

The Governance Institute's Health System Quality Honor Roll: How St. Luke's Health System Achieves Results



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The Governance Institute's Health System Quality Honor Roll

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The Broadmoor
Colorado Springs, CO
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Session Objectives

Identify	Understand	List
Identify the top drivers of system quality performance.	Understand the role of governance in achieving top level performance.	List two to three new ideas and questions they should be asking about quality performance in their own organizations.

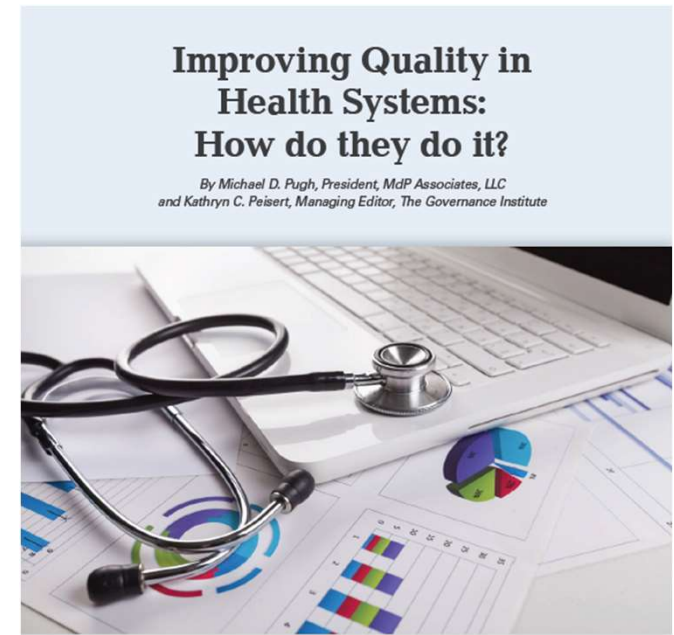


2021 Systems and Quality: How Do They Do It?

We were curious to try and identify which multi-hospital systems might be considered top quality performers *as a system*.

We want to begin to understand what drives system-level quality and safety performance.

- What do top-performing systems “do” from a leadership and governance perspective to deliver “top decile” quality and safety performance across their systems?



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2021

Seven Systems Agreed Participated in Leadership Survey

System Performance across Multiple Ratings

- Seven systems; 24 senior leaders participated with at least two from every system
- Good geographic dispersion
- No organization receives top scores across all public rating systems.
- Objective was not to “rank” or determine “the best.” Instead, examine if performance is reasonably consistent across public ratings.
- Only Lown provides a “system” rating based on their own criteria.

Participating System	# of Reported Beds in System	# of Reported Hospitals in System	CMS Weighted Star Score	Avg HCAHPS Score	Avg Leapfrog Grade	Market Insights Quintile	Lown System Rating Grade	Total Points	Composite Score
Duke Health (AKA Duke University Health System)	1430	3	4.33	4.00	5.00	4.00	5.00	22.33	4.47
Intermountain Healthcare	1965	23	4.76	3.94	5.00	3.00	4.50	21.20	4.24
St Lukes Health System (Boise ID)	895	8	4.84	4.00	5.00	2.00	5.00	20.84	4.17
St Lukes University Health Network	1058	8	4.38	3.38	4.88	2.00	4.50	19.13	3.83
Main Line Health	1060	4	4.03	4.20	4.50	4.00	2.00	18.73	3.75
Bellin Health	161	3	5.00	4.00	5.00	4.00	N/A	18.00	4.50
Atlantic Health System	1382	5	4.25	2.80	4.40	2.00	N/A	13.45	3.36

CMS Weighted Star based on bed size
 Leapfrog and Lown letter grades converted to 5.0 scale for comparison purposes.
 Market Insights score divided into quintiles, with 5 being the top quintile.

