Meet Hospital Leaders
to learn about their quality improvement initiatives that impact your constituents

APRIL 3, 2019 | 11 AM – 2 PM | State Capitol, 1ST Floor

Illinois Hospitals: Saving Lives, Saving Dollars

Quality Advocacy Showcase
We re-engineered the behavioral health model in our medical clinics with:

- A staffing plan to reflect clinical need/patient population
- Clinicians working at the top of their license
- Short-term care model with rapid access
- Emphasis on motivational interviewing skills
- Expansion and standardization of clinical scale usage
- Primary care coverage

**Patient, Family & Community Impact**

- 67% increase in patient volume
- Increases access to care
- Provides family-focused care

**Saving Lives, Saving Dollars**

**INVESTMENT**

$3.5k

**STAFF TIME & TRAINING**

**SAVINGS**

$31k

**NEW STAFFING PLAN**

Launch date: January 2018
We provide 24/7 access to online cognitive behavioral therapy to help patients manage depression, anxiety and stress. The service includes integrated support from OSF behavioral health staff. Any adult living within an OSF service area can access the service at no cost.

**Patient, Family & Community Impact**

- Provides free access to care
- Enhances support to patients
- Improves patient outcomes

**Saving Lives, Saving Dollars**

**INVESTMENT**

$150k/yr

LICENSES, STAFF & ADS

**SAVINGS**

$250k/yr

THERAPY COSTS

Launch date: April 1, 2017
Improving mental health outcomes by providing affirmative treatment

We developed two affirming programs and increased awareness and support of mental health issues:

- **Polaris**: An acute care unit that provides a safe place for gender/sexual minority adolescents to receive affirming care
- **Worthy**: A track in our inpatient hospital that serves adolescents who are at risk of or have been forced into sex trafficking

**Patient, Family & Community Impact**

- Addresses mental health in an affirming way
- Increases awareness and acceptance
- Improves patient outcomes

**Saving Lives, Saving Dollars**

**INVESTMENT**

$92k

**STAFF TIME & TRAINING**

**SAVINGS**

$201k

**FEWER READMISSIONS**

Launch date: July 2018
Saving lives, Saving Dollars

We established a community mental health consortium to improve access and resources. The consortium:

- Hired a full-time Psychiatric ARNP and Licensed Clinical Social Worker
- Secured a $600k grant for a new comprehensive mental health nurse navigator program
- Partnered with a substance abuse treatment provider to establish care in the community

Patient, Family & Community Impact

- Increases access to care
- Improves quality of care
- Enhances community resources

Saving Lives, Saving Dollars

INVESTMENT

$170k
CLINICAL STAFFING

SAVINGS

$213k
FEWER ED VISITS

Launch date: April 2017
Saving lives, Saving Dollars

Behavioral health investment

$200k Staff & Equipment savings

$693k Increased Admissions

Launch date: September 2018

We implemented the following interventions:

- Adding a Behavioral Health Intake Department
- Introducing a stoplight system to determine when a patient requires discharge, further assessment or immediate action
- Involving intake clinicians in assessing patients and making a recommendation to physicians regarding patient disposition

Patient, Family & Community Impact

- Reduces patient wait time before transfer
- Provides a prompt plan of care
- Increases access to care
We took a multidisciplinary approach to improving mental health services in the ED, implementing:

- 2019 National Patient Safety Goal 15.01.01 to improve the accuracy of patient identification
- Columbia-Suicide Severity Rating Scale
- Crisis intervention training
- Community crisis intervention services
- Additional behavioral health staff

**Patient, Family & Community Impact**

- Comprehensive mental health screening in the ED
- Refers patients to needed services
- Promotes suicide prevention

**Saving Lives, Saving Dollars**

**INVESTMENT**

$2.7k

**STAFF TIME & SOFTWARE**

**SAVINGS**

$5.9k

**ED BOARDING**

Launch date: January 2019
We centralized access to behavioral health beds to facilitate rapid acceptance of patients across greater Chicagoland to:

- Decrease wait times for acute behavioral health services
- Reduce emergency department (ED) hold times
- Decrease avoidable days on medical floors
- Serve more patients in need of behavioral health services

**Patient, Family & Community Impact**

- 500 more patients served from April – Dec. 2018
- Increases access to inpatient behavioral health services
- Improves patient experience

**Saving Lives, Saving Dollars**

**INVESTMENT**

$804k

**STARTUP COSTS & STAFF**

**SAVINGS**

$1.5m

**REDUCED TIME IN ED**

Launch date: April 2018
A team at Riveredge Hospital implemented:

- Enhanced discharge process
- Bridge appointments for all patients at discharge
- Collaborative Safety Plan review with patient and support person
- Community resources to address barriers to care
- “Caring calls” to patients within 72 hours of discharge
- “Caring cards” to patients after discharge

Patient, Family & Community Impact

- Improves care transitions for patients and families
- Reduces patient harm
- Improves quality of care

Saving Lives, Saving Dollars

INVESTMENT
$123k

STAFF TIME & SUPPLIES

SAVINGS
$1.7m

FEWER READMISSIONS

Launch date: September 2016
The trauma program at Hartgrove serves the health and well-being of children, adolescents and adults by addressing the impact of traumatic stress. To enhance patient care, we implemented a multidisciplinary team approach using Trauma-Focused Cognitive Behavioral Therapy, an evidence-based treatment that helps individuals recover after trauma.

**Patient, Family & Community Impact**

- Improves quality of care
- Helps patients recover from trauma
- Enhances family and community well-being

**Saving Lives, Saving Dollars**

**INVESTMENT**

$260k

**EDUCATION & TRAINING**

**SAVINGS**

$550k

**FEWER READMISSIONS**

Launch date: October 2018

Hartgrove Behavioral Health System

Chicago

SENATE DISTRICT 4    HOUSE DISTRICT 8
A multidisciplinary team developed a system-wide screening, assessment and response structure for patients who present as suicidal. The team implemented:

- Columbia-Suicide Severity Rating Scale (C-SSRS) in the emergency department via mobile behavioral health units
- C-SSRS for inpatient and outpatient services
- Environmental assessments and safety procedures

**Patient, Family & Community Impact**

- Increases access to care
- Improves patient, family and community safety
- Improves quality of life

**Investment**

- **$12k** Staff time and supplies

**Saving Lives, Saving Dollars**

Launch date: January 2018
Improving emergency department throughput for adult patients

To improve patient flow in the emergency department (ED), we implemented:

- Five-day Kaizen event with a multidisciplinary team
- Weekly huddles and executive sponsor meetings
- Communication and sustainment plans
- Posting of consistent process controls
- MobiLab integration and mobile communications
- Radiology tracker and point-of-care testing

**Patient, Family & Community Impact**

- Increases access to care
- Improves patient safety
- Improves patient satisfaction

**Saving Lives, Saving Dollars**

**INVESTMENT**

$5k  
HARDWARE & EDUCATION

**SAVINGS**

$227k  
INCREASED ED VOLUME

Launch date: April 9, 2018
Implementing hemoglobin A1c point-of-care testing in primary care

Multidisciplinary teams at Northwestern Medical Group collaborated to implement point-of-care testing for hemoglobin A1c within all primary care practices to ensure patients with diabetes are receiving:

- Consistent and appropriate disease management
- Timely and efficient treatment plans
- High quality of care

