

## **Enterprise Goals**

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# Fiscal Year (FY) 2019 Highlights

- Integration of our quadruple aim and commitment to excellence across key domains
- Incorporation of the Executive Quality Committee (EQC) and its responsibilities
- Integration of the Kentucky Children's Hospital's specific goals
- Formulation of dyads and focused quality improvements across the enterprise
- Continued advancements with our Patient and Family Advisory Councils

Clinical Care	Safe Care	Patient Experience	Efficient Care			
<ul> <li>Hospital Inpatient &amp; Outpatient Quality Reporting</li> <li>Quality Payment Program Reporting</li> <li>Patient-Centered Medical Home</li> </ul>	<ul> <li>No Harm Initiative</li> <li>Wildcard Boards &amp; Bundle Compliance</li> <li>Mortality Committee</li> <li>SWARMs</li> <li>Extraordinary Engagement</li> </ul>	<ul> <li>Provider &amp; Employee Engagement</li> <li>Diversity &amp; Inclusivity</li> </ul>	<ul> <li>Readmissions Reduction</li> <li>Length of Stay</li> <li>Ambulatory Access</li> <li>Bundled Payment for Care Improvement</li> <li>Reductions in Care Variation</li> </ul>			
Dyad Structure with Improvement Coaches & Sponsors						
Enterprise Performance Monitoring & Feedback						
Health Information Technology & Financial Systems						



### **FY19 Enterprise Goals**

Current

	Threshold	Target	Max	Performance
MORTALITY				
Observed to Expected Index (O/E)	≤0.80	≤0.79	≤0.78	0.77
PATIENT SAFETY				
Patient Safety Indicators	2 of 5	3 of 5	4 of 5	2 of 5
Hospital Acquired Infections	2 of 5	3 of 5	4 of 5	3 of 5
AMBULATORY ACCESS				
30-Day Bump Rate*	<u>&lt;</u> 2.47%	<u>&lt;</u> 2.45%	<u>&lt;</u> 2.43%	1.84%
No Show Rate*	<u>&lt;</u> 26.80%	<u>&lt;</u> 24.80%	<u>&lt;</u> 22.80%	<b>26.14%</b>
14-Day New Patient Access*	<u>≥</u> 36.92%	<u>&gt;</u> 37.90%	<u>&gt;</u> 38.90%	37.78%
CARE CONTINUUM				
Length of Hospital Stay Index (LOS, O/E)	≤0.96	≤0.95	≤0.94	0.95
Readmissions (30-day, all cause, unplanned, same hospital)	≤11.44%	≤11.40%	≤11.36%	13.60%
PATIENT EXPERIENCE				
Inpatient Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Domains	5 of 9	6 of 9	7 of 9	3 of 9
Ambulatory Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) Survey Domains	2 of 6	3 of 6	4 of 6	3 of 6
ENGAGEMENT				
Enterprise Employee Engagement	<u>≥</u> 4.02	<u>≥</u> 4.05	<u>≥</u> 4.08	4.07
Enterprise Provider Engagement	<u>≥</u> 3.71	<u>≥</u> 3.76	<u>&gt;</u> 3.81	3.76
DIVERSITY AND INCLUSION				
Diversity and Inclusivity * Includes both adult and pediatric data	1 of 4	2 of 4	3 of 4	2 of 4

\* Includes both adult and pediatric data updated as of 6/10/2019



### FY19 Kentucky Children's Hospital Goals

	Threshold	Target	Max	Current Performance
MORTALITY		0		
Observed to Expected Index (O/E)	≤0.68	≤0.67	≤0.66	0.69
PATIENT SAFETY				
Patient Safety Events	2 of 4	3 of 4	4 of 4	3 of 4
AMBULATORY ACCESS				
30-Day Bump Rate	<u>≤</u> 2.31%	<u>&lt;</u> 2.29%	<u>&lt;</u> 2.27%	2.69%
No Show Rate	<u>&lt;</u> 27.38%	<u>&lt;</u> 25.38%	<u>≤</u> 23.38%	27.36%
14-Day New Patient Access	<u>≥</u> 42.50%	<u>≥</u> 43.50%	<u>≥</u> 44.50%	40.00%
CARE CONTINUUM				
Length of Hospital Stay Index (LOS, O/E)	≤0.99	≤0.98	≤0.97	1.00
Readmissions (30-day, all cause, unplanned, same hospital)	≤7.40%	≤6.60%	≤5.85%	6.29%
PATIENT EXPERIENCE				
Pediatric Consumer Assessment of Healthcare Providers and Systems (Child CAHPS) Survey Domains	3 of 8	4 of 8	5 of 8	2 of 8
NICU Press Ganey Patient Experience	2 of 7	3 of 7	4 of 7	7 of 7
Ambulatory Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) Survey Domains	2 of 6	3 of 6	4 of 6	4 of 6
ENGAGEMENT				
Kentucky Children's Hospital Employee Engagement	<u>≥</u> 3.71	<u>≥</u> 3.74	<u>≥</u> 3.77	3.95
Enterprise Provider Engagement	<u>≥</u> 3.71	<u>&gt;</u> 3.76	<u>&gt;</u> 3.81	3.76

