AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

AHRQ

Working With Patient Safety Organizations (PSOs) – The Value for Hospitals During COVID-19 and Beyond

We will get started in just a few minutes.

Housekeeping

- **All lines are currently muted.** We will have a Q&A period at the end of the presentation.
- **Chat Function:** Use chat to ask a question.
- **Recording:** This webinar **will be recorded**.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

AHRQ

Working With Patient Safety Organizations (PSOs) – The Value for Hospitals During COVID-19 and Beyond

Welcome!

Speakers

- **Andrea Timashenka**, J.D.
  - Director, PSO Division, CQuIPS, AHRQ
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- **Terrie Van Buren**, R.N., B.S.N., M.B.A., C.P.P.S.
  - Vice President, Patient Safety Officer, CHS PSO, LLC
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- **Janet Pue**, D.P.T., N.C.S.
  - PSO Coordinator, Carolinas Rehabilitation PSO
  - Equadr@atriumhealth.org

What does AHRQ's Patient Safety Organizations (PSO) Division do?

- Implements the Patient Safety and Quality Improvement Act of 2005 (PSQIA), including:
  - Certifying and listing PSOs (and "de-listing" PSOs, as applicable)
  - Developing Common Formats
  - Maintaining the Network of Patient Safety Databases (NPSD)

- Note: The HHS Office for Civil Rights enforces compliance with the confidentiality provisions of the PSQIA.

What is a Patient Safety Organization (PSO)?

- PSOs collect and analyze data voluntarily reported by healthcare providers to help improve patient safety and healthcare quality. PSOs provide feedback to healthcare providers aimed at promoting learning and preventing future patient safety events.
- Working with a PSO makes it possible for information from healthcare providers to receive certain **legal protections** and to be contributed to the Network of Patient Safety Databases (NPSD).

What is a Patient Safety Organization (PSO)?

- Many “flavors” of PSOs. They vary by:
  - Profit status
  - Scope (e.g., specialist or generalist)
  - Component or own entity
  - Other characteristics

What is a Patient Safety Organization (PSO)?

- AHRQ is not involved in the providers and PSOs' work together
- You determine with your chosen PSO(s) the scope of improvement activities that meets your organization's specific needs

Who works with PSOs?

Under the PSQIA's implementing regulation, providers include:

- **All types** of **individuals and entities** licensed or otherwise authorized under State law to provide health care services can work with a PSO.
  - For example: hospitals, nursing homes, pharmacies, physicians, nurse practitioners, etc.

- Also,
  - government organizations that deliver health care, and
  - parent organizations* of licensed provider entities and government organizations that deliver health care.

*See Patient Safety Rule at 42 C.F.R. §3.20 for definition of parent organization.

Who works with PSOs?

- According to a 2018 survey conducted by HHS' Office of the Inspector General (OIG), 59% of general acute-care hospitals participating in Medicare work with a PSO.

- The OIG found that among hospitals that work with a PSO:
  - **97%** find it **valuable**
  - **80%** found the PSO's feedback and analysis **helped prevent future patient safety events**

OIG Report: *Patient Safety Organizations: Hospital Participation, Value, and Challenges*

What is protected under the PSQIA?

- Information that meets the definition of "**patient safety work product**" (PSWP). It can be developed by the provider or PSO.

- The PSWP definition includes (but is not limited to):
  - Information (any data, reports, records, analyses, statements, etc.) that
    - Could improve patient safety, health care quality, or health care outcomes and which
    - The provider assembles or develops for reporting to a PSO and are reported to a PSO

What's the scope of the PSQIA protections for PSWP?

- The PSQIA provides **broad confidentiality and privilege protections** (inability to introduce the protected information in a legal proceeding).
- Benefits of the PSQIA protections:
  - **Nationwide and uniform.** Apply in all U.S. states and territories, and across state lines.
  - **Not limited to the peer review process.** Can apply to a wide range of patient safety activities.
  - **Allows for shared learning.** For example, a health care system can pool data and share experiences across facilities and clinicians.
  - **Backed by penalties.** The PSQIA imposes significant monetary penalties for violations of the confidentiality provisions.

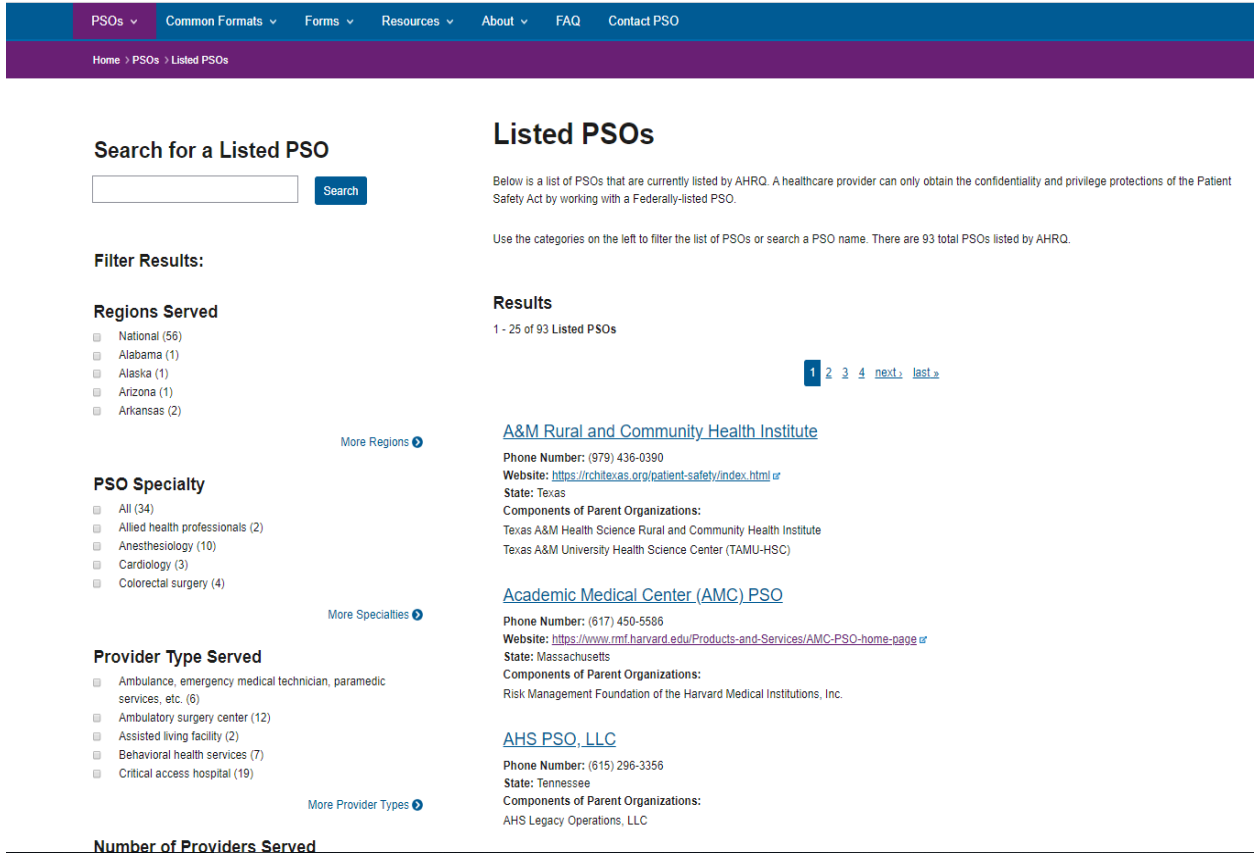
Why start working with a PSO now?

- COVID-19
  - Increased stress on healthcare systems
  - Potential new patient safety issues

- PSOs can help!
  - **Reduce burden on your organization**: Use the PSO's expertise to analyze and aggregate patient safety data, and to develop customized approaches to improve quality and reduce adverse outcomes.
  - **Increased data volume**: A PSO can identify and help your organization learn from rare and novel events, even before they happen to you.

Where Can I Learn More About PSOs?

- Visit the PSO website: https://pso.ahrq.gov, including:
  - Work With a PSO section
  - Resources, such as:
    - Choosing a PSO Brochure
    - Working with a PSO: One Approach
  - Listed PSOs page



What if I still have questions?

- Contact us!
  - **Email:** PSO@ahrq.hhs.gov
  - **Telephone (toll free):** 866–403–3697
  - **Telephone (local):** 301–427–1111
  - **TTY (toll free):** 866–438–7231
  - **TTY (local):** 301–427–1130

CHS PSO, LLC.

