

QUALITY FOCUS PLAN

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Orlando Health has embarked on an initiative to improve quality by 80% by the year 2015. This initiative is supporting the Orlando Health 10 year strategy and board goals to improve outcomes. The emphasis on quality at Dr. P. Phillips Hospital (DPH) aligns with AONE Guiding Principles for the Role of the Nurse Executive in Patient Safety. Similar to the AONE Guidelines, the quality focus at DPH incorporates numerous systems and processes to support a renewed investment and enthusiasm for improved patient care outcomes. The 2011 quality plan was created and implemented collaboratively by the CNO, CMO, and Chair of Quality. The quality plan consists of the following four components: Nursing Quality Council, Quality Improvement Committee, Unit Level (Triad Focus), and the Leadership Quality Council. Each of the four components is evaluated and reported to the Collaborative Practice Council for oversight. This process has resulted in improved outcomes, and/or training for improvement.

COMPONENTS

UNIT LEVEL (TRIAD FOCUS)

Each unit level is responsible for developing a unit specific plan for evaluation and communication of unit specific quality and satisfaction. The triad consists of the nursing operations manager, unit practice council chair and a physician champion. This committee is required to meet monthly and evaluate progress in the identified unit specific areas:

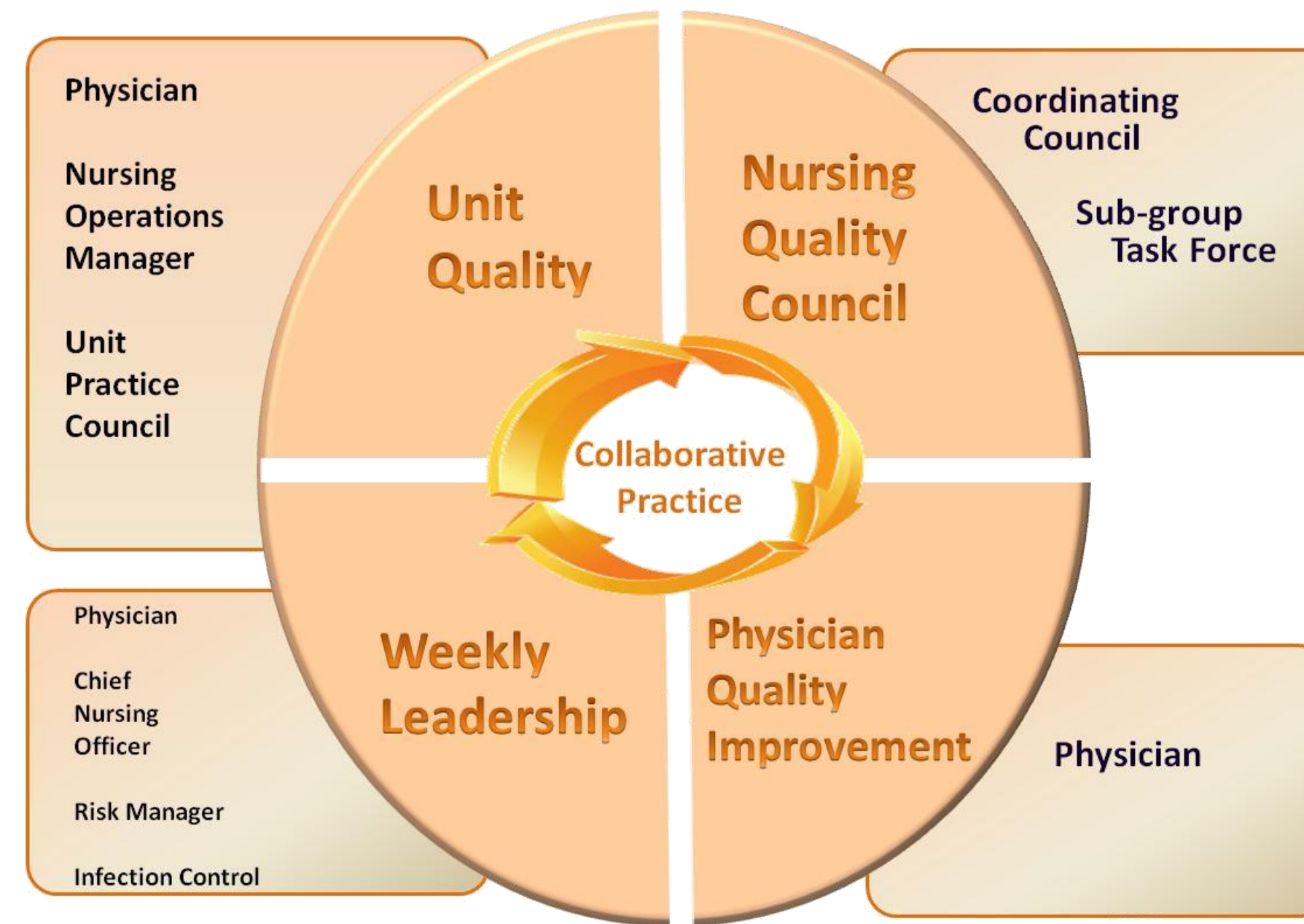
- Core Measures
- Nurse Sensitive Indicators (Falls, Pressure Ulcers)
- Root Cause Analysis
- Infections
- Regulatory Issues (i.e. Restraints)
- Patient Satisfaction

NURSING QUALITY COUNCIL

The NOC is responsible for meeting monthly and reviewing data specific to the sub-councils (listed below), providing recommendations to the Hospital Nurse Practice Council and implementing corporate initiatives. Representation consists of four sub-councils:

- Falls Prevention
- Medication Safety
- Pain Management
- Pressure Ulcer Prevalence (SWAT)

MODEL



RESULTS

Dr. P. Phillips Hospital, a part of Orlando Health, will continue to strive to reduce all harm events by 80% by 2015 and has seen positive outcomes as a result of all interrelated quality initiatives.

Nurse Sensitive Indicators	2010 Actual	2011 Actual	2012 Target	2015 Target
Falls	221	179	145	44
Falls with Injury	53	25	21	11
Pressure Ulcers	40	44	35	8
CLABSIs	17	15	12	4
CAUTI	26	25	20	5
VAP	3	1	0	0
Infections			2012 Target	2015 Target
SSI	76	56	46	15
MRSA	35	38	30	7
VRE	25	12	10	5
C-diff	67	82	62	18
Medication Errors			2012 Target	2015 Target
	190	70	53	38
Mortality			2012 Target	2015 Target
	204	163	132	41

COMPONENTS

QUALITY IMPROVEMENT COMMITTEE

Responsible for meeting monthly and performing chart audits and case reviews for physicians. All DPH Department Chairs are members of this committee and are involved in the change process action plans. The proposed process changes are then taken to the Medical department meetings for adoption.

LEADERSHIP QUALITY COUNCIL

This weekly meeting consists of, the Chief Nursing Officer, Risk Manager, Infection Prevention Practitioner and the Chief of Quality. The following items are reviewed:

- Core Measure
- Nurse Sensitive Indicators
- Quality Events
- Mortality
- Infections
- Root Cause Analysis

COLLABORATIVE PRACTICE COUNCIL

This council meets monthly and has oversight of the quality plans including RCA change implementations. This is an interdisciplinary council with the purpose of steering the hospital quality improvement initiatives across all disciplines.