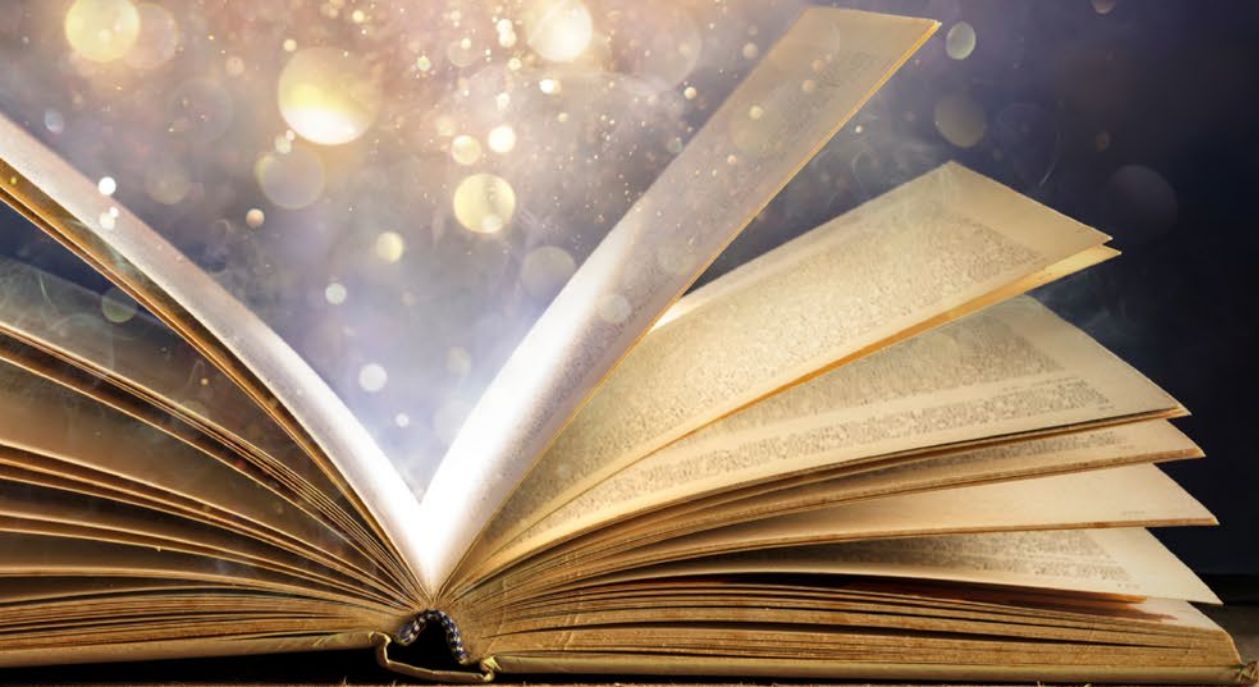VIZIENT CONNECTIONS SUMMIT

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Orchestrating Quality Excellence: A Strategic Management Model for Multi-Hospital Systems

Zarrina Bobokalonova, RN, MSN, BEc, Vice President, Quality and Safety, Memorial Hermann Health System

Phillip Chang, MD, MBA, FACS, Chief Medical and Quality Officer, CommonSpirit Health

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Learning Objectives

- Describe the components of a three-tiered quality management structure that effectively drives system-wide clinical improvement.

- Explain using integrated leadership models to accelerate quality improvement initiatives.

Orchestrating Quality Excellence: A Strategic Management Model for Multi-Hospital Systems

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Memorial Hermann Health System (MHHS)

Memorial Hermann By the Numbers: FY 2024

117 YEARS
SERVING THE COMMUNITY

1.8 MILLION
PATIENT ENCOUNTERS

4,200+
LIFE FLIGHT MISSIONS

30,215
BABIES DELIVERED

200,155
SURGERIES

781,683
EMERGENCY
ROOM VISITS

974,117
DIAGNOSTIC &
THERAPEUTIC VISITS

193,029
INPATIENT
ADMISSIONS

4,443
LICENSED BEDS

34,000+
EMPLOYEES

14,000+
LICENSED
REGISTERED NURSES

6,500+
ACTIVE MEDICAL
STAFF

260+
CARE DELIVERY
SITES

$470 MILLION
COMMUNITY CONTRIBUTION
(total amount provided in FY23)