Patient, Family & Community Impact

- Improves quality of care
- Allows for timely treatment
- Improves patient experience

Saving Lives, Saving Dollars

INVESTMENT

$373k

DEVICE & SUPPLY COSTS

SAVINGS

$60k

STANDARDIZED DEVICES

Launch date: June 2018
Reducing readmissions among patients with COPD

Our Readmission team for COPD patients implemented:
- Daily interdisciplinary discharge rounds
- Patient education prior to discharge led by the Pulmonary Rehabilitation team
- Follow-up phone calls the 2nd, 15th and 25th days post-discharge using a scripted template
- Partnership with skilled care facilities for hands-on expertise and instruction

Patient, Family & Community Impact

- Provides personalized education and follow-up
- Improves quality of care
- Improves patient experience

Saving Lives, Saving Dollars

INVESTMENT
$14k/yr
STAFF SALARY

SAVINGS
$172k/yr
FEWER READMISSIONS

Launch date: May 2017

AMITA Health St. Mary’s Hospital Kankakee
SENATE DISTRICT 40   HOUSE DISTRICT 79
CARE COORDINATION

Reducing skilled nursing utilization to achieve Medicare benchmarks

Staff from Rehabilitation Services, Care Management and Nursing collaborated to:
- Educate team members on Medicare skilled nursing admission guidelines
- Align Nursing and Physical Therapy on mobility status
- Schedule therapy sessions for inpatients
- Implement standard language

As a result, we reduced skilled nursing facility utilization by 8.8%.

Patient, Family & Community Impact

- Improves patient safety
- Reduces patient costs
- Improves quality of care

INVESTMENT
$15k
EDUCATION & TRAINING

SAVINGS
$605k
FEWER ADMISSIONS

Launch date: April 2017
Patient turning is the cornerstone of pressure ulcer prevention, but studies show turn protocols are rarely adhered to or sustained. We deployed a wearable sensor system in all nursing units to improve repositioning frequency and quality. The system helps staff communicate repositioning needs to reinforce teamwork and care coordination.

**Patient, Family & Community Impact**

- **Improves patient safety**
- **Improves quality of care**
- **Improves patient satisfaction**

**Saving Lives, Saving Dollars**

**INVESTMENT**

$20k

WEARABLE SENSORS

**SAVINGS**

$293k

95% FEWER ULCERS

Launch date: September 2018
Improving patient outcomes after surgical recovery

We implemented Enhanced Recovery After Surgery protocols that resulted in:

- Multidisciplinary approach to post-op care
- Medications to reduce likelihood of ileus, an intestinal obstruction
- Reduction in narcotics prescribed
- Reduced length of stay (2 days average per patient)
- Multidisciplinary patient education

Patient, Family & Community Impact

- Reduces length of stay
- Improves patient outcomes
- Reduces recovery time

Saving Lives, Saving Dollars

INVESTMENT
$1.9k
STAFF TIME

SAVINGS
$143k
LENGTH OF STAY

Launch date: January 2016
Reducing avoidable utilization of hospital services

We reduced avoidable readmissions and emergency department visits by:
- Increasing access to providers for at-risk populations, e.g. long-term care
- Triaging acute conditions
- Increasing wellness and prevention
- Improving transitions of care
- Improving timeliness of communication
- Improving provider/caregiver collaboration

**Patient, Family & Community Impact**

- Increases access to care
- Improves health and well-being
- Enhances family involvement

**Saving Lives, Saving Dollars**

**INVESTMENT**

$125k

**SALARY & EQUIPMENT**

**SAVINGS**

$15.5k

PER READMISSION

Launch date: March 2016
CARE COORDINATION

Decreasing acute mortalities in inpatient units

We screen all patients on admission to assess if the patient qualifies for end-of-life care or requires an acute care admission. As part of this process, we assess patients’ health goals and determine the appropriate care model for each individual patient.

Patient, Family & Community Impact

- Reduces length of stay
- Provides hospice benefits sooner
- Improves patient experience

Saving Lives, Saving Dollars

INVESTMENT

$5k
STAFF TRAINING

SAVINGS

$75k
FEWER READMISSIONS

Launch date: July 2017
A multidisciplinary team developed the teal band project to help emergency medical services and emergency departments recognize and respond quickly and accurately to postpartum patients with urgent medical needs, including:
- Severe hypertension/preeclampsia
- Late postpartum hemorrhage
- Infection or sepsis
- Thrombosis
- Postpartum depression

Patient, Family & Community Impact

- Decreases morbidity and mortality
- Increases awareness of postpartum risks
- Decreases patient costs

Saving Lives, Saving Dollars

INVESTMENT
$50
BANDS & EDUCATION

SAVINGS
$25.5k
FEWER COMPLICATIONS

Launch date: January 2019
We standardized functional testing and treatment of rehabilitation patients in our transitional care unit (TCU) using Lean Six Sigma (LSS) methodologies. Changes include:

- Functional testing on admission
- Dedicated physician for each TCU patient
- Updated communication and education resources
- Functional testing repeated every 7 days

**Patient, Family & Community Impact**

- Optimizes length of stay (LOS)
- Improves patients’ functioning at discharge
- Improves quality of care

**INVESTMENT**

$12k

**LSS TEAM & SUPPLIES**

**SAVINGS**

$164k

**OPTIMIZED LOS**

Launch date: June 2018
We improved patient flow through bedside registration. This process includes:

- **Initial registration**: Creating the patient’s account with name and date of birth, then taking the patient directly to an ED exam room.
- **Final registration and triage**: Finalizing registration at bedside to promote timely access to care and increase patient satisfaction.

### Patient, Family & Community Impact

- Increases access to care
- Reduces patient and family wait times
- Increases patient satisfaction

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### Saving Lives, Saving Dollars

**Investment**

$5.2k

**Training & Equipment**

**Savings**

$87.9k

**Increased Access**

Launch date: September 2018

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Coordinating care through a perioperative surgical home

Our Surgical Care Team collaborated to enhance care coordination of surgical patients by:
- Providing a unified message to the patient
- Developing and implementing Enhanced Recovery After Surgery (ERAS) Protocols
- Developing disease-specific protocols

Patient, Family & Community Impact

- Improves patient health before surgery
- Reduces length of stay (LOS)
- Manages chronic conditions in the community

Saving Lives, Saving Dollars

INVESTMENT
$20k
LEARNING COLLABORATIVE

SAVINGS
$250k
REDUCED LOS

Launch date: May 2018
Reducing readmissions among high-risk psychiatric patients

A pilot project between Riveredge Hospital and IlliniCare Health provides:

- On-site care coordinator from IlliniCare
- Collaborative discharge planning
- Advocacy for clinically appropriate levels of care
- Integrated aftercare plans to address barriers to treatment compliance
- Face-to-face health risk assessments with hospitalized patients

Patient, Family & Community Impact

- Improves access to care for patients and families
- Reduces readmissions and length of hospital stays
- Improves well-being of patients and family

Saving Lives, Saving Dollars

INVESTMENT
$57.4k
COORDINATOR SALARY

SAVINGS
$1.3m
REDUCED STAYS

Launch date: January 2017
Decreasing the time for patients to get into hospice allows for greater access to services, enhances patient satisfaction and improves quality of life. To reduce the wait time, we:

- Revised the admission documentation process
- Implemented admission documentation standards
- Adopted a model of social workers assisting with hospice admissions

**Patient, Family & Community Impact**

- Decreases patient costs
- Increases patient satisfaction
- Improves quality of life

**Saving Lives, Saving Dollars**

**INVESTMENT**

$12k

**TEAM & MATERIALS**

**SAVINGS**

$19k

**PATIENT OUTCOMES**

Launch date: October 2017
We improved care coordination between rehabilitation, nursing and system hospital resources to meet the needs of our community. We also implemented:

- Testing to measure efficacy of treatment
- Nursing notes identifying the level of physical assistance required
- Comprehensive, multidisciplinary team meetings

**Patient, Family & Community Impact**

- 88% local provision of care
- Improves quality of care
- Improves rehabilitation outcomes

**Saving Lives, Saving Dollars**

**INVESTMENT**

$12k

**TEAM & MATERIALS**

**SAVINGS**

$965k

Patient outcomes improve

Launch date: May 2018
Saving Lives, Saving Dollars

CARE COORDINATION

Reducing 30-day readmissions for high-risk COPD patients

We partner with community nursing programs to deliver a coordinated program to reduce readmissions among patients with Chronic Obstructive Pulmonary Disease (COPD). The program includes:
- Patient education
- A COPD Wellness Board
- Scheduled outpatient follow-up
- A call-back program

Patient, Family & Community Impact

- Engages patients in goal setting
- Provides care to ensure well-being post-discharge
- Improves patient experience

INVESTMENT
$283k

STAFF & SUPPLIES

SAVINGS
$18m

1.5k READMISSIONS

Saving Lives, Saving Dollars

Launch date: December 2016
SSM Health Good Samaritan Hospital
Mt. Vernon

INFECTION PREVENTION

Reducing sepsis mortality

A multidisciplinary team implemented the following:

- Predictive analytics tool to recognize sepsis
- Revised sepsis order set to align with current guidelines
- Weekly review process with individual feedback, including praise for preventing severe sepsis/septic shock and education for bundle noncompliance
- Physician and nursing staff education

Patient, Family & Community Impact

28% decrease in inpatient mortality

Reduces inpatient length of stay

Improves quality of care

Saving Lives, Saving Dollars

INVESTMENT

$24,000

EDUCATION/BUILD TIME

SAVINGS

$3.2 million

LENGTH OF STAY

Launch date: January 8, 2018
Reducing catheter-associated urinary tract infections (CAUTIs)

Our interventions include:
- Intensive training on catheter insertion and maintenance skills
- Twice-a-day review of catheter necessity and prompting for early removal and use of alternative devices
- Increased use of intermittent catheterization using a standardized protocol
- Unit CAUTI Prevention champions
- CAUTI FAQs for patient/families

Patient, Family & Community Impact
- Increases patient mobility
- Reduces patient pain and sepsis
- Improves quality of care

Saving Lives, Saving Dollars

INVESTMENT
$17k
STAFF TRAINING

SAVINGS
$69k
FEWER CAUTIs

Launch date: July 2017
Reducing hospital-onset *Clostridium difficile* infection rate

We implemented revised *Clostridium difficile* Epic best practice alerts and infection control case management for early identification and appropriate testing of *Clostridium difficile* cases. Extensive education on the new protocols occurred over a period of four weeks.

**Patient, Family & Community Impact**

- Improves patient safety
- Improves quality of care
- Reduces length of stay

**Saving Lives, Saving Dollars**

**INVESTMENT**

$20k

**TRAINING & MEDICATION**

**SAVINGS**

$189k

**FEWER C. DIFF CASES**

Launch date: April 2018
Saint Anthony Hospital
Chicago

SENATE DISTRICT 11   HOUSE DISTRICT 21

INFECTION PREVENTION

Reducing CAUTIs associated with unnecessary urine cultures

We established a urine culture stewardship program. Clinical staff review individual patient cases to confirm a culture is indicated prior to taking the culture. As a result, we have reduced antibiotic use by 25% in catheterized patients and have had zero catheter-associated urinary tract infections (CAUTIs).

Patient, Family & Community Impact

- Reduces antibiotic use
- Improves patient safety
- Improves quality of care

Saving Lives, Saving Dollars

INVESTMENT

$4.5k

EDUCATION & STAFF TIME

SAVINGS

$48k

FEWER CAUTIs

Launch date: March 2017
Northwestern Medicine Delnor Hospital Geneva

INFECTION PREVENTION

Preventing surgical site infections (SSIs) with a colon bundle

A multidisciplinary team implemented several interventions, including:
- 18-element bundle
- Upgraded electronic medical record
- Bundle checklist that travels with patient
- Provider-specific compliance data
- Phase-of-care data
- Education

Patient, Family & Community Impact

Promotes optimal recovery

Improves quality of care

Improves patient satisfaction

Saving Lives, Saving Dollars

INVESTMENT
$16.4k
STAFF MEETING TIME

SAVINGS
$126k
FEWER SSIs

Launch date: April 2016
Reducing *Clostridium difficile* risk for all patients

Quick identification of *Clostridium difficile* and improved interdepartmental communication reduces the likelihood of spread. We educated staff on:

- Appropriate patients to test
- Our new communication tool
- Our new chart flagging system
- Factors that increase risk and behaviors that decrease risk

**Patient, Family & Community Impact**

- Improves patient safety
- Improves patient experience
- Improves community health

**Saving Lives, Saving Dollars**

**INVESTMENT**

$5k

**STAFF EDUCATION**

**SAVINGS**

$250k

**FEWER INFECTIONS**

Launch date: August 2017
Reducing *C. diff* infections through decreased antibiotic use

We reduced *Clostridium difficile* infections by decreasing the use of fluoroquinolone antibiotics. To achieve this, we:

- Developed empirical antibiotic guidelines with alternative recommendations
- Educated staff
- Implemented fluoroquinolone usage criteria
- Implemented warnings in the electronic medical record

**Patient, Family & Community Impact**

- Improves patient safety
- Improves quality of care
- Decreases adverse events

**Saving Lives, Saving Dollars**

**INVESTMENT**

$2k

**STAFF EDUCATION**

**SAVINGS**

$600k

**FEWER INFECTIONS**

Launch date: December 2016
Reducing the rate of non-ventilator healthcare-associated pneumonia

Oral bacterial growth is a risk factor for healthcare-associated pneumonia (HAP). We implemented evidence-based oral hygiene practices to decrease HAP by:

- Adopting recommendations of the American Association of Critical-Care Nurses
- Performing a learning needs assessment
- Educating nursing staff
- Standardizing oral care equipment

Patient, Family & Community Impact

- Reduces length of stay
- Improves patient safety
- Improves quality of care

Saving Lives, Saving Dollars

INVESTMENT

$47k
NEW ORAL CARE KITS

SAVINGS

$2.1m
FEWER HAPs

Launch date: May 1, 2018
We implemented a comprehensive hand hygiene program driven by our Infection Prevention Department and with commitment from hospital administration. The program includes:

- Electronic badges for staff
- Multidisciplinary committee
- Competition/reward programs
- Traveling trophies
- Publicly posted compliance
- Internally published dashboard

**Patient, Family & Community Impact**

- Improves patient safety
- Improves quality of care
- Enhances community trust

**Saving Lives, Saving Dollars**

**INVESTMENT**

$310k

HARDWARE & MAINTENANCE

**SAVINGS**

$183k

12% FEWER INFECTIONS

Launch date: June 2017
Reducing surgical site infections (SSIs)

We deploy an infection control risk assessment at every level of facility construction projects. An infection preventionist collaborates with facility management on these projects and we utilize a checklist to complete infection risk assessments.

