

WSQA Performance Excellence Symposium

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Baldrige: The Pathway to Regulatory
Compliance

Health Care Sector

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Objectives

- Describe the similarities and differences between the Malcolm Baldrige National Quality Award Health Care Criteria for Performance Excellence and the Joint Commission on Accreditation of Healthcare Organizations Standards
- Compare data use for Performance Improvement for the Health Care Sector for MBQA and JCAHO
- Share application of specific approaches at an Organization and/or Department Level

JCAHO Standards

- *Continuously improve the safety and quality of care* provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations.

MBQA Criteria

- The Health Care Criteria have three important roles in strengthening U.S. competitiveness:
 - to help improve organizational performance practices, capabilities, and results
 - to facilitate communication and sharing of best practices information among health care organizations and among U.S. organizations of all types
 - to serve as a working tool for understanding and managing performance and for guiding organizational planning and opportunities for learning

JCAHO and Baldrige--Conflict or Companion?

● Baldrige Criteria

- Systematic
- Non-prescriptive
- Results-oriented
- Built on 11 core values
- 7 categories; 8 sections with 37 sections
- Reviewed and modified annually
- Validated
- 84 pages

● JCAHO Criteria

- Systematic
- Prescriptive
- Process and results oriented
- Contain 3 sections—with 11 Functional Chapters
- 243 standards; 1103 "elements of performance" (EPs)
- Reviewed and modified periodically
- 789 pages

Quality Standards and Quality Criteria

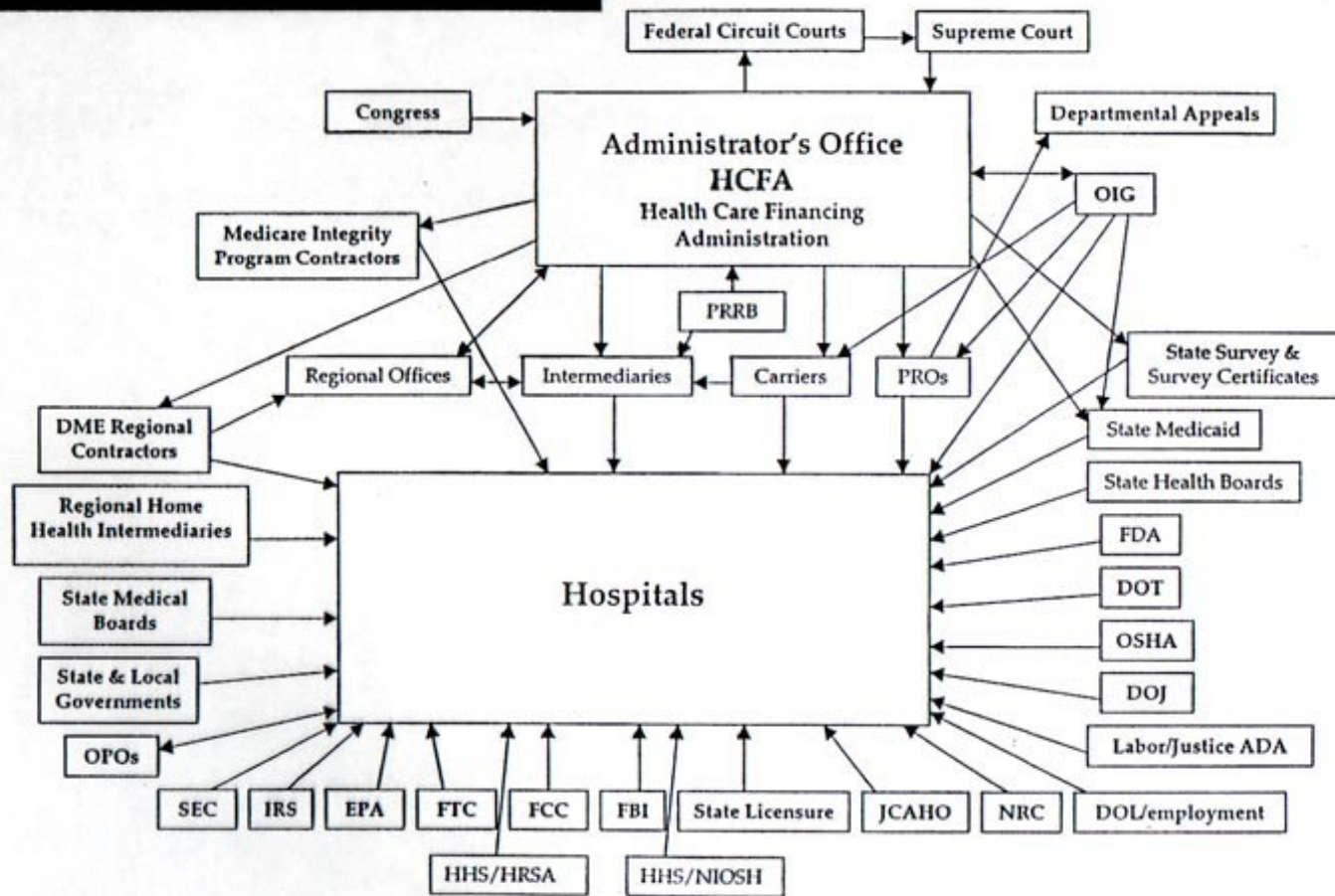
- Standards set the basic requirements to operate a business. These standards tend to rise in the level of expectation as the general level of performance increases and the customer expectations rise.