$8.6 BILLION
FY24 NET
OPERATING REVENUE

MHHS Recognitions

Bernard A Birnbaum, MD

Quality Leadership

TOP PERFORMER 2024

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Texas Medical Center
The Woodlands

LEAPFROG HOSPITAL SAFETY GRADE
A B C D F

Sugar Land
Katy

BEST HOSPITALS
U.S.News & WORLD REPORT
2024-2025

#2 Best in Rehab:
TIRR Memorial Hermann

Memorial Hermann Hospital
Children's Memorial Hermann
Greater Heights

MAGNET RECOGNIZED
AMERICAN NURSES
CREDENTIALING CENTER

Texas Medical Center
Cypress
Memorial City
Greater Heights
The Woodlands
Southwest
Southeast
Sugar Land
Katy

NCDR®
AMERICAN COLLEGE of CARDIOLOGY®

CHEST PAIN - MI REGISTRY™

Texas Medical Center
Cypress
Memorial City
Greater Heights
The Woodlands
Southwest
Southeast
Northeast
Sugar Land
Katy
Pearland

ACS / AMERICAN COLLEGE OF SURGEONS

Meritorious Recognition:
The Medical Center
Memorial City
Sugar Land

STS National Database™
Trusted. Transformed. Real-Time.
Participant 2025

Crisis Catalyzed Comprehensive Transformation

From Scattered Quality Efforts to Integrated Excellence Architecture

Before: Musical Chaos

After: Harmonious Symphony

Spring 2023: Leapfrog Crisis
8 of 11 Hospitals Deteriorate

FY 2025: Quality Excellence
Measurable Results

Leapfrog Crisis Revealed System Opportunities

8 of 11 hospitals required urgent structural intervention

Spring 2023: The Wake-Up Call

Sweeping degradation of Leapfrog scores across our system

8 of 11 hospitals experienced Leapfrog score declines

Reputation and patient trust at stake

Urgent need for comprehensive organizational response

Leapfrog Safety Grades Dropped Significantly with 73% of Hospitals Showing Performance Deterioration

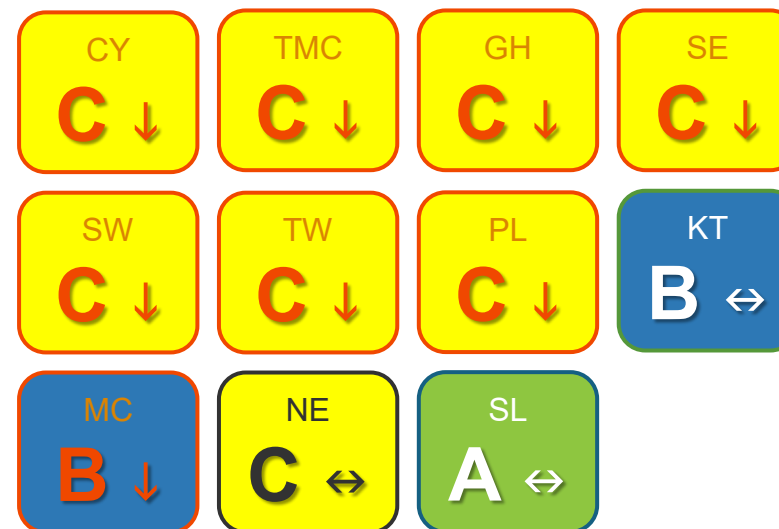Cross-facility decline pattern suggests systemic issues requiring board-level intervention

Most significant quarterly performance drop in system history.

73%

8 of 11 hospitals declined by one-letter grade

8 of 11

Hospitals with Safety Grade "C"

Spring 2023 Leapfrog Safety Grades By Campus

CY **C** ↓	TMC **C** ↓	GH **C** ↓	SE **C** ↓
SW **C** ↓	TW **C** ↓	PL **C** ↓	KT **B** ↔
MC **B** ↓	NE **C** ↔	SL **A** ↔	

↓ Decreased by one-letter grade
↔ No change in safety grade from

Baseline Assessment Exposed Critical Gaps

Quality Variation Across 11 Campuses Demanded Strategic Response

Pre-Intervention Assessment Across 11 Campuses

Mortality Metrics

Variation across campuses with significant opportunities for improvement.

