Accelerating High Reliability by Aligning Quality

IHI 28th National Forum
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Sessions D3 & E3

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This presentation has nothing to disclose.
Objectives

• Articulate the allegiance and behavioral commitment needed to achieve effective leadership across an enterprise-wide effort in high reliability

• Examine the challenges in moving from the traditional model of patient safety as a priority to a high reliability culture that creates safety

• Understand tactical steps to align or centralize quality and patient safety functions across a complex system
Who Are We?!
Everything’s Bigger in Texas!

Houston’s Texas Medical Center Map
LARGEST MEDICAL COMPLEX IN THE WORLD

DID YOU KNOW...?
- Houston's Texas Medical Center is home to 49 world-class member institutions.
- The Houston region employs more than 222,000 life science and health care professionals.
- The Cancer Prevention and Research Institute of the Texas Oversight Committee will award an estimated $300 million in grants each year over the next 10 years, to expedite innovation in cancer research, attract and expand cancer prevention and treatment research capabilities.
Memorial Hermann Health System

- Hospitals: 14 + 1 in construct
- Rehab Hospitals/Units: 2/5
- Conv Care Centres: 5+4 constr
- Amb Surgery Centers: 20
- Imaging Centers: 32
- Sports Med & Rehab: 33
- Diagnostic Labs: 25
- Adv Prim Care Practice: 328
- Clinical Integ Specialists: 2,620
Making an Impact
**Memorial Hermann Health System**

- **977 sq. miles of Service Area**
- **13 Acute Care Hospitals**
- **6 Convenient Care Centers**
- **2,918 Acute Care Beds**
- **663 ICU (Adult & NICU)**

- **624,951 ER Visits**
- **139,577 Inpatient Admits**

- **147,922 Surgeries Performed**
- **24,000 Total Employees**
- **25,457 Babies Born**

- **45,349 IP Surgeries**
- **7,897 Active & Affiliated Physicians**
- **12,518 Girls**

- **102,573 OP Surgeries**
- **1,036 Residents**
- **12,939 Boys**

- **9,373 Registered Nurses**

**July 2015 – June 2016 data**

*Over 3300 flights!*
Reliability Culture

Healing Without Harm
Don't Hurt Me, Heal Me, & Respect Me

Reliability Science
Knowledge and understanding of human error and human performance in complex systems

Design of
Structure

Leadership
Reinforce & Build Accountability for performance expectations and Find & Fix system problems

Behaviors
of Individuals & Groups

Exceptional Outcomes
Healthcare That Is Safe – Zero Events of Harm
Timely, Effective, Efficient, Equitable & Patient Centered

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Memorial Hermann’s Journey to High Reliability
Burning Platform
August 14, 2006

A Call to Action on Patient Safety

Transfusion Errors
Serious Safety Events
Board Commitment
Moving the Memorial Hermann Health System from Safety as a priority to Safety is our Core Value

....

Leadership behavioral expectations change when safety is the core value
MHHS Safety Culture Training

Hospital Training Complete

>20,000 Employees Trained

>4,000 Physicians Trained

>540 Safety Coaches Trained

>$18M Expense
Role of the Board

- Provide leadership for high reliability, safety & quality initiatives
- Monitor performance and reinforce accountability
- Support safety & quality initiatives, including financial support
- Align incentives with high reliability safety & quality initiatives
Role of Leadership

- Establish Expectations
- Build Accountability
- Assure Knowledge and Skills
- Find and fix problems
- Convert statistics to “real people”
- Publicly recognize physicians/employees for excellence
Ongoing Quality & Safety Transformation

Patient Harm 2011-2016

Memorial Hermann’s Goal

0 (Zero)
A Model for Change
Response to Healthcare Reform

• New Healthcare Model
• Quality, Patient Safety & Infection Control are key to operational improvements
• Eliminate Waste
• Remove “Stiction”
When all three work together to achieve our Vision and Brand Promise, we become One Memorial Hermann:

• One System.
• One shared future.
• One promise to the people we serve – advancing health.
New Model Priorities

