

Quality & Patient Safety Plan

January 2014

Submitted by xxxxxxxxxxxxxxx
Title
Quality & Patient Safety

(left blank intentionally)

TABLE OF CONTENTS

INTERMOUNTAIN HEALTHCARE MISSION, VISION, VALUES	4
Our Mission	4
Our Vision	4
Our Core Values	4
Dimensions of Care	5
EXECUTIVE SUMMARY	6
QUALITY AND PATIENT SAFETY PLAN	6
Purpose	6
Mission	7
Vision	7
Guiding Principles	7
SCOPE	8
GUIDELINES FOR GOVERNANCE AND LEADERSHIP	8
System Level Governance	8
Region/Facility Level Governance	9
GUIDELINES FOR IMPROVEMENT PROJECTS	9
Methodology	9
COMMUNICATION WITH PATIENTS AND FAMILIES	12
COMMUNICATION WITH MEDICAL STAFF	12
COMMUNICATION WITH STAFF INCLUDING VOLUNTEERS	12
COMMUNICATION WITH CONTRACTED SERVICES AND STUDENTS	13
Appendix I - Intermountain Clinical Programs and Services Matrix	14
Appendix 2 - Quality and Patient Safety Governance	16
Appendix 3 – Quality Assessment Performance Improvement Information Flow	17
Appendix 4 – ARCIE Model	18
Appendix 5 – 2014 Clinical Board Goals	19

INTERMOUNTAIN HEALTHCARE MISSION, VISION, VALUES

Our mission, vision, and values are the standards upon which we were founded and continue to be the driving force behind all we do.

Intermountain Healthcare is an organization driven by a mission of excellence in the provision of healthcare services to communities in the Intermountain region. The mission of Intermountain includes a commitment to provide care to those who live in communities within this region who have a medical need, regardless of ability to pay.

O u r M i s s i o n

Excellence in the provision of healthcare services to communities in the Intermountain region

- Excellent service to our patients, customers, and physicians is our most important consideration.
- We will provide our services with integrity. Our actions will enhance our reputation and reflect the trust placed in us by those we serve.
- Our employees are our most important resource. We will attract exceptional individuals at all levels of the organization and provide fair compensation and opportunities for personal and professional growth. We will recognize and reward employees who achieve excellence in their work.
- We are committed to serving diverse needs of the young and old, the rich and poor, and those living in urban and rural communities, with sensitivity to cultural differences.
- We will reflect the caring and noble nature of our mission in all that we do. Our services must be high quality, cost-effective, and accessible, achieving a balance between community needs and available resources. It is our intent to be a model healthcare system. We will strive to be a learning organization and national leader in nonprofit healthcare delivery.
- We will maintain the financial strength necessary to fulfill our mission.

O u r V i s i o n

We will support our core aspiration to deliver "extraordinary care in all its dimensions" with our vision, which is to provide:

- The best clinical practice delivered in a consistent and integrated way. Lowest appropriate cost to the population we serve.
- A service experience, supported by systems and processes, that focuses on patients, enrollees, families, and one another.
- A genuine caring and concern in our interactions with patients, families, and one another.

O u r C o r e V a l u e s

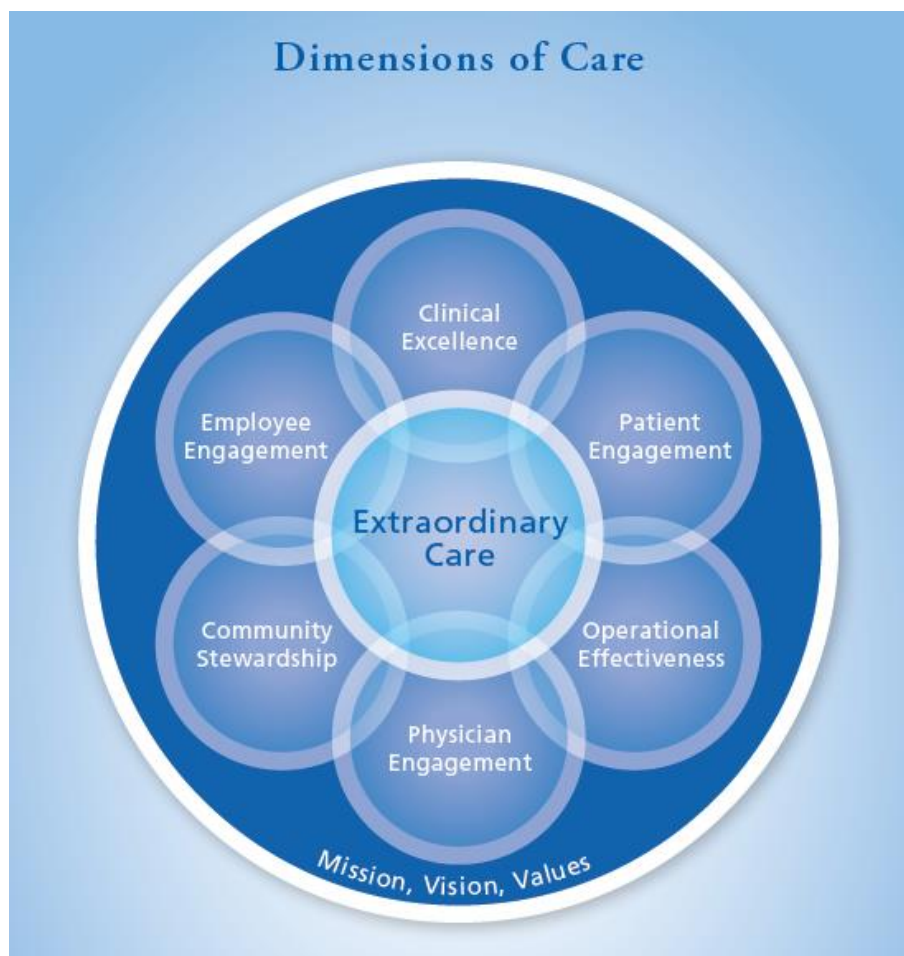
- Mutual respect. "We treat others the way we want to be treated."
- Accountability. "We accept responsibility for our actions, attitudes and mistakes."
- Trust. "We can count on each other."

