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LHA Research and Education Foundation Quality Improvement Initiative
Surpasses National Patient Safety Goals, Saves Over $335 Million

Baton Rouge, La. (January 12, 2015) - The Louisiana Hospital Association Research and Education Foundation Hospital Engagement Network (LHAREF HEN) improved care for over 48,000 Louisiana patients and saved an estimated $335 million in healthcare costs from 2012-2014 as part of the Centers for Medicare and Medicaid Services (CMS) Partnership for Patients initiative.

CMS established the federal Partnership for Patients initiative in early 2012 with the goals of reducing avoidable patient harm by 40 percent in ten discrete areas and reducing hospital readmissions by 20 percent. Hospitals in Louisiana that participated in the LHAREF HEN achieved greater than a 40 percent decrease in avoidable harm in the ten areas and reduced hospital readmissions by 35 percent, according to preliminary results.

The LHAREF was able to provide training and resources to help hospitals achieve these quality improvement goals under a subcontract with the American Hospital Association Health Research & Educational Trust (HRET) in coordination with the federal initiative.

“The LHAREF HEN hospitals finished in the top tier among hospitals nationwide,” said LHA President and CEO Paul Salles. “The hard work and commitment to improving patient care shown by our hospitals is a wonderful testimony to what can be accomplished with a focused, targeted effort and dedicated hospital leadership. The LHAREF is proud to have had a leadership role in making the most comprehensive quality improvement project in our nation’s history an absolute success in Louisiana.”

The reductions in avoidable harm in ten areas for participating LHAREF HEN hospitals as of December 2014, according to preliminary results, include:

- 94 percent reduction in early elective deliveries (non-medically necessary deliveries prior to 39 weeks);
- 75 percent reduction in birth trauma that would have resulted in an injury to a neonate;
- 74 percent reduction in potentially preventable venous thromboembolism (blood clots in an extremity);
- 71 percent reduction in central line-associated blood stream infections in intensive care units;
- 69 percent reduction in pressure ulcers;
- 62 percent reduction in catheter-associated urinary tract infections;
- 53 percent reduction in possible/probable ventilator-associated pneumonia;
- 51 percent reduction in excessive anticoagulation (blood thinning) with warfarin in monitored inpatients;
- 47 percent reduction in falls with injury; and
- 46 percent reduction in surgical-site infection rate (within 30 days after procedure).
“Improving patient care is a top priority for our hospitals,” said LHA Vice President Ken Alexander. “Hospital leadership and staff are focused on delivering better, safer care for patients every day. The LHA Board of Trustees and staff are committed to supporting future quality-improvement initiatives similar to the LHAREF HEN.”

In addition to the LHAREF HEN, the LHA has member hospitals that worked with four other contracted HENs in Louisiana to improve patient safety.

**About the Louisiana Hospital Association and LHA Research and Education Foundation**

Established in 1926, the LHA is a non-profit organization representing hospitals and healthcare provider groups across the state. The mission of the LHA is to support its members through advocacy, education and services. For more information, visit the LHA website at [www.lhaonline.org](http://www.lhaonline.org), or follow us on Facebook at [www.facebook.com/LAHospitals](http://www.facebook.com/LAHospitals) or on Twitter @LAHospitals.

In 1966, the LHA Research & Education Foundation, a 501(c)(3) organization, was created for education and research purposes, which has allowed Louisiana hospitals, both members and non-members, to gain access to additional expertise and resources through government grant activities and contracts focused on emergency preparedness, technology and quality improvement initiatives.

