



Illinois Health and Hospital Association

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### **IHA Recognizes Illinois Hospitals and Health Systems for IHA Innovation Challenge: Partners in Progress Award**

Naperville—Because of three exceptional Illinois Health and Hospital Association (IHA) members, patients in Illinois are benefiting from reduced *Clostridium difficile* infection rates, enhancements in care coordination resulting in reductions in readmissions and reductions in hospital-acquired infections. In thanks for their hard work on behalf of the communities they serve, IHA’s Institute for Innovations in Care and Quality selected these three hospitals and health systems for its 2018 IHA Innovation Challenge: Partners in Progress Awards. In its inaugural year, the awards help achieve the Great Lakes Partners for Patients Hospital Improvement Innovation Network (HIIN) mission of reducing harm by both supporting an impactful innovation at a specific organization and promoting its implementation at other hospitals and health systems across the state. The awardees include:

**HSHS St. John’s Hospital, Springfield**, for “Multidisciplinary Approach to Reducing *C. difficile* Infections in a Tertiary Care Hospital.” After analysis revealed a continuous increase in hospital-acquired *Clostridium difficile* infections (CDIs), the team set a goal of reducing the number of hospital-acquired CDIs by 50 percent. To achieve this, all orders for CDI testing after a three-calendar-day window were held until a team that included Infection Prevention, Pharmacy and Infectious Disease physicians and nurses could review them. The goal of the review was to assess the appropriateness of testing by evaluating the patient's history of CDI, recently used and current medications, CDI-related symptoms, and any other factors that could impact the patient and increase the opportunity for a possible infection. The team wanted to ensure all people involved in care understood the entire clinical picture of the patient. Excellent antimicrobial stewardship practices were exercised. Upon concluding the trial, the process was sustained and has since resulted in a 78 percent decrease in hospital-onset CDIs over the course of one year across the entire hospital. With zero dollars invested, St. John’s has saved over \$600,000 through the implementation of this project.

**Advocate Good Shepherd Hospital, Barrington**, for “Tackling Emergency Department Recidivism and Unnecessary Hospital Admissions and Readmissions.” Developing individual care plans (ICPs) in an emergency department (ED) produces solid partnerships with patients, healthcare providers, post-acute care providers, and external agencies, and builds a community of support for the patient. ED overutilization causes overcrowding, strains resources and

increases costs and wait times. The ICP program achieves successful quality outcomes and manages ED recidivism and unnecessary admissions. It is inclusive of the patient, engages and partners with them to improve their experience, optimizes market performance, and manages healthcare costs. Operational guidelines promote the fair and equitable treatment of all patients. The results are remarkable and are evidence of a significant shift in patient care and improved outcomes. Since the program's inception, over 800 ICPs have been created. To date, results have shown a cost savings of over \$4.9 million with a 61 percent reduction in ED recidivism and a 53 percent reduction in readmissions.

**Saint Anthony Hospital, Chicago**, for "Impact of a Hospital-Wide Daily Interdisciplinary Safety Huddle on Device Utilization and Hospital-Acquired Infections." Implementation of interventions to increase provider awareness of central venous catheters and indwelling urinary catheters and indications can impact device utilization rates (DUR). DUR correlates with device-associated complications, including central line-associated bloodstream infections and catheter-associated urinary tract infections. Saint Anthony's implemented a Daily Interdisciplinary Safety Huddle (DISH) involving all hospital units. During the huddle, devices were reported and plans for removal were reviewed. Identified barriers were addressed within 24 hours. Hospital-wide reductions in DUR and hospital-acquired infections (HAIs) occurred after the DISH program was implemented. The hospital saw a 90 percent reduction in HAIs and estimated cost savings of \$498,000. The impact of DISH was more profound in non-ICU settings, where devices may remain without indication or awareness. DISH is a forum that promotes device removal and accountability, and a culture of safety.

"The accomplishments of this year's award recipients are an inspiration for IHA, our members and the Illinois healthcare community," said A.J. Wilhelmi, President and CEO, IHA. "All of our member hospitals strive to continue to provide the highest quality of care for their communities while maximizing their resources, and this recognition is an important part of our work in supporting their efforts."

Thirteen hospitals and health systems from across the state submitted fourteen applications for consideration in the inaugural IHA Innovation Challenge: Partners in Progress Awards. Their projects focused on a diverse array of topics, including reducing methicillin-resistant *Staphylococcus aureus* (MRSA) infections, implementation of a Hypoglycemia Management Bundle for Insulin-Induced Hypoglycemia, reducing falls, antimicrobial stewardship, and more. A panel of judges consisting of statewide and nationally recognized healthcare quality experts evaluated submissions based on their improvement impact and the applicant's willingness to help bring the innovation to another IHA hospital that is ready, willing and able to also adopt the specific innovation.

"The IHA Innovation Challenge: Partners in Progress Awards highlight innovations that can lead to better outcomes both locally and statewide," said Helga Brake, Vice President of Quality, Safety and Health Policy, IHA. "Improving the healthcare system is a team effort, and we hope that hospitals in Illinois and elsewhere can use these patient safety initiatives as a starting point for their own quality improvement projects."

[Click here](#) to learn more about the IHA Innovation Challenge: Partners in Progress Awards and the Institute for Innovations in Care and Quality's other patient safety initiatives.

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### **About IHA's Institute for Innovations in Care and Quality**

The Institute is a strategic center actively engaged in implementing evidence-based quality and safety initiatives while creating innovative member programs to measurably strengthen the quality of healthcare across Illinois. It aims to inform, empower and lead IHA members in advancing Illinois as a person-centered, national model for high-value healthcare.

### **About IHA**

The Illinois Health and Hospital Association, with offices in Chicago, Naperville, Springfield, and Washington, D.C., advocates for Illinois' more than 200 hospitals and nearly 50 health systems as they serve their patients and communities. IHA members provide a broad range of services—not just within their walls, but across the continuum of healthcare and in their communities. Reflecting the diversity of the state, IHA members consist of nonprofit, investor-owned and public hospitals in the following categories: community, safety net, rural, critical access, specialty, and teaching hospitals, including academic medical centers. For more information, see [www.team-iha.org](http://www.team-iha.org). Like IHA on [Facebook](#). Follow IHA on [Twitter](#).