- Excellence. "We do our best at all times and look for ways to do it even better."

Dimensions of Care

Our dimensions of care model is designed to help us understand Extraordinary Care in All its Dimensions. To the degree we perform at a high level in each of these six dimensions, we move ever closer to our aspiration of Extraordinary Care. Our Mission, Vision, and Values Statement highlights these dimensions.

- *The Experience* is Extraordinary Care. Everyone should have this experience at Intermountain Healthcare. Every person should be able to recall how well he or she was treated medically or otherwise.
- *The Six Actions* demonstrate that everyone has a role to play in healing. We're all linked together in providing extraordinary care.
- *The Foundation* is our Mission, Vision, Values. Our actions are based on these principles. They are why we treat people well, and the ideals that ensure an extraordinary experience.



EXECUTIVE SUMMARY

Intermountain Healthcare's Quality and Patient Safety Plan provides a framework upon which an integrated and comprehensive program to monitor, assess and improve the quality and safety of patient care delivered. This plan supports the organizational mission to provide clinical excellence at a reasonable cost and to continuously improve patient outcomes.

Intermountain uses an approach to improving clinical and service quality that includes three key processes: measurement, analysis and improvement. Patient care and service processes and outcomes are measured through the use of quality indicators and data collection techniques. Analysis of collected data is used to determine levels of performance and quantify variation in processes and outcomes. Where there is an identified opportunity for improvement, the decision to act will depend upon a prioritization process that considers factors referenced in the guiding principles. When an opportunity for improvement is prioritized for action, the Plan-Do-Check-Act (PDCA) or other proven methodologies are employed to drive change.

The quality and patient safety infrastructure supports Intermountain's commitment to safety, quality, evidence-based medicine, and continuous learning in an effort to provide the highest level of care to the communities we serve. The committees and councils within the structure are multidisciplinary and include representatives from impacted entities to include providers, staff, community members, and outpatient care area representatives where appropriate. Ultimate accountability is with the Governing Board through the Professional Standards Committee of the Board which has direct oversight of the quality and safety of care delivered within Intermountain.

QUALITY AND PATIENT SAFETY PLAN

P u r p o s e

The purpose of the Quality & Patient Safety Plan supports the systematic organization-wide approach to plan, design, measure, assess and improve organizational performance.

Initiatives are designed to:

- Attain optimal patient outcomes and patient and family experience
- Support an engaged and safe workforce
- Enhance appropriate utilization
- Minimize risks and hazards of care
- Develop and share best practices

The Plan is intended to provide a framework of guiding principles for all participants in the provision of care. This structure will set the expectation and encourage all to participate proactively in the improvement process and in sustaining a safety-oriented culture. The Quality & Patient Safety Plan facilitates the identification of key functions of the organization; the assessment of the quality, safety and appropriateness of these functions; and the generation of measurable improvements.

M i s s i o n

The Quality and Patient Safety Program exists to promote the delivery of excellence in the provision of care by leading system-wide approaches that support: evidenced-based best practices, culture of safety, regulatory compliance, accreditation, processes, and policies that lead to improved clinical outcomes. The strategies and initiatives integrate into each of the dimensions of care assuring our professional practice supports our aspiration for extraordinary care.

V i s i o n

Intermountain is recognized as a leading organization of Quality and Patient Safety excellence in all dimensions of care. Quality and Patient Safety sets benchmarks in quality of care, implements patient safety mitigation strategies, eliminates harm and optimizes outcomes and the experience for our community.

G u i d i n g P r i n c i p l e s

- Provide safe and quality clinical services and demonstrate superior patient outcomes
- Assess performance with objective and relevant measures
- Achieve quality improvement goals in a systematic manner through collaboration with our providers, staff, patients, families, clinical programs and services (See Appendix A for Clinical Programs/Services Matrix), payers, and our community through education, goal-oriented change processes, evaluation and feedback
- Establish a culture prevent inadvertent harm to patients as a result of our care is prevented. This culture focuses on safety where we openly report mistakes and take action to make improvements in our processes.
- Identify and focus on functions that are important to our customers and implement changes which will increase satisfaction
- Optimize the allocation of resources to ensure the delivery of safe and quality care
- Enhance the national and international art and science of healthcare quality by embracing the principles of a “learning organization” and presenting lessons learned and original research through professional meetings, journals, and forums
- Utilize Institute of Medicine (IOM) criteria as follows:
 - The **efficacy** of the procedure or treatment in relation to the patient’s condition. (Is it Best Practice?)
 - The **appropriateness** of a specific test, procedure, treatment, or service to meet the patient’s needs. (Is it relevant to the patient’s needs? Did it meet criteria?)
 - The **availability** of a needed test, procedure, treatment, or service to the patient who needs it.
 - The **timeliness** with which a needed test, procedure, treatment, or service is provided to the patient.
 - The **effectiveness** with which tests, procedures, treatments, and services are provided. (Did it produce the desired outcome?)
 - The **continuity** of the service provided to the patient with respect to other services, practitioners, and providers.
 - The **safety** of the patient and others to whom the services are provided. (Will it reduce risk for the patient and other, including the healthcare provider?)

