



IMPROVEMENT SCIENCE
RESEARCH NETWORK

...improving patient outcomes

Improving Our Work IS Our Work: The Climate for Improvement

Department of Veterans Affairs

September 28th, 2011

Introduction

- Setting the climate for improvement
 - Critical to have systems and structures in place to make improvement
 - Includes the development of tools and processes at the macro and microsystem level



Presenters



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Chief Nursing Services Officer
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Member, Steering Council of the
Improvement Science Research Network



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Department of Veterans Affairs



**VA
HEALTH
CARE**
Defining
EXCELLENCE
in the 21st Century



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Part I: Creating a System for Improvement

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Acting ADUSH for Quality, Safety, and Value, Department of Veterans Affairs

Drivers of the Quality Shortfalls

- Perverse economic and practice incentives
- Scientific uncertainty
- System fragmentation
- Opacity as to cost, quality, and outcomes
- Changes in population health status
- Lack of patient engagement in decisions
- Under-investment in population health



High Risk Imperative for Healthcare

- Operates in an unforgiving social and political environment
- Uses complex processes to manage complex technologies with potential for surprises and unintended consequences
- Has limited opportunities for learning through experimentation
- Has widespread accountability with sanctions for substandard performance



VHA Emerging Paradigm



Defining Value

- **Value** =
$$\frac{\text{Quality}}{\text{Cost}}$$
- **Quality** - Benefits realized by our stakeholders (e.g., patient, employee, provider, payer, manufacturer, etc.) in terms of outcomes and experience
- **Cost** - Cycle of care/disease over time + Cost of Value Added and Non-Value-Added Activities

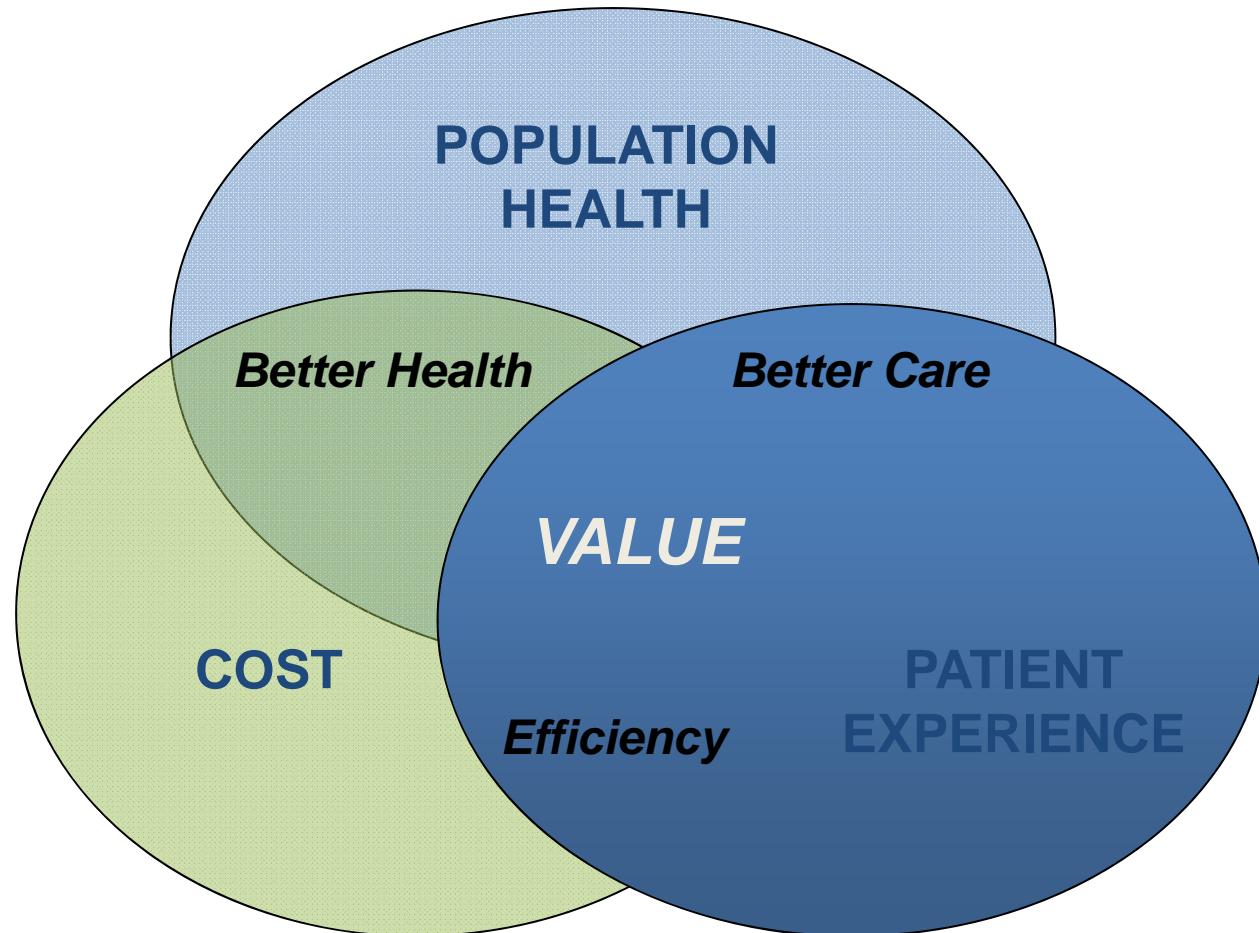
"Value should always be defined around the customer...the creation of value for patients should determine the rewards for all other actors in the system. Since value depends on results, not inputs, value in health care is measured by the outcomes achieved, not the volume of services delivered..."

M.E. Porter, New England Journal of Medicine, Dec. 2010, p.2477



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Defining Value and Healthcare Improvement Science



Building the Organizational Capabilities to Deliver Value

- Strategic Clarity and Alignment
- Mindful Engagement Risk Awareness
- Performance Improvement
- Measurement of and Incentives for seamless, efficient, high quality error free care
- Strategic and Reliability Business Intelligence
- Health Information Technology Maximization

