
2024 VIZIENT CONNECTIONS SUMMIT
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REFLECT | ADAPT | EVOLVE

Clinical Documentation Improvement Leaders Peer to Peer Session

Sheila Bowlds, MBA, RHIA

Associate Principal

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Overall Learning Objectives

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- Discuss the impact of benchmarking data to improve a variety of hospital measures and patient outcomes.
- Identify potential obstacles when implementing a patient safety indicator (PSI) improvement program.
- Describe the techniques used to collaborate at the C-suite level to align goals and facilitate change.
- Explain how data transparency can drive engagement.

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Completing the Puzzle of Creating a Successful PSI Review Program

Kimiyoshi Kobayashi, MD, MBA, SFHM
Interim Co-Chief Medical Officer, Chief Quality Officer
UMass Memorial Health, Worcester, Mass.

Jared Cowden, CCS, CRC
Director of Coding Services
UMass Memorial Health, Worcester, Mass.

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About Us

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UMass Memorial Health

Licensed Beds	
System Total	1,207 (plus 90 bassinets)
Medical Center	818 (plus 69 bassinets)
HealthAlliance-Clinton Hospital	181 (plus 21 bassinets)
Marlborough Hospital	79
Harrington	129
Active Medical Staff	
System Total	1,322
Medical Group	1,261*
Harrington Physician Group	61

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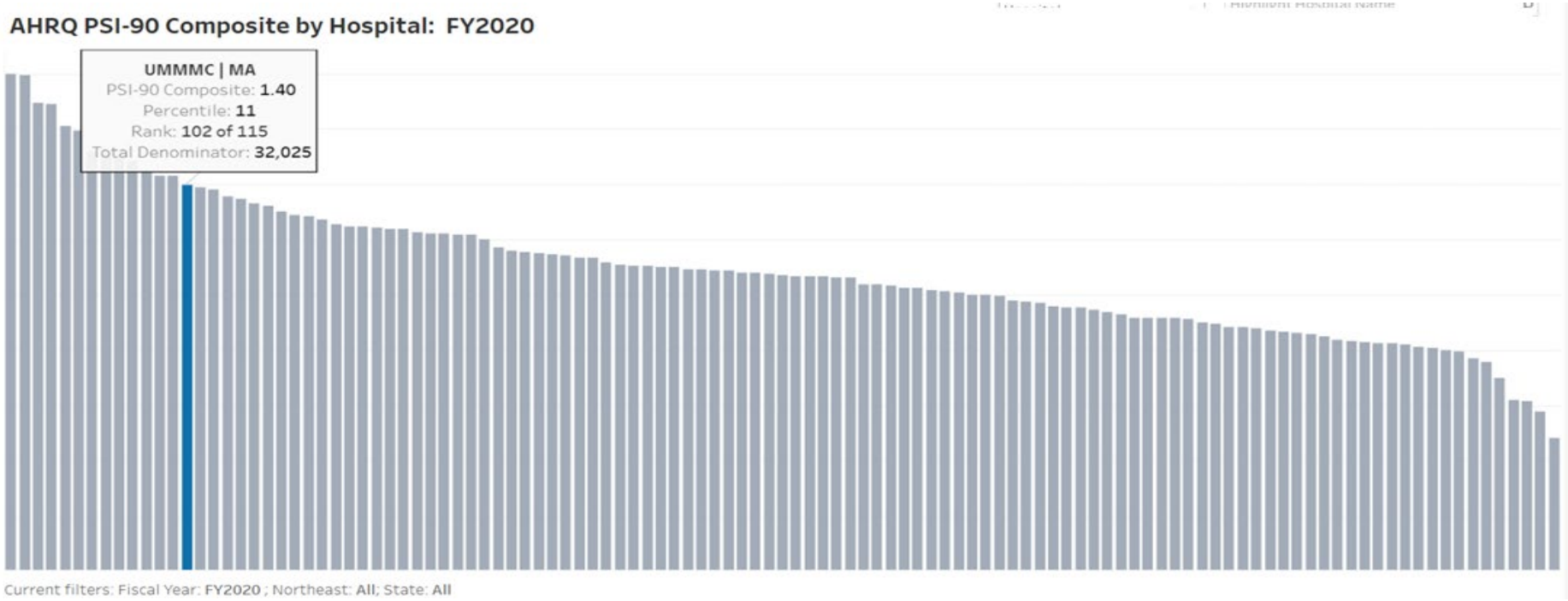
Identifying the Need for Change

- In 2020, UMass Memorial Medical Center's Vizient Patient Safety Indicator (PSI) 90 composite score was 1.40



- A review of our internal workflow and feedback from Vizient's network of top performing institutions revealed that greater collaboration between the Quality and Coding department was needed

Data obtained from Vizient's Clinical Data Base (CDB)

Establishing a Stronger Partnership

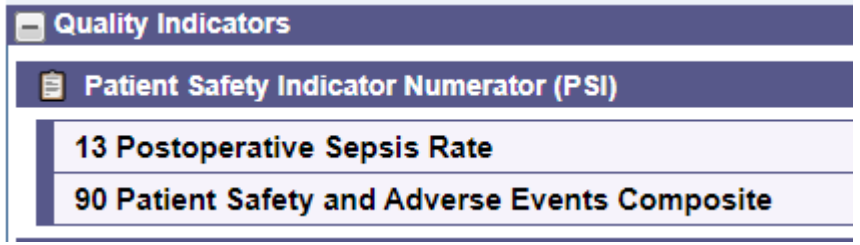
- Creation of a core leadership team consisting of executive clinical leaders, quality officers, coders, and project managers
- Establish every other week meeting schedule
- Quality Department directed process improvement efforts on high priority PSIs
- Coding education sessions focused on general coding guidelines and AHRQ PSI criteria

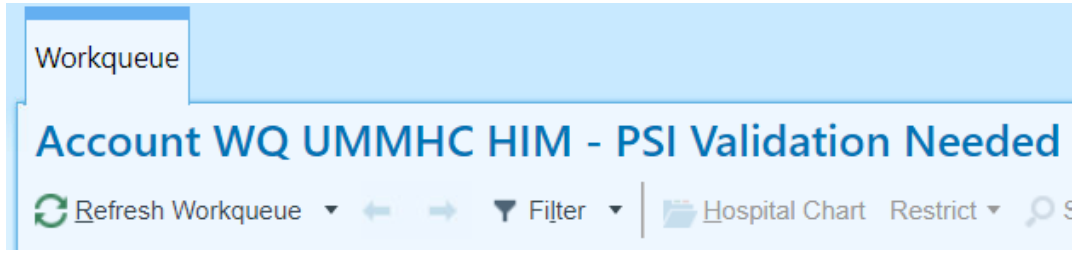
Learning from Other Institutions

- The PSI core leadership team actively reached out to numerous Vizient top performers to gain insight into their successful PSI review programs
- Benchmarking revealed that greater collaboration between the Quality, Coding, and CDI departments was needed
- Best practice workflows were identified and immediately adopted

PSI Workflow Improvements

- PSI flagging software was identified in an encoder product that allowed us to identify every account qualifying for a PSI
- An interface was created within the UMMH EMR and a Stop Bill was created to prevent claim processing
- Each PSI undergoes a coding review to validate qualifying criteria and to look for avoidance opportunities
- Quality is then notified and a final review occurs – every PSI reviewed by Chief Quality Officer





Screenshot from UMMH EMR.

Building Trust and Sharing Insight

- Physician Quality Officers provide insight into clinical scenarios contributing to observed PSIs
  - Clinical documentation intent
  - Specialty specific common phrases
- Coding and Quality review all PSI related queries to ensure compliance and clinical relevance
- Coders can reach out to governing agencies to seek clarification for accurate code selection

Team Expansion

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Creation of Zero Harm Teams

- SAFER Teams
  - Pressure Injury (PI)
  - DVT/PE (Mobility)
  - Falls (Mobility)
  - C-diff
  - SSI
  - CAUTI
  - CLABSI
  - Sepsis
  - Hospice
- Coding Leadership Inclusion
  - Identify how current documentation impacts PSI observed rates
  - Assist in documentation template creation

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Focused Efforts: PSI 03

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Coding/CDI Support

- Identification of inconsistent documentation
  - Hyperlinks automatically pulled in PI stages from nursing documentation
- Staging for Mucosal Injuries
  - Raising awareness of the impact of using “unstageable” in the context of Mucosal injuries
- Deep Tissue Injuries (DTI)
  - DTIs evolving into a stage 3 PI vs. revealing itself to be a stage 3 PI
- Internal Coding Reviews of Patient’s Diagnosed with Skin Failure

PI Safer Committee Initiatives

- Adopt a stricter definition of pressure injuries
- Accurate capture of mucosal injuries
- Developed criteria for Acute Skin Failure

PI = Performance Improvement

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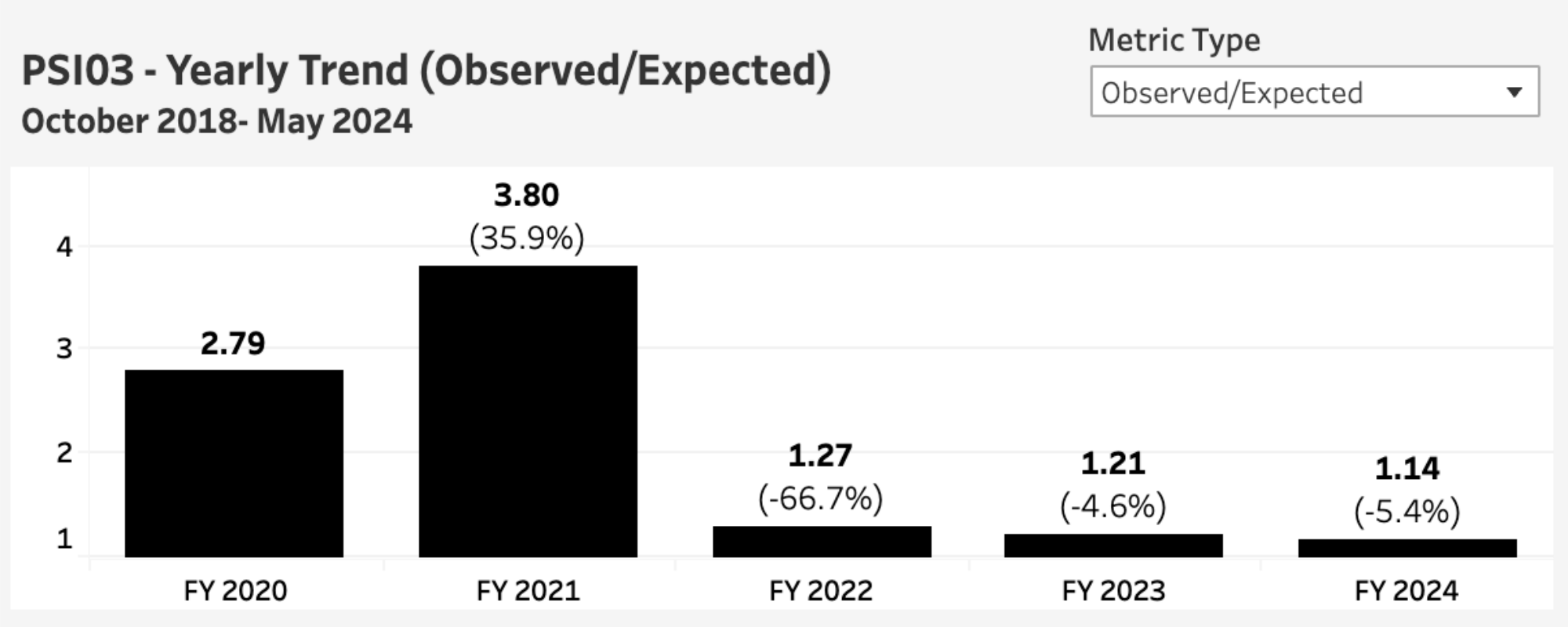
Focused Efforts: PSI 03 Results



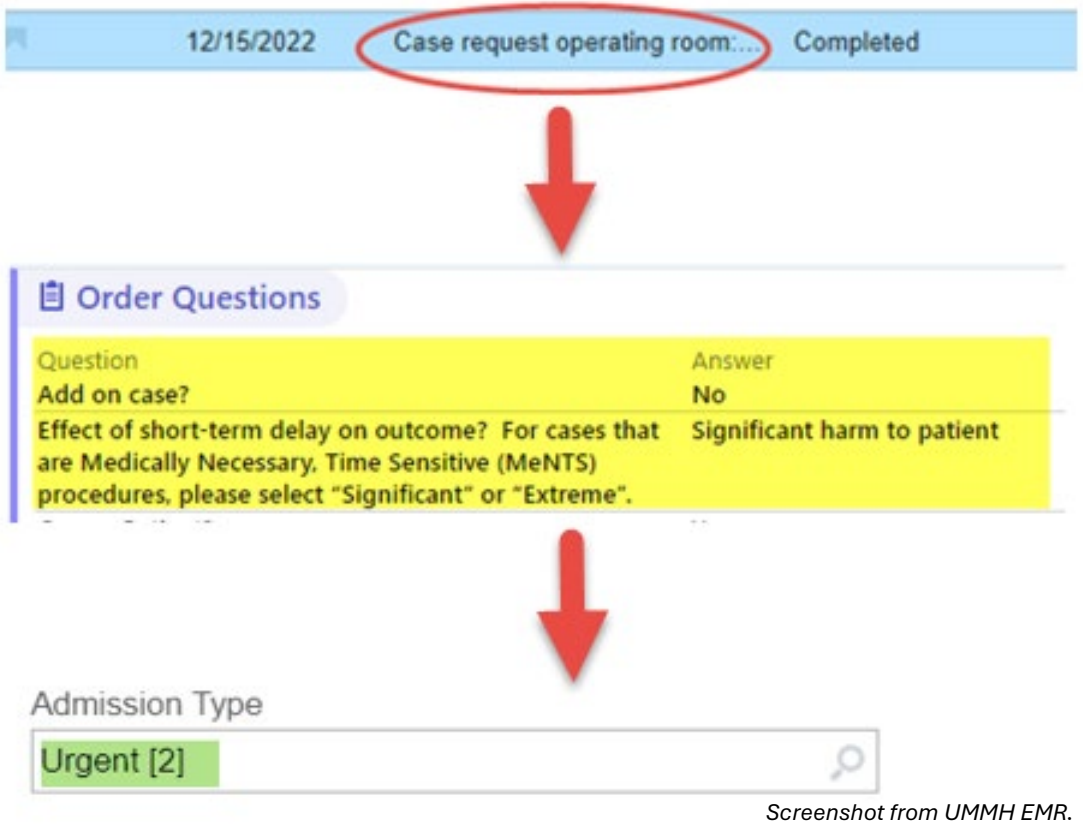
Data obtained from Vizient's Clinical Data Base (CDB)

Focused Efforts: Elective PSIs 10, 11, 13

- Adopt an organizational protocol for admission type designation
  - EMR rule to update admission type based on an ordering physician's response to Case Request Operating Room questions
  - "Effects of short-term delay on outcome?"

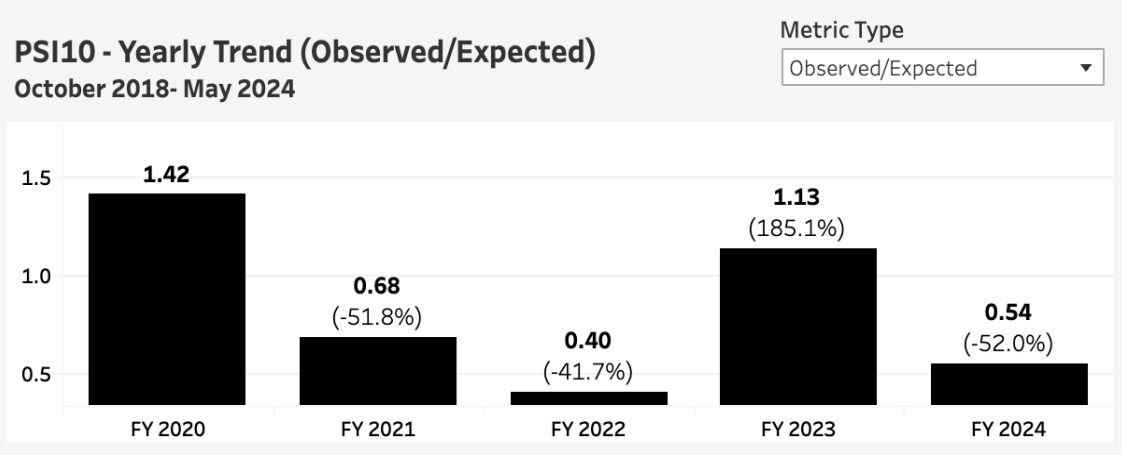
Response	Admission Type
Extreme	Urgent
Significant	Urgent
All Other	Elective

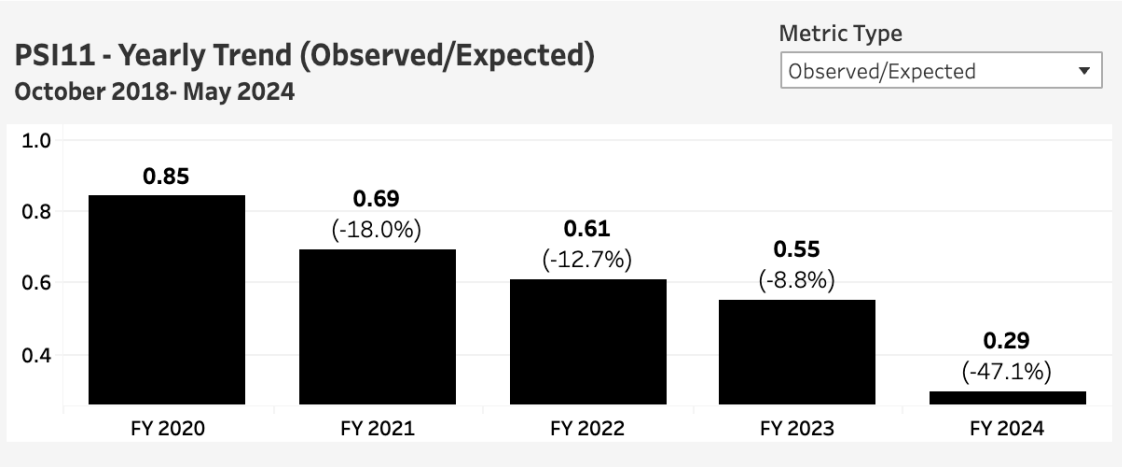
- Rarely, if there is no response to order question, Coders and Quality work collaboratively with proceduralist to understand case urgency

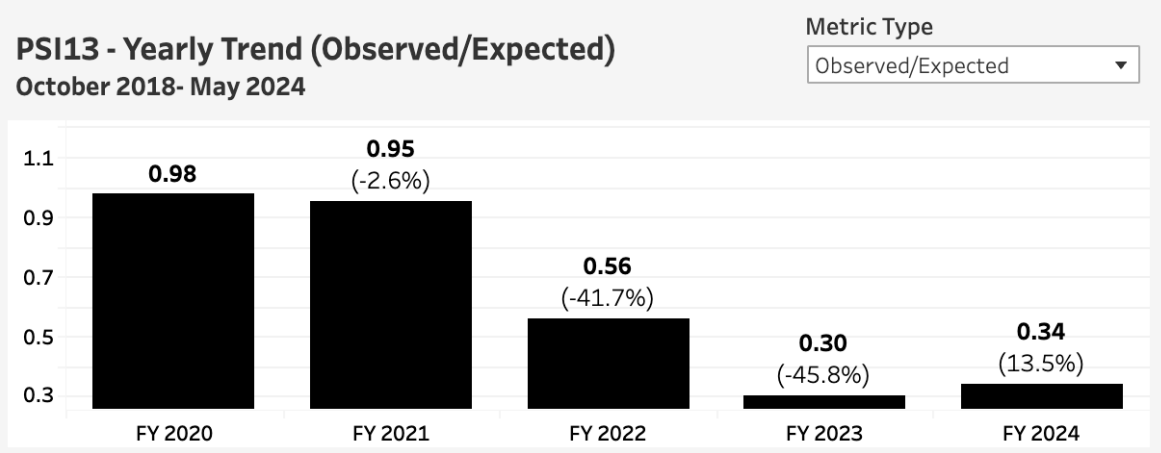


Screenshot from UMMH EMR.

