2014 ANNUAL QUALITY MANAGEMENT REPORT

Ann E. Doran, MHSM, MPA, CPHRM
Vice President, Quality Management
Executive Oversight

Executive oversight of organizational quality begins at the weekly executive team meeting led by CEO & President Scott A. Berlucchi. Quality issues are discussed and a comprehensive systematic review of data is completed to determine where risk is high, trends have occurred, and performance improvement is required. Additionally, projects underway are monitored for sustainability in improvement. The executive team closely monitors patient complaints, the information technology implementation work plan, new services, and the orientation of new providers.
The achievements of an organization are the results of the combined efforts of each individual.”
- Vince Lombardi
- The Joint Commission and Centers for Medicare and Medicaid (CMS) require a reporting structure for quality data.

- At Auburn Community Hospital data flows up the following route:
  - Governing Board
  - Quality Committee of the Board
  - Medical Executive Committee
  - Hospital Quality and Patient Safety Committee
  - Departmental level

Chief Medical Officer, John Riccio, MD and VP of Quality Ann E. Doran meet before each Quality Board to review the clinical indicators and ensure accuracy, review trends, action plans, and goals as well as plan for future organizational improvements.
Clinical quality measures, or CQMs, are tools that help measure and track the quality of health care services provided by eligible professionals within our health care system. These measures use data associated with a provider’s ability to deliver high-quality care or relate to long term goals for quality health care. CQMs measure many aspects of patient care including:

- health outcomes
- clinical processes
- patient safety
- care coordination
- patient engagements
- population and public health
- adherence to clinical guidelines
- efficient use of health care resources

Measuring and reporting CQMs helps to ensure that our health care system is delivering effective, safe, efficient, patient-centered, equitable, and timely care.

At Auburn Community Hospital the following inpatient clinical measure groups are abstracted and submitted to CMS and TJC:

- Acute Myocardial Infarction
- Pneumonia
- Heart Failure
- Venous Thromboembolism Therapy
- Preventive Care
- Obstetrical Care

The Surgical Care Improvement Project (SCIP) is a national quality partnership of organizations interested in improving surgical care by significantly reducing surgical complications. SCIP Partners include the Steering Committee of 10 national organizations who have pledged their commitment and full support for SCIP.

At Auburn Community Hospital the following SCIP measure groups are abstracted and submitted to CMS and TJC:

- Antibiotics within one hour of surgical incision
- Antibiotics discontinued within 24 hours of after surgery
- Antibiotics Selection
- Beta Blocker Therapy
- Urinary Catheter Removal
- Blood Clot Prevention Therapy
The Centers for Medicare and Medicaid updated HOSPITAL COMPARE.gov with the most current scores (dates listed below) on December 17, 2014. This information is available to the public through an online forum at www.medicare.gov/hospitalcompare/search.html

1. Quality Clinical Indicators
   4/1/2013-3/31/2014
2. Emergency Room Efficiency Measures
   4/1/2013-3/31/2014
3. Patient Perception (HCAHPS)
   1/1/2013-12/31/2013
4. Stroke Care
   4/1/2013-3/31/2014
Aspirin therapy in patients who have suffered an acute myocardial infarction reduces the risk of adverse events and mortality. **ACH has sustained 100% YTD 2014.**

In 2014, Auburn Community Hospital achieved national top decile for patients who were prescribed aspirin at hospital discharge. Aspirin therapy in patients who have suffered an acute myocardial infarction reduces the risk of adverse events and mortality.

Statin drugs are used to reduce cholesterol levels and have been proven to be beneficial in reducing the risk of death and recurrent cardiovascular events for patients with cardiovascular disease, including myocardial infarction. **ACH has sustained 100% YTD 2014.**
In 2014, Auburn Community Hospital’s performance was comparable to state and national benchmarks in ensuring that patients and their families were provided written instructions and educational materials to understand their dietary restrictions, activity recommendations, prescribed medication regimen, and the signs and symptoms of worsening heart failure.

Auburn Community Hospital performed at top decile in evaluation of left ventricular systolic function for heart failure patients. Appropriate selection of medications to reduce morbidity and mortality in heart failure requires the identification of patients with impaired left ventricular systolic function. National guidelines advocate the evaluation of left ventricular systolic function as the single most important diagnostic test in the management of all patients with heart failure.

In 2014, Auburn Community Hospital surpassed state and national benchmarks for prescribed ACEI and ARBs at hospital discharge. ACE inhibitors reduce mortality and morbidity in patients with heart failure and left ventricular systolic dysfunction.
Introduced by CMS as new measures in 2014, Auburn Community Hospital performed above the state and national benchmarks for venous thromboembolism prophylaxis. These measures assess the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given during the hospital admission. Hospital patients are at high-risk for VTE, a potentially fatal event.

Introduced by CMS as new measures in 2014, Auburn Community Hospital performed above the state and national benchmarks for ICU administration of venous thromboembolism prophylaxis. These measures assess the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given during the ICU hospital admission.

Also a new CMS VTE measure in 2014, hospital acquired potentially preventable venous thromboembolism, measures the number of patients diagnosed with confirmed VTE during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date. Auburn Community Hospital performed at national top decile in this important measure, indicating compliance with evidence based practices to prevent VTE and improve patient safety in the hospital setting.
Introduced by CMS as a new measure in 2014, Auburn Community Hospital performed lower than state and national benchmarks for venous thromboembolism patients with anticoagulation overlap therapy. This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous or subcutaneous) anticoagulation and warfarin therapy. The evidence-based practice of using overlap therapy in the initial treatment of VTE events prevents complications. **This is an opportunity for ACH in 2015.**

Introduced as another new measure in 2014, Auburn Community Hospital performed lower than state and national benchmarks for patients receiving UFH with monitoring. This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous UFH therapy dosages and had their platelet counts monitored using defined parameters by monogram or protocol. **This is an opportunity for ACH in 2015.**

Also a new core measure in 2014, CMS now assesses the number of patients diagnosed with confirmed VTE that are discharged on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions. In anticoagulation therapy programs, patient education is a vital component to achieve successful outcomes and reduce hospital readmission rates. Auburn Community Hospital was consistent with the state and national benchmarks in this measure.
Auburn Community Hospital achieved national top decile for administering influenza immunization to hospitalized inpatients. Influenza vaccine screening and administration are recommended by the Centers for Disease Control and Prevention because this is the most effective method for preventing influenza virus infection and its potentially severe complications.

