REDUCING ILLUSION THROUGH PERFORMANCE MANAGEMENT READING HOSPITAL MEDICAL CENTER

JEAN CHENOWETH
SVP PERFORMANCE IMPROVEMENT &
100 TOP HOSPITALS PROGRAMS

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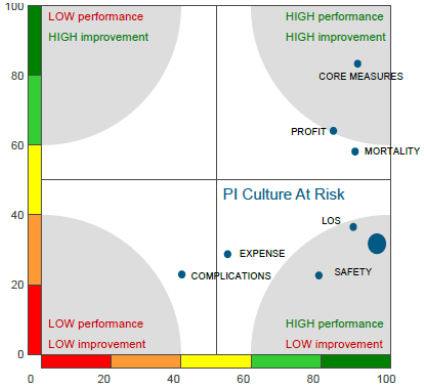
REGIONAL CLIENT EXECUTIVE
TRUVEN HEALTH ANALYTICS

TRUVEN HEALTH ANALYTICS

TRUVEN HEALTH ANALYTICS 100 TOP HOSPITALS

- National Balanced Scorecards for Hospitals, Systems



- Measurement of Leadership Impact and Value
  - 19 year development and field testing effort
  - Balanced scorecard theory – Norton and Kaplan, Harvard University
  - Validation of hospital balanced scorecard – Griffith and Alexander, U of MI
  - Selected to validate relative performance of Baldrige Award winners
  - Objective statistical analysis of public data, updated annually
  - Peer-reviewed risk and severity adjustment and methodologies

TRUVEN HEALTH ANALYTICS

100 TOP SELECTED TO VALIDATE BALDRIGE

Baldrige Award considered “gold standard” for quality\

National Institute of Standards and Technology (NIST) requested independent validation of Baldrige award winner performance

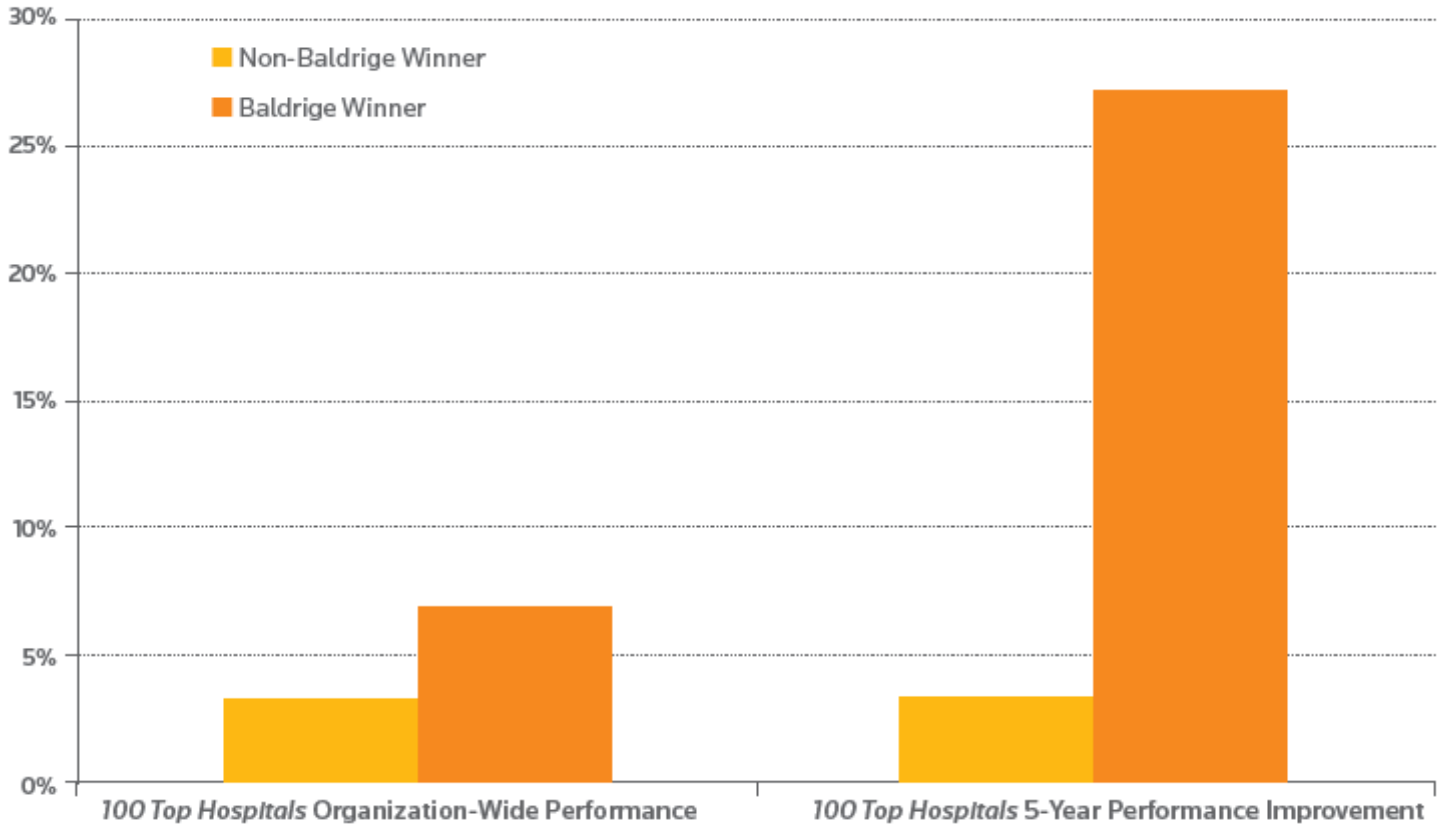
NIST and ACHE released research on Oct 2011

http://www.nist.gov/baldrige/baldrige-102511.cfm

TRUVEN HEALTH ANALYTICS

BALDRIGE WINNERS SIGNIFICANTLY OUTPERFORM PEERS

FIGURE 1: HOSPITALS ACHIEVING *100 TOP HOSPITALS* STATUS IN PERFORMANCE AND IMPROVEMENT*



*Organization-wide performance includes data years 2002–2009. Five-year improvement includes data years 2005–2009.

TRUVEN HEALTH ANALYTICS

SOURCE: Comparison of Baldrige Applicants and Award Recipients with Peer Hospitals on a National Balanced Scorecard. Foster, D.A. and Chenoweth, J., Truven Health Analytics, 2011

100 TOP HOSPITALS®, 2012
FIVE CLASSES FOR VALID BENCHMARKS

ADJUSTMENT FOR FACILITY-LEVEL DATA

Hospital Classes - The Comparison Groups	Winners	Total # Hosps
Major Teaching Hospitals – three ways to qualify: 400+ beds plus 0.25 IR/bed ratio and - 10 GME sponsored programs OR - 20 GME programs total 30 GME programs total (regardless of beds or IR/bed ratios) 0.60 IR/Bed ratio (regardless of beds or GME count)	15	197
Teaching Hospitals – 200+ beds and - 0.03 IR/bed ratio OR - 3 GME programs total	25	421
Large Community Hospitals – 250+ beds; NOT teaching	20	326
Medium Community Hospitals – 100 to 249 beds; NOT teaching	20	1,024
Small Community Hospitals – 25 to 99 beds; NOT teaching	20	918
2012 National In-Study Hospital Totals	**100**	**2,886**

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100 TOP HOSPITALS®, 2012 PERFORMANCE DOMAINS

QUALITY	WEIGHT
Risk-Adjusted Mortality Index	1
Risk-Adjusted Complications Index	1
Risk-Adjusted Patient Safety Index	1
Core Measures Mean Percent	1
EXTENDED OUTCOMES	
30 Day Mortality Rates (Heart Attack, Heart Failure, Pneumonia)	1/2
30 Day Readmission Rates (Heart Attack, Heart Failure, Pneumonia)	1/2
EFFICIENCY	
Severity-Adjusted Average Length of Stay	1
Inpatient Expense per Discharge (Area Wage Index and Case mix-Adjusted)	1
FINANCIAL STABILITY	
Adjusted Operating Profit Margin	1
PATIENT PERCEPTION OF CARE	
HCAHPS Score (Consumers Overall Hospital Rating)	1

Note: Trend data for 30 Day Mortality & Readmission rates not available

TRUVEN HEALTH ANALYTICS

100 TOP HOSPITALS, 2012
DATA SOURCES – CURRENT & TREND PROFILES

Measure	Data Source/Data Period
Mortality, Complications indexes	MedPAR Federal Fiscal Year (FFY) 2005-2010 *(Two years of data, combined, for each study year)*
Composite Patient Safety Index *(10 PSIs in current and trend profiles)*	MedPAR FFY 2005-2010 *(Two years of data, combined, for each study year)*
Core Measures Mean Percent Heart Attack (AMI), Heart Failure (HF), Pneumonia (PN), Surgical Care (Surg)	CMS Hospital Compare Q2 Releases FFY 2006-2010
30 Day Mortality Rates (AMI, HF, PN) 30 Day Readmission Rates (AMI, HF, PN)	CMS Hospital Compare 2011 Q2 Release 3 yr combined data set: July 1, 2007-June 30, 2010 *(Trend data not available)*
Average Length of Stay (ALOS)	MedPAR FFY 2006-2010
Inpatient Expense per Discharge Operating Profit Margin	HCRIS Q4 Releases Hospital Cost Reports ending in calendar yrs 2006-2010
HCAHPS (Overall Rating Question)	CMS Hospital Compare Q2 Releases FFY 2007-2010

TRUVEN HEALTH ANALYTICS

LEADERSHIP MATTERS
LEADERSHIP CAN BE MEASURED

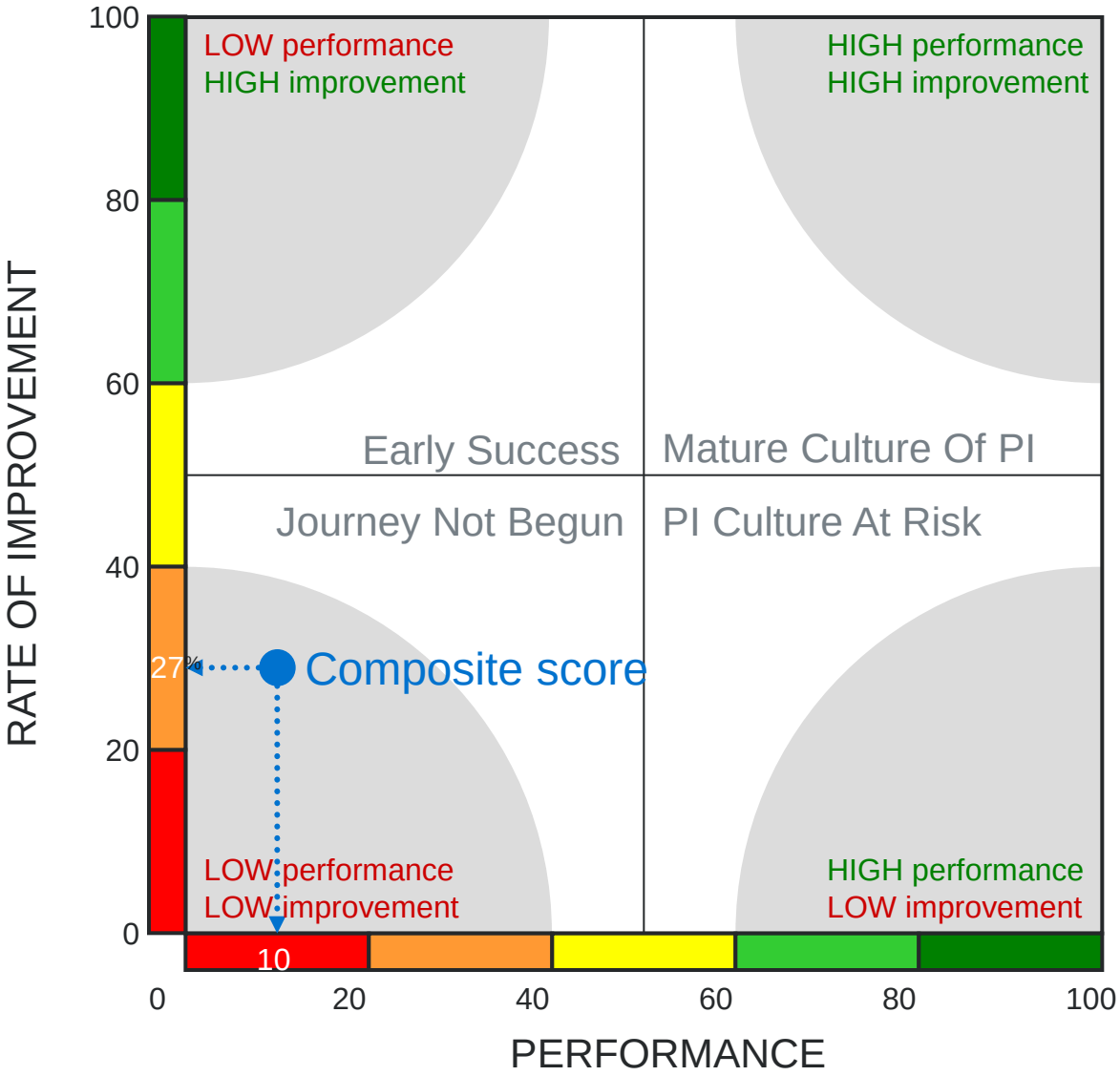
- Evidence-based management is now a growing science
- Relative performance on a national balanced scorecard is first scientific tool for measuring impact of leadership on balanced excellence
- Evolutionary stages of an organization can be identified
  - Relative success or failure to improve can be measured
  - Rates of improvement can be measured, compared
  - Resultant performance against national benchmarks can be compared
  - Degree of alignment can be compared

LEADERSHIP FOCUS IMPACTS WHOLE ORGANIZATION

LEADERS DO NOT AGREE ON JOURNEY, FOCUS.

