

# Co-Designed Quality Plans: Hospital and Affiliated Faculty Practice Partnership

## Objectives

- Describe the co-development of a quality plan between a hospital and affiliated faculty practice to improve quality and patient safety.
- Outline the benefits of a co-developed quality plan on engagement and shared governance between a hospital and affiliated faculty practice.

## Background

- Incentive plans have been reported in the literature for two decades<sup>1</sup>. Traditionally, these include financial incentive for achieving a limited number of pre-determined metrics.
- Our large academic medical center has an incentive plan that is jointly funded (hospital and faculty practice plan) and co-approved by the hospital board of directors and the faculty practice plan board of directors.
- The incentive plan includes three gateway metrics (clinical documentation integrity query response, ongoing professional practice evaluations, and provider orientation by all new faculty) and four performance metrics (mortality index, 30-day readmission index, a provider centered patient experience measure, and timely ambulatory access for new patient visits).
- In fiscal year 2023 (FY23), the incentive plan added a new gateway metric for each department to create a quality plan.

## Purpose

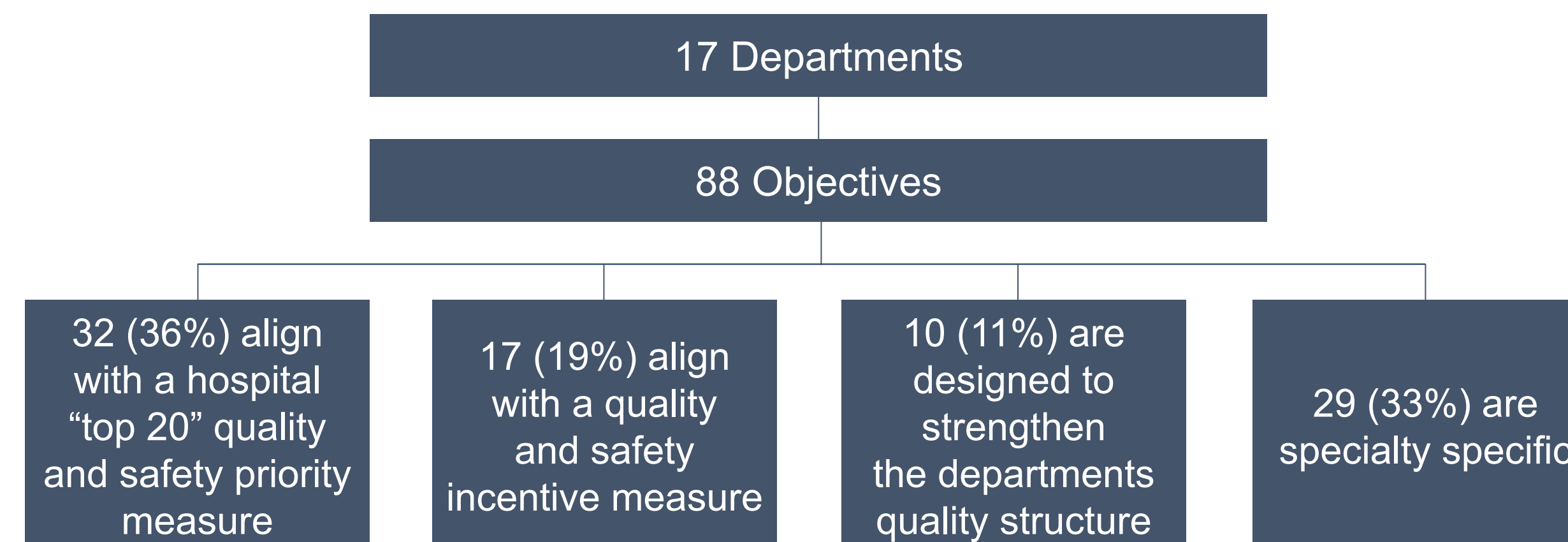
- The purpose of adding the developing of quality plans to the incentive was to create structures and process that generated alignment between hospital and affiliated physician leadership to improve key performance metrics.

## Interventions

- Executive hospital management approved the creation of a department quality plan as a gateway metric to be eligible for a financial incentive.
- Faculty department leadership collaborated with a quality department Clinical Quality and Safety Specialist (CQSS) to identify key areas of opportunity.
- Departments created objectives and key results (OKRs) using a standard OKR template designed to drive teams to include outcomes, processes, and data performance for all measures.
- The submitted quality plans were reviewed in collaboration between the Chief Quality Officer (CQO), Chief Medical Officer (CMO), Chief Operating Officer (COO) and Senior Associate Dean for Clinical Affairs, CU Medicine Chief Medical Officer. Quality plans were reviewed for goals to align with institutional quality and safety goals for the year or a priority incentive measure.
- The Chief Officers met with Department Chairs and provided feedback to create more robust goals or align more closely with identified key performance metrics.
- Department Chairs must submit updated quality plans each quarter including specific details of process implementation and associated outcomes.

## Outcomes and Impact

- This structured approach to creating department quality plans has created focused collaborative efforts on hospital defined priorities, in addition to specialty specific measures / priorities.
- Following inclusion of quality plans in the incentive:
  - 83% (N=14/17) of departments included at least 1 goal aligned with hospital top quality and safety priority measures compared to 47% (N=8/17) at baseline.
  - 56% (N=49/88) of total objectives aligned with a quality or safety measure.



## Example of Quality Plan Evolution

FY2023 Goals - Inception
Each Quality Council lead will identify a metric within their Division to address.
Each clinical Division will maintain a certified Collaborative Case Review (CCR) conference
FY2023 Goals – Final
Improve the consult responsiveness metric from 87% (Q1) to 93%
Improve the access metric from 26.5% (Q1) by 20%
Ensure 100% Graduate Medical Education (GME) participation in CCR
Improve MDPOA documentation rates for all patients by 20% by FY 2024
FY2024 Goals
Improve the consult responsiveness metric from 92.4% (Q3 FY2024) to > 93% (Target), stretch goal 96% (Outstanding)
Ensure 90% of new faculty have completed the UHealth provider orientation module within 3 months of start date
Improve the access metric from 30.8% (FY2023 Q3) to threshold goal of 37.1% and stretch goal 40.8% (Target) by end of FY 2024
Improve real time survey questions "Did the provider listen carefully to you" top box answer from 88.3% (Q3 FY 2023) to 90.7% (outstanding) in combined inpatient and outpatient domains
Improve Department Mortality Rates by 10% from 0.70 to 0.63 by end of FY24.
Improve readmissions from 13.99% (Q3 FY 2023) to threshold goal (12.45%) and stretch goal 11.01% (Target) by end of AY 2024

## Conclusions

- Using an incentive plan structure and allowing department flexibility to select the metrics and Hospital executives can leverage this structure to create engagement and alignment toward common goals.

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## References

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