

extra

news for
Owensboro
Medical Health
System *employees*

Our Mission is to heal the sick and to improve the health of our community. **February 29, 2008**

OMHS lowers mortality ratio 2006 rate well below national average

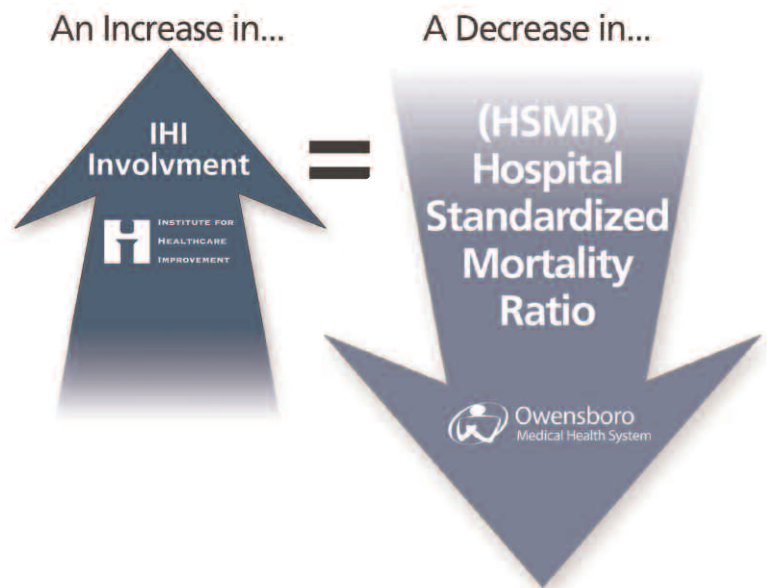
Patient mortality levels at OMHS have dropped well below the national average for hospitals, according to figures shared by the Institute for Healthcare Improvement (IHI). The figures also show that OMHS has steadily reduced patient mortality levels since 2002.

Data shared by IHI reveals the following:

- In 2006, the mortality ratio at OMHS was nearly 20% lower than the national hospital average.
- The OMHS mortality ratio declined every year from 2002-2006. (Comparative data from 2007 is not yet available.)
- During the same five-year stretch, OMHS cut its patient mortality levels by nearly half.

“IHI celebrates this accomplishment of OMHS, an organization relentless in its pursuit of the highest level of quality,” says Jim Conway, senior vice president at IHI. “The OMHS board of directors, administrative, and clinical leadership, maintain a consistent focus on overall outcomes, grounded in passion for excellence.”

OMHS administrators say one of the key factors has been the active involvement of the medical staff in pursuing quality initiatives. Since 2001, the hospital has implemented a number of actions aimed at improving the level of patient care. “Many experienced physicians and clinicians chose to become involved in leading our efforts,” says Vicki Stogsdill, chief nursing officer for OMHS, “and our board of directors established quality as our hospital’s strategic initiative.”



Quality initiatives key to improvement

Since 2001, OMHS has implemented a number of quality initiatives aimed at improving the level of care patients receive. During the same time period, patient mortality levels at OMHS have been reduced by nearly half, falling well below the national average in 2006.

Hospital administrators say the improvement points to the effectiveness of hospital initiatives and to a high level of involvement by the medical staff and employees.

Working with IHI

In 2001, OMHS began collaborative work with the Institute for Healthcare Improvement (IHI), a national healthcare improvement organization. Through

(continued on page 3)

OMHS online compliance testing now through April 30th.
Log on to www.omhs.org/testing or click the link on the Intranet home page.

State of the Hospital begins next week

Make plans to attend one of the State of the Hospital meetings taking place this week. The meetings will include:

- Discussion of the hospital's achievements over the last year
- Information about how the new hospital will be designed
- Copies of the 2007-2008 Report to the Community, due for public release later this month

Monday, March 3

- OMHS Conference Center
7:45 – 8:45 a.m.
10:00 – 11:00 a.m.
Noon – 1:00 p.m.

- Administrative Conference Room, 5th Floor
7:45 – 8:45 p.m.
9:00 – 10:00 p.m.