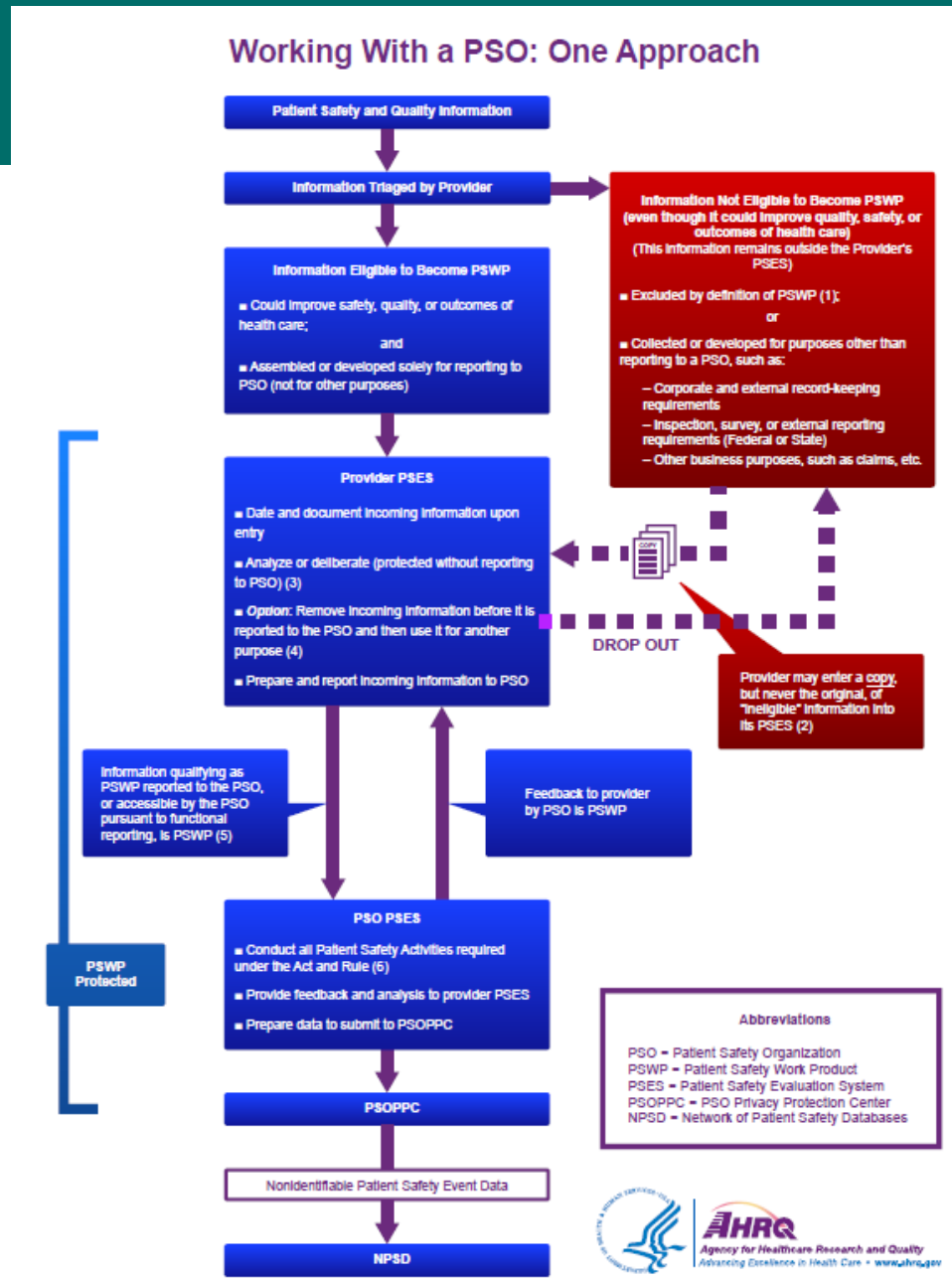
Terrie Van Buren, Vice President
Patient Safety Officer
CHS PSO, LLC

About the CHS PSO, LLC

- CHS PSO is a component PSO
  - o As a component PSO, patient safety work product must remain separate from the rest of the parent organization.
  - o We do share staff….
- AHRQ approved & officially listed CHS PSO, LLC effective 1/11/12 as a component PSO of CHS/Community Health Systems, Inc. Continued Listing 2015,2018, and 2021.
- Only CHS affiliated provider (including Physician Office Practice & ASC's) are members of the PSO as evidenced by executed membership agreements

How we became PSO

- Engaged outside counsel expertise
  B. Page Gravely, Jr.
  804.967.9604 pgravely@hancockdaniel.com
- Determined operational structure, dedicated and shared staff (LLC, Board of Directors)
- Developed policies and procedures, workflow, both at the PSO and member provider levels
- Insourced and developed IT platform for our Patient Safety Evaluation System – security/confidentiality (6 months)
- Executed member provider agreements and leader confidentiality agreements
- Hosted webinars for member providers to orient them to the CHS PSO, member and PSO responsibilities, PSQIA Act protections, confidentiality provisions, policies, quarterly attestations, flow of patient safety work product
- Organized and chartered quarterly Patient Safety and Medication Safety Councils of subject matter experts, CHS PSO and member staff
  - Review current issues in our industry, trends, issues, common causes
  - Prioritize and focus patient safety and quality efforts
  - IT platform opportunities for improvement
  - Dissemination of alerts, lessons learned, education


Working With a PSO: One Approach
Patient Safety and Quality Information
Information Triaged by Provider
Information Not Eligible to Become PSWP (even though it could improve quality, safety, or outcomes of health care) (This information remains outside the Provider's PSES)
■ Excluded by definition of PSWP (1);
or
■ Collected or developed for purposes other than reporting to a PSO, such as:
– Corporate and external record-keeping requirements
– Inspection, survey, or external reporting requirements (Federal or State)
– Other business purposes, such as claims, etc.
Information Eligible to Become PSWP
■ Could improve safety, quality, or outcomes of health care;
and
■ Assembled or developed solely for reporting to PSO (not for other purposes)
Provider PSES
■ Date and document incoming information upon entry
■ Analyze or deliberate (protected without reporting to PSO) (3)
■ Option: Remove incoming information before it is reported to the PSO and then use it for another purpose (4)
■ Prepare and report incoming information to PSO
DROP OUT
Provider may enter a copy, but never the original, of "ineligible" information into its PSES (2)
Information qualifying as PSWP reported to the PSO, or accessible by the PSO pursuant to functional reporting, is PSWP (5)
Feedback to provider by PSO is PSWP
PSWP Protected
PSO PSES
■ Conduct all Patient Safety Activities required under the Act and Rule (6)
■ Provide feedback and analysis to provider PSES
■ Prepare data to submit to PSOPPC
PSOPPC
Nonidentifiable Patient Safety Event Data
NPSD
Abbreviations
PSO = Patient Safety Organization
PSWP = Patient Safety Work Product
PSES = Patient Safety Evaluation System
PSOPPC = PSO Privacy Protection Center
NPSD = Network of Patient Safety Databases
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Advancing Excellence in Health Care • www.ahrq.gov

See Handout

PSO Activities

- Efforts to improve patient safety and quality of health care delivery
- Collection and analysis of patient safety work product (PSWP)
- Operates a patient safety evaluation system (PSES) with feedback to participants
- Member/PSO operating policies and procedures which define roles at each provider to submit and receive PSWP, confidentiality and privilege, and ‘How to report to PSO (SBAR format)’:
  - **Event Reporting (Safety Event/Sentinel event)**
  - **Patient Safety Plan**
  - **Root Cause Analysis**
  - **Confidentiality and Privilege of PSWP**
  - **PSWP Security Policies and Procedures**
  - **Responding to Requests for PSWP**
  - **CHS PSO Hospital Operating Policy and Procedure**

PSO Activities

- Monthly, department specific, annual Comprehensive Risk Assessment
  - lessons learned from past events and ISMP recommendations high-alerts
- Quarterly CHS PSO, LLC Orientation- virtual workshop (2 hours)
- Standardized RCAs
  - Quarterly Cause Analysis virtual workshops (Press Ganey/HPI model) approx. 3500 have taken this course since 2014
- Bimonthly, anonymous Safety Event “Coaching Call” - “Safe Tables” – moderated by CHS PSO staff
- Online, web-based education on key Patient Safety topics
- Education and support of Highly Reliable Organization journey
- Development and dissemination of information regarding patient safety, such as recommendations, protocols, or information regarding best practices
  a. SBAR Safety Alerts
  b. Patient Safety Communication (designated to/from)
  c. Patient Safety Alerts
  d. Guidance Re: Sentinel Event Alerts, ISMP, etc.
  e. Quarterly, comparative analysis reports by region in the PSES (APD rates)

Patient Safety Alerts – COVID-19 Pandemic

Patient Safety Alert

TO: CEOs, CNOs, CQOs, and Risk Managers
CC: Regional Presidents
FROM: CHS PSO, LLC
DATE: 6.2020
RE: Issue 22-6.2020 Reopening Ready and Patient Safety

The purpose of this Patient Safety Alert is to share common causes for recent SSEs related to the COVID-19 pandemic and reopening efforts and to initiate preventative strategies to guard against deviations in 'safety critical' policies and procedures. https://psnet.ahrq.gov/primer/COVID-19-team-and-human-factors-improve-safety

!Safety Alert- COVID-19 Test Results/Isolation!

!Safety Alert: Managing Alcohol Withdrawal!

Situation	Physiologic falls with serious injuries have been reported to the CHS PSO, LLC involving patients who are exhibiting acute alcohol withdrawal symptoms in non-behavioral health acute care settings.
Background	According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the COVID-19 Epidemic has created countless primary and secondary challenges for those delivering care to our most vulnerable populations. An additional concern has arisen for those with an alcohol use disorder, benzodiazepine use disorder, or other condition that increases the risk of seizures[1]. According to the CDC, stress during an infectious disease outbreak can result in an increased use of alcohol, tobacco, or other drugs[2].

!Safety Alert: Medication Errors Remdesivir!

Situation	There have been medication variance events reported to the CHS PSO, LLC related to delayed and omitted doses of Veklury® (remdesivir) to treat patients with coronavirus disease (COVID-19).
Background	The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) to permit the emergency use of the unapproved product Veklury® (remdesivir) for treatment of suspected or laboratory confirmed coronavirus disease 2019 (COVID-19) in hospitalized adult and pediatric patients. **Storage:** After reconstitution and dilution, bags of remdesivir can be stored up to 4 hours at room temperature (20°C to 25°C [68°F to 77°F]) or 24 hours at refrigerated temperature (2°C to 8°C [36°F to 46°F]) prior to administration. Events reported include having to discard/waste remdesivir for a patient with delayed IV access as nurse was unaware remdesivir expires after 4 hours as well as nurses unable to locate remdesivir, which may be stored in refrigerator overnight. The costly remdesivir regimen consists of a loading dose followed by 4 daily doses. Compatibility with IV solutions and medications other than 0.9% sodium chloride is not known.

