

EMPOWERING YOUR LEADERS FOR ORGANIZATIONAL EXCELLENCE



Tory Shrock

Pella Regional Health Center
Director of Organizational Excellence



Rachelle Vande Haar

Pella Regional Health Center
Organizational Excellence Coordinator

About Us

25 bed Critical Access Hospital

Organizational Excellence:

- Quality
- Service Excellence
- Infection Prevention
- Regulatory
- Performance Improvement

Challenges to address:

- Data visibility for front line staff
- Transparency amongst departments
- Lack of technical expertise
- Consolidated place for administration to view results

Board Access

Boards ▾ Items ▾ People ▾ Reports Admin Create

- 📍 My Default Board
- 👤 My Board - Admin
- 👤 My Board - Manager / Director
- 👤 My Board - Frontline
- 👤 Top Level Employee Rounding 2022
- 👤 Employee Rounding ▶
- 👤 Resources ⓘ ▶
- 👤 2022 Quality Assurance Performance Improvement (QAPI) ⓘ
- 👤 2023 Quality Assurance Performance Improvement (QAPI) ⓘ
- 👤 Clinic & Medical Staff ⓘ ▶
- 👤 Executive Board - Test
- 👤 Financial Services ⓘ ▶
- 👤 Med/Surg Sentinel Event 2023 ⓘ
- 👤 Nursing ⓘ ▶
 - 👤 Cardiac Services ⓘ ▶
 - 👤 ED Department Board ⓘ ▶
 - 👤 Home Health & Hospice Department Board ⓘ ▶
 - 👤 Infusion Department ⓘ ▶
 - 👤 Medical Imaging Department Board ⓘ ▶
 - 👤 MedSurg/ICU Department Board ⓘ ▶
 - 👤 MedSurg/ICU Safety Dashboard ⓘ
 - 👤 MedSurg/ICU Patient Satisfaction Results ⓘ
 - 👤 MedSurg/ICU Quality Results ⓘ
 - 👤 Med/Surg ICU Quality Data Entry Board ⓘ
 - 👤 MedSurg/ICU Hourly Rounding Board ⓘ
 - 👤 MedSurg/ICU Hybrid Measures Fallouts ⓘ
 - 👤 OB Department Board ⓘ ▶
 - 👤 Pharmacy Department Board ⓘ ▶
 - 👤 Respiratory/Sleep Department Board ⓘ ▶
 - 👤 Retail Pharmacy Department Board ⓘ ▶
 - 👤 Surgery Department Board ⓘ ▶
 - 👤 Wound Care Department Board ⓘ ▶
- 👤 Organizational Excellence ⓘ ▶
- 👤 PI Process Board ▶
- 👤 Surgery Sentinel Event 2022 ⓘ
- 👤 The Joint Commission Plans of Correction ⓘ
- 👤 Top Level Employee Rounding 2023

