Session Objectives

- Describe the six areas of focus of the QUEST initiative.

- Identify five tactics implemented by high-performing QUEST hospitals to achieve top performance in evidence-based care, mortality, safety, patient experience, readmissions, and cost.

- Explain the value of transparent measurement and QUEST’s collaborative methodology in driving improvement across the participating hospitals.
Premier is the largest healthcare alliance in the U.S.

Our Mission: to improve the health of communities

- Primarily Owned by health systems
- Uniting more than 2,900 hospitals – 57% of U.S. community hospitals – and 100,000 alternate sites of care
- $40+ Billion in group purchasing volume – saving $5 Billion through collaboration, integrated data, and sharing of best practice
- Database representing 1 in every 4 U.S. hospital discharge
- 2.5 Million real-time clinical transactions per day

Supply chain efficiency
Cost & quality improvement
Actionable intelligence

Ensuring success through reform

Value-based purchasing: HACs, quality, efficiency, cuts
Bundled payment
Shared savings & Global payment

MOVEMENT TO INTEGRATED CARE, NEW PAYMENT MODELS & RISK

High Performing Hospitals
- Most efficient total cost
- Most efficient supply chain
- Best outcomes in quality, safety
- Waste elimination
- Satisfied patients

High Value Episodes
- DRG and episode targeting
- Care models and gainsharing
- Data analytics
- Cost management

Population Management
- Population analytics
- Care management
- Financial modeling and management
- Physician integration
Two-thirds of IPPS hospitals were penalized for excess readmissions in FY 2014 (similar to FY 2013).

Less than 1 percent of IPPS hospitals eligible for the readmissions program received the maximum 2% penalty – FY 2013 8 percent received maximum 1% penalty

Analysis based on readmissions payment penalty adjustment factors released with the FY 2014 final IPPS rule.
30% of IPPS hospitals are losing payment due to both the VBP and excess readmission penalty program
Almost 50% are cut under one program or the other
Less than a quarter of hospitals are escaping cuts from both programs

QUEST began in 2008 with 157 charter hospitals and now there are more than 350 participating hospitals.

<table>
<thead>
<tr>
<th>Year</th>
<th>Hospital deaths avoided</th>
<th>Dollars saved</th>
<th>Patients receiving all EBC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>6,951</td>
<td>$683M</td>
<td>9,427</td>
</tr>
<tr>
<td>Year 2</td>
<td>21,099</td>
<td>$2.12B</td>
<td>24,091</td>
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<td>Year 3</td>
<td>42,388</td>
<td>$4.55B</td>
<td>42,878</td>
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<tr>
<td>Year 4</td>
<td>72,353</td>
<td>$7.53B</td>
<td>66,531</td>
</tr>
<tr>
<td>Year 5</td>
<td>111,662</td>
<td>$10.12B</td>
<td>93,934</td>
</tr>
</tbody>
</table>

Results based upon all members in QUEST as of Q4 2012; results are cumulative.
### QUEST delivering measureable results

#### Mortality
- 39% improvement.
- Sepsis dropped from #1 driver to #14.

#### Cost of care
- 19% decrease in CMI/inflation adjusted costs.
- ~$1,200 drop in mean cost/discharge.

#### Evidence-based care
- 17% improvement in evidence-based care.
- 96% compliance achieved benefitting 93,000+ patients.

#### Patient experience
- Improved patient experience scores by 4% since baseline.

#### Harm avoidance
- 54% reduction in harm.
- Hospital acquired injuries saw a 66% change reduction from yr. 1 to yr. 4.

