Welcome to

Charting the Course: Launching Patient-Centric Healthcare

Hosted by TMIT

For resource downloads go to:

www.safetyleaders.org
Welcome

Charles Denham, MD

Chairman, TMIT
Editor-in-Chief, Journal of Patient Safety
Adjunct Professor, Health Services Engineering
Mayo College of Medicine
Chairman, Global Patient Safety Forum
Chairman, Leapfrog Safe Practices Sub-program

TMIT High Performer Webinar
April 18, 2013
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If you are still having difficulty hearing the webinar, please click on “Request Phone” button to receive a toll dial-in number (see example on right-hand side in red box).
April 18, 2013, 1:00 pm - 2:30 pm ET
Charting the Course: Launching Patient-Centric Healthcare

Session Overview

Join John Nance, New York Times best-selling author, internationally recognized aviation and healthcare expert, for a discussion of his recently released book, Charting the Course: Launching Patient-Centric Healthcare, the sequel to the highly acclaimed and award-winning Why Hospitals Should Fly. Charting the Course deals with the "how" of changing ingrained hospital culture and demonstrates how all stakeholders must be leaders in the cultural revolution to keep patients safe.

Following Mr. Nance, Dr. Charles Denham, a globally recognized expert in leadership and patient safety, and author of more than 100 peer-reviewed articles, will discuss 2013 trends in direct employer contracting, and the expanding role of the CFOs – Chief Family Officers – in making healthcare decisions and their growing role in providing care to family members and loved ones. He will present the TMIT-sponsored initiative called CareMoms®, which seeks to engage and educate these CFOs in navigating the healthcare system.

Finally, Leah Binder, President and CEO of The Leapfrog Group, will provide an update on Leapfrog Group initiatives, including the Hospital Safety Score™ program and related resources available to help patients and "CareMoms" in their decision-making process when selecting their care.


Webinar Video and Downloads

The video will be available within seven business days after the webinar airs.

Speaker Slide Sets:

Slide Sets will be available before the webinar begins.

Related Resources:

If you wish to follow us on Twitter, go to: http://twitter.com/TMIT1 or use #safetyleaders hashtag

Also, go to: www.facebook.com/SafetyLeaders and related sites
TMIT Calling

Accelerate performance solutions that save lives, save money, and create value in the communities we serve and ventures we undertake.
Disclosure Statement

The following panelists certify:

- that unless otherwise noted below, each presenter provided full disclosure information, does not intend to discuss an unapproved/investigative use of a commercial product/device, and has no significant financial relationship(s) to disclose. If unapproved uses of products are discussed, presenters are expected to disclose this to participants.

Leah F. Binder: Employed by The Leapfrog Group.
John J. Nance: John J. Nance is a best-selling author and pilot and speaker for innovative healthcare speakers.
Charles Denham: Chairman, TMIT; TMIT education grantee of CareFusion and AORN with co-production by Discovery Channel for Chasing Zero documentary and Toolbox including models, education grantee of GE with co-production by Discovery Channel for Surfing the Healthcare Tsunami documentary and Toolbox including models. HCC is a contractor or former contractor for GE, CareFusion, and Siemens.

Chasing Zero® is a registered trademark of CareFusion
Disclosure Statement

TMIT certifies that:

• No funder or educational grantor had any influence or any direct contact with researchers, analysts, or hospital leaders contracted with TMIT involved in generation of models, impact calculators, or consensus panels.

• Confidentiality of collaborators, patient data, and population data has been and will be strictly maintained.
Panelists/Reactors

Charles Denham  John J. Nance  Leah F. Binder  Becky Martins
Voice of the Patient and Family

Becky Martins

Founder, www.voice4patients.com

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Charting the Course: Launching Patient-Centric Healthcare

John J. Nance, JD

Best-selling Author and Pilot
Patient Safety Expert
Leadership Educator and Champion
Advisory Board Member, Journal of Patient Safety

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Charting the Course

...To a Winning Collegial Strategy

John J. Nance
The IHI Triple Aim

1. Improve population health
2. Reduce per capita cost
3. Improve patient experience
   - Outcome
   - Safety
   - Satisfaction
The Patient Experience
The Patient Experience