In 2014, NY State made it mandatory for all healthcare workers to be assessed and receive the influenza immunization. Influenza vaccine screening and administration are all recommended by the Centers for Disease Control and Prevention because this is the most effective method for preventing influenza virus infection and its potentially severe complications. Auburn Community Hospital exceeded both state and national benchmarks in immunizing healthcare workers for influenza.

Providers and patients may choose an early elective delivery for non-medical reasons such as convenience, relief of symptoms in the final stages of pregnancy and perceived liability concerns; however, the evidence shows this is not without increased risk of harm to either the mother or newborn. CMS has partnered with ACOG to work with hospitals to reduce early elective deliveries with financial penalties for not doing so. **Auburn Community Hospital exceeds both state and national benchmarks in this area.**
Auburn Community Hospital’s performance was slightly below state and national benchmarks for selection of initial antibiotic regimen consistent with current guidelines for pneumonia patients. Treating the most common cause of community-acquired pneumonia can be associated with improved survival.

In 2014, Auburn Community Hospital’s performance was consistent with state and national benchmarks in providing the patient prophylactic antibiotics within one hour prior to surgical incision. Evidence indicates that the lowest incidence of post-operative infection was associated with antibiotic administration during the one hour prior to surgery.
Auburn Community Hospital’s performance was below state and national benchmarks for the discontinuation of antibiotics within 24 hours after surgery end time. The timely discontinuation of prophylactic antibiotics for surgical patients may reduce the risks associated with opportunistic infections and is consistent with current guidelines.

In 2014, Auburn Community Hospital’s performance exceeded state and national benchmarks for selection of antibiotics for surgical patients. The administration of the appropriate antibiotic has been found to help prevent wound infections for specific types of surgery.

In 2014, Auburn Community Hospital’s performance was consistent with state and national benchmarks for selection of antibiotics for inpatient surgical patients. The administration of the appropriate antibiotic has been found to help prevent wound infections for specific types of surgery.
In 2014, Auburn Community Hospital performed better than state and national benchmarks in ensuring surgical patients on beta-blocker therapy received a beta-blocker during the perioperative period. Continuous beta-blocker use contributes to a reduction in postoperative complications.

Auburn Community Hospital exceeded state and national benchmarks in the removal of urinary catheters by postoperative day one or day two. It is well established that the risk of catheter-associated urinary tract infection (UTI) is decreased by reducing the duration of indwelling urinary catheters.

Auburn Community Hospital’s performance was consistent with the state and national benchmark for patients receiving blood clot or venous thromboembolism prophylaxis. The development of blood clots is one of the most common postoperative complications, and prophylaxis is the most effective strategy to reduce morbidity and mortality.
Emergency Room Efficiency Measures

- Overcrowding of EDs creates problems with patient flow from the community into the hospital. These measures are designed to assist facilities track and improve the time that transpires from a patient’s arrival in the ED to being seen by a provider and discharged with meaningful information to facilitate follow-up.

- Administrative Director RN Neal Greacen has worked with ED physicians and nurses to implement protocols such as ‘pull to full’ and the concept of ‘no waiting room’ for the Emergency Room. As a result, ACH has seen a tremendous increase in patient satisfaction. We expect to see a significant turn around in efficiency scores in the next three quarters.

- The following data is from Hospital Compare collected from 4/1/2013 – 3/31/2014.
**Hospital Compare. Gov 4/1/2013-3/31/2014**

### ED Measures: Door to Admit time

- **Nat Ave minutes:** 272
- **NYS Ave minutes:** 372
- **ACH minutes:** 367

**Lower numbers are better**

### ED Measures: Decision to admit to Floor time

- **Nat Ave minutes:** 97
- **NYS Ave minutes:** 150
- **ACH minutes:** 152

**Lower numbers are better**

### ED Measures: Door to Doc time

- **Nat Ave minutes:** 24
- **NYS Ave minutes:** 33
- **ACH minutes:** 51

**Lower numbers are better**

### ED Measures: Door to Discharge

- **Nat Ave minutes:** 133
- **NYS Ave minutes:** 158
- **ACH minutes:** 181

**Lower numbers are better**

### ED Measures: Left without being seen

- **Nat Ave:** 2%
- **NYS Ave:** 2%
- **ACH:** 3%

**Lower percentages are better**

### ED Measures: Time to Pain Management for long bone fracture

- **Nat Ave minutes:** 55
- **NYS Ave minutes:** 59
- **ACH minutes:** 100

**Lower numbers are better**
Auburn, NY - Auburn Community Hospital is proud to announce their achievement of the 2014 American Heart Association "Get With The Guidelines - Stroke BRONZE Achievement Award,” demonstrating excellence in hospital stroke care delivery.

“The award recognizes Auburn Community Hospital’s commitment and success in implementing a higher standard of stroke care by ensuring that stroke patients receive treatment according to the nationally accepted standards and recommendations,” ACH’s Director of Nursing Tammy Sunderlin, RN/MSN states. “With a stroke, time lost is brain lost, and this award demonstrates that our staff is committed to providing care that has been shown in the scientific literature to quickly and efficiently treat stroke patients with evidence-based protocols.”

To receive this award, hospitals must demonstrate at least 85 percent compliance in each of the seven Get With The Guidelines-Stroke Achievement Measures. The different levels reflect the amount of time the hospital demonstrates this performance, while providing tangible evidence of commitment to quality care for heart disease and stroke patients.
Stroke Care
Antithrombotic Therapy by end of Hospital Day
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Stroke Care
Discharged on Antithrombotic Therapy

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Stroke Care
Discharged on Statin Medication

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Higher percentages are better

Stroke Care
Patients with Atrial Fibrillation/Flutter Receiving Anticoagulation therapy

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Higher percentages are better

Stroke Care
Stroke Education

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Higher percentages are better

Stroke Care
Assessed for Rehabilitation

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Higher percentages are better
The Centers for Medicare and Medicaid Services (CMS) have developed an acute inpatient survey, the **Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)**, about a patients’ experience with their hospital care. The goal of this survey is to give consumers a broad look at key aspects of care that are of interest to many patients.

The survey questions ask how often different aspects of care were provided, such as how often a doctor or nurse carefully listened to them. The HCAHPS survey includes 27 questions which will be bundled and reported as 10 “composite scores.”

**HCAHPS is the first national, standardized, publicly reported survey of hospital patients’ perspectives of their care.**

The survey is administered five to seven days after discharge to a random sample of patients who were 18 or older, had an inpatient overnight stay, and had a non-psychiatric primary diagnosis (HCAHPS excludes patients who were discharged to hospice, were prisoners, or had a foreign home address).

