

2023 VIZIENT CONNECTIONS SUMMIT

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Going from Good to Great: Measuring Systemness

Matt Miller, DO, MBA, CPHQ
Associate Chief Quality Officer

Lisa Miller, MPH, CPHQ
Director, Continuous Improvement

Cleveland Clinic

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Learning Objectives

- Describe a new method for measuring variation across standards, processes and adherence related to quality measures.
- Develop criteria to measure adherence to standards.
- Explain the importance of well-defined standards in quality improvement work.

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Going from Good to Great: Measuring Systemness

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What is systemness?



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Our patients and systemness



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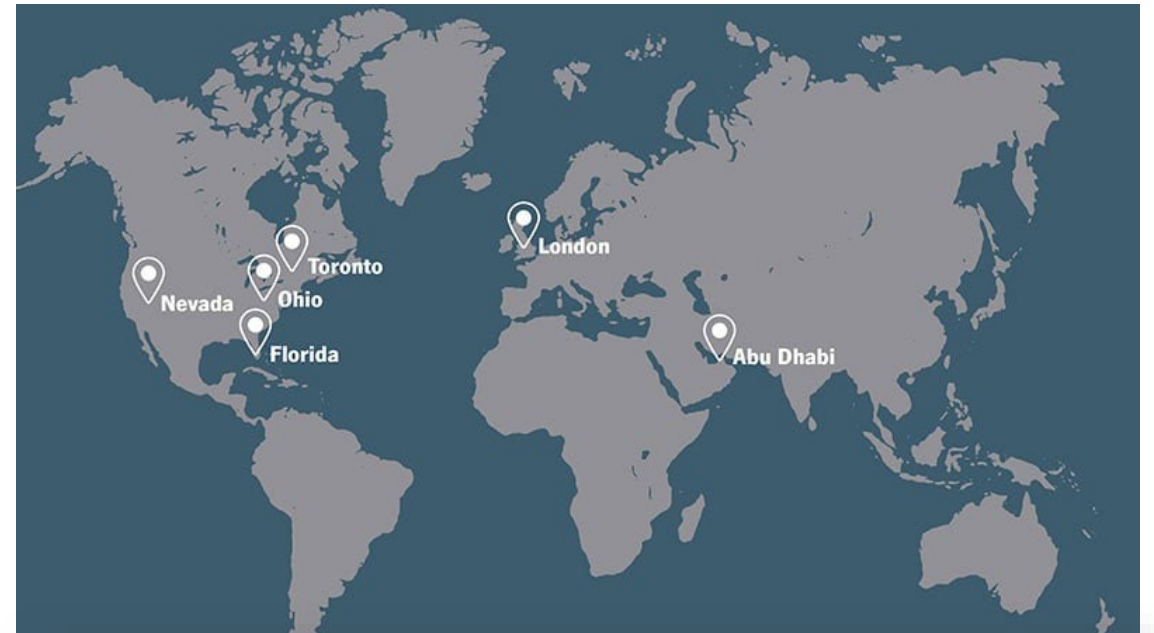
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Who we are?

- **6,665** beds worldwide
- **23** hospitals
- **275** outpatient locations

- A main campus in **Cleveland**
- 15 regional hospitals in **Northeast Ohio**
- 5 hospitals in **Southeast Florida** with 1,000+ beds
- A center for brain health in **Las Vegas, Nevada**
- Executive health and sports health services at two locations in **Toronto, Canada**
- A 364-bed hospital in **Abu Dhabi, United Arab Emirates**
- A 184-bed hospital and outpatient facility in **London, United Kingdom**
- Case Western Reserve University & Cleveland Clinic Health Education Campus

CARE PRIORITIES



PATIENT CARE

3.4M

unique patients worldwide

14.0M

patient encounters worldwide

12.8M

outpatient encounters

303K

admissions and observations

270K

surgeries and procedures

907K

emergency department visits

814K

virtual visits

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Systemness Maturity Index

Do we provide the same care in a consistent, efficient, and highly reliable way, everywhere?

