

KEY STEPS TO IMPROVE AND MEASURE CLINICAL OUTCOMES

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DEFINITION OF TERMS

Institute of Medicine defines *quality of care* as :

"The degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge"

- ◉ Quality measures assess three levels of health care and its intended results:
 1. *Structure measures* - sufficiency of resources and proper system design.
 2. *Process measures* - interaction between the patient and the provider.
 3. *Outcome measures* - description of how the care delivered affects the patient's health, health status and function.

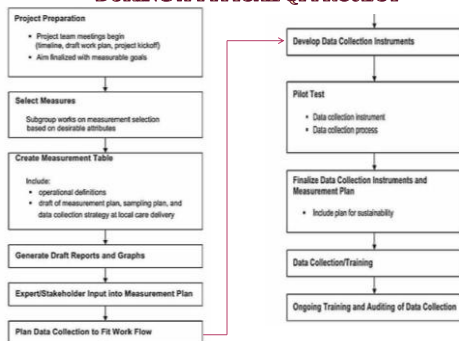
SIX DOMAINS FOR IMPROVING QUALITY

- ◉ **SAFETY**- avoiding injury from care that is intended to help
- ◉ **TIMELINESS** - minimizing unnecessary delays
- ◉ **EFFECTIVENESS**- providing care based on scientific knowledge. (avoiding overuse and underuse)
- ◉ **EFFICIENCY** - effective operation as measured by a comparison of production with cost (as in energy, time, and money)
- ◉ **EQUITY**- the provision of care of equal quality to those who may differ in personality characteristics, insurance coverage, etc.
- ◉ **PATIENT /FAMILY CENTEREDNESS** - Partnership among practitioners, patients and their families (when appropriate)

FUNDAMENTALS OF QI PROCESS

“The degree to which healthcare services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

DEVELOPMENT, TESTING, AND IMPLEMENTATION OF A MEASUREMENT AND FEEDBACK PLAN DURING A TYPICAL QI PROJECT



An example of a children's hospital dashboard, which tracks the organization's performance.

Strategic Category	Measure	Operational Definition
People	New hire nursing turnover	% nurses leaving within 12 months of hire
	Faculty overall satisfaction	% rating "very good"
	Staff overall satisfaction	% rating "very good"
Service	Patient/family overall satisfaction	% recommending UNC
Clinical Quality	Adverse events	Adverse drug events per 1000 doses
	Hospital associated infections	# infections per 1000 pt days
	Raw mortality	# inpatient deaths
	Cardiac arrests	# cardiac arrests per 1000 pt days
	Chronic care management	# patients in chronic care registry
Finance	Readmission rate	# patients readmitted within 72 hours
	Payor mix	% distribution of gross revenues across insurance plans
	Gross charges	Actual cash collection on bills
	Fundraising	Amount of gifts per year
	RVU	# relative value units (inpatient and outpatient)
Innovation	Publications	# faculty publications per quarter
	Family advisory groups	# active family advisory groups
Growth	Hours on diversion	# hours PICU unable to accept new admissions
	Inpatient admissions	# inpatients admitted to wards, PICU and NICU
	Inpatient patient days	# inpatients in a bed
	Inpatient length of stay	Average # days patients stay in hospital

Courtesy of North Carolina Children's Hospital, Chapel Hill, NC; with permission.

KEY CHANGE STRATEGIES FOR SUCCESS!

- ◉ Senior leadership commitment enables a shift from a 'project view' to a strategic vision.
- ◉ Each level of change will require different motivators and incentives.
- ◉ Accountability, follow-through and follow-up
- ◉ In health care, spreading improvement depends on:
 - key individuals,
 - the primary messenger,
 - and the 'target' of the message.

JOINT COMMISSION

- In 2012, 22 of the 28 Core measures were changed to Accountable measures.
- Effective January 1, 2014 the Joint Commission will expand performance measurement requirements for accredited general medical/surgical hospitals from four to six core measure sets as part of The Joint Commission's ORYX® performance measurement initiative to stimulate and guide quality improvement efforts.
- Four of the six measure sets will be mandatory for all general medical/surgical hospitals that serve specific patient populations:
 - acute myocardial infarction (AMI),
 - heart failure,
 - Pneumonia
 - Surgical Care Improvement Project (SCIP).

Accountable measures are quality measures that meet four criteria outcomes when hospitals demonstrate improvement. (Research, proximity, accuracy or evidenced based and adverse effects - eliminate or minimize unintended adverse effects.)

CMS

Beginning in 2014, all providers will be required to report on the 2014 Clinical Quality Measures (CQMs) finalized in the Stage 2 rule and be required to submit CQMs electronically.

CMS selected all CQMs to align with the Department of Health and Human Services' National Quality Strategy priorities for health care quality improvement. These domains include:

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population and Public Health
- Efficient Use of Healthcare Resources
- Clinical Processes/Effectiveness

CQMs measure many aspects of patient care including: health outcomes, clinical processes, patient safety, efficient use of healthcare resources, care coordination, patient engagements, population and public health, and clinical guidelines.

NEW HAMPSHIRE QUALITY INITIATIVES

ELIMINATING HARM

Harm - an injury in association with medical care (including the absence of indicated medical treatment) that requires or prolongs hospitalization and/or results in permanent disability or death.

NEW HAMPSHIRE PARTNERSHIP FOR PATIENTS

GOAL:

New Hampshire hospitals will work collaboratively to eliminate those instances of patient harm by 2015 that could have been prevented if the evidence-based processes and systems known to improve patient safety had been implemented and followed.

