The Journey to Enhancing Value for Patients

Peter Pronovost, MD, PhD, FCCM
Armstrong Institute for Patient Safety and Quality
I Will. . .
### CLA-BSI for All ICUs at JHH 2001 to Q1 2015

#### Table: ICU CLABSI Rate Per 1,000 CL Days

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<tbody>
<tr>
<td>Rate</td>
<td>7.90</td>
<td>4.24</td>
<td>2.53</td>
<td>2.25</td>
<td>2.33</td>
<td>2.73</td>
<td>1.67</td>
<td>1.37</td>
<td>1.26</td>
<td>1.58</td>
<td>0.88</td>
<td>0.93</td>
<td>1.36</td>
<td>1.28</td>
<td>0.92</td>
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ICU CLABSI Rates per 1000 catheter days in US; 1999 and 2015

Pronovost BMJQS 2015
Do you have a Performance System to eliminate all harms

- Purpose
- Principles
- Governance
- Leadership
- Management
- Technology and Information
Purpose of Healthcare

To help people thrive; to prevent disease when possible, to cure when you cannot prevent; to care when you cannot cure, and all along to empathically and respectfully partner with patients, their loved ones and all interested parties to end preventable harm, to continuously improve patient outcomes and experience, and to eliminate waste in health care.
Principles

• I am humble, curious, and compassionate

• I respect, appreciate and help others

• I am accountable to continuously improve myself, my organization, and my community
Board Quality Committee Functions like Board Finance Committee

Johns Hopkins Medicine
Patient Safety and Quality
Board Committee

Armstrong Institute

Board Performance
sub Committee

Inpatient Hospital
Johns Hopkins Healthcare
Johns Hopkins International
Ambulatory Surgery Centers

Children
Home Care
Ambulatory Practices

Pronovost; Academic Medicine 2015
Use the levers and adaptive leadership to strengthen the links

Use the levers and adaptive leadership to strengthen the links

Responsibility, Role Clarity and Feedback

Capacity

Time and Resources
MANAGEMENT, DISCUSSION & ANALYSIS
Quality, Safety and Patient Experience

*Entity Name*
December 2015

1. **Safety/Internal Risk:** Discuss perceived greatest risks and how those risks are being mitigated. Include update on progress toward high reliability strategic objective.

2. **Improving Patient Outcomes/National Leader Strategy:** Provide overview of 1 to 2 highest priority measures that did not meet target
   - Entity board reports provide additional detail on externally reported measures

3. **Patient Experience:** Provide overview of 3 domains that did not meet target; address any domains with a one-star rating
   - Entity board reports provide additional detail on externally reported measures

4. **Enhancing Value:** Discuss results of cost reduction efforts while maintaining or improving quality, and improvements in quality for measures other than those that are externally reported (ex: overutilization in labs, drugs, imaging, supplies, choosing wisely, etc.)
Spheres of Quality Improvement Work

- Patient Safety
- External Quality Measures
- Value
- Equity and Diversity
- Population Health
- Patient Experience
Organization of Work and Framework

Declare and communicate goals
- Declare and communicate goals

Create enabling infrastructure
- Create enabling infrastructure

Engage clinicians and connect in clinical communities
- Engage clinicians and connect in clinical communities

Report transparently and create accountability system
- Report transparently and create accountability system

PATIENT SAFETY
- PATIENT SAFETY
  - MEASURES
    - Risky providers, units & systems
  - WORK
    - CUSP
    - Mindful organizing
    - Culture measurement improvement
    - Event reporting
    - Safety case

EXTERNAL REPORTING
- EXTERNAL REPORTING
  - MEASURES
    - National leader
  - WORK
    - PMO
    - Work teams

PATIENT EXPERIENCE
- PATIENT EXPERIENCE
  - MEASURES
    - CAHPS Narratives
  - WORK
    - Common language
    - PFACs
    - Include patients
    - Patient and families education
    - Care coordination
    - Family involved in decision-making

VALUE
- VALUE
  - MEASURES
    - Quality versus cost
  - WORK
    - Measure development
    - PMO
    - Clinical Communities
    - Supply chain

Pronovost, Academic Medicine 2015
Systems to Support Work

- **LEAN**
- **Learning and Development**
- **Analytics**
- **Marketing and Communications**
- **Strategic Partnerships**
- **Research**

- **PATIENT SAFETY**
- **QUALITY MEASURE REPORTING**
- **PATIENT EXPERIENCE**
- **VALUE**
- **HEALTH CARE EQUITY**
Clinical Communities
What are Clinical Communities?

