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Excellence Through Collaboration: Advancing Patient Care, Safety, and Experience

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Learning Objectives

- Describe two benefits of aligning quality improvement efforts across a system.
- Explain the unique leadership characteristics that are essential to improve results.

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Memorial
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Blood
Pressure
Screening
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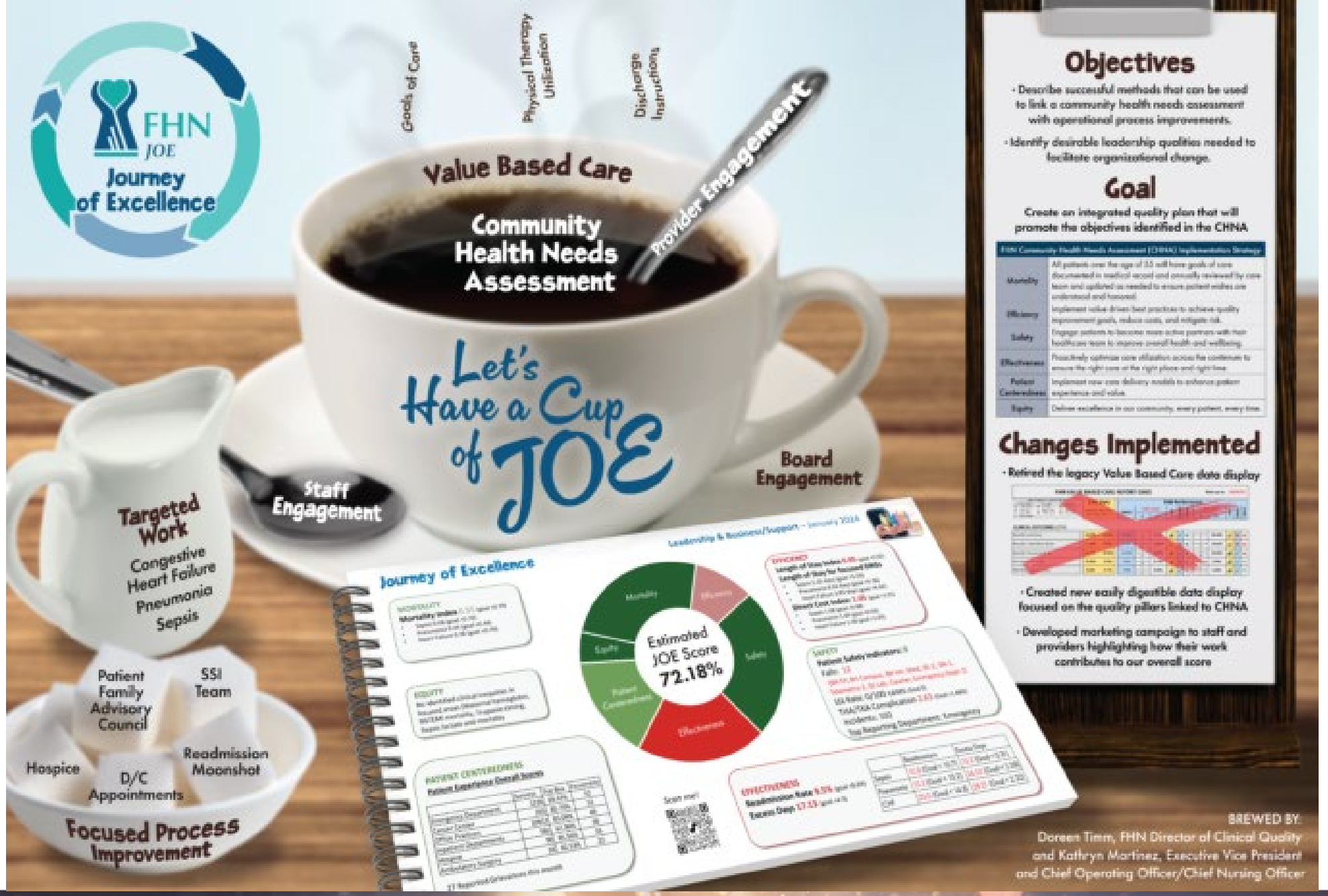
Insight
Your FHN Primary Care Provider Opens the Door to Good Health
FHN Podiatry Team Keeps You on Your Feet
No Need to Travel - Our Cancer Center is Close to Home


