

The Patient Quality, Safety and Experience Imperative

Laura S. Kaiser, FACHE
President and Chief Executive Officer



Sarah



- Team rounds
- Patient drives goal setting
- No "visitors" all are welcome
- Daily planning with Jess, her family and team
- Discharge planning and support



Source: Institute for Healthcare Improvement, 2013

Sarah



Source: Institute for Healthcare Improvement, 2013



Frank



- 4-hour journey in surgery with "wait two hours"
- Family "Who let them in?"
- Patient confusion No whiteboard; no daily plans; no team communication
- Sudden discharge with no coordination; several readmissions

Source: Institute for Healthcare Improvement, 2013



Mature Integrated Health System

Hospitals (42 years)



- 22 hospitals
- 2,670 licensed beds
- 180 primary/specialty clinics

SelectHealth Plans (30+ years)



• 860,000+ members in Utah and Idaho

Medical Group (20+ years)



- 1,330 employed physicians
- 600 advanced practice clinicians
- 30 InstaCare clinics

Clinical Programs (20 years)



• 10 key service lines







Nationally Recognized for Quality and Operations

#1
In health plan
member

J.D. Power and Associates

BEST

satisfaction

Regional and Children's hospitals

U.S. News & World Report Healthcare's MOST WIRED

Hospitals & Health Networks

Top Performer

On key quality measures

The Joint Commission

Award for

Excellence in **Analytics**

International Institute of Analytics

Healthcare supply chain

Top 25

Gartner

Consumer's Choice Award

National Research Corporation

Great Workplace

Award

Gallup and Forbes Magazine

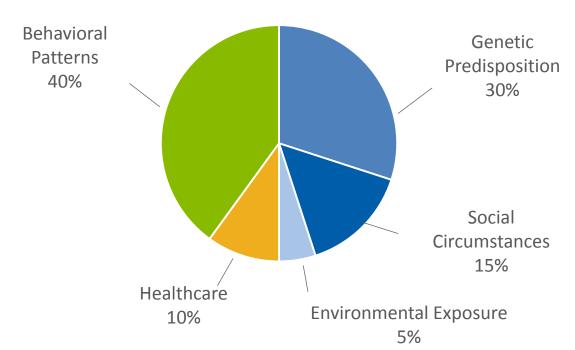
Top Hospital

Ranking for 12 facilities



Social Determinants of Health

Contributors to Premature Death



Adapted from McGinnis et al.



