



OREGON
HEALTH & SCIENCE
UNIVERSITY

OHSU Board of Directors Meeting

Part 2 of 2

June 26, 2014
School of Nursing, 358/364
1:30 pm – 3:30 pm



OHSU Board Meeting – June 2014

OHSU Healthcare Quality and Safety Report

Charles M. Kilo, MD, MPH – VP/Chief Medical Officer

What are our quality and safety goals?

University HealthSystem Consortium (UHC) Top 10 in the Annual Quality and Accountability Scorecard

Consistent Priorities

- **Clinical Enterprise Strategic Plan**
- **OHSU Performance Excellence (OPEX) Initiatives**
- **Quality and Safety Executive Committee '15 Goals**
- **CMS Value Based Purchasing Program**
- **Publically reported data**

→ A marker for overall performance improvement capabilities

How will we get there?

1. OPEx

- Mgmt Systems (Leader Std Work, Strategy Deployment, Tiered Huddles)
- Methods (Value Streams, Kaizens, 5S, DMS, Practice Optimization)
- Mindset (OPEx U, Huddles, DMS, etc)

2. Data Integrity Initiative

- Documentation and Coding Improvement
- Documentation Improvement Task Force - Epic Standardization

3. GME QM/PI Initiative

4. Clinical Services Business Intelligence (clinical data for PI)

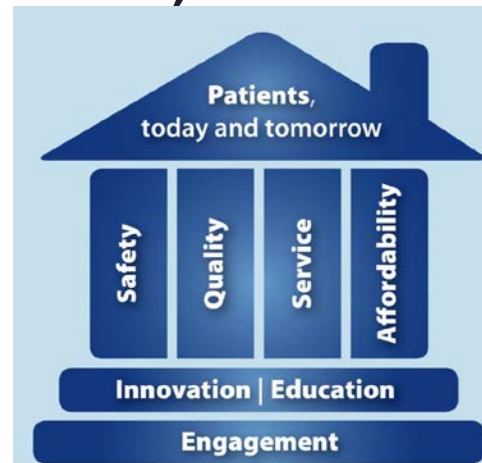
5. FPP Alignment

- Dept Peer Review Standardization
- Dept PI Plans

6. ProBoard and QSEC

7. “Consistent Care” – Clinical Standards

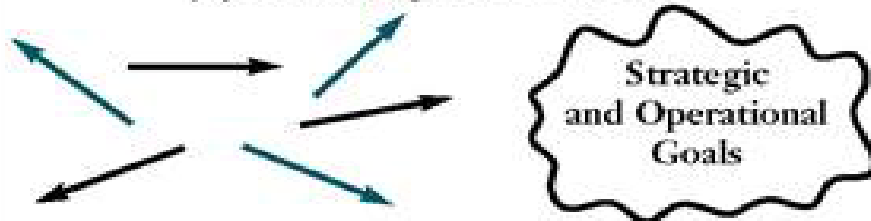
8. Institute for Safe Medication Practices (ISMP)



How will we get there? Through intentional system stability

Steps Toward Mature Processes An Aid for Scoring Process Items

(1) Reacting to Problems



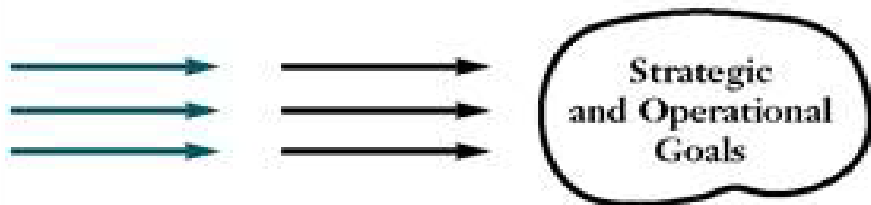
Operations are characterized by activities rather than by processes, and they are largely responsive to immediate needs or problems. Goals are poorly defined.