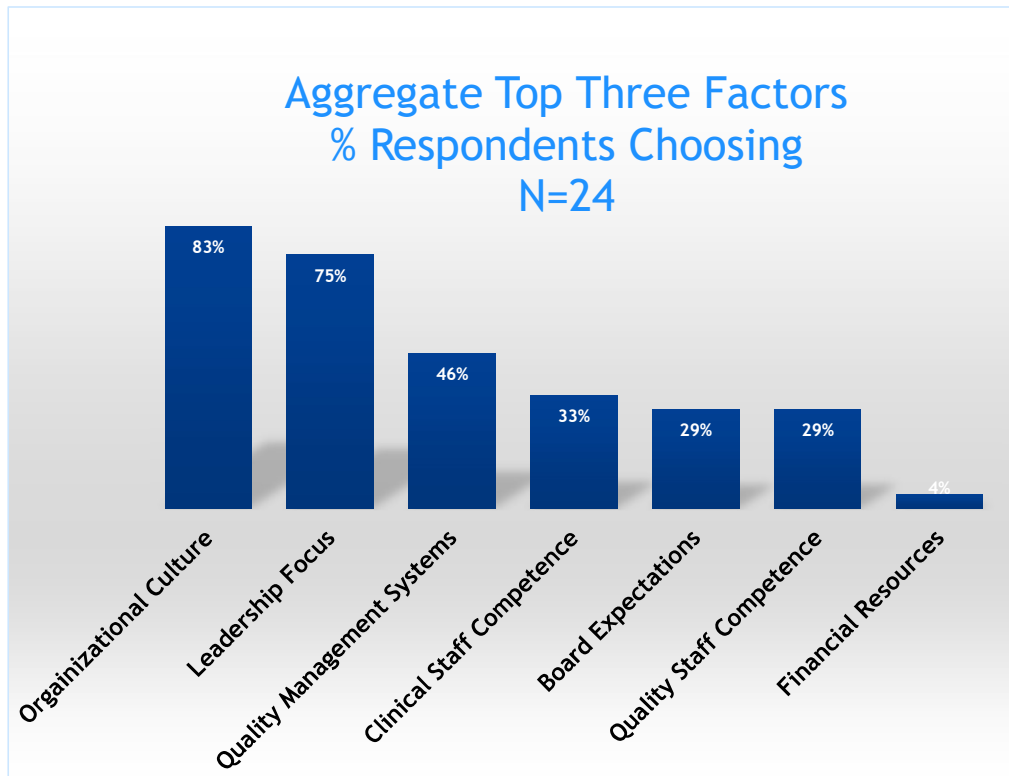


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2021 Survey

Top Drivers of Quality & Performance



- **Organizational Culture** is driven by leadership and governance behaviors.
- **Leadership Focus** is a specific behavior linked to high performance.
- A strong **Quality Management System** is a key driver.
- **Board Expectations** is equally important a driver as clinical and quality staff competence.

Improving Quality in Health Systems: How Do They Do It? Michael Pugh and Kathryn Peisert, The Governance Institute, October 2021.



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Analysis and Learning

1. Unequivocal board commitment and executive leadership focus.
2. There is a commitment to excellence—wanting to be the best—with a focus on patients at the center. HRO is a commonly used framework.
3. Clear expectations and goals for quality and safety performance are set by the board and senior leadership.
4. Patient safety is an organizational and leadership priority and a demonstrated cultural value.
5. Quality and safety are seen as strategic and aligned with organizational mission.
6. Management process and structures are designed to deliver quality and safety results. There is a process of systematic review of performance against targets/goals.
7. There is system-wide use of measurement, data and transparency.
8. There is significant engagement of physicians, clinicians, and front-line staff in quality and safety efforts.
9. They have invested in creating capacity for improvement. Methods, process, and structure exists to support the efforts.
10. They celebrate success.

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2022 Health System Quality Honor Roll Methodology

- Based on what we learned last year, modified and simplified our approach
 - System-level roll ups of CMS Star Ratings to assess technical quality performance
 - Weighted average based on bed size >25 beds with CMS published stars
 - Used NRC Health Market Insights to gauge customer perceptions of quality.
 - Used weighted average roll-ups of Overall Quality Scores based on number of Top-of-Mind mentions (minimum 50 mentions)
- Used cluster analysis to establish system size categories
- Rank ordered systems within the size category
- Honor Roll recognition for top performing systems
 - Must exceed 1 standard deviation above the mean on BOTH CMS Quality Rating and the NRCHealth Consumer Quality Rating



2022 Small System Honorees

(2-4 Hospitals)

Michigan Medicine, Ann Arbor, Michigan*

St. Luke's Hospital Health System, Boise, Idaho*

Christ Hospital Health Network, Cincinnati, Ohio

University of Utah Health Care, Salt Lake City, Utah*

Hoag Health System, Irvine, California*

Cedars-Sinai Health System, Los Angeles, California*

NorthShore University Health System, Evanston, Illinois

Edward-Elmhurst Health, Naperville, Illinois

Nebraska Methodist Health System, Omaha, Nebraska

** Indicates Governance Institute Member or NRC Health Customer*



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2022 Medium System Honorees

(5-24 Hospitals)

Mayo Clinic Health System, Rochester, Minnesota*

Avera Health, Sioux Falls, South Dakota*

Partners HealthCare, Boston, Massachusetts*

Stanford Medicine, Palo Alto, California

NYU Langone Health, New York, New York

Penn Medicine, Philadelphia, Pennsylvania*

Main Line Health, Berwyn, Pennsylvania*

Cleveland Clinic Health System, Cleveland, Ohio

University of Wisconsin Health, Madison, Wisconsin*

Northwestern Medicine, Chicago, Illinois

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Main Line Health

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.



Cedars Sinai

Key Board Learning

Cedars-Sinai recognizes that its hospitals do not have the same problems at each location. Rather than applying system-wide quality improvement projects that require the same implementation at each location, the system leadership has worked with local hospital boards to agree on common guiding principles for how to choose goals, metrics, and targets, to enable each hospital to identify what its biggest local priorities and opportunities are, and help each hospital move its own performance needle in a desired direction.

Organizational Intent

When Cedars-Sinai Medical Center became Cedars-Sinai Health System in the mid-1990s, two primary principles were determined to be immutable by the leadership:

1. Build a system that includes partners who share our vision, commitment, and passion for quality.
2. Apply the philosophy of bringing the best of what each member organization can bring to the system without assuming that “we know all the answers already” regarding how to build a successful system.



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The TGI System Quality Honor Roll: How St. Lukes Health System Achieves Results

