GOOD GOVERNANCE CASE STUDY

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Main Line Health: Achieving Top Quality Performance Requires Equity for Every Patient

A Case Study Series Featuring Honorees from
The Governance Institute's Health System Quality Honor Roll 2022

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Main Line Health: Achieving Top Quality Performance Requires Equity for Every Patient

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In 2022, The Governance Institute conducted our second iteration of research looking into the quality performance of multi-hospital systems. Our goal is to identify systems that have consistently high quality of care across all hospitals in their system and learn from those systems. We are focusing our research on systems in particular due to the expansion of hospital consolidation over the past decade touting the benefits to include reducing clinical variation, increasing standardization, and therefore improving quality while lowering the total cost of care. We have been interested in learning from systems that have made progress on these goals, exploring what they believe are the specific actions of the senior leadership team and board that have enabled consistent high performance across the hospital members of their systems.

Our updated research methodology employed the most recently available set of CMS Star Ratings to generate a CMS Quality Rating. We used NRC Health's Market Insights data to create a parallel Consumer Quality Rating, in each case rolling up hospital-level data into system-level indices. We then identified the multi-hospital systems (i.e., at least two hospitals and with greater than 25 beds) that performed at least 1 standard deviation above the mean on both indices to create our 2022 Honor Roll list.

Next, we spoke with system leaders, executives responsible for quality, and board members at several of the Honor Roll organizations to learn more about what they believe is driving their success, with a specific focus on the actions taken by senior leaders and governing boards.

This case study features the lessons learned from Main Line Health (MLH), a five-hospital system based in Berwyn, PA, one of only two organizations that made our list of top-performing systems both years we have conducted this research. We spoke with CEO Jack Lynch; Eileen Jaskuta, M.S.H.A., B.S.N., RN, Vice President of Quality and Patient Safety; and Chief Medical Officer Jonathan Stallkamp, M.D. They also shared their experience with the audience at our Leadership Conference in Key Biscayne, Florida in February 2023.

Key Board Takeaways

Main Line Health identified the following organizational characteristics that have enabled the system to achieve consistently high performance in quality across all of its hospitals. Each item on this list is described further in this article:

1. Be a learning organization.
2. Focus on quality, and everything that impacts quality (e.g., safety, experience, outcomes, equity, and value), at the strategic level.
3. Ensure your leadership and organizational structure enables systemness: standardization, aligned goals and metrics, and a system-wide culture.
4. Build a culture of safety, which becomes core to the work everyone in the organization does every day.
5. Measure, measure, measure: stratify the data to enable identification of underserved groups that are not receiving equitable care or outcomes, and ensure that decisions and actions are data-driven.
6. Put in place mechanisms to monitor and ensure sustained results over time.
7. Governance must prioritize quality, safety, and equity.

Be a Learning Organization

The first point CEO Jack Lynch emphasized was that MLH as an organization remains open to learning, regardless of how far they have gone on their journey. This is a key component of the organization's culture. They don't rest on their laurels once targets are met. Lynch emphasizes that he wants to hear all of the news, good and bad. "If you're not telling me the bad news, then I can't do anything to fix it," Lynch said. Transparency is another big piece of this culture. Quality leaders work hard to stay ahead of emerging safety issues by regularly scanning medical literature to see what they can learn from, to prevent those issues from occurring at MLH. Then, there must be a willingness to take action.

A New Strategy

The following are the strategic pillars of MLH's new five-year strategic plan, which was built in 2021 and implementation commenced in 2022:

1. Reimagine and deliver the best experience.
2. Advance the health and well being of the community we serve.
3. Develop highly-engaged employees, physicians, and partners.
4. Drive strategic growth and deliver outstanding value.
5. Advance research and education for future healthcare providers.

Lynch highlighted the following goal under Pillar #2:
Build trust, identify, and eliminate disparities in care with the understanding that structural racism has affected confidence in the healthcare system.