(2) Early Systematic Approaches



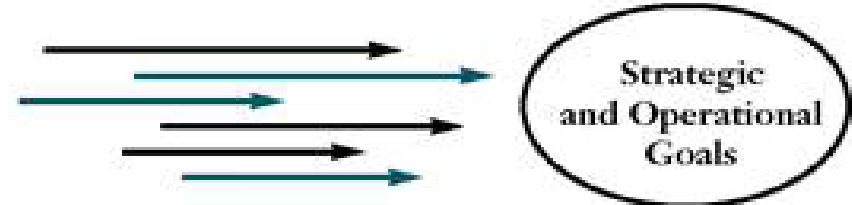
The organization is at the beginning stages of conducting operations by processes with repeatability, evaluation and improvement, and some early coordination among organizational units. Strategy and quantitative goals are being defined.

(3) Aligned Approaches



Operations are characterized by processes that are repeatable and regularly evaluated for improvement, with learnings shared and with coordination among organizational units. Processes address key strategies and goals of the organization.

(4) Integrated Approaches



Operations are characterized by processes that are repeatable and regularly evaluated for change and improvement in collaboration with other affected units. Efficiencies across units are sought and achieved, through analysis, innovation, and sharing. Processes and measures track progress on key strategic and operational goals.

What progress have we made? What proof points?



2013 Quality and Accountability Performance Scorecard

Oregon Health & Science University

This document presents the measures evaluated in the 2013 UHC Quality and Accountability ranking. This scorecard provides a comparison of your organization's performance with that of other academic medical centers. The data were obtained from existing UHC data resources, including the Clinical Data Base (Q3 2012-Q2 2013), and Core Measures Data Base (Q2 2012-Q1 2013), as well as HCAHPS data from the Hospital Compare Web site (Q4 2011-Q3 2012)

The goal of the Quality and Accountability ranking is to assess organizational performance across a broad spectrum of high-priority dimensions of patient care. The 2013 scoring and ranking cover the domains of mortality, effectiveness, safety, equity, patient centeredness and efficiency using measures developed by national organizations or the federal government. Refer to the methodology white paper (available at www.uhc.edu) for specifics regarding the metrics, scoring methods, and data sources used.

Overall Composite Performance

Overall

(Based on Clinical Domain Performance)

Rating

★★★★★

Composite Score

66.4

Top-Performer Score

78.7

Group Median

65.4

Clinical Domain Performance

Rank

(* denotes tie)

Domain Score

Top-Performer Score

Group Median

Mortality (25%)

16

64.1%

84.4%

59.0%

Includes UHC O/E mortality rate for the following selected product service lines: bone marrow transplant, burns, cardiology, cardiothoracic surgery, cardiac surgery, thoracic surgery, gastroenterology, gynecology, gynecologic oncology, heart/lung transplant, HIV, kidney/pancreas transplant, liver transplant, medical oncology, medicine general, neurology, neurosurgery, obstetrics, orthopedics, otolaryngology, plastic surgery, rheumatology, spinal surgery, surgical oncology, surgery general trauma, urology, and vascular surgery.

Effectiveness (25%)

56

82.6%

93.9%

83.0%

Includes air-cause readmission rate within 30 days after discharge (excluding chemotherapy, dialysis, obstetric delivery, radiation therapy, and rehabilitation and psych (within 1 day) from numerator and OB, neonatology and normal newborn service lines and death at 1st admit from the denominator) and Joint Commission Hospital Core Measures composite scores for AMI, HF, PN, and SCIP (IP and OP); percentage of patients who received all of the care they were eligible to receive; as well as performance on the ED-1b, ED-OP-18b (median time) and IMM-1a and IMM-2 measures.

Safety (25%)

68*

52.5%

75.0%

57.5%

Includes PSI metrics: PSI-6 iatrogenic pneumothorax, PSI-7 central line associated BSI, PSI-9 postoperative hemorrhage and hematoma, PSI-11 postoperative respiratory failure, PSI-12 postoperative pulmonary embolism or deep vein thrombosis.

Equity (5%)

1*

100.0%

100.0%

100.0%

Includes Joint Commission Hospital Core Measures composite scores for AMI, HF, PN, and SCIP, testing for statistically significant differences in outcomes in 3 equal based dimensions: gender (male vs. female), race (white vs. nonwhite), and socioeconomic status (Medicaid, self-pay, uninsured, and charity combined vs. all others).

Patient Centeredness (10%)

64*

53.1%

81.3%

57.8%

Includes 10 HCAHPS questions on nurse communication, doctor communication, pain management, communication about medications, cleanliness and quietness, responsiveness of staff, and discharge information and overall rating of the hospital averaged as a composite.