Safety • Quality • Patient Experience

Key Performance Indicators







The Salt Lake Tribune

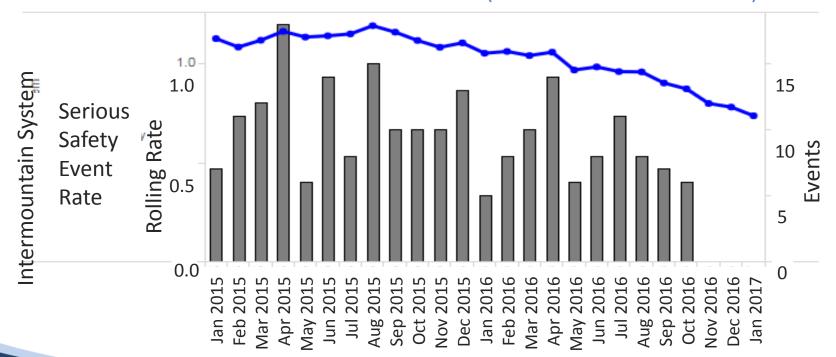
December 22, 2016

8 Utah hospitals penalized for lack of patient safety



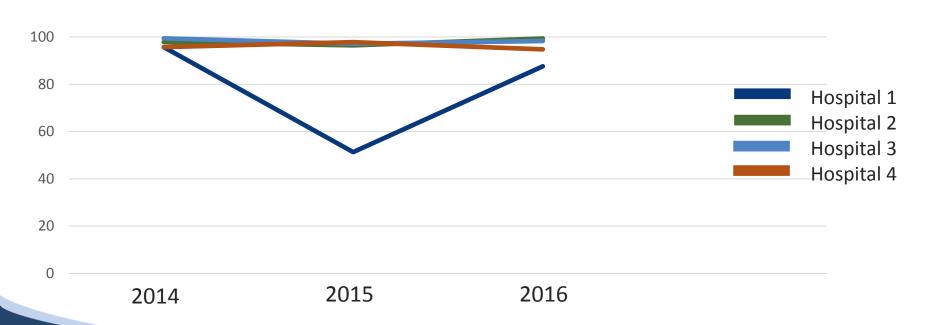
Serious Safety Event Rate Per 10,000 Patient Days

(Favorable Direction: Down)



2014-2016 All Cause Hospital-Wide Readmissions

Hospital-Wide Readmission Percentile Rankings (Higher Is Better)





Health Plan

2017 Medicare Advantage Star Rating					
Organization	Overall Rating				
Aetna	***				
Altius	***				
Humana	***				
Molina	***				
Regence	***				
SelectHealth	****				
United Healthcare	***				

Star Ratings

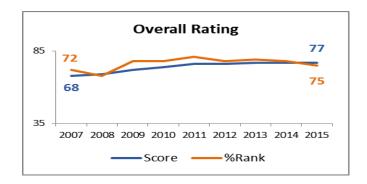
****	Excellent
****	Above Average
***	Average
**	Below Average
*	Poor

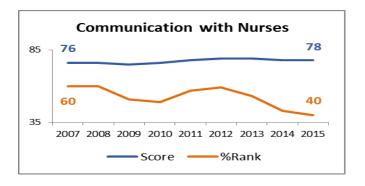
Source: https://www.medicare.gov/find-a-plan/results/planresults/plan-list.aspx



HCAHPS Trends

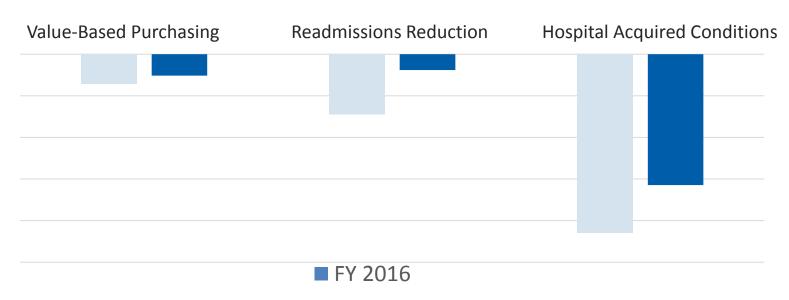
CMS Hospital Compare







Medicare Quality Bonus/Penalty



Stewardship

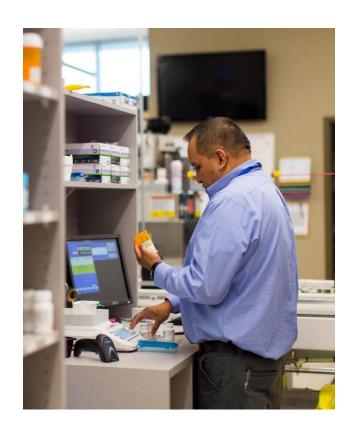
Quality \$\$\$ Efficiency

Care Management

Coding and Documentation

Electronic Health Record

Population Health









Healing for life"

Continuous Improvement is a method for engaging all staff, leaders and physicians throughout the organization in systematically increasing the value provided to patients and members.





