

Quality Improvement-The Competitive Edge!

Beaumont- Dearborn Beaumont- Taylor

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CONFIDENTIAL AND PRIVILEGED PEER REVIEW AND PATIENT SAFETY WORK PRODUCT"

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In the beginning Temp 02 was a P4P...

How are we going to get these folks engaged and improving?



Galileo provided an answer

Providers

Case Lists

Provider					A <
	Role	% Passed	Cases Passed	Cases Failed	Cases Included
	CRNA	0%	0	1	1
	Attending	0%	0	1	1
	CRNA	37%	35	59	94
Р	CRNA	56%	35	27	62
	CRNA	57%	4	3	7
r S	CRNA	63%	45	27	72
	Attending	70%	26	11	37
i t	CRNA	72%	61	24	85
v u	CRNA	74%	95	34	129
v u	CRNA	75%	12	4	16
a f	CRNA	75%	121	40	161
	CRNA	76%	87	28	115
t f	CRNA	77%	119	35	154
	CRNA	78%	75	21	96
	CRNA	79%	66	18	84
	Attending	79%	11	3	14
	CRNA	79%	80	21	101
	Attending	80%	152	39	191
	0.44	04.00	470	10	24.0

How can I use this information?



Create Friendly Competition

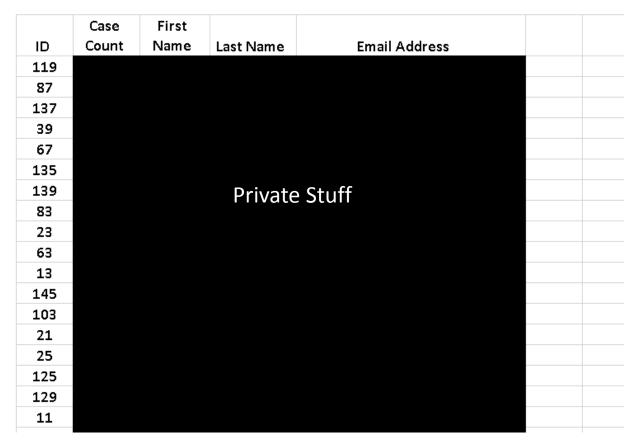


Using the User Management Tool we created numerical ID's that would be top-secret

CRNA's Dearborn ID's

By Exporting the Provider lists into an excel spreadsheet we were able to create blinded ID's.

We separated CRNA's from Attendings, sorted by case count and used evens on one and odds on the other to make the numbers random.



We exported provider performance to an Excel Spreadsheet



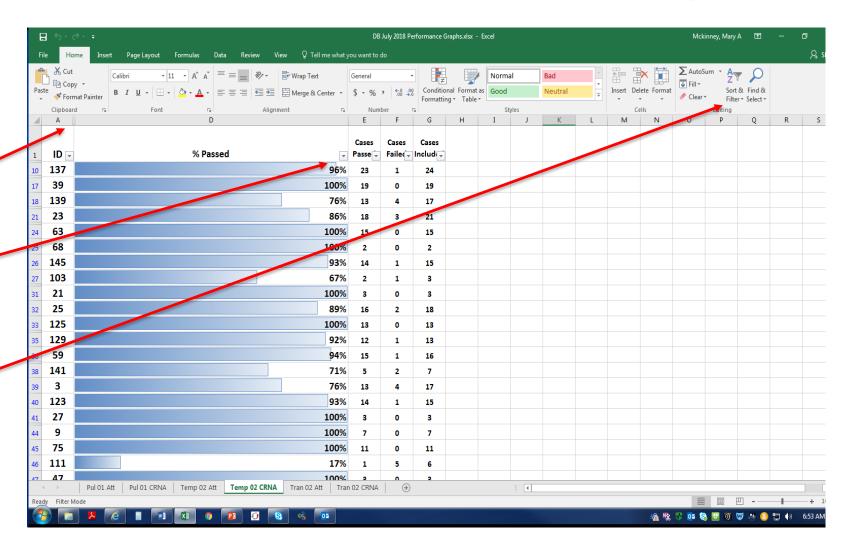
		Cases	Cases	Cases	% of Institution	
Responsible Provider	% Passed	Passed	Failed	Included	Fails	
	0.9667	29	1	30	0.0045	
Р	0.8421	16	3	19	0.0135	
	0.7857	33	9	42	0.0405	
r	0.8636	38	6	44	0.027	
	1	9	0	9	0	
i	0.9	18	2	20	0.009	
	0.4545	5	6	11	0.027	
V	0.75	3	1	4	0.0045	
•	0.4286	6	8	14	0.036	
a	1	11	0	11	0	
<u> </u>	0.5769	15	11	26	0.0495	
t	0.2857	4	10	14	0.045	
	0.6977	30	13	43	0.0586	
е	1	4	0	4	0	
C	0.9375	30	2	32	0.009	
	0.75	3	1	4	0.0045	
	0.9	18	2	20	0.009	
S	0.8333	25	5	30	0.0225	
3	0.7143	10	4	14	0.018	
t	0.8571	12	2	14	0.009	
L	0.3846	5	8	13	0.036	
u	0.6667	4	2	6	0.009	
u	0.7407	20	7	27	0.0315	
f	1	22	0	22	0	
'	0.75	18	6	24	0.027	
f	0.5	2	2	4	0.009	
	0.3846	15	24	39	0.1081	
	0.8889	8	1	9	0.0045	
	0.9	9	1	10	0.0045	

Using Excel allows you to filter, hide and add graph info.

