NATIONAL QUALITY FORUM

Patient Safety Quarterly Meeting Series

Agenda

Leveraging Accreditation and Certification Standards to Ensure Safe Care
Monday, July 14, 2014, 8:30am-2:45pm

Remote Participation Instructions - Streaming Audio Online

- Direct your web browser to: http://nqf.commpartners.com
- Under "Enter a Meeting" type in the meeting number **241498**
- In the "Display Name" field, type in your first and last name and click "Enter Meeting"

Objectives

(1) Build strategic alignment between accreditation and certification efforts and the Partnership for Patients goals.
(2) Engage providers in patient safety efforts through accreditation and certification.
(3) Enable participants to take immediate action in their organizations and membership bases.

Agenda

8:30am **Light Breakfast** (provided by National Quality Forum)

9:00am **Introduction and Meeting Overview**
Tom Granatir, Meeting Chair, Senior Vice President, American Board of Medical Specialties

- Greetings and introductions
- Overview of the Partnership for Patients Meeting Series
- Outline of meeting objectives
- Opening remarks from Chris Cassel, President and CEO, National Quality Forum
- Welcome from Neal Comstock, Vice President, Member Relations, National Quality Forum
- Introduction activity (in pairs, participants answer the following questions)
  - As an organization, what are you currently doing to drive quality?
  - What can your organization do to leverage accreditation and/or certification to support the Partnership for Patients goals of reducing hospital readmissions and/or hospital acquired conditions (HACs)?

9:30am **The Partnership for Patients: Where Are We Now?**
Dennis Wagner and Paul McGann, Partnership for Patients Co-Directors

- Update on the progress of Partnership for Patients goals
- Q & A

10:30am **Break**

10:45am **Leveraging Accreditation to Ensure Safe Care**
Deborah Nadzam, Project Director, Joint Commission Resources

11:30am **The American Board of Medical Specialties Multi-specialty Maintenance of Certification Portfolio Program**
David Price, Director, American Board of Medical Specialties Multi-specialty MOC Portfolio Program

12:00pm **Networking Lunch** (provided by National Quality Forum)

12:30pm **Impact of Maintenance of Certification on Patient Safety at Mayo Clinic**
Catherine Roberts, Associate Dean, Mayo School of Health Sciences (presenting remotely)

1:00pm **Small Group Breakout Session: Best Practices for Leveraging Accreditation and Certification to Ensure Safe Care**

Tom Granatir, Meeting Chair, Senior Vice President, American Board of Medical Specialties

Participants break into small groups to discuss key questions (small groups will be assigned). After 30 minutes, participants rotate to new groups. Throughout the session, participants write down action steps they will take, in collaboration with others.

Round 1:

1. How do we break down the silos between accreditation/certification activities and quality improvement?
2. How do we better align accreditation and certification activities so they send consistent signals through the market?

Round 2 (move to new assigned group):

3. How can credentialing support a culture of safety in a hospital to drive culture change?
4. How can we break down silos between credentialing/accreditation organizations and providers/health care systems to create a culture of safety?

2:00pm **Moving to Action**
Dennis Wagner and Paul McGann, Partnership for Patients Co-Directors

- Overview of commitments and next steps
- Participants leave the meeting with at least one follow up action step

2:30pm **Conclusion**
Tom Granatir, Meeting Chair, Senior Vice President, American Board of Medical Specialties

2:45pm **Adjourn**

Leveraging Accreditation and Certification Standards to Ensure Safe Care

3rd Meeting of the Patient Safety 2014 Quarterly Meeting Series
Supporting the Partnership for Patients

convened by the
NATIONAL QUALITY FORUM

July 14, 2014

9th Floor Conference Center
1030 15th Street NW, Washington, D.C. 20005

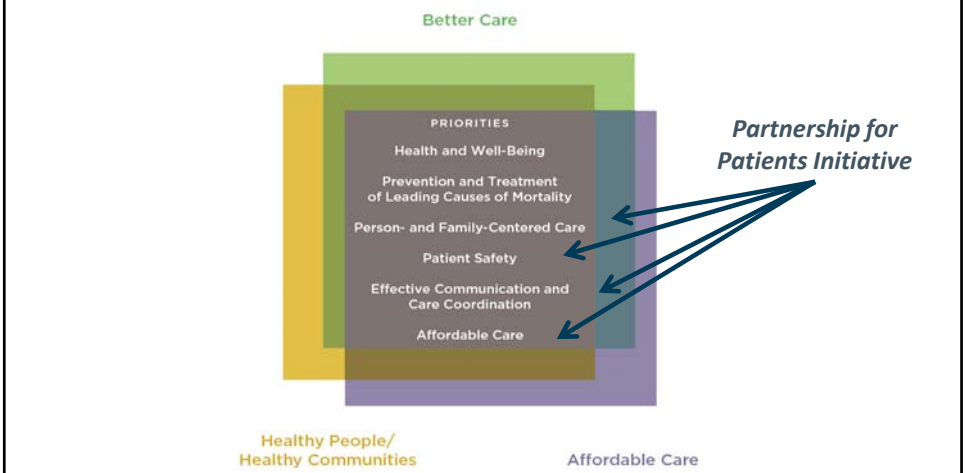
Welcome and Introductions

Tom Granatir
Meeting Chair
Senior Vice President, American Board of Medical Specialties

The National Quality Strategy

NATIONAL QUALITY FORUM 3

The National Quality Strategy



NATIONAL QUALITY FORUM 4

Lever	Design	Example
Certification, Accreditation, and Regulation	Adopt or adhere to approaches to meet safety and quality standards.	The National Quality Strategy aims and priorities may be incorporated into continuing education requirements or certification maintenance.

Partnership for Patients

GOALS:

40% **Reduction in Preventable Hospital-Acquired Conditions**
1.8 Million Fewer Injuries | 60,000 Lives Saved

20% **Reduction in 30-Day Readmissions**
1.6 Million Patients Recover without Readmission

National Quality Forum and Patient Safety

Working together to implement the patient safety priority area of the National Quality Strategy

2014 National Quality Forum Meeting Series

A series of four meetings over the year. Topics include:

1. Engaging the workforce --
2. Engaging purchasers and payers --
3. **Leveraging accreditation and certification efforts --**
4. Taking action in person-centered care --

-- To accelerate the Partnership for Patients goals of reducing hospital acquired conditions and readmissions.

Today's Meeting Objectives

- Build strategic alignment between accreditation and certification efforts and the Partnership for Patients goals.
- Engage providers in patient safety efforts through accreditation and certification.
- Enable participants to take immediate action in their organizations and membership bases.

Today's Agenda

Introduction and Meeting Overview
Networking activity

The Partnership for Patients
Where are we now?

Examples of best practices
Three success stories from the field

Breakout Session: Best Practices for Leveraging Accreditation and Certification to Ensure Safe Care
Small group discussions to identify action steps

Conclusion

Opening Remarks

Chris Cassel
President and CEO
National Quality Forum

Welcome

Neal Comstock
Vice President, Member Relations
National Quality Forum

Table Introductions

Please take a moment to introduce your:

Name, title and organization

One thing your organization is doing to advance patient safety

Table Introductions

- As an organization, what is your organization currently doing to drive quality?
- What can your organization do to leverage accreditation and/or certification to support the aims of the Partnership for Patients?

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE & MEDICAID INNOVATION

National Quality Forum (NQF)

Patient Safety Quarterly Meeting Series:
The "Yin" and "Yang" of Current Results and
Leveraging Accreditation & Certification Standards To Ensure Safe Care

July 14, 2014

Dennis Wagner & Paul McGann, M.D.
Co-Directors, Partnership for Patients

U.S. Department of Health & Human Services
CMS Center for Medicare & Medicaid Innovation

Thank You

- For the hard work you are doing to improve our nation's healthcare system.
- For your active commitment to improve the care of patients and clients.
- For your leadership and history of commitment and success on health care improvement, innovation and spread.