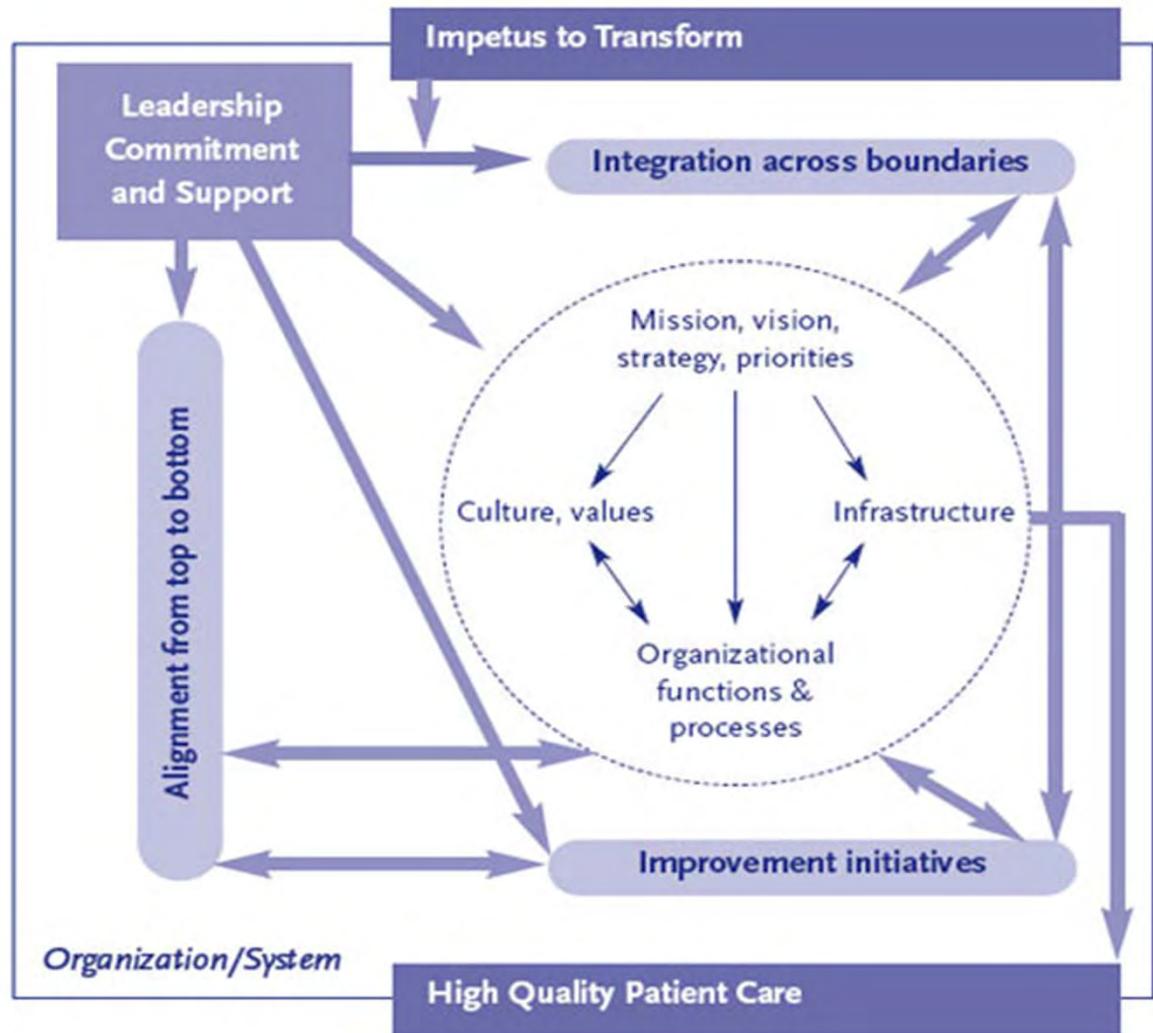


"The current organizational structure and information systems of health care delivery make it challenging to measure (and deliver) value."

M.E. Porter, New England Journal of Medicine, Dec. 2010, p.2477

Drivers of Sustained Change

- Sustained impetus for change over time
- Leadership commitment to quality and change
- Improvement initiatives that actively engaged staff in meaningful problem solving
- Alignment from top to bottom to achieve consistency of organization-wide goals with resource allocation and actions
- Integration to bridge traditional intra-organizational boundaries between individual components



Enterprise Risk Management

- A business decision making process used to identify and manage risks across the continuum of an organization's structure and function
- A discipline that engages professionals
- A practice that embraces organizational risk identification, analysis, mitigation, monitoring and evaluation



Enterprise Management of Quality, Safety, and Value

Integrity

Mindfulness

Reliability

Fulfillment

Accountable

Create an Integrated, Industry Standard Approach to Compliance With Applicable Laws, Regulations, And Standards

Verification

Risk Aware

Create an Enterprise-wide Approach That Mitigates and Proactively Prevents Organizational Risk of All Types

Insight

High Performing

Create the Organization-wide Capacity to Continuously Improve Toward the Goal of High Reliability and Predictability

Improvement

Value Driven

Create an Integrated strategy to provide a broad-based glimpse of the organization's Value Producing Performance

Validation

*The High Performing Healthcare Organization:
Quality for an 'n' of 1 - Insight to an 'n' of 1K*



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An Integrative Framework For High Reliability and Excellence