Hospitals must survey patients throughout each month and submit data to CMS on a monthly or quarterly basis.
Patients who reported that their nurses "Always" communicated well

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<tr>
<td></td>
<td>79%</td>
<td>75%</td>
<td>72%</td>
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Higher percentages are better

Patients who reported that their doctors "Always" communicated well

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<th>Nat Ave</th>
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<tr>
<td></td>
<td>82%</td>
<td>77%</td>
<td>74%</td>
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Higher percentages are better

Patients who reported that they "Always" received help as soon as they wanted

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<td></td>
<td>68%</td>
<td>61%</td>
<td>57%</td>
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Higher percentages are better

Patients who reported that their pain was "Always" well controlled

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<td></td>
<td>71%</td>
<td>68%</td>
<td>67%</td>
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Higher percentages are better

Patients who reported that staff "Always" explained about medicines before giving it to them

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<td>64%</td>
<td>60%</td>
<td>57%</td>
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Higher percentages are better

Patients who reported that their room and bathroom were "Always" clean

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<td>74%</td>
<td>69%</td>
<td>68%</td>
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Higher percentages are better
Patients who reported that the area around their room was "Always" quiet at night

- Nat Ave: 61%
- NYS Ave: 51%
- ACH: 45%

Higher percentages are better.

Patients who reported that YES, they were given information about what to do during their recovery at home

- Nat Ave: 84%
- NYS Ave: 84%
- ACH: 86%

Higher percentages are better.

Patients who "Strongly Agree" they understood their care when they left the hospital

- Nat Ave: 51%
- NYS Ave: 46%
- ACH: 46%

Higher percentages are better.

Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)

- Nat Ave: 71%
- NYS Ave: 63%
- ACH: 54%

Higher percentages are better.

Patients who reported YES, they would definitely recommend the hospital

- Nat Ave: 71%
- NYS Ave: 66%
- ACH: 53%

Higher percentages are better.

Hospital Compare. Gov 4/1/2013-3/31/2014
Value-Based Purchasing Programs: Improving and Rewarding Quality Hospital Care

Auburn Community Hospital participates in a number of Value-Based Purchasing Programs. The most influential is Medicare’s Hospital Value-Based Purchasing (VBP) Program, affecting payment for inpatient stays in over 3,500 hospitals across the country. The VBP Program was created by the Affordable Care Act and intended to transform Medicare from a passive payer for services to a prudent purchaser of services, paying not just for quantity of services but for quality as well. Beginning in fiscal year (FY) 2013, the Medicare VBP Program uses the Hospital Inpatient Quality Reporting (IQR) Program structure to reward hospitals for achievement and improvements for select measures of care in four domains:

- Clinical Process of Care Domain
- Patient Experience of Care Domain
- Outcome Domain
- Efficiency Domain

<table>
<thead>
<tr>
<th>Measure</th>
<th>Auburn Community Hospital FFY 2013</th>
<th>Auburn Community Hospital FFY 2014</th>
<th>Auburn Community Hospital FFY 2015</th>
<th>New York State Average Facility Score</th>
<th>National Average Facility Score</th>
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<tr>
<td>Total Performance Score</td>
<td>5.455555556</td>
<td>26.75000000</td>
<td>61.7000000</td>
<td>38.77355246</td>
<td>41.70169535</td>
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Auburn Community Hospital’s federal quality rating dramatically improves

Two years after learning it would be losing Medicare funding because it had one of the worst quality ratings in the nation, Auburn Community Hospital finds itself on the other end of the spectrum — among the best in the country and in a position to see Medicare payments increase.

That’s the story behind data recently released to the hospital by the federal Centers for Medicare and Medicaid Services. ACH’s total performance score for the new fiscal year was 61.7, well above the national average of 41.7 and the state average of 38.8 for the 2015 fiscal year. For the 2013 fiscal year, the Auburn facility’s figure was 5.5, substantially below the national (55.3) and state (46.6) averages.

The dramatic turnaround at ACH was achieved as a result of a dedicated internal effort to improve operations at all levels, hospital officials said. “We are very proud of our quality management staff, doctors, nurses, allied health professionals, employees and our community for supplying the leadership and commitment necessary to achieve patient quality scores that exceed state and national averages and landing Auburn Community Hospital in the top 25 percent of quality hospitals in the nation,” ACH Chief Executive Officer Scott Berlucchi said in a press release. “Our next goal is to be in the top 10 percent in the nation. This fact underscores our motto of ‘Quality Healthcare Close to Home. Our community expects and deserves high quality care and our caring professionals have made it happen.”

Led by its vice president of quality, Ann E. Dorm, the hospital established performance improvement teams, conducted thorough staff education and launched a new information technology system that helped enhance patient safety and accountability. The hospital also designated “physician champions” to help guide and advocate the process. Dr. Thomas Sullivan, chairman of the ACH Board Clinical Quality Council, was pleased with the new scores. “The remarkable improvement of the Value Based Performance (VBP) scores for Auburn Community Hospital represents a real accomplishment,” he said in the press release. “The dramatic improvement of VBP scores clearly demonstrates the improvement of clinical quality at ACH. The team efforts led by the quality management department in collaboration with the medical staff have made ACH a leader in quality.”

The federal performance scores were launched two years ago as a provision of the Affordable Care Act of 2010. The idea was to create an evaluation system and use it to pay hospitals and doctors based on the quality of care. Most of the measurements used for the 2015 fiscal year report were for performance during the 2013 calendar year. The scores are calculated based on performance in broad domains, including clinical process, patient experience and patient outcomes.

ACH saw its raw clinical score climb from 2.2 points in the fiscal year 2013 report to 70 points for the new report. Patient experience went from 13 points to 24 over the same time period. The patient outcome domain was added to the federal reports for fiscal year 2014. ACH’s unweighted score went from 50 that year to 95 in the new report. To calculate the total VBP score, the federal government uses a formula that assigns a weighted value for the different unweighted domain scores.
Increased $61.7\uparrow 5.5$ changed to new heart failure discharges process. Individual education for all surgeons provided by VPQM and CEO on importance of SCIP compliance.
PATIENT SAFETY
Infection Prevention and Control
Hospital-Acquired Conditions
Medication Safety
Fall Prevention
Quality/Finance
System Reviewable Events
Grievances
Compliments

“Efficiency is doing things right.
Effectiveness is doing the right thing.”
- Alan Nelson
The Infection Prevention & Control Department, under the direction of Dr. John Riccio, Chairman, Infection Control Committee, Chief of Laboratory Services, has increased services in the year 2014. RN Joanne O’Connor-Tonzi has increased surveillance on all units for all areas of Infection Prevention & Control, making ACH a safer and higher quality hospital for our patients and our staff.
CMS requires Hospitals to report Hospital Acquired Conditions as Never Events and ensure patients are not billed for those events. These occurrences are publicly reported and hospitals are expected to implement performance improvement plans to mitigate the risk of future occurrences.