True North Statements

- Unchanging, Constant
- Provides direction
- Should do vs. can do
- Ideal conditions





Strategy Wall



Scorecards

	Measure					YTD Aug 16	Target
CLINICAL EXCELLENCE	Reduction of Adverse Drug Events with Injury			0.20	0.24		
	Reduction of Hospital	Acquired	Infecti	ons		0.21	0.27
	Reduction of Hospital Acquired Pressure Ulcers 0.32 0.35						
	Zero Harm Training 95.00 8						80
PATIENT	HCAHPS	2 of 4 at or	above Targ	et			
ENGAGEMENT	Patient Experience	26 of 65 (40%) depts at or above Entry					
EMPLOYEE ENGAGEMENT	Wellness						
	Extraordinary Employee Experience						
	Gallup						
	Ideas	YID Ideas	Annual goal	YTD Goal	YID % Safety	Target	Stretch
		5,859	5,892	4,419	42.5%	25%	50%
OPERATIONAL	Sub-Total Expense	YTD Actua \$441,112,92					
EFFECTIVENESS	Continuous Improvement	YTD Valida	ted Savings 1,368,911	1,750,000	Outstanding 2,025,000	Extraor 2,3	dinary 100,000

Strategy Connection Tool



Leader Standard Work



Huddle Boards



Step-Back Reviews



Return to Green Plans

In	Intermountain Return to Green Action Plan							
Go	al: Facility	НСАНР	Target: 3 of 4	Current: 2 of 4	Department: Cassia and MKD			
	Who	What	Why		When	How		
#	Owner	Action Steps	Reason Sta		Status	Approach		
1	MKD	Conduct Focused assessments and create strategies for W&C	To develop specific tactics for the unit and staff		Focus on bedside shift report for CNA	Validation and observation of bedside shift report		
2	MKD	Conduct Focused assessments and create strategies for JSC.	To develop specific tactics for the unit and staff		Focus on Charge Nurse Standard work	Validation on using Standard Work		
3	Cassia	Leadership Rounding	To develop specific tactics for the unit and staff		Focus on validation of Managers on how to round	Weekly rounding logs submitted to Nurse Admin		
4								









2002: SSM Health became the <u>first</u> health care recipient



Our Heritage

Founded in 1872 when five German sisters – now known as the Franciscan Sisters of Mary – arrived in St. Louis. They started with \$5. Led by Mother Odilia Berger, they arrived in the midst of a smallpox epidemic and immediately began raising funds to care for the sick.







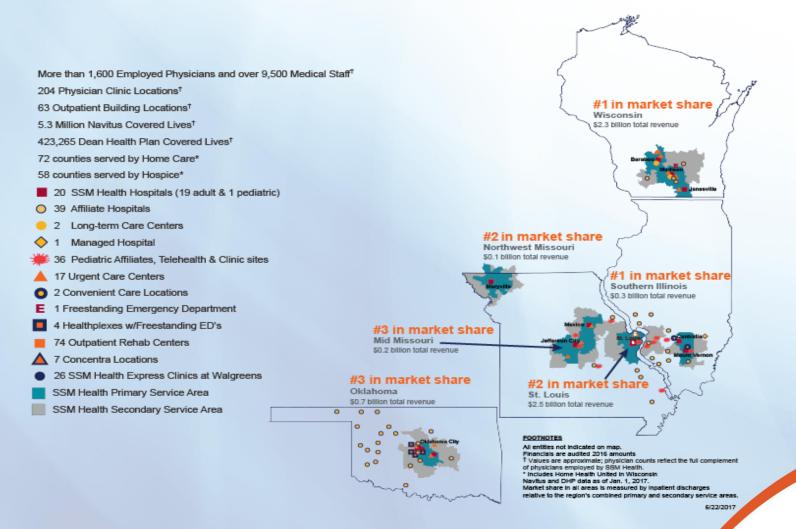




SSM Health

- 6th largest* Catholic health care system in the U.S.
- Not-for-profit
- Headquarters St. Louis, Missouri
- Illinois, Missouri, Oklahoma & Wisconsin locations
- > 35,000 employees
- >1,600 employed physicians; over 9,500 medical staff
- Health Plan with > 425,000 members







Mission

Through our exceptional health care services, we reveal the healing presence of God.

Values

Compassion

We reveal the healing presence of God through compassionate care focused on the fullness of the person.