LEADERS NOT ALIGNED.

LEADERS MUST START JOURNEY.



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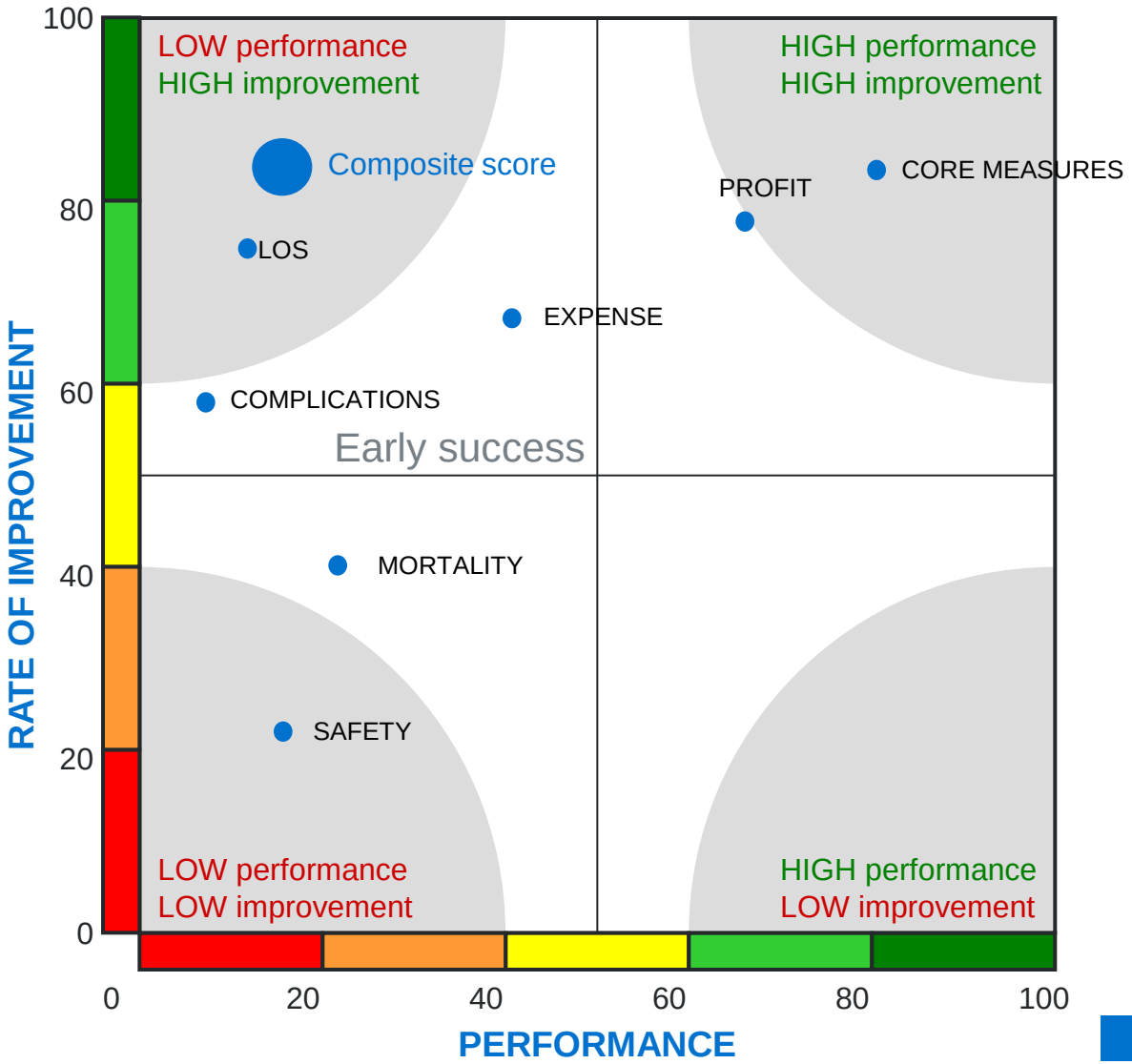
HOW ORGANIZATIONS IMPROVE

LEADERS FOCUSED ON MARGIN AND CORE MEASURES

LEADERS MUST SHIFT FOCUS

LEADERS KEEP PI RATE HIGH



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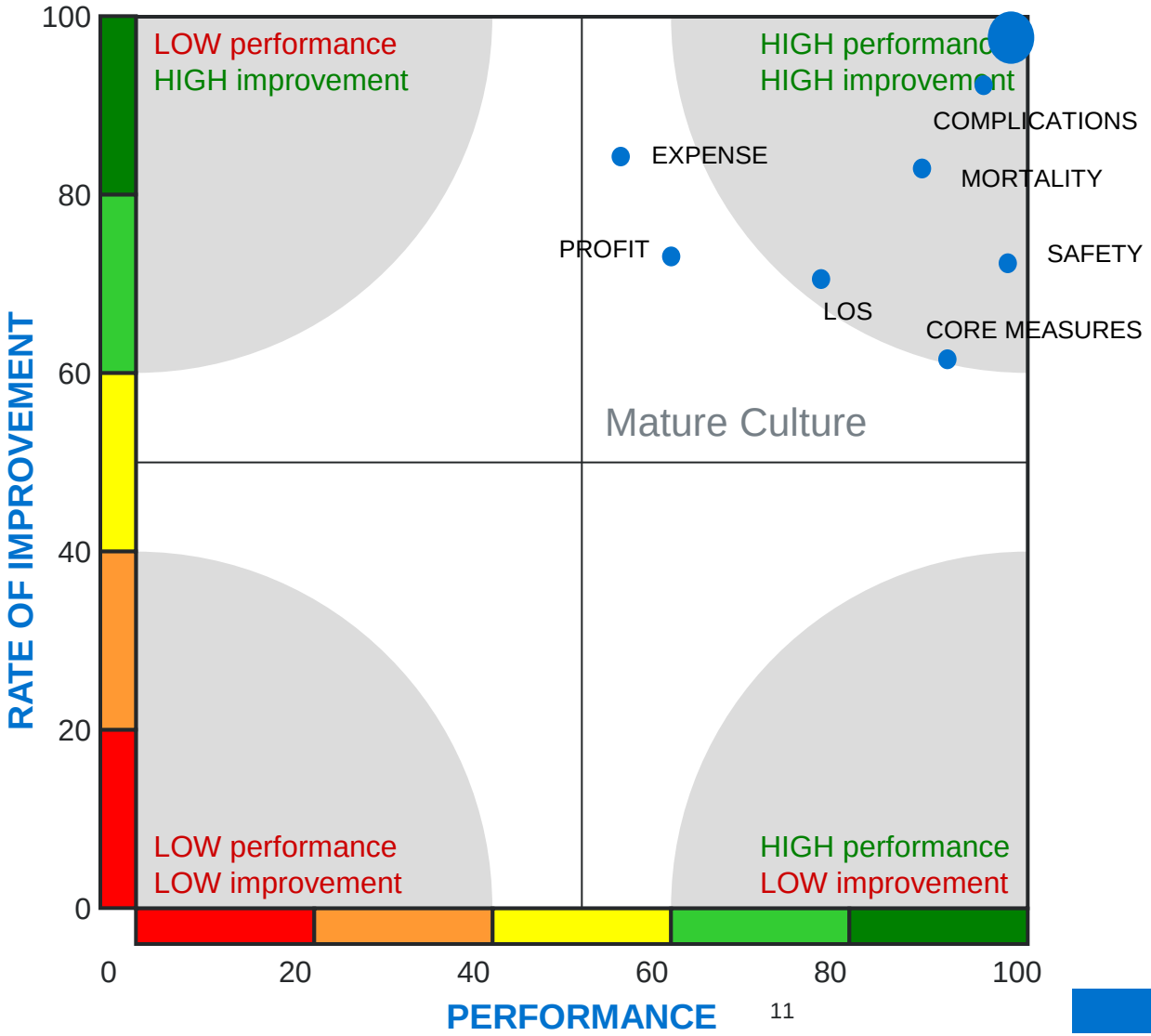
HIGHEST PERFORMANCE
HIGHEST IMPROVEMENT RATE

INNOVATION IS KEY

FREQUENCY- PLAN REVISION

COMMUNICATION & LANGUAGE

MEASURE, MEASURE



TRUVEN HEALTH ANALYTICS

PERFORMANCE DECLINE IS INSIDIOUS

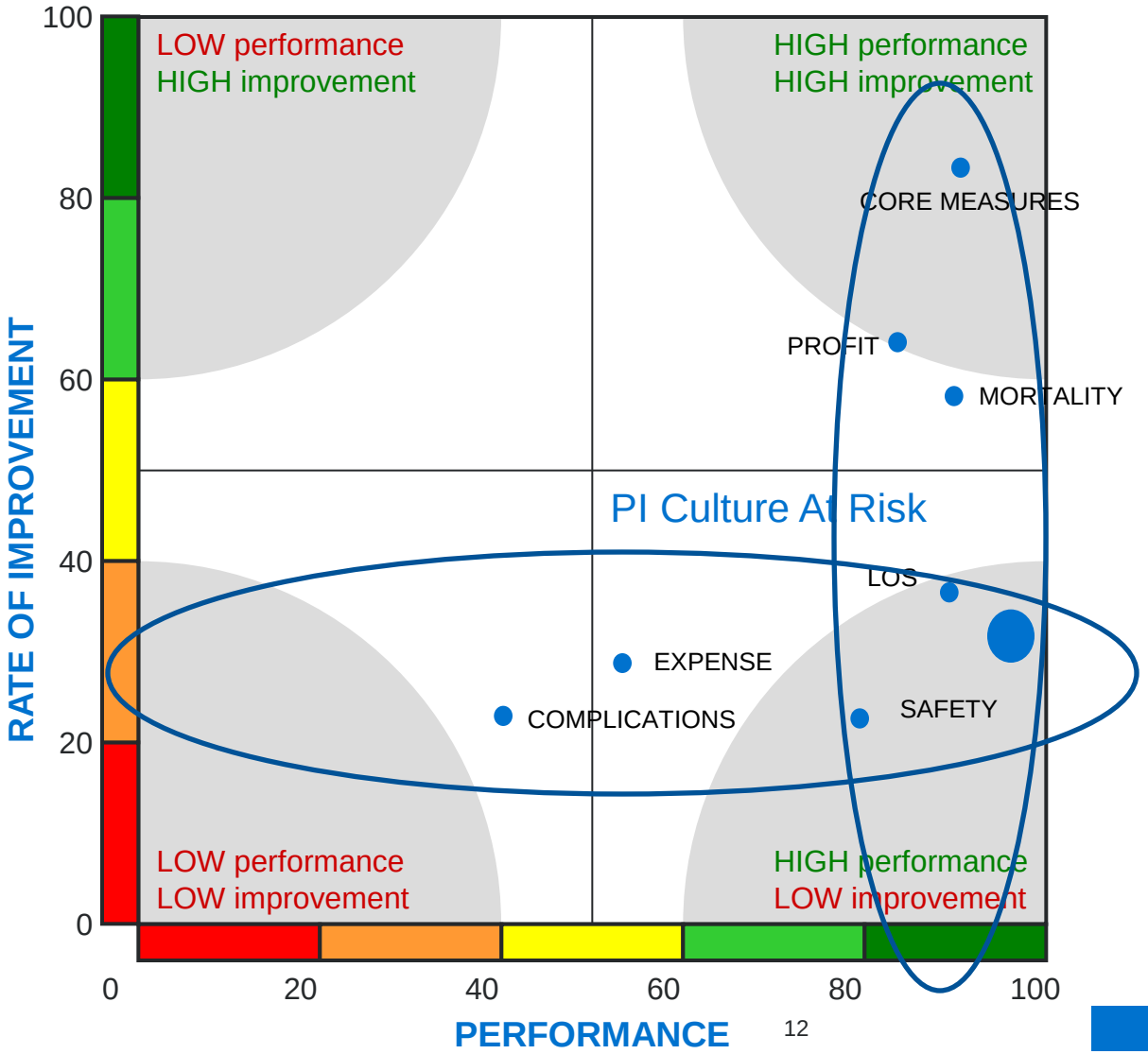
FALLING BEHIND

DON'T BELIEVE YOUR OWN PRESS.

