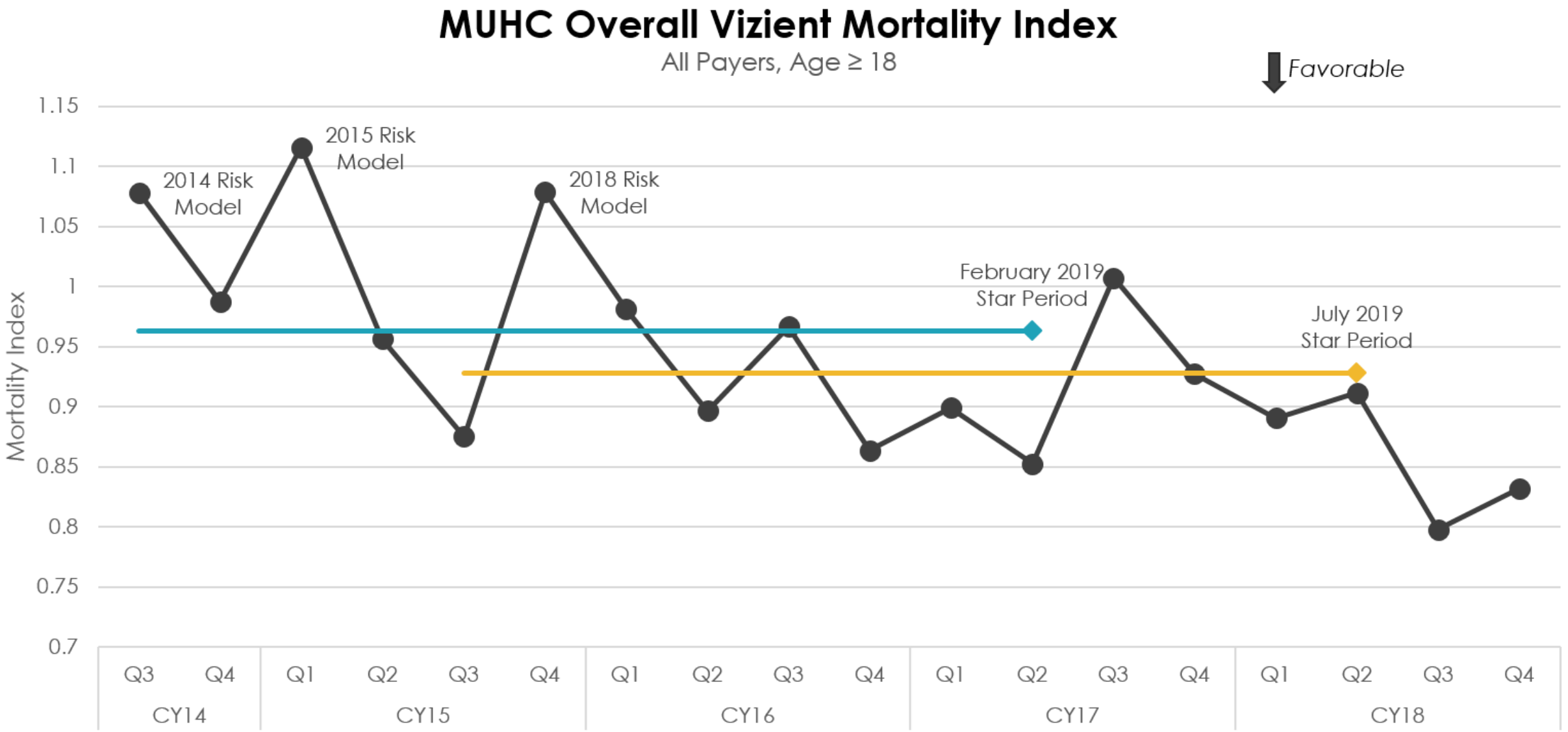