+ Create Board

🗑️ Manage Boards

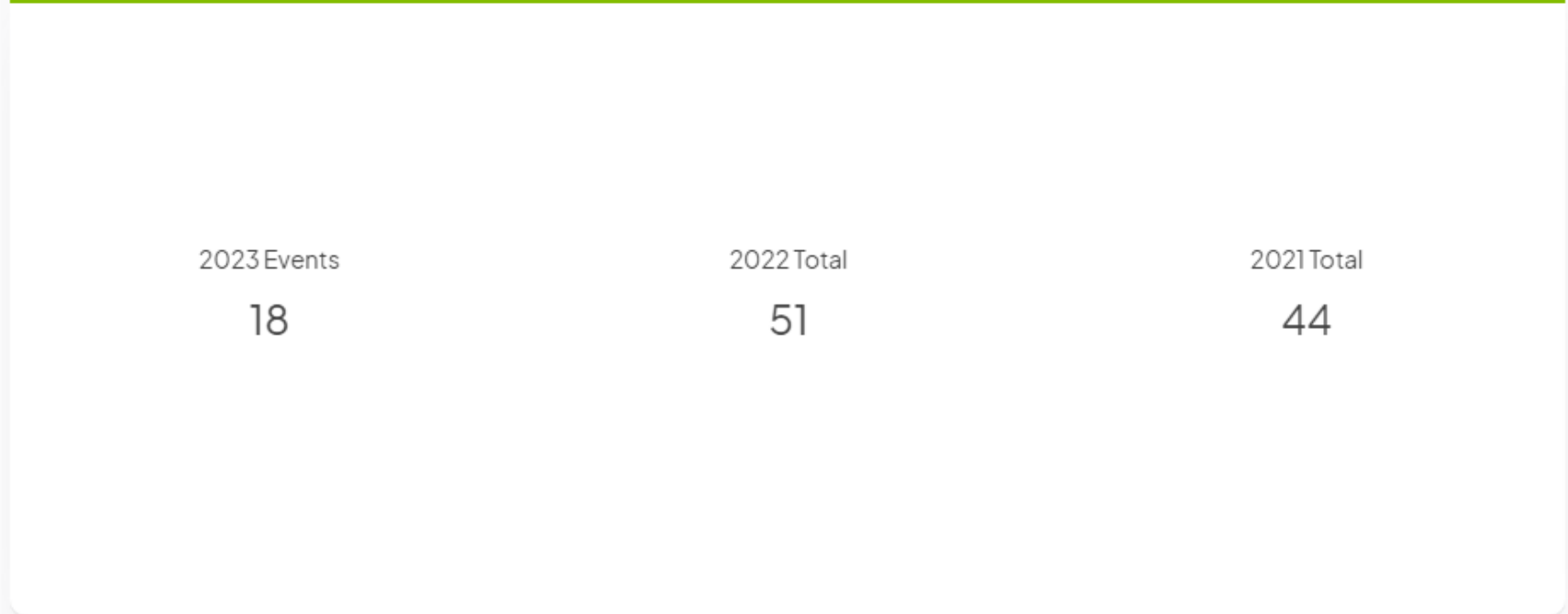
Safety Dashboard

Nursing > MedSurg/ICU Department Board > MedSurg/ICU Safety Dashboard

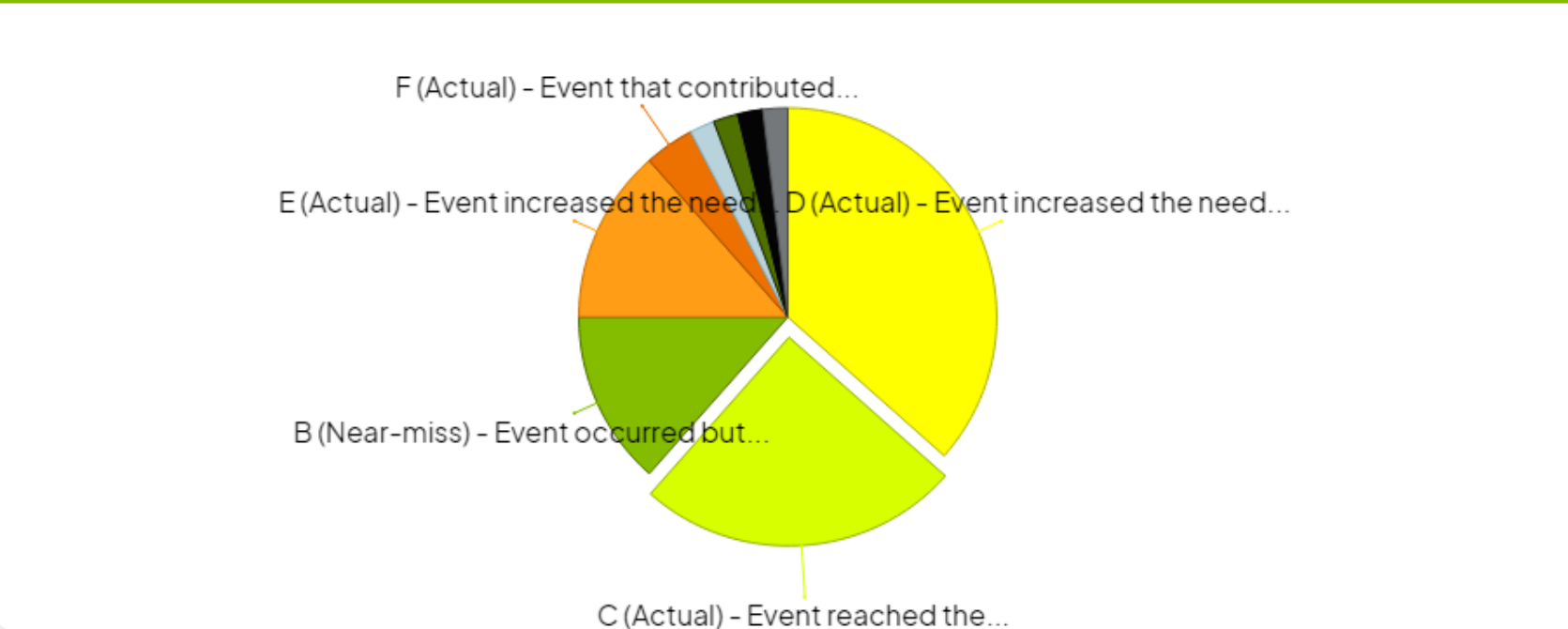
+ Add

Actions

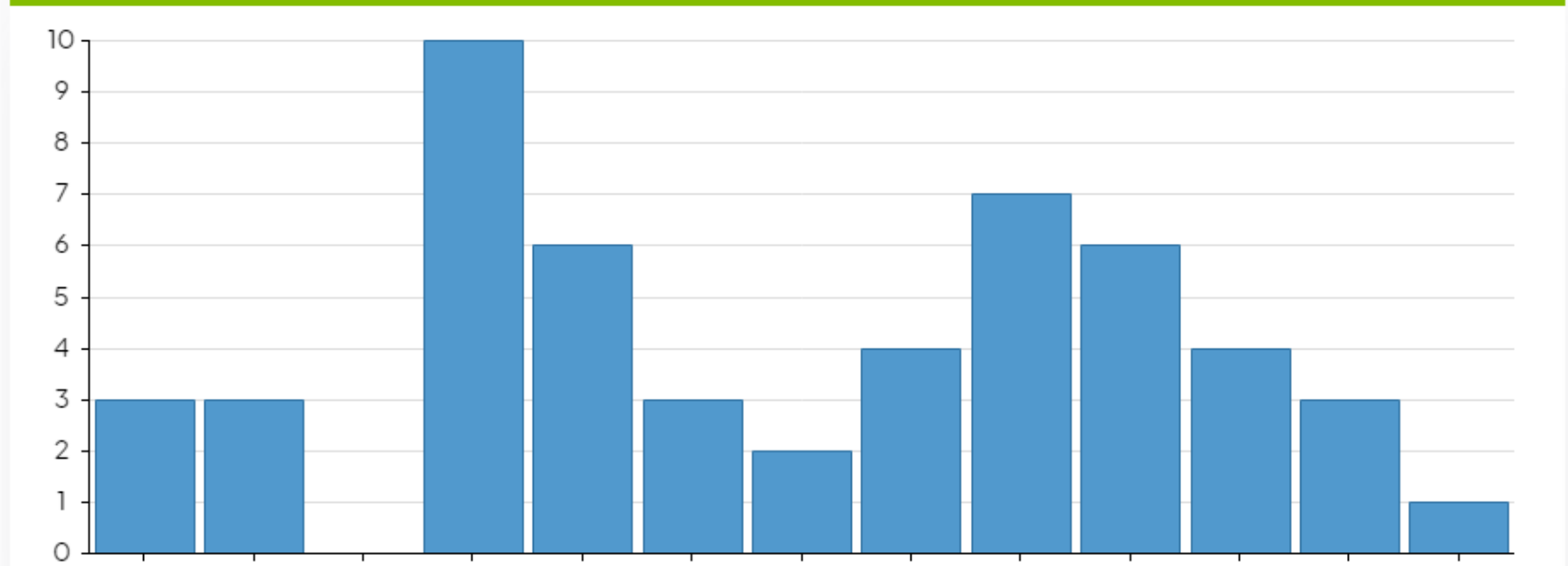
Safety Events by Year



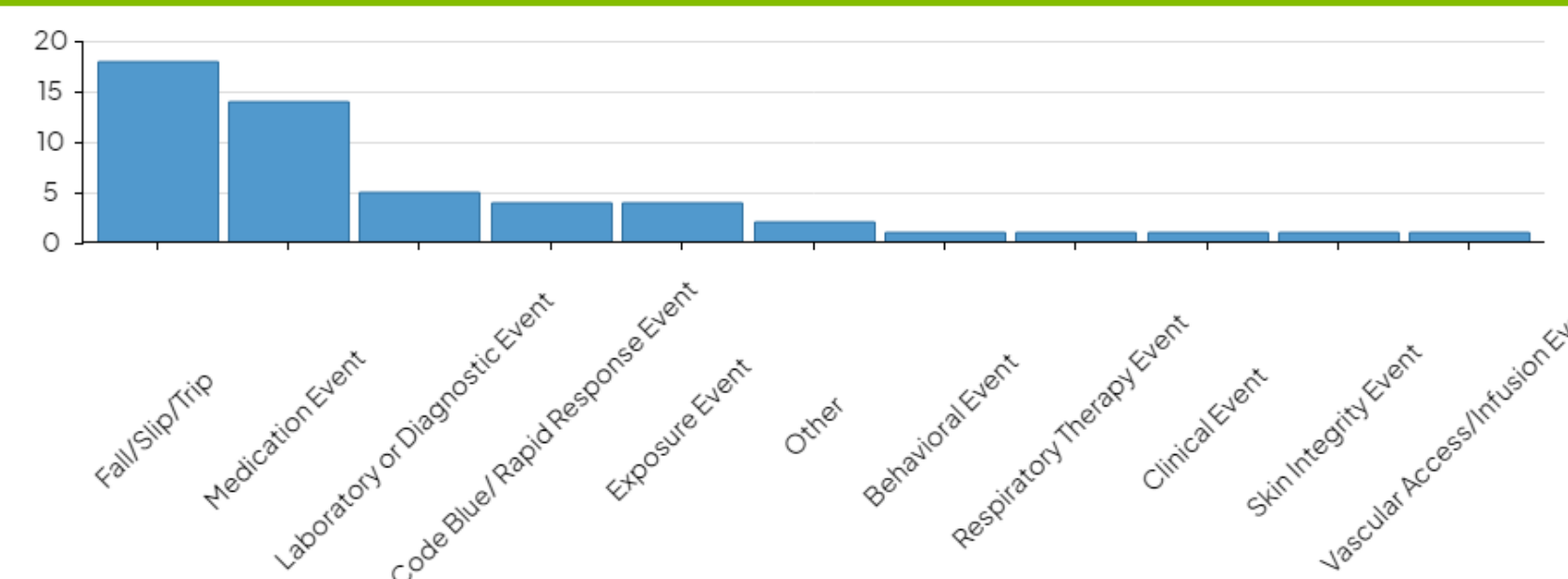
Events by Severity



Safety Events Over The Past Year



Events by Type



List

Search List... Filters View Actions

My Role on Team Status Location Workflow Template +

Status	Template	Title	Key People	Key Dates
Active	Safety Report	⚠	Responsible: Karla Berg	Due: May 10, 2023 Last Updated: May 08, 2023
Complete	Safety Report	⚠	Responsible: Karla Berg	Complete: Jun 24, 2022 Last Updated: Sep 13, 2022
Complete	Safety Report	⚠	Responsible: Karla Berg	Complete: Aug 22, 2022 Last Updated: Sep 13, 2022
Complete	Safety Report	⚠	Responsible: Karla Berg	Complete: Aug 22, 2022 Last Updated: Aug 22, 2022
Complete	Safety Report	⚠	Responsible: Karla Berg	Complete: Aug 25, 2022 Last Updated: Aug 25, 2022
Complete	Safety Report	⚠	Responsible: Karla Berg	Complete: Oct 18, 2022 Last Updated: Oct 18, 2022
Complete	Safety Report	⚠	Responsible: Karla Berg	Complete: Jan 06, 2023 Last Updated: Jan 06, 2023
Complete	Safety Report	⚠	Responsible: Karla Berg	Complete: Feb 02, 2023 Last Updated: Feb 02, 2023
Complete	Safety Report	⚠	Responsible: Karla Berg	Complete: Feb 07, 2023

1 1 - 13 of 13

Quality Results

Nursing > MedSurg/ICU Department Board > MedSurg/ICU Quality Results

+ Add

Actions

CQSC Meeting Schedule 2023

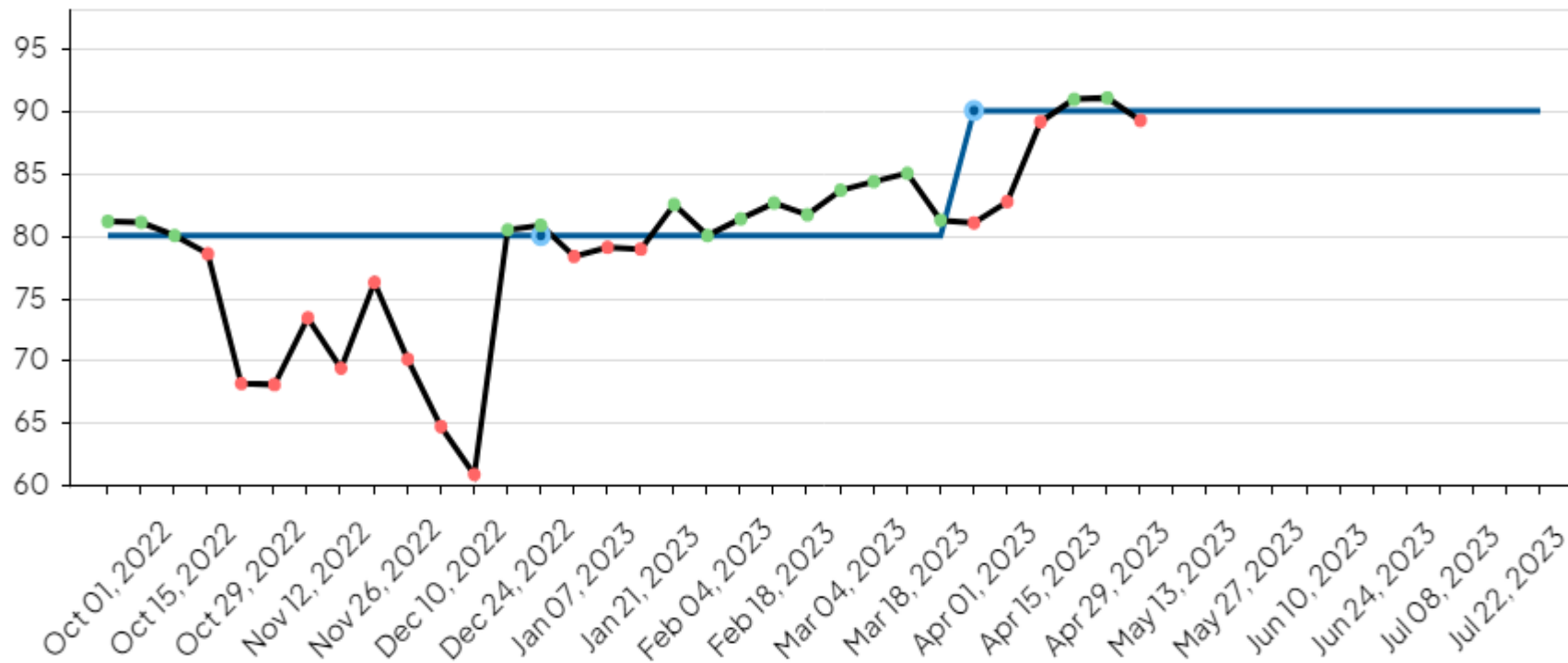
Your department is scheduled to present and review your Quality Data at CQSC:

February / May / August / November

**data reviewed will be data with 3 months below threshold or data with 3 months above threshold*

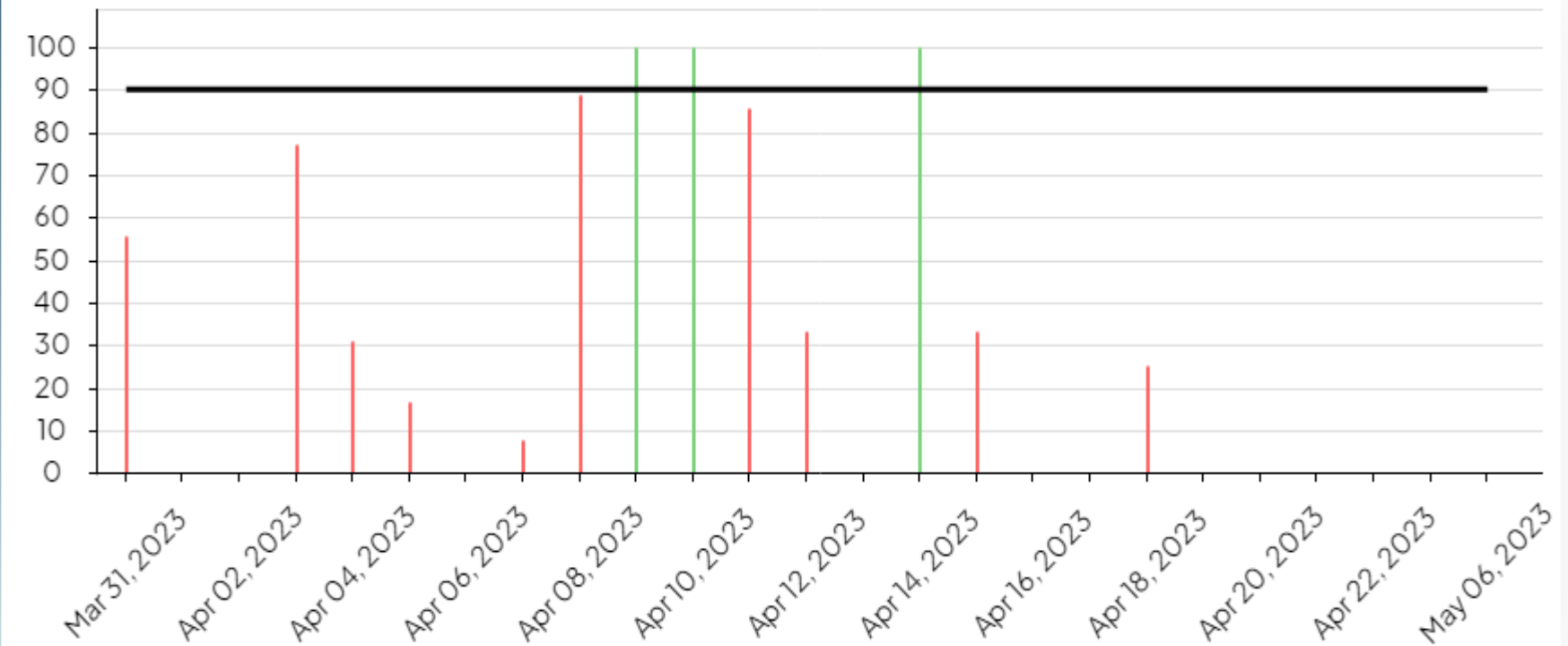
Sentinel Event 2023: Hourly Rounding Compliance @ 90%

