WELCOME TO THE UAHO WEBINAR SERIES

The session will begin at 12:00 PM

If you are having any technical issues please send a chat to Emily Carlson or email <u>emily.carlson@hsc.utah.edu</u>



ABOUT UAHQ

- The Utah Association of Healthcare Quality (UAHQ) is a non-profit organization for healthcare quality professionals in all settings.
- UAHQ provides
 - Education
 - Leadership development
 - Networking opportunities
- Sign up to become a member and continue to receive newsletters and access to educational events. Membership information can be found on our website <u>uahq.org.</u>



HOUSEKEEPING ITEMS

- Today's presentation is being recorded be published to the UAHQ website. Please remember to mute your audio for the duration of the presentation.
- If you would like to make a comment or have a questions please use the chat feature to help us cut down on ambient noises.
- If you run into any technical difficulties during the presentation, please send a chat to Emily Carlson.



The Utah Association for Healthcare Quality is pleased to present

The Quality Journey

Register by October 31 to secure your spot! Presenter Nancy Claflin, DNP, MS RN, NEA-BC, CENP, CCRN-K, CPHQ, FNAHQ

> November 17 & 19 2020 12:00-4:00 PM MDT

Where are you on your quality journey?

Have you thought about different types of learning opportunities you might need in your quality journey?

The field of healthcare quality and the healthcare quality professional's role are expanding exponentially in today's ever-changing healthcare climate. This course will present key milestones in the quality journey including structure and integration; change, regulatory, accreditation, and external recognition; education, training, and communication; health data analytics, design and data management; measurement and analysis.

*This course is not intended to be a CPHQ Preparation Course

Register at http://uahq.org, Cost is \$50



CEU CREDITS

- An email link will be sent to you for CEU credits by the end of the day today
- Please complete the survey in its entirety and we will email you a certificate of attendance within 1 week.
- If you do not receive the email with the survey link, please email Emily.Carlson@hsc.utah.edu



Mortality Data: Opportunities for Improvement



10/22/2020



Mortality: We're killing it! A 90-Day Sprint Experience

Participants will describe how to rapidly assemble a multi-disciplinary team to address opportunities from the Vizient CDB and improve mortality O/E with a patient-center approach.

Participants will discuss how to identify key tactics and corresponding process and outcomes measures, and how to ensure teams follow through on commitments and make an impact. Sathya Vijayakumar, MS MBA Intermountain Healthcare Senior Project Manager

Kearstin Jorgenson, MSM CPC COC Intermountain Healthcare System Operations Director for Physician Advisor Services

Engaging your Team behind the Why with CDI Mortality

Participants will describe the use of data form Vizient CDB from creation for creation of service line specific training material.

Participants will learn how to engage caregivers and educate them about the most impactful comorbidity documentation, and how to provide cargivers data relevant to the care they provide to their patients.

For Registration:

https://www.surveymonkey.com/r/P9BSTYT





Mortality – We're killing it! A 90-day sprint experience...

Oct 22, 2020 UAHQ Webinar Series

Milli West, MBA, CPHQ, Sathya Vijayakumar, MS, MBA Kearstin Jorgenson, MSM, CPC, COC *Office of Patient Experience*

Pre-2017 "A Federation of Regions"



"Nothing was broken. Our mandate from back in 1975 was to be a model health care system, and I think for 2017 we are, but what we looked at it the question is — 'As we sit in 2017, would that make us a model for 2020 or 2022?' And we didn't think so."



