“PARTNERSHIPS FOR PATIENTS”
Reducing preventable harm & preventable readmissions
Bunkie General Hospital and
Louisiana Hospital Association Research and Education Foundation Hospital Engagement Network

Linda Deville, CEO Bunkie General Hospital Bunkie, Louisiana
• **Bunkie General Hospital**  
  – CAH -Hospital Service District  
  – 3 Physician clinics (2 RHC’s) and ER Hospitalist Concept  
  – 8 Bed In-patient Geriatric Psych Unit and Out-Patient psych  
  – HPSA & MUA  
  – Joint Venture Home Health Agencies  
  – 25,000 Service Population  
    • 40% High School Drop outs  
    • 25% Below Poverty  
    • 32% Smoke  
    • 45% Hypertension  
    • 68% Overweight to Obese  

• **LHA Research Education Foundation Hospital Engagement Network “LHAREF HEN”**  
  – 1550 in HRET HEN network and 95 in Louisiana 21 CAH
CATALYST for CHANGE - ISSUES

• Hospital and local level issues: (arrived May 07)
  – Poor community image and NO communication with local healthcare agencies
  – Limited funds and little or no Quality Program and lacked accountability

• State and National level
  – Hospital was profitable in the days of (REVENUE - COST = MARGIN)

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<tr>
<th>REVENUE</th>
<th>COSTS</th>
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<tr>
<td>Medicare pressures</td>
<td>“20% to 50% of all health care efforts are attributable to inefficiency and waste.”</td>
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<td>Bundling</td>
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<td>Non-payment - adverse events</td>
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<td>Non-payment of readmissions</td>
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Rework, work-around, defects, errors, unnecessary harm, delays, misuse, overuse, underuse

– Louisiana Medicaid: Growing enrollment vs crisis in funding
– Rising cost of care for Baby Boomers average age is 77.9 while in 1965 it was 70
BEGINNING THE JOURNEY – ORGANIZATIONAL CHANGE CENTERED AROUND QUALITY

- **May 07** – began as CEO

- **August 07** – LaDHH via RHPI Project Conference: ”Engaging Board & Medical Staff in Quality”

- **May 08 to Sept 08** – engaged consultant via RHPI project to revamp quality program:
  - Move from reactive to proactive and avoid duplication of reporting
  - Remove department silos to an integrated approach and restructure department meetings
  - Outcomes hard to measure and no comparative data to determine if successful
  - Education of the Board, Medical Staff, Department Managers and Staff
  - Combined Strategic plan & Quality plan with Focus on three area:
    - Quality, Financial and Satisfaction (included patients, MD, and staff)

- **October 09- Feb 2010** - RHPI Grant
  - Leadership Development and Mid-level Management
  - FOCUS for TRAINING- “DO IT ONCE AND DO IT RIGHT”

- **January 2010** --- New hospital wide - policy on NON-PUNITIVE REPORTING ENVIRONMENT
ORGANIZATIONAL CHANGE TAKES HOLD

U.S. News Feature & American Heart Association
“Get with the Guidelines” Silver 2009 & Gold in 2010

Quality program gained credibility with hospital partnerships with state and national partners -- we realized we were too small to do it alone
ORGANIZATIONAL CHANGE TAKES HOLD

JULY 2011 HealthGrades ranked Bunkie as one of the top 48 Hospitals in La. BGH was ranked in the top 10 hospitals in LA for Pulmonary services

MODERN HEALTHCARE – May 6, 2013
“No small achievement” article featured
Bunkie General Hospital IT and Telemedicine project
Adverse drug events
• Catheter-acquired urinary tract infections (CAUTI)
• Central line-associated blood stream infections (CLABSI)
• Injuries from falls and mobility
• Obstetrical harm (such as elective induction pre-39 weeks)
• Pressure ulcers
• Surgical site infections (SSI)
• Venous thromboembolisms (VTE)
• Ventilator-associated pneumonia (VAP)
• Preventable readmissions
• Teamwork, safety culture, and leadership
LHAREF HEN COMMITMENT
“TRUE PARTNERHSIP FOR PATIENTS”
CHALLENGES

• Why report if it doesn’t impact bottom line – had to demonstrate value
• Low volume makes it hard to understand if it is a trend or just rare occurrence
• Difficulty with segregation of data – acute, skilled, psych
• Find resources/tools to do job so that it isn’t burdensome as all wear many hats
• Looking at all areas with a critical eye
• All departments must be involved from Administration to Maintenance
• Comprehension of a True PARTNERHSIP FOR PATIENTS
• EVERYONE HAS SKIN IN THE GAME - Housekeeping ensures cleanliness to prevent infections. Dietary has to ensure no meals are given that could harm the patient.
SUCCESS: 2011 Overall 20%  2012 7.39%  2013 4.38%

Communication (verbal and electronic) with local nursing home & home health supported by IT
Electronic copies of patient records (discharge instructions, Med rec and PCP follow up appt. w/n one week)
Follow up call at 24-48 hours post discharge

Hospital hand deliver patient records to local nursing home when patient presents in ED

CHALLENGES: Communication prior acceptance  COPD patients continue to return
**ANNUAL BGH CPOE RATE:** 2011 = 79%  2012= 86%  2013 = 97%

**ACTIONS: KEY TO RESULTS ---- MULTI-DISCIPLINARY TEAMWORK!!!!!!!**

1. TECHNOLOGY
   - February 2008 --CPSI- hospital wide
   - July 2010  Began using Medication Cart with bar code medication administration
   - May 2013 Purchased Omnicell cabinets

2. Pharmacy is proactive in providing a clean, efficient medication chargemaster to ensure scanning and clinical monitoring of meds

**CHALLENGES:** Learning curve for ALL & Rotating ED Hospitalist need access to CPOE
Management of Coumadin is shared responsibility of nursing, lab, and Pharmacy. Lab calls nursing staff with critical values ASAP. RX alerts from system for INR levels at Coumadin entry.

Nursing educates and performs accuchecks with MD Standard Order Protocol for sliding scale. Lab alerts nursing BG <50

Nursing monitors pain – only 5 hospitals reporting
Patients w/ at least one Stage III or greater Nosocomial Pressure Ulcer

Skin Assessment Documented w/n 24 Hours of Admission

BGH & LHAREF HEN OUTCOMES – PRESSURE ULCERS

100% SKIN ASSESSMENT WITHIN 24 HOURS OF ADMIT

ZERO PRESSURE ULCERS

BGH & All State Organizations Rate vs. All Project Organizations Rate

Baseline Apr-13 Jun-13 Aug-13 Oct-13
BGH & LHAREF HEN OUTCOMES – CAUTI RATE WITH HAND HYGIENE MONITORING

Catheter-Associated Urinary Tract Infection Rate

Hand Hygiene Adherence Rate
• Instill culture of excellence – every patient is important
  Commitment  Collaboration  Communication  Celebration
• Board and Physician engagement is critical
• Strengthen relationship with regional, state and community partners
  (nursing homes, home health agencies, hospice) is vital.
• Integration is the key-  20% to 50% of all cost is error or omission
• Understanding the health status of the population served is key to
  designing appropriate and effective tools to attain optimal outcomes.
• EVERYBODY HAS SKIN IN THE GAME
• Quality is not part of a drill – “IT IS OUR JOB”

“Leaders get the behavior they exhibit and tolerate”
Jim Collins, author of “Good to Great”
“PARTNERSHIPS FOR PATIENTS”

QUESTIONS?

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