Committed to Quality and Safety

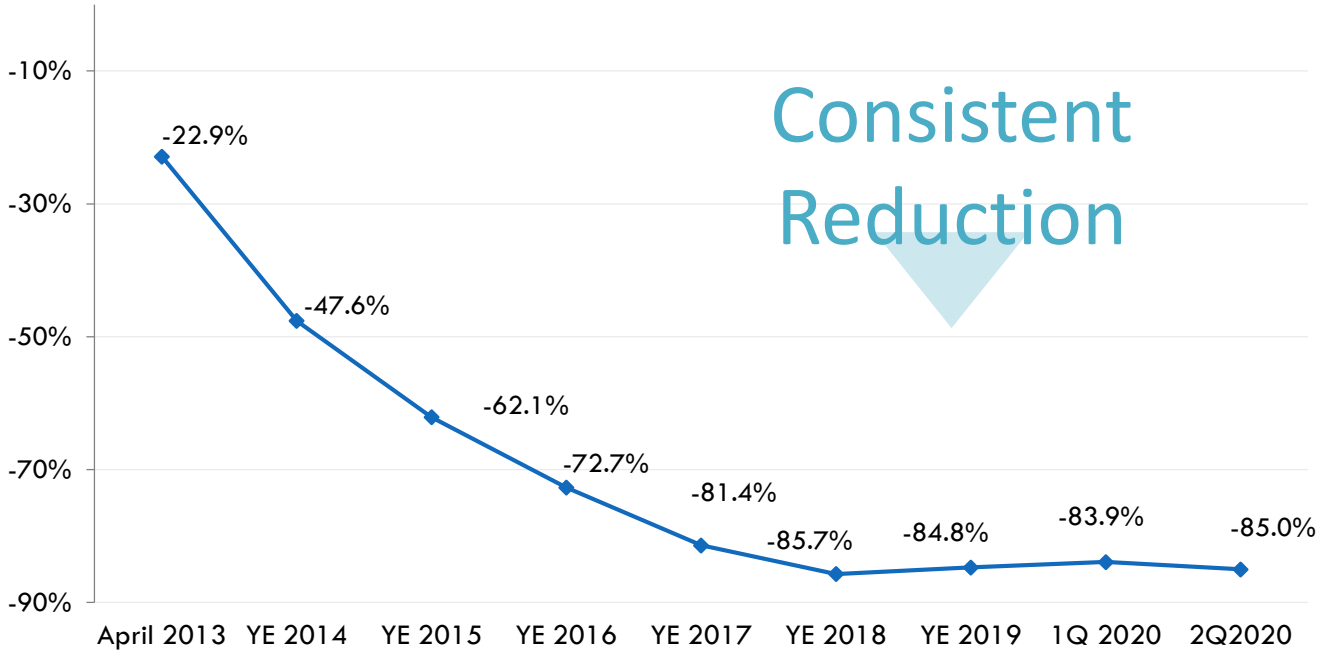
By leveraging techniques from high-risk industries such as nuclear power and aviation, CHS is creating inherently safe hospital environments for patients and staff.

DRIVERS OF HIGH RELIABILITY & SAFETY

- SAFETY IS A CORE VALUE
- STANDARDIZED PROGRAM ELEMENTS
- PEOPLE, PROCESS, & TECHNOLOGY

SERIOUS SAFETY EVENT RATE

(SSER)



NOTE: Hospitals are compared to an April 2013 baseline, same store as of 9.1.20.

THANK
YOU!

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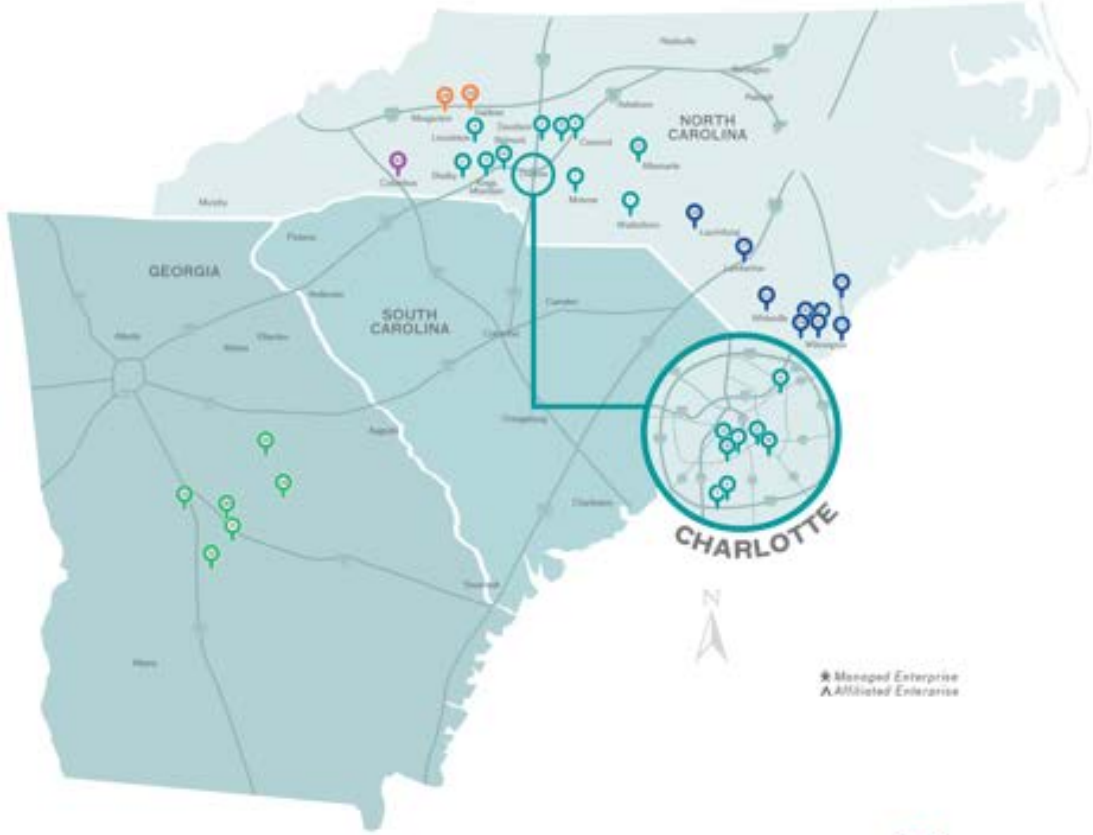
Staying Ahead of the Curve: How PSO Participation Impacts Quality and Patient Safety Performance

Janet Pue, DPT, NCS

Carolinas Rehabilitation PSO Coordinator

EQUADR@atriumhealth.org

Who is Atrium Health



NORTH CAROLINA

CHARLOTTE
1. Atrium Health Anson
2. Atrium Health Cleveland
3. Atrium Health Kings Mountain
4. Atrium Health Lincoln
5. Atrium Health Pineville
6. Atrium Health Pineville Rehabilitation Hospital
7. Atrium Health Union
8. Atrium Health University City
9. Atrium Health Cabarrus
10. Atrium Health Stanly
11. Atrium Health's Carolinas Medical Center
12. Carolinas Medical Center-Mercy
13. Carolinas Rehabilitation
14. Carolinas Rehabilitation-Mt. Holly
15. Carolinas Rehabilitation-NorthEast
16. Atrium Health Behavioral Health-Charlotte
17. Atrium Health Behavioral Health-Davidson
18. Levine Children's Hospital

COASTAL
19. Betty H. Cameron Women's and Children's Hospital*
20. Columbus Regional Healthcare System*
21. New Hanover Regional Medical Center*
22. New Hanover Regional Medical Center Behavioral Health*
23. New Hanover Regional Orthopedic Hospital*
24. New Hanover Regional Rehabilitation Hospital*
25. Pender Memorial Hospital*
26. Scotland Memorial Hospital*
27. Southeastern Regional Medical Center*

NW PIEDMONT
28. CHS Blue Ridge-Morganton*
29. CHS Blue Ridge-Valdese*

WESTERN
30. St. Luke's Hospital*

GEORGIA

CENTRAL
31. The Medical Center, Navicent Health
32. Medical Center of Peach County (Navicent Health)
33. Monroe County Hospital (Navicent Health)*
34. Navicent Health Baldwin
35. Putnam General Hospital (Navicent Health)*
36. Rehabilitation Hospital, Navicent Health

Atrium Health | Carolinas Rehabilitation

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About Carolinas Rehabilitation PSO EQUADR℠ (*Exchanged Quality Data for Rehabilitation*)

- Component PSO of Atrium Health
- Designated as a PSO in 2010
- First PSO dedicated to rehabilitation care
- Fee based
- 42 IRFs or IRUs currently enrolled and submitting data on rehab-specific quality measures

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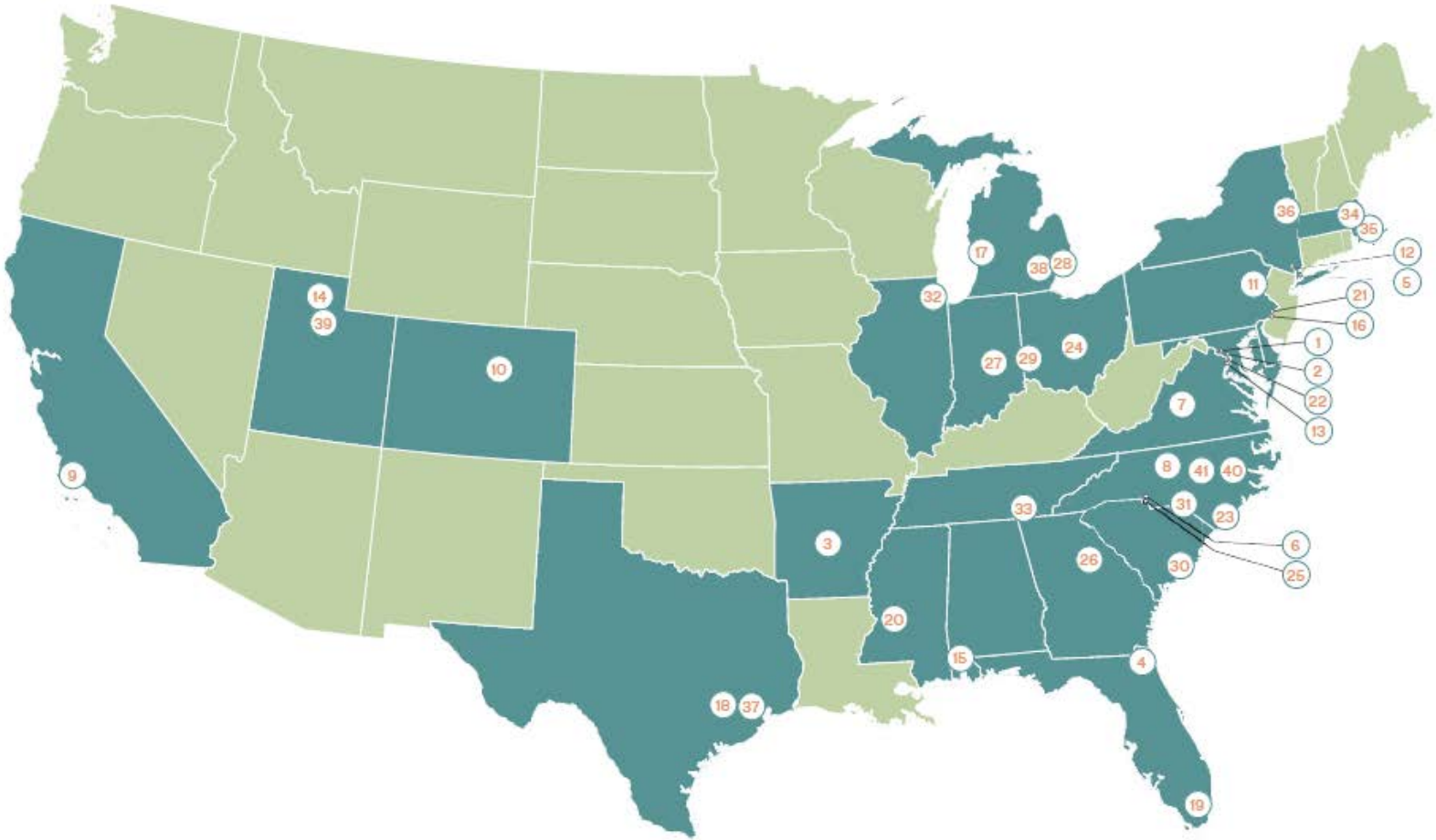
The EQUADR℠ Network Members



