Scripps

Healthcare Quality
‘Structure, Process, Outcome’

Medical Staff Grand Rounds

March 26, 2013

Scripps

- **Dr. Juan Manuel Tovar**
  - Attending Emergency Medicine
  - Chief of Staff, Scripps Mercy Hospital
  - Co- Medical Director, Quality & Performance Improvement, Scripps Mercy Hospital
- **Eric Braun MHA**
  - Director, Quality & Performance Improvement
- **Dr. Edward Chaplin**
  - Neurology
  - Medical Director Co-Management of Service Lines, Scripps Health
  - Co- Medical Director, Quality & Performance Improvement, Scripps Mercy Hospital

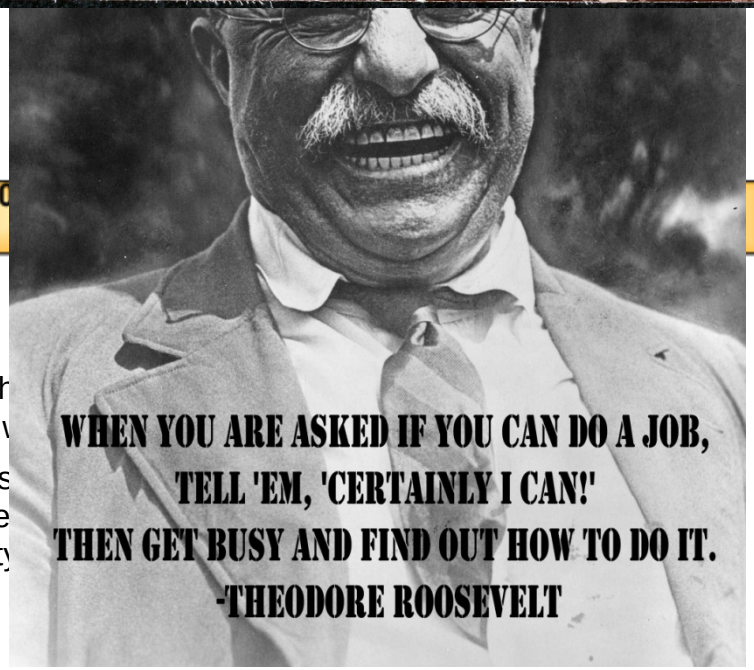
Today's Journey

- History
- Value Based Purchasing
- Scripps Health Structure
- Process Measures Analysis

"This will be a journey more in breath than depth."

National Healthcare Quality Timeline (1900-1989)

1906 President Theodore Roosevelt signed the Food and Drugs Act



1900

1926 Th
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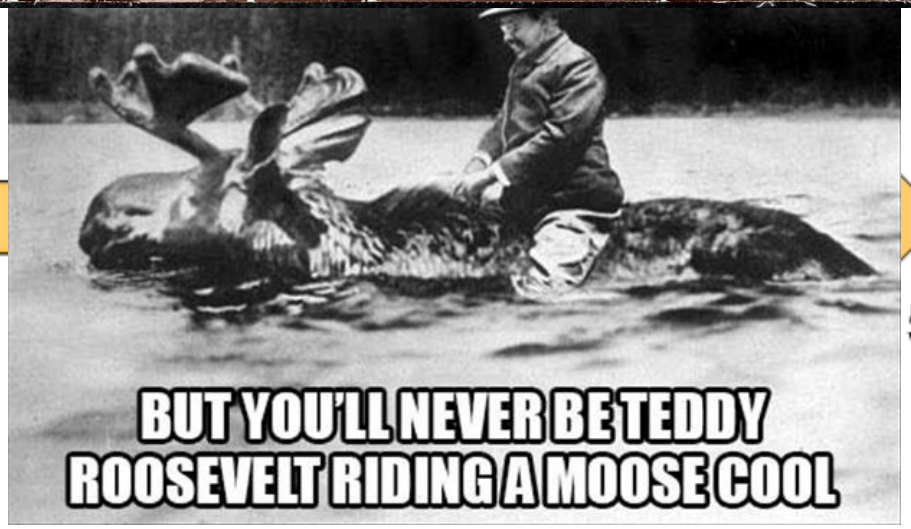

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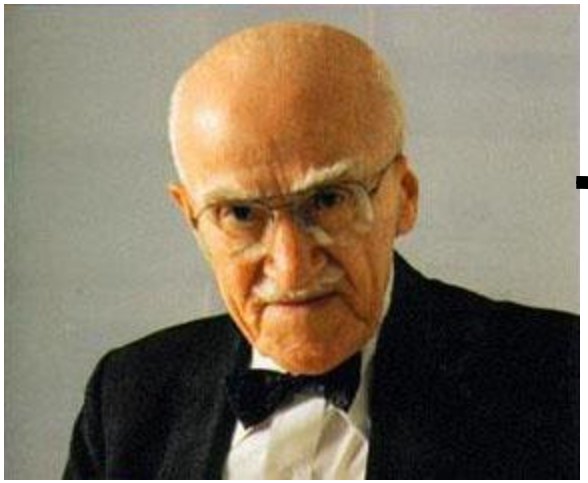
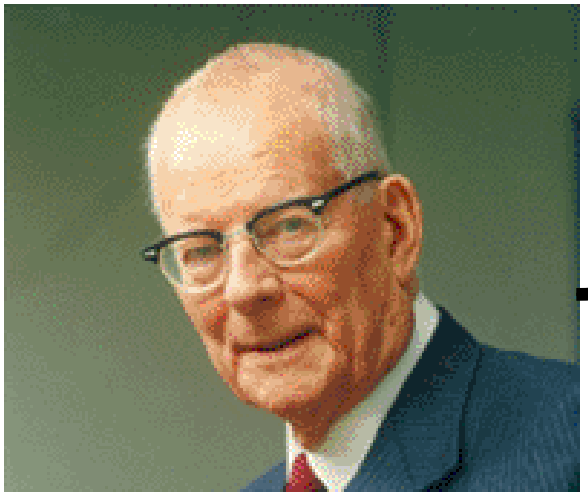
1954 Juran and Deming were invited to Japan, where they influenced the Japanese to embrace total quality concepts

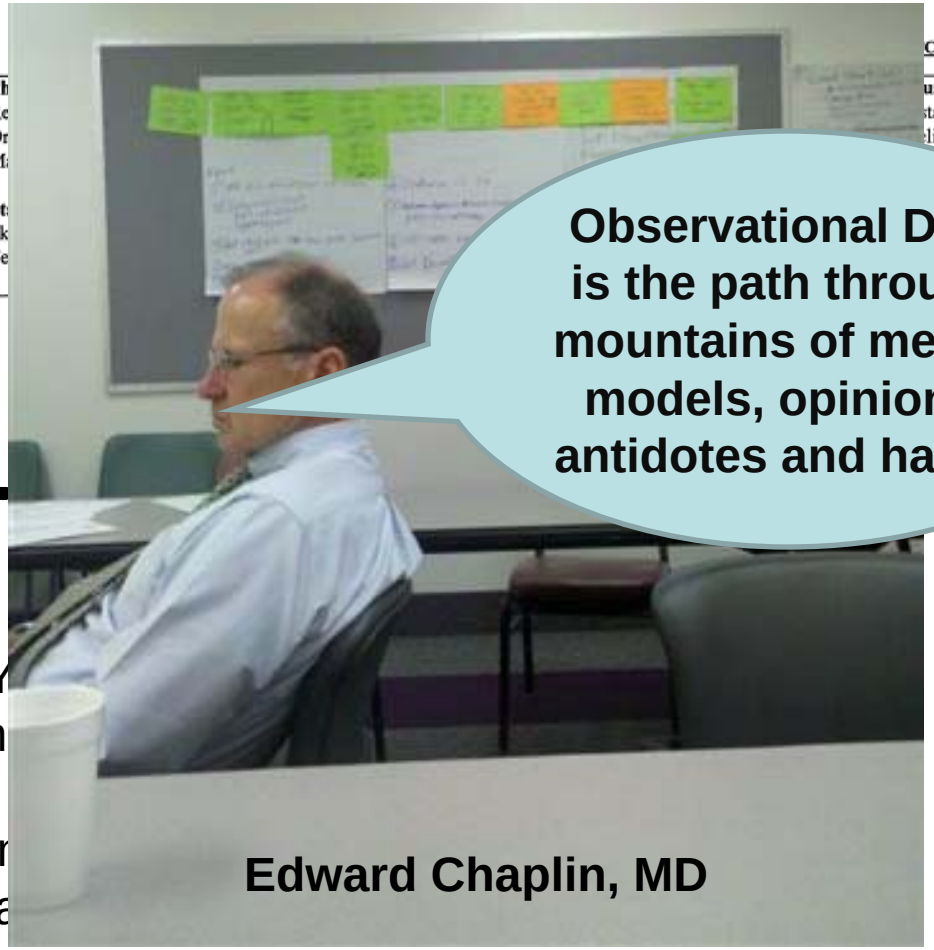
The ‘Godfathers’ of Quality

Joseph Juran



Edwards Demings

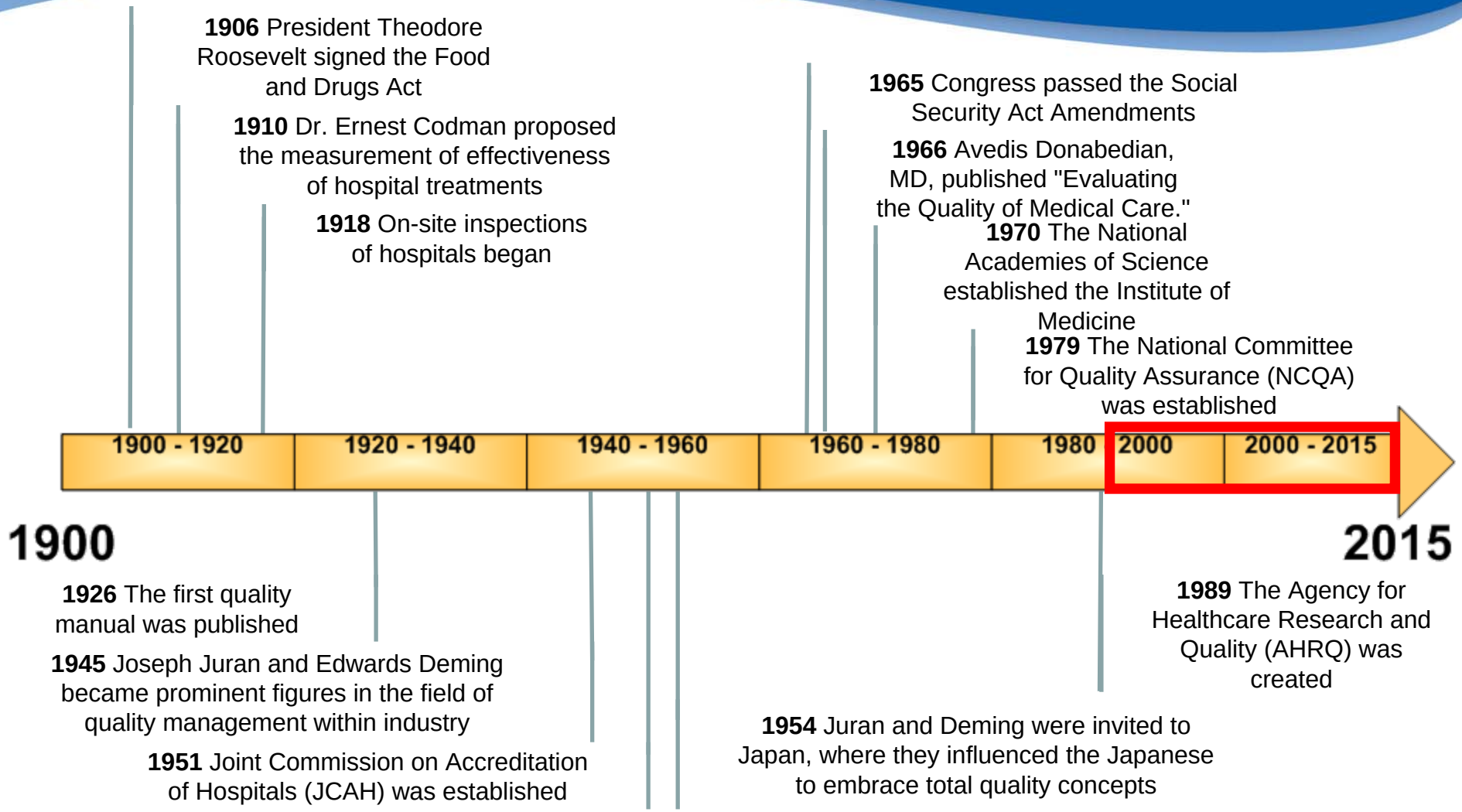




Observational Data is the path through mountains of mental models, opinions, antidotes and habits

Edward Chaplin, MD

National Healthcare Quality Timeline (1900-1989)



1906 President Theodore Roosevelt signed the Food and Drugs Act

1910 Dr. Ernest Codman proposed the measurement of effectiveness of hospital treatments

1918 On-site inspections of hospitals began

1926 The first quality manual was published

1945 Joseph Juran and Edwards Deming became prominent figures in the field of quality management within industry

1951 Joint Commission on Accreditation of Hospitals (JCAH) was established

1954 Juran and Deming were invited to Japan, where they influenced the Japanese to embrace total quality concepts

1965 Congress passed the Social Security Act Amendments

1966 Avedis Donabedian, MD, published "Evaluating the Quality of Medical Care."

1970 The National Academies of Science established the Institute of Medicine

1979 The National Committee for Quality Assurance (NCQA) was established

1989 The Agency for Healthcare Research and Quality (AHRQ) was created

Table 1. AHRQ IQI Composite Measure Components

Mortality for Selected Procedures (IQI #90)	
IQI #08 Esophageal Resection Mortality Rate	IQI #13 Craniotomy Mortality Rate
IQI #09 Pancreatic Resection Mortality Rate	IQI #14 Hip Replacement Mortality Rate
IQI #11 Abdominal Aortic Aneurism (AAA) Repair Mortality Rate	IQI #30 Percutaneous Coronary Intervention (PCI) Mortality Rate
IQI #12 Coronary Artery Bypass Graft (CABG) Mortality Rate	IQI #31 Carotid Endarterectomy Mortality Rate
Mortality for Selected Conditions (IQI #91)[1]	
IQI #15 Acute Myocardial Infarction (AMI) Mortality Rate	IQI #18 Gastrointestinal Hemorrhage Mortality Rate
IQI #16 Heart Failure Mortality Rate	IQI #19 Hip Fracture Mortality Rate
IQI #17 Acute Stroke Mortality Rate	IQI #20 Pneumonia Mortality Rate

[1] This composite measure (i.e., IQI #91) is endorsed by the National Quality Forum (NQF: #530).

IQR Program

- 2001 – Department of Health and Human Services developed **Hospital Inpatient Quality Reporting (IQR) Program** which requires hospitals to submit quality measures.
  - *Conditions include: acute myocardial infarction **(AMI)**, heart failure **(HF)**, pneumonia **(PNE)**, surgical care improvement project **(SCIP)***
  - *Indicators include: process measures, patient experience measures, 30-day mortality and readmission rates, patient safety indicators*
- Eligible hospitals that do not participate will receive an annual market basket update with a 2.0 percentage point reduction.

