The MUST DOs for Excellent Governance of Quality

A Governance Institute Webinar

presented by

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President and CEO
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Today's Presenter

Maulik Joshi, Dr.P.H. is the President and CEO of Meritus Health, a regional health system serving western Maryland, southern Pennsylvania, and the eastern panhandle of West Virginia, with 3,000+ employees and 500+ medical staff. Meritus Health includes 300-bed Meritus Medical Center, a 100 provider Meritus Medical Group, Meritus Home Health, and is also a 25 percent owner of Maryland Physicians Care, a 215,000 Medicaid health plan.

Previously, Maulik was the COO and Executive Vice President at the Anne Arundel Health System (AAHS). Prior to AAHS, Maulik was at the American Hospital Association as Associate Executive Vice President and President of the Health Research and Educational Trust.

Maulik has a Doctorate in Public Health and a Master's degree in Health Services Administration from the University of Michigan. He was Editor-in-Chief for the *Journal for Healthcare Quality*. He also co-edited *The Healthcare Quality Book: Vision, Strategy and Tools* (4th edition published in April 2019) and coauthored *Healthcare Transformation: A Guide for the Hospital Board Member* and *Leading Healthcare Transformation: A Primer for Clinical Leaders*. Maulik is adjunct faculty at the University of Michigan School of Public Health in the Department of Health Management & Policy. He has served on the board of trustees for Anne Arundel Medical Center and the board quality and patient safety committee for Mercy Health System, among others.

Learning Objectives

After hearing this presentation, participants will be able to:

- Describe the most pressing issues facing organizations in improving quality
- Identify the most important quality measures to monitor
- Identify the processes to hold organizational leaders accountable for quality
- Describe what and how to self-assess the board's competency in quality governance
- Describe effective ways to drive a board culture for quality

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The Governance Institute is authorized to award ***1 hour of pre-approved ACHE Qualified Education credit*** for this program toward initial advancement, or recertification, of FACHE. Participants in this program who wish to have the continuing education hours applied toward ACHE Qualified Education Credit must self-report their participation. To self-report, participants should log into their MyACHE account and select ACHE Qualified Education Credit.

Program level: Overview
No advanced preparation required
Field of Study: Business Management and Organization
Delivery method: Live Internet

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- None of the presenters intend to discuss off-label uses of drugs, mechanical devices, biologics, or diagnostics not approved by the FDA for use in the United States.

Agenda

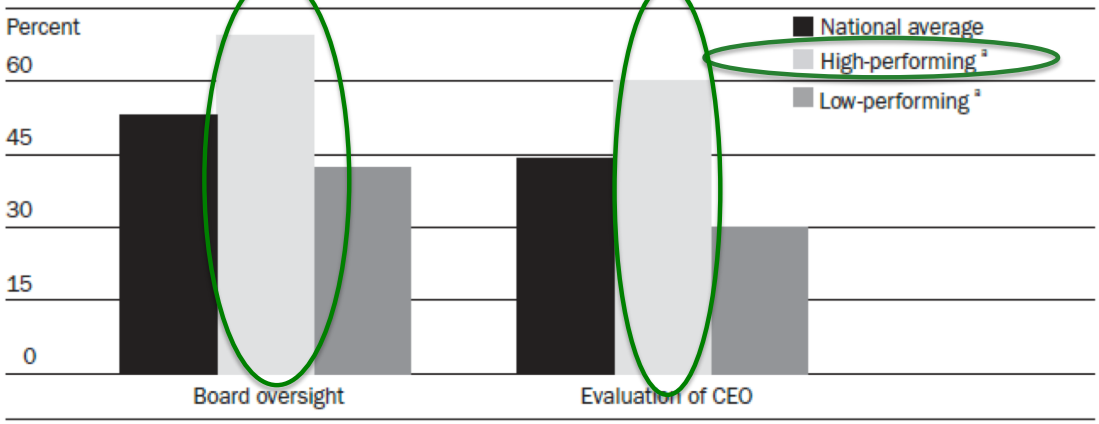
Board MUST DOs for Quality:

1. Be knowledgeable about defining what and how quality is measured, incorporating all dimensions of quality.
2. Be able to oversee goal-setting to drive quality improvement.
3. Be able to track population health and workforce excellence.
4. Understand pay-for-performance programs and their impact on finance and quality.
5. Understand key drivers for organizational quality improvement.
6. Be able to self-assess quality governance effectiveness.

Some Evidence

EXHIBIT 1

Percentage Of Hospital Board Chairs Reporting That Quality Of Care Is One Of The Top Two Priorities For Board Oversight Or Evaluation Of CEO Performance, 2007–08



SOURCE: Authors' analysis of their own survey data.
NOTE: CEO is chief executive officer.
[a] Statistical significance ($p < 0.001$) for comparisons of the difference between the highest- and lowest-performing hospitals. Rates are adjusted for the number of beds, region, location (urban versus rural), teaching status, and ownership.

- The 2010 extensive study of boards found that hospitals that perform high on quality metrics *correlate* with board time spent on quality and quality as a consideration in leadership evaluation.
- In the study, fewer than half of hospital boards surveyed ranked quality of care among top two priorities, and about one-third received training on clinical quality.

