HealthLeaders Media LIVE
From Nebraska Heart and Catholic Health Initiatives: Eliminating Variation

July 22, 2015 | Nebraska Heart Hospital
Today's Interactive Session

- Our roundtable today is designed to be a discussion involving you. For our virtual audience, please ask any question of the presenters at any time by typing your question into the chat box on your screen. Please note that your questions will remain anonymous. We will address as many questions as we can during each of the panels of today’s program.

Overview

Fact box:
- Medical group practice with 24 cardiologists, 6 surgeons, 4 anesthesiologists, and more than 400 support staff
- 63-bed Nebraska Heart Hospital
- Opened in 2003, merged with Catholic Health Initiatives in 2011
- First heart hospital in Nebraska
- More than 1,400 interventions annually
- More than 450 pacemakers and 350 implantable cardiac defibrillators implanted per year
- More than 500 open-heart procedures annually

PANEL 1

Creating the Service Line Focused Factory

- Michael T. Rowan
  President of health system delivery and chief operating officer, Catholic Health Initiatives
- Jim Reichert, MD, PhD
  Vice president of clinical analytics, Catholic Health Initiatives
- Camille Haycock, MS, APN, NEA-BC
  Vice president and chief quality officer, Catholic Health Initiatives
Michael T. Rowan
President of health system delivery and chief operating officer, Catholic Health Initiatives

Michael Rowan joined Catholic Health Initiatives (CHI) in March 2004. As executive vice president and chief operating officer, he provides strategic direction and management oversight for all of CHI’s locally based healthcare services, national business lines, corporate information technology, performance excellence, physician practice management, clinical operations, and communication services. His accomplishments include leading initiatives to improve financial performance, such as a reorganization of system and local operations and IT service systems, an expense reduction initiative, and a revenue cycle improvement project.

Jim Reichert, MD, PhD
Vice president of clinical analytics, Catholic Health Initiatives

Dr. Jim Reichert serves as vice president, analytics and transformation to lead the transformation of CHI to use data, information, and knowledge to achieve improvements in financial stewardship, clinical quality, and operational efficiency.

Dr. Reichert joined CHI in March 2013 from Alegent Creighton Health, where he led the implementation of outpatient EMR, which achieved stage 1 MU in 2011; there, he also established an EHR group that supported PCMH certification, created a population health infrastructure, and developed a readmission risk prediction model. He is a board-certified family physician, having graduated from Pennsylvania State University College of Medicine, and practiced part time while working in informatics over the past 15 years. He received his PhD from the University of Utah in medical informatics, working at Intermountain Health, where he created the first infobutton to dynamically link an EHR to structured reference content. It has since been used to develop the HL7 infobutton standard.

Camille Haycock, MS, APN, NEA-BC
Vice president and chief quality officer, Catholic Health Initiatives

Camille Haycock is vice president and chief quality officer for CHI. She is based at the national office in Englewood, Colorado. In this role, she provides leadership and oversight for enterprise-wide clinical quality improvement, infection prevention, nursing research, evidence-based practice (EBP), quality regulatory reporting, and patient safety. She has over 20 years’ experience in leadership roles. She has guest lectured at multiple national venues on EBP, patient and family engagement, care continuum, quality improvement, safety, service excellence, and quality monitoring. Prior to her executive leadership roles, her nursing contributions include nurse practitioner positions, flight nursing, and clinical nurse specialist roles in both critical care and cardiology. She holds a BSN and a master’s degree in science, and has published in multiple peer-reviewed journals.
Variability

“What we’re trying to do at CHI is give a lot of thought to looking at variability, first across the state of Nebraska and then across all of CHI. We need to understand what best practices are so that we can reduce variability. And that’s walking on both the cost side and on the clinical outcomes side.”

Michael Rowan, president, health system delivery and chief operating officer

Variability

“How can an organization or individual clinician possibly justify a situation in which a certain procedure costs twice as much in one facility as another a few miles down the road? And how can they explain how lengths of stay, readmission rates, or hospital-acquired conditions can vary so dramatically from one facility to another?”

