DHG healthcare

Implementing Clinical Performance Improvement Activities to Facilitate Performance in Payment Reform Metrics

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Agenda

➢ The Mandatory Elements of Reform

➢ The Leapfrog Hospital Survey and Safety Grade

➢ Successes, Roadblocks and Lessons Learned

➢ Keys to Success

The Mandatory Elements of Reform

What is Your Revenue at Risk?

UF Health Shands Hospital		
Domain	**Breakeven**	**Max. Reward**
FY 2018		
Value Based Purchasing	**Complete**	$ -
Readmissions	**Complete**	$ -
Hospital Acquired Conditions	**Complete**	$ -
FY 2019		
Value Based Purchasing	$2,388,067	$ 4,946,862
Readmissions	$3,582,101	$ -
Hospital Acquired Conditions	$1,194,034	$ -
FY 2020		
Value Based Purchasing	$2,388,067	$ 4,946,862
Readmissions	$3,582,101	$ -
Hospital Acquired Conditions	$1,194,034	$ -
FY 2021		
Value Based Purchasing	$2,388,067	$ 4,946,862
Readmissions	$3,582,101	$ -
	$20,298,572	**$ 14,840,586**
TOTAL	**$35,139,158**	

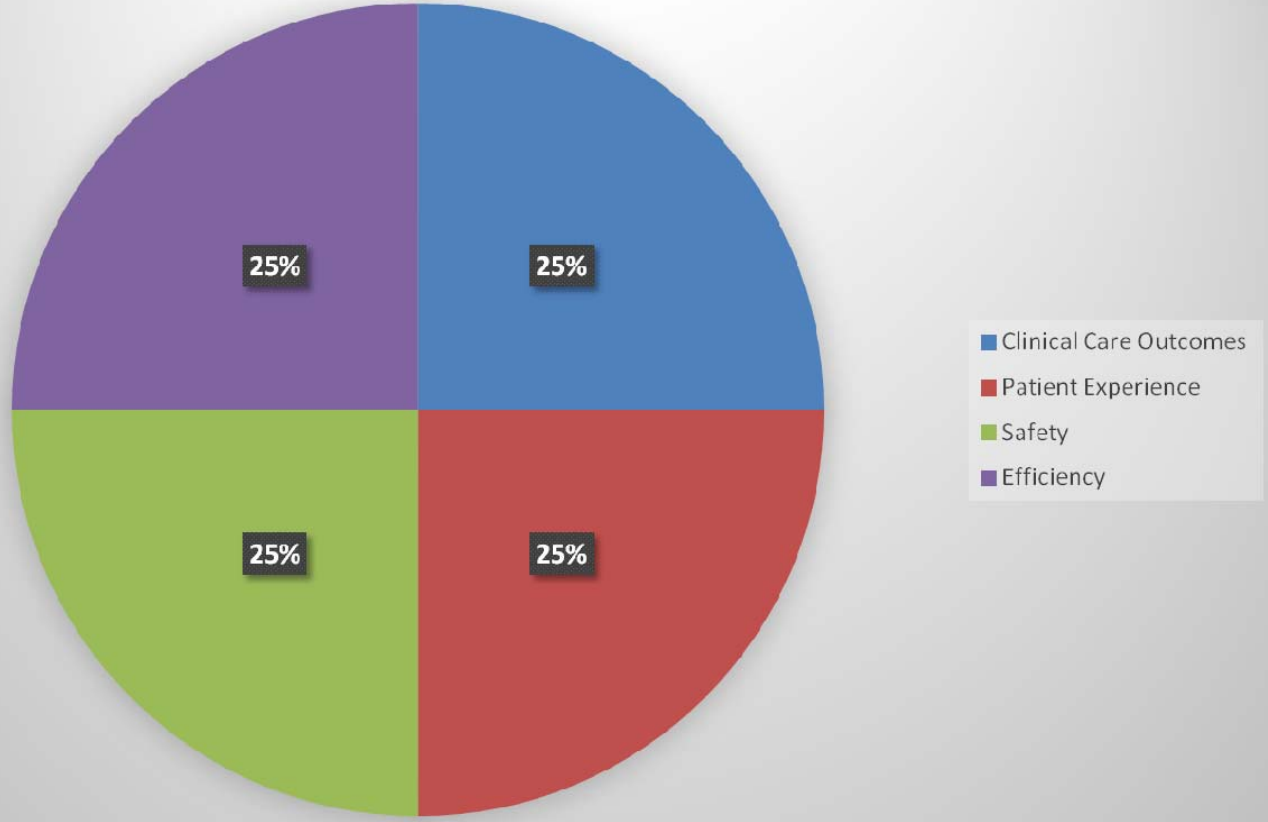# VBP

Can you name 2 overlaps with MIPS?

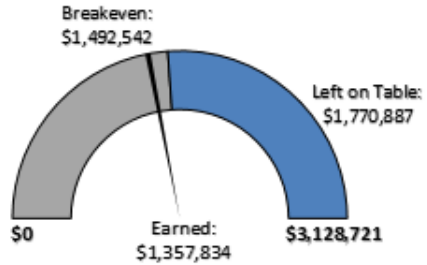What is most important at your facility?
