



# *HCCA's 12<sup>TH</sup> ANNUAL* COMPLIANCE INSTITUTE

APRIL 13–16, 2008 | NEW ORLEANS, LA | HILTON RIVERSIDE NEW ORLEANS

## **Health Quality Initiatives: Provider's Perspective**

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**Vice President Clinical Excellence for Physician Affairs**

**Ascension Health**

**April 13, 2008**



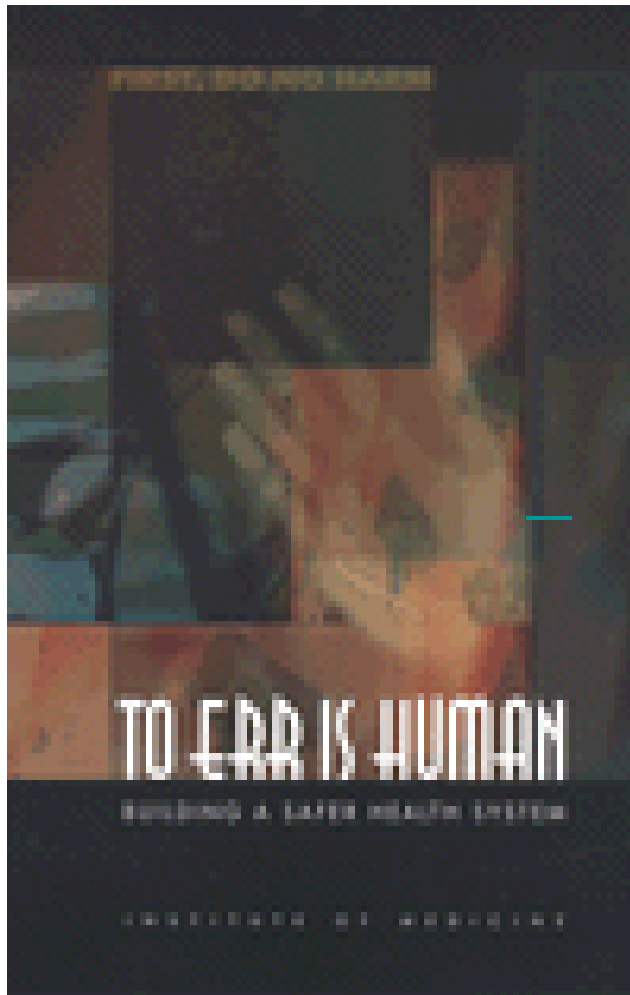
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# Objectives

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- **Culture**
  - **Goals**
  - **Process Improvements**
  - **Behavioral Accountability**
- **Implementation of Quality Initiatives**
  - **Spread Strategy**
  - **Expectations**
  - **Alignment of Incentives**
- **Outcomes**
  - **Successes Enjoyed**
  - **Difficulties Encountered**
  - **Lessons Learned**



**Fall 1999**

**44,000 – 98,000  
Deaths from Medical  
Errors**

**The Issues of  
Patient Safety and  
Quality Were Placed  
on the Radar Screen  
of Public and  
Private  
Policymakers**

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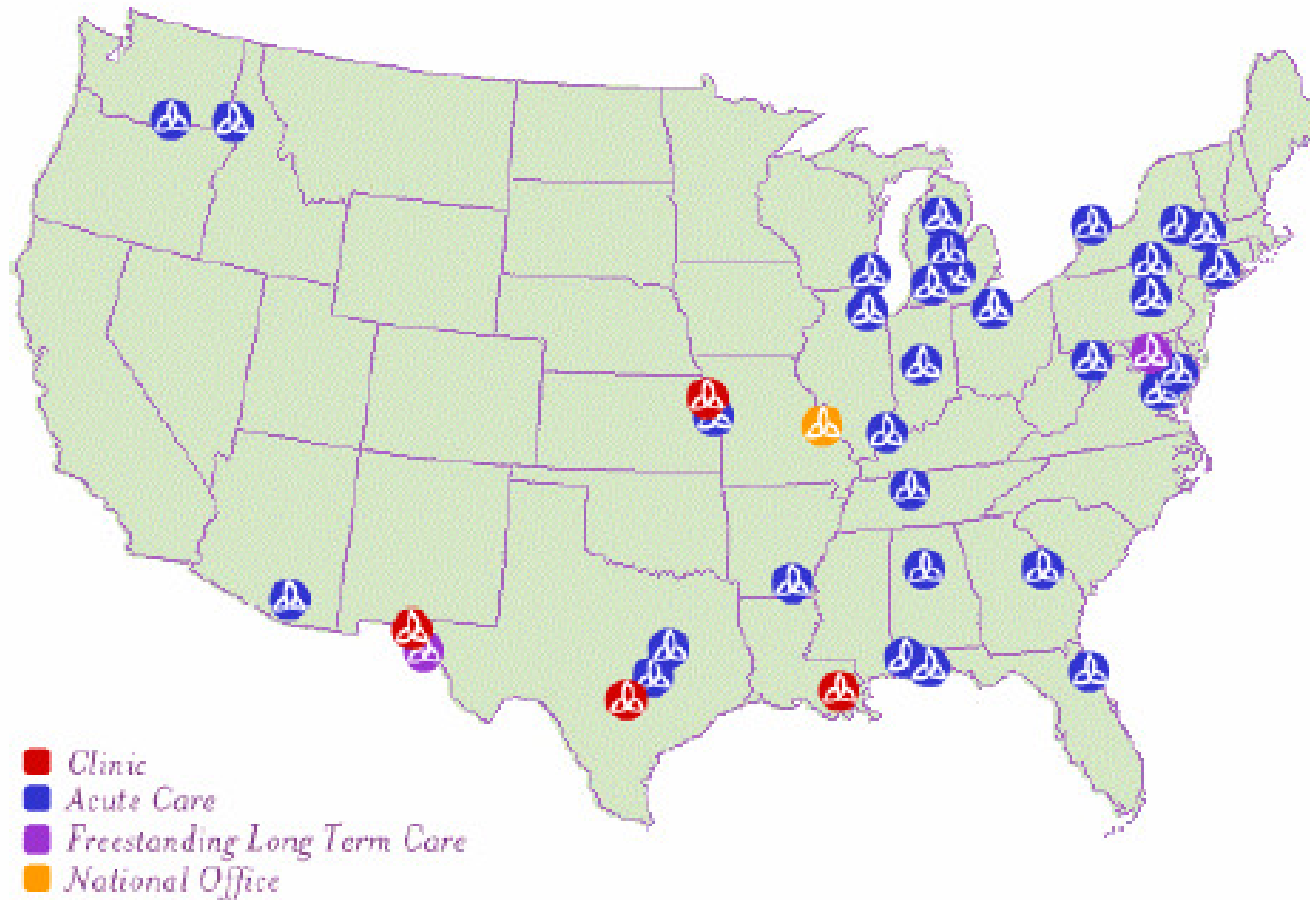
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## Ascension Health Locations