Jodi Vanderpool, Vice President, Quality Operations

Dan Krahn, Board Member



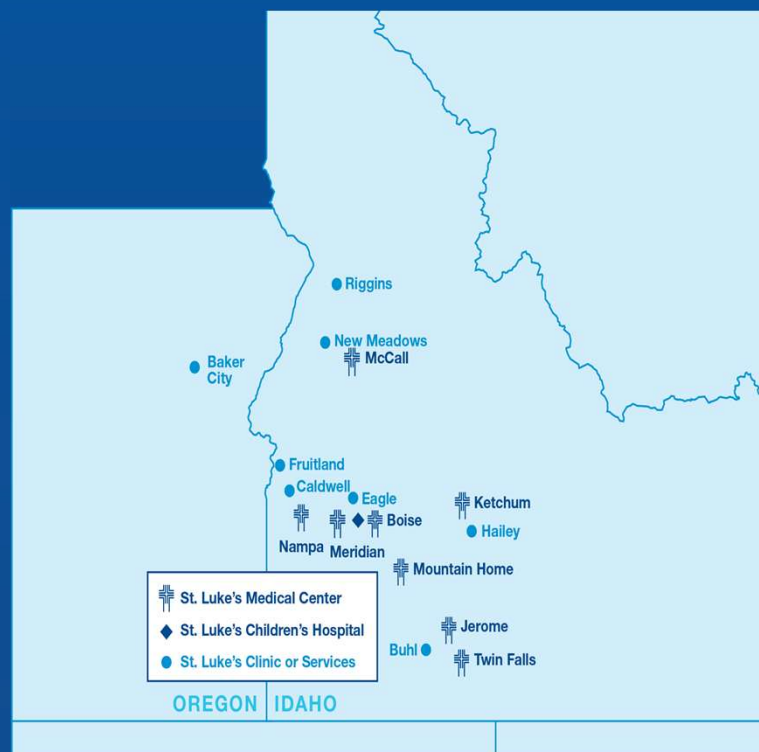
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St. Luke's Health System

Mission: To improve the health of people in the communities we serve

- St. Luke's Boise founded: **1902**
- Not for profit (No investors or stockholders)
- Community ownership & governance
- St. Luke's Health System created: **2006**
- *Idaho's largest private employer: 16,027 employees*
- Physicians with privileges on medical staff: **2,146**
- Inpatient facilities: **1,005** licensed beds
 - **8 Medical Centers** (*Including Idaho's only Children's Hospital*)
 - 50,833 hospital admissions
 - 44,854 surgeries
 - 224,745 ED visits
 - 456,378 child hospital admissions & outpatient visits
 - **370+ clinics and centers**
 - 4.85 million clinic and hospital outpatient visits



St. Luke's Strategy Framework

Caring people are the heart of St. Luke's. They're the reason the organization exists. Each member of the St. Luke's team has a part to play in our strategy and is key to our success in positioning St. Luke's as a community asset and a high-quality, independent, regional health system.



St. Luke's Strategic Objectives

SAFETY & QUALITY

Advancing the safety of the care we provide, the safety of the clinicians and staff members who provide it and the health outcomes for patients.

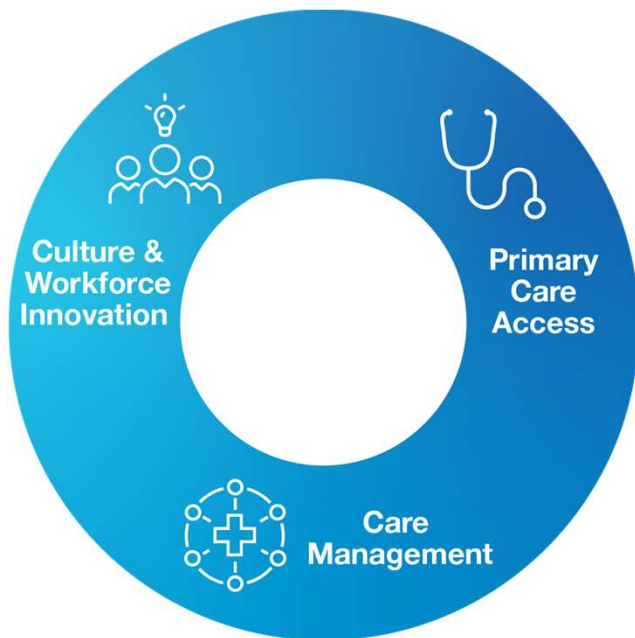
ACCESS

Evolving the way we deliver care to best meet the health needs of the people we serve when, where and how they desire.

AFFORDABILITY

Ensuring the delivery of high-quality care at a sustainable cost in a manner that is transparent and creates certainty for health care consumers.

St. Luke's Strategic Focus Areas



CULTURE & WORKFORCE INNOVATION

We will reimagine how St. Luke's hires and develops people who honor and fuel St. Luke's mission, while transforming the way work is done to optimize the system's most critical assets and position the system for success in the future.