Source: A. Jha and A. Epstein, "Hospital Governance and the Quality of Care," *Health Affairs*, 2010; 29(1):182-187.

Current State of Governance of Quality

- Governance of quality is primarily focused on safety.
- Governance of quality is hospital-centric, with limited focus on population or community health or care outside of hospitals.
- Core processes for governance of quality are variable.
- A clear, consistent framework and approach for governance of health system quality is needed.

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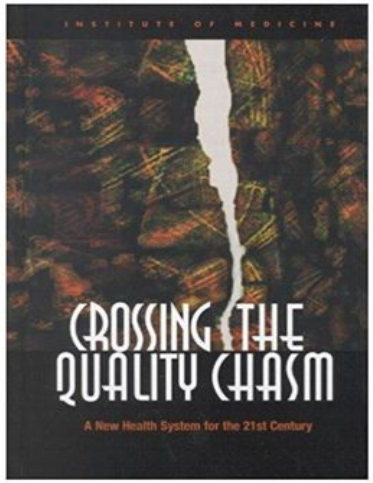
The Definition of Quality

Institute of Medicine: Six Measures of Quality (STEEEP)



IOM, 2001

1. Safe: Avoid injuries to patients

2. Effective: Provide services based on scientific knowledge to all who can benefit

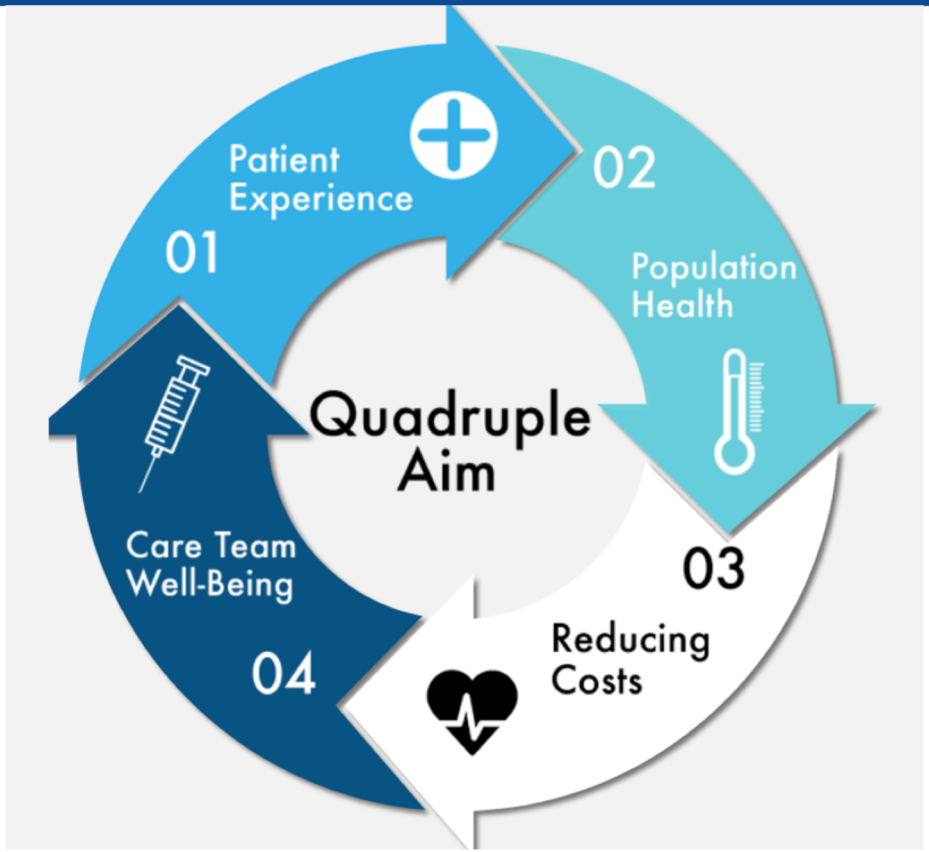
3. Patient-Centered: Provide care that is respectful & responsive to individual patient needs & preferences

4. Timely: Reduce waits & delays for those receiving & giving care

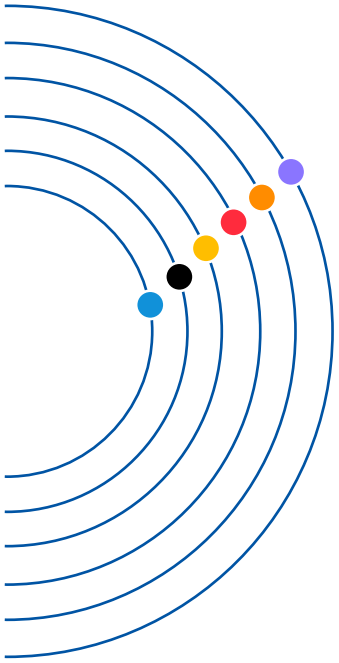
5. Efficient: Eliminate waste including ideas, equipment, supplies, & energy

