



Northern Arizona Healthcare

FY2023 Quality & Safety Report



Quality & Safety 2023 Report

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Sharing Our Success



MISSION

*Improving health,
healing people.*

VISION

*Always better care.
Every person, every
time...together.*

VALUES



Do amazing work!



Respect differences.



Build community.



Be better together.



Show compassion.

We are pleased to share this report on our patient safety and quality of care successes during fiscal year 2022-2023. Northern Arizona Healthcare has made huge strides in reducing patient infections, preventing patient falls and providing a higher quality of care as measured in patient feedback surveys.

This work takes the daily diligence of every person on every care team, from specialists and surgeons who serve the community in our hospitals to primary care providers who meet patients near home, plus everyone in between.

This year, NAH celebrated milestones that prove our focus on quality care is improving the health of the people of northern Arizona:

- Flagstaff Medical Center and Verde Valley Medical Center earned A grades for Spring 2023 on the national Leapfrog Safety Grades evaluation, an annual assessment of numerous safety measures.
 - There are more than 50 hospitals in Arizona, and NAH's were two of only five hospitals in the state to earn this top score.
- NAH was ranked No. 1 in the state for preventing infections acquired at the hospital, such as urinary catheter and central blood line-associated infections. These invasive devices are common to help deliver patient care. Our protocols have ensured we are the safest in the state in protecting patients from infections associated with their use.

We couldn't celebrate these successes without every member of Northern Arizona Healthcare working together to do their best for every patient, every time.

We hope you'll find value in learning about the incredible steps we've taken to become the best in the state in patient safety and high-quality care. Our next chapter will continue to build on the lessons learned in achieving these milestones.

Sincerely,

Jake Lansburg

Vice President of Care Transformation and Quality
Northern Arizona Healthcare

NAH FY2023 ACHIEVEMENTS

- NAH awarded **2 Leapfrog A grades** in spring of 2023. **Only 5 hospitals received this distinction** in the state of Arizona. The Leapfrog Hospital Safety Grade uses data from multiple sources to grade performance in keeping patients safe from preventable harm and medical errors.
- **Ranked #1 in Arizona**, NAH-wide, for low central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), Clostridioides difficile infection (C. DIFF) and Methicillin-resistant Staphylococcus aureus infection (MRSA) rates.
 - **78.3% reduction** in CLABSI (4 fewer infections than previous year)
 - **79.4% reduction** in CAUTI (5 fewer infections than previous year)
 - **50% decrease** in C. DIFF (13 fewer infections than previous year)
 - **100% reduction** in MRSA (3 fewer infections than previous year)
 - **354 days CAUTI free & 448 days CLABSI free.** The **longest streaks** in NAH history.



- **3.5% increase from last fiscal year** in overall rating of the hospital scores for inpatients on Consumer Experience Survey, representing an 11 percentile improvement. **3.83% increase in scores** for "staff worked together to care for you" patient survey question.
- **3% improvement** in impression that NAH embodies a "culture of safety" based on survey results of colleagues and providers, compared to prior year.
- **33.8% reduction** compared to last fiscal year in the inpatient care bundle – a combined metric of injury falls, venous thromboembolism (VTE) and pressure injuries.
- **3.5% reduction** compared to last fiscal year in overall inpatient length of stay and **24% reduction** compared to last fiscal year in observation length of stay.
- Regional hub for state and county during monkeypox outbreak. **State leaders sought NAH out specifically** based on our response to prior pandemic emergencies and **strong reputation for quality.**

PATHWAY TO EXCELLENCE

Quality and safety are key priorities at NAH. The landmark accomplishment for our organization this year of receiving Leapfrog A grades at both hospitals shows what we can do when we work together and focus on what matters most – our patients.

Over the past five years we have faced many challenges, including a global pandemic, staffing shortages, supply chain disruptions and new financial pressures, but we have continued to stay focused on our vision: “always better care. Every person, every time...together.”



This report highlights some of the work that has gone into making NAH a safe place to work and a safe place to receive care. There is a lot that is not covered, and a lot we still must do. We are committed to being ready for whatever comes next and continuing this journey to provide dependable, safe and highly reliable care to the communities we serve.

Empowering and Engaging: Creating Staff Ownership for Quality Performance

One of the key changes that NAH put into place last year was a new governance structure. With this structure, NAH has empowered clinical managers and directors to take ownership of some of our most difficult challenges, including healthcare acquired infections such as central line-associated blood stream infections (CLABSI), and other harms that can occur during hospitalization such as falls with injury.