ELIMINATING HARM

NEW HAMPSHIRE PARTNERSHIP FOR PATIENTS

- 1st state in the country: All CEOs and Governing Boards of all 26 NH hospitals commit to collaborate to achieve safe care.
- 10 years ranked #1 in providing evidence-based care for Heart Attacks, Heart Failure, Pneumonia, and Surgical care.
 - Eliminate central line blood stream associated infections.
 - Bringing the patient safety checklist from the operating room to all procedure areas.
 - Statewide Hand Hygiene Campaign
 - VTE Prevention

PATIENT SAFETY CHECKLIST

Every hospital and ambulatory surgery center to adopt and post a safety checklist in all procedure areas where an incision is made or anesthesia is administered.

- Differs from the common “time-out” process which confirms site, patient and procedure.
- Improves team communication and promotes consistency of delivery of care. Ensuring safe care at three critical junctures:
 - Prior to anesthesia
 - Prior to incision or procedure
 - Before exiting the operating room or procedure area.

HAND HYGIENE CAMPAIGN

SPONSORED CAMPAIGN: The NH Healthcare Quality Assurance Commission (HQAC) with the NH Foundation for Health Communities (FHC).

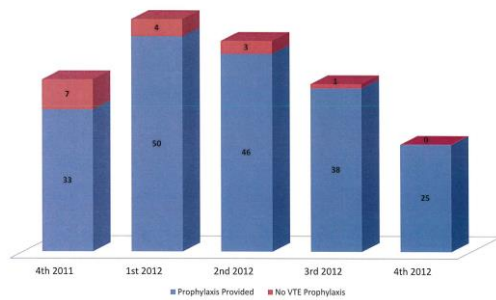
To reduce the risk of healthcare-associated infections in the state.

- The goal was to gather data that would help to:
 1. Understand how different NH hospitals approached hand hygiene improvement
 2. Develop and test hypotheses about what works and what doesn't work when and why
 3. Provide the HQAC and individual hospitals with feedback on current practices and guidelines for improvement.

HAND HYGIENE CAMPAIGN

- Each hospital:
 - Submitted compliance data every six months.
 - Developed hand hygiene improvement strategies in the following categories:
 1. Leadership and accountability
 2. Measurement and feedback
 3. Education and training
 4. Availability and convenience of hand hygiene products
 5. Marketing and communication
- NH hospital hand hygiene significantly improved overall in the first two years from 82% to 90%.
- NH publicly reported rates of selected healthcare-associated infections were lower than the national bench mark in 2009 & 2010.

Summary of Confirmed VTE



CHANGE STRATEGIES

- CHANGE IS DIFFICULT BUT SUSTAINING CHANGE IS EVEN MORE COMPLEX.

ONCE CHANGE HAS BEEN IMPLEMENTED, THERE IS A TENDENCY TO REVERT TO THE OLD SYSTEM. SUSTAINABILITY STRATEGIES INCLUDE:

- ASSIGNING OWNERSHIP
- HARDWIRING THE CHANGE INTO THE SYSTEM
- PERIODIC MEASUREMENT
- FEEDBACK
- INVOLVEMENT OF THE SENIOR LEADERSHIP

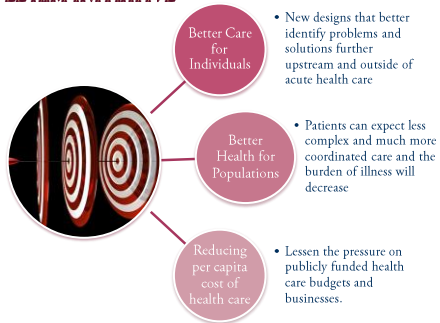
- ACCOUNTABILITY IS A CORE PRINCIPLE OF SUSTAINING IMPROVEMENT!



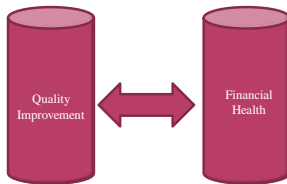
All successes,
no matter how
small, should
be celebrated!

INSTITUTE FOR HEALTHCARE IMPROVEMENT

TRIPLE AIM INITIATIVE



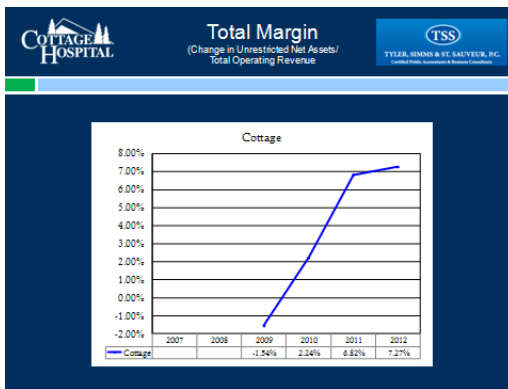
BRIDGING THE QUALITY AND FINANCE SILOS



BUILDING THE BUSINESS CASE FOR QUALITY

- Continues to be a challenge
- Traditional Pay for Volume Model
- Shifting paradigm to Pay for Outcomes
 - Non-payment for Hospital Acquired Conditions (HAC)
 - Readmission Penalties
 - Value Based Purchasing
 - Shared Risk





Questions and Answers

“Far and away
the best prize that life offers
is the chance to work hard at
work worth doing.”

Thomas Jefferson

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