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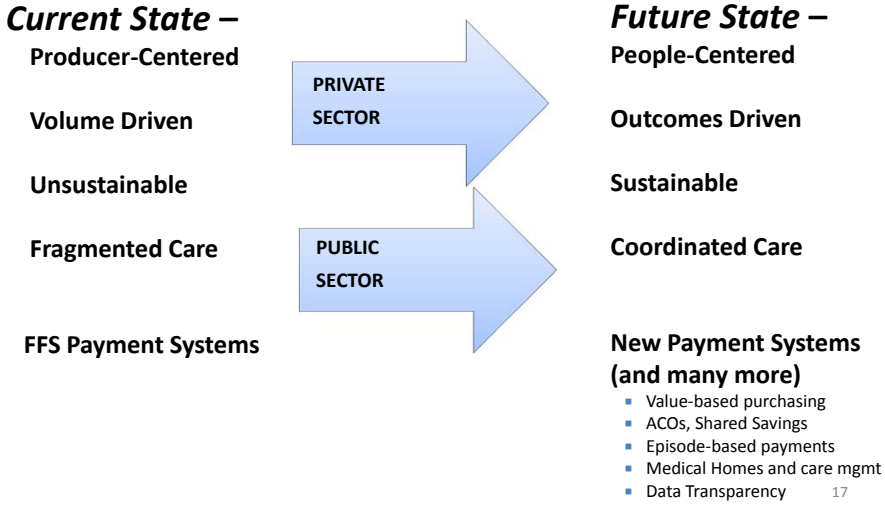
Delivery System and Payment Transformation



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Our Challenge to Leaders in the Room

Use today to generate your "to do" list of items to accelerate progress in pursuit of reduced harm and 30 day readmissions:

1.
2.
3.
4.
5.

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Questions to Run On

- Where are we with the Partnership for Patients (PfP) today?
  - What are our results so far?
  - What areas need increased action and attention?
- What actions can support this safety culture change, and improve patient care?
- ***What can accreditation & certification organizations do to further accelerate patient safety efforts?***

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Partnership for Patients Focused on 2 Breakthrough Aims

GOALS:

40% **Reduction in Preventable Hospital-Acquired Conditions**
1.8 Million Fewer Injuries | 60,000 Lives Saved

20% **Reduction in 30-Day Readmissions**
1.6 Million Patients Recover without Readmission

http://partnershipforpatients.cms.gov/

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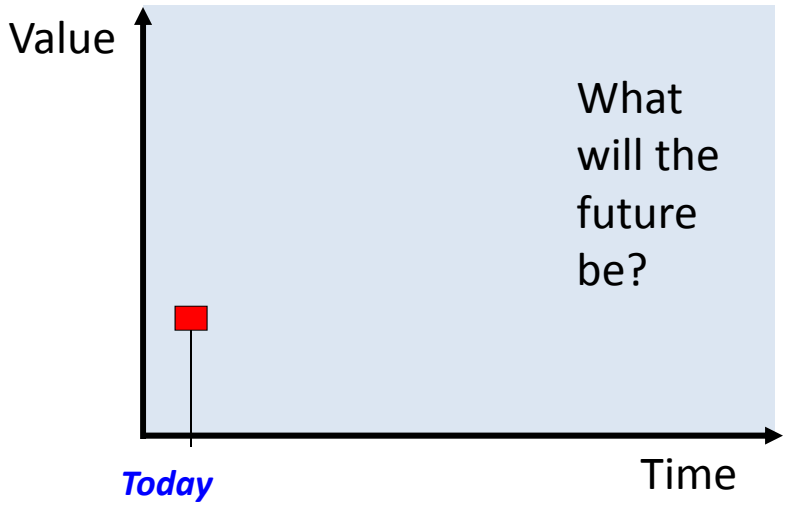
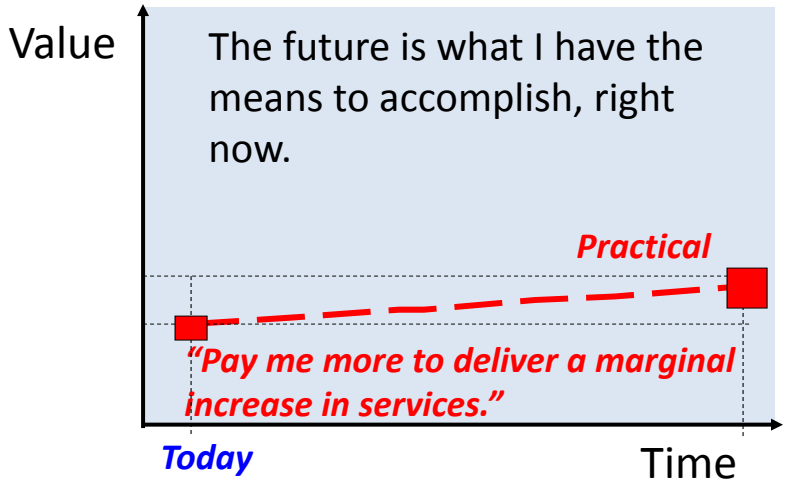
Join with us in standing for a compelling future beyond the current drift.