Michael Rowan, president, health system delivery and chief operating officer

CHI’s goal is to create one system of care delivered at multiple locations
We Must Accept and Adapt to …

… a shift toward more outpatient services
… a focus on delivery across the entire continuum of care
… and the development of genuinely integrated delivery systems, complete with insurance products

Service Lines in an Era of Population Health: Key Questions

• Physician alignment that reduces variation and engages patients and physicians
• Aligning specialists to reduce market overlap
• Managing a reimbursement slide away from fee-for-service

PANEL 2
Developing and Implementing a National Reporting Standard

• Michael T. Rowan
  President of health system delivery and chief operating officer, Catholic Health Initiatives
• Jim Reichert, MD, PhD
  Vice president of clinical analytics, Catholic Health Initiatives
• Camille Haycock, MS, APN, NEA-BC
  Vice president and chief quality officer, Catholic Health Initiatives
“In order to reduce variation, you need to identify a best practice. And in order to do that, you need to have a national reporting standard across the enterprise. That allows for risk-adjusted data to be used in an apples-to-apples comparison.”

Jim Reichert, MD, PhD, vice president of clinical analytics

National Standard for Catholic Health Initiatives

**Goals**
- Transparency
- Risk-adjusted outcomes that allow for “apples-to-apples” comparison
- Easy to identify variance and therefore opportunity
- Define baseline
- Accurately measure progress towards goal

**Challenges**
- Executive leadership support
- Organizational alignment
- Disparate data
- Legacy metrics/definitions/solutions
- Technical infrastructure
- Cost

Single Source of Truth

- Identifying a “single source of truth” for each metric that will be used as standard reporting solution
  - PREMIER QualityAdvisor™ for length of stay, mortality, complications, and readmissions
  - National Healthcare Safety Network (Centers for Disease Control and Prevention) for healthcare-associated infections
  - HealthStream® for patient experience
- Standardize metrics/definitions/charts
- Standardize expressions and time periods
- Create a master facility list
Standard Analytics Are Shared Across the System

Multiple business forums

• Board meetings
• Biannual market leader conference
• Incorporated into the incentive plan
• Operational performance review
• Local facility use

Are used to:

• Set strategic priority
• Identify opportunity
• Understand current state
• Progress towards goal
• Performance improvement

Opportunity Identification

• Risk-stratify every facility, provider group, and service line
• Risk-stratify procedures (total hip or total knee)
• Risk-stratify patient populations (sepsis or heart failure)

Allows us to find the top performer in that space, visit with them, and learn from them

Analytic Journey: Paving the Path for CHI

“National reporting standard”

“Clinical and operational transformation”

Baseline for performance

FY14

FY15

FY16

Current

“Opportunity identification”
Single Source Analytics Is the Path to IMPROVEMENT

- Data ownership by each division
- Board-approved performance standards set by the national office
- Outcomes monitoring

National Performance Standards

Living our mission metrics

<table>
<thead>
<tr>
<th>Quality: Aligned with value-based purchasing</th>
<th>Patient experience: HCAHPS</th>
<th>Safety: PSI 90</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aligned incentives</td>
<td>Executive variable pay</td>
<td></td>
</tr>
<tr>
<td>Board approved</td>
<td>Board stewardship trustee cascade to the local boards</td>
<td></td>
</tr>
<tr>
<td>Monitoring</td>
<td>Operating reviews</td>
<td>Monthly quality progress calls</td>
</tr>
<tr>
<td>Improving strategies</td>
<td>Evidence-based practice—reduces variability</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Knowledge community</td>
<td></td>
</tr>
</tbody>
</table>

Knowledge Community Across CHI

- Formal approach to knowledge sharing
- Weekly educational forum (quality call)
- Web-based open community for sharing best practices
- Evidence-based practice
- Leveraging the electronic health record (EHR)
Break

We will reconvene at:
1:40 p.m. (Eastern)
12:40 p.m. (Central)
11:40 a.m. (Mountain)
10:40 a.m. (Pacific)

PANEL 3
An Employed and Aligned Cardiovascular Physician Program

- Camille Haycock, MS, APN, NEA-BC
  Vice president and chief quality officer, Catholic Health Initiatives
- R. Kent Jex, MD
  Cardiothoracic surgeon, Nebraska Heart Institute & Heart Hospital
- Jackie Mendoza, RN
  Vice president and chief nursing officer, CHI Nebraska cardiovascular service line

