FPO NEWS
FRANCISCAN PERFORMANCE OPTIMIZATION

LEADERSHIP-DRIVEN INITIATIVES

Franciscan St. James Health leaders – from President and CEO Arnie Kimmel to Dr. Daniel Netluch, Chief Medical Officer and Vice President of Medical Affairs – join Mari Lynn Ross, director of Clinical Integration, Quality and Regulation, to look for ways to enhance patient safety during a recent huddle at the hospital. The effort is impacting the hospital culture, effecting positive change. **[Jeff Lebioda photo]**

SAFETY HUDDLES DRAMATICALLY IMPROVE PATIENT SAFETY

Just before noon, leaders involved in every aspect of patient care at Franciscan St. James Health convene in a huddle looking for ways to enhance patient safety across the healthcare system.

The daily Safety Huddle began a year ago and has become the norm, working to eliminate near misses by continually focusing on patient safety.

Mari Lynn Ross, director of Clinical Integration, Quality and Regulation, said the effort is impacting the hospital culture, effecting positive change. The frequency and consistency of Franciscan St. James' huddles is a proven way to dramatically improve patient safety.

"Incident reports are reviewed daily, followed by a conversation about what we could have done differently," Ross said of the leadership-driven initiative.

"No issue is off the table. We delve into thorny issues, such as ensuring we have orders when a patient is placed in restraints or discharge plans that provide a safety net for patients after discharge as well as proactive lessons that reduce the potential for future falls and enhance medication safety."

With more than 400 SafetyHuddles under their collective belts, Ross said the effort shows no signs of waning.

"I am happy to report our Safety Huddles have outstanding attendance," she said. "We are empowered to advance a culture of safety. It's a good feeling knowing our patients are safer than ever before."

MIDWESTERN ROOTS ...

Safety huddles got their start nationally in 2006 in the Midwest. Gundersen Lutheran, an acute care hospital serving patients in Wisconsin, Minnesota and Iowa, took to heart a directive from the Institute of Medicine to create a culture of safety within every hospital.

Gundersen's first huddle was prompted by a tragedy that involved a pregnant, 15-year-old who received epidural medication intravenously, which led to a seizure and death.

Quality and patient safety staff took the lead in working with all members of the healthcare team to ensure this mistake would never happen again.

WANT TO LEARN MORE? Ten years after the nation's first safety huddle, the practice has gained steam but is far from the national standard. The Institute of Medicine published "To Err is Human: Building a Safer Health System" in 2000. **INFO:** Download it for free at The National Academies Press at **www.nap.edu**.

Franciscan ALLIANCE

Welcome

Welcome to the first issue of Franciscan Performance Optimization!

FPO is a quarterly newsletter created to keep tabs on optimal practices throughout Franciscan Alliance as well as burgeoning innovations around the globe.

We will explore the who and the what, the how and the why.

The best and brightest minds throughout Franciscan Alliance are immersed in looking at issues as varied as throughput and patient safety and collectively asking, "How can we be better?"

Performance optimization is a term that has its genesis in the tech industry, when members of the original geek squad started looking at ways to make computers smaller, transmissions faster and motherboards bigger.

Over time, the term was adapted to healthcare, an industry as vast as the billions of people who utilize it and the millions whose job it is to care better and treat faster in order to meet government mandates and patient expectations.

There is no question, the variables skyrocket when discussion switches from machine to man, woman and child. Join us as we embark on the journey.

REFLECTION ON PERFORMANCE

Franciscan performance optimization: Finding the perfect balance

What comes to mind when you hear optimization? Maximizing efficiency? Minimizing harm? Standardization?

To me, performance, is the ability to achieve a desired state based on our mission and values. That desire to perform at the most optimal level is reflected in our system priorities: safety, service and satisfaction.

We are called to achieve this state with joy and compassion, while being faithful stewards of our Franciscan mission.

Optimal performance evolves when we consider our desired state and balance that against our performance objectives.

Optimal does not mean best at everything. It is a combination of goals that are in harmony with each other. And it can be defined and measured.

You might be familiar with outcome measures, a means by which we historically monitored performance.

Later on, the marriage of healthcare and lean/process improvement resulted in the addition of process measures, believing that we can improve outcomes by focusing on processes.

In today's world, we measure and monitor yet another set of measures: to see if improvement in one area positively or negatively affects another. These measures are called balancing.

Using balancing measure breaks the silos between individual performance areas and forces us to consider the world we affect. This consideration is what performance optimization means to me. What does it mean to you?