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The EQUADR℠ Network Members

1. Adventist HealthCare Rehabilitation
   Rockville, MD
2. Adventist HealthCare Rehabilitation
   Takoma Park, MD
3. Baptist Health Rehabilitation Institute
   Little Rock, AR
4. Brooks Rehabilitation Hospital
   Jacksonville, FL
5. Burke Rehabilitation Hospital
   White Plains, NY
6. Carolinas Rehabilitation
   Charlotte, NC
7. Centra Acute Rehabilitation Center
   Lynchburg, VA
8. Cone Health Rehabilitation Center
   Greensboro, NC
9. Cottage Rehabilitation Hospital
   Santa Barbara, CA
10. Craig Hospital
    Englewood, CO
11. Good Shepherd Rehabilitation Hospital
    Allentown, PA
12. Helen Hayes Hospital
    West Haverstraw, NY
13. Inova Rehabilitation Center
    Alexandria, VA
14. Intermountain Healthcare
    Ogden, UT
15. J.L.Bedsole/Rotary Rehabilitation Hospital
    Mobile, AL
16. Magee Rehabilitation
    Philadelphia, PA
17. Mary Free Bed Rehabilitation Hospital
    Grand Rapids, MI
18. Memorial Hermann Katy Rehabilitation
    Katy, TX
19. Memorial Rehabilitation Institute at MRHS
    Hollywood, FL
20. Methodist Rehabilitation Center
    Jackson, MS
21. MossRehab
    Elkins Park, PA
22. National Rehabilitation Hospital
    Washington, DC
23. New Hanover Regional Medical Center
    Wilmington, NC
24. Ohio State University Wexner Medical Center
    Dodd Hall Inpatient Rehabilitation
    Columbus, OH
25. Pineville Rehabilitation Hospital
    Pineville, NC
26. Rehabilitation Hospital Navicent Health
    Macon, GA
27. Rehabilitation Hospital of Indiana
    Indianapolis, IN
28. Rehabilitation Institute of Michigan
    Detroit, MI
29. Reid Hospital
    Richmond, IN
30. Roper Rehabilitation Hospital
    Charleston, SC
31. Scotland HealthCare System
    Laurinburg, NC
32. Shirley Ryan AbilityLab
    Chicago, IL
33. Siskin Hospital for Physical Rehabilitation
    Chattanooga, TN
34. Spaulding Rehabilitation Hospital
    Boston, MA
35. Spaulding Rehabilitation Hospital Cape Cod
    East Sandwich, MA
36. Sunnyview Rehabilitation Hospital
    Schenectady, NY
37. TIRR Memorial Hermann
    Houston, TX
38. University of Michigan Inpatient Rehabilitation Facility
    Ann Arbor, MI
39. University of Utah Rehabilitation
    Salt Lake City, UT
40. Vidant Health Regional Rehabilitation Center
    Greenville, NC
41. WakeMed Rehab Hospital
    Raleigh, NC

09/2020

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What does EQUADR^{SM} Provide?

Facility-level data reported	Data from all participating facilities is aggregated	Quarterly conference calls/Safe Tables
• Quarterly • Monthly • Secure web portal	• Compare performance against EQUADR^{SM} members • Comparison Groups: Acuity, Size, IRF/IRU	• General webinar and Infection Prevention/ Pediatric webinar (8 Total) • Review data/trends • Share best practices and discuss challenges

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EQUADR℠ Data Collection

Membership Guide and Data Specifications

- Definitions and specifications for each measure
- Instructions and deadlines for reporting process
- Measures reviewed annually at Measurement Consensus Work Groups

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EQUADR℠ Advisory Council

- Established Jan 2016
- Comprised of representatives from EQUADR℠ members
- Includes permanent seats and rotating seats
- Provide a member’s perspective on matters related to strategic growth and development

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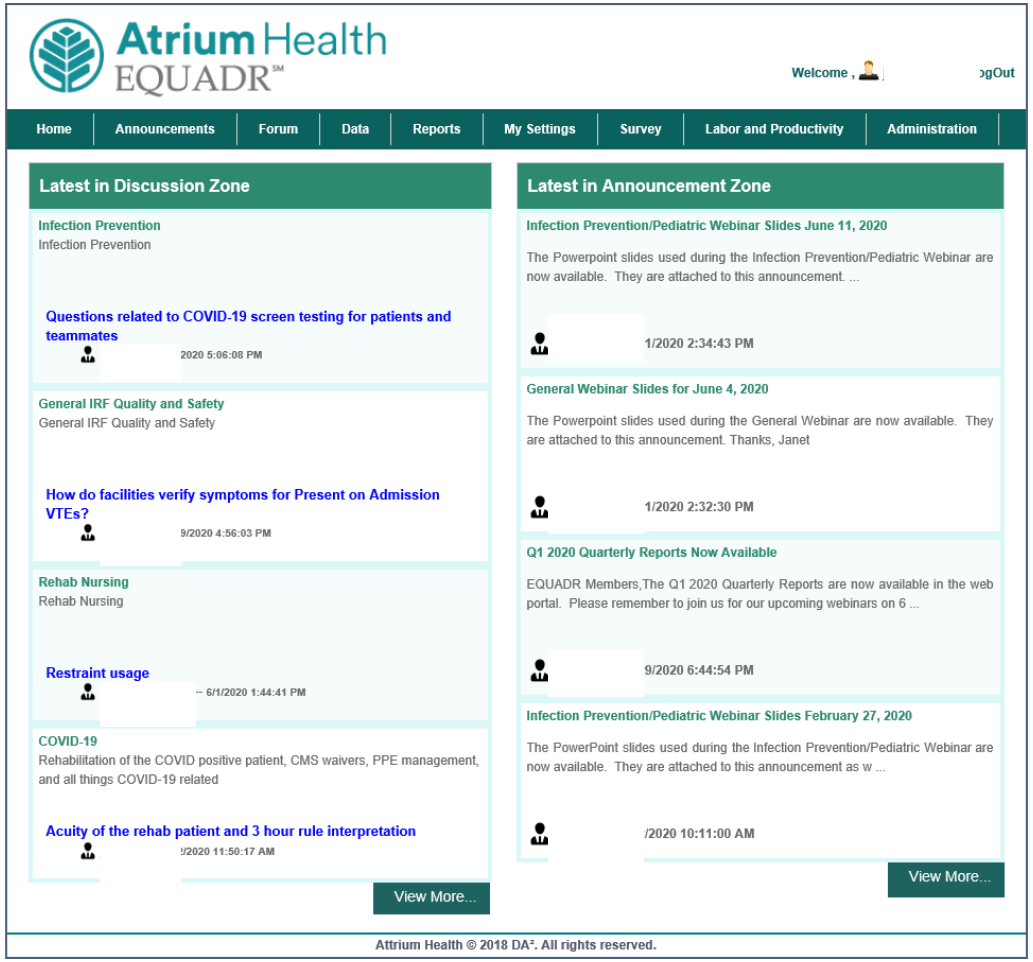
EQUADR℠ Web Portal



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EQUADR℠ Data Screen

Data Year: 2018	Data Quarter: 2		# of Beds: 182	
Metrics	**April**	**May**	**June**	**Quarter 2**
Total Patient Days *				
Total Discharges *				
Discharges to Acute Care - Early	**April**	**May**	**June**	**Quarter 2**
No Data ☐				
# of Patients Discharged to acute care on or before rehab day #3				
Percent of Early Acute Care Discharges	%	%	%	%
Discharges to Acute Care - Late	**April**	**May**	**June**	**Quarter 2**
No Data ☐				
# of Patients Discharged to acute care after rehab day #3				
Percent of Late Acute Care Discharges	%	%	%	%
Discharges to Acute Care - Planned	**April**	**May**	**June**	**Quarter 2**
No Data ☐				
# of Patients Discharged to Acute Care as planned				
Percent of Planned Acute Care Discharges	%	%	%	%
Physical Restraints Usage	**April**	**May**	**June**	**Quarter 2**
No Data ☐				
# of Restraint Days				
Rate of Restraint Days per 1,000 patient days				
Falls (Assisted & Unassisted Falls)	**April**	**May**	**June**	**Quarter 2**
No Data ☐				
# of Falls				
Falls Per 1,000 Patient Days				

