

The Three Legged Stool of Great Governance: Quality of Healthcare, Health and the Workforce



presented by

Maulik Joshi, Dr.P.H.
President and CEO
Meritus Health

February 14, 2022



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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% owner of Maryland Physicians Care, a 230,000 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* (5th edition to be published in 2022) 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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The Governance Institute's Leadership Conference – Hybrid Event
February 14–15, 2022

The Three Legged Stool of Great Governance

Objectives:

- Describe Board practices of overseeing key measures of quality of healthcare, health and workforce with appropriate and aligned goal setting
- Identify potential disparities in care and health
- Define how Boards can hold leadership accountable for healthcare, population health and workforce outcomes

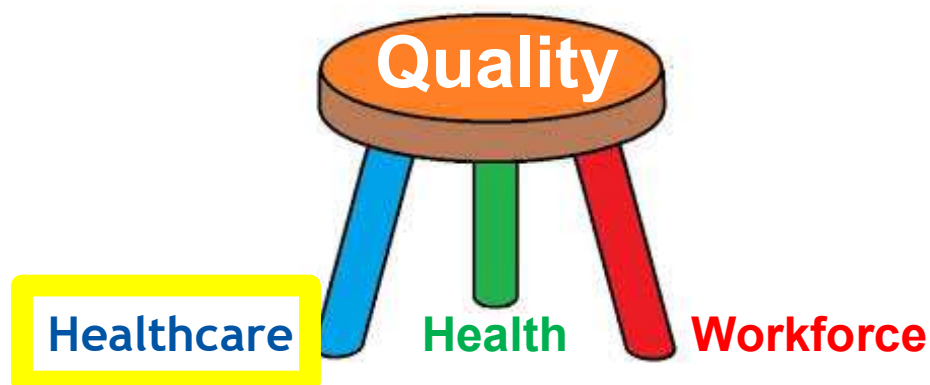


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The Three Legged Stool of Great Quality Governance



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The Governance Institute's Leadership Conference – Hybrid Event
February 14–15, 2022

Governance of Quality Before the Pandemic

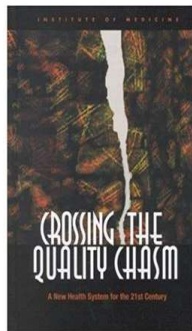
- Governance of quality was primarily focused on patient safety
- Governance of quality was hospital-centric, with limited discussion on population or community health or care outside of the hospital
- Governance tended to get into the quality weeds, because measures were few
- Minimal analysis of health equity
- Less focus on population health measures and workforce measures

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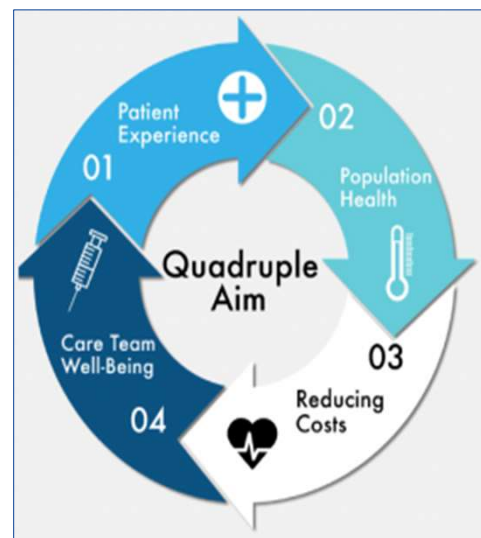
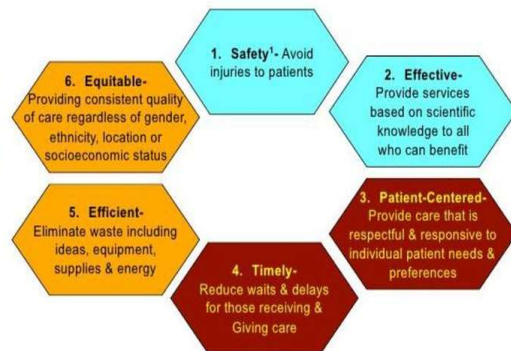
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Before the Pandemic - Goal was to make sure your Definition of Quality was Comprehensive

