

2022



STRONGER

vizient. CONNECTIONS SUMMIT

Sept. 19–21, 2022

#vizientsummit



Operationalizing Clinical Governance and Continuous Improvement in a Health System

Nathan Evans, MD

VP, Chief Quality Officer, South Region

Matt Thompson, MBA

Director of Clinical Strategy

UCHealth

Disclosure of Financial Relationships

Vizient, Inc., Jointly Accredited for Interprofessional Continuing Education, defines companies to be ineligible as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

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.

No one in a position to control the content of this educational activity have relevant financial relationships with ineligible companies.

Learning Objectives

- Discuss the value of system clinical governance in a performance excellence journey.
- Outline strategies to operationalize continuous improvement and system wide engagement around quality goals.



Operationalizing Clinical Governance and Continuous Improvement in a Health System

Nathan Evans, MD

VP, Chief Quality Officer, South Region

Matt Thompson, MBA

Director of Clinical Strategy

UCHealth

Vision and Priorities for Quality

Our commitment is to strive for top decile quality across the entire system. As we look to build on successes and address areas of opportunity, our priorities for quality over the coming years will be...

Beginning and ending with the patient

Workflows based in best evidence and designed to improve our patients' safety, the quality of care they receive and their experience of their own care. Include the patient in goal setting and decision-making.

Pursuing a data-driven approach

Integrate our Electronic Health Record and standardize workflows and supporting documentation, develop pathways and care plans to reduce unnecessary variability and decrease harm, commit to rigorous data governance, and provide timely feedback based in objective measures.

Promoting a culture of safety

Commit to decreasing the occurrence of negative outcomes, establish robust data collection, train to a common approach to safety at all levels of the organization, commit to effective teamwork and crisp communication, and strive to have every clinician working at top of licensure.

Leveraging Epic

Use architecture and domain-specific modules to improve efficiency of work, quality of outcomes, and support communication among clinicians

UCHealth System Quality and Patient Safety Goals

1. Aim to be a top decile performer in Quality and Safety
 - Identified our “North star” for Quality and Safety
 - Leverage a common methodology that serves as our reference for most measurements
 - Engage each service line to ensure that they understand their impact on the common methodology and how to actively improve performance
2. Utilize the system Data Analytics Team to deliver actionable data to region and system level groups to drive outcomes
 - Provide timely feedback based in objective measures to improve outcomes
3. Become a top performer in Patient Safety
 - Utilize common methodologies, analytics and case reviews to create action plans
 - Aim to share our learnings across all regions

About UCHealth

12 hospitals

1,997 available hospital beds

More than **150** UCHealth and affiliated clinic locations

2.3M patients served

141k inpatient admissions and observation visits

5M outpatient, urgent care and emergency room visits

26,000 employees

Distinct 501(c)(3) from University of Colorado

Our mission.
We improve lives.
In big ways, through learning, healing and discovery.
In small, personal ways through human connection.
But in all ways, we improve lives.

Our vision.
From health care to health.