KEEP FLY WHEEL TURNING ACROSS ORGANIZATION.

MONITOR RATE OF IMPROVEMENT

SET BETTER TARGETS.



TRUVEN HEALTH ANALYTICS

READING HOSPITAL MEDICAL CENTER

IMPACT OF LEADERSHIP

2012 100 TOP RESULTS

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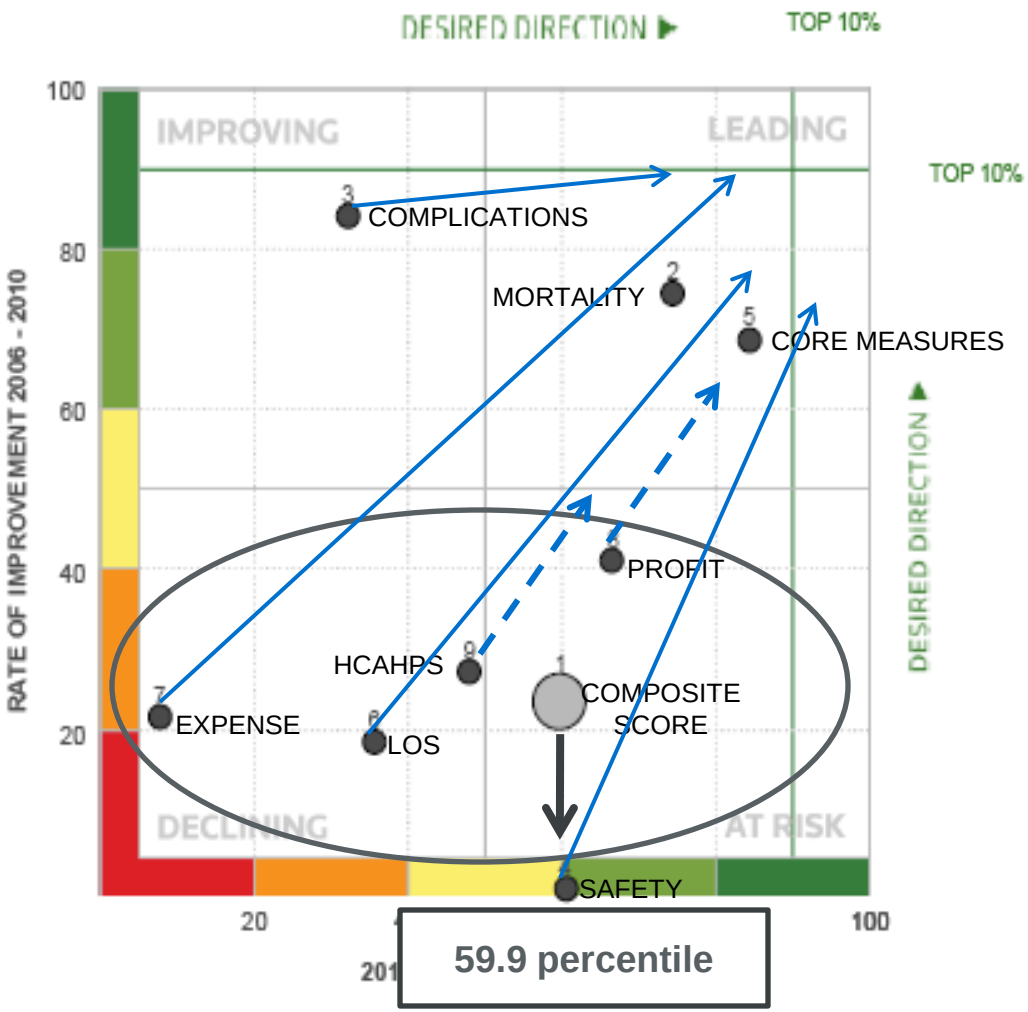
2012 READING HOSPITAL MEDICAL CENTER



• DATA POINTS •

1: OVERALL
2: Mortality
3: Complications
4: Patient Safety
5: Core Measures
6: ALOS
7: IP Expense/Disch
8: Op Profit Margin
9: HCAHPS

• QUINTILES •

- 80 TO 100
- 60 TO 80
- 40 TO 60
- 20 TO 40
- 0 TO 20

PROFILED HOSPITAL:

2010 Comparison Group: n = 421

2006 - 2010 Comparison Group: n = 428

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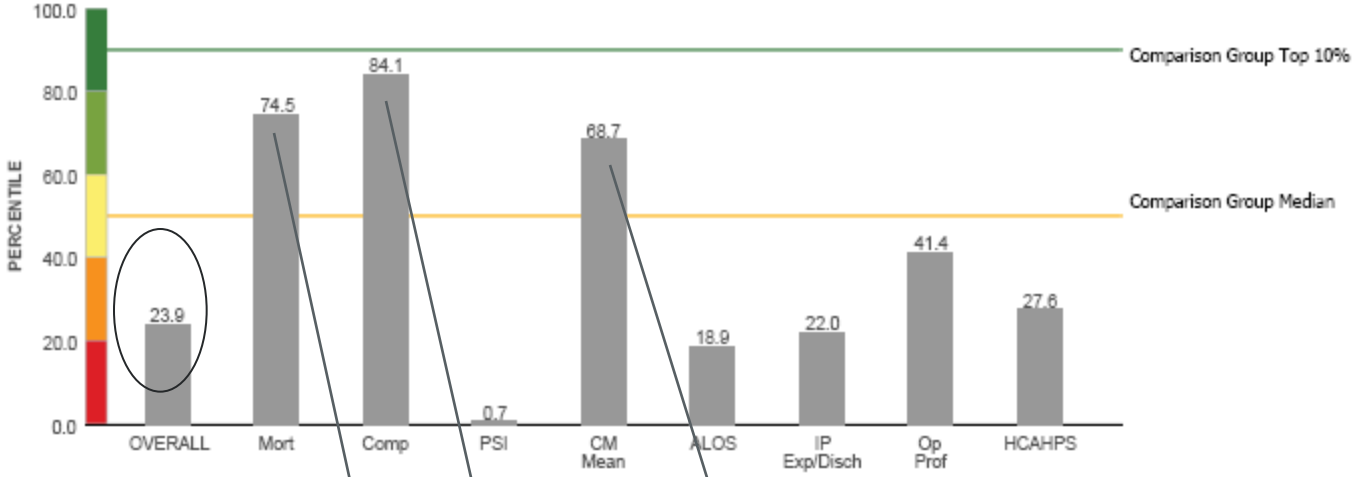
THE PATH: READING HOSPITAL MEDICAL CENTER

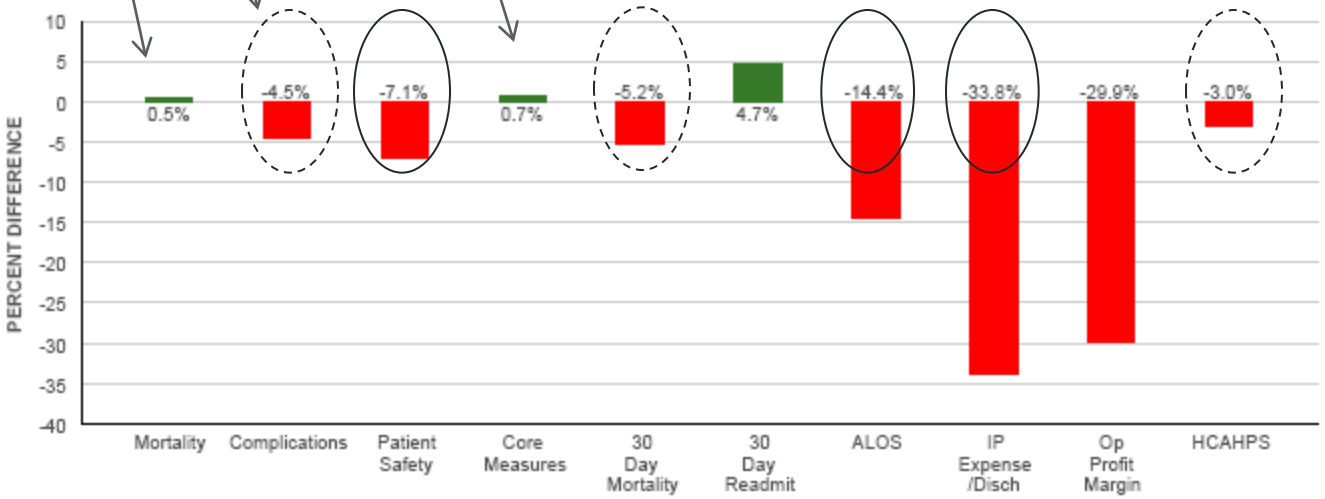
IMPACT OF IMPROVEMENT

Reading Hospital Medical Center Five Year Rate of Improvement in Percentiles – Comparison to Teaching Peers



RESULTS COMPARED TO NATIONAL BENCH

Reading Hospital Medical Center Comparison to 2012 Teaching National Benchmarks



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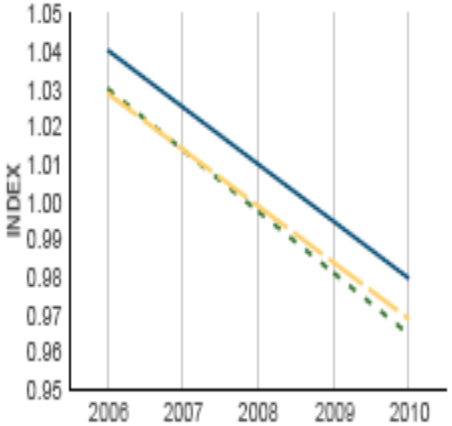
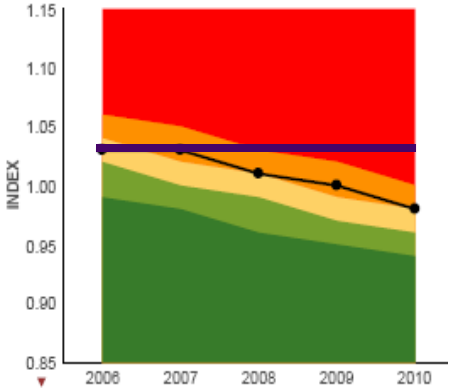
ALIGNMENT, 5 YR RATE OF IMPROVEMENT

