Fostoria Area Professional Nurses Association

Using Informatics to Evaluate Outcomes of Evidence-Based Nursing Practice

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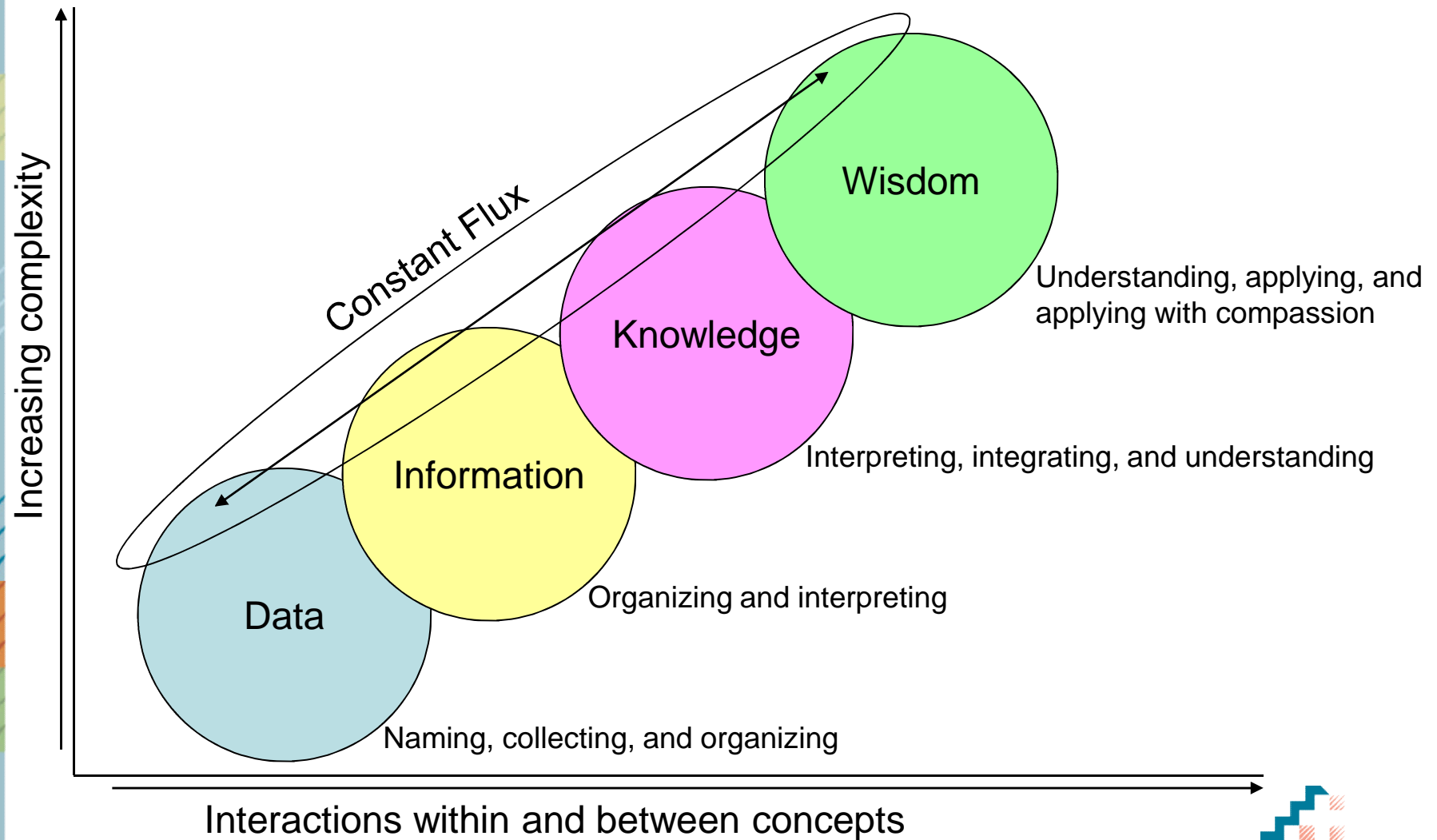
Tonight's learning objectives

- Describe key elements of informatics and performance analytics as applied to healthcare performance improvement

- Discuss relevant metrics applying to everyday practice of nursing in acute care hospitals, using evidence-based standards

- Identify insightful, actionable analytic tools currently in use for the purpose of driving performance improvement

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What is nursing informatics?

Nursing informatics (NI) is a specialty that integrates nursing science, computer science, and information science to manage and communicate data, information, knowledge and wisdom in nursing practice.

ANA's Nursing Informatics: Scope and Standards of Practice (2008).

From data to wisdom

Increasing complexity →

Constant Flux

Wisdom

Understanding, applying, and applying with compassion

Knowledge

Interpreting, integrating, and understanding

Information

Organizing and interpreting

Data

Naming, collecting, and organizing

Interactions within and between concepts

from Englebardt & Nelson (2002)

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Functional areas for NI

- Administration, leadership, and management
- Analysis
- Compliance and integrity management
- Consultation
- Coordination, facilitation, and integration
- Development
- Educational and professional development
- Policy development and advocacy
- Research and evaluation

Nursing informatics competencies

- Garde, Harrison, and Hovenga (2005)
  - Nursing informatics
  - Information technology
  - Organizational and human behavior
  - Clinical and health-related
- Healthcare Leadership Alliance (2005)
  - Leadership
  - Communication and relationship management
  - Professionalism
  - Business knowledge and skills
  - Knowledge of the healthcare environment

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What is performance analytics?

- Discipline dealing with helping organizational leaders transform data and information into knowledge and wisdom

- Heavy emphasis on the software-based aggregation and presentation of data

- Other similar descriptors
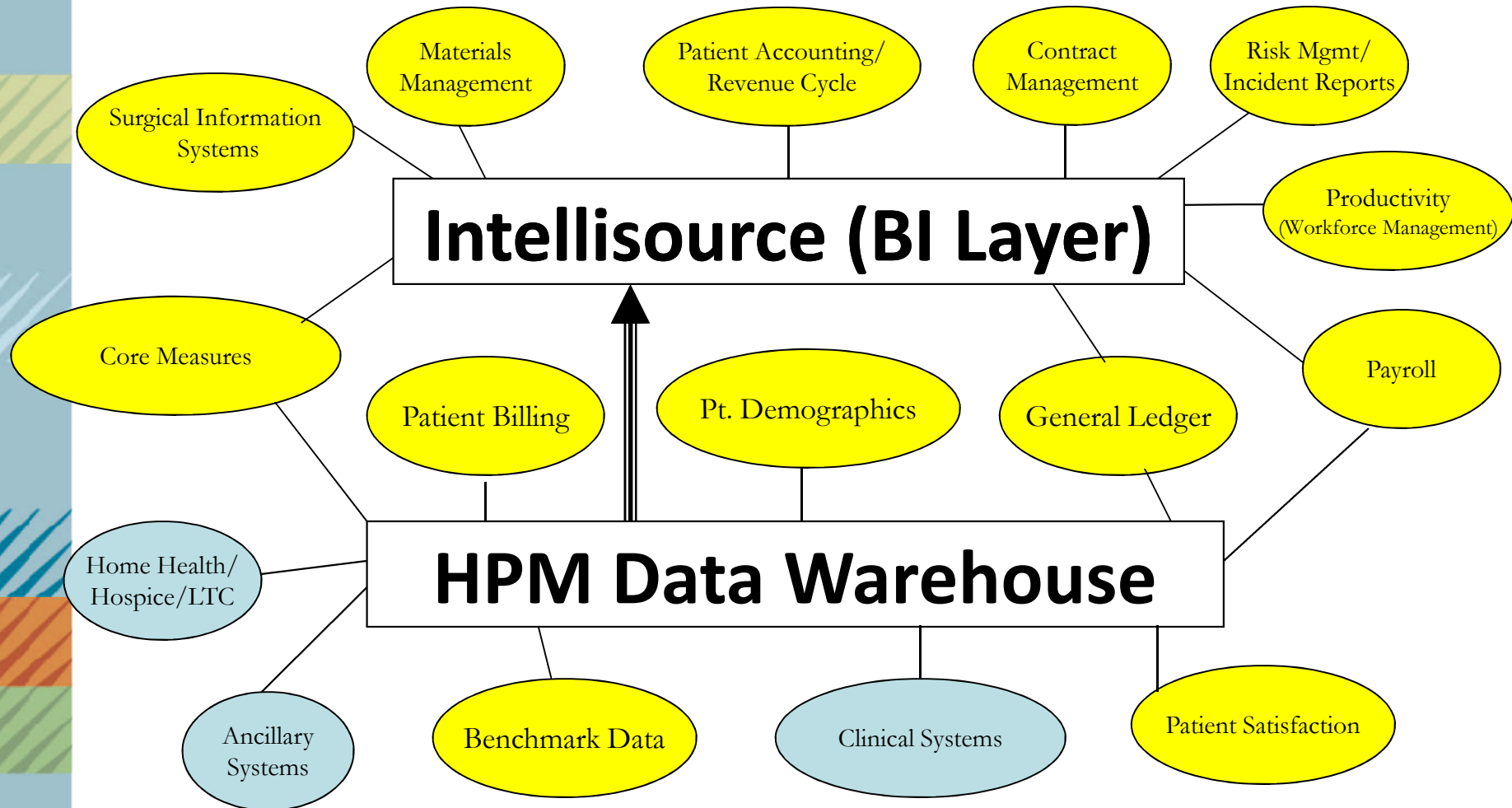   - Decision support
    - Business intelligence

