Joint Medical, Nursing, and Quality Executive Peer to Peer Session

Peggy Duggan, MD
Executive Vice President, Chief Physician Executive and Chief Medical Officer
Tampa General Hospital
Tampa, Fla.

Matthew McCambridge, MD, MHQS,CPHQ, CPPS
Sr. VP, Chief Quality, Patient Safety, and Acute Care Continuum Officer
Legacy Lehigh Valley Health Network
Chief Medical Officer, Acute Care Quality
Jefferson Health
Allentown, Pa.

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An individual is considered to have a relevant financial relationship if the educational content an individual can control is related to the business lines or products of the ineligible company.

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Overall Learning Objective

- **Describe caring science strategies to create an environment that promotes healing and enhances the overall patient experience.**

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Reflections on the Significance of Caring to Drive Personal and Professional Positive Change

Dale E. Beatty, DNP, RN, NEA-BC, FADLN, FAONL, FAAN
Chief Nurse Executive & Senior Vice President
Patient Care Services
Stanford Health Care
Stanford, Calif.

About Stanford Health Care

Image Source: Stanford Healthcare. Used with permission

- Academic Medical Center
- Located in California's Silicon Valley
- Level 1 Trauma Center
- New '500P' hospital opened in 2019
- 619 licensed beds. Operate 820.
- 119 licensed ICU beds
- 4,153 inpatient and ambulatory RNs
- 1,615 residents & fellows
- 2,283 physicians on active medical staff

REFLECTION

- **"5 Star"** CMS Rating for 5 Consecutive Years

- **"A Grade"** Leapfrog Safety Grade Fall 2023

- Vizient Top Quartile performer with several measures performing in the Top Decile

Our goals:

- Healing humanity "through science and compassion"

- Providing "leading edge care"

- Becoming the "best at getting better"

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

4 X Magnet Designee

5,100+ nurses

619 Licensed Beds – 820 FTC

1.2 million + Outpatient Visits

REFLECTION

Used with permission from: (L-R) Stanford Healthcare, MAGNET American Nurses Credentialing Center
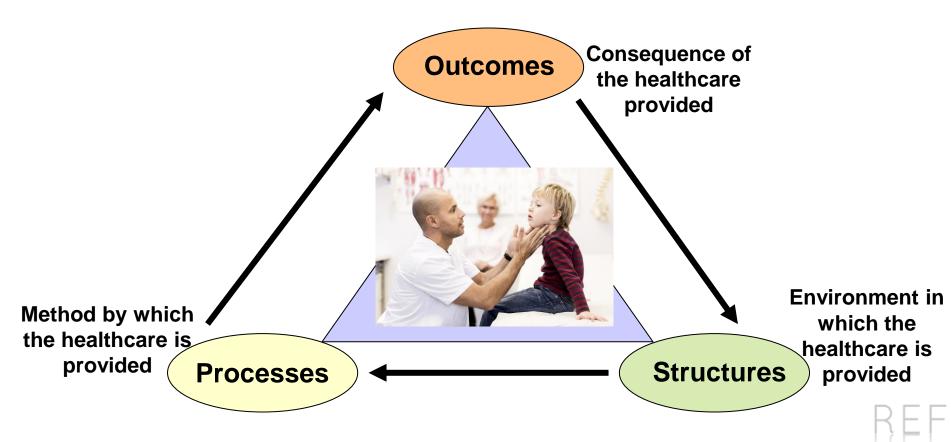
I am Human

I would like to share a video created by Stanford Medicine WellMD & WellPhD as part of their "I am Human" initiative. Although there are many dimensions of workload and practice environment that need to be addressed, there are also professional norms and attitudes that must be addressed to create the environment we aspire to. The purpose of the "I am Human" initiative is to open a conversation among healthcare workers emphasizing our common humanity and acknowledging that we are not superhuman.

Donabedian's Model

Supported by a model for assessing health care quality. Developed by Dr. Avedis Donabedian, based on Structure, Processes and Desired Outcomes

Outcomes — Consequence of the healthcare provided

Structures — Environment in which the healthcare is provided

Processes — Method by which the healthcare is provided

Donabedian: Structure

Highlighting Key Structures at SHC – "Our Secret Sauce"

1) Nursing Strategic Plan Aligns with the SHC Operational Plan and the Stanford Medicine's Integrated Strategic Plan.
2) SHC Quality Structure - MGT
3) Acuity Adaptable Model of Care
4) Leadership Span of Control
5) Patient Experience
6) Security and Welfare of our People
7) Sexual Assault & Sexual Harassment (SASH)
8) Leveraging Dyadic Clinical Partnerships
9) Leveraging ANCC Magnet – Shared Leadership
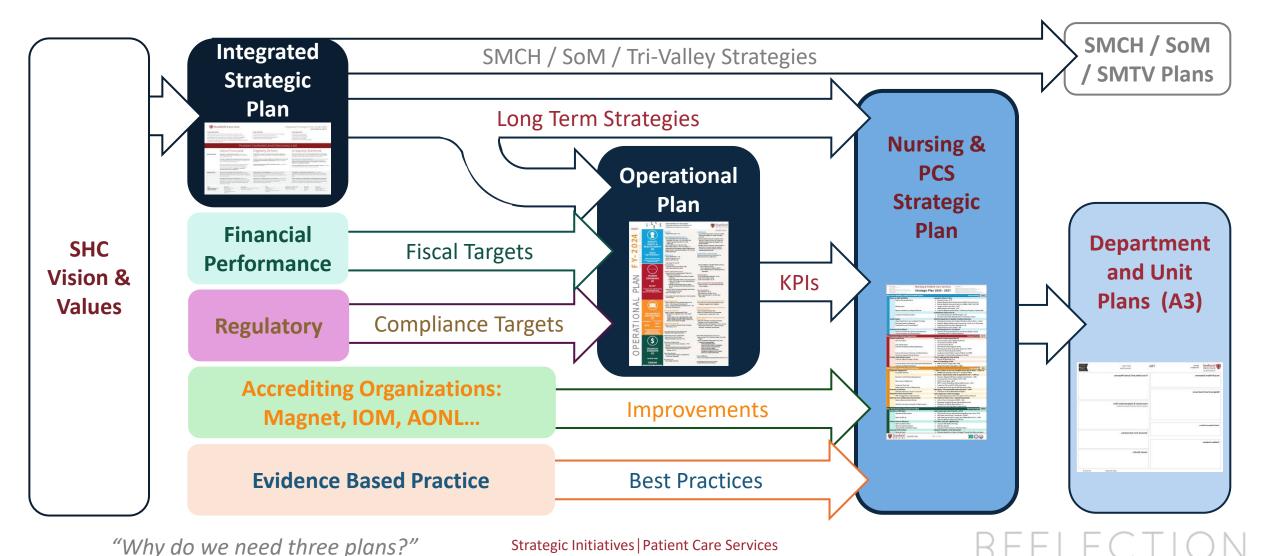10) Diversity, Equity, Inclusion, & Belonging

REFLECTION

1) Nursing Strategic Plan Aligns with the SHC Operational Plan and the Stanford Medicine's Integrated Strategic Plan.

Alignment Considerations in Plan Development

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SHC Vision & Values

Integrated Strategic Plan

SMCH / SoM / Tri-Valley Strategies → **SMCH / SoM / SMTV Plans**

Long Term Strategies

Operational Plan

Nursing & PCS Strategic Plan

Department and Unit Plans (A3)

Financial Performance — Fiscal Targets

Regulatory — Compliance Targets

KPIs

Accrediting Organizations: Magnet, IOM, AONL... — Improvements

Evidence Based Practice — Best Practices

"Why do we need three plans?"

Strategic Initiatives │ Patient Care Services
Confidential

REFLECTION

Source: Stanford Healthcare. Used with permission
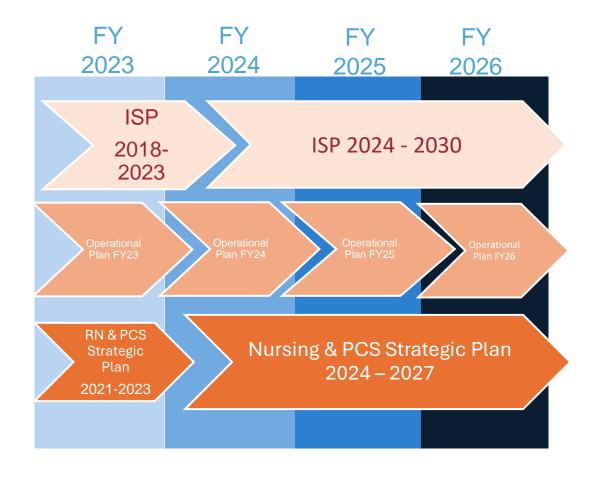
Functions of Aligned Plans

Strategic Plan: Long-term visions for growth and expansion. "How we will set ourselves apart." Connection between strategy and values.

Operational Plan: Annual areas of focus and key performance targets. Critical measures of progress.

FY 2023	FY 2024	FY 2025	FY 2026
ISP 2018-2023	ISP 2024 - 2030		
Operational Plan FY23	Operational Plan FY24	Operational Plan FY25	Operational Plan FY26
RN & PCS Strategic Plan 2021-2023	Nursing & PCS Strategic Plan 2024 – 2027		

Strategic Initiatives | Patient Care Services

Confidential

Source: Stanford Healthcare. Used with permission

Vis Wall Template

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Operational Plan / Nursing & PCS Strategic Plan	Unit/Department Goals	Problem Solving Tactics / A3's	Outcome Metrics	Any Additional Metrics
	Quality & Safety Goal(s)			
	Patient Experience Goal(s)			
	Engagement & Wellness Goal(s)			
	Financial Strength Goal(s)			

2) SHC Quality Structure - MGT
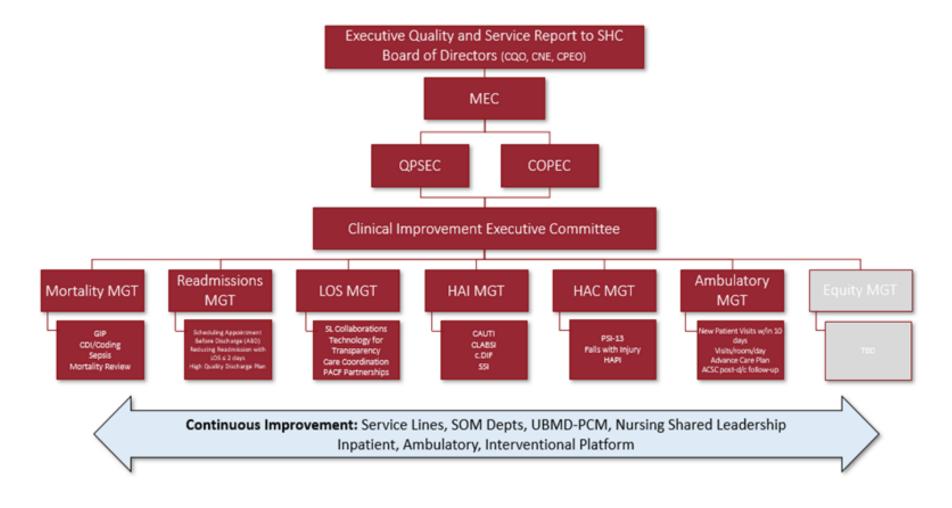
3) Acuity Adaptable Unit / Model of Care

Talking Points

1 What is acuity-adaptable care and what problem(s) does it solve?

2 Admissions decision making in fixed-acuity vs. acuity-adaptable care environments

3 Patient scenarios (fixed-acuity vs. acuity-adaptable)

4 RN staffing for acuity-adaptable care (Title 22 vs. SHC staffing matrix)

REFLECTION

What is Acuity-Adaptable Care?

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Step-down
Telemetry
Medical Surgical
Acuity-Adaptable

Acuity-adaptable care is a **care model** that integrates step-down, telemetry, and medical surgical care capabilities **within a single acute care unit**.
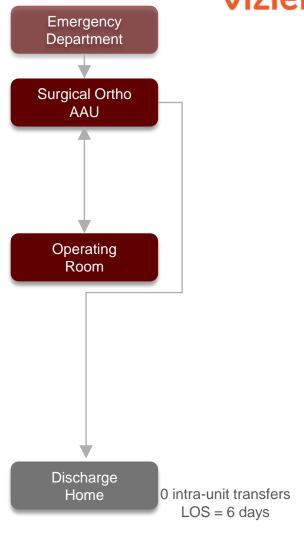
This model supports complex patient care situations and the ability to adapt the delivery of care in concert with changing patient care needs, thereby eliminating the need to transfer patients from unit to unit.

REFLECTION

Image Sources: Stanford Healthcare. Used with permission

Contrasting patient experiences

Fixed-Acuity

- Emergency Department
- Orthopedic Med-Surg Unit
  - (1)
- Step-Down Unit
  - (2)
- Orthopedic Med-Surg Unit
- Operating Room
- Step-Down Unit
  - (3)
- Orthopedic Med-Surg Unit
- Discharge Home

3 intra-unit transfers
LOS = 10 days

Acuity-Adaptable

- Emergency Department
- Surgical Ortho AAU
- Operating Room
- Discharge Home

0 intra-unit transfers
LOS = 6 days

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REFLECTION
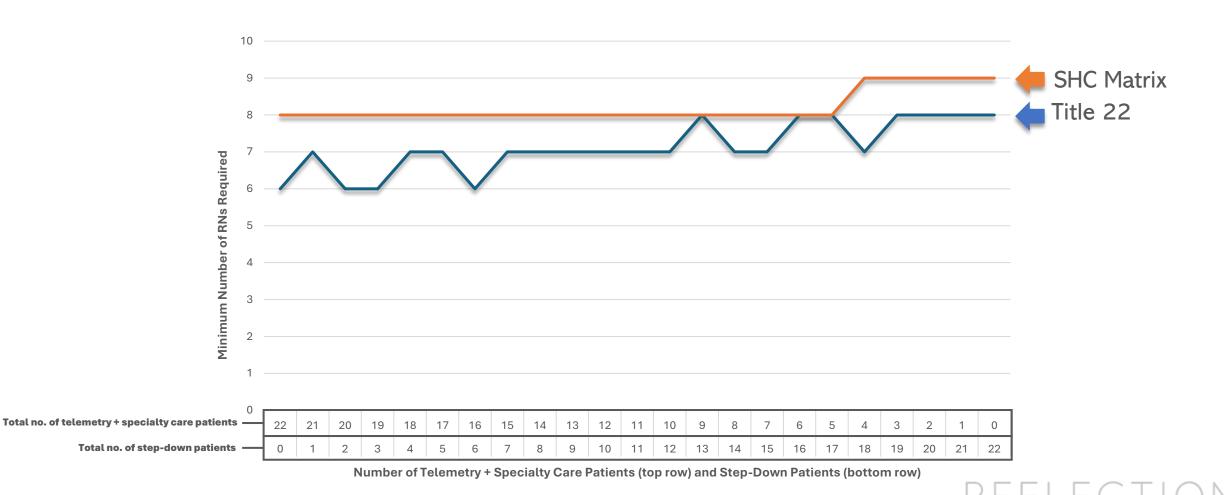
Internal Data Source: Stanford Healthcare. Used with permission

RN Staffing Models for Acuity-Adaptable Care

SHC's acuity-adaptable staffing matrix always results in an equivalent or higher level of RN staffing than the Title 22 mandate

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Chart: Minimum Number of RNs Required

Legend:
- ← SHC Matrix
- ← Title 22

Total no. of telemetry + specialty care patients	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0
Total no. of step-down patients	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22

Number of Telemetry + Specialty Care Patients (top row) and Step-Down Patients (bottom row)

— RNs (Title 22)   — RNs (SHC Matrix)

Internal Data Source: Stanford Healthcare. Used with permission

REFLECTION

Key Takeaways

1 Providers can admit according to the patient's *primary* clinical need but still manage patient's pre-existing conditions on the same unit, thereby reducing transfers.