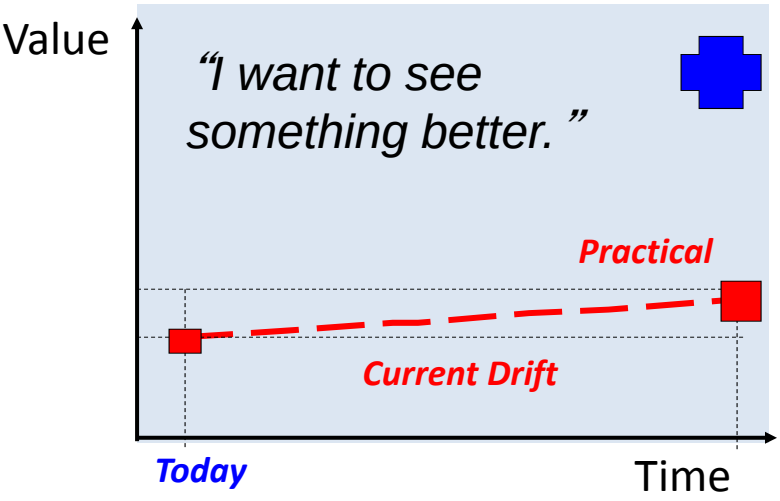
A choice we make every day



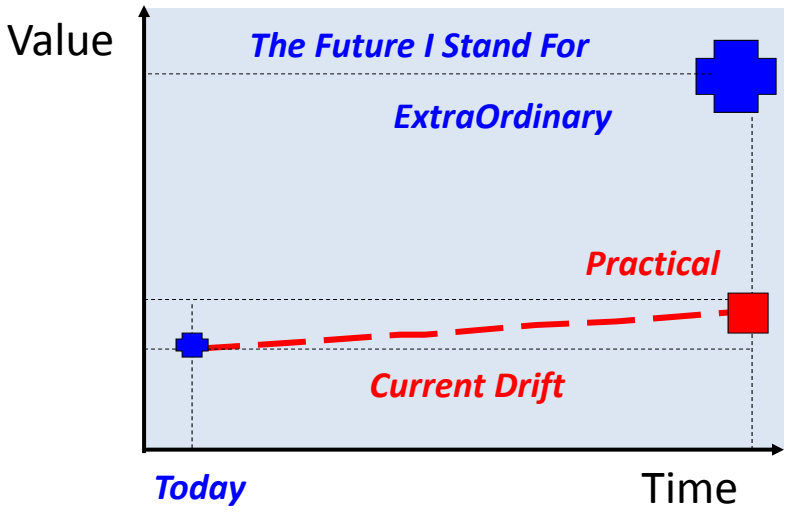
A practical choice



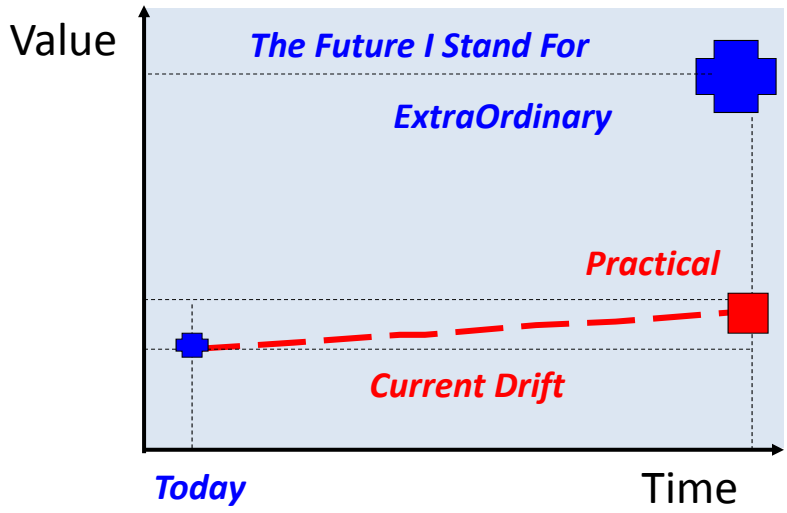
A leadership choice



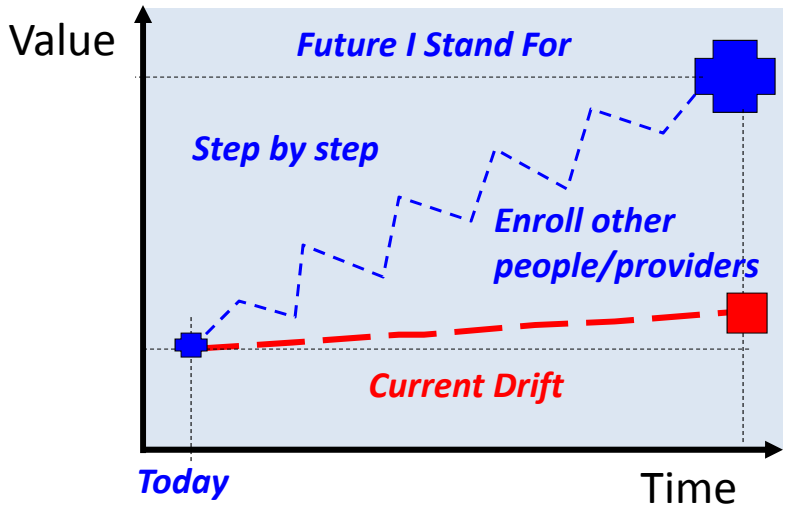
A leadership choice



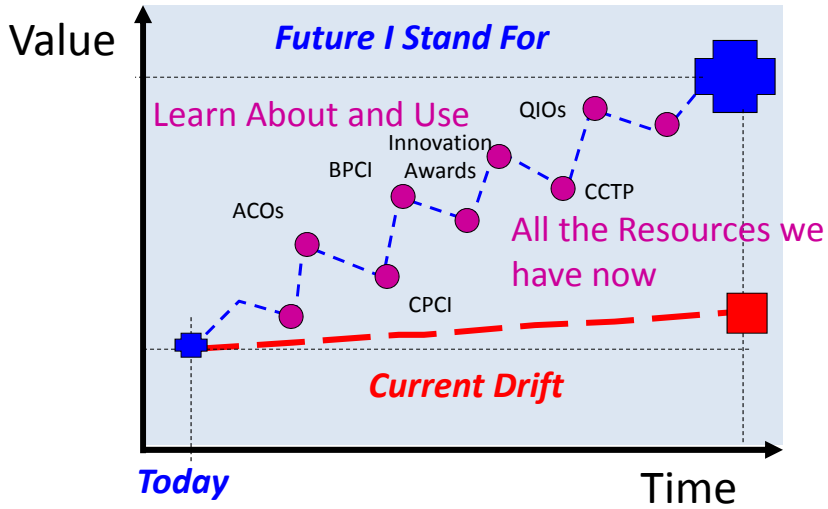
How do I get from here to there?



Leadership: Stand and enroll others



Leadership: Stand and enroll others

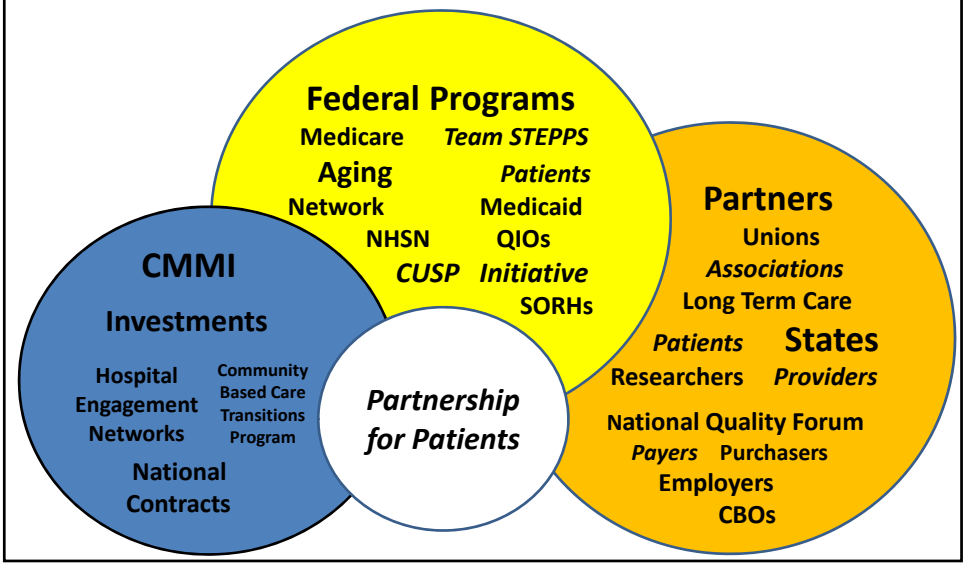


Our Requests to Each of You

- Choose to Stand for Better Care, Better Health at Lower Cost…for Our Patients, Your Profession, Our Nation
- Use Your Platforms to Make This Happen
- Do More of What is Already Working…Everywhere
- Lead in Enrolling Others
- Stand Together in Serving As Catalysts for Change

We can achieve our Bold Aims.

Partnership for Patients Achieves Results Through "3 Engines"



Exemplary Actions

- ***What are some of the examples of work by Partners to achieve action and results on the PfP aims?***
- ***What actions can we take to call attention to, celebrate, and spread these kinds of results?***

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Powerful Private & Federal Partners Have Aligned Their Work With the Partnership

A number of major partners from across the spectrum of health care stakeholders have made significant commitments aligned to our aims.

ACOG
THE AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

Transforming Healthcare Together
National Priorities Partnership
Convened by the National Quality Forum

march of dimes
working together for stronger, healthier babies

ANA
AMERICAN NURSES ASSOCIATION

Partners Contribute in Many Diverse & Significant Ways

- US OPM work to align Federal Employee Health Benefit plans with the Partnership for Patients Aims.
- "Buying Value" initiative to align purchasing with PfP Aims by large employers, unions, NBGH and many others.
- Johnson & Johnson incentives to employees discharged from hospitals who call for guidance on health care follow-up.
- Blue Cross Blue Shield Association set a corporate goal in 2012 to have all plans participate in one or more of – Surgical Safety Improvement, Eliminating HACs, Reducing Readmissions, Engage Hospital Boards – and has achieved 100% of this goal.
- NQF Maternity Action Team, March of Dimes, ACOG, LeapFrog and others team to achieve major national reductions in Early Elective Deliveries.

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PfP Areas of Focus

"No Patient wants a hospital that is good at only preventing 3 harms."

1. Adverse Drug Events
2. Catheter-Associated Urinary Tract Infections
3. Central Line-Associated Bloodstream Infections
4. Obstetrical Adverse Events
5. Early Elective Deliveries
6. Injuries from Falls
7. Pressure Ulcers
8. Surgical Site Infections
9. Venous Thromboembolism
10. Ventilator-Associated Pneumonia
11. 30-Day All-Cause Readmissions

Leading Edge Advanced Practice Topics (LEAPT)

- Severe Sepsis and Septic Shock (mandatory)
- *Clostridium difficile* (*C. diff*), including antibiotic stewardship
- Hospital Acquired Acute Renal Failure
- Airway Safety
- Iatrogenic Delirium
- Procedural Harm (Pneumothorax, Bleed, etc.)
- Undue Exposure to Radiation
- Results beyond 40/20 AIMs on HACs and readmissions
- Hospital Culture of Safety that fully integrates patient safety with worker safety
- Failure to rescue

Results Come From Many Contributors and Partnerships

- National Quality Strategy
- **National Priorities Partnership and Many Private Partners**
- American Nursing Association NDNQI
- NQF Maternity Action Team, American College of Obstetricians and Gynecologists, March of Dimes and Others Focused on Strong Start
- AHRQ Measurement Tools
- OASH HAI Action Plan
- HRSA Rural Health Programs
- Quality Improvement Organizations
- US OPM Federal Employee Health Benefit Plans
- ACL Aging Services Networks
- Reporting Programs
- Payment Penalties
- Hospital Engagement Networks
- Indian Health Service
- Community Based Care Transitions Program
- …and many others

Partnership for Patients Results: We Are Moving in the Right Direction!