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EQUADR^{SM} Data

Over 5.5 Million Patient Days Worth of Data in the Database

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Current EQUADR℠ Measures

- Discharges to Acute Care
  - Early, Late, Planned, Unplanned
- Restraint Utilization
- Falls/Unassisted Falls
  - By Diagnosis Group
- Injuries Resulting from Falls/Unassisted Falls
  - By Diagnosis Group
- Pressure Injuries
- Venous Thromboembolism
- Healthcare-Associated MRSA Infections
- Healthcare-Associated C.difficile Infections
- Healthcare-Associated CAUTI Infections
- Oncology Specific Metrics
- Outpatient Therapy Falls
- Pediatric Specific Metrics
- Labor & Productivity

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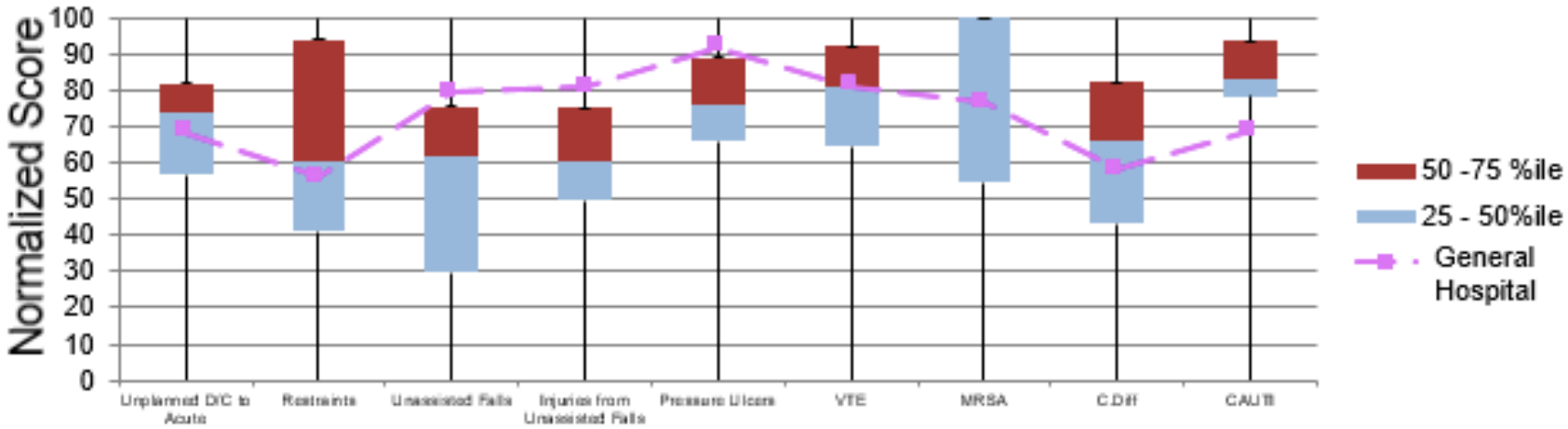
Quartile Performance - Last 4 Quarters



Percentile	Unplanned Discharges to Acute Care (%)	Restraint Utilization Rate	Unassisted Falls Rate	Injuries from Unassisted Falls Rate	Rehab Acquired Pressure Ulcers (%)	Rehab Acquired VTE Rate	Rehab Acquired MRSA rate	Rehab Acquired C.Diff Rate	Rehab Acquired CAUTI Rate
0th	24.19	174.31	7.84	1.89	3.34	1.31	0.16	9.9	18.52
25th	13.09	111.91	6.01	1.04	1.16	0.47	0.08	5.75	4.24
50th	8.74	84.24	3.94	0.74	0.88	0.25	0	3.36	3.18
75th	6.96	31.46	3.09	0.48	0.39	0.11	0	1.87	1.41
100th	3.18	21.51	1.52	0	0	0	0	0	0
GH	9.50	86.75	2.68	0.40	0.24	0.26	0.03	4.25	6.15

Sample data used for demonstration purposes

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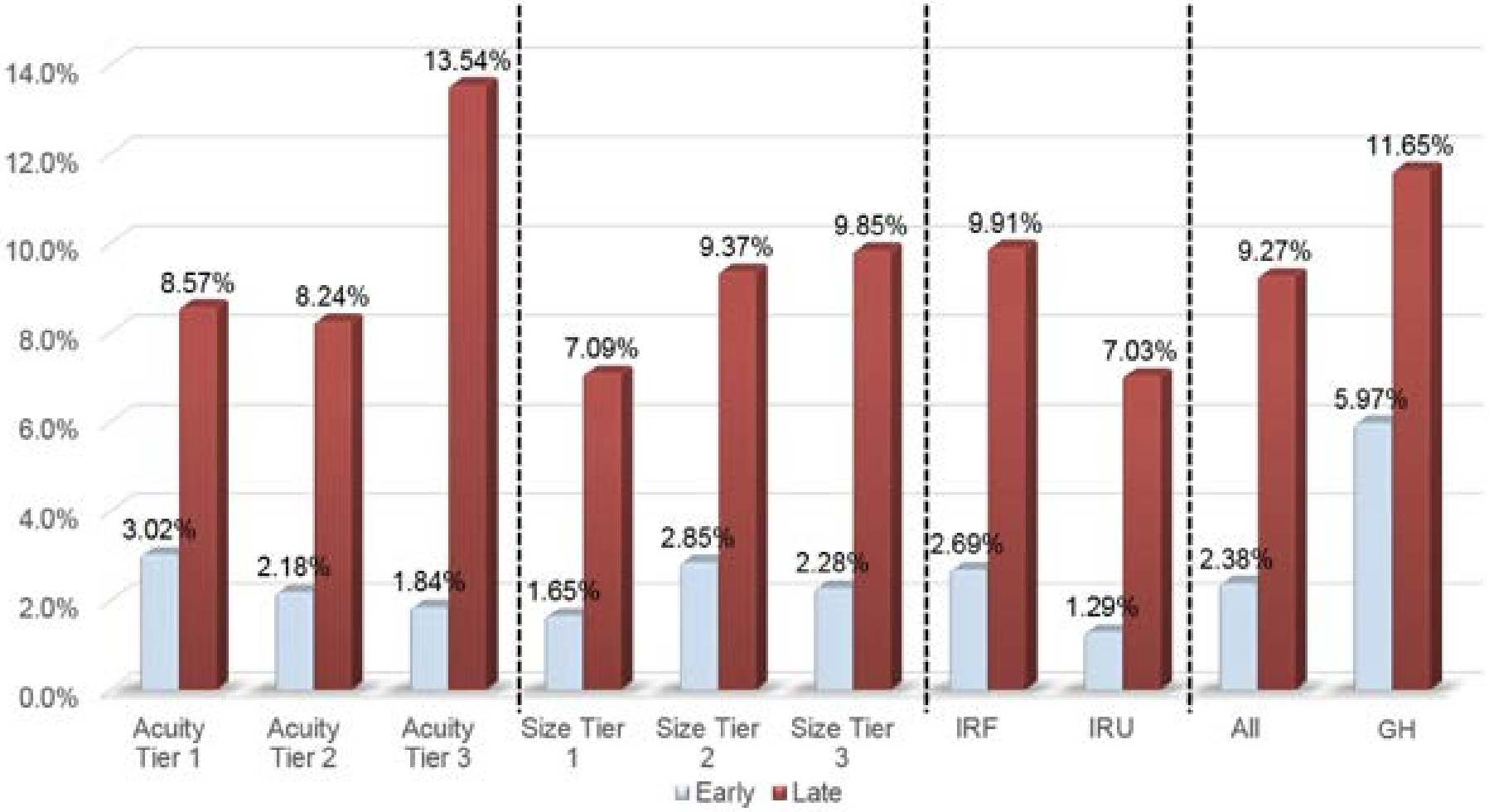
Discharges to Acute Care



Sample data used for demonstration purposes

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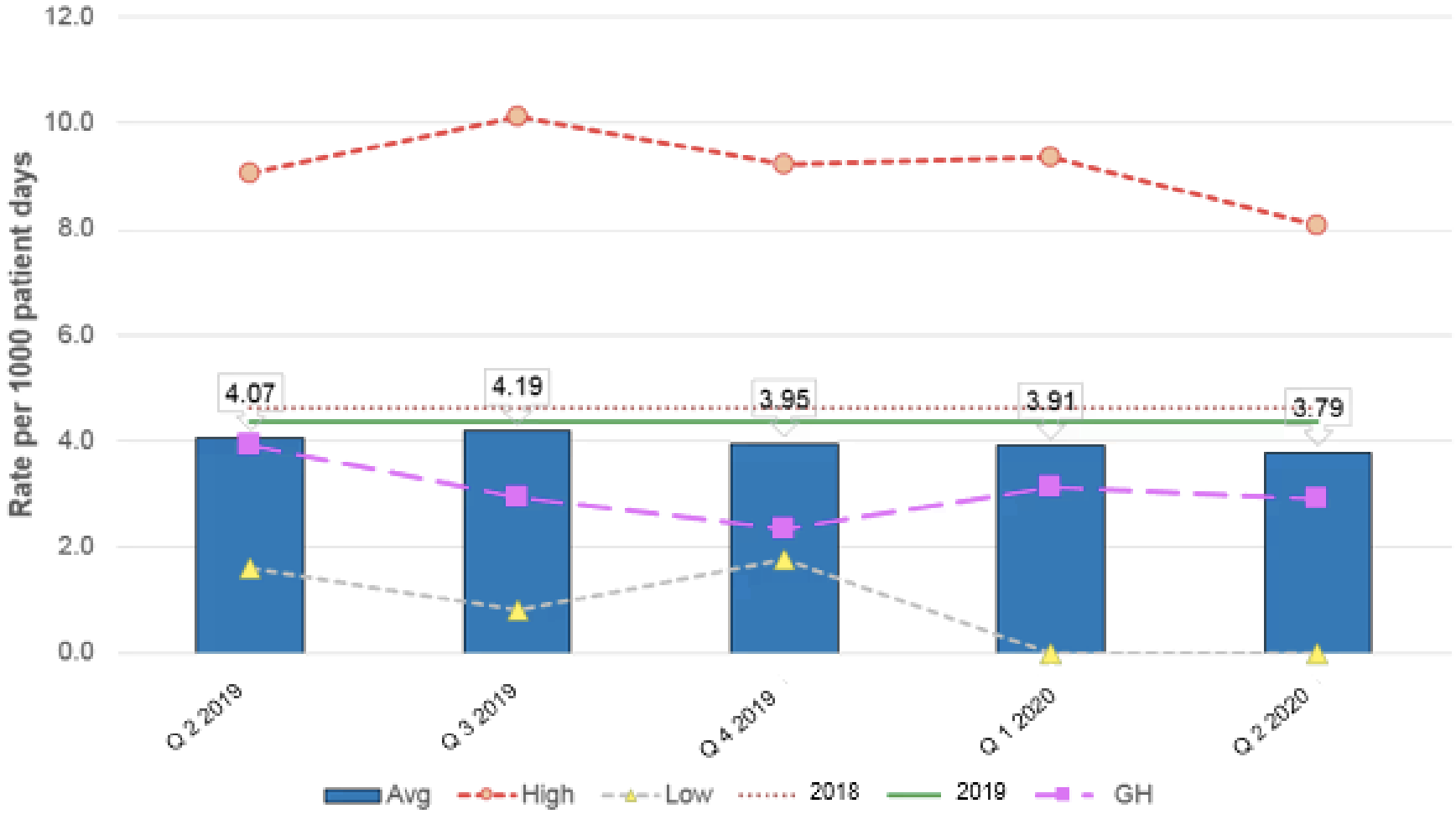
Unassisted Falls



