



**Indiana Patient
Safety Center**

of the Indiana Hospital Association

2016 Annual Report

Table of Contents

HEN 2.0	3-8
IHA HEN 2.0 Results	
Support Strategies	
Educational Support	
#123 for Equity	
TeamSTEPPS®	
Change Management	
Workplace Violence Prevention	
Person and Family Engagement	
Technical Support	
Coaching Calls	
Site Visits	
Data Reports	
Communications Support	
INHEN Website	
Newsletters	
Hospital Improvement Innovation Network (HIIN)	9
Indiana Regional Patient Safety Coalitions	10
Leadership of Coalitions	
Patient Safety Awareness Week 2016	11
Hospital and Nurses Week	12
Patient Safety Summit	12-13
Patient Safety Awards: Creating a Legacy	
Sepsis Awareness Campaign	14-15
Council on Quality and Patient Safety	16-17
2016 Members	
Culture of Patient Safety Surveys	17
National Influenza Vaccination Week	18
National Handwashing Awareness Week	18
Partnership with MHA PSO	19
STRIVE	20
Safety PIN Grant	20
A Decade of Improving Patient Safety in Indiana	21

2016 Indiana Patient Safety Center Annual Report

In 2006, the Indiana Patient Safety Center (IPSC) was founded, marking an important milestone for the Indiana Hospital Association (IHA). Improving quality and safety in Indiana hospitals is IHA's number one priority. By partnering with our member hospitals so that Indiana patients receive the best quality care, IHA is working every day to improve health outcomes across the state. It is IPSC's bold aim to make Indiana the safest state to receive health care in the country, if not the world.

Throughout the years, the health care industry has faced a number of challenges. Over the past year, IPSC has managed to achieve success in various ways. From facilitating more than 20 IHA member hospitals making the #123forEquity pledge to improve health care disparities to completing the Hanover Research Group analysis of readmissions by disparities among other accomplishments, 2016 has been a big year for the IPSC.

The state of health care in Indiana is stronger today thanks to dedicated IHA members and all professionals working across the spectrum of health care in our state. Looking at the accomplishments of 2016, it is important to note all that IHA has achieved to better serve Hoosier patients and their families.

HEN 2.0

In September 2015, IHA partnered with the American Hospital Association/Health Research & Educational Trust (AHA/HRET), which was one of 17 hospital engagement networks continuing efforts in reducing preventable hospital-acquired conditions and readmissions. Through the *Partnership for Patients* initiative – a nationwide public-private collaboration that began in 2011 to reduce preventable hospital-acquired conditions by 40 percent and 30-day readmissions by 20 percent – IHA participated in the second round of hospital engagement networks (HEN) to continue working to improve patient care in the hospital setting. In addition, a focus on person and family engagement promoted the involvement of patients as active partners in their care.

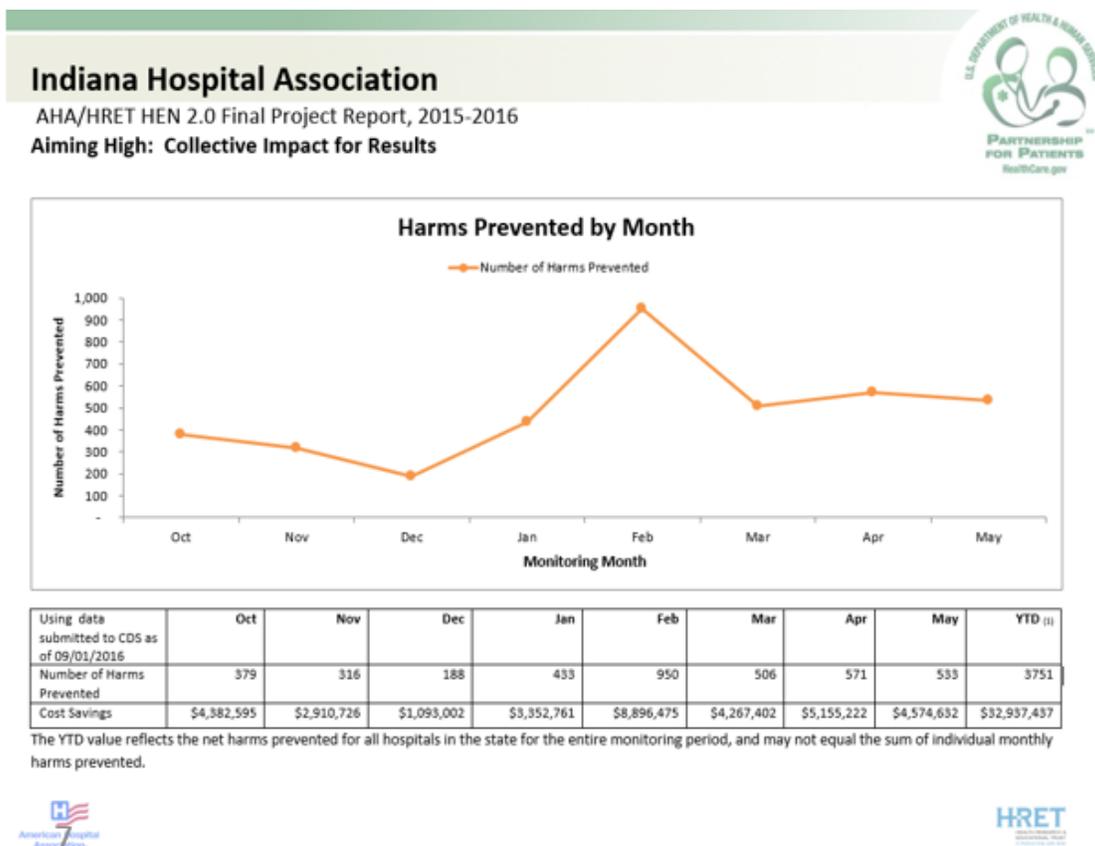
Participating hospitals worked to improve care in more than 10 patient safety areas of focus including early elective deliveries, pressure ulcers and adverse drug events. Hospital frontline staff and leadership teams participated in educational meetings, webinars and other coaching opportunities to increase improvement capacity and provide data tracking and reporting for each topic to encourage further awareness and monitoring.