- ***National Support and Management System*** **for Reducing HACs and Readmissions is in Place for 3700+ Hospitals**
- **Progress on** ***Patient and Family Engagement*** **is Accelerating**
- **Dramatic** ***Progress on EEDs*** **in Multiple Networks and Hundreds of Hospitals; Further Rapid Improvement Expected**
- **LEAPT is Launched and in the Field**
- **Initial Estimates Show Significant, Regular Decreases in Medicare 30-Day Readmissions through 2013**
- **2011 & Early 2012 AHRQ Independent National Scorecard Results Show Trends Are Positive and Moving in the Right Direction**

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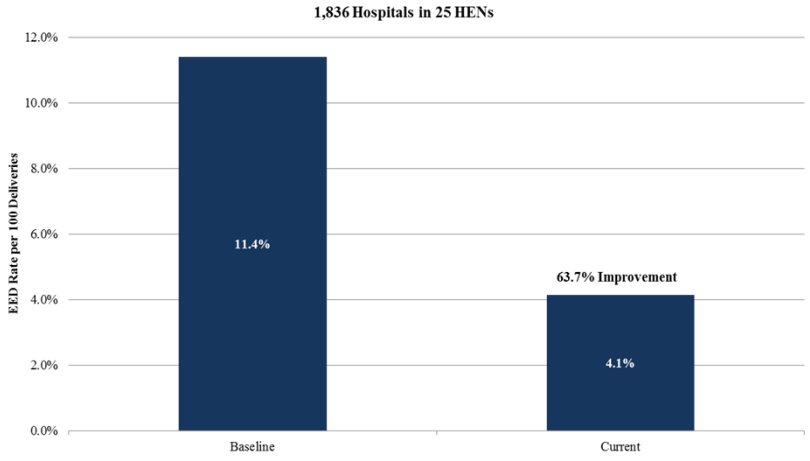
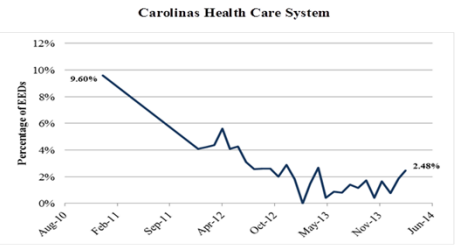
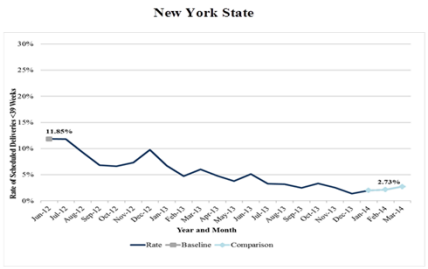
Early Elective Delivery (EED) Rate (PC-01) per 100 Deliveries, Improvement from Baseline

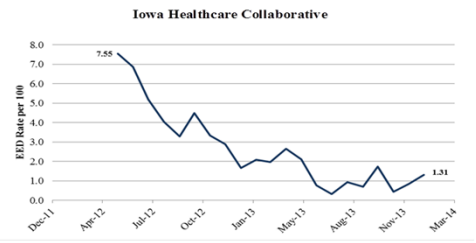


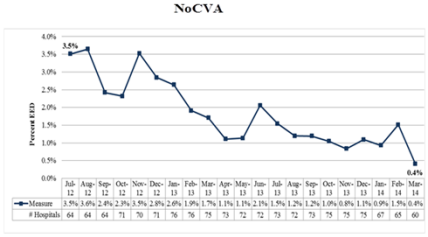
Source: HEN-reported data submitted June 2014.
Note: Baseline and current periods vary by HEN. Baseline and current period rates are rounded for presentation, while the percent improvement is calculated using unrounded data.

4 Examples of Many HEN-Wide Results in Reduction of Early Elective Deliveries







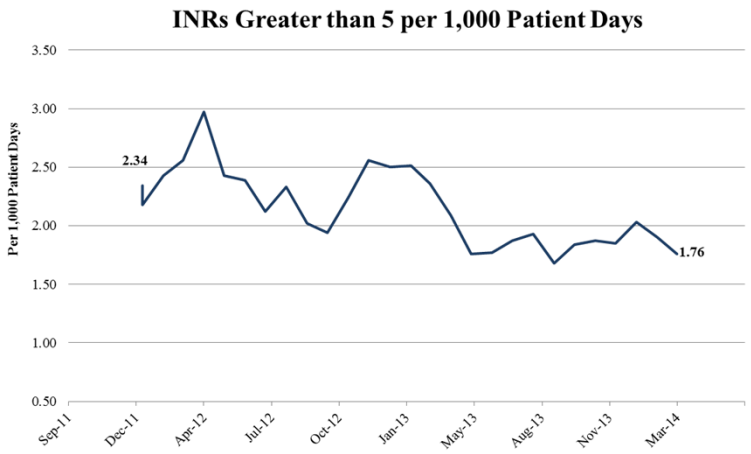


Source: HENs Monthly Reports, June 2014.

Hospital Engagement Networks Option Year 1 Scope of Work

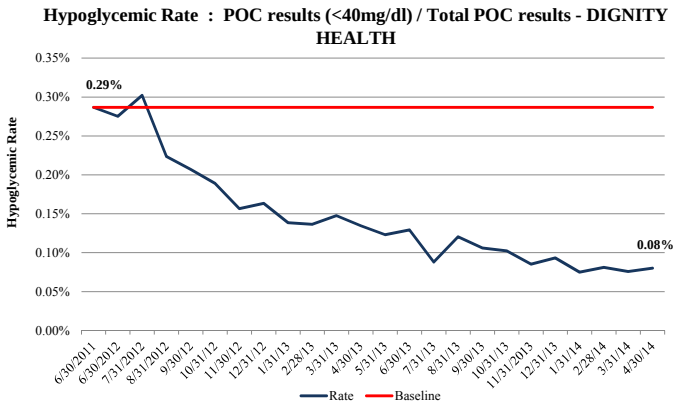
- Option Year 1 Scope of Work started in December 2013 and ends December 2014
- Option Year Modification continued current work and also addressed a number of areas where special attention was needed
- Increased focus on highest risk Adverse Drug Events in 3 key areas:
  - Anti Coagulants
  - Opioids
  - Insulin and Hypoglycemic drugs

Carolinas Health INR >5 Progress



Source: Carolinas June 2014 Monthly Report

Dignity Health: Progress in Reducing Rate of Hypoglycemia



Source: Dignity Health June 2014 Monthly Report

Partnership for Patients
Work on Patient & Family Engagement (PFE)

- **Authentically engage** patients in our work: model and create momentum
- **Identify** organizations that reflect best practices
- **Replicate** and spread effective practices
- **Track** progress on PFE across hospitals and increase transparency. Tracking on 5 PFE areas.
- **Team** with and support others involved in and leading this work

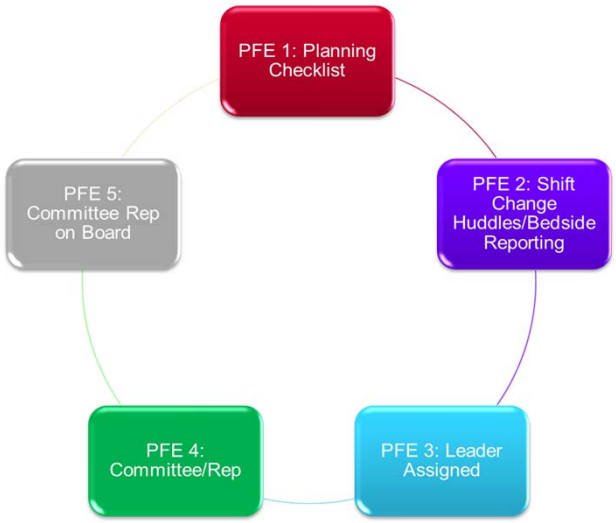
Helen Haskell is One of Thousands of Patient & Family Advocates Who Team on PfP Work

Helen Haskell is the President of Mothers Against Medical Error.

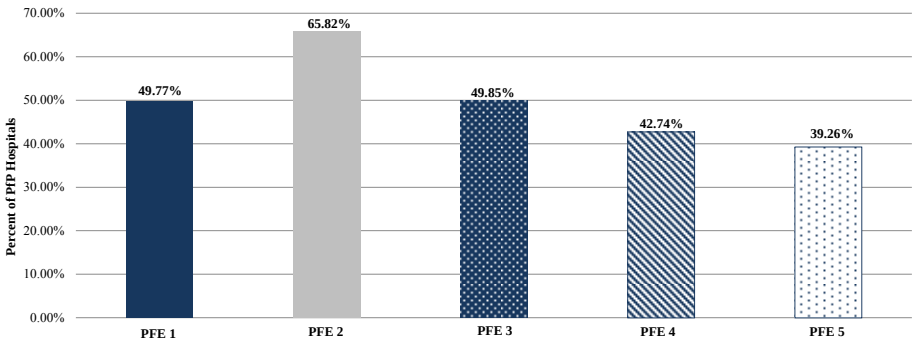
- Her healthy 15-year-old son, Lewis, developed severe upper abdominal pain while on NSAID and narcotic pain regimen following elective surgery
- Nurses and residents fail to act upon increasing signs of instability, including 24 hours with no urine output and four hours with no BP
- Four days post-op, Lewis died. Autopsy showed a giant duodenal ulcer and 2.8 liters of blood and gastric secretions in the peritoneal cavity

Since the medical error death of her young son in 2000, Ms. Haskell has been active in many areas of healthcare quality and safety.

