Kaleidoscope Perinatal Neonatal & Women’s Symposium

February 21, 2014
Susan M. Distefano
CEO
The Leadership Challenge: Our World is Changing....
What is Going On In Healthcare?

- Medicaid Expansion
- Health Exchange
- Risk Pool
- Pay for Performance
- Value Driven Care
- Bronze Plan
- Population based management
- Bundled Payment
- HCAPS
Institute for Healthcare Improvement

Three simple but bold “triple aims”

» Better Care
» Better Health
» Lower Cost
Flipping U.S. Healthcare to Prevention....
Leadership

Essential to any solution: Leadership
Galvanizing Leaders

Pope Francis - embraces the world
Galvanizing Leaders
Nelson Mandela – dared to insist on equality

It is better to lead from behind and to put others in front, especially when you celebrate victory when nice things occur. You take the front line when there is danger. Then people will appreciate your leadership.

Nelson Mandela
Former President of South Africa
(Born 1918)
Galvanizing Leaders

Oprah Winfrey – not about “me”
Galvanizing Leaders

TEAM USA Olympics........Lindsey Vonn

...I’m still a winner
• What does this have to do with me?

• Do you have to be famous to be effective?
If healthcare changes are going to work we need leaders at all levels
But I’m just a:

- Manager
- Bedside Clinician
- Educator
Video

• Leadership at an early age.....

Young boy who made a cardboard amusement park

• http://vimeo.com/40000072
Leadership Qualities

- Inspire
- Act
- Get someone to follow!
Video

Leadership:

Single person dancing in the field

- W:\HER\HER - Customer Experience\Videos\First Follower-Leadership Lessons from Dancing Guy.wmv
Closer to home.....

New CMS Perinatal Core Measures:

• PC01 Elective delivery <39 weeks
• PC02 CD rate for nulliparous women; team; singleton; vertex
• PC03 Antenatal steroid >24 wks and <32 wks
• PC04 Healthcare associated bacterial infection rate in neonates
• PC05 Exclusive breast feeding
Perinatal Care Core Measure PC-01

Strategic Actions:
Perinatal Core Measures:

- All PC-01, PC-02, PC-04 cases reviewed by Dr. Blackwell
- Physicians and nurses attending Best Fed Beginnings as part of 10 step Baby Friendly designation
- Leaders working on “scripting tool” for physicians and nurses on Best Fed initiative
- Dr. Blackwell is working with physician groups to assure reason for C/S (PC-2) documentation is appropriate
- A physician template for documentation of “mother’s choice” is being developed
- Focus to assure “mother’s choice” is documented prior to first feed to meet requirements
- Removing availability of formula from nursery
- Dr. Blackwell is developing a monthly score card for physicians related to PC measures
- Kirsten Benjamin met with Dr. Blackwell 12/19/13 to discuss implementing a “hard stop” for H&Ps on scheduled deliveries
Perinatal Care Core Measure
PC-02a - 05

CMHH PC-02a Cesarean Section - Overall
Perinatal Care
(Lower is Better)

CMHH PC-03 Preterm Delivery Antenatal Steroids
Perinatal Care
(Higher is Better)

CMHH PC-04 Bacteremia in High-Risk Newborns
Perinatal Care
(Lower is Better)

CMHH PC-05 Exclusive Breast Milk Feeding
Perinatal Care
(Higher is Better)
Leadership...at the Corporate level

Memorial Hermann Health System

- Safety is a core value
- Leaders “own” safe outcomes
- System Goal: Become a High Reliability Organization (HRO)

From the C-Suite

A new standard
Aim for safety of planes, nuclear plants

Everyone counts on high-reliability organizations to ensure their safety when flying on commercial airlines or traveling near nuclear power plants. Air traffic control, nuclear submarines, nuclear aircraft carriers and naval aviation all have well-deserved reputations for high-reliability operation.

But can hospitals be evaluated by HRO standards? In general, the answer seems to be no, beginning with the Institute of Medicine’s 2000 publication of To Err is Human and continuing to the 2010 report by JCC’s inspector general’s office that 13.5% of Medicare beneficiaries suffer a preventable serious adverse event during hospital stays.

In 2006, the Memorial Hermann Healthcare System in Houston embarked on a quest to become an HRO. The high-reliability program is a key element of lists were implemented in all intensive-care units and operating rooms. Memorial Hermann worked with the Joint Commission’s Center for Transforming Healthcare to radically improve hand hygiene.

In 2010-11, the results of these initiatives became apparent. Zero cases of blood incompatibility (transfusion reaction) occurred from January 2007 to present among a population of 867,000 adjusted admissions, 4.3 million days of care and nearly 500,000 transfusions. Several hospitals had gone for years without a ventilator-associated pneumonia or a central-line-associated blood-stream infection. Serious medication errors decreased to zero most months while nearly a million medications per month were being administered. Many of our hospitals had gone a full year without the occurrence of a particular HAIs, PSI or HAC.
High Reliability 2011-12
Certified Zero Awards

