

UF Health Jacksonville

Russ Armistead, CEO

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Quality and Performance Improvement

How we measure them:

David J. Vukich MD

The idea is to get better results...

- **Numerous organizations making standards:**

Joint Commission, CMS, AHCA, DOH, Trauma, Stroke, Heart ...

- **Numerous programs:**

Core Measures, VBP, HCAHPS, NSQIP, HIN...

- **Numerous rating organizations:**

UHC, VHA, US News, Consumer Reports, Leapfrog, Hospital Compare...

UF Health Jacksonville

- **400 faculty attending physicians**
- **350 house staff (residents and fellows in all major specialties and subspecialties)**
- **Faculty intimately involved in quality and PI**
- **House staff involved at all levels**
 - **Department Quality**
 - **Performance Improvement Committee**
 - **All major medical staff committees**
 - **Graduate Med Education Committee**
 - **Risk Management**
 - **Didactic and Simulation Lab**

University Healthcare Consortium

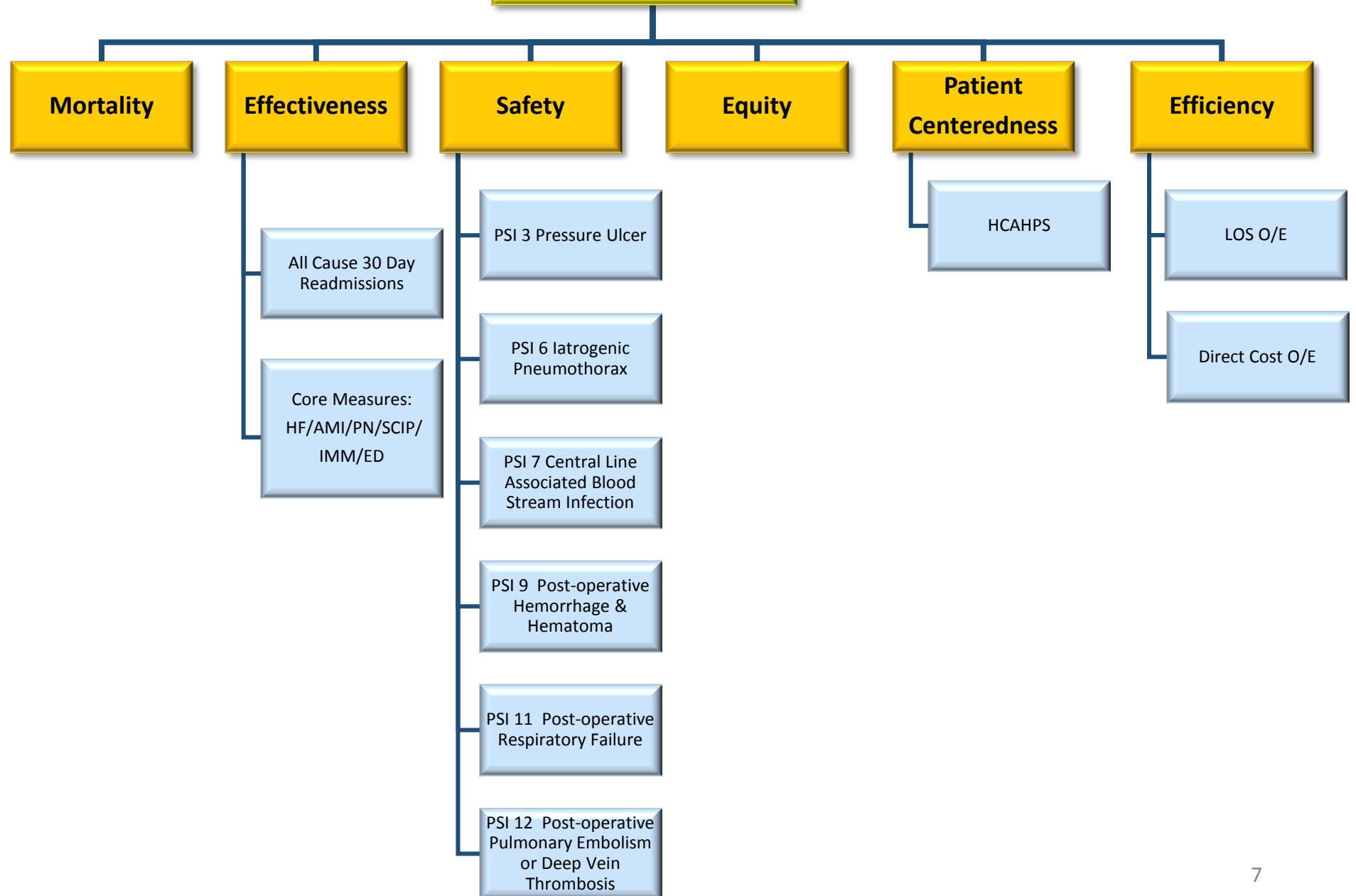
UF's Chosen Partner for Quality and Operations