2 Fewer patient transfers enhances patient safety by reducing wait-related care delays.

3 Acuity-adaptable care is a *patient-centric* care model.

4 Fewer transfers improves continuity of care and enhances care team cohesiveness.

5 Acuity-adaptable staffing provides equivalent or higher staffing compared to Title 22, enhancing nurse satisfaction with the work environment.

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REFLECTION

4) Leadership Span of Control

- Leveraged a 2017 study / white paper by the Hospital Association of Southern California on Span of Control.

"Build the Model — Hospitals should develop an SOC optimization model that considers a variety of factors. The model should consider the relationship between manager and staff, address the complexity of care in each unit, and assess the capability of the manager and the staff.

At Stanford Health Care – 1 Patient Care Manager and 2 Assistant Patient Care Managers per 24-25 bed unit as a standard. (Implemented in 2018).
  - Improvement in RN Vacancy and RN Turnover
  - Improved Leadership Vacancy and Turnover. (Currently no open positions)
  - Improved ranking in Vizient Quality Rankings since 2017.
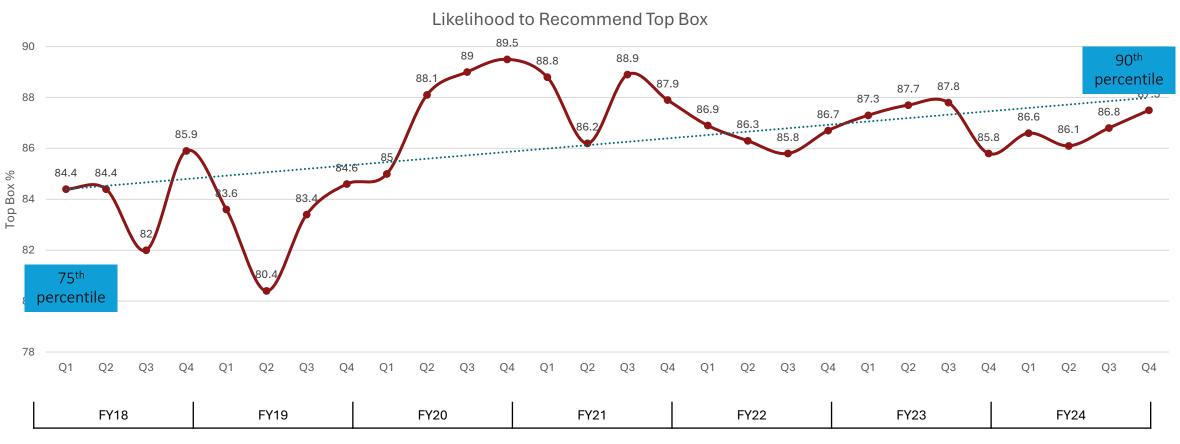 - Improved Patient Experience Scores (Top Decile performance).

REFLECTION

5) Patient Experience

Likelihood to Recommend Stanford Health Care
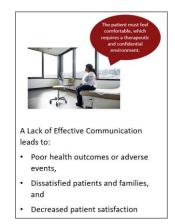
What do our patients and their loved ones think?

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Likelihood to Recommend Top Box

Nurse Communication: White Board Optimization

Problem Statement:

The challenges the inpatient units are facing involves **suboptimal scores in the patient satisfaction surveys** for the Nurse Communication domain, indicating a **notable communication gap between nurses and patients**.

Improving this aspect is essential to better patient experiences, improve health outcomes, and upholding Stanford Health Care's reputation and care quality.

Images Source: Stanford Healthcare. Used with permission

Gap:
Sustainment of target goal of 83.0%

Challenges & Opportunities:

1. Need for consistent and clear communication among and acknowledgement of patient priorities and goals by all members of care team

2. Need for RN standard work every shift to document and address patient priorities and goals

3. Need for follow up in addressing patient priorities and goals to be incorporated into nurse leader daily rounds
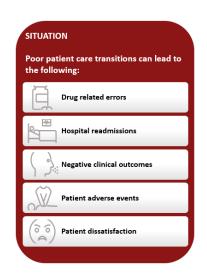
Interventions:

1. Redesign patient room white board to overall improve patient-centered care communication.

2. Nurse Leader rounding to incorporate discussions about essential aspects of care, including the updated whiteboard.

3. By utilizing these two tools, nurses can foster interpersonal connections, patient education, engagement initiatives, address discharge planning needs, and implement thorough nurse follow up.

Care Transitions: Welcome Brochure Optimization

SHC Inpatient Care Transitions Scores

FY22 Target: 62.3%
FY22 Score: 63.6%

FY23 Target: 64.1%
FY23 Score: 64.2%

Problem Statement:

Poor Patient Care Transitions can lead to:

- Patient dissatisfaction
- Negative clinical outcomes
- Patient adverse events
- Drug-related errors
- Hospital readmissions

Gap:

In FY22, Inpatient PCS had a Care Transitions of 63.6% which would not meet FY23 Target of 64.1%.

Challenges & Opportunities:

- Patient participation in care
- Patient preferences addressed
- Prepare for transition to home

Proposed Solutions:

- Pilot the Welcome Brochure Optimization program (completed in Spring 2023)
- Based on success of Pilot; Spread program across all Inpatient PCS:

  - Phase I: Medicine and CVH September 2023
  - Phase II: Oncology and Observation November 2023
  - Phase III: Surgical and Transplant January 2024
  - Phase IV: ICU and Float Pool   March 2024

Doctor Communication:
Advancing Communication Excellence at Stanford (ACES)

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DOCTOR COMMUNICATION
85.3%
▲ 3.9% vs.Nov 2023
n-size: 1,625
Target 84.3%

89.5%

Background:

Effective physician-patient interactions result in improved patient satisfaction scores, physician empathy, self-efficacy, and reduced physician burnout.

Stanford Health Care lacked a relationship-centered healthcare culture where all communication is effective, empathetic, and equitable

Images Source (L to R): Stanford Healthcare. Used with permission

Gap:

Absence of an evidence-based model for physician-specific communication training.

Challenges & Opportunities:

1. Consistent model for relationship-centered communication (RCC) for Stanford providers, beyond C-I-CARE training
2. Foundational training for RCC for all Stanford providers.
3. Opportunities for continued learning and skill-building following foundational training.

Interventions:
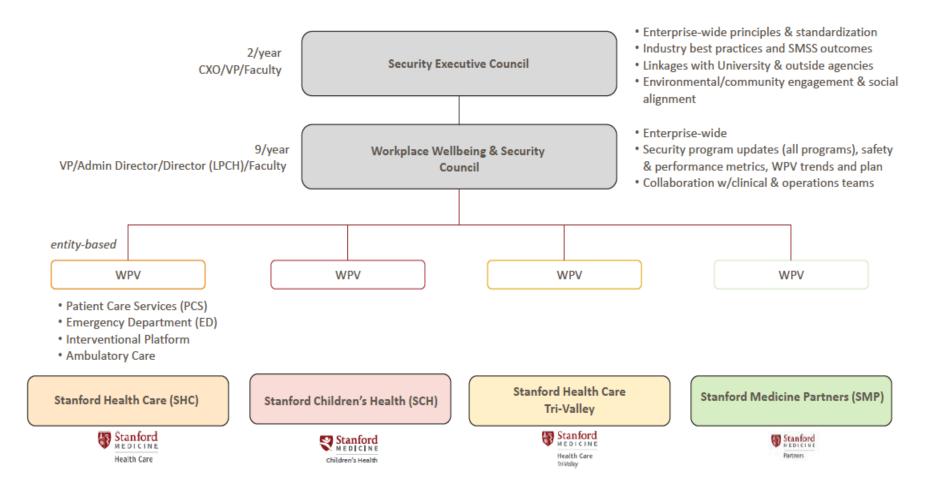
1. Implemented ACES course in collaboration with the Academy of Communication in Healthcare; trained more than 3,200 providers, resulting in improved provider wellness and patient experience scores.
2. Implemented RCC coaching program; more than 500 providers coached to date.
3. Created and implemented a Train the Trainer program for ACES facilitators; 29 Stanford providers trained.

REFLECTION

6) Security and Welfare of our People

Security Executive Council — 2/year, CXO/VP/Faculty
- Enterprise-wide principles & standardization
- Industry best practices and SMSS outcomes
- Linkages with University & outside agencies
- Environmental/community engagement & social alignment

Workplace Wellbeing & Security Council — 9/year, VP/Admin Director/Director (LPCH)/Faculty
- Enterprise-wide
- Security program updates (all programs), safety & performance metrics, WPV trends and plan
- Collaboration w/clinical & operations teams

entity-based

WPV — WPV — WPV — WPV

- Patient Care Services (PCS)
- Emergency Department (ED)
- Interventional Platform
- Ambulatory Care

Stanford Health Care (SHC)
Stanford MEDICINE Health Care

Stanford Children's Health (SCH)
Stanford MEDICINE Children's Health

Stanford Health Care Tri-Valley
Stanford MEDICINE Health Care Tri-Valley

Stanford Medicine Partners (SMP)
Stanford MEDICINE Partners

Source: Sanford Healthcare. Used with permission

Notice of Behavioral Standards (NBS)

Reviewed Annually
- Patient Access Services (registration) staff present the NBS to every patient upon joining Stanford and annually thereafter.
- Documentation is added to the patient's chart indicating they reviewed the document.
- No signature required (consent is not optional, but mandatory)

Widely Available
- The NBS is available in multiple languages
- Physical and electronic copies are provided to each patient
- The NBS is accessible on MyHealth and online

Referenced
- The NBS takes burden off staff/leadership to make personal decisions about what behavior they choose to tolerate.
- The NBS presents a clear picture of what is and is not acceptable behavior at Stanford Medicine.

Notice of Behavioral Standards at Stanford Medicine

A place of mutual respect

As your health care partner, we hold ourselves to the highest standards. We pledge to treat you with respect, honesty, dignity, and compassion.

We ask you, our patients and your family or visitors, for your support to keep this a place of mutual respect. We ask you to treat others with respect, honesty, dignity, and compassion.

Mistreatment & Discrimination

Stanford Health Care is a place of healing. Mistreatment and discrimination towards staff or providers are not allowed. It is not allowed in person, on MyHealth, on the phone, in written form, or in any other setting. This includes any patient or visitor behavior that:

- Interferes with a safe environment
- Limits staff or providers from giving patient care
- Is abusive to anyone with the patient or anyone on the care team
- Is discriminatory or racist towards staff or providers

Examples of Mistreatment & Discrimination

- Racism towards staff or providers (for example: microaggressions or bigotry)
- Discrimination against someone based on their gender identity and expression, sexual orientation, race, religion, age, disability, or other traits
- Verbal abuse (for example: Name calling, cursing, belittling, or ranting)
- Emotional abuse (for example: Acts that make staff feel unsafe or uncomfortable, or stalking)
- Sexual abuse (for example: Unwanted touching or sexual language)
- Threatening acts (for example: Slamming doors, blocking, yelling, or bullying)
- Physical abuse (for example: Hitting, kicking, or spitting)

Our response to Mistreatment & Discrimination

When mistreatment or discrimination occurs, a team will decide how to respond. Any mistreatment or discrimination could result in consequences up to and including:

- Reporting behavior to other staff members (for example: Managers or security officers)
- Removal from the building
- Restriction of visitors who mistreat staff and providers (for example: A visitor mistreating staff will not be allowed to visit the patient)
- Asking patients to leave instead of receiving care, treatment, or services temporarily (for example: Patients mistreating providers will not be allowed to go to their appointment)
- Prohibiting a patient from receiving care in outpatient clinics at Stanford Health Care, except for emergency services
- Calling the police

Our ask

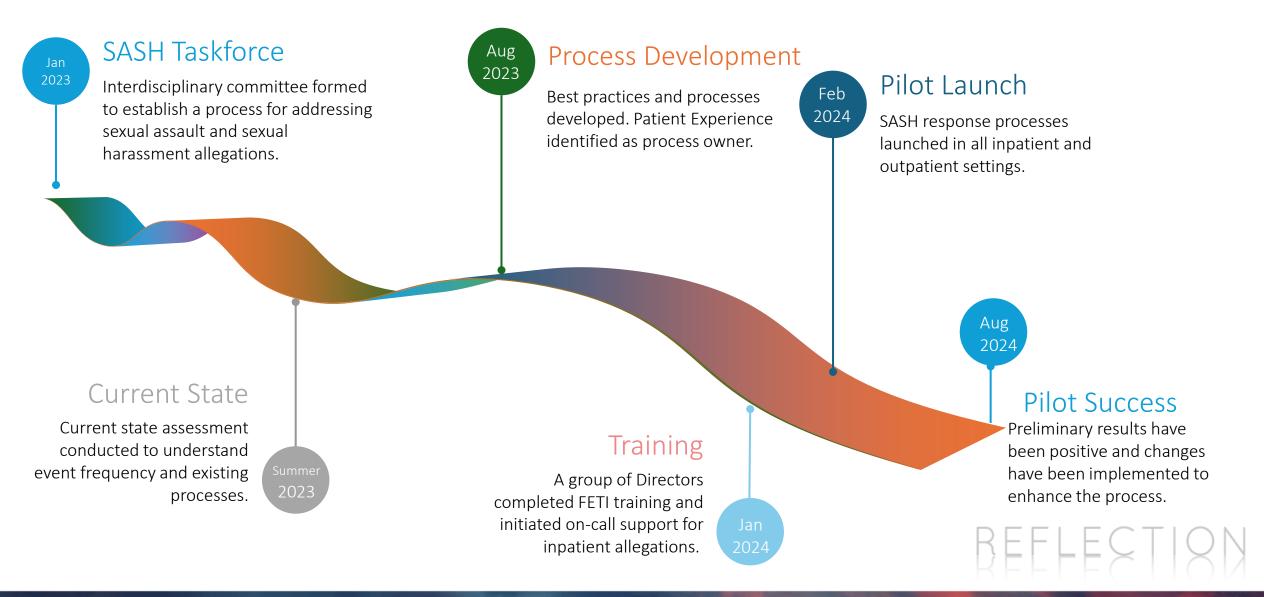As a patient of Stanford Health Care, we expect you and your family or visitors to:

- Report any mistreatment and discrimination you see or experience to a staff member or provider
- Help create a place of mutual respect
- Not mistreat or discriminate against any staff, providers, or others

7) Sexual Assault & Sexual Harassment (SASH)

The Path to Now

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SASH Taskforce

Jan 2023

Interdisciplinary committee formed to establish a process for addressing sexual assault and sexual harassment allegations.