Marc Harrison, MD President and CEO



One Intermountain



Where, When and How We Care for People

COMMUNITY-BASED CARE

SPECIALTY-BASED CARE





Objectives for the 90-day sprint





Anatomy of the 90-day sprint





Deep dive into the Vizient CDB

Domain Percentile Ranking





Top Opportunities and Teaming

Vizient Service Line	General DRG Areas
Neurology	Stroke, DNR w/o Vent
Neurosurgery	Stroke, DNR w/o Vent
General Medicine	Respiratory related, GI Hemorrhage, Chest Pain
Trauma	Traumatic coma, Stroke, Traumatic hip/foot/femur procedures, Chest trauma
Cardiology	PCI, HF



Best Practice Workgroups

Vizient Mortality Improvement

Operations and Information Systems

- End of Life Care
- Care Process Models/Templates
- Appropriate Patient Placement

Coding and Documentation Integrity

- CDI team
- Problem List cleanup
- Core curriculum training

Quality / Data Integrity

- Quality team
- Clinical Data Management
- Project Management



Tools for Success

- Impact Effort matrix
- Action Register



- Weekly meetings with cross-functional teams
- Monthly meetings with peers
- Executive Leadership Support



Early Results

• DNR w/o Vent > 96 hours or ECMO





Overall Results – Impact from the Sprint O/E



Jan 19 Feb 19 Mar 19 Apr 19 May 19 Jun 19 Jul 19 Aug 19 Sep 19 Oct 19 Nov 19 Dec 19 Jan 20 Feb 20 Mar 20 Apr 20 May 20 Jun 20 Jul 20 Aug 20



Overall Results – Impact from the Sprint

Percent Observed and Percent Expected





Overall Impact of End of Life Care work

Vizient Stroke Cohort at Trauma Centers



Percent Observed and Percent Expected

Intermountain[®] Healthcare

Overall Impact of CDI Core-Curriculum Education

0.05

Vizient Mortality Percent Expected

	_	– AMC																		
0.045		— Interr	nountai	n Medic	al Cente	r														
0.04																1				
0.035																	~``			
0.03			~~~								/		\sim	~						
0.025																				
0.02																				
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
		Qtr1			Qtr2			Qtr3			Qtr4			Qtr1			Qtr2			



Mortality and Stroke Pre-bill Holds

FACILITY	REVIEW VOLUME	# ACCTS W QUERY	QUERY PERCENTAGE	TOTAL QUERIES
AF_American Fork Hospital	5	1	20%	5
AV_Alta View Hospital	4	1	25%	4
CC_Cedar City Hospital	5	2	40%	5
DX_Dixie Regional Medical Center	316	106	34%	234
IM_Intermountain Medical Center	300	93	31%	226
LD_LDS Hospital	24	4	17%	8
LG_Logan Regional Hospital	5	1	20%	2
LH_Layton Hospital	1	0	0%	0
MK_McKay-Dee Hospital	34	6	18%	17
PK_Park City Hospital	1	1	100%	4
RV_Riverton Hospital	5	1	20%	4
UV_Utah Valley Hospital	64	14	22%	30
Grand Total	765	230	30%	539



How we improve mortality O/E

- Hospice ED/IP to hospice workflows
- Completion of UR reviews upon admission for specific end of life cohorts
- Education on correct patient status for end of life presentation
- CDI Mortality Reviews & Stroke Reviews
- Completed Hospitalist HCC/CDI documentation education in March
- Core Curriculum education
- Single icon to launch Powerchart and CDI queries
- Query response Escalation
- Query response reports
- Problem List Cleanup





Lessons Learned

- Accountability and Ownership
- Flexible teams and Teaming
- Constant communication
- Persistence
- Peer Influence
- Senior leadership support





Overall Impact



Mortality Domain Percentile Ranking



Key Takeaways





Questions?

