

Concurrent Session: 4.02

Engaging Nursing Staff
for Better P4P Outcomes

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North Shore-LIJ Health System
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Objectives

- Understand to role of nursing in P4P outcomes
- Identify three strategies for improving P4P outcomes

Background

- North Shore-LIJ Health System is the 6th largest non-for-profit, secular System in the country
- 15 acute care hospitals, 2 LTC sites
- > 5,000 acute care beds
- > 250,000 discharges annually
- > 350,000 ED visits annually
- > 35,000 employees
- > 7,000 full-time and community based MDs
- > 8,000 Registered Nurses

The Problem

- Working on P4P criteria since 2004
- 38% Overall CMS compliance in 2005
- <25% of the RN staff knew about P4P
- <50% of nurse managers understood P4P and their role
- MDs had less of an understanding

The Plan

- Provide nurse managers with the tools and understanding of P4P
- Increase staff awareness and involvement in P4P outcomes
- Increase MD awareness of quality guidelines
- Improve CMS overall compliance by 50% by 2nd quarter 2006

Actions Taken

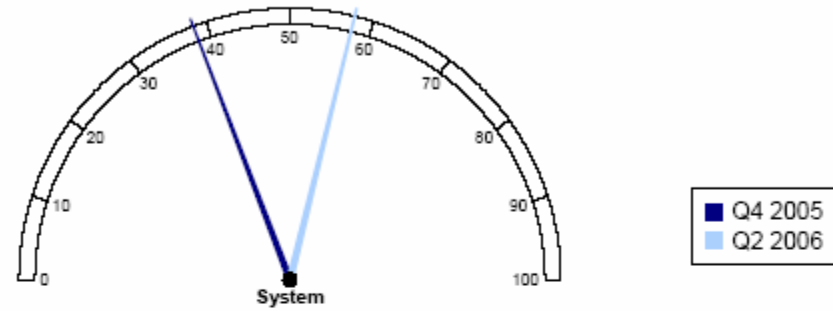
- Intensive 2 day learning session mandatory for all nurse managers
 - CMS guidelines
 - IHI guidelines
 - LOS initiatives
 - Budget monitoring
- Classes conducted in 1st quarter 2006 by content experts
- > 400 participants
- Train the trainer established at each site

Keys to Success

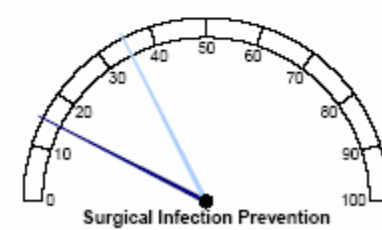
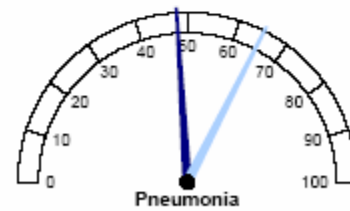
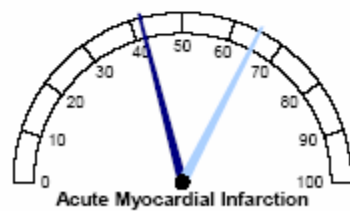
- Senior leadership must take an active role to demonstrate importance
- Set manager's role and expectations
- Consistent reporting of outcome measures and corrective action plan
- Daily multidisciplinary rounds by nurse, MD, Case Manager – concurrent chart review
- Everyone has a role – 24/7
- Staff involved in corrective actions

The Results

Hospital Quality Alliance (HQA) / Public Reporting
Overall Performance Trend
North Shore - LIJ Health System



Performance Trends by Condition



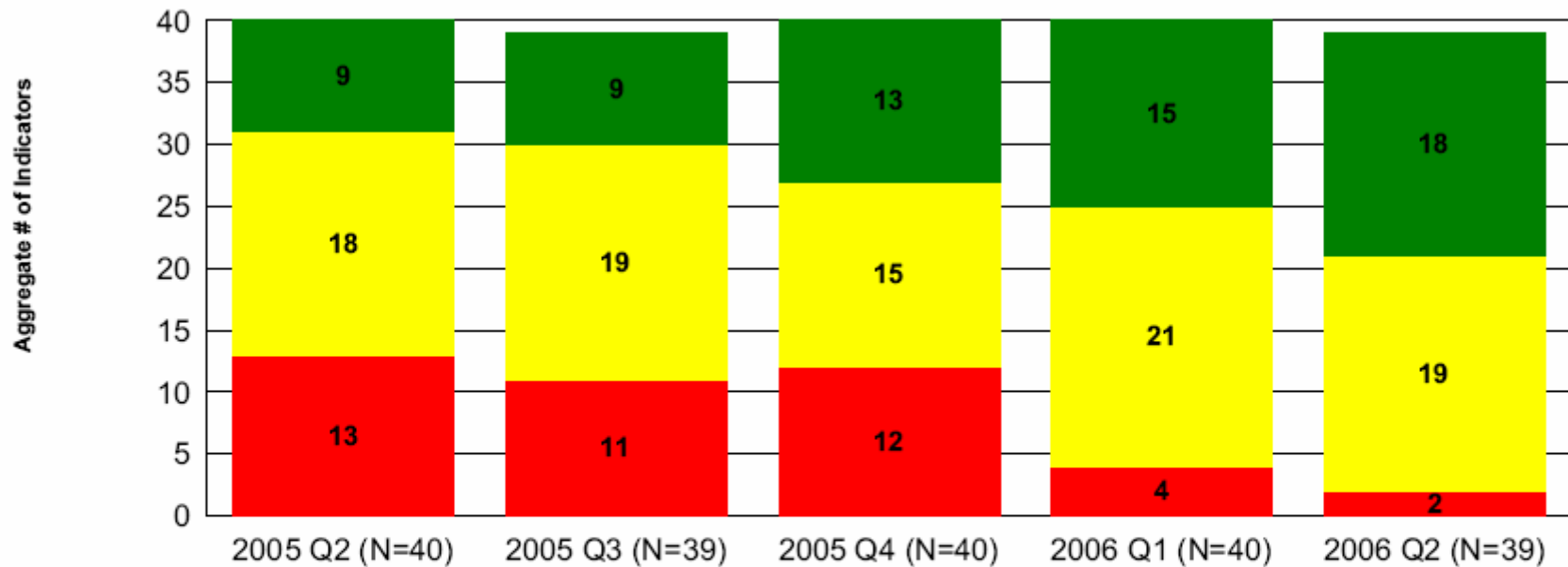
■ Q4 2005 ■ Q2 2006

■ Q4 2005 ■ Q2 2006

HEART FAILURE

CMS Public Reporting

Hospital Quality Alliance / Public Reporting North Shore – LIJ Health System Heart Failure Performance Q4 2005 – Q2 2006



Note: The N, the denominator, represents the number of indicators that all the hospitals were evaluated for in the quarter.



