

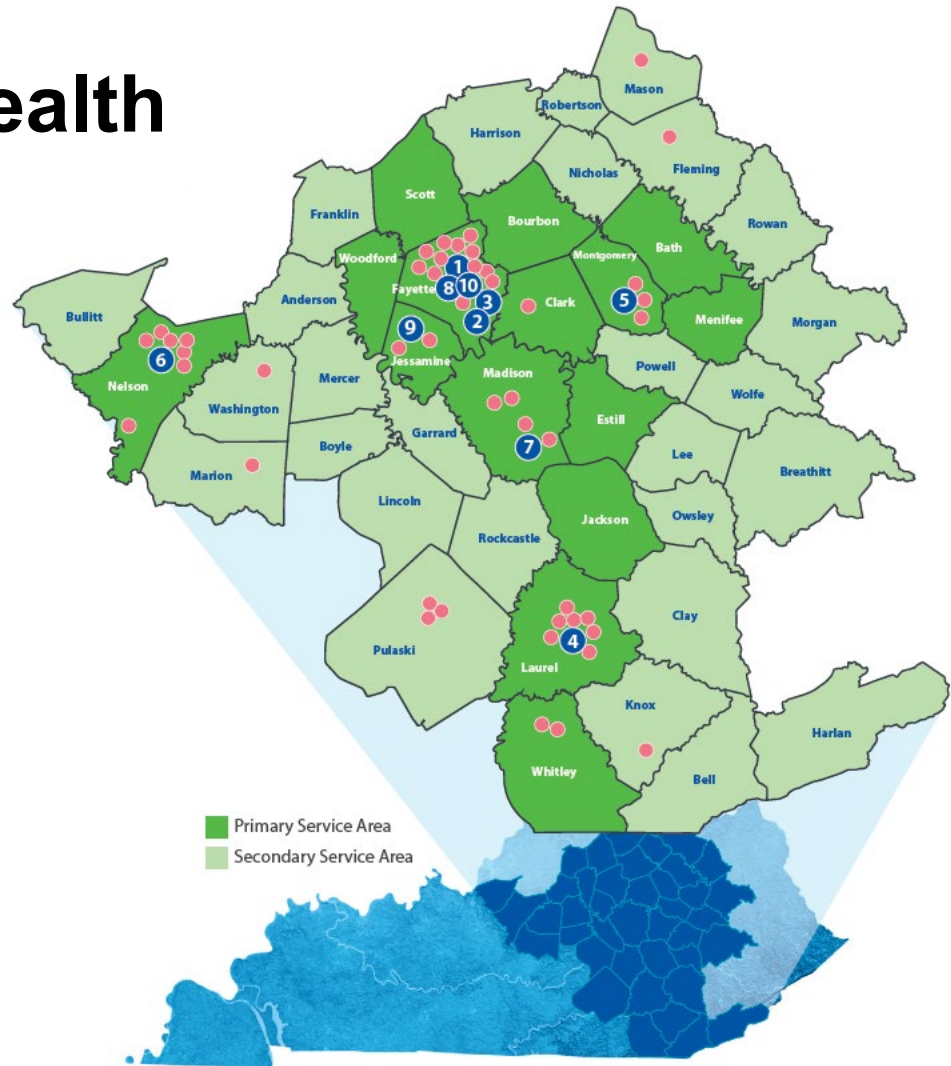
Leaps & Bounds:

Achieving Excellence with BCMA in a Community Hospital

CHI Saint Joseph Health

Service Areas & Locations

- 1 Saint Joseph Hospital
 - 2 Saint Joseph East
 - 3 Women's Hospital at Saint Joseph East
 - 4 Saint Joseph London
 - 5 Saint Joseph Mount Sterling
 - 6 Flaget Memorial Hospital
 - 7 Saint Joseph Berea
 - 8 Continuing Care Hospital
 - 9 Saint Joseph Jessamine
 - 10 Outpatient Surgery Center
 - CHI Saint Joseph Medical Group
- Dots represent nearly 100 clinic locations.