Tracking on 5 Dimensions of Patient and Family Engagement



Hospitals Meeting PFE Criteria June 2014



- PFE 1: Prior to admission, hospital staff provides and discusses a planning check list with every patient that has a scheduled admission – allowing for questions or comments from the patient or family - a planning check list that is similar to CMS's Disc
- PFE 2: Hospital conducts shift change huddles and do bedside reporting with patients and family members in all feasible cases.
- PFE 3: Hospital has a person or functional area, who may also operate within other roles in the hospital, that is dedicated and proactively responsible for Patient and Family Engagement and systematically evaluates Patient and Family Engagement activitie
- PFE 4: Hospital has an active Patient and Family Engagement Committee OR at least one former patient that serves on a patient safety or quality improvement committee or team.
- PFE 5: Hospital has at least one or more patient(s) who serve on a Governing and/or leadership board and serves as a patient representative.

Source: June 2014 HEN Z-5 spreadsheets

Safety Across the Board in the Dignity Hospital Engagement Network

Dignity 35 aligned hospitals, 100% of applicable hospitals are in each trend		**ADE**: 72.45% decrease in hypoglycemic rate (POC results<40 mg/dl)	**CAUTI**: 40.91% decrease in CAUTI per 1,000 catheter days (house-wide)
CLABSI: 67.24% decrease in CLABSI per 1,000 device days	**Falls**: 49.11% decrease in falls with injury (NDNQI definition)	**EED**: 98.27% decrease in EED rate (PC-01); sustaining rate <1%	**PrU**: 36.69% decrease in rate of HAPU (all stages)
SSI: 34.26% decrease in SSI/100 targeted procedures	**VAP**: 58.59% decrease in VAP per 1,000 vent days	**VTE**: Sustaining low (benchmark)VTE rate (PSI-12)for the Medicare population	**Readm**: 12.76% reduction in Medicare FFS readmissions

Source: Dignity Health June 2014 Monthly Report

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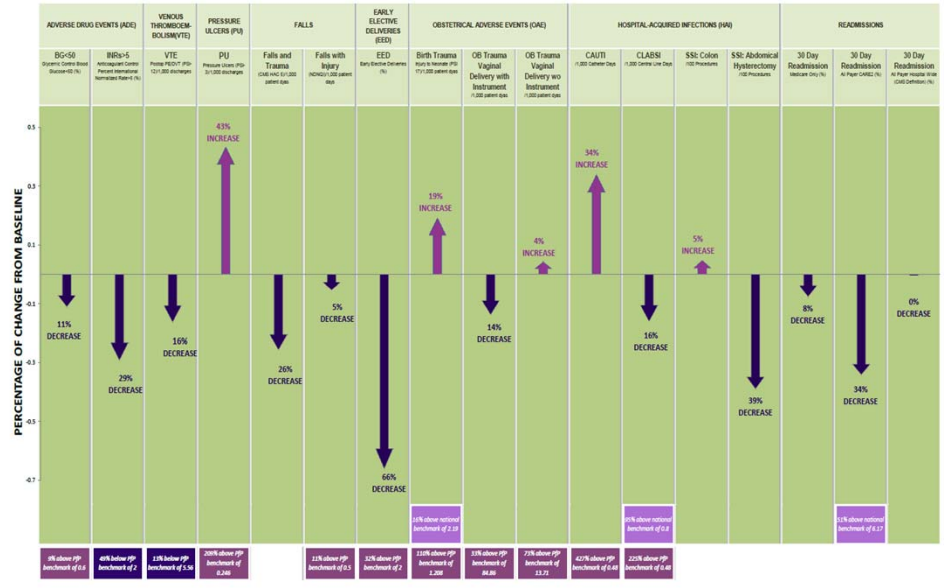
Georgia HEN Health
Harm Across the Board Progress Toward Goals



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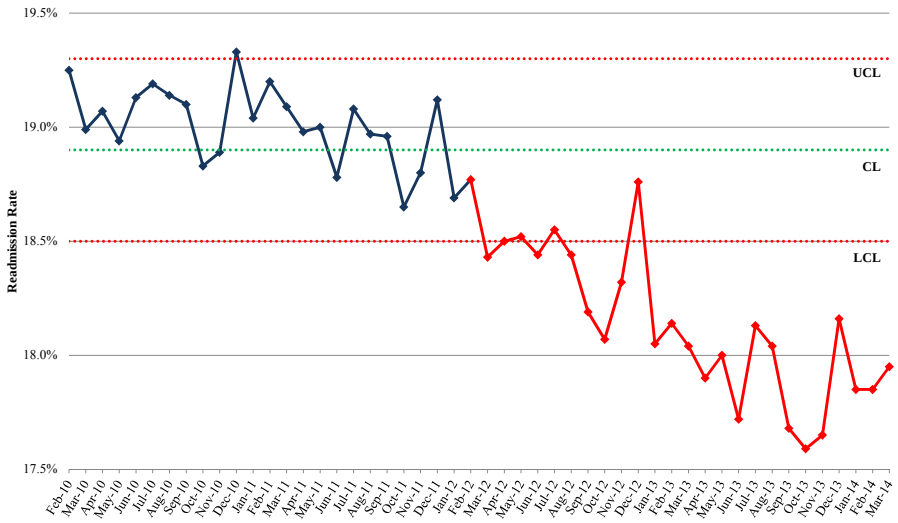
Medicare FFS 30-Day All-Cause Readmission Rate, 2010-February 2014, All Reporting Hospitals Nationally



Partnership for Patients AHRQ National Scorecard 2012 Annual Hospital Acquired Condition (HAC) Data Compared to 2010 Baseline

- 8.8% Reduction in Measured HACs
  - from 4,757,000 to 4,337,000
  - from 145 per 1,000 discharges to 132 per 1,000 discharges
  - ***Data meets pre-launch HAC reduction goal for 2012***
- $3.1B in 2012 Associated Cost Savings
  - $4.0B for 2012 and 2011 combined
- Estimated Associated Reductions in Deaths Due to HACs
  - ~12,000 for 2012
  - ~16,000 for 2012 and 2011 combined

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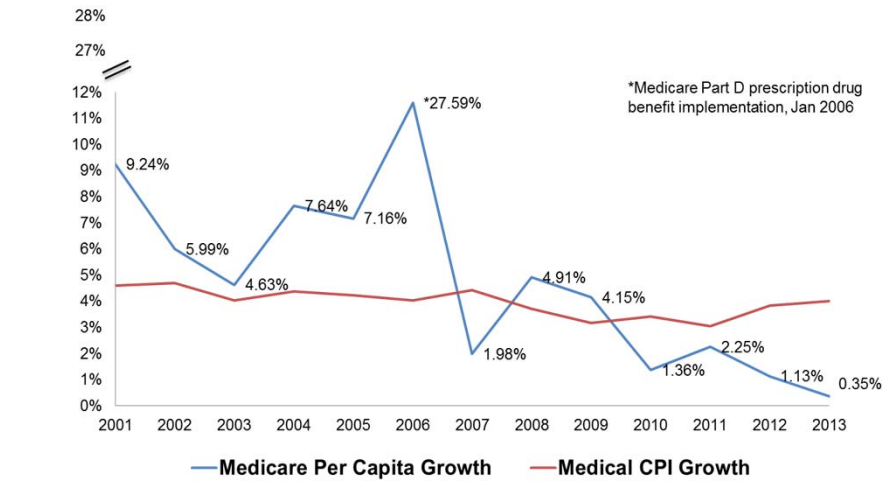
Hospital Acquired Condition (HAC) Rates From Leading Indicators Also Show Improvement

Ventilator Associated Pneumonia (VAP)[1]	Early Elective Delivery (EED)[2]	Obstetric Trauma Rate (OB)[3]	Venous Thromboembolic Complications (VTE)	Falls with Injury	Pressure Ulcers
53.2%↓	63.7%↓	16.1%↓	7.4%↓	13.4%↓	20.4%↓

Source: NHSN, NDNQI, CalNOC, and HEN-submitted data June 2014.
[1] Concerns have been raised about the measure specification for this measure.
[2] In HEN-reported data, baseline, and current periods vary by HEN.
[3] Obstetric Trauma Rate – Vaginal Delivery without Instrument (PSI-19).