Hospital Acquired Infections

Infection rates above desired benchmarks.

Patient Safety Indicators

Inconsistent performance in safety measures.

Readmissions

Transition challenges.

Documentation
Coding accuracy.

Fragmented performance efforts across campuses created discordant outcomes.

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Root Cause Analysis Identified Five Structural Deficits

Fragmentation, Leadership Gaps, and Reactive Management

Structural Problems Identified

| **Fragmented improvement efforts** across campuses | **Lack of standardized governance** structure | **Inconsistent leadership engagement** in quality initiatives | **Limited cross-functional collaboration** between domains | **Reactive vs. proactive** quality management approach |

Evidence-Based Response Framework Launched

Comprehensive Restructuring with Executive Commitment and Resources

January 2024: The Strategic Response

Evidence Review

Research-based governance model selection using proven frameworks

Crisis Recognition

QPSIC department acknowledges need for comprehensive restructuring

Strategic Planning

Design of three-tiered governance architecture with Quad leadership

Leadership Commitment

Executive sponsorship and dedicated resource allocation

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Three-Tiered Governance Architecture Established

Clear Authority Lines from Strategy to Implementation

Executive

Strategic

Tactical

Operational

SQC

CIC

MGTs

Task Force

Continuous Improvement:
Service Lines, Campuses, Physician Org, Nursing, Ambulatory

System **Q**uality **C**ommittee)

Board Level Engagement

Clinical **I**mprovement **C**ommittee

ELT Sponsorship
SVP Collaborative Partners

Management **G**uidance **T**eams

Led by a Quad Leadership :
Quality AVPs, COOs, CMOs, CNOs

(may be existing or newly formed by MGT)

Develop Key Interventions by SME Clinicians/Operators

Implement Interventions

Quad Leadership Model Breaks Down Silos

Four Perspectives Drive Integrated Decision-Making in Every Direction

Four Expert Perspectives in Every MGT

Quality
Quality Expert

Physician/CMO
Clinical Leader

CNO/COO
Operations Leader

Process Improvement
Improvement Specialist
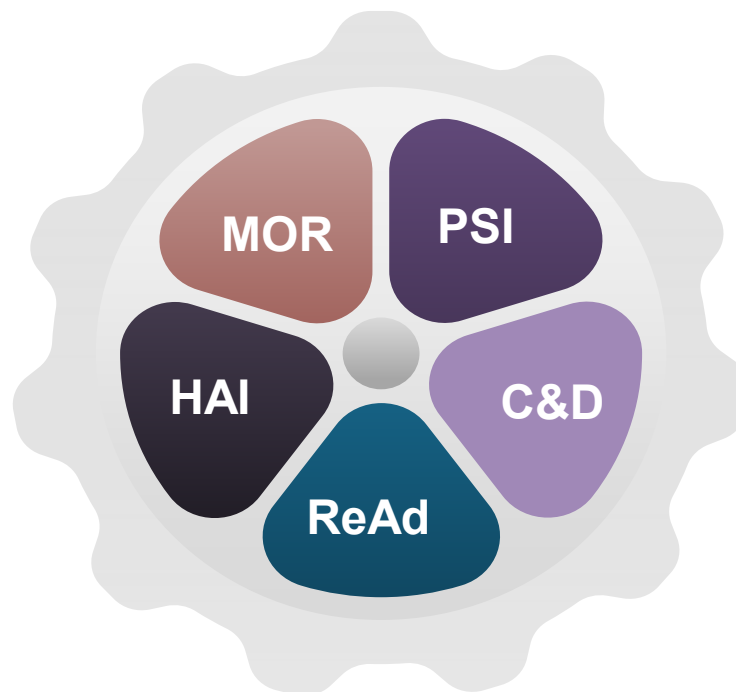
Five Specialized Teams Target Core Domains

27 Taskforces Execute Coordinated Quality Improvement Projects

Specialized Management Guidance Teams

Mortality MGT

Ensuring structural integrity of life-saving processes
Taskforces: 3.

Hospital-Acquired Infections
HAI MGT

Creating safe care environments.
Taskforces: 5.