6. Equitable: Providing consistent quality of care regardless of gender, ethnicity, location, or socioeconomic status

Quadruple Aim Framework

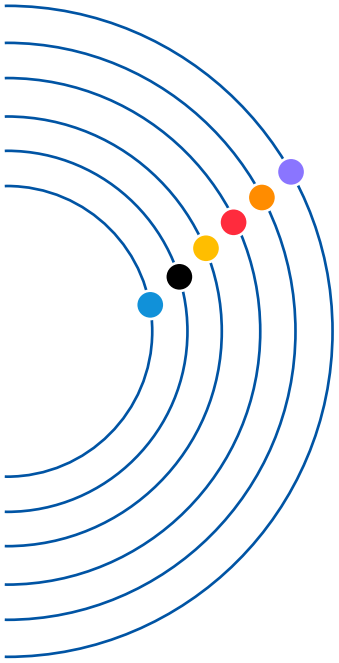


Board MUST DO



Have a framework to measure the important quality dimensions, connected to your organizational strategic plan

Board MUST DO



Monitor all dimensions of quality (safety, timeliness, effectiveness, efficiency, equity, and patient-centeredness)

QUALITY AIMS	IOM	FY19 Result	FY20 Goal	Best in Class	Major Quality Initiatives
Reduce Mortality	Safe	**4.21%** *(Jan- Mar 2019)*	**3.78%**	**3.04%** (Benchmark Performance for HSCRC Rate Year 2021)	***FY20 Goal: Achieve 90th Percentile performance in key quality indicators across all 6 Institute of Medicine aims (safe, timely, efficient, effective, equitable and patient centered)***
Decrease Harm / Improve MHAC	Safe	**39** *(Jul 18- Feb 19)* **0.72** *(Jan- Mar 2019)*	**0** **0.81**	**Harms= N/A** **MHAC=0.90** (Top state performance HSCRC data FY2020)	
Reduce Hospital-Acquired Infections	Safe	**CAUTI cases = 12; Rate = 1.15** **C. diff cases = 63; Rate = 0.55** *(Jul 18- Feb19)* **SSI Colon =9; Rate = 3.73** *(Jul 18- Jan19)* **SSI Spine = 0: Rate = 2.54** *(Jul- Dec 18)*	**CAUTI =0; Rate =1.00** **C diff =0; Rate = 0.60** **SSI Colon =0; Rate = 2.48** **SSI Spine =0; Rate = 2.00**	**CAUTI =0; Rate= 1.09** **Cdiff =0; Rate= 0.94** **SSI Colon =0; Rate= 2.29** **SSI Spine=0; Rate= 1.06** (NHSN 2017 summary reports)	**FY20 Strategic Initiatives:** **1.1 Reliably implement and integrate best practices across the continuum of care.** 1.1.1 Reduce unnecessary clinical variation across the continuum. 1.1.2 Implement interventions to eliminate disparities in outcomes. 1.1.3 Achieve measurable health outcomes improvement in the inpatient and ambulatory setting, including the Collaborative Care Network. **1.2 Enhance research, innovation and teaching.** 1.2.1 Prepare OB-GYN and Internal Medicine Residency programs for FY 21 start and assess the next fellowship and residency programs 1.2.2 Initiate Rapid Implementation of Strategic Experiments (RISE)
Decrease ED Core Measure Minutes/Hospital Diversion	Timely	**ED-1b = 450 mins** **OP-18b =189 mins** **Diversion = 12.1%** *(Jul 18- Mar 19)*	**ED-1b = 335 mins** **OP-18b=177 mins** **Diversion = 5.8%**	**ED-1b = 90th %tile = 251 mins** **75th %tile = 301 mins** **OP-18b = 90th %tile = 130 mins** **75th %tile = 167 mins** (Emergency Department Benchmarking Alliance) **Diversion = 2.69%** (Top state performance from MIEMSS)	
Increase Inpatient and Organizational (Composite) Patient Satisfaction	Patient Centered	**Inpatient= 78%** **Composite =98.6%** *(FYTD 19)*	**Inpatient=78.5%** **Composite= 100%**	**Inpatient= 83%** (Top decile nationally of all hospitals) **Composite = N/A**	
Decrease Readmissions	Efficient	**11.61%** *(CY 18)*	**11.12%**	**8.95%** (Top state performance from preliminary HSCRC data)	
Eliminate C-Section Disparity	Equitable	**White = 21%** **Black/African American = 35%** **Disparity = 14%** *(July 18- Mar19)*	**Disparity= 10%**	**Overall C section rate= 14.29%** (Top decile nationally of all hospitals from ORYX) **Disparity= N/A**	
Improve Diabetes Control	Effective	**HgA1c >9%= 41%** *(Jun- Nov 18)*	**HgA1c >9%= 25%**	**Hb A1c> 9%= 15.73%** (Top decile from the CMS Quality Payment Program)	

