2008

Barnes-Jewish Hospital Patient Safety & Quality

Report to the Board of Directors

BARNES-JEWISH Hospital
BJC HealthCare

Letter from **Jonathan Gottlieb**

"... We are dedicated to transparency in disclosing medical errors – it is the right thing to do for our patients and it makes care safer for everyone."

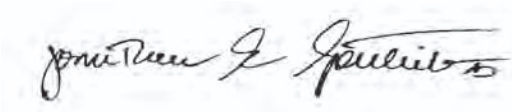
Dear Barnes-Jewish Hospital Board Members and Leadership,

At Barnes-Jewish Hospital, our commitment to patient safety and quality is demonstrated everyday by our dedicated team of nurses, physicians and allied health staff that work diligently to practice the highest standards of patient care. But the care we provide goes far beyond the hands that bring direct care to our patients. Our board members, leadership, and the people behind the scenes who make safe patient care possible are an integral part of the team.

In this report, we outline the steps we are taking to make patient safety and quality a priority throughout our organization. We are dedicated to transparency in disclosing medical errors – it is the right thing to do for our patients and it makes care safer for everyone. Creating a just culture where we learn from mistakes and do not place unwarranted blame creates an environment of trust. Our challenge is not to prevent bad clinicians from making mistakes, but rather to create reliable systems that prevent good people from making mistakes.

We are learning everyday that improvement is a continuous process and, along with our physician partners at Washington University School of Medicine, we are demonstrating that we are national leaders in medicine. Thank you for being our partner in patient safety and quality.

Sincerely,



Jonathan E. Gottlieb, MD
Vice President and Chief Medical Officer
Barnes-Jewish Hospital

Best-In-Class **Clinical Quality Scorecard**

Barnes-Jewish Hospital achieved an overall Best-In-Class score of 1.10 in 2008. A score of 1.0-1.5 indicates we are in the top quartile compared to other hospitals in the U.S. The Clinical Quality Performance Scorecard outlines performance in patient care or treatment delivery. Performance improvement teams are assigned to each quality indicator to evaluate processes, systems, clinical practice and health care worker behaviors, make recommendations for improvement and share information on best practices.

INDICATOR	2008 TARGET	YTD 12/07 - 11/08	YTD vs GOAL
Surgical Infection Prevention (SIP)			
Surgical patients receiving prophylactic antibiotic within standard (timing)	93%	94%	
Selection of antibiotic for surgical site infection prophylaxis	97%	98%	
Duration of surgical infection prophylaxis	91%	92%	
Infection Control			
Standardized infection ratio (SIR) for VAP	0.38	0.15	
Standardized infection ratio (SIR) for catheter-related BSI	0.38	0.73	
Standardized infection ratio for coronary artery bypass graft surgical site infection	0.38	0.44	
Standardized infection ratio for hip arthroplasty surgical site infection	0.38	0.47	
Standardized infection ratio for hysterectomy surgical site infection	0.38	0.48	
Contact isolation compliance (measure development)			
Hand hygiene	80%	80%	
Influenza vaccination of health care workers	80%	62%	
Complete			
Anticoagulants	75%	—	
Additional medication safety rule set implentation	75%	—	
Acute Myocardial Infarction (AMI)			
Percutaneous coronary intervention within 90 minutes of hospital arrival	81%	88%	
Aspirin within 24 hours of hospital arrival	97%	99%	
Cholesterol testing within 24 hours of hospital arrival	91%	99%	
Aspirin prescribed at discharge	97%	100%	
ACE-I/ARB prescribed at discharge	96%	94%	
Beta-blockers prescribed at discharge	97%	100%	
Lipid-lowering agents prescribed at discharge	97%	96%	
Smoking cessation advice/counseling	97%	100%	
Coronary Artery Bypass Graph (CABG)			
ASA/Antiplatelet prescribed at discharge	97%	100%	
Lipid-lowering agents prescribed at discharge	97%	100%	
Percutaneous Coronary Intervention (PCI)			
ASA/Antiplatelet prescribed at discharge	97%	100%	
Congestive Heart Failure (CHF)			
ACE-I/ARB prescribed at discharge	95%	95%	
Left ventricular function assessment	96%	99%	
Antithrombotics prescribed at discharge for patients with AFib	97%	98%	
Discharge instructions	88%	83%	
Smoking cessation advice/counseling	96%	100%	
Pneumonia			
Blood cultures before antibiotics (ED)	97%	88%	
Initial selection of antibiotic	93%	89%	
Oxygenation	97%	100%	
Pneumococcal vaccine screening and/or vaccination	90%	71%	
Smoking cessation advice/counseling	95%	100%	