Number of Indicators that Performed Above the CMS 10% Benchmarks.

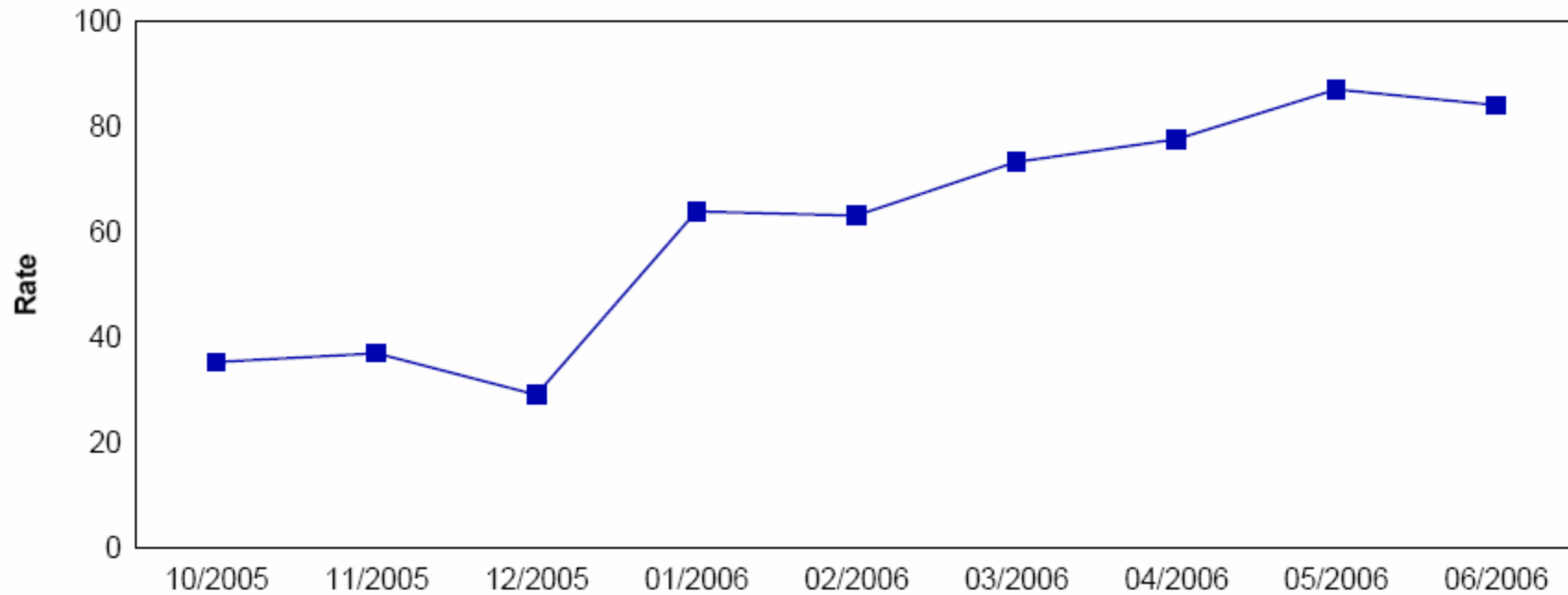


Number of Indicators that Performed Between the CMS 10% and 50% Benchmarks.

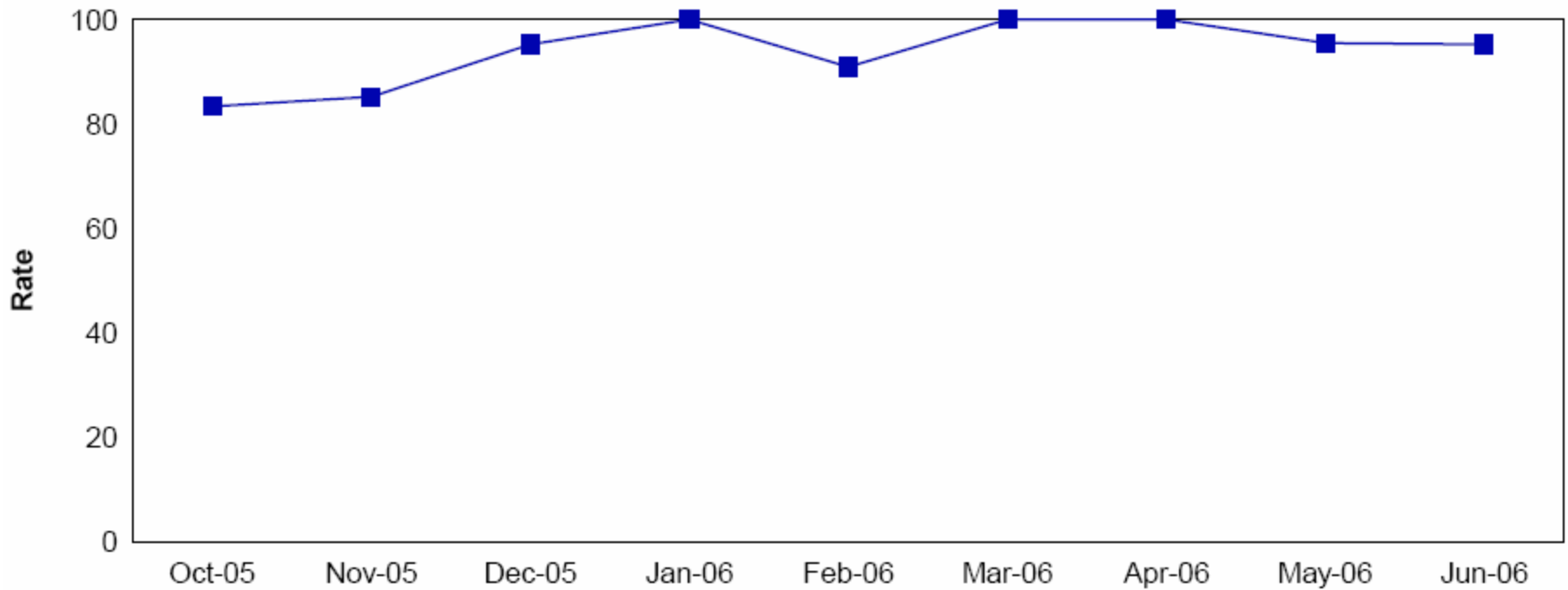


Number of Indicators that Performed Below the 50% Benchmarks.