Table 1. AHRQ PSI Composite Measure

Patient Safety for Selected Indicators (PSI #90)	
PSI #03 Pressure Ulcer Rate[1]	PSI #11 Postoperative Respiratory Failure Rate[2]
PSI #06 Iatrogenic Pneumothorax Rate[1]	PSI #12 Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate[1]
PSI #07 Central Venous Catheter-Related Blood Stream Infection Rate[1]	PSI #13 Postoperative Sepsis Rate[1]
PSI #08 Postoperative Hip Fracture Rate[1]	PSI #14 Postoperative Wound Dehiscence Rate[1]
PSI #09 Postoperative Hemorrhage or Hematoma Rate[2]	PSI #15 Accidental Puncture or Laceration Rate[1]
PSI #10 Postoperative Physiologic and Metabolic Derangement Rate[2]	

[1] These measures are part of the NQF Endorsed Composite (i.e., PSI #90, NQF: #531).

[2] This measure is not included in the NQF endorsed composite measure.

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New CMS Programs

- Through the Affordable Care Act (2010), Congress authorized the implementation of two new programs:
  1) ***Hospital Value-Based Purchasing Program***
  2) ***Hospital Readmissions Reduction Program***
- Largest effort to date to shift hospital payments toward a pay-for-performance model.
- Built on the Hospital IQR measure reporting infrastructure.
- Uses Hospital IQR measures that have had results published on Hospital Compare* for at least one year

** http://www.hospitalcompare.hhs.gov/*

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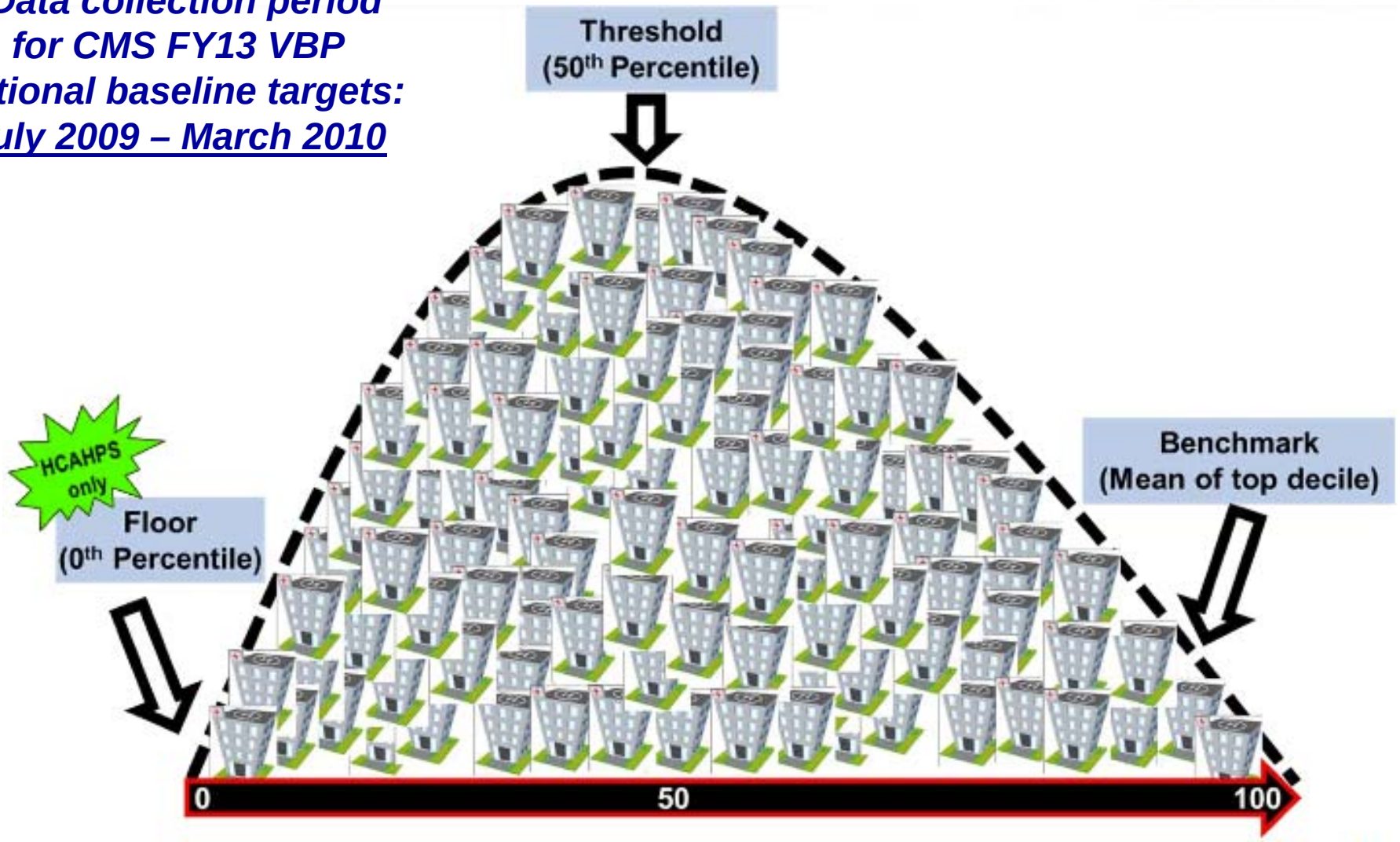
VBP Program: *Purpose*

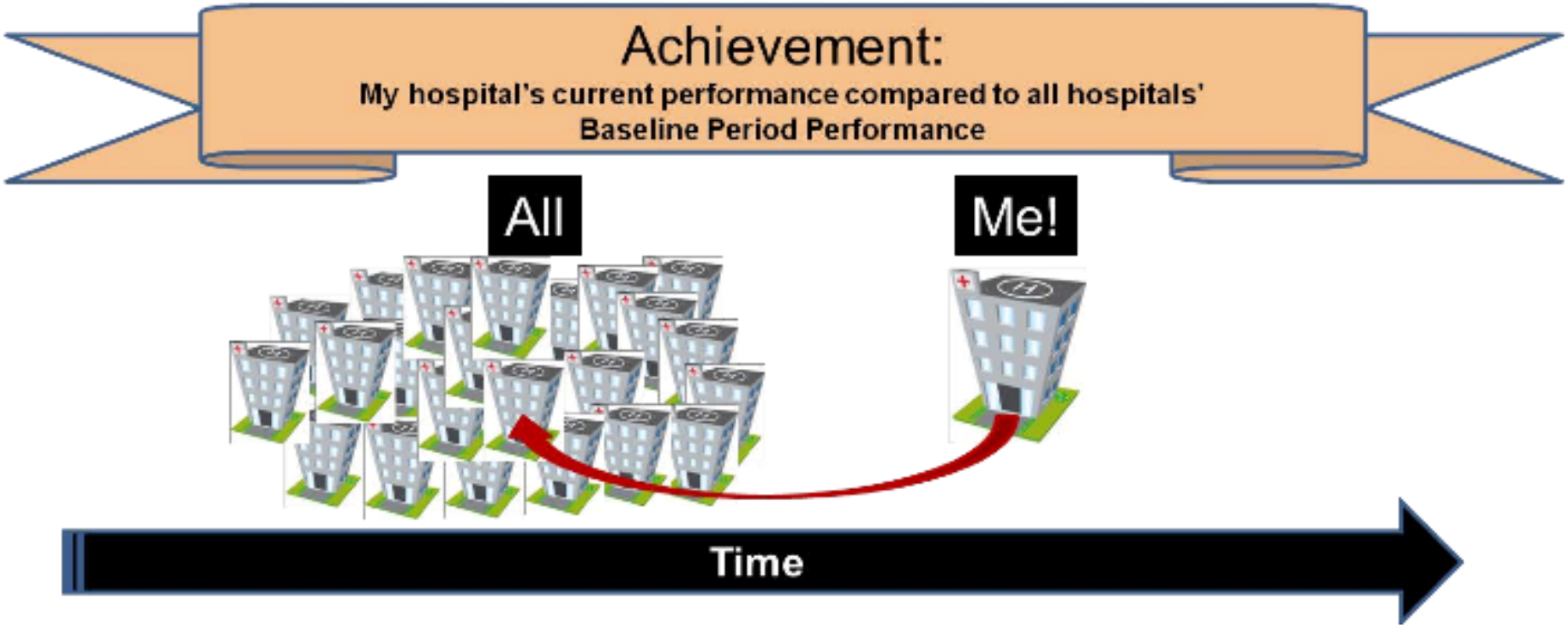
- VBP Program seeks to encourage hospitals to improve the quality and safety of care for Medicare beneficiaries and all patients receive during acute-care inpatient stays by:
  1) *Eliminating or reducing occurrence of adverse events*
  2) *Adopting evidence-based care standards and protocols that result in the best outcomes for the most patients*
  3) *Improve patients' experience of care*

National Targets

Data collection period for CMS FY13 VBP national baseline targets: July 2009 – March 2010



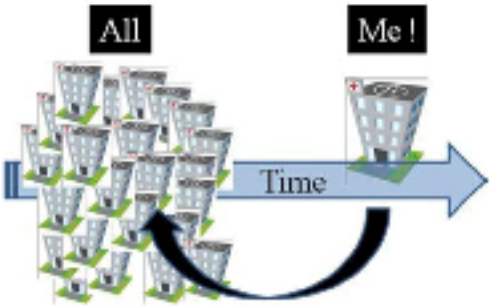
Achievement Points



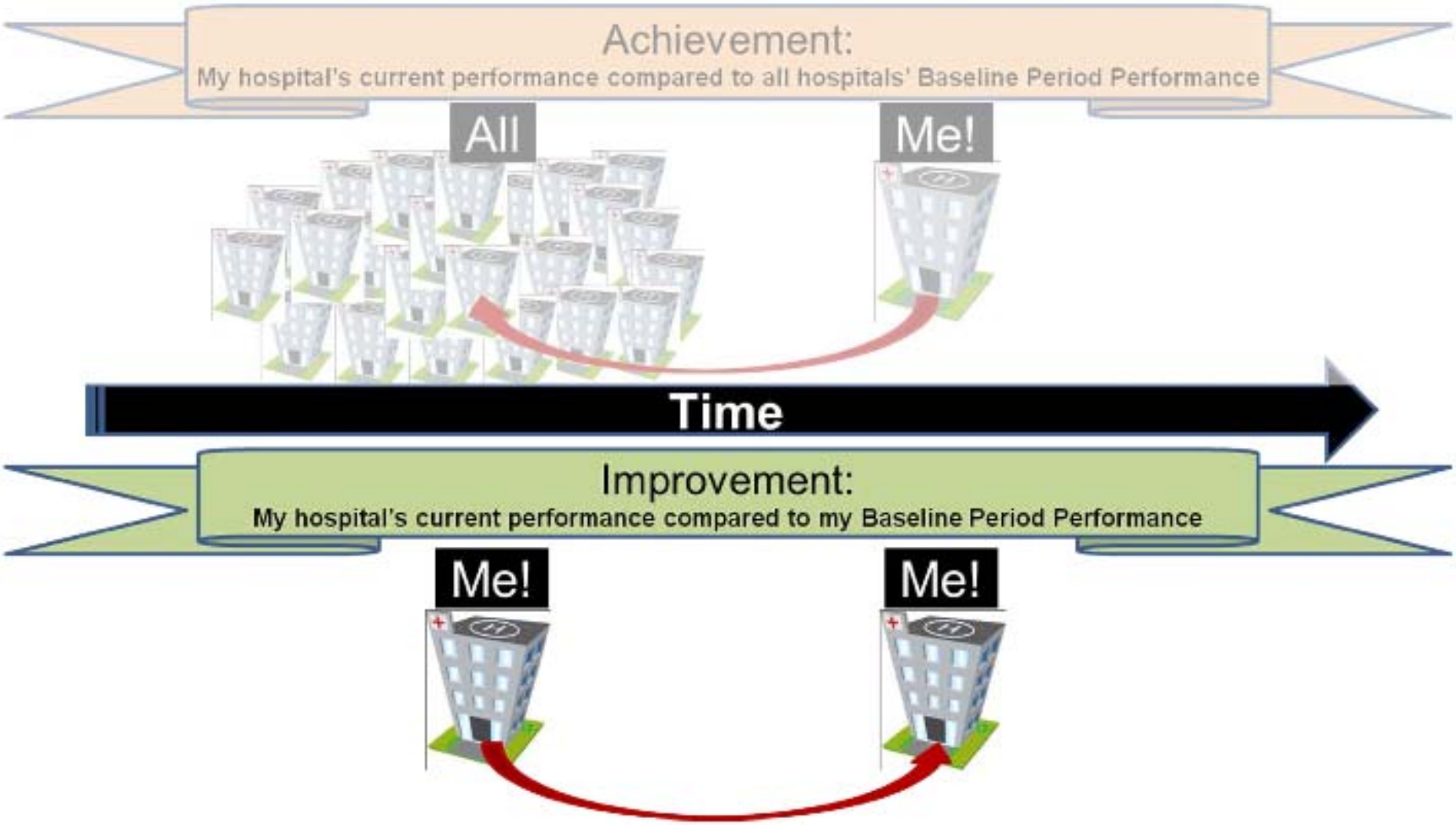
Achievement Points

- **Achievement Points are awarded by comparing an individual hospital's rates during the Performance Period with all hospitals' rates from the Baseline Period.**
- **How are Achievement Points awarded?**
  - **Hospital rate at or above the Benchmark: 10 Achievement Points**
  - **Hospital rate less than the Achievement Threshold: 0 Achievement Points**
  - **If the rate is equal to or greater than the Achievement Threshold and less than the Benchmark: 1-9 Achievement Points**

For example:



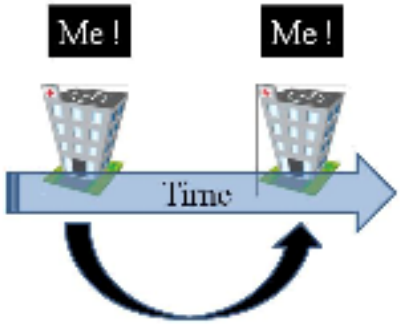
Improvement Points

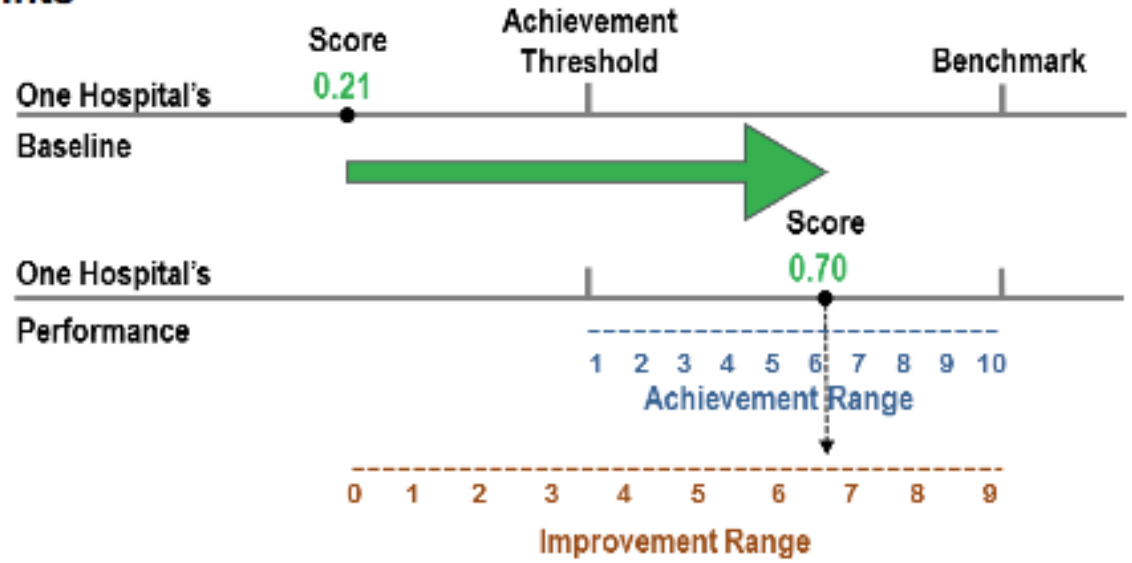


Improvement Points

- **Improvement Points are awarded by comparing one hospital's rates during the Performance Period to that same hospital's rates from the Baseline Period.**
- **How are Improvement Points awarded?**
  - **Hospital rate at or above the Benchmark: 9 Improvement Points**
  - **Hospital rate less than or equal to Baseline Period Rate: 0 Improvement Points**
  - **If the hospital's rate is between the Baseline Period Rate and the Benchmark: 0-9 Improvement Points**

For example:





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Final Points

- Each measure is worth 10 points
  - CMS takes the **higher** of either the achievement or improvement points
  - **FY13 VBP**: 12 process measures (120 total points)
    FY14 VBP: 13 process measures (130 total points)

    → *Add urinary catheter on post operative day 1 or 2*
- Measures with fewer than 10 reported cases are considered to have insufficient data and will not be scored for that hospital.

