November 12, 2020

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in a Quality Council Committee meeting at 7:00AM on Thursday, November 19, 2020, in the Kaweah Delta Lifestyle Center, Conference Room A, 5105 W. Cypress Avenue, or via GoTo Meeting from your computer, tablet or smartphone. https://global.gotomeeting.com/join/881426077 or call (224) 501-3412 - Access Code: 881-426-077.

The Board of Directors of the Kaweah Delta Health Care District will meet in a Closed Quality Council Committee at 7:01AM on Thursday, November 19, 2020, in the Kaweah Delta Lifestyle Center, Conference Room A, 5105 W. Cypress Avenue, pursuant to Health and Safety code 32155 & 1461. Board members and Quality Council closed session participants will access closed meeting via Confidential GoTo Meeting phone number provided to them.

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Quality Council Committee meeting at 8:00AM on Thursday November 19, 2020, in the Kaweah Delta Lifestyle Center, Conference Room A, 5105 Cypress Avenue, or via GoTo Meeting via computer, tablet or smartphone. https://global.gotomeeting.com/join/881426077 or call (224) 501-3412 - Access Code: 881-426-077.

All Kaweah Delta Health Care District regular board meeting and committee meeting notices and agendas are posted 72 hours prior to meetings in the Kaweah Delta Medical Center, Mineral King Wing entry corridor between the Mineral King lobby and the Emergency Department waiting room.

Due to COVID 19 visitor restrictions to the Medical Center - the disclosable public records related to agendas can be obtained by contacting the Board Clerk at Kaweah Delta Medical Center – Acequia Wing, Executive Offices (Administration Department) {1st floor}, 400 West Mineral King Avenue, Visalia, CA via email: cmoccio@kdhcd.org, via phone: 559-624-2330 or on the Kaweah Delta Health Care District web page http://www.kaweahdelta.org.

KAWEAH DELTA HEALTH CARE DISTRICT
David Francis, Secretary/Treasurer

Cindy Moccio

Cindy Moccio
Board Clerk, Executive Assistant to CEO

DISTRIBUTION:
Governing Board, Legal Counsel, Executive Team, Chief of Staff
http://www.kaweahdelta.org

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS
QUALITY COUNCIL

Thursday, November 19, 2020

5105 W. Cypress Avenue

The Lifestyle Center; Conference Room A

Call in option: 1-224-501-3412 Access Code: 881-426-077

ATTENDING: Board Members; Herb Hawkins – Committee Chair, David Francis; Gary Herbst, CEO; Keri Noeske, RN, BSW, DNP, VP & CNO; Anu Banerjee, PhD, VP & Chief Quality Officer, Byron Mendenhall, MD, Chief of Staff; Monica Manga, MD, Professional Staff Quality Committee Chair; Daniel Hightower, MD, Secretary/Treasurer; Harry Lively, MD, Past Chief of Staff; Lori Winston, MD, DIO & VP of Medical Education; Tom Gray, MD, Quality and Patient Safety Medical Director; Sandy Volchko, Director of Quality and Patient Safety; Ben Cripps, Chief Compliance Officer, and Michelle Adams, Recording.

OPEN MEETING – 7:00AM

1. **Call to order** – *Herb Hawkins, Committee Chair*
2. **Public / Medical Staff participation –** Members of the public wishing to address the Committee concerning items not on the agenda and within the subject matter jurisdiction of the Committee may step forward and are requested to identify themselves at this time. Members of the public or the medical staff may comment on agenda items after the item has been discussed by the Committee but before a Committee recommendation is decided. In either case, each speaker will be allowed five minutes.
3. **Approval of Quality Council Closed Meeting Agenda** – 7:01AM
   - **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461 – *Monica Manga, MD, and Professional Staff Quality Committee Chair;*
   - **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461 – *Anu Banerjee, PhD, VP & Chief Quality Officer*
4. **Adjourn Open Meeting** – *Herb Hawkins, Committee Chair*

CLOSED MEETING – 7:01AM

1. **Call to order** – *Herb Hawkins, Committee Chair & Board Member*
2. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461 – *Monica Manga, MD, and Professional Staff Quality Committee Chair*
3. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461 –– *Anu Banerjee, PhD, VP & Chief Quality Officer*

4. **Adjourn Closed Meeting** – *Herb Hawkins, Committee Chair*

OPEN MEETING – 8:00AM

1. **Call to order** – *Herb Hawkins, Committee Chair*
2. **Public / Medical Staff participation –** Members of the public wishing to address the Committee concerning items not on the agenda and within the subject matter jurisdiction of the Committee may step forward and are requested to identify themselves at this time. Members of the public or the medical staff may comment on agenda items after the item has been discussed by the Committee but before a Committee recommendation is decided. In either case, each speaker will be allowed five minutes.
3. **Written Quality Reports –** A review of key quality metrics and actions associated with the following improvement initiatives:
   - 3.1. **Healthgrades**
   - 3.2. **Central Line Associated Blood Stream Infection (CLABSI)/ MRSA Quality Focus Team**
4. **Follow Up From Previous Meetings** – *Keri Noeske, RN, BSW, DNP, VP & Chief Nursing Officer; Shawn Elkin, RN, PHN, CIC, Manager of Infection Prevention*
   - 4.1. **Catheter Associated Urinary Tract Infection (CAUTI) May Case Reviews**
   - 4.2. **Handoff Quality Focus Team Evaluation and Electronic Tool**
5. **Centers for Medicare and Medicaid Services (CMS) Incentive-Based Quality Improvement Programs –** A review of the financial impact of the CMS Healthcare Acquired Condition (HAC) Reduction Program, Readmission Reduction Program and the Value-Based Purchasing Program. *Anu Banerjee, PhD, VP & Chief Quality Officer; Tom Gray, MD, Quality and Patient Safety Medical Director; Sandy Volchko, RN, DNP, Director of Quality and Patient Safety*
6. **Length of Stay Reduction –** Review of the revised plan to approach length of stay reduction. *Anu Banerjee, PhD, VP & Chief Quality Officer; Keri Noeske, DNP, RN, VP & Chief Nursing Officer; Malinda Tupper, CPA, VP & Chief Financial Officer.*
7. **Update: Proposed Clinical Quality Goals -** A review of current performance and actions focused on the FY 2020 clinical quality goals. *Sandy Volchko, RN, DNP, Director of Quality and Patient Safety.*
8. **Adjourn Closed Meeting** – *Herb Hawkins, Committee Chair*