Sample data used for demonstration purposes

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Comparison Groups

Each Quarter, facilities may compare their results to 4 Comparison Groups:

- Acuity = facilities of similar acuity based on average CMI
- Size = facilities of similar size based on average daily census
- Facility Type = similar type facilities, i.e. free standing (IRF) vs inpatient rehab units (IRU)
- ALL = overall EQUADR℠ aggregate rates of our entire membership.

Atrium Health EQUADR℠

Acuity:Tier 2
Size:Tier 3

	Q3 2019					YTD 2019			
	Acuity Tier2	Size Tier3	IRF	GH	ALL	GH	ALL	Q3 Low ALL	Q3 High ALL
Discharges to Acute Care									
Number of patients discharged to acute care "early"	119	122	221	12	251	55	683		
Number of patients discharged to acute care "late"	451	528	815	70	979	225	2729		
Number of patients whose discharge to acute was planned	41	77	94	8	100	15	255		
Total number of discharges reported for this metric	5470	5362	8228	815	10560	2581	31064		
Discharges to Acute Care - Early (% of total discharges)	2.18%	2.28%	2.69%	2.02%	2.38%	1.88%	2.20%	0.00%	10.43%
Discharges to Acute Care - Late (% of total discharges)	8.24%	9.85%	9.91%	8.68%	9.27%	8.96%	8.79%	2.31%	24.55%
Discharges to Acute Care - All (% of total discharges)	10.42%	12.12%	12.59%	11.88%	11.65%	10.75%	10.98%	2.78%	25.45%
Discharges to Acute Care - Unplanned (% of total discharges)	9.67%	10.69%	11.45%	10.60%	10.70%	10.45%	10.16%	2.78%	22.73%

Sample data used for demonstration purposes

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Improving Quality and Safety

“The measure of success is not whether you have a tough problem to deal with, but whether it is the same problem you had last year.”

– John Foster Dulles

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Best Practice Sharing

2019

- Our Recent TJC Survey Experience
- Eliminating CAUTI among patients with spinal cord injuries
- PME: Personalized Medication Experience
- Influenza Outbreak Management in Rehabilitation Settings
- School of Nursing Outreach Program
- Writing an Infection Control Plan for Joint Commission Survey
- Durability of Outcomes/Readmission Prevention/Chronic Disease Management Discussion
- C Difficile
- IRF-PAI Changes

2020

- Developing a “Usual” Strategy
- MRSA: Are Isolation Precautions Necessary?
- COVID-19 Experience
- Flexibility and Teamwork in the age of COVID
- Reduction in Catheter-Associated Urinary Tract Infections (CAUTIs)

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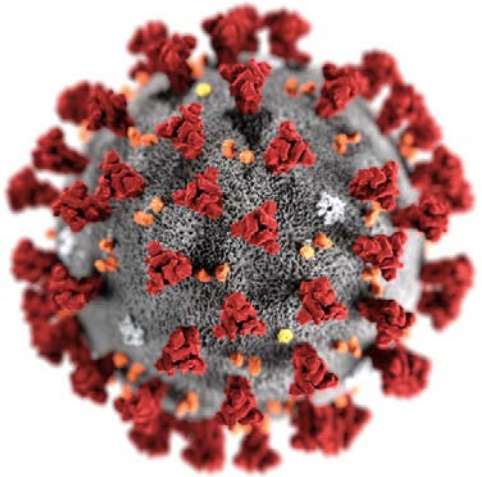
EQUADR^{SM} COVID-19 Webinars

- What are you seeing? What do these patients look like?
- Setting up separate units (staff, gym space)
- Adapting equipment
- Visitor restrictions
- Criteria for moving patients off a COVID unit
- Redeployment opportunities
- Clearance for patients to go to rehab, SNF, dialysis
- Patients experiencing isolation depression
- Use of virtual family training
- CMS waivers
- Re-entry measures
- Teammate appreciation and engagement



Source: statnews.com

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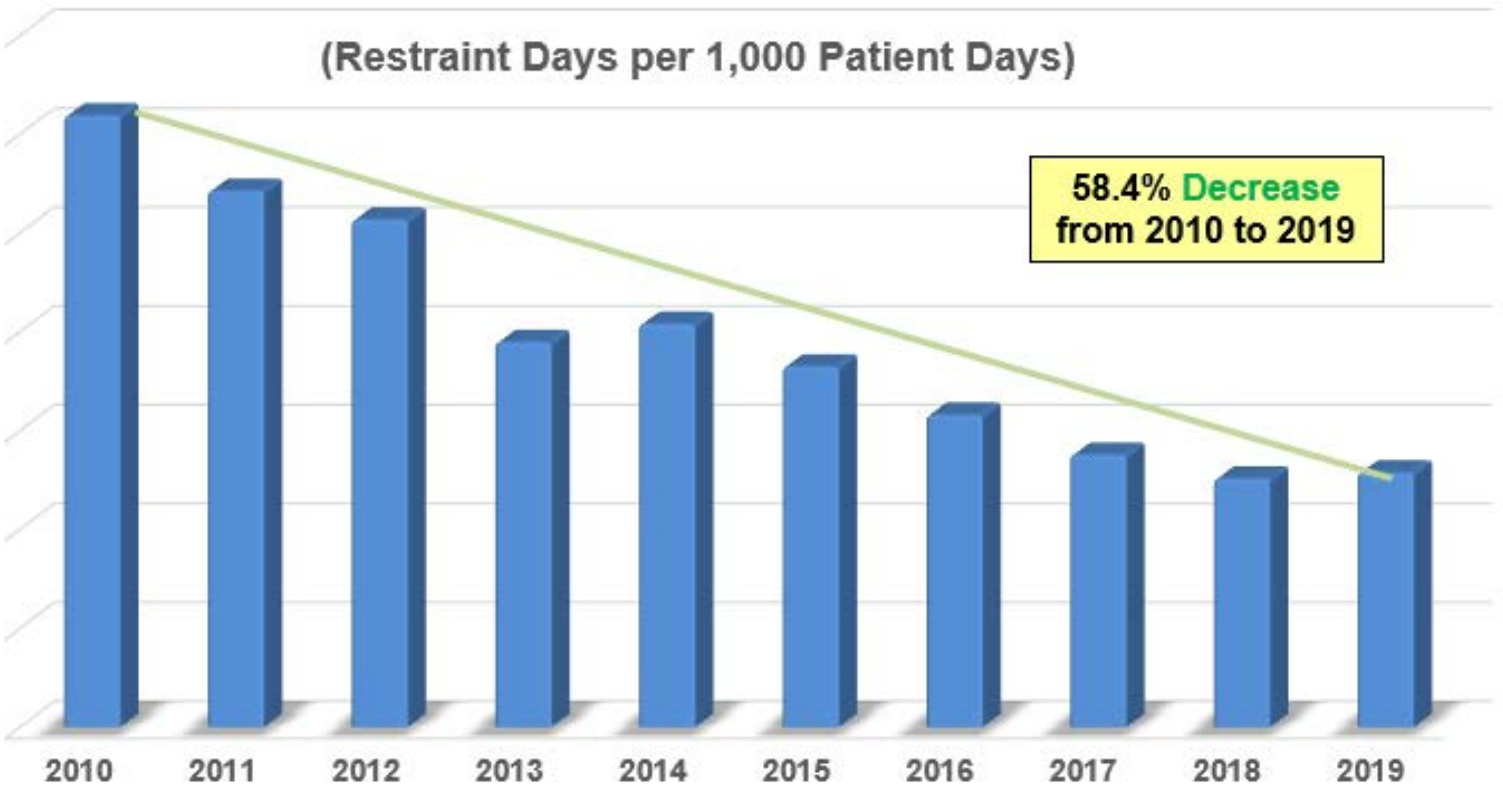
Restraint Utilization



