



TAHOE FOREST HOSPITAL DISTRICT

2016-11-22 Board Quality Committee

Human Resources Conference Room

10121 Pine Ave

Truckee

Meeting Book - 2016-11-22 Board Quality Committee

2016-11-22 Board Quality Committee Meeting

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BOARD QUALITY COMMITTEE AGENDA

Tuesday, November 22, 2016 at 12:00 p.m.
Human Resources Conference Room, Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA

1. **CALL TO ORDER**

2. **ROLL CALL**

Greg Jellinek, M.D., Chair; Karen Sessler, M.D., Board Member

3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

4. **INPUT – AUDIENCE**

This is an opportunity for members of the public to address the Committee on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Committee cannot take action on any item not on the agenda. The Committee may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

5. **APPROVAL OF MINUTES OF: 8/16/2016ATTACHMENT**

6. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**

6.1. **Quality Committee Charter and Goals 2016.....ATTACHMENTS**

The *Quality Committee Charter and Goals 2016* were approved by the Committee at the February 9, 2016 meeting. Informational for reference during the meeting if needed.

6.2. **Patient & Family Centered Care (PFCC)**

6.2.1. **Patient & Family Advisory Council UpdateATTACHMENT**

An update will be provided related to the activities of the Patient and Family Advisory Council (PFAC).

6.2.2 **Patient Experience Presentation**

Identify patients that may be interested in sharing their healthcare story at an upcoming TFHD Board of Directors (BOD) or BOD Quality Committee meeting.

6.3 **HCAHPS Star Rating ReportATTACHMENT**

The Centers for Medicare & Medicaid Services (CMS) has developed HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) star ratings to make it easier for consumers to use the information on the Hospital Compare website and to spotlight excellence in healthcare quality. A review of the 1/1/15 through 12/31/15 and 4/1/15 through 3/31/16 CMS Star Rating Report and plans for improvement.

6.4 **AHRQ Patient Safety Culture SurveyATTACHMENT**

Review the 2015 Hospital Survey on Patient Safety Culture results and the plan for improvement.

6.5 BOD Quality & Service Excellence DashboardATTACHMENT

Discuss the status of the plan to revise the quality and service excellence dashboard and the process for BOD review including content, quality metrics, benchmarks, and plans for improvement. Review an example at <http://mammothhospital.org/quality/>

6.6 Healthcare Facilities Accreditation Program (HFAP) Survey

Provide an update on preparation for the unannounced triennial HFAP accreditation survey in the spring of 2017. Discuss providing an accreditation survey process educational training to the BOD in February 2017.

6.7 Quadruple AimATTACHMENT

6.6.1 Sikka, R., Morath, J., & Leape, L. *The Quadruple Aim: care, health, cost and meaning in work*. BMJ Quality & Safety (2015)

6.6.2 Feeley D, Swensen SJ. *Restoring joy in work for the healthcare workforce*. Healthcare Executive. 2016 Sept; 31(5):70-71.

While burnout in the health professions is alarmingly high, restoring joy in work is more than just reducing burnout. This article describes four key steps that leaders can take to restore, foster, and nurture joy in the health care workforce. Discuss plan to obtain physician and staff engagement information with a goal to improve the experience of providing care.

6.8 Own the Bone Recognition.....ATTACHMENT

The American Orthopaedic Association's Own the Bone® program is a national post-fracture, systems-based, multidisciplinary fragility fracture prevention initiative. We submit quality data on 10 prevention measures with a goal to change physician and patient behavior to reduce incidence of future fractures and positively impact osteoporosis treatment.

6.9 Board Quality Education

The committee will review and discuss topics for future Board quality education.

7 REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

8 NEXT MEETING DATE

The date and time of the next committee meeting, Tuesday, January 10, 2017, at 1200 will be proposed and/or confirmed.

9 ADJOURN

*Denotes material (or a portion thereof) may be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions.

Equal Opportunity Employer. The meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.



QUALITY COMMITTEE

DRAFT MINUTES

Tuesday, August 16, 2016 at 12:00 p.m.
Eskridge Conference Room, Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA

1. CALL TO ORDER

Meeting was called to order at 12:04 p.m.

2. ROLL CALL

Board: Greg Jellinek, M.D., Chair; Karen Sessler, M.D., Board Member

Staff: Dr. Peter Taylor; Dr. Shawni Coll; Karen Gancitano, Chief Nursing Officer; Judy Newland, Chief Operating Officer; Janet Van Gelder, Director of Quality & Regulations; Trish Foley, Patient Advocate; Paige Thomason, Director of Marketing and Communications; John Rust, Director of Emergency Services; Martina Rochefort, Clerk of the Board

3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

No changes were made to the agenda.

4. INPUT – AUDIENCE

No public comment was received.

5. APPROVAL OF MINUTES OF: 6/14/2016

Director Sessler moved approval of the Quality Committee minutes of June 14, 2016, seconded by Director Jellinek.

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Quality Committee Charter and Goals 2016

The Quality Committee reviewed their goals and progress made towards each achieving goal.

1. Provide appropriate resources to assist the Patient & Family Advisory Council (PFAC) improvement initiatives.

Yes, progress is being made on this goal. The PFAC is receiving support as needed including marketing the Council for prospective volunteers. PFAC was showcased at a recent Truckee Thursday event.

2. Monitor quality and patient safety metrics and support processes, with a focus on outliers, to achieve top decile performance.

We review the Quality dashboard on a quarterly basis with the BOD and Medical Staff including performance improvement activities for identified outliers. The Quality Department recently hired Whitney Robinson as its Quality Specialist to assist with our quarterly dashboards. She will be benchmarking other Health System dashboards.

Director Jellinek inquired if marketing tracks website clicks to the District's quality page. He would like to see what people look at on our quality pages. Paige will bring the data to the next Quality meeting.

3. Provide direction on the Quality and Service elements of the Health System strategic plan and the Quality Assurance/Performance Improvement (QA/PI) Plan.

Work is ongoing and active. CEO rolled out his 6 key strategies earlier this year. Board of Directors has quality and service elements as CEO performance goals.

4. Review quality and service metrics with the community through multi-media venues (i.e., web site, public speaking, social media, quarterly magazine, newspaper articles, etc.).

Paige Thomason, Director of Marketing and Communications, reviewed the FY2016-2017 Marketing Plan.

Quality messaging is imbedded in all messaging from the hospital.

Outreach Topics

- Credentialing and Peer Review Process
- Patient and Family Advisory Council
- Transparency Policy

COO stated it is important for public to know the policy is a regulated process.

Dr. Coll suggested the District should show how TFHD goes above and beyond when hiring physicians.

Discussion was held on disclosing the District's low infection rates and medical errors.

The Quality Committee would have an opportunity to review communications.

- Just Culture

Director Jellinek suggested adding a paragraph on the historical background of how we came to use Just Culture.

Website Topics

A cleaner and refaced version of the TFHD website will come out before the end of the year. A separate piece will also be carved out for IVCH and will launch in mid-November. The Tahoe Forest Hospital portion is expected to be completed in December.

- Core Measure Quality Data

COO asked if the Cancer Center website has quality data posted on it. Paige stated there may be a link back to the TFHD page but will check on that.

- Physician Biographies

Dr. Coll suggested adding a link to physician stories in past magazine issues.

Director Jellinek would like physicians to use the same format for biographies so there is no bias.

The magazine is scheduled to be released around September 28, 2016.

The Open house for Measure C Projects is scheduled for October 6, 2016.

More Mountain Health Today shows will be shot in October and marketing hopes to incorporate some information about the PFAC.

5. Utilize Just Culture principles when notified of sentinel/adverse events, including the disclosure of medical errors, and when patients share their experience.

Director Jellinek asked if it would be good to have refresher on Just Culture.

CNO added that Just Culture is incorporated into orientations and was reviewed for staff at the Town Hall meetings.

6. Promote a culture of openness and transparency related to quality of care and patient safety.

Drs. Taylor, Alpert, Conyers, Van Gelder, and Carl Blumberg attended BETA training related to transparency in September 2015. We updated our policy and educated the staff to the revised process.

Dr. Taylor commented that it is important to keep talking about transparency as a reminder to all staff.

7. Oversee the integrity and reliability of the credentialing and peer review process.

Jean Steinberg provided an overview of the credentialing and peer review process to the Quality Committee on April 5, 2016 and Board of Directors on April 28, 2016.

8. Request that the Quality Department evaluate Patient Satisfaction survey vendors and determine if a change in vendor is warranted.

Quality has stepped back from replacing the vendor and have focused on work with Press Ganey to improve the current survey.

Director Sessler suggested explaining why an outside company administers the surveys, address the number of surveys and include a list of how reviews and works with the data.

9. Prepare for Critical Access Hospital's participation in CMS Hospital Value-Based Purchasing program through the monitoring of Clinical Process of Care, Patient Experience, and Outcome measures.

Director of Quality addressed the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and Merit-Based Incentive Payment System (MIPS) programs. This will replace Meaningful Use (MU) and Physician Quality Reporting System (PQRS) in 2017. The District is preparing for these changes.

Great progress has been made towards the Quality Committee's goals.

Discussion was held about adding a goal for quadruple AIM next year and patient safety when they are reviewed in October.

6.2. Patient & Family Centered Care (PFCC)

6.2.1. Patient & Family Advisory Council Update

Patient Advocate provided an update related to the activities of the Patient and Family Advisory Council (PFAC).

The PFAC met in June.

Director Jellinek attended the meeting and remarked it was a good opportunity for feedback from the outside in.

CEO wants to put an emphasis on patient navigation.

Dr. Winans spoke at the meeting on the great Comprehensive Concussion Program the District has developed.

Sandy Walker started to review MSC services with the PFAC.

Dr. Coll would like the Patient Advocate to ask the PFAC what important topics the public would like to talk about.

Director Sessler commented it is important to keep the PFAC meetings for patients to provide their input.

There are 8 members currently on the PFAC. Recruitment of additional members is ongoing. There was an article in the newspaper and on Facebook to recruit additional members.