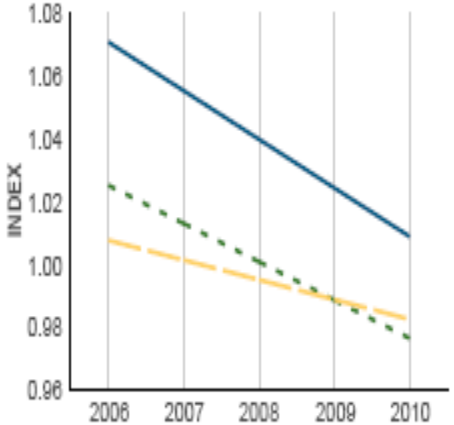
RISK-ADJUSTED MORTALITY INDEX



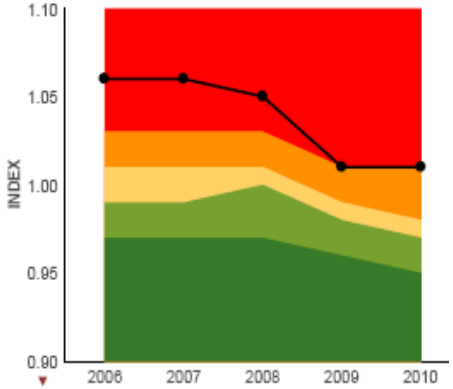
RISK-ADJUSTED MORTALITY INDEX



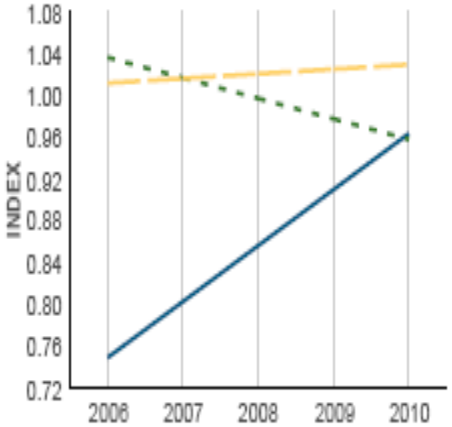
RISK-ADJUSTED COMPLICATIONS INDEX



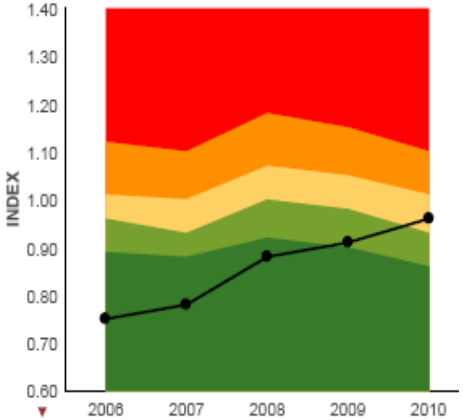
RISK-ADJUSTED COMPLICATIONS INDEX



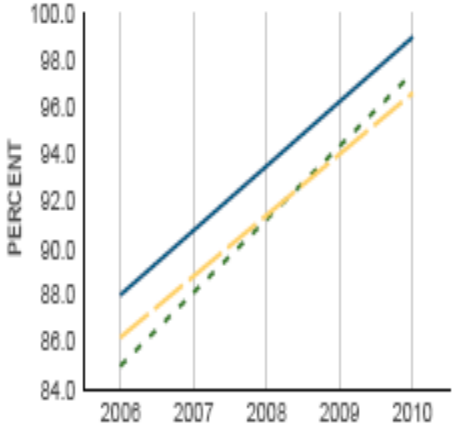
RISK-ADJUSTED PATIENT SAFETY INDEX



RISK-ADJUSTED PATIENT SAFETY INDEX



CORE MEASURES MEAN PERCENT



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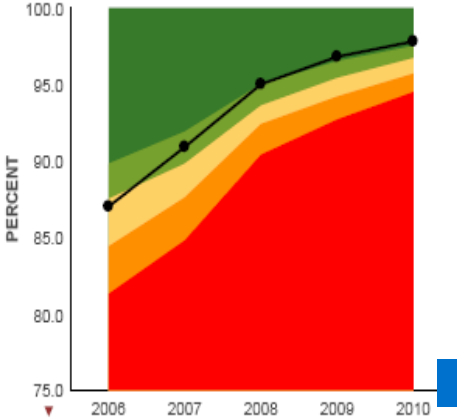

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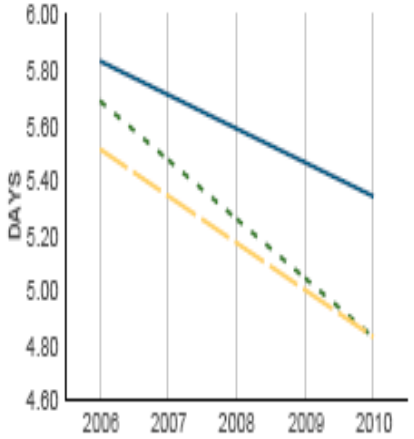
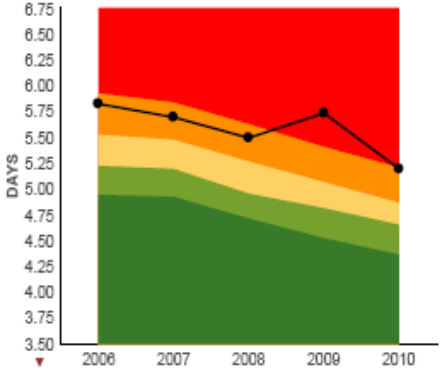
ALIGNMENT, 5 YR RATE OF IMPROVEMENT

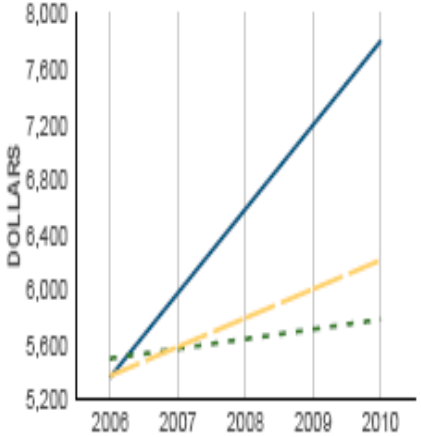
SEVERITY-ADJUSTED AVERAGE LENGTH OF STAY



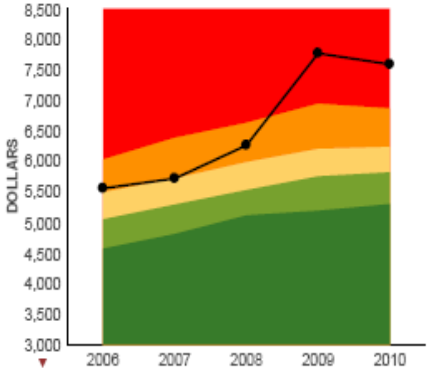
SEVERITY-ADJUSTED AVERAGE LENGTH OF STAY



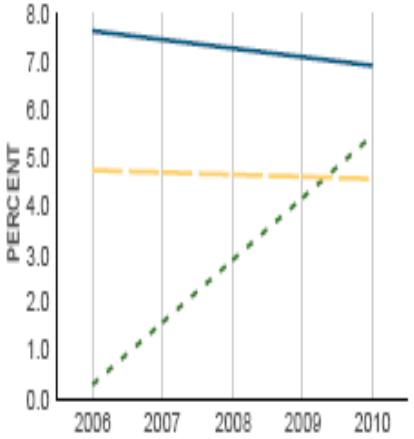
ADJUSTED INPATIENT EXPENSE PER DISCHARGE



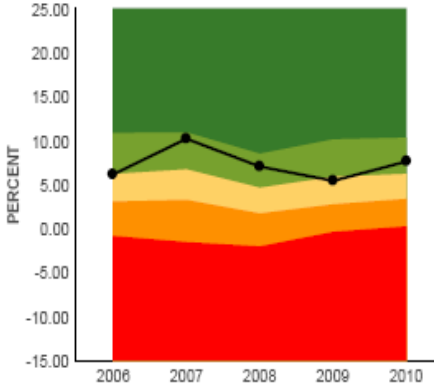
ADJUSTED INPATIENT EXPENSE PER DISCHARGE



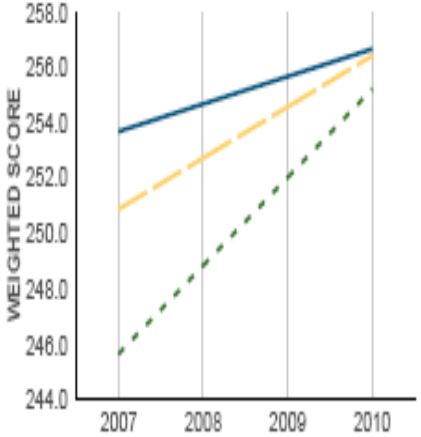
ADJUSTED OPERATING PROFIT MARGIN



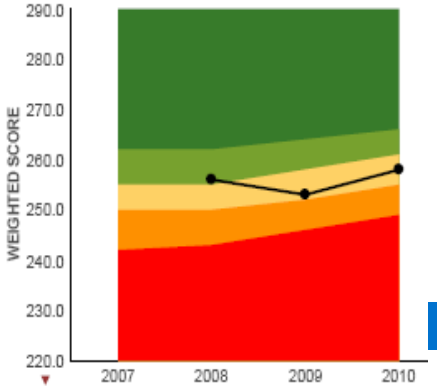
ADJUSTED OPERATING PROFIT MARGIN



HCAHPS SCORE OVERALL RATING

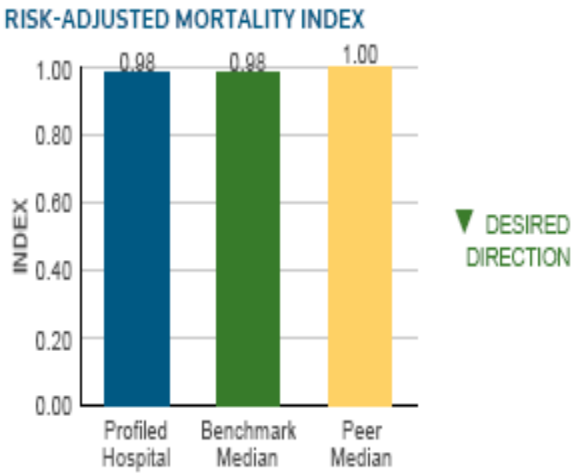


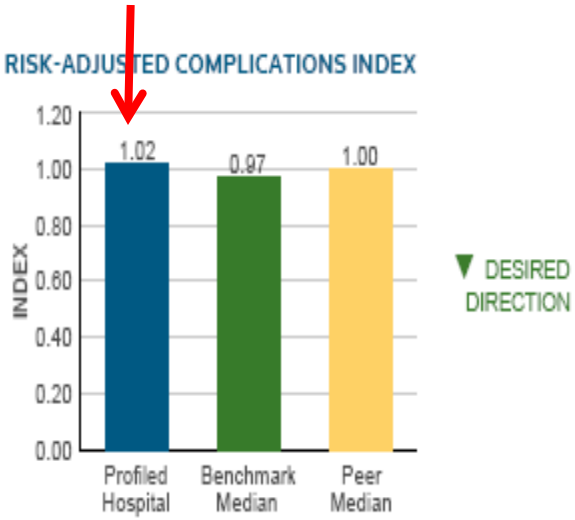
HCAHPS SCORE OVERALL RATING

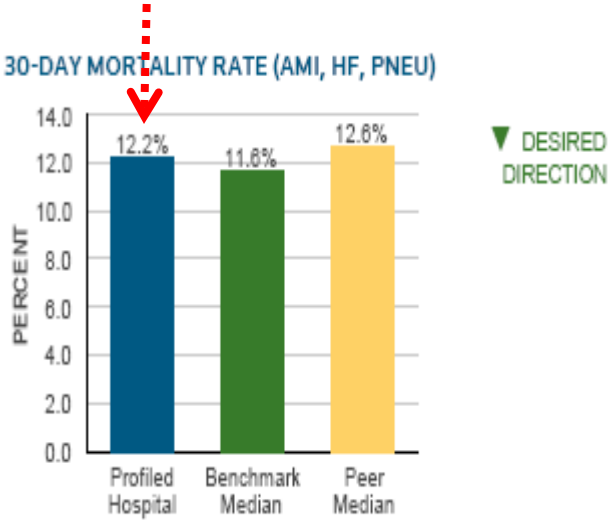


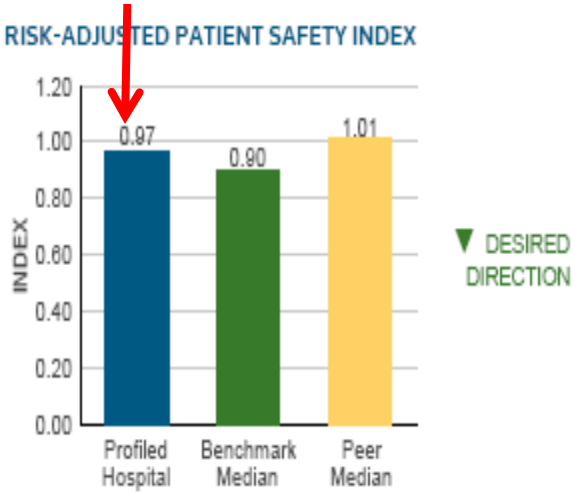
TRUVEN
HEALTH ANALYTICS

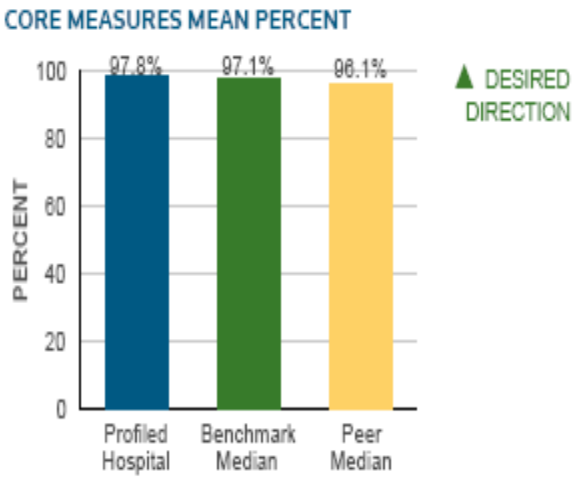
HOW DO YOU COMPARE TO 100 TOP BENCH?

