

# Using the Seven Leadership Leverage Points to Improve HIM

Sample Board Dashboard		Executive Target	Business Target	Meeting Target
<b>PEOPLE</b>				
Benchmark	FY Target	FY 06 QTR 1	FY 06 QTR 2	FY 06 QTR 3
Employee Turnover Rate (Annual)	0%	2.01%	2.04%	2.00%
HR Vacancy Rate	1.00%	0.4%	0.5%	0.5%
<b>PATIENT SAFETY/RISK MANAGEMENT</b>				
Benchmark	FY Target	FY 06 QTR 1	FY 06 QTR 2	FY 06 QTR 3
0	0	111	126	111
0.00/100 cases	0	1.2	1.3	1.2
0	0	1	1	1
0.4	0	0.02	0.02	0.01
<b>CLINICAL QUALITY</b>				
Benchmark	FY Target	FY 06 QTR 1	FY 06 QTR 2	FY 06 QTR 3
REQUIRED CLIN	80%	80%	80%	80%
80%	80%	88%	88%	88%
80%	80%	83%	83%	83%
80%	80%	83%	83%	83%

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NYHIMA

June 7, 2010





# How Do You Answer these Questions...

How good is my health care organization?

How do we know?



# Are you seeing these results?

- ❑ Are you tracking mortality and did you see a decrease in your overall mortality rate in 2009?
- ❑ Are you running at an expected rate of 0 for VAPs and Central line infections?
- ❑ How many days has it been since the last patient harm event?
- ❑ Did you cut the rate of adverse drug events in half in the last six months?
- ❑ Do 100% of your patients receive 100% of the required elements of care for their condition?
- ❑ Have the number of patient falls been reduced by more than 50% over the past six months?
- ❑ Have you seen the number of reported hospital-acquired infections drop by over 50% over the six months?