- The **efficiency** with which services are provided. (Is there a balance between resources used and outcome achieved?)
- The **respect** and caring with which services are provided. (Is the patient involved in his/her own care decisions?)

SCOPE

The Quality & Patient Safety Plan is a collaborative plan with Intermountain Healthcare's Clinical Support Services, Clinical Programs, Risk Management, and Medical Staff. The plan integrates all clinical services and departments impacting patient care including contracted services. Departments develop annual goals to address and support improvement of the care, treatment, service and safety outcomes that align with Intermountain's mission. These goals become the essence of the Quality & Patient Safety improvement activities organization-wide.

See Appendix XX for 2014 Board Goals and Appendix XX for additional department goals.

GUIDELINES FOR GOVERNANCE AND LEADERSHIP

S y s t e m L e v e l G o v e r n a n c e

The Intermountain Board of Trustees- It is the duty of the Board to assure patient care is safely delivered within the guidelines established by the medical staff and hospital leadership while meeting all standards and regulations. The board may delegate responsibilities to other committees.

Professional Standards Committee has oversight of the plan and is responsible for setting quality & patient safety improvement priorities and activities for the organization. The effectiveness of improvement activities is reported to the Board and evaluated at regular intervals. Functionality of the group includes recommendations to the Board, consensus and decision-making on quality & patient safety initiatives and is a clearinghouse for sharing information.

The Vice President of Clinical Operations has system-wide responsibility for the implementation of initiatives and assuring the program is supported with appropriate resources and tools.

The Assistant Vice President Quality & Patient Safety has system-wide responsibility for setting the vision and supporting patient safety & quality. He/she ensures system-wide compliance with applicable laws and regulations affecting quality and patient safety. Collaborates with the organization's Vice President/Chief Nursing Officer, leaders of clinical programs, clinical support services, risk management, compliance, and Regional Quality & Patient Safety Directors to support innovation, promote best practice, implement standardized evidence-based practices, and data-driven improvement across the organization.

Clinical Operations Leadership Team (COLT) is responsible for identifying, prioritizing, and implementing key quality & patient safety initiatives. This committee's participants include executive leaders with authority to allocate resources, mitigate barriers, approve capital expenditure, and hold improvement teams accountable for performance. COLT has designated teams to lead initiatives focused on:

- regulatory compliance
- risk alert management

- standardized policies, procedures, and guidelines
- key processes
- tactical issues
- culture of patient safety

Region / Facility Level Governance

Regional/Facility Governing Boards have local oversight for the implementation and monitoring of quality initiatives in their regions and facilities.

Regional/Facility Leadership is accountable to:

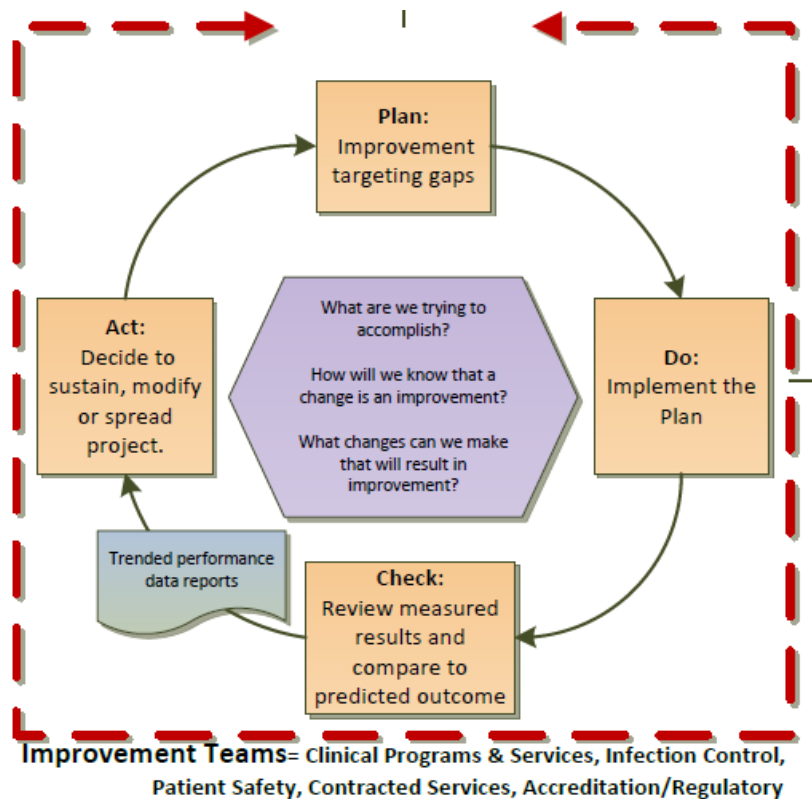
- Set local priorities and provide appropriate resources.
- Meet Intermountain Quality & Patient Safety goals.
- Work with their respective boards to assure safe care.
- Develop a facility Quality & Patient Safety Program (Appendix C) that integrates with, further defines, and supports the implementation of this plan.