FHN JOE
Journey of Excellence
Goals of Care
Physical Therapy Utilization
Discharge Instructions
Value Based Care
Community Health Needs Assessment
Provider Engagement
Let's Have a Cup of JOE
Staff Engagement
Board Engagement
Targeted Work
Congestive Heart Failure
Pneumonia
Sepsis
Patient Family Advisory Council
SSI Team
Readmission Moonshot
D/C Appointments
Hospice
Focused Process Improvement
Journey of Excellence
Estimated JOE Score 72.18%
Objectives
· Describe successful methods that can be used to link a community health needs assessment with operational process improvements.
· Identify desirable leadership qualities needed to facilitate organizational change.
Goal
Create an integrated quality plan that will promote the objectives identified in the CHNA
Changes Implemented
· Retired the legacy Value Based Care data display
· Created new easily digestible data display focused on the quality pillars linked to CHNA
· Developed marketing campaign to staff and providers highlighting how their work contributes to our overall score
BREWED BY:
Doreen Timm, FHN Director of Clinical Quality and Kathryn Martinez, Executive Vice President and Chief Operating Officer/Chief Nursing Officer

Our Journey of Excellence (aka J.O.E.)

- Agile – marked by ready ability to move with quick, easy grace; having a quick resourceful and adaptable character

- Adaptable – suited by nature, character, or design to a particular use, purpose, or situation

Leadership: Qualities; Not Titles

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Obstetrics Nursing Director	Safety
Behavioral Health Executive Director	Equity
Director Ambulatory	Mortality
Physical Therapy Operations Leader	Patient Centeredness
Director Care Transitions	Effectiveness
VP Revenue Cycle	Efficiency

Community Health Needs Assessment (CHNA)

FHN CHNA Implementation Strategy

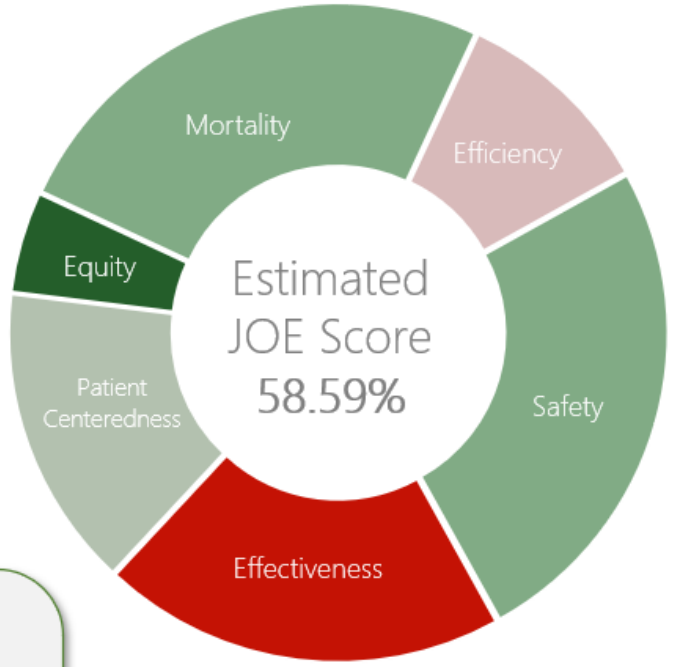
		Mortality	Efficiency	Safety	Effectiveness	Patient Centeredness	Equity
Community Identified Needs	2025 Goal	All patients over the age of 55 will have goals of care documented in medical record and annually reviewed by care team and updated as needed to ensure patient wishes are understood and honored.	Implement value driven best practices to achieve quality improvement goals, reduce costs, and mitigate risk.	Engage patients to become more active partners with their healthcare team to improve overall health and wellbeing.	Proactively optimize care utilization across the continnum to ensure the right care at the right place and right time.	Implement new care delivery models to enhance patient experience and value.	Deliver excellence in our community, every patient, every time.
Community Health and Well Being	Provide targeted community screenings to our community.	Provide education on goals of care	Provide targeted campaign to promote annual wellness visits	Provide targeted cancer screening programs	Expand FHN walk-in services, locations and methods of delivering care.	Continue to invest in development of the area's workforce to help meet the future needs of FHN and the community overall.	Identify areas of low healthcare utilization and provide screenings there.
		Care team documents conversation with patient and support regarding goals of care.	Expand post discharge clinical follow-up calls	Develop and implement sepsis campaign	Expand FHN Electronic Health Record portal access	Implement Patient Family Advisory Council Programs	Engage community partners to address social determinants of health
		Increase number of educational programs regarding chronic disease management.	Expand FHN walk-in services, locations and methods of delivering care.	Provide targeted behavioral health and substance use disorder screenings and education.	Provide financial resources assistance, including education on when to use which facilities/services	Develop programs on wellness, increasing physical activity and disease prevention	Improve Cultural Competencies amongst FHN staff and providers
Chronic Disease Management	Improve Chronic Disease Management	Utilize Electronic Health Record to identify patients with 3 or more chronic diseases to without goals of care	Implement value driven program specific to Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), Chronic Kidney Disease, and Behavioral Health	Develop and implement quarterly educational programs specific to CHF, COPD, Chronic Kidney Disease and Behavioral Health	Expand FHN Care Transition Services to assist both patient and support system in the healthcare navigation needs	Develop and implement non-traditional care delivery models such as telehealth.	Collaborate with community partners in management of chronic disease.