In compliance with the Americans with Disabilities Act, if you need special assistance to participate at this meeting, please contact the Board Clerk (559) 624-2330. Notification 48 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to the Kaweah Delta Health Care District Board of Directors committee meeting.

KAWEAH DELTA HEALTH CARE DISTRICT

QUALITY COUNCIL

THURSDAY NOVEMBER 19, 2020

CLOSED MEETING SUPPORTING DOCUMENTS

PAGES 4-17

KDHCD - QUALITY COUNCIL

THURSDAY NOVEMBER 19, 2020

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PAGES 4-17

Healthgrades
2020 Annual Report

Anu Banerjee, VP CQO &
Sandy Volchko, Director of Quality & Patient Safety
Evelyn McEntire, QI Manager

Healthgrades Methodology Summary

- Ratings based on 3 years of Medicare claims data (2017 – 2020)
- Measures risk-adjusted mortality (inpatient and 30 day) or surgical complications in 30 different diagnoses or procedures
- Star ratings are presented as:
  - “better” – 5 stars (top 15%)
  - “as expected” – 3 stars (middle 70%)
  - “worse” – 1 star (bottom 15%)
- *NEW* Gastrointestinal

New Awards

Kaweah Delta Medical Center: 2021 America's Best Honors

All Messaging & Ratings are Embargoed until October 20, 2020

Maintained Awards

Kaweah Delta Medical Center: 2021 America's Best Honors

All Messaging & Ratings are Embargoed until October 20, 2020

2021 Specialty Excellence Awards

Kaweah Delta Medical Center

All Messaging & Ratings are Embargoed until October 20, 2020

Top 5% in the Nation
4 years in a row
(2017 – 2021)

Top 5% in the Nation
2 years in a row
(2020 – 2021)

Top 5% in the Nation
3 years in a row
(2019 – 2021)

Top 5% in the Nation
8 years in a row
(2014 – 2021)

Top 5% in the Nation
2 years in a row
(2020 – 2021)

Kaweah Delta Medical Center: 2021 Clinical Achievements

Hospital Wide
Recipient of Healthgrades® 'America's 250 Best Hospitals' Award™ for 3 Years in a Row (2019-2021)
Best Specialty
One of Healthgrades America's 50 Best Hospitals for Cardiac Surgery™ for 4 Years in a Row (2018-2021)
One of Healthgrades America's 100 Best Hospitals for Stroke Care™ in 2021
One of Healthgrades America's 100 Best Hospitals for Pulmonary Care™ in 2021
One of Healthgrades America's 100 Best Hospitals for Critical Care™ in 2021
Cardiac
Recipient of the Healthgrades Cardiac Surgery Excellence Award™ for 5 Years in a Row (2017-2021)
Named Among the Top 5% in the Nation for Cardiac Surgery for 4 Years in a Row (2018-2021)
Named Among the Top 10% in the Nation for Cardiac Surgery for 5 Years in a Row (2017-2021)
Five-Star Recipient for Coronary Bypass Surgery for 5 Years in a Row (2017-2021)
Five-Star Recipient for Valve Surgery in 2021
Five-Star Recipient for Treatment of Heart Failure in 2021

healthgrades.

All Messaging & Ratings are Embargoed until October 20, 2020

Kaweah Delta

Kaweah Delta Medical Center: 2021 Clinical Achievements

Neurosciences
Recipient of the Healthgrades Neurosciences Excellence Award™ for 2 Years in a Row (2020-2021)
Recipient of the Healthgrades Stroke Care Excellence Award™ for 3 Years in a Row (2019-2021)
Named Among the Top 5% in the Nation for Treatment of Stroke for 3 Years in a Row (2019-2021)
Named Among the Top 10% in the Nation for Neurosciences for 2 Years in a Row (2020-2021)
Named Among the Top 10% in the Nation for Treatment of Stroke for 3 Years in a Row (2019-2021)
Five-Star Recipient for Treatment of Stroke for 7 Years in a Row (2015-2021)
Pulmonary
Recipient of the Healthgrades Pulmonary Care Excellence Award™ for 8 Years in a Row (2014-2021)
Named Among the Top 5% in the Nation for Overall Pulmonary Services in 2021
Named Among the Top 10% in the Nation for Overall Pulmonary Services for 8 Years in a Row (2014-2021)
Five-Star Recipient for Treatment of Chronic Obstructive Pulmonary Disease in 2021
Five-Star Recipient for Treatment of Pneumonia for 8 Years in a Row (2014-2021)

healthgrades.

