“What Was I Thinking??!!”

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Certified Lean Leader

For IHI Patient Safety Executive Development Course, March 2017
This presenter has nothing to disclose.
Framework for Clinical Excellence

Creating an environment where people feel comfortable and have opportunities to raise concerns or ask questions.

Facilitating and mentoring teamwork, improvement, respect and psychological safety.

Openly sharing data and other information concerning safe, respectful and reliable care with staff and partners and families.

Being held to act in a safe and respectful manner given the training and support to do so.

Developing a shared understanding, anticipation of needs and problems, agreed methods to manage these as well as conflict situations.

Gaining genuine agreement on matters of importance to team members, patients and families.

Regularly collecting and learning from defects and successes.

Improving work processes and patient outcomes using standard improvement tools including measurements over time.

Applying best evidence and minimizing non-patient specific variation with the goal of failure free operation over time.

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What/Where is MemorialCare? 
Southern California
Just the Facts

Total Assets
- Annual Revenues $2.2 billion
- Bond Rating AA-stable

Hospitals
- Patient Discharges 67,000
- Patient Days 317,000
- ER Visits 214,000
- Babies delivered 10,500
- Surgeries – IP/OP 34,000

Ambulatory Access
- “At Risk” Lives/ACOs 261,000
- Seaside Health Plan 39,200
- Medical Group Visits 600,000
- Ambulatory Surgeries 44,000

Workforce
- Employees 11,000
- Affiliated Physicians 2,900
- Employed Physicians 230
Strategic Focus & Evolution
Two decades of testing & learning

1996
- Physician Society: 1,161 physician members commit to Evidence Based Medicine

2001
- Electronic Medical Record: Epic selected

2005
- Bold Goals for Quality and Safety: 78,214 patients' lives touched through mortality and harm reduction; preventative care

2006
- Epic Electronic Medical Record: > 95% physicians order entry and over 300 evidence-based order sets embedded in EHR

2007
- Gallup Employee Engagement: Four time Gallup Great Work Place international award winner

2007
- LEAN Management system: 1,600 steps eliminated; $85.6M expense reduced

2009
- Patient Portal: MyChart 84,000; Next MD 151,000

2011
- MemorialCare Medical Foundation: 350 Primary Care Physicians from South Bay to San Clemente, 7,100 contracted specialists, 163,750 members

2011
- Crimson Clinical Advantage: $73M of over-utilization eliminated, 0.4 days saved from LOS, 21,500 bed days avoided and clinical outcomes improved

2012
- Brain Tumor Center: Financial strength permits expansion of risk based reimbursement models

2012
- Seaside Health Plan: Plan to Plan model for Medical and small employers, 25,430 members

2013
- Ambulatory Surgery Center & Ambulatory Imaging divisions created; surgeries and imaging studies performed in free standing centers at 60% lower cost

2014
- Anthem Blue Cross ACO: 24,000 lives

2014
- Bar Coded Medication Administration: System wide robust; 97% immediate adoption

2014
- Vivity: Joint venture between 7 leading health systems and Anthem Blue Cross

2015
- Over Diagnosis and Choosing Wisely: 104 “do no do” alerts activated in Epic
Session Goals

• So now you are an IHI Patient Safety executive / CMO / officer / manager...what next? Some ideas to:
  1. **Get started – the 100 day plan**
  2. Obtain buy-in
  3. Set priorities
  4. Organize, resource and coach the work
  5. Communicate results
  6. Sustain the momentum, for the long-haul

*Plus: Developing your “personal power” so people will follow your lead*
It really is a journey

- Start where you are
- There’s no one “best way”
- Take the ideas you like, store the rest
- It takes years…
1. 100 Day Plan

• Diving off the platform with:
  – What you came here with (your experience, organizational history)
  – This course under your belt (great!)
  – Your plan/priorities outlined (key)
  – And your Senior Leader buy-in (or plan to get that if they aren’t here)
Keys to a 100 Day Plan

• Meet (re-meet) with key influencers and interview them about what they care about (take your IHI PSE homework and expand)
  – Executives, directors/managers, physician leaders, front-line staff
  – Share your starting thoughts/Plan from this week
  – Don’t forget to meet with your direct reports too
  – Why?
    • Initiate relationships, establish your role
    • Expand your perspectives
    • Learn the history (we tried that, it worked, didn’t work)
    • Understand your own biases (and adjust)
Keys to a 100 Day Plan

- Review current metrics/data
  - Harm
    - Look at the forest first
    - Trigger tool review
  - Mortality
    - 2x2 analysis (last 50 deaths or "x" harms)
  - How displayed, and is it compelling?
Assessment in 2006

- “Blocks of data”, not trended
  - Low thresholds
  - Individual measures only
- No mortality measures
- No harm measures
  - Did monitor National Patient Safety Goals
- Internal safety culture survey
  - Non-benchmarked
- No patient survey measures
- **E.g. no measures that really mattered**
Ex 1b: Learning from a 2x2 analysis

The “2 x 2” Table

<table>
<thead>
<tr>
<th>ICU Admission</th>
<th>Comfort Care Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Findings/OFIs

- Rapid response gaps
- Coordination, goals not clear
- Cardiovascular mortality (also in our HSMR data – hospital standardized mortality rate)
Ex 1c: Early Win
Find, Take and Leverage It!