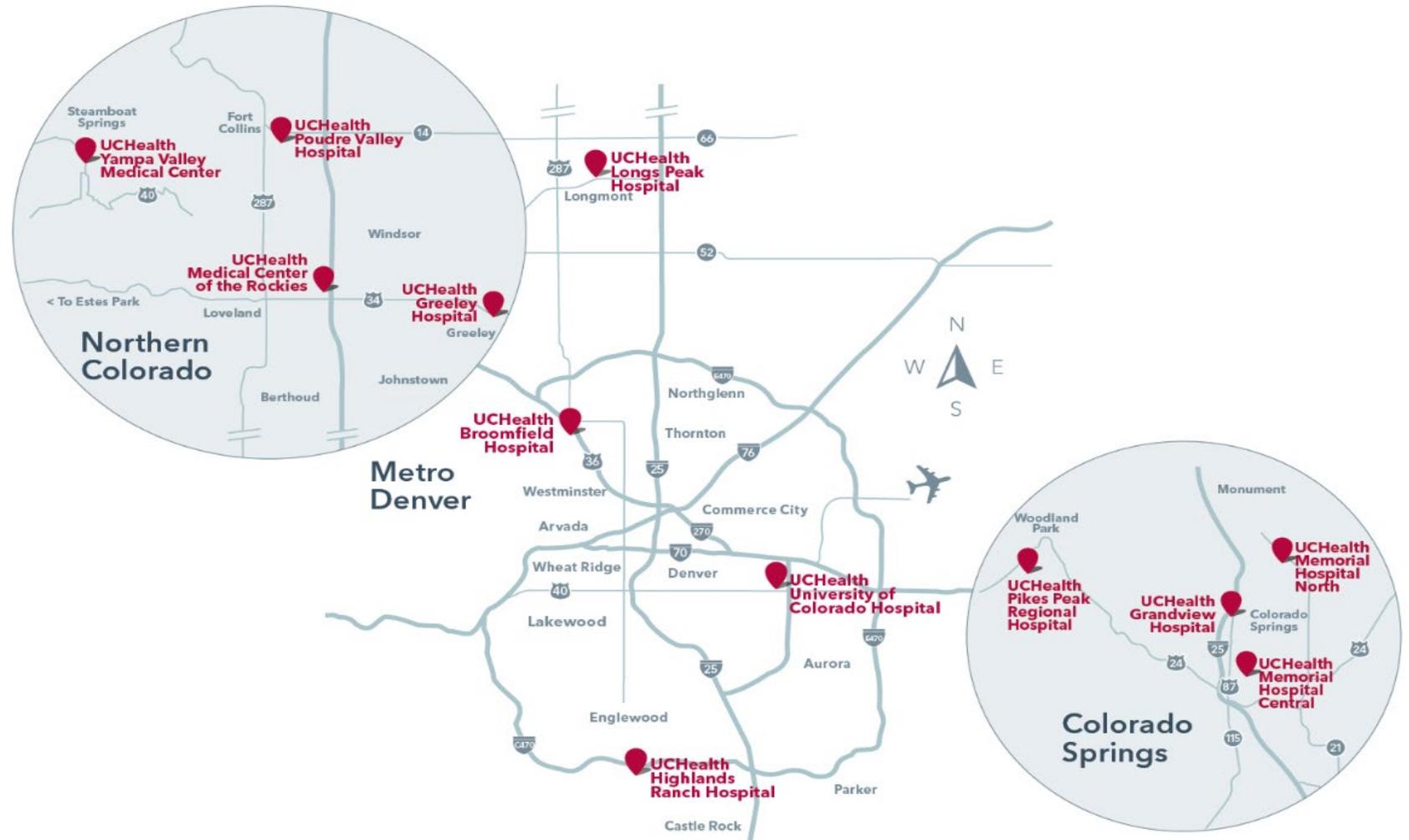
Our values.
Patients first.
Integrity.
Excellence.

About UCHealth

University of Colorado Health was formed on January 31, 2012, doing business as UCHealth since 2014.

UCHealth includes:

- Broomfield Hospital (BFH)
- Grandview Hospital (GVH)
- Greeley Hospital (GH)
- Highlands Ranch Hospital (HRH)
- Longs Peak Hospital (LPH)
- Medical Center of the Rockies (MCR)
- Memorial Hospital Central (MHC)
- Memorial Hospital North (MHN)
- Pikes Peak Regional Hospital (PPRH)
- Poudre Valley Hospital (PVH)
- UCHealth Medical Group (UCHealthMG)
- University of Colorado Hospital (UCH)
- Yampa Valley Medical Center (YVMC)



Background of Quality Governance ...The Why

- As UCHealth became a larger system, there was a need to create a governance model to inform a system wide approach to care
- There was value in creating a common experience for patients regardless of location
- We needed to create a centralized structure with regional flexibility facilitates sharing of best practices and effective use of data to drive outcomes
- Governance provides an efficient way to gain consensus on how to align and achieve system goals and escalate concerns
- Governance gives clinical leaders access to system leaders and resources and allows for bidirectional communication

Creation of COGGs and CEGs

Clinical Outcomes Governance Group (COGG)

- A group of clinical and operational leaders who direct our **approach to care for defined patient populations** in an appropriately standardized, evidence-based manner across the UCHHealth system.
- The COGG will include **key regional leadership accountable for clinical outcomes, patient and provider experience, operations and value for their patient populations.**
- The COGG will partner with clinical quality, IT, PI, supply chain, and others to achieve their aims.
- A system wide committee has oversight of COGGs and assures alignment with system goals and establishes priorities for competing resources.

