Board Excellence in Quality and Safety:
Before, During and After a Pandemic

presented by

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Today's Presenter

Meritus Health

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% owner of Maryland Physicians Care, a 215,000 Medicaid member 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 and Advocate Health System, among others.

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As been often said, "never let a crisis go to waste." As a world we are in a serious crisis. Healthcare, which has had some immunity to previous financial and societal pressures, has not escaped and is in fact at the epicenter of the current pandemic. What can we learn from how Boards governed quality before and now during the pandemic, as we get to post pandemic times?

In this session, we will talk about taking the foundation of Board oversight of quality before the pandemic, considering its focus during the pandemic, and using what we have learned to elevate healthcare governance in quality after the pandemic. **COVID-19 provides a silver lining in learning how Boards can truly govern at a level that drives quality and health faster and deeper for our patients and our communities.**

Learning Objectives:
- Learn the Board fundamentals of overseeing multiple dimensions of quality, goal setting and periodic self assessment
- Learn how Boards can hold leadership accountable for population health and workforce excellence, in addition to quality

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Board MUST DO's for Quality

Before the Pandemic

• **Make sure there is a Quality Playbook**

During the Pandemic

• **Support the Execution of the Playbook**

After the Pandemic

• **Make sure the Playbook is Flexible, Deep and Wide**

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Governance of Quality Before the Pandemic

- 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

- Governance tended to get into the quality weeds

- Too much on specific measures falling short and not enough on the key drivers for quality

- There was little self-assessment
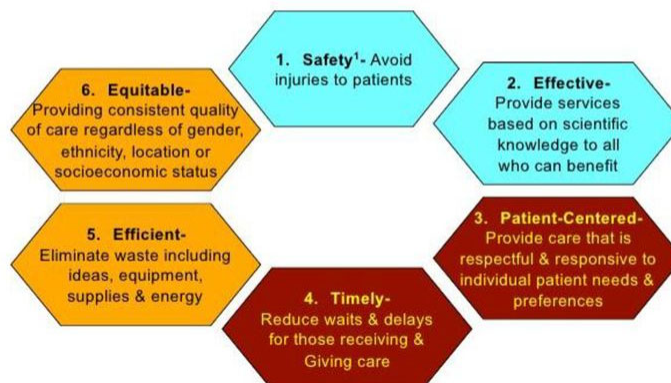
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Before the Pandemic – Make sure your Definition of Quality is Comprehensive

Institute of Medicine: 6 measures of quality (STEEEP)
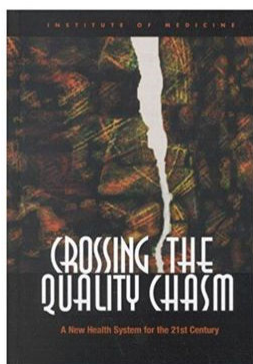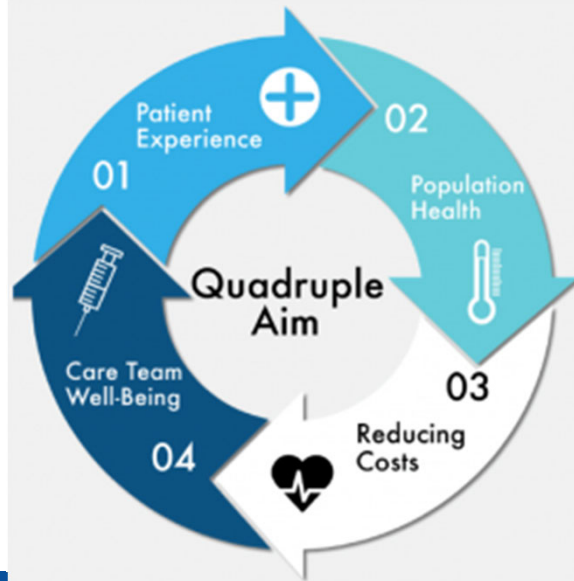

IOM, 2001

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Quadruple Aim Framework

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Before the Pandemic - Board MUST DO

Is your organization measuring, reporting and working to improve comprehensive dimensions of quality – e.g., equity, timeliness, efficiency?

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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**

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QUALITY AIMS	IOM	FY19 Result	FY20 Goal	Best in Class
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)
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%= 13.73% (Top decile from the CMS Quality Payment Program)

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Healthcare Aims FY20

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	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
Effective	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%
	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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Before the Pandemic - Self Assessment on Governance of Quality

- Use a tool to self-assess your governance for quality effectiveness

- Discuss differences between leadership and governance

- Identify the areas with the highest and lowest scores

- Develop an action plan to address improvement

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Board MUST DO

At least every 2 years, are you self assessing against quality standards as to the effectiveness for your governance for quality?