Contact:

Milli West, <u>Milli.West@imail.org</u> Sathya Vijayakumar, <u>Sathya.Vijayakumar@imail.org</u> Kearstin Jorgenson, <u>Kearstin.Jorgenson@imail.org</u> Nathan Barton, <u>Nathan.Barton@imail.org</u>





Engaging your team with the WHY behind CDI for Mortality

Oct 22, 2020 UAHQ Webinar Series

Sathya Vijayakumar, MS, MBA Kearstin Jorgenson, MSM, CPC, COC *Office of Patient Experience*

Mortality O/E

- Ratio <1 implies performance better than expected based upon the patient characteristics
- Conversely, a ratio > 1 implies performance worse than expected



Improving Risk Adjusted Ratio – Two Potential Avenues





Overview

- Process to educate physician groups
- Example process for a group of General Surgery physicians
- Case example
- Leveraging Workflow
- Emphasize WHY
- Results



Process to educate physician groups

Identify top opportunity groups from Vizient Generate scorecards based on the DRGs that constitute 80% of that group's volume Identify top 10 risk variables for that group to document better

Educate as a group with unblinded data



Example process to educate a group of General Surgery Physicians



Use Vizient to create scorecards specific to that physician group

General Surgery Physician Scorecard Criteria:

Standard Restrictions:

Include All;	Exclude All;
LOS Outlier	Bad Data
Early Death	Normal Newborn
Medical Tourism	Nonviable Neonate
Prison Population	Pediatrics Age
Rehabilitation	Hospice

Advanced Restrictions:

Restrictions:	Physician Role:	MSORGs that Represent 80% of Physicians Case Volume:
Physician Role(s) & MSDRGs	Discharge, Principal Procedure Physician	003, 183, 184, 185, 199, 200, 326, 327, 328, 329, 331, 335, 336, 337, 340, 342, 343, 348, 349, 352, 354, 355, 357, 358, 373, 389, 390, 392, 394, 405, 407, 415, 416, 417, 418, 419, 444, 552, 580, 581, 769, 853, 854, 862, 863, 871, 956, 957, 958, 963, 964, 982, 983



Example process to educate a group of General Surgery Physicians

						Mortality Index		
		Deaths	Pct Deaths	Pct Deaths	Mortality	Benchm	Below	Below
Physician Name	Cases	(Obs)	(Obs)	(Exp)	Index	ark	Cases	(Pct)
AA	4	1	25.00	6.03	4.15	0.93	0	0.00
BB	5	1	20.00	19.56	1.02	0.93	0	0.00
66	27	0	0.00	1.24	0.00	0.93	21	77.78
	2	0	0.00	10.25	0.00	0.93	0	0.00
DD	12	0	0.00	2.84	0.00	0.93	3	25.00
EE	12	1	8.33	4.04	2.06	0.93	3	25.00
FF	3	0	0.00	6.80	0.00	0.93	0	0.00
GG	3	0	0.00	20.16	0.00	0.93	0	0.00
нн	19	0	0.00	2.20	0.00	0.93	4	21.05
Ш	1	1	100.00	50.62	1.98	0.93	0	0.00
	2	0	0.00	11.81	0.00	0.93	0	0.00
11	20	9	45.00	14.38	3.13	0.93	2	10.00
КК	66	25	37.88**	20.05	1.89	0.93	5	7.58
LL	57	16	28.07*	16.29	1.72	0.93	14	24.56



Documentation Opportunities

Vent on Admission Day Shock **Cardiac Arrest** Severe Brain Conditions Metastatic Cancer Liver Failure DNR w/o Vent > 96 hours or ECMO Malnutrition Fluid & Electrolyte Disorders **Chronic Kidney Disease**





Case Example

68yoM with chest pain, ECG shows STEMI emergent cath s/p balloon angioplasty required CPR in cath lab. PMH: Hypertension, tobacco use Home meds: Albuterol, Singular, ProAir HFA, home O2 3L Admit: B/P 161/59, H/H 7.5/22.7, Creatinine 1.49

Hospital Course: BP 82/43, HR 123, , decreased UOP, drop H/H 6.5/20.1, Creatinine 2.3. PRBC and IVF,



Actual Documentation Smoker

Hypertension Low blood pressure Hypoxia Renal insufficiency Oxygen dependence

Potential Impact Smoker/COPD Chronic respiratory failure Hypertension Cardiorespiratory arrest Acute kidney injury Acute blood loss anemia Cardiogenic shock

LOS

Expected: 4.1 Days Actual: 5 days **SOI/ROM** 2/2 (Moderate)

Expected: 5.6 Days Actual: 5 days **SOI/ROM** 4/4 (Extreme)

Observed/Expected

LOS

Healthy patient stayed longer than expected

Observed/Expected

Sick patient able to leave sooner than expected.