GUIDELINES FOR IMPROVEMENT PROJECTS

Methodology

Intermountain's Quality & Patient Safety organization will measure and monitor quality outcomes and implement appropriate changes using the following the guidelines:

- Use data to identify and quantify areas of improvement opportunities (QI) and areas that we are maintaining or improving (QA)
 - Use reporting structure to perform ongoing risk assessment
 - Analysis and comparison may include:
 - Performance compared internally over time (patterns/trends)
 - Performance compared with similar processes in other organizations
 - Performance compared to up-to-date external sources (benchmarking)
 - Statistical process established for expected variation
- Identify gaps using one of more of the IOM criteria (see guiding principles)
- Implement quality improvement cycles (PDCA) with all appropriate stakeholders:



- Support and meet requirements and initiatives of government and accreditation bodies. These include:
 - Meeting the minimum standard of care as those are defined
 - Support and meeting government transparency initiatives
- Reporting of Quality & Patient Safety activities to appropriate boards, leaders, teams and committees
- Utilize decision rights criteria (ARCIE) (Appendix XX)
- All Quality & Patient Safety committee minutes recorded within the organization will be documented utilizing the format of presenter of topic, findings/conclusions, recommendations/actions and timeframe for deliverables using the appropriate state or federal confidential disclaimers
- The organization will utilize state and national patient outcome reports (including CMS reports) to compare the hospital's performance with other organizations. With approval, the organization provides data to external databases for comparative patient outcome studies comparing our organization to other peers and national rates.

Appendix XX:

Intermountain uses the following sources and criteria to identify and prioritize quality initiatives in the organization:

- Event Reports
- Sentinel Events
- High volume/problem prone/high cost.

- Low volume/high risk-problem prone/high cost
- Alerts and Recalls notifications
- Serious adverse events and Risk Alert releases
- Escalation of patient safety issues
- Published evidence-based practice
- Initiatives consistent with mission values, strategic plan and directions
- Availability of system resources to devote to project
- Financial Risk
- Those consistent with mission values and strategic direction
- Availability of resources
- Government transparency
- Clinical program and Services initiatives
- Patient engagement and experience
- Hospital Acquired Conditions

At a minimum, the organization collects and analyzes data on the measures listed below:

- Medication safety and management
- Utilization of blood and blood products
- Utilization of restraints and seclusion
- Operative and other procedures
- Resuscitation and its outcomes
- Core measures
- Utilization management/discharge planning
- Patient flow
- Management of information including medical records
- Staff perceptions of the Culture of Safety
- Patient perceptions of care, treatment, and services (HCAHPS)
- Autopsy results
- Infection prevention surveillance and reporting
- Staffing effectiveness
- Regulatory quality control logs

Data Sources include but are not limited to the following:

- Administrative data (financial, credentialing, human resource, etc.)
- Internal and external survey data
- Risk Management Event System
- Compliance Management System
- Adverse Drug Event Trigger Tool
- Alert and Recall management system
- Clinical data (MIDAS, EMR, Enterprise Data Warehouse, etc.)
- National reference registry databases

COMMUNICATION WITH PATIENTS AND FAMILIES

- Patients and families are encouraged to express safety concerns by speaking directly with front-line clinicians, department managers or patient relations representatives.
- Patients admitted to the organization receive information encouraging them to speak up, ask questions, voice concerns and initiate the grievance process. If patients still do not feel their concerns have been resolved, they are informed through the organization's admission paperwork to contact the Utah Bureau of Health Facility Licensing, Certification and Resident Assessment or The Joint Commission.
- On the Intermountain website, patients and families are encouraged to address concerns with organization management. Patients and families are informed how to contact The Joint Commission.

COMMUNICATION WITH MEDICAL STAFF

- Medical Staff receive an orientation when they join the medical staff. The orientation includes how to use the Risk Management Event System to report patient safety issues. It also describes how medical staff performance is monitored as outlined in the Medical Staff Bylaws.
- Medical Staff receive information about safety and quality through medical staff leadership, department meetings, and organization management on a regular basis.
- Intermountain has created a secure intranet website dedicated to keep providers informed. The intermountainphysician.org intranet website encourages provider to address concerns with management. Medical staff are informed how to contact The Joint Commission.

COMMUNICATION WITH STAFF INCLUDING VOLUNTEERS

- Staff receive information about safety during initial orientation and on a regular basis.
- Staff are encouraged to resolve concerns directly with their supervisor. If concerns are not adequately addressed, the Chain of Command Policy should be followed. Staff are also encouraged to report concerns to the Compliance Hotline and/or the Risk Management Event System. The Intermountain Compliance Intranet web site encourages staff to address concerns with organization management.
- Staff are informed how to contact The Joint Commission.
- Communication and education on improvement philosophy, strategies and tools in multiple venues throughout the organization may include but is not limited to:
 - New employee orientation
 - Formal management education in terminology, strategies and tools
 - Team education on a "just-in-time" basis
 - Regularly scheduled computer-based training on improvement initiatives impacting their clinical accountability
 - Departmental in-service programs tailored to meet the needs of a specific group

COMMUNICATION WITH CONTRACTED SERVICES AND STUDENTS

- Intermountain provides communication and education on safety in initial orientation of the organization.
- Business owners coordinate with the contracted services to manage organizational expectations and priorities.
- Intermountain monitors expectations and provides feedback on a regular basis.