At last PFAC meeting, members suggested a better “retail to bed” pharmacy program. The Pharmacy Department is looking into it and is also looking into providing flu and shingles vaccines.

6.2.2. Patient Experience Presentation

The Board of Director previously had Lelani Schwartz share her story at a Board Meeting.

Director Sessler commented it has been profound learning experience for the Board of Directors and organization in the past.

COO stated an alternative could be to have them come to a Quality Committee meeting. It would provide a smaller setting over the board meeting. Patient Advocate will place on the next PFAC agenda for their input.

6.3. HCAHPS Star Rating Report

The Centers for Medicare & Medicaid Services (CMS) has developed HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) star ratings to make it easier for consumers to use the information on the Hospital Compare website and to spotlight excellence in healthcare quality. A review of the 10/1/14 through 9/30/15 CMS Star Rating Report and plans for improvement.

The most recent report is shown in the agenda packet. The reporting period is 10/1/14 -09/30/15. Tahoe Forest Hospital received 4 out of 5 stars.

Director of Quality also handed out a copy of the previous report for review and comparison.

CNO addressed the scoring issues related to the star rating. The priority index associated with the star rating is being questioned. It is hard to tell what will happen with the star rating process.

On the last page of the report, the following data was highlighted:

- Patients who gave their hospital a rating of 9 or 10 is 86%.
- Patients who reported “Yes, they would definitely recommend” is 88%.

Director Sessler inquired about the “Not Available” classification under General Information on the first page. Director of Quality indicated they are trying to work on updating this.

Director of Emergency Services reminded the committee the data is not real time data.

Director of Quality stated the patient perception is that we focus on providing compassionate care.

6.4. BOD Quality & Service Excellence Dashboard

Discussion was held on the quality and service excellence dashboard and the process for Board review including content, quality metrics, benchmarks, and plans for improvement.

The dashboard has continually been refined after the last Quality Committee meeting. The revised dashboard is expected to roll out after the first of the year.

Quality is benchmarking dashboards that other organizations provide.

6.5. Healthcare Facilities Accreditation Program (HFAP) Survey

Director of Quality provided an update on the preparation for the unannounced triennial HFAP accreditation survey in the spring of 2017.

TFHD is planning to have an HFAP nurse consultant conduct a mock survey in October. We will also have a Life Safety/Environment of Care mock survey in October.

Our triennial HFAP Survey will take place in May or June of 2017. This is an unannounced survey.

6.6. Board Quality Education

The Committee reviewed and discussed key learning points from the following articles:

6.6.1. Sikka, R., Morath, J., & Leape, L. *The Quadruple Aim: care, health, cost and meaning in work* BMJ Quality & Safety (2015)

Quality Committee would like to develop a goal from this article.

There is initial interest from physicians.

Counseling is offered for physicians through the Well Being Committee.

Dr. Taylor believes the first step is to do a survey within the hospital. It would be interesting to see the scope of the problem in our hospital.

A survey was done approximately 10 years ago.

Dr. Taylor referenced the following passage in the article's last paragraph: "The rewards of the Quadruple Aim, achieved within an inspirational workplace could be immense. No other industry has more potential to free up resources from non-value added or inefficient production practices than healthcare; no other industry has more potential to use its resources to save lives and reduce human suffering; no other industry has the potential to deliver the value envisioned by The Triple Aim on such an audacious scale."

COO commented that nurses need to stay at the bedside.

6.6.2. Institute for Healthcare Improvement, Always Events Getting Started Kit (2014).

Discussion was held about examples of an always event.

Director of Emergency Services liked the program Dartmouth-Hitchcock Medical Center used. They have an acronym of "ALWAYS" for their framework of patient-centered communication behaviors listed below:

1) **A**ddress and refer to patients by the name they choose, not their disease; 2) **L**et patients and families know who you are and your role in the patient's care; 3) **W**elcome and respect those defined by the patient as "family"; 4) **A**dvocate for patient and family involvement in decision making to the extent they choose; 5) **Y**our name badge, make sure patients can read it; and 6) **S**how patients and families the same respect you would expect from them.

Director Sessler noted the organization should start from the principle of "always act this way with the people we serve."

Director of Quality shared this article as part of committee education.

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

None.

8. NEXT MEETING DATE

The date and time of the next Quality Committee meeting is Tuesday, October 11, 2016, at 12:00 p.m.

Agenda items for October

-patient perspective update on where we are in the process

9. ADJOURN

Meeting adjourned at 1:33 p.m.

Board Quality Committee Goals 2016

1. Provide appropriate resources to assist the Patient & Family Advisory Council (PFAC) improvement initiatives.
2. Monitor quality and patient safety metrics and support processes, with a focus on outliers, to achieve top decile performance.
3. Provide direction on the Quality and Service elements of the Health System strategic plan and the Quality Assurance/Performance Improvement (QA/PI) Plan.
4. Review quality and service metrics with the community through multi-media venues (i.e., web site, public speaking, social media, quarterly magazine, newspaper articles, etc.).
5. Utilize Just Culture principles when notified of sentinel/adverse events, including the disclosure of medical errors, and when patients share their experience.
6. Promote a culture of openness and transparency related to quality of care and patient safety.
7. Oversee the integrity and reliability of the credentialing and peer review process.
 - a. Utilizing best practice protocols where applicable and following quality and safety standards, i.e., demonstrating training and use of SBAR and handoff communication.
8. Request that the Quality Department evaluate Patient Satisfaction survey vendors and determine if a change in vendor is warranted.
9. Prepare for Critical Access Hospital's participation in CMS Hospital Value-Based Purchasing program through the monitoring of Clinical Process of Care, Patient Experience, and Outcome measures.

Quality Committee Charter

Tahoe Forest Hospital District is committed to performance excellence, to delivering the highest quality care and service, and to exceeding the expectations of our patients, physicians, employees, and community. This committee will provide leadership, oversight, and accountability for organization wide quality improvement processes and programs. We will regularly assess the needs of our stakeholders, evaluate proposed quality initiatives, openly debate options, and assure the production of an organization wide strategic plan for quality. We will set expectations, facilitate education, and support the monitoring of the quality of care, service excellence, risk reduction, safety enhancement, performance improvement, and healthcare outcomes. Because of our efforts Tahoe Forest Hospital District will be the best place to receive care, the best place to work, the best place to practice medicine, and a recognized asset to all in our community.

Approved January 22, 2014

2016 PFAC PROCESS IMPROVEMENT LOG

The identified topics are noted on this log and the information is forwarded to the responsible Director/Manager for their review and follow up.

Date	Topic	Forwarded to/Department	Discussion/Status	Process Improvement
1st Quarter 2016				
1/19/16	Orientation/Recruitment Signage for Health Alerts Visitor Policy	PFAC Laurel Homer Nursing Leadership	Discussed the option for council members to become hospital volunteers vs. a revised orientation for members who wish to volunteer only for the council. The option was discussed for council members to participate in recruitment of new members if available and interested. Signage was reviewed for patient care areas to include a ‘Reminder’ message of keeping our patients healthy vs. a ‘STOP’ message. Visitor Policy was reviewed with the goal to be more Patient and Family Centered by identifying ‘visitors’ as partners and/or guests and recognizing family and guest presence as essential to patient care, quality, and safety (<i>Better Together</i> concept through the Institute of Patient and Family Centered Care). Ideas were explored about the next steps for the PFAC to include inviting members to attend various meetings at the hospital (i.e. Board Quality and Safety Committee) and scheduling Department Directors to attend the PFAC meetings to gain input on any areas for process improvement.	Pending signage for Infection Control Pending Visitor Policy update

2016 PFAC PROCESS IMPROVEMENT LOG

The identified topics are noted on this log and the information is forwarded to the responsible Director/Manager for their review and follow up.

Date	Topic	Forwarded to/Department	Discussion/Status	Process Improvement
2/16/16	ED Review/Feedback Lab Review/Feedback PFAC Charter Committee Representatives	John/Jan Vern/Sharon PFAC PFAC	<p>Guest speakers John and Jan, from the Tahoe Forest and Incline Village Emergency Departments and Sharon and Vern, from Tahoe Forest Laboratory Services provided information about their departments and obtained feedback from PFAC members. John and Jan are looking into headphones for the ED to help with noise reduction. Both ED locations are addressing wait times and keeping patients informed of delays. Also, trying to decrease the amount of discharge information or highlighting the important aspects of instructions provided to patients. Sharon and Vern provided information on laboratory scheduling and we reviewed the online process which was patient-user friendly! The front desk now has another staff member assisting with releasing lab orders so the process can move more quickly and hope to minimize wait times. We reviewed the PFAC Charter to encourage interested members who wish to either be Co-Chair or Secretary to participate in these roles. Also, inquired if anyone was interested in attending an upcoming Women and Family meeting, and Inpatient Unit meetings to share their experience with the Whiteboard process. Times will also be provided for other Committee Meetings (Ethics, Board Quality, and Safety) for interested members who would like to participate.</p>	<p>Headphones in ED to offer to patients for noise control</p> <p>Pending attendance from PFAC members on Committees</p>

2016 PFAC PROCESS IMPROVEMENT LOG

The identified topics are noted on this log and the information is forwarded to the responsible Director/Manager for their review and follow up.