Buzzwords in performance analytics

- Data warehouse

- Data mart

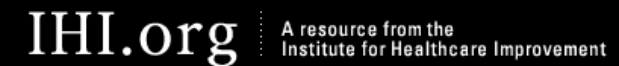- OLAP cube

- Dashboards

- Scorecards

- Interfaces

- Extracts

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The hospital IT landscape

Document Imaging & Mgmt (14 vendors)	Enterprise Scheduling (7 vendors)	Hospice (5 vendors)	Laboratory (9 vendors)	Oncology (3 vendors)	Medication Administration (4 vendors)	Mobile Data Systems (3 vendors)	Patient Accounting & Mgmt (20 vendors)	Pharmacy (8 vendors)	Radiology (12 vendors)	Revenue Cycle Contract Mgmt (3 vendors)
Acute Care EMR (14 vendors)	Ambulatory Specialty (4 vendors)	Behavioral Health (2 vendors)	Cardiology (11 vendors)	Advanced Visualization (5 vendors)	EMPI (5 vendors)	Clinical Procedure Documentation (3 vendors)	Dictation (4 vendors)	Emergency Department (16 vendors)	Financial/ERP (11 vendors)	Interface Engines (7 vendors)
Lab Anatomic Pathology (6 vendors)	Mammography (3 vendors)								Revenue Cycle Medical Necessity (2 vendors)	Single Sign-On (7 vendors)
Speech Recognition (5 vendors)	Time and Attendance (3 vendors)								Budgeting (3 vendors)	Cardiology Hemodynamics (3 vendors)
Practice Management (36 vendors)	Medical Records Coding (4 vendors)								Revenue Cycle Chargemaster Mgmt (4 vendors)	Anesthesia (1 vendor)
Community HIS (8 vendors)	Discharge Planning (2 vendors)								PACS (31 vendors)	Patient Portal (3 vendors)
Quality Management (1 vendor)	Revenue Cycle- Claims Mgmt (7 vendors)	Staff/Nurse Scheduling (5 vendors)	Transcription/ Speech Recognition (5 vendors)	Labor and Delivery (7 vendors)	Laboratory Blood Bank (5 vendors)	Ambulatory EMR (Small Practice) (18 vendors)	Ambulatory EMR (Large Practice) (8 vendors)	Bed Management (4 vendors)	Clinical Portals (6 vendors)	Business Decision Support (4 vendors)
Specimen Collection (bar coding) (5 vendors)	Revenue Cycle- Claims Mgmt (7 vendors)	Surgery Management (11 vendors)	Smart Pumps	Patient Monitoring System (1 vendor)	Homecare (8 vendors)	CT	Ultrasound	Ventilators	Fetal Monitors	Other Medical Devices

CHP's performance analytics map

Surgical Information Systems

Materials Management

Patient Accounting/ Revenue Cycle

Contract Management

Risk Mgmt/ Incident Reports

Intellisource (BI Layer)

Productivity (Workforce Management)

Core Measures

Patient Billing

Pt. Demographics

General Ledger

Payroll

HPM Data Warehouse

Home Health/ Hospice/LTC

Ancillary Systems

Benchmark Data

Clinical Systems

Patient Satisfaction

Data currently being populated in Intellisource or HPM, or both….

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The clinical performance mandate

To Err Is Human (IOM, 2000)

- Between 44,000 and 98,000 deaths in American hospitals each year due to preventable adverse events

- Complication rate of 5.4% in surgical patients with half of them preventable (1977 to 1990)

- Approximately 50% of cardiac arrests studied could have been prevented (1991)

  - Medication errors and toxic effects

  - Suboptimal response by physicians to clinical signs and symptoms

- 7,000 deaths attributed to medication errors (1993)

- Since 1983 outpatient deaths from med errors increased 8.48 fold and inpatient deaths have increased 2.37 fold

- IOM set minimum goal of 50% reduction in errors over 5 years

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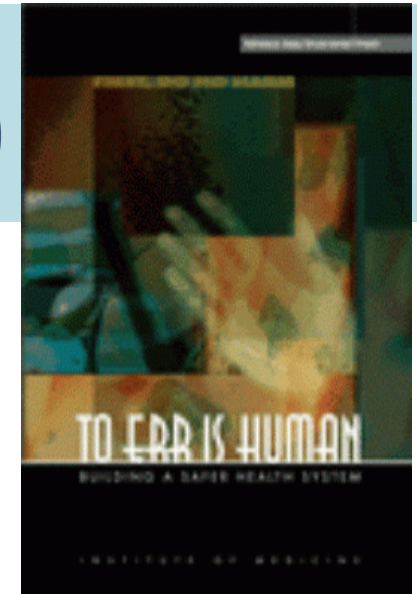
Accreditation and national quality initiatives

- Magnet status (ANCC)
- Beacon award (AACN)
- The Joint Commission (TJC)
- Institute for Healthcare Improvement (IHI)
- Malcolm Baldrige Award
- Others

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Organized reporting initiatives

- Core Measures - TJC accreditation
- Error reporting - required in some states
  - National Quality Forum (NQF)
    - Serious Reportable Events in Healthcare (state by state – some public)
    - Other measures
    - Hospital-associated Infection Data
    - Nurse-Sensitive Care
  - Others
- Centers for Medicare and Medicaid Services (CMS)
  - Deficit Reduction Act – Hospital Quality Improvement
    - Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU)
    - Core measures
    - Hospital acquired conditions (HAC's) as of October 1, 2008
    - Value Based Purchasing concept
  - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

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CMS hospital acquired conditions

- Foreign object retained after surgery
- Air embolism
- Blood incompatibility
- Stage III and IV pressure ulcers
- Falls and trauma
- Manifestations of poor glycemic control
- Catheter-associated urinary tract infection
- Vascular catheter-associated infection
- Surgical site infections
  - CABG - mediastinitis
  - Bariatric surgery
  - Orthopedic procedures
- VTE following total knee & hip replacement

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HCAHPS nursing-sensitive items

Hospital CAHPS®

SURVEY INSTRUCTIONS: You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient. Answer <u>all</u> the questions by filling in the circle to the left of your answer. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next.

Please answer the questions in this survey about this stay at Hospital of the University of Pennsylvania. Do not include any other hospital stay in your answers.

