VHA

Results are just the beginning

Improving Hospital Quality in a Challenging Economic Climate

January 22, 2010

NEW ORLEANS

NDNQI
NATIONAL DATABASE OF NURSING QUALITY INDICATORS

New Orleans Welcomes the

ANA
AMERICAN NURSES ASSOCIATION

January 20-22, 2010

Thank you ANA for coming to New Orleans!

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NDNQI Conference Goals – Our Emphasis

1. ***Identify the impact of the Nursing Workforce on Patient Outcomes***
2. Illustrate how electronic health records can be used to collect data for quality improvement and for decision support in providing best practices
3. ***Describe successful innovations employed to improve patients outcomes and reduce hospital acquired conditions, such as pressure ulcers, falls, and nosocomial infections***
4. Recognize statistics, reporting and dissemination approaches that optimize staff understanding of the information presented
5. Identify successful strategies using NDNQI data for nursing administration that demonstrate the value of nursing

Session Goals

1. **Recognize how hospitals are able to improve hospital quality given today's economic climate**
2. **Identify quality improvement strategies employed from small to large hospitals**

Lets Spend Some Time Together: Agenda

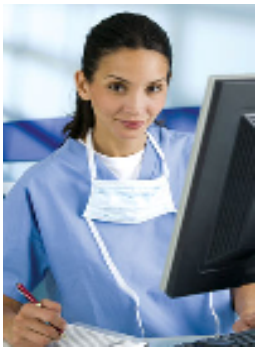
Segment 1 (Lillee): Setting the Stage
- The State of the State
- Why Focus

Segment 2 (Charles): Clinical Improvement at VHA
- VHA Clinical Member Services Unique Strategy
- VHA's Blueprints and NDNQI Alignment
- VHA Member Performance

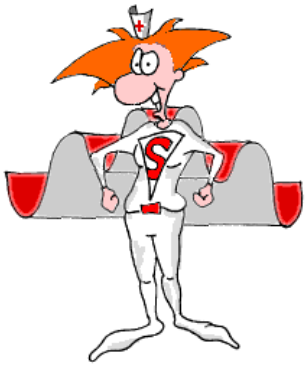
Segment 3 (Lillee): New Eyes, New Vision
- The Importance of Culture
- Understanding Micro-culture
- Quantitative vs Qualitative Improvement
- Documenting Culture
- Honing Our Skills: Seeing Differently

Setting the Stage

Presentation Framework: Pictures Say a Thousand Words

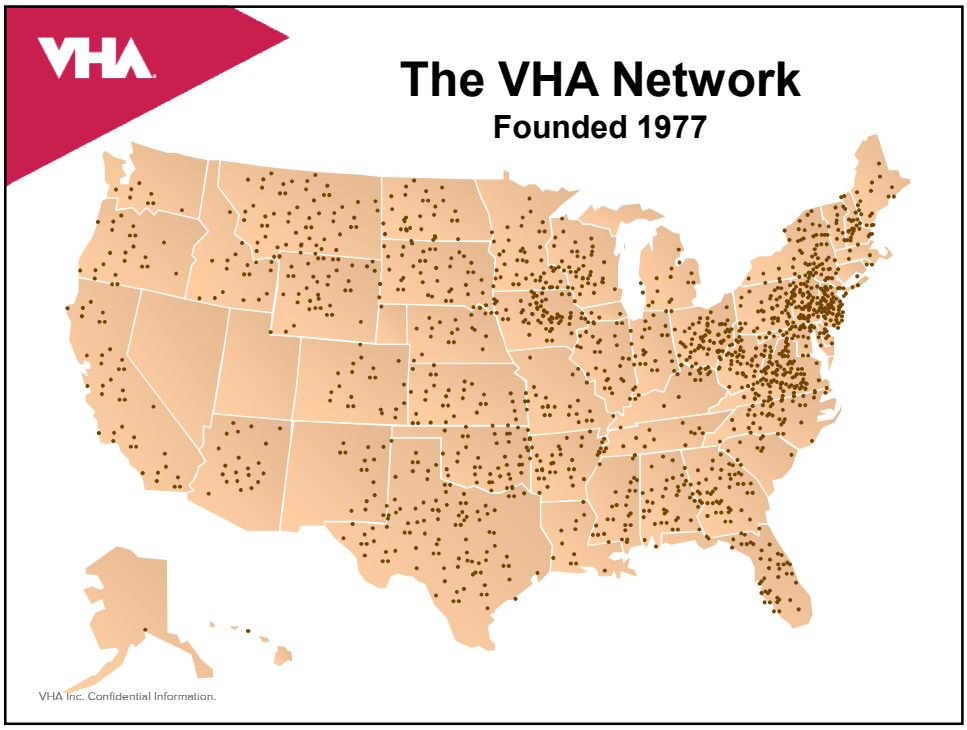


What's it like for you?



The Nursing Leader's Job Description


NDNQI
NATIONAL DATABASE OF NURSING QUALITY INDICATORS
Rhythms in Quality
4th Annual 2010 Data Use Conference
January 20 - 22, 2010
Sheraton New Orleans Hotel
New Orleans, LA
Toulouse
Bourbon
VHA Inc. Confidential Information.


The VHA Network
Founded 1977
VHA Inc. Confidential Information.

VHA Regions

Connecting by Geography

Why is Nursing and Patient Care Important to VHA? Look at the Size of The VHA Network!!

- 175,000 physicians
- 20% of total employed acute care RNs in the U.S.
- 1.1 million employees
- 9.8 million admissions
- 1.2 million births
- 7.7 million surgeries
- 1339 acute care hospitals
- 29,835 health care entities
- 28% of all U.S. community owned hospitals
- 30% of all U.S. healthcare revenue

Source: SMG Marketing Group Inc.