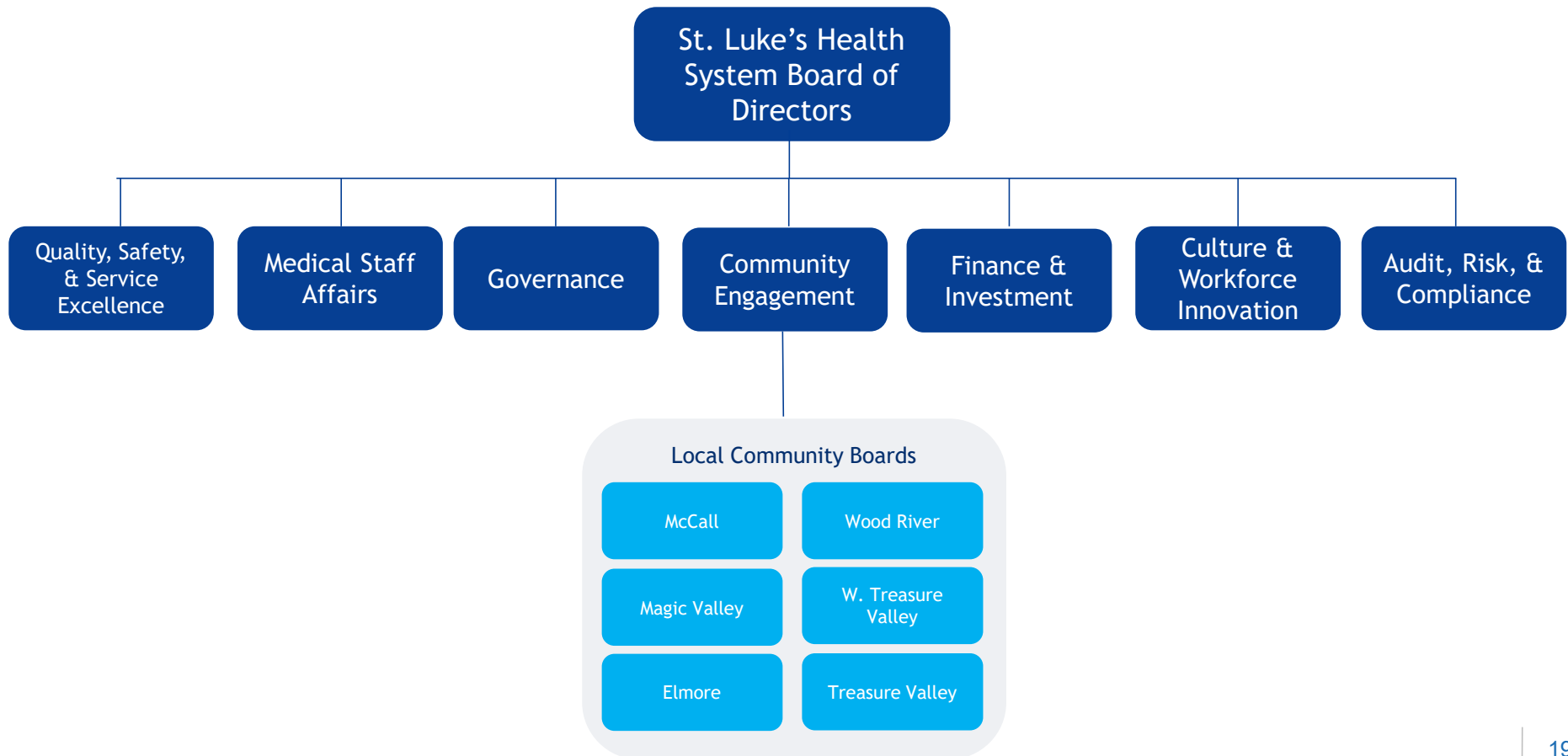
CARE MANAGEMENT

We will ensure patients receive the right care in the right setting at the right time through a single integrated system that seamlessly assesses patient needs and aligns them to resources with a centralized, real-time view of operations and available community resources.

PRIMARY CARE ACCESS

We will improve access to preventive and routine care services for people in the communities St. Luke's serves and in ways designed to meet the range of consumer expectations.

St. Luke's Board and Committee Structure



Quality, Safety, & Service Excellence Committee

Guide, govern and focus the quality strategies, goals and processes for the Hospitals, Units, and Clinics of the system.

Oversee the delivery of quality patient care, safety, and service excellence at each site and across the system.

Primary oversight for quality, safety, service excellence, accreditation and risks related to patient care, including employee and provider safety and appropriate utilization of services.

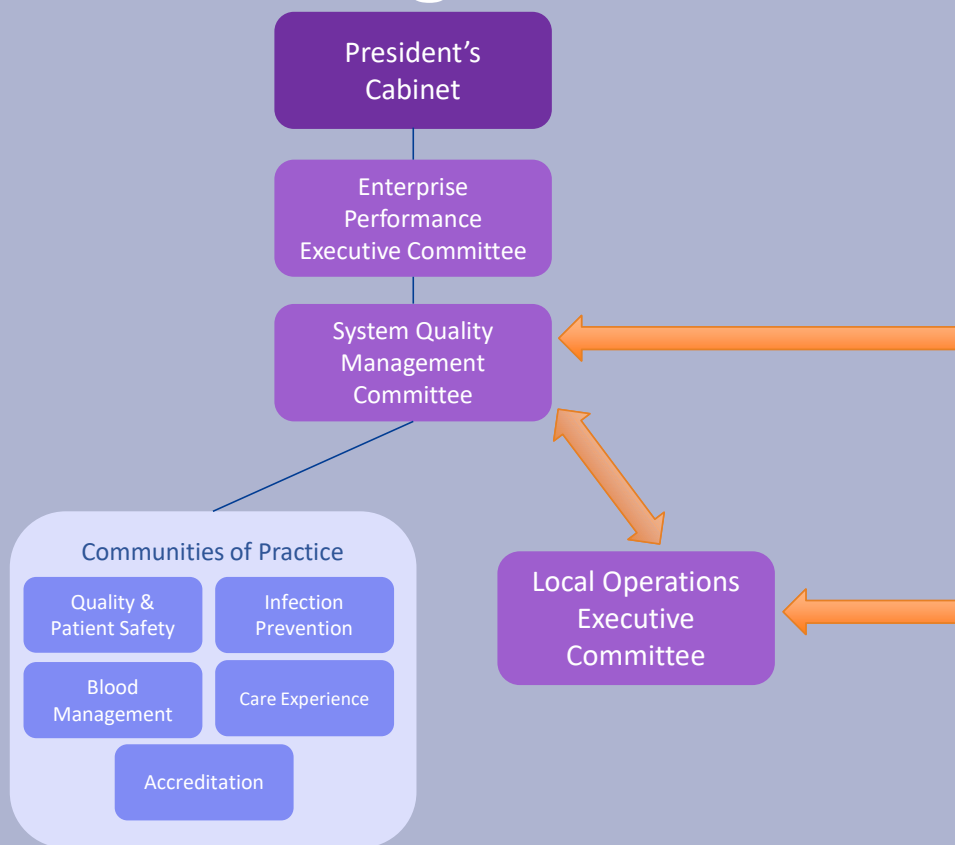
Review employee and provider experience, engagement, & development.

