



Advising the Congress on Medicare issues

Improving hospital quality and efficiency: a panel discussion

Anne Mutti
March 4, 2010

Overview

- Medicare has a role in both motivating and supporting quality improvement
- Payment incentives are a key motivator
- To enable the full continuum of providers to respond, some may need technical assistance
- Other policy levers – e.g., conditions of participation – may also motivate improvement

Technical assistance

- Who should receive assistance?
 - Low performing providers/communities?
- Who should provide the assistance, and who decides?
 - QIOs only? Other quality organizations? High performing providers?
- What type of assistance is needed?
 - Process reengineering? Data?

Conditions of participation

- COPs can be another lever for Medicare to motivate quality improvement. Options include:
 - Create voluntary higher standards for providers
 - Create mandatory outcomes oriented standards, akin to transplant center requirements
 - Expand COPs to require efficiency-improving activities and modernize the COPs

Further consideration of these issues

- Getting the perspective of providers
 - Today's panel
 - Site visits and meetings with providers
- In the fall, staff to report on site visit results and further research
- Planning an initial discussion of issues for this June report to Congress

Today's panel

- Dr. Philip Mehler, Chief Medical Officer, Denver Health
- Dr. Ron Anderson, Chief Executive Officer, Parkland Hospital and Health System

Aim is to provide real-world insights

- What kinds of strategies hospitals are using to improve quality and efficiency
- What characteristics of their organizations enable quality and efficiency improvement
- What resources they draw upon to improve their quality
- The nature of the challenges they face, particularly as they serve a disproportionate minority and socio-economically disadvantaged population

Serving the Underserved: Rethinking & Rebuilding the Safety Net for Dallas

Ron J. Anderson, MD, MACP

President & CEO • Parkland Health & Hospital System • Dallas, Texas



Parkland



Parkland

Parkland Fills the Gaps for Dallas County



1 in 4 trauma cases go here
6 in 10 for major trauma



4 of 10 HIV/AIDS patients treated here



More than half the county's doctors train here



More than 1 in 4 residents lack insurance and are likely to seek care here

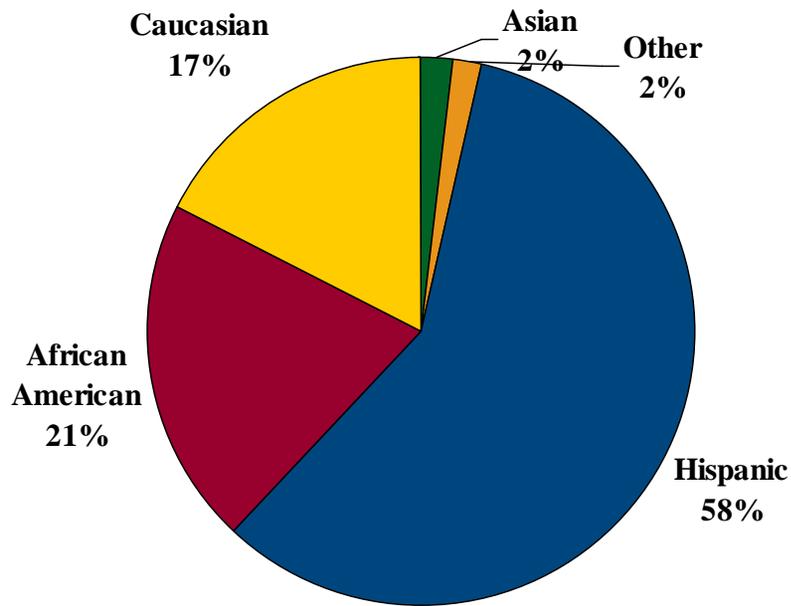


More than 3 of 10 babies born here

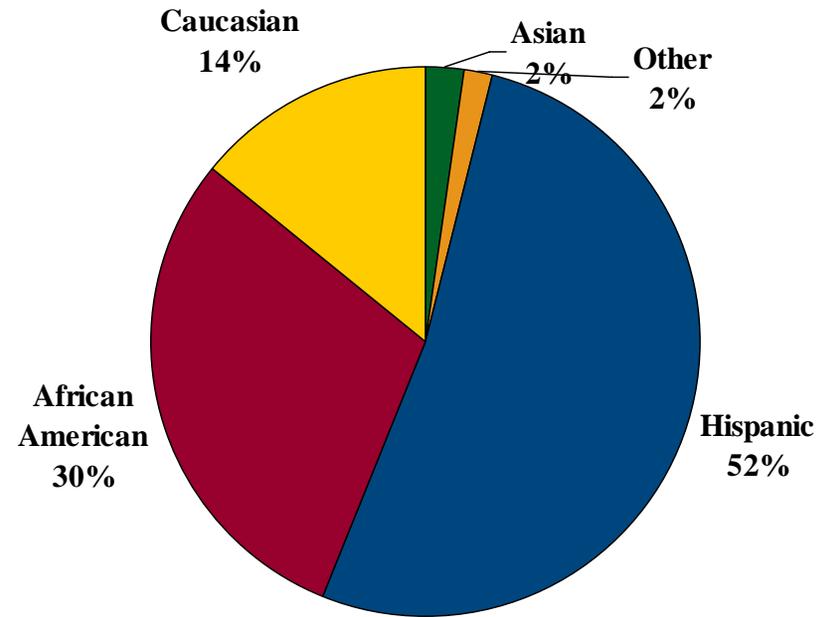


Parkland

Parkland Serves a Predominantly Minority Population



Inpatients



Outpatients



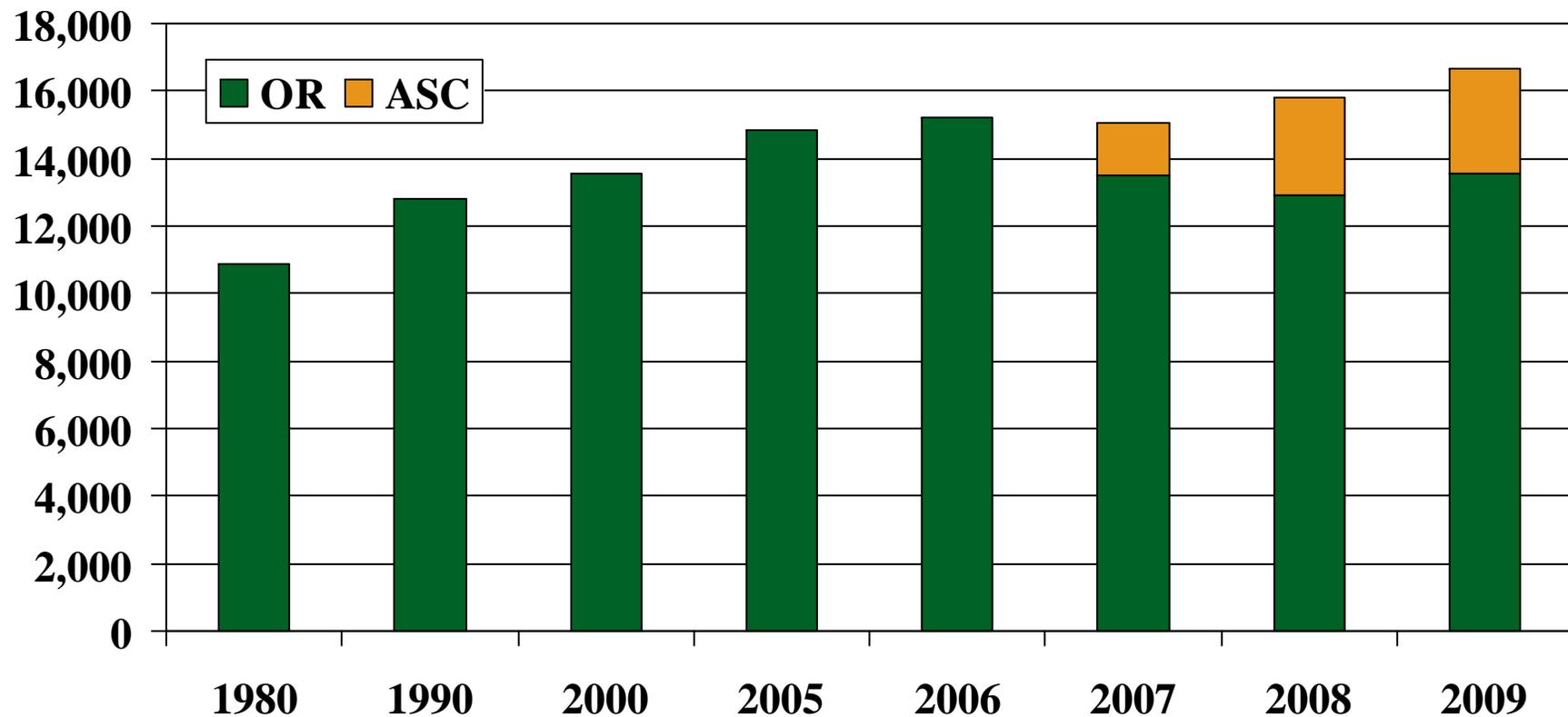
Parkland Remains Area's Busiest Hospital System

	<u>1980</u>	<u>1990</u>	<u>2000</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
Discharges	31,645	39,180	41,679	42,682	42,788	41,474
Births	8,572	13,585	15,419	16,489	16,252	15,800
Outpatient	218,283	462,909 ²	401,669 ²	253,858	260,879	274,451
WISH	---	--- ²	--- ²	188,858	239,647	249,378
COPC	---	288,909	380,409	433,839	413,516	449,562
ER	174,213	145,633	144,510	146,210	142,723	130,020

¹Observation days increased due to chest pain and abdominal trauma protocols, reducing admissions by over 2,000.