- Partner with our medical staff
- Continue to improve our clinical quality
- Embrace patient safety as a core value
- Grow profitable business
- Take care of our employees and be the preferred healthcare employer in Houston
- Maintain our focus on our Six Strategies
- Prepare for healthcare reform
Quality Alignment Mandate

• New High Reliability Quality Patient Safety & Infection Control (QPSIC) Model
  – Develop a highly aligned enterprise-wide approach to coordinate QPSIC initiatives & improve performance at a lower cost (i.e., increasing value)
  – Enhanced communication with C-suite leadership
  – Gain organizational consensus on quality & safety goals annually or more often – Then Do It
  – Achieve new levels of performance: “Never Events” never happen (culture change)
  – Become a High Reliability Organization
High Reliability QPSIC
High Level Plan

• Establish QPSIC Advisory Council
  – Define “scope” of High Reliability of QPSIC

• Gather Voice of the Customer (VOC) critical to quality requirements
  – Quantitative and on-site qualitative data collection from all levels

• Design enterprise QPSIC based on VOC
  – Ensure QPSIC structure meets customer needs
  – Design policies & guidelines follow workflow process/procedures for effectiveness & efficiency
Advisory Council

• Review value analysis of hospital VOC data
• Finalize MHHCS QPSIC functions & services
• Recommend Governance, Reporting and Operational Structure
• Recommend Resource Allocation by Site
• Finalize High Reliability QPSIC approach
  – Positions and job descriptions
  – Reporting structure/governance
  – Process metrics & evaluation services
  – Budget
• Review resulting procedures and policies
Building Blocks to Achieving High Reliability

All people always experience the safest, highest quality, best value health care across all settings

Robust Process Improvement

Safety Culture

Leadership Commitment

Safe Highly Reliable Care
- Widespread Adoption of RPI
- Process Improvement Training
- Process Improvement Methods
- Identifying Unsafe Conditions
- Strengthening Systems
- Trust
- Accountability
- Assessment
- Quality & Safety Strategy
- Quality & Safety Measures

Governing Body Commitment
- CEO/Senior Leadership Commitment
- Physician Leadership
- Information Technology

Compliance with Joint Commission Standards & National Patient Safety Goals
Excellent Accountability Measure Performance
Enterprise QPSIC Major Milestones

Mar 2010
Wellspring Proposal for Enterprise QPSIC

Feb–Jun 2011
Multiple Planning Sessions

Aug-Oct 2011
Voice of the Customer Survey and Site Interviews

Jan 2012
QPSIC Dimensions of Accountability, Master Workgroup Session

Feb–Apr 2012
QPSIC Function Design Sessions, FinalizeOrg Structure, Create Job Descriptions

July 2012
Go-Live Robust Process Improvement Training begins

Aug 2012
Central Clinical Review & Infection Surveillance begins
High Reliability QPSIC Design Steps & Timeline

- Collect quantitative and qualitative VOC data
- Compare & contrast quantitative and qualitative results
- Identify critical QPSIC core functions and services
- Identify variation in QPSIC functions and services
- Establish consensus on QPSIC functions
- Define governance and accountability structure
- Define operational structure, specific hospital coverage, job levels and descriptions
- Develop communications plan
- Develop workflow process, policies and procedures
- Align resources based on structure and job descriptions
- Develop data management plan
- On-site town-halls at each hospital
- Develop budget
- Develop RPI Training

**Decide MHHS QPSIC Functions & Structure**
Oct 2011/Feb 2012

**Finalize High Reliability QPSIC Plan**
Mar/Jun 2012

**Go Live**
Jul 2012
Voice of the Customer: Hospital Input Paramount

• Hospitals were primary customers
  – On-line and face to face data gathering from leadership, medical staff, and front line staff:
  1. Assess current on-site functions of Quality, Patient Safety and Infection Control
  2. Determine core services reflecting “scope” as determined by Advisory Council
  3. Derive which functions desired and necessary for High Reliability QPSIC
1. Quality
2. Patient Safety and Risk Management
3. Infection Control
   • Current Services
   • Enterprise Services
   • Rank Order
Quality Consensus: Top 5 Services