Healthcare Aims FY20

	Metric	Calculation / Measurement of Metric	FY 2019 Results	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec-19	Jan-20	Feb-20	Mar-20	Annualized FY 2020 YTD		FY 2020 Target
Safe	Zero harm events	Monthly incidents of IHI defined harm (hospital acquired conditions/infections, falls, preventable injury w/ treatment)	98	4	5	4	9	5	3	4	4*	2*		45	0
	Improve survival	Survival rates	95.57%	96.94%	97.02%	97.04%	97.00%	97.06%	96.97%	96.37%	96.46%			96.97%	>96.14%
Effective	Improve sepsis outcomes	Sepsis core measure compliance rates	60.55%	53%	60%	72%	59%	62%	79%	67%	62%	66%		65%	>90%
	Reduce potentially avoidable complications	Maryland Hospital Acquired Conditions cumulative total CYTD	106	54	59	68	75	80	86	11	4	13		86	<80
Efficient	Reduce readmissions	Case mix adjusted readmission rate; overall CYTD	11.27%	11.60%	11.80%	10.06%	11.74%	12.03%	10.96%	10.13%				10.83%	<11.12%
Patient Centered	Improve health system patient experience	Patient experience composite score (inpatient overall hospital rating, ER overall rating, HH overall rating, MMG likely to recommend) compared to goal	N/A	105.6%	93.8%	93.4%	95.3%	94.8%	101.2%	104.5%	97.1%	108.9%		99.4%	100.0%
Timely	Give Time Back to Patients	Median ED arrival to discharge in minutes (Epic)	216	234	200	211	206	197	201	236	206	201		211	<150

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2030 Bold Goals Strategic Plan

2030 Bold Goals

The Meritus Health strategic plan has Bold Goals to be achieved by 2030. Utilizing the quadruple aim framework, the 2030 Bold Goals were created to improve the health in our community, improve health care, having joy at work, and medical care that is affordable for our community.

Mission

Meritus Health exists **to improve the health status of our region.**

Vision

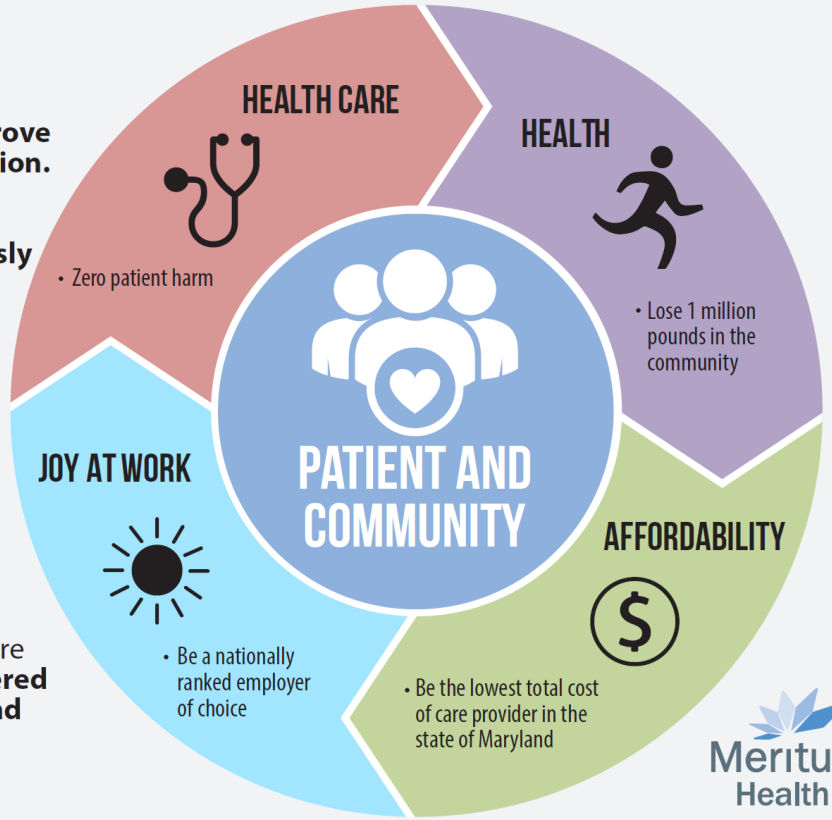
Meritus Health will **relentlessly pursue excellence.**

Values

Our culture is driven by a set of values that focus on the **patient and family first:** respect, integrity, service, excellence and teamwork.

Cultural Attributes

Meritus Health fosters a **compassionate** healing environment through a culture of **team trust, patient-centered care, focusing on quality and safety, while promoting joy at work.**



FY21 True North Metrics/Annual Goals

Quadruple Aim	Measure
Improving Healthcare Aim	Patient Experience Composite compared to goals
	Total Patient Harm
Improving Health Aim	Access measure (ED wait time, telehealth, discharge phone calls)
	Lose 1 million pounds start
Improving Affordability Aim	Operating Margin
Joy at Work Aim	First year turnover

Goal Setting

- Consider your baseline
- Consider meaningful improvement
- Consider comparison to national and state averages and top quartile or top decile
- Consider goals for incentives versus goals for improvement
- Weigh stretch and achievable
- **Goals can become floors and ceilings**

