The Journey for a LIFETIME
Achieving Breakthrough Performance in Rural Health Quality

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Acknowledgements

The Duke Endowment

NC Office of Rural Health

Institute for Healthcare Improvement

North Carolina Hospital Association
The Journey

- 21 stages
- 3,642 K
- 25 mountain passes
- Cobblestone roads
- 3 summit finishes
Achieving Breakthrough Performance in Quality

- Quality Improvement Concepts, Principles and Models
- CAH and Small Rural Hospital Performance Improvement Portfolio
- Tools and Resources for Quality and Performance Improvement
- Questions and Discussion
  - How can we support and encourage CAHs to join Quality Improvement Collaboratives?
  - What are the elements and organizational capacities to drive high-performance quality improvement?
PASSAGE OF HEALTH CARE REFORM BRINGS DEMOCRAT-REPUBLICAN SCORE TO 317,622-318,047
APRIL 20, 2010 | ISSUE 46-16
WASHINGTON—With their legislative victory on health care last month, Democrats scored by one point the year in their 162-year-long competition with Republicans.

I DON'T WANT HEALTH CARE IF JUST ANYONE CAN HAVE IT
BY JOCELYN CHAO
MARCH 7, 2007 | ISSUE 43-10
As a concerned citizen, I must voice my adamant disapproval of the "universal health care" proposals we've been hearing so much about. I don't have any gripes with expanding and improving health coverage, per se. It's the "universal" part that irks me. Providing health care for all would completely undermine the whole idea of health care. If every last one of the 40 million uninsured bozos in this country is going to get access to the vast, virtually un navigable system of medical care we chosen few now enjoy, then I no longer even want it.

When hospital administrators see me flash my Blue Cross card, it means something. It tells the world, "Hey, look at me: I pay increasingly high monthly premiums, submit to annual exams, and claim any health-related expenditures over seven percent of my yearly income on my taxes, and you can't." But when this bill passes, they'll be handing out insurance cards willy-nilly, and nobody will be able to tell the difference between someone who's had health coverage for 20 years and someone whose boss was compelled by law to provide it to all full-time employees.

REPORT: MAJORITY OF GOVERNMENT DOESN'T TRUST CITIZENS EITHER
MAY 10, 2010 | ISSUE 48-20
WASHINGTON—At a time when widespread polling data suggests that a majority of the U.S. populace no longer trusts the federal government, a Pew Research Center report has found that the vast majority of the federal government doesn't trust the U.S. populace all that much either.
Health Reform Agenda

- Develop a national quality improvement strategy to improve the delivery of health care services, patient health outcomes and population health. Create processes for the development of quality measures involving input from multiple stakeholders and for selecting quality measures for payment under federal health programs. Due to Congress by January 2011.

- Establish a hospital value-based purchasing program in Medicare to pay hospitals based on performance on quality measures and extend the Medicare physician quality reporting initiative beyond 2010. Effective October 2012.
Health Reform Agenda

• Create the Independence at Home demonstration program ... allow health professionals to share in savings to reduce preventable hospitalizations, prevent hospital readmissions, improve health outcomes, improve the efficiency of care, reduce the cost of health care services and achieve patient satisfaction. January 2012

• Medicare pilot program to develop and evaluate paying a bundled payment for acute, inpatient hospital services, physician services, outpatient hospital services, and post-acute care services for an episode of care that begins three days prior to a hospitalization and spans 30 days following discharge. January 2013
• What is the status of health care quality?

• Where is healthcare quality improvement most needed?

• How is the quality of the healthcare delivered to Americans changing over time?
Three themes to accelerate progress

• Health care quality needs to be improved, particularly for uninsured individuals.

• Areas merit urgent attention, including patient safety and healthcare-associated infections (HAIs).

• Quality is improving, but the pace is slow, especially for preventive care and chronic disease management.
AHRQ and HHS to accelerate improvement by:

• Improving measurement.
• Removing barriers to quality care.
• Empowering providers with health information technology (HIT) and training.
• Establishing and sustaining partnerships to lead change.
Achieving Breakthrough Performance in Quality

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- Questions and Discussion
  - How can we support and encourage CAHs to join Quality Improvement Collaboratives?
  - What are the elements and organizational capacities to drive high-performance quality improvement?
Fundamentally, the only way to achieve exceptional performance in any complex organization ..... is by generating, then sustaining high speed, broad-based, non-stop improvement and innovation.  

Stephen Spear
Execution of Strategic Improvement

1. Setting Priorities and Breakthrough Performance Goals
2. Developing a Portfolio of Projects to Support the Goals
3. Deploying Resources to the Projects That Are Appropriate for the Aim
4. Establishing an Oversight and Learning System to Increase the Chance of Producing the Desired Change

Execution of Strategic Improvement Initiatives
IHI White Paper
Why Breakthrough Performance in Rural Health?