Please use black or blue ink to fill in the circle completely.
Example: ●

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with <u>courtesy and respect</u>?
   - O Never
   - O Sometimes
   - O Usually
   - O Always

2. During this hospital stay, how often did nurses <u>listen carefully to you</u>?
   - O Never
   - O Sometimes
   - O Usually
   - O Always

3. During this hospital stay, how often did nurses <u>explain things</u> in a way you could understand?
   - O Never
   - O Sometimes
   - O Usually
   - O Always

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
   - O Never
   - O Sometimes
   - O Usually
   - O Always
   - O I never pressed the call button

THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?
   - O Never
   - O Sometimes
   - O Usually
   - O Always

9. During this hospital stay, how often was the area around your room quiet at night?
   - O Never
   - O Sometimes
   - O Usually
   - O Always

YOUR EXPERIENCES IN THIS HOSPITAL

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
    - O Yes
    - O No → If No, Go to Question 12

11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
    - O Never
    - O Sometimes
    - O Usually
    - O Always

12. During this hospital stay, did you need medicine for pain?
    - O Yes
    - O No → If No, Go to Question 15

13. During this hospital stay, how often was your pain well controlled?
    - O Never
    - O Sometimes
    - O Usually
    - O Always

14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
    - O Never
    - O Sometimes
    - O Usually
    - O Always

(continued...)

More HCAHPS

15. During this hospital stay, were you given any medicine that you had not taken before?
    ○ Yes
    ○ No → If No, Go to Question 18

16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
    ○ Never
    ○ Sometimes
    ○ Usually
    ○ Always

17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
    ○ Never
    ○ Sometimes
    ○ Usually
    ○ Always

WHEN YOU LEFT THE HOSPITAL

18. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
    ○ Own home
    ○ Someone else's home
    ○ Another health facility → If Another, Go to Question 21

19. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
    ○ Yes
    ○ No

20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?
    ○ Yes
    ○ No

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover. Do not include any other hospital stay in your answers.

21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

    ○ 0 Worst hospital possible
    ○ 1
    ○ 2
    ○ 3
    ○ 4
    ○ 5
    ○ 6
    ○ 7
    ○ 8
    ○ 9
    ○ 10 Best hospital possible

22. Would you recommend this hospital to your friends and family?
    ○ Definitely no
    ○ Probably no
    ○ Probably yes
    ○ Definitely yes

ABOUT YOU

23. In general, how would you rate your overall health?
    ○ Excellent
    ○ Very Good
    ○ Good
    ○ Fair
    ○ Poor

24. What is the highest grade or level of school that you have completed?
    ○ 8th grade or less
    ○ Some high school, but did not graduate
    ○ High school graduate or GED
    ○ Some college or 2-year degree
    ○ 4-year college graduate
    ○ More than 4-year college degree

25. Are you of Spanish, Hispanic or Latino origin or descent?
    ○ No, not Spanish/Hispanic/Latino
    ○ Yes, Puerto Rican
    ○ Yes, Mexican, Mexican American, Chicano
    ○ Yes, Cuban
    ○ Yes, other Spanish/Hispanic/Latino

26. What is your race? Please choose one or more.
    ○ White
    ○ Black or African American
    ○ Asian
    ○ Native Hawaiian or other Pacific Islander
    ○ American Indian or Alaska Native

27. What language do you mainly speak at home?
    ○ English
    ○ Spanish
    ○ Some other language (please print):

    _____

ADDITIONAL QUESTIONS ABOUT YOUR STAY
Now that we have asked you to tell us about what happened during your stay, we want to ask you about how well we met your needs.

Hospital Compare - *A quality tool provided by Medicare*

🏠 Hospital Compare

| Hide Information | **Survey of Patients' Hospital Experiences** [What is This?] | | Back to Top |

| | ██████████ Acute Care | ██████████ Acute Care | ██████████ Acute Care |

Check the boxes next to the topics for which you would like to view correlating graphs or tables.

☐ Select All | Reset Checkboxes | | View Graphs | View Tables |

☐ Percent of patients who reported that their nurses "Always" communicated well.	73%	76%	70%
☐ Percent of patients who reported that their doctors "Always" communicated well.	76%	72%	77%
☐ Percent of patients who reported that they "Always" received help as soon as they wanted.	66%	64%	63%
☐ Percent of patients who reported that their pain was "Always" well controlled.	64%	69%	67%
☐ Percent of patients who reported that staff "Always" explained about medicines before giving it to them.	56%	54%	59%
☐ Percent of patients who reported that their room and bathroom were "Always" clean.	68%	66%	69%
☐ Percent of patients who reported that the area around their room was "Always" quiet at night.	52%	53%	48%
☐ Percent of patients at each hospital who reported that YES, they were given information about what to do during their recovery at home.	80%	79%	83%
☐ Percent of patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	71%	67%	58%
☐ Percent of patients who reported YES, they would definitely recommend the hospital.	74%	73%	66%

CMS value-based purchasing

- Legislation proposed to withhold portion of inpatient payments as incentive for performance improvement
  - CMS bill: 2% escalating to 5% over a 4-year period
  - Congressman Altmire (PA) bill: 0.5% escalating to 2% over 4 years
- Hospital "opportunity" to earn back withheld dollars based on publicly reported data scores
  - 70% linked to clinical quality outcomes (Core Measures)
  - 30% linked to results on HCAHPS inpatient satisfaction survey

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Large health system:
Potential reimbursement impact

HCAHPS
$$Earned
Back

(15%)

HCAHPS $$
Left On
Table

(85%)

HCAHPS
$ Earned
Back

(60%)