Institute of Medicine: 6 measures of quality (STEEEP)



IOM, 2001



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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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The Three Legged Stool of Great Governance

1. Must include quality measures of health equity
2. Must include some population health measure
3. Must include some workforce measure

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What quality measures that have disparities are you overseeing? Or What quality measures would you consider stratifying to assess any disparities in care?

- Wait times?
- Mortality?
- Diabetes control?
- ?

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Measuring Health Disparities

Identifying Health Disparities at Meritus

Multiple quality and safety measures were analyzed across race, ethnicity, and language using FY2020 data and were chosen following the Institute of Medicines six domains of healthcare quality (STEEP): safe, timely, effective, efficient, equitable, and patient centered.

Quality and Safety Measures Analyzed for Health Disparities:

- | | | |
|---|---|---|
| <ul style="list-style-type: none">• Readmission rate• Mortality rate• Patient harm events• Sepsis core measure non-compliance• Preterm births | <ul style="list-style-type: none">• Early elective delivery• C-sections• Exclusive breast milk feeding of newborns• Inpatient and emergency department opioid administration | <ul style="list-style-type: none">• Hemoglobin A1c $\geq 9.0\%$• Inpatient and observation average length of stay• ED throughput time• Patient experience top box scores for care and communication |
|---|---|---|

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Meritus Health's Health Disparities

Sepsis Core Measure Non-compliance

44% higher sepsis core measure non-compliance for Black patients compared to White patients

Pre-term Birth Rates (birth prior to 37 weeks gestational age)

27% higher preterm birth rate for combined Black patients and Hispanic or Latinx patients compared to White patients

50% higher preterm birth rate for Spanish-speaking compared to English-speaking patients

Newborns Exclusively Breast Feed

36% lower rate of exclusive breast milk feeding for combined Black newborns and Hispanic or Latinx newborns compared to White newborns

Opioids Administered in the Emergency Department

21% lower ED opioid administration rate for combined Black patients and Hispanic or Latinx patients compared to White patients

Poorly Controlled Diabetes (HbA1C \geq 9)

74% higher chance of poorly controlled diabetes when comparing combined Black patients and Hispanic or Latinx patients to White patients (24.2% versus 13.9%)

Emergency Department Throughput Time (discharge time for non-admissions)

Spanish-speaking patients on average spend 11% more time in the ED than English-speaking patients

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Transparency

MARYLAND | PENNSYLVANIA | WEST VIRGINIA

The Herald-Mail

MONDAY, AUGUST 2, 2021 | HERALDMAILMEDIA.COM

HAGERSTOWN, MD. | PART OF THE USA TODAY NETWORK

Meritus plans work on health inequities

Study last year leads hospital to make more moves

Mike Lewis The Herald-Mail
USA TODAY NETWORK

A Meritus study has reported six inequities in health care related to race, ethnicity and language preference.

"The reality is we've known this for years in health care, unfortunately," said Maulik Joshi, president and CEO of Meritus Health, which recently studied health disparities. "And it's not, again, a problem that has just surfaced over the



Joshi

last decade, but it's literally hundreds of years of systemic inequities. But now we have the data."

Professor Stephen B. Thomas, of the University of Maryland School of Public Health in Col-

lege Park, praised Meritus for gathering and sharing that data. What's critical, he said, are the next steps to address those disparities.

"Simply knowing is not enough. No," Thomas said. "We must do."