Because In Rural Hospitals, We Can Lead:

- Quality of Care and Patient Safety
- High Value Customer Service
- Cost Effectiveness and Efficiency

Adopting a Quality Improvement Culture Drives Breakthrough Performance !!!
Performance Improvement Primer

- Family and Patient Centered Care
- Design for Reliability (zero defect rates)
- Evidence-based Practice
- The Model for Improvement (PDSA)
- Rapid Cycle Improvement
- Collaborative Learning and Spreading Innovations
- Measurement and Segmentation (small tests of change, testing reliability)
- Leadership Framework for Improvement
- This is THE WORK of Healthcare Organizations and Professionals
Patient Centered Care

**Dignity and respect:** Health care providers listen to and honor patient perspective and choices.

**Information sharing:** Patients and their families receive information that is timely, accurate and understandable so that they can participate in decision making.

**Participation:** Patients and their families are encouraged and supported to participate in their care and decision making at the level they choose.

**Collaboration:** Patients are included in program and policy development.
Performance Improvement Primer

The Concepts of Innovation, Diffusion and Spread

Spread is the Diffusion of Innovation
Spread Model
The Nature of People (Everett Rogers)

- Innovators: 2%
- Early Adopters: 13%
- Early Majority: 35%
- Pragmatists
- Late Majority: 35%
- Conservatives: 35%
- Traditionalists: 15%
Focused, measureable Aim Statement - How Good by When?

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in an improvement?
Leadership for Improvement

Setting Direction: Mission, Vision and Strategy

Changing the old → Making the future attractive → Establish the Foundation

Will → Ideas → Execution

PUSH → PULL

North Carolina Hospital Association
Leading Improvement

1. Establish a **Sense of Urgency**
2. Form a Powerful Guiding Coalition
3. Create a Vision
4. Communicate the Vision
5. Empower Others to Act on the Vision
6. Plan and Create Short-Term Wins
7. Consolidate Improvements and Produce More Change
8. Institutionalize the New Approaches

From: John Kotter, *Leading Change*
The Triple Aim

The Simultaneous Pursuit of Population Health, Enhanced Individual Care and Controlled Costs for a Population
Kotter’s 8 Stages of Change (*middle*) and Associated Pitfalls (*sides*)

1. Establish a sense of urgency
   - Weak teamwork at the top
   - Marginalizing senior line management

2. Form a powerful guiding coalition
   - Under-communicating the vision
   - Behaving inconsistently with vision

3. Create a vision
   - Ignoring importance of short-term wins
   - Failure to secure short-term wins

4. Communicate the vision
   - Not creating new social norms and shared values
   - Promoting leaders who don’t personify the new approach

5. Empower others to act on the vision
   - Failure to remove powerful individuals who actively resist the change
   - Declaring victory too soon
   - Allowing resistors to convince participants that the change effort is complete

6. Plan for and create short-term wins

7. Consolidate improvements and produce more change

8. Institutionalize new approaches
Baldrige Criteria for Performance Excellence Framework
A Systems Perspective

Organizational Profile:
Environment, Relationships, and Challenges

1. Leadership
2. Strategic Planning
3. Customer Focus
4. Measurement, Analysis, and Knowledge Management
5. Workforce Focus
6. Process Management
7. Results

North Carolina Hospital Association
Transparency and Reliability

Lucian Leape, MD

Of the three major approaches to improving patient safety - regulation/accreditation, financial incentives, and public reporting - the most promising is public reporting of performance information and feedback to providers.
From the standpoint of improving patient safety .... transparency is crucial. It is the cornerstone of the cultural transformation that our health care organizations need to undergo to become safe. Transparency is essential within an institution if caregivers are to feel safe in reporting and talking about their mistakes. The free flow of information is essential for identifying and correcting the underlying systems failures. Transparency is also the key to successful—and ethical—responses to patients when things go wrong. And transparency is essential for accountability, to show the public that the hospital or system responds ethically to its failures. Internal transparency begets external transparency—and vice-versa.
When hospitals’ quality data is reported publicly...

- Performance improves (for the measures being reported).
- Market share doesn’t change appreciably.
- Reputation improves considerably.

Hibbard J, J Stockard, and M Tusler: *Hospital performance reports: impact on quality, market share, and reputation.*

Health Affairs 2005, 24, #4: 1150-116025
Performance Indicators

Medicare Process Indicators

Connecticut Department of Public Health Quality of Care Report

*The following information is provided by the Connecticut Hospital Association (CHA), the Connecticut Department of Public Health (DPH), and the Centers for Medicare & Medicaid Services (CMS).

Connecticut’s not-for-profit hospitals are committed to public accountability and to providing the highest quality healthcare for every patient. This commitment is exemplified by the fact that Connecticut was the first state in which all hospitals volunteered to participate in the National Voluntary Hospital Reporting Initiative by releasing their hospital performance data to the public on a federal website, and Connecticut is still one of only a few states with 100% participation (see CMS website).