All Messaging & Ratings are Embargoed until October 20, 2020

Kaweah Delta

Kaweah Delta Medical Center: 2021 Clinical Achievements

Gastrointestinal
Five-Star Recipient for Gallbladder Removal Surgery in 2021
Critical Care
Recipient of the Healthgrades Critical Care Excellence Award™ for 2 Years in a Row (2020-2021)
Named Among the Top 5% in the Nation for Critical Care in 2021
Named Among the Top 10% in the Nation for Critical Care for 2 Years in a Row (2020-2021)
Five-Star Recipient for Treatment of Sepsis for 9 Years in a Row (2013-2021)
Five-Star Recipient for Treatment of Respiratory Failure for 3 Years in a Row (2019-2021)

healthgrades.

All Messaging & Ratings are Embargoed until October 20, 2020

Kaweah Delta

▲▼ Indicates rating change from previous year

❖ Recipient of Specialty Excellence Award

2021 Quality Star Ratings – KDMC

2021 Medpar Ratings		Mortality Inhospital		Mortality Inhospital + 30		Complications
Cardiac	❖					
Coronary Bypass Surgery		★★★★★		★★★★★		
Valve Surgery		★★★★★	▲	★★★★★	▲	
Coronary Interventional Procedures		★★★		★★★		
Heart Attack		★★★		★★★		
Heart Failure		★★★★★	▲	★★★★★	▲	
Defibrillator Procedures						★★★
Pacemaker Procedures						★★★
Orthopedics						
Total Knee Replacement						★★★
Total Hip Replacement						★★★
Hip Fracture Treatment						★★★
Back Surgery						★
Spinal Fusion Surgery						★★★

healthgrades.

All Messaging & Ratings are Embargoed until October 20, 2020

Kaweah Delta

▲▼ Indicates rating change from previous year

❖ Recipient of Specialty Excellence Award

2021 Quality Star Ratings – KDMC

2021 Medpar Ratings		Mortality Inhospital		Mortality Inhospital + 30	Complications
Neurosciences	❖				
Cranial Neurosurgery		★★★		★★★	
Stroke	❖	★★★★★		★★★★★	
Pulmonary	❖				
Chronic Obstructive Pulmonary Disease		★★★★★	▲	★★★	
Pneumonia		★★★★★		★★★★★	
Vascular					
Repair of Abdominal Aorta					★★★
Carotid Procedures					★★★
Peripheral Vascular Bypass					★★★
Prostate Surgery					
Prostate Removal Surgery					★★★

healthgrades.

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Kaweah Delta

▲▼ Indicates rating change from previous year

❖ Recipient of Specialty Excellence Award

2021 Quality Star Ratings – KDMC

2021 Medpar Ratings	Mortality Inhospital	Mortality Inhospital + 30	Complications
Gastrointestinal			
Esophageal/Stomach Surgeries	★★★	★★★	
Small Intestine Surgeries	★★★	★★★	
Colorectal Surgeries	★★★	★★★	
GI Bleed	★★★	★★★	
Bowel Obstruction	★★★	★★★	
Pancreatitis	★★★	★★★	
Gallbladder Removal Surgery			★★★★★ ▲
Critical Care ❖			
Sepsis	★★★★★	★★★★★	
Pulmonary Embolism	★★★	★★★	
Respiratory Failure	★★★★★	★★★★★	
Diabetic Emergencies	★★★	★★★	

healthgrades.

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Kaweah Delta

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❖ Recipient of Specialty Excellence Award

2021 Quality Star Ratings – KDMC

2021 Medpar Ratings		Mortality Inhospital		Mortality Inhospital + 30		Complications
Cardiac	❖					
Coronary Bypass Surgery		★★★★★		★★★★★		
Valve Surgery		★★★★★	▲	★★★★★	▲	
Coronary Interventional Procedures		★★★		★★★		
Heart Attack		★★★		★★★		
Heart Failure		★★★★★	▲	★★★★★	▲	
Defibrillator Procedures						★★★
Pacemaker Procedures						★★★
Orthopedics						
Total Knee Replacement						★★★
Total Hip Replacement						★★★
Hip Fracture Treatment						★★★
Back Surgery						★
Spinal Fusion Surgery						★★★

healthgrades.

All Messaging & Ratings are Embargoed until October 20, 2020

Kaweah Delta

Results Summary

- No decrease seen in any category for 2021 ratings
- Better or as expected in all diagnoses or procedures measured (except back surgery)
    - Back Surgery complications remain at 1 star
- New Gastrointestinal category – 5 stars in gallbladder removal surgery
- Improved from 3 to 5 stars in cardiac valve surgery, heart failure, COPD mortalities

Questions?

Central Line Blood Stream Infection (CLABSI) Quality Focus Team Report August 11, 2020

Amy Baker, Director of Renal Services (Chair)
Emma Camarena, Advanced Practice Nurse (Co-Chair)
Shawn Elkin, infection Prevention Manager (IP Liaison)

Kaizen Analysis

Analysis:

Identified Root Causes (in order from most significant to least):

1. Line Necessity
2. Bundle Practice
3. Education
4. Cultures
5. Central Line Insertion
6. Bathing
7. Leadership Standard Work
8. Documentation
9. Human Factors

