Presenting Statit to a New Physician for a Successful Implementation

Facilitated by:

Guy March, Midas+ Solutions Statit Product Lead

Statit Implementations Where To Begin

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

Midas+™
2015 Midas+ Annual Symposium
"Insight-Driven Transformation"
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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

ST. JOSEPH
HOSPITAL

ST. MARY'S
HEALTH SYSTEM

Paper, Paper, and More Paper

Look Familiar?

Data Data Data

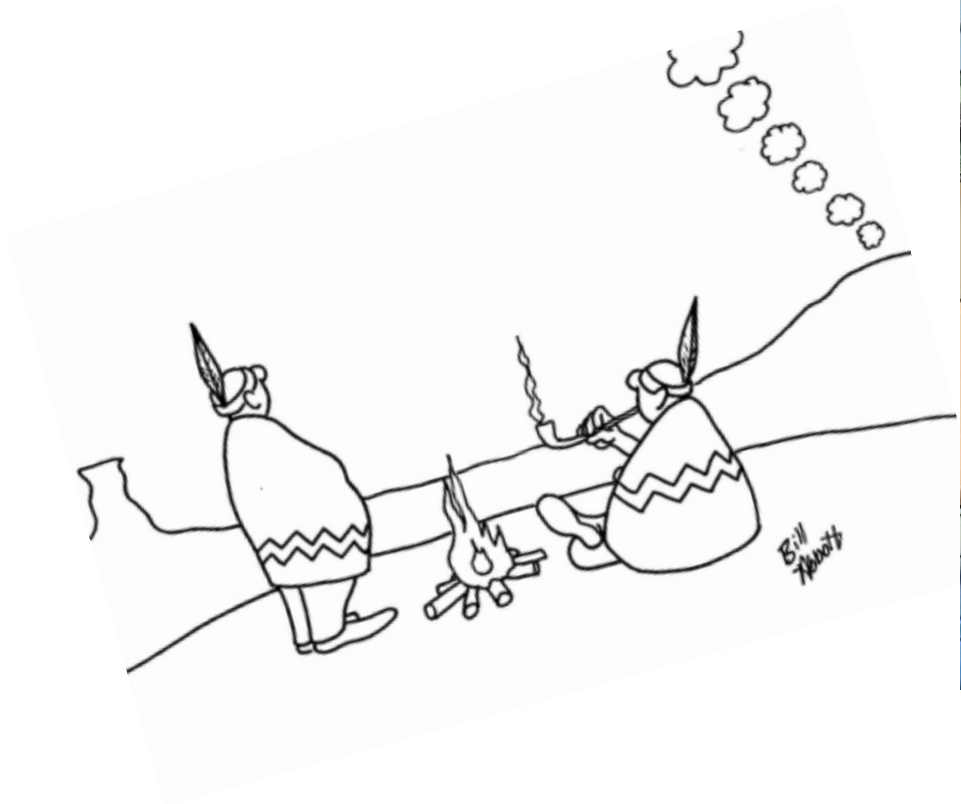
1	Volume	Volume as attending: All patients		
2	Volume	Volume as attending (Acute care)		
3	Volume	Volume as Attending Outpatient/Short Stay		
4	Volume	Volume as Consultant: Total inpatients seen in consultation		
5	Volume	Volume as Consultant: Acute Care only		
6	Volume	Volume of Outpatient Procedures/Short stay		
7	Volume	Volume: Total Procedures performed,acute, non-acute, short stay and o…		
8	Volume	Volume as Principal Proc Provider (Acute care)		
9	Volume	Volume of Procedures as Proc Provider		
10	Acuity	CMI as attending (Acute care)	Da…	
11	Acuity	Average CMI as prin proc provider, Acute Care	DataVisi…	
12	SysBPr	Average LOS as Attending (Acute Care)	DataVision	
13	SysBPr	Average LOS as Prin Proc Prov (AC)	DataVision	
52	**	Inpatients Arithmetic Mean LOS Outlier	DataVision	
14	SysBPr	% Readmission within 30 days as attending (Acute Care)	DataVision	
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:1034
	SysBPr	Clinical outcome profiles	DataVision	
17	SysBPr	Cost/RW as Prin Proc Provider	DataVision	CDBR:1033
	SysBPr	Transcription Report		
18	PC	Deaths as Attending (Acute Care)	DataVision	CDBR:1037
19	PC	Deaths as Principal Procedure Provider (Acute Care)	DataVision	CDBR:1039
20	PC	Mortality Rate as Attending (Unadjusted, Acute Care)	DataVision	CDBR:1038
21	PC	Mortality Rate as Prin. Procedure Provider (Unadjusted-AC)	DataVision	CDBR:1040
22	PC	Mortality Rate of Pts w/ Maj Complications as Attending	DataVision	CDBR:1042