- Needed a way to evaluate our opportunities and understand where we have unnecessary variation
- Explored options across different industries
- Wanted to consider how systemness aligned to performance

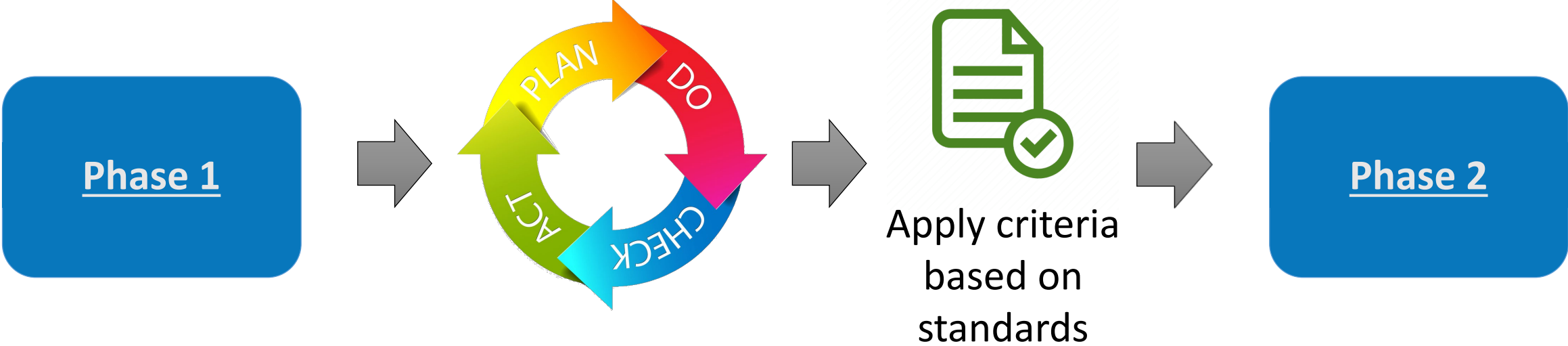
Systemness Maturity Index

Score	Description
0	Not present
1	Planning phase
2	Pilot or early implementation
3	Implemented but w/ variances
4	Implemented per system standard

