OhioHealth Quality and Patient Safety

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June, 2014
OHA Annual Conference
Dr. W. Edwards Deming

- Father of quality improvement
- Best known for Plan-Do-Check-Act cycle
- Deployed to Japan after WWII to help with the census and transformed their auto and manufacturing industries

“Quality starts in the boardroom and it does not happen all at once – there is no instant pudding.”
The Business Case for Quality

Deming’s Quality Chain Reaction
Deming’s First Principle: Create and Communicate Aims and Purposes of the Company

- Mission: To improve the health of those we serve.
- Vision: Where people want to work, where physicians want to practice and, most importantly, where patients want to go when they need healthcare services.
- Cardinal Value: We honor the dignity and worth of each person.
- Values:
  - Compassion
  - Excellence
  - Stewardship
  - Integrity
### OhioHealth Clinical Quality Grid

<table>
<thead>
<tr>
<th>Indicators</th>
<th>June 2004</th>
<th>FY04 YTD Average thru June 2004</th>
<th>FY04 TARGET</th>
<th>FY05 TARGET</th>
<th>FY06 TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>% AMI Asprin at arrival</td>
<td>95.0</td>
<td>100</td>
<td>&gt;99</td>
<td>&gt;99</td>
<td>100</td>
</tr>
<tr>
<td>% AMI Asprin at discharge</td>
<td>95.2</td>
<td>98.1</td>
<td>&gt;99</td>
<td>&gt;99</td>
<td>100</td>
</tr>
<tr>
<td>% AMI Beta Blocker at arrival</td>
<td>100</td>
<td>100</td>
<td>&gt;97</td>
<td>&gt;98</td>
<td>100</td>
</tr>
<tr>
<td>% AMI Pt. d/c on Beta Blockers</td>
<td>91.8</td>
<td>97.0</td>
<td>&gt;97</td>
<td>&gt;98</td>
<td>100</td>
</tr>
<tr>
<td>% AMI ACEI in LVSD</td>
<td>60.0</td>
<td>77.8</td>
<td>&gt;87</td>
<td>&gt;93</td>
<td>100</td>
</tr>
<tr>
<td>% HF LVF assessment</td>
<td>88.5</td>
<td>99.1</td>
<td>&gt;86</td>
<td>&gt;93</td>
<td>100</td>
</tr>
<tr>
<td>% HF ACEI in LVSD</td>
<td>71.0</td>
<td>81.5</td>
<td>&gt;91</td>
<td>&gt;95</td>
<td>100</td>
</tr>
<tr>
<td>% CAP Pts. Given ATB within 4 hours of arrival</td>
<td>75.0</td>
<td>70.7</td>
<td>&gt;79</td>
<td>&gt;89</td>
<td>100</td>
</tr>
<tr>
<td>% CAP Pneumonia screening and/or vaccination</td>
<td>46.2</td>
<td>65.7</td>
<td>&gt;21</td>
<td>&gt;42</td>
<td>64</td>
</tr>
<tr>
<td>% CAP Oxygenation assessment</td>
<td>100</td>
<td>100</td>
<td>&gt;97</td>
<td>&gt;99</td>
<td>100</td>
</tr>
<tr>
<td>% Pts. with Heart Failure readmitted within 31</td>
<td>13.3</td>
<td>7.6</td>
<td>≤5.5</td>
<td>≤5.8</td>
<td>≤5.5</td>
</tr>
<tr>
<td>days of discharge with Heart Failure</td>
<td>8.5</td>
<td>6.0</td>
<td>≤6.0</td>
<td>≤5.5</td>
<td>≤5.5</td>
</tr>
<tr>
<td>TQPM Pain Management Score (scale 0 - 100)</td>
<td>55.0</td>
<td>71.3</td>
<td>≥52.0</td>
<td>&gt;55.0</td>
<td>≥58.0</td>
</tr>
<tr>
<td>Nosocomial Pneum. in vent Pt. (% per 1000 vent days)</td>
<td>4.000</td>
<td>0.000</td>
<td>≤9.013</td>
<td>≤8.856</td>
<td>≤8.700</td>
</tr>
<tr>
<td>ADE events (Opioids)</td>
<td>5</td>
<td>15</td>
<td>≤162 (FY CUM)</td>
<td>≤336 (FY CUM)</td>
<td>≤153</td>
</tr>
</tbody>
</table>

### 2004 Scorecard:
- Reflects data for 2 campuses
- No accountability scores
- Static view of data
- Little focus on product

Adapt, constantly improve, include everyone in the company...
FY14 Patient Safety / Clinical Quality Bundled Metrics Summary

