Inova Fairfax Hospital

Karin Cox, RN, MSN,
Quality Consultant: Critical Care &
Neurosciences Services

INOVA FAIRFAX HOSPITAL

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Inova Fairfax Campus

- 833 licensed beds
- 2 million square feet
- 36 Off-site properties
- >7,000 employees
- Quality Staff of 13.5
- Outcomes Staff of 16

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What we will cover

- History of Quality Efforts in Healthcare
- What is an Ideal Healthcare System
- Role of the Quality Consultant
- Quality at Inova Fairfax Hospital

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The Quality Professional's Perspective

- Do the Right Thing Right, the First Time
- Continuous Process Improvement
- Timeliness
- Reliability
- Efficacy
- Availability
- Affordability
- Standardization
- Freedom from Deficiencies
- Customer Satisfaction

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Quality from the Patient's Perspective

- Keep me safe
- Heal me
- Be nice to me

In that order!

Safety + quality + satisfaction = Excellent Care

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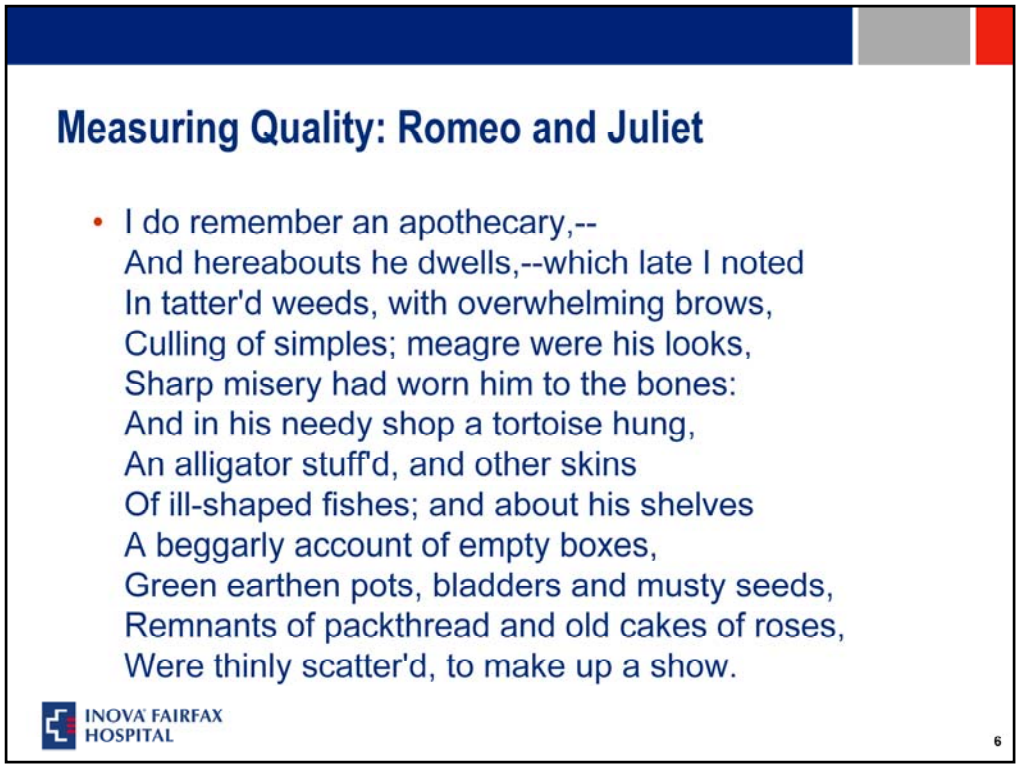
It is also possible to discuss Quality from the Physician's perspective, from the Payors perspective.

However, I will focus my discussion on the patient's perspective.



Medical care: purgatives, bleeding, pomanders, charms

Surgical care: Barbers who did rudimentary surgical/dental procedures

I want to thank Dr. Alan Morrison for allowing me to use this slide

You will notice the symbols of “quality” . The croccodile, the observer at the window, the book and scale.

FN was the first woman invited to become a member of the Statistical Society in Britain.

She wrote a 77 page book on nursing which became a textbook for schools of nursing

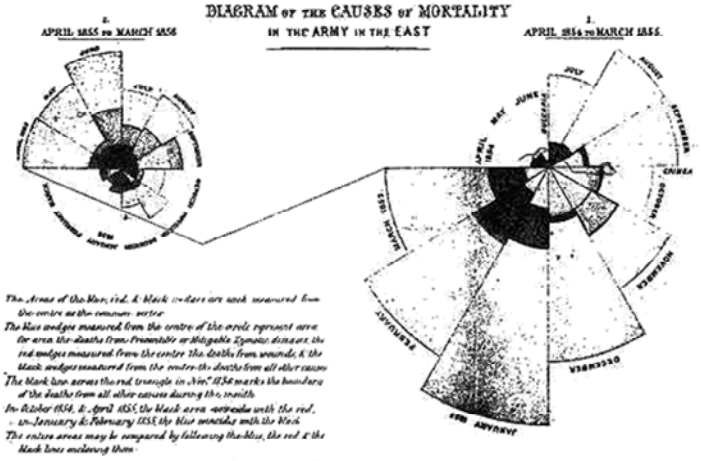
She wrote an 800 page document on care of soldiers in the Army including statistics on mortality

Credited with inventing the “coxcomb” diagram.

Others (Germany and France) had set up “modern” instruction in nursing but she is remembered. Why? Some credit it to her financial independence from hospitals.

Other things going on at that time: Semmelweis, Lister, stethescope, thermometer, anesthesia, quinine, small pox vaccination.

Florence Nightingale as statistician



The Areas of the blue, red, & black wedges are each measured from the centre as the common vertex.
The blue wedges measured from the centre of the circle represent area for area the deaths from Preventible or Mitigable Zymotic diseases, the red wedges measured from the centre the deaths from wounds, & the black wedges measured from the centre the deaths from all other causes.
The black line across the red triangle in Nov.r 1854 marks the boundary of the deaths from all other causes during the month.
In October 1854, & April 1855, the black area coincides with the red.
In January & February 1855 the blue coincides with the black.
The entire areas may be compared by following the blue, the red & the black lines enclosing them.