"If you put it in writing, in your strategic plan, you are acknowledging the disparities. We know they are there," Lynch explained. "It was important for us to use the word

racism. Our board accepted that they needed to do this and one aspect of acceptance is by putting that language in the strategic plan."

Other goals on their "pathway to excellence" include:

- *Eliminate* harm (not "reduce")
- Achieve top-decile performance in quality indicators
- *Eliminate* disparities in care; work towards equity for all
- Increase affordability

Main Line Health Mission, Vision, & Values

Mission: Our mission statement summarizes the fundamental purpose of our organization—*what we do.*

- To meet the health care needs of the communities we serve and to improve the quality of life for all people, by providing a comprehensive range of safe, equitable, and high-quality health services, complemented by interdisciplinary education and research programs.

Vision: Our vision statement defines our aspirations as an organization—*what we want to be.*

- Be the healthcare provider of choice in our communities by eliminating harm, achieving top decile performance delivering equity for all and ensuring affordability.

Values: Our values are our core beliefs that guide our daily behaviors in fulfilling our mission and achieving our vision—*what we believe.*

- Keep our patients, employees, and medical staff safe.
- Deliver high-quality, compassionate care.
- Foster an environment of diversity, respect, equity, and inclusion.
- Work together as a system to achieve common goals.
- Innovate, embrace change, and do the right thing.

Leadership and Organization Structure to Enable Systemness

Main Line Health is not a holding company of separate hospitals running independently. Instead, they function as a single organization with multiple care delivery sites and have achieved a level of integration that enables them to standardize and move in a unified direction. It begins with a single system board that oversees and provides governance for the five hospital facilities as well as all other healthcare delivery operations in the system, and includes a single medical staff and professional structure for the entire system.

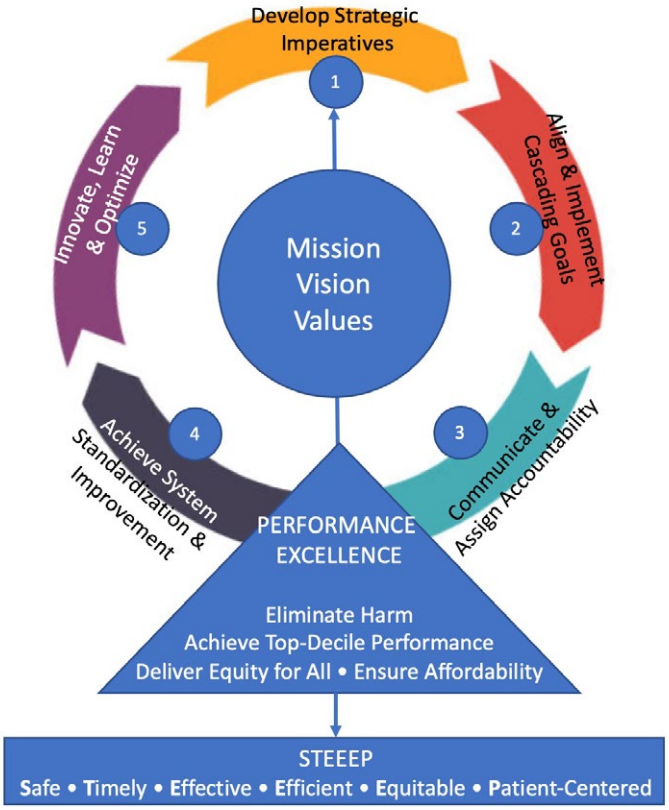
The administrative structure is also integrated. Ten years ago they implemented a horizontal leadership/management structure to help standardize care across service lines and geography. While there are hospital presidents at each hospital site with local leadership responsibilities, each hospital president also has an assigned system-level service line responsibility (cardiac, neuro, ortho, etc.) that spans traditional geographic and site boundaries. This matrix approach to local site management and clinical service line management promotes aligned management and care leadership across the system. No single structure is right for all systems.

