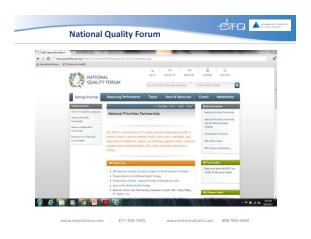
€FG Michigan (Constitution)	
Strategic Benchmarking for Market Advantage and Quality Improvement	
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<ul> <li>Carol Hiatt, BSN, RN, CNOR, CASC, LHRM</li> </ul>	
• Paul G. Faraclas, MBA	
www.ctqsdutions.com - 877-208-7605 www.hclconsultants.com - 888-982-6060	
Brief Introduction	
Carol Hiatt, BSN, RN, CNOR, CASC	
Licensed Health Care Risk Manager HCI Consultant and Accreditation	
Surveyor	
Paul G Faraclas, MBA President & CEO CTQ Solutions	
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Objectives   Attention of the control of the contro	
Attendees will discover current accreditation and quality reporting requirements are opportunities to improve future access to patient and	
provider populations.  2. Offer two methods for capturing significant benchmarks to promote	
facility quality improvement and patient experience.  3. Provide awareness of existing best practices and projected value-based	
purchasing model enhancements.	
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-CVFG	
Why Benchmark?	
Benchmarks are useful in identifying what is possible. If performers with the best scores can be identified, studying those practices can be enlightening.	
<ul> <li>Reported benchmarks are not actionable in and of themselves. Improving any performance measure requires thoughtful analysis and sustainable changes in operations. Simply imposing published performance measures upon a particular practice is not effective, and often produces blame and frustration instead of improvement.</li> </ul>	
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-OFG	
Benchmarking Basics	
The principle activities in benchmarking are:	
Identify problem areas or unsatisfactory results     Document the related environment and processes     Identify other industry facilities with similar processes or issues     Identify the leaders, e.g., those facilities with the most favorable benchmarks with respect to the areas of interest or concern     Study the leaders to learn what they are doing	
<ol> <li>Compare the leaders' environments and processes to the subject facility</li> <li>Decide what changes the facility is <u>willing</u> and <u>able</u> to make</li> <li>Implement the acceptable changes</li> <li>Monitor</li> <li>Implement additional changes if necessary to meet goals</li> </ol>	
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Benchmarks	
Historically:  Healthcare benchmarks have been a way to identify industry leaders from which  • Affect your payer contracts	
something might be learned  Affect your reimbursement rates  Influence potential patients  Influence potential surgeons	
Affect your community reputation as a quality health care provider	
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-SAFQ ▲	
2010 Commonwealth Fund Report	
Overall Ranking	
USURINY NATIONING 1.0-2.33 1.2-23-4.60 4.60-7.0 AUS CAN GER NETH NZ UK US 0.00 CENAL RANKING (2010) 3 6 4 1 5 2 7	
Quality Case         4         7         8         2         1         3         6           Effective Case         2         7         6         3         5         1         4           Dafe Case         6         5         3         1         4         2         7           Consontated Case         4         5         7         2         1         3         6	
Patient-Centree Cure 2 5 3 6 1 7 4 4 Accessed Construction Constructio	
Note: "Editinus Eguandurus Solem In U.S. PDP.  Borus: Calculate by the Commonwali Fund based on 2007 International Health Policy Gurvey; 2008 International Health Policy Gurvey of Calcer Adults; 2009 International Health Policy Gurvey; 2009 I	
(The Commonwealth Fund, 2010)	
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National Quality Strategy's three aims:	
Better Care: Improve the overall quality of care, by making health	
care more patient-centered, reliable, accessible, and safe.	
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<ol> <li>Healthy People/Healthy Communities: Improve the health of the U.S. population by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering higher-quality care.</li> </ol>	
3. Affordable Care: Reduce the cost of quality health care for	
individuals, families, employers, and government.	
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-EFFO Management (Construent)	
National Quality Strategy's Six Priorities:	
<ol> <li>Making care safer by reducing harm caused in the delivery of care.</li> </ol>	
(Outcomes)  2. Ensuring that each person and family are engaged as partners in their	
care. (Process)	
3. Promoting effective communication and coordination of care.  4. Promoting the most effective requestion and treatment practices for the	
<ol><li>Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.</li></ol>	
<ol><li>Working with communities to promote wide use of best practices to enable healthy living.</li></ol>	
<ol><li>Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery</li></ol>	
models.	
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### Current Surgical Reporting Requirements = Opportunity