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Foundation of Process Improvement

- Set Standards
- Measure

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Voluntary Standards Formed

- 1913 – American College of Surgeons founded
- 1917 – Minimal Standards for Hospital – five
  - Physicians had to be graduates of School of Medicine
  - Physicians had to apply for Medical Staff privileges
  - Organized Medical Staff had to meet at least annually to review quality of care
  - Medical Record
  - Hospital services supervised by a qualified person

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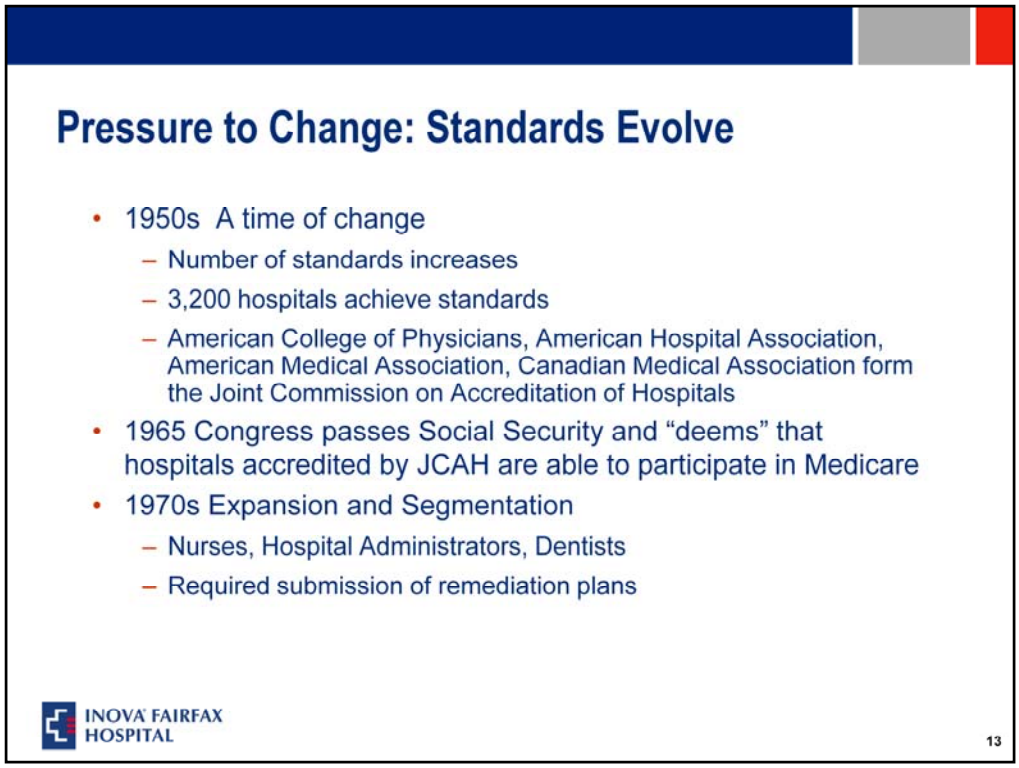
The list was burned at midnight in the fireplace of the Waldorf Astoria Hotel in New York.



Not to be confused with Demming, Deeming allowed the first "teeth" to be put into standards by tying it to reimbursement

Hospitals could be accredited, accredited with Commendation, not accredited.

Surveys were "announced" and paid for. Cottage industry developed around accreditation readiness services and education. Often quite expensive and of variable quality themselves. Often by current surveyors who set up their own consulting businesses.

JCAH was the "only game in town".

Pressure to Change: Standards Evolve (TJC)

- **Develop Standards for Different Types of Organizations**
  - Hospitals
  - Behavioral Health
  - Ambulatory Care
  - Home Care
  - Critical Access (Rural) Hospitals
  - International
- **Develop Disease Specific Standards (as of 2002)**
  - Stroke
  - Cystic Fibrosis
  - Renal Disease

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The Joint Commission evaluates and accredits more than 15,000 health care organizations and programs in the United States. An independent, not-for-profit organization, The Joint Commission is the nation's predominant standards-setting and accrediting body in health care. Since 1951, The Joint Commission. The Joint Commission's comprehensive process evaluates an organization's compliance with these standards and other accreditation or certification requirements. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.

Standards Proliferated in Many Areas

- Rights and Ethics
- Provision of Care
- Medication Management
- Infection Control
- Performance Improvement
- Environment of Care
- Leadership
- Medical Staff
- Nursing
- Human Resources

