

UF Health Jacksonville

Russ Armistead, CEO

David J. Vukich MD, CMO

Steven A. Godwin MD, Chair EM



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

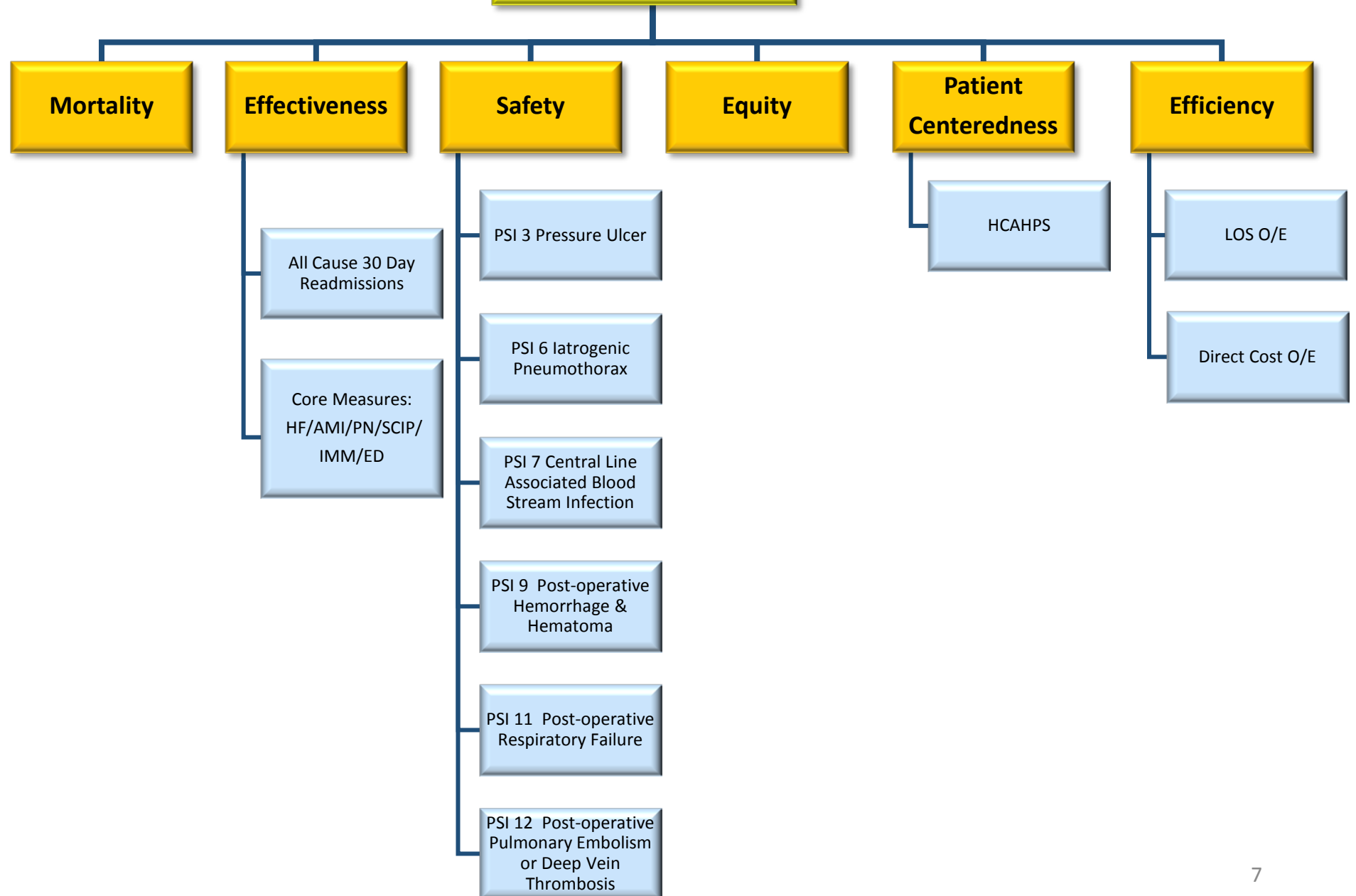
UF's Chosen Partner for Quality and Operations