Presented By:

R. Kent Jex, MD
Cardiothoracic surgeon, Nebraska Heart Institute & Heart Hospital

Dr. Jex is certified by the American Board of Surgery and the American Board of Thoracic Surgery. As a member of the Nebraska Heart Institute's medical staff, Dr. Jex treats patients in the areas of cardiac and thoracic therapies, including coronary artery bypass, valve treatment, and esophageal therapy. He is a member of the heart team at NHI, which recently was named Nebraska's only site to provide transcatheter aortic valve replacement therapy for patients with aortic valve disease. Dr. Jex received his medical degree from the University of Utah School of Medicine at Salt Lake City. He then completed his general surgery residency at the Mayo Graduate School of Medicine at Rochester, Minnesota, where he also completed a residency in cardiothoracic surgery.
Presented By:

Jackie Mendoza, RN
Vice president and chief nursing officer, CHI Nebraska cardiovascular service line

Jackie Mendoza serves as vice president and chief nursing officer for the CHI Nebraska cardiovascular service line. In this position, she directs and coordinates overall efforts of clinic site activities through clinic coordinators and staff, including monitoring and assisting with training, development needs, and patient care. As well, she acts as a liaison between satellite offices, administration, and physicians to ensure consistency in the operations of the clinics. Mendoza joined the Nebraska Heart Hospital in 2002 and served as team leader for purchasing and materials management. Prior to her current role, she supervised the cardiac catheterization laboratories for both the Nebraska Heart Hospital and Nebraska Heart Institute.

“If you get two or three different physicians who were all trained in different places, well then, they're going to want to do it their way.”

—James H. Wudel, MD, cardiothoracic surgeon and Nebraska Heart’s medical director for quality

Compensation Plan

“Whether you’re a physician who sits in the office, or whether you’re a physician who travels 150 miles to see a patient, or a surgeon who puts in valves, we’re all heart doctors. You’ll be all be paid the same.”

Doing what is best for the patient results in superior outcomes.
Physician Vision

- Building a 92,000-square-foot, physician-owned specialty hospital 12 years ago.
- Creating a template for quality care.
- Individuals collaborating toward a common goal: *What is in the best interest of the patient!*

Supply Expense

- Previously the device preference was left up to the physician
- Led to variation in outcomes and process
- Group narrowed list of devices down to three, with management selecting final device

Care Variation

“We had 10 different ways of managing blood pressure and 10 different ways of managing heart rhythm irregularity,” Gangahar says. “So we agreed to come up with one standard way of doing those things.”
PANEL 4
Drive Safety and Efficiency With a Universal Care Model

- Jackie Mendoza, RN
  Vice president and chief nursing officer, CHI Nebraska cardiovascular service line
- Becca Eckert, MSN, RN
  Director of cardiovascular quality, Nebraska Heart Hospital
- Sherri Brunmeier, MSN, RN
  Manager of quality, safety, & risk management, Nebraska Heart Hospital

Presented By:

Becca Eckert, MSN, RN
Director of cardiovascular quality, Nebraska Heart Hospital

Becca Eckert serves as director of cardiovascular clinical quality and support services at CHI Health Nebraska Heart. In this position, she provides leadership functions, including clinical quality, risk management, and safety, and oversees Nebraska Heart Hospital’s credentialing and communications services, ensuring that optimized internal processes are in place. Eckert graduated from the Bryan School of Nursing in 1997, received her Bachelor of Science in Nursing from Nebraska Wesleyan University, and advanced to complete her Master of Science in Nursing with an emphasis in administration and leadership from Nebraska Wesleyan.

Presented By:

Sherri Brunmeier, MSN, RN
Manager of quality, safety, & risk management, Nebraska Heart Hospital

Sherri Brunmeier joined Nebraska Heart Hospital in 2008 and has served as a member of the quality department during her seven-year tenure with the organization.

As team leader for quality, safety, and risk management since 2014, Brunmeier has focused her department’s efforts on quality outcomes, peer review, and safety, all contributing to an outstanding safety record at Nebraska Heart. A graduate of Iowa Methodist School of Nursing, she received her Bachelor of Science in Nursing as well as a Master of Science in Nursing from Nebraska Wesleyan University. Her background includes home health care, peer review, surgical nursing, and oncology/hematology nursing.
“By the time the patient leaves, there have been at least five or six changes. That means five or six patient handoffs and rooms that have to be changed. So we decided rather than the patient going to where he or she will get care, let the care come to the patient.”