SUMMARY

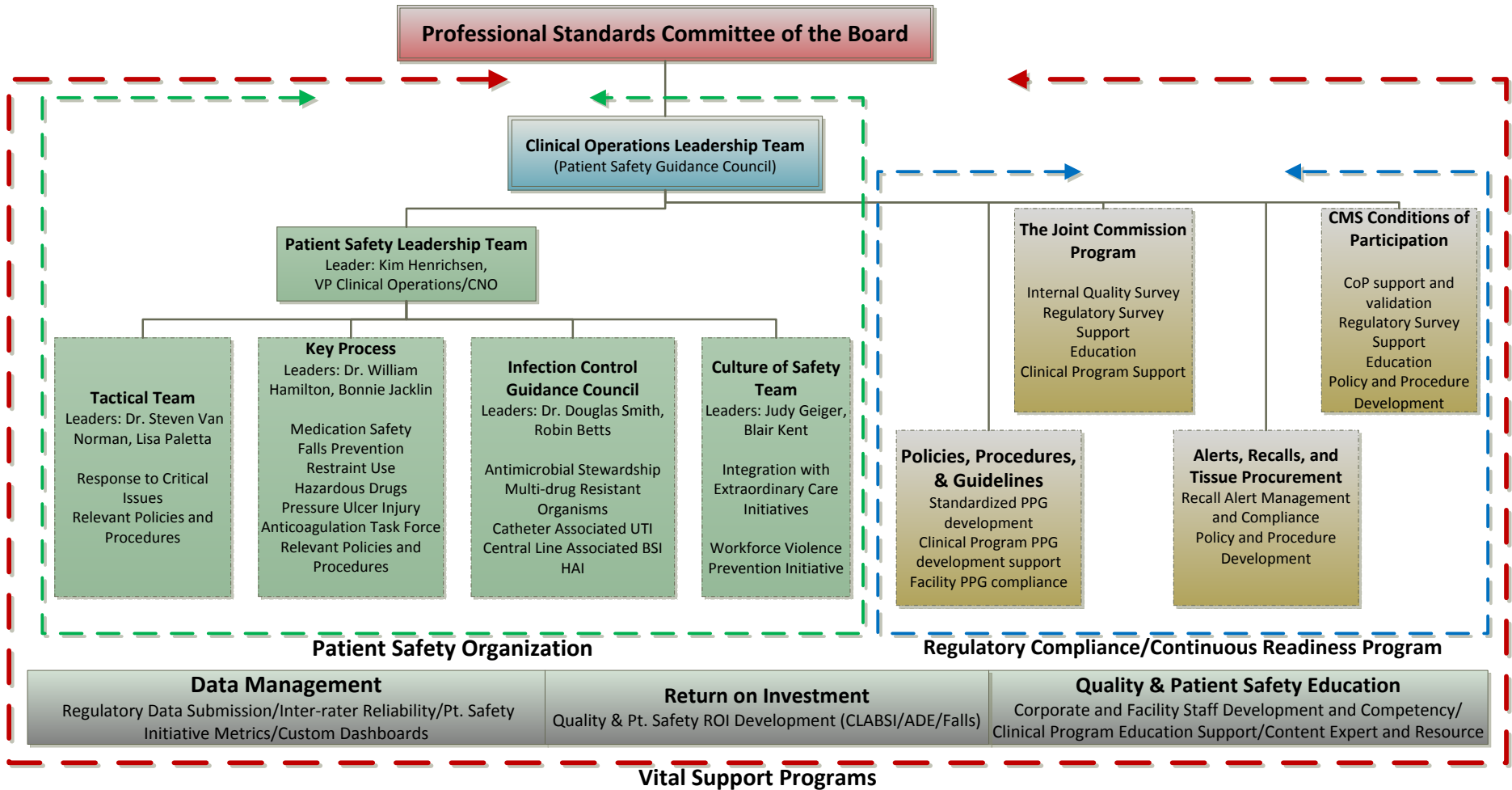
The Quality and Patient Safety Plan provides the framework for Intermountain Healthcare to implement quality performance improvement and safety activities. These activities improve patient outcomes and reduce harm in a comprehensive, methodical and systematic manner. Quality & Patient Safety is a system-wide priority and compliments Intermountain's mission to deliver clinical excellence.