Floye Bradford, Director of Quality, shared how this approach has been successful.

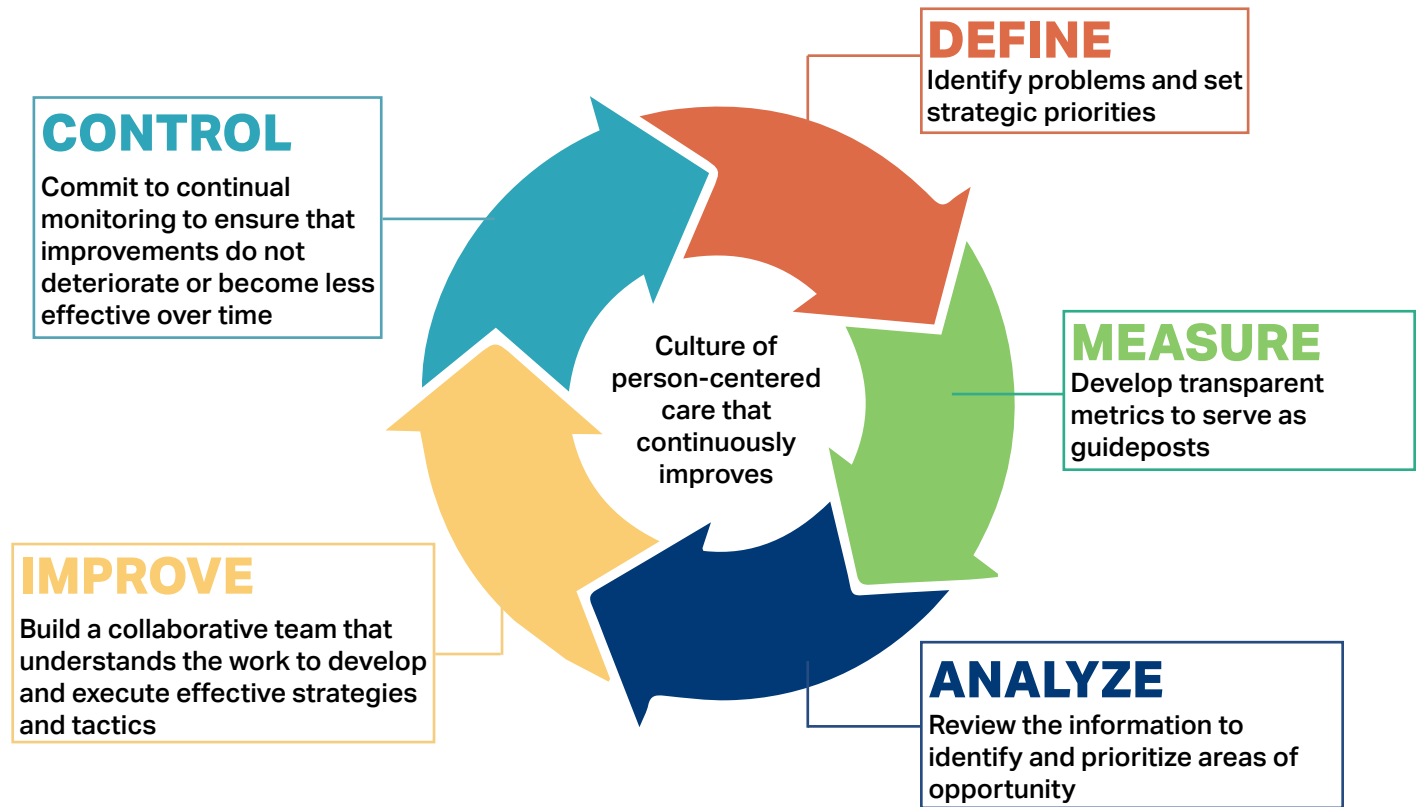
“This structure is unique for NAH. The Quality department handed over the ownership of system-level problems to directors and managers, and now our role is to support, empower and provide the tools and training necessary for success. Ultimately, the clinical managers and directors are the ones deciding what interventions to implement and how to engage the front-line staff in the work.”

This change would not be possible without strong executive support from the Clinical Executive Council, including Chief Nursing Officer Tyffany Laurano and Vice President of Operations Matthew Sena, who have both made selecting leaders for these committees a priority and helped their staff understand that leading these committees is not “another ask,” but essential leadership work.