...is the Core Element of PATIENT-CENTRIC CARE
The Patient Experience

1. The Quality and Effectiveness of Clinical Outcomes
The Patient Experience

2. The Safety of Virtually Everything Done to the Patient
The Patient Experience

3. The Quality of the Environment Into Which the Patient Ventured.
The Patient Experience

4. The Quality of the Relationships
No, Grandma, Listen, Double-Click The Chrome Icon
3 Pedestals of Safety
Direct Employer Contracting and CareMoms® Initiative

Charles Denham, MD

Chairman, TMIT
Editor-in-Chief, Journal of Patient Safety
Adjunct Professor, Health Services Engineering
Mayo College of Medicine
Lecturer Faculty, Harvard Medical School
Chairman, Global Patient Safety Forum

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Relationship Between Occurrence of Surgical Complications and Hospital Finances

ABSTRACT

Importance The effect of surgical complications on hospital finances is unclear. 

Objective To determine the relationship between major surgical complications and per-encounter hospital costs and revenues by payer type. 

Design, Setting, and Participants Retrospective analysis of administrative data for all inpatient surgical discharges during 2010 from a nonprofit 12-hospital system in the southern
Charles Denham: Think of the ‘Man in the Arena’

Two years from now, what will doctors be saying about the Affordable Care Act?

Where physicians stand will depend on where they sit today—intellectually, economically, ethically and spiritually. Those critics of the law who believe American health-care quality is just fine, and that a volume-driven system with value-blind purchasers should remain in place, will have a different view than those in other camps. Those who know we have more than 30 preventable hospital deaths per hour, 30% waste of the $2.8 trillion we spend per year, and that inaction on overuse, underuse, and misuse of care services is destroying American families and crippling our country, will have an entirely different view.

It turns out that 6% of employees generate 80% of the cost to employers and we know that the combination of 10-20% misdiagnosis coupled to 30% overuse and misuse of care services generates an enormous burden to our system. The care for a family of four costs more than $20,000. The law has created a tipping point. The doctors who find this an opportunity to compete on value whether through Accountable Care Organizations or working with us in Centers of Excellence for direct contracting, may not like parts of the law or unintended consequences; however they will wade into the arena. Teddy Roosevelt’s “Man in the Arena” speech said it all, “It is not the critic who counts” but that it is the man “who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat.” We should reward those who into the value arena ready to fight cost and harm regardless of whether we like the law that set accountable care in motion.
Original Article

SAFE USE OF ELECTRONIC HEALTH RECORDS AND HEALTH INFORMATION TECHNOLOGY SYSTEMS: TRUST BUT VERIFY

Denham CR, Clasen DC, Swensen SJ, Henderson JM, Zeltzer TB, Bates DW

Download Now - Safe Use Of EHR And HIT Systems: Trust But Verify
This original article addresses the critical need of post-deployment surveillance of EHR and HIT systems and the opportunity to leverage simulation tools already available.

High Performer Program = HP 2
Survey Simulator
Highlighted Programs

What's New
Upcoming Events
April 18, 2013:
Charting the Course: Launching Patient-Centric Healthcare
Watch Prior Webinars and Workshops
The Five Rights of Imaging: Patient-Centered Performance

Charles R. Denham MD\textsuperscript{1}, Stephen J. Swensen MD, MMM\textsuperscript{2}, J. Michael Henderson MD\textsuperscript{3}, Asha Goud MD\textsuperscript{4}, Steven E. Seltzer MD\textsuperscript{4}, and Ramin Khorasani MD\textsuperscript{4}

\textbf{The 5 Rights of Imaging}™
A Consumer’s Checklist: Is My CT Scan Safe?

Charles R. Denham MD¹, Stephen J. Swensen MD, MMM², Thomas Zeltner MD, LLB³
Charles Denham: Stop Admiring the Problem and Do Something

What role should government play in combating obesity?

Not a week goes by without me being briefed on childhood obesity and the catastrophic impact of the ravages of diabetes. Yet, I rarely hear about what’s working. To quote Nancy Conrad, a social entrepreneur who is solving big problems by harnessing the talent of nearly a million children of “the innovation generation.” “We spend entirely too much time admiring the problems and not enough time on the solutions.”

