



MHA Keystone Center
for Patient Safety
& Quality®

www.MHAKeystoneCenter.org

MHA Keystone Overview

Sam R. Watson, Executive Director

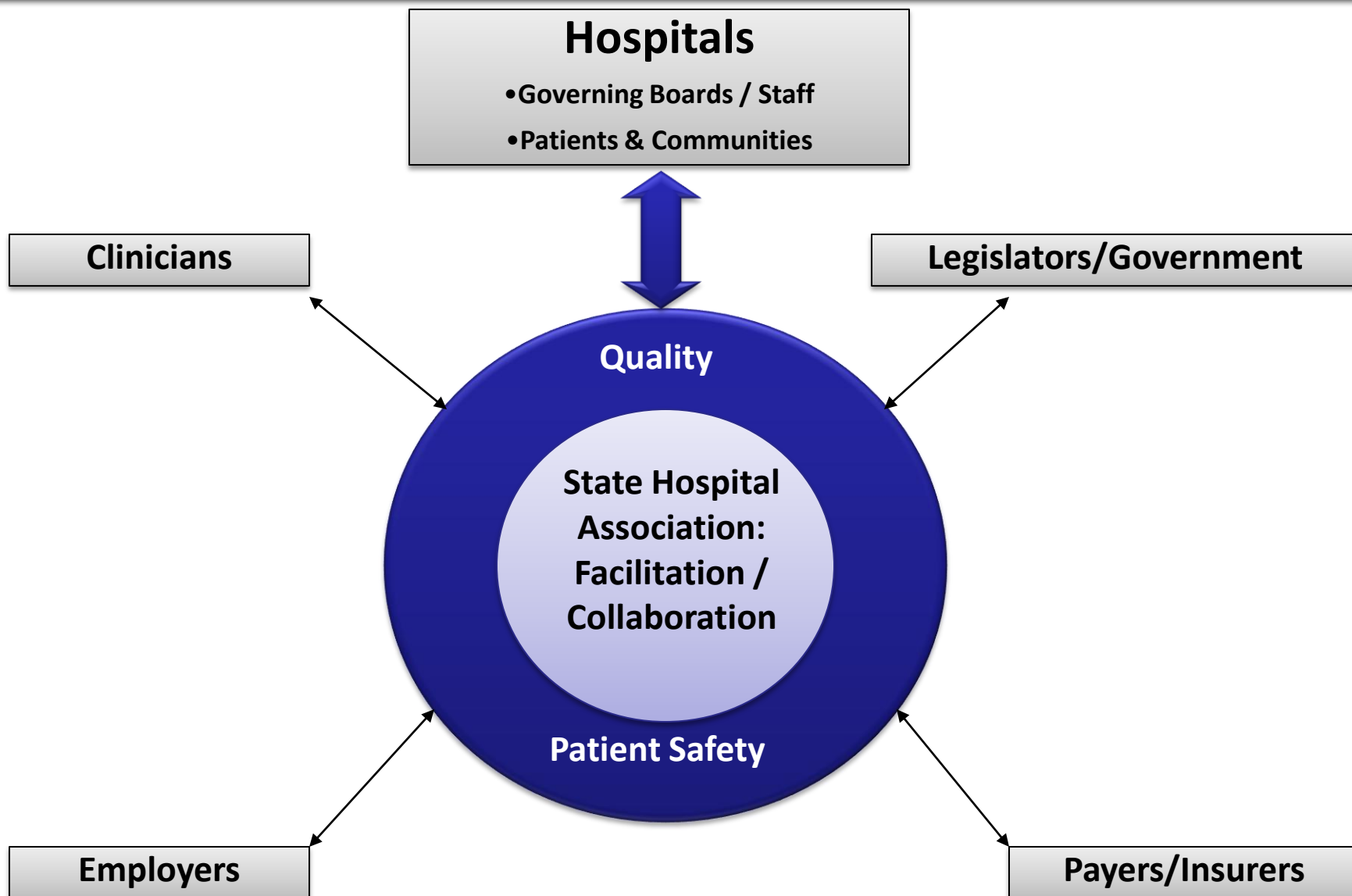


MHA Keystone Center for Patient Safety & Quality

Vision: Health care that is free of harm

- The MHA Keystone Center uses evidence-based best practice in combination with cultural improvement to effect change in patient safety and quality.
- Cohesive commitment to top performance
 - We can achieve broad scale improvement by working together; *Patient Safety and Quality are Not Competitive – the tide raises all ships.*
- United voice to practitioners
 - Support for evidence-based care
 - Rigorous measurement

