1:30 – 3:00 p.m.

Data Sanity and the Business Case for Improvement

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MemorialCare Health System

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Scripps Health

The speakers for this session have no conflicts to disclose.
“Data Sanity and the Business Case for Improvement”

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Chief Transformation Officer
Certified Lean Leader

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This presenter has nothing to disclose.
## Just the Facts

### Total Assets
- Annual Revenues $2.2 billion
- Bond Rating AA- stable

### Hospital
- Patient Discharges 69,000
- Patient Days 288,000
- ER Visits 199,000
- Deliveries 10,500
- Surgeries - IP/OP 32,900

### Ambulatory
- Capitated Lives/ACOs 192,000
- Seaside Health Plan 30,000
- Medical Group Visits 600,000
- Ambulatory Surgeries 34,000

### Workforce
- Employees 11,200
- Affiliated Physicians 2,300 (80% in solo or small group)
- Employed Physicians 230
- Residents 165 (Year 1-7)
Our Keys to Data Sanity

1. Setting Bold Goals
2. Engaging others by using data to compel and propel to action
3. Tips and clues on data display/presentation, and the power of stories
4. Demystifying measurement and display
5. Finding the ROI without going crazy
6. Organizing for improving performance
7. Getting data to the front lines
## 1. Setting strategic “Bold Goals” And reaffirming the Work Each Year

<table>
<thead>
<tr>
<th>Big Dots 2006-15</th>
<th>Key Drivers</th>
<th>Measures</th>
</tr>
</thead>
</table>
| Reduce Mortality | - Early Response  
                  - Clinical Reliability  
                  - Sepsis Care | - Codes Outside ICU  
                      - Perfect Care  
                      - Sepsis Mortality |
| Reduce Needless Harm | - Reduced Infections  
                      - Reduced Complications  
                      - Improved screening | - Central Line, VAP, CAUTI, SSI  
                      - Hand Hygiene  
                      - Hospital Acq. Pressure Ulcers  
                      - Patient Falls, all  
                      - VTE/DVT assessment & prevention  
                      - Medication reconciliation  
                      - Medical Foundation “Big 5” |
| Improve Patient & Family Experience | - Endorsement and Loyalty | - HCAHPS  
                      - PAS/CGCAHPS |
Aiming High, Aiming Wide

Breadth of Aim

- Islands of Excellence
- Transformation
- Just Good Enough
- Incremental Improvement

System Level

Unit Level

Breadth of Aim
The Art of Selecting Targets

• You want to create stretch
  - Getting to transformation vs. just 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
MemorialCare’s quality & safety Bold Goals - today

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

• Achieve “**perfect care**” of 95%
  - **Core Measure** sets – all diagnoses/bundles
  - **Medication Reconciliation; Perinatal/OB**

• Reduce **harm** to **Zero Zone**
  - **Hospital acquired infections** (HAI)
    • Achieve 100% **hand hygiene** compliance
  - **HA pressure ulcers**
  - **Patient falls** with injury
  - Reduce **Harm Across the Board** by 70%

• Promote **Population Health > top 10th**
  - Breast cancer screening; colorectal cancer screening; diabetes HbA1c <8; overall generic prescribing rate; childhood immunizations (combo 7)
2. Using Data to Propel and Compel...

- **Pro*pel** – Drive, push or cause to move in a particular direction, typically forward; spur
- **Com*pel** – Force or oblige someone to do something; bring about something by the use of force or pressure
Thoughts on 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
Our PI Radar Dashboard
Shows where we started, have been, are now

How it works:

- Stretch targets (Green = hard!)
- Scalable
- Balanced
- Performance over time
- Inservice: Bold - move out, to/beyond the green line
Drilldown Example: Harm Across the Board (HAB)

Harm Across the Board (HAB):
Includes:
- Adverse Drug Events for Warfarin (High INR >6)
- CAUTI-ICU
- CLABSI-ICU
- Early Elective Delivery
- Falls with Injury (All)
- Pressure Ulcers (All Stages)
- Surgical Site Infections (All)
- VAPs
- Blood Clots (VTE6)
- Peds (Ohio HEN)
3. Tips and Clues – mix it up!

- **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
Bringing Patients and Families in to the room – DO do this!

- Storytelling
- Imagine if it was your mother, brother, grandfather, friend…
- Link it to Bold Goal report
Drilldown Example: HAB
Transparency in #s

- Bold Goal met, but...
- Pitfalls of saying “Preventable”