Leapfrog A Safety Grade
Best Places to Work in Kentucky

4-Time Consecutive Award Winner

U.S. News & World Report

High-Performing Hospital

**Joint Commission Disease Specific
Care Certification**

Hip, Knee, & Shoulder Replacement

ACC/ACS Accreditation

Chest Pain & Commission on Cancer

Anthem Blue Distinction Center

Knee/Hip Replacement



NATIONALLY RECOGNIZED



LEAPFROG
**HOSPITAL
SAFETY GRADE**



A QUALITY PROGRAM
of the AMERICAN COLLEGE
OF SURGEONS





Saint Joseph London Team



John Yanes, FACHE, CPPS
President, Saint Joseph
Berea/London/Mt. Sterling



**Andrea Holecek, EdD,
MSN, MBA, RN, NE-BC,
CENP, FACHE**
Vice President of Patient
Care Services, Saint Joseph
Berea/London/Mt. Sterling



**Shelley Stanko, MD,
FAACP, FACHE**
Chief Medical Officer/Family
Physician, Saint Joseph
Berea/London/Mt. Sterling



Robin Tumpak, RN, MSN, CPHQ
Director of Quality & Patient
Safety, Saint Joseph London



Paul Cheek, PharmD
Director of Pharmacy,
Saint Joseph London

By June 30, 2024

**CHI Saint Joseph Health will be a
leading ministry in all of
CommonSpirit Health!**

*Through our commitment to being a great place to work
and practice where patients receive excellent and
compassionate care.*

Aspirational Goals for #June302024

CHI Saint Joseph Health



2023, 2024,
2025, 2026,
2027...

CMS 5-Star Rating System

Assesses overall quality by measuring performance in five separate domains

CHI Saint Joseph Health



2023, 2024,
2025, 2026,
2027...

Leapfrog Safety Grades

Uses more than 30 national performance measures to assign a single letter grade

CHI Saint Joseph Health



2023, 2024,
2025, 2026,
2027...

Achievement of HRO Status

Becoming a Highly Reliable Organization (HRO) requires focus on five HRO traits.

CHI Saint Joseph Health



2023, 2024,
2025, 2026,
2027...

CSH Top % Rankings

CSH Board-approved measures and goals are established each fiscal year.

