Delivering Great Care with High Reliability

The Orlando Health Journey

December 11, 2017
Objectives

• Describe the structures that build the deep engagement of clinicians and staff
• Discuss the leadership behaviors that can be used to deepen the engagement of staff and patients and lead to great results in care
• Develop two strategies that you will use to improve engagement at your institution
Agenda

- Welcome
- IHI and NPSF and the Patient Safety Framework
- The Orlando Health Safety Journey
- Site Visits
- Lunch
- Collaborative Quality Advisory Council
- Organize Your Experience
- Debrief
- Wrap Up
Why Orlando Health?

• Orlando Health Board of Directors commitment to quality and safety
• Engagement and commitment of physicians, nurses, allied health and administrative leaders on the quality and safety journey
• Statistics:
  – 57 leaders have completed the Patient Safety Executive Development Program
  – Over 300 leaders have attended the IHI National Forum in the past 6 years
  – Board members and executive leadership completed IHI training
  – Resident requirement for Open School education
IHI Overview
IHI and NPSF

To build systems of safety across the continuum of care
Our Mission:
To improve health and health care worldwide
A Passionate Staff
# Health and Health Care in Transition

## Issues

- Health is a priority
- Payment changes
- Aging population, growth of insured
- Variation in safety, reliability, and care
- Chronic disease epidemic
- Health care at 17% GDP
- Joy in work amidst increasing demands

## Impact

- Health care moving beyond the walls to address health issues upstream
- Caught between two business models
- Access problems especially primary care
- Preventable harm and unjust disparities
- Unsustainable ineffective care models
- Lack resources to meet other social needs
Improvement Capability

With certain principles of management…

“organizations can increase quality and simultaneously reduce costs (by reducing waste, rework, staff attrition, and litigation while increasing customer loyalty).”

— W. Edwards Deming
1900–1993
API’s Model for Improvement

What are we trying to accomplish?

How will we know that the change is an improvement?

What changes can we make that will result in improvement?

Plan  Do
Study  Act

Associates in Process Improvement
Our reach is global

Africa, Asia-Pacific, Europe, Latin America, Middle East, North America
Leading the Way

• Thought leadership and innovation
  – Triple Aim
  – 100,000 Lives Campaign
  – 5,000,000 Lives Campaign
  – WIHI, Virtual Learning
  – Breakthrough Series College
  – Global Trigger Tool
  – Bundles
  – Leadership Alliance
  – Patient Safety Officer Training
  – Certified Professional in Patient Safety (CPPS) exam

• Ground breaking initiatives
  – STAAR
  – Open School
  – Project Fives Alive!
  – Maternal and Child Health (Malawi)
  – IMPACT
  – The Conversation Project
  – Membership programs
  – Call to Action to Address Preventable Harm as a Public Health Issue
NPSF Lucian Leape Institute

- IHI/NPSF’s think tank (2007)
- Initial focus on 5 transforming concepts that are essential to patient safety
  - Education Reform
  - Care Integration
  - Joy and Meaning of Work; Workforce Safety
  - Patient and Family Engagement
  - Transparency
- Current focus on Culture of Safety & Leadership/Board Education
- NPSF LLI Annual Forum and Gala
Global conferences, meetings, events

• National Forum on Quality Improvement (25+ years)
• Patient Safety Congress (NPSF, 20 years)
• Lucian Leape Institute Forum and Keynote Dinner (NPSF)
• International Summit on Improving Patient Care in the Office Practice and the Community (15+ years)
• International Forum on Quality and Safety in Healthcare (17+ years)
• Latin America Forum
• The APAC Forum on Quality Improvement in Health Care
• Africa Forum in Quality and
• Strategic Partner Camps
• Patient Safety Awareness Week (3/11 -3/17)
Framework for Safe, Reliable, and Effective Care

Culture
- Psychological Safety
- Accountability
- Teamwork & Communication
- Negotiation

Leadership
- Transparency
- Reliability
- Improvement & Measurement
- Continuous Learning

Engagement of Patients & Family

Learning System

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Framework For Clinical Excellence

Culture

Leadership
Psychological Safety
Continuous Learning
Accountability
Improvement and Measurement
Teamwork and Communication
Negotiation
Reliability
Transparency

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Leading a Culture of Safety: A Blueprint for Success (NPSF LLI and ACHE)

Download the full PDF report at: www.npsf.org/cultureofsafety
Establish a compelling vision for safety

Value trust, respect, and inclusion

Select, develop, and engage your Board

Prioritize safety in the selection and development of leaders

Lead and reward a just culture

Establish organizational behavior expectations
When you come upon a wall, throw your hat over it, and then go get your hat.