Universal Care Model

• Patient care is managed in one setting from admission to discharge
• Care coordination is planned and delivered by the primary RN
• Rapid adjustment to acuity changes
• Drastically reduces patient transfers and handoffs

Universal Care Model

• Improve patient safety and clinical outcomes
• Implement an acuity-based staffing model that decreases overwhelming nurse-to-patient ratios
• Enhance care coordination and encourage nursing staff to manage all acute care needs for the entire hospitalization, leading to safe and effective discharge
• Develop a comprehensive cross training program for employees to facilitate operational design
• Improve patient experience and satisfaction by decreasing anxiety and distress regarding changes in level of care
• Promote a healthy work environment that is safe, empowering, and satisfying
Safety Culture

• CHI has worked successfully with Healthcare Performance Improvement, LLC, to implement processes that enhance patient safety
• All staff undergo training in safety techniques and practices upon hire and annually
• Enhancement of communication and effective team practices
• Allows for clarification and confirmation
• Daily interdepartmental meetings to discuss safety-related issues
• Safety core team, safety coaches, and safety committee
• Administration, directors, and managers perform safety rounding to discuss what is working and what is concerning for staff

Incident Reporting

• Update since our last serious safety event.
• Highly encouraged reporting of all levels of occurrences.
• Reporting is a good thing! No punitive actions!
• All incidents undergo review for causes, potential recurrences, preventative actions, and staff involvement/assistance.
• Formal CCA/RCA developed where indicated.

Patient Safety

SafetyFirst Initiative
July 1, 2014–May 31, 2015

Near Miss Event
Precursor Event
Serious Safety Event

1,189 days without a serious safety event

Data Source: Incident Reporting Information System
Patient Satisfaction

HCAHPS Survey of Patient Experience FY 2015 to Date

Data Source: HealthStream

Cardiac Surgery

Early Extubation for Cardiothoracic Surgical Procedures CY 2014

Data Source: Society of Thoracic Surgeons

Cardiology

Median time to immediate PCI for STEMI patients (in minutes)

Data Source: American College of Cardiology Foundation
Summary

- Patient-centered care
- Collaboration among all team members
- Standardization of processes
- Superior quality and safety outcomes

Thank You

For follow-up questions, please email Jim Molpus at jmolpus@healthleadersmedia.com

Disclosure Statement
Who We Are

ABOUT HEALTHLEADERS MEDIA

HealthLeaders Media is the recognized leader in the healthcare arena, providing information and guidance to industry insiders and high-level executives for more than a decade. HealthLeaders Media offers unparalleled access to all areas of healthcare business intelligence through a suite of unparalleled products and platforms. With an award-winning, original editorial center, HealthLeaders Media is the leading source for 200,000 subscribers in print and online. As an integrated media company, HealthLeaders Media consists of the following entities: HealthLeaders magazine, Daily News and Analysis and free e-newsletters, blogs, webcasts, on-demand audio and video clips, and California HealthFax.

HealthLeaders Media is the healthcare industry's destination of choice for online news and analysis. The website provides unparalleled content and tools for more than 200,000 healthcare professionals. These topics include: leadership, finance, technology, physicians, community opportunities, and presentations for senior management.

HealthLeaders Media Intelligence is the premier source for executive healthcare business research. It provides analysis and forecasts through digital platforms, print publications, custom reports, white papers, conferences, roundtables, peer networking, and trends that are shaping the business of healthcare today. More than 40,000 high-level healthcare executives rely on HealthLeaders Media Intelligence to keep up to date with the latest news and trends.

Unlike anything you've experienced before, HealthLeaders Media Breakthroughs, named ASHPE 2010 best digital publication, brings industry visionaries and influencers together to discuss the implications of the most significant trends. The HealthLeaders Media audience of more than 200,000 healthcare executives, select members of the HealthLeaders Media Council, and expert guest speakers provide relevant and actionable insights that drive success.