#### Readmissions
- 6% reduction in 12 months.

### Medicare Inpatient FY 2013 VBP Program Results

- **QUEST Charter and 2009 Members**
  - Inpatient VBP Performance (N = 131)
  - 36% Lose, 64% Win

- **Non-QUEST matched controls**
  - Inpatient VBP Performance (N = 131)
  - 50% Lose, 50% Win

- QUEST hospitals that joined the collaborative prior to 2010 have a greater proportion of “winners” (64 percent) under the FY 2013 inpatient VBP program compared to non-QUEST hospitals (50 percent) with the same hospital characteristics (size, region, urban/rural location, and teaching status).
<table>
<thead>
<tr>
<th>Quest Collaborative Engagement Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PremierConnect</strong></td>
</tr>
<tr>
<td><strong>Benchmarking/Analytics</strong></td>
</tr>
<tr>
<td><strong>Education</strong></td>
</tr>
<tr>
<td><strong>Member-Led Workgroups</strong></td>
</tr>
<tr>
<td><strong>National Meetings</strong></td>
</tr>
<tr>
<td><strong>QUEST Clinical Performance Partner</strong></td>
</tr>
</tbody>
</table>
Our QUEST to Save Lives:

December 2013

Tamera Parsons
Vice President, Quality & Patient Safety

Mountain States Health Alliance

- Created September 1, 1998 with Johnson City Medical Center, Inc. acquiring six Columbia/HCA hospitals
  - Roots date back to Memorial Hospital in 1911
- Largest Regional Integrated Health Care Delivery System (29 County, Four State Region)
- 14 Hospitals with 1,671 Licensed Beds
**Tennessee Hospitals**
- Johnson City Medical Center - Johnson City, TN
- Niswonger Children’s Hospital - Johnson City, TN
- Indian Path Medical Center - Kingsport, TN
- James H. & Cecile C. Quillen Rehabilitation Hospital - Johnson City, TN
- Franklin Woods Community Hospital - Johnson City, TN
- Johnson County Community Hospital - Mountain City, TN
- Sycamore Shoals Hospital - Elizabethton, TN
- Woodridge Hospital - Johnson City, TN
- Unicoi Memorial Hospital – Erwin, TN

**Virginia Hospitals**
- Dickenson Community Hospital - Clintwood, VA
- Norton Community Hospital - Norton, VA
- Russell County Medical Center - Lebanon, VA
- Smyth County Community Hospital - Marion, VA
- Johnston Memorial Hospital – Abingdon, VA

**MSHA Patient Population**
The MSHA Difference

MSHA Quality Model

Our Business Model
Our Journey... QUEST


- Approach, Deployment, Learning, Integration

- S-B-A-R

We need to improve!

- Mission:
  “Mountain States Health Alliance is committed to Bringing Loving Care to Health Care. We exist to identify and respond to the health care needs of individuals and communities in our region and to assist them in attaining their highest possible level of health.”

- Vision:
  “We passionately pursue healing of the mind, body and spirit as we create a world-class health care system.”
We need to improve!

• Pay for Performance
• Penalties
• Publicly available data
• Value based purchasing
• Marketing
• ................................

The way we were.....

• Formalized our Commitment to Excellence: adopted the Baldrige Criteria as business model, refined mission and vision statements
• Participated in HQID
• Increased market in highly competitive regional market
• Transitioned to matrix organizational structure
The way we were...

**HQID Project**
MSHA: Years 1 to 5 (YTD)
Oct '03 to Dec '07

<table>
<thead>
<tr>
<th>Year</th>
<th>Oct '03 - Sept '04</th>
<th>Oct '04 - Sept '05</th>
<th>Oct '05 - Sept '06</th>
<th>Oct '06 - Sept '07</th>
<th>Oct '07 - Dec '07</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>72.2%</td>
<td>87.7%</td>
<td>83.2%</td>
<td>90.4%</td>
<td>91.1%</td>
</tr>
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</table>

The way we were....