HCAHPS
$ Left
On Table

(40%)
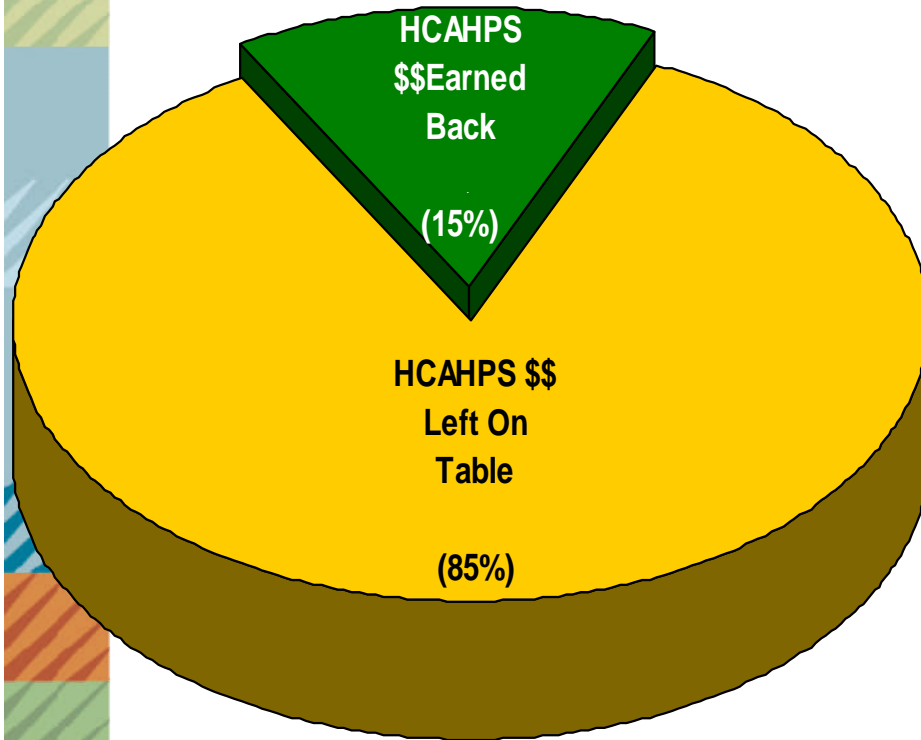
At Current Satisfaction Levels

At Top Quartile

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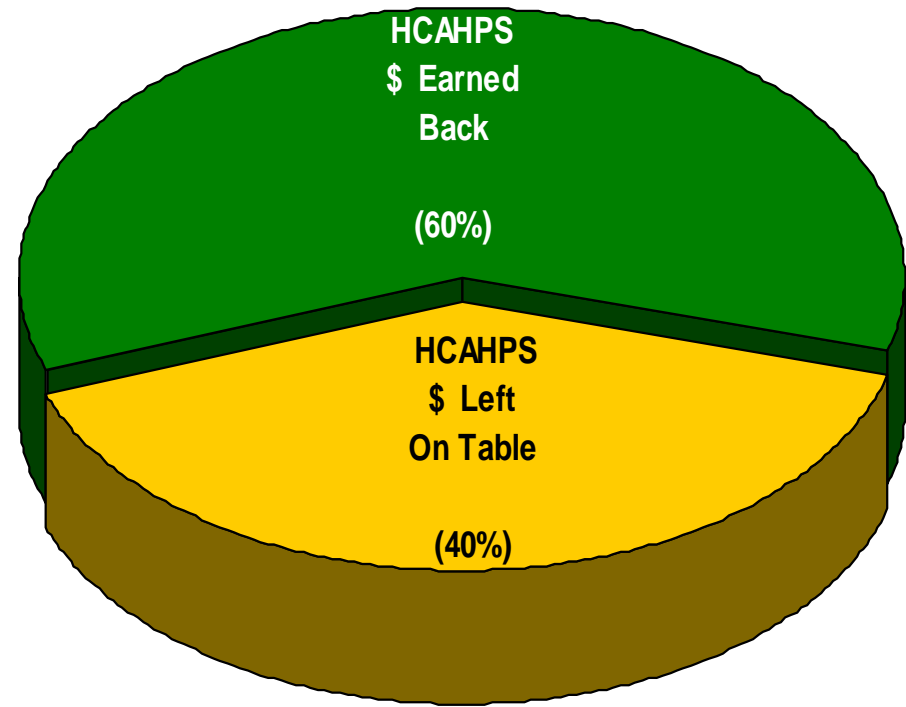
Nursing-centered initiatives

- American Nurses Credentialing Center: Magnet
  - Uses NDNQI for data collection
- American Nurses Association (NDNQI)
- American Association of Critical-Care Nursing: Beacon Award
- NQF: 15 Nurse-Sensitive Care indicators as a part of the "Nursing Care Performance Measures" project
- IHI: Transforming care at the bedside (TCAB)
- At least 40+ measures needed to participate in all of the above

National Database of Nursing Quality Indicators (NDNQI)®

NDNQI indicators

Many of the NDNQI indicators are National Quality Forum (NQF) endorsed measures and are part of the NQF's Nursing-Sensitive Measure Set.

NQF

- Patient falls [NQF]
- Patient falls with injury [NQF]
- Pressure ulcers:
  - Community acquired
  - Hospital acquired
  - Unit acquired
- Staff mix [NQF]
- Nursing hours per patient day [NQF]
- RN Surveys:
  - Job satisfaction
  - Practice environment scale [NQF]
- RN education & certification
- Pediatric pain assessment cycle
- Pediatric IV infiltration rate
- Psychiatric patient assault rate
- Restraints prevalence [NQF]
- Nurse turnover [NQF]
- Nosocomial infections:
  - Ventilator-assisted pneumonia (VAP) [NQF]
  - Central line associated blood stream infection (CLABSI) [NQF]
  - Catheter associated urinary tract infections (CAUTI) [NQF]

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Transforming Care at the Bedside
April 9, 2008

Robert Wood Johnson Foundation

INSTITUTE FOR HEALTHCARE IMPROVEMENT

TRANSFORMING CARE AT THE BEDSIDE: All medical and surgical units are transformed and have achieved and sustained unprecedented results.

High leverage changes that resulted in achieving TCAB design targets on the pilot site are spread to all med/surg units

KEY DESIGN THEMES

SAFE AND RELIABLE CARE: Care for moderately sick patients who are hospitalized is safe, reliable, effective and equitable.

VITALITY AND TEAMWORK: Within a joyful and supportive environment that nurtures professional formation and career development, effective care teams continually strive for excellence.

PATIENT-CENTERED CARE: Truly patient-centered care on medical and surgical units honors the whole person and family, respects individual values and choices, and ensures continuity of care. Patients will say, "They give me exactly the help I want (and need) exactly when I want (and need) it."

VALUE-ADDED CARE PROCESSES: All care processes are free of waste and promote continuous flow

DESIGN TARGETS

[Specific design targets for reducing harm TBD for each site]

Harm from falls is reduced to 1 (or less) per 10,000 patient days

Codes on med/surg units are reduced to zero

Voluntary turnover for nurses is an average of 6% or less (per year)

86% of patients are willing to recommend the hospital

Readmissions within 30 days are reduced to 5% or less

Nurses spend 70% of their time in direct patient care

HIGH LEVERAGE CHANGES

CREATE EARLY DETECTION & RESPONSE SYSTEMS (INCLUDING RRTs)

DEVELOP HOSPICE & PALLIATIVE CARE PROGRAMS

BUILD CAPABILITY OF FRONT-LINE STAFF IN INNOVATION & PROCESS IMPROVEMENT

DEVELOP AND IMPLEMENT A FRAMEWORK FOR NURSING PRACTICE BASED ON THE FORCES OF MAGNETISM

CREATE PATIENT-CENTERED HEALING ENVIRONMENTS

MULTIDISCIPLINARY ROUNDS INVOLVING PATIENTS & FAMILY MEMBERS (CUSTOMIZING CARE TO PATIENT'S VALUES, PREFERENCES & EXPRESSED NEEDS)

CREATE ACUITY ADAPTABLE BEDS

IMPROVE WORK ENVIRONMENT THROUGH PHYSICAL SPACE DESIGN

PREVENT HIGH HAZARD DRUG ERRORS

PREVENT HARM FROM FALLS

IDENTIFY COMPETENCIES & DEVELOP MID-LEVEL MANAGERS & CLINICAL LEADERS TO LEAD TRANSFORMATION

OPTIMIZE COMMUNICATIONS AMONGST CLINICIANS & STAFF

INVOLVE PATIENTS & FAMILIES ON ALL QI TEAMS

ELIMINATE WASTE & IMPROVE WORK FLOW IN ADMISSION PROCESS, MEDICATION ADMINISTRATION, HANDOFFS, ROUTINE CARE & DISCHARGE PROCESS

MOVE VALUE-ADDED ACTIVITIES TO THE BEDSIDE

PREVENT PRESSURE ULCERS

PREVENT NOSOCOMIAL INFECTIONS

CREATE TEAMS (INCLUDING PATIENTS) WITH THE AUTHORITY TO ACT AND TRANSFORM CARE

OPTIMIZE TRANSITIONS TO HOME OR OTHER FACILITY

Green = best practices exist on 25 or more med/surg units
Yellow = best practices exist on 5 med/surg units
Red = innovation and testing of new ideas are needed

LEADERSHIP LEVERAGE POINTS

ESTABLISH, OVERSEE AND COMMUNICATE SYSTEM LEVEL AIMS FOR IMPROVEMENT

ALIGN SYSTEM MEASURES, STRATEGY, PROJECTS AND A LEADERSHIP LEARNING SYSTEM

CHANNEL LEADERSHIP ATTENTION TO SYSTEM-LEVEL IMPROVEMENT

GET THE RIGHT TEAM ON THE BUS

MAKE THE CFO A QUALITY CHAMPION

ENGAGE WITH PHYSICIANS

BUILD IMPROVEMENT CAPABILITY

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Other initiatives relating to nursing

TJC

- Specific core measures
    - Smoking cessation information
    - Discharge instructions for HF
- Most of the National Patient Safety Goals

IHI

- Global trigger tools
- 5 Million Lives Campaign
- Others

PROTECTING
5 Million *lives*
FROM HARM
SOME IS NOT A NUMBER. SOON IS NOT A TIME.