SENTINEL EVENT 2023

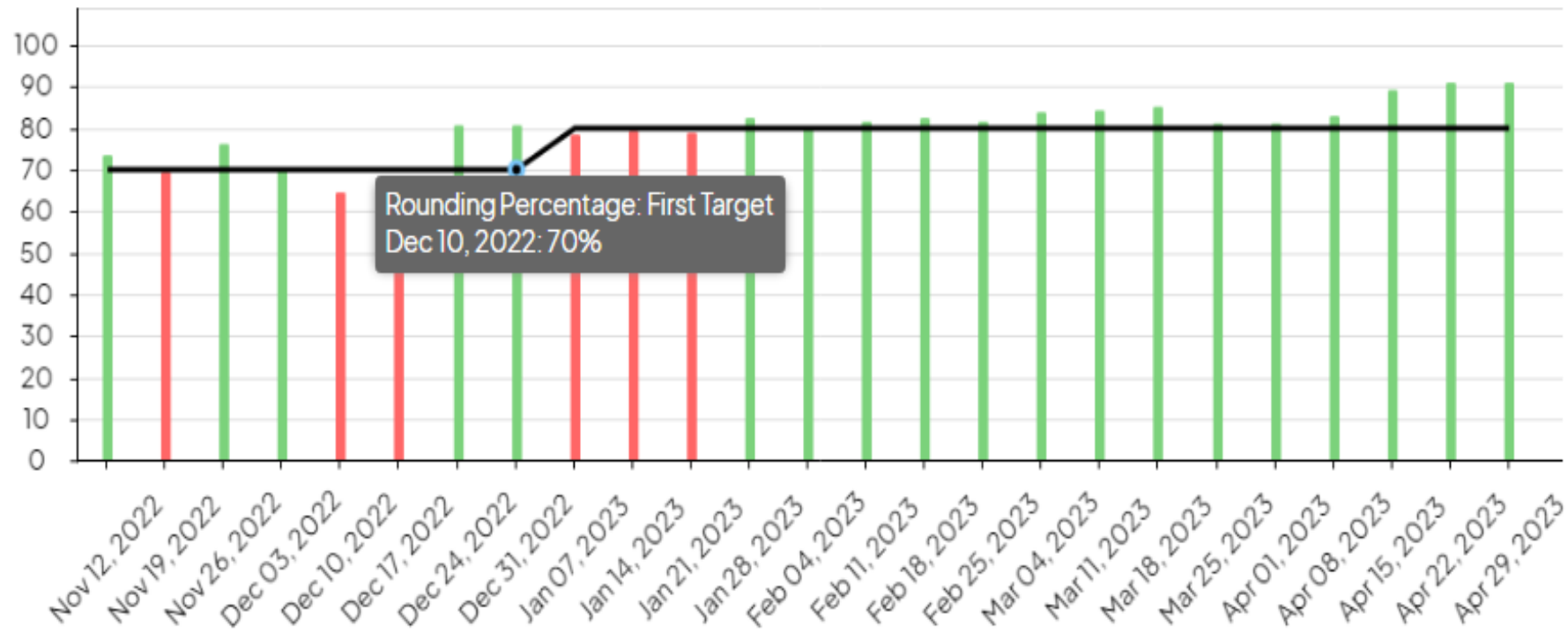


Sentinel Event 2023: High Risk Falls Audit

2023 SENTINEL EVENT

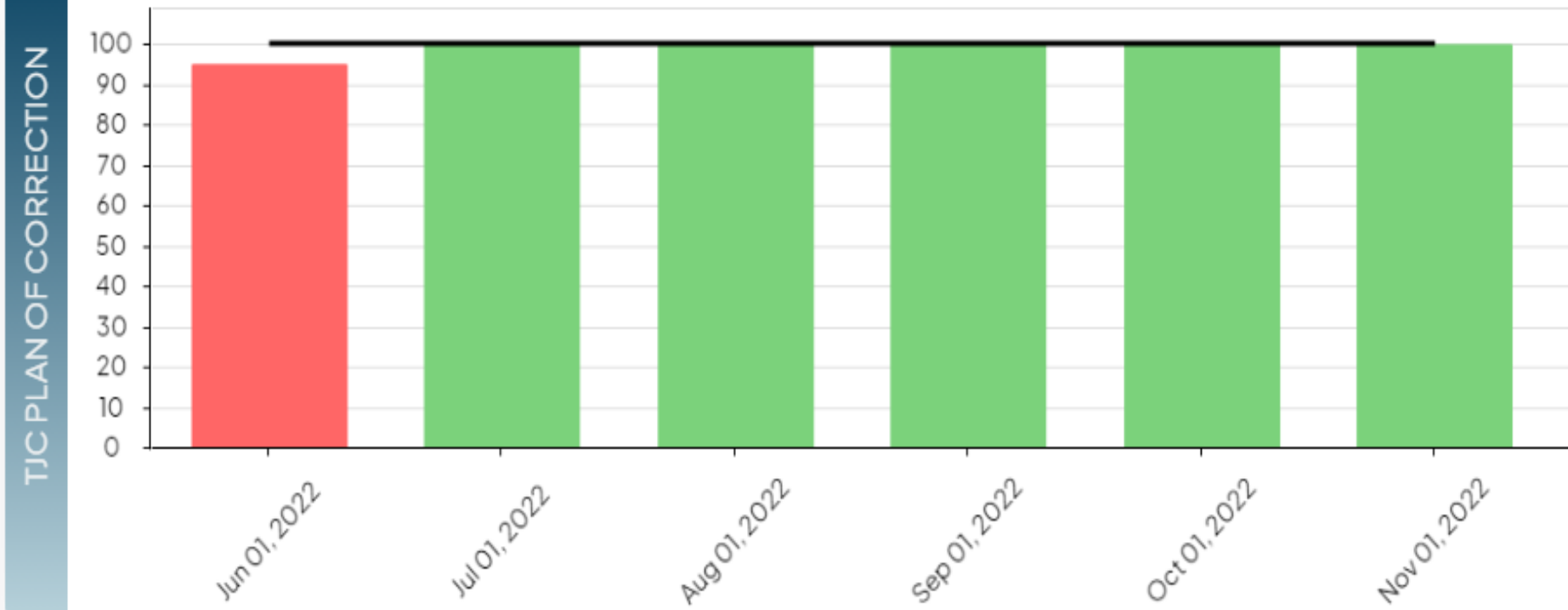


Hourly Rounding Rate-QAPI Goal @ 80%

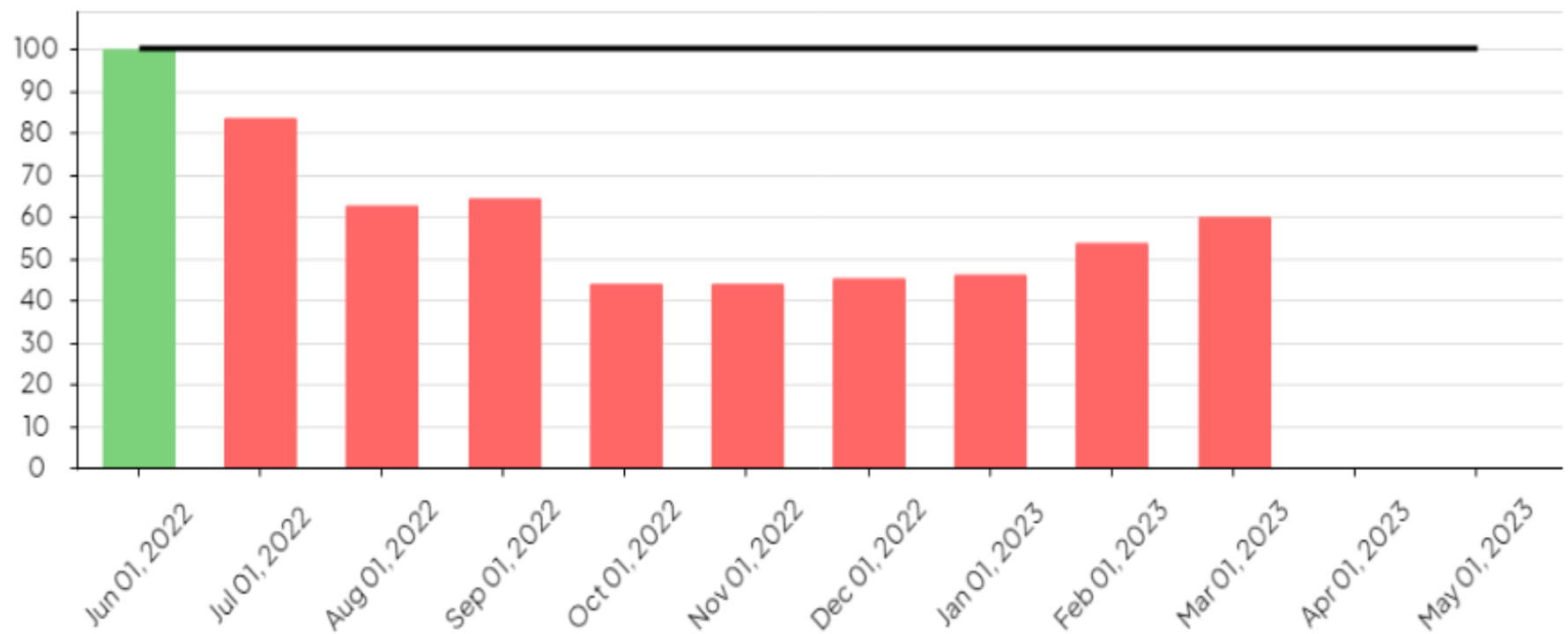


Rounding Percentage: First Target
Dec 10, 2022: 70%

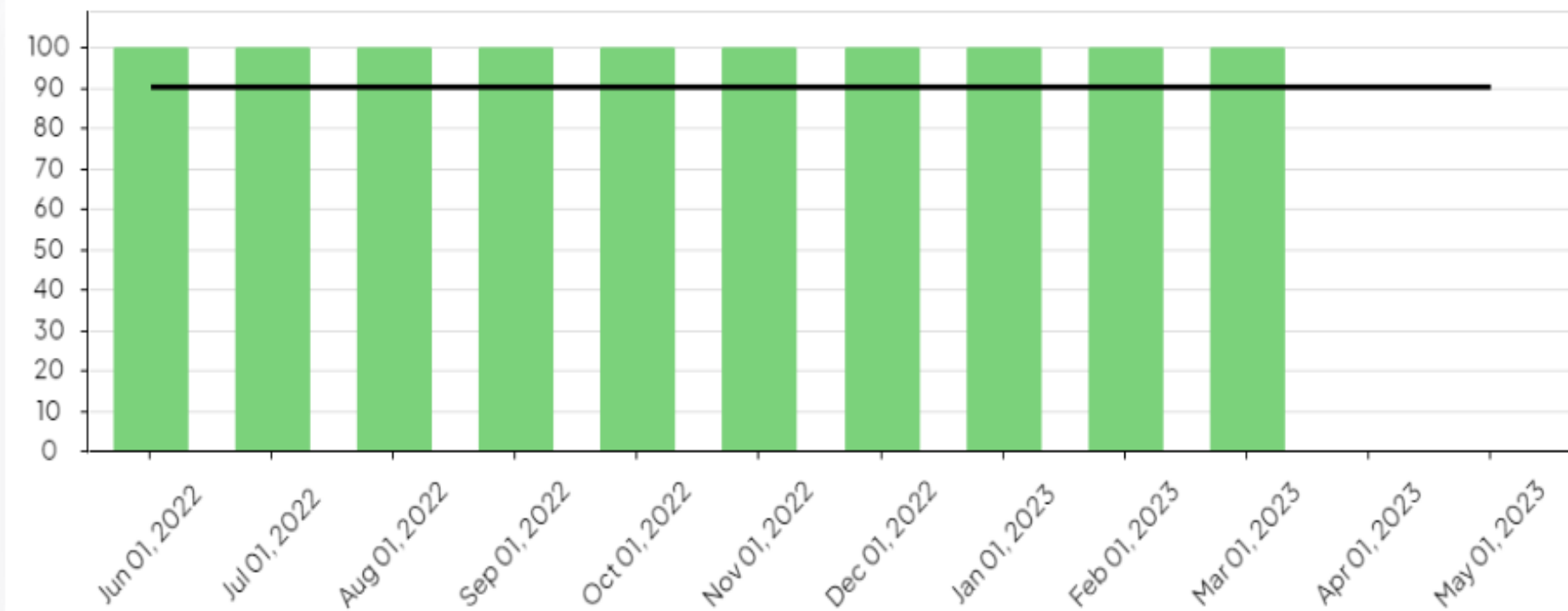
IDT Problem List



MedSurg's Rate of Vitals for Blood Transfusions



Barcode Scanning MedAdmin Compliance-Patient



Data Entry Boards

Nursing > MedSurg/ICU Department Board > Med/Surg ICU Quality Data Entry Board

+ Add ▾ Actions ▾

Med/Surg ICU Quality Data Entry Master

DATA ENTRY MASTER

Measure	06/01/2022	07/01/2022	08/01/2022	09/01/2022	10/01/2022	11/01/2022	12/01/2022	01/01/2023	02/01/2023	03/01/2023	04/01/2023	05/01/2023	06/01/2023	07/01/2023	08/01/2023	09/01/2023	10/01/2023	
Barcode Scanning Med Admin Compliance-Medication Numerator																		
Barcode Scanning Med Admin Compliance-Medication Denominator																		
Barcode																		

Sentinel Event 2023– Med/Surg High Risk Falls Audit

DATA ENTRY MASTER

Measure	03/31/2023	04/01/2023	04/02/2023	04/03/2023	04/04/2023	04/05/2023	04/06/2023	04/07/2023	04/08/2023	04/09/2023	04/10/2023	04/11/2023	04/12/2023	04/13/2023	04/14/2023	04/15/2023	04/16/2023	
Numerator-Total Number of High Risk Patients Audited with ALL Precautions in Place																		
Denominator-Total Number of High Risk Falls Patients Audited																		

Data Entry Bowling Chart

Med/Surg ICU Quality Data Entry Master - Bowling Chart

+ Add Data Series + Add Thresholds + Add Control Limits + Add Bowling Series

Options Chart Data

Date	Barcode Scanning Med Admin Compliance-Medication Numerator	Barcode Scanning Med Admin Compliance-Medication Denominator	Barcode Scanning Med Admin Compliance-Patient Numerator	Barcode Scanning Med Admin Compliance-Patient Denominator	Care Plan Initiated on Admission Numerator	Care Plan Initiated on Admission Denominator	Care Plan Updated every 24 ^o Numerator	Care Plan Updated Every 24 ^o Denominator	IDT Problem List Numerator	IDT Problem List Denominator	Pain Reassessed w/in 1 ^o Numerator	Pain Reassessed w/in 1 ^o Denominator	Peds Fall Risk Assessment Numerator	Peds Fall Risk Assessment Denominator	Pressure Ulcer Rate: Acute IP w/Hospital Acquired Ulcer Stage 2 Numerator	Pressure Ulcer Rate: Acute IP w/Hospital Acquired Ulcer Stage 2 Denominator	Pressure Ulcer Rate: Stage 3+ (AHRQ PSI-03) Denominator	Pressure Ulcer Rate: Stage 3+ (AHRQ PSI-03) Numerator	Threshold Scanning Compliance
																			Threshold
Nov 01, 2022 12:00 A...	5,907	6,296	6,296	6,296	9	10	10	10	20	20	25	29	14	14					90
Dec 01, 2022 12:00 ...	7,746	8,222	8,222	8,222	10	10	8	10	20	20	61	74	10	11					90
Jan 01, 2023 12:00 AM	7,302	7,561	7,561	7,561	9	10	10	10	20	20	65	91	1	2					90
Feb 01, 2023 12:00 A...	4,593	4,711	4,711	4,711	8	10	8	10	20	20	23	26	7	7					90
Mar 01, 2023 12:00 AM	8,615	8,316	8,615	8,615									7	7					90
Apr 01, 2023 12:00 AM																			90
May 01, 2023 12:00 ...																			90
Jun 01, 2023 12:00 AM																			90
Jul 01, 2023 12:00 AM																			90
Aug 01, 2023 12:00 A...																			90
Sep 01, 2023 12:00 A...																			90
Oct 01, 2023 12:00 A...																			90
Nov 01, 2023 12:00 A...																			90
Dec 01, 2023 12:00 ...																			90

+ Add Row Build Multi Rows

Save Cancel

Threshold

Peds Fall Risk Assessment Numerator	Peds Fall Risk Assessment Denominator	Pressure Ulcer Rate: Acute IP w/Hospital Acquired Ulcer Stage 2 Numerator	Pressure Ulcer Rate: Acute IP w/Hospital Acquired Ulcer Stage 2 Denominator	Pressure Ulcer Rate: Stage 3+ (AHRQ PSI-03) Denominator	Pressure Ulcer Rate: Stage 3+ (AHRQ PSI-03) Numerator	Threshold: Barcode Scanning Med Admin Compliance-Medication		Threshold: Barcode Scanning Med Admin Compliance-Patient		Threshold: Care Plan Initiated on Admission		Threshold: Care Plan Updated Every 24°		Threshold: IDT Problem List		Threshold: Pain Reassessed w/in 1°		Threshold: Peds Fall Risk Assessment	
						Threshold	Rate of Barcode Scanning Med Admin Compliance-Medication	Threshold	Rate of Barcode Scanning Med Admin Compliance-Patient	Threshold	Rate of Care Plan Initiated on Admission	Threshold	Rate of Care Plans Updated Every 24°	Threshold	Rate of IDT Problem List	Threshold	Rate of Pain Assessed w/in 1°	Threshold	Rate of Peds Fall Risk Assessment
1	1					90	94.0537...	90	100	100	100	95	100	90	100	100	100	100	100
6	6					90	94.21722...	90	100	100	100	95	70	90	100	100	75	100	100
14	14					90	93.82147...	90	100	100	90	95	100	90	100	100	86.2068...	100	100
10	11					90	94.21065...	90	100	100	100	95	80	90	100	100	82.4324...	100	90.9090...
1	2					90	96.57452...	90	100	100	90	95	100	90	100	100	71.42857...	100	50
7	7					90	97.49522...	90	100	100	80	95	80	90	100	100	88.46153...	100	100
7	7					90	103.5954...	90	100	100		95		90		100		100	100
						90		90		100		95		90		100		100	100
						90		90		100		95		90		100		100	100
						90		90		100		95		90		100		100	100
						90		90		100		95		90		100		100	100
						90		90		100		95		90		100		100	100