The collaboration between the clinical leaders, quality partners, physicians and other ancillary staff has been incredible to be a part of. It feels great to be a part of making real change in the quality of care we give our patients.

-Audra Carter, VTE Committee Operational Lead and Manager of 3 West

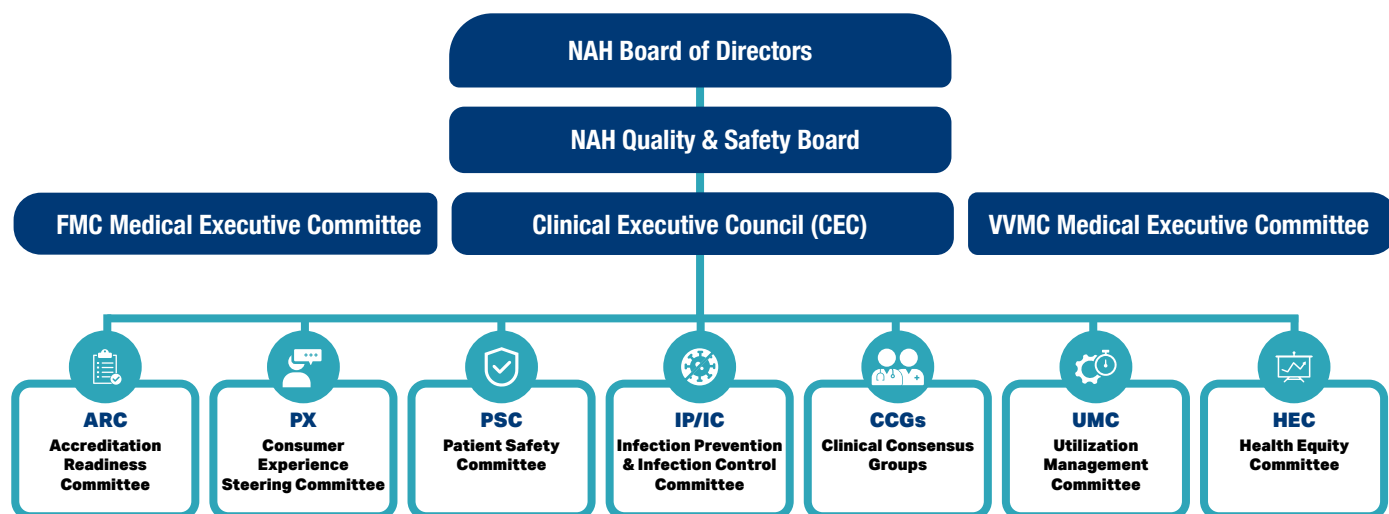
The NAH approach to quality and safety involves a focus on patient outcomes, providing support to our clinical staff and a drive to improve. Our process for relentless improvement:










The NAH philosophy for quality and safety has several guiding principles:

- Providing high-quality and safe care for our patients, families and neighbors guides everything we do.
- Maintaining high-quality care requires continuous monitoring, disciplined focus and relentless improvement to achieve industry-standard excellence.
- Simple and standardized solutions drive lasting change.
- Every person in the organization plays an integral role in improving Quality and Safety.
- Success is recognized and widely celebrated!

NAH QUALITY & SAFETY GOVERNANCE STRUCTURE



COMMITTEES	FY23 ACCOMPLISHMENTS
 ARC	<ul style="list-style-type: none"> Implemented tracer program to support continuous Joint Commission survey readiness; more than 400 tracers/month completed by staff
 PX	<ul style="list-style-type: none"> 3.5% increase in Rate the Hospital survey result 2.4% increase in Nurse Communication survey result 3.28% increase in Communication with Doctors survey result
 PSC	<ul style="list-style-type: none"> 3% improvement in culture of safety for both colleagues and providers Implementation of new safety event reporting system to increase ease of reporting and provide follow up to those who report events
 IP/IC	<ul style="list-style-type: none"> 61.5% reduction in combined healthcare acquired infection (HAI) measures (CAUTI, CLABSI, C.Diff, MRSA) Ranked #1 in state by Arizona Department of Health Services
 CCGs	<ul style="list-style-type: none"> Improved access in Primary Care with 11 new providers Recognized for commitment to hospital care for heart patients in the 2023 U.S. News & World Report "Best Hospitals" guidebook
 UMC	<ul style="list-style-type: none"> Decrease overall inpatient length of stay (geometric mean length of stay) by 3.5% Decrease of 16% in risk adjusted mortality
 HEC	<ul style="list-style-type: none"> New committee focused on creating the NAH strategic plan for addressing health equity

CONSUMER EXPERIENCE

Consumer experience is the perception that patients (our consumers) have of NAH. Every interaction is an opportunity to strengthen or weaken the bond between NAH and our communities.

