

# Wright State University Quality Improvement Presentation

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November 2001



# Quality Improvement Program

**Strategic Goals**

**Quality Monitoring**

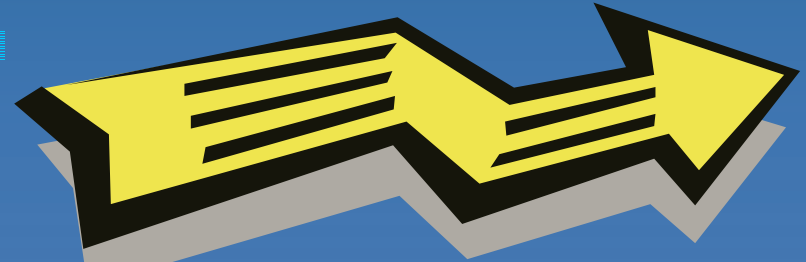
**Quality Methodology**

**Process Improvement Projects**

**Great Outcomes**



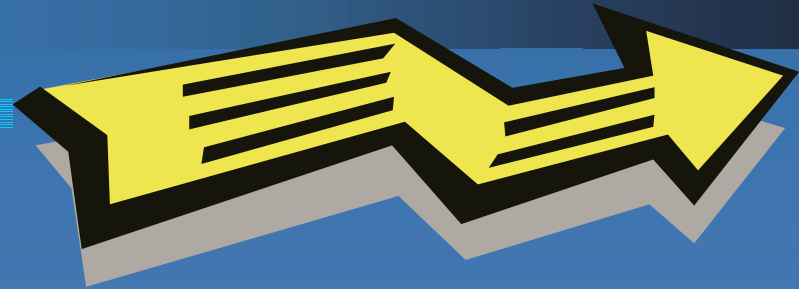
# Quality Improvement Program



Corporate Goals (Key Result Areas)  
Drives Annual QI Direction

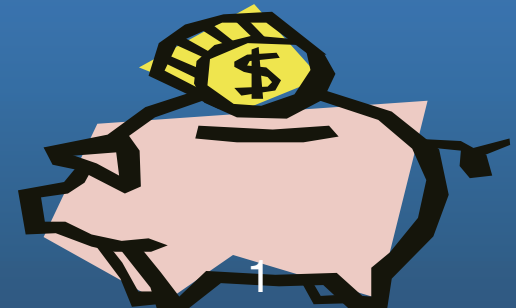
- **Financial Performance**
- **Customer Satisfaction**
- **Clinical/Process Outcomes**
- **Market Share**

# Quality Improvement Program

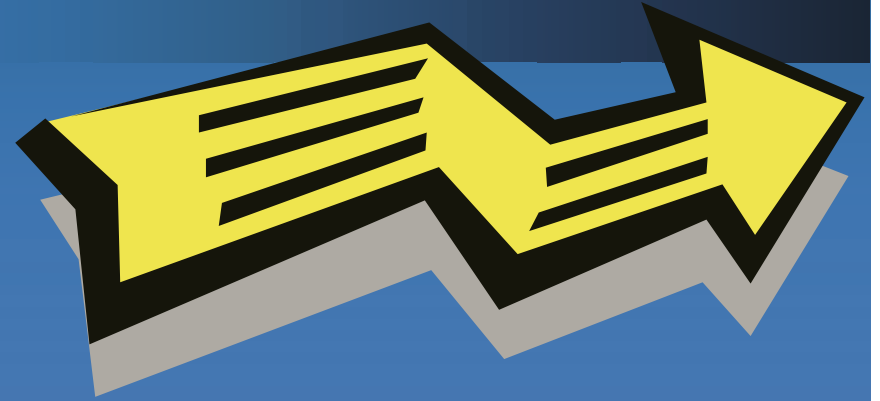


KRA: Financial Performance

Quality Indicator: Operational Efficiency  
Measurement: Cost/Adjusted Discharge  
Monitoring Tool: Premier External  
Benchmarking