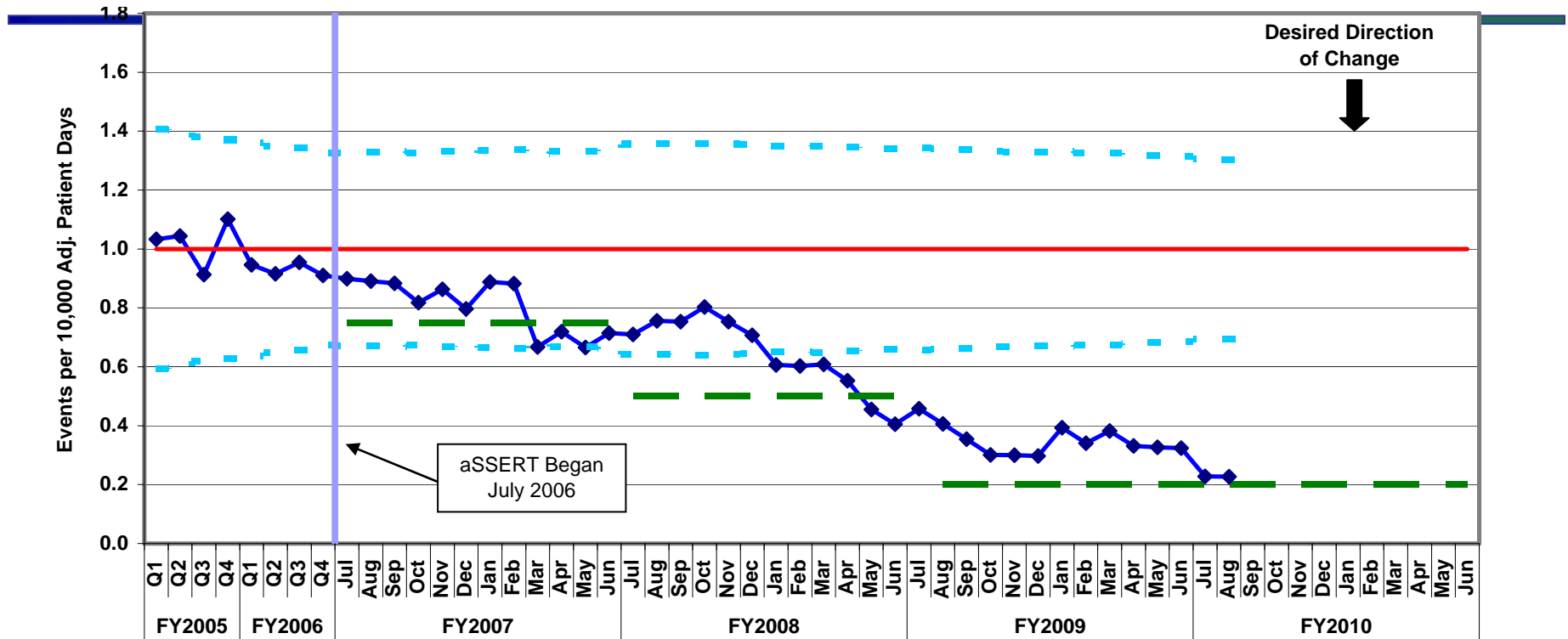
# What Patients Really Want

1. Don't hurt me
2. Help me
3. Be Nice to Me

# Pursuing Perfection in Quality and Safety



## Serious Safety Events per 10,000 Adj. Patient Days Rolling 12-Month Average



\*\* Each point reflects the previous 12 months. Threshold line denotes significant difference from baseline for those 12 months (p=0.05).

\*\* The narrowing thresholds in FY2005-FY2007 reflect increasing census. Adjusted patient days for FY07 were 27% higher than for FY05.

- ◆ SSEs per 10,000 Adj. Patient Days
- Baseline [ 1.0 (FY05-06) ]
- Fiscal Year Goals (FY07=0.75 / FY08=0.50 / FY09=0.20)
- Threshold for Significant Change

Chart Updated Through 31Aug09 by Art Wheeler, Legal Dept.

Source: Legal Dept.

# Our SSE Patients Jan- Dec, 2008

<b>Helene C.</b> 9/5/2008 Fall	<b>John B.</b> 9/06/2008 Delay in Dx	<b>Florita H.</b> 7/03/2008 Delay in Tx	<b>Wade W.</b> 7/16/2008 Delay in Tx	<b>Baby Boy S.</b> 8/1/2008 Wrong Pt. Procedure	<b>Joseph R.</b> 9/08/2008 Delay in Dx.
<b>Tamika M</b> 4/21/2008 Med Error	<b>Andrea M.</b> 6/24/2008 Wrong Procedure	<b>Nancy H.</b> 6/18/2008 Med Error	<b>Jimmy P.</b> 7/07/2008 Fall	<b>Joann E.</b> 9/23/2008 Wrong Site Surgery	<b>Cynthia M.</b> 10/27/2008 Med Error
<b>Baby Girl V.</b> 5/12/2008 Mother's Delay in Tx		<b>Kyle W.</b> 9/13/2008 Delay in Tx	<b>Teodur C.</b> 1/29/08, 2/12/2008 Delay in Tx	<b>Alvin G.</b> 8/17/2008 Fall	<b>Nicole S.</b> 1/4/2008 Delay in Dx
<b>Ursula H.</b> 2/12/2008 Fall	<b>Ms. L.</b> 2/14/2008 Delay in Tx	<b>Sandra M.</b> 12/10/2008 Post Procedure Death	<b>Karen G.</b> 8/5/2008 Proced Cx/Delay in Tx	<b>Cynthia K.</b> 11/10/2008 Delay in Tx	<b>Lance D.</b> 10/30/2008 Delay in Tx
<b>Nicole H.</b> 8/12/2008 Post-proced Cx	<b>Robert S.</b> 10/13/2008 Fall	<b>Mary D.</b> 3/9/2008 Med Error	<b>Baby Boy G.</b> 3/25/2008 Med Error	<b>Lorena W.</b> 11/10/2008 Post Procedure Death	<b>Priscilla W.</b> 8/30/2008 Delay in Tx
<b>Eugene B.</b> 10/27/2008, 10/28/2008 Med Error, Fall	<b>Kathy W.</b> 12/16/2008 Post Proced Loss of Function	<b>Lester J.</b> 9/5/2008 Fall		<b>Robert B.</b> 12/2/2008 Post Procedure Death	<b>Dale W.</b> 10/12/2008 Med Error
<b>Virginia L.</b> 8/12/2008 Delay in Tx				<b>Calvin P.</b> 4/4/2008 Med Error	<b>Gwendolyn P.</b> 10/28/2008 Wrong Implant
<b>Chantal E.</b> 6/26/2008 Inapprop Touching	<b>Gary B.</b> 6/13/2008 Fall			<b>Mary C.</b> 12/19/2008 Fall	<b>Douglas T.</b> 10/18/2008 Med Error