State Hospital Association Role





MHA Keystone Center Michigan Collaboratives

Collaborative	Participating Hospitals
Keystone: ICU	77
Keystone: Hospital-Associated Infection	120
Keystone: Surgery	104
Keystone: Obstetrics	60
Keystone: Gift of Life	76
Keystone: Emergency Department	66
MI STA*AR (Rehospitalization Project)	27



Keystone: ICU

Interventions

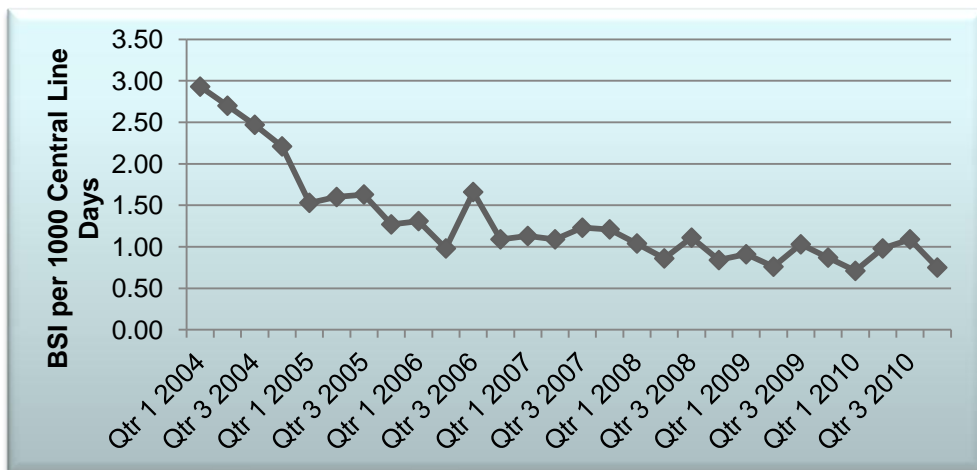
- Central Line-associated bloodstream infection prevention
- Ventilator-associated pneumonia prevention
- CUSP
- Sepsis (early goal directed therapy)
- Delirium prevention
- Early mobility of ICU patients

Results

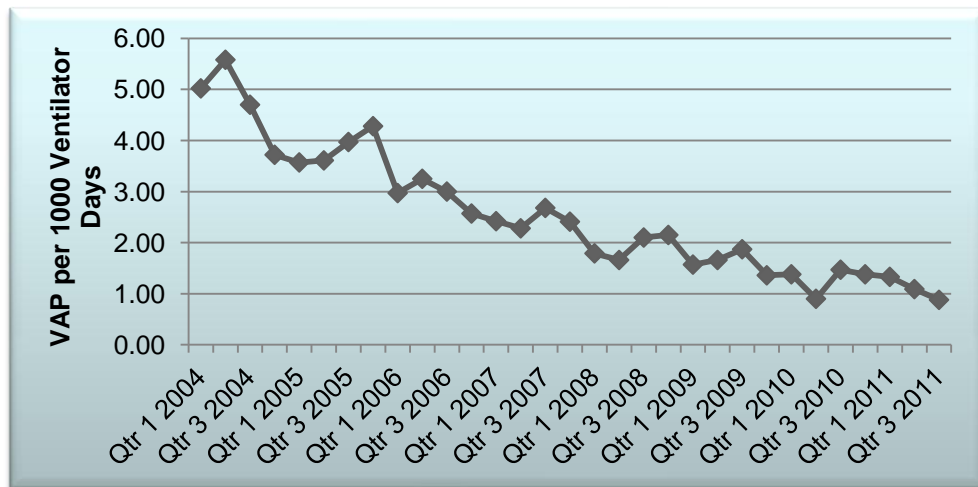
- 1,830 lives saved
- More than 140,700 excess hospital days avoided
- More than \$300million in health care dollars saved