• Clinical communities are self-governing networks with broad entity representation who come together to identify and achieve our purpose

• Partner with patients and their loved ones to

• Eliminate preventable harms

• Continuously improve patient outcomes and experience

• Reduce cost in healthcare delivery
Clinical Communities - Framework

- Led by local physicians (1 academic lead, 1 community lead) with interdisciplinary membership that includes patients and families

- Set and communicate clear goals and measures

- Create infrastructure (PMO) – provide vertical support for project management, peer learning, analytics, and robust process improvement

- Work collaboratively on quality improvement projects, empowered to make changes
Clinical Communities - Framework

- Work towards standardizing evidence based practice through protocols to reduce variation in care

- Partner with value analysis and finance teams to reduce overutilization in supplies, imaging, medications and laboratory costs

- Share results frequently for data transparency

- Implement accountability / sustainability model
Clinical Communities

- Joint Replacement
- Blood Management
- Spine
- Surgery
- Cardiac Surgery
- ICUs
- Congestive Heart Failure
- Diabetes
- Palliative Care
- Cardiac Rhythm Management

- Hospitalists (EQUIP)
- Stroke
- Craniotomy
- Psychiatry and Behavioral Sciences
- Patient and Family Centered Care
- Patient Centered Care/Maternal Health
- Cleaning, Disinfection, Sterilization
- Medication Safety
Red Blood Cell Use in JHH
Transfusion in Hip and Knee replacement across JHHS
HIP Volumes
JHBMC: 200 cases/year
Suburban: 500 cases/year
Sibley: 500 cases/year

KNEE Volumes
JHBMC: 300 cases/year
Suburban: 900 cases/year
Sibley: 500 cases/year

~$2,000 per case reduction
In variable direct cost at JHBMC
Spine

• **Accomplishments to date:**
  • Development and implementation of ACDF pathway
  • $3.3 million savings via vendor capping initiative

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<tr>
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<th>On Pathway</th>
<th>Off Pathway</th>
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<tbody>
<tr>
<td>Ortho</td>
<td>1.65</td>
<td>2.55</td>
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<tr>
<td>Neuro</td>
<td>1.57</td>
<td>2.81</td>
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• **Current initiatives:**
  • Final review and implementation of Lumbar Fusion Pathway
  • Development of pathway for deformity procedures
  • Partnership with JHHC to develop a bundling strategy for United Healthcare
Spine Results

- JHH ACDF Order Set Utilization and ALOS

- Cost savings of $3.3 million due to vendor capping initiative
- Moving to Lumbar Fusion pathway
Colorectal CUSP/ERAS
Surgical Site Infection Rate

Baseline
27%

Hospital Target 15%

Colorectal Operating Room CUSP

ERAS

Post-ERAS 6%

ACS-NSQIP
Colorectal CUSP/ERAS Value = Improved Outcome, Experiences and Cost

Wick et al. JACS 2015 in press
SSI Rates in JHH GYN ONC Colon Cases: 2013 - 2014

2013 Q3: 33%
2013 Q4: 33%
2014 Q1: 33%
2014 Q2: 11%
2014 Q3: 9%
2014 Q4: 0%

IMPLEMENTATION OF SSI BUNDLE

Interim Goal 2014: 12%
Systems Engineering

Early 1980’s

Current Version – Better

ICU

Early 1980’s

Current Version – Worse
ICU Current State

- Hand Calculations
- Unreliable Systems
- Constant False Alarms
- Devices don’t share data
- Low Productivity
The 7 EMERGE Harms

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<th>RESPECT AND DIGNITY</th>
<th>CLABSI</th>
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<tbody>
<tr>
<td>Goal</td>
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<tr>
<td>Interventions</td>
<td>Wash your hands</td>
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<tr>
<td>VENTILATOR HARP</td>
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<tr>
<td>DVT</td>
<td>Use Chlorhexidine for skin prep</td>
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<tr>
<td>CARE UNALIGNED WITH PATIENT GOALS</td>
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<td>DELIRIUM</td>
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<td>Nursing screening / detection</td>
<td>and clinicians regarding progressing related to those</td>
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<td>Automated screening</td>
<td>for clinicians to trigger to clinicians feel moral</td>
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<td>Evaluation of “modifiable factors”</td>
<td>that are abhorrent to clinicians fear</td>
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<tr>
<td>Non-pharmacologic interventions</td>
<td>for those that greatly fear</td>
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<tr>
<td>Sedation practices overhaul</td>
<td>emotional, physical, social, life.</td>
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<td>Pharmacologic mgt</td>
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Your “home” page is your Unit View

- How many patients are in your unit today?
- How many are “not in parameter”?
VAE Notifications not yet accepted.
SBT: Not Performed
2014-11-01 10:17:31

Notify Care Team

+ Add Comment

✓ ACCEPT

VAE
Last Updated:
01Nov2014
10:34

DSI
TV: 450 ml
Mode: AC
BELIEVE
I Will...