Assist the Board in fulfilling its responsibility to maintain accreditation compliance, mitigate clinical risk and monitor improvements in patient care and safety.

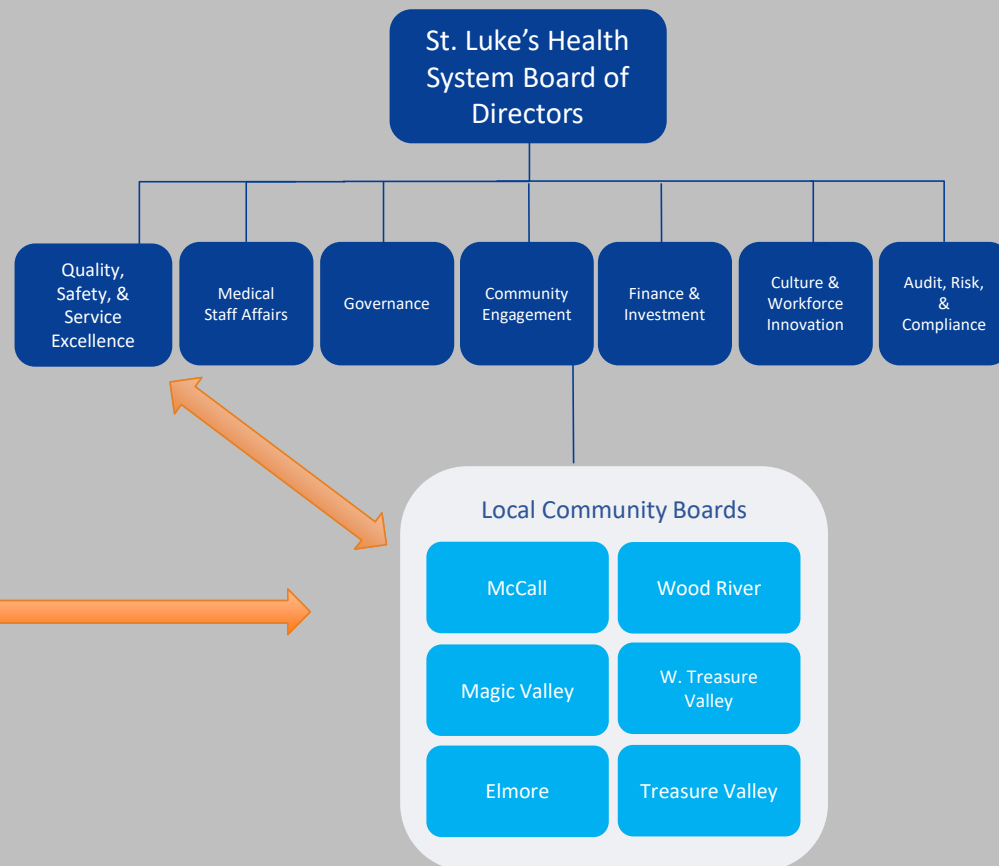
System Governance: Quality Interaction Model

QSSEC, Community Boards, Local Operations

Management



Governance



Prioritized Board Member Competencies

- Asset Management
- Change Management
- Community and Public Health
- **Consumerism/Consumer Exp**
- Finance/Accounting
- Governance
- **HR/Talent Dev & Engagement**
- Innovation
- **Leadership**
- Legal
- Marketing, Communications & PR
- Philanthropy
- **Provider/Clinical Experience**
- **Risk Management**
- **Safety & Quality**
- **Strategy**
- Technology

Structure for performance and quality management

Frontline (staff level) View

Do the work
Stay safe
Keep others safe



Operations

The execution of processes that either succeed or fail

Project Team View

Plan and execute your part well
Identify and mitigate risks
Coordinate with Leadership



Projects

The improvement of workflows; making the right thing to do the easy thing to do

Board & Management View

Define and design the Vision and Strategy
Allocate resources necessary for success
Maintain a “balcony view” and clear the path



Balanced Performance

The effective execution of multiple, well-planned strategies to make a dent in one, very large challenge

Source: J. Reinertsen, 2005

Key Safety Concepts



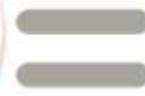
Reporting



Learning



Just Culture



Safety Culture

Creates psychological safety; encourages reporting, suggestions, forum for staff to voice concerns, feedback loop

Fully engages and models self-reflection that leads to transparency; applies safety and improvement science; prioritizes key learnings

Consistent evaluation of actions in collaboration with staff/providers; non-judgmental; foster mutual accountability (individual and leader/organizational)

Quality Measure Annual Review

Guiding Principles



Performance expectations promote year-over-year, sustainable improvement



Targets are informed by national top quartile or decile benchmarks



Historical performance trends and operational priorities considered



Metrics moved to Monitoring if performance has achieved a maintenance level



New measures added as report-only if baseline does not exist



Local, system, CFG, and SME engagement in setting thresholds and measure selection

