



LOUISIANA HOSPITAL ASSOCIATION

# LONL Update

March 2024

# LHA Initiatives



**1. Protect and improve hospital funding**

**2. Ensure hospitals have the workforce and infrastructure they need to fulfill their missions**

**3. Advance transparency, accountability, and simplification in both commercial and Medicaid health plans**

# Bills of Interest



- HB 329, Myers – (Support) Provides with respect to the Health Care Employment Reinvestment Opportunity (H.E.R.O.) Fund



- HCR 3, McFarland – (Support) Provides for a hospital stabilization formula.



- SB 125, Boudreaux – (Oppose) Requires hospitals to establish a nurse staffing committee to develop and recommend a nurse staffing plan to the hospital governing body.



- HB 80, Echols – (Monitor) Authorizes transportation network companies to provide nonemergency medical transportation services through the state Medicaid program.



# Legislative Update – Task Forces

[SCR 20](#) – Nursing Maternal Mortality and Preterm Births Task Force to identify how to increase the number of practicing certified nurse midwives, how RN and APRNs can contribute to positive outcomes, and address the integration of midwifery services into current healthcare practices.

[HR 71](#) – Subcommittee to study the mental health crisis and resources available to assist individuals with mental health diagnoses in the state.

[SR 84](#) – Year-Round Healthy Child Task Force to study ways to protect and improve the physical and mental health, safety, and well-being of children throughout the entire year.

HCR 83 – [Physician Workforce Study](#) is a statewide workgroup developed within the Louisiana Department of Health to study, identify, and make recommendations to address the shortage of specialist physicians in the state.

# PCAST Report on Patient Safety

**Recommendation 1:** Establish and Maintain Federal Leadership For the Improvement of Patient Safety as a National Priority

**Recommendation 2:** Ensure All Patients Receive Evidence-Based Solution for Preventing Harm and Addressing Risks

**Recommendation 3:** Partner with Patients and Reduce Disparities and Adverse Outcomes

**Recommendation 4:** Accelerate Research and Deployment of Practices, Technologies, and Exemplar Systems of Safe Care



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REPORT TO THE PRESIDENT  
A Transformational Effort on Patient  
Safety

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Executive Office of the President  
President's Council of Advisors on  
Science and Technology

September 2023



# AHA Patient Safety Initiative

- A collaborative, data-driven effort that gives hospitals a strong voice in the national conversation on healthcare safety, centering the views of clinicians, and telling the hospital patient safety story
- Foundational initiatives of focus in 2024:
  - Foster a culture of safety from the board room to the bedside;
  - Identify and address inequities in safety; and
  - Enhance workforce safety.
- Resources include AHA Living Learning Network, a 24/7 online community
- Email [patientsafety@aha.org](mailto:patientsafety@aha.org) or visit [www.aha.org/aha-patient-safety-initiative](http://www.aha.org/aha-patient-safety-initiative) to participate in collaborative with CEO commitment.



# LONL & LSNA Nurses on Boards Survey

## Nurses on Boards

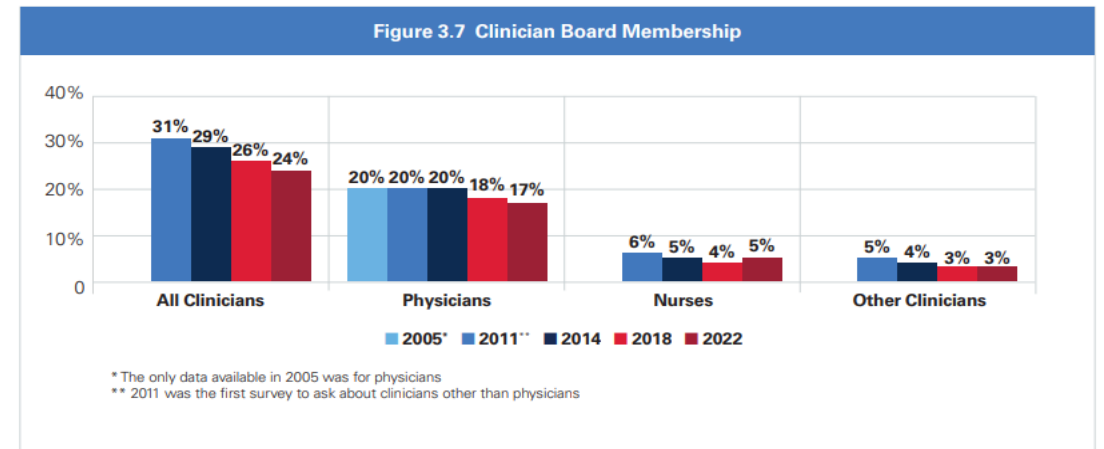
- 22% (2/9) of LSNA Board Members serve on a hospital governing board
- 33% (3/9) of LONL Board Members have a nurse on their hospital/system governing board