She first said this after her husband Pete Conrad, the third man to walk on the moon, died the preventable death of a systems failure at a small hospital as we worked on patient safety. Physicians know obesity is lethal to our children, yet parents like me spend the entire Easter weekend trying to protect my seven-year-old from being stuffed with candy and chocolate creatures laden with high fructose corn syrup. The threat of obesity and how our diet can kill our children has not penetrated the consciousness of those planning birthday parties, scout meetings and holiday events. Can the government bring us solutions and not merely admire the problem? Yes, it can. Having had the honor of being involved in tremendously successful government led programs such as the Partnership for Patients that is making hospitals safer, the national organ transplant collaborative that saved 10,000 lives, and the 100% Access Zero Disparities program that brought care to the underserved were all led by the same terrific social entrepreneurs who are public servants with surprisingly small budgets. Great talents like Dr. Don Berwick, our former CMS administrator have proven that such programs work.
Marcus Welby is Gone! You are your own Care Coordinator…
Charles Denham: Deliver What Your Audience Needs

What's the single thing doctors could do to improve their communication skills with patients?

The most important thing doctors can do to improve their communication is to know their audience—what patients and families are dealing with and need beyond tests, medicines and procedures.

The days of Marcus Welby, the gentle 1970s TV doctor who played a chief care coordinator are over. Doctors no longer informally discuss their patients at the doctor’s hospital lounge or formally assure that information critical to their patient’s care gets to the right place at the right time for the right action. No one is. The patient and family are left holding the bag.

The shocking truth is that once we whisk patients out of our hospitals and offices, they are “home alone”. A recent study of more than 1,600 by AARP revealed the shocking news. Family caregivers are giving shots, caring for wounds and delivering complex care with virtually no training. Actions that would make a medical student or nursing student tremble with fear. Doctors think when they order home health-care services that a nurse will magically appear at patient’s door when they get home. This doesn’t happen and families are on their own most of the time. Most have to train themselves, are fearful of hurting loved ones, and are often blamed when a patient is readmitted to hospital.

America’s greatest CFOs are not financial leaders, they are the Chief Family Officers who are typically women who get the prescriptions filled, play the frightening role of a caregiver with no training, and shuffle their family members between rushed caregivers who are often more concerned with throughput than outcome. They find themselves the courier of medical
Home Alone: Family Caregivers Providing Complex Chronic Care

Susan Reinhard
AARP Public Policy Institute

In Collaboration with-
Carol Levine and Sarah Samis
United Hospital Fund

GSA Symposium – November 15, 2012
HOME ALONE:
Family Caregivers Providing
Complex Chronic Care

Susan C. Reinhard, RN, PhD
Senior Vice President and Director,
AARP Public Policy Institute

Carol Levine, MA
Director, Families and Health Care Project,
United Hospital Fund

Sarah Samis, MPA
Senior Health Policy Analyst,
United Hospital Fund

funded by
Background of Survey and Report

- Online survey questions based on studies of specific populations of family caregivers, literature review, and authors’ experiences
- Fielded by Knowledge Networks, survey research firm in December 2011; hardware and Internet access provided if needed
- Screener asked broad question about providing assistance of various kinds in previous 12 months
- Exclusion: caregivers of people permanently residing in nursing homes
- Full panel of 1,677 respondents
Key Findings

- 46% of the caregivers in the panel performed medical/nursing tasks

- Almost all of medical/nursing caregivers (> 96 %) also provided ADL or IADL assistance.
Medical/Nursing Tasks

- Manage medications, including IV and injections: 78%
- Help with assistive devices for mobility like canes or walkers: 43%
- Prepare food for special diets: 41%
- Do wound care (bandages, ointments, prescriptions drugs for skin care, or to treat pressure sores or post surgical wounds) and ostomy care: 35%
- Use meters/monitors (thermometer, glucometer, stethoscope, weight scales, blood pressure monitors, oxygen saturation monitors), administer test kits, use telehealth equipment: 32%
- Use incontinence equipment, supplies, administer enemas: 25%
- Operate durable medical equipment (e.g., hospital beds, lifts, wheelchairs, scooters, toilet or bath chairs, geri-chairs): 21%
- Operate medical equipment (mechanical ventilators, oxygen, tube feeding equipment, home dialysis equipment, suctioning equipment): 14%
- Other: 1%
Who are America’s caregivers?