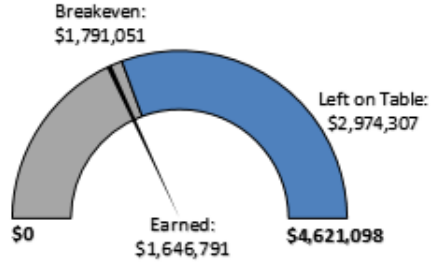
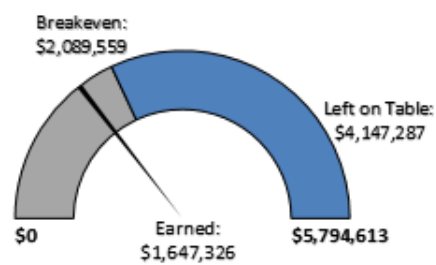Where is your biggest opportunity?

Domain Weights 2018

25%   25%

25%   25%

- Clinical Care Outcomes
- Patient Experience
- Safety
- Efficiency

Trending- VBP

VBP FY'14 Total Performance

Breakeven:
$1,492,542

Left on Table:
$1,770,887

$0

Earned:
$1,357,834

$3,128,721

VBP FY'15 Total Performance

Breakeven:
$1,791,051

Left on Table:
$2,974,307

$0

Earned:
$1,646,791

$4,621,098

VBP FY'16 Total Performance

Breakeven:
$2,089,559

Left on Table:
$4,147,287

$0

Earned:
$1,647,326

$5,794,613

VBP FY'17 Total Performance

Breakeven:
$2,388,067

Left on Table:
$5,623,447

$0

Earned:
$1,711,484

$7,334,930
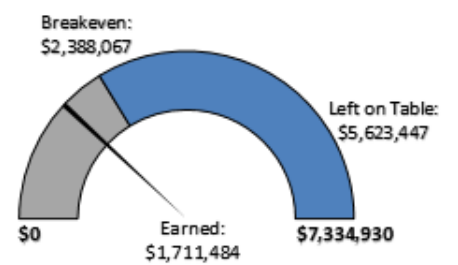
RRP

➤ **Acute Myocardial Infarction** – 30-Day Readmission Rate

➤ **Heart Failure** - 30-Day Readmission Rate

➤ **Pneumonia** – 30-Day Readmission Rate

➤ **COPD (Chronic Obstructive Pulmonary Disease)** – 30-Day Readmission Rate

➤ **THA/TKA** – Elective Primary Total Hip and / or Total Knee Arthroplasty 30-Day Readmission Rate