Jan 2014	Feb 2014	Mar 2014	Apr 2014
1.412	1.455	1.425	1.409
450.2725	411.7175	434.6343	470.5387
319	283	305	334
1.412	1.455	1.425	1.409
450.2725	411.7175	434.6343	470.5387
319	283	305	334
1.361	1.48	1.352	1.298
246.2768	232.4105	236.573	279.1384
181	157	175	215
1.39	1.501	1.37	1.305
250.1276	232.7107	239.7231	238.9029
180	155	175	183

A	B
Congestive Heart Failure - Cost, Overall	
Sepsis, Severe - Cost, Overall	CDBR:166-8
Sepsis, Simple - Cost, Overall	CDBR:333-8
Sepsis, Any Diagnosis - Cost, Overall	CDBR:338-8
Sepsis, Principal Diagnosis - Cost, Overall	CDBR:387-8
COPD - Cost, Overall	CDBR:383-8
	CDBR:294-8
Acute Myocardial Infarction - Cost, Overall	
Congestive Heart Failure - Cost, Overall	CDBR:166-8
Septic Shock - Cost, Overall	CDBR:166-8
Sepsis, Simple - Cost, Overall	CDBR:333-8
Sepsis, Principal Diagnosis - Cost, Overall	CDBR:338-8
Acute Respiratory Failure - Cost, Overall	CDBR:383-8
Malnu - Cost, Overall	CDBR:173-8
COPD - Cost, Overall	CDBR:1883-8
Pneumonia, Adult - Cost, Overall	CDBR:294-8
	CDBR:178-8
Acute Myocardial Infarction - Cost, Overall	
Congestive Heart Failure - Cost, Overall	CDBR:166-8
Hysterectomy, Inguinal - Cost, Overall	CDBR:166-8
Septic Shock - Cost, Overall	CDBR:482-8
Malnu - Cost, Overall	CDBR:333-8
COPD - Cost, Overall	CDBR:1883-8
Pneumonia, Adult - Cost, Overall	CDBR:294-8
Pulmonary Embolus, Principal Diagnosis - Cost, Overall	CDBR:178-8
Cesarean Section - Cost, Overall	CDBR:272-8
Vaginal Delivery - Cost, Overall	CDBR:558-8
Pneumonia, Pediatric - Cost, Overall	CDBR:578-8
Hysterectomy, Inguinal - Cost, Overall	CDBR:1812-8
Hysterectomy, Inguinal - Cost, Overall	CDBR:151-8
Cesarean Section - Cost, Overall	CDBR:482-8
Induction of Labor, Vaginal Birth - Cost, Overall	CDBR:558-8
Vaginal Delivery - Cost, Overall	CDBR:866-8
	CDBR:578-8
Appendectomy, Pediatric - Cost, Overall	
Malnu, Pediatric - Cost, Overall	CDBR:146-8
Malnu, Pediatric - Cost, Radiology and Imaging	CDBR:148-1
Malnu, Pediatric - Cost, Pharmaceutical and Medical	CDBR:148-1
Malnu, Pediatric - Cost, Laboratory	CDBR:148-7
Dehydration, Pediatric - Cost, Overall	CDBR:148-8
Dehydration, Pediatric - Cost, Radiology and Imaging	CDBR:153-1
Dehydration, Pediatric - Cost, Pharmaceutical and Medical	CDBR:153-1
Dehydration, Pediatric - Cost, Laboratory	CDBR:153-7
Pneumonia, Pediatric - Cost, Overall	CDBR:153-8
Pneumonia, Pediatric - Cost, Radiology and Imaging	CDBR:1812-
Pneumonia, Pediatric - Cost, Pharmaceutical and Medical	CDBR:1812-
Pneumonia, Pediatric - Cost, Laboratory	CDBR:1812-
	CDBR:1812-
Hip Replacement, Total - Cost, Overall	
Knee Replacement, Total - Cost, Overall	CDBR:318-8
	CDBR:321-8

