“Transformational Leadership in the Culture of Safety”

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Certified Lean Leader

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This presenter has nothing to disclose.
Key Statistics

- Total Assets: $2.8 billion
- Annual Revenues: $2.0 billion
- Bond Rating: AA-, stable
- Patient Discharges: 71,000
- Patient Days: 326,000
- ER Visits: 192,500
- Capitated Lives: 163,800
- Babies Delivered: 9,700
- Surgeries: 34,700
- Employees: 11,250
- Medical Staff: 2,650 independents
- Residents: 500
Session Goals

- Discuss the intersection points between the Triple Aim for transformation of health care and our important work in Performance Improvement and Patient Safety and Engagement
- List at least 5 “Bold Goal” area of focus and understand how they link to the national collaboratives on Partnership for Patients and the Hospital Engagement Network
- Create a bold “stretch aim” for a specific opportunity to improve
“The Journey to Transformation”
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...
Obtaining buy-in

• Create the compelling vision with the broader community
  – Gaining the attention of a focused audience
  – Linking our Safety work to harm
  – Make it “uncomfortable”, create stretch
Leadership Summit 2006

- **Annual Summit** – Feb, 2006 devoted to Quality & Safety
- **Wide attendance** (n=350)
  - Board members for system and local entities
  - Hospital leaders
  - Physician leaders
  - Key managers
- **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
Concept: Aiming High, Aiming Wide

Breadth of Aim

<table>
<thead>
<tr>
<th>Aim</th>
<th>System Level</th>
<th>Unit Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Transformation</td>
<td>Islands of Excellence</td>
</tr>
<tr>
<td>Low</td>
<td>Incremental Improvement</td>
<td>Just Good Enough</td>
</tr>
</tbody>
</table>

Breadth of Aim
Quality & Value

**Five-Year Focus Area Vision:**
MemorialCare will be recognized nationally for top quality ratings for clinical excellence, efficiency, 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 ’14 Initiatives:**
- Evolve EMR, grow AEMR and expand connectivity
- Evolve Bold Goals to achieve benchmark patient quality, safety, and experience
- Implement support tools for aligned hospitalist programs
WE NEED TO FIND A WAY TO CLOSE THE GAP BETWEEN OUR STRATEGY AND OUR CAPABILITIES.

WHY DON'T WE JUST PRETEND WE'RE GOOD AT SOMETHING AND CALL IT OUR STRATEGY.

SORRY... DIDN'T MEAN TO JUMP AHEAD.
“Setting Priorities and Bold(er) Goals”
Setting priorities

• Understanding what’s important
  – Preventable mortality and harm
• Not taking on world health all at once
  – Create focus on the “vital few”
• Establishing bold targets
## Our Strategic Quality Priorities
Reaffirm the Work Each Year

<table>
<thead>
<tr>
<th>Big Dots 2006-14</th>
<th>Key Drivers</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce Mortality</td>
<td>▪ Early Response</td>
<td>▪ Codes Outside ICU</td>
</tr>
<tr>
<td></td>
<td>▪ Clinical Reliability</td>
<td>▪ Perfect Care</td>
</tr>
<tr>
<td></td>
<td>▪ Sepsis Care</td>
<td>▪ Sepsis Mortality</td>
</tr>
<tr>
<td>Reduce Needless Harm</td>
<td>▪ Reduced Infections</td>
<td>▪ Central Line, VAP, CAUTI, SSI</td>
</tr>
<tr>
<td></td>
<td>▪ Reduced Complications</td>
<td>▪ Hand Hygiene</td>
</tr>
<tr>
<td></td>
<td>▪ Improved screening</td>
<td>▪ Hospital Acq. Pressure Ulcers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Patient Falls, all</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ VTE/DVT assessment &amp; prevention</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Medication reconciliation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Medical Foundation “Big 5”</td>
</tr>
<tr>
<td>Improve Patient &amp; Family Experience</td>
<td>▪ Endorsement and Loyalty</td>
<td>▪ HCAHPS</td>
</tr>
</tbody>
</table>
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
Encouraging Creativity
Innovation is a GOOD thing!