➤ **CABG (Coronary Artery Bypass Graft)** – 30-Day Readmission Rate

Trending VBP

RRP Performance Penalties

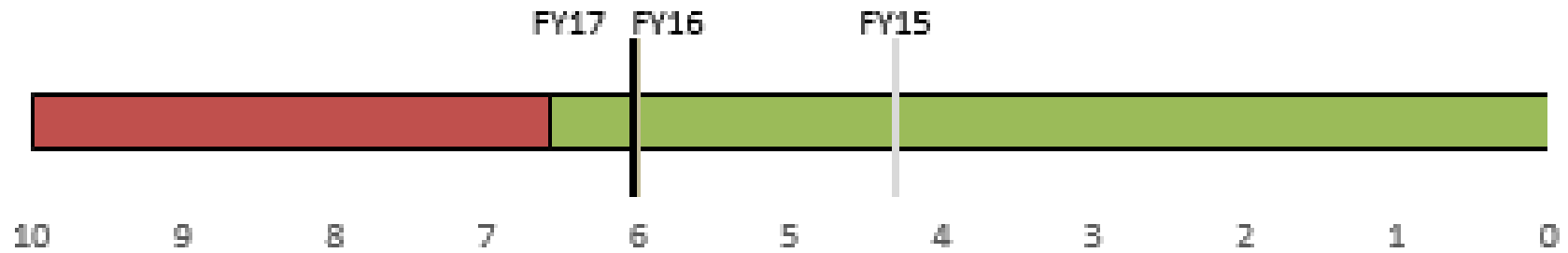|	FY 2014	FY 2015	FY 2016	FY 2017
	-$238,807	-$298,508	-$620,898	-$740,301
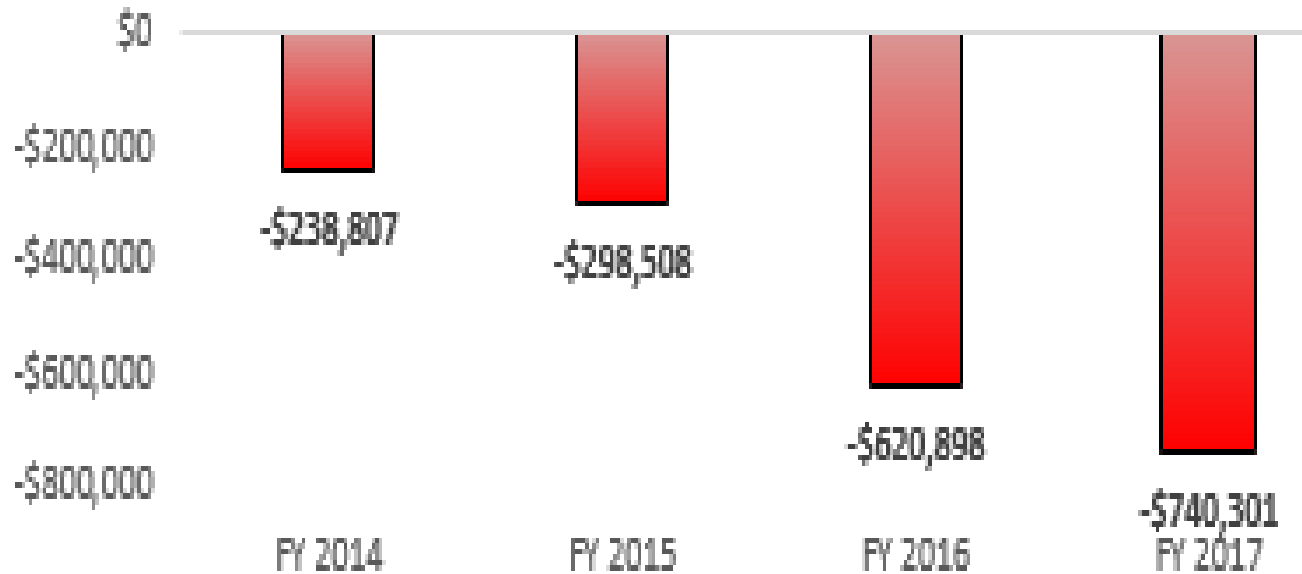
HACs

