

Boards on Board

IHI 5 Million Lives Initiative

Melinda Ashton MD
Kellé J Payne RN BScN MA

Introduction to Hawaii Pacific Health

- Not for profit
- Merger of 3 Hawaii healthcare systems 6 years ago
- 4 hospitals:
 - Kapi'olani Medical Center for Women and Children
 - Kapi'olani Medical Center at Pali Momi
 - Straub Clinics and Hospital
 - Wilcox Memorial Hospital

Introduction to Hawaii Pacific Health

- 3 employed physician groups
- Academic programs based at KMCWC
- Large number of independent physicians

Our Board Directed Goals

- 100% composite score AMI
 - 100% composite score HF
 - 100% composite score Pneumonia
 - 100% composite score SCIP
 - 100% observable hand hygiene
 - 100% medication reconciliation
- by June 30, 2009

Laying the groundwork

- Adopt “Alapono” structure: July, 2004
 - Combined risk management and quality improvement, added patient safety and service excellence
- Create awareness
 - Is there a problem?
 - Is there a problem at Hawaii Pacific Health?
 - Why does it exist?

Introduce solutions

- Without a plan to make it better, the status quo is just plain scary
- Prioritization: there is too much to do
- IHI 100K Lives campaign announced just at the right time (December, 2004)

Introduce metrics

- It is easy to assume quality in the absence of data
 - “world class”
- A whole new language to be learned

Board Role

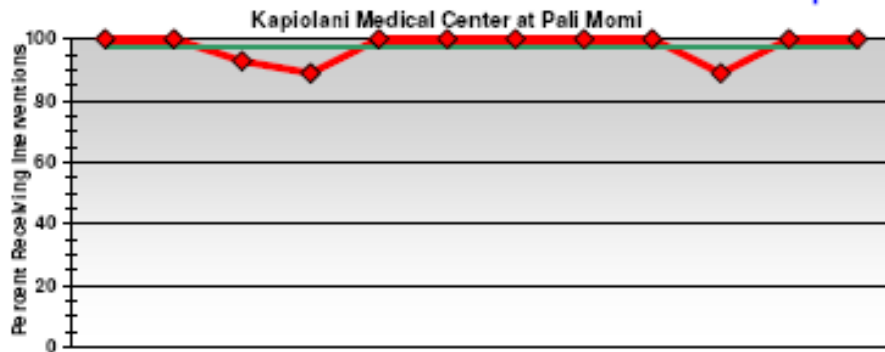
- Each of our hospital boards receives a standardized data dashboard
- Regular board discussion regarding selected topics
- Open discussion and recognition of discomfort