- UHC – 117 Academic Medical Centers
- Both a vendor and a professional association
- Process our raw data and submit to CMS
- Analyze for quality and PI outcome measures
- Compare and rank
- Share best practices
- Consultation services
- Education

Some UHC Members...

- UF Health (Gainesville)
- Stanford Health Care
- UCLA
- UC San Diego
- Denver Health
- University of Colorado
- Duke
- Tampa General Hospital
- H. Lee Moffitt Cancer Center and Research Institute
- UAB
- Emory / Grady
- Hennepin County
- John Hopkins
- Brigham Women's
- Beth Israel
- Mayo Clinic
- Jackson Memorial
- Cleveland Clinic Hospital (Weston)
- NYU
- Boston Medical Center

UHC Ranking



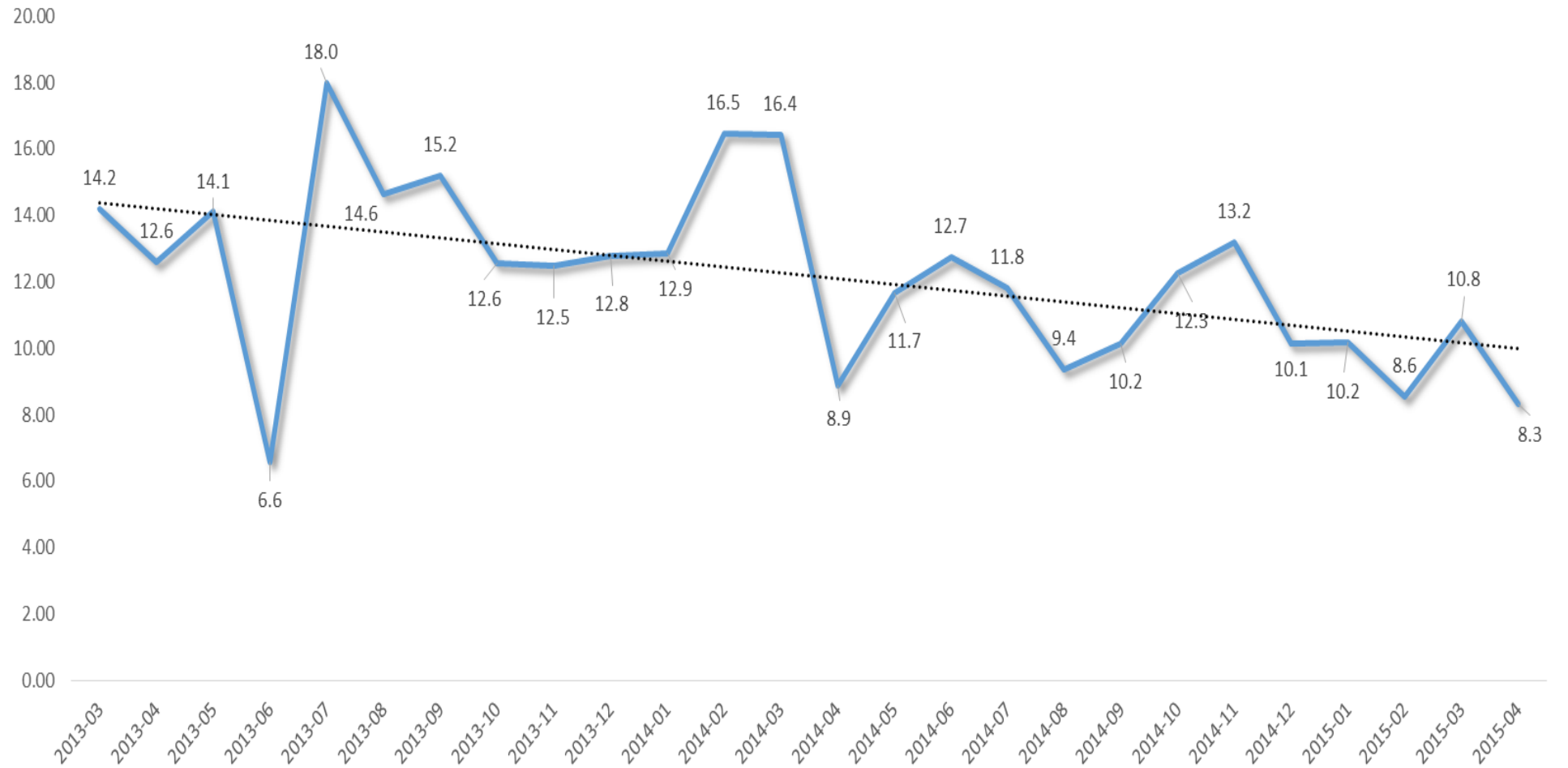
UHC Domains – what do we measure?