- Domain 1: AHRQ PSI-90 Safety Composite
  - **PSI 03 – Pressure Ulcer**
  - **PSI 06 – Iatrogenic Pneumothorax**
  - **PSI 07 – Central Venous Catheter-Related Bloodstream Infections**
  - **PSI 08 – Postoperative Hip Fracture**
  - **PSI 12 – Postoperative Pulmonary Embolism or Deep Vein Thrombosis**
  - **PSI 13 – Postoperative Sepsis**
  - **PSI 14 – Postoperative Wound Dehiscence**
  - **PSI 15 – Accidental Puncture or Laceration**
- Domain 2: CDC Infections
  - **CAUTI** – Catheter Associated Urinary Tract Infection
  - **CLABSI** – Central Line Associated Blood Stream Infection
  - **C.Diff** – Clostridium Difficile Infection
  - **MRSA** – Methicillin-Resistant Staphylococcus Aureus Bacteremia
  - **SSI** – Surgical Site Infections for Abdominal Hysterectomy and Colon Procedures

Trending HACs

Survey Section	Measure	Used in a CMS Program?	Endorsed or Aligned with other National Reporting Entities	Applicable to Pediatric Hospitals?	Applicable to Critical Access Hospitals?	How results are publicly reported at www.leapfroggroup.org/compare-hospitals
1	**Basic Hospital Information**			✓	✓	
2	**Medication Safety - Computerized Physician Order Entry (CPOE)**		NQF Safe Practice	✓	✓	Doctors order medications through a computer: summary score plus detail
3	**Inpatient Surgery**					
	Hospital and Surgeon Volume (Structural Measure)**				*	*Will not be scored or publicly reported in 2017*
	Surgical Appropriateness (Structural Measure)**				*	*Will not be scored or publicly reported in 2017*
4	**Maternity Care**					
	Elective Delivery	IQR, VBP	TJC PC-01	*	✓	Early Elective Deliveries: summary score plus detail
	Cesarean Birth		TJC PC-02	*	✓	Cesarean Sections: summary score plus detail
	Episiotomy		NQF #0470	*	✓	Episiotomies: summary score plus detail
	Newborn Bilirubin Screening & DVT Prophylaxis in Women Undergoing Cesarean Section		NQF #0473	*	✓	Maternity Care Quality: summary score plus detail
	High-risk Newborn Deliveries		Vermont Oxford Network, TJC PC-03	*	*	High-Risk Deliveries: summary score plus detail
5	**ICU Physician Staffing**		NQF Safe Practice	✓	*	Specially trained doctors care for ICU patients: summary score only
6	**National Quality Forum's Safe Practices**					Steps to Avoid Harm: summary score plus detail
	SP 1 Leadership Structures and Systems		NQF Safe Practice	✓	✓	Effective leadership to prevent errors

Survey Section	Measure	Used in a CMS Program?	Endorsed or Aligned with other National Reporting Entities	Applicable to Pediatric Hospitals?	Applicable to Critical Access Hospitals?	How results are publicly reported at www.leapfroggroup.org/compare-hospitals
	SP 2 Culture Measurement for Performance		NQF Safe Practice	✓	✓	Staff work together to prevent errors
	SP 4 Identification and Mitigation of Risks and Hazards		NQF Safe Practice	✓	✓	Track and reduce risks to patients
	SP 9 Nursing Workforce		NQF Safe Practice	✓	✓	Enough qualified nurses
	SP 19 Hand Hygiene		NQF Safe Practice	✓	✓	Handwashing
7	**Managing Serious Errors**					
	Never Events Policy			✓	✓	Managing Serious Errors: summary score
	Central-line Associated Blood Stream Infections (ICU and select inpatient wards)	IQR, VBP, HAC Reduction	NQF #0139, CDC/NHSN	✓	✓	Central-Line Infections: summary score plus detail
	Catheter-associated Urinary Tract Infections (ICU and select inpatient wards)	IQR, VBP, HAC Reduction	NQF #0138, CDC/NHSN	✓	✓	Urinary Catheter Infections: summary score plus detail
	Surgical Site Infection: Major Colon Surgery	IQR, VBP, HAC Reduction	NQF #0753, CDC/NHSN		*	Surgical Site Infection Following Major Colon Surgery: summary score plus detail
	Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia	IQR, VBP, HAC Reduction	NQF #1716, CDC/NHSN	✓	✓	MRSA Infections: summary score plus detail
	Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI)	IQR, VBP, HAC Reduction	NQF #1717, CDC/NHSN	✓	✓	C. Difficile Infections: summary score plus detail
	Hospital-acquired Injuries					Hospital-Acquired Injuries: summary score and detail