National Healthcare Quality Timeline (1990- 2015)

1990 NCQA was given a mandate to offer accreditation programs for managed care organizations

1991 The Institute of Healthcare Improvement (IHI) was founded

1996 The National Patient Safety Foundation (NPSF) was established

1996 The Institute of Medicine (IOM) launched its comprehensive Quality Initiative

1996 The Joint Commission established the Sentinel Event Policy

2008 Hospital Acquired Conditions (HAC) - 13 Indicators

2010 The Affordable Care Act Becomes Law

2012 Encouraging Integrated Health Systems

2013 Linking Payment to Quality Outcomes

1990 - 1995 | 1995 - 2000 | 2000 - 2005 | 2005 - 2010 | 2010 - 2015

1990

2015

1998 The Quality Interagency Coordination Task Force (QuIC) was established by presidential directive

1999 AHRQ and the National Quality Forum (NQF) formed a public private partnership to promote a national healthcare quality agenda

2000 Inpatient Quality Indicators (IQI) - 14 indicators -> 28 indicators

2001 IOM published Crossing the Quality Chasm: A New Health System for the 21st Century

2001 AHRQ and NQF published Making Healthcare Safer: A Critical Analysis of Patient Safety Practices

2001 JCAHO established specific standards for patient safety

2001 Hospital Inpatient Quality Reporting (IQR) Program

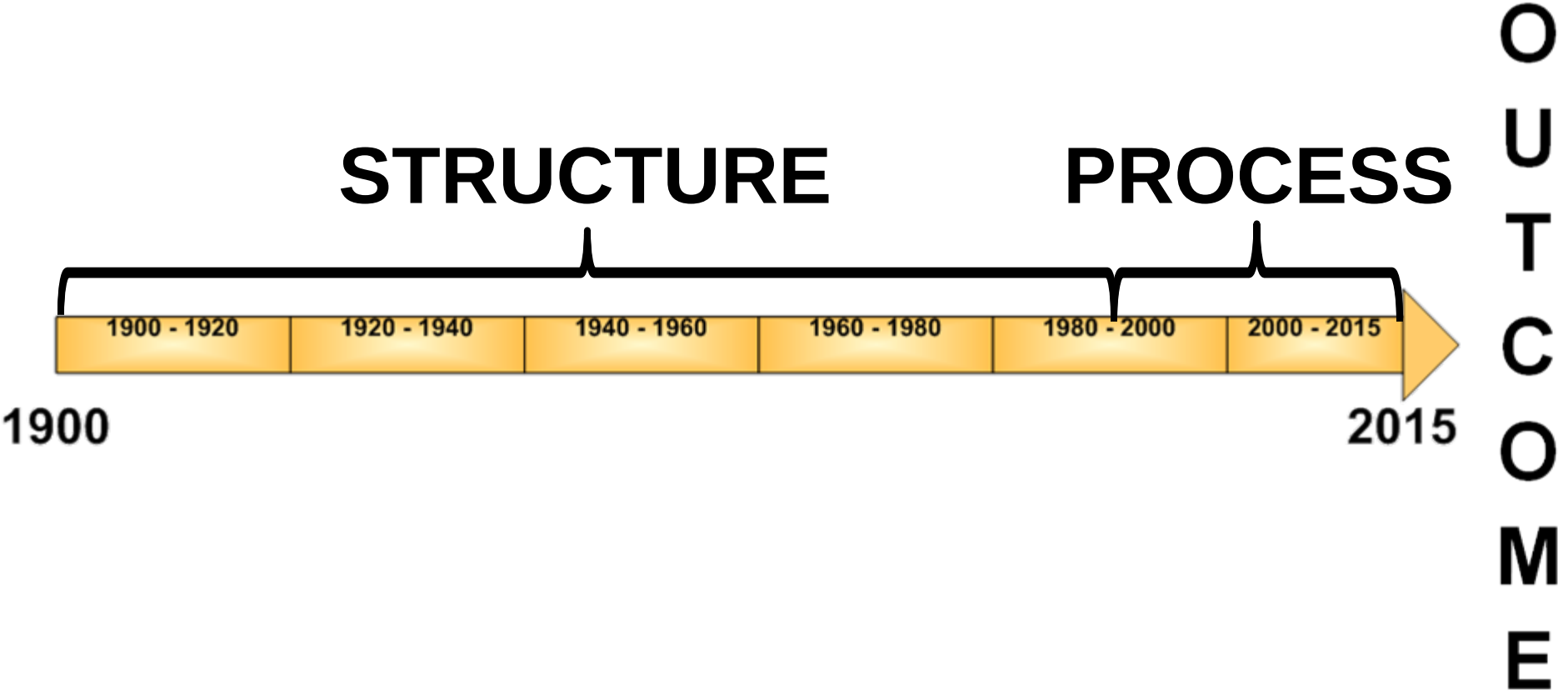
2002 JCAHO announced the Shared Visions- New Pathways

2003 The National Academies published 20 priority areas needing action in order to transform healthcare quality

2003 JCAHO announced the first set of National Patient Safety Goals

2003 Patient Safety Indicators - 11 Indicators -> 18 Indicators

National Healthcare Quality Timeline

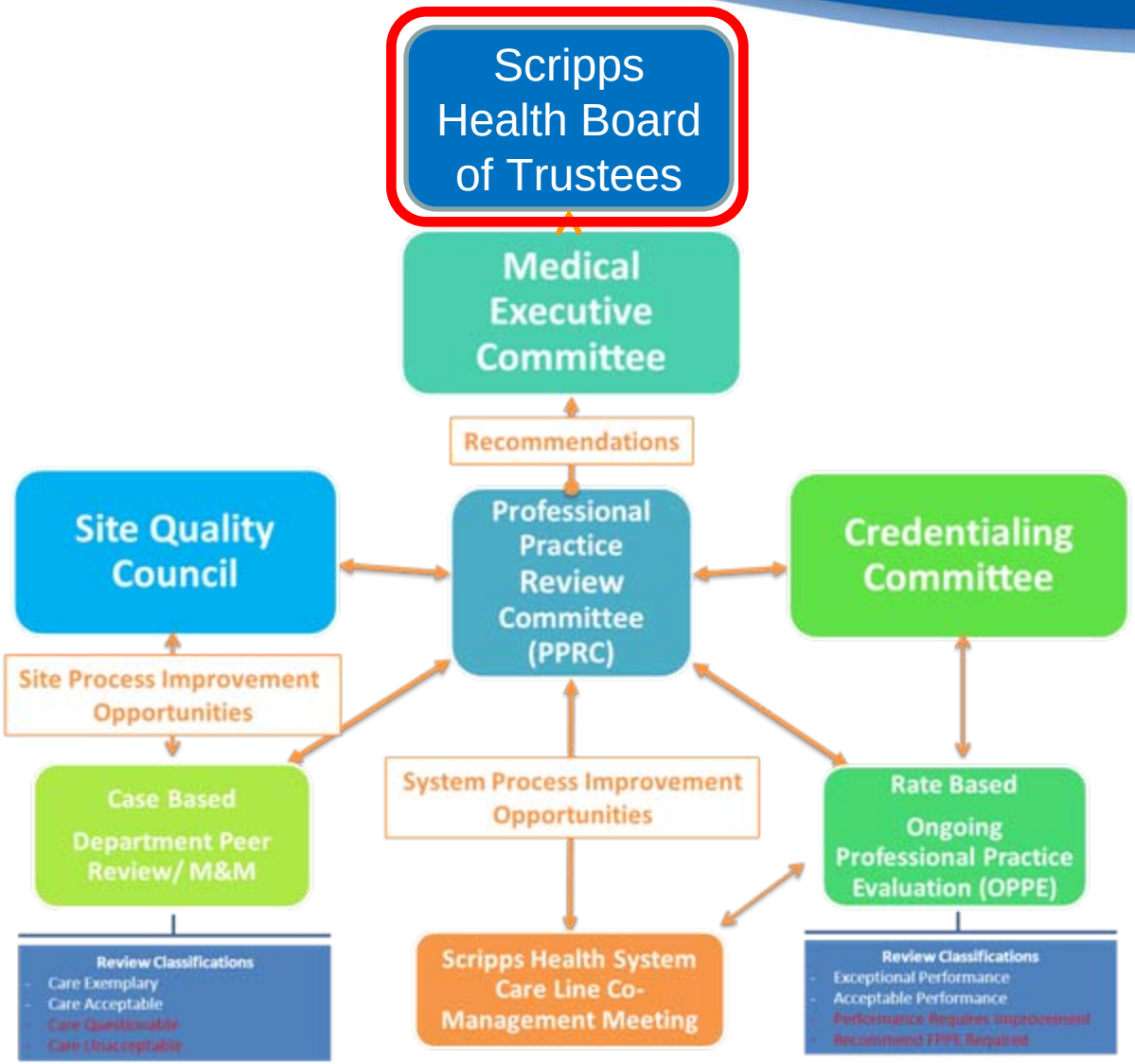


Scripps Health
STRUCTURE

Organizational

Informational

Scripps Health
Medical Staff Quality Infrastructure



FY13 Quality Performance Objective: Clinical Measures

FY13 Objective : Scripps Hospitals achieve 50% improvement in the Center for Medicare Services (CMS) value based purchasing (VBP) process measures between current performance of 72.5%, and predicted 2015 national top decile performance of 78%.

Value-Based Purchasing Measures: Clinical Process of Care			National Baseline		Performance Period: FY13-to-date (August 2012 - January 2013)													
					Scripps Hospitals			Encinitas			Green			La Jolla			Mercy	
			Bench-mark	Achieve-ment Threshold	Current %	Current n	Final Points	Current %	Current n	Final Points	Current %	Current n	Final Points	Current %	Current n	Final Points	Current %	Current n	Final Points
Heart Attack	1	Fibrinolytic therapy within 30 minutes	96.30%	80.66%	-	0	Insufficient Data	-	0	Insufficient Data	-	0	Insufficient Data	-	0	Insufficient Data	-	0	Insufficient Data
	2	PCI within 90 minutes	100.00%	93.44%	100.00%	76	10	100.00%	8	Insufficient Data	100.00%	7	Insufficient Data	100.00%	26	10	100.00%	35	10
Heart Failure	3	Discharge instructions	100.00%	92.66%	99.33%	447	9	99.05%	105	8	100.00%	110	10	100.00%	72	10	98.75%	160	8
Pneumonia	4	Blood cultures in ED before antibiotic	100.00%	97.30%	99.24%	264	7	98.75%	80	5	-	0	Insufficient Data	98.75%	80	5	100.00%	104	10
	5	Appropriate antibiotic selection	100.00%	94.46%	98.40%	187	7	100.00%	43	10	97.87%	47	6	95.24%	42	2	100.00%	55	10
Surgical Care Improvement Project	6	Prophylactic antibiotic received within one hour prior to surgical incision	100.00%	98.07%	99.53%	1052	7	100.00%	170	10	99.58%	236	8	100.00%	277	10	98.92%	369	4
	7	Prophylactic antibiotic selection for surgical patients	100.00%	98.13%	99.72%	1052	8	100.00%	170	10	100.00%	236	10	100.00%	277	10	99.19%	369	6
	8	Prophylactic antibiotics discontinued within 24 hours after surgery end time	99.96%	96.63%	98.91%	1012	7	100.00%	162	10	98.69%	229	6	99.25%	266	8	98.31%	355	5
	9	Cardiac surgery patients with controlled 6AM postoperative serum glucose	100.00%	96.34%	99.15%	236	7	-	0	Insufficient Data	100.00%	58	10	97.75%	89	4	100.00%	89	10
	10	Postoperative urinary catheter removal on post operative day 1 or day 2	99.89%	92.86%	97.80%	909	7	99.33%	150	9	100.00%	217	10	95.79%	214	4	96.95%	328	6
	11	Patients on beta blocker therapy prior to admit who received a beta blocker during perioperative period	100.00%	95.65%	99.27%	410	8	100.00%	55	10	98.93%	93	7	99.05%	105	8	99.36%	157	9
	12	Recommended VTE prophylaxis ordered	100.00%	94.62%	99.53%	858	9	99.41%	168	9	100.00%	187	10	99.00%	199	8	99.67%	304	9
	13	Received appropriate VTE prophylaxis within 24 hours prior - 24 hours after surgery	99.83%	94.92%	98.71%	1010	7	99.03%	206	8	100.00%	221	10	97.93%	242	6	98.24%	341	7
		FY13 Score Goal			75.30%			88.18%			91.00%			75.83%			73.33%		
		FY13-to-date Score			77.50%			89.00%			87.00%			70.83%			78.33%		

Time period for evaluation of Scripps Health Value-Based Purchasing measures is August 2012 - July 2013.

