

# **QUEST: High Performing Hospitals Collaborative Year 2 results**

**November 22, 2010**

# Today's panel

- **Blair Childs**, Senior Vice President, Public Affairs, Premier healthcare alliance
- **Susan DeVore**, President and Chief Executive Officer, Premier healthcare alliance
- **Maureen Bisognano**, President and CEO, Institute for Healthcare Improvement (IHI)
- **George Hinton**, Vice President and Chief Administrative Officer, Aurora Sinai Medical Center

# What is QUEST?

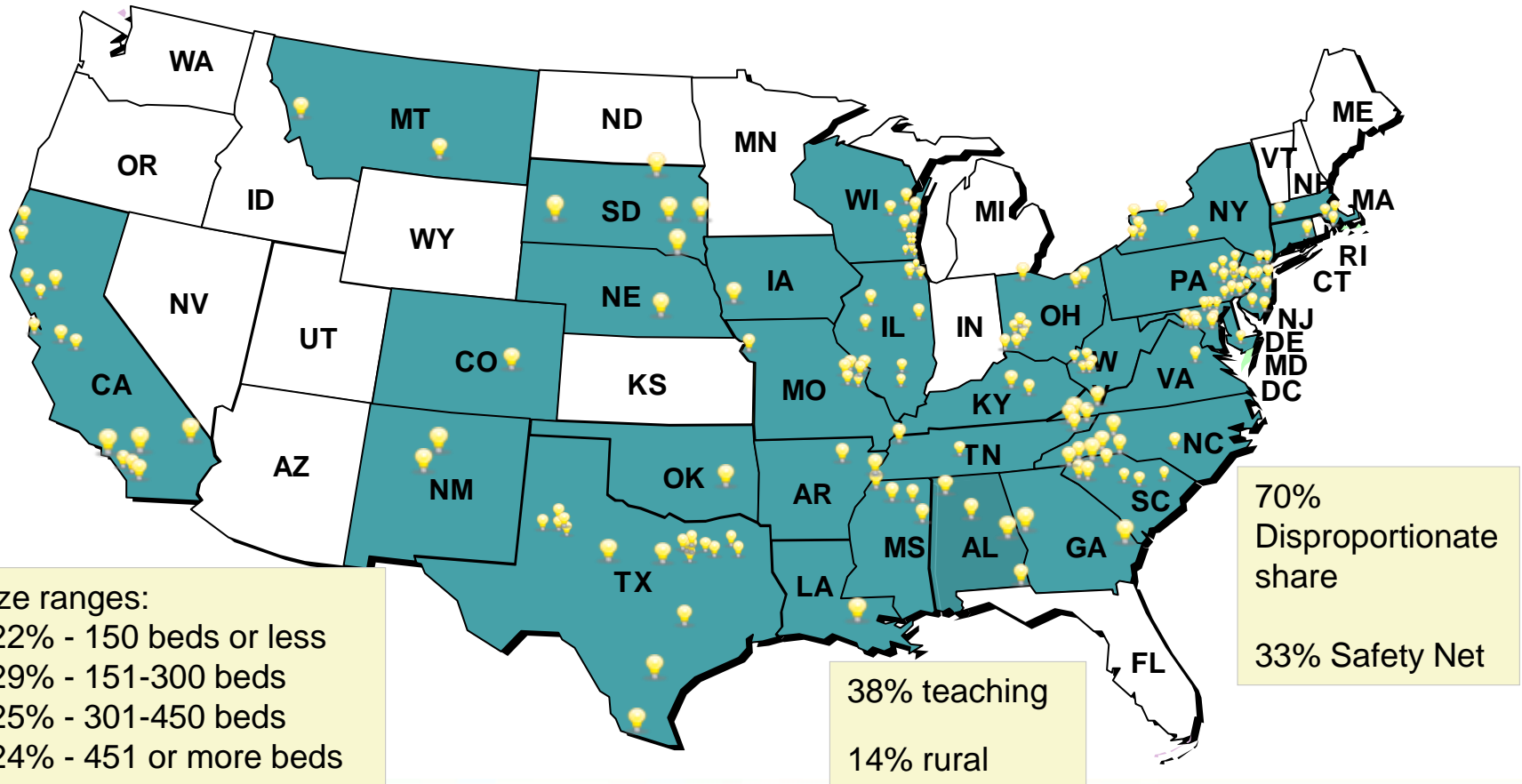
**Q**uality  
**E**fficiency  
**S**afety  
**T**ransparency



- Drive rapid improvement in both cost and quality
  - Shape policy and payment guidelines
- Develop and refine the data collection and analytical tools to support value-based purchasing, harm prevention and public reporting

# A representative sample of U.S. hospitals

QUEST charter members include urban/rural, large/small and teaching/non-teaching facilities across 31 states



# QUEST timeline

- Data collected for baseline performance levels for EBC, costs & mortality
- QUEST year one measurement for EBC, costs and mortality
- Patient experience and harm measures under development
- QUEST year 2 measurement for EBC, costs & mortality
- Year 1 results reported for EBC, costs & mortality
- Data collected for baseline performance levels for patient experience and harm
- QUEST year 3 measurement for EBC, costs & mortality
- Year 2 results reported for EBC, costs & mortality
- Baseline year reported for patient experience and harm
- Year 3 results reported for EBC, costs & mortality
- Year 1 data reported for patient experience and harm
- QUEST 2.0 launches



# QUEST performance improvement methodology

## Educational calls

- One hour calls that aim to provide education on various topics related to the QUEST domains

## Sprints

- A 90 day rapid cycle improvement webinar series to help drive improvement in specific indicators

## Collaboratives

- A six to nine month improvement initiative focused on a specific condition, disease state or process of care

