Presenting Statit to a New Physician for a Successful Implementation

Facilitated by:

Guy March, Midas+ Solutions Statit Product Lead





2015 Midas+ Annual Symposium "Insight-Driven Transformation"





Statit Implementations Where To Begin

Sarah Beaulieu MCSM, CIS Analyst St Joseph Healthcare Bangor Covenant Health Systems



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Who We Are

- St Joseph HealthCare Bangor ME
 - 112 Bed Acute Care Facility
 - Approximately 150 +/- OPPE "files"
- Covenant System Member
 - St Joseph's Nashua NH
 - St Mary's Lewiston ME



St. Joseph Healthcare



ST. JOSEPH HOSPITAL

Paper, Paper, and More Paper

Look Familiar?





Data

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4	Volume	Volume as Consultant: Total inpatients seen in consultation	250.1276 1 57	~
5	Volume	Volume as Consultant: Acute Care only	VIII X V	
6	Volume	Volume of Outpatient Procedures/Short stay	80 276 1	$ \rightarrow $
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11	Acuity	Average CMI as prin proc provider, Acute Care	DataVisic	1.37
12	SysBPr	Average LOS as Attending (Acute Care)	DataVision	120
13	SysBPr	Average LOS as Prin Proc Prov (AC)	DataVision	239.72
52	**	Inpatients Arithmetic Mean LOS Outlier	DataVision	175 2
14	SysBPr	% Readmission within 30 days as attending (Acute Care)	DataVision	0
15	SysBPr	% Return to Surgery as Prin Proc Prov (Acute Care)	DataVision	
	SysBPr	Discharge disposition by Attending Prov	DataVision	
16	SysBPr	Cost/RW as Attending	DataVision	CDBR:103
	SysBPr	Clinical outcome profiles	DataVision	
17	SysBPr	Cost/RW as Prin Proc Provider	DataVision	CDBR:103
	SysBPr	Transcription Report		
18	PC	Deaths as Attending (Acute Care)	DataVision	CDBR:103
19	PC	Deaths as Principal Procedure Provider (Acute Care)	DataVision	CDBR:103
20	PC	Mortality Rate as Attending (Unadjusted, Acute Care)	DataVision	CDBR:103
21	PC	Mortality Rate as Prin. Procedure Provider (Unadjusted-AC)	DataVision	CDBR:104
22	PC	Mortality Rate of Pts w/ Maj Complications as Attending	DataVision	CDBR:104

Data

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Communication with staff Old School New School



Preparing for Implementation

Start at the END

- Users, Interview
 - ≻VPMA
 - ➤ Chiefs
 - Department Directors

➤ Staffing

- > Who will manage?
 - piMD (Departments)
 - PPR (Providers)

Wants vs. Needs

- □ Monthly Stats
- Regulatory Requirements
- Contracted Services

□Housekeeping

- Provider Dictionary Cleanup
- □Indicator Clean Up (CM)
- □Know Your Data (DV)

Housekeeping is the constant



to quality data

Thanks for attending Are there any questions?



Sarah Beaulieu CIS Analyst, MCSM sarah.beaulieu@sjhhealth.com Corey Zimmerman, RN Clinical Quality LEAN Liaison Statit PPR Manager corey.zimmerman@sjhhealth.com



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Presenting Statit to a New Physician for Successful Utilization

Brittany Jones RN, St. Mary's Healthcare System, Athens, GA Mary McCann RN, MSLIS, MBA, Trinity Health, Livonia, MI



Trinity Health Our diversified network extends across the full continuum of care



- 86^{*} Hospitals in 21 states
- 128 Long-term care, assisted, independent living and affordable housing communities
 - 44 Home Care Agencies
 - 14 PACE Centers
 - 70 Other Continuing Care Facilities
- Nearly 2.8 million home health/hospice visits

\$13.6 billion in revenue Almost \$900 million in community benefit ministry 89,000 full-time employees

3,300 employed physicians

22,890 affiliated physicians





- 196-bed Acute Care Hospital in Athens, GA
- Home Healthcare
- Acute Inpatient Rehabilitation
- Inpatient Hospice House
- Retirement Community
- Alzheimer's and Dementia Care Center
- Multiple physician practices
- Joint Commission Certified Advanced Primary Stroke, Heart Failure, Total Hip, Total Knee, Inpatient Diabetes and Spine
- Freestanding Outpatient diagnostic, Rehab and Wellness Center
- Welcoming our first Internal Medicine Residents this Fall
- Acquired a 25-bed Critical Access Hospital in 2013
- In process of purchasing 75-bed hospital in North Georgia

Statit Stats

2014

- Statit rolled out to 8 of 12 departments.
- 278 of 356 Physician reviews completed in Statit

2015

Included an outside data source in the physician review!

