

What's Right in Healthcare

Covenant Health
Knoxville, Tennessee

Getting the Framework Right

How Evidence-Based Leadership
Empowers 11,000 Professionals to
Improve in Unison

Journey to Excellence

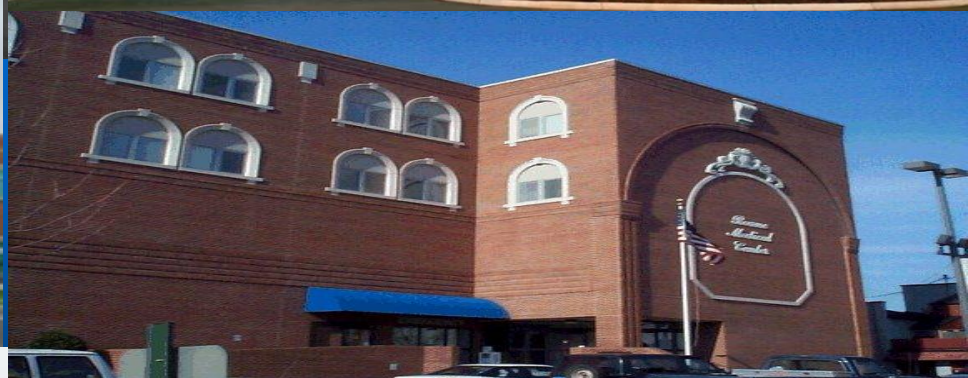
A Journey, Not a
Destination...

Objectives

- Describe a Framework for Driving System-wide Performance
- Discuss Lessons Learned
- Share Tips and Takeaways for Other Organizations



Covenant
HEALTH.



Mission

**We serve the community by
improving the quality of life
through better health.**

Vision

Covenant Health – First Choice

Covenant Health's clinical and service excellence will make us the first and best choice for patients, employees, physicians, employers, volunteers and the community.

Values

In service to God and community, we value:

Integrity

Quality

Service

Caring

Developing People

Using Resources Wisely

Journey Begins With...

- **Board of Directors and CEO:**
 - **Board-Appointed Quality Committee**
 - **Commitment to Quality Pledge 2002**

Covenant Health's PROMISE OF QUALITY

On this, the first day of May, in the year of our Lord two thousand and four, we, the undersigned, as Executive Leadership and members of the Board of Directors of Covenant Health, do hereby affirm our unwavering commitment to the standard of excellence on which this great organization was founded.

WE AFFIRM...

our commitment to courageous and servant leadership and do proudly accept the responsibilities and challenges therein.

our commitment to the core Mission of Covenant Health –
“To serve the community by improving the quality of life through better health.”

our commitment to the core Values of Covenant Health –
“Integrity, Quality, Service, Caring, Developing People and Using Resources Wisely.”

our commitment to the core Vision of Covenant Health –
“Clinical and Service Excellence will make us the first and best choice for patients, employees, physicians, employers, volunteers, and the community.”

our determination to embrace the roles and responsibilities of the System Quality Improvement and Professional Relations Committee, (SQIPR) whose members serve at the pleasure of the Board and perform their duties in good faith and on our behalf, providing governance and oversight for all aspects of quality throughout Covenant Health.

WE BELIEVE...

that quality is the core of each of these principles – the Mission, the Values, the Vision.

that a true commitment to quality distinguishes great leaders and great organizations.

that a true commitment of the organization begins with the commitment of its leadership.

WE BELIEVE AND DO HEREBY AFFIRM...

our undisputed resolve and unilateral commitment
to uphold through word and deed these principles of quality;
these ideals of excellence; these fundamental covenants of our organization.

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HEALTH.

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Executive Leadership

Executive Leadership's Commitment Drives:

- Patient Safety
- Quality
- Engaged Employees, Physicians,
and Leaders

Partnership With Studer Group

- **Board and ELT's Commitment to Seek Best Practices to Improve Patient Safety, Quality and Service**
 - Evidence Based Leadership
 - Focused Coaching Plans
 - Deployment

Timeline

- **2006 - Limited Partnership at Parkwest Medical Center**
- **2007 - Expanded to Encompass All of Covenant Health System**

Timeline

- 2008 - Adoption of the LEM for Performance Management for all Covenant Leaders
- 2009 / 2010 - Hardwired the “Must Haves”
- 2011 – Focus on System Alignment

Engaged Competent Leaders

- **System-Wide and Facility LDIs Quarterly**

- CEO Scorecard Reports and Market Updates
- Executive Leadership Reports on System Quality, Patient Safety/VBP, Employee Engagement
- Facility Employee Forums Quarterly Connect the Dots for All Employees

Good Intentions to Results

- **Common, Aligned Goals**

Goal Selection Process

- **Executive Leaders and BOD Identify Goals for Upcoming Year**
- **Pillar Framework for Balanced Approach and Focus**
- **ELT Communicates to Senior Leaders Across Health System**

Do Your Goals Drive Performance?

- **Lessons Learned:**

- How to Use the LEM Team Effectively
- How to Use Effective, Equitable Weighting
- How to Drive a System Approach Using Goals
- How to Cascade to the Right Leaders, i.e. Who Carries the Goal?

System LEM and Measurement Teams

- **Provide Expertise and Recommendations to ELT**
 - National and Regional Benchmarks for Goal Targets
 - Statistical Analysis of Current Data
 - Facility Best Practices
 - Coaching Leaders in Goal Development

Weighting

- **Use to Drive Focus for Leaders**
- **Tailor to Department, Unit, Service Based Upon Current Performance and Role in Contributing to Organization's Goals**
- **Incentivize System Alignment and Teamwork, Sharing Best Practices**

Health System or System of Sovereign States?

- **Executive Direction**
- **Common Goals**

Lesson Learned: A Good Start

Best Practice:

- **Goal Weighting to Share in a System Goal:**
 - **Ex. 15% of Goal Target is Achieved by the Health System Meeting Its Goal for Patient Safety**

Goal Cascading Process

- Senior Leaders (System Vice-Presidents, CAOs) Communicate Goals to Entity-Level Leaders (VPs)
- VPs Review with Managers and Directors and Propose Targets

Lesson Learned: Critical Step!

- **Senior Teams at Entity Review and Approve Goals and Targets for All Leaders to Insure Equity, Alignment and Entity-Level Success**
- **Executive Leaders Review and Approve Senior Team goals, targets and weighting.**

Covenant Health Vision

First and Best Choice for Employees to Work

- **System Goal: Reduce or Maintain Turnover to X% to Insure Stable Workforce**
 - Entity Turnover Goal (ex. Hospital, IT Division)
 - Departmental Turnover Goal (ex. ICU, ED)?
 - When Does It Make Sense? What Weight?

Covenant Health Vision

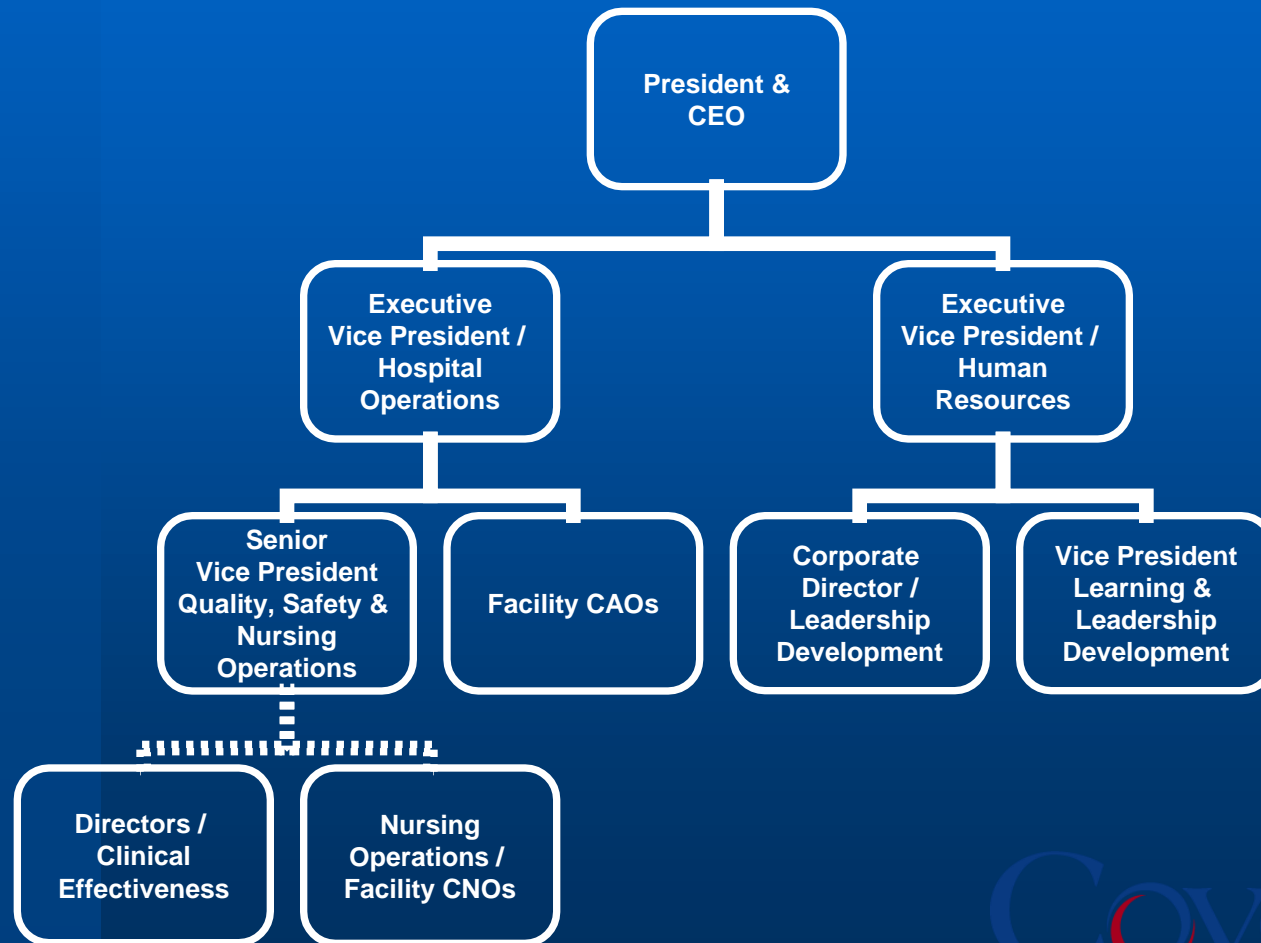
Quality Commitment

- **First and Best Place for Patients to Receive Care**
 - **Goal: Reduce Patient Safety Events by X%**

