




Leveraging Outcomes to Achieve Distinction





A LETTER FROM ELIZABETH BERRINGER, PRESIDENT OF ACCELERO HEALTH PARTNERS

How do clinical and administrative leaders in a hospital define and measure quality on behalf of the patients, and to the benefit of the service line?



A successful service line uses a balanced scorecard approach. At Accelero Health Partners, the concept of the balanced scorecard encompasses improving care, increasing margins, and building volume. To improve care the integrity and quality of the healthcare product must be defined and measured. The definition of quality has to encompass the many facets of the healthcare product that are important not only to the patient, but also to the payors who are demanding higher quality at lower costs.

As part of the quality initiative, it is critical for hospitals to address the growing trend of “consumerism.” Patients are taking the initiative to actively participate in decisions about their healthcare. The issue for the hospital is how to provide a quality healthcare product that satisfies both the patient and the payor. Your hospital must begin with defining quality healthcare and then effectively measuring and monitoring it consistently. Your infrastructure must be secure and capable of driving the change to ensure quality issues are addressed.

Clinical outcomes that measure the patient’s acute care experience, operational factors that measure compliance with process, functional outcomes that measure the patient’s pain, motion, function, and extraordinary customer service involving the patient care experience are foundations for defining and measuring quality. To balance your scorecard, there must first be a solid product, of quality orientation, followed by an understanding of margin, in order to leverage this position to differentiate your hospital in the market.

Best regards,

Elizabeth Berringer
Accelero Health Partners

Organizing Your Patient Outcomes

At Accelero, we have created a method to organize all patient outcomes to lead to effective service line management. Our patient outcomes system is categorized into patient satisfaction, clinical outcomes, operational outcomes, and functional outcomes.

Patient satisfaction is the single best way to differentiate your hospital from your competitors. It is paramount to have a culture of service excellence in your hospital as well as having a structure in place that routinely reviews your customer service results and leverages those results to your internal and external customers. While seemingly simple in theory, in practice, most hospitals struggle to deliver average performance in the area of customer service.

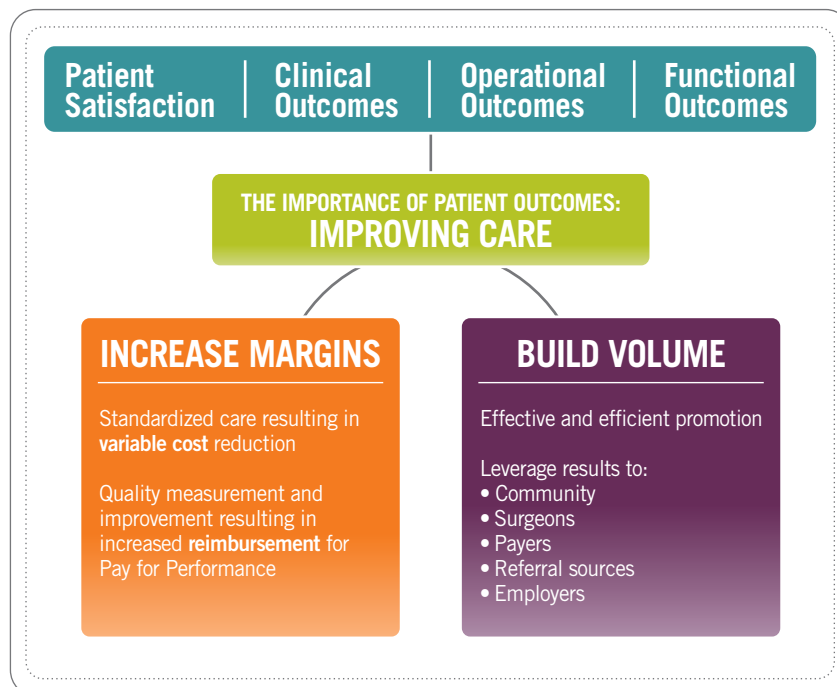
Operational outcomes are process related measurements that can encompass diverse areas such as length of stay management, compliance with Surgical Care Improvement Project (SCIP) metrics, attendance at preadmission education classes or wait time for an initial outpatient rehabilitation evaluation.

Clinical outcomes are acquired conditions or complications that occur during the patient's stay at the hospital. With so many potential outcome metrics, identifying the outcomes to measure and track is a critical first step to success in reducing complications.

The fourth patient outcomes category, functional outcomes, are the patient's overall health status improvement as a result of either surgical and/or non-surgical interventions.

The challenge with functional outcomes is they are generally longer term measures and extend beyond the hospital portion of the care continuum. However, these measures are important in providing long term functional results to potential patients and providers to differentiate your program.