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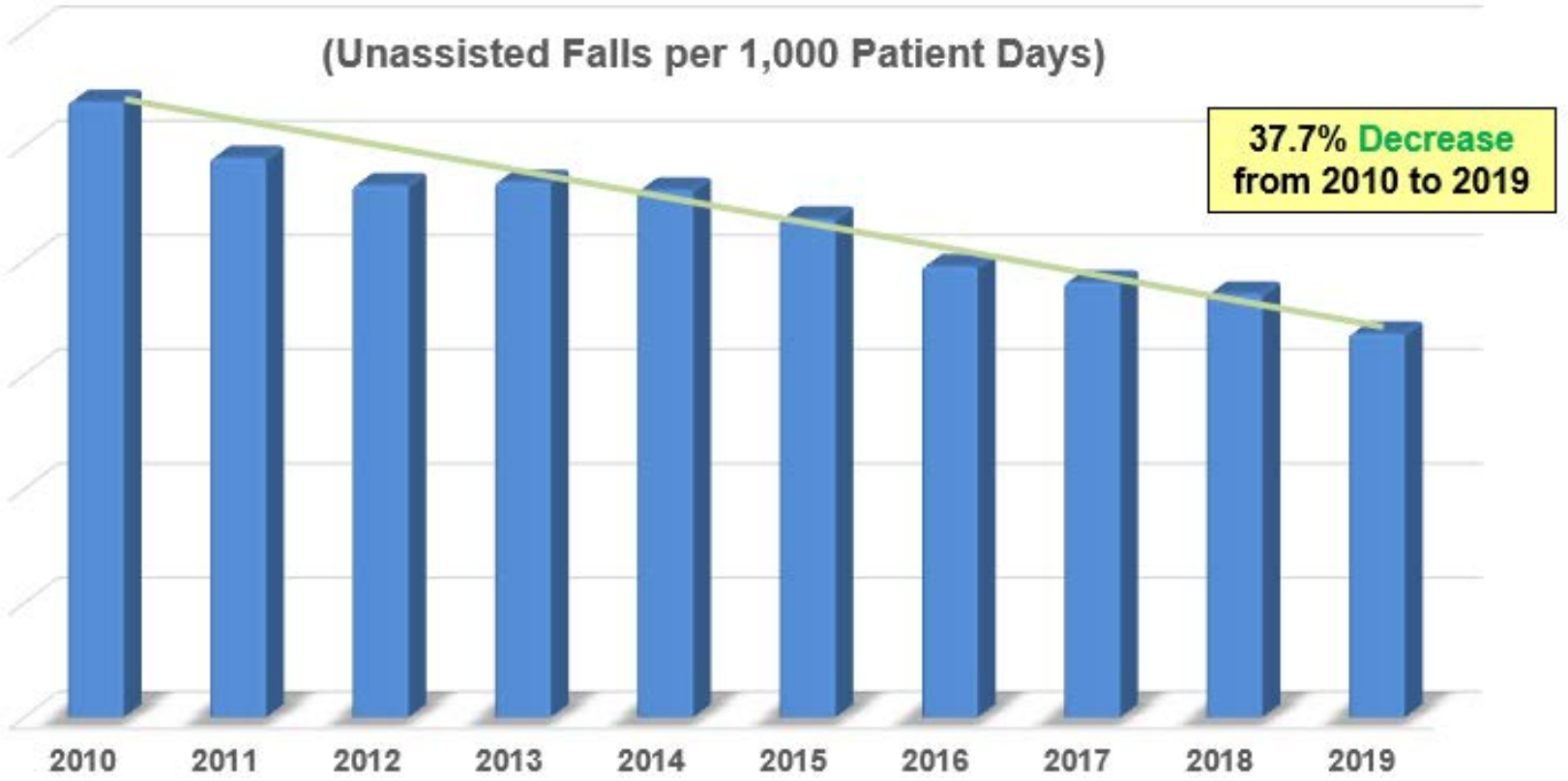
Unassisted Falls



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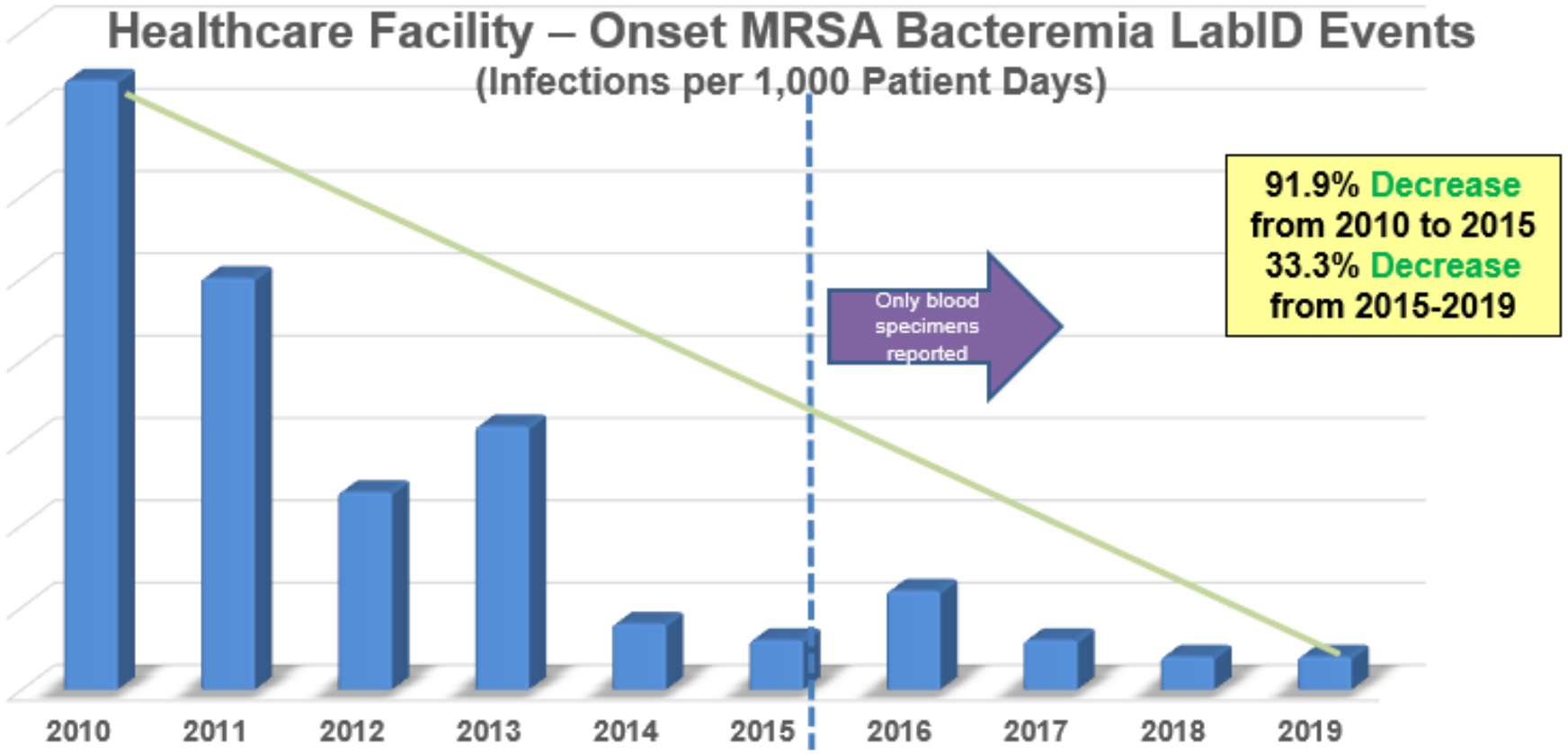
MRSA Bacteremia LabID Events



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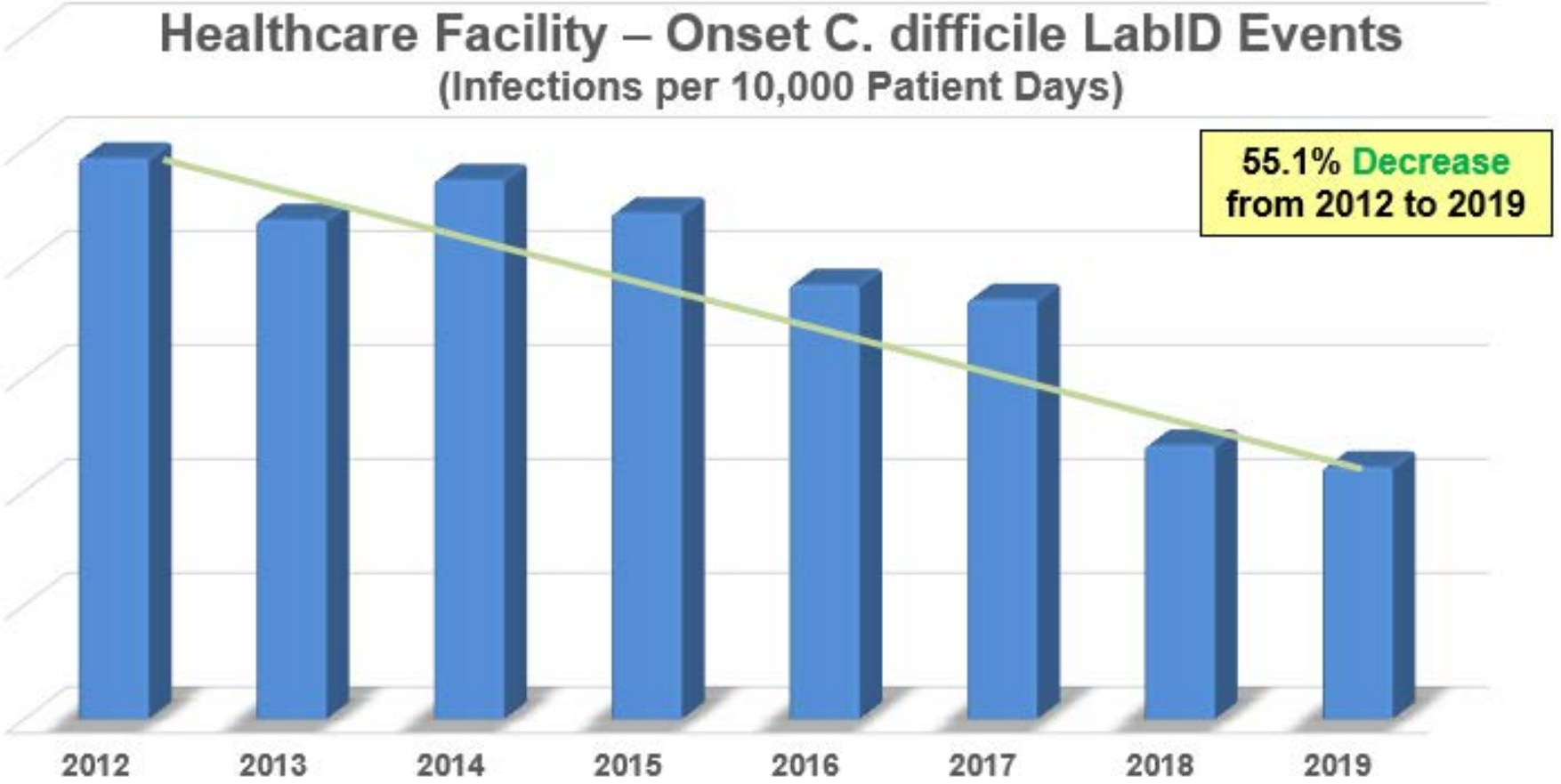
C. difficile LabID Events