Operationalizing the Journey

- **Aligned Goals / LEM**
- **Comprehensive Scorecards**
- **System Transparency**
- **Accountability**

Organizational Structure



Must Haves Report

Instructions:

- Complete this report quarterly.
- Reports are due on the first working day after the 20th of the month ending the quarter. For example: July 2011, October 2011, and January, 2012 so that the full quarter results will be available.
- Please note that the row for PRC OP results will apply to OP services for the hospitals, and Home Health/Hospice and TCSC results will be entered in that row under their respective column headings.
- Please enter the actual numerators and denominators (x/x) and the percent compliance for each of the metrics where this is applicable.

Quarterly Results for Year 2011		MUST HAVES			
Regional		1st qtr 2011	2nd qtr 2011	3rd qtr 2011	4th qtr 2011
Service					
	In-patient overall quality				
	Outpatient for hospitals/Home Health/Hospice/TCSC				
	Outpatient surgery overall quality				
	Emergency Department overall quality				
	HCAHPS overall quality				
	HCAHPS likely to recommend				
Quality					
	ED - Door to physician overall – goal 30” or < (measured in minutes)				
	ED - Room to provider – goal = 15” or < (measured in minutes)				
	ED - Disposition to discharge goal = 30” or < (measured in minutes)				
Process Measures / Tactics (% compliance (num/denom))					
	Leaders rounding on employees - % compliance monthly for the entire hospital				
	Leader rounding on Out-patients – goals = 25% of patients daily				
	Leaders rounding on In-patients = % compliance monthly for each department that provides direct care to patients - Goal = 100% daily				
	Senior Leader rounding on departments = one hour per week				
	Internal Customer Rounding for Support Services leaders – documentation that support leaders have identified their key customers and number rounded on/quarter versus targeted number				
Discharge phone calls - % compliance with monthly targets per department (% Attempts/% Contact)					
	ED - attempt 100% of those eligible, contact 60%				
	IP - attempt 100% of those eligible, contact 70%				
	OP Surgery - attempt 100%, contact 80%				
	Other OP Depts. - according to target established by the facility for the service. Attempt 100% of those identified; contact 60%.				
AIDET (% compliance (num/denom))					
	Use of AIDET by all staff – documentation of at least 10 AIDET audits/month for each department/unit; Calculation: (Total number of Aidet Audits completed for the quarter) / (30 x number of managers)				
	AIDET orientation for new employees; Calculation: (number of new employees who completed full AIDET orientation) / (number of new employees)				
Thank you notes					
	Write two per week per leader; Calculation: (Total number of Thank you notes written by leaders for the quarter) / (24 x number of leaders)				

		YTD June 2011										
		System Qtrly Target	CH	REG	PW	PBH	MMC	LeConte	Loud	Roane	MT/H	TCSC
PEOPLE	Employee Engagement											
	Voluntary Turnover											
QUALITY	Core Measure Compliance aggregate score											
	% of Core Measures meeting 100% Compliance											
PATIENT SAFETY	Mortality Index											
	Total number of Patient Safety Events											
SERVICE EXCELLENCE Percentiles YTD data	Inpatient											
	Outpatient											
	Outpatient Surgery											
	ED											
HCAHPS	Overall Hospital Index											
GROWTH	Adjusted Admissions											
FINANCE	Salaries, benefits, and Temp help as a % of NPR											
	Medicare LOS											
	Net Operating Income (thousands)											

PRIVILEGED AND CONFIDENTIAL

Tenn. Code Ann. §§ 68-11-272 and 63-1-150

Patient Safety Scorecard - YTD through June 2011

Value Based Purchasing

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A Systems Approach: Patient Safety Bundles

System-Wide Deployment of Evidence Based Bundles:

- Hand Hygiene
- Central Line Insertion / Maintenance
- VAP Prevention
- MRSA / MDRO Prevention
- Decubitus Prevention
- VTE Prevention
- Catheter Related UTI Prevention
- Falls Prevention

Goal for Reduction

2010

- **System Goal of 25% in All Harm Events**
- **Hospital Specific Goals**
 - CNO Scorecard Developed

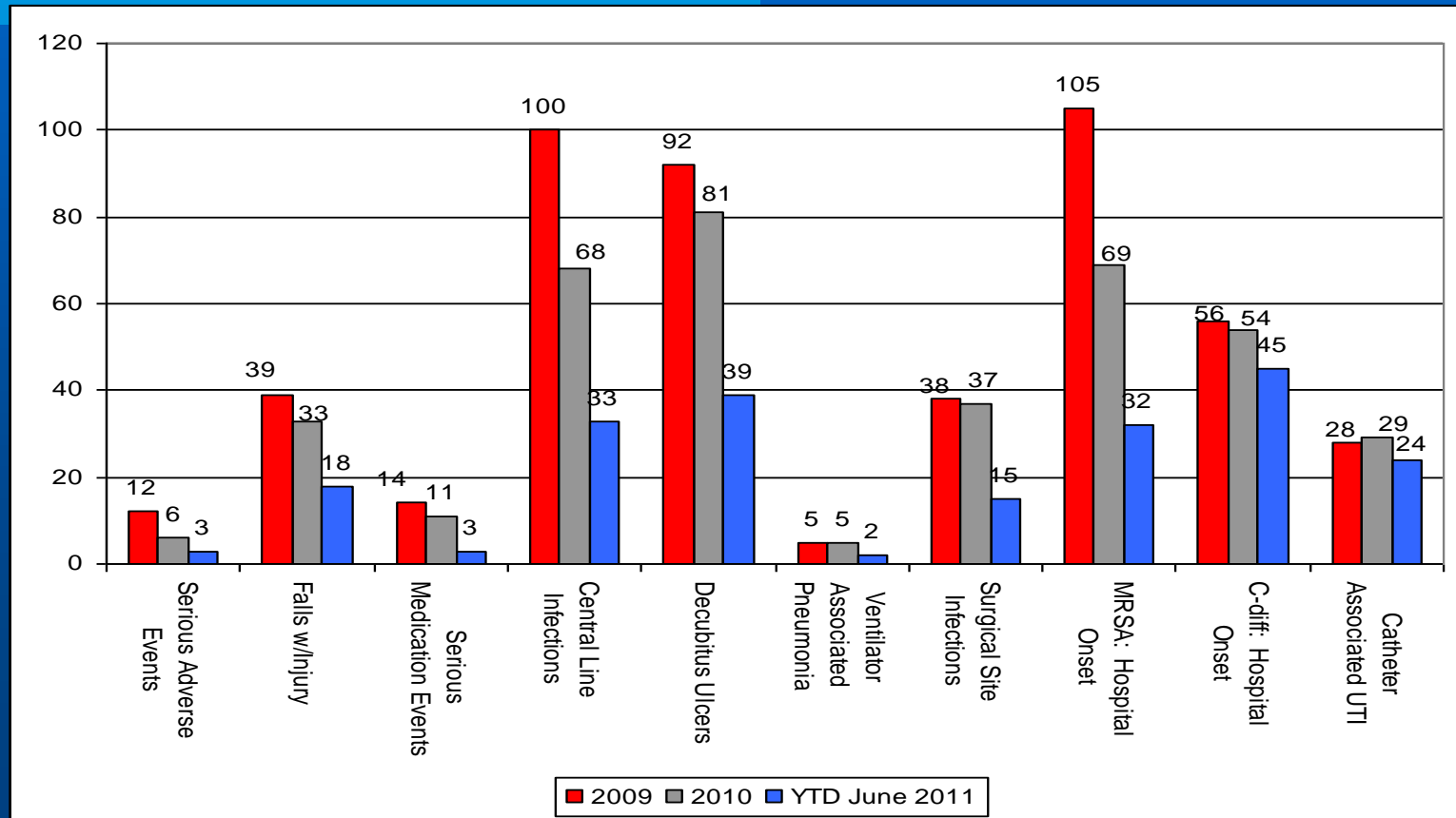
2011

- **System Goal of Additional Reduction of 20%**
 - Patient Safety Scorecard
 - Shared Incentive with Senior Team
 - 70% Hospital / 30% System

