Improving Clinical Results via Closed Loop Performance Management to Rise to Top 10% Percent Nationally in Care Metrics

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RWJ Barnabas Health

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Agenda

- Learning Objectives
- Introduction and Background on Jersey City Medical Center/Barnabas Health
- The Challenge
- The Need for Automated Performance Management
- JCMC’s Closed-Loop Performance Management Approach
- Benefits Achieved
- Key Takeaways
Learning Objectives

• Identify opportunities for improvement that could benefit from a standardized workflow approach across the hospital

• Identify processes that define complex systematic objectives and distill them down to concrete tactics and accountability measures

• Describe the streamlined processes for collecting and reporting real-time metrics and a closed loop process for continuous improvement
About Jersey City Medical Center

• 330-bed acute-care hospital
• Serves Hudson County, New Jersey
• 15-acre campus
• 16,000 admissions and 85,000 emergency room visits annually
• Regional Trauma center
• Regional peri-natal intensive care
• Regional EMS communications and paramedic provider
• Comprehensive cardiac center
• Comprehensive behavioral health
• Orthopedic center of excellence
• Comprehensive ambulatory services
Our Vision

To be in the top 10% nationally in four pillars:
- Quality
- Safety
- Engagement
- Economic health

Four compelling strategic priorities:
- Best in class acute care
- Convenient accessible ambulatory services
- Population health management
- Best in class engagement
  - Patient
  - Employee
  - Physician

Performance monitored in:
- Strategic council meetings
- Operations
- Finance
- Safety Quality
- Engagement
Monthly council meetings are efficient and effective, with complete transparency into strategic plan status on key performance targets.

- Consistently delivers efficient effective care episodes
- Ensures reliable coordination, communication, data sharing across the care continuum

Best in Class
Acute Care Destination

- Maintains extensive network of outpatient care sites
- Offers convenient primary care, diagnostic, procedural services at competitive prices

Consumer-Oriented
Ambulatory Network

Best in Class
Patient Satisfaction

- Employee Engagement
- Emergency Department Improvement
- Staff Responsiveness
- Pain Management
- Overall Rating

- Assumes delegated risk from payers and/or employers
- Prioritizes care management, coordination to limit avoidable demand

Full-Service Population
Health Management

Jersey City Medical Center
Barnabas Health
The Challenge

Initially managed performance of strategic objectives on paper using manual reporting processes

Previous performance management software wasn’t as robust as needed

Challenges included:
• Objectives difficult to define
• Future achievement difficult to predict
• Performance tracking nearly non-existent
• Communication ineffective and inefficient
• Difficult to determine tactics and assign accountability
The Need for Automated Performance Management

“A recent survey of more than 400 global CEOs found that ‘executional excellence’ was the number ONE challenge facing corporate leaders in Asia, Europe and the U.S., topping a list of some 80 issues.”


The New Healthcare Landscape Requires Increased Performance Management Capabilities

Like no other industry, healthcare needs a systematic, integrated approach to performance management.

Successful, high-performing healthcare organizations require:
- An enterprise-wide culture of agility, accountability, focus and follow-through
- Automated and efficient planning, measurement and process tracking at all levels, across all areas of the clinical and business enterprise
- Alignment and management of all initiatives, resources and key performance measurement indicators in one centralized location
- Proactive tools like automated real-time notifications and variance alerts
Choosing Performance Management: Jersey City Medical Center’s Need

An automated, efficient way to systematically define, track, manage and achieve strategic objectives.

Priorities included:

• Communicate strategic objectives from the board to front-line staff
• Define complex systematic objectives and distill them down to concrete tactics and accountability measures
• Enable managers to coach in the field rather than define tactics at their desks
• Focus on areas of opportunity and improvement
Implementing an Integrated Performance Management Solution

- PLAN
  - Enterprise & Department Goals

- FOCUS
  - Initiatives & KPIs

- EXECUTE
  - Action Plans & Progress Tracking

- ANALYZE
  - Leadership Accountability

- ADJUST
  - Dashboards, Scorecards & Alerts

- TRACK
  - PERFORMANCE IMPROVEMENT
Reporting Capabilities

• Enterprise-Wide Goal Management and Execution Tracking
• Configurable, Three-Level “Drill Down” Execution Workflow
• Key Performance Indicators Linked to Objectives and Action Plans
• Integrated Action Planning & Leader Reported Progress Tracking
• Create Dynamic Scorecards for Each Facility & Department
• Action Plans Integrated into Scorecards to Address KPI Variances
• Filterable Dashboards with Multi-Level Performance Analysis
Upon review of the trend, it is obvious that the performance is getting worse. As a result, I can then send a note to the assigned leader by using the share function.
Each Monday morning I review the scorecard for the Strategic council meeting during that week, starting with all unfavorable metrics identified in red.