# Our SSE Patients Jan-August, 2009

Annualized 77% Reduction in SSEs

**Michael F.**  
8/20/09  
Retained Foreign Object

**Juanita A.**  
5/15/09  
Med Error

**Yolanda C.**  
7/7/09  
Care Management

**Beverly S.**  
2/4/09  
Med Error

**Robert D.**  
5/12/09  
Post Procedure Death

**Sharenda W.**  
2/15/09  
Med Error

**Edward R.**  
4/23/09  
Wrong Side Procedure

**Dorothy R.**  
1/28/09  
Delay In Treatment



**Lilliam C.**  
4/3/09  
Retained foreign object

**Donna S.**  
6/4/09  
Retained foreign object



# Things go wrong because...

- “Every system is perfectly designed to produce the results it gets.”

Dr. Paul Batalden

# Why do we need “Leadership Leverage” ?

- We have become good at making improvement happen for one condition, on one unit, for a while.
- We haven’t learned how to get measured results, quickly, across many conditions for the whole organization.

# Background to Leverage Points

- Leaders under pressure to produce system-level results
- Observation and reflection:
  - Pursuing Perfection, 100K Lives, 5M Lives, IMPACT, fieldwork...
- Synthetic, not a “normative theory”
- A work in progress

# Seven Leadership Leverage Points:

Places to start, if you want to achieve system-level results...

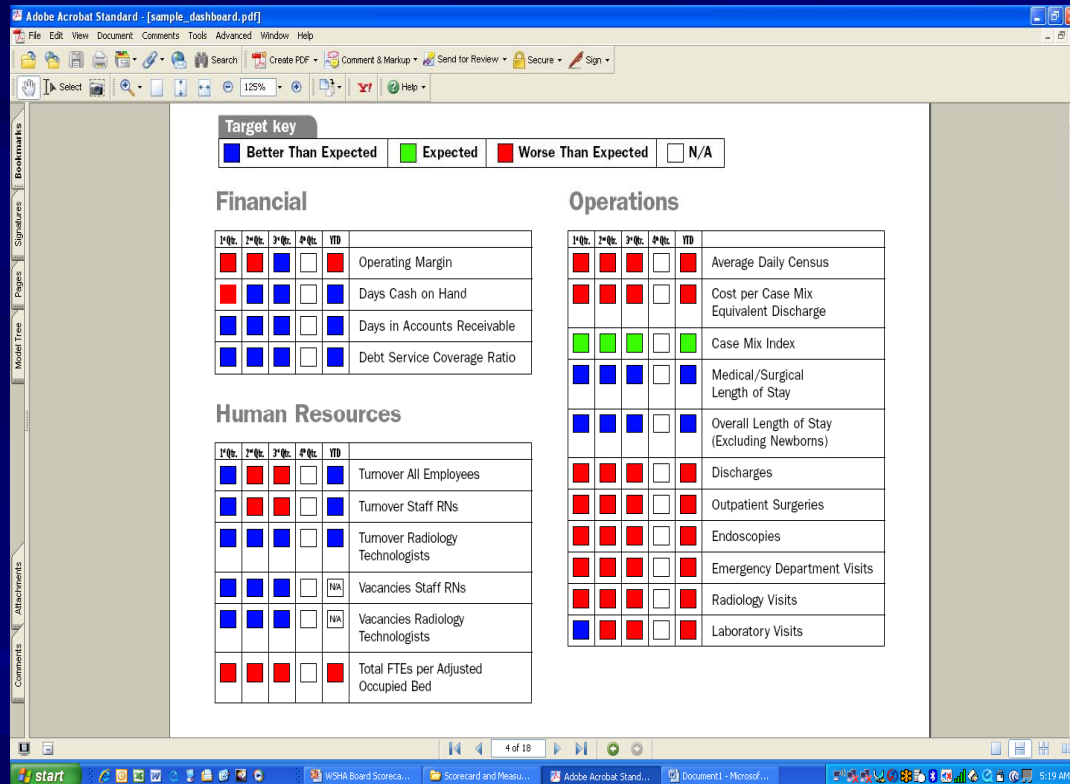
1. Set specific system-level aims and oversee their achievement at the highest levels of governance.
2. Build an executable strategy to achieve the aims, and oversee the execution at the highest levels of administration.
3. Channel attention to system-level aims and measures
4. Get patients and families on your team!
5. Engage the CFO in achieving the aims
6. Engage physicians in achieving the aims
7. Build the improvement capability necessary to achieve the aims