Patient outcomes provide a proven framework for improving care. However, it is important to note it is not done in isolation of the other program goals of increasing margins and building volume. The diagram below demonstrates the interaction between these three program goals. The remainder of this newsletter will provide more detail and case examples of each of these patient outcomes categories.



Patient Satisfaction

The institution of HCAHPS and continued transparency of hospital data has increased the importance of customer service in the eyes of hospital senior administrators and the health care consumer. To have an organized customer service program there must be focus on the following three areas: creating the habit of excellence, developing a structure for success and leveraging results.



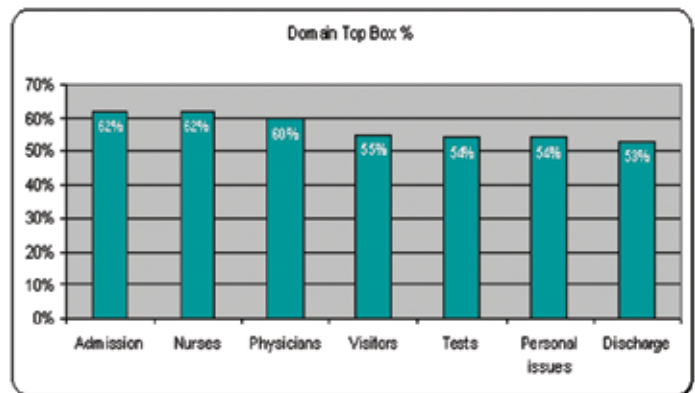
Create the Habit of Excellence

Successful customer service programs begin with senior leadership establishing a customer service vision and values that are communicated at a department level. The values should be actionable with specific behaviors linked to each value. Staff should help define these behaviors to ensure their buy-in and accountability as part of the process. In addition, these values and action items need to be consistently reinforced during department meetings and by leadership at all levels to ensure that the customer service vision of the organization remains at the forefront of all of the employees.

Develop a Structure for Success

Successful customer service programs have a structure that reinforces and supports excellence in customer service. Standardized measurement tools should be routinely reviewed by department managers and shared with staff. Areas of strengths and weaknesses should be identified and goals should be set for key domains. Process improvements should be implemented in order to address consistent deficit areas.

Although widely used, the mean score and percentile rankings are not as reliable or as clear as the top box percentage. The top box percentage is the percentage of scores for the highest possible answer (i.e., percent of patients answering excellent or very good) to a specific question. Below is the average top box percentage for key domain areas from a sample of over thirty musculoskeletal nursing units. The results indicate that typically the highest domain areas are nursing and admission process while the lowest domain scores are in the areas of personal issues and discharge.



According to a December 2003 article in the Harvard Business Review, "The One Number You Need to Grow", the best predictor of customer loyalty is the score for the question whether a patient recommends an organization to a friend or family member. Top box scores of "likelihood to recommend" supports the notion that customer service is a key differentiator for your service line. The success of a program is driven by the employees' sense of pride and is tied to their customer service performance. In addition, it is important that customer service scores are routinely reviewed and discussed during department meetings.

Leverage Results

As your organization implements processes to produce outstanding customer service results, the logical next step is to communicate those results to as many stakeholders as possible. This would include specialty physicians, staff, referral sources, patients, the community and payors. It is important to note that hospital customer service scores can be accessed through the Department of Health and Human Services website called Hospital Care. Not only is it important for your organization to effectively communicate your scores on your website, throughout your facilities and during community and referral source events, it is also imperative to share these scores in an easy to understand method for all of your key stakeholders.

Operational Outcomes

Operational outcomes are processes related to patient care. Identifying the specific operational measurements to monitor is critical to disciplined service line management and the provision of consistent care.

Examples of operational outcomes include:

- Percentage of patients with a length of stay above the geometric mean length of stay
- Percentage of patients discharged to home following a total joint replacement
- Adherence to clinical pathways and standing orders
- Infection control standards of care
- Pain management protocols
- SCIP (Surgical Care Improvement Project) metrics compliance
- Wait time from initial phone call to initial outpatient rehabilitation visit

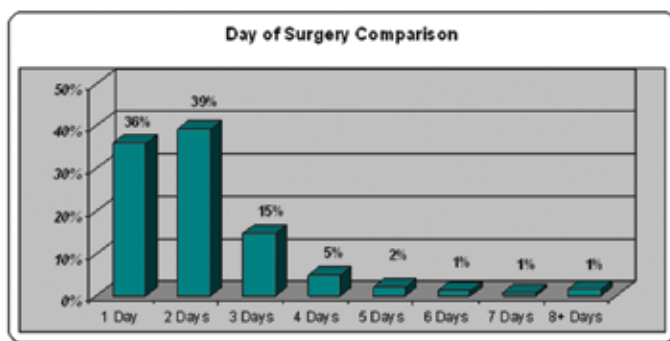
Hip fracture cases illustrate the importance of operational outcomes measurement due to their emergent nature and the challenges they pose for optimal outcomes.

