

Many Voices, One Goal: A Team Approach to Quality and Patient Safety

As part of its mission to support its members in their delivery of high-quality, patient-centered health care, GNYHA has become a leader in conducting quality improvement and patient safety initiatives through the development of a supporting infrastructure and a unique model for collaboration. GNYHA's strategy has been to help its members create a team response to all quality and patient safety issues, one that teaches staff from multiple disciplines and at every level—from senior executives to frontline clinical and support staff—that they have an essential role to play in optimizing patient care and outcomes. The strategy includes programs to make staff aware of the quality initiatives that are under way and to provide them with the tools they need to educate their co-workers, as well as collaborative activities that focus on infection control, perinatal safety, and critical care. This issue of *Health Care News In-depth* looks at some of those programs and activities.

In its continuing effort to foster high-quality health care, GNYHA is working with its members on a number of initiatives that have attracted the commitment and engagement of executive leadership as well as frontline clinical and support staff, have highlighted a team approach with broad staff participation, and have nurtured partnerships among departments and across institutions. GNYHA has developed a strategy that works throughout the health care setting to optimize the quality of care and patient outcomes by emphasizing the importance of health care staff at all levels and teaching them to teach each other, as well as building a replicable model that enables staff to sustain the improvements they achieve.

Many of the initiatives described below were conducted in partnership with or funded by the United Hospital Fund (UHF), 1199 SEIU United Healthcare Workers East and the 1199 Training and Employment Funds, and New York State.

Supporting Infrastructure

GNYHA's quality and patient safety agenda is supported by an overarching infrastructure made up of programs that give participants the skills and support they need to

sustain their achievements and spread the practices they develop throughout their facilities and beyond.

Quality Coach Fellowship. A joint GNYHA/UHF initiative, the Quality Coach Fellowship (QCF) seeks to draw a clearer connection between the daily activities of hospital staff and their impact on quality and patient outcomes. The program accomplishes its goal by training management and labor in both clinical and nonclinical roles to act as "quality coaches," who are educated in how the actions of different members of the health care team can have a positive or negative impact on care and outcomes. Staff are encouraged to lead, support, mentor, and inform other members of the health care team about ways to improve patient satisfaction and clinical outcomes.

Infection Prevention Campaign. GNYHA's Infection Prevention Campaign, which it conducts in partnership with the 1199 Training and Upgrading Funds, develops and educates frontline

staff to become "infection prevention coaches," teaching them to understand—and communicate to their colleagues—the valuable role they each play in controlling the spread of infection. The goals of the campaign are to improve hand hygiene practices among health care staff, increase health care worker immunization rates, and improve the environment of care in health care facilities.

Critical Care Leadership Network (CCLN). The CCLN, a joint GNYHA/UHF endeavor, comprises local and national executive leadership and interdisciplinary hospital staff in the fields of critical care medicine, surgery, and nursing. The CCLN's members are co-

ordinating a unified approach to delivering critical care services by sharing

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A poster developed as part of GNYHA's infection control activities, in partnership with 1199 SEIU United Healthcare Workers East and the 1199 SEIU Training and Employment Funds. The poster was distributed to all GNYHA member hospitals that participated in the Infection Prevention Campaign for display throughout each facility.



and standardizing the implementation of evidence-based practices and the training of clinicians to improve patient outcomes in the ICU. In addition, the CCLN focuses on collecting and using data effectively to set priorities, developing optimal ICU staffing models, addressing the ICU workforce shortage, recognizing the role of critical care outside the ICU, monitoring bed utilization and patient throughput, and end-of-life care, including organ donor/recipient issues.

Root Cause Analysis (RCA) Training. This program provides health care staff with the skills to identify the root causes of an error or adverse event. The program aims to develop leaders in each facility who can take their organization through an RCA in response to a medical error or adverse event to create a better understanding of why that event or error occurred; develop effective risk-reduction strategies that will prevent that type of error or event from re-occurring; and heighten awareness among health care workers of the nature of error in the health care environment, focusing on both the organizational and human factors that contribute to such errors and empowering health care workers to design and use safer patient care processes.