**HQID Project**
MSHA: Years 1 vs Initial Yr 5 Results

<table>
<thead>
<tr>
<th>Condition</th>
<th>Year 1 Oct '03 - Sept '04</th>
<th>YTD 5 Oct '07 - Dec '08</th>
</tr>
</thead>
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<tr>
<td>AMI</td>
<td>87.4%</td>
<td>95.8%</td>
</tr>
<tr>
<td>CABG</td>
<td>64.9%</td>
<td>93.3%</td>
</tr>
<tr>
<td>CHF</td>
<td>64.6%</td>
<td>87.0%</td>
</tr>
<tr>
<td>CAP</td>
<td>68.4%</td>
<td>90.2%</td>
</tr>
<tr>
<td>HNK</td>
<td>64.9%</td>
<td>90.5%</td>
</tr>
</tbody>
</table>
Ouch....

Baseline (3Q 2006 – 2Q 2007)

We needed more....

- Approach to make our performance relevant
- Method to set targets and measure “excellence”
- Understanding of requirements, changes
- Resources to identify opportunities
- Access to subject matter expertise

We needed a voice....
Enter the solution....

- ADD QUEST LOGO

We needed more....we now had...

- Approach to make our performance relevant
- Method to set targets and measure “excellence”
- Understanding of requirements, changes
- Resources to identify opportunities
- Access to subject matter expertise

We just needed to execute ....
Making QUEST our Quest for Excellence...

- Strategic Plan
- Blueprint Performance Management System
- Improvement Approach/Resources and Tools
- Recognition and Celebration
- Monitor and compare

Strategic Plan
Core Strategies

I. Transform the delivery of care through the development and implementation of **care models** using evidence based practices designed towards improving cost and quality.

II. Achieve **smart growth**.

III. Aggressively pursue and achieve operational **cost efficiencies** and manage fixed costs in alignment with market volume reduction.

Support Strategies

IV. Enhance **organizational infrastructure** to support current needs and realize future vision.

V. Enhance **relationships** to support value-based business model.

VI. Build **technology infrastructure** to support current needs and realize future vision.
Blueprint Performance Management

Process

Value Optimization System

Mountain States Health Alliance | Bringing Loving Care to Health Care
Improvement Priorities – Blueprint
Target Setting

• Considerations when setting recommended targets:
  - Benchmark = Quest 2.0 Top Performer Threshold (TPT)
    • TPT defined as top 25% of the Quest Cohort
    • When MSHA performance ≥ TPT, use Quest 2.0 TPT for most recent quarter final results (Q3 2012)
  - Value Based Purchasing
  - TJC & HFAP data requirements

Resources and Tools

Source: Premier QUEST
## Deployment of Individual Blueprint

### Goals

<table>
<thead>
<tr>
<th>MISSION</th>
<th>VISION</th>
<th>VALUES</th>
<th>EMERGENCY CODES</th>
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<tbody>
<tr>
<td>Mountain States Health Alliance is committed to Bringing Loving Care to Health Care</td>
<td>Bringing Loving Care to Health Care</td>
<td>Bringing Loving Care to Health Care</td>
<td>The MSHA Difference</td>
</tr>
<tr>
<td>Mountain States Health Alliance is committed to improving the health of individuals and communities to set them on a path toward a higher level of health</td>
<td>Bringing Loving Care to Health Care</td>
<td>Bringing Loving Care to Health Care</td>
<td>Bringing Loving Care to Health Care</td>
</tr>
<tr>
<td>Mountain States Health Alliance is committed to improving the health of individuals and communities to set them on a path toward a higher level of health</td>
<td>Bringing Loving Care to Health Care</td>
<td>Bringing Loving Care to Health Care</td>
<td>Bringing Loving Care to Health Care</td>
</tr>
<tr>
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<td>Bringing Loving Care to Health Care</td>
<td>Bringing Loving Care to Health Care</td>
<td>Bringing Loving Care to Health Care</td>
</tr>
<tr>
<td>Mountain States Health Alliance is committed to improving the health of individuals and communities to set them on a path toward a higher level of health</td>
<td>Bringing Loving Care to Health Care</td>
<td>Bringing Loving Care to Health Care</td>
<td>Bringing Loving Care to Health Care</td>
</tr>
</tbody>
</table>

### PHILOSOPHY

Mountain States Health Alliance Team Members are committed to establishing relationships, communicating, and serving delivery centered on the patient through a holistic approach to healing that embraces the social, emotional, and spiritual needs. Mountain States Health Alliance believes that healing is not without eating, but healing cannot occur without eating. We wash because we care.