## QUEST National Meeting

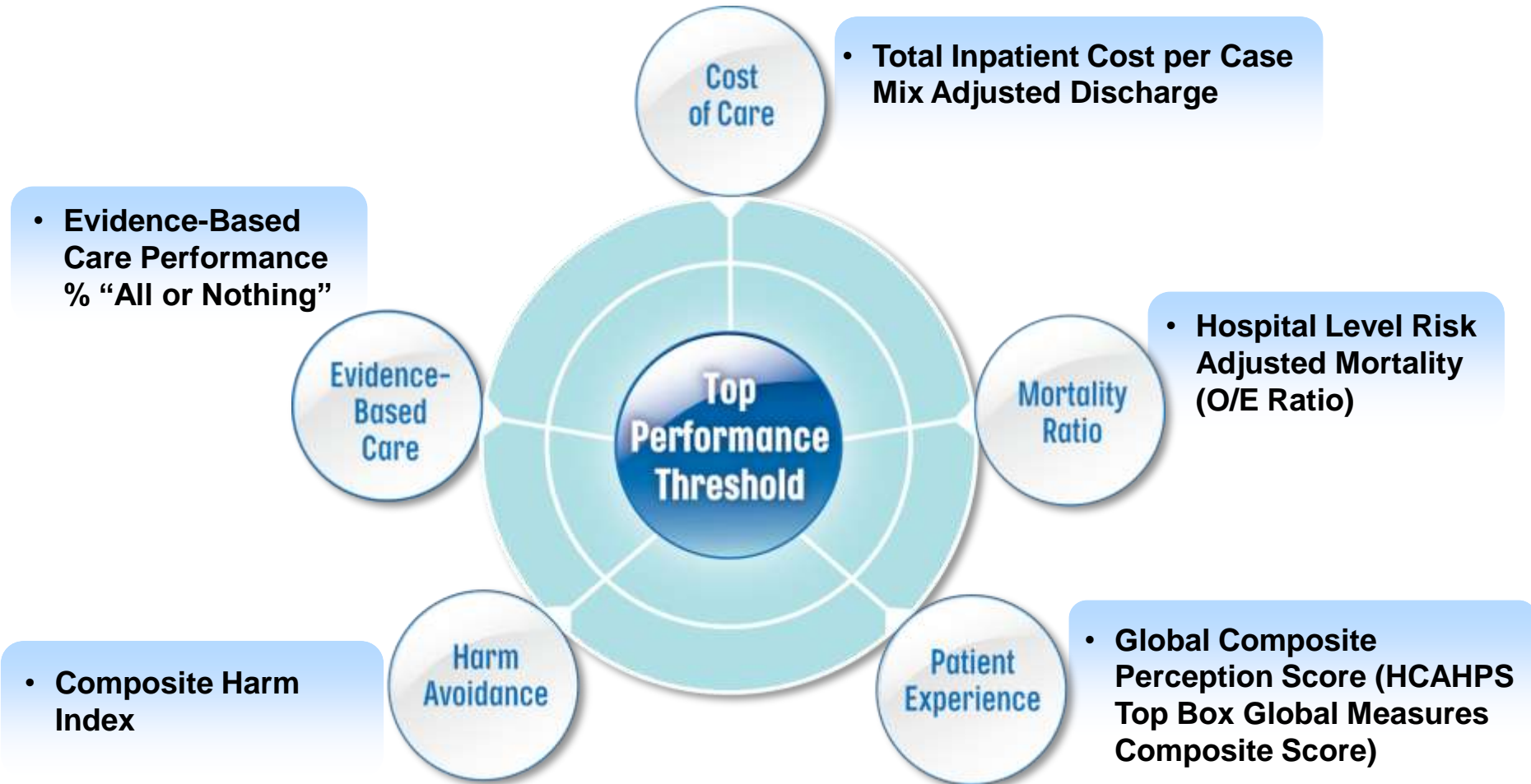
- Two face to face meeting per year

## Resources

- Clinical director assigned to each organization
- QualityAdvisor™ & SafetySurveillor®
- Performance Improvement Portal™

**Susan DeVore**  
*President and CEO*  
**Premier healthcare alliance**

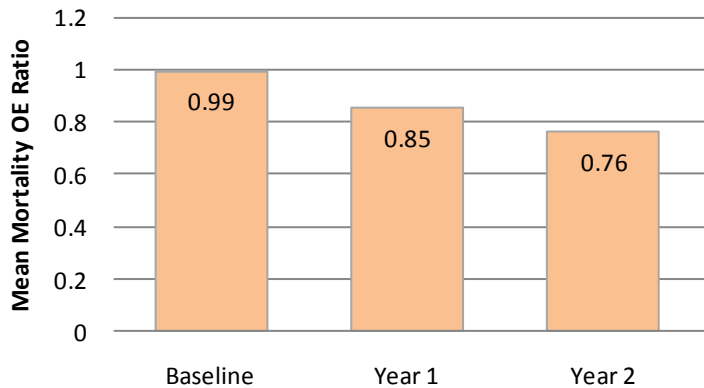
# Evolving to systemic improvement



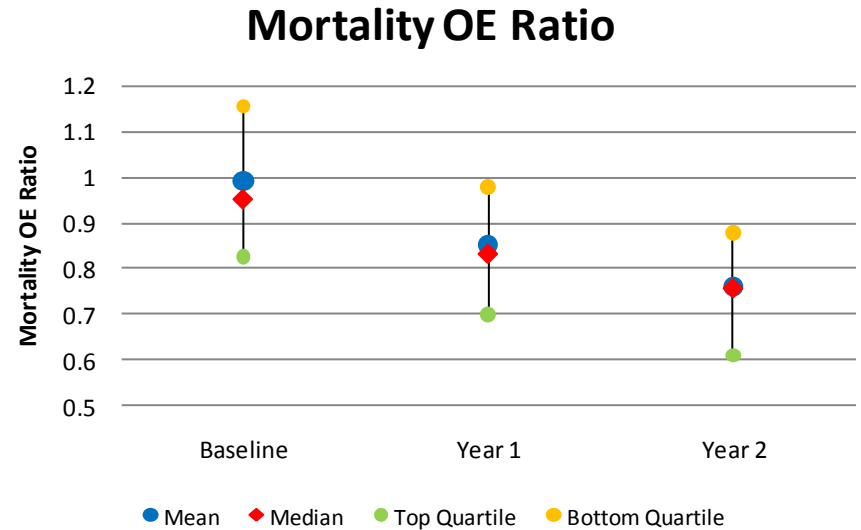
# Improved mortality

## QUEST participants:

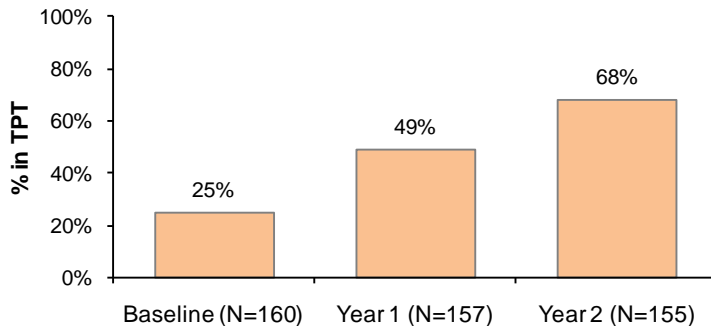
- reduced observed to expected mortality