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Commonalities

- Prevalence rates: falls, restraints, pressure ulcers, CA UTI, CA BSI, VAP

- Satisfaction: Staff and patients

- Business of nursing: LOS, skill mix, NHPPD, voluntary turnover

- Some measures impact reimbursement and publicly reported statistics - on the Hospital Acquired Conditions (HAC) and Serious Reportable Adverse Events in Healthcare lists

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Differences

Definitions may be different

- Pressure ulcer
    - Grade II or higher
    - Stage 3 or 4
- Falls
    - Falls - number per 1000 patient days
    - falls with injury vs. all falls

Useful for internal tracking

Can cause confusion with external comparisons

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Data Advances in Medicine

THEN
- Monitoring
- MD exam
- Nurse observations

NOW
- Radiology
- EKG
- Labs
- Medications
- Monitoring
- MD exam
- Nurse observations

TOMORROW
- Continuous location tracking
- Constant vital signs monitoring
- Transcutaneous monitoring of glucose, ETOH, etc.
- Noninvasive testing
- Exhaled breath analysis
- Testing to maintain wellness
- Increased image utilization
- Genomic data
- Proteomics
- Personalized pharmacy
- Radiology
- EKG
- Labs
- Medications
- Monitoring
- MD exam
- Nurse observations

CIO journal says, "Nursing First"

Healthcare Informatics
Leadership, Vision & Strategy for the CIO

HOME ADMINISTRATIVE CLINICAL FINANCIAL IMAGING POLICY WIRELESS HCI RESEARCH SERIES BLOGS WEBINARS FOR OUR READERS CONTACT US

Current Issue

November 2008

Cover Story
Nursing First
by Mark Hagland
Smart CIOs are partnering with nurse executives for IT implementation success

HCI 100 Results

Blog Postings

Guest Blogs: **21**
Registered Readers: **624**

What's in an Acronym?
11/7/2008

Even football players aren't safe from security breaches
11/6/2008

7 Killer Career Self-Assessment Questions
11/5/2008

17 Killer Interview Questions...

Articles/Archives

printer friendly format   email page

Issue Date: November 2008,

Nursing First
Smart CIOs are partnering with nurse executives for IT implementation success
by Mark Hagland

Methodist Hospital of Southern California's CIO Kara Marx, R.N., M.H.S. (right); Chief Clinical Informatics Officer Jason Aranda, R.N.; and VP and CNO Carolyn Tadeja, R.N.

Getting things right from the start has been a top priority for the rollout of automated nursing documentation at Methodist Hospital of Southern California. Not only have clinician and IT leaders at the 460-bed standalone community hospital in the Los Angeles suburb of Arcadia committed to careful, step-by-step success in rolling out the nursing documentation component of their EMR; they've obtained and maintained senior executive- and board-level commitment to getting it right the first time. As a result, the rollout of those tools has proceeded smoothly and collaboratively, says Methodist Hospital CIO, Kara Marx, R.N., M.H.S.

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Comprehensive clinical documentation
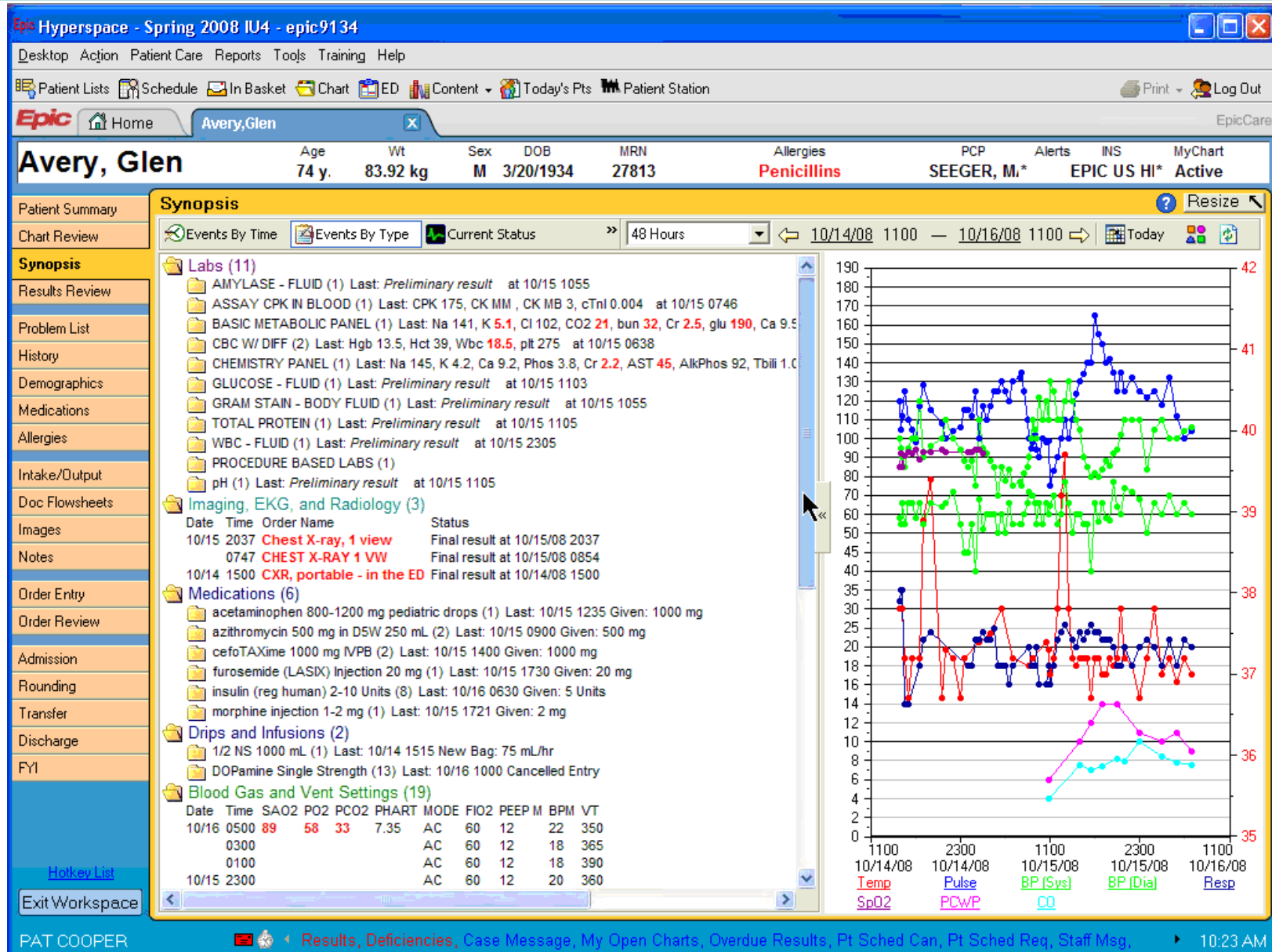
Interfaces from monitors & pumps

Computerized provider order entry (CPOE)

Link evidence based practice to EHR

Reminder: Elderly inpatients are at risk for decline in mobility and function during hospitalization

Summarizes evidence pulled from research

Includes references where nurses can click through to the study

Phase I (2005)

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Link evidence based practice to EHR

Phase III (2007)

Condition/problem: Pressure ulcer

Necessary evidence-based care prompts such as wound healing monitoring

Expected outcomes: Granulation of tissue, decreased pressure ulcer size

Source: PinnacleHealth presentation, 10/16/08.

Electronic event reporting

QUANTROS

CHP St. Ritas Medical Center
730 West Market Street, Lima OH 45801

Patient Safety Event ID: YMR2083636 (Anonymous)   Report D/T: 01/10/2009 13:45
Reporter: Anonymous Reporter   Event D/T: 01/10/2009

Mandatory fields designated by ''*   **Actual Medication Error**

What

* Was this an actual or near miss event?   ⊙ Actual Event   ○ Near Miss/Close Call   ⓘ

Use this section to search for and identify the specific type of event.

* What happened? | Dose/Unit(s) Omitted | 🔍

Drug Search Results from Multum Lexicon Database from Cerner Multum, Inc.

*Ordered Drug Name	Number of Doses Omitted	Add
Furosemide	1	

Additional Event Information

During which care process was this initiated? | Preparing ▼ |

During which care process did this occur? | Administering ▼ |

During which care process was this discovered? | Documenting ▼ |

Patient's weight (Pounds, Ounces, Kilograms): | 154 | lbs. | 5 | oz.   OR | 070 | kg.