To gauge the patient experience, NAH sends a survey to all patients after discharge and closely monitors the trends in our ratings to inform how we can provide better service to patients receiving care in our facilities.

The NAH Consumer Experience Team is focused on improving patient scores on questions about their likelihood to recommend our services, their overall access to our services and their likelihood to recommend our hospitals on a scale from 0-10. The Experience Team found that these scores improve when patients perceive effective communication between all parties involved in their care. When we work well together, our patients can see the difference!

This year has been a foundational year for the Consumer Experience Team and, like many other initiatives, success has been the result of committee participation and staff engagement. Because consumer experience is often the result of many interactions over time, improving those scores even by a few percentage points is difficult. This year, the following gains demonstrate that patients are noticing the work their caretakers are implementing, like using CALM communication and the read-back method, to make sure that patients fully understand their care.

Inpatient:

- When patients are asked to rate the hospital on a scale of 0-10, scores improved by 3.5% from FY22. That raised NAH in a national ranking by 11 percentage points.
- When patients are asked about communication with staff, a key question for safe practices, the question about nurse communication improved by 2.46% and the question about doctor communication improved by 3.28%. Additionally, the question about doctors explaining things in “a way I can understand” improved by 2.81%.

Ambulatory:

- Patient Experience Survey scores for the question Likelihood to Recommend improved by 0.67% from FY22. While NAH aimed for greater score improvements, FY23 scores are near FY20 pre-pandemic scores.
- All clinic colleagues worked to improve scores on the Staff Worked Together to Care for You survey question. These efforts helped raise scores 2.18% from FY22.



“I am so thankful for amazing teams across the organization that I have the pleasure to work with!” said Sue Lovett, BSN, RN, LSSGB, NAH Consumer Experience Manager. “I am continually amazed at the dedication, collaboration and passion demonstrated by our colleagues in their relentless pursuit of excellence to make NAH a safe and compassionate place to receive care.”

STOP, THINK, CHOOSE SAFETY

The “Stop, Think, Choose Safety” slogan came from the Patient Safety Committee’s request for new safety ideas from staff. The committee selected this slogan because it represents many of the tenets of safety behavior for individuals and the system. A logo was then designed by Mimi Meeks, the Medication Safety Officer. We must make time for safety and stop to think when we face uncertainties or when performing high-risk tasks, and we must use Just Culture to find system failures when harmful events occur.

STOP:

For the individual: When you are faced with a stressful situation or a high-risk task, even if it is something you do every day, stop to give it thought.

For the system: When an event occurs, do not jump to conclusions. Assuming individual perfection is possible will not improve patient safety. Expecting flawless performance when working in complex, high stress environments is unrealistic.

THINK:

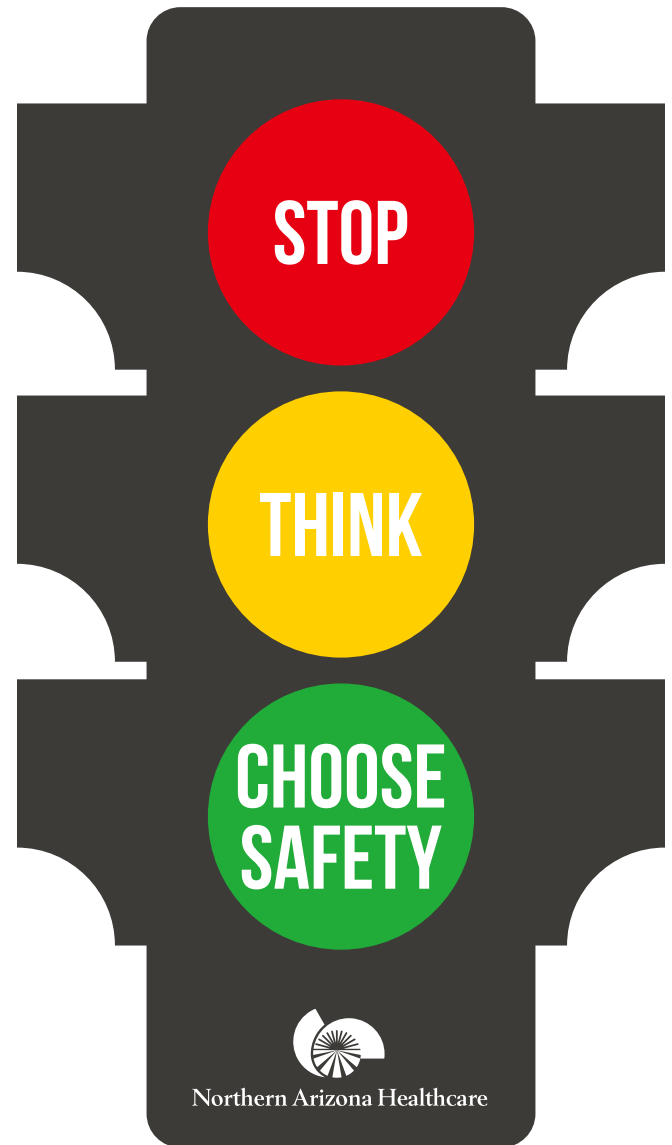
For the individual: Ask yourself a few questions. Do you have everything that you need? Do you understand what you are supposed to do in this situation?