CHA and its members are working actively with partners including CMS, the Connecticut Department of Public Health (DPH), the American Hospital Association (AHA), and Qualidigm to design a system for public reporting of hospital quality that will provide consumers with the consistent, structured information they need to make informed healthcare decisions and will contribute to improving the quality of patient care in Connecticut.

As mandated by state law, the Connecticut Department of Public Health (DPH) has prepared a report to the General Assembly that provides comparative information about hospital clinical performance. The report compares the performance of Connecticut’s adult acute care hospitals in treating three of the most common medical conditions requiring hospitalization - heart attack, heart failure, and pneumonia. The report is
Heart Attack Quality Measures
- Percentage of Patients given Aspirin on Arrival
- Percentage of Patients given Aspirin on Discharge
- Percentage of Patients given Beta Blockers on Arrival
- Percentage of Patients given Beta Blockers at Discharge
- AMI Optimal Care Score

Heart Failure Quality Measures
- Percentage of Patients given Ace Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)
- Percentage of Patients given Assessment of Left Ventricular Function (LVF)
- Percentage of Patients given Discharge Instructions
- Percentage of Patients Advised to Stop Smoking
- Heart Failure Optimal Care Score

Pneumonia Quality Measures
- Percentage of Patients Assessed & Given Pneumococcal Vaccine
- Percentage of Patients given Antibiotics within 4 hours of Arrival
- Percentage of Patients given Oxygen Assessment
- Percentage of Patients Advised to Stop Smoking
- Percentage of Patients who received a Blood Culture Prior to Antibiotic

Surgical Infection Prevention Quality Measures
- Percent of Surgical Patients who receive antibiotic 1 hour prior to incision
- Percent of Surgical Patients with antibiotics stopped after 24 hours after surgery
A process achieves exactly the results it is designed to achieve.
## Levels of Reliability in Health Care (Amalberti, Nolan)

<table>
<thead>
<tr>
<th>Chaos</th>
<th>10^{-1}</th>
<th>10^{-2}</th>
<th>10^{-3}</th>
<th>10^{-5}</th>
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</thead>
<tbody>
<tr>
<td>Processes are largely custom-crafted each time</td>
<td>Standard process, checklists, training, trying hard</td>
<td>Standard process; redundancy, habits and patterns</td>
<td>Obsession with Failure: Prevent Mitigate Redesign</td>
<td>Loss of identity</td>
</tr>
<tr>
<td>Each doctor writes individual orders, gives to RN</td>
<td>Standing orders, feedback on compliance</td>
<td>All MDs use same process, multi-disc. rounds</td>
<td>External approval necessary for certain orders</td>
<td>Equivalent actor</td>
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<tr>
<td>Preventing, treating acute and chronic disease in US</td>
<td>Typical hospital working hard</td>
<td>Best hospitals Core Measures</td>
<td>ADEs per 1000 doses in best hospitals</td>
<td>Safety in anesthesia</td>
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<tr>
<td>Chaos</td>
<td>$10^{-1}$</td>
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<td>Best hospitals in Core Measures</td>
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</tbody>
</table>
Opportunity is missed by most people because it is dressed in overalls and looks like work.

Thomas A. Edison
Preparing for a Hospital Stay

- Before entering a hospital for treatment, weigh your holistic health-care options against your wish to actually get better.
- If you have a wok at home, it's a good idea to get some bedpan practice before the pressure is on.
- Some drugs react violently with alcohol; some don't. Ask around.
- If you are going to the hospital for treatment of a severed limb, remember to bring the limb.
- Bring your regular medications with you to the hospital. God only knows where the hospital finds theirs.

Source: TheOnion.com
Achieving Breakthrough Performance in Quality

• Quality Improvement Concepts, Principles and Models

• CAH and Small Rural Hospital Performance Improvement Portfolio

• Tools and Resources for Quality and Performance Improvement

• Questions and Discussion
  – How can we support and encourage CAHs to join Quality Improvement Collaboratives?
  – What are the elements and organizational capacities to drive high-performance quality improvement?
CAH and Small, Rural Hospital Quality and Performance Improvement Portfolio
Performance Improvement Portfolio

- CMS Core Measure Improvement (CHF care and pneumonia care)
  - Goal: 95% process reliability
  - Two workshops annually
  - Need hospitals to complete Data Sharing Agreement

- Curriculum to Improve Board Governance of Quality
  - Board retreat for CAH and rural hospital trustees
  - Curriculum created by AHA Center for Governance
Performance Improvement Portfolio

- Conduct AHRQ Culture of Patient Safety Survey and Assessment
  - Arranged by NC Center for Hospital Quality in cooperation with Patient Safety Group
- Encourage participation in NC Center for Hospital Quality Collaboratives
  - Hospital Acquired Infection Prevention (SHIM)
  - CAUTI collaborative
  - Just Culture collaborative
  - Team STEPPS
- HCAHPS participation by 100% of CAHs
Learning Collaborative