- 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



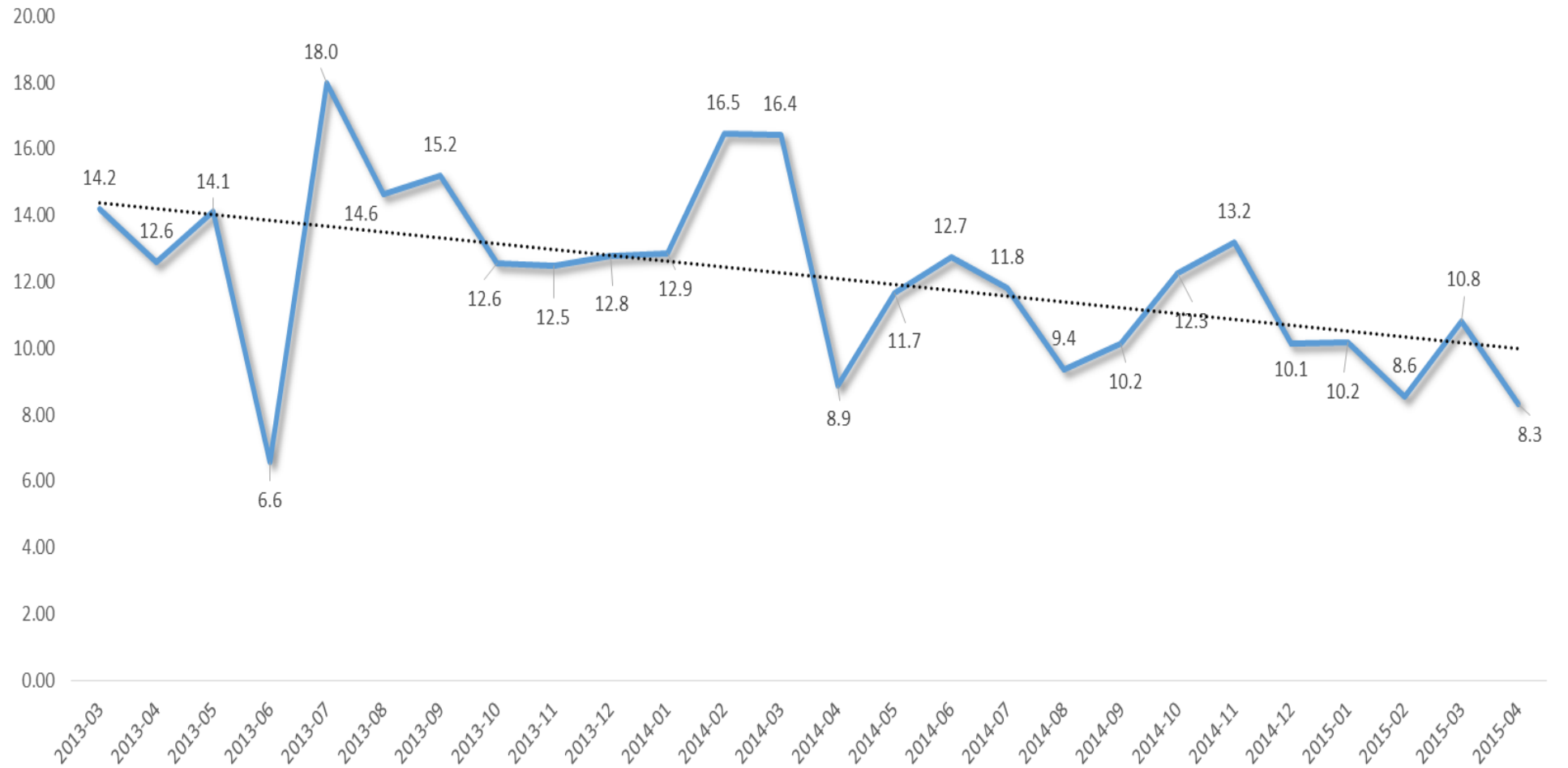
UHC Domains – what do we measure?