# Quality Improvement Program



KRA: Customer Satisfaction

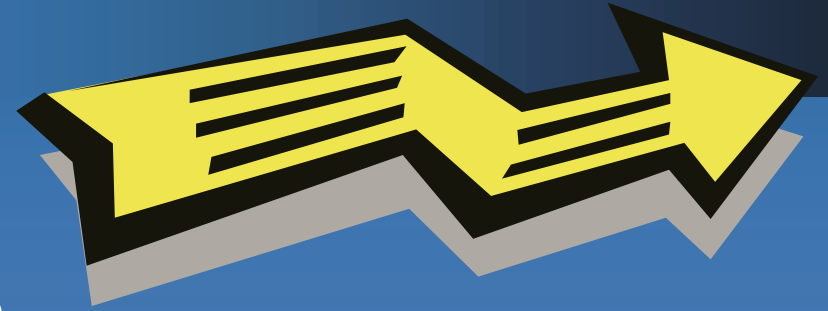
Quality Indicator: Patient Satisfaction

Measurement: Score/Percentile Ranking

Monitoring Tool: Press Ganey External Benchmarking



# Quality Improvement Program



## KRA: Quality of Care

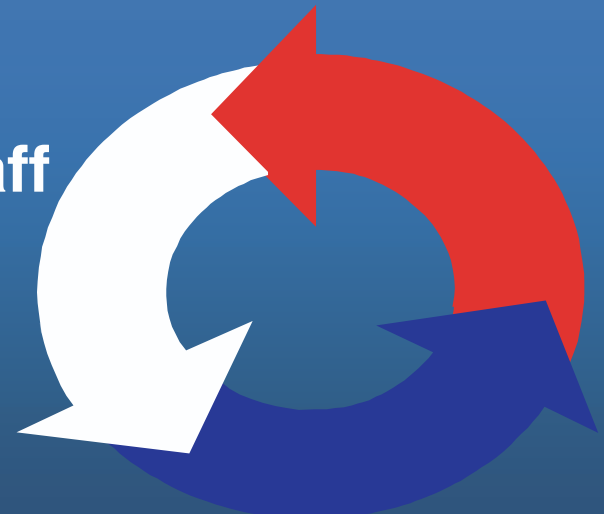
**Quality Measures:** Outcomes & Processes of Care, Clinical & Operational Efficiency, Risk-adjusted Cost per case.

**Monitoring Tools:** Tri-Hi, Anthem, HCIA, ACC Guidelines, PRO Quality Projects External Benchmarking



# Cardiac Services Quality Program

- **Annual quality plan coordinates activities**
  - **Clearly defined reporting:**
    - KRA (strategic goals)
    - Quality monitors from dept plans
    - PI activities
  - **Defines committee & medical staff responsibility**



# Cardiac Services Quality Program

- **Board quarterly report summarizes:**
  - Individual dept quality activity
  - Process improvement project goals & outcomes
  - Strategic corporate activities





# Cardiac Services Quality Program

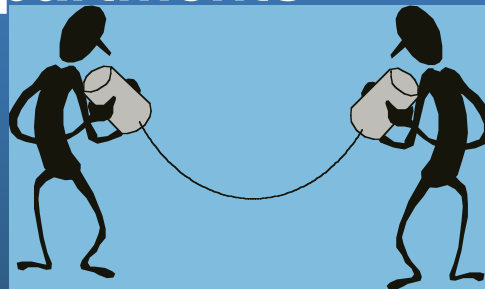
- **QI program integrates all cardiac activities; quality activities focused on targets**
  - **Program: coordinated, multi-disciplinary**
  - **Identifies, assesses, monitors patient care problems & initiates action**

Right on target!



# Cardiac Services Quality Program

- **Proactive program design & findings disseminated**
  - **Physicians on process improvement teams**
  - **Findings & recommendations shared with affected departments**



# Cardiac Services Quality Program



- **Continuous quality improvement**
  - **Methodology: PDCA with standard template**
  - **Multi-disciplinary teams**
  - **Measure, assess & improve outcomes**

# Cardiac Services Quality Program

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- **The PDCA cycle - standardize process; build improvement into everyday operations**
  - **PLAN** improvement
  - **DO** a trial run
  - **CHECK** effects/results of actions
  - **ACT** accordingly

# Cardiac Services Quality Program

- PDCA cycle built into QI template
- “Hits the target”
  - Requires quantifiable baseline measurements
  - Encourages planning BEFORE action
    - Re-measurement
    - Standardize/communicate changes



# Cardiac Services Quality Program

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## ➔ PI STRATEGY - how do we do it?