- Organizations working together to invest in collaborative, sustained improvement.
- Learning is guided by a common commitment to measurement, transparency and accountability.
- Shared implementation of evidence-based strategies and practices.
- Adopt an expectation for break-through performance.
- Spread principles are embraced.
CAH & Rural Hospital Core Measure Improvement

• Based on CMS indicators for pneumonia and heart failure.
• In partnership with NC Office of Rural Health, NCHA and CCME (QIO).
• Commitment by 28 small, rural hospitals.
• Utilizes an optimal care score to measure performance.
• Workshops and collaborative learning along with performance reporting.
• Hoping to add outpatient core measures.
Improvements Achieved By

- Collaborative workgroups, coaching & mentoring, sharing resources.
- Initial focus on pneumonia and heart failure, how to develop reliable care processes.
- Performance measurement is key.
- Analyses and reports feature:
  - Composite care scores (bundles)
  - CAH mean vs. US & NC benchmarks (Top 10% performance) and 95% reliability targets
  - Process control charts to share with staff and board
Performance Improvement Primer

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- This is THE WORK of Healthcare Organizations and Professionals
Pneumonia Trend
Composite Aggregate

Aggregate Pneumonia Composite

Mean of CAH/Rural Hospitals
Benchmark for NC Hospitals

Q2 05 to Q1 06
Q3 05 to Q2 06
Q4 05 to Q3 06
Q1 06 to Q4 05
Q2 06 to Q1 07
Q3 06 to Q2 07
Q4 06 to Q3 07
Q1 07 to Q4 06
Q2 07 to Q1 08
Q3 07 to Q2 08
Q4 07 to Q3 08
Q1 08 to Q4 07
Q2 08 to Q1 09
Q3 08 to Q2 09
Q4 08 to Q3 09
Q1 09 to Q4 08

NOTE: The data points represented here represent the group of hospitals and the makeup of the composite at the time that time frame was originally ran. Changes to the measure definition and group definition have occurred over time.
Heart Failure Composite Score
Time Period: January 2009 through January 2010

95% Reliability
NC Top 10%

Mean of CAH / Rural Hospitals
Benchmark for NC Hospitals
Reliable Care
Heart Failure Trend
Composite Aggregate

NOTE: The data points represented here represent the group of hospitals and the makeup of the composite at the time that time frame was originally ran. Changes to the measure definition and group definition have occurred over time.
Definitions of Reliability

Reliability is failure free operation over time.

*David Garvin, Harvard*

Choose the patient focus, who expects optimal care by all-or-none measures.

*IHI Innovation Team*
Starting Labels of Reliability

- **Chaotic process:** Failure in greater than 20% of opportunities

- 10^-1: 80 or 90 percent success. 1 or 2 failures out of 10 opportunities

- 10^-2: 5 failures or less out of 100 opportunities

- These are IHI definitions and are not meant to be the true mathematical equivalent.
CAH Combined Indicator Scores
Time Period: January 2009 through January 2010

<table>
<thead>
<tr>
<th>CAH Indicators</th>
<th>Scores</th>
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<tbody>
<tr>
<td>HF - 1 Disch Inst</td>
<td>86%</td>
</tr>
<tr>
<td>HF - 2 LVF Asses</td>
<td>91%</td>
</tr>
<tr>
<td>HF - 3 ACEI or ARB</td>
<td>92%</td>
</tr>
<tr>
<td>HF - 4 Smk Cess</td>
<td>92%</td>
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<tr>
<td>HF Composite</td>
<td>79%</td>
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<tr>
<td>PN - 2 Inpt PPV</td>
<td>92%</td>
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<tr>
<td>PN - 3d Blood GX Abx</td>
<td>95%</td>
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<tr>
<td>PN - 4 Smk Cess</td>
<td>93%</td>
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<tr>
<td>PN - 5c Timing Int Abx</td>
<td>93%</td>
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<td>PN - 6 Abx Selct</td>
<td>87%</td>
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<td>PN - 7 Inpt Flu</td>
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<td>PN Composite</td>
<td>80%</td>
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<tr>
<td>Pneumonia Measures for Wilmington/Southern Area for six months ending 03/31/2009</td>
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<thead>
<tr>
<th>Pneumonia</th>
<th>Pneumonia Vaccine</th>
<th>Antibiotic at Arrival</th>
<th>Smoking Counseling</th>
<th>Appropriate Antibiotic</th>
<th>Blood Culture</th>
<th>Flu Vaccine</th>
<th># of Patients</th>
<th>Optimal Care PN Score</th>
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<tr>
<td>Average for NC Hospitals</td>
<td>92%</td>
<td>94%</td>
<td>94%</td>
<td>88%</td>
<td>93%</td>
<td>90%</td>
<td>157</td>
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First Health Montgomery Montgomery 97% performance
Heart Failure Measures for Greenville/Eastern Area for six months ending 03/31/2009

