2014 QUALITY & SAFETY SPECIAL REPORT

Innovations in Quality and Safety
The University of Chicago Medicine received another “A” grade in hospital safety from the prestigious Leapfrog Group in fiscal 2014.

We are one of about 250 U.S. hospitals to get an “A” in all six ratings surveys since the Hospital Safety Score began in 2012.

Leapfrog rates hospitals across the country using 28 publicly available safety metrics, measuring a hospital’s success in keeping patients safe from infections, injuries and medical errors.

Safety is one of our fundamental missions, and our continued superior rating is a credit to the care and professionalism of our entire multidisciplinary clinical staff, from physicians to nurses and technicians.

Leapfrog began in 2000 to drive improvements in safety and quality and improve transparency in health care.

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Kenneth S. Polonsky, MD
Dean of the Biological Sciences Division and Executive Vice President for Medical Affairs for the University of Chicago

Sharon O’Keefe
President of the University of Chicago Medical Center

Scan the QR code to download the Hospital Safety Score App and see the scores of other nearby hospitals. You can also see UChicago Medicine’s complete dataset at hospitalsafetyscore.org.

Listening to Our Patients

At the University of Chicago Medicine, we are improving quality and safety by listening to our patients. New initiatives are giving patients and their families more say in their health care.

For example, our nursing leadership visits regularly with patients to ask them key questions about their comfort, pain and other needs. On these regular rounds, the leader ensures that the patient’s room is free from unnecessary clutter to prevent falls.

Information from these Leadership iPad Rounding Sessions is analyzed electronically in real time to confirm best practices are followed.

Data contribute to hospital-wide performance analytics and instantly identify how we can improve care for all our patients.

Recently, we established an online community of more than 1,500 current and former patients. We use this virtual patient advisory board for insights on how to overcome obstacles that individuals may experience in our hospitals and with our health care professionals. We are committed to sharing back with our community how we’re using their valuable input to improve patient experiences.

In the year ahead, we will be installing electronic kiosks in strategic places around the UChicago Medicine campus to gain instant feedback on the quality of care as well as the patient and family experience.
More than 200,000 inpatients in the U.S. suffer a cardiac arrest every year: roughly 80 percent of these events prove fatal.

The University of Chicago Medicine has pioneered several improvements in the effectiveness of CPR.

In the multidisciplinary tradition of all our work at UChicago Medicine, physicians, nurses and researchers recently teamed up to investigate the many factors that can cause a patient to deteriorate and to identify, ahead of time, when this might occur.

As part of a trial, the group used technology to collect and analyze data to see if they could predict these serious events. The data analysis showed accurate predictions, in some cases 24 hours in advance.

A dedicated critical care outreach team, staffed by a group of nurse experts equipped with up-to-the-minute data and the most sophisticated tools, monitors patients to identify changes in condition that might trigger an arrest.

When the specially trained team identifies potential problems, they call in a rapid response team to intervene before the patient worsens.

This has resulted in better outcomes in sepsis, faster treatment times for inpatients who suffer acute stroke and more multidisciplinary teaming in the care of acutely decompensating patients. Most significantly, during fiscal year 2014, we prevented about 26 cardiac arrests in UChicago Medicine inpatients who otherwise would have been expected to suffer this devastating complication.

Quality and Safety Initiatives

The University of Chicago Medicine continued to make significant gains in a number of quality and safety measures in fiscal year 2014. Among them:

» **A 70 PERCENT DROP** in hospital-acquired pressure ulcers following the adoption of evidence-based best practices and additional education and training. Every patient in all our hospitals is assessed daily. Our patients also receive individualized prevention plans to keep them healthy.

» **A 26 PERCENT DROP** in catheter-associated urinary tract infections (CAUTI) after the adoption of a new protocol for evaluating catheter use. A multidisciplinary approach to process improvement led to shortened periods of catheterization that cut the risk of infection.

» Collaboration among physicians, nurses and other clinicians resulted in a decrease in the amount of time our Emergency Department was on diversion. We continue to have initiatives aimed at **INCREASING THE EFFICIENCY OF DIAGNOSIS AND TREATMENT** in our ED.
NATIONAL RECOGNITION FOR
QUALITY & SAFETY
(IN FISCAL YEAR 2014)

Aetna Institutes of Quality
Bariatric Surgery Facility

Advanced Comprehensive
Stroke Center
First hospital in Chicago to earn this distinction from the Joint Commission and the American Heart Association/American Stroke Association

American Heart Association’s
Mission: Lifeline
Bronze Recognition
For meeting treatment criteria for ST-segment elevated myocardial infarctions (STEMI)

The University of Chicago Medicine is in the TOP 10 PERCENT IN THE COUNTRY in Medicare’s patient safety ranking — a combination of a number of individual patient safety measures.

Our ongoing focus on quality, safety and patient experience resulted in our hospital ranking ABOVE STATE AND NATIONAL AVERAGES for overall patient satisfaction and how willing patients are to recommend UChicago Medicine.

2014 John M. Eisenberg Excellence in Mentorship Award from the Agency for Healthcare Research and Quality (AHRQ)
Awarded to David Meltzer, MD, PhD, section chief of hospital medicine

2014 Quality Respiratory Care Recognition from the American Association for Respiratory Care
Awarded to University of Chicago Medicine Respiratory Care Services

Fostering Innovation
The inaugural University of Chicago Medicine Innovations Grant Program supports research into more effective ways to deliver improved health care to our patients. The two winners were announced at the ninth annual Quality and Safety Symposium in May, which also featured presentations from more than 60 multidisciplinary groups.

Alexander Langerman, MD, assistant professor of surgery, for a study examining ways to reduce operating room costs and improve efficiencies. “The research we are conducting as part of this grant will have impact far beyond the University of Chicago Medicine as we develop better ways to treat patients and improve health care delivery,” he said.

Tina Shah, MD, MPH, a pulmonary and critical care fellow, for a proposal centering on improved treatment models for chronic obstructive pulmonary disease (COPD) to prevent readmissions for the same condition. Shah’s is the first study of COPD readmissions from both a quality and efficiency point of view, and will fill a key gap in the medical literature.