Date	Topic	Forwarded to/Department	Discussion/Status	Process Improvement
3/15/2016	Foundation Gift Items DI//Patient Registration (Review/Feedback) Dietary Review/Feedback Photography Signage	Martha Pete/Tory Coni/Tammy Mike Ruggiero	Guest speakers; Martha, Pete, Tory, Coni, and Tammy. Martha reviewed the Grateful Patient Program and inquired ideas on a small 'gift' item that could be provided to inpatients with Foundation information. Suggestions were chap stick, lotion, eye masks, earphones, robes and gowns. Pete and Tory relayed information on the services provided from the Diagnostic Imaging and Patient Registration Departments. Information was provided about pricing, time for appointments, radiation doses, and authorizations that can take time to obtain. There was discussion about authorizations for observation patients and whether this was needed depending on insurance benefits. Coni presented information on the Dietary Department and their goals of increasing the amount of homemade products, improving top box scores from patient surveys, and changing scheduled mealtimes to more of a 'room service' environment. Both Coni and Tammy were available to answer questions. Signage for 'no photography' was reviewed with suggestions to have patient and family friendly wording to 'kindly refrain from photography to protect patient, family and staff privacy.....' with perhaps a fun picture of a person with too many cameras vs. a 'NO photography' sign. Reminder to PFAC members about council representation on various Committees if interested.	Pending electronic notification sent to Financial Counselor of observation vs. inpatient status change to start any required authorizations asap. Pending signage for photography guidelines
2nd Quarter 2016				

2016 PFAC PROCESS IMPROVEMENT LOG

The identified topics are noted on this log and the information is forwarded to the responsible Director/Manager for their review and follow up.

Date	Topic	Forwarded to/Department	Discussion/Status	Process Improvement
4/19/2016	Year Celebration of PFAC! Extended Care Center Hospice/Home Health Wellness Neighborhood	ALL Sarah Jane Stull Max Hambrick Maria Martin	Celebration of the one year anniversary of the council and acknowledgments to the members and team for their contribution and support! Guest speakers Sarah Jane, Max, and Maria. Information was provided on Hospice/Home Health Services, the Extended Care Center (ECC), and the Community Health and Wellness Program. We spent time discussing noise reduction in the ECC, timely initiation to care, and 7 day/week coverage for Hospice/Home Health Services. Suggestions for noise reduction included awareness of loud doors and perhaps identifying an app. on the iPad for white noise or soothing noise. Also, the group explored how to provide more outreach/education to the community regarding the Community Health and Wellness Program. Suggestions included Facebook, TFHD website, and advertising with local community groups. Participants acknowledged how all the services are addressing community needs and how lucky we are to live in an area where we have these services!	

2016 PFAC PROCESS IMPROVEMENT LOG

The identified topics are noted on this log and the information is forwarded to the responsible Director/Manager for their review and follow up.

Date	Topic	Forwarded to/Department	Discussion/Status	Process Improvement
5/17/2016	Cancer Center Environmental Services Respiratory Therapy	Cathey Bervid Jason Grosdidier Jason Grosdidier	<p>Guest speakers Cathey and Jason. Cathey provided an overview of the Cancer Center services for patients and the community, and discussed areas they are working on for process improvements. This included developing a newsletter for patients, increasing the frequency of distress screening for patients, scheduling patients for initial appointments sooner, and reviewing treatment costs (co pays, deductibles, out of pocket expenses, etc.) with patients. Jason provided information on Environmental Services and Respiratory Therapy. Environmental Services are provided 24 hours/day at the Cancer Center, Main Hospital, and at Incline Village Community Hospital. They are constantly evaluating the best products and equipment to use, to ensure effectiveness, cleanliness, and safety for patients and staff. Respiratory Therapy is provided for all hospital areas treating patients. The hope is to expand services to include more extensive pulmonary function testing and also to bring the sleep program provided at IVCH to the Tahoe Forest Hospital Truckee location. Participants acknowledged how fortunate we are to have these services in our community, and feedback was also provided that hospital staff seems to enjoy their jobs and provide a great service ☺ Also, a suggestion was brought up about the possibility of having a ‘starter pack’ for medications when patients are discharged from the hospital to bridge the time until patients or family members are able to obtain prescriptions from a pharmacy. The idea would be for perhaps a two day supply if this would be possible. Reminder was given for anyone interested in being a council representative on a Committee (Ethics, Safety, and Board Quality) to contact Trish or Janet.</p>	<p>Hillary was contacted and she reports TFHD Pharmacy is already looking into a discharge medication to bedside program with our Retail Pharmacy. Great minds think alike! ☺</p>

2016 PFAC PROCESS IMPROVEMENT LOG

The identified topics are noted on this log and the information is forwarded to the responsible Director/Manager for their review and follow up.

Date	Topic	Forwarded to/Department	Discussion/Status	Process Improvement
6/21/2016	Community Views Concussion Program Multi Specialty Clinics	Greg Jellinek Nina Winans Sandy Walker	<p>Guest speakers Dr. Jellinek, Dr. Winans and Sandy. Dr. Jellinek led a discussion on community perceptions of the hospital (views from the ‘outside in’) and we explored areas for community education including the costs and value of the services we provide. There was discussion about how we can strengthen the community by serving locally, and improve navigation of scheduling, referrals, billing and collaboration of departments and services. We have decided to keep an ‘outside in, views of the community’ topic on our agenda to review at all meetings! Dr. Winans presented information on a Comprehensive Concussion Program that has been developed at Tahoe Forest Hospital. She reviewed a team approach to concussion care, including but not limited to; sports medicine, neurology, physical and speech therapy, athletic trainer, and nutritionist. Sandy started to review the services provided at each MSC location, along with the care providers, highlighting we now have urology services. Sandy will join us in August to obtain feedback regarding MSC services. As follow up from last meeting, the Pharmacy Department did respond that we are working on a discharge prescription to bedside program to assist patients and family members with obtaining prescriptions prior to leaving the hospital.</p>	Emphasis on Patient Navigation throughout Health System
3rd Quarter 2016				
7/19/2016	NO MEETING-Summer!		.	

2016 PFAC PROCESS IMPROVEMENT LOG

The identified topics are noted on this log and the information is forwarded to the responsible Director/Manager for their review and follow up.

8/16/2016	Inpatient Units/Case Management	Jim Sturtevant, Kerry Milligan, Bev Schnobrich	Guest Speakers Jim, Kerry, and Bev. Also in attendance Lindsey Bourne from PFCCpartners. Our council is active due to the support and encouragement from PFCCpartners and Hospital Quality Institute! We spent time discussing nursing case management and the discharge process including how to best address patient and family care needs. We reviewed the leadership rounding questions that are asked when patients are seen during their stay, as well as the follow up phone call questions post discharge. There were many great suggestions and feedback that included (yet not limited to) having a family member or friend available for discharge discussions, providing a medication schedule to patients, having a binder or more colorful paper to identify discharge instructions, obtaining clear expectations from patients on their discharge and recovery as this process is not linear (patients can have ups and downs once they get home), and providing support/asking during follow up calls if patients have any questions or need help interpreting discharge instructions. We inquired if there were any suggestions/feedback for the Multi Specialty Clinics (from last meeting) and will pass along having kid's chairs in the Pediatric Department. We also reviewed the 'refrain from photography' signage with suggestions to clarify 'in the hospital' and perhaps have the sign look like a camera. A reminder was given for PFAC members to please share the information gained from PFAC meetings with friends/community members and to also let us know of any topics they may hear about that would be beneficial to discuss at the meetings. A reminder was also given regarding council representation on a TFHS Committee (Ethics, Safety, Board Quality).	
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2016 PFAC PROCESS IMPROVEMENT LOG

The identified topics are noted on this log and the information is forwarded to the responsible Director/Manager for their review and follow up.

Date	Topic	Forwarded to/Department	Discussion/Status	Process Improvement
9/20/2016	Patient Financial Services Pharmacy Services Patient Education Project	Jeremy Bennett Hilary Ward Kerry Milligan/ Derek Wogsland	<p>Guest speakers Jeremy Bennett, Hilary Ward, Kerry Milligan and Derek Wogsland. Jeremy reviewed the services offered by the Revenue Cycle Department that affect aspects of patient care including but not limited to billing, scheduling, registration, coding, and insurance. We discussed challenges such as shifts in patient financial responsibility and system issues, with goals that include providing more clear estimates on services and detailed statements for patients. Feedback was provided for the possibility of statements showing increments for payment plans and streamlining billing statements so one comprehensive bill is received. The overall response from the council was they have had positive experiences when relating to Patient Financial Services/Billing Department! Hilary provided information about the Inpatient and Retail Pharmacy services including but not limited to reviewing medication orders, prepping medications, adhering to regulations, drug pricing, and quality monitoring. Inpatient Pharmacy is working on a discharge medication to bedside program (we have discussed this before) and Retail Pharmacy is hoping to expand services to include vaccinations and possibly travel immunizations. Feedback was provided that it is nice when patients actually see pharmacists while inpatient when information might be needed or to be clarified, and to encourage the use of the Retail Pharmacy in the community. Derek and Kerry provided information on a project to educate patients on what to expect for some common medical conditions that patients may go home with upon discharge including a medication grid that would help patients with last dose information and a schedule for continued medication.</p>	

2016 PFAC PROCESS IMPROVEMENT LOG

The identified topics are noted on this log and the information is forwarded to the responsible Director/Manager for their review and follow up.