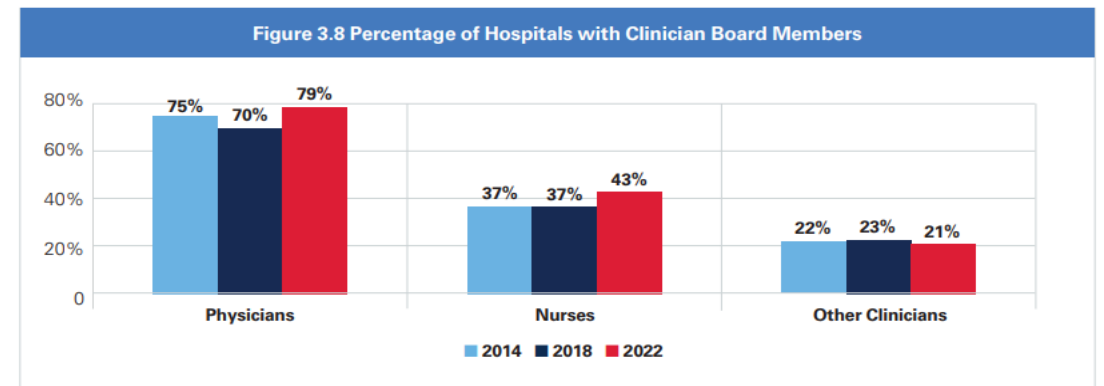
**Spot Light Nurse Leaders on Boards**  
Social media posts will highlight nurses on boards

Future opportunities for webinar and other communication.

## AHA 2022 National Health Care Governance Survey



- A higher percentage of hospitals and systems (79%) reported having at least one physician board member in 2022, compared with 70% in 2018. Similarly, more respondents had at least one nurse on their board (43%), compared to 37% in 2018 (Figure 3.8).



# 2024 Convergence Opportunities

CONVERGENCE  
HEALTH  
NEW QUALITY  
DIRECTOR  
MENTORSHIP  
PROGRAM

CONVERGENCE  
HEALTH CONSULTING

CONVERGENCE HEALTH  
CRITICAL ACCESS  
HOSPITAL QUALITY  
INFRASTRUCTURE  
SERIES

HQ  
IC

CONVERGENCE  
HEALTH CONSULTING

HQIC RELIABILITY  
AND RESILIENCE  
LEARNING  
ACTION SERIES

HQ  
IC

CONVERGENCE  
HEALTH CONSULTING

- March 6-May 15; Wednesdays @ 11:00 am: [New Quality Director Mentorship Program](#)
- April 11; 3:30 pm: SDOH How to Partner with Patients and Families
- April 18-May 23; Thursdays @ 10:00 am: [CAH Quality Infrastructure Series](#)
- April: [Reliability and Resilience in Action Series](#)
- May: Workplace Safety Series
- September: Sepsis Excellence Update Self-Assessment and Guide

For registration information, email Michelle Smith @ [msmith@lhaonline.org](mailto:msmith@lhaonline.org)



# LAPS PSO Communication & Resolution Program CRP Collaborative

Louisiana Alliance for Patient Safety (LAPS) PSO Presents  
2024 Communication & Resolution Program (CRP) Collaborative  
Leadership Fundamentals Retreat