National Patient **Safety Goals**

Maximum Target Threshold Minimum Below Minimum

INDICATOR	2008 GOAL	YTD 12/07 - 11/08	YTD VS GOAL
Medication Safety			
Medication Errors that resulted in harm (per pt day)	0.31	0.24	
Medications reconciled at *admission*	90%	98%	
Medications reconciled at *transfer*	90%	85%	
Medications reconciled at *discharge*	90%	91%	
Medication labeling	90%	100%	
Fall Prevention – Reduce the Risk of Patient Harm Resulting from Falls			
Falls with injuries (per 1000 patient days)	0.67	1.05	
ED falls with injuries (per 1000 visits)	0.21	0.33	
Suicide Risk Assessment - Overall			
Percentage on suicide precautions - mental health units	95%	100%	
Percentage given mental health resources -mental health units only	95%	92%	
Patient Involvement in Patient Safety Program	COMPLETE		
Improve the Effectiveness of Communication Among Caregivers			
Use **two patient identifiers** when taking blood, administering medications or blood products PCS	95%	100%	
Performing "read back" for received telephone/verbal orders or critical test results - nursing	95%	96%	
Obtaining "read back" for reported critical test results & values - lab	95%	100%	
Critical results/values reported by lab within 30 minutes of availability of results	95%	99%	
Critical results/values reported to licensed person who can act, within 60 minutes of notification of results	95%	96%	
Critical test/procedure results reported by radiologist to ordering physician at time of determination/interpretation of test	95%	98%	
Designated "critical test" turnaround time ("timed" tests from draw time to results obtained) within expected timeframes			
ED stroke alert labs: CBC, PT/INR, FSBG (<45 minutes)	90%	86%	
ED head CT for suspected stroke (<25 minutes)	90%	83%	
ED EKG for suspected AMI (<10 minutes)	90%	85%	
Standardize abbreviations, acronyms and symbols, including list of abbreviations, acronyms and symbols not to use			
U	95%	95%	
IU	95%	100%	
QD	95%	99%	
Q.O.D.	95%	99%	
HS	95%	96%	
Lack of leading zero	95%	99%	
Trailing zero	95%	99%	
MS, MSO, MgSO	95%	99%	
Improve the Safety of Using High-Alert Medications			
Remove concentrated electrolytes from patient care units (annual in July)	95%	99%	
Standardize & limit the number of drug concentrations available (annual in July)	95%	99%	
Improve the Safety of Using Infusion Pumps			
Ensure free-flow protection on all infusion pumps	95%	100%	
Improve the Effectiveness of Clinical Alarm Systems			
Implement regular preventive maintenance and testing of alarm systems	95%	99%	
Alarms are activated with appropriate settings and are audible	95%	100%	

National Patient **Safety Goals**

Maximum Target Threshold Minimum Below Minimum

INDICATOR	2007 GOAL	YTD 12/06 - 11/07	YTD VS GOAL
Universal Protocol: Eliminate Wrong Site, Wrong Patient and Wrong Procedure Surgery			
Preoperative verification process completed			
Operating room	95%	100%	
Procedure areas: checklist and/or area-specific elements documented	95%	99%	
Surgical or procedure-site marking completed prior to procedure:			
Operating room	95%	100%	
Procedure areas	95%	99%	
Time out (final verification process) conducted prior to the start of procedures:			
Operating room	95%	100%	
Procedure areas	95%	100%	
Bedside procedures	95%	96%	

New 2009 **Patient Safety Goals**

Goal 1: Improve the accuracy of patient identification.

- Eliminate transfusion errors related to patient misidentification

Goal 3: Improve the safety of using medications.

- Reduce the likelihood of patient harm associated with the use of anticoagulation therapy

Goal 7: Reduce the risk of health care-associated infections (effective 2010).

- Implement evidence-based practices to prevent health care-associated infections due to multiple drug-resistant organisms in acute care hospitals
- Implement best practices or evidence-based guidelines to prevent central line-associated bloodstream infections
- Implement best practices for preventing surgical-site infections

Goal 8: Accurately and completely reconcile medications across the continuum of care.

- Completely revised for 2009

Goal 13: Encourage patients' active involvement in their own care as a patient safety strategy.

- The hospital provides the patient with information regarding infection control measures according to the patient's condition. The information is discussed with the patient and his or her family members on the day the patient enters the hospital or as soon as possible. The patient's understanding of this information is evaluated and documented.
- For surgical patients, the hospital describes the measures that will be taken to prevent adverse events in surgery. The patient's understanding is evaluated and documented.

Universal Protocol

- Completely revised for 2009

Primaris Quality **Award**

In 2008, Barnes-Jewish Hospital was awarded the Primaris Hospital Quality Award, an annual award honoring continuous improvement and innovative improvement efforts.

Each year, one Missouri hospital is selected to receive the award given by Primaris, a not-for-profit organization dedicated to improving health care. Primaris serves as the Medicare Quality Improvement Organization (QIO) for Missouri.

"Barnes-Jewish Hospital earned this recognition through their promotion of patient-centered care. They've achieved great results, particularly through empowering employees and patients to elevate the importance of quality health care," said Richard A. Royer, CEO of Primaris.