Results: Medicare Per Capita Spending Growth at Historic Lows



Source: CMS Office of the Actuary

-- Lots of Progress -- And, We Can Do Better…

- Adverse Drug Events
- Pressure Ulcers
- Catheter Associated Urinary Tract Infections
- Safety Across the Board – in All Areas of Harm
- Sepsis and Other Advance Practice Topics

Patients and families -- like Helen Haskell -- are counting on all of us to do better…

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We Know How to Achieve the Results We Seek

- High performing hospitals…
- Entire systems of hospitals…
- And hospitals across entire states…

…have figured out how to achieve the results we seek.

The challenge is spread

If we always do what we've always done, we'll always get what we've always got.

- Partnership for Patients is About All of Us Doing Things Differently.
- We have unprecedented Federal action and coordination.
- We have an unprecedented CMMI Investment in taking proven practices to national scale.
- We have unprecedented action and alignment by community-based organizations, hospitals, clinicians, private partners and others.
- ***Join with us and with each other in making the most of this extraordinary opportunity for change and improvement.***

Our Challenge to Leaders in the Room

Use today to generate your "to do" list of items to accelerate progress in pursuit of reduced harm and 30 day readmissions:

- **What situations and opportunities are each of us presented with now?**
- **How do we embrace change with every challenge we face?**
- **What can each of us do to promote transparency, accountability and create a learning environment?**
- **What can each of us do in our work to create a culture of *safety across the board*?**

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Questions to Run On

- Where are we with the Partnership for Patients (PfP) today?
  - What are our results so far?
  - What areas need increased action and attention?
- What actions can support this safety culture change, and improve patient care?
- ***What can accreditation & certification organizations do to further accelerate patient safety efforts?***

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Sustainability Beyond 2014

What is happening next with the Partnership for Patients

- Preliminary Evaluation – The evaluation has found clear evidence for decreased rates of harm. The evaluation report can be found at: http://innovation.cms.gov/Data-and-Reports/index.html
- Next Phase of Evaluation – Determining the linkage between the significant results we are seeing, and the contribution of PfP to the results.
- Determination from CMS Office of the Actuary- In order to proceed as a model appropriate for national expansion and fund PfP as a regular program of CMS. The evaluation must document:
  - Quality Up, Cost Constant
  - Quality Constant, Cost Down
  - Quality Up, Cost down

Leveraging Accreditation to Ensure Safe Care

Deborah Nadzam

Project Director, Joint Commission Resources

JCR Hospital Engagement Network

- 46 hospitals in 17 states
  - Includes 2 small health systems
- 32 since 2012; 14 new since January 2014
- 5 subcontractors:
  - TJC Division of Healthcare Quality and Evaluation
  - Synensis (formerly Healthcare Team Training)
  - Northwestern University Feinberg School of Medicine
  - EnCompass, LLC
  - Social Interventions and Research, Inc.
- JCR consultants coaches: nurses and P.I. expertise

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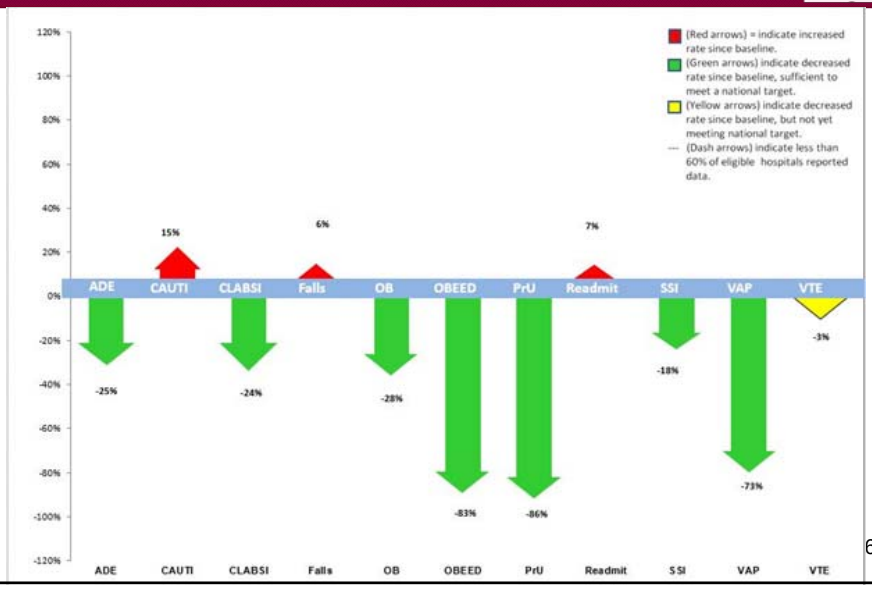
As of July 9th: JCR HEN Results (original 32 hospitals only)



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27 Hospital Engagement Networks (HENs) Working with > 3,700 Hospitals

- H.R.E.T. - American Hospital Association (with several SHA)
- Premier Healthcare Alliance
- VHA
- NC Hospital Association
- Intermountain HealthCare
- GA Hospital Association
- TX Hospital Association
- MN Hospital Association
- Healthcare Assoc of NY State
- IA Healthcare Collaborative
- PA Hospital Association
- WA Hospital Association
- DFWHC Foundation
- OH Hospital Association
- NJ Hospital Association
- Ascension Health
- Tennessee Hospital Association
- MI Health & Hospital Association
- National Public Hospital & Health Institute
- LifePoint Hospitals, Inc
- Joint Commission Resources
- OCHSPS National Children's Network
- Dignity Healthcare
- NV Hospital Association
- Carolinas Health Care
- UHC
- Indian Health Service

Joint Commission Resources

For Your Consideration . . .

- Physicians' and Leaders' Activation
- Nursing Care
- Patient and Family Engagement
- Health Care Disparities and Vulnerable Populations
- Measurement and Improvement
- Individual targeted adverse events

Joint Commission Resources

Physicians and Leaders' Activation

- Promote ACTION, not just talk
- Leaders: behavior changes that demonstrate support
- Physicians: include active participation in Safety Across the Board activities more specifically in 6 competencies
- Continue focus on communication, disruptive behaviors and teamwork
- Support autonomy for other healthcare professionals (pharmacy dosing clinics; nurse removal of Foley; nutritionist dietary orders for PrU prevention
- Patient and family engagement

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Nursing Care

Multiple bundles of care and standardized protocols promoted to reduce hospital-acquired conditions:

Skin/Pressure Ulcer
CAUTI
CLABSI
VAP/VAE
Falls protocol

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What does this look like for the nurse of the complex patient?

VENTILATOR ACQUIRED PNEUMONIA VAP

VAP bundle:

- Sedation vacation
- HOB > 30 degrees
- OG tube
- Meticulous oral care
- Gastrointestinal prophylactic agents
- Deep vein thrombosis prophylactics

The Central Line Bundle — Five Easy Pieces

- Hand hygiene
- Barrier precautions
- Chlorhexidine skin antisepsis
- Avoid femoral line insertion
- Daily assessment of need for catheter removal

#UTI Bundle
CDC hand hygiene
Sterile catheter insertion
Secure and maintain a closed system
Perineal care
Daily review of catheter need, and earliest removal

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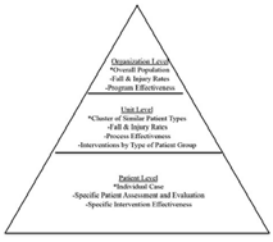
SKIN

- Selection of Appropriate Sup
- Keep Patients Moving
- Manage Incontinence
- Manage Nutrition and Hydr



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And what about . . .

- VTE
- Adverse Drug Events
- Obstetrical events, including early elective deliveries
- Surgical site infections
- Reducing readmissions

And involve the patient and family too!

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Missed Nursing Care: What is it?

