



Washington State
Hospital Association

www.wsha.org/clinical-excellence/



Clinical Excellence Report 2025



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The WSHA Clinical Excellence Team believes in challenging and supporting hospitals to provide safe, high-quality, accessible, culturally competent and equitable care for all Washingtonians.

Vision

The Washington State Hospital Association (WSHA) advocates for and provides value to members in achieving their missions.

Mission

WSHA will be the trusted voice and indispensable resource that leads, challenges and assists hospitals and health systems to improve the health of the communities they serve.

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Behavioral Health

WSHA's work improving care for patients with behavioral health conditions was integrated across Clinical Excellence strategies, including the work described in the Safe Deliveries Roadmap Perinatal Mental Health grant and the Opioid Harm Prevention programming.

Inpatient Behavioral Health Roundtable

44 clinical and quality leaders from 25 hospitals attended this bi-monthly roundtable which aims to improve patient outcomes by sharing knowledge, establishing statewide relationships, and collaborating on shared challenges to identify solutions, such as the peer support resource listed below.

Peer Support Worker Resource Guide

WSHA led a multidisciplinary workgroup of inpatient psychiatric leaders to develop a resource toolkit for integrating peers into care teams. This work addressed a new HCA provision requiring peers on staff under certain circumstances.

The toolkit included a sample job description, resources for the latest information on license changes to peer designations, best practices for peer supervision and recommendations on how to best leverage the skills peers bring to the care team.

Committing Action for a Resilient Environment for Patients and Staff (CARE) Initiative



Staffing law implementation

- ▶ 65 hospitals participated in Nurse Staffing Advisory Group to inform WSHA's workforce related initiatives and advocacy efforts.
- ▶ 85 hospitals participated in the Hospital Staffing Law Implementation Workgroup to examine strategies for effectively operationalizing staffing legislation.
- ▶ More than 40 hospitals engaged in open office hours or received individualized technical support.

EXCELLENCE IN ACTION - STAFFING LAW COMPLIANCE

Meal and Rest Break (MRB) reporting

- Q1 2025 – 98% of reporting hospitals were > 80% compliant with MRB requirements.
- Q2 2025 – All reporting hospitals were > 87% compliant with MRB requirements.
- Q3 2025 – All hospitals required to report were > 85% compliant with MRB requirements.

“

“We had a surprise complaint investigation from DOH/L&I yesterday...I am happy to report that we passed with flying colors. They had no findings and even complimented us on how we are operationalizing the components of the law. We couldn't have done it without the guidance of WSHA.”

”

Hospital and Staffing Committee support

Hospital Staffing Committee Co-Chairs joined roundtable discussions to discuss challenges and strategies for optimizing committee operations. WSHA collected feedback from direct care and leadership co-chairs and hospital executive leaders. These reflections were synthesized into a comprehensive review of HSC accomplishments, opportunities for improvement and best practice recommendations to help staffing committees achieve consistent outcomes.



50+ co-chairs attended sessions



11 hospitals submitted an executive feedback survey

Workforce pipeline/Clinical Placement Initiative

- ▶ 74 hospitals joined the Academic Practice Partnership Workgroup to promote practice readiness, recruitment and resilience among nursing students and new graduate nurses.
- ▶ 79 hospitals participated in the Clinical Placement Initiative, engaging in regional and statewide discussions to develop strategies for expanding and improving nursing student clinical placements across the state.
- ▶ 26 hospitals participated in the WA Sentinel Network to help identify emerging health workforce demand trends.



Complex Discharge

Patients who are unable to be discharged once deemed medically stable are referred to as having complex discharge needs. On any given day, Washington hospitals have an average of 850 patients with complex discharge needs, with more than 40% falling into the 1–6-day discharge delay category. WSHA’s Complex Discharge DELTA focused on this group and supported hospital efforts to identify internal systemic issues and implement practical solutions that improve the discharge process, increase patient satisfaction, reduce resource strain and promote collaboration between interdisciplinary teams.