<table>
<thead>
<tr>
<th>Heart Failure</th>
<th>ACE Inhibitor</th>
<th>LVS Evaluation</th>
<th>Discharge Instructions</th>
<th>Smoking Counseling</th>
<th># of Patients</th>
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<td>Average for NC Hospitals</td>
<td>91%</td>
<td>95%</td>
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<td>Top 10% of NC Hospitals</td>
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<td>Carteret County General Hospital</td>
<td>82%</td>
<td>96%</td>
<td>71%</td>
<td></td>
<td></td>
<td>70%</td>
</tr>
<tr>
<td>Chowen Hospital</td>
<td>93%</td>
<td>96%</td>
<td>85%</td>
<td>100%</td>
<td>50</td>
<td>82%</td>
</tr>
<tr>
<td>Duplin General Hospital</td>
<td>100%</td>
<td>100%</td>
<td>97%</td>
<td>100%</td>
<td>47</td>
<td>98%</td>
</tr>
<tr>
<td>Halifax Regional Medical Center</td>
<td>91%</td>
<td>100%</td>
<td>82%</td>
<td>100%</td>
<td>170</td>
<td>92%</td>
</tr>
<tr>
<td>Heritage Hospital</td>
<td>98%</td>
<td>99%</td>
<td>90%</td>
<td>100%</td>
<td>125</td>
<td>89%</td>
</tr>
<tr>
<td>Lenoir Memorial Hospital</td>
<td>86%</td>
<td>97%</td>
<td>53%</td>
<td></td>
<td>205</td>
<td>59%</td>
</tr>
<tr>
<td>Nash Health Care Systems</td>
<td>86%</td>
<td>97%</td>
<td>95%</td>
<td>100%</td>
<td>299</td>
<td>90%</td>
</tr>
<tr>
<td>Onslow Memorial Hospital</td>
<td>93%</td>
<td>97%</td>
<td>85%</td>
<td>100%</td>
<td>116</td>
<td>84%</td>
</tr>
<tr>
<td>Pitt County Memorial Hospital</td>
<td>96%</td>
<td>99%</td>
<td>79%</td>
<td></td>
<td>494</td>
<td>79%</td>
</tr>
<tr>
<td>Pungo District Hospital Corp</td>
<td>50%</td>
<td>55%</td>
<td>100%</td>
<td>100%</td>
<td>11</td>
<td>45%</td>
</tr>
<tr>
<td>Roanoke-Chowan Hospital</td>
<td>97%</td>
<td>100%</td>
<td>81%</td>
<td>100%</td>
<td>94</td>
<td>82%</td>
</tr>
<tr>
<td>The Outer Banks Hospital</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td>&lt; 10</td>
<td>TF</td>
</tr>
<tr>
<td>Washington County Hospital</td>
<td>100%</td>
<td>66%</td>
<td>89%</td>
<td>75%</td>
<td>24</td>
<td>98%</td>
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<tr>
<td>Wayne Memorial Hospital</td>
<td>93%</td>
<td>99%</td>
<td>93%</td>
<td>100%</td>
<td>239</td>
<td>91%</td>
</tr>
<tr>
<td>Wilson Medical Center</td>
<td>100%</td>
<td>94%</td>
<td>86%</td>
<td>97%</td>
<td>115</td>
<td>83%</td>
</tr>
</tbody>
</table>

Hover over the column names at the top of the table for explanations of individual measures.
NP indicates that there were no patients in this category.
TF indicates "too few" patients or "too few" months of data.
* indicates a measure that is not included in the Optimal Care score.
Hospitals highlighted in green reported all measures for this condition and are in the top 10% for the optimal care score.
The optimal care score is the percent of patients that received each and every recommended treatment for which they were eligible.
The number of patients is the denominator for the optimal care score.
What do these numbers mean?
Why isn’t my hospital shown on this table?

Duclin General
98% performance
Sample Quality Dashboard

NC Hospital Quality Performance Report
Measuring the Quality of Care for North Carolinians

Quality Dashboard

Quality Dashboard for Chowan Hospital

Quartiles are developed from the score distribution of NC Hospitals. For more on the development of this report, please visit the Frequently Asked Questions (FAQ). For more details on the HCAHPS Survey, Mortality Rates, or Readmission Rates please visit www.hospitalcompare.hhs.gov.