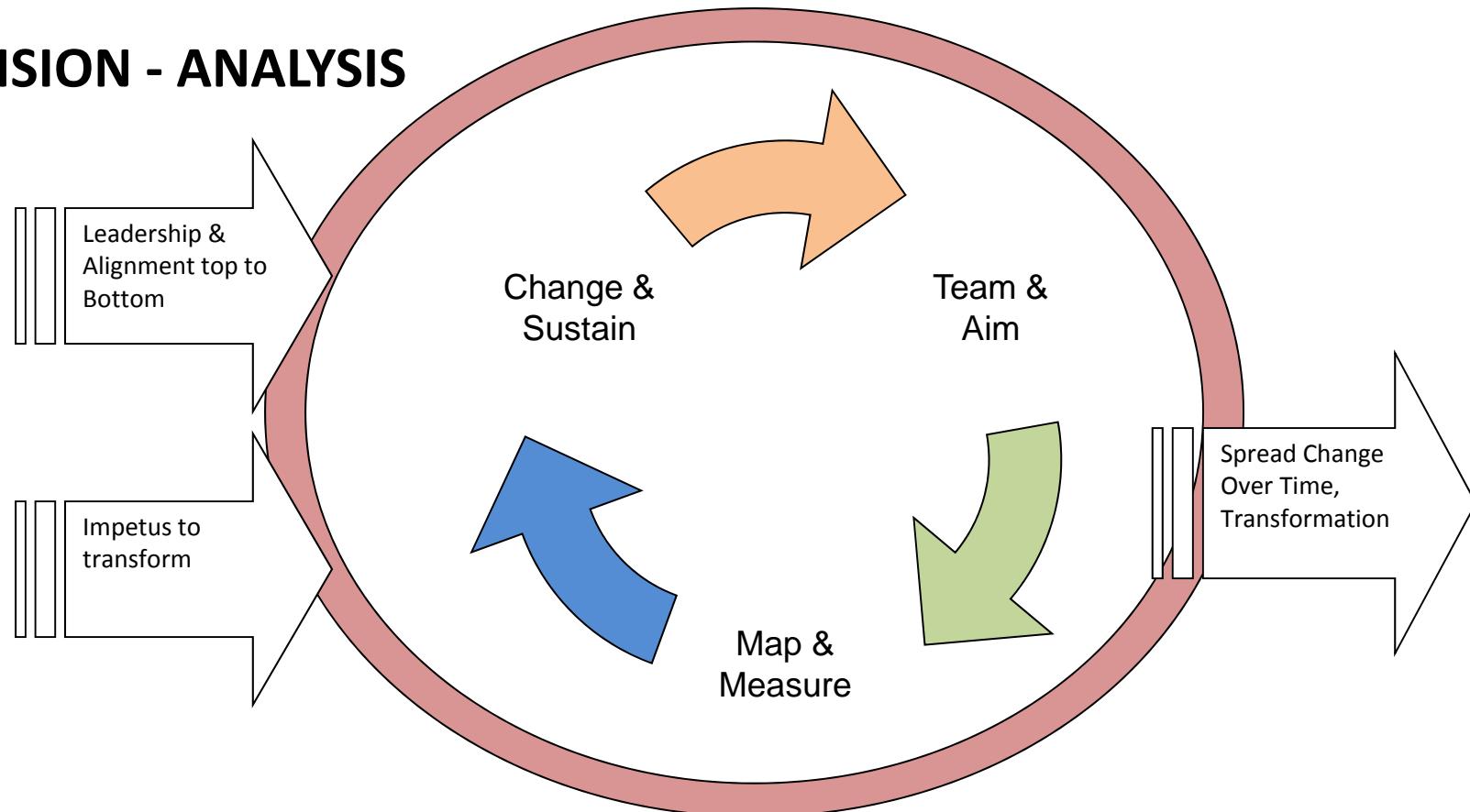


“The disciplines of ISO 9001 lay the groundwork for other improvement models such as Six Sigma, the Malcolm Baldrige National Quality Award criteria,...”