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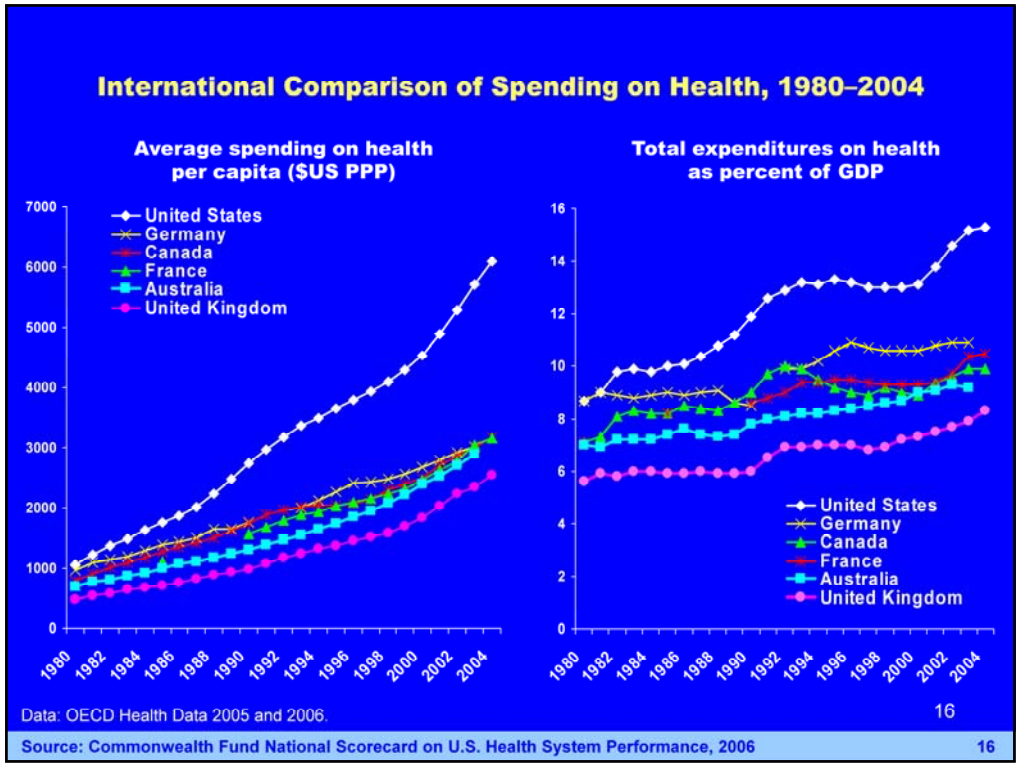
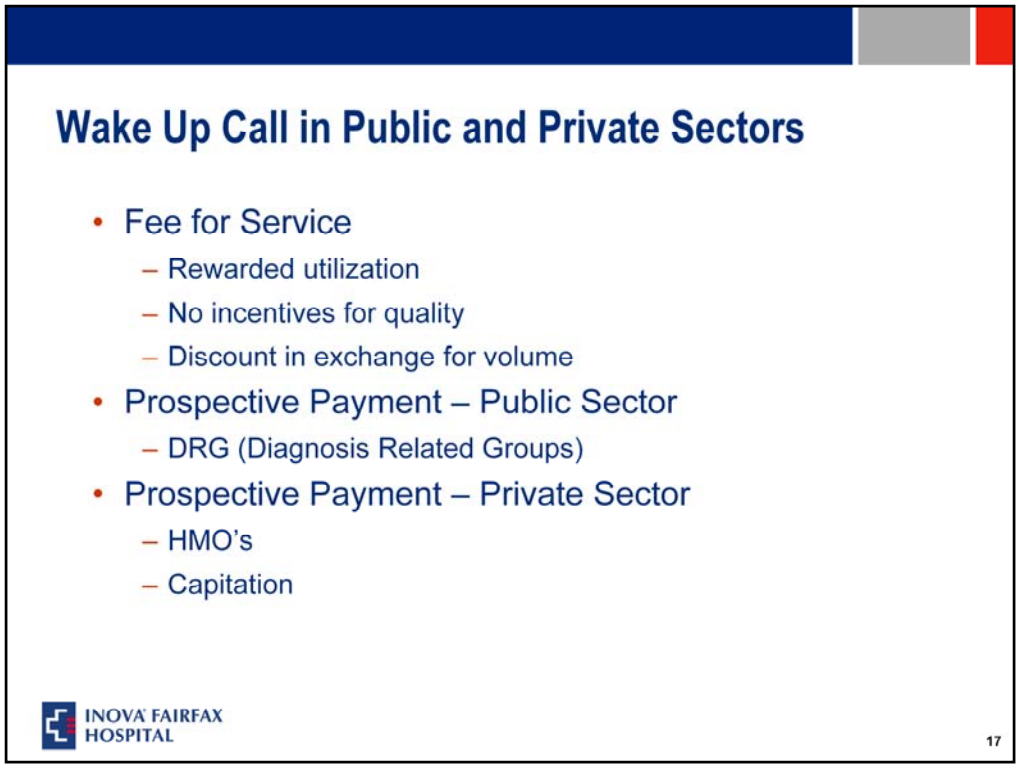
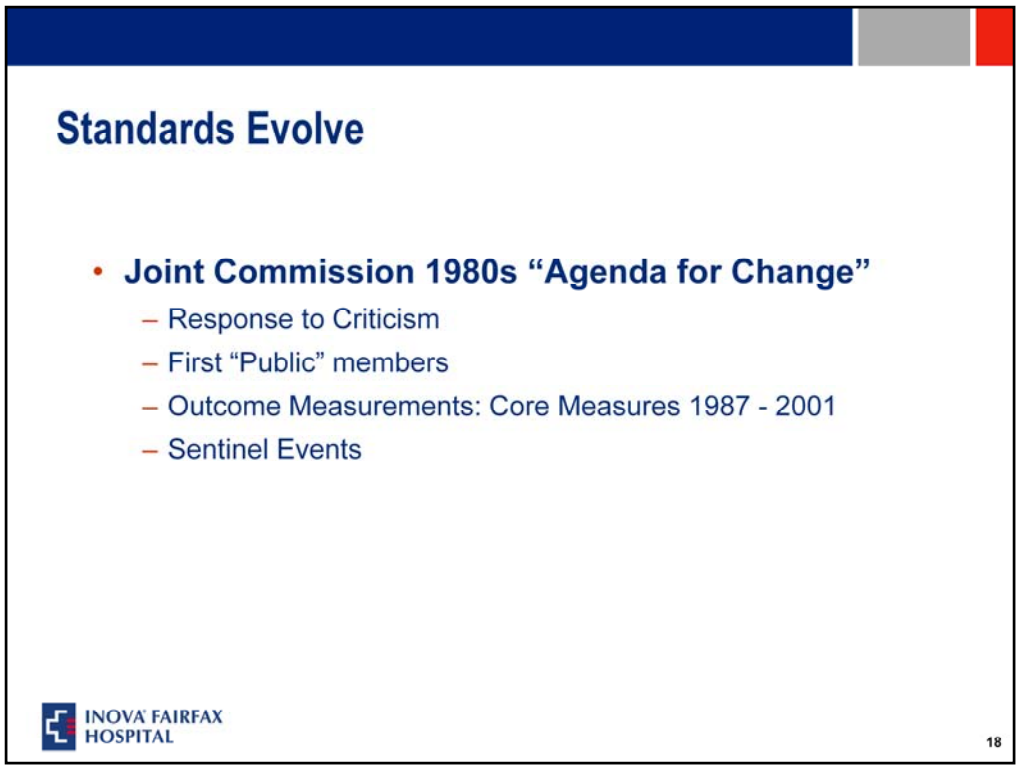

International Comparison of Spending on Health, 1980–2004
Average spending on health per capita ($US PPP)
United States
Germany
Canada
France
Australia
United Kingdom
7000
6000
5000
4000
3000
2000
1000
0
1980
1982
1984
1986
1988
1990
1992
1994
1996
1998
2000
2002
2004
Total expenditures on health as percent of GDP
16
14
12
10
8
6
4
2
0
Data: OECD Health Data 2005 and 2006.
16
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006
16



Explain briefly how DRGs work.



Sentinel events are not synonymous with medical errors: Not all events are the result of medical error. Not all errors result in SE.

SE: results in death, serious physical or psychological harm or risk thereof. There must be an immediate investigation and action plan. There were 10 categories of SE: Hemolytic transfusion reaction, retained foreign object, surgery on wrong body part or wrong patient, rape, abduction, discharge of infant to wrong parent, neonatal hyperbilirubenemia, excessive radiation dose, unanticipated death of a normal full term baby,

Different Approaches

- **TJC**
  - Primary
    - Processes of care, continuum, communication, continuous improvement
  - Secondary
    - Inspection, deficiencies

- **CMS**
  - Primary
    - Inspection, deficiencies
  - Secondary
    - Processes of care, continuum, communication, continuous improvement

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Was it enough?

