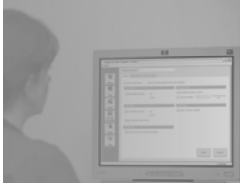

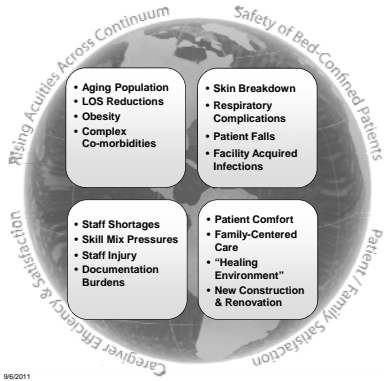


Using People, Process and Technology to Enhance Outcomes for Patients and Their Caregivers

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VP & Chief Clinical Officer, Hill-Rom

Trends Driving Our Industry



We need to enable

- More effective care
- Safer care
- More satisfied patients, families and caregivers

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The discrepancy between the **current state** and the **desired outcome** of efficiency and safety initiatives is often due to existing **gaps: Action is required to close those gaps.**

Policy	←→	Execution
Knowing	←→	Doing
Data	←→	Action
Initial Gain	←→	Sustained Improvement
Technology Implementation	←→	Technology Value
Improved Clinical Outcomes	←→	ROI
Local Change	←→	System Transformation

Understand Your Needs - Experience Your World - Accelerate Positive Change
Sustain Improvement - Fuel Continuous Improvement and Spread

WASHINGTON, Aug. 18, 2007 In a significant policy change, Bush administration officials say that Medicare will no longer pay the extra costs of treating preventable errors, injuries and infections that occur in hospitals, a move they say could save lives and millions of dollars.

- *The New York Times*: "Medicare Says it Won't Cover Hospital Errors", 8/19/07 (front page) Retrieved from web site:
- http://www.nytimes.com/2007/08/19/washington/19hospital.html?_r=1&adxnnl=1&oref=slogin&adxnnlx=1187969852-kf4xVF6uC3VYX0DPof3LvA

- **Among the conditions that are affected:**
 - Pressure ulcers
 - Injuries caused by falls
 - Infections resulting from the prolonged use of catheters in blood vessels or the bladder
 - Foreign objects retained after surgery
 - Blood incompatibility
 - Surgical site infection after CABG
- **The New York Times: "Medicare Says it Won't Cover Hospital Errors", 8/19/07 (front page) Retrieved from web site:**
http://www.nytimes.com/2007/08/19/washington/19hospital.html?_r=1&adxnnl=1&oref=slogin&adxnnlx=1187969852-4f4xVF6uC3VYX0DPof3LVA

People + Process + Technology = Enhanced Outcomes

Deep insight into patient safety with actionable reporting and analysis

Expert Account, Clinical and Technical Teams	Safe Skin Assessment Tools	Excellence in Pressure Redistribution	Excellence in Testing
Prevalence Assessment (Data Collection / Analysis)	Protocol Development	Excellence in Microclimate Management	Global Research & Development Team
Education	In depth Program Analysis, Development, Execution and Monitoring	Excellence in Shear & Friction Reduction	

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Imagine a World with No Falls

The data are staggering.....

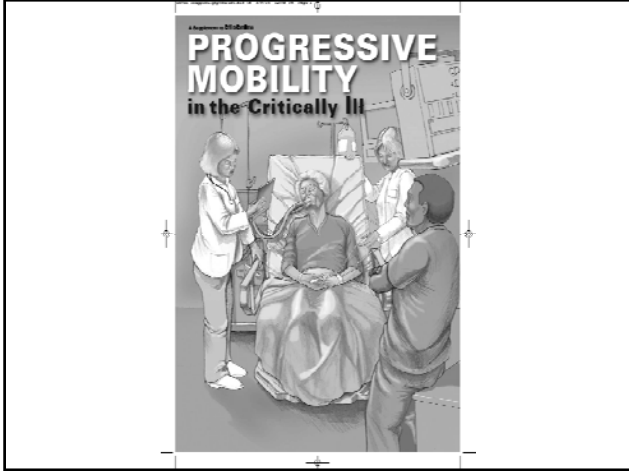
- Each year, over **1 million patients fall** in US acute care facilities – avg. fall rate of 3.73 / 1000 patient days
- Moderate to severe falls in hospitals cost an estimated **\$6 billion annually** and over **\$1 million per hospital**
- Medicare patients who fall represent approximately **\$2.5 billion annually** in reimbursement

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Partnering for Safe Skin

People	Processes	Technology	Safe Skin
<ul style="list-style-type: none"> • 300 dedicated clinicians on staff • Wound specialists on staff • Access to industry wound experts 	<ul style="list-style-type: none"> • Wound Education • Wound Protocols • Protocol Analysis • Compliance tracking • IPUP 	<ul style="list-style-type: none"> • Beds, stretchers, and surfaces facilitate the prevention and treatment of wounds • Furniture facilitates mobility and encourage family advocacy • Full range of capital and rental offerings to match financial goals 	

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Definition & Scope

Progression

- Moving forward or onward
- A continuous & connected series

Mobility

- Capable of moving or being moved

Progressive Mobility

- Planned movement in a sequential manner beginning at a patients current mobility status

96 Vollman K. Effect of Mobilization on Clinical and Functional Outcomes of Critically Ill Patients. Presented National Teaching Institute & Critical Care Exposition, New Orleans, May 20, 2009.