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

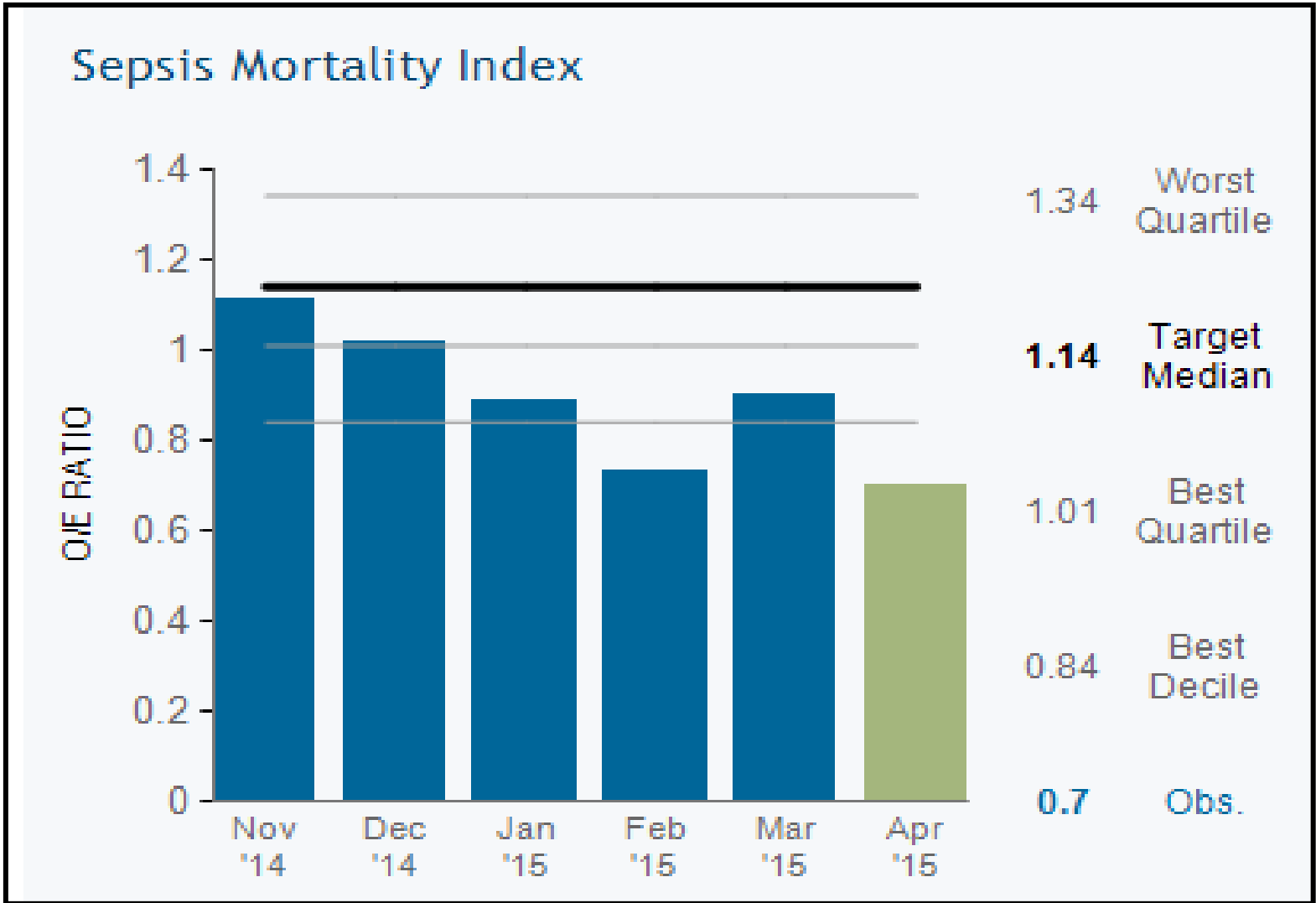
Recent Improvements in Mortality

- **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
- **Effectiveness**
- Safety
- Patient Centeredness
- Efficiency
- Equity