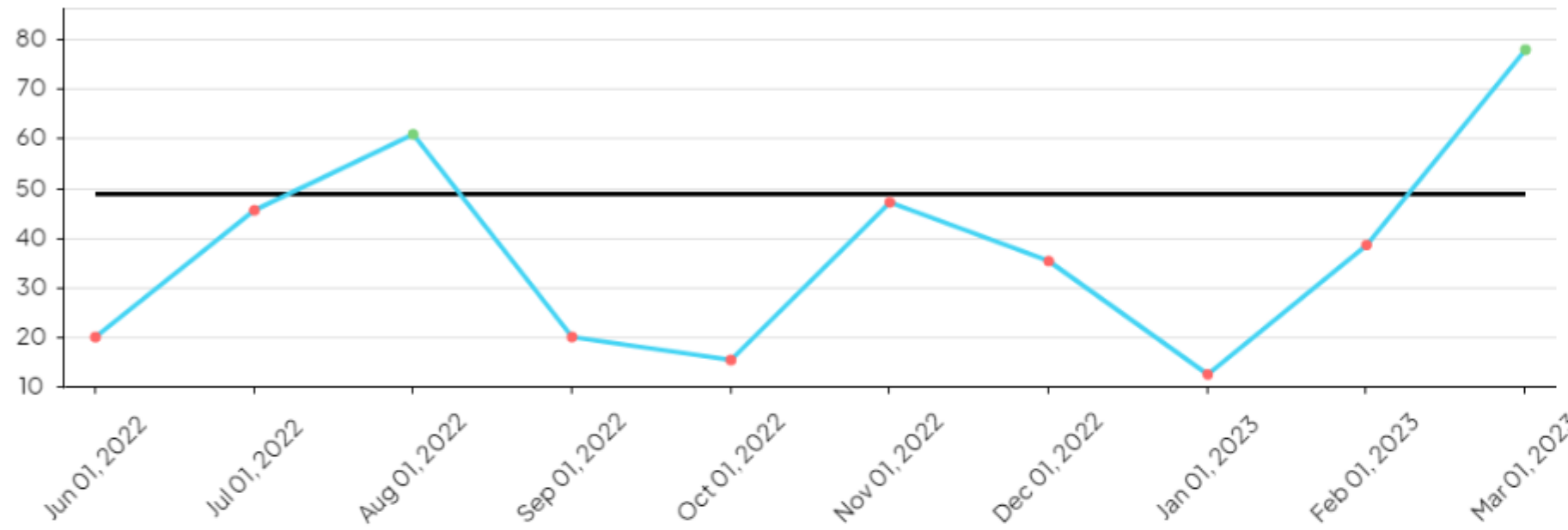
Service Results

Nursing > MedSurg/ICU Department Board > MedSurg/ICU Patient Satisfaction Results