Clinical Effectiveness Group (CEG)

- An interdisciplinary group of regional operational leaders and clinical experts who **recommend our standardized, evidence based approach to optimize care around a clinical metric or focused clinical area across the UCHHealth System.**
- CEGs will partner as appropriate with clinical quality, IT, supply chain, clinical leaders and others to implement approved recommendations and **will be accountable for process and outcomes.**
- CEGs generally report to our Senior Quality Group subcommittees.

COGGs and CEGs

COGGs (11)

- Behavioral Health
- Cardiovascular
- Acute and Emergency Care
- Critical Care
- Hospital Medicine
- Newborn
- OB/GYN
- Oncology
- Peri-operative
- Primary Care
- Trauma & Acute Care

CEGs (13)

- Advance Care Planning
- CAUTI
- CLABSI
- Colon ERAS
- Mobility
- Mortality
- Pain Management
- Readmission
- Sepsis
- Skin Integrity
- Surveillance
- THK
- VTE

Steps Taken

System Level

- Created a System Quality and Data Analytics Department
- Reporting structure and cadence for updates developed
- Goals identified
 - Goals which support “coloring up” board dashboard metrics (improving by one performance tier, either decile or quartile, from baseline performance)

COGG/CEG Level

- Executive sponsor chosen
- Co-chairs identified to lead each COGG/CEG
- Charter developed
- Membership identified (across regions)
- Dashboard created at the COGG/CEG level
- Improvement target dashboards created to illustrate improvement required to reach next quartile/decile

Roles & Responsibility

Executive Sponsor

- Communicates institutional priorities.
- Holds group accountable to achieve goals defined in charter.
- Helps to navigate and where appropriate educate or advocate for group. Where appropriate helps escalate barriers to senior leadership.
- Provides ongoing direction.
- Coaches group to be successful - identifies key relationships, helps to co-identify opportunities, communicates objectives and progress to goals to leadership.

Chair/Co-chair

- Facilitate meetings and reporting of activity to CLOC for COGGs and SQG committees for CEGs.
- Define key priorities of group and metrics to achieve.
- Lead group to achieve goals and annual objectives.
- Provide ongoing direction.
- Allocate resources appropriately within COGG/CEG.

Non-clinical admin lead (PM)

- Work with chair/co-chair to develop charter and project plan(s) to achieve goals.
- Work with chair/co-chair to secure and assign resources.
- Adjudicate all requests to change key goals and metrics.
- Manage deliverables in a timely manner.
- Work with chair/co-chair and data analytics team to develop and maintain dashboard with key metrics.

CQO

- Facilitate bi directional communication between CLOC and ESs with updates on institutional priorities and strategic direction.
- Facilitate communication between COGGs and CEGs to align work and partnerships where necessary to achieve metric improvement
- Partner with ES and co-chairs to facilitate data analytics requests when appropriate
- Provide step by step guide for development of new COGGs and CEGs with intentional involvement of PI, data analytics and PM as appropriate

CQS

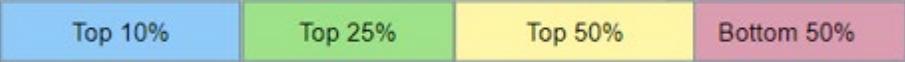
- Identify and manage key quality and patient safety measures through partnership with data analytics
- Assists in the prioritization and execution of performance improvement plans related to clinical outcomes
- Assists with the development, piloting, use and validation of data collection methodologies
- Collaborates with CQSs from other regions to form cohesive group able to identify best practices and variability amongst UCHealth facilities
- Leads collaborative effort to perform case reviews designed to identify areas of opportunity

