

It Takes More Than A Village... A Compendium of Strategies to Raise the Quality Bar (Poster)

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It Takes More Than A Village... A Compendium of Strategies to Raise the Quality Bar

5 Tower Medical-Surgical Unit
Lehigh Valley Health Network, Allentown, Pennsylvania

Quality Model - 4 Key Elements

1) Prioritization & Exclusivity 2) Staff Awareness of Data 3) Transparency of Outcomes 4) Ownership, Accountability & Incentivization

3 Structural Components

2) Chief Quality Officer Rounds

- Facilitated by masters prepared unit educator
- Conducted 4 x per week
- Incorporate real time learning & improved patient care
- Focus on 1 prioritized quality issue
- Assure appropriate interventions
- Prompt critical thinking by bedside interprofessional staff

3) Visibility Walls & Quality Boards

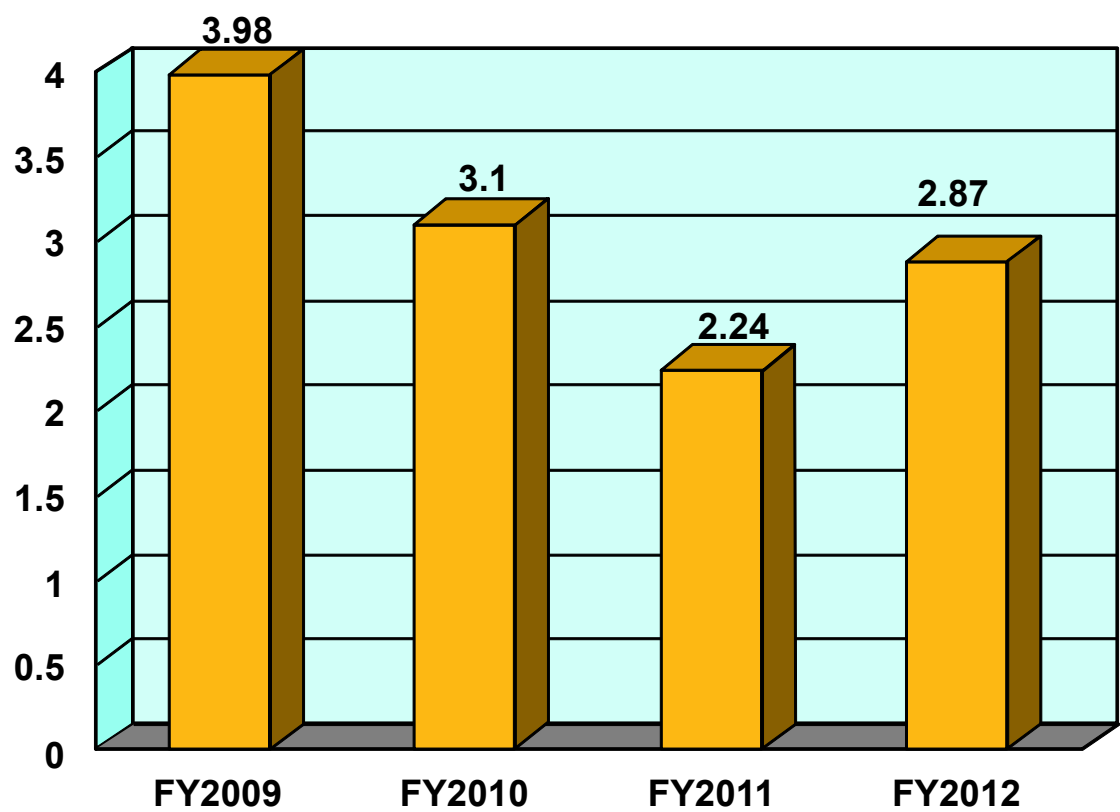
- “On-stage” – in public view
- Display of recent results of quality indicators, plus goals and benchmarks

