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Quality Summit  
ANNUAL REPORT



Presenting Enloe's 2010-11  
QUALITY JOURNEY



**ENLOE**  
MEDICAL CENTER

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## CONTINUING THE JOURNEY

The 2011 Quality Summit marks three years of Enloe Medical Center's renewed dedication to exceptional patient care and experience. Through unwavering attention to quality improvement, Enloe continues to identify best medical practice, hardwire it into place and provide that care to our patients.

These efforts were recognized over the past year in several significant ways. The Institute for Healthcare Improvement (IHI), the leader in innovative best practice, accepted two of Enloe's 2010 projects for presentation at the IHI International Forum in December. The Joint Commission added those two projects to its Leading Practices Library where all Joint Commission accredited hospitals can learn from our successes. Enloe's Planetree work was prominently featured at the 2010 Planetree Annual Conference, where we demonstrated that strong leadership from our volunteer Board and the entire hospital community creates exceptional patient-centered care.

Rulon Stacey, health care executive, provided the inspiration for the 2010 initiatives, reminding us of the unique impact of our profession.

*When we get better,  
people stay alive.*

*- Rulon Stacey, Ph.D., FACHE*



## HARDWIRING QUALITY CARE

Infusing a culture of quality throughout Enloe is one of the main outcomes of the Quality Summit experience. Demonstrating that improvements can be made and sustained is central to our work.

**At the 2011 Quality Summit, we showed our success in holding the gains from the 2009 quality initiatives. Examples include:**

- Mortality from severe bloodstream infections (sepsis) continues to be less than half of reported national rates.
- Pneumonia associated with ventilator use is lower than national rates, and most months we have no instances of this infection.
- Infections associated with urinary catheters are lower than national rates.

## Our 2010 quality initiatives accomplishments were equally impressive. Some highlights are:

- **Focus on antibiotic-resistant bacteria:**

Patients admitted to the hospital who were earlier identified as having MRSA bacteria are screened with new rapid testing to see if they still carry the infection. Many patients did not have to be placed in isolation because we were able to quickly show that they were MRSA negative. In the first nine months of using this screening, over 500 isolation days were avoided.

- **Improve patient care efficiency:**

The goal of the Emergency Department (ED) is to provide timely care for emergent conditions. Improvements in the registration process have helped to ensure ED patients are registered more efficiently, and fewer patients leave without being seen. Additionally, the implementation of streamlined procedures has decreased by as much as 75 minutes the time our less complex patients have had to wait to be discharged from the hospital.

- **Improve newborn health:**

Research tells us that babies do better when they are delivered on or after 39 weeks of pregnancy as long as there is no medical need for an earlier delivery. Collaboration between obstetricians, pediatricians and their patients can ensure that elective deliveries meet that goal. An indication of the level of commitment is already evident in the first quarter of 2011, as no babies were electively delivered before 39 weeks.



1) Nurses use a Simulation Center pediatric mannequin to practice real-life scenarios and gain training. 2) Enloe opened a Hyperbaric Center, offering oxygen therapy to care for hard-to-heal wounds. 3) The Cancer Center will update its linear accelerator in 2011, which will offer the next generation of radiation treatments. 4) New devices and procedures decrease blood loss during cardiac artery bypass graft surgery. 5) W. Christopher Bandy, MD, and Judy Cline, RN, BSN, CFRN, MICN, become Rural Trauma Team Development Course instructors.



## **POSTER PRESENTATIONS**

### **Reducing Wound Healing Time**

A multi-disciplinary wound care team put practices in place that decreased the average time to heal challenging wounds from 12 weeks in 2009 to 6.7 weeks in 2011. Additionally, in November 2010, Enloe began offering hyperbaric oxygen treatments to assist wound healing.

### **Employee Skills Fair**

Throughout 2010, Enloe's Employee Skills Fair provided information and hands-on training to 987 staff representing 41 hospital departments. Topics included use of new IV pumps, infection prevention and special beds that improve skin integrity.

### **Volunteer Patient Ambassadors**

Volunteer Patient Ambassadors create a better patient experience by visiting patients and helping to make their stay more comfortable. They can serve as another set of eyes and ears to share patient concerns with staff members.

### **STEMI (ST-Elevation Myocardial Infarction)**

#### **Receiving Center: Year 1 Review**

In the first year of Enloe's designation as a STEMI Receiving Center, patients with this kind of heart attack received their heart interventions within 90 minutes more than 90% of the time, which is better than national performance. Enloe held its first annual STEMI Symposium in fall 2010.

### **Improved Processing of Surgery Equipment**

Through process improvement and teamwork, Enloe's Sterile Processing team succeeded in decreasing "immediate use," or "flash" sterilization, of surgery equipment from 11% to 12% in 2009 to 0% to 2% in 2011.