Respect

We respect life at all stages and promote the dignity and well-being of every person.

Excellence

We provide exceptional care and service through employees and physicians dedicated to our Mission.

Stewardship

We use financial, human and natural resources responsibly and care for the environment.

Community

We cultivate relationships that inspire service and promote justice in our organization and throughout our communities, with special concern for the poor and marginalized.



Why We Do What We Do



"Every day, we have an opportunity to make a difference in people's lives. We must care for people in a way that touches their souls, so that everyone — including ourselves — is in some way healed. What we do is more than a job, more than a career. It is a sacred trust."

Sister Mary Jean Ryan, FSM



Exceptional **Exceptional** Value People **Exceptional Experience**

SSM Exceptional

Exceptional Experience: Our consumers see us as partners in health, delivering consistently exceptional service while guiding the way through their health experience.

Exceptional Value: Outcomes + Cost = Value. By pairing high-quality clinical outcomes and patient safety with efficient business practices, we provide value to our communities, which is affordable and sustainable.

Exceptional People: We foster a culture of operational excellence, engagement and collaboration.

Driven by our Mission, our physicians and employees partner with others to find better ways to health.

Baldrige Program Overview

- Began in 1987
- US National Institute of Standards & Technology program
- General, adaptable criteria focused on results
- Non-prescriptive (not how)
- 7 critical aspects of managing & performing
- Incorporated into > 100 business excellence programs globally





Baldrige – Integrated approach to Performance Management

- Assess improvement work, diagnose overall performance management system, identify strengths & opportunities for improvement
- Delivery of ever-improving value to customers & stakeholders, contributing to organizational sustainability
- Improve organizational effectiveness & capabilities
- Improve organizational & individual learning





What does it take to achieve the highest level of performance?

Talent?

Strategy?

Deployment?

Tools?

Persistence?



...Maybe, but is there more to it?



High Performing Organization Characteristics

- Mission and Values driven
- Visionary leadership
- Systems perspective
- Patient/customer focused excellence
- Organizational and individual learning
- Engagement of staff and partners

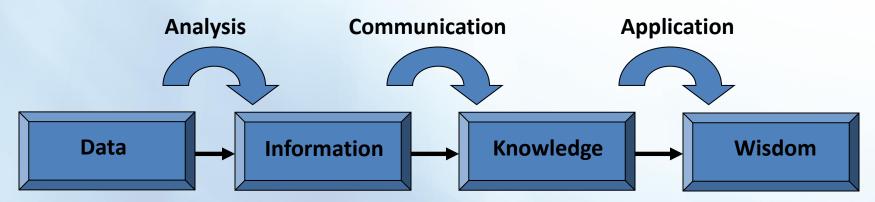
- Transparency
- Agility
- Future focused
- Managing for innovation
- Management by fact
- Social responsibility
- Focus on results and creating value



Cascading Priorities Throughout the Organization



Aligning Strategy with Data...



Why do we collect the information we do?

What do we do with it?

How do we use it to set goals?

How do we share it?

How do we ensure that it is accurate/timely?



Electronic Health Record (EHR) Integration

- Epic is our platform (inpatient, outpatient, ED)
- Care standardization with clinical pathway development and standardized order sets
- System level teams of clinicians engaged in design and implementation of care standardization
- Safety alert systems and reminders
- EHR information management technology including device integration, data integrity, security and privacy