73% reduction since 2011, 27% left
<table>
<thead>
<tr>
<th>Bold Goal</th>
<th>MHS &amp; *MC MG</th>
<th>LBMMC &amp; CHLB</th>
<th>MCH</th>
<th>OCMMMC</th>
<th>SMMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSMR (ratio) - Medicare only</td>
<td>90</td>
<td>27</td>
<td>Not in measure set</td>
<td>21</td>
<td>42</td>
</tr>
<tr>
<td>Sepsis Mortality - full population</td>
<td>190</td>
<td>116</td>
<td></td>
<td>27</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>280</td>
<td>143</td>
<td></td>
<td>48</td>
<td>89</td>
</tr>
<tr>
<td>Perfect Care 95%</td>
<td>21,918</td>
<td>10,658</td>
<td>359</td>
<td>5,204</td>
<td>5,697</td>
</tr>
<tr>
<td>MI, HF, PN, SCIP, VTE, Stroke</td>
<td>6,388</td>
<td>311</td>
<td>2,365</td>
<td>1,038</td>
<td>2,674</td>
</tr>
<tr>
<td>Medication Reconciliation</td>
<td>28,306</td>
<td>10,969</td>
<td>2,724</td>
<td>6,242</td>
<td>8,371</td>
</tr>
<tr>
<td>Codes Outside ICU</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># RRT Calls last 12mo</td>
<td>1,667</td>
<td>1,024</td>
<td>37</td>
<td>437</td>
<td>169</td>
</tr>
<tr>
<td>Patient Safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Falls to Floor Med/ Surg, HAPU</td>
<td>318</td>
<td>162</td>
<td>Not in measure set</td>
<td>91</td>
<td>65</td>
</tr>
<tr>
<td>Infection Reduction</td>
<td>134</td>
<td>31</td>
<td>60</td>
<td>9</td>
<td>34</td>
</tr>
<tr>
<td>Central Lines, Cath-UTIs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*MC MF Bold Goals</td>
<td>1,475*</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Total Annualized Lives Touched based on CY2014 volumes (these indicators)</td>
<td>32,180</td>
<td>12,329</td>
<td>2,821</td>
<td>6,827</td>
<td>8,728</td>
</tr>
</tbody>
</table>
“No big data needed”
Pictures can tell a story too…
4. Demystifying measurement and display - Plot Your Dots!

- DON’T do this

- DO do this
Simple Rules of Graphs (not Grafts 😊)

- **SHIFT**: 8 or more consecutive points above or below the center (mean or median) line

- **PATTERN**: Any non-random pattern that recurs 8 or more times

- **TREND**: 7 or more points going up or down (6 sections between points all in same direction)
5. Finding the ROI Without Going Crazy

• **Tips**
  - Patient stories work
  - As do public ratings
  - Put a CFO on your oversight team
  - Don’t over-analyze it
  - Leverage pay for performance and penalty data
6. Organizing for PI
Mapping out your network

MEMORIALCARE NETWORK
PERFORMANCE IMPROVEMENT/PATIENT SAFETY

Patients
Families

MemorialCare
Board of Directors*

Clinical Committee of
the Board*

Physician Society Board*
(Serves on MHS Clinical Committee)

Campus Governing Boards

Senior Management

Value Added
Teams*
Hospital
Operations

MC*21 Management
System Oversight
Committee*

Physician Society*

Medical Executive
Committee

Performance Improvement
Quality and Patient Safety
Committees

Best Practice Teams*

<< Shared services across our system >>
7. Getting data to the front line
Dashboards, Self-Service & Huddles

• Lean approach
  - 2009 – system-wide
  - Rapid Process Design
  - Created mock-ups
  - Strategic linkage
  - Drillable indicators
  - Self-service indicators and dashboards
Example: Visibility Boards
Staff created Standard Huddle Work

Huddles * Daily Measures * Problem-solving

Department: Saddleback 3 West

Plastic Envelope FPO
Celebrations FPO
Target: Readmission Rate within 30 Days % FFS Patients readmitted to same facility, within 30 days of index admission

Key Analysis and Activities:
- Pop Health Deep Dive I held Jun’12, developed roadmap
- Site visits/conferences – UPMC Feb’13, Triple Aim Summit Mar’13
- Physician Academy project completed on Bundled Payment Oct’13, launched pre-live activities and decision to participate in 2014-15
- Pop Health Deep Dive II held Feb’14, 12 posterboard vignettes shared with focused population readmission reduction
- Onboarded VP Pop Health system-wide; evolved MCMF resources

What We’re Working On, Will See Next:

<table>
<thead>
<tr>
<th>Initiative/ Tactic</th>
<th>Who</th>
<th>Target Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMMI Bundled Payment</td>
<td>Macfie, Berman</td>
<td>1FQ’16</td>
<td>- Continuing BPT and registry focus (ACC, STS, CJRR)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Completed enrollment, 90 doctors signed up!</td>
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<td></td>
<td></td>
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<td>- Initiating workflow maps for opportunities</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Accessing Milliman and DV$ data, hiring data analyst</td>
</tr>
<tr>
<td>Develop supportive tools</td>
<td>Joslyn, Berman</td>
<td>1FQ’16</td>
<td>- Launched PHITT Committee</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- To activate assessment plan</td>
</tr>
<tr>
<td>Develop vertical integration plan</td>
<td>Berman</td>
<td>1FQ’16</td>
<td>- VI Task Force in process</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Assessing home health opps</td>
</tr>
</tbody>
</table>

We earned 92.7%, $4.925M (of “max” $5.310M)
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Thank you!

• Questions?

• Contact Information:
  
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    - 714-580-9009