- Mortality
 - Effectiveness
 - Safety
 - Patient Centeredness
 - Efficiency
 - Equity
- Algorithm of predicted mortality
 - O/E ratio
 - Aggregate and individual service-line mortality ratios

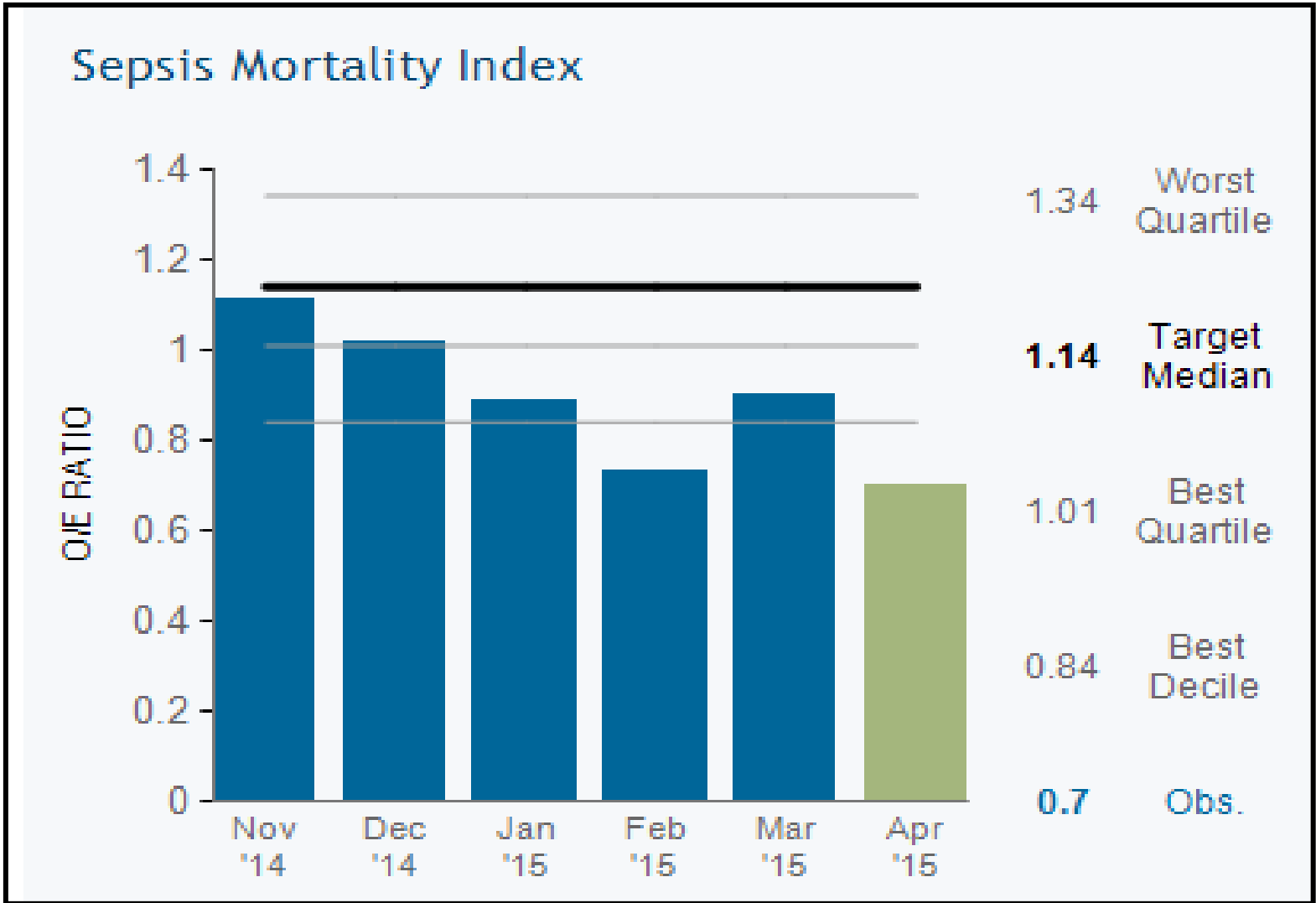
Recent Improvements in Mortality

- **Corrected impact of EMR (EPIC documentation)**
 - Pt arrived from
 - Documentation of disease states
- **Concurrent review of mortality cases**
- **Sepsis work group**

Sepsis Mortality Rate



Sepsis Mortality



UHC Domains – what do we measure?

- Mortality
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Core Measures – HF,AMI,PNA,VTE.
COPD.TKA/THA

Readmissions

ED LOS

ED Arrival to Discharge Time

ED Arrival to Admit Time

Stroke

All-Cause Average Readmissions Rates

Region	Average Rate
Region 1	17.3%
Region 2	18.4%
Region 3	19.2%
Region 4	20.6%
Region 5	18.4%
Region 6	22.7%
Region 7	16.3%
Region 8	19.1%