Sample Performance Monitoring

System Acute Care Hospitals	CURRENT MONTH							
System ricere Gare nospitals	Budget Teriance Print Teer Terian							
EXCEPTIONAL PATIENT CARE	Actual	Budget	Prior Toor			America	Percent	
AMI Composite Score" (two month lag)								
HF Composite Score" (two month lag)								
Pneumonia Composite Score* (two month lag)								
SCIP Composite Score" (two month lag)								
OP Composite Score" (two month lag)								
Asthma Score" (two month lag)								
Stroke Composite Score (two month lag)								
Inpatient Mortality Index (four month lag)								
Harm Composite Score" (quarterly)								
Preventable Sentinel Events								
AHRQ PSI 90 Hospital Acquired Conditions (two month lag)								
C-Difficile Cases (two month lag)								
Hand Hygiene (two month lag)								
Patient Falls with Serious Injury (two month lag)								
Readmission Rate (AMI) (five month lag)								
Readmission Rate (HF) (five month lag)								
Readmission Rate (PN) (five month lag)								
HCAHPS Overall Rating of Hospital (*9-10)*								
Inpatient Likelihood to Recommend* (CGCMC Only)								
Emergency Department Likelihood to Recommend*								
Outpatient Likelihood to Recommend*								
Outpatient Surgery Likelihood to Recommend*								
EXCEPTIONAL COMMITMENT								
Employee Turnover								
BN Turnover								
Exit Partnership Mean Score								
EXCEPTIONAL FINANCIAL PERFORMANCE/GROV	/TH							
Net Patient Revenue (net of Bad Debt)*								
Adjusted Equivalent Admissions								
Acute Admissions								
Medicare Admission-Med/Surg								
Acute Patient Days								
Adjusted Patient Days	—	1	 					
Inpatient Surgeries		.						
Outpatient Surgeries								
Outpatient Adjusted Days								
Observation Days		 						
Observation Days Observation Cases		+						
Net Outpatient Revenue								
Emergency Department Visits								
Births		 						
Reimbersement Indicators								
Net Days in Accounts Receivable								
DNFB Average Days		_						
Bad Debt, Charity, and Self Pay % of Gross Pt Rev		1						
Acute LOS								
Medicare LOS-Med/Surg								
Acute CMI								
Medicare CMI-Med/Surg								
Net Patient Revenue per APD (net of Bad Debt)		L		L				
Operational Indicators								
Operating Margin %"								
Operating Income								
Operating Revenue per AEA (net of Bad Debt)								
Operating Expense per AEA (net of Bad Debt)								
Operating Expense per APD (net of Bad Debt)								
Hospital FTEs (includes allocated)								
Contract FTEs		1	I					

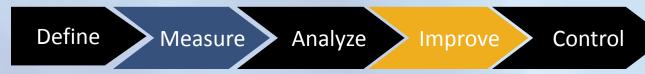
YEAR-TO-DATE												
Actual Budget Prim Tear Amust Percent Amust Percent												
Actual Budget		Prior Teer	America	Percent	Amount Percent							

CQI+ Toolbox



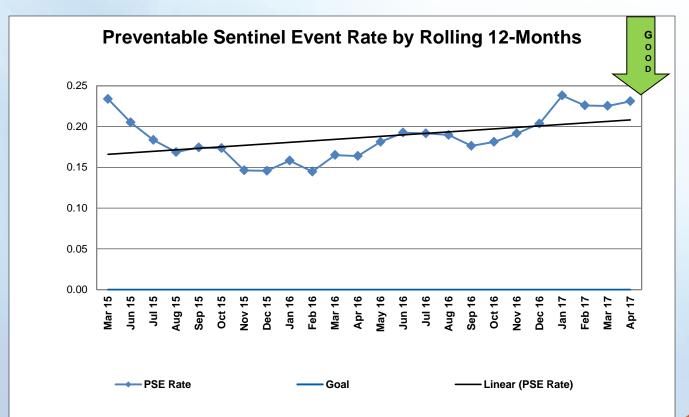
- Team Facilitation Tools
- Lean Tools
- Six Sigma Tools
- Change Management Tools
- Innovation Tools