IHA HEN 2.0 Results:

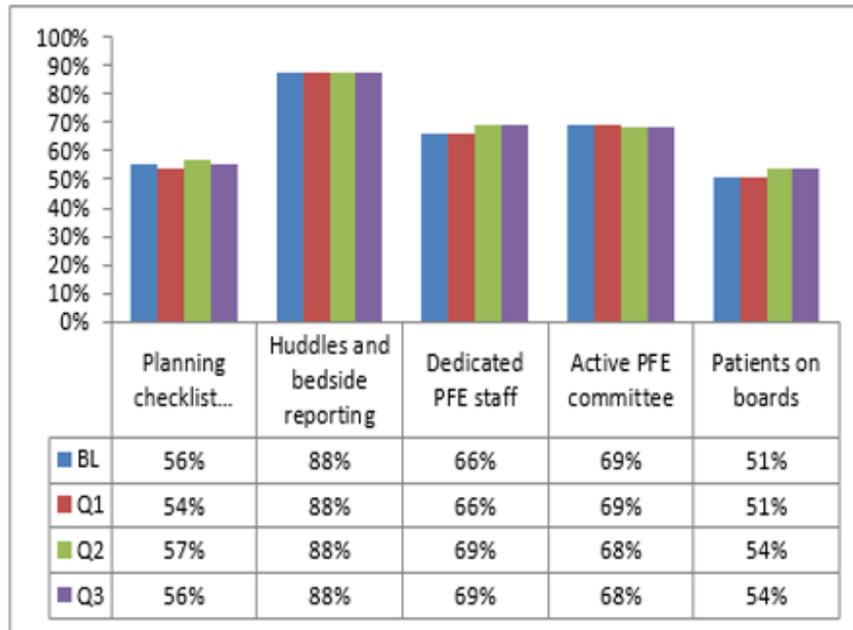
These results were achieved during the one-year sprint period of HEN 2.0 from September 2015 to September 2016.

- 97 hospitals participated in HEN 2.0, each receiving an individualized site visit and action plan
- Indiana had the third highest number of participating hospitals with the AHA/HRET HEN 2.0
- More than 3,751 harms were prevented
- More than \$32 million in cost savings was achieved
- More than 1,200 readmissions were prevented
- More than 1,800 adverse drug events were prevented
- Nearly 100 early elective deliveries were prevented
- OB harm was reduced by 41.6 percent
- Pressure ulcers were reduced by 81.4 percent
- Increased hospitals awareness and collection of disparities data from baseline to third quarter occurred

The graph below represents the work of 97 Indiana hospitals and resulting net harms prevented through ongoing improvement efforts. It also translates cost savings associated with these harms prevented.



Patient & Family Engagement Metrics



CMS identified five metrics to aid hospitals in evaluating their status of engagement with patients and families. Partnering with communities to improve the delivery of care impacts patient and family experience while also resulting in improved health outcomes. The graphic above represents opportunities for Indiana hospitals to accelerate their efforts in this arena.

STATE AGGREGATE TOPIC-LEVEL ACHIEVEMENT

	Baseline Rate	Most Current Q Rate (Mar - May 2016)	Relative reduction	Baseline Data Submission	May Data Submission
ADE	1.18	0.85	-28.4%	90%	82%
CAUTI	1.01	0.94	-7.3%	100%	96%
CLABSI	1.06	1.09	3.2%	100%	96%
EED	2.95	0.52	-82.2%	100%	85%
Falls	0.57	0.53	-6.6%	97%	82%
OB Harm	20.17	11.78	-41.6%	100%	88%
PrU (1)	1.03	0.19	-81.4%	126%	104%
Read	9.92	9.45	-4.8%	95%	78%
SSI	2.44	2.07	-15.0%	95%	80%
VAE	3.41	5.44	59.7%	99%	92%
VTE	3.76	3.09	-17.8%	98%	85%

During HEN 2.0, Indiana made impressive gains in harm reduction goals for five categories, shaded in green. While there is reason to celebrate, there remains much work to do to ensure that strategies are being built to reduce and eliminate all harms. The graph above illustrates this.

HEN 2.0 Support Strategies: Educational Support

#123 for Equity

At the core of IPSC's mission to make Indiana the safest place to receive health care in the U.S., if not the world, is the belief that all patients deserve to receive equitable care. However, data indicates that health care disparities persist within various communities for certain measures and health outcomes. Recognizing this, IHA and its Board of Directors identified the #123forEquity Pledge to Act Campaign, launched by the American Hospital Association, as a first step in the important movement towards addressing disparities in health care delivery.

