FY 13 Pillar Goal Update and FY 14 Pillar Goals

Summer Leadership Assembly
June 19, 2013

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Deputy Vice Chancellor, Health Affairs
CEO, Vanderbilt Health System
Staying Focused on Mission & Strategy during Nationwide Challenges

- Clinical care perceived locally and nationally as extraordinary in both quality and value
- Education of local, national, and world leaders in healthcare and biomedical science
- Discovery research of fundamental importance to humanity with real-time translation to improvements in health
- The clinical enterprise is our platform: financial base and operational scaffold for our academic leadership
Staying Focused on our Values and Culture

Credo

We provide excellence in healthcare, research and education.
We treat others as we wish to be treated.
We continuously evaluate and improve our performance.

Values

I make those I serve my highest priority.
I respect privacy and confidentiality.
I communicate effectively.
I conduct myself professionally.
I have a sense of ownership.
I am committed to my colleagues.

it's who we are

Culture
Deliver on The Promise:

Our Promise to You

We make these our highest priority.

Include you as the most important member of your health care team.
Respect your right to privacy.
Work with you to coordinate your care.

Personalize your care with a focus on your values and needs.
Communicate clearly and regularly.
Serve you and your family with kindness and respect.

We welcome your feedback. If you have comments or concerns about your care, contact our Office of Patient Relations at PatientRelations@vanderbilt.edu or (615) 322-8594.
Why do we use Pillar Goals?

Pillar Goals provide the foundation for setting organizational goals and direction. They also provide consistency and focus over time that allow an organization to resist new fads.

— Quint Studer

Goals **direct** our focus, activity, resources and target the desired outcomes.

Alignment of goals generates momentum.

Annual pillar goals are the **foundation** for setting system, institute, department, division, chairman, and individual goals and direction across the clinical enterprise.

Cascading the pillar goals down throughout the organization is the only way to **achieve** the improvements.

Goals provide a **team** with a map for change.
People Pillar

- Q3 Results
- Success Story
- Action Steps
- FY14 Overview

We nurture a caring, culturally sensitive, and professional atmosphere as we continuously invest in the individual and collective aspirations of our people.
# People Pillar: FY13 Quarter 3 Results

<table>
<thead>
<tr>
<th>GOAL</th>
<th>FY13 Q3 Results</th>
<th>Threshold</th>
<th>Target</th>
<th>Reach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve retention rate VUMC hires at 18 months:</td>
<td>72.60%</td>
<td>71.2%</td>
<td>71.5%</td>
<td>73.0%</td>
</tr>
<tr>
<td>Improve VUMC employee turnover:</td>
<td>11.56%</td>
<td>12.2%</td>
<td>12.0%</td>
<td>11.8%</td>
</tr>
<tr>
<td>Improve VUMC RNS turnover:</td>
<td><strong>14.52%</strong></td>
<td>14.2%</td>
<td>13.7%</td>
<td>13.2%</td>
</tr>
</tbody>
</table>
9 North
Surgical Step Down and Surgical Trauma

Turnover %

FY 09: 24%
FY 10: 19%
FY 11: 17%
FY 12: 6%
FY 13 YTD: 8%
9 North Retention Improvement Strategies

• Creation of a Unit Mission Statement
  o Excellent patient care
  o Respect for patients and families
  o Respect for each other
  o Promise to act professionally

• Management Engagement in Employee Growth and Development
  o Conversations about career goals
  o Support for employee development
  o Providing Training Opportunities

• Peer Interviewing in 2010
• Peer Reviews for Mid-year and Annual Appraisals
• Shared Management Approach
Actions

**Reduce turnover**

Make room for more **communication** – staff meetings, rounding, written updates

**Celebrate** successes

**Ask** staff what they need and want

**Act** on stress producers – schedules, inefficiencies, unresolved problems

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**Retention Practices**

Hire right – **collaborate** with your recruiter to ensure you are meeting the best candidates and select people who share our Credo values and are a fit for your unit or area

Be **intentional** about onboarding new hires

Check-in and **solve** problems that arise
<table>
<thead>
<tr>
<th><strong>New Hire Retention</strong></th>
<th><strong>Overall Turnover</strong></th>
<th><strong>Nurse Turnover</strong></th>
<th><strong>Community Survey</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve retention rate</td>
<td>Improve VUMC</td>
<td>Improve VUMC</td>
<td>Encourage employee</td>
</tr>
<tr>
<td>VUMC hires at 18</td>
<td>employee turnover</td>
<td>nurse turnover</td>
<td>participation in</td>
</tr>
<tr>
<td>months</td>
<td></td>
<td></td>
<td>community survey</td>
</tr>
</tbody>
</table>
Service Pillar

