

# Strategic Planning Quality

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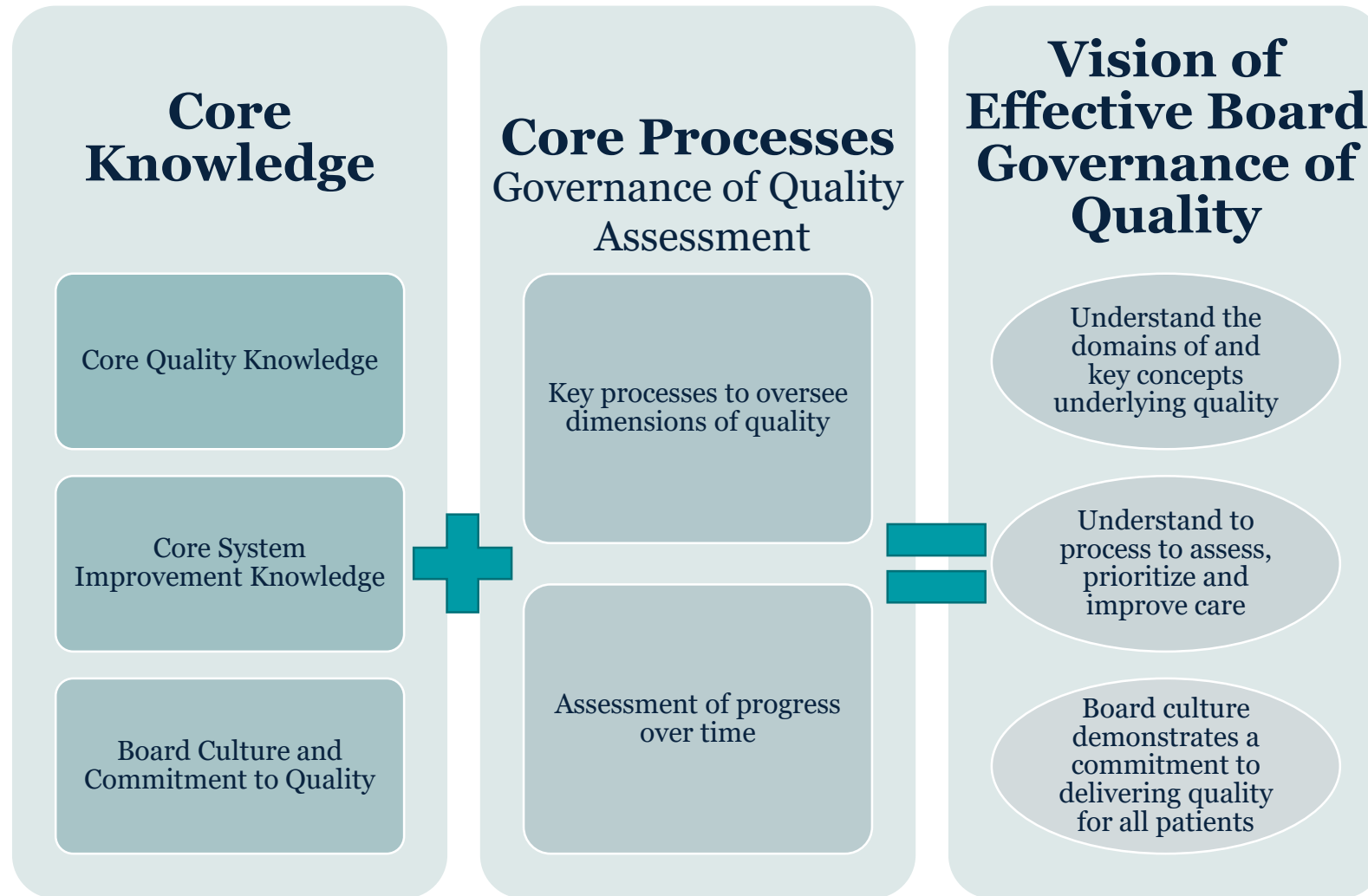
Chief Quality Officer

February 22, 2019



COOK COUNTY  
**HEALTH**

# Framework for Governance of Health System Quality





# ZERO PREVENTABLE HARM, INJURY AND DEATH





# A Framework for Safety and Reliability



- Has patient care been safe in the past?
- Are our clinical systems and process reliable?
- Is care safe today?
- Will care be safe in the future?
- Are we responding and improving?

Vincent C. *Patient safety*. 2nd ed. Chichester: John Wiley and Sons; 2010.

# Impact 2020

## Progress & Updates

Focus Area	Name	Status
Deliver High Quality Care	Implement standard methodologies for process improvement	In Progress
Deliver High Quality Care	Leverage Quality Committees in performance improvement	Ongoing
Deliver High Quality Care	Implement best practices to enhance patient experience	In Progress
Deliver High Quality Care	Event reporting improvements	In Progress
Deliver High Quality Care	Patient safety huddles	Substantially Complete