Efficiency (10%)

24*

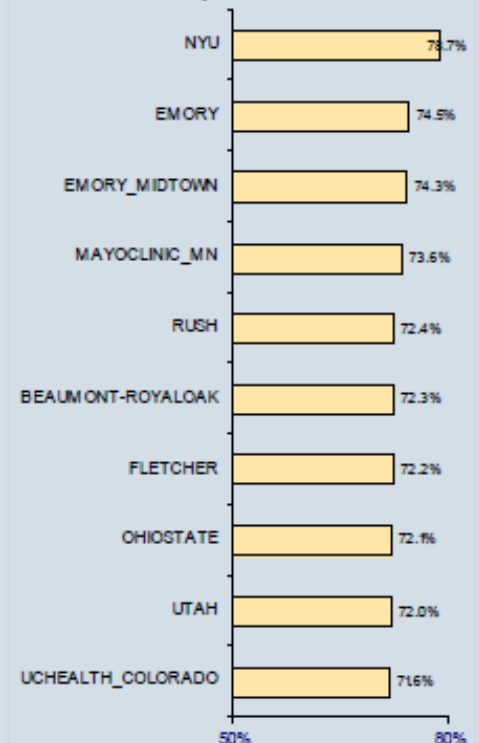
62.5%

72.7%

56.6%

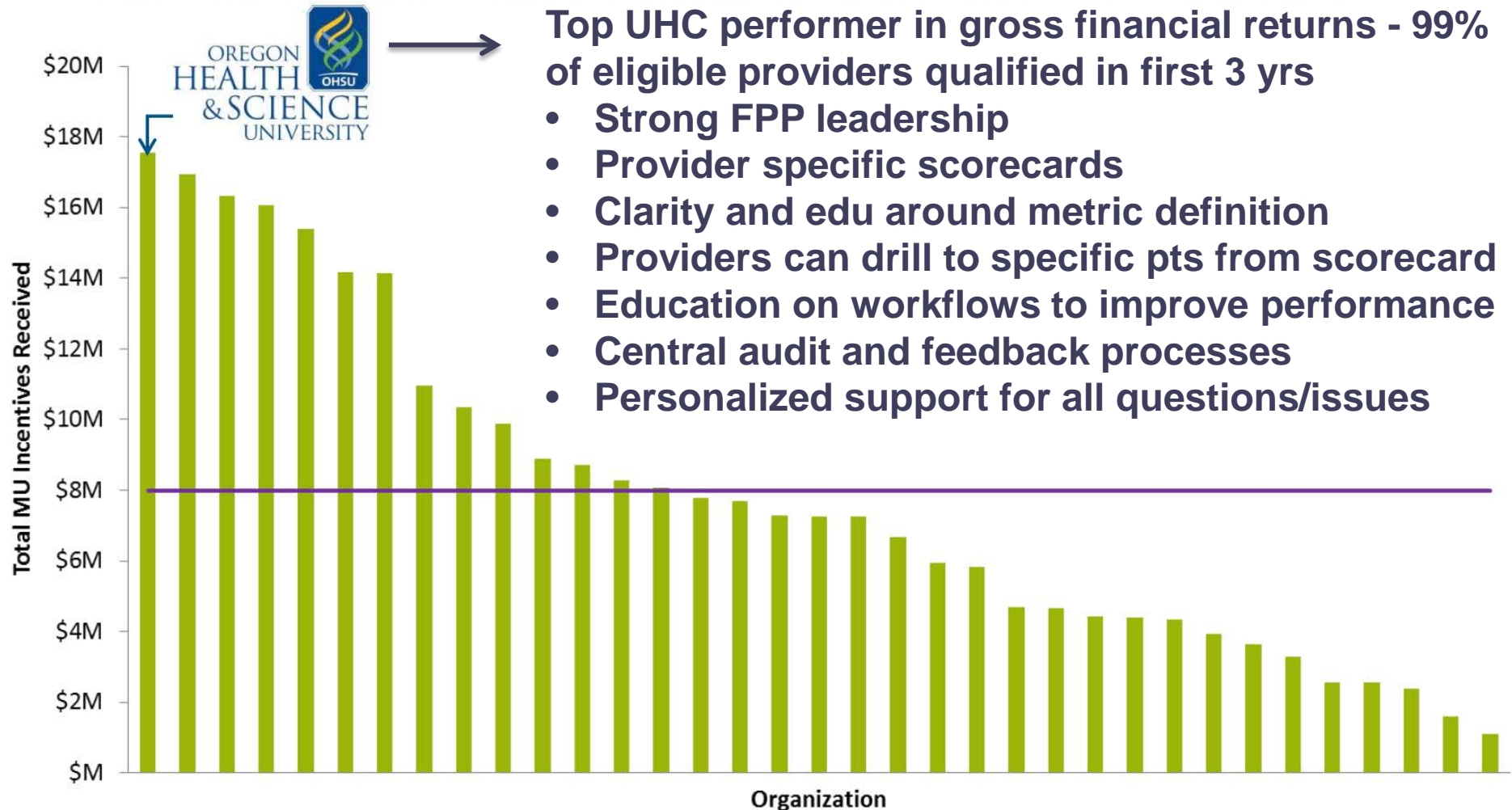
LOS O/E and direct cost O/E for following selected service lines: cardiology, gastroenterology, medical oncology, general medicine, neurology, general surgery, neurosurgery, cardiac surgery and thoracic surgery. Cases within the above service lines with 1 day LOS and an MS-DRG in the following list are excluded: 069, 190, 191, 192, 291, 292, 293, 313, 391, 392, 223, 225, 226, 227, 242, 243, 244, 245, 246, 248, 249, 251, 259, 261 and 262.