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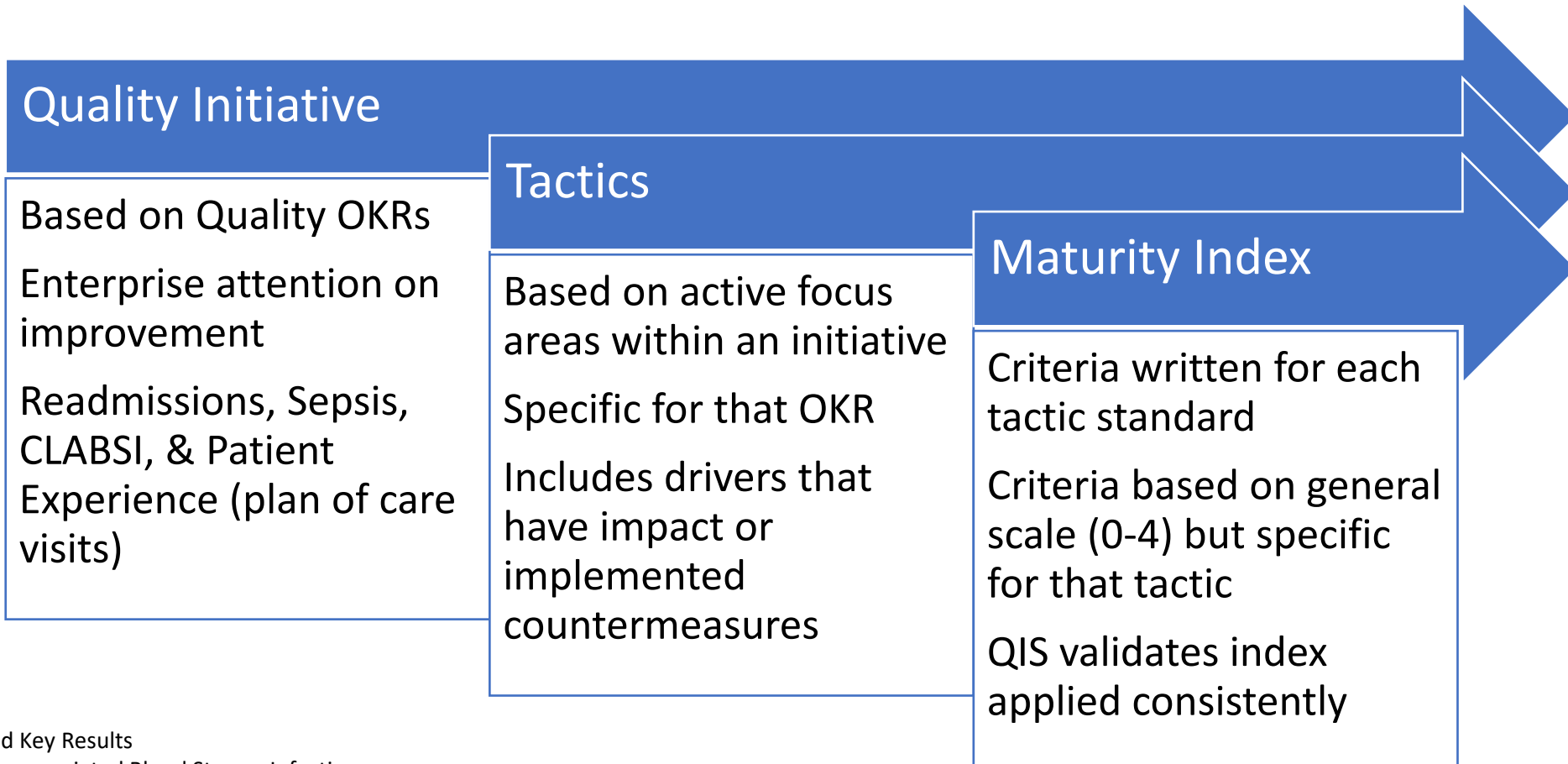
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The Journey



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The Drilldown



OKR: Objectives and Key Results

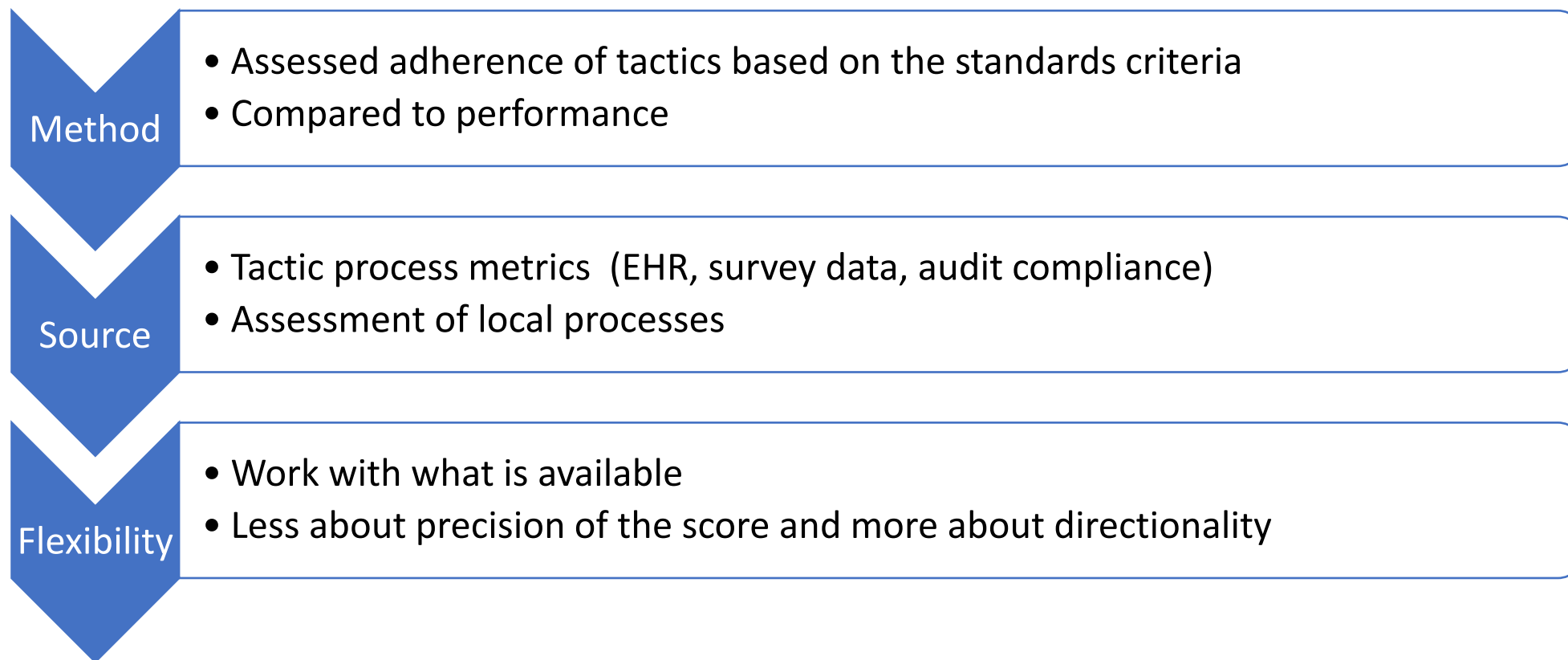
CLABSI: Central Line-associated Blood Stream Infection