Patient Safety

Patient Safety Totals	Baseline	Benchmark / Target 2011	FY 2011 QTR 1	FY 2011 QTR 2	YTD June 2011
Covenant Health System	618	526	171	133	304
Regional	225	191	41	42	83
Parkwest	189	161	56	48	104
Peninsula			0	1	1
Methodist	134	114	59	25	84
LeConte	27	23	7	8	15
Loudoun	9	8	2	3	5
Roane	11	9	3	2	5
Morristown-Hamblen	23	20	3	4	7

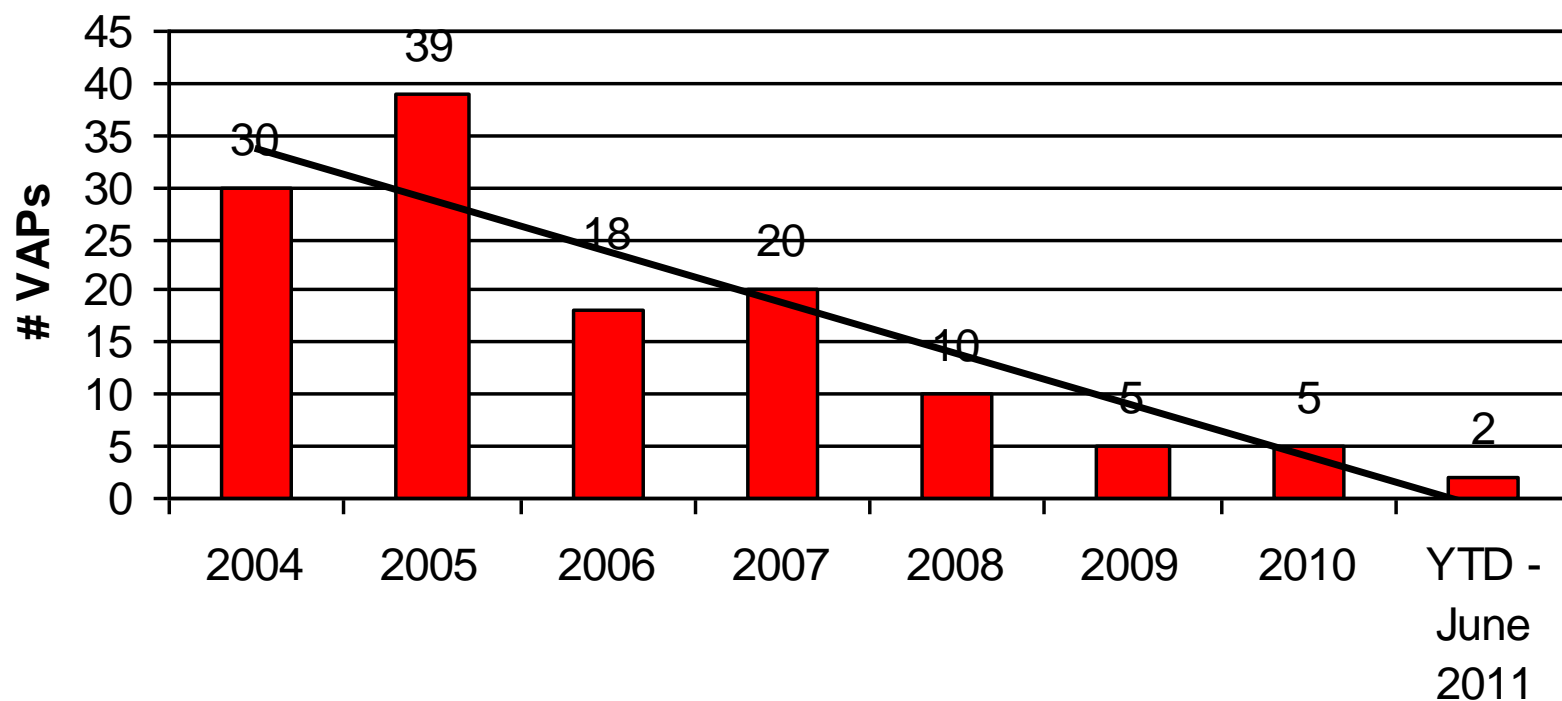
Patient Safety Events



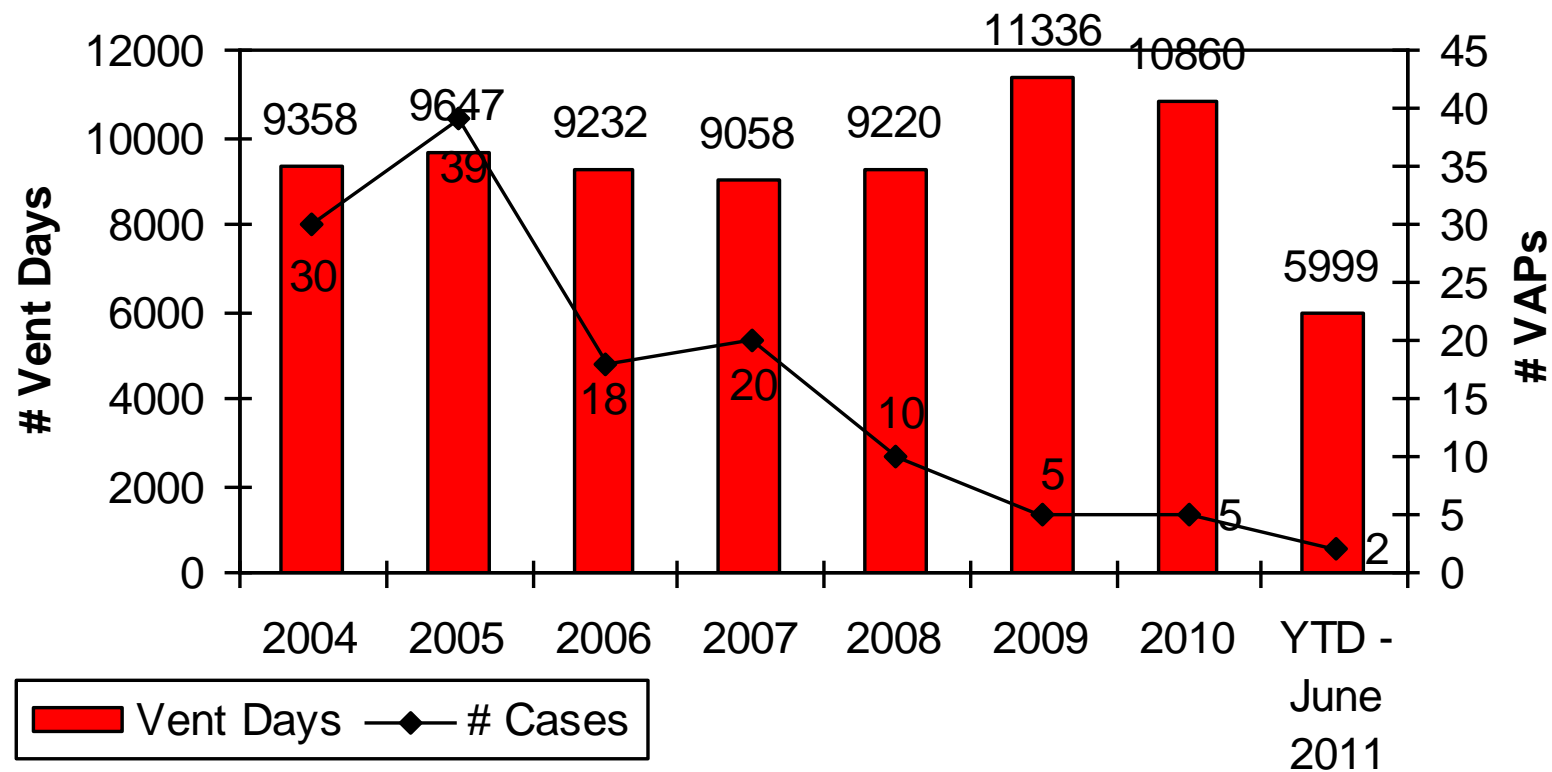
OB Service Line Scorecard- YTD June 2011

							CH OB
	Benchmark/ Target	FSRMC	PW	MMC	LeConte	MHHS	CY 2011
Cesarean Rate							
Primary							
Total							
Breast Feeding							
Overall							
Exclusive							
3rd and 4th degree lacerations per 1000 vaginal deliveries							
Shoulder dystocia with injury to baby							
Unexpected neonatal transfers							
Elective Deliveries prior to 39 weeks							