<table>
<thead>
<tr>
<th>HCAHPS Patient Perceptions Survey</th>
<th>July 2008 - June 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Definitely Recommend</td>
<td>72.0%</td>
</tr>
<tr>
<td>Rate 9 or 10 Overall</td>
<td>74.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Optimal Care Score</th>
<th>Mortality Rate</th>
<th>Readmission Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Attack (HA)</td>
<td>92.0%</td>
<td>16.7%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Heart Failure (HF)</td>
<td>81.0%</td>
<td>13.2%</td>
<td>18.3%</td>
</tr>
<tr>
<td>Pneumonia (PN)</td>
<td>80.0%</td>
<td>15.6%</td>
<td></td>
</tr>
<tr>
<td>Surgical Care (SCIP)</td>
<td>96.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure Benchmarks</th>
<th>NC 25th %-ile Score&lt;sup&gt;a&lt;/sup&gt;</th>
<th>NC 50th %-ile Score&lt;sup&gt;b&lt;/sup&gt;</th>
<th>NC 75th %-ile Score&lt;sup&gt;c&lt;/sup&gt;</th>
<th>National Rate</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Definitely Recommend</td>
<td>65%</td>
<td>71%</td>
<td>77%</td>
<td>63%</td>
<td>7/08-6/09</td>
</tr>
<tr>
<td>Rate 9 or 10 Overall</td>
<td>64%</td>
<td>69%</td>
<td>74%</td>
<td>64%</td>
<td>7/08-6/09</td>
</tr>
<tr>
<td>Optimal Care HA Score</td>
<td>90.0%</td>
<td>95.0%</td>
<td>100.0</td>
<td>94%</td>
<td>7/09-12/09</td>
</tr>
<tr>
<td>Optimal Care HF Score</td>
<td>76.5%</td>
<td>89.3%</td>
<td>94.6%</td>
<td>95%</td>
<td>7/09-12/09</td>
</tr>
<tr>
<td>Optimal Care PN Score</td>
<td>79.3%</td>
<td>84.7%</td>
<td>91.6%</td>
<td>96%</td>
<td>7/09-12/09</td>
</tr>
<tr>
<td>Optimal Care SCIP Score</td>
<td>82.2%</td>
<td>88.5%</td>
<td>93.2%</td>
<td>97%</td>
<td>7/09-12/09</td>
</tr>
<tr>
<td>HA 30-Day Mortality Rate</td>
<td>17.4</td>
<td>16.5</td>
<td>15.4</td>
<td>15.6</td>
<td>7/05-6/08</td>
</tr>
<tr>
<td>HF 30-Day Mortality Rate</td>
<td>11.7</td>
<td>10.9</td>
<td>10.1</td>
<td>11.1</td>
<td>7/05-6/08</td>
</tr>
<tr>
<td>PN 30-Day Mortality Rate</td>
<td>13.4</td>
<td>11.9</td>
<td>11.0</td>
<td>11.5</td>
<td>7/05-6/08</td>
</tr>
<tr>
<td>HA 30-Day Readmit Rate</td>
<td>20.8</td>
<td>20.0</td>
<td>19.3</td>
<td>19.9</td>
<td>7/05-6/08</td>
</tr>
<tr>
<td>HF 30-Day Readmit Rate</td>
<td>25.4</td>
<td>24.4</td>
<td>23.2</td>
<td>24.5</td>
<td>7/05-6/08</td>
</tr>
<tr>
<td>PN 30-Day Readmit Rate</td>
<td>19.7</td>
<td>18.7</td>
<td>17.5</td>
<td>18.2</td>
<td>7/05-6/08</td>
</tr>
</tbody>
</table>

<sup>a</sup>Heart Attack O.C. does not use quartiles: Red for <85%, yellow 85 to <90%, green 90 to <95%, and blue for 95% or better.

<sup>b</sup>Hospitals with a score worse than the NC 25th %-ile score/threshold fall in the lowest 4th quartile.

<sup>c</sup>Hospitals with a score equal to or better than the 25th %-ile but worse than the 50th %-ile fail in the 3rd quartile.

<sup>d</sup>Hospitals with a score equal to or better than the 50th %-ile but worse than the NC 75th %-ile threshold fall in the 2nd quartile.

A score equal to or better than the 75th %-ile puts a hospital in the top, most favorable quartile.

Printer-friendly version
Quality Strategic Plan
Fiscal Year 2010

October 2009
QUALITY PLANNING PROCESS

1. ENVIRONMENTAL ASSESSMENT
   - External Assessment
   - Internal Assessment

2. DRAFT STRATEGY ACTION PLAN DEVELOPMENT
   - Identification of Key Findings/Assumptions
   - Development of Action Plan
   - Development of Timeline
   - Obtain feedback/Input
     - Medical Staff
     - Directors/Managers
     - Board of Directors

3. ACTION PLAN IMPLEMENTATION
   - Communication
     - Board of Directors
     - Medical Staff
     - Directors
     - Quality Staff

4. DEPLOYMENT AND MEASUREMENT
   - Measurement/Evaluation
Most Improved NC Hospital

**Most Improved Heart Failure Score - Pungo District Hospital Corp**

Optimal care score increased by **73 percentage points** from baseline (18%) to the last 6 months (91%).

**Legend**
- Blue line - Heart Failure treatment optimal care score for this hospital
- Red line - NC state average score for the last time period
- Green line - NC 90th percentile score for the last time period

What does Optimal Care score mean?

**Most Improved Pneumonia Score - Pungo District Hospital Corp**

Optimal care score increased by **44 percentage points** from baseline (26%) to the last 6 months (70%).

