



WHAT'S *Right* IN HEALTH CARE




WHAT'S *Right* IN HEALTH CARE™

Rallying the Organization's Management Team to Deliver Superior Clinical Outcomes

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 Advocate Good Samaritan Hospital

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Presentation Objectives

- To understand the imperative for senior leaders to enroll themselves and the members of their management team on a crusade to improve Quality & Safety
- To understand a process for merging evidence-based medicine & evidence-based leadership to accelerate advancements in patient outcomes and safety.
- To provide a template for cascading the organization's Quality goals to powerful and actionable goals at the nursing unit and department level.

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Advocate Good Samaritan Profile

Vision: To provide an exceptional patient experience marked by superior health outcomes & service

- 350 Beds
- 851 physicians representing 57 specialties
- Approximately 2,400 associates
- 2008 Budget - \$350M in Revenue/\$335M in Expenses
- Key Service Lines
 - Emergency Medicine (Level I Trauma)
 - Cardiac Care (Ranked Top 100 by Solucient in 2006)
 - Women's & Children's (Level III Perinatal)
 - Radiation Oncology (Tomotherapy)
- Core Competencies
 - Superior Clinical Outcomes
 - Patient Safety
 - Nursing Excellence
 - Exceptional Service
- Member of Advocate Healthcare

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Breakthroughs in Clinical Performance Requires Leadership from the Top

Highlights of findings from a University of Iowa study on Transformational Improvement in High Performing (Quality) Organizations:

- ***Leadership has been identified as the single most important ingredient to transformational improvement***
- Commitment of the CEO to a **quality-centered** business strategy
- Engagement of governance in quality and safety
- Formal and informal **physician leadership** is critical
- Involvement and commitment of virtually every person on the staff is key; must extend beyond QI department

From Joint Commission Resources presentation; Executive quality improvement survey results. *Journal of Patient Safety*. 2 March 2006

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The Role of Leaders in Advancing the Agenda for Safe and Evidence-Based Care

- Acknowledge the Hospital to be first and foremost a clinical enterprise
- Recognize the moral & professional imperative for patient safety & EBM
- Strive for world class clinical practices and patient outcomes because the lives of real people are in our hands
- *Enroll* all leaders in the 'call to action' – to improve clinical practice and reduce avoidable harm to patients.

Enrolling Others in a Vision to Transform Care Requires An Appeal to The Heart, Not Just The Brain

Comments from The Heart of Change

by John Kotter

- "The central challenge...is changing people's behavior... The core problem without question is behavior – what people do, and the need for significant shifts in what people do."
- "Changing behavior is less a matter of giving people analysis to influence their thoughts than helping them to see a truth *to influence their feelings*. Both thinking and feeling are essential, and both are found in successful organizations, but the heart of change is in the emotions. The flow of see-feel-change is more powerful than that of analysis-think-change."

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Translating CMS Core Measures Into Clinical Practices That Save Lives

Condition	Treatment	•Reduced Risk
Heart Attack	Patient given aspirin upon arrival at the hospital	• 23% less chance of dying within the next 35 days
	Patient continues to take aspirin after leaving the hospital	• 25% less chance of having another heart problem or a heart-related death
	Given a beta-blocker upon arrival at the hospital	• 14% less chance of dying within one week
	Prescribed a beta blocker when they leave the hospital	• 28% less chance of having another heart attack
Heart Failure	Prescribed an ACE inhibitor before leaving the hospital	• 15-20% less chance of dying within one year
Pneumonia	Patient gets a pneumonia vaccine before leaving the hospital	• 43% less chance of being hospitalized and 29% less chance of dying from pneumonia or influenza

Source: American Heart Association, Medicare, Department of Veterans Affairs – The New York Times

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Transformational Improvement Only Occurs Where There Is Significant Ownership & Commitment

Possible Relationships Toward An Initiative or Vision

APATHY: Neither for nor against. No interest. No energy.