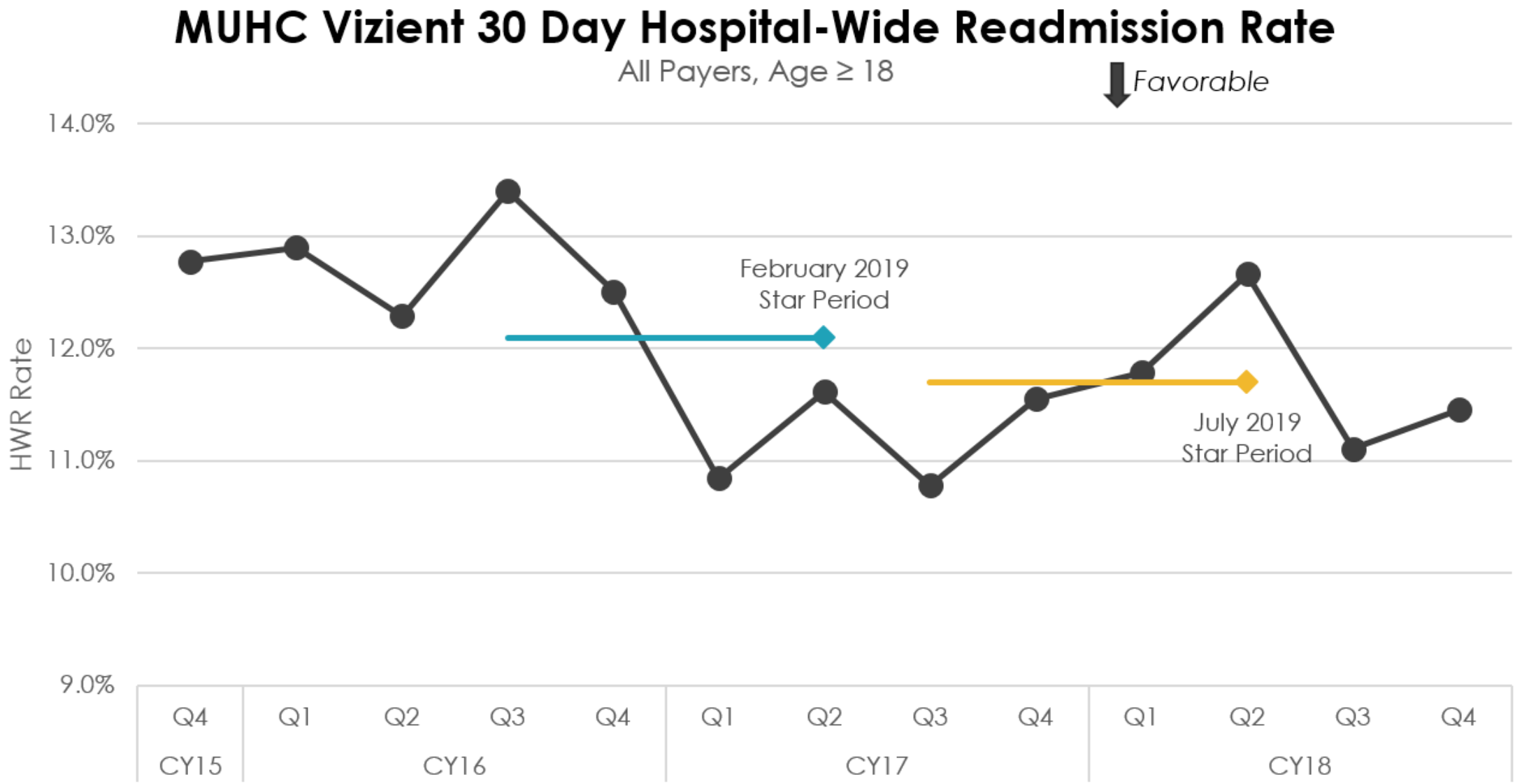
Quality and Safety Update