- We created standards
- We measured to these standards

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To Err is Human

- Published 2000 by Institute of Medicine
- Adverse events occur in 2.9 to 3.7 % of hospitalizations
- 33.6 million hospitalizations per year in United States
- 44,000 to 98,000 adverse events per year
- Adverse events result in death 6.6 to 13.6 %
- Death due to medical errors as 8th leading cause of death

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The seminal publication about Quality and Safety in the United States.

Met with disbelief by some.

Responding to IOM

- Reduction in Federal reimbursement by 2% for not submitting data on Core Measures: How often a hospital adheres to evidence based clinical practice for heart attack, heart failure, pneumonia, surgery (2003)
- Transparency: Public website to display Core Measures results (2005) www.hospitalcompare.hhs.gov
- Reduction in Federal reimbursement by 2% for not submitting HCAHPS patient satisfaction data (2007)

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No longer just an organizations capacity to provide care, but their actual ability to do so.

Hospital Consumer Assessment of Healthcare Providers and Systems

National Events

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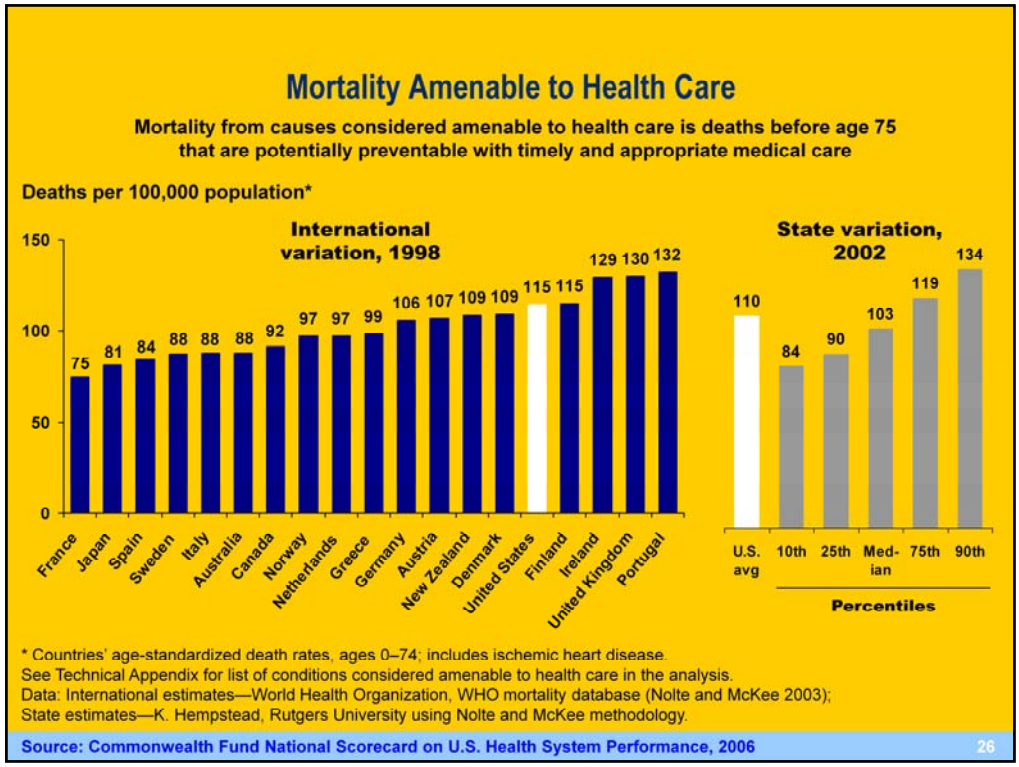
Many of these organizations proliferated since 2000 and the IOM report. Often they are led by people of passion.

Josie King was a toddler that died. If you saw the Good Housekeeping magazine in October 2009, her mother had an article. She has written a book about her experience.

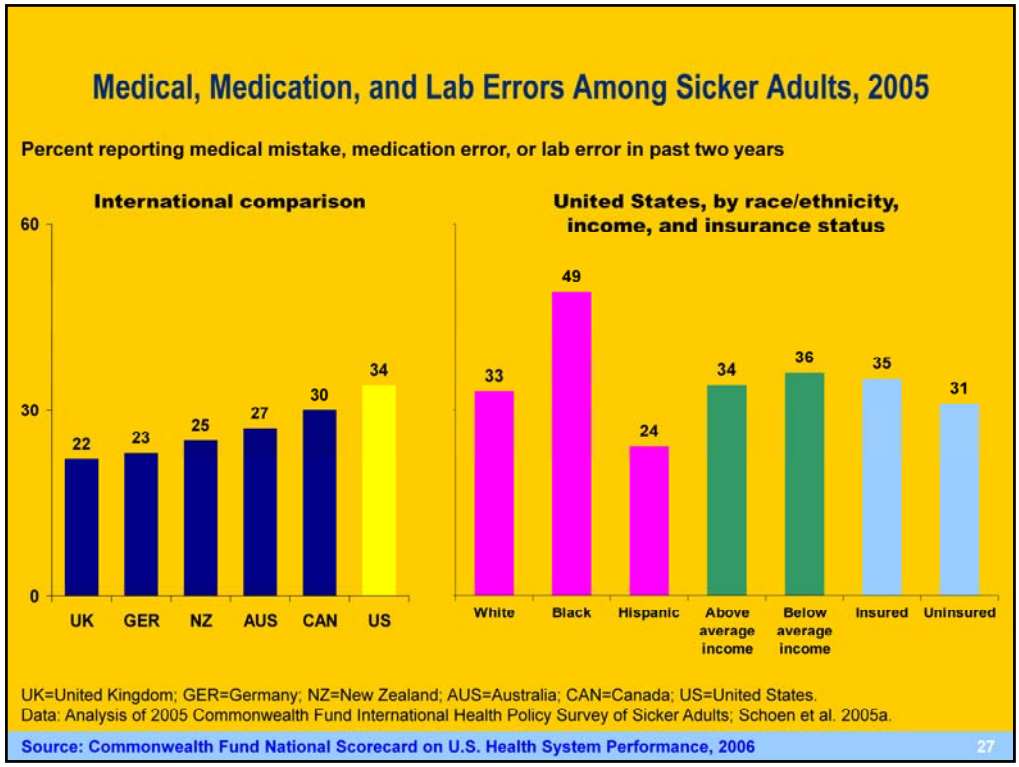
IHI was founded by Donald Berwick. He is a physician that became energized about Quality after his wife was hospitalized.