For more information, please visit www.healthleadersmedia.com

ABOUT BLR®

BLR®—Business & Legal Resources is the authority on employment, safety, and environmental compliance, providing trusted management solutions to help U.S. businesses meet state and federal regulatory requirements. Through our expert support for these actions and exclusive attorney network, we provide the most comprehensive, reliable state-specific, information available—for all 50 states. Our award-winning information products—including training programs, events, think portfolio, reports, and subscription services—give businesses of all sizes and across all industries the tools they need to mitigate risk and drive profitability.

For more information, please visit www.blr.com

CopyRight

The HealthLeaders Media Library contains original material ©2015 HealthLeaders Media, a division of BLR. For more information, please contact us at 75 Sylvan Street, Suite A-101, Danvers, MA 01923.

If you are an authorized user, you may access this material from your workstation. Unauthorized copying is strictly prohibited.

Although every precaution has been taken in the preparation of these materials, the publisher and speaker assume no responsibility for the actions, decisions, or the consequences resulting from the use of the information contained herein. Actual given in a seminar, and attendants and readers of the materials should consult professional counsel for specific legal, ethical, or technical questions.

HealthLeaders Media, a division of BLR, is not affiliated in any way with The Joint Commission, which owns the JCAHO and Joint Commission trademarks; the Accreditation Council for Graduate Medical Education, which owns the ACGME trademark; or the Accreditation Association for Ambulatory Health Care (AAAHC). Joint Commission trademarks; the Accreditation Council for Graduate Medical Education, which owns the ACGME trademark; and the Accreditation Association for Ambulatory Health Care (AAAHC).

HealthLeaders Media, a division of BLR, is not affiliated in any way with The Joint Commission, which owns the JCAHO and Joint Commission trademarks; the Accreditation Council for Graduate Medical Education, which owns the ACGME trademark; or the Accreditation Association for Ambulatory Health Care (AAAHC).

BLR—Business & Legal Resources is the authority on employment, safety, and environmental compliance, providing trusted management solutions to help U.S. businesses meet state and federal regulatory requirements. Through our expert support for these actions and exclusive attorney network, we provide the most comprehensive, reliable state-specific, information available—for all 50 states. Our award-winning information products—including training programs, events, think portfolio, reports, and subscription services—give businesses of all sizes and across all industries the tools they need to mitigate risk and drive profitability.

For more information, please visit www.blr.com

The HealthLeaders Media Library consists of the following entities:

HealthLeaders Magazine

HealthLeaders Media is the leading source for 200,000 subscribers in print and online. As an integrated media company, HealthLeaders Media consists of the following entities: HealthLeaders magazine, Daily News and Analysis and free e-newsletters, blogs, webcasts, on-demand audio and video clips, and California HealthFax.

HealthLeaders Media is the healthcare industry's destination of choice for online news and analysis. The website provides unparalleled content and tools for more than 200,000 healthcare professionals. These topics include: leadership, finance, technology, physicians, community opportunities, and presentations for senior management.

HealthLeaders Media Intelligence is the premier source for executive healthcare business research. It provides analysis and forecasts through digital platforms, print publications, custom reports, white papers, conferences, roundtables, peer networking, and trends that are shaping the business of healthcare today. More than 40,000 high-level healthcare executives rely on HealthLeaders Media Intelligence to keep up to date with the latest news and trends.

Unlike anything you've experienced before, HealthLeaders Media Breakthroughs, named ASHPE 2010 best digital publication, brings industry visionaries and influencers together to discuss the implications of the most significant trends. The HealthLeaders Media audience of more than 200,000 healthcare executives, select members of the HealthLeaders Media Council, and expert guest speakers provide relevant and actionable insights that drive success.

For more information, please visit www.healthleadersmedia.com

ABOUT BLR®

BLR®—Business & Legal Resources is the authority on employment, safety, and environmental compliance, providing trusted management solutions to help U.S. businesses meet state and federal regulatory requirements. Through our expert support for these actions and exclusive attorney network, we provide the most comprehensive, reliable state-specific, information available—for all 50 states. Our award-winning information products—including training programs, events, think portfolio, reports, and subscription services—give businesses of all sizes and across all industries the tools they need to mitigate risk and drive profitability.

For more information, please visit www.blr.com