PERCENT OF HEART ATTACK PATIENTS WHO RECEIVED ALL RECOMMENDED INTERVENTIONS

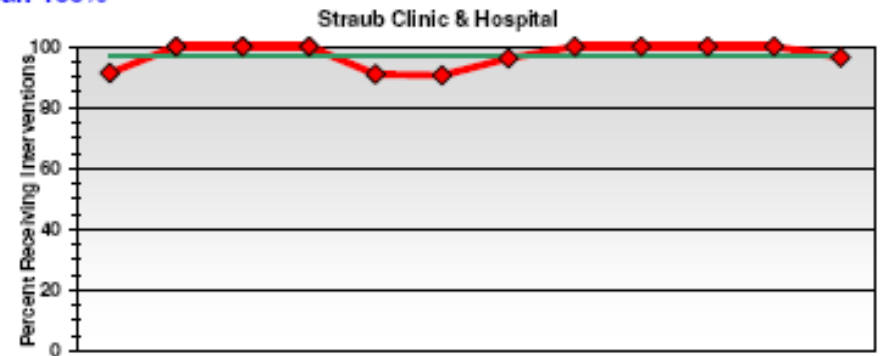


Rate Mean

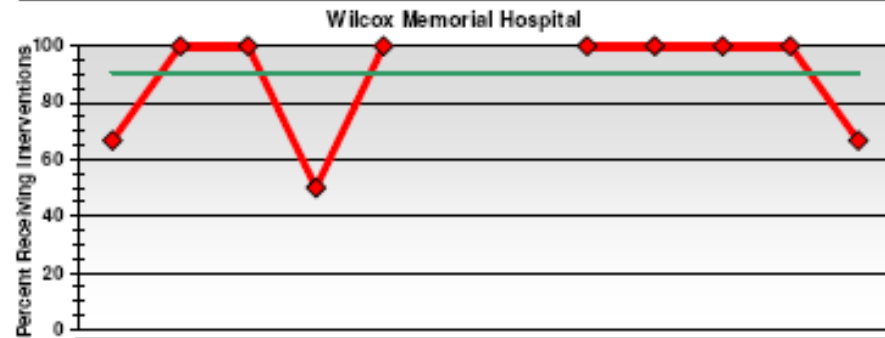
Expected Goal: 100%



	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07
num	5	6	13	8	7	7	4	5	7	8	6	9
den	5	6	14	9	7	7	4	5	7	9	6	9
Rate	100.0	100.0	92.9	88.9	100.0	100.0	100.0	100.0	100.0	88.9	100.0	100.0



	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07
num	21	29	31	30	30	19	25	30	23	25	27	27
den	23	29	31	30	33	21	26	30	23	25	27	28
Rate	91.3	100.0	100.0	100.0	90.9	90.5	96.2	100.0	100.0	100.0	100.0	96.4



	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07
num	2	1	3	1	1	0	0	2	1	1	3	2
den	3	1	3	2	1	0	0	2	1	1	3	3
Rate	66.7	100.0	100.0	50.0	100.0	0.0	0.0	100.0	100.0	100.0	100.0	66.7

Definition:

Rate of Heart Attack Patients Who Received 7 Recommended Interventions:

This measure is part of the IHI 5 Million Lives Initiative. This is a way to measure how many heart attack patients (defined by medical records codes) have all 7 of the evidence based interventions considered in their care. 1) aspirin within 24 hours, 2) aspirin at hospital discharge, 3) Received ACE inhibitors or ARBs for LVSD at discharge, 4) assessed for adult smoking cessation, 5) beta blocker at discharge, 6) beta blocker at arrival, 7) Given Thrombolytic Agent within 30 Mins of Arrival,