NEVER, EVER THINK OUTSIDE THE BOX.
Evolving Our Bold Goals every Year

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%
Evolving Our Bold Goals every Year

Review and stretch, every year

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

2010-11:
• Further reduce HAIs to Zero Zone
• Add: Reduce sepsis mortality by 25%

2012-14:
• Further reduce falls by 25% then to Zero Zone
• Further reduce HAPUs to “Zero Zone”
• Further reduce sepsis mortality by 10% (net 35%)
• Further reduce HSMR by 5% (net 25%)
• Add: Achieve 95% Perfect Care: Medication Reconciliation, VTE, Stroke
• Add: Achieve top 90th, HEDIS “Big 5”
MemorialCare’s clinical Bold Goals - today

• Reduce **mortality** by 25%
  - Reduce **sepsis** mortality by 35%
  - Reduce **code blue** emergencies outside of the ICU by 50%

• Achieve “**perfect care**” of 95%
  - **Core Measure** sets
  - **Medication Reconciliation**

• Reduce **harm** to Zero Zone
  - **Hospital acquired infections** (HAI)
    • Achieve 100% **hand hygiene** compliance
  - **HA pressure ulcers**
  - **Patient falls** with injury

• Promote **Population Health** > top 90th
  - **Medical Foundation** goals
    • Adolescent Immunization, breast cancer screening, colorectal cancer screening, diabetes control, asthma medications
“Great – we have Goals. Now how to get it to done”
The **Physician Society**

A professional association of physicians who are committed to participating in the development and utilization of evidence-based/best practice medicine.

### The Society Board’s role

- **Responsibilities**
  - Create the expectations for **clinical performance** across the enterprise
  - Lead development of **best practice**
  - **Implementation** of best practice guidelines at the bedside/visit
  - Leadership of **physician informatics and outcomes**

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### Growth in Membership

95% of admissions

![Graph showing growth in membership from 1996 to 2013](image.png)
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
      - Value Added Teams*
      - Hospital Operations
      - Council, Teams, Collaboratives, Task Forces
    - Medical Executive Committee
      - Performance Improvement Quality and Patient Safety Committees
    - Physician Society*
      - Best Practice Teams*

<< Shared services across our system >>
<table>
<thead>
<tr>
<th>Chaos</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>
| • Reminder systems  
  - Common equipment, standard orders sheets  
  - Personal check lists  
  • Working harder next time  
  • Feedback of information on compliance  
  • Awareness and training | • 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 | • Failure Mode redesign only if articulated goal not reached  
  - Tackle one failure mode at a time  
  - Relationships are mutually supportive  
  • Default care |
Ex: Sepsis Best Practice Action Collaborative

- **Bold Goal** – ↓ mortality by 25% -> 30% vs our baseline
  - Sepsis guidelines previously implemented
  - Overall mortality for the big 2 diagnoses – baseline 38/100 -> 32/100…can we get even lower?
- **Revitalized Campaign in 2013**
  - Update definition (back over time)
    - Severe sepsis and Septic shock
    - Removed DNR within 24h
  - Patient stories
  - Updated Best Practice guidelines and Epic tools
  - Workflow redesign – ED, acute
  - Best Practice team datamart
    - Culture…education…data
  - Mortality goal now to ↓ by 35%
Incorporation of Five Lean “Kata” Coaching Questions

- 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?
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?
“Communicating Progress, and What’s Up Next”
Evolving 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 (IHI’s Boards on Board)
  - 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

- **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
  - Pros/cons of different types of display (World Café topic)
Using Data to Propel and Compel...

- **Propel** – Drive, push or cause to move in a particular direction, typically forward; spur
- **Compel** – Force or oblige someone to do something; bring about something by the use of force or pressure
Concept: Bringing Patients and Families into the room

- Storytelling
- Imagine if it was your mother, brother, grandfather, friend…
Concept: PI Dashboard Development

• What Boards and leadership should do:
  - 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: PI Radar Dashboard
Shows where we started, have been, are now

Performance Improvement Dashboard
Roll-Up Indicators - MemorialCare Health System - 4CQ’13
(Reflects revised FY’14 Bold Goals and rescaled Radar)

- Stretch targets
- Scalable
- Balanced
- Performance over time
- Inservice: Move out, to/beyond the green line
Drilldown: MEWS

- Initial pilots on units at LBMMC, OCMMMC and SMMC
  - Deemed overall successful, with lessons learned for adjustments needed

- Lean A3 #2
  - Discovery calls held with Sentara Health System and with Epic, lit review updated
  - Revised the 5 Vital Signs (Dr. Leo OK’d)
    - Dropping Mental Status as part of MEWS
    - Adding Pulse Ox similar to other sites
  - Redesigned Epic MEWS calcs, displays
    - Flowsheet autopopulates if all 5 VS 😊!
    - Visibility: Patient List (full 5 VS and last partial), trackboards, pre-login screens
  - Next up:
    - Quick re-education for pilot units
    - Planning to re-rollout to pilot units June ’14
    - Then spread 😊 (adult units, then peds)
### Ex: Safety - HAPU