Patient, Family & Community Impact

- Improves patient safety
- Improves quality of care
- Promotes collaboration in the community

Saving Lives, Saving Dollars

INVESTMENT

$2k
STAFF TRAINING

SAVINGS

$400k
REDUCTION IN SSIs

Launch date: April 2018
Memorial Medical Center Springfield

INFECTION PREVENTION

Improving the gastric bypass surgical site infection rate

A multidisciplinary team utilized Lean Six Sigma (LSS) to develop pre- and interoperative interventions, including:
- Patient pre-op dental care
- Pre-procedure mouth wash
- Interoperative tool cleanse and glove change
- Fascial closure order
- Management of contaminated devices

Patient, Family & Community Impact

- Reduces patient pain
- Reduces length of stay (LOS)
- Reduces patient costs

INVESTMENT

$12.2k

LSS TEAM & SUPPLIES

SAVINGS

$332k

REDUCED LOS

Saving Lives, Saving Dollars

Launch date: January 2017
To prevent catheter-associated urinary tract infections (CAUTIs), we are empowering nursing to reduce urinary catheter utilization by:

- Monitoring urinary catheter need daily
- Identifying appropriate urinary catheter usage
- Using a nurse-driven protocol for urinary catheter removal
- Selecting a Nurse Champion for peer coaching and mentoring

Patient, Family & Community Impact

- Improves patient safety
- Improves quality of care
- Improves patient experience

Saving Lives, Saving Dollars

INVESTMENT

$2.1k

NURSE CHAMPION

SAVINGS

$27.6k

32% FEWER CAUTIs

Launch date: October 2017
Decreasing *C. difficile* by improving patient selection for testing

A multidisciplinary team implemented the following interventions:

- Development of a patient selection algorithm for *Clostridium difficile* testing
- Mandatory use of ticket-to-lab form
- Standardized education to nurses, nurse practitioners, physician assistants and physicians
- Expedited communication of fallouts among departments

**Patient, Family & Community Impact**

- Provides early diagnosis and treatment
- Prevents unnecessary exposure to antibiotics
- Reduces patient costs

**INVESTMENT**

$250

**EDUCATIONAL MATERIALS**

$362k

**SAVINGS**

$362k

**FEWER INFECTIONS**

Launch date: January 2018
AMITA Health Adventist Medical Center
Hinsdale, Hinsdale

INFECTION PREVENTION

Reducing antibiotic use for early-onset sepsis in the neonatal ICU

We implemented a NICU Antimicrobial Stewardship Program, which includes:

- Decreasing antimicrobial coverage for early-onset sepsis to 36 hours after birth
- Reviewing antibiotic orders during daily bedside rounds
- Developing neonatal sepsis guidelines
- Optimizing antibiotic dosing regimen

Patient, Family & Community Impact

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<thead>
<tr>
<th>Activity</th>
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<tr>
<td>Decreases adverse events</td>
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<td>Improves patient safety</td>
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<td>Improves quality of care</td>
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Saving Lives, Saving Dollars

INVESTMENT

$2k
STAFF TRAINING

SAVINGS

$10k
DRUGS & SCREENING

Launch date: January 2018
AMITA Health Adventist Medical Center
Bolingbrook, Bolingbrook

INFECTION PREVENTION

Reducing the use of indwelling catheters

Multidisciplinary teams implemented interventions to reduce indwelling catheter utilization and risk of infection, including:
- Daily huddle on number of days of catheter usage and its medical necessity
- Weekly direct site audit by infection preventionist
- Drill down of validity of medical orders

Patient, Family & Community Impact

- Improves patient comfort
- Reduces antibiotic usage
- Reduces patient costs

Saving Lives, Saving Dollars

INVESTMENT
$15k
DAILY HUDDLES

SAVINGS
$21k
FEWER INFECTIONS

Launch date: January 2018
Following up on cultures from the emergency department (ED)

We implemented a pharmacist-driven culture review and follow-up process in the ED. Our interventions include:

- Discontinuing antibiotics in patients with negative culture results
- Changing therapy in 20% of all cultures reviewed
- Calling patients to notify them of results
- Coordinating with providers to write a new prescription if necessary

Patient, Family & Community Impact

- Decreases adverse events
- Improves patient safety
- Improves quality of care

Saving Lives, Saving Dollars

INVESTMENT
$2k
STAFF TRAINING

SAVINGS
$50k
FEWER READMISSIONS

Launch date: September 2016
Reducing the risk of CAUTIs by reducing Foley catheter usage

Nursing staff implemented several interventions to reduce catheter-associated urinary tract infections (CAUTIs), including:

- Nurse-driven protocol and algorithm for catheter use and removal
- Foley catheter need and usage monitored each shift
- Unit work group to review data
- Nursing champion to lead the initiative

Patient, Family & Community Impact

- Improves patient safety
- Improves patient outcomes
- Improves quality of care

Saving Lives, Saving Dollars

INVESTMENT
$500
STAFF TIME
SAVINGS
$621k
FEWER CAUTIs

Launch date: January 2016
Reducing *Clostridium difficile* rate through appropriate testing

A multidisciplinary team implemented interventions including:
- Situation, Background, Assessment, Recommendation (SBAR) tick sheet to guide bedside nursing
- Secondary review by Infection Prevention and Pharmacy on a daily basis
- Infectious Disease consults as needed
- Ultimate decision to test from the ordering physician or nurse practitioner

**Patient, Family & Community Impact**

- Reduces use of unnecessary antimicrobials
- Reduces patient costs
- Improves patient and family satisfaction

**Saving Lives, Saving Dollars**

**INVESTMENT**

$13k  
**STAFF TIME**

**SAVINGS**

$121k  
**FEWER INFECTIONS**

Launch date: January 2017
Reduction in Catheter-Associated Urinary Tract Infections (CAUTIs)

Multidisciplinary teams implemented several interventions, including:

- Female external catheters
- Dedicated Foley insertion team
- Daily visual performance tool to manage for daily improvement
- Nurse-driven protocol
- Patient and family engagement

As a result, we achieved a 33% reduction in CAUTIs year-over-year.