For the system: Find where the system has a weakness that allows harm to occur and work to mitigate. Individuals are less likely to make mistakes when placed in an “error-proof” environment where systems, tasks and processes are well designed.

CHOOSE SAFETY:

For the individual: Speak up if you need help or do not know what to do. Slow down and find the policy. Take the time to complete safety double checks to protect yourself and our patients.

For the system: Maintaining an open and transparent environment where a safety culture prevails is critical. NAH is always working toward a culture where high importance is placed on shared beliefs, values and attitudes toward safety.



INDIVIDUAL OWNERSHIP & TEAMWORK MENTALITY

“Quality and safety success at NAH is made possible by teamwork and engagement among all colleagues. With buy-in and ownership from frontline departments, NAH has set an expectation for cross-functional collaboration and a shared commitment to improving patient outcomes throughout every step of the patient experience.”

**- Tyffany Laurano, MSN, RN,
Chief Nursing Officer**



NAH achieves 33% reduction in patient falls

Patient falls that lead to injury continue to be the leading serious adverse event at hospitals throughout the nation. To address this serious safety concern, NAH made falls reduction a strategic imperative in the last fiscal year. The Falls and Safe Patient Mobility Subcommittee is led by the System Director of Medical Surgical Telemetry Services, Louann Mace; Clinical Manager Jessica Krogseng; and Therapy System Manager Nicole Nelson. The subcommittee developed a comprehensive fall reduction program called BSAFE.

Each element in the BSAFE acronym represents a tremendous effort.

B: Bedside Shift Report

The team partnered with Patient Experience to redesign expectations for bedside shift report.

S: Scheduled toileting for high fall risk patients

Scheduled toileting requires collaboration with everyone on the unit to ensure that high fall risk patients have the opportunity to get up to go to the bathroom at least every two hours.

A: Never leaving patients alone in the bathroom

Not leaving high risk fall patients alone required scripting and role playing for nursing staff to compassionately explain why they were staying in the room during a time when most people prefer privacy.

F: Fall T.I.P.S Board, fall risk band

The Falls T.I.P.S board and fall risk band serve as visual reminders for staff to identify high risk patients and provide appropriate ambulation.

E: Early ambulation, safe patient handling equipment

Even though it might seem that keeping patients in bed could reduce their risk of falling, long term healing and recovery requires that patients are able to move quickly after surgeries or other procedures, and that staff know what equipment is needed to avoid injury to themselves or the patient.



Matt Freyer and Jessica Krogseng celebrated zero falls at VVMC with a BBQ dinner for nursing staff.

BSAFE has been fully implemented across all Medical Surgical Telemetry Units at NAH where fall risk is the highest. These efforts have reduced injury falls by 33.3%. Additionally, in June 2023, there were zero injury falls on those units for the first time in over seven years – an impressive testament to the power of standardizing the approach to fall reduction.



“The BSAFE program provides all clinical staff with the information needed to promote a culture of mobility. A culture of mobility results in decreased length of stay, improved patient outcomes, reduced employee injuries and overall improved staff and patient satisfaction.”

- Nicole Nelson, Therapy System Manager

“BSAFE is a proactive approach to patient safety. Its success demonstrates the staff’s relentless effort to keep patients safe, communicating safety concerns and creating a healing environment. The implementation of BSAFE has significantly reduced falls with injury, keeping our patients safer while in our care.”

