2024 Lighthouse Award of Excellence Winner

Project	Project Summary
STANSE STroke And NeuroSciences Emergencies Team	The Stroke and Neuroscience Emergencies (STANSE) Team conducted a comprehensive, system-wide Failure Mode and Effect Analysis (FMEA) to enhance stroke outcomes. In under twelve months, this significant patient safety initiative successfully implemented a tele-stroke platform and developed new protocols to provide 24/7 emergency department and inpatient stroke response, including teleconsultations for two smaller facilities. This initiative resulted in a reduction of door-to-needle median times from 62.5 minutes to 36.5 minutes and decreased the symptomatic hemorrhage rate from 3.8% to 1.3%. Additionally, there were notable reductions in stroke-related complications, leading to improved patient outcomes and a lowered risk of litigation.

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Hardwiring Patient Safety While Improving Patient Experience	To address the challenge of identifying life-threatening conditions in urgent care settings, a new clinical intake process was developed to enhance early symptom recognition, prompt provider notification, and timely care. This initiative also tackled patient concerns about perceived wait times by ensuring care begins closer to arrival. We created a process to achieve the identification of emergent symptoms, early provider notification, timely care, and maximizing patient safety. A second concern that this project addressed was the patient's perception of wait times. By implementing the clinical intake process, patients felt that their care was beginning closer to their arrival time in our clinic. Over three months (and despite a 14% in volume in the patient volumes in the calendar year) the following achievements occurred: • Average median length of stay improved by 7.7 minutes. • Average median registration to triage improved by 4.35 minutes. • Patient experience percentile rank improved by 9.3%. This process improved patient outcomes by quickly identifying a specific set of patient's chief complaints that could be seen in a shorter period of time by one of our Virtual Care providers (utilizing Tyto Clinic), thus decreasing their wait time to see a provider in the clinic during times of increased patient volumes.

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Turning the Tide of Pressure Injury Prevention Using a Team Based Approach	Every patient that develops a Hospital-Acquired Pressure Injuries (HAPIs) costs a healthcare organization an average of an additional $20,000 that is non-reimbursable. By implementing a structured team-based turning schedule and increased usage of pressure-relieving devices our facility was able to improve patient outcomes and decrease the risk of legal actions and financial penalties related to quality of care. After identifying barriers such as staffing challenges, communication breakdowns, and competing priorities during a governance meeting, the unit-based council developed a proactive “Turn Team” approach to distribute responsibilities more effectively. The “Turn Team” system assigns two staff members to specific even hours during each shift, coordinated by the health unit coordinator (HUC). The HUC sends reminders to ensure efficiency, while one team member logs completed turns and other related care tasks. If a team member is unavailable, the HUC or charge nurse steps in to maintain continuity. This team-based approach reduces missed turns, enhances patient care, and fosters a collaborative work environment without increasing staffing or affecting productivity. The initiative highlights the value of teamwork in healthcare, improving both patient outcomes and staff satisfaction. A tertiary outcome has shown an increase in patient satisfaction and perception of nursing support through hourly rounding scores increasing from 76% (collective rating 6 months prior to implementation) to 92% (collective rating post implementation).

Project	Project Summary
Staying Alive: Utilizing technology to improve Resuscitation Quality	The Resuscitation Team launched a multifaceted initiative to improve CPR quality hospital-wide. Using the Plan-Do-Study-Act (PDSA) framework, the team implemented a series of strategic interventions aimed at enhancing staff performance, communication, and overall outcomes during Code Blue events. • Plan: Resuscitation champions were established to gather staff input, identify barriers, and share data through the Zoll Case Review program. • Do: Staff received individualized performance feedback and hands-on education using real-time CPR dashboards. Mock Code Blue drills were conducted across all hospital areas, including non-inpatient settings, to improve interdepartmental coordination. • Study: CPR performance benchmarks were set, with results reviewed during huddles and displayed on huddle boards. Staff were recognized for exceptional performance, and discussions about integrating palliative care considerations were introduced. • Act: Policies and protocols were reviewed, with real-time coaching provided during code events. Ongoing barriers were addressed through concurrent reviews and targeted education. This initiative has fostered teamwork, proficiency, and ownership of CPR skills among staff, ultimately supporting the goal of improving patient survival and discharging more patients home to their families. Survival of all CPR events improved from 60% to >80%, survival to discharge improved from 21% to >40% over a 3 year period. By prioritizing consistent education, simulations, and intentional practice, the program underscores the importance of organized, effective resuscitation efforts in saving lives.
Improving Ketorolac Compliance for Prehospital EMS Clinicians Through Automation of Quality Assurance Program	In 2023, we launched an initiative to improve compliance rates with ketorolac administration guidelines for EMS providers. Ketorolac, while effective for pain management, has several cautions and contraindications that must be carefully observed. To address this, the team applied the Model for Improvement framework and conducted several Plan-Do-Study-Act (PDSA) cycles. The most impactful change was implementing an automated coaching system. This system leveraged patient care report (PCR) software to send email alerts to staff and quality supervisors whenever ketorolac was administered in the presence of contraindications. As a result, ketorolac compliance improved significantly and has been sustained. The team plans to expand this automated monitoring to other medications to enhance patient safety in prehospital care. Additionally, this project offers a replicable model for other EMS agencies using ImageTrend, a leading patient care reporting platform.