We used our P4P measures as a focus.

Using the spreadsheet we created the Performance Graph

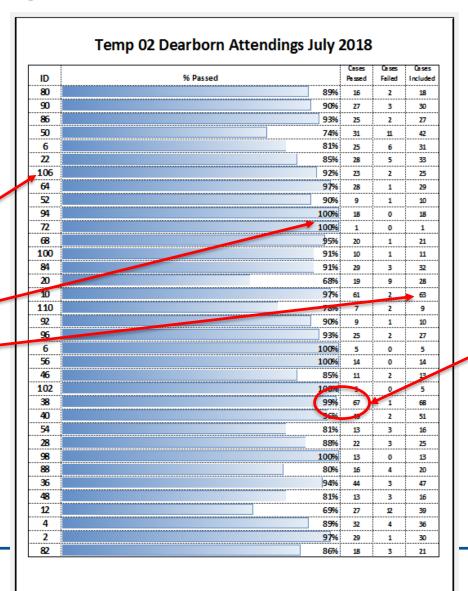
- The hide function allows you to make this anonymous
- The filters allow you to display specific information
- The sort function gives you the ability to put the graph in an order that works for you!



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Here is an example of the Performance Graph

- Randomized Blinded ID's
- Where they stand for the month
- Number of cases



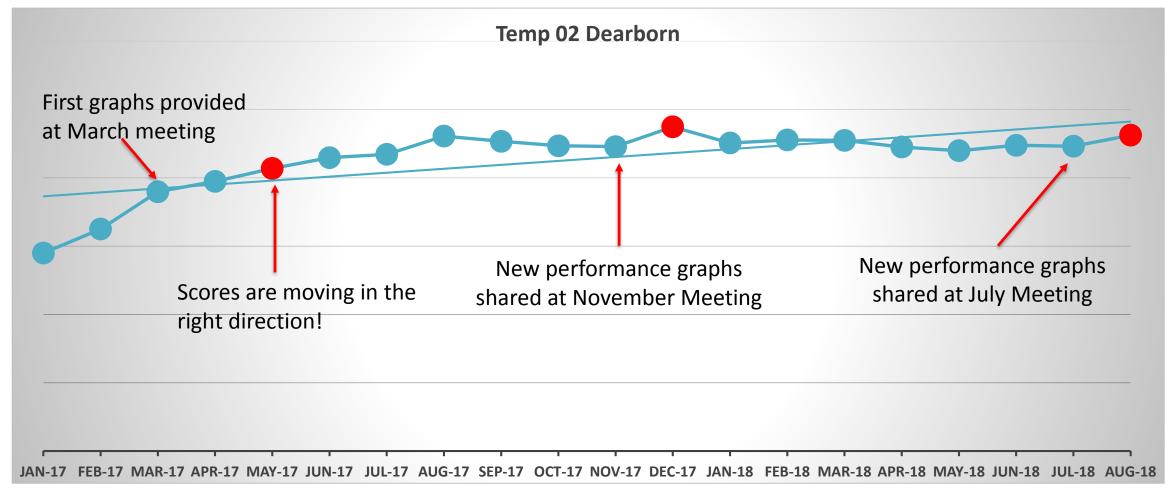
This particular graph is alphabetical.

For our group we sort by case count to show that even those doing high numbers of cases can get a great score!!

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Did it work?

An upward trend occurred after providing the graphs. Interest was piqued!



Where are we today?

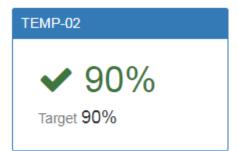


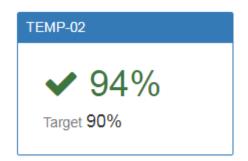
Dearborn
Consistently at or above target!

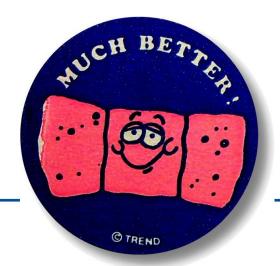
Taylor Consistently above target!