# Impact 2020

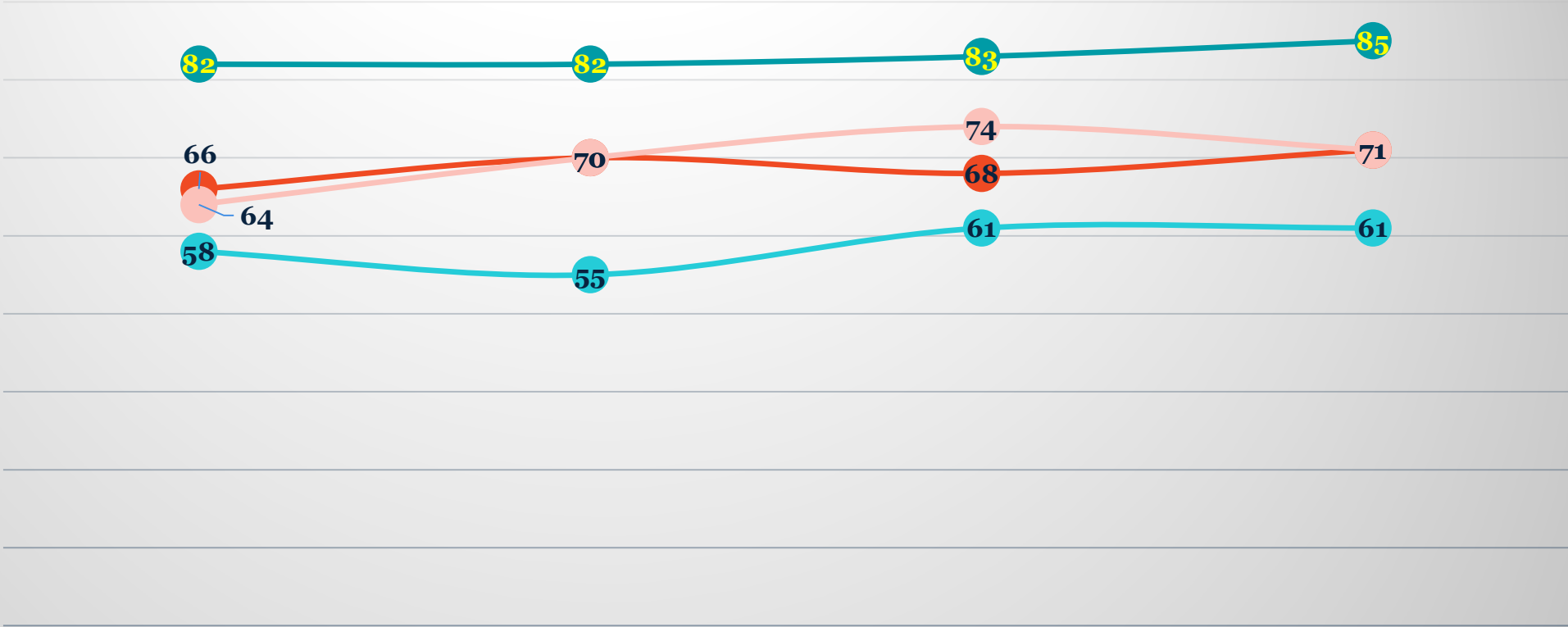
## Progress & Updates

Focus Area	Name	Status
Deliver High Quality Care	Staff and Leadership Training in High Reliability	Complete
Deliver High Quality Care	Improve cultural competency through communication	In Progress
Deliver High Quality Care	Measure Patient Perception of Cultural Competence	In Progress
Grow to Serve and Compete	Pursue additional accreditations	In Progress
Deliver High Quality Care	Conduct event review for litigation	Ongoing

# Patient Experience 2018

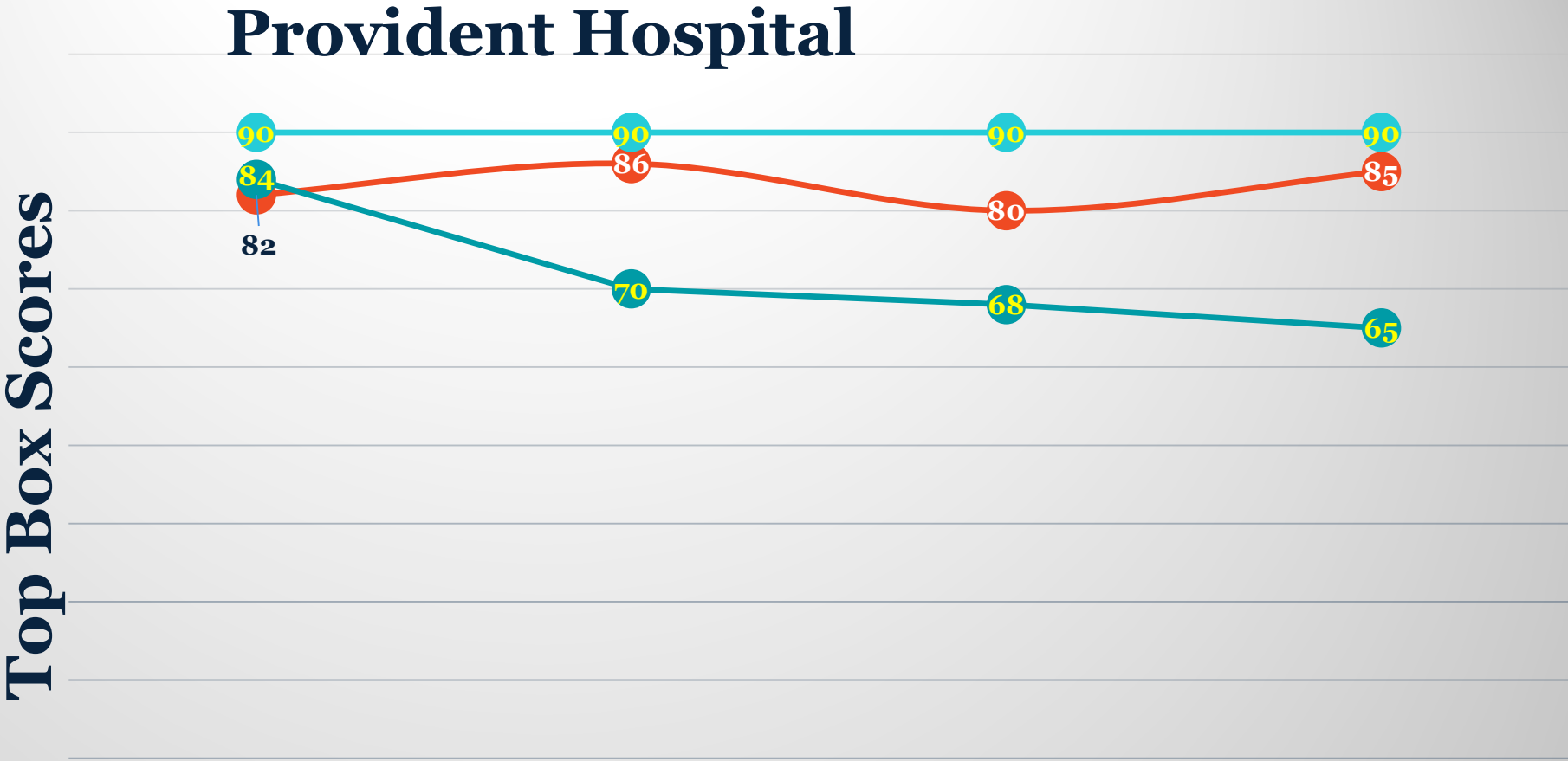
## Stroger Hospital

Top Box Score



	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Physician Communication	82	82	83	85
Nurse Communication	66	70	68	71
Cleanliness	58	55	61	61
Willing to recommend	64	70	74	71