To see the Trend Line for a certain Metric, click on the Trend Image.

Identify a metric that is performing unfavorably and click on the trended line to view historic performance.
Additionally, after reviewing the trended performance, I can easily navigate to the detailed tactics and review progress of previously committed tactics.

### 3.6. Reduce CMI Adjusted Pharmacy Costs by APD & APA

**Target:** Ongoing  
**Strategy Leaders:** Doug Destefano

<table>
<thead>
<tr>
<th>Metric</th>
<th>Actual</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMI Adjusted Pharmacy Cost by CMI Adjusted Pharmacy Cost by APD</td>
<td>$612</td>
<td>$40</td>
</tr>
<tr>
<td>$124</td>
<td>$104</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tactic</th>
<th>Achievement Indicator</th>
<th>Leaders</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.6.1. Separate OPT Infusion purchases from INPT. -Jan. Baseline average 2015 monthly $135,000/month. Target will vary based on patient volume</td>
<td></td>
<td>Maria Devivo</td>
<td>2/4/16</td>
</tr>
<tr>
<td>3.6.2. Separate Nuclear Medicine purchases- Jan. Baseline average 2015 monthly= $14,000 regadenoson/month. Target will vary based on patient volume</td>
<td></td>
<td>Maria Devivo</td>
<td>2/4/16</td>
</tr>
<tr>
<td>3.6.3. Optimize 340B program after HRSA audit – (340B savings report) April Average 2015 monthly $67,416/month. Target will be $120,000/month which is based on Jan-March 2015 prior to identification of historical issues.</td>
<td></td>
<td>Maria Devivo</td>
<td>4/1/16</td>
</tr>
<tr>
<td>3.6.4. Standardize formularies across the BH system through P &amp; T Committee—Jan/ongoing. Target will be to review all drug classes by the end of 2015.</td>
<td></td>
<td>Maria Devivo</td>
<td>2/4/16</td>
</tr>
<tr>
<td>3.6.5. Behavioral Health high cost drug spend??</td>
<td></td>
<td>Maria Devivo</td>
<td>2/4/16</td>
</tr>
</tbody>
</table>
When communication to a particular metric leader is complete I can then repeat the process for the next metric leader.