## POSTER PRESENTATIONS

### Massive Transfusion Protocol

At times, very large quantities of blood or blood products must be transfused to save a patient's life. The Massive Transfusion Protocol was created to ensure these transfusions are timely and safe.

### Obstetrical Operating Room Efficiency

The Mother & Baby Care Center and Environmental Services staff decreased the turnover time for scheduled C-sections from 50 minutes to less than 20 minutes, while also ensuring the continuation of excellent infection control practices.

### Reusable Sharps Disposal System

Enloe uses a service that provides reusable sharps containers that are safer for staff. The system also decreases the amount of plastic going to landfills by seven tons yearly, and results in annualized savings of over \$80,000.

### Improved Stroke Care: Creating First Floor Medical Neurology Unit

This highly collaborative effort resulted in enhanced stroke training and expertise of First Floor staff. Through improved teamwork, more stroke patients are discharged home from the hospital and the length of stay has decreased.

### Baby-Friendly Hospital Journey: Improved Exclusive Breastfeeding

The Mother & Baby Care Center is nearing its goal to be the first California hospital north of Sacramento to achieve the Baby Friendly designation, which recognizes excellent OB and perinatal care. Exclusive breastfeeding rates now exceed the threshold of 75% required to apply for this designation.

## **POSTER PRESENTATIONS**

### **Reduction of MRSA (Methicillin-Resistant Staph Aureus) Isolation Days**

Due to the use of new rapid testing that detects the presence or absence of MRSA, the number of days that patients had to be in isolation decreased from 14.4% to 11.8% of all patient beds. Not being in isolation improves the patient experience, and the decrease in isolation days also saved \$50,000 in nine months.

### **Multidisciplinary Rounds in Intensive Care/Critical Care**

Intensivists round with nurses, pharmacists, dieticians, respiratory therapists and other therapists to improve patient outcomes. Patient care outcomes at Enloe show sustained improvement in performance around infections and time spent on a ventilator.

### **Bariatric Surgery Center of Excellence**

The Enloe Bariatric Program continues to earn the Center of Excellence designation by focusing on patient support and education before and after surgery.

### **Volunteer Doulas**

Volunteer Doulas (“doo-las”) provide physical and emotional support to laboring mothers and are on call to assist patients free of charge.

### **FlightCare Emergency Intubations**

To improve the safety of emergency intubations, Enloe FlightCare obtained specialized Glidescopes. This technology allows a better view of the path for inserting life-saving breathing assistance tubes in critically ill or injured patients.

## **POSTER PRESENTATIONS**

### **MCN Policy Manager Program**

This program improves the ability for staff to find the most current policies and protocols, and streamlines the process to update documents.

### **Emergency Department Commitment to Efficient Care**

Like other hospitals nationwide, Enloe measures the number of Emergency Room patients who leave without being seen (LWBS). Decreasing this number means more patients get the care they are seeking. Enloe's LWBS rate decreased from 2.6% in 2010 to as low as 1% in 2011.

### **Avoiding Overuse of Antibiotics**

Education and practice modification lead to the safest use of potent antibiotics. The work of Enloe's Antibiotic Stewardship Committee has resulted in significant cost savings for the organization while also helping to ensure that the strongest antibiotics remain effective by avoiding bacterial resistance from overutilization.

### **Definitive Care Unit (DCU) Patient Satisfaction Project**

Through a combined effort of calling all patients discharged from the Definitive Care Unit (DCU) and staff leadership around improving the patient experience, patient satisfaction scores are near or above the 75th percentile for most publicly reported measurements on the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey.

## **POSTER PRESENTATIONS**

### **Improved Care of Patients with Mental Health Needs**

To provide better care to patients with mental health needs, the Emergency Department and Enloe Behavioral Health collaborate to ensure that these patients receive care in the appropriate setting.

### **Rural Trauma Team Development Course (RTTDC)**

An Enloe Trauma Surgeon and a Trauma Nurse became the first RTTDC instructors in California, and plan to train other rural trauma providers in best practice trauma care.

### **Decreasing Blood Loss During Cardiac Bypass Graft Surgery**

Enloe's use of new blood-cell-saving devices and new techniques to decrease the need for blood products has led to a 23% decrease in blood use during Cardiac Bypass Graft (CABG) surgery.

### **Supporting Caregivers**

The Fourth Floor nursing staff created Spirit Rounds to support nurses as they journey through their cancer patients' illnesses. RN turnover has improved as a result.

### **Pediatrics in Action**

The Enloe Pediatric Nurses are all Pediatric Advanced Life Support (PALS) trained and hone their patient care skills in the Rural Northern California Clinical Simulation Center at Enloe to better care for their young patients.

## **POSTER PRESENTATIONS**

### **Five Wishes Campaign**

Believing that every adult should be able to convey end-of-life decisions in an easy-to-understand format, Enloe distributed over 9,000 copies of the Five Wishes document throughout the community.