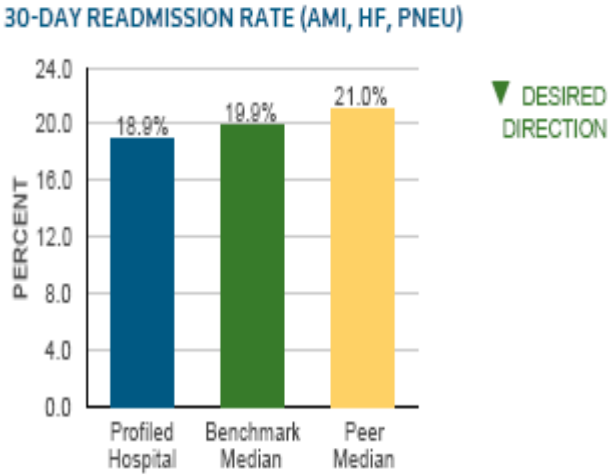






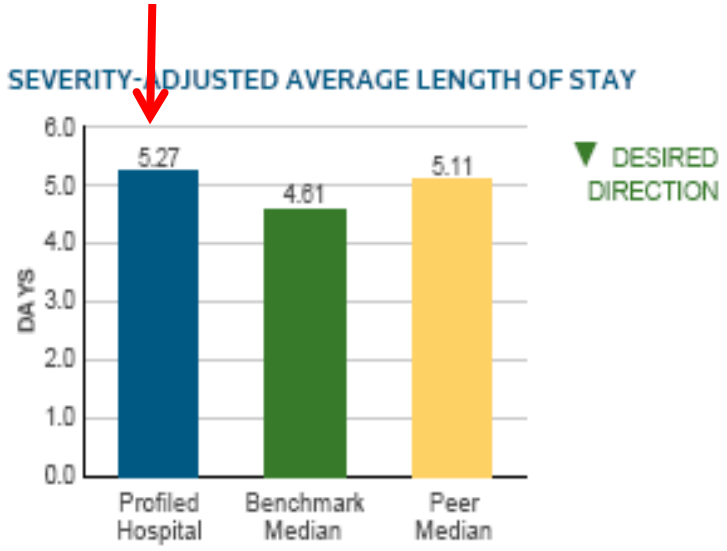


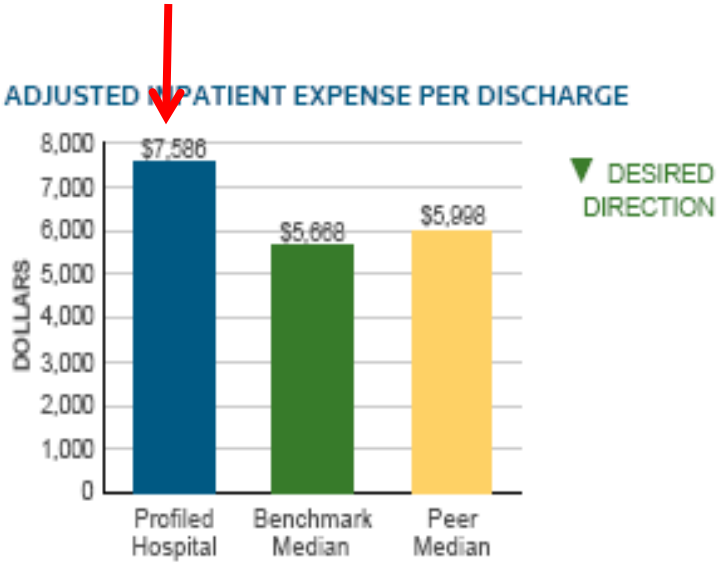


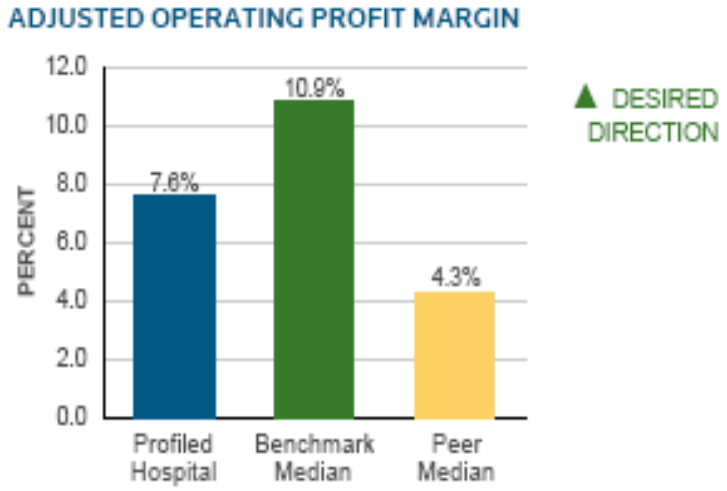


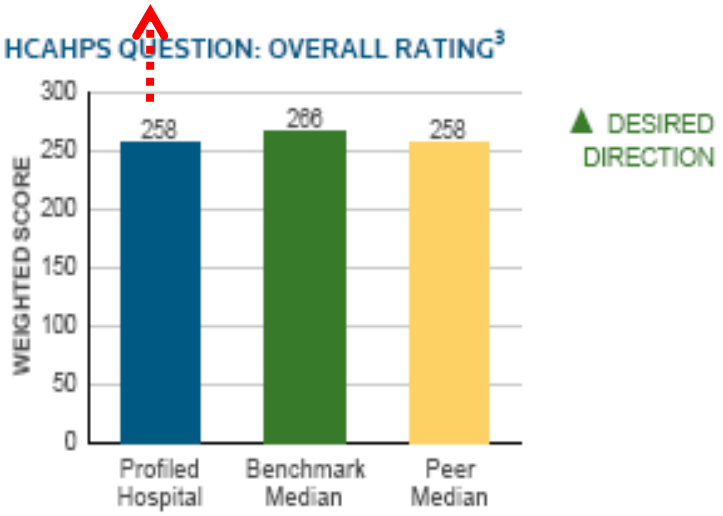
TRUVEN HEALTH ANALYTICS

HOW DO YOU COMPARE TO 100 TOP BENCH?



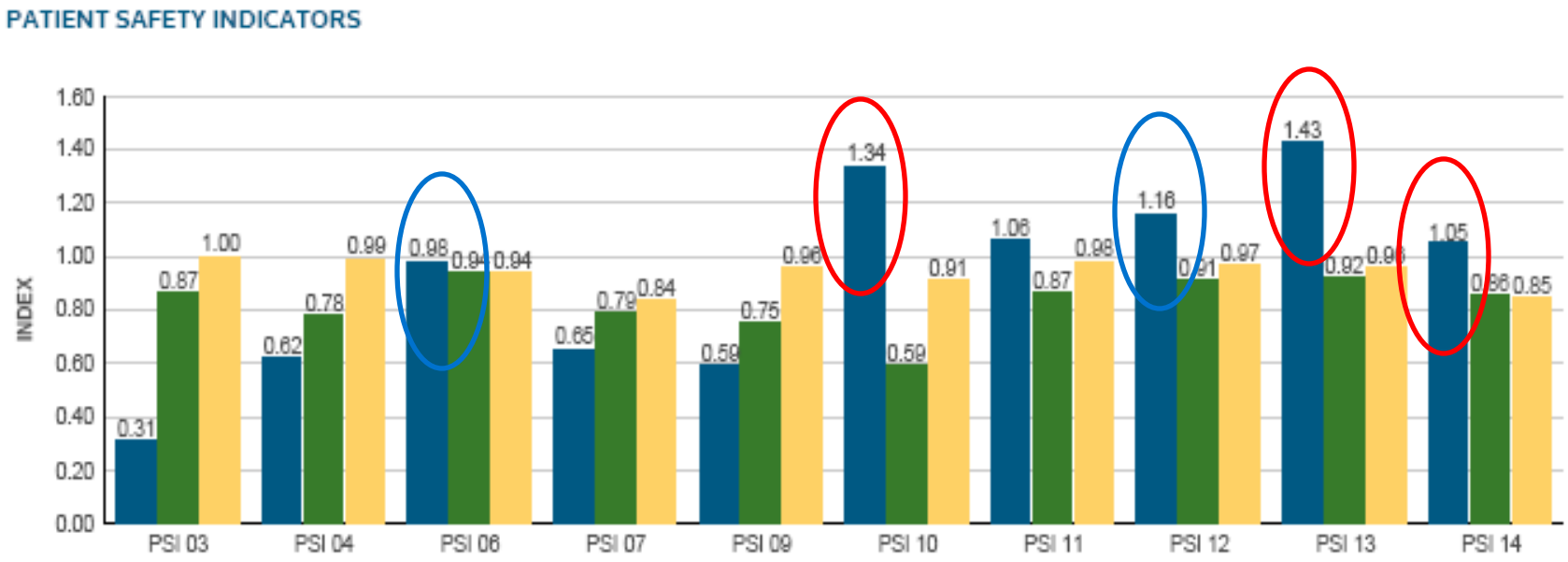






TRUVEN HEALTH ANALYTICS

PATIENT SAFETY INDICATORS COMPARED TO BENCHMARK AND PEER



PSI KEY:

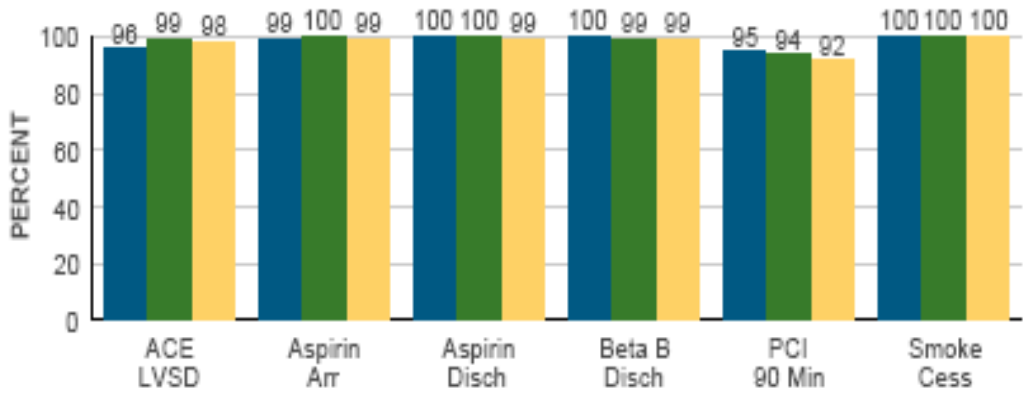
- PSI 03 Pressure ulcer
- PSI 04 Death among surgical inpatients with serious treatable condition
- PSI 06 Iatrogenic pneumothorax
- PSI 07 Central venous catheter-related bloodstream infections
- PSI 09 Postoperative hemorrhage or hematoma
- PSI 10 Postoperative physiologic and metabolic derangements
- PSI 11 Postoperative respiratory failure
- PSI 12 Postoperative pulmonary embolism or deep vein thrombosis
- PSI 13 Postoperative sepsis
- PSI 14 Postoperative wound dehiscence