COGG/CEG Goal Setting

	Mortality	CHF Mortality	Sepsis Mortality	30 day unplanned readmissions and ED Obs visits	IP LOS*	PSI-03 Pressure Ulcer Rate	Falls with Injury Rate	CAUTI SIR	CLABSI SIR	SSI Colon SIR	C. diff SIR	THK Complication Rate	PSI-90 Composite Score (4, 6, 9, 12, 13)
COGG													
Behavioral Health				X	X		X						
Cardiovascular	☑	X		X	X			X	X				X
Critical Care (Med/Surg)	X	X	☑		X	X	X	☑	☑		X		
EM & Urgent Care	X	X	X	☑	X			X	X				
Hospital Medicine (Med/Surg)	☑	X	X	X	X	X	X	☑	☑		X		
Newborn					X				X				
OB/GYN					X					X			X
Oncology	X		X	X	X		X	X	X				
Peri-operative	☑		X	X	X	X	X	X	X	X	X	X	☑
Primary Care		X		☑							X		
Trauma & Acute Care	☑			X	X	X	X	X	X	☑	X		X
CEG													
Advance Care Planning / Goal of Care	X	X											
CAUTI								☑					X
CLABSI	X		X						☑				
Colon ERAS										☑			
Mobility (Fall)							☑					X	X
Mortality	☑	☑	☑										
Pain Management (Opioid)												X	
Readmission				☑								X	
Sepsis	X		☑									X	X
Skin Integrity						☑							X
Surveillance	X		X										X
THK				X								☑	
VTE				X									X
	☑	Directly tied to FY23 goals											
	X	COGG/CEG has impact on metric											