True North Metrics FY20

Quadruple Aim	Metric	Calculation / Measurement of Metric	FY 2019 Results	July 2019	Aug-19	Sep-19	October 2019	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	FY 2020 YTD	*FY 2020 Target*
Health	Reduce opioids in the community	Total morphine equivalent units per month prescribed per encounter, ambulatory and hospital	32,604	2,480	2,281	2,253	2,172	2,033	1,995	1,782	1,859	1,884	31%	50% reduction
		Total morphine equivalent units per month prescribed, ambulatory and hospital	64,034,704	4,899,700	4,272,818	4,126,936	4,079,397	3,639,384	3,968,750	3,893,539	3,520,394	3,570,483	33%	50% reduction
	Improve diabetes management	Percentage of diabetes patients 18 - 75 yo w/ hemoglobin A1c < 9%; quarterly report	72%		77%			77%			76%		76%	86%
	Improve patients access to care	Patient experience survey results 'ease of access domain'	N/A	75	70.9	71.3	74.2	73.3	75.1	75.3	75.1	75.1	73.9	72.6
Healthcare	Zero harm events	Monthly incidents of IHI defined harm (hospital acquired conditions/infections, falls, preventable injury w/ treatment)	98	4	5	4	9	5	3	4	4*	2*	45	0
	Reduce readmissions	Case mix adjusted readmission rate; overall CYTD	11.27%	11.60%	11.80%	10.06%	11.74%	12.03%	10.96%	10.13%			10.83%	<11.12%
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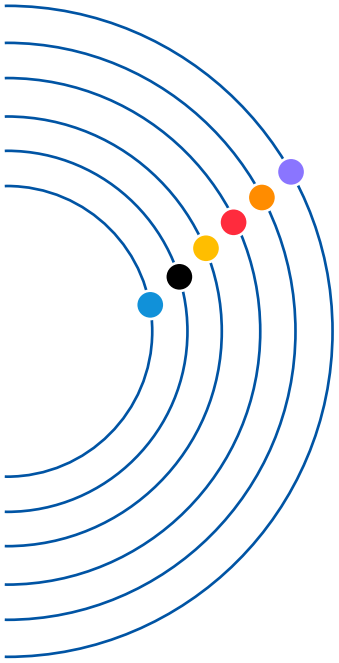
	Give time back to patients	Median ED arrival to discharge in minutes (Epic)	216	234	200	211	206	197	201	236	206	201	210	<150
Workforce	Reduce employee turnover	Nurse turnover rate, monthly rate	24.22%	1.73%	2.02%	1.85%	2.03%	2.07%	1.60%	1.13%	1.12%	1.54%	20.12%	20.00%
		Total employee turnover rate; cumulative	20.71%	1.68%	1.97%	1.85%	1.95%	1.78%	1.33%	1.40%	1.37%	1.80%	20.17%	<19%
	Improve workplace safety	Total recordable incident rate= number of reportable cases * 200K / number of labor hours	4.08%	12.02%	7.39%	7.26%	17.67%	6.42%	9.22%	6.21%	8.07%	7.45%	9.08%	<4%
	Improve provider engagement	Positive provider comments in patient survey responses	N/A	94	102	84	86	90	23	35	32	56	803	1200
Finance	Achieve financial health	Achieve operating margin budget	-4.00%	0.90%	2.20%	-1.50%	0.70%	-2.60%	0.10%	2.80%	0.20%	-3.40%	0.00%	-1.60%