- Any aspect of required patient care that is omitted (in part or in whole) or delayed*
- An error of OMISSION

* Kalisch BJ, Landstrom GL and Hinshaw AS (2009). Missed nursing care: a concept analysis. Journal of Advanced Nursing 65(7), 1509-1517

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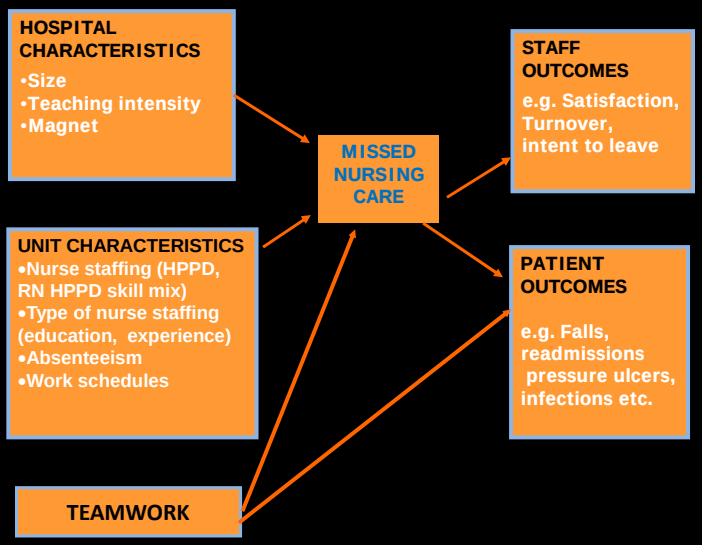
THE MISSED NURSING CARE MODEL



Process findings

- A large amount of nursing care is being missed

Elements of Nursing Care	% missed
Ambulation three times per day or as ordered	76%
Mouth care	64%
Medications administered on time	60%
Feeding patient when the food is still warm	57%
Patient teaching	55%
Response to call light within 5 minutes	50%
Patient bathing/skin care	45%
Emotional support to patient and/or family	42%

Outcome findings (continued)

- **Patient outcomes (continued)**
  - The higher the patient reported missed nursing care, the more adverse events
    - Skin breakdown/pressure ulcers
    - Medication errors
    - New infections
    - Falls
    - IVs running dry, infiltrating
  - Rationed care resulted in medication errors, patient falls, infections, and pressure ulcers (Schubert, et al, 2008)

Outcome findings (continued)

- **Failure to ambulate**
  - New onset delirium
  - Pneumonia
  - Delayed wound healing
  - Pressure ulcers
  - Increased LOS
  - Increased pain and discomfort
  - Muscle wasting and fatigue
  - Physical disability
- **Failure to turn**
  - Pressure ulcers
  - Pneumonia
  - Venous statis
  - Thrombosis
  - Embolism
  - Stone formation
  - UTI
  - Muscle wasting
  - Bone demineralization
  - Atelectasis
- **Failure to administer medications**
  - Example: Clostridium difficile missing the first two doses of vancomycin—increased LOS
- **Failure to do mouth care**
  - Reluctance to eat
  - Pressure ulcer development
  - Pneumonia, particularly in ventilated patients
- **Failure to teach**
  - Adverse events
  - Readmission

Outcome findings (continued)

- **Failure to sleep**
  - Mental impairment
  - Susceptible to infections
  - Slows recovery, longer LOS
- **Failure to wash hands**
  - HAIs (CAUTIs, CLABSIs, etc.)
- **Failure to answer call lights**
  - Death, adverse events
  - Falls
  - Increased LOS
  - Increased pain and discomfort
- **Failure to eat**
  - Greater mortality
  - Higher nursing home use
  - Infections
  - Increased LOS
  - Readmission
  - Higher costs
- **Failure to provide emotional support**
  - Feelings of not being safe
  - Lack of hope
  - Distressed, agitated
  - Inability to cope
- **Failure to do interdisciplinary rounds**
  - Adverse events
  - Readmissions
  - Catheters in too long
  - Higher mortality

Patient and Family Engagement

- More attention to establishment of patient and family advisory councils
- More attention to patient advocates' participation on quality and safety committees, including Board
- More attention to the patient voice!!
- Increase scrutiny of informed consent policy, process and forms.

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Health Care Disparities

- Focus on USE of REAL data
- Stratify required metrics by REAL and other patient characteristics
- Include patients representing various vulnerable populations in meetings/committees to interpret findings and collaborate on solutions

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Health Care Disparities

- Increase attention on care of the geriatric patient in the acute care setting
- Increase attention on care of the pediatric patient in the general hospital

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Measurement and Improvement

- More standardized measure: ADE, pediatrics, geriatrics, LEAPT topics
- Disciplined approach to improvement
- Focus on culture!
- E.H.R.

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Targeted Adverse Events

- A.D.E.
- C.A.U.T.I.
- C.L.A.B.S.I.
- Falls
- Pressure Ulcers
- S.S.I.
- V.T.E.
- VAP-V.A.E.
- OB
- Readmission

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The Answer is in the Room

- Consistent Messaging in a set time frame?
- Seek our input
- Include patients

Let's not compete on patient safety!

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National Quality Forum

Leveraging Accreditation & Certification Standards to Ensure Safe Care

Marco A. Villagrana, MSW
The Joint Commission

July 14, 2014

The Joint Commission

The Joint Commission

- Mission:
  - To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value
- More Than an Evaluator of Programs
- An Improvement Organization

The Joint Commission

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Tools that Drive Improvement

- Accreditation Standards
- National Patient Safety Goals
- Survey Process/Tracers
- Sentinel Event Alerts
- Performance Measures/Solutions Exchange
- Education
- Publications
- Sentinel Event Program

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The Center for Transforming Healthcare

- Emblematic of move toward an improvement organization
- Wholly-owned subsidiary that tackles most intractable quality & safety issues
- Uses a specific set of methods called Robust Process Improvement
- Evaluates causes, tests cause-specific solutions
- Targeted Solutions Tool has resulted

The Joint Commission

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Conclusion

- Stand ready to deploy tools & expertise
- Strong role for improvement organizations
- Open to hearing others' ideas

The Joint Commission

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The ABMS Multi-specialty MOC Portfolio Program
Overview & Engagement Example

David Price, MD, FAAFP, FACEHP
Director, ABMS MSPP
Former Director, Permanente Federation MOC Portfolio

American Board of Medical Specialties
Higher standards. Better care.®

What is MSPP?

- Agreement among boards to credit QI activity sponsored by institutions with mature QI programs
- Alignment of professional development with organizational quality and safety improvement
- Applicant organizations considered based on:
  - maturity and support of local QI program
  - ensuring meaningful physician participation

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Why the MSPP?

- Many health care systems/organizations have existing strong PI/QI efforts & infrastructure
- Physicians expected to engage in their orgs QI work
- Aligns MOC with institutional QI and other professional assessment activities
- MSPP: an option for physician doing QI for MOC
- High standards for meaningful QI, organizational & physician participation
  - Organizational progress reports

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Physician Advantages

- Decreases competing demands for physician attention & resources, reducing administrative burden
- MOC Part IV credit for participating in health care QI relevant to daily work
  - organizational support and QI discipline for busy clinicians
- Engagement vs. compliance mode
- So, patients benefit too!

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Organization Advantages

- Aligns physicians MOC w/organizational priorities & goals
- Reduces organizational effort, time, & cost of applying to multiple specialty boards
- Engages physicians to address institutional quality and safety priorities
- Portfolio Sponsors can approve their own QI efforts for MOC Part IV from participating ABMS Boards
- Fosters communication among Portfolio Sponsors to learn & share successful QI practices

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Advantages to the Boards

- Increases relevance of MOC
- Reduces administrative burden of approving multiple QI efforts that cross multiple specialties
- Reduces administrative redundancies and enjoys economies of scale
- Assures that physicians are meaningfully participating in mature QI programs
- Facilitates learning and sharing across specialties

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Numbers

- 19/24 ABMS Member Boards
- 32 participating organizations
- 50+ organizations with applications to join
- 60+ organizations considering applying
- 500+ approved QI projects
- >3300 physicians receiving MOC credit

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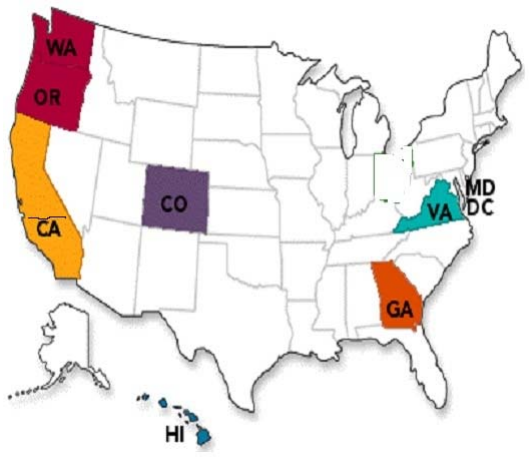
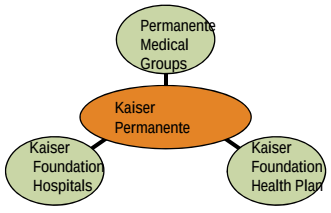
Kaiser Permanente: Largest US Non-Profit Health Care Program



- **Founded 1945**
- **7 regions in 8 states & Washington DC**
- **> 9 million members**
- **>17,000 physicians**
- **>170,000 employees**
- **Matrix management**