### **Cancer Care Advances**

In early 2011, the Enloe Regional Cancer Center affiliated with UCSF to provide the highest level of cancer care to our patients. Enloe has also purchased a new linear accelerator to allow advanced cancer treatments.

### **Transcription Checklist**

Inspired by the concept of the surgical checklist for safe surgeries, transcription services created a checklist that decreased the number of significant corrections from 30 per month to 13 in the first month of use. This improved accuracy speeds the delivery of finished documents to the chart.

### **Cesarean Section Timeliness**

As part of efforts to continually improve care, we have decreased the time between deciding to perform a C-section and having the mother readied for the surgery, for both non-emergent and emergent cases.

### **Chico Hospitalist Group**

This hospital-based physician group improves care at Enloe by leading quality improvement efforts and creating practice enhancements that are used throughout the hospital.

## **POSTER PRESENTATIONS**

### **Fast Track Discharges**

To improve our patients' experience, we now identify those with less complex needs and use a "fast track" discharge process that can reduce the time needed to leave the hospital by up to 75 minutes.

### **Emergency Department Clinical Resource Nurse**

The Emergency Department has added a Clinical Resource Nurse who works to ensure that patients discharged from the ED have appropriate follow up, which improves patient safety and the patient experience.

### **Employee Injury Reduction**

Staff education on safe patient transfers resulted in a decrease of state-reportable injuries this year. The reportable case rate decreased from 13.83 in 2009 to 7.6 in 2011, better than Cal/OSHA's standard of 8.3.

### **TeleTracking System for Effective Patient Flow**

The TeleTracking System improves patient flow by sharing information on hospital census, bed availability and room turnover. This system will go live in the second quarter of 2011.

### **Rehabilitation Patient Experience**

The Enloe Rehabilitation Center staff improved performance around answering patient call lights, increasing response within three minutes from 73% in 2010 to the current 88%.

### **No Elective Deliveries Before 39 Weeks**

Collaboration between obstetricians, pediatricians and their patients strives to ensure that elective deliveries occur on or after 39 weeks of pregnancy. In the first quarter of 2011, this target was reached for all elective deliveries.



# Enloe Medical Center Stroke Program Team 2010

## 2011 QUALITY SUMMIT AWARD FIRST FLOOR MEDICAL NEUROLOGY

Enloe's stroke team provides exceptional care to patients with "brain attacks." Their work earned the American Heart Association/American Stroke Association's *Get with the Guidelines Award* four years running in recognition of outstanding adherence to best practice guidelines and excellent outcomes.

The First Floor Medical Neurology team sought out specialized training for nurses and created strong collaborative teams to care for stroke patients. Their work increased the number of stroke patients who can return home directly from the hospital rather than requiring additional rehabilitative care.

It is the goal of the stroke team to earn the Joint Commission's prestigious Primary Stroke Center Certification in 2011.

## 2011 QUALITY INITIATIVES

**Enloe's Medical Staff leadership has selected four quality initiatives for 2011.**

- **Improve throughput: Zero boarding**  
Improve processes so that patients are moved in a timely fashion when transferred to another unit or discharged home.
- **Reduce readmissions**  
Align inpatient and outpatient providers to help patients successfully transition out of the hospital.
- **Create evidence-based treatment orders**  
Incorporate current research evidence into new treatment order sets, supporting development of Enloe's electronic medical record.
- **Trauma surgery efficiency**  
Streamline processes to swiftly mobilize clinical teams once the decision is made to perform trauma surgery.

### **Ongoing quality initiatives**

In addition to these four new initiatives, each of the 2009 and 2010 quality initiatives will continue to be monitored, refined and shared as part of our culture of quality.

*“Better is possible.*

*It does not take genius.*

*It takes diligence.*

*It takes moral clarity.*

*It takes ingenuity.*

*And above all, it takes a willingness to try.”*

*-Atul Gawande, MD*

## 2011 PERSPECTIVE

The 2011 perspective that we chose is from Dr. Atul Gawande, author of “The Checklist Manifesto,” whose work led Enloe Medical Center to adopt the surgical checklist in 2010. There is no corner market on improvement. It just takes people dedicated to doing things better, and that is what we are all about at Enloe Medical Center.

## ACKNOWLEDGEMENTS

Achieving great outcomes is not the work of one person, one unit or one department. It is the result of the entire Enloe team, including physicians, Board of Trustees members, bedside clinicians, technicians, clerks and others who together fulfill our mission to “Improve the quality of your life through patient centered care.” And ultimately, it is our patients who inspire us to bring the best of medicine to our north state region.

**For more information about quality initiatives at Enloe Medical Center, contact Marcia Nelson, MD, Vice President of Medical Affairs, (530) 332-5414, [marcia.nelson@enloe.org](mailto:marcia.nelson@enloe.org).**