See MERITUS, Page 5A

USA TODAY NETWORK



Student was apprentice at county fine arts museum

Barbara Ingram grad worked behind scenes

Sherry Greenfield The Herald-Mail
USA TODAY NETWORK

Arianna Marriott loves the arts. So it's no surprise the 38-year-old

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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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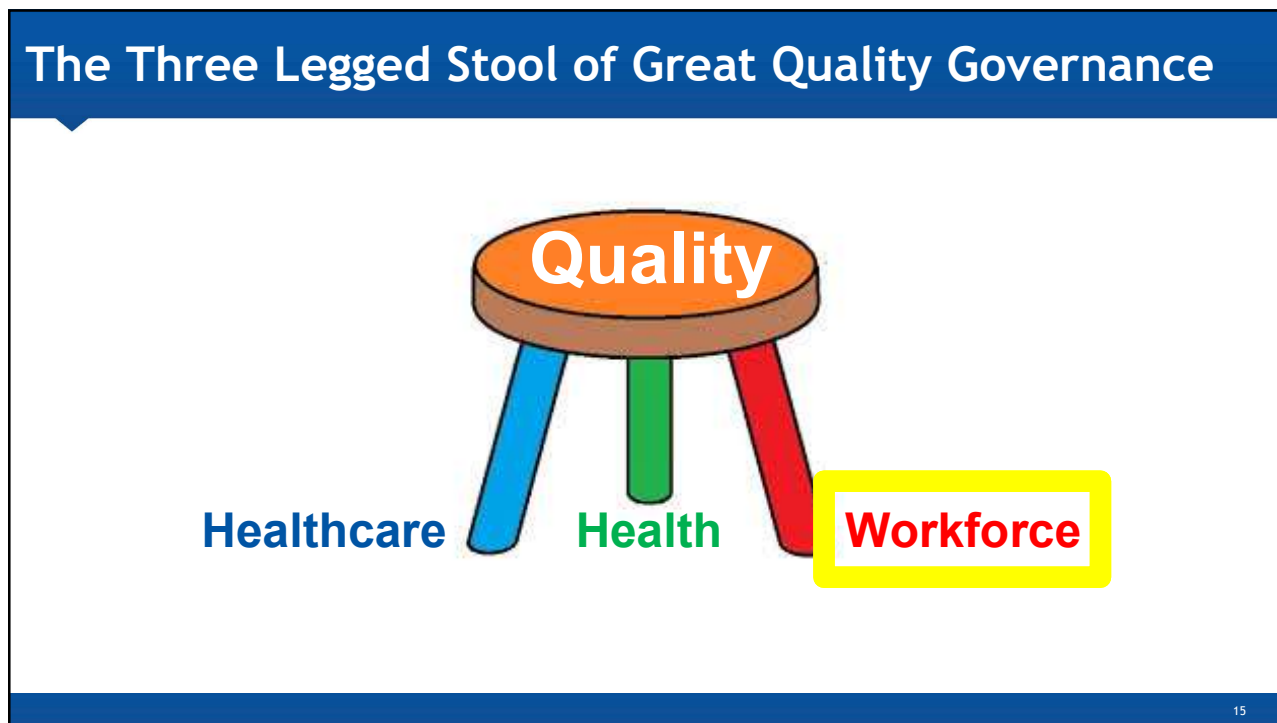
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QUALITY AIMS	IOM	FY19 Result	FY20 Goal	Best in Class
Reduce Hospital-Acquired Infections	Safe	CAUTI cases = 12; Rate = 1.15 C. diff cases = 63; Rate = 0.55 <i>(Jul 18- Feb19)</i> SSI Colon = 9; Rate = 3.73 <i>(Jul 18- Jan19)</i> SSI Spine = 0; Rate = 2.54 <i>(Jul- Dec 18)</i>	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 <i>(NHSN 2017 summary reports)</i>
Decrease ED Core Measure Minutes/Hospital Diversion	Timely	ED-1b = 450 mins OP-18b = 189 mins Diversion = 12.1% <i>(Jul 18- Mar 19)</i>	ED-1b = 335 mins OP-18b = 177 mins Diversion = 5.8%	ED-1b = 90 th %tile = 251 mins 75 th %tile = 301 mins OP-18b = 90 th %tile = 130 mins 75 th %tile = 167 mins <i>(Emergency Department Benchmarking Alliance)</i> Diversion = 2.69% <i>(Top state performance from MIEMSS)</i>
Increase Inpatient and Organizational (Composite) Patient Satisfaction	Patient Centered	Inpatient = 78% Composite = 98.6% <i>(FYTD 19)</i>	Inpatient = 78.5% Composite = 100%	Inpatient = 83% <i>(Top decile nationally of all hospitals)</i> Composite = N/A
Decrease Readmissions	Efficient	11.61% <i>(CY 18)</i>	11.12%	8.95% <i>(Top state performance from preliminary HSCRC data)</i>
Eliminate C-Section Disparity	Equitable	White = 21% Black/African American = 35% Disparity = 14% <i>(July 18- Mar19)</i>	Disparity = 10%	Overall C section rate = 14.29% <i>(Top decile nationally of all hospitals from ORYX)</i> Disparity = N/A
Improve Diabetes Control	Effective	HgA1c >9% = 41% <i>(Jun- Nov 18)</i>	HgA1c >9% = 25%	HgA1c >9% = 13.75% <i>(Top decile from the CMS Quality Payment Program)</i>