Quality Standards and Quality Criteria

- Criteria go beyond the basic requirements and assess the best in a group. The criteria also increases as the general level of performance increases and, more important for criteria, the customer expectations rise.

Who Regulates Hospitals?

WHO REGULATES HOSPITALS



Quality Standards and Quality Criteria

- The combination of using both standards and criteria to assess an organization realizes the strengths of both methods and generates better results.

Francis W. Jackson, Institute for Healthcare Improvement
Malcolm Baldrige National Quality Award Criteria/
Joint Commission Accreditation Standards
Cross Walk Assessment



JCAHO – Three Sections

● Patient-focused Functions

- Directly related to the provision of care, treatment, and services.

● Organization Functions

- Not directly experienced by the patient, but are vital to the hospital's ability to provide quality care, treatment, and services.

● Structures with Functions

- Such as Medical Staff or Nursing

JCAHO – 11 Functional Chapters

- Ethics, Rights, and Responsibilities (RI)
- Provision of Care, Treatment, and Services (PC)
- Medication Management (MM)
- "Surveillance, Prevention, and Control of Infection" (IC)
- Improving Organization Performance (PI)
- Leadership (LD)
- Management of the Environment of Care (EC)
- Management of Human Resources (HR)
- Management of Information (IM)
- Medical Staff (MS)
- Nursing (NR)



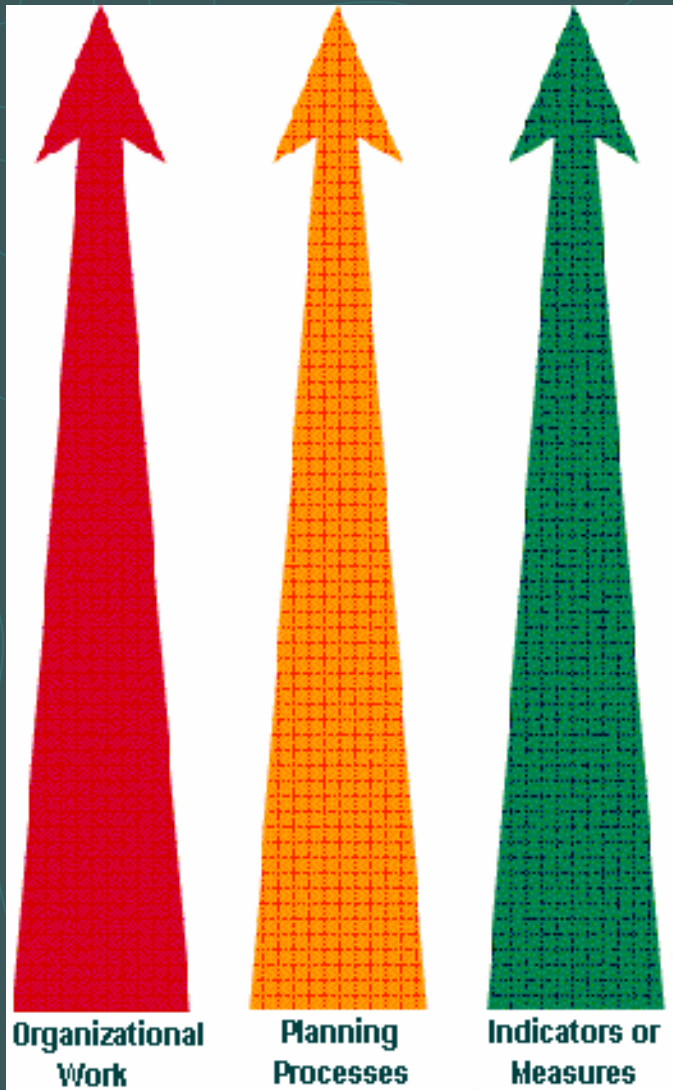
Baldrige Seven Categories

- Leadership
- Strategic Planning
- Focus on Patients, Other Customers and Markets
- Measurement, Analysis and Knowledge Management
- Staff Focus
- Process Management
- Organizational Performance Results