1. Regulatory Compliance Facilitation and Coordination
2. Collection, Analysis and Reporting of Data
3. Departmental Performance Improvement Support
4. Results and Compliance Monitoring
5. Clinical Quality Performance Improvement Support
Patient Safety Consensus: Top 5 Services

1. Administration and Coordination of Variance Reporting System
2. Identification of Risk Practices in Hospital Operations
3. Vertical and Horizontal Communication of Safety Initiatives
5. Crisis Management and Disclosure
Infection Prevention Consensus: Top 5 Services

1. Identification and control of clusters of infections
2. Assistance with regulatory/licensing compliance
3. Measurement of processes (environment of care surveys, OR observations)
4. Abstraction and submission of state and national required data (NHSN, State of Texas)
5. Measurement of outcomes (CLABSI, VAP, SSI)
Enterprise QPSIC Functions

QPSIC FUNCTIONS

Quality
Robust PI
Core Measures
Infection Control
Patient Safety
Regulatory Compliance

Registry Reporting

• People
• Process
• Technology
• Resources
Perceived Pros of Enterprise Coordination

- Effective Leadership
- Consistency
- Local Relationships
- Collaboration
- Enterprise Expectations
- Enterprise Coordination Ideas
Perceived Cons of Enterprise Coordination

• Losing locus of control
• Inaccuracy of case review if not local
• Losing resources doing tasks beyond QPSIC
• Losing “boots on the ground” for effective response
• Barriers to communication
Non-Traditional QPSIC Functions

- Peer Review
- Organizational Development
- Case Management
- NDNQI
- Stroke Survey
- Trauma Survey
- Chest Pain Survey
Design Sessions
High Level Agenda

• Welcome and Introductions
• Deliverables of Today’s Meeting
  *Form Follows Function*
• Review of Job Accountabilities and Qualifications
• Defining Future Workflows
• Next Steps & Final Discussion
Job Descriptions (22): QPSIC Leadership

- System Executive
- System Physician Epidemiologist
- System QPS Director
- Regional Clinical Effectiveness Director
- Hospital Quality Director
- System Infection Control Director
- System Director – Regulatory Compliance
- System Director – Quality Abstraction
- System Director – Data Management
Job Descriptions: QPSIC Staff

- Hospital PI Specialist
- Hospital Patient Safety Specialist
- System Lead Certified ICP
- Lead Certified ICP
- ICP and ICP Abstractor
- Manager Quality Abstraction
- Quality Abstractor
- Data Management Analyst
- Financial Analyst
- Assistant
Functional Organizational Structure

MHHS QUALITY PATIENT SAFETY & INFECTION CONTROL LEADERSHIP
- System Executive (1)
- System Physician Epidemiologist (part time-contract)
- System QPS Director (1)
- System Infection Control Director (1)
  - Assistant (1)

MH 4-Plex
- Clinical Effectiveness Director (1)
  - Lead Certified ICP (1)
  - Assistant (0.3)

MH TMC
- Clinical Effectiveness Director (1)
  - Lead Certified ICP (1)
  - Assistant (0.3)

MH Community Hospitals
- Clinical Effectiveness Director (1)
  - Lead Certified ICP (1)
  - Assistant (0.3)

QPSIC FUNCTIONS
- Quality
- Robust PI
- Core Measures
- Infection Control
- Patient Safety
- Regulatory Compliance

QPSIC Enterprise Support Services
- Regulatory Compliance
  - System Director (0.5)
- Robust PI
  - Senior PI Specialist (2)
- Quality Abstraction
  - System Director (0.5)
  - Manager (1)
  - Abstractor (17)
- Patient Safety
  - Senior Safety Specialist (2)
- Infection Control
  - System Lead Certified ICP (1)
  - ICP Abstractor (5)

Data Management
- System Director (1)
- Data Management (2.5)
- Financial analyst (0.3)
- Assistant (0.5)

Rehabilitation
- TIRR Clinical Effectiveness Director (1)
  - PI Specialist (2)
  - ICP (1)
- Facility Rehab Units
  - NW
  - SE
  - SW
  - TW