Readmissions

WSHA recruited 18 hospitals to participate in a DELTA Collaborative focused on reducing readmissions in the adult Medicaid population. The five highest impact hospitals participated as well as several other high-impact hospitals. This 18-month collaborative will continue into 2026. Hospitals will choose readmissions-reduction strategies based on individual hospital demographics and resources. This is a priority measure for Washington State hospitals as part of the State Directed Payment Program.

Hospitals have preliminarily identified diagnosis-based interventions for sepsis, heart failure, COPD, scheduling follow up visits, assisting patients with transportation and addressing social needs as promising areas of focus for this work.

EXCELLENCE IN ACTION - WSHA DELTA COLLABORATIVE

The DELTA Collaborative is WSHA’s own quality improvement program, designed to strengthen hospitals’ internal capacity for sustainable, data-driven improvement. Using a structured and scalable QI model, the DELTA Collaborative provides participating hospitals with coaching, peer learning, standardized improvement tools and a consistent framework to accelerate clinical quality and patient safety outcomes.

In 2025, a total of 51 hospitals participated in DELTA Collaboratives across the topics of Complex Discharge, Readmissions, Emergency Departments, C-section and Opioid Stewardship (16 hospitals joined more than one!). Through this platform, WSHA supported hospitals implementing long-term, sustainable QI infrastructure. During the Fall Quality Leader Learning Collaborative, several hospital teams showcased their impressive results using the DELTA model to C-Suite leaders from hospitals across the state.

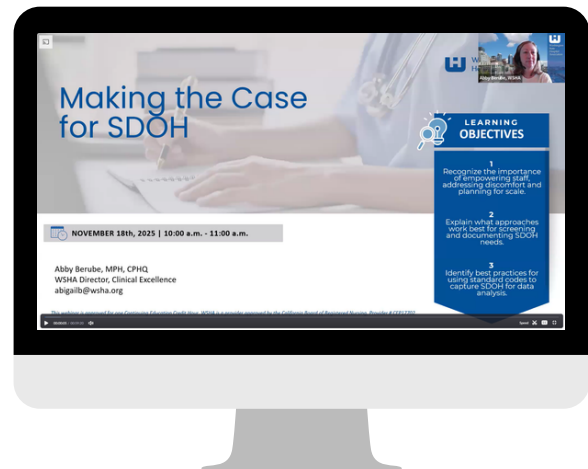
Health Equity

Social Drivers of Health (SDOH)

WSHA launched a workgroup to support screening patients for health-related social needs, documenting and coding for billing and data analysis, and referring patients to community-based programs. 2025 focused on improving chart documentation using smartphrases and coding best practices.

EXCELLENCE IN ACTION - SOCIAL DRIVERS OF HEALTH

A culminating SDOH webinar featuring Providence Swedish, Valley Medical Center and UW Harborview demonstrated pioneering approaches for training and engaging staff, improving documentation workflow and using SDOH data to improve quality of care.



Language Access

WSHA created a language access gap assessment, reviewed language of care by service line data, and collected hospital policies and language access plans.

We also held a Language Access Listening Session in May to identify key challenges in delivering access to quality language services.

Baseline gap assessment results (completed by 61 hospitals) revealed several strengths across hospitals including identifying hospital service area language needs, use of telephonic and video remote interpreters, providing translated essential hospital documents and tracking patient complaints.



Leadership Engagement

Quality Leader Learning Collaborative

This forum provided space for quality and executive leaders to learn quality and patient safety improvement strategies, share leadership resilience and its impact on the work environment and network with peers. Under the direction of the Quality Leader Advisory Committee, two collaboratives were offered in 2025, with 2025 events exceeding the prior year's attendance by 60%. Members rated the fall event overall at a 4.59 out of five and called it "highly engaging and inspiring."

Engaging boards in safety and quality

WSHA created five short educational videos focused on governing board education in safety and quality. Topics included clinical measures, regulatory requirements, credentialing and privileging and Quality Assessment and Performance Improvement (QAPI). WSHA also created a board rounding toolkit that will be released for hospital use in 2026.

CNO Roundtable

This forum provided space for all CNOs to network and learn about upcoming trends and changing strategies to meet the current workforce needs.