- Louann Mace, System Director of Medical Surgical Services



NAH Medication Safety Improvement Project

One of the improvements that led to an A safety grade from Leapfrog was NAH's effort to build the right clinical support for providers as they decide which medications to order for a patient. The "clinical decision support" tool utilizes the electronic health record to identify what information a provider might need, such as lab values, and make that information face-up at the time of decision making. The tool can also be used to alert providers when they are about to make a prescribing error – such as ordering penicillin for a patient with a known allergy to the antibiotic or ordering an adult dose of medication for a pediatric patient.

Identifying what information is helpful to providers, as well as which alerts to build, has been a critical safety project involving Quality Improvement Manager Alejandra Figueroa, Patient Safety Officer Mimi Meeks, IT Pharmacists Kathleen White, Chris Konradi and Jonathan Nuckles; and clinicians John Mouglin, MD, Alex Jacobs, MD, and Jeanine Thomas, MD. So far, the team has tested and created numerous medication alerts with a special focus on pediatrics, renal patients and geriatric patients.

To ensure that the system is working as designed, NAH completes an annual test to make sure that the system will catch any serious prescribing errors. The results of this test are reported to the Leapfrog group and factored into its safety grade. NAH received 100% of the available points.



The 2023 Leapfrog testing team used a remote meeting to test the safety of the electronic medication prescribing system. Top row – Kathleen White, Hayley Walsh. Middle row – Elizabeth Springborn, Jonathan Nuckles, Molly Fin. Bottom row – Rene Gatlin, John Mouglin, MD. Not pictured: Mimi Meeks, Nick Petit, Calvin Borden, Tara Ortega, Darin Blakely, Michael Davidson, Stephanie Holt, Alejandra Figueroa.

Medication Reconciliation



Medication reconciliation has been a system-wide safety focus for the past two years. The NAH Patient Safety Organization, ECRI, identified medication errors from inaccurate patient medication lists as a top-10 safety concern for 2023. Medication reconciliation involves ensuring accurate medication lists from patients when they arrive, as well as providing education on any changes at the time of discharge. Making sure medication lists are correct can be challenging if patients and families do not know the names or doses for home medications or if they receive medications from more than one provider.

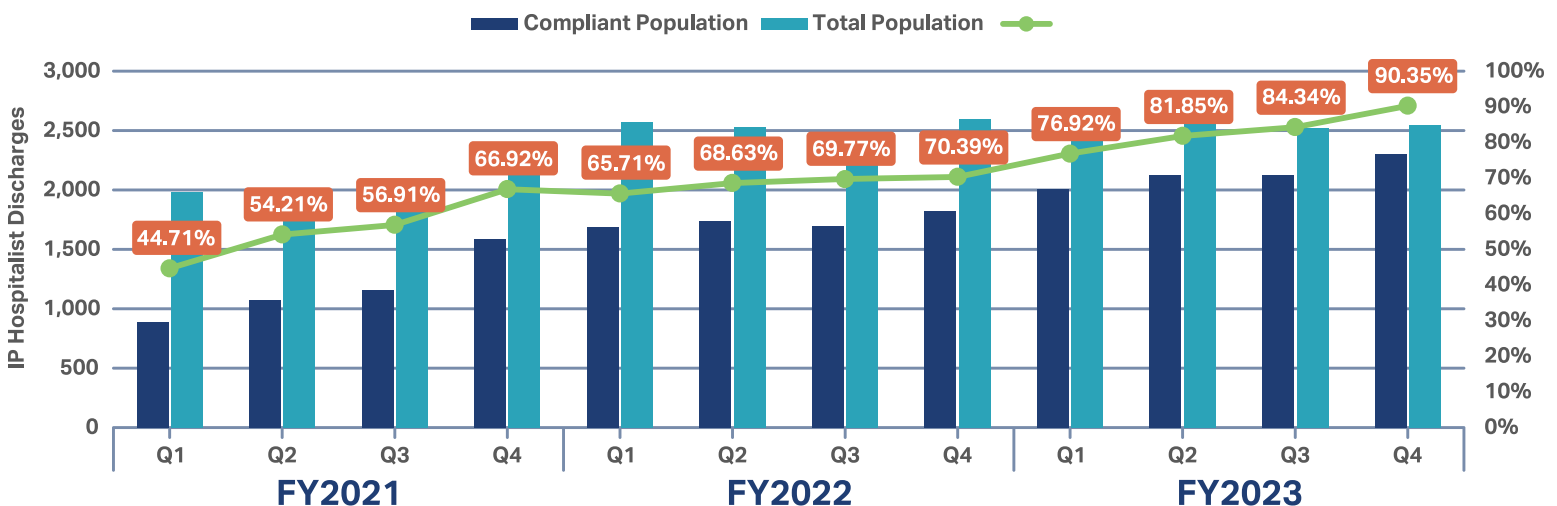
Overall, NAH made significant strides on medication reconciliation in Fiscal Year 2022-2023, compared to the previous year. The system saw a 10% increase for completion of medication reconciliation during all ambulatory and inpatient encounters. The Medication Reconciliation Committee, led by Medication Safety Officer Mimi Meeks, recently recognized the hospitalist team for increasing medication reconciliation by 21%.