Primaris cited a wide variety of improvement programs in the selection of Barnes-Jewish for the award, including their "Great Catch" and "Stop the Line" programs. Both programs are designed to ensure patient care is the top concern.

The hospital also encourages patients and families to report safety concerns. Barnes-Jewish goes out of its way to inform patients of potential errors, such as hands not being washed or a surgical site not being marked, and urges patients to voice concerns.

Jonathan Gottlieb, MD, Barnes-Jewish Hospital chief medical officer, and Denise Murphy, vice president of patient safety and quality, received the award from Richard Royer, Primaris CEO, on May 15 at the hospital.

" Barnes-Jewish Hospital earned this recognition through their promotion of patient-centered care. They've achieved great results, particularly through empowering employees and patients to elevate the importance of quality health care."

PRIMARIS
Healthcare Business Solutions

improving *health care*

Primarus serves as the Medicare Quality Improvement Organization for Missouri and awards one hospital each year for continuous and innovative improvement efforts.

Just **Culture**

In a groundbreaking report in 1997, Dr. Lucian Leape, a physician and professor at Harvard School of Public Health, reported to Congress that an estimated one million people are injured by medical errors every year in the United States, with approximately 100,000 deaths resulting from those errors.

Most hospitals are unaware of the extent of their errors and injuries because hospital personnel tend to regard health care errors as evidence of personal carelessness. As few as 2 to 3 percent of major errors are reported through hospital incident reporting systems nationwide. Ultimately, Dr. Leape suggests, the single greatest impediment to error prevention is that "we punish people for making mistakes."

The leaders of Barnes-Jewish Hospital recognize that a culture change is needed to support patient safety. In 2008, Barnes-Jewish Hospital began working with Outcome Engineering, LLC to roll out the "just culture" philosophy to the hospital staff. The just culture paradigm provides a set of practical tools that reconcile the old, punitive culture of blame with personal and professional accountability. Overall, just culture states that system safety is best supported by a culture that is neither "blame free" nor overly punitive.

Hospital executives and directors received just culture training during the fourth quarter of 2008. All hospital managers will receive training during 2009.

The just culture rollout will also feature "stop the line" training for all staff. "Stop the line" teaches employees that all of those involved in a patient's care have the responsibility and authority to immediately intervene if they believe a patient's safety is at risk. Once the intervention occurs, the physician and the rest of the care team immediately stop and reassess.

The just culture paradigm provides a set of practical tools that reconcile the old, punitive culture of blame with personal and professional accountability.

"Great Catch" **Awards**

The "Great Catch" program rewards staff who identify risk and prevent harm, or who take extraordinary measures to promote a culture of safety at the hospital. All employees are eligible and are evaluated based on the open, timely disclosure of a "near miss" incident that prevented new or further harm to a patient. Criteria considered include impact of prevention effort (on a patient, or on our culture of safety), timeliness, methods for diverting harm, and communication during and after the event.

"Good Catch" awards occur throughout the year, and "Great Catch" awards are evaluated and recognized annually.

The 2008 "Great Catch" award winners are:

- Courageous Catch - Gloria Brown, PCT/Unit Secretary
- Critical Catch - Jennifer Swanstrom, RN
- Best Catch - Mark Swinn, RN

Not all infections can be eliminated, particularly in extremely susceptible patients. However, many of the bloodstream infections that develop when tubes/catheters are used to deliver medications or fluids can be prevented through good medical and nursing care.

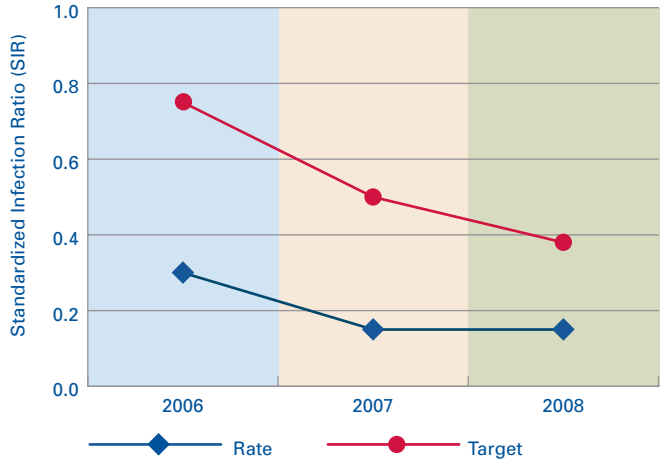
In 2006, Barnes-Jewish Hospital set an aggressive goal to target zero preventable infections, with a specific focus on ventilator associated pneumonia (VAP) and central line-associated bloodstream infections (CLABSI).
Since then, infection rates have dropped dramatically.

- In 2008 a value stream analysis was conducted to design the safest experience for the patient with a central line. The new process will be rolled out in first quarter of 2009. *(See story on page 11.)*
  - For ventilator-acquired pneumonia, rates remained low in 2008 as a result of nurses, physicians and respiratory therapists maintaining the best practices developed and implemented since 2000.

