

Our Trauma Journey- *the positive unaccepted consequence of change*

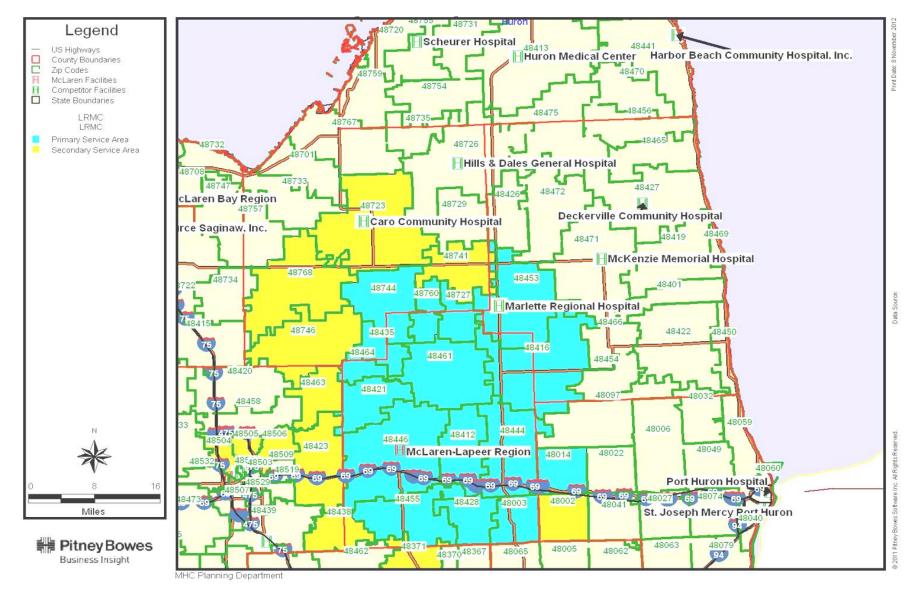


February 14, 2017 Bart Buxton, EdD President and CEO





The Lapeer Market









Growth

Inpatient % Change 2010 - 2013

◆ Change in McLaren Volumes

Change in Market Volumes

McLaren





Volume Change





What started off as a simple strategic initiative, changed the culture, the fabric and the delivery of care of the institution.





Access Changed



 EMS Integration, Enhanced Protocols, Teaching. Quality, Response







Services Lines expanded offerings

Physicians Services

- General Surgery
- Orthopedics
- Neurosurgery
- Radiology
 - Interventional Radiology
- Critical Care
- Nephrology
- Thoracic Surgery
- Physiatry

Hospital Services

- Operating Room
- Emergency Room
- PT/OT/Speech Therapy
- Diagnostic Imaging
- ICU/PCU
- Wound Care
- Women's Health
- Behavioral Health
- Transitional Care



Improved Physician Communication









water water



Community Perception changed

















Michigan Trauma Quality Improvement Program (MTQIP)

407 30 8 20 10-O **Trauma Center**

ISS > 25 Mortality





Low Molecular Weight Heparin Usage 2016 Project Improvement Plan



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MICHIGAN HMS VTE CONSORTIUM Accolades for Success



Reducing Pharmacological Prophylaxis in Low Risk Population McLaren Lapeer Region



McLaren

KEYSTONE- CUSP 4 MVP-VAP

• Effects of the Implementation of endOclear®

| | Ventilator Days |
|------|------------------------------|
| | Patient Days (ICU) |
| | ICU ALOS (Vented) |
| | ICU Patients (all) |
| | ICU ALOS (all) |
| | CMI |
| | Patients (vented) |
| | Ventilator Utilization Ratio |
| | VAP Rate |
| | VAE Rate |
| | Ventiltator Days per Case |
| D | irect Cost per Case (Vented) |
| Hosp | oital ALOS (Vented Patients) |
| | Trachs |

| Direct Cost Per Vented Case |
|-----------------------------|
| No. of Vented Patients |

Reduced ICU LOS







BCBSM P4P Program

• Achievement of 100 points for the BCBSM P4P Program with the following Collaborative Quality Initiatives (COIs): MVC, MSQC, MARCQI, VTE/PICC, Sepsis, and CAUTI. MTQIP achieved 96%. This includes timely data abstraction, quality audit of our abstraction, attendance at off-site meetings with physician champion and quality staff, coordinating meetings at the hospital, projects, etc.

Mcl aren

• Achieved a BCBSM score of 4.55% out of 5%

MICHIGAN HMS PICC CONSORTIUM

Actions Taken for Improvement

Updated the order set to mimic The Michigan Appropriateness Guide for Intravenous Catheters (MAGIC) criteria

Increased use of Midlines

Reduced PICC catheter size lumen and gauge to decrease complications

Follow up and review when complications arise



KEYSTONE CAUTI



AHRQ PATIENT SAFETY INDICATORS



Teamwork