• Door to PCI
  – Baseline: 40% within **120** minutes
  – Pulled together ED and Cardiac for interdisciplinary effort
  – Shared variation, tests of change
  – Created competitive spirit

• Keys (for us)
  – Wasted minutes
  – Triage, atypical
  – ED decision power

• Outcomes, better!

AMI Core Measures
AMI 8a: PCI within 90 minutes
MHS CMS Top 10%

AMI Core Measures
AMI 9: Inpatient Mortality
0% 2% 4% 6% 8% 10% 12% 14%
Session Goals

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Plus: Developing your “personal power” so people will follow your lead
The old IHI Leadership Framework
It still works!
2. Keys to obtaining buy-in

- Making sure you have it 😊
- Create the compelling vision with the broader community
  - Gaining the attention of a focused audience
  - Make it “uncomfortable”, create stretch and will
- Linking to strategy
Refine “your” plan, then do more

• Schedule sessions with your senior leader/mentor to report out and validate or tweak your plan

• Agree on / tackle some low-hanging fruit
  – Easy/early win(s), with visible impact
  – Could be:
    • Educational session to relevant audience
    • Solving some problem that’s been hanging out there (create a WOW!)
    • Providing data in a meaningful way
    • Creating or strengthening an oversight team
    • Or your good idea goes here…

Success is a journey, not a destination.
- Ben Sweetland
Getting the team onto one page

• Ideas
  – Start with your 100-day plan interviews
  – Present findings to leadership
  – Convene a “touchstone event”
    • Pull in a big name if you can get the $
  – Linking to your strategic plan (or department plan)
Ex 2a: Leadership Summit

• Annual Summit
  – Feb, 2006 devoted to Quality & Safety

• Wide attendance (n=350)
  – Board members for system and local entities
  – Hospital leaders and key managers
  – Physician leaders

• Focus areas
  – **Yes, we do cause harm, in #s**
  – Leadership’s role is improving quality and safety
  – Identifying key practices and actions to accelerate the quality agenda

• E.g. create a “touchstone event”
Concept: Aiming High, Aiming Wide

- **Aim**
  - High
  - Low

- **Breadth of Aim**
  - Unit Level
  - System Level

- **Islands of Excellence**
- **Transformation**
- **Just Good Enough**
- **Incremental Improvement**
Ex 2b: Strategic Linkage

Quality & Value

**Five-Year Focus Area Vision:**
MemorialCare will be recognized nationally for its pursuit of the Triple Aim: top quality ratings for clinical excellence, efficiency and value, patient-family experience, and health and wellness.

**Three-Year Strategy:**
Achieve top performance reliability in all publicly rated clinical process (Perfect Care), efficiency, patient safety, patient-family experience, and health and wellness promotion measures.

**FY ’17 Initiatives:**
- Implement plans to achieve Bold Goals for quality and amazing patient experience
- Realize benefits of a fully integrated leadership structure for key ancillary and clinical services
- Identify and implement new metrics to measure outcomes of our community benefit programs
Session Goals

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3. **Set priorities**
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*Plus: Developing your “personal power” so people will follow your lead*
3. Keys to setting priorities

- Understanding what’s important
  - Preventable mortality and harm
  - Improved outcomes
- Not taking on world health all at once
  - Create focus on the “vital few”
- Establishing bold targets
Ex 3a: Strategic Quality Priorities
Reaffirm the work each year

<table>
<thead>
<tr>
<th>Big Dots 2006-16</th>
<th>Key Drivers</th>
<th>Measures</th>
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<tbody>
<tr>
<td><strong>Reduce Mortality</strong></td>
<td>▪ Early Response</td>
<td>▪ Codes Outside ICU</td>
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<td></td>
<td>▪ Clinical Reliability</td>
<td>▪ Perfect Care</td>
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<tr>
<td></td>
<td>▪ Sepsis Care</td>
<td>▪ Sepsis Mortality</td>
</tr>
<tr>
<td><strong>Reduce Needless Harm</strong></td>
<td>▪ Reduced Infections</td>
<td>▪ Central Line, VAP, CAUTI, SSI</td>
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<td></td>
<td>▪ Reduced Complications</td>
<td>▪ Hand Hygiene</td>
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<td></td>
<td>▪ Improved screening</td>
<td>▪ Hospital Acq. Pressure Ulcers</td>
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<td></td>
<td>▪ Population health</td>
<td>▪ Patient Falls, all</td>
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<td></td>
<td></td>
<td>▪ VTE/DVT prevention</td>
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<td></td>
<td></td>
<td>▪ Medication reconciliation</td>
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<td></td>
<td></td>
<td>▪ Medical Foundation “Big 5”</td>
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<td></td>
<td></td>
<td>▪ OB care – C-section</td>
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<tr>
<td><strong>Improve Patient &amp; Family Experience</strong></td>
<td>▪ Endorsement and Loyalty</td>
<td>▪ Inpatient: HCAHPS</td>
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<td></td>
<td></td>
<td>▪ Ambulatory: PAS/CGCAHPS</td>
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</tbody>
</table>
Concept: The Art of Selecting Targets