Project	Project Summary
Reduction of Nulliparous/Term/Singleton/Vertex (NTSV) C-Section Rate	A multidisciplinary task force was established to reduce Nulliparous/Term/Singleton/Vertex (NTSV) Cesarean section rates while maintaining the safety of mothers and babies. NTSV pregnancies are ideal for vaginal delivery, yet higher-than-desired C-section rates were identified at the flagship hospitals. The task force demonstrated a significant and sustained reduction in our NTSV C/S rate. Implementation strategies included: 1) Redefining indications for fetal heart rate (FHR) variation team huddles, 2) Implementing every 4 hour tracing reviews, 3) Revising the fetal heart rate decision tree, 4) Implementing nursing peer checks and weekly FHR provider education, 5) Partnering with Anesthesia to aggressively manage blood pressures affecting the FHR, 6) Increasing preload by using sequential compression devices, 7) Creating labor support teams, and 8) Promoting use of best practices (CMQCC dystocia checklist, the use of Dilapan S). These strategies yielded significant and sustained reductions in NTSV C-section rates across all three delivering hospitals improving from their rates from greater than 30% to 0% -16%. This initiative highlights the impact of collaborative, evidence-based strategies on maternal health outcomes.
Reducing Surgical Site Infections (SSI) in Hysterectomies	We implemented best practice strategies to address a concerning trend in surgical site infections (SSIs) among hysterectomy patients. By standardizing care protocols, improving pre- and post-operative education, and enhancing processes such as antibiotic timing and CHG bathing, the system successfully decreased its surgical site infection ratio (SIR) from a high of 7 to a sustained trend of zero for seven consecutive months.

Project	Project Summary
Inflammatory Bowel Disease Navigation Program	This project aimed to improve care quality for inflammatory bowel disease (IBD) patients, reducing fragmented care, emergency room visits, and hospital admissions. An "IBD Team" was established to ensure patients are seen regularly, health maintenance activities are completed, and a treat-to-target approach is consistently followed. A nurse navigator plays a key role in this initiative by collaborating with providers to educate patients, triage those experiencing flares, and proactively engage patients to complete follow-up care. This coordinated effort enhances patient outcomes and supports more efficient, continuous care within the community. In 9 months the program: • Nearly doubled the number of patient visits for IBD care (up from 902 in 2022 to 1804 annualized for 2024) • Reduced the volume of patients treated with prednisone for flare ups from 9% to 4.4%. • Reduced the volume of patients being treated with opioids by 5% • Increased the volume of patients on immunotherapy by 5.4% • Have seen a 20% reduction in ER visits and a 50% reduction IBD admissions (annualized 2024 to actual 2023 volumes).
Emergency Department Throughput	Emergency department (ED) congestion poses risks such as staff burnout, patients leaving without treatment, unsafe staff-to-patient ratios, and undetected declines in patient condition. To address these challenges, hospital leadership convened a multidisciplinary team, including a consultant, to develop strategies for improving ED throughput. The team designed a plan incorporating direct patient bedding, internal results waiting areas, nurse-initiated orders during rooming delays, the AIDET communication framework, prioritized discharges, and discontinuation of admission reports to lower-acuity areas. Initial results from the first three months demonstrate progress in reducing ED congestion and enhancing the overall patient experience, while supporting safer and more efficient care delivery. • Improved ED door to discharge by 50 median minutes • Improved ED door to admission by 1100 median minutes • Improved left without being seen from 2.4% to below 1% • Limited use of hallway beds for admission pending transport only • Improved Press Ganey rating 0-10 from the 58th percentile to the 73rd percentile • Decreased noise level • Nursing ratios returned to 4:1 • ED staff and providers feeling less stress and improved safety • Quieter, calmer department