# Patient Experience 2018



	Doctors Global	Nurse Global	Cleanliness Patient Room	Willing to Recommend
Jul-Dec	82	86	80	85
Target Score (at 90th Percentile)	90	90	90	90
Jan-Jun	84	70	68	65



# Patient Experience 2018

Top Box Score

ACHN

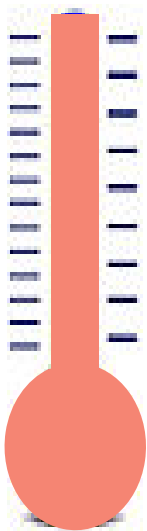


Jan-Jun	Core Measures	Moving through the visit	Ease of phone access	Cleanliness
Jul-Dec	68	63	63	85
Target Mean Score (at 90th percentile)	70	64	64	84.5
	90	90	90	90

# High Reliability Safety Bundle for Everyone

All staff training May 29, 2018 thru November 30, 2018  
at Stroger, Provident, Oak Forest and Cermak

## 2018 Training Stats:



**99.6% of CCH staff, total of 6460 completed training.**

- 4223 at Stroger
- 608 at Cermak
- 541 at Oak Forest
- 450 at Provident
- 290 at ACHN Health Centers
- 348 Leadership Bundle & Error Prevention Tools

**4 Hours Training**

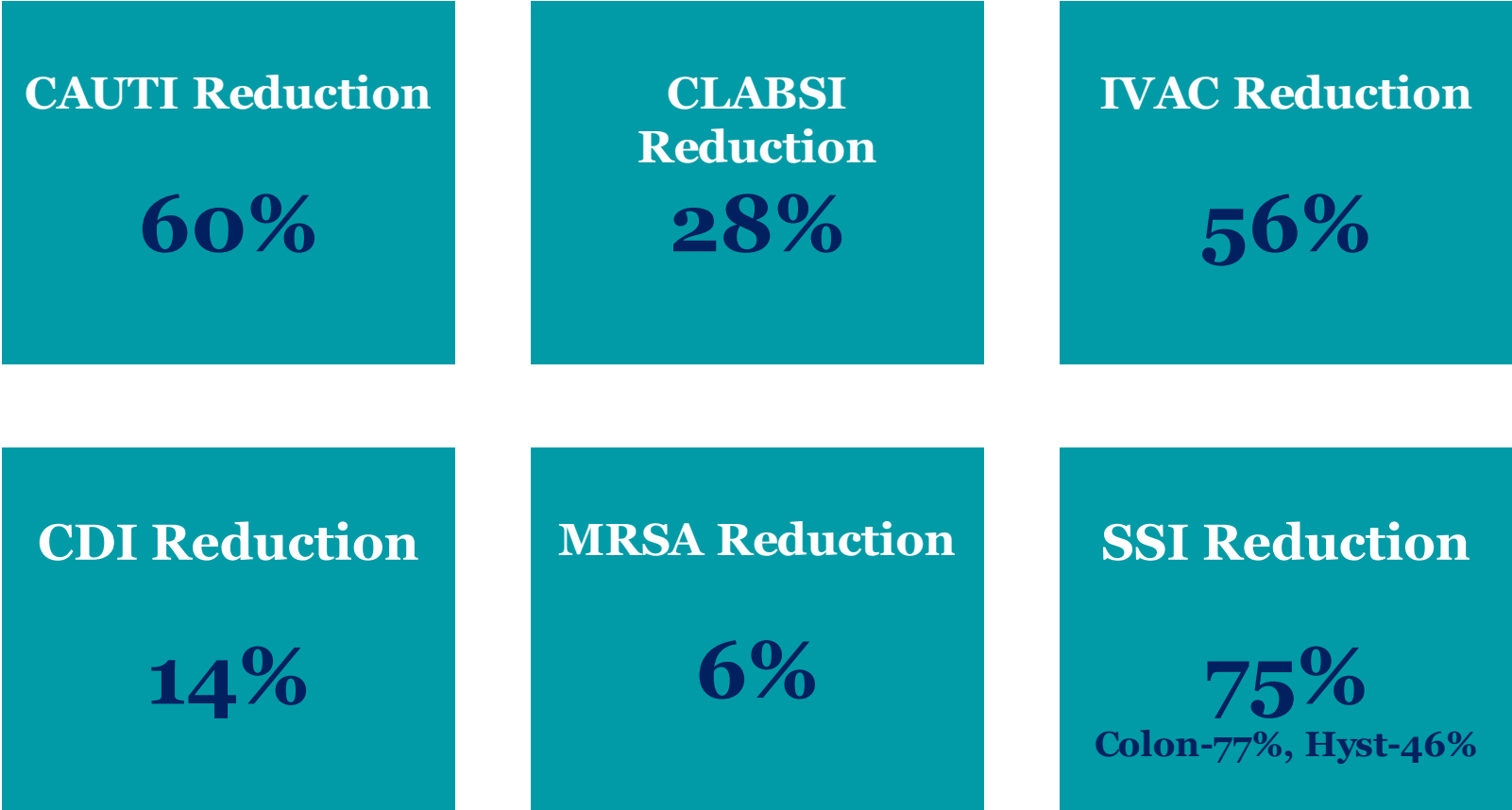
\* Beginning January 2019 monthly class offering for new employees, coordinated by Human Resources.