CHI Saint Joseph Health

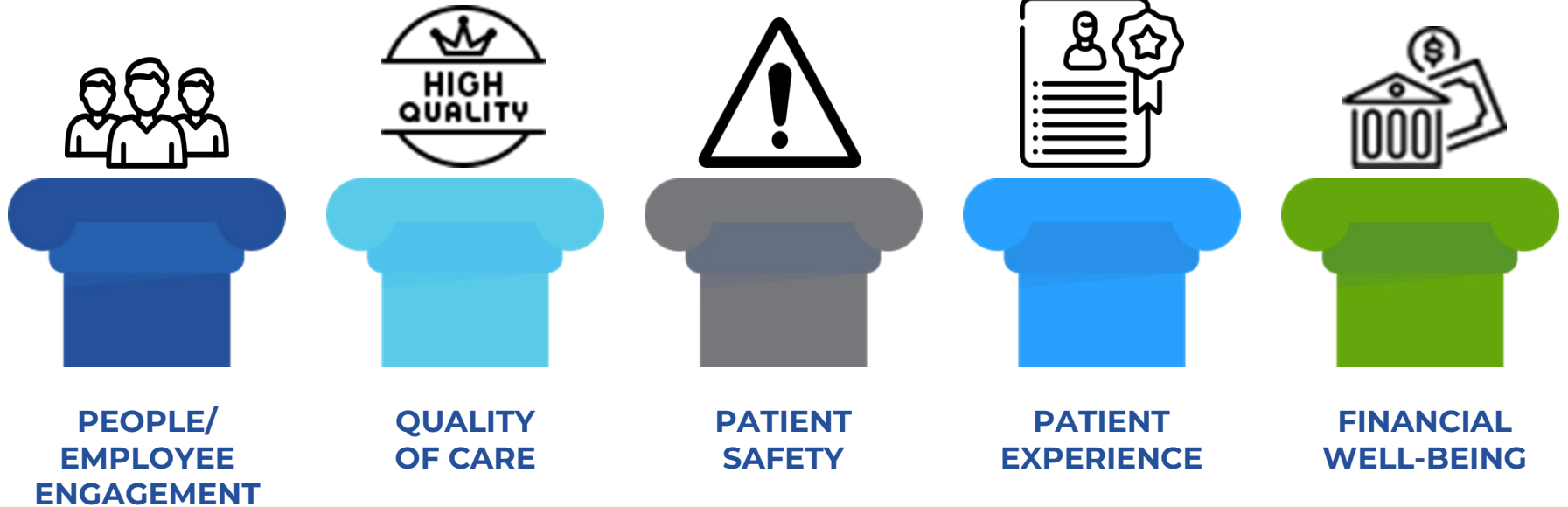


2023, 2024,
2025, 2026,
2027...

Best Places to Work in Ky

Recognizes employers throughout Kentucky who create cultures of excellence

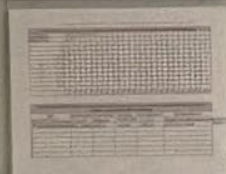
5 Pillars of Mission Possible





PEOPLE

KPI: FYBER
FLD: Percentage of Daily Call-Outs



Welcome Aboard

maria - PCA

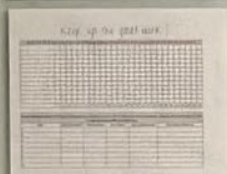
Birthdays & Workversaries

*Christian 10
Lauren S
Kristen
Peninah*

*Lauren A - 1 year
Rose - 1 year
Kristen - 3 year
Zometa - 10 years
Adnan - 1 year*

QUALITY

KPI: CLABSI
FLD: Wipe Out Wounddry Compliance

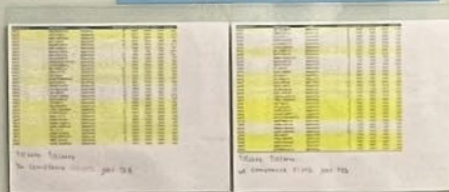


SAFETY

KPI: Falls
FLD: Responsiveness to Alerting



BCMA 100% Club



PATIENT EXPERIENCE

3A PATIENT EXPERIENCE DASHBOARD



3B PATIENT EXPERIENCE DASHBOARD



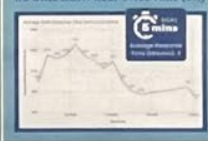
3A RESPONSIVENESS DASHBOARD



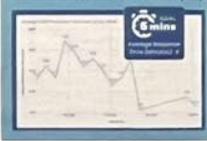
3B RESPONSIVENESS DASHBOARD



R5 CALL LIGHT RESPONSE TIME (3A)



R5 CALL LIGHT RESPONSE TIME (3B)



HCAHPS SURVEY - What's in it for Responsiveness of Hospital Staff

- During the hospital stay, after you received the call button, how often did you get help as soon as you wanted it?
- During the hospital stay, how often did you get help in getting to the bathroom or laundry as soon as you wanted?

FINANCE

KPI: LOS
FLD: Discharges by 1400



Announcements

Mission Possible



CHI Saint Joseph Health

PEOPLE

New Faces:

Liz Harney - Paramedic
Jennifer Waddell - RN
Houston Chamblin - Paramedic



Service Anniversary:

Lyudmila Grishchuk - 7/11
Joshua Adams - 1yr
Janet Caudill - 7yrs
Travis Henderson - 1yr



HAPPY Birthday:

Lyudmila Grishchuk - 7/2
Deanna Gibson - 7/29



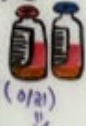
Employee of the Month!