- Q3 Results
- Success Story
- Action Steps
- FY14 Overview

Collegiality is a central characteristic of our culture and defines how we serve our patients, those we teach, and the local and worldwide community.
## Service Pillar FY13 Quarter 3 Results

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<th>Target</th>
<th>Reach</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Patients Seen within 15 days</td>
<td><strong>58.9%</strong></td>
<td>61.7%</td>
<td>62.7%</td>
<td>63.7%</td>
</tr>
<tr>
<td>% “Excellent” Overall Quality of Care</td>
<td>75.6%</td>
<td>75.5%</td>
<td>76.0%</td>
<td>76.5%</td>
</tr>
<tr>
<td>% “Excellent” Teamwork</td>
<td>69.6%</td>
<td>68.9%</td>
<td>69.4%</td>
<td>69.9%</td>
</tr>
<tr>
<td>Improve Patient Satisfaction scores for Cleanliness question in each survey project.</td>
<td><strong>2 of 9 divisions</strong></td>
<td>4 of the 9 divisions achieve 75&lt;sup&gt;th&lt;/sup&gt; percentile</td>
<td>6 of the 9 divisions achieve 75&lt;sup&gt;th&lt;/sup&gt; percentile</td>
<td>8 of the 9 divisions achieve 75&lt;sup&gt;th&lt;/sup&gt; percentile</td>
</tr>
<tr>
<td>Percent of providers who complete a clinical summary on same day as visit for &gt; 80% of unique patients</td>
<td><strong>58 % of providers</strong></td>
<td>55% of providers</td>
<td>60% of providers</td>
<td>65% of providers</td>
</tr>
</tbody>
</table>
Success Stories Q3
Patient Satisfaction Goals
Service Action Steps

Overall Quality of Care
- Share patient satisfaction data
- Engage team to create solutions to improve scores
- Leadership rounds throughout the day
- Bedside shift report to engage patients and families

Cleanliness
- De-clutter visible areas
- Take ownership of solutions for cleanliness
- EVS members are an integral part of the unit’s team

Teamwork
- MD and RN collaboration in daily rounding
- Work together to improve patient flow and handoffs
- Establish an attitude of service excellence towards patients and each other
- No “that’s not my job” attitude
- Coach staff on affects of communication on teamwork and morale
Pediatric ED Advocate Winners

Sarah Campbell, John Midgley, and Liz Hovanec
Vanderbilt Psychiatric Hospital Social Workers
## FY14 Pillar Goals

<table>
<thead>
<tr>
<th><strong>New Patients</strong></th>
<th><strong>Patient Satisfaction</strong></th>
<th><strong>Cleanliness</strong></th>
<th><strong>My Health at Vanderbilt</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Appointments</strong></td>
<td>Improve % “Excellent” Overall Quality of Care</td>
<td>Improve Patient Satisfaction response to cleanliness survey question</td>
<td>Increase the percent of patients with full access to MHAV</td>
</tr>
<tr>
<td>Improve the percentage of new patients seen within 15 days</td>
<td>Improve % “Excellent” Teamwork</td>
<td></td>
<td></td>
</tr>
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Quality Pillar

- Q3 Results
- Achievements
- Action Steps
- FY14 Overview

We relentlessly pursue and measure ourselves against the highest quality performance in all areas, from patient care to scholarship.
# Quality Pillar: FY13 Quarter 3 Results

<table>
<thead>
<tr>
<th>FY2013 GOAL</th>
<th>FY13 Q3 Results</th>
<th>FY2013 Threshold</th>
<th>FY2013 Target</th>
<th>FY2013 Reach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce O/E Mortality</td>
<td>0.87</td>
<td>0.87</td>
<td>0.85</td>
<td>0.83</td>
</tr>
<tr>
<td>Reduce Healthcare Associated Infections</td>
<td>0.82</td>
<td>0.91</td>
<td>0.86</td>
<td>0.76</td>
</tr>
<tr>
<td>Reduced Total Falls per 1000 patient days</td>
<td>2.77</td>
<td>2.85</td>
<td>2.76</td>
<td>2.70</td>
</tr>
<tr>
<td>Achieve Top Performance in Clinical Programs</td>
<td>91%</td>
<td>88%</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>Improve System Reliability</td>
<td>7</td>
<td>6-7</td>
<td>8-9</td>
<td>10-12</td>
</tr>
<tr>
<td>Reduce Readmissions in Pneumonia, HF and AMI patients</td>
<td><strong>13.38% AMI</strong></td>
<td><strong>11.33% AMI (-7)</strong></td>
<td><strong>10.20% AMI (-8)</strong></td>
<td><strong>7.16% AMI (-22)</strong></td>
</tr>
</tbody>
</table>
Burn Unit Process Improvement in HAI Reduction