Oncology patients are at high risk for infection due to poor immune systems following chemotherapy and radiation. Most oncology patients have a central line placed for intravenous therapy which can increase a patient's risk of infection. The cap, or hub, of these catheters is the primary source of infection in these lines. In 2007, we decreased infection by 43 percent in four out of five oncology areas. In 2008, the rates on three of these areas have continued to decline, with in-servicing and central line infection prevention training.

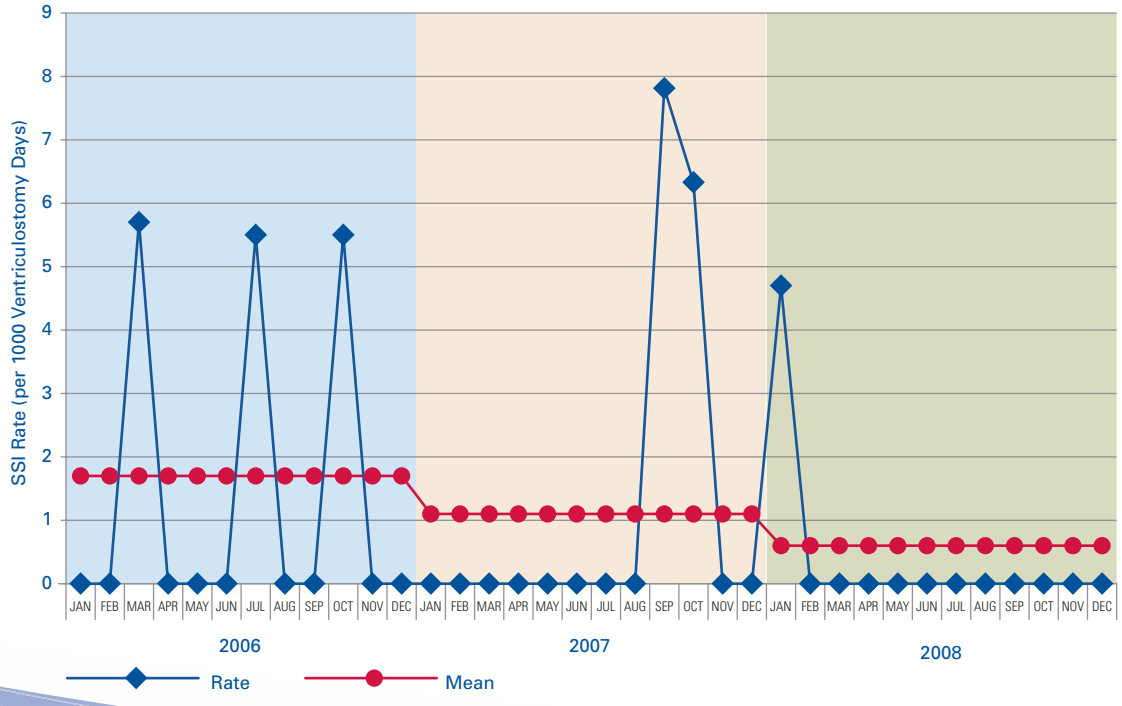
Neurology patients can also be at risk of infection when a ventriculostomy is placed. This is a catheter placed into the brain that monitors pressure on the brain and spinal cord. Ventriculostomy infection rates have decreased 78 percent since 2004 and have remained low through 2008. This was accomplished through standardization of catheter insertion, dressing-change procedures and collaboration of the nursing and physician staff *(see graph)*.

Ventilator-Associated Pneumonia Rates 2006-2008



Source: BJH Epidemiology and Infection Prevention Department

Neurology/Neurosurgery ICU Device-Related Ventriculitis Rates



Transplant Center **Certification** and Gold Seal for **Ventricular Assist Device**

Earning two significant certifications last year was an honor for Barnes-Jewish Hospital. But for patients, it's an indication of the hospital's dedication to their safety.

The Transplant Center at Barnes-Jewish Hospital was certified by the Centers for Medicare and Medicaid Services (CMS) in November, and the Barnes-Jewish ventricular assist device (VAD) destination therapy program earned a Gold Seal of Approval™ from the Joint Commission in September.

The Transplant Center was audited in September, and after submitting a plan to address questions from the auditors, received certification acceptance in November.

In addition to factors such as physician expertise, minimum surgical volumes, patient outcomes and commitment of hospital resources to the program, the CMS auditors demand transplant programs adhere to rigorous patient safety measures.

"This was a major event, and the first time Medicare has certified transplant centers," said Gene Ridolfi, director of the Transplant Center.

The Joint Commission, the premier health care standards-setting and accrediting body in the United States, also is committed to health care safety.

"At its heart," according to the Joint Commission's Web site, "accreditation is a risk-reduction activity; compliance with standards is intended to reduce the risk of adverse outcomes."