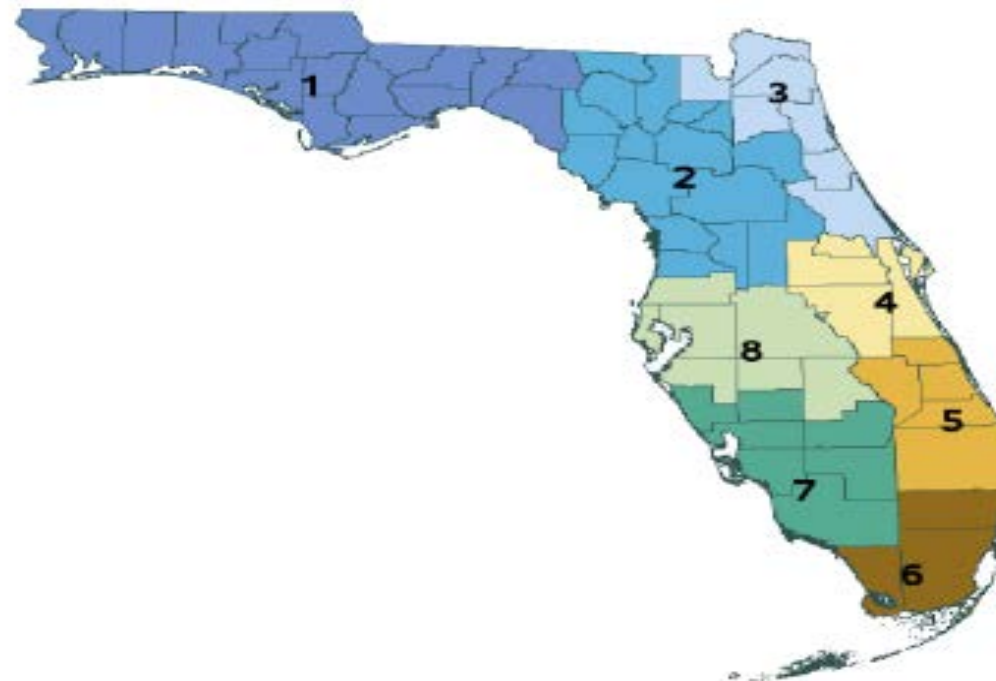


Table 1: 30-Day All-Cause Readmission Rates – Q2 2013 - Q1 2014

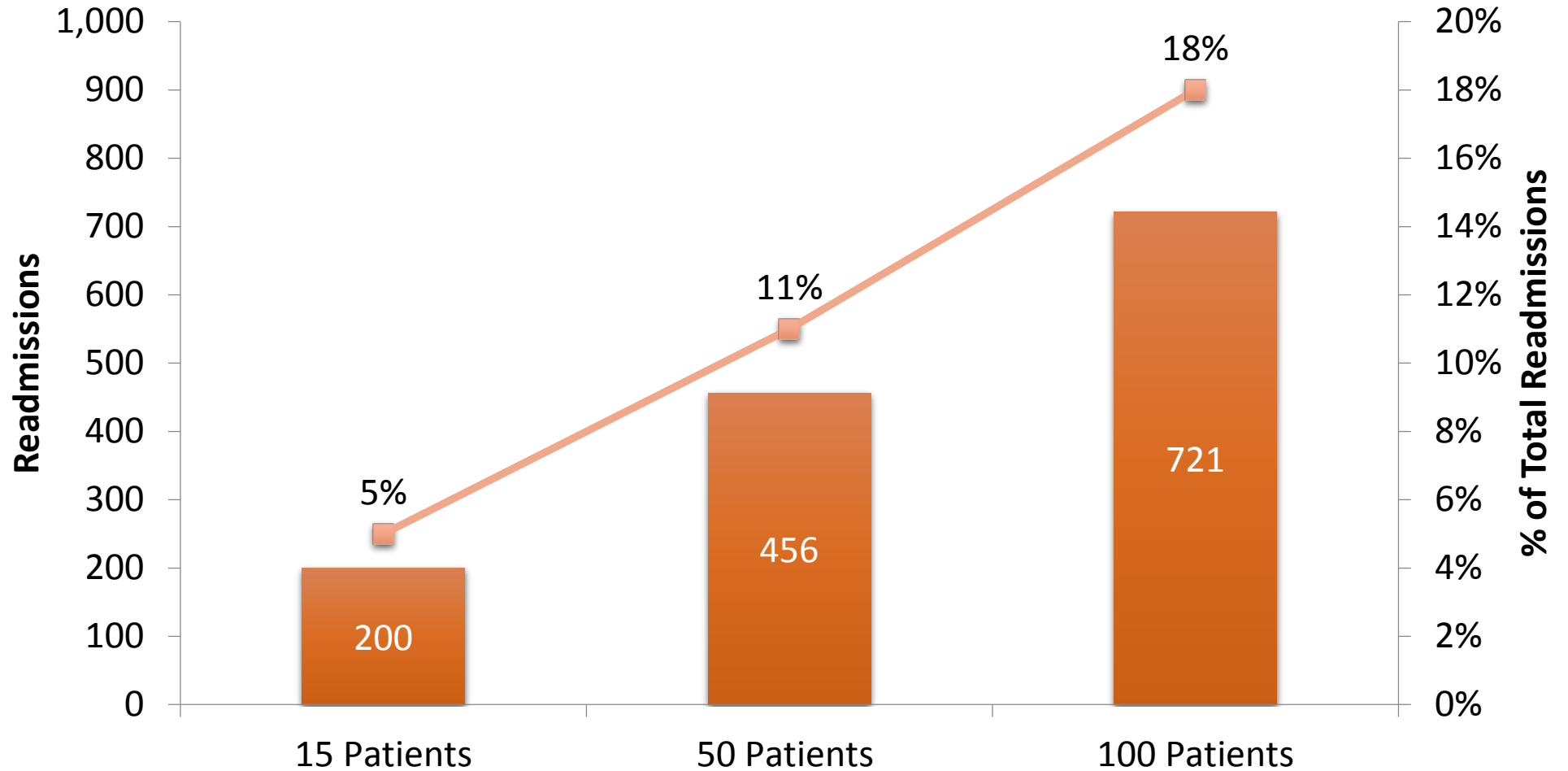
	Baseline (CY2013)	Current				Year 1 Goal	RIR to Date
		Q2 13	Q3 13	Q4 13	Q1 14		
Your Hospital	24.4% 1,293/5,290	24.5% 324/1,322	25.9% 348/1,343	25.8% 327/1,268	22.9% 288/1,260	4.0%	-1.6%
Region 3	19.0% 15,725/82,740	18.9% 3,887/20,559	19.4% 3,810/19,627	19.5% 4,028/20,609	19.1% 4,152/21,757		
Florida	19.1% 143,943/752,612	19.2% 36,081/187,718	19.8% 34,335/173,683	19.2% 35,315/183,527	18.7% 37,732/201,321		
Nation ¹					18.0%		