Interrelated Core Values and Concepts

- Visionary leadership
- Patient-focused excellence
- Organizational and personal learning
- Valuing staff and partners
- Agility
- Focus on the future
- Managing for innovation
- Management by fact
- Social responsibility and community health
- Focus on results and creating value
- Systems perspective

Aligning Work, Planning and Measurement



JCAHO: Improving Organization Performance

- PI.1.10 The hospital collects data to monitor its performance.
- PI.2.10 Data are systematically aggregated and analyzed.
- PI.2.20 Undesirable patterns or trends in performance are analyzed.
- PI.2.30 Processes for identifying and managing sentinel events are defined and implemented.
- PI.3.10 Information from data analysis is used to make changes that improve performance and patient safety and reduce the risk of sentinel events.
- PI.3.20 An ongoing, proactive program for identifying and reducing unanticipated adverse events and safety risks to patients is defined and implemented.

JCAHO: System Tracer – Data Use

- This session is focused on the organization's use of data in improving safety and quality of care
- During the session, the surveyor (s) and organization will discuss:
 - The measures that are being used for improvement.
 - Improvements that have been made as the result of data collection and analysis.
 - How performance improvement methods are used throughout the organization.
 - The basics of data gathering and preparation, including:
 - Selection of measures
 - Data collection
 - Data analysis and interpretation
 - Dissemination / transmission
 - Taking Action
 - Monitoring performance improvement

JCAHO: Data Use Topic Areas

- Performance Improvement and ORYX Data
- Staffing Effectiveness Assessment
- Patient Flow
- Infection Control
- Medication Management

MBQA: Health Care Results

- Provides a results focus for meeting your organization's mission as a health care provider.
- Through this focus, the Criteria's purposes—superior health care quality and value as viewed by your patients and other customers and the marketplace; superior organizational performance as reflected in your clinical, operational, legal, ethical, and financial indicators; and organizational and personal learning—are maintained.

MBQA: Organizational Performance Results

- The objective evaluation and your patients' and other customers' evaluation of your organization's:
 - Health Care Results
 - Patient- and Other Customer-Focused Results
 - Financial and Market Results
 - Staff and Work System Results
 - Organizational Effectiveness Results
 - Governance and Social Responsibility Results

Scoring

MBQA

- Process – Approach, Deployment, Learning, and Integration
 - Section values range from 85 to 120 (Leadership)
- Results – Performance Levels, Trends, Comparisons and Gaps
 - Value for this one section is almost 50% of total = 450

JCAHO

- Category A: Structural requirements (for example, policies, plans) that either exist or do not exist.
- Category B: When the quality, adequacy, or comprehensiveness of your compliance is not self-evident, your hospital must demonstrate that it has considered the principles of good process design
- Category C: Based on the number of times your hospital does not meet a particular EP

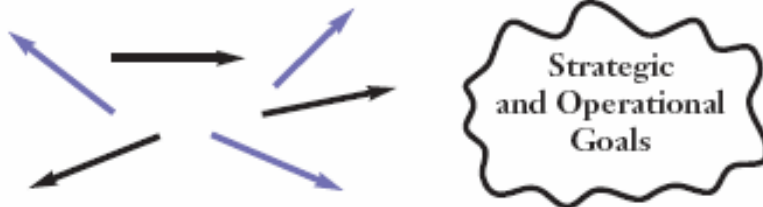
JCAHO Findings

- Accredited
- Provisional Accreditation
- Conditional Accreditation
- Preliminary Denial of Accreditation
- Denial of Accreditation
 - For every recommendation for improvement cited in an organization's Accreditation Report, the organization must complete an Evidence of Standards Compliance (ESC) report.
 - The ESC report is due within 90 calendar days¹³ after an organization's survey.