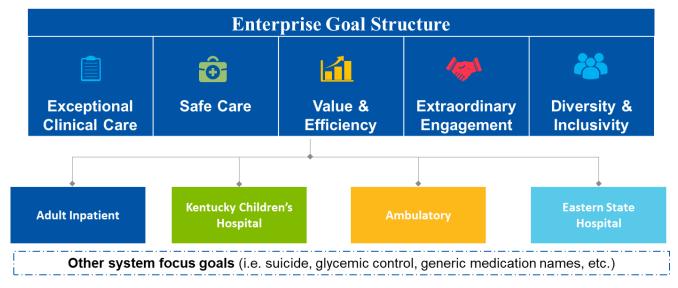
Data updated as of 6/3/2019



### **Goal Structure Overview**

#### **Highlights:**

- Continuing to expand our enterprise grids
- Adding Centers for Medicare and Medicaid Services (CMS) measures to inpatient and ambulatory goal grids that affect value-based payments and Star Ratings
  - Adding cost/value-based measures that are aligned with both CMS and commercial-valuebased payment incentives
- All locations are organized by five domains: Exceptional Clinical Care, Safe Care, Efficient Care, Extraordinary Engagement, and Diversity and Inclusivity
- Includes tactics for each measure and focused areas of improvement





### Goal Structure Updates for FY20

	Exceptional Clinical Care	Mortality Index	Aligning with Vizient & CMS measures
		Hospital Acquired Conditions (HAC)	
Â	Safe Care	Patient Safety Indicator (PSI)	Adding employee &
		Employee Safety	provider safety goals to all grids
		Provider Safety	grus
		Length of Stay (LOS) Index	
	Value &	Readmissions	Cost/value-based measures
	Efficiency	Cost per Case Mix Index (CMI) Adjusted Discharge	that are aligned with both CMS and commercial value based payment incentives
		Patient Experience	
in the second second	Extraordinary Engagement	Staff Engagement	
		Provider Engagement	In year 4 of 5-year goal
*	Diversity & Inclusivity		



### FY20 Enterprise Goals Adult Inpatient

			Threshold	Target	Max	Additional Details
	Exceptional Clinical Care	Mortality Index	<u>&lt;</u> 0.79	<u>&lt;</u> 0.78	<u>&lt;</u> 0.77	
		Hospital Acquired Conditions (HAC)	2 of 4	3 of 4	4 of 4	Includes: Catheter-Associated Urinary Tract Infection (CAUTI), Central-Line Associated Bloodstream Infection (CLABSI), Surgical Site Infection (SSI) Colon, and Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA).
Ê	Safe Care	Patient Safety Indicator (PSI)	2 of 5	3 of 5	4 of 5	Includes: PSI-3 (pressure ulcer), PSI-6 (IP), PSI-9 (hemorrhage/hematoma), PSI-11 (PORF), and PSI-13 (sepsis).
		Employee Safety	<u>&gt;</u> 4.08	<u>&gt;</u> 4.10	<u>&gt;</u> 4.13	Using the Press Ganey, 'Employees and Management Work Together to Ensure the Safest Possible Working Conditions.' Excludes contractors and outsourced.
		Provider Safety	<u>&gt;</u> 3.92	<u>&gt;</u> 3.94	<u>≥</u> 3.97	Using the Press Ganey. 'Providers and Management Work Together to Ensure the Safest Possible Working Conditions.'
		Length of Stay (LOS) Index	<u>&lt;</u> 0.94	<u>&lt;</u> 0.93	<u>&lt;</u> 0.92	Using Vizient 2018 methodology; core service lines only.
	Value & Efficiency	Readmissions	<u>≤</u> 13.50%	<u>≤</u> 13.00%	<u>≤</u> 12.20%	Using Vizient 2018 methodology: core service lines only, all-cause, unplanned, and same hospital readmissions.
	Efficiency	Cost per CMI Adjusted Discharge	≤\$13,300 (budget)	≤\$13,100 (-1.5%)	<u>≤</u> \$12,900 (-3%)	Using budgeted allocation for hospital operating and college clinical expense per case mix index (CMI) adjusted discharge (all in). Target set at 1.5% less and max at 3% less than budgeted allocation.
	Extraordinary	Patient Experience	4 of 8	5 of 8	6 of 8	Includes these domains: Cleanliness/Quietness, Discharge, Doctor, Medications, Nurse, Overall, Responsiveness, and Transitions of Care.
	Engagement	Staff Engagement	<u>&gt;</u> 4.09	<u>&gt;</u> 4.11	<u>&gt;</u> 4.14	Staff survey excluding contractors and outsourced personnel.
		Provider Engagement	<u>&gt;</u> 3.77	<u>&gt;</u> 3.81	<u>≥</u> 4.04	Provider survey excluding residents and fellows.
*	Diversity & Inclusivity		1 of 4	2 of 4	3 of 4	