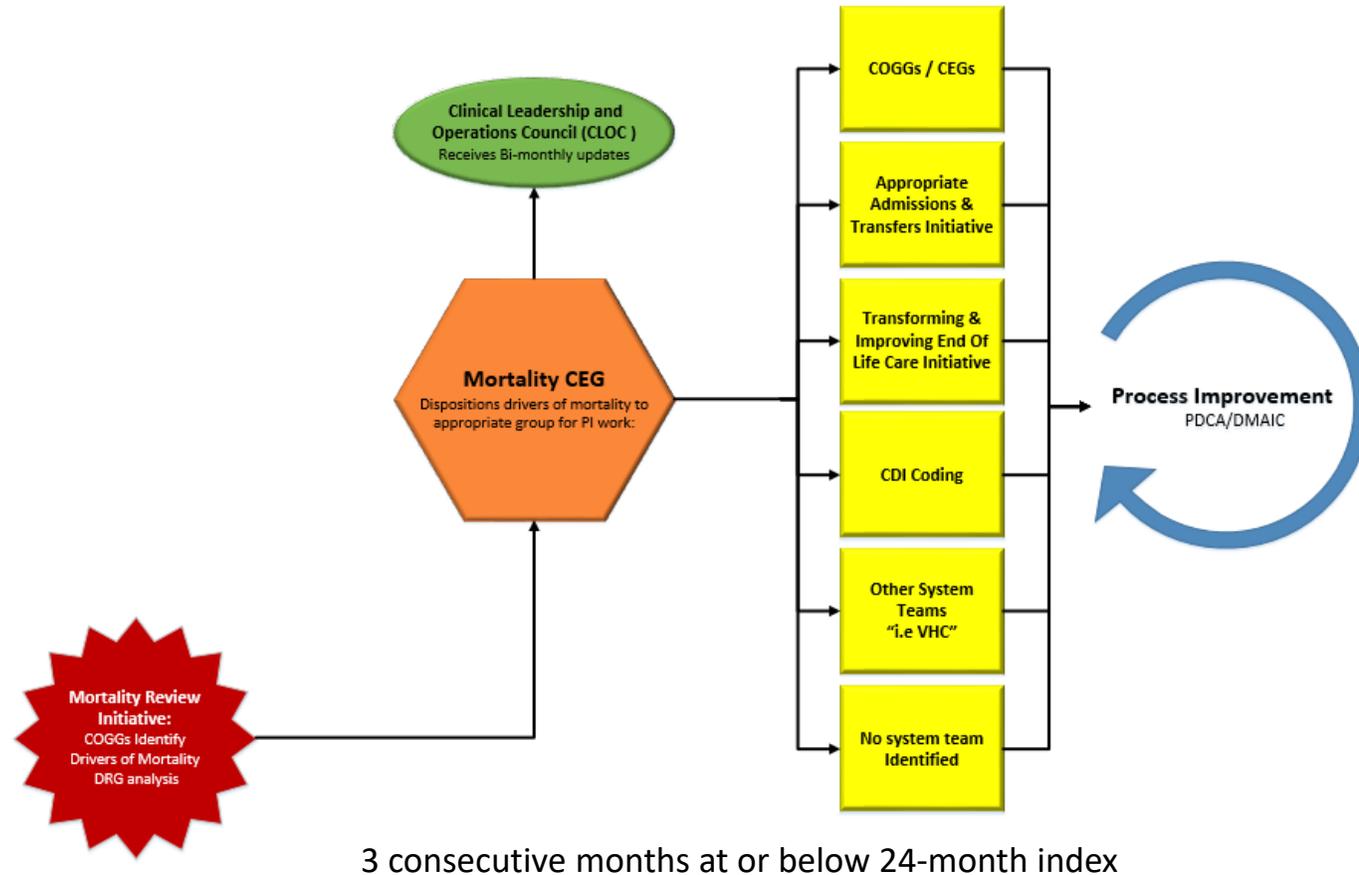
Sample Improvement Target Dashboard

Hospital	Current 12-month Mortality Index (Index = observed/expected)	Improvement Target ¹ Index (next %-ile color)	# of Deaths in 12-month reporting period	# of Deaths in 12-month reporting period to achieve Improvement Target	Mortality 12-month Reduction Goal (fewer deaths)
1	Green	Blue			
2	Yellow	Green			
3	Purple	Yellow			
4	Yellow	Green			
5	Yellow	Green			
6	Purple	Yellow			
7	Yellow	Green			
8	Yellow	Green			
9	Yellow	Green			
10	Green	Blue			



Example of COGG/CEG Interconnectedness

UCHealth System Approach To Mortality – How We Identify Drivers & Improve Mortality



Sample Dashboard



CAUTI Bundle Compliance Actionable Dashboard

[Click to See Definitions](#)

Catheter Maintenance Bundle Compliance for All Patients with Catheters

Admit Hospital: Month:

Catheter Maintenance Bundle Compliance by Item

Bundle Item	Compliance %
CHG wipes to catheter tubing	67.48%
Peri-care performed with soap and water	31.24%
Securing device in place	59.51%
Total	24.12%

Percent of shifts with bundle item documented. Total is percent of shifts with all bundle items documented on the shift (i.e. 100% bundle compliance for the shift).

NHSN Department Bundle Compliance Only

CAUTI Cases
206

Bundle Compliance in CAUTI Cases
32.05%

Bundle Compliance in All Patients on Catheters
24.12%

Day Shift Total Bundle Compliance
21.54%

Night Shift Total Bundle Compliance
26.68%

Unit During Stay:

All / Individual Departments Bundle Compliance

Bundle Compliance in All Patients on Catheters
21.08%

Shifts: Day Shift (7:00 to 19:00)
Night Shift (19:00 to 7:00)