# FY07 Systemwide Statistics

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• Available beds	16,802
• Admissions	666,152
• Number of births	75,147
• Clinic visits	1,524,969
• Emergency visits	2,170,127
• Physician office visits	3,819,928
• Home health visits	588,724
• Total outpatient visits	15, 216,225
• Employees	106,000
• Number of hospitals (6/30/07)	
– General Acute Care	65
– Long term acute care	4
– Rehabilitation	4
– Psychiatric	4



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ASCENSION  
HEALTH

CALL<sup>TO</sup>ACTION

- *Healthcare That Works*
- *Healthcare That Is Safe*
- *Healthcare That Leaves No One Behind*

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# CALL<sup>TO</sup>ACTION

*Healthcare That Is Safe*

**The care we deliver will be safe and effective. We commit to having excellent clinical care with no preventable injuries or deaths in five years (by July 2008).**

# “Countdown to Zero”

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## 77 Days to “Zero”:

**77** DAYS  
**12** HRS **0.0** MIN **0.0** SECS  
**12:00 PM**

**SAFE  
BY  
2008**

**Clinical Excellence**  
**Healthcare That Is**

## Priorities for Action

- **Hospital Mortality (Universal)**
  - Alpha site: Borgess – Kalamazoo
- **Adverse Drug Events (Universal)**
- **JCAHO National Patient Safety Goals (Universal)**
  - Patient identification
  - Communication among caregivers
  - Improve safety of high-alert medications
  - Eliminate wrong site surgery
  - Improve the safety of infusion pumps

