

QUEST: Collaboration for Performance

*The National Pay for Performance Summit
San Francisco, CA
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Framework for High-Value Healthcare

Underlying
Foundations for the
Framework:

- Measurement
- Senior Leader Engagement



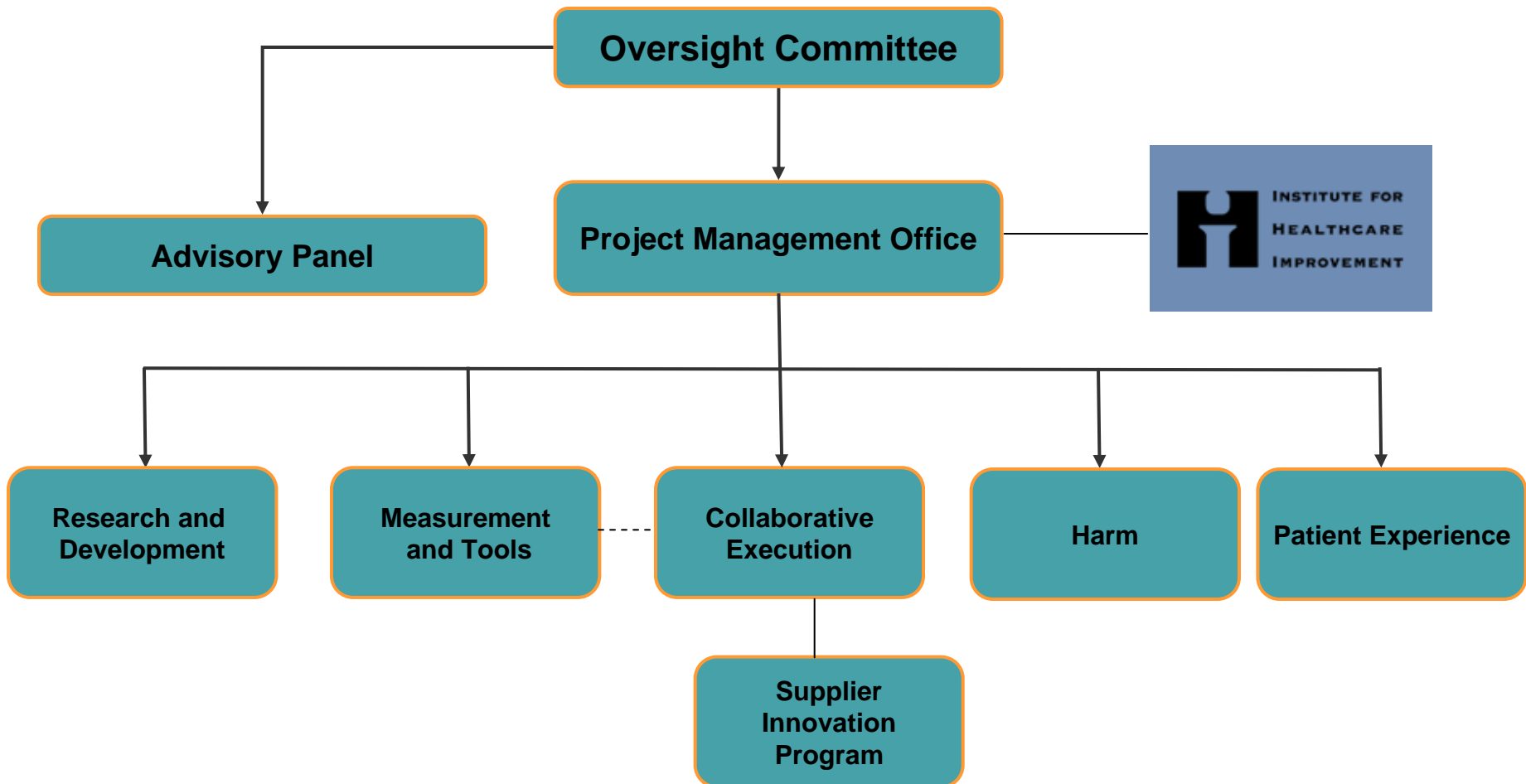
Defining value in healthcare.