Quality Director (1)
- PI Specialist (2)
- Patient Safety Sp. (1)
- ICP (1)

Quality Director (1)
- PI Specialist (2)
- Patient Safety Sp. (1)
- ICP (1)
Functional Organizational Structure

MHHS QUALITY PATIENT SAFETY & INFECTION CONTROL LEADERSHIP

System Executive (1)
System Physician Epidemiologist (part time-contract)
System QPS Director (1)
System Infection Control Director (1)
Assistant (1)

MH 4-Plex
Clinical Effectiveness Director (1)
Lead Certified ICP (1)
Assistant (0.3)

MH TMC
Clinical Effectiveness Director (1)
Lead Certified ICP (1)
Assistant (0.3)

MH Community Hospitals
Clinical Effectiveness Director (1)
Lead Certified ICP (1)
Assistant (0.3)

QPSIC FUNCTIONS

Quality
Robust PI
Core Measures
Infection Control
Patient Safety
Regulatory Compliance

MH TMC
Adult
Quality Director (1)
PI Specialist (1)
Patient Safety Sp. (1)
ICP (1)

Children’s
Quality Director (1)
PI Specialist (1)
Patient Safety Sp. (1)
ICP (1)

K
Quality Director (1)
PI Specialist (1)
Patient Safety Sp. (0.5)
ICP (1)

NE
Quality Director (1)
PI Specialist (1)
Patient Safety Sp. (0.5)
ICP (1)

MC
Quality Director (1)
PI Specialist (1)
Patient Safety Sp. (1)
ICP (1)

SL
Quality Director (1)
PI Specialist (1)
Patient Safety Sp. (0.5)
ICP (0.5) Contract

NW
Quality Director (1)
PI Specialist (2)
Patient Safety Sp. (1)
ICP (1)

SE
Quality Director (1)
PI Specialist (2)
Patient Safety Sp. (1)
ICP (1)

SW
Quality Director (1)
PI Specialist (2)
Patient Safety Sp. (1)
ICP (2)

TW
Quality Director (1)
PI Specialist (2)
Patient Safety Sp. (1)
ICP (1)

TIRR
Clinical Effectiveness Director (1)
PI Specialist (1)
Patient Safety Sp. (0.5)
ICP (1) Contract

KR
Quality Manager (1)
ICP (0.5)

QPSIC Enterprise Support Services

Regulatory Compliance
System Director (0.5)

Robust PI
Senior PI Specialist (2)

Quality Abstraction
System Director (0.5)
Manager (1)
Abstractor (17)

Patient Safety
Senior Safety Specialist (2)

Infection Control
System Lead Certified ICP (1)
ICP Abstractor (5)

Data Management
System Director (1)
Data Management (2.5)
Financial Analyst (0.3)
Assistant (0.5)
RPI® Training Evolution

- Master Black Belt: Complex DMAIC, DMEDI, Change Management
- Green Belt: Change Management, Work-Out, Lean, DMAIC
- BIA/Basic RPI®: Scope, Standardize, Sustain
- RPI® Lite: High Reliability Concepts & Process Literacy

<table>
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<tr>
<th>Completed Waves</th>
<th>Employees Trained</th>
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<td>3 waves, 6 years</td>
<td>10</td>
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<tr>
<td>2 waves, 2 years</td>
<td>13</td>
</tr>
<tr>
<td>15 waves, 6 years</td>
<td>240</td>
</tr>
<tr>
<td>13 waves, 4 years</td>
<td>188</td>
</tr>
<tr>
<td>1 wave, 1 year</td>
<td>All PL employees</td>
</tr>
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</table>
The Middle Dilemma:

• More often than not, the Middles see themselves solely as the Servicers of their local function. They manage specific units, performing independently, ignoring their vital role as leading integration.
Leading from the Middle

Primary Levels of Influence

- TOPS
- MIDDLES
- WORKERS
Leading from the Middle

Primary Levels of Influence

- TOPS
  - Shape
- MIDDLES
  - Integrate
- WORKERS
  - Produce
High Reliability
Game Plan: Daily
Blocking and Tackling
HROs’ Five Principles to Achieve Mindfulness

