

  **SAINT BARNABAS**
  **HEALTH CARE SYSTEM**

A Legacy of Excellence



Quality Initiatives in 2009

Quality Care.

Every day. Every patient.



Our Quality & Patient Safety Goals

Best Care for Our Patients

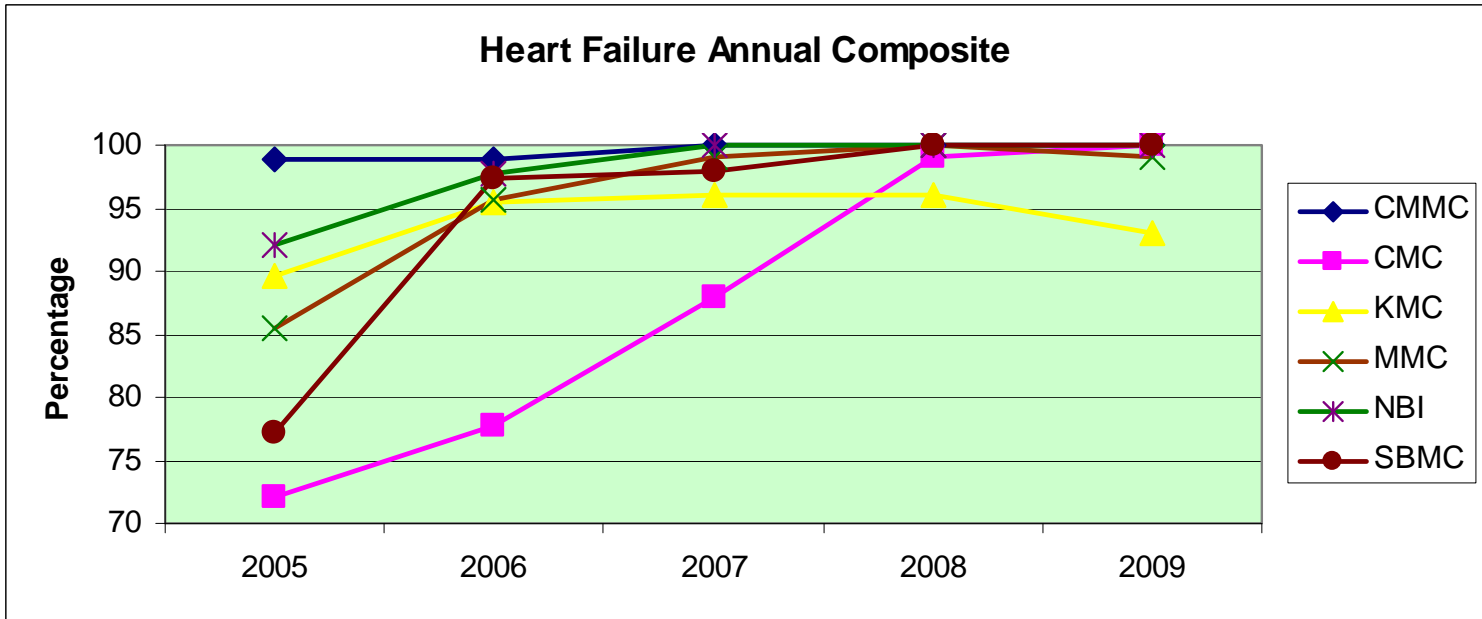
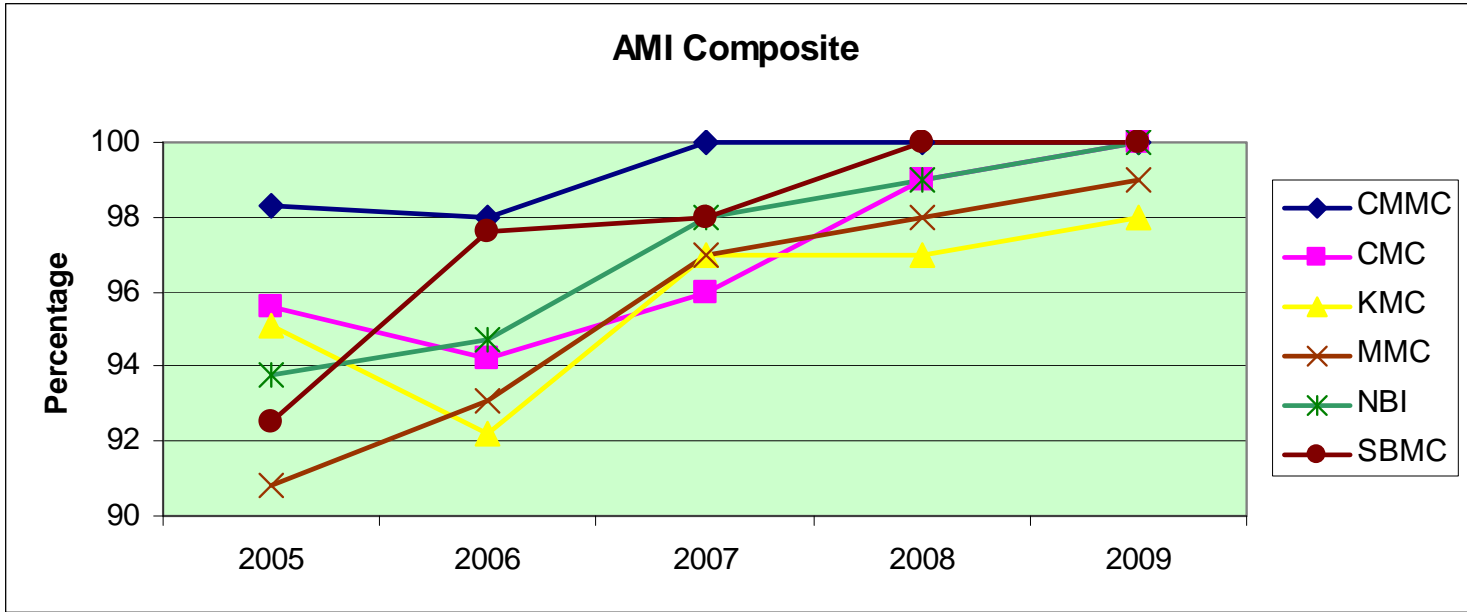
- That will result in the System/ hospital achieving top 10% of NJ hospital ratings for Hospital Quality Measures and minimize mortality.
- By achieving compliance with National Patient Safety Goal's and promoting patient safety culture.
- By reducing the occurrence of healthcare acquired conditions.
- By maintaining accreditation(s), certification(s), state licensure, and centers of excellence.