Collaboration in QUEST – It Takes Place at Many Levels

- Governance
 - Advisory Panel
 - Oversight Committee
 - Work Groups
 - Strategic Partner – IHI
- Participants
 - In-Person Meetings
 - Virtual learning sessions
 - Sprints
 - Collaboratives
 - 24/7 Access
 - 1:1 Support
- Other Strategic Partnerships



QUEST: Governance



Thought Leadership, Advocacy, Collaboration



QUEST Advisory Panel



- Agency for Healthcare Research and Quality (AHRQ)
- Alliance for Nursing Informatics, University of Minnesota
- American Board of Internal Medicine
- American College of Surgeons
- American Health Information Management Association
- American Heart Association
- American Hospital Association
- American Society for Healthcare Risk Management (ASHRM)
- Blue Cross Blue Shield Association (BCBSA)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Institute for Healthcare Improvement (IHI)
- International Center for Nursing Leadership University of Minnesota
- John D. Stoeckle Center for Primary Care Innovation, Massachusetts General Hospital
- National Business Coalition on Health
- National Patient Safety Foundation (NPSF)
- National Quality Forum
- Office of the National Coordinator for Health Information Technology
- The Commonwealth Fund
- The Joint Commission
- The Rand Corporation

QUEST – Supporting our Members Through Collaborative Activities

Collaboration and Knowledge Transfer

Engaging with QUEST members to improve



National meetings

- Face to face meetings
- Twice per year

Sprints

- 90 day rapid cycle improvement webinar series to help drive improvement in specific indicators

Collaboratives

- 6 to 9 month improvement initiatives focused on a specific condition, disease state or process of care

Evidence-Based Care

- Premier's goal:
 - By 2011, The “All or Nothing” Score on the combined set of 5 care domains will be at least 84%
- Progress:
 - As of June 30, 2009, 86% had achieved the goal
- Collaborative Execution Methodologies Employed
 - Sprints (90 day rapid cycle improvement initiatives)
 - Pneumococcal Immunization
 - Heart Failure Discharge Instructions
 - Surgical Antibiotic Prophylaxis Discontinuation
 - Venous Thromboembolism Prevention
 - Content Provided at National Meetings



Quality and Safety - Hospital-Wide Mortality

- Premier's Goal:
 - Members will achieve a risk adjusted mortality index (o/e) of 0.89 or less by 2011.
- Progress:
 - As of June 30, 2009, 58% of the Charter Members were meeting the goal.
- Methods:
 - Standardized measurement
 - Transparency of data
 - Sharing of best practice and collaborative execution focused on the drivers of mortality
- Collaborative Execution Methodologies Employed
 - Collaboratives
 - Sepsis: Early Identification (in process)
 - End of Life/Palliative Care (to be launched in conjunction with QUEST National Meeting – June 2010)
 - Content provided at semi-annual National Meetings
 - Examples: Post-operative respiratory failure



Quality and Safety – Patient Harm

- Premier's Goal:
 - Members will be in the top quartile of harm avoidance on a severity weighted score of 30 patient harm metrics including:
 - HACs/HAls
 - AHRQ PSI
 - CMS “no added pay”
 - Others
- Methods:
 - Standardized measurement tools
 - Transparency of Data on composited scores and individual metric scores
 - Active Intervention
 - Collaborative Execution Methodology
- Collaborative Execution Methodologies Employed
 - Sprints
 - Central Line Associated Blood Stream Infections
 - Catheter Associated Urinary Tract Infections
 - WHO Surgical Checklist (to launch 2nd Qtr 2009)
 - Collaboratives
 - Perinatal Harm (to launch during 2nd Qtr 2009)
 - Content During QUEST National Meetings
 - Examples -



Cost Reduction

- Premier's Goal:
 - By 2011, members will have achieved a total cost of care / case-mix inflation adj discharge which is better or equal to the historical median of cost of care
- Progress:
 - At the close of 2009, 60% of Charter Members had achieved the goal.
 - Resulting change - \$343 per patient discharge
 - \$577 million reduction in costs during year one when assessed across the Charter Member cohort
- Collaborative Execution Methodologies Employed
 - **Collaboratives**
 - **Supplies** (potentially utilizing the supply mix index) – scheduled for launch in the near term
 - **Labor Management**
 - **National Strategic Partner: Hospital 2 Home** (Focused on reducing readmissions for AMI and Heart Failure patients)
 - **Content at QUEST National Meetings**



Patient Experience

- Premier's Goal:
 - Members will achieve “Top box” + “would you recommend?” at top performance threshold by 2011.
- Methods:
 - Use Collaborative Execution Model to address “High Impact Measures” on HCAHPS
 - Who is the best?
 - Why are they the best?
 - What must Premier do to help everyone get there?
- Collaborative Execution Methodologies Employed
 - Collaboratives
 - Patient Experience
 - Content provided at semi-annual National Meetings
 - Studor Group
 - Susan Edgman-Levitan



Additional Supports for QUEST Participants

- **Performance Improvement Portal** – increase in the volume of improvement documents available for QUEST participants
- **Twelve Month Calendar** developed with learning collaborative execution opportunities identified
- **Clinical Directors** assigned to each participating hospital to provide assistance to QUEST hospitals in their improvement efforts