# Simple Rules for Scorecards and Dashboards

- Measure what is important
- Review every meeting
- Use topic specific scorecards to drill down at committee level (finance, strategy & planning, quality, safety, etc.)
- Use actual counts of error, not rates
- Set all-or-none target levels for clinical care and safety measures (100% or 0%)
- Avoid using averages; use percentiles measured against standards
- Avoid color coding to low expectations
- Data graphed over time is the most powerful format

# Color Coded Dashboards Only As Good As Your Targets



- Simple, and sometimes too simple
- Color coding without numbers can mislead
- Tendency is to assume that only the “red” blocks need attention
- If used, boards need to frequently ask how the targets are set

# The Case For All-or-None Measurement

## Report to the Board Quality Committee

“Our MI Core Indicators were greatly improved last quarter. Only one measure requires corrective action.”

Evidence-Based Care Measure	EBC Compliance %	
EBC 1	80%	At or Above Target
EBC 2	100%	Needs Work
EBC 3	100%	Corrective Action
EBC 4	60%	
EBC 5	80%	
EBC 6	90%	

**Question: “What % of Patients Got the Right Care?”**

# The Case For All-or-None Measures

## Only 30% of Patients Received the Right Care\*

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7	Patient 8	Patient 9	Patient 10	Total	EBC Compliance %
EBC 1	1	1	0	1	1	1	1	0	1	1	8	80%
EBC 2	1	1	1	1	1	1	1	1	1	1	10	100%
EBC 3	1	1	1	1	1	1	1	1	1	1	10	100%
EBC 4	0	1	0	1	1	1	1	0	1	0	6	60%
EBC 5	1	1	1	0	1	0	1	1	1	1	8	80%
EBC 6	1	1	1	1	0	1	1	1	1	1	9	90%
Per Patient Totals	5	6	4	5	5	5	6	4	6	5	% of Patients Receiving Perfect Care	
% of Care Elements Received by Patient	83%	100%	67%	83%	83%	83%	100%	67%	100%	83%	<b>30%</b>	

\*Right Care defined as receiving all of the required EBC elements that the patient was eligible for

# The Case for Measuring Against Standards/Expectations

- Pre-surgical and/or procedure antibiotic administration time proven to be critical in preventing surgical site infections
- Standard= 60 minute “window”

## Quality Committee Report

- “Our data indicates that we are exceeding the national standard. Our average time for administering antibiotics is 49.5 minutes.”