COMPUTERWORLD 100 BEST PLACES TO WORK IN IT 2009

100 Best Places to Work in IT 2009

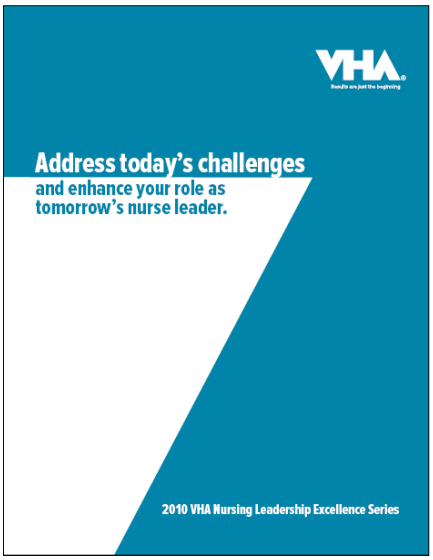
These top-rated IT workplaces combine choice benefits with hot technologies and on-target training. Our 16th annual report highlights the employers firing on all cylinders.

MODERN HEALTHCARE BEST PLACES TO WORK

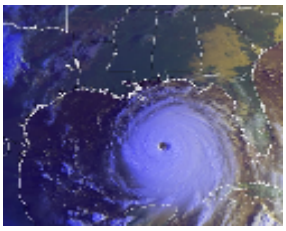
Who's in the VHA Network?

Our Lady of the Lake Regional Medical Center – The Spirit of Healing
Ochsner – Healthcare With Peace Of Mind
Woman's Hospital
Saint Luke's Health System
Baptist Memorial Health Care
Sutter Health – With You. For Life.
Crozer Keystone
Baylor Health Care System
BJC HealthCare
Mayo Clinic
University of Pennsylvania Health System
MedStar
Hartford Hospital
NewYork-Presbyterian – The University Hospital of Columbia and Cornell
Partners HealthCare
St. Tammany Parish Hospital
Lifespan
Cedars-Sinai
Memorial Hermann
Dartmouth-Hitchcock
Sentara
DF/HCC – Dana-Farber / Harvard Cancer Center
Lahey Clinic
Yale New Haven Health
Willis-Knighton Health System

VHA: Serving Nursing Leaders since 1986



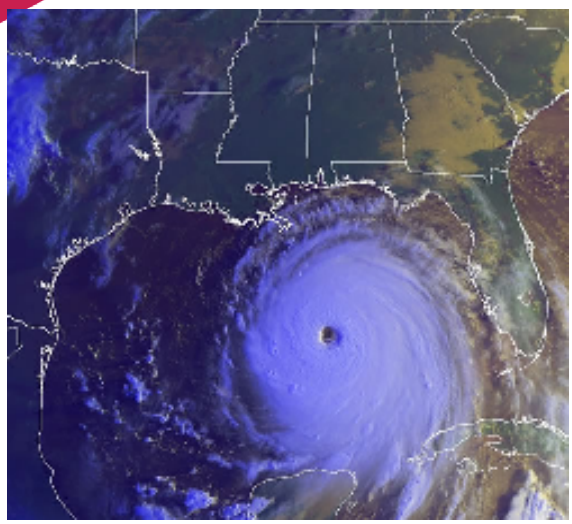
The State of the State: The Economy, Hurricanes and Nursing



Nursing Today: In The Eye of the Storm….Again

Family Refugees

Did we really know what was coming?



In 2005:
11th named tropical storm
4th Hurricane
1st Category 5
$75 Billion in damages
~~1,383~~ died (now 1500+)
New Orleans –
80% underwater

We thought we had escaped it…… until the levee's broke

Fires Underwater…is "The Burning Platform" metaphor which equates to destruction we can't see

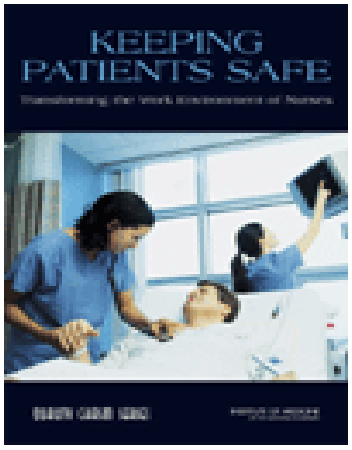
We're drowning in error, high costs, inefficiency and workforce dissatisfaction

We were unprepared……..

Marc & Lillee's Wedding Rehearsal Dinner was Here….

Today's Economic Climate

Keeping Patients Safe: Transforming the Work Environment of Nurses



Institute of Medicine Committee on the Work Environment for Nurses & Patient Safety

To order: www.nap.edu

Reality: You Can't Always Get What You Want!

**But if you try sometime, yeah, you just might find…..
you get what you need.**

How's the Economy Affecting Your Hospital?

- Layoffs?
- Trying to preserve RN jobs while eliminating non-care giver roles first?
- Management layers reduced?
- Support staff reduced (which has a negative impact on nursing that has to pick up the work)?