UHC Top Performers Overall Composite Performance



UHC Members Averaged Nearly \$8 Million in Total Meaningful Use Incentives for Years 1 & 2

Total Medicare and Medicaid Incentives Received in 2011 and 2012



What do we expect in the next year and what steps to assure success?

Where should we be 1 year from now?

- A3s around those areas with the largest gaps on the UHC Q&A Survey
- Initial movement in Q&A Survey

What next steps?

- Continue to build OPEX capabilities through synergistic strategies
- Engage Board more directly in OPEX



OHSU Performance Excellence System (OPEX)

What is the OHSU Performance Excellence (OPEX) System?

The OPEX system is OHSU's approach to systematically drive rapid performance improvement across the organization.

The GOAL of OPEX is to apply Lean principles to processes through Kaizen Events, Daily Management Systems, and 5S in order to be **Ranked among the Top 10 Academic Medical Centers** within the US.

What are Lean principles?

The core principles of Lean are to maximize value for our patients through identifying and eliminating waste in our day to day work

What is a Kaizen Event?

A Kaizen event brings together employees from various departments to examine a problem, propose solutions, and implement changes all within 2-5 days. The goal is to get all the key decision makers including staff into a room to make change rapidly.

What are Daily Management Systems?

Daily management systems focus on continuously identifying how the current performance differs from the standard (i.e., what should be happening) which is then used to understand root causes and develop solutions. It pairs a set of tools with a mindset that will allow you to sustain the gains and continuously improve.

What is 5S?

5S is a system to reduce waste and optimize productivity through maintaining an orderly workplace and using visual cues to achieve more consistent operational results

What are some of the areas of focus for OPEX?

- South OR Patient Flow
- Hematologic Malignancies Clinic Flow and Inpatient Rounding
- Patient Experience
- Health Care Acquired Infections
- Venous Thromboembolism
- Documentation / Coding
- Patient Safety Indicators
- Doernbecher PACU Patient Flow
- 14C Redesign
- 11 Interventional Recovery Unit (IRU) Patient Flow
- Mother / Baby Unit Length of Stay
- Work Place Organization (5S)
- Supply Outdates

How Can I Learn More / Get Involved?