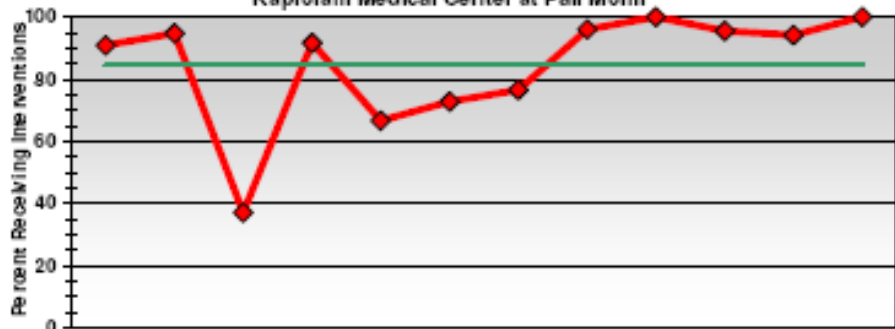
PERCENT OF HEART FAILURE PATIENTS WHO RECEIVED ALL RECOMMENDED INTERVENTIONS



Rate Mean

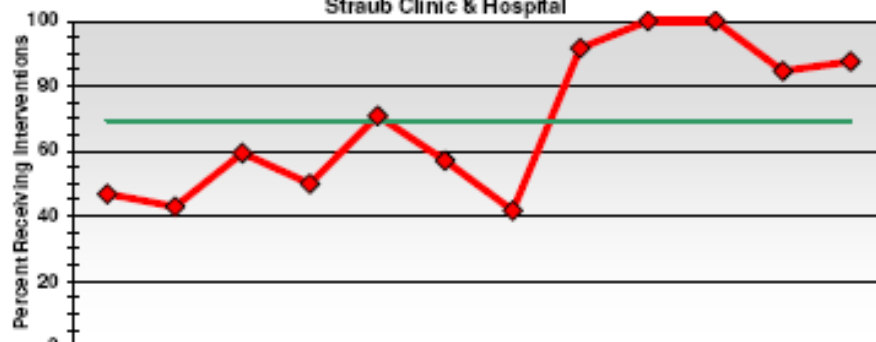
Expected Goal: 100%

Kapiolani Medical Center at Pali Momi



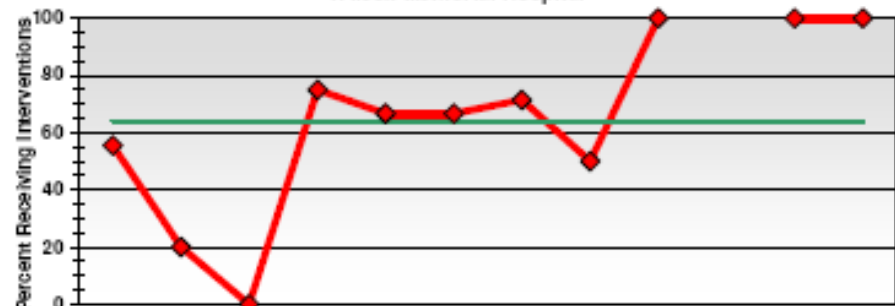
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num	10	18	13	11	12	16	13	24	15	21	16	22
den	11	19	35	12	18	22	17	25	15	22	17	22
Rate	90.9	94.7	37.1	91.7	66.7	72.7	76.5	96.0	100.0	95.5	94.1	100.0

Straub Clinic & Hospital



	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07
num	15	6	19	13	17	16	5	22	13	14	11	14
den	32	14	32	26	24	28	12	24	13	14	13	16
Rate	46.9	42.9	59.4	50.0	79.8	57.1	41.7	91.7	100.0	100.0	84.6	87.5

Wilcox Memorial Hospital



	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07
num	5	1	0	3	4	4	5	2	5	0	5	8
den	9	5	6	4	6	6	7	4	5	0	5	8
Rate	55.8	20.0	0.0	75.0	66.7	66.7	71.4	50.0	100.0	0.0	100.0	100.0

Definition:

Rate of Heart Failure Patients Who Received 4 Recommended Interventions:

This measure is part of the IHI 5 Million Lives Initiative. This is a way to measure how many heart failure patients (defined by medical records codes) have all 4 of the evidence based interventions considered in their care: 1) given discharge instructions, 2) assessment of left ventricular function, 3) assessed for ACE inhibitors or ARBs for Left Ventricular Systolic Dysfunction (LVSD) at discharge, 4) given smoking cessation advice/counseling