— Irish Proverb
Delivering Great Care With High Reliability

December 11, 2017
Quality Journey: 2010-2015

Watershed Moment

Board Quality Retreat

- The Patient Story
- Holding the mirror up
- Board Quality Goals
- Appointed leaders to lead quality efforts
- Board leadership
Orlando Health Board Quality Goals (2010 – 2015):

- Reduce overall mortality (excluding inevitable mortality) by 50% by 2015.
- Reduce all cases of patient harm by 80% by 2015.
- Provide ‘right care’ to 100% of patients by 2015.
- Reduce unplanned readmissions by 80% by 2015.
- Achieve top 10% patient satisfaction scores by 2016.
How will we make it to our destination?
Early Quality Structure

First Triad

Chief of Staff

V.P. Patient Care

Chief Quality Officer
Our current team

Thomas Kelley, M.D.

Chief Quality Officer

Chief Nursing Officer

Jayne Willis, M.S.N., R.N., NEA-BC

Chief of Staff

Charles Heard, M.D.
Quality Structure: Triads

- **System Level**
  - Chief Quality Officer
  - V.P. Patient Care
  - Chief of Staff

- **Hospital Level**
  - Chief Quality Officer
  - Medical Staff Leadership Chair
  - Chief Nursing Officer

- **Department Level**
  - Unit Director
  - Medical Quality
  - Nurse or Ancillary Manager
  - Unit Practice Chair
Orlando Health Quality Formula

- Shared Leadership through Collaboration
- Transparency of Success and Failures
- Structured Approach to Improvement
- Data Driven Approach to Decision making

Journey to Excellence
Framework for Clinical Excellence - Safety

- Leadership
- Psychological Safety
- Accountability
- Teamwork & Communication
- Negotiation
- Continuous Learning
- Reliability
- Improvement & Measurement
- Transparency
- Engagement of Patients & Family
- Learning System

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Quality Journey Milestones

Watershed Moment
Annual Board Retreat

2010

- TRIAD
- IHI PSO
- Board Quality Committee
- 1st Quality Retreat
- Patient Safety Alert
- Dobhoff Feeding Tube

2011

- Quality Structure
- SAFE Teams
- Harm Review Process
- Collaborative Quality Advisory Council
- AHRQ survey

2012

- Patient Weights
- Scorecards
- Care Review
- Awards and Recognition
- SAFE Teams

2013

- Medication Errors
- Patient Safety Module
- PDSA and Lean
- GEMBA Boards

2014

- Harm Review Process
- Patient Safety Council
- Team Work Training
- Wrong Site Surgery

2015

- Barcoding
- IHI Framework
- Insights
- Culture Of Safety
- Laser Focus on Surgical Site & C-Difficile Infections

2016-2020

New System Goals

Journey to Excellence
Quality Structure – System, Hospital and Department and system positions:

- System-wide Quality Teams (SAFE Teams)
- Collaborative teams:
  - Collaborative Quality Advisory Council (CQAC)
  - Surgical Quality Collaborative
  - Corporate Mortality Committee
  - Right Care Initiative
- Nursing and Allied Health have practice councils
- Elected Medical Staff actively engaged
- Medical Education commitment to quality
Creating a Culture of Learning

- Culture of Safety Survey - AHRQ
- Care Reviews looking at human factors
- Physician Leadership Academy
- Required resident education – IHI Open School
- Special task force - Wrong Site Surgery
- Quality Rounds
- Unit Gemba boards
- Annual Quality Retreat
Data Driven Transparency

- Weekly phone call in nursing and each specialty and allied health reviewing all harm events
- Weekly system-wide report of any harm events with follow up
- Score Cards
- Safety Alerts
- Safety Snippets
- Data Warehouse
Recognition of Excellence

- Certified Zero Awards
- Great Catch Awards
- Physician Exemplar
- Excellence in Nursing Awards
- Allied Health Awards
Recognition of Excellence

Arnold Palmer Medical Center

[Image of Magnet Recognition logo]
Recognition of Excellence

ORMC Neuro ICU
5 years NO CLABSI!

DPH and SSEM no CAUTI for one year!
## Corporate Board Quality
### Progress Between FY2010-FY2015 (Final)