Day Shift Total Bundle Compliance
17.51%

Night Shift Total Bundle Compliance
25.19%

All Compliance Measures are Based on Documentation from Flowsheets

Thresholds for 100% Catheter Maintenance Bundle Compliance

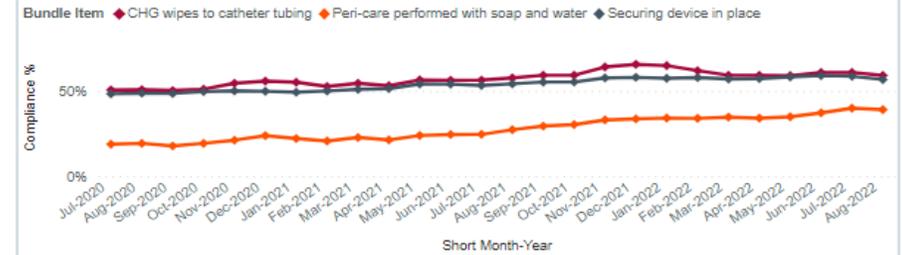
- CHG wipes to catheter tubing: at least once per shift
- Peri-care performed with soap and water: at least once per shift
- Securing device in place: at least once per shift

Catheter Maintenance Bundle Compliance by Item

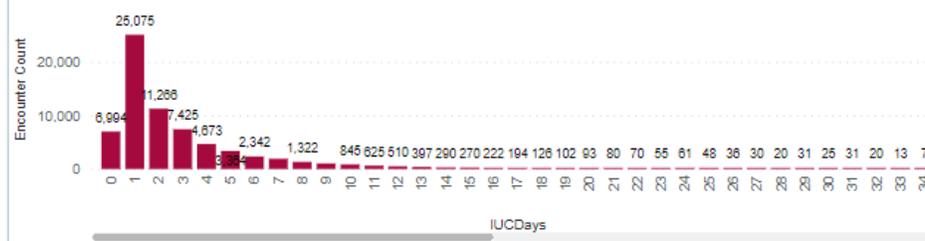
Bundle Item	Compliance %
CHG wipes to catheter tubing	57.68%
Peri-care performed with soap and water	28.08%
Securing device in place	54.19%
Total	21.08%

Percent of shifts with bundle item documented. Total is percent of shifts with all bundle items documented on the shift (i.e. 100% bundle compliance for the shift).

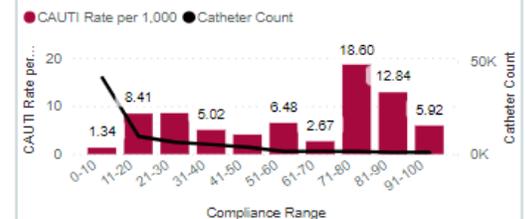
Compliance by Bundle Item



Number of Patients with Catheters by IUC Days



CAUTI Rate by Total % Bundle Compliance Range (per 1,000 patients with catheters)



Impact

- System driven
 - Standard approach with alignment around common definitions across all 12 hospitals
- Improving various metrics across all hospitals (coloring up across many)
 - CAUTI: 5 consecutive months at or below 24-month index
 - Mortality: 3 consecutive months at or below 24-month index
 - Sepsis: 4 of the last 6 months at or below 24-month index
 - Readmissions: 10 of the last 13 months at or below 24-month index
 - Falls: 4 consecutive months at or below 24-month index
 - CLABSI: 3 of the last 4 months at or below 24-month index
 - HCAHPS: 6 of the last 7 months at or below 24-month index

Impact

- In addition:
 - Improving utilization of surgical patient safety bundle
 - Improving ED opioid compliance
 - Improving performance on zero suicide follow-up in the ED
 - Developing metrics around end-of-life planning for advanced disease
 - Developed and deployed opioid use dashboard

Lessons Learned

- This is a performance excellence journey and it does take time, resources and leadership
- Important that messaging at the system level is cascaded down to the facility level and that each facility has a clear understanding of goals
- Interconnectedness between COGGs and CEGs
- COGGs/CEGs continue to evolve and as new goals are set it's important to evaluate continuous improvement and the impact COGGs and CEGs are having on improving quality goals and patient care

Key Takeaways

- It's very important that every organization have a governance model in place to direct the approach to care for a defined patient population in a standardized way.
- Developing a unified culture for quality and safety across multiple hospitals requires alignment from both system and regional leaders.
- Identifying leaders to manage each governance group is foundational to its success.
- This model creates alignment around resource allocation and direction for improving patient outcomes and associated quality measures.

Questions?



Contact:

Matt Thompson

matthew.thompson@uhealth.org