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STRONGER

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# **The Path to Peak Performance, An Ongoing Quest for National Recognition in Orthopaedics**

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# Learning Objectives

- Describe how to measure and monitor improvement efforts using a customized scorecard.
- Explain how to create custom measures that align with performance improvement initiatives.



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# Project Overview

- NorthShore Orthopedic and Spine Institute integrated analytics to benchmark competitive targets, provide service line transparency throughout our organization, improve quality and was listed in the top 50 Orthopedics Hospital list for US News & World Report (USNWR).
- Monthly processes of scorecard reporting with custom measures, ongoing performance improvement engagement with physicians, ad-hoc analysis for at-risk measures and opportunities for future expansion and development.

# Background

- Leadership invested in analyst resources to build a data rich environment and advanced reporting structure to create a culture of transparency and constant improvement throughout the organizational structure
- We created an automated monthly scorecard that is widely shared and reviewed by cross-functional performance improvement groups
- In 2019, one of our hospitals was designated the NorthShore Orthopedic and Spine Institute (NOSI). Our scorecard, specific for NOSI, now includes several custom orthopedic based measures from that we can track against competitive cohorts such as the USNWR Top 20 Orthopedic Hospitals

# Process

- Baselines and benchmarks are reviewed annually and agreed upon by leadership, division heads and surgeon leads
- Transparency of service line and surgeon level performance is easily accessible and shared regularly
- Physician champions own measures for Safety, Patient Experience and Efficiency
- At regular meetings with executive leadership scorecard performance is reviewed as well as plans for improvement



# Interventions

- We created and automated service line measures for LOS O:E, Discharge to SNF, Surgical MCC/CC, PSI-90 for BPCI-A, TJR Complications, and others from different data sources
- For all selected measures, we create baselines and set targets against our desired cohort with physicians who are involved directly in the care of the targeted patient population

# Dashboard

Home

Facilities

Facility

NORTHSHORE\_SKOKIE grouped by Service Line

Group Encounters by:

Service Line

Snapshot

Trend Graph

Trend Table

Show Comparison Facilities Details

Sorted by: LOS Variance Descending

Threshold (%): 10

All Encounters

Service Line	Encounters	LOS Index	Mortality Index	30 Day Readmission Rate	% Encounters with any Complication	Mean Contribution Margin	Mean Direct Cost	Direct Cost In
Focus Rollup	580	0.95	0.31	0.19	1.21	-	-	1
Orthopedics	349	1.10	0.77	0.33	1.72	-	-	1
Oncology	1	1.54	0.00	0.00	0.00	-	-	1
Trauma	230	0.80	0.00	0.00	0.43	-	-	0

Quality Summary

Length of Stay (LOS)

Mortality

Readmissions

Cost Summary

Reported Financials (Non-normalized)

Reported Direct Cost (Non-normalized)

Quality Summary by Service Line

Cost Summary by Service Line

at least 10% above comparison facilities

less than 10% above comparison facilities

at or below comparison facilities

at least 10% above comparison facilities

less than 10% above comparison facilities

Source: Vizient

# Interventions

- All service line measures are agreed upon by physician leads are then brought to our hospital system's quality leadership, department head and hospital president to discuss, review and ultimately approve
- Throughout the year, we closely monitor the scorecard and present it in several meetings; monthly at the pavilion level and to larger cross-organizational committees
- When measures are not meeting goal, there is scrutiny and effort to improve outcomes led by physician champions who work with dedicated analyst and resources to analyze and track improvement efforts

# Outcomes and Impact

- Our quality leadership, analytics teams, and providers meet annually to establish baselines and set our targets for measures within Total Hips and Knees, Spine, Hip Fracture and Total Shoulders at the 75<sup>th</sup> percentile, unless there is justification otherwise
- Performance is reviewed monthly and is transparent with a multidisciplinary team of providers and administrators
- High impact measures within service lines will be counted within our Corporate Quality and Experience Goal that leadership is held to achieving yearly

# Measure Case Study

- Reducing our discharge to Skilled Nursing Facility (SNF) rate for elective total joints was consistently a struggle
- With COVID and the rapidly changing patient type landscape with total joints, we went from 90% inpatient population with a 60% discharge to SNF rate to 85% Observation and Outpatient population with an 8% discharge to SNF rate
- We were able to use data to create a new measure for Discharge to SNF for all elective total joint patient types, determine the patient type trends of other top organizations, and set an achievable target that continued to improve our most notorious measure!