Leapfrog is an organization founded by Lucien Leape and it involves purchasers of healthcare (Boeing, UPS)

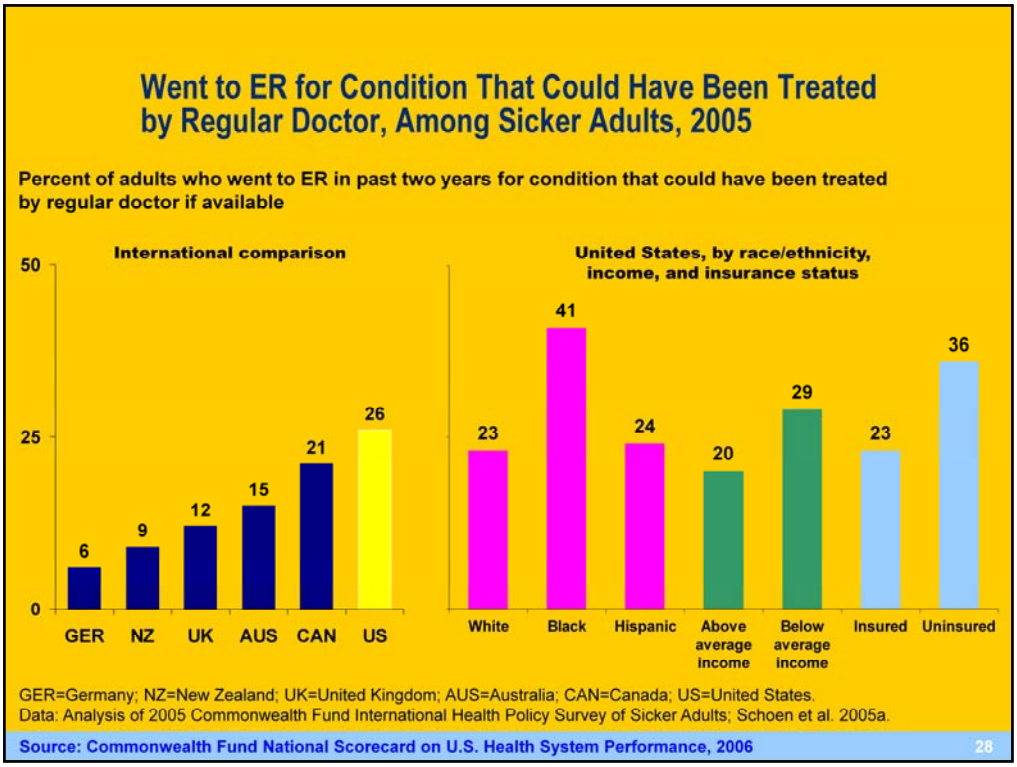
1. Infant mortality, Life expectancy, days lost from work, days lost from school
2. Appropriate, safe, timely, coordinated, evidence based: immunizations, screening, diabetes, mental health, dental care, AMI, pneumonia, asthma, readmission rates, mortality rates, adverse drug events, infection rates, lab errors, "Bundles" to improve care.
3. Wait time to see MD, Use of ER for routine care, availability of specialists
4. % spent on administration, % spent on health care or premiums (greater than 10%), Costs for common conditions, duplicate tests,
5. % Uninsured and underinsured, for all other measures are there disparities by age, race, ethnicity, region.
6. Nurse vacancy rates, turnover rates, $ spent on research, Schools of nursing, pharmacy,