Quality and Patient Safety Collaboratives

Three years ago, GNYHA and UHF embarked on a journey to enhance the quality of care and patient safety in hospitals, with the goal of designing an effective model to improve patient outcomes. Early on, the participants recognized the positive impact that multiple organizations and professionals working toward a common goal could achieve. In less than three years—in addition to the CCLN and QCF program described above—four collaboratives have been launched and a standardized model to support those initiatives has been identified.

That model has been key to rapidly launching the collaboratives, moving them forward, and demonstrating early success. More significant, infusing components of the model into each of the collaboratives has eased the transition from one initiative to the next. In the formative stages, senior

leadership makes a commitment to support the goals of the collaborative and to assist the staff in implementing new practices. This is followed by multidisciplinary team formation and a “kick-off” educational session. GNYHA and UHF provide technical support through learning sessions, ongoing conference calls, and Internet support; identify clinical “experts-on-call”; participate in ongoing site visits to collaborating hospitals; and support member hospitals through their QCF program and helping them to engage frontline staff support.

Central Line–Associated Bloodstream Infections (CLABs) Collaborative. The CLABs Collaborative, which was established to help member hospitals eliminate CLAB infections in their intensive care units (ICUs), bases its efforts on the use of a “bundle” of proven infection control practices to improve quality of care and ensure patient safety. To date, participating hospitals in the CLABs Collaborative have decreased CLABs rates in their ICUs by more than 70%, on average—a decline that has been sustained over time. These results demonstrate that infections can be eliminated through leadership support, teamwork, communication, systematic adoption of evidence-based practices, and basic hand hygiene. Currently, 47 hospitals are participating.

Clostridium Difficile Collaborative. Launched in March 2008 with support from the NYS Department of Health, the *C. Difficile* Collaborative was designed to prevent and eliminate *C. difficile* infections through a set of interventions known as the “*C. difficile* bundle.” Building on the success of the CLABs Collaborative, the *C. Difficile* Collaborative uses interdisciplinary teams, tests and measures practice innovations, and shares experiences to accelerate learning and the widespread adoption of best practices to reduce *C. difficile* rates in hospitals.

Perinatal Safety Collaborative. With 32 participating GNYHA member hospitals,

the Perinatal Safety Collaborative aims to enhance patient safety and improve the quality of obstetrical and perinatal care by identifying the best practices for the delivery of care that can be implemented across the region; to reduce the incidence of adverse events and the costs associated with malpractice claims in obstetrics and perinatal medicine; and to evaluate the effectiveness of this initiative by identifying measurable outcomes that can be tracked over time.

The initiative emphasizes a “culture of safety” on the labor and delivery unit; a multidisciplinary team approach to patient care; transparency, including disclosure and apology, and reporting of adverse events, without laying blame; effective communication in the perinatal care setting by using standardized nomenclature in the management of the patient, including electronic fetal monitoring strip (FMS) interpretation; standardized approaches to FMS education and certification, patient hand-offs, and multidisciplinary rounding, as well as compliance monitoring; a “rapid response” approach to the management of the patient in labor who presents with urgent or emergent clinical findings; and perinatal performance measures.

Rapid Response System (RRS) Collaborative. The RRS Collaborative, which has 38 participating member hospitals, works to implement the use of rapid response teams to reduce mortality and cardiac arrest, as well as the length of stay, in hospital ICUs. Rapid response teams are designated teams of clinicians who identify high-risk patients, respond to early signs of acute deterioration, and bring critical care expertise to the bedside before patients decline into a critical state. Since the inception of the RRS Collaborative, participating hospitals have seen an increase in RRS calls, which should ultimately lead to a decrease in the number of “codes,” or patients who develop life-threatening complications. ■

For more information about GNYHA's initiatives on critical care, infection control, and the nursing workforce, contact Terri Straub (straub@gnyha.org) or Zeynep Sumer (zsumer@gnyha.org) at GNYHA. For more information about perinatal safety and root cause analysis training, contact Lorraine Ryan (ryan@gnyha.org) at GNYHA. Additional information about all of GNYHA's quality and patient safety initiatives is also available in the Quality section of its Web site at www.gnyha.org.