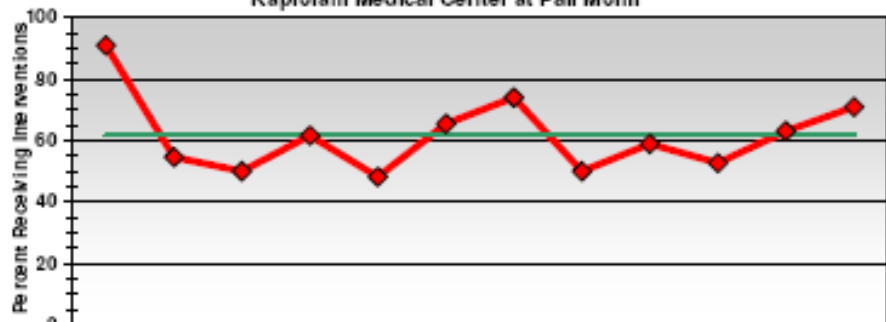
PERCENT OF PNEUMONIA PATIENTS WHO RECEIVED ALL RECOMMENDED INTERVENTIONS



Rate Mean

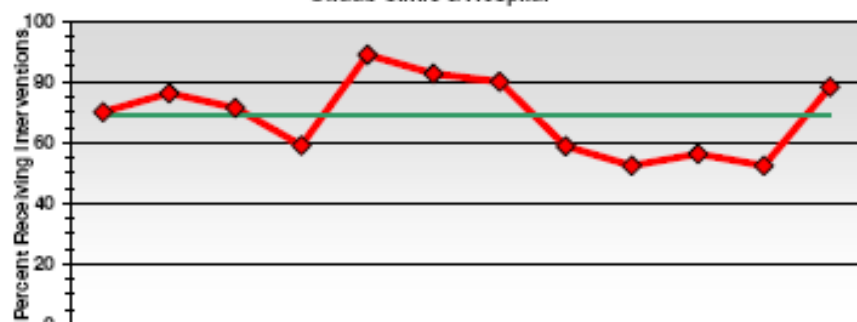
Expected Goal: 100%

Kapiolani Medical Center at Pali Momi



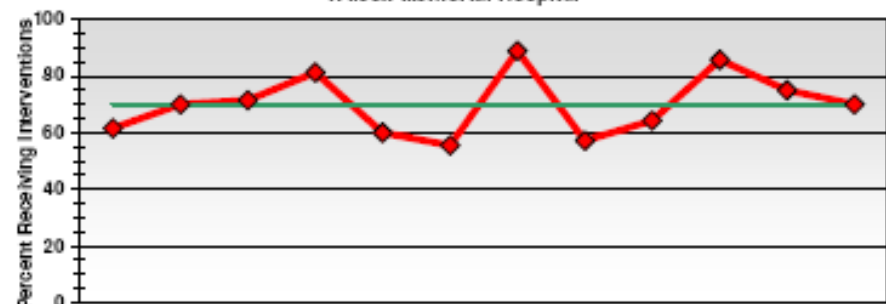
	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07
num	20	18	12	16	13	17	17	11	10	10	17	17
den	22	33	24	26	27	26	23	22	17	19	27	34
Rate	91	55	50	62	48	65	74	50	59	53	63	71

Straub Clinic & Hospital



	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07
num	14	16	15	13	16	19	16	10	11	9	11	18
den	20	21	21	22	18	23	20	17	21	16	21	23
Rate	70	76	71	59	89	83	80	59	52	56	52	78

Wilcox Memorial Hospital



	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07
num	8	7	5	13	6	5	8	4	9	6	3	7
den	13	10	7	16	10	9	9	7	14	7	4	10
Rate	62	70	71	81	60	56	89	57	64	86	75	70

Definition:

Rate of Pneumonia Patients Who Received 4 Recommended Interventions:

This is a way to measure how many pneumonia patients (defined by medical records codes) have all 4 of the evidence based interventions considered in their care: 1) given Pneumococcal vaccination, 2) blood cultures before receiving first antibiotic 3) smoking cessation advice/counseling 4) assessed for initial antibiotic within 4 hours of arrival

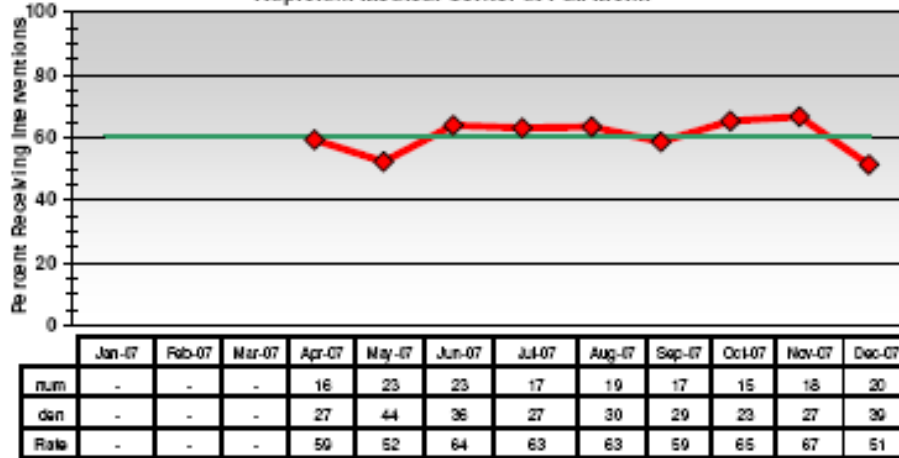
PERCENT OF SELECTED SURGICAL PATIENTS WHO RECEIVED ALL RECOMMENDED INTERVENTIONS