In addition to the VAD certification, Barnes-Jewish is now certified with a Gold Seal of Approval™ in lung-volume reduction surgery (LVRS), stroke and epilepsy.

The Barnes-Jewish Hospital VAD destination program, under the direction of Washington University physicians Nader Moazami, MD, and Greg Ewald, MD, is one of the strongest in the Midwest.

To earn a Gold Seal, the hospital's VAD program underwent an extensive, unannounced, on-site evaluation in summer 2008 by a team of Joint Commission reviewers. The program was evaluated against Joint Commission standards and through interviews with patients and staff.

To maintain its certification, the VAD program will undergo evaluation by the Joint Commission every two years.

Washington University physicians Nader Moazami, MD, and Edward Geltman, MD, share a laugh with a transplant patient.

Below: Dr. Moazami and the transplant team perform a kidney transplant.

World's Most Advanced **Intraoperative MRI**

After more than a year of anticipation, the new intraoperative MRI opened at Barnes-Jewish Hospital in 2008. The world's most advanced imaging technology enables neurosurgeons to perform important MRI tests while surgery is in progress. The two IMRI operating room suites feature the patented movable ceiling-mounted MRI, which enhances patient safety and improves outcomes, as the patient is never moved once positioned for surgery.

The hospitals perioperative nurses were instrumental in conducting process improvement events and developing systems to keep patients and staff safe during procedures. With an extremely powerful magnet within the IMRI, it is crucial that all safety steps are followed to prevent accidents and injuries.

These include:

- Restricting access to all IMRI sites by implementing the four-zone concept, which provides for progressive restrictions in accessing the IMRI scanner
- Using trained personnel to screen all non-emergent patients twice, providing two separate opportunities for them to answer questions about metal objects on their person, implanted devices, drug delivery patches, tattoos or electrically, magnetically or mechanically activated devices
- Ensuring that the IMRI technologist has the patient's complete and accurate medical history to safely scan the patient
- Using a specially trained staff person who is knowledgeable about the IMRI environment accompany all patients, visitors or staff who are not familiar with the IMRI at all times
- Annually, providing all medical and ancillary staff who may be expected to accompany patients to the IMRI suite with safety education about the IMRI environment
- Taking precautions to prevent patient burns during scanning
- Using only equipment (e.g. fire extinguishers, oxygen tanks, physiologic monitors and aneurysm clips) that has been tested and approved for use during IMRI scans
- Proactively managing critically ill patients who require physiologic monitoring and continuous infusion of life-sustaining drugs while in the IMRI suite
- Providing all IMRI patients with hearing protection
- Never attempting to run a cardiopulmonary arrest code or resuscitation until the MRI is safely back in the magnet bay

The IMRI was part of the Barnes-Jewish operating room renewal project, which was the most extensive of its kind in the country with a $100 million budget that provided 44 new operating rooms and 91 pre-post surgical beds.

With an extremely powerful magnet within the IMRI, it is crucial that all safety steps are followed to prevent accidents and injuries.

Disclosure of **Patient Safety Events**

Timely, honest and sustained communication with patients is an essential component of exceptional health care. Barnes-Jewish Hospital and its partner, Washington University School of Medicine, recognize that patients have the right to know the details of significant events that have the potential to impact their health status.

David and Jonet Jaggers of St. Peters, Missouri, have experienced just how committed Barnes-Jewish Hospital is to this transparency.

In 2000, their son, Michael, died at Barnes-Jewish Hospital as the result of an unfortunate medication error that caused an overdose of morphine leading to Michael's cardiac arrest.

Since then, the Jaggers have become members of the hospital's patient safety and quality committee, and have been instrumental in a number of process improvements, all with the goal of improving patient safety.

The Jaggers participated in a video that has become core education for Barnes-Jewish employees and their physician partners. *Disclosing Medical Errors: Building a Safer Barnes-Jewish Hospital* features the Jaggers telling Michael's story from their perspective. In the process, they put a human face on how devastating medical errors can be and how the Barnes-Jewish staff handled the error, which made all the difference in the world.

After the accidental death of their son, Jonet and David Jaggers became key contributors to the systems and programs that keep patients safe including serving on the patient safety and quality committee.

The video is the first part of training regarding the disclosure of patient safety events that the hospital implemented in 2008. Other components of the training include guidelines for communication and documentation.

Led by the attending physician, disclosures are always face-to-face with the patient or family and include a series of conversations as information becomes available. Frequently, these conversations also include the hospital's chief medical officer and the medical director for safety and quality.

The way we respond to these incidents helps maintain trust with the patient, family, community and society. The way we evaluate these events helps to prevent harm to future patients.

. . . the Jaggers have become members of the patient safety and quality committee, and have been instrumental in a number of process improvements, all with the goal of improving patient safety.