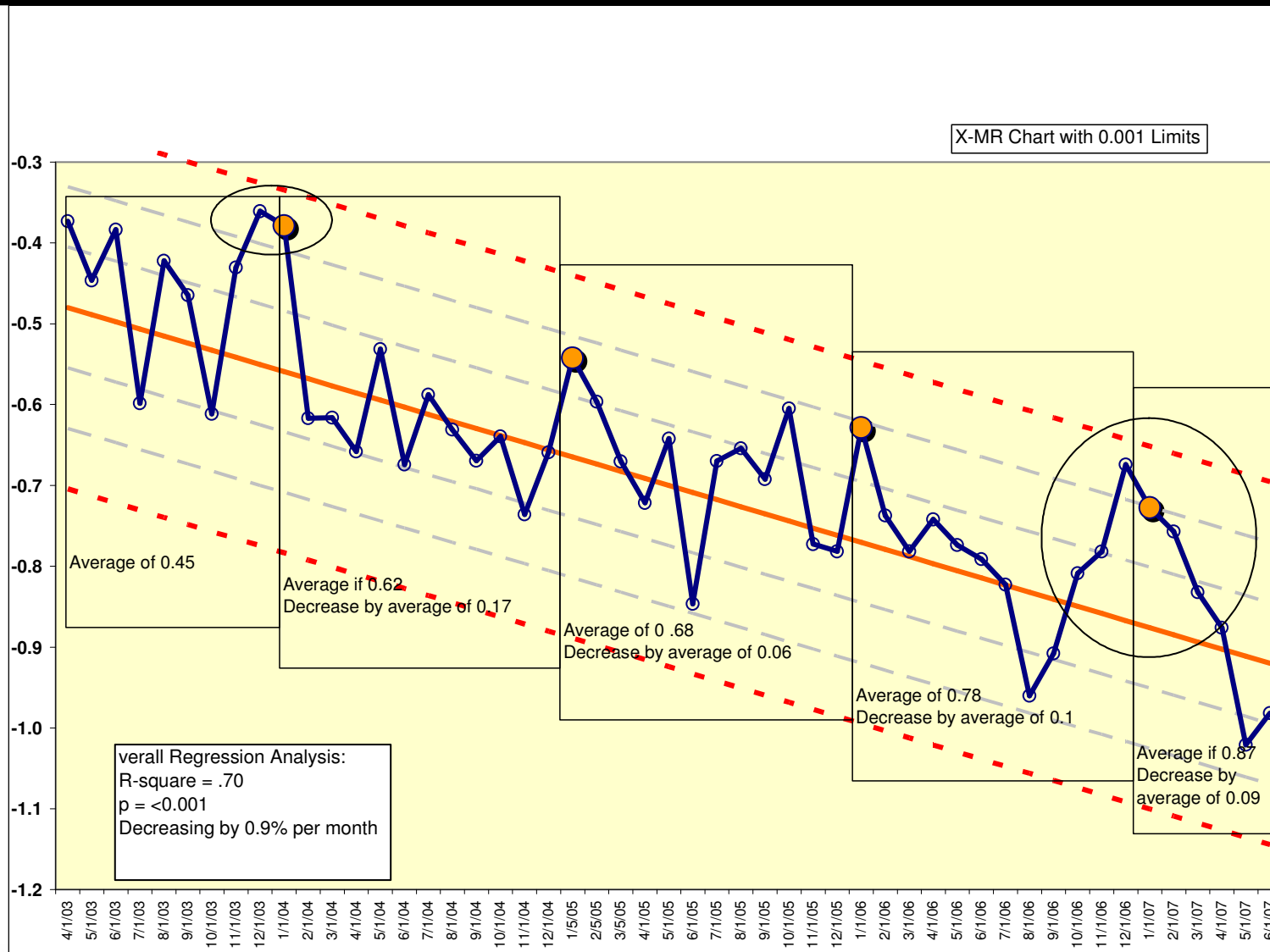
## Priorities for Action

- **Nosocomial Infections**
  - Alpha sites: St. Vincent's – Birmingham, St. John - Detroit
- **Falls and Fall Injuries**
  - Alpha site: St. Thomas - Nashville
- **Pressure Ulcers**
  - St. Vincent's – Jacksonville
- **Perinatal Safety**
  - Alpha sites: Seton – Austin, St. Mary's – Evansville, Lourdes - Binghamton
- **Perioperative Safety**
  - Alpha sites: Columbia St. Mary's – Milwaukee, Sacred Heart - Pensacola

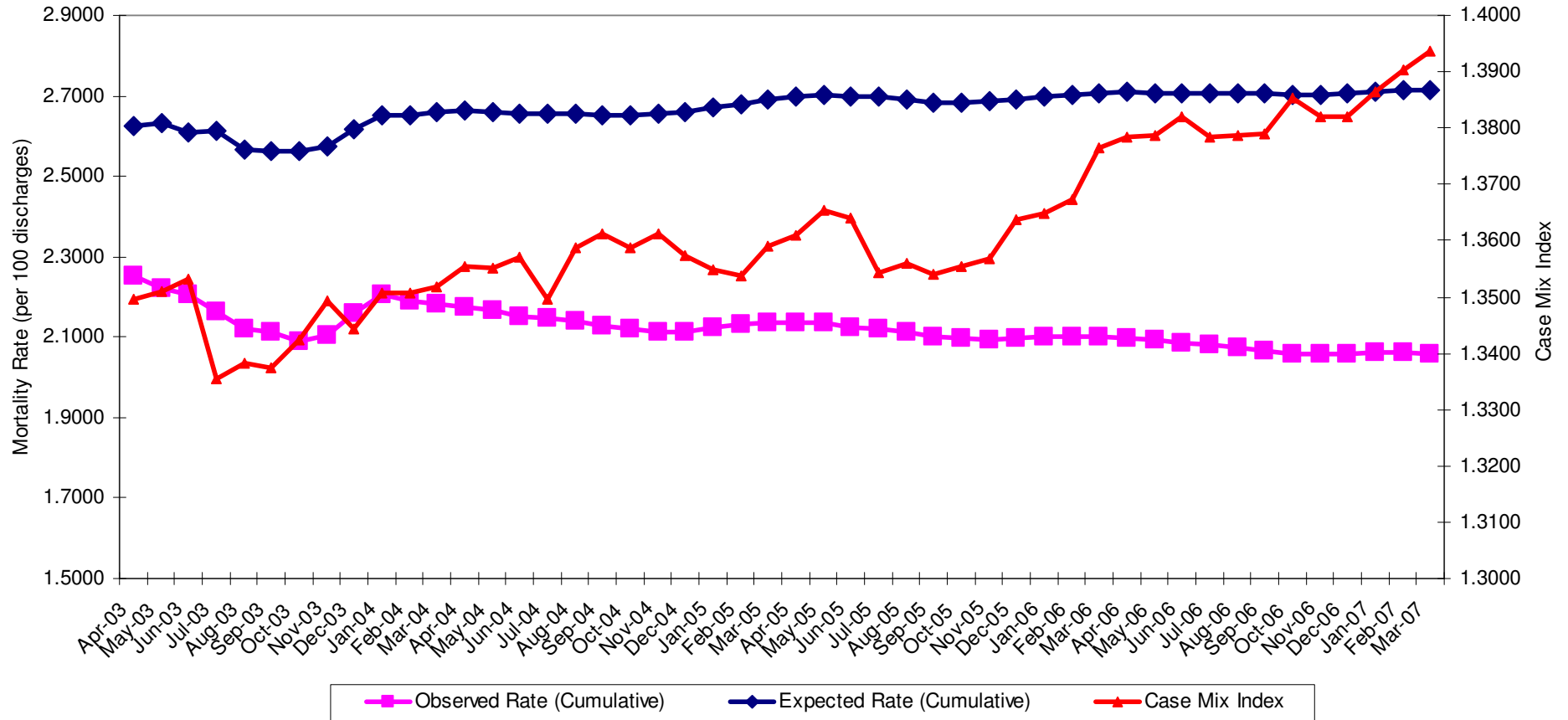
# CareScience Observed minus Expected Mortality Rate