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Note: List of participating LHAREF HEN hospitals and glossary terms are attached.
List of LHAREF HEN Participants:
1. Abbeville General Hospital
2. Abrom Kaplan Memorial Hospital
3. Acadiana-St. Landry Hospital (Church Point)
4. Allen Parish Hospital (Kinder)
5. Acadia General Hospital (Crowley, formerly American Legion Hospital)
6. AMG Specialty Hospital - Denham Springs
7. AMG Specialty Hospital - Feliciana
8. Assumption Community Hospital (Napoleonville)
9. Avoyelles Hospital (Marksville)
10. Baton Rouge Rehabilitation Hospital
11. Bienville Medical Center (Arcadia)
12. Bunkie General Hospital
13. Byrd Regional Hospital (Leesville)
14. Central Louisiana Surgical Hospital (Alexandria)
15. CHRISTUS Coushatta Health Care Center
16. CHRISTUS Highland Medical Center (Shreveport)
17. CHRISTUS Schumpert Medical Center (Shreveport)
18. CHRISTUS St. Frances Cabrini Hospital (Alexandria)
19. CHRISTUS St. Patrick Hospital of Lake Charles
20. Citizens Medical Center (Columbia)
21. Cypress Pointe Surgical Hospital (Hammond)
22. Dauterive Hospital (New Iberia)
23. DeSoto Regional Health System (Mansfield)
24. Doctor’s Hospital at Deer Creek (Leesville)
25. East Jefferson General Hospital (Metairie)
26. Franklin Foundation Hospital
27. Franklin Medical Center (Winsboro)
28. Hardtner Medical Center (Olla)
29. Homer Memorial Hospital
30. Hood Memorial Hospital (Amite)
31. IASIS Glenwood Regional Medical Center (West Monroe)
32. Iberia Medical Center (New Iberia)
33. Iberia Rehabilitation Hospital (New Iberia)
34. Jackson Parish Hospital (Jonesboro)
35. Lady of the Sea General Hospital (Cut Off)
36. Lafayette General Medical Center
37. Lakeview Regional Medical Center (Covington)
38. Lane Regional Medical Center (Zachary)
39. Leonard J Chabert Medical Center (Houma)
40. Louisiana Continuing Care Hospital (Marrero)
41. Louisiana Medical Center & Heart Hospital (Lafayette, formerly American Legion Hospital)
42. Monroe Surgical Hospital
43. Morehouse General Hospital (Bastrop)
44. Natchitoches Regional Medical Center
45. NeuroMedical Center Rehabilitation Hospital, The (Baton Rouge)
46. Oakdale Community Hospital
47. Ochsner Baptist Medical Center (New Orleans)
48. Ochsner Medical Center (New Orleans)
49. Ochsner Medical Center-Baton Rouge
50. Ochsner Medical Center-Kenner
51. Ochsner Medical Center-North Shore
52. Ochsner Medical Center-West Bank
53. Ochsner-St. Anne General Hospital (Raceland)
54. Opeulouas General Health System
55. P & S Surgical Hospital (Monroe)
56. Park Place Surgical Hospital (Lafayette)
57. Pointe Coupee General Hospital (New Roads)
58. Promise Hospital Baton Rouge
59. Promise Hospital of Baton Rouge, Inc. (MidCity Campus)
60. Promise Hospital of Baton Rouge, Inc. (Ochsner Campus)
61. Promise Hospital of Miss-Lou (Vidalia)
62. Rapides Regional Medical Center (Alexandria)
63. Regional Medical Center of Acadiana, The (Lafayette)
64. Richardson Medical Center (Rayville)
65. Richland Parish Hospital - Delhi
66. River Oaks Hospital (New Orleans)
67. Riverland Medical Center (Ferriday)
68. Riverside Hospital of Louisiana, Inc. (Alexandria)
69. Riverside Medical Center (Franklinton)
70. Slidell Memorial Hospital
71. Springhill Medical Center
72. St. Helena Parish Hospital (Greensburg)
73. St. James Parish Hospital (Lutcher)
74. St. Martin Hospital (Breaux Bridge)
75. Terrebonne General Medical Center (Houma)
76. Thibodaux Regional Medical Center
77. Touro Infirmary (New Orleans)
78. Tulane - Lakeside Hospital (Metairie)
79. Tulane Medical Center (New Orleans)
80. Union General Hospital (Farmerville)
81. United Medical Healthwest - New Orleans, LLC
82. United Medical Rehabilitation Hospital
83. West Feliciana Parish Hospital (Hammond)
84. West Jefferson Medical Center (Baton Rouge)
85. Winn Parish Medical Center (West Monroe)
86. Woman’s Hospital (Baton Rouge)
87. Women’s & Children’s Hospital, a Campus of The Regional Med Center of Acadiana (Lafayette)
Glossary of Technical Terms

- **Adverse Drug Events (ADE):** Medications are the most common intervention in healthcare and are also most commonly associated with adverse events in hospitalized patients. Older hospitalized patients are at higher risk of adverse drug events, in part due to their increased use of medications and co-morbid conditions, such as kidney and liver disease. An increase in the number of medications increases the likelihood of drug-drug and drug-disease interactions. Serious adverse events appear to be caused by a relatively small number of medications. The Institute of Medication Practice has identified a number of medications that they consider to be “high-alert medications.” These are defined by The Joint Commission as those medications that are more likely to be associated with harm than other medications, including anticoagulants, narcotics, sedatives and insulin. (Source: American Hospital Association’s Health Research and Education Trust). The data reported for the LHAREF HEN is a reduction in excessive anticoagulation (blood thinning) with warfarin in monitored inpatients.