Geography and local market characteristics have been important factors in MLH's ability to integrate leadership and clinical operations across sites.

As part of their response to COVID, a digital centralized operating system was created to enable operations oversight of what is happening at every hospital at a given time. EPIC is also integrated across the delivery system.

The system employs Clinical Environment Workgroups (CEWs), a concept that originated at Dartmouth:

- Interdisciplinary team structures that manage the clinical environment and serve as primary work systems. Service lines, programs, and departments are integrated within the structure. CEWs' goals include organization and design of standardized quality of care processes to treat patients across continuum, optimize efficiency, and mitigate risk through communication and engagement.
- STEEEP Dashboards are embedded in CEWs, service lines, and other areas to provide data to help lead teams toward data-driven decisions.



Each CEW has representation from each campus. Lynch and Jaskuta emphasize that the CEWs are not pushing corporate office/top-down decisions affecting the front line. Instead, people on the front line are in those meetings, driving the work and the processes. Just as the board starts their meetings with a safety story, CEWs start their meetings with a safety story and evaluate what happened. The groups regularly review system standards and make sure they know how they are doing on those standards across the system. Most importantly, each CEW prioritizes optimizing the Epic platform to standardize and reduce variation.

Lynch emphasized that MLH's current level of integration didn't happen overnight but rather over a 17-year period of "gravitation towards integration." Their hope is that by sharing what they have learned, other organizations will be able to achieve integration much faster.

Culture of Safety

MLH's "Culture of Safety" has been in place since Jack was hired in 2009. It has required work over the years to become embedded into the organization. They developed their own safety tools, modeled on tools that were publicly available, but by taking this approach, those doing the work could have ownership. For example, instead of SBAR (Situation, Background, Assessment, Recommendation) they use their internally developed STAR (Stop, Think, Act, Review) and other HRO mindfulness tools they developed/adapted like Initiate, Repeat Back and Confirm and ARCC (Ask a question, make a Request, voice a Concern and use chain of Command). "We refreshed and rebranded them and they have served the test of time," Jaskuta said. "When we do root-cause analysis, we often find that if these tools were employed the event wouldn't have happened." Information from root-cause analyses and the resulting action plans are shared across campuses to implement.

Lynch added, "*Complacency* is the thing we have to look out for. We start over every time with every patient. We have to be on our A-game every time—we cannot get comfortable."

Measuring Quality

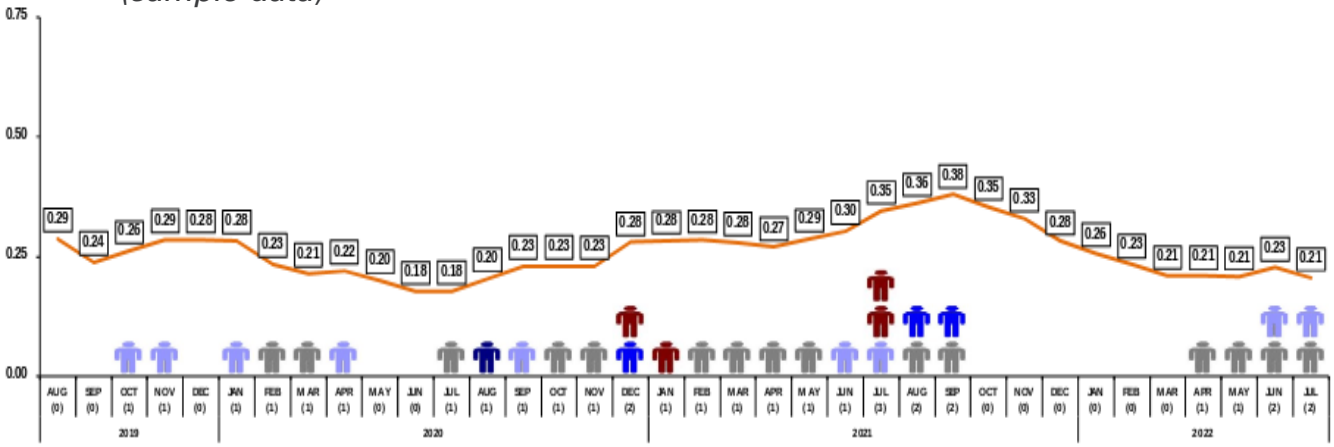
MLH leaders focus on the importance of measuring quality performance. Most importantly, MLH is far ahead of the curve on stratifying the data to identify areas where outcomes are lagging, to eliminate disparities. The analytics team has developed an eight-page dashboard for the quality team; STEEEP dashboards for each CEW have over 80 measures stratified by race, ethnicity, language, age, zip code, etc. The board's dashboard is shorter and shows the big-picture metrics, but if any board member wants to see more, they have access to everything.