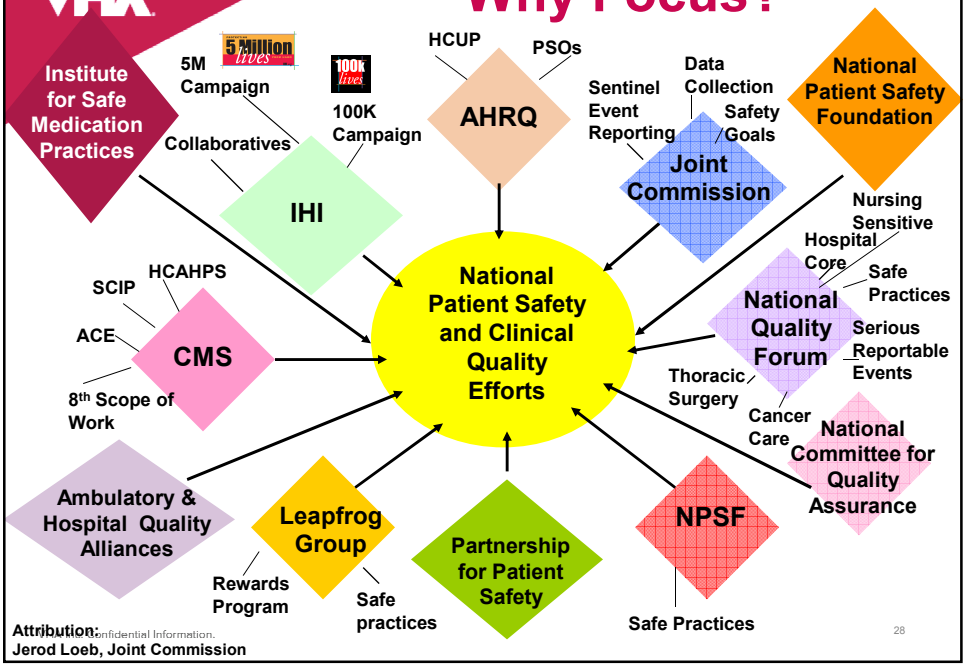
- Bottom line performance impacted by decreased elective surgery, fewer patients with procedures that have co-pays, higher uncompensated care?
- "Elective surgery dropping like a rock"
- Lots of end of year surgery to capitalize on deductibles for the year being met?

How's the Economy Affecting Your Hospital?

- Delayed renovation/building programs due to credit issues/higher interest rates?
- Capital equipment purchasing halted?
- Anything requiring "normal scheduled maintenance" delayed?
- Patient safety concerns as antiquated equipment and facilities aren't being replaced as previously planned?
  - Impact on nursing: older monitors/pumps/beds/equipment affect care efficiency, require more time to use, frequently broken down, poor patient satisfaction (especially with older beds)

- Stealing – impacting patient care, staff morale, patient satisfaction and security?
  - Families/visitors eating patient food
  - Nurses and materials managers report increasing theft. Open kitchens/coffee areas hard to keep stocked.
  - Nurses who change into scrubs at work report shoes stolen
  - Wallets/credit cards/ etc….stolen from patients and staff.

Why Focus?



Attribution:
Jerod Loeb, Joint Commission

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Why the focus on safety?

- The 1999 IOM report surfaced serious problems
- Despite the attention -- there is little evidence that things have improved
- Greater call for accountability from consumers and regulators
- Increasingly important from a financial perspective
- Events can happen anywhere, anytime
- Patient safety is different from quality
- It's the right thing to do

So, How Are We Doing?

- **Little Evidence that Patients Are Safer**
- Liability claims have not decreased
- Sentinel events have not decreased
- Incident reports have significantly increased
- No change in nosocomial infections in 15 years

"Why are people forced to get care in unsafe hospitals, healthcare has failed the consumer."
– Forbes 2007

Safety ≠ Quality

- Low frequency of incidents
- Multi-factorial causation
- Potential for immediate serious harm or injury
- Process is only part of the problem
- Strongest counter-measures are *cultural* not technical

Do you have separate Quality & Safety Plans? Specifically call out worker/physician safety?

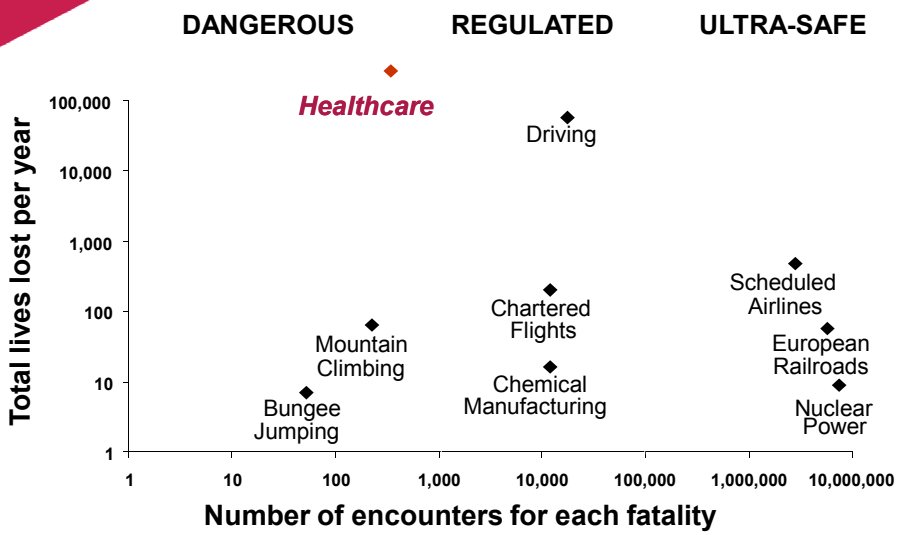
Risks in Hospital Care

- ***Risk*** is the product of the frequency of the unsafe event ***times*** the severity of the potential adverse outcome
- In health care and all other industries studied, 80% of adverse outcomes are the result of human errors
- While most errors in health care are *low* risk, the frequency is high resulting in an overall harm rate of about 20% of discharges