### MY TEAM/DEPARTMENT GOALS

1. 
2. 
3. 
4. 
5. 

### MY PERSONAL GOALS

1. 
2. 
3. 
4. 

WE WASH BECAUSE WE CARE

---

## Improvement Approach/Resources and Tools
Transparency

Mortality Performance
For the Blueprint Month of: February-13

<table>
<thead>
<tr>
<th></th>
<th>Lives Saved Mo</th>
<th>Lives Saved 6 Mo Roll</th>
<th>Opportunities Mo</th>
<th>Opportunities 6 Mo Roll</th>
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<td>39</td>
<td></td>
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<tr>
<td>JCMC</td>
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<td>95</td>
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</tr>
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<td>FWCH</td>
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<td>1</td>
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<tr>
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<td>10</td>
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<td></td>
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<tr>
<td>SCCH</td>
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<td>13</td>
<td></td>
<td></td>
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<tr>
<td>MSHA</td>
<td>48</td>
<td>250</td>
<td>0</td>
<td>1</td>
</tr>
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</table>
Mortality Drivers

Approaching Drivers of Mortality
Illustrative Examples of Potential Primary and Secondary Drivers

GOAL

Potential PRIMARY DRIVERS

- Sepsis
- Respiratory Conditions
- Cardiac Related and Shock
- End of Life Care

Potential SECONDARY DRIVERS

- Early appropriate level of care (ICU)
- Early recognition and intervention
- Use of “Sepsis Bundle” protocol
- Use of intensivist
- Early recognition of resp compromise
- Post operative resp care protocols
- Avoidance of VAP
- Rapid response team
- Adherence to ACC Protocols
- Early transfer to ICU if needed
- Improved use of cardiac monitors
- Early identification of patients
- Proper use of V66.7 palliative code
- Appropriate setting: hospice vs acute

System Performance re: Mortality Drivers

- Sepsis
- Palliative Care

MSHA Mortality by Month w/ Trendline

Collaboration: Mortality Registry

MSHA Mortality by Month w/ Trendline
Mortality Detailed Analysis:
– Early Identification of Sepsis

Mortality Secondary Drivers - Sepsis
Early Transfer to ICU - APRDRG 720 Only

IMPACT ON MORTALITY = Number of Patients w/ Sepsis who expired by day of admit to ICU

<table>
<thead>
<tr>
<th>Entity</th>
<th>Code</th>
<th>Day of Stay</th>
<th>SUMMARY</th>
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<tr>
<td>FWCH</td>
<td></td>
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<tr>
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<td>Day 1</td>
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<td>3</td>
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<td></td>
<td></td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt; 5</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>0</td>
</tr>
</tbody>
</table>

Mortality Secondary Drivers - Sepsis
Early Transfer to ICU - APRDRG 720 Only

OVERALL IMPACT = Number of Patients w/ Sepsis who were immediately sent to the ICU

<table>
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<tr>
<th>Entity</th>
<th>Code</th>
<th>Day of Stay</th>
<th>SUMMARY</th>
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</thead>
<tbody>
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<td>FWCH</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Day 1</td>
<td># Pts</td>
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<td></td>
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<td>0</td>
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<td></td>
<td></td>
<td>&gt; 5</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>14</td>
</tr>
</tbody>
</table>

Best Practice Sharing

Search Center

You searched for "Sepsis identification" Query language: English

Results 1-10 of 172 (172 results matched)

2/8/13 SEPSIS process care map.pdf
2/13/12 Bon Secours sepsis clinical initiative using QualityAdvisorTM app achieves savings of nearly $2M
Recognition and Celebration