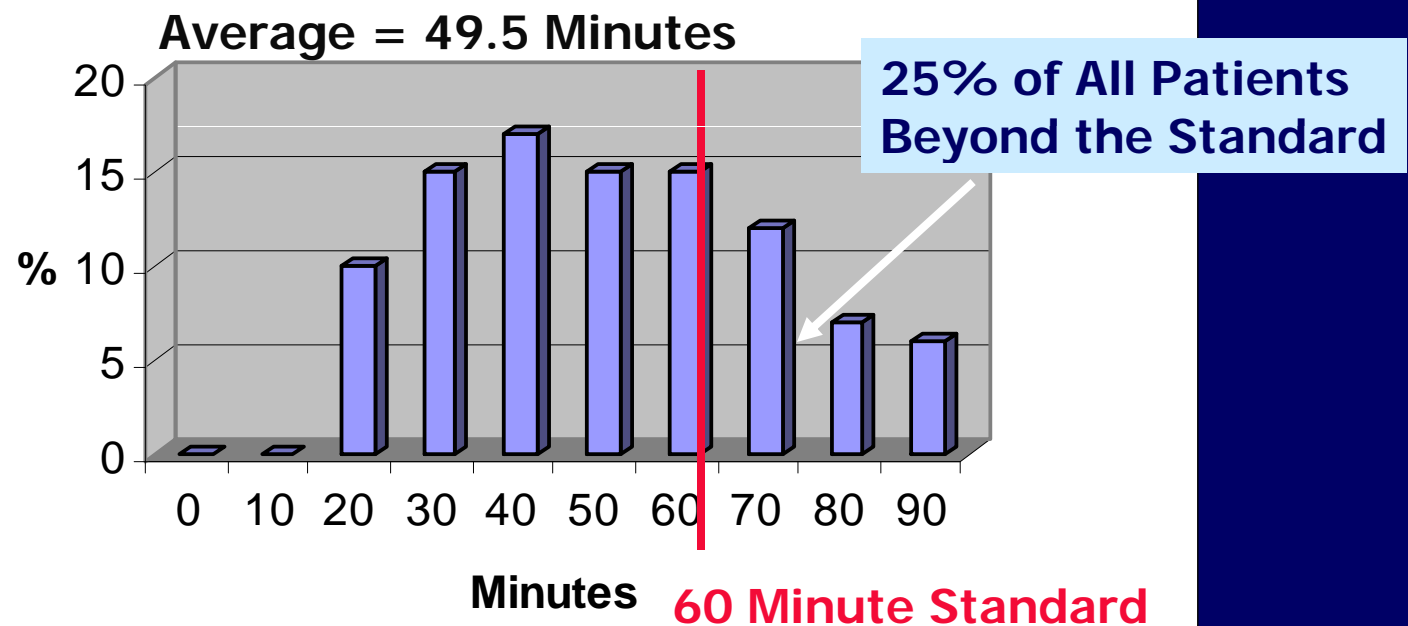
**Great Report or Not?**



# Not.

What about the 25% of patients outside the “window”?

## Pre-surgical antibiotic administration





# Applying the 7 Leverage Points at the HIM level

1. Establish clear and measurable HIM departmental performance metrics
  - Aligned with organizational goals
  - Visible and transparent to all
  - Scorecards of both process and outcome measures
2. Make sure the projects you launch are designed to “move your dots”
3. Create departmental focus by what you pay attention to and talk about
4. Become an advocate for transparency and patient access to information
5. Engage physicians in improving HIM work processes
6. Eliminate waste and rework from departmental processes
7. Invest in developing process improvement skills and knowledge



# Applying the 7 Leverage Points at the HIM Director level

## Leverage Point 1: Establish clear and measurable HIM departmental performance metrics

- Aligned with organizational goals
- Visible and transparent to all
- Scorecards of both process and outcome measures



# HIM SCORECARD

<u>Hospital Scorecard Category</u>	<u>Measure</u>	<u>Metric</u>	<u>Target</u>	<u>Current Performance</u>	<u>Where would the data come from?</u>
<b>Financial</b>	<b>Labor Cost</b>	<b>Labor Cost per Discharge</b>	<b>\$33.50</b>	<b>\$29.50</b>	<b>Monthly Departmental Financials</b>
<b>Efficiency</b>	<b>Timely Chart Filing</b>	<b>% of Completed Charts Filed within 24 hours</b>	<b>100%</b>	<b>83%</b>	<b>Generated from Chart Tracking System</b>
<b>Clinical Quality</b>	<b>Coding Accuracy</b>	<b># Coding Errors per Month</b>	<b>0</b>	<b>12</b>	<b>Coding QA Audits</b>
<b>Satisfaction</b>	<b>ER Turnaround Time</b>	<b>% of ER Requests for Records fulfilled in 15 minutes or less</b>	<b>100%</b>	<b>60%</b>	<b>Chart Tracking System</b>



# Applying the 7 Leverage Points at the HIM Director level

Leverage Point 2: Ensure that projects you launch are designed to “move your dots” and move the organization’s “Big Dots”

- Break key processes into “bundles” of steps that must be done every time
- Measure % of time that the bundles are 100% completed as required
- Determine where your problems are and launch projects to improve “bundle” compliance



# Applying the 7 Leverage Points at the HIM Director level

## Creating the right culture (Leverage Points 3,4,6)

- Create departmental focus by what you pay attention to and talk about
- Become an advocate for transparency and patient access to information
- Engage physicians in improving HIM work processes



# Applying the 7 Leverage Points at the HIM Director level

Leverage Point 5: Get the CFO behind you by eliminating waste and rework from departmental processes

# Business Case for Quality

There is always a business case that can be made for improving clinical and service quality in hospitals...whether or not there is a *financial case* for a specific proposed strategy is a different issue.