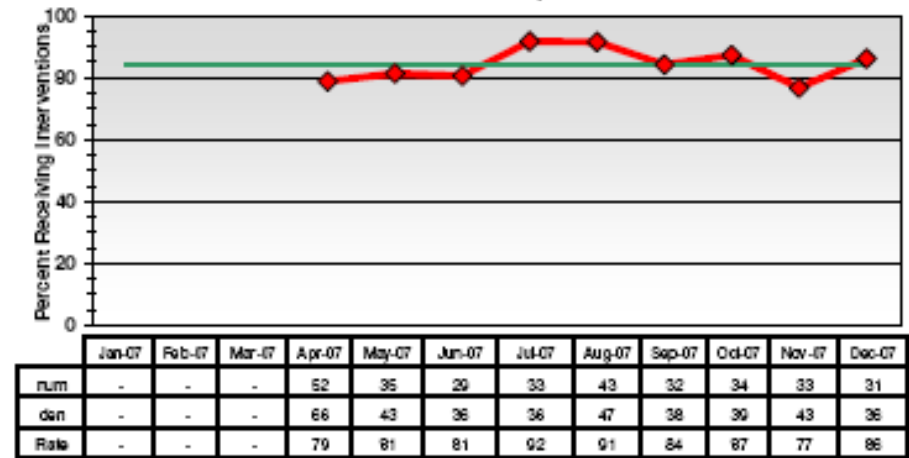
Rate Mean

Expected Goal: 100%

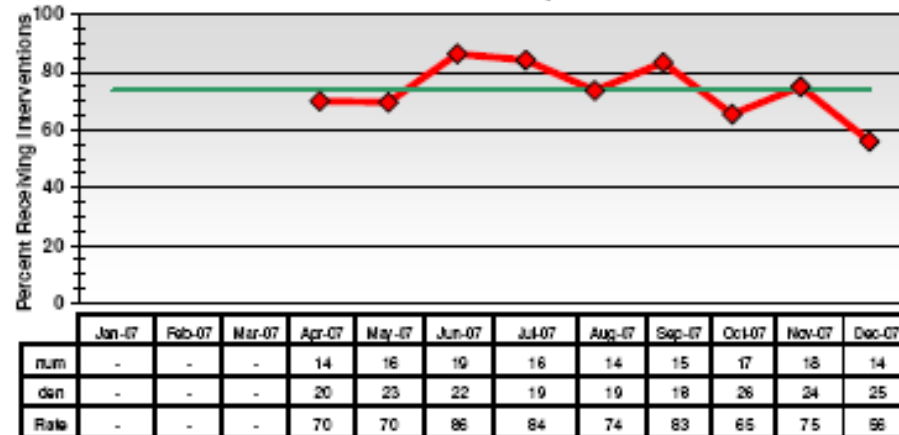
Kapiolani Medical Center at Pali Momi



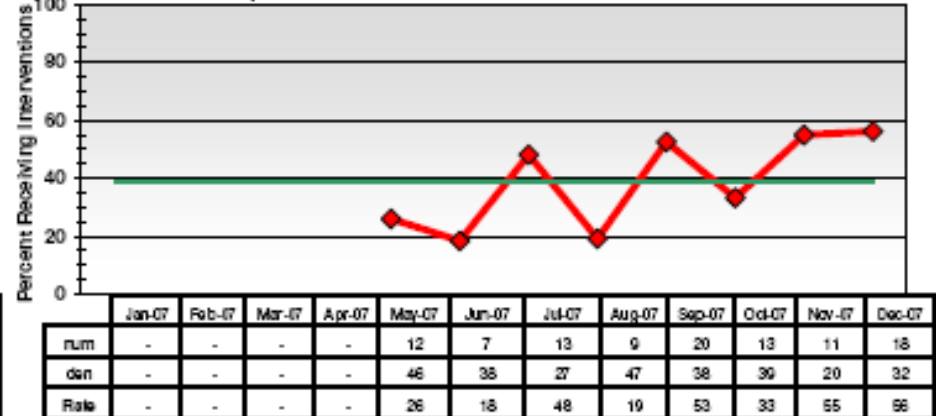
Straub Clinic & Hospital



Wilcox Memorial Hospital



Kapiolani Medical Center for Women & Children



Definition:

Rate of Surgical Patients Who Received 4 Recommended Interventions:

This measure is part of the IHI 5 Million Lives Surgical Care Improvement Project (SCIP) Initiative. Each hospital has selected to review specific surgical procedures to measure how many of these patients received appropriate 1) antibiotic timing, 2) antibiotic selection, 3) antibiotic discontinued within the appropriate time frame, 4) hair removal.