Kaizen improvement strategies focused on addressing the top 4 root causes

Action Plan

Improvement Strategy	Who?	When?
Line Necessity –Implementation of interventions delayed due to COVID-19 pandemic	Emma C. Joetta D.	March 31, 2020 (TPN orders 7/2020)
Bundle Practice-Implementation of interventions delayed due to COVID-19 pandemic	Amy Baker	March 31, 2020
Education-Implementation of interventions delayed due to COVID-19 pandemic priorities	Eileen P. Enri S.	March 31, 2020 (Comp Fair 6/20)
Blood Cultures: The Culture of Culturing	Dr. Gray & Shawn Elkin	
Leadership Standard Work	Mary Laufer	
Improve location and par of central line supplies • Include in manager communication plan; • Include in RN & CNA education that they need to follow up with CN or manager that PAR level needs to be adjusted; also talk to manager & central distribution	Kaizen Team Education Team	
Email Take-Always after CLABSI committee review of events	Amy Baker	
Insertion: New site = New kit to be included with MD/resident education with Dr. LeDonne—Conference cancelled due to COVID-19 pandemic.	Dr. Gray Shawn Elkin	

*Covid -19 Pandemic impacted resources 3 Weeks after Clabsi Kaizen E

Post Kaizen- Gemba Data

CLABSI Committee Dashboard

Measure Description	Benchmark/ Target	Mar-20	Apr-20	May-20	Jun-20
OUTCOME MEASURES					
Number of CLABSI	0	0	1	0	
Days Between Events (from Nov 2019) (from last CLABSI to end of reporting month OR next CLABSI) BASELINE(4/1208 to 10/2019) = 12.78	>30	143	26 (4/4/20)	57	
Quarterly SIR (all payor)	≤ 0.784	0.248			
FYTD SIR (all payor) BASELINE (FY19) =1.557	≤ 0.784	0.9	0.81	0.74	
PROCESS MEASURES					
CL Gemba Rounds					
% of Gemba Rounds Completed	100%	n/a	n/a	n/a	n/a
% of pts with bath within 24 hrs	100%	n/a	81%	75%	80%
% of CL with valid rationale	100%	n/a	93%	98%	97%
% of CL dressings clean, dry and intact	100%	n/a	92%	92%	95%
% of CL that had drsg change no > than 7 days	100%	n/a	97%	87%	90%
% of patients with proper placed gardiva patch	100%	n/a	83%	81%	93%
% of CL pts with app & complete documentation	100%	n/a	81%	81%	86%
# of Pt Central Line days rounded on	n/a	n/a	426	1052	1315

Total Number of Patient Central Line Days Rounded on = 2,793

97% of Central Lines had a valid reason for the month of June

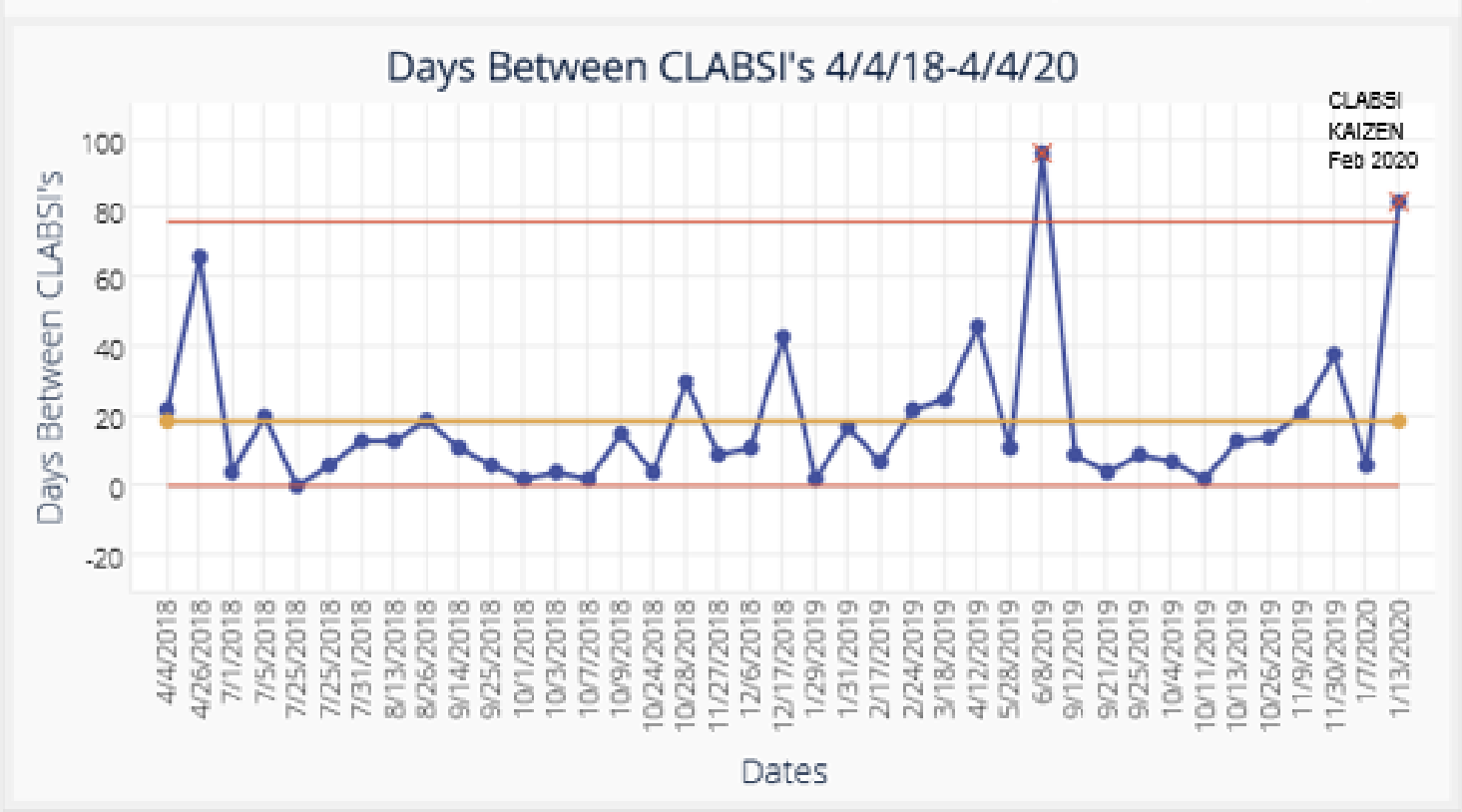
95% of Central Lines had a clean dry and intact dressing for the month of June