<table>
<thead>
<tr>
<th>Category</th>
<th>FY2010</th>
<th>FY2011</th>
<th>FY2012</th>
<th>FY2013</th>
<th>FY2014</th>
<th>FY2015</th>
<th>% Improvement from FY2010</th>
<th>Lives Impacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count</td>
<td>884</td>
<td>791</td>
<td>766</td>
<td>563</td>
<td>395</td>
<td>407</td>
<td>54%</td>
<td>1,021 Lives Saved</td>
</tr>
<tr>
<td>Rate per 1,000</td>
<td>9.0</td>
<td>8.3</td>
<td>8.2</td>
<td>6.4</td>
<td>4.6</td>
<td>5.0</td>
<td>44.4%</td>
<td></td>
</tr>
<tr>
<td>Readmissions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count</td>
<td>9739</td>
<td>8793</td>
<td>8221</td>
<td>7483</td>
<td>6801</td>
<td>6556</td>
<td>32.7%</td>
<td>7,658 Readmissions Prevented</td>
</tr>
<tr>
<td>Rate per 1,000</td>
<td>106.7</td>
<td>92.8</td>
<td>95.4</td>
<td>91.9</td>
<td>85.3</td>
<td>84.2</td>
<td>21.1%</td>
<td></td>
</tr>
<tr>
<td>Perfect Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent</td>
<td>81.0%</td>
<td>85.0%</td>
<td>88.9%</td>
<td>90.4%</td>
<td>92.7%</td>
<td>73.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count</td>
<td>3147</td>
<td>3113</td>
<td>2762</td>
<td>2751</td>
<td>1948</td>
<td>2730</td>
<td>13.3%</td>
<td></td>
</tr>
<tr>
<td>Rate per 1,000</td>
<td>7.0</td>
<td>6.9</td>
<td>6.4</td>
<td>6.8</td>
<td>6.5</td>
<td>6.6</td>
<td>5.7%</td>
<td></td>
</tr>
<tr>
<td>Patient Satisfaction</td>
<td>70.6%</td>
<td>71.4%</td>
<td>73.5%</td>
<td>74.2%</td>
<td>71.6%</td>
<td>74.5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Recognition of Excellence

Fall 2017: All Orlando Health facilities receive “A” grade from Leapfrog

- Arnold Palmer Hospital
- Winnie Palmer Hospital
- Orlando Regional Medical Center
- Dr. P. Phillips Hospital
ARE WE THERE YET???
Strategic Imperatives
2016 - 2020

- Embrace Quality & Safety
- Enhance Ease of Use
- Earn Physician Loyalty
- Strengthen Economics
- Become the Best Place to Work
- Drive Growth & Innovation

Pursuit of Excellence
Orlando Health
Orlando Health
Corporate Quality Goal: 2016-2020

“By the year 2020, Orlando Health will be a Truven Top 100 Hospitals system.”
### Executive and Team Member Incentives
Strategically Aligned

<table>
<thead>
<tr>
<th>Performance Goals</th>
<th>Current Status</th>
<th>Current Status and Comments</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined Patient Experience Goal</td>
<td>67th percentile</td>
<td>Interim goal between October 2017 - March 2018 - 67th percentile twice in the six month period</td>
<td>70th percentile</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Percentile rankings change based on the performance/rank of other national healthcare systems.</td>
<td></td>
</tr>
<tr>
<td>Growth of OP Volume</td>
<td>3.60%</td>
<td></td>
<td>9.0%</td>
</tr>
<tr>
<td>Achieve a Healthy Operating Margin</td>
<td>8.9%</td>
<td></td>
<td>7.0</td>
</tr>
<tr>
<td>Provider Engagement Survey</td>
<td>TBD</td>
<td>Survey coming in the spring of 2018</td>
<td>50th percentile</td>
</tr>
<tr>
<td>Inpatient ED Door to Departure Time</td>
<td>433 minutes</td>
<td></td>
<td>25% Improvement</td>
</tr>
</tbody>
</table>

**Financial Minimum: 5.0% margin ($166 Million Net Operating Income)**
Before any payout can be made we need to achieve our organization’s financial minimum of 5.0% margin. Each goal on the dashboard has a value of $100 if the target is achieved.
New goal requires new way of looking at data:

- Addition of benchmarks when available to reflect top 10% performance
- Definitions of metrics as consistent as possible with Truven, Medicare, Value Based Purchasing
- New metrics enhance ability to develop effective improvement strategies and reflect additional focus on efficiency and team member safety
# Orlando Health Board Quality Scorecard