Additionally the Quality Department monitors the mortality rate. Often times clinical documentation issues can raise the observed mortality rate over the expected rate. This is an educational issue and is being addressed by the Utilization Review Team.
Pharmacy Services have been continuously focused on enhancing the medication delivery systems within ACH with multiple initiatives promoting interdepartmental team functions and enhancement of processes, and completed overhaul of the charge master and formulary. National Patient Safety Goals remain a focus of much of our work.

National Patient Safety Goal 3: Improve the safety of using medications. Evaluation of practices and improvement initiatives resulted in the implementation of a wide range of educational opportunities. Among the programs provided: use of highly concentrated insulin, Emergency Department medication reconciliation of patient medications, improved narcotic wastage procedures, Insulin pen safety and proper usage, safe use of and implementation of new IV pumps, revisions of TPN ordering practices and order sheets, newly developed Infusion and IV push lists, and adult continuous infusion references.

Education and increased awareness posters related to the “One Needle/One Time” initiative. This is an example of the evaluation of all alerts from ISMP, The Joint Commission, the FDA, and other sources that are reviewed and evaluated for inclusion in our practices and enhancements in our medication delivery systems.
Reported Medication Occurrences in 2014 totaled 140 (avg. 11.6 /Month) with a medication error rate of:

- 2014 average rate of 2.34 per 10,000 doses dispensed
- 2013 average rate of 3.0 per 10,000 doses dispensed
- 2012 average rate of 2.6 per 10,000 doses dispensed

53% of these errors reached the patient, compared to 40% in 2013

47% were intercepted prior to reaching the patient, compared to 60% in 2013

- Of these medication events that reached the patient:
  - 19.5% were Pharmacy profiling/stocking related, compared to 44% in 2013
  - 12% were transcription related, compared to 16% in 2013

Adverse Drug Reactions

- There were 6 reported Adverse Drug Reactions (ADR) for 2014 with a rate of 0.10 per 10,000 medication doses dispensed.
- This is a decrease from 2013 (9 Adverse Drug Reactions with a rate of 0.16 per 10,000 medication doses dispensed).
- All of these ADR events were brought forth to the Pharmacy & Therapeutics Committee for review and discussion.
- There were no medication events that caused significant harm to the patient.
**Patient Falls** continue to decrease steadily for 2014.

There were a total of 98 falls for 2014, compared to 110 total falls for 2013.

This is an average of 8.2 falls per month for 2014, compared to 9.2 falls per month for 2013.

The 2014 fall rate is 4.33 per 1000 patient days, compared to 4.85 per 1000 patient days.

The following measures have been implemented to mitigate the risk of patient falls:

- A bedside bar code tool has been developed (similar to medication administration) to ensure consistent patient rounding.
- Patient fall risk has been incorporated into the daily multi-disciplinary rounds (MDR’s) to ensure that appropriate measures are in place for patient’s safety.
- A comprehensive education has been provided to the Medical Staff on current fall data and risk mitigation strategies.
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<td>Dec</td>
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Quality & Finance

Quality and Finance partner closely on many areas throughout hospital operations.
- Care Transitions, which falls under the umbrella of the Quality Department, monitors Length of Stay closely as they discharge patients daily.
- Case Managers are also utilization review nurses, ensuring that we are getting insurance authorizations for inpatient stays and that patients are in the appropriate status to ensure correct payments.

**Other areas include:**
Clinical Documentation
Data requests
Workers Compensation
Risk Management
Claims Management
Insurance coverage
Value Based Purchasing
And more!

Chief Financial Officer Jason Lesch and VPQM Ann E. Doran work collaboratively on many operational issues.
There were 6 reportable NYPORTs events for 2014:
- wrong level surgery,
- two fall fractures,
- an unexpected death which occurred hours after the patient’s discharge home after a surgical procedure.
- wrong site pain procedure
- wrong patient x-ray

A credible and thorough physician led root cause analysis (RCAs) was conducted and submitted to the NYSDOH on all of these cases.

Action Plans were developed from the outcomes of the RCAs, implemented, and monitored for sustainability of actions.

There were 5 non-reportable events for 2014:
- Potential EMTALA issue
- BHU visitor contraband
- OB prolapsed cord
- CSS Sterilization failure
- OB maternal hemorrhage

A thorough and credible physician led systems review was completed with a resulting action plan implemented.
Formal Complaints

Justice Center/NIMRS (4)
There were 4 events which were reportable to the Justice Center (and subsequently NIMRS) regarding allegations of patient abuse or neglect. Of these, 2 have been closed by the Justice Center with findings unsubstantiated. Two are currently still under review.

NYSDOH (5)
Four complaints remain open and under review with DOH. The organization is not privy to the details of these complaints at this time.
One complaint is closed with a Statement of Deficiency (SOD) regarding Infection Control and Risk to Fall measures for which a Plan of Correction (POC) was submitted and accepted.

OMH Complaints (2)
One complaint is closed and unsubstantiated regarding the care and treatment of BHU patients. The second OMH complaint is also regarding BHU patient care and treatment and is currently under review.