Tuesday, March 4

- OMHS Conference Center
11:00 a.m. – 12:00 noon
2:30 – 3:30 p.m.

- HealthPark Classroom
4:00 – 5:00 p.m.

Wednesday, March 5

- Business Center
8:30 – 9:30 a.m.
9:45 – 10:45 a.m.

Friday, March 7

- Multicare
10:30 – 11:30 a.m.
11:30 – 12:30 p.m.

Tell City to be determined



Patient experience teams met Monday and Tuesday as part of an ongoing effort to define the ideal patient experience. The teams' findings will influence the design phase of the new hospital. More meetings are planned for March.

Getting ready for Joint Commission Spring 2008 survey

Due to short hospital stays, we have less time to work with patients and families to ensure that learning has occurred.

Q: How do we determine a patient's readiness to learn?

A: Look for signs of interest about what is happening to him/her such as expressed worries, fears and concerns. Obvious barriers such as anxiety or denial that something is wrong can indicate the patient is not ready for learning.

Q: How are family members included in the teaching?

A: There are several ways to include the family members in patient teaching. You can teach the patient when family is present, answer family members' questions, and demonstrate to the family ways to care for the patient. Primary care givers will need the most education.

Save the date

Mark your calendar for these upcoming events

March 15

American Heart Association Start! Heart Walk
8:30 a.m.
A brisk walk from the OMHS HealthPark to Texas Gas and back

Easter Egg Hunt

For children and of employees and physicians
Over 5,000 eggs to hunt!
Begins at Noon
Ben Hawes State Park

March 20

AHA Annual Fashion Show
To benefit the American Heart Association
6:00-7:00 pm
\$7 person
Owensboro High School Auditorium

From front Quality initiatives

its active participation in IHI campaigns, OMHS has implemented a number of actions designed to improve patient care.



Vicki Stogsdill

“OMHS has adopted every initiative in the Five Million Lives Campaign, based on the success of the six initiatives in the 100,000 Lives Campaign,” says Vicki Stogsdill, chief nursing officer for OMHS.

IHI officials also praise the hospital's involvement in the IHI Impact network, a national community of organizations seeking transformational improvement. “As active members of the network, OMHS serves as both teacher and student,” says Jim Conway, senior vice president at IHI. He adds that OMHS is “always sharing the latest innovations and results with other Impact teams, in a spirit of generosity and shared learning.”

Focus on quality

Stogsdill says the board of directors has made quality a top priority. The board established a board quality and safety committee, she says, to oversee and work with other hospital and physician quality teams. It is that focus on quality which administrators feel has led to a number of notable improvements.

Heart care at OMHS is one such example. OMHS is eliminating blockages in an average time of 71 minutes, compared to the 90-minute standard set by the American Heart Association and the American College of Cardiology. “We established the task force to implement changes that have shortened response times and saved lives,”



Christopher Havelda MD

says Christopher Havelda, MD, a cardiologist and chair of a task force at OMHS to improve care for heart attack patients. Meanwhile, mortality rates for open-heart bypass patients are just one-third of the expected risk.

Other notable quality improvements include:

- A 90% reduction in pressure ulcers since March 2003
- The near elimination of ventilator-associated pneumonia
- A 20% reduction in emergency situations outside critical care units
- Decreased number of patient falls
- Elimination of blood stream infections
- Reduced number of medication errors
- Reduced number of IV-catheter infections
- Increases in nursing certifications
- Faster patient admissions
- Fewer patient hazards

Ultimately, it is a passion for excellence in patient care that has produced exceptional results, according to IHI's Conway. He says the leadership at OMHS “maintains a consistent focus on outcomes...and a commitment to serving their patients, families, staff, and community.”

Behind the numbers: HSMRs defined

Data shared by IHI shows that patient mortality levels dropped below the national average in 2006. Here is a look at how the numbers were computed and what they mean for patient care at OMHS.

What are mortality ratios based upon?

Both U.S. and international hospitals use the hospital standardized mortality ratio, or HSMR, to measure mortality rates. It compares the number of actual hospital deaths to the number of “expected” hospital deaths based on individual patient factors, such as age, gender, principal discharge diagnosis, and length of stay.

Are local variables factored into the equation?