- decreased variation in performance across participants



- increased hospitals in TPT

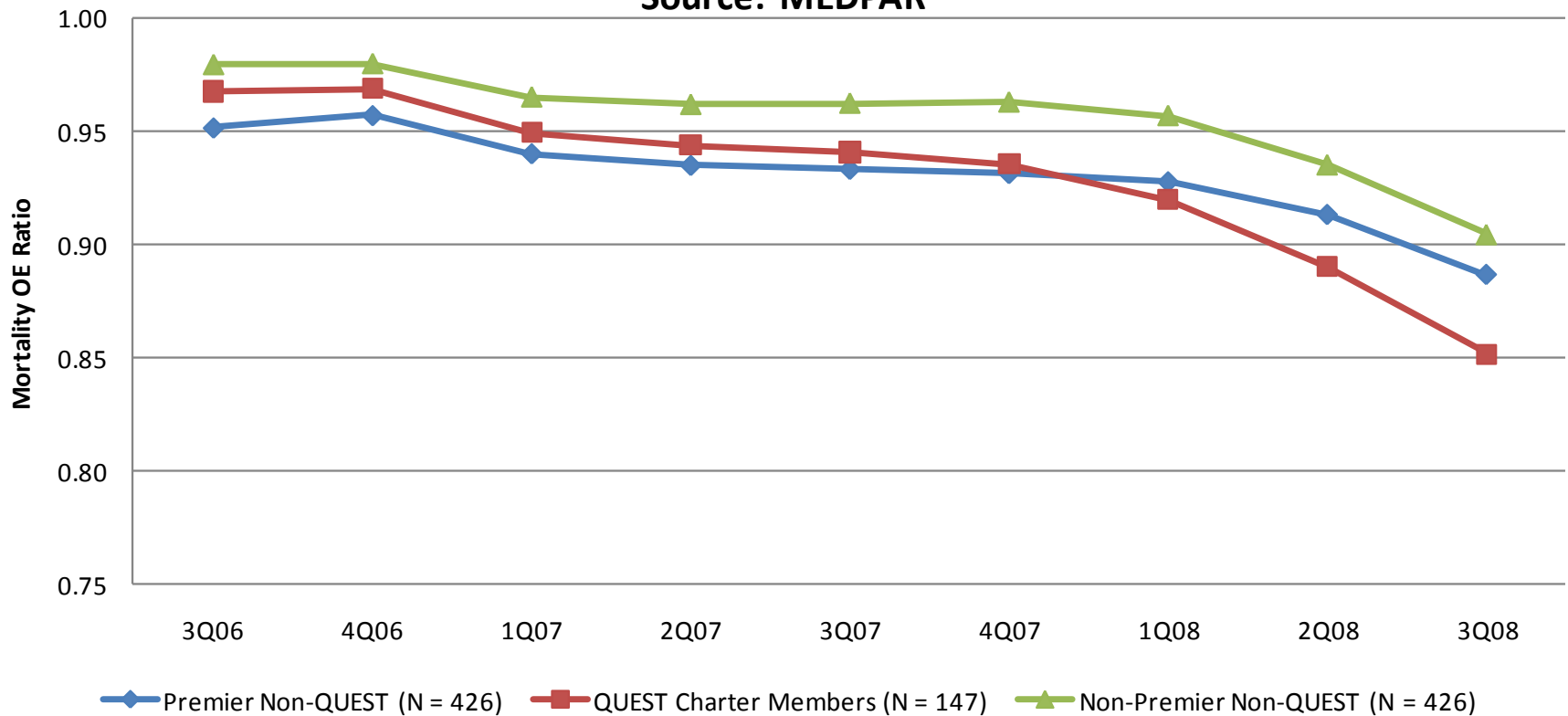


# Mortality trend comparisons

## Mortality OE Ratio Trend Medicare Patients

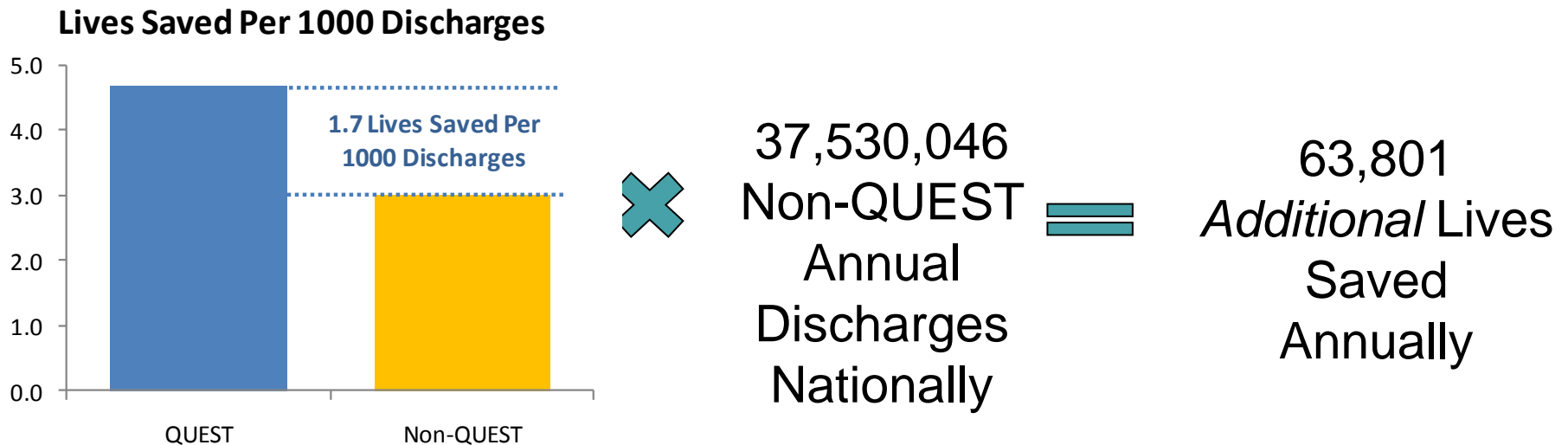
4 Quarter Moving Averages

Source: MEDPAR



# Additional lives saved

If all hospitals in the US could achieve these two year results it would result in 63,801 *additional* lives saved annually.



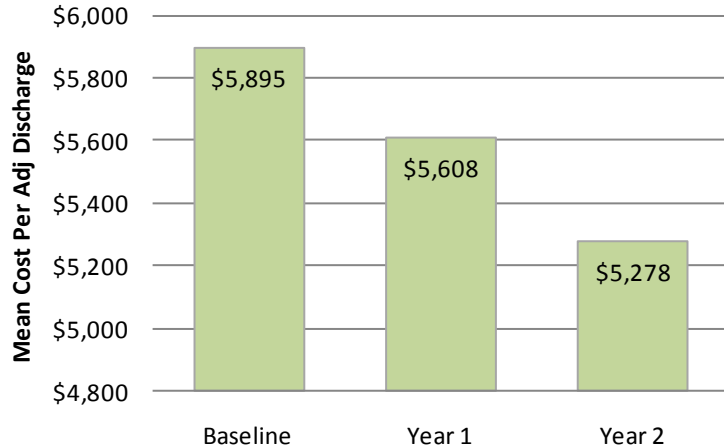
# Lives saved by driver

DESCRIPTION	CASES IN 2009	LIVES SAVED
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR	4,639	122
PULMONARY EDEMA & RESPIRATORY FAILURE	17,377	732
ACUTE MYOCARDIAL INFARCTION	15,070	309
ACUTE & SUBACUTE ENDOCARDITIS	496	24
CARDIAC ARREST	725	19
SEPTICEMIA & DISSEMINATED INFECTIONS	43,488	3,109
TOTAL	81,795	4,316