In 2015, the IHA Board of Directors adopted a resolution encouraging all Indiana hospitals to participate in the #123forEquity Pledge and has signed the pledge as an official demonstration of support. The pledge outlines action items for hospitals, including a data analysis component, that are intended to eliminate health care disparities and help all patients achieve their highest potential for health.

Throughout 2016, IPSC promoted the #123forEquity Pledge to Act Campaign and worked to have as many Indiana hospitals take the pledge as possible. After taking the pledge, IPSC encourages hospitals to share successes and challenges experienced during implementation.

Indiana hospitals that have taken the pledge:

- Columbus Regional Health
- Community Hospital of Bremen
- Catholic Health Initiatives
- Southern Indiana Rehabilitation Hospital
- Greene County General Hospital
- Henry Community Health
- Hancock Regional Hospital
- Terre Haute Regional Hospital
- Indiana University Health Bedford Hospital
- Johnson Memorial Health
- King's Daughters' Health
- Logansport Memorial Hospital
- Memorial Hospital of South Bend
- Pulaski Memorial Hospital
- Parkview Huntington Hospital
- Parkview LaGrange Hospital
- Parkview Noble Hospital
- Parkview Ortho Hospital
- Parkview Regional Medical Center
- Parkview Wabash County Hospital
- Parkview Whitley Hospital
- Schneck Medical Center
- The Women's Hospital
- Saint Joseph Regional Medical Center - Mishawaka Campus
- Saint Joseph Regional Medical Center - Plymouth Campus

TeamSTEPPS®

In 2013 IPSC began offering TeamSTEPPS®. TeamSTEPPS® is an evidence-based teamwork system aimed at optimizing patient outcomes by improving communication and teamwork skills among health care professionals. It includes a comprehensive set of ready-to-use materials and a training curriculum to successfully integrate teamwork principles into any health care system.

The purpose of TeamSTEPPS® Master Training is to teach participants the fundamentals of TeamSTEPPS® and how to implement TeamSTEPPS® within their organization. Since 2013, IPSC has continued to offer and host change management for leaders and TeamSTEPPS® webinars and training for Indiana hospitals. The 2016 TeamSTEPPS® program, which started in June and concluded in August, was facilitated by LifeWings® and involved a series of four webinars and a two-day in-person workshop.

Change Management

IPSC, through the federally-funded HEN 2.0 and in partnership with AHA/HRET, provided change management for leaders learning opportunities to support implementation of needed changes to achieve high performing organizations that provide safe high quality and efficient care to patients and their families. This was a series of workshops and webinars presented for INHEN Indiana HEN 2.0 participating hospitals by LifeWings®.

Workplace Violence

Workplace violence was a HEN 2.0 topic, and in 2016, IHA, at the direction of the Council on Workforce Development and in collaboration with the Indiana Society for Healthcare Human Resources Administration and the Indiana Society of Healthcare Risk Management, held a Prevention and Management of Violence in the Workplace Conference Aug. 11. This conference addressed ways in which facilities can prevent worker harm due to workplace violence and explored necessary steps in creating a comprehensive hospital program that keeps workers safe.

Person and Family Engagement (PFE)

IPSC recognizes that without a concerted effort to discover what is important to those they serve, Indiana hospitals cannot realize their full potential to deliver safe, efficient, high quality health care. Patient and family engagement is an essential and evolving component of the IPSC mission. It is a critical pillar that highlights the importance of transparency.

In 2015, IPSC worked with hospital leaders using a variety of tools and best practices aimed at enhancing the engagement of patients and families in their care. Some of these tools included the incorporation of patient/family in bedside rounds, discharge planning activities and patient education.

Improving quality and safety for hospital staff and those they serve can sometimes be achieved by appointing patients to serve on hospital quality advisory councils, boards or focus groups. As part of the HEN 2.0 efforts, a webinar hosted by IPSC was held as a way to disseminate best practices.

HEN 2.0 Support Strategies: Technical Support

Coaching Calls

The IPSC hosted open office hours and topic-specific coaching calls throughout 2016. These calls featured Cynosure Health subject matter experts for discussions on varying harm topics including sepsis, adverse drug events, C. difficile, falls, readmissions and surgical site infections.

Site Visits

In HEN 2.0, site visits to all participating hospitals were completed to identify unique support needs and to celebrate successes that feature creativity and innovation. While on these site visits, some hospitals received national subject matter expert coaching to aid with identifying barriers for projects which had previously stalled. Many follow-up visits took place as well, making the total number of site visits well above 100 all across the state of Indiana. Based upon site visit assessments, we were able to connect hospitals with subject matters experts to meet individual needs.

Data Reports

IPSC provided HEN 2.0 hospitals with various types of data reports throughout the year. Snapshots of progress made toward achieving HEN 2.0 milestones were provided to project key contacts at regional coalition and IHA district meetings and also upon request. Additionally, data reports displaying information on the AHRQ culture of patient safety survey were generated for hospitals as well.

Support Strategies: Communications Support

INHEN Website

The INHEN2.0 website was created as a hub for HEN 2.0 hospitals to receive all the information they need. All webinar recordings, event registrations and background information was available at inhen.org.