The Joint Commission (2)
• A written complaint was filed regarding an alleged lack of communication with regard to weight bearing status on an orthopedic patient. The following systems improvements/measures were taken to mitigate future occurrences include:
  ◦ Director of Nursing is leading the effort to obtain designation as a Joint Commission Orthopedic Center for Excellence.
  ◦ The Medical Staff Office will ensure that any NP operating with a surgeon is appropriately credentialed (as RFNA).
  ◦ Re-education of nursing staff related to pain assessments before and after the administration of an intervention for pain (medication or otherwise) and that staff competencies reflect this knowledge.
• A written complaint was filed regarding an OB patient. This complaint is currently under review; however, the allegations appear unsubstantiated thus far. Submission is due 2/13/2015.
Total Grievances = 304

- This represents a 24% decrease over 2013 (377)
- This represents a 16% decrease over 2012 (353)

This is the lowest number of complaints since 2010

### 2014 Annual Grievance Report

<table>
<thead>
<tr>
<th>Department</th>
<th>Number of Grievances</th>
<th>Rate Per Visits and Admits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>118</td>
<td>2.3 per 100 admissions/hospitalizations rate in 2014 vs. 2.7 per 100 admissions/hospitalizations rate in 2013</td>
</tr>
<tr>
<td>Outpatient</td>
<td>90</td>
<td>0.6 per 1000 admissions/hospitalizations rate in 2014 vs. 1.7 per 1000 admissions/hospitalizations rate in 2013</td>
</tr>
<tr>
<td>Emergency Department (ED)</td>
<td>96</td>
<td>3.8 per 1000 admissions/hospitalizations rate in 2014 vs. 5.3 per 1000 admissions/hospitalizations rate in 2013</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>23</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>105</td>
</tr>
<tr>
<td>Communication</td>
<td>89</td>
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<tr>
<td>Billing</td>
<td>64</td>
</tr>
<tr>
<td>Hospitality</td>
<td>23</td>
</tr>
</tbody>
</table>
• There were 496 compliments received in the Quality Management Department for July – December 2014.

• There were 899 total compliments for 2014, compared to 572 compliments for 2013.

• These compliments are generated through various avenues, including newspaper ‘Letters to the Editor,’ letters and e-mails received to Auburn Community Hospital, Patient Experience feedback cards, surveys, and routine patient rounding.

<table>
<thead>
<tr>
<th>NURSING PROVIDER</th>
<th>NURSING &amp; PROVIDER</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>304</td>
<td>98</td>
<td>7</td>
</tr>
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<table>
<thead>
<tr>
<th>NEWSPAPER</th>
<th>LETTER/E-MAIL/SURVEYS, PT EXPERIENCE CARDS</th>
<th>ROUNDING</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>354</td>
<td>140</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
‘I have high anxiety when it comes to medical procedures. I got nothing but the BEST care all the way around!’
‘I felt safe and well cared for. The environment is very friendly, clean and supportive.’
‘Dr. Ryan is very caring and competent.’
‘Don’t change a thing—everything was great!’
I was impressed that I was in a bed within 20 minutes, seen by a provider and discharged home in under 2 hours. Staff were on their A game and treated me like family.”
2M & 3M- “Your facility has gone far beyond our expectations to see to it that not only of greatest importance, that our aunt’s needs were met on a daily basis, but our family’s mind was put at ease, because your staff not only stood, but delivered every step of the way!”
2M, 3M, FLCL: ‘Please see the words in capitals within the monikers: Auburn COMMUNITY Hospital and The Finger Lakes Center for LIVING. You indeed know the meaning of COMMUNITY, as you care for the LIVING within its parameters, and for that, we can’t thank you enough!”
3M- ‘Thanks for the good care and all the laughs!’
‘The nurses in the area helping me prepare for the procedure were awesome!’
‘My experience was terrific and could not be improved in any way!’
‘My sincere thanks to Dr. Okolica and ODS staff. This hospital has a great team going. Thank God we have ACH! My procedure was in good hands; keep up the good work!’
‘As a former nurse manager at ACH, I would like to commend the staff in ODS. The staff was very professional and I will continue to recommend ACH for procedures!”
“Thank you for the wonderful care rendered to my father. The nurse was prompt and attentive. Dr. Feldman was very kind and thorough and he has re-established my faith in ACH.”
Dr. Koenig took the time to fully communicate my father’s plan of care and seemed genuinely concerned and exhibited great bedside manner. I myself am a practicing Family Medicine physician out of state and know a good physician when I see one!”
3M- ‘We will forever be grateful for you kind and patient care towards our Dad. Thank you!”
2M- ‘Thank you for your compassion and making Mom’s final days comfortable.’
3M- ‘Nursing staff is exceptional!’
‘You have made great strides to make your food very tasty and the presentation was excellent!”
‘All ER staff deserve a pay raise! Wonderful group!”
‘I have noticed a significant improvement overall in the ER from a few years ago. Keep up the good work and keep this crew!’

Kind words and gratitude towards our staff and the care rendered.
‘Thank you to all for your kindness!’

‘All staff was exceptional and treated me with compassion. No wait time!’

‘Tina, NP exhibits wonderful bedside manner and should be an example to others.’

‘Best visit ever!’

3M- ‘Dr. Feinberg exhibits excellent bedside manner and spent a great deal of time with my family in explaining my uncle’s odd condition. Once the plan of care was discussed, our family feels confident in his decision and skills as a provider. He is an asset to ACH!’

2M- ‘I had the best care on 2M; all the nurses are the best at ACH!’

2M- ‘Barb, Darlene and Kathy were great. They were kind, caring and knowledgeable.’

‘The cleaning staff needs to be commended for their great work. This hospital always looks clean and the cleaning staff is always courteous and helpful!’

‘My daughter was treated quickly with respectful, courteous care from your staff.’

This is my first time in an American hospital. Outstanding care! Thank you!’

The doctor and nurse were very respectful and explained each step performed on my 4 year old son. ED Tech Sam also gave great care!’

‘This is the third time I have been to this ER and each time the wait was not long and the care from all was fantastic! Dr. Usmani is very caring and I’m glad I saw him today!’

‘I received excellent care from everyone and was kept informed. I felt like I was at home. Great people!’

3M- ‘You are always the most compassionate group I have always had when I needed you. I thank you for your wisdom and care!’

3M ‘I want to thank you all for the care you gave my Dad while he was here and for your support given to me during this time. You are all caring individuals and a compliment to this profession!’

‘The Radiology staff made it their goal to ensure that I was comfortable, reassured and cared for. Thank you to Dr. Thrall and Tori (Rad Tech). Dr. Thrall is an excellent physician in his abilities and Tori held my hand during the no Lidocaine trial.’

‘After a horrible experience with my 6 year old at our primary care physician’s lab, we came to ACH. My son has much anxiety over lab work and refused to do it. The Phlebotomist at ACH Lab was awesome! He was comforted and truly cared for something definitely lacking at our doctor’s office! Many thanks!’

‘My nurse exhibited knowledge, compassion throughout. Dr. Koenig was great as well. Thanks for treating me quickly and getting me back on my feet!’

‘Much improved wait time! We were in and out in less than 3 hours!’
“Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives.”