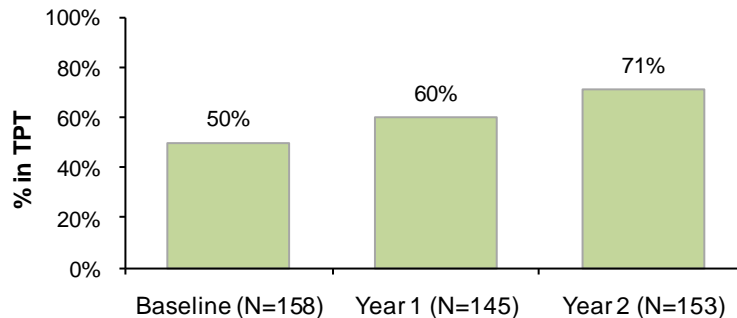
# Improved cost of care

## QUEST participants:

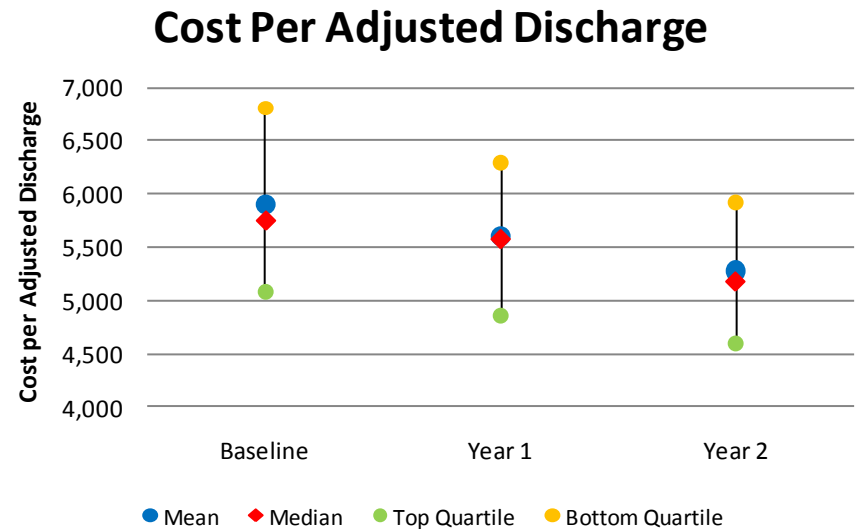
- reduced cost per adjusted discharge



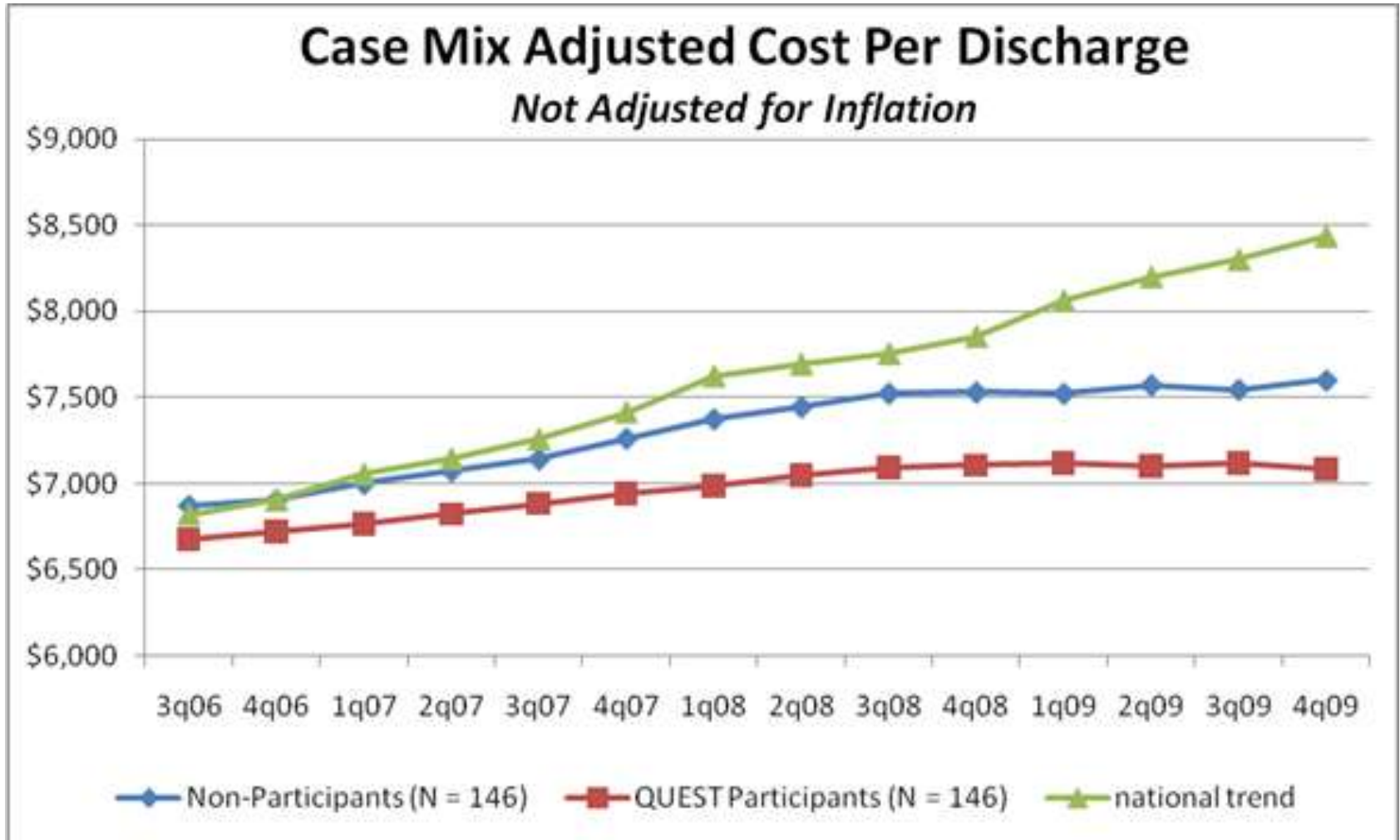
- increased hospitals in TPT



- decreased variation in performance across participants



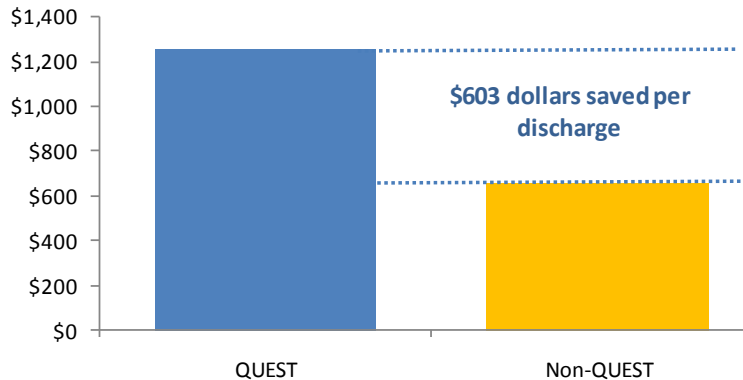
# Bending the healthcare cost curve



# Additional dollars saved

If all hospitals in the US could achieve these two year results it would result in \$22.6 billion in *additional* dollars saved annually.

Dollars Saved Per Discharge



37,526,480  
Non-QUEST  
Annual  
Discharges  
Nationally



\$22.6 billion  
*Additional*  
Dollars Saved  
Annually

# Cost drivers

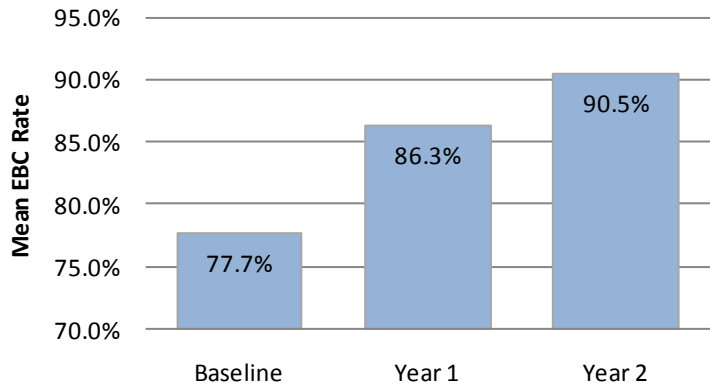
- Cost drivers differ by segment.
  - The biggest driver for small community hospitals is FTE per CMI-adjusted bed
  - The biggest driver for teaching facilities is labor expense.
  - Supply expense per CMI-adjusted discharge has declined markedly for large community hospitals, but has not budged for small community hospitals.