Benchmark *: average score for top 10% of the hospitals in the National Baseline Period*

Achievement Threshold *: median (50th percentile) score of the hospitals in the National Baseline Period*

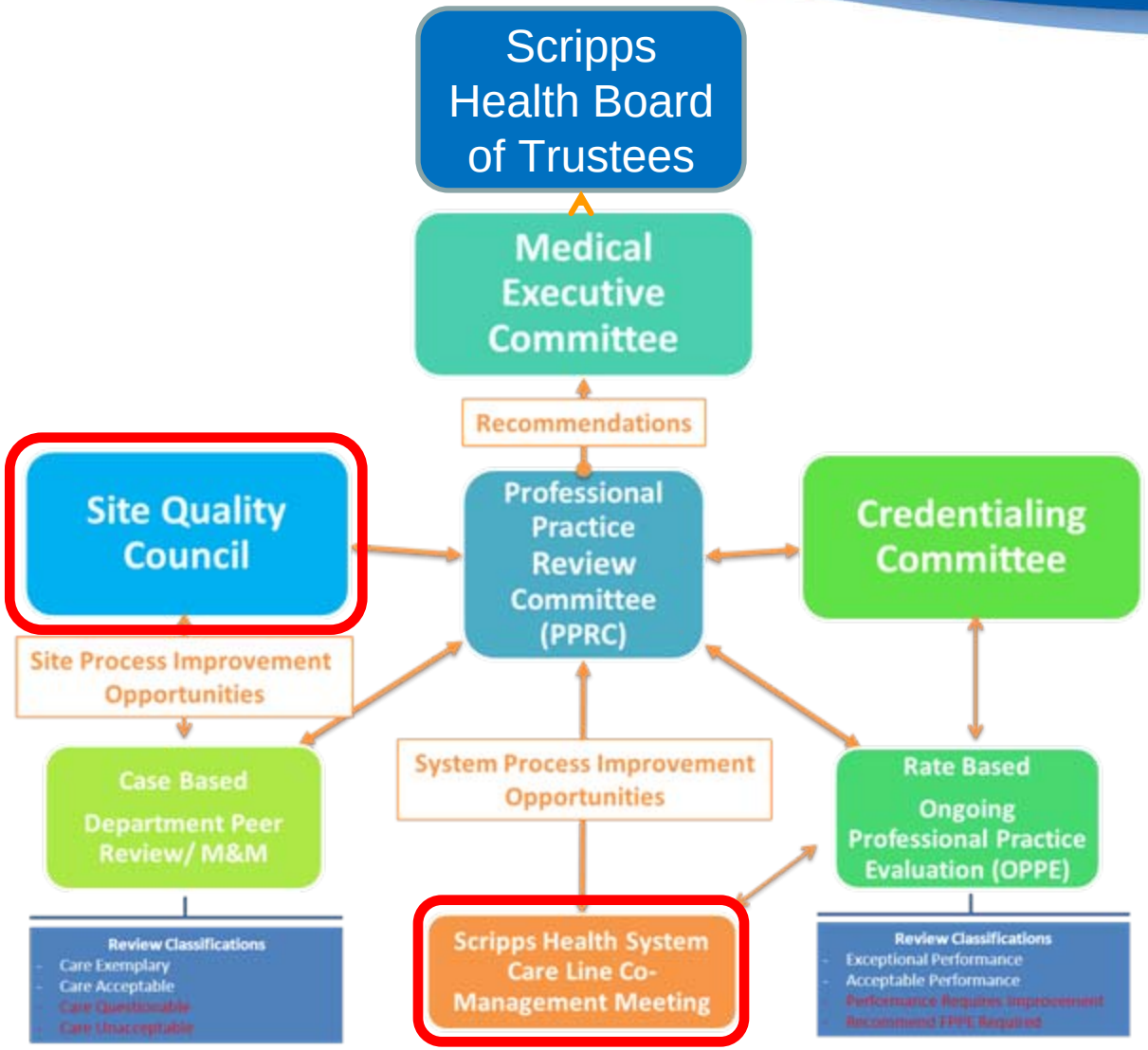
Final Points *: maximum of either achievement or improvement points. See page 2 for details.*

Insufficient Data *: sample size of fewer than 5 reported cases. Measure will not be scored for site nor included in the system-wide total.*

Legend:

- = *Maximum of either achievement or improvement points*
- = *Current performance meeting FY13 Value-Based Purchasing Goal*
- = *Current performance below FY13 Value-Based Purchasing Goal*

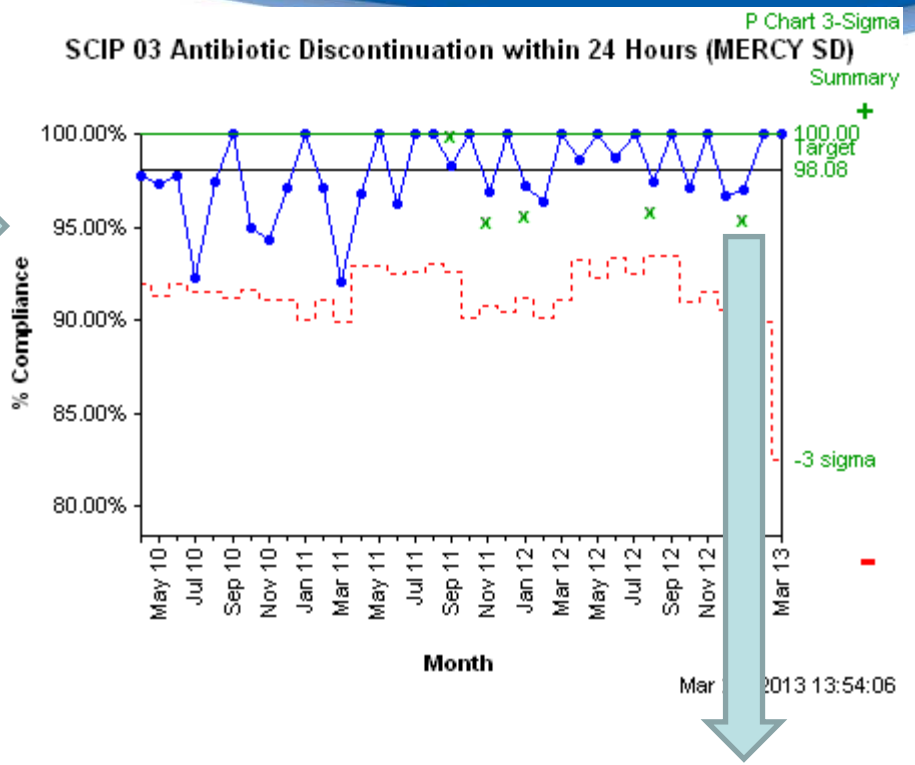
Scripps Health Structure: Medical Staff QA



Scripps Health Medical Staff Structure: Careline Dashboards

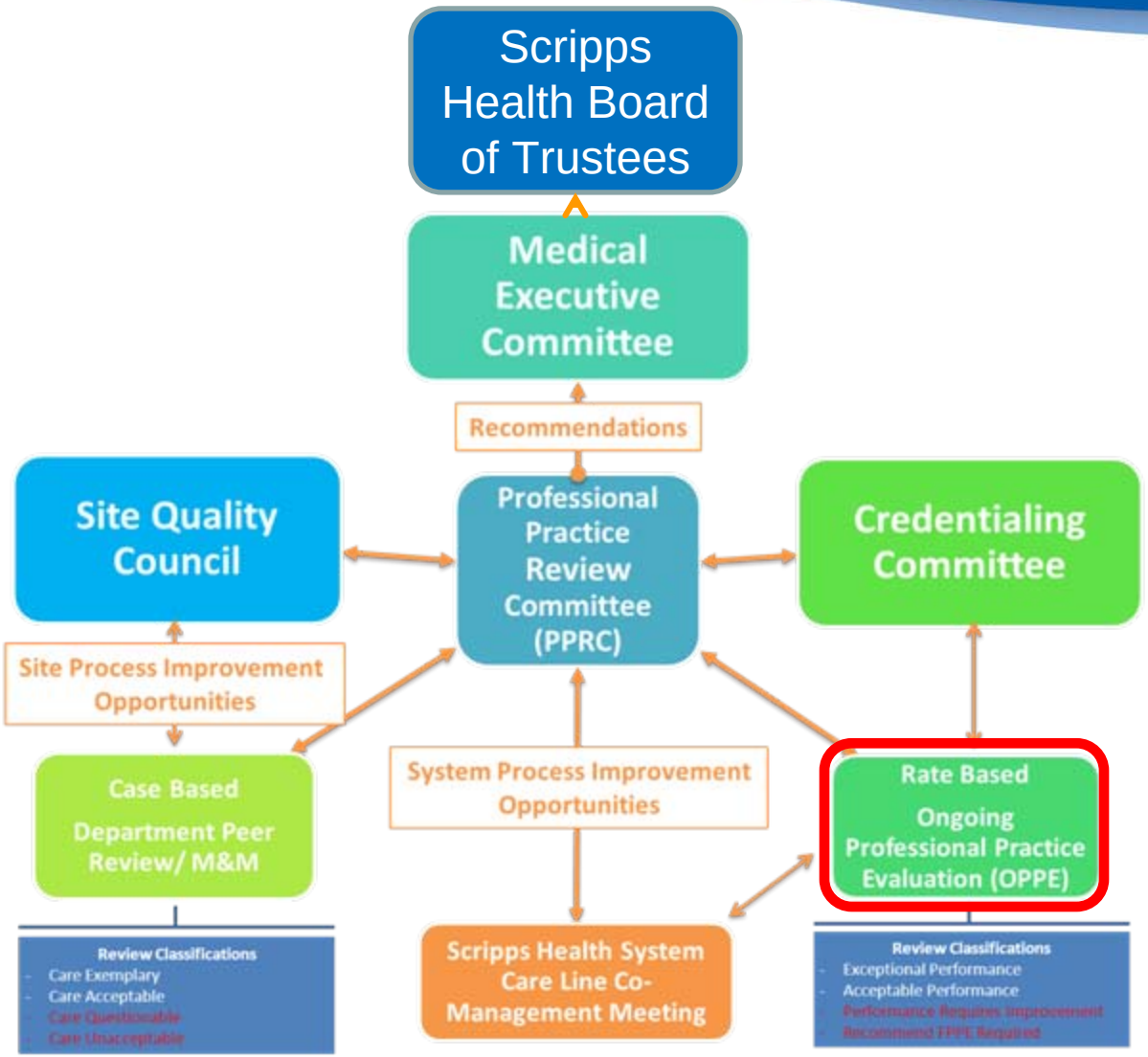
All Indicators View: Dashboard QA View_Surgery

Status	Indicator	Current Value	Target	SPC Alert	Updated
All Quality Assurance > All National Quality Improvement Projects > Core Measures > Surgical Care Improvement Project					
★ ▲	SCIP 01 Antibiotic Received within 1 Hour	100.00%	100.00%		Mar 13
★ ▲	SCIP 02 Antibiotic Selection	100.00%	100.00%		Mar 13
▽ ▼	SCIP 03 Antibiotic Discontinuation within 24 Hours	97.50%	99.96%		Mar 13
★ ▬	SCIP 04 6am Glucose	100.00%	100.00%		Mar 13
★ ▬	SCIP 06 Hair Removal	100.00%	100.00%		Mar 13
★ ▬	SCIP 09 Urinary Catheter Removal	100.00%	99.89%		Mar 13
★ ▬	SCIP 10 Perioperative Temperature Management	100.00%	100.00%		Mar 13
▽ ▲	SCIP All or None Bundle	98.44%	98.84%		Mar 13
★ ▬	SCIP CARD2 Beta Blocker Prior to Admit	100.00%	100.00%		Mar 13
▽ ▼	SCIP VTE1 Prophylaxis Ordered (retired as of Jan 1st 2013)	99.29%	100.00%		Dec 12
★ ▬	SCIP VTE2 Prophylaxis Timing	100.00%	99.83%		Mar 13
All Quality Assurance > All National Quality Improvement Projects > Patient Safety > Patient Safety Indicators					
✕ ▼	PSI 04 Death Rate among Surgical IP with Serious Complications	138.889	0.000		Mar 13
★ ▬	PSI 05 Foreign Body Left During Procedure	0.000	0.000		Mar 13
✕ ▼	PSI 06 Iatrogenic Pneumothorax	0.807	0.000		Mar 13
★ ▬	PSI 08 Postoperative Hip Fracture	0.000	0.000		Mar 13
✕ ▼	PSI 09 Postoperative Hemorrhage or Hematoma	3.80	0.00		Mar 13
★ ▲	PSI 10 Postoperative Physiologic or Metabolic Derangement	0.000	0.000		Mar 13
✕ ▼	PSI 11 Postoperative Respiratory Failure	9.560	0.000		Mar 13
✕ ▲	PSI 12 Postoperative Pulmonary Embolism or DVT	12.440	0.000		Mar 13
✕ ▲	PSI 13 Postoperative Sepsis	19.802	0.000		Mar 13
✕ ▼	PSI 14 Postoperative Wound Dehiscence	6.667	0.000		Mar 13



	Analysis	Action Plan
Jan 13	7th Flr (SD): Thursday case. MD used the SCIP PFO, but left Antibiotic section blank on POD#0. MD wrote an order on POD#1 for antibiotics with reason in progress notes as "2nd dose of Ancef not ordered." Per SCIP guidelines, Documentation to extend post op antibiotics must be linked to an infection/ possible or rule out infection or contamination/ spill. Opportunity for Improvement: MD completion of all elements on the SCIP PFO	Feedback Letter w/ supporting documentation sent to Physician from Chief of Surgery.