Risks in Hospital Care

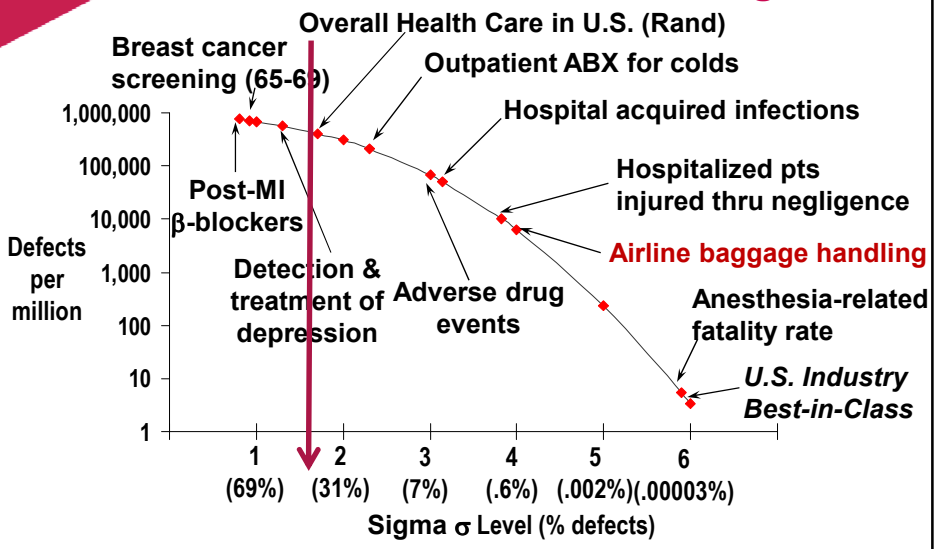
- If health care associated infections are included, there may be as many as 200,000 resultant deaths annually in the United States
- The risk of injury from hospitalization is comparable to the risk of mountain climbing

How hazardous is health care?



Modified from Brent James, Intermountain Health Care, 2001

Healthcare Quality Defect Rates Occur at Alarming Rates



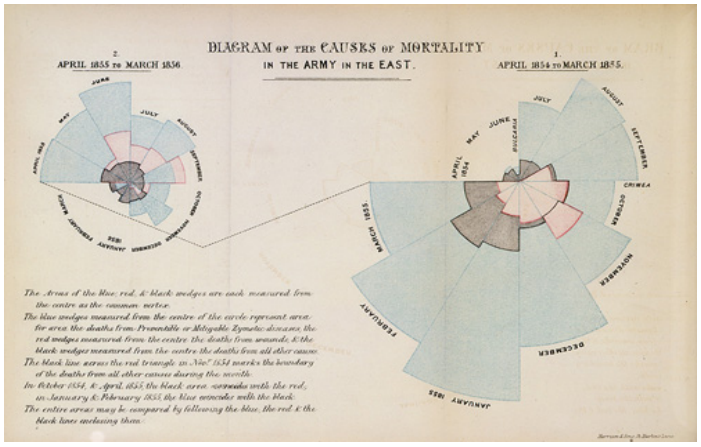
Source: C. Buck, GE

Not New News…..

"It may seem a strange principle to enunciate as the very first requirement in a Hospital that it should do the sick no harm."

Florence Nightingale, Notes on Nursing, 1859

Performance Then: Polar Area Diagram or Circular Histogram



"Diagram of the Causes of Mortality in the Army in the East", *Notes on Matters Affecting the Health, Efficiency, and Hospital Administration of the British Army,* sent to Queen Victoria in 1858.

Care Then:
Depiction of Florence Nightingale Providing Nursing Care to Crimean War Soldiers

Florence Nightingale Museum, London, England

Care Now

HEALTH AFFAIRS
The Policy Journal of the Health Sphere

Health Affairs, 25, no. 1 (2006): 204-211
doi: 10.1377/hlthaff.25.1.204

Health Tracking

MARKETWATCH

Nurse Staffing In Hospitals: Is There A Business Case For Quality?

Jack Needleman, Peter I. Buerhaus, Maureen Stewart, Katya Zelevinsky and Soeren Mattke

We construct national estimates of the cost of increasing hospital nurse staffing and associated reductions in days, deaths, and adverse outcomes. Raising the proportion of nursing hours provided by registered nurses (RNs) without increasing total nursing hours is associated with a net reduction in costs. Increasing nursing hours, with or without increasing the proportion of hours provided by RNs, reduces days, adverse outcomes, and patient deaths, but with a net increase in hospital costs of 1.5 percent or less at the staffing levels modeled. Whether or not staffing should be increased depends on the value patients and payers assign to avoided deaths and complications.

New Online
- Beyond the Public Plan
- Public Plan: Not Worth Risk
- Lessons from Medicare
- Cutler on Health Industry
- Patient-Centered Care
- Hospital Spending

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Care Now

Safety Performance Now…Wow

Nuclear Power:	> 7 sigma
Commercial Aviation:	7 sigma
NASA:	7 sigma
Military Aviation:	6 sigma
Healthcare:	2 - 3 sigma for patients
Healthcare:	3 sigma for staff

Injury Pyramid – ALCOA

A good way to think about & adverse outcomes is that the few we see & track represent only a tiny fraction of the overall number and potential injuries from a given human behavior.