-EVFQ MICHAELER

### ASC Quality Collaboration Report 2nd Quarter 2012

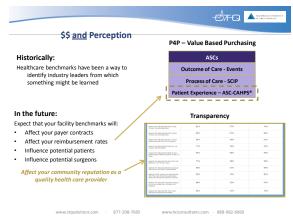
			Rate per 1000 Admissions
Patient falls in the ASC	1240	1,473,952	0.139
Patient burns	1250	1,474,242	0.022
Hospital transfers/admissions	1,258	1,501,757	1.167
Wrong site, side, patient, procedure, implant events	1,239	1,470,170	0.033
Percentage of admissions with antibiotics ordered - administered on-time	1,048	1,187,386	97%
Percentage of admissions with appropriate surgical site hair removal	1,102	1,237,073	99%

The following organizations agreed to collect and submit clinical quality data reflecting patient admissions\* from April 1, 2012 through June 30, 2012. Ambulatory Surgery Center Association, Ambulatory Surgery Center Sociation, Ambulatory Surgery Devision. Nucleical Surgery Devisio

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EVFG Michael (SMart)	
Use These Requirements and This Information To:	
Improve clinical care to meet and exceed current published statistics in	
order to get ahead of your local competition	
<ul> <li>Based upon the National Quality aims and priorities, as well as current hospital reporting, focus on improving patient experience indicators which ASCs should expect to see in the public domain within the next 3 – 5 years.</li> </ul>	
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What is 'CAHPS®' Reporting and Why is it	
Important to the Future of your ASC?	
Consumer Assessment of Healthcare Providers and Systems is an initiative to develop standardized surveys of patients' experiences with ambulatory and facility-level care.	
The purpose behind CAHPS is threefold:  1. Increase the transparency of the quality of care provided by hospitals,	
clinics and home health agencies  2. Provide incentives for agencies to improve the quality of care that they	
<ol> <li>provide</li> <li>Provide an avenue for the public to create "objective and meaningful comparisons between hospitals, clinics and home health agencies"</li> </ol>	
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Genesis of CAHPS &  Value-Based Purchasingand Still Evolving	
Physician Practices Hospitals Home Health	
PQRI Outcome of Care - Events HH-CAHPS® PQRS Process of Care - SCIP	
Patient Experience - CG-CAHPS® Patient Experience – H-CAHPS®	
Hospitals ASCs NQF	
Outcome of Care Outcome of Care - Events Endorsed  Process of Care - E.G SCIP Process of Care - SCIP  Patient Experience - H-CAHPS® Patient Experience - ASC-CAHPS®	
30% of VBP	
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### -€/#-CQ 📤= What Changes? - Healthcare Shift To Top Box Scoring Publicly Reported Scores For CAHPS® Programs Always Usually Sometimes During the past 12 months, how often did your doctor listen carefully to what you had to say? 3,920 700 200 100 79.7% 14.2% 4.1% 2.0% For Publicly Reported Scoring...These Are Equal Always During the past 12 months, how often did your doctor listen carefully to what you had to say? 3,920 0 0 1000 79.7% 0% 0% 20.3% The 2<sup>nd</sup> Highest Response Receives Zero Credit www.ctqsolutions.com · 877-208-7605



Transparency & Selection: Hospital Compare Website Actual Data			
HCAHPS® Measure	Hospital A	Hospital B	Hospital C
Patients Who Reported that Their Nurses "Always" Communicated Well.	81%	57%	70%
Patients Who Reported that Their Doctors "Always" Communicated Well.	82%	67%	82%
Patients Who Reported that They "Always" Received Help as Soon as They Wanted.	65%	36%	67%
Patients Who Reported that Their Pain was "Always" Well Controlled.	77%	54%	67%
Patients Who Reported that Staff "Always" Explained about Medicines before Giving it to Them.	64%	48%	54%
Patients Who Reported that Their Room and Bathroom were "Always" clean.	77%	58%	69%
Patients Who Reported that the Area Around Their Room was "Always" Quiet at Night.	56%	51%	69%
Patients at Each Hospital who Reported that YES, They were Given Information about What to do During Their Recovery at Home.	90%	70%	82%
Patients Who Gave their Hospital a Rating of 9 or 10 on a Scale from 0 (lowest) to 10 (highest).	86%	35%	67%
Patients Who Reported YES, They would Definitely Recommend the hospital.	92%	41%	72%