**World Café Gap Loop Closure**

#### Indicator Revision

- **Revised to All Stages with CNO VAT and QC/CC**
- **Added Stage 2+ to Drilldown per new 2014 Magnet standards**
- **Sharing the #s - “x” in last quarter**

#### Fallouts

- **Local campus review (QLs, Wound VAT)**

#### Wound Conference

- **Planning underway for our annual conference, October**

#### Supply Chain

- **Revisions made, and more coming**

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For internal use related to quality and performance improvement purposes only.
Ex: Safety: Falls
Unassisted (Med/Surg), and with Injury

<table>
<thead>
<tr>
<th>Opportunity</th>
<th>Next steps (who/when/status)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator Revision</td>
<td>• Revised to Unassisted (still Med/Surg) with CNO VAT and QC/CC</td>
</tr>
<tr>
<td></td>
<td>• Sharing the #s – “x” in last quarter</td>
</tr>
<tr>
<td>Fallouts</td>
<td>• Local campus review (QLs)</td>
</tr>
</tbody>
</table>
Ex: EEDs (CMQCC/CalHEN measure, and future Cov CA?)
Ex. “No data needed”
Pictures can tell a story too
• This Value Stream has:
  - Created reception for drive-up patients (and easy parking)
  - Reduced time to doctor from 1-2 hours down to <5 minutes
  - Reduced “Left Without Treatment” from 6-7% to 0.5%
  - Reduced the decibel level in the ED (no longer = to a freight train!)
  - A story about patient safety
# Quality & Value

**INNOVATE**

## MCMF Bold Goals FY’14

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MHS &amp; MCMF</th>
<th>LBMMC &amp; CHLB</th>
<th>MCH</th>
<th>OCMMMC</th>
<th>SMMC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HSMR (ratio) – Medicare only</strong></td>
<td>92</td>
<td>41</td>
<td>Not in measure set</td>
<td>9</td>
<td>42</td>
</tr>
<tr>
<td><strong>Sepsis Mortality – full population</strong></td>
<td>146</td>
<td>73</td>
<td>18</td>
<td>27</td>
<td>55</td>
</tr>
<tr>
<td><strong>Reduced Mortality</strong></td>
<td>238</td>
<td>114</td>
<td>27</td>
<td>97</td>
<td></td>
</tr>
<tr>
<td><strong>Acute MI, HF, PN, Full SCIP pop Medication Reconciliation</strong></td>
<td>3,413</td>
<td>1,348</td>
<td>846</td>
<td>855</td>
<td></td>
</tr>
<tr>
<td><strong>Perfect Care 95%</strong></td>
<td>6,336</td>
<td>1,445</td>
<td>1,717</td>
<td>1,499</td>
<td>1,675</td>
</tr>
<tr>
<td><strong>Codes Outside ICU</strong></td>
<td>1,442</td>
<td>798</td>
<td>59</td>
<td>402</td>
<td>183</td>
</tr>
<tr>
<td><strong># RRT Calls last 12mo</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Safety</strong></td>
<td>281</td>
<td>90</td>
<td>Not in adult measure set</td>
<td>114</td>
<td>77</td>
</tr>
<tr>
<td><strong>Falls to Floor Med/Surg, HAPU</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Infection Reduction</strong></td>
<td>151</td>
<td>31</td>
<td>83</td>
<td>9</td>
<td>28</td>
</tr>
<tr>
<td><strong>Central Lines, Cath-UTIs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MCMF Bold Goals</strong></td>
<td>1,361</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Annualized Lives Touched based on CY2013 volumes (these indicators)</strong></td>
<td><strong>9,809</strong></td>
<td><strong>2,478</strong></td>
<td><strong>1,859</strong></td>
<td><strong>2,051</strong></td>
<td><strong>2,060</strong></td>
</tr>
<tr>
<td>Year</td>
<td>MHS &amp; *MC MF</td>
<td>LBMMC &amp; CHLB</td>
<td>MCH</td>
<td>OCMMMC</td>
<td>SMMC</td>
</tr>
<tr>
<td>------</td>
<td>--------------</td>
<td>--------------</td>
<td>-----</td>
<td>--------</td>
<td>------</td>
</tr>
<tr>
<td>2007</td>
<td>2,805</td>
<td>1,635</td>
<td>(n/a)</td>
<td>545</td>
<td>625</td>
</tr>
<tr>
<td>2008</td>
<td>5,765</td>
<td>2,812</td>
<td>252</td>
<td>1,419</td>
<td>1,282</td>
</tr>
<tr>
<td>2009</td>
<td>6,165</td>
<td>3,179</td>
<td>243</td>
<td>1,282</td>
<td>1,461</td>
</tr>
<tr>
<td>2010</td>
<td>6,084</td>
<td>3,129</td>
<td>347</td>
<td>1,292</td>
<td>1,316</td>
</tr>
<tr>
<td>2011</td>
<td>6,406</td>
<td>3,440</td>
<td>235</td>
<td>1,539</td>
<td>1,292</td>
</tr>
<tr>
<td>2012*</td>
<td>9,161</td>
<td>3,630</td>
<td>533</td>
<td>2,020</td>
<td>1,260</td>
</tr>
<tr>
<td>2013*</td>
<td>9,809</td>
<td>2,478</td>
<td>1,859</td>
<td>2,051</td>
<td>2,060</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>46,295</strong></td>
<td><strong>20,303</strong></td>
<td><strong>3,469</strong></td>
<td><strong>10,148</strong></td>
<td><strong>9,386</strong></td>
</tr>
</tbody>
</table>
2009 = 1594
2010 = 1200
2011 = 737
2012 = 523
(a 67% drop)
“Ideas for Getting the Story to the Front Line”
Ex. Visibility Boards
Staff created Standard Work