- You want to create stretch
  - Getting to transformation vs. improvement
  - “Better than average” or truly benchmark?
  - Thoughts on “Perfect Care” at the patient level
  - Going for Zero harm ("Zero Zone")

- Having said that, start where your team can support, and evolve
Ex 3b-1: Evolving Our Bold Goals
Every Year

Our first list, 2006-7:
• Reduce mortality by 15%
• Reduce code emergencies outside of the ICU by 50%
• Achieve “perfect care” of 95% for Core Measures
• Reduce hospital acquired infections (HAI) by 50%

Based on experience, team selected stretch for 2007-8:
• Further reduce mortality by 5% (net 20%)
• Further reduce HAIs by 25% (net 75%)
• Add: Reduce HA pressure ulcers by 50%
Ex 3b-1: Evolving Our Bold Goals
Every Year

Review and stretch, every year

Added, 2009-10:
- Add: Achieve 100% hand hygiene compliance
- Add: Reduce patient falls by 50%

Further stretch, 2010-13:
- Further reduce HAIs to Zero Zone
- Add: Reduce sepsis mortality by 25%
- Further reduce falls by 25% then to Zero Zone
- Further reduce HAPUs to “Zero Zone”
- Further reduce HSMR by 10% (net 30%)

Stretch and add, 2014-17:
- Further reduce sepsis mortality by 45 \rightarrow 50 \rightarrow 70%
- Add: Achieve 95% Perfect Care: Medication Reconciliation, VTE, Stroke
- Add: Achieve top 10\textsuperscript{th}. Pop Health HEDIS “Big 5”
- Add: Reduce OB C-Sections to <15%
- Add: Reduce Harm Across the Board by 50 \rightarrow 80%
MemorialCare’s safety Bold Goals
Today, by June 2017

• Reduce mortality
  – ↓ Severe sepsis mortality by > 70 %

• Achieve “perfect care”
  – ↑ Core Measure sets – all diagnoses/bundles to > 95%
  – ↑ Medication Reconciliation metrics: all 3 - 90%

• Reduce harm to Zero Zone
  – ↓ Hospital acquired infections (HAI)
    • Achieve 100% hand hygiene compliance
  – ↓ Hospital acquired pressure ulcers (HAPU)
  – ↓ Patient falls with injury
  – ↓ Harm Across the Board by > 80%

• Promote Population Health
  – ↓ NTSV C-Section rate to < 15%
  – ↑ Medical Foundation goals to top 10th percentile
    • Screening – breast and colorectal; diabetes care HbA1c < 8, generic prescribing rate, childhood immunizations (combo 10)
Session Goals

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  6. Sustain the momentum, for the long-haul

Plus: Developing your “personal power” so people will follow your lead
4. Keys to organize, resource & coach

• Understand and work with what you have
  – Organizational structures
  – Evolving as makes sense
  – Finding champions

• Keys
  – Learning from others
  – Leveraging “Reliability Theory”
  – Focus on multi-disciplinary Best Practice
  – Use of Lean Coaching Kata
Ex 4a: Physicians as Partners
The power of the Physician Society

The Physician Society

Responsibilities
- Professional association. Board level.
- Committed to development and utilization of evidence-based/best practice medicine
  - Lead development of best practice
  - Implement best practice guidelines at the bedside / visit-side
  - Leadership of physician informatics and outcomes

20 Years of Innovation
- Over 300 Best Practice guidelines
- Best Practice Teams, multidisciplinary

<table>
<thead>
<tr>
<th>Ambulatory</th>
<th>Neonatology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia</td>
<td>Orthopedics</td>
</tr>
<tr>
<td>Blood Use</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>Breast Care</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Antimicrobial Stewardship</td>
<td>Pulmonary &amp; Critical Care</td>
</tr>
<tr>
<td>Cardiac</td>
<td>Sepsis</td>
</tr>
<tr>
<td>Colorectal</td>
<td>Stroke</td>
</tr>
<tr>
<td>Emergency</td>
<td>Women's Health</td>
</tr>
<tr>
<td>Imaging</td>
<td>Wound Care</td>
</tr>
</tbody>
</table>
A. Support evolution of new payment models

B. Readiness for Physician Value-Based Payment

A. Develop new communication models for internal campaigns, education and initiatives

“the reward”

A. Lead focus on Overdiagnosis & Overtreatment 2.0
B. Build awareness of red pill, blue pill
C. Achieve Medication Reconciliation 90%

“A. Support evolution of new payment models
B. Readiness for Physician Value-Based Payment

“The results of our hard and focused work”

Physicians As Partners
A. Integrate onboarding process for membership
B. Sponsor refinements to CVO services
C. Foster Crimson Clinical Advantage

Increase value-adds for Physician Society ‘Experience’

Governance & Leadership
A. Foster engagement of “younger” physicians in new and existing areas of leadership
B. Support expansion of clinical integration:
C. Activate EMR Optimization

A. Launch MemorialCare Experience for staff and physicians

People & Culture
“the absolute foundation of our success”
MEMORIALCARE NETWORK
PERFORMANCE IMPROVEMENT/PATIENT SAFETY