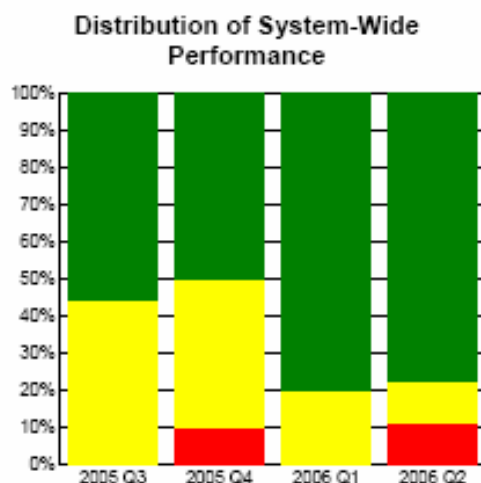
Hospital Quality Alliance / Public Reporting
North Shore – LIJ Health System
Heart Failure – Discharge Instruction Performance Trends
October 2005 – June 2006



Hospital Quality Alliance / Public Reporting
North Shore – LIJ Health System
Heart Failure – Adult Smoking Cessation
October 2005 – June 2006



Adult smoking cessation advice/counseling



■ Percent Indicators Above the CMS 10% Benchmark.
■ Percent Indicators Between the CMS 10% and 50%
■ Percent Indicators Below the CMS 50%

CMS Benchmarks

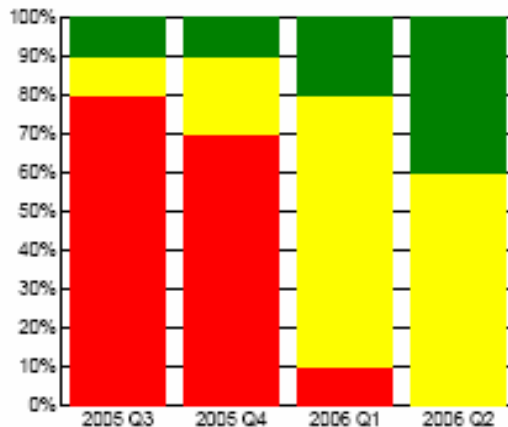
	10%	50%
2005 Q3	100	70
2005 Q4	100	73
2006 Q1	100	75
2006 Q2	100	78

	2005 Q3	2005 Q4	2006 Q1	2006 Q2
Hos A	100 N=3	100 N=7	100 N=4	100 N=4
Hos B	100 N=8	100 N=6	83 N=6	100 N=4
Hos C	80 N=5	100 N=2	100 N=5	100 N=2
Hos D	86 N=7	67 N=6	100 N=4	67 N=3
Hos E	90 N=10	77 N=13	100 N=15	100 N=8
Hos F	86 N=14	100 N=5	90 N=10	100 N=7
Hos G	100 N=4	89 N=9	100 N=4	100 N=4
Hos H	100 N=7	87 N=15	100 N=8	100 N=13
Hos I	100 N=8	86 N=7	100 N=13	93 N=14
Hos J		100 N=2	100 N=1	

■ Hospital Performed Above the CMS 10% Benchmark.
■ Hospital Performed Between the CMS 10% and 50% Benchmarks.
■ Hospital Performed Below the CMS 50% Benchmark.

Discharge instructions

Distribution of System-Wide Performance



- Percent Indicators Above the CMS 10% Benchmark.
- Percent Indicators Btwin the CMS 10% and 50%
- Percent Indicators Below the CMS 50%

CMS Benchmarks

	10%	50%
2005 Q3	86	48
2005 Q4	87	50
2006 Q1	88	53
2006 Q2	90	56

	2005 Q3	2005 Q4	2006 Q1	2006 Q2
Hos A	26 N=46	44 N=39	83 N=40	81 N=48
Hos B	18 N=40	12 N=41	64 N=36	83 N=40
Hos C	21 N=38	30 N=43	61 N=41	83 N=36
Hos D	24 N=50	14 N=51	53 N=53	74 N=46
Hos E	7 N=58	31 N=59	79 N=57	77 N=61
Hos F	11 N=56	16 N=62	59 N=58	93 N=57
Hos G	48 N=42	58 N=40	95 N=44	90 N=41
Hos H	16 N=45	5 N=55	32 N=69	65 N=49
Hos I	97 N=60	92 N=60	89 N=57	93 N=59
Hos J	14 N=7	67 N=3	77 N=13	100 N=15

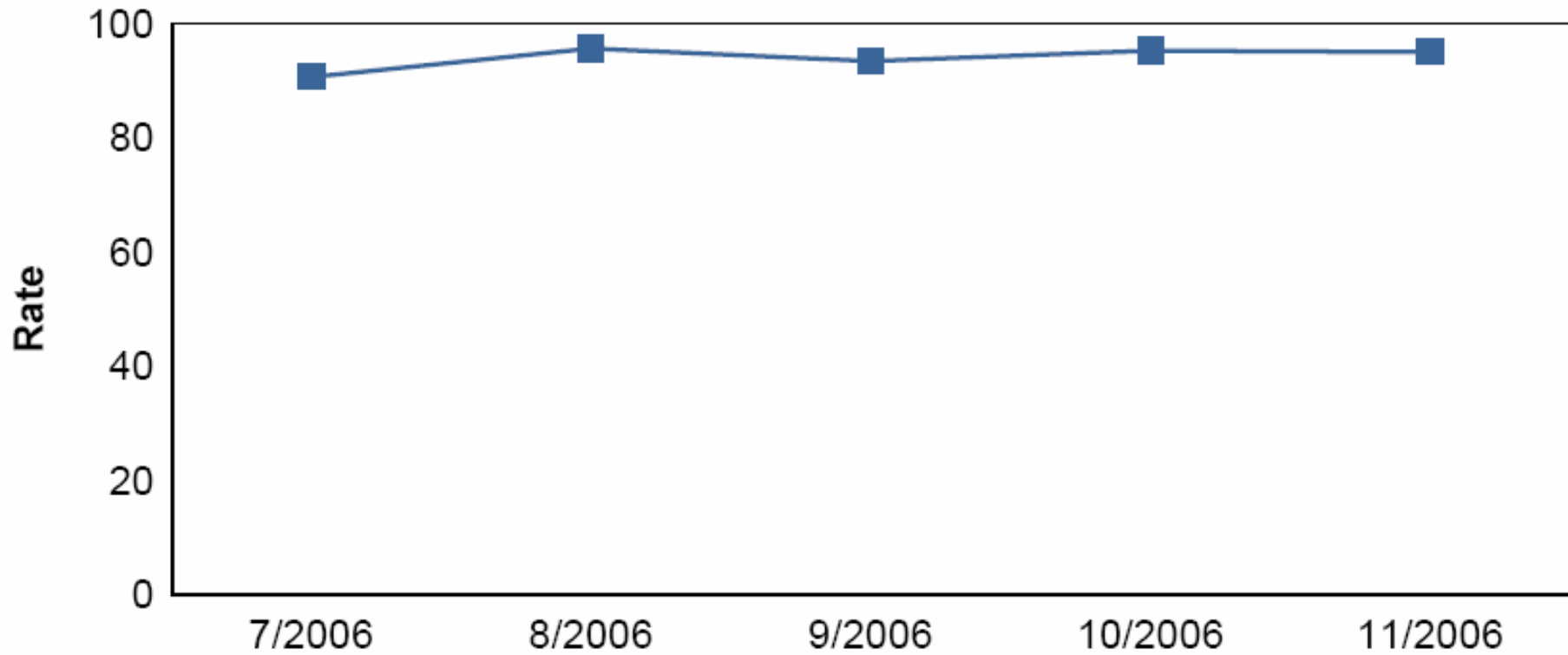
- Hospital Performed Above the CMS 10% Benchmark.
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HEART FAILURE