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?

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Clinical Quality LEAN Liaison
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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

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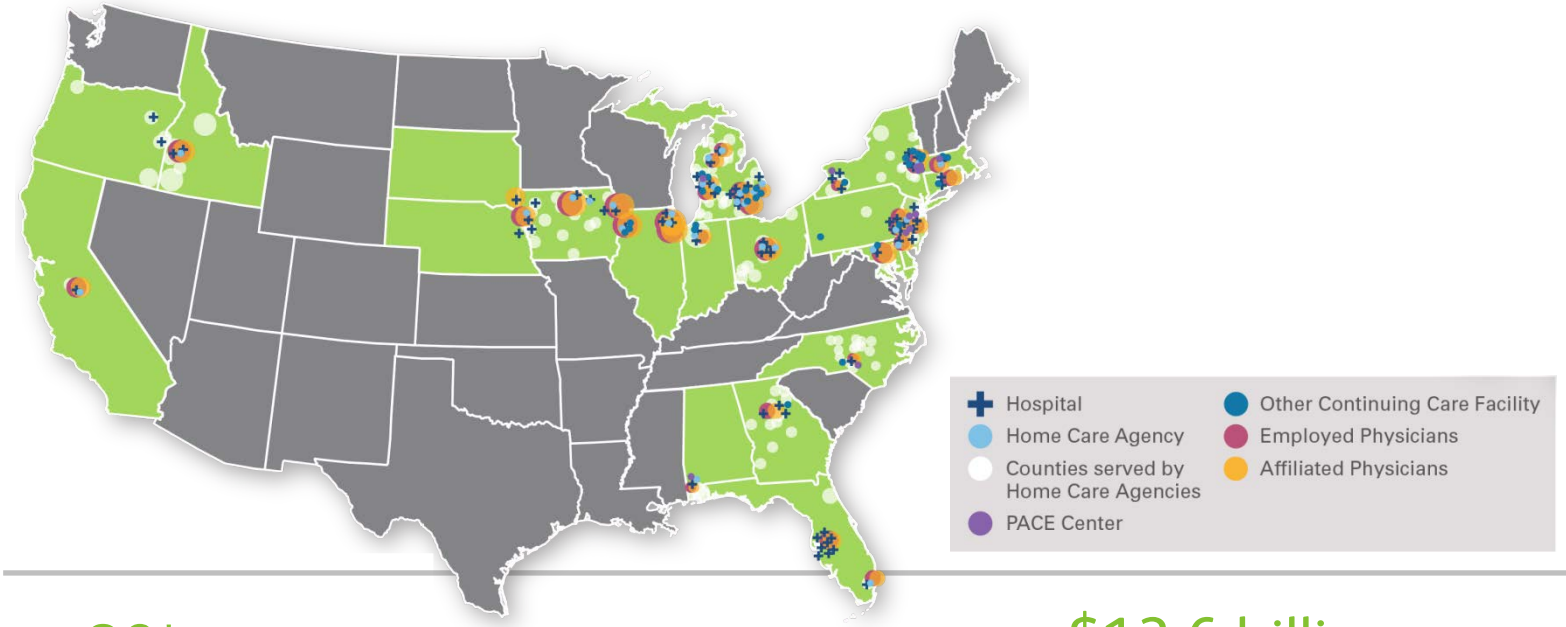
Trinity Health Our diversified network extends across the full continuum of care



- 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

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ST. MARY'S HEALTH CARE SYSTEM

- 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?

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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

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