Patient, Family & Community Impact

- Increases patient and family satisfaction
- Increases mobility and reduces pressure ulcers
- Reduces avoidable length of stay

INVESTMENT

$35.8k

EDUCATION & SUPPLIES

SAVINGS

$82.8k

FEWER CAUTIs

Launch date: January 2017

Saving Lives, Saving Dollars
Reducing infections, readmissions and emergency department returns

We implemented a collaborative effort with local nursing homes to enhance patient care and improve antibiotic stewardship. Our interventions include:

- Quarterly educational meetings with nursing home and hospital staff
- Tracking tool for nursing homes to access lab results, infections, patient days and resident hospital admissions

**Patient, Family & Community Impact**

- Improves quality of care
- Improves care transitions
- Improves patient and family experience

**Saving Lives, Saving Dollars**

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<th>INVESTMENT</th>
<th>$3.4k</th>
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<tbody>
<tr>
<td>STAFF TIME &amp; TRAINING</td>
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<table>
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<tr>
<th>SAVINGS</th>
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<tbody>
<tr>
<td>FEWER READMISSIONS</td>
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Launch date: June 2018
Reducing healthcare-associated *Clostridium difficile*

We implemented a nurse-driven algorithm as a systematic guide for *C. difficile* testing and appropriate isolation precautions. We also:

- Use alerts in our electronic medical record to guide nurses and physicians on appropriate testing
- Adopted a senior leadership-led hand hygiene campaign to reinforce hand hygiene expectations

**Patient, Family & Community Impact**

- Reduces length of stay
- Reduces antibiotic use
- Improves quality of life

**Saving Lives, Saving Dollars**

**INVESTMENT**

$10k

**RESOURCES & EDUCATION**

**SAVINGS**

$1.2m/yr

**FEWER INFECTIONS**

Launch date: October 2017
Reducing infections by increasing hand hygiene compliance

We utilized computer-based hand hygiene simulation to increase awareness of proper hand-washing technique. This approach includes:

- Engaging staff through gaming technology
- Providing individualized unit-based training
- Involving both clinical and non-clinical staff
- Training upon hire and annually
- Utilizing a secret shopper audit

Patient, Family & Community Impact

- Educates patients during pre-operative classes
- Increases awareness through outreach programs
- Improves patient safety

Saving Lives, Saving Dollars

**INVESTMENT**

$34.8k

HARDWARE & STAFF TIME

**SAVINGS**

$238k

FEWER INFECTIONS

Launch date: June 2017
We engage staff and provide tools to reduce catheter-associated urinary tract infections (CAUTIs). Our interventions include:

- Engaging frontline staff in process improvement initiatives
- Exchanging best practices through networking and collaboration
- Increasing family involvement in the patient’s care plan

**Patient, Family & Community Impact**

- Provides evidence-based and best-practice care
- Improves quality of life
- Empowers patients and families

**Saving Lives, Saving Dollars**

**INVESTMENT**

$1.8k

**TRAINING & PRODUCT COST**

**SAVINGS**

$39.6k

**FEWER CAUTIs**

Launch date: June 2018
Reducing immediate-use steam sterilization (IUSS)

Several departments collaborated to reduce IUSS, which is less reliable in ensuring surgical instruments sterility:

- **Executive:** Allocated funding for instruments
- **Infection Prevention:** Provides education
- **Central Sterile:** Uses algorithm to evaluate IUSS need
- **Surgery:** Modifies the surgery schedule to avoid using IUSS

**Patient, Family & Community Impact**

- Improves patient safety
- Enhances quality of care
- Reduces infection risk and length of stay

**Saving Lives, Saving Dollars**

**INVESTMENT**

$3.5k

**EDUCATION**

**SAVINGS**

$28k

**REDUCED INFECTIONS**

Launch date: September 2017
OSF HealthCare Ambulatory Clinical Practice Peoria

INFECTION PREVENTION

Standardizing high-level disinfection processes and supplies

Multidisciplinary teams came together to champion best practices, including:
- Standardizing supplies/equipment
- Maintaining annual competency
- Identifying office-specific trainers
- Performing biannual tracer activity to assess compliance and provide education
- Implementing infection prevention resources for infection control initiatives

Saving Lives, Saving Dollars

INVESTMENT
$100k
EQUIPMENT

SAVINGS
$500k
FEWER INFECTIONS

Launch date: July 2017

Patient, Family & Community Impact

Increases access to care

Prevents HPV exposure and infection

Improves patient safety

Launch date: July 2017
SwedishAmerican Hospital Rockford

INFECTION PREVENTION

Reducing healthcare-associated infections

A multidisciplinary team implemented an innovative cleaning system using Binary Ionization Technology to reduce the number of surgical site infections and prevent the spread of multidrug-resistant organisms. The technology kills bacteria and fungal spores and inactivates viral cells.

Patient, Family & Community Impact

- Improves patient safety
- Reduces length of stay
- Improves quality care

Saving Lives, Saving Dollars

INVESTMENT

$225k
EQUIPMENT & TRAINING

SAVINGS

$291k
FEWER INFECTIONS

Launch date: April 2018
Using academic detailing to promote safe opioid prescribing

Illinois Department of Human Services, Illinois Prescription Monitoring Program, University of Illinois at Chicago Department of Pharmacy and AMITA Health implemented academic detailing interventions including:

- Key messages from Centers for Disease Control and Prevention guidelines
- Primary care information on past opioid prescribing
- Additional resources

Patient, Family & Community Impact

- Reduces opioid overdoses
- Helps patients manage chronic pain
- Improves quality of care

Saving Lives, Saving Dollars

INVESTMENT
$43k

STAFF TIME

SAVINGS
$905k

ADVERSE DRUG EVENTS

Launch date: June 2018
We adopted a multimodal approach to decrease opioid use in hospital and community pain management by:

- Working with emergency department (ED) and primary care providers (PCPs) to decrease pill counts
- Adjusting post-operative orders to limit opioid use
- Providing alternative treatments to pain
- Enhancing provider availability for referrals

**Investment**

$36k Team & materials

**Patient, Family & Community Impact**

- Improves health outcomes
- Reduces visits to the ED or PCP for medications
- Reduces patient costs

**Saving Lives, Saving Dollars**
Launch date: January 2018
Identifying and treating pregnant women on opioids

We created a process flow for identifying pregnant women who take opioids through inpatient and outpatient screening tools. With that information, we link these patients to community resources for medication-assisted therapy and counseling. We also implemented rooming-in to engage mothers in newborn treatment.

Patient, Family & Community Impact

- Reduces length of stay (LOS)
- Promotes bonding with newborns
- Improves newborn health with treatment for mothers

Saving Lives, Saving Dollars

**INVESTMENT**

$6.8k

**EDUCATION**

$293k

**SAVINGS**

**REDUCED LOS**

Launch date: June 2018
HSHS St. John’s Hospital Springfield
SENATE DISTRICT 48  HOUSE DISTRICT 96

OPIOID STEWARDSHIP

Reducing opioid use in the emergency department (ED)

Our approach includes:
- Providing pharmacist-led education on appropriate opioid prescribing patterns to ED staff
- Offering alternatives to opioid therapy using patient-specific treatment plans
- Adapting existing infrastructure to optimize safe and effective pain treatment
- Mitigating opioid overuse through targeted interventions

Patient, Family & Community Impact
- Improves patient safety
- Improves awareness of opioid-related risks
- Reduces opioid overuse in the community

Saving Lives, Saving Dollars

INVESTMENT
$6k
EDUCATION & TRAINING

SAVINGS
$592k
DECREASED USAGE

Launch date: December 2018
Saving Lives, Saving Dollars

OPIOID STEWARDSHIP

Decreasing opioid use while still providing adequate pain control

We track and report on opioid prescribing and educate providers and nursing staff on the benefits of timely follow-up with patients who indicate a high level of pain on the pain scale. We also use order sets for pain control that follow recommendations of subject matter experts.