Patient Safety Indicators
PSI MGT

Building protective systems and protocols
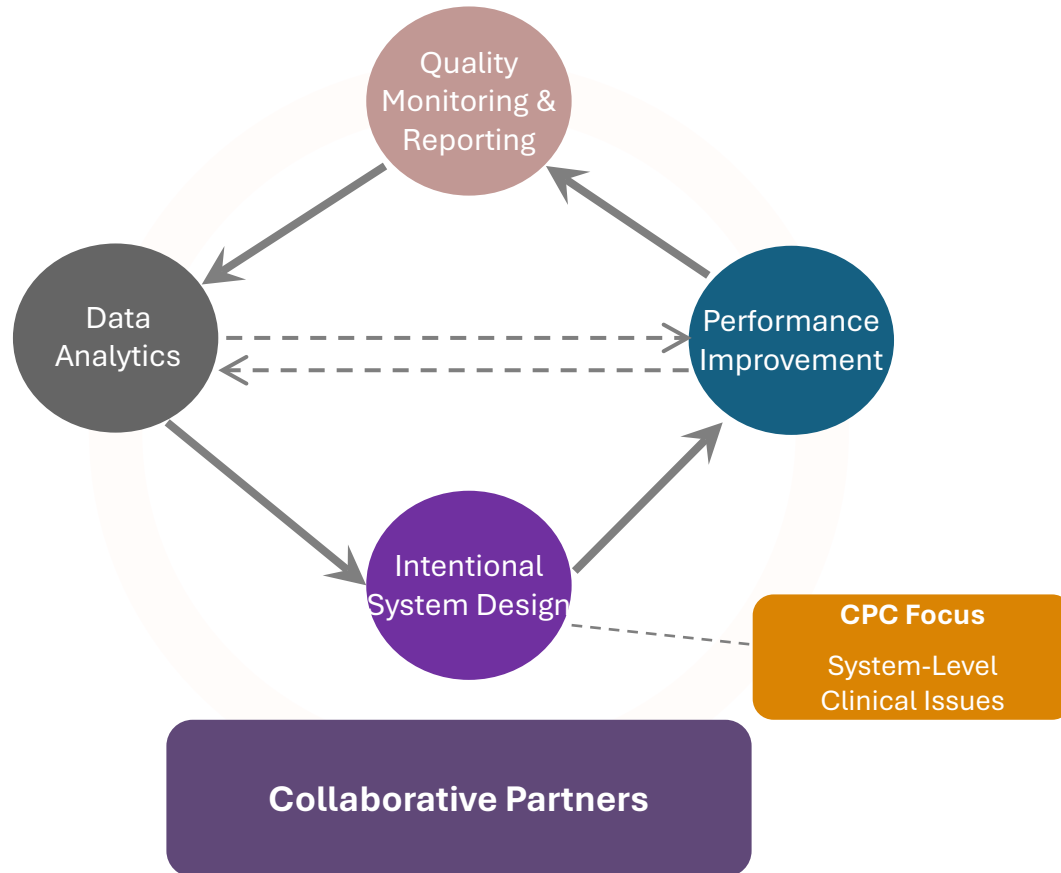*Taskforces: 8.*

Coding & Documentation
C&D MGT

Ensuring accurate processes and reporting.
Taskforces: 5.

Readmissions MGT

Preventing care failures and readmissions.
Taskforces: 6

MOR
PSI
HAI
C&D
ReAd

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System Clinical Improvement Process

Continuous Quality Enhancement Through Integrated Collaboration

- ❑ All improvement Begins and Ends with rigorous **Quality Monitoring and Reporting**

- ❑ **Data Analytics** and **Performance Improvement** work in tandem throughout the entire process