Profiled Hospital
Benchmark Median
Peer Median
DESIRED DIRECTION

TRUVEN HEALTH ANALYTICS

AMI CORE MEASURES COMPARED TO BENCHMARK AND PEER

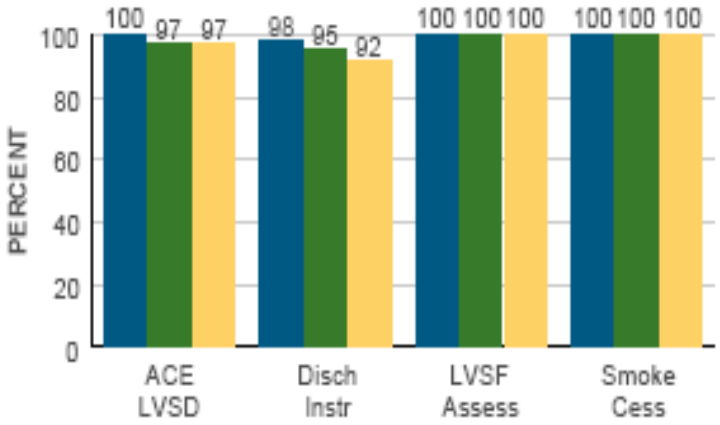
AMI CORE MEASURES



AMI ABBREVIATION KEY:

ACE LVSD	Heart Attack Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)
Aspirin Arr	Heart Attack Patients Given Aspirin at Arrival
Aspirin Disch	Heart Attack Patients Given Aspirin at Discharge
Beta B Disch	Heart Attack Patients Given Beta Blocker at Discharge
PCI 90 Min	Heart Attack Patients Given PCI Within 90 Minutes of Arrival
Smoke Cess	Heart Attack Patients Given Smoking Cessation Advice/Counseling

HF CORE MEASURES



HF ABBREVIATION KEY:

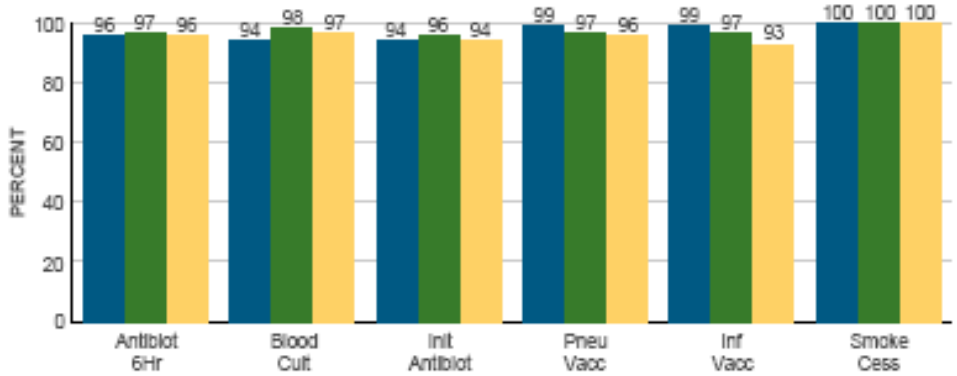
ACE LVSD	Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)
Disch Instr	Heart Failure Patients Given Discharge Instructions
LVSF Assess	Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function
Smoke Cess	Heart Failure Patients Given Smoking Cessation Advice/Counseling

- Profiled Hospital
- Benchmark Median
- Peer Median
- ▲ DESIRED DIRECTION

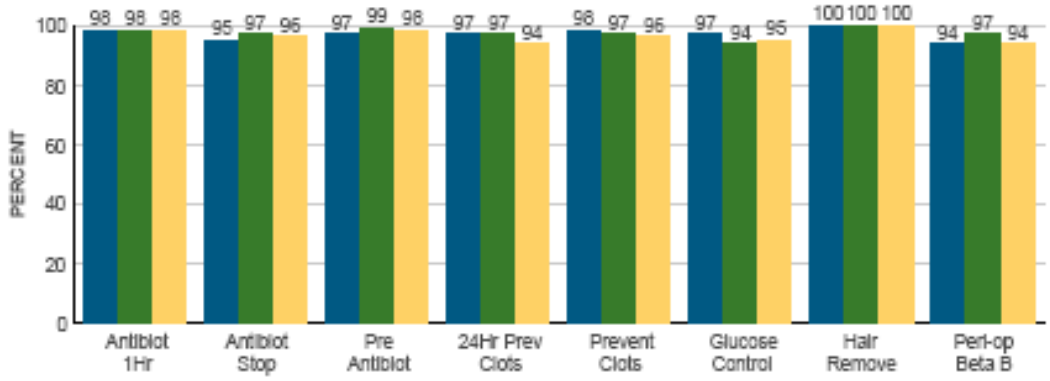
TRUVEN HEALTH ANALYTICS

PNEUMONIA CORE MEASURES COMPARED TO BENCHMARK AND PEER

PNEUMONIA CORE MEASURES



SURGERY CORE MEASURES



Profiled Hospital | Benchmark Median | Peer Median | ▲ DESIRED DIRECTION

PNEUMONIA ABBREVIATION KEY:

Antibiot 6Hr	Pneumonia Patients Given Initial Antibiotic(s) within 6 Hours After Arrival
Blood Cult	Pneumonia Patients Whose Initial Emergency Room Blood Culture Was Performed Prior To The Administration Of The First Hospital Dose Of Antibiotics
Init Antibiot	Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)
Pneu Vacc	Pneumonia Patients Assessed and Given Pneumococcal Vaccination
Inf Vacc	Pneumonia Patients Assessed and Given Influenza Vaccination
Smoke Cess	Pneumonia Patients Given Smoking Cessation Advice/Counseling

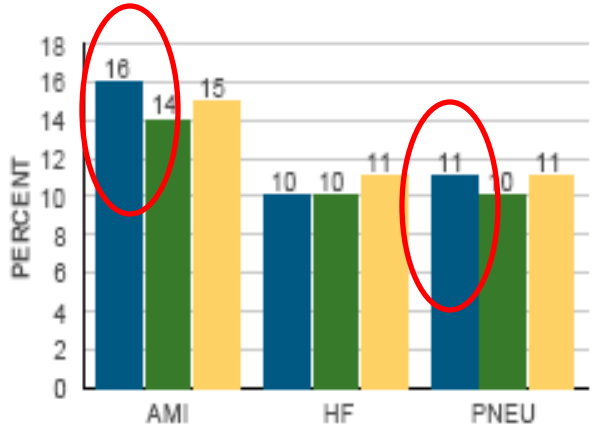
SURGERY ABBREVIATION KEY:

Antibiot 1Hr	Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection
Antibiot Stop	Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)
Pre Antibiot	Surgery patients who were given the right kind of antibiotic to help prevent infection
24Hr Prev Clots	Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery
Prevent Clots	Surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries
Glucose Control	Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery
Hair Remove	Surgery patients needing hair removed from the surgical area before surgery, who had hair removed using a safer method (electric clippers or hair removal cream – not a razor)
Peri-op Beta B	Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery

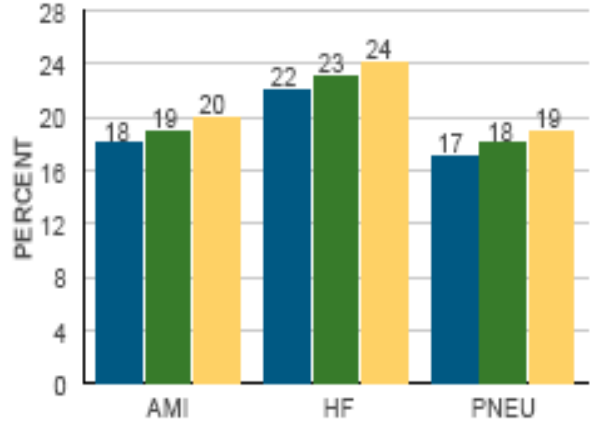
TRUVEN HEALTH ANALYTICS

30 DAY MEASURES COMPARED TO BENCHMARK AND PEER

30-DAY MORTALITY RATES BY PATIENT CONDITION

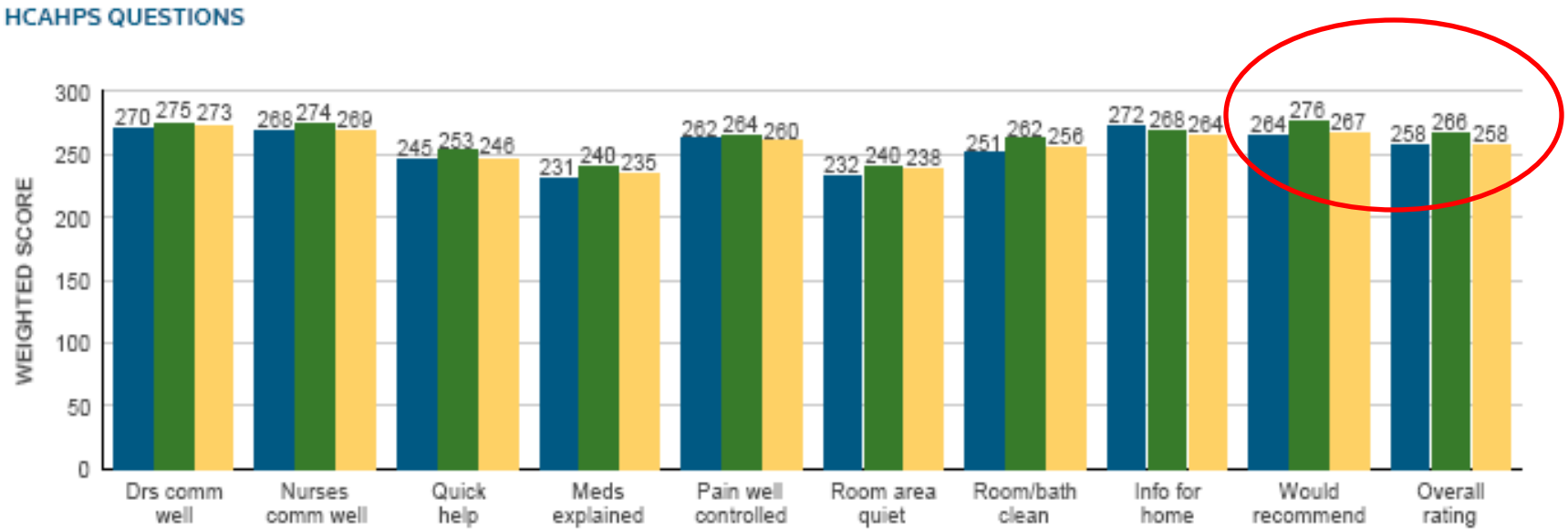


30-DAY READMISSION RATES BY PATIENT CONDITION



TRUVEN HEALTH ANALYTICS

HCAHPS COMPARED TO BENCHMARK AND PEER



QUESTION KEY:

Drs comm well	How often did doctors communicate well with patients?
Nurses comm well	How often did nurses communicate well with patients?
Quick help	How often did patients receive help quickly from hospital staff?
Meds Explained	How often did staff explain about medicines before giving them to patients?
Pain well controlled	How often was patients pain well controlled?
Room area quiet	How often was the area around patients rooms kept quiet at night?
Room/bath clean	How often were the patients rooms and bathrooms kept clean?
Info for home	Were patients given information about what to do during their recovery at home?
Would recommend	Would patients recommend the hospital to friends and family?
Overall rating	How do patients rate the hospital overall?