93% of Central Lines had a Gardiva patch placed appropriately

CLABSI Kaizen Next Steps

- IUC/ Central Line Gemba form revised for ease of use
- Data collection process simplified
- Continue to monitor when appropriate to re initiate some Kaizen initiatives that are put on hold due to COVID- 19 Pandemic

Days Between Clabsi's



Results Report

BASELINE DATA
July-Dec 2019
SIR = 1.47
Goal = ≤0.784

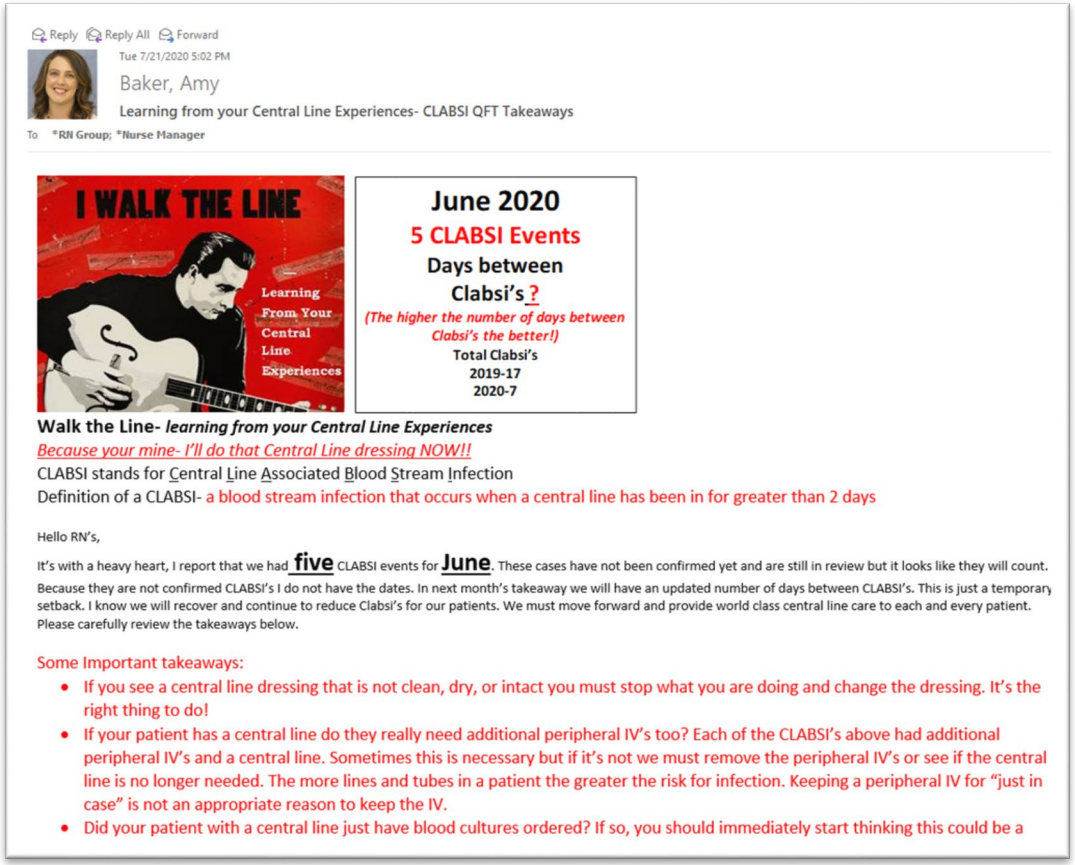
Mean days between CLABSIs 4/2018 to 1/2020 = 17
Goal > 40.5

Update: April 2020
Oct 2019-April 2020
SIR = 1.02

Mean days between CLABSI 4/2018 to 4/2020 = 18.74

Clabsi QFT- Plans for Improvement

- Sending out potential Clabsi's to each unit to increase awareness as soon as a potential Clabsi is detected
- Continuing to make advancements to Power Plan to increase awareness of appropriate line placement
  - For example: new pop up alert when MD is ordering a Central Line to validate reason and that other methods (PICC or Midline) have been explored
- Culture of Culturing Subcommittee meeting to prevent unnecessary testing
- Evaluating the need to bring back the IV Safety Team (IV Safety Team was terminated due to budget and staffing)
- New Central Line Dressing kit coming soon due to All Points no longer supplying current kits
- Continue to push out educational topics in our Clabsi Takeaway emails



Reply Reply All Forward

Tue 7/21/2020 5:02 PM

Baker, Amy

Learning from your Central Line Experiences- CLABSI QFT Takeaways

To *RN Group; *Nurse Manager

June 2020

5 CLABSI Events

Days between Clabsi's ?

(The higher the number of days between Clabsi's the better!)

Total Clabsi's

2019-17

2020-7

Walk the Line- ***learning from your Central Line Experiences***

Because your mine- I'll do that Central Line dressing NOW!!