Stevan Whitt, MD, Chief Clinical Officer

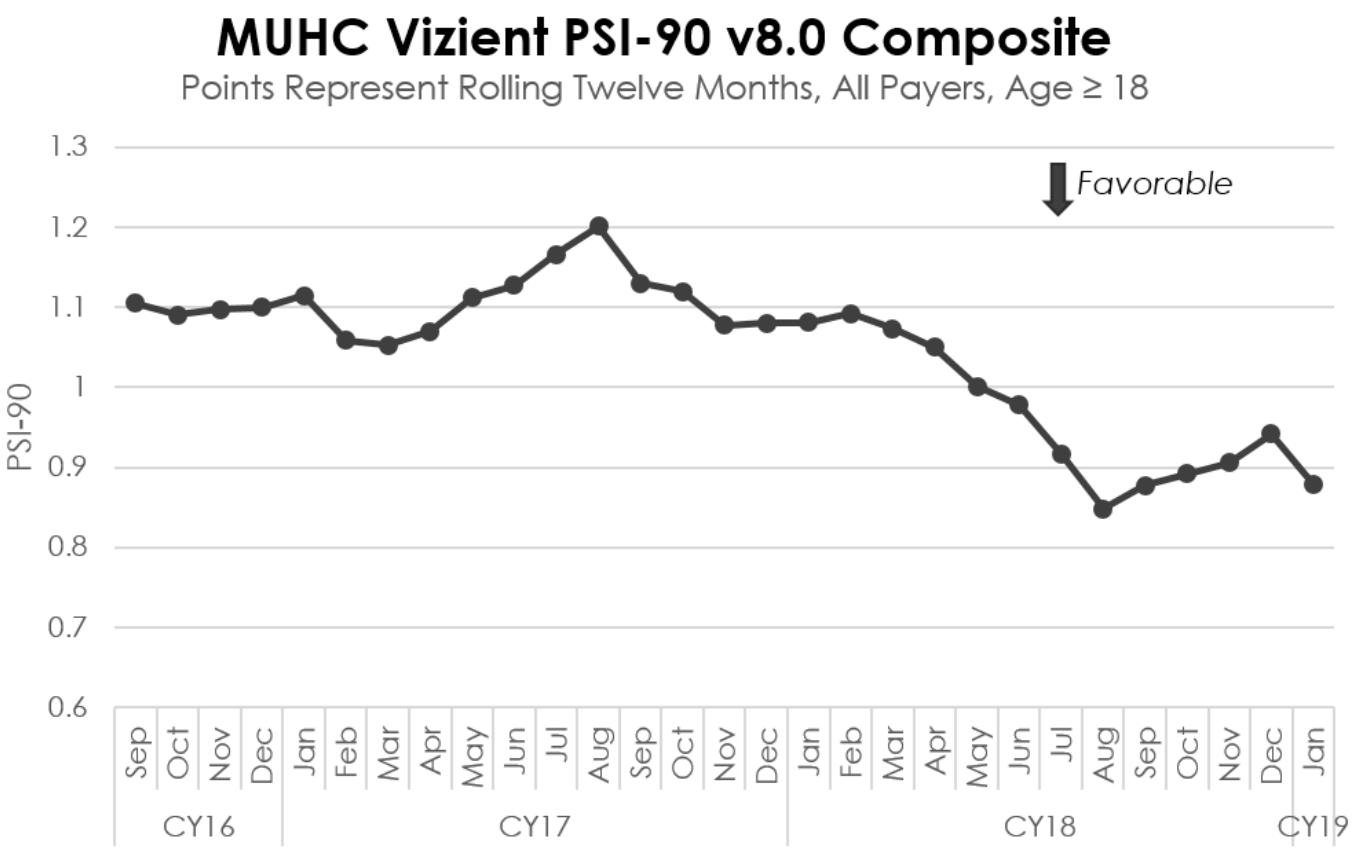
Mortality: Adult Population

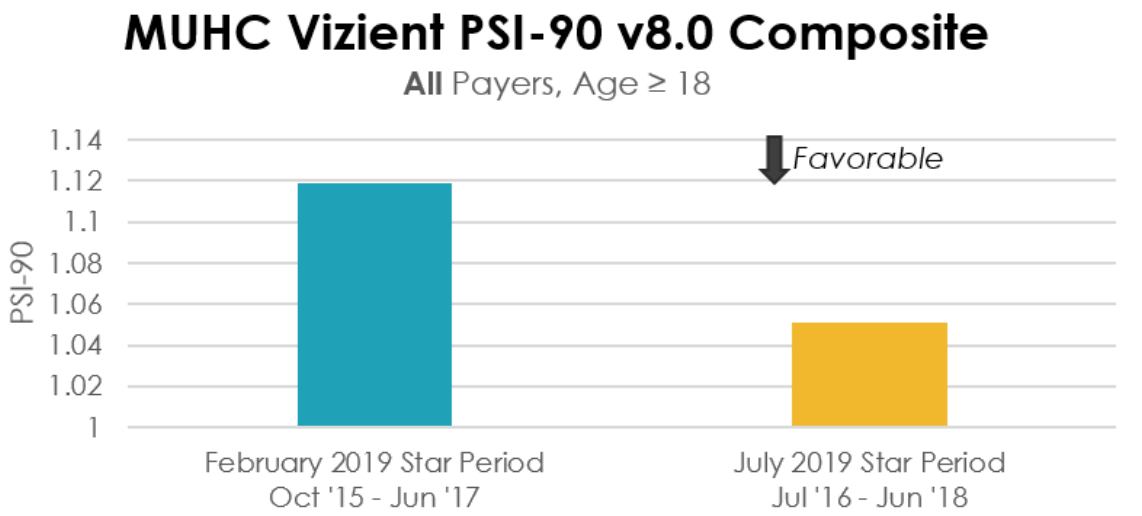


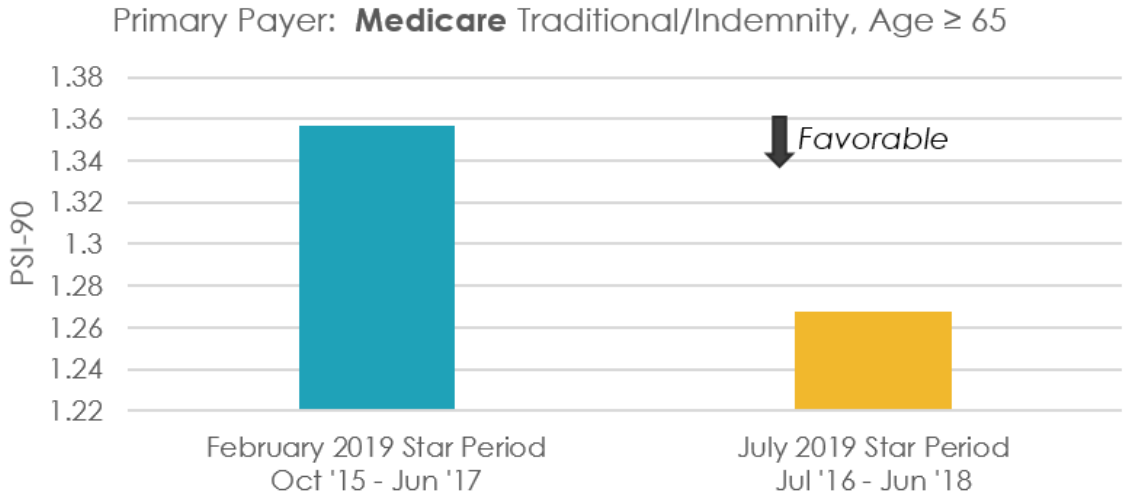
Readmissions: Adult Population



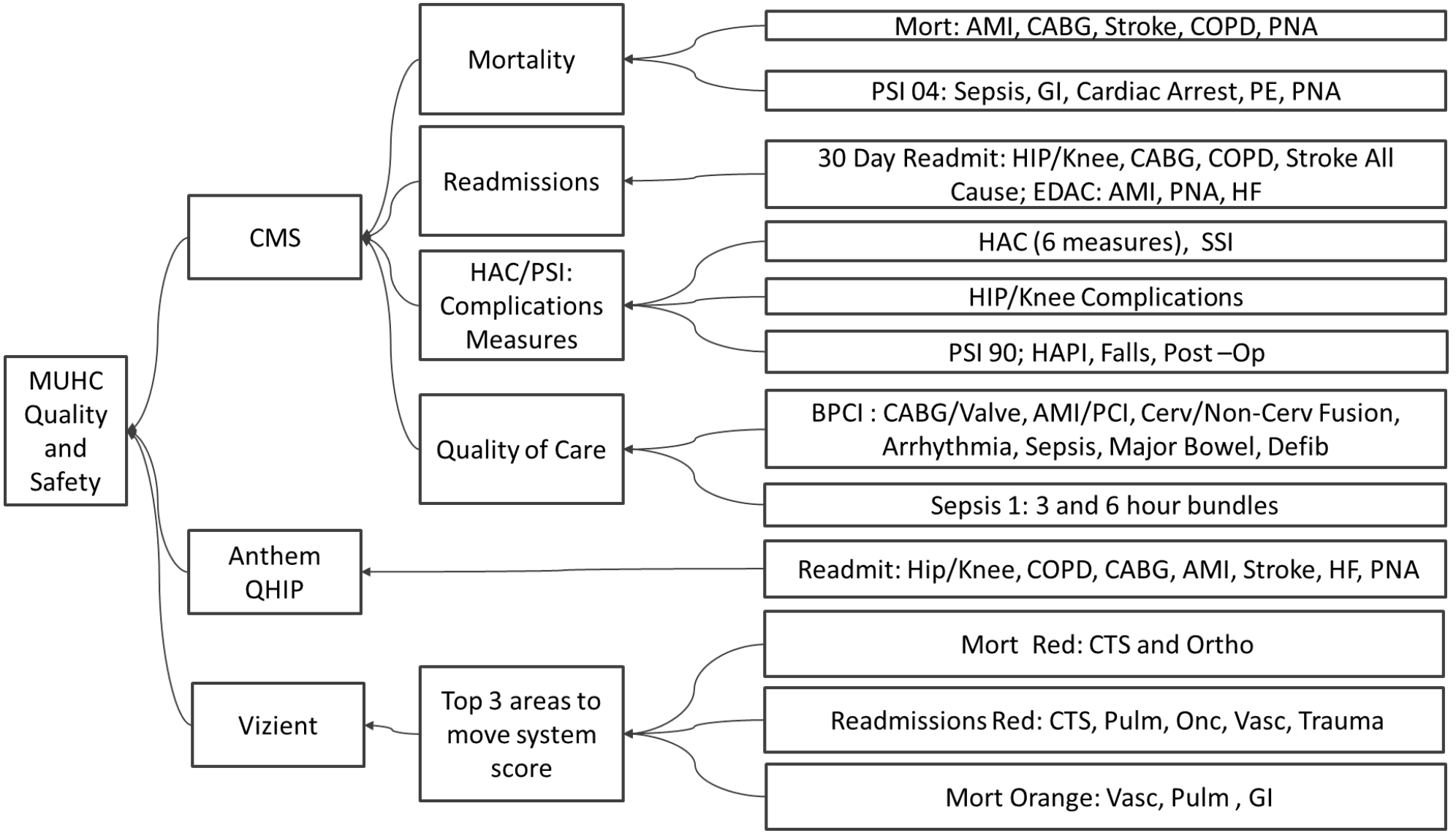
Patient Safety Indicators







Prioritize and Improve



Big 12 Clinical Priority Areas

	CONDITION	EXECUTIVE SPONSOR	MEDICAL DIRECTOR	MGR/DIRECTOR