#### CRP FUNDAMENTALS LEADERSHIP RETREAT OVERVIEW

The CRP Fundamentals Leadership Retreat is a full, one-day workshop for leaders of institutions that are poised to adopt the Communication and Resolution Program (CRP) model and looking to build an implementation strategy. CRP is a process that healthcare institutions and practitioners can use to respond in a timely, thorough, and just way when unexpected events cause patient harm. This introduction of fundamentals based on the Michigan Model, CANDOR, and MACRMI processes is intended to assist hospital leadership teams in evaluating their readiness to begin the journey of creating a communication and resolution program. A strong CRP process emphasizes early disclosure of adverse events, provides a structure to activate Just Culture principles to contribute to learning from adverse events, and encourages a proactive method to achieving a fair resolution for the patient/family and involved healthcare providers. The impactful implementation of CRP into organizational culture requires commitment, prioritization, involvement from all, and event analysis for continuous improvement.

#### Learning Objectives

1. Describe the goals and identify the steps of an effective CRP;
2. Understand Apology Law, CRP and CANDOR;
3. Identify important hospital leader stakeholders to develop a program;
4. Make the case for CRP development in their organizations and
5. Describe the approach to determining optimal care following patient harm events.

#### ABOUT THE LAPS PSO CRP COLLABORATIVE

The CRP Collaborative is a project offered to LAPS PSO member hospitals seeking to optimize organizational response to patient harm events with the goals of supporting patients and family in the aftermath of such events, learning from the event to improve the safety of patient care, and providing rapid and effective care for the caregivers (second victims). The intent of the CRP Collaborative is to familiarize hospitals with the early disclosure process, guide hospitals through the various elements of the CRP process, and provide the tools needed for effective implementation and ongoing improvement of a CRP at their facility. This one-day, in-person event will provide foundational information for those interested and will be required for final participation in the ongoing collaborative monthly webinars throughout the year. **Upon completion of the in-person event, facilities wishing to participate in the CRP Collaborative will be required to submit a CEO commitment and appoint implementation team members.**

This one-day conference is intended for the leadership teams of hospitals interested in participating in the CRP Collaborative. The teams should include the CEO, a CNO/Nurse leader, a CMO/Physician Leader, Legal Counsel, and a Risk Manager.

**NOTE: To participate in the CRP Collaborative, leadership team attendance in this in-person retreat is required.**

Individual registration is not available for this event. **Hospital teams with no less than 3 participants (CEO/Admin, Clinical Leadership & Legal/Risk) are required to register.**

Faculty for this series is provided by healthcare industry leaders and subject-matter experts.

**Registration Fee: Complimentary**  
There is no registration fee to participate in this LAPS PSO-sponsored event; however, you must be a LAPS PSO member to continue with the collaborative.

**PSO Protections:** The CRP Collaborative will be supported by the confidentiality protections under the federal Patient Safety and Quality Improvement Act of 2005.



**April 25, 2024: 7:30am – 4:30 pm  
Leadership Fundamentals Retreat**

**Designate a Team:** Each participating hospital will need to designate a multidisciplinary implementation team that should include:

Leadership from C-Suite; Chief Nursing Officer (or designee); Chief Medical Officer (or designee); Risk Manager; Quality/Patient Safety Officer; and hospital legal counsel.



**CEO Commitment Form:** Upon completion of the Leadership Retreat, interested hospitals will need to sign a commitment form and confirm their Implementation Team members. The LHA will provide these materials once finalized.

[Registration Brochure](#)

# Louisiana Healthcare Associated Infections

## CLABSI

↓ 10%  
Lower Compared to Nat'l Baseline

### CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS

When a tube is placed in a large vein and not put in correctly or kept clean, it can become a way for germs to enter the body and cause deadly infections in the blood.

#### KEY DATA POINTS

- ↑ Louisiana ACHs reported a significant decrease in CLABSIs between 2021 and 2022.
- 9% Among the 102 ACHs in Louisiana with enough data to calculate an SIR, 9% had an SIR significantly higher (worse) than 0.90, the value of the national SIR.