Focused Efforts: Elective PSIs 10, 11, 13 Results



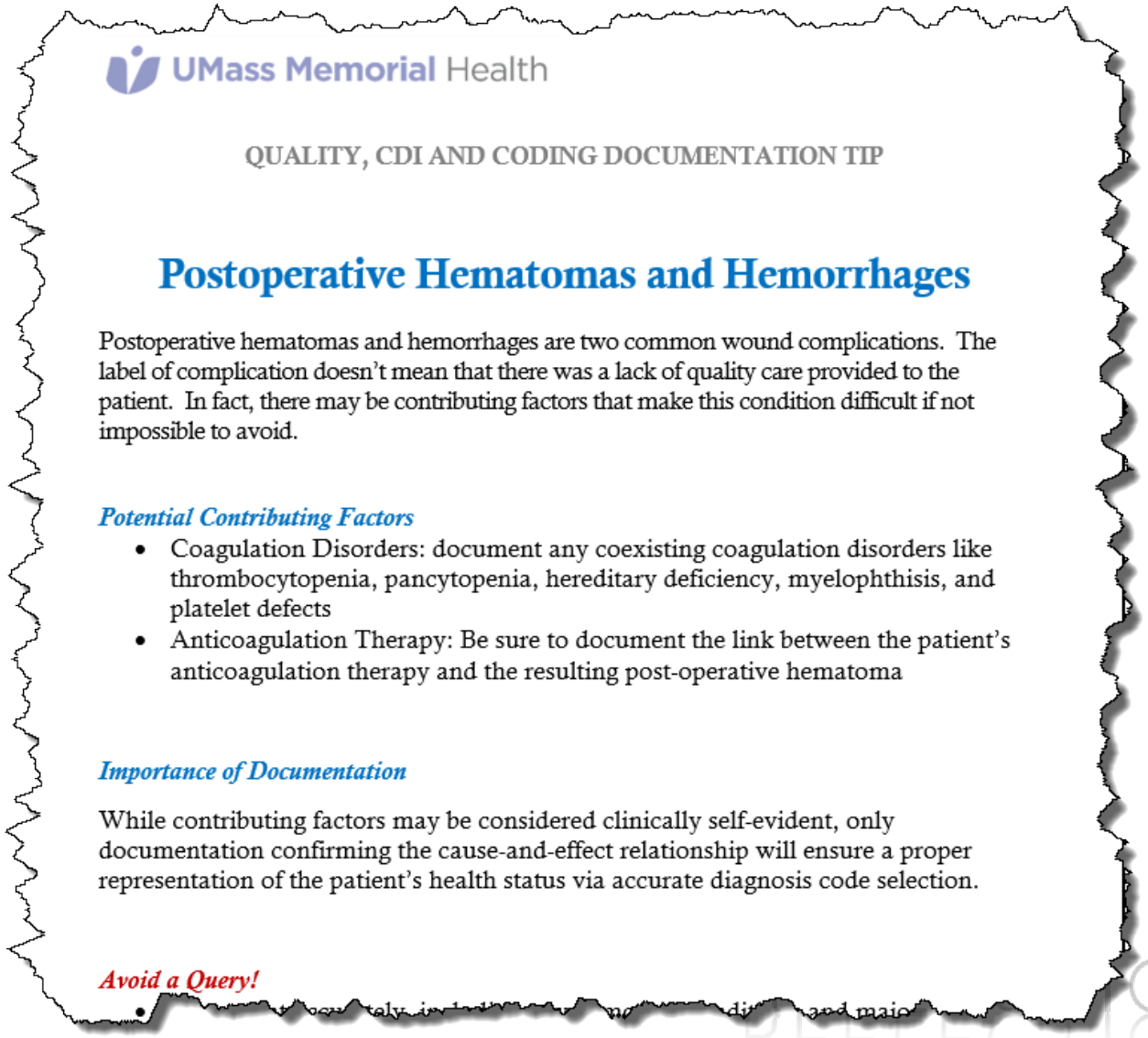




Data obtained from Vizient's Clinical Data Base (CDB)

Feedback and Education

- Clinical leaders provide department-specific feedback related to observed PSIs
- Coding & CDI assist in the creation of hand outs
  - Post-op respiratory failure
  - Intra and post-operative hematomas



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QUALITY, CDI AND CODING DOCUMENTATION TIP

Postoperative Hematomas and Hemorrhages

Postoperative hematomas and hemorrhages are two common wound complications. The label of complication doesn't mean that there was a lack of quality care provided to the patient. In fact, there may be contributing factors that make this condition difficult if not impossible to avoid.

Potential Contributing Factors

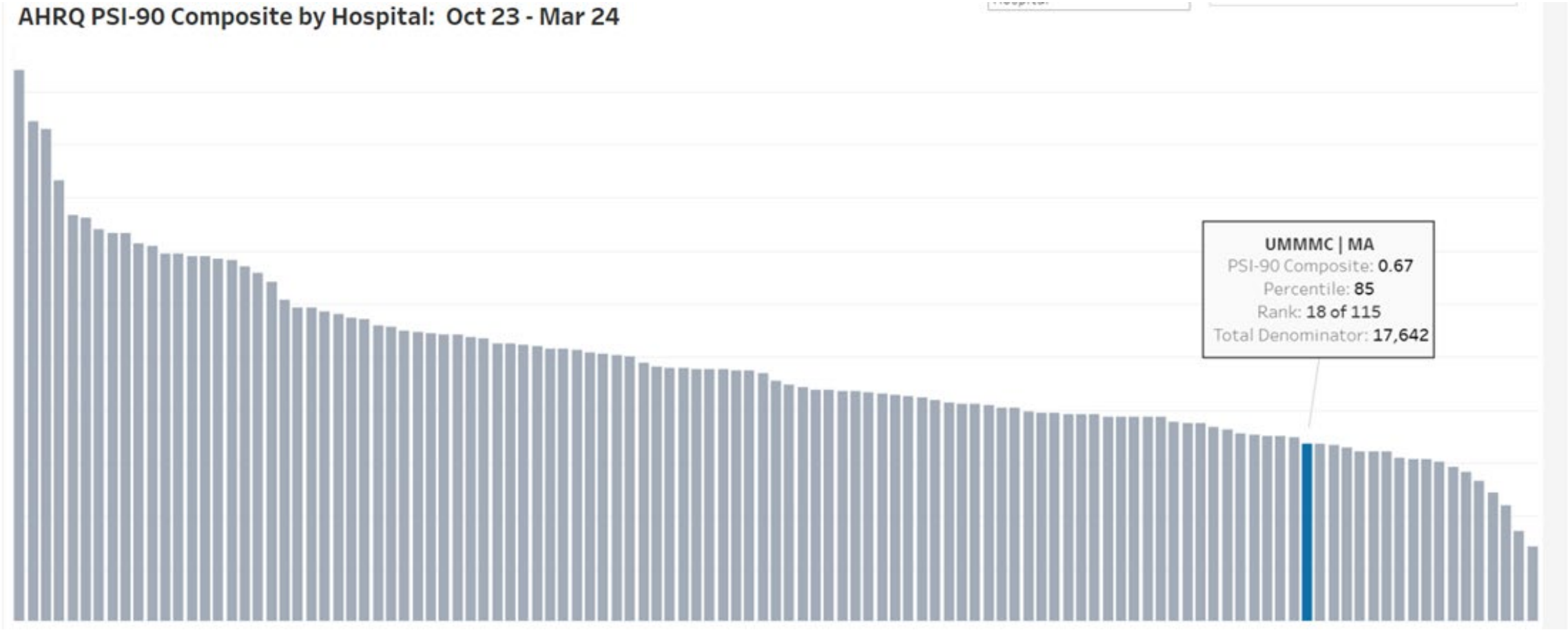
- Coagulation Disorders: document any coexisting coagulation disorders like thrombocytopenia, pancytopenia, hereditary deficiency, myelophthisis, and platelet defects
- Anticoagulation Therapy: Be sure to document the link between the patient's anticoagulation therapy and the resulting post-operative hematoma

Importance of Documentation

While contributing factors may be considered clinically self-evident, only documentation confirming the cause-and-effect relationship will ensure a proper representation of the patient's health status via accurate diagnosis code selection.

Avoid a Query!

Where We Are Today



Data obtained from Vizient's Clinical Data Base (CDB)

Pressing forward

- Continuing efforts include
  - Weekly meetings to review PSI specific queries
  - Monthly expanded meetings to review metrics, patterns and trends
  - In depth review of annual AHRQ PSI updates
- Expansion of collaborative efforts to include mortality O/E opportunities
  - Inclusion of Vizient's mortality predictors into CDI and Coding efforts

Lessons Learned

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- To make significant gains, you have to be open to adopting new practices quickly.
- Improving PSI performance involves developing internal core team workflows as well as clinical process improvement.
- Even when working quickly, sustainable change takes time.

Key Takeaways

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- Close relationship with aligned goals and philosophy between Quality, Coding, and CDI is critical to success – take the time to develop trust.
- There was no single solution that led to success. It takes scrutinizing each PSI for opportunity.
- Need strong and active clinical leadership participation to help improve clinical workflows as well as working with physicians on documentation

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Completing the Puzzle

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Questions?

Contact:

Kimiyoshi Kobayashi, MD, MBA, SFHM, Kimiyoshi.Kobayashi@umassmemorial.org

Jared Cowden, CCS, CRC, Jared.Cowden@umassmemorial.org

This educational session is made possible through the collaboration of Vizient Member Networks.


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Navigating to Clinical Excellence: Vizient Benchmarking Unleashed in the Cloud

Benjamin Schleich, PhD, MS, MBA, BS, LSSBB, DSHS
Principal Analytics, Digital Technology Services
Hackensack Meridian Health
Assistant Professor of Medical Sciences
Hackensack Meridian School of Medicine
Edison, NJ

Who We Are: Hackensack Meridian Health

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18 Hospitals and More Than 500 Patient Care Locations

- **3** Academic Medical Centers
- **1** University Teaching Hospital
- **8** Community Hospitals
- **2** Rehabilitation Hospitals
- **2** Children's Hospitals
- **1** Behavioral Health Hospital
- **1** Long Term Acute Care Hospital

AND

- **1** Center for Discovery & Innovation
- **1** School of Medicine

4,714
Licensed Beds

7,000+
Physicians

$6.8B
Operating Revenue

36,000+
Team Members

Care Delivered in 2022

177,362
Patient Admissions

650,086
Emergency Visits

103,669
Surgeries
(Inpatient and Outpatient)

16,545
Babies Delivered

2,058,163
Outpatient Visits

In addition to our hospitals, we are home to ambulatory care centers, surgery centers, home health services, long-term care and assisted living communities, ambulance services, lifesaving air medical transportation, urgent care centers, physician practice locations and a fitness and wellness center.

Benchmarking: A standard of how something is compared

- **External Benchmarking**: Compare outcomes to external hospitals
- **Internal Benchmarking**: Compare outcomes between internal entities
- **Fixed Benchmarking**: Compare performance to a predefined target
- **Historical Benchmarking**: Compare results pre vs post process changes

Why Benchmark?

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- Improve Patient Care
- Enhance Operational Efficiency
- Thrive in value-based care
- Gain a competitive advantage

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Gain a competitive advantage

- U.S. News & World Report
- CMS Stars
- Newsweek World's Best Hospitals
- Leapfrog Hospital Safety Grades
- Healthgrades 100 Best Hospitals

Experience with External Reporting

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Performance Years Measured in External Reports

U.S. News & World Report — Released July 2023

	2017	2018	2019	2020	2021	2022	2023
Structure						●	
Process					●	●	●
Outcomes	●	●	●	●	●		

CMS Stars — Released July 2023

	2017	2018	2019	2020	2021	2022	2023
Structure				●	●		
Process				●	●		
Outcomes		●	●	●			

Leapfrog Hospital Safety Grades — Released Nov 2023

	2017	2018	2019	2020	2021	2022	2023
Structure						●	●
Process					●	●	
Outcomes			●	●	●	●	

→ *Rankings, Ratings, and Grades*

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Where can you get more up-to-date benchmarks?

vizient.

vizient.®
Clinical Data Base

>

CMS Data
(data.CMS.gov)

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What we used to do (1/2)

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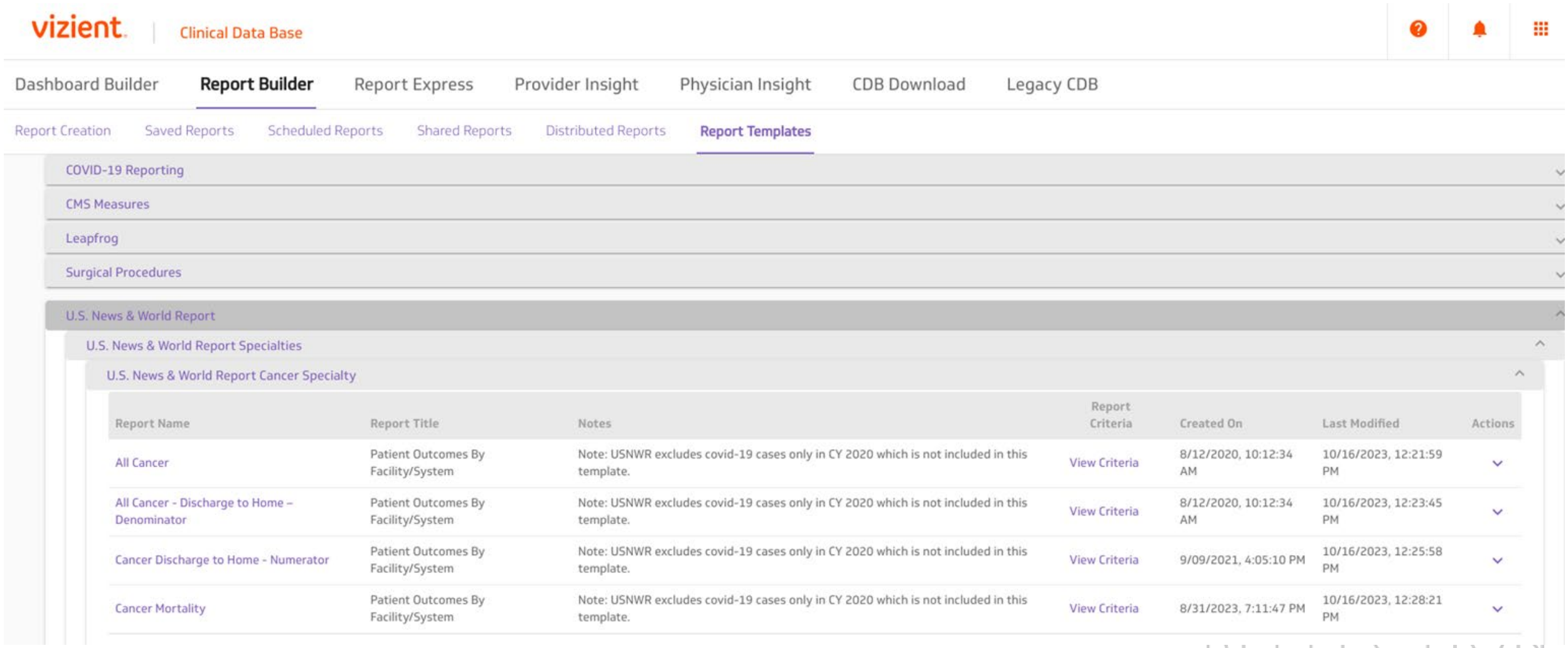

Report Name	Report Title	Notes	Report Criteria	Created On	Last Modified	Actions
All Cancer	Patient Outcomes By Facility/System	Note: USNWR excludes covid-19 cases only in CY 2020 which is not included in this template.	View Criteria	8/12/2020, 10:12:34 AM	10/16/2023, 12:21:59 PM	
All Cancer - Discharge to Home – Denominator	Patient Outcomes By Facility/System	Note: USNWR excludes covid-19 cases only in CY 2020 which is not included in this template.	View Criteria	8/12/2020, 10:12:34 AM	10/16/2023, 12:23:45 PM	
Cancer Discharge to Home - Numerator	Patient Outcomes By Facility/System	Note: USNWR excludes covid-19 cases only in CY 2020 which is not included in this template.	View Criteria	9/09/2021, 4:05:10 PM	10/16/2023, 12:25:58 PM	
Cancer Mortality	Patient Outcomes By Facility/System	Note: USNWR excludes covid-19 cases only in CY 2020 which is not included in this template.	View Criteria	8/31/2023, 7:11:47 PM	10/16/2023, 12:28:21 PM	

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What we used to do (2/2)

Report Creation | Saved Reports | Scheduled Reports | Shared Reports | Distributed Reports | Report Temp

All Cancer - Discharge to Home – Denominator

Advanced restrictions

+ Restrictions

Non RM Expression (A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q): B AND C AND D AND Q AND (A

AND

RM Expression:

Validate Expression | Remove Expression

NAME	RESTRICTIONS	EDIT	DELETE
A	**MS-DRG** (014 Allogeneic bone marrow transplant, 016 Autologous bone marrow transplant w cc/mcc or t-cell immunotherapy, 017 Autologous bone marrow transplant w/o CC/MCC, 054 Nervous system neoplasms w MCC, 055 Nervous system neoplasms w/o MCC, 146 Ear, nose, mouth & throat malignancy w MCC, 147 Ear, nose, mouth & throat malignancy w CC, 148 Ear, nose, mouth & throat malignancy w/o CC/MCC, 180 Respiratory neoplasms w MCC, 181 Respiratory neoplasms w CC, 182 Respiratory neoplasms w/o CC/MCC, 374 Digestive malignancy w MCC, 375 Digestive malignancy w CC, 376 Digestive malignancy w/o CC/MCC, 435 Malignancy of hepatobiliary system or pancreas w MCC, 436 Malignancy of hepatobiliary system or pancreas w CC, 437 Malignancy of hepatobiliary system or pancreas w/o CC/MCC, 582 Mastectomy for malignancy w CC/MCC, 583 Mastectomy for malignancy w/o CC/MCC, 597 Malignant breast disorders w MCC, 598 Malignant breast disorders w CC, 599 Malignant breast disorders w/o CC/MCC, 656 Kidney & ureter procedures for neoplasm w MCC, 657 Kidney & ureter procedures for neoplasm w CC, 658 Kidney & ureter procedures for neoplasm w/o CC/MCC, 686 Kidney & urinary tract neoplasms w MCC, 687 Kidney & urinary tract neoplasms w CC, 688 Kidney & urinary tract neoplasms w/o CC/MCC, 715 Other male reproductive system O.R. proc for malignancy w CC/MCC, 716 Other male reproductive system O.R. proc for malignancy w/o CC/MCC, 722 Malignancy, male reproductive system w MCC, 723 Malignancy, male reproductive system w CC, 724 Malignancy, male reproductive system w/o CC/MCC, 736 Uterine & adnexa proc for ovarian or adnexal malignancy w MCC, 737 Uterine & adnexa proc for ovarian or adnexal malignancy w CC, 738 Uterine & adnexa proc for ovarian or adnexal malignancy w/o CC/MCC, 739 Uterine, adnexa proc for non-ovarian/adnexal malig w MCC, 740 Uterine, adnexa proc for non-ovarian/adnexal malig w CC, 741 Uterine, adnexa proc for non-ovarian/adnexal malig w/o CC/MCC, 754 Malignancy, female reproductive system w MCC, 755 Malignancy, female reproductive system w CC, 756 Malignancy, female reproductive system w/o CC/MCC, 820 Lymphoma & leukemia w major O.R. procedure w MCC, 821 Lymphoma & leukemia w major O.R. procedure w CC, 822 Lymphoma & leukemia w major O.R. procedure w/o CC/MCC, 823 Lymphoma & non-acute leukemia w other proc w MCC, 824 Lymphoma & non-acute leukemia w other proc w CC, 825 Lymphoma & non-acute leukemia w other proc w/o CC/MCC, 834 Acute leukemia w/o major O.R. procedure w MCC, 835 Acute leukemia w/o major O.R. procedure w CC, 836 Acute leukemia w/o major O.R. procedure w/o CC/MCC, 837 Chemo w acute leukemia as sdx or w high dose chemo agent w MCC, 838 Chemo w acute leukemia as sdx w CC or high dose chemo agent, 839 Chemo w acute leukemia as sdx w/o CC/MCC, 840 Lymphoma & non-acute leukemia w MCC, 841 Lymphoma & non-acute leukemia w CC, 842 Lymphoma & non-acute leukemia w/o CC/MCC, 846 Chemotherapy w/o acute leukemia as secondary diagnosis w MCC, 847 Chemotherapy w/o acute leukemia as secondary diagnosis w CC, 848 Chemotherapy w/o acute leukemia as secondary diagnosis w/o CC/MCC)		
B	**Admission Source Not** (Transfer from a hospital, Transfer from a SNF, ICF, ALF or NR, Court/law enforcement)		
C	**Admission Age Between** (65 Year, 199 Year)		
D	**Vizient Primary Payer** (Medicare Traditional/Indemnity)		
E	**MS-DRG** (023 Craniotomy w major device implant or acute complex cns pdx w mcc or chemotherapy implant or epilepsy)		
F	**Any Procedure** (3E0Q005)		
G	**MS-DRG** (456 Spinal fus exc cerv w spinal curv/malig/infec or ext fus w MCC, 457 Spinal fus exc cerv w spinal curv/malig/infec or ext fus w CC, 458 Spinal fus exc cerv w spinal curv/malig/infec or ext fus w/o CC/MCC)		
H	**Any Diagnosis** (C412, C7951, C7952, C7B03)		
I	**MS-DRG** (542 Pathological fractures & musculoskelet & conn tiss malig w MCC, 543 Pathological fractures & musculoskelet & conn tiss malig w CC, 544 Pathological fractures & musculoskelet & conn tiss malig w/o CC/MCC)		
J	**Any Diagnosis Not** (M301, M312, M3130, M3131, M4840XA, M4841XA, M4842XA, M4843XA, M4844XA, M4845XA, M4846XA, M4847XA, M4848XA, M4850XA, M4851XA, M4852XA, M4853XA, M4854XA, M4855XA, M4856XA, M4857XA, M4858XA, M8000XA, M80011A, M80012A, M80019A, M80021A, M80022A, M80029A, M80031A, M80032A, M80039A, M80041A, M80042A, M80049A, M80051A, M80052A, M80059A, M80061A, M80062A, M80069A, M80071A, M80072A, M80079A, M8008XA, M8080XA, M80811A, M80812A, M80819A, M80821A, M80822A, M80829A, M80831A, M80832A, M80839A, M80841A, M80842A, M80849A, M80851A, M80852A, M80859A, M80861A, M80862A, M80869A, M80871A, M80872A, M80879A, M8088XA, M8430XA, M8431 1A, M8431 2A, M8431 9A, M8432 1A, M8432 2A, M8432 9A, M8433 1A, M8433 2A, M8433 9A, M8434 1A, M8434 2A, M8434 9A, M8435 1A, M8435 2A, M8435 9A, M8436 1A, M8436 2A, M8436 9A, M8437 1A, M8437 2A, M8437 3A, M8437 4A, M8437 5A, M8437 6A, M8437 7A, M8437 8A, M8437 9A, M8438XA, M8440XA, M84411A, M84412A, M84419A, M84421A, M84422A, M84429A, M84431A, M84432A, M84433A, M84434A, M84439A, M84441A, M84442A, M84443A, M84444A, M84445A, M84446A, M84451A, M84452A, M84453A, M84454A, M84459A, M84461A, M84462A, M84463A, M84464A, M84469A, M84471A, M84472A, M84473A, M84474A, M84475A, M84476A, M84477A, M84478A, M84479A, M8448XA, M8450XA, M84511A, M84512A, M84519A, M84521A, M84522A, M84529A, M84531A, M84532A, M84533A, M84534A, M84539A, M84541A, M84542A, M84549A, M84550A, M84551A, M84552A, M84553A, M84559A, M84561A, M84562A, M84563A, M84564A, M84569A, M84571A, M84572A, M84573A, M84574A, M84575A, M84576A, M8458XA, M8460XA, M84611A, M84612A, M84619A, M84621A, M84622A, M84629A, M84631A, M84632A, M84633A, M84634A, M84639A, M84641A, M84642A, M84649A, M84650A, M84651A, M84652A, M84653A, M84659A, M84661A, M84662A, M84663A, M84664A, M84669A, M84671A, M84672A, M84673A, M84674A, M84675A, M84676A, M8468XA, M8475 0A, M84751A, M84752A, M84753A, M84754A, M84755A, M84756A, M84757A, M84758A, M84759A)		
K	**MS-DRG** (595 Major skin disorders w MCC, 596 Major skin disorders w/o MCC)		
L	**Any Diagnosis** (C430, C4320, C4321, C4322, C4330, C4331, C4339, C434, C4351, C4352, C4359, C4360, C4361, C4362, C4370, C4371, C4372, C438, C439, C4A0, C4A10, C4A11, C4A12, C4A20, C4A21, C4A22, C4A30, C4A31, C4A39, C4A4, C4A51, C4A52, C4A59, C4A60, C4A61, C4A62, C4A70, C4A71, C4A72, C4A8, C4A9, D030, D0320, D0321, D0322, D0330, D0339, D034, D0351, D0352, D0359, D0360, D0361, D0362, D0370, D0371, D0372, D038, D039)		
M	**MS-DRG** (808 Major hematol/immun diag exc sickle cell crisis & coagul w MCC, 809 Major hematol/immun diag exc sickle cell crisis & coagul w CC, 810 Major hematol/immun diag exc sickle cell crisis & coagul w/o CC/MCC)		
N	**Any Diagnosis** (T8600, T8601, T8602, T8603, T8609)		
O	**MS-DRG** (826 Myeloprolif disord or poorly diff neopl w maj O.R. proc w MCC, 827 Myeloprolif disord or poorly diff neopl w maj O.R. proc w CC, 828 Myeloprolif disord or poorly diff neopl w maj O.R. proc w/o CC/MCC, 829 Myeloproliferative disorders or poorly differentiated neoplasms w other procedure w cc/mcc, 830 Myeloproliferative disorders or poorly differentiated neoplasms w other procedure w/o cc/mcc, 843 Other myeloprolif dis or poorly diff neopl diag w MCC, 844 Other myeloprolif dis or poorly diff neopl diag w CC, 845 Other myeloprolif dis or poorly diff neopl diag w/o CC/MCC)		
P	**Any Diagnosis Not** (Z8500, Z8501, Z85020, Z85028, Z85030, Z85038, Z85040, Z85048, Z8505, Z85060, Z85068, Z8507, Z8509, Z85110, Z85118, Z8512, Z8520, Z8521, Z8522, Z85230, Z85238, Z8529, Z853, Z8540, Z8541, Z8542, Z8543, Z8544, Z8545, Z8546, Z8547, Z8548, Z8549, Z8550, Z8551, Z85520, Z85528, Z8553, Z8554, Z8559, Z856, Z8571, Z8572, Z8579, Z85810, Z85818, Z85819, Z85820, Z85821, Z85828, Z85830, Z85831, Z85840, Z85841, Z85848, Z85850, Z85858, Z8589, Z859, Z87410)		
Q	**Discharge Status Not** (Left against medical advice or discontinued care, Expired - should be used for all in-hospital deaths (i.e., non-hospice patients), Discharged/Transferred to Court/Law Enforcement, Expired at home (for hospice care only), Expired in a medical facility such as hospital, SNF, ICF, or freestanding hospice. (Hospice claims only), Expired - place unknown (Hospice claims only), Discharged to Hospice - home, Discharged/transferred to an inpatient rehabilitation facility including rehabilitiation distinct part units of a hospital, Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission)		

Benjamin Schleich
Report Count
1,000,000

Vizient Clinical Database.

Benchmarking Process Optimization

vizient.

Old Process:

Log in to Vizient CDB, select criteria, run report, download as Excel, combine data, generate rates and benchmarks.

New Process:

Download all Vizient participant data, generate queries in BigQuery, retrieve benchmarks in seconds.

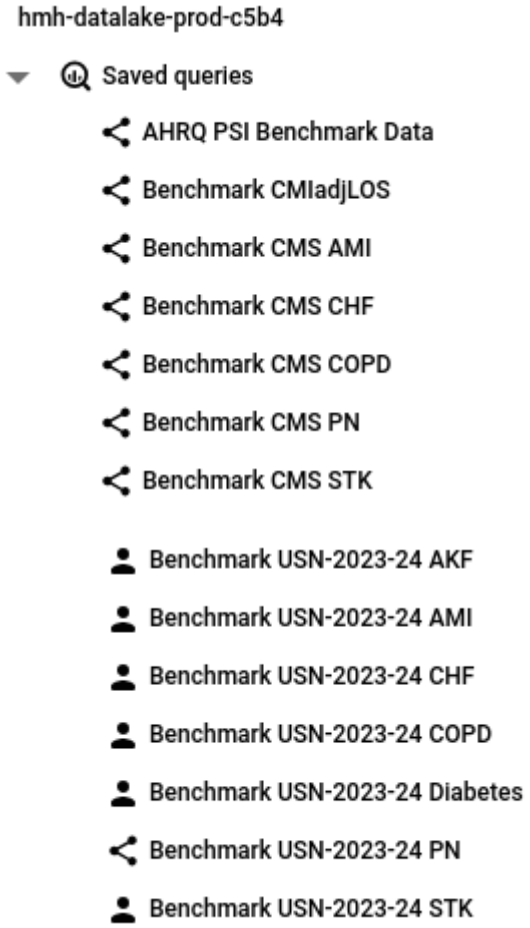
Updating logic and creating queries with multiple KPIs or cohorts is easier in the new process.

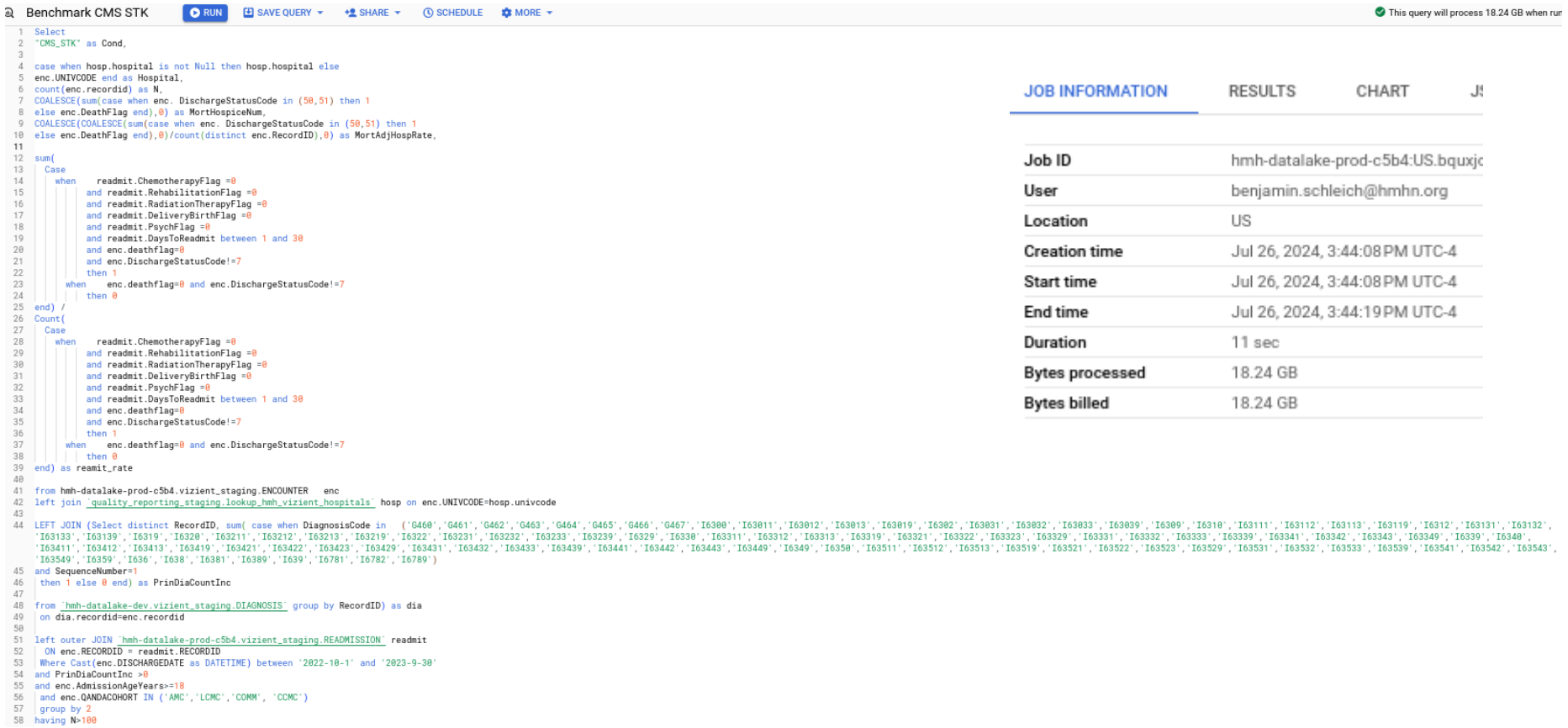
We currently have over 200 benchmarks available

REFLECTION

Benchmarking in the Cloud (BigQuery)

vizient.





REFLECTION

External and Fixed Benchmarking in Action

vizient.

Measure Name	Desired Direction	Bottom Q	Median	Top Q	Baseline	Baseline Quartile	YTD Value (Annualized)	Target	Target Status	YTD Quartile	Quartile Movement
Readmission: PN	↓	14.17%	12.12%	9.74%	16.54%	Bottom QRTL	14.67%	15.71%	Met	Bottom QRT	0
Readmission: CHF	↓	18.56%	16.25%	13.37%	20.77%	Bottom QRTL	18.41%	19.73%	Met	Worse Than	1
Readmission: Cancer Specialty	↓	18.23%	15.64%	13.19%	21.90%	Bottom QRTL	18.35%	20.81%	Met	Bottom QRT	0
Hospice Adjusted Mortality: Cancer Specialty	↓	23.53%	19.21%	15.88%	15.01%	Top QRTL	11.86%	14.71%	Met	Top QRTL	0
Hospice Adjusted Mortality: Stroke	↓	9.80%	7.35%	5.31%	8.66%	Worse Than Me	10.28%	8.23%	Not Met	Bottom QRT	-1
Discharge to Home	↑	77.67%	81.56%	84.93%	85.08%	Top QRTL	85.21%	86.21%	Not Met	Top QRTL	0

The goal creation usually follows the logic of moving performance to the next quartile but not more than 5% to make the improvement feasible and at a minimum of 2%.

REFLECTION

Composite Measure - HMH Hospital GPS

vizient.

Where are we? Where do we want to be? Are we there yet?

This strategic, long-term tool aligns KPIs with goals, facilitating communication and accountability.

Key Features:

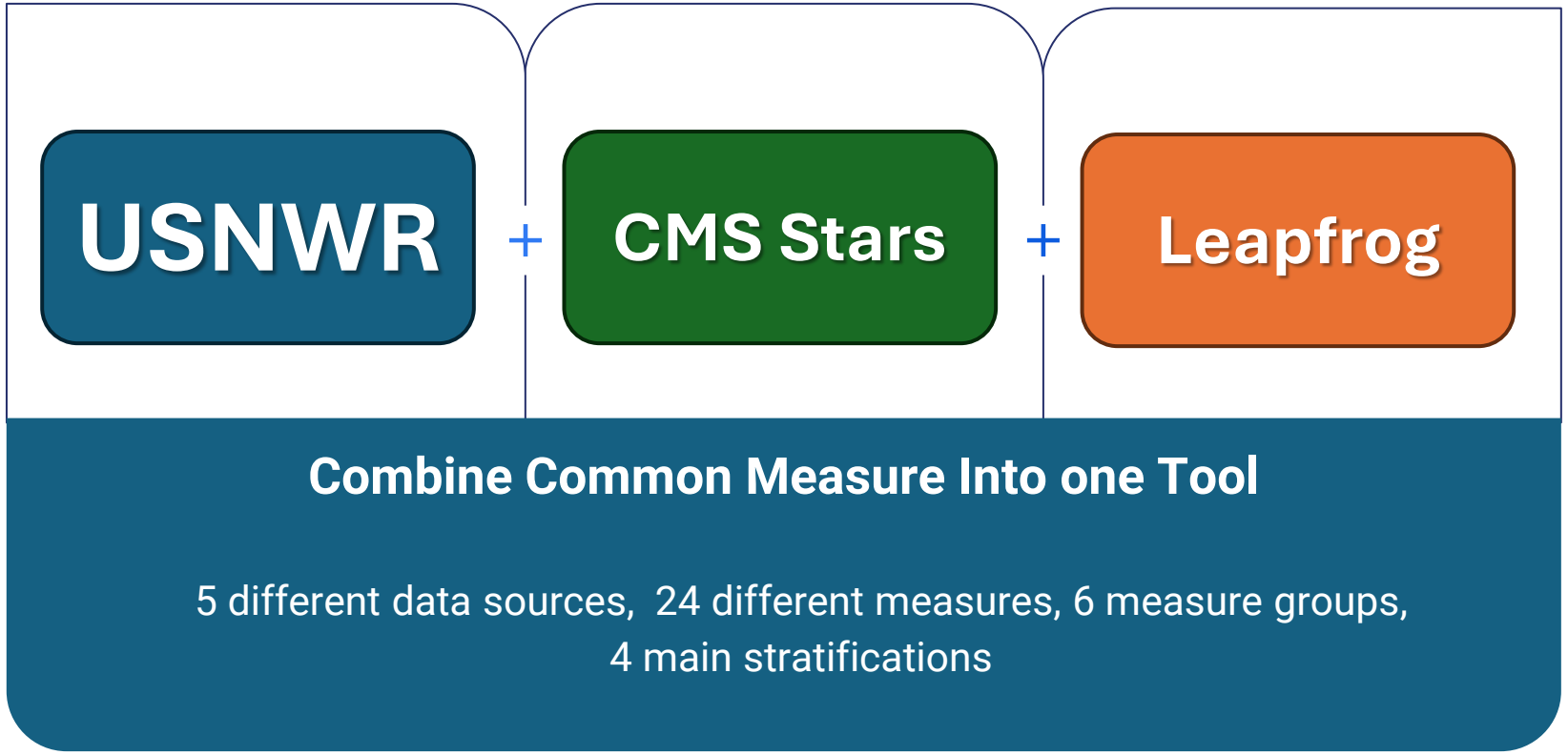
- **Near-time data tracking:** Provides visibility into hospital performance.
- **Route optimization:** Streamlines operations through "performance analytics" and "KPI diagnostics."
- **Composite measures:** Summarizes complex issues for decision-makers.
- **Internal/external benchmarks:** Drives innovation in performance improvement.