Keystone ICU Outcomes

CLABSI Rate Per 1,000 Central Line Days



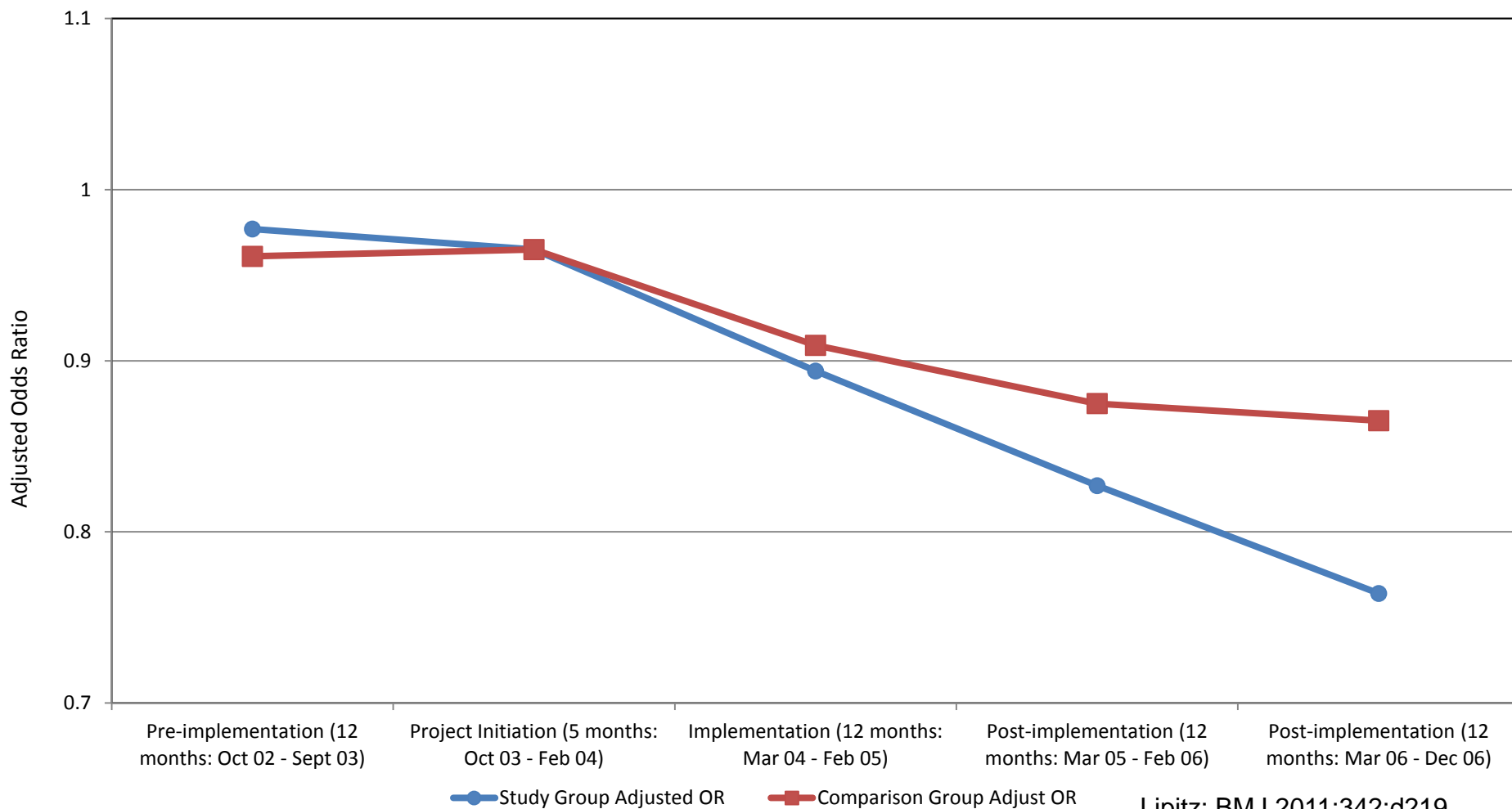
VAP Rate Per 1,000 Ventilator Days





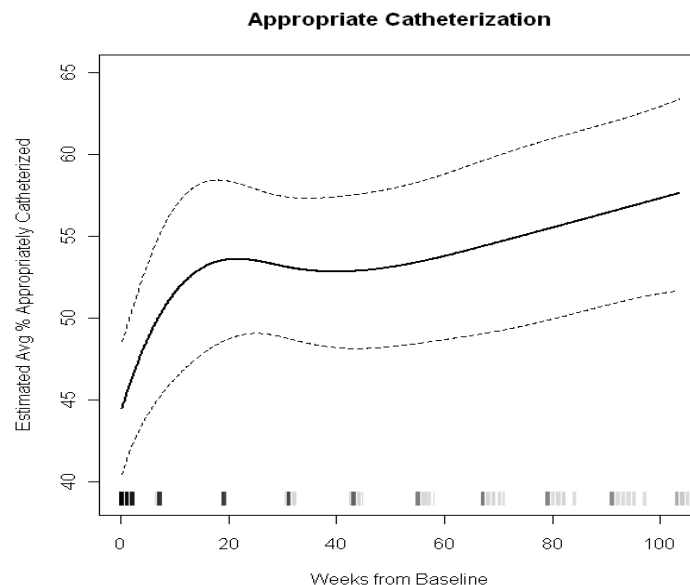
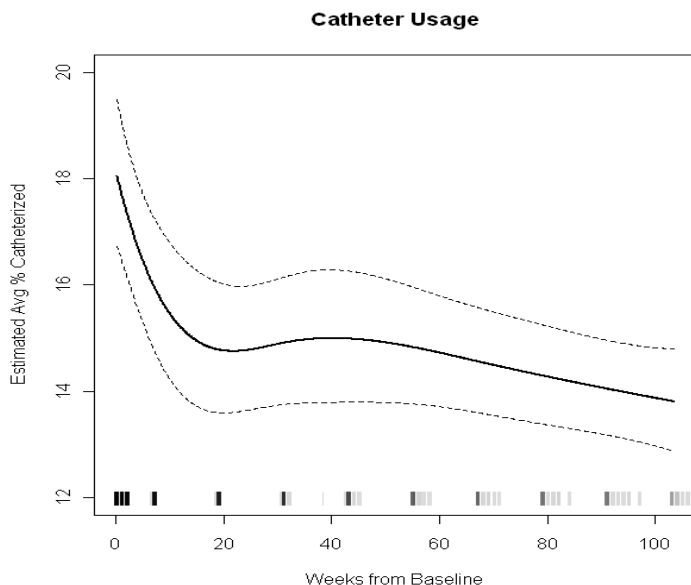
Mortality of Medicare Patients with an ICU Stay 2004-2006

Impact of Michigan Keystone Project on Hospital Mortality



Interventions