Order Type: | Written ▼ |

Was there a known Drug Allergy?   ○ Yes   ⊙ No   Clear
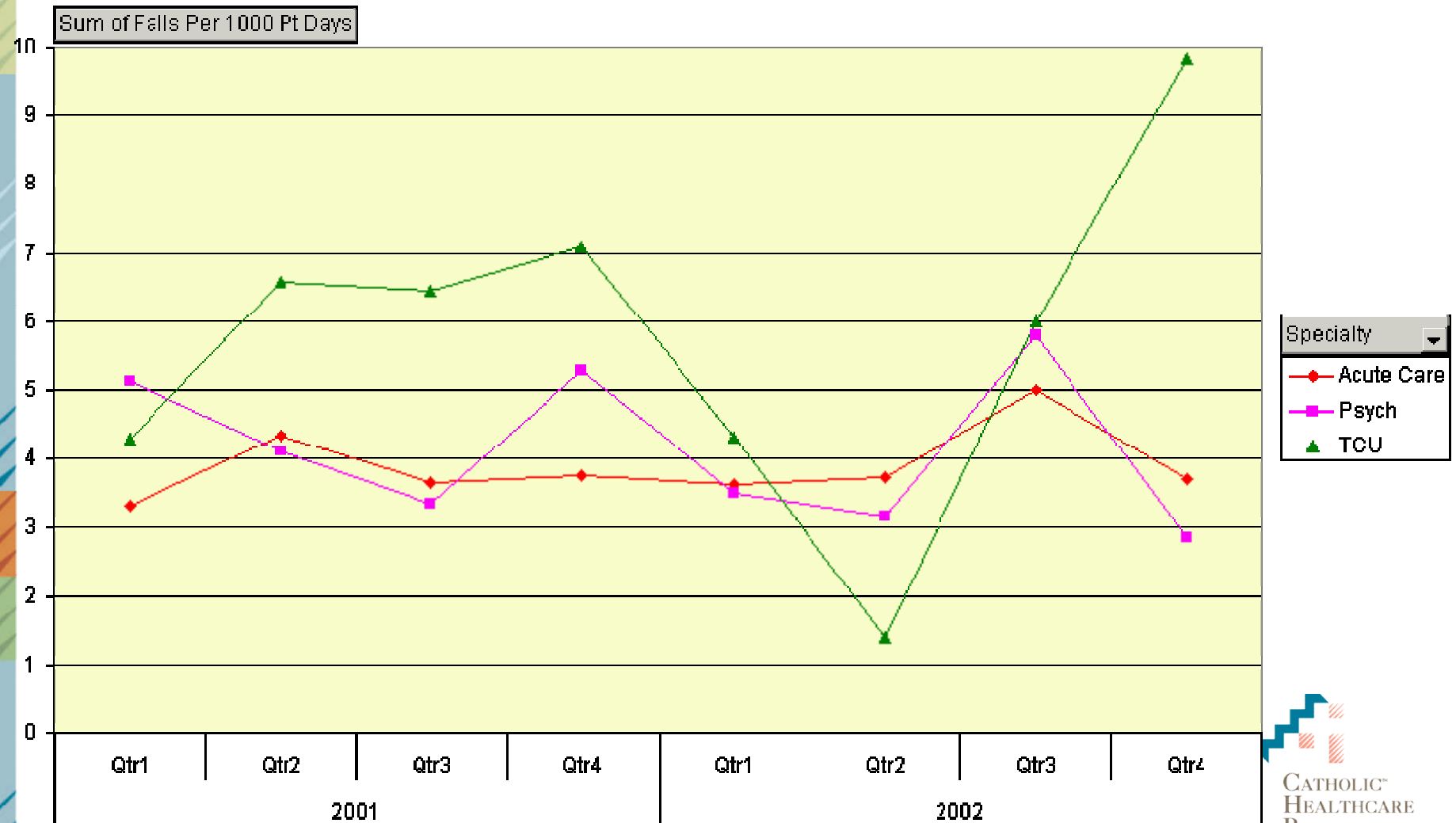
Did this Medication Error result in an Adverse Drug Event?   ○ Yes   ⊙ No   Clear

* Brief Factual Description of the Event/Occurrence: (Free Text):

Reporting adverse risk events

Trends in healthcare BI / analytics

- Alerts as action triggers

- Penetration of Lean Six Sigma

- Scorecards and dashboards

- ARRA / HITECH

Alerts as action triggers

Executive Summary Daily Report

Drill 1 of 4: FAC
  Drill 2 of 4: CEN YEAR; from FAC / A
    Drill 3 of 4: CEN MONTH; from CEN YEAR / 2009
▸   Drill 4 of 4: CEN DATE; from CEN MONTH / 2

* Active Alert: IP Revenue *

CEN DATE	OP VISITS	ER VISITS	ADMISSIONS	CENSUS	OP REVENUE	⬍ IP REVENUE
2/1/2009	5	138	28	255	336,245 ✗	856,948
2/2/2009	373	133	86	272	946,506	1,618,876
2/3/2009	480	136	78	285	1,066,395	1,598,640
2/4/2009	499	127	85	298	1,163,258	2,047,805
2/5/2009	551	155	90	321	1,221,951	2,227,533
2/6/2009	517	134	83	309	1,495,300	1,717,733
2/7/2009	12	130	27	277	345,220 ✗	960,973
Total	**2,437**	**953**	**477**	**2,017**	**6,574,877**	**11,028,507**

Fw: The Operations Scorecard has been updated with financial data. Please click on the link below to view the updated highlight. There will be links to view both PDF and Intellisource versions of the scorecard. - IBM Lotus N...

File Edit View Create Actions Window Help

Welcome | Fw: The Operations Scorecard ...

1 New Memo | 2 Reply ▾ | 3 Reply To All ▾ | 4 Forward ▾ | 5 Delete | 6 Follow Up ▾ | 7 Folder ▾ | 8 Copy Into New ▾ | 9 Chat ▾ | Show ▾ | Tools ▾

David R Yost/Corp/CHP
2008-05-15 09:00 AM

To   Adam Bartel/Corp/CHP@CHP
cc
bcc
Subject   Fw: The Operations Scorecard has been updated with financial data. Please click on the link below to view the updated highlight. There will be links to view both PDF and Intellisource versions of the scorecard.