- Systematically identify opportunities
- Conduct monitoring
- Establish routine reporting and follow-up



# Congestive Heart Failure

QI process improvement project  
1999

## ● CHF team

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- Case management
- Home health
- Medical library
- Medical staff services: family practice, emergency med., Cardiology & internal medicine
- Nuclear medicine
- Nursing pt care
- Nutrition services
- Pharmacy
- Respiratory care
- Quality improvement
- Staff development



# CHF PROCESS IMPROVEMENT PROJECT

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## Problem statement:

- CHF gvh/svh #1 product line
- Alos/charges exceeded local and natl. Norms (adjusted for severity)
- Pt education needs improvement
- ACEI usage low

# CHF PROCESS IMPROVEMENT PROJECT

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## Baseline measurements before process improvement (pi):

<b>Alos:</b>	<b>6.97</b>
<b>Documented pt educ:</b>	<b>40%</b>
<b>ACEI on discharge</b>	<b>47</b>

# CHF PROCESS IMPROVEMENT PROJECT

## CHF interventions:

- Revised care guidelines/standing orders
- Variance tracking On care path
- Case mgmt & home health instruction  
Booklet
- Home health F/U visit re-emphasizes pt  
Education
- O2 weaning protocol initiated

# CHF PROCESS IMPROVEMENT PROJECT

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## MEASUREMENTS BEFORE/AFTER PROCESS IMPROVEMENT (PI):

MEASURES	BEFORE	AFTER
ALOS:	6.97	5.45
DOCUMENTED PT EDUCATION:	40%	79%

# CHF PROCESS IMPROVEMENT PROJECT

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## Improvements to date:

<b>Alos:</b>	↓	<b>22%</b>
<b>Avg. Chg...:</b>	↓	<b>7%</b>
<b>Document pt. Educ:</b>	↑	<b>97.5%</b>

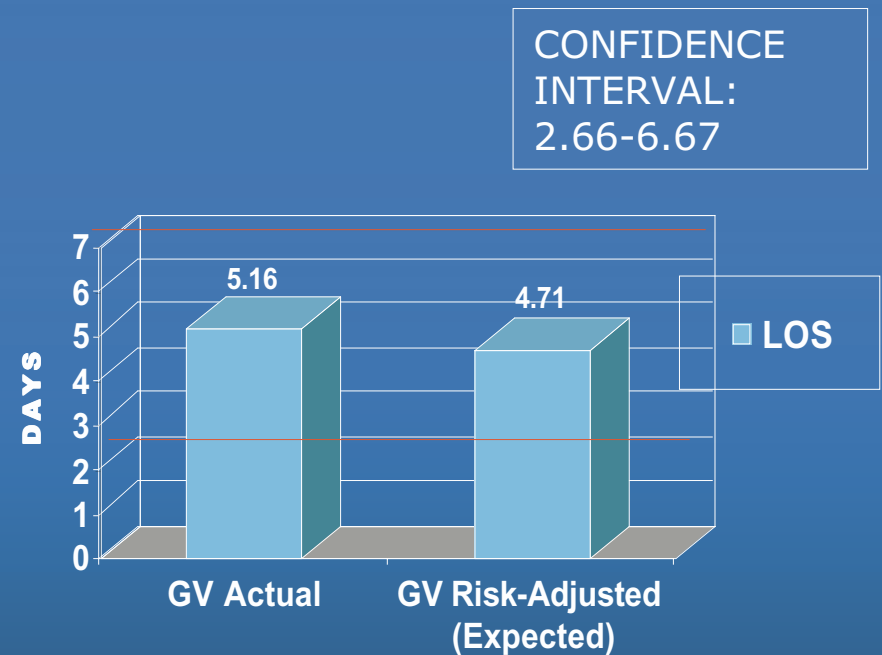
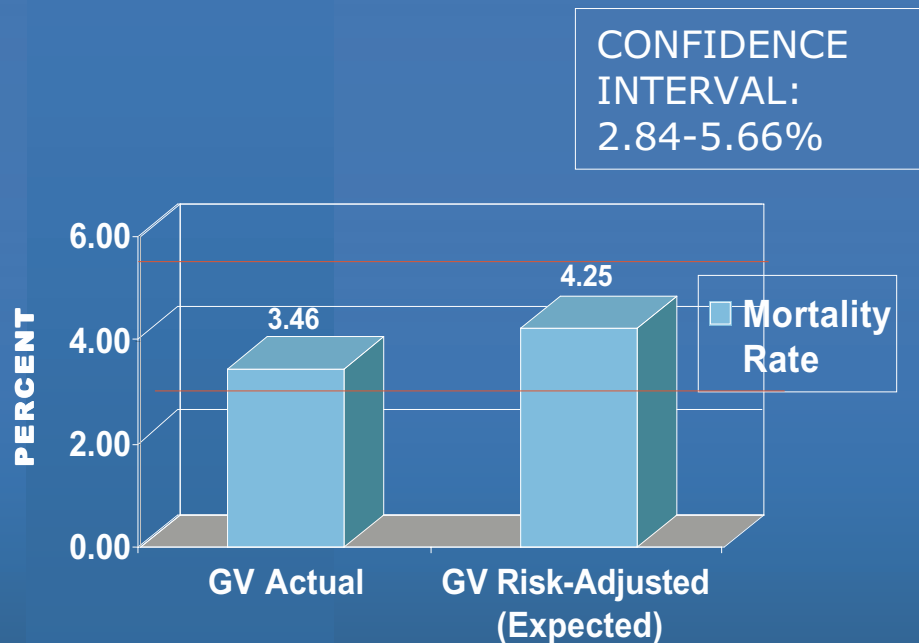
# CONGESTIVE HEART FAILURE