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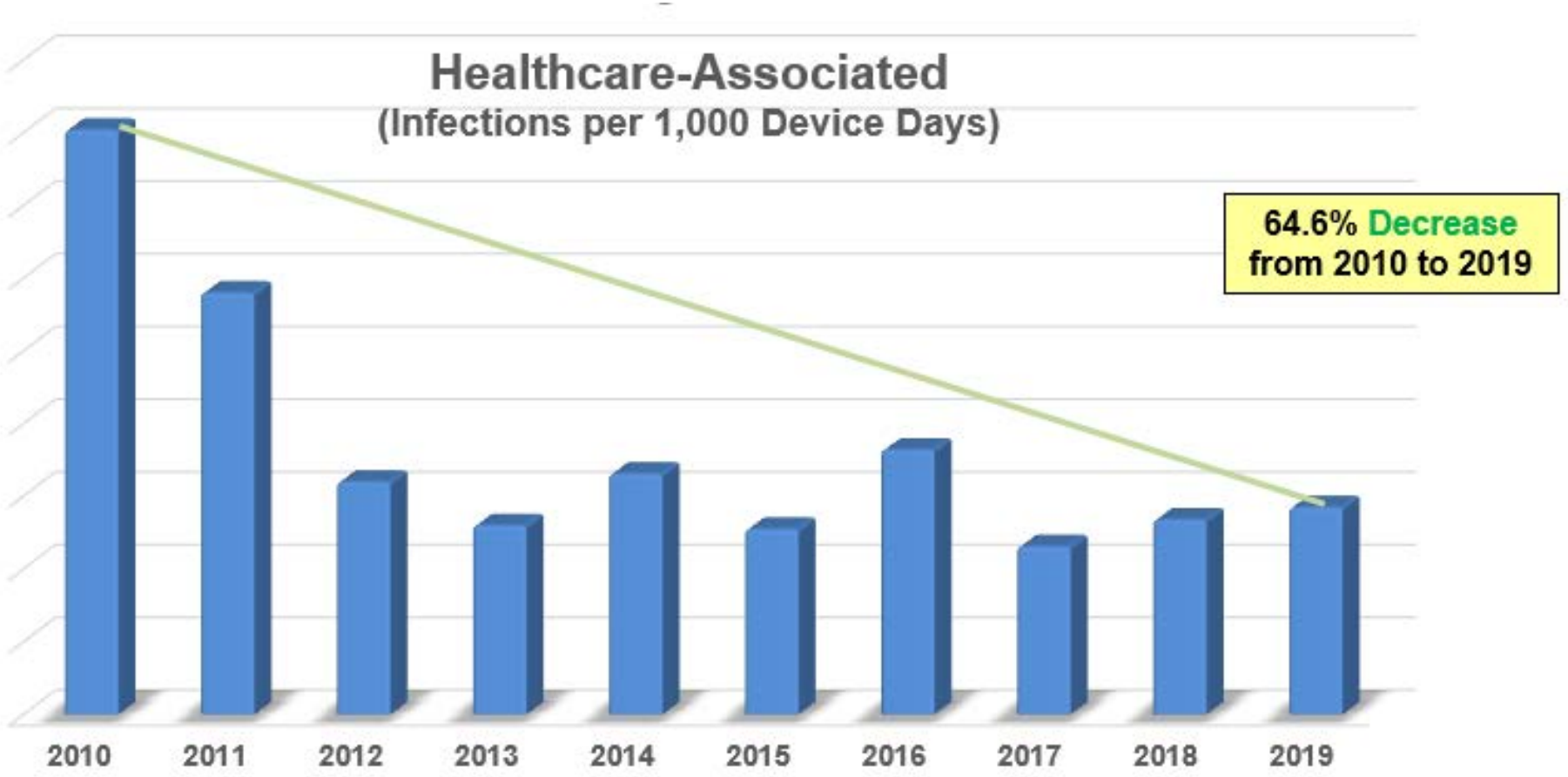
Catheter-Associated Urinary Tract Infections



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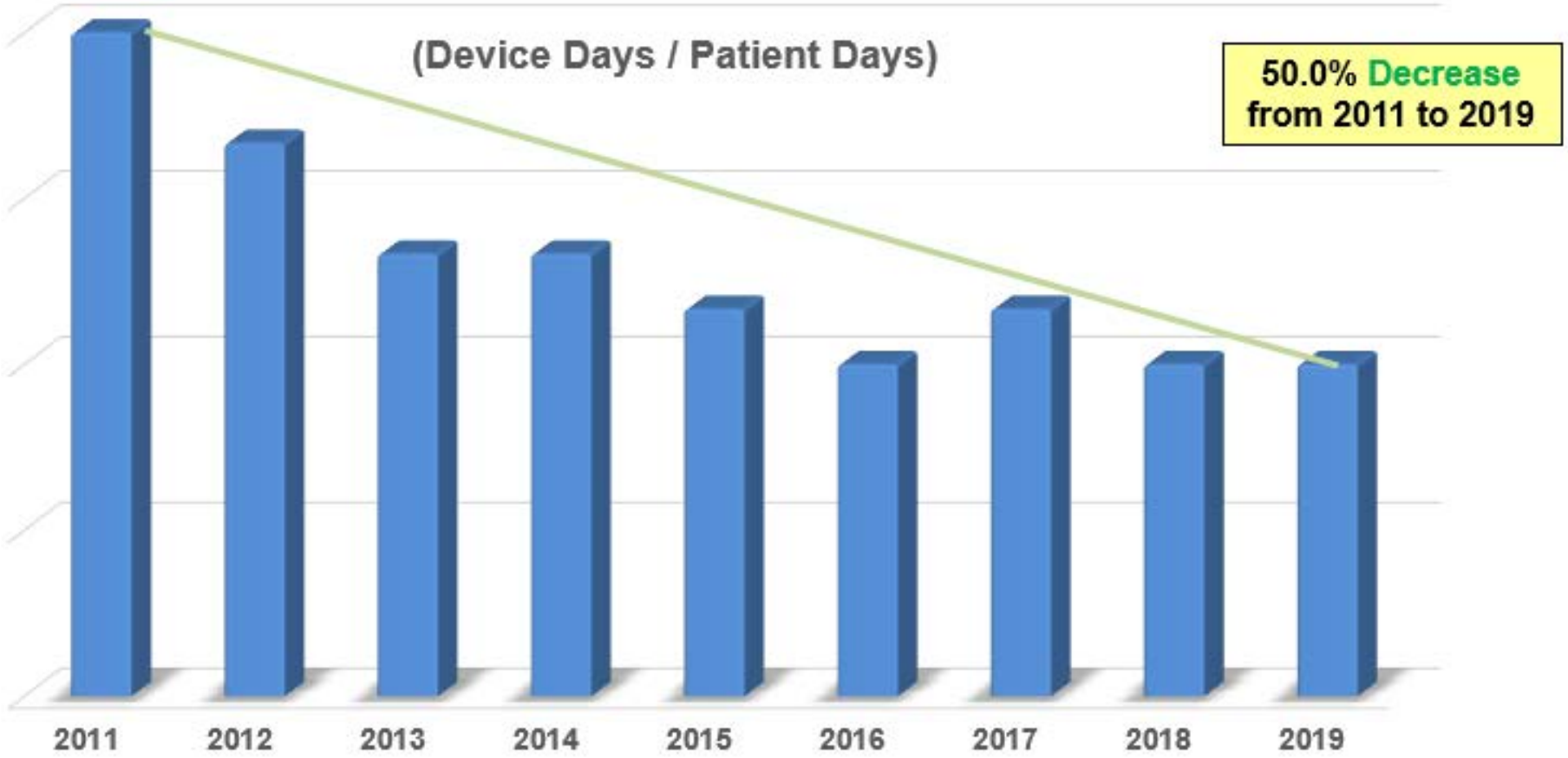
Urinary Catheter Utilization Ratio



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EQUADR℠ Cost Savings 2010 to 2019

EQUADR℠ Adverse Event	Events Averted (rounded)	Cost Per Event 2010/2014	Overall Cost Savings
MRSA	195	$1,580	$308,074
CAUTI	307	$1,000 / $13,793	$1,590,784
C. difficile	229	$9,600 / $17,260	$3,641,305
Unassisted Falls w/injury	171	$7,234 / $6,694	$1,151,982
Pressure Ulcer	247	$17,000 / $14,506	$3,780,804
VTE	120	$8,000 / $17,367	$1,840,217
TOTAL	**1270**		**$12,313,166**

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2019 AHA Quest For Quality Prize

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Value of Sharing Through a PSO

- Sharing of processes and outcomes
  - Reduces individual facility “trial and error”
  - Develops understanding of industry averages, as well as reasonable expectations for improvement
  - Rapid dissemination of best practices across the industry

- Move from a culture of reporting to one of performance
  - Reporting is a must
  - Utilize the data that you must report to gain value from other’s performance and experience

Value of Sharing Through a PSO

- Justifies the importance and uniqueness of inpatient rehabilitation in the care continuum
- Provides a “safety zone” to discuss sensitive issues such as falls and restraint use
- Sense of community – “We’re not alone!”

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Leading Quality and Safety

“Success teaches us nothing; only failure teaches…Develop the capacity to learn from experience.”

- Admiral Hyman G. Rickover

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Questions?

- If you have questions, please either:
  - Submit them through the chat feature, or
  - Unmute yourself and ask