- ❑ Focus on **Intentional System** vs Local design and interventions

- ❑ **CPCs** strategically address system level clinical issues

- ❑ Success depends on **seamless collaboration** between all stakeholders (Nursing Institute, Nursing Education, Pharmacy, CPS, CCR, and QPSIC)
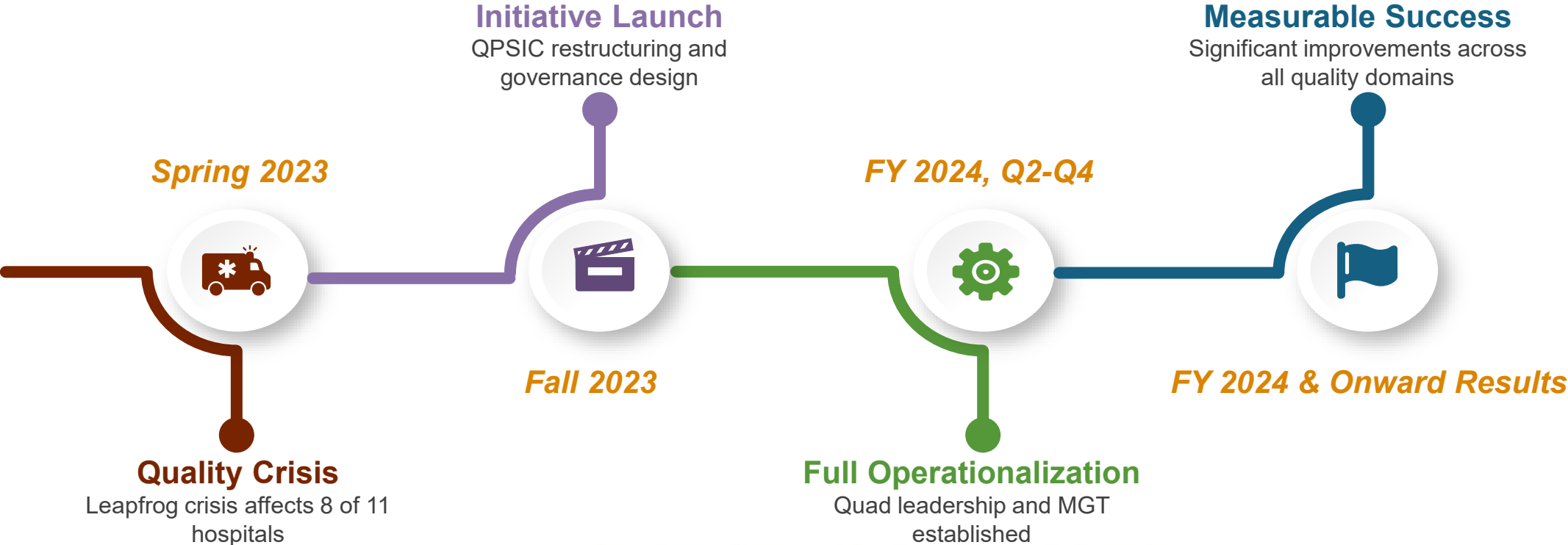
The Clinical Improvement Committee (CIC) oversees a systematic approach to quality improvement – not a linear journey but a continuous cycle.

Rapid Implementation Delivered Results

Timeline from Crisis Recognition to Measurable Excellence

Implementation Timeline: Crisis to Excellence

Initiative Launch
QPSIC restructuring and governance design

Measurable Success
Significant improvements across all quality domains

Spring 2023

FY 2024, Q2-Q4

Fall 2023

Quality Crisis
Leapfrog crisis affects 8 of 11 hospitals

FY 2024 & Onward Results

Full Operationalization
Quad leadership and MGT established

Operational Excellence Achieved System-Wide

100% Governance Activation with Significant Physician Engagement

Management Systems Successfully Operating

Governance Structure Results:

- 100% MGT operational with QUAD leadership

- 27 active taskforces with clear charters

- 90% meeting attendance across all levels

- Standardized reporting and accountability measures

Engagement & Performance:

- 85% physician engagement in quality initiatives

- Increased reporting accuracy to external entities

- Real-time monitoring systems operational

- Cross-functional collaboration established

Quantified Success Validates Approach

17-24% Improvements Across Critical Quality Metrics in 18 Months

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FY2023 (Baseline) vs FY2025: Measured Success

Quality Success Metrics

22% ↓
Mortality O/E Ratio
Foundation strengthened

37% ↓
PSI 90 Observed Incidences
Safety systems implemented

30% ↓
HAI Observed Incidences
Environment improved

Stable
Readmission Rate
Continued opportunity

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Rankings Improved with 91% of Campuses in Top 50 Percentile Rank