Description	Large Teaching	Small Teaching	Large Non-teaching	Small Non-teaching
Total Expense per CMI Adj Discharge	-3.7%	-6.8%	-6.4%	1.4%
Labor Expense as percent CMI Adj Discharge	-6.1%	-11.3%	-6.7%	-5.7%
Supply Expense as percent CMI Adj Discharge	-4.4%	-6.9%	-8.7%	0.0%
Average hourly rate of staff	-6.0%	-6.8%	-5.2%	-6.6%
FTE per CMI Adj Occupied Bed	-2.7%	-4.2%	-4.8%	-7.1%
Physician Expense as percent of Total Operating Expense	-2.1%	-2.1%	1.7%	1.7%

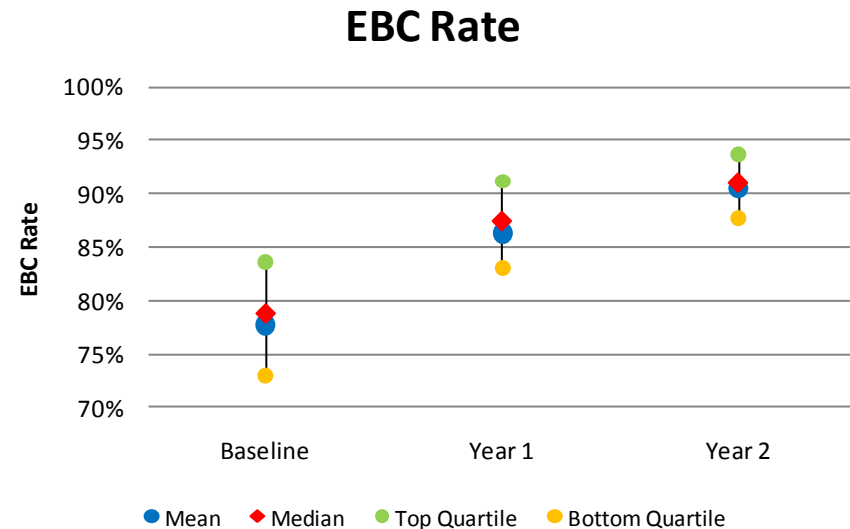
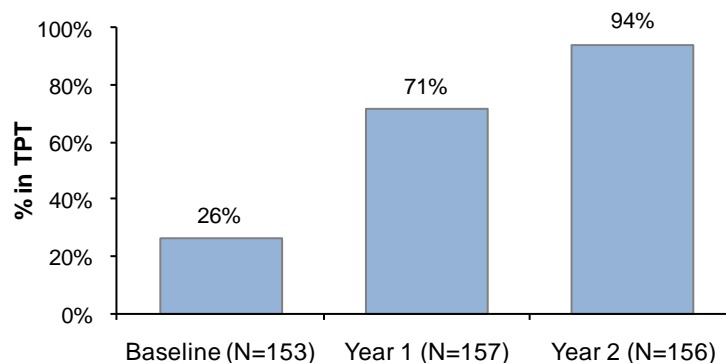
# Improved evidence-based care delivery

## QUEST participants:

- Increased delivery of evidence based care
- decreased variation in performance across participants