Welcome

Find “Sprint Advice Package” at the top of your Portal home page



Evidence Based Care Sprint: SCIP-VTE 2 (Appropriate VTE prophylaxis in surg pts)

Success Story

Reprocessing Toolkit
by: [Ed Harris](#)

Attached is a toolkit developed by CHW for use in implementing

Find VTE Sprint advice under “What’s Hot”

To Do

23 Questions 1 Approvals 32 * Reviews

Unviewed Watched Favorites

New advice by favorite people ([0](#))
New answers to my questions ([0](#))
New answers watched questions ([0](#))

Education & Resources

[Premier Safety Institute](#)
[Premier National Health Policy/Advocacy](#)
[Premier In the News](#)
[Premier Press Releases](#)

What's Hot 🔥

[unviewed](#) [view all](#)

QUEST YTD Performance Results Available! - Updated Nov. 2009 [Go](#)

Evidence Based Care Educational Webinar: Improving Surgical Prophylaxis [Go](#)

QUEST EBC> SCIP-VTE2 Sprint [Go](#)

QUEST Sprint: EBC > SCIP VTE 2 Process Map [Go](#)

Performance Improvement Tools to Assess Your ED [Go](#)

Best Practices 🏆

[unviewed](#) [view all](#)

QUEST Sprint: EBC > SCIP VTE 2 Process Map [Go](#)

Cancellation/No Show rates [Go](#)

Laboratory PRISM [Go](#)

Palliative Care Mortality rate [Go](#)

Sprint Advice Package = 15 pieces of cherry-picked, relevant content from the PI Portal

Evidence Based Care Sprint: SCIP-VTE 2 (Appropriate VTE prophylaxis in surg pts)




QUEST Sprint

SCIP VTE 2: Surgery pts who rec'd appropriate VTE prophylaxis within 24 hrs prior to surgery up to 24 hours after surgery end time

15 matches found

Page 1 of 1 • << < 1 > >>

Sort by: 


-
-  [Antithrombotic & Thrombolytic Therapy, 8th Ed ACCP Guidelines](#) ★★★★★
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64 views
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QUEST Sprint: EBC > SCIP VTE 2 Process Map

by: [Leslie Schultz](#)

last update: 11/18/2009

Attachments

 [VTE2 Process Map](#)
Adobe Acrobat Document - 64K <1 min @ 28.8K

VTE (venous thromboembolism), including DVT (deep vein thrombosis) and PE (pulmonary embolism) is the most common preventable cause of hospital death in the United States. Despite existence of evidence-based guidelines, implementation of the recommendations remains a challenge.

In this Sprint, we are focused on one element of the QUEST Evidence-Based Care (EBC) domain: "SCIP VTE2" – timing of VTE prophylaxis in surgical patients. As with other QUEST Sprints, we have compiled best practices, tenets of reliability and tools/resources into a single, "enabled" process map. If you have reviewed your EBC data, and if SCIP VTE2 is a leveraged area of improvement for you, read this posting thoroughly and carefully review the attached process map (be sure to "click" your way through – everything you need to assist you is in there!), then engage a willing MDA/CRNA and a Surgeon and get to work on a first small test of change.

Let's now work through the process – follow along with the process map.

IDENTIFICATION:

Unlike trying to identify the Heart Failure patient, SCIP VTE2 is much easier – these are folks > 18 years of age, who will be admitted as an inpatient post operatively for an inpatient LOS of greater than or equal to 3 calendar days before being discharged. Understanding the NHQM measure specs (inclusion/exclusions) is imperative. At various points preoperatively, e.g., surgery scheduling, pre-operative assessment /clinic/testing and during anesthesia intake ask "is this patient eligible for VTE/bleeding risk assessment and VTE prophylaxis?" If yes, what's the plan for peri-op VTE prophylaxis? For patient on chronic therapeutic anticoagulation therapy (warfarin), what's the plan for "bridge therapy"? For highest clinical quality and patient safety, always combine VTE risk and bleeding risk assessments together. For bleeding risk – what's the plan for major blood loss and are we prepared?