Date	Topic	Forwarded to/Department	Discussion/Status	Process Improvement
9/20/2016	(continued)		Also, the education materials would include ways to reduce readmissions with self care ideas and resource contact information that would be a part of care coordination. Suggestions were made regarding the order in which the information was provided, to clarify certain sections, and ensure caregivers were included when reviewing the materials that would be sent home.	
4th Quarter 2016				
10/18/2016	Ambulatory Surgery Center for Health and Sports Performance/Wellness Answering Service	Karla Weeks Wendy Buchanan PFAC	Guest speakers Karla Weeks and Wendy Buchanan. Karla provided an update for the Ambulatory Surgery Department (ASD) including the addition of Urology surgery services and an increase in joint surgeries. The ASD is working with the Medical Surgery Department to fine tune the process flow for surgical cases that require overnight stays. Compliments were given from the group about the fantastic ASD nursing staff! Wendy provided information about the Center for Sports and Health Performance/Wellness Programs, and the evolving transition to ‘provide programming specific to fitness, chronic disease management, nutrition, stress management and supporting the orthopedic continuum of care’. The goals are to improve health care access and establish partnerships by integrating Wellness Programs into the community. Feedback from the group included a discussion on promoting participation from community employers and sharing information with physicians which has already been scheduled for next month! A nice suggestion was made to enhance the ambiance while acknowledging how great it is to have the space! We discussed the answering service	

2016 PFAC PROCESS IMPROVEMENT LOG

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Date	Topic	Forwarded to/Department	Discussion/Status	Process Improvement
10/18/2016	(continued)		utilized at the hospital and frustrations with connecting to various departments. A suggestion was brought up to have phone numbers listed on the website (good idea!), which will be passed on to the Marketing Department. Also, we discussed PFAC meetings and the option of not meeting in July, August, and December to accommodate summer and holiday schedules. CEO Harry Weis will be facilitating a discussion of the PFAC on November 1, 2016 at 6pm at our hospital. Also, there will be a TV segment videotaped on November 7, 2016 regarding the PFAC.	Updated website
11/15/2016	Therapy Services Infection Control Tahoe Forest Health Clinic ENT Signage	Michelle Larson Laurel Holmer Ricardo Fragoso PFAC	Guest speakers Michelle Larson, Laurel Holmer, and Ricardo Fragoso. Michelle provided information about Therapy Services including physical, occupational, and speech therapy. Services are available to orthopedic, pediatric, geriatric, worker’s compensation and neurologic/concussion populations. Areas of process improvements include utilizing a new Electronic Medical Record (EMR), addressing space issues, and enhancing patient functioning outcomes. Compliments were given from the group about having fabulous experiences, increased awareness of the services, and great physicians! Feedback was given for the front desk staff to focus on acknowledging patients more when they enter the building. Laurel provided information about Infection Control and the continued goal of reducing hospital associated infections by educating staff and patients/families on hand hygiene. The efforts in place include hand hygiene stations, inpatient handbooks, information on the website, and handouts	

2016 PFAC PROCESS IMPROVEMENT LOG

The identified topics are noted on this log and the information is forwarded to the responsible Director/Manager for their review and follow up.

Date	Topic	Forwarded to/Department	Discussion/Status	Process Improvement
			outlining information on infection prevention. The focus is	
11/15/2016	(continued)		<p>to educate nurses and staff to educate patients. Feedback included the idea of having a poster near inpatient whiteboards to encourage hand washing and the use of hand sanitizers with the notion that ‘it is ok!’ to ask your care provider if they have washed their hands/used sanitizer. Also, Laurel mentioned the goal of having a TV monitor that presented information on hand hygiene. Ricardo relayed information regarding the Health Clinic and services that include primary care, employee health, vaccinations, and community lab screenings. Feedback from the group was that the clinic offers great services! Ideas were offered to have new signage removing ‘Tahoe Works’ as people may not know what that means. Perhaps have a sign with ‘Tahoe Forest Health Clinic and Employee Health Services’. The clinic is considering a name change that reflects the services offered. We viewed pictures of the Multi Specialty ENT (Ear, Nose, and Throat) Clinic lobby area as the staff is looking to improve the environment and remove unneeded signage. Suggestions were provided to keep information about patient rights and co pays, and remove/condense other signage to a bulletin/corkboard on the right side of the room. Thank you(s) were provided to PFAC members Karen, Nancy, and Doug for participating in activities outside of the regular meetings. Acknowledgement was provided to all for the time, energy, and continued support of the PFAC and for the WONDERFUL group we have!</p>	Pending signage

2016 PFAC PROCESS IMPROVEMENT LOG

The identified topics are noted on this log and the information is forwarded to the responsible Director/Manager for their review and follow up.

Date	Topic	Forwarded to/Department	Discussion/Status	Process Improvement



MBQIP Patient Engagement Hospital Quality Report: Improving Care Through Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey

Reporting Period for HCAHPS Measures and Star Ratings: First Quarter 2015 through Fourth Quarter 2015 Discharges

051328 - Tahoe Forest Hospital Truckee, CA 96160											
Number of Completed Surveys		423									
Survey Response Rate		33									
HCAHPS Summary Star Rating		5 Stars									
		HCAHPS Star Rating	Your Hospital's adjusted score			State Average			National Average		
HCAHPS Composites		Star Rating (0 out of 5)	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always
Composite 1 (Q1 to Q3)	Communication with Nurses	5	2	11	87	6	19	75	4	16	80
Composite 2 (Q5 to Q7)	Communication with Doctors	4	3	11	86	6	16	78	4	14	82
Composite 3 (Q4 & Q11)	Responsiveness of Hospital Staff	5	5	17	78	12	26	62	9	23	68
Composite 4 (Q13 & Q14)	Pain Management	4	4	21	75	8	23	69	7	22	71
Composite 5 (Q16 & Q17)	Communication about Medicines	5	10	15	75	21	18	61	17	18	65
Hospital Environment Items		Star Rating (0 out of 5)	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always
Q8	Cleanliness of Hospital Environment	5	3	11	86	10	19	71	8	18	74
Q9	Quietness of Hospital Environment	4	7	27	66	16	32	52	9	29	62

Star Ratings Legend
 5 Stars: Excellent
 4 Stars: Above Average
 3 Stars: Average
 2 Stars: Below Average
 1 Star: Poor

Please direct questions regarding your MBQIP data reports to the Flex Coordinator in your State. You can find contact information for your Flex Coordinator at: <http://www.ruralcenter.org/tasc/flexprofile>.



MBQIP Patient Engagement Hospital Quality Report: Improving Care Through Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey

Reporting Period for HCAHPS Measures and Star Ratings: First Quarter 2015 through Fourth Quarter 2015 Discharges

051328 - Tahoe Forest Hospital Truckee, CA 96160											
		HCAHPS Star Rating	Your Hospital's adjusted score			State Average			National Average		
Discharge Information Composite		Star Rating (0 out of 5)	% Yes	% No		% Yes	% No		% Yes	% No	
Composite 6 (Q19 & Q20)	Discharge Information	4	89	11		85	15		87	13	
Care Transition Composite		Star Rating (0 out of 5)	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always
Composite 7 (Q23 & Q25)	Care Transition	4	3	39	58	7	45	48	5	43	52
HCAHPS Global Items		HCAHPS Star Rating	Your Hospital's adjusted score			State Average			National Average		
Q21	Overall Rating of Hospital	Star Rating (0 out of 5)	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating
Overall Rating of Hospital (1 = Worst Hospital 10 = Best Hospital)		5	2	11	87	9	23	68	7	21	72
Q22	Willingness to Recommend this Hospital	Star Rating (0 out of 5)	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend
Willingness to Recommend this Hospital		5	1	10	89	7	24	69	5	23	72

Star Ratings Legend
 5 Stars: Excellent
 4 Stars: Above Average
 3 Stars: Average
 2 Stars: Below Average
 1 Star: Poor

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MBQIP Patient Engagement Quality Report: Improving Care Through Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey

Reporting Period for HCAHPS Measures and Star Ratings: Second Quarter 2015 through First Quarter 2016 Discharges

051328 - Tahoe Forest Hospital Truckee, CA 96160											
Number of Completed Surveys		371									
Survey Response Rate		32									
HCAHPS Summary Star Rating		4 Stars									
		HCAHPS Star Rating	Your Hospital's adjusted score			State Average			National Average		
HCAHPS Composites		Star Rating (0 out of 5)	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always
Composite 1 (Q1 to Q3)	Communication with Nurses	5	2	13	85	6	19	75	4	16	80
Composite 2 (Q5 to Q7)	Communication with Doctors	4	3	10	87	6	16	78	4	14	82
Composite 3 (Q4 & Q11)	Responsiveness of Hospital Staff	4	5	19	76	12	27	61	8	23	69
Composite 4 (Q13 & Q14)	Pain Management	4	4	20	76	8	24	68	7	22	71
Composite 5 (Q16 & Q17)	Communication about Medicines	5	10	15	75	20	19	61	17	18	65
Hospital Environment Items		Star Rating (0 out of 5)	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always
Q8	Cleanliness of Hospital Environment	5	4	9	87	10	19	71	8	18	74
Q9	Quietness of Hospital Environment	4	7	25	68	16	32	52	9	29	62

Star Ratings Legend
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MBQIP Patient Engagement Quality Report: Improving Care Through Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey

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051328 - Tahoe Forest Hospital Truckee, CA 96160											
		HCAHPS Star Rating	Your Hospital's adjusted score			State Average			National Average		
Discharge Information Composite		Star Rating (0 out of 5)	% Yes	% No		% Yes	% No		% Yes	% No	
Composite 6 (Q19 & Q20)	Discharge Information	4	89	11		85	15		87	13	
Care Transition Composite		Star Rating (0 out of 5)	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always
Composite 7 (Q23 & Q25)	Care Transition	4	3	36	61	7	45	48	5	43	52
HCAHPS Global Items		HCAHPS Star Rating	Your Hospital's adjusted score			State Average			National Average		
Q21	Overall Rating of Hospital	Star Rating (0 out of 5)	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating
Overall Rating of Hospital (1 = Worst Hospital 10 = Best Hospital)		5	2	10	88	9	23	68	7	21	72
Q22	Willingness to Recommend this Hospital	Star Rating (0 out of 5)	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend
Willingness to Recommend this Hospital		5	1	9	90	7	24	69	5	23	72

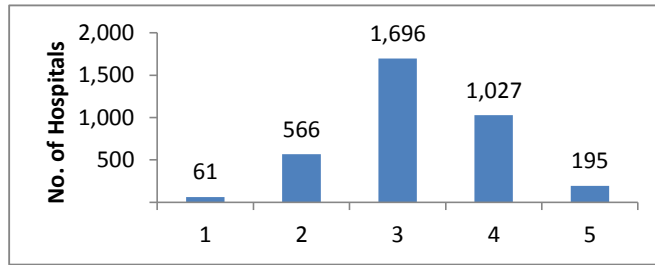
Star Ratings Legend
 5 Stars: Excellent
 4 Stars: Above Average
 3 Stars: Average
 2 Stars: Below Average
 1 Star: Poor

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HCAHPS Stars Ratings Distributions for July 2016 Public Reporting (N= 3545 Hospitals)