Scripps Health Structure: Medical Staff QA



Ongoing Professional Practice Evaluation (OPPE)

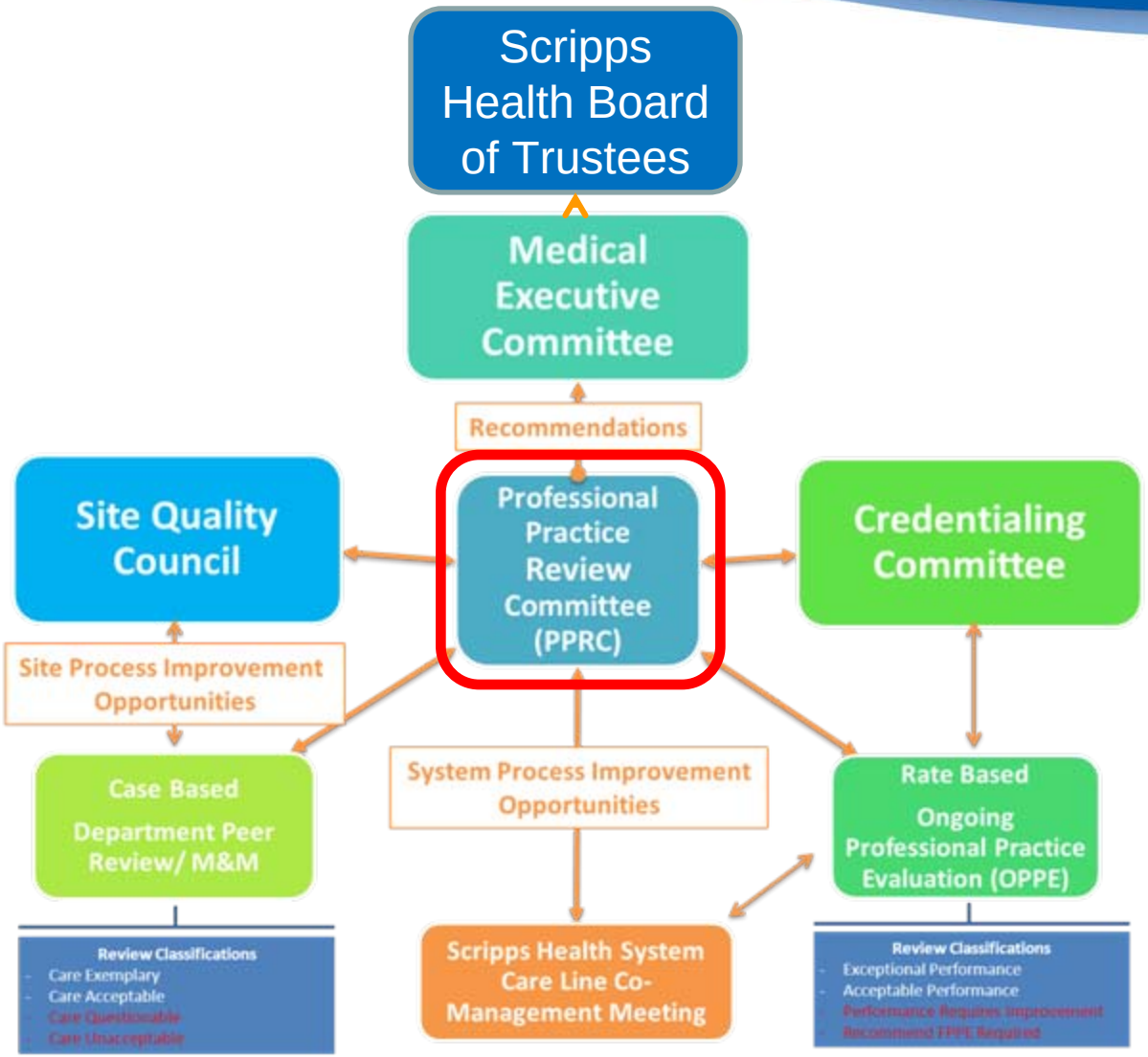
Status	Indicator	Peers Score	Target	SPC Alert	Current Period
A - Volume and Acuity					
▲	Volume as Attending (M-SD) - DV Qual	146	No Data		Jul-Dec 12
—	Volume as Consultant (M-SD) - DV AC Surg	1	No Data		Jul-Dec 12
▲	Volume as Prin Proc Prov (M-SD) - DV AC Surg	146	No Data		Jul-Dec 12
▲	Volume of Proc as Any Proc Prov (M-SD) - DV AC Surg	249	No Data		Jul-Dec 12
Core Measures - Medical and Clinical Knowledge					
★ —	OP7 - Antibiotic Selection (M-SD)	100%	100%		Jul-Dec 12
★ —	SCIP-CARD 2f - Beta blocker prior to admit and periop - Colon (M-SD)	100%	100%		Jul-Dec 12
★ —	SCIP-Inf-10f - Surgery patients w/periop temperature mgmt-Colon (M-SD)	100%	100%		Jul-Dec 12
★ —	SCIP-Inf-9f - Urinary catheter removed on POD 1 or POD 2-Colon (M-SD)	100%	100%		Jul-Dec 12
★ —	SCIP-VTE-1f - VTE prophylaxis ordered-Colon (M-SD)	100%	100%		Jul-Dec 12
★ —	SCIP-VTE-2f - VTE prophylaxis timing-Colon (M-SD)	100%	100%		Jul-Dec 12
★ —	SCIP/SIP-Inf-2f - Antibiotic selection-Colon (M-SD)	100%	100%		Jul-Dec 12
★ —	SCIP/SIP-Inf-3f - Antibiotic disc. within 24 hrs-Colon (M-SD)	100%	100%		Jul-Dec 12
Mortality and Coded Major Complications - Pt Care					
★ ▲	Hospital Acquired Pneumonia as Prin Proc Provider (M-SD) - Gen Surg	0.7	3.8		Jul-Dec 12
★ ▼	Mort Rate as Prin Proc Prov (M-SD) - Gen Surg	0.7%	3.8%		Jul-Dec 12
★ ▼	PSI 12 Postop PE or DVT (M-SD) - Gen Surg	0.7	1.9		Jul-Dec 12
✕ ▲	PSI 13 Postop Sepsis (M-SD) - Gen Surg	7.7	2.0		Jul-Dec 12
Utilization and Readmits - Systems Based Practice					
★ ▲	Avg LOS as Attending (M-SD) - Gen Surg	3.9	7.4		Jul-Dec 12
★ —	Pct Readmits w in 30 Days as PPP (M-SD) - Gen Surg	0.0%	15.0%		Jul-Dec 12

Chief of Department Reviews Physician Specific Performance every 6 months and indicates the following:

- Exceptional Performance
- Acceptable Performance
- **Performance Requires Improvement**
- **Recommend FPPE Required**

Scripps Mercy Hospitals Professional Practice Review Committee

Scripps Health Structure: Medical Staff QA



Scripps

PROCESS

Clinical

Primary Process: Pre Formatted Orders

Scripps Mercy Hospital

SURGICAL CARE POST - ORDERS

Instructions: Orders with boxes valid only if marked **X**. Orders with a • are activated unless a line is drawn through the order and initialed.

1. **Urinary Catheter Management:**
   - ☐ **Post-Op Day 1 (POD 1) voiding trial**
     - **Remove Urinary Catheter in AM on Post –Op day 1 (at least 8 hours after last Epidural injection) if urine out put equal to or greater than 40 mLs/hr, e.g. 480 mLs over past 12 hours.**
     - **If patient is unable to void 6 hours after Urinary Catheter is removed or if patient reports feeling like bladder distended and unable to void please do the following:**
     - (1) Use bladder scanner to measure volume in bladder, document on flow sheet
     - (2) If volume **>300 mLs or >** _____ mLs catheterize patient with16 FR Urinary Catheter.
       - a) Document residual obtained via catheter
       - b) Leave Urinary Catheter in place if residual greater than 200 mLs
       - c) Notify procedural Physician.
     - (3) If volume <300 mLs repeat scan every 4 hours and follow (2) above

   - ☐ **Do not remove catheter until further orders.**

   MD to document reason to continue catheter on POD 1.
   - Place Urinary Catheter Orders in chart on POD 1.
   - If on POD 2, the catheter is still in place without documentation of a reason to continue: Call the MD and obtain and order to D/C the catheter **OR** obtain an order giving a reason to continue.

   (This order excludes Urological, Gynecological, and Perineal cases)
2. **Medications:**

   Post-Operative Antibiotics: Antibiotic Prophylaxis *Pharmacist to adjust dosing schedule such that 2 doses are within 22 hours after surgery end time. Antibiotic Order to stop within 24 hours after end of surgery. (48 hours after Cardiothoracic Surgery).*

   Note: Pharmacy to dose for renal dysfunction.
   - ☐ Cefazolin (ANCEF) 1 gm IV every 8 hours x 2 post-op doses
   - ☐ Metronidazole (FLAGYL) 500 mg IVPB every 8 hours x 2 doses
   - ☐ Gentamicin 1.5 mg/kg IV x 1 dose
   - ☐ Cefoxitin 1 gm IV every 8 hours x 2 doses

   Other: _____

Indicate reason below if continuing antibiotics past 24 hours after end of surgery.
- ☐ Possible/Rule out infection
- ☐ Contamination/Spill
- ☐ Infection

- ☐ Cefazolin (ANCEF) 1 gm IV every 8 hours x _____
- ☐ Metronidazole (FLAGYL) 500 mg IVPB every 8 hours x _____
- ☐ Ceftriaxone 1 gm IV daily x _____

Don't SKIP SCIP Prophylactic Antibiotics
Pre Op Dose Given at: _____
Intra-operative Dose Given at_____
End of Anesthesia Time: _____

RN Signature Date/Time	Transcriber Signature Date/Time	MD Signature Date/Time
BLOCK Print	BLOCK Print	BLOCK Print

M/C: SCIP (June, 12) Page 1 of 2

Scripps Mercy Hospital

POST-OP SURGICAL CARE ORDERS

DVT/VTE Prophylaxis:
- **Intermittent** Compression device
- ☐ Heparin 5,000 units subcutaneously every 8 hours
- ☐ Heparin 7,500 units subcutaneously every 12 hours
- ☐ Heparin 5,000 units subcutaneously every 12 hours
- ☐ Enoxaparin 40 mg subcutaneously every 24 hours.
- ☐ Enoxaparin 30 mg subcutaneously every 12 hours.
- ☐ **For Renal Dysfunction**: Enoxaparin (LOVENOX) 30 mg subcutaneous every 24 hours if Scr>2, CrCL<30 mL/min, or wt<50kg. (Begin **8** hours after intraspinal or epidural injection.)
- ☐ **Intraspinal one-time injection**. Time_____/ ☐ **In-dwelling epidural catheter**. Time_____
- ☐ Enoxaparin 40 mg subcutaneously every 24 hours. (Begin **8** hours after intraspinal or epidural injection. This dosing schedule is recommended when an epidural is in place).
- ☐ Enoxaparin 30 mg subcutaneously every 12 hours. (Begin **24** hours after intraspinal or epidural injection.)
- **Removal of epidural catheter**: Do not remove catheter until 10-12 hours after a dose of enoxaparin. Do not resume Enoxaparin for at least 2 hours after epidural catheter has been removed.
- ☐ Warfarin (COUMADIN) 5 mg PO tonight. Further dosing and monitoring per pharmacist. (Therapeutic INR goal 2-3)

  OR
- ☐ Patient **at risk of bleeding will use Intermittent Compression devices alone.**

BETA BLOCKERS:

For patients taking a beta blocker prior to admission to the hospital
- ☐ Metoprolol _____mg PO/IV/FT every _____. Hold for SBP _____ HR _____
- ☐ Carvedilol _____ mg PO/IV/FT every _____. Hold for SBP _____ HR _____
- ☐ _____.

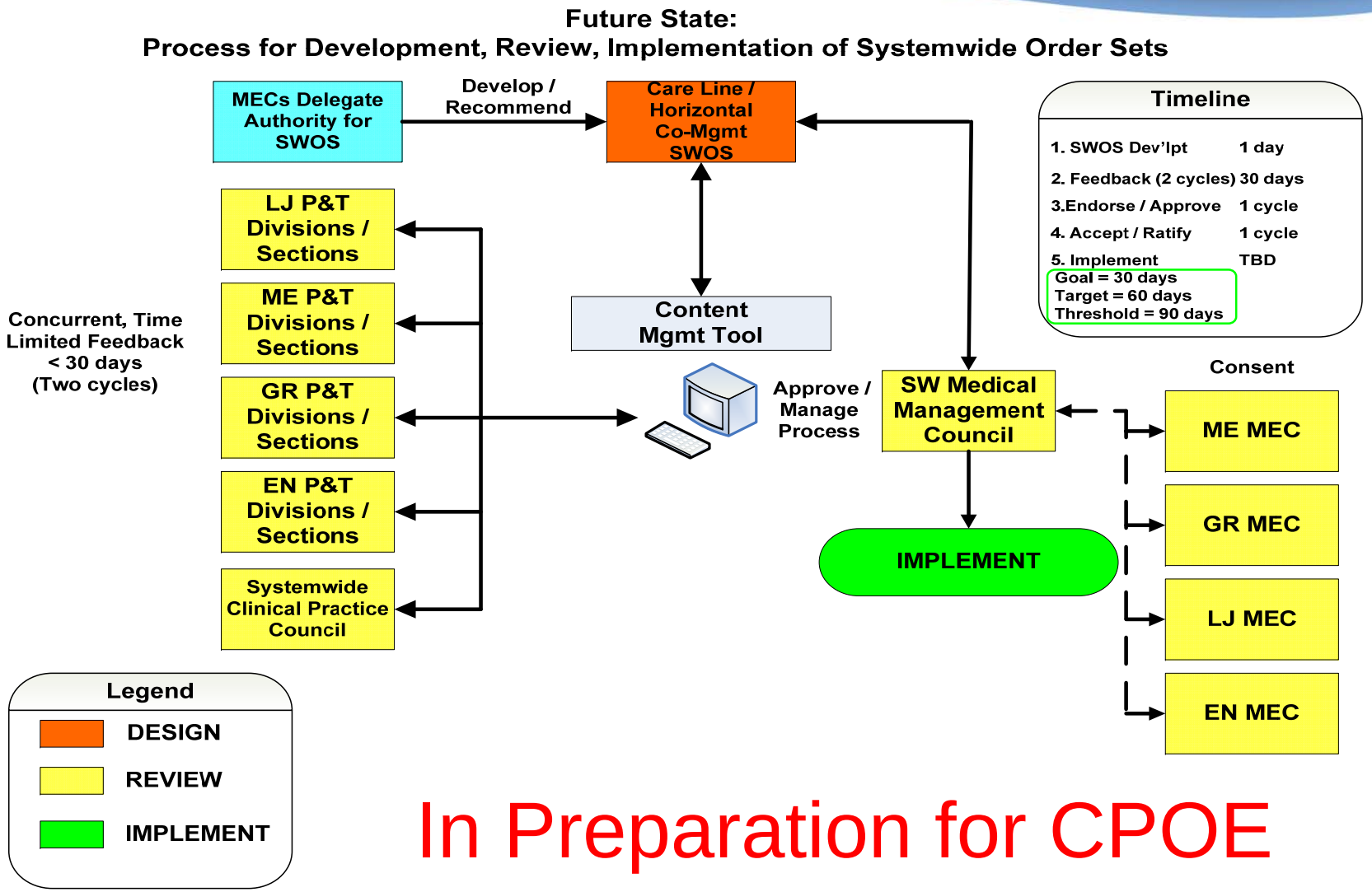
OR
- ☐ **Will not order beta blocker today secondary to**
- ☐ Status post emergent surgery
- ☐ Risk of bleeding
- ☐ Hemodynamically stable
- ☐ Hemodynamically unstable
- ☐ Other:
- **NOTE**: If not ordered, RN to place Beta Blocker PFO in the chart on POD 1

• RN to reconcile medications patient is taking prior to admission to the hospital (use H&P, patient/family interview, Peri-Op Plan of Care and Admission Medication List.
• If by POD 2 there is not a routine order for a Beta Blocker and no documentation of reason to withhold, call MD for order to start a Beta Blocker or obtain reason to withhold.