Louisiana Data for General Acute Care Hospitals, Year 2022

## CAUTI

↓ 40%  
Lower Compared to Nat'l Baseline

### CATHETER-ASSOCIATED URINARY TRACT INFECTIONS

When a urinary catheter is not put in correctly, not kept clean, or left in a patient for too long, germs can travel through the catheter and infect the bladder and kidneys.

#### KEY DATA POINTS

- Louisiana ACHs reported no significant change in CAUTIs between 2021 and 2022.
- 7% Among the 107 ACHs in Louisiana with enough data to calculate an SIR, 7% had an SIR significantly higher (worse) than 0.60, the value of the national SIR.

Louisiana Data for General Acute Care Hospitals, Year 2022

## MRSA BACTEREMIA

↑ 21%  
Higher Compared to Nat'l Baseline

### LABORATORY IDENTIFIED HOSPITAL-ONSET MRSA BLOODSTREAM INFECTIONS

Methicillin-resistant *Staphylococcus aureus* (MRSA) is bacteria usually spread by contaminated hands. In a healthcare setting, such as a hospital, MRSA can cause serious bloodstream events.

#### KEY DATA POINTS

- ↑ Louisiana ACHs reported a significant decrease in MRSA between 2021 and 2022.
- 16% Among the 102 ACHs in Louisiana with enough data to calculate an SIR, 16% had an SIR significantly higher (worse) than 1.21, the value of the national SIR.

Louisiana Data for General Acute Care Hospitals, Year 2022

## C. DIFFICILE INFECTIONS

↓ 56%  
Lower Compared to Nat'l Baseline

### LABORATORY IDENTIFIED HOSPITAL-ONSET C. DIFFICILE EVENTS

When a person takes antibiotics, good bacteria that protect against infection are destroyed for several months. During this time, patients can get sick from *Clostridioides difficile* (*C. difficile*), bacteria that cause potentially deadly diarrhea, which can be spread in healthcare settings.

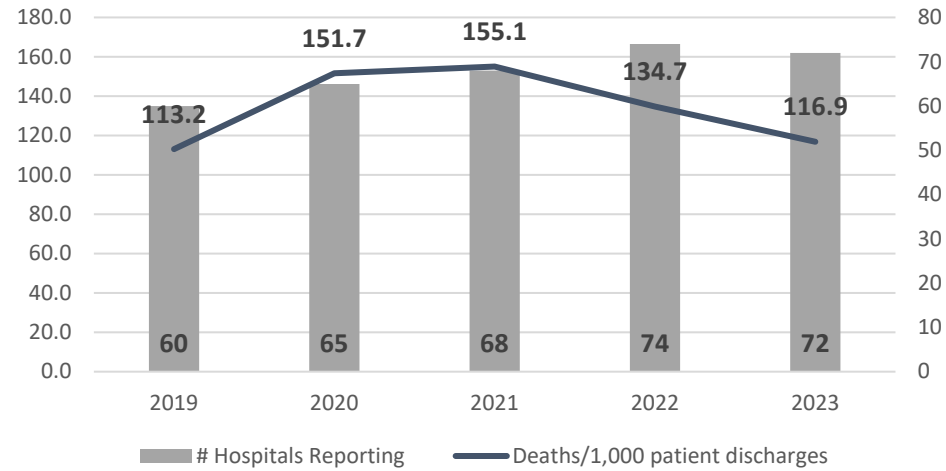
#### KEY DATA POINTS

- Louisiana ACHs reported no significant change in CDIs between 2021 and 2022.
- 6% Among the 103 ACHs in Louisiana with enough data to calculate an SIR, 6% had an SIR significantly higher (worse) than 0.44, the value of the national SIR.