Key Measures and Transparency

St Luke's System Executive Summary Scorecard		Legend	
		Meeting/Exceeding Target	Change from prior period
		No Target	- Favorable Change
		Not Meeting Target	- Unfavorable Change
Quality, Safety, & Outcomes	Care Experience	Stewardship	Culture
Safety of Care 0.88 0.69 SSER - Acute 0.00 0.11 SSER - Ambulatory 2.20 1.85 DART Rate Effectiveness of Care 1.02 1.00 Mortality Index 9.6% 12.0% Food Desert Vulnerability, A1C>9 Appropriateness of Care 79.3% 89.0% Diabetes Care: Statin Therapy 68.4% 48.0% Diabetes Care: Kidney Health 58.4% 45.0% Diabetes Care: Retinopathy	Patient Perception of Care 78.0% 78.8% Likelihood - Inpat. Adult 69.0% 71.3% Likelihood - ED 87.3% 86.9% Likelihood - Ambulatory Member Growth and Retention 47.1k 44k Total Accountable Medicare Advantage Lives	Clinical Consistency 27.1% 40.0% Medicare Annual Wellness Visits 63.5% 77.8% CMS HCC Recapture Rate Medicare Site of Care - Utilization per 1,000 149.0 181.0 Inpatient Adult Utilization per 1,000 386.2 300.0 ED Visits per 1,000 484.4 544.0 SNF Days per 1,000 Member Months Financial Health 4.8% 4.7% Combined Operating EBIDA Margin 137.2 128.3 Cash Days on Hand	Workforce Engagement 77% 78% Great Place to Work Workforce Health and Safety 82% 85% Feel Safe Speaking Up Workforce Stabilization & Development 75% 76% Intend to Work Here 2-3 Years

LEAPFROG VBP PROGRAM

Domain	Measure	2022 VBP Measure Score				
		Boise Medical Center	Magic Valley Medical Center	Meridian Medical Center	Nampa Medical Center	National Benchmark
Medication Safety	Computerized Physician Order Entry (CPOE)	100	100	100	100	92
	Bar Code Medication Administration (BCMA)	100	100	100	100	91
	Medication Reconciliation	61	45	45	45	64
Infections	CLABSI	70	97	54	81	55
	CAUTI	43	68	50	0	53
	SSI: Colon	74	72	34	N/A	52
	MRSA	78	92	57	N/A	55
	C.Diff.	18	68	47	42	54

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VBP MEASURE SCORE COMPARED TO NATIONAL AVERAGE

- > 10 Points Better or Top Performance
- ± 10 Points
- > 10 Points Worse
- Not Available

PENDING VERIFICATION Pending Leapfrog Verification

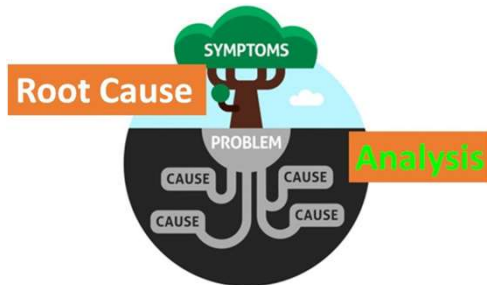
State: IDHO
Cohort: Adult

Overall Aspirational Goal	Aspirational Goal	Description	Site	FY23 BL	FY23 TH	FY23 Rank
Top 10% Nationally	0.73	Overall Ranking Among All GDB Database (Lower is Better)	SLHS	1.22 ¹	1.0 ²	
			Boise	1.34 ¹	1.8	518 of 589 Hospitals
			Meridian	1.18 ¹	1.8	448 of 589 Hospitals
			Nampa	1.19 ¹	1.8	450 of 589 Hospitals
			Magic Valley	1.19 ¹	1.8	430 of 589 Hospitals
			Elmore	0.74 ¹	1.8	191 of 589 Hospitals
			McCall	0.75 ¹	1.8	190 of 589 Hospitals
			Jerome	0.85 ¹	1.8	209 of 589 Hospitals
			Wood River	1.28 ¹	1.8	485 of 589 Hospitals
Vizient Top 10% Performance	2.67%	Sepsis All-Cause Readmissions (Planned & Unplanned)	SLHS	7.2%	5.7%	
Vizient Top 10% Performance	3.23%	Competitive Heart Failure All-Cause Readmissions (Planned & Unplanned)	SLHS	9.37%	8.36%	
Operational	1.0	Low Risk Readmissions (Readmissions)	SLHS	1.0	1.0	
Operational	1.0	High Risk Readmissions (Readmissions)	SLHS	1.0	1.0	