Baldrige Assessment

Steps Toward Mature Processes An Aid for Scoring Process Items

(1) Reacting to Problems



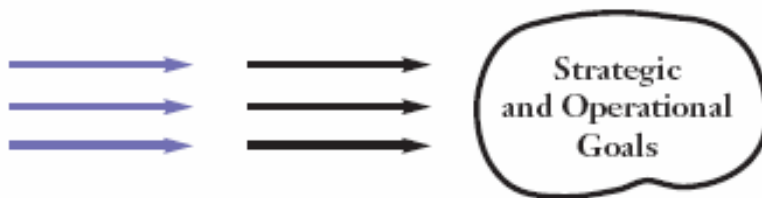
Operations are characterized by activities rather than by processes, and they are largely responsive to immediate needs or problems. Goals are poorly defined.

(2) Early Systematic Approaches



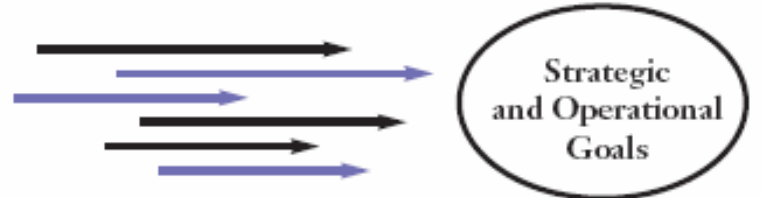
The organization is at the beginning stages of conducting operations by processes with repeatability, evaluation and improvement, and some early coordination among organizational units. Strategy and quantitative goals are being defined.

(3) Aligned Approaches

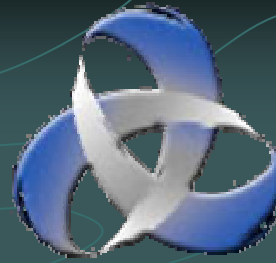


Operations are characterized by processes that are repeatable and regularly evaluated for improvement, with learnings shared and with coordination among organizational units. Processes address key strategies and goals of the organization.

(4) Integrated Approaches



Operations are characterized by processes that are repeatable and regularly evaluated for change and improvement in collaboration with other affected units. Efficiencies across units are sought and achieved through analysis, innovation, and sharing. Processes and measures track progress on key strategic and operational goals.



*Multi*VISION

multiple voices, one vision

To create a seamless, easy, valued and sustainable continuum of healthcare that enhances the experience of our patients, providers, caregivers and employees.

MHS Patient Care

Mission: Quality

Vision: Create a seamless, value-based, sustainable patient experience. Our philosophy: Patients are the center.