Benefits:

- Improved communication and accountability.
- Enhanced operational efficiency.
- Data-driven decision-making.
- Continuous performance improvement.

REFLECTION

Problem Solved



Composite Snapshot

Hospital	Hospital-wide Composite	Medicare Composite	Procedure and Condition Composite	
			Medicare (65+)	All Patients
Hospital 1	44.64%	69.42%	20.79%	45.83%
Hospital 2	69.35%	97.55%	85.59%	37.32%
Hospital 3	91.43%	46.38%	61.37%	73.38%
Hospital 4	44.64%	1.42%	90.76%	73.35%
Hospital 5	90.23%	86.68%	94.45%	42.21%
Hospital 6	8.01%	5.14%	71.37%	6.31%
Hospital 7	56.38%	71.41%	34.67%	70.93%
Hospital 8	97.08%	24.57%	26.33%	35.38%
Hospital 9	26.00%	24.59%	81.63%	61.50%
Hospital 10	60.22%	13.21%	7.28%	96.96%
Hospital 11	68.51%	51.79%	31.82%	64.66%
Hospital 12	2.42%	32.24%	62.98%	72.01%

“Balanced Scorecard”

Clear and concise way to track progress on 23 KPIs and identify areas of improvement. Leaders can use a balanced scorecard view to align various department activities in one hospital with one another. Categorized in STEEEP framework with category scores in addition to overall score.

“Medicare Composite”

Performance change over time for all the relevant CMS Hospital Compare measures per each HMH hospital facility against national benchmarks. Views: 1) Overall score mimics CMS Star Ratings, 2) Comparison of possible vs achieved, 3) Composite and CMS Star Ratings categorical scores shown over time

“Procedure and Condition Composite”

Selecting all patients (all payers) is a “Clinical Excellence” composite. Version 1 is “common” conditions and procedures (20) - over time we can add more to our clinical excellence composite.

Select each of common procedures and conditions and filter by Medicare payer type and the composite measure will mimic the US News’ procedure and condition methodologies. Common clinical outcomes measures are assessed within each procedure and condition:

Clinical Outcomes Measures	Weighting
Discharge to Home Rate	25%
30 day Readmission Rate	25%
Average Length of Stay (LOS)	25%
Inpatient Mortality Rate	25%

Measure Selection

Patient-Centered (15%)

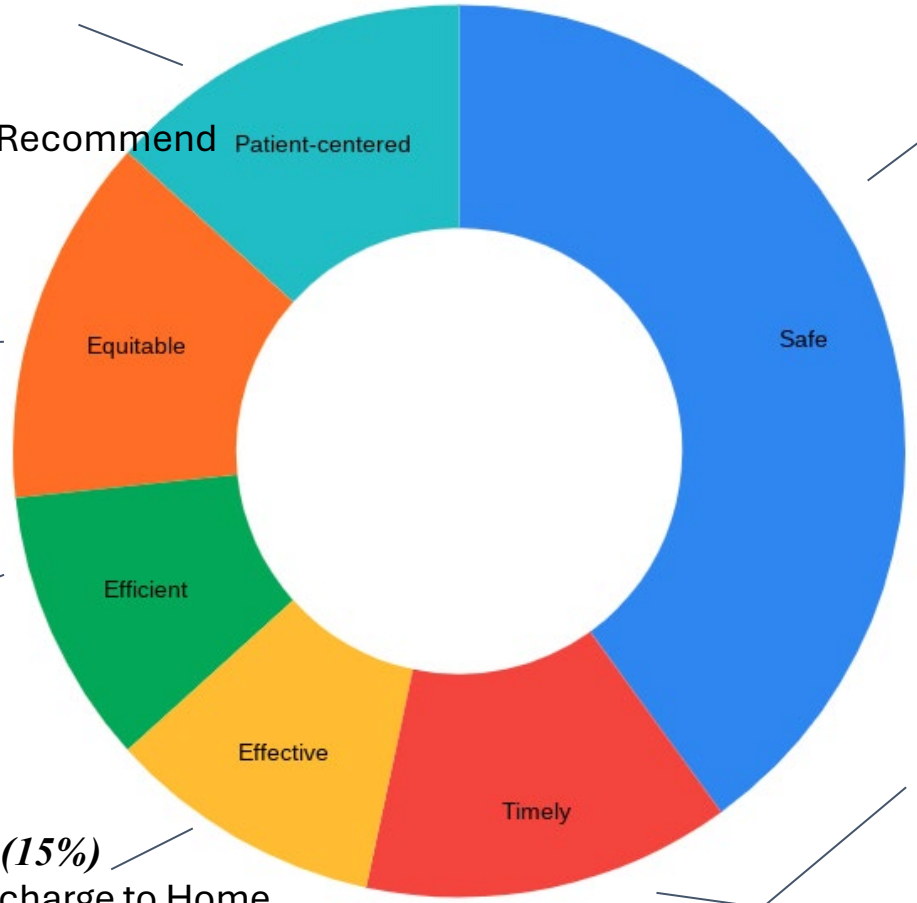
- HCAHPS RN Communication
- HCAHPS MD Communication
- HCAHPS Meds Communication
- HCAHPS Overall & Willingness to Recommend
- HCAHPS Discharge Info

Equitable (5%)

- Outcomes disparity - readmission
- Outcomes disparity - mortality

Efficient (5%)

- Cost Index
- Case Mix Index
- CMI adjusted LOS



Effective (15%)

- Discharge to Home
- 30d Hospital Readmission

Safety (55%)

- Observed Mortality
- Risk-Adjusted Mortality
- PSI-04 - Surgical Complication Mortality Rate
- PSI-12 Perioperative PE/DVT Rate
- CAUTI
- CLABSI
- C.Diff
- MRSA
- SSI: Colon
- SSI: Hysterectomy

Timely (5%)

- Length of Stay
- Sepsis bundle compliance

Vizient Clinical Database.

Composite Measure Scoring

- Individual KPIs are scored by comparing actual performance to benchmark tiers. Most benchmarks were derived from Vizient CDB data (N>100).
- Three national benchmarks were created for each measure; bottom quartile, median, and top quartile performance.

Performance:

- below the bottom quartile received a score of 0.
  - between the bottom quartile and median received 0.25 points,
  - between the median and top quartile received 0.5 points,
  - above the top quartile received 0.75 point.

- Individual measure weights are assigned proportionally based on the number of measures within a group. If a group had 10 measures and the total group weights was 50% then each measure was worth 5%.
- The group score is the average of the measure-specific scores and the composite score is the sum product of the group scores and the group weights.

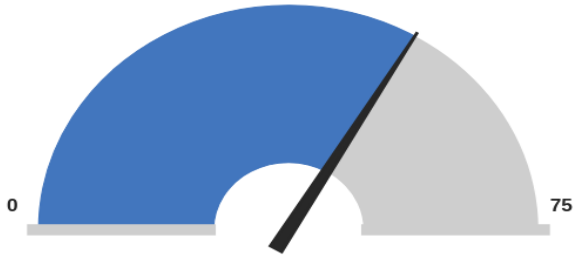
GPS Overview

Recent 12 Month Performance Summary

Hospital	Hospital-Wide Composite	Medicare 65+ Composite	Procedures & Conditions Composite - All Inpatients	Procedures & Conditions Composite - Medicare 65+ Only
HUMC	42.75	39.64	28.18	26.25
PMC	43.67	47.71	32.81	34.82
JFKUMC	46.58	38.75	31.06	36.46
BMC	49.83	51.46	34.38	38.39
OBMC	42.33	44.38	36.81	37.50
RBMC	48.00	49.69	42.19	35.94
JSUMC	50.17	44.05	27.94	27.36
OUMC	42.21	45.21	33.52	41.46
RMC	48.83	48.13	38.14	39.58
SOMC	48.96	43.33	40.28	46.09

This page illustrates each hospital's most recent 12-month performance in each composite. Scores range from 0-75, with 75 being the best possible value.

GPS STEEEP Overview



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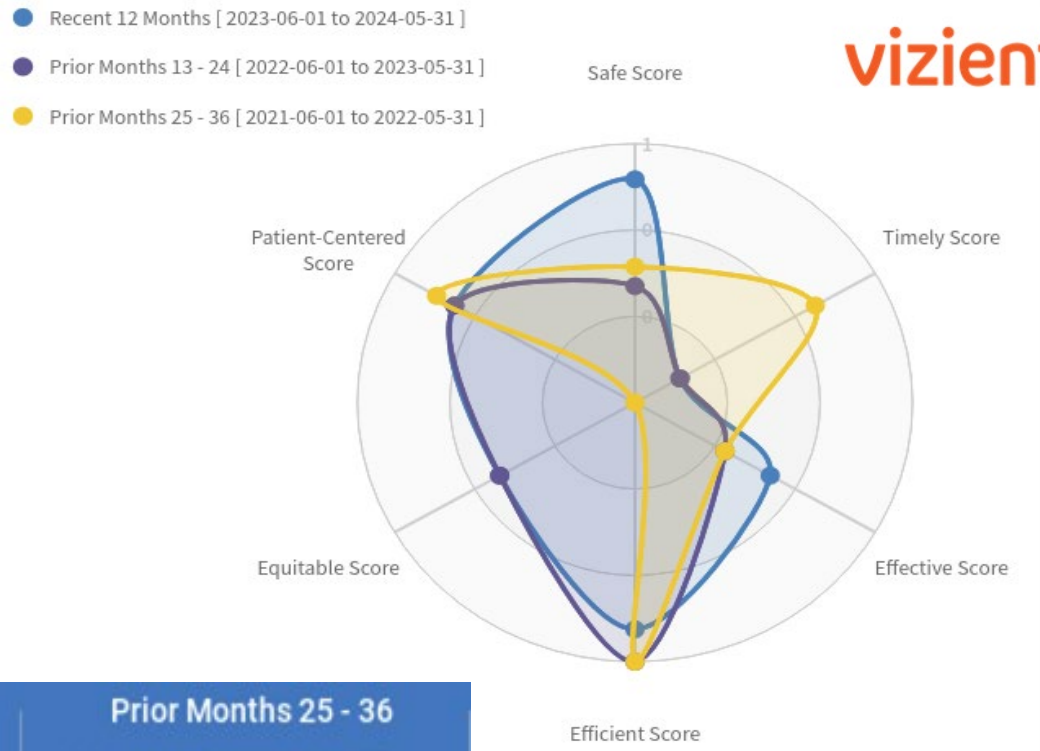
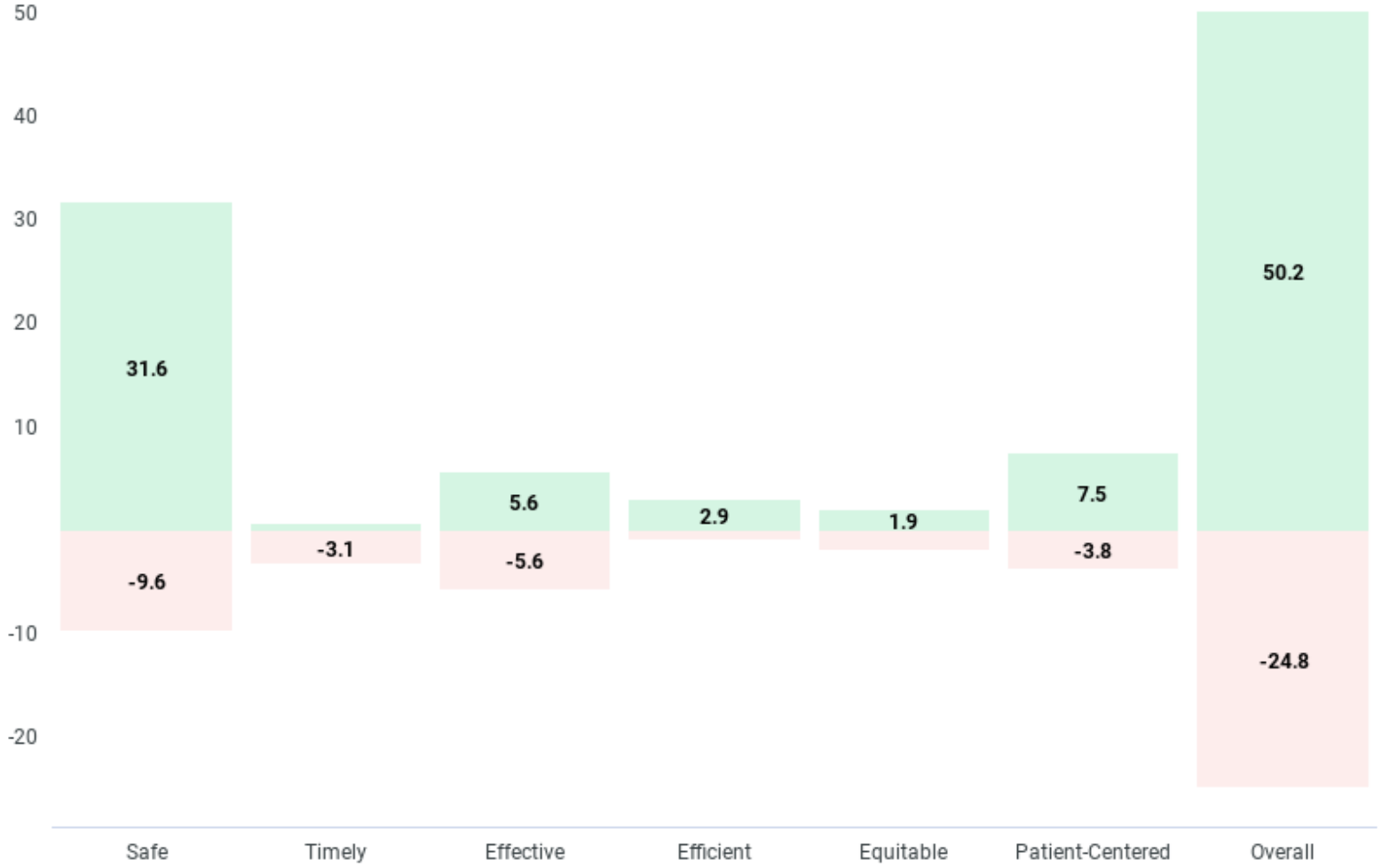
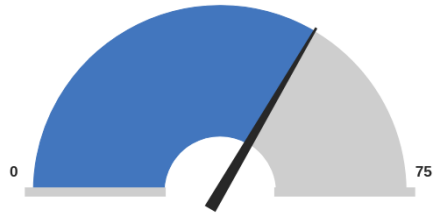
Recent 12 Month Performance - Overall



Interval Name	Recent 12 Months	Prior Months 13 - 24	Prior Months 25 - 36
Interval Period	2023-06-01 to 2024-05-31	2022-06-01 to 2023-05-31	2021-06-01 to 2022-05-31
STEEEP Group	Group Score	Group Score	Group Score
Safe	57.50	30.00	35.00
Timely	12.50	12.50	50.00
Effective	37.50	25.00	25.00
Efficient	58.33	66.67	66.67
Equitable	37.50	37.50	0.00
Patient-Centered	50.00	50.00	55.00

GPS STEEEP Opportunities





50.17

Recent 12 Month Performance - Overall

Hackensack – Internal Benchmarking.

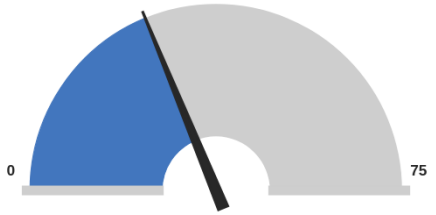
Safe Group Performance

Measure Name	Desired Direction	Measure Value	Lower Quartile	Median	Upper Quartile
Infection - C. Diff SIR - CMS	↓	0.3534	0.6700	0.4200	0.2100
Infection - CAUTI SIR - CMS	↓	0.8932	0.9200	0.5600	0.2500
Infection - CLABSI SIR - CMS	↓	0.1733	1.0200	0.6700	0.3300
Infection - MRSA SIR - CMS	↓	0.7110	1.1300	0.7200	0.3900
Infection - SSI - Colon SIR - CMS	↓	0.2426	1.2000	0.7500	0.3500
Infection - SSI - Hysterectomy SIR - CMS	↓	0.0000	1.4900	0.8000	0.3200
Mortality - Hospital Index	↓	0.5742	0.9855	0.8101	0.6389
Mortality - Observed Rate	↓	1.8104	3.1000	2.5000	1.9000
PSI-04 - Surgical Complication Mortality Rate	↓	36.2229	162.5000	121.7000	62.5000
PSI-12 - Perioperative PE/DVT Rate	↓	1.4322	4.3000	2.4000	0.0000

Procedure and Condition Composite

vizient.