Jennifer Blackford

QUALITY

Blood Culture Contamination rate:

(Goal < 3%)
Jan: 2.3% Jul: 0%
Feb: 3.2% Aug: 0%
Mar: 1.54% Sep: 0% (0/21)
Apr: 2.44% Oct: 0%
May: 0% Nov: 0%
Jun: 1.8% Dec: 0%



Code Stroke

(within first 24hrs)

June: Door to Doctor: 21min

July: Door to Doctor: 20min

TB LABS/FIT TESTING

Jade, sepran, merrite

make sure Pathways are up to date!

SAFETY

BCMA Scanning:

(goal > 90%)

Current: 97.60%

ED = 98.65%
Rad = 96.57%

😊 Keep up the awesome job!

Departments:

-ED: -RAD: -Requesting TRIP w/GO

FrontDesk: TB Labs/Fit Testing

LAB: Due Birthday Month

-EVS: *

-Admin: *Pyxis install on 7/25

-Security: *

FALLS:



PATIENT EXPERIENCE



Likelihood to Recommend:

June: 66th July:

Nurse Communication:

June: 67th July: 73rd

Length of Stay (LOS):

June: 130min July: 117min

Against Medical Advice:

June: 40 July: (AMA) 17

FINANCE

Left without Being Seen:

June: 21 (LWBS)

July: 20

-Triage @ Bedside

-Triage protocols upon ED arrival.

-Patient call backs for **All** LWBS.

-Pull until full

-Use of Results Pending for labs.

-Paramedics in Triage to improve throughput.

-pillows on all beds.

Total ED Patients:

June: 1,457 July: 920



CHI Saint Joseph Health will be A Great Place to Work and Practice where patients can count on receiving Excellent and Compassionate Care



MyVoice
FY24 Target
4.06
YTD
4.01

FYBER
FY24 Target
75%
YTD
67.3%

Quality



Heart Failure Mortality

FY24 Target
74th
percentile

YTD
79th
percentile
Exceeding stretch



Depression
Screening

FY24 Target
51%

YTD
55.6%
Exceeding stretch

Safety



BCMA
Compliance

FY24
Target
95%

YTD
97.3%



CPOE Rate

85%

90%



Hospital Acquired
Infections

83rd
percentile

79th
percentile

Patient Experience



FY24 Target
42nd
percentile

YTD
31st
percentile

Inpatient HCAHPS Composite



FY24 Target
64th
percentile

YTD
72nd
percentile

Medical Group Composite

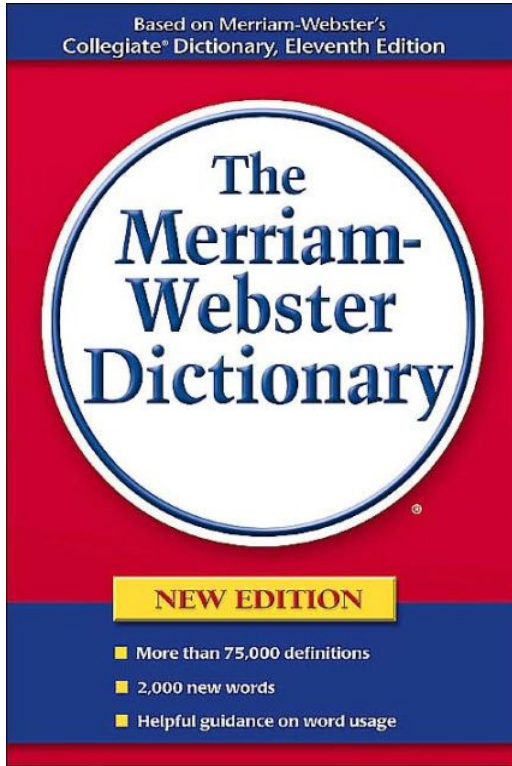
Finance



FY24 Target
1.1%

YTD
9.4%

Operating
EBITDA Margin



intensive 1 of 2 adjective

in·ten·sive (in-'ten(t)-siv ◀▶)