Corporate Quality & Experience Score
9/10: 90%
Goal 75%

† Inpatient Only
► Better | ◄ Worse | ◆ No Change
Goal Met | Goal Not Met | No Target Set

GOLD

Skokie Hospital | February 2022

Safety and Outcomes	Goal	Target
Catheter associated urinary tract infection (CAUTI) ✓		0.37
PSI 90 Composite - Overall (Skokie) ✓ †		0.79
Elective TJR Postop Complication Rate ✓ †		1.55%
PSI 90 Composite - BPCI Bundle (NS Legacy) †		0.88
PSI 12: Peri-op PE or DVT †		0.80
Sentinel Events		0
Total Falls with Injury		0.48
Patient Experience		
Inpatient Physician Communication (M/S) ✓ †		82.2%
Inpatient Nursing Communication (M/S) ✓ †		80.3%
Inpatient Staff Responsiveness (M/S) ✓ †		67.6%
Inpatient Care Transitions (M/S) ✓ †		56.3%
Inpatient Cleanliness †		77.3%
ED Domain Average		72.2%
ASU Overall Facility Rating		87.2%
Resource Use and Utilization		
30 Day Readmission - Hip FX (Skokie readmit to NS Legacy) ✓		9.0%
LOS O:E - Overall ✓ †		0.94
% Discharged SNF - TJR (IP & OBS: Medical Group) ✓		7.7%
Surgical MCC+CC (Medicare) †		Coming Soon
ED LOS - admitted		Coming Soon
% OPAC call answers on peak days of week (M and T)		95.0%
Avg. Speed of Answer (ASA) for peak days of week (M and T)		60

Source: NorthShore

Hip & Knee			Goal	Target
* DRG 469, 470 <div><div>85% Observation</div><div></div></div>	Safety and Outcomes	Elective TJR Postop Complication Rate ✓ †		1.55%
		SSI - Hip		0.01
		SSI - Knee		0.01
	Resource Use and Utilization	% Discharged SNF - TJR (IP & OBS: Medical Group) ✓		7.7%
		% Discharged SNF - TJR (IP & OBS: Non-Medical Group)		7.7%
		30 Day Readmission - Hip/Knee (Skokie readmit to NS Legacy) * †		4.2%
		Avg. IP LOS - Total Hip/Knee * †		2.8
		IP LOS O:E - Hip/Knee †		1.25
Spine				
* DRG 459, 460 <div><div>40% Observation</div><div>60% Inpatient</div></div>	Safety and Outcomes	SSI - Spine		0.03
	Resource Use and Utilization	30 Day Readmission - Fusion except Cervical (Skokie readmit to NS Legacy) * †		4.8%
		Avg. IP LOS - Fusion except Cervical * †		2.9
		LOS O:E - Spine †		0.92
		Hip Fracture : Measures reflect performance at all pavilions due to recent program location movement		
* DRG 480-482, 521-522 <div><div>E: 29%</div><div>K: 70%</div></div>	Safety and Outcomes	SSI - Hip Fracture		0.021
	Resource Use and Utilization	30 Day Readmission - Hip FX † (NS Legacy readmit to NS Legacy)		9.0%
		Avg. IP LOS - Hip FX * †		5.0
		Median ED to OR - Hip FX		24.0
		LOS O:E - Hip FX †		0.92
Total Shoulder				
* DRG 483, 484 <div><div></div><div></div></div>	Resource Use and Utilization	Avg. IP LOS - Total Shoulder * †		1.4
		LOS O:E - Total Shoulder * †		0.94

Source: NorthShore

# Lessons Learned

- Transparency and monthly reporting of our metrics and progress has facilitated open communication and opportunities for system wide process improvement among cross-functional clinical and administrative leadership teams
- Internal development of a designated orthopaedic analytics team expanded our resources to build, review, and distribute readable, granular data
- Using data to create custom measures has helped us reach our goal of creating a more efficient and focused care destination center for orthopedic and spine care



# Key Takeaways

- Close partnership between our providers, leadership, and analytics team has fostered incredible growth over a relatively short period of time, which led us to be listed in the top 50 Orthopedics Hospital list for US News & World Report (USNWR).



# Questions?



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