Board MUST DO

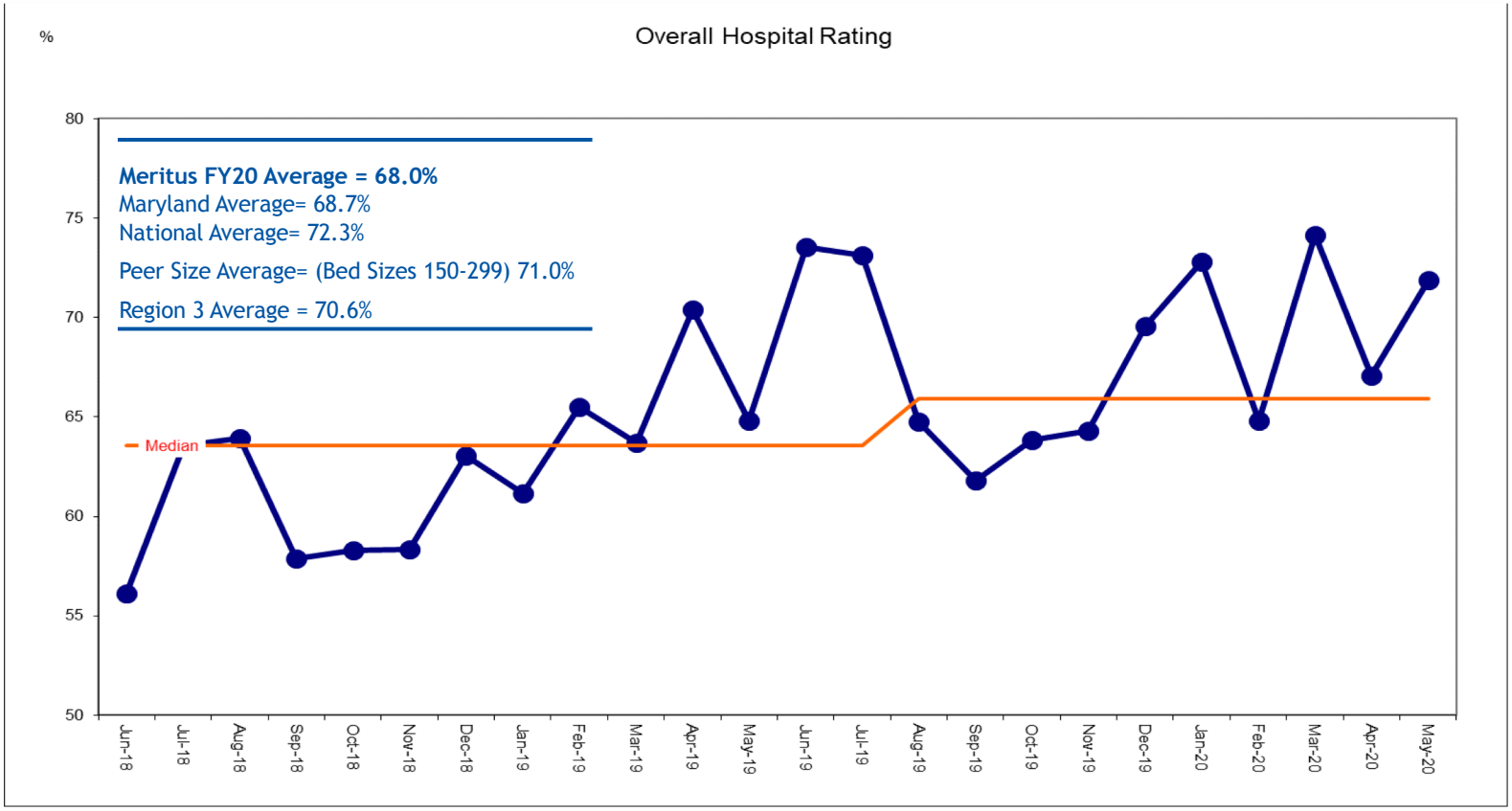


Hold leadership accountable for long-term "Bold Goals" and short-term annual goals

Accountability

- Report on measures compared to goals frequently (monthly)
- Link leader incentives to quality at a meaningful percent
- Ask to report on successes and gaps
- Look at run charts over time; not just before and after
- Annually, ask for best in class

Accountability: Use Run Charts



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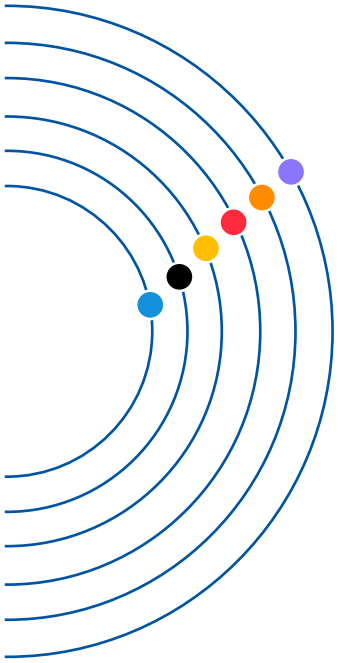
Health Aims FY21

Metric	Calculation/Measurement of Metric
Lose 10,000 pounds toward the 2030 Bold Goal of 1 million pounds lost	75 community partner organizations and employers pledging 10,000 pounds lost
	Total pounds (Meritus plus community) lost by self-reporting to a weight tracker
Access to Care	Composite score of ED time to Discharge, Video Visits, F/U Appointment at Discharge
Social Determinants of Health Screening in MMG practices	10% of all MMG practice patients screened for SDOH

DRAFT FY20 COMMUNITY AIMS	FY19 Result	FY20 Goal	FY20 Actual	AOP Initiatives
Increase % patients whose end of life wishes are known	Determine baseline of patients 55+ with Advanced Directives of MOLST	Increase by 10%		***FY20 Goals: Increase number of patients with advanced directives, MOLST and other end-of-life documents in EPIC by 10% over FY19 baseline.*** **2.1 Expand care and chronic disease management in support of population health.** 2.1.1. Explore the implementation of programs targeted to "home based" care, such as hospital at home. 2.1.2. Further the use of technology to enable a frictionless consumer experience and improve access to care. 2.1.3. Expand care redesign and new payment programs such as the MPC program in support of managing total cost of care. **2.2 Expand the Institute for Healthy Aging** 2.2.1. Implement age friendly best practices across the health system **2.3 Address community health needs** 2.3.1. Execute Community Health Implementation Plan based on FY19-21 CHNA and establish annual community benefit target. 2.3.2. Participate in a public-private partnership with AACPS. 2.3.3. Pursue a partnership with Anne Arundel County and Annapolis City emergency medical services to develop a mobile integrated community health program. 2.3.4. Measure social determinants of health (SDOH) in all patients and develop resources to address the most prevalent SDOH needs that are identified.
Reduce disparity in patient satisfaction with follow up test results	79% Whites 70% Blacks/ AA FY18	</= 4% difference between Whites and Blacks/ African Americans		
Increase the % of patients assessed for Social Determinants of Health	NA	30%		
Decrease ED Diversion rate	March 12%	5.8%		
Increase the % of Medicare beneficiaries on Eastern Shore with a Wellness Visit	Determine Baseline	Goal TBD		
Increase the % of patients identified at risk for depression who are screened for access to firearms	Determine Baseline	Goal TBD		