²WISH visits included in Outpatient totals

Ambulatory Surgery Center Has Decreased OR Volume



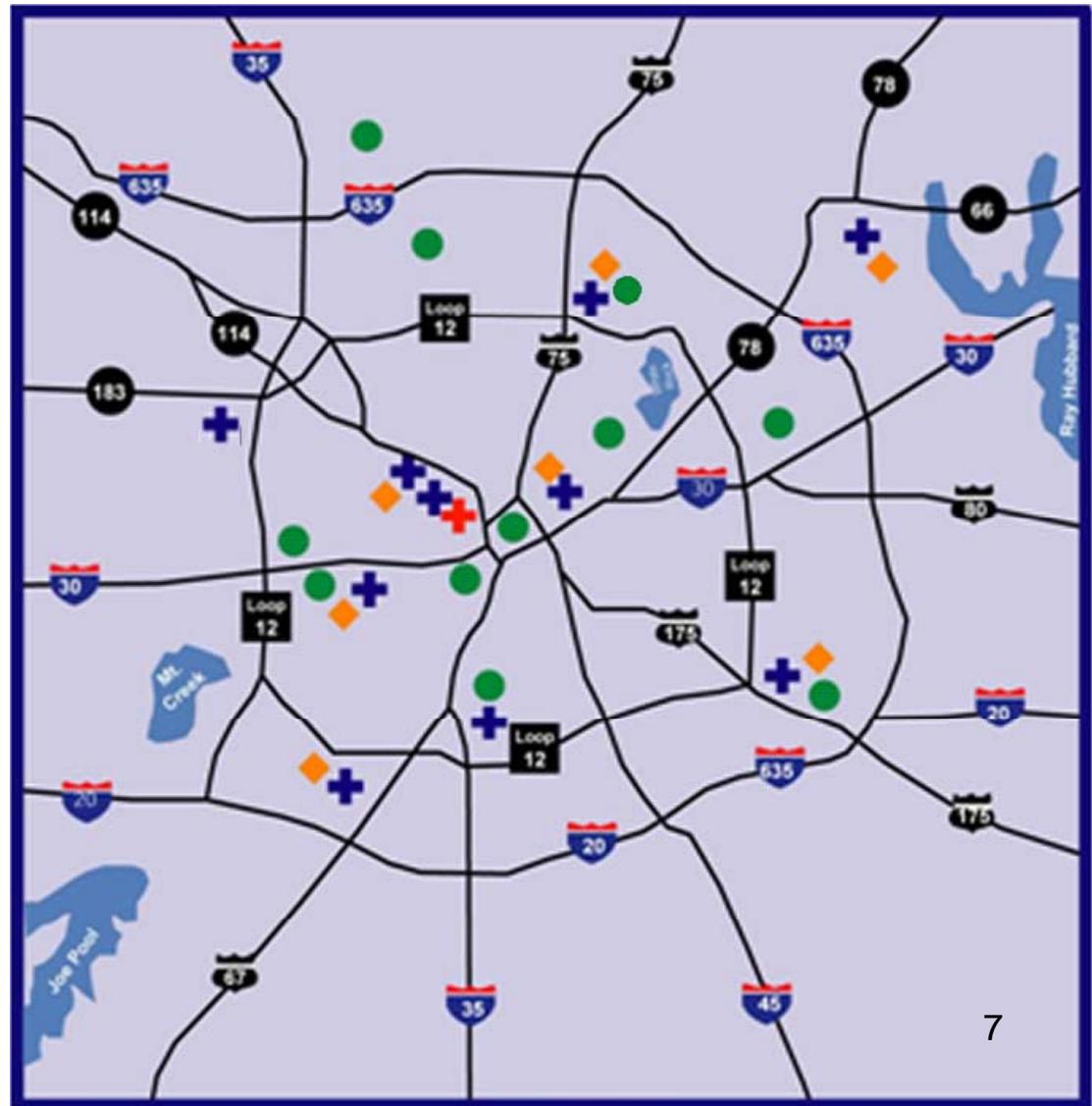




Extend into Non-traditional Settings

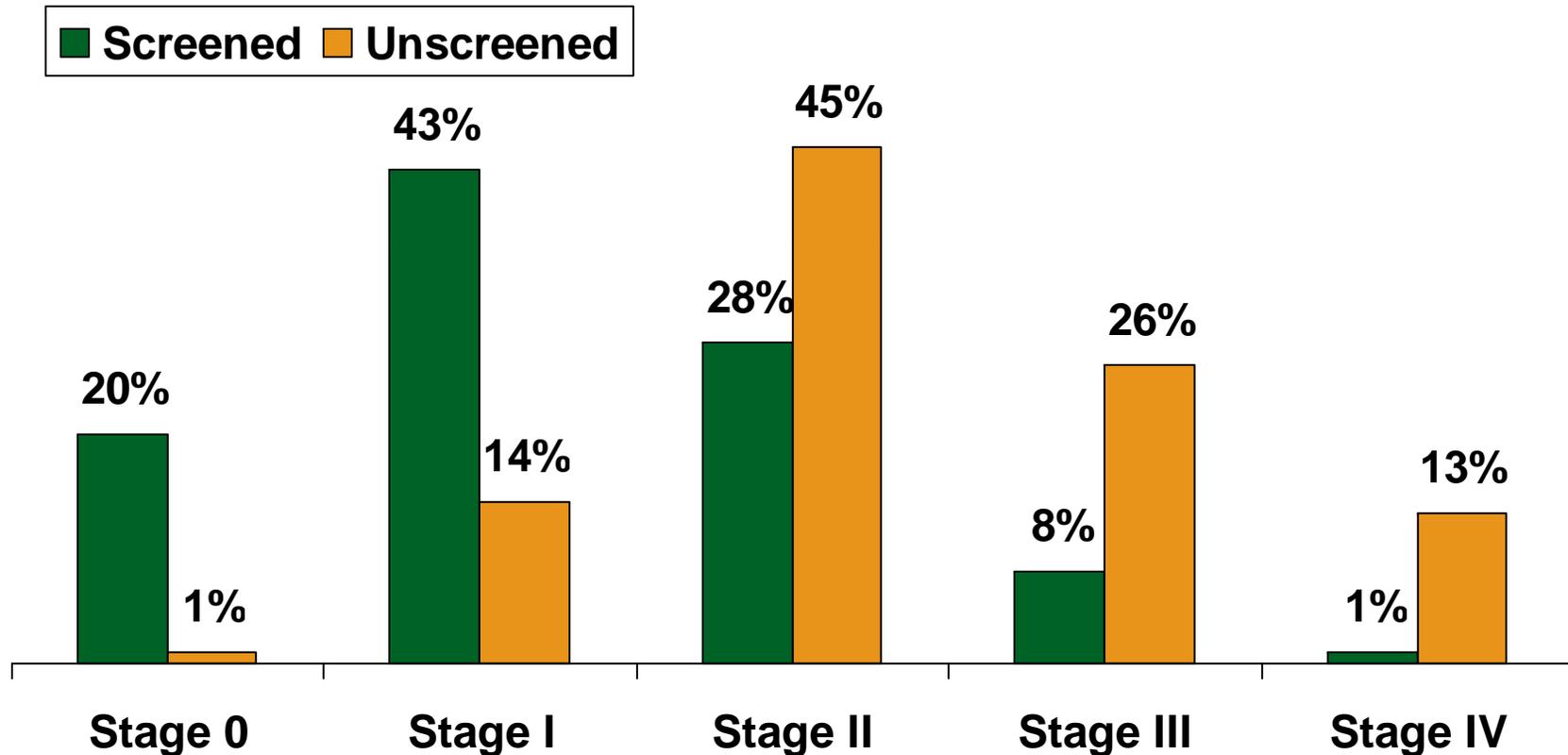
- + 780-bed hospital
- + 11 Health Centers
- ◆ 8 Women's Clinics
- 11 Youth/Family Centers*
- 4 mobile vans
- Senior Outreach Program

*Partnership with Dallas Independent School District and MetroCare (MHMR)



- Cancer Prevention and Intervention Program
 - ❖ Provides screening mammograms, breast cancer education, and case management services to medically-under served women in Dallas County
 - ❖ Mobile unit visits COPC health centers and community health fairs
 - ❖ New mammography center planned

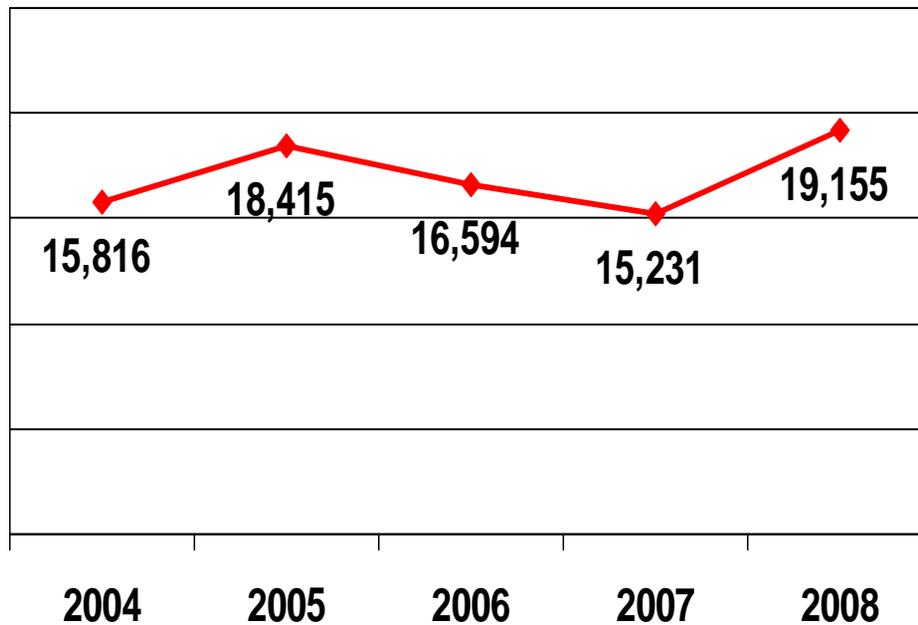




Source. A.M. Leitch and R. F. Garvey. *Breast Cancer in a County Hospital Population: Impact of Breast Screening on Stage of Presentation*. *Annals of Surgical Oncology*. 1994.

<http://www.annalssurgicaloncology.org/cgi/content/abstract/1/6/516>. Accessed 2/21/2008.

Homes Visits, FY 2004-2008



- Serves 28 homeless shelters
- Mobile medical record



Infant mortality for 2 target areas, Southeast and West Dallas, declined from 11.9% per 1,000 births in 1990 to 6.7% in 1996

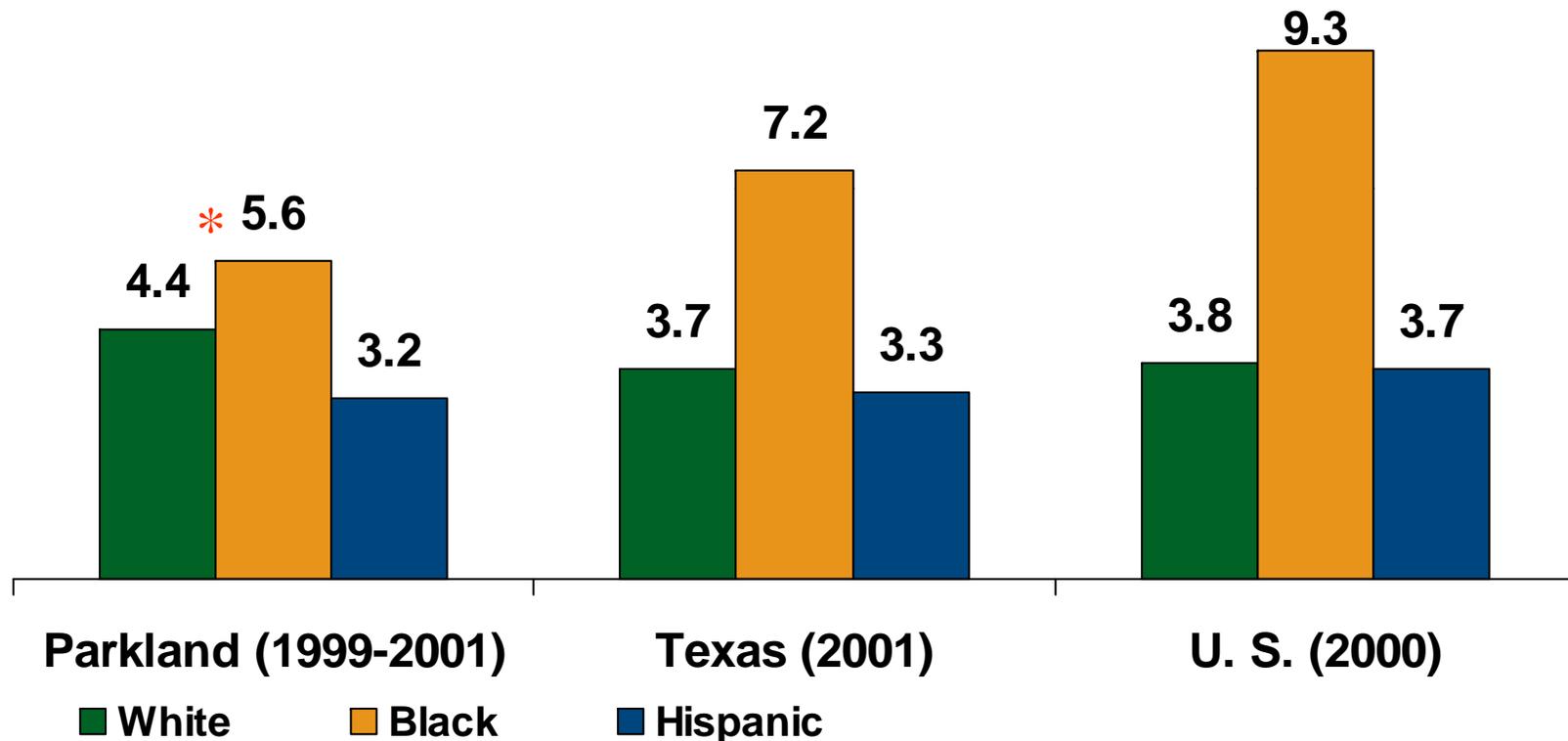
Parkland Birth Outcomes With and Without Prenatal Care, per 1,000 live births

Outcome	No Prenatal Care	Prenatal Care	P-value
Stillbirth	13.0	5.6	<.0001
Neonatal death	11.4	3.7	<.0001
Neonatal Intracranial Bleed	14.6	5.2	<.0001
Admission to NICU	62.7	25.9	<.0001