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Project	Project Summary
Reducing Primary C-Section	Despite global efforts to lower cesarean section rates in nulliparous, term, singleton, vertex (NTSV) pregnancies, rates at many facilities remain above the World Health Organization's recommended threshold of less than 24%. Cesarean deliveries often lead to higher costs, increased maternal morbidity, and a higher likelihood of repeat cesareans without corresponding improvements in neonatal outcomes. To address this, our healthcare organization is prioritizing continuous labor support. This approach enables nurses to spend more time at the bedside, providing personalized care and assisting patients in achieving healthy vaginal deliveries. Research indicates that enhanced labor support leads to increased vaginal delivery rates, fewer operative vaginal births, and improved patient experiences, including lower pain scores and reduced fear and anxiety. These benefits extend beyond delivery, fostering smoother transitions to motherhood and reducing the risk of perinatal mental health disorders. The grant will be utilized to support the training and supplies for the continuous labor support program.
Utilizing ATP Testing to Improve Patient Safety Through Reduction of Contaminations	To address an increase in healthcare-associated infections (HAIs), we are proposing the use of ATP testing to monitor contamination on high-touch surfaces throughout the facility. ATP (adenosine triphosphate) testing identifies residual organic matter, indicating inadequate cleaning or contamination, by swabbing surfaces and analyzing the results with a luminometer. The initiative will focus ATP testing on high-touch areas in inpatient units, emergency departments, imaging services, and ambulatory areas. By identifying and addressing potential contamination, the Infection Prevention Department aims to reduce HAIs, which can result in longer hospital stays, increased morbidity and mortality, and financial impacts such as reduced reimbursements. The grant will be utilized for ATP testing machine(s), and associated supplies for a 12-month timeframe.

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Emergent Blood Stored in Emergency Department	In April 2023, a project was initiated to update and enhance the emergent blood release and Massive Transfusion Protocol (MTP) at the hospital. A key challenge identified was the significant distance between the blood bank and the Emergency Department (ED), which hindered the timely delivery of blood products critical for trauma care and improving patient outcomes. To address this, the project aims to relocate emergent blood products to a dedicated ED storage area. Progress will be measured by the successful implementation of infrastructure and equipment, including the acquisition of a blood refrigeration system for the ED, development of inventory management practices, and the creation of safety and compliance protocols, The project's success will be evaluated based on several criteria including achieving zero adverse reports related to emergent blood release, ensuring the time from blood release to order to administration is in under 10 minutes for at least 90% of the cases within the first year, and achieving 100% compliance with emergent blood release protocols and documentation. The grant will be utilized to help fund the blood refrigeration system and training tools.
Hospital Acquired Pressure Injury Quality Improvement Initiative	Decreasing hospital acquired pressure injuries (HAPIs) improves patient outcomes and quality of life, decreases costs for the organization and reduce the potential for HAPI related liability. The project focuses on capturing detailed data about the timing, location, and contributing factors of hospital acquired pressure injuries (HAPIs) to guide targeted improvements. Key components of the project include forming a multidisciplinary workgroup, identifying barriers and process breakdowns, and understanding the root causes of HAPIs. Efforts will also involve tracking HAPI cases throughout patient care, providing biannual education on wound and dressing types, and evaluating new prevention products. A facility-wide analysis of off-loading surfaces will ensure adequate resources are available to support prevention efforts. The goal is to reduce HAPI's by 70% over the next two years. The grant will be utilized to assist in funding pressure relief mattresses, dressings, and offloading positioners.

Project	Project Summary
ICU Diary Project	Patients admitted to the ICU often face overwhelming circumstances, including sedation, invasive procedures, and constant exposure to alarms and machines. These experiences can result in memory gaps, trauma, and confusion, while families endure significant emotional distress. Such challenges can lead to Post Intensive Care Syndrome (PICS) for patients and PICS-F for families, causing long-term physical, cognitive, and mental health issues that reduce quality of life and increase healthcare costs. To address these concerns, ICU diaries offer a valuable tool for enhancing patient and family experiences. Families can document their observations and better understand their loved one's condition, while patients can use the diaries to fill memory gaps and clarify false memories. These diaries also support staff by fostering stronger connections with patients, promoting a more compassionate and humanized approach to care. Metrics to be measured: PHQ-9 depressing screening scores pre and post ICU stay and patient satisfaction scores. The grant funds will be utilized for supplies to create the diaries.