Source: FHN CHNA Action Plan

Commitment to Share Our Story

Journey of Excellence

Leadership & Business/Support – July 2024



MORTALITY

Mortality Index 0.57 (goal <0.70)

- Sepsis 0.63 (goal <0.70)
- Pneumonia 0.45 (goal <0.44)
- Heart Failure 0.23 (goal <0.70)

EQUITY

No identified clinical inequities in focused areas (Maternal hemoglobin, NSTEMI mortality, Troponin timing, Sepsis lactate and mortality

EFFICIENCY

Length of Stay Index 0.92 (goal <0.92)

Length of Stay for focused DRGs

- Sepsis days 5.29 (goal <5.50)
- Pneumonia 4.16 days (goal <4.36)
- Heart Failure 3.89 days (goal <4.42)

Direct Cost Index: 1.03 (goal <1.01)

- Sepsis 1.03 (goal <0.98)
- Pneumonia 1.03 (goal <0.93)
- Heart Failure 1.14 (goal <1.03)

SAFETY

Patient Safety Indicators: 0

Falls: 11 (BH – 1, Stephenson St – 1, 3E/3N – 4, Telemetry – 1, ED – 1, Admitting Department – 1, Retinal Clinic – 1)

SSI Rate: 1/153 cases (Goal 0)

THA/TKA Complication 2.67% (Goal <1.48%)

Incidents: 112

Top Reporting Department: 3E Med/Surg (21)

PATIENT CENTEREDNESS

Patient Experience Overall Scores

	Goals	Surveys	Top Box	Percentile
Hospice 0-10		29	88.89%	52
Cancer Center	87.0	169	86.79%	59
Office Practices	84.0	5413	83.32%	49
Ambulatory Surgery 0-10		144	79.86%	9
Inpatient Departments 0-10		279	67.74%	35
Emergency Department	68.7	572	65.97%	35

42 Reported Grievances this month, 20 Concerns

EFFECTIVENESS

Readmission Rate: 10.7% (goal <8.6%)

Excess Days: 15.19 (goal <4.9)

	Readmissions	Excess Days
Sepsis	12.6 (Goal <10.7)	2.49 (Goal <0.31)
Pneumonia	9.8 (Goal <10.2)	13.35 (Goal <2.38)
CHF	14 (Goal <14.8)	27.63 (Goal <2.32)

NSTEMI: non ST Elevation MI; DRG: Diagnosis Related Group; SSI: Surgical Site Infection; THA/TKA: Total Hip/Total Knee Arthroplasty; CHF: Congestive Heart Failure. Source: FHN Scorecard, Vizient & Press Ganey Data.