Patients
Families

MemorialCare Board of Directors*

Clinical Committee of the Board*

Quality Close*

MC’21 Management System Oversight Committee*

Physician Society Board* (Serves on MHS Clinical Committee)

Campus Governing Boards

Senior Management

Medical Executive Committee

Physician Society*

Best Practice Teams*

Value Added Teams*

Hospital Operations

Performance Improvement Quality and Patient Safety Committees

Councils, Teams, Collaboratives, Task Forces

<< Shared services across our system >>
### Concept: Use of IHI’s Reliability Theory

<table>
<thead>
<tr>
<th>Chaos &lt;80%</th>
<th>Tier 1 80-94.9% (x/10)</th>
<th>Tier 2 95-98.9% (xx/100)</th>
<th>Tier 3 99-99.9% (xxx/1000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flip of a coin; no design has stuck</td>
<td>Prevent initial failure</td>
<td>Identify &amp; mitigate failures</td>
<td>Redesign</td>
</tr>
</tbody>
</table>

- **Tier 1 80-94.9% (x/10):**
  - Reminder systems
    - Common equipment, standard orders sheets
    - Personal check lists
  - Working harder next time
  - Feedback of information on compliance
  - Awareness and training

- **Tier 2 95-98.9% (xx/100):**
  - Decision aids and reminders built into the system
  - Desired action the default (based on evidence)
  - Redundancy
  - Scheduling—takes advantage of habits and patterns
  - Standardization of process

- **Tier 3 99-99.9% (xxx/1000):**
  - Failure Mode redesign only if articulated goal not reached
    - Tackle one failure mode at a time
    - Relationships are mutually supportive
  - Default care
Ex 4b-1: Best Practice Collaborative
Reducing Avoidable Sepsis Deaths

• Initial Bold Goal – ↓ mortality by 25% -> 30% vs our baseline
  - Surviving Sepsis campaign
  - Overall mortality for the big 2 diagnoses (severe, shock) – baseline 38 per 100 patients -> 32/100

• Revitalized Campaign in 2012-13
  - Update definition (back over time)
    • Severe sepsis and Septic shock
    • Removed DNR within 24h
  - Patient stories – success & failure
  - Updated Best Practice guidelines and EMR/Epic tools
  - Workflow redesign – ED, acute
  - Best Practice team datamart
    • Culture…education…data

• ↓ by 55%. Goal now to ↓ by 70% by 6/17
  - With increased prevalence
Ex 4b-2: Best Practice Collaborative
Addressing the opioid epidemic

AMBULATORY & INPATIENT
• Identification of patients at risk
• EMR automation (Smart Set)
• Developing consistency in CURES 2.0 use, Controlled Substance Agreements, and Urine Drug Screens
• Embedding provider education (EHR Best Practice Alert)
• Participation in advocacy and collaboratives
• Data warehouse, push reports
  – 5.6% patients with MME>90 (for at least 1 day over 3 months)
  – Excluding cancer, palliative care
  – Site Medical Directors, individual physician reports
Coaching Kata – behavior or pattern

1. What is the target condition?
2. What is the actual condition now?
3. What obstacles are preventing you from reaching the target condition?
   - Which are you addressing now?
   - Who out there is doing it better?
   - What toolkits already exist?
   - What could work here?
Key learning: Incorporation of Five Lean “Kata” Coaching Questions

4. What is your next step?
   - What could work here?
   - Who will champion this?
   - Who should be on the team to work out the details?
   - What tests of change can we do where, in order to test our theories next Tuesday?
   - How to launch, educate, monitor and provide feedback?

5. When can we go and see what we have learned from taking that step?
Session Goals

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*Plus: Developing your “personal power” so people will follow your lead*
5. Keys to communicate results

• Designing
  – What to share with Boards
  – How to engage your audiences
Concept: Better Outcomes Associated with Hospitals where . . . 

- The board spends more than 25% of its time on quality issues
  - The board receives a formal quality performance measurement report
  - There is a high level of interaction between the board and the medical staff on quality strategy
  - Hospital governing boards that have a single committee that focuses exclusively or primarily on quality were found to be more likely to adopt various oversight practices and to have better clinical outcomes

Vaughn T, Koepke M, Krock et al. 2006
Jiang, Lockee, Bass, Fraser. 2008
Ex 5a: Evolving our capacity to lead

- Boards – we took stock of oversight capacity in 2006
  - Our Boards needed MUCH more education
    - Leadership Summit – identified gaps
    - Board study sessions, just in time
    - Patient stories and experiences
    - Glossaries and lay language
    - Sending to conferences
  - Board time on quality was low though increasing
    - Placing first on agenda
  - System-wide sharing and oversight had started but opportunity to increase transparency/sharing
Considerations for “Board” and Leadership focus

- Thoughts on what to share
  - Create focus (link to goals)
  - Show both successes and opportunities for improvement
  - Rates OK but share the #s
  - The power of stories
  - Education on what this means
Concept: Bringing Patients and Families in to the room

- Storytelling – making this “what we do”
  - Imagine if it was your mother, brother, grandfather, friend...
  - Start every meeting with a story and a lesson learned
Concept: PI Dashboard Development