RN Signature Date/Time	Transcriber Signature Date/Time	MD Signature Date/Time
BLOCK Print	BLOCK Print	BLOCK Print

M/C: SCIP (June, 2012) Page 2 of 2

Primary Process: Pre Formatted Orders Approval



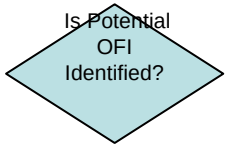
In Preparation for CPOE

Data Collection & Provider Feedback Process

1:1 Feedback **Management**

Quality Coordinator (QC)
Identify Patients

QC Rounds on Patient(s)



PARTY TIME

QC Notifies/ Educates RN and Resolves OFI

QC Reviews OFI w/ Charge RN

QC Emails MD, Medical Staff and Hospital Leadership of OFI

Quality Department
Concurrent Review/ Interventions

Scripps Mercy Hospital, San Diego

SCIP Intervention Emails Sent per Month/ Unit

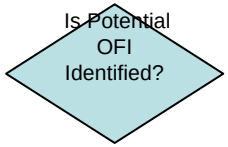
Row Labels	2012			2013	Grand Total	Monthly Avg.	Avg. Monthly SCIP Cases	Avg. Monthly SCIP SAMPLED Cases	
	Oct	Nov	Dec	Jan					
7th Floor	1	5	4	0	10	2.5	57	17	
5th Floor	2	1	0	2	8	1.3	47	14	
SICU	1	0	1	2	5	1.0	2	1	
10th Floor	0	0	0	2	2	0.5	9	2	
OR	0	1	0	0	1	0.3	140	53	
11th Floor	1	0	0	0	1	0.3	23	18	
Grand Total	**5**	**7**	**5**	**6**	**27**	**5.8**	**138**	**52**	**4%**

Data Collection & Provider Feedback Process

1:1 Feedback **Management**

Quality Coordinator (QC) Identify Patients

QC Rounds on Patient(s)



PARTY TIME

QC Notifies/ Educates RN and Resolves OFI

QC Reviews OFI w/ Charge RN

QC Emails MD, Medical Staff and Hospital Leadership of OFI

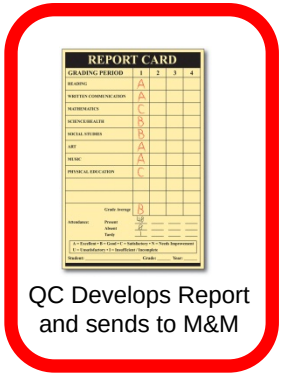
Managed through Peer Review/ OPPE Medical Staff Structure

Quality Coordinator (QC) Concludes OFI

QC Completes MD Feedback Letter

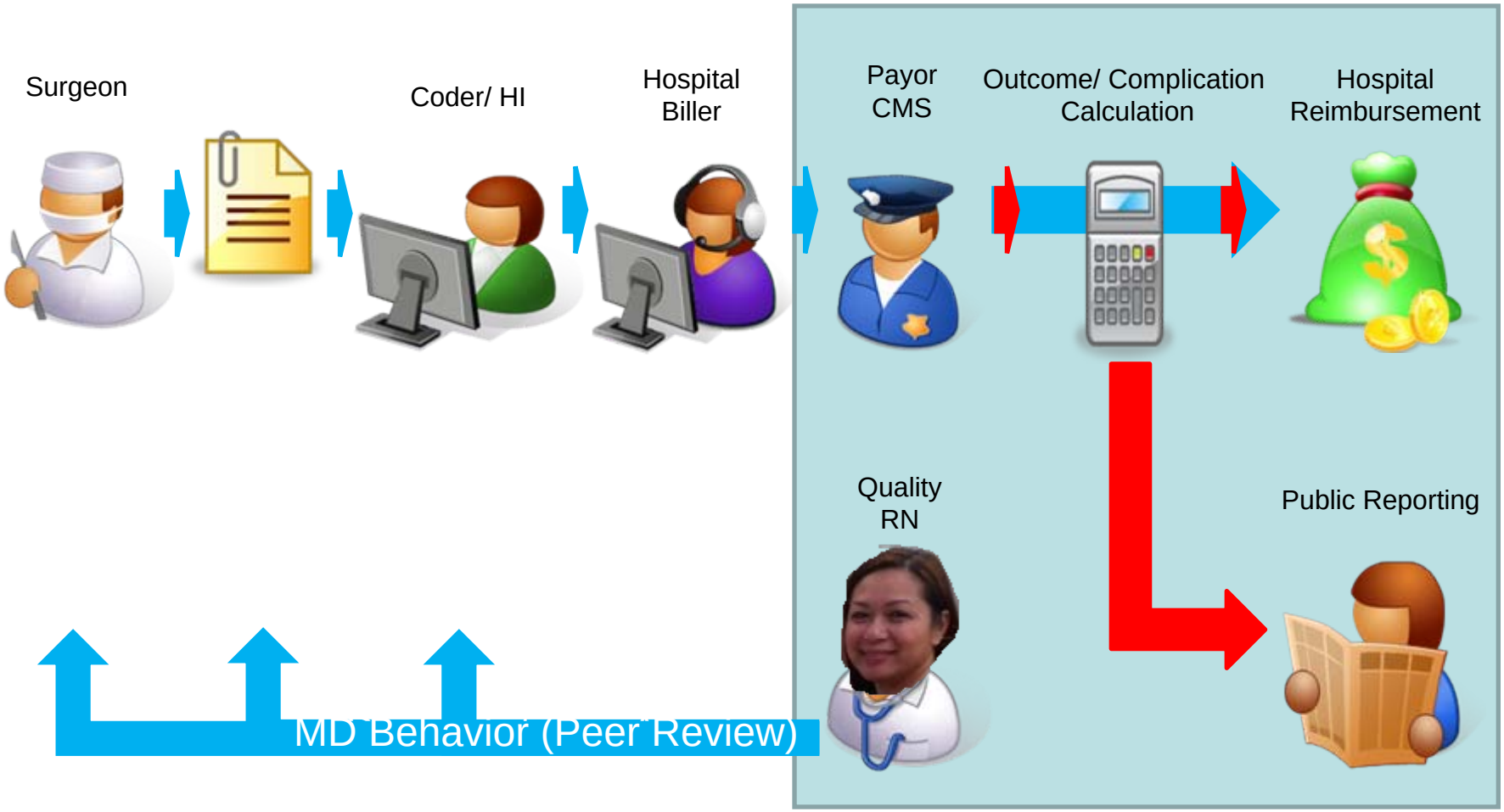
Department Chair Reviews/ Signs Letter

QC Sends MD Feedback Letter

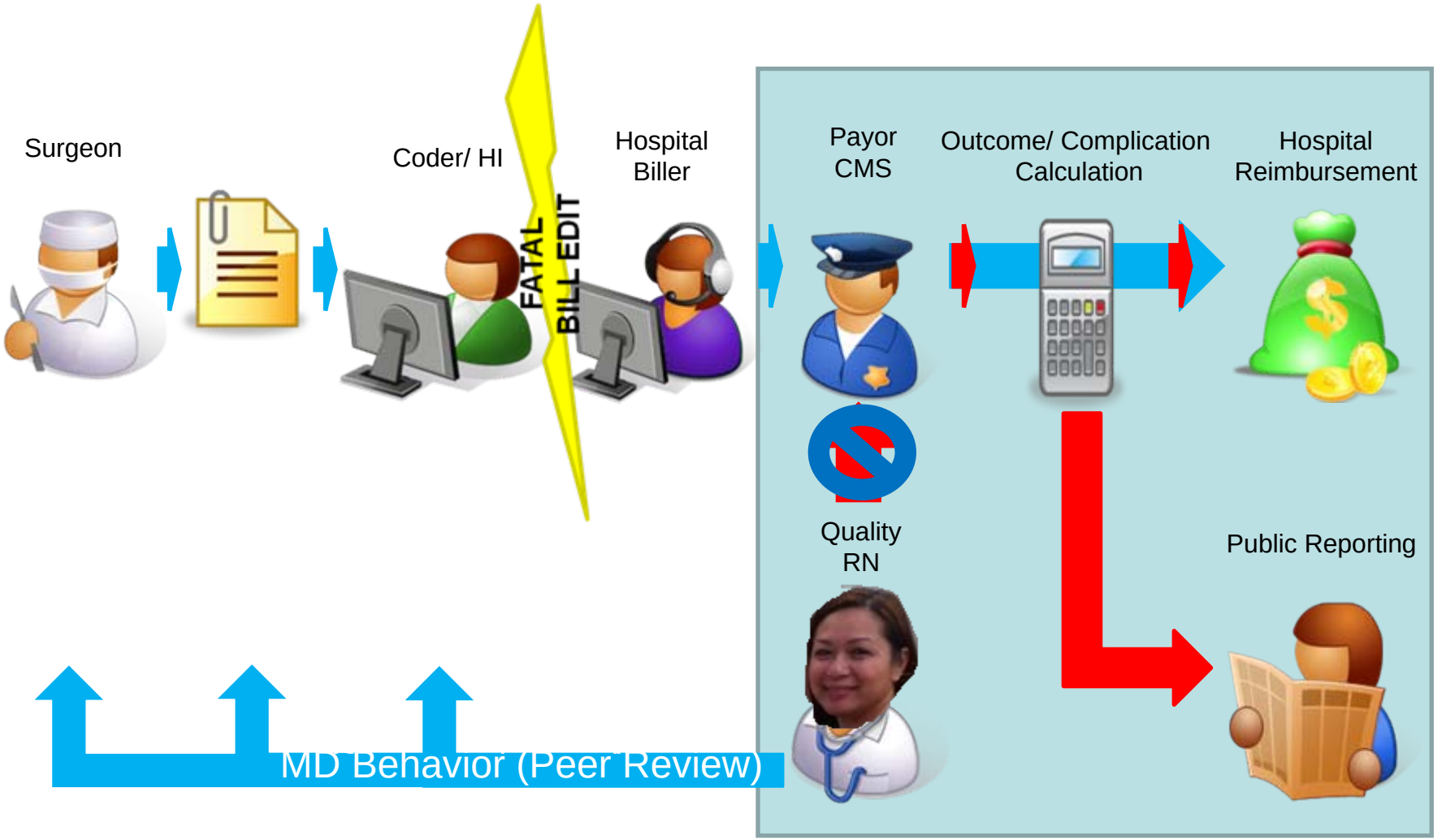


QC Develops Report and sends to M&M

Coded Complication(s) Quality Review



Coded Complication(s) Quality Review

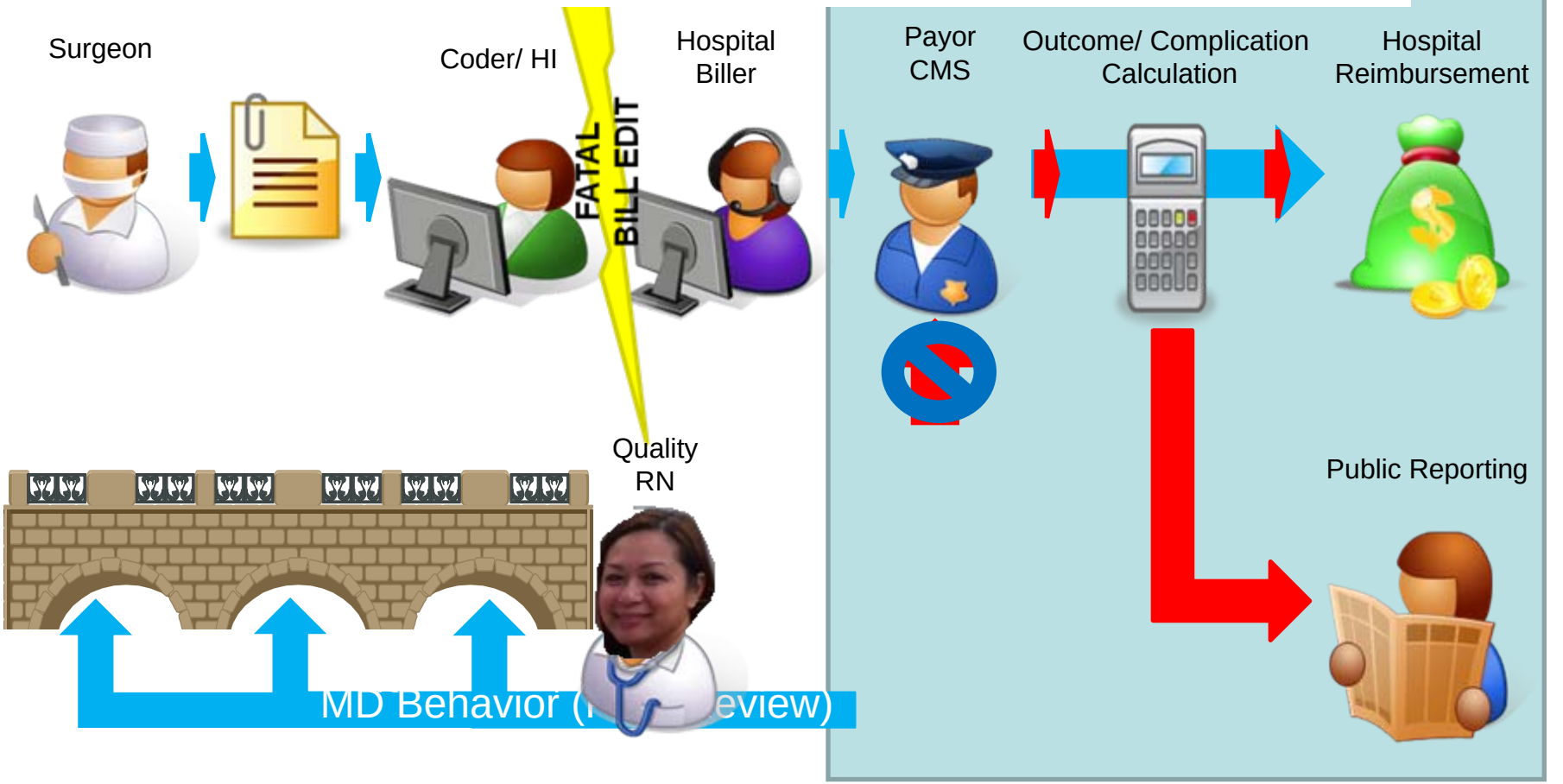


Coded Complication(s) Quality Review

Started in January 2013= 41% Decrease

39 Complications Not Present On Admission

16 Changed to Present On Admission/ Clinically Undetermined



Scripps

OUTCOME

CMS FY13 VBP:
*FINAL Scores**

Total VBP Score:

State Average = 52.83%

National Average = 55.46%

FY13 VBP	Encinitas	Green	La Jolla	Mercy
	FINAL VBP Scores			
Process	87%	91%	74%	62%
Patient Experience**	42%	63%	50%	25%
Total VBP Score	74%	83%	67%	51%

** Source: CMS Hospital Value Based Purchasing - Actual Percentage Summary Report, released 10/31/12.*

*** Patient experience data is adjusted by CMS for certain patient-mix variables. These include: service line, age, response percentile, and self-reported level of education, health, and primary language.*