- Hand hygiene
- Prevention of Catheter-associated urinary tract infection
- Comprehensive Unit-based Safety Program



Interventions

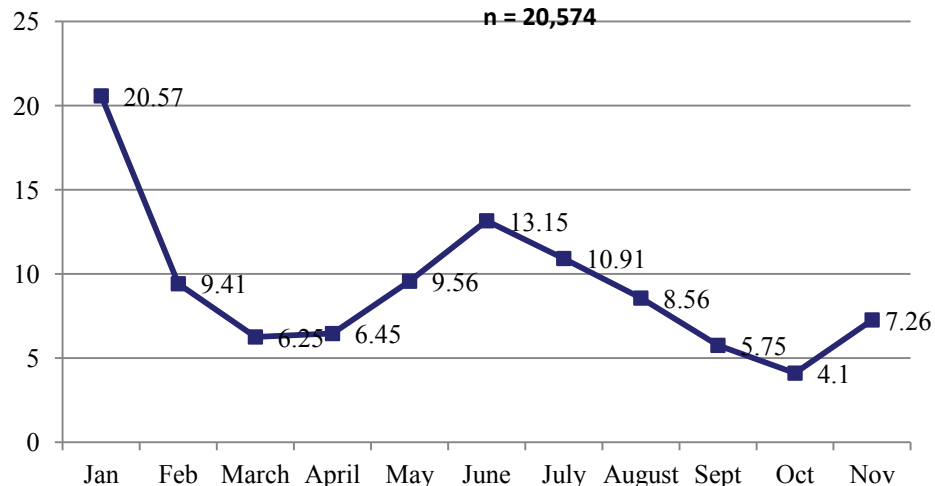
- Pre-operative briefings and post-operative debriefings
- Prevention of mislabeled specimens
- Beginning to review MHA PSO data for issues
- Wrong site surgery toolkit
- CUSP