**Three Principles of Anticipation:** Stay Out of Trouble

- Preoccupation with Failure
- Sensitivity to Operations
- Reluctance to Simplify Interpretations

**Two Principles of Containment:** Get Out of Trouble

- Commitment to Resilience
- Deference to Expertise
Delegated authority to approve actions on behalf of the Board of Trustees.
<table>
<thead>
<tr>
<th>Quality Data Review Agenda</th>
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**Memorial Hermann TMC Detailed Quality Graphs**
**FY15 Data Quality Review Mock-Up**
**Date: July 25th, 2014**

### Agenda Items

1. **Saving Lives**
   - SSE 1 & SSE 2 only Monthly Rate
   - SSE rolling average rate
   - HSMR

2. **RRT**

3. **DO NO HARM – ADULTS**
   - CLABSI Adult
   - CLABSI ICU NSN SIR
   - CLABSI Floor
   - CAUTI ICU
   - CAUTI NSN SIR
   - CAUTI Floor
   - OVERALL SSI COUNTS & RATES
   - NSN reportable SSI SIR Rollup
   - HAI MRSA Bacteremia
   - HAI C Difficile Bacteremia
   - HAI Probable VAP Rate

4. **HAI Bundle Compliance**

5. **VENT BUNDLE – MD Bundle Compliance Rate**

6. **VENT Bundle – Nursing Bundle Compliance Rate**

7. **Patient Safety Indicators**
   - PSR-R0 Composite – Adult
   - Post-Op Hip Fracture – Adult
   - Post-Op ENT/PE – Adult
   - Post-Op Septic – Adult
   - Post-Op Wound Dehiscence – Adult
   - APL
   - (Non-PSR) Ultrasound Usage
   - PAI – Hemorrhage or Hematoma – Adult
   - Post-Op Physiologic & Metabolic Management – Adult
   - Post-Op Respiratory Failure – Adult
   - Death Among Surgical Patients
   - Death in Low-Mort Drugs
   - Foreign Body
   - Transfusion Reaction

8. **APR-DRG Risk Adjusted Observed/Expected Mortality**
   - Acute Myocardial Infarction (APR-DRG 190)
   - Heart Failure (APR-DRG 194)

9. **CMS Hospital Acquired Conditions (HAC)**
   - Falls and Trauma
   - Poor Glycemic Control

10. **Surgeon Safety Checklist Monthly Rate**

11. **Hand Hygiene**

12. **HAI, HAC, and PSI Costs**

13. **Clinical Excellence**

14. **Overall Core Measure Compliance**
   - Incidence of Potentially Preventable VTE (VTE-5)
   - Elective Delivery (PC-01)
   - Exclusive Breast Milk Feeding (PC-05)
   - Exclusive Breast Milk Feeding – Mother’s Choice (PC-05A)
   - Influenza Immunization (IMM-2)

15. **DOO-TO-PC**

16. **ED Throughput**
   - Mean Time from ED arrival to ED departure
   - Mean Time from Admit Decision to ED Departure
   - Mean Time from ED Arrival to ED Departure for Discharged ED Patients
   - Mean Time for Door to Diagnostic Evaluation by a Qualified Medical Professional

17. **Perinatal Care Measures**
   - Cesarean Section – Overall
   - Antenatal Steroids
   - Healthcare Associated Bloodstream Infections in Newborns

18. **VTE Measures**
   - VTE prophylaxis rate (VTE-1)
   - ICU VTE prophylaxis rate (VTE-2)
   - Patients with Anticoagulation Overlay Therapy (VTE-5)
   - Patients Receiving Unfractionated Heparin with Doses/platelet Count Monitoring by Protocol or Nomogram (VTE-4)
   - VTE Discharge Instructions (VTE-5)