## Ascension Health System

### April 2003 - June 2007



# CareScience Mortality Analysis Ascension Health System





## Priority For Action - Perinatal Safety

### Birth Trauma

7/1/2006 - 6/30/2007

**Birth Trauma** is the unintentional harm to a newborn that occurs during birth and requires medical intervention.

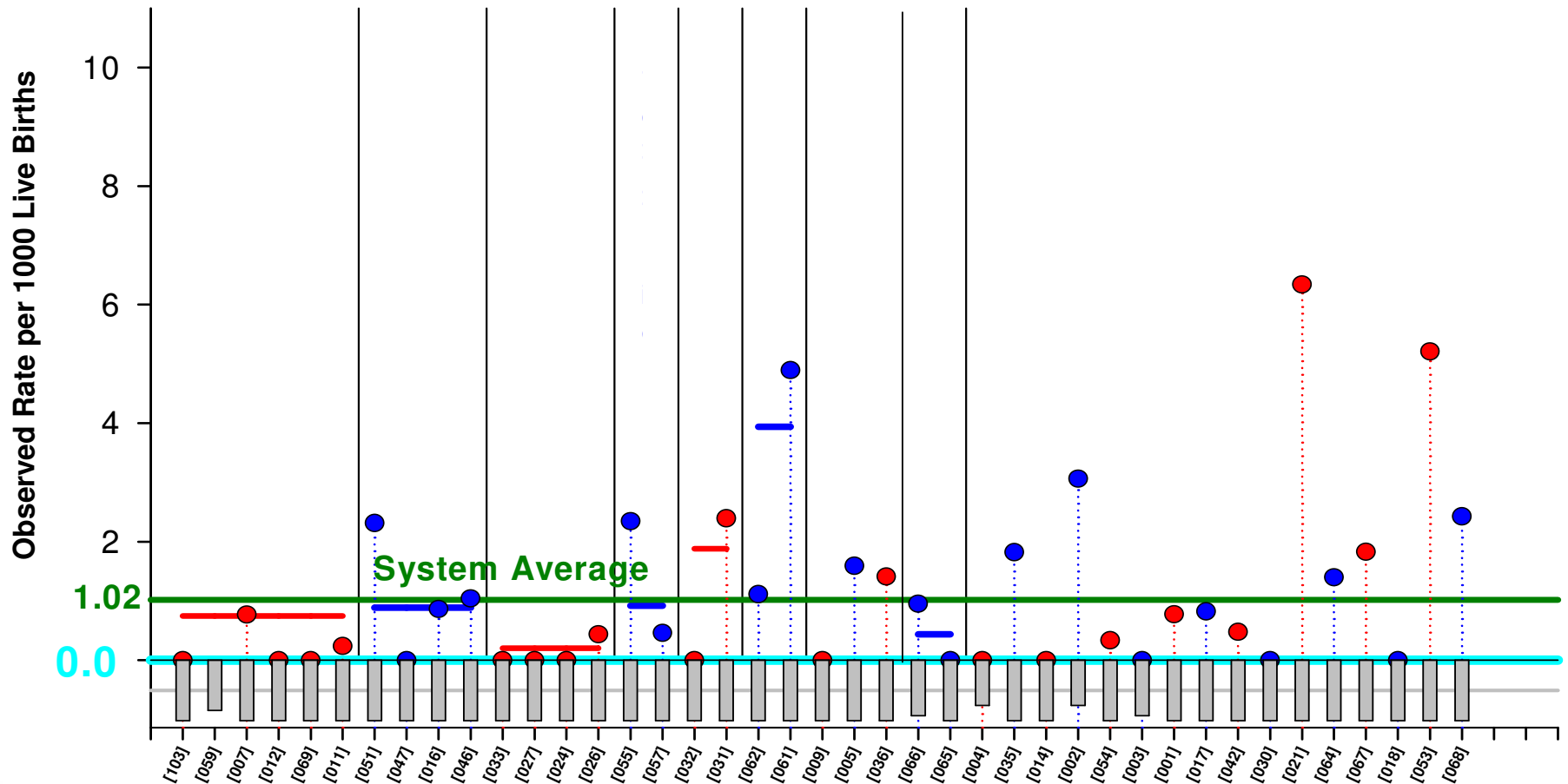
\* **AHRQ National Rate** is 2.60 birth traumas per 1000 live births.