----- Forwarded by David R Yost/Corp/CHP on 05/15/2008 08:57 AM -----

05/15/2008 08:56 AM

To   <HABartel@health-partners.org>, <Michael.Pazzo@health-partners.org>, <Ed_Oley@hmis.org>, <Ed_Ruth@hmis.
cc
Subject   The Operations Scorecard has been updated with financial data. Please click on the link below to view the
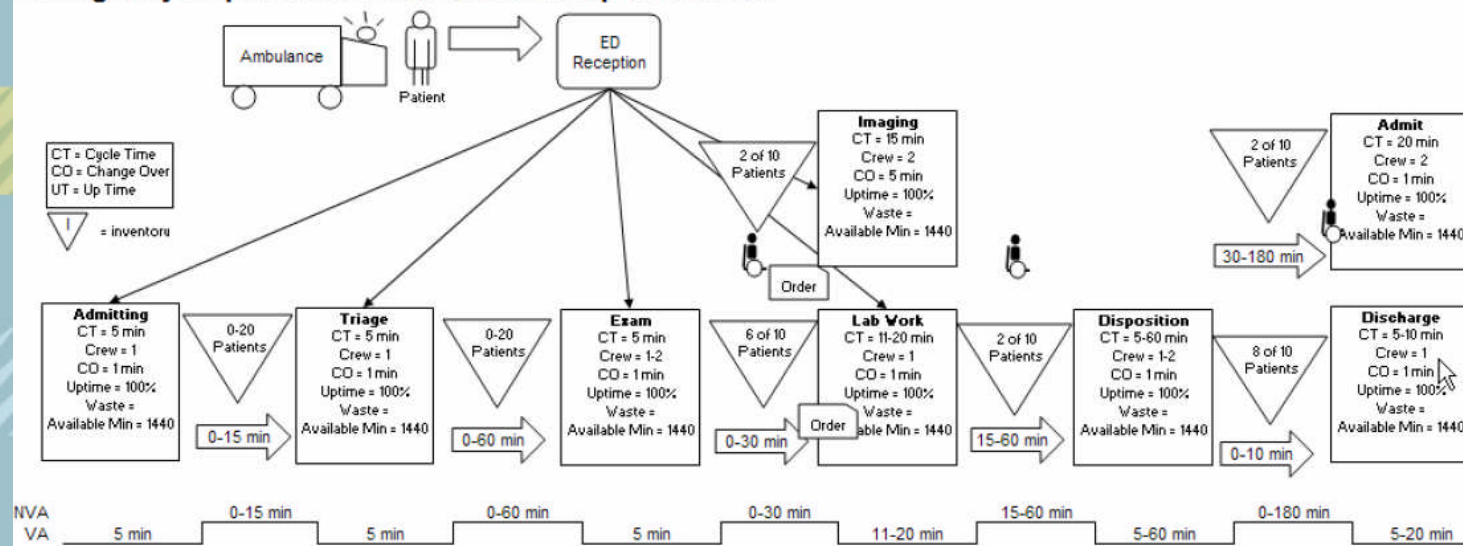
Entity Description: CHP Home Office
Highlight Name: Operations Scorecard - Tier 1 - Hyperion
Alert Name: Operations Scorecard Updated
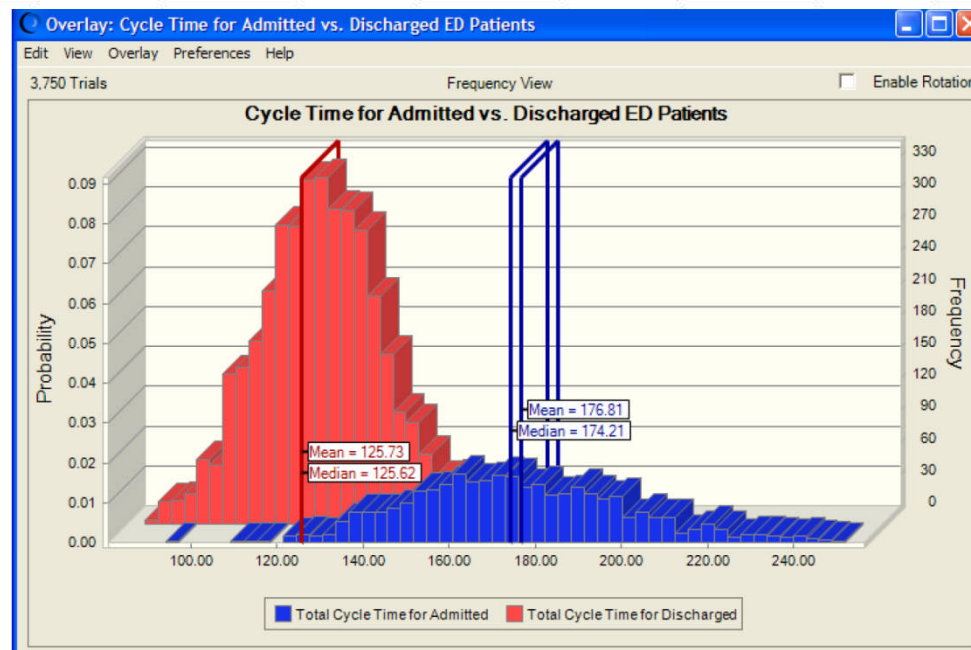**Last Evaluation Date:** May 15, 2008 08:56

I Am Active   Office

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Lean, Six Sigma, and SPC

Emergency Department Value Stream Map and Model

CMS HAC highlight

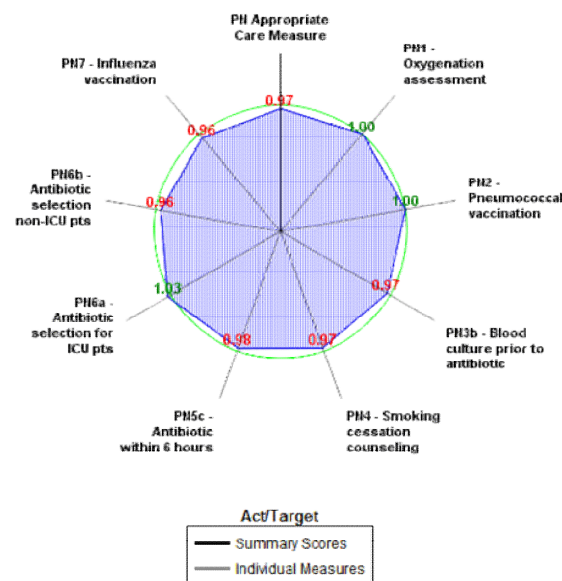**CHP Hospital Acquired Conditions**

▸ Drill 1 of 8: Region

Region	Cases	Cases w Any CMS HAC	Pct of Cases w CMS HAC	Air Embolism	Bariatric Surg Infection	Blood Incompatibility	CABG Surg Infection	Falls and Trauma	Foreign Object Retained	Ortho Surg Infection	Poor Glycemic Control	Pressure Ulcer Stage 3 or 4	VTE in Ortho Surg	UTI	Vascular Infection
11 - Mercy Health Partners Northern Region	42,220	59	0.14%	0	0	0	0	19	1	0	2	0	8	4	25
12 - West Central Ohio Health Partners	22,037	21	0.10%	0	0	0	0	11	1	1	0	0	2	0	6
13 - Community Health Partners	16,614	15	0.09%	0	0	0	0	8	0	0	0	0	0	5	2
21 - Community Mercy Health Partners	19,069	28	0.15%	0	0	0	0	9	0	0	0	0	0	10	10
22 - Humility of Mary Health Partners	39,134	138	0.35%	1	0	0	1	57	3	0	12	2	1	20	42
23 - Mercy Health Partners Southwest Ohio Region	50,843	75	0.15%	1	0	0	0	36	1	1	2	0	11	8	15
31 - Mercy Health Partners Tennessee Region	28,219	47	0.17%	0	0	0	0	19	1	0	1	0	8	5	13
32 - Mercy Health Partners Kentucky Region	14,202	35	0.25%	0	0	0	0	13	0	1	0	1	9	7	4
41 - Mercy Health Partners Northeast Region	11,816	26	0.22%	0	0	0	0	17	1	0	0	0	2	0	6
Report Total	244,154	444	0.18%	2	0	0	1	189	8	3	17	3	41	59	123

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Pneumonia core measure scorecard

CHP Core Measures - Pneumonia - PN 2009

CHP Chief Nurse Executive Scorecard

Division: Show All ▼

Region: Show All ▼   Refresh

Facility: Show All ▼

Measure	Current YTD	Last Year	Most Recent 4 Qtrs			
			Q2 2009	Q3 2009	Q4 2009	Q1 2010
Core Measures						
Core Measures Opps at Top Quartile	59%	68%	‡	‡	‡	59%
Harm Prevention						
HAC - Stage 3/4 Pressure Ulcer Rate	0.01%	0.00%	0.02%	0.00%	0.01%	‡
HAC Stage 3/4 Pressure Ulcer Incidents	24	6	13	3	5	‡
HAC Falls and Trauma Rate	0.04%	0.05%	0.03%	0.04%	0.04%	‡
HAC Falls and Trauma Incidents	86	127	21	23	15	‡
Mortality O/E Ratio	0.531	0.599	0.521	0.492	0.524	‡
Satisfaction						
Asscociate Satisfaction	3.90	3.79	‡	‡	‡	‡
Patient Satisfaction Comm. with Nurses	74.0%	72.9%	74.2%	74.0%	76.7%	‡
Stewardship						
Length of Stay O/E Ratio	1.06	1.10	1.05	1.04	1.05	‡
EIPA CMI Adjusted	582,296	633,990	161,035	159,658	105,159	‡