Ventilator Associated Pneumonia

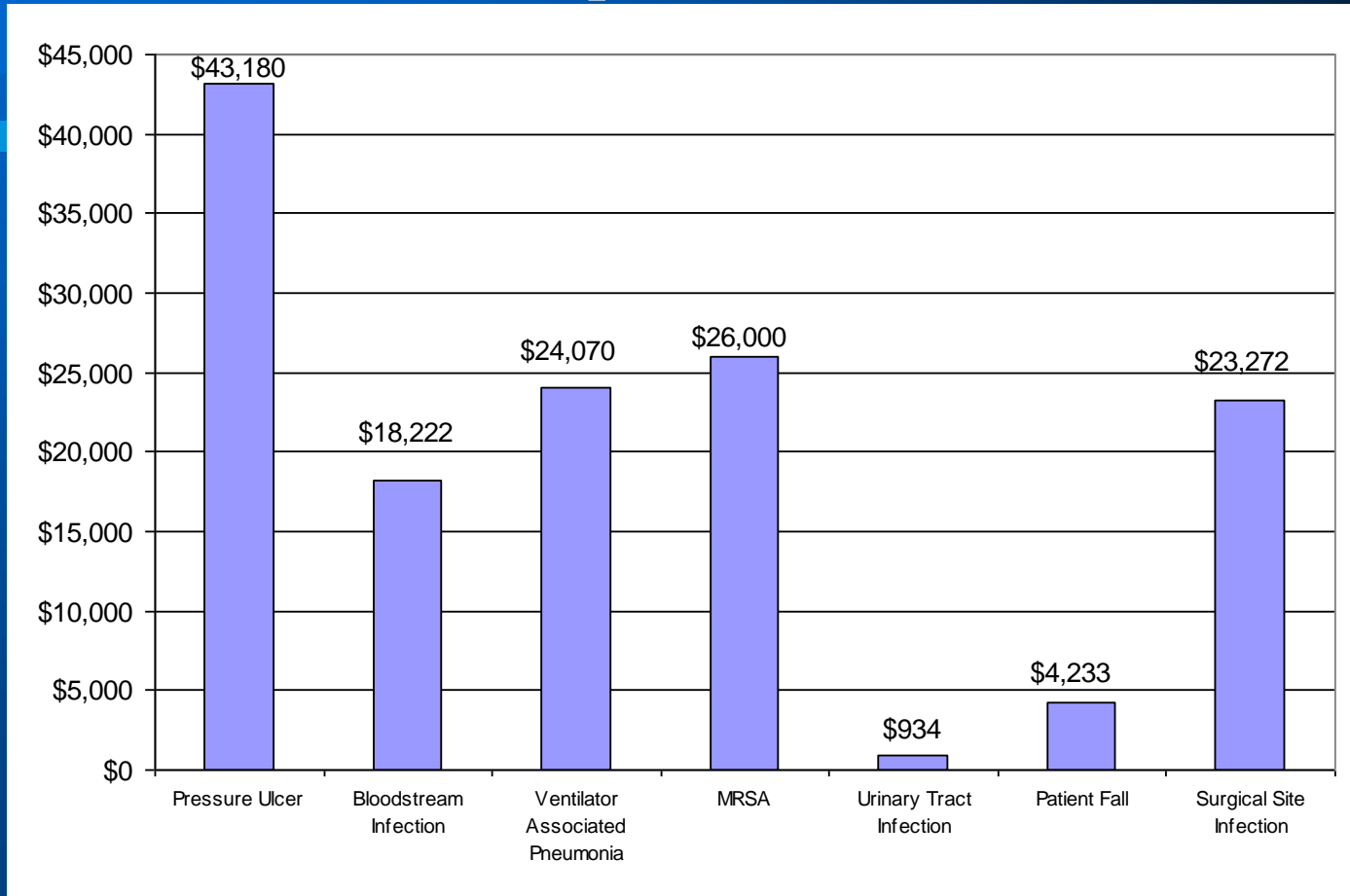


Ventilator Associated Pneumonia



Untangling the Economics of Quality

Mean Cost per Incident



Sources: Beaver, Michelle, "CMS to Put Pressure on Providers for Decubitus Ulcer Prevention", *Infection Control Today*, August 2008

Scott, R. Douglas, "The Direct Medical Costs of Healthcare-Associated Infections in U.S. Hospitals and the Benefits of Prevention," March 2009.

Spetz, Joanne, PhD, "Cost Effectiveness of a Medical Vigilance System to Reduce Patient Falls, *Nursing Economics*, January 2008

Business Case for Quality Efforts

	Pressure Ulcer	BSI	VAP	MRSA	UTI	Patient Falls	Surgical Site Infection
2009 Events	92	103	5	105	28	39	38
2010 Events	66	68	5	69	29	33	37
2009 Costs	\$3,972,560	\$1,876,866	\$120,350	\$2,730,000	\$26,152	\$165,087	\$884,336
2010 Costs	\$2,849,880	\$1,239,096	\$120,350	\$1,794,000	\$27,086	\$139,689	\$861,064
COST AVOIDANCE	\$1,122,680	\$637,770	\$0	\$936,000	-\$934	\$25,398	\$23,272

Total Estimated Cost in 2009 = \$9,775,351

Total Estimated Cost in 2010 = \$7,031,165

Total Cost Avoidance = \$2,744,186

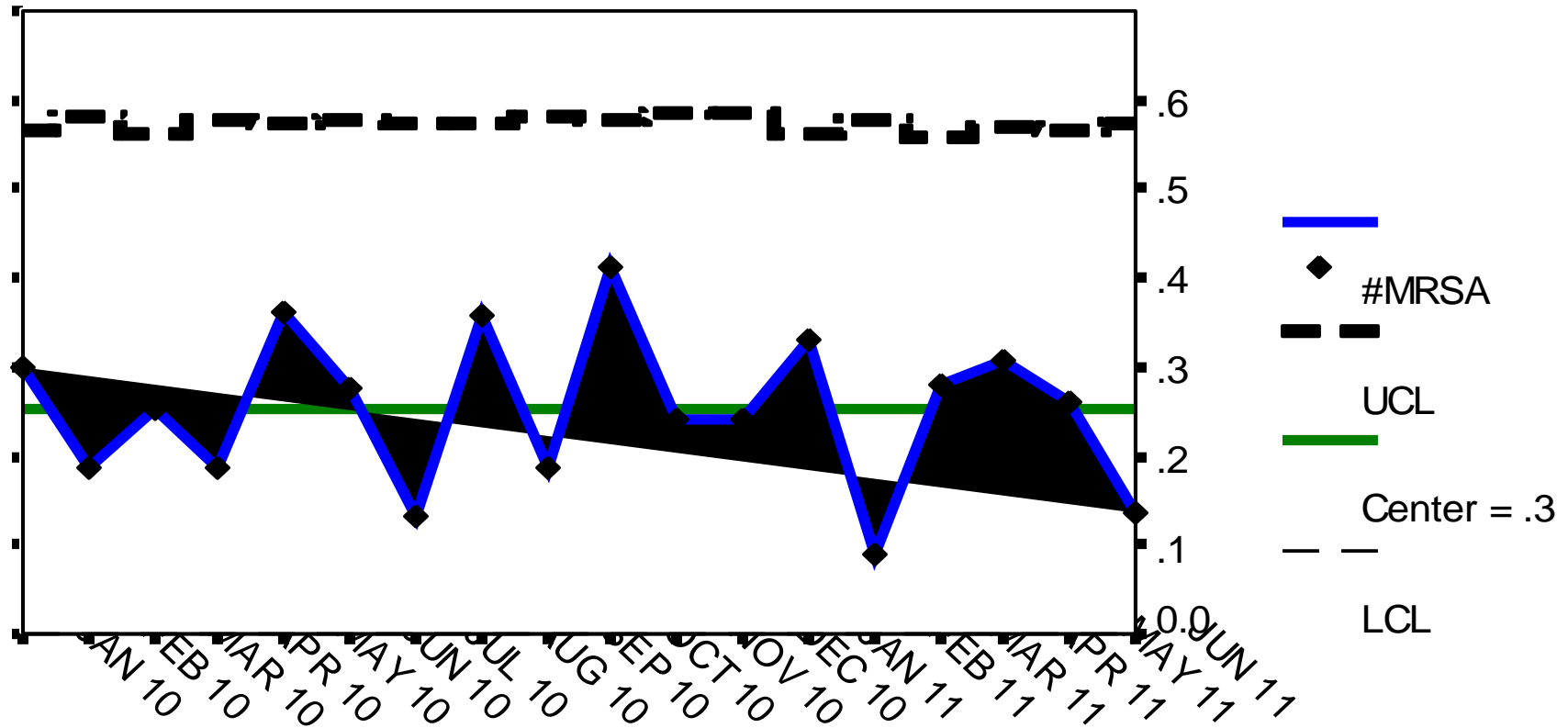
Pressure Ulcers: Stage III, IV & Unstageables