- William A. Foster
Performance Improvement projects are selected by many different methods:

- Executive Team recommendation
- Quality Board recommendation
- New regulatory requirements (i.e., reducing readmissions)
- Negative trends
- Unanticipated outcomes
- Outcomes from Root Cause Analysis
- Requests from Medical Staff (Medical Executive Committee)
- Sentinel Event Alerts
- Implementation of new systems, processes, protocols
- And others

The Quality Management Team:
VPQM: Ann E. Doran, MHSM, MPA, CPHRM
Director of Quality: Barbara Perkins, RN
Quality Management Specialist/Abstractor: Carol Gray, LPN
Risk Management Specialist: Christine DeProspero, SW
Core Measures: (goal: reach and maintain scores of 95% and above) Continues to meet quarterly to ensure sustainability with current and new measures. Identifies opportunities for education when needed. (Team led by VPQM and CQO).

- All physicians provided with 2014 IQH Core Measures Help Booklet.
- VPQM gave presentation to Medical Staff on Core Measures, criteria and methodology for improvement.

SCIPs: (goal: reach and maintain scores of 95% and above) Continues to meet quarterly to ensure sustainability with current and new measures. Identifies opportunities for education when needed. (Team led by VPQM and CQO)

- SCIP posters added to PAT and Ambulatory Surgical Unit to assist RNs and Surgeons with visual reminders of SCIP criteria.
- All surgeons provided with 2014 IQH Core Measures Help Booklet.
- CPOE order sets being built for antibiotic selection and admission orders pertinent to SCIP measures.
- VPQM gave presentation to Surgical Medical Staff on SCIP measures, criteria and methodology for improvement.

Patient Experience: (goal: improve HCAHPs scores by 30% in each indicator) An organizational initiative is in place to implement a culture shift at ACH and ensure there is an excellent Patient Experience for each and every patient at every encounter. Team members include a leadership strategic planning group and a secondary team of frontline employees. The secondary meeting is open to all employees. The Team, in partnership with Press Ganey, is using the NYSPFP as leverage to increase momentum in this initiative. (Team led by VP of Quality Management with several Directors)

- Customer Service Pilot introduced
- Culture of Safety Survey given to staff to gauge staff satisfaction.
- Patient Satisfaction Coordinator makes rounds daily and provides patients with ACH Chap Stick.
- Promote use of Standard of Care/Practice at ACH in every area.
- Improved quality of employee orientation and education in this important area.
• **Preventing Potential Readmission**: (goal: to implement systems that will reduce potential readmissions across the organization). *(Team led by CQO and Hospitalist)*

  Multidisciplinary Rounds implemented for all Units
  Discharge call backs implemented
  Follow-up appointments being made by Unit Secretaries prior to discharge
  High Risk discharge Screening tool hardwired
  Referral system implemented
  Outreach to post discharge settings occurred
  Selected to present at NYSPFP Readmission Conference in recognition of success
  TREO/3M completed case study on ACH success

• **Utilization Review**: (goal: to ensure correct utilization of inpatient services, review denial, length of stay issues, barriers to discharge, review PEPPER report, mortality review, medical record statistics) *(Team led by Deborah Geer, MD)*

  Reviewed all high cost pharmacy drugs for utilization
  Reviewed radiology diagnostics tests that could be conducted outpatient vs. inpatient
  Reviewed all high cost laboratory tests for utilization
  Reviewed all barriers to discharge and placements issues
Another significant initiative the Quality Department began in 2014 was addressing readmissions. Starting by gathering data, the team invited our TREO/3M rep Mr. Phil Goyeau to join via teleconference.

TREO was able to support the group with valuable data to guide the team and Mr. Goyeau joined the team as an official team member and joined us monthly via webcam for the meetings.

The success of the Readmissions captured TREO to the extent that they have highlighted ACH and the partnership with TREO along with the resulting success in an upcoming article in early 2015.

Additionally, the Director of Care Transitions has led a NYS Partnership for Patients pilot for readmissions as part of our team. The NYSPFP was so impressed with the work ACH completed, that we were asked to present our storyboard at the annual meeting.

During that presentation several hospitals asked if they could come to ACH to review our model to take ideas back to their hospitals.
New York State Partnership for Patients

NYSPFP
Preventable Readmissions Pilot Project
Auburn Community Hospital Storyboard
October 2014

A partnership of the Healthcare Association of New York State and the Greater New York Hospital Association
### Auburn Memorial Hospital Rehospitalization Rates - Selected APR-DRGs

<table>
<thead>
<tr>
<th>Condition</th>
<th>2013 Readmission Rate (9 Mo)</th>
<th>2014 Readmission Rate (9 Mo)</th>
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<tbody>
<tr>
<td>COPD</td>
<td>21.64%</td>
<td>16.67%</td>
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<tr>
<td>Heart Failure</td>
<td>15.29%</td>
<td>17.59%</td>
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<tr>
<td>Septicemia</td>
<td>12.70%</td>
<td>9.04%</td>
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<tr>
<td>Pulmonary Edema &amp; Respiratory Failure</td>
<td>29.73%</td>
<td>20.69%</td>
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Overall Readmission Rate

- **2013**: 11.10%
- **2014**: 10.76%
2012-2014

- Started the initiative in 2012 soon after VPQM took over SW/CM Dept
- With looming penalties from CMS for readmissions – began looking at ways to reduce readmissions house wide
- Met with several payors who began call back programs on their own patients and began working with these groups on collaborative discharge planning
- Combined Case Management and Social Work/Discharge Planning into one department, hired a most excellent Director and renamed department ‘Care Transitions’.
- Developed a physician led multidisciplinary Performance Improvement team to develop a robust comprehensive system that addresses every aspect of the transition of the patient from the bedside back to the community, mitigating the risk of readmission.
- Working with NYS Partnership For Patients initiative on Preventing Readmissions – worked Phase I of pilot into the ACH PI team- selected as 1 of 3 hospitals to present the success of ACH results on Oct 21, 2014 in Syracuse, NY
- TREO/3M who provides current data and review at the monthly meetings, wrote a four page article detailing this success and the initiatives that have decreased readmissions at ACH for publication.