WHAT CAN WE DO TO MAKE YOU FEEL SUCCESSFUL AT WORK?

We have created a venue for you to share your insights to delivering excellent patient care and are eager to know what we can do to make your experience as a Franciscan even better!

Visit https://franciscanhealthcare.formstack.com/forms/coworkeridea01 and tell us what you think!

Evelina Edmundson
Vice President, Performance Management
Franciscan Alliance

PROCESS IMPROVEMENT SPOTLIGHT

ON THE HORIZON: CURBING ANTIBIOTIC OVERUSE

A failure by healthcare to address the chronic overuse of antibiotics has created a global emergency that threatens the survival of individuals who become infected with so-called superbugs – bacteria that resists nearly all classes of medications on the market today.

Antibiotic-resistant superbugs infect 2 million Americans every year and are responsible for thousands of deaths.

Centers for Disease Control and Prevention researchers have determined that developing even stronger antibiotics is not the answer. Instead, the agency is insistent that hospitals develop antibiotic stewardship initiatives to optimize the treatment of infections.

The CDC has established a national target to reduce outpatient antibiotic use by 50 percent over the next three-and-a-half years. Without it, health professionals could lose their ability to treat deadly infections, cancer, organ transplants, burns and trauma.

A partial solution may be found in developing a simple blood test that analyzes patterns of gene expression to determine whether a patient's symptoms likely stem from a bacteria, virus or no infection at all.

From volume to value: Understanding the value-based purchasing program

Since Congress authorized Value-Based Purchasing (VBP) as part of the Affordable Care Act (ACA), the constant has been change and process improvements for providers. The program moves payment away from the number of services provided and toward payment based on quality, efficiency and customer satisfaction.

Since the goal is cost savings, any new initiative needs to be as budget neutral as possible. To this goal, Congress funds the VBP program through a percentage of withholdings from participating hospitals' diagnosis-related group (DRG) Medicare payments. These maximum withholdings started at 1 percent in 2013 and are 2 percent today.

A typical hospital sees hundreds of thousands of dollars withheld for redistribution based on quality and patient care outcomes.

The law requires all funds collected to be paid out. Top hospitals can receive more than they paid in. Low performers can lose all.

To meet the mandate, government leaders challenge providers to optimize processes for efficiency and implementation of evidence-based practices of care. All efforts focus on deriving best outcomes for patients – driving quality scores and increasing payment incentives.

Six years into the program, what is vital to continued success? Understanding how quality scores are calculated is critical.

Hospitals are awarded improvement and achievement points; the higher of the two is used in score calculations.

Improvement points compare individual hospital rates during performance and baseline periods. That means as hospitals stop making significant improvements, fewer points are awarded.

Achievement points compare individual hospital rates to national rates. Points awarded are based on hospital rate compared to threshold (50 percent mark) and benchmark (top decile). If an individual rate is below threshold, no points are awarded. In the rate between threshold and benchmark, one to nine points are awarded based on how close the hospital rate is to benchmark. If the rate is at or above benchmark, all 10 points are awarded.

IMPROVEMENT VS. ACHIEVEMENT

Let's look at this hosital and its scores for **Communication with Nurses.** The facility received far fewer points than expected. Because the performance rate is less than the baseline, no improvement points were awarded. Based on the calculation formula, only two achievement points were awarded.

MEASURE	RESULT
Hospital Baseline Rate	81%
Hospital Performance Rate	80%
National Threshold Rate	78.19%
National Benchmark Rate	86.61%
Achievement Points Earned	2 out of 10
Improvement Points Earned	0 out of 10
Final Points Earned	2 out of 10

The takeaway

As hospitals cease making significant improvements without reaching their benchmark, very few points are awarded. Fewer points translate to lower overall scores and less money to the hospital.

Before crying foul, it is important to remember the goal is to improve quality, efficiency and patient satisfaction. Hospitals must strive for excellence and set goals at, or above, national benchmarks before they reap rewards. Ultimately, patients who receive the highest quality care are the big winners.

Jo May, MSN, CNS, RN, BC
Administrative Director Quality Improvement
Franciscan St. Francis Health

Franciscan ALLIANCE

DRIVING CLINICAL IMPROVEMENTS WITH VALUE-BASED CARE

As federal officials continue to shift their focus, local hospitals are shifting too – from volume- to value-based delivery objectives.

On paper, it looks simple but nothing could be further from the truth. This is a wholesale change that, in effect, throws the proverbial baby out with the bathwater.

Optimizing performance must begin with a review of processes and a determination of what stays or what goes.

