

# 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

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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

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#### **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

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#### 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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## 2012 Quality Excellence Achievement Awards



### Patient Experience

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Hospital/System: Rush-Copley Medical Center, Aurora

Contact: Diane D. Homan, MD  
Vice President, Quality & Patient Safety Officer  
630-978-6208  
[Diane.Homan@rushcopley.com](mailto:Diane.Homan@rushcopley.com)

Project Title: *Health Literacy: Initiative to Advance Patient-Centered Care*

Summary: A team was created to ensure that all patients regardless of race, ethnicity, language, disability, and sexual orientation received the same level of care.

A gap analysis identified additional translation resources were needed for sign language as well as infrequently used languages; race and ethnicity data needed to be collected using a more reliable method; documentation of preferred language for health care was needed to help staff tailor patient care; and communication to patients regarding resources available was lacking.

After implementing changes, interpretation usage hours increased 73% from baseline period with a gradual increase over a 12-month period. Preferred language for health care needs was documented in the medical record and compliance has gradually improved from 84% to present rate of 99% over a 10-month period, and sustained for most recent six months at 99%.

Website: <http://www.rushcopley.com>