Newsletters

INHEN 2.0 newsletters were sent to participating hospitals on the first Tuesday of the month. Newsletters provided all HEN 2.0 information so that hospitals could stay up to date on data deadlines, webinar and other educational offerings and IHA current events dealing with HEN 2.0 harm topics.

Hospital Improvement Innovation Network (HIIN)

At the end of third quarter, IPSC learned from the AHA/HRET that the Hospital Improvement Innovation Network (HIIN) was funded by the CMS and will continue for two years with an optional third year. HIIN is the next phase of the HEN.

IHA has been named to lead AHA/HRET's HIIN efforts in Indiana and provide education and assistance to hospitals statewide. IHA will proudly continue our partnership with AHA/HRET to further the work that was started in 2011 and will focus on individualized approaches and technical assistance with an emphasis on executing, not planning. Under HIIN, we will pursue ambitious new goals of reducing all-cause inpatient harm by 20 percent and readmissions by 12 percent by 2019.

Core HIIN Topics

- Adverse drug events (ADE)
- Catheter-associated urinary tract infections (CAUTI)
- Central line-associated blood stream infections (CLABSI)
- Clostridium difficile (C. diff)
- Injuries from falls and immobility
- Pressure ulcers (PrU)
- Readmissions
- Sepsis and septic shock
- Surgical site infections (SSI)
- Venous thromboembolism (VTE)

Additional HIIN Topics

- Addressing malnutrition in the inpatient setting
- Airway safety
- Developing metric to measure and report on all-cause harm
- Diagnostic errors
- Hospital culture of safety
- Latrogenic delirium
- Multi-drug resistant organisms
- Undue exposure to radiation

Indiana Regional Patient Safety Coalitions

IPSC promotes hospital collaboration through the network of 11 regional patient safety coalitions across the state to develop the capacity for sustainable collaboration.

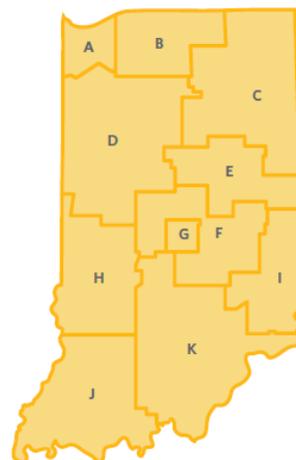
These coalitions operate under the key principle that we do not compete on patient safety, and confidentiality is paramount to the coalition's function. Meetings provide a safe forum for Indiana hospitals to share challenges and successes, while also serving as a catalyst for inclusion of non-hospital stakeholders as partners in achieving excellence in care and outcomes across the health care continuum. This structure provides individual coalitions with the autonomy to address regional priorities such as reducing infant mortality through safe sleep practices, health care worker immunization, opioid dependence and mental health support services, to name a few. In addition, utilizing the coalition network design permits the dissemination of statewide priorities alongside available support and resources. Statewide projects include, but are not limited to, reducing sepsis mortality, antibiotic stewardship, reducing preventable readmissions and reduction in hospital-acquired conditions.

Coalition Leadership:

- Northwest Indiana Patient Safety Coalition: Phyllis Stanford and Merievelyn Stuber
- North Central Indiana Patient Safety Coalition: Jeniphor Egan, Betsy Smith and Cheryl Wibbens, M.D.
- Northeast Indiana Patient Safety Coalition: Jeffrey Brookes, M.D. and Geoffrey Randolph, M.D.
- West Central Indiana Patient Safety Coalition: Jeanette Huntoon and Linda Webb
- Eastern Indiana Patient Safety Coalition: Kitty Kamm and Angela Mounsey
- Central Southwest Indiana Patient Safety Coalition: LeaAnn Camp
- Suburban Health Organization: Craig Wilson, M.D.
- Indianapolis Patient Safety Coalition: Jim Fuller and Michele Saysana, M.D.
- Southeastern Indiana Patient Safety Coalition: Deb Hummel
- South Central Indiana Patient Safety Coalition: LeAnne Horn, Shayna Rosenbaum and Rebecca Stackhouse
- Community Patient Safety Coalition (Southwest): Beverly Walton

The 11 regional coalitions include:

- Northwest Indiana Patient Safety Coalition (A)
- North Central Indiana Patient Safety Coalition (B)
- Northeast Indiana Patient Safety Coalition (C)
- West Central Indiana Patient Safety Coalition (D)
- Eastern Indiana Patient Safety Coalition (E)
- Suburban Health Organization (F)
- Indianapolis Coalition for Patient Safety (G)
- Central Southwest Indiana Patient Safety Coalition (H)
- Southeastern Indiana Patient Safety Coalition (I)
- Community Patient Safety Coalition of Southwestern Indiana/Kentucky (J)
- South Central Indiana Patient Safety Coalition (K)



Patient Safety Awareness Week 2016

IPSC celebrated Patient Safety Awareness Week, March 13 – 19, which empowered all Hoosiers to be engaged in their own health care and educated the public on hot topics in patient safety. IPSC developed a toolkit of pre-crafted messaging and resources to help inform hospital staff, patients and the community. IPSC’s toolkit included a customizable newsletter article, social media messaging and ready-to-post imagery and helpful websites and resources.