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%

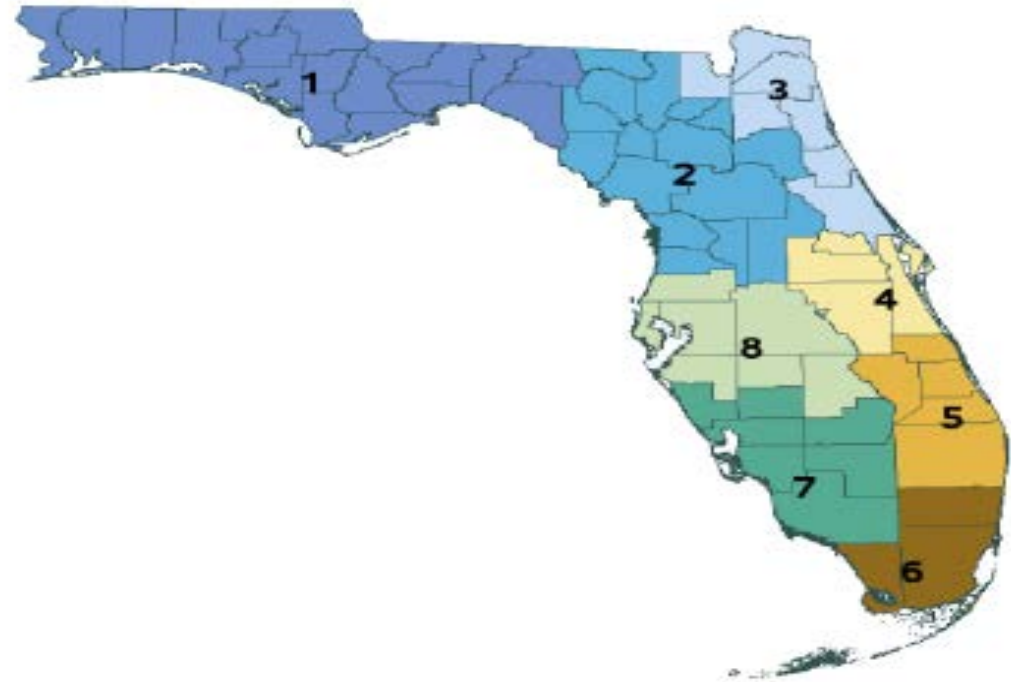


Table 1: 30-Day All-Cause Readmission Rates – Q2 2013 - Q1 2014

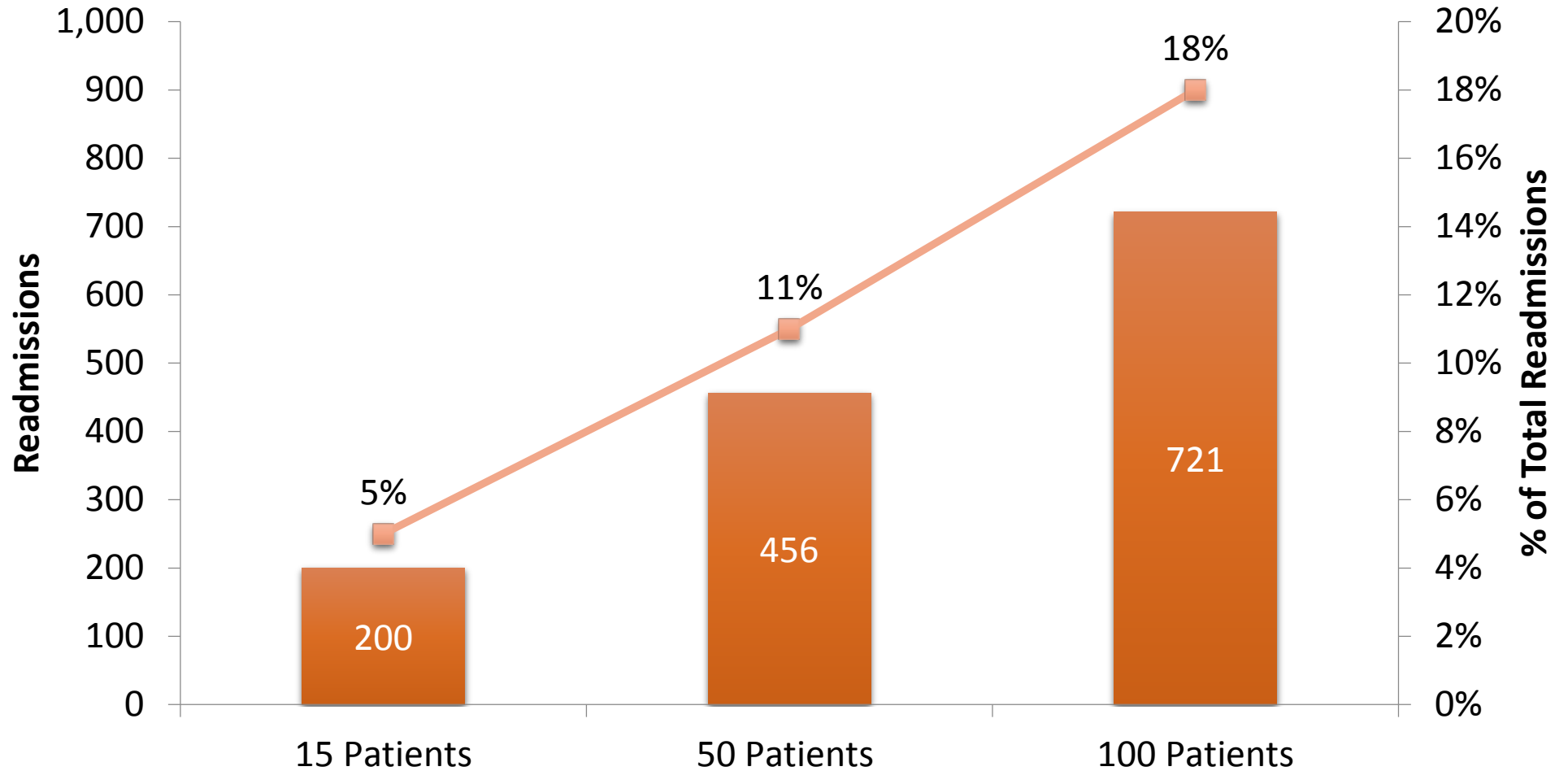
	Baseline (CY2013)	Current				Year 1 Goal	RIR to Date
		Q2 13	Q3 13	Q4 13	Q1 14		
Your Hospital	24.4% 1,293/5,290	24.5% 324/1,322	25.9% 348/1,343	25.8% 327/1,268	22.9% 288/1,260	4.0%	-1.6%
Region 3	19.0% 15,725/82,740	18.9% 3,887/20,559	19.4% 3,810/19,627	19.5% 4,028/20,609	19.1% 4,152/21,757		
Florida	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