[Synonyms of *intensive* >](#)

: of, relating to, or marked by [intensity](#) or [intensification](#): such as

a : highly concentrated

| *intensive* study

b : tending to strengthen or increase

especially : tending to give force or emphasis

| *intensive* adverb

c : constituting or relating to a method designed to increase productivity by the expenditure of more capital and labor rather than by increase in scope

Journey to #June302024

4 STEPS TO RAPID-CYCLE IMPROVEMENT USING "INTENSIVE" WORKGROUP SESSIONS

PROBLEM, INTENSIVE, MONITOR, MAINTAIN



Identify the Problem, Causes & Effects

- Review aspirational goals and current measures
- Complete gap analysis
- Review causes & effects

01



Set Up & Conduct the Intensive

- Identify key stakeholders
- Set schedule & cadence
- Identify potential barriers
- Create 3WS action plan

02



Monitor & Control Progress Post Go-Live

- Track progress via action plan and monitor completion status between intensives
- 3WS/Mission Possible

03



Maintain High Level of Performance

- Ensure that new caregivers receive onboarding education
- Raise targets to ensure ongoing improvement (e.g., BCMA)

04

3WS Action Plan (What / Who / When / Status)



3WS Performance Measure Action Plan

Performance Measure/Initiative: _____

Facility Name:		Date of Last Revision:	
Responsible Leader Name:		Responsible Leader Title:	
Performance Measure Target:		Current Performance:	
Core Team Members:			

3WS (What, Who, When, Status) Plan for Improvement

WHAT action is being implemented to address deficiencies or opportunities for improvement?	WHO is responsible for completing the action?	WHEN will the action item be complete?	Completion STATUS	Confidence level that action item will help to reach target	Limitations, Restraints, & Other Comments

BCMA Journey to High-Reliability

- Identified medications with low rates of scanning compliance
- Investigated reasons for non-compliance (e.g., inactive barcode, no barcode present, reasons identified from nurse interviews, etc.)
- Resolved workflow issues related to medication administration (e.g., failure to scan pre-meds, newborn med administration, etc.)
- Developed nurse-specific BCMA compliance reports for accountability
- Distributed monthly (or weekly if needed) BCMA compliance reports
- Monthly Compliance: 88% → 90% → 92% → 96% → 97-98% (Sustained)

Facility Name:	Saint Joseph London	Date of Last Revision:	2/9/2023		
Responsible Leader's Name:	Paul Cheek	Responsible Leader's Title:	Director of Pharmacy		
Current Performance:		Compliance Rate	Performance Measure Target	95%	Compliance Rate

3WS (What, Who, When, Status) Plan for Improvement

WHAT action is being implemented to address deficiencies or OFIs?	WHO is responsible for completing the action?	WHEN will the action item be complete?	Completion STATUS	Confidence level that action item will help to reach target	Limitations, Restraints, & Other Comments
<p>Daily Safety Huddle: Pharmacy Manager/Director to report hospital-wide BCMA compliance data during Daily Safety Huddle meetings with department-level data - "Month To Date" and "Previous 2 Days". Recognize top performing units.</p>	Paul Cheek	2/10/2023	Complete ▾	Medium ▾	SJH IP RX BCMA Compliance Leapfrog' Report (Location, Department, & User Summary Tab). Setup: For the Select Department(s) dropdown, Click "Select ALL" For Select Leapfrog Criteria dropdown, Click "All Admins" For Select provider types dropdown, select the non-physician, non-anesthetist options.
Celebrate top-performing units and caregivers who are currently above 95% compliance	Paul Cheek Andrea Holecek	2/15/2023	Complete ▾	Medium ▾	Recognize top-performing units on daily huddle.
Share instructions for obtaining access to Business Intelligence and for reporting BCMA compliance data with Nurse Managers/Leaders	Russ Judd Nurse Leaders/CNO	2/15/2023	Complete ▾	Medium ▾	Paul Cheek did send link to Business Intelligence site and brief instructions on how to run the reports with offer to help anyone having trouble running the reports.
Nurse Managers/Leaders to review user-level (i.e., nurse-specific) fallout data from the BI report at least once per week and provide one-on-one feedback to nursing staff and other caregivers	Nurse Leaders Andrea Holecek	2/17/2023	Partially Complete ▾	High ▾	SJH IP RX BCMA Compliance Leapfrog' Report (Department, & User Summary Tab). Significant improvement in Women's (2/15). Paul will focus on ED and the other priority areas and report in two weeks.
Nurse Managers to share user and department-level data BCMA compliance data during unit safety huddles	Nurse Leaders		Partially		