QUALITY/PROCESS  
IMPROVEMENT PROJECT



# Example of PI Projects

TRI HIGH OUTCOMES REPORT CARD -  
DEC 2000 REPORT



GV Mortality & LOS within expected range (Confidence Interval)  
after risk adjustment.

# CHF Processes of Care- GDAHA/OHA Project

- **Preliminary results 1st qtr 2001\***
- **Ace prescribed at discharge 96%**
- **Discharge instruction F/U 100%**
- **Discharge instruction meds 97%**
- **Disch instruct in med record 100%**
- **CHF pts w/standing orders 77%**

\*Of eligible patients

Grandview Hospital  
**AMI/PTCA**



**MARCH 6, 2001**

**A CLINICAL MULTIDISCIPLINARY  
PROCESS IMPROVEMENT  
PROJECT**



# Example of Comparative Outcomes

- Clinical Outcome Data Compared to Benchmarks

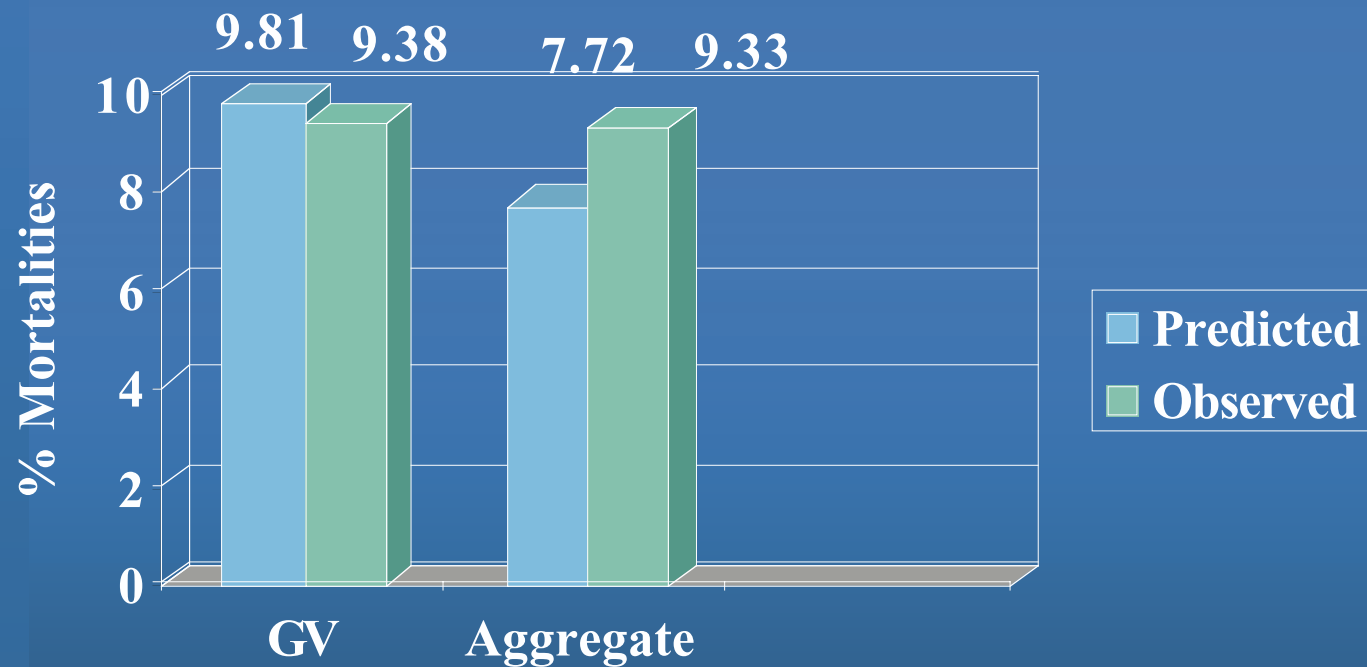
## AMI MORTALITY RATES

AMI MORTALITY	1999 RATE:	2000 RATE:
<b>Anthem Criteria</b>	<11%	<11%
<b>Anthem Points</b>	4 (possible 4)	4 (possible 4)*
<b>GV Actual Rate</b>	6.9%	4%

\*Question not scored in 2001

# Example of Comparative Outcomes

## AMI Risk-Adjusted Mortality Rates 1999-2000 Dayton Area



# *PTCA*

## Team Members



- Charles McIntosh, D.O.
- Thomas Ruff, D.O.
- James Laws, D.O.
- Troy Tyner, D.O.
- Douglas Stahura, D.O.
- Diane Setty, QI
- Lisa Seitz, QI
- Susan Alfano, QI
- Diane Sanquenetti, CM
- Heather Demetriades, CM
- Jeff Clendenin, CM
- Mark Ferrell, Cath Lab
- Matt Kauflin, Pharmacy

# PTCA

## Performance Indicators

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- ALOS
- Avg. Cost
- Mortality In hosp.
- Use of Care Path
- Care Path Variances