1) Incentivized Annual Goals

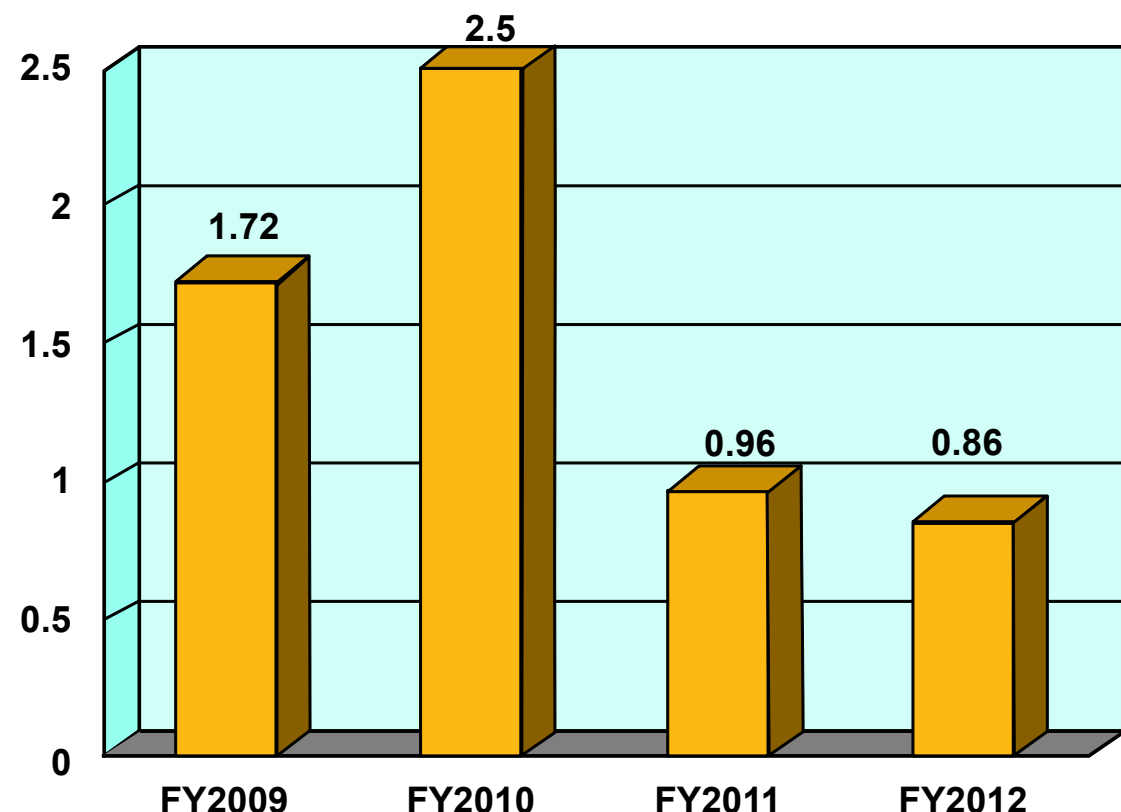
- Cascading from CEO to staff
- Accountability at time of annual performance appraisal
- Merit pay raises

Outcomes

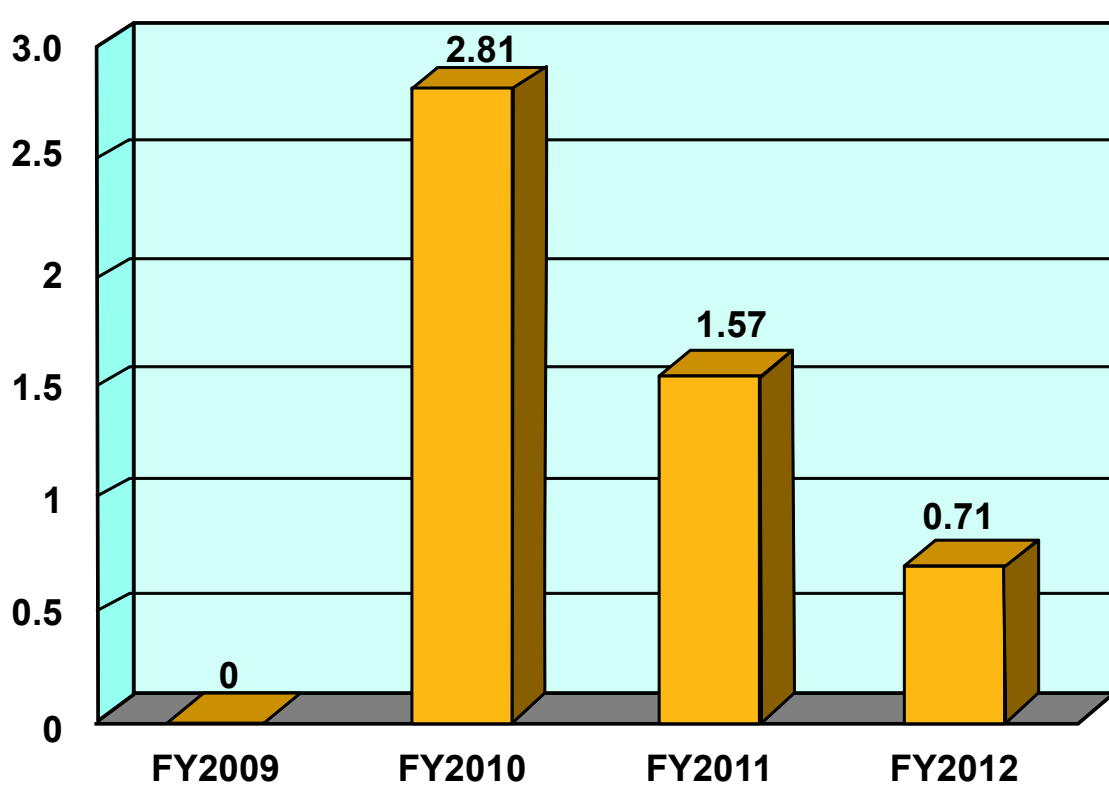
Falls



Pressure Ulcers



Hospital-Acquired CAUTIs



Employee Satisfaction

2009	2010	2011
3.39	3.0	3.87

Patient Satisfaction

2009	2010	2011	2012
88.2	88.7	89.5	89.9

Significance

- The Affordable Care Act outlines improving care and reducing costs.
- Quality incentives, or value based purchasing programs, reward good outcomes and efficient health care practices with higher reimbursement rates.
- Centers for Medicare and Medicaid Services do not provide reimbursement for care related to hospital-acquired complications.
- Reimbursement payments are now performance linked directly to the quality of care through reward or penalty.



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