19. **Global Immunization**

20. **Hospital Outcome Based Performance Measures**
Quality Data Review

System PC-01 Elective Delivery Less Than 39 Completed Weeks

System PC-02 Cesarean Section

System PC-03 Preterm Delivery Antenatal Steroids

System Leapfrog Episiotomy

System PC-05 Exclusive Breast Milk Feeding

System NICU CLABSI

System SIRs by HAI Type

Memorial Hermann System SIRs by HAI Type
Rolling 12 Months*

- Cath Assoc BSI Floor
- Cath Assoc BSI ICU
- Cath Assoc UTI Floor
- Cath Assoc UTI ICU
- Lab ID Clostridium difficile
- Lab ID MRSA
- Abd Aortic Aneurysm
- Coronary Art Bypass
- Colon Surgery
- Abd Hysterectomy
- Hip Replacement
- Knee Replacement
- Peripheral Vascular Surgery
- Vag Hysterectomy

Legend:
- Distinguished (SIR ≤ 0.3)
- Target (SIR = 0.31 - 0.79)
- Threshold (SIR = 0.8 - 1.00)
- Concern (SIR > 1.00)
- NISN National Benchmark
# Monthly OB Dashboard

## High Performing OB Metrics for Excellence

**August, 2015**

### System Average

<table>
<thead>
<tr>
<th>Facility Abbreviation</th>
<th>Sys Avg</th>
<th>Facility Name</th>
<th>System Average</th>
<th>Women Council Chair</th>
<th>Nikole Keenan</th>
<th>Medical Director</th>
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</table>

### Basic OB Stats
- Total Number of Deliveries (Vag & C-sec)
- Total Number of Births
- Repeat C-section Rates
- Induction of Labor Rates
- Failed Induction Rates
- Number of VBAC
- Number of Failed VBAC
- Preterm Birth Rates (< 37 Weeks Gestation)

### Perinatal Core Measures
- PC-01 Elective Delivery Rates >= 37 and < 39 Weeks Gestation
- PC-02 Low Risk Primagravida C-Section Rates
- PC-03 Antenatal Steroids
- PC-04 Healthcare Associated Bloodstream Infections in Newborns
- PC-05 Exclusive Breast Milk Feeding
- PC-06a Exclusive Breast Milk Feeding (Mother's Choice)

### Patient Safety Indicators
- PSI-17: Event (Neonatal trauma rate)
- PSI-18: Event (OB trauma rate with instrument)
- PSI-15: Event (OB trauma rate w/o instrument)

### SME/MAN
- Maternal Death Rates
- Anesthetic Complications Rates
- Unplanned Return to OR Rates
- Intrapartum Fetal Death Rates
- Antepartum Fetal Death Rates
- Perinatal Fetal Demise < 24 weeks Rates
- Perinatal Fetal Demise > 24 weeks Rates

### Other Indicators
- Intraoperative
  - Shoulder Dystocia Rates
  - Operative Vaginal Delivery Forceps/Vacuum/Breech Rates
- Postoperative
  - Postpartum Hemorrhage Rates
  - Transfusion Rates—All Blood Products
  - Pulmonary Embolism Rates
  - Unplanned Hysterectomy after Delivery Rates
- Maternal-related
  - Transfer to Higher Level of Care Rates
  - LOS = 3 Days Rates
  - Fetal-related
  - % IMU Admits > 37 Weeks Gestation
  - % ICU Admits > 37 Weeks Gestation

---

**TBD:** To be determined. Depending on implementation of the new database for OB Service

*Data reflect accuracy of documentation*
## MHHS Maternal Mortality Rate

<table>
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<th>Fiscal Year</th>
<th># Maternal Deaths</th>
<th>Rate/100,000 Live Births</th>
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<tbody>
<tr>
<td>2009</td>
<td>5</td>
<td>18.5</td>
</tr>
<tr>
<td>2010</td>
<td>4</td>
<td>16.4</td>
</tr>
<tr>
<td>2011</td>
<td>1</td>
<td>4.3</td>
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<tr>
<td>2012</td>
<td>3</td>
<td>12.8</td>
</tr>
<tr>
<td>2013</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>2014</td>
<td>0</td>
<td>0.0</td>
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Evolution of Healthcare Quality
Error Reduction Strategies
FY 2018 Domain Weights and Measures