Below are the various ways you can learn more about the OPEX system and how it is being used across the organization:

- Attend OPEX U
 - Come and learn about current OPEX work that is going on in various areas across the organization
 - 4th Thursday of every month from 4-5pm. For locations visit our Bridge Site (link below).
- Attend an OPEX Overview Training
 - This is a one day class that gives an overview of Lean and how we are utilizing it within the OPEX system
 - For the next available class visit our bridge site (link below)
- Visit our Bridge Site at <https://bridge.ohsu.edu/health/opex/SitePages/Home.aspx>
 - Our bridge site contains all of the initiatives we are currently working on as well as information, tools, and templates
- Identify and submit a project within your area
 - Fill out the project request form located on our Bridge Site (link above). It can be found on the home page under OPEX Frequent Resources.
 - Once the form is filled out, submit to Jenna Lucescu at lucescu@ohsu.edu



OHSU Performance Excellence System (OPEX)



OHSU Performance Excellence System (OPEX)

Lean Principles

Definition of Lean

A process improvement methodology based on the Toyota Production System (TPS). Lean is about delivering *value* (as defined by the customer), reducing *waste*, and striving for *perfection*.

Lean is a culture of *empowering* employees at all levels of an organization to make changes.

Six Key Principles of Lean

There are six key principles defined in Lean:

- **Value** – what the customer is seeking or willing to pay for
- **Waste** – anything in a process that does not add value in the eyes of the customer
- **Value Stream Mapping** – the technique of process mapping to identify, create and provide what the customer values
- **Flow** – the continual movement through the value stream with no interruptions
- **Pull** – a system in which nothing is produced until the customer signals a need for it
- **Perfection** – the complete elimination of waste so that all activities in a process add value

At the center of these principles is the *customer*.

Seven Wastes

There are seven categories of waste. In many cases one waste leads to another waste, compounding the fact that there is waste cleverly disguised as real work. You can remember the seven categories using the acronym TIMWOOD.

- **T**ransportation is the movement of information or material
- **I**nventory is having more or not enough of information, material, supplies on hand, than the customer needs
- **M**otion is the movement of people that does not add value
- **W**aiting is idle time when material, information, people or equipment is not ready
- **O**ver processing are efforts that create no value from the customer's viewpoint. This includes complexity and duplication of work.
- **O**ver production is creating more than the customer needs
- **D**efects is work that contains errors, mistakes or lacks something necessary

Lean Glossary

- **5S**: a system to reduce waste and optimize productivity through maintaining an orderly workplace
- **Abnormality**: Difference between the standard and what is actually happening. Used to identify root causes when the process is not producing the desired results.
- **Andon**: A signal that a defect has been found and needs immediate response
- **Continuous Flow**: The ideal state where products or people move through a process one at a time without stopping or waiting
- **Continuous Improvement**: Ongoing efforts to improve a product, service, or process. Efforts can seek "incremental" improvement overtime or "breakthrough" (major) improvement all at once.
- **Daily Management System (DMS)**: A management system that focuses on continuously identifying how the current performance differs from the standard to drive improvement
- **Flow**: The movement of a product or service along a process, from its inception to the customer
- **Gemba**: Japanese term meaning "the real place" or where the work occurs
- **Go to Gemba**: Go to where the work is done and look for / identify waste
- **Kaizen**: Japanese term for "improvement" or "change for the better"
- **Kaizen Event**: 2 hour to 5 day event, depending on scope, used to get all key team members in a room to examine a problem, propose solutions, and implement changes
- **Kata**: Japanese for "the method/practice for doing work" / "order of the process"
- **Leader Standard Work**: Standard work for leaders where they go to the gemba, observe abnormalities, ask questions and support their team in continuous improvement
- **Muda**: Japanese term for "waste"
- **Perfection**: The complete elimination of waste so that all activities along a process create value
- **Pull**: When something is produced or released only when the downstream customer signals the need for it
- **Respect for People**: Is the concept of challenging your team to do their best because you believe in them and want them to perform at their peak performance.
- **Spaghetti Diagram**: A visual depiction of movement, motion, and transportation, in the current process state
- **Standard Work**: A simple written description of the safest, highest quality, and most efficient way known to perform a particular task (i.e., the way work should be done)
- **True North**: Long term objectives that drive an organization's Lean work
- **Value**: What the customer is seeking or willing to pay for
- **Value Stream**: 18-24 month large scale improvement project that encompasses all activities for patient progression through a type of care. Comprises many Kaizen Events to improve the entire process.
- **Value Stream Mapping**: Technique used to analyze and design the flow of materials and information required to bring a product or service to a customer.
- **Waste**: The opposite of value. Any activity that uses resources, but creates no value for the customer.
- **Waste Walk**: To walk the Gemba and look for / identify waste