- Profiled Hospital
- Benchmark Median
- Peer Median
- ▲ DESIRED DIRECTION

TRUVEN HEALTH ANALYTICS

YOUR OPPORTUNITIES

TRUVEN
HEALTH ANALYTICS

SUMMARY:
READING HOSPITAL MEDICAL CENTER

- Strengths
  - Mortality
  - Core Measures
  - Profit from Operations
  - 30 Day Mortality
- Opportunities
  - Performance
    - LOS
    - Expense control
    - Complications
  - Higher Targets
    - Safety
    - HCAHPS

BROADENING INSIGHTS

POLICY AND INCENTIVES IMPACT HOSPITAL INDUSTRY HEALTH

TRUVEN HEALTH ANALYTICS

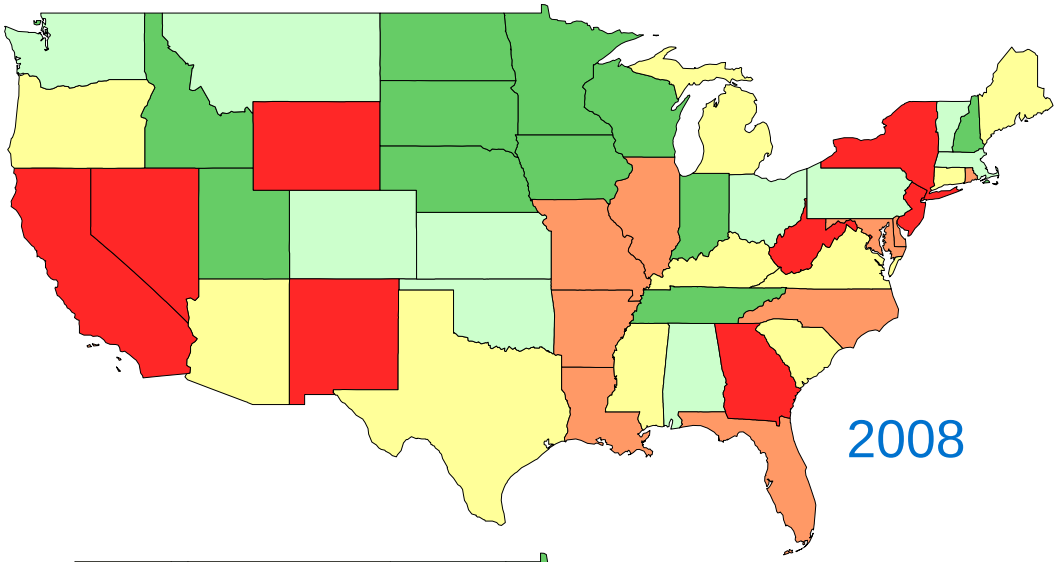
HOSPITAL PERFORMANCE HAS PROGRESSED PARTICULARLY CLINICALLY

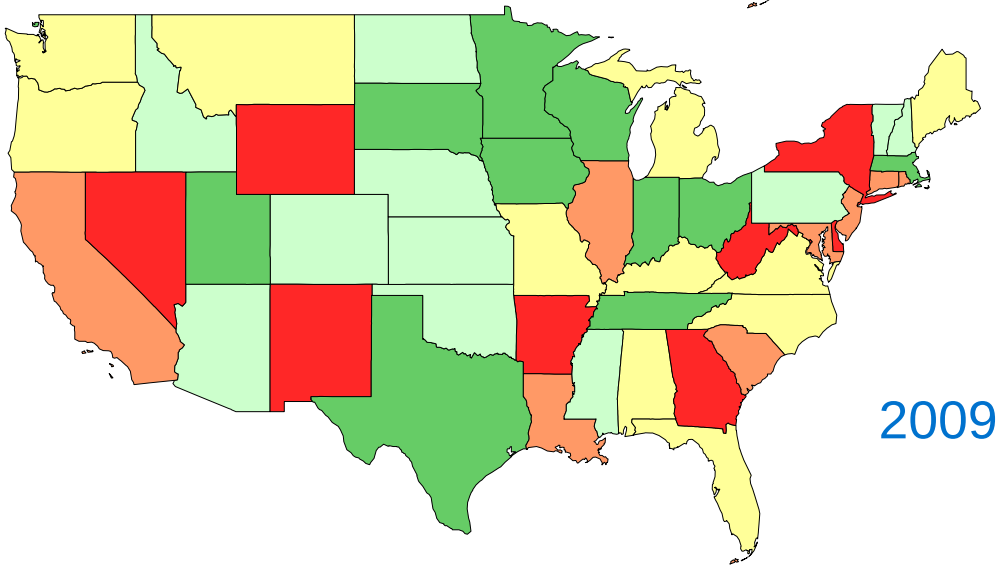
Performance Measures	1999-2003						2005-2009					
	Significantly Improved Performance		No Significant Change in Performance		Significantly Declining Performance		Significantly Improved Performance		No Significant Change in Performance		Significantly Declining Performance	
	No. of Hosp[1]	Percent of Hosp[2]	No. of Hosp[1]	Percent of Hosp[2]	No. of Hosp[1]	Percent of Hosp[2]	No. of Hosp[1]	Percent of Hosp[2]	No. of Hosp	Percent of Hosp[2]	No. of Hosp	Percent of Hosp[2]
Risk-Adjusted Mortality Index	748	**28.9%**	1,738	**67.1%**	106	4.1%	1,582	**55.4%**	1,245	43.6%	27	0.9%
Risk-Adjusted Complications Index	241	**9.3%**	1,988	**76.7%**	363	14.0%	257	**9.0%**	2,194	76.9%	403	14.1%
Patient Safety Index	155	**6.0%**	1,943	**75.0%**	494	19.1%	293	**76.9%**	2,343	83.0%	187	6.6%
Severity-Adjusted Aver LOS	557	**21.5%**	1,914	**73.8%**	121	4.7%	1,1175	**41.2%**	1,652	57.9%	27	0.9%
Expense per Adjusted Discharge	34	**1.3%**	1,662	**64.4%**	885	34.3%	16	**0.6%**	1,682	59.1%	1,150	40.4%
Profitability (Operating Profit Margin)	198	**7.6%**	2,253	**87.0%**	140	5.4%	184	**6.5%**	2,478	87.3%	176	6.2%
Core Measure Mean Percent							2,442	**85.6%**	412	14.4%	0	0.0%

Source: 100 Top Hospitals: National Benchmarks, Thomson Reuters, 2004
100 Top Hospitals: National Benchmarks, Thomson Reuters, 2011

TRUVEN HEALTH ANALYTICS

2008 – 2009
STRENGTH OF INDUSTRY BALANCED HEALTH



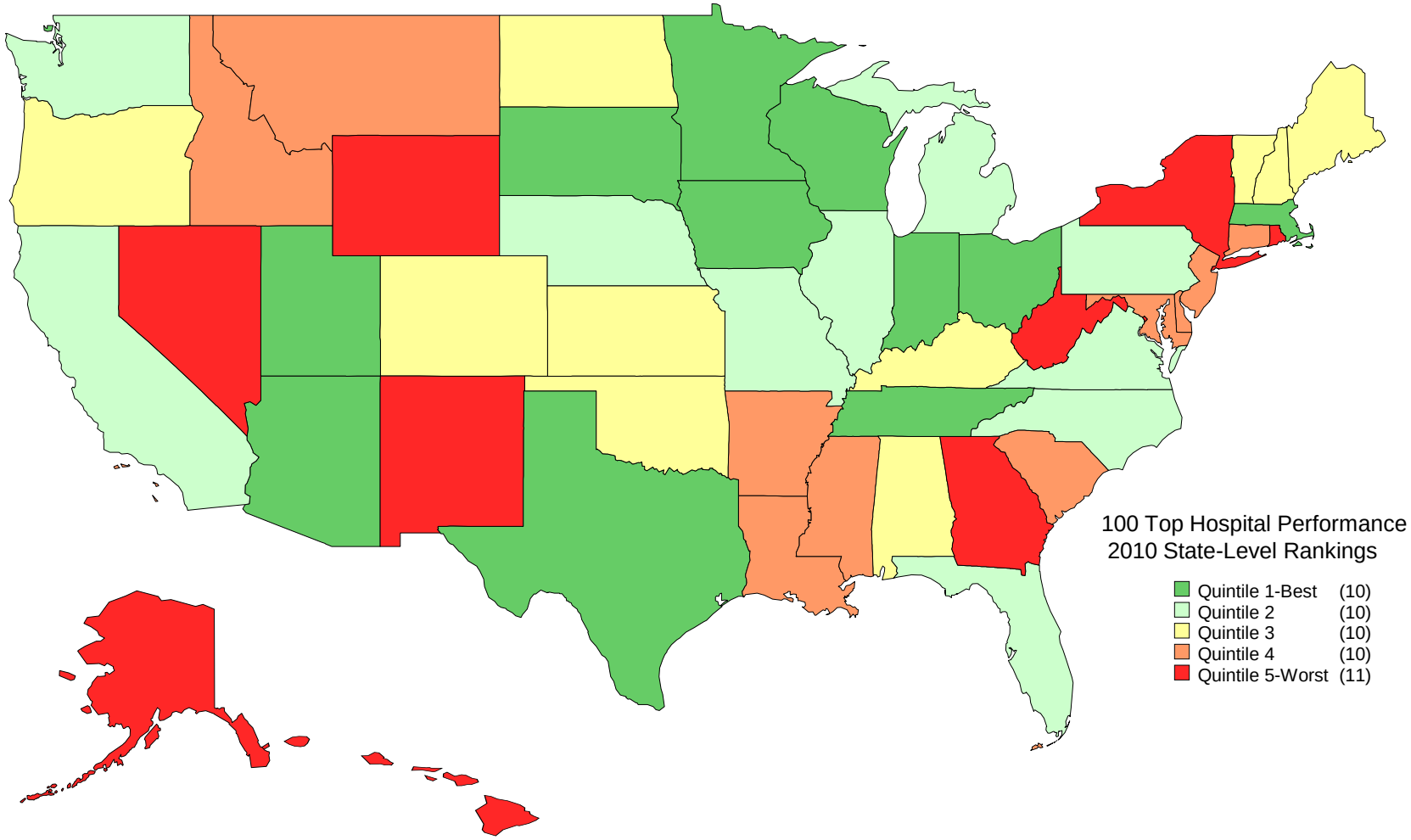


100 Top Hospital Performance
2009 State-Level Rankings

- Quintile 1-Best (10)
- Quintile 2 (10)
- Quintile 3 (10)
- Quintile 4 (10)
- Quintile 5-Worst (11)