Patient, Family & Community Impact

- Improves patient safety by decreasing adverse effects
- Decreases duplicate prescribing and confusion
- Prevents overprescribing at discharge

Saving Lives, Saving Dollars

INVESTMENT

$4k

STAFF TIME

SAVINGS

$115k

DECREASED USAGE

Launch date: September 2017

Illinois Health and Hospital Association
OSF HealthCare Saint Elizabeth Medical Center, Ottawa
OSF HealthCare Saint Paul Medical Center, Mendota

SENATE DISTRICT 38    HOUSE DISTRICT 76

OPIOID STEWARDSHIP

Reducing opioid usage

A multidisciplinary team implemented several initiatives to reduce opioid usage:
- Educating providers
- Performing retrospective audits
- Monitoring opioid usage
- Setting targets
- Implementing a drug take-back program
- Updating pharmaceutical and non-pharmaceutical order sets to include alternatives
- Participating in the Midwest ALTO Project

Patient, Family & Community Impact

- Reduces opioid addiction
- Reduces opioid overdoses/adverse drug events (ADEs)
- Improves patient safety

Saving Lives, Saving Dollars

INVESTMENT
$1.8k

SUPPLIES PURCHASED
SAVINGS
$465k
FEWER ADEs

Launch date: January 2018
Implementing standardized clinical guidelines for chronic opioid use

An interprofessional team implemented evidence-based clinical guidelines to help providers manage chronic opioid use. Changes include:

- Standardized addiction risk assessment
- Clear diagnosis of pain condition
- Specialty referrals as appropriate
- Risk stratified by morphine equivalent daily dose
- Documentation templates
- Direct access to IL Prescription Monitoring Program

**Investment**

$250k In-kind resources

**Patient, Family & Community Impact**

- Improves patient safety
- Improves patient education
- Promotes drug take-backs

**Saving Lives, Saving Dollars**

Launch date: December 2017
Using organizational strategies to reduce opioid-related harm

We implemented strategies to identify risk factors associated with opioid-induced respiratory depression and to support its prevention and early identification:

- Naloxone case reviews
- Improved patient monitoring
- Focused interventions to modify opioid prescribing based on the behavioral economics principle of the nudge

Patient, Family & Community Impact

- Improves quality of care
- Improves patient safety
- Improves monitoring of at-risk patients

Saving Lives, Saving Dollars

INVESTMENT

$241k

HARDWARE

SAVINGS

$385k

INJURIES PREVENTED

Launch date: January 2016
Pinckneyville Community Hospital
Pinckneyville

SENATE DISTRICT 58   HOUSE DISTRICT 116

PATIENT SAFETY

Reducing patient injuries by adopting a just culture

We gave employees the tools to ensure consistency in how behaviors and systems are managed. We adopted a just culture that:

- Holds individuals accountable for their actions
- Considers system design related to occurrences/outcomes
- Provides tools for managers and leaders
- Creates a safe and reliable environment for patients and employees

Patient, Family & Community Impact

- Improves patient safety
- Improves employee morale
- Improves quality of care

Saving Lives, Saving Dollars

INVESTMENT

$11.6k
EDUCATION & TRAINING

SAVINGS

$106k
FEWER INJURIES

Launch date: January 2018

IHA Illinois Health and Hospital Association
A multidisciplinary team implemented several interventions, including:

- Focused physician education
- Sepsis bundle education for emergency department and inpatient nursing staff
- Sepsis screening every 6 hours
- Concurrent sepsis case review with caregiver feedback
- Weekly sepsis “huddles”
- New documentation template and order set

**Patient, Family & Community Impact**

- Improves patient safety
- Improves quality of care
- Improves patient experience

**Saving Lives, Saving Dollars**

**INVESTMENT**

$9k

**EDUCATION**

**SAVINGS**

$341k

**FEWER READMISSIONS**

Launch date: January 2018
We take a proactive approach to decreasing patient harm events. Our Stop the Line/Good Catch Program is a monthly award to a staff member who prevented a potentially poor patient outcome.

Patient, Family & Community Impact

- Improves patient safety
- Improves quality of care
- Improves patient experience

Saving Lives, Saving Dollars

INVESTMENT

$1k

STAFF REWARD

SAVINGS

$350k

FEWER ADVERSE EVENTS

Launch date: April 2018
Decreasing adverse drug events (ADEs) related to hypoglycemia

A multidisciplinary team implemented several interventions, including:
- Changing insulin usage to twice daily by splitting the dose
- Putting call lights on tray passers
- Having dieticians call to request missed patient meals
- Adding stickers to diabetic trays
- Educating nurses and dieticians

Patient, Family & Community Impact

- 52.3% decrease in hypoglycemic patients
- Decreases length of stay
- Decreases mortality

Saving Lives, Saving Dollars

INVESTMENT
$4k
STAFF TIME & EDUCATION

SAVINGS
$339k
DECREASE IN ADEs

Launch date: September 2017
Little Company of Mary Hospital and Health Care Centers, Evergreen Park
SENATE DISTRICT 18      HOUSE DISTRICT 36

PATIENT SAFETY

Collaborating to reduce the organizational fall rate

Our Fall Committee adopted a new fall protocol that includes implementing:
- More frequent patient assessments using our fall risk tool
- The Falling Star program and No Pass Zone
- Targeted toileting
- The Call, Don’t Fall teaching tool and teach-back method when providing education

Saving Lives, Saving Dollars

INVESTMENT
$14.8k
SAFETY SKILLS EDUCATION

SAVINGS
$36.2k
INJURIES PREVENTED

Patient, Family & Community Impact

- Improves patient safety
- Increases patient/family knowledge of fall prevention
- Improves patient/family satisfaction

Launch date: December 2017

Illinois Health and Hospital Association
We implemented a daily safety huddle that includes hospital leadership to report on:

- Safety events/concerns identified in the last 24 hours
- Potential safety concerns in the next 24 hours
- Findings, root cause analyses and next steps
- Final closure of safety events
- Organizational awareness for patient safety

**Patient, Family & Community Impact**

- Promotes prompt intervention of safety concerns
- Prevents recurring errors by identifying root cause(s)
- Improves patient safety

**Saving Lives, Saving Dollars**

**INVESTMENT**

$100,000/yr

**STAFF TIME**

**SAVINGS**

$275,000/yr

**FEWER SAFETY EVENTS**

Launch date: July 2017
saving lives, saving dollars

Patient safety

Advocate South Suburban Hospital
Hazel Crest

Senate District 19  House District 38

PATIENT SAFETY

Reducing the risk of healthcare-associated delirium in older adults

Our multimodal interventions and education include:

- Preventing sleep deprivation
- Preventing decline in patients with dementia
- Managing pain effectively
- Reducing the impact of prolonged bed rest with progressive mobility
- Avoiding prolonged use of urinary catheters

Patient, Family & Community Impact

Improves health outcomes

Decreases patient costs

Reduces likelihood of discharge to a nursing home

Saving Lives, Saving Dollars

INVESTMENT

$15k

STAFF TRAINING

SAVINGS

$663k

FEWER DELIRIUM CASES

Launch date: January 2017

Illinois Health and Hospital Association
Reducing acute care fall rate with multidisciplinary collaboration

Our acute care fall rate decreased 32% from 2016 to 2018 and our falls with injuries rate dropped 54.5% with a multidisciplinary approach that includes:

- Fall risk assessment, interventions and post-fall huddle revision
- Mock code falls
- Bed/Chair alarms with standardized tones
- Gait belts/walkers in every room
- Remote Safety Companion program

Patient, Family & Community Impact

- Improves patient safety
- Reduces avoidable injuries related to falls
- Decreases length of stay

Saving Lives, Saving Dollars

INVESTMENT

$69k

EQUIPMENT & TRAINING

SAVINGS

$546k

AVOIED 39 FALLS

Launch date: January 2016
Engaging Physicians, APRN/PA and Nursing to improve patient safety

We formed a multidisciplinary Quality & Safety Ambulatory Network to improve patient outcomes and support a culture of excellence. The committee focuses on:

- Reducing individual and organizational risk
- Creating a safe learning system
- Improving system thinking
- Improving professional engagement
- Targeting zero harm for ambulatory care

Patient, Family & Community Impact

- Improves clinical excellence in ambulatory care
- Improves patient experience
- Develops trust with the healthcare team

Saving Lives, Saving Dollars

**INVESTMENT**

$131k

**STAFF TIME**

$428k

**SAVINGS**

REduced RESOURCES

Launch date: September 2018
Norwegian American Hospital
Chicago

SENATE DISTRICT 2     HOUSE DISTRICT 4

PATIENT SAFETY

Improving patient outcomes through rapid response teams

We implemented rapid response teams (RRTs) to recognize critical changes in a patient’s condition and promote early rescue. A team of providers rushes to patients demonstrating signs of imminent clinical deterioration. The RRT:

- Assesses and treats the patient immediately
- Focuses on preventing intensive care unit transfer, cardiac arrest or death

Patient, Family & Community Impact

- Improves quality of care
- Reduces length of stay
- Reduces unnecessary patient transfers

Saving Lives, Saving Dollars

INVESTMENT
$27k
STAFF & SUPPLIES

SAVINGS
$171k
IMPROVED OUTCOMES

Launch date: January 2018
Engaging patients by tailoring healthcare to their needs

We assess each patient’s level of knowledge, skill and confidence through a patient activation measure (PAM) questionnaire in order to:

- Improve patient engagement
- Reduce readmissions
- Allow our patients to become partners in their healthcare
- Guide learning to their level of activation
- Set incremental, simplified goals to PAM level

**Patient, Family & Community Impact**

- Improves patient involvement
- Improves quality of care
- Improves patient experience

**Saving Lives, Saving Dollars**

**INVESTMENT**

$18k

STAFF TIME & ANNUAL FEE

**SAVINGS**

$15.5k

FEWER READMISSIONS

Launch date: April 2017

OSF HealthCare Saint Luke Medical Center

Kewanee

SENATE DISTRICT 37  HOUSE DISTRICT 74

SOCIAL DETERMINANTS OF HEALTH
Abraham Lincoln Memorial Hospital
Lincoln

SENATE DISTRICT 44    HOUSE DISTRICT 87

SOCIAL DETERMINANTS OF HEALTH

Inspiring a culture of health in Logan County

We’re enhancing patient outcomes by addressing social determinants of health. We:

- Provide over 1,000 free health screenings annually
- Support residents and the local agriculture economy through a producer-only farmers market
- Match SNAP dollars to increase consumption of fruit and vegetables
- Installed a free state-of-the-art fitness court

Patient, Family & Community Impact

- Increases access to fresh produce
- Provides free access to exercise and screenings
- Promotes better healthcare outcomes

Saving Lives, Saving Dollars

INVESTMENT
$320k
EQUIPMENT & SUPPLIES

SAVINGS
$1.8m
IMPROVED OUTCOMES

Launch date: May 2016
Our community needs assessment identified a need for healthy living with diabetes. In response, we:

- Trained a diabetes self-education management coordinator
- Implemented “Living Well and Feeling Well” individual and group education classes
- Offered dietician consultation for customized nutrition therapy
- Offered goal setting and lifestyle planning

**Patient, Family & Community Impact**

- Improves diabetes self-management
- Promotes preventive health and lifestyle change
- Increases access to local resources

**Saving Lives, Saving Dollars**

**INVESTMENT**

$6.2k

**TRAINING & MARKETING**

**SAVINGS**

$160k

**REDUCED ADMISSIONS**

Launch date: June 2017
Increasing access to colorectal cancer screenings

Our cancer registry showed 47% of patients diagnosed with colorectal cancer in 2017 were at stage 3 or 4. To increase screening, which can prevent colon cancer or detect it early, we:

- Provide free screening kits at community locations
- Promote screening through local employers, news media and social media
- Offer community screening events

**Patient, Family & Community Impact**

- Increases access to care
- Increases screening rates
- Improves community health

**Saving Lives, Saving Dollars**

**INVESTMENT**

$4.5k

**SUPPLIES & STAFFING**

**SAVINGS**

$292k

**EARLY DETECTION**

Launch date: March 2016
SIU School of Medicine’s Department of Population Science and Policy collaborated with Hillsboro Area Hospital using an evidence-based approach to:

- Design cost-effective child development bags
- Guide the integration of bags into parent/child interactions
- Enhance parent/teacher communication and engagement around child development

Patient, Family & Community Impact

- Improves consistency in parent/child interactions
- Educates teachers and parents on child’s development
- Improves communication between parents and teachers

Saving Lives, Saving Dollars

**INVESTMENT**

$10k

EDUCATIONAL SUPPLIES

**SAVINGS**

$40k

SOCIAL BENEFITS

Launch date: August 2017
Improving access to dental services in rural East Central Illinois

SBL Dental Services is a dental home for uninsured rural children in our community. Regular oral healthcare can reduce family costs and emergency department (ED) visits. We provide:

- Education, exams and dental care to children—at no cost to families
- Assistance to adults whose oral health status is a barrier to addressing other health needs

Patient, Family & Community Impact

- Provides no-cost dental care to underserved children
- Treats tooth decay affecting 1 in 5 third-graders
- Provides $500 urgent care vouchers for adults

Saving Lives, Saving Dollars

INVESTMENT
$446k
EQUIPMENT & STAFFING

SAVINGS
$124k
FEWER ED VISITS

Launch date: January 2018
FHN Memorial Hospital Freeport

Social Determinants of Health

Adopting a community approach to continuity of care

With the vision that everyone needs the help of a team to be as healthy as possible, we developed Connect the D.O.T.S. to partner with community organizations on:

- Chronic disease management
- Barriers to healthcare
- Poverty and the economic burden of disease

We also hired a Complex Care Manager and launched a mobile integrated health program.