Overall, almost 250,000 people saw the social media ads in just seven days, and almost 300 people were interested enough to click to learn more about the key areas of patient safety. IPSC also wrote individual op-eds for each of the 11 regional patient safety coalitions. The combined strength of different hospitals and health systems coming together highlights the fact that Indiana hospitals collaborate – not compete – to work together on quality improvements for the sake of their patients and the communities they serve. This year’s Patient Safety Awareness Week focused on seven key areas including:



Hospital and Nurses Week

IPSC celebrated both Hospital and Nurses Week in May with a social media campaign that was shared with our members. IPSC celebrated National Hospital Week, May 8 – 14, which is a time to recognize Indiana hospitals for ensuring the well-being of our communities through their dedicated care. They provide vital health care services and are a place of refuge and healing during times of disaster and distress. IPSC also celebrated National Nurses Week, May 6 – 12, which honors nursing's contribution to safety and collaboration in health care. Nursing makes up the largest sector of the Indiana health care workforce.



Patient Safety Summit

Each year, IPSC hosts the Indiana Patient Safety Summit to bring Indiana's patient safety and quality champions together to learn effective strategies, share best practices and make progress in improving patient safety. Patient safety and clinical leaders from across the state gathered to hear from noted speakers.

At the 2016 Indiana Patient Safety Summit, more than 350 members heard how patient safety begins with the individual, learned about sepsis prevention and celebrated the 10-year anniversary of the Indiana Patient Safety Center. The theme for the 2016 Summit was *The Power of One: Patient Safety Starts with You*. In the morning, attendees heard from Steve Harden, Chairman/CEO of LifeWings®, who illustrated how patient safety begins with the individual. The afternoon of the Summit focused on sepsis prevention, with sessions from Dr. Thomas Ahrens (Right) of Barnes Jewish Hospital and Ciaran Staunton (Left), co-founder of The Rory Staunton Foundation.



Patient Safety Awards: Creating a Legacy

This year, adding to the celebration of the Patient Safety Summit, the inaugural Patient Safety Awards were presented. These awards recognized individuals and teams that show extraordinary dedication and enthusiasm for improving patient safety throughout Indiana. More than three dozen individuals and teams were nominated for this year's Patient Safety Awards. Below is a spotlight to introduce each of our winners.

PATIENT SAFETY PARTNER OF THE YEAR AWARD



Jim Fuller, president of the Indianapolis Coalition for Patient Safety (ICPS), received the Patient Safety Partner of the Year Award for his leadership in partnering with hospitals in Indianapolis and surrounding counties to improve quality care. Under Fuller's guidance at ICPS, Indianapolis hospitals have achieved accelerated outcomes in patient safety by sharing resources, performance targets, accountability and funding.

PATIENT SAFETY INNOVATION AWARD



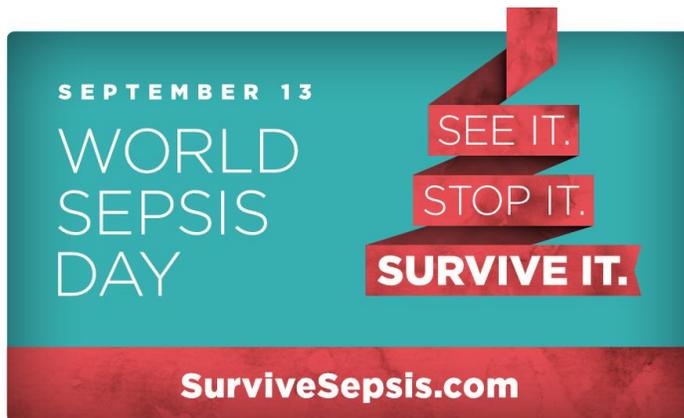
The Sepsis Team at Franciscan Health – Michigan City received the Patient Safety Innovation Award for developing innovative strategies to decrease harm caused by sepsis. Through the Emergency Department Sepsis Alert initiative, the team helped pioneer Code Sepsis at their hospital. They formed a multi-disciplinary Sepsis Committee to investigate patients with sepsis, severe sepsis and septic shock to determine any improvements that could be made in the care process.

PATIENT SAFETY SERVICE AND LEADERSHIP AWARD



Shelby Morse, executive director of quality and performance improvement at Elkhart General Hospital, received the Patient Safety Service and Leadership Award for exemplary service and dedication to quality and patient safety. She works hard at the hospital Quality Exposition to draw attention to the cause, encourages dialogue at her daily safety huddle and is a true patient safety leader for her hospital.

Sepsis Awareness Campaign



Sepsis is the body’s overwhelming and potentially life-threatening response to an infection. It can lead to tissue damage, organ failure and even death. Sepsis is a public health issue — not just a hospital problem. According to Sepsis Alliance, only 47 percent of Americans have heard of sepsis and even fewer understand the risk factors and warning signs.

To draw attention to this deadly complication of infection, in September IPSC launched a campaign in conjunction with Sepsis Awareness Month, with the theme *See it. Stop it. Survive it.* IPSC developed a toolkit for hospitals, hosted webinars, utilized social media, created digital and billboard advertisements, launched SurviveSepsis.com and more.