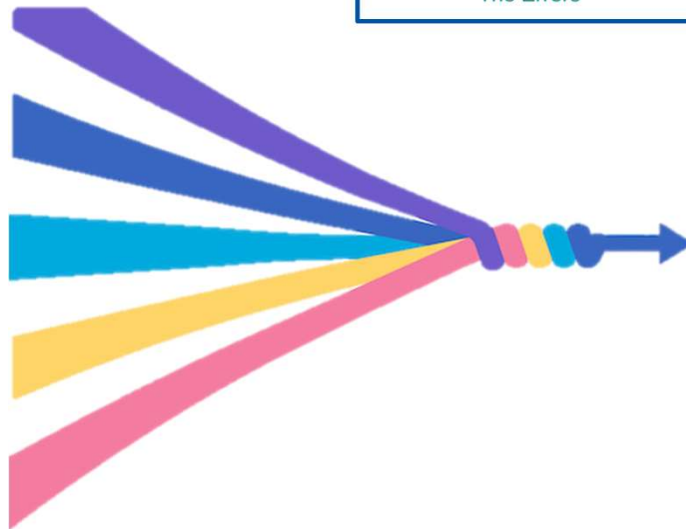
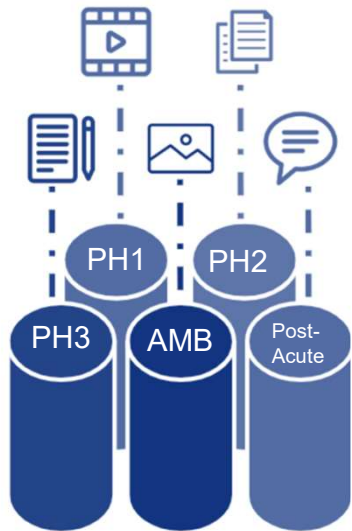
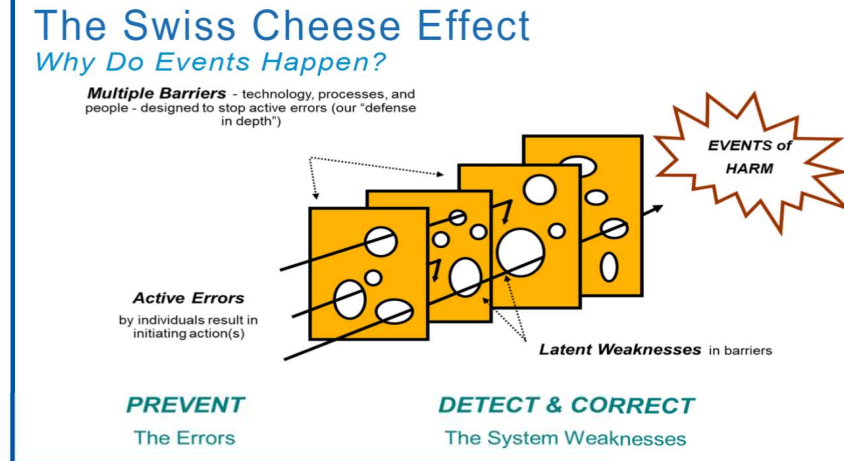
Measure	CMS 5 Star Rating				Critical Access Hospitals					SLHS Baseline (FY22)	SLHS Rolling 12 Months
	Boise Medical Center	Magic Valley Medical Center	Meridian Medical Center	Nampa Medical Center	Elmore Medical Center	Jerome Medical Center	McCall Medical Center	Wood River Medical Center			
Mortality Index	1.08	0.87	0.94	0.92	0.43	0.63	0.82	1.05	1.22	0.97	
Readmissions	5.18	8.62	3.44	4.57	3.05	2.46	5.84	3.69	5.75	5.46	
Length of Stay Index	1.03	0.88	0.96	0.89	0.82	0.63	0.68	0.81	0.97	0.95	
PSI-90	0.71	0.85	1.03	0.83	0.97	0.99	0.96	0.91			
PSI-03 Pressure Injury	0.85	0.49	1.35	0	0	0	0	0	1.44	0.78	

Top 25th Percentile 25th to 50th Percentile 50th - 75th Percentile 75th - 90th Percentile Bottom 90th Percentile

Transparency and System Learnings



Leadership Responsibility: Detect and correct system opportunities



Shared learnings for system alignment



"All About Technique" NO CAUTI

Lyrics	Image description	Supplies	Cast
Chorus]		Catheter kit/checklist	Lead Singer
Because you know we're all about technique	Tear down images of bad techniques. Correct wipes, bag lower, walk through people and correct their technique	Poster with comic, big checklist No CAUTI posters	Back-up singers X3 Background dancers
'bout technique, no CAUTI			
I'm all about technique, 'bout technique, no CAUTI	Green screen with special effects? (Ask Michael)	Wipes - bath and foley Protocol poster	Clinicians performing tasks
I'm all about technique, 'bout technique, no CAUTI			
I'm all about technique, 'bout technique	Consider camera from Patient POV - showing what the nurse is doing to set up the foley kit, hand hygiene, donning gpe, preparing to drape, etc. Note: Patient POV reinforces patient perspective and perception... the nurse is doing what should be done.	Dashboard poster Stat lock	
[Verse 1]			
Yeah, it's pretty clear, that flow in the tube But I'm clean it, clean it, like I'm supposed to do Cause I got them protocols, evidence-based Yeah, all the right steps to keep patients safe stick that Foley (ah-ha) into that STATlock (Ah-ha) We know that helps secure it, come on... don't let it drop	Nurse driven protocol		



[All About Technique – No CAUTI - YouTube](#)

Safety Together: High Reliability

What does Safety Together mean?

- SLHS's journey to perform **safely and reliably** in everything we do to achieve our desired outcomes for our patients, staff, customers, community and each other.
- SLHS's journey to reduce variation in leader and staff **skills and behaviors** that will guarantee the desired safety, quality and experience in the outcomes we deliver.
- **Reliable** practices and processes that will lead to and support a **safe environment**.
- A **Just Culture** that supports improvement while recognizing we are human and make mistakes.

Why is it Important?

- We can **reduce preventable harm** to our patients and staff.
- We need common skills and behaviors, built on safety science and trust.
- **Strengthens our patients' trust**. Delivers on our **promise and commitment** to keep them **safe**.

Why now?

- **Foundational for our health system**. We know we are not where we want to be.
- We will reduce and then eliminate preventable harm.
- The time is **now - safety is non-negotiable**.
- Safe place to work, safe place to receive care.

What is Safety Together *not*?

- **Optional**
- Just another program with a beginning and end.
- An **individual team's responsibility** – it is everyone's responsibility.
- Driven by regulation.

What are the individual and organizational benefits?

- Patient and staff **safety, satisfaction, and engagement**.
- **Reliable outcomes**.