Scripps

CMS FY13 VBP:
Process of Care

Value-Based Purchasing Measures: Clinical Process of Care			National Baseline		CMS Performance Period: July 2011 - March 2012											
					Encinitas			Green			La Jolla			Mercy		
			Bench-mark	Achieve-ment Threshold	Baseline %	Current %	Final Points	Baseline %	Current %	Final Points	Baseline %	Current %	Final Points	Baseline %	Current %	Final Points
Heart Attack	1	Fibrinolytic therapy within 30 minutes	91.91%	65.48%	-	-	Insufficient Data	-	-	Insufficient Data	-	-	Insufficient Data	-	-	Insufficient Data
	2	PCI within 90 minutes	100.00%	91.86%	94.44%	96.77%	6	-	-	Insufficient Data	92.59%	96.67%	6	80.00%	94.55%	7
Heart Failure	3	Discharge instructions	100.00%	90.77%	99.24%	100.00%	10	92.67%	100.00%	10	95.86%	98.54%	8	85.92%	98.25%	8
Pneumonia	4	Blood cultures in ED before antibiotic	100.00%	96.43%	97.99%	99.43%	8	97.56%	-	Insufficient Data	95.83%	100.00%	10	96.21%	98.20%	5
	5	Appropriate antibiotic selection	99.58%	92.77%	94.59%	98.75%	8	93.22%	97.73%	7	93.85%	98.41%	8	90.13%	99.42%	9
Surgical Care Improvement Project	6	Prophylactic antibiotic received within one hour prior to surgical incision	99.98%	97.35%	98.54%	100.00%	10	99.00%	100.00%	10	99.49%	99.75%	9	98.55%	98.90%	6
	7	Prophylactic antibiotic selection for surgical patients	100.00%	97.66%	98.54%	99.11%	6	99.67%	100.00%	10	99.26%	99.25%	7	97.54%	99.78%	9
	8	Prophylactic antibiotics discontinued within 24 hours after surgery end time	99.68%	95.07%	100.00%	99.53%	9	94.79%	99.67%	9	93.35%	98.92%	8	96.68%	98.87%	8
	9	Cardiac surgery patients with controlled 6AM postoperative serum glucose	99.63%	94.28%	-	-	Insufficient Data	100.00%	98.85%	8	96.99%	95.24%	2	90.83%	92.16%	1
	10	Recommended VTE prophylaxis ordered	100.00%	95.00%	98.51%	100.00%	10	98.18%	100.00%	10	96.92%	98.33%	6	97.97%	97.92%	6
	11	Received appropriate VTE prophylaxis within 24 hours prior - 24 hours after surgery	99.85%	93.07%	97.01%	100.00%	10	96.36%	100.00%	10	90.26%	97.49%	7	97.28%	96.77%	5
	12	Patients on beta blocker therapy prior to admit who received a beta blocker during perioperative period	100.00%	93.99%	94.37%	100.00%	10	96.90%	98.97%	8	93.79%	100.00%	10	93.97%	96.17%	4
		CMS FY13 VBP Process Score:			*87.00%*			*91.11%*			*73.64%*			*61.82%*		

CMS FY13 VBP:
Patient Experience of Care

	Patient Experience of Care*	National Baseline			CMS Performance Period: July 2011 - March 2012											
					Encinitas			Green			La Jolla			Mercy		
		Bench mark	Achieve-ment Threshold	Floor	Baseline %	Current %	Final Points	Baseline %	Current %	Final Points	Baseline %	Current %	Final Points	Baseline %	Current %	Final Points
1	Nurses always communicated well	**84.70%**	**75.18%**	**38.98%**	77%	79%	**4**	79%	81%	**6**	78%	82%	**7**	72%	74%	**2**
2	Doctors always communicated well	**88.95%**	**79.42%**	**51.51%**	79%	81%	**2**	83%	86%	**7**	80%	81%	**2**	78%	78%	**0**
3	Patients always received help quickly from hospital staff	**77.69%**	**61.82%**	**30.25%**	62%	64%	**2**	63%	67%	**3**	64%	65%	**2**	58%	58%	**0**
4	Patients' pain was always well controlled	**77.90%**	**68.75%**	**34.76%**	68%	73%	**5**	70%	75%	**6**	72%	76%	**8**	69%	70%	**2**
5	Staff always explained about medicines before giving them to patients	**70.42%**	**59.28%**	**29.27%**	60%	62%	**3**	63%	66%	**6**	62%	65%	**5**	59%	63%	**4**
6	Patients' rooms and bathrooms were always kept clean and quiet	**77.64%**	**62.80%**	**36.88%**	59%	62%	**1**	63%	65%	**2**	59%	61%	**0**	59%	57%	**0**
7	Patients were definitely given information about what to do during their recovery at home	**89.09%**	**81.93%**	**50.47%**	81%	83%	**2**	81%	85%	**4**	82%	83%	**2**	82%	82%	**1**
8	Patients who gave their hospital a rating of 9 or higher on a scale of 0 to 10	**82.52%**	**66.02%**	**29.32%**	69%	72%	**4**	79%	81%	**9**	74%	76%	**6**	67%	67%	**1**
	Consistency Points:				**19**			**20**			**18**			**15**		
	CMS FY13 VBP Patient Experience Score:				***42.00%***			***63.00%***			***50.00%***			***25.00%***		

** Patient experience data is adjusted by CMS for certain patient-mix variables. These include: service line, age, response percentile, and self-reported level of education, health, and primary language.*

CMS FY13 VBP:
Estimated Financial Impact

	Measure	Encinitas	Green	La Jolla	Mercy	Scripps Hospitals	
						ACTUAL	*POTENTIAL**
1	FINAL VBP Scores	74%	83%	67%	51%	-	-
2	ESTIMATED FY13 IPPS Operating Payments	$24,110,800	$47,430,600	$47,576,100	$70,942,000	$190,059,500	*$190,059,500*
3	1% Reduction *(Pay-In Amount into VBP Pool)*	($241,108)	($474,306)	($475,761)	($709,420)	($1,900,595)	*($1,900,595)*
4	1% Reduction + Value-based Incentive *(Total Payment from VBP Pool)*	$325,606	$720,512	$581,702	$661,801	$2,289,621	*$3,491,393*
5	Net Loss/Gain	$84,498	$246,206	$105,941	($47,619)	$389,026	*$1,590,798*
6	Total Reimbursement for FY13 IPPS Operating Payments	$24,195,298	$47,676,806	$47,682,041	$70,894,381	$190,448,526	$191,650,298

POTENTIAL reimbursement: if all sites had VBP score of 100%

Scripps

SD County Performance

*

“Medicare bonuses and penalties for San Diego County hospitals”

(Union-Tribune, 1/4/2013)

Percentage of money gained or lost for fiscal 2013 based on the categories below

Hospital	City	Value-Based Purchasing Program	Readmission	Value-Based Purchasing Program and readmission combined
Sharp Coronado Hospital	Coronado	+0.65%	−0.07%	+0.58%
Scripps Green Hospital	San Diego	+0.52%	0.00%	+0.52%
Kaiser Foundation Hospital - San Diego	San Diego	+0.48%	0.00%	+0.48%
Scripps Memorial Hospital - Encinitas	Encinitas	+0.35%	−0.02%	+0.33%
Paradise Valley Hospital	National City	+0.41%	−0.09%	+0.32%
Fallbrook Hospital	Fallbrook	+0.28%	0.00%	+0.28%
Scripps Memorial Hospital La Jolla	San Diego	+0.22%	0.00%	+0.22%
Alvarado Hospital Medical Center	San Diego	+0.08%	−0.02%	+0.06%
Palomar Health Downtown Campus	Escondido	+0.04%	0.00%	+0.04%
Pomerado Hospital	Poway	0.00%	0.00%	0.00%
Tri-City Medical Center	Oceanside	−0.12%	0.00%	−0.12%
Scripps Mercy Hospital	San Diego	−0.07%	−0.13%	−0.20%
Sharp Memorial Hospital	San Diego	+0.20%	−0.41%	−0.21%
Sharp Chula Vista Medical Center	Chula Vista	−0.28%	0.00%	−0.28%
UC San Diego Medical Center	San Diego	−0.15%	−0.21%	−0.36%
Sharp Grossmont Hospital	La Mesa	−0.12%	−0.38%	−0.50%

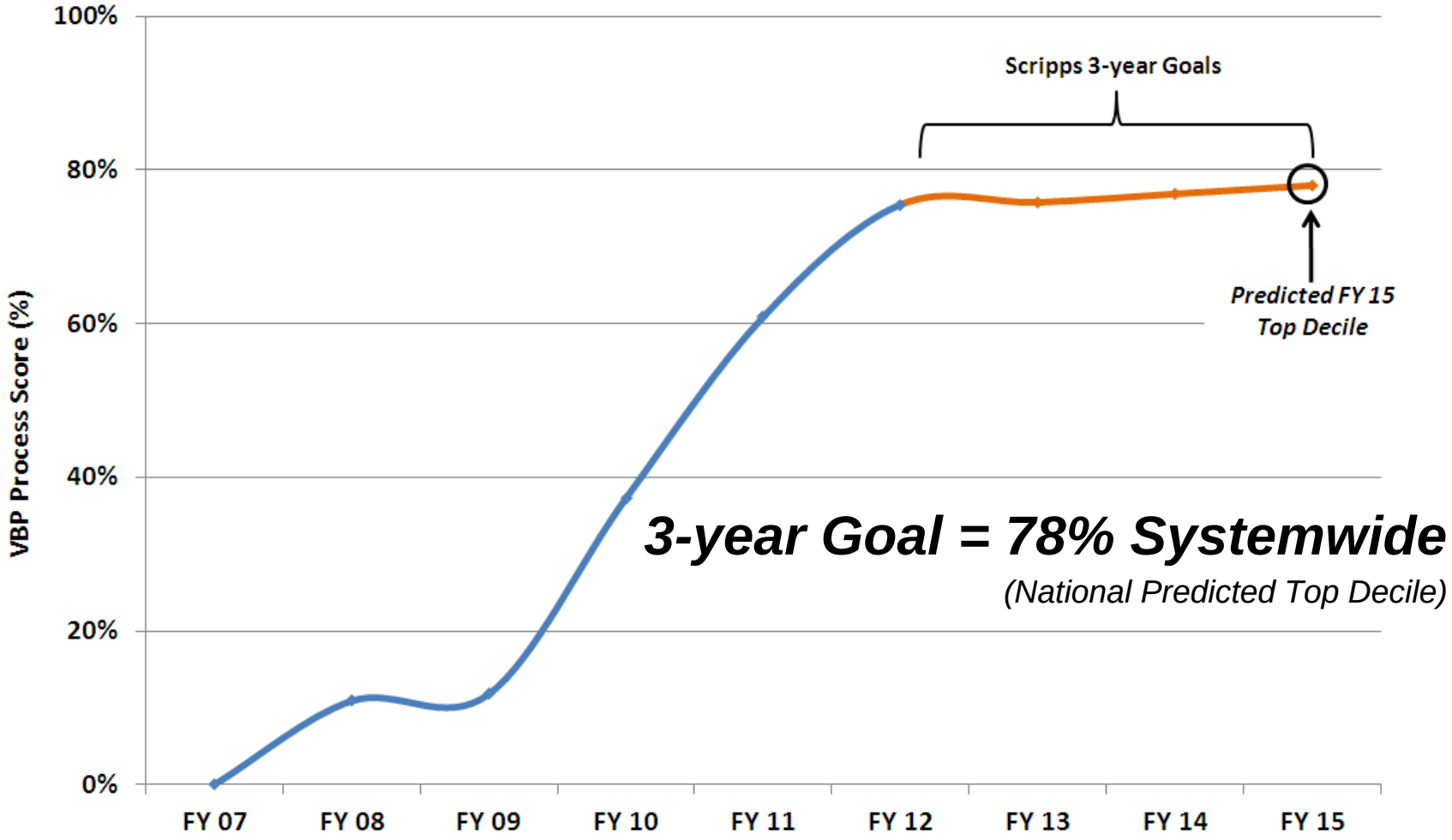
Source: Henry J. Kaiser Family Foundation

AARON STECKELBERG • U-T

Scripps

Process Measures Analysis

VBP Process Scores:
System-wide Performance



3-year Goal = 78% Systemwide

(National Predicted Top Decile)

FY13 Quality Performance Objective: Clinical Measures

FY13 Objective : Scripps Hospitals achieve 50% improvement in the Center for Medicare Services (CMS) value based purchasing (VBP) process measures between current performance of 72.5%, and predicted 2015 national top decile performance of 78%.

Value-Based Purchasing Measures: Clinical Process of Care			National Baseline		Performance Period: FY13-to-date (August 2012 - January 2013)													
					Scripps Hospitals			Encinitas			Green			La Jolla			Mercy	
			Bench-mark	Achieve-ment Threshold	Current %	Current n	Final Points	Current %	Current n	Final Points	Current %	Current n	Final Points	Current %	Current n	Final Points	Current %	Current n	Final Points
Heart Attack	1	Fibrinolytic therapy within 30 minutes	96.30%	80.66%	-	0	Insufficient Data	-	0	Insufficient Data	-	0	Insufficient Data	-	0	Insufficient Data	-	0	Insufficient Data
	2	PCI within 90 minutes	100.00%	93.44%	100.00%	76	10	100.00%	8	Insufficient Data	100.00%	7	Insufficient Data	100.00%	26	10	100.00%	35	10
Heart Failure	3	Discharge instructions	100.00%	92.66%	99.33%	447	9	99.05%	105	8	100.00%	110	10	100.00%	72	10	98.75%	160	8
Pneumonia	4	Blood cultures in ED before antibiotic	100.00%	97.30%	99.24%	264	7	98.75%	80	5	-	0	Insufficient Data	98.75%	80	5	100.00%	104	10
	5	Appropriate antibiotic selection	100.00%	94.46%	98.40%	187	7	100.00%	43	10	97.87%	47	6	95.24%	42	2	100.00%	55	10
Surgical Care Improvement Project	6	Prophylactic antibiotic received within one hour prior to surgical incision	100.00%	98.07%	99.53%	1052	7	100.00%	170	10	99.58%	236	8	100.00%	277	10	98.92%	369	4
	7	Prophylactic antibiotic selection for surgical patients	100.00%	98.13%	99.72%	1052	8	100.00%	170	10	100.00%	236	10	100.00%	277	10	99.19%	369	6
	8	Prophylactic antibiotics discontinued within 24 hours after surgery end time	99.96%	96.63%	98.91%	1012	7	100.00%	162	10	98.69%	229	6	99.25%	266	8	98.31%	355	5
	9	Cardiac surgery patients with controlled 6AM postoperative serum glucose	100.00%	96.34%	99.15%	236	7	-	0	Insufficient Data	100.00%	58	10	97.75%	89	4	100.00%	89	10
	10	Postoperative urinary catheter removal on post operative day 1 or day 2	99.89%	92.86%	97.80%	909	7	99.33%	150	9	100.00%	217	10	95.79%	214	4	96.95%	328	6
	11	Patients on beta blocker therapy prior to admit who received a beta blocker during perioperative period	100.00%	95.65%	99.27%	410	8	100.00%	55	10	98.93%	93	7	99.05%	105	8	99.36%	157	9
	12	Recommended VTE prophylaxis ordered	100.00%	94.62%	99.53%	858	9	99.41%	168	9	100.00%	187	10	99.00%	199	8	99.67%	304	9
	13	Received appropriate VTE prophylaxis within 24 hours prior - 24 hours after surgery	99.83%	94.92%	98.71%	1010	7	99.03%	206	8	100.00%	221	10	97.93%	242	6	98.24%	341	7
		FY13 Score Goal			75.30%			88.18%			91.00%			75.83%			72.22%		
		FY13-to-date Score			77.50%			89.00%			87.00%			70.83%			78.33%		

Time period for evaluation of Scripps Health Value-Based Purchasing measures is August 2012 - July 2013.