# High Reliability Safety Bundle Curriculum

	Behaviors	Tools
1	Pay Attention to Detail	<ul style="list-style-type: none"> <li>Self-Check using “<b>STOP, Think, Act, Review</b>” (STAR)</li> </ul>
2	Communicate Clearly	<ul style="list-style-type: none"> <li>Package using “<b>Situation, Background, Assessment, Recommendation</b>” (SBAR) ...” <i>May I have that in an SBAR?</i></li> <li>3-Way Repeat Backs &amp; Read Backs ...” <i>Let me repeat that back to you.</i>”</li> <li>Phonetic and Numeric clarification</li> <li>Clarifying Questions ...” <i>Let me ask a clarifying question.</i>”</li> </ul>
3	Think with a Questioning Attitude	<ul style="list-style-type: none"> <li>Validate and Verify</li> <li>Know Why and Comply</li> </ul>
4	Support Each Other	<ul style="list-style-type: none"> <li>Peer Checking ...” <i>Thanks for saying something</i></li> <li>Peer Coaching using 5:1 Feedback</li> </ul>
5	Speak-Up for Safety	<ul style="list-style-type: none"> <li>Escalate using “<b>Ask, Request, Concern, Chain of Command</b>” (ARCC) ...” <i>I have a Safety Concern</i></li> <li>Event Reporting</li> </ul>



# CCH Healthcare Associated Infections Reduction Accomplishment, 2018



CAUTI Catheter-Associated Urinary Tract Infection  
CLABSI Central Line-Associated Blood Stream Infection  
IVAC Plus Infection-Related Ventilator Associated Complication & Possible Ventilator-Associated Pneumonia  
CDI *Clostridium difficile* Infection (Hospital-Onset)  
MRSA Methicillin Resistant *Staphylococcus aureus* ( Hospital-Onset Bacteremia)  
SSI Surgical Site Infection (Overall, Deep Infections, 2018-Q1-Q3)  
(Open Heart, Colon, C. section, Hysterectomy, Hip & Knee Replacements)

# Infection Control Surveillance Focus

## CAUTI

- Feedback to leadership/units, patient education
- Daily assessment of catheter need
- Use all-in-one kit, bladder scanner, CHG bath

## CLABSI

- Feedback to leadership/units, patient education
- Daily assessment of central line need
- Use all-in-one kit, restrict access, CHG bath, scrub hub

## CDI

- Feedback to leadership/units, patient education
- Bleach use, disposable toilet brush
- Automated isolation orders, daily CDI report to EVS/Nursing
- Antimicrobial Stewardship

## MRSA

- Feedback to leadership/units, patient education
- Cleaning/disinfection, use dedicated equipment
- Automated isolation and screening orders
- Infection control monitoring , CHG bath

## SSI

- Feedback to leadership/units, patient education
- Cleaning, disinfection, sterilization, and storage oversight
- CHG bath and skin prep, skin closure tray and PPE change
- Eliminate immediate use sterilization, enhanced surveillance

CAUTI  
CLABSI  
IVAC Plus  
CDI  
MRSA  
SSI

Catheter-Associated Urinary Tract Infection  
Central Line-Associated Blood Stream Infection  
Infection-Related Ventilator Associated Complication & Possible Ventilator-Associated Pneumonia  
*Clostridium difficile* Infection (Hospital-Onset)  
Methicillin Resistant *Staphylococcus aureus* ( Hospital-Onset Bacteremia)  
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# CCH Accreditations, Certifications and Designations

## John H. Stroger, Jr. Hospital

The Joint Commission (TJC) Accreditation	Health Information Management Systems Level 7 Acute and Ambulatory Certification
TJC Primary Care Medical Home Certification	Commission On Dental Accreditation- Oral Maxillofacial Surgery
TJC Advanced Primary Stroke Disease Specific Certification	Illinois Emergency Management Agency Certification- Radiology
IDPH Illinois Administrative Perinatal Center	American College of Radiology Accreditation
IDPH Perinatal Level III Designation	College of American Pathologist Laboratory Accreditation
IDPH Level I Pediatric Trauma Center Designation	Federal Drug Administration- Blood Bank Certification
IDPH Level I Trauma Designation	Commission on Cancer Accreditation
American Burn Association Accreditation	American Academy of Sleep Medicine Accreditation



# CCH Accreditations, Certifications and Designations

## Provident Hospital

The Joint Commission (TJC) Accreditation	Illinois Emergency Management Agency Certification - Radiology
TJC Primary Care Medical Home Certification	American College of Radiology Accreditation
American Academy of Sleep Medicine Accreditation	College of American Pathologist Laboratory Accreditation