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Nursing dashboard – labor
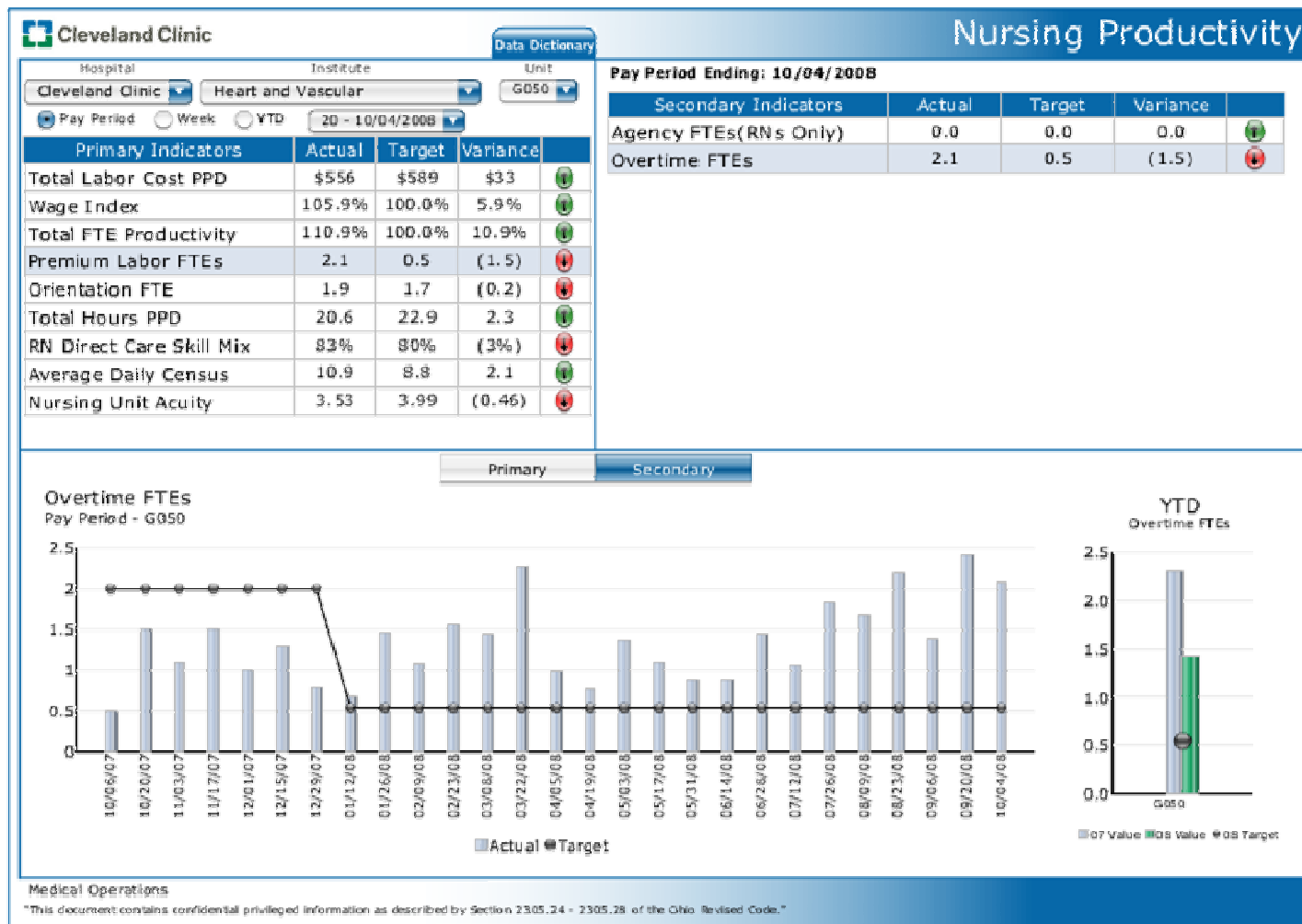
Nursing dashboard – HCAHPS

Visual examples of dashboard metrics
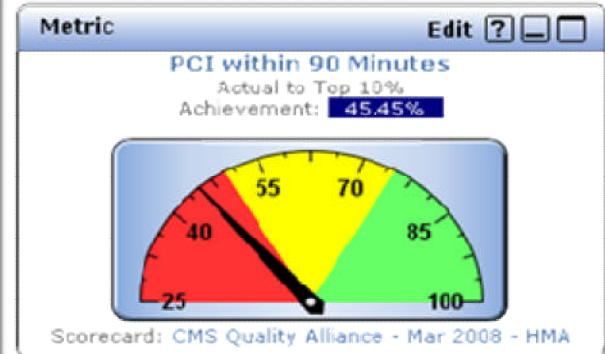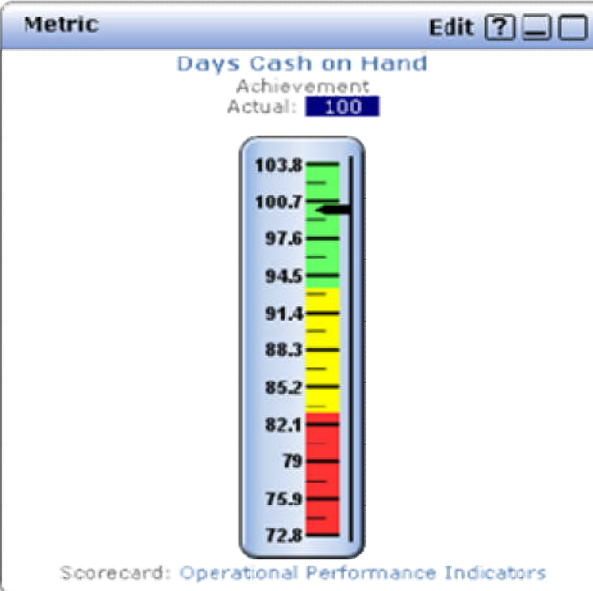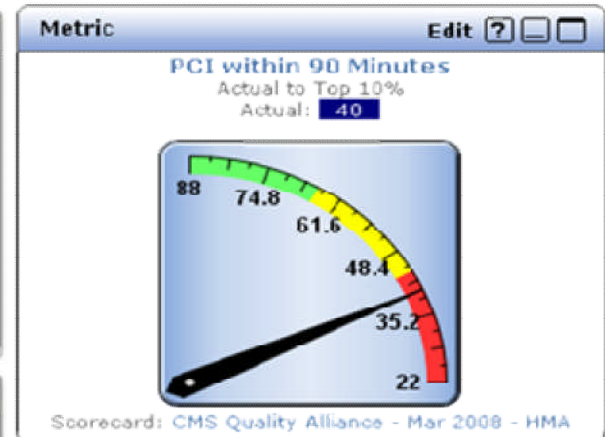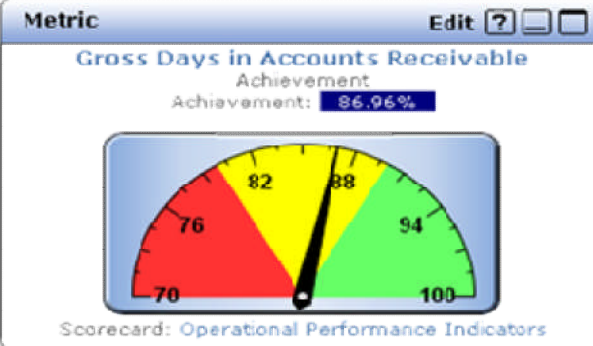
ARRA / HITECH

- American Recovery and Reinvestment Act of 2009

Healthcare Allocation:

- $86.6 billion for Medicaid
- $24.7 billion to provide a 65 percent subsidy of health care insurance premiums for the unemployed under the COBRA program
- $19 billion for health information technology
- $10 billion for health research and construction of National Institutes of Health facilities
- $1.3 billion for medical care for service members and their families (military)
- $1 billion for prevention and wellness
- $1 billion for the Veterns Health Adminstration
- $2 billion for Community Health Centers
- $1.1 billion to research the effectiveness of certain healthcare treatments
- $500 million to train healthcare personnel
- $500 million for healthcare services on Indian Reservation

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ARRA / HITECH

- Health Information Technology for Economic and Clinical Health Act
    - Provisions in Title XIII of ARRA
    - Details some requirements for receiving part of the $19,000,000,000 in incentive payments
    - For providers engaged in "meaningful use" of "certified electronic health records systems"
    - Awaiting clear definitions of these terms by the Office of the National Coordinator for HIT (ONCHIT) as of late December

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Beacon Award for Critical Care Excellence – Pediatric unit categories and questions audit tool - Are you ready for Beacon?
https://classic.aacn.org/AACN/ICURecog.nsf/Files/ped/$file/Ped.Beacon.Eval.pdf

Beacon Award progressive care unit categories and questions audit tool: Are you ready for Beacon?
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