2012 Quality Excellence Achievement Awards Compendium

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

INA Illinois Hospital Association

The Institute

for Innovations in Care and Quality

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.

IHA IIInois Hospital Association



2012 Quality Excellence Achievement Awards

Call for Entries May 2013 Be sure to

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





Care and Quality

2012 Quality Excellence Achievement Awards



Award Recipients





DELIVERING QUALITY WITH DISTINCTION

2012 Quality Excellence Achievement Awards



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.





2012 Quality Excellence Achievement Awards



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.





2012 Quality Excellence Achievement Awards



Process Improvement–Clinical

Hospital/System:	NorthShore University HealthSystem, Evanston
Contact:	Ken Anderson Chief Quality Officer 847-657-1820 <u>kanderson1@northshore.org</u>
Project Title:	Undiagnosed Hypertension Project
Summary:	In January 2011, utilizing the hospital's system-wide electronic medical records (EMR), a family medicine physician studied data for the health system's patients between the ages of 18 and 79 to identify those who may be at risk for hypertension.
	Five algorithms were used to simultaneously query data from the EMR to identify adult patients with multiple elevated blood pressures who had never been diagnosed. If a patient was identified as being a candidate for hypertension, their individual physicians were notified, and patients were contacted to schedule an office visit.
	Nearly 1,600 patients were identified as potentially having this condition without being diagnosed by their primary care physician. To date, more than 1,000 individuals have come in for testing. Approximately 40% of these patients have been identified as meeting the criteria for hypertension and are now receiving some form of treatment.
Website:	http://www.northshore.org