- ADD QUEST RELATED RECOGNITIONS
- ADD QUALITY AWARD PHOTO

- Tennessee Center for Performance Excellence: Excellence Award (2005, 2009)
- Virginia Senate Productivity and Quality Award: Medallion Award (2012)
- AARP 50 Best Employers in the Nation for Workers Over 50 (2013)
- American Hospital Association’s Most Wired (2013)
- AHA-McKesson Quest for Quality Award Finalist (FWCH, 2013)
- Magnet Hospital Designation and Re-designation (2005, 2009)
- Received CMS approval as ACO to participate in Medicare Shared Savings Program (MSSP) effective July 1, 2012 (AnewCare Collaborative)
- Received CMS approval to offer Medicare Advantage Plan effective January 1, 2013 (CrestPoint Health)
Monitor and Compare

Inpatient Appropriate Care Scores

MSHA Inpatient Appropriate Care Scores

<table>
<thead>
<tr>
<th>Year</th>
<th>Score</th>
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<tbody>
<tr>
<td>FY07</td>
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</tr>
<tr>
<td>FY08</td>
<td>73.80%</td>
</tr>
<tr>
<td>FY09</td>
<td>83.10%</td>
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<tr>
<td>FY10</td>
<td>86.30%</td>
</tr>
<tr>
<td>FY11</td>
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<tr>
<td>FY12</td>
<td>90.51%</td>
</tr>
<tr>
<td>FY13</td>
<td>91.78%</td>
</tr>
<tr>
<td>FY14 YTD</td>
<td>91.86%</td>
</tr>
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</table>
Inpatient Appropriate Care Scores

MSHA Inpatient Appropriate Care Scores

FY07 FY08 FY09 FY10 FY11 FY12 FY13 FY14 YTD

Quest Target
Top 25%

Quest Cycle 1
Quest Cycle 2
Outpatient Appropriate Care Scores

MSHA Outpatient Appropriate Care Scores

<table>
<thead>
<tr>
<th>Year</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY09</td>
<td>76.3%</td>
</tr>
<tr>
<td>FY10</td>
<td>85.0%</td>
</tr>
<tr>
<td>FY11</td>
<td>84.2%</td>
</tr>
<tr>
<td>FY12</td>
<td>97.0%</td>
</tr>
<tr>
<td>FY13</td>
<td>97.2%</td>
</tr>
<tr>
<td>FY14 YTD</td>
<td>96.4%</td>
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</table>

Quest Target

Quest Baseline

Quest Cycle 1

Quest Target
### Outpatient Appropriate Care Scores

<table>
<thead>
<tr>
<th>Year</th>
<th>FY09</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>76.3%</td>
<td>86.0%</td>
<td>84.0%</td>
<td>91.7%</td>
<td>97.0%</td>
<td>96.4%</td>
</tr>
</tbody>
</table>

**MSHA Outpatient Appropriate Care Scores**

- **Quest Target**: Top 25%
- **Quest Baseline**: Quest Cycle 1
- **Future Target**: Quest Cycle 2
Outpatient Appropriate Care Scores

MSHA Outpatient Appropriate Care Scores

FY09 FY10 FY11 FY12 FY13 FY14 YTD

74.3% 86.9% 88.2% 91.7% 97.0% 96.4%

Quest Baseline

Quest Target Top 20%

MSHA Mortality Index*
(Observed/Expected)

FY07 FY08 FY09 FY10 FY11 FY12 FY13 YTD

1.25 0.91 0.89 0.88 0.83 0.76 0.78

Risk Adjusted Metric which is recalibrated annually

Source: Premier
MSHA Mortality Index* (Observed/Expected)

Risk Adjusted Metric which is recalibrated annually

Source: Premier
MSHA 30-DAY READMISSION INDEX
(Observed/Expected)*

<table>
<thead>
<tr>
<th>Year</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13 YTD</th>
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<td>Value</td>
<td>1.03</td>
<td>1.00</td>
<td>0.96</td>
<td>0.84</td>
</tr>
</tbody>
</table>

