

No.	Goal/Overarching Strategy/Objective/Strategy/Tactic	Assigned	Due	Baseline	Target
37	STRATEGY: Ongoing evaluation of our patient population and areas of risk to identify innovative approaches for achieving and maintaining top-decile performance in reported quality measures				
38	Decrease severe sepsis & septic shock mortality rate		12/31/2012	36%	30%
39	Implement early identification of severe sepsis & septic shock	LaForgia	6/1/2012		
40	Create an early identification system	LaForgia	6/1/2012		
41	Create an E.D. universal application of the screening tool on all adult patients	LaForgia	6/1/2012		
42	Create an E.D. mandatory model in EDIMS	LaForgia	6/1/2012		
43	Complete E.D. early warning system upon transfer to floor	LaForgia	6/1/2012		
44	Educate MDs, NPs, residents, and hospitalists on screening tool	LaForgia	6/1/2012		
45	Utilize tool during admission process	LaForgia	6/1/2012		
46	Add screening protocol to the physician H&P – CC protocol	LaForgia	6/1/2012		
47	Decrease cardiac cath w/o AMI ALOS DRG 287	Abed	12/31/2012	3.13	1.70
48	Decrease circulatory w/o AMI ALOS DRG 287 (Delete)	Abed	12/31/2012	3.13	2.40
49	Implement cardiac cath/circulatory ALOS plan	Abed	6/1/2012		
50	Conduct multidisciplinary rounds	Abed	6/1/2012		
51	Provide dedicated MD or NP to coordinate care management	Abed	6/1/2012		
52	Create timely communication between consultant, attending, surgeon, and interventionalist	Abed	6/1/2012		
53	Provide feedback to MD with highest LOS using Crimson report	Lester	6/1/2012		
54	Decrease Primary C-section Rate	Bimonte	12/31/2012	32%	27.5%
55	Implement C-section plan	Bimonte	3/31/2012		
56	Provide peer review for all C-section cases	Bimonte	1/30/2012		
57	Conduct analysis of C-section cases and identify root causes	Lester	1/30/2012		
58	Develop action plan based on root cause findings	Lester	2/28/2012		
59	Implement action plan and control plan	Lester	3/31/2012		
60	Eliminate all elective deliveries before 39 weeks	Bimonte	3/31/2012		
61	Continue elective induction bundles	Bimonte	3/31/2012		
62	Continue elective C-section bundles	Bimonte	3/31/2012		
63	Implement baby-friendly breastfeeding plan	Bimonte	3/31/2012		
64	Develop baby-friendly breastfeeding policy	Bimonte	3/31/2012		
65	Disseminate baby-friendly breastfeeding information to physician offices and hospital staff	Bimonte	3/31/2012		
66	Educate on skin-to-skin at birth	Bimonte	3/31/2012		
67	Provide lactation consultants to support patients and staff	Bimonte	3/31/2012		
68	Provide discharge planning and follow up	Bimonte	3/31/2012		

69	Decrease CHF 30-day readmission rate	Baillie	12/31/2012	22%	17%
70	Decrease AMI 30-day readmission rate	Baillie	12/31/2012	16%	13%
71	Decrease Pneumonia 30-day readmission rate	Baillie	12/31/2012	7%	6%
72	Partner with physicians and office managers and volunteers for follow up appointments w	Lester	3/31/2012		
73	Strengthen post-acute care team encouraging: Higher-level practitioners	Baillie	3/31/2012		
74	Strengthen post-acute care team encouraging: Use of early-warning signs and tools	Baillie	3/31/2012		
75	Strengthen post-acute care team encouraging: Use of nurse-to-physician communications	Baillie	3/31/2012		
76	Strengthen post-acute care team encouraging: Explore and engage insurance providers in	Baillie	3/31/2012		
77	Strengthen post-acute care team encouraging: Research use of high-risk for re-admission t	Baillie	3/31/2012		
78	Enhancing teaching process via "Ask Me Three" program (HOLD)	Lopez	3/31/2012		
79	Decrease Behavioral health 30-day readmission rate	Sacco	12/31/2012	7.9%	7.0%
80	Implement behavioral health 30-day readmission plan	Sacco	3/31/2012		
81	Utilize clinical home model to identify frequent users of acute psychiatric care and collabo	Sacco	3/31/2012		
82	Decrease time to first outpatient appointments	Sacco	3/31/2012		
83	Decrease no-shows	Sacco	3/31/2012		
84	Increase treatment retention	Sacco	3/31/2012		
85	Expand shared decisionmaking pilot to include more consumers (DELETE)	Sacco	3/31/2012		
86	Increase HCAHPS pain management score	Ratner	12/31/2012	65.0%	78.0%
87	Implement pain management plan	Ratner	4/30/2012		
88	Continue participation in NDNQI pain prevalence study taking place on 6 West, 6 East, 7 W	Kozzi	1/30/2012		
89	Implement new MAR specific to pain medication administration	Ajose	2/28/2012		
90	Provide education for RNs during competency days	Kozzi	2/28/2012		
91	Provide hospital-wide awareness by acting out difficult pain management scenarios	Kozzi	3/31/2012	Engagement	Council
92	Solidify pain management consultation process with the hospitalist service and educate st	Ratner	4/30/2012		
93	Provide information regarding pain medication scheduling on white boards	Ajose	4/30/2012		
94	Decrease inappropriate use of PICC lines, MRIs and CTs	Garay	12/31/2012	0.0%	20.0%
95	Implement utilization reduction plan	Garay	6/30/2012		
96	Develop plan to reduce inappropriate use of PICC lines	Garay	6/30/2012		
97	Develop plan to reduce inappropriate use of MRIs and CTs	Garay	6/30/2012		