Patient Falls: F - I

MRSA Infections

ICU and Med Surg Infections

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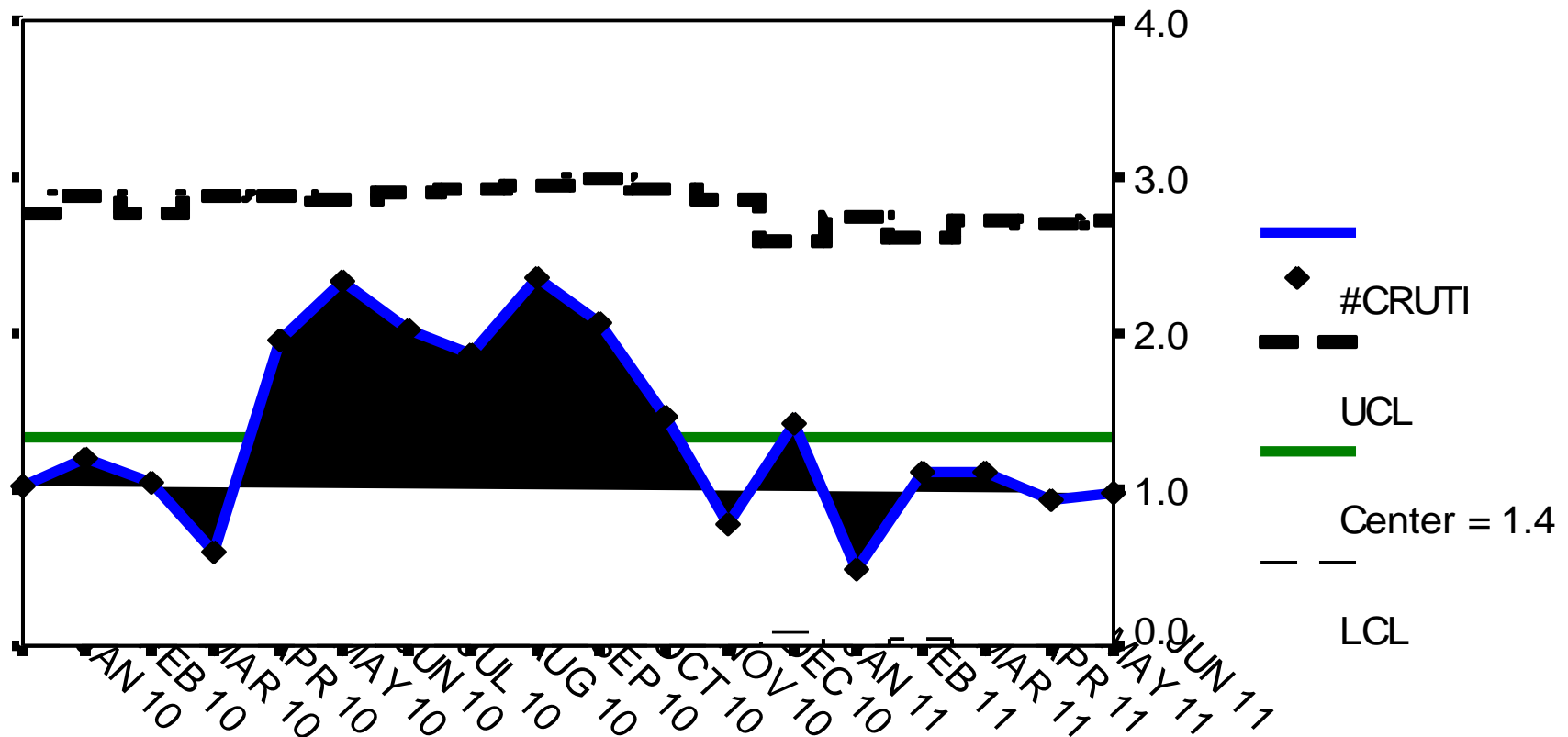


Sigma level: 3

Catheter Associated Urinary Tract Infections

ICU and Med Surg Infections

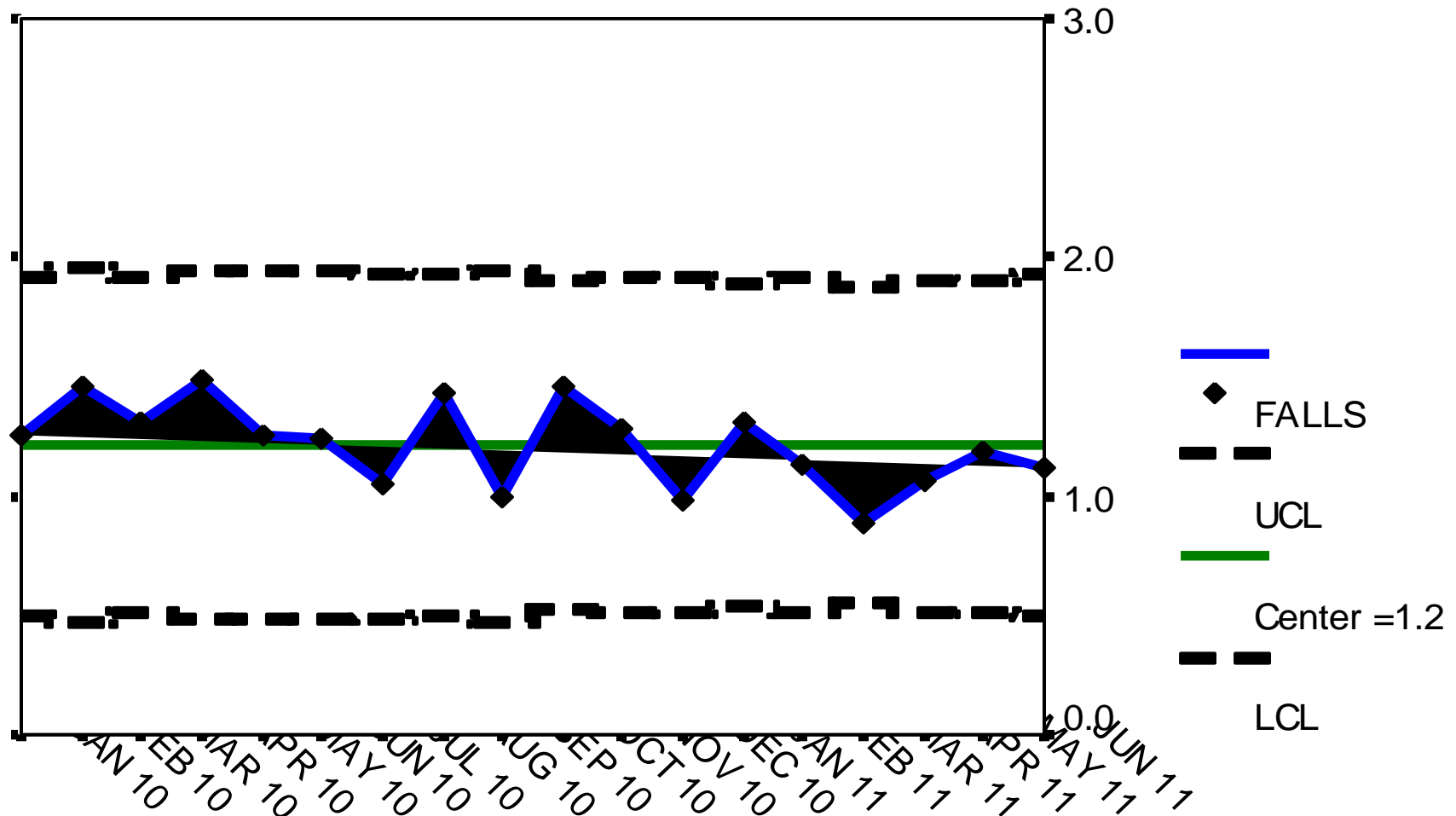
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Sigma level: 3

Inpatient Falls (E-I)

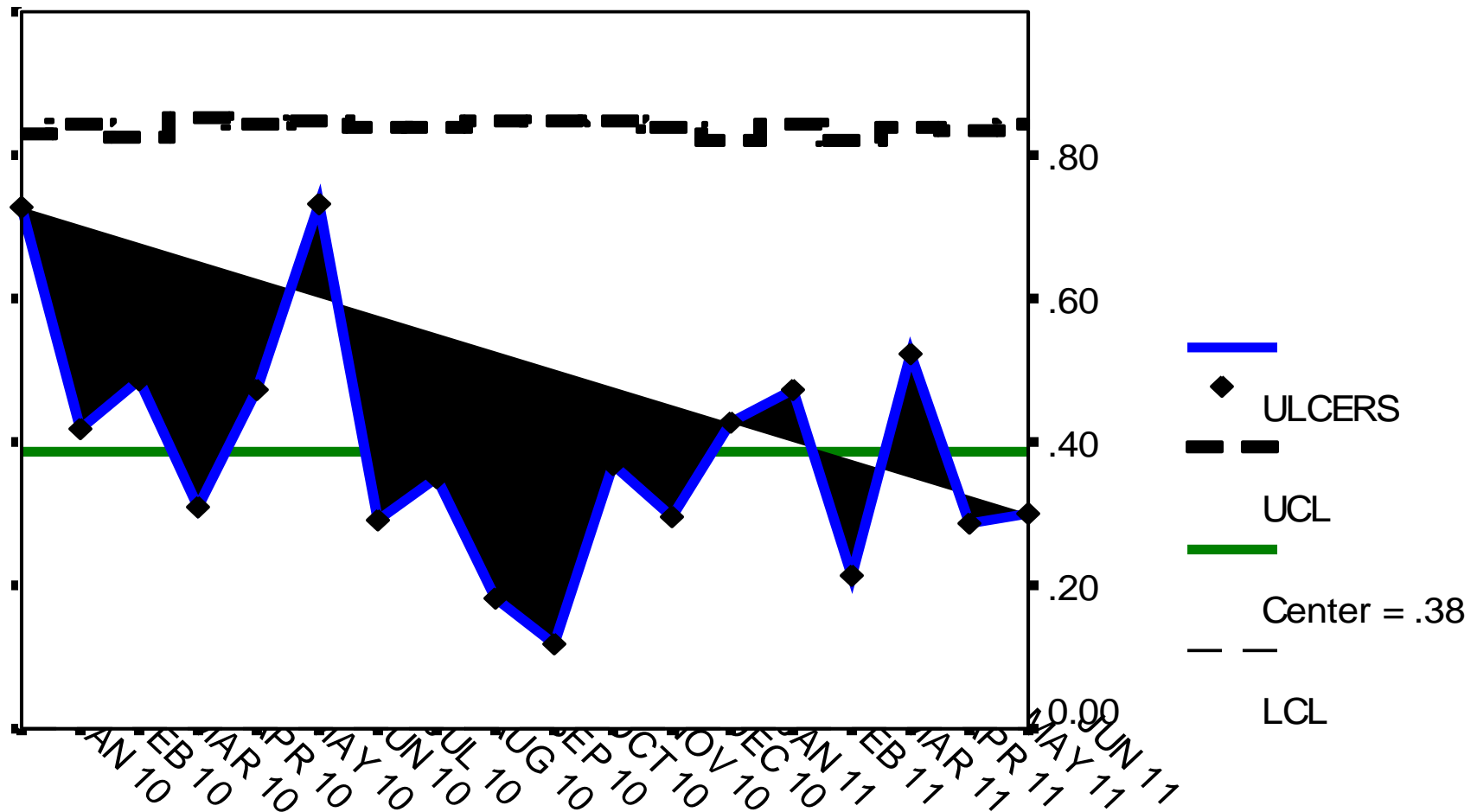
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Sigma level: 3