Parkland's Neonatal Mortality Rate Does Not Follow Texas and US Trends

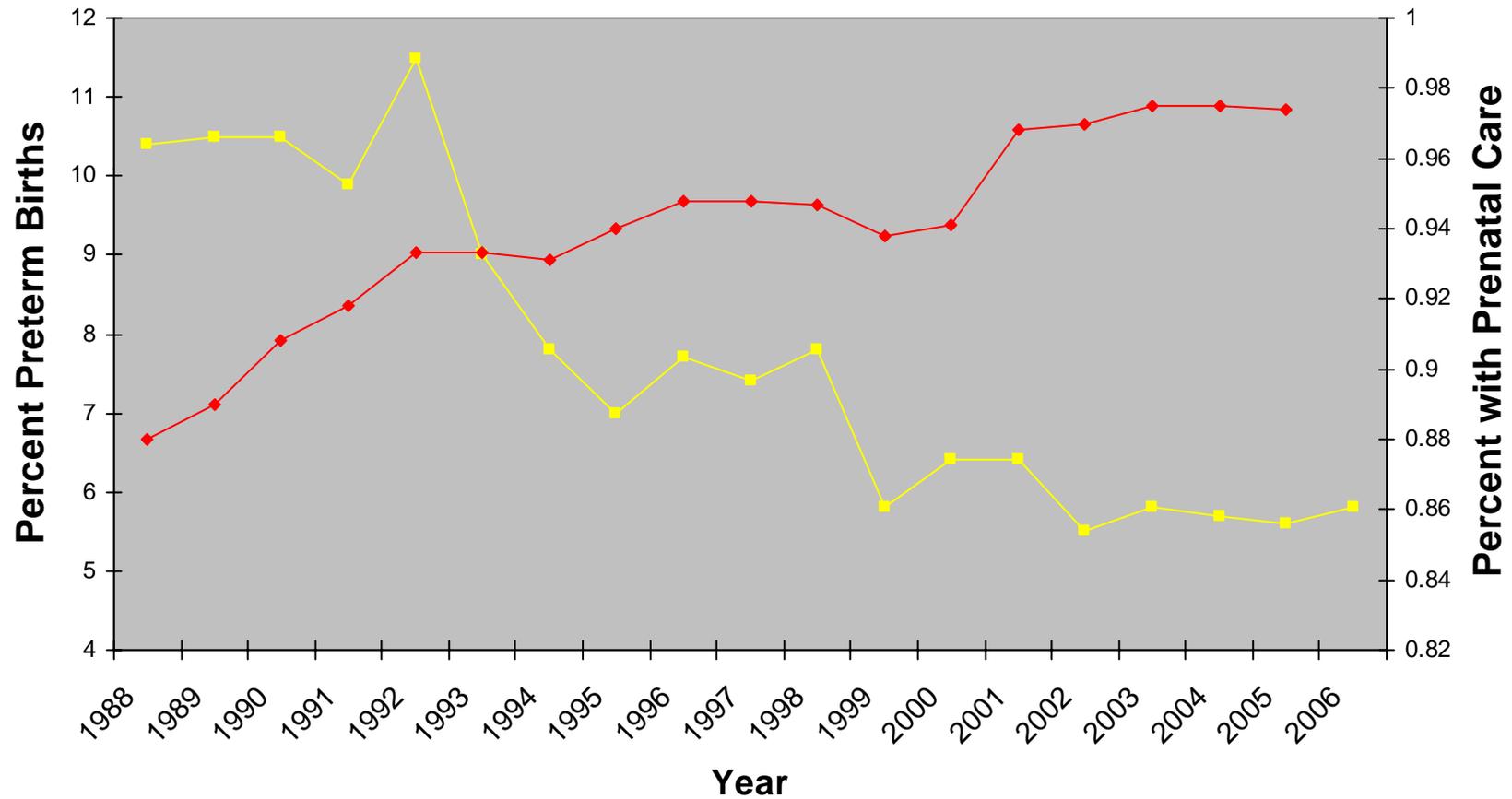


* When adjusted for severity, Parkland's rate for white women is better than the national average. PHHS gets many referrals of high-risk women.

Source: PHHS data, 1999-2001; Texas Bureau of Vital Statistics, 2001; US Bureau of Vital Statistics 2000. Latest available for all.



Relationship Between Prenatal Care and Preterm Births

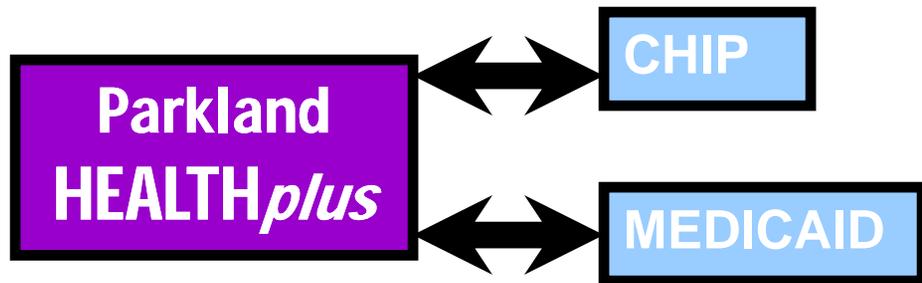




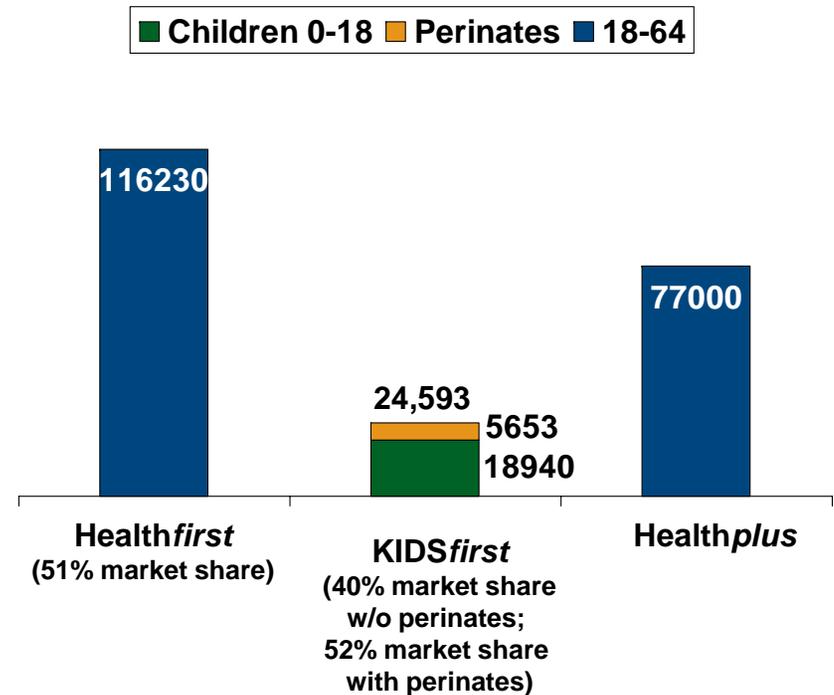
- Gifted to us by County Commissioners
- No additional funding
- Decided to use as a public health opportunity to find ways to decrease:
 - **Tuberculosis**
 - **Sexually transmitted diseases**
 - **Mental health-related admissions to jail**



- Study in conjunction with Commissioners Court to look behavioral health needs for Dallas County
 - **Jail diversion**
 - **Care management**
- Hogg Commission grant to COPC to provide mental health care integrated into the primary care setting
- Institute for Community Medicine and Health
 - **Research, Professional Education (professional), community health promotion and improvement, outcomes**
- Regional Health Information Organization
- Community Health Improvement, Measurement and Evaluation System (CHIMES)



Enrollment in PCHP & Healthplus Programs, September, 2007



Under this model, patients:

- Remain in the same health plan
- Keep the same primary care doctor
- Receive services at the same COPC Health Center or primary care area
- Retain the same Medical Record
- Have their information retained in the same data base
- Have their cost of care funded by a combination of Medicaid, Disproportionate Share, or ad valorem taxes

Source: Parkland Community Health Plan, September, 2007.



- Improved emergency room utilization through the establishment of a medical home and through management of outliers.
- Lower percentage of low birth weight births than the community average. This has extended to beyond the Parkland system to the community based providers.
- Asthma disease management program has with 2,000 children enrolled is a public/private partnership for disease management. The private company is at 100% risk for improved outcomes.

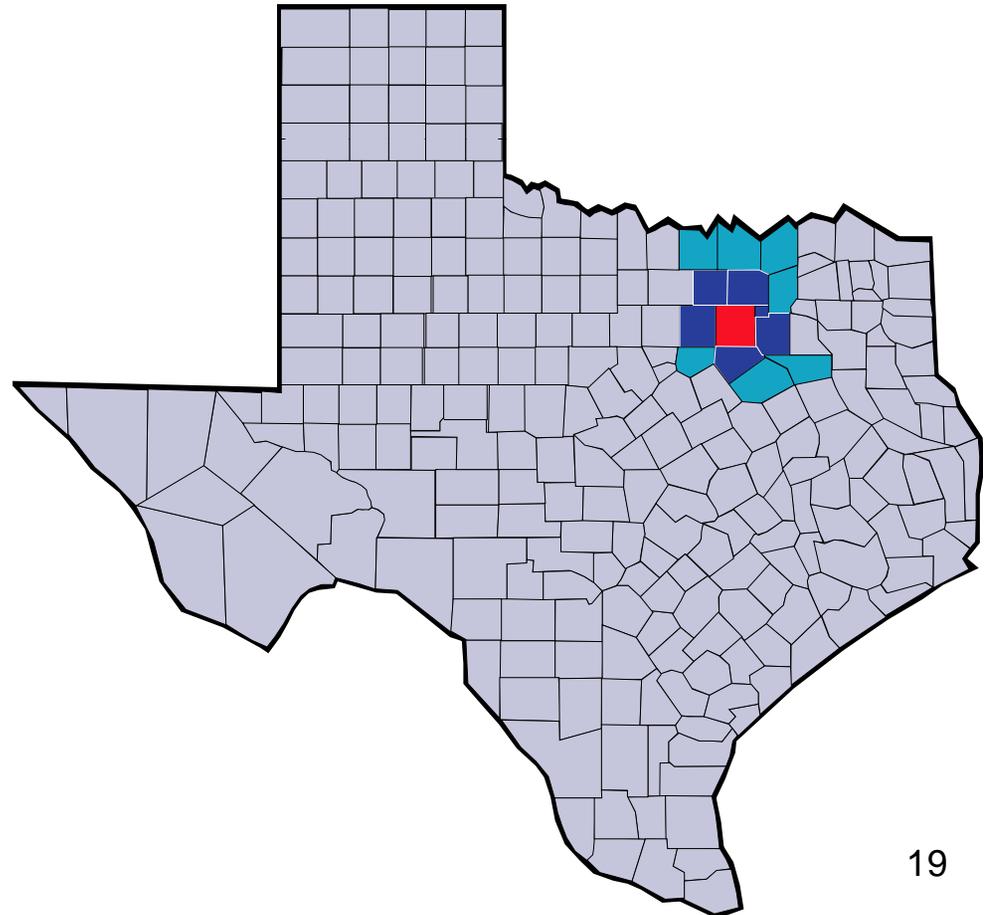




- Began as a city effort
- Joined by county
- Became a hospital district to increase tax fairness
- Now sees increasing patient volumes from contiguous counties and other parts of the state
- Current system is not sustainable due to demographic pressures and changing tax bases
 - **“Doughnut” effect**
 - Poverty moving to suburbs
 - More-rural counties accessing Safety Net services