<table>
<thead>
<tr>
<th>Weighting</th>
<th>Indicators</th>
<th>FY14 Targets</th>
<th>FY14 YTD Avg. Thru November 2013</th>
<th>YTD Accountability Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>70%</td>
<td>Clinical Outcome Measures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20%</td>
<td>Patient Safety Bundle</td>
<td>1.345</td>
<td>1.455</td>
<td>2.0</td>
</tr>
<tr>
<td>10%</td>
<td>Mortality Ratio - CABG, Observed Over Expected</td>
<td>1.053</td>
<td>0.669</td>
<td>4.0</td>
</tr>
<tr>
<td>10%</td>
<td>Mortality Ratio - PCI AMI, Observed Over Expected</td>
<td>0.980</td>
<td>0.932</td>
<td>4.0</td>
</tr>
<tr>
<td>10%</td>
<td>Heart Failure 30 Day Readmission</td>
<td>16.6%</td>
<td>15.4%</td>
<td>4.0</td>
</tr>
<tr>
<td>10%</td>
<td>Pneumonia 30 Day Readmission</td>
<td>13.2%</td>
<td>12.2%</td>
<td>4.0</td>
</tr>
<tr>
<td>10%</td>
<td>Hand Hygiene Observation Compliance</td>
<td>90.0%</td>
<td>87.1%</td>
<td>3.0</td>
</tr>
<tr>
<td>30%</td>
<td>Clinical Process Measures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10%</td>
<td>Stroke Patient Level Bundle</td>
<td>96.0%</td>
<td>98.6%</td>
<td>4.0</td>
</tr>
<tr>
<td>10%</td>
<td>SCIP All Measures Patient Level Bundle</td>
<td>98.0%</td>
<td>96.9%</td>
<td>3.0</td>
</tr>
<tr>
<td>10%</td>
<td>IMM 1a - Pneumonia Immunization</td>
<td>97.0%</td>
<td>97.8%</td>
<td>4.0</td>
</tr>
</tbody>
</table>

Total Accountability Score: 3.4

- Adapt and innovate
- A philosophy of continuous learning and improvement
- Include everyone in the company
“Learning is not compulsory... neither is survival”

- Error Prevention Training
- Red Rules
- Unusual Occurrence Reporting
- Root Cause Analysis
- Lateral Integration
- Safety Alerts
- Leadership Academies
“Quality is the result of a carefully constructed cultural environment.”

<table>
<thead>
<tr>
<th>Satisfaction: Quality of Patient Care</th>
<th>Period</th>
<th>n</th>
<th>Mean Score</th>
<th>National Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>April 2013</td>
<td>1,184</td>
<td>85.7 **</td>
<td>99th</td>
</tr>
<tr>
<td></td>
<td>May 2012</td>
<td>965</td>
<td>83.8</td>
<td>99th</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Satisfaction: Ease of Practice</th>
<th>Period</th>
<th>n</th>
<th>Mean Score</th>
<th>National Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>April 2013</td>
<td>1,172</td>
<td>87.3 *</td>
<td>99th</td>
</tr>
<tr>
<td></td>
<td>May 2012</td>
<td>954</td>
<td>86.0</td>
<td>99th</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Satisfaction: Summary Assessments</th>
<th>Period</th>
<th>n</th>
<th>Mean Score</th>
<th>National Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>April 2013</td>
<td>1,194</td>
<td>88.5 **</td>
<td>99th</td>
</tr>
<tr>
<td></td>
<td>May 2012</td>
<td>977</td>
<td>85.5</td>
<td>96th</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Engagement: Communicate &amp; Collaborate</th>
<th>Period</th>
<th>n</th>
<th>Mean Score</th>
<th>National Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>April 2013</td>
<td>1,168</td>
<td>77.9 **</td>
<td>99th</td>
</tr>
<tr>
<td></td>
<td>May 2012</td>
<td>958</td>
<td>74.6</td>
<td>96th</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Engagement: Final Assessments</th>
<th>Period</th>
<th>n</th>
<th>Mean Score</th>
<th>National Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>April 2013</td>
<td>1,188</td>
<td>89.3</td>
<td>97th</td>
</tr>
<tr>
<td></td>
<td>May 2012</td>
<td>979</td>
<td>88.2</td>
<td>93rd</td>
</tr>
</tbody>
</table>

*Statistically significant at .05
**Statistically significant at .01
"The result of long-term relationships is better and better quality, and lower and lower costs." — W. Edwards Deming

<table>
<thead>
<tr>
<th>Overview/ Accomplishments</th>
<th>• APExS (Advancing Process Excellence and Systemness) was launched in 2008 as a project but is now how we do business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Benchmarked to peer group and set target to achieve <strong>25th percentile in cost across the system</strong></td>
</tr>
<tr>
<td></td>
<td>• To date, 44 teams proposed 247 initiatives (<strong>170 initiatives complete</strong>)</td>
</tr>
<tr>
<td></td>
<td>• LEAN /Six Sigma tool kit</td>
</tr>
<tr>
<td></td>
<td>• Substantial cost reductions and elimination of waste</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aspirations</th>
<th>• Waste assessments are currently underway for several business units and service lines</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• FY14-15 savings projection exceeding target</td>
</tr>
<tr>
<td></td>
<td>• Plan is to identify 10+ new projects for FY15/FY16</td>
</tr>
</tbody>
</table>

1. Savings through Nov. 2012
2014 Leapfrog Scores

How did WE compare?

All eligible OH hospitals with a score of “A”
**Decision Making Hierarchy**

- **Hospital MEC**
  - Review and approve hospital-wide quality, safety, credentialing and peer review efforts

- **Hospital Governance Council**
  - Review and approve/amend actions from MEC

- **OhioHealth Quality of Care Committee**
  - Review and approve/amend actions from the Governance Council