized elements of care are supported by order sets and/or tracking metrics in the electronic health

record system. Mission Health tracks both process measures and outcome measures for each CPM.

"We incorporate both national best-practice and unique elements related to the delivery of care in our community," says William Hathaway, M.D., Mission Health chief medical officer.

Mission Health's ACO is already tackling the social determinants through two innovative strategies. ACO care managers assess each ACO member to identify not only traditional risk factors — gaps in preventive care or a diagnosis of chronic disease — but also social and environmental factors that present a barrier to good health.

The care managers refer high-risk individuals to "caramedics" — paramedics who have been trained to do home assessments and develop a trusting relationship with a patient.

"In our community and, I suspect, many communities outside western North Carolina, people are very private and don't share information about food insecurity or housing insecurity or lack of transportation," Hathaway says. "To break through that so we can address those issues, there has to be a relationship."

By focusing care management on social determinants traditionally considered to be outside the purview of health care, the ACO saved Medicare more than \$11 million in fiscal 2017.

"We have multiple stories of individuals who have avoided hospitalization because they have had that care management," Guyette says. "And we have many folks who historically have had significant issues with behavioral health issues and are now getting care."

Inside its hospitals, Mission Health is a leader in adopting both hourly nurse rounding and daily nurse leader rounding to every inpatient and emergency care setting. Nurse leaders use real-time electronic documentation to capture specific details from each patient and family encounter.

The health system has found that hourly nursing rounds lead to higher patient experience and compassionate care scores, and leadership rounds generate a "dramatic increase in patient experience," Guyette says. ●



# CITATION OF MERIT

Richmond University Medical Center | Staten Island, N.Y.



**The Richmond University Medical Center Team**  
In 2017, Richmond University Medical Center launched its partial hospitalization program, which allows behavioral health patients, including those with addiction, to live at home while getting intensive services at a clinic or, if necessary, in their homes.

## Collaboration reduces costs, improves outcomes

New York state's Medicaid redesign initiative requires health systems to partner with community-based organizations to reduce avoidable high-cost utilization, and Staten Island's Richmond University Medical Center has embraced the opportunity. The medical center co-leads Staten Island Cares, the alliance of clinical and social service providers charged with improving the care and health of Staten Island's Medicaid and uninsured individuals.

"As opposed to being hospital-centric, we have worked very closely in establishing strong working relationships," says Daniel J. Messina, Ph.D., FACHE, the medical center's president and CEO. "The ultimate goal is to improve our community's access to primary and specialty care, to decrease pediatric obesity and asthma, and help individuals who are struggling with addiction to get the help they need."

In 2017, Richmond University Medical Center launched its partial hospitalization program, which allows behavioral health patients, including those with addiction, to live at home while getting intensive services at a clinic or, if necessary, in their homes. The program provides transportation to a clinic, even if the patient needs several clinic sessions a day.

"And we will send our mobile crisis team to your house to help you get through a rough time," says Boris Molchanskiy, DNP, CCRN-K, assistant vice president of clinical informatics and population health.

The medical center employs four peer advocates — individuals who are in recovery from addiction — who proactively reach out to people currently struggling with addiction to offer support and encouragement. "They also go to community events to talk about how they struggled through addiction," he says. "They can say, 'Look, I was where you were four years ago ... it's hard but there is help and, if you let me, we can work together at getting you help.'"

Medical center staff meet with community-based organizations every other week to discuss how to support individuals who frequently seek emergency department care and are admitted to the hospital because of social or addiction issues, rather than acute illness or injury.

"We try to really focus on that small group of patients not only to save Medicaid money, but to provide good care for our patients," Molchanskiy says. "We don't just want to fix their medical issues; we want to fix their other (social) problems if we can." ●

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# The quest for quality improvement starts with you.

Each year, the American Hospital Association Quest for Quality Prize celebrates hospitals and health systems across the country that exemplify what it means to provide the highest quality care. This year's winners exemplify how process improvement and a focus on patients and community health can raise the bar of what safe, quality care means.



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*At RLDatix, we know that behind each step towards quality improvement is a dedicated group of people. As the AHA's Champion Sponsor for Quality, we are proud to congratulate all of this year's Quest for Quality honorees on their inspirational work and the impact it has in their communities.*



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