9:00	**HEART FAILURE**	Jeremy Fotheringham	Fatima Samad, MD	Amy Christensen
9:10	**AMI with PCI**	Jeremy Fotheringham	A. Kumar, MD	Abby Kemna
9:20	**SEPSIS**	Brad Myers	Jonathan Collins, MD	Shawn Phillips
9:30	**PERI-OP BLOOD CLOTS**	Brad Myers	Mark Wakefield, MD	Bridgett Robbins
9:40	**ALL-CAUSE READMISSIONS**	Keri Simon	K. Hahn-Cover, MD	Heather Turner
9:50	**SPINAL FUSION**	Bob Schaal	Theodore Choma, MD	Ginger Schelp
10:00	**COPD**	Bob Schaal	Catherine Jones, MD	Aaron Shepherd
10:10	**PRESSURE INJURIES**	Mary Beck	S. Hasan Naqvi, MD	John Hornick
10:20	**CABG/Valve**	Matt Waterman	Xingyi Que, MD	Kelley Blecha
10:30	**MAJOR BOWEL**	Matt Waterman	Eric Kimchi, MD	Ginger Schelp
10:40	**PO RESP FAILURE**	Steve Whitt	Quinn Johnson, MD	Katie Merrill
10:50	**HIP/FEMUR SURG**	Roger Higginbotham	Brett Crist, MD	Danielle Woods