Process Development

Aug 2023

Best practices and processes developed. Patient Experience identified as process owner.

Pilot Launch

Feb 2024

SASH response processes launched in all inpatient and outpatient settings.

Current State

Current state assessment conducted to understand event frequency and existing processes.

Summer 2023

Training

A group of Directors completed FETI training and initiated on-call support for inpatient allegations.

Jan 2024

Pilot Success

Aug 2024

Preliminary results have been positive and changes have been implemented to enhance the process.

REFLECTION

Four Key Phases to the Process

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Huddles throughout the process ensure teams are communicating effectively.

1. Immediate Response

2. Internal Investigation

3. Close Out of Internal Investigation

4. Post-External Investigation

We respond to allegations in the inpatient or outpatient setting of assaults that occurred on site that involve a patient:

Staff: Patient
Patient: Staff
Patient: Patient

REFLECTION

On-Call Directors

- **On-call directors available are 24/7 to support teams with sexual assault allegations. The ANS team has access to the schedule and will contact the scheduled director.**

Johnathan Clevinger

Kristina Davis

Maureen Fay

Sarah Foad

Lisa Ledonne

Dennis Manzanades

Gisso Oreo

Salem Paschal
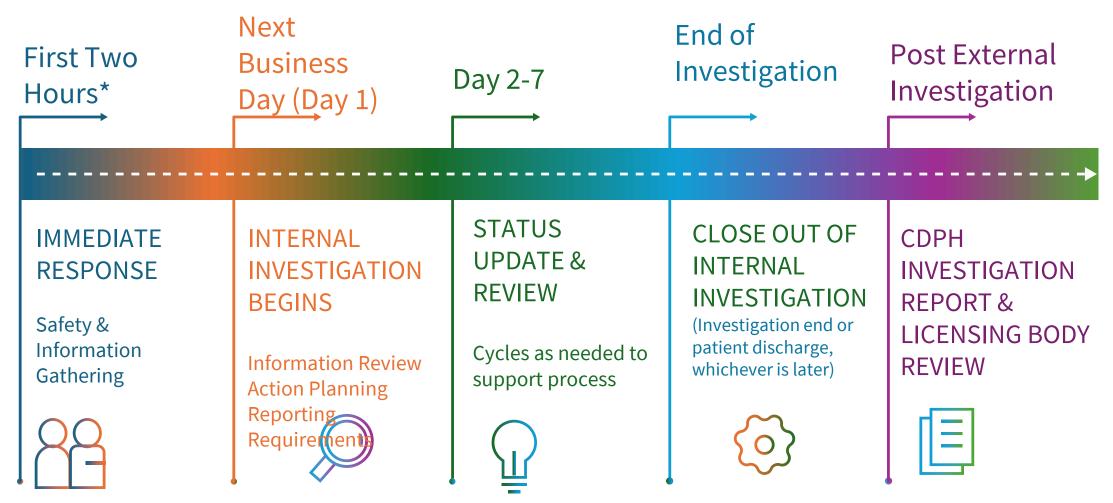
Tyler Perkins

Daniel Ramberger

From Reporting to Investigation Completion

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First Two Hours*

Next Business Day (Day 1)

Day 2-7

End of Investigation

Post External Investigation

IMMEDIATE RESPONSE

Safety & Information Gathering

INTERNAL INVESTIGATION BEGINS

Information Review
Action Planning
Reporting Requirements

STATUS UPDATE & REVIEW

Cycles as needed to support process

CLOSE OUT OF INTERNAL INVESTIGATION

(Investigation end or patient discharge, whichever is later)

CDPH INVESTIGATION REPORT & LICENSING BODY REVIEW

*For the ambulatory response, this may take longer based on whether the Patient Experience team is able to contact the patient.

REFLECTION

Assault Investigation Team Checklists

- Patient to SHC Employee and SHC Employee to Patient
  - Inpatient/Outpatient

- Patient to SoM Faculty Provider and SoM Faculty Provider to Patient
  - Inpatient/Outpatient

Images Source: Sanford Healthcare. Used with permission

Internal Investigation

When: To be initiated on first business day following awareness. To be completed within 15 days of awareness.

Purpose: Conduct thorough and impartial investigation of events. All documents saved in Box folder managed by Patient Relations. All other documentation saved in Qualtrics.

Who	Actions	Documentation	Resources
ELR	1. Notify legal counsel to initiate attorney/client privilege. Copy OGC on all communications.		
Regulatory Affairs	1. Report to CDPH within 24 hours if appropriate. 2. Once report is complete, share with Assault Response Team and attach to SAFE report.		CDPH report letter template
Patient Relations	1. Convene a huddle with Assault Response Team. 2. Discuss necessity of 805.8 reporting. 3. Connect with the patient to introduce self and explore expectations for resolution, if appropriate. 4. Send an acknowledgement letter to patient, if appropriate. 5. Update SAFE report with notes from huddle. 6. Save notes in Box.		Event Template Standard work for facilitating the meeting
Nursing Quality	1. Review patient care plan documentation 2. Perform chart tracer and document collection for CDPH review.		Internal Summary Report
ELR	1. Conduct an interview with the employee and unit leader with representation if necessary. 2. Interview witnesses if applicable. 3. Revisit whether employee should be reassigned or place on TRD, if not already determined.		TRD Template SEIU requires 24 hours' notice, CRONA requires 3 days' notice re: interview.
Risk Management	1. Support and assist with guidance to key stakeholders. 2. Determine if notification to media affairs is required.		Notification to Media Affairs process.
Security	1. Conduct a threat assessment if a direct threat is made against an individual or the enterprise.		BTAM Report

8) Leveraging Dyadic Clinical Partnerships

Neera Ahuja, MD
ACMO Inpatient

- Stanford has Dyadic partnership vertically and horizontally across the enterprise.

- Every Patient Care Unit has a Patient Care Manager (PCM) and a Unit Based Medical Director (UBMD).

- The PCMs and UBMDs meet monthly as a group.

- Many quality improvement initiatives are supported by this structure.

REFLECTION

9) Leveraging ANCC Magnet – Shared Leadership

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Creating an Environment for Professional Nursing to Thrive

Images Source: Sanford Healthcare. Used with permission

10) Diversity, Equity, Inclusion, & Belonging

Stanford Health Care
Commitment to Diversity, Equity, Inclusion, and Belonging

Special Membership Opportunities

As part of our commitment to creating a community of belonging, and in support of our nurse advocates, SHC Patient Care Services partnered with HR to develop a targeted program aimed at advancing membership in national professional nursing associations.

Initial membership fee will be sponsored by the Office of the CNE through Nursing Excellence Department

SMBNA
Stanford Medicine Black Nurses Association

Scan to join!

NAHN
National Association of Hispanic Nurses

Join the Familia

Scan to join!

PNANC - SHC
Philippine Nurses Association-Northern California
Stanford Health Care

Scan to join!

New!

BAINA
Bay Area Indian Nurses Association

Scan to join!

Used with permission from: (L-R) Stanford Medicine Black Nurses Association, National Association of Hispanic Nurses, Philippine Nurses Association-Northern California, Bay Area Indian Nurses Association

We Are Magnet!

1st Designation 2007

2nd Re-designation 2012

3rd Re-designation 2016

4th Re-designation 2021
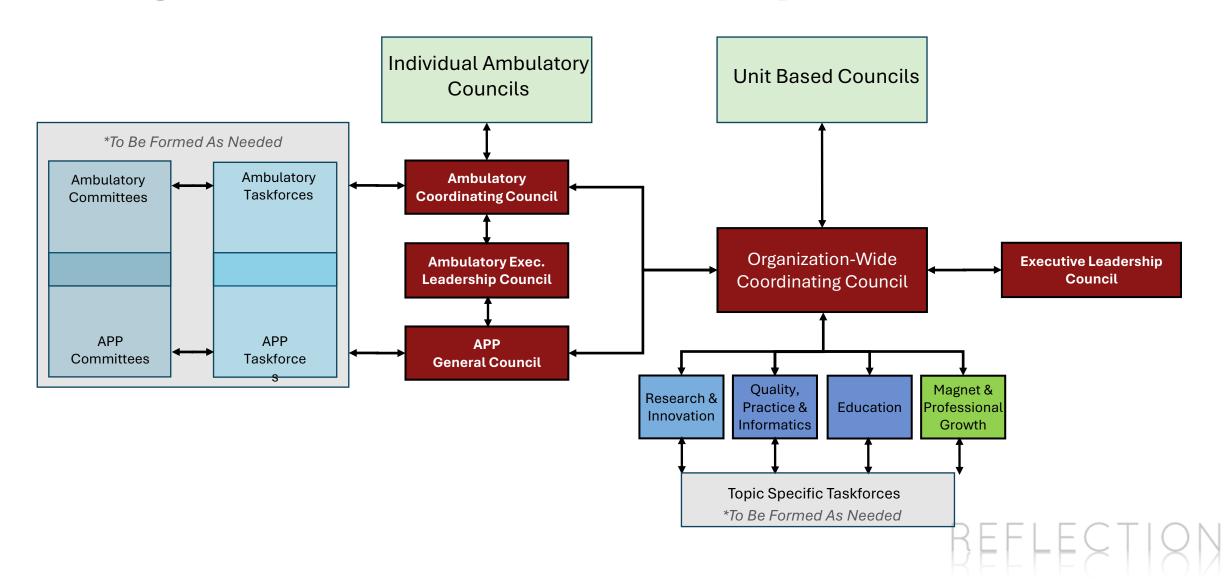
5th Re-designation 2025

SHC Organization-Wide Shared Leadership

Donabedian: Process

Front-Line Nursing Work Practice Study
A Detailed Look at the Work of the Nurse

May 9, 2020
Monique H. Lambert, Ph.D.

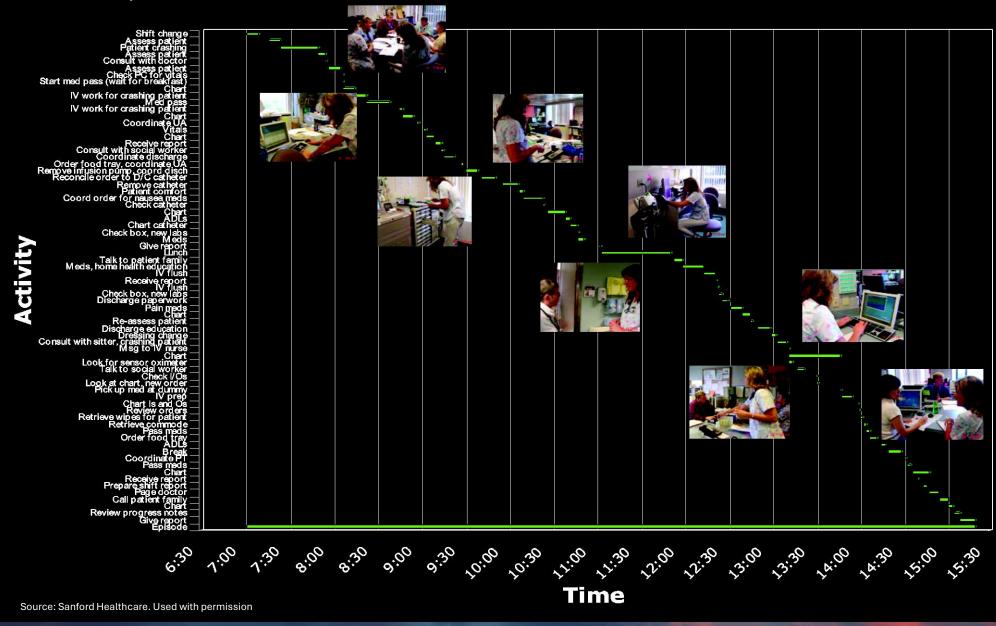vizient
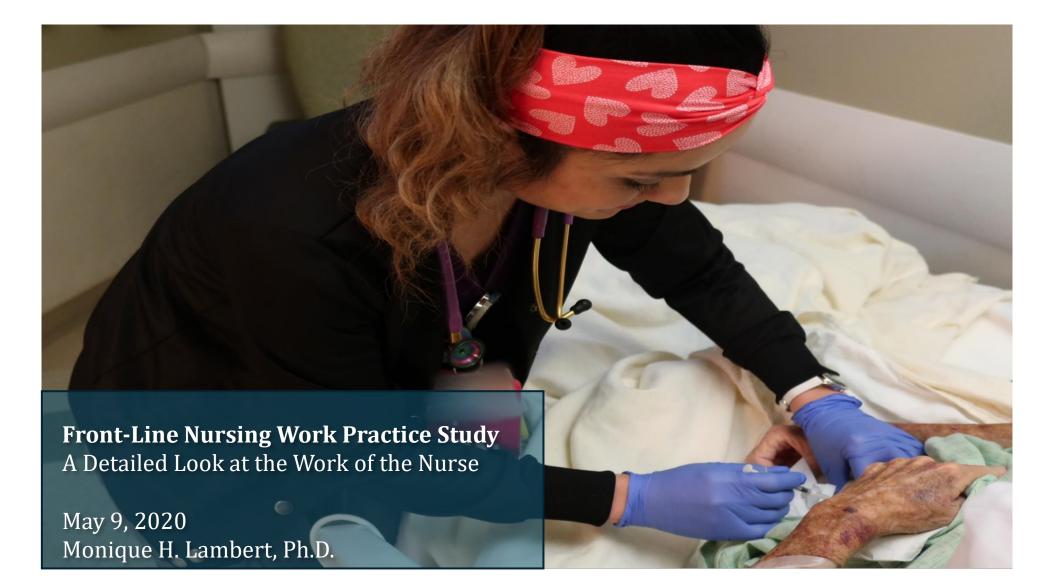
REFLECTION

"Goal: services should be patient centered and should be pushed to the point of service." Caregiver workflow redesign

Redesigned over 150 workflows prior to moving into our new building.