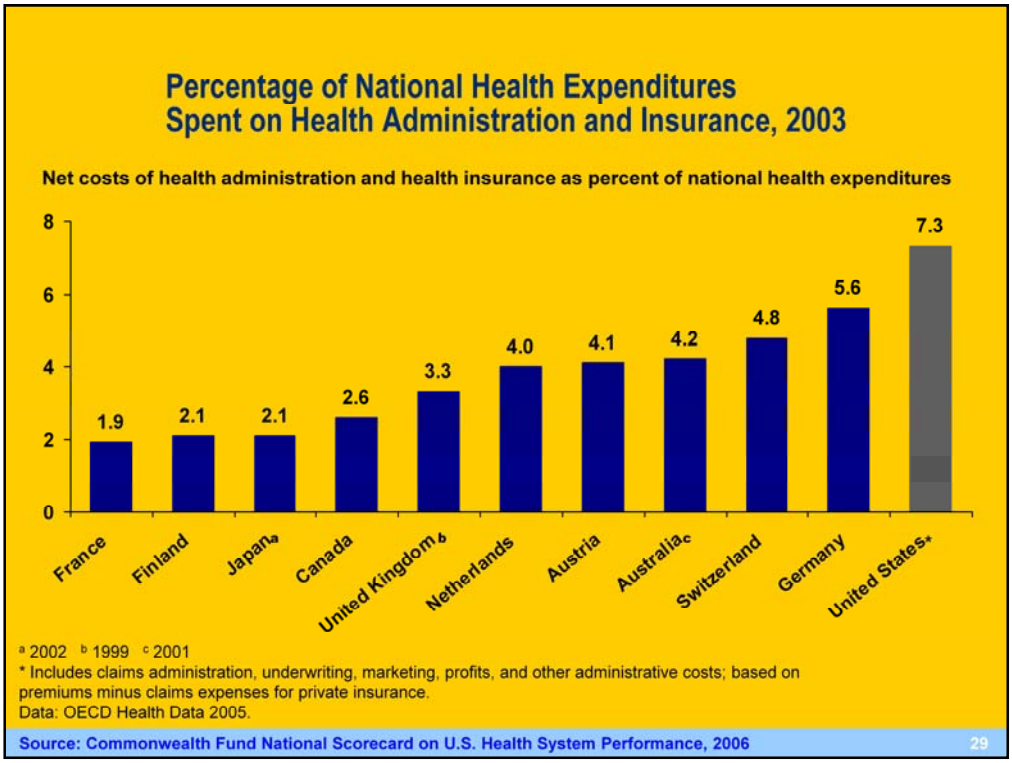
Indicator of long and healthy life



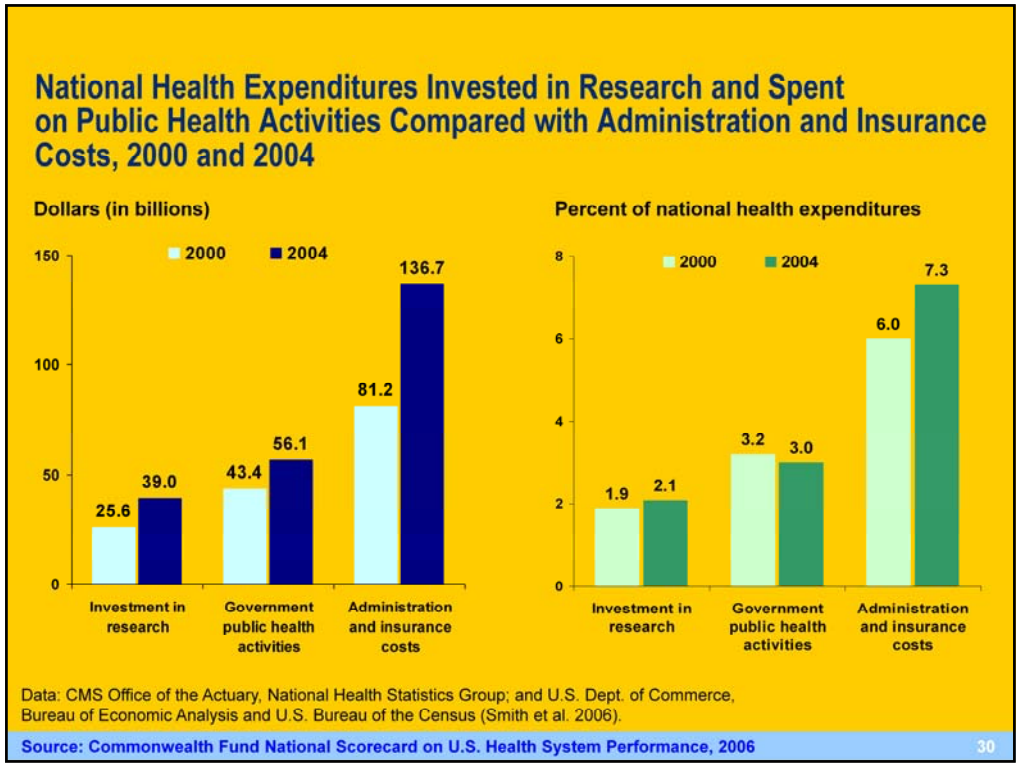
Indicator of quality



Indicator of Equity



Indicator of Efficiency



Indicator of capacity to improve and innovate

Scorecard-Related Publications

- Cathy Schoen, Karen Davis, Sabrina K. H. How, and Stephen C. Schoenbaum, "U.S. Health System Performance: A National Scorecard," *Health Affairs* Web Exclusive (Sept. 20, 2006):w457–w475. Available online at:
  http://content.healthaffairs.org/cgi/reprint/25/5/w457
- Commonwealth Fund Publications:
  - Commonwealth Fund Commission on a High Performance Health System, *Why Not the Best? Results from a National Scorecard on U.S. Health System Performance* (Sept. 2006).
  - Cathy Schoen and Sabrina K. H. How, *National Scorecard on U.S. Health System Performance: Technical Report* (Sept. 2006).
  - Cathy Schoen and Sabrina K. H. How, *National Scorecard on U.S. Health System Performance: Complete Chartpack* and *Chartpack Technical Appendix* (Sept. 2006).

  These Fund publications are available for free download on The Commonwealth Fund's Web site at www.cmwf.org.

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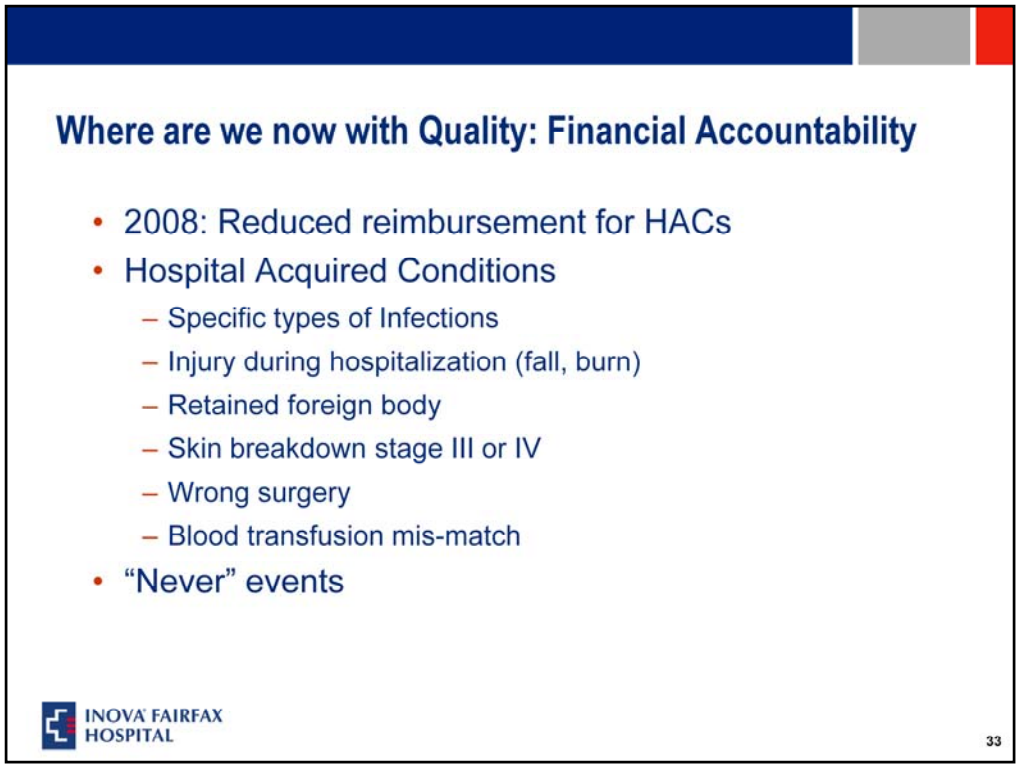

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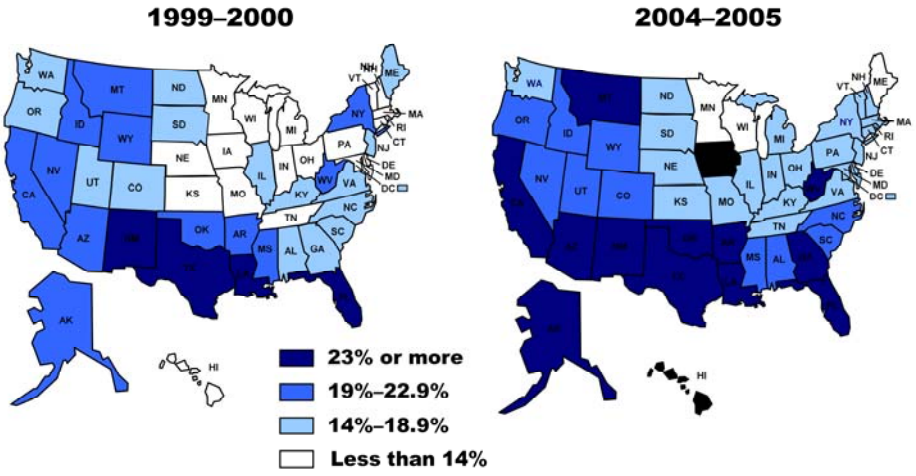
Health Care Debate

