Rome Health & Residential Healthcare Facility's
2023 Quality Plan

Rome Health's Quality Improvement initiatives listed below are in alignment with the organizations strategic initiatives for quality as well as a hospital-wide quality assessment.

- To achieve a Leapfrog Safety Grade of "B"
- To achieve a CMS Star Rating of 3 or greater
- Maintain continued readiness for accreditation
- Capitalize on available quality incentive programs

The quality goals will be achieved using a multidisciplinary collaboration including; but not limited to the board of trustees, administration, medical staff, service-line leadership, and front-line staff. The 2023 quality initiatives are on the path to achieve a LeapFrog letter grade "A" and CMS Star rating of 4 or greater by the conclusion of 2024.

For calendar year 2023, the initiatives listed above are as follows:

CMS Patient Safety Indicators (PSI-90)

Objective: The CMS PSI-90 metric is a composite of ten different preventable hospital events that can lead to patient harm. This outcome measure has opportunity for improvement to meet or exceed national benchmark scores.

The PSI-90 measure is apart of CMS's Value Based Purchasing program, Hospital Acquired Condition program and is weighted heavily for the CMS Star Rating. This effects RH's patient satisfaction, fiscally, and is a publically reported measure. Focusing efforts and improving this score will directly and heavily impact the overall CMS Star Rating and LeapFrog letter grade scores.

Strategies:

- Complete on-going monthly chart reviews to identify and potentially clarify billed PSI-90 events.
- Develop a trigger to alert the Quality Department that there is a potential PSI-90; ideally a review will take place while the patient is still in-house.
- Work with RH process owners to mitigate risks within the organization by using Plan-Do-Study-Act(PDSA) for areas identified with opportunities.

Outcome: Achieve the national benchmark for PSI-90. Have a proactive and predictive approach to the monitoring and management of these patient outcomes.

Stroke

Objective: To achieve Primary Stroke Designation prior to the end of the second quarter of 2023. This certification is acknowledged by the New York State Department of Health. Achieving this designation supports the people in this community and the patients which we serve when they are in a time of crisis.

Strategies:

- Assign the Stroke Coordinator to partner with the Quality Department to identify and mitigate current opportunities with the requirements.
- Partner with other RH leadership to ensure that a multi-disciplinary approach to the care and management of stroke patients.
- Perform a gap analysis and build a file of objective and on-going evidence in alignment to the requirements of a designated primary stroke center.
- Utilize project management tools to ensure a comprehensive foundation to this program is setup for continual improvement activities.

Outcome: Obtain Primary Stroke designation prior to the end of second quarter 2023.

Severe Sepsis and Septic Shock Management Bundle (Sep-1)

Objective: To improve the CMS Sep-1 bundle measure towards the national benchmark of 57%. Improving compliance with this measure will improve the care of the patients presenting with this diagnosis.

- All or none Sep-1 bundle includes:
  - Antibiotic administration timing
  - Initial lactate level
  - Blood cultures
  - Repeat lactate level
  - Initial hypotension treatment
  - Crystalloid fluid administration
  - Vasopressor administration
  - Persistent hypotension
  - Repeat volume status & tissue perfusion assessment

Strategies:

- Identify provider and clinical champions of sepsis.
- Evaluate the reasons that the Sep-1 cases have fallen out of the measure.
  - Develop a PDSA/A3 to address current gaps in practice.
- Develop a feedback pathway to the providers and clinicians for both positive and negative outcomes/compliance

Outcome(s): Improve the CMS Sep-1 bundle compliance 10% from 42% to 46.5% in 2023.

READMISSIONS REDUCTION

Objective: Reduction of 30-day all cause readmissions back to RH as a reflection of effective medical management, discharge planning, and post-acute patient services.

Strategies:

- Establish a concurrent review process with Continuum of Care, Medical Records, Quality, and the Hospitalist team to determine common reasons for readmissions and opportunities for improvement in existing processes.
- Audit that medication reconciliation is 100% complete upon admission and discharge.
- Risk stratify patients risk for readmission and prioritize follow-up appointments for moderate to high risk patients.
- Develop a process with the Article 28 clinics to determine the level of compliance with post-hospitalization follow-up appointment for patients within our practices.

Outcome:

- Reduce the 30 day all-cause readmission rate back to RH from 15.1% to 14.5% or less by the end of 2023. This is the path to achieve the strategic initiative of 14.0% or less by the end of 2024.

OPIOID STEWARDSHIP

Objective: Establish an Opioid Stewardship Collaborative consistent with standards outlined in the Leapfrog Survey. In developing an opioid stewardship collaborative within the health system, we will through education making overall patient safety and community benefit. The understanding of prescribing patterns, establishing best practices for opioid use within our organization, and be able to optimize pain management better for our patients while not contributing to the continued substance use disorder epidemic.

Strategies:

- Align organizational efforts with best practice standards that are outlined within the Leapfrog.
- Establish a multidisciplinary Opioid Stewardship Committee, through which the collaborative will be managed.
    - Develop a workflow of best practices for opioid utilization in inpatient and outpatient settings
    - Through collaboration of IT and Quality, monitor all available resources for data related to opioid use and overdose prevention, an example would be starting with overall acute opiate prescribing

    - Enhancing the oversight of current opioid reporting that includes opioids prescribed upon discharge from the Emergency Department and make the data more accessible organization-wide
- Disseminate updates through existing medical staff and organizational communication outlets.

Outcome: Achievement of opioid prescribing practices, policies and procedures consistent with established best practice. Specific measurable goals will be developed through the Opioid Stewardship Collaborative and reported through Pharmacy and Therapeutics Committee