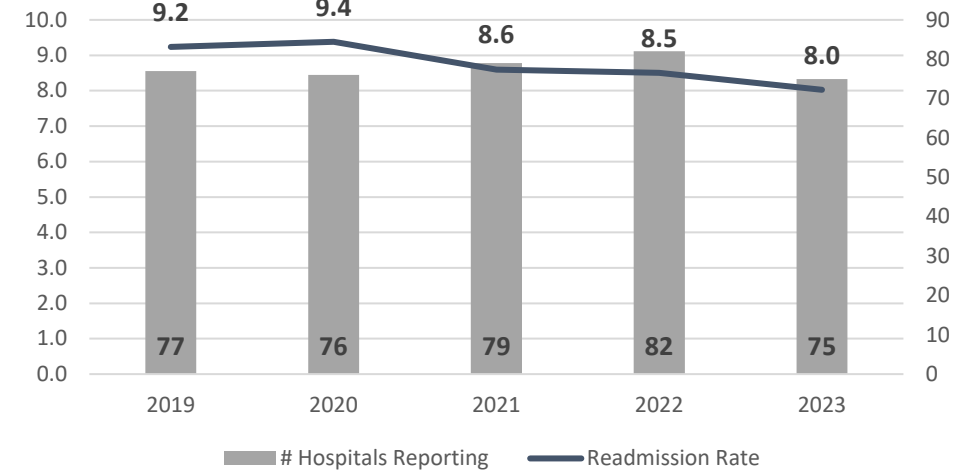
Louisiana Data for General Acute Care Hospitals, Year 2022