Readmissions

- **Inner-city hospitals are at a disadvantage**
- **Psychosis**
- **Alcoholism**
- **Drug Abuse**
- **Homelessness**

Readmitted Patients

2,499 patients = 4,014 readmissions

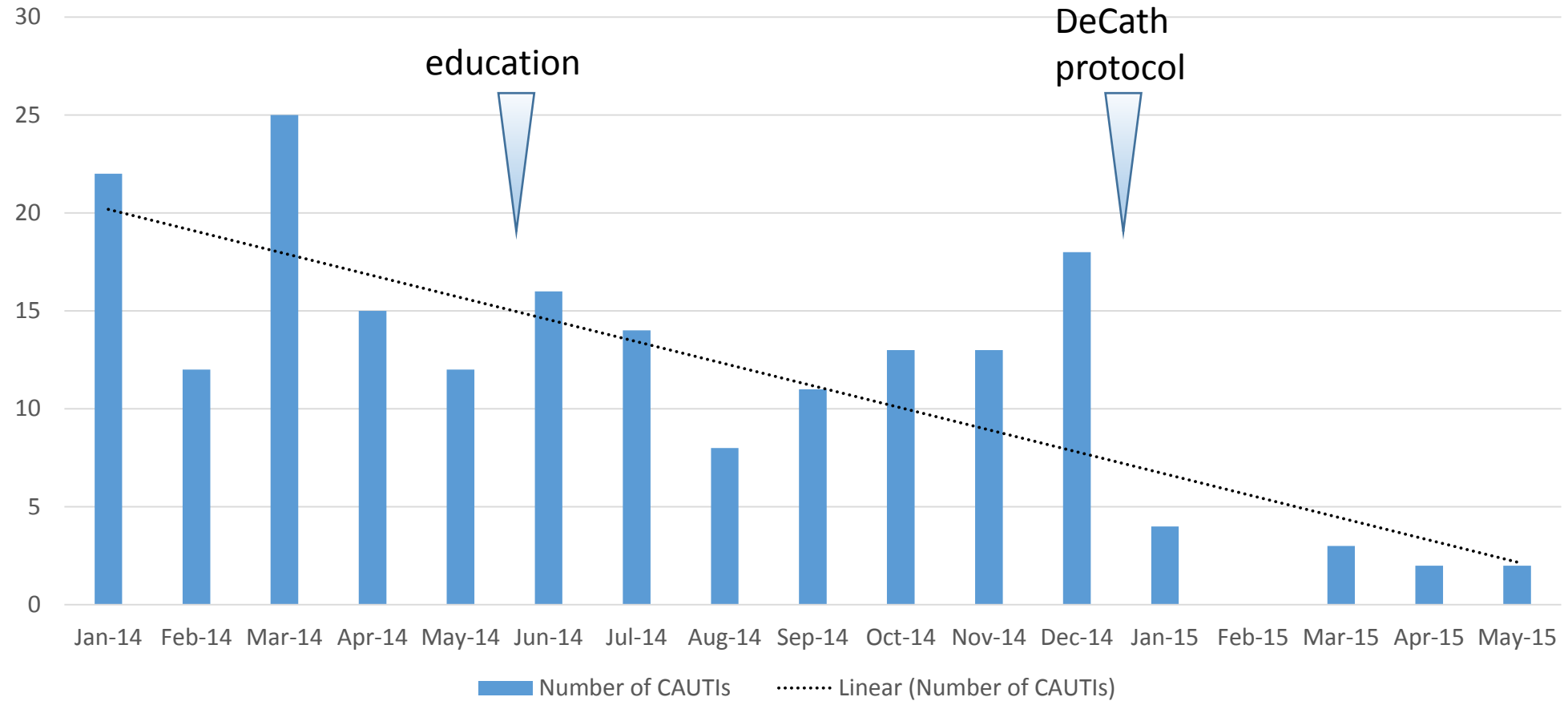


UHC Domains – what do we measure?