SAFETY
1. AHRQ PSI-90: Complication/patient safety for selected indicators (composite)
2. CDI: Clostridium difficile Infection
3. CAUTI: Catheter-Associated Urinary Tract Infection
4. CLABSI: Central Line-Associated Blood Stream Infection
5. MRSA: Methicillin-Resistant Staphylococcus aureus Bacteremia
6. SSI: Surgical Site Infection Colon Surgery & Abdominal Hysterectomy
7. PC-01: Elective Delivery Prior to 39 Completed Weeks Gestation

CLINICAL CARE
1. MORT-30-AMI: Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
2. MORT-30-HF: Heart Failure (HF) 30-Day Mortality Rate
3. MORT-30-PN: Pneumonia (PN) 30-Day Mortality Rate

EFFICIENCY AND COST REDUCTION
1. MSPB-1: Medicare Spending per Beneficiary (MSPB)

PATIENT- AND CAREGIVER-CENTERED EXPERIENCE OF CARE/ CARE COORDINATION (PCCEC/CC)

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Dimensions:
1. Communication with Nurses
2. Communication with Doctors
3. Responsiveness of Hospital Staff
4. Pain Management
5. Communication about Medicines
6. Cleanliness and Quietness of Hospital Environment
7. Discharge Information
8. 3-Item Care Transition*
9. Overall Rating of Hospital

An asterisk (*) indicates a newly adopted measure for the Hospital VBP Program.
Holy MACRA!
What does CMS want?!

Anticipate resources needed, optimize utilization and reduce cost.

Keep patients well, treat with best practices for good outcomes, be efficient, reduce cost and communicate.
### Preparing for the Future

**Today** | **Future**
---|---
**Focus** | Individual patient | Community health
**Care** | Fragmented, episodic treatment | Coordinated, longitudinal care
**Goal** | Treating sick | Achieving wellness
**Rewards** | Volume driven (FFS) | Value, outcome driven
**Setting** | Institutional base; hospital oriented | Community based; range of settings
**Leadership** | Managing departments/divisions | Systems thinking/integrated processes

(Source: FutureScan 2016–2021)
Leading the Change
Leadership Matters!

- Change management
- Emotional intelligence
- Ability to influence rather than direct
- Strategic thinking
- Collaboration
- Critical Thinking

(Source: What Healthcare Leaders Should Know About Recruiting Senior Executives: Lessons from Executive Search Firms, 2016)
Changing Focus

- Increased demand for physician leadership
- Increased emphasis on population health
- Mergers, acquisitions and consolidation of organizations into healthcare systems
- Affiliations between organizations, including community partnerships
- Increased emphasis on the continuum of care

(Source: What Healthcare Leaders Should Know About Recruiting Senior Executives: Lessons from Executive Search Firms, 2016)
High Reliability Leadership - An Evolution in Perspective

“If you do the things you’ve always done, you’ll get the results you’ve always gotten.”

**From…**

| Externally driven safety focus (e.g. Joint Commission, CMS) |
| Safety is a priority |
| We are creating a safety culture |
| The board and senior leader support culture change |
| Medical staff support culture change |

**To…**

| Internally driven safety focus (First, Do No Harm – it’s the right thing to do) |
| Safety is a core value that cannot be compromised |
| We are shaping a reliability culture that creates safety |
| The board and senior leaders own and manage the culture |
| Medical staff own and promote safety culture |
Competing Priorities!
MHHS Promise

We Advance Health

Memorial Hermann employees and physicians will provide exceptional end-to-end patient care experience anchored by superior quality, clinical excellence and affordable care with a commitment to advance the health of our patients and members.
Take Home Message
“Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives.”

-William A. Foster
Five Tasks in Five Days

1. **Assess if your quality and safety focus is aligned with your mission**

2. **Ask if you have Board and Senior Leader support**

3. **Analyze the needs of your key focus areas**

4. **Assess current functions and skill of your personnel**

5. **Begin to develop a plan to enhance or change your current model**
Thank you!

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Questions?