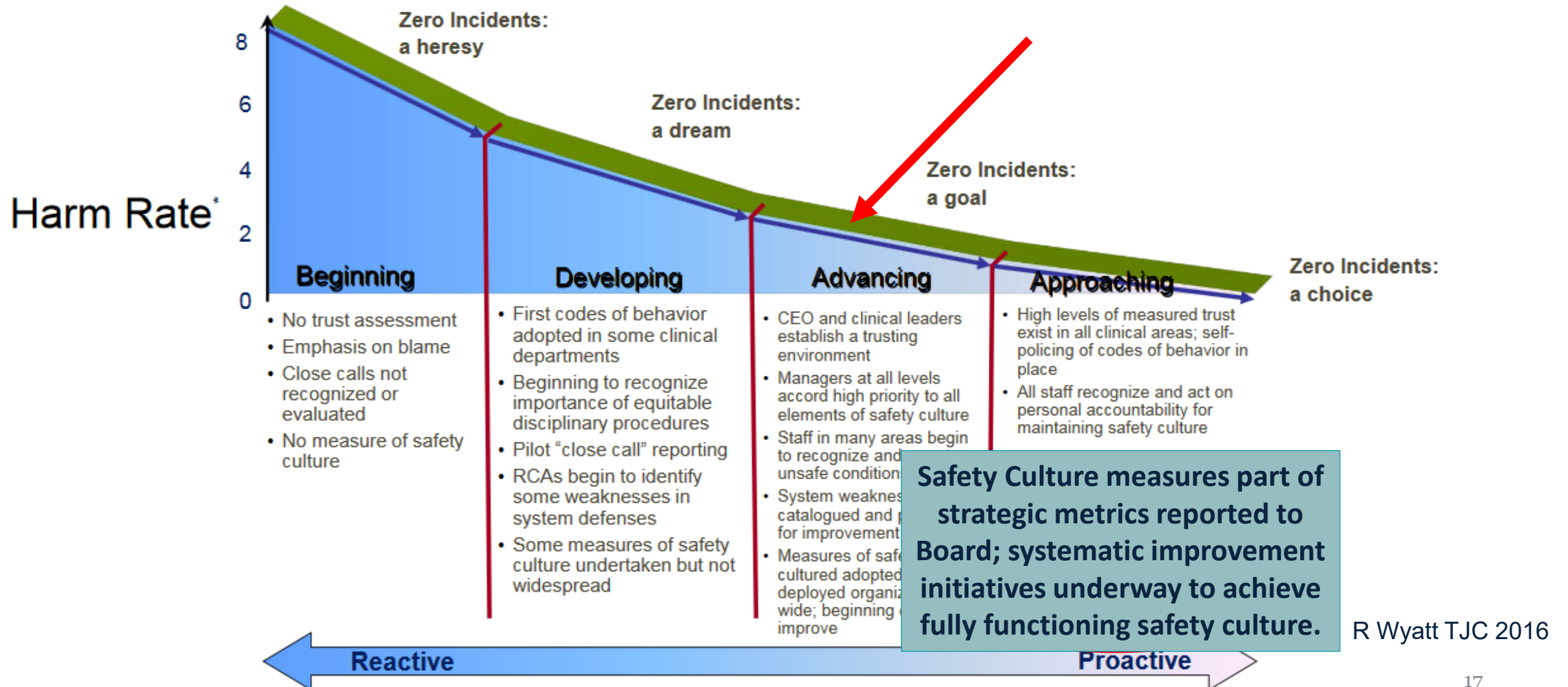
## Correctional Health

Cermak- State Opiate Treatment Authority, Division of Substance Use Prevention and Recovery, IDHS
National Commission on Correctional Health Care , Juvenile Detention Center

# Key Structures and Relationships



# Safety Culture: Built on Trust



# Keys to Success



## Systems Approach

The approach to reduce harm must be integrated and implemented at the system level.



## Culture Counts

Health systems and organizations must truly prioritize quality and safety through an inspiring vision and positive reinforcement, not through blame and punishment.



## Patients as True Partners

Healthcare organizations must involve patients and staff in safety as part of the solution, not simply as victims or culprits.



## Bias toward action

Interventions should be based on robust evidence. However, when evidence is lacking or still emerging, providers should proceed with cautious, reasoned decision-making rather than inaction

# Whole System Measurement

<b>Sepsis</b>	<b>Fall with injury</b>	<b>Urinary tract infection</b>	<b>Aspiration pneumonia</b>
<b>Risk of Mortality</b>	<b>CLABSI</b>	<b>Poor Glucose Control</b>	<b>C. difficile</b>
<b>GI Hemorrhage</b>	<b>MRSA</b>	<b>Ventilator Associated Pneumonia</b>	<b>30 day avoidable readmission</b>
<b>Aspirin on arrival with AMI</b>	<b>ED wait time/LWOT</b>	<b>VTE prophylaxis</b>	<b>Pressure ulcer</b>