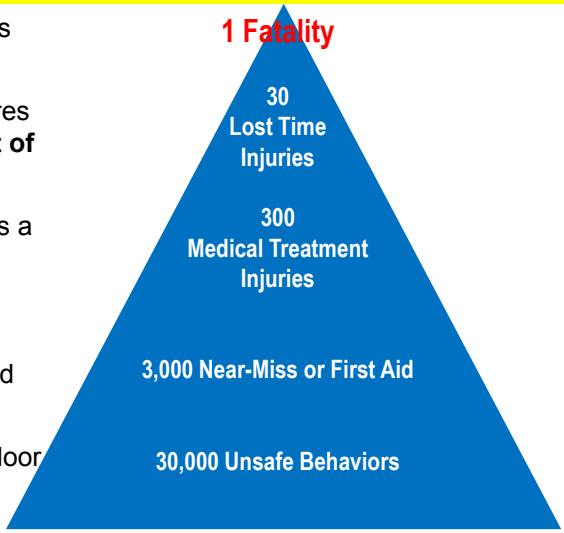
Employee slips on floor hits head and **dies.**

Employee slips and fractures their arm. **Two weeks out of work.**

While falling, employee hits a piece of machinery and lacerates their hand. **Five sutures.**

Employee slips on floor and **bruises their hip.**

Employee spills water on floor and **walks away.**



YIKES! Change the Conversation!!

Clinical Improvement at VHA

VHA Clinical Member Services Strategy

- Leverage the network
  - Rapid Adoption Networks™
- Share leading practices
  - Leading Practices Portal™
  - Leading Practice Blueprints™
  - Education and Coaching

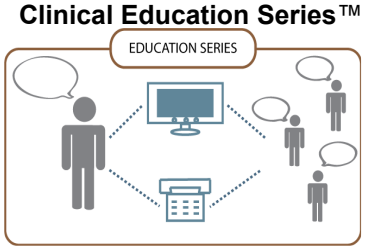
Enable VHA members achievement of better performance by integrating qualitative approaches into our clinical improvement offerings

VHA's Clinical Improvement Services provide members with multiple methods to address clinical improvement challenges.

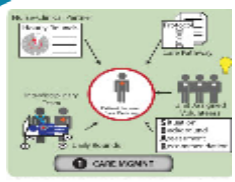
Rapid Adoption Networks ™

Leading Practices Portal ™ & Leading Practice Blueprints™

Clinical Education Series™

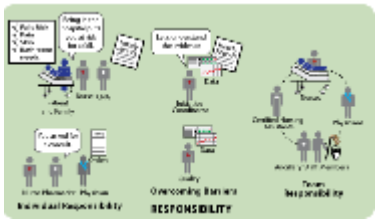


What's in a Leading Practice Blueprint ™



Profile

Clinical Practice



Culture

Cedars-Sinai Health System

Increasing Nursing Time at the Bedside

Reason for Selection

Information-based selection from VHA regional office submissions and/or limited regional or local data sets.

Achievement

Managing the trilogy of care, communication, and supplies focusing on the patient.

Los Angeles, CA

VHA West Coast, LLC

Patient Days:	290,704
Discharges:	52,207
Bed Size:	887
Teaching:	Yes
Urban:	Yes

Leading Practices Blueprints ™

CMS Process of Care Measures (25)

- AMI7a: Fibrinolytic agent within 30 mins (2)
- AMI8a: PCI rcvd w/i 90 minutes of arrival (5)

- HF1: Heart failure dx instructions (5)

- PN2: Pneumococcal vaccination (3)
- PN5c: Initial abx rcvd within 6 hours of hospital arrival (5)

- SCIP-Inf-3a: Abx dc'd within 24 Hours (2)
- SCIP-VTE (3)
  - SCIP-VTE-1: Surg pts w/ recommended VTE prophylaxis ordered
  - SCIP-VTE-2: Surg pts who rcvd appropriate VTE prophylaxis within 24 hrs prior to surgery to 24 hrs after surgery

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Leading Practices Blueprints ™

CMS HCAHPS Measures (15)

- Discharge Instructions (4)
- Nurse Communication (2)
- Pain Well Controlled (4)
- Patient Received Help (1)
- Room Clean (1)
- Staff Explained Medications (3)

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Leading Practices Blueprints ™

Patient Safety Measures (27)

- Birth Trauma (2)
- Medication Reconciliation (2)
- MRSA (2)
- Sepsis (2)

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Leading Practices Blueprints ™

Patient Safety Measures, continued (27)

- ***Central Line-Associated Blood Stream Infections* (3)***
- ***Catheter-Associated Urinary Tract Infections* (4)***
- ***Patient Falls* (3)***
- ***Pressure Ulcers* (5)***
- ***Ventilator-Associated Pneumonia* (4)***

*** NDNQI focus areas**

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Leading Practices Blueprints ™

Additional Topics and Measures (6)

- ED Throughput (4)
- retuRN to care ™ (2)
  - ➢ *VHA's Leading Practice blueprints based on the "Transforming Care at the Bedside (TCAB)" initiative and the "Relationship-Based Care" delivery model*

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Clinical Improvement Services Participation & Utilization

Leading Practice Platform ™

Unique Users	7,710
VHA Organizations	95%
Blueprint Hits	41,000

Leading Practice Blueprints ™

Total Published (12/09)	73

Education and Coaching

Archived vhatv Broadcasts	52
Average Program Attendance	3,000
Average Program Satisfaction	8.67