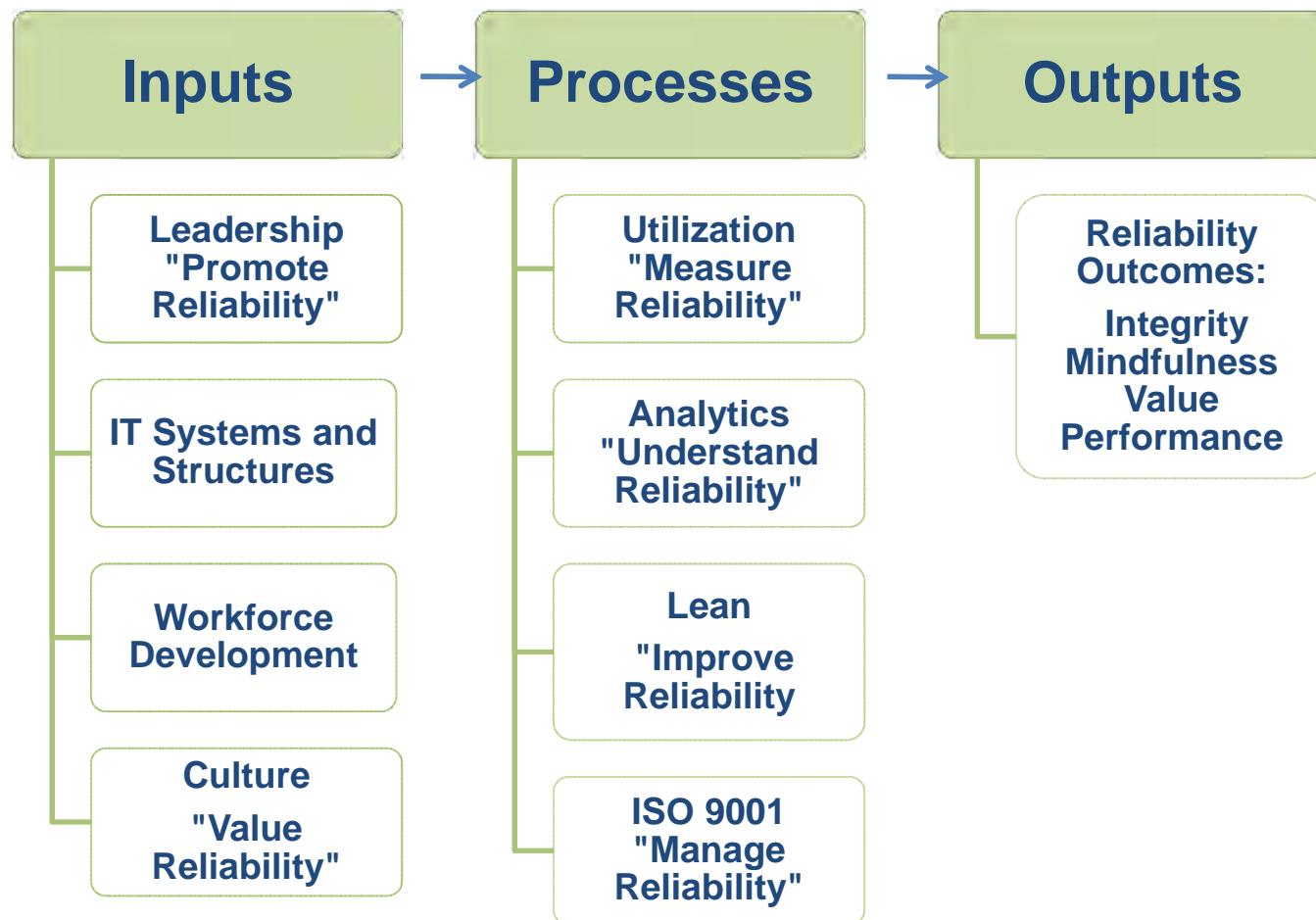
--Craig Cochran

Driving Breakthrough Performance

VISION - ANALYSIS

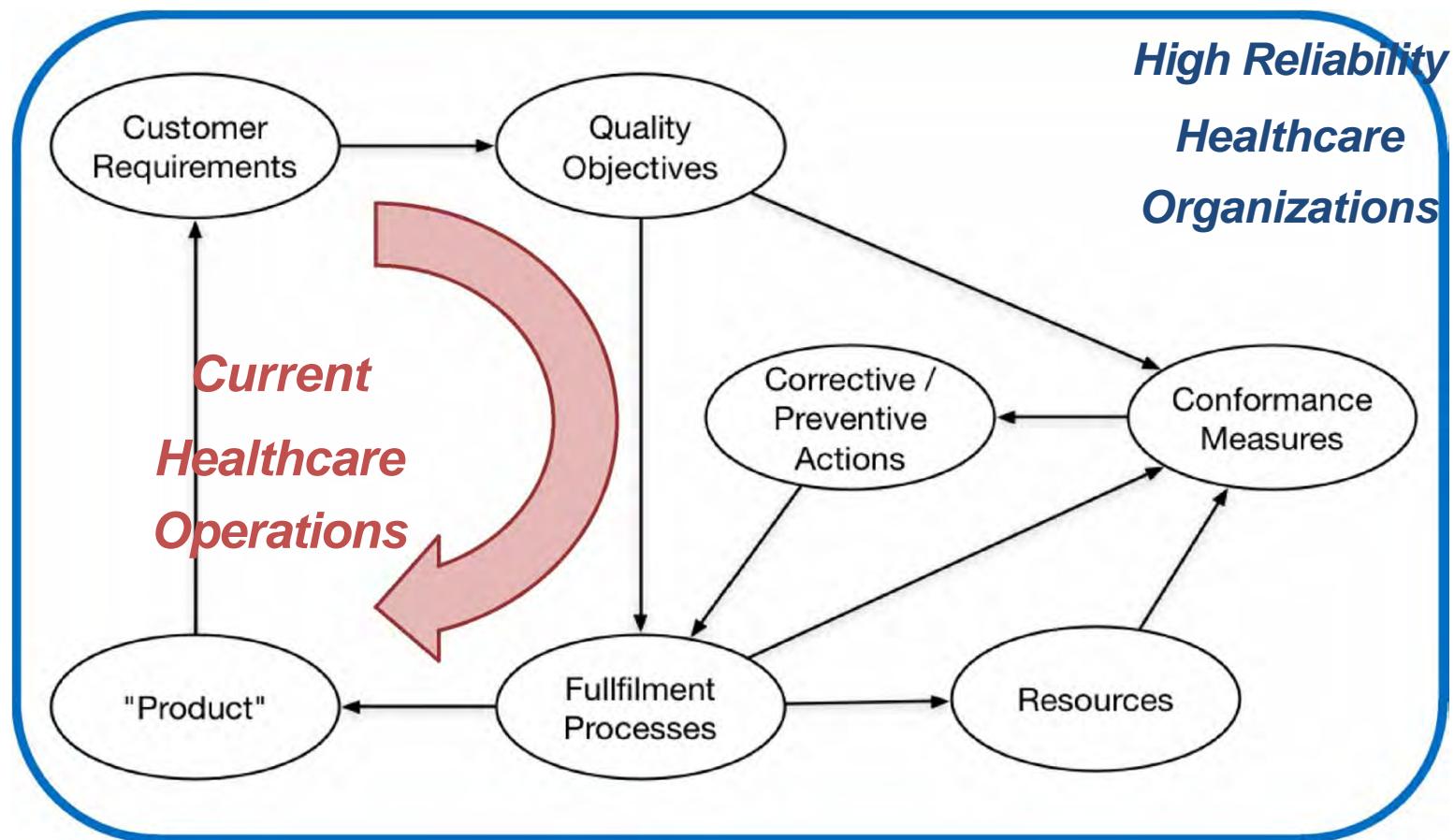


High Reliability Framework

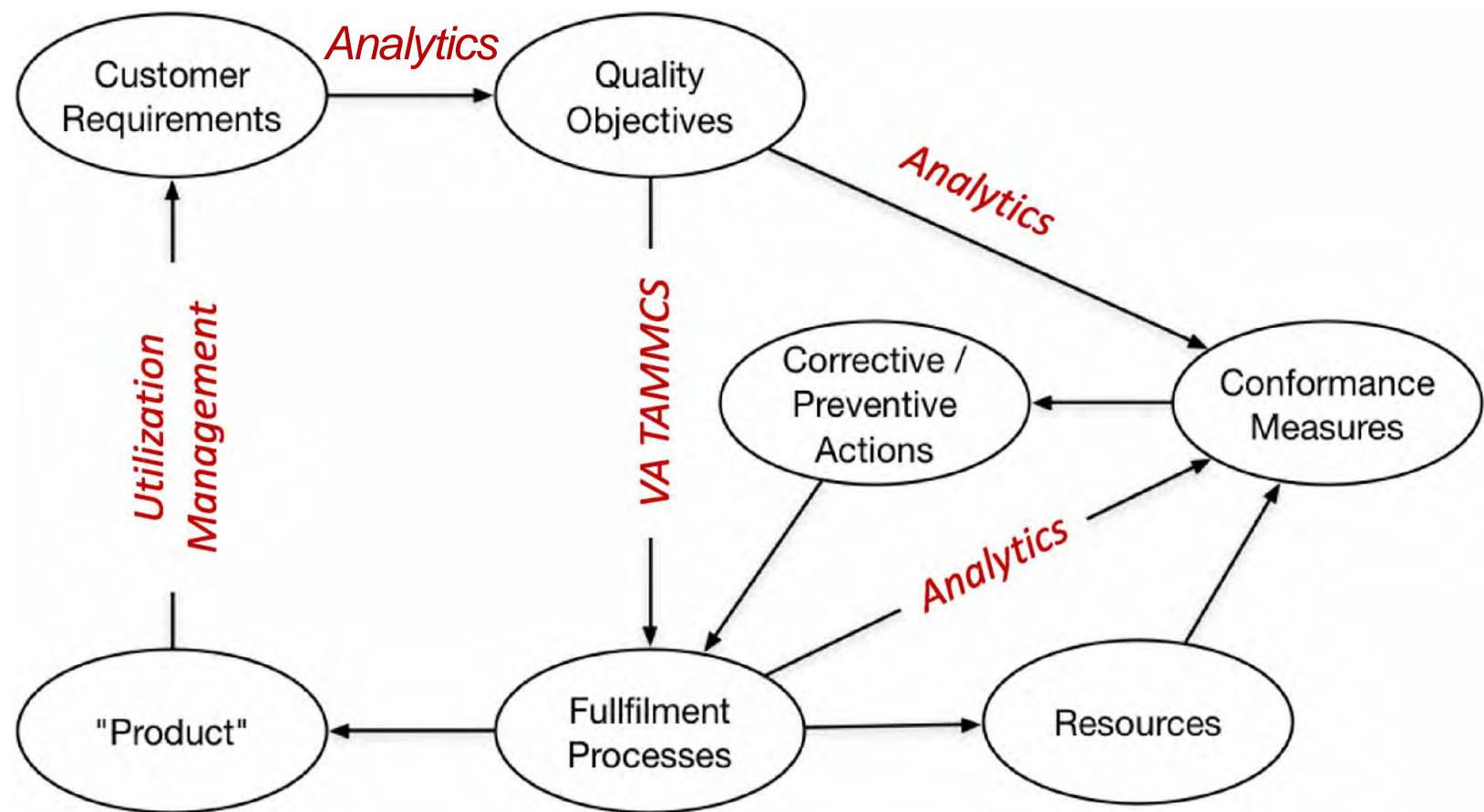


Reference: Repenning, N. and J. Sterman (2001)., California Management Review, 43, 4: 64-88

ISO 9001: Another Way to Look at Our Work



High Reliability and ISO 9001 Process





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Part 2: Applying the Improvement Structure