Mortality

Goals of Care Completed	309	↑
Advance Direct. Complete	87.00%	↓
Hospice Utilization (Goal <4%)	0.00%	=

Stroke Transfer (Goal 150 min)	152 min	↑
LWOBS (Goal <1%)	1.90%	↑
AMA/Elopements #	25	↑

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ED Arrive to Care Space	15	↑
ED Door to Doc (goal 30 min)	44.55 min	↓
ED Arrive/Discharge (goal 150 min)	255 min	↑

Equity

No identified clinical inequities in focused areas (NSTEMI mortality, Troponin timing, Sepsis lactate and mortality

Efficiency

Portal Enrollment (Goal 22/mo)	195	↑
% of Calls Answered	91.40%	↑
Copay Collections	67.1%	↓
Annual Wellness Visits (Goal >24%)	19.35%	↑

Inpt Length of Stay (<4.33 days)	4.2	=
OBS Length of Stay (<1.59 days)	1.7	↓
GMLOS (goal 0 days)	0.6	=
Discharge Delay (goal <90 min)	123 min	↑

(Time between order to departure)

Patient Centeredness

	3 East	3North	2North	Tele	ICU	OB	Total
Nurse Communication	81.33	81.33	81.33	85.92	85.92	93.6	83.67
Responsiveness	65.42	65.42	65.42	69.74	69.74	83.86	68.18
Comm about Medications	60.87	60.87	60.87	64.18	64.18	93.24	64.52
Discharge Information	88.46	88.46	88.46	88.37	88.37	96.41	89.06
Quietness	61.28	61.28	61.28	56.2	56.2	94.25	61.82
# Surveys Returned	117	→	→	64	→	13	194

Effectiveness

Overall Readmission Rate (Goal <9.3%)	11.50%	↑
Overall Excess Days Rate (Goal <5.29)	16.29	↑
Unplanned reoperations	1.31%	↑
72 Hour Return to ED	17	

Safety

Surg Service Falls	0
Surg Site Infection	1/153
Hip/Knee Comp (Goal <1.11)	4.76%
Immediate Use Sterilization	3.88%
SS Patient Scanning	99.65%
SS Medication Scanning	98.03%

Inpatient Falls	4	=
Locations: 3N (1), 3E (3)		
Health Acq Press Injury (Goal <0.51)	0	=
Surgical Site Infect (Goal 0)	1/153	=
Sepsis Compliance (Goal 75%)	57%	↓

Barcode Scanning	Patient	Medication
Overall	99.72%	98.90%
Med/Surg	99.80%	99.15%
Telemetry	99.56%	99.19%
ICU	99.97%	99.38%

Source: FHN Scorecard, Vizient & Press Ganey Data

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Empowered Leaders

43		GOAL 1: Outpatient Patient Satisfaction	12/31/25		🟢	
44		GOAL 2: Support Staff Timely Patient Scheduling	12/31/25		🟢	
45		GOAL 3: Inpatient HCAHP Score Discharge Information = >/ 89.9	12/31/25		🟢	
46		GOAL 4: Inclusivity Training	12/31/25		🟢	
47		GOAL 5: Clinical Inpatient/Outpatient: Annual Competency Completion	06/30/25		🟢	
48		GOAL 6: Support Staff Completion of One Annual Wellness Training	12/31/25		🟡	
49		GOAL 7: Inpatient Patient Care Board Updates	12/31/25		🟡	Care Boards not working at times, items not carrying over consistently since upgrade, alternative way to check information being entered, but still may not be present for patient. :(
50		GOAL 8: Clinical Fall Prevention Education and Screening	12/31/25		🟢	
51		GOAL 9: Outpatient Front and Back Office Downtime Procedures	12/31/25		🔴	Tine for PSRs to work on this, may need to cover sections during monthly meetings
52		GOAL 10: Quarterly Chart Audits	12/31/25		🟢	
53		GOAL 11: Preventing Clinical Burnout	12/31/25		🟢	
54		GOAL 12: Insurance Verification and Accuracy	12/31/25		🟢	Time may be a factor, but unlikely; twice per month quizzes may be excessive. Would recommend once per month moving forward.
55		GOAL 13: Co-pay Collection Rate	12/31/25		🟢	
56		GOAL 14: Clinical Productivity	12/31/25		⚫	Still unable to track with Paycom productive hours worked barrier,
57		GOAL 15: Inpatient OT Utilization	12/31/25		🟢	Stabilizing volumes with return to OT Eval and Treat on Stoke Order Set. Values should not be this low. This is due to staffing and open OT position. Hired OT who will start 6/23. :)
58		GOAL 16: Outpatient No Show Cancel Rate Reduction	12/31/25		🟢	
59		GOAL 17: Pediatric Outpatient No Show Cancel Rate Reduction	12/31/25		🟢	

PSR: Patient Service Representative; OT: Occupational Therapy. Source: FHN Project Plans.