• What Boards and leadership should do (IHI):
  – Understand and regularly oversee a few system-level quality measures
  – Set specific “how good, by when” aims for improvement of these system-level measures
    • Where are we trying to get to
    • How will we know we got there

• Idea – Development of our “PI Radar” to:
  – Measure progress
  – Facilitate storytelling
  – Recognize success and opportunities for further improvement
Ex 5b-1a: PI Radar Dashboard
Shows where we started, have been, are now

How it works:

- Stretch targets (Green = hard!)
- Scalable
- Balanced
- Performance over time
- Inservice: Bold - move out, to/beyond the green line
- Leads us to the “Rest of the Story”
Target: **Harm Across the Board**

FY'17 Goal to reduce by 80% vs 2011 baseline

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**Current State/Graphs:**

![Graph showing Harm Across the Board](image)

- **Partnership for Patients**
  - "Harm Across the Board" - MHS

- **Graph details:**
  - Various data points from 2012 to 2016
  - Trends indicating a decrease in harm

**Key Analysis and Activities:**

- **Harm Across the Board (HAB) per Hospital Engagement Network definition** reduced by 73% since 2011
- Each campus showing net drop
- Tied to Bold Goals and campus focus

**What We’re Working On, Will See Next:**

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Who</th>
<th>Target</th>
<th>Action/Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>INR &gt; 6 on Warfarin</td>
<td>Pharmacy Value Added Team</td>
<td>2-3Q’16</td>
<td>• Reviewing cases with bleeding times/INR &gt;5-6</td>
</tr>
<tr>
<td>(International Normalized Ratio - “bleeding time”)</td>
<td></td>
<td></td>
<td>• CALHIN goal now for &lt;5</td>
</tr>
<tr>
<td>Early Elective Delivery (EED)</td>
<td>C. Chuen WH BPT</td>
<td>2-3Q’16</td>
<td>• Hard stop implemented</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Reviewing fallout cases</td>
</tr>
<tr>
<td>Falls, Pressure Ulcers (HAPU)</td>
<td>Bold Goal</td>
<td>Ongoing</td>
<td>• See Bold Goal drilldown</td>
</tr>
<tr>
<td>Infections</td>
<td>Bold Goal</td>
<td>Ongoing</td>
<td>• See Bold Goal drilldown</td>
</tr>
<tr>
<td>Blood Clots (VTE6)</td>
<td>Bold Goal</td>
<td>Ongoing</td>
<td>• See Bold Goal drilldown</td>
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</tbody>
</table>

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Note: *Hospital Engagement Network definition includes Warfarin with INR > 6, Early Elective Delivery, Fall with Injury, Pressure Ulcer 2+, ICU Catheter Associated UTIs and Central Line Blood Stream Infections, Surgical Site Infections, Ventilator Pneumonias, and Pediatric Harm. **CHLB & MCHWHLB included in MHS roll-up

For internal use related to quality and performance improvement purposes only.
# Drilling Down
## Infections by the #s

<table>
<thead>
<tr>
<th>Infection Type</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>1Q’16</th>
<th>2Q’16</th>
<th>3Q’16</th>
<th>4Q’16</th>
<th>1-2Q → 3-4Q</th>
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<tbody>
<tr>
<td>CLABSI – Critical Care</td>
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<tr>
<td>CLABSI – Med/Surg/Tele</td>
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<tr>
<td>CAUTI – Critical Care</td>
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<tr>
<td>CAUTI – Med/Surg/Tele (without Oncology)</td>
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</tr>
<tr>
<td>VAP (possible)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>SSIs – CABG/Valve, TKR, THR</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSIs *new–C-sctn, colon, hysterectomy</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C Difficile</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>MRSA, VRE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

For internal use related to quality and performance improvement purposes only.
**Target:** Hospital Acquired Infections  
Goal to reduce rate (links to Standardized Infection Ratios (SIR) on Radar)

### Current State/Graphs:

![Infections per 100 Discharges - MHS](image)

### Key Analysis and Activities:
- HAI Task Force activated key recommendations in 2015
- Clinical business case for Xenex UV light robots approved; rollout attained

Note: Includes hospital acquired infections (those that we can’t prove we didn’t cause): device associated, surgical site related and/or due to multi-drug resistant organisms.  
% = raw # per 100 Discharges, not risk-adjusted (see SIRs on Radar)

### What We’re Working On, Will See Next:

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Who</th>
<th>Target</th>
<th>Action/Status</th>
</tr>
</thead>
</table>
| Xenex rollout system-wide (xenon)       | IP VAT D. Wynn   | 1Q’16  | • Monitor use / technique  
• HCACHPS impact noted  
• Literature supportive            |
| HAI Task Force                          | D. Platt         | July’16| • Re-activated team – July  
• Each campus drilldown on local opportunities  
• Revised C.Diff Standardized Testing  
• Actioning CAUTI, CLABSI              |
| Colorectal BPT                          | C. Chuen Dr. Patel | 1Q’17  | • Activated new BPT  
• Share SSI best practices             |
| Antimicrobial Stewardship Lean A3 and BPT | K. MacD. H. Macfie C. Chuen | 4Q’16  | • A3 held – new Epic ICON/AMS module approved → 2017 launch  
• Convened new BPT                    |

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MCMF Quality Measures Visibility Board

Childhood Immunizations
12 Month Look Back - Combo 10

Current State:

**Target: Childhood Immunizations**

Percentage of children who completed the required immunizations before their second birthday: DTaP, Polio, MMR, HIB, Hepatitis B, Chicken Pox, Prevnar, Rotavirus, Hepatitis A and Influenza.

