

Sept. 19–21, 2022

#vizientsummit



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

Ashley Kaplan, RN, BSN, MSN

Manager, Quality and Care Transformation

Jason Koh, MD, MBA

Mark R. Neaman Family Chair of Orthopaedic Surgery

NorthShore University HealthSystem



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

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



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

Ashley Kaplan, RN ,BSN, MSN

Manager, Quality and Care Transformation

Jason Koh, MD, MBA

Mark R. Neaman Family Chair of Orthopaedic Surgery

NorthShore University HealthSystem



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, adhoc 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

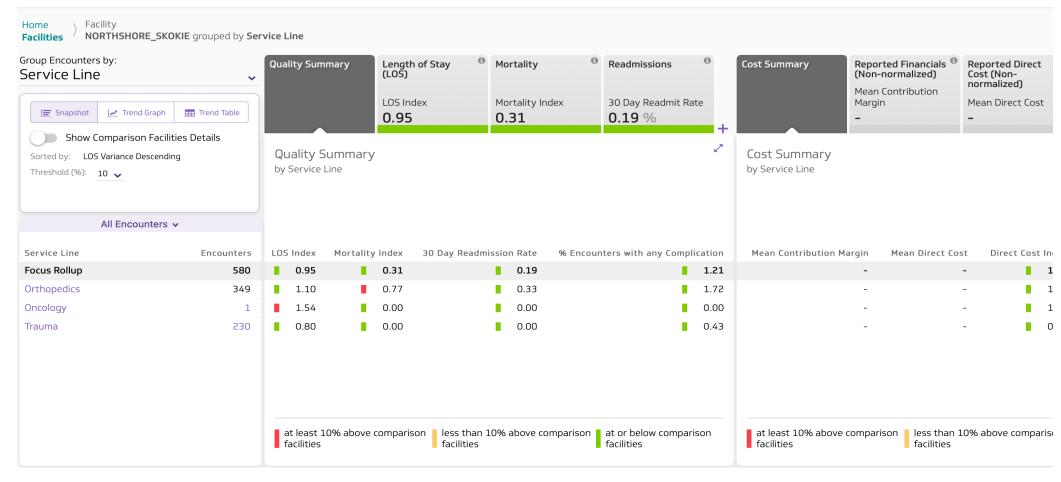
- Baselines and benchmarks are reviewed annually and agreed upon by leadership, division heads and surgeon leads
- Transparency of service line and surgeon level performance is easily accessible and shared regularly
- Physician champions own measures for Safety, Patient Experience and Efficiency
- At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



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 75th 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% Goel 75%

† Inpatient Only

Better |
Worse |
No Change
Goal Met | Goal Not Met | No Target Set

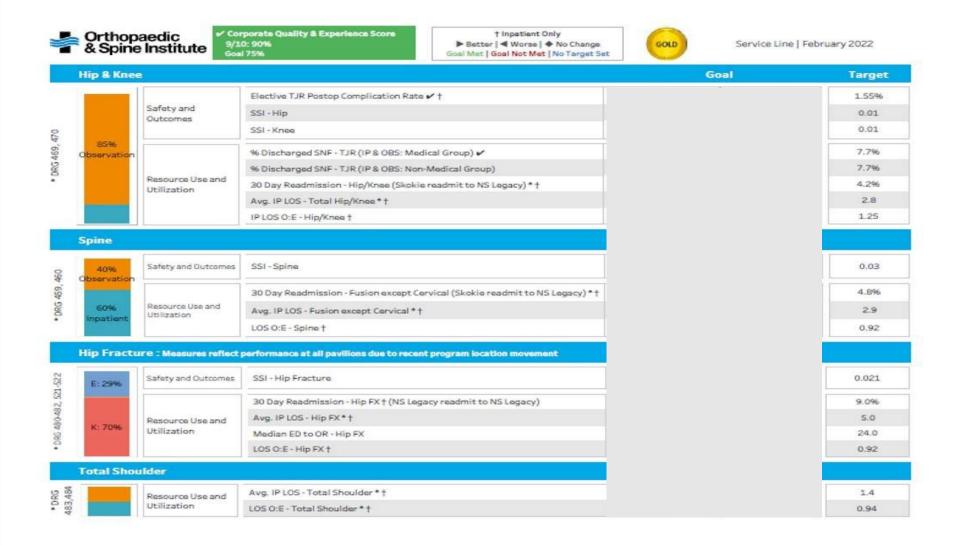


Skokie Hospital | February 2022

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-ap 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 Soor
ED LOS - admitted		Coming Soo
% 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





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?



Contact:

Ashley Kaplan, akaplan@northshore.org

Dr. Jason Koh, ikoh@northshore.org