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Kaiser Foundation Health Plan/Hospitals

- National Office Oakland CA
- Regional plans in local markets report to National
- Corporate structure

Permanente Medical Groups

- Independent multi-specialty Med Groups
- Permanente Federation – umbrella group – facilitating, coordinating – not corporate/hierarchical

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KP MSPP Experience

- Tailored wiki page for physician enrollment in eligible projects based on PMG region and specialty
- 58+ projects (some same topic in different regions)
- >1300 physicians receiving MOC credit
- >2000 registered wiki users
- Many positive comments
- Early data shows association w/practice change
- >60% of ppts indicate desire to learn more about QI/PI

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Selected Topics

Topic	# regions	Boards
C-Diff	1	IM, FM, EM, Surgery
Cancer Screening	3	IM, FM, Peds, OB/GYN
Cardiovascular Disease	6	IM, FM
Cenral Line Infection (NICU)	2	Peds
Depression	2	IM, FM, P&N
Imaging	2	IM, FM, PM&R
Immunizations	5	FM, IM, Peds
Patient Satisfaction	1	All participating specialties
Prescribing	2	IM, FM, Derm
Sepsis	2	IM, FM, Peds, OB/GYN, Surgery
Specialty Care Access	1	All participating specialties
Surgical Site Infections	1	Surgery

Networking Lunch

Program resumes at 12:30pm

MAYO CLINIC

Impact of MOC on Patient Safety at Mayo Clinic

MAYO CLINIC 150 Years SERVING HUMANITY

Hope and Healing

Catherine C. Roberts, M.D.

NQF Patient Safety Collaboration Quarterly Meeting
July 14, 2014

At Mayo Clinic…

- Healthcare is delivered by clinicians and teams who are ultimately accountable for improving healthcare quality
- Quality improvement is a team-sport, not an individual clinician activity
- Quality improvement includes systems of care and individual clinician performance

MAYO CLINIC

MAYO CLINIC SERVING HUMANITY 150 Years

At Mayo Clinic…

- Clinician efforts need to be aligned with institutional priorities for quality and safety.
- We recognize current institutional and grass-roots quality improvement projects for maintenance of certification (MOC) credit.

> 60,000 Employees

> 4,000 Physicians

Board Certification is required for physician employment.

MAYO CLINIC

MAYO CLINIC SERVING HUMANITY 150 Years

Mayo Clinic MOC Program

Institute for Healthcare Improvement Triple Aim:

- Improving the patient experience of care
- Improving the health of populations
- Reducing the per capita cost of health care

Patients, payers, policymakers, clinicians, healthcare organizations, and specialty certification boards share a common goal, that their physicians are competent and participate in lifelong learning.

Maintenance of certification is an important means to achieve that goal.

MAYO CLINIC

MAYO CLINIC SERVING HUMANITY 150 Years

Mayo Clinic MOC Program Intent

- Make maintenance of certification relevant to a physician's clinical practice
- Make MOC a continuous process
- Recognize meaningful participation in current interprofessional, multidisciplinary, team-based quality improvement activities

Mayo Clinic MOC Program Intent

- Provide educational opportunities to support professional development
- Leverage MOC as tool of professional accountability
- Study and evaluate the effectiveness of MOC
- Reduce reporting burden

Deliverables

- Meaningful physician engagement
- Improvement in physician knowledge, skills, and attitudes
- Improvement in patient outcomes and satisfaction

Quality Review Board

- Board is comprised of 10 physicians (with 5% protected time), 2 engineers, and 3 administrative staff who meet every other week to review projects.
- Each member was hand-picked for their interest and expertise in quality and education.
- Every quality improvement project submitted for MOC credit is evaluated and scored by 2 reviewers (similar to a journal editorial review board and IRB).

Quality Review Board

- Just-in-time coaching and education
- Platform for internal dissemination via a searchable website
- Opportunities for scholarship and external dissemination

Outcomes (2009 – 2013)

- QI projects reviewed: 579
- QI projects approved for Part IV MOC: 248
- Total physicians receiving credit: 1130 (30% of Mayo physicians)
- Total allied staff involved: > 2000
- Teams: Average of 10-15 members (range: 2 to 70)

Return on investment estimated at 5:1

Outcomes (2009 – 2013)

- Improved communication and teamwork
  - "As a clinical assistant, I have never presented in front of a group of physicians before and this project allowed me to share my ideas and thoughts with them."
  - "I understand the bigger picture and see how important standardization and process are to improving patient care."
  - "I developed a stronger understanding of the work completed by other disciplines and how to pull everyone together for the best needs of our patients."

Outcomes (2009 – 2013)

- Hospital acquired infection rates from *Clostridium difficile* decreased by 85%
- In-hospital mortality rates from acute myocardial infarction decreased by 25%
- Electronic health record stage 1 meaningful use increased to 100%
- Patient falls and decubitus ulcers decreased by 50%
- Improved patient experience and access
- Difficult to measure absence of uncommon but potentially catastrophic patient safety events

Summary

- MOC is a promise to the American people that our physicians are competent and constantly striving to improve patient care.
- Providing MOC credit and support to physicians who initiate QI projects that are customized to their practice is a win-win for everyone involved.
- It can be difficult to quantify the patient safety adverse events that *don't occur* due to the results of quality improvement projects, but that doesn't make the impact any less real.

MAYO CLINIC

Questions & Discussion

Small Group Breakout Session:

Best Practices for Leveraging Accreditation and Certification to Ensure Safe Care

Small Group Assignments
Round 1

Table 1	Table 2	Table 3	Table 4	Table 5
Chrissie Blackburn	Jennie Chin Hansen	Alicia Cole	Lisa Ann Morrise	Wendy Prins
Maureen Cahill	Amanda Stefancyk	Karen Plaus	Maureen Dailey	Linda Lewis
Don Detmer	Robyn Stone	Robert Jesse	Debra Reed-Gillette	Valerie Jackson
Marybeth Farquhar	Deborah Nadzam	Traci Padgett	Nancy Foster	Marco Villagrana
Leslie Tucker	David Price	Daniel Cole	Darilyn Moyer	Bernard Rosof
Karen Adams	Thomas Hamilton	Brian Isetts	John Combes	Ranjit Singh
Yehuda Dror				Elizabeth Summy

Small Group Discussion
Round 1: Making Connections

Instructions: As a group, please organize these four items to display how they currently relate to each other (materials provided). At the end, staff will collect your flipchart paper and display on the wall.

Guiding discussion questions:

1. How do we connect: (1) quality, (2) continuing education, (3) accreditation/certification, and (4) patient safety in new or more powerful ways?
   a) How are these things already connected?
   b) Are there new opportunities for further connections?

Small Group Discussion
Round 1: Making Connections

Additional discussion questions (time permitting):

2. How are these connected from different perspectives (provider, patient, purchaser, accreditation/certification organization, etc.)?

3. What would you change in order to generate progress on the aims?

Small Group Assignments
Round 2

Table 1	Table 2	Table 3	Table 4	Table 5
Chrissie Blackburn	Jennie Chin Hansen	Alicia Cole	Lisa Ann Morrise	Wendy Prins
Linda Lewis	Maureen Cahill	Amanda Stefancyk	Karen Plaus	Maureen Dailey
Debbie Reed-Gillette	Valerie Jackson	Don Detmer	Robyn Stone	Robert Jesse
Traci Padgett	Nancy Foster	Marco Villagrana	Marybeth Farquhar	Deborah Nadzam
David Price	Daniel Cole	Darilyn Moyer	Bernard Rosof	Leslie Tucker
John Combes	Ranjit Singh	Karen Adams	Thomas Hamilton	Brian Isetts
	Yehuda Dror		Elizabeth Summy	

Small Group Discussion
Round 2: Focus on the Aims

Instructions: Please discuss these questions as a group. During the conversation, please fill out the green worksheets (one per person) and place them on the wall at the end of the session.

4. How can accreditation/credentialing drive a culture of safety throughout the healthcare system?

5. What can your organization do to leverage accreditation and/or certification to accelerate the goals of reducing hospital readmissions and/or hospital acquired conditions (HACs)?

Moving to Action: Keeping Patient Safety a Priority in 2015 and Beyond

Tom Granatir
Dennis Wagner
Paul McGann

Conclusion and Next Steps

Tom Granatir, Meeting Chair

Evaluation of the Day

Survey Monkey link will be sent to you after today's meeting

Please respond by **Friday, July 18**

Meeting Materials Available Online

Meeting materials will be available on www.qualityforum.org shortly, including:

- Today's presentation
- A recording of today's meeting
- A meeting summary

Thank You