

## Quality and Patient Safety

The Hospital at Hebrew HealthCare is different from other hospitals. Our healthcare professionals understand the aging process including the emotional changes, physical changes and medication interactions in our specific patient population. We offer personalized care, a high patient to nurse ratio and a quiet healing environment tailored to our patient population.

### Safety Starts with Me-High Reliability Training

Hebrew HealthCare has made a commitment to be a Highly Reliable Organization and utilize the state-wide patient safety initiative. We partnered with Connecticut Hospital Association by joining "Safety Starts with Me" program to reduce preventable harm to our patients and employees. The term high reliability refers to the ability of a complex organization to operate in the ever changing healthcare environment and what we need to do as leaders to change our culture to a safer place for Hebrew HealthCare. The goal is to establish and support a safety culture which will produce high quality, safe and reliable operations. The identification of key safety behaviors which will be embedded into our culture of safety and transparency will therefore, become second nature to all employees. The identified five safety behaviors will be defined in our safety champs cards. These behaviors are:

<b>C</b>	<b>Communicate Clearly</b> <ul style="list-style-type: none"> <li>Repeat Backs/Read Backs with Clarifying Question</li> <li>Phonetic and Numeric Clarifications</li> </ul>
<b>H</b>	<b>Handoff Effectively</b> <ul style="list-style-type: none"> <li>SBAR – Situation, Background, Assessment, Recommendations/Requests</li> </ul>
<b>A</b>	<b>Attention to Detail</b> <ul style="list-style-type: none"> <li>Self check using STAR – Stop, Think, Act, Review</li> </ul>
<b>M</b>	<b>Mentor Each Other – 200% Accountability</b> <ul style="list-style-type: none"> <li>Cross check and coach teammates</li> <li>Speak up for Safety: ARCC it up-"I have a concern", Ask a ?, Request a Change, communicate a concern and use chain of command</li> </ul>
<b>P</b>	<b>Practice and Accept a Questioning Attitude</b> <ul style="list-style-type: none"> <li>Validate and Verify- Does this make sense to me?</li> <li>Stop the Line-I need clarity</li> </ul>

### What we are working on this year:

Ensuring all leaders attend the Leadership Class  
 Sending all staff to 3 hour class  
 Embedding Safety Huddle into all Departments/Units  
 Continue educational offerings at the Daily Leadership Safety Huddle

### Hospital Consumer Assessment of Healthcare Providers and System Survey

At Hebrew HealthCare, we are a self-administering mail only survey for the HCAHPS and we follow all the established guidelines. This enables us to review our patients feedback about the care they received at our hospital. We do have challenges with the survey because the types of patients we admit often do not qualify to receive a survey after hospitalization. We must maintain the guidelines for quality within the entire program according to of the HCAPHS requirements. These include:

- Customer support line to answer questions about the survey.
- Monitoring and quality oversight.
- Safe guard patient confidentiality.
- Administering the HCAPHS Survey according to specific guidelines.
- Entering the data into the CMS Website

## Hospital Inpatient Quality Reporting:

The medical unit participates in the Inpatient Quality Reporting Program through CMS. We review the following measures:

Measures abstracted for 2016 (FY18):

- Influenza Immunization
- Severe Sepsis and Septic Shock
- Stroke
- VTE
- Claims based measures applicable to our patients

## Standardized Hospital Readmission Rates

Reporting Period for 30-Day Mortality, Readmission Condition-Specific and Procedure-Based Measures: Third Quarter 2013 through Second Quarter 2016 Discharges										
Reporting Period for 30-Day Risk-Standardized Hospital-Wide Readmission Measure: Third Quarter 2015 through Second Quarter 2016 Discharges										
070040 - HEBREW HOME AND HOSPITAL INC										
	Hospital Quality Measures	Your Hospital's Performance	Your Hospital's Number of Eligible Medicare Discharges	Your Hospital's Risk-Standardized Mortality Rate (Lower Limit, Upper Limit of 95% Interval Estimate)	National Rate	Number of Hospitals...	Better than National Rate	No Different than National Rate	Worse than National Rate	Number of Cases Too Small
<b>Pneumonia (PN)</b>										
MORT-30-PN	Pneumonia 30-Day Mortality Rate	No Different than the National Rate	64	16.2% (12.4%, 20.6%)	15.9	in the Nation that Performed...	225	3758	248	426
						in the State that Performed...	6	23	1	0
<b>Stroke (STK)</b>										
MORT-30-STK	Acute Ischemic Stroke (STK) 30-Day Mortality Rate	Number of Cases Too Small	N/A(1)	N/A(1)	14.6	in the Nation that Performed...	62	2566	71	1718
						in the State that Performed...	0	28	0	2
<b>30-Day Risk-Standardized Procedure-Based Mortality Measure</b>										

## Pneumonia

Reporting Period for 30-Day Risk-Standardized Hospital-Wide Readmission Measure: Third Quarter 2015 through Second Quarter 2016 Discharges