<table>
<thead>
<tr>
<th></th>
<th>FY2015 Orlando</th>
<th>FY2015 Top 10% /Target (T)</th>
<th>FY2016 Orlando</th>
<th>FY2016 Top 10% /Target (T)</th>
<th>Data Through</th>
<th>Trend FY2015-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Mortality Rate <em>(Excludes HC)</em></td>
<td>1.80%</td>
<td>1.55%</td>
<td>1.54%</td>
<td>1.58%</td>
<td>Apr</td>
<td></td>
</tr>
<tr>
<td>Preventable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potentially Preventable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-preventable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Readmissions – 30 day readmission rate <em>(Excludes HC)</em></strong></td>
<td>8.12%</td>
<td>6.32%</td>
<td>8.22%</td>
<td>6.00%</td>
<td>Feb</td>
<td></td>
</tr>
<tr>
<td>Average Length Of Stay in days <em>(Excludes HC)</em></td>
<td>4.25</td>
<td>3.66</td>
<td>4.21</td>
<td>3.56%</td>
<td>Apr</td>
<td></td>
</tr>
<tr>
<td>Perfect Care / Core Measures</td>
<td>91.0%</td>
<td>100% (T)</td>
<td>94.35%</td>
<td>100% (T)</td>
<td>Feb</td>
<td></td>
</tr>
<tr>
<td><strong>Harm</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Safety Indicator-90 <em>(lower is better)</em></td>
<td>0.5762</td>
<td>TBD</td>
<td>0.3934</td>
<td>TBD</td>
<td>Apr</td>
<td></td>
</tr>
<tr>
<td>Standardized Infection Ratio <em>(SIR – lower is better)</em></td>
<td>0.916</td>
<td>0.869</td>
<td></td>
<td></td>
<td>Mar</td>
<td></td>
</tr>
<tr>
<td>Venous Thromboembolism <em>(VTE per 1,000 patients)</em></td>
<td>3.62</td>
<td>4.09</td>
<td></td>
<td></td>
<td>May</td>
<td></td>
</tr>
<tr>
<td>Medication Errors/Adverse Drug Event <em>(number of total events)</em></td>
<td>2354</td>
<td>1525</td>
<td></td>
<td></td>
<td>May</td>
<td></td>
</tr>
<tr>
<td>Assault w/injury <em>(number of total events)</em></td>
<td>41</td>
<td>66</td>
<td></td>
<td></td>
<td>May</td>
<td></td>
</tr>
<tr>
<td>Falls w/significant injury <em>(number of total events)</em></td>
<td>41</td>
<td>21</td>
<td></td>
<td></td>
<td>May</td>
<td></td>
</tr>
<tr>
<td><strong>Patient Experience</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient <em>(Excludes SLK)</em></td>
<td>74.5% [62nd]</td>
<td>73.5% [63rd] (T)</td>
<td>76.9% [71st]</td>
<td>76.0% [70th] (T)</td>
<td>Jun</td>
<td></td>
</tr>
<tr>
<td>Emergency <em>(Excludes SLK)</em></td>
<td>83.7 [26th]</td>
<td>84.4 [36th] (T)</td>
<td>85.6% [39th]</td>
<td>85.1 [37th] (T)</td>
<td>Jun</td>
<td></td>
</tr>
<tr>
<td>UF Health Cancer Center at Orlando Health</td>
<td>90.3 [30th]</td>
<td>90.6 [35th] (T)</td>
<td>90.9% [36th]</td>
<td>91.3 [56th] (T)</td>
<td>Jun</td>
<td></td>
</tr>
<tr>
<td>Orlando Health Physician Group</td>
<td>86.7% [69th]</td>
<td>87.8% [83rd] (T)</td>
<td>88.0% [76th]</td>
<td>87.7% [79th] (T)</td>
<td>Jun</td>
<td></td>
</tr>
</tbody>
</table>
Standard Management System:
Opportunities to Improve:

- Wrong Site Procedures

**Time Out Script (OR)**

<table>
<thead>
<tr>
<th>Step 1:</th>
<th>Surgeon / RN calls for the Time Out just prior to incision/injection. States: &quot;Time Out – is everyone ready?&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 2:</td>
<td><strong>ALL ACTIVITY STOPS</strong>: Team comes together and focuses on the surgical site and the Time Out.</td>
</tr>
</tbody>
</table>
| Step 3: Correct Patient: | - Circulator reads aloud the patient information from consent label:  
  - This is ________ , DOB ________.  
  - Anesthesia states: MR #__________.  
  - Surgeon states patient name: This is _____________.  
  - **Correct Procedure / Site**  
  (If no laterality / level – state procedure only)  
  - Circulator reads procedure from the informed consent:  
    - The patient is consented for _____, I see _____ marked. |
Opportunities to Improve:

• Hand Hygiene
Opportunities to Improve:

• Efficiency of Care & Standardization
Opportunities to Improve:

- Psychological Safety and Just Culture
Opportunities to Improve:

• Patient Experience
Opportunities to Improve:

• Hospital Throughput
Opportunities to Improve:

• Teamwork
What tactics is Orlando Health using to promote teamwork?

- Triads
- Collaborative rounding / checklists
- TeamSTEPPS training
- Team simulation
- Structured improvement events
- Focusing on improving teamwork between departments
We’re working together to make Orlando Health an Amazing Place to Work
Welcome to Orlando Health®

- Orlando Regional Medical Center
- South Lake Hospital
- Dr. P. Phillips Hospital
- South Seminole Hospital
- UF Health Cancer Center – Orlando Health
- Lakeland Regional Health
- Health Central Hospital
- Arnold Palmer Hospital for Children
- Winnie Palmer Hospital for Women & Babies
- Horizon West