**Goal is 0 (zero) birth traumas per 1000 live births.**

**System Average** is 1.02 birth traumas per 1000 live births.

\*\* **Comparison to National Rate:** We are **61%** lower than the 2004 national rate (favorable).

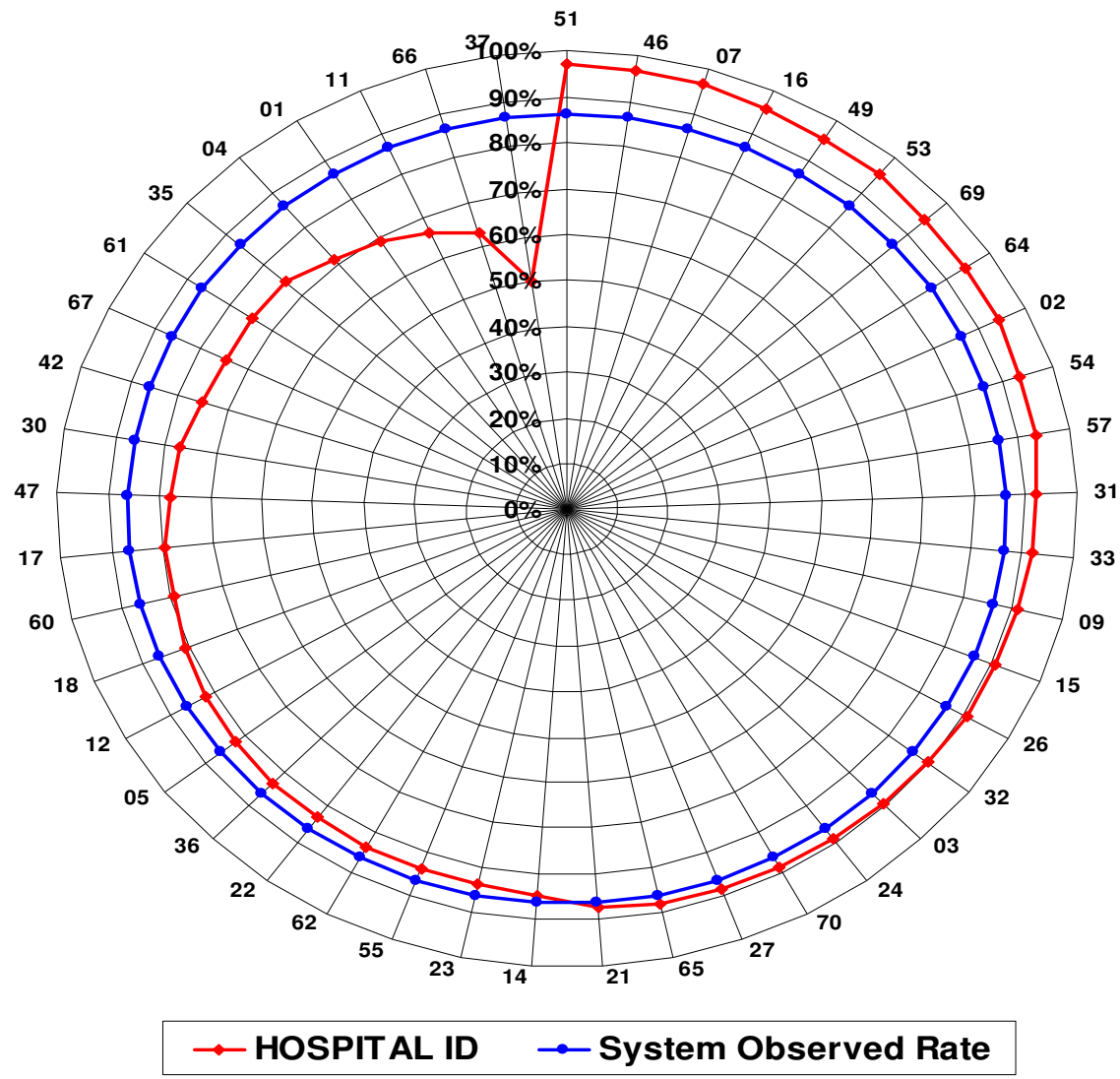
**Interpreting the Graph:** Data points (dots or ministry lines) that are below the System average line indicate a birth trauma rate that is lower than the System average.



\* HCUP Nationwide Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP). 2004. Agency for Healthcare Research and Quality, Rockville, MD. Retrieved 07 Sep 2007 from the World Wide Web: [www.hcup-us.ahrq.gov/nisoverview.jsp](http://www.hcup-us.ahrq.gov/nisoverview.jsp).