Hospital Concurrent Review

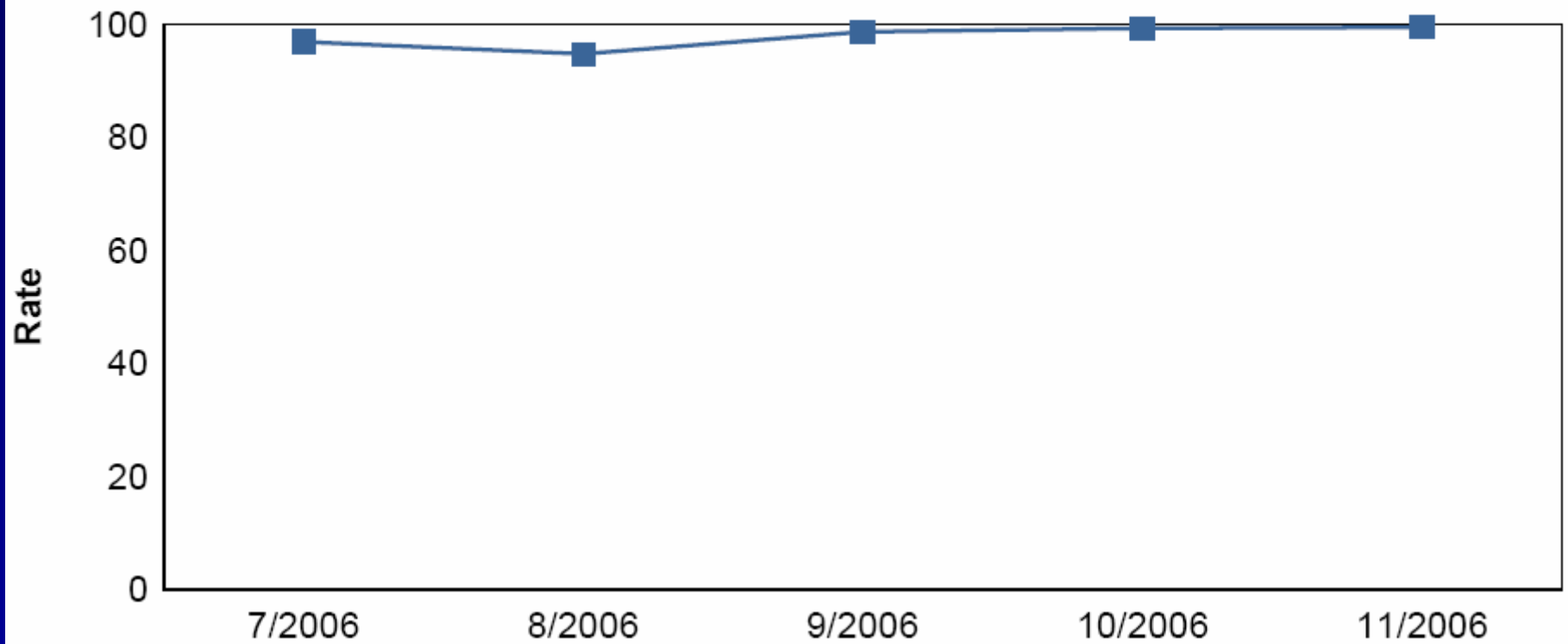
HF - Discharge Instructions

Concurrent Review



HF - Adult Smoking Cessation

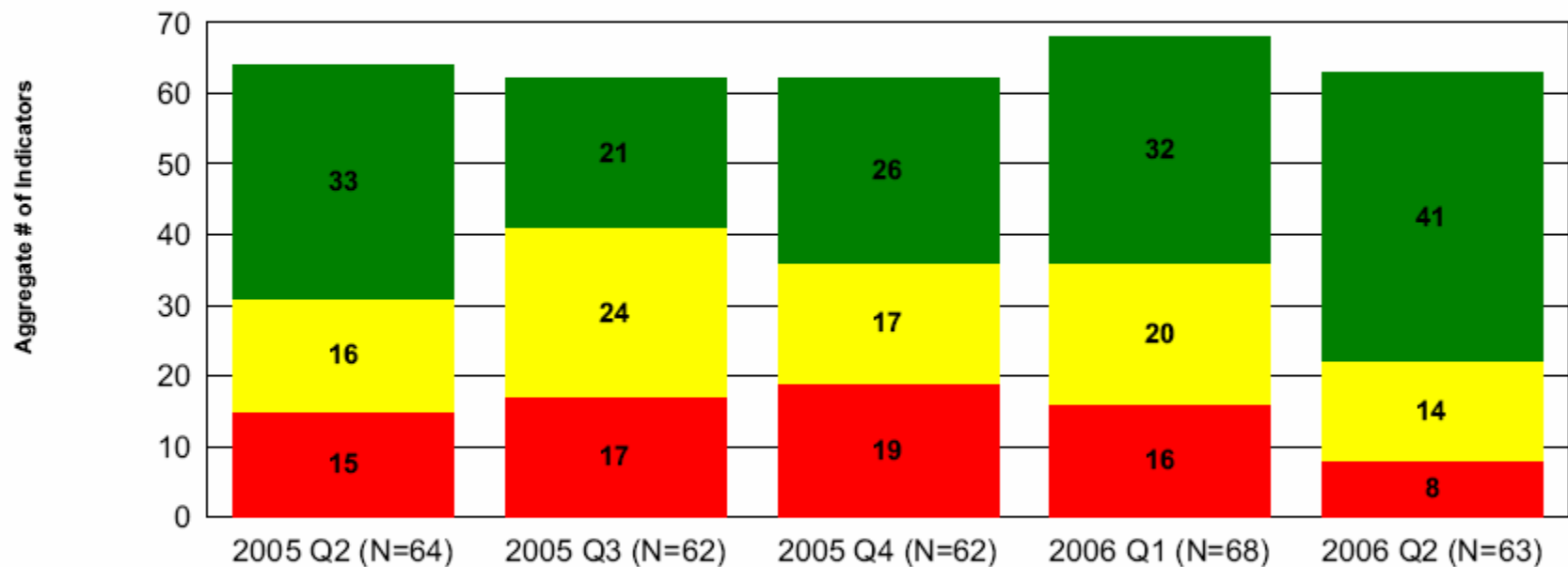
Concurrent Review



AMI

CMS Public Reporting

Hospital Quality Alliance (HQA) / Public Reporting
North Shore - LIJ Health System (Q2 2005 - Q2 2006)
Acute Myocardial Infarction



Note: The N, the denominator, represents the number of indicators that all the hospitals were evaluated for in the quarter.