Baseline: FY23 Performance vs FY25 Period 3

91%

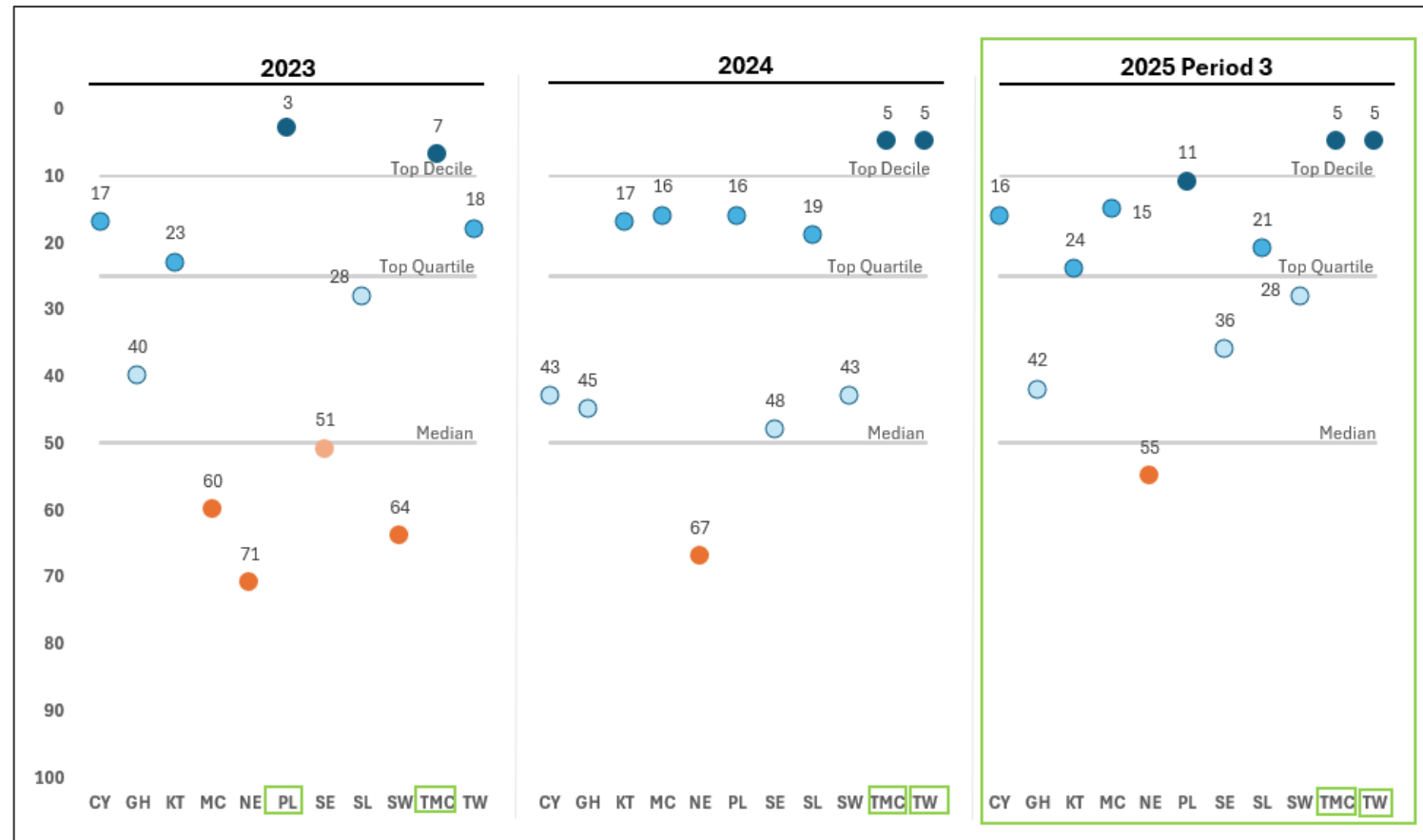10 of 11 hospitals in Vizient Top 50%

64%

7 of 11 hospitals in Vizient Top 25%

18%

2 of 11 hospitals in Vizient Top 10%

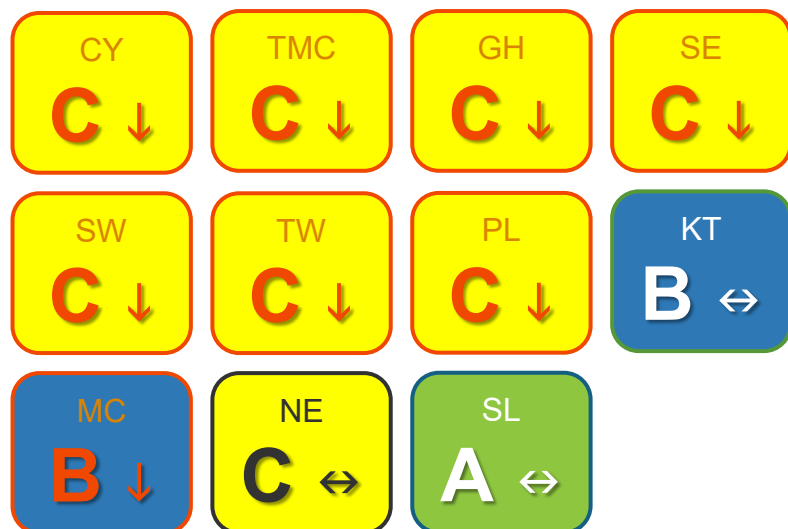Vizient Q&A Ranking: FY 2023 vs FY 2025 Period 3

Leapfrog Safety Grades Significantly Improved with No "C Grade" Campus

Systematic Governance Converts Crisis into Sustained Excellence

Spring 2023 Leapfrog Safety Grades By Campus

CY **C** ↓	TMC **C** ↓	GH **C** ↓	SE **C** ↓
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Spring 2025 Leapfrog Safety Grades By Campus

CY **B**	TMC **B**	GH **B**	SE **B**
SW **B**	TW **B**	PL **B**	KT **A**
MC **B**	NE **B**	SL **A**	

Learning Objectives - Demonstrated

Three-tiered Approach & Integrated Leadership Models Proven Effective

What you have learned today:

Describe the components of a three-tiered quality management structure that effectively drives system-wide clinical improvement.

- ☑ System Quality Committee (SQC) – Executive oversight
- ☑ Clinical Improvement Committee (CIC) – Strategic coordination
- ☑ Management Guidance Teams (MGT) – Tactical implementation
- ☑ Supporting DA and QMR

- Explain using integrated leadership models to accelerate quality improvement initiatives.
  - ☑ Quad leadership bringing 4 perspectives
  - ☑ Breaking down traditional silos
  - ☑ System-wide consistency with local flexibility

Lessons Learned

Crisis Catalyst, Data Foundation, and Cultural Change Critical to Success

✅ What Worked Well

- **Crisis as a catalyst:** Urgency drove comprehensive change rather than incremental adjustments.

- **QUAD leadership model**: All perspectives heard, no single discipline dominated.

- **Data infrastructure first**: Analytics foundation enables informed decision-making.