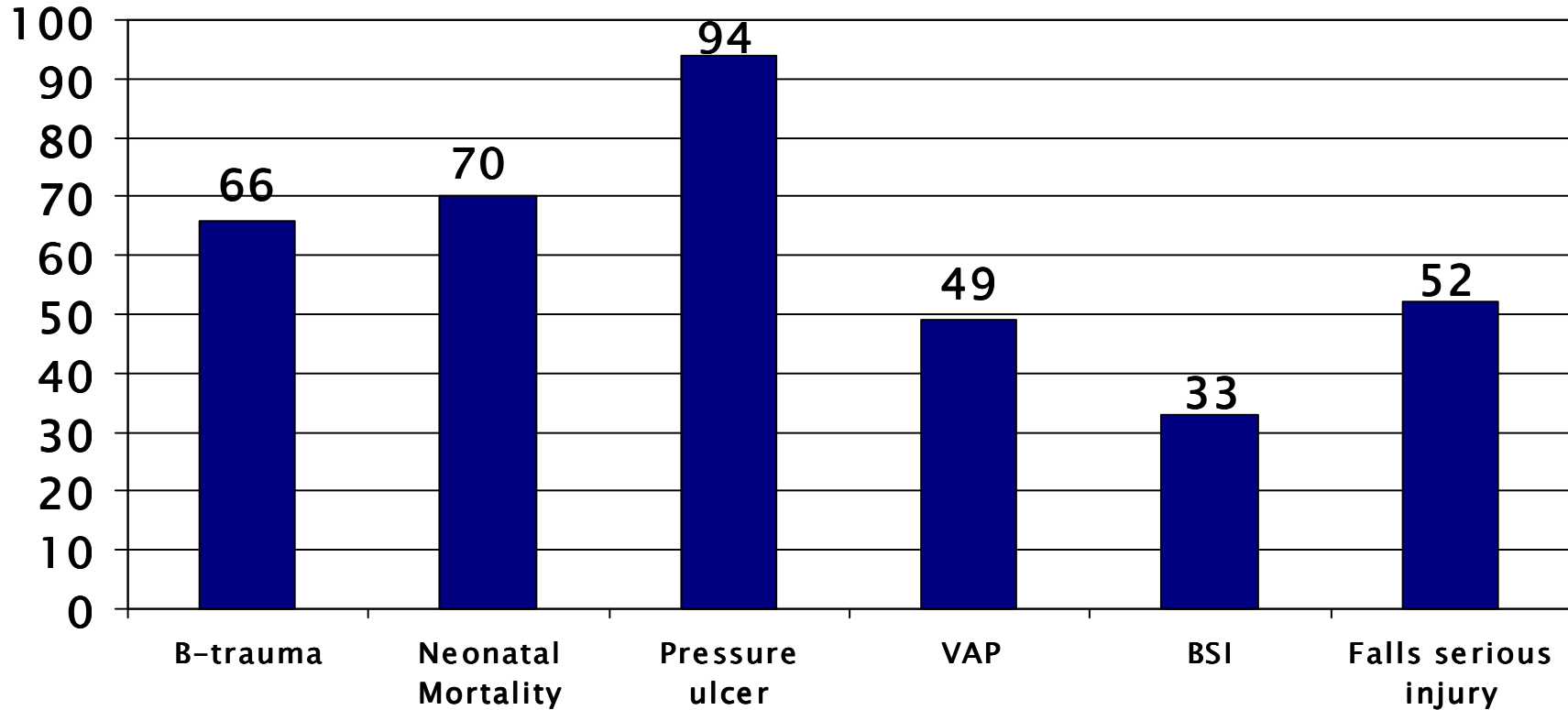
\*\* Reflects updated AHRQ National Rate.

**Ascension Health  
Surgical Care Improvement Project 07/01/06 – 12/31/06  
Prophylactic Antibiotic Received One Hour Prior to Surgical Incision**



## Ascension Health System Performance **October 2006 – September 2007**

**% Reductions Compared to Latest Available National Averages  
(as Indicated by the Dates on next slide)**



# Ascension Health System Performance Oct 2006 – Sep 2007

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- **Birth Trauma** – National AHRQ 2004 data
- **Neonatal Mortality** – National 2004 data
- **Facility-Acquired Pressure Ulcers** – National 2001, 2003, and 2004 data
- **Ventilator-Associated Pneumonia** – National 2006 data
- **Central Line Blood Stream Infection** – National 2006 data
- **Falls with Serious Injury** – National 1985 – 1999 data