Key Analysis and Activities:

- System-wide Its Wise to Immunize campaign (Pediatric BPT) launched
- MCMG centralized auditing and outreach (quarterly)
- MCMF Immunization toolkit available on Intranet
- GNP PCP monthly non-compliant lists and parent/patient mailings
- GNP & MCMG Physician quality incentive
- MCMF Immunization Committee

What We're Working On, Will See Next:

<table>
<thead>
<tr>
<th>Initiative/Tactic</th>
<th>Who</th>
<th>Target Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAIR</td>
<td>GNP MCMG</td>
<td>Ongoing</td>
<td>• Explore increased utilization of CAIR site</td>
</tr>
<tr>
<td>Provider Education</td>
<td>GNP</td>
<td>2016</td>
<td>• Compare immunization rates to competitor PO’s for opportunities&lt;br&gt;• Develop reports to identify patients turning 2 and 11 years to meet immunization goals</td>
</tr>
<tr>
<td>Patient Outreach</td>
<td>GNP MCMG</td>
<td>2016</td>
<td>• Parent/patient reminder letters to newborns, 7 months and 20 months (GNP)&lt;br&gt;• Explore Epic functionality for bulk communications</td>
</tr>
</tbody>
</table>
MCMF Quality Measures Visibility Board

Childhood Immunizations
12 Month Look Back - Combo 10

Target: Childhood Immunizations

Initiative/Tactic | Who | Target Date | Status
--- | --- | --- | ---
CAIR GNP | | | Ongoing

- Explore increased utilization of CAIR site
- Provider Education GNP 2016
  - Compare immunization rates to competitor PO's for opportunities
  - Develop reports to identify patients turning 2 and 11 years to meet immunization goals

Patient Outreach GNP MCMG 2016
- Parent/patient reminder letters to newborns, 7 months and 20 months (GNP)
- Explore Epic functionality for bulk communications

Percentage of children who completed the required immunizations before their second birthday:
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<table>
<thead>
<tr>
<th>2015 IHA Percentiles</th>
<th>2016 IHA Percentiles</th>
</tr>
</thead>
<tbody>
<tr>
<td>N: 402</td>
<td>D: 673</td>
</tr>
<tr>
<td>N: 425</td>
<td>D: 686</td>
</tr>
<tr>
<td>N: 137</td>
<td>D: 232</td>
</tr>
<tr>
<td>N: 144</td>
<td>D: 228</td>
</tr>
</tbody>
</table>
### Concept: Lives Touched CY2015

**Inpatient and Ambulatory Bold Goals**

<table>
<thead>
<tr>
<th>Bold Goal</th>
<th>MHS &amp; *MCMG</th>
<th>LBMMC &amp; CHLB</th>
<th>MCH</th>
<th>OCMMC</th>
<th>SMMC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mortality</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sepsis Mortality</td>
<td>354</td>
<td>230</td>
<td>n/a (adults)</td>
<td>66</td>
<td>58</td>
</tr>
<tr>
<td>Other Diagnoses Mortality (Crimson)</td>
<td>378</td>
<td>212</td>
<td>27</td>
<td>84</td>
<td>55</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>732</strong></td>
<td><strong>442</strong></td>
<td><strong>27</strong></td>
<td><strong>150</strong></td>
<td><strong>113</strong></td>
</tr>
<tr>
<td><strong>Perfect Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VTE (blood clot prevention), Stroke</td>
<td>1,480</td>
<td>608</td>
<td>305</td>
<td>252</td>
<td>315</td>
</tr>
<tr>
<td>OB C-Section use (NTSV rate)</td>
<td>253</td>
<td>n/a (MWH)</td>
<td>138</td>
<td>57</td>
<td>58</td>
</tr>
<tr>
<td><strong>Note: MI, HF, PN, SCIP Retired</strong></td>
<td><strong>1,733</strong></td>
<td><strong>608</strong></td>
<td><strong>443</strong></td>
<td><strong>309</strong></td>
<td><strong>373</strong></td>
</tr>
<tr>
<td><strong>Codes Outside ICU</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># RRT Calls last 12mo</td>
<td>1,950</td>
<td>1,303</td>
<td>48</td>
<td>428</td>
<td>171</td>
</tr>
<tr>
<td><strong>Patient Safety &amp; Infections</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Falls to Floor, HAPU</td>
<td>77</td>
<td>60</td>
<td>n/a (adults)</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Infections</td>
<td>178</td>
<td>45</td>
<td>39</td>
<td>23</td>
<td>71</td>
</tr>
<tr>
<td>Med Reconciliation</td>
<td>2,196</td>
<td>1,314</td>
<td>1,811</td>
<td>1,423</td>
<td>2,648</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,451</strong></td>
<td><strong>1,419</strong></td>
<td><strong>1,850</strong></td>
<td><strong>1,454</strong></td>
<td><strong>2,728</strong></td>
</tr>
<tr>
<td>*<strong>MCMF Bold Goals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Annualized Lives Touched based on CY2015 volumes (these indicators)</strong></td>
<td><strong>15,668</strong></td>
<td><strong>3,772</strong></td>
<td><strong>2,368</strong></td>
<td><strong>2,341</strong></td>
<td><strong>3,385</strong></td>
</tr>
</tbody>
</table>
Session Goals