Building Engagement

Respect Their Time

- Present very briefly at Med Exec Committee
- Put job aids in MSO and Library... wherever they are likely to want to log on to Statit.
- Email instruction sheet along with review reminder
- Design with minimizing the number of clicks and screens as a goal

Building Engagement (continued)

Build on the Familiar

Set up accounts using their established Usernames

Need-to-Know Basis

Provide 1:1 support when and where they need it.

Building Engagement (continued)

Power in their Hands

Build the drilldowns so they can own their data

Meaningful Metrics

Track measures that they think are important.

Thanks for attending. Are there any questions?

Brittany Jones, RN, Midas Coordinator bjones@stmarysathens.org Mary McCann, TIS Senior Manager- Midas mmccann@trinity-health.org



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Presenting Statit to a New Physician New Provider Engagement and Orientation

Rachel Karpinsky, JD – Performance Improvement Engineer – Accreditation Debra Randall, BSN, RN – Quality Informatics Specialist



Who are we?



Process flow charts – FPPE New Providers

New Provider Joins MCHS -FH

• Provider requests privileges.

• Provider's request is approved by the Credentialing Committee and provider is placed on FPPE.

FPPE Process Begins

• Provider is added to Statit.

- •The Performance Improvement Engineer Accreditation creates case review forms in Midas.
- •Ten case review forms are sent to the Division Medical Director or Designee to complete.
- •Two proctor forms are sent to the Division Medical Director or Designee to complete for procedural specialties.

FPPE Process Continues

- MSEC communicates with the provider's departmental director and supervisor to obtain the names of individuals the provider works with.
- MSEC sends the provider's peers a survey about professionalism.
- •The survey results are collected through Midas and placed on the provider's Statit profile.

FPPE Results Reviewed

- MSEC collects case review forms, proctor forms, and reviews survey results.
- •Case review results are entered into Midas and are displayed on the provider's Statit profile.
- MSEC fills out an FPPE completion form and sends it to Physician Services.

FPPE Results Voted On

- Physician Services places the providers with complete FPPE on the agenda for Credentialing Committee.
- Credentialing Committee reviews the providers and discusses any issues.
 Credentialing Committee votes to move the providers to OPPE status or requests the providers stay on FPPE and discusses what additional FPPE will be required.

FPPE Continues or OPPE Begins

- Providers approved by Credentialing Committee will move to the OPPE process and be reviewed every six months.
- Providers voted to stay on FPPE will complete additional requirements as determined by Credentialing Committee or the Division Medical Director and/or designee and be brought back to Credentialing Committee once those requirements are met.

Process flow charts – OPPE

OPPE Data Collected

- Data is collected using Statit and Midas continuously for all providers.
- •The data is displayed by provider in Statit.
- •The data collected is tailored by department.

OPPE Data Reviewed

The Division Medical Director and/or his/her designee review each provider's data in Statit every six months.
The Medical Director or designee write a review of the data at the bottom of the profile.

OPPE Review Outcomes

- Most providers have acceptable data/reviews and remain on OPPE.
- Providers remaining on OPPE will be reviewed again in six months.

OPPE Review Outcomes

If a provider has unacceptable Statit data, he/she is placed on FPPE, and the FPPE process for established providers is followed.
OPPE Reviews and Statit data are shared with Physician Services at the time of reappointment (every two years) and are included in discussions on reappointment during Credentialing Committee meetings.

Process flow charts – FPPE Established Providers

FPPE is Triggered

- During OPPE reviews, which occur every six months, each provider's Statit data is reviewed by his/her Division Medical Director or designee.
- During the OPPE reviews, performance issues are identified when data outside an acceptable range is found.
- •Performance issues are identified in alternative ways including peer review cases, risk cases, and problems that are communicated to the provider's leadership.