BCMA Compliance Reports

SJL IP RX BCMA Compliance Leapfrog - 1/1/2024 to 1/30/2024

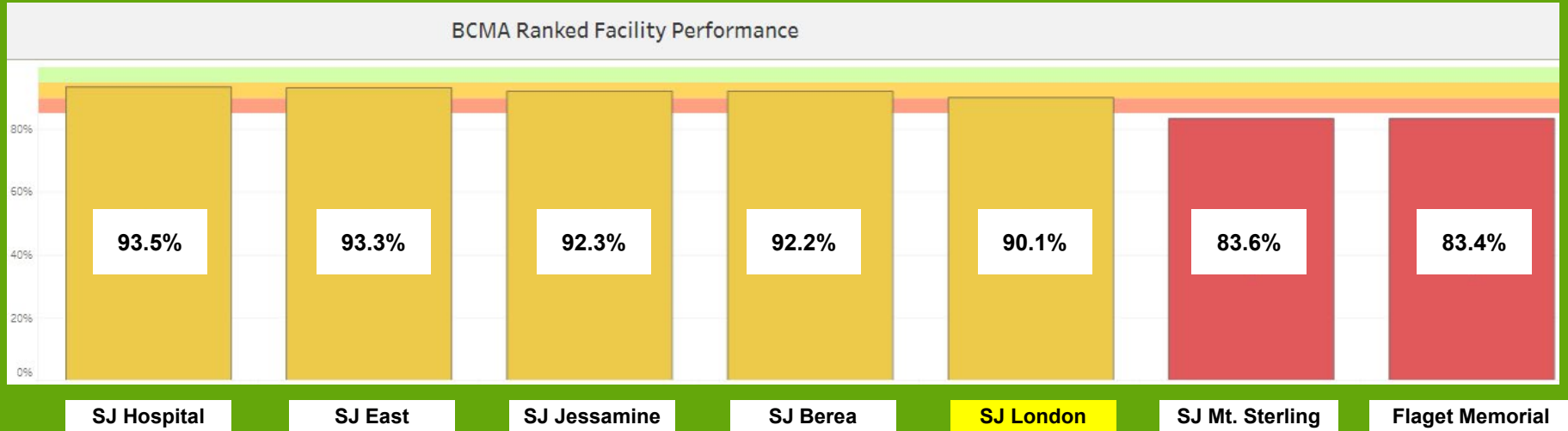
Total Location	# Admin Events	Compliance%	Pos Med%	Pos Patient%	Override%
CHI Saint Joseph London	61,016	98.03%	98.22%	98.81%	1.97%
Department / Unit	# Admin Events	Compliance%	Pos Med%	Pos Patient%	Override%
SJHL 2 EAST	3,359	96.99%	97.35%	97.98%	3.04%
SJHL 2 ICU	7,673	95.75%	95.92%	96.90%	4.24%
SJHL 3 LABOR/DELIV/OB	2,062	97.96%	98.35%	98.79%	2.04%
SJHL 3 NURSERY	276	97.83%	98.91%	97.83%	2.17%
SJHL 4 MED SURG	13,195	98.62%	98.73%	99.36%	1.38%
SJHL 5 MED SURG	14,388	98.49%	98.69%	99.19%	1.52%
SJHL 6 PROGRESSIV CARE	12,399	98.79%	98.98%	99.27%	1.20%
SJHL CARDIAC NIC	17	100.00%	100.00%	100.00%	0.00%
SJHL CATH LAB	9	100.00%	100.00%	100.00%	0.00%
SJHL CT	24	100.00%	100.00%	100.00%	0.00%
SJHL EMERGENCY DEPT	6,111	98.12%	98.27%	99.26%	1.88%
SJHL ENDOSCOPY	10	100.00%	100.00%	100.00%	0.00%
SJHL EP LAB	124	100.00%	100.00%	100.00%	0.00%
SJHL MRI	41	100.00%	100.00%	100.00%	0.00%
SJHL NUC MED	126	96.03%	99.21%	96.03%	3.97%
SJHL OP INFUSION	340	99.12%	99.71%	99.41%	0.88%
SJHL OR	126	90.48%	90.48%	94.44%	9.52%
SJHL PACU	318	98.43%	99.06%	99.06%	1.57%
SJHL PRE/POST	373	95.71%	95.71%	96.78%	4.29%
SJHL PRE-ADMIT TESTING	23	0.00%	0.00%	0.00%	100.00%
SJHL US	3	100.00%	100.00%	100.00%	0.00%
SJHL XRAY	19	100.00%	100.00%	100.00%	0.00%
User Role	# Admin Events	Compliance%	Pos Med%	Pos Patient%	Override%
Licensed Nurse	1,690	98.46%	98.46%	98.64%	1.54%
Nursing Student	536	99.25%	99.25%	99.63%	0.75%
Registered Nurse	52,568	97.97%	98.18%	98.81%	2.03%
Respiratory Therapist	5,296	98.49%	99.02%	99.02%	1.51%
Technician	3,126	96.47%	98.40%	97.12%	3.53%
Technologist	155	96.13%	96.13%	96.77%	3.87%
Vocational Nurse	459	98.47%	98.47%	98.47%	1.53%

