NATIONAL QUALITY GOALS

**Safe** – avoiding harm to patients from care that is intended to help them.

**Effective** – providing services based on scientific knowledge and which produce a clear benefit.

**Person-centered** – providing care that is respectful or responsive to individuals’ needs and values.

**Timely** – reducing waits and sometimes harmful delays.

**Efficient** – avoiding waste.

**Equitable** – providing care that does not vary in quality because of a person’s characteristics.
QUALITY GOALS

National Quality & Patient Safety

- Reduce Mortality
- Decrease Hospital Acquired Conditions
- Improve Through Put (LOS)
- Decrease Cost
- Improve Patient Satisfaction with Care
- Improve Outcomes
QUALITY GOALS

Facility

Practice Plan
REPORTING QUALITY BENCHMARKS

CMS
NHSN
Vizient
AHCA
Magnet
Registries / Certification

Through put / Efficiency
Patient Satisfaction Surveys
- Press Gainey
- Sullivan-Luallin
Best Practices
Payors
MACRA

trauma, stroke, stemi etc
QUALITY GOALS

Facility

- Reduce Mortality
- Decrease Hospital Acquired Conditions
- Improve Through Put (LOS)
- Improve Patient Satisfaction with Care
- Reduce Re-admissions
- Decrease Cost
- Improve Outcomes
<table>
<thead>
<tr>
<th>Goal</th>
<th>Weight</th>
<th>Source of Management</th>
<th>Performance Ratings</th>
<th>Current Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Increase HCAHPS domain scores</td>
<td>25%</td>
<td>HCAHPS Compliance Chart (average 8 domain scores for the fiscal year)</td>
<td>&lt;70.2%</td>
<td>70.2%</td>
</tr>
<tr>
<td>• Decrease Central line associated bloodstream infections (CLABSI) per 1000 line days</td>
<td>10%</td>
<td>Infection Prevention Department Report using NHSN definitions</td>
<td>&gt;2.2/1000</td>
<td>2.0/1000</td>
</tr>
<tr>
<td>• Decrease catheter associated urinary tract infections (CAUTI) per 1000 catheter days</td>
<td>10%</td>
<td>Infection Prevention Department Report using NHSN definitions</td>
<td>&gt;2.1/1000</td>
<td>2.1/1000</td>
</tr>
<tr>
<td>• Mortality</td>
<td>15%</td>
<td>Vizient O/E Mortality Report</td>
<td>&gt;1.0</td>
<td>.95</td>
</tr>
<tr>
<td><strong>Finance:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Meet budget target as of June 30, 2017</td>
<td>20%</td>
<td>Financial Reports</td>
<td>&lt; target</td>
<td>target</td>
</tr>
<tr>
<td>• Reduce ALOS for Acute and Observation Admissions as of June 30, 2017, compared to June 30, 2016 (year-to-date) by 2% (4.64) OR reduce Observed to Expected ALOS index to at least .95.</td>
<td>10%</td>
<td>Month-end statistics that derive from the Daily Trend report / Vizient O/E ALOS Quarterly Report</td>
<td>&gt;4.64 days OR O/E Index &gt;=1.0</td>
<td>4.64 days OR O/E Index = .95</td>
</tr>
<tr>
<td><strong>People:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Meet turnover targets from July 1, 2016 to June 30, 2017</td>
<td>10%</td>
<td>Turnover Report</td>
<td>&gt;15.0%</td>
<td>13.0% – 15.0%</td>
</tr>
</tbody>
</table>
VIZIENT QUALITY GOALS / AMC COMPARISON

- Mortality: 25%
- Safety: 25%
- Effectiveness: 20%
- Patient Centeredness: 15%
- Efficiency: 10%
- Equity: 5%
VIZIENT DASHBOARD FY16
WHAT WE ARE DOING TO MEET OUR GOALS

Mortality QM review
Sepsis program
Decath Protocol for CAUTIs
CLABSI programs
Reductions in
  - Falls
  - Pressure Ulcers
  - DVT / PE
  - Iatrogenic PMTx
  - Surgical Infections

Handwashing Compliance
C Diff and MRSA reduction programs
Flu vaccination for pts & staff
Decreasing NICU complications
Decreasing elective C-sections <39 wks
Improving early breast milk feedings
Scheduling patient appointments prior to D/C

Patient Education

CARE COORDINATION
  Outpatient to Inpatient
  Inpatient to Outpatient
RESIDENT INVOLVEMENT IS CRITICAL
BUT IT CAN’T HAPPEN WITHOUT FACULTY

Setting the expectations
Following up on the goals (order sets, sepsis alerts)
Communicating the WHYs
Working on QM reviews
Leading the progress