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Healthcare Aims FY20															Meritus Health	
	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%	
Efficient	Reduce potentially avoidable complications	Maryland Hospital Acquired Conditions cumulative total CYTD	106	54	59	68	75	80	86	11	4	13	●	86	<80	
	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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Employer of Choice Survey

- Survey Question - On a scale of 0-10, how likely are you to recommend Meritus as a great place to work?
 - 9-10 = promoters
 - 7-8 = passives
 - 6 or less = detractors
- Net Promoter Score = % of Promoters - % of Detractors
- Scores greater than 0 mean the number of promoters is greater than the number of detractors

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Employer of Choice Survey

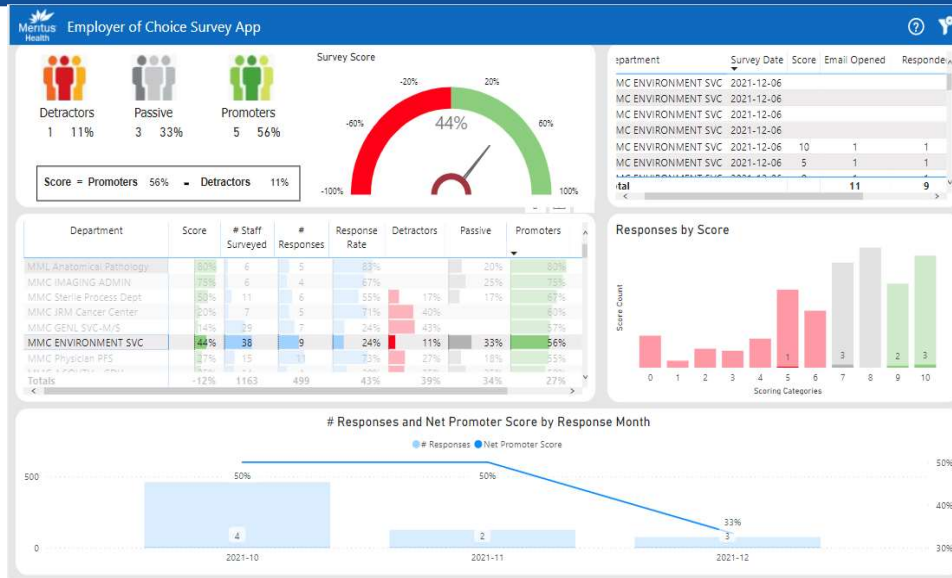


The screenshot shows an email from Meritus Health titled "Employer of Choice Survey {curDate}". The email features a collage of six images: two nurses in scrubs, two surgeons in an operating room, a modern hospital building, two healthcare workers in a lab, and two people in a clinical setting. The text of the email reads: "Hello Meritus Team Member, Please take a brief moment to fill out our 1 question survey." Below this is a prominent blue button that says "Click to take Survey!". At the bottom, it states: "Your participation is anonymous. Each survey link will accept only one submission. Please do not forward or redistribute this email." and includes a footer: "This email was sent to {email} from MeritusDoNotReply@meritushealth.com".

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Net Promoter Score



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Joy at Work Dashboard

Reduce overall turnover by 10%

Net Promoter Score

Decrease total physician time in the chart by 5%

Decrease nurses time documenting in flow charts by 10 minutes

100% employees receive unconscious bias training

100% employees are trained in cultural competency

50% of departments participate in quarterly team challenge or well being event

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The Three Legged Stool of Great Quality Governance



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New Normal for Quality and Health Governance

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 med...

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.**





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Lose 1 Million Pounds


SIGN UP NOW
Create your account as an individual, team, or a local organization


WEIGH IN REGULARLY
Check your weight often and record it here to help us reach our goal


KEEP UP THE GOOD WORK
Watch for local events and resources to help you live healthy

GO FOR BOLD

Join the movement!
HealthyWashingtonCounty.com

Year	Pounds Lost
2021	25,556
2030	1,000,000

Go For Bold Weight Tracker

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Population Health Questions

What population/community health areas are most important to you?

Do you have data for that area?

Do you have a reliable, frequent, relevant measure?