FPPE Requirements are Determined

- •The Division Medical Director communicates to the Performance Improvement Engineer - Accreditation that FPPE is needed for a provider.
- FPPE requirements are determined. Examples include education, communication courses, performance counseling, and proctoring/coaching.

FPPE Plan Implemented

- •MSEC works with the Division Medical Director or designee to coordinate the required FPPE.
- MSEC documents FPPE and collects any FPPE documentation.

FPPE Results Reviewed

• FPPE results are reviewed and discussed at Credentialing Committee.

FPPE Vote

•Credentialing Committee and the Division Medical Director and/or his/her designee determine whether the provider has successfully completed FPPE, should remain on FPPE, or his/her privileges should be limited or revoked.

FPPE Outcome

- •The provider is removed from FPPE and placed on OPPE where he/she will be reviewed every six months; or
- The provider remains on FPPE and completes additional requirements; or
- •The provider's privileges are limited or revoked.

Provider Responsibilities

- Staff Provider
 - Review his/her data in Statit at least monthly
 - Report data concerns via Statit
 - Engage in selection process for departmental measures

- Physician Leader
 - Analyze data for his/her service/specialty group
 - Complete periodic reviews within designated timeframe

Provider Expectations

- Data and peer reviews are confidential
- Data is accurate
- Data is relevant
- Data is timely
- Leaders give appropriate feedback to all staff

Engagement Activities

- Focused professional practice evaluation (FPPE) is discussed during the provider's orientation
- Physician leaders communicate measure selections and seek feedback from their peers
- Staff providers are shown how to respond to data and feedback

How Statit is used in our process

- Statit easily facilitates data validation
- Statit profile grouping allows the providers to compare themselves against peer groups
- Immediate notification of new data may be activated by the provider
- Statit provides an automated review process for medical staff

Example – Focused Professional Practice Evaluation (FPPE)

Indicator Performance by Class Status Indicator Score Score Alert Period My Score Indicator Trend Metrix Trend Multiple Indicators Indicators Indicators F- Professionalism F- Profesi
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Example – Ongoing Professional Practice Evaluation (OPPE)

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Statit	Printable Vers	sion		Profile for SERVICE: FSH GENERAL SPOFILE LAST SUR GENERAL Profile last viewed by Provider: 02/24/2015	SURGER	Y	edaed						
Find Indicators Indicator Performance by Class			Status	Indicator	My Score	Peer		SPC Alert	Current Period	12 Mont My Score	h Values Start		
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Schedule Reviews			🔹 — Medicatio	n Reconciliation - Hospital Discharge - By Provider	100.0%	99.2%	95.0%		Feb-15	97.8%	Apr-14		
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Data Quality and Reporting			E - Interpersonal	and Communication									
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	May 02, 2014		Exceptional Performance	is a very hard working, patient focused and safety driven his leadership role and improving collaboration with other specialties.	surgeon. I	His effor	ts in imp	proving	g patient saf	ety is comm	endable. He	continues to mature i	in
	Dec 08, 2013		Exceptional Performance	annual review on 8/20/13, including a	review of	his Statit	data. T	he Pro	vider's perfo	ormance mee	ets expectati	ons.	
	Feb 27, 2013		Exceptional Performance	The Provider's performance meets expectations. It is a com is more involved with team building and collaboration.	passionate	e, innovat	tive phy	/sician	and a great	surgeon. His	s leadership	skills are maturing as	he
	Oct 12, 2012		Exceptional Performance	The Provider's performance meets expectations. It is very in satisfaction scores. He is a leader within his department and the organiz						mprovement	projects. He	has high patient	_
	Oct 12, 2012		Exceptional Performance	The Provider's performance meets expectations. This review was comple	ted by I								
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Lessons Learned

- Physician support is key both leaders and staff
- Remember the purpose is recruiting and retaining *high quality* providers
- Statit helped us to coach our providers to their maximum performance with timely feedback
- Low volume and unique provider groups still offer challenges

Thanks for attending. Are there any questions?

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