Rapid Adoption Networks ™

RAN 2.0	14
Member Hospitals	139
Participants	482
Average Satisfaction	9.6

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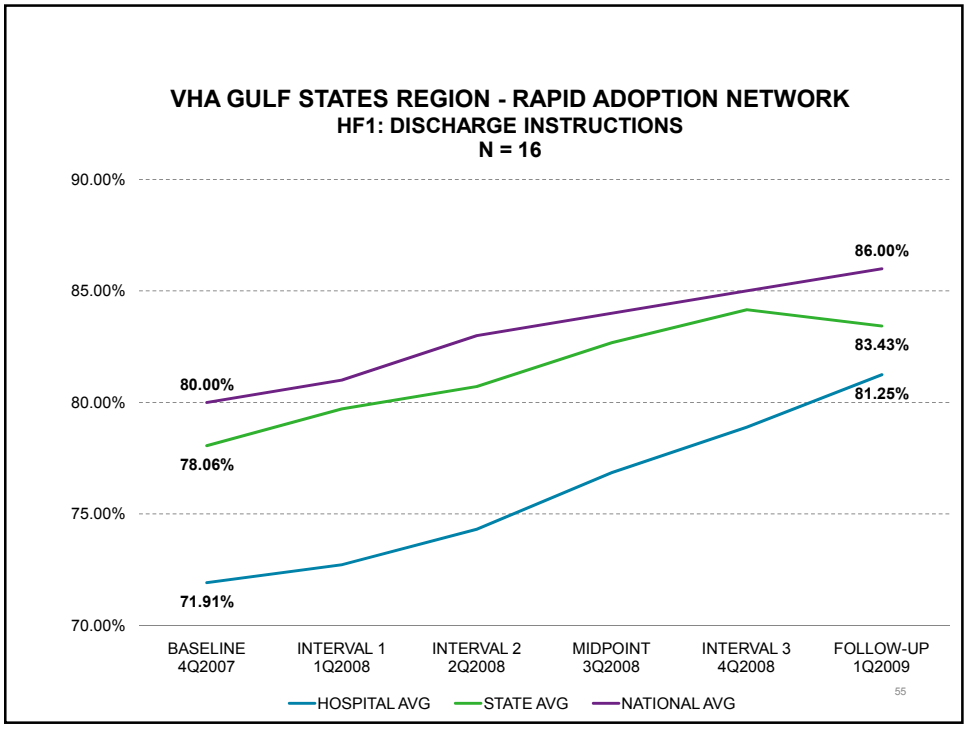
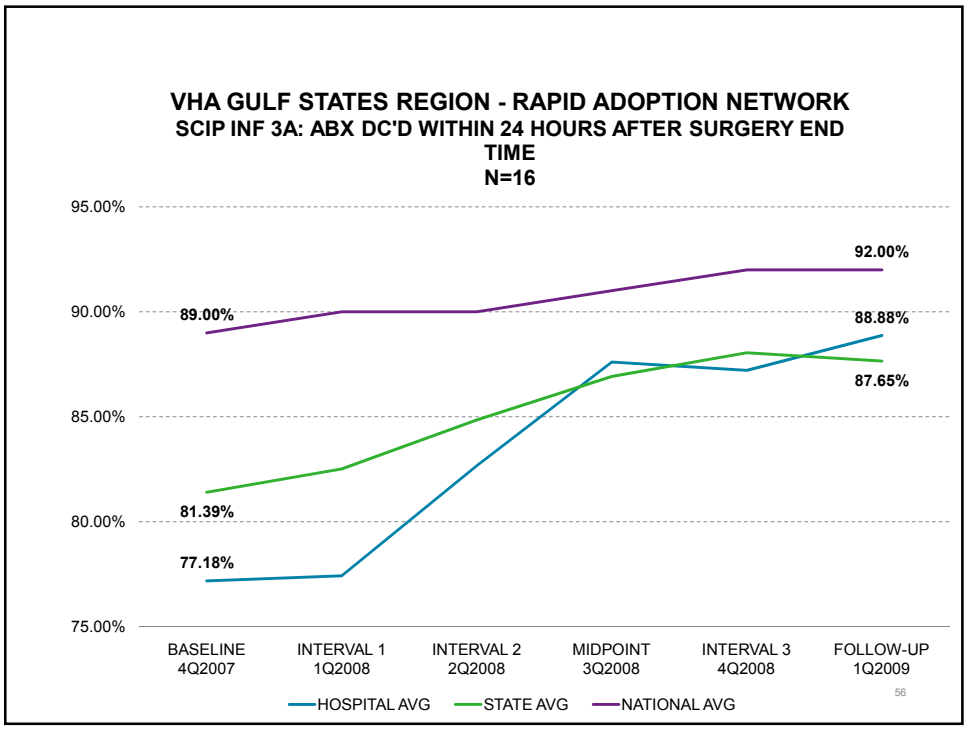
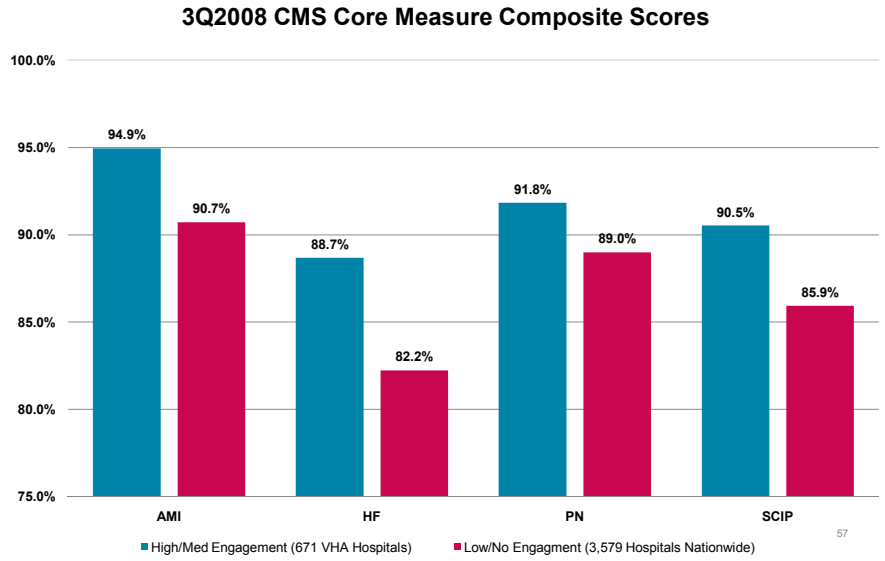