CQI+ Performance Improvement Methodology





Patient Safety





Nationally Recognized for Quality and Operations

#1

In health plan member satisfaction

J.D. Power and Associates

BEST

Children's hospital

U.S. News & World Report First health care organization to win the

Malcolm Baldrige National Quality Award

U.S. Department of Commerce

Top Performer

On key quality measures

The Joint Commission

Level-3 Recognition in

Patient-Centered Care

National Committee for Quality Assurance

HIMSS Stage 7 Certification

For EHR integration

2 facilities named **Top 100**

Hospitals

Truven Health Analytics

North American Candidate Experience Award

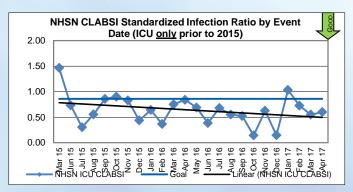
Talent Board

Healthcare's Most Wired

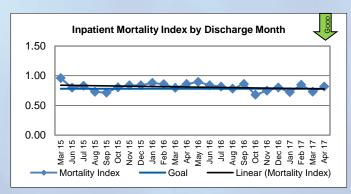
American Hospital Association



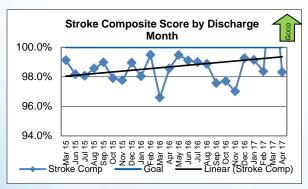
Clinical Results



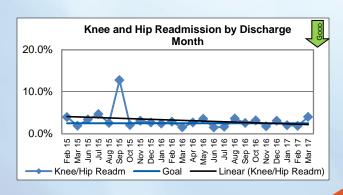
Core Measures



Inpatient Mortality



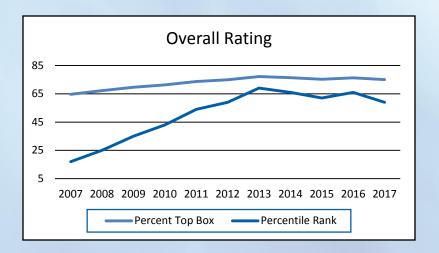
Infection Control

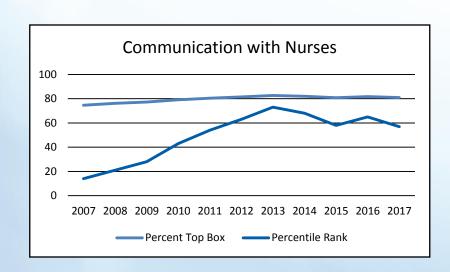


30 Day Readmissions



HCAHPS Trends CMS Hospital Compare







Dean Health Plan's DeanCare Gold (Cost) product earned Medicare's 5 star rating for 2017

- Medicare's highest rating
- Overall score covers 53 service areas, from detecting & preventing illness to member complaints & appeals





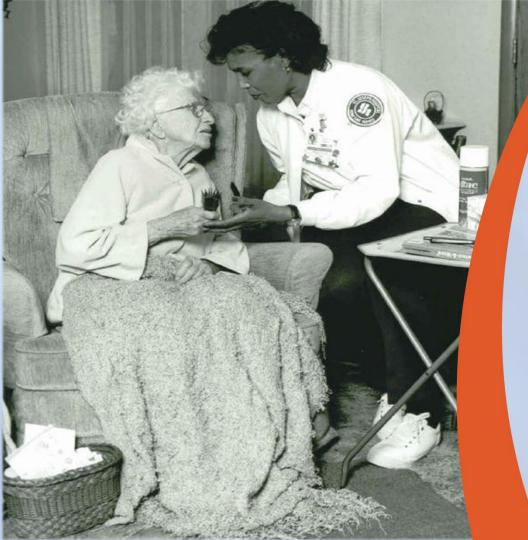
It takes a highly engaged workforce to deliver exceptional patient care

Proven connection

- Foster open and collaborative environments where employees and physicians are actively engaged in decision-making, feel empowered to share ideas & speak up if they have a concern
- Conduct annual employee and physician surveys to assess & identify opportunities







The SSM Health Difference...

It's not just about caring for patients... it's caring about patients – being fully present, listening and understanding their individual needs.



Sarah



Source: Institute for Healthcare Improvement, 2013



"Through our exceptional health care services, we reveal the healing presence of God."