MDP 2006

# Evidence Based Gut Fact\*

- 25-50% of all health care costs are directly attributable to processes that produce as outcomes waste, rework, needless complexity, wrong clinical decisions, adverse patient events and excess clinical intensity

*\* A strong feeling that you have had for more than 10 years*



# Eliminating Waste

<i>Source of Waste</i>	<i>Frequency?</i>	<i>Estimated Cost per incident?</i>	<i>Monthly Impact?</i>
Misfiled Records— filed chart not where it is supposed to be and have to search multiple places	1% of all searches  (200 times per month)	20 minutes of staff time = \$5.00	\$1,000 per month

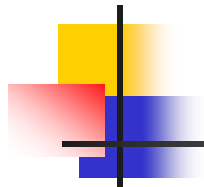


# Applying the 7 Leverage Points at the HIM Director level

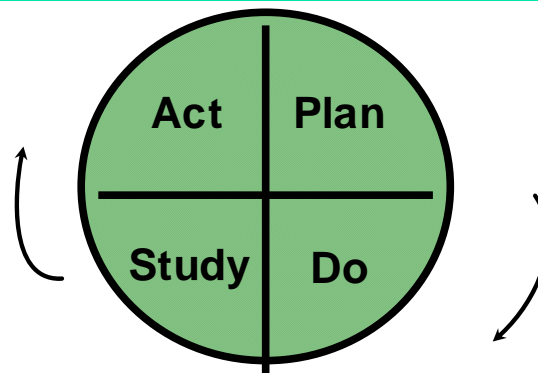
Leverage Point 7: Invest in developing process  
improvement skills and knowledge



# Nolan's Model for Improvement



- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in an improvement?



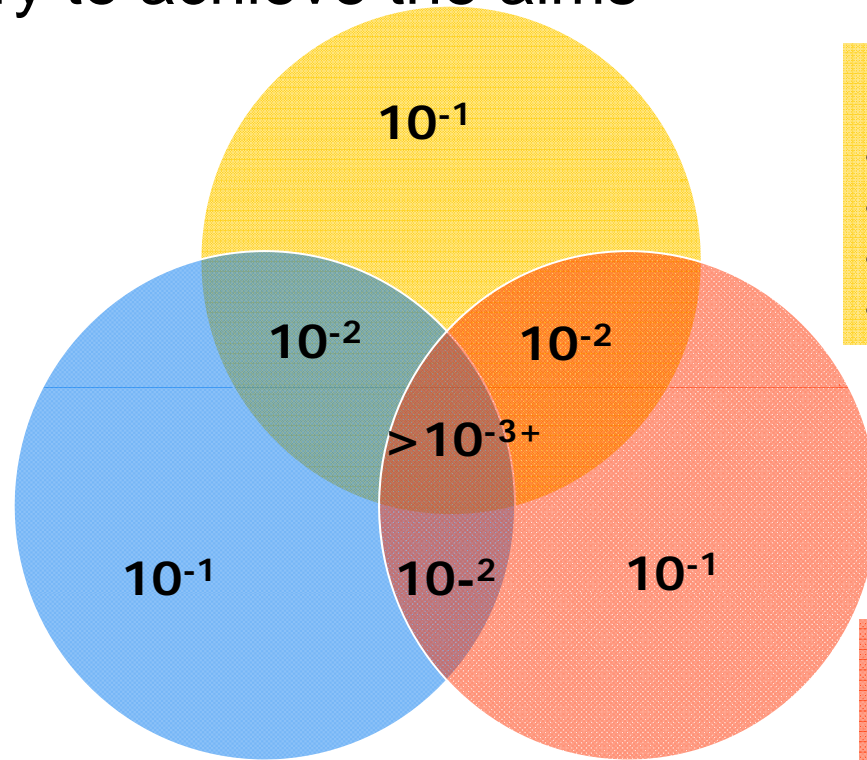
IHI 1998

Pugh Ettinger McCarthy

Associates, L.L.C.



# Leverage Point 7: Build the improvement capability necessary to achieve the aims



- ### Individual Effort
- Training
  - Reminders
  - Standardization
  - Professionalism

- ### Process Re-Design
- Specification
  - Automation
  - Independent Redundancy
  - Forcing Functions

- ### Mindful Culture
- Looking for failure
  - Shared responsibility
  - Respect for Expertise
  - Rapid Mitigation



# Going Green...

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Seven Leadership Leverage  
Points for Organizational  
Change by Reinertsen,  
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