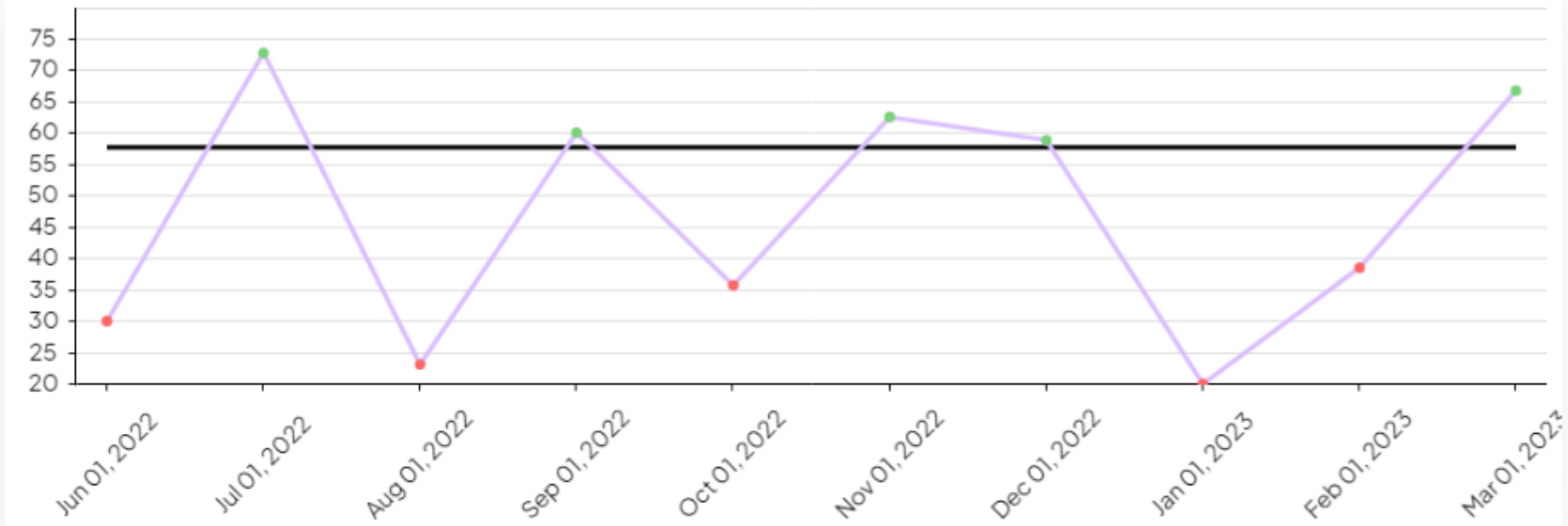
+ Add

Actions

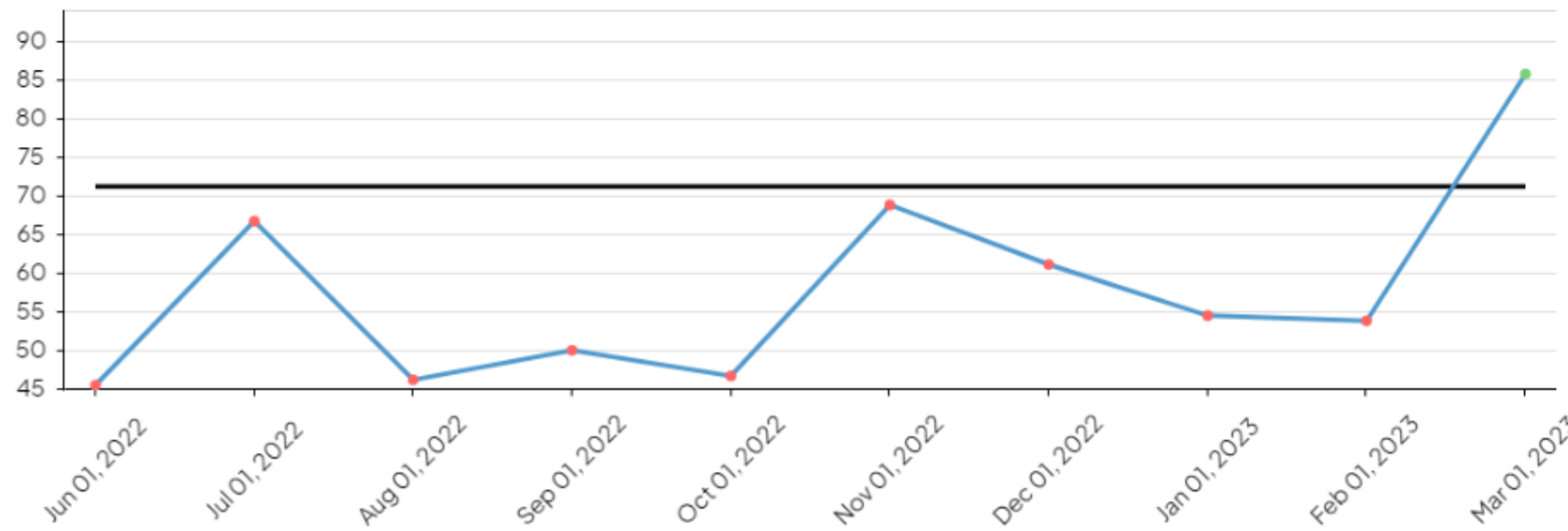
Staff Took Preferences into Account



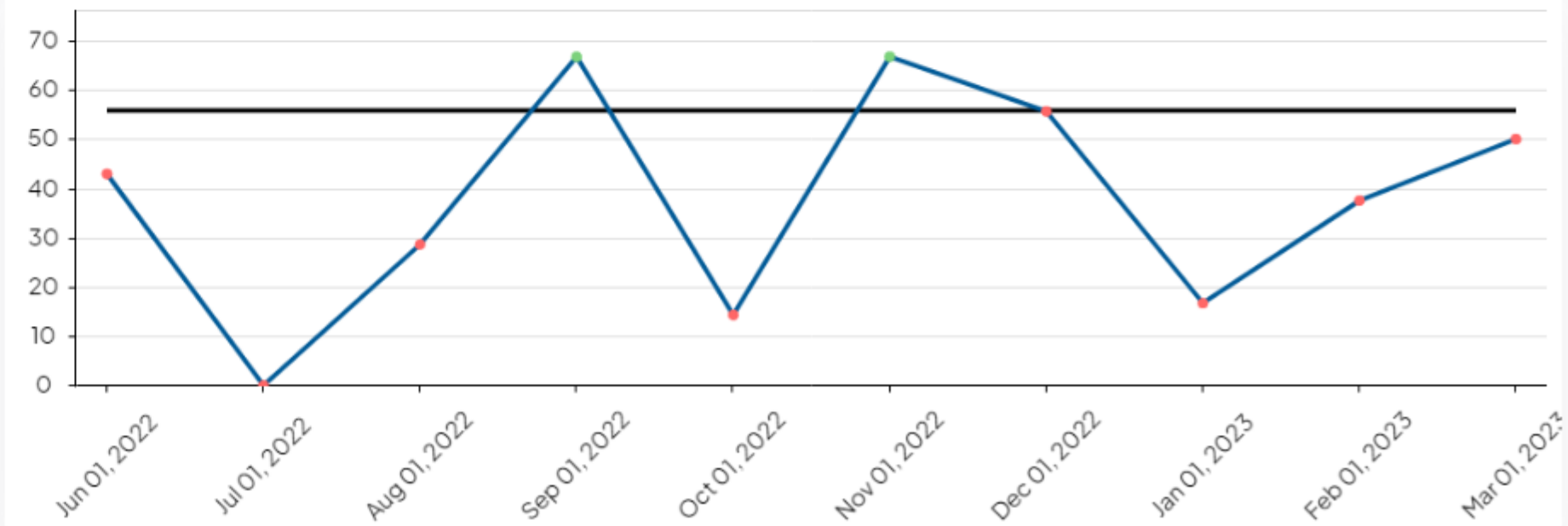
Understood Managing of Health



Got Help as Soon as Wanted



Staff Described Med Side Effects



Data Entry

Med/Surg Department - Bowling Chart

+ Add Data Series + Add Thresholds + Add Control Limits + Add Bowling Series

Options [dropdown] [chart icon]

Date	Bowling: Drs explained things understandably		Bowling: Drs listened carefully to you		Bowling: Got help as soon as wanted		Bowling: Help going to bathroom as soon as wanted		Bowling: Nurses explained things understandably		Bowling: Nurses listened carefully to you		Bowling: Quiet around room at night		Bowling: Rate Hospital		Bowling: Received info re: symptoms to look for	
	Target	Drs Explained	Target	Drs listened	Target	Got help	Target	Help to bathroom	Target	Nurses explained	Target	Nurses listened	Target	Quiet at night	Target	Rate	Target	Received info re: symptoms
Nov 01, 2021 12:00 AM	80.8	76.9	83.9	75	71.2	50	74.6	50	80.3	76.9	82.2	76.9	71.3	81.8	79.7	66.7	93	77.8
Dec 01, 2021 12:00 AM	80.8	93.8	83.9	87.5	71.2	46.7	74.6	42.9	80.3	81.3	82.2	68.8	71.3	56.3	79.7	88.2	93	100
Jan 01, 2022 12:00 AM	80.8	68.8	83.9	70.6	71.2	50	74.6	33.3	80.3	64.7	82.2	76.5	71.3	62.5	79.7	81.3	93	83.3
Feb 01, 2022 12:00 A...	80.8	78.6	83.9	78.6	71.2	60	74.6	33.3	80.3	73.3	82.2	73.3	71.3	73.3	79.7	80	93	100
Mar 01, 2022 12:00 AM	80.8	57.9	83.9	84.2	71.2	73.7	74.6	27.3	80.3	68.4	82.2	77.8	71.3	38.9	79.7	88.9	93	76.5
Apr 01, 2022 12:00 AM	80.8	75	83.9	83.3	71.2	41.7	74.6	54.5	80.3	83.3	82.2	75	71.3	81.8	79.7	80	93	81.8
May 01, 2022 12:00 A...	80.8	100	83.9	94.1	71.2	70.6	74.6	81.8	80.3	88.2	82.2	94.1	71.3	62.5	79.7	94.1	93	87.5
Jun 01, 2022 12:00 AM	80.8	54.5	83.9	72.7	71.2	45.5	74.6	66.7	80.3	72.7	82.2	63.6	71.3	60	79.7	70	93	75
Jul 01, 2022 12:00 AM	80.8	83.3	83.9	100	71.2	66.7	74.6	75	80.3	58.3	82.2	83.3	71.3	81.8	79.7	81.8	93	81.8
Aug 01, 2022 12:00 A...	80.8	30.8	83.9	46.2	71.2	46.2	74.6	66.7	80.3	61.5	82.2	76.9	71.3	46.2	79.7	76.9	93	90
Sep 01, 2022 12:00 A...	80.8	50	83.9	66.7	71.2	50	74.6	66.7	80.3	83.3	82.2	83.3	71.3	66.7	79.7	100	93	100
Oct 01, 2022 12:00 A...	80.8	56.3	83.9	66.7	71.2	46.7	74.6	50	80.3	43.8	82.2	43.8	71.3	64.3	79.7	35.7	93	91.7
Nov 01, 2022 12:00 A...	80.8	70.6	83.9	81.3	71.2	68.8	74.6	63.6	80.3	64.7	82.2	88.2	71.3	70.6	79.7	82.4	93	100
Dec 01, 2022 12:00 ...	80.8	66.7	83.9	88.2	71.2	61.1	74.6	54.5	80.3	83.3	82.2	76.5	71.3	72.2	79.7	72.2	93	81.3
Jan 01, 2023 12:00 AM	80.8	45.5	83.9	50	71.2	54.5	74.6	28.6	80.3	72.7	82.2	63.6	71.3	70	79.7	50	93	88.9
Feb 01, 2023 12:00 A...	80.8	86.7	83.9	93.3	71.2	53.8	74.6	80	80.3	73.3	82.2	73.3	71.3	92.3	79.7	76.9	93	83.3
Mar 01, 2023 12:00 AM	80.8	100	83.9	88.9	71.2	85.7	74.6	66.7	80.3	66.7	82.2	100	71.3	66.7	79.7	88.9	93	100

+ Add Row [Build Multi Rows]

Save Cancel

Main Landing Board for MedSurg/ICU

Nursing > MedSurg/ICU Department Board >


+ Add ▾ Actions ▾


Hazard Surveillance Schedule ▾ 📄 ⋮

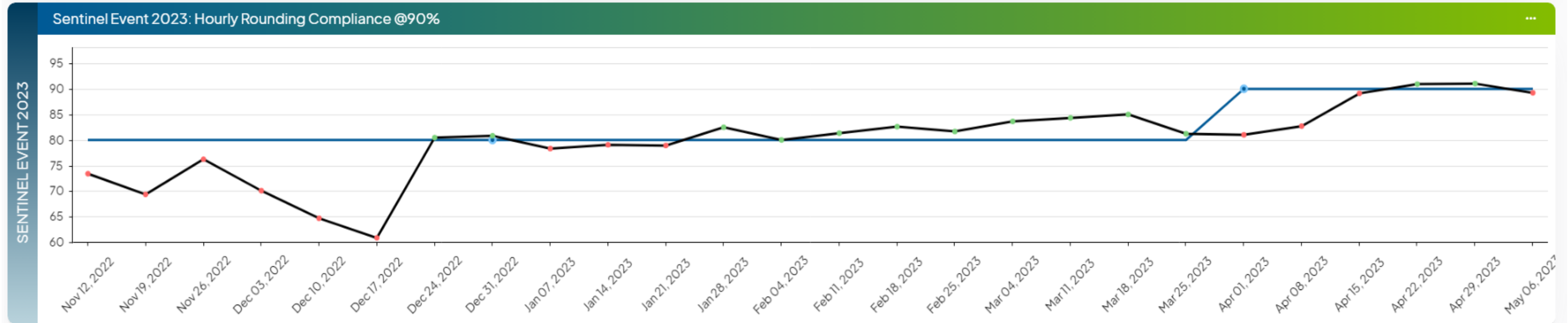
1st Survey Due	2nd Survey Due
April	October

Department Comments ⋮

Leave a comment...

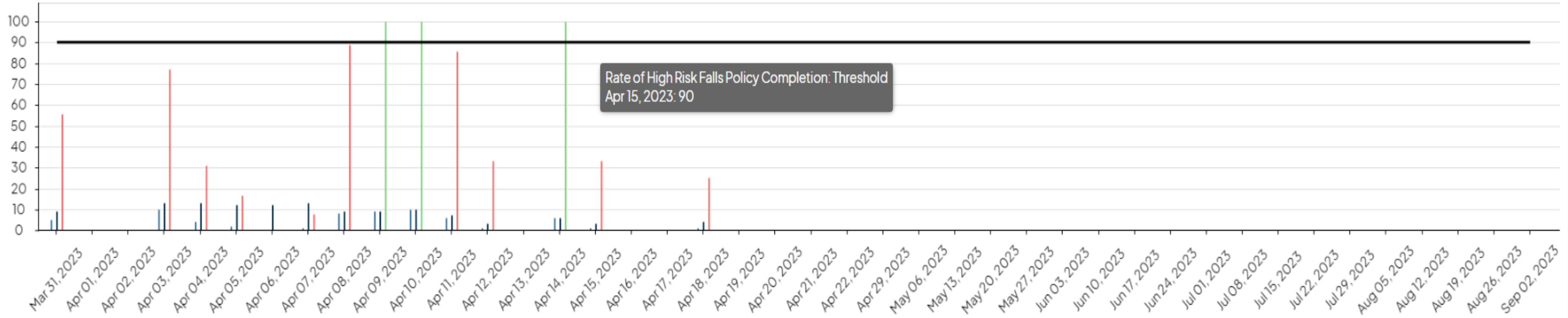
 Stephanie Small Feb 03, 2023 8:52 AM 👍 🛑
Karla wants Hourly Rounding Data on here also

 Stephanie Small Feb 28, 2023 8:55 AM 👍 🛑
Hourly Rounding card added to the Med/Surg ICU Department Board