NON-COMPLIANCE: Does not see the benefits and will not do what's expected. Undermines the initiative through their resistance and inaction.

GRUDGING COMPLIANCE: Does not see the benefits of the vision. But also, does not want to lose their job.

FORMAL COMPLIANCE: Sees the benefits of the vision. Does what's expected and no more.

GENUINE COMPLIANCE: Sees the benefits of the vision. Does everything expected and more. Follows the "letter of the law." "Good soldiers."

OWNERSHIP & COMMITMENT: Wants it. Owns it. Committed to it. Passionate. Will make it happen. Will do whatever it takes. Generative. Inspires and enrolls others through both their actions and their speech.

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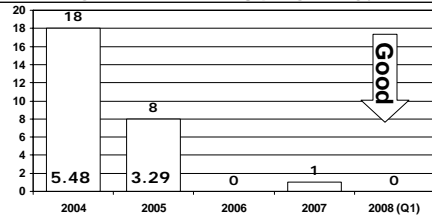
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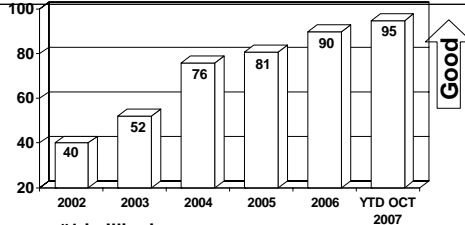
Our Performance in 2007: Clinical Outcomes

Ventilator Associated Pneumonia (VAPs)
ONLY 1 VAP IN 34 MONTHS!

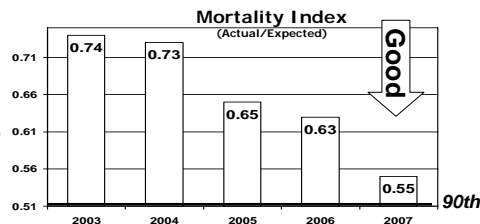
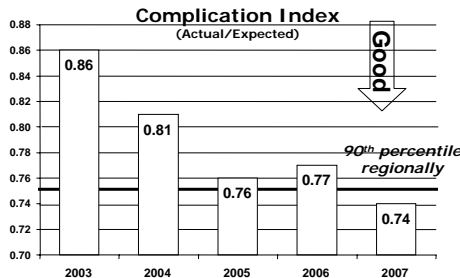


* May 2008

Door to Balloon Time % < 90 Minutes



- #1 in Illinois
- Dr. Bruce Bagley's Experience



- About 320 deaths avoided
- "To save one life is as if you have saved the world." (Talmud)

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Improving Outcomes Requires Alignment & Individual Accountability for Performance and Results

In the words of Quint Studer:

"If an organization is committed to creating a culture of excellence, it must make the commitment to evaluate its leaders based on objective measurable results...It is the first step in committing to excellence, and it must come from senior management." (Quint Studer)

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Guidelines for Leader Goals

Goals must be:

- Measurable
- Connected back to vision and purpose
- In support of organizational goals
- Stretch yet realistic
- Benchmarked against national best practices
- Related to results, not projects or processes
- Supported by Structures & Practices that hold leaders accountable
- Owned by the leader

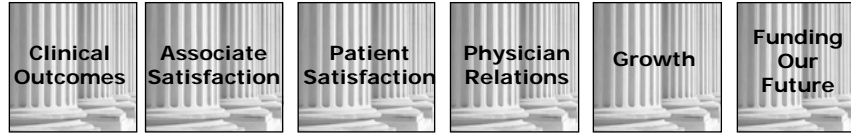
A Balanced Commitment to Excellence

The pillars of performance provide a framework for setting organizational goals.

Once organizational goals have been set, they can be *cascaded* down through the division level to the department and unit level using tools, such as the Leader Evaluation ManagerSM, that support clear accountability.