Influenza Vaccines for **Employees and Community**

At Barnes-Jewish Hospital and BJC HealthCare, we are committed to providing our patients with the safest possible environment in which to receive their care. To further ensure the safety of patients, as well as employees, Barnes-Jewish implemented a new influenza immunization policy that requires an annual flu vaccination for all employees. In 2007, Barnes-Jewish Hospital reached an employee vaccination rate of 64 percent, but believed the staff could do even better to reduce the risk of influenza among our patients and coworkers. In 2008, 99 percent of the employees at Barnes-Jewish Hospital were vaccinated.

Each year, influenza, or "the flu," has a significant impact on patient safety, as well as the safety and wellness of employees, their families and the families and visitors of those in our health care facilities. According to the Centers for Disease Control and Prevention (CDC), more than 200,000 people are hospitalized and 36,000 die each year from flu complications.

Since 1984, the CDC has strongly recommended that those employed in health care facilities receive an annual flu vaccination. Barnes-Jewish agrees with the CDC recommendation, as this policy will significantly reduce the transmission and incidence of influenza among our vulnerable patient population, as well as our employees.

In addition to immunizing all employees, Barnes-Jewish Hospital again provided free community flu shots in October and November. Flu shots were available at the hospital, and also at community sites such as malls, neighborhood centers and churches.

"By providing flu shots for our community members, we hope to have a positive impact on patient care and on the well-being of our city," says Andy Ziskind, MD, Barnes-Jewish Hospital president.

In 2008, Barnes-Jewish and St. Louis Children's Hospitals provided approximately 30,000 flu shots to underserved community members. The community flu shot initiative was funded by the Barnes-Jewish Hospital Foundation, which contributed $300,000 to benefit the community.

"As the Foundation makes charitable funding available to programs in research, patient support and related work at Barnes-Jewish Hospital, we know that preventive care in the community is often the critical 'stitch that saves nine' – yet we also know there are many parts of our region where community residents are woefully underserved," says Julia Ruvelson, vice president of Barnes-Jewish Hospital Foundation. "Through our grants in 2007 and 2008, we expanded significantly a highly cost-effective hospital program, targeting it to adults and children living in neighborhoods where these vaccines are neither routinely available nor affordable. We look forward to continuing this program in years to come."

Community Flu Shot Locations

Christ the Redeemer Church

Delta Sigma Theta Sorority, Incorporated St. Louis Alumni

Families of conservative Muslim women

Grace Hill Water Tower Health Center

Healthy Kids Express SLPS Asthma Program

Jamestown Mall

Jewish Center for the Aged

La Clinica Latino Community Health Center

New North Side Baptist Church

Our Lady of Guadalupe

Parks Chapel AME Church

Project Homeless Event at Harris-Stowe State University

Resurrection of our Lord Vietnamese Church

Saint Louis Galleria

Schnucks – Cool Valley

St. Louis Modern Chinese School

St. Nicholas Catholic Church

The SPOT (Supporting Positive Opportunities with Youth)

Union Memorial United Method Church

Lean Transformation **Journeys**

The Operational Excellence department at Barnes-Jewish Hospital is charged with improving processes throughout the hospital using lean and six sigma principles. Focusing on the processes surrounding central lines, medication management and perioperative services, the following Value Stream Analyses (VSA), looked at procedures in the hospital from a patient perspective and made changes to improve the patient experience.

The Central Line VSA, conducted in February 2008, took a patient-centered approach to improving the safety of central-line placement and care. The VSA identified opportunities and initiated several rapid improvement events, all with the goal of reducing blood stream infection rates and other complications attributed to central lines by improving the associated processes. The teams created standardized algorithms to assist in the decision-making process for inserting and discontinuing central lines and focused on providing point-of-care supplies for central line insertion. The effects of this value stream include supplies being immediately available, causing patient wait times to decrease, and appropriate therapy can begin sooner. Assistance will be available for those putting in central lines during evening and overnight hours, increasing the ability to maintain compliance with best safety practices.

Operational Excellence …is charged with improving processes throughout the hospital using lean and six sigma principles.

The Medication Management Value Stream addressed delivery and administration of urgent medications, other pharmacy improvement initiatives and trained staff in lean principles. The baseline data showed that from the time an order is placed to the administration of a medication was often more than 600 minutes. The team has reduced the time to 90 minutes on average and has significantly reduced the high volume of variation in the process. The Value Stream has also tackled a number of other issues including increasing the security of recalled medications, improving the delivery to the emergency department and improving the order and delivery of non-pharmaceutical supplies.

In trauma services, part of the perioperative services division, a major project focused on developing standard work procedures to ensure patients receive blood in a timely manner. By implementing a Massive Transfusion Protocol (MTP), the communication between the blood bank, operating room and emergency departments improved pickup and delivery times, which helped to get blood to the patient faster. Another project, called the 'No Move' project informed the materials management staff of supplies in the operating room pods that were not being used. This allowed materials management to work with surgeons to remove these supplies to reduce inventory cost and have space available for new technologies.