Cathy Rick, RN NEA-BC, FAAN, FACHE

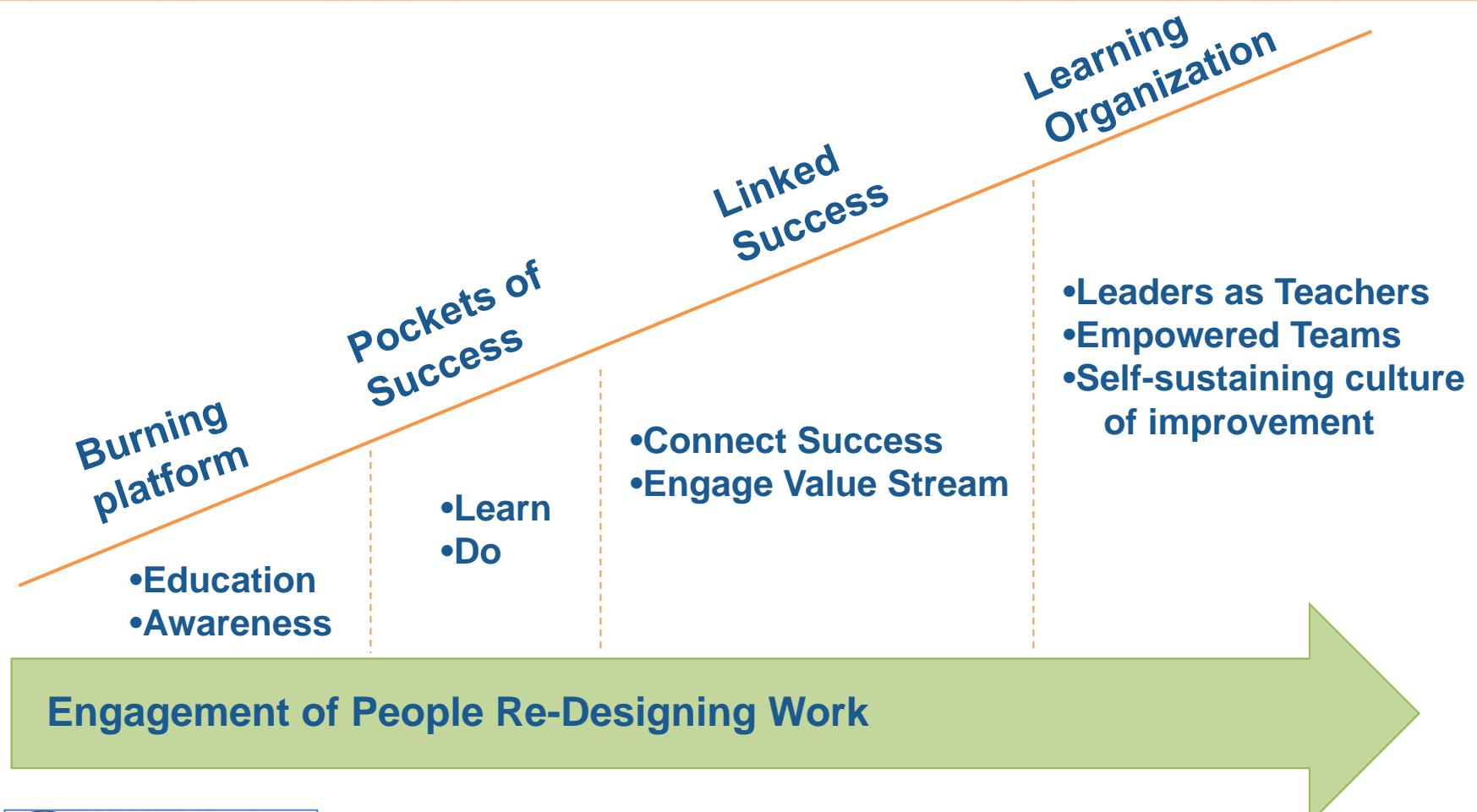
*Chief Nursing Officer, Department of Veterans Affairs
Improvement Science Research Network Steering Council Member*

Overview

- Improvement must occur at every level of the organization
- Examples of microsystem and macrosystem structures, processes, and tools
 - Patient Aligned Care Team (PACT)
 - VA Centers of Excellence in Primary Care Education
 - Veterans Affairs Nursing Academy (VANA)
 - The Clinical Nurse Leader (CNL)

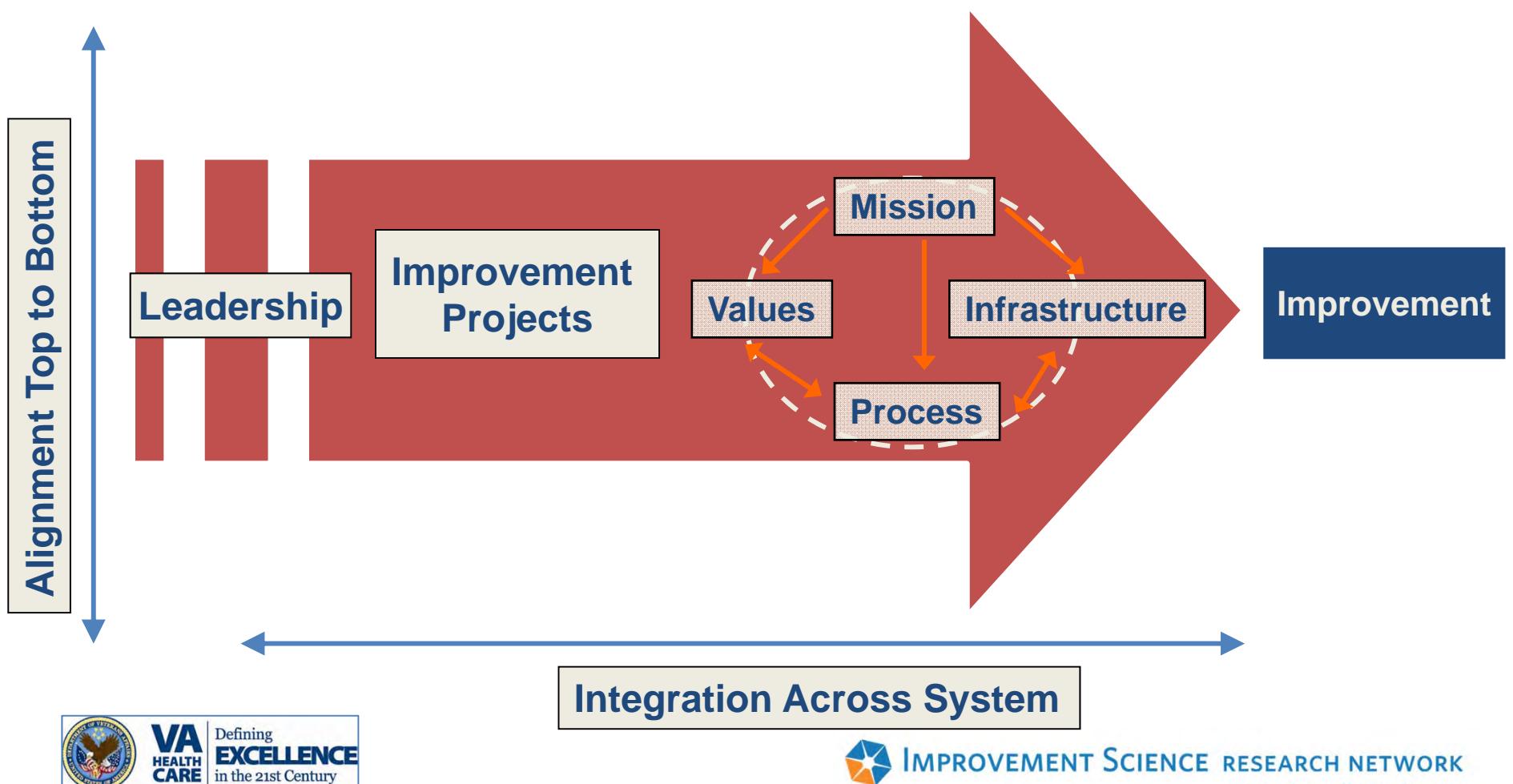


The Improvement Journey



Slide Adapted from Boeing. Used with permission

Setting a Culture of Improvement



Patient Aligned Care Team (PACT)