User-Level Detail Report (100% Club)

Administering User	User Role	Med Admins	Compliance%	Med Scan%	Patient Scan%	Override%
WOMBLES, SUMMER, RN	Registered Nurse	122	100.00%	100.00%	100.00%	0.00%
WHITE, MATTHEW T, RN	Registered Nurse	570	100.00%	100.00%	100.00%	0.00%
WATTS, AARON S, RN	Registered Nurse	87	100.00%	100.00%	100.00%	0.00%
WAGERS, MONICA, RN	Registered Nurse	23	100.00%	100.00%	100.00%	0.00%
VOTOLATO, KAREN M, RN	Registered Nurse	43	100.00%	100.00%	100.00%	0.00%
VAUGHN, MIRANDA, RN	Registered Nurse	13	100.00%	100.00%	100.00%	0.00%
TURNER, CHASTITY, RN	Registered Nurse	146	100.00%	100.00%	100.00%	0.00%
STRUNK, SAMANTHA, RN	Registered Nurse	130	100.00%	100.00%	100.00%	0.00%
STRUNK, RAYMA J, RN	Registered Nurse	245	100.00%	100.00%	100.00%	0.00%
STRINGER-CARTER, ALEASHA, RRT	Respiratory Therapist	39	100.00%	100.00%	100.00%	0.00%
STAMPER, ALBERT	Registered Nurse	26	100.00%	100.00%	100.00%	0.00%
SPTISER, KRISTEN A, RN	Registered Nurse	292	100.00%	100.00%	100.00%	0.00%
SWAFFORD, KELSEY, RN	Registered Nurse	716	99.86%	99.86%	100.00%	0.14%
DOWD, MISTY L, RN	Registered Nurse	623	99.84%	99.84%	100.00%	0.00%
MCDANIEL, BRENNAN, RN	Registered Nurse	612	99.84%	100.00%	99.84%	0.16%
MARTIN, BRIANA N, RN	Registered Nurse	394	99.75%	100.00%	99.75%	0.25%
WILSON, MIKAYLA, RN	Registered Nurse	357	99.72%	99.72%	99.72%	0.28%
TOLLIVER, CASSIE M, RN	Registered Nurse	341	99.71%	100.00%	99.71%	0.29%
WEYMERS, AMBER, RN	Registered Nurse	622	99.68%	99.68%	99.84%	0.32%
FOSTER, LYLA, RN	Registered Nurse	310	99.68%	99.68%	100.00%	0.32%
WILSON, SAMANTHA K, RRT	Respiratory Therapist	299	99.67%	99.67%	100.00%	0.33%
KING, TREENA, RN	Registered Nurse	571	99.65%	99.65%	100.00%	0.35%
STACY, JENNIFER, RN	Registered Nurse	277	99.64%	99.64%	100.00%	0.36%
EVERSOLE, JAMIE, RN	Registered Nurse	277	99.64%	100.00%	99.64%	0.36%
ROSE, JESSICA P, RRT	Respiratory Therapist	274	99.64%	99.64%	99.64%	0.36%
WAGERS, MICHAEL C, RN	Registered Nurse	260	99.62%	99.62%	100.00%	0.38%
SMITH, BRAYLEN, RRT	Respiratory Therapist	252	99.60%	99.60%	99.60%	0.40%
FOISTER, SOPHIA R, RN	Registered Nurse	242	99.59%	100.00%	99.59%	0.41%
ANDERSON, KARA, RN	Registered Nurse	239	99.58%	99.58%	99.58%	0.42%