070040 - HEBREW HOME AND HOSPITAL INC										
	Hospital Quality Measures	Your Hospital's Performance	Your Hospital's Number of Eligible Medicare Discharges	Your Hospital's Risk-Standardized Readmission Rate (Lower Limit, Upper Limit of 95% Interval Estimate)	National Rate	Number of Hospitals...	Better than National Rate	No Different than National Rate	Worse than National Rate	Number of Cases Too Small
						in the State that Performed...	1	27	1	1
<b>Pneumonia (PN)</b>										
READM-30-PN	Pneumonia 30-Day Readmission Rate	No Different than the National Rate	63	16.6% (13.1%, 21.0%)	16.9	in the Nation that Performed...	67	3987	177	430
						in the State that Performed...	0	27	3	0

## 30 Day Hospital Wide

Reporting Period for 30-Day Risk-Standardized Hospital-Wide Readmission Measure: Third Quarter 2015 through Second Quarter 2016 Discharges

070040 - HEBREW HOME AND HOSPITAL INC										
	Hospital Quality Measures	Your Hospital's Performance	Your Hospital's Number of Eligible Medicare Discharges	Your Hospital's Risk-Standardized Readmission Rate (Lower Limit, Upper Limit of 95% Interval Estimate)	National Rate	Number of Hospitals...	Better than National Rate	No Different than National Rate	Worse than National Rate	Number of Cases Too Small
<b>Hospital Wide</b>										
READM-30-HOSPWIDE	30-Day Hospital-Wide All-Cause Unplanned Readmission Rate	No Different than the National Rate	102	15.0% (13.4%, 16.7%)	15.3	in the Nation that Performed...	197	4052	287	175
						in the State that Performed...	0	26	3	1

## Inpatient Psychiatric Facility Quality Reporting Measures

The 22 bed Behavioral Health Unit participates in the Inpatient Psychiatric Quality Reporting Program through CMS. We abstract the following measures for FY 18 to meet the requirements;

- Hours of Physical Restraints
- Hours of Seclusion
- Patients discharged on multiple Antipsychotic Medications with Appropriate Justification
- Transition Record with Specified Elements
- Timely Transmission of the Record
- Screening for Metabolic Measures
- Alcohol Use Screening, Brief Intervention Provided
- Tobacco Use Screening, Treatment both in the hospital and at Discharge
- Influenza Immunization

### **Seclusion/Restraints/Antipsychotics**

Our hours of restraints and seclusion used with our patients is significantly below both state and national benchmarks. Our team of highly competent professionals work hard to maintain our patient's dignity and care in a therapeutic environment.

Web-Based Measures Set IPFQR-HBIPS	Facility			State			National		
	Numerator	Denominator	Rate Per 1000 Patient Hours	Numerator	Denominator	Rate Per 1000 Patient Hours	Numerator	Denominator	Rate Per 1000 Patient Hours
HBIPS-2: Hours of physical-restraint use	28.91	7436	0.15	5403.13	454510	0.50	261956.16	24715119	0.44
HBIPS-3: Hours of Seclusion	15.2	7436	0.09	2088.22	413423	0.21	172195.88	24616982	0.29
Measure Description	Numerator	Denominator	% of Total	Numerator	Denominator	% of Total	Numerator	Denominator	% of Total
HBIPS-5: Patients discharged on multiple antipsychotic medications with appropriate justification	11	12	91.67%	438	730	60.00%	32436	55361	58.59%

### **Flu Vaccinations Patients and Staff**

We keep our patients safe by vaccinating our staff to prevent the flu. We had 99% of our staff vaccinated in the current flu season to protect our patients.

070040-HEBREW HOME AND HOSPITAL INC										
Flu Season Measures		Facility			State			National		
Measure ID	Measure Description	Numerator	Denominator	Percentage	Numerator	Denominator	Percentage	Numerator	Denominator	Percentage
IPFQR-IMM-2	Influenza Immunization	148	157	94.27%	7639	8839	86.42%	406603	502083	80.98%
IPFQR-HCP-FluVac	Healthcare Personnel Influenza Vaccination	175	176	99.00%	6114	7399	83.00%	473974	589537	80.00%

### **Nursing Staff**

We are proud of our nursing staff and the continued commitment to participate in the NICHE program. Our CNAs, Registered Nurses, and Licensed Practical Nurses take the NICHE course to enhance their learning. This program evolved from The John A. Hartford Foundation Institute for Geriatric Nursing at New York University with the goal of to achieve systematic nursing change that will benefit hospitalized older patients. The vision of NICHE is for all patients 65 and over to be given sensitive and exemplary care. The mission of NICHE is to import principles and tools to stimulate a change in the culture of healthcare facilities to achieve patient-centered care for older adults. NICHE has provided our nursing staff with additional knowledge, enhanced skills and education to improve and optimize the care of our patients.

.

**Conclusion:**

Our focus continues to be improving the quality, safety and patient care experience for our patients. Our patients and families come first each and every time.