**Legend**
- Blue line - Pneumonia treatment optimal care score for this hospital
- Red line - NC state average score for the last time period
- Green line - NC 90th percentile score for the last time period

Dates represent optimal care scores for the six months ending at the date displayed.
Lean Collaborative Results

The Simpler Solution

Carolinas Lean Healthcare Roundtable
- 5 Hospital Collaborative in Western NC
- Shared resources and funding for lean transformation
- 20 RIEs held at 3 hospitals during Year 1
- Solutions developed in value streams including: Surgical Services, the Emergency Department, InPatient Flow, Radiology/Imaging, and Revenue Cycle

Spread
Over 150 Employees from all 5 hospitals engaged in RIEs during Year 1 spreading specific implemented ideas plus lean learnings.

Savings
Total Savings (both "hard" and "soft") for the 3 active hospitals in Year 1 exceeds $2,554,000.
Lean Collaborative Results

- $160K in ED supply charge recapture.
- Increased to 70% the proportion of pre-registered imaging patients.
- For ED patients: 35% reduction in laboratory turnaround time; 40% improvement in radiology process time; 50% improvement in time to initial treatment.
- 50% improvement for inpatient bed preparation time.
- 40% reduction in time for OR preparation.
Lean Lessons Learned

- Active involvement by top management is essential to success.
- Valuable to have participants on the Rapid Improvement Events from other organizations to gain insight into ways to perform processes.
- Employees know how to fix a problem if given the opportunity and support while they are making changes.
- The individual who is most impacted is the process owner, (the Department Manager). If the process owner is not “on board” sustainment will be a problem.
- A patient centered focus reframes the way we think about everything we do.
- Breakthrough improvement can be win/win ... not win/lose.
- Associates have to hear consistently the message that it’s process focused (not people focused)
www.leanhospitalsbook.com
Preparing for a Hospital Stay

- Be forewarned: Hospitals apply a vast mark-up to the items in the in-room minibars.
- Whatever you do, don't check into any facility called "General Hospital." That place is full of back-stabbing, narcissistic lunatics.
- Pack several extra pairs of slippers. Slippers in the hospital are like cigarettes in prison.
- When you arrive at your hospital room, decide which item you'd be willing to accept as the final thing you see on this earth.

Source: TheOnion.com
Achieving Breakthrough Performance in Quality

• Quality Improvement Concepts, Principles and Models
• CAH and Small Rural Hospital Performance Improvement Portfolio

• Tools and Resources for Quality and Performance Improvement

• Questions and Discussion
  – How can we support and encourage CAHs to join Quality Improvement Collaboratives?
  – What are the elements and organizational capacities to drive high-performance quality improvement?
Models For Quality Improvement In Critical Access Hospitals: The Role Of State Flex Programs

March 2010

Critical Access Hospital Year 5 Hospital Compare Participation and Quality Measure Results

March 2010
**Top 100 Hospitals**

**Small Size Hospitals**

---

### Table 8: Small Community Hospital Performance Comparisons

<table>
<thead>
<tr>
<th>PERFORMANCE MEASURE</th>
<th>MEDIAN(^1)</th>
<th>BENCHMARK COMPARED WITH PEER GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Benchmark</td>
<td>Peer Group of U.S. Hospitals</td>
<td>Actual</td>
</tr>
<tr>
<td>Mortality Index(^2)</td>
<td>0.89</td>
<td>1.00</td>
</tr>
<tr>
<td>Complications Index(^2)</td>
<td>0.87</td>
<td>0.98</td>
</tr>
<tr>
<td>Patient Safety Index(^2)</td>
<td>0.65</td>
<td>1.00</td>
</tr>
<tr>
<td>Core Measures Mean Percent (%)</td>
<td>96.0</td>
<td>93.3</td>
</tr>
<tr>
<td>30-Day Mortality Rate (%)</td>
<td>12.8</td>
<td>13.3</td>
</tr>
<tr>
<td>30-Day Readmission Rate (%)</td>
<td>20.3</td>
<td>20.8</td>
</tr>
<tr>
<td>Average Length of Stay (days)</td>
<td>4.29</td>
<td>5.27</td>
</tr>
<tr>
<td>Expense per Adjusted Discharge ($)</td>
<td>4,793</td>
<td>5,616</td>
</tr>
<tr>
<td>Operating Profit Margin (%)</td>
<td>15.9</td>
<td>1.6</td>
</tr>
<tr>
<td>HCAHPS Score</td>
<td>265</td>
<td>256</td>
</tr>
</tbody>
</table>