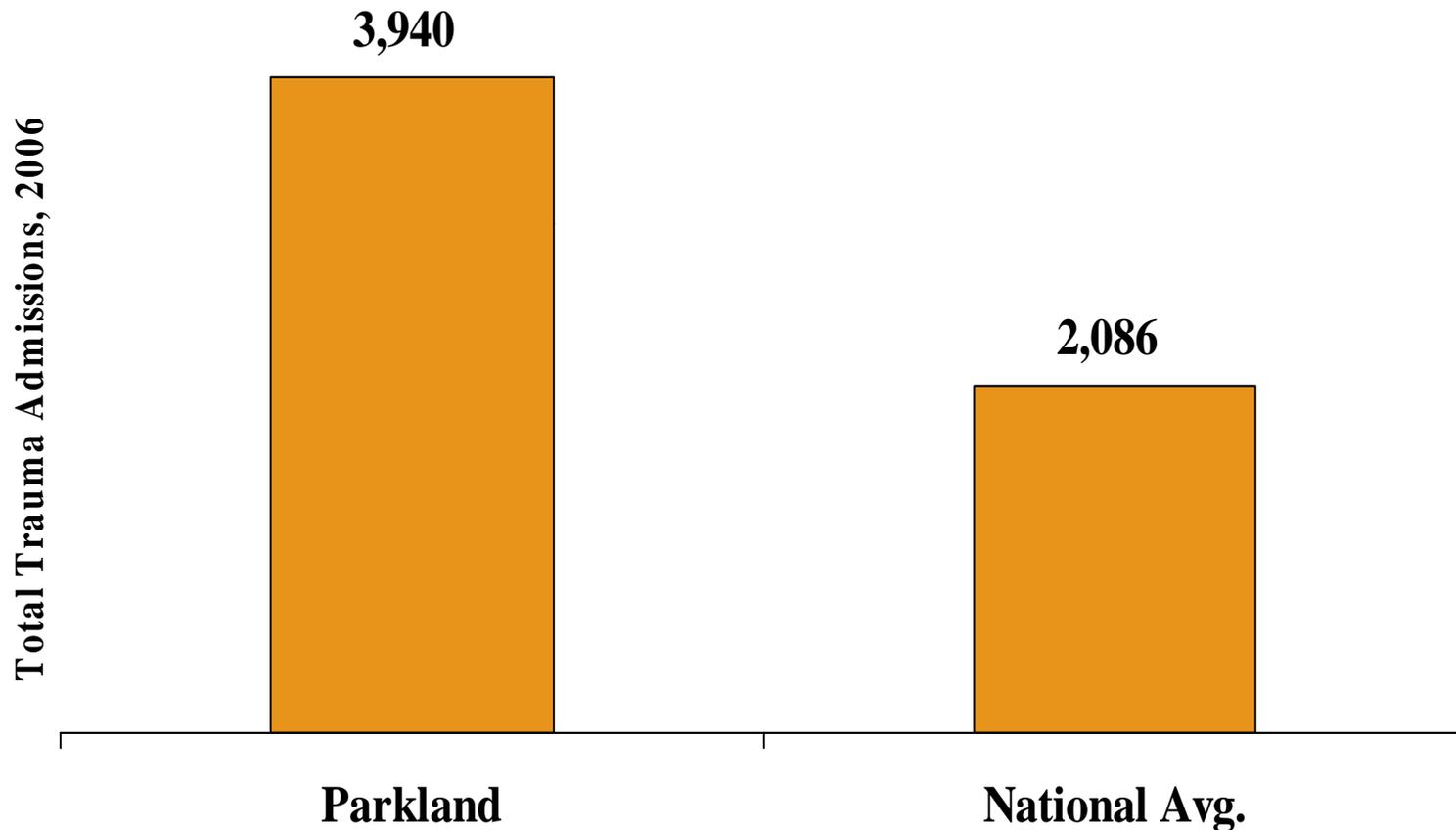
- 60% come from contiguous counties
- 14% come from next tier contiguous counties (Hunt, Henderson, Navarro, Cooke, Fannin, Grayson,
- 25% come from Texas counties, out of state or outside the US
- 1% are unidentified





Parkland

Parkland's Trauma Volume Is Twice Regional and National Averages, 2006



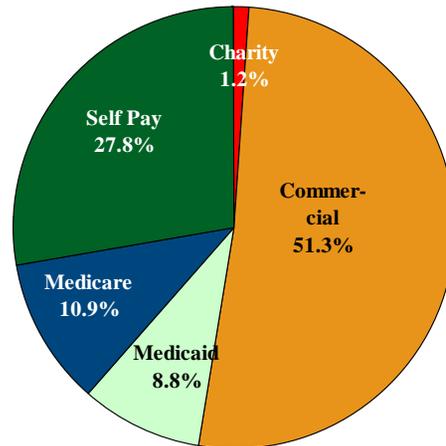
Source: PHHS Trauma Registry, CY 2006

Source: National Trauma Data Bank, Report 2007 National Average is a 5 year average 2002-2006.

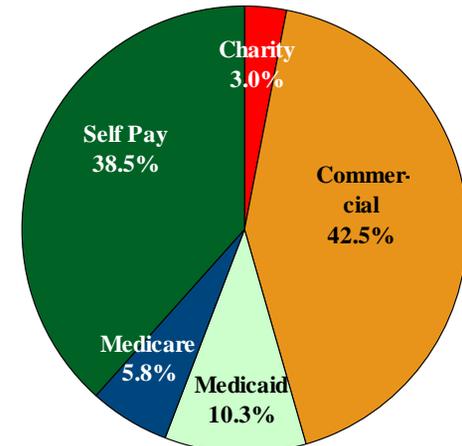


Trauma

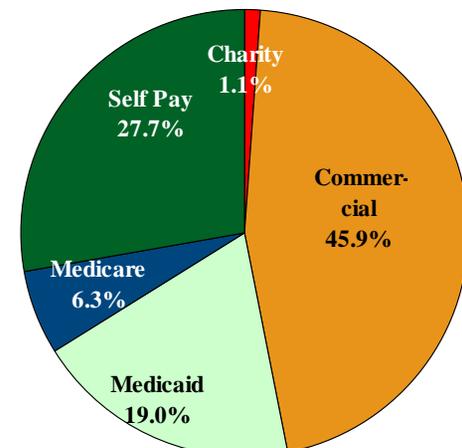
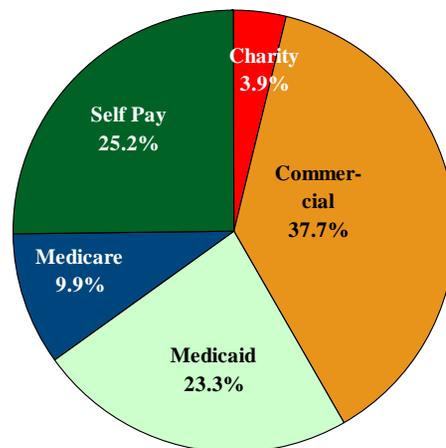
Inpatients



Outpatients



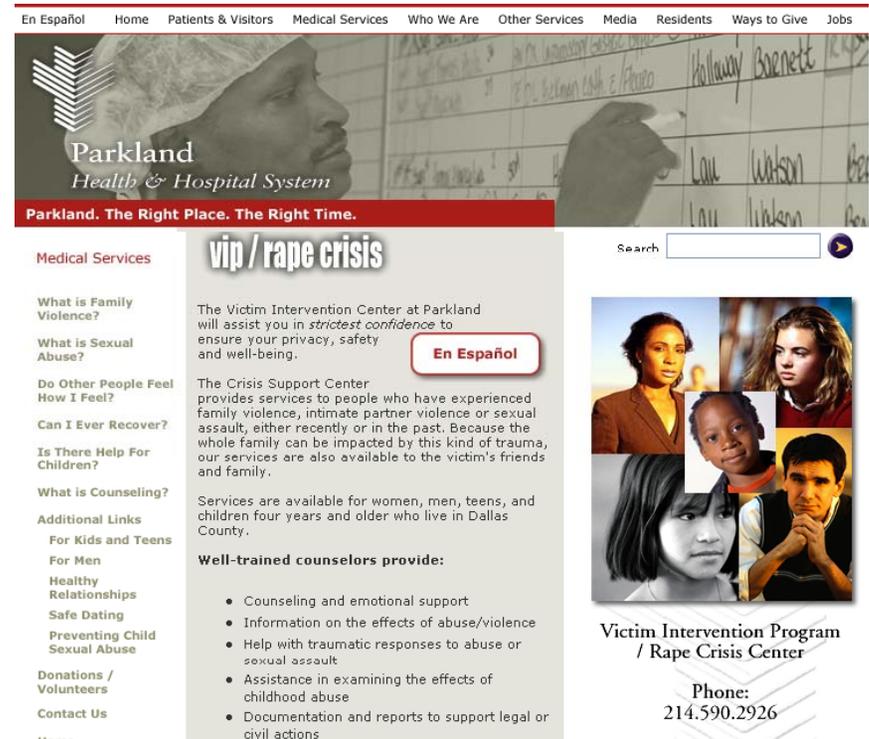
Burn





- Injury Prevention Center of Greater Dallas
 - **1994 joint venture among Parkland and 4 local hospitals and foundations**
 - **Mission: work to prevent injuries through community collaboration, education, and evaluation**
 - Car seats
 - Seatbelts
 - Bicycle safety
 - Smoke detectors
 - Fall prevention
 - Etc.
- Trauma Institute
- IPCGD assisted Dallas in becoming 1st U.S. community designated as a Safe Community by the NSC and World Health Organization.
- Awards
 - **Allstate Safety Leadership Award**
 - **Safe Community Award presented by U.S. Department of Transportation**
 - **NOVA Award sponsored by the American Hospital Association**
 - **Safety Net Healthy Community Award sponsored by the National Association of Public Hospitals**
 - **International Distinguished Safe Community Award presented by the World Health Organization**
 - **Others**

- 1998: Harold C. Simmons Foundation gift established Violence Intervention and Prevention Center, believed to be the first of its kind in the United States.
- 2001 Angel of Freedom award by Human Rights Initiative of North Texas for its work helping people seeking political asylum



En Español Home Patients & Visitors Medical Services Who We Are Other Services Media Residents Ways to Give Jobs

Parkland Health & Hospital System
Parkland. The Right Place. The Right Time.

Medical Services

vip / rape crisis

Search

En Español

What is Family Violence?

What is Sexual Abuse?

Do Other People Feel How I Feel?

Can I Ever Recover?

Is There Help For Children?

What is Counseling?

Additional Links

- For Kids and Teens
- For Men
- Healthy Relationships
- Safe Dating
- Preventing Child Sexual Abuse

Donations / Volunteers

Contact Us

.....

The Victim Intervention Center at Parkland will assist you in *strictest confidence* to ensure your privacy, safety and well-being.

The Crisis Support Center provides services to people who have experienced family violence, intimate partner violence or sexual assault, either recently or in the past. Because the whole family can be impacted by this kind of trauma, our services are also available to the victim's friends and family.

Services are available for women, men, teens, and children four years and older who live in Dallas County.

Well-trained counselors provide:

- Counseling and emotional support
- Information on the effects of abuse/violence
- Help with traumatic responses to abuse or sexual assault
- Assistance in examining the effects of childhood abuse
- Documentation and reports to support legal or civil actions

Victim Intervention Program / Rape Crisis Center

Phone: 214.590.2926



We must address the artificial boundaries that affect our ability to improve public health: geographical, political, economic.