Number of Indicators that Performed Above the CMS 10% Benchmarks.

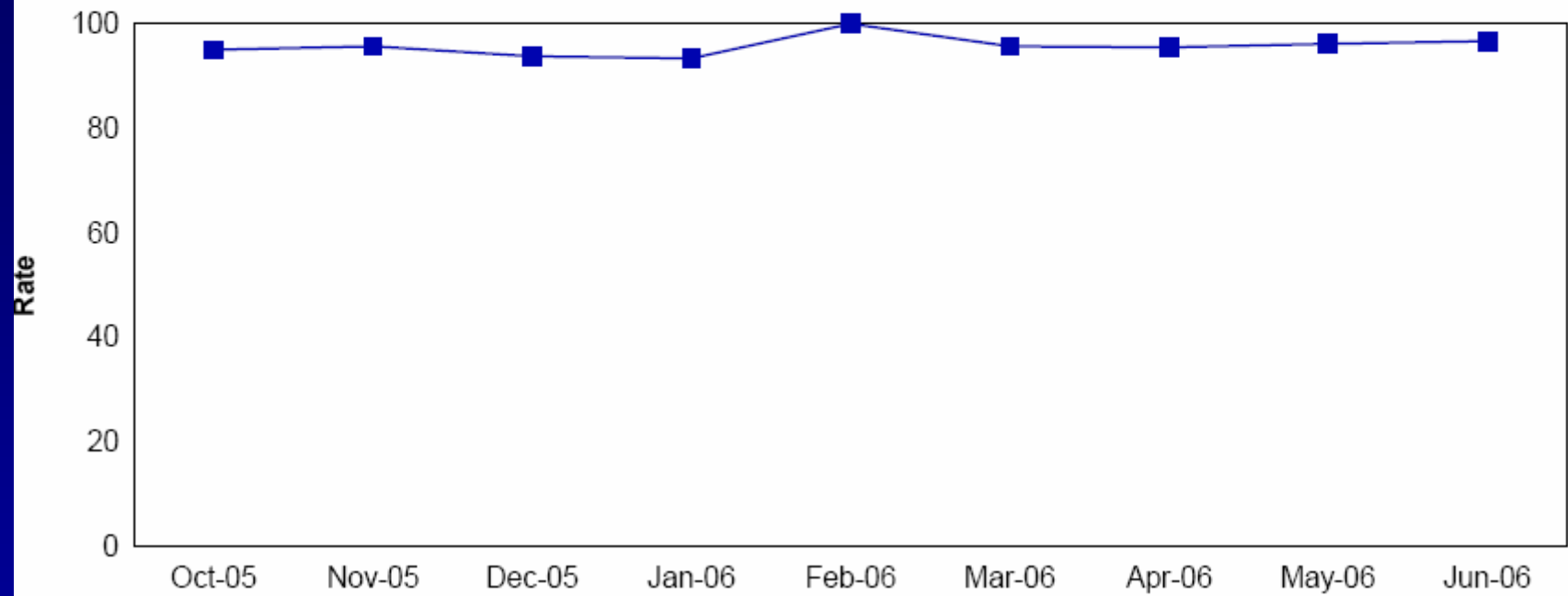


Number of Indicators that Performed Between the CMS 10% and 50%



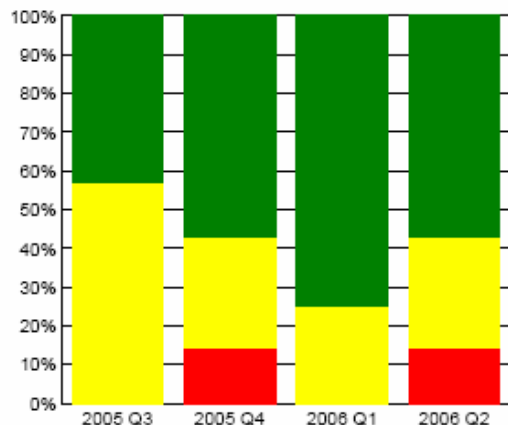
Number of Indicators that Performed Below the 50% Benchmarks.

Hospital Quality Alliance / Public Reporting
AMI - Adult Smoking Cessation
by Month



Adult smoking cessation advice / counseling

Distribution of System-Wide Performance



■ Percent Indicators Above the CMS 10% Benchmark.
■ Percent Indicators Btwn the CMS 10% and 50%
■ Percent Indicators Below the CMS 50%

CMS Benchmarks

	10%	50%
2005 Q3	100	76
2005 Q4	100	78
2006 Q1	100	81
2006 Q2	100	84

	2005 Q3	2005 Q4	2006 Q1	2006 Q2
Hos A	100 N=2			100 N=2
Hos B	100 N=1	100 N=1		
Hos C	100 N=3	67 N=3	100 N=2	50 N=2
Hos D		100 N=3	100 N=5	100 N=4
Hos E	86 N=21	89 N=19	100 N=18	100 N=14
Hos F	88 N=17	100 N=18	100 N=14	100 N=27
Hos G			100 N=1	
Hos H	88 N=8	100 N=9	89 N=9	92 N=13
Hos I	95 N=21	95 N=22	95 N=19	94 N=16
Hos J			100 N=1	