Huddles * Daily Measures * Problem-solving
Ex: Building in True North metric Executive Visibility A3

STRATEGIC FOCUS AREA - FY’14 Metric set
Direction $\lor$ $\land$, True North Metric (target reference)

MARKET DIFFERENTIATION & GROWTH
$\lor$ Length of Stay (GMLOS)
$\lor$ Readmission Rate (< CMS)
$\lor$ Palliative Care Consults (budget)
$\lor$ Senior and Commercial Lives Enrollment (budget)

QUALITY & VALUE
$\lor$ Mortality Ratio (Bold Goal)
$\lor$ Harm Across the Board (Bold Goal)
$\lor$ HCAHPS % 9s and 10s (Top 20th)

FINANCIAL RESILIENCE
$\lor$ Total Controllable Expense / CMI Adj DC (budget)
  $\bullet$ Overtime / Double Time
  $\bullet$ FTE / CMI Adj DC
$\lor$ Cash to Goal (monthly rolling)
$\lor$ Revenue / CMI Adj DC (budget)

PHYSICIANS AS PARTNERS
$\lor$ Patients and Physicians in Network Pods (budget)

GOVERNANCE & LEADERSHIP
$\lor$ Surgical volume (budget)
  $\bullet$ Inpatient, Outpatient, Surgery Centers

PEOPLE & CULTURE
$\lor$ Employee Health Costs (budget)
  $\bullet$ Claims, Pharmacy

BOUNDING Measures: EBIDA, Operating Margin, Days Cash on Hand, % P4P/VBP Earned, Gallup
Ex. Editable, printable, on-line MemorialCare Insight (pun intended)
## Ex. Physician Portal - Real-time drill CAUTI Cases

### 4 Discharges for all Physicians-Laguna Hills

<table>
<thead>
<tr>
<th>Admitted</th>
<th>Discharged</th>
<th>DRG/MS-DRG</th>
<th>Cost Type</th>
<th>Direct Variable Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/10/2011</td>
<td>11/03/2011</td>
<td>Permanent Cardiac Pacemaker Implant W Mcc (MS-DRG 242)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/31/2011</td>
<td>11/08/2011</td>
<td>Heart Failure &amp; Shock W Mcc (MS-DRG 291)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/03/2012</td>
<td>03/08/2012</td>
<td>Infectious &amp; Parasitic Diseases W O.R. Procedure W Mcc (MS-DRG 853)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Discharge Timeline

**Attending Physician:** Espeleta, Vidal  
**DRG:** N/A  
**MS-DRG:** 291 - Heart Failure & Shock W Mcc  
**Stay:** Mon 10/01/2011 - Tue 11/08/2011

#### Laboratory
- Blood Culture Per Bacteria (2x)  
- Assay Of Myoglobin (2x)  
- Assay Of Troponin Quant (2x)  
- Assay Of Lactic Acid (1x)  
- Natriuretic Peptide (1x)  
- Enoxaparin 49 Mg/0.4 Ml Subcut (1x)  
- Furosemide 10 Mg/ml Inj Soln (3x)  
- Ondansetron HCl 2 Mg/ml IV Soln (2x)  
- Hydromorphone (2x)  
- Chest X-Ray (2x)