VHA GULF STATES REGION - RAPID ADOPTION NETWORK
HF1: DISCHARGE INSTRUCTIONS
N = 16
90.00%
85.00%
80.00%
75.00%
70.00%
86.00%
83.43%
81.25%
80.00%
78.06%
71.91%
BASELINE 4Q2007
INTERVAL 1 1Q2008
INTERVAL 2 2Q2008
MIDPOINT 3Q2008
INTERVAL 3 4Q2008
FOLLOW-UP 1Q2009
55
HOSPITAL AVG
STATE AVG
NATIONAL AVG


VHA GULF STATES REGION - RAPID ADOPTION NETWORK
SCIP INF 3A: ABX DC'D WITHIN 24 HOURS AFTER SURGERY END TIME
N=16
95.00%
90.00%
85.00%
80.00%
75.00%
92.00%
89.00%
88.88%
87.65%
81.39%
77.18%
BASELINE 4Q2007
INTERVAL 1 1Q2008
INTERVAL 2 2Q2008
MIDPOINT 3Q2008
INTERVAL 3 4Q2008
FOLLOW-UP 1Q2009
56
HOSPITAL AVG
STATE AVG
NATIONAL AVG

VHA Member Performance & Leading Practices Portal ™ Engagement



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Success Stories

"The blueprint is a fantastic launching point for a clinical quality improvement initiative. The value of the process was grabbing good ideas and integrating them into our final approach"

Jamie Kirsch, Director of Data Quality Management
Jennings American Legion Hospital (Jennings, LA)

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New Eyes, New Vision

Improving our Skills

Observing for Understanding: Culture Matters

Eliminating error is impossible: Identifying and eliminating risks is possible

A. Slips and lapses

B. At risk behavior
   1. Drift
   2. Lack of awareness
   3. Complacency

C. Mistakes:
   1. Skill based mistakes: routine activities
   2. Rule based mistakes: first level problem solving
   3. Knowledge based mistakes: complex problem solving

Source: Reason, 1992.

Strategies for detecting errors

- Self detection: Works best for slips and lapses
- System based detection: Works best for predicable failures
- Detection by others: Works best for at risk behavior and rule based mistakes

Source: Reason, 1992

Every job is supported within a micro-culture

Setting: Size of room; arrangement of equipment; availability of resources, communications, transportation

People: Number, level, communication style

Environment: Light, noise, odors, temperature

Actually doing work as it relates to expectations and standards

Video #1

VHA Foundation

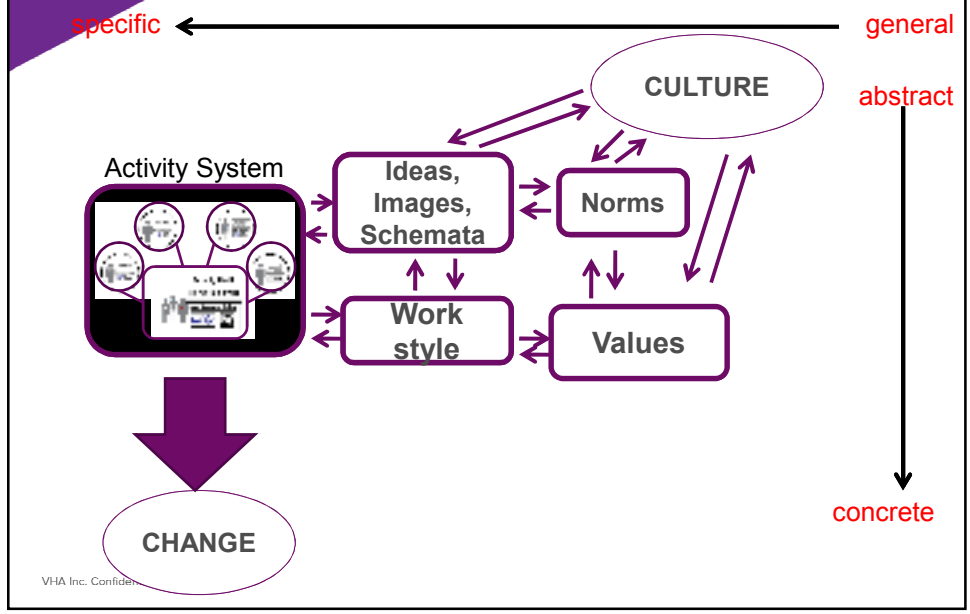
Methods for detecting safety issues

Quantitative: Serious safety event rate; malpractice claims, chart review with "trigger tools", sentinel event occurrence, Safety culture surveys, near miss reports