Safety Together (High Reliability) 2022 Progress



Training Support

- Universal Skills training begins
- Universal Skills office hours
- Requisitions approved for Prog. Mgr. & Edu Specialist

Leader Engagements

- Engaged with partners to develop integration with Safety Together in educational materials

Ongoing Support

- Hired Prog Manager & Edu Specialist
- Leader Skills trainer support determined

Leader Skills

- Leader Skills Launched for sustainment. All leaders to complete within 120 days of hire/.role change.
- Continued occurrence 1X monthly

Orientation Integration

- Fully integrated language with NEO, NECO and the STAR residency program
- Solidified interim trainer support for Nov-Mar (Universal Skills)
- Badge Buddy distribution began

Transition to operations

- Student one pager integrated into onboarding
- Contractor one pager integrated into onboarding
- Limited practice Physician exemption process finalized by JCOS
- Requirements determined for all employees hired after 10/1. Complete w/in 120 days
- Leadership conference breakout sessions cover HRR & TEAMwork Boards

Training Sustainment

- Revised Universal Skills training to update branding and refine
- Launched 5 classes per month

Future Planning

- Source Page mgmt. aligned to Prog Mgr. & Edu Specialist
- Design and discovery for next phase of program



SAFETY TOGETHER





Safety Together 2023 Program Roadmap

IPASS Clinical Handoff Tool *

Key

Solid Line
Project managed by OCIE

Dotted line
Operationalized in Quality/Patient Safety (except Just Culture in HR)

Line Width
Indicates scope size

Line Shading
Indicates resource load (darker = more resource intense, lighter = less resource intense)

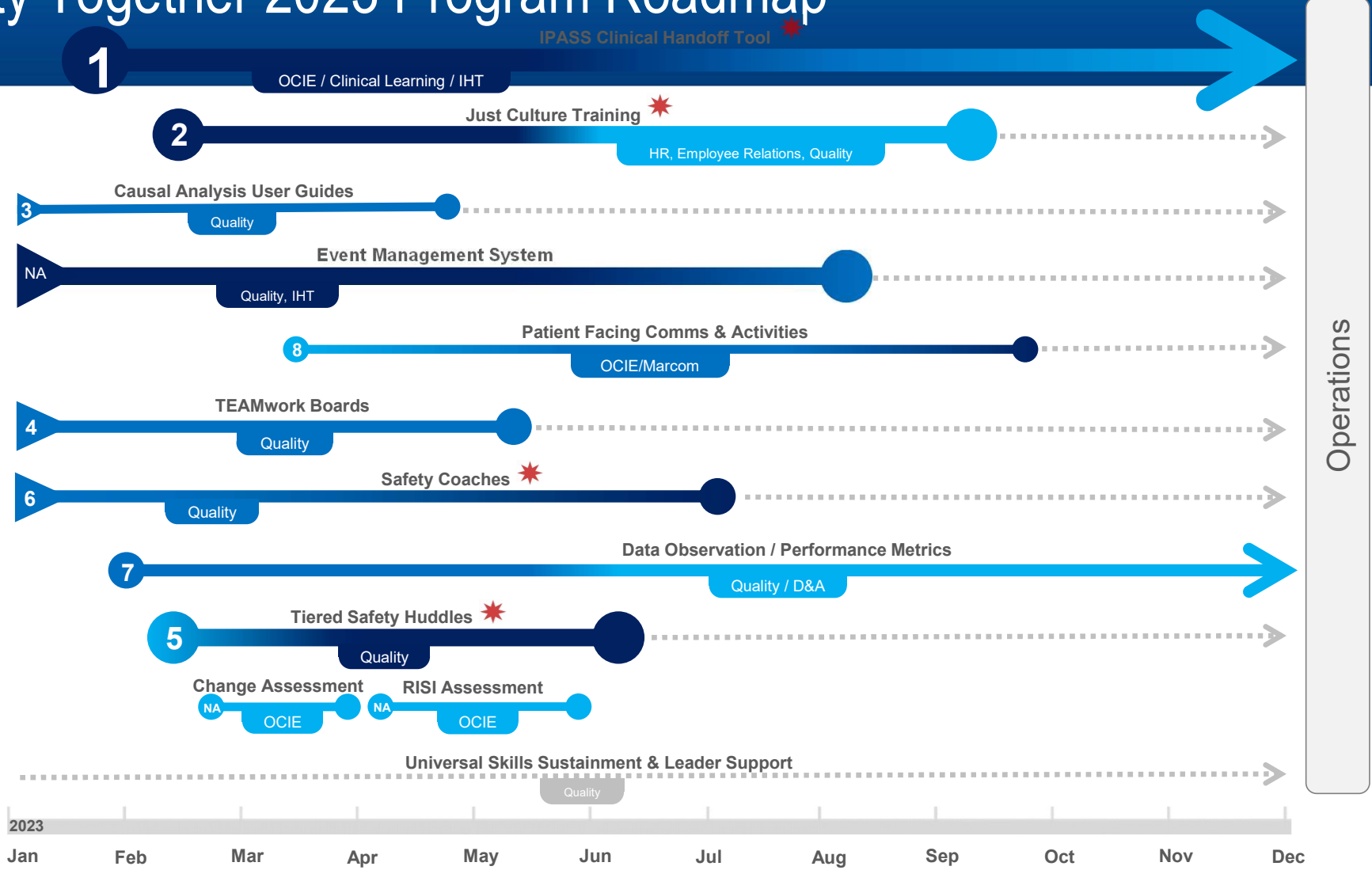
Sub Boxes
Indicate primary teams tasked with work

Cap Number
Indicate work priority (NA = related project or administrative work)

Staff Impact
* High impact on front line staff

Takeaways:

- Heavy task load on Quality over next 5 months
- Many workstreams move to operations in 2023



Operations

Validation of Directional Progress & Successes

- Idaho's most awarded health system
- Rated a Top 15 Health System nine years running

merATIVE
15 Top
Health
Systems
2022



Committed to . . . Zero Preventable Harm

What keeps us up at night?

Although most errors or omissions do not cause permanent harm, some hurt forever, and we can't know beforehand whether the *next event* will be ***the forever event*** for a patient in our care.

Workarounds?

Preventable falls?



Medication error?



Fear of speaking up?

Healthcare-acquired infection?



Lessons Learned



Focus on the goal: zero preventable harm



Transparency is vital



Don't let perfection be a roadblock to progress



Be open to thinking & doing things differently



Accept the challenge