"Sometimes you need to dig into what the problem is—is it an access issue or a disparity in the quality of care received?" Jaskuta explained. "There is an expectation for each CEW that they are doing something on their equity measures. When they present to the board, this information has to be included in their presentation: how they are performing and what they are doing to address specific equity problems."

Lynch provided a poignant example of why stratification in this way is important. In the system's OB service line, they found that Black patients had a 13.6 percent complication rate, while white patients were only at 6.6 percent and Asian patients at 4 percent. Prior to this stratification of the data, the overall numbers "looked fine" on the dashboard. In another example, they discovered an economic disparity for mammography; this knowledge enabled them to expand access to mammography for patients who need financial support.

As part of the Culture of Safety, preventable harm is tracked, trended over time, and shared with the board. The figures on the "people graph" below, introduced by Dr. Bob Wacther at UCSF, represent actual people who were harmed. "It makes a much bigger impact than just dots or lines. It impacts families too," said Dr. Stalkamp.

Preventable Harm Serious Safety Events: August 2019–July 2022
(sample data)



Sustaining Performance Improvement

Over the last two years, MLH leadership has shifted focus to ensuring that action plans are being sustained. This is a critical trait of learning and high-reliability organizations. Many formulaic quality initiatives have specific starting and ending points, and once the processes have been changed to create the desired results, QI teams typically move on to the next initiative. But there must be a mechanism to monitor and make sure that those changes and the resulting performance can be sustained over time. "We look at if things have drifted—did a process break down and why?" Jaskuta posed.

System Governance Priorities: Quality, Safety, and Equity

System board engagement in quality is the final piece of the puzzle to enable high quality across the organization. The board's priorities on its three-legged stool are quality, safety, and *equity*. MLH leaders view equity as a quality problem; they integrate equity into the quality efforts, rather than placing it separately with diversity, equity, and inclusion (DE&I) projects. "You can't be committed to safety and quality if you are not also committed to equity," said Lynch. "We talk about all three, we measure all three. We are not where we need to be as an industry and as an institution, but we are committed to it."

The system board is engaged and holds the system accountable for performance. Goals cascade throughout the organization—"everyone knows what they are trying to do," said Lynch. "They talk about it: we want to be safe, high-quality, equitable, affordable." To bring the point home, the system-level quality committee is now called the quality, safety, and equity committee.

Governance

Board Quality Committee Priorities

Eliminate harm
Reduce readmissions
Decrease HAI
Eliminate disparities in care
Improve patient experience
Decrease inpatient falls