## Three Sets of Competition: Hospitals vs. Hospitals, ASCs vs. ASCs, ASCs vs. Hospitals (Patients, Payers, Providers)

Sample Hypothetical CAHPS® Measures for ASCs	ASC #1	ASC #2	ASC#3
Patients Who Reported that Their Nurses "Always" Communicated Well.	81%	57%	70%
Patients Who Reported that Their Doctors "Always" Communicated Well.	82%	67%	82%
Patients Who Gave their ASC a Rating of 9 or 10 on a Scale from 0 (lowest) to 10 (highest).	86%	35%	67%
Patients Who Reported YES, They would Definitely Recommend the ASC.	92%	41%	72%

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Transforming Patient Surveying

Into a Quality and Process Improvement Tool

- · Recognize and Abandon Legacy Pitfalls
- Survey Design & Administration: Leading Practices
- Score-Focused Mentality: Avoid Misleading Conclusions
- Reporting: Making It Useful & Responsible
- <u>Shifting Focus</u> To Quality & Process Improvement

Reminder: 1 Dissatisfied patient  $\underline{will}$  share their feelings associated with their experience with 10-12 other people...

...it's only a matter of time that public reporting will increase this

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-CVF-CQ A RAZINGE CONSIDERE

Recognize and Abandon Legacy Pitfalls

# These contribute to the 'Delinquency of Your Improvement'

- Complacency: Facilities remain satisfied with meeting minimum requirements tied to accreditation
- Relevance: Surveys have not evolved with the facility
- Priority: Competing Initiatives postpone survey improvement
- Timing: Survey data is neither timely or actionable
- Perspective: Responsible benchmarking is not applied
- Focus: Scores trump action and internal improvement

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#### -€\#EQ 📤 **Survey Administration Program Essentials**

- Timeliness Might be the Most Important Attribute
  - Timely survey response optimizes program Electronic surveying
  - Ability to <u>act promptly</u> with <u>dissatisfied patients</u> a critical success factor
- Immediate Action and Tracking
  - Focus on dissatisfaction first
  - Capture issue identification and collaborate on follow up
  - Escalate issues as warranted
  - Reporting tied to issues is available on-demand
  - Identify inputs to process and/or quality improvement initiatives
  - Monitor Improvement
- Reporting
  - · Migrate away from the 'Score Only' approach
  - Use peer benchmarks and internal trends
  - Define internal targets \*\* and track with scorecards
  - . Delineate scores and comments by provider
  - Listen carefully to the comments focus on patterns/repetition
- \*\*What Gets Measured Gets Managed; What Gets Managed Gets Improved

-e/r-a 🔺 == Overall Scores - Often Misleading Apples-to-Apples...or Not?

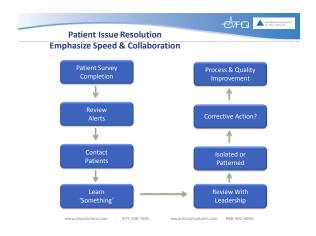
	Facility A	Facility B
Overall Score	93.3	91.5

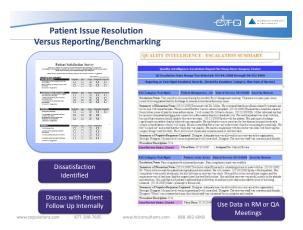
Individual Scores: Recognize that All Measures are <u>Not</u> Created Equal

Measure	Facility Score	Measure	Facility Score
Surgeon spent adequate time with me prior to my procedure	89.6	Surgeon spent adequate time with me prior to my procedure	91.6
Privacy was respected at all times	92.2	Privacy was respected at all times	93.2
Wait time was reasonable	89.2	Wait time was reasonable	92.2
Pain was controlled and as expected	92.3	Pain was controlled and as expected	94.3
Nursing courtesy	93.2	Nursing courtesy	97.6
Adequacy of recovery time	87.9	Adequacy of recovery time	91.2
Comfort of waiting area	95.2	Comfort of waiting area	88.3
Parking Convenience	97.1	Parking Convenience	81.4
	077 200 7000		



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	C/I G
Ber	nefits of Proactive Benchmarking Adoption
1.	Organization will have an opportunity to become aware of best practice information currently available, compare current performance and work to improve performance in key area's resulting in higher initial public reporting scores.
2.	Patient perceptions of care should improve as a result of organizations immediate response to patient dissatisfaction/concerns.
3.	Staff and leadership will become more aware of quality focus , integrating public goals into Quality Assessment Performance Improvement program.
4.	Negotiate favorable payer contracts and improved rates based upon high quality outcomes.
5.	Attract the best surgeons and staff based upon improved community reputation.
6.	Promote reputation as a community health care leader based upon word of mouth and publically reported outcomes/process data.