<table>
<thead>
<tr>
<th>Metric Name</th>
<th>As of</th>
<th>Actual</th>
<th>Target</th>
<th>Var.</th>
<th>Var %</th>
<th>Trend</th>
<th>Actual</th>
<th>Year To Date</th>
<th>Var.</th>
<th>Var %</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Access</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Eligibility Denial %</td>
<td>2/29/16</td>
<td>.91%</td>
<td>1.10%</td>
<td>.19%</td>
<td>17.3%</td>
<td></td>
<td>.91%</td>
<td>1.10%</td>
<td>.19%</td>
<td>17.3%</td>
<td></td>
</tr>
<tr>
<td>Managed Care Admission Denial Rate</td>
<td>2/29/16</td>
<td>2.12%</td>
<td>3.00%</td>
<td>.88%</td>
<td>29.3%</td>
<td></td>
<td>1.78%</td>
<td>3.00%</td>
<td>1.22%</td>
<td>40.7%</td>
<td></td>
</tr>
<tr>
<td>Medicare/Medicaid Admission Denial Rate</td>
<td>2/29/16</td>
<td>7.63%</td>
<td>3.50%</td>
<td>-4.13%</td>
<td>-118.0%</td>
<td></td>
<td>5.54%</td>
<td>3.50%</td>
<td>-2.04%</td>
<td>-58.3%</td>
<td></td>
</tr>
<tr>
<td>POS (Maximizing collections)</td>
<td>2/29/16</td>
<td>$28,915</td>
<td>$40,972</td>
<td>($12,057)</td>
<td>-29.4%</td>
<td></td>
<td>$57,606</td>
<td>$79,885</td>
<td>($22,279)</td>
<td>-27.9%</td>
<td></td>
</tr>
<tr>
<td>Administrative Write - Off</td>
<td>2/29/16</td>
<td>2.36%</td>
<td>5.00%</td>
<td>2.64%</td>
<td>52.8%</td>
<td></td>
<td>2.37%</td>
<td>5.00%</td>
<td>2.63%</td>
<td>52.6%</td>
<td></td>
</tr>
<tr>
<td>Supply Chain</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMI Adj Non-pharmacy Supply Cost by Adj Admission and Obs Cases</td>
<td>2/29/16</td>
<td>$1,776</td>
<td>$1,545</td>
<td>($231)</td>
<td>-15.0%</td>
<td></td>
<td>$1,649</td>
<td>$1,545</td>
<td>($104)</td>
<td>-6.7%</td>
<td></td>
</tr>
<tr>
<td>CMI Adj Non-pharmacy Supply Cost by APD and Obs Days</td>
<td>2/29/16</td>
<td>$361</td>
<td>$301</td>
<td>($60)</td>
<td>-19.9%</td>
<td></td>
<td>$314</td>
<td>$301</td>
<td>($13)</td>
<td>-4.3%</td>
<td></td>
</tr>
<tr>
<td>CMI Adjusted Pharmacy Cost by APD and Obs Days</td>
<td>2/29/16</td>
<td>$124</td>
<td>$104</td>
<td>($20)</td>
<td>-19.2%</td>
<td></td>
<td>$116</td>
<td>$104</td>
<td>($12)</td>
<td>-11.5%</td>
<td></td>
</tr>
<tr>
<td>CMI Adjusted Pharmacy Cost by Adjusted Admission and Obs Cases</td>
<td>2/29/16</td>
<td>$612</td>
<td>$540</td>
<td>($72)</td>
<td>-13.3%</td>
<td></td>
<td>$609</td>
<td>$540</td>
<td>($69)</td>
<td>-12.8%</td>
<td></td>
</tr>
<tr>
<td>Revenue Cycle</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>
JCMC enhances the plan summary page to add the Share function here to facilitate easy communication.

Plan Summary

Plan Engagement

Tactic activity over the past 6 months compared to total items.

Plan Status

Percentage Breakdown of Status for all items

- Goal Status
- Strategy Status
- Action Status
- Metric Status

Metric Status

Total assigned Metrics:

- 80 Red: <95% of Target
- 13 Yellow: >95% of Target
- 261 Green: Meeting Target

Tactic Status

Total assigned Tactics:

- 3 Behind Schedule
- 15 Making Progress
- 39 On Schedule
- 32 Completed
- 187 Not Started
RED means: Not Meeting Target and Exception Report must be written.
## NTSV Trend Line