Commitment to Learning From Others

Excellence @ Work: JOE Report

PHARMACY

Goal Progress and Updates

Director: Sarah Kramer

What is going well?

- Pharmacist engagement
- IT partnership - creation of pharmacy specific documentation

The goal I am most excited about:

- Pharmacist led discharge medication counseling

Metric to watch:

- Percentage of discharged inpatients that receive discharge medication counseling from a pharmacist; aiming for 75%
- Readmission trends paired with our metrics

Areas of risk or concern:

- Staffing
- Communication - Vocera

Processes changed/being reviewed due to goals:

- Real-time improvements and changes to the counseling process
- Pharmacist workflow

FHN JOE Journey of Excellence

Excellence @ Work: JOE Report

REHAB SERVICES

Goal Progress and Updates

Jessica Currier, PT, MPT

Operations Leader: Jennifer Thompson, ATC

What is going well?

- Early start
- Teamwork and focus

The goal I am most excited about:

- Fall Prevention Education and Screening (Mortality)
- Virtual Care Platform
- Appointment scheduling within 48 hours of referral (Patient Centeredness)
- Care Board Updates (Safety)

Metric to watch:

- No Show and Cancel Rates Burchard

Targets	Jan 2025	Final 2024
Burchard OP ≤18.0%	19.63%	19.01%
Peds/Speech ≤24.0%	20.16%	25.02%

Areas of risk or concern:

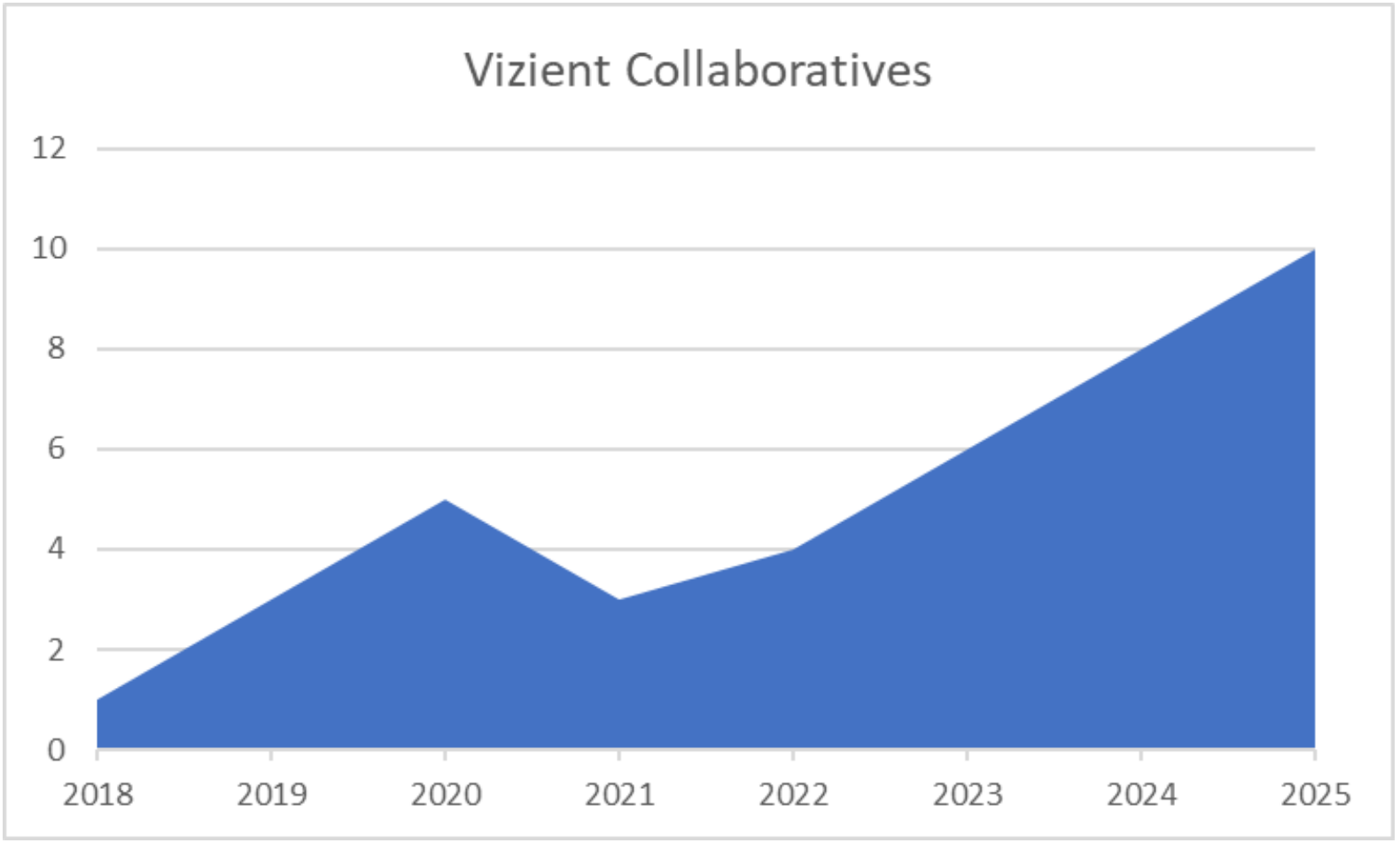
- Productivity Tracking (HR/Payroll/Paycom)
- Time to monitor and track