#### Medication
- Chest Single View (1x)

#### Respiratory
- Chest Single View (1x)

#### Radiology
- Chest Single View (1x)

#### Respiratory
- Chest Single View (1x)

#### Other
- Chest Single View (1x)  
- Chest Single View (1x)
PLUC’ing the rewards in 2013 (vs 2011)

Data for Learning
NOT Judgment

Hospital Acquired Conditions
MemorialCare compared to national Crimson Cohort, 2013 (including Pediatrics)

$37M
Adults 18+

12,000 days freed up

Average Direct Variable Costs
$7,651
$8,426
47,949 cases
Data: 2011 I Adi: APR-DRG. Severity. Hospital-tvpe

Average LOS
4.02
4.27
47,949 cases
Data: 2011 I Adi: APR-DRG. Severity. Hospital-tvpe
Pearls

What are the 4 key things with data for PI?

1. Keep it simple – let the story shine through
2. Keep it compelling – it’s not just about showing we reduced a rate or achieving our Aim
3. Keep it fresh – mix it up, bring in a “focused story for the month”, or a review of Pay for Performance
4. Get the data to the front line!
“Building Momentum for the Long Haul”
Building Momentum for the Long Haul

• Back to that journey...
• Adding in focus on cultural evolution and tools
• Keep it consistent, and keep it fresh
• Growing your personal power inventory
Every year, reevaluate Bold Goals, plus work to round out supporting activities, examples:
- Share sentinel event experience, gap closure
- Re-focus on Just Culture (use of AHRQ survey)
- Crisis management toolkit
- Leveraging the EMR – hardwiring in Best Practices
- Build of on-line dash-boarding

Growing expertise in Lean, and the linkage to quality and safety, Visibility Boards

The power of “touchstone events”, revisited
Departments with employees that had higher 2013 engagement scored higher on all patient safety items – an average of 9.5 points higher
"Nurse, get on the internet, go to SURGERY.COM, scroll down and click on the 'Are you totally lost?' icon."
“Round of 64”
- Reports identified 64 physicians who were responsible for $\frac{1}{2}$ of all the Admit or Discharge fallouts

- Met with CTS several times, investigated fallouts, partnered
Concept: Leveraging “Value Based Purchasing”

ALLIED for PATIENT SAFETY

Opportunity: Mandatory Medicare Performance FFY 2013

Grows to 9% of Medicare FFS Revenue at risk by 2017

- 10 years nationwide
- HF, AMI, PN in Y1
- $8 million in FY 2013
- CA hospitals estimated to lose
- Patient hospital reimbursement by $1.4 billion/10 years nationwide
- Penned against eligible hospitals and physicians that fail to be meaningful users by October 1, 2014 (FFY 2015)
Ex: Pay for Performance Impact (Bounding Metric 80%)
“Where to Next?”
Where to next?

- Continued focus on our Bold Goals
  - Expansion of Bold Goals to include more consumer-facing metrics
Where to next?

- Physician Society focus on Overdiagnosis
  - What’s that?
Where to next?

- Population Health
# Our World is Evolving

![Image](image.png)

<table>
<thead>
<tr>
<th>OLD WAY</th>
<th>NEW WAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Segment by payor</td>
<td>Segment by risk, rising risk</td>
</tr>
<tr>
<td>Patient is “compliant”</td>
<td>Patient is activated</td>
</tr>
<tr>
<td>Provider tells patient what to do</td>
<td>Shared decision-making</td>
</tr>
<tr>
<td>Fragmented care team</td>
<td>Healthcare team coordination</td>
</tr>
<tr>
<td>Limited data and tools</td>
<td>Design of “smart” data, tools</td>
</tr>
</tbody>
</table>
Wrap-up: Helen’s “Top 10” Take-Away Ideas

- 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.
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

• 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

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

10. And finally, **maximize your personal power**
Session Goals
Did we meet them?

• Discuss the intersection points between the Triple Aim for transformation of health care and our important work in Performance Improvement and Patient Safety and Engagement

• List at least 5 “Bold Goal” area of focus and understand how they link to the national collaboratives on Partnership for Patients and the Hospital Engagement Network

• Create a bold “stretch aim” for a specific opportunity to improve
Thank you!

• Questions?

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