CLABSI stands for Central Line Associated Blood Stream Infection

Definition of a CLABSI- a blood stream infection that occurs when a central line has been in for greater than 2 days

Hello RN's,

It's with a heavy heart, I report that we had **five** CLABSI events for **June**. These cases have not been confirmed yet and are still in review but it looks like they will count. Because they are not confirmed CLABSI's I do not have the dates. In next month's takeaway we will have an updated number of days between CLABSI's. This is just a temporary setback. I know we will recover and continue to reduce Clabsi's for our patients. We must move forward and provide world class central line care to each and every patient. Please carefully review the takeaways below.

Some Important takeaways:

- If you see a central line dressing that is not clean, dry, or intact you must stop what you are doing and change the dressing. It's the right thing to do!
- If your patient has a central line do they really need additional peripheral IV's too? Each of the CLABSI's above had additional peripheral IV's and a central line. Sometimes this is necessary but if it's not we must remove the peripheral IV's or see if the central line is no longer needed. The more lines and tubes in a patient the greater the risk for infection. Keeping a peripheral IV for "just in case" is not an appropriate reason to keep the IV.
- Did your patient with a central line just have blood cultures ordered? If so, you should immediately start thinking this could be a

Future State Predications

Organizational Clinical Quality Goals FY20

	Current									Future State Scenario				FYTD	Baseline	SIR GOAL
	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	April 2020	May 2020	June 2020	Total	Total		
CLABSI (SIR)	0.00	0.00	2.70	3.67	1.11	0.00	0.98	0.00	0.00	0.79	0.00	0.00	0.73	0.90	1.253 ↓28%	<0.784 or 12
numerator (actual)	0	0	3	4	2	0	1	0	0	1	0	0	11	10		
denominator (predicted)	1.19	1.23	1.11	1.09	1.8	1.13	1.02	1.27	1.22	1.28	1.28	1.28	15.12	11.06		

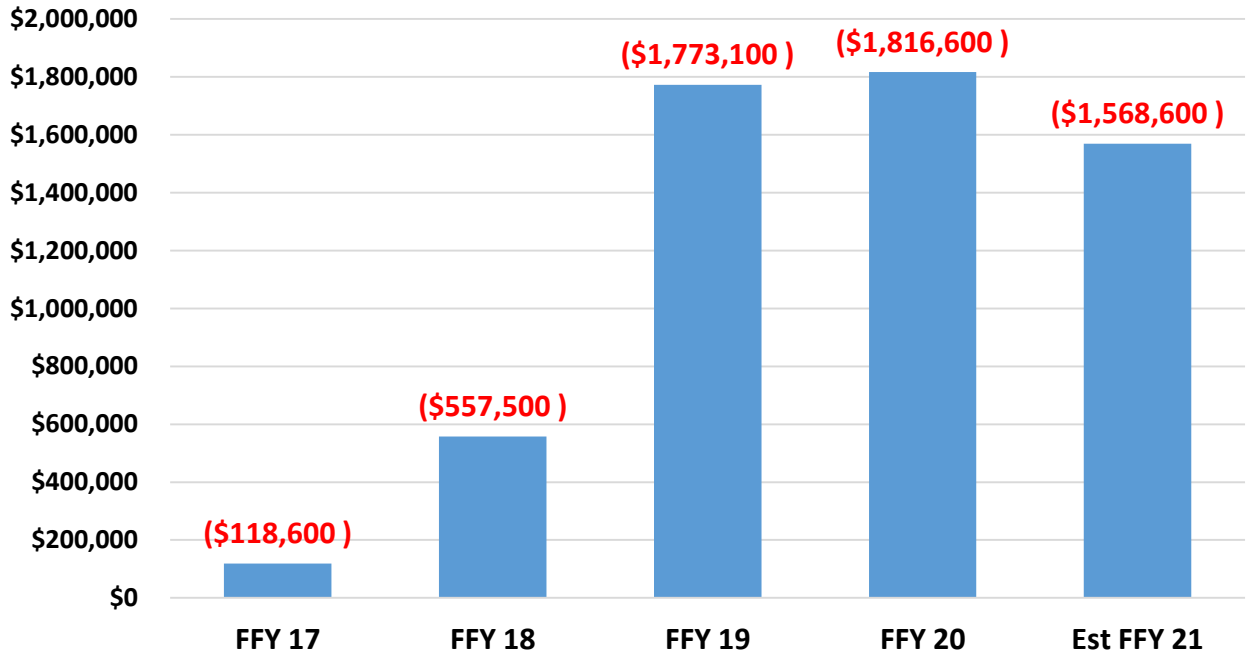
QUESTIONS?

Centers for Medicare and Medicaid Services (CMS) Acute Care Incentive-Based Quality Improvement Programs

CMS Acute Care Incentive-Based Quality Programs

3 CMS Acute Care Incentive-Based QI Programs:

- Value-Based Purchasing
- Readmission Reduction
- Healthcare Acquired Condition (HAC) Reduction



Medicare Quality Program Impacts

					CHA Estimated
	FFY 17	**FFY 18**	**FFY 19**	**FFY 20**	**FFY 21**
Value Based Purchasing Adjustment	($118,600)	($461,400)	($407,100)	($469,500)	($188,200)
Readmission Adjustment	$0	($96,100)	($222,400)	($173,600)	($173,600)
HAC Reduction Program 1 % Penalty	$0	$0	($1,143,600)	($1,173,500)	($1,206,800)
Total	**($118,600)**	**($557,500)**	**($1,773,100)**	**($1,816,600)**	**($1,568,600)**