- Materials & supplies

- Medication delivery and administration

- Linens

- Clinical documentation

- Policies and Procedures

- Care Protocols

- Evidenced Based Order Sets

- Work Redesign

- RN Stacking – Cognitive Ordering
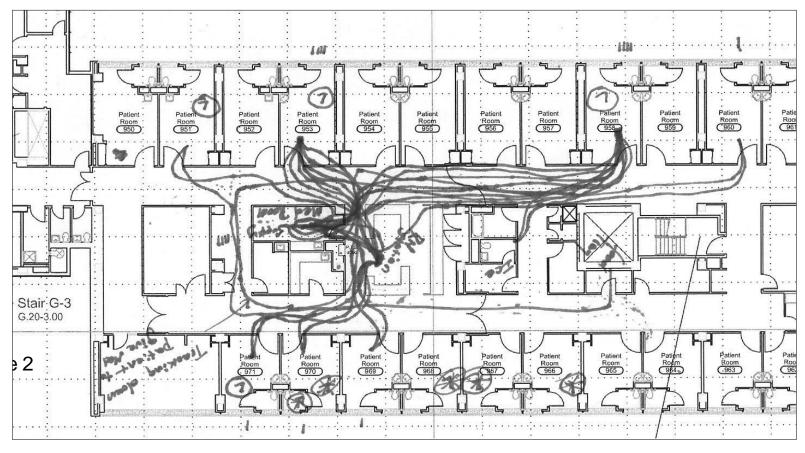
- Information

A day in the life …

Source: Sanford Healthcare. Used with permission

Nurse Travel Patterns:
1st Shift (8:30 – 9:30am)

National Benchmark :
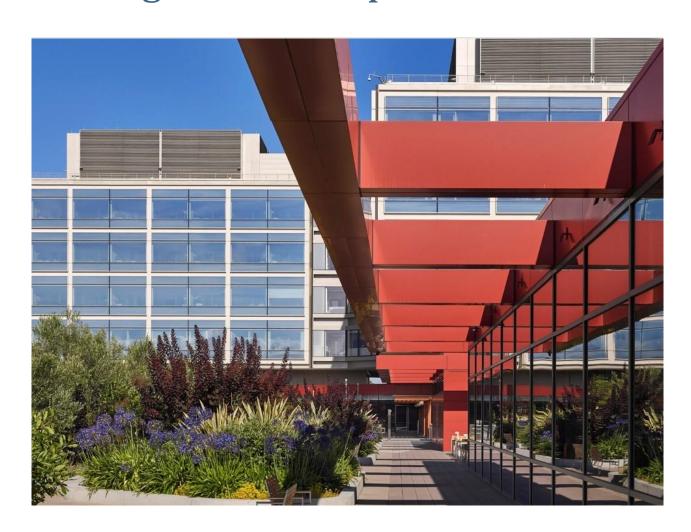Medications located at bedside can save up to 2 hours of nurse's time walking back and forth to Med. Room.

Donabedian: Outcomes

Evidence of a Culture of Quality and Safety
7-Magnet Exemplars-2021

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1) Mission – Support by our Professional Practice Model – Watson Caring Sciences. COVID-19 Response.
2) BSN 94.3% to goal of 80%.
3) 100% of all units outperformed mean for device-related HAPI stage 2 and above.
4) HAPI Stage 2 and above outperformed the benchmark for 8 quarters in 100% of all units.
5) Door to Balloon data outperformed the benchmark for 8 quarters.
6) Patient Satisfaction outperformed the benchmark for 8 quarters.
7) Ambulatory HbA1c data outperformed the benchmark for 8 quarters.

REFLECTION

Key Drivers of Successful Outcomes

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Structure
- Watson Caring Science as a theoretical foundation
- Nursing Co-Leadership within the quality improvement structure
- Shared Leadership (Governance) Council
- Dedicated nursing education, quality, research, evidence-based practice and informatics resources

96.4% Units above NDNQI mean for HAPI

Process
- Provide shared decision making
- Cascading strategic and operational planning
- Apply principles of improvement and implementation science
- Make data visible and available
- Leverage technology and promote innovation

35% reduction in *C. diff* and 46% reduction in CLABSI

Outcomes
- Vizient Top 10 performance for Patient Centeredness
- Reduced and sustained outcomes preventing healthcare associated infections (HAIs)
- Vizient Top Performer for Health Equity

Vizient Top 10 in Patient-Centeredness

REFLECTION

SHC Direct Care RN Turnover and Static Vacancy Rate

Fiscal Year Period	Annual Turnover Rate	Static Vacancy Rate
9/1/22	12.1%	0.4%
9/1/23	8.0%	-8.0%
8/7/24	7.5% Annualized	-11.1%

Internal Data Source: Sanford Healthcare. Used with permission

Stanford 2024 APP Wellness Survey Results Compared to National Benchmark

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	2024 % n = 629
Response Rate	**76%**

N= 832
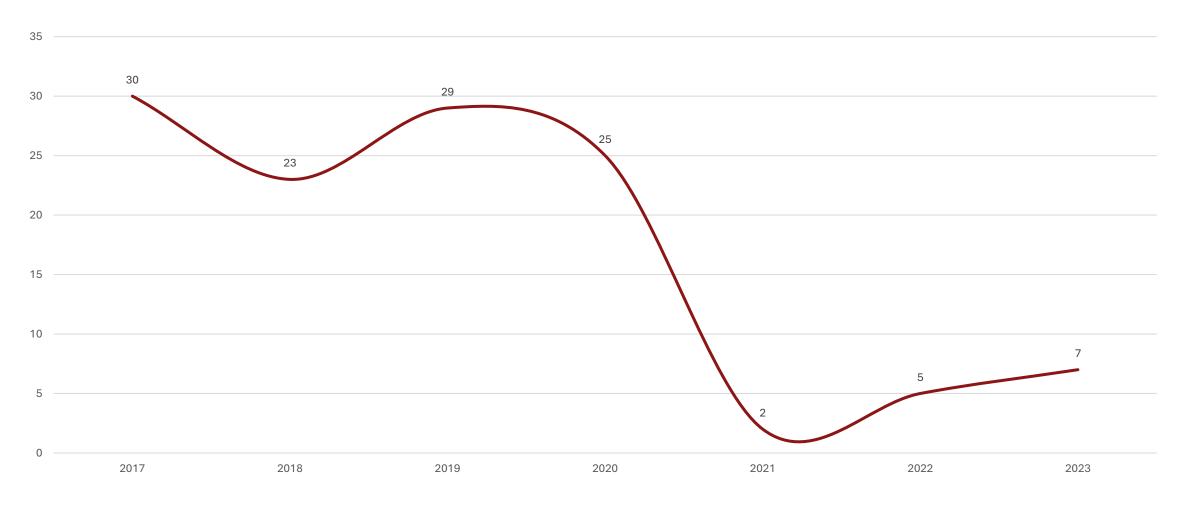
Core Metrics	2024	APP National Benchmark (2-year) (n = 13,503)
Professionally Fulfilled	**42%** ↑	**33%**
Burnout Present	**33%** ↑	**40%**
Intent to Leave	**36%** ↑	**40%**

2024 Survey Dates: 3/19/2024 – 5/1/2024

REFLECTION

Vizient Patient-Centeredness Rank

vizient

Ranked out of 118 academic medical centers
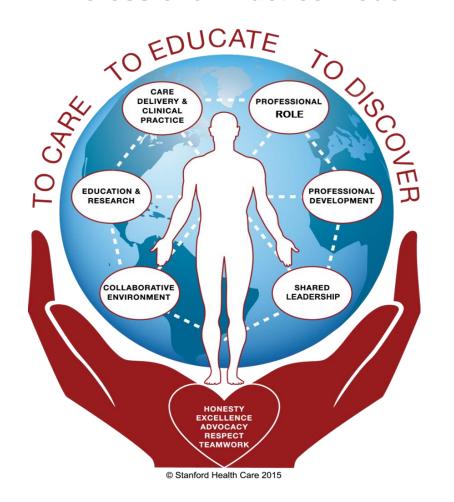
Professional Practice Model

© Stanford Health Care 2015

Our Mission
To Care, To Educate, and To Discover

Our Vision
Healing humanity through science and compassion, one patient at a time

Our Values

"Nursing Excellence Requires a Caring **HEART***"*

Interprofessional Leaders at Stanford believe:

HONESTY ensures truthful open exchange at all times.
EXCELLENCE and **E**DUCATION result in continuous discovery.
ADVOCACY is essential for excellent patient outcomes.
RESPECT for individual differences and diversity guides our behavior.
TEAMWORK results in collaboration and cooperation across the continuum.

Watson Caring Science Integration

Structure:

- Watson Caring Science integration & alignment into Patient Care Services (PCS) & Nursing Strategic Plan systemwide

Process:

- Use Watson Caring Science Institute (WCSI) national affiliate indicators to demonstrate a sustainable commitment to incorporating the values, philosophy, and theory of Watson's Caring Science, which promotes a caring-healing environment for staff, patients/families, organizational culture, and communities.
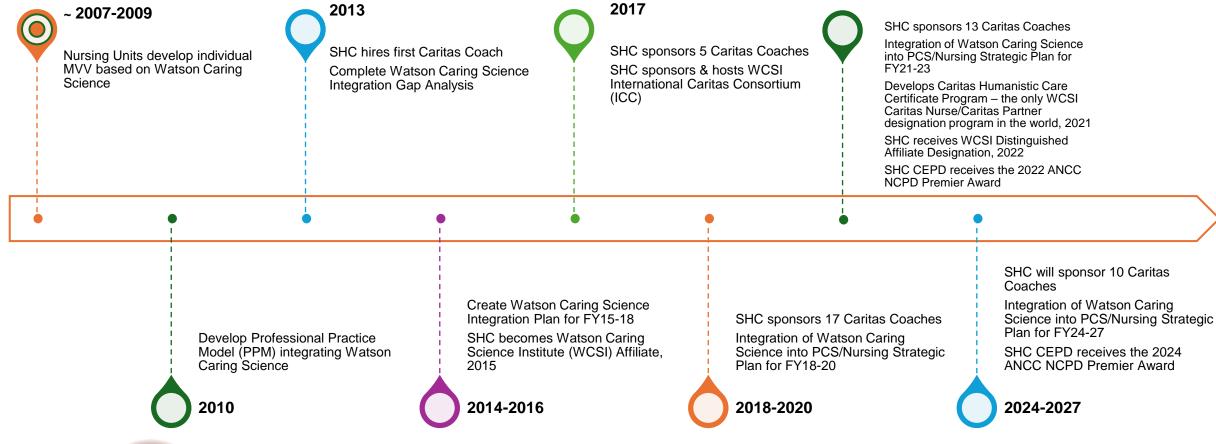

"It's when we include caring and love in our science, we discover our caring-healing professions and disciplines are much more than a detached scientific endeavor, but a life-giving and life-receiving endeavor for humanity."
Jean Watson, Ph.D., RN, AHN-BC, FAAN, LL (AAN)

Used with permission from: (L-R) Stanford Healthcare, Watson Caring Science Institute

Watson Caring Science Integration Journey

vizient.

~ 2007-2009

Nursing Units develop individual MVV based on Watson Caring Science

2013

SHC hires first Caritas Coach

Complete Watson Caring Science Integration Gap Analysis

2017

SHC sponsors 5 Caritas Coaches

SHC sponsors & hosts WCSI International Caritas Consortium (ICC)

2021-2023

SHC sponsors 13 Caritas Coaches

Integration of Watson Caring Science into PCS/Nursing Strategic Plan for FY21-23

Develops Caritas Humanistic Care Certificate Program – the only WCSI Caritas Nurse/Caritas Partner designation program in the world, 2021

SHC receives WCSI Distinguished Affiliate Designation, 2022

SHC CEPD receives the 2022 ANCC NCPD Premier Award

Develop Professional Practice Model (PPM) integrating Watson Caring Science

2010

Create Watson Caring Science Integration Plan for FY15-18

SHC becomes Watson Caring Science Institute (WCSI) Affiliate, 2015

2014-2016

SHC sponsors 17 Caritas Coaches

Integration of Watson Caring Science into PCS/Nursing Strategic Plan for FY18-20

2018-2020

SHC will sponsor 10 Caritas Coaches

Integration of Watson Caring Science into PCS/Nursing Strategic Plan for FY24-27

SHC CEPD receives the 2024 ANCC NCPD Premier Award

2024-2027

REFLECTION

Used with permission from: (L-R) Stanford Healthcare, Watson Caring Science Institute
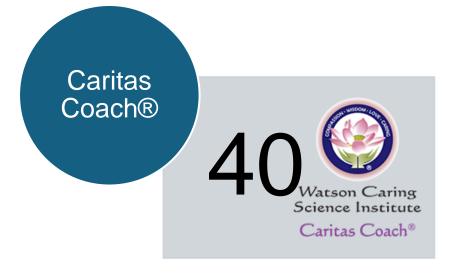
Watson Caring Science Integration Outcomes

"Nurses and carers are being re-oriented toward indicators such as self-love, self-care, self-knowledge, self-control, and self-healing approaches. These address not only the individual, but also our collective humanness, and what it means to be human…"

Jean Watson, Ph.D., RN, AHN-BC, FAAN, LL (AAN)

Legacy/Leadership Outcomes

Caritas Coach®

40 Watson Caring Science Institute Caritas Coach®

Watson Caring Science Postdoctoral Scholar

1 Watson Caring Science Institute Watson Caring Science Postdoctoral Scholar

ANCC ACCREDITATION
NCPD
PREMIER AWARD
ACCREDITED PROVIDER
2022

REFLECTION

Used with permission from: (L-R) Watson Caring Science Institute, ANCC Accreditation

U.S Clinician WellBeing Study;
Center for Health Outcomes and Policy Research, University of Pennsylvania School of Nursing

vizient

Table 3. Overall Quality of the Work Environment

Percent Reporting	Stanford Health Care				CWS Magnets				Non-Magnet
	RN	Phys	APP	All	RN	Phys	APP	All	RN
Work environment is poor or fair	19			19	34	20	23	30	40
Work atmosphere is chaotic or tends to be chaotic	59			59	63	38	43	56	
Administration that listens and responds to clinician concerns	66			66	53	71	67	58	51
Would not recommend hospital as a place to work	7			7	17	13	10	15	34
My values align with leadership	75			75	67	71	73	68	
A clear philosophy of patient-centered care/nursing that pervades the clinical environment	90			90	80	85	87	82	66
Joyous workplace	9			9	7	10	14	8	

Notes. The first item is a single-item measure of the work environment where clinicians were asked to rate their current work environment on a four-point Likert-type scale (1 being "poor" and 4 being "excellent"). The remaining items are from the Practice Environment Scale of the Nursing Work Index (PES-NWI). Percent reporting includes clinicians who reported they "strongly agree" or "somewhat agree" that the items were present in their current work environment. For the last item, clinicians were classified as reporting their current workplace was "joyous" if their score on the Mini-Z was ≥ 40.