Initiatives:
- Multidisciplinary rounds on all med/surg units
- Multidiscipline referrals
- Implementing risk assessments for discharging patients
- Discharge Call Backs
- Unit Secretaries making follow-up appointments for patients prior to discharge
- Discharge instruction teach back
- Medication program where a local pharmacy will bring prescribed meds upon discharge to the hospital before the patient leaves
- Meeting with local nursing homes to address readmission concerns
- Increased patient and family engagement
- Preventing readmission through the Emergency Room (i.e.- longer monitoring, giving fluids, stabilization, etc)
Multi-Disciplinary Rounds is one of the organization’s success stories of the year. Led by Sarah Vienne, LMSW, Director of Care Transitions and Neal Greacen, RN Adm Dir of the ED, this long time goal has been implemented on all nursing units. With physicians, nurses, pharmacy, physical therapy, dietary, case management, social work and ad hoc services attending, MDRs have become the single most important aspect of ensuring the patient is getting the total care in the most efficient way possible, ensuring consults are ordered and responded to in a timely manner, facilitating earlier discharges, and lowering length of stay.
• Education was completed in the areas of Disaster Mental Health, Trauma Nurse Core Course, Pediatric Advanced Life Support, Evacuation Planning, and Homeland Security Exercise and Evaluation, among others.

• Working with regional partners and the NYSDOH, response plans were completed for Active Shooter incidents and Volunteer Management.

• Education was completed related to the NYSDOH Burn Plan and evaluation of this plan completed and submitted to the NYSDOH as part of a statewide planning initiative.

• Additionally, a new Central New York Regional Mutual Aid Plan was developed and executed, providing partnerships with a multitude of acute and long term care facilities for mutual support and patient care facilitation and placements in the event of a catastrophic emergency.
• Concerns for Ebola dominated the second half of the year. Awareness and preparation became a real concern with the first reported case identification in the United States.

• Mandates and requirements for planning, preparation, hands-on training and practice as well as ongoing education, training, drills and evaluations were driven to a new level; commanding much time, attention, multi-disciplinary, and multi-agency action with truncated time lines.

• This continues as an ongoing effort and process.
SUCCESSES

2014 Accomplishments
Surveys
Obstetrics
Information Technology

“We are what we repeatedly do. Excellence, then, is not an act, but a habit.”

~Aristotle
Auburn Community Hospital 2014 Timeline: Promoting A Culture Of Patient Safety And Quality Of Care

- Successful Joint Commission Tri-annual Survey
- CHART Risk Assessment – ACH Top Percentile Of CHART Hospitals.
- ‘Fork & Stork’ Meals For New Mothers And Dads Implemented By Dietary
- 1st Dose Antibiotic PI Team (FMEA)
- FLCL Voted #1 Nursing Home In The Community
- NPSA Week Room Of Horrors For Staff
- NYSDOH Sepsis Initiative
- Hired A Director Of Health Information Management
- ACOG OB Initiative
- Preventing Readmission & Reducing Mortality PI Team
- Staff Education Received OB Simulator
- NYSDOH Infant Hepatitis B Award
- ACH Awarded Bronze Stroke Award
- FLCL Achieves A 5 STAR Rating from CMS
- NYSDOH Obstetrics For No Early Elective Deliveries
- NYSPFP Culture Of Safety Survey
- Actual Value Based Purchasing Score Ranks ACH 220th Out Of 3,089 Hospitals Or In The 93rd Percentile. 5.4 To 61.7 !!!
- 5 Year Strategic Plan Developed And Implemented That Positions ACH For The Future As A Rural Integrated Healthcare Delivery System
- Achieved Meaningful Use Stage II
- Achieved the most significant annual decrease in complaints since 2010
- ACH Receives Lowest IC And HAC Scores In CNY
- Lead Member In DSRIP
- ACH McKesson IT System Received McKesson's Distinguished Achievement Award For Clinical Excellence
- EBOLA Education And Drills In Place
- 29 Active And Courtesy Practitioners Added To Medical Staff
Joint Commission Tri-Annual Survey results

- The Joint Commission arrived on Tuesday January 14, 2014 for a three day unannounced survey. Three surveyors arrived (Life Safety, RN and MD) and the survey proceeded without difficulty. The survey concluded at approximately 2:30 Thursday January 16, 2014.

- **Issues Identified:**
  - 5 direct impact
  - 10 indirect impact findings.
  - 4 corresponding CMS Tags
  - 0 conditional findings.

- **In 2011 the original Joint Commission survey findings included:**
  - 10 direct impacts,
  - 12 indirect impact,
  - 7 corresponding CMS tags and
  - 3 conditional findings with
  - a required follow-up re-survey.

For Cause Joint Commission Survey

- On Friday July 11, 2014 at 0750 The Joint Commission arrived for an unannounced ‘For Cause’ survey.

- **Issues Identified :**
  - 3 indirect impact findings
    - Medication cart unlocked
    - Fentanyl patches not being disposed of according to P&P
    - Medication vial not dated
  - 0 direct findings
  - 0 condition level findings
  - 1 corresponding CMS tag
  - No required follow-up survey

- **Her findings included the following:**
  - The staff were wonderful, committed, positive.
  - The care provided was very good.
  - The staff knew their way around the chart.
  - Staff work together.
  - Good teamwork.
  - Staff think this is a good place to work.
  - When staffing gets tight they pull together.
  - Clean environment
  - Welcoming and polite
  - Heard the use of two identifiers many times
  - The Medical Staff FPPE process was one of the best documented processes that she has seen.
  - The process for managing disruptive staff members was solid.
  - Strong process for contracts and evaluations (one of the nicest she has seen)
The Obstetrics Department under the leadership of Donald Calzolaio, MD Department Chief, has taken on several educational initiatives in 2014 that has improved the quality of care for our OB patients and increased the knowledge base of our clinical staff. Some of these initiatives include:

- ACOG and NYSDOH Safe Motherhood Initiative
- Drills in maternal hemorrhage
- Emergency C-section drills
- Shoulder Dystocia drills
- Conducting drills and education with Staff Education using the new infant simulator
- Receiving and award from NYSDOH for no early elective deliveries (lowest rate in CNY)
- Receiving an award from NYSDOH for ensuring newborns receive Hepatitis B vaccines

Staff Education and Stroke Coordinator, Pamela Seamans, RN and Obstetric nurse Jennifer Ambrose, RN.
Information Technology

Chief Information Officer, Christopher Ryan
• Achieved Stage II Meaningful Use
• Received HIMSS Analytics Stage 6 Award for EMR Adoption (Top 10% Nationally)
• McKesson Distinguished Achievement Award for Clinical Excellence Runner Up – Demonstrates Clinical adoption of EMR for Patient Safety and Quality – competed against all McKesson clients in North America and Canada – 1st ever Paragon customer to be nominated
• Implemented E-prescribing
• Implemented NYSDOH Sepsis Reporting Interface
• Performed 3rd Party Security Risk Assessment
• Reduced Paper output by 50%
• Implemented Security Suite covering all devices, network, AV and email
• Implemented ACH Patient Portal
Medical Staff
Strategic Plan
and DSRIP