## Journey to Reliability in Safety & Performance Excellence



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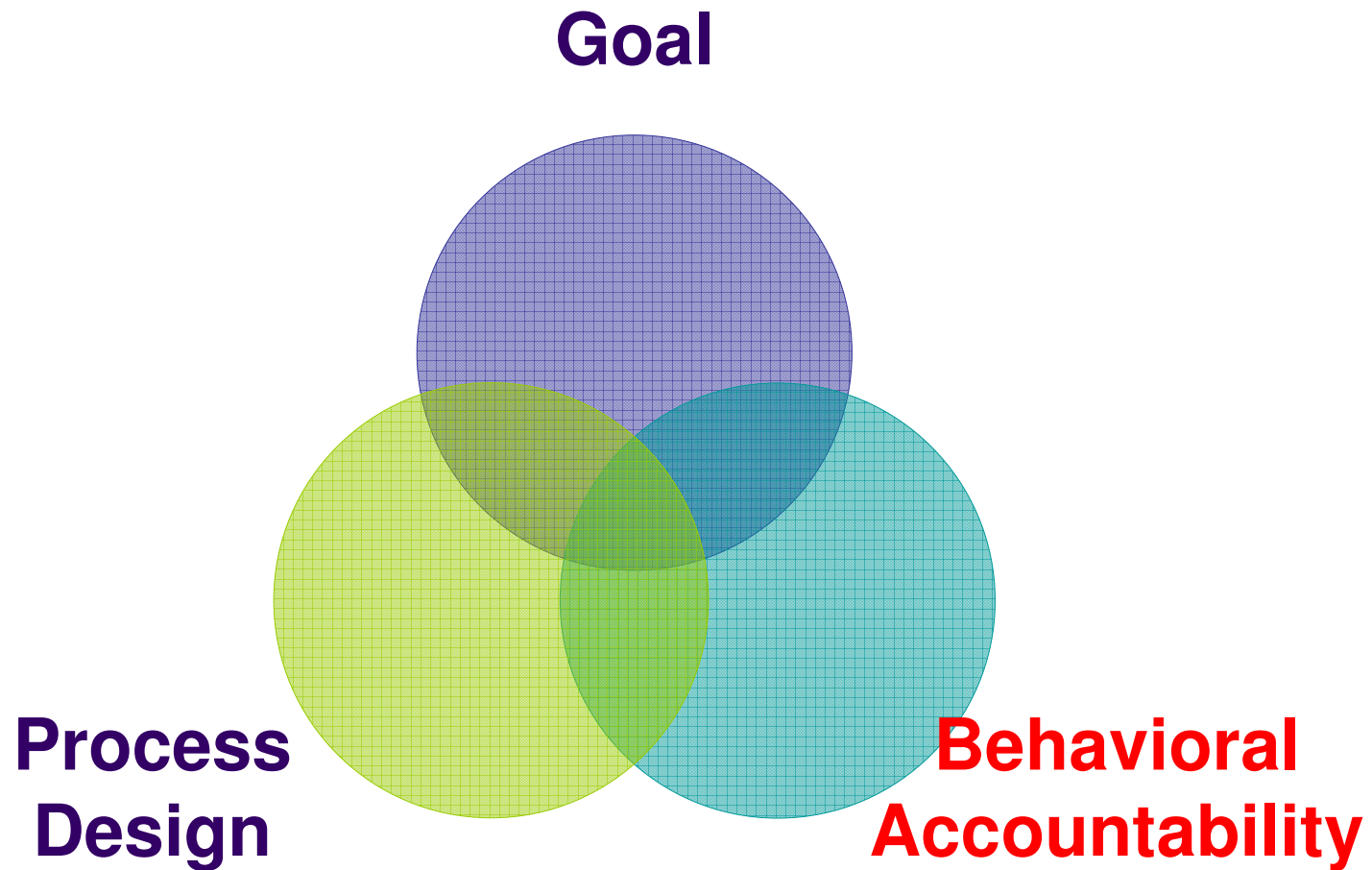
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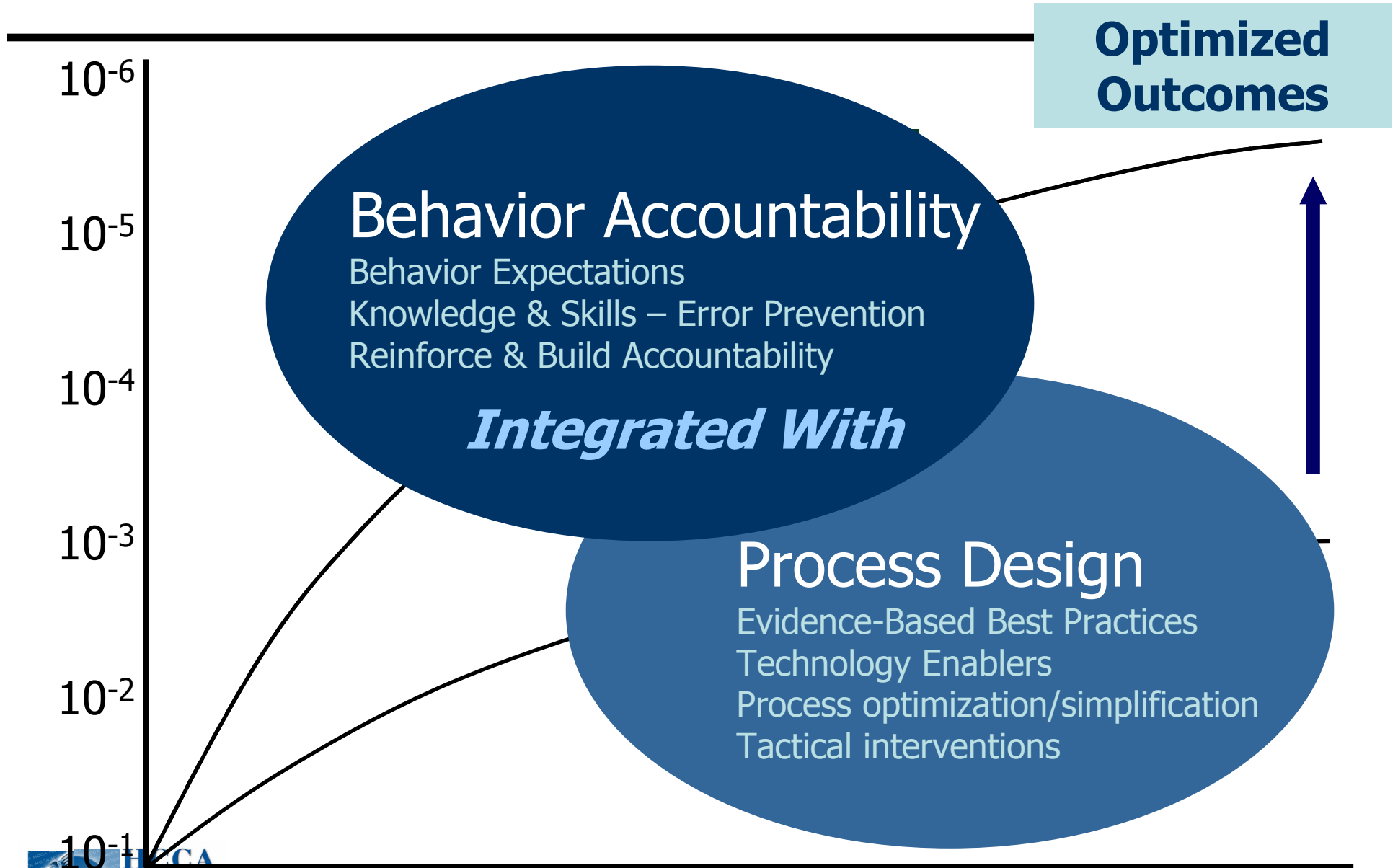
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# Culture of Safety & Teamwork= High Reliability Organization