REFLECTION

Caritas Nurse/Caritas Partner Humanistic Care Certificate Program Benefits

Education Outcomes

Caritas Nurses

101

(Nurse participant at all levels)

Caritas Partners

26

(Non-RN participant at all levels)

LAMA

177

(Entry-level mid-career nursing and interprofessional leaders transitioning into new formal leadership positions)
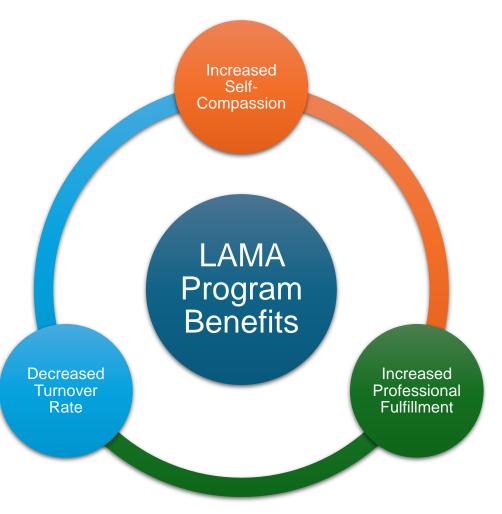

Our SHC Caritas Coaches are actively involved with Watson Caring Science Institute as faculty and experts in their Caritas Leadership Program.

Used with permission from: (L-R) Watson Caring Science Institute, Stanford Healthcare

REFLECTION

Leadership And Management Academy (LAMA) Program Benefits
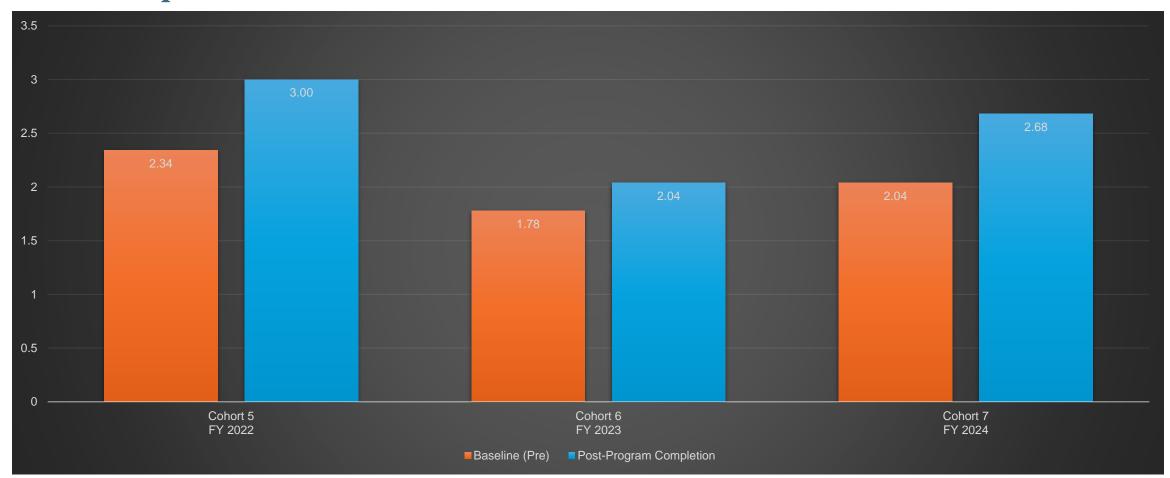
LAMA Participants Personal Resilience - Self-Compassion

Internal data source: Stanford Healthcare
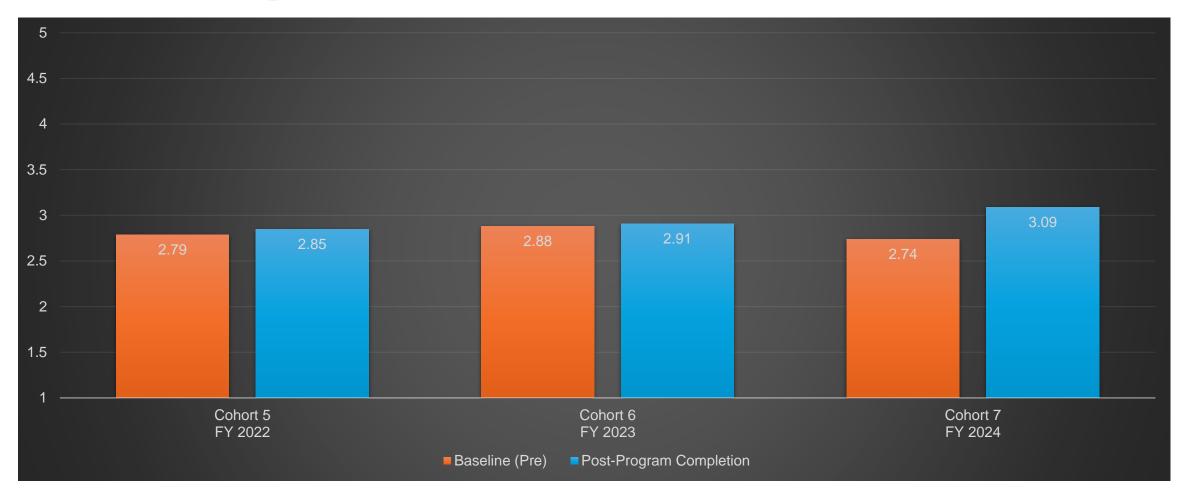
LAMA Participants' Professional Fulfillment

vizient.

Cohort 5
FY 2022

Cohort 6
FY 2023

Cohort 7
FY 2024

2.79   2.85   2.88   2.91   2.74   3.09

■ Baseline (Pre)   ■ Post-Program Completion

Internal data source: Stanford Healthcare

REFLECTION
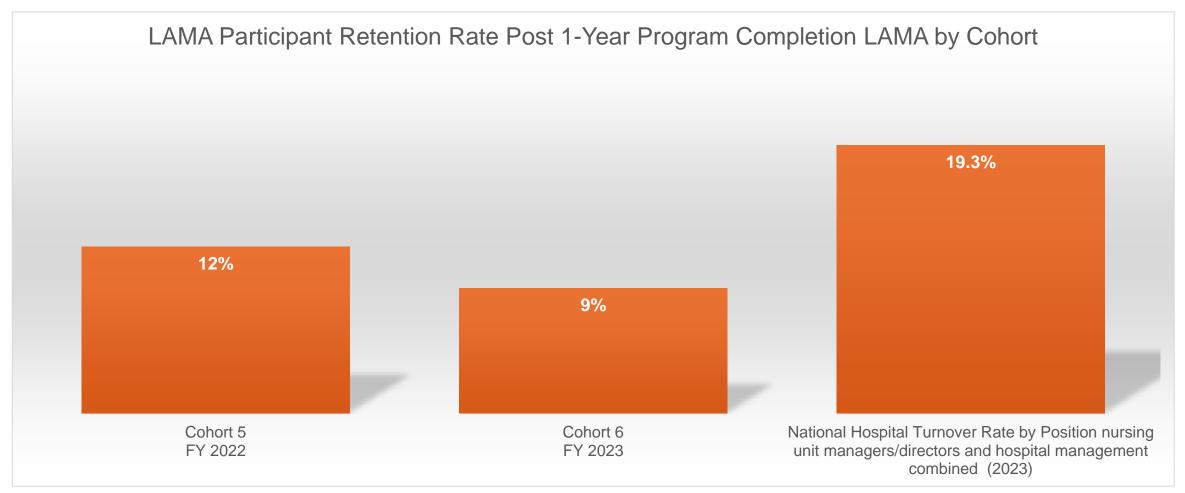
Turnover Rate Post-1-year Completion LAMA Program

vizient.

LAMA Participant Retention Rate Post 1-Year Program Completion LAMA by Cohort

- 19.3%
- 12%
- 9%

Cohort 5
FY 2022

Cohort 6
FY 2023

National Hospital Turnover Rate by Position nursing unit managers/directors and hospital management combined (2023)
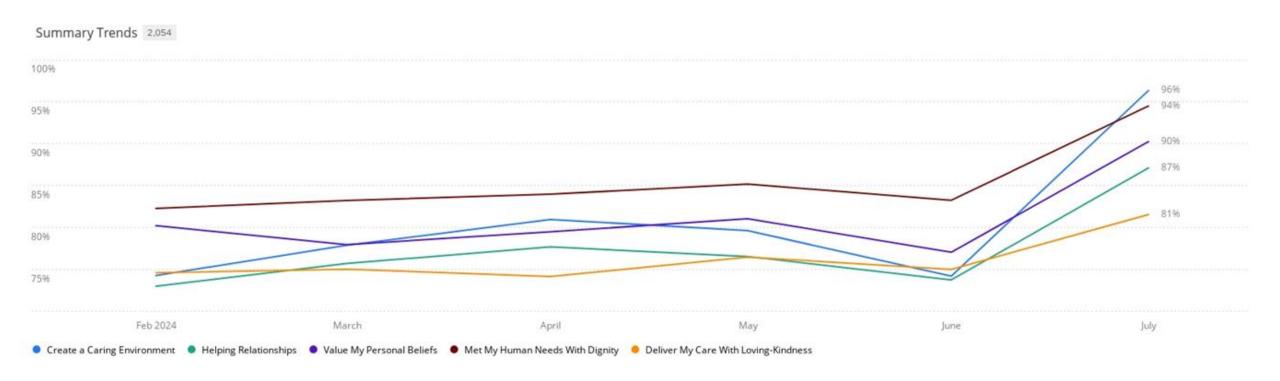
National Hospital Turnover Rate Source: NSI Nursing Solutions, Inc. 2024 NSI National Health Care Retention and RN Staffing Report. East Petersburg, PA: NSI Nursing Solutions, Inc; 2024.

REFLECTION

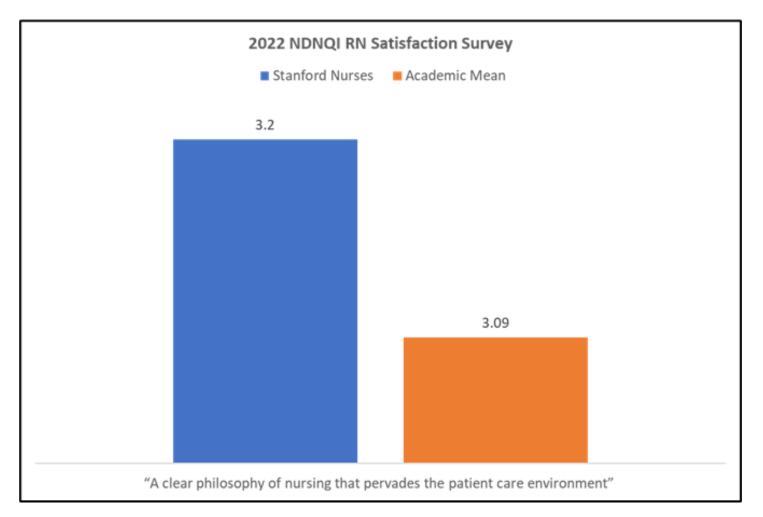# Praxis Outcomes – Human Caring Domain
Enterprise Patient Experience Dashboard

Summary Trends 2,054

- Create a Caring Environment
- Helping Relationships
- Value My Personal Beliefs
- Met My Human Needs With Dignity
- Deliver My Care With Loving-Kindness

RN Satisfaction Survey

Top Quartile Performance compared to other Academic Medical Centers.

Data Source: Sanford Healthcare and NDNQI. Used with permission

Research/Inquiry Outcomes

337 Caring Science Integration Projects Showcasing Micro-practices Completed Across the Organization

REFLECTION

"Building Habits for Resilience and Emotional Wellness: Superhero Stance as a Micro-practice"

Jurgita Benetyte, BSN RN PCCN, CN III

F3 Inpatient Oncology, Stanford Health Care, *Stanford, California*

INTRODUCTION:

- *Superhero Stance* means standing tall with an upright posture, chest out, shoulders back, chin up, and hands placed on the hips.
- Researchers at Harvard found that *Superhero Stance* can increase levels of testosterone and reduce levels of cortisol. The subjects in the study reported improved self esteem and boosted confidence (Cuddy, Wilmuth, & Carney, 2010, p. 1366).5.

SOAR:

Strengths:
- I possess self-awareness & optimism
- I am committed to my personal growth

Opportunities:
- I have poor posture
- I tend to prioritize productivity over self care
- I often ignore physical cues of fatigue

Aspirations:
- I desire more awareness of physical signs of stress
- I hope to enhance emotional regulation at work

Results:
- I expect to reduce physical discomfort & lower my stress
- I will increase my resilience and emotional wellness

CARITAS PROCESS®

#1 - Sustaining Humanistic-Altruistic Values by practice of loving-kindness, compassion, and equanimity with self/others.

SMART GOAL:

While working shifts between Dec 12th and Jan 15th, adopt a micro-practice of standing in a *Superhero Stance* for 10 seconds using Omnicell (medication dispensing machine) as a touchstone, and reflect on my emotional & physical wellbeing before and after each shift.

INTERVENTIONS:

Self-Education & Research:
- Brainstormed and researched micro-practices of self-care
- Read about habit building strategies

Test:
- Initially tried implementing multiple microrpactices at once
- Tried holding *Superhero Stance* for 30 seconds – too long

Adjust:
- Decided to focus on a single micro-practice
- Cut the duration to 10 seconds – manageable
- Added additional opportunities to practice the *Superhero Stance* (i.e., shift change huddle, etc)

Reflect:
- Documented pre and post shift reflection notes on my phone

Share:
- During mid-shift huddles on F3, I led my coworkers to participate in the *Superhero Stance* with added vocal affirmations.

RESULTS/OUTCOMES:

- Increased awareness of poor posture & fatigue indicators
- Decreased variability in my emotional wellbeing
- Reflections showed more frequent instances of feeling "refreshed", "balanced", "calm", "self-assured", and "ready"

BARRIERS:

- Workload and time constraints
- Initially attempting too many micro-practices at once
- Self judgment
- Forgetfulness
- Changes in schedules & roles at work – less Omnicell use.

SUSTAINABILITY:

- This postural change micro-practice has become a habit
- Using the *Superhero Stance* in my personal life and in a variety of other environments (i.e., in grocery line, while cooking, etc)
- *Superhero Stance* has been adopted as one of the mid-shift huddle exercises on F3.

CONCLUSION:

- Gained a valuable tool to evoke a sense of calm, self-reliance, and confidence
- Noticed the *Superhero Stance* is helpful to contain and balance out my stress levels at work
- Small, steady, and consistent practices have a better chance of success in becoming new and sustainable habits.