Accountability Structure

- **Executive leadership**
  - **Chief Quality Officer Dr. Hahn-Cover**
  - **Chief Clinical Officer Dr. Whitt**
  - **Chief Nursing Officer Dr. Beck**

- **Governance**
  - **MU Health Care Quality & Patient Safety Committee**
  - **Chaired by Chief Executive Officer Curtright with CQO**

- **Daily accountability**
  - **Daily management huddles in hospital clinical/operational areas, with quality/safety emphasis in each unit aligned to clinical priority areas**

Rapid Cycle Quality Improvement

Post-operative Respiratory Failure

PSI 11: Post Operative Respiratory Failure

Health Care
University of Missouri Health System

Date: 2.18.19	Executive Sponsor(s): Steve Whitt	Team Lead: S. Barnes/K. Merrill

Problem Statement: CMS utilizes the AHRQ PSI methodology to provide a star grading to hospitals. Post operative Respiratory failure is a main contributor to this measure. Our current rating with CMS is 10.44 with a national compare for respective time frame 7.88. Internal data currently has that our FY 2019 rate is 2.358.

Team Members:

J. Terhune; E Franks, S Franklin, Q Johnson, T Benskin

Team Meeting Dates and Times: Weekly at varied times

Purpose:
To investigate opportunities to improve the rate of PSI 11 post operative respiratory failure. This includes causes of declines in the past two years as well as current opportunities that still need to be addressed. Cost impact is $6,526 per case and an extra LOS of 1.6.

Aim Statement:
By June 30, 2019 PSI 11 Post operative respiratory failure rate as defined by AHRQ will be decreased from 10.44 to 2.23 by December 2019.

Project Scope and Process:
Inclusive of cases that fall into PSI 11 AHRQ v2018 criteria as determined by hospital coding.
Process:

- Evaluate all cases from the PSI 11 Post operative respiratory failure measure and determine opportunities to improve.
- Case Review: 4 cases attributed to another PSI, 1 case attributed to unclear definition, 4 cases attributed to medical decline.
- Definition in progress, epidural management best practice started.
- Definition drafted. Template for physician email and review process updated.

Define → Measure → Analyze → Improve → Control

Metrics

Outcome Measures: PSI 11-Post operative respiratory failure rate from AHRQ rate 10.44 to 2.23.

Process Measures:

1. **Documentation: 100% of patients who trigger for PSI 11 will have a clinical review to ensure if exclusion criteria exists using a standard definition.**

Balancing Measures?

Culture of Yes – Together we Care, Deliver, Innovate & Serve

Data Gatherings

- In past three years:
  - 64 cases of Post-operative Respiratory Failure
    - 2016: 37 cases
    - 2017: 18 cases
    - Past year: 9 cases
- Reviewed every single case for errors, patient types, common diagnoses, location, service team, medications

Doing well, but how can we still get better?

- Anesthesia reviewed the selected cases
  - All cases very high risk for respiratory complications
  - Placed an alert into the chart to notify of a PSI event as soon as coded
    - Concurrent coding
    - Usually happens while patient still in the hospital

Rapid Cycle Quality Improvement

In Summary

- Clinical operations teams and leadership now integrated with our traditional quality improvement processes
- Clinical improvement is complex, involving:
  - Clinical care
    - Pharmacy
    - Nursing
    - Physicians
    - IT
    - Analytics
    - Therapies
    - Social services
    - Families
  - Documentation, billing, coding
- Requires structured QI training and methodologies