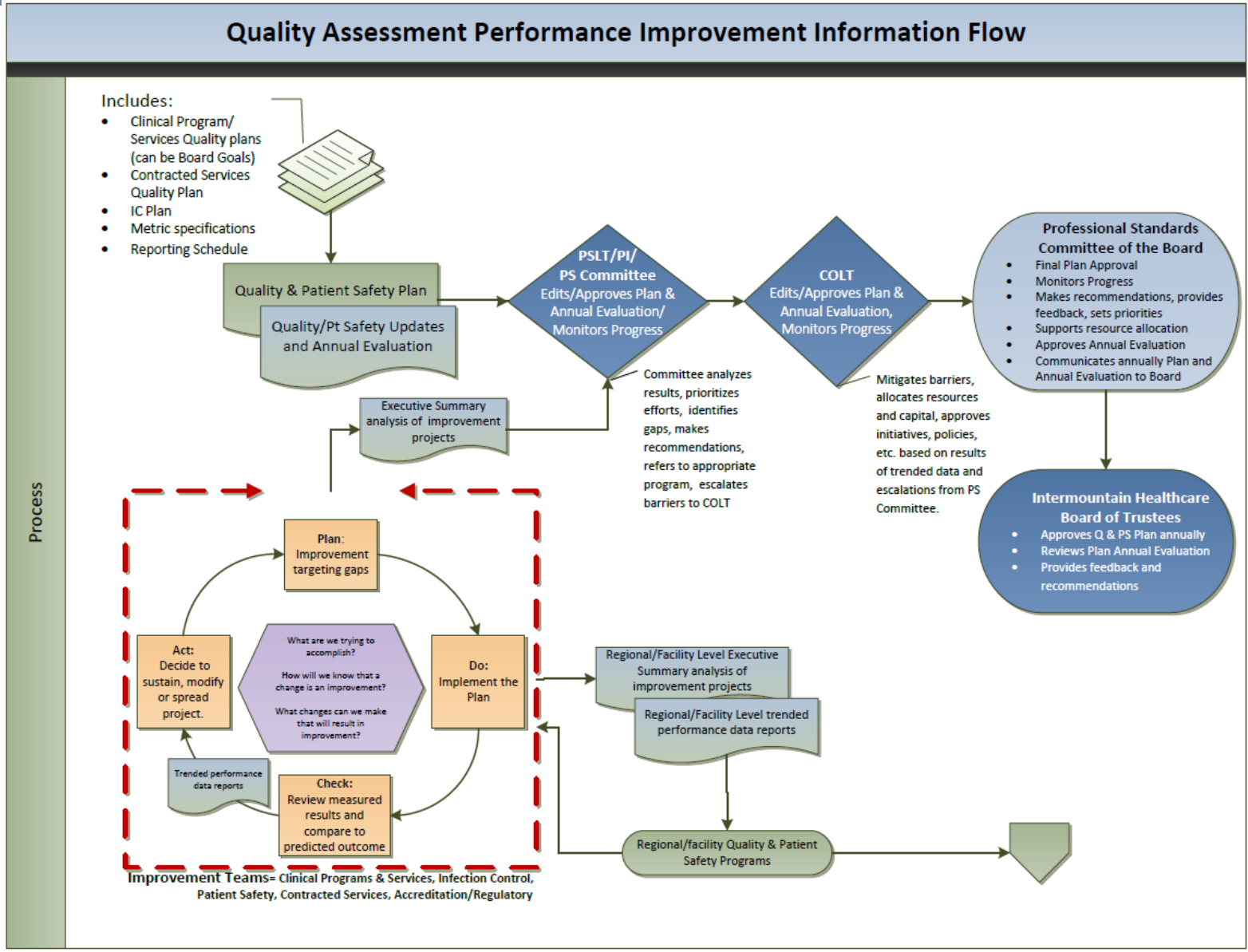




	W&N	CV	PC	ONC	IM	BH	SURG	PEDS
Case Management								
Clinical Genetics Institute								
Continuum of Care								
Food and Nutrition								
Homecare								
Imaging								
Lab/Pathology								
Nursing								
Pain Services								
Pharmacy								
Publications								
Quality and Patient Safety								
Respiratory								
Rehab Services								

Appendix 2 - Quality and Patient Safety Governance





Appendix 4 – ARCIE Model

Job Aid: ARCIE Model

APPROVED <i>A</i> pproved
RESPONSIBLE <i>R</i> esponsible
CONSULTED <i>C</i> onsulted
INFORMED <i>I</i> nformed
EXECUTES <i>E</i> xecute

Appendix 5 – 2014 Clinical Board Goals



2014 CLINICAL BOARD GOALS Executive Summary

The 2014 Clinical Board Goals were developed to support Shared Accountability by improving clinical quality and reducing unnecessary costs. Building upon the foundation established with the 2013 Clinical Board Goals, each Clinical Board Goal addresses an area where opportunity exists to support or establish best practice in clinical care, eliminate unnecessary treatments, or ensure adherence to regulatory requirements. These goals continue to contribute to improved communication along the continuum of care among our Hospitals, Select Health, Intermountain Medical Group, Homecare and non-Intermountain care partners. Enhanced communication along the continuum of care and the use of effective measurement systems for on-going tracking will ensure the sustainability of the 2014 Clinical Board Goals and will continue to position us well for new payment models in the future.

Clinical Board Goal Overview:

Behavioral Health Clinical Program:

Decrease inpatient psychiatric 30 day readmission rate for the Intermountain system

Readmissions for inpatient psychiatric services are common and costly. They are often a reflection of failures in the discharge planning process or inadequate outpatient support. Intermountain inpatient psychiatric units have significant variation in readmission rates with no clear understanding of the cause. Successful strategies to decrease readmission have been reported in the literature and are based on the preparation of an individualized treatment and disposition plan. To standardize our processes and reduce inpatient psychiatric 30-day readmission rates, the Behavioral Health Clinical Program will implement three readmission prevention strategies. In addition, each facility will develop and implement a process to ensure that patients have a scheduled appointment with a mental health provider within seven days of discharge.

Cardiovascular Clinical Program:

Integrate the treatment of heart failure patients across the continuum to improve care and reduce hospital readmissions

There are over six million symptomatic heart failure patients in the United States with approximately 670,000 new cases diagnosed each year accounting for 5% to 7% of total health care costs in the United States. While the number of heart failure patients is rising, reimbursement is decreasing. CMS does not pay for heart failure patients who are readmitted within 30 days of their inpatient stay. This is the second year of a two-year goal that establishes best practice strategies for the treatment of heart failure patients. In 2014, we will further refine inpatient management of heart failure patients, provide more robust inpatient measures of clinical, service and cost outcomes along with better outpatient communication and management of resources. Heart failure prevention strategies will be defined with a particular focus on high blood pressure control. Finally, advances in patient transitions from the hospital to home will be improved with telemedicine and engagement with palliative care and hospice resources.