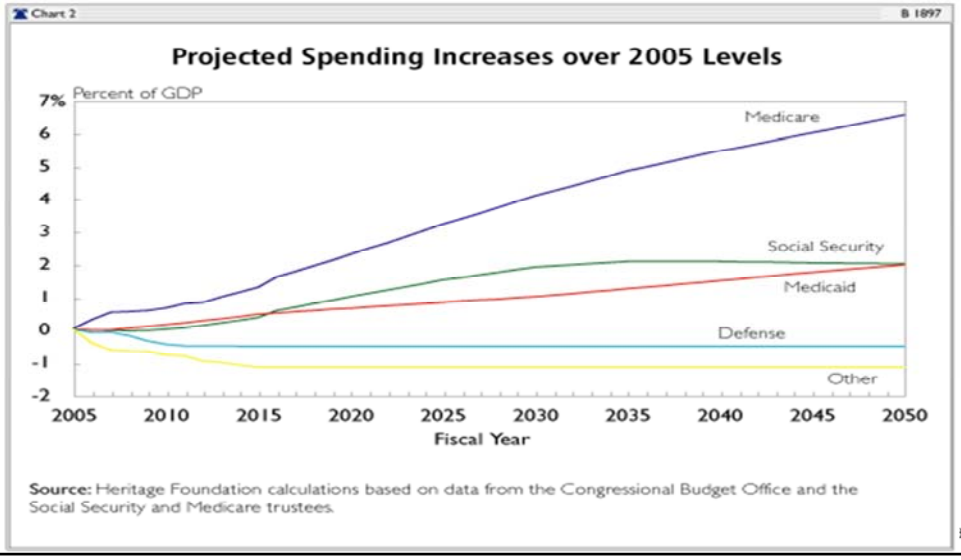
Percent of Adults Ages 18–64 Uninsured by State



Data: Two-year averages 1999–2000 and 2004–2005 from the Census Bureau's March 2000, 2001 and 2005, 2006 Current Population Surveys. Estimates by the Employee Benefit Research Institute.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 35

Federal CMS (Medicare/Medicaid)

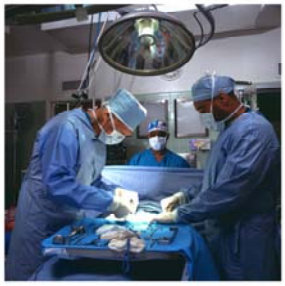


Source: Heritage Foundation calculations based on data from the Congressional Budget Office and the Social Security and Medicare trustees.

Quality from the Patient's Perspective

- Keep me safe
- Heal me
- Be nice to me

  In that order!



Safety + quality + satisfaction = Excellent Care

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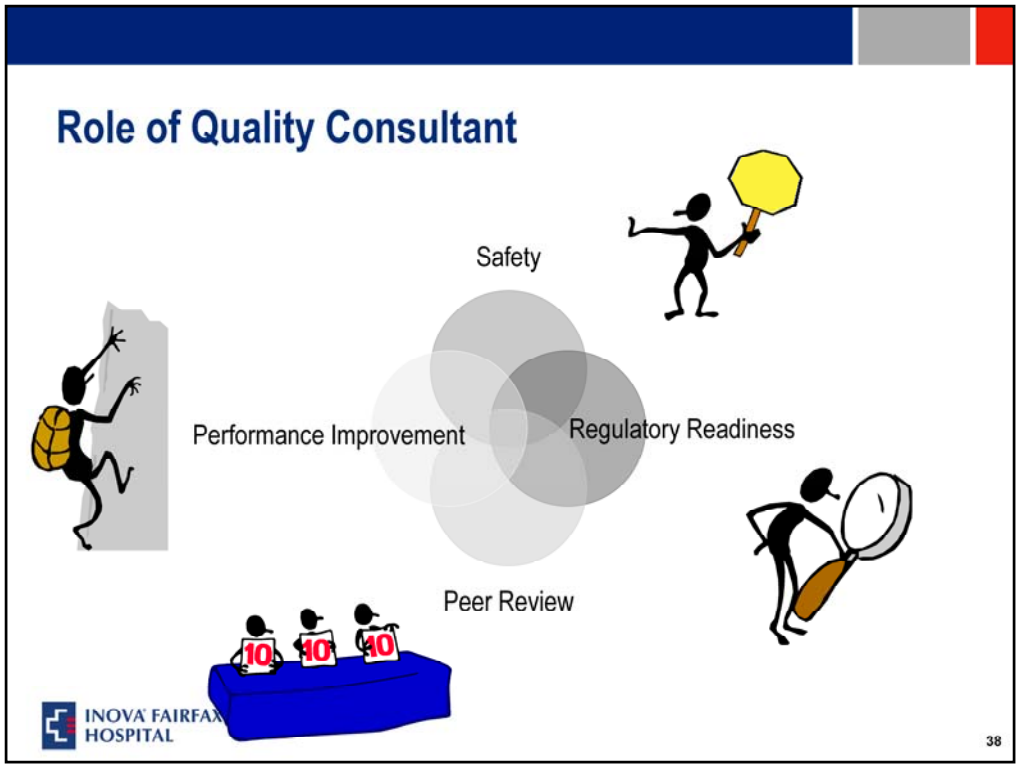

If this is what needs to be done then how does that relate to what I do as a Quality Consultant

Role of Quality Consultant - Safety

- Safety Huddle – weekly / daily message
- Safety Coach program
- Safety phone
- Red rules
- DNU abbreviations
- HAM SALAD

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Role of Quality Consultant - Safety

- Rapid Response Team (RRT)
- Environment of Care Tours
- Safety Culture Survey
- Medication Safety Oversight Committee
- Site visits from one Inova facility to another

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Role of Quality Consultant - Safety

- Tubing Mis-connection project
- Safety Fair
- Data analysis for trends
- Data mining and display
- Root cause analysis
- Board and Administrative Ownership is KEY