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A Balanced Commitment to Excellence



Clinical Outcomes	Associate Satisfaction	Patient Satisfaction	Physician Relations	Growth	Funding Our Future
CMS Core Measures	Associate Satisfaction Index	IP Satisfaction	Physician Satisfaction	Net Revenue	Operating Margin
AHRQ Indicators		OP Satisfaction			Philanthropic Giving
ICU Protocols		ED Satisfaction			CPAD
CPOE Adoption					

Hospital goals are cascaded to aligned, clear and actionable department goals.
 *All Hospital goals with performance targets included in appendix.

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GOAL WEIGHTINGS BY MANAGEMENT LEVEL 2008

	SENIOR MGMT	MGMT RANGES	GROWTH DIRECTORS	NON-GROWTH MGRS/DIRECTORS	NURSE MGRS
Clinical	30	0-40	10-30	0-40	20-40
Patient Satisfaction	15	0-40	15-25	0-40	20-30
Associate Index	5	0-20	5-10	0-20	5-10
MD Relations	10	0-10	5-10	0-10	5-10
Growth	10	0-20	15-20	0-5	0-15
Operating Margin	20	10-20	10	10-20	10
Expenses	5	10-25	10	10-30	20-30
Philanthropy	5	--	--	--	--

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Choosing Goals That Make a Difference, and Cascading Goals for Department Quality Targets

Executives:	CMS Core Measure Bundles (AMI, CHF, PN, SCIP) CPOE Adoption Agency for Healthcare Research & Quality (AHRQ) Indicators ICU Protocols
Patient Care Directors:	Individual CMS Core Measure Bundles Decubitis Ulcers Blood Stream Infections Class I Surgical Infections CPOE Adoption ICU Protocols
Patient Care Managers:	Pneumococcal Screening & Vaccination Post-Op DVT/PE Antibiotics within 4 hours for ED pneumonia patients SCIP VTE Timing & Prophylaxis Door-to-Balloon Time Central Line Blood Stream Infections Discharge Instructions for CHF Class I Surgical Infections CPOE Adoption

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Goal Cascading for Department Quality Targets

HOSPITAL/EXECUTIVE TARGETS (select examples)

CPOE ORDERS
(Monthly Total)
5 = >25,000
4 = 20,000
3 = 15,000
2 = 12,000
1 = 9,000

PN BUNDLE

5 = ≥93%
4 = 88%
3 = 82%
2 = 74%
1 = <74%

DEPARTMENT MANAGER TARGETS (select examples)

DECUBITIS ULCERS
(Actual/Expected)
5 = ≤0.80
4 = 0.85
3 = 0.90
2 = 1.00
1 = 2.95

CHF Bundle

5 = 100%
4 = 96%
3 = 92%
2 = 83%
1 = <83%

Expected Score = 3
Stretch Score = 5

Blood Stream Infections
(Actual/Expected)
5 = ≤0.36
4 = 0.52
3 = 0.68
2 = 1.00
1 = 2.32

ED: Pneumonia patients get antibiotics
within 4 hours (Current = 89%)
5 = ≥97%
4 = 93%
3 = 91%
2 = 87%
1 = <87%

Class I Surgical Infections
(Rate per 100 cases)
5 = 0.47
4 = 0.49
3 = 0.51
2 = 0.55
1 = 0.60