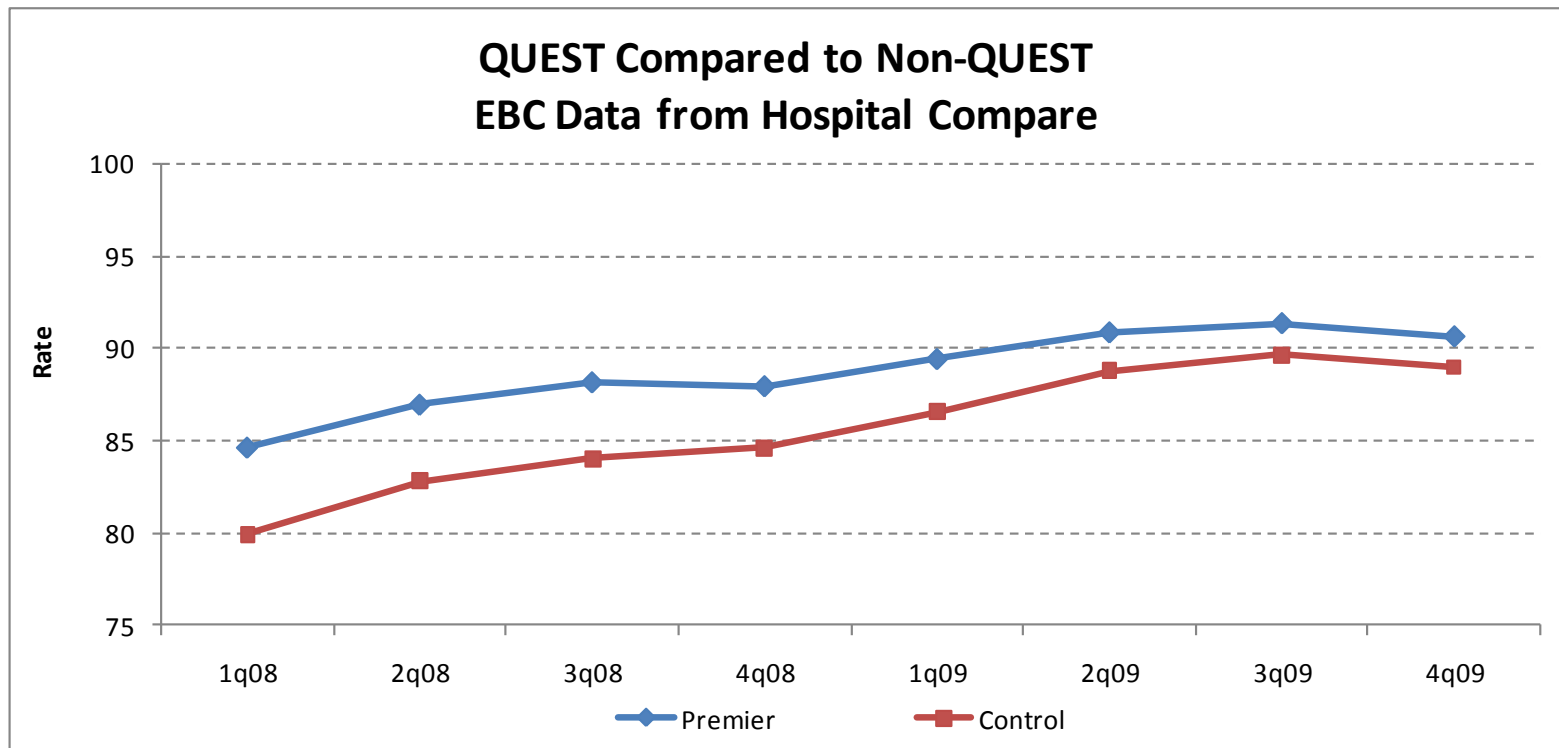


- increased hospitals in TPT



# Evidence-based care comparisons

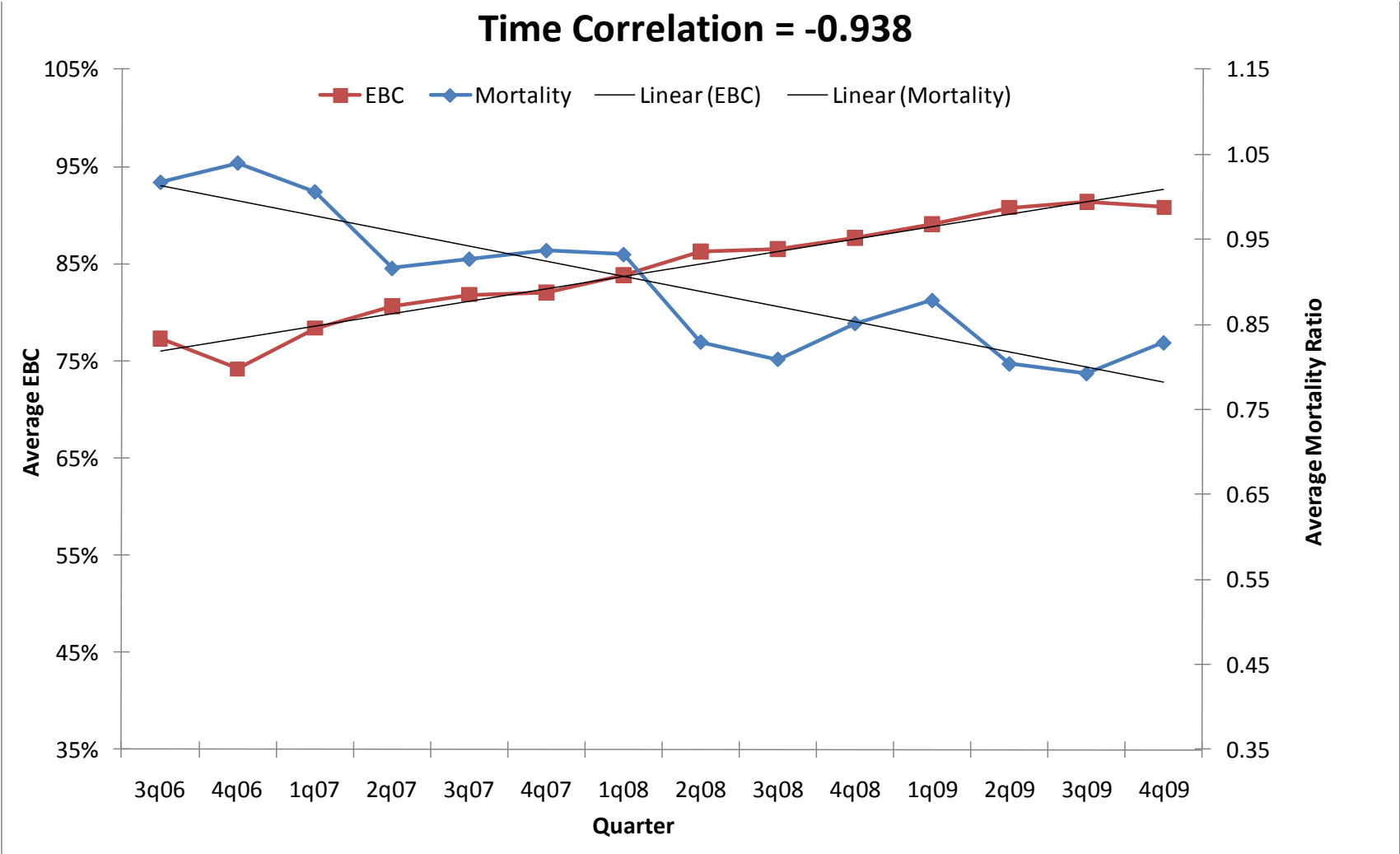
- A comparison of QUEST hospitals against a “comparable” non-QUEST hospitals using data in the Hospital Compare Clinical Warehouse also showed the QUEST facilities started higher in EBC with non-participants catching up over time.



# Measures “topped out”

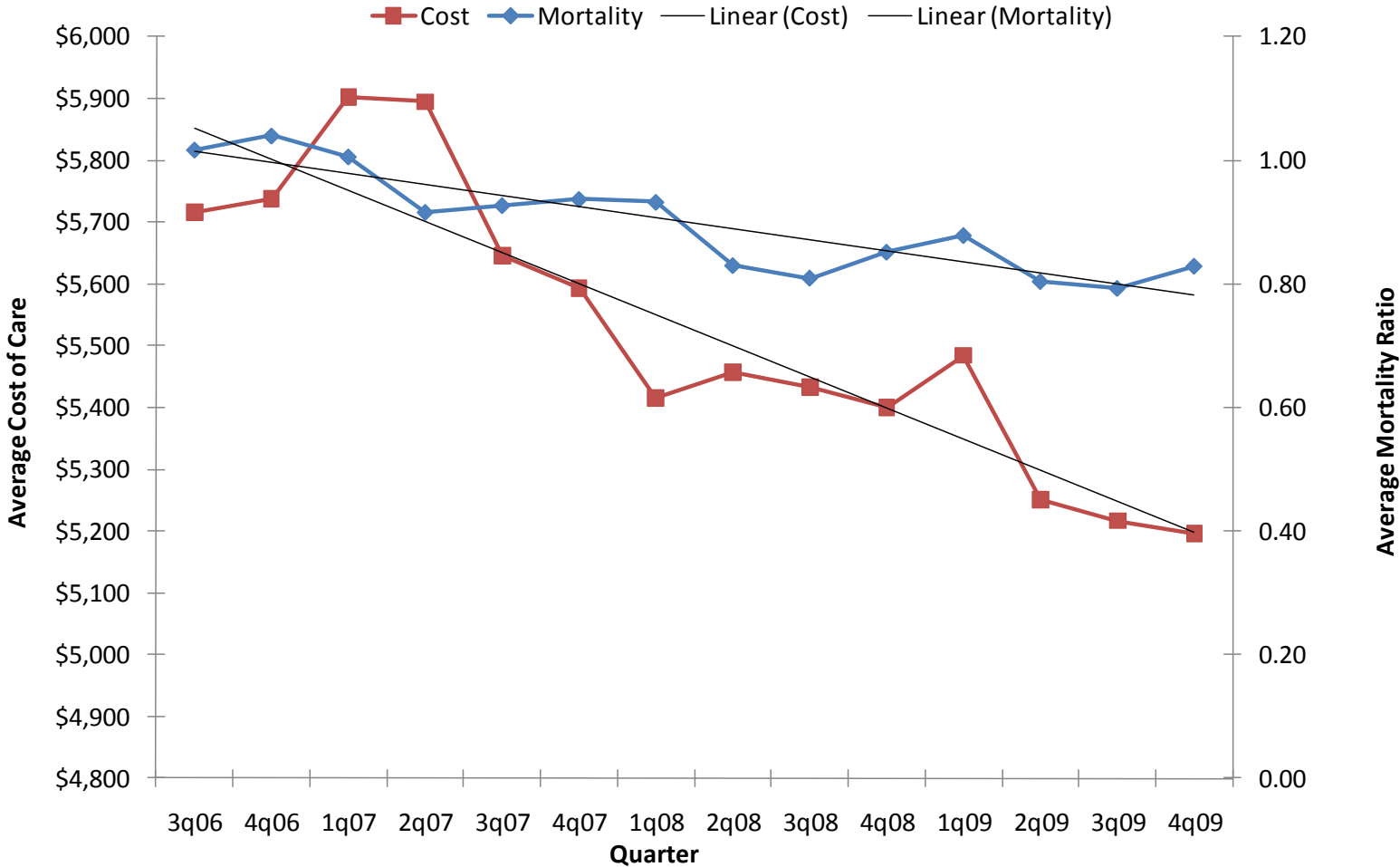
Measure	Description	Hospitals with Data	90% Rate or Higher		95% Rate or Higher		Topped Out
			Hospitals	%	Hospitals	%	
AMI1	Aspirin at arrival	185	179	96.8%	169	91.4%	Y
AMI2	Aspirin prescribed at discharge	184	174	94.6%	162	88.0%	Y
AMI3	ACEI or ARB for LVSD	177	160	90.4%	126	71.2%	Y
AMI4	Adult smoking cessation advice/counseling	174	174	100.0%	170	97.7%	Y
AMI5	Beta-blocker prescribed at discharge	185	172	93.0%	166	89.7%	Y
AMI7A	Fibrinolytic agent within 30 minutes of hospital arrival	32	15	46.9%	15	46.9%	Y
AMI8A	Primary PCI within 90 minutes of hospital arrival	128	70	54.7%	42	32.8%	N
HF1	Discharge Instructions	186	107	57.5%	53	28.5%	N
HF3	ACEI or ARB for LVSD	186	156	83.9%	104	55.9%	Y
HF4	Adult smoking cessation advice/counseling	186	181	97.3%	176	94.6%	Y
PN2	Pneumococcal vaccination	186	161	86.6%	100	53.8%	N
PN3B	Blood Culture Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	186	174	93.5%	126	67.7%	N
PN4	Adult smoking cessation advice/counseling	186	181	97.3%	167	89.8%	Y
PN6	Initial antibiotic selection for CAP immunocompetent patients	185	140	75.7%	69	37.3%	N
PN7	Influenza Vaccination	186	148	79.6%	88	47.3%	N
SCIPINF1A	Prophylactic antibiotic received within 1 hour prior to surgical incision	182	178	97.8%	151	83.0%	N
SCIPINF2A	Prophylactic antibiotic selection for surgical patients	182	179	98.4%	170	93.4%	N
SCIPINF3A	Prophylactic antibiotics discontinued within 24 hours after surgery end time /48 hours for CABG or Other Cardiac Surgery	182	159	87.4%	95	52.2%	N
SCIPVTE2	Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery up to 24 hours after surgery end time	182	117	64.3%	65	35.7%	N