- **Catheter-Associated Urinary Tract Infections (CAUTI):** A catheter-associated urinary tract infection occurs when organisms enter the urinary tract through a foley catheter and cause infection. CAUTIs are the most common type of healthcare-associated infection in U.S. hospitals. (Source: AHA HRET)

- **Central Line Associated Blood Stream Infections (CLABSI):** CLABSI occur when bacteria or viruses enter the bloodstream through a central line (also called central catheters), causing infection. (Source: AHA HRET, CDC)

- **Early Elective Deliveries:** Induction of labor prior to 39 weeks gestation without a medical indication is a practice that has been linked to numerous poor outcomes for both newborns and mothers, including increased cesarean rates, issues with fetal brain development, neonatal breathing and feeding problems and increased neonatal intensive-care unit (NICU) admissions. (Source: AHA HRET)

- **Injuries from Falls and Immobility:** In hospitals and other healthcare facilities, patient and family falls are among the most frequently reported incidents. Falls can sometimes lead to severe injuries, such as hip fractures and head trauma. Immobility is a decrease in the amount of time spent up and moving (getting out of the bed or chair and walking, for example). Immobility causes loss of muscle strength along with changes in the cardiac response to exercise. Immobility in the hospital increases the chances of delirium, pressure ulcers, venous thromboembolism (blood clots), falls and functional decline. Functional decline is the loss of the ability to perform activities that ensure a person’s independence, such as walking and dressing. Functional decline leads to increased lengths of hospitalization and readmission. (Source: AHA HRET)

- **Obstetrical Adverse Events:** A perinatal event involves an adverse outcome occurring to the mother, fetus(es) or newborn(s) during the perinatal period and involves either the birthing process or an intrauterine procedure. The data reported for the LHAREF HEN is a reduction in birth trauma that would have caused injury to a newborn. This measure is an Agency for Healthcare Research and Quality (AHRQ) patient safety indicator intended to flag preventable complications of full-term deliveries and captures how often a newborn infant (neonate) experiences a problem during the birth process, such as a broken collarbone, an infection or a head injury. The measure excludes preterm deliveries since birth trauma for these patients may be less preventable than for full-term infants. (Source: AHRQ Quality Indicators)

- **Pressure Ulcers:** A pressure ulcer is an area of skin that breaks down when something keeps rubbing or pressing against the skin. Hospital-acquired pressure ulcers reduce overall quality of life due to pain, treatments and increased length of institutional stay, and may also contribute to premature mortality in some patients. (Source: Medline Plus, a service of the U.S. National Library of Medicine)
Readmissions: A readmission is when a patient is hospitalized within a specific timeframe of an initial hospital stay. A 2009 study published in the New England Journal of Medicine demonstrated that almost one-fifth (19.6 percent) of Medicare patients were readmitted to the hospital within 30 days of discharge, and 34 percent were readmitted within 90 days. This research estimated that only 10 percent of these readmissions were planned and that the annual cost to Medicare alone of unplanned hospital readmissions exceeds $17 billion. While readmissions are the result of a variety of factors, the lack of care coordination and effective transitions of care are important contributors. The LHAREF HEN is reporting on 30 day, all cause readmissions. (Source: AHA HRET)

Surgical-Site Infection: A surgical-site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Surgical-site infections can sometimes be superficial infections involving the skin only. Other surgical site infections are more serious and can involve tissues under the skin, organs or implanted material. (Source: CDC)

Venous Thromboembolism (VTE): Deep venous thrombosis is a blood clot that forms in a vein deep inside a part of the body. It mainly affects the large veins in the lower leg and thigh. (Source: Medline Plus, a service of the U.S. National Library of Medicine)

Ventilator-Associated Pneumonia (VAP): Ventilator-associated pneumonia is a lung infection that develops in a person who is on a ventilator. A ventilator is a machine that is used to help a patient breathe by giving oxygen through a tube placed in a patient’s mouth or nose, or through a hole in the front of the neck. An infection may occur if germs enter through the tube and get into the patient’s lungs. (Source CDC)