Quality

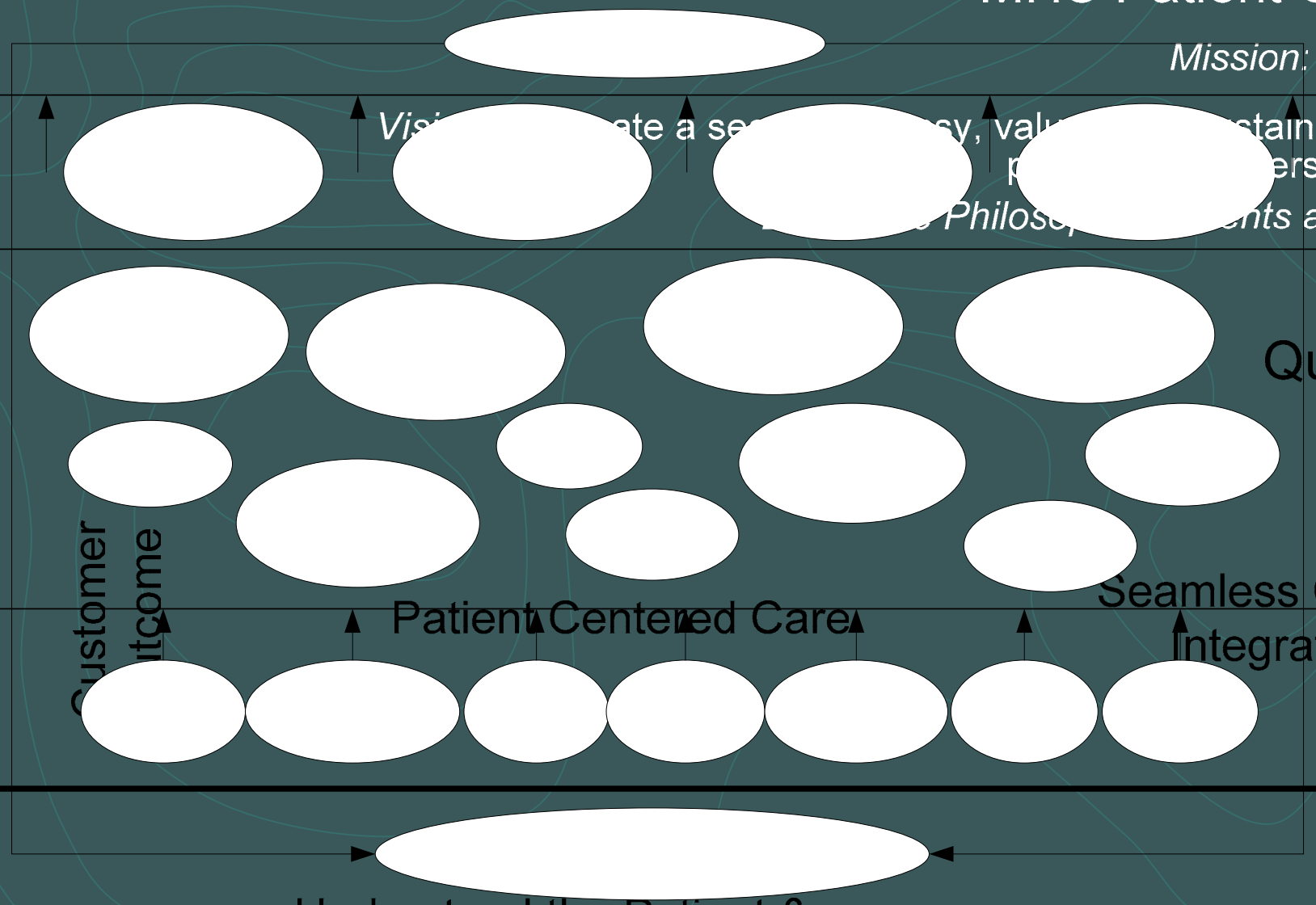
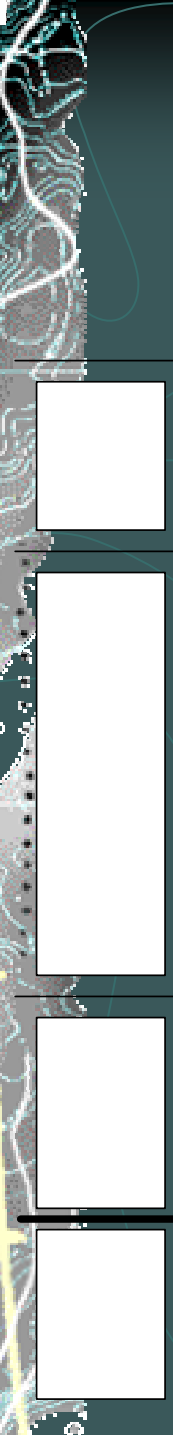
Seamless Clinical Integration

Patient Centered Care

Customer Outcome

Understand the Patient & provide care

Accurate & Complete



Key Strategies

- Board of Director to Front-line alignment of metrics
 - Alignment of the measures with the work at various levels of the organization
- Separate "QA" from "QI"
- Align with Focus Objectives
- Decrease number to increase focus
 - Eliminate current "DRIP" status (Data Rich/Information Poor)

Align Operational and Quality Goals

- Start with Focus Objectives
- Align with the work of the Organization:
 - Forest and Trees Work
 - Patient Centered Care
 - Seamless Clinical Integration
 - Customer Excellence
 - Stunning Clinical Outcomes
 - MultiVision Now
- Move toward one planning process (business plans and performance improvement plans one in the same)

FOCUS OBJECTIVES

• Quality and Safety of Care

Patient
Centered
Care

Stunning
Clinical
Outcomes

Seamless
Clinical
Integration

Customer
Excellence

• Potential and Performance in People

Patient Safety
Goals

OMG Indicators

ED LOS

Organizational

• Financial Performance

Left w/o being
seen

Effectiveness
Survey

Divert Hours
Time to Admit
ICU/CCU LOS

Customer
Complaints
Turnover/Vacancy
Rates

Pediatric &
Women &
Newborn Clinical
Measure TBD

Performance
Evaluations

Board

Receives a 'dashboard' showing overall status of four objectives with progress in achieving the "below" metrics and/or work plans

CEO/Executive Team

Receives the Board level 'dashboard' **plus** the next level of detail for each objective, the status of each of the expected outcomes for the four main objectives

PILOT

Receives the CEO/Executive Team level 'dashboard' **plus** the next level of detail for each objective and expected outcome, the status of each of the main bullets and sub-bullets based on the variance analysis provided for the unit level metrics

Clinical Leadership/Unit Leadership

Receives the PILOT level 'dashboard' **plus** specific metrics/targets related to their unit. This is where unit level staff have discussions regarding where they need to focus to influence on up the chain of results. Variance analysis occurs at this level that is then carried through to the Board level metric.