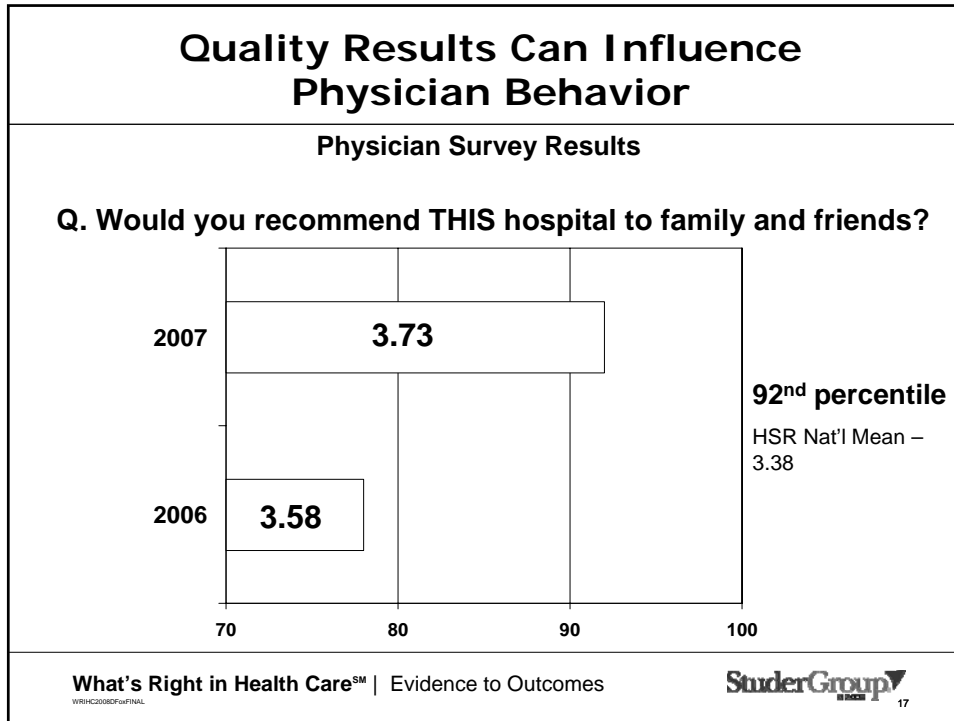
Med/Surg/CCU Pneumococcal
Screening/Vaccine
5 = ≥97%
4 = 93%
3 = 93%
2 = 90%
1 = <90%

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Critical Elements for Success

- **LEADERSHIP**
 - **LEADERS** who wholeheartedly embrace the moral & professional imperative for patient safety & EBM, and
 - **CLINICAL CHAMPIONS** from medical staff and hospital clinical disciplines who have a
- **POWERFUL COMMITMENT** to provide world class clinical practices and patient outcomes because the lives of real people are in our hands. This requires:

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Critical Elements for Success (cont'd)

- **ACCOUNTABILITY FOR RESULTS** – Leaders held accountable for individual goals that are aligned with organizational goals. This requires:
- **EFFECTIVE STRUCTURES** that support, integrate and make all of the best practices sustainable. (e.g. objective performance evaluation system; evidence-based protocols, etc.)
- **FULL INTEGRATION OF ALL OF THE ABOVE**

THE POWER OF YOUR LEADERSHIP

“Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it's the only thing that ever has.” (Margaret Mead)

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Excellent Resources for Evidence-based Best Clinical Practices and Protocols

Institute for Healthcare Improvement 100K Lives and 5M Lives initiatives

- <http://www.ihl.org/ihl/programs>
- <http://www.ihl.org/products/>

Joint Commission Patient Safety Standards

- <http://www.jcrinc.com/26638/>
- <http://www.jointcommission.org/PatientSafety/InfectionControl/>
- <http://www.jointcommission.org/PatientSafety/UniversalProtocol/>

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Excellent Resources for Evidence-based Best Clinical Practices and Protocols, cont.

Centers for Medicare and Medicaid Services

- <http://www.cms.hhs.gov/HospitalQuality/Inits/>
- <http://qualitynet.org/dcs/ContentServer?cid=1196289981244&pagename=OnetPublic%2FPage%2FQnetTier2&c=Page>

Healthcare Quality Alliance

- <http://qualitynet.org/dcs/ContentServer?cid=1121785350618&pagename=OnetPublic%2FPage%2FQnetTier2&c=Page>


National Quality Forum

- http://www.qualityforum.org/publications/reports/safe_practices_2006.asp

Leapfrog Group

- http://www.leapfroggroup.org/for_hospitals/hospital_resources


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Thank You!

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