Could you set a goal for measurable improvement?

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Strategy and Operating Accountability

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Holding Leadership Accountability

- Annual Operating Plans Connected to Long term Strategic Plan with specific, measurable actions
- Transparent, monthly Dashboard Reporting
- Alignment of Incentives

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Leadership Accountability for Annual Operating Plans

AIM	2030 Bold Goal	Strategy	Proposed FY24 Strategy Goal	FY22 Action	FY22 Action Goal
Improving Health	Lose 1,000,000 pounds by 2030	Increase Annual Wellness Visits	30% of patients attributed to Meritus have annual wellness visits	Complete annual wellness visits for 20% of our attributed population, prioritized by risk including diabetes and obesity	5,000 Wellness Visits total
			All wellness visits include age friendly care	Integrating age friendly care in ambulatory visits	50% of AWW include 4 M documentation (mentation, mobility, medication, matters)
		Lose 1 Million Pounds	200,000	Engage partners and employees to improve reporting of weight	4,000 registered users in community with individuals active in weight tracker Partner and employees document 25,000 pounds lost in FY22

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Leadership Accountability for Annual Operating Plans

AIM	2030 Bold Goal	Strategy	Proposed FY24 Strategy Goal	FY22 Action	FY22 Action Goal
Improving Health Care	Zero Harm Events	Reduce Unwarranted Variations in Care and Outcomes	Reduce Harm Events by 50%	Reduce unnecessary orders or treatment	Reduce avoidable utilization by 10,000 unnecessary orders or days of therapy
				Improve surgical outcomes	Improve surgical site infection observed to expected ratio from 2.0 to 1.0
				Reduce hospital associated conditions	Decrease overall hospital associated pressure injury by 50% for stage 3, 4, and unstageable
				Improve ambulatory diabetic clinical outcomes	Increase percentage of adult diabetics with hemoglobin A1c less than 9% to 85% or more
				Goals of care are established in the ambulatory care setting prior to acute stay	Advanced directives are documented on 20% of patients 55 years and older
				Implement Age Friendly Practices in 50% of Care Settings	50% of all inpatients are asked what matters to you during each stay
		Become HRO (High Reliability Organization)	Integrate Best Practices	Exceed customer expectations system wide	Achieve 100% patient experience composite score in ambulatory practices, ED, Home Health, and Inpatient areas
				Data driven decision making	50% of leaders attend data literacy training
		Improve Access to Care	Every resident has access to timely care	Disseminate learnings from adverse events or root cause analysis	>75% of event reports that reached the patient will include documentation of a brief, debrief and huddle
				Every patient will be seen when needed and timely	Composite score: ED18b < 209 minutes, ED LWBS < 2% and 9% of appointments scheduled via direct scheduling and discharge follow up care for more than 80% of adult discharges