• So now you are an IHI Patient Safety executive / CMO / officer / manager...what next? Some ideas to:
  1. Get started – the 100 day plan
  2. Obtain buy-in
  3. Set priorities
  4. Organize, resource and coach the work
  5. Communicate results
  6. Sustain the momentum, for the long-haul

Plus: Developing your “personal power” so people will follow your lead
6. Building Momentum for the Long Haul

Back to that journey... *keep it fresh, current and futuristic*

A. Added focus on cultural evolution and tools
B. Anticipate where the puck is going: Pay for Value
C. Overdiagnosis – Choosing Wisely
D. Lean Mindset/Methods & Management System
E. Triple Aim & Pop Health
F. Big data needed
Concept A: Culture & Tools

• Every year, reevaluate Bold Goals, plus work to round out supporting activities, examples:
  – Share sentinel event experience, gap closure
  – Focus on Just Culture (use of AHRQ survey)
  – Crisis management toolkit
  – Leveraging the EMR – hardwiring in Best Practices
  – Build of on-line dash-boarding

• Built in incentives for executives
• The power of “touchstone events”, revisited
Ex. 6a: the important link
Engagement and Patient Safety

Patient Safety Culture Radar
MemorialCare Results for 2016, compared to 2015, 2014, and Baseline
[Target and Average from AHRQ 2016 Benchmarks]

Communication Openness
Target (75th)
Average (50th)

Non-punitive Response to Error

Teamwork Across Hospital Units

Hospital Handoffs and Transitions

For better visibility of results the outer circle represents the 75th percentile
Concept B: Leveraging “Value Based Purchasing” (VBP)

- **CMS.gov**
  Centers for Medicare & Medicaid Services

<table>
<thead>
<tr>
<th>Financial Pressures for Hospitals</th>
<th>Percentage of Traditional Medicare Revenue tied to Quality Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFY 2013</td>
<td>VBP: 1% HRRP: 1%</td>
</tr>
<tr>
<td>Total: 2%</td>
<td></td>
</tr>
<tr>
<td>FFY 2014</td>
<td>VBP: 1.25% HRRP: 2%</td>
</tr>
<tr>
<td>Total: 2.25%</td>
<td></td>
</tr>
<tr>
<td>FFY 2015</td>
<td>VBP: 1.5% HRRP: 3% HAC: 1%</td>
</tr>
<tr>
<td>Total: 5.5%</td>
<td></td>
</tr>
<tr>
<td>FFY 2016</td>
<td>VBP: 1.75% HRRP: 3% HAC: 1%</td>
</tr>
<tr>
<td>Total: 5.75%</td>
<td></td>
</tr>
<tr>
<td>FFY 2017</td>
<td>VBP: 2% HRRP: 3% HAC: 1%</td>
</tr>
<tr>
<td>Total: 6%</td>
<td></td>
</tr>
</tbody>
</table>

- **Commercial**
  - IHA programs for Medical Groups
  - Anthem Quality Hospital Improvement Program
    - Pay for performance, has grown to 3.95%
  - Others upping the ante: United (0.5%), Cigna (1.0%)
Ex. 6b: Pay for Performance Impact (Bounding Metric 80%)

MHS Estimated Pay for Performance 2016
$19.6M Earned or Earned Back (of $24.2M) = 81%

- Total Theoretically Left to Earn or Earn Back ($4,665,883)
- CMS Value Based Purchasing 2% $3,028,485
- Anthem QHPI Incentive 3.95% $3,811,741
- Meaningful Use Penalty Avoidance $3,959,300
- Readmission Penalty Avoidance 3%, $4,436,400
- MCMF HHA P4P $3,500,000
- United P4P 0.5% $133,987
- Cigna P4P 10% $188,165
- HAC Penalty Avoidance 1.0%, $510,608

Estimated Pay for Performance 2014
$13.6M Earned or Earned Back (of $16.7M) = 82%

- Total Theoretically Left to Earn or Earn Back ($3,509,567)
- CMS Value Based Purchasing 2.5% $2,033,600
- Meaningful Use Penalty Avoidance 50% ($67,850)
- MCMF HHA P4P $1,600,000
- United P4P 0.5% (NEW) $133,987
- Cigna P4P 1.0% (NEW) $226,524
- HAC Penalty Avoidance 1.0% $1,003,518

Pay for Performance 2012
$ Earned or Earned Back ($8.980M)

Pay for Performance 2013
$ Earned or Earned Back ($9.6M)

MemorialCare Health System
Excellence in Health Care
Concept C: Harm in Overdiagnosis
Understanding risk reduction vs harm