# System Quality and Patient Safety Strategy Checklist

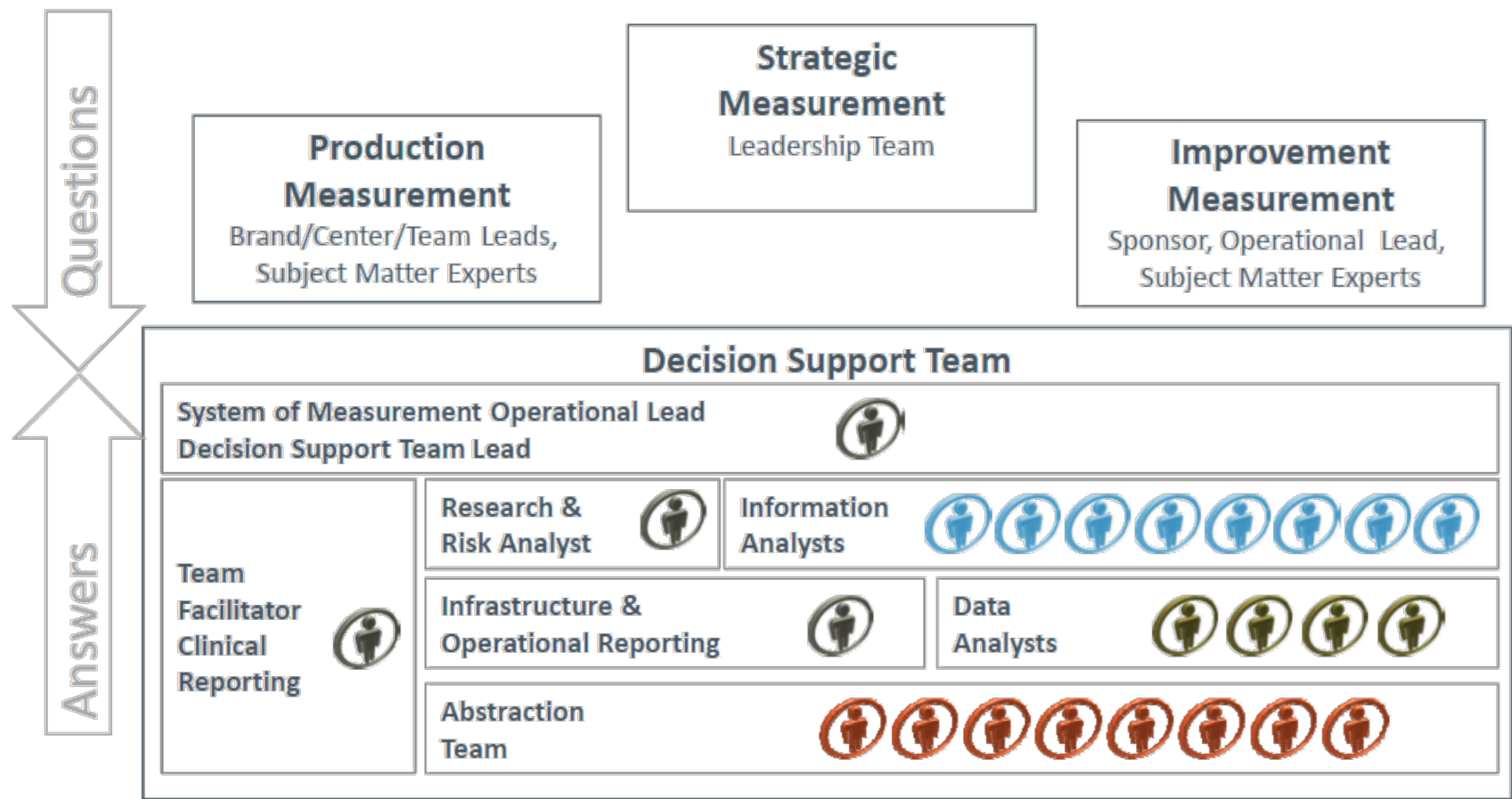
## Alignment

- ☐ Structure – leadership – governance
- ☐ Reporting system (incidents, adverse events, near misses)
- ☐ Institutional Risk Management System
- ☐ Resources (investment, operations)
- ☐ Protocols - guidelines
- ☐ Patient engagement
- ☐ Safety culture
- ☐ Measurement - quantification
- ☐ Improvement interventions
- ☐ Research and education