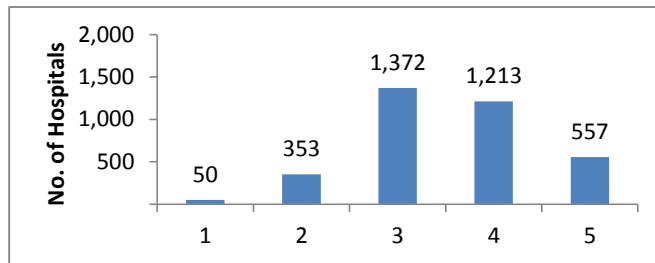
HCAHPS Summary Star Rating

Star Rating	N	%
1	61	2
2	566	16
3	1,696	48
4	1,027	29
5	195	6



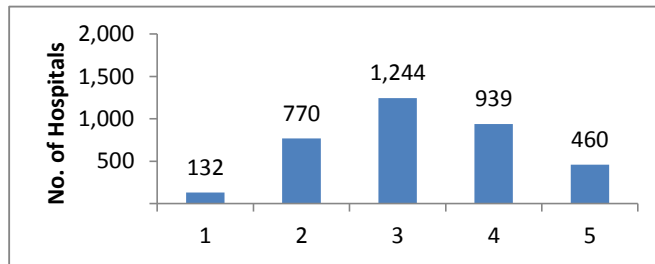
Communication with Nurses

Star Rating	N	%
1	50	1
2	353	10
3	1,372	39
4	1,213	34
5	557	16



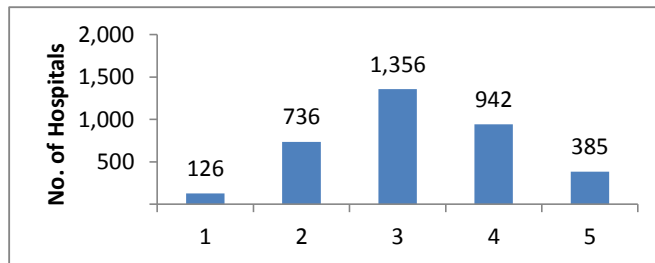
Communication with Doctors

Star Rating	N	%
1	132	4
2	770	22
3	1,244	35
4	939	26
5	460	13



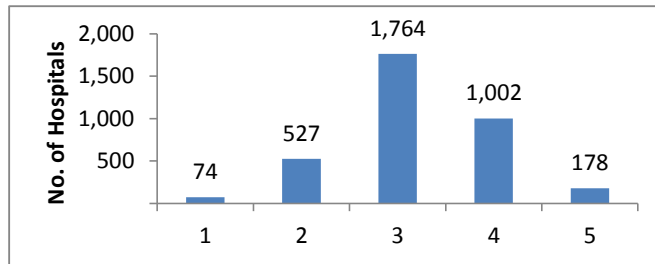
Responsiveness of Hospital Staff

Star Rating	N	%
1	126	4
2	736	21
3	1,356	38
4	942	27
5	385	11



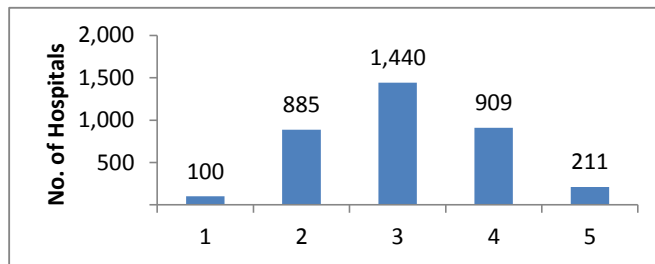
Pain Management

Star Rating	N	%
1	74	2
2	527	15
3	1,764	50
4	1,002	28
5	178	5



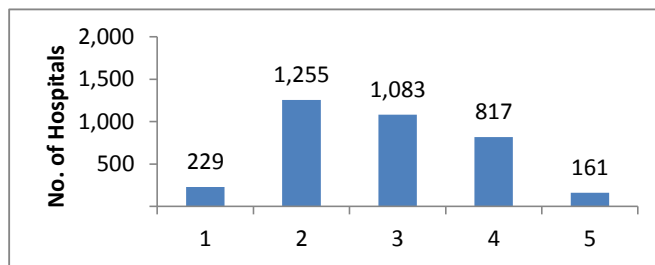
Communication about Medicines

Star Rating	N	%
1	100	3
2	885	25
3	1,440	41
4	909	26
5	211	6



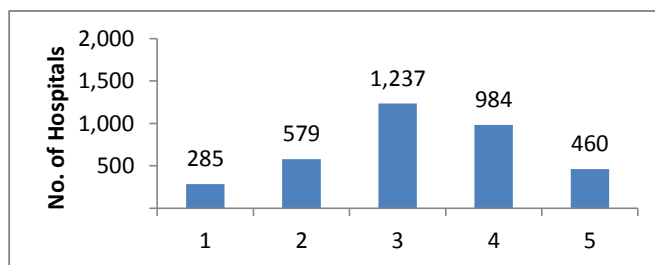
Cleanliness of Hospital Environment

Star Rating	N	%
1	229	6
2	1,255	35
3	1,083	31
4	817	23
5	161	5



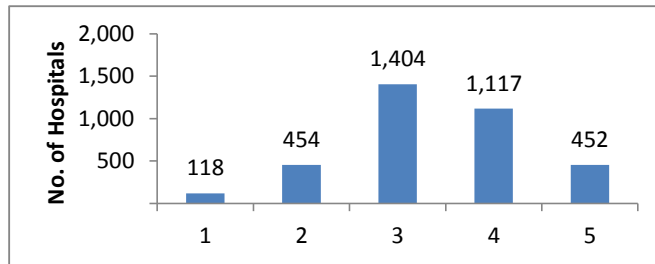
Quietness of Hospital Environment

Star Rating	N	%
1	285	8
2	579	16
3	1,237	35
4	984	28
5	460	13



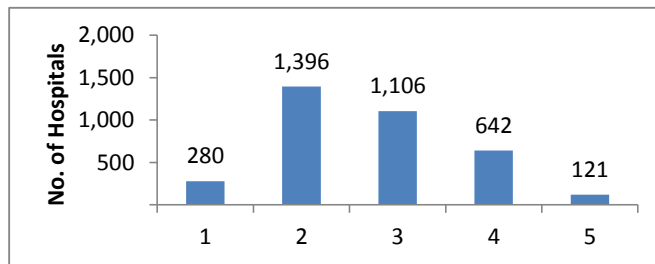
Discharge Information

Star Rating	N	%
1	118	3
2	454	13
3	1,404	40
4	1,117	32
5	452	13



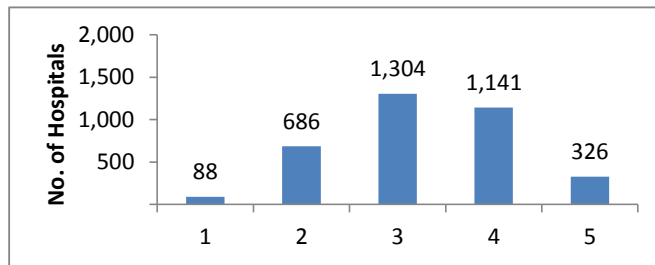
Care Transition

Star Rating	N	%
1	280	8
2	1,396	39
3	1,106	31
4	642	18
5	121	3



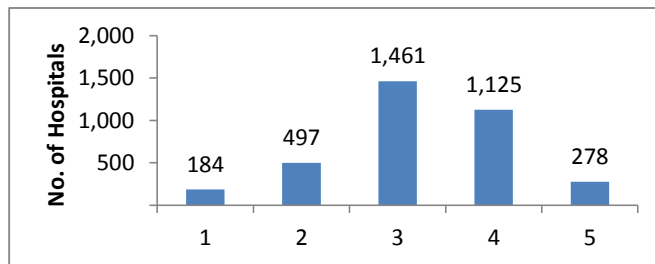
Hospital Rating

Star Rating	N	%
1	88	2
2	686	19
3	1,304	37
4	1,141	32
5	326	9



Recommend the Hospital

Star Rating	N	%
1	184	5
2	497	14
3	1,461	41
4	1,125	32
5	278	8



Notes

- 3,545 hospitals received HCAHPS Star Ratings in July 2016
- HCAHPS Star Ratings are based on patients discharged between October 2014 and September 2015
- For more information about HCAHPS Star Ratings visit <http://www.hcahponline.org/StarRatings.aspx>
- Please use the following citation when referencing material on this website.

<http://www.hcahponline.org> Centers for Medicare & Medicaid Services, Baltimore, MD.

Month, Date, Year the page was accessed.

Distribution of HCAHPS Summary Star Ratings by State

July 2016 Public Reporting

	Summary Star Rating										Total	
	1 Star		2 Stars		3 Stars		4 Stars		5 Stars			
	N	%	N	%	N	%	N	%	N	%	N	%
US	61	2%	563	16%	1,693	48%	1,017	29%	195	6%	3,532	100%
AK		0%	1	9%	5	45%	4	36%	1	9%	11	
AL		0%	5	7%	37	52%	28	39%	1	1%	71	
AR	2	4%	5	10%	27	53%	15	29%	2	4%	51	
AZ		0%	14	23%	33	53%	15	24%		0%	62	
CA	20	7%	110	37%	139	46%	27	9%	5	2%	301	
CO		0%		0%	28	53%	21	40%	4	8%	53	
CT		0%	4	15%	21	78%	2	7%		0%	27	
DC	2	29%	4	57%	1	14%		0%		0%	7	
DE		0%	1	17%	4	67%	1	17%		0%	6	
FL	6	4%	69	40%	70	41%	22	13%	4	2%	171	
GA	1	1%	17	17%	57	58%	19	19%	4	4%	98	
HI		0%	1	8%	6	46%	6	46%		0%	13	
IA		0%		0%	23	38%	31	51%	7	11%	61	
ID		0%		0%	10	42%	11	46%	3	13%	24	
IL	5	3%	19	13%	70	47%	45	30%	10	7%	149	
IN		0%	3	3%	43	40%	56	52%	6	6%	108	
KS		0%	2	3%	21	34%	29	48%	8	13%	61	
KY		0%	2	3%	43	57%	27	36%	4	5%	76	
LA		0%	1	1%	38	45%	30	36%	15	18%	84	
MA		0%	8	14%	32	55%	16	28%	2	3%	58	
MD	3	7%	12	28%	26	60%	2	5%		0%	43	
ME		0%		0%	11	37%	18	60%	1	3%	30	
MI		0%	13	12%	47	43%	42	38%	7	6%	110	
MN		0%	1	1%	25	31%	47	58%	8	10%	81	
MO	1	1%	8	10%	48	58%	26	31%		0%	83	
MS		0%	9	17%	27	51%	14	26%	3	6%	53	
MT		0%	1	4%	12	52%	7	30%	3	13%	23	
NC		0%	3	3%	52	58%	33	37%	2	2%	90	
ND		0%	3	30%	5	50%	2	20%		0%	10	
NE		0%		0%	13	36%	17	47%	6	17%	36	
NH		0%		0%	12	55%	10	45%		0%	22	
NJ	2	3%	29	46%	29	46%	3	5%		0%	63	
NM		0%	12	40%	13	43%	5	17%		0%	30	
NV	3	13%	10	43%	8	35%	2	9%		0%	23	
NY	14	9%	62	40%	58	37%	20	13%	2	1%	156	