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Role of Quality Consultant – Performance Improvement

- LEAN
- PDCA: Plan – Do – Check - Act
- Collaborative Learning Communities
  - 100K Lives Campaign, Sepsis, Flow, Organ Donation
- Team Facilitation
- Bundle Compliance Teams
- Clinical Effectiveness Teams

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Role of Quality Consultant – Peer Review

- Care Science, Crimson Initiative
- Mortality, Morbidity
- Indicator Development
- Case Finding, Screening, Investigation
- Chart preparation, Data entry, Minutes
- Ongoing Professional Practice Evaluation (OPPE)
- Focused Professional Practice Evaluation (new)
- Focused Review
- Credentialing Report

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For example in OB they look at hemorrhage, low apgar score

In Surgery they look at unplanned return to OR, infection

In Medicine, pneumonia, unplanned upgrade in care

In Diagnostic areas: confirmatory double read

Role of Quality Consultant – Regulatory Readiness

- **Federal** - CMS (Medicare and Medicaid) can survey announced or unannounced.
- **State** - State surveys hospitals every two years with 48 hours notice; can also survey or investigate complaints unannounced
- **County** - Fire Marshall can survey unannounced
- **The Joint Commission** – Starting in 2006, TJC surveys became unannounced. Survey every three years; also conduct random unannounced surveys.
- **Other** - There are a variety of other regulatory bodies that also conduct surveys - CARF, NRC, CAP, etc.

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Role of Quality Consultant – Regulatory Readiness

- Periodic Performance Reports (PPR)
- Strategic Surveillance System (S3)
- Outcomes Data: Core Measures, SCIP, Vermont – Oxford, NDNQI
- Complaint Investigations
- Mock Surveys (Dress rehearsal)
- Gap analysis

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Role of Quality Consultant – Challenges

- Paper Records
- Changing regulatory environment
- "Blue" Rules
- Competing Priorities
- Integrating new technology
- New Stakeholders
- Demanding populations
- Ethical issues – End of Life
- Leadership "buy in"

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Why is Quality Important to Inova Fairfax Hospital?

- Our Mission: To improve the health of the diverse community that we serve, through excellence in patient care, education and research
- Our Vision: To be the best healthcare system in the world
- Our Core Values:
  - Caring for and about people
  - Innovation
  - Community responsibility

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We are a not for profit hospital

We want to be a place where physicians want to practice, employees want to work, patients want to receive care, that the community wants to support.

Inova Fairfax Accomplishments

Health Grades

One of the top 50 hospitals in the United States for the 2nd consecutive year.

Ranked Best in Virginia for Cardiology Services for two years in a row (2009-2010)

Ranked Best in Virginia for Treatment of Stroke for three years in a row (2008-2010)

Recipient of HealthGrades' Stroke Care Excellence Award for five years in a row (2006-2010)

Ranked Best in Virginia for GI Medical Treatment for two years in a row (2009-2010)

Recipient of HealthGrades' Gastrointestinal Care Excellence Award for six years in a row (2005-2010)

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Inova Fairfax Accomplishments

- American Nurses Credentialing Center
  - Magnet Status since 1997
  - First Magnet Hospital in DC region,
  - One of 102 nationally

- US News and World Report
  - Top 50 hospitals for GYN, Urology, Heart and Heart Surgery

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Inova Fairfax Accomplishments

- Health and Human Services
  - Medal of Honor for Organ Donation
- Joint Commission Disease Specific Certification
  - Primary Stroke Center
  - VAD (Ventricular Assist Device)
  - Transplant

- American College of Surgeons
  - Level 1 Regional Trauma Center

- Working Mother Magazine
  - Top 100 Employers

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WORKING MOTHER

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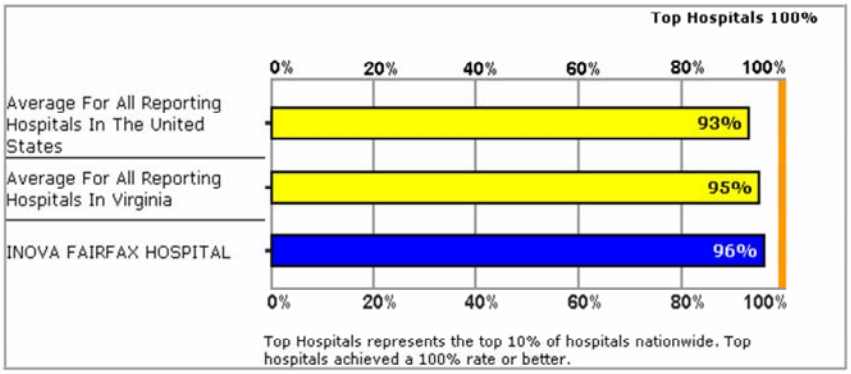
www.hospitalcompare.hhs.gov

Graph 1 of 8

Hide Percent of Heart Attack Patients Given Aspirin at Arrival

The rates displayed in this graph are from data reported for discharges July 2006 through June 2007.



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Data prepared for:

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HOSPITAL COMPARE - HCAHPS

September 2009 release

HCAHPS - Discharges from January 2008 to December 2008		Your Hospital	National				
		Score	Average	25th PCTL	Median	75th PCTL	Total N
Would patients recommend the hospital to friends and family?	**YES, patients would definitely recommend the hospital**	**70%**	**68%**	**61%**	**68%**	**75%**	**3,765**
	YES, patients would probably recommend the hospital	25%	26%	21%	26%	32%	3,765
	NO, patients would not recommend the hospital (they probably would not or definitely would not recommend it)	5%	6%	3%	5%	7%	3,765
Number of Completed Surveys		300 or More					

Quality from the Patient's Perspective

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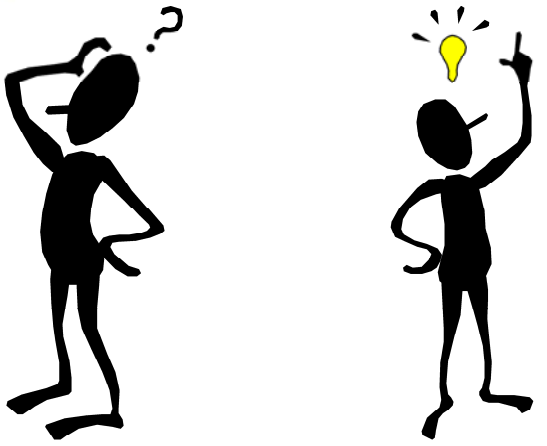
Questions



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