- Disaster preparedness (hurricanes, tornados, etc.)
- Terrorism (including biological agents)
- Pandemics (Influenza)
- Indigent care

- Regionalization for tertiary and quaternary care
 - **Trauma/burn**
 - **Cancer care**
 - **High-risk perinatal**
 - **Transplantation**
 - **Mental health**



- Go “upstream” to address the issues that lead to overuse of safety net facilities for routine care
- As insurers of last resort, safety net facilities have incentive to practice what we preach with regard to public health



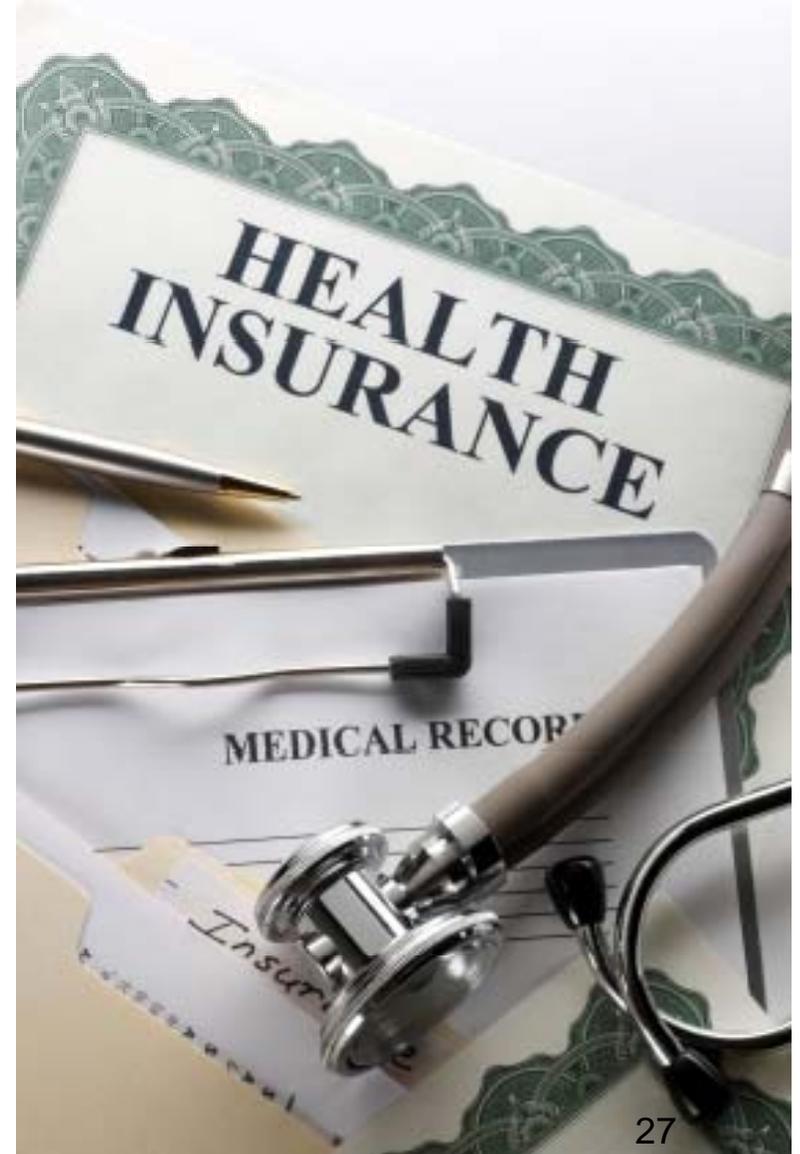
- Support a paradigm shift toward integrated, preventive health care
- Promote financing systems and policies that support prevention in health care
- Equip patients with needed information, motivation, and skills in prevention and self-management
- Make prevention an element of every health care interaction
- Make chronic disease management a priority across the healthcare system





We must also consider:

- Clinical infrastructure
- Distribution realities in the delivery system
- Explicit payment mechanism instead of mission cross-subsidy
- Education of future providers
- Evidence-based practice
- Emergency preparedness
 - **Natural disasters**
 - **Terrorism, including biological agents**
 - **Pandemics**
- Immigration
- Indigent care



- Strong commitment to delivering the highest quality medical care, inpatient and outpatient
- Caring, hard working, well meaning staff and physicians
- “Proud to be Parkland”

But ...

- No clear methods for measuring quality, leading to
- No ability to determine if quality is improving, leading to
- A “reactive” approach to quality problems, and a
- Silo approach to care

Outcomes:

- Great individual programs – Trauma, Burn, HOMES, Obstetrics, etc.
- No systemic approach to improving quality

- Institutional Strategy for Improving Quality
 - Adoption of standard metrics to define quality
 - Systematic evaluation of quality of care
 - Deliberate choice and prioritization of improvement areas
- Requirement: Institutional Will
 - Consciousness raising
 - External benchmarks
 - Media
 - Governance
 - Board Quality Committee
 - Integration with strategic plan
 - Goal Alignment
 - Accountability
- Outcomes
 - Decreased rates of hospital acquired infections
 - Improved Emergency Department Throughput
 - Improved Patient Experience

- **Organizational analysis and innovation**
 - System of Care: “Right care at right time in the right place”
 - Prevention as opposed to reaction
 - Development of novel quality improvement ideas
- **Requirement: Investment in Infrastructure**
 - Clinical quality team
 - Data and information support
 - Project management
 - Continuing education in quality
 - Information technology
 - Use of electronic medical record (EMR) to generate information
 - Use of EMR for clinical decision support
- **Outcomes**
 - Reduced readmission rates
 - Early identification and treatment of “at risk” patients
 - Prevention of complications



Creation of a Center for Clinical Innovation and Research

(Headed by Dr. Ruben Amarasingham)

Development of novel quality improvement ideas and comparative effectiveness

Example:

Redesign of ED to:

- Decrease dwell times (down 50%)
- Decrease “left without being seen” from 15% to 3%
- Continuing education in quality

Decreased CHF Readmissions

- Identified high risk patients at admission
(Interestingly highest risk factor was socioeconomic status,
not physical or lab findings)

MEDPAC Meeting Washington, DC

March 4, 2010

Philip S. Mehler, MD

Chief Medical Officer, Denver Health
Glassman Professor of Medicine, UCHSC

HIT

Employed Physicians



Denver Health Patients

- Denver Health cares for over 150,000 individual patients ~ 1-in-4 people in Denver
- 37% of Denver's babies are born at Denver Health
- 35% of Denver children use Denver Health
- Patients from every Colorado county

Does Denver Health Serve Vulnerable People?

- The poor
- Medically unserved, uninsured and underinsured
- Minorities, non-English speakers
- High risk pregnant women and their babies
- Victims of violence
- The homeless
- Public inebriates
- The chronically mentally ill
- Disabled children and adults
- Substance abusers
- Victims of infectious disease – TB, HIV
- Prisoners

Denver Health Demographics



The background of the table is a photograph of the Denver Health Medical Center building, a large, modern multi-story structure with a mix of brick and glass facades, set against a blue sky with scattered white clouds. The building has a prominent entrance with a covered walkway.

<u>Ethnicity</u>	<u>%</u>
<i>Hispanic</i>	52
<i>Black</i>	13
<i>White</i>	25
<i>Asian</i>	2
<i>Other/Unknown</i>	8



The Denver Health logo is located in the top right corner of the table area. It features a stylized profile of a human head in a square frame, followed by the text "DENVER HEALTH" in a bold, serif font, and the tagline "Level One Care for All." in a smaller font below it.

Almost 70% of DH patients are from minority populations

Denver Health Special Populations

The Uninsured

- Denver Health provided over \$4.0 billion in unsponsored care since 1991
- 46% of DH users are uninsured
- DH has 10% of beds but provides 40% of all unsponsored care in metropolitan area
- DH has remained in the black every year since 1991

Denver Health

Going Beyond the Uninsured

- Major Medicaid provider
- Major provider of care for children/CHP
- Increasing role in Medicare
- Busiest trauma center in the state
- Major correctional care provider
- Major state partner in disaster preparedness

Efficiency - 2009

- **Denver Health is cost efficient:**
 - Denver Health's charges were the lowest of any peer metro Denver hospital in 25 of the 35 categories
 - #4/102 in UHC for LOS/total expense per hospital discharge
 - Admissions 7.6% over budget
 - ALOS has fallen from 4.6 to 3.8
 - Readmission rate 4% (top 10% of UHC)

Quality of Care



Clinical Outcomes Report

Print Date:
Data Extract Date:

Wednesday, February 17, 2010
Monday, January 4, 2010

Denver Health Jul - Sep 2009 (Q3) UHC Teaching Hospitals

	Jul - Sep 2009 (Q3)						Oct 2008 - Sep 2009 (recent year)					
	Relative Performance	Denom (Cases)	Obs Mort(%)	Obs/Exp Ratio	UHC Median	Rank	Relative Performance	Denom (Cases)	Obs Mort(%)	Obs/Exp Ratio	UHC Median	Rank
Summary												
Post-Surgical		932	1.93	0.67	0.86	54/103		3,552	1.91	0.80	0.89	25/103
Quality and Accountability Aggregate		5,730	0.92	0.53**	0.86	1/103		20,823	1.07	0.62**	0.90	1/106
Total Inpatient		6,834	0.79	0.53**	0.86	1/104		23,857	0.95	0.62**	0.90	2/105
Patient Grouping												
Group A (Cardiology, Cardiothoracic Surg, Vascular Surgery)		315	1.27	0.42	0.86	1/105		1,153	2.17	0.70	0.90	8/108
Group B (Gynecology, Neonatology, Obstetrics)		1,886	0.00	0.00*	0.80	1/ 97		6,636	0.05	0.24**	0.91	5/ 99
Group C (Heart Transplant or Implant of Heart Assist System, Kidney/Pancreas Transplant, Liver Transplant, Lung Transplant)					0.73						0.89	
Group D (BMT, Gynecology/Oncology, Med Oncology, Surg Oncology)		65	1.54	0.17*	0.80	1/103		231	1.73	0.22**	0.85	1/105
Group E (Neurology, Neurosurgery, Orthopedics, Spinal Surgery, Trauma)		704	1.99	0.75	0.86	31/105		2,557	2.35	0.85	0.92	39/107
Group F (Otolaryngology, Plastic Surgery, Surgery General, Urology)		483	1.66	0.96	0.81	71/104		1,815	1.38	0.84	0.88	47/107
Group G (Burns, HIV, Ventilator Support)		71	11.27	0.66	0.85	18/101		323	9.60	0.59**	0.89	2/104
Group H (Gastroenterology, Medicine General, Rheumatology)		2,206	0.82	0.43**	0.88	1/105		8,108	0.91	0.53**	0.93	1/108

Legend

- Substantially Worse than Target Range Performance > 90th percentile of peer group
- Worse than Target Range Performance > 50th percentile of peer group
- Within Target Range Performance <= 50th percentile of peer group
- Substantially Better than Target Range Performance < 10th percentile of peer group
- Interpret with Caution Low volume, excluded from top-10
- * Significant difference from expected at .05 level of significance
- ** Significant difference from expected at .01 level of significance

Quality Alert Warning Quality alert screening criteria triggered (only for current quarter)

Quality Alert Screening Criteria:

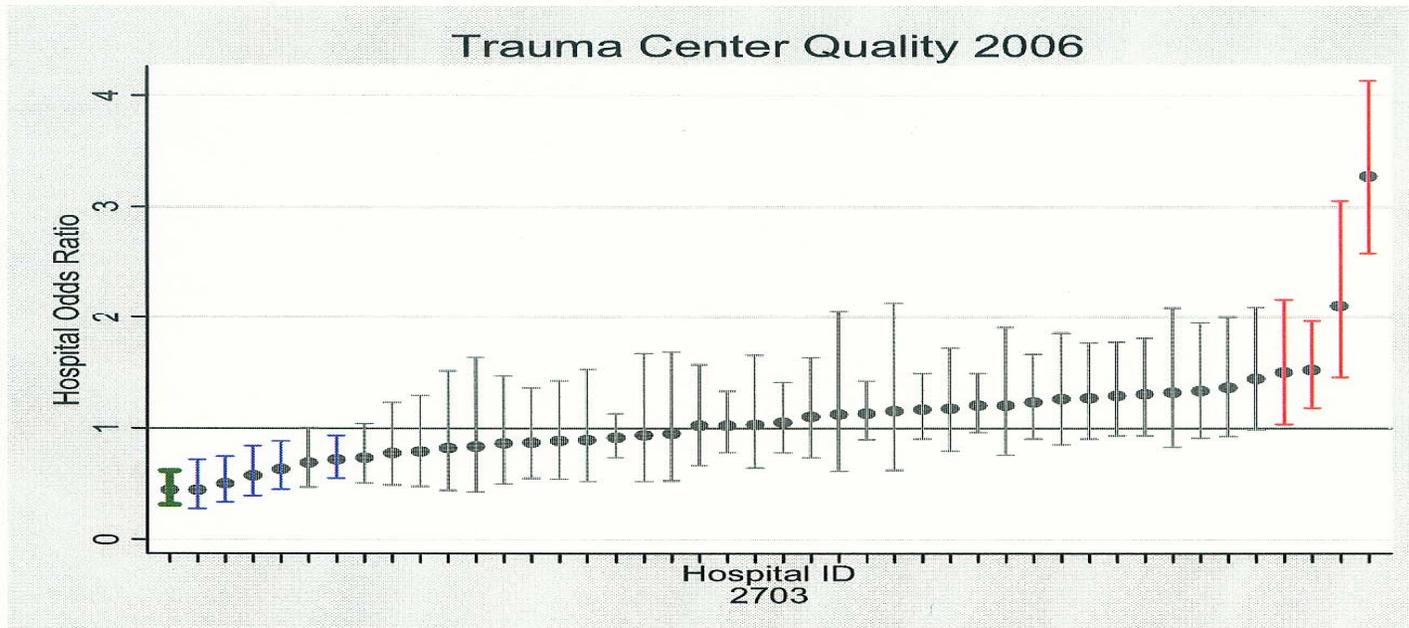
- Most recent 8 quarters mortality higher than expected and one of the most recent 4 quarters has O/E Ratio >= 1.4
- Any 2 data points in the most recent 4 quarters have O/E Ratio >= 1.4
- 6 of the most recent 8 quarters trending upwards

Note--Product lines are not based on physician specialties. Further analysis in the Clinical Data Base is necessary to identify opportunities for specific physician groups.