BCMA Compliance (JANUARY 2023)

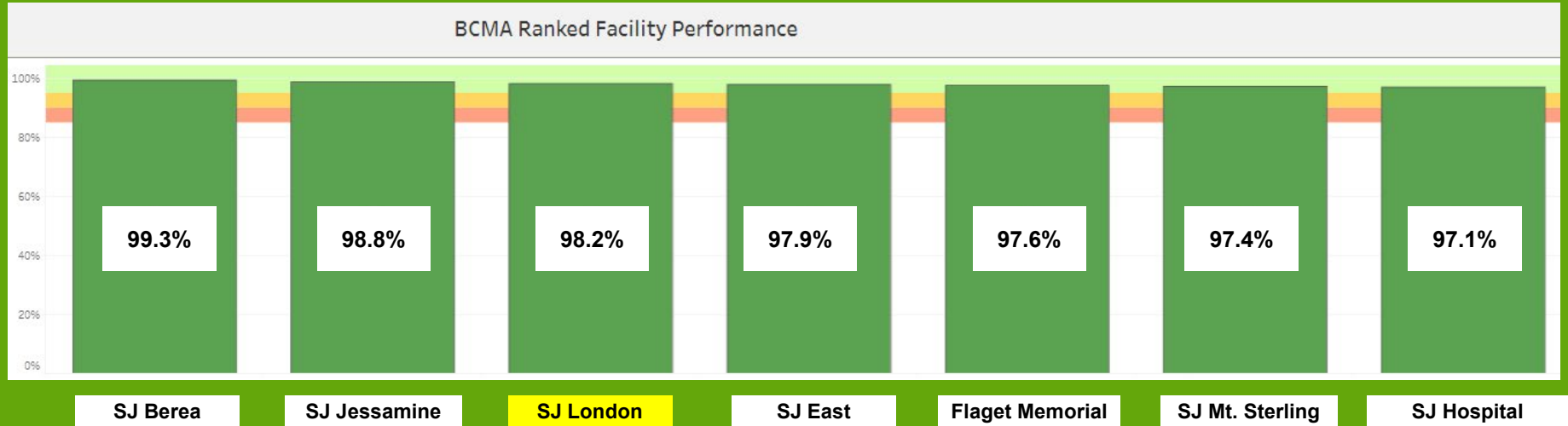
Ministry-Wide Inpatient/ED



TARGET = GREEN ($\geq 95.0\%$ Compliance)

BCMA Compliance (JANUARY 2024)

Ministry-Wide Inpatient/ED



TARGET = GREEN ($\geq 95.0\%$ Compliance)