Interval Name	Recent 12 Months		Prior Months 13 - 24		Prior Months 25 - 36	
Interval Period	2023-06-01 to 2024-...		2022-06-01 to 2023-...		2021-06-01 to 2022-...	
Procedure / Condition	Composite Score	Cases	Composite Score	Cases	Composite Score	Cases
Abdominal Aortic Aneurysm Repair (AAA)	∅	0	∅	12	31.25	40
Aortic Valve Surgery (AVR)	43.75	117	25.00	105	56.25	89
Back Surgery (Spinal Fusion)	16.67	123	25.00	161	8.33	179
Chronic Obstructive Pulmonary Disease (COPD)	25.00	131	12.50	218	18.75	183
Colon Cancer Surgery	37.50	97	25.00	110	12.50	80
Coronary Artery Bypass Graft (CABG)	31.25	435	56.25	442	18.75	385
Diabetes	50.00	269	25.00	244	56.25	263
Heart Attack (AMI)	12.50	627	18.75	782	18.75	775
Heart Failure (HF)	18.75	1,159	12.50	922	12.50	908
Hip Fracture	37.50	391	31.25	337	31.25	315
Hip Replacement	0.00	16	25.00	24	50.00	76
Kidney Failure	18.75	614	25.00	525	25.00	488
Knee Replacement	25.00	36	33.33	46	41.67	178
Lung Cancer Surgery	50.00	106	33.33	76	41.67	100
Ovarian Cancer Surgery	66.67	25	41.67	21	25.00	28
Pneumonia	31.25	923	31.25	849	18.75	569
Prostate Cancer Surgery	0.00	19	0.00	30	25.00	76
Stroke	12.50	641	6.25	526	6.25	574
Transcatheter Aortic Valve Replacement (TAVR)	25.00	167	31.25	204	12.50	205

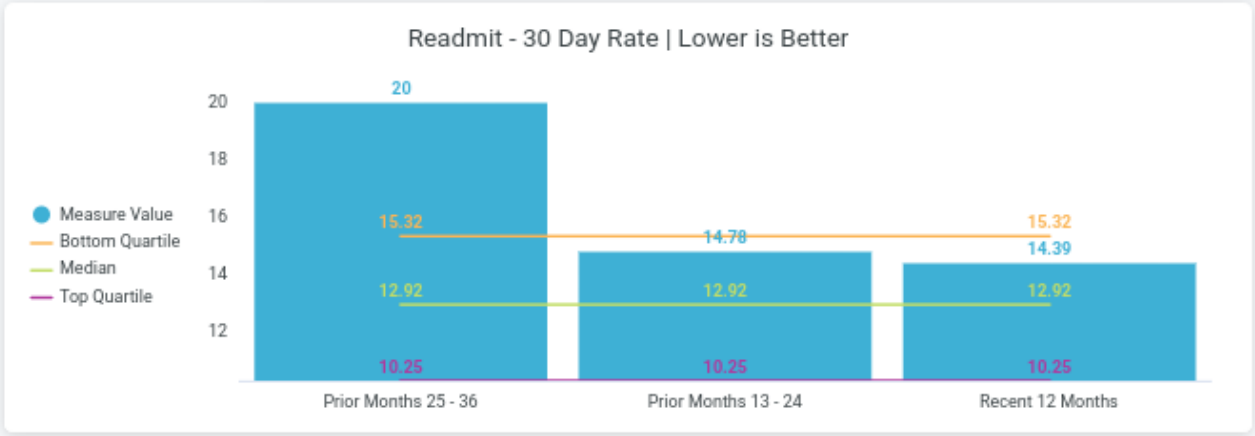


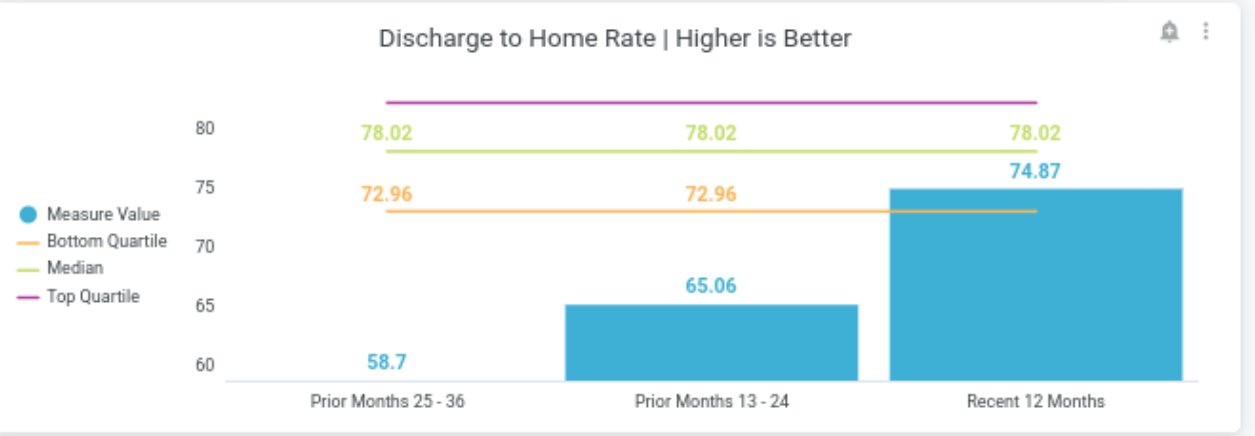
28.18

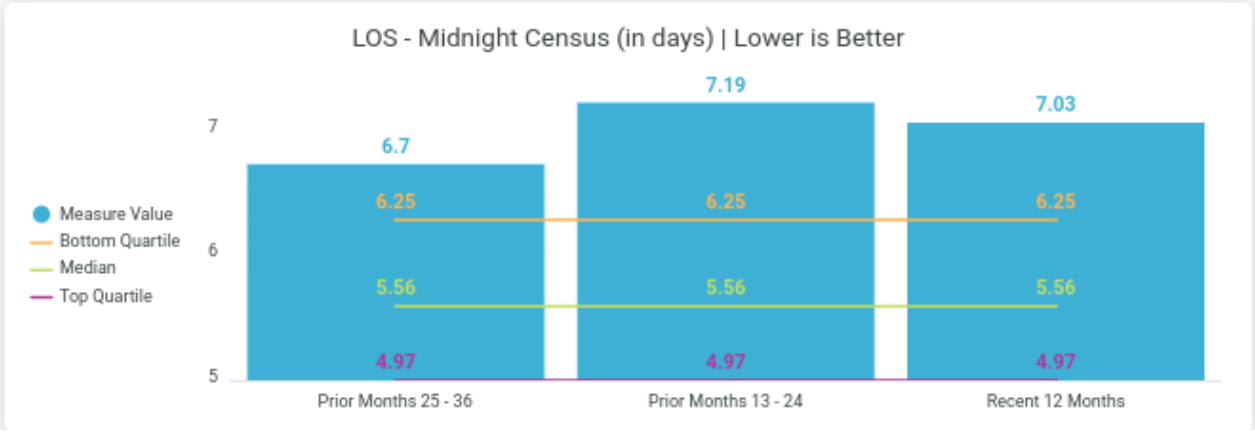
Recent 12 Month Performance - Overall

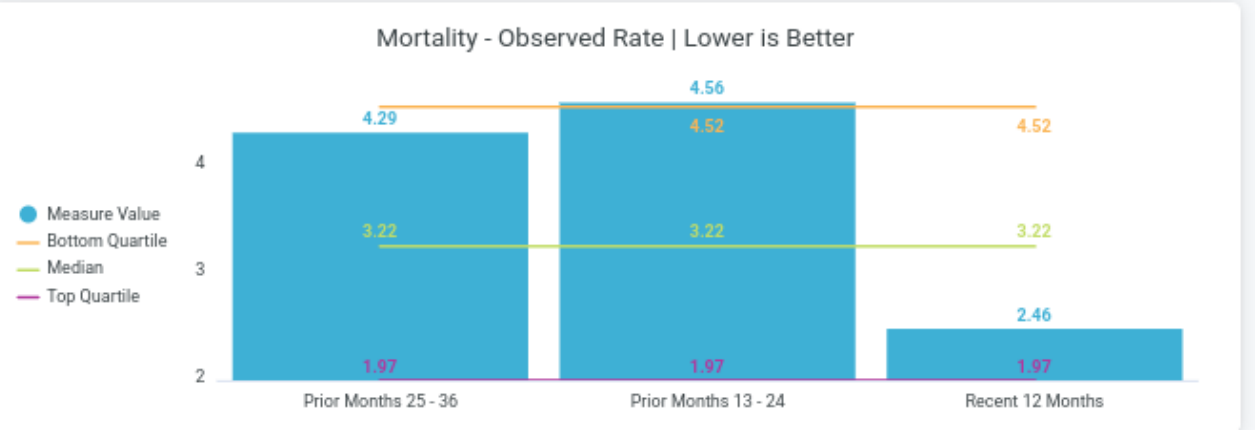
REFLECTION

Procedure and Condition – Pneumonia USN

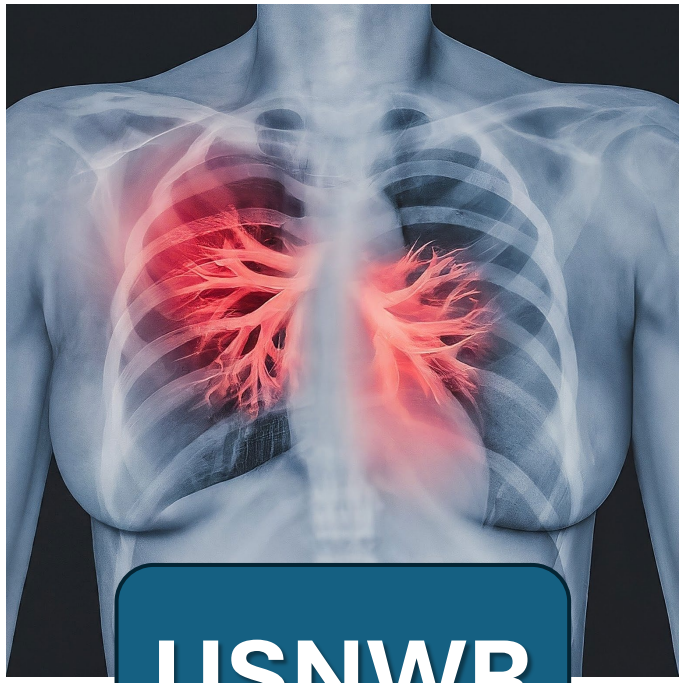






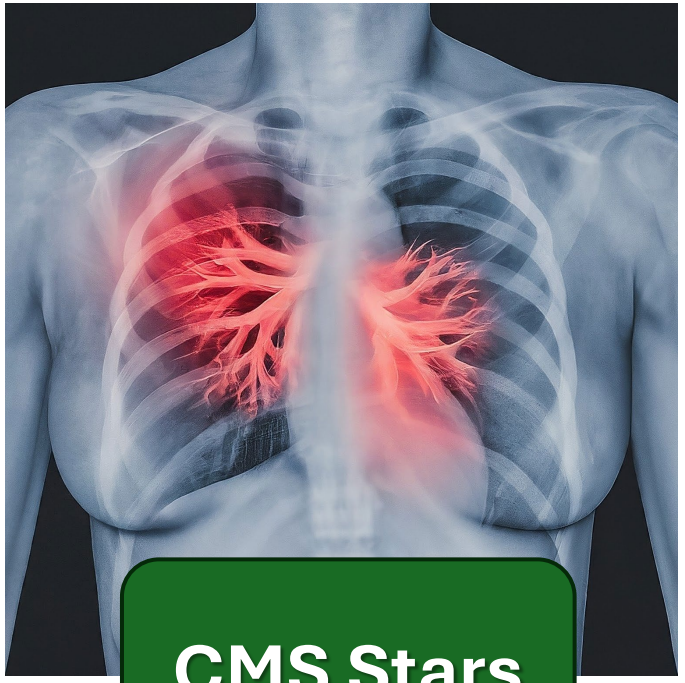


Need for Governance - Variation in External Cohorts



Pneumonia

≠



Benefits of Governance and Measure/Cohort Catalogs

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Improved Data Quality and Consistency

- **Standardized definitions:** Ensures everyone is using the same definition for each measure, leading to more consistent and reliable data.
- **Reduced errors:** Having a single source of truth for measure definitions helps to eliminate errors caused by outdated or inaccurate information.
- **Improved data lineage:** Makes it easier to track how measures are calculated and used, which can be helpful for troubleshooting and auditing purposes.

Increased Transparency and Trust

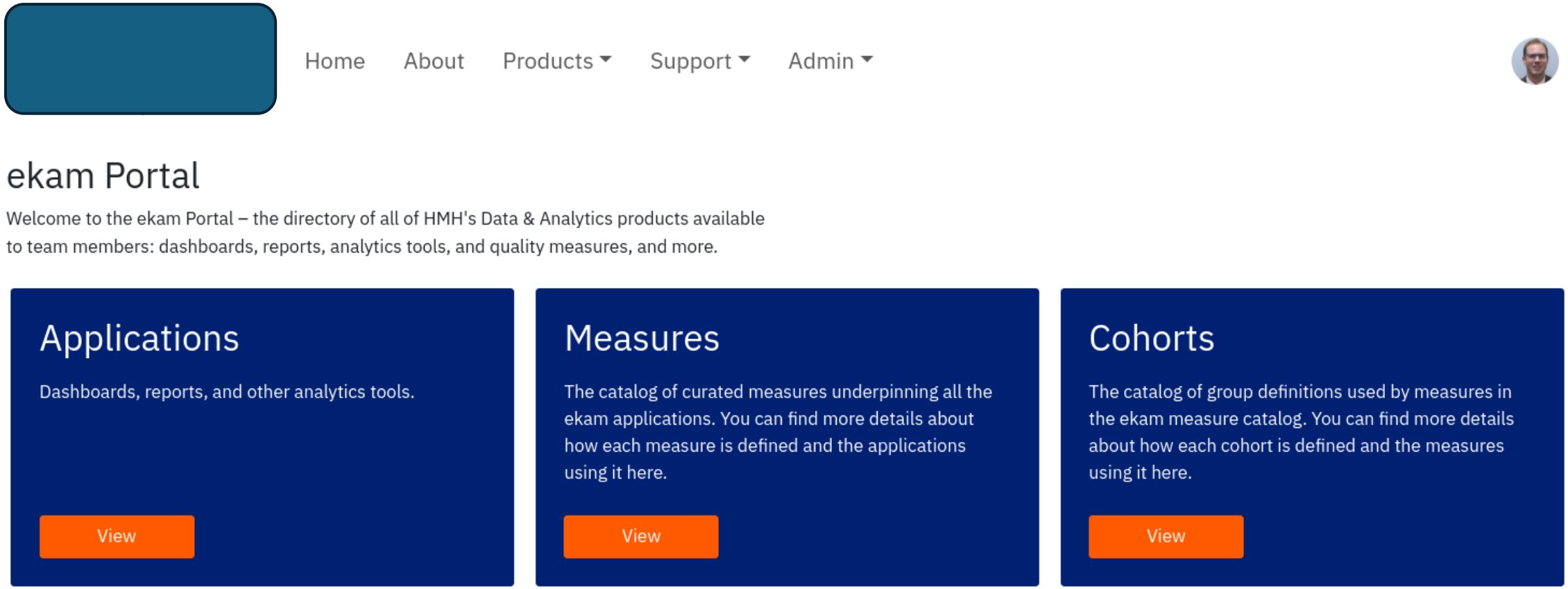
- **Clear and accessible documentation:** Makes it easy for stakeholders to understand how measures are defined and calculated, which builds trust in the data.
- **Enhanced collaboration:** Encourages collaboration between different teams by providing a shared understanding of the data.
- **Review and maintenance:** Allows you to easily review and update measure definitions as needed, ensuring that your reports remain relevant and reliable.
- **Transparency and credibility:** Builds trust in your reports by providing clear and accessible documentation about how measures are defined and calculated.

Streamlined Reporting and Analysis

- **Faster report generation:** Having readily available, up-to-date measure definitions allows for quicker report creation.
- **Improved data analysis:** Consistent and reliable data makes it easier to analyze trends and identify areas for improvement.
- **Reduced duplication of effort:** Eliminates the need to repeatedly define and document measures, freeing up time for other tasks.

REFLECTION

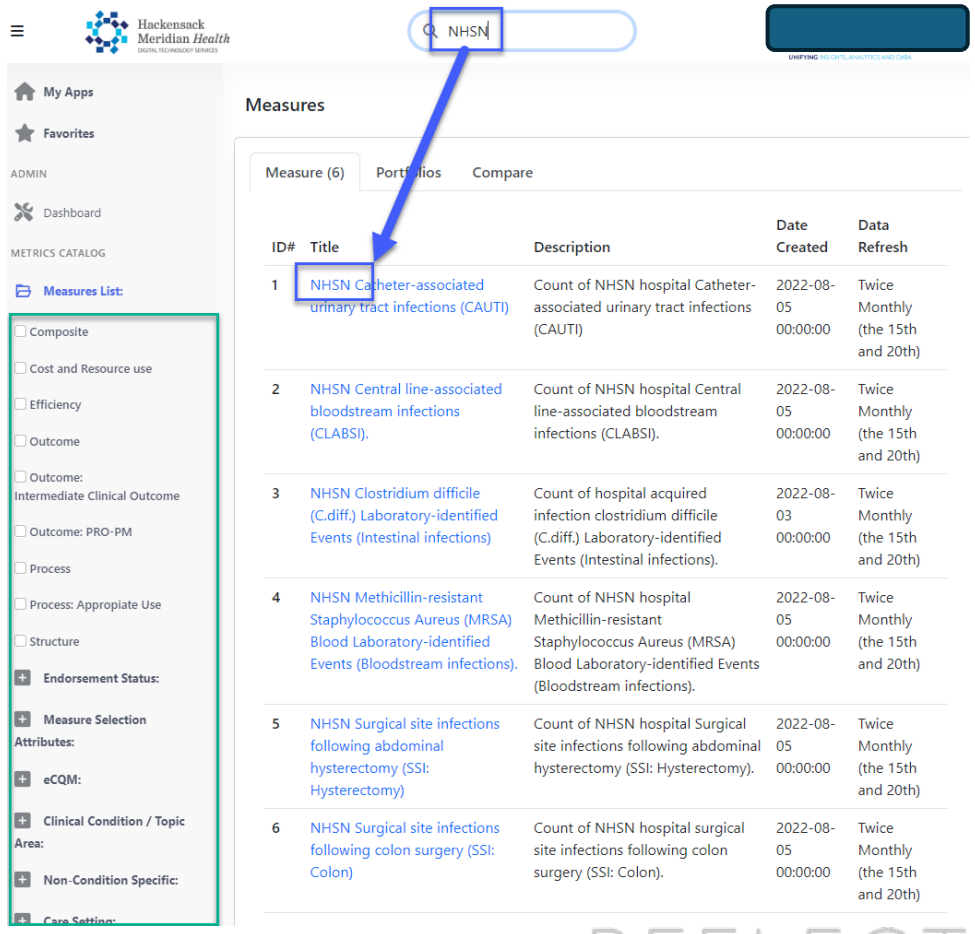
Measure and Cohort Catalog



ekam = Hackensack's Internal Data Insights Tool.