1. Zero Events
2. 12 Consecutive Months
3. Certified Zero Category

9 Certified Zero Awards at MH-TMC
1. TMC Adult: Retained Foreign Bodies (12 months)
2. CMHH: Iatrogenic Pneumothorax (12 months)
3. CMHH: Iatrogenic Pneumothorax (24 months)
4. CMHH: Pressure Ulcers (12 months)
5. CMHH: Pressure Ulcers (12 months)
6. CMHH: Retained Foreign Bodies (24 months)
7. CMHH: Retained Foreign Bodies (24 months)
8. CMHH: Ventilator Associated Pneumonias (24 months)
9. CMHH: Ventilator Associated Pneumonias (36 months)

ICU Central Line Associated Bloodstream Infections (6)
Hospital-Wide Central Line Associated Bloodstream Infections (1)
Ventilator Associated Pneumonias (15)
Surgical Site Infections
Retained Foreign Bodies (17)
Iatrogenic Pneumothorax (10)
Accidental Punctures and Lacerations (2)
Pressure Ulcers Stages III & IV (15)
Hospital Associated Injuries (3)
Deep Vein Thrombosis and/or Pulmonary Embolism
Deaths Among Surgical Inpatients with Serious Treatable Complications
Birth Traumas (7)
Serious Safety Events (1)
## Do No Harm
PICU VAPs, CLABSIs NICU/PICU/Floor, Pedi SSIs, PICU CAUTI Counts

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<td><strong>Surgeon Query Compliance (%)</strong></td>
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### Surgeon Query Compliance
- **Zero Cases**
- **Any Cases**

### HAI Infection Counts

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<th>Surgeon Query Compliance (%)</th>
<th>Distinguished</th>
<th>Target</th>
<th>Threshold</th>
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<td>&gt; 70.00%</td>
<td>&gt; 60.00%</td>
<td>&gt; 50.00%</td>
<td>&lt; 50.00%</td>
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Leadership in the Unit level

**NICU Practice Changes to decrease infection:**

2008  Line Team Started -
      (Surgical line management dressing change, blood draws, meds)

2009  Annual validations staff/line team competencies
      Daily assessment re: line necessity

2011  Ethanol lock introduced

2012  “Press & Seal” for Ostomy patients with CL

2010-12 Administered flu vaccine to staff, patients and family member
NICU Central Line Associated Blood Stream Infections (CLABSI)
Leadership at the unit level...

- NICU

- **Goal:** Zero bacterial catheter related infections.
Baby Meets World

Goal:

• Implement “Baby Meets World” in Women’s Services at CMHH with a go live date of June 4th 2013.
  • 90% of healthy infants will go skin to skin (vaginal and C/S) within the first 5 minutes
  • 100% of breastfeeding mothers will receive assistance and support with breastfeeding
  • 90% percent of infants will room-in with mothers and feed on cue
“Baby Meets World”

- Skin to skin within first 5 minutes
- Breastfeeding within 1st hour of life
- In room transition of the newborn
- Bedside hand off
- Couplet care
- Rooming-in
- Newborn bath in the room
- Single caregiver for mother and baby
Baby Meets World

Pre-data collection

Skin to skin

Skin to skin
PDSA #1

Act
Plan
Study
Do

Children’s Memorial Hermann Hospital
Focus on the Baby

Thermoregulation Bundle

- Increase room temperature to 77-80 degrees pre-delivery
- Pre-warm warmers to 100% for 20 min. prior to delivery
- At delivery, place baby skin to skin (≥ 36 weeks) or receive baby in WARM blanket and keep covered on way to warmer
- Immediately remove wet blanket and place ISC probe
- Take and record baseline temperature
Readiness to Perform Newborn Assessment Scale 1-5 (1= not ready, 5= ready)

Pre-intervention: N=33 (52%)
Post-intervention: N=26 (40% in progress)
BMW Best Possible Care Model

Pre-intervention
N = 40 (63%)

Post-intervention
N = 31 (47% in progress)
Rooming In

Baby Meets World
Go Live
One mother’s voice....

• “I was very delighted to find out that they are encouraging mothers to bond with their baby. They placed my baby on my chest right after delivery and that’s exactly what I wanted. “

• ...our newborn son’s temperature went a little bit low and rather than taking him into the nursery and putting him under the lamp they had him lay on me skin-to skin for 30 minute intervals. They came back to check and his temperature rose back and remained normal.”

UTHealth
The University of Texas Health Science Center at Houston
Medical School

Children’s Memorial Hermann
Hospital
Our plans for the next phase of the Journey.....

• Provide all in-room care for the newborn including pediatric exam and labs
• Expand the Mother Baby RN knowledge of transitional care of the newborn, thermoregulation
• Provide skin-to-skin in the OR
• Improving exclusive breastfeeding rate
• Decrease C/S rate through improved labor practices
Leaders:
• Inspire, tell why, tell why again, and don’t dictate solutions.
• Start Staff meetings with Patient Story
• Remember to focus on what is going well

Team Members:
• Be engaged!
• Give constructive input!
• It doesn’t have to be perfect to try it out
“Losers assemble in little groups and complain about the coaches and players in other little groups. Winners assemble as a team.”
"Losers assemble in little groups and complain about the coaches and players in other little groups. Winners assemble as a team."

Emlen Tunnell
Everyday we have the option to lead, follow or be a loser! Our communities, colleagues, families and patients are counting on us to lead the way.
Path Forward...

What is your role?
• Leader
• First Follower
• Team Member
• All the above