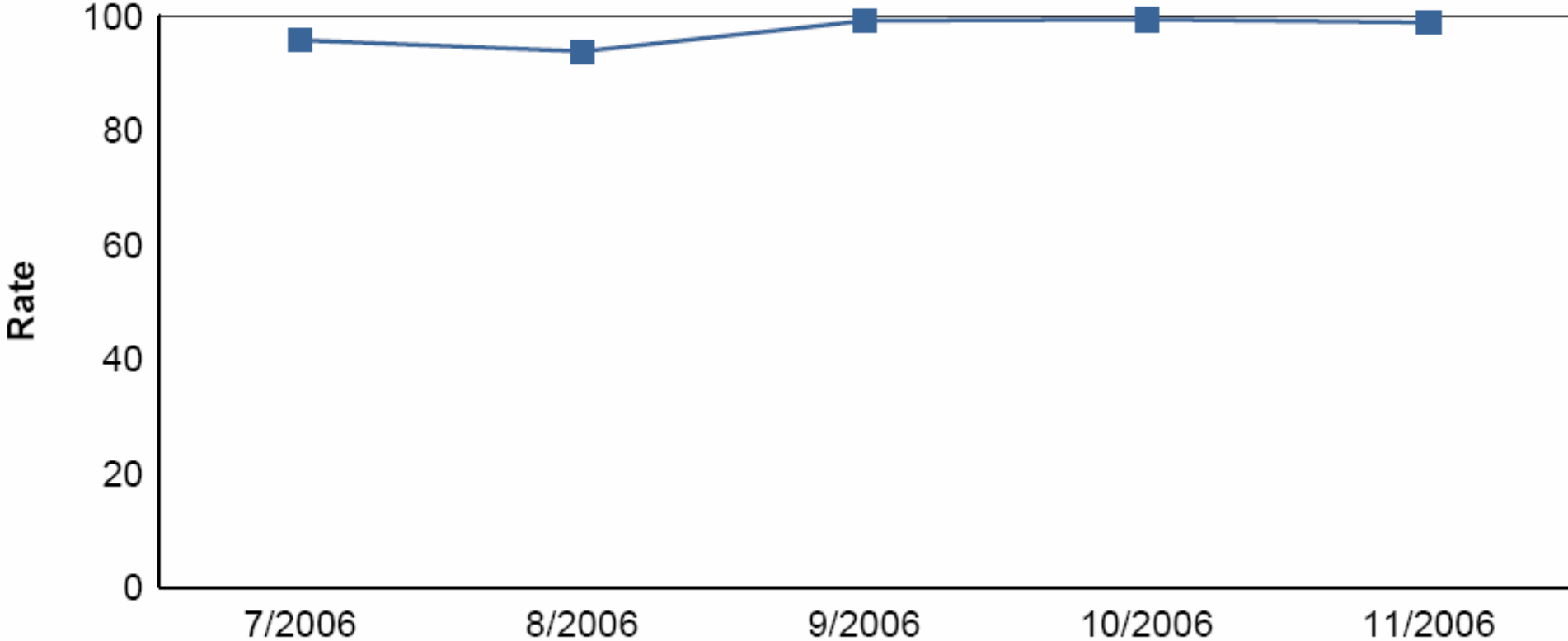
■ Hospital Performed Above the CMS 10% Benchmark.
■ Hospital Performed Between the CMS 10% and 50% Benchmarks.
■ Hospital Performed Below the CMS 50% Benchmark.

AMI

Hospital Concurrent Review

AMI - Adult Smoking Cessation

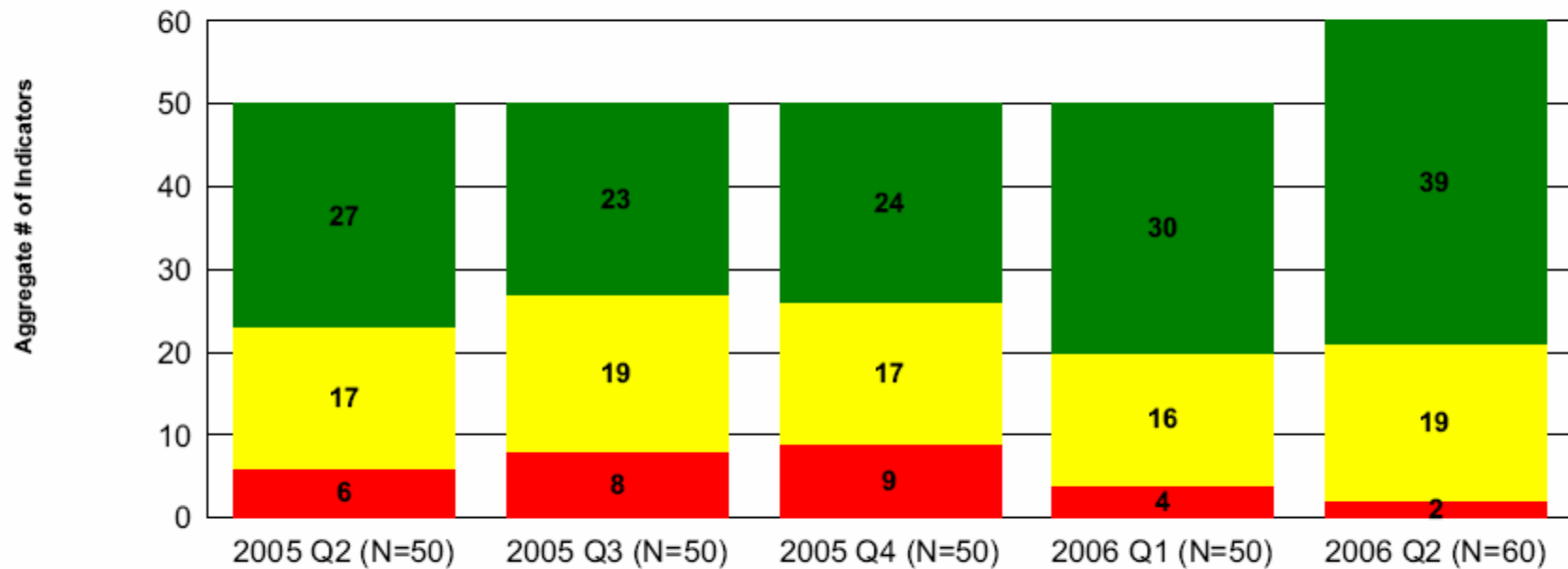
Concurrent Review



PNEUMONIA

CMS Public Reporting

Hospital Quality Alliance (HQA) / Public Reporting
North Shore - LIJ Health System (Q2 2005 - Q2 2006)
Pneumonia



Note: The N, the denominator, represents the number of indicators that all the hospitals were evaluated for in the quarter.



Number of Indicators that Performed Above the CMS 10% Benchmarks.