# As EBC rises, mortality declines in aggregate across hospitals



# As mortality falls, costs decline in aggregate across hospitals

**Time Correlation = 0.811**

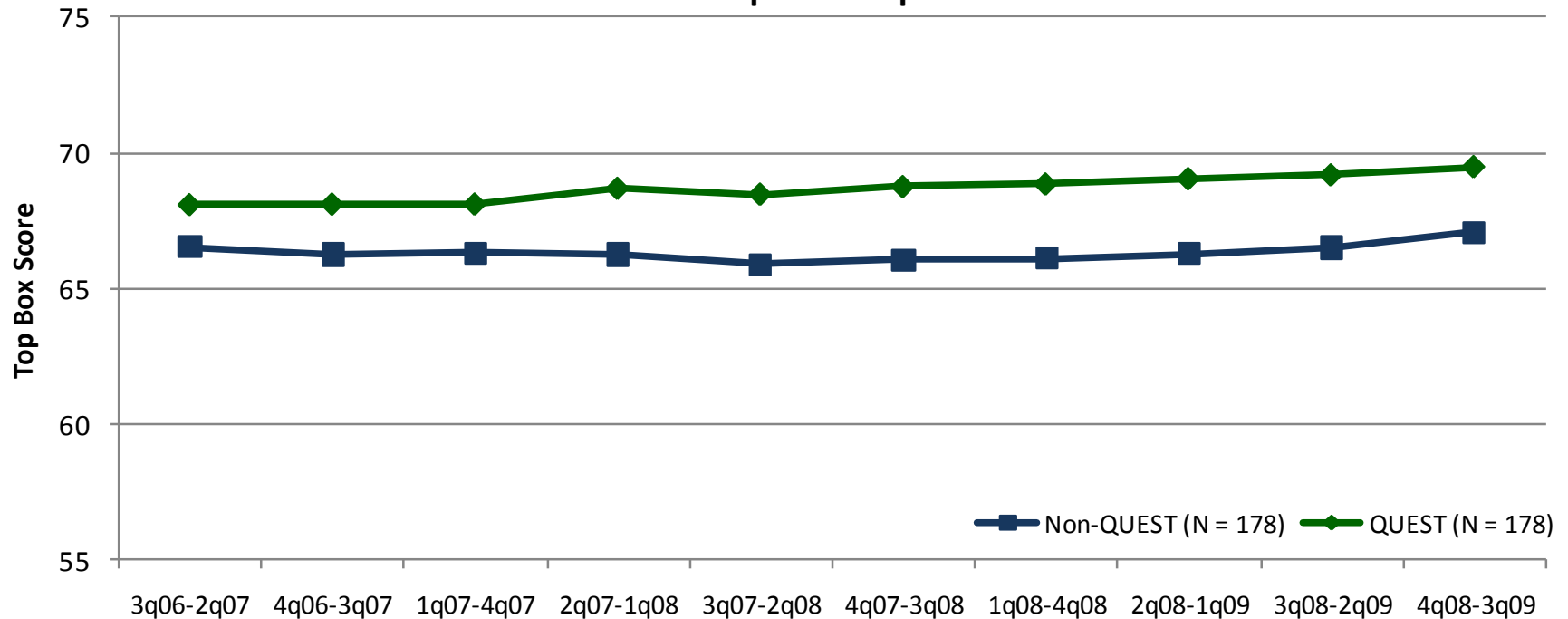


# Patient experience trends

## Patient Experience: Percent Top Box Responses

4-quarter Moving Averages

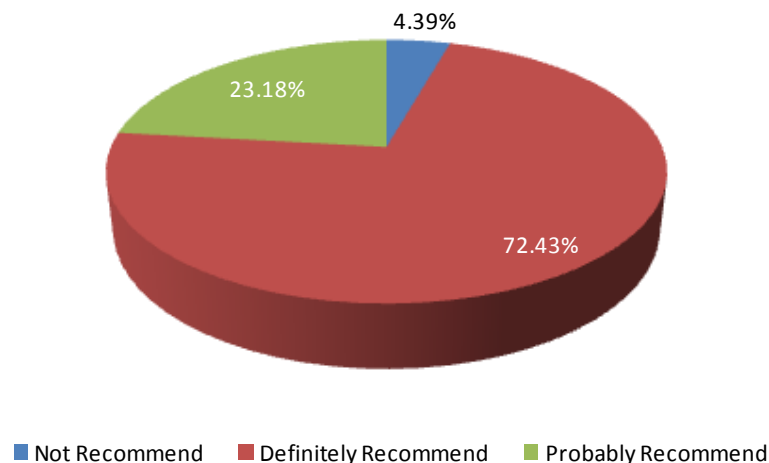
Source: Hospital Compare



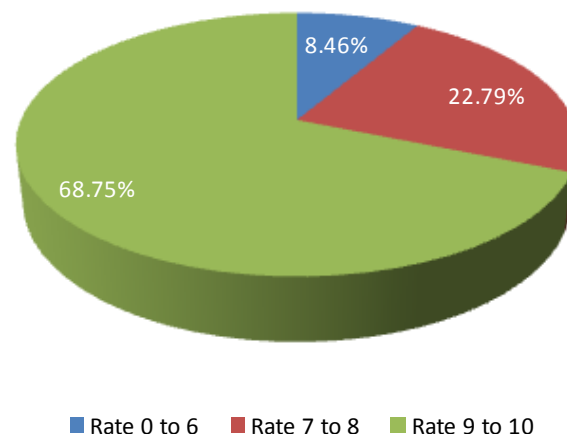
# A significant number of QUEST facilities are approaching top scores