Recognition of Quality –

2008 NJ Department of Health Hospital Performance Report

- Clara Maass Medical Center ranked highest in the State for the treatment of patients with Heart Failure and Heart Attack and among the top 10% for the treatment of pneumonia.
- Monmouth Medical Center was in the Top 10% for Heart Failure
- Newark Beth Israel Medical Center was in the top 10% for Heart Failure and Surgical Care



SBHCS Hospitals Actual 2008 Composite Rate

Compared to last years 2007 NJ Hospital Performance Report

	AMI	HF	PN	SCIP
Hospital	Total	Total	Total	Total
Top 10% NJ 2008 Rpt	99	99	98	94
Median NJ 2008 Report	96	93	94	90
CLARA MAASS MEDICAL CENTER	100	100	100	96
COMMUNITY MEDICAL CENTER	99	99	99	98
KIMBALL MEDICAL CENTER	97	96	98	96
MONMOUTH MEDICAL CENTER	98	100	96	96
NEWARK BETH ISRAEL	99	100	98	98
SAINT BARNABAS MEDICAL CENTER	100	100	97	98

Source: NJDHSS Health Care Quality Assessment 2008 Cumulative & Overall Measures

Note: The benchmark that will be used for the 2008 data/2009 NJ Hospital Performance Report has not yet been released - scheduled for September release

SBHCS Hospitals Actual 2009 YTD (Jan- June) Composite Rate Compared to last years 2007 NJ Hospital Performance Report

	AMI	HF	PN	SCIP
Hospital	Total	Total	Total	Total
Top 10% NJ 2008 Rpt	99	99	98	94
Median NJ 2008 Report	96	93	94	90
CLARA MAASS MEDICAL CENTER	100	100	99	98
COMMUNITY MEDICAL CENTER	100	100	99	97
KIMBALL MEDICAL CENTER	98	93	98	94
MONMOUTH MEDICAL CENTER	99	99	97	98
NEWARK BETH ISRAEL	100	100	99	100
SAINT BARNABAS MEDICAL CENTER	100	100	98	98

Source: NJDHSS Health Care Quality Assessment 2008 Cumulative & Overall Measures

Note: The benchmark that will be used for the 2008 data/2009 NJ Hospital Performance Report has not yet been released - scheduled for September release

Health Grade Ratings

- CMC has been recipient of the HealthGrades Distinguished Hospital Award for Clinical Excellence for five consecutive years -- 2005, 2006, 2007, 2008, 2009, placing the hospital in the top five percent of hospitals across the nation.
- CMMC was a recipient of the 2008 HealthGrades Distinguished Hospital Award for Clinical Excellence.
- SBMC was a recipient of the 2008 Distinguished Hospital Award for Clinical Excellence.
- Five Star Ratings for Cardiac Topics:
 - CMMC 2008 Heart Failure
 - CMC 2008 Coronary Interventional Procedures, Treatment of Heart Attack, Heart Failure, Overall Critical Care
 - MMC 2009 Treatment of Heart Attack, Heart Failure
 - NBIMC 2009 Coronary Interventional Procedures

National Recognition



- Newark Beth Israel ranked 47th in the country for Heart and Heart Surgery in the 2009 US News & World Report Best Hospitals. The ranking was based on Patient Safety Index, Key Technologies, Patient Services, Medicare Discharges, and Mortality Index.
- Saint Barnabas Medical Center was New Jersey's only hospital to receive the prestigious Thomson/Reuters 100 Top Hospital for Performance Improvement which marks the second consecutive year that SBMC was recognized. The national award affirms the staff's efforts to create a health care environment for the community that provides the best in quality patient care, patient safety and hospital efficacy.