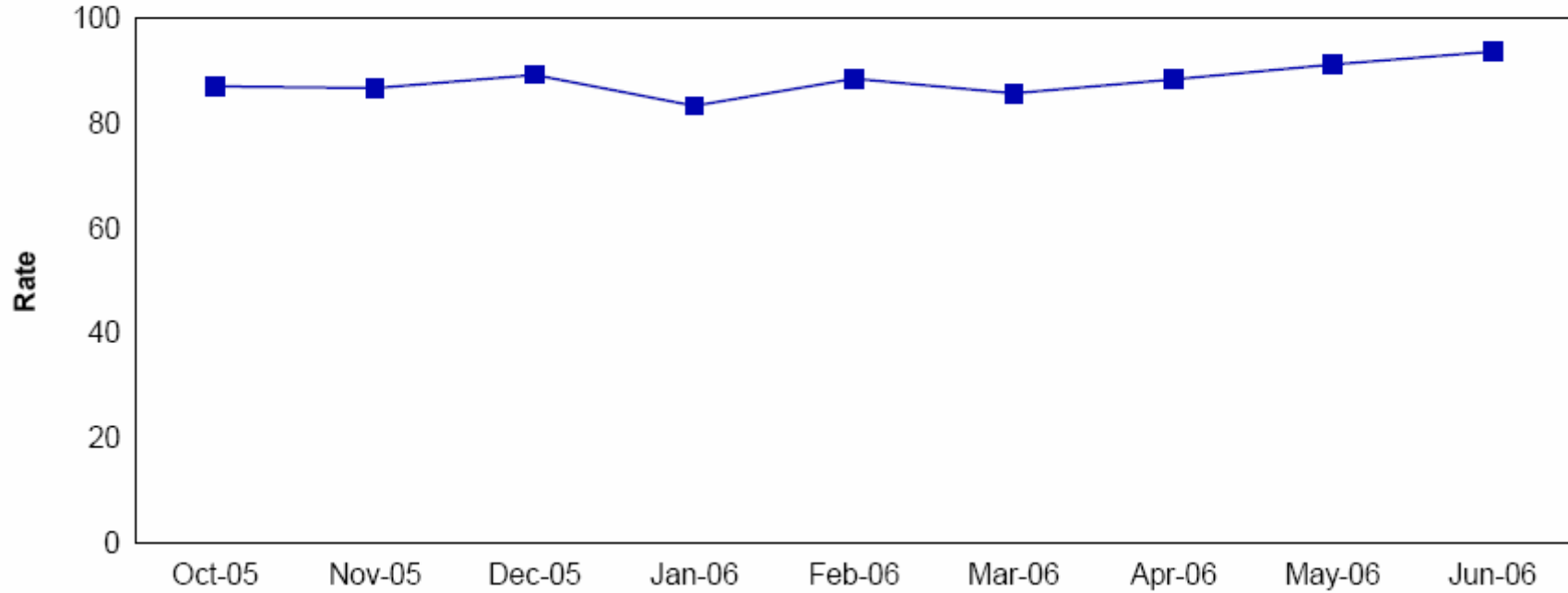


Number of Indicators that Performed Between the CMS 10% and 50% Benchmarks.

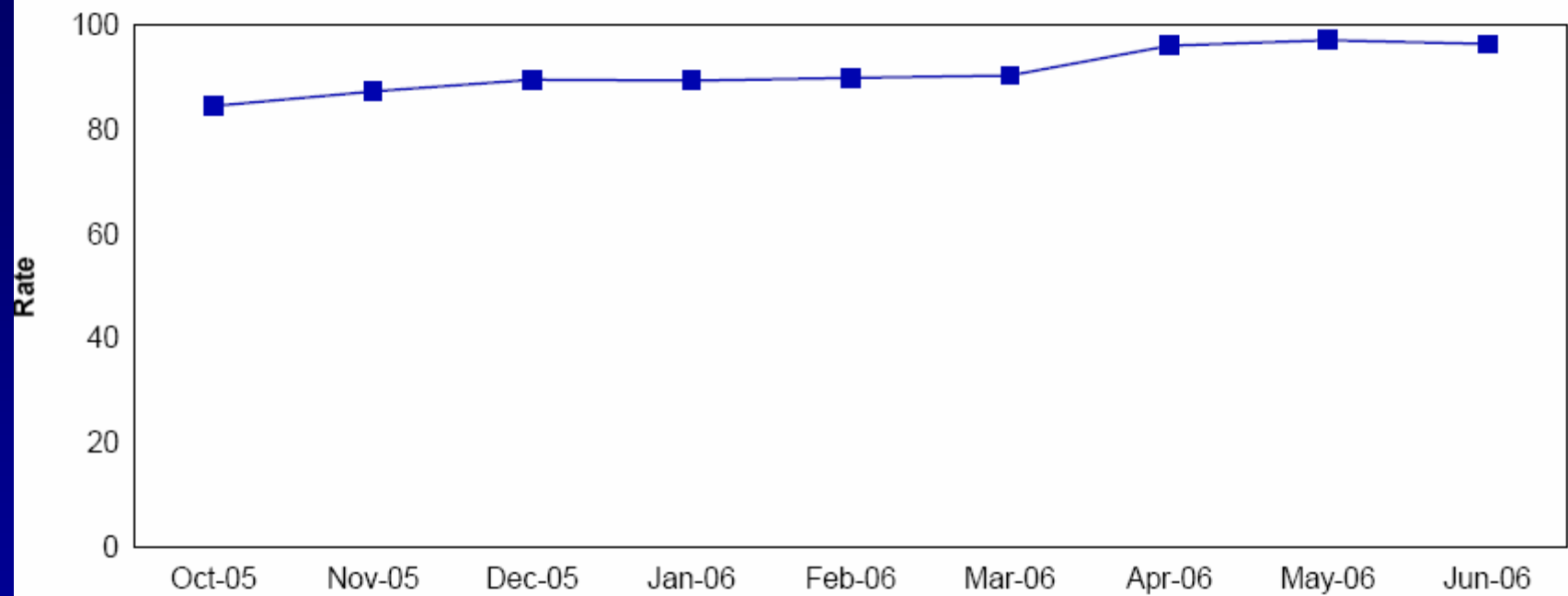


Number of Indicators that Performed Below the 50% Benchmarks.

Hospital Quality Alliance / Public Reporting
PNE - Antibiotic within 4 hours
by Month

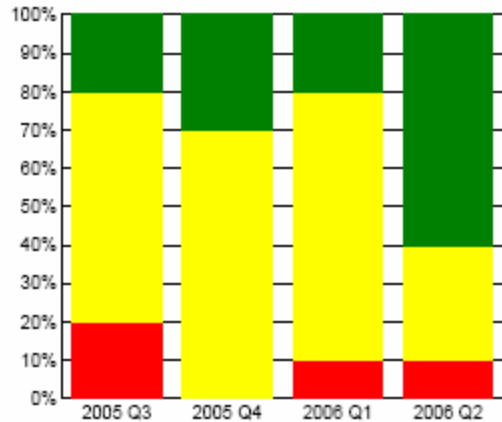


Hospital Quality Alliance / Public Reporting
PNE - Blood Culture
by Month



Initial antibiotic received within 4 hours of hospital arrival

Distribution of System-Wide Performance



■ Percent Indicators Above the CMS 10% Benchmark.
■ Percent Indicators Btwn the CMS 10% and 50%
■ Percent Indicators Below the CMS 50%

CMS Benchmarks

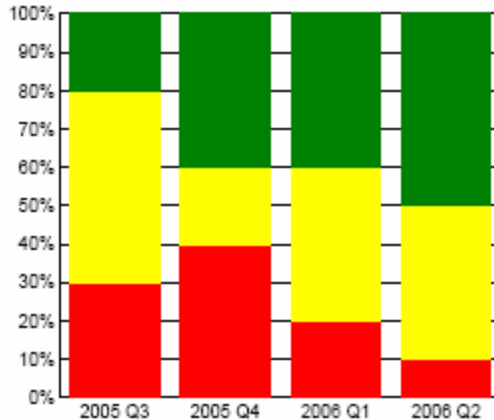
	10%	50%
2005 Q3	91	76
2005 Q4	91	77
2006 Q1	92	77
2006 Q2	92	79