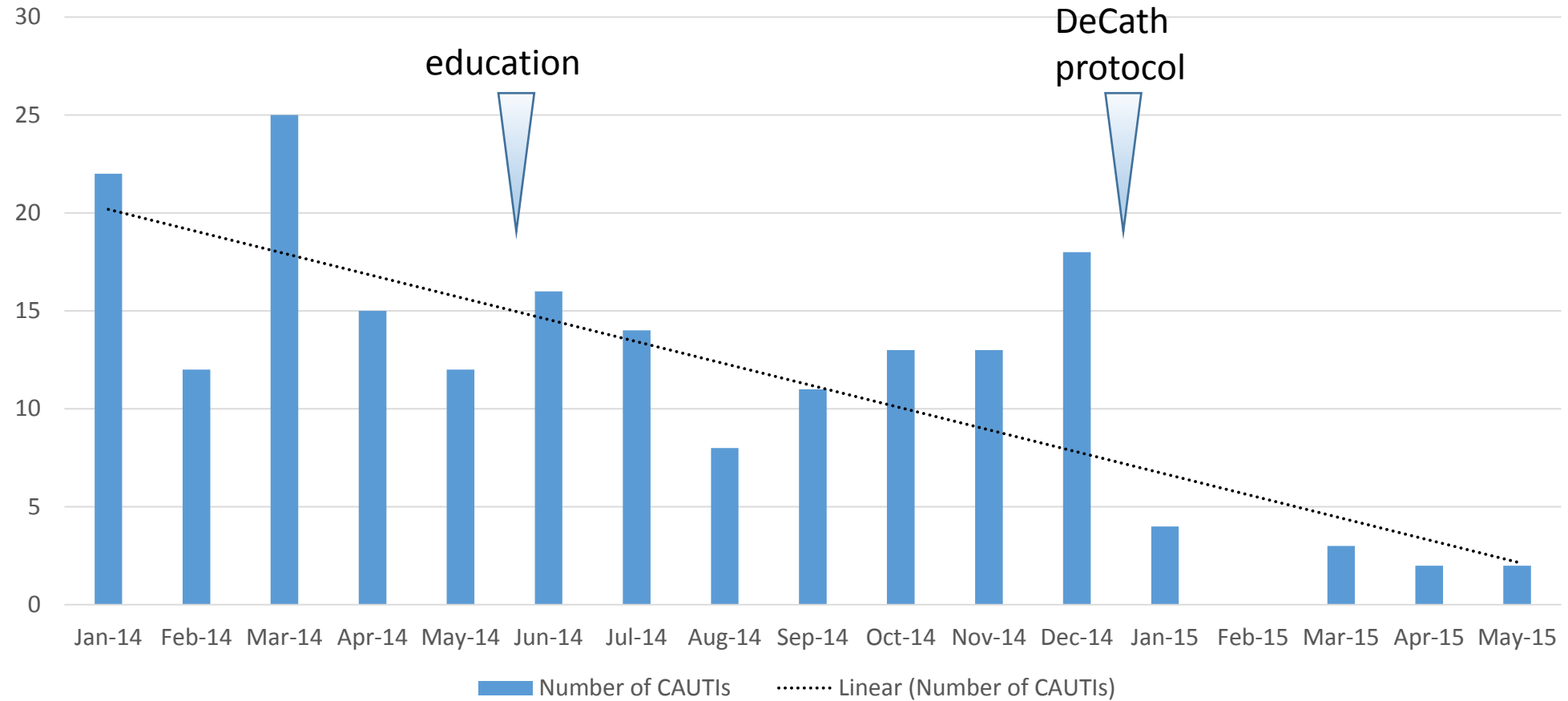


UHC Domains – what do we measure?

- Mortality
- Effectiveness
- **Safety**
- Patient Centeredness
- Efficiency
- Equity

- 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

UF Health Jacksonville

Russ Armistead, CEO

David J. Vukich MD, CMO

Steven A. Godwin MD, Chair EM