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Before the Pandemic – Making sure there is a Quality Playbook

1. Oversee all dimensions of quality
2. Oversee goals to drive improvement and accountability
3. Self-assess on quality governance effectiveness

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During the Pandemic – Support the Execution of the Quality Playbook

1. Board should steward the vital few needs

   A. Impact on Financials and Outcomes Overall

   B. Specific COVID-19 Outcomes

   C. Elevate Chair/CEO connection

   D. Additional, brief COVID-19 related impact

   E. Check in on Incident Command

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After the Pandemic – Make sure the Playbook is Flexible, Deep and Wide

1. Oversee population health (Wide) and workforce excellence quality (Deep)

2. Elevate to quality strategy (Flexible)

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FY21 True North Metrics

True North Metrics FY21

Quadruple Aim	Metric	Calculation / Measurement of Metric	FY 2020 Results	FY 2021 Target
Improving Health	Build infrastructure to lose 1 million pounds ⭐	total pounds(Meritus plus community) lost by self reporting to a weight tracker	New	10K pounds lost
Improving Health	Residents have access to care	Composite score (ED arrival to discharge; video visits; appointments scheduled at discharge) compared to goal	New	100%
Improving Health	Know patient SDOH to improve care outcomes	MMG practice patient population has SDOH documented	New	>10%
Improving Health Care	Zero Patient Harm	Monthly incidents of IHI defined harm (hospital acquired conditions/infections, falls, preventable injury w/ treatment)	TBD	0
Improving Health Care	Transitions patients home safely	Case mix adjusted readmission rate; overall will capture CYTD	11.22%	-3.07%
Improving Health Care	Exceed patient expectations ⭐	Patient experience composite score (inpatient overall hospital rating, ER overall rating, HH overall rating, MMG likely to recommend) compared to goal	April FY20 YTD 99.4%	100.0%
Improving Health Care	Set goals for chronically ill patients	Patients have advanced care directives in their chart prior to discharge	13%	>20%

True North Metrics FY21

Quadruple Aim	Metric	Calculation / Measurement of Metric	FY 2020 Results	FY 2021 Target
Having Joy at Work	Reduce first year turnover ⭐	Reduce first year turnover	Apirl YTD 42%	Decrease by 10%
Having Joy at Work	Reduce provider EMR burnout	Reduce provider EMR alert fatigue	New	Decrease by 20%
Improving Affordability	Achieve operating margin ⭐	Budget		Budget

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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 10,000lbs 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

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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		

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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%	

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Workforce Dashboard FY20

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Metric	Calculation / Measurement of Metric	FY 2019 Results	Jul-19	19-Aug	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20		FY 2020 YTD	FY 2020 Target	Notes
1st Year Turnover - Overall	Voluntary & Involuntary turnover within first 12 months of employment / Total employees within first year of employment	32.73%	3.86%	3.40%	4.99%	3.81%	3.62%	2.44%	2.89%	2.69%	4.04%	🔴	42.31%	31.00%	FY YTD number is annualized. FY 2020 goal to reduce by 5%.
1st Year Turnover - Nursing	Voluntary & Involuntary turnover for RN job codes within first 12 months of employment / Total employees in RN job codes within first year of employment	38.54%	4.08%	3.96%	6.84%	3.48%	3.57%	1.75%	1.77%	2.73%	2.33%	🟢	26.36%	34.69%	lower is better; target 10% less than FY19
Hospital Wide Vacancy Rate	# of vacant FTEs/total budgeted FTEs	6.83%	7.27%	6.65%	6.49%	7.72%	7.73%	7.29%	6.74%	6.33%	6.24%	🟢	6.24%	6.48%	FY YTD number is point in time as of date indicated. FY 2020 to reduce by 5%.
RN Vacancy Rate	% RN Positions approved in Budget but vacant	7.80%	7.50%	6.30%	6.30%	7.10%	10.10%	10.7%	8.0%	7.9%	6.9%	🔴	6.9%	6.00%	FY YTD number is point in time.
Number of Recordable Injuries	Number of workplace injuries or illnesses classified as OSHA recordable.	134	17	13	10	30	16	12	14	14	12	🔴	138	127	FY YTD number is cummulative. FY 2020 goal to reduce by 5%
Number of Lost Time Days	Number of lost time days due to workplace injury or illness.	346	26	0	0	0	0	13	0	7	29	🟢	75	311	FY YTD number is cummulative. FY 2020 goal to reduce by 10%.
Number of Sharps Injuries	Number of OSHA recordable injuries classified as sharps injuries.	40	4	4	1	5	4	3	5	3	3	🟢	32	38	FY YTD number is cummulative. FY 2020 goal to reduce by 5%.
Diverse leadership workforce	Total number of diverse employees supervisor and above (self disclosed) / total number of employees supervisor and above	6.94%	6.90%	7.26%	6.82%	6.78%	7.22%	7.18%	7.18%	7.18%	6.74%	🔴	6.74%	7.14%	FY YTD number is point in time as of date indicated. FY 2020 goal to increase by 3%.

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Board MUST DO

Are you overseeing population health and workforce measures?

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Strategy: Key Drivers for Quality Improvement (Flexible)

- Understanding culture

- Teamwork

- High reliability

- Patient centeredness

- Variation in care

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Key Drivers for Quality Improvement

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

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Board MUST DO's for Quality

Before the Pandemic

- Make sure there is a Quality Playbook – Oversee multiple dimensions of quality; goal setting; and self assessment

During the Pandemic

- Support the Execution of the Playbook – Oversee and stay connected on the vital few needs

After the Pandemic

- Make sure the Playbook is Flexible, Deep and Wide – Oversee population health (Wide) and workforce excellence (Deep); Elevate to quality strategy (Flexible)

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Questions & Discussion

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