American College of Surgeons National Trauma Benchmark

RISK-ADJUSTED OUTCOMES

Figure 1. Hospital Odds Ratio based on all Trauma Cases.



Vertical bars represent the 95% confidence interval. Hospitals whose quality is below average are in red, and hospitals with above-average quality are in blue. Your facility is shown in green.

The odds of a trauma patient dying in your hospital are 0.44 compared to the average hospital (95% confidence interval: 0.31, 0.61). The likelihood that your hospital is a high-quality hospital (OR < 1) is 100%. The likelihood that your hospital is a very-high quality hospital (OR < 0.8) is 100%.



Denver Health Jul - Sep 2009 (Q3)

Quality and Accountability Aggregate

Definition - Quality and Accountability Aggregate Mortality

The mortality O/E ratio for inpatients in the 29 product lines included in the patient groupings shown on the Clinical Outcomes Report. The product lines are as follows: bone marrow transplant, burns, cardiology, cardiothoracic surgery, gastroenterology, gynecology, gynecology/oncology, heart transplant, HIV, kidney/pancreas transplant, liver transplant, lung transplant, medical oncology, medicine general, neonatology, neurology, neurosurgery, obstetrics, orthopedics, otolaryngology, plastic surgery, rheumatology, spinal surgery, surgical oncology, surgery general, trauma, urology, vascular surgery, and ventilator support. Bad data, nonviable neonates, organ harvest cases, and records with a null expected mortality are excluded. This composite O/E ratio is also used in the mortality domain of the Quality and Accountability Study. The target is the UHC 25th percentile.

	Relative Performance	Denom (Cases)	Obs/Exp Ratio	UHC Median	Rank
Current Quarter	⊕⊕	5,730	0.53	0.86	1/103
Recent Year	⊕⊕	20,823	0.62	0.90	1/106

Data Source: UHC CDB
Related Report: None
Contact: Steve Meurer, meurer@uhc.edu

	Current Quarter	Last Quarter	Recent Year
Cases (denom.)	5,730	5,282	20,823
Observed Deaths	33	69	222
Expected Deaths	99.79	105.50	355.23
Observed Mortality (%)	0.92	1.29	1.07
Expected Mortality (%)	1.74	2.00	1.71
Observed/Expected Ratio	0.53	0.64	0.62

Benchmarks:	Compare Group (n)	Percentile	10th	25th	50th	75th	90th
Current Quarter	UHC Primary Population (103)	0	0.67	0.78	0.86	0.98	1.11
Recent Year	UHC Primary Population (106)	0	0.72	0.79	0.90	1.00	1.12

Recent Year Five Base MS-DRGs with Highest Excess Deaths (>=25 cases):	Cases	O/E Ratio	Excess Deaths
Base MS-DRG 12 CRANIOTOMY/ENDOVASCULAR INTRACRANIAL PROCS	94	2.02	6.07
Base MS-DRG 3 TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	42	1.19	1.45
Base MS-DRG 212 KIDNEY/URETER PROCS FOR NON-NEOPLASM	33	4.57	0.78
Base MS-DRG 311 TRAUM INJURY	49	4.49	0.78
Base MS-DRG 116 PERITON ADHESIOLYSIS	27	3.33	0.70



Recent Year UHC Top-10 Mortality O/E in Quality and Accountability Aggregate	Mort O/E	Cases	LOS O/E	Readmit Rate
DENHEALTH	0.62	20,823	0.94	4.68
	0.62	40,405	0.92	4.21
	0.62	22,011	1.00	5.95
	0.68	39,774	1.00	5.57
	0.68	55,535	1.12	4.62
	0.68	20,153	0.97	4.93
	0.70	28,887	0.98	5.07
	0.70	14,923	1.01	5.17
	0.71	20,550	0.94	5.43
	0.72	35,506	0.92	6.09

Quality and Accountability Aggregate Legend:

- ⊖ Substantially Worse than Target Range Performance > 90th percentile of peer group
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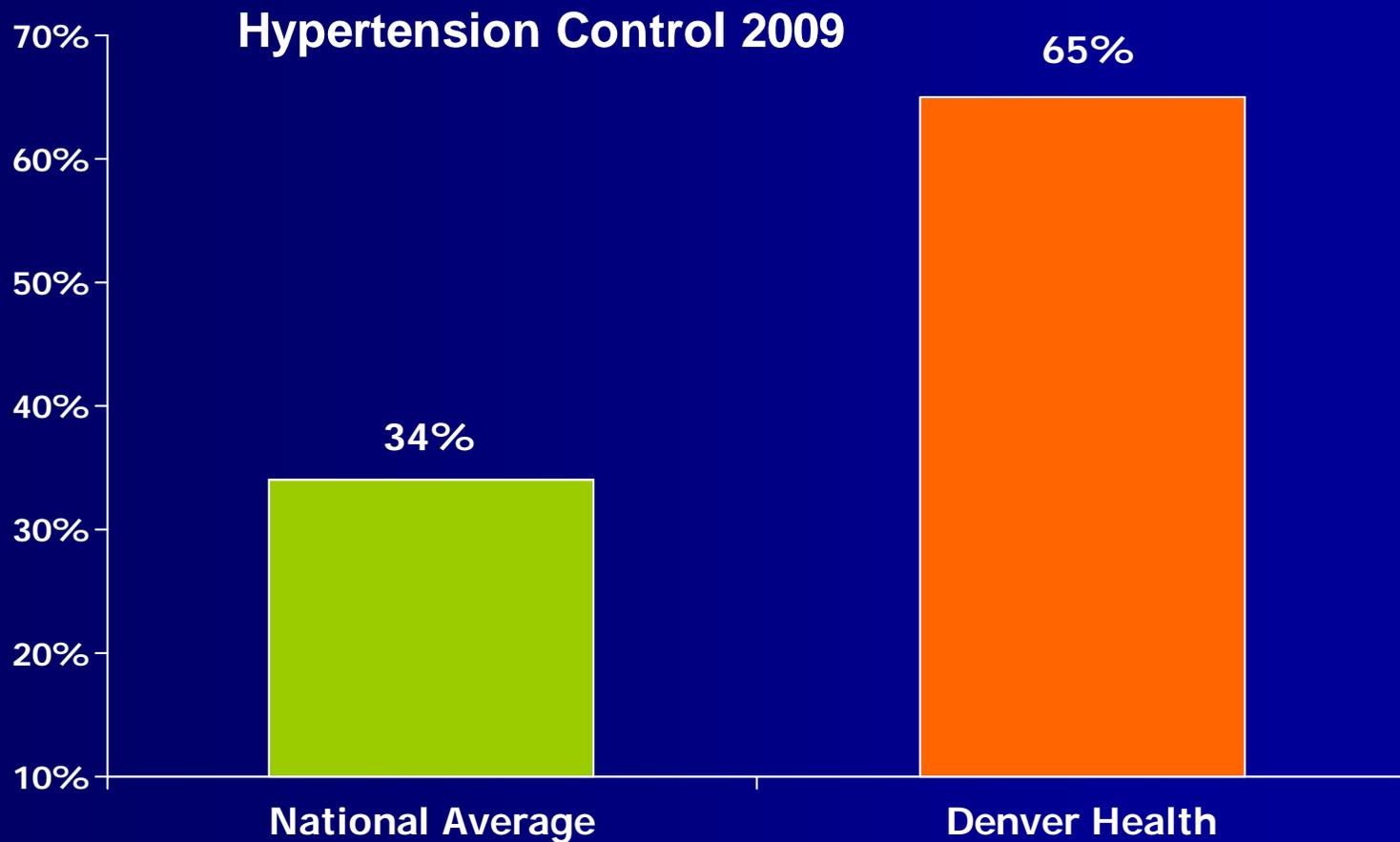
To qualify in the top-10 section, facilities must meet the patient grouping minimum volume threshold and have a mortality O/E ratio of 1.00 or less.

UHC Comparative Data

	Current Quarter	Last Quarter	Recent Year
Cases (denom.)	5,730	5,282	20,823
Observed Deaths	53	68	222
Expected Deaths	99.79	105.50	355.23
Observed Mortality (%)	0.92	1.29	1.07
Expected Mortality (%)	1.74	2.00	1.71
Observed/Expected Ratio	0.53	0.64	0.62

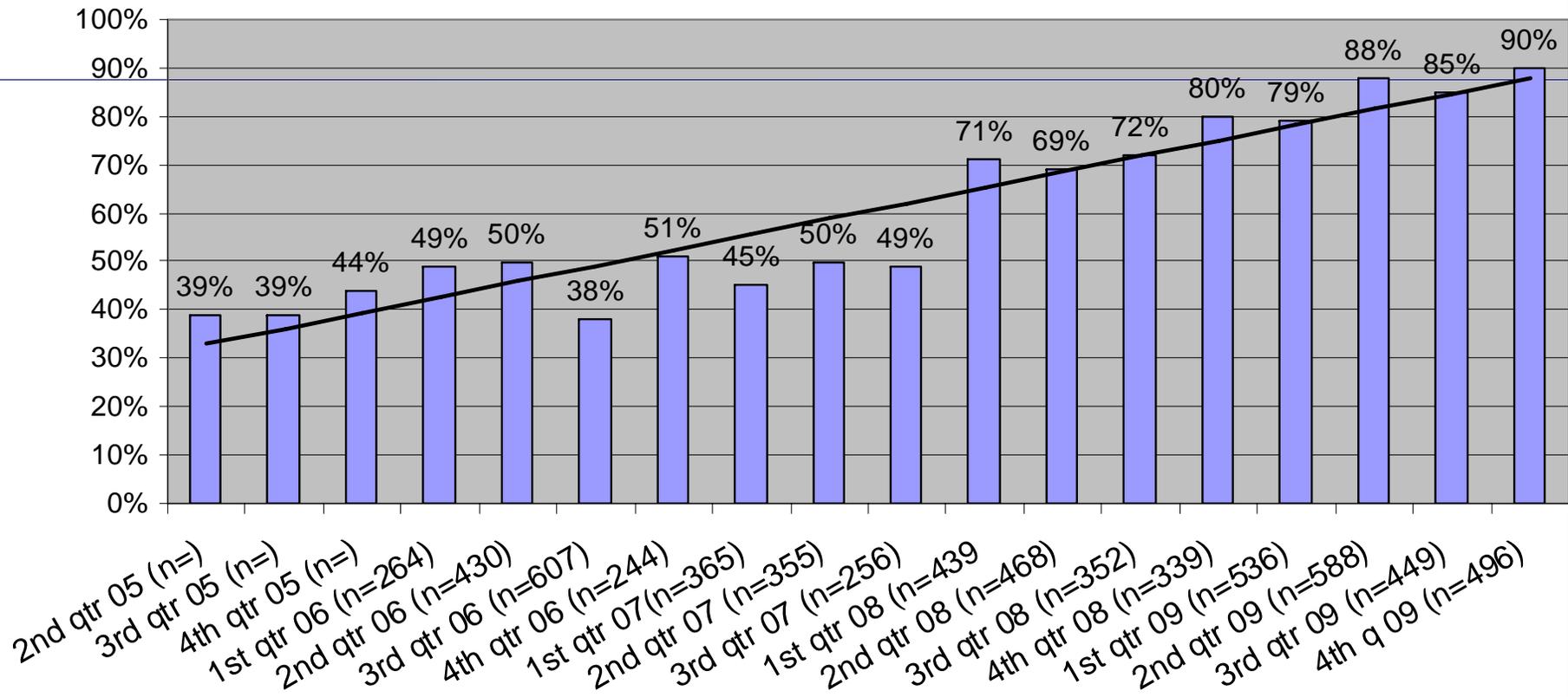
- 133 patients did not die as expected!