Thomas Filiak, MA, BSMT(ASCP)
Vice President Administration
New Medical Staff Providers

- TASEER CHEEMA, MD, Medicine/Hospitalist Team
- CHRISTINE HARRINGTON, NP, – Psychiatry
- CINDY PALMER, CRNA – Anesthesia
- SUSAN TABER, NP — Emergency Medicine
- DAVID OKOLICA, MD, Active – GENERAL SURGERY/BARIATRICS
- KEZIA P. SULLIVAN, PA — Emergency Medicine
- GREGORY J. TILLOU, MD, - GENERAL SURGERY
- NED URBIZTONDO, MD, Anesthesia
- KELLY SMITH, MD, Hospitalist Team – Locum Tenens
- KALYANA C. KANAPARTHY, MD, Hospitalist Team – Locum Tenens
- BASHAR OMARBASHA, MD, Surgery/Urology
- CHARLES N. BARAX, MD, Radiology
- AVRAHAM BERKO, MD, Hospitalist Team – Locum Tenens
- MOLLY C. GANLEY, NP, Oncology
- KATIE F. SIMPSON, PA, Urology
- HALBERT J. FEINBERG, MD, Medicine, Hospitalist Team
- ALTHEA SUSLIK, NP, Emergency Medicine
- JESSICA HAYS, PA, Medicine/Cardiology
- LYNN O’DONNELL, NP, Medicine/Cardiology
- VIKRAM AGGARWAL, MD, Medicine/Nephrology
- WAYNE FARNSWORTH, MD, Emergency Medicine
- TOMAS E. VENCE, MD Medicine/Hospitalist Team – Locum Tenens
- STEPHEN WEI, MD, Radiology, Nighthawk Radiology
- JAMES TAFT, CRNA, Anesthesia
- KERRY DARMDODY-ZUBRZYCKI, CRNA, Anesthesia
- RAMSEY JOUDEH, MD, Medicine/Hospitalist Team
- JENNIFER YEUNG, MD Medicine/Hospitalist Team
- R. WAYNE COTIE, MD, General Surgeon, Department of Surgery
- EVAN M. DENTES, MD, General Surgeon, Department of Surgery Locum Tenens
<table>
<thead>
<tr>
<th>Date</th>
<th>Speaker(s)</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 28, 2014</td>
<td>Dr. Marc Pietropaoli and Jason Cherry, DPT</td>
<td>“Individualized Fall Prevention and Balance Training”</td>
</tr>
<tr>
<td>March 4, 2014</td>
<td>Dr. Henry Klotz</td>
<td>“Gastroenterology: The TEN Most Important Things You Need To Know”</td>
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<tr>
<td>March 18, 2014</td>
<td>Christopher Parisi, CRNA, MS</td>
<td>Anesthesiology: “How We Keep You Safe and Comfortable”</td>
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<tr>
<td>April 1, 2014</td>
<td>Dr. Richard Erali</td>
<td>Preparing for Your First Run/Walk Fitness Program</td>
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<tr>
<td>May 20, 2014</td>
<td>Kristy Ventura, NP-c</td>
<td>What's New in Osteoporosis: “Make Your First Break Your Last”</td>
</tr>
<tr>
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<td>May 28, 2014</td>
<td>Dr. Henry Klotz</td>
<td>Colon Cancer: “What You Need To Know”</td>
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<td>May 29, 2014</td>
<td>Dr. Herbert Kunkle</td>
<td>Orthopedics: “Oh My Aching Knees”</td>
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<tr>
<td>June 3, 2014</td>
<td>Dr. Karen J. Odrzywolski</td>
<td>Am I Having a Stroke? “Signs, Symptoms and Diagnosis”</td>
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<td>June 24, 2014</td>
<td>Dorothy McLaughlin, MA, RD, CDN and Stephen Senenko, RD, CDN</td>
<td>Nutrition: “Spring Clean Your Diet”</td>
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<tr>
<td>June 25, 2014</td>
<td>Dr. Herbert Kunkle</td>
<td>Orthopedics: “Oh My Aching Knees”</td>
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<td>July 7, 2014</td>
<td>Dr. Karen J. Odrzywolski</td>
<td>Am I Having a Stroke? “Signs, Symptoms and Diagnosis”</td>
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Auburn Community Hospital is one of the founding 4 members of the Central New York Care Collaborative, along with SUNY Upstate, St. Joseph’s and Faxton-St. Luke’s. This new company has been formed to participate in the New York State DSRIP (Delivery System Reform Incentive Program) Waiver. The intent of DSRIP is threefold:

- To transform New York State’s Health Care System
- To Bend the Medicaid Cost curve
- To assure access to quality Healthcare for all Medicaid, uninsured and underinsured patients

**OTHER KEY INITIATIVES**

Other key initiatives that support MRT Waiver Amendment implementation in New York:

- $1.2 billion in capital investment enacted in 2014-15 budget.
- Regulatory relief to support provider collaboration on DSRIP projects.
- More information to follow.
Centerpiece of ACH’s Vision:
A Rural Integrated Delivery System

To be an indispensable community asset, ACH must accelerate the shift away from a primarily acute care focus and achieve integration across the continuum of care.
Looking Ahead
Goals and Opportunities

“Excellence is not a skill. It is an attitude.”
- Ralph Marston

2015
• The 2014 Quality Management Annual plan affords us the opportunity to recognize areas where we can focus our attention in 2015. Additionally we are excited to continue to improve and add to the quality of care and services we provide our patients here at ACH.

• The following is just a short list of goals and opportunities that we look forward to embarking on in the New Year!
  ◦ Improved and sustained Value Based Purchasing scores
  ◦ An improved Patient Experience (increase in HCAHPs scores)
  ◦ Higher ED throughput scores
  ◦ Lower Length of Stay
  ◦ Higher Case Mix Index
  ◦ Implementation of a Family/Patient Advocacy Council
  ◦ Clinical Documentation Performance Improvement Team
  ◦ Selected as a Pilot Hospital by the Joint Commission to develop a Targeted Tools Solution for Falls
  ◦ National Patient Safety Awareness Week Fair
  ◦ National Patient Safety Goal focus on Alarm Fatigue
  ◦ Hourly Rounding with touch points to falls, the patient experience and alarm fatigue
  ◦ Installation of Omnicell medication administration system
  ◦ Patient Identification Failure Mode Effects Analysis

“Persistence is the twin sister of excellence. One is a matter of quality; the other, a matter of time.”
— Habib Akande