Processes changed/being reviewed due to goals:

- Clinical Chart Audits now scored
- Remote Therapeutic Monitoring options
- Insurance Verification Monitoring

FHN JOE Journey of Excellence

Commitment to Learning from Others



Source: Vizient

Delivering Healthcare Excellence to Our Communities

Journey of Excellence

Nurse Practitioner

Data Range: 1/1/25 – 4/22/25

Efficiency:

Panel Size: 2013
Average # of patients seen per day: 17.52
Average # of patients seen per week: 63.50
Fill Rate: 89.6%
No Show Rate: 6.92%

Safety:

Outstanding Results Notification: 4 >7 days
Average # days outstanding: 19.25 days

Provider Rounding Metrics – 2025

Effectiveness:

Readmission Rate (overall):12.4%
PCP Specific Revisit Rate: 23%
Chart Closure Rate: 0.15 days
3rd Next Avail 15 min Apt: 0 business days

Patient Centeredness:

Concerns/Grievances for Provider: 0
Current Provider PEX Score: 84.4%
Ranking: 25/48

Population Health:

% Addressed and Returned Rate (yellow sheets): 64/68 (94.11%)
Medicare Wellness Visits Coded: 136/403 (33.74%)
All Payer Wellness Visits Coded: 587/2013 (29.16%)

PEX: Patient Experience. Source: FHN Internal Data, Press Ganey.

Commitment to Never Return to Slow Processes

Safe Table / Root Cause Analysis (RCA)

A Scientific Methodology for Analyzing Performance Variation Leading to Errors

Date/time of event	Location of event	Date/Time of event reporting	Person reporting event

Date of Safe Table / RCA	Attendees:

Objectively describe the event that occurred (the facts)

Overall organizational frequency of occurrence of the event and follow-up to mitigate
Using risk event data determine frequency over time and follow-up or not

Objectively describe contributing factors (process, people, system, other)

Understanding the problem and getting to the root cause(s)
Use 5 Why's (may be more than one root cause) or complete a Fishbone Diagram (Cause and Effect)

Desired state
This is what you want to happen in the future

Implementation plan
What needs to be done to achieve desired state

What	How	Who	Completion

Risk reduction strategies (countermeasures)
If we do this, how might it fail? List any along with strategies to prevent.

How will you measure the success of change(s)?

Source: Vizient/FHN

Lessons Learned

- It is easy to forget the path you want to be on when day to day challenges are presented. Define your journey carefully and align your work to achieve your goals.
- Balance the energy with your talent.
- When we lose our way, we refine our work back to the True North – Healthcare Excellence for our Communities.
- Remember change management strategies, define expectations, build accountability.

Key Takeaways

- Are your strategic quality plans aligned with your goals?
- Are they actionable and cascaded properly? The staff RN at the bedside should not be accountable to the overall readmission rate. Consider instead a metrics such as Understood Discharge Instructions – attainable by that person.
- Stretch leaders' talents, be creative – BUT be prepared for hurt feelings (this is your coaching moment)

Questions?

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