---

*2008 Data*
# Top 100 Hospitals
## Medium Size Hospitals

## Table 7: Medium Community Hospital Performance Comparisons

<table>
<thead>
<tr>
<th>PERFORMANCE MEASURE</th>
<th>MEDIANS(^1)</th>
<th>BENCHMARK COMPARED WITH PEER GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current Benchmark</td>
<td>Peer Group of U.S. Hospitals</td>
</tr>
<tr>
<td>Mortality Index(^2)</td>
<td>0.91</td>
<td>1.00</td>
</tr>
<tr>
<td>Complications Index(^2)</td>
<td>0.94</td>
<td>0.99</td>
</tr>
<tr>
<td>Patient Safety Index(^2)</td>
<td>0.79</td>
<td>0.99</td>
</tr>
<tr>
<td>Core Measures Mean Percent (%)</td>
<td>96.2</td>
<td>93.4</td>
</tr>
<tr>
<td>30-Day Mortality Rate (%)</td>
<td>12.6</td>
<td>12.9</td>
</tr>
<tr>
<td>30-Day Readmission Rate (%)</td>
<td>20.4</td>
<td>20.9</td>
</tr>
<tr>
<td>Average Length of Stay (days)</td>
<td>4.38</td>
<td>5.31</td>
</tr>
<tr>
<td>Expense per Adjusted Discharge ($)</td>
<td>5,034</td>
<td>5,854</td>
</tr>
<tr>
<td>Operating Profit Margin (%)</td>
<td>11.2</td>
<td>2.9</td>
</tr>
<tr>
<td>HCAHPS Score</td>
<td>264</td>
<td>251</td>
</tr>
</tbody>
</table>

2008 Data
• Builds on the great work of participants in the 100,000 Lives Campaign and the 5 Million Lives Campaign.

• “Help us make sense of the many complex and competing demands we face.”

• Brings together the best knowledge available on the key process improvements that will lead to exceptional hospital care.

• Helps hospital leaders set change agendas, establish priorities, organize work, and optimize resources.

• An interactive, online tool that distills the best knowledge available on the key process improvements that will lead to better outcomes for patients.

• An open resource, available free of charge to anyone, anywhere.
An Array of Programs to Help Hospitals Achieve Results

Collaboratives
Transforming Care at the Bedside
Improving Perinatal Care
Reducing Sepsis Mortality
Reducing Readmissions by Improving Transitions in Care

Virtual Support

Knowledge for All

IHI Passport
IHI Map

Dozens of Collaboratives
High Intensity

Hundreds of REACH:
Medium Intensity

Thousands of Virtual Support:
Low Intensity

Knowledge for All

IHI Passport
IHI Map
www.IHI.org/Improvement Map

The Improvement Map™ is an online tool that distills the best knowledge available on the key process improvements that lead to exceptional patient care.

You need to use the Improvement Map. If you have trouble, click here to send a pre-written email to your IT department with your specifications.

Take Action

Join the March 30 Streamlining Your Work with the Improvement Map conference call.

Read the new Multidisciplinary Rounds How-to Guide.

Watch a video to learn how to use the gap analysis to bolster your improvement work.

Last week nearly 1,000 users logged on to the IHI Map. Click here to see the most popular processes.
EXPLORE THE MAP

Your destination is a customized collection of processes. These processes will be the ideal fit for your aims and circumstances.

- **BY DOMAIN**
  Explore by the type of processes, including patient care processes, support care processes, and leadership and management processes.

- **BY AIM**
  Explore by alignment with the six Institute of Medicine (IOM) dimensions of quality: Safety, Effectiveness, Patient-Centeredness, Timeliness, Efficiency, and Equity.

- **BROWSE ALL PROCESSES**
  View all processes on the Improvement Map or search by typing a keyword in the box below.

- **SEARCH**
  
  [Enter search term]  
  Find

Visit [www.ihi.org](http://www.ihi.org) and click on the “Improvement Map” logo to access this tool.
Visit www.ihi.org and click on the “Improvement Map” logo to access this tool.

Browse by any combination of the following:

- Cost to Implement
- Time to Implement
- Difficulty to Implement
- Implementation Evidence
- IOM Aims
- Domain
- Outcomes
- Service Lines
- Financial Implications
- Regulatory Requirements
Benefit From the Community of Improvers

• Complete the Gap Analysis and Share Results.
• Learn where most organizations are finding and closing gaps.
• Plot a course to close gaps & reach aims.
• Share experiences and learn from colleagues.

Take Action:
www.ihi.org/ImprovementMap
IHI Open School

- Quality Improvement and Patient Safety tracks
- Online classes and resources
- Access to expert faculty
- Podcasts, webex, case studies, video
- Scholarships and Facebook communities
- Student chapters -- UNC, Duke, NCSU
- 50% of persons enrolling in Open School are current healthcare professionals
• Quality Improvement Concepts, Principles and Models
• CAH and Small Rural Hospital Performance Improvement Portfolio
• Tools and Resources for Quality and Performance Improvement
• Questions and Discussion
  – How can we support and encourage CAHs to join Breakthrough Quality Improvement Collaboratives?
  – What are the elements and organizational capacities to drive high-performance quality improvement?
Performance Ideas for CAHs

• Target 100% of CAHs publicly reporting relevant Core Measures by 2013.
• Target 100% of CAHs participating in HCAHPS.
• Identify and embrace improvement models to support CAH collaboratives.
• Organize state level expertise to support performance improvement.
• Establish a spread model and measure spread outcomes.
• Develop early adopter models to pilot outpatient core measures improvement.