IHI Ventilator Bundle Elements

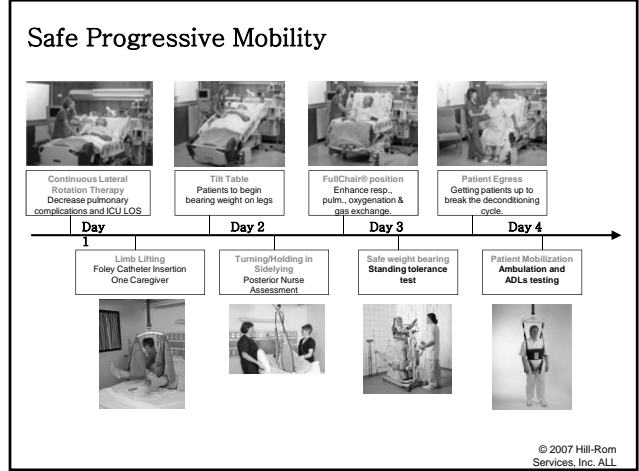
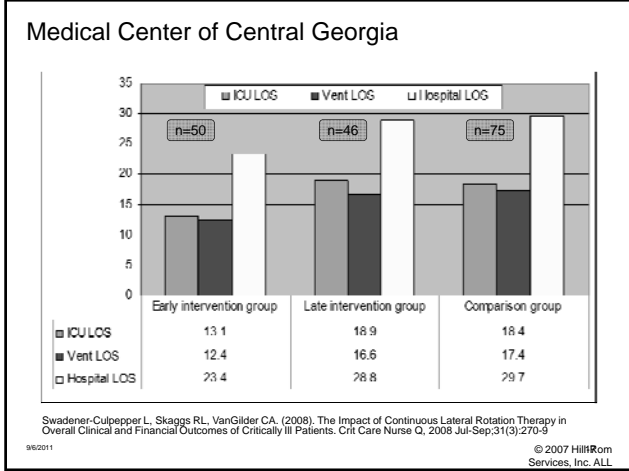
- Elevation of the head of the bed to between 30 and 45 degrees
- Daily awakening: “sedation interruption”
- Daily assessment of readiness for weaning
- DVT prophylaxis (unless contraindicated)
- PUP—Peptic ulcer prevention

Professional opinion regarding turning

➤ electronic mail survey (72 respondents)

Question	Yes, % (n)	No, % (n)	No Response, % (n)
Do you agree that the standard of care is to turn immobile patients approximately every 2 hrs?	83 (60)	17 (12)	0
Do you agree that turning immobile ICU patients every 2 hrs may reduce the risk for complications (DVT, pressure sores, atelectasis)?	90 (65)	8 (6)	1 (1)
Do you believe that patients in your ICU are receiving this turning care >50% of the time?	57 (41)	42 (30)	1 (1)

Krishnagopalan, S., William Johnson, E., Low, L., (2002). Body positioning of intensive care patients: Clinical practice versus standards, Crit Care Medicine, 30:2588-2592



Dramatic Clinical Results

- 2004 - 2007 Ascension Health Results
- Pressure Ulcer Rates down 93% vs. Estimated National Rate¹
- Patient Falls Rates down 86% vs. Estimated National Rate¹
- Ascension Health quantified a statistically significant correlation between the implementation of new Hill-Rom technologies in conjunction with the Ascension Health program to reduce preventable injuries and the sustained reduction in pressure ulcers, patient falls with serious injury and ventilator-associated pneumonia.
- Hill-Rom clinical consultants supported consistent use of bed features in conjunction with Ascension Health's implementation of programs, bundles and toolkits across their system of Health Ministries aimed at eliminating pressure ulcers, falls, and ventilator-associated pneumonias.

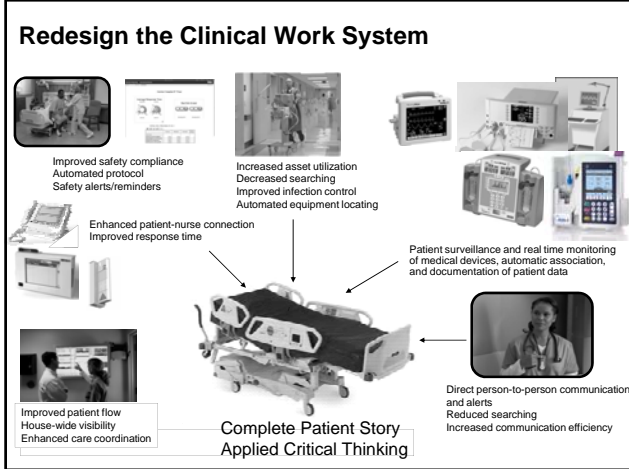
Collaborative Partnership
People. Process. Technology.

¹ 2007 Ascension Health Annual Report

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Return Caregivers to the Bedside

- Nurse Communication Systems
- Patient Flow Systems
- Asset Management Systems
- Eliminate Redundant Documentation



Using Technology to Save Caregiver Miles and Non-Caregiving Minutes Per Shift

•Returning the Caregiver to the Patient for more time to deliver direct care

SOLUTION	RESULT	CAREGIVER TIME RETURNED PER SHIFT
Decentralized NurseCall	2 Miles less per shift walking vs. national average of 5	20 minutes
Wireless Communication	Rapid communication between staff members & these patients	30-50 minutes
Asset Management & Tracking	Eliminate Hunting & Gathering of Mobile Equipment & Supplies	30-90 minutes
Enterprise Patient Flow	Seamless Coordination of Patient & Staff from Admission Through Discharge	20-40 minutes
Total Value Delivered	Substantially improved Patient & Caregiver Satisfaction	1.3 to 3.3 Hours Per 10 Hour Shift