Hospital Acquired Decubitus

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Sigma level: 3

System Goal for Core Measures

- **Examples of Goals at Each Level:**

- **System**

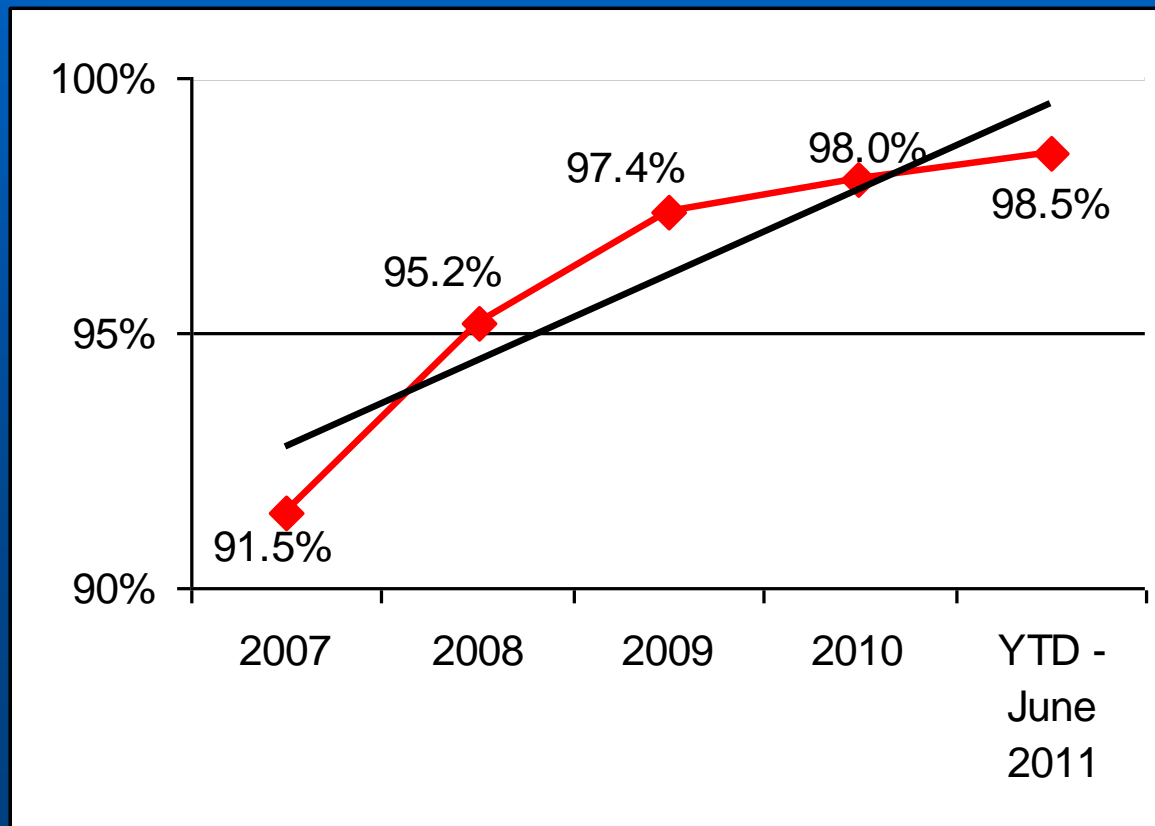
- 98% Composite
- 75% at 100%

- **Hospital**

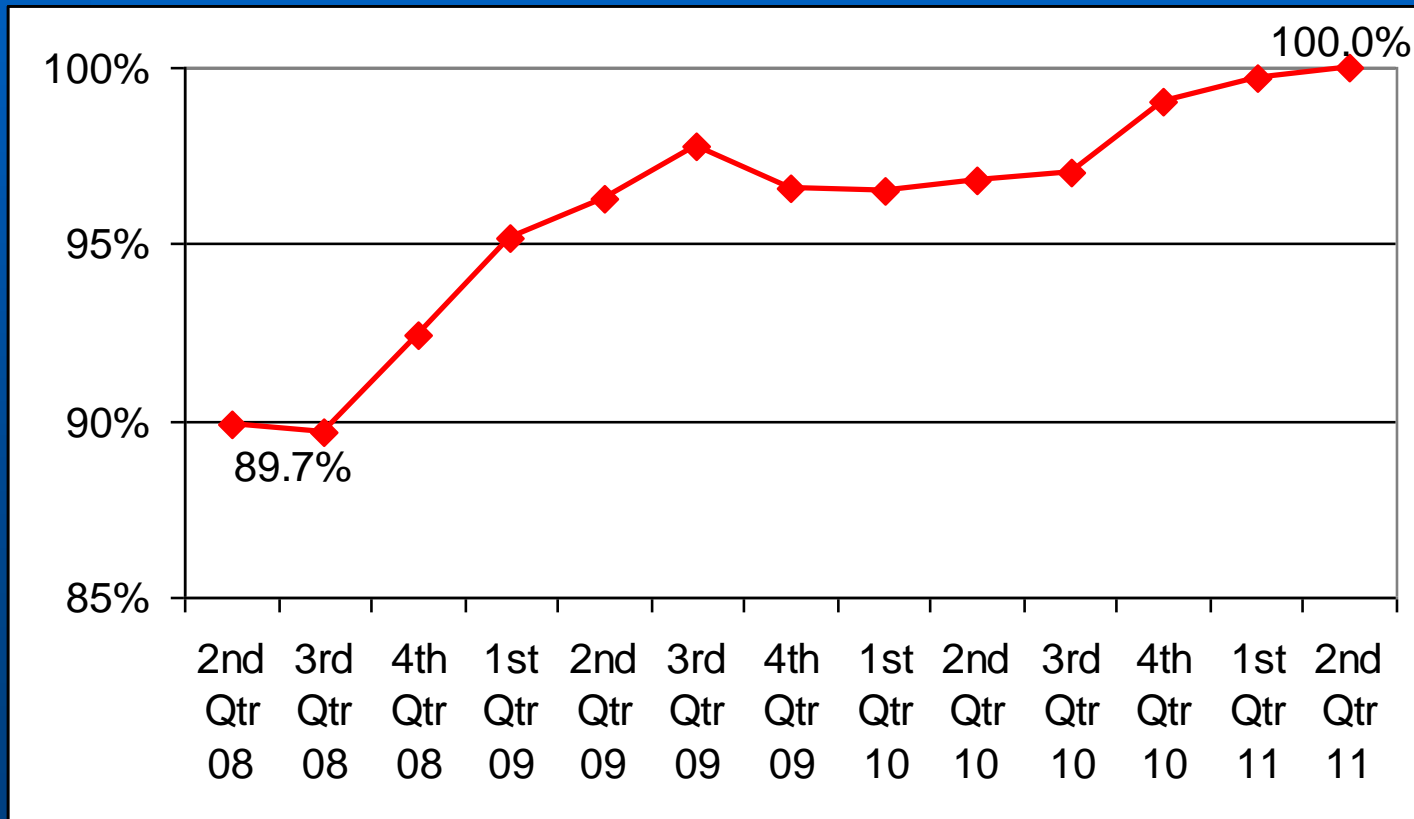
- **Service line: ED**

- **Unit or Work Area: Nursing Unit**

Core Measure Compliance



MHHS Core Measure Compliance



HCAHPS Goal Example: System

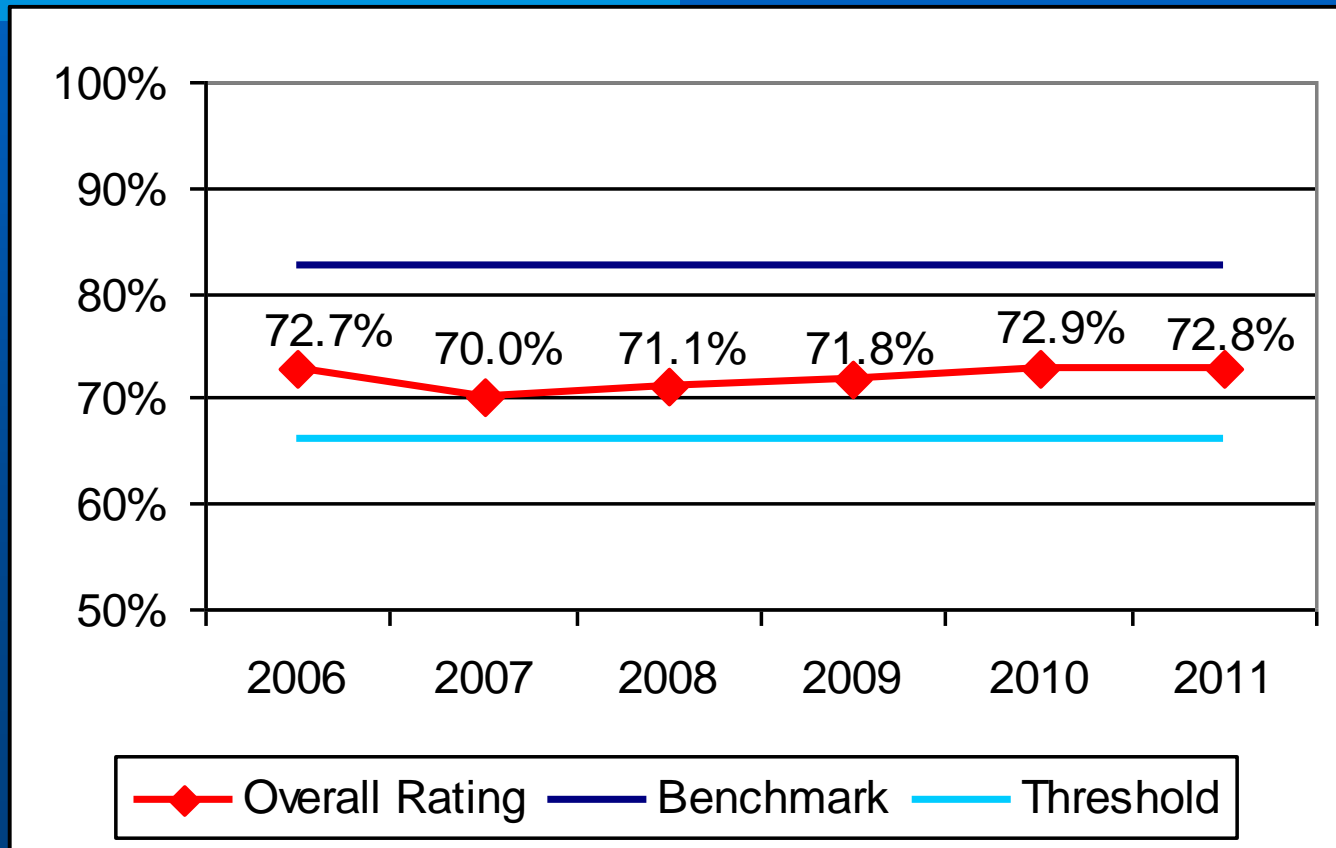
System

- Achieve Threshold on all Measures

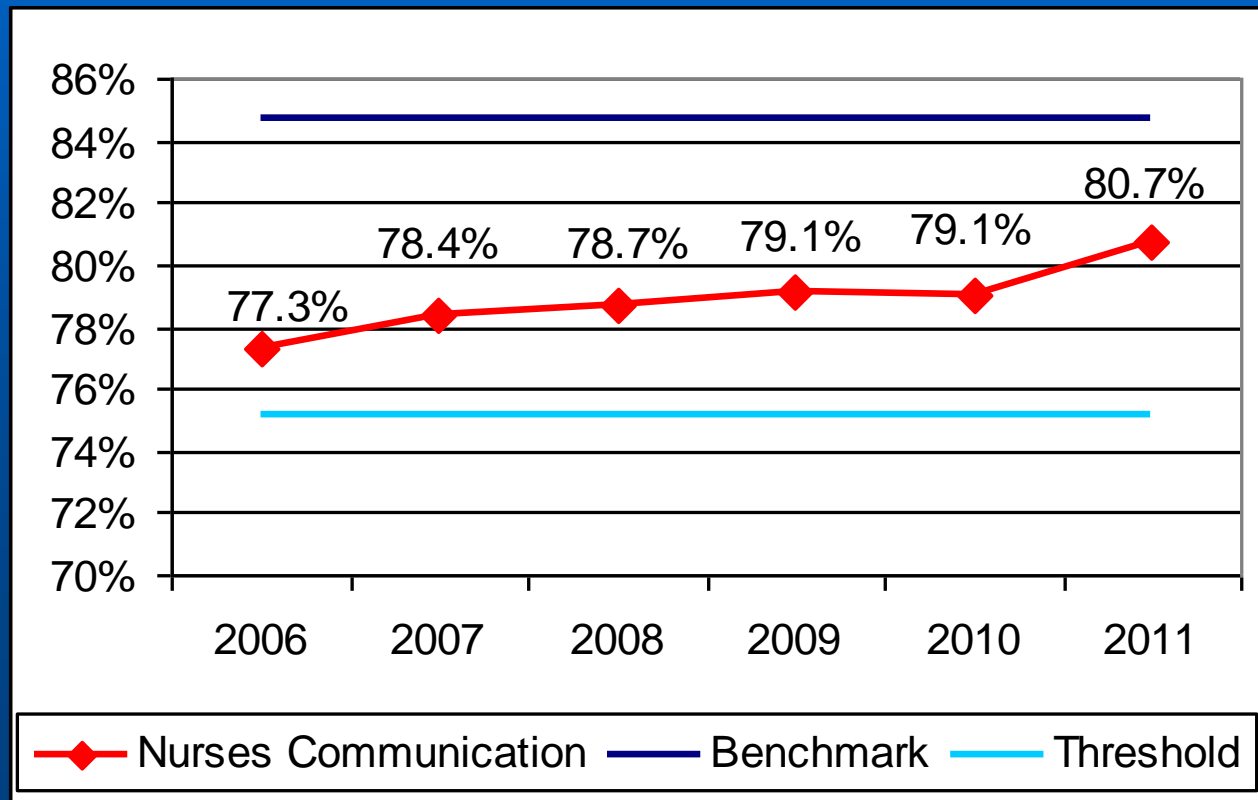
Hospitals

- Shared by Senior Team
- Directors and Managers

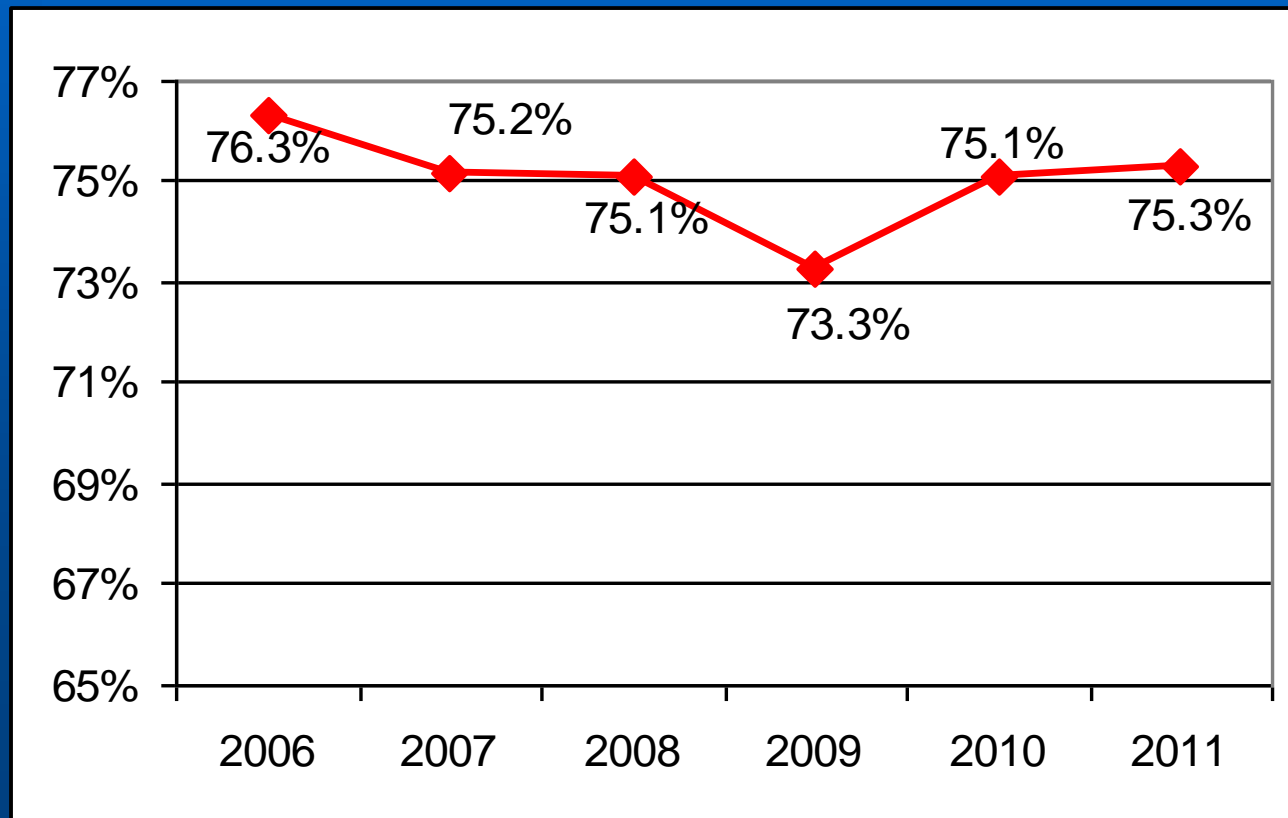
HCAHPS – Overall Hospital



HCAHPS – Nurses Communication



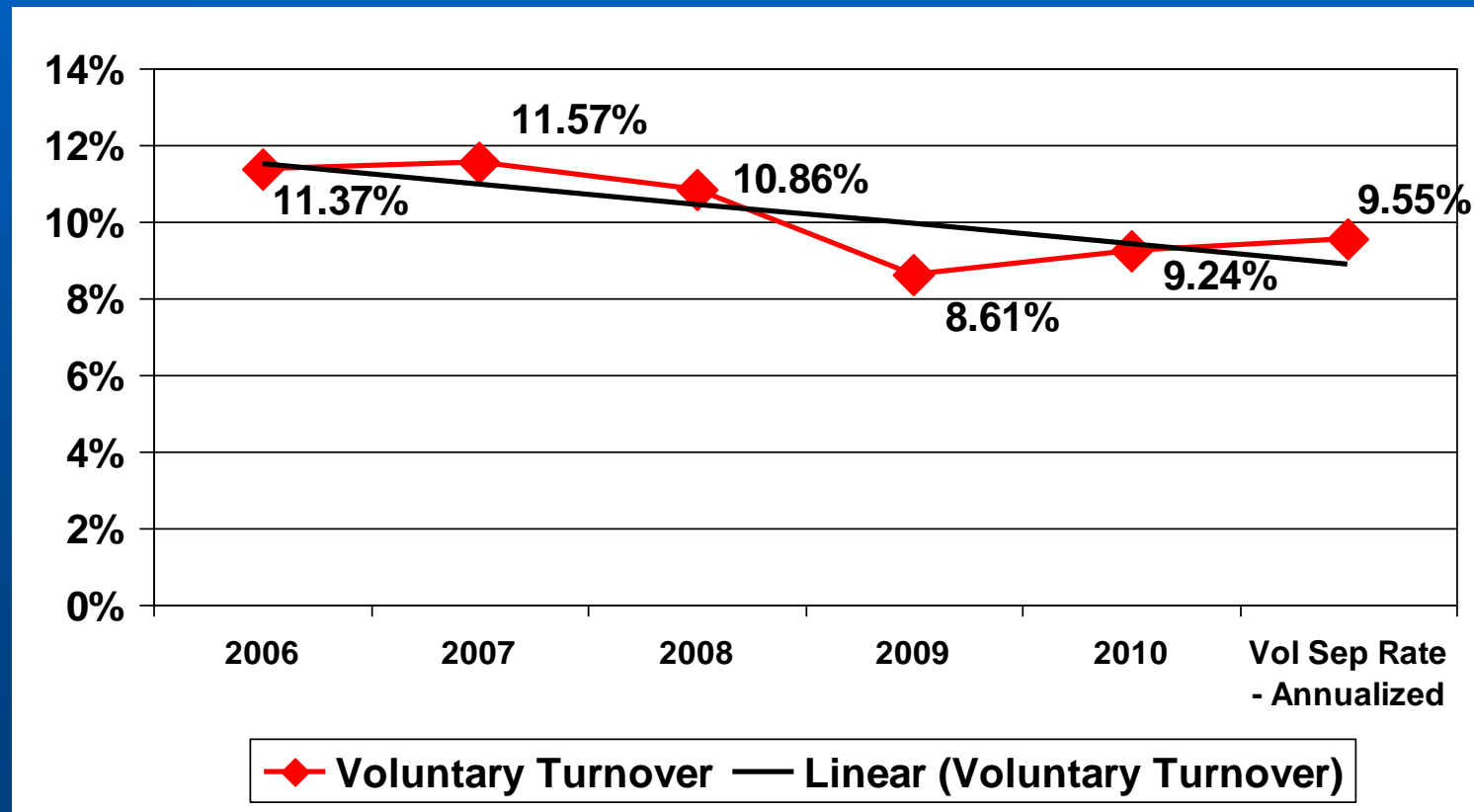
HCAHPS – Would Recommend



System Turnover Goal

- **Hospital Turnover Goal**
 - Unit Specific Turnover Goal
 - Describe How Weighting is Used to Focus Areas With High Turnover, Lower Weighting For Areas to maintain Current Turnover

Voluntary Turnover System Overall



Voluntary Turnover - RNs

System Overall

