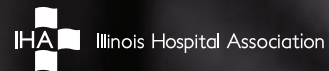


# DELIVERING QUALITY WITH DISTINCTION

## 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

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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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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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## 2012 Quality Excellence Achievement Awards



### 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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2012 Quality Excellence Achievement Awards



## Award Finalists

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# DELIVERING QUALITY WITH DISTINCTION

## 2012 Quality Excellence Achievement Awards



### 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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# DELIVERING QUALITY WITH DISTINCTION

## 2012 Quality Excellence Achievement Awards



### Process Improvement–Clinical

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Hospital/System: Vanguard MacNeal Hospital, Berwyn

Contact: Jan Machanis, RN, MSN  
Executive Director of Quality  
708-783-3889  
[jmachanis@macneal.com](mailto:jmachanis@macneal.com)

Project Title: *Improving Mortality for the Septic Patient with a Resuscitation Bundle in the Emergency Department (ED)*

Summary: A multidisciplinary committee found that despite an overall sepsis mortality rate similar to expected, there was significant variation in the care these patients received. Efforts to reduce mortality focused on sepsis recognition and treatment by using an ED protocol on appropriate fluid and antibiotic administration.

A “Sepsis Alert” process was created to promptly bring clinical resources to the patient bedside. A simple one-page order set was created to facilitate care. A focus study within the hospital’s MIDAS software system tracked process and outcome metrics. PDSA techniques were utilized to foster timely protocol and implementation of process improvements.

Overall sepsis mortality decreased by 20% with an absolute reduction in mortality from 25% to 20% with a p-value of 0.001. LOS decreased by 1.4 days. Overall sepsis diagnosis increased from an average of 34 cases/month to 44 cases/month. Usage of the Sepsis Alert protocol increased from <10% to >50%.

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

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