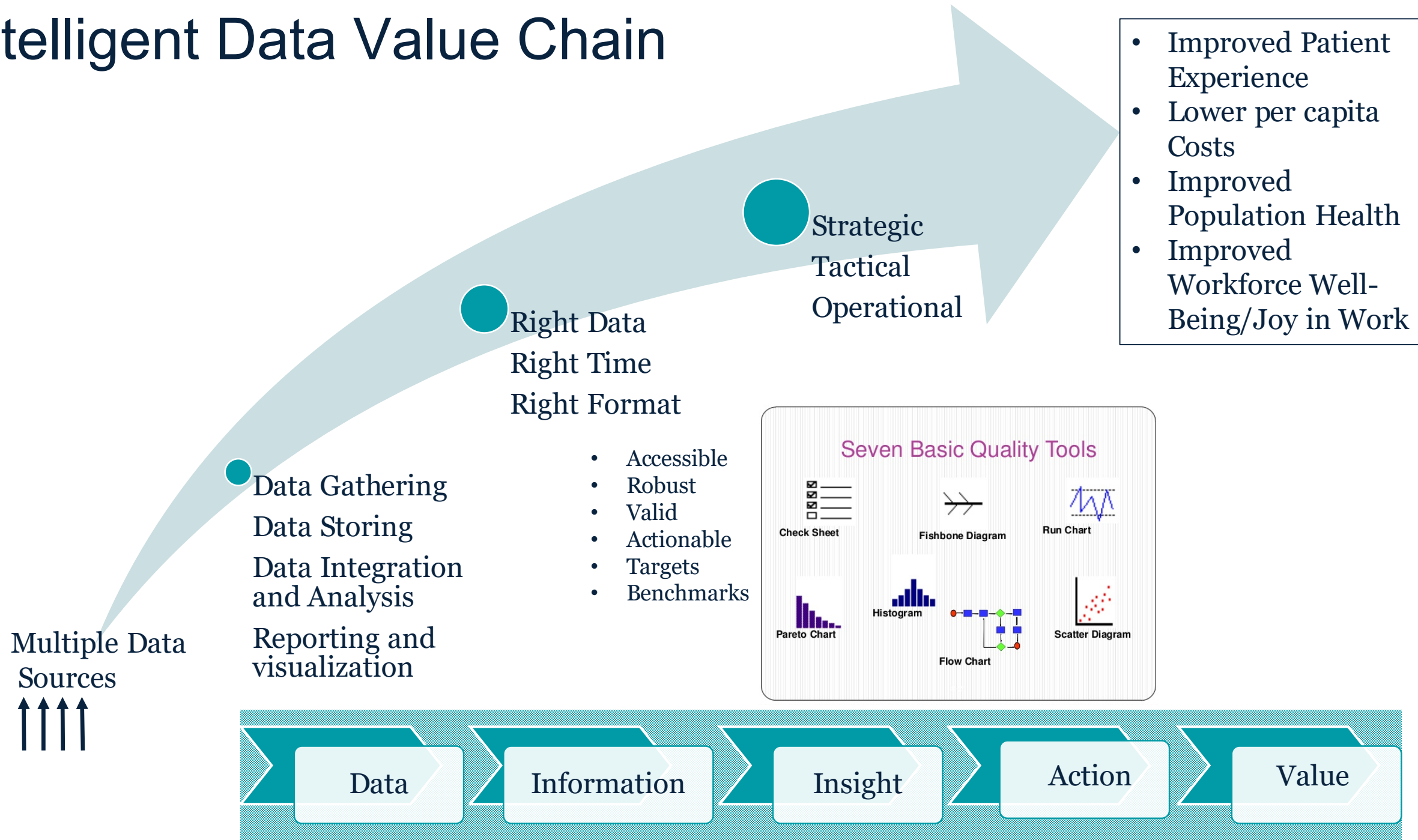




# Quality and Patient Safety Infrastructure



# Intelligent Data Value Chain



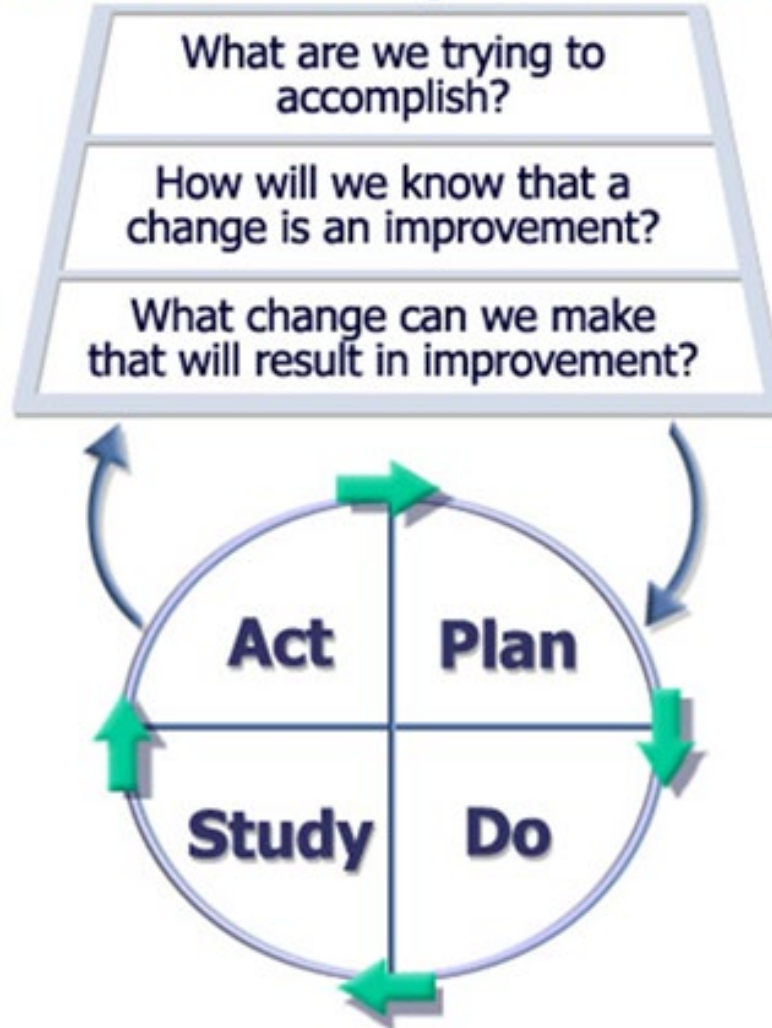
# Strategic Planning 2020-2022



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# Cook County Health Theory of Change

## Model for Improvement



*What changes will we make that will result in improvement?*

PLAN	DO	STUDY	ACT
<b>Lower Per Capita Costs</b>	<ul style="list-style-type: none"> <li>• Value/Efficiency</li> <li>• Decrease variation</li> <li>• Expense management</li> <li>• Financial Results</li> <li>• Per capita costs</li> </ul>	<ul style="list-style-type: none"> <li>• Community health status (fair/poor)</li> <li>• ED utilization</li> <li>• Readmission rate</li> <li>• Per capita cost</li> <li>• Total revenue</li> <li>• Value based revenues</li> </ul>	<ul style="list-style-type: none"> <li>• Business intelligence e.g. quality indicators</li> <li>• Drive innovative solutions</li> <li>• Create communication strategies</li> <li>• Create brand clarity</li> </ul>
<b>Population Health</b>	<ul style="list-style-type: none"> <li>• Understand the population e.g. disease rates</li> <li>• Establish goals for the population</li> <li>• Production system designed for the population</li> <li>• Focus on process and outcomes e.g. QLY, Life expectancy, Health risk assessment.</li> </ul>	<ul style="list-style-type: none"> <li>• Value based quality achievement</li> <li>• Adjusted mortality rate</li> <li>• Avoidable patient harm rate</li> <li>• Patient experience and clinical quality scores</li> </ul>	<ul style="list-style-type: none"> <li>• Address social determinants of health</li> <li>• Activate the population</li> <li>• Build population health competencies</li> <li>• Build and maintain key partnerships</li> </ul>
<b>Improve Patient Experience</b>	<ul style="list-style-type: none"> <li>• Know who the patient is</li> <li>• Care for the patient/family first</li> <li>• Do not hurt the patient</li> <li>• Do not make the patient wait and do not delay care</li> </ul>	<ul style="list-style-type: none"> <li>• Patient Satisfaction Survey</li> <li>• System is safe, effective, patient centered, timely, equitable, and efficient</li> </ul>	<ul style="list-style-type: none"> <li>• Know each individual</li> <li>• Create compassionate customer driven experience</li> <li>• Create cultural alignment around the customer-driven experience</li> </ul>
<b>Work Force Wellness and Joy in Work</b>	<ul style="list-style-type: none"> <li>• Safe work environment</li> <li>• Attract and retain employees</li> <li>• Joy and Meaning in work</li> <li>• Remove intimidating behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Employee engagement</li> <li>• Clinical staff engagement</li> <li>• Culture survey scores</li> <li>• Employee turnover rates</li> <li>• Work place injury rates</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Staff structure</li> <li>• Clinical staff education/training on the IHI Model for Improvement</li> </ul>

# Improve the Patient Experience

PLAN	DO	STUDY	ACT
<p>Continue to track 4 Key Process indicators. Top Box targets are 90<sup>th</sup> percentile performance.</p> <ul style="list-style-type: none"> <li>Percentile Ranking is compared to entire Press Ganey database (2,326 hospitals in calendar 2018)</li> <li><b>Next steps: 2019</b> <ul style="list-style-type: none"> <li>➤ Design Patient &amp; Family Advisory Council (PFAC)</li> <li>➤ Support new Patient Experience Work Group</li> <li>➤ Collaborate on two QI pilot projects</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Continue to distribute patient survey and comment data</li> <li>Continue to extend access to Press Ganey website via individual staff set-up</li> <li>Provide content expertise on patient/family experience improvement</li> <li><b>Initiate QI pilots and PFAC formation</b></li> <li><b>Transfer Customer Service Training to HR Dept. (completed to 6,157 staff (98%) through Dec. 2018)</b></li> </ul>	<ul style="list-style-type: none"> <li>Continue to monitor patient survey data and support tactics leading to improvements in patient experience.</li> <li>Use QI pilots to escalate culture transformation and individual behavior change. Collect data to assess efficacy of change management efforts.</li> <li>With other unit and site leaders, amplify quality improvement by “Spreading” successful strategies across the enterprise.</li> </ul>	<ul style="list-style-type: none"> <li>Use data to spur tactic selection to improve experience – move from data to action.</li> <li><b>Use “co-creation” of improvement strategies and support project leadership in units, departments and sites.</b></li> <li>Provide requested coaching and mentoring toward the goals of improvement and accountability.</li> </ul> <p><b>Harmonize:</b></p> <ul style="list-style-type: none"> <li><b>Quality medical care</b></li> <li><b>Safety for patients and staff</b></li> <li><b>Experience enhancement</b></li> <li><b>Staff engagement</b></li> <li><b>Patient/family engagement</b></li> </ul>