Intermountain Homecare:

Improve care transitions to and from Homecare through effective communication, collaboration and coordination among care providers

Patients with chronic health conditions and complex medical needs often receive healthcare in multiple settings. Transitions among these settings leave patients vulnerable to care fragmentation, potentially diminishing their quality of care. Coordination of the patient's care to and from Homecare is challenging at Intermountain, in part due to Homecare's unique documentation process within the Intermountain system. In the first year of a two-year goal, Homecare will first query physicians to identify existing communication gaps, the components of effective communication and communication preferences. Then, in collaboration with Clinical Programs, Homecare will establish a standardized process for patient transitions that includes improved communication, collaboration and coordination for chronic disease management of Heart Failure, Chronic Obstructive Pulmonary Disease (COPD), Alzheimer's Dementia and Cancer.

Intensive Medicine Clinical Program:

Decrease mortality in patients diagnosed during their hospital stay with severe sepsis.

Severe Sepsis and Septic Shock are leading causes of mortality in hospitalized patients. Intermountain has successfully decreased mortality from over 30% to approximately 9% for patients with severe sepsis or septic shock that are admitted directly to the Intensive Care Unit (ICU) from the emergency department (ED). However, the Intensive Medicine Clinical Program (IMCP) has not formally developed improvement programs for patients who develop sepsis during a general hospitalization (acute care). Mortality for these patients can be as high as 40%. The IMCP believes the greatest impact on hospital mortality for this population will be made by providing education for early identification of sepsis and implementing established best practice, the sepsis bundle, on acute care floors while continuing to improve compliance with the sepsis bundle for patients admitted from the ED to the ICU.

Oncology Clinical Program:

Improve the appropriate utilization of genetic screening to determine if families are at higher risk for colon and endometrial cancer

Approximately 4% of patients with colon or endometrial cancer possess a gene abnormality which significantly increases the risk of colon and endometrial cancer for themselves and their family members. When someone carries the gene abnormality, they have a condition called Lynch syndrome, also referenced as Hereditary Non-polyposis Colorectal Cancer syndrome (HNPCC). Individuals with Lynch Syndrome have a 60% to 80% lifetime risk for colon cancer and women have a 40% to 60% lifetime risk of endometrial cancer. These individuals are also at an increased risk to develop multiple cancers during their lifetime and to be diagnosed for cancer at a young age. When assessing the risk of carrying the abnormalities, a patient's personal and family history is collected to investigate the risk for Lynch syndrome. Once a patient is identified as being at increased risk for Lynch syndrome, genetic test results provide the most accurate means of cancer risk assessment for a patient.

The 2014 goal for the Oncology Clinical Program, in collaboration with the Genetics Institute, is to improve the appropriate utilization of genetic screening for Lynch Syndrome. If a mutation is identified, individuals and family members can be appropriately managed in order to reduce the risk of colorectal, endometrial, and other cancers.

Patient Safety:

Reduce the system rate of catheter associated urinary tract infections

Preventing infections in hospitalized patients is a national priority. Prevention of catheter associated urinary tract infections (CAUTI) has been the focus of the Centers for Disease Control, the Center for Medicare and Medicaid Services (CMS) and Health and Human Services. When an infection occurs, it is considered a CMS Hospital Acquired Condition. The rates of CAUTI for intensive care patients are reported in the National Healthcare Safety Network (NHSN) and are publicly available to CMS. In 2015, CAUTI for all patient care units will be reported to CMS through NHSN. Intermountain Healthcare has made progress reducing CAUTI from a rate of 3.1 CAUTI per 1,000 Foley days in 2011 to 2.8 CAUTI per 1,000 Foley days in 2012. In 2014, we will further reduce the system rate of primary CAUTI for all inpatients excluding newborn and neonatal intensive care unit patients.

Pediatric Specialties Clinical Program:

Build a care model for children with Type I diabetes

The incidence of Type I Diabetes in Utah is the highest in the nation and is increasing every year. Although we have a Pediatric Diabetes clinic that provides specialty care, the care of children with diabetes across the continuum is fragmented and variable. Of particular note, two-thirds of young adults are lost to routine follow up care and have high rates of emergency room and inpatient encounters, with associated morbidity and sometimes mortality as they transition into the adult realm. This is a multi-year goal that will initially focus on identifying the data population and creating accurate reporting. Second, the goal will focus on identification and implementation of evidence-based care. Finally, a model of care will be created and piloted for the transition of adolescents to young adult/adult management of Type I Diabetes.

Primary Care Clinical Program:

Establish an individualized approach to diabetic care by engaging patients in self-management, primary care visits and specialty consultations

Presently, 8.3% of the population has a diagnosis of diabetes and the Centers for Disease Control and Prevention (CDC) projects this will increase to 33% by 2050. Healthcare spending on both diabetes and pre-diabetes account for seven percent of health care spending, but within the next decade it will rise to about ten percent of total projected healthcare spending. Management of the disease is a cornerstone of delaying and preventing complications for patients with diabetes, improving patient satisfaction and medical outcomes, and appropriately utilizing health care resources. This goal is a measure of how well we help our patients manage their diabetes according to national standards. This goal will also allow for comparisons to occur within the Medical Group and with other groups nationally, and leads to more coordinated and accountable team-based care.