A Model for the Nation

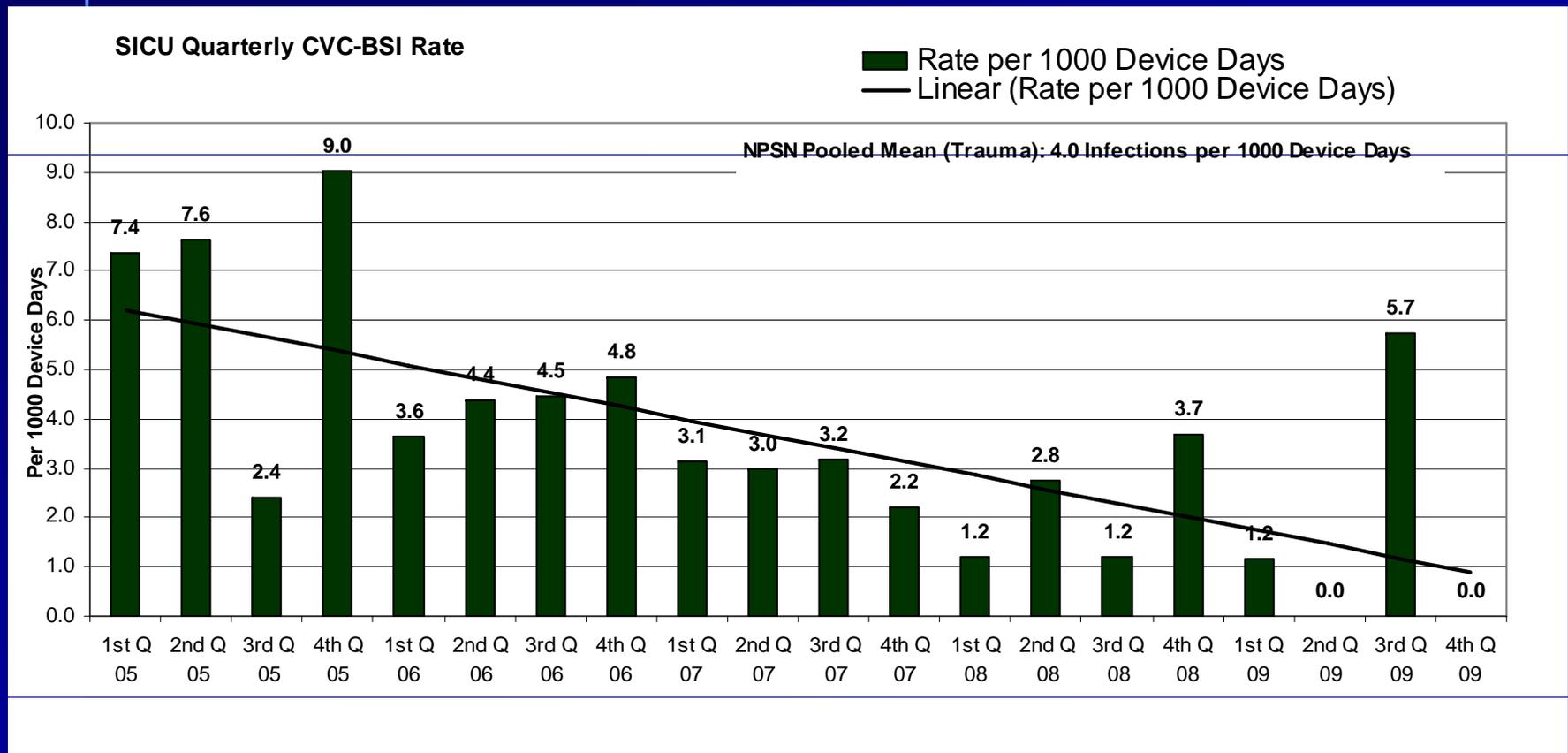


HH Compliance Hospital-wide by Quarter 2005-2009

(includes all before/after patient contact opportunities observed)

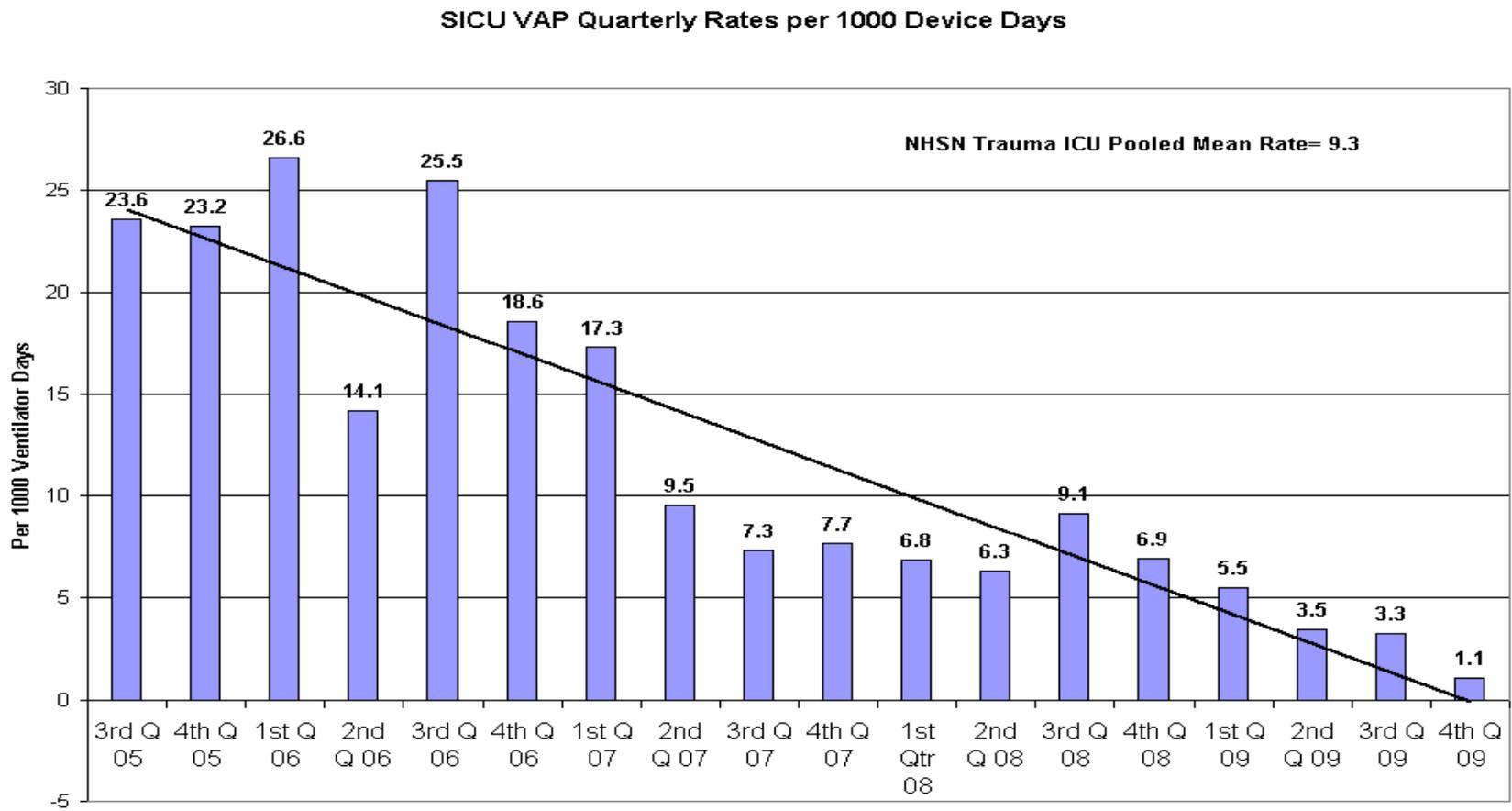


SICU Central Lines Associated Bloodstream Infections



NPSN Pooled Mean (Trauma): 4.0 Infections per 1000 Device Days

SICU Ventilator Associated Pneumonia



NHSN Trauma ICU Pooled Mean Rate= 9.3

Quality Journey 2009

- NAPH chair award
- UHC "rising star" award
- Advisory committee for NQF
- JNC-8 committee
- HIT senate committee
- JCAHO, Critical Care, Archives of Surgery, AJMQ, Quality & Safety, Critical Care Medicine journals
- Robust infection prevention/ID program
- Multiple successful regulatory surveys
- O/E morality rate!!
- Increasing national recognition



National
Association
of Public
Hospitals
and Health
Systems

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May 1, 2009

Dear Dr. Mehler:

NAPH is very pleased to announce that your 2009 NAPH Safety Net Award submission for the **Denver Health – "Clinic Triggers – Rapid Response System"** has been selected to receive the **2009 NAPH Chair Award**. Your nomination was highly regarded by the awards committee and the NAPH staff. **The Chair Award** is the NAPH award's committee top selection from this year's pool of nominations in all categories. This year, there were over 40 submissions.

The 2009 Safety Net Awards Ceremony will take place in conjunction with NAPH Annual Conference at the Seattle Sheraton Hotel, Seattle, WA on June 24-June 26. The awards will be presented on Friday morning, June 26th. We look forward to your attendance during this event and are pleased to offer one complimentary conference registration and a check in the amount of \$1,000 to help make it possible for you or a staff representative to attend the awards ceremony in person (for hotel/travel costs). We would be pleased to extend a discounted registration fee of \$475 for additional staff to attend the conference.

You will be in receipt of additional information and instructions from the NAPH conference division next week. In the meantime, should you have any questions, please contact Pam Bradley at 202.585.0114 or pbradley@naph.org.

Again, our sincere congratulations to you and your staff on winning this award. We look forward to seeing you in Seattle.

Sincerely,

A handwritten signature in black ink, appearing to read 'Larry S. Gage'.