QIS: Quality Improvement Specialist

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Without data, it's just an opinion



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CLABSI Systemness

Legend

Systemness	SIR Performance
Some maturity	Not meeting target
High level maturity	At or above target

Baseline – Q3 2022

Hospital	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	
Systemness Maturity Index	Some maturity	Some maturity	Some maturity	Some maturity	Some maturity	Some maturity	Some maturity	Some maturity	Some maturity	Some maturity	Some maturity	High level maturity	Some maturity	Some maturity	Some maturity	Some maturity	Some maturity	Some maturity	High level maturity
Standard Infection Ratio (SIR)	Not meeting target	Not meeting target	Not meeting target	Not meeting target	At or above target	Not meeting target	Not meeting target	At or above target	Not meeting target	At or above target	Not meeting target	Not meeting target	Not meeting target	At or above target	At or above target	At or above target	At or above target	At or above target	Not meeting target

Post Implementation– Q2 2023

Hospital	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	
Systemness Maturity Index	Some maturity	High level maturity	High level maturity	High level maturity	Some maturity	Some maturity	High level maturity	High level maturity	Some maturity	Some maturity	Some maturity	High level maturity	High level maturity	High level maturity	High level maturity	High level maturity	High level maturity	High level maturity	High level maturity
Standard Infection Ratio (SIR)	Not meeting target	At or above target	At or above target	At or above target	Not meeting target	Not meeting target	At or above target	At or above target	Not meeting target	Not meeting target	Not meeting target	At or above target	At or above target	At or above target	At or above target	At or above target	At or above target	At or above target	At or above target

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CLABSI Systemness

	Hospital	Tactic 1 CLA	Tactic 2 Line Rounds	Tactic 3 CHG Bathing
Systemness Maturity Index	3.67	4	4	3

Tactic: Central Line Assessments (CLA)

Scale	Description
0	No CLAs in place
1	Plan in place to conduct CLAs for all lines using CLA assessment tool
2	CLAs done less than 3 days per week on all lines using CLA assessment tool
3	CLAs done 3- 5 days per week on all lines using CLA assessment tool
4	Daily CLAs done on all lines (every line, every day, every patient) using CLA assessment tool

Central Line Assessment

Please confirm that the below interventions are in place, at this exact moment in time. If an intervention is missing and is recommended, mark as an opportunity and implement the recommended intervention.

patient label

Date: _____ Assessor role: (circle one) Clinical RN, NM, ANM, CNS, IP, other: _____

Hospital: _____ Unit: _____ Bed: _____

Type of central line:

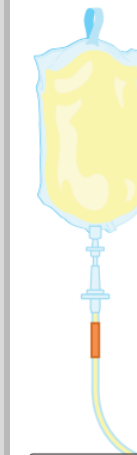
- Non-tunneled central line
- Tunneled central line
- PICC
- Umbilical catheter (U)
- Implanted vascular access (port)
- Non-tunneled dialysis catheter/apheresis
- Tunneled hemodialysis catheter/apheresis
- Unknown
- Other _____

Location of central line:

(circle one) Groin / Neck / Chest / Umbilical / Arm / Translumbar / Leg / Scalp

CHG bath completed per protocol:

(circle one) Yes / No- missed / patient declined / allergy / contraindication



CHG or Algidex disc is appropriately placed. ✓ ✗ N/A

CHG gel pad rebounds after palpating. ✓ ✗ N/A

Dressing is clean, dry, and intact on all sides. ✓ ✗ U

Lumens of central line are free of blood. ✓ ✗ U

Insertion site without redness, drainage, and blood. ✓ ✗ U

Dressing is dated. ✓ ✗ U

Dressing is not overdue. ✓ ✗ U

Curios caps in use where appropriate. ✓ ✗

- All tubing labeled with date and time. ✓ ✗ N/A
- Tubing is not overdue (Q96h continuous, Q24h intermittent & per medication specific). ✓ ✗ N/A
- Needleless connectors, stopcocks & IV tubing are free of blood. ✓ ✗ N/A
- IV tubing not connected to the patient is protected with a sterile cap. Mark N/A if all IV tubing connected and in use. ✓ ✗ N/A