Alex Jacobs, MD, the Medical Director for hospitalists, identified complete medication reconciliation as a key safety concern.

“Previously, medication reconciliation was always near 100% for discharge, but the admission medication reconciliation was occasionally not done. The progress we have made makes this a much less common safety issue,” Dr. Jacobs said. “I felt that the goal was quite aggressive, but we got great buy-in from the team, thanks to the strong volunteer work of Dr. Matt Rybka, a hospitalist at FMC. In addition, we were supported by new initiatives in the pharmacy department, with a focus on notification of medication history completion and strong support from our leadership team.”

According to Dr. Rybka, “It’s important to emphasize that this was a team effort with contributions from pharmacy techs, pharmacists, nurses, informaticists, business intelligence, hospitalists and the Medication Reconciliation Subcommittee. Everyone involved played a vital role in making sure we not only met our goals, but had meaningful results to positively impact patient care within NAH.”

NAH Hospitalists Medication Reconciliation: FY 2021 - 2023



“Lifesaver” Recognition

You’re a real life saver!



From Left to Right: Judy Andronowitz, Administrative VP NAH Medical Group; Susan Goldberg, Director Accreditation & Patient Safety; Katie Sutter, NAH Cardiology Medical Group Practice Supervisor; Dr. Mark Gordan, Cardiology; Victoria De La Torre, Medical Assistant; Sharon Stoops, Cardiology Office Coordinator; Derek Ulibarri, Sleep Clinic Practice Supervisor; Dr. John Mougjin, Physician Executive, Quality & Safety; Dr. Pasquale Bernardi, President NAH Medical Group

NAH is continuing to build on our Safety Culture by utilizing a blame free approach to reporting events. We have always encouraged “Good Catch/Near Miss” reporting, which are situations that could potentially result in an adverse event but were caught before they reach the patient. These present opportunities for system process changes to prevent potential harm.

The NAH Safety Team recently created another category designated as “Lifesaver Recognition.” This award acknowledges an individual and/or team from any NAH department who has gone above and beyond to improve safety for patients, co-workers or our community.

The first award was given to the Cardiology Clinic Team for their amazing efforts to reach out to a patient who, after leaving the clinic, was thought to need additional care. Starting with an observation made by the Medical Assistant after the patient left the clinic, the team identified a patient in potential trouble and worked with police to conduct a welfare check. The patient was found on the floor and transported to the hospital by EMS. Without this team stepping up to do the right thing, it is possible that this patient might have had a very different outcome.

Lifesaver Awards are personally presented by the Safety Team and Senior Clinical or Administrative Leaders. Awardees receive a basket with assorted “Lifesaver” candies as a token recognition.

The Safety Team looks forward to celebrating these significant demonstrations of our organization’s commitment to Patient and Colleague Safety and sharing the impact across the NAH system.

Improving the culture of safety among employees

NAH conducts an annual employee engagement survey to track trends in colleague sentiment about the organization's culture of safety. In fiscal year 2022-23, the organization's score in safety culture improved by 3%, with the largest improvements in the "prevention and reporting" domain. There, NAH saw a 20-percentile improvement in its national ranking for employees' views of safety culture.

The gains, specifically in prevention and reporting, demonstrate the progress made towards building a Just Culture. Just Culture emphasizes using evidence-based practices, learning from errors and providing constructive feedback, rather than focusing on blame and punishment.

John Mouglin MD, the Physician Executive in Quality and Safety, emphasized the importance of reporting.