- Aim is to redesign VHA healthcare delivery (Medical Home model)
 - Partnerships with Veterans
 - Access to care using varied methods
 - Coordinated care among team members
 - Team-based care with Veterans as the center of their PACT



PACT Compass

- Provides direction for PACT
- Focuses existing VHA data on PACT
 - Measures selected for PACT
 - Uses existing VHA data and reports
- Designed for assessment and guidance



PACT Compass

Panel Management
<ul style="list-style-type: none">• Panel size• Panel capacity• Teamlet staff• Staff turnover rate• PCMM Team setup

Patient Engagement and Satisfaction
<ul style="list-style-type: none">• SHEP scores (selected)• Patient complaints (Patient Advocate)• My Health<u>e</u>Vet enrollment<ul style="list-style-type: none">• % IPA• Employee satisfaction scores

Continuity
<ul style="list-style-type: none">• Provider: % visits with assigned PCP• Team: % visits with team• ED visit rate

Access
<ul style="list-style-type: none">• Desired Date appointments• 3rd next available• No-show rate• Telephone access data• Group clinic encounters• Telephone clinic encounters

Coordination
<ul style="list-style-type: none">• Admission rate• Specialty referral rates• Pt contacted within 2 days of discharge• Consult tracking

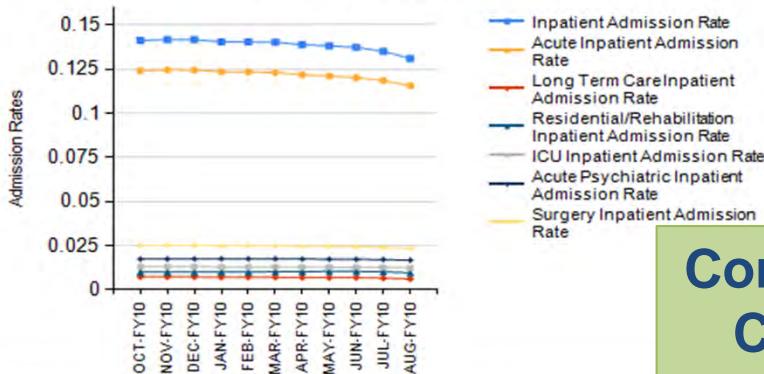
Clinical Improvement
<ul style="list-style-type: none">• Clinical Indicators (selected)• Admission rates• ED visit rates• Panel case mix

Outcome Measures

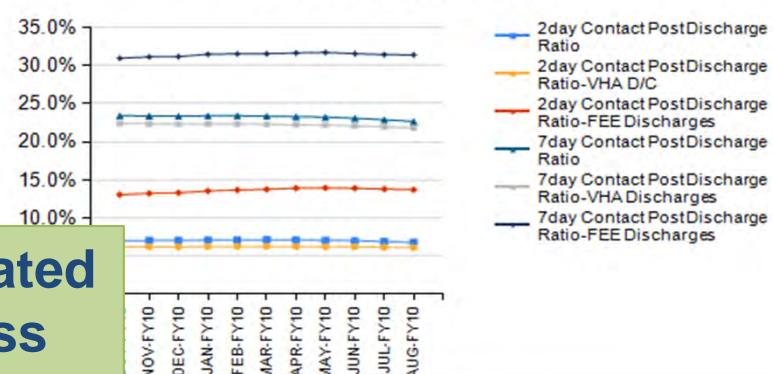
Metric	OCT FY10	NOV FY10	DEC FY10	JAN FY10	FEB FY10	MAR FY10	APR FY10	MAY FY10	JUN FY10
PC Staffing Ratio**	2.28	2.27	2.26	2.26	2.26	2.27	2.26	2.28	2.30

To view detail for a measure, click on the graphed measure

Inpatient Admission Rates

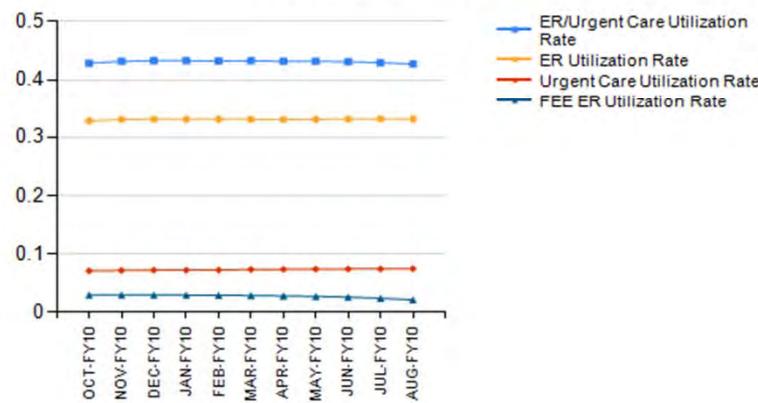


Post Discharge Contact Rates

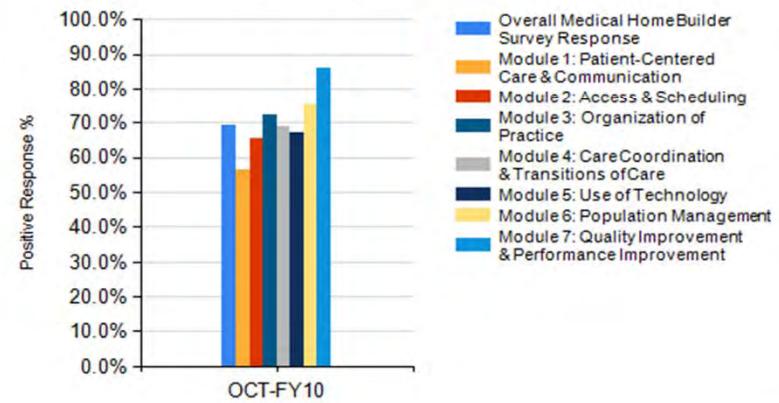


Consolidated Compass Charts

ER/Urgent Care Utilization



Medical Home Builder Survey



VA Centers of Excellence

- Practice/Academic partnerships for Primary Care Interprofessional Education:
 - Innovative approaches to team-based collaborative care
 - Shared decision making
 - Triple Aim = Improving our work IS our work



VA Centers of Excellence

- Change and improvement at the macrosystem level by:
 - Developing and testing innovative approaches for curricula related to patient-centered care
 - Studying the impact of new educational approaches and models on health professions education