*Risk Adjusted Metric which is recalibrated annually; all payors

Source: Premier
PATIENT EXPERIENCE

MSHA OVERALL OUTPATIENT SATISFACTION

FY09: 92.60
FY10: 92.9
FY11: 92.9
FY12: 93.1
FY13: 93.4

Source: Press Ganey
QUALITY VS COST

MSHA Inpatient Appropriate Care Scores vs Cost Of Care Average for MSHA QUEST Facilities

Cycle 1 in 2007 Dollars  Cycle 2 in 2010 Dollars

Source: Premier

QUALITY VS COST

MSHA Inpatient Appropriate Care Scores vs Cost Of Care Average for MSHA QUEST Facilities

Cycle 1 in 2007 Dollars  Cycle 2 in 2010 Dollars

Source: Premier
QUALITY VS COST

MSHA Inpatient Appropriate Care Scores vs Cost Of Care Average for MSHA QUEST Facilities

Source: Premier

MSHA QUEST Harm Composite 2010-2012

Source: Premier
There are two primary goals for QUEST 3.0.

- Enable hospitals to achieve success in Healthcare Reform
  - “Win” in Value-Based Purchasing
  - Avoid payment penalties in Readmissions and Hospital Acquired Complications
- Achieve Top Performance Thresholds for VBP areas of focus, as well as in “advanced” or “forward thinking” metrics
### QUEST 2.0 vs QUEST 3.0 Domains

<table>
<thead>
<tr>
<th>2.0</th>
<th>3.0</th>
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<tbody>
<tr>
<td>1. Mortality</td>
<td>1. Mortality</td>
</tr>
<tr>
<td>2. Harm</td>
<td>2. Safety</td>
</tr>
<tr>
<td>3. Readmissions</td>
<td>3. Appropriate Hospital Use</td>
</tr>
<tr>
<td>4. Evidence-Based Care</td>
<td>4. Evidence-Based Care</td>
</tr>
<tr>
<td>5. Cost-of-Care</td>
<td>5. Cost and Efficiency</td>
</tr>
<tr>
<td>7. Community Health</td>
<td></td>
</tr>
</tbody>
</table>

### QUEST collaborative engagement activities

- **PremierConnect**: Comprehensive online best practices forum
- **Benchmarking/Analytics**: Access to collaborative-specific, customized comparative reports and benchmarking
- **Education**: 90 day improvement efforts (“sprints”) and longer term “collaboratives” that focus on the greatest opportunities for improvement. Monthly meetings of member experts who help identify innovative strategies, methods and measures which can be used across the cohort
- **Member-Led Workgroups**: Two face-to-face meetings per year
- **National Meetings**: Quarterly 1:1 coaching based on opportunities identified in customized improvement plans (Optional buy-up for monthly coaching and semi-annual site visits)

*Includes fee based monthly coaching and semi-annual site visits*
**QUEST Clinical Partners: Structured to Assist Your Progress**

**QUEST Quarterly or Monthly Coaching Calls**
- Analyze QUEST reports for outcomes
- Identify key focus areas
- Recommendations for actionable improvement
- Align with evidence based practice/regulatory standards
- Connect with other members to share innovative practice

**Targeted Improvement Strategy**
- Define specific opportunities for improvement
- Identify goals/objectives, and ownership
- Develop actionable implementation strategies and action plans
- Conduct semi-annual site visits to assist in targeted areas for improvement
- Provide recommendations for action and sustainment

**Collaborative Education**
- Huddles to support ongoing improvement for participants in any collaborative
- Mentoring through connecting high performers with low performers
- Help with getting started in the educational initiative and assistance in development of aim statement

**The future depends on what we do in the present.**

- Mahatma Gandhi
Contact Information

Carolyn C. Scott
Service Line Vice President, Quality and Safety
Carolyn_Scott@Premierinc.com
(817) 800-6504/(704) 816-4161

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