Larry S. Gage
President, NAPH

cc: Patricia A. Gabow, MD

Quality Scorecard 2009



2008/2009 Denver Health Quality Scorecard

CONFIDENTIAL - QUALITY ASSURANCE PROVIDED

INPATIENT MEASURES 2009	2009 RESULTS												Year to date 2009	2008	2007	2006	Target
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec					
System																	
Average daily census	305.6	309.2	316.4	305.7	294.5	292.6	314.9	305.6	302.7	313.4			305.3	296.5	278.4	262.7	NA
Average length of stay (days)	4.4	4.2	4.2	4.2	4.0	4.0	4.0	4.0	3.9	4.1			4.1	4.2	4.5	4.5	NA
Emergency department time or divert (percentage of month)	11.5%	12.4%	18.9%	15.5%	9.4%	8.8%	14.8%	12.1%	13.7%	30.8%			14.8%	6.4%	13.7%	14.0%	-10%
30-day Related Readmission Rate	4.7%	3.5%	4.1%	4.4%	5.2%	4.5%	4.7%	5.1%	NA	NA			4.5%	4.3%	4.0%	3.7%	4.5%
AMI 30-day all-cause readmission rate	28.6%	22.2%	7.1%	13.3%	22.2%	31.6%	12.5%	25.0%	NA	NA			23.3%	15.7%	18.5%	13.1%	12.6%
Heart Failure 30-day all-cause readmission rate	23.5%	24.1%	30.8%	29.6%	11.5%	19.2%	18.2%	25.8%	NA	NA			22.8%	22.9%	23.1%	19.2%	22.1%
Non-ICU COR Zero	5	1	2	4	3	1	2	3	3	3			25	20	29	47	NA
Non-ICU COR Zeros per 1000 acute care days	0.81	0.18	0.33	0.68	0.51	0.18	0.16	0.33	0.52	0.49			0.42	0.29	0.47	0.80	NA
Adult Rapid Response Call (ARR)	17	29	23	26	33	26	22	18	26	18			238	274	183	8	NA
ARR Calls per 1000 acute care days	2.75	5.30	3.74	4.40	5.96	4.62	3.57	2.96	4.50	2.96			4.01	3.93	2.98	0.54	NA
ICU Roundbacks within 48 hours	3	7	6	6	9	14	6	3	7	6			6.7	7.8	6.1	9.8	0.0
ICU Roundbacks per 100 ICU beds	1.51	3.24	2.33	2.80	4.15	5.83	2.45	1.41	2.85	2.29			2.89	3.34	2.87	4.55	NA
Patient Safety Net Reports (PSN)	406	347	451	428	346	388	416	404	407	393			3686	3624	3841	3727	NA
Falls	49	43	53	50	44	42	71	46	36	39			473	478	422	336	NA
Medication errors on high risk drugs	64	27	39	32	38	24	36	27	35	28			330	358	278	253	NA
Events with high team (E and above)	57	54	66	66	54	58	65	58	64	63			605	514	410	366	NA
Hospital Acquired Pressure Ulcers Stages 3 and 4 (HAPU)	0	0	2	4	0	1	0	1	1	2			11	3	4	4	0
HAPU per 1000 discharges	0.00	0.00	0.55	1.75	0.00	0.45	0.00	0.41	0.42	0.52			0.47	0.46	NA	NA	0
Sentinel Events	1	1	0	1	0	1	0	2	0	0			5	7	12	10	0
INPATIENT MEASURES 2008 - 2009	Q4 2008		Q1 2009			Q2 2009			Q3 2009			Year to date 2009	2008	2007	2006	Target	
Core Measures																	
Acute Myocardial Infarction Composite	86%			85%			NA			NA			85%	92%	100%	84%	95%
Heart Failure Composite	84%			73%			NA			NA			73%	84%	76%	58%	95%
Pneumonia Composite	80%			80%			NA			NA			80%	71%	75%	55%	95%
Stroke Care Improvement Project (SCIP) Composite	78%			69%			NA			NA			69%	75%	75%	55%	95%
Propylactic antibiotics received one hour prior to surgical incision	96%			96%			91%			NA			93%	96%	94%	85%	95%
Propylactic antibiotics discontinued within 24 hours after surgical incision	92%			94%			92%			NA			93%	88%	88%	71%	95%
Infection Control																	
MDU central line associated bacteremia per 1000 device days	3.4			2.3			0.0			2.8			1.7	1.7	1.4	3.5	2.4 (NHSCN)
SKU central line associated bacteremia per 1000 device days	3.7			1.2			0.0			5.7			2.2	2.2	2.9	4.3	4.0 (NHSCN)
MDU ventilator associated pneumonia per 1000 ventilator days	2.3			3.2			2.9			1.5			2.5	2.5	2.0	2.5	2.5 (NHSCN)
SKU ventilator associated pneumonia per 1000 ventilator days	6.9			5.5			3.5			3.3			4.1	7.4	9.9	20.9	9.3 (NHSCN)
Hand hygiene compliance	80%			79%			88%			85%			84%	73%	51%	47%	100%
Surgery / Orthopedics																	
Postoperative DVT or PE per 1000 adult inpatient admissions	9.3			10.1			12.1			NA			11.1	15.9	19.1	15.5	11.0
30-day infection rate per 100 knee / hip arthroplasties	0.0 knee / 6.3 Hip			0.0 knee / 0.0 Hip			3.8 knee / 0.0 Hip			0.0 knee / 0.0 Hip			1.3 / 0.0	0.0 / 4.0	3.1 / 4.4	4.2 / 9.4	0.2-18.0/0-30
Healthcare Infection Control (HIC) rate per 100 procedures	1.2			1.8			0.0			1.3			1.0	1.9	NA	NA	16.4 (NHSCN)
Pediatrics / Obstetrics																	
30-day pediatric asthma readmission rate	0.0%			4.0%			2.4%			2.2%			2.8%	1.0%	1.4%	2.4%	NA
Stillbirth rate per 1000 liveborn births (number of infants)	2.7 (0)			0.0 (0)			1.1 (0)			NA			0.0	3.8	7.6	NA	6.2
Observed to Expected Mortality Ratio (%)																	
Overall	0.64 (0.80%)			0.70 (1.06%)			0.64 (1.16%)			NA			0.67	0.72	0.81	0.74	-0.72
Postoperative	0.67 (1.15%)			0.84 (2.08%)			0.80 (2.47%)			NA			0.82	0.81	0.84	0.79	-0.64
Medication use	0.69 (0.80%)			0.63 (0.83%)			0.54 (0.94%)			NA			0.59	0.58	0.64	0.55	-0.61
AMBULATORY MEASURES 2008 - 2009	Q4 2008		Q1 2009			Q2 2009			Q3 2009			Year to date 2009	2008	2007	2006	Target	
Preventive Screening																	
Percentage of patients with some indication for colorectal cancer	46%			47%			48%			50%			48%	46%	45%	49%	60%
Percentage of patients with some indication for cervical cancer	75%			74%			75%			75%			74%	75%	71%	71%	80%
Percentage of patients with some indication for colorectal cancer	41%			45%			43%			47%			44%	41%	34%	30%	60%
Adult Immunizations																	
Influenza (as used to calculate only)*	NA			42%			NA			NA			42%	46%	45%	41%	90%
Pneumococcal - 65 years and older	75%			75%			75%			76%			75%	75%	71%	59%	90%
Pediatric / Perinatal Care																	
Pediatric Immunizations up-to-date at 24 months	78%			78%			79%			79%			79%	78%	80%	85%	85%
Well child check-ups	75%			76%			78%			78%			77%	74%	70%	68%	75%
Chronic Diseases																	
Percentage of hypertensive patients with controlled blood pressure (<140/90)	60%			60%			64%			65%			63%	60%	56%	35%	50%
Percentage of diabetics with HbA1c <=9	69%			71%			71%			73%			72%	69% (04)	NA	NA	70%

NA = not applicable
*Medication change in 2009

Last Updated on 01/12/2010

Quality Scorecard

■ 2006-2009

- 3 years of development/enhancement
- 40 quality and safety measures
- 24 Trend lines with 1-3 years of data
- Manual update
- Mailed to DOS quarterly

■ 2010

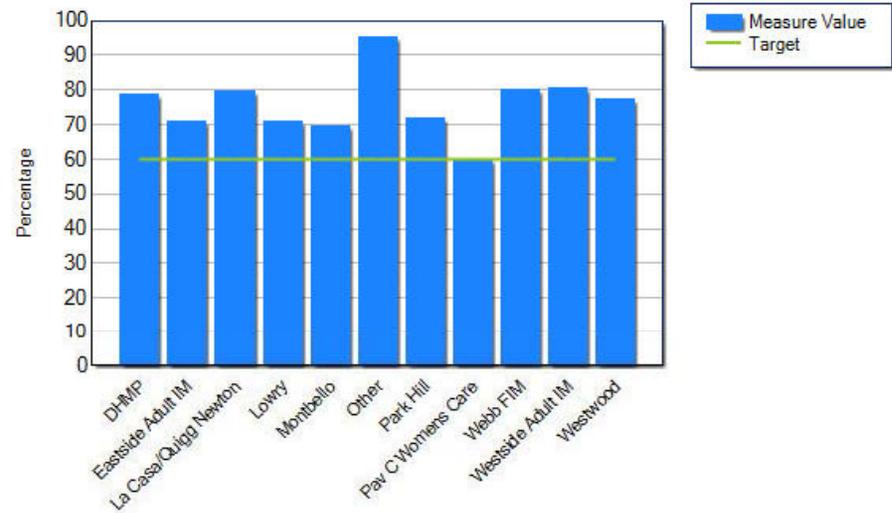
- New electronic interface with data warehouse
- 6 months of development
- 102 quality and safety measures with drill down to clinic level for 20 ambulatory measures
- All measures have trend lines with 1-3 years of data
- Most measures updated automatically from the data warehouse
- Much broader audience for most measures

Electronic Quality Scorecard

Clinic: All

	Current Measure	Indicator	Denominator	Target	Date of Current Measure
All					
Pediatric Prevention					
Five or more Well Child Checks by 15 Mos	90%	●	2996	75%	Dec 2009
Developmental Screening by 15 Mos		◇			
Dental Visit or Fluoride Application by Age 3		◇			
Immunizations					
Combo 3 Vaccination (4-3-1-3-3-1-4) by 24 Mos	78%	◆	6590	85%	Sep 2009
Adolescent Tdap Vaccination		◇			
Influenza Vaccination for Adults Ages 50+ and 18-49 with Comorbidities	34%	◆	27762	70%	Sep 2009
Pneumonia Vaccination in Adults Ages 65+	65%	◆	6423	80%	Sep 2009
Diabetes					
HgbA1C <= 9%	80%	●	5408	70%	Dec 2009
LDL < 100 mg/dL	76%	●	4569	60%	Dec 2009
Blood Pressure < 130/80 mm HG	43%	◆	5668	50%	Dec 2009
Bundle of HgbA1C, LDL and Blood Pressure Control	41%	◆	5876	50%	Dec 2009
Hypertension					
Controlled Blood Pressure	54%	◆	15475	70%	Dec 2009
Cancer Screening					
Breast Cancer Screening	54%	◆	12997	60%	Dec 2009
Cervical Cancer Screening	75%	◆	28077	80%	Dec 2009
Colorectal Cancer Screening	39%	◆	26715	50%	Dec 2009
Anticoagulation					
Anticoagulation Service Penetration	62%	▲	929	75%	Oct 2009
INR Interval Time	25.0	●	25.0	25.0	Oct 2009
Last INR in Range	54%	◆	929	65%	Oct 2009
Perinatal					
Trimester of Entry into Prenatal Care	62%	◆	3835	70%	Dec 2009
Low Birth Weight	8.5%	◆	3380	6.7%	Dec 2009

Diabetes LDL < 100 mg/dL (Dec 2009)



Clinic Data

Clinic	Measure Value (%)	Denominator	Target	Yellow Indicator	Red Indicator
DHMP	78.7	174	60.0		60.0
Eastside Adult IM	71.1	634	60.0		60.0
La Casa/Quigg Newton	79.5	541	60.0		60.0
Lowry	71.0	365	60.0		60.0
Montbello	69.7	201	60.0		60.0
Other	95.0	19	60.0		60.0
Park Hill	71.7	382	60.0		60.0
Pav C Womens Care	60.0	5	60.0		60.0
Webb FIM	80.3	950	60.0		60.0
Westside Adult IM	80.4	1013	60.0		60.0
Westwood	77.2	285	60.0		60.0

Reducing Avoidable Readmissions

- Tied to Medicare reimbursement (target conditions: heart failure, pneumonia, myocardial infarction)
- Clinical Process Value Stream Lean focus for 2010 (Medicine service only)
 - Discharge planning throughout the length of stay,
 - Safer transitions to outpatient care,
 - Interventions in ED to prevent second admission
 - Medication reconciliation
 - Emphasis on palliative care services when appropriate
- Likely focus of State provider fee incentive plan in 2010

Abnormal Results Tracking

- Includes all ancillary test results (inpatient and outpatient)
 - Laboratory and pathology tests
 - Radiology (including interventional)
 - Cardiology
 - GI and Pulmonary function labs
- Scope of oversight
 - Clinician notification including critical values
 - Patient notification of test results
 - Management of radiology over-reads and other changed results
 - Safety net for missed results
 - Tracking of recommended follow-up (e.g. “needs repeat CXR in 3 months”)

Global Safety Score

- Diabetes cluster
 - Glucose <50 (after hospital day 1)
 - Glucose >400 (after hospital day 1)
- Hematology cluster
 - PTT >100
 - INR > 5 (after hospital day 1)
 - DVT or PE not POA
- Med management cluster
 - Naloxone or flumazenil use (except in ED)
- Failure to rescue - readmission cluster
 - Any cause readmission within 7 days
 - Episodes of cor 0
 - Transfer to ICU from lower level of care (not from OR or PACU)

Department/Service Engagement in Quality and Safety

- Represents the need to identify departmental leaders/liaisons to DPSQ
- Involve caregivers in discussions about implementation of quality measures
- Give feedback on performance and outcomes related to quality, and engage caregivers in solutions including an emphasis on CMS Core measures and departmental ongoing professional practice evaluations (OPPE)
- Institutional support for protected time for quality and safety issues
- How are departments held accountable by the enterprise for quality and safety activities?

In Conclusion . . .

You should not use an old map to
explore a new world

-Albert Einstein

Denver Health has a new map.