Reducing All Cause Harm in Rural Communities

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We only see that event every once in a while.

Such small numbers that there is no need to report.

The big hospitals have more resources and can do a better job.

It takes too much time to do an improvement project using the team method.

The administration does not understand our needs.
Excuses... No Excuses

Presented at WSHA-ASHNHA Partnership for Patients Safe Table – February 14, 2017
ADE HYPOGLYCEMIC AGENTS IS PREVENTABLE

Adverse Drug Events Hypoglycemic Agent: Option 1

WSHA Top Quartile Q1 2016: 0%

Definition: Number of patient blood glucose (BG)* levels of <50 mg/dL after any hypoglycemic agent administration (patients cared for in an inpatient area) over the number of patients (cared for in an inpatient area) receiving hypoglycemic agents (oral & insulin).

Data Source: Washington State Hospital Association’s (WSHA) Quality Benchmarking System (QBS).

Washington State Hospital Association - for questions or support in improving results, please contact Carol.W@wsaha.org.

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If current disease rates continue, one in three Americans will have diabetes by 2050.

Currently a total of 29.1 million people or 9.3% of the United States have diabetes.

• 21 million of those are diagnosed.
• 8.1 million (27.8% of people, or one out of every 4) are undiagnosed.

Risk of death for adults with diabetes is 50% higher than for the adults without diabetes.
People who have diabetes are at a higher risk of serious health complications such as:

- Blindness
- Kidney Failure
- Heart Disease
- Stroke
- Loss of toes, feet or legs

The medical costs and lost work with wages for all people with diagnosed diabetes is $245 Billion.
Each year, over 5.5 million patients with diagnosed diabetes pass through a U.S. hospital, at an annual inpatient care cost of $76 billion.

Over 20% of patients admitted to a U.S. hospital for diabetes complications (as a primary listed diagnosis) end up having an unplanned readmission to the hospital within 30 days.

Hospital patients with diabetes spend an average of 4.6 days as inpatients, which can represent a significant opportunity for hospitals to provide essential diabetes education that can prepare both patients and caregivers for a safe transition home.

Research demonstrates that inpatient hospital education is associated with lower rates of 30-day hospital readmissions among patients with poor diabetes control.
Every 24 Hours:

- 4,557 adults are diagnosed with diabetes.
- 136 people are being treatment for end-stage renal disease.
- 200 non-traumatic lower-limb amputations are performed.
- 641 people die from diabetes, or diabetes is a contributing cause of their death.
Readmission Rates

All-cause 30-day readmission rates for diabetes with complications by age group

AHRQ 2010

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Diabetes Strategy

**Aim of Strategy**
To see a 5% decrease in the number of poorly controlled diabetic patients.

**Strategy**
The percentage of outpatients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level was greater than 9.0% (poor control) during the last twelve months.
HbA1c >9%

**Partnership for Patients**

Population Health: Diabetic Care (Critical Access Hospitals Only)

Baseline Sept 2015: 45.1%

49% reduction in HbA1cs >9%

**Definition:** Number of patients with HbA1c levels > 9% per all diabetes patients.

**Data Source:** Washington State Hospital Association’s (WSHA) Quality Benchmarking System (QBS)

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### Change Strategies

| Leadership | • Set aims, goals and timelines for change  
  • Identify clinical and provider leaders to champion  
  • Educate care providers on the need for checking A1c and assessments for other factors affecting diabetic outcomes. |
| --- | --- |
| Clinical Priorities at each visit - ABC's | • Check to see if A1c in the last 12 months for values >9  
  • Blood pressure check. BP should be no more than <140/80 with individual adjustment as appropriate  
  • Cholesterol should be no more than goal of < 100 mg/dl LDL. If <130 mg/dl, there is a need for improvement  
  • Smoking cessation counsel as needed |
| Other Exams/Tests each visit | • Foot exam at each diabetic planned visit |
| Lab Tests | • HbA1c at least annually and more frequently (4-6 months) if not controlled  
  • Fasting Lipid profile annually  
  • Urine Microalbumin/Creatinine ratio annually  
  • Creatine annually |
| Immunizations | • Flu shot annually  
  • Td every 10 years  
  • Pneumococcal Vaccine (one time dose) |
| Refferals | • Ophthalmology dilated exam annually |
| Self Management Goal Setting and Support | • Set self management goals(s) (ex: activity, nutrition, self glucose monitoring, etc) with patient that they agree upon and feel they can achieve  
  • Follow up in 2-3 weeks to review and refine goals as needed (phone) |
| Other | • Information on diabetic classes in your community  
  • Schedule 4 month visit  
  • Other strategies as needed. |

Adapted from St. Peters Family Medicine, Olympia, WA and Newport Hospital and Health Services

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PeaceHealth Medical Group collaborates with Ketchikan Medical Center's Diabetes Education program to provide a Registered Nurse Educator and a Registered Dietitian, who will work with you and your primary-care physician.

Services Include:

- An individualized diabetes assessment developed through a one-on-one consultation with the Certified Diabetes Educator and/or Registered Dietitian.
- Group classes and support groups.
- Insulin injection instruction.
- Consultation with a Registered Dietitian, who can advise you on diet, food and nutrition that takes into account your personal eating preferences, lifestyle and other health goals.

Members of our primary-care team will work with you to ensure you have necessary lab work completed prior to your office visit and may be contacting you regarding other aspects of your diabetic care.
Helpful Links

www.hanys.org/population-health
Article “Moving Toward Population Health”; an interview with David Nash, M.D., M.B.A.

You will need to create a sign in (free) to watch a series of short videos on helping patients self-manage their diabetes

http://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/ChronicDiseaseProfiles
You can find diabetes statistics in your county on this site

38 page booklet from HRSA on “Diabetes HbA1c (Poor Control)”; HRSA

Texas Department of State Health Services; Texas Diabetes Council have published some good information in the supplement called “Nutrition Recommendations and Interventions for Diabetes.” Pages 5 and 6 are excellent printouts to provide patients regarding diabetic food choices.
The CPHQ (Certified Professional in Healthcare Quality) program is a quality certification program through NAHQ (National Association for Healthcare Quality).

The CPHQ is the only accredited certification in the profession of healthcare quality. The program is fully accredited by the National Commission for Certifying Agencies of the Institute for Credentialing Excellence in Washington, D.C.

The learning through this program provides the knowledge and skills to perform deep dive data analysis, and work through a process improvement project to improve the process thereby reducing all cause harm.
Questions?

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