• 65.7 million caregivers or 29% of the U.S. adult population provide care to someone who is ill, disabled, or aged.
• An estimated 66% of caregivers are female. One-third (34%) take care of two or more people.
• The average caregiver is a female, 47 years old, married, and earning an annual income of $35,000.
• Women caregivers spend an average of 12 years out of the workforce raising children and caring for an older relative or friend.

Chapter 9: Opportunities for Patient and Family Involvement

Patient Advocate Authors
Nancy Conrad: Founder, Community Emergency Healthcare Initiative; Founder, Conrad Foundation
Jennifer Dingsman: Founder, Persons United Limiting Sub-standards and Errors in Healthcare (PULSE), Colorado Division; Co-founder, PULSE American Division
Mary E. Foley, MS, RN: Associate Director, Center for Research and Nursing Innovation, The University of California at San Francisco
Dan Ford, MBA: VP, First Group; Consumer member of patient safety, quality, patient and family-centered care committees of AzHHA, APNPs, and CHN in Arizona, and CPP, IH, and The Joint Commission nationally
Moose Millard: Texas Medical Institute of Technology (TMIT) Culture and Teamwork Task Force member; former Chief Pilot, Southwest Airlines
Patti O’Reagan, ARNP, ANP, NP-C, PMHNP-BC, LMHC: Adjunct faculty member, University of South Florida, College of Public Health
Dennis Quaid: Actor, International Patient Safety Champion
Arleen Salamandra: Former Board Member and Staff Coordinator, Families Advocating Injury Reduction (FAIR)
Sue Sheridan, MIM, MBA: Founder, Parents of Infants and Children with Kernicterus; Lead, Patients for Patient Safety, World Health Organization

Caregiver Subject Matter Expert Authors
Julie Thao, RNC: Patient Safety Fellow, TMIT
Hayley Burgess, PharmD, BCPP: Director, Performance Improvement, Measures, Standards, and Practices, TMIT

Chapter Editor and Author
Charles Denham, MD: Chairman, TMIT
About Us

As a mother, wife, and caregiver there is nothing more important than my role as a CareMom. Our families are counting on us! Click here to hear our story and the CareMoms mission.
CareUniversity™

CareUniversity teaches CareMoms, CareDads, and CareKids to be empowered caregivers for themselves and their families through multimedia, storytelling, and certification programs. Click here to learn more.
Direct Employer Contracting

Employers consider direct contracts, sidestepping traditional payers

Published on: JUL 01, 2012
By: JILL SEDERSTROM

NATIONAL REPORTS — More employers are interested in exploring direct contracting arrangements with providers, according to healthcare experts. The trend could cause some concern for commercial payers because they would essentially be cut out of the equation.

New survey data released from Oliver Wyman Health & Life Sciences Practice found that nearly 40% of more than 1,300 employers surveyed say they would be interested in contracting directly with provider organizations for a value-based network.

Andrew Webber, president and chief executive officer of the National Business Coalition on Health, says he has seen a willingness among employers to seek out alternate coverage options.

“What is encouraging to employers is that the provider community is becoming more organized around the goals of population health improvement as a distinct end point rather than a healthcare delivery system that historically has been very fractured and focused on treating illness,” he says.

BECOME ENLIGHTENED

To stay competitive in an environment where employers are doing provider-contracting workarounds, health plans will need to improve their efforts in population health management to better meet the needs of employers.

“The enlightened healthcare plans are thinking about their own relationships—contractual relationships with accountable care organizations or physician practices that have certain infrastructure—and building that into their plan designs that they offer employers,” he says.
Wal-Mart emphasizes outcomes, value in Centers of Excellence program

BENTONVILLE, AR – Flexing its muscle with the healthcare buying power of 1.4 million employees, Wal-Mart last week announced it was contracting with six healthcare organizations nationwide to provide its health plan-covered employees with no out-of-pocket costs for specific heart, spine and transplant surgeries.

