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**SCIENTIFIC SYMPOSIUM HIGHLIGHTS EFFORTS TO REDUCE SEPSIS MORTALITY,  
HOSPITAL-ACQUIRED CONDITIONS AND HOSPITAL READMISSIONS, AS WELL AS NEW  
APPROACHES TO POPULATION HEALTH**

*The 19<sup>th</sup> Annual Scientific Symposium on Improving the Quality and Value of Health Care held in  
conjunction with the Institute for Healthcare Improvement's National Forum*

**Cambridge, MA and Orlando, FL – December 9, 2013** – The need for evaluation and measurement regarding the effectiveness and impact of quality improvement work on a wide range of US health care issues was center stage today at the [19th Annual Scientific Symposium on Improving the Quality and Value of Health Care](#), attended by more than 300 health care professionals. Hosted by IHI as part of the [25<sup>th</sup> annual National Forum](#), presentations and research posters described results and learning from quality initiatives across a wide range of topics – including new approaches for disclosing adverse events to patients, the value of shared medical appointments, a statewide initiative to bring down the number of elective births before 39 weeks, the growing role of patient family advisors, and much more.

“As health care accelerates towards paying for what is valued by the public and patients, the improvement world also needs to demonstrate concrete and measurable value,” stated Gareth Parry, PhD, Senior Scientist at IHI. “The work, ideas and approaches shared at the Scientific Symposium today provide many practical examples of where we need to be heading.”

Quality improvement results highlighted today at the Scientific Symposium include:

- At Cincinnati Children's Hospital Medical Center, efforts to improve the discharge process for pediatric patients resulted in an increase from 42% to 80% leaving the hospital within two hours of meeting medical goals. (Presented by Angela Statile, Cincinnati Children's Hospital Medical Center: “Using Quality Improvement to Optimize Pediatric Discharge Efficiency”)
- Quality improvement interventions applied during transitions of care within three cross-setting communities spanning hospitals, physician practices, skilled nursing and home health care providers, facilitated by IPRO, the New York Medicare Quality Improvement Organization, led to a 20.8% relative reduction in 30-day all cause readmissions in Medicare Fee For Service (FFS) beneficiaries. (Presented by Anne Myrka, IPRO: “Reducing Hospital Readmissions through Cross-Setting Community Coalitions”)
- Following the implementation of an organization-wide interdisciplinary protocol for identifying and treating sepsis in the emergency department, in-hospital sepsis mortality rates at Thomas Jefferson University Hospital declined from 24.9% to 16.23%. (Presented by Glenn Oettinger and David Oxman, Thomas Jefferson University Hospital: “An Institution-Wide Interdisciplinary Protocol for

## Improving the Recognition and Treatment of Sepsis in Patients Presenting in the Emergency Department”)

- At Penn State Milton S. Hershey Medical Center, the sepsis mortality rate declined 45% over a three year period – with average hospital stays for sepsis patients decreasing from 13.5 days to 10.9 days – following the implementation of a sepsis bundle through the EMR and an interprofessional sepsis education program. (Presented by Christopher DeFlicht, Penn State Milton S. Hershey Medical Center: “Sustained Focus, Education, and Early Identification via the EMR Improved Sepsis Mortality and Outcomes”)
- A survey of 67 surgeons across three VA hospitals examined their attitudes around disclosure of adverse events to patients and their actual disclosures, and found that surgeons who reported positive attitudes at the outset of the research were more likely to disclose adverse events using more elements of appropriate disclosure in later events. (Presented by A. Rani Elwy, Edith Nourse Rogers Memorial Veterans Hospital, Bedford, MA: “Using Mixed Methods to Examine Surgeons’ Disclosures of Adverse Events: Development of a Scale and Suggestions for Future DA&O Programs”)
- At the White River Junction VA Medical Center, the implementation of shared medical appointments among diabetic patients led to a decrease in their average Hemoglobin A1c, as well as sustained diabetic control. (Presented by Alexandra Grossman, VA Quality Scholars, White River Junction VA Medical Center: “Instituting Shared Medical Appointments for Diabetes Management at the White River Junction VA Medical Center”)
- In Louisiana, a state-wide collaborative effort to develop improvement expertise in 26 of the 53 OB hospitals led to significant reductions in nonmedically indicated deliveries prior to 39 weeks. (Presented by Peter Cherouny, University of Vermont and IHI: “Louisiana Large Scale Initiative: Focus on the Elimination of Early Elective Delivery to Drive Change and Improvement”)

A panel discussion during the Symposium also shed light on how improvement research might better capture the concerns, priorities, and know-how of patients and families, especially those who engage with the health care system frequently due to chronic disease. Influence over the research agenda is just a starting point, panelists said, adding that it’s also important to consider what questions are built into improvement inquiries and how studies are designed.

Dr. Carolyn Clancy brought today’s symposium to a close. The former director of the Agency for Healthcare Research and Quality (AHRQ) and now Assistant Deputy Under Secretary for Health, Quality, Safety and Value at the Veterans Health Administration, stated: “Improvement science is a team sport, requiring dynamic partnerships between scientists, frontline workers and patients.”

For complete abstracts, interview requests or to connect with the selected authors/presenters outlined here, please contact Sandy George, [sandy@cxocommunication.com](mailto:sandy@cxocommunication.com).

### **About The Institute for Healthcare Improvement**

IHI is a leading innovator in health and health care improvement worldwide. For more than 25 years, we have partnered with an ever-growing community of visionaries, leaders, and front-line practitioners around the globe to spark bold, inventive ways to improve the health of individuals and populations. Together, we build the will for change, seek out innovative models of care, and spread proven best practices. When it comes to raising the quality of health for all, IHI sees boundless possibilities and while we see the walls in front of us, we will not rest until we reach the other side. Learn more at [ihi.org](http://ihi.org).