"The goal is to better prepare young health care professionals to become future leaders in patient centered, team based care to ensure that our nation's Veterans receive top quality health care in the years ahead"

-VA Secretary Eric Shinseki



VA Nursing Academy (VANA)

- VA Nursing Academy: 5-year, \$48-million pilot program of 15 VA-nursing school partnerships. Goals include:
 - Hiring more nursing faculty
 - Increasing student enrollment
 - Enhancing faculty and clinical staff development
 - Promoting educational & clinical innovations

VANA Impact on Macrosystem

- Enhanced care of veterans
 - Evidence-based practice
 - Special projects and research
- Enhanced affiliations with nursing schools
- Increased recruitment and retention
 - More students and more nursing units involved in education
 - Enhanced nursing opportunities for VA nurses to be faculty and preceptors



VANA: Innovations in Practice

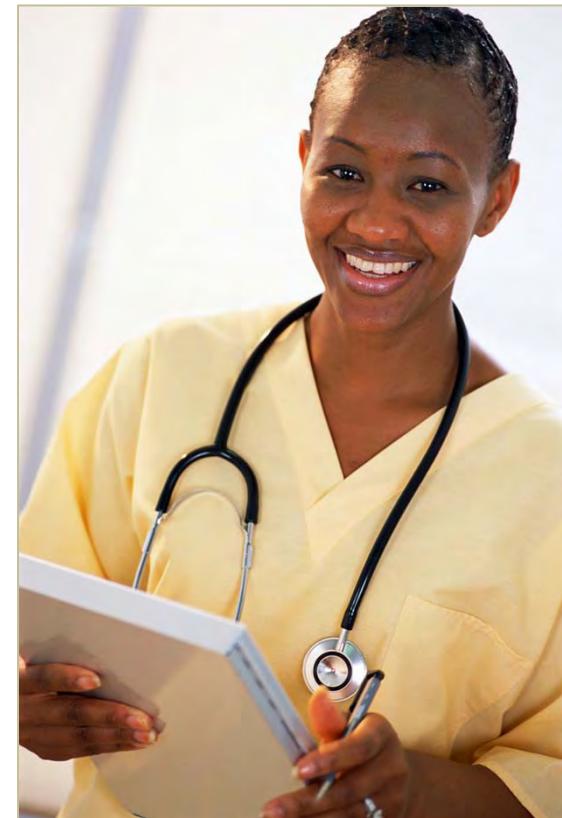
- Capture quantitative and qualitative information
- Provide structure to the reporting format
- Identify the related priority initiatives
- Consider the impact of projects on the organization-revenue generation, cost savings, clinical quality
- Contribute measureable outcomes to the business case supporting VANA Sustainability
- Include related evidence, references, supporting documentation

Outcomes from VANA projects

Project/AIM	Measure	Baseline	Outcome	Cost Avoided	Clinical Outcome
Preventing Pressure Ulcers	Annual change in PU rate	2.50%	1.90%	\$10,000	X
Early Progressive Mobility ICU	Average Days Reduced LOS in ICU	3.1	2.2	\$200,000	
Early Progressive Mobility ICU	Average Days Reduced LOS total	5.8	5	\$0	
Early Progressive Mobility ICU	% complication related to LA lines	0	0	\$0	No LA line complications
Inpatient access to nutritional supplements	Time (hours) acquiring nutritional supplements	9.7	3.9	\$12,000	X
Bedside Fall Project	# falls	6.20%	2.00%	\$50,000	No major injury

The Clinical Nurse Leader

- CNL is an advanced generalist with master's-level preparation in nursing
- Defining aspects of CNL practice:
 - Leadership in team-based care
 - Implementation of evidence-based practice
 - Risk anticipation (Mindfulness)
 - Identification and collection of care outcomes



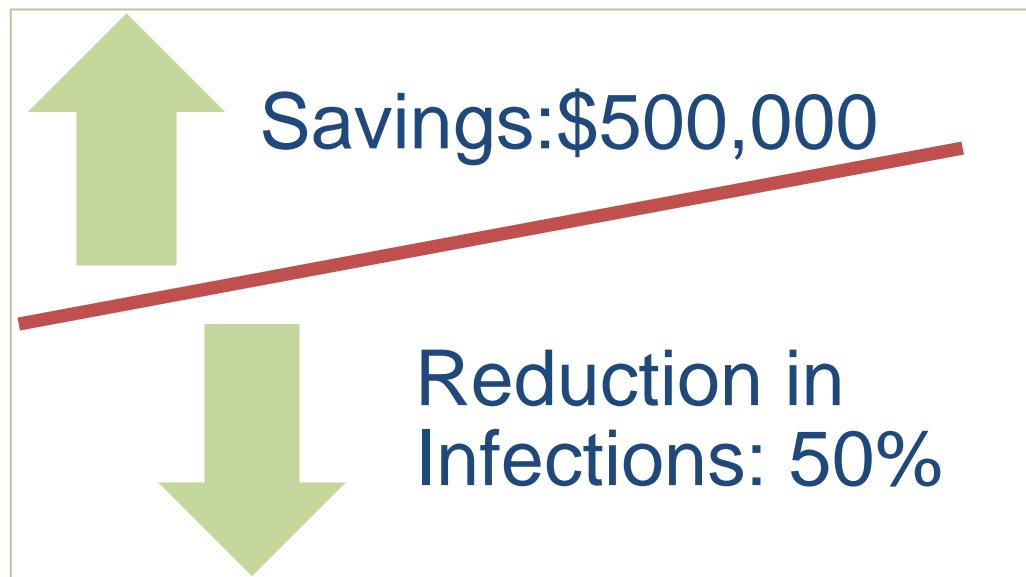
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CNL: Microsystem Impact

- Increases patient & staff satisfaction
- Decreases fall rates, pressure ulcers, and nosocomial infections
- Improves financial gains
- Bridges communication gaps
- Improves hand-off of care
- Promotes teamwork and critical thinking
- Decreases nurse turnover