On World Sepsis Day, Sept. 13, which Governor Pence proclaimed Sepsis Awareness Day in Indiana, IHA and its partners held a Rally Against Sepsis in Indianapolis to encourage Hoosiers to join in this fight. Fifty Hoosiers came together for the inaugural Rally Against Sepsis. The event marked Sepsis Awareness Day in Indiana, World Sepsis Day around the globe and brought Hoosiers together to shine a light on a vitally important, yet often overlooked, public health issue. Experts from local hospitals and the Indiana State Department of Health spoke to a crowd of health care professionals, members of the media and the general public about the diagnosis and treatment of sepsis and how Indiana hospitals are working to improve outcomes for patients.

The stories, events and media coverage of sepsis have brought this deadly complication from the shadows to the limelight. IHA and hospitals across the state will continue to educate health care workers, hospital staff and the public about the risk factors and warning signs so that they can *See it. Stop it. Survive it.*



Our speakers at the 2016 Sepsis Rally on Sept. 13 from L – R, Dr. Michele Saysana, Hospitalist with the Department of Pediatrics in IU School of Medicine and Riley Hospital for Children, Dr. Jennifer Walthall, Indiana State Department of Health Deputy State Health Commissioner and Director for Health Outcomes and Larry Heydon, Johnson Memorial Health’s President/CEO.

Sepsis Awareness by the Numbers:

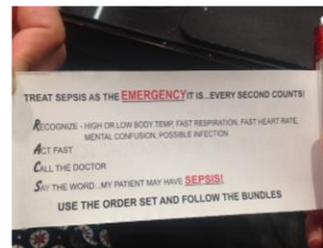
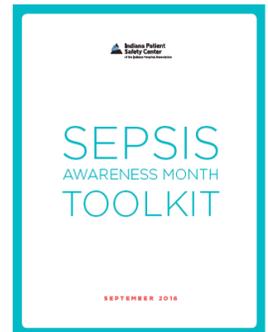
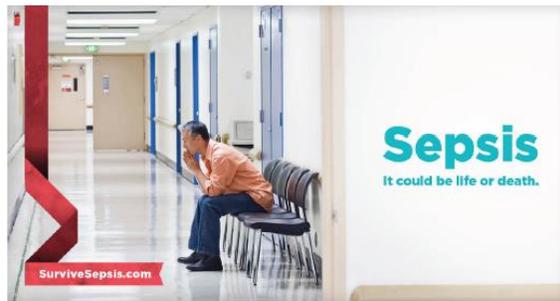
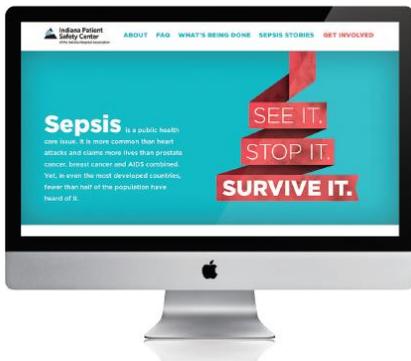
- 50 people attended Indiana’s Rally Against Sepsis
- 480 participants in sepsis webinar series
- 17 media placements
- More than 11.4 million media impressions



Hospital and Community-based Awareness Events

Across the State:

- Sepsis classes – led by clinical staff including physicians
- Targeted unit rounding
- Display boards
- Email blasts and screensavers
- Daily 4-question quiz
- *Faces of Sepsis* video showing
- “Roving” game
- Pens and badge buddies
- Table tents and posters in common/public areas
- Newsletter articles
- Radio spots
- Billboards
- Meetings with extended care incorporate sepsis
- Including sepsis with morning safety huddles
- Use of IHA toolkit elements



Council on Quality and Patient Safety

The Quality and Patient Safety Council provides guidance on IHA's patient safety activities. It assists IHA in developing positions on federal and state patient safety and quality improvement initiatives, and it advises the IHA Board of Directors, IPSC and staff on quality improvement and patient safety needs of IHA members and recommends programs to support those needs. It also monitors the activities of organizations that impact quality improvement, such as the National Quality Forum, accrediting bodies and various state and federal regulatory agencies. Council members generally include CEOs, CMOs, CNEs, patient safety officers, quality professionals, infection control practitioners and members of governing boards interested in safety. For the 2016 Council on Quality and Patient Safety, Nancy Kennedy, M.D. served as council chairperson.

2016 Council on Quality and Patient Safety Highlights and Successes:

- Named sepsis as a 2016 priority
- Contributed input to opioid prescribing guidelines
- Approved moving forward to partner with the MHA PSO
- Approved moving forward with hospital safe sleep practice recommendations
- Made efforts concerning antibiotic stewardship