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# Journey to improving reliability...



# Techniques

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**ARC = Ask a question, Request a change, voice a Concern**

**5P = Patient, Purpose, Plan, Problems Precautions**

**SBAR = Situation, Background, Assessment, Recommendation**

**STAR = Stop, Think, Act, Review**

# Proposed Behavioral Expectations for *PHYSICIANS*

<b>EXPECTATIONS</b> <i>I am accountable for:</i>	<b>TECHNIQUES</b> <i>I will:</i>
<b>1. Patient, Personal and Peer Safety</b> <i>I will demonstrate a personal and peer (200%) commitment to safety</i>	<ol style="list-style-type: none"> <li>1. Practice peer coaching using ARC</li> <li>2. Stop and Resolve when questions arise</li> </ol>
<b>2. Clear &amp; Complete Communications</b> <i>I am personally responsible for professional, accurate, clear, and timely verbal and written communications.</i>	<ol style="list-style-type: none"> <li>1. Use the “5P Handoff” process when transferring patient care responsibility</li> <li>2. Expect Repeat-Backs and Read-Backs and encourage Clarifying Questions</li> <li>3. Document legibly and accurately</li> </ol>
<b>3. Coordinate Care</b> <i>We will coordinate activities in a manner that will lead to desired outcomes.</i>	<ol style="list-style-type: none"> <li>1. Identify a coordinating physician for each patient</li> <li>2. Use SBAR technique for effective handoffs</li> <li>3. Personally communicate to appropriate people               <ul style="list-style-type: none"> <li>➤ Physician-to-Physician to coordinate care</li> <li>➤ Physician-to-Care Provider for orders</li> <li>➤ Physician-to-Patient/Family for care status</li> </ul> </li> </ol>
<b>4. Paying Attention to Detail</b> <i>I will attend carefully to important details.</i>	<ol style="list-style-type: none"> <li>1. Practice S.T.A.R.</li> </ol>

# ***Expectations***

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- **Quality is a key component of Mission (become oriented to quality/safety requirements)**
- **Quality deserves same consideration as financial viability and regulatory compliance**
- **Poor quality and providers of poor quality cannot be ignored (How are medical errors, adverse events reported?)**
- **Quality Planning should be done with Medical Staff (Goals, Metrics, Benchmarks)**
- **Are adequate resources allocated to quality/safety?**

# ***Expectations***

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## **Quarterly Dashboard:**

- 1. Expected vs. Observed Mortality**
- 2. Expected vs. Observed Length Of Stay**
- 3. Expected vs. Observed Costs**
- 4. Core Measure Performance**
- 5. Severe Safety Event Rate**
- 6. Priority for Action Performance**
  - a. You are HERE - Compared to System;  
National Averages; To where you've been**

# ***Difficulties Encountered***

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- **Goals and Process Improvement are not enough**
- **Behavioral accountability is necessary to establish a high reliability organization**
- **Clinicians do not necessarily recognize the role of others**
- **Credentialing needs to be tied inextricably to quality/safety**

# *Lessons Learned*

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- **Engage leadership (administrative and clinical) early in the process**
- **Align incentives**
- **Provide infrastructure support**
- **You can't over-communicate**
- **Select focus improvement goals with clearly defined boundaries**
- **Use data to drive agendas**



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# Thank You

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