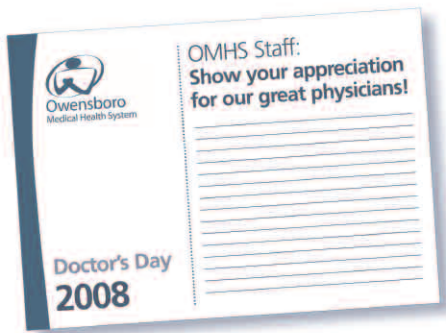
The HSMR adjusts for community and regional factors that could unfairly sway the results. This process is called “risk adjustment” and is used primarily to ensure that hospitals with different patient illness levels can be compared fairly.

What is OMHS' HSMR?

OMHS achieved an HSMR of 61.59 in 2006. A score of 100 is indicative of the national average performance in 2000, with a lower score indicating better quality of care. Roughly speaking, HSMRs vary from about 60 to about 140 across the country.

How does the OMHS ratio compare nationally?

Overall, hospital care in the US has improved since 2000, so that the 2006 national average HSMR was 76.43. Owensboro's score of 61.59 means the hospital saw 19.42% fewer deaths than what would have been expected had their patients received national average levels of hospital care.



Employees can thank a physician by filling out a special card. The cards will be displayed in the hospital the week of March 24-28 in celebration of Doctor's Day.

OMHS physicians are truly noteworthy

Receiving a thank-you note always makes a person feel appreciated.

Imagine seeing hundreds of them.

Members of the physician relations team are planning a special effort to remind OMHS physicians just how much they are appreciated. They are asking OMHS employees to grab a pen and write a note of thanks, appreciation or encouragement to a physician they know. The thank-you notes will be displayed in the hospital March 24-28 and then delivered to the physicians. The effort coincides with Doctor's Day on March 27.

"We would like to show our support and appreciation for our physicians who work with us," says Greg Martin of the physician relations department.

Employees who wish to participate should write their note on the special Doctor's Day cards which have been distributed to each department and unit. They may write as many as notes as they would like. Notes should be returned to a manager or director by March 14.

RNs McDaniel and Casteel certified in case management



Kelley McDaniel



Katrina Casteel

Clinical documentation specialists Kelley McDaniel and Katrina Casteel have been certified in nursing case management by the American Nursing Credentialing Center. Case management certification means the two nurses have achieved a high level of clinical competence and specialized knowledge. Only three other documentation specialists currently hold this certification at OMHS.

ANCC-certified nurses must meet strong professional developmental requirements, including a four-hour exam and a specified number of work hours in the field. Subjects covered in the exam include case management concepts, clinical practice, data management, resource management, and current issues and trends.

McDaniel and Casteel have both worked with OMHS for nearly eight years.

Sam's Club offers membership discount; deadline this week

Employees interested in a Sam's Club membership discount have until Friday, March 7 to enroll. New or renewing members can save \$10 off the regular annual price of \$40. Make out your check to Sam's Club, amount \$30, then submit it to Angie Dennis in Human Resource Development. The offer is made possible through the OMHS Partnership of Caring Business program. If you have questions call 685-7707 or e-mail adennis@omhs.org.



HIPAA Corner

Q. Flora works in patient registration. Recently, a neighborhood acquaintance came in for diagnosis and treatment. Since Flora took the completed encounter form and other notes from the doctor, she guesses her neighbor is seriously ill. At church, she asks for a prayer for this neighbor. Afterwards, friends ask Flora what's wrong, and Flora tells them what she suspects. Is this an acceptable disclosure?

A. Like many, if not most, privacy breaches, this one was not intended maliciously or for personal gain. Flora was concerned about her neighbor's health and wanted to help, but it still was an improper and unauthorized disclosure of patient information under HIPAA that could result in Flora losing her job.

Word could get back to the patient and undermine the patient's trust in the doctor, and Flora could be mistaken about the patient's condition. She unintentionally may have started a false rumor that could end up harming the patient emotionally.

The lesson is always to keep mum and never to disclose patient information for reasons other than your work. If you're tempted to say something about a patient, stop and ask yourself if it's required for your job. If not, then don't say it.