**WE DO TOO MUCH**

- Physician Society Campaign 2013→2016
- Advocacy
- Education
- Choosing Wisely
- ARR vs RRR, NNTB

---

**Example:**

<table>
<thead>
<tr>
<th></th>
<th>Mortality in Control Group = 4%</th>
<th>Mortality in Treatment Group = 1%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RRR: Relative Risk Reduction</strong> – the relative reduction in adverse outcome with a given treatment</td>
<td>((4% - 1%) \div 4%)</td>
<td><strong>RRR = 75%</strong></td>
</tr>
<tr>
<td><strong>ARR: The absolute reduction in likelihood of the adverse outcome</strong></td>
<td>((4% - 1%))</td>
<td><strong>ARR = 3%</strong></td>
</tr>
<tr>
<td><strong>NNTB: How many patients you have to treat to achieve the desired outcome or benefit?</strong></td>
<td>(1 \div ARR = 1 \div 0.03)</td>
<td><strong>NNTB = 33.3</strong></td>
</tr>
</tbody>
</table>
Concept D: Lean Thinking
Mindset, Methods & Management System

**LEAN WORKS!**

- Focus on customer
- **Productivity, Lean, Utilization & Care Model Redesign**
- Culture shift:
  - People, process and relationships
- Breakthrough + CQI
  - Scientific method
  - Experimentation
  - By Monday
  - Visibility, huddles
- Taps into everyone’s passion!
  Joy @ work.

**Past the Tipping Point:**

**Lean Mindset**
- Improvement Kata
- Coaching Kata

**Lean Methods**
- 5S, Rapid Process Improvement (RPI) & Design (RPD)
- Lean Management System (LMS)

**Lean Management System**
- Visibility Boards
- Frequent Huddles

---

“At the beginning of this process, I didn’t want to change anything. But now I want to change everything! It makes my workload manageable.”

Allan David, Lean team member
Concept E: Alternative Models
Big Dot: Triple AIM

POPULATION HEALTH TEST BED – Big Safety

- Deep Dive roadmap
  - Quarterly Close team
- Innovating with commercial ACOs, health plan (duals), BPCI
  - Rapid expansion
    - Health Plan ACOs – Anthem, Aetna
    - Vivity
    - CMMI NextGen ACO
    - Boeing - newest direct-to-employer ACO
      - Voluntary Bundled Payment Care Improvement
- Innovation Center, Value Stream
  - Accountable Care Delivery Model
Concept F: Big Data
Meaningful Data Takes Intentional Pursuit

Paper reporting (pre-2006)

Dashboards (2009)

EHR Based “Big” Reports (2010)

Enterprise Data Warehouse (2010)

Portals and Self-Service (2011)

2013+: Big data and predictive modeling
Ex 6f: Data Warehouse Tools
Answering more “Gnarly” questions
Wrap-up: Helen’s “Top 10” Take-Away Ideas for BIG Safety

• These ideas worked for us, what will work for you?

1. Create and map “Bold Goal’ level quality aims right into your strategic plan. Select from Big Dots and Key Drivers.
2. Create time to discuss quality at all Board, senior leader, management and staff meetings.
3. Utilize patient stories, and involve patients and family members on committees
4. Involve physicians in a meaningful role to oversee, participate and champion the quality strategy.
   • And if you’re ready, take on Overdiagnosis and Overtreatment
5. “Plot your dots” (data over time), and include the raw # of patients harmed (not only the rate of harm). Raw #s are much more personal
Wrap-up: Helen’s “Top 10” Take-Away Ideas for BIG Safety

• These ideas worked for us, what will work for you?

6. Harness the **promise of Lean Thinking** – focusing on bedside caregiver redesign to maximize “value-added” (vs. adding more steps/complexity)

7. If you have an **EMR** (and everyone will at some point), **hardwire in best practices** to make it easier for clinicians to do the right thing, and **leverage it for Big Data**

8. Create a **quality dashboard system that moves beyond tables or graphs**, to a report that facilitates telling “the rest of the story”

9. **Realize it takes years**. But/and a **plan or roadmap** with strategic linkages will guide the journey and help tackle challenges in an order that makes sense to the culture of the organization. **Keep it fresh.**

10. And finally, **maximize your personal power**
“Personal Power” & credibility

- Integrity
- Competence

Self Awareness

Conduct

Professional Credibility
A few words on Personal Power

- As a patient safety executive, officer, manager
  - Get an **honest inventory** of your strengths, and your opportunities to learn and grow
  - Identify **helpful resources, mentor(s)**
  - Seek periodic check-ins on **“how am I doing?”**

**Required Leadership Competencies**

1. Team leadership
2. Communication
3. Integrity and trust
4. Ethics and values
5. Motivating others
6. Problem solving
7. Managing vision and purpose
8. Priority setting
9. Composure
10. Listening
11. Negotiating
12. Conflict management
13. Decision quality
14. Building effective teams
Thank you!

Final thought:

“This work takes vision, clinical leadership and great partnerships. It’s about Will, Ideas & Execution. Please leave your ego at the door…”

Questions?

• Helen Macfie, Pharm.D.
  – Hmacfie@memorialcare.org