GRATITUDE:

- My F3 work family
- Mojgan Haririfar, PhD, RN, FNP-BC, NPD-BC, CCTC, Watson Caring Science Caritas Coach® 5

LITERATURE:

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Cultivating Resilience: Embrace Mindfulness through Virtual Reality Meditation in a Caring Science Odyssey of Paying It Forward.

Ellen Huang, MSN, MMS, MPAS, RN-BC, FNP, PA-C

G2P, Stanford Health Care, *Stanford, California*

INTRODUCTION/BACKGROUND

This endeavor combines virtual reality (VR) headset, VR applications, and the teaching from the Watson Caring Science© to facilitate a transformative meditation experience. Over a two-month period, the writer actively engages in immersive experiences, featuring serene landscapes, guided meditations, and mindfulness sessions or activities. This integration seamlessly harmonizes contemporary technological advancements with age-old practices, cultivating inner peace, gratitude, grounding, concentration, and resilience within the virtual domain.

SOAR ANALYSIS

In my pursuit of personal growth through Watson Caring Science©, I seek to weave a compassionate approach with creativity and mindfulness. Exploring an immersive experience, I aim to seamlessly integrate VR meditation with daily reflections. Embracing Caritas' teachings, I will enhance relationships through empathetic listening, spreading positive energy, and embodying the principles of Caritas Caring Science©.

Cited Literature

• Watson, J. (2008). *Nursing: The philosophy and science of caring.* University Press of Colorado.
•Watson, J. (2021). *Caring science as sacred science.* Revised Ed. Lotus library.

CARITAS PROCESSES®

Caritas Process #2 – Being authentically present, enabling faith/hope/belief system, honoring subjective inner, life-world of self/others.

SMART GOAL

For eight weeks, I immersed myself in daily guided virtual reality meditation. This practice aims to boost well-being, foster mindfulness, enhance emotional resilience for anxiety management, and sharpen focus. Each week, I'll monitor my progress using the Watson Caritas Self-Rating Score©.

INTERVENTIONS

- Caring science touchstone card.
- Oculus Quest 2 VR headset w/various apps.
- Document progress and reflect weekly using Watson Caritas Self-Rating Score©

(Google VR/Oculus Image)

RESULTS/OUTCOMES

ELLEN'S SELF-ASSESSMENT

- By week 4, a sense of groundedness enveloped me, prompting the decision to pay it forward. I actively began expressing recognition to individuals in need through diverse channels like texts, poems, cards, or emails.
- A noticeable improved focus and concentration by, "Take a pause" and review the 10 Caritas principles ©.

TAKE A PAUSE!

BARRIERS

- Cyber nausea and neck discomfort from prolonged VR headset use.
- Modification: For enhanced comfort and reduce cyber nausea, take short breaks, adjust settings, lie down/recline (if possible), and gradually increase exposure to virtual reality headset experiences.

REFLECTIONS & CONCLUSION

Over the past four months, the Caritas program has profoundly transformed me. A vital lesson learned is the necessity of prioritizing self-care, initially utilizing VR tools—be it through guided meditation or grounding pauses—and paying it forward by expressing gratitude. I've realized that acknowledging others doesn't require much time, yet it can profoundly impact recipients.

Furthermore, being grounded and present enhances my observant nature, enabling me to craft impactful acknowledgments through various mediums such as text, verbal expressions, poems, or emails. I firmly believe that this practice can seamlessly become a part of my routine due to its meaningful outcomes. In the workplace, I aim to restart the "Staff Spotlight" that has been on pause for 2 years, recognizing a co-worker on a quarterly basis.

Acknowledgments

Developing and Sustaining Loving, Trusting and Caring Relationships on a Unit Level

Shelby Taranto, MSN, RN, CNL, CCRN-K

D1 Medical Oncology ICU, Stanford Health Care, *Stanford, California*

INTRODUCTION/BACKGROUND

Watson Caring Science is the theoretical framework of our Stanford Healthcare Professional Practice Model. Although very prominent in Stanford Healthcare culture, I found myself lacking the connection I craved between the staff on D1 and myself. I found this to be challenging in the setting of the dynamic of Patient Care Manager and Direct Report. I sought out Watson's Caritas Processes to cultivate a "unified mind, body, heart and spirit with what is happening right now rather than what has been or what may be." (Sitzman & Watson, 2018). In other words, I sought to create a Transpersonal Moment between myself and staff.

Strengths
-Listening -Setting intentions -Being kind -Creating healing environments -Leading with curiosity -Accepting positive and negative feelings- Approachable -Dependable - Clarifying information I don't understand -Thinking as equitably as I can -Empathetic -Compassionate

Opportunities
-Looking at better reflective practices -Incorporating inclusion and individual needs into decisions -Being still, breathing in the moment-being authentically present

SOAR

Aspirations
-Integrating caring science naturally without thinking, like learning a new language -I care about the people I work with and live with feeling heard and respected; to Focus on Caritas 3,4,5,9, Ensuring I am also working on caring practices in

Results
Having a trusting relationship with another person, being authentically present, opening vulnerabilities and worries without fear for myself and the other person

CARITAS PROCESSES®

#2- Be Authentically Present, Enable Faith and Hope, and Honor Others
#4- Develop Helping-Trusting-Caring Relationships

SMART GOAL

To create transpersonal caring moments with my staff by connecting and recognizing their birthdays and asking about their PTO by 12/31/24.

INTERVENTIONS

- Created Outlook/iPhone recurring calendar entries for each staff member's birthday

- Ensured phone numbers programmed into phone and texted staff a birthday message on their birthday

- Set reminder each week to check previous weeks PTO approval sheet, place on digital sticky note to follow up with staff how their vacation was

- Ask Unit Educators to send me the "Get to Know Me" Sheets that new staff and travelers complete

RESULTS/OUTCOMES

> Thank you so so much 🙏

> Thank you for taking the time to message me! 🥰

> Aww thank you Shelby!!!

- Insight into staff extracurricular activities while celebrating birthdays and PTO

- Insight into staff attitudes surrounding people and activities during events

BARRIERS

- Syncing schedules to follow up with staff in-person upon arrival from PTO

SUSTAINABILITY

- Better utilization of digital calendars to follow up with staff

REFLECTIONS

My goal was to create a transpersonal caring moment as organically as possible. Although I have yet to reach out to all staff on their birthday and had some hiccups connecting with staff after their PTO, I feel I was able to make the connection I sought after with some of the staff. I half expected the staff to not find value in the connection I was making and felt in the end the project would be more about my feelings rather than theirs, but I was surprised at the positive response I received. The connection was so much more than I could have hoped for, and I will be continuing this practice.

ACKNOWLEDGMENTS

The wonderful caritas coaches in the program and my group advisor, Dr. Grissel Hernandez, my colleagues for their flexibility while in this program, my director for her support, and my family for their unwavering confidence

CITED LITERATURE

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Canva. (n.d.). Design anything in minutes with thousands of beautiful templates and images. Canva.

Lessons Learned

- A theoretical foundation promotes a caring environment for patients and nurses
- Leverage quality and theoretical frameworks to improve culture
- Intentional structures foster interprofessional collaboration and lead to sustainable processes
- Empowering and engaging nurses at all levels drives improved outcomes
- Promoting standardization with appropriate customization
- Make it easy to do the right thing with clinical decision support tools

Key Takeaways

- Make sure your nursing philosophy is integrated into the nursing practice environment

- This is a people business….keep the patient in the center and the employee, clinicians engaged in the work

- The people doing the work are the subject matter experts - They have solutions

- Leverage your Dyadic Relationships at every level

- Pilot, pilot, pilot….small test of change and then spread

- Create a culture that moves from transactions to meaningful connections and purpose

- Celebrate and recognize your successes

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REFLECTION

Questions?

Contact:

Dale E. Beatty, dbeatty@stanfordhealthcare.com

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Learning Objectives

- Explore utilizing data to enhance service lines, empower teams and drive innovative practices.

- Discuss leveraging analytics, dashboards and partnerships to foster excellence in patient care and performance improvement.

- Outline the alignment of organizational improvement methods with a healthcare scorecard to enhance quality and safety.

Leveraging Data to Improve Length of Stay, Readmissions and Mortality

Anne Brittain, PhD, RT(R)(M)(QM), CPHQ
System Director, Acute Care Quality Improvement & Outcomes, Inova Health System, Falls Church, Va.

Rishi Garg, MD
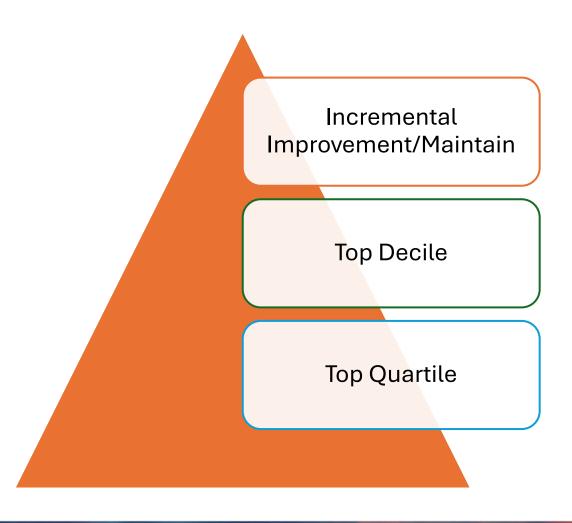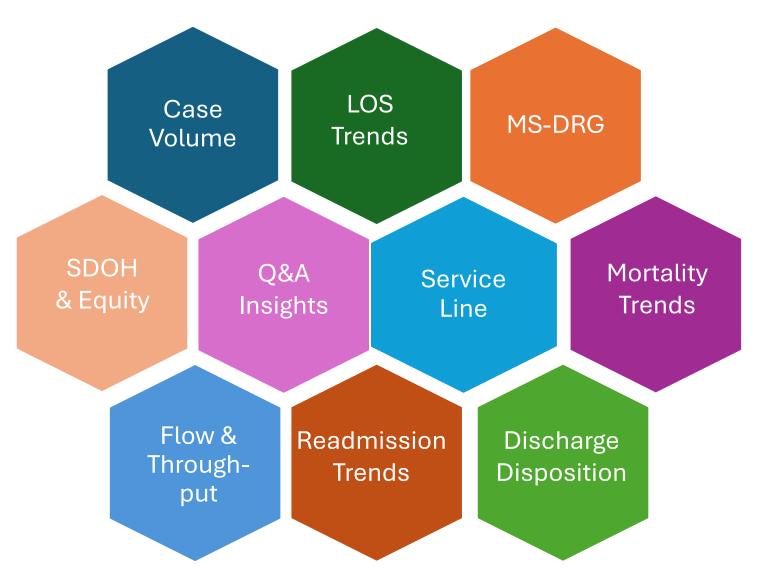Chief Medical Officer, Inova Fairfax Medical Campus, Falls Church, Va.

Annual Goal Setting

Incremental Improvement/Maintain

Top Decile

Top Quartile

Identification of Opportunities

Action Planning

Stewardship

Discharge Planning

Service Line Engagement

Informatics
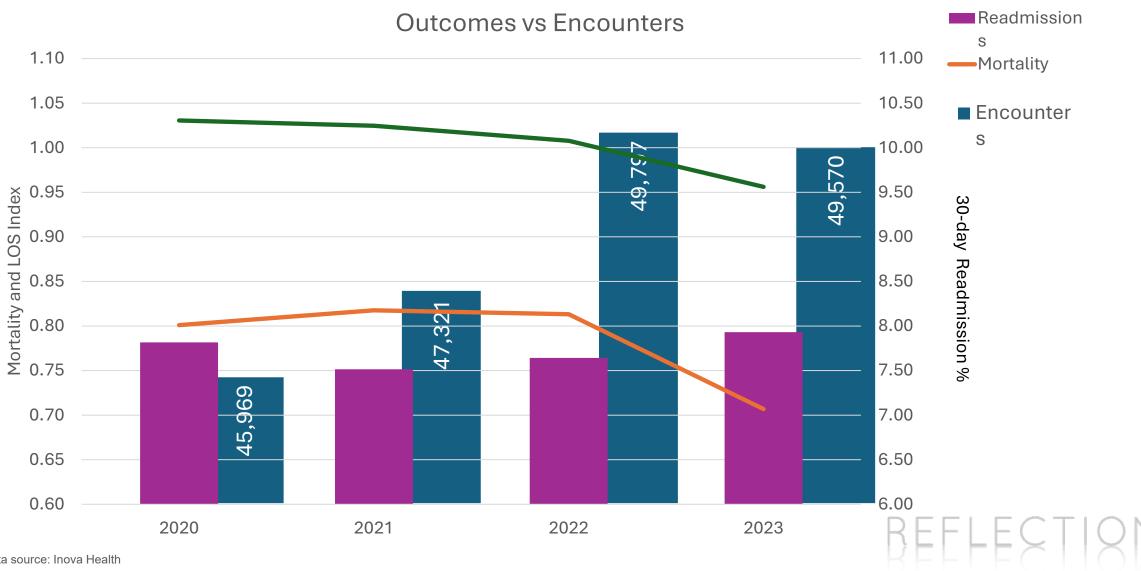
Discharge Lounge

Documentation

System Multidisciplinary Teams

Results

Outcomes vs Encounters

Internal data source: Inova Health

Lessons Learned

- Automate where possible
- Engage the right stakeholders
- Ensure data display data is informative
- Look for unforeseen consequences
- Take the time to drill down to true opportunities

Key Takeaways

- The CDB is a source of a wealth of information about your own performance and the performance of top performers
- Take the time to identify opportunities that will have the biggest impact
- The largest O:E opportunity is probably not the most impactful place to do the work, consider volume
- Don't react to a single month that is normal variation

Questions?

Contact:

Anne Brittain, anne.brittain@inova.org

Rishi Garg, rishi.garg@inova.org

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

Memorial Hermann Health System

vizient

250+ Care Delivery Sites

FY2023 by Numbers

116 YEARS SERVING THE COMMUNITY

1.8 MILLION PATIENT ENCOUNTERS

4,200+ LIFE FLIGHT MISSIONS

28,195 BABIES DELIVERED

198,524 SURGERIES

748,087 EMERGENCY ROOM VISITS

931,334 DIAGNOSTIC & THERAPEUTIC VISITS

182,518 INPATIENT ADMISSIONS

4,336 LICENSED BEDS

33,000+ EMPLOYEES

14,300+ LICENSED REGISTERED NURSES

6,600+ ACTIVE MEDICAL STAFF

250+ CARE DELIVERY SITES

$464 MILLION COMMUNITY CONTRIBUTION (total amount provided in FY22)

4,000+ RESEARCH STUDIES

$7.8 BILLION FY23 NET OPERATING REVENUE

MHHS Recognitions

Bernard A Birnbaum, MD

Quality Leadership

TOP PERFORMER 2023

vizient.