Normothermia

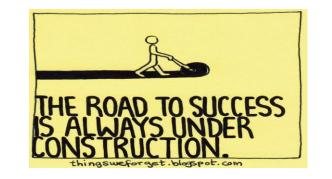
Normothermia





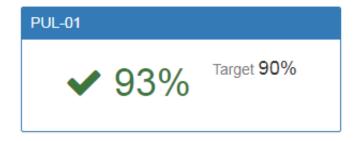


Pul 01 road to success

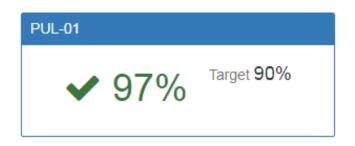


With consistently good scores we didn't make the performance graphs until 2018!

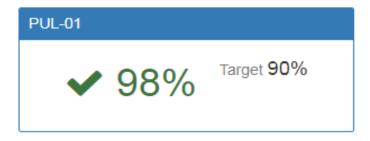
Taylor November 2017



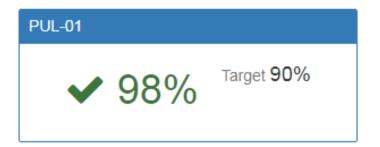
Taylor YTD 2018



Dearborn November 2017



Dearborn YTD 2018



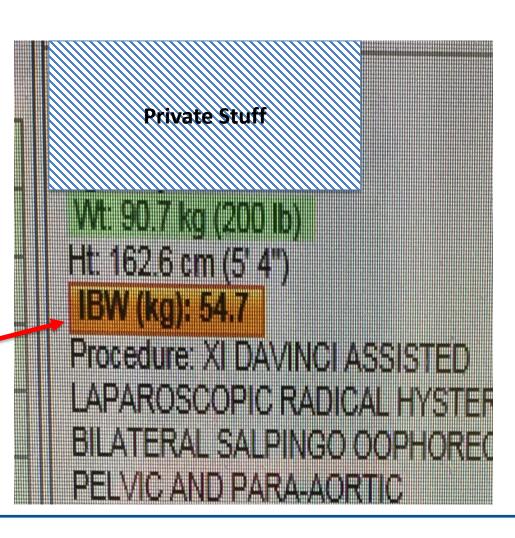
Then came Pul 01 as P4P with a YTD target of 97.5 Time to get to work!

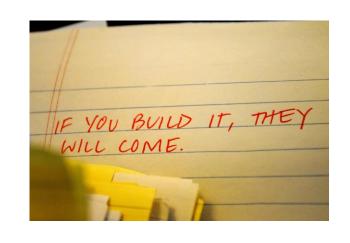
				140	•
			Performance Measure: Pulmonary 01 (PUL 01) - percentage of cases with median tidal volumes less than 10 ml/kg (cumulative score through December 2018)		
	7	15%		erformance is > 97.5%	15
			Perf	formance is 95.0 - 97.5%	10
			Any improvement		5
			No performance	improvement or decline	0
_					

Once we had our new champ in place it was time to meet with staff to share this info!

How to make it a smooth process

provides IBW
highlighted and
higher on the
sidebar list so
providers can find
it easily

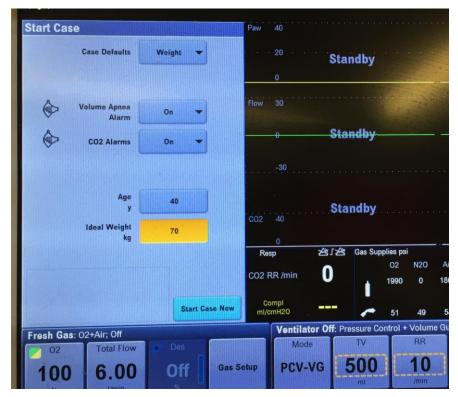




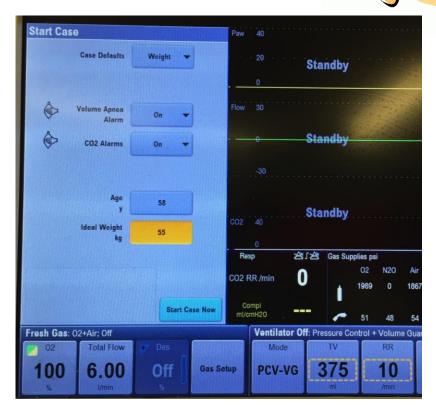
Great suggestion Dr. Haus!!

Using all the tools

We shared with staff how adjusting the default to actual IBW made the settings very accurate



Default



IBW adjusted

Looking good for improvement



- We are continuing to find inventive ways of getting info out to a provider group that is hands on and not a lot of time to meet and greet!
- We have shared the provider performance graphs at casual gatherings such as having a "Lunch and Learn" which has encouraged dialogue regarding successes and how to get there!
- We found that sharing info that is specific leads to a better understanding and meeting the individual measure!



Thank you for your time





