Hospitals In Pursuit of Excellence
2011 AHVRP Annual Leadership Conference

Natasha Goburdhun
Vice President Healthcare Innovation
Health Research & Education Trust
American Hospital Association

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What Will Be Expected of Hospitals?

1. More integrated care

2. More at-risk payments

3. More accountability
Key Trends and Observations

1. Consumers want more performance information
2. Providers need more performance information
3. Improvement is happening, but slowly
4. Our transactional payment system is unsustainable
Implementing Reform

- Hospital
- Other Healthcare Providers
- Payers
- Patients
- Specialists
- Primary Care Providers
Focus on the Patient

- Involve patients/families in improvement teams
- Share patient stories with leadership and governance
- Patients/families on advisory councils
- Patients/families part of leadership walkarounds
- Patients/families part of daily rounds
- 24/7 open hours for patients/families
- Full and easy access to health records
- Educational materials appropriate for population
Hospitals in Pursuit of Excellence

• AHA’s strategic platform to accelerate performance improvement
• Focus on spreading improvement by sharing best practices and synthesizing evidence for application
## How Does HPOE Support the Field?

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<th>Education</th>
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<td>• Case Studies</td>
<td>• Best Practice Guides</td>
<td>• AHA-NPSF Patient Safety Leadership Fellowship</td>
<td>• CUSP Infection Elimination Projects</td>
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<td>• Webinars</td>
<td>• AHA Research Synthesis Reports</td>
<td>• Health Care System Transformation Fellowship</td>
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<td>• Articles</td>
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1,000+ case studies of innovative practices and links to resources in the following areas:

- Efficiency
- Care coordination
- Health and wellness
- Health care equity
- Patient safety
- Healthcare-acquired infections
- Medication management
- New payment and care delivery models
- Health information technology
- Patient throughput
Tools and Guides: Managing Variation

Health Care Leader Action Guide: Understanding and Managing Variation

February 2011

1. Determine Your Strategic Focus to Reducing Variation
2. Set Measurable Goals
3. Acquire and Analyze Data
4. Understand Your Data
5. Identify Areas of Focus
6. Implement Improvements
# Tools and Guides: A Culture of Health

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<th>Recommendation</th>
<th>Goal/Action Steps</th>
<th>Examples of How Hospitals Can Meet This Goal</th>
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<td>Recommendation 1: Serve as a Role Model of Health for the Community</td>
<td>As part of fulfilling their mission, hospitals are beacons of trust in the community. Hospitals must create robust health and wellness programs as examples to the communities that they serve.</td>
<td>Hospitals can work with local employers to build an integrated, regional approach to health and wellness that shares both risks and rewards.</td>
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<td>Recommendation 2: Create a Culture of Healthy Living</td>
<td>Improving employee health is more than implementing individual programs. Hospitals need to strive for a culture of healthy living for all employees, which starts at the top with the CEO and the board of trustees. Wellness should be a strategic priority for the hospital.</td>
<td>Health and wellness indicators can be included in dashboards, and executive compensation can be linked to meeting wellness program objectives. Hospitals can eliminate environmental inconsistencies (e.g., unhealthy foods at meetings).</td>
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<td>Recommendation 3: Provide a Variety of Program Offerings</td>
<td>While health and wellness is more than a set of activities, it is important for hospitals to offer a variety of activities to promote health within their organizations.</td>
<td>Hospital wellness programs can include a health risk assessment (HRA), a biometric screening, and at least one intensive coaching activity, based on the risks and health status of its employees.</td>
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<td>Recommendation 4: Provide Positive and Negative Incentives</td>
<td>Positive and negative incentives are effective in improving health and wellness program participation levels. Hospitals can use incentives to increase participation and to improve outcomes.</td>
<td>Hospitals can expand the use of incentives in order to improve participation levels. As participation levels increase, hospitals can begin to shift toward more outcomes-based incentives.</td>
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<td>Recommendation 5: Track Participation and Outcomes</td>
<td>To track the success of their health and wellness programs, hospitals must first measure and increase participation and then build systems to track outcomes.</td>
<td>Hospitals can track participation and outcome targets (e.g., overall participants, number completing an HRA, number enrolled in a smoking cessation program, and number with cholesterol improvement).</td>
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<td>Recommendation 6: Measure for ROI</td>
<td>A strong financial case accompanies the strategic case of striving for robust health and wellness programs. In order to achieve ROI, hospitals must first commit to effectively measuring ROI over several years.</td>
<td>Hospitals can ensure a multi-year commitment to evaluation and improvement. Hospitals can use both health care cost savings and savings due to improvements in productivity (e.g., presenteeism and absenteeism).</td>
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<td>Recommendation 7: Focus on Sustainability</td>
<td>For program effectiveness, hospitals must motivate employees over time, effectively communicate, and constantly reinforce wellness as a leadership priority.</td>
<td>Hospital boards, CEOs, and full executive teams can communicate wellness as a long-term priority for the hospital and ensure that wellness programs have dedicated resources.</td>
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## Tools and Guides: Readmissions

### Table 1: During Hospitalization
- Risk screen patients and tailor care
- Establish communication with primary care physician (PCP), family, and home care
- Use “teach-back” to educate patient/caregiver about diagnosis and care
- Use interdisciplinary/multi-disciplinary clinical team
- Coordinate patient care across multidisciplinary care team
- Discuss end-of-life treatment wishes

### Table 2: At Discharge
- Implement comprehensive discharge planning
- Educate patient/caregiver using “teach-back”
- Schedule and prepare for follow-up appointment
- Help patient manage medications
- Facilitate discharge to nursing homes with detailed discharge instructions and partnerships with nursing home practitioners

### Table 3: Post-Discharge
- Promote patient self management
- Conduct patient home visit
- Follow up with patients via telephone
- Use personal health records to manage patient information
- Establish community networks
- Use telehealth in patient care

http://www.hret.org/hret/programs/readmissions.html
Seven Ways to Improve Cultural Competency:

1. Collect race, ethnicity and language preference (REAL) data.
2. Identify and report disparities.
3. Provide culturally and linguistically competent care.
4. Develop culturally competent disease management programs.
5. Increase diversity and minority workforce pipelines.
6. Involve the community.
7. Make cultural competency an institutional priority.
Equity of Care Call to Action

There is great opportunity to impact disparities using three core elements:

1. **Increasing** collection of race, ethnicity & language data
2. **Increasing** cultural competency training
3. **Increasing** diversity in leadership

For more information visit: www.equityofcare.org
Leadership Development

- Patient Safety Fellowship Program
  - 10th year Class started July 2011
  - 28 Fellows (13 physicians)
- Health Care System Reform Fellowship
  - 2011 inaugural year
  - 18 Fellows
National Leadership Projects

HRET CUSP CLABSI Project
• Working with all states and all hospitals to implement comprehensive unit based safety programs (CUSP) to eliminate central line associated bloodstream infections
• More than 1,000 hospitals in 46 states, the District of Columbia and Puerto Rico
• Preliminary data from adult ICUs in more than 350 hospitals in 22 states show a reduction in CLABSI rates by an average of 35 percent.

HRET CUSP CAUTI Project
• Working with states to implement comprehensive unit based safety programs to eliminate catheter associated urinary tract infections
AHRQ Quality & Patient Safety Tools – Selected Consumer Tools


Your Guide to Preventing and Treating Blood Clots

Your Medicine: Play It Safe

Taking Care of Myself: A Guide for When I Leave the Hospital

Implemented by more than 900 hospitals
QUESTIONS?

Natasha Goburdhun
ngoburdhun@aha.org
(312) 422-2623