- Mortality
- Effectiveness
- **Safety**
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- Post-op Hemorrhage
- Iatrogenic PMTx
- Post-op Resp Failure
- **CAUTI** (Catheter Urinary Tract Infection)
- SSI
- *Clostridium Difficile* Colitis

CAUTI Trend Jan 14 – May 15



Opportunities...

Safety

- Iatrogenic PMTx
- Post-op hemorrhage
- Post-op respiratory failure
- CLABSI
- SSI
- C. Difficile
- Post-op sepsis

Effectiveness

- 30 day re-admission
- Stroke
- ED LOS
 - ED arrival to discharge time
 - ED arrival to admit time
- Core Measures
 - HF, AMI, PNA, SCIP, VTE

Emergency Departments...

The real story

Andy Godwin MD, FACEP

Professor and Chair

Department of Emergency Medicine

University of Florida College of Medicine-Jacksonville

Chief, Emergency Medicine

UF Health Jacksonville

Background

- 2013 Rand report:
“Evolving Roles of the Emergency Department”

RESEARCH REPORT

The Evolving Role of Emergency Departments in the United States

Kristy Gonzalez Morganti • Sebastian Bauhoff • Janice C. Blanchard

Mahshid Abir • Neema Iyer • Alexandria C. Smith • Joseph V. Vesely

Edward N. Okeke • Arthur L. Kellermann



Perception and Reality

“Once little more than a treatment room
.....emergency departments...now
routinely manage a wide range of
challenges...”

Challenges include...

- “... critically ill and injured children and adults; treating chronically ill patients with HIV–AIDS, cancer, renal failure, and diabetes; and evaluating complex patients with worrisome symptoms.”

“EDs may be victim of their own success”

- Demand for emergency care has outpaced supply for the last 25 years
 - Rate of ED use has been growing twice as fast as the U.S. population
- A major driver of ED use- declining access to primary care
 - When a patient has troubling symptoms and no alternative care options, the ED may be their only choice

The Reality at UF Health - Jacksonville

- Treat the sickest of the sick
- Patient population with the most limited access to care
- Safety net for at risk patient populations such as those with psychiatric disorders, physical or other mental disabilities

The Reality at UF Health - Jacksonville

- Focused available resources on high risk patients
- Level I Trauma Center, Stroke Center and Chest Pain Center
- State of the art resuscitative care for critically ill
 - First in the region
 - Sepsis
 - Post arrest hypothermia
- Care for patients difficult to place from the hospital and the ED
 - ie. Psychiatric pts, uninsured patients requiring a higher level of care, prisoners, and the homeless

The Reality at UF Health – Jacksonville

-Causes of Readmission and Barriers to Care

- Sicker population
- Limited access to care
- Unhealthier population
 - psychiatric disorders
 - substance abuse
 - limited financial resources
 - limited access to follow up care



The Reality at UF Health – Jacksonville

Barriers to Care

- Limited ED and Hospital space
- Barriers to discharge and placement
 - patients without financial resources and/or home support



What Has UF Health and the ED Done to Manage Challenges

- Provide outpatient resources for patients with limited health care options
- 5 clinics to provide primary care for underserved
- Provide Care Coordinators in the ED for the uninsured patients to reduce recurrent ED visits and readmissions
- 14 bed observation unit

What's Different

- Community hospitals and EDs are not faced with the same volume of challenges and barriers as UF Health Jacksonville
- We work in both worlds and understand the differences

The Result

- UF Health Jacksonville manages the sickest and most underserved patient populations
- The challenges faced by the organization are real
- Service provided through collaboration, dedication and commitment of both hospital personnel, nursing, UF physicians and providers
- Relative to the demand and financial resources, the overall care is safe, efficient, and high quality

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