2016 Council Members & Partners - Thank you for your time, expertise and commitment to improving patient safety:

- Nancy Kennedy, M.D. CMO, Dearborn County Hospital – 2016 Council on Quality and Patient Safety Chair
- James Bien, M.D. Vice President - Quality and Patient Safety, Indiana University Health Arnett Hospital
- Mary Ellen Brill, CQO, Lutheran Hospital of Indiana
- Mary Browning, Executive Director, Indiana Organization of Nurse Executives
- Jeffrey Brookes, M.D. Medical Director, Parkview Whitley Hospital
- Jo Ann Brooks, Vice President, System- Quality and Safety, Indiana University Health
- Lea Ann Camp, CNO, Greene County General Hospital
- Sylvia Coffing, CNO/CCO, Unity Medical & Surgical Hospital
- Yvonne Culpepper, COO/CNO, Hendricks Regional Health
- Tammy Dye, Vice President - Clinical Services, Schneck Medical Center
- Michael Everett, President/CEO, Scott Memorial Hospital
- Laurie Fish, Executive Program Director, Infection Prevention, Indiana University Health
- James Fuller, President, Indianapolis Coalition for Patient Safety
- Jonathan Goble, CEO, Indiana University Health North Hospital
- LeAnne Horn, Network Vice President - Quality and Risk, Community Health Network
- Deb Hummel, Lead Quality and Safety Programs Liaison, Rush Memorial Hospital
- Jeanette Huntoon, Vice President of Physician Network/Director of Quality, Logansport Memorial Hospital
- Kitty Kamm, Director - Quality and Process Improvement, Community Howard Regional Health
- Chris Karam, President, Saint Joseph Health System - Mishawaka Medical Center
- Anita Keller, CNO, Johnson Memorial Health
- Robert Lindeman, M.D. Senior VP - Chief Physician Quality Officer, Community Health Network
- Ingrid Mason, Vice Chair - Office of the CMO, St. Vincent Health
- Jo May, Administrative Director - Quality Improvement, Franciscan Health Indianapolis
- Connie McCahill, CEO, Cameron Memorial Community Hospital

- Barry Moffitt, System Director - Risk Management, St. Vincent Health
- Angela Mounsey, Manager - Quality Improvement/Care Continuum, Marion General Hospital
- Kathy Neuner, Vice President – Inpatient Clinical Care, Clark Memorial Hospital
- Linda Ostermeier, Network Executive Director - Quality/Risk/Infection Prevention, Community Health Network
- Janet Phillips, Director RN to BSN Degree Completion Option, Indiana University School of Nursing
- Bonnie Ploeger, Vice President – Inpatient Services, Margaret Mary Health
- Doug Puckett, CEO, Indiana University Health West Hospital
- Kirk Ray, CEO, Kosciusko Community Hospital
- Michele Saysana, M.D., Hospitalist with the Department of Pediatrics in IU School of Medicine and Riley Hospital for Children
- Loretta Schmidt, President/CEO, Saint Joseph Health System - Plymouth Medical Center
- Brett Shipley, Patient Safety Officer, Memorial Hospital and Health Care Center
- Merievelyn Stuber, Patient Safety Officer, Methodist Hospitals, Northlake Campus
- G. Thor Thordarson, President/CEO, La Porte Hospital
- Stephanie Tooley, Executive Director of Quality, St. Vincent Indianapolis
- Koula Tsahas, Director of Pharmacy, St. Catherine Hospital
- Beverly Walton, Executive Director, Community Patient Safety Coalition of Southwestern Indiana/Kentucky, Inc. (CPSC)
- Linda Webb, CNE, Pulaski Memorial Hospital
- Cheryl Wibbens, M.D. Vice President - Medical Staff Affairs, Memorial Hospital of South Bend
- Craig Wilson, M.D., Chief Medical Officer, Suburban Health Organization

Culture of Patient Safety Survey

To support a culture of patient safety and quality improvement, IHA offers the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Culture Survey free to all IHA members. Starting in 2016, IHA brought the Patient Safety Culture Survey in-house and uses SurveyMonkey® to create and administer the surveys, collect the responses and analyze your organization’s culture as it relates to patient safety. At this time, IHA can offer the surveys for hospitals, medical offices and nursing homes. Following the survey, IHA prepares a report and analysis of your survey results.

The AHRQ hospital survey enables hospital leaders to gain insight into the perceptions of employees and physicians related to the culture of patient safety within each hospital. The results will provide data from which to measure the impact of hospital-specific and statewide safety interventions.

Our efforts with the culture of patient safety and quality improvement are growing quickly. In 2015, we had more than 50 hospitals take part in the survey. This year, 83 hospitals participated along with 11 medical offices varying in size. We look forward to growing and helping even more hospitals around the state distribute the surveys to their staff and learn from the results.

National Influenza Vaccination Week, Dec. 4 – 10

IPSC participated with AHA's United Against the Flu Campaign to collaborate on a joint health care initiative focusing on influenza prevention and to promote the CDC's National Influenza Vaccination Week, Dec. 4 – 10. IPSC shared a toolkit and social media graphics and messages with our members about the importance of getting your flu vaccination. Our campaign contributed to the increased awareness around the need for people to get a flu shot.



National Handwashing Awareness Week, Dec. 4 – 10

IPSC promoted National Handwashing Awareness Week, Dec. 4 – 10, by sharing a social media campaign with members. IPSC will continue to promote hand hygiene in 2017.



United Against the Flu

is a collaborative effort by several national health care organizations and the Centers for Disease Control and Prevention (CDC) to amplify the importance of getting vaccinated, especially this flu season.

- Did you know that approximately 970,000 Americans were hospitalized due to the flu in 2014, and more than 40 million were affected by flu-related illnesses, according to the CDC?
- In addition to symptoms including sore throat, aches and fever, the flu can lead to serious health complications, such as pneumonia.
- One of the most important steps you can take to avoid serious, flu-related illnesses is to be vaccinated.
- The CDC recommends that anyone six months of age and older get vaccinated, particularly people who are at a high risk for flu complications. This includes people 65 years and older, young children and people with chronic conditions, such as asthma or heart disease. Individuals who care for or live with these high-risk populations should also get vaccinated.