	Summary Star Rating										Total	
	1 Star		2 Stars		3 Stars		4 Stars		5 Stars			
	N	%	N	%	N	%	N	%	N	%	N	%
US	61	2%	563	16%	1,693	48%	1,017	29%	195	6%	3,532	100%
OH		0%	11	7%	79	53%	48	32%	10	7%	148	
OK		0%	10	14%	31	42%	28	38%	4	5%	73	
OR		0%	2	4%	28	58%	18	38%		0%	48	
PA	1	1%	26	17%	91	59%	27	17%	10	6%	155	
RI		0%		0%	10	91%		0%	1	9%	11	
SC		0%	1	2%	34	63%	15	28%	3	6%	54	
SD		0%		0%	6	35%	7	41%	4	24%	17	
TN		0%	14	16%	54	63%	18	21%		0%	86	
TX	1	0%	37	14%	127	47%	79	29%	29	11%	273	
UT		0%	1	3%	12	35%	20	59%	1	3%	34	
VA		0%	11	14%	44	58%	20	26%	1	1%	76	
VI		0%	2	100%		0%		0%		0%	2	
VT		0%	2	17%	5	42%	5	42%		0%	12	
WA		0%	9	14%	35	56%	17	27%	2	3%	63	
WI		0%	1	1%	23	23%	54	54%	22	22%	100	
WV		0%	7	20%	20	57%	8	23%		0%	35	
WY		0%	3	19%	3	19%	10	62%		0%	16	

- 3,545 hospitals received HCAHPS Star Ratings in July 2016
- HCAHPS Star Ratings are based on patients discharged between October 2014 and September 2015
- Please use the following citation when referencing material on this website.
<http://www.hcahpsonline.org> Centers for Medicare & Medicaid Services, Baltimore, MD.
Month, Date, Year the page was accessed.

TFHD CULTURE OF SAFETY
SURVEY SUMMARY & ACTION ITEMS

276 respondents (38%) to the AHRQ Hospital Survey on Patient Safety Culture at TFHD reported a large amount of data over the 12 domains assessed. Those domains are (with % positive responses at TFHD):

1. Teamwork within Units (80%)
2. Supervisor/Manager Expectations and Actions Promoting Patient Safety (72%)
3. Organizational Learning-Continuous Improvement (61%)
4. Management Support for Patient Safety (66%)
5. Feedback and Communication about Errors (57%)
6. Frequency of Events Reported (60%)
7. Overall Perceptions of Patient Safety (61%)
8. Communication Openness (59%)
9. Teamwork across Units (55%)
10. Staffing (59%)
11. Handoffs and Transitions (38%)
12. Non-punitive Response to Error (48%)

Data analyzed by AHRQ provided comparisons of TFHD to their database of >400,000 participants. Also, AHRQ used the TFHD responses to calculate an overall patient safety grade by work area and role.

The following roles or positions reported the TFHD overall patient safety grade as “excellent” or “very good.” Average among all respondents was 77%.

- Administration/Management = 86%
- MD/PA/NP = 76%
- Patient Care Tech = 30%
- RN = 77%
- Technicians (Lab, Rad, EKG) = 84%
- Therapists (RT, PT, OT) = 100%
- Clerical = 87%

The following units/work area reported the TFHD overall patient safety grade as “excellent” or “very good.” Average among all respondents was 78%.

- ED = 65%
- ICU = 100%
- Lab = 78%
- Medicine = 66%
- OB = 83%
- Pharmacy = 58%
- Radiology = 89%
- Rehab = 80%
- Surgery = 83%

Some interpretive guidance is necessary to evaluate the TFHD data. Approximately 40% of the survey questions were worded negatively, where “strongly disagree” or “disagree” would be a positive (desired) response. Although the survey structure should eliminate misperception of the negative question, some respondents will still answer opposite of their intended reply. That error factor cannot be calculated.

Also, this was a survey of perceptions. A related and interesting observation is in the domain of teamwork. TFHD results show that staffs’ perception of teamwork is very high within their own units, but perceive teamwork is not so high across other departments. Perceptions can be very difficult to change and that change does not happen quickly. Probably the most likely factor to stimulate perceptual change is leadership endorsement that patient safety is job #1.

The apparent low score of 38% positive responses on questions regarding “handoffs and transitions” was assessed before considerable education was provided to all levels of staff. This effort utilized resources from within TFHD and external educators. PI teams completed policy revision, created hand-off tools and rolled out staff education at the unit level after the survey was completed. The results of those educational efforts are not reflected in the survey data. Events related to handoff and transitions have markedly decreased. Reassessment now would likely show improvement in this domain. Staff believes that important information is lost at shift change. Concepts such as bedside reporting should be revisited along with other proven techniques for safer shift change.

Communication about errors and lessons-learned is an area with opportunities for improvement. TFHD should consider joining other progressive organizations in broadly disseminating de-identified error information. There are a number of ways that can be accomplished, including newsletter articles, standing agenda items in various venues and linked pages on the intranet. The first step in being able to communicate about errors is having knowledge of the event. 47% of TFHD respondents said they have never entered an event report.

Notwithstanding implementation of Just Culture and significant education on open communication, there remains a perception that there is an atmosphere of fear and/or steep hierarchy of power. Only 52% of nurses agree that they feel free to question the actions of those with more authority. However, 77% of nurses feel free to speak up if something jeopardizes patient safety. The impact of cultural hierarchy and power on open communication was a finding in a prior risk assessment by BETA.

Suggested Plans for Improvement:

1. Institute weekly Patient Safety focused rounds with standardized tool
2. Add patient safety specific questions to the AC Rounding book and I-Suggest
3. Institute program of sharing event information organizationally
4. Institute bedside rounding with RNs, MDs, etc.

5. Reinforce CUS and SBAR communication techniques and consider additional training and visual prompts
6. Education regarding collegial interactions and flattening the hierarchy
7. Improve communication at all levels with routine email newsletters and staff meetings:
AC, Departmental Director
8. Daily Director/Manager rounding focused on staff: Departmental Director
9. Evaluate a new user friendly Event Report system
10. Each Director/Manager will review their departmental results and identify 3 focused areas for improvement: Departmental Directors
11. Share Patient Safety results with the staff and obtain feedback on strategies for improvement: Departmental Directors
12. Interdisciplinary team to review the results and recommendations on strategies to improve Patient Safety
13. Schedule Patient Safety Fair (incorporate in HFAP Fairs in April 2017)
14. Share results at the Lunch & Learn sessions
15. Consider implementing AIDET
16. Review patient safety culture survey at Departmental staff meetings in September/October 2016
17. Schedule multidisciplinary staff representatives from each department to provide input on the plans for improvement
18. Add Patient Safety specific goals to Performance Evaluation 2016/2017

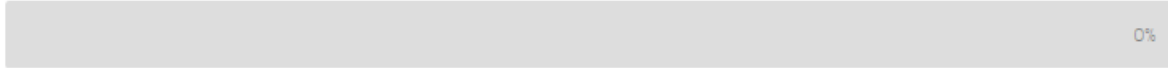
Judy, Karen, Alex, Carl, Peter Taylor, and Janet met to discuss next steps on 9/1/16; 10/24/16; and 11/10/16.

Surgical Care

Surgical Site Infections (all surgeries)

The goal is to reduce the number of surgical site infections, improving surgical outcomes.

MAMMOTH_HOSPITAL



CALIFORNIA_AVERAGE



NATIONAL_AVERAGE



(A lower percentage is better)

Why is this important?

Surgical procedures can increase your risk of infection during a hospital admission, but there are interventions that we can do to reduce the risk of infection. A lower number of surgical site infections indicates compliance with evidence-based standards of infection prevention, including giving the right antibiotic at the right time.

HCAHPS – Recommend Hospital

Percentage of patients who reported YES, they would definitely recommend the hospital

MAMMOTH_HOSPITAL



CALIFORNIA_AVERAGE



NATIONAL_AVERAGE



Why is this important?

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a national, standardized survey of hospital patients. HCAHPS was created to publicly report the patient's perspective of hospital care. The survey asks a random sample of recently discharged patients about important aspects of their hospital experience. The HCAHPS results posted on Hospital Compare allow consumers to make fair and objective comparisons between hospitals, and of individual hospitals to state and national benchmarks. Press Ganey is a voluntary survey of patient's experiences within the healthcare system.

Data available from Press Ganey and Hospital Compare, November 2014

Adverse Drug Events

Excessive Anticoagulation on Warfarin

Any patient in the hospital being treated with Warfarin (Coumadin) with an INR level greater than 6

MAMMOTH_HOSPITAL



CALIFORNIA_AVERAGE



NATIONAL_AVERAGE



(A lower percentage is better)

Obstetrical Care

Early Elective Delivery Rate

The percentage of patients with elective deliveries (either vaginal or cesarean) between 37 and 39 weeks gestation.