Survey Section	Measure	Used in a CMS Program?	Endorsed or Aligned with other National Reporting Entities	Applicable to Pediatric Hospitals?	Applicable to Critical Access Hospitals?	How results are publicly reported at www.leapfroggroup.org/compare-hospitals
	Hospital-acquired Pressure Ulcers					Hospital-Acquired Pressure Ulcers: summary score plus detail
	Antibiotic Stewardship Programs		CDC/NHSN	✓	✓	Appropriate Use of Antibiotics in Hospitals; summary score
8	**Bar Code Medication Administration**					
	Bar Code Medication Administration			✓	✓	Safe Medication Administration: summary score plus detail
	Medication Reconciliation**		NQF #2456		✓	*Not publicly reported in 2017*
9	**Pediatric Care**					
	CAHPS Child Hospital Survey**		NQF #2548	✓	*	*Not publicly reported in 2017*
	Pediatric Computed Tomography (CT) Radiation Dose**		NQF #2820	✓	*	*Not publicly reported in 2017*

Audience Participation

How Do You Measure Success?

➤ Metrics- What do you measure? (word cloud)

    ➤ What are the three most important quality metrics your organization tracks?

➤ Dashboards- How do you track it? (multiple choice)

    a) Dashboards in our organization are well understood and usable

    b) Dashboards are available, but really don't help in quality management

    c) We do not use dashboards

➤ How quickly can your organization implement a positive quality performance improvement activity? (multiple choice)

    a) 0-3 months

    b) 3-6 months

    c) 6 months-1 year

Successes, Roadblocks, and Lessons Learned

The Story...

- 200+ beds
- 200 physicians
- 31 specialties
- Level III Trauma Center

The Organization

Proactive in Quality…

➢ Active Quality Committee

➢ Data aggregation and reporting function

➢ Quality monitoring and benchmarking process

➢ Clinical teams focused on certain initiatives

➢ Solid physician relations

But…

➢ Organization faced typical barriers

  ➢ Siloed history

  ➢ Being outpaced by peers

  ➢ Results not mirroring efforts

Barriers to Progress

➢ Clinical and Quality not effectively working together

➢ Oversight process challenged

➢ Too many internal metrics with no relation to national reporting or payment programs

➢ Nurses had difficulty prioritizing, given 'day job'

➢ Human reaction to all of this

How Did They Address This?

➢ Developed a focused value prop for action

    ➢ Quantified the cost of inaction

➢ Prioritized clinical focus areas

➢ Created new clinical PI governance structure

➢ Empowered physician champion

➢ Convened interdisciplinary workgroups; met weekly

➢ Held frank, transparent conversations to address resistance

➢ Focused on the problems, not the people

Lessons Learned and Results

➢ HAC score reduced from 7.0 to 3.04 in one year

➢ Clinical variability reduced across multiple care settings

➢ Data reporting simplified and focused

➢ Teaming for solutions is the new 'culture' at the organization

➢ $1.7M of revenue at risk now protected

➢ Able to focus on additional opportunities

➢ Framework produced during this initiative now being used to address other areas such as readmissions and mortality

Performance on Key Metrics

	Published SIR (through '15)	Updated SIR (through '16)	Status
CAUTI	0.302	0.133	Better
CLABSI	0.548	0.000	Better **Top Decile**
SSI-Abdominal Hysterectomy	0.681	0.346	Better
SSI-Colon Procedure	0.000	0.000	**Top Decile**
MRSA	1.270	1.693	Worse
C. Diff	0.448	0.149	Better
PC-01	0.00%	0.00%	**Top Decile**

Keys to Success

Keys to Success

- Committed and visible leadership

- Stakeholder inclusiveness in the process – leading to early buy-in

- Medical staff leadership and involvement

- Commitment to questioning the status quo

- Clear governance and decision making

- Creating organizational agility

- Effective communications, planning, and execution

- Organizational readiness activities, including transition management and training

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