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Leadership Accountability for Annual Operating Plans

AIM	2030 Bold Goal	Strategy	Proposed FY24 Strategy Goal	FY22 Action	FY22 Action Goal
Having Joy at Work	Employer of Choice and Best Place to Work in Country	Retain our valued employees / physicians	Reduce overall turnover by 25%	Reduce overall turnover	Reduce overall turnover by 10%
		Increase pride at Meritus Health	Improve net promoter score (or some other metric like the happy/sad buttons)	Overall, physicians, nurses, employees. Baseline survey; quarterly pulse survey	Implement promoter infrastructure by October 2021 and increase overall rating by 20% by June 2022
		Increase employee and provider well being	Improve employee and provider joy at work	Decrease provider time performing work tasks at home by 20%	Decrease total physician time in the chart by 5%
				Improve nurses time to care for patients	Decrease nurses time documenting in flow charts by 10 minutes
				Empower employees to create a culture of inclusion behaviors and work culture	100% employees receive unconscious bias training 100% employees are trained in cultural competency
		Improve employee engagement	Employees find joy at work by engaging in team based activities for overall well being	One-third of the employees in 50% of departments participate in team challenges or well being events	

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True North Metrics FY21													
Quadruple Aim	Metric	Calculation / Measurement of Metric	FY 2020 Results	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	FY 2021 YTD	Data Measure	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	2,930	3,713	4,607	5,490	7,525	11,200	11,200	Cumulative	10K pounds lost	
	Residents have access to care	Composite score (ED arrival to discharge <195 min, 40% wt; video visits >250 total, 20% wt; appointments scheduled at discharge >40%, 40% wt) compared to goal, measurement Jan-June 2021	New	92.8%	99.3%	104.2%	105.8%	107.1%	107.6%	107.6%	Composite score measurement	100%	
	Know patient SDOH to improve care outcomes	MMIG practice patient population has SDOH documented; cumulative each month	New	24.3%	23.2%	22.9%	15.4%	12.8%	11.9%	17.0%	Cumulative	>10%	
Improving Health Care	Zero Patient Harm	Monthly incidents of HH defined harm (hospital acquired conditions/infections, falls, preventable injury w/ treatment)	64	13	7	5	7	5	1	70	Total	0	
	Transitions patients home safely	Improve case mix adjusted readmission rate; overall will capture CYTD	11.22% Baseline CY2019	-5.57%	-1.95%	-20.38%	Pending	Pending	Pending	-6.68%	CY2020 improvement total	Improvement by -5.07%	
	Exceed patient expectations	Patient experience composite score (inpatient overall hospital rating, ER overall rating, HH overall rating, MMIG likely to recommend) compared to goal	100%	96.4%	104.1%	93.5%	88.7%	96.7%	93.8%	94.7%	Average	100.0%	
Having Joy at Work	Set goals for chronically ill patients	Patients have advanced care directives in their chart prior to discharge	13.6%	12.8%	12.1%	16.0%	16.3%	18.8%	19.2%	14.5%	Measurement is Jan-Jun; average reported	>20%	
	Reduce first year turnover	Voluntary & involuntary terms within first 12 months of employment / 12 month rolling number of hires	23.50%	19.8%	22.9%	18.3%	18.8%	16.9%	19.2%	19.2%	YTD	21.2% or less	
Improving Affordability	Reduce provider EMR burnout	Reduce provider EMR alert fatigue (total number of annual alerts; reduce unnecessary alerts presented monthly)	612,612 alerts/yr.	-25.7%	-25.7%	-25.7%	Complete	Complete	Complete	-25.7%	Cumulative	Decrease by 20%	
	Achieve operating margin	Budget	June YTD -2.1%	4.0%	3.7%	8.0%	20.9%	19.5%	Pending	9.1%	Year to Date	0.25%	