# Workforce Development

Operationalizing and Reinforcing  
Leader Methods

Reinforcing Safety Behaviors

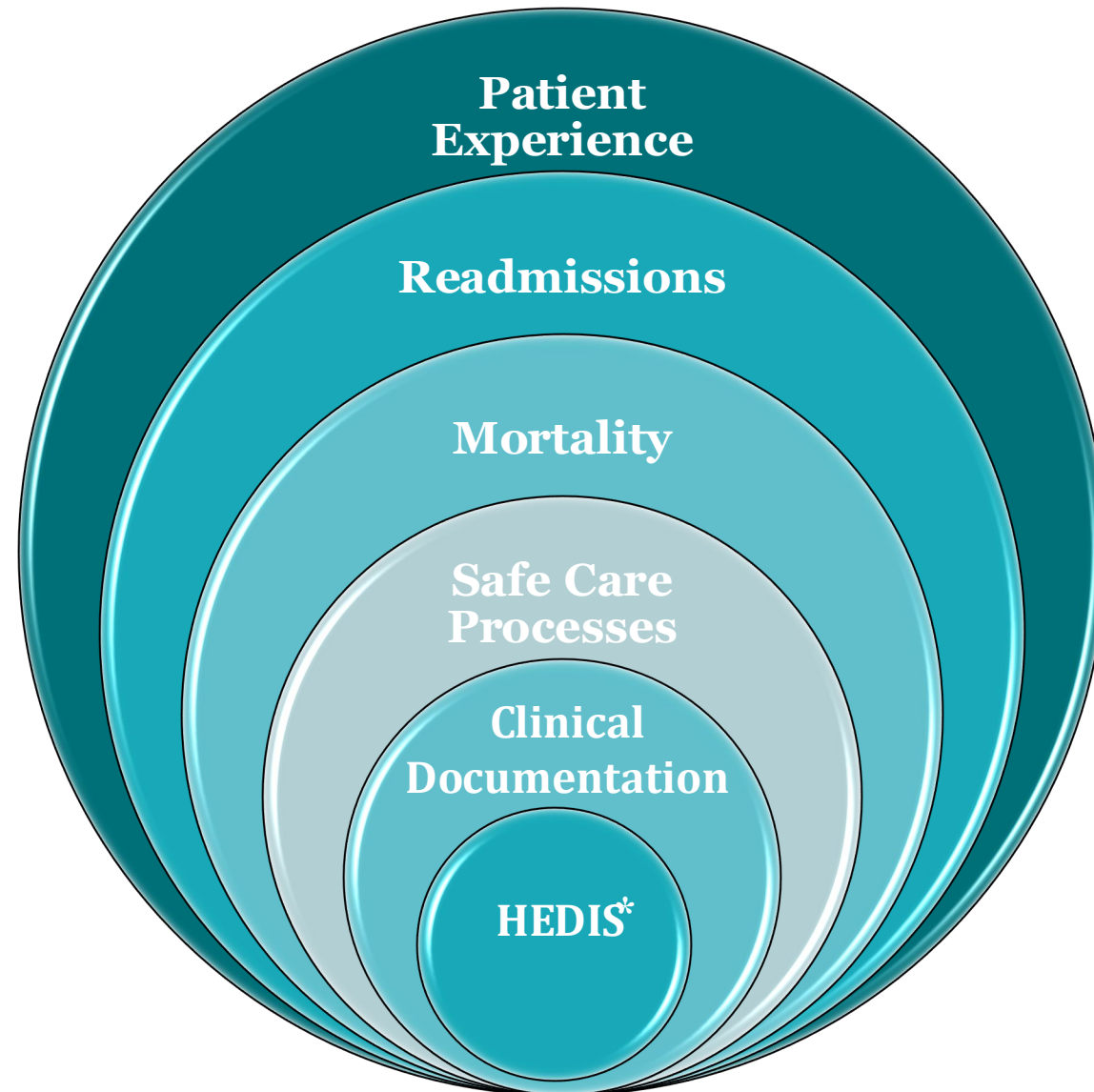
Designing the Work Processes

# HPI Plan in 2019

**DRAFT**

Operationalize and Reinforce Leader Methods	QTR 1 (Jan-Mar)			QTR 2 (Apr-Jun)			QTR 3 (Jul-Sep)			QTR 4 (Oct-Dec)		
	Safety First Every Meeting	Hold Daily Safety Huddles	Round to Influence	Hold Daily Department Huddles			Fair and Just Accountability with 5:1 Feedback	Safety First In Every Decision	Protect those who Speak-Up	Safety Top 10, Action Planning, Learning Boards		
	Observe and Coach to Leader Methods – Habit Formation (HPI Assist CCHHS Leaders)											
Reinforcing Safety Behaviors	QTR 1 (Jan-Mar)			QTR 2 (Apr-Jun)			QTR 3 (Jul-Sep)			QTR 4 (Oct-Dec)		
		ARCC and Event Reporting	STAR	Clarifying Questions	Peer Check	Validate Verify	3-Way Repeat Back and Read Back	Phonetic and Numeric Clarifications	SBAR	Know Why and Comply	Peer Coaching Using 5:1 Feedback	
	5 Tones: Smile & Greet, Introduce & Explain Roles, Listen with Empathy, Communicate Positive Intent, Provide Opportunities for Questions											
Design Our Work	QTR 1 (Jan-Mar)			QTR 2 (Apr-Jun)			QTR 3 (Jul-Sep)			QTR 4 (Oct-Dec)		
			Leader Methods Phase I Catch-Up	Leadership Methods Phase II Start	Leadership Methods Phase II Continue			Leader Methods TTT (Phase I and II)	Leader Methods TTT (Phase I and II) Validate	RISI Prep		
	Just Culture Design	Safety Coach Planning		Safety Coach Planning and Recruiting		Safety Coach Training (HPI)	Safety Coach Training (Joint)			Lessons Learned and Advanced Cause Analysis	RISI	

# Six Quality Focus Areas 2019



Thank you. 



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