Sentinel Event 2023: High Risk Falls Audit

SENTINEL EVENT 2023



Yearly Counts

2023 Labeling Errors

0

2023 Safety Events

13

2023 Complaints

9

2023 Referral to Compliance

0

2023 PIF

0

2022 Labeling Errors

0

2022 Safety Events

0

2022 Complaints

1

2022 Referral to Compliance

0

2022 PIF

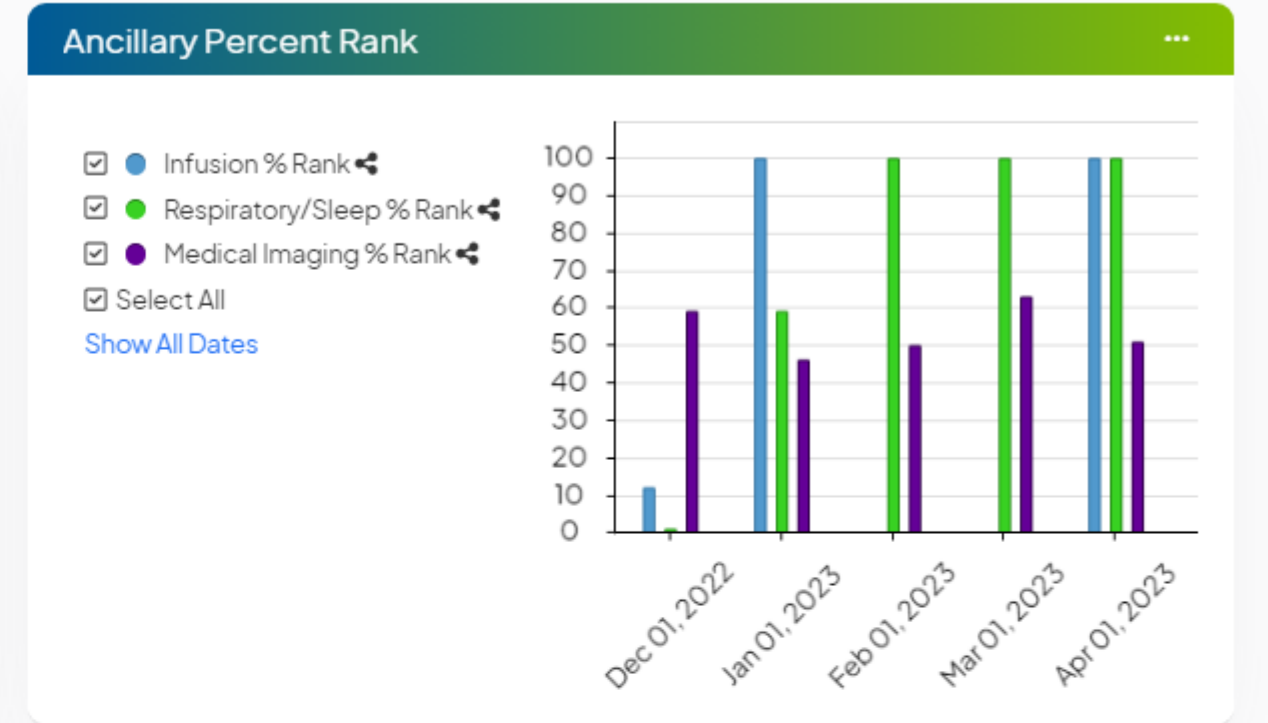
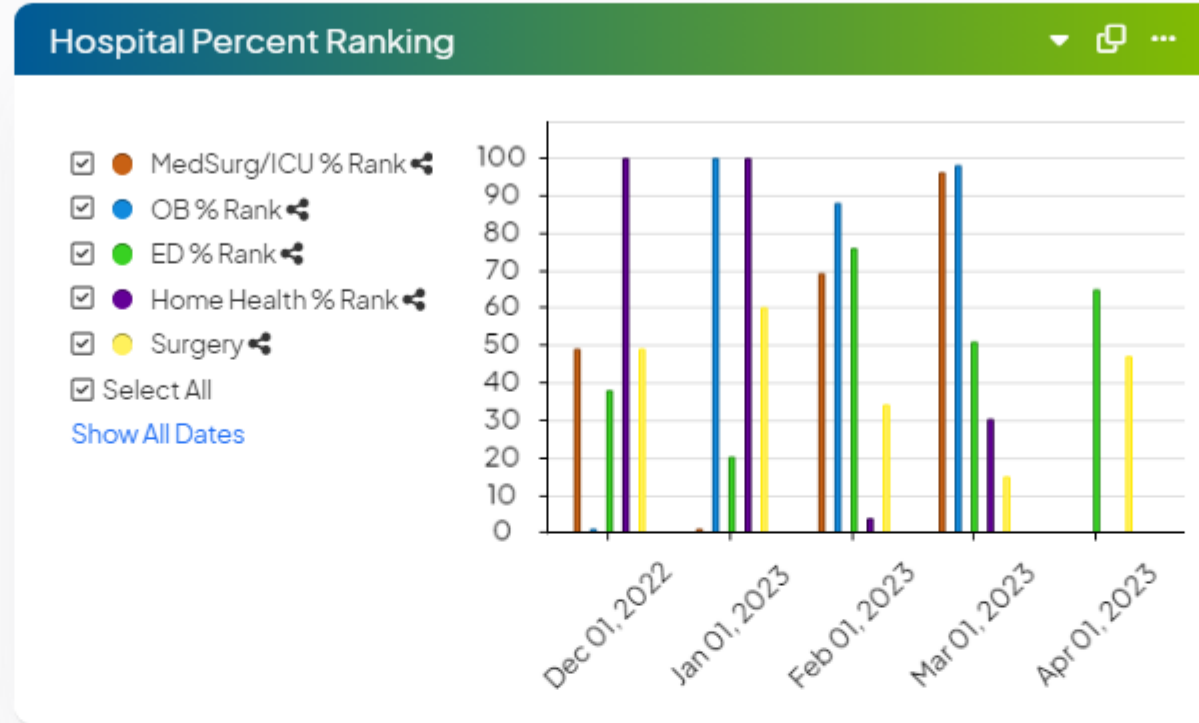
0

Board Designed for CNO

Nursing >

+ Add Actions

- ### Nested Boards
- Cardiac Services
 - ED Department Board
 - Home Health & Hospice Department Board
 - Infusion Department
 - Medical Imaging Department Board
 - MedSurg/ICU Department Board
 - OB Department Board
 - Pharmacy Department Board
 - Respiratory/Sleep Department Board



Count of Unlabeled Specimens

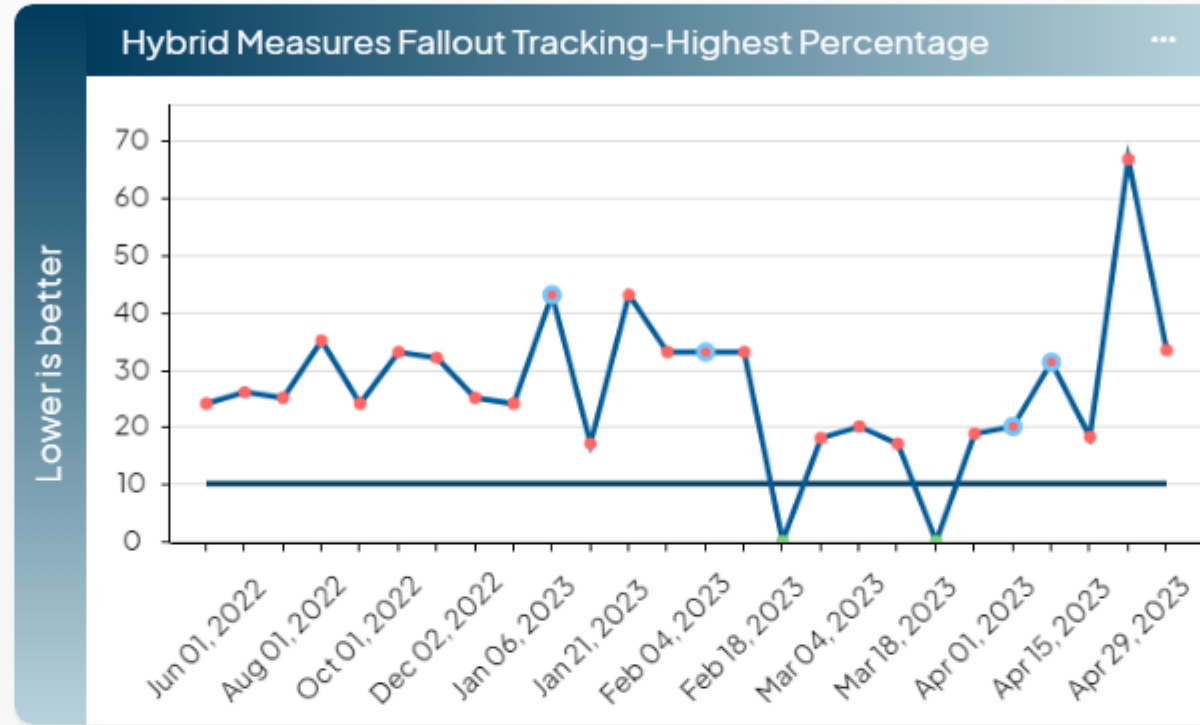
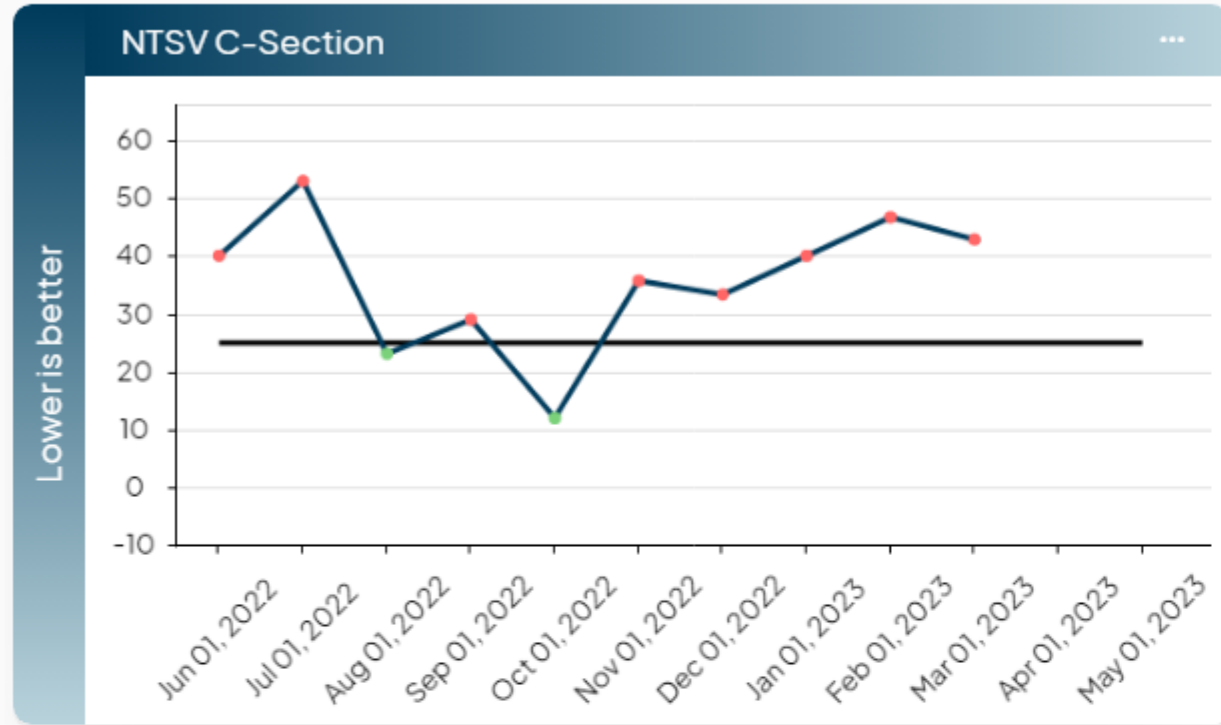
ED	3	Home Health/Hospice	0	Infusion	1
Med Surg/ICU	0	OB	1	Surgery	1