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TRUE NORTH METRICS FY2022												
Quadruple Aim	Metric	Calculation / Measurement of Metric	FY 2021 Results	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	FY 2022 YTD	FY 2022 Target	
Improving Health	Engage community to lose 1 million pounds	Partner and employees document 35,000 pounds lost in FY22 ★	11,200	12,200	13,864	15,585	21,344	24,207	26,264	● 26,264	35,000 pounds lost	
	Access composite score:											
Improving Health Care	Improve access to care	ED arrival to discharge (ED OP18b) (15% weight)	220	214	232	240	254	221	280	● 240	205	
		ED Left Without Being Seen (LWBS) (40% weight)	3.5%	3.8%	4.6%	5.4%	5.8%	3.50%	8.7%	● 5.4%	< 2%	
		MMG patients schedule appointments via direct scheduling (15% weight)	7.1%	3.8%	3.4%	4.7%	6.3%	6.7%	7.1%	● 5.0%	9%	
		Adults will have a follow up care appointment scheduled before discharge (30% weight)	71%	83.0%	86.4%	89.6%	87.0%	88%	85%	● 85.9%	> 78%	
	Reduce harm events	Decrease harm events by 10%	76	8	5	7	8	4	Pending	● 32	67	
		Patient experience composite score ★										
	Exceed customer expectations system wide	Overall hospital rating (75% weight)	65.2%	63.4%	64.1%	61.8%	65.9%	64.3%	55.7%	● 62.5%	69%	
		ED overall care rating (10% weight)	54.2%	57.2%	51.3%	44.4%	44.1%	54.5%	46.5%	● 49.5%	60%	
Home Health overall care rating (5% weight)		90.7%	90.30%	85.70%	100%	100%	83.3%	84.5%	● 88.9%	92.5%		
MMG likely to recommend provider (10% weight)		83.8%	84.4%	83.0%	82.8%	81.8%	81.8%	Pending	● 83.0%	86%		
Having Joy at Work	Reduce overall turnover	Reduce overall turnover by 10% ★	23.3%	25.9%	30.1%	28.9%	31.2%	29.6%	29.20%	● 29.2%	21.0%	
Improving Affordability	Achieve operating margin	Budget ★	10.7%	5.20%	6.40%	-2.10%	0.00%	-3.60%	● 1.20%	1.20%		

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The Three Legged Stool for Great Governance

1. Monitor a comprehensive definition of Quality thru key, multiple measures - e.g., IOM 6 aims of quality, quadruple aim
2. Identify potential disparities in care and health and include at least one measure to monitor for disparity reduction
3. Steward a specific, measurable population health goal that is tied to a long term strategic objective
4. Steward workforce/joy at work measure
5. Ensure leadership has annual operating plans with measurable actions tied to the strategic plan
6. Align and cascade incentive measures with organizational goals

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Pulse Check - Questions to ask Yourself

1. Does the Board keep up to date on emerging and future issues of quality, safety and the workforce (such as new measures, new practices or new standards)?
2. Does the Board invest time at Board meetings to understand the gap between current performance and best performance and associated strategies to improve?
3. On a 1 to 10 (1= not satisfied, 10= absolutely satisfied), the Board is satisfied with the speed of quality improvement in the organization?
4. What one thing can we do better to have the Board more engaged in quality?
5. What are we doing best in having the Board engaged in quality?

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The Three Legged Stool of Great Quality Governance

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