- For the two measures in the composite score hospitals are performing just below the top score.
  - 23.18% of patients answered they would probably recommend the hospital
  - 22.79% of patients rated hospitals a 7 or 8

**Percent of Patients Recommending Hospital**



**Hospital Ratings by Response Category**



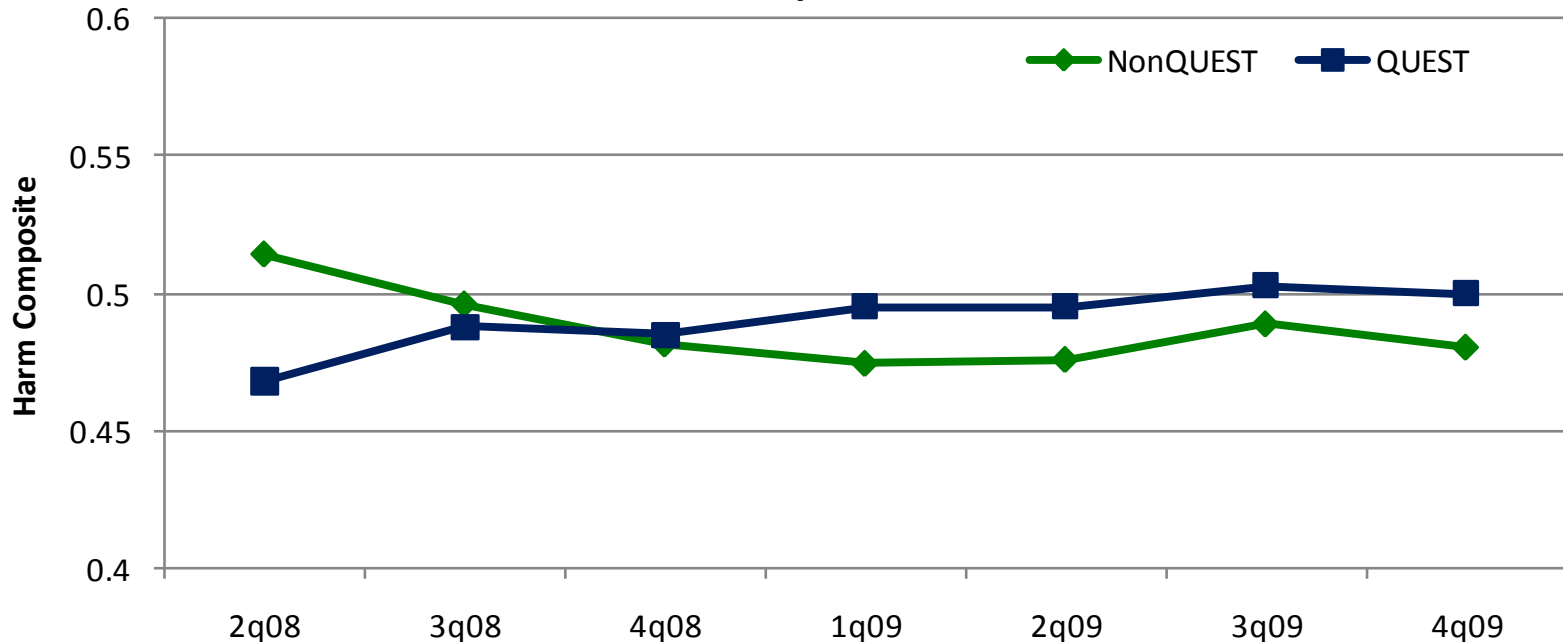
# Harm composite trend

- QUEST charter members were matched to Non-QUEST hospitals with similar characteristics to allow comparisons between the groups.

## QUEST vs Non-QUEST Harm Composite

4 Quarter Moving Averages

Source: Quality Advisor™



## QUEST 2.0 – Areas of focus

- The measures and collaborative execution offerings of QUEST will continue to align with the mandates of Value Based Purchasing and will provide additional focus on specific areas included in healthcare reform legislation
  - **Readmissions**
  - **Additional Evidence Based Care Measures**
    - Inpatient measures that have become publicly reported since 1/1/2008
    - Outpatient Measures
  - **Harm Phase 2 Measures**
  - **Cost**
    - Specific focus on Waste and the use of a Waste Report and comparative metric
  - **Mortality**
  - **Any new measures/focus areas mandated by the new legislation**
- New goals and top performance thresholds to be determined

# QUEST: Why is it working?

- **Executive Leadership**
  - Administrative and medical/nursing leadership provide oversight, support, and resources
  - Improvement initiatives must align with strategic goals of the organization
- **Staff Engagement**
  - Staff empowered and interested in making improvements (physicians, nursing, other)
    - Supported by infrastructure (i.e., Nursing Magnet status; Physicians co-mgmt companies)
- **Improvement Framework**
  - Interdisciplinary team efforts, focused on rapid cycle improvement
  - Guided by scientific evidence
  - Expertise in performance improvement techniques among staff
- **Use of Data**
  - Identify, guide, and monitor improvement efforts
  - Benchmarks, transparency, real-time data, data presented over time
- **Active Use of a Learning System or Community**
  - Internal to the hospital system, within QUEST, or other collaborative programs
- **Execution Framework**
  - Strong deployment of goals and outcomes throughout organization (visibility/awareness)

**Maureen Bisognano**

*President and CEO*

Institute for Healthcare Improvement (IHI)

**George Hinton**  
*Vice President and Chief  
Administrative Officer*  
Aurora Sinai Medical Center



# Who We Are



## Aurora Health Care

- Private, not-for-profit integrated health care provider
- 15 hospitals
- 31 counties, 90 communities
- 1,400 employed physicians
- 155 Clinics
- Visiting Nurse Assn. - largest in Wisconsin
- More than 80 retail pharmacies
- 30,000 caregivers
- 92,000 inpatient discharges
- 2.2 million outpatient visits
- 3.6 million clinic visits

# Aurora Sinai Medical Center

- Nationally recognized teaching hospital in downtown Milwaukee
  - 40,000 patient days a year
  - 256,000 outpatients
  - 13,000 inpatients
  - 386 licensed beds
- Disproportionate Share Hospital (DHS) - 23% Medicaid
  - In 2014, Medicare will reduce DHS hospital payments 75%
  - Over 10 years, estimated revenue loss of 18% vs 9.5% for other hospitals
- QUEST -- first year top performer!
- QUEST Year 2 Q1 avg. per patient cost: \$7,270      Year 2 final: \$5,990

# How We Did It

## Care Management

- In the hospital
  - Best practice standards reinforced
  - ED makes primary care follow-up appointments
  - Inpatient unit makes follow-up appointments prior to discharge
  
- In the patient's home, community
  - Teleservices
  - Social workers
  - Visiting nurse care

# Why it Matters

- Urban hospitals CAN hit quality, safety and cost benchmarks.
- Integrated care key to improving quality, lowering costs and reforming health care
- Accountable care organizations next step in quality, safety and cost improvements

# QUEST: High Performing Hospitals Collaborative

**Questions?**