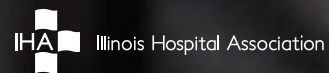


DELIVERING QUALITY WITH DISTINCTION

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



DELIVERING QUALITY WITH DISTINCTION

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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2012 Quality Excellence Achievement Awards



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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2012 Quality Excellence Achievement Awards



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 RECIPIENT – Urban category

Process Improvement–Clinical

Hospital/System: OSF Healthcare System, Peoria

Contact: William R. Scharf, MD
Physician Change Agent
309-655-4806
William.r.scharf@osfhealthcare.org

Project Title: *Improving Obstetrical Care Through Organizational Collaboration*

Summary: Infants born to mothers electively at a gestational age of 37-39 weeks are more likely to develop respiratory distress requiring mechanical ventilation. These children are more likely to have lifelong problems with asthma and other respiratory ailments. In central Illinois, there has been an increase in neonates requiring ventilator support as a result of elective deliveries.

A regional collaborative was created to improve the process and outcomes of obstetrical care. Using a systems approach, the rate of non-medically indicated inductions and C-sections decreased from 18% to 3.8%. The rate of infants requiring respiratory support did not change and the number of stillbirths did not increase despite a longer gestational age.

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