- **HAVE REQUESTED
INFO**

Value Based Purchasing

- **Developed Index**
- **Deployed Monthly Analysis on All Elements of VBP**
- **Action Plans Developed & Communicated to ELT**
- **Working with VHA to Predict Payment Model**

Ongoing Journey



The Journey Continues

- **Performance Excellence Awards**
- **External Recognition**

Annual Performance Excellence Awards Ceremony



Recent External Recognition

- **2011 President's Award of Honor**
 - VHA, Inc.
- **VHA Leadership Award for Supply Chain Management Excellence**
 - VHA, Inc.
- **VHA Leadership Award for Clinical Excellence**
 - VHA, Inc. (Parkwest Medical Center)
- **VHA Leadership Award for Clinical Excellence**
 - VHA, Inc. (Methodist Medical Center)
- **Reduction in MRSA – Silver Award**
 - VHA, Inc. (Parkwest Medical Center)

Recent External Recognition

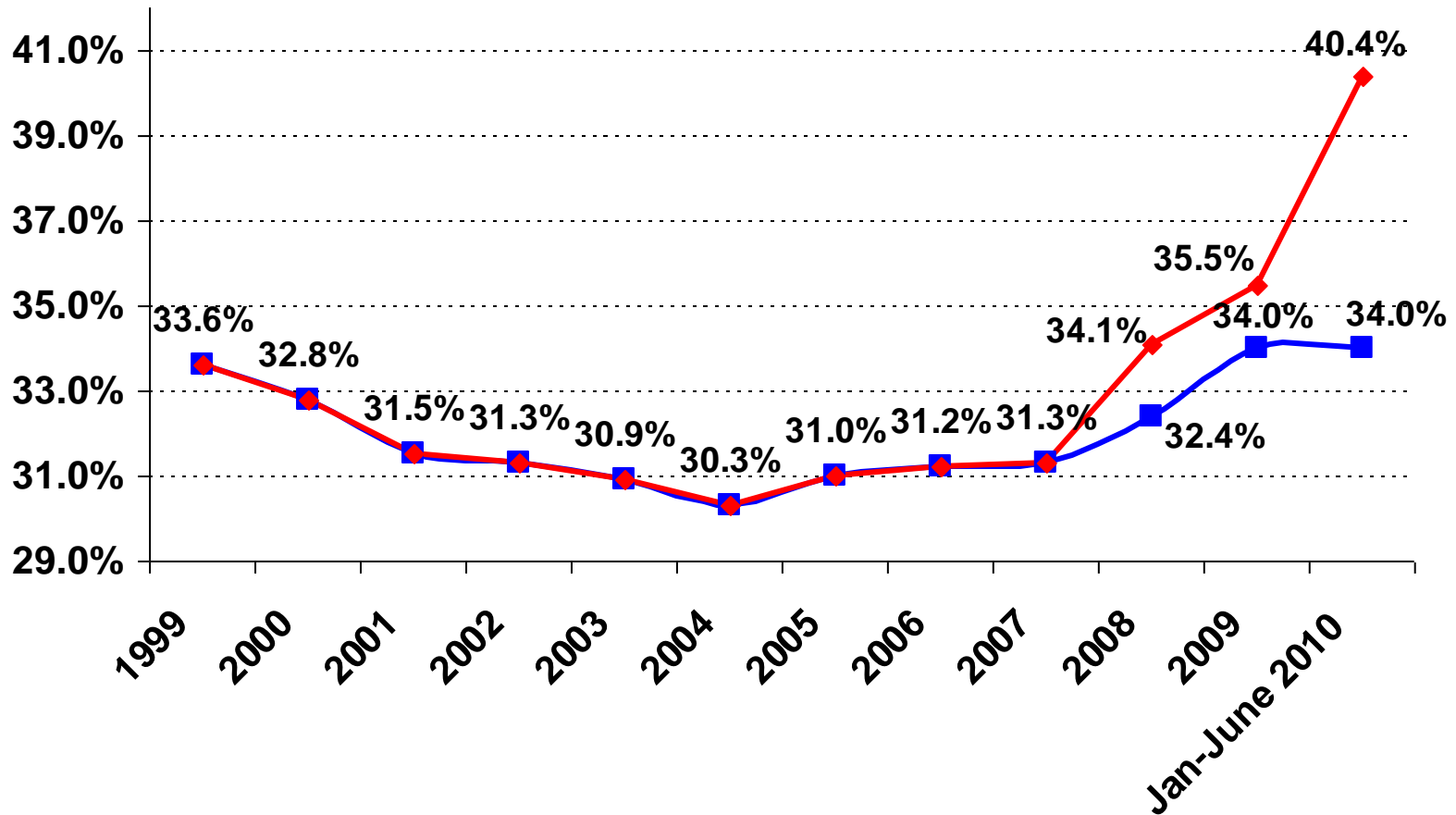
- **#1 Hospital in Knoxville Metro Area**
 - US News & World Report (Methodist Medical Center)
- **Best Performing Health Systems in US**
 - Thomson Reuters
- **Top 100 Integrated Health Networks**
 - SDI
- **Pinnacle Business Award – Impact Award for Improving Quality of Life in East Tennessee**
 - Knoxville Chamber of Commerce
- **2011 Top 100 Hospital Designation**
 - Thomson Reuters (LeConte Medical Center)

Recent External Recognition

- **Achievement Award – Level 3**
 - Tennessee Center for Performance Excellence (Parkwest Medical Center)
- **Mission: Lifeline™ Program**
 - American College of Cardiology (Methodist Medical Center)
- **FireStarter Award**
 - Studer Group “Get with the Guidelines” Achievement Award
 - American Heart Association / American Stroke Association
- **Most Beautiful Hospitals in the US, #6**
 - Soliant Healthcare (LeConte Medical Center)
- **“Most Wired”**
 - Hospital & Health Networks

Covenant Health Market Share

Inpatient Discharges: 16-County Service Area



Summary

- **Finance Pillar Results – Cost Avoidance for Patient Safety Event Reduction**
- **Growth Results - Market Share Increase**

Objectives

- Describe a Framework for Driving System-wide Performance
- Share Lessons Learned
- Provide Takeaways for Other Organizations

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