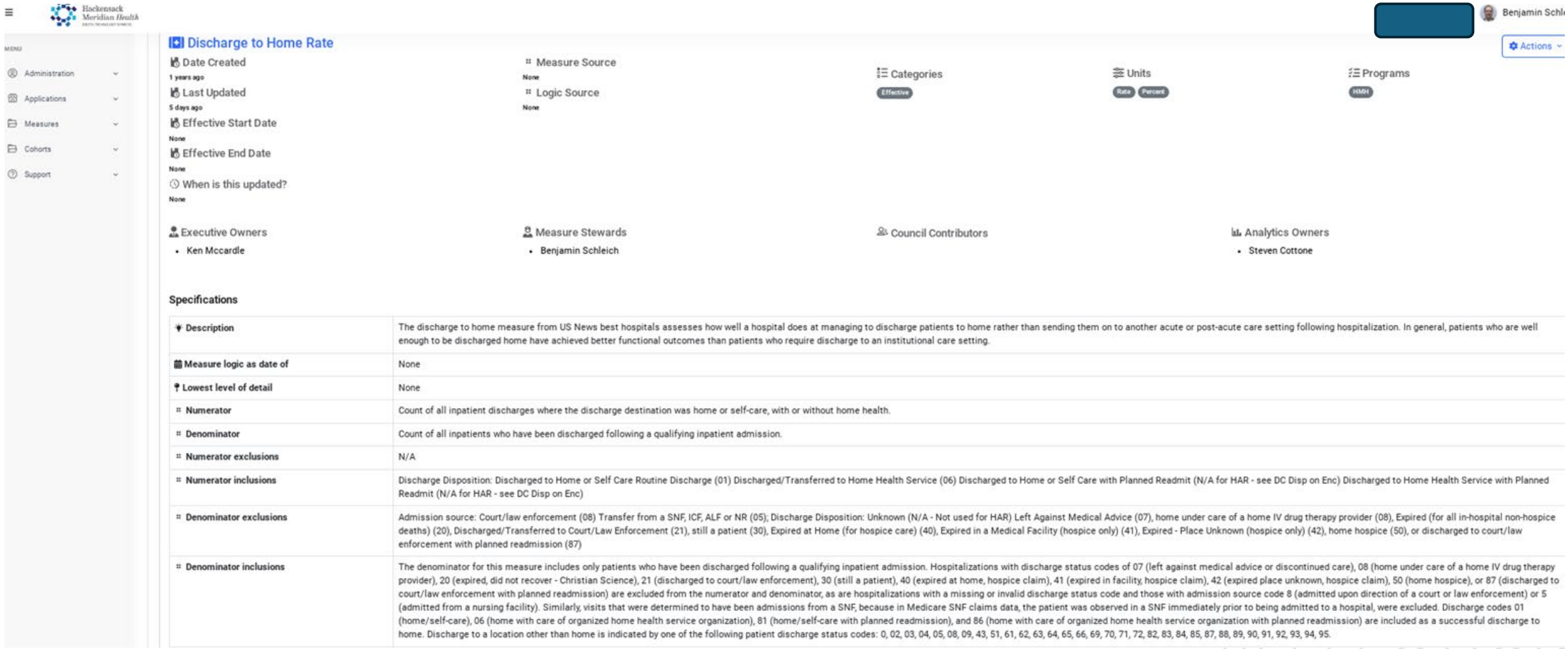
Creating Trust through Data Governance

- All measures, dashboards, cohorts, flags, and other data elements will be listed in the data catalog.
- Scorecards and analytics tools have links (“hover overs” and “click throughs”) for obtaining more information on that measure.
- The catalog also can be assessed, browsed, and filtered as a knowledge management tool.
  - For example, this screen shot shows search results from NHSN data source



ekam = Hackensack’s Internal Data Insights Tool.

Governance - Measure Transparency



ekam = Hackensack's Internal Data Insights Tool.

Lessons Learned

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- Leveraging cloud-based solutions for benchmarking can significantly improve efficiency and accessibility.
- Composite measures can provide valuable insights and focus improvement
- Data governance is crucial for ensuring transparency and trust in measure definitions.

Key Takeaways

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- Collaboration and communication are essential for driving adoption and impact.
- Create data groups within Vizient client groups that can share these reports; meet regularly to identify areas of ongoing performance improvement.
- Potentially create/develop Analytics position.

References

- Five-Star Quality Rating System – CMS.gov. https://www.cms.gov/medicare/health-safety-standards/certification-compliance/five-star-quality-rating-system

- Leapfrog Hospital Safety Grade. https://www.hospitalsafetygrade.org/

- Vizient Clinical Database, Vizient Quality and Accountability Study. https://www.vizientinc.com/

Questions?

Hackensack Meridian *Health*

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Contact:

Ben Schleich, benjamin.schleich@hmhn.org

This educational session is made possible through the collaboration of Vizient Member Networks.

REFLECTION


2024 VIZIENT CONNECTIONS SUMMIT
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REFLECTION
REFLECT | ADAPT | EVOLVE

Two Levers: Documenting Better and Just Being Better

Shawn Usery, MD, MBA, SFHM
Senior Vice President, Chief Medical Officer
CoxHealth, Springfield, Mo.
Corrine Fugitt, RN-BSN, MBA, CPHQ
Administrative Director of Quality & Safety
CoxHealth, Springfield, Mo.

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Meyer Orthopedic Rehabilitation Hospital

Cox Medical Center South

Cox North Hospital

Cox Medical Centers

Cox Medical Center Branson

Cox Barton County Hospital

Cox Monett Hospital

REFLECTION

Staff

- 14,000 employees & growing!
- >1600 providers
- 2,213 bedside nurses
- 1,200 volunteers

Facilities

- 80+ physician clinics
- 6 hospitals across the region
- 1,194 licensed beds




Lead in Market Share
Primary Service Locations

Patient Services:

- 1,643,028 clinic/outpatient visits
- 176,404 ED encounters
- 221,238 urgent care visits
- 62,497 admissions/observations
- 41,991 surgeries
- 4,231 babies born

Where we were: 2021

vizient.

Program	Overall	Mortality
CMS Star Rating	1 Star	-2.02
Leapfrog Safety Grade	D	PSI-04: 216.88
Vizient Q&A	1 Star	1.87 O/E

Five-Star Quality Rating System – CMS.gov.
Leapfrog Hospital Safety Grade.
Vizient Quality and Accountability Study.

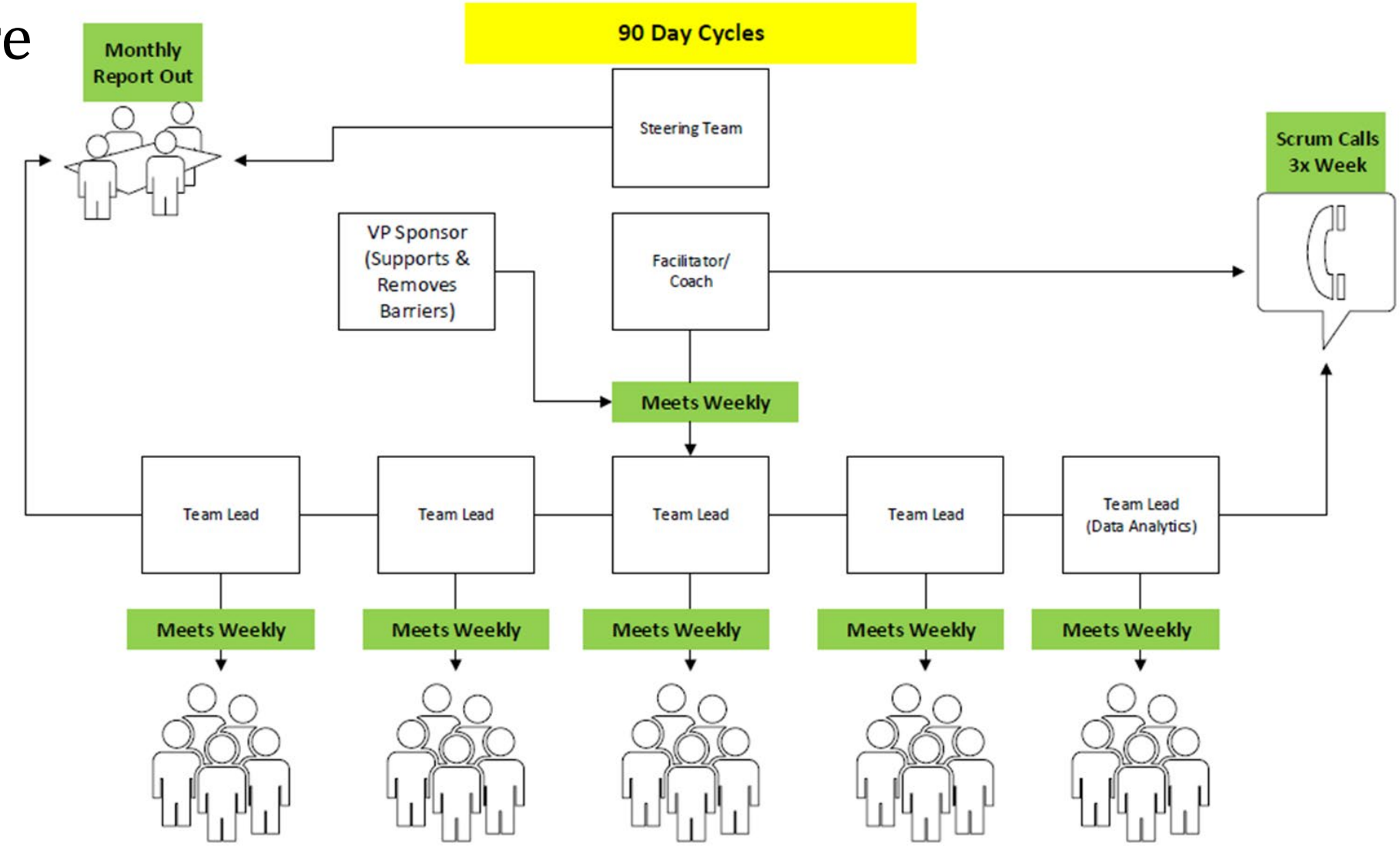
REFLECTION

How did we get here?

Excuse	Reality
Tertiary Care Center	Under performing Vizient Q&A cohort
COVID	COVID patients improved our O/E
The data is old, we are better now	Vizient Mortality O/E 1.68
Patients/Families want everything	Unwillingness to have difficult conversations
Its our EHR: problem list	Poor risk capture
CDI/Coding	Finance focused/ Lack of training
My service line is great	Lack of Data Transparency

Five-Star Quality Rating System – CMS.gov.
Leapfrog Hospital Safety Grade.
Vizient Quality and Accountability Study.

Structure


90 Day Cycles
Monthly Report Out
Steering Team
Scrum Calls 3x Week
VP Sponsor (Supports & Removes Barriers)
Facilitator/ Coach
Meets Weekly
Team Lead
Team Lead
Team Lead
Team Lead
Team Lead (Data Analytics)
Meets Weekly
Meets Weekly
Meets Weekly
Meets Weekly
Meets Weekly

Lever 1: Document Better

- Partnership with Vizient
- Training for CDI, Coding and Providers
- Vizient mortality risk calculator
- CDI model change
- Sustainability Plan
- Learn from Success

Model of Success: Colo SSI

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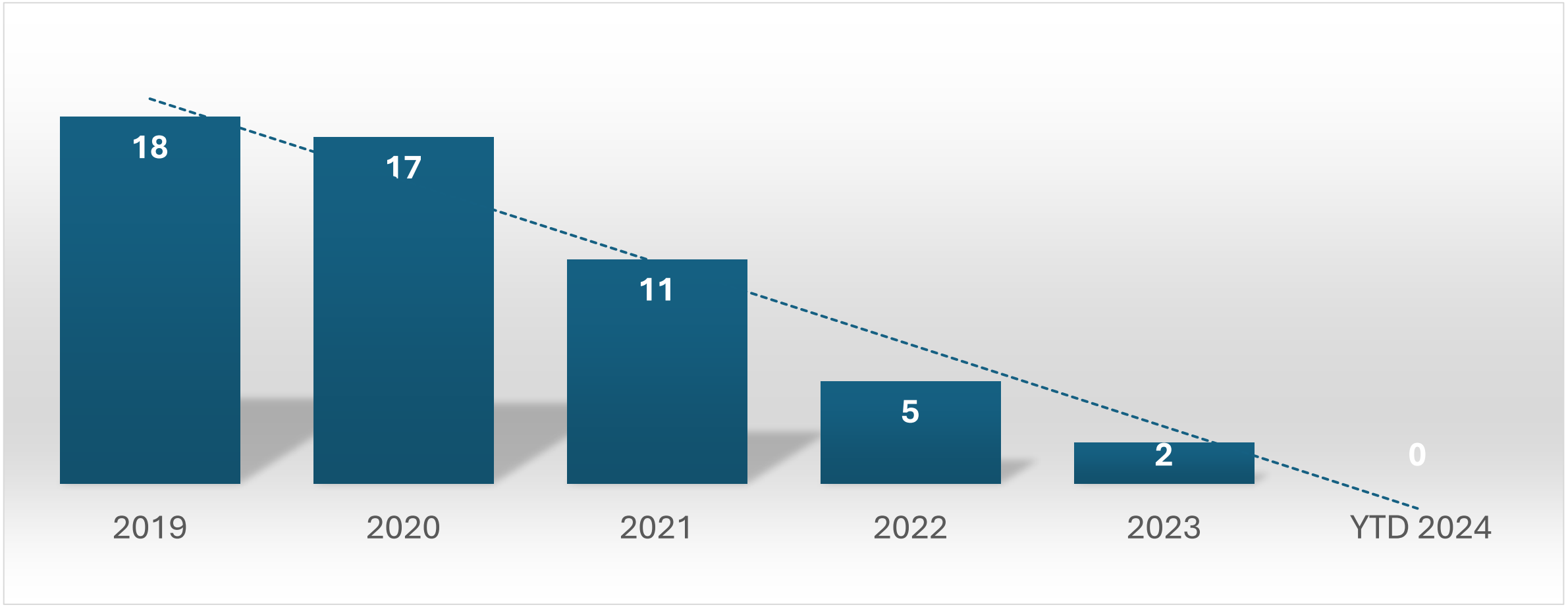
"That which is measured improves. That which is measured and reported improves exponentially." - Karl Pearson

- Key Stakeholders: Surgeons, CMO, Quality, Infection Prevention, CDI/Coding
- 20 case reviews
- Safe space for ownership and learning

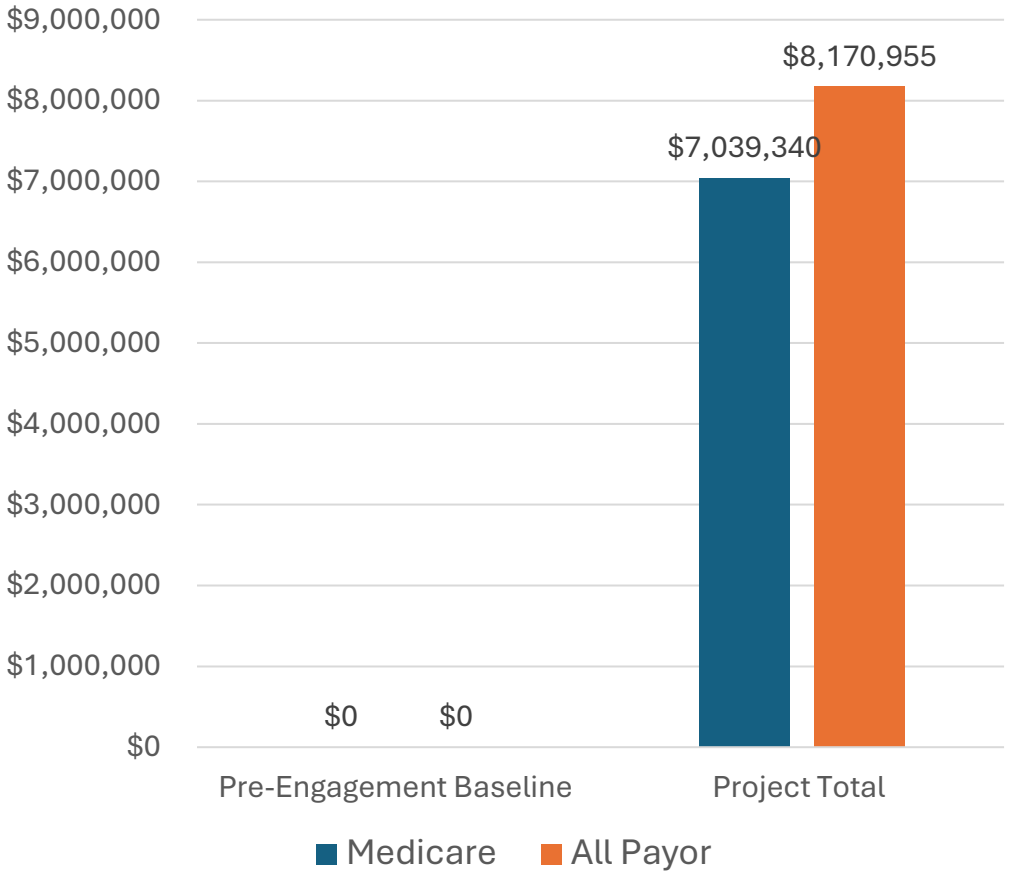
REFLECTION

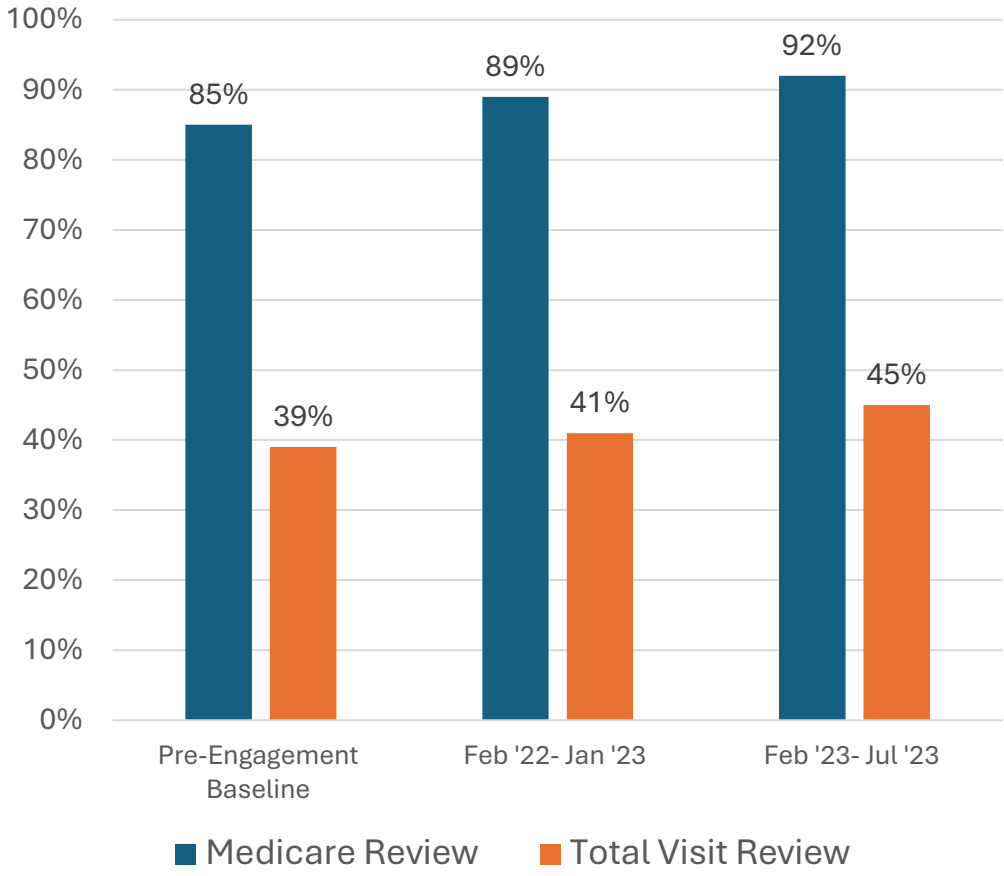
Results: SSI



Cox Health – Internal Data and Tracking.

