

## Advisor Live Executive Summary from January 6, 2010 program:

### *Lessons in Reducing Mortality and Implementing Evidence-based Care: Premier's QUEST Top Performers*

#### Speakers:

- **Gail Hicks**, R.N., M.S.N., Director of Nursing, North Side Hospital and Johnson City Specialty Hospital  
(Ms. Hicks addressed implementing a weekly Appropriate Care Team.)
- **Jan Mathews**, R.N., M.P.H.A., Assistant Vice President, Quality Management, CaroMont Health Gaston Memorial Hospital  
(Ms. Mathews addressed implementing a sepsis bundle using "Surviving Sepsis Guidelines.")
- **Richard Bankowitz**, M.D., M.B.A., Chief Medical Officer, Premier
- **Carolyn Scott**, R.N., M. Ed., M.H.A., Vice President, Performance Improvement and Quality, Premier

#### Summary of presentations:

##### 1) Richard Bankowitz:

- QUEST is preparing organizations for value based purchasing and is built on HQID. QUEST begins to focus on systemic improvement instead of solely process improvement and takes measurement farther than the HQID process measures.
- QUEST has 5 main outcomes measures:
  - Composite Harm Index (30 measures)
  - Evidence-Based Care Performance (All or Nothing)
  - Total Inpatient Cost per Case Mix Adjusted Discharge
  - Hospital Level Risk Adjusted Mortality (O/E Ratio)
  - Global Composite Perception Score (HCAHPS Top Box Global Measures Composite Score)

QUEST hospitals had tremendous success in the first year:

Goal: Move every hospital over top performance threshold set at the top quartile (84% of an "all or nothing" score): 25% of hospital participants were there at the start, after one year more than 71% of hospitals were above the top threshold line. Variation has narrowed. (For cost, the median was used as the TPT.)

- 8.74 percentage point increase in average EBC rate from baseline to Jan-Dec 2008 data
- 0.14 reduction in the average Observed to Expected Mortality Ratio from baseline to Jan-Dec 2008 data
- \$343 decrease in the avg. Cost of Care per patient discharge from baseline to Jan-Dec 2008 data

##### 2) Gail Hicks (North Side Hospital and Johnson City Specialty Hospital):

North Side Hospital and Johnson City Specialty Hospital will be replaced by Franklin Woods Community Hospital when it opens in 2010. It's the first "green" hospital in Tennessee.

Strategies for improving mortality:

- Focus on Rapid Response
- Involve the Right Team

- Process: When and how to call Rapid Response
- Education/awareness
- Appropriate placement of patients in ICU
- Focus on documentation and coding (palliative care)
- Use of QUEST mortality drill down reports to find small windows of opportunity

The organization has shown a steady decline in mortality rate and is below the QUEST threshold.

The organization created an ACT (Appropriate Care Team) with the following structure:

- Tuesday morning meetings
- Review core measures
- Discuss specific patients
- Multidisciplinary team
- Concurrent reviewer
- Morning bed huddles
- Quiet Time (PCC)
- Color-coded chart spines
- ICU rounding
- Physician champion

“We are very proud of our improvement in our Pneumonia Appropriate Care Scores ----our goal is to reach 100%, and we are well above 90%. When we started, we were under 70%. Our multidisciplinary approach will continue as we look for hard stops that support our front line team members in providing the right care to the right patient, every time.”

Northside is a top performer in evidence based care, cost, and mortality

“To illustrate the continued FY10 improvement for NSH, in FY10 YTD there has been only 1 error for Heart Failure Discharge Instructions. This type of performance has resulted in a YTD composite score of 96%.”

### **3) Jan Mathews (CaroMont Health Gaston Memorial Hospital):**

“HQID wasn’t enough. We wanted to look at cost, mortality, harm and the patient experience.”

We needed to improve in avoidable mortality. Our board was very involved in the following AIM statement: “To Reduce Avoidable Mortality at GMH to the O/E Ratio of 0.84 by June 2009”

- Used IHI “Moving Your Dot” methodology
- Evaluated admission/discharge criteria so critical needs patients aren’t waiting for an ICU bed

Sepsis is the number one mortality issue at Gaston.

What did we do?: Order set development, education of signs and symptoms, sepsis committee meetings monthly

Implementation of MEDHOST alert, elevated lactate levels in ED (If pt. comes in with signs and symptoms of sepsis, then lactate level is drawn and goal-directed therapy is started.)

Mortality rate for sepsis has decreased dramatically  
Organization was at .92, but after first year is at .70.

#### **4) Carolyn Scott:**

Premier aligned QUEST with goals of value based purchasing as described in healthcare reform.

- Through VBP, the govt. will attempt to more closely link reimbursement with quality, so those orgs with higher “quality results” will be rewarded with higher levels of reimbursement.
- Premier supports members through collaborative activities – national meetings, 90-day improvement activities (Sprints) focused on a single measure or a bundle of measures, 6 to 9 month collaborative focused on a disease state or process of care (e.g., sepsis, perinatal harm, end of life care), partners with IHI and American College of Cardiology, offer a robust Performance Improvement Portal.

#### **News stories resulting from the Advisor Live program:**

Healthcare Finance News: “Small changes help Premier's QUEST hospitals save \$577M”:

<http://www.healthcarefinancenews.com/news/small-changes-help-premiers-quest-hospitals-save-577m>

#### **Link to presentation and audio recording:**

[www.premierinc.com/advisorlive](http://www.premierinc.com/advisorlive)

#### **More information about Premier’s QUEST initiative:**

[www.premierinc.com/quest](http://www.premierinc.com/quest)