Quality Leader LEARNING COLLABORATIVE

★★★★★ 4.59

“...highly engaging and inspiring.”

◀ PEACEHEALTH PRESENTING AT THE QUALITY LEADER LEARNING COLLABORATIVE.

NWSQ Patient Safety Organization

The Northwest Patient Safety and Quality Organization (NWSQ PSO) engaged leaders who committed to advancing safety through shared learning, transparency, and high reliability. Their participation reflected a proactive stance in building safer, more resilient care environments.

Leveraging the ACHE Blueprint for Safety High Reliability Organizational components, the NWSQ PSO has continued to grow in membership with clinical quality and optimizing safety as a priority.

Participating hospitals and health systems in the NWSQ PSO community engaged in quarterly Safe Tables, gaining access to peer support, benchmarking, analysis and actionable insights that strengthened the safety infrastructure and supported clinicians on the journey toward high reliability.

Workplace Violence Prevention

The Workplace Violence (WPV) Advisory Workgroup began work on recommendations and resources to support implementation of new WPV review and reporting requirements in 2026.

WSHA conducted educational webinars about the new WPV law and best practices for WPV prevention.

EXCELLENCE IN ACTION - ED DELTA COLLABORATIVE

Completed in May 2025, an Emergency Department DELTA Collaborative focused on two common challenges: workplace violence (WPV) and caring for patients with substance use disorders (SUD).

- 4 hospitals in the SUD track improved screening and identification of patients with substance use disorders, strengthened processes for naloxone distribution and prescribing medications for opioid use disorder, and developed nurse training materials to ensure all staff had access to information about SUD care best practices.
- 4 hospitals in the WPV track retrained staff on de-escalation skills, developed new pathways for consistent reporting, worked with internal stakeholders to strengthen WPV responses, worked with other local hospitals to align strategies, and created internal dashboards to better inform quality improvement initiatives.

▼ THE TEAM FROM COLUMBIA BASIN HOSPITAL SHOWCASING THEIR PROJECT POSTER.





Rural Clinical Excellence

Rural Nurse Leadership Program

45 nurses from 19 hospitals received leadership and management education from WSHA. Our cohort saw improvements in every category of the AACN Healthy Work Environment Assessment Tool: True Collaboration, Effective Decision-Making, Appropriate Staffing, Meaningful Recognition and Authentic Leadership.

Regional Quality Roundtables

38 leaders from 17 Rural hospitals attended one of three sessions, focused on complex discharge, staffing and quality and connecting patients to community resources.

THE GROUP THAT MET AT SUMMIT PACIFIC WORE SAFETY
GEAR TO TOUR THE NEW WING OF THE HOSPITAL. ►



EXCELLENCE IN ACTION - GRAND COLUMBIA OPIOID RESPONSE CONSORTIUM

WSHA partnered with six of our rural hospitals in the Grand Columbia Opioid Response Consortium, a community-based initiative funded by the HRSA RCORP program¹ to improve substance use disorder prevention, treatment and recovery in rural communities. Accomplishments include:

- Improved screening processes in six rural hospitals.
- Created training videos.
- Expanded treatment options in three hospitals.
- Conducted a Recovery Coach and Transportation Needs Assessment.
- Purchased a Naloxone vending machine.
- Conducted an anti-stigma media campaign.

¹ This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number GA145991, the Rural Communities Opioid Response-Implementation totaling \$1,000,000 with 25% percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

Opioid Harm Prevention

Opioid Harm Prevention Symposium

This virtual conference brought together hospital executives, clinical teams, peer advocates and community partners to share innovations and learn best practices to reduce opioid-related harm. Presenters shared about implementing medications for opioid use disorder (MOUD) in the emergency department through the HCA's ScalaNW program, other strategies to improve MOUD prescribing, innovations in naloxone distribution, the power of community partnerships, and education efforts on safe storage and safe disposal of prescription opioids. Presenters shared content on reducing bias toward this patient population and the importance of treating substance use in pregnant and postpartum people.