Environment of **Care**

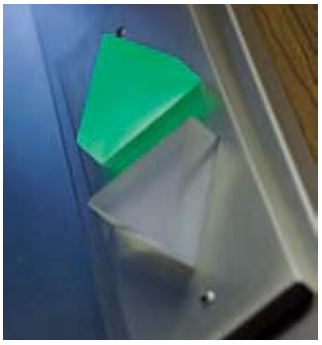
Environmental Safety

- Reduced hazardous chemical waste by 67 percent.
- Recycling efforts have totaled 3.1 million pounds of materials at a cost avoidance of $58,000.
- Received no citations, fines or notice of violations from any federal, state or municipal regulatory enforcement agency.

Employee Safety

- BJC HealthCare credited Barnes-Jewish Hospital workers compensation budget $670,000 for successfully sustaining cost controls, improved case management and injury prevention processes over the past five years.
- BJC HealthCare and Barnes-Jewish Hospital collaborated using a six sigma performance improvement model to reduce needle sticks. The project is in progress and improvements are being monitored.
- Barnes-Jewish Hospital achieved 99 percent compliance for all working staff with flu vaccination program.

Service Excellence



- Upgrades in the pneumatic tube system have increased the reliability to 99.4 percent for the 3,400 daily transmissions. A significant reduction in wait times has also been realized.
- Improved elevator technologies and equipment have led to a reduction in passenger and maintenance service calls by 65 percent. Elevators showing improvement following upgrades were Queeny Tower and Central Pavilion.

Community Emergency Preparedness

- At the National Emergency Management Summit in Washington DC, the hospital presented a vertical evacuation project that had undergone a six sigma performance improvement exercise.
- Barnes-Jewish Hospital participated with the Missouri Department of Health, BJC HealthCare and St. Louis College of Pharmacy in the Strategic National Stockpile Drill to exercise the hospital's processes for setting up and dispensing mass prophylaxis to staff and family following a public health emergency.

Achievements and **Distinctions**

Barnes-Jewish Hospital is recognized with the following distinctions:

- The Joint Commission Gold Seal of Approval
- The Joint Commission Primary Stroke Center
- The Joint Commission Certified Program in Epilepsy
- The Joint Commission Certified Program in Lung Volume Reduction
- The American Nurses Credentialing Center recognition as a Magnet hospital, redesignated in 2008
- The American Society for Bariatric Surgery Bariatric Center of Excellence
- The National Foundation for Trauma Care designated the Charles F. Knight Emergency & Trauma Center at Barnes-Jewish Hospital – one of the five most "highly prepared" for disaster response trauma centers in the country.
- Barnes-Jewish Hospital has been listed for 16 consecutive years on the *U.S. News & World Report* "honor roll" of America's Best Hospitals
- *U.S. News & World Report* Top 10 Specialty Services
  - Ear, Nose & Throat (6th)
  - Kidney Disease (8th)
  - Neurology and Neurosurgery (8th)
  - Heart and Heart Surgery (9th)
  - Endocrinology (10th)
- Primaris Hospital Quality Award *(see story on page 4)*

The Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine is recognized with the following distinctions:

- A member of the National Comprehensive Cancer Network
- Designated by the National Cancer Institute as a Comprehensive Cancer Center

seal of *approval*

Barnes-Jewish Hospital has received the gold seal of approval from The Joint Commission.

a magnet for *nursing*

Barnes-Jewish Hospital is a Magnet hospital, the highest national recognition for excellent nursing practice in hospitals.

honor roll *2008*

Barnes-Jewish Hospital has been listed among the top hospitals in the nation for 16 consecutive years on the *U.S. News & World Report* "honor roll" of America's Best Hospitals.

Patient Care Quality & Safety **Committee of the Board of Directors**

Charles Burson
Co-Chairman, Patient Care Quality & Safety Committee

James Bobrow, MD
Washington University School of Medicine

James Crane, MD
Washington University School of Medicine

Peggy Elias
Plaza Auxiliary President

Myra Glazer
Past President, Parkview Auxiliary, Volunteer and Community Representative

Jonathan Gottlieb, MD
Barnes-Jewish Hospital Vice President and Chief Medical Officer

David Holtzman, MD
Chair, Department of Neurology, Washington University School of Medicine

Sharon O'Keefe
Barnes-Jewish Hospital Vice President, Chief Operating Officer

Dan Picus, MD
Division Chief, Interventional Radiology, Washington University School of Medicine

Leslie Small
The St. Louis Trust Company

Ruth Springer
Parkview Auxiliary Co-President

Diane Sullivan
Co-Chairman, Patient Care Quality & Safety Committee
Brown Shoe Company, Inc.