### **Exceptional Clinical Care: Mortality**



#### VISION

Reduce the number of inpatient deaths in our system

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FY20 Goal Proposal		<b>Current Performance</b>
Threshold	<u>&lt;</u> 0.79	0.77
Target	<u>&lt;</u> 0.78	0.77
Max	<u>&lt;</u> 0.77	FY19 YTD Max



#### GOAL SETTING STRATEGIES

- Index performance (observed/expected)
- Patients age 18 and older
- 2018 Vizient methodology
- Vizient mortality core service lines only (*Cardiology, CT Surgery, General Medicine, Neurology, Neurosurgery, Oncology, Ortho/Spine, Pulmonary/Critical Care, Solid Organ Transplant, Surgery General, Trauma, and Vascular Surgery)*
- CMS service lines drill down by diagnostic groups (Acute Myocardial Infarction, Congestive Heart Failure, Pneumonia, and Stroke)



#### TACTICS

- Improve end-of-life care
  - Increase hospice referrals
  - Increase Palliative Team consults
  - Advanced care planning discussion
- Implement eICU
- Increase clinical documentation reviews
- Enhance root cause analysis categorization for mortalities to support system-level interventions
- Increase clinical documentation reviews to accurately capture the acuity of our patient population
- Improve speed to access inpatient care venues
- Continue to monitor 'out of ICU arrest' data for performance of existing track and trigger system to detect clinical deterioration



### **Exceptional Clinical Care: Mortality**



#### TACTICS (continued)

- Review, analyze, and improve CMS mortality measures
- Report CMS mortality tracking through our monthly quality review

	Vizient	CMS
Age	18 and older	65 and older
Payor	All payors	Medicare Fee for Service (FFS) Part A and Part B for the 12 months prior to the date of admission and Part A during the index admission <i>OR</i> U.S. Department of Veterans Affairs (VA) beneficiaries
Admit Status	All admit statuses	Only those who were <u>not</u> transferred from another acute care facility
Mortality Definition	Only patients who die in an inpatient status, <u>excludes</u> hospice or those who die after discharge	Any mortality during hospitalization or 30 days after discharge, <u>includes</u> hospice
Population	Vizient defined service lines based on Medicare Severity Diagnosis Related Groups (MS-DRG)	CMS defined cohorts based on principle diagnosis at discharge (Acute Myocardial Infarction, Heart Failure, Pneumonia, and Stroke)



### **FY20 Enterprise Goals Kentucky Children's Hospital**

	_	Threshold	Target	Max	Additional Details
Exceptional Clinical Care	Mortality Index	<u>≤</u> 0.71	<u>≤</u> 0.70	<u>&lt;</u> 0.69	
Safe Care	Hospital Acquired Conditions (HAC)	3 of 5	4 of 5	5 of 5	Includes: : Catheter-Associated Urinary Tract Infection (CAUTI), Central-Line Associated Bloodstream Infection (CLABSI), Surgical Site Infection (SSI) Spine/Shunt/CT Surgery, Falls, and Hospital-Acquired Pressure Injury (HAPI)
	Employee Safety	<u>≥</u> 3.96	<u>&gt;</u> 3.98	<u>≥</u> 4.01	Using the Press Ganey, 'Employees and Management Work Together to Ensure the Safest Possible Working Conditions.' Excludes contractors and outsourced.
Value & Efficiency	Length of Stay (LOS) Index	<u>≤</u> 0.88	<u>&lt;</u> 0.87	<u>&lt;</u> 0.86	Using 2018 Vizient methodology: all patients ages 0-17 years of age including normal newborns.
	Readmissions	<u>≤</u> 5.93%	<u>&lt;</u> 5.43%	<u>&lt;</u> 4.93%	Using 2018 Vizient methodology: all patients ages 0-17 years of age including normal newborns.
	Cost per Case Mix Index (CMI) Adjusted Discharge*	≤\$13,300 (budget)	≤\$13,100 (-1.5%)	≤\$12,900 (-3%)	Using budgeted allocation for hospital operating and college clinical expense per CMI adjusted discharge (all in). Target set at 1.5% less and max at 3% less than budgeted allocation.
Extraordinary	Patient and Family Experience	3 of 6	4 of 6	5 of 6	Includes these domains: Communication with Your Child's Nurse, Communication with Your Child's Doctor, Nurses Communicate Child, Attention to Child's Pain, Neonatal ICU (NICU) Nurse, and NICU Physician.
<b>Engagement</b>	Staff Engagement	<u>&gt;</u> 3.96	<u>&gt;</u> 3.98	<u>&gt;</u> 4.10	Staff engagement roll up for all of Kentucky Children's Hospital
	Provider Engagement*	<u>&gt;</u> 3.77	<u>&gt;</u> 3.81	<u>&gt;</u> 4.04	
Diversity & Inclusivity*		1 of 4	2 of 4	3 of 4	