The time from admission to surgery and then surgery to discharge, can impact both a patient's length of stay (LOS) and outcomes. Since these cases generally enter the system through the emergency department, variables affecting operational outcomes and length of stay require a multidisciplinary approach. Delays in surgery can be a result of issues with medical clearance, issues with the operating room schedule, the lack of patient consent, non-compliance of SCIP protocols or an error in NPO (nothing by mouth) orders.

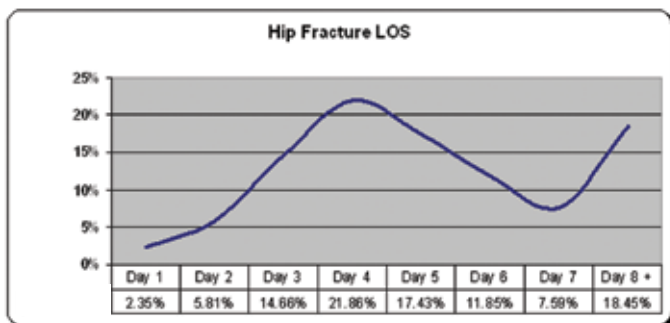
An Accelero all partner comparison of length of time from admission to surgery illustrates the operational variability. The data set is recent hip fracture cases that include DRGs 480, 481 and 482. The following graphs consist of 6,591 total cases. Of the total cases, 75%, or 4,943 cases went to surgery within 24-48 hours or less. Establishing a process that maintains a 24 hour admit to surgery length of time for the hip fracture patient, clearly provides the best opportunity for maximizing patient and operational outcomes.

There is significant opportunity for operational improvement for the approximately 25% of cases that did not have surgery until day three or later.

The following graph illustrates the total LOS by day for all hip fracture patients in the three DRGs combined. The total length of stay is a combination of time from admission to surgery and surgery to discharge. For all cases, 26% of patients have a length of stay of seven days or greater. These 7 day or greater cases are 35% of the cases that have admission to surgery on Day 1 outlined below.



Although the GMLOS for DRG 482 Hip and Femur Procedures Except Major Joint without CC/MCC is 4.5 days, the following graph illustrates the resulting degree of variability in the length of stay within all hip fracture DRGs with more than half the hip fractures cases over 4.5 days.



Post surgical LOS and discharge delays can be a result of surgical or post-operative complications, lack of pain management, or complications resulting from patient co-morbidities. Non-clinical processes typically result in extended stays related to discharge disposition issues, such as delays in case management intervention, physical therapy, acceptance at a skilled nursing facility, and/or family's indecision regarding post discharge plan of care.

Establishing operational outcomes measurements will facilitate the management of LOS, aid in minimizing clinical complications, and lend to the provision of consistency of care for all service lines throughout the care continuum. This fracture care comparison illustrates how operational outcomes, LOS, and length of time to surgery will drive care improvement.



Managing clinical outcomes reduces complication rates and the number of bed days to support patients with complications

Clinical Outcomes

Accelero Health Partners has developed a clinical outcomes comparative database that allows hospitals to track the frequency of complications and understand the impact on both length of stay and key financial indicators.

With a quality team to track, manage and improve clinical outcomes, Accelero hospital partners effectively execute change that reduce complication rates and the number of bed days used to support patients with complications.

An example of an effective quality team can be found in a hospital in the southeast United States. This partner hospital committed to build an infrastructure that would define clinical outcomes metrics, identify areas of opportunity and apply a discipline to improve results for total joint replacement patients. The hospital's commitment to quality was reflected in the strength of its quality team. The team included their chief nursing officer, orthopaedic nurse manager, service line director, pre-admission coordinator, operating room director and quality department director. Accelero Health Partners was able to provide clinical outcomes information at a procedural level. This was information that the hospital had not previously been able to access. With this level of detail, the team could compare the same DRGs, procedures and complications on a routine basis. However, to implement change, the team recognized they needed an objective way to measure their results.

In the fall of 2008, the team started work on clinical outcomes for the total joint replacement patients. They identified urinary complications as an issue with this patient population and implemented a multi-prong approach in an effort to reduce the incidents of this type of complication.

They first looked at the opportunities to improve the care process. To reduce the likelihood of infection, the unit decided to switch to silver coated urinary catheters. Then, three operational processes were put in place.

The nursing staff was instructed to be diligent about removing catheters according to the standing orders, 24 hours after surgery, unless otherwise specified by the physician. The second operational advancement was designed to better assess patients for a urinary tract infection (UTI) when they were admitted from a skilled nursing facility and required partial hip replacement surgery. This process improvement allowed for the immediate treatment of the UTI and initiated documentation of the urinary tract infection as present on admission. Thirdly, a coding and documentation specialist educated the surgeons and physician extenders on how to properly document care being provided to the patient to ensure accuracy and consistency.