Value Based Purchasing Measures Fiscal Year 2021

- Payment adjustment effective for discharges from Oct 1, 2020 and Sept 30, 2021
- For outcomes reported in CY 2019 (Safety, Efficiency and Engagement Domains) and July 1, 2016 through June 30, 2019 for Clinical Care Domain

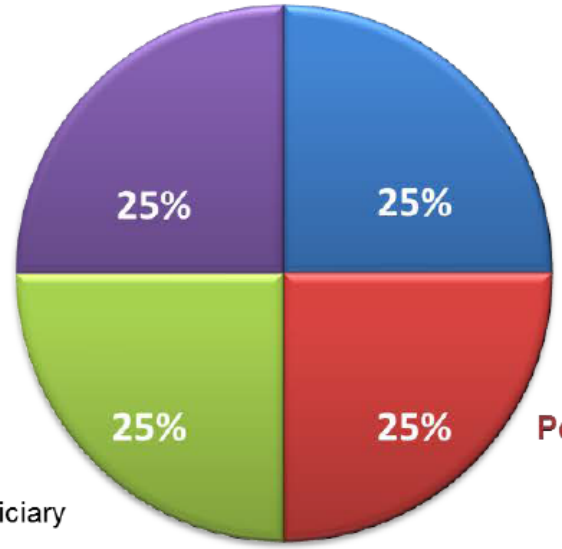
Safety

1. **CDI**: Clostridium difficile Infection
2. **CAUTI**: Catheter-Associated Urinary Tract Infection
3. **CLABSI**: Central Line-Associated Bloodstream Infection
4. **MRSA**: Methicillin-Resistant *Staphylococcus aureus* Bacteremia
5. **SSI**: Surgical Site Infection Colon Surgery & Abdominal Hysterectomy
6. **PC-01**: Elective Delivery Prior to 39

Efficiency and Cost Reduction

1. **MSPB**: Medicare Spending per Beneficiary

Domain Weights



Clinical Care

1. **MORT-30-AMI**: Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
2. **MORT-30-HF**: Heart Failure (HF) 30-Day Mortality Rate
3. **MORT-30-PN**: Pneumonia (PN) 30-Day Mortality Rate
4. **THA/TKA**: Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate

Person and Community Engagement

HCAHPS Survey Dimensions

1. Communication with Nurses
2. Communication with Doctors
3. Responsiveness of Hospital Staff
4. Communication about Medicines
5. Cleanliness and Quietness of Hospital Environment
6. Discharge Information
7. Care Transition
8. Overall Rating of Hospital

CMS – HAC Program

Updated Sept 2019 - CHA

In the calculation of HAC scores, CMS has two domains that are weighted as below

Domain 1 (CMS PSI 90 measures) : 15%

Domain 2 (CLABSI, CAUTI, MRSA, CDI): 85%

Domain 1 - The CMS PSI 90 measure includes the following ten CMS PSIs: (21 mo 10/2015-6/2017)

- PSI 03 – Pressure Ulcer Rate
- PSI 06 – Iatrogenic Pneumothorax Rate
- PSI 08 – In-Hospital Fall with Hip Fracture Rate
- PSI 09 – Perioperative Hemorrhage or Hematoma Rate
- PSI 10 – Postoperative Acute Kidney Injury Requiring Dialysis Rate
- PSI 11 – Postoperative Respiratory Failure Rate
- PSI 12 – Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate
- PSI 13 – Postoperative Sepsis Rate
- PSI 14 – Postoperative Wound Dehiscence Rate
- PSI 15 – Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate

Domain 2 – CDC NHSN HAI measures (1/2016-12/2017)

The CDC calculates standardized infection ratios (SIRs) for the CLABSI, CAUTI, SSI, MRSA bacteremia, and CDI measures. SIRs compare observed-to-predicted numbers of HAIs.

The CLABSI, CAUTI, SSI, MRSA bacteremia, and CDI measures are risk-adjusted at the hospital level and patient care unit level. For FY 2019, the CDC used chart-abstracted and laboratory surveillance data from NHSN for infections that occurred between January 1, 2016 and December 31, 2017.

If a hospital falls into the worst performing 25% of all hospitals their payment is reduced by **1%** which is applied to all Medicare discharges between **Oct 2018-Sept 2019.**

PSI = Patient Safety Indicator

CMS – HRRP

CMS includes the following six condition or procedure-specific 30-day risk-standardized unplanned readmission measures in the program:

- Acute myocardial infarction (AMI)
- Chronic obstructive pulmonary disease (COPD)
- Heart failure (HF)
- Pneumonia
- Coronary artery bypass graft (CABG) surgery
- Elective primary total hip arthroplasty and/or total knee arthroplasty (THA/TKA)

CMS calculates the payment reduction and component results for each hospital based on its performance during a rolling three-year performance period. The payment adjustment factor is the form of the payment reduction CMS uses to reduce hospital payments. Payment reductions are applied to all Medicare fee-for-service base operating diagnosis-related group payments during the FY (October 1 to September 30). The payment reduction is capped at 3 percent (that is, a payment adjustment factor of 0.97).

After the Review and Correction period, CMS reports HRRP data in the Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System Final Rule Supplemental Data File on CMS.gov. In addition, CMS reports hospitals' HRRP data on *Hospital Compare* or the successor website.

Improvement Strategies/Plan

Mortality & Readmission Plan:

- Diagnosis specific teams, clinical pathways

Healthcare Acquired Conditions

- Committees for CAUTI, CLABSI/MRSA, Surgical Site Infection (SSI), CDiff
- Focused QI work in Kaizens with detailed action plans

Patient Safety Indicators (PSIs)

- PSI Committee and Surgical Quality Improvement Committee
- Hospital Acquired Pressure Injury Team, Falls Committee

Patient Experience:

- Patient Experience Steering Committee focused work – Leader rounding, operation always

QUESTIONS?