Texas Medical Center Pearland

Additional Recognitions

U.S. News & World Report Best Hospitals: Texas Medical Center, Memorial City, MH Children's, TIRR
Magnet Recognized: Texas Medical Center, Memorial City, Greater Heights, The Woodlands, Southwest, Southeast, Pearland, Sugar Land
Emergency Nurses Association (ENA) Lantern Award: Cypress, Woodlands
American Association of Critical-Care Nurses (AACN) Beacon Award for Excellence:
American College of Surgeons (ACS) National Surgical Quality Improvement Program (NSQIP): Memorial City, Southeast
Leapfrog Hospital Safety Grade: Sugar Land
The Joint Commission Stroke Certification: Pearland, Sugar Land
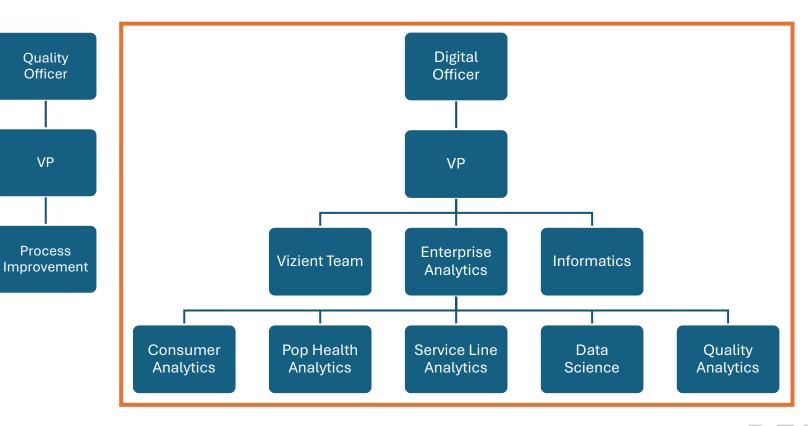**The Joint Commission Pioneers in Quality Electronic Clinical Quality Measure (eCQM) Proven Practices**: Memorial Hermann Health System

REFLECTION
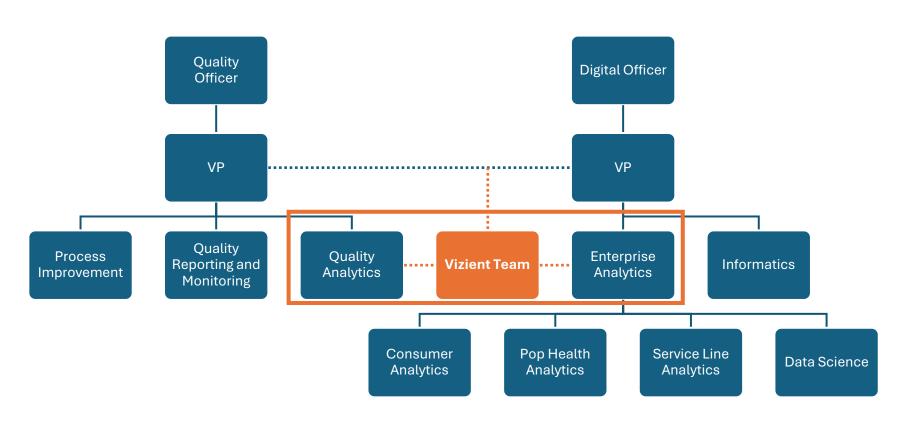
MHHS Quality & Analytics Structure - Before
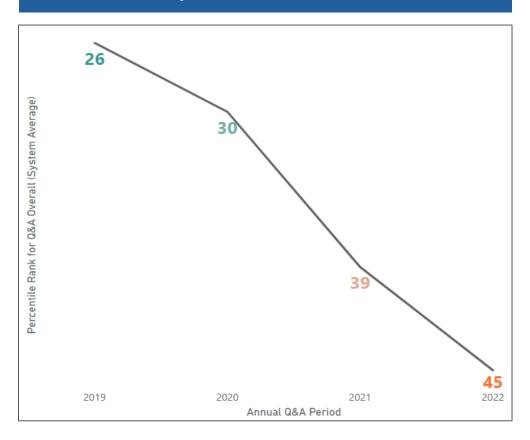
MHHS Quality & Analytics Structure - After

Burning Platform: Decline in Performance

MHHS System Q&A Percentile Rank

MHHS System Leapfrog Letter Grade

Campus	Oct '22 Score	Oct '22 Letter	Delta from Apr '22 Score	March '23 Score	March '23 Letter	Delta from Oct '22 Score
TMC+CY	3.0274	B	⬆	2.9062	C	⬇
	3.0274	B	⬇	2.9062	C	⬇
KY	3.1408	B	⬇	3.1677	B	⬆
MC	3.3889	A	⬇	3.1821	B	⬇
NE	2.9812	C	⬆	2.9002	C	⬇
SL	3.3904	A	⬇	3.3855	A	⬇
5 Plex	3.0225	B	⬆	2.9020	C	⬇
	3.0225	B	⬆	2.9020	C	⬇
	3.0225	B	⬆	2.9020	C	⬇
	3.0225	B	⬆	2.9020	C	⬇
	3.0225	B	⬆	2.9020	C	⬇

Internal data source: Memorial Hermann

- System Average for MHHS (Simple Average) = ∑(Percentile Rank for Q&A by Facility)/Count of Facilities

How Vizient Got Involved: 1ST Gen Balanced Scorecard

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Memorial Hermann Katy Hospital
FY 2024 Baseline Ranking Metrics

Mortality - 25%

Mortality

Cohort		Mortality O/E	Mortality O/E %tile	Threshold %tile	Threshold OE	Target %tile	Target OE	Distinguished %tile	Distinguished OE
Complex Care		0.9594	61	60	0.9555	55	0.9235	50	0.8722

Efficiency & Effectiveness - 20%

LOS

Cohort		LOS Index	LOS Index %tile	Threshold %tile	Threshold OE	Target %tile	Target OE	Distinguished %tile	Distinguished OE
Complex Care		0.8719	9	9	0.8700	8	0.8676	7	0.8655

Percent 30 Day Reacmissions

Cohort		Pct 30 Day Readmit	Readmission Rate %tile	Threshold %tile	Threshold OE	Target %tile	Target OE	Distinguished %tile	Distinguished OE
Complex Care		9.69	21	20	9.66	19	9.56	18	9.44

Quality & Safety 25%

Patient Safety

Cohort	Safety Metric	O/E Ratio	O/E %tile	Threshold Num Cases	Threshold OE Pctile	Threshold OE	Target Num Cases	Target OE Pctile	Target OE	Distinguished Num Cases	Distinguished OE Pctile	Distinguished OE
Complex Care	PSI 03 Pressure Ulcer	0.6817	45	3	45	0.6817	2	29	0.4545	1	16	0.2272
Complex Care	PSI 06 Iatrogenic Pneumothorax	1.2178	71	2	71	1.2178	1	48	0.6089	0	1	0.0000
Complex Care	PSI 09 Postoperative Hemorrhage	0.4483	36	2	36	0.4483	1	20	0.2242	0	1	0.0000
Complex Care	PSI 11 Postoperative Resp	0.6817	52	2	36	0.4545	1	17	0.2272	0	1	0.0000
Complex Care	PSI 13 Postoperative Sepsis Rate	2.3357	94	3	88	1.7517	2	66	1.1678	1	35	0.5839

National Healthcare Safety Network (NHSN) infection Tracking Metrics

Cohort	Safety Domain			Threshold Num Cases	Threshold SIR Pctile	Threshold SIR	Target Num Cases	Target SIR Pctile	Target SIR	Distinguished Num Cases	Distinguished SIR Pctile	Distinguished SIR
Complex Care	CLABSI			1	15%	0.2933	1	15%	0.2933	0	10%	0.0000
Complex Care	CAUTI			2	25%	0.4175	1	15%	0.2088	0	10%	0.0000
Complex Care	CDIFF			8	25%	0.2691	7	25%	0.2355	6	20%	0.2018
Complex Care	SSI - COLON & HYSTERECTOMY COMBINED			6	60%	0.9339	5	50%	0.7782	4	40%	0.6226

Internal data source: Memorial Hermann

MHHS 1st gen BSC:

- Subset of metrics
- Manual data aggregation
- Lack of drilldown insights

MHHS recognized a need for:

- Enhanced data visualization
- Ability to project rankings
- Deep dive actionable insights

REFLECTION
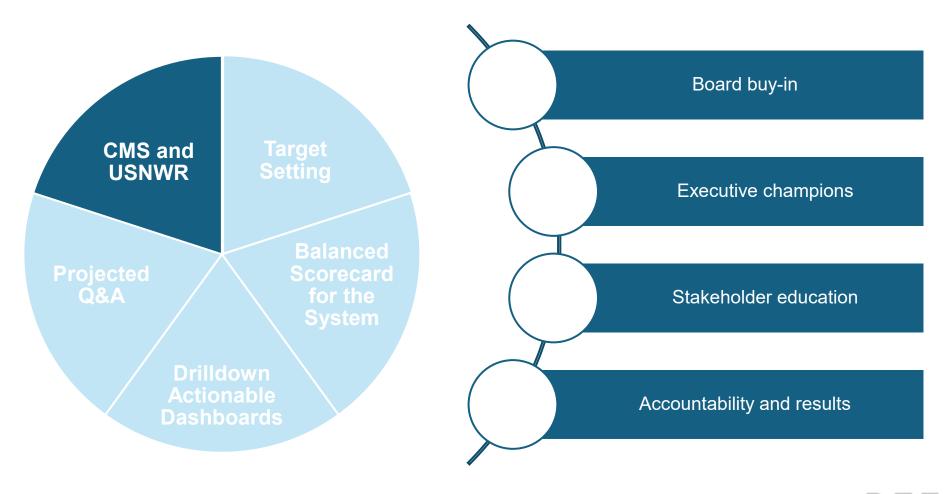
Vizient Dashboarding and Reporting Prioritization

Goal: For MHHS facilities to be top-tier quality performers by measuring and monitoring results through the Balanced Scorecard and ad-hoc analytics that support data-driven decision-making.

Dashboard & Analytics Services	Deliverable	Vizient Priority	Value	Complexity
Validate Existing Dashboards	Review	Continuing	5	2
Risk Variable Review	Reports	1	5	3
Inpatient Facility	Dashboard	1	5	3
Inpatient Service Line	Dashboard	2	5	4
Equity and Demographics	Dashboard	3	3	3
Pediatrics Balanced Scorecard	Dashboard	3	3	3
CMS Outcomes	Dashboard	4	3	5
Projected Q&A	Dashboard	4	3	5
US News World Report - Rehab	Reports	5	2	5
US News World Report - Adults	Reports	6	1	5
US News World Report - Pediatrics	Reports	6	1	5
Leapfrog	Quarterly Report	6	1	5

Ongoing preparation for Epic go-live (Oct 2024)

Integrating Non-Vizient Data

- MHHS Defined Service Lines
- Units
- Coding & Documentation
- Mortality Case Reviews
- NHSN HAIs
- HCAHPS

REFLECTION

Vizient and MHHS Partnership: The Work

- CMS and USNWR
- Target Setting
- Balanced Scorecard for the System
- Drilldown Actionable Dashboards
- Projected Q&A

- Board buy-in
- Executive champions
- Stakeholder education
- Accountability and results

Setting Annual Targets

Memorial Hermann leveraged their clinical leaders' experience and Vizient's industry expertise to craft a target-setting methodology that took into account:

- **Historical Performance**
- **Benchmarks**
- **Ease of Use**
- **Different Journeys**
- **Buy-in**

Methodology

%tile Rank vs Q&A Cohort	Target	Distinguished
> Top Decile	1% reduction of *baseline* value	Additional 2.5% reduction from target value
Between **Top Decile** & **Top Quartile**	Top decile value or 2% reduction of *baseline* (whichever is greater)	Additional 2.5% reduction from target value
Between **Top Quartile** & **Median**	Top quartile value or 3% reduction of *baseline* (whichever is greater)	Additional 2.5% reduction from target value
Between **Median** & **Bottom Quartile**	Median value or 4% reduction of *baseline* (whichever is greater)	Additional 2.5% reduction from target value
< Bottom Quartile	Quartile value or 5% reduction of *baseline* (whichever is greater)	Additional 2.5% reduction from target value

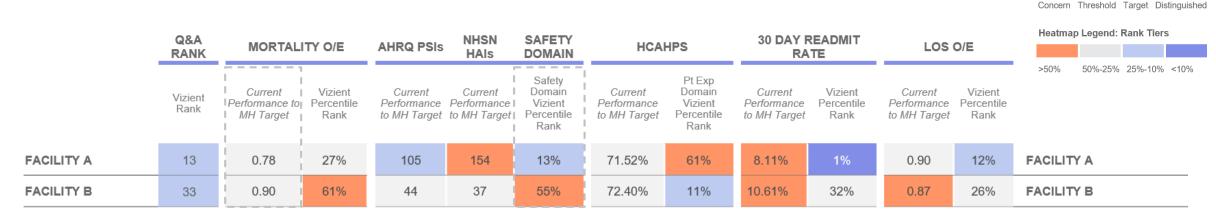# Monthly View Dashboard

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With the annual targets in place, Memorial Hermann sought to integrate KPI reviews into monthly board meetings. The Vizient team, incorporating MHHS leadership feedback, crafted a 'system snapshot' visual for board discussions.

Heatmap Legend: Improvement Tiers

| Concern | Threshold | Target | Distinguished |

Heatmap Legend: Rank Tiers

| >50% | 50%-25% | 25%-10% | <10% |

	Q&A RANK	MORTALITY O/E		AHRQ PSIs	NHSN HAIs	SAFETY DOMAIN	HCAHPS		30 DAY READMIT RATE		LOS O/E		
	Vizient Rank	Current Performance to MH Target	Vizient Percentile Rank	Current Performance to MH Target	Current Performance to MH Target	Safety Domain Vizient Percentile Rank	Current Performance to MH Target	Pt Exp Domain Vizient Percentile Rank	Current Performance to MH Target	Vizient Percentile Rank	Current Performance to MH Target	Vizient Percentile Rank	
FACILITY A	13	0.78	27%	105	154	13%	71.52%	61%	8.11%	1%	0.90	12%	FACILITY A
FACILITY B	33	0.90	61%	44	37	55%	72.40%	11%	10.61%	32%	0.87	26%	FACILITY B

Performance to Target
Actual value for each measure by facility, heat-mapped based on current performance improvement tier (Concern, Threshold, Target, Distinguished)

Performance to Peers
Heat-mapped based on percentile rank against Vizient benchmark for each facility compared to respective cohorts.