- **Executive commitment**: Leadership investment and resource allocation critical.

⚠️ Unexpected Challenges

- **Meeting fatigue:** Initial resistance to new governance structures.

- **Data complexity:** Standardization across 11 campuses more difficult than anticipated.

- **Physician engagement:** Required sustained, personal outreach and value demonstration.

- **Cultural change lag:** Process changes faster than mindset changes.

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Key Takeaways

Governance Structure, QUAD Teams, and Success Metrics Guide Implementation

🔨 **Organizational Elements to Build**

- **Strong governance structure** with clear accountability.

- **Cross-functional leadership teams** (QUAD model).

- **Data-driven decision-making** infrastructure.

- **Regular communication** and feedback loops.

- **Executive sponsorship** and resource commitment.

📈 **Success Metrics to Track**

- **Meeting attendance** and engagement levels.

- **Taskforce project** portfolio.

- **Outcomes metric** improvements.

- **Facility C-suite leadership participation** in improvement initiatives.

Replicable Blueprint Provides Foundation

Five Steps to Enable Rapid Quality Improvement Start

Immediate Actions You Can Take

1 **Conduct governance assessment**: Map your current quality structure gaps.

2 **Form QUAD teams**: Include quality, physician, nursing, and process improvement in every initiative.

3 **Establish data infrastructure**: Invest in analytics and monitoring capabilities.

4 **Create accountability measures**: Define clear metrics and regular reporting.

5 **Engage physicians and nursing/operations early**: Make clinical leaders partners, not participants.

The Symphony Continues

A harmonious symphony of coordinated excellence.

Questions?

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