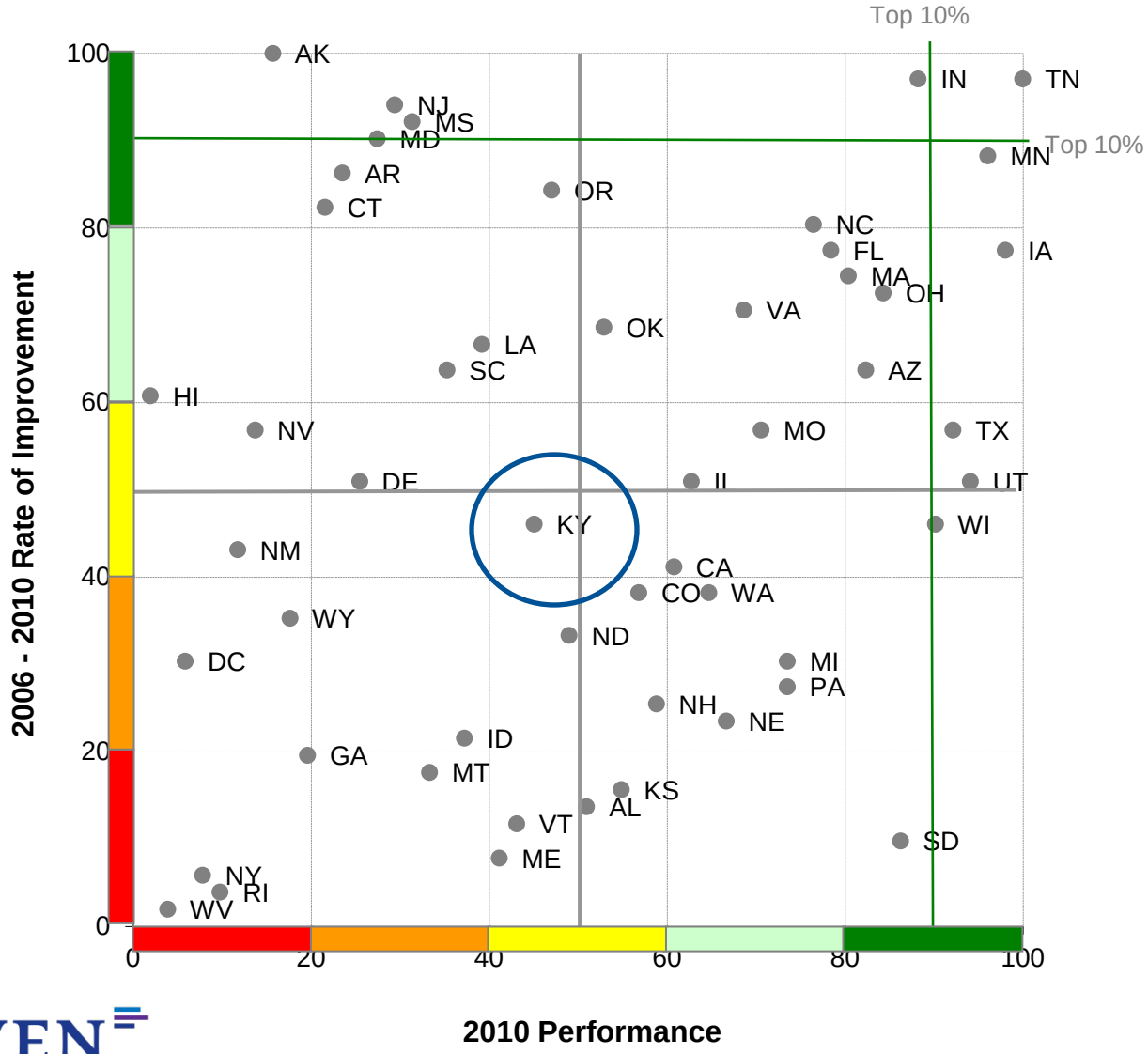
TRUVEN HEALTH ANALYTICS

2010
STRENGTH OF INDUSTRY BALANCED HEALTH



TRUVEN
HEALTH ANALYTICS

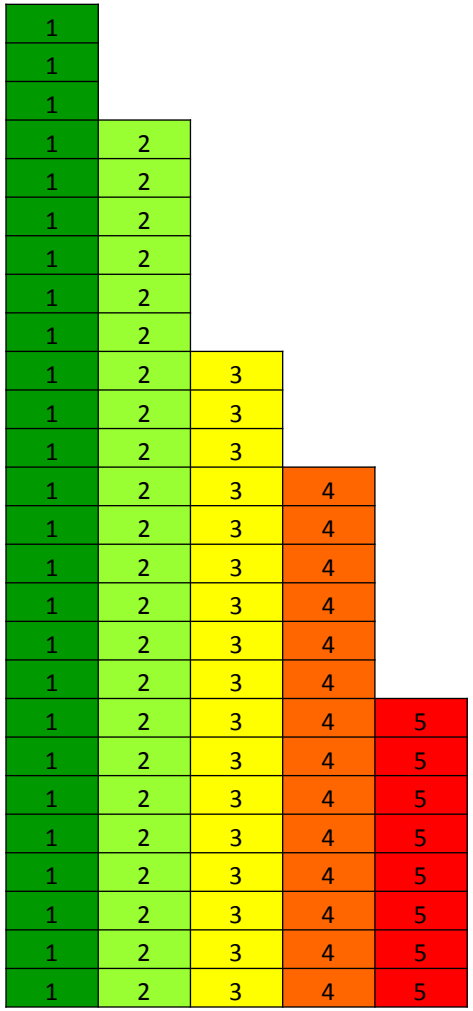
100 TOP HOSPITALS®, 2010
OVERALL PERFORMANCE BY STATE



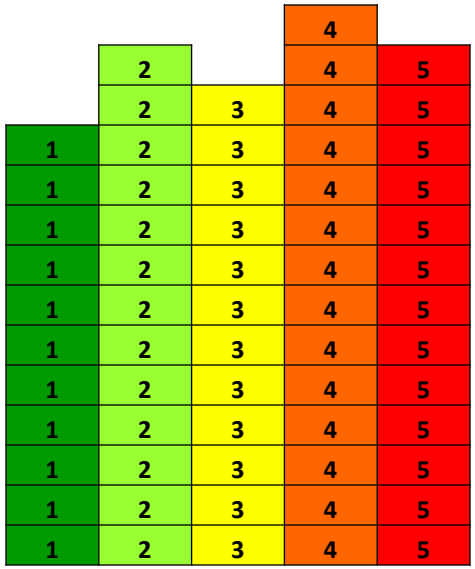
TRUVEN HEALTH ANALYTICS

Note: Results based on non-POA data

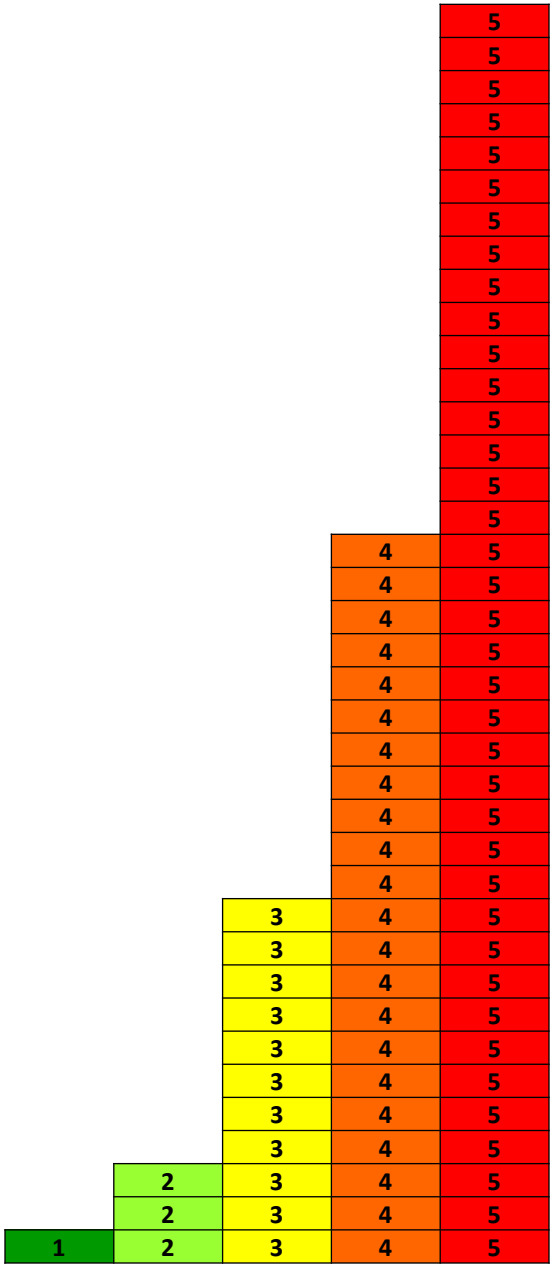
2010 HEALTH OF THREE STATE HOSPITAL INDUSTRIES



MICHIGAN



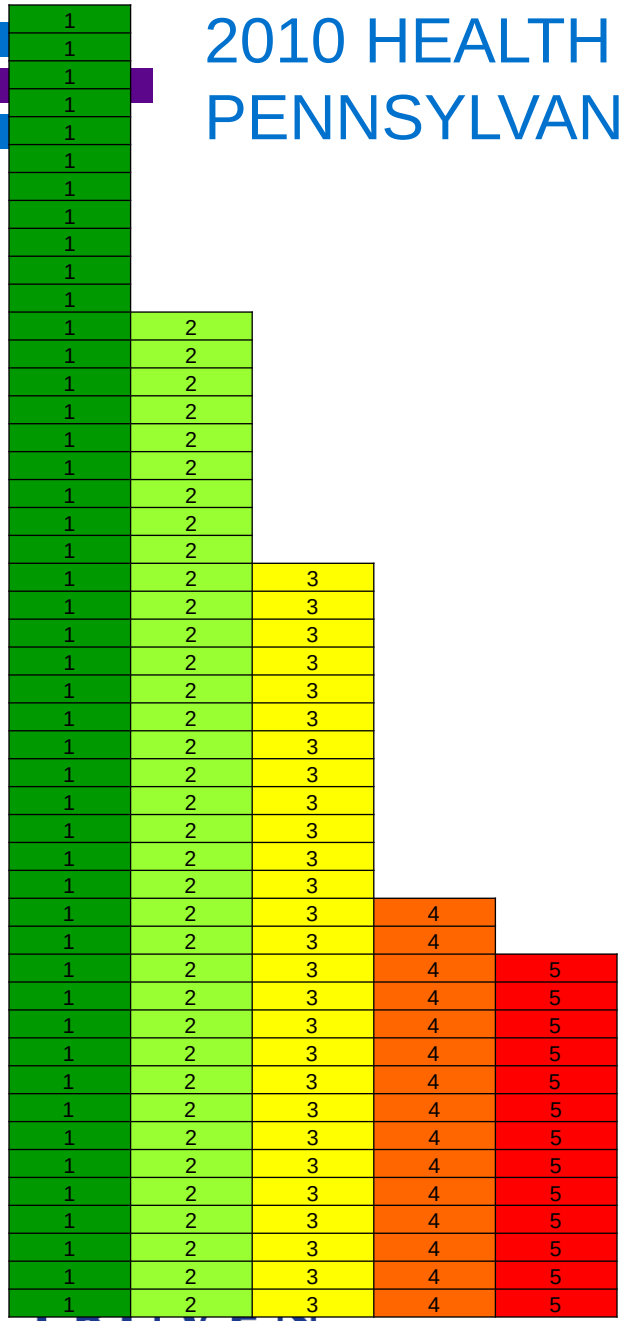
KENTUCKY



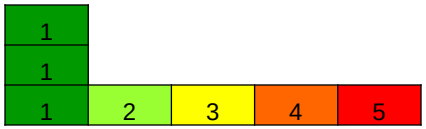
NEW YORK

TRUVEN HEALTH ANALYTICS

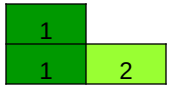
2010 HEALTH
PENNSYLVANIA HOSPITAL INDUSTRY



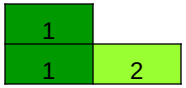
PENNSYLVANIA



Allentown

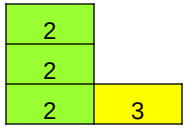


Bloomsburg

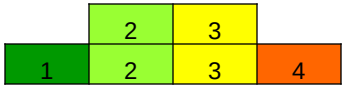


Erie

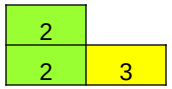
Harrisburg



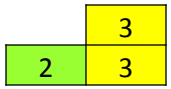
Lancaster



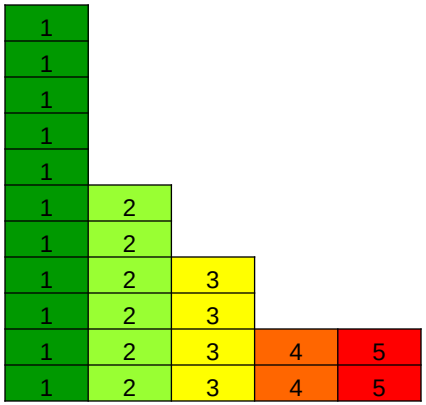
Scranton



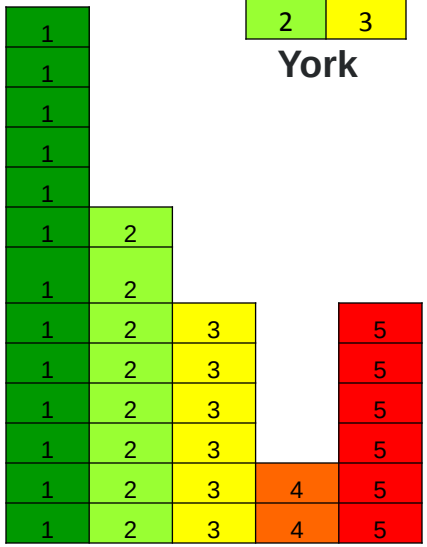
Youngstown - Warren



York



Pittsburg



Philadelphia

QUESTIONS