### JCMC 2015 Metric Trend Line

**Decrease NTSV C-Section Rate - MTD - Clinical Quality**

<table>
<thead>
<tr>
<th>As Of</th>
<th>Actual</th>
<th>Target</th>
<th>Variance</th>
<th>Variance %</th>
<th>Prior Year Actual</th>
<th>Metric Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/30/14</td>
<td>23.00%</td>
<td>35.00%</td>
<td>12.00%</td>
<td>34.25%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>12/31/14</td>
<td>32.00%</td>
<td>35.00%</td>
<td>3.00%</td>
<td>8.57%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>01/31/15</td>
<td>34.00%</td>
<td>32.00%</td>
<td>-2.00%</td>
<td>-6.25%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>02/28/15</td>
<td>30.00%</td>
<td>32.00%</td>
<td>2.00%</td>
<td>6.25%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>03/31/15</td>
<td>34.00%</td>
<td>32.00%</td>
<td>-2.00%</td>
<td>-6.25%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>04/30/15</td>
<td>38.00%</td>
<td>32.00%</td>
<td>-6.00%</td>
<td>-18.75%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>05/31/15</td>
<td>45.00%</td>
<td>32.00%</td>
<td>-13.00%</td>
<td>-40.63%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>06/30/15</td>
<td>30.00%</td>
<td>32.00%</td>
<td>2.00%</td>
<td>6.25%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>07/31/15</td>
<td>39.00%</td>
<td>32.00%</td>
<td>-7.00%</td>
<td>-21.88%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>08/31/15</td>
<td>38.00%</td>
<td>32.00%</td>
<td>-6.00%</td>
<td>-18.75%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>09/30/15</td>
<td>35.00%</td>
<td>32.00%</td>
<td>-3.00%</td>
<td>-9.38%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>10/31/15</td>
<td>31.00%</td>
<td>32.00%</td>
<td>1.00%</td>
<td>3.13%</td>
<td>38.00%</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
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<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Decrease NTSV C-Section Rate - MTD</td>
<td>32.00%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce Elective Deliveries prior to 39 wks - MTD</td>
<td>.50%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce Episiotomy Rate - MTD</td>
<td>12.00%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase completed 2 dose use administration of Antenatal Steroid between 24-32 weeks VON=86% - MTD</td>
<td>100.00%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase (Well Baby) Exclusive Breast Milk Entire Stay (Centricity Data) - MTD</td>
<td>40.00%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce 3rd &amp; 4th degree Obstetric Lacerations (Vaginal w instruments) - MTD</td>
<td>.10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce 3rd &amp; 4th degree Obstetric Lacerations (Vaginal w/o instruments) - MTD</td>
<td>.70%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce Rate of Obstetric Lacerations (Neonatal) - MTD</td>
<td>0.00%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease AMI 30-day readmission rate (Medicare only) - MTD</td>
<td>17.70%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease CHF 30-day readmission rate (Medicare only) - MTD</td>
<td>22.20%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease Pneumonia 30-day readmission rate (Medicare only) - MTD</td>
<td>14.10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease COPD readmission rate (Medicare only) - MTD</td>
<td>21.20%</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease THR 30-day readmission rate (Medicare only) - MTD</td>
<td>.00%</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Decrease TKR 30-day readmission rate (Medicare only) - MTD</td>
<td>.00%</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Decrease CABG readmission rate (Medicare only) - MTD</td>
<td>18.20%</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Decrease Behavioral health 30-day readmission rate - MTD</td>
<td>5.08%</td>
<td></td>
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<td>-------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Decrease NTSV Section Rate</td>
<td>35%</td>
<td>32%</td>
<td>35%</td>
<td>65 deliveries that were NTSV. 23 were sections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NTSV (Nullip—never had a baby, Term, =&gt; 39 weeks, Singleton—one baby, Vertex—head position)</td>
<td>YTD= 38%</td>
<td></td>
<td></td>
<td>Predominant reason for a primary section was failure to progress and Category 3 Fetal Heart Tracing. No medical exclusions are allowed.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Analysis of cases show that once in labor the management was appropriate, the goal is to prevent the admission and inadequate inductions prior to admission. Analysis of data also shows certain trends in the time of admissions in the NTSV group.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Action Plan**

- Protocol for inductions will be changed, all inductions with a low Bishop score (labor scoring system to predict cervical readiness) will be admitted the evening prior to cervical ripening.
- Dr Bimonte has sent out an email to all staff explaining this is not an acceptable rate and will not be tolerated.
- All NTSV sections will be reviewed as a team following morning sign out.
- No C/section will be called for failed induction or failure to progress before a minimum of 12 hours.
- Physicians will continue to receive their monthly scorecard.
- Any physician whose NTSV rate does not meet our quality targets after the next 60 days will be put on a FPPE for a 90 day period.
### Define

<table>
<thead>
<tr>
<th>Metric</th>
<th>Baseline 2014</th>
<th>Target</th>
<th>Current Performance</th>
<th>Analysis/Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce 3rd &amp; 4th Degree Obstetric Lacerations Vaginal without instrument</td>
<td>0.7%</td>
<td>0.7%</td>
<td>1%</td>
<td>1 out of 100 cases</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>YTD=1.30%</td>
<td>Gr I P 0.38 wks 3 days gestation</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>Patient was in Labor a total of 7hrs 22 min.</td>
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<td></td>
<td>Second Stage was 1hr 17 min</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Median Episiotomy was performed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Baby weighed 2767 gns (6lbs. 2 oz.)</td>
</tr>
</tbody>
</table>

### Measure

Action Plan

Case reviewed for quality and will continue to review cases for quality.

All Cases have been discussed with the attending involved. They will be monitored.