Benchmark *: average score for top 10% of the hospitals in the National Baseline Period*

Achievement Threshold *: median (50th percentile) score of the hospitals in the National Baseline Period*

Final Points *: maximum of either achievement or improvement points. See page 2 for details.*

Insufficient Data *: sample size of fewer than 5 reported cases. Measure will not be scored for site nor included in the system-wide total.*

Legend:

- = *Maximum of either achievement or improvement points*
- = *Current performance meeting FY13 Value-Based Purchasing Goal*
- = *Current performance below FY13 Value-Based Purchasing Goal*

Site Performance:
Indicator Drilldown Example

SCIP Antibiotic within 1 hour

Measure score: 9 (99.8%) → 0 (96.9% = 1 OFI*)

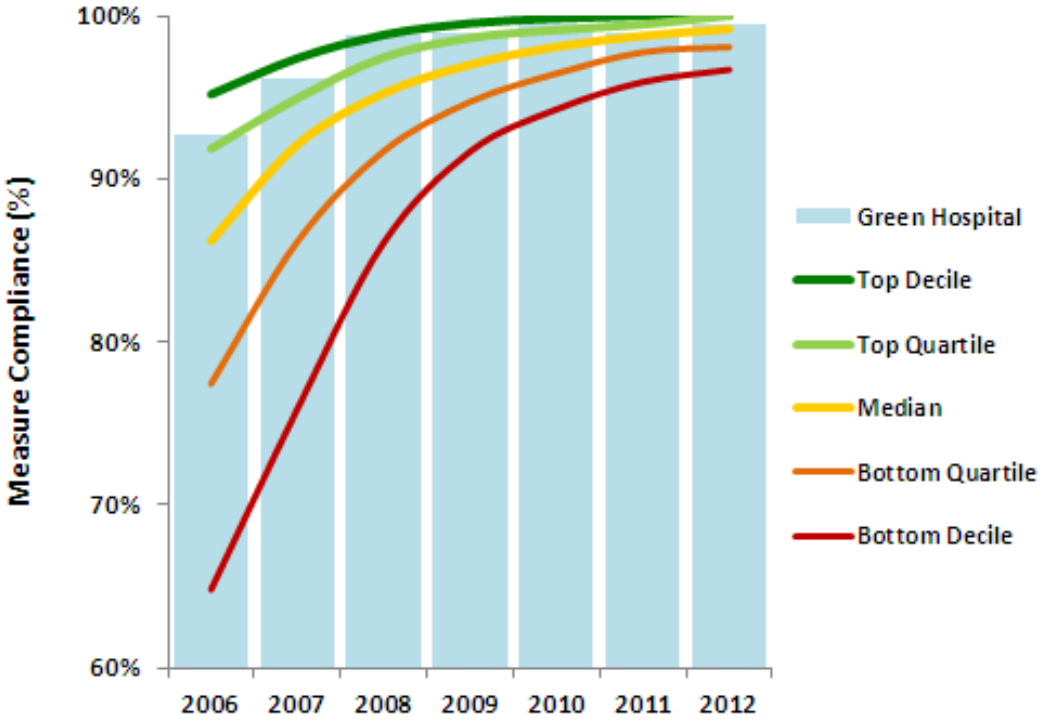
Site performance ↑

National performance ↑

→ Gap between top decile and median scores decreases and the VBP achievement range narrows

FY13: 97.4% - 100%

FY14: 98.1% - 100%



 **OFI = Opportunity for improvement*

VBP in FY14 and Beyond

VBP Program:
Domain Overview

VBP Fiscal Year		2013	2014	2015	2016
% Program Contribution		*1.00%*	*1.25%*	*1.50%*	*1.75%*
1	Process of Care	**70%**	**45%**	**20%**	Reclassification of Domains: **National Quality Strategy***
2	Patient Experience	**30%**	**30%**	**30%**	
3	Outcome	**-**	**25%**	**30%**	
4	Efficiency: *Medicare Spending per Beneficiary*	**-**	**-**	**20%**	

***Six Domains:**

1) Clinical Care

2) Person- and Caregiver-Centered Experience and Outcomes

3) Safety

4) Efficiency and Cost Reduction

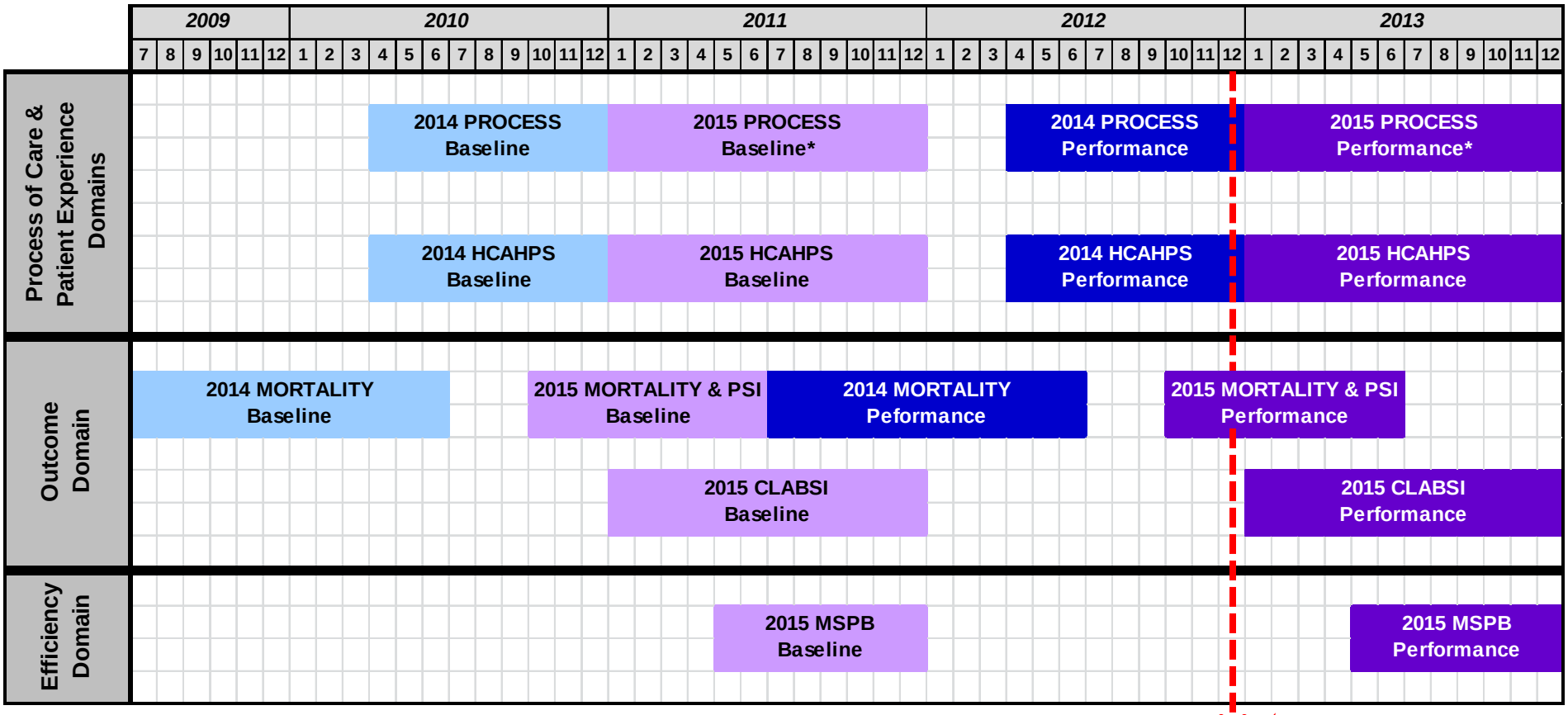
5) Care Coordination

6) Community/ Population Health

CMS Shift for Quality Measurement:

Clinical Process Measures *(not risk-adjusted)* → Outcomes and Efficiency Measures *(risk-adjusted)*

VBP Program:
Data Collection Periods



** PROCESS domain exception for **AMI-10**: baseline period is April 2011 - December 2011, performance period is April 2013 - December 2013*

Scripps

Outcome:
Current Performance

OUTCOME MEASURES (RISK-ADJUSTED Scores*)		VBP 2014		VBP 2015		Encinitas	Green	La Jolla	Mercy
		Benchmark	Achieve-ment Threshold	Benchmark	Achieve-ment Threshold	Performance	Performance	Performance	Performance
30-day Mortality Rate *(displayed as survival rate)*	*Heart Attack*	86.73%	84.77%	86.24%	84.75%	87.1% (N)	86.4% (N)	84.8% (N)	85.8% (N)
	Heart Failure	90.42%	88.61%	90.03%	88.15%	88.7% (N)	91.2% (N)	89.2% (N)	90.5% (B)
	Pneumonia	90.21%	88.18%	90.42%	88.27%	88.0% (N)	89.9% (N)	90.5% (N)	89.3% (N)
AHRQ PSI-90 Composite for selected indicators		not included		0.45	0.62	0.95 (W)	0.89 (W)	0.98 (W)	0.54 (N)
PSI-90 Measures: *Publicly Reported*	*PSI 6: Iatrogenic pneumothorax*	-		Part of PSI-90 Composite		0.54 (N)	0.42 (N)	0.29 (N)	0.23 (N)
	PSI 12: Postoperative VTE					10.78 (W)	5.88 (N)	7.70 (W)	6.19 (N)
	PSI 14: Postoperative wound dehiscence					2.60 (N)	0.41 (N)	0.85 (N)	1.65 (N)
	PSI 15: Accidental Puncture or Laceration					1.87 (N)	2.84 (W)	3.11 (W)	0.93 (B)
PSI-90 Measures: *NOT Publicly Reported*	*PSI 3: Pressure Ulcer*					0.02	0.01	0.19	0.11
	PSI 7: Central Venous Catheter-Related Bloodstream Infections					0.07	0.28	0.27	0.06
	PSI 8: Postoperative Hip Fracture					0.06	0.06	0.06	0.06
	PSI 13: Postoperative Sepsis					9.36	17.95	12.28	8.97
Central line-associated blood stream infection *(displayed as a Standardized Infection Ratio)*		not included		not available		0.00 (B)	1.35 (W)	0.89 (B)	0.74 (B)

** Data source for outcome measures: CMS Hospital Compare Preview Report, released 9/19/2012.*

B = *Better than U.S. National Rate*
N = *No different than U.S. National Rate*
W = *Worse than U.S. National Rate*

SCRIPPS MERCY HOSPITAL NAMED ONE OF "AMERICA'S 100 BEST HOSPITALS" BY HEALTHGRADES!

America's Best Hospitals 2013: Navigating Variability in Hospital Quality

Healthgrades America's Best Hospitals is based solely on clinical quality outcomes and it rewards excellence over a multi-year time period. This premier distinction provides a measure of confidence for consumers.

America's 50 Best Hospitals are the **top 1%** of hospitals in the nation for providing overall clinical excellence across a broad spectrum of conditions and procedures consistently for a minimum of seven consecutive years.

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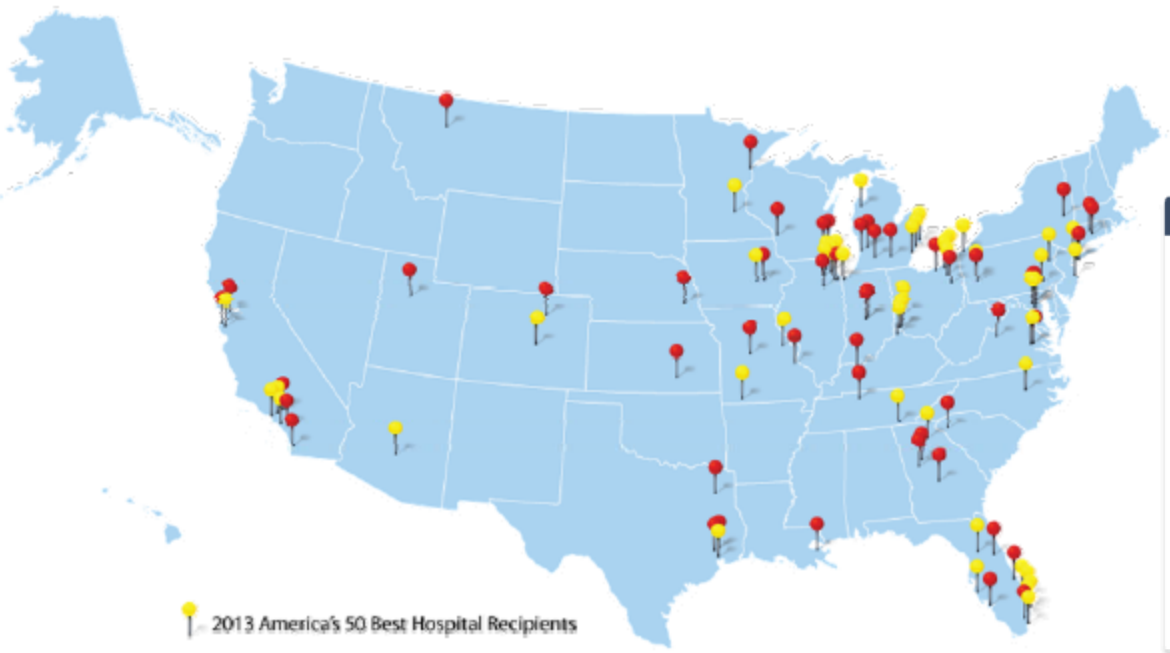

How We Measure Quality

Healthgrades measures quality based on outcomes; that is, the clinical care patients received. We measure:

Mortality rates: Did patients die during or after their care?

Complication rates: Did patients experience unexpected issues during their hospital stay?

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List of America's 100 Best Hospitals 2013

Table 3: America's 100 Best Hospitals Award Recipients
America's 50 Best Hospitals are identified by yellow highlight.

Core Based Statistical Area	America's 100 Best Hospitals Award Recipients 2013	City	State
Phoenix-Mesa-Glendale, AZ	Mayo Clinic Hospital	Phoenix	AZ
Los Angeles-Long Beach-Santa Ana, CA	Hoag Memorial Hospital Presbyterian	Newport Beach	CA
	Huntington Memorial Hospital	Pasadena	CA
	Saddleback Memorial Medical Center - Laguna Hills	Laguna Hills	CA
	Including: Saddleback Memorial Medical Center San Clemente	San Clemente	CA
	Saint John's Health Center	Santa Monica	CA
	Saint Vincent Medical Center	Los Angeles	CA
San Diego-Carlsbad-San Marcos, CA	Scripps Mercy Hospital	San Diego	CA
	Including: Scripps Mercy Hospital Chula Vista	Chula Vista	CA
San Francisco-Oakland-Fremont, CA	John Muir Medical Center - Walnut Creek	Walnut Creek	CA
	Peninsula Medical Center	Burlingame	CA
	Including: Mills Health Center	San Mateo	CA
	Sequoia Hospital	Redwood City	CA

VBP Program Summary

- The CMS VBP Program is how Medicare is paying us from here on out
- The top performers make money, the poor performers have money taken away
- Scripps sites are performing well but did not receive full opportunity payment
- Even 1 OFI impacts our final score
- The bar keeps increasing as the nation improves and as the measures evolve