Leveraging Workflow



- PSO
- Problem List
- H&P

- Procedure Reports
- Confirm diagnosis (POA)
- Avoid conflicting terms
- Conditions

- Discharge Summary
- Queries



On Admit



- Eliminate "symptom" problems
- History & Physical Best Practices
- Problem List accuracy
- Conditions Present on Admit





Daily Rounding



- Link underlying causes
- Avoid vague phrases and non-specific

symptoms

- The term POST-OP can hurt us
- Respond to queries

Update:

- Medications
- Problem List
- POA or Expected
- Patient condition
- Confirm consults, radiology, pathology, micro results

ntermountain

• Nutritional status

On Discharge

ON DISCHARG E The discharge summary is critical in documenting the severity of illness and complexity of care rendered throughout the entire hospital stay



- Review patient status order
- Clarify if conditions were present on admission (POA)
- Include any diagnosis that is still suspected or probable at discharge
- Answer Queries



WHY

Risk Adjusted Outcomes

- Readmissions
- Complications
- Mortality

Patient Experience – HCAHPS

Reputation

- Physician Public Profile
- Hospital Ranking/Rating
- Health Plan





Summary of attendance (MDs)





Summary of attendance (only APPs)



Intermountain[®] Healthcare

Overall Impact of CDI Core-Curriculum Education

0.05

Vizient Mortality Percent Expected

	_	– AMC																		
0.045		— Interr	nountai	n Medic	al Cente	r														
0.04																1				
0.035																	~``			
0.03			~~~								/		\sim	~						
0.025																				
0.02																				
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
		Qtr1			Qtr2			Qtr3			Qtr4			Qtr1			Qtr2			



Results at IMED and MKD

Percent Observed and Percent Expected



Discharge Month

Overall Impact – Capture of Risk Variables

Capture of Top opportunity Risk Variables – Arrhythmias, DNR w/o Vent > 96 hours, Fluid & Electrolyte Disorders and Malnutrition





Impact

- Accurately reflected patient care
- Improved 'Expected' in Vizient O/E
- Saved \$5.3 million in training costs



ACKNOWLEDGEMENT

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VICKI FLORES

JOHN CHRISTENSEN, MD

NATHAN BARTON

MARK OTT, MD

LOREN MOTT





QUESTIONS?

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THANK YOU FOR JOINING US! WE HOPE TO SEE YOU AGAIN NEXT WEEK



12:00-1:00 PM MT

The Power of Simulation in Learning and Leadership

The most successful leaders are those who maximize the talents of others by creating an environment where people feel safe to speak up, share information, and voice concerns-all in an effort towards a common goal. To produce meaningful change and improvement, it is essential leaders have a mindset which assumes that much essential knowledge is yet to be discovered. This mindset is very different from following a prescribed protocol to get to a particular result. We must see our fellow caregivers as the key to uncovering this knowledge, and as leaders, utilize techniques that will encourage speaking up and sharing of ideas. In this session, the presenter will provide a basic understanding of healthcare simulation and how techniques used to facilitate simulation can be used in leadership to create successful teams committed to progress and improvement.

Learners will be able to:

- Understand basics of healthcare simulation framework for learning and improvement
- Discover how simulation framework can be applied to leadership
- Apply basics skills of simulation methodology to maximize the talent of your team in your quality and safety efforts

Nancy Bardugon, MSN RN CHSE

Intermountain Healthcare Office of Patient Experience Manager

For Registration:

https://www.surveymonkey.com/r/P9BSTYT