Patient, Family & Community Impact

- Improves care for high-risk, complex patients
- Addresses patients’ basic needs
- Coordinates care team and partners to address barriers

Saving Lives, Saving Dollars

Investment

$232k
Nursing Staff & Promo

Savings

$402k
Fewer Readmissions

Launch date: January 2018
Social Determinants of Health

Addressing over-utilization of ambulance and ED services

Rockford Fire Department paramedics and emergency department (ED) case managers visited patients in their homes to:

- Evaluate the home environment for safety
- Determine social needs (food, housing)
- Perform medication reconciliation
- Identify barriers to taking medications correctly and to accessing primary care
- Connect patients to resources

Patient, Family & Community Impact

- Connects patients with community resources
- Trains patients on correct use of medication
- Improves patients’ quality of life in their home

Saving Lives, Saving Dollars

Investment

$176k

Dedicated Paramedic

Savings

$1.3m

Reduced ED Visits

Launch date: August 2016
Advocate Children’s Hospital
Oak Lawn

SENATE DISTRICT 18  HOUSE DISTRICT 36

SOCIAL DETERMINANTS OF HEALTH

Improving maternal and child health outcomes

Our OB and Family Medicine practices implemented the Centering Pregnancy model to address disparities in health outcomes. The model:

- Cares for 8-10 women at the same time
- Provides the women 10x more time with their provider
- Addresses topics through facilitated discussion and interactive activities
- Educates patients on pregnancy and infant care

Patient, Family & Community Impact

- Promotes positive patient/physician relationship
- Increases social support for families
- Empowers parents to control their own health

Investment

$70k Training & resources

Saving Lives, Saving Dollars
Launch date: June 2017
Improving food insecurity in our community

With 13% of Lee County residents experiencing food insecurity, a multidisciplinary team implemented a program to provide excess food from the hospital cafeteria to residents in need.

- Nursing and dietary staff box about 170 meals weekly.
- Meals are served at a church and delivered to homes.
- Nurses attend church meals to offer healthcare services.

Patient, Family & Community Impact

- Provides food for individuals and families in need
- Offers access to healthcare services
- Enhances individual and community well-being

Saving Lives, Saving Dollars

INVESTMENT

$6k/yr

STAFF TIME

SAVINGS

$33.6k

IMPROVED OUTCOMES

Launch date: January 2018
Providing legal assistance to improve patients’ health outcomes

Individual health is determined by social factors including adequate housing and utilities. The Medical-Legal Partnership between Loretto Hospital and the Lawyers’ Committee for Better Housing extends the continuum of care for patients by providing legal assistance to address serious housing issues that negatively impact their health.

Patient, Family & Community Impact

- Improves mental and physical health
- Increases access to legal resources
- Improves housing safety and stability

Saving Lives, Saving Dollars

INVESTMENT

$30k

PARTNERSHIP & STAFF

SAVINGS

$15.5k

FEWER READMISSIONS

Launch date: January 16, 2016
We developed a year-long initiative of mass casualty preparedness education, including:
- Forming a disaster committee
- Updating and educating all departments on response plans
- Holding table-top exercises
- Executing a full-scale simulated train bombing with an active shooter and simulated victims, first responders and hospital personnel

Patient, Family & Community Impact

- Improves coordination with first responders
- Improves care in a mass casualty event
- Improves community preparedness

Saving Lives, Saving Dollars

INVESTMENT
$100k STAFF & EQUIPMENT

SAVINGS
$700k RISK MITIGATION

Launch date: October 2017
We implemented education, training and physical changes throughout the hospital to de-escalate aggressive/violent patients. Our interventions include:

- Mandatory de-escalation training for security and supervisory staff and staff in the emergency department and intensive care unit
- Designated safe rooms in all units
- Updated policy and procedures

**Patient, Family & Community Impact**

- Improves patient safety
- Improves quality of care
- Improves patient experience

**Saving Lives, Saving Dollars**

**INVESTMENT**

$98.6k

TRAINING & SAFE ROOMS

**SAVINGS**

$168k

INJURIES & STAFFING

Launch date: November 2017
Advocate Good Samaritan Hospital Downers Grove

SENATE DISTRICT 24       HOUSE DISTRICT 47

WORKPLACE SAFETY

Engaging leadership support in post-event response to violence

We provide education in various platforms to leadership and management on the importance of the leadership role when violence occurs at work. Topics include:

- Current literature review on post-event support
- Recovery process for healthcare providers affected
- Types of debriefing
- Current state of post-event support at our hospital

Patient, Family & Community Impact

- Promotes a safer hospital environment
- Addresses provider needs to ensure high-quality care
- Contributes to community safety

Saving Lives, Saving Dollars

INVESTMENT

$20k
EDUCATION & TRAINING

SAVINGS

$3.3m
NURSING TURNOVER

Launch date: Fall 2018
We enhanced patient tracking to improve outcomes by:

- Giving patients options for completing pre-op forms, including in surgeon offices, on our website and during pre-op classes
- Participating in the National Joint Registry to track and monitor outcomes
- Reviewing data at monthly performance improvement meetings to support informed decision-making

**Patient, Family & Community Impact**

- Improves quality of care
- Improves patient outcomes
- Improves patient satisfaction

**Saving Lives, Saving Dollars**

**INVESTMENT**

$5k

PRINTING & WEBSITE

**SAVINGS**

$10k

MEDICARE INCREASE

Launch date: April 2017
Improving outcomes of total joint replacement patients

We developed a Joint Camp to prepare patients for surgery and recovery to improve patient outcomes. Every joint replacement patient is encouraged to attend a class before surgery. As a result, we:

- Increased our HCAHPS pain management domain ranking from the 68th percentile to the 99th
- Decreased inpatient length of stay (LOS) from 3.2 days to 2.4

Patient, Family & Community Impact

- Improves quality of care
- Improves patient experience
- Reduces length of stay

Saving Lives, Saving Dollars

INVESTMENT

$10k
EMPLOYEE SALARY

SAVINGS

$287k
REDUCED LOS

Launch date: October 2016
Memorial Physician Services Springfield

SENATE DISTRICT 48    HOUSE DISTRICT 96

OTHER INITIATIVE

Enhancing physician scheduling to increase patient access to care

Structured and enhanced physician scheduling can free up physician time, which increases patient access. Using Lean Six Sigma (LSS), we:

- Work with physicians and staff to standardize patient appointment types and lengths
- Decreased documentation turnaround time
- Backfill openings with our enhanced model
- Rolled out changes to all physicians

Patient, Family & Community Impact

Improves access to care

Provides more efficient care

Improves patient satisfaction

Saving Lives, Saving Dollars

INVESTMENT

$12k

LSS TEAM & MATERIALS

SAVINGS

$625k

PATIENT ACCESS

Launch date: January 2018
SSM Health Cardinal Glennon Children’s Hospital, St. Louis

OTHER INITIATIVE

Reducing inventory and supply costs in the PICU

Using Lean Principles, we decreased our supply costs by 5% in the pediatric intensive care unit (PICU) by:

- Organizing the supply, Periodic Automatic Replenishment (PAR) and medication rooms
- Obtaining appropriate supplies and PAR of supplies to ensure the correct supplies are in the unit for timely use
- Improving nursing efficiency for more time with patients and families

Patient, Family & Community Impact

- Improves patient environment
- Improves quality of care
- Reduces family costs

Saving Lives, Saving Dollars

INVESTMENT
$13.1k

STAFF TIME

SAVINGS
$63k

Launch date: November 2017
Our Patient and Family Engagement team implemented an electronic advisor program to engage patients and families in improvement work. We developed 13 different interventions to increase participation, focusing on those having the highest impact and lowest investment. During a 35-week period, we grew e-advisor participation by 346% to 246 e-advisors.

**Patient, Family & Community Impact**

- Empowers the patient and family voice
- Offers a convenient way to provide input
- Engages a representative patient population

**Saving Lives, Saving Dollars**

**INVESTMENT**

- **$5k**

**STAFF TIME**

**SAVINGS**

- **$4k**

**OFFICE MATERIALS**

Launch date: January 2018