WORKFORCE AIMS	Wellbeing Framework	FY 19 Result	FY 20 Goal	Best in Class	Major Workforce Initiatives
Reduce First Year Turnover	Purpose Wellbeing Social Wellbeing	25.8%	21%	TBD Available in June	Strategic Objective: The Workforce Aims are designed to support the Wellbeing and Engagement initiatives and where appropriate link to True North. **FY20 Strategic Initiatives:** 3.2 Use the Wellbeing Framework to improve employee, medical staff and Auxiliary wellbeing, creating high engagement and low turnover across the organization. 3.2.1 Increase the utilization of the Wellbeing+ portal by 50% and increase the number of employees achieving a premium reduction by 25%. 3.3 Support and enhance the Health Equity work and improve the cultural competency of the workforce. 3.3.1 Develop and implement retention strategies to decrease the turnover of newly hired diverse leaders. 3.3.2 Develop and implement strategies designed to reduce the disparity of terminations between diverse and non-diverse employees. 3.4 Create a safe and secure environment for employees/ physicians/auxilians, patients and visitors. 3.4.1 Implement strategies to improve workplace safety score above 4.10.
Increase Great Place to Work Score	Purpose Wellbeing	4.13	4.18	Internal Measurement	
Ensure Diverse Candidates for Leadership Positions	Purpose Wellbeing Community Wellbeing Social Wellbeing	100%	90%	Internal Measurement	
Improve Workplace Safety Score: I believe workplace safety for employees, patients and visitors is a priority at AAMC.	Purpose Wellbeing Social Wellbeing Physical Wellbeing	4.37	4.4	Internal Measurement	
Improve score for patient safety question: Whenever pressure builds up, my supervisor supports me so I can provide patient care without taking shortcuts.	Purpose Wellbeing	73%	83%	87% - AHRQ	
Achieve Zero Harm/Decrease Rate of Employee Injuries from Combative Patients*	Physical Wellbeing	.58	.53	Internal Measurement	
Increase Number of Diverse RNs	Purpose Wellbeing	20%	23%	35%	
Increase Sales of Healthy Foods in Cafeterias	Physical Wellbeing	68%	75%	75%	

Board MUST DO



Must be accountable for population health and workforce measures

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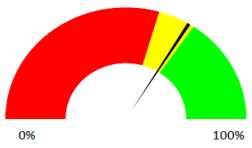
Understand Pay-for-Performance Impact

Meritus Medical Center
FY 2021 Quality Performance Dashboard
As of: 05/04/2020

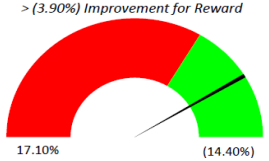
HSCRC Quality Program Performance

Maryland Hospital Acquired Conditions (MHAC)
> 70% for Reward



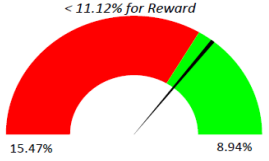
CY19 Final Score:	67%
% Impact:	0.00%
$ Impact:	$0

Readmissions Improvement
> (3.90%) Improvement for Reward



CY19 Change:	(9.39%)
% Impact:	0.52%
$ Impact:	$1,164,502

Readmissions Attainment
< 11.12% for Reward



Out of State Adj. Rate:	10.86%
% Impact:	0.12%
$ Impact:	$268,731

Better of Attainment/Improvement = $1,164,502

$ Impact Summary

	FY 2021 $ Impact	FY 2021 % Impact	FY 2020 $ Impact
MHAC	$0	0.00%	($592,790)
RRIP	$1,164,502	0.52%	($900,162)
QBR	($22,394)	(0.01%)	($2,327,249)
Total	**$1,142,108**		**($3,820,201)**
MPA (MC FFS Payment Adjustment)	$785,309	0.75%	$359,344

Quality Based Reimbursement

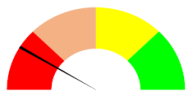
Quality Based Reimbursement (QBR)
QBR Dashboard As of: 03/24/2020*
> 41% for Reward

FY21 Score:	41%
% Impact:	(0.01%)
$ Impact:	($22,394)

*Restated for FY 2021 THA/TKA

Experience of Care (50%)
Data Through: October 2018 - Sepetember 2019

HCAHPS (45%)



FY21 Points: 18/100

ED-2b (5%)

FY21 Points: 10/10

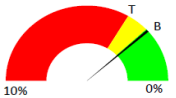
Combined Experience of Care Score of 0.25

Safety (35%)
Data Through: October 2018 - September 2019

FY21 Points:	20/50
FY21 Score:	0.40

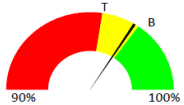
Clinical Care (15%)

THA/TKA (5%)
Apr 2016 - Mar 2019
Source: FY21 VBP HSR



RSCR:	2.20%
Score:	5/5

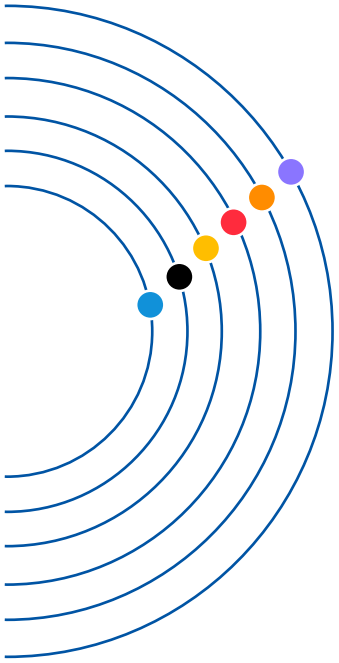
Mortality (10%)
CY 2019 Final
Base: 95.34%



