

Examples of Winning Applications

Award/Grant	Project Title	Project Description
<p>Lighthouse Excellence Award Winner \$15,000</p>	<p>Tracheostomy Cap Adapter Product Review of Design Flaw</p>	<p>Upon introduction of the new design of the Shiley tracheostomy tubes in January of 2022, the otolaryngology team had noted a design flaw when attempting tracheostomy decannulation via our standardized capping trial. The tracheostomy tube caps were too loose and could easily be displaced when the patient coughed. This resulted in discharge delays due to delay in decannulation of the tracheostomy tube. We formed a task force with the goal of identifying the specific design related concern resulting in dysfunction of the capping trial. Using 3D printing, a design modification was proposed as well as an adapter to the tracheostomy tube and cap. This helped us to effectively communicate our specific concerns with the manufacturer so that the design could be definitively corrected as the end goal of our project.</p> <p>Since discussing our concerns with the manufacturer, the FDA, and ECRI, there was an urgent nationwide Class One recall of the affected medical devices.</p> <p>Due to this project, the team was able to avoid potential adverse outcomes such as: discharge delays, the need for a tracheostomy tube and supplies at discharge if unable to successfully decannulate while admitted, and avoidance of a mucous plug event which could cause subsequent respiratory distress leading to the potential for mortality if not addressed immediately if mucous plug is significant.</p> <p>According to the manufacturer, this concern had not been reported by other facilities. Given that the manufacturer has now organized an action plan to address the device malfunction, the main end goal of our project is complete.</p>
<p>Award for \$12,000</p>	<p>Using a Team Approach to Improve Breast Cancer Screening Quality Measure Performance</p>	<p>In January 2022, the hospital had a Clinical Integration Network (CIN) breast cancer screening quality measure performance of 61%. The 2022 CIN quality measure was set at 78% to be obtained by 12-31-22. Measure criteria included % of female patients 50-74 y/o who had a mammogram to screen for breast cancer in the last 27 months, not preceding the patient's 50th birthday. As a team, we developed a standard workflow and telephone scripting for identifying and reaching out to patients with an open care gap.</p> <ul style="list-style-type: none"> • The clinical staff rooming the patient supported the provider by reviewing quality measures, discussing the need for screening with the patient when due, and pends the order for the provider. • The provider educates the patient. • The Practice Managers then worked with their staff to review reports for open gaps, reach out to patients to identify completed screenings at outside facilities, schedule screenings, and refer to a Breast Nurse Navigator for additional education as needed. • Continuous monitoring of performance was completed using the Primary Care Quality Dashboard. • Ongoing communication with each practice to discuss data, successes, and challenges in patient outreach. <p>With this initiative, we were able to improve breast cancer screenings by 14% from January 2022 to December 2022, 61% to 75. By improving performance in the Breast Cancer Screening quality measure, we provided an increased opportunity for early detection in breast cancer and improves the outcomes for breast cancer cases identified in the women in our community.</p>

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Award for \$12,000	Reducing Length of Stay for Improved Patient Outcomes	<p>Length of Stay (LOS) is a risk indicator, as longer stays in hospital settings have the potential to lead to greater risks. Hospital A, a sole community hospital for the region, was higher than peers at the state and national level, at approximately four days (average) in 2021. Leadership brought together a multidisciplinary team to define the problem and test solutions. The team narrowed its population to those who have the potential for the greatest length of stay with subsequent exposure to risk, those who are admitted outside of medical necessity (barriers to social determinates of health), and those who stay beyond medical necessity (for example, those with delays in discharge to a nursing home), deemed "social stays." Interventions included:</p> <ul style="list-style-type: none"> • A discharge escalation planning process Discharge team case conferences • Community engagement and education • Workflow development to address medical necessity status changes with patients/families and teams • Workflow development for Emergency Departments regarding admission criteria • Alternative social resources • "Preparing to Discharge" booklet to support effective discharge planning • Scripting and documentation to support conversations regarding transparency and cost of care for non-medical necessity hospital stays for patients/families • Education on the process for admission to residential nursing homes conducted at the community level. <p>To prevent non-medically necessary admissions, we redirected supportive care coordination to alternative, more appropriate levels of care for "social stays" thereby reducing the potential to exposures to the risks associated with hospital stays. Patients are redirected to navigate care at the appropriate community-based provider level.</p> <p>By comparing data collected in 2021, considered "baseline," with data from 2022, considered the measure period, an approximate 26% decrease in average length of stay, down to 2.8 days. It is estimated that this led to an approximate reduction of 38% total "social stays", an approximate 40% reduction in "social stay" total days, and an estimated 48% reduction in the cost of care for "social stays."</p>
Grant for \$12,000	Mobile Rolling Refreshers	<p>The Mobile Rolling Refreshers project provides an opportunity for bedside staff to practice Central Venous Line (CVL) care, such as sterile cap/needleless connector changes and sterile dressing changes, in a low-stress, simulation environment. These skills are critical in reducing Central Line-Associated Bloodstream Infections (CLABSI), but are performed infrequently, making them high-risk, low-volume procedures. The simulation environment allows staff to gain exposure, ask questions, and become a safer care provider.</p> <p>Incorrect performance of these skills increases the risk of central line contamination, which increases the likelihood of CLABSI. Of the 30 care providers observed thus far, 100% required some degree of coaching to correctly perform the procedures. Progress will primarily be measured through our continued evaluation of adherence to CLABSI maintenance bundles and direct observation audits of CVL cap and dressing changes. The tangible result of this project is a reduction in hospital-wide CLABSI.</p>