Primary Children's Hospital:

Increase the involvement of Infectious Disease specialists in decisions to use outpatient antibiotic therapy via infusion, injection or implantation

About 4% of all patients discharged from Primary Children's Hospital receive antibiotic therapy after discharge through injection or a central line infusion, known as Outpatient Parenteral Antibiotic Therapy (OPAT). OPAT can be appropriate and effective. However, studies indicate that complications such as infections are common and that OPAT is often used when alternatives are more appropriate. Increasing evidence supports the practice of involving Infectious Disease specialists in the decision to initiate OPAT. Inclusion of Infectious Disease results in fewer incidences of OPAT, reduced complications, improved clinical outcomes, and lower costs. The 2014 goal for Primary Children's Hospital is to increase the involvement of Infectious Disease specialists in OPAT planning decisions.

Rural Facilities:

Implement electronic physician orders to guide evidence-based care for patients with the primary diagnosis of pneumonia, labor induction, pancreatitis and sepsis

Standardized order sets that reflect specific Care Process Models (CPM) together with computerized provider order entry (CPOE) systems have the potential to reduce medical errors, improve quality of care, and reduce costs. In addition, CPOE can improve compliance with provider or national required measures and improve the efficiency of workflow. Further, research shows a decrease in mortality and readmission rates when CPOE is used with Pneumonia and other conditions. Despite these advantages, few U.S. hospitals have a fully implemented CPOE and for those that have adopted CPOE, less than half of physicians enter 80% of their orders electronically. It is anticipated that important improvements in patient outcomes and adherence to our CPMs can be achieved through the use of standardized order sets. The rural facilities will increase the order set utilization rate from 5% to 30% of patients 18 years and older admitted to an inpatient service with the primary diagnosis of Pneumonia, Labor Induction, Acute Pancreatitis, and Sepsis using a disease-specific, standardized CPOE admission order set.

SelectHealth:

Increase the percentage of SelectHealth members with diabetes who meet four measures of diabetes care: blood sugar control, cholesterol control, kidney function and eye exam

Diabetes is a high volume chronic illness for SelectHealth adult members and is a growing problem. Presently, 3.5% of SelectHealth membership has diabetes and the Centers for Disease Control (CDC) projects this will increase dramatically by 2050. Medical expenditures for people with diabetes are 2.3 times higher than for those without diabetes. The literature indicates that more than 1 in 10 health care dollars in the U.S. are spent directly on diabetes and its complications, and more than 1 in 5 health care dollars in the U.S. go to the care of people with diagnosed diabetes. Diabetes is a major focus of the CMS Medicare Advantage Stars program, a bonus incentive program for Medicare Advantage plans. SelectHealth will focus on improving four measures of diabetes, the diabetes bundle, for continuously enrolled members between the ages of 18 and 75 and cared for by affiliated primary care physicians with a high volume of SelectHealth patients.

Surgical Services:

A three part goal that reduces blood utilization, defines clinical outcome measures for specific development teams, and develops and implements a standardized process to decrease intracase supply utilization

As we enter into a Shared Accountability model at Intermountain, it is imperative that we provide the highest quality care at the most appropriate cost. The Surgical Services Clinical Program has a three part goal focusing on providing and documenting cost effective care for (1) Blood transfusion, (2) Clinical outcomes for the development teams, and (3) Decrease intracase utilization by \$18 million through the implementation of a standardized Doctor Procedure Card (DPC) and a review of facility specific high volume/high variation procedures in select service lines.

CMS Value Based Purchasing:

Attain a significant improvement on the Value Based Purchasing process and outcome domains for select measures. Sustain progress for those hospitals that already meet or exceed national benchmarks

Value-Based Purchasing (VBP) is a rule published in May 2011 by the Centers for Medicare and Medicaid Services (CMS) to extend current clinical quality and patient perception public reporting into a Pay for Performance model. The VBP currently withholds 1.25% of a hospital's Medicare payment which is earned back by achieving specified targets or improving performance. The withhold increases .25% every October to its maximum amount of 2% in October 2016. Data collected in the current year affects future year reimbursement. Domain composition is 10% clinical process measures (core measures), 40% outcome measures (mortality and patient safety), 25% efficiency measures (Medicare spending per Beneficiary) and 25% patient experience (HCAHPS).

As a system, many Intermountain measures are below the CMS benchmarks for clinical processes and outcome measures. Without significant improvement, Intermountain has financial and reputational risk. The VBP goal in 2014 is to attain significant improvement in four of the six VBP measurement categories. Hospitals that already meet or exceed national benchmarks will be asked to sustain their progress in both outcome and clinical process measures.

Women & Newborns:

Improve care, cost efficiency and resource utilization in the Neonatal Intensive Care Unit and accurately estimate the number of babies with early-onset bacterial infection

Preliminary analyses suggest substantial variation between Intermountain hospitals in several aspects of care for patient in the Neonatal Intensive Care Unit (NICU) and the Special Care Nursery (SCN). Best practice management in the NICU and SCN is linked to reduced morbidity, mortality, length of stay and cost and also decreases longer-term morbidity and costs in the first year of life. The Women and Newborns Clinical Program has identified indicators of quality improvement that can be utilized to improve care in the NICU and SCN. To accomplish this, the Clinical Board Goal is to identify indicators of quality improvement for these patients that have relevance, are measurable, and can be standardized according to consistent best practice.