Winner of the Thompson Reuters 2009 Healthcare Advantage Award for Obstetrics, Cardiology and Surgery

- The Healthcare Advantage Awards are given each year to organizations — including hospitals, health systems, health plans, large employers, and government agencies — that use data analytics to improve operational results and the quality of healthcare.
- The Saint Barnabas System hospitals were honored for clinical performance in Cardiology, Obstetrics, and Surgery. They were recognized for the results gained by 12 multidisciplinary teams which, despite the unique cultures and challenges of the four hospitals, were able to identify and implement models and processes that were replicable at other hospitals in the System.

Society of Chest Pain Center Accreditation Since Summer 2005

- The accreditation process is dedicated to the improvement of the clinical processes for the early assessment, diagnosis, and treatment of acute coronary syndromes (ACS) from the community education to EMS to the care within the hospital.



SOCIETY OF CHEST PAIN CENTERS

Because every heart matters.

American College of Cardiology

D2B- Door to Balloon Alliance for Quality

- The D2B Alliance is a network of hospitals, physician champions and strategic partners who have committed to address the challenge of lowering door to balloon (D2B) times.
- Saint Barnabas Health Care System joined as a Collaborator along with others such as American Heart Association, National Heart Lung and Blood Institute and Society of Chest Pain Society
- Saint Barnabas Health Care System hospitals joined the alliance as partner organizations and dedicated their efforts to reduce D2B times for STEMI patients at primary PCI hospitals in December 2006



EFFECT OF SYSTEMATIC PERFORMANCE IMPROVEMENT PROCESSES ON DOOR-TO-BALLOON TIMES FOR PERCUTANEOUS CORONARY INTERVENTION

Larkin-Carney D, Murillo JL, Cook P
 Saint Barnabas Health Care System, West Orange, New Jersey



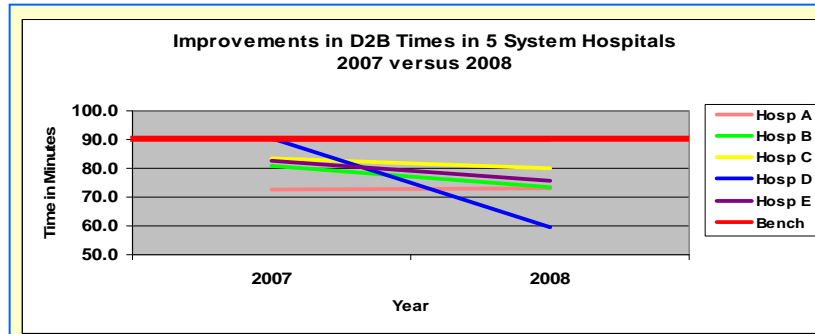
Background

Recent scientific evidence demonstrated the importance of timing between hospital arrival and performance of balloon angioplasty (D2B) in producing good outcomes. The Saint Barnabas Health Care System, the largest in New Jersey, joined the ACC D2B Initiative in December 2006 during Cycle 2 Chest Pain Center accreditation process.

Methods

Systematic PI approach included system-wide, multidisciplinary collaborative teams with common methodology and goals. D2B and Chest Pain Center accreditation processes were used to guide improvements. D2B data in minutes were collected from August 2005 to December 2008 from 5 acute care hospitals. Data from October 2005 to December 2007 was included in the analysis and divided into 3 time segments. Time Segment A: October 2005 to July 2006; Time Segment B: August 2006 to December 2006; Time Segment C: January 2007 to December 2007. Mean D2B times for 2008 were also collected.

Results in Graphs and Tables



Time Segments	Mean D2B (min)	Median	95% C.I.
A: October 2005-July 2006 Benchmark 120 minutes	105	104	99.1-111.6
B: August 2006-December 2006 Benchmark 90 minutes	98	97	89.6-106.4
C: January 2007-December 2007	79.6	79.8	75.0-84.2

Intervention Phase Interventions and processes introduced to produce change

- Rapid triage and EKG within **5 minutes** of arrival
- Activation of Cath Lab by ED physicians using a **single-call system**
- Expectation that the Cath Team is in-house within **30 minutes** of the call
- Measured gaps in timeline and **prompt feedback** to the teams for correction
- Team-based approach** from ambulance to balloon to promote CQI
- Employed system-wide **collaborative** to share best practice

Results

442 patients who underwent percutaneous coronary intervention (PCI) from October 2005 to December 2007 at 5 acute care hospitals were included in the analysis of D2B times. Time segment A and B were separated by a change in the guidelines from 120 to 90 minutes. Systematic intervention started at the end of segment B. The mean D2B times are noted on Table 2. The D2B times were significantly lower during Segment C compared to Segment A or B ($p < 0.001$). There was no significant difference between Segment A or B. D2B continued to improve in 2008 for 171 patients with mean times of 74 minutes, median 73 minutes.

Conclusion

The introduction of systematic performance improvement processes that are evidence-based in the setting of multidisciplinary collaboration result in significant improvement of door-to-balloon times in multiple hospitals across a large healthcare system.