• Achievement – surpassed historical best for days without CLABSI at 131 days this month
• Achievement – Past 3 months without an HAI
• Achievement – participation in CAUTI reduction pilot
  – Jan-May 2012 – 8 CAUTI’s
  – Jan- May 2013 – 1 CAUTI
• How did they do this?
  – They took ownership of the problem and had awesome support from the medical team and the unit leadership
Action Steps

- Maintain vigilance toward the processes of care to reduce adverse events.
- Balance systems and individual accountability
- Value open communication, transparency, continuous learning and improvement.
- Reduce infection rates by washing hands and adhere to good clinical practices.
Mortality
Improve O/E mortality rate

Culture
Pioneer Programs
Safety Climate
Survey

Safety
Healthcare
Acquired Conditions
  Infections
  Falls
  Pressure Ulcers
Employee Flu
Vaccination

Reliability
Consistent performance to expected standards
  Hand Hygiene
  Core Measures (AMI, HF, PN)
  Readmissions

Adopt Baldrige Criteria
Prepare for Level 4 - Excellence TNCPE and Baldrige Award
Growth & Finance Pillar

- Q3 Volume Results
- FY14 Volume Overview

We invest our resources in a manner that supports our long-term obligation to society; to achieve local, national and worldwide impact in improving health.
## Growth & Finance Pillar: FY13 Results

<table>
<thead>
<tr>
<th>FY13 Goal</th>
<th>FY13 Threshold</th>
<th>FY13 Target</th>
<th>FY13 Reach</th>
<th>FY13 YTD May Actual</th>
<th>FY13 YTD May Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Discharges</td>
<td>56,585*</td>
<td>56,868</td>
<td>✔️ 57,152</td>
<td>52,863</td>
<td>51,755</td>
</tr>
<tr>
<td>Ambulatory Visits</td>
<td>1,743,024*</td>
<td>1,760,454</td>
<td>✔️ 1,778,059</td>
<td>1,688,661</td>
<td>1,604,304</td>
</tr>
<tr>
<td>Surgical Operations (inc CSSC/NSC)</td>
<td>59,185*</td>
<td>59,333</td>
<td>✔️ 59,481</td>
<td>54,894</td>
<td>54,155</td>
</tr>
<tr>
<td>Days in AR – VMG</td>
<td>34</td>
<td>33</td>
<td>✔️ 32</td>
<td>31</td>
<td>34</td>
</tr>
<tr>
<td>Days in AR – Hospital &amp; Clinic</td>
<td>44</td>
<td>43</td>
<td>42</td>
<td>45</td>
<td>44</td>
</tr>
<tr>
<td>FY14 PILLAR GOALS</td>
<td></td>
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<tr>
<th>Hospital Discharges</th>
<th>Ambulatory Visits</th>
<th>Inpatient Surgical Ops</th>
<th>Days in AR (VMG)</th>
<th>Days in AR (Hospital &amp; Clinic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>58,824*</td>
<td>1,807,401*</td>
<td>23,367*</td>
<td>34</td>
<td>44</td>
</tr>
</tbody>
</table>

**FY14 Threshold | * = FY14 Budget**
✓ Innovation Pillar

- Q3 Results
- FY14 Overview
Innovation Pillar FY13 Quarter 3 Project Updates

- LOS O/E is below Threshold at .842

PREDICT
- Continue to make advancements in clinical practices with genomics and have integrated decision making with genomics in 5 areas
- Beginning to obtain reimbursement from payors

Value Based Care
- Kept health plan increases to 3.04% (Threshold)
- Development of Outpatient pharmacy formulary continues

Diagnostic Management Team – continues to expand and has met at least Target on all goals

Integrated Presence – expanding beyond Burn ICU to Pediatric Cardiac Care

MyHealthTeam@Vanderbilt
- Increased focus on high risk patients not at goal
- Increasing panel size
New Developments In Information Technology

Informatics

- New Vision for Informatics
- Next Gen Clinical Apps
- Improve:
  - User Experience
  - Clinical Documentation
  - Decision Support
  - Care Coordination
- “Powered By Vanderbilt”

Vanderbilt Information Technology

- New Division, New Leadership
- Will serve entire Vanderbilt enterprise
- Robust IT Infrastructure
- Go live, July 1
- Centralized expertise and resources
Length of Stay O/E Index

Improve the ratio of observed to expected length of stay (LOS) for hospital patients

Vanderbilt Health Benefit Plan

Improve performance of the Health Benefit Plan

Collaborate with the Plan to reduce costs

Value of Innovation Projects

Track value of all Innovation projects for Payors, Patients, and VUMC