# Quality Outcomes

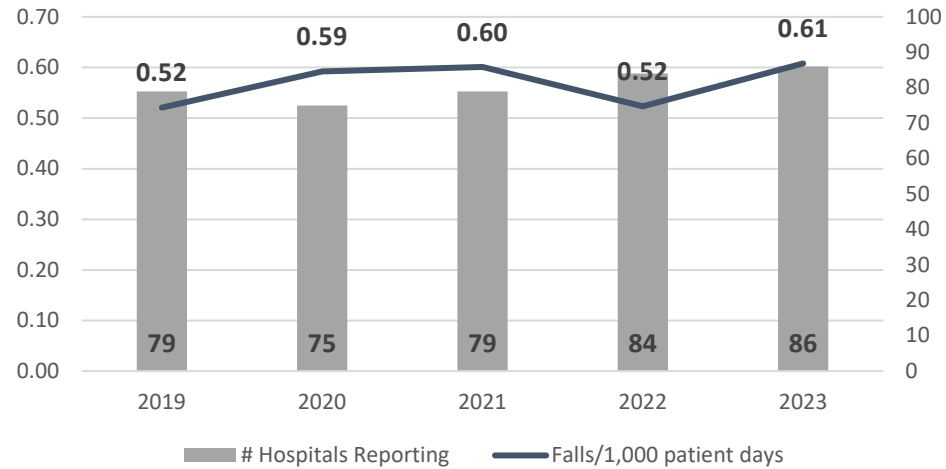
### Sepsis Mortality



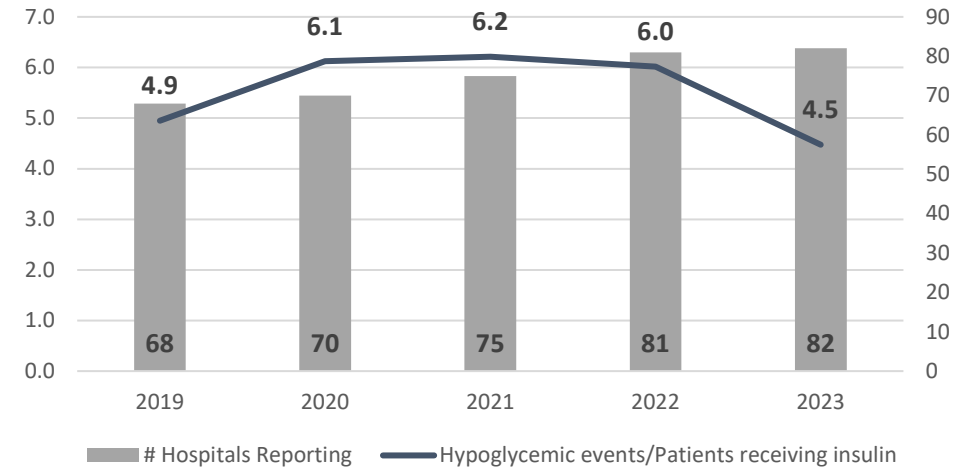
### Readmissions



### Falls with Injury



### Hypoglycemic Events



# Upcoming Opportunities

**April 8-11:** [AONL Conference](#) in New Orleans

**April 10-11:** [CPCS & CPMSM Certification Training](#)

**April 19:** [Simulation Expo](#) at LSU Health Sciences Center New Orleans

**April 30:** [2024 Lean Six Sigma Green Belt Training Cohort](#)

**May 6 Kickoff:** [CIC Prep Collaborative](#)

**July 21-24;** [LHA Annual Meeting & Summer Conference](#) in Perdido Beach, AL

**September 24 & 25:** Certified Health Emergency Professional

**October 21-25:** [Ostomy Management Specialist Course](#)

*Coming Soon:* IP Hot Topics Webinar Series



[See LHA Event Listing & Calendar for more!](#)

# How To Make A Contribution

Contribute online at [HOSPPAC.org](https://HOSPPAC.org).

Submit a contribution form and pay by check or credit card.

- Make checks payable to **HOSPPAC**.
- HOSPPAC runs on a calendar year from January to December.
- Contributions do not automatically renew each year.

HOSPPAC, LHA's PAC, Has A New Look But Same Strong, United Voice!



Scan to Contribute

Political action committee affiliated with the Louisiana Hospital Association. HOSPPAC is comprised of individuals with a strong interest in the betterment of hospitals and health delivery systems in Louisiana. It is not associated with any political party, and participation is voluntary.

**AFFILIATED ORGANIZATIONS & WEBSITES**

- ESF-8 Portal
- Louisiana Alliance for Patient Safety PSO
- LHA Foundation
- HOSPPAC
- LA Credentials
- LHA Management Corporation
- LHA Solutions
- LHA Trust Funds
- Louisiana Hospital Association

**TOPICS**

- About
- Advocacy
- Careers
- COVID-19
- Education
- Emergency Preparedness
- Member Groups
- Key Topics
- Quality & Patient Safety
- Newsroom

# Quality Awards Update

- **Clinical Quality Improvement**

- Hospitals achieving targeted reduction in clinical measures will receive certificates and be recognized in the Quality Update.
- Achieving/Maintaining Zero or Meeting Improvement Targets
- 4% year over year improvement targets except readmissions, which is 2%

- **Drive to Excellence & Engagement Awards**

- Hospitals achieving highest points will receive awards and be recognized in the Quality Update.
- Achievement in metrics and engagement with LHA Programs
- Points for WPV Reporting
- To be awarded at Summer Conference





# Clinical Quality Improvement Awardees

- Abbeville General Hospital
- Beauregard Health System
- Bunkie General Hospital
- Christus St. Frances Cabrini Hospital
- East Jefferson General Hospital
- Glenwood Regional Medical Center
- Hood Memorial Hospital
- Iberia Medical Center
- Lake Charles Memorial Hospital
- Lane Regional Medical Center
- Leonard J. Chabert Medical Center
- Mercy Regional Medical Center
- Natchitoches Regional Medical Center
- New Orleans East Hospital
- North Oaks Health System
- Ochsner Acadia General Hospital
- Ochsner Baptist
- Ochsner Medical Center
- Ochsner Medical Center – Kenner
- Ochsner Medical Center – Baton Rouge
- Ochsner Medical Center – West Bank
- Ochsner St. Anne General Hospital
- Ochsner St. Mary
- Ochsner University Hospital & Clinics
- Slidell Memorial Hospital – East Campus
- St. James Parish Hospital
- Terrebonne General Health System
- Trinity Medical
- Union General Hospital
- University Medical Center New Orleans
- West Feliciana Hospital
- West Jefferson Medical Center
- Willis Knighton Bossier
- Willis Knighton South
- Woman's Hospital