Coreen Vlodarchyk
Barnes-Jewish Hospital Vice President of Patient Care Services and Chief Nurse Executive

Andrew Ziskind, MD
Barnes-Jewish Hospital President

Barnes-Jewish Hospital **Facts and Figures 2008**

Employees	9,317
Physicians	1,832
Residents / Fellows	831
Inpatient Admissions	53,831
Inpatient Surgeries	18,157
Outpatient Surgeries	18,270
Emergency Department Visits	81,895
Licensed Beds	1,252
Staffed Beds	1,074

Barnes-Jewish Hospital **Board of Directors 2008**

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US Bancorp Community
Development Corporation

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Voluntary Clinical Faculty
Barnes-Jewish Hospital and Washington
University School of Medicine

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The Stolar Partnership

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Co-President
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Chancellor
Washington University in St. Louis

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Chairman, President and CEO
The Laclede Group, Inc. and
Laclede Gas Company

Andrew Ziskind, MD
President
Barnes-Jewish Hospital

Barnes-Jewish Hospital **Emeritus Members**

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Retired Chairman
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Chair Emeritus, Chancellor Emeritus
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Retired Chairman of the Board
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Chair Emeritus
Chairman Emeritus
Laclede Gas Co.

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President
Site Oil Company

Barnes-Jewish Hospital **Executive Staff 2008**

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Vice President,
Surgical Services

Julia Ruvelson
Vice President,
Barnes-Jewish
Hospital Foundation

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Chief Operating Officer

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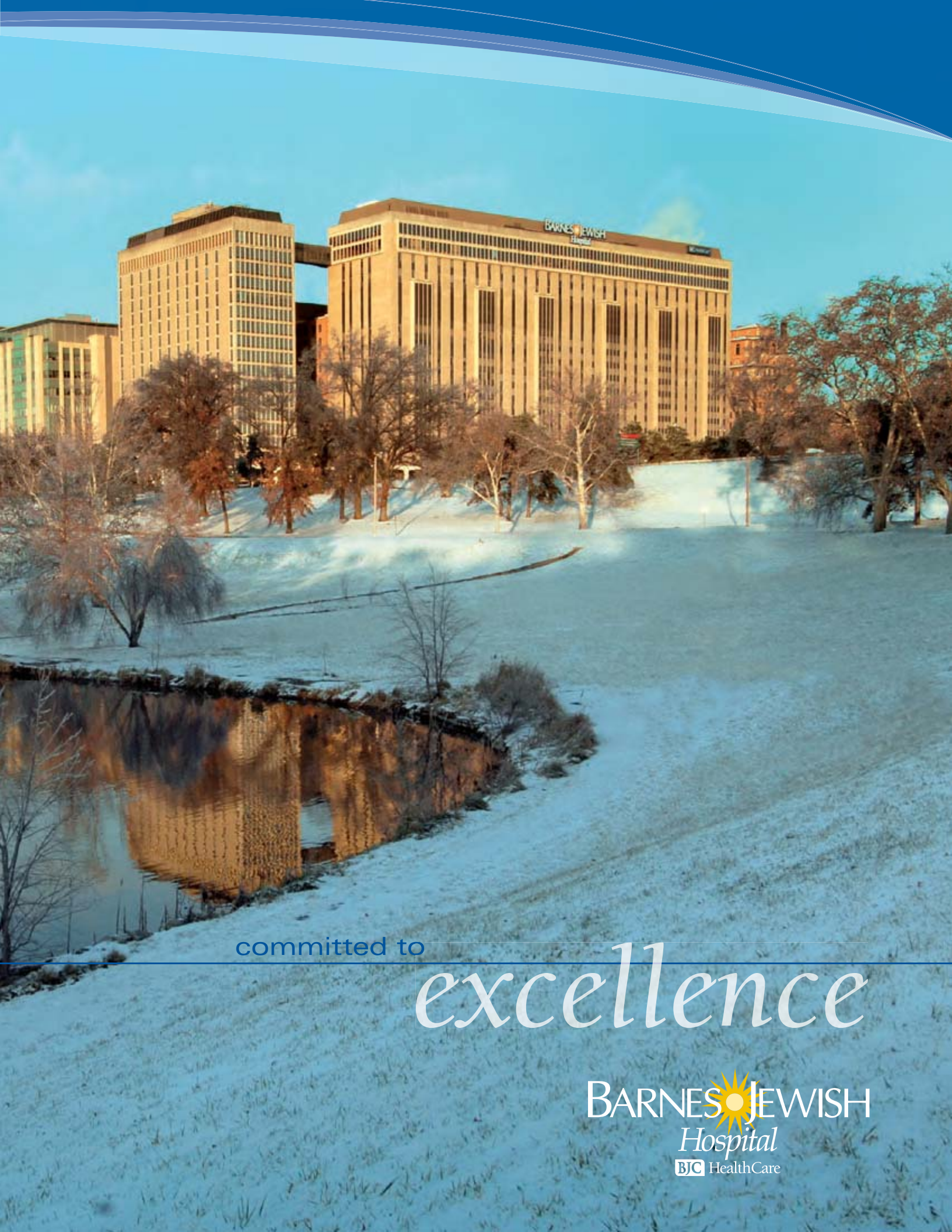
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Hospital
BJC HealthCare

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www.barnesjewish.org

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