- Interventions
 - Pitocin protocol
 - 39 week induction
 - Second stage labor management
 - CUSP

OB Pilot Results

% Elective Inductions < 39 wks

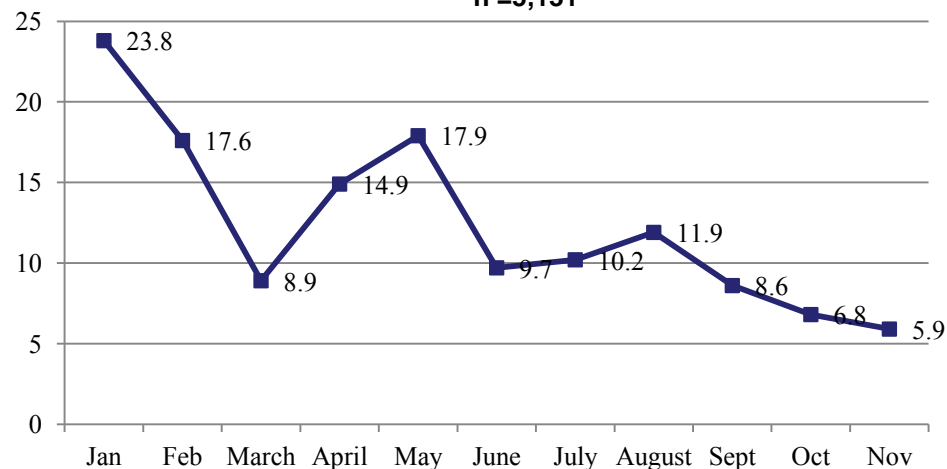
n = 20,574



•Change of 14.99% to 5.68% (Jan/Feb to Oct/Nov)
Significant (p = .008) Percent change -62.1%

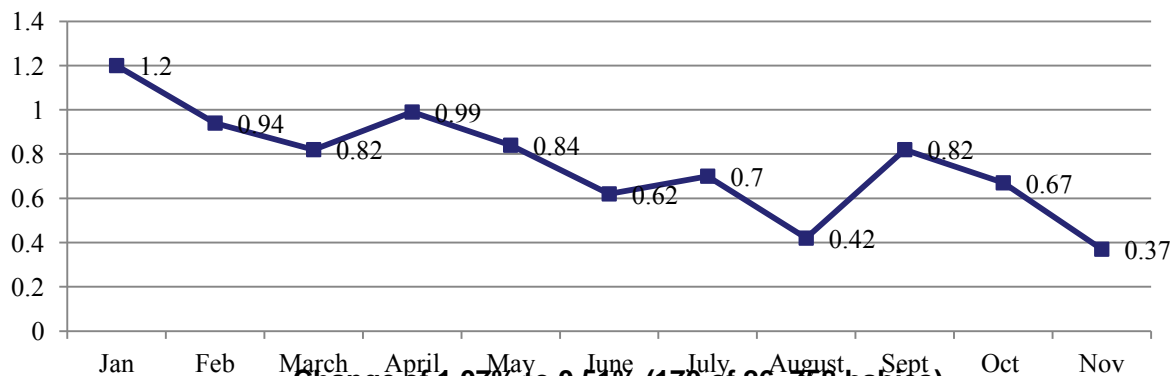
•% Elective Cesarean Births < 39 wks

n = 5,131



•Change of 20.07% to 6.35% (Jan/Feb to Oct/Nov)
Significant (p = .003) Percent change -69.23%