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CALIFORNIA_AVERAGE



NATIONAL_AVERAGE



(A lower percentage is better)

Pressure Ulcers

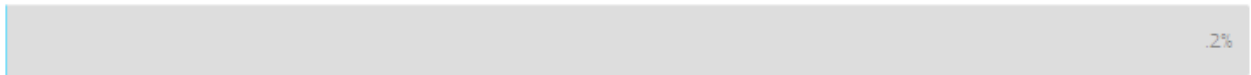
Stage II Pressure Ulcer Rate

Moderate pressure ulcer caused by hospitalization

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(A lower percentage is better)

Readmission Rate

Any patient admitted to the hospital for any reason within 30 days of discharge from a previous admission

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(A lower percentage is better)

Why is this important?

The goal is to reduce readmissions to the hospital. If we do our job well, when a patient is discharged from the hospital, they will have received the care they need and have been given all of the information they need to continue down a healthy path, avoiding the need to be readmitted to the hospital.

Surgical Care

Surgical Site Infections (all surgeries)

The goal is to reduce the number of surgical site infections, improving surgical outcomes.

MAMMOTH_HOSPITAL



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NATIONAL_AVERAGE



(A lower percentage is better)

Why is this important?

Surgical procedures can increase your risk of infection during a hospital admission, but there are interventions that we can do to reduce the risk of infection. A lower number of surgical site infections indicates compliance with evidence-based standards of infection prevention, including giving the right antibiotic at the right time.

The Quadruple Aim: care, health, cost and meaning in work

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In 2008, Donald Berwick and colleagues provided a framework for the delivery of high value care in the USA, the Triple Aim, that is centred around three overarching goals: improving the individual experience of care; improving the health of populations; and reducing the per capita cost of healthcare.¹ The intent is that the Triple Aim will guide the redesign of healthcare systems and the transition to population health. Health systems globally grapple with these challenges of improving the health of populations while simultaneously lowering healthcare costs. As a result, the Triple Aim, although originally conceived within the USA, has been adopted as a set of principles for health system reform within many organisations around the world.

The successful achievement of the Triple Aim requires highly effective healthcare organisations. The backbone of any effective healthcare system is an engaged and productive workforce.² But the Triple Aim does not explicitly acknowledge the critical role of the workforce in healthcare transformation. We propose a modification of the Triple Aim to acknowledge the importance of physicians, nurses and all employees finding joy and meaning in their work. This 'Quadruple Aim' would add a fourth aim: improving the experience of providing care.

The core of workforce engagement is the experience of joy and meaning in the work of healthcare. This is not synonymous with happiness, rather that all members of the workforce have a sense of accomplishment and meaning in their contributions. By meaning, we refer to the sense of importance of daily work. By joy, we refer to the feeling of success and fulfilment that results from meaningful work. In the UK, the National Health Service has captured this with the notion of an engaged staff that 'think and act in a positive way about the work they do, the people they work with and the organisation that they work in'.³

The evidence that the healthcare workforce finds joy and meaning in work is not encouraging. In a recent physician survey in the USA, 60% of respondents indicated they were considering leaving practice; 70% of surveyed physicians knew at least one colleague who left their practice due to poor morale.² A 2015 survey of British physicians reported similar findings with approximately 44% of respondents reporting very low or low morale.⁴ These findings also extend to the nursing profession. In a 2013 US survey of registered nurses, 51% of nurses worried that their job was affecting their health; 35% felt like resigning from their current job.⁵ Similar findings have been reported across Europe, with rates of nursing job dissatisfaction ranging from 11% to 56%.⁶

This absence of joy and meaning experienced by a majority of the healthcare workforce is in part due to the threats of psychological and physical harm that are common in the work environment. Workforce injuries are much more frequent in healthcare than in other industries. For some, such as nurses' aides, orderlies and attendants, the rate is four times the industrial average.⁷ More days are lost due to occupational illness and injury in healthcare than in mining, machinery manufacturing or construction.⁷

The risk of physical harm is dwarfed by the extent of psychological harm in the complex environment of the healthcare workplace. Egregious examples include bullying, intimidation and physical assault. Far more prevalent is the psychological harm due to lack of respect. This dysfunction is compounded by production pressure, poor design of work flow and the proportion of non-value added work.

The current dysfunctional healthcare work environment is in part a by-product of the gradual shift in healthcare from a public service to a business model that occurred in the latter half of the 20th

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century.⁸ Complex, intimate caregiving relationships have been reduced to a series of transactional demanding tasks, with a focus on productivity and efficiency, fuelled by the pressures of decreasing reimbursement.

These forces have led to an environment with lack of teamwork, disrespect between colleagues and lack of workforce engagement. The problems exist from the level of the front-line caregivers, doctors and nurses, who are burdened with non-caregiving work, to the healthcare leader with bottom-line worries and disproportionate reporting requirements. Without joy and meaning in work, the workforce cannot perform at its potential. Joy and meaning are generative and allow the best to be contributed by each individual, and the teams they comprise, towards the work of the Triple Aim every day.

The precondition for restoring joy and meaning is to ensure that the workforce has physical and psychological freedom from harm, neglect and disrespect. For a health system aspiring to the Triple Aim, fulfilling this precondition must be a non-negotiable, enduring property of the system. It alone does not guarantee the achievement of joy and meaning, however the absence of a safe environment guarantees robbing people of joy and meaning in their work. Cultural freedom from physical and psychological harm is the right thing to do and it is smart economics because toxic environments impose real costs on the organisation, its employees, physicians, patients and ultimately the entire population.

An organisation focused on enabling joy and meaning in work and pursuit of the Triple Aim needs to embody shared core values of mutual respect and civility, transparency and truth telling and the safety of the workforce. It recognises the work and accomplishments of the workforce regularly and with high visibility. For the individual, these notions of joy and meaning in healthcare work are recognised in three critical questions posed by Paul O'Neill, former chairman and chief executive officer of Alcoa. This is an internal gut-check, that needs to be answered affirmatively by each worker each day:²

1. Am I treated with dignity and respect by everyone, everyday, by everyone I encounter, without regard to race, ethnicity, nationality, gender, religious belief, sexual orientation, title, pay grade or number of degrees?
2. Do I have the things I need: education, training, tools, financial support, encouragement, so I can make a contribution this organisation that gives meaning to my life?
3. Am I recognised and thanked for what I do?

If each individual in the workforce cannot answer affirmatively to these questions, the full potential to achieve patient safety, effective outcomes and lower costs is compromised.

The leadership and governance of our healthcare systems currently have strong economic and outcome motivations to focus on the Triple Aim. They also need to feel a parallel moral obligation to the

workforce to create an environment that ensures joy and meaning in work. For this reason, we recommend adding a fourth essential aim: improving the experience of providing care. The notion of changing the objective to the *Quadruple Aim* recognises this focus within the context of the broader transformation required in our healthcare system towards high value care. While the first three aims provide a rationale for the existence of a health system, the fourth aim becomes a foundational element for the other goals to be realised.

Progress on this fourth goal in the Quadruple Aim can be measured through metrics focusing on two broad areas: workforce engagement and workforce safety. Workforce engagement can be assessed through annual surveys using established frameworks that allow for benchmarking within industry and with non-healthcare industries.⁹ Measures should also be extended to quantify the opposite of engagement, workforce burn-out. This could include select questions from the Maslach Burnout Inventory, the gold standard for measuring employee burn-out.¹⁰ In the realm of workforce safety, metrics should include quantifying work-related deaths or disability, lost time injuries, government mandated reported injuries and all injuries. Although these measures do not completely quantify the experience of providing care, they provide a practical start that is familiar and allow for an initial baseline assessment and monitoring for improvement.

The rewards of the Quadruple Aim, achieved within an inspirational workplace could be immense. No other industry has more potential to free up resources from non-value added and inefficient production practices than healthcare; no other industry has more potential to use its resources to save lives and reduce human suffering; no other industry has the potential to deliver the value envisioned by The Triple Aim on such an audacious scale. The key is the fourth aim: creating the conditions for the healthcare workforce to find joy and meaning in their work and in doing so, improving the experience of providing care.

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Institute for
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Restoring Joy in Work for the Healthcare Workforce

It's more than just reducing burnout.

If burnout in healthcare were described in clinical or public health terms, it might well be called an epidemic. The numbers are alarming. In a 2015 study published in *Mayo Clinic Proceedings*, Tait D. Shanafelt, MD, and colleagues found that as many as 50 percent of physicians report being burned out (“Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General U.S. Working Population Between 2011 and 2014”). Nearly three in four people know someone who has left the healthcare profession because of burnout, according to the Lucian Leape Institute report *Through the Eyes of the Workforce: Creating Joy, Meaning, and Safer Health Care*, published in 2013 by the National Patient Safety Foundation, Boston. Turnover is up, and morale is down.

Burnout affects both the business side of providing care and the quality of patient care. It leads to lower levels of staff engagement, which correlate to lower customer (patient) satisfaction, lower productivity and an increased risk of workplace accidents. The impact on patient care is even more worrying. Lower levels of staff engagement correlate to lower quality patient care, and burnout limits providers’ empathy—a crucial component of effective and person-centered care.

So, what can leaders do to counteract this epidemic? The Institute for Healthcare Improvement, Cambridge, Mass., believes an important part of the solution is to focus on restoring joy to the healthcare workforce.

Why Joy?

Some may think focusing on joy in healthcare—a physically, intellectually and emotionally demanding profession—is a distant goal for many. But focusing on joy is important for three fundamental reasons.

First, focusing on joy, as opposed to focusing only on burnout or low levels of staff engagement, accords with an approach applied to solving many intractable problems in health and healthcare. It’s tempting to analyze a problem by only paying attention to deficits or gaps. But, to get to solutions, it is essential to identify, understand and leverage all the assets that can be brought to bear, and joy is one of healthcare’s greatest assets. Healthcare is one of the few professions that regularly provides the opportunity for its workforce to profoundly improve lives. Caring and healing should be naturally joyful activities. The compassion and dedication of healthcare staff are key assets that, if nurtured and not impeded, can lead to joy as well as to effective

and empathetic care. This assets-based approach to improvement enables people to look at issues from different perspectives, which often leads to designing more innovative solutions.