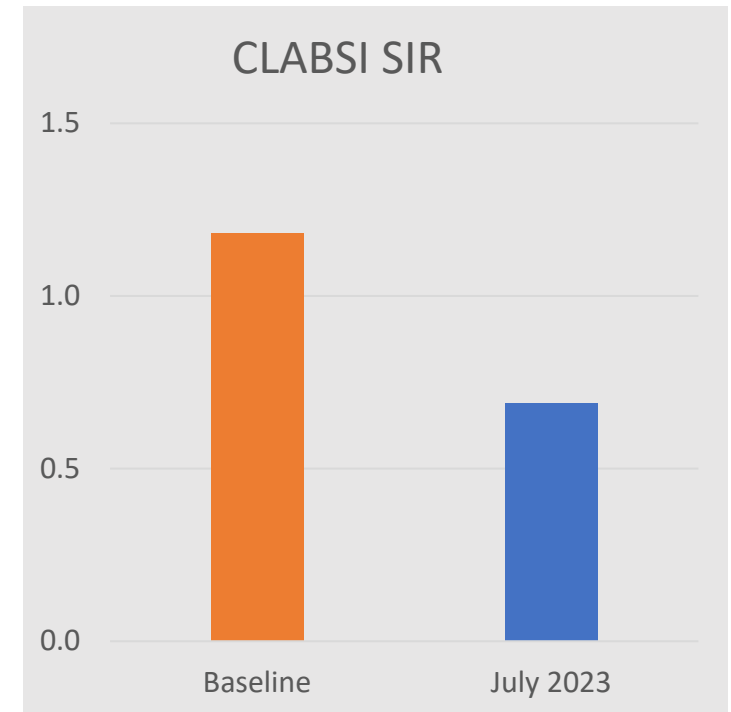
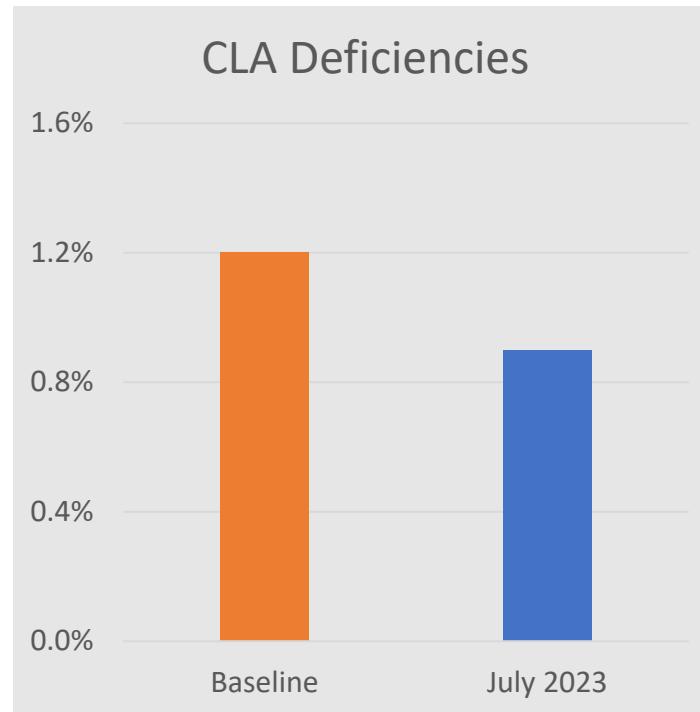
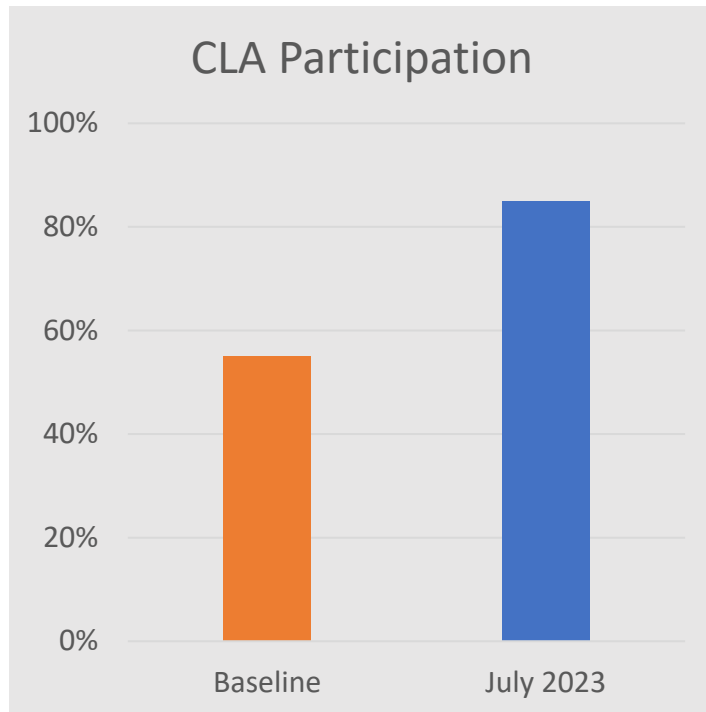
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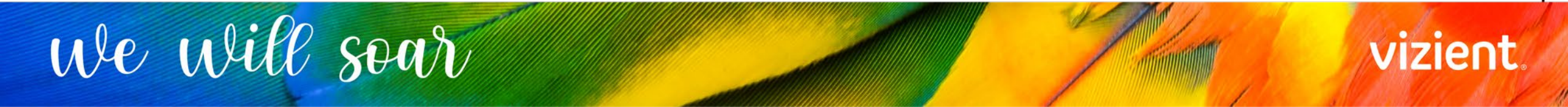
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CLABSI Results

Hospital E CLABSI CLA Implementation - Nov 2022 to July 2023



Decreased CLABSI SIR by 41% which equates to 65 fewer infections per year



Lessons Learned

- Start small
- Identify a way to achieve consistency in measurement
- Consider more automated and robust data collection methods
- Leaders were very focused on the score
- Great tool for internal quality discussions to understand opportunity
- Consider the right cadence to reassess

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Key Takeaways

- Standards are key
- Continue to develop standards and adhere to them
- Refine the process and learn, again and again
- Communication is key
- Can be applied to other areas, other quality initiatives, new hospitals

“Without standards, there can be no improvement.”

~Taiichi Ohno, Father of the Toyota Production System

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Questions?



Contact:

Matt Miller, DO, millerm86@ccf.org

Lisa Miller, MPH, millerl38@ccf.org

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