Through monthly progress reviews, Memorial Hermann has seen increased engagement among leaders across the system, resulting in a deeper understanding of quality performance metrics and methodology, and a greater interest in performance improvement initiatives.

REFLECTION

Internal data source: Memorial Hermann

MHHS Balanced Scorecard - Redesigned

The annual targets were added to Memorial Hermann's Balanced Scorecard, aligning with Vizient's Quality and Accountability (Q&A) methodology, incorporating elements like risk models, service lines, cohorts, etc.

Dashboard Development – Mortality

Internal data source: Memorial Hermann
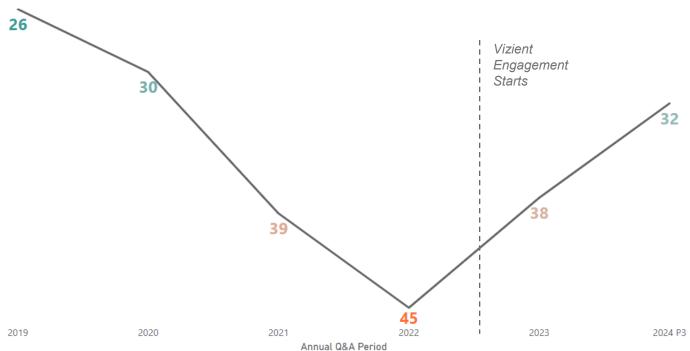
Memorial Hermann System Q&A Results

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5 Year Trend for System Q&A Percentile Rank

Vizient Engagement Starts

Percentile Rank for Q&A Overall (System Average)

26 — 2019
30 — 2020
39 — 2021
45 — 2022
38 — 2023
32 — 2024 P3

Annual Q&A Period
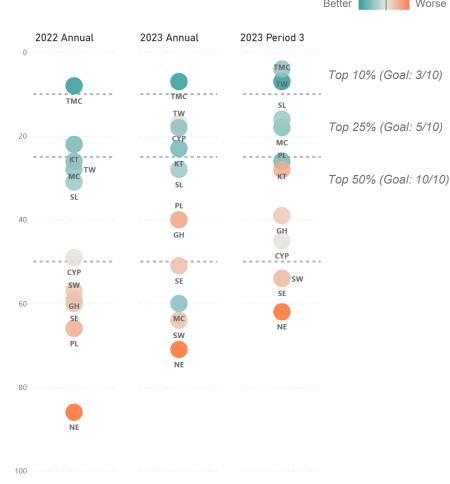
Period	Overall	Mortality	Efficiency	Safety	Effectiveness	Patient Centeredness	Equity
2019	26	28	7	68	20	35	0
2020	30	33	13	70	17	34	66
2021	39	60	17	60	25	47	55
2022	45	55	17	67	20	59	46
2023	38	53	20	51	24	48	49
2024 P3	32	48	20	32	28	51	34

- Percentile Rank for Q&A = (Q&A Rank/Count of Facilities in Vizient Cohort) x 100
- System Average for MHHS (Simple Average) = ∑(Percentile Rank for Q&A by Facility)/Count of Facilities
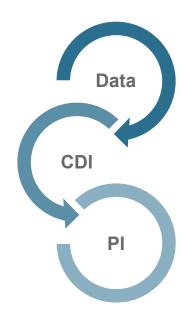
LTIP* - System Goals

Better ▬▬▬ Worse

2022 Annual   2023 Annual   2023 Period 3

Top 10% (Goal: 3/10)
Top 25% (Goal: 5/10)
Top 50% (Goal: 10/10)

Long-term Performance Incentive

Internal data source: Memorial Hermann

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Lessons Learned

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Data serves as the bedrock for quality improvement in healthcare, collected from various sources to identify areas for enhancement and evaluate intervention effectiveness.

Clinical Documentation Improvement focuses on ensuring accurate and specific documentation in healthcare records to provide reliable *data* for quality improvement initiatives.

Performance Improvement involves systematic efforts to enhance quality and safety by utilizing *data*, including that improved through *CDI*, to identify areas for improvement, implement changes, and measure progress over time for better patient outcomes.

Data

CDI

PI

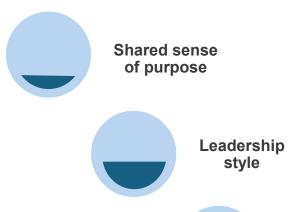| Outsourced Analytics | Maintenance | Ongoing Stakeholder Education | Data Transparency | Alignment of Outcomes to Incentives | Focused Strategy |

REFLECTION

Key Takeaways

- This **partnership** leveraged Vizient's robust methodology and industry expertise, and the experience of Memorial Hermann's leaders who weighed in on crucial stages of dashboard development.

- Stakeholder & board **buy-in** created a shared understanding of targets, developing metrics that could be understood and applied with ease.

- By seamlessly **integrating** data into existing committee discussions centered around performance, Memorial Hermann successfully employed advanced analytics to drive clinical improvement.

To build a top-performing organization, clinical leaders must accept responsibility for service, quality, and safety, and a willingness to be measured against industry standards.

Shared sense of purpose

Leadership style

Accountability system

Focus on results

Collaboration

REFLECTION

Questions?

MEMORIAL HERMANN vizient

Contact:

Phillip Chang, phillip.chang@memorialhermann.org

Zarrina Bobokalonova, zarrina.bobokalonova@memorialhermann.org

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

REFLECTION

Wellstar Health System

Wellstar Cobb Medical Center (Austell, GA)

- 418 licensed inpatient beds
- 2,400 team members, 1,000 Medical Staff, and 200 Volunteers
- Annually: 20,000 admissions, 100,000 ER visits, 11,800 surgeries/procedures, and 3,600 births
- Services
  - Emergency Department, with Level III Trauma Program
  - Two Surgery Centers
  - Comprehensive Burn, Wound, and Hyperbaric Services
  - Chest Pain Center including Diagnostic & Interventional Cardiology
  - Vascular Institute
  - Gynecology and Obstetrics with Level III Neonatal ICU (NICU)
  - Comprehensive Cancer Services
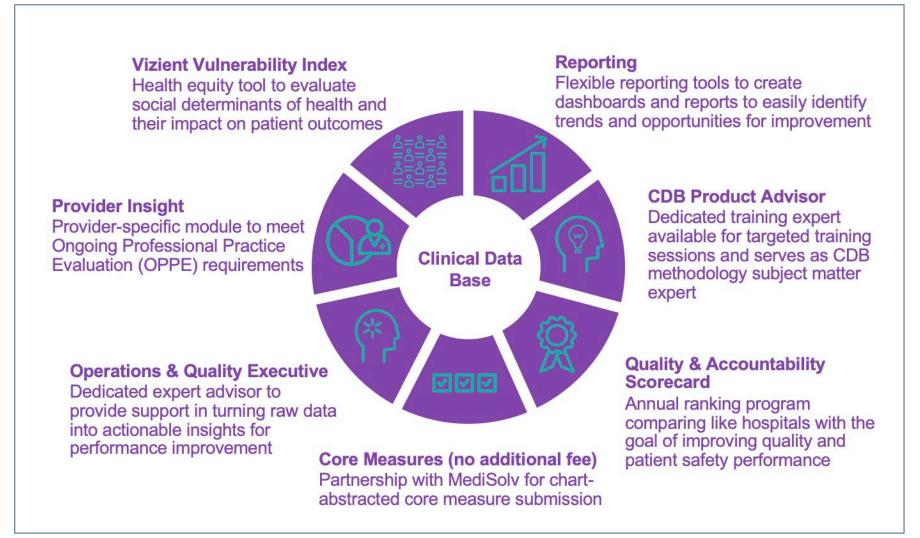 - Inpatient Behavioral Health

Background

- Using Vizient Q&A Scorecard to improve care delivery and patient outcomes since 2021

- 5-year strategic plan is focused on achieving an 80% reduction in Serious Safety Events and Top Decile performance in Vizient Q&A

- Facility goals are currently aligned with Vizient Top Opportunity Domains

- Demonstrated success of Q&A methodology is the primary driving factor in utilizing this approach, as well as the correlation between Q&A and publicly reported measures

Quality & Safety Tool to Drive Performance

Vizient Vulnerability Index
Health equity tool to evaluate social determinants of health and their impact on patient outcomes

Reporting
Flexible reporting tools to create dashboards and reports to easily identify trends and opportunities for improvement

Provider Insight
Provider-specific module to meet Ongoing Professional Practice Evaluation (OPPE) requirements

CDB Product Advisor
Dedicated training expert available for targeted training sessions and serves as CDB methodology subject matter expert

Operations & Quality Executive
Dedicated expert advisor to provide support in turning raw data into actionable insights for performance improvement

Quality & Accountability Scorecard
Annual ranking program comparing like hospitals with the goal of improving quality and patient safety performance

Core Measures (no additional fee)
Partnership with MediSolv for chart-abstracted core measure submission

Clinical Data Base

Alignment Across Publicly Reported Measures

vizient.

- Annual Vizient Quality & Accountability Scorecard measurements correlate with other annual national hospital rankings such as CMS Star Ratings and Leapfrog Hospital Safety Grades

- Vizient's rankings use current patient outcomes data from all payors while other benchmarking bodies use data that is 2-4 years old and does not include all payors

- The use of more current data makes Vizient's ranking a leading indicator of overall comparative quality and performance

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All Payors
~3-Month Data Lag

HOSPITAL
SAFETY GRADE

All Payors (Heavy focus on CMS Data)
~6 Month to 1-Year Data Lag

5-STAR QUALITY
RATING SYSTEM

Medicare/Medicaid Only
~6-Month to 2-Year Data Lag

REFLECTION

Wellstar Cobb Quality & Safety Goals

- FY 2024 & FY 2025 Domain Focus: **Safety and Efficiency**

- Top Measure-Level Opportunities:
  - **Safety:** HAI prevention (CAUTI, CLABSI, C. Difficile), Hypoglycemia and insulin use, and PSI-3 Pressure Ulcer Rate
  - **Efficiency:** Length of stay O/E

- Each prioritized initiative within the focus Domains is assigned a Performance Improvement Committee (PIC)
  - Leading and lagging measures are evaluated and interventions developed
  - Physician sponsor and multidisciplinary team for each committee

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Consistency and Accountability

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Chief Medical Officer + Quality & Safety Division

Daily

- Daily Hospital Safety Huddle
- Daily Dept. Safety Huddle
- Visual Management Boards

Weekly

- Weekly Q&S Catchball
- PIC Meetings
- Department Scorecards
- Executive Leadership review

Monthly

- Quality & Safety Oversight
- Medical Executive Committee
- Board Safety and Quality

Quarterly

- Vizient Quality & Accountability Scorecard
- Board of Trustees

REFLECTION

Leveraging Internal Data Visualization Tools

- Data is sourced from a combination of Vizient Period Calculators and internal data insights

- Readily available data enhances the ability to discuss current performance trends across the hospital, and identify areas for improvement or reprioritization

- Transparent data-sharing enhances our interdisciplinary performance improvement efforts and facilitates continuous support from our operational and clinical leaders
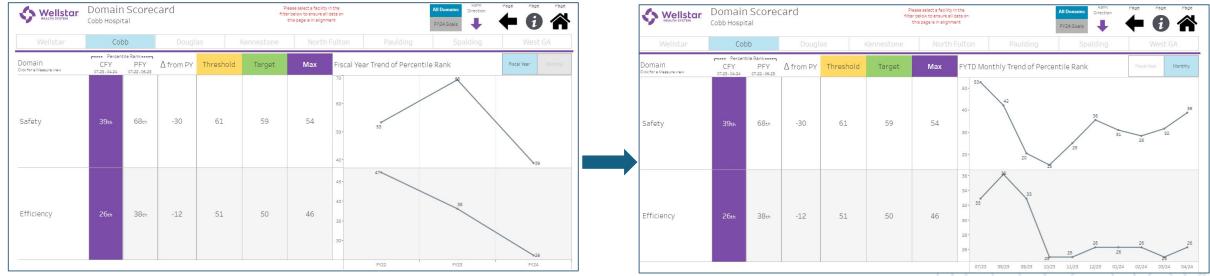

Internal Data Source: Wellstar Health System

Outcomes

- Vizient Quality & Accountability:
  - Safety Domain: 30-point percentile improvement (39th percentile)
  - Efficiency Domain: 12-point percentile improvement (26th percentile)
  - Projected to achieve top decile performance in Safety and Efficiency by 2027

- CMS Stars: ★★★★

Internal Data Source: Wellstar Health System

Outcomes

Lessons Learned

- Engage the correct stakeholders; ensure partnership between quality, nursing, and physicians

- Domains are interconnected rather than isolated units

- Internal data visualization tools require review for accuracy and adjustments to logic

- Sustaining outcomes is key and continues to be our greatest challenge

- Allow the team to pivot as needs arise, but ground yourself in the overall strategic goal (i.e. Domain improvement)

Key Takeaways

A Domain-focused approach ensures positive results in publicly reported measures

Quality and CMO partnership is imperative in setting goals and ensuring accountability

Set goals early and strategically, but allow pivoting based on needs and patient population

Alignment with Vizient Q&A enables us to focus on the most impactful measures

Questions?

Contact:

Mariana Volpini Gattegno, mariana.gattegno@wellstar.org

Dr. Jody Hughes, jody.hughes@wellstar.org

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

Facilitated Member Panel Discussion

Molly Allen
Vice President, Delivery and Data Operations
Vizient

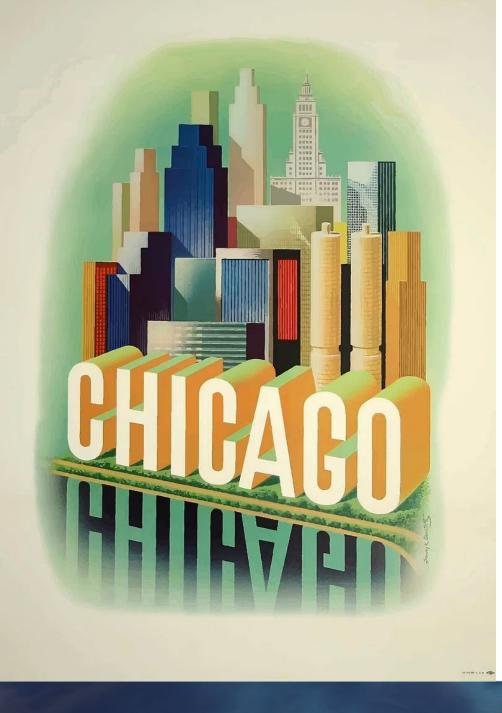Q & A
Panel Discussion

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Save the date!

April 22 – 24, 2025

Vizient Chief Clinical (Medical, Nurse, Quality) Executives Network Meeting

Chicago, IL