FLYERS CIRCULATED FOR THE 2ND ANNUAL
OPIOID HARM PREVENTION SYMPOSIUM



Pediatric Pain Management DELTA Collaborative

WSHA hosted a DELTA Collaborative to assist hospital teams to develop actions plans for improving safe acute opioid prescribing in pediatric populations. Actions plans included dispensing naloxone to adolescents prescribed opioids and expanding adoption of opioid-free surgeries. Three hospitals and two health systems participated.



87 people from **32** unique organizations
registered for the conference

Prescription Monitoring Program Clinical Advisory Council

In 2025, WSHA established the Prescription Monitoring Program (PMP) Clinical Advisory Council, a multidisciplinary team committed to advancing clinical quality improvement in pain management and opioid prescribing practices. This group guided and supported best practices by evaluating acute opioid prescribing patterns, recommending methodologies to strengthen peer-led practices and optimizing evidence-based patient-centered pain management through safe prescribing.

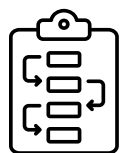


State Directed Payment Program (SDPP) quality metrics

CMS State Directed Payment Program quality metrics were developed to demonstrate statewide improvement in specific areas of care for Medicaid Managed Care (MCO) beneficiaries. The four measurement areas were readmissions, low risk cesarean section deliveries (LRCD), follow-up after discharge from emergency departments for people with a substance abuse condition (FUA) and follow-up after discharge from a psychiatric unit (FUH). Initial work included collection of baseline data from hospitals, development of dashboards for three of the metrics and establishing partnerships with the HCA quality team and with Medicaid MCOs. DELTA improvement collaboratives were designed to facilitate statewide improvement for readmissions and LRCDs. The two follow-up measures will be strengthened through collaborative partnerships and planned pilot projects with the Medicaid MCOs and hospitals to ensure access and complete appointments within the required timeframes.

Sepsis

The WSHA Sepsis Advisory Committee met every other month to plan educational content, develop metrics, inform DASH sepsis content and keep versed on hospital sepsis priorities. In 2025, sepsis was one measure in the Medicaid Quality Incentive, which required hospitals to submit a sepsis action plan and participate in sepsis awareness month activities for patients and families.



57 hospitals submitted a sepsis action plan



61 hospitals participated in sepsis awareness month



TeamBirth

51 Washington birthing hospitals have adopted TeamBirth – a care process innovation that centers shared decision making and transparency around the birthing person and promotes effective communication and teamwork across all care team members.

Perinatal Mental Health

WSHA implemented elements of the AIM Perinatal Mental Health Conditions bundle² with participation from 42 hospitals and 29 partner organizations. With this effort, we increased the number of certified Patient Family Partners in Washington from two to nine and grew translations for the Perinatal Support Warm Line from two to 28.

Low-risk Cesarean reduction

WSHA worked closely with eight high-impact hospitals to reduce cesarean birth rates for patients with nulliparous, term, singleton, vertex (NTSV) pregnancies. Content and resources were offered to all 53 birthing hospitals. Some hospitals that participated in the WSHA DELTA Collaborative on this topic began to see improvement in their NTSV rates. This was a priority measure for Washington State hospitals as part of the State Directed Payment Program.

EXCELLENCE IN ACTION - TEAMBIRTH



▲ TEAMBIRTH CHAMPIONS FROM HOSPITALS ACROSS THE STATE WERE INVITED TO THE ARIADNE LABS' TEAMBIRTH CONVENING IN BOSTON

“I had a baby here last year, and it felt so different – last time I felt like I would be bossy or bringing in my own plan by asking about choice/etc, and this time it was so great to be asked about my wants and needs. I felt like the care team cared about it and left space for it.”

- Patient experience with TeamBirth

² This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$800,000 with 20% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

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Excellence Webpage



2025 Clinical Excellence Committee Members

Susan Stacey <i>Chair</i>	Providence Inland Northwest
Adam Parcher	UW Medicine
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Arooj Simmonds	Providence Swedish
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David Likosky	EvergreenHealth
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Denene Prophet-Williams	Fred Hutchinson Cancer Center
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J. Scott Graham	Three Rivers Hospital
Jeff Pollawsky	MultiCare Mary Bridge Children's Hospital
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Rachel Thompson	Core Clinical Partners
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