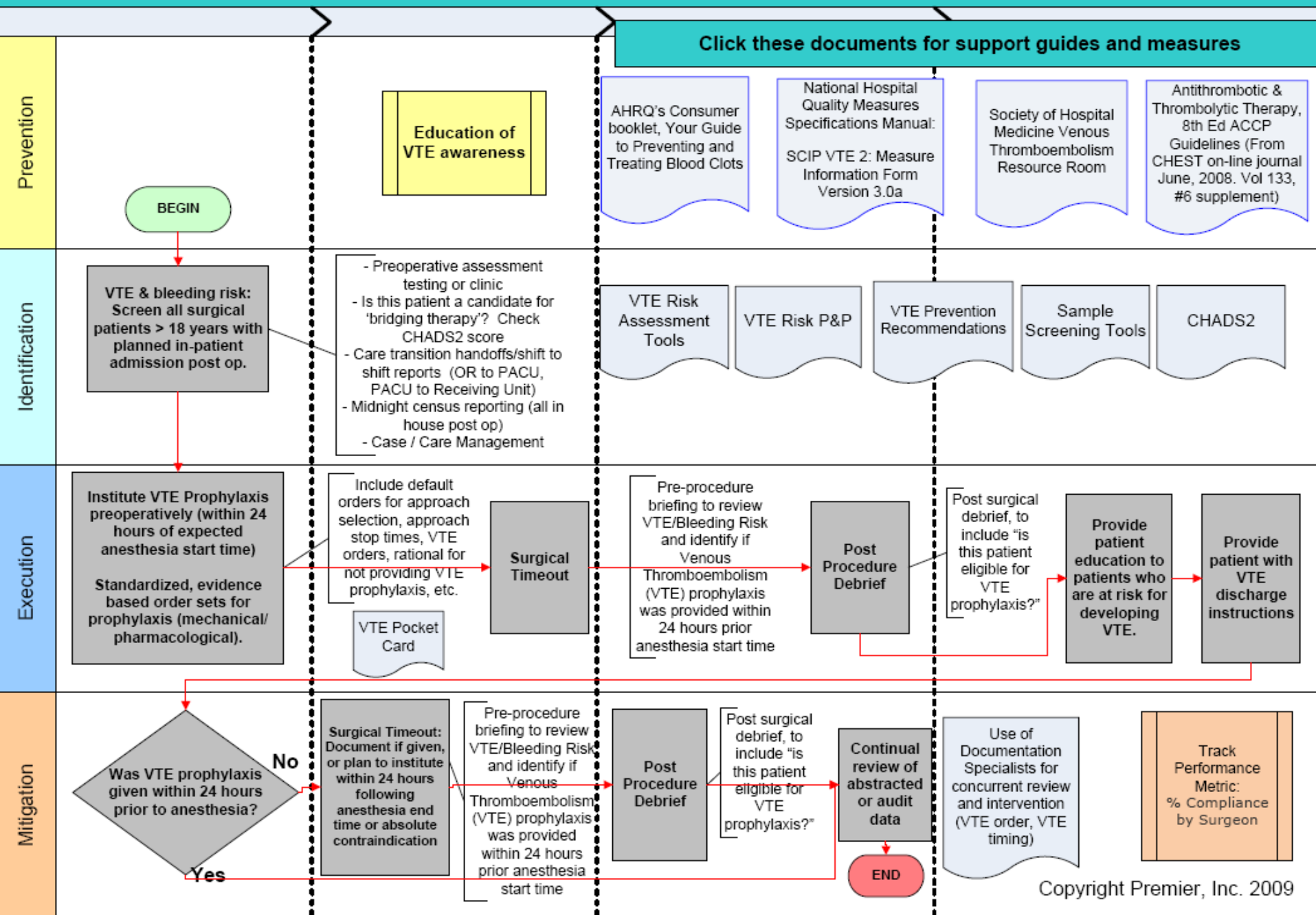
Other opportunities to IDENTIFY surgical patients eligible for VTE prophylaxis include:

- prior to induction
- during the surgical timeout
- during the post surgical debrief
- at the handoff to PACU
- at the PACU to ICU/receiving unit hand off
- during shift rounds on the receiving unit
- during a review of midnight census and in house post ops
- as 6 am labs are ordered (synchronize VTE prophylaxis with SCIP 4 in appropriate cases.

<http://premier.involvetechology.com/si?iid=15540>

Premier Care Process Flow: Evidence Based Care > SCIP > SCIP VTE 2

Surgery pts who received appropriate VTE prophylaxis within 24 hrs prior to surgery up to 24 hours after surgery end time



Other Quality–Related Collaborative Partnerships

- American College of Cardiology – Door To Balloon
- American College of Cardiology/IHI – Hospital to Home Initiative
- IHI's 100K Lives Campaign
- IHI's 5 Million Lives Campaign
- Florida Quality Council
- North Carolina Hospital Association
- Others Internal to Premier
 - HIT
 - Accountable Care Organizations (New)
 - Perinatal Safety
 - Performance WorkGroups



For Additional Information:

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