- Indications
- Door to Data
- Data to Dilation
- Door to Dilation

# PTCA

## Goals/Benchmarks



- Length of Stay: 3 days
- Expected Costs: HCIA benchmark
- Mortality Outcome: As Expected
- PTCA - Door to Dilation: < 90 min.
- Use of Care Path: 100%
- PTCA Indications: 100%

# Example of PI Projects

*PTCA*

*Currently in Progress*



## Enabling Solutions Proposed

- Squads initiate call-in of EKG results enroute
- Initiate ED AMI notification via alpha-numeric pager
- Implement 5 min ED return call policy
- Reevaluate chest pain protocol
- Identify PTCA Indications from ACC guidelines
- Develop tool for data to balloon intervals
- Create care path w/standing orders
- ID high cost revenue ctrs
- Maintain std. Heart Cath tray for evening hours
- Evaluate Cath Lab tech on site/on call for evening hrs.

# Cardiac Services Quality Program

- Patient education -every step of the way!
  - P.A.T
  - Pre-operative
  - Post-operative
  - At discharge
  - Post discharge

***Minimize Risk Factors!***

***Stop Smoking  
Know Signs &  
Symptoms***

***Modify Diet: Reduce Fat  
& Cholesterol***

***Start exercise program***

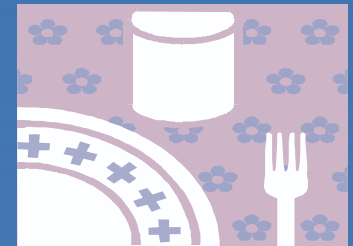


# Cardiac Services Quality Program



## Education provided

- Nutritional guidance
- Smoking cessation
- Causes & symptoms
- Exercise
- Importance of medicines





# Quality Improvement Program

**Strategic Goals**

**Quality Monitoring**

**Quality Methodology**

**Process Improvement Projects**

**Great Outcomes**



# Cardiac Services Quality Program