Appgar Scores <7 at 5 min

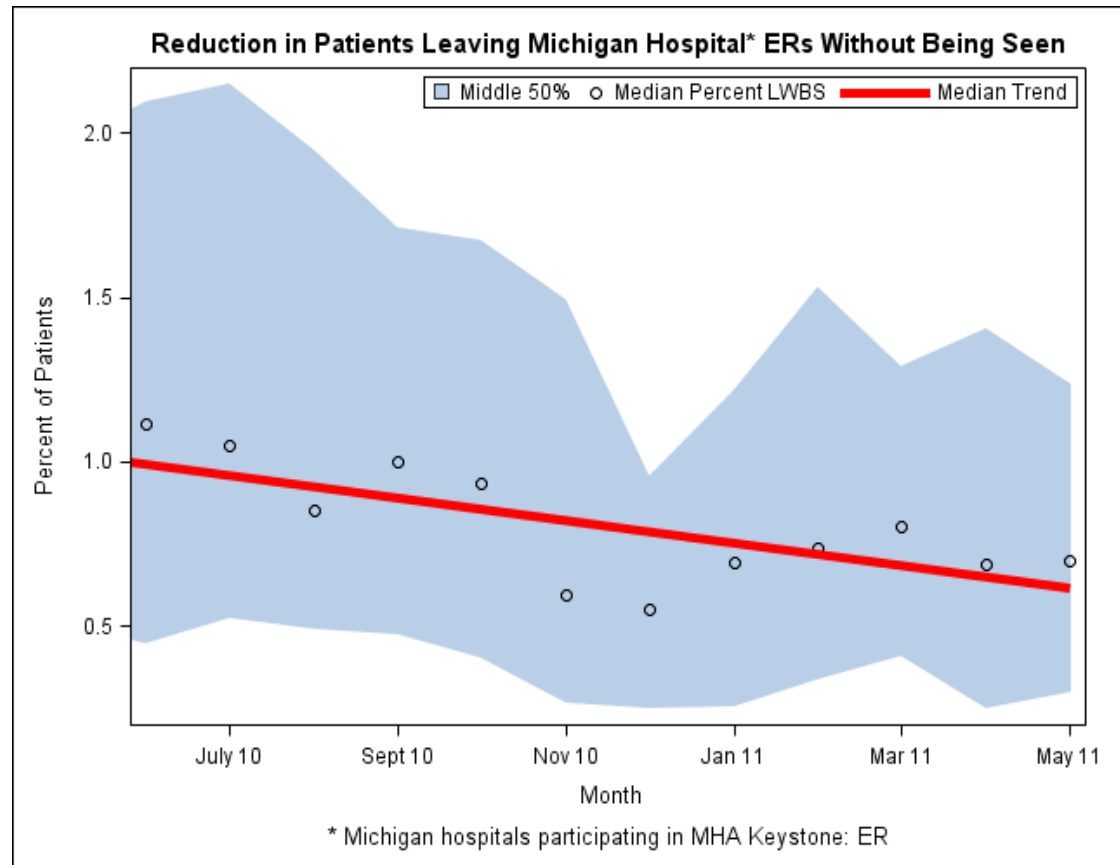


Change of 1.07% to 0.51% (170 of 26,758 babies)
Percent change -51.4% (Jan/Feb to Oct/Nov)

Keystone: Emergency Room

Interventions

- Using LEAN to reduce variation and waste in the emergency department.
- Sepsis and Early Goal Directed Therapy
- CUSP



MHA Keystone - National Collaboratives



AHRQ funded national project to prevent infections

- Bloodstream infection – 47 states underway at present. HRET engaged in enrollment of remaining states. Partners in project include HRET, JHU and MHA.
- Urinary tract Infection – beginning with 10 states, expanding to US this fall. Lead by MHA with U of M and St. Johns Hospital and Medical Center.