RASR:	96.96%
Score:	9/10

Combined Clinical Care Score of 0.93

Board MUST DO



Know the specific quality measures connected to pay-for-performance and impact on finance

Agenda

Board MUST DOs for Quality:

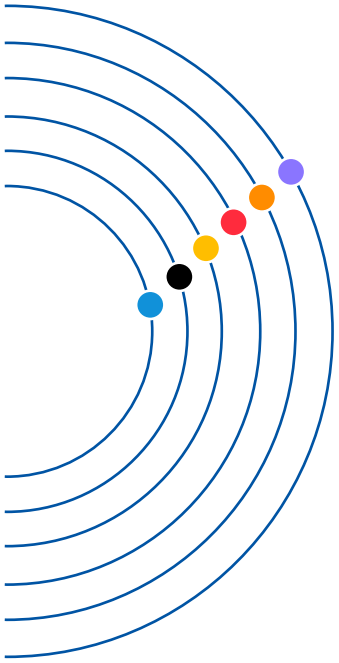
1. Be knowledgeable about defining what and how quality is measured, incorporating all dimensions of quality.
2. Be able to oversee goal-setting to drive quality improvement.
3. Be able to track population health and workforce excellence.
4. Understand pay-for-performance programs and their impact on finance and quality.
5. **Understand key drivers for organizational quality improvement.**
6. Be able to self-assess quality governance effectiveness.

Key Drivers for Quality Improvement

- Understanding culture
- Teamwork
- High reliability
- Patient-centeredness
- Variation in care

AIM	2030 Bold Goal	Strategy	FY23 Strategy Goal	FY21 Action	FY21 Action Goal
Improving Healthcare	Zero Harm	Reduce Unwarranted Variations in Care and Outcomes	Reduce Harm Events by 50%	Improve sepsis outcomes, utilizing sepsis stoplight tool effectively	>90% sepsis core measure compliance
				Adopt baby safety bundle measures	Achieve safe sleep standard with national certification and improve breast feeding practices to 50% of mothers
				Improve care transitions back into the community upon discharge	Achieve readmission improvement targets in RRIP program
		Become HRO (High Reliability Organization)	Apply for Malcolm Baldrige National Quality Award	Identify deficiencies to Baldrige criteria and opportunities on which to build	Identify 100% gaps to Baldrige standards and outline strategies for 100% gaps
				Exceed customer expectations system wide	Achieve 100% patient experience composite score in ambulatory practices, ED, Home Health, and Inpatient areas
				Promote leadership data fluency and quality improvement through leadership development	25 leaders successfully complete quality improvement courses
				Build interdepartmental team trust through specialized training	50% of medical staff leaders and 300 employees trained in TeamSTEPPS®
		Implement Age Friendly Best Practices	Implement Age Friendly Practices in 25% Care Settings	Set goals of care for chronically ill patients	Patients have advanced care directives in their chart prior to discharge >20%
				Incorporate IHI's 4M (Medication, Mentation, Mobility, What Matters) geriatric care initiatives	100% of 4M initiatives implemented in pilot program: one inpatient unit

Board MUST DO



Hold leadership accountable for defining and working on key drivers of quality

Agenda

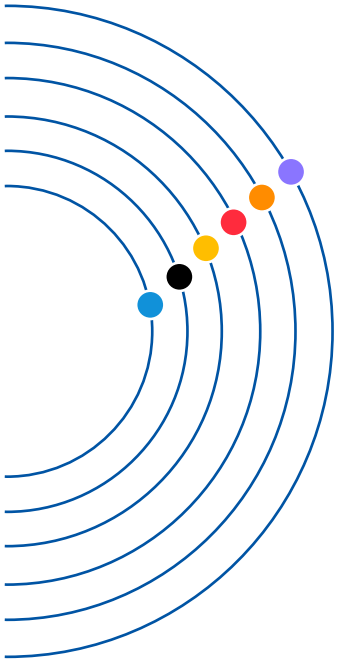
Board MUST DOs for Quality:

1. Be knowledgeable about defining what and how quality is measured, incorporating all dimensions of quality.
2. Be able to oversee goal-setting to drive quality improvement.
3. Be able to track population health and workforce excellence.
4. Understand pay-for-performance programs and their impact on finance and quality.
5. Understand key drivers for organizational quality improvement.
6. **Be able to self-assess quality governance effectiveness.**

Self-Assessment on Governance of Quality

- Use a tool to self-assess the effectiveness of your governance of quality
- Discuss differences between leadership and governance
- Identify the areas with the highest and lowest scores
- Develop an action plan to address improvement

Board MUST DO



Periodically self-assess against quality standards as to the effectiveness of your governance of quality

Board MUST DOs

1. Have a framework to measure the important quality dimensions, connected to your organizational strategic plan.
2. Monitor all dimensions of quality (safety, timeliness, effectiveness, efficiency, equity, and patient centeredness).
3. Hold leadership accountable for long-term “Bold Goals” and short-term annual goals.
4. Must be accountable for population health and workforce measures.
5. Know the specific quality measures connected to pay for performance and impact on finance.
6. Hold leadership accountable for defining and working on key drivers of quality.
7. Periodically self-assess against quality standards as to the effectiveness of your governance of quality.

Questions & Discussion

Contact Us…

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