	2005 Q3	2005 Q4	2006 Q1	2006 Q2
Hos A	82 N=28	80 N=35	76 N=34	94 N=35
Hos B	92 N=39	93 N=41	89 N=35	94 N=47
Hos C	85 N=33	86 N=37	83 N=35	100 N=33
Hos D	85 N=41	89 N=35	94 N=33	89 N=36
Hos E	54 N=35	82 N=33	84 N=38	77 N=30
Hos F	84 N=25	86 N=35	83 N=40	84 N=32
Hos G	88 N=32	81 N=36	83 N=36	93 N=41
Hos H	88 N=43	94 N=35	89 N=45	93 N=44
Hos I	68 N=25	89 N=38	83 N=41	83 N=30
Hos J	92 N=13	100 N=25	94 N=36	100 N=36

■ Hospital Performed Above the CMS 10% Benchmark.
■ Hospital Performed Between the CMS 10% and 50% Benchmarks.
■ Hospital Performed Below the CMS 50% Benchmark.

Blood culture before first antibiotic

Distribution of System-Wide Performance



■ Percent Indicators Above the CMS 10% Benchmark.
■ Percent Indicators Btwn the CMS 10% and 50%
■ Percent Indicators Below the CMS 50%

CMS Benchmarks

	10%	50%
2005 Q3	93	82
2005 Q4	93	82
2006 Q1	93	82
2006 Q2	100	90

	2005 Q3	2005 Q4	2006 Q1	2006 Q2
Hos A	83 N=36	80 N=50	79 N=47	98 N=41
Hos B	96 N=47	95 N=44	98 N=47	100 N=50
Hos C	97 N=39	98 N=47	91 N=46	100 N=42
Hos D	91 N=45	86 N=50	91 N=46	96 N=45
Hos E	86 N=35	92 N=37	98 N=42	100 N=36
Hos F	79 N=38	75 N=44	85 N=46	95 N=41
Hos G	84 N=50	94 N=49	96 N=47	100 N=47
Hos H	79 N=47	77 N=43	84 N=50	84 N=44
Hos I	92 N=38	94 N=47	98 N=45	95 N=42
Hos J	75 N=12	76 N=25	76 N=29	100 N=20

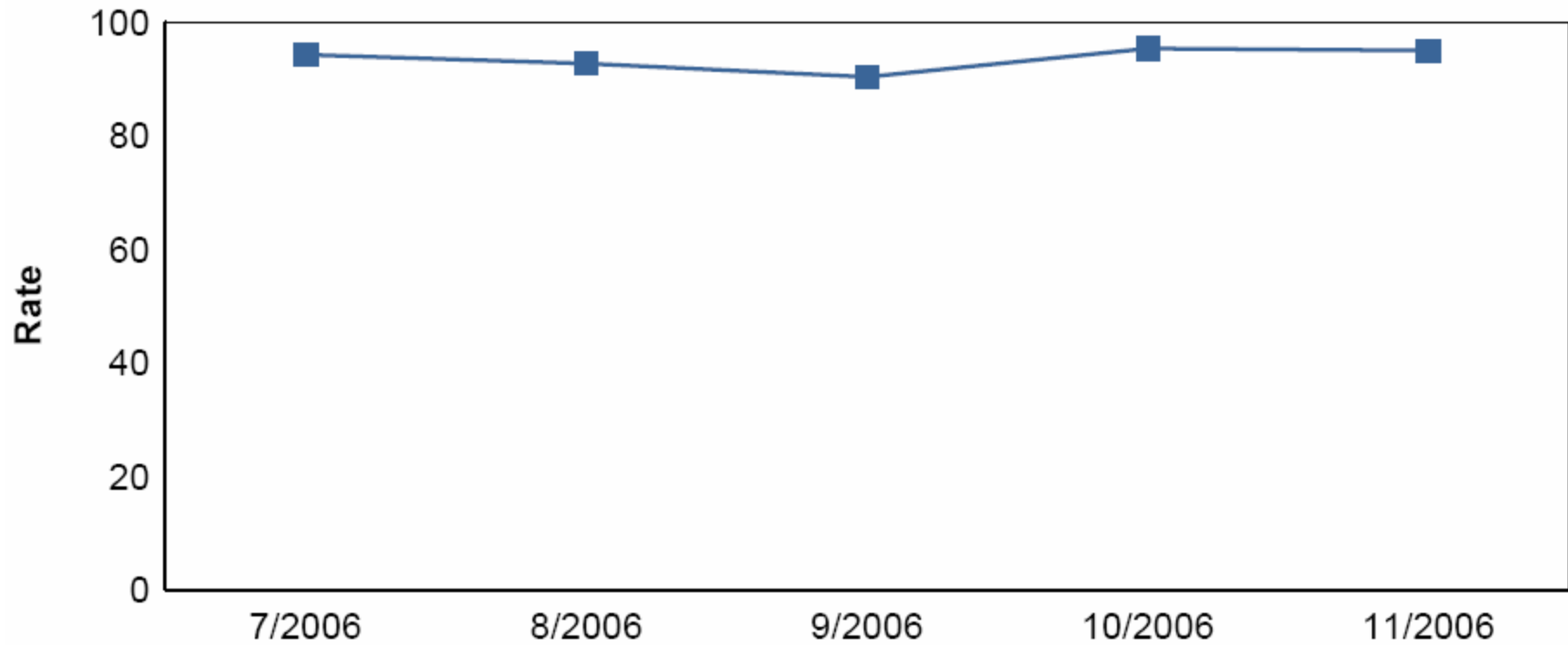
■ Hospital Performed Above the CMS 10% Benchmark.
■ Hospital Performed Between the CMS 10% and 50% Benchmarks.
■ Hospital Performed Below the CMS 50% Benchmark.

PNEUMONIA

Hospital Concurrent Review

PNE - Blood Culture Before First Antibiotic

Concurrent Review



Hospital Quality Incentive (HQI) / Pay - for - Performance System Composite Quality Score Rank Base Year Three: Q4 2005 - Q1 2006 Preliminary

	Acute Myocardial Infarction	Coronary Artery Bypass Grafting	Heart Failure	Hip and Knee Replacement (Medicare Only)	Pneumonia
Hospital A	5		7	9	7
Hospital B	10		9		\$\$
Hospital C	10		9	5	4
Hospital D	7		10	8	\$
Hospital E	8	6	7	3	7
Hospital F	6	9	9	3	5
Hospital G	8		4	\$	3
Hospital H	9		10		8
Hospital I	4	\$\$	\$	4	\$

\$\$: 2% Increase in Reimb. [Rank 1]

\$: 1% Increase in Reimb. [Rank 2]

Tools

QUESTIONS