The sociologist Aaron Antonovsky, PhD, taught us to think of health as more than merely the absence of disease. Health is about coherence, he said—a sense that life is comprehensible, manageable and meaningful. Following Antonovsky’s lead, the second reason to focus on joy in healthcare is because joy is about more than the absence of burnout. Joy, like Antonovsky’s conception of health, is about connections to meaning and purpose. By focusing on joy through improving and enhancing the connections to meaning and purpose, healthcare leaders can reduce burnout while simultaneously building the resilience healthcare workers rely on each day. Again, the goal of this approach is to design innovative solutions by looking at issues from a different perspective.

The third reason for focusing on joy takes us back to W. Edwards Deming. His 14 points for management, first presented in his book *Out of the Crisis*, published in 1982, address joy, but use different terms. Consider, for example, point 11,

“Remove barriers that rob the hourly worker of his right to pride of workmanship,” and point 12, “Remove barriers that rob people in management and in engineering of their right to pride of workmanship.” For Deming, “pride of workmanship” and “joy” were highly related, if not interchangeable. Later in life, Deming promoted the importance of joy with increasing emphasis. In his final lectures, he routinely stated that “Management’s overall aim should be to create a system in which everybody may take joy in [their] work.” Ensuring joy is a crucial component of the “psychology of change,” one of the cornerstones of Deming’s scientific approach to improvement. The concept here is simple: If most people are naturally predisposed to resist change, they will be much more likely to engage in improvement activities if they see that change will lead to joy. In addition to being a core part of his theory of improvement, joy in work, to Deming, was also a fundamental right. It is up to leaders to ensure that workers can enjoy that right.

A Path Forward

As IHI engaged with partners and colleagues in thinking about how to restore, foster and nurture joy in the healthcare workforce, the Institute began to see an evolving path forward, with four key steps.

Step No. 1: Ask staff, “What matters to you?” This step is about asking the right questions and really listening to the answers to identify what contributes to—or detracts from—joy in work for staff. For years now, IHI has been promoting

the transformative provocation, which first appeared in *The New England Journal of Medicine* in a 2012 article written by Susan Edgman-Levitan and Michael J. Barry, MD, to ask patients, “What matters to you?” in addition to “What’s the matter?” Healthcare leaders need to ask the healthcare workforce the same question. Only by understanding what truly matters to staff will senior management be able to identify and remove barriers to joy.

Step No. 2: Identify the unique impediments to joy in work in the local context. Just as answers to the question “What matters to you?” will vary depending on the individual, the system-level impediments to joy will also vary depending on the organization, department, unit or team. Some barriers to joy need to be addressed before others. For example, if physical and psychological safety are not ensured first, then it’s more difficult to improve important elements of joy such as camaraderie, autonomy and connection to purpose.

Step No. 3: Commit to making joy in work a shared responsibility at all levels. Deming said that “quality is everyone’s responsibility.” So, too, is joy. It is everyone’s duty to seek out the impediments to joy and then intervene if possible. One of the best articulations of this idea comes from a video created by LTG David Morrison of the Australian Army and posted on the Army’s official YouTube channel. In the video, Morrison addresses an incident in which demeaning material was distributed among his staff. He uses this incident to teach a larger

lesson: “The standard you walk past is the standard you accept.” Seeing behavior or a situation that prevents staff from experiencing joy in work requires leaders to act. Each allowance, each turning away and ignoring the problem, each instance of explaining, “Well, that’s just the way it is around here,” is an act of approval or acceptance. This third step could aptly be called, “Don’t walk past.”

Step No. 4: Use improvement science to test validated approaches in your organization. There are many validated approaches to restoring joy in work. But, as steps 1 through 3 make clear, context is key. Using the principles of improvement science—creating logic models; implementing small-scale testing of changes using plan-do-study-act cycles—is the key to real and lasting improvements.

The path forward that IHI is proposing is a simple framework that underpins a complex pursuit of joy in work. As with all frameworks, it needs testing. IHI invites organizations to test these four steps and share improvements made and lessons learned. ▲



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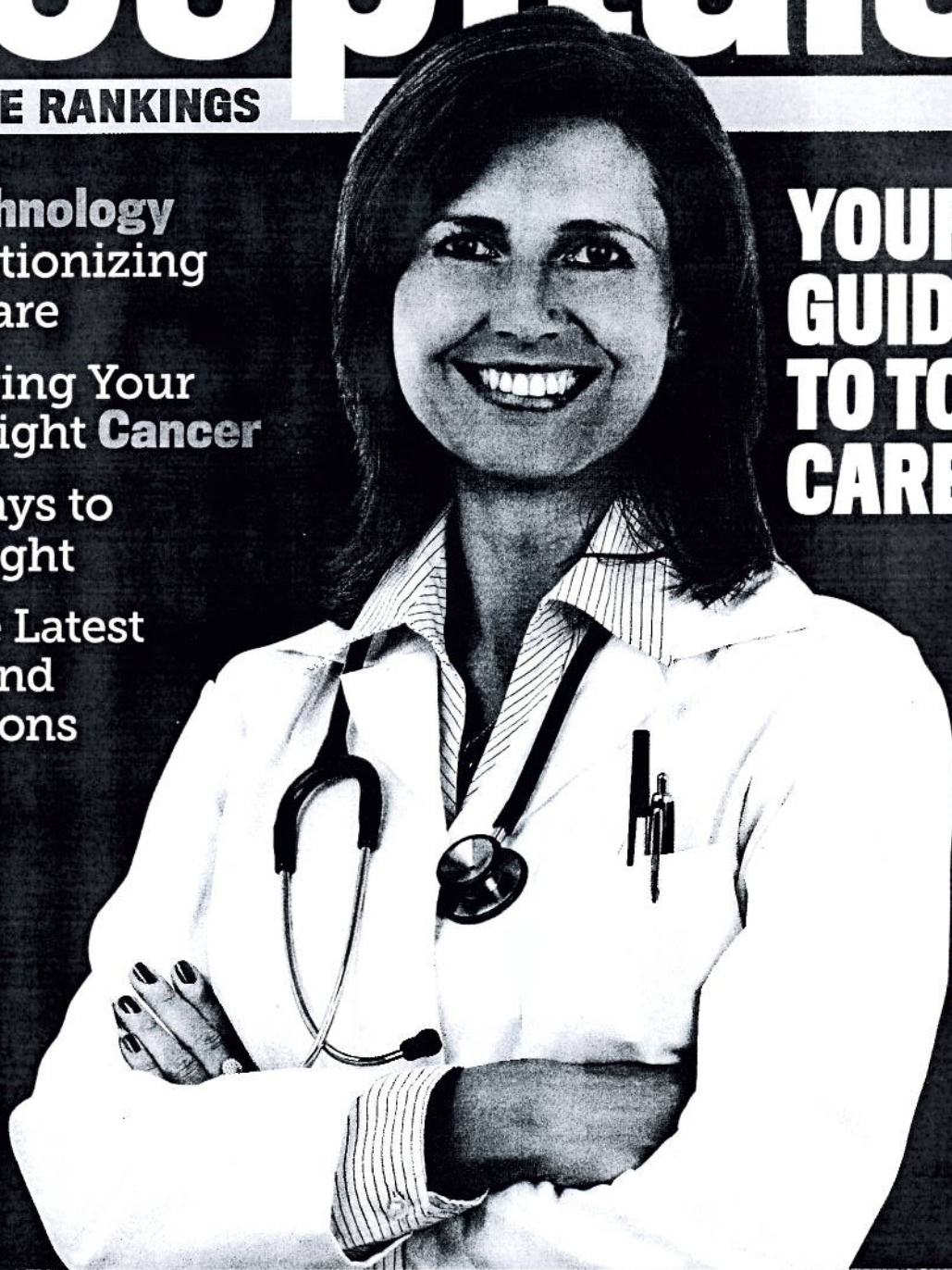
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 Northwestern Medicine Central DuPage Hospital - Winfield, IL
 Northwestern Medicine Delnor Hospital - Geneva, IL
 OhioHealth-Osteoporosis Clinic - Columbus, OH
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August 29, 2016



Sanford E. Emery, MD, MBA, President, The American Orthopaedic Association

Star Performer Media Toolkit

Marketing Opportunities for Own the Bone Star Performers

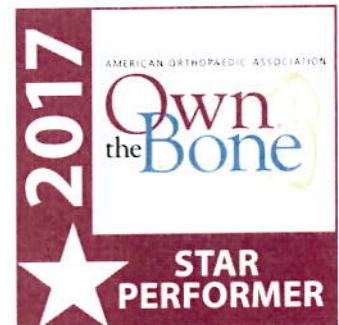
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Star Performer Media Kit

In an effort to help designated institutions publicize their achievement, Own the Bone has developed a media toolkit for sites that have achieved the Star Performer recognition.

The toolkit includes a **Star Performer logo** and **press release templates** that recognized institutions can include in newsletters, brochures, newspaper advertisements, or wherever they would like to advertise their efforts. Participating institutions will receive a new version of the logo for each year they achieve the Star Performer status. This year’s toolkit will also include a newly developed Own the Bone **Star Performer certificate** that you may display proudly in your office or waiting room.



2017 Own the Bone
Star Performer logo

Star Performer institutions can now market their commitment to improved patient care using this new logo, template press releases, and their listing in the recognition ad in the *U.S. News & World Report* “Best Hospitals” guide. The Star Performer Media Toolkit will be provided via e-mail to institutions who have received this recognition for 2017 in the coming weeks.

Not sure if you're an Own the Bone Star Performer?

Contact Program Coordinator Jessica Yanik at yanik@aoassn.org or (847) 318-7336 for more details or assistance with the Star Performer Media Toolkit, or to see how you can achieve Star Performer status next year.