	Key Performance Indicators and Priorities	P4P	PI work	Strategic Imperatives				
Clinical Quality	**Eliminate Harm and Reduce Unexpected Mortality**	X	X	SI-2A	SI-2B			
	Reduce Readmissions and Improve Care Coordination (CHF, COPD, PN,and Sepsis	X	X	SI-2A	SI-2B	SI-4B	SI-1B	SI-4A
	Improve the Patient Experience (As measured through HCAHPS)	X	X	SI-1A	SI-2A	SI-2B	SI-3B	
	Decrease Healthcare Associated Infections	X	X	SI-1A	SI-2A	SI-2B	SI-4A	
	Reduce Disparities in Care		X	SI-1A	SI-1B	SI-2A	SI-2B	SI-2C
	Decrease Inpatient Falls		X	SI-1A	SI-2A	SI-2B	SI-4A	SI-1C
	Sustain Ambulatory Quality Measures (HEDIS metrics)	X	X	SI-2A	SI-2B	SI-2C	Si-4B	
	Decrease Caregiver injuries through workplace safety, and safe patient handling		X	SI-2A	SI-3A			
Process/Operations	Optimize Utilization of EMR (Physician Efficiency Profile Scores (PEP) and Nursing Efficiency Assessment Tool Scores(NEAT)			SI-3B	SI-1C	SI-4A		
	Decrease LOS and Improve Patient Flow	X	X	SI-1A	SI-1B	SI-1C	SI-2A	SI-2B
	Reduce Variation in Medical Clinical Care	X	X	SI-1A	SI-1B	SI-1C	SI-4A	SI-2B
	Standardize Perioperative Care Pathways and Processes (ERAS)		X	SI-1A	SI-2A	SI-2B	SI-4A	
	Improve OR Flow/Utilization (Year over year performance)		X	SI-1A	SI-1C	SI-2A		
	Improve Outpatient Throughput Process (Focus on MLHC patient access) through C	X	X	SI-4B	SI-1C	SI-2A		
	Standardize Utilization of Radiology Imaging		X	SI-4A	SI-1A	SI-1B	SI-1C	

Main Line Health is transparent because they want people to know what they are doing as stewards to the community. "If we don't talk about it, we can't learn from it. I think this is an important point especially in today's media environment—it's critical to tell your story so that the public understands everything you are working towards to benefit the community," said Lynch.

Looking Forward

A key objective in their new strategic plan is to build a leadership structure around DE&I. There is now a team that reports to Jaskuta, that works through the CEWs and connects DE&I efforts with quality and safety. Jaskuta will continue to flesh out this objective and work with her team to strengthen accountability in this area.

Lynch, Jaskuta, and Stalkamp each underscored the importance of community partnerships to address problems that are outside of the realm of clinical care. Community partnerships build trust. "We can't do it all ourselves; you shouldn't do these things by yourselves," said Dr. Stalkamp. Health systems are well positioned to serve as partnership initiators, to help the partners identify priorities and community needs and then find ways for each to use their role appropriately to address those needs together.

"Organizations have taken on housing, gun violence, food insecurity," Lynch said in closing. "When we collect SDOH data, does that mean we are then responsible for solving those problems? It's really important that we do what we can to gather this information, but MLH can't take on affordable housing or the criminal justice system. We need to balance out what we are doing with the expectations about who can solve these problems, working in tandem and connecting the people with the resources in the community."

A Best Practice Perspective

Many health systems have a different structure than MLH. Many do not have a single medical staff and a single governing board. It is important to consider how to apply these lessons from MLH to systems with different structures. The following are some discussion questions for boards and senior leaders in this regard:

1. If our structure is different, what are some things we can change to enable more alignment across hospitals, leadership, and boards in our system?
2. Do we need buy-in from local leaders, boards, committees, and medical staffs? If so, what actions can we take at the system level to achieve that buy in and accelerate single-direction movement towards standardization, clinical integration, and aligned metrics?
3. Do we have the technical capability to stratify data and make it action-oriented? Do we know where we have disparities in care, and are we taking actions to close those gaps?
4. Does our strategic plan incorporate quality, safety, and equity in a way that will enable us to achieve higher performance across all of our hospitals?
5. What more can we be doing with our community partners to address equity and incorporate those efforts and impacts with our quality goals?