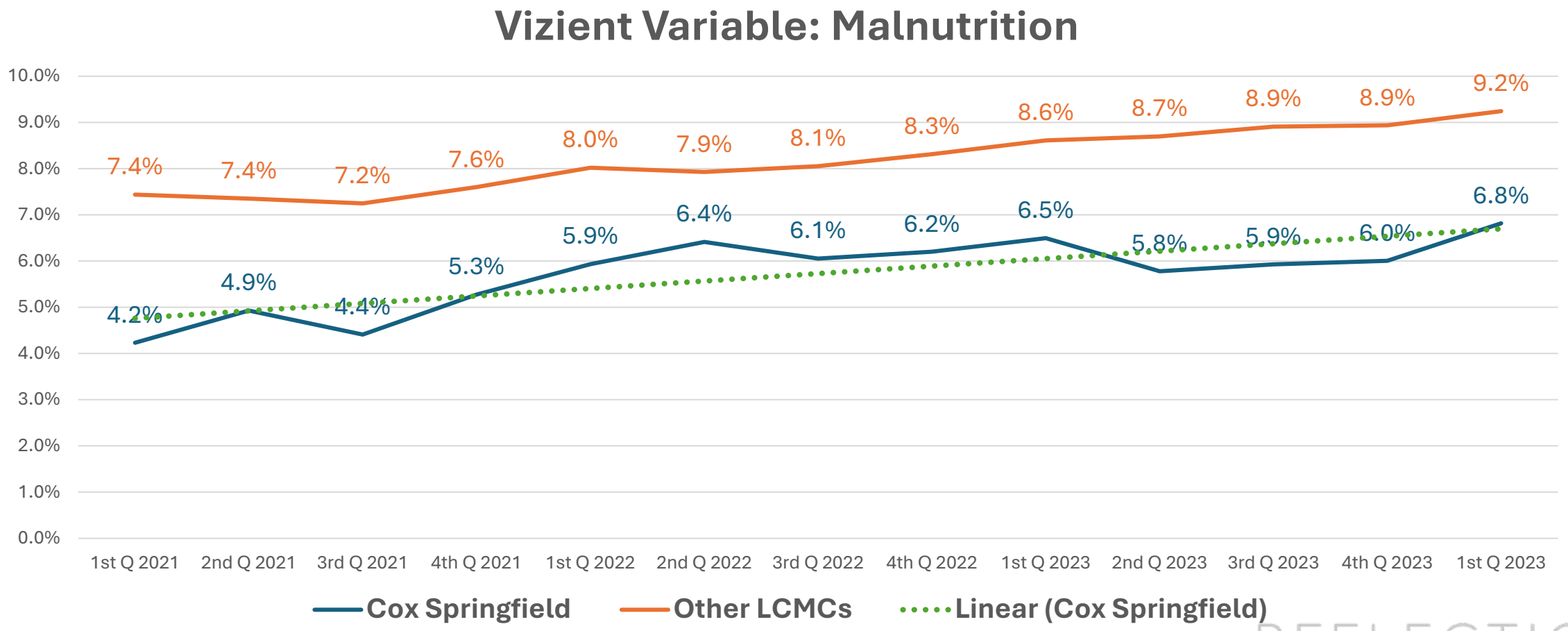
Direct Query Financial Improvement & CDI Productivity





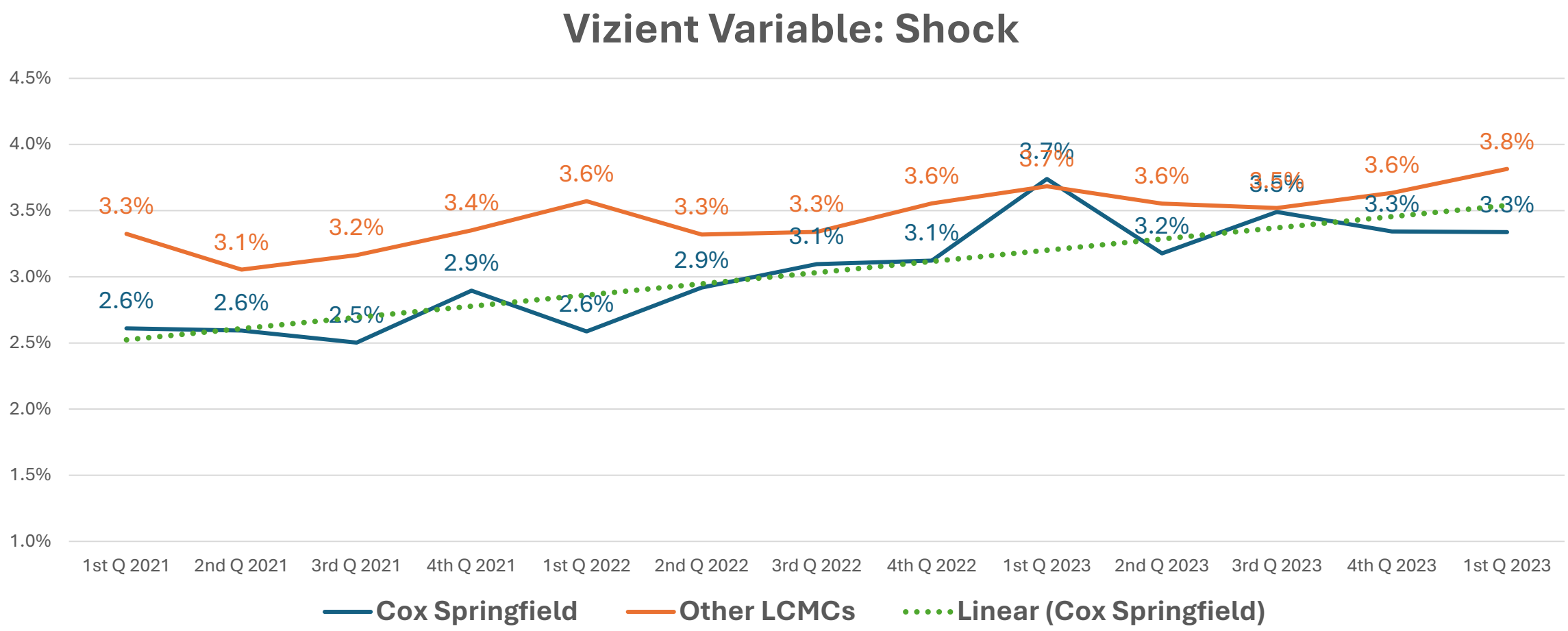
Cox Health – Internal Data and Tracking.

Vizient Variable Capture Trends: Malnutrition (POA)



Vizient Clinical Database.

Vizient Variable Capture Trends: Shock (POA)



Vizient Clinical Database.

Lever 2: Be Better

- Transfer Center
- End of Life Care
- Mortality Review
- Sepsis

Transfer Center

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SNF Transfers

DNR POA

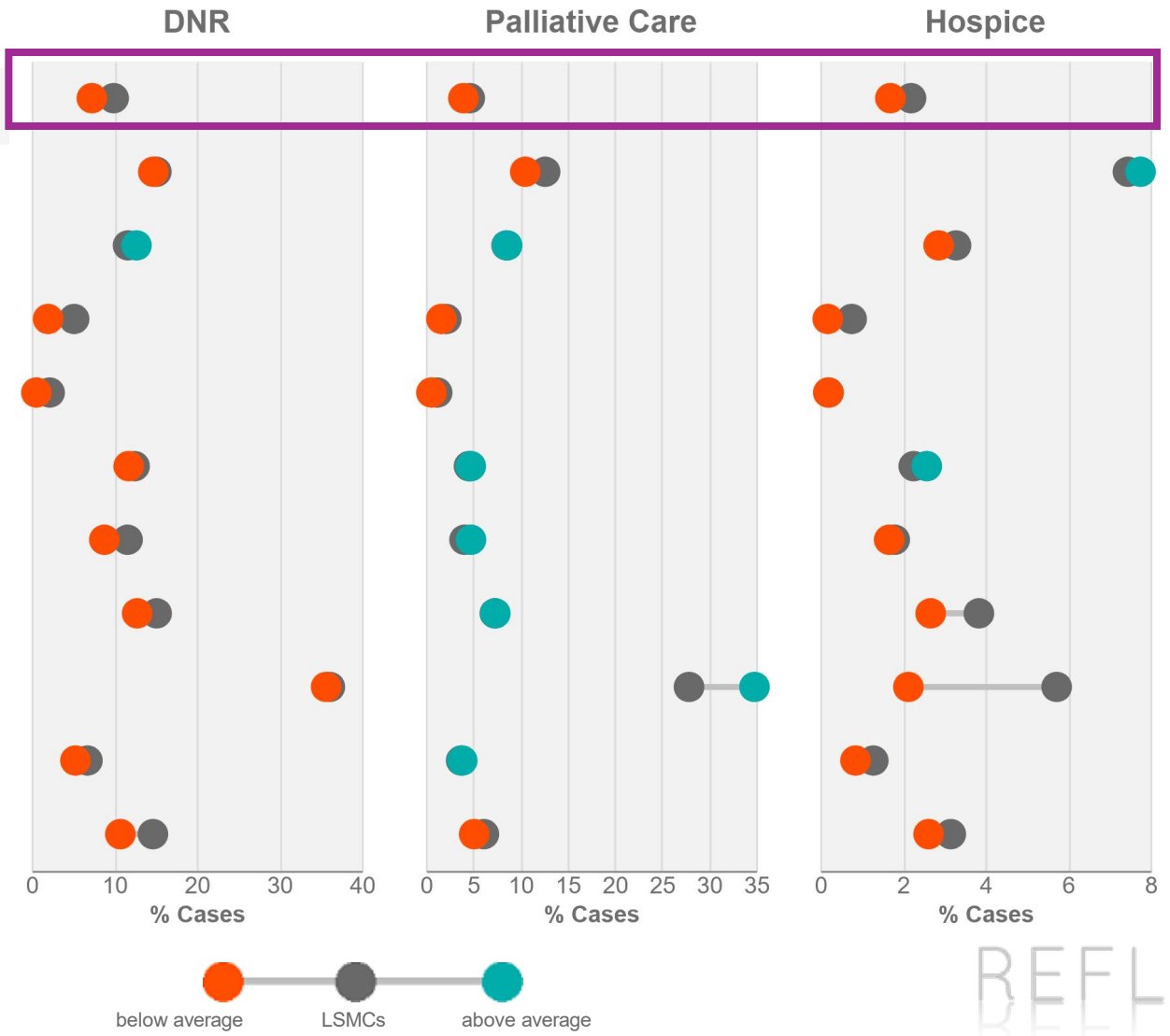
Standardize Process

Telehealth: Stroke

REFLECTION

End of Life Care

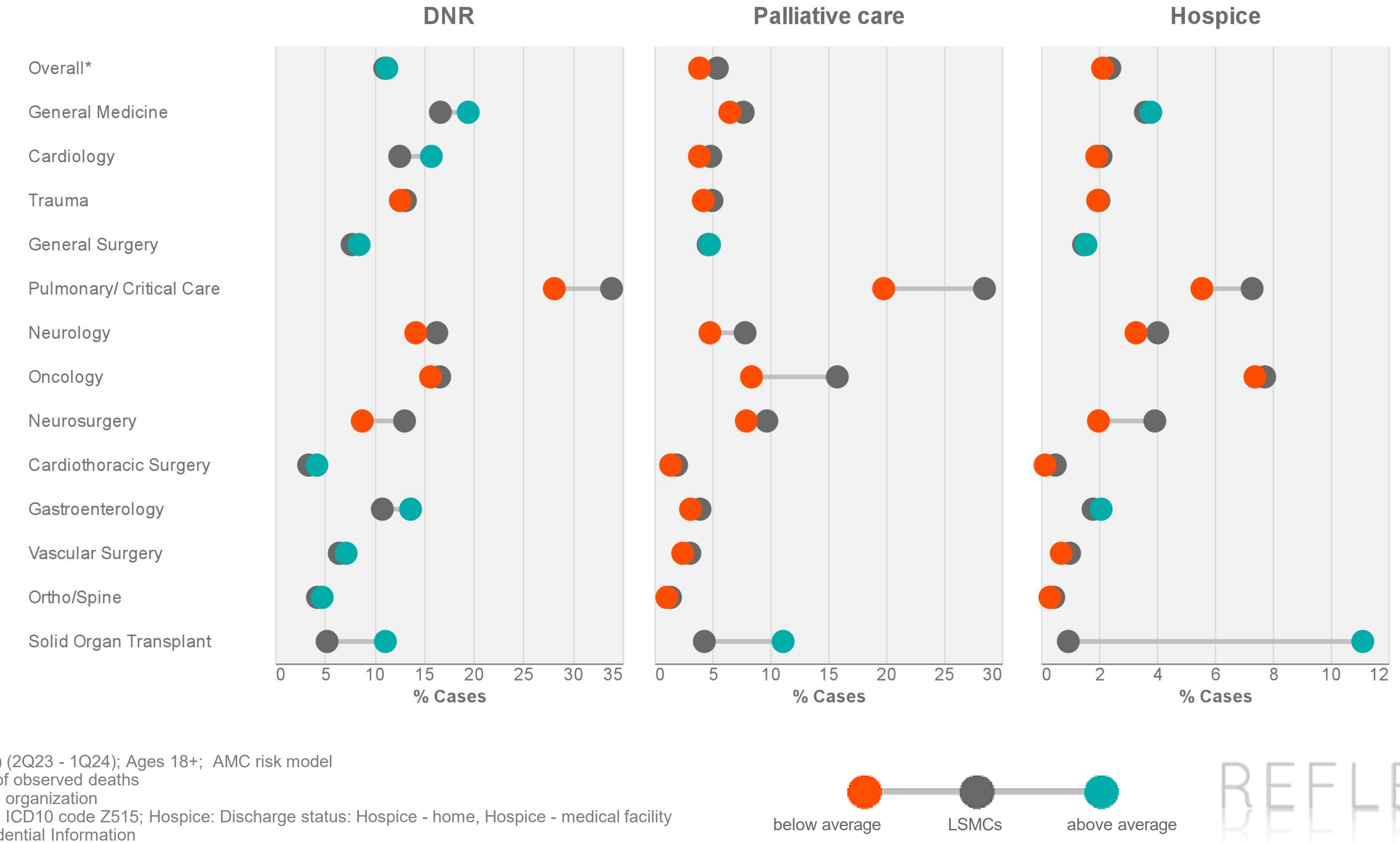
Vizient service line	Cases
Overall	29,887
Oncology	902
Neurosurgery	244
Vascular Surgery	548
Cardiac Surgery	511
Cardiology	2,440
Trauma	1,736
Neurology	1,196
Pulmonary/ Critical Care	468
General Surgery	1,636
General Medicine	9,747



Source: Vizient Clinical Database (CDB) (4Q19 - 3Q20)
DNR: ICD10 code Z66; Palliative Care: ICD10 code Z515;
Hospice: Discharge status: Hospice - home, Hospice - medical facility

How does your organization support end of life care

Compared to Your Peers

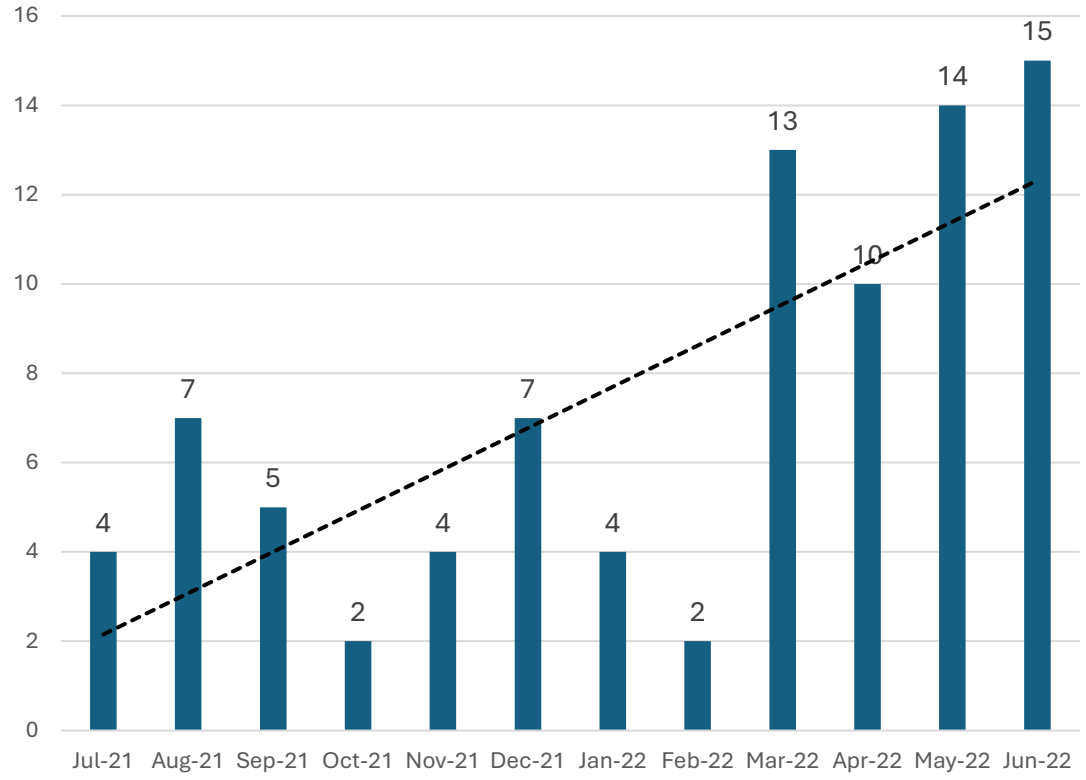


Source: Vizient Clinical Database (CDB) (2Q23 - 1Q24); Ages 18+; AMC risk model
Q&A service lines ordered by number of observed deaths
*Overall includes all service lines in the organization
DNR: ICD10 code Z66; Palliative Care: ICD10 code Z515; Hospice: Discharge status: Hospice - home, Hospice - medical facility