Hand-washing Facts

Here are some hand hygiene tips to practice:

1. Frequent and thorough hand-washing is one of the best and easiest ways to avoid getting sick and catching the flu.
2. You should wash your hands with soap and water for at least 20 seconds. Sing the "Happy Birthday" song twice, and you're good to go!
3. Good hand-washing technique:
 - wet your hands with running water
 - apply soap and lather well
 - scrub your hands vigorously
 - cover all of your hand area including fingers, wrists, fingernails and back of the hand
4. Wash your hands:
 - before eating
 - while preparing food
 - after using the restroom
 - after coughing, sneezing or caring for someone who is ill
 - after taking out the garbage
 - after petting animals
 - when you're putting your contacts in or taking them out
 - before taking care of a cut for yourself or another
5. If soap and water are unavailable, use an alcohol-based hand rub containing at least 60 percent alcohol. A dime- to quarter-sized amount is recommended. Rub it into your hands until they are fully covered.

MHA Keystone Center Patient Safety Organization

To deliver the patient safety and health care quality improvement services offered by patient safety organizations (PSOs), IHA has partnered with the Michigan Health & Hospital Association (MHA) Keystone Center PSO. Joining the MHA's PSO and offering PSO services will allow IHA's members to have a much broader base of information, research and patient safety resources available to them.

Hospitals with more than 50 beds must work with a PSO or have in place a similar evidence-based health care improvement system by Jan. 1, 2017 to meet new CMS requirements for Patient Safety Standards and QHP Issuers.

Since becoming a PSO in 2009, the MHA Keystone Center has successfully developed educational opportunities, safety improvements and data collection and analysis tools for more than 100 hospitals and health systems across Michigan. These efforts help health care leaders and clinicians share experiences and identify areas in need of change to improve patient safety and healthcare quality.

Indiana Hospitals that Join the MHA Keystone Center PSO Will Receive Many Benefits and Services:

- Protected collaboration and shared learning through quarterly Safe Tables
- Data analytics services:
 - Access to event reporting software
 - Affiliation and collaboration with other state and national PSOs for national benchmarking
 - A new reporting domain designed for events from the emergency department
 - A new domain for reporting root cause analysis, including real-time strength of recommended actions
- Biennial integrated culture and employee engagement survey administration
- Training on the National Patient Safety Foundation's RCA Squared process for more effective root cause analysis
- Expert root cause analysis review and feedback
- Patient Safety toolkits, along with other educational and training resources:
 - Access to state and national patient safety experts
 - Eligibility for the quarterly MHA Speak Up! Award

STRIVE

IHA is partnering with HRET on another project called the States Targeting Reduction in Infections via Engagement (STRIVE) Program, which is funded by the Centers for Disease Control and Prevention. This 12-month program has two major goals. The first goal is to prevent healthcare-associated infections in short-stay and long-term acute care hospitals by sharpening infection prevention skills of staff members through a review of the fundamentals of infection prevention and control. The second goal is to strengthen the collaboration, coordination and alignment of state-based HAI prevention efforts of key HAI prevention stakeholders. IHA is partnering with the Indiana State Department of Health and Qsource, the Indiana Quality Improvement Network, to execute this important work.

Through STRIVE, partners will work on practices to reduce healthcare associated infections, specifically in the areas of *Clostridium difficile* infections (C. diff), central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI) and methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia.

Safety PIN

On Dec. 7, 2016, the Indiana State Department of Health announced it had awarded \$12.9 million in competitive grants to hospitals, health care groups and nonprofit organizations for projects designed to help reduce Indiana's infant mortality rate. Ten entities will receive funding through the state's Safety PIN (Protecting Indiana's Newborns) grant program. Lawmakers appropriated a total of \$13.5 million for grants and development of a mobile application designed to help connect pregnant women with resources and reduce Indiana's infant mortality rate.

A total of 31 entities applied for the Safety PIN grants. Applications were evaluated on a number of criteria, which included innovation, community partnerships and geographical location. Projects chosen to move forward include those focused on safe sleep practices, prenatal care, smoking cessation, one-on-one home visiting and key demographic groups with higher infant mortality rates, such as teenagers and African-American and Hispanic women. IHA is privileged to have been selected as one of the 10 recipients of Safety PIN funding and will work with Indiana hospitals to implement a statewide approach to infant safe sleep practices and messaging to influence a reduction in infant mortality from Sudden Unexplained Infant Deaths or SUIDs due to accidental suffocation, which is 100 percent preventable.

A Decade of Improving Patient Safety in Indiana

Over the course of the last 10 years, IPSC has led many successful initiatives that have been crucial in decreasing patient-related harms in hospitals, as well as educating hospital staff on best practices. IPSC will continue to raise awareness and lead initiatives to help hospitals reduce harms and promote quality patient care. Patient safety is our top priority, and we will continue to provide resources to our member hospitals so they can stay up-to-date with best practices and techniques. The IHA Board of Directors will continue support of patient safety initiatives in order to help improve health care quality throughout the state. Likewise, IPSC will continue striving to meet our bold aim of making Indiana the safest place to receive health care in the United States, if not the world. Thank you to all our staff, member hospitals, board members, coalitions, council members and so many others who have contributed to making the [first 10 years of the IPSC, and 2016, a success.](#)