The program marks a growing trend of large employers negotiating directly with healthcare providers to contract for specific treatments to employees.
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Leapfrog Group 2013 Update

Leah F. Binder, MA, MAG

CEO, The Leapfrog Group
Washington, DC

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CHARTING THE COURSE: TRANSPARENCY AND PATIENT-CENTRIC HEALTHCARE

Leah Binder
President & CEO
The Leapfrog Group
April 18, 2013
THE LEAPFROG GROUP

- Founded in 2000 by employer purchasers
- “Giant leaps forward in safety and quality of care”
- Longstanding partnership with TMIT on identifying, reporting, and advocating safe practices
- Today: 100s of purchasers and all national health plans involved with Leapfrog: payment reform, public reporting to drive a market
The Leapfrog Hospital Survey

- A free, voluntary survey purchasers request hospitals to complete
- Collects and reports data on general, acute care hospitals and free-standing pediatric facilities
- Results are publicly reported at www.leapfroggroup.org/cp
- Appropriate for urban and rural hospitals
- Completed annually by over 1,200 hospitals from across the country
- Streamlined to minimize hospital burden:
  - 40-80 hours work annually
  - Harmonized with data hospitals already report to CMS, The Joint Commission, and other national and statewide organizations
WHAT’S IN THE LEAPFROG HOSPITAL SURVEY: IT’S ALL ABOUT THE PATIENT

1. How patients fare
2. Resources used in caring for patients
3. Management practices that hardwire patient safety
1. How Patients Fare

- Common High-risk Procedures (process of care, volume, and mortality)
  - Aortic valve replacement
  - Aortic abdominal aneurysm
  - Pancreatic Resection
  - Esophagectomy
  - High-risk deliveries

- Maternity Care
  - Early Elective Deliveries
  - Incidence of Episiotomy
  - Processes of Care

- Hospital-acquired Conditions
  - Central line-associated bloodstream infections (CLABSI)
  - Catheter-associated urinary tract infections (CAUTI)
  - Incidence of Hospital-acquired Pressure Ulcers and Injuries
2. **RESOURCES USED IN CARING FOR PATIENTS**

- Smooth Patient Scheduling
- Resource Use (risk-adjusted length of stay and 30-day risk adjusted readmission)
  - Heart attack
  - Heart failure
  - Pneumonia
3. MANAGEMENT PRACTICES THAT HARDWIRE SAFETY

- Adoption and efficacy of CPOE
- ICU Physician Staffing (IPS)
- Safe Practices (8 of NQF’s 34 Safe Practices)
- Never Events
THE HOSPITAL SAFETY SCORE: FREE APP AND WEBSITE

The Hospital Safety Score is an A, B, C, D, or F letter grade reflecting how hospitals perform on up to 26 published safety measures. Results are visible on www.HospitalSafetyScore.org or the free mobile app.
THE HOSPITAL SAFETY SCORE

Expert Panel

- John Birkmeyer (University of Michigan)
- Ashish Jha (Harvard University)
- Arnold Millstein (Stanford University)
- Peter Pronovost (Johns Hopkins University)
- Patrick Romano (University of California, Davis)
- Sara Singer (Harvard University)
- Tim Vogus (Vanderbilt University)
- Robert Wachter (University of California, San Francisco)

Peer-reviewed study in the Journal of Patient Safety
SAFE PRACTICES: ONLY FOR LEAPFROG REPORTING HOSPITALS

- 8 Safe Practices + IPS and CPOE on the Leapfrog Hospital Survey
- All 8 used in the Hospital Safety Score, but only for hospitals completing the Leapfrog Hospital Survey

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HOW THE LEAPFROG MODEL WORKS

- Public reporting by hospital, showing the variation
- Purchasers use the information in benefits design, contracting, and public reporting
- Collaboration with other key stakeholders to drive change
EARLY ELECTIVE DELIVERY RATES

2010 Average: 17%

2011 Average: 14%

2012 Average: 11.2%

Number of Hospitals

Rate of Early Elective Deliveries

0-5%  5-10%  10-15%  15-20%  20-25%  25-30%  30-35%  35-40%  40%+

2010
2011
2012
BUT WORK TO DO

For states with 10 or more hospitals reporting
2010 data as of 3-28-11; 2011 data as of 12-31-11; 2012 data as of 1-31-13
KEEP IN TOUCH

Leah Binder
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http://blogs.forbes.com/leahbinder

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