Layered distribution of our status in achieving our objectives ensures that information is **available and understood** by the individuals who can impact change

Board Quality and Safety of Care

- Patient Centered Care: Patient Safety Index

An example of detailed reporting by layer for:
• Quality and Safety of Care

**CEO/
Executive Team**

Patient Centered Care

- Patient Identification Index*
- Caregiver Communication Index
- Side/Site Surgery Index
- Infection Control Index
- Fall Risk Reduction

PILOT

Patient Identification*

- Percentage of **MHS** staff that use two patient identifiers and when and how to use them
- Percentage of **MHS** staff that use the active time out process

**Clinical
Leadership/Unit
Leadership**

Patient Identification

- Percentage of staff that use and/or can name the two patient identifiers and when and how to use them by **unit**
- Percentage of staff that use and/or can accurately describe the active time out process by **unit**

2006

MULTICARE HEALTH SYSTEM

Aligning Operating and Performance Improvement Planning



MISSION: QUALITY PATIENT CARE

VISION: To create a seamless, easy, valued and sustainable continuum of healthcare that enhances the experience of our patients, providers, caregivers and employees

FOCUS OBJECTIVES

- **Quality and Safety of Care**
- **Integrated System Capability/"Seamless and Easy"**
- Financial Performance
- Potential and Performance in People
- Strategic and Leadership

Clinical Improvement: ORYX Core Measures



Selection of Measures

- National Voluntary Hospital Reporting Initiative (HQI)
 - Section 501(b) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) establishes a financial incentive for certain hospitals to report on the quality of the inpatient care they provide all patients.
- Started with ORYX indicators that aligned with HQI measures
 - Acute Myocardial Infarction, Pneumonia and Heart Failure

Data Collection, Analysis and Interpretation

- Data collection through chart abstraction
- Several opportunities for improvement identified
 - Pneumonia
 - Timing of Antibiotic Administration
 - Pneumococcal Vaccination
 - Heart Failure and Acute Myocardial Infarction
 - ACEI for Left Ventricular Systolic Dysfunction

Dissemination/Transmission and Taking Action

● Clinical Outcomes Group (COG)

- Purpose: Provide oversight and direction for clinical effectiveness processes to enable MultiCare Health System to effectively set priorities, identify opportunities for improvement, and measure and monitor outcomes for clinical improvement and health promotion

Pneumonia

The first diagnosis, Community Acquired Pneumonia, was implemented on October 1, 2004 which emphasized six processes of care identified by the Centers for Medicare and Medicaid guideline.

- Blood Cultures before Antibiotics
- Time to initial antibiotic administration
- Administration of antibiotics consistent with current guidelines
- Pneumococcal (PPV) immunization (inpatient)
- Oxygenation assessment with 24 hours of hospital arrival
- Smoking cessation counseling

Heart Failure

- Heart Failure order sets were implemented in December 2004 that align with the CMS goal to increase the use of the following care processes for patients hospitalized with heart failure:
 - Appropriate diagnostic tests to evaluate left ventricular systolic function (LVSF) in heart failure
 - Angiotensin-converting enzyme inhibitor (ACEI) for heart failure patients with a left ventricular ejection fraction (LVEF) less than 40 percent
 - Smoking cessation counseling during hospitalization
 - Comprehensive discharge instructions to patients hospitalized with heart failure

Monitoring Performance/ Improvement

- Updates at system-level forums
 - Professional Nurse Practice Council
 - Management Forum
 - Nurse Leadership Council (NLC)
 - Performance Improvement Leadership Oversight Team (PILOT)
 - Professional Activities Committee (PAC)
- Incorporated into department level Performance Improvement Plan
- Incorporated into Service Committee Performance Improvement Process

Alignment: Get Everyone on the Same Page

- Align the work of the organization with the Mission, Vision and Values
- Select and evaluate metrics that can be monitored and reported at all levels



Innocent and carefree, Stuart's right hand didn't know what his left hand was doing

Deployment: Communication is Key



- Share the story in a way your audience can hear and understand
- Eight times, eight ways