\*Using Enterprise number and goal



### FY20 Enterprise Goals Ambulatory

		Threshold	Target	Max	Additional Details
	Diabetes Hemoglobin A1c Poor Control (lower is better)	<u>&lt;</u> 25%	<u>&lt;</u> 20%	<u>&lt;</u> 15%	Percentage of patients 18-75 years of age with diabetes who had hemoglobin $A1c > 9.0\%$ during the measurement period
Exceptional Clinical Care		<u>≥</u> 50%	<u>≥</u> 55%	<u>≥</u> 60%	Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age- appropriate standardized depression screening tool and, if positive, a follow-up plan is documented on the date of the positive screen.
<u> </u>	Falls Risk Screening	<u>&gt;</u> 60%	<u>&gt;82%</u>	<u>&gt;</u> 91%	
<b>Safe Care</b>	Employee Safety	<u>≥</u> 4.08	≥4.10	<u>&gt;</u> 4.13	Using the Press Ganey, 'Employees and Management Work Together to Ensure the Safest Possible Working Conditions.' Excludes contractors and outsourced.
	No Show Rate (lower is better)	<u>&lt;</u> 25.5%	<u>&lt;</u> 25%	<u>&lt;</u> 24.5%	
Value &	14-day New Patient Access	<u>&gt;</u> 38%	<u>&gt;</u> 39%	<u>≥</u> 40%	
Efficiency	Cost per CMI Adjusted Discharge*	<u>&lt;</u> \$13,300 (budget)	≤\$13,100 (-1.5%)	<u>&lt;</u> \$12,900 (-3%)	Using budgeted allocation for hospital operating and college clinical expense per CMI adjusted discharge (all in). Target set at 1.5% less and max at 3% less than budgeted allocation.
	Patient Experience	2 of 6	3 of 6	4 of 6	Includes these domains: Rate Provider, Recommend Provider, Physician Communication, Office Staff Quality, Access to Care, and Care Coordination.
Extraordina Engageme	c .	<u>≥</u> 4.08	<u>&gt;</u> 4.10	<u>&gt;</u> 4.13	
	Clinic Provider Engagement	<u>≥</u> 3.84	<u>&gt;</u> 3.88	<u>≥</u> 4.07	Using provider engagement, filter by clinic engagement, providers who self-select yes to practicing in a UKHC Clinic.
Diversity of Inclusivity		1 of 4	2 of 4	3 of 4	

\*Using Enterprise number and goal



### **FY20 Enterprise Goals Eastern State Hospital**

		Threshold	Target	Мах	Additional Details
	Alcohol Use Treatment During Hospitalization	<u>≥</u> 85.00%	<u>&gt;88.00%</u>	≥91.00%	
Exceptional Clinical Care	Substance Treatment at Discharge	≥72.00%	≥75.00%	≥78.00%	
	Tobacco Treatment During Hospitalization	≥91.00%	<u>≥</u> 92.00%	≥93.00%	
	Patient Safety Indicator	1 of 4	2 of 4	3 of 4	Includes: seclusion rate, restraint rate, adult fall rate, and geriatric fall rate.
Safe Care	Environment Safety	<u>&gt;</u> 4.11%	<u>&gt;</u> 4.13%	<u>&gt;</u> 4.16%	Using the Press Ganey, 'Employees and Management Work Together to Ensure the Safest Possible Working Conditions.' Excludes contractors and outsourced.
Value &	Readmissions	<u>&lt;</u> 9.00%	<u>&lt;</u> 8.50%	<u>≤</u> 8.00%	
Efficiency	Cost per CMI Adjusted Patient Day	<u>&lt;</u> \$877.17	<u>&lt;</u> \$863.81	<u>&lt;</u> 850.46	
Extraordinary Engagement	NRI Patient Satisfaction	4 of 7	5 of 7	6 of 7	Includes: outcomes, dignity, rights, participation, environment, empowerment, and Central Kentucky Recovery Center (CKRC)
	Employee Engagement	≥3.96	<u>≥</u> 4.03	<u>≥</u> 4.09	