Quality Assurance Performance Improvement

2023 Quality Assurance Performance Improvement (QAPI)

+ Add

Actions



QAPI Highlights

NTSV C-Section Rate

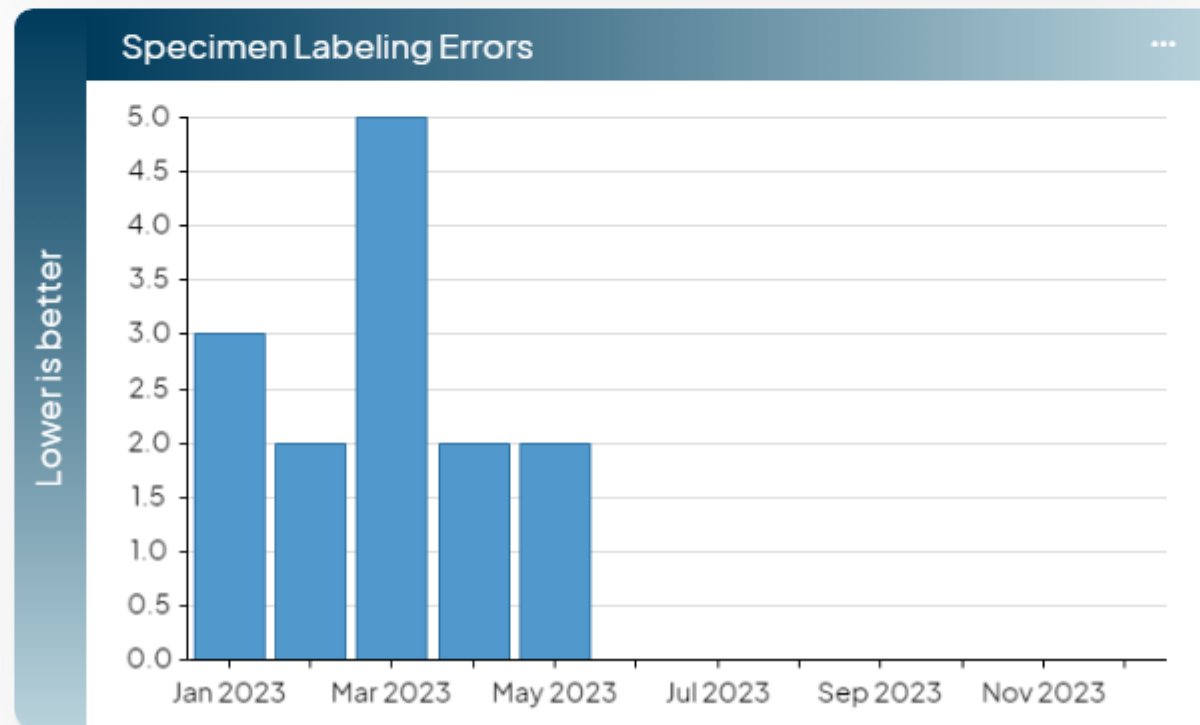
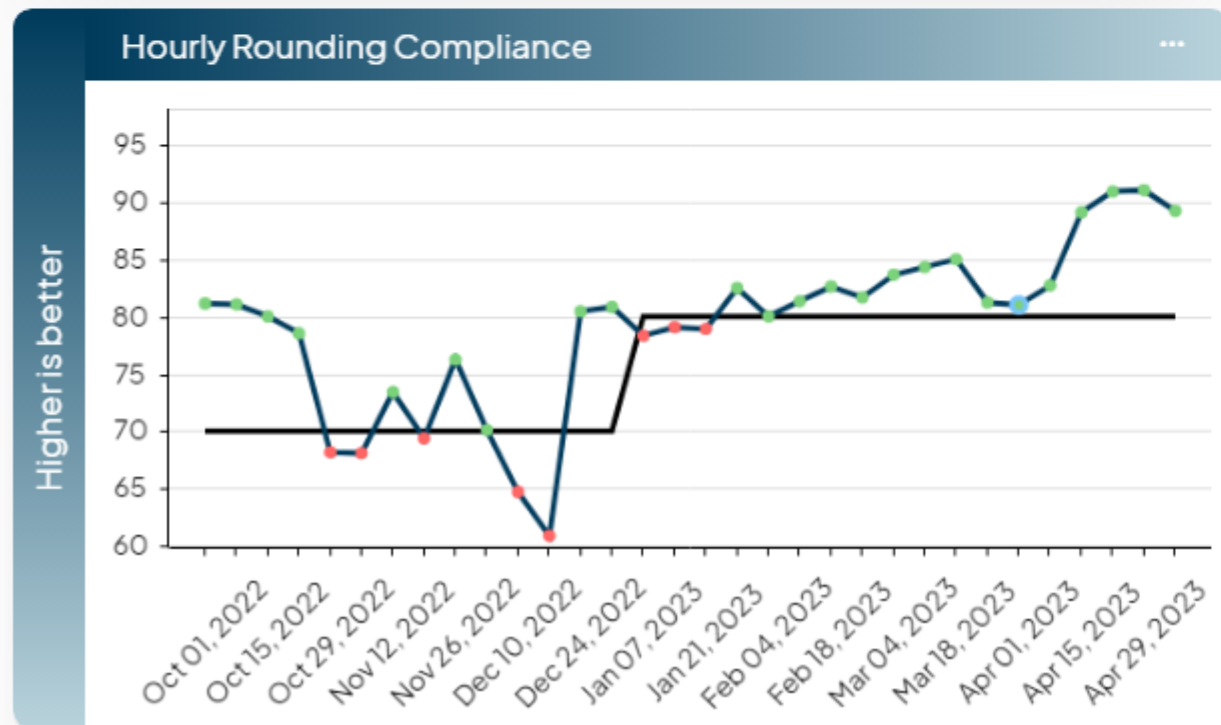
We had several efforts throughout 2022 aimed at improving our NTSV C-Section Rate, but additional projects are necessary to continue decreasing the amount of C-sections.

Goal: 25% NTSV rate |

CMS Hybrid Measures

To allow for CMS to calculate the most accurate rate for these new measures, we suggest a goal of less than 10% missing data on the required CCDEs when the measure becomes mandatory in July 2023.

Goal: <10% data missing |



QAPI Highlights

Hourly Rounding - Fall Prevention

After completing our 2022 goal of 70% Hourly Rounding Compliance, this year's goal seeks to further improve to the Hourly Rounding Compliance Rate, increasing it to an 80% compliance rate in order to keep our patients safe from falls.

Goal: 80% compliance |

Specimen Labeling Errors - Patient Safety

Over the past year, we have seen an increase in safety events involving mislabeled and unlabeled specimens. This year we will undertake efforts to minimize specimen labeling errors with the hope of reducing this number by 50%. Rolling average for 2023 is 2.6 errors per month.

Goal: 50% reduction |

QAPI Continued

2023 Quality Assurance Performance Improvement (QAPI)

+ Add ▾

Actions ▾

Health Equity

Health Equity

The Hospital Commitment to Health Equity measure is broken down into 5 domains, outlined below. Each of the five domains is worth one point for a total of five possible points. However, in order to earn each domain's point, you must affirmatively attest to ALL of the elements within that domain. As an added motivator, CMS has indicated that scores for this measure will be publicly reported.

Domain 1: Equity is a Strategic Priority

The hospital has a strategic plan for advancing healthcare equity that:

- Identifies priority populations who currently experience health disparities
- Establishes healthcare equity goals and discrete action steps to achieving those goals
- Outlines specific resources which have been dedicated to achieving your equity goals
- Describes your approach for engaging key stakeholders, such as community partners

Domain 2: Data Collection

The hospital is actively engaged in three key data collection activities:

- Collecting demographic information, including self-reported race and ethnicity and/or social determinant of health (SDOH) information on the majority of patients
- Training staff in culturally sensitive collection of demographic and/or SDOH information
- Inputting demographic and/or SDOH information collected from patients into structured, interoperable data elements using a certified EHR technology

Domain 3: Data Analysis

- The hospital stratifies key performance indicators by demographic and/or SDOH variable to identify equity gaps and includes this information on hospital performance dashboards.

Domain 4: Quality Improvement

- The hospital participates in local, regional, or national quality improvement activities focused on reducing health disparities

Domain 5: Leadership Engagement

- Senior Leadership, including chief executives and the entire hospital board of trustees, demonstrates a commitment to equity through two activities:
 1. Annual reviews of the strategic plan for achieving health equity
 2. Annual review of key performance indicators stratified by demographics and/or social factors

Additionally, The Joint Commission (TJC) has also identified reducing health disparities as a critical focus for 2023. Beyond the domains above, TJC requires that every Critical Access Hospital designate an individual(s) responsible to lead activities to reduce health care disparities and to act when the hospital does not achieve or sustain the goals in its action plan. TJC further requires us to not only screen and identify health disparities, but is also more prescriptive than CMS in stating that hospital provide information to these patients around community resources and support services.



Thank You!