

DELIVERING QUALITY WITH DISTINCTION

2012 Quality Excellence Achievement Awards Compendium

Recognizing Illinois Hospitals and
Health Systems Leading in Quality
and Transformative Health Care



The **Institute**
for Innovations in
Care and Quality



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2012 Quality Excellence Achievement Awards



OVERVIEW

The Illinois Hospital Association's (IHA) Institute for Innovations in Care and Quality (The Institute) second annual Quality Excellence Achievement Awards recognizes and celebrates the achievements of Illinois hospitals that are committed to transforming Illinois health care through innovative approaches and best practices.

From 67 submissions representing 40 hospitals, awards were presented to a total of eight hospitals in two categories: urban and rural/critical access. The two award recipients and six finalists, who were honored at IHA's annual Leadership Summit, were selected by a panel of 30 nationally-recognized quality improvement leaders based on their achievement and progress in advancing one or more elements of the Institute of Medicine's six aims for improvement:

- Safety
- Effectiveness
- Timeliness
- Efficiency
- Equity
- Patient-centered care

To share these initiatives among members, The Institute has published this compendium that provides a synopsis of all award entries along with contact information for additional details. The compendium receives national exposure by being featured annually on the Hospitals in Pursuit of Excellence (HPOE), an AHA affiliate, website.

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Call for Entries

May 2013

Be sure to watch for this opportunity to be recognized and celebrated for your hospital's achievements in advancing patient care.

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Award Recipients

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AWARD RECIPIENTS

Award category—Rural/Critical Access

Katherine Shaw Bethea Hospital, Dixon

Streamlining the Intake Process of Cardiac Patients in the Emergency Department

Award category—Urban

OSF Healthcare System, Peoria

Improving Obstetrical Care Through Organizational Collaboration

The following pages contain summaries of the award recipients' projects.

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Award Finalists

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AWARD FINALISTS

Rural/Critical Access category

Gibson Area Hospital & Health Services, Gibson City

Reduce Medication Errors Through the Implementation of Computerized Physician Order Entry (CPOE), Medication Bar Coding and Smart Pump Technology

Graham Health System, Canton

Intensive Care Management

St. Mary's Hospital, Centralia

Reducing Readmissions CQI+ Team-Implementing Change Through the IHA Project RED Collaborative

Urban category

Advocate Hope Children's Hospital, Oak Lawn

Utilization of an Interdisciplinary Team Approach for the Care of Infants with Hypoplastic Left Heart Syndrome (HLHS)—The Ideal Quality Improvement Collaboration

Alexian Brothers Health System, Arlington Heights

Improvement in Patient Safety and Quality of Inpatient Care Through Appropriate Blood Product Management

Holy Family Medical Center, Des Plaines

Collaborative Approach to Reduce Health Care-Acquired Clostridium difficile Infection Rate in a Long-Term Acute Care Hospital (LTACH)

The following pages contain summaries of the award finalists' projects.

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AWARD FINIALIST – Urban category

Process Improvement–Clinical

Hospital/System: Alexian Brothers Health System, Arlington Heights

Contact: Diana Woytko
Vice President Patient Safety and Quality, ABHS
847-385-7151
Diana.Woytko@alexian.net

Project Title: *Improvement in Patient Safety and Quality of Inpatient Care Through Appropriate Blood Product Management*

Summary: The hospital carried out a multidisciplinary team-based approach to improving the safety and appropriateness of packed red blood cells (PRBC) transfusion. Evidence-based guidelines for appropriate usage of blood products and a standardized order set were developed. Compliance with the guidelines was monitored, and lessons were incorporated to effect rapid cycle change.

The program resulted in a 33.6% decrease in PRBC transfused per 1,000 patient days over a 10-month period while PRBC transfused for hemoglobin levels above 7 g/dl decreased from 73.6% to 49.6%.

A decrease in multiple unit transfusions was achieved by encouraging practitioners to transfuse one unit of PRBC in stable patients followed by clinical reassessment of the need for further transfusion.

Website: <http://www.alexianbrothershealth.org>