"Reporting concerns allows us to address issues before they cause harm or prevent issues from happening again. We appreciate all the reports created by staff and the many intelligent, creative and resilient colleagues who have evaluated and then deployed solutions to resolve these risks."

NAH's safety culture benefits patients and staff by emphasizing the importance of proactively identifying unsafe conditions, reporting errors, openly discussing mistakes and striving for systemic improvements that standardize care delivery. This culture is critical to making NAH one of the safest healthcare systems in the state of Arizona.



Reporting → **awareness**

→ **learning** → **problem solving**

→ **highly reliable care.**

Workplace violence a key area of colleague safety focus

The Leapfrog A grades demonstrate our commitment to patient safety, but NAH also is steadfastly focused on staff safety and preventing incidents of workplace violence. Over the past year the NAH Safety and Security teams have developed a violence prevention program that focuses on building strong relationships with staff and documenting every workplace violence event.

At a time when many healthcare systems are experiencing an increase in workplace violence events, Flagstaff Medical Center has experienced a 16% year-over-year decrease in the number of incidents that occurred in Fiscal Year 2021-22 and a 12% decrease in Fiscal Year 2022-23. The improvement can be largely attributed to targeted programs in the Emergency Department to recognize disruptive events early in order to reduce risk to staff.

Verde Valley Medical Center had a private/contracted security team until Jan. 1, 2023, when NAH shifted to in-house security operations for both hospital campuses. Over the past six months, NAH Security Services has been meeting with clinical leadership teams, house supervisor teams and front-line staff. These connections have created strong relationships and teams are now less hesitant to call security in potentially risky situations. The over 70% increase in reported events at VVMC portrays the positive relationship between safety teams and staff, compared to years prior when violent events were under-reported.

“Our goal is to continue to refine the processes we’ve been lifting off the ground; i.e. training both security and clinical staff, enhancing our working relationships with our community partners, updating policies to standardize our workflow and continuing our commitment to our front-line employees,” said Casey Rucker, Director of NAH Safety and Security Services. “NAH is a great place to work, and we have an incredibly important responsibility to our community. Working to drive that message will remain a priority.”

NAH now has a workplace violence team that conducts a monthly review of all events, with representatives from Human Resources, Clinical Risk, Accreditation, Employee Health, the Emergency Department and the NAH Vice President of Operations.

Additional work includes:

- Over 30 Awareness-Vigilance-Avoidance-Defense-Escape (AVADE) trainings for NAH colleagues.
- Implementation of safety awareness icons outside patient rooms to alert staff when patients pose a heightened security risk. Uniformed security officers round frequently in areas with icons to ensure safety.
- Security team presence at daily throughput meetings to communicate with clinical leaders proactively about security and workplace violence risks and discuss safety planning.
- Anti-violence awareness campaign with signs, slogans and messages to educate visitors that violence against staff will not be tolerated.
- Adding the hospital front desk greeters to the security team. They interact with all visitors, offer a visual deterrent to a would-be offender and can engage security early.
- Fostering relationships with local law enforcement agencies.
- Standardizing the emergency phone number on all NAH campuses.

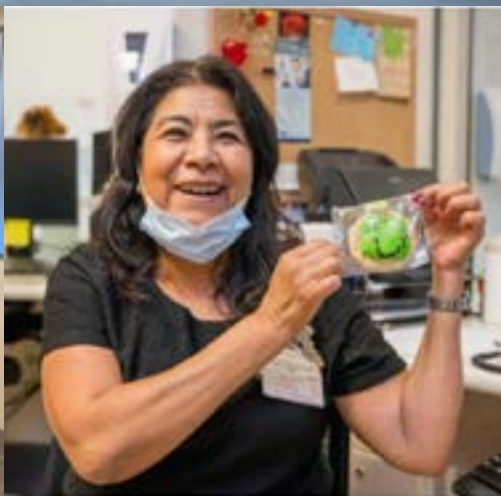


LOOKING AHEAD



This year NAH has achieved many quality and safety milestones. We saw the longest stretch in NAH history without a central line-associated blood stream infection or catheter-associated urinary tract infection, and a decrease in falls, venous thromboembolism and pressure injuries. NAH provided better access to primary care, and experienced decreased workplace violence. Our journey to increased safety and higher care quality is continuous and would not be possible without dedication, trust, communication and engagement from all departments and disciplines. The outcomes of the past year demonstrate what happens when we come together as one NAH. Together, we live our mission, vision and values to provide a highly reliable care experience for the patients and communities we serve.







Thank You