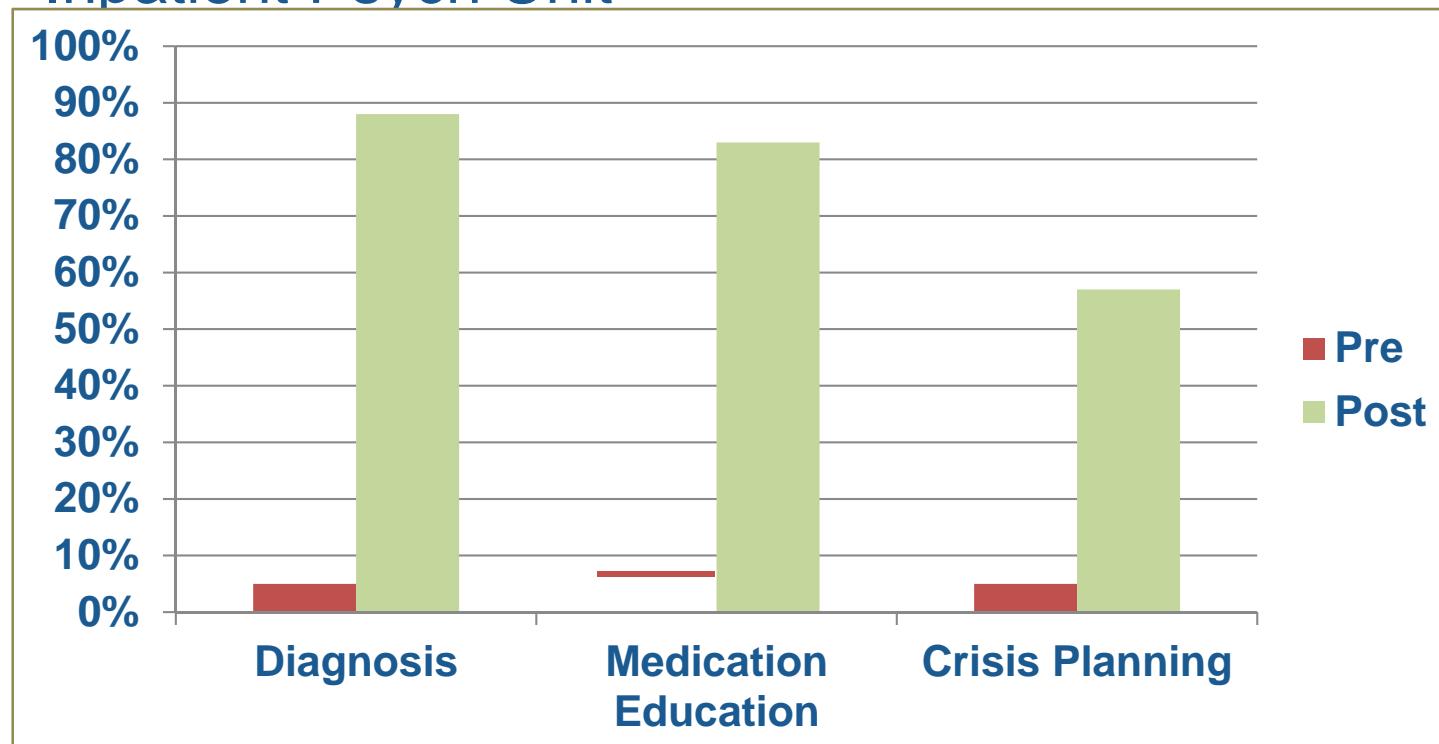
CNL: Worker Level Improvement

- Applies evidence that challenge existing protocols, procedures, and policies
 - Example: A CNL's use of Evidence-Based practice in the Reduction of the PICC line infections

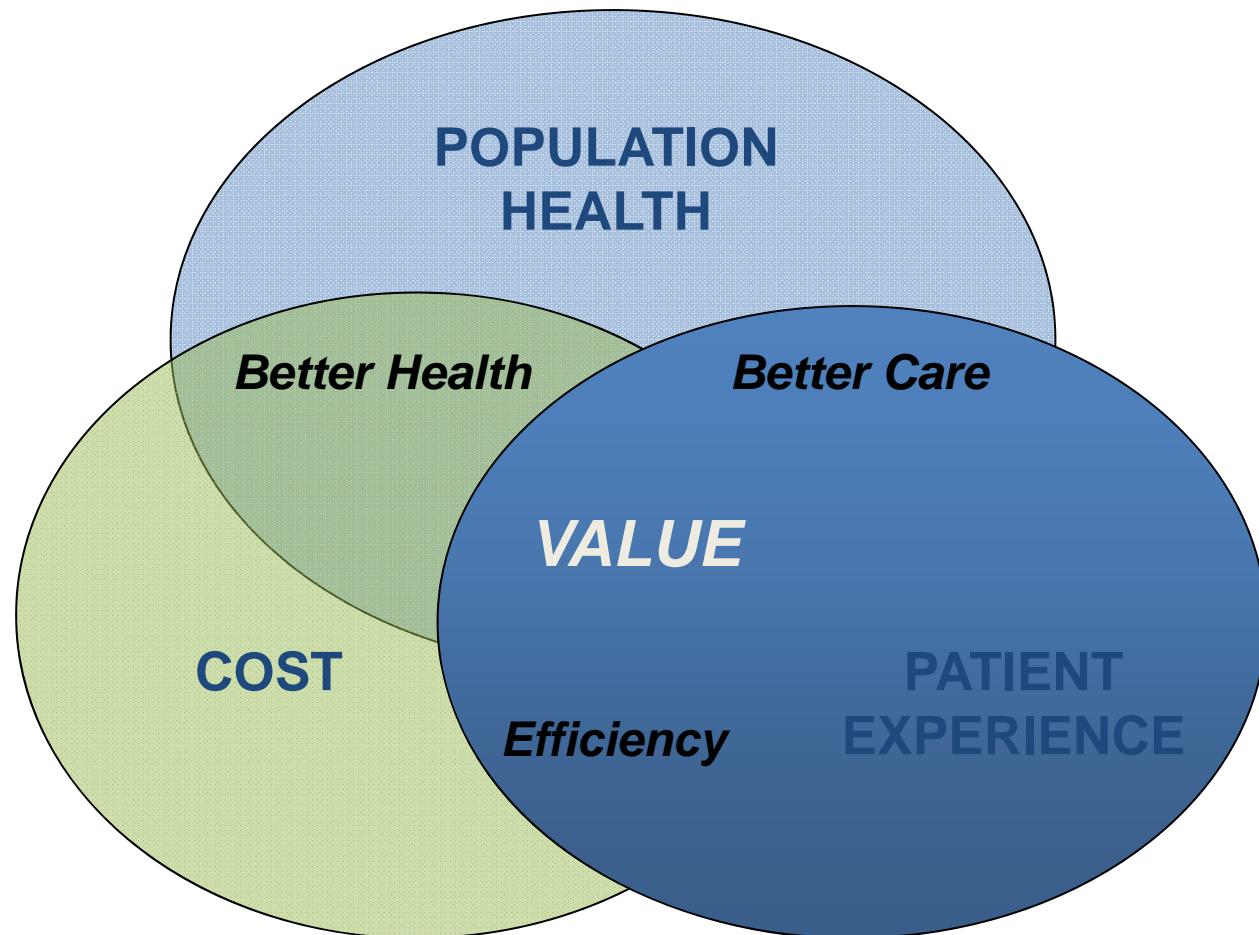


CNL: Worker Level Improvement

- Works to reduce risk and create a culture of patient safety
 - Example: Improving Patient Education on an Inpatient Psych Unit



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Closing Remarks

- ISRN Mission
 - To enhance the scientific foundation for quality improvement, safety, and efficiency through transdisciplinary research addressing healthcare delivery, patient-centeredness, and integration of evidence into practice.
- Please join us for our summer conferences July 17 -21 in San Antonio, Texas
- For information on the ISRN or to become a member please visit our website: www.ImprovementScienceResearch.net