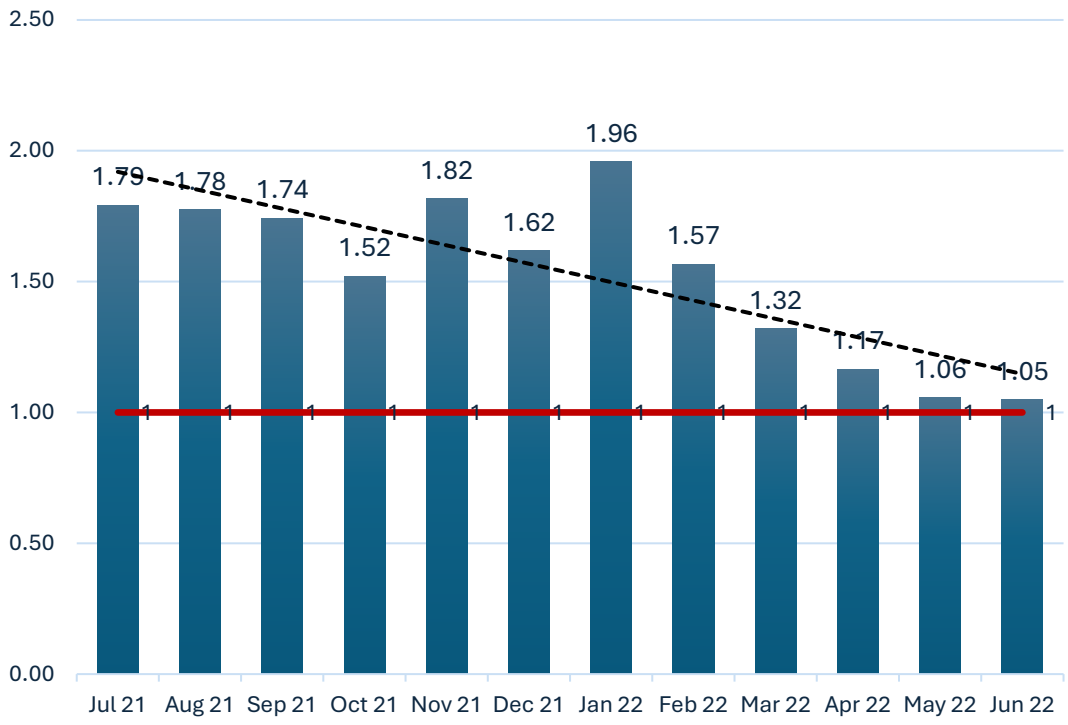
REFLECTION

End of Life Care

GIP Hospice

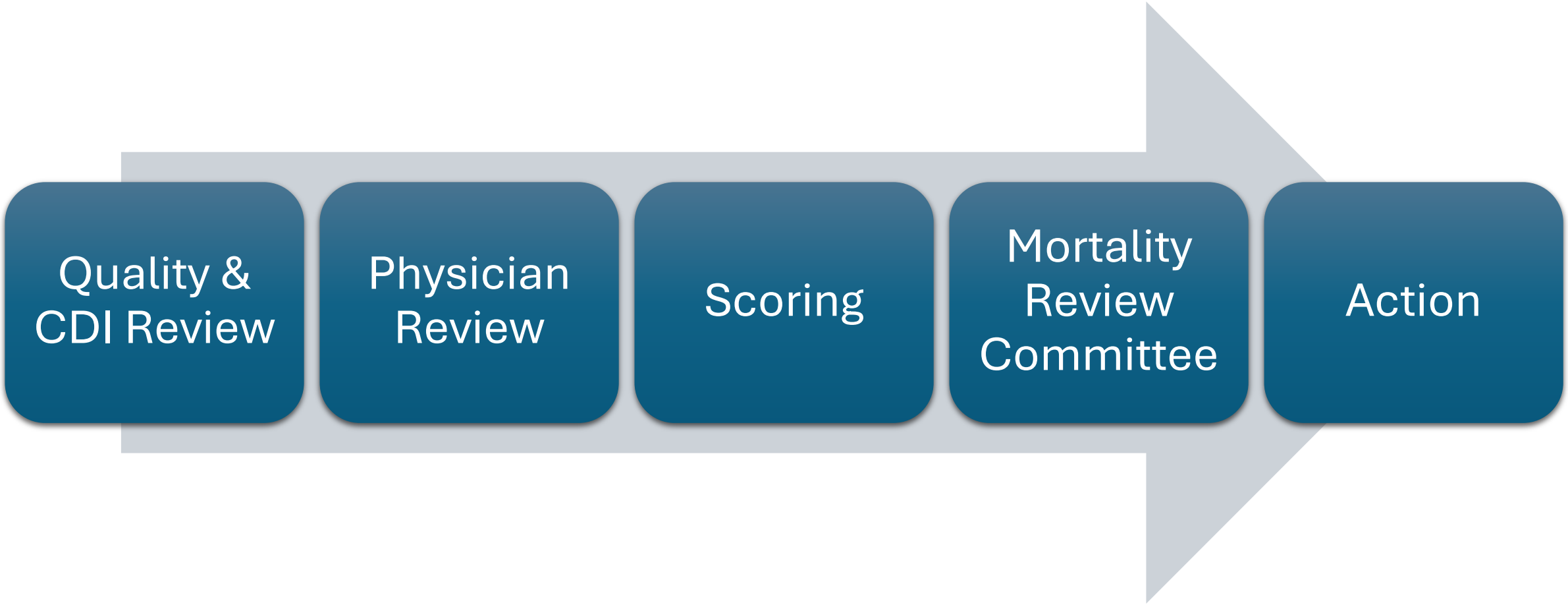


Risk Adjusted Mortality



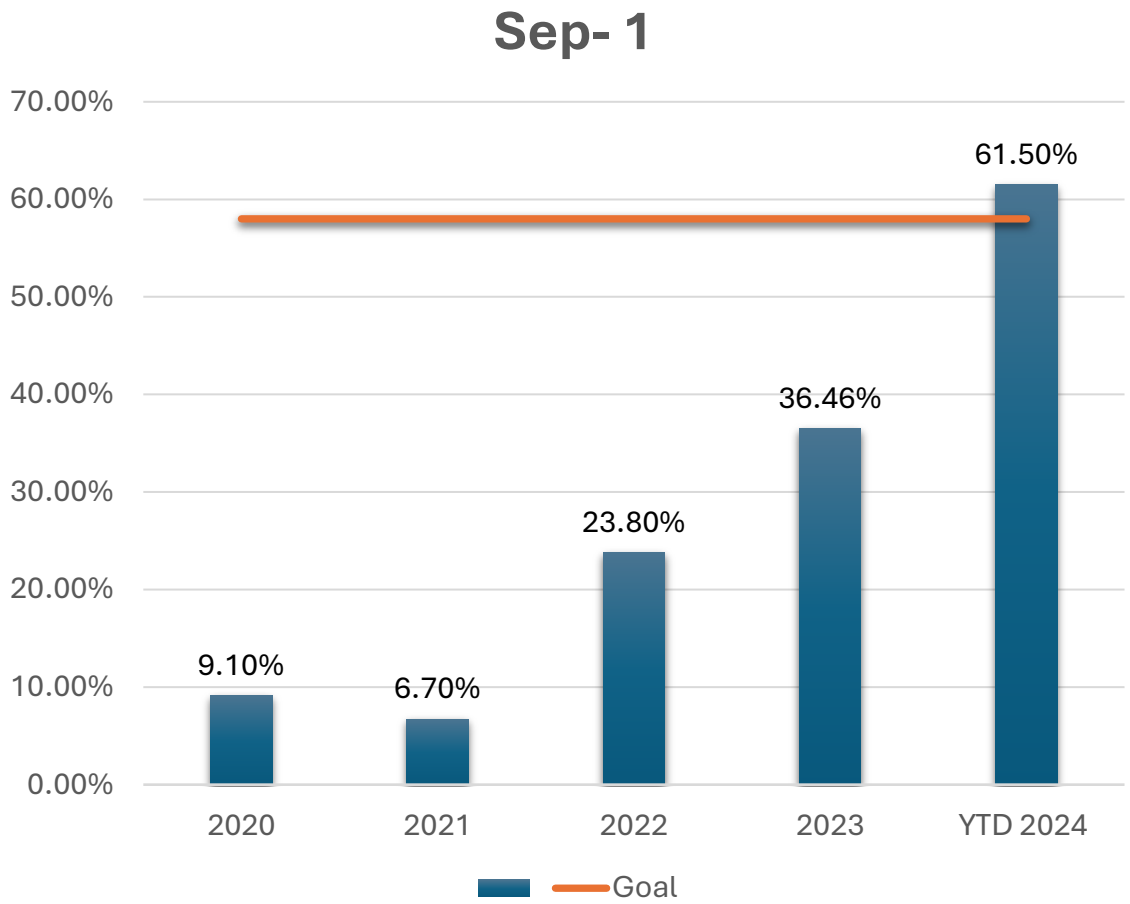
Cox Health – Internal Data and Tracking.

Mortality Review



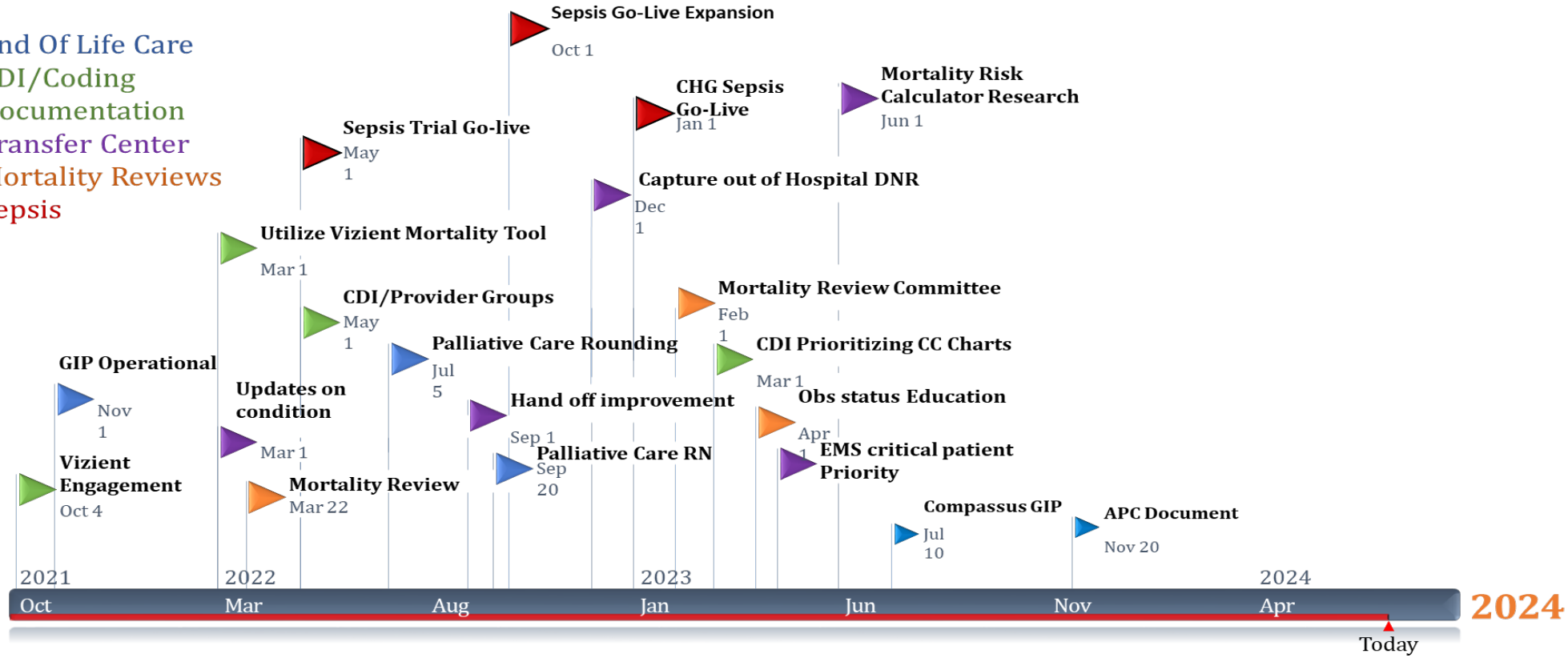
Sepsis

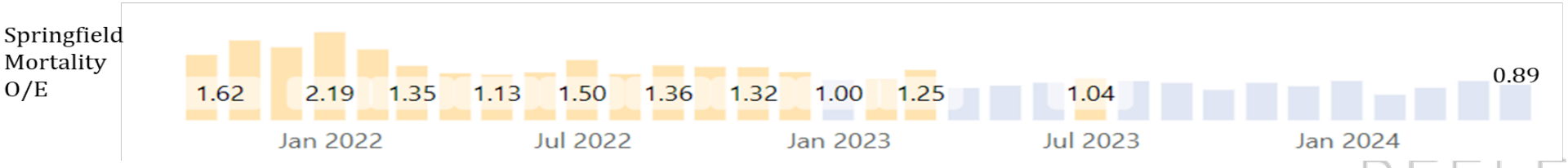
- **Baseline:**
  - Sep-1: 6.7%
  - Mortality: 24%,1.72 O/E
  - LOS: 10.88 days
- **Current:**
  - Sep-1: 61.5%
  - Mortality: 9.7%, 0.89 O/E
  - LOS: 8.66 days



Mortality Cohort Initiatives

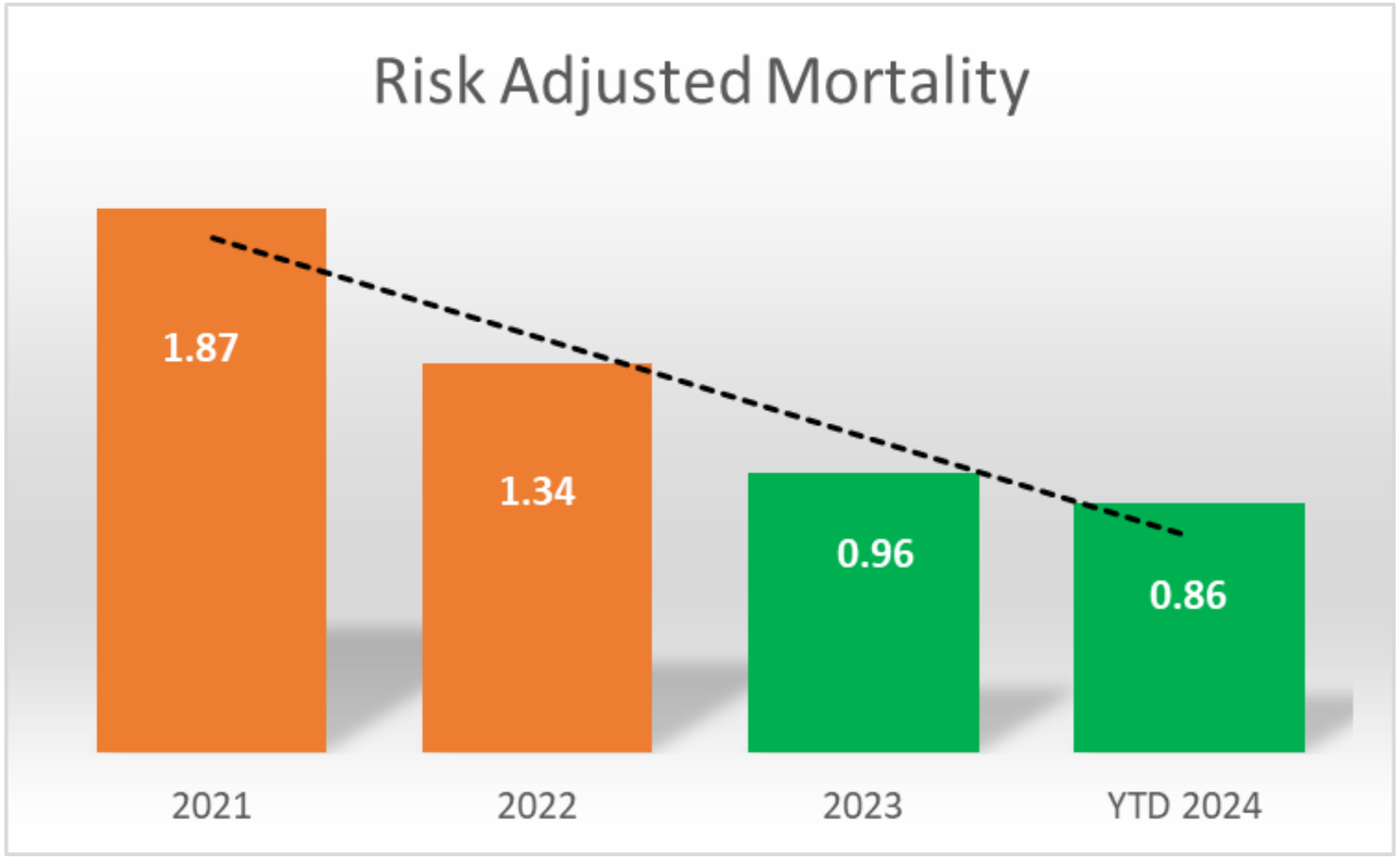
- End Of Life Care
- CDI/Coding Documentation
- Transfer Center
- Mortality Reviews
- Sepsis





Screenshot from Cox Health Internal Tracking System.

Current State



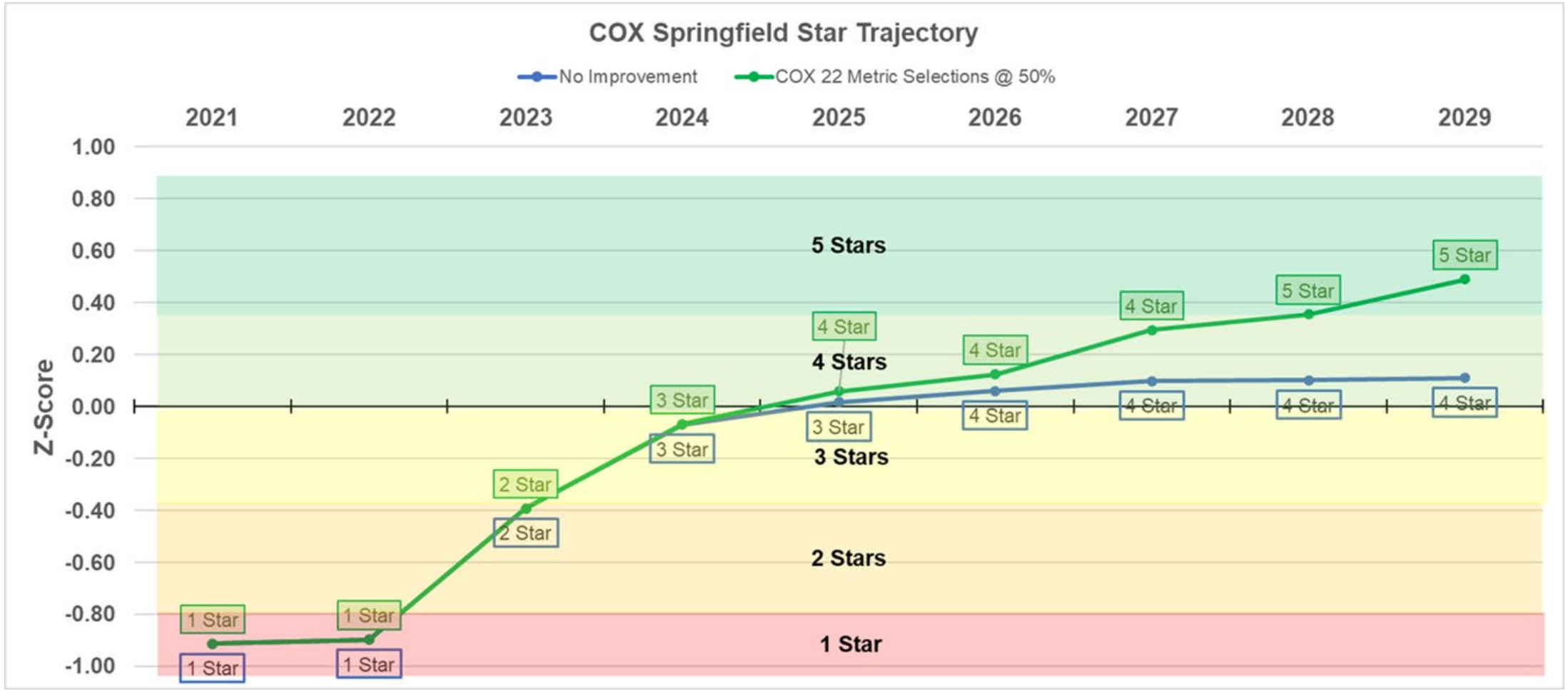
Cox Health – Internal Data and Tracking.

Where we are now

Program	Overall	Mortality
CMS Star Rating	3 Stars	-0.89
Leapfrog Safety Grade	C	PSI-4: 199.15
Vizient Q&A	2 Star	0.86 O/E

1 star to 3 star!

Where we are Headed – CMS Stars



Cox Health – Internal Data and Tracking.
Vizient Quality and Accountability Study.

The Work Continues: Current Quality/CDI Collaborative

vizient.

- Timely/accurate data
- PSI-4 and 90
- Admit type/status
- Heart Failure EDAC
- Readmissions

REFLECTION

Lessons Learned

vizient.

- Own your performance
- Transparency is key
- Find what works and replicate it
- Results take time; be patient, stay focused
- Celebrate wins

REFLECTION

Key Takeaways

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- Improving quality is a team sport
- Leadership commitment is imperative
- Use data to tell the story
- Build a structure that promotes accountability

REFLECTION

Questions?

Contact:

Corrine Fugitt, Corrine.Fugitt@coxhealth.com

This educational session is made possible through the collaboration of Vizient Member Networks.