ACOG Committee Opinion #647, November 2015 does not recommend continuing to use perineal lacerations as an obstetric indicator (attached).
Benefits Achieved

Jersey City Medical Center has realized both efficiency and standardization across strategic initiatives while enhancing accountability and transparency.

- Reduced time in reformatting of documents before meetings
- Streamlined process for collecting and reporting metrics
- More efficient use of time during meetings
- More effective discussions of unfavorable metrics during meetings (manage by exception)
- Central location for tracking key metrics and associated plans
- Ease of use in updating the progress of action plans
- Standardized process and approach across councils
2015 Accomplishments

Hospital-wide
• 8 consecutive Leapfrog Patient Safety Scores of A (1 of 133 hospitals nationwide)
• Vision of Performance Excellence Award (VoPE) 2015

Acute Care Council (Quality & Patient Safety)
• Maintained NICU CLABSI Rate of 0% for 24 consecutive months
• Reduced CAUTI rate in Critical Care from Baseline 0.6% (4 cases) to 0.21% (1 case) YTD
• Reduced Episiotomy Rate from Baseline 16% to 9% YTD

Population Health
• Reduced ED utilization by over 70% for low income populations by reducing 72 hour returns to the ED through partnerships with FQHCs and patient navigation and the Wealth from Health incentive program.
• Provides the highest linkage rates in New Jersey hospitals for comprehensive care coordination and complex case management services to a total of 835 attributed patients for the DSRIP program.
2015 Accomplishments (cont.)

Engagement Council
- Physician Engagement/Satisfaction results have increased substantially every year: 2008, 2010, 2012 and 2014 on 9 key questions/metrics. (Graph below)
- Patient Engagement HCAHPS Scores have increased in all questions from 2014 to 2015 (Graph below) & first quarter 2016 scores in top 90% in New Jersey.

Business Council 2015
- Eligibility Denial Rate Improved from 1.06% to .91%.
- Supply Chain cost per adjusted admission reduced to $298 with a Target of $361.
- Inner Circle Utilization has increased from 44% to 56% (Employee use of Hospital Based Services)
## Physician Engagement

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Communication between the ED Doctors and the Medical Staff</td>
<td>3.08</td>
<td>3.59</td>
<td>3.72</td>
<td>4.06</td>
<td>3.62</td>
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<tr>
<td>Overall Quality of the Laboratory Services</td>
<td>3.26</td>
<td>3.75</td>
<td>3.78</td>
<td>4.11</td>
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<td>Overall Quality of the Radiology Services</td>
<td>3.13</td>
<td>3.77</td>
<td>3.54</td>
<td>4.37</td>
<td>3.82</td>
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<td>How Quickly Operating Rooms are turned Over</td>
<td>2.78</td>
<td>3.19</td>
<td>3.84</td>
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<td>2.87</td>
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<tr>
<td>Operating Room Scheduling</td>
<td>3.00</td>
<td>3.59</td>
<td>3.75</td>
<td>3.81</td>
<td>3.31</td>
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<tr>
<td>Availability of Equipment and Technology</td>
<td>2.98</td>
<td>3.57</td>
<td>3.38</td>
<td>3.94</td>
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<tr>
<td>Communication between the Anesthesiologist and the Medical Staff</td>
<td>3.62</td>
<td>3.83</td>
<td>3.91</td>
<td>4.09</td>
<td>3.83</td>
</tr>
<tr>
<td>Operating Room nurses level of Professionalism skill and competence</td>
<td>3.36</td>
<td>3.5</td>
<td>3.77</td>
<td>4.09</td>
<td>3.87</td>
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<tr>
<td>Overall quality of the nursing staff</td>
<td>3.58</td>
<td>3.93</td>
<td>4.00</td>
<td>4.15</td>
<td>3.88</td>
</tr>
</tbody>
</table>
Key Takeaways

The changing healthcare landscape requires automated and integrated operational tools to drive efficient and effective service delivery – better, faster, cheaper, smarter.

- Move beyond paper to real-time performance management
- Automate planning, measurement and progress tracking
- Define, plan and work toward achieving vision with greater predictability, efficiency and effectiveness
- Achieve lasting and meaningful results in key areas

Combining data, analytics and performance management creates a closed-loop solution that hard-wires focus, accountability, execution and improved performance on key objectives across the entire organization.
Questions

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