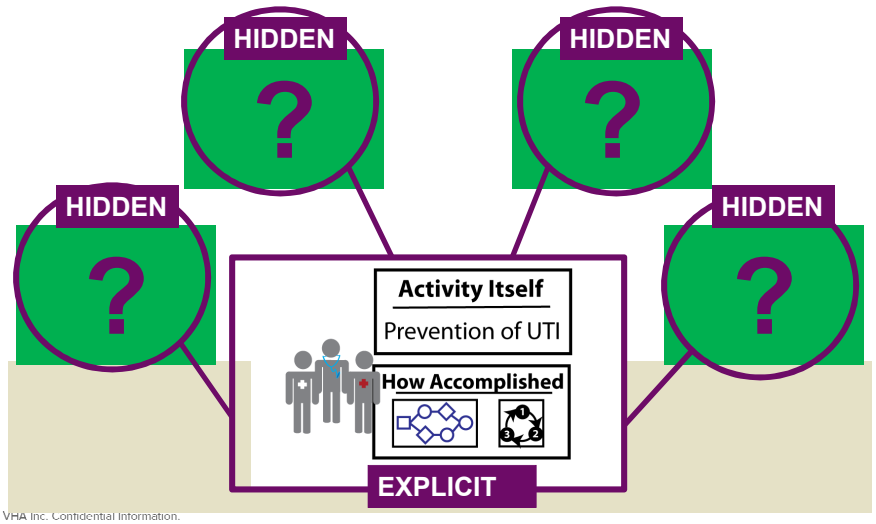
Qualitative: Observation studies, interviews, discussions and focus groups

Hoff and Sutcliffe; *Studying Patient Safety in Health Care Organizations: Accentuate the Qualitative;* Joint Commission Journal on Quality and Patient Safety; January 2006

VHA Model: Activity System & Culture

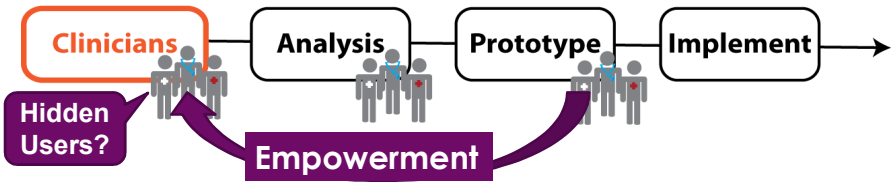


VHA Model: Activity System

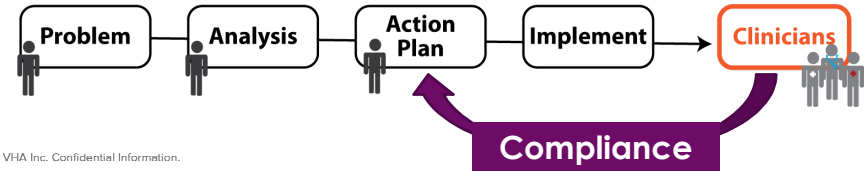


Models of Understanding People

Contextualist Model



Traditionalist Model



Observation Method: Seeing, Hearing, & Connecting

- **Dynamic interaction of multiple variables**
- **Explicit and implicit findings**
- **Underlying work culture in relation to safety and errors**
- **Safety issues that workers do not recognize as such**

Hoff and Sutcliffe; *Studying Patient Safety in Health Care Organizations: Accentuate the Qualitative;* Joint Commission Journal on Quality and Patient Safety; January 2006

Improving Quality and Safety with Qualitative Technique

Video #2

Observe for Understanding

Now What?
Honing Your Skills

- Spend some time *just observing.*
- Record your observations.
- You have observed*: What do you now understand about your culture?*

Session Objectives:
What Did We Learn?

1. **Recognize how hospitals are able to improve hospital quality given today's economic climate**
   - ***Quality is "free" – it's not a gift, but it's free. Focus is Free. What's costly is "repair work"….fixing mistakes.***
   - ***Embrace complexity and chaos by observing it rather than controlling or ignoring it.***
   - ***Become a student of qualitative research***
   - ***Declare "FRED" is Dead!***

2. **Identify quality improvement strategies employed from small to large hospitals**
   - ***People-oriented, "real time" contextually focused research approaches are inexpensive***
   - ***Learn to see differently by understanding what needs to be seen.***

Recommended Books on Qualitative Methods

1. Denzin N.K., Lincoln Y.S.: *Strategies of Qualitative Inquiry,* 2nd ed. Thousand Oaks, CA: Sage Publications, 2003.
2. Kvale S.: *Interviews: An Introduction to Qualitative Research Interviewing.* Thousand Oaks, CA: Sage Publications, 1996.
3. Krueger R., Casey M.A.: *Focus Groups: A Practical Guide for Applied Research,* 3rd ed. Thousand Oaks, CA: Sage Publications, 2000.
4. Miles M.B., Huberman A.M.: *Qualitative Data Analysis: An Expanded Sourcebook,* 2nd ed. Thousand Oaks, CA: Sage Publications, 1994.
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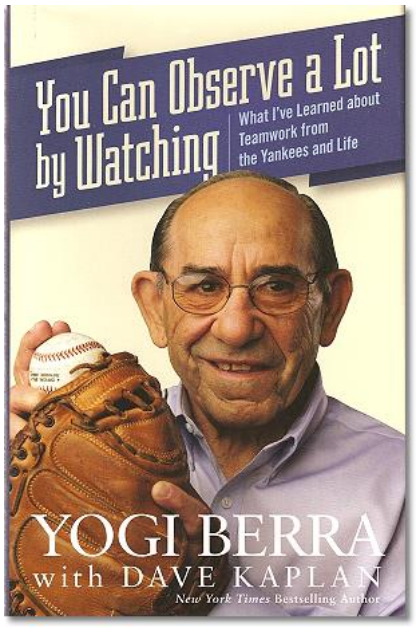

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