Clinical Quality Goal Update
November 2020

FY 21 Clinical Quality Goals

	Jul-Aug 2020 Higher is Better	FYTD %	FY21 Goal	FY20	Last 6 Months FY20
SEP-1 (% Bundle Compliance)	75%	75%	≥ 70%	67%	69%

Percent of patients with this serious infection complication that received “perfect care”. Perfect care is the right treatment at the right time for our sepsis patients.

Our Mission

Health is our passion. Excellence is our focus. Compassion is our promise.

Our Vision

To be your world-class healthcare choice, for life

	July 2020 Lower is Better	Aug 2020 Lower is Better	Sept 2020 Lower is Better	Estimated Annual Number Not to Exceed to Achieve Goal*	FYTD SIR** (number of actual divided by number expected)	FY21 Goal	FY20
CAUTI Catheter Associated Urinary Tract Infection	3	0	1	13	0.78	≤0.727	1.12
CLABSI Central Line Associated Blood Stream Infection	2	1	2	9	1.28	≤0.633	1.2
MRSA Methicillin-Resistant Staphylococcus Aureus	2	2	1	5-6	1.29	≤0.748	1.02

*based on FY20 NHSN predicted

**Standardized Infection Ratio is the number of patients who acquired one of these infections while in the hospital divided by the number of patients who were expected.

Sepsis Top Key Improvement Strategies

Top Initiatives (six sigma teamwork):

- Sepsis alert notification of providers, revision of electronic form and mandatory follow up
- Sepsis handoff, electronic version to ensure flow from ED to inpatient
- Re-launching mandatory education for new hires post-COVID
- Resident education (new residents in July 2020)

Fall Outs:

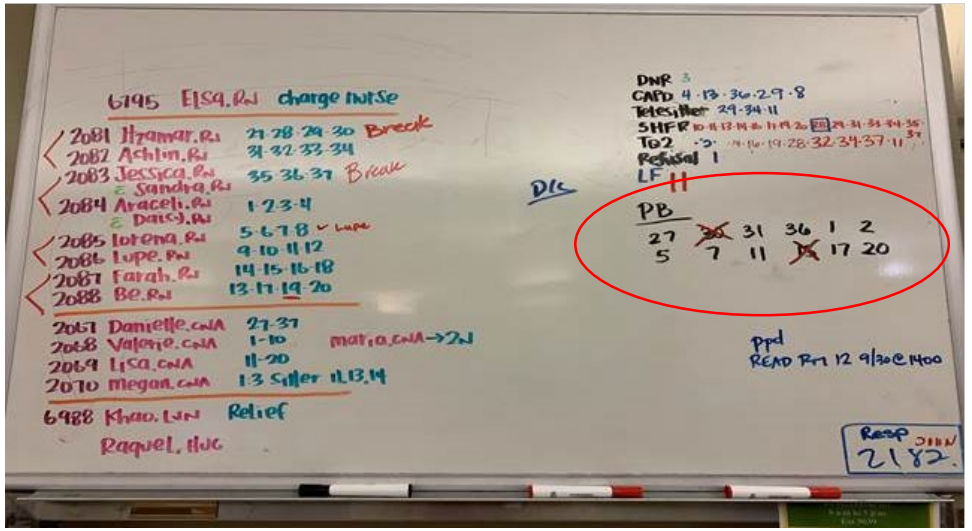
- No trends in bundle elements missed, included antibiotics not ordered, repeat lactic acids not complete, sepsis diagnosis descriptions, fluids not done or not completed timely

CAUTI
Top Key Improvement Strategies

- Several cerner workflow/order changes to promote best practices and culture of culturing
  - Order for urinary catheter to include best practice catheter maintenance orders for all power plans
  - Urine culture only order (reduce risky culture ordering)
  - Discontinue UA when specimen not received timely
  - Evaluating option for a “time clock” for lines (how long has X line be in place?)
  - Workflow to accurately count device days
- NEW CAUTI Case Review form and process – lesson learned and identification of systems/process opportunities
- Relaunching mandatory CAUTI/CLABSI education post COVID-19
- Rapid Cycle Post Gemba Rounds – Afternoon follow up rounds to ensure items are completed that were identified in the morning Gemba rounds (ie. line removals)
- Bathing prioritization – in collaboration with CLABSI committee

CLABSI
Top Key Improvement Strategies

- NEW CLABSI Case Review form and process – lesson learned and identification of systems/process opportunities
- Relaunching mandatory CAUTI/CLABSI education post COVID-19
- Rapid Cycle Post Gemba Rounds – Afternoon follow up rounds from Q&P/S RN and Resident physician to ensure items are completed that were identified in the morning Gemba rounds (ie. line removals)
- Bathing prioritization – rapid cycle pilot on 4N, patients with lines listed (by room number) on unit white board, crossed off as baths completed. Plan to bring to all managers and standardize process on all units. Will also include central line dressing changes due that day.
- CNA education in the moment through October to ensure proper technique is used when bathing a patient with a central line



MRSA
Top Key Improvement Strategies

- Biovigil implementation for all inpatient units!
- Evaluating the decolonization of patients upon admission
- New Lessons Learned sent out for all staff through committee
- CHG Bathing (part of universal decolonization)
- Oral care program to decrease hospital acquired pneumonia (related to link in MRSA cases and hospital acquired pneumonia)