Why Do Boards Exist?

Boards oversee

- Mission
- Strategy
- Executive leadership
- Financial stewardship
- Quality of Care and Service

IHI Measurable Indicators

- Boards will spend at least 25% of time on quality and safety issues.
- Actual data will be reported back directly to the Board
- Board will have a conversation with at least one patient or family member who sustained serious harm at their institution within the last year.

What do we need the Board to do?

Set the Aim

- Help to determine what that aim is
- Make a public and specific announcement to measurable quality improvement

Behaviors of the “Best” Boards

Aim High

“our aim is to achieve zero ventilator associated pneumonias.....”

Aim Big

“for all patients in ICU regardless of diagnosis

Aim Accurately

“... by July 1, 2008.”

Reality of the Board Character

- Who are the individuals on your Board?
- Why does the answer to that question make a difference?
- What are the weaknesses of the Board members related to safety and quality?
- What are their strengths?

What has really worked for us?

- Our stories
- Our own credible data
- Our own thoughts

Reality of Work at Pali Momi

**What does all of this
“stuff” mean
... at the Board conversation level?**



PM Board Education Plan

Premise:

the Board members usually do not have a practice background in quality or patient safety.

Board Education

- Educate regarding quality issues
- Encourage commitment to monitoring the care provided
- Ask challenging performance questions

Therefore: we needed to ask

What plan elements needs to be in place to change the weaknesses to strengths?

What are the specifics of these required elements of the plan?

Disruptive Governance

Change the way you do things:

- the status quo can and should be challenged
- to stimulate creativity and active engagement to the commitment to quality care

Nursing Leaders on the Board

Nursing leaders must talk to the:

- expectation of care
- accountability of actions or non-actions
- implementation of protocols
- quality data and what it actually means on the units and at the patient bedside

New Learning and Literature

- Current literature needs to be provided
- Educational presentation on clinical conditions and related safety issues
- What terminology needs to be explained?
- Explanation of procedural techniques

Focus On Quality & the Board

- Culture of transparency to promote focus and accountability
- Clinical quality measures
- Adherence to protocol
- Comparison of expected vs. actual mortality rates
- Patient injuries (personalized)

Patient Focus and the Board

- Redirect focus to the care of the patient
- Remove financial performance as the sole focus

Management Incentives

- Recognize need to deploy expert leadership and management skills
- Discuss compensation and actual patient events
- Follow the court cases that are related to quality and patient safety
- Discuss the Joint Commission Sentinel Alerts concerns and our financial process to meet them

Key Lessons



Hawaii Pacific Health

Kapi'olani • Pali Momi • Straub • Wilcox

What Did We Do Right? # 1

- Specific aim was set to reduce harm and to make a clear public commitment to measurable quality improvements
- Agenda template was changed so that patient safety became the first agenda item on the list
- Small # of facility-wide measures were chosen and the Board committed to monitor them.
- Measures were regularly updated for relevance

What Did We Do Right? # 2

The Board committed to:

- Establish and maintain an environment of accountability, respect & justice for all
- Develop the capabilities of its members
- Oversee the plan to reduce harm including the leadership team's accountability to clear QI targets.

What Changes Would We Make?

- We should not have made assumptions about what the Board understood related to patient safety events
- We didn't explain events well enough
- Didn't communicate from the Board to the front line staff
- We haven't yet had an injured patient speak 1:1 to the Board



Questions & Comments

Dr. Melinda Ashton
MelindaA@kapiolani.org

Kelle Payne
KPayne@kapiolani.org

References

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- Joishi, M. S., & Hines, S. C. (2006). Getting boards on board. *Journal on Quality and Patient Safety*. April (32), 4, 179-187.
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