Volume-to-value shifts will have a significant impact on the clinical workforce, as well as, performance optimization strategies that can smooth the transition.

Aging demographics, federal mandates and increasing costs are driving the change, but it is understanding the impact a changing healthcare delivery model will have on the clinical workforce that will determine its success.

Every hospital needs to anticipate the magnitude of the shift to value and begin looking for opportunities in the new care model.

Expanded team-based care might be one of the perks.

That new care model could allow all members of the team to support patients at the top of their license – increasing efficiency while delivering a better experience.

INFO: Learn more about the volume-to-value shift in Becker's Hospital Review at beckershospitalreview.com.

Franciscan ALLIANCE

ARE YOU GOOD COACH? HERE ARE 7 QUESTIONS TO ASK YOURSELF ...

Optimization teams benefit from gifted, dedicated coaches. According to The Harvard Business Review, leaders engaged in the delicate business of changing cultures and optimizing performance should assess their own coaching skills before taking that critical next step.

Seven questions to consider:

1. Are you a good listener?
Effective listeners do not judge, they show a desire to understand others and are willing to take the time to hear other people talk.

2. Are you a role model?
The best coaches create open, trusting environments by offering guidance, giving credit and praising accomplishments.

3. Are you collaborative?
Effective coaches encourage their teams to cooperate and collaborate with others.

4. Do you develop others?
The best coaches help others develop new skills and preparing them for future opportunities.

5. Do you give good feedback?
Effective coaches provide clear, honest and direct feedback about what they need to do to improve.

6. Do you have integrity?
Great coaches honor commitments and do what is right regardless of personal consequence.

7. Do you encourage diversity?
The best coaches treat everyone fairly regardless of age, gender or race. They recognize the value diversity brings to the team.

WHAT DOES PERFORMANCE MEAN TO ME?

"WE MUST START WITH RIGHT ATTITUDE TO OPTIMIZE OUR PERFORMANCE"

The more Dr. Daniel Wickert knows about performance optimization, the more convinced he becomes there is so much more to learn.

The co-mingling of people and processes in search of the perfect solution is elusive, says the long-time OB/GYN, who now serves as vice president of medical affairs at Franciscan St. Elizabeth Health in Lafayette.

"Optimizing performance is never about one person," he says. "It's never just about me or you. It's about every person involved in the process."

That process of fine-tuning to achieve the best outcome is influenced by a host of factors, including how members of the group communicate with each other from the moment the performance optimization process begins.

"There are so many moving parts in the optimization process and so many factors to consider," Wickert says. "In the book entitled: 'Why Hospitals Should Fly: The Ultimate Flight Plan to Patient Safety and Quality Care,' author John Nance posits three problems that hamper optimization:

- ✓ What we perceive
- ✓ What we assume
- ✓ The way we communicate

> "Optimizing performance is never about one person. It's never just about me or you. It's about every person involved in the process."
>
> **Dr. Daniel Wickert**

"It seems those are the struggles we face each and every day in the change process," he said.

As he works to optimize performances and improve outcomes at St. Elizabeth, Wickert and his colleagues work to reduce unexplained clinical variation. It sounds like a simple process. At the end of the day, it is anything but.

"As humans, we are imperfect. We fail," he says. "In order to optimize our performance, we have to start with the right attitude that says: 'I am going to work to develop processes that will catch and protect against those all-too-human failures while reducing the incidence of unexplained clinical variation."

About the doc: Dr. Daniel Wickert has practiced medicine in the Greater Lafayette area since 1985. He is a fellow in the American College Obstetricians & Gynecologists (ACOG), board certified by the American Board of Obstetrics & Gynecology, a member of the Society of Laparoscopic Surgeons, a member of the American Society for Colposcopy & Cervical Pathology, and a member of the Indiana State Medical Association.

OPTIMIZING OUTCOMES

COMMUNITY-ACQUIRED *C. DIFF.* ON THE RISE

Differentiating between community- and hospital-acquired Clostridium Difficile Infection was spearheaded by infection experts, who recognized the benefits of performance optimization.

They disputed a widespread notion that most *C. diff.* infections began in hospitals and nursing homes.

What they discovered: Of the 500,000 cases reported in the U.S. each year, as many as 36 percent of patients with a positive *C. diff.* test may have acquired the infection outside the hospital.

It is a distinction that matters. Doctors see vastly improved outcomes the sooner *C. diff.* is identified and treated.

Procotols for early detection include testing patients who present with diarrhea without another cause on admission or within the first 24 hours.