Improving Value and Patient Outcomes Through Safer Care

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Joint Conference Committee
June 27, 2017
ZSFG True North

VISION
To be the best hospital by exceeding patient expectations and advancing community wellness in a patient centered, healing environment.

MISSION
To provide quality healthcare and trauma services with compassion and respect.

VALUES
Joy in our work
Thirst in Learning
Compassionate Care

True North Goals
Equity
Quality
Care Experience
Workforce Care & Development
Financial Stewardship

THE ZSFG WAY
“How we lead, mentor, engage and improve”
Title: Improving Value and Patient Outcomes Through Safer Care

I. Background
The national landscape for payment is shifting to support value-based programs that reimburse based on quality and cost of care provided to patients across the care continuum. Within this new environment, ZSFH is struggling in its mission to provide quality health care and trauma services with compassion and respect. Adverse patient outcomes, including infections, falls, and pressure ulcers, increase the costs of health care and decrease value to the patient. For example, ZSFH incurred excess costs of approximately one million dollars in FY 15-16 due to a sample of 9 patient falls with moderate and major injuries. As healthcare providers, it is our responsibility to provide safe, high-quality care to the patients we serve. In 2016, ZSFH was penalized $283,994 for its CY 2015 results in CMS value-based programs tracking clinical quality, safety, efficiency and patient experience of care. Additionally, ZSFH was designated as a 1-star hospital out of a possible 5 by CMS. This star rating places ZSFH in the lowest 3% of hospitals in California. Potential patients can easily find this information, and patients may choose to receive care elsewhere.

II. Current Conditions
- ZSFH is harming patients. Out of hospital mortality, readmissions, and skilled nursing facility utilization are among the highest in California. CMS reimburses ZSFH for volume of care delivered.

III. Goals & Targets
- Reduce the number of CAUTI, Colon SSIs, Falls, with Injury, and HAPI by 25% from 164 in FY 15-16 to 123 in FY 17-18.
- Increase the number of CJR patients discharged safely to home from 20% to 40% by June 30, 2018.

IV. Analysis
- Poor Patient Relationship/Trust - Lawsuits/Settlements
- Coding/CDI/Billing
- SNF = P4R and P4P Publicly Reported
- Patient Harm
- Improvement Barriers/Gaps
- F: Coding inaccuracy
- G: Very limited IC capacity
- H: GM as a sanctuary department
- J: Not enough focus – too many Harm events
- J: Varying A3 thinking skill levels

V. Proposed Countermeasures

<table>
<thead>
<tr>
<th>Root Cause</th>
<th>Countermeasure</th>
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<tbody>
<tr>
<td>A, B, D, H</td>
<td>I. Activity engage Clinical and Administration leadership in improving Value and Patient Outcomes through Safer Care Tactic.</td>
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<tr>
<td>A, B, D, H</td>
<td>I. Focus improvement efforts on 4 Hospital Acquired Conditions - Falls with injury, Colon SSIs, CAUTI, and HAPI to align appropriate resources and enable improvement work in these areas.</td>
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<tr>
<td>A, B, D, H</td>
<td>I. Operational owners to present continuous improvement summaries to the improving value and patient outcomes through safer care A3 steering committee bi-weekly to promote active leadership engagement – remove barriers and develop people.</td>
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<tr>
<td>A, B, D, H</td>
<td>J. Aims to prioritize coding processes to ensure accuracy of our data.</td>
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<tr>
<td>A, B, D, E</td>
<td>N. Partner with KPO and hospital leadership to fully implement the “ZSFH Way” to promote active performance improvement behaviors to include: going to get it, direct observation, using A3 Thinking/PDSA, using data to drive improvements, systems thinking, learning from staff doing the work.</td>
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VI. Plan

<table>
<thead>
<tr>
<th>Action</th>
<th>Who</th>
<th>When</th>
<th>Status</th>
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<tbody>
<tr>
<td>Invite clinical/leadership to participate in Improving Value and Patient Outcomes through Safer care tactical A3 Steering Committee</td>
<td>TW, VI</td>
<td>January 2017</td>
<td>Completed</td>
</tr>
<tr>
<td>Catchback A3 with Steering Committee</td>
<td>TW, VI</td>
<td>January - February 2017</td>
<td>In progress</td>
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<tr>
<td>Develop PASTA and structure for Steering Committee</td>
<td>TW, VI</td>
<td>February 2017</td>
<td>Completed</td>
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<tr>
<td>Catchback A3 with Executive Committee</td>
<td>TW, VI</td>
<td>March 2017</td>
<td>Pending</td>
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<td>Present A3 to JCC</td>
<td>TW, VI</td>
<td>April 2017</td>
<td>Pending</td>
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VII. Follow-Up
BACKGROUND

The national landscape for payment is shifting to support value based programs that reimburse based on quality and cost of care provided to patients across the care continuum.

2000
CMS reimburses ZSFG for volume of care

2017
CMS reimburses ZSFG for outcomes of care
CURRENT CONDITIONS

- Composite of 9 harm events = 302 actual events in FY 15-16 (Target: 169 events)
- Narrowing our focus from 9 to 4 harm events where there are opportunities for improvement – CAUTI, Falls with Injury, HAPI & SSI Colon.
- Safety events is one contributor to ZSFG’s 1 star Medicare hospital rating 🌟🌟🌟🌟🌟
- ZSFG penalized $204K for CY 2015 results in CMS value-based program
- ZSFG CJR program had $175K excess costs according to CMS
PROBLEM STATEMENT

In FY 15-16, ZSFG failed to meet internal safety goals and fell below national safety and value-based benchmarks.
TARGET AND GOALS

Focus on harm events most prevalent, perform at or below the median of US Academic Medical Centers and/or are tied to CMS value-based quality programs.

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<th>TARGET (FY 17-18)</th>
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<td>Reduce the number of Falls with Injury, Colon SSI, CAUTI and HAPI from 164 in FY 15-16 to:</td>
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<td>Increase the number of CJR patients discharged safely to home from 23% to:</td>
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<tr>
<td>Root Cause</td>
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<td>A, B, D, H, I</td>
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<td>A, B, D, H, I</td>
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<td>A, F, G</td>
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<td>A, B, C, D, E, H, J</td>
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Achievements

We are improving in most areas:

• We are currently below target for the year in the falls with injury metric.
• The Medical ICU (MICU) has now gone 10 months without a CAUTI. We are currently working to spread the MICU improvement work to the Surgical ICU (SICU). We are currently below target for the year in the CAUTI metric.
• We had 12 Colon SSI cases in our last fiscal year. Currently to date we’ve had 4 this current fiscal year.
• CJR has been seeing improvements (baseline 20%) with safe discharge home and in April was above target at 70%.
Next Steps

• Continue to work closely with A3 owners in the gemba to move the improvement work forward.

• Continue to engage front line staff in the improvement work.

• Continue bi-monthly countermeasure summary presentations with A3 owners to ensure active leadership engagement and cross sharing and learning between the improvement teams.
Questions