The team accomplished significant results. When three months of data was compared for DRG 470, major joint replacement without major complication or co-morbidity, the complications within DRG 470 were reduced from 13% to 7%. The length of stay per case for patients with complications also had a 12% improvement or an average reduction of .77 days.

Overall, within three months there was a 67% improvement in the reduction of complications within DRG 470 and a 63% reduction in urinary tract infections.

The team implemented a Risk Prevention Program for urinary tract infections. Patients are identified as "at risk" for a urinary tract infection either through their past medical history or clinical course. The team developed interventions that are implemented early in the patient's care that decrease the patients' likelihood of developing a UTI.

The teams will continue to monitor processes that were implemented and to transfer the knowledge learned from this initiative to the other surgical units in the hospital. It is critical to effectively and efficiently identify cases with complications, to regularly review these cases to determine potential causes and most importantly implement solutions.

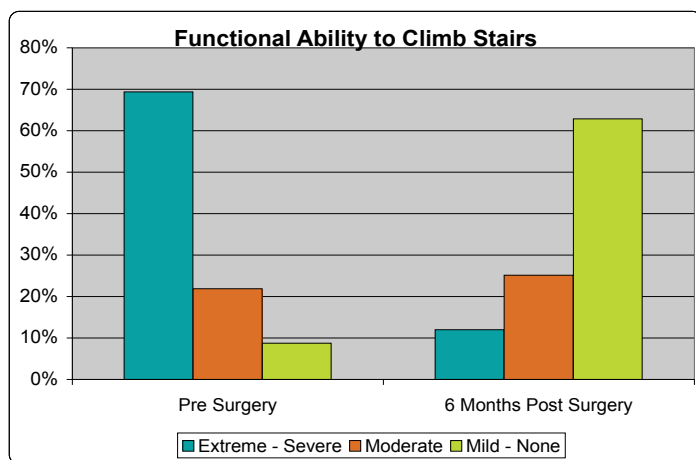
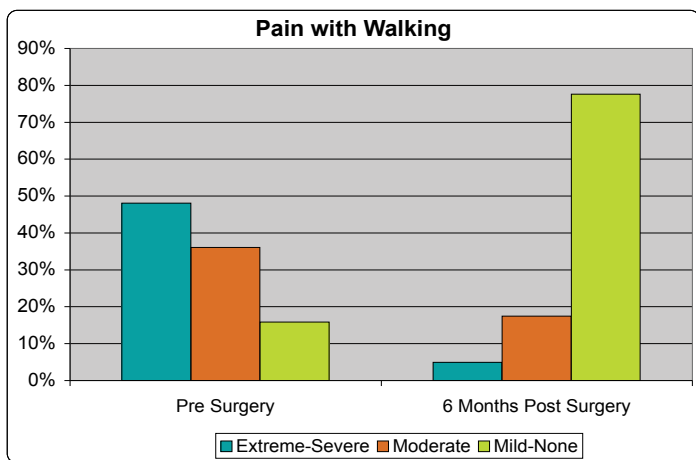
Functional Outcomes

Functional outcomes measure the patients' ability to function and the impact of their impairment on their daily living activities. Functional ability can be measured at various points throughout the patient's pre and post surgical experience, relying greatly on the patient's active participation in the data collection.

In the musculoskeletal service line, there are several potential areas to collect functional outcomes data. One area is outpatient rehabilitation where a variety of clinical diagnoses and treatments can be captured. In the areas of major joint replacement or spine product lines, accepted tools for functional outcomes data collection are Western Ontario and McMaster Osteoarthritis Index (WOMAC) or Oswestry, respectively. Additional areas are the physician's office or during pre-surgical testing where pre-interventional status can be obtained and at a standardized time via mail, phone or at the physician office visit for the post-interventional test. The tables below illustrate data collected from pre-surgery and post surgery testing and highlight significant improvement in the patient's functional outcomes.

CaroMont Health Human Motion Institute performs over 600 joints a year with multiple physicians from different physician groups performing joint surgery. When CaroMont Health's joint surgeons wanted to understand long term functional outcomes variations, they began collecting WOMAC data. The pre-interventional test occurs at a pre-admission education class. Post-interventional testing occurs at the physician's office during a six month follow up visit.

It has taken over a year of data collection for CaroMont to amass a statistically significant sample size. Results are shared with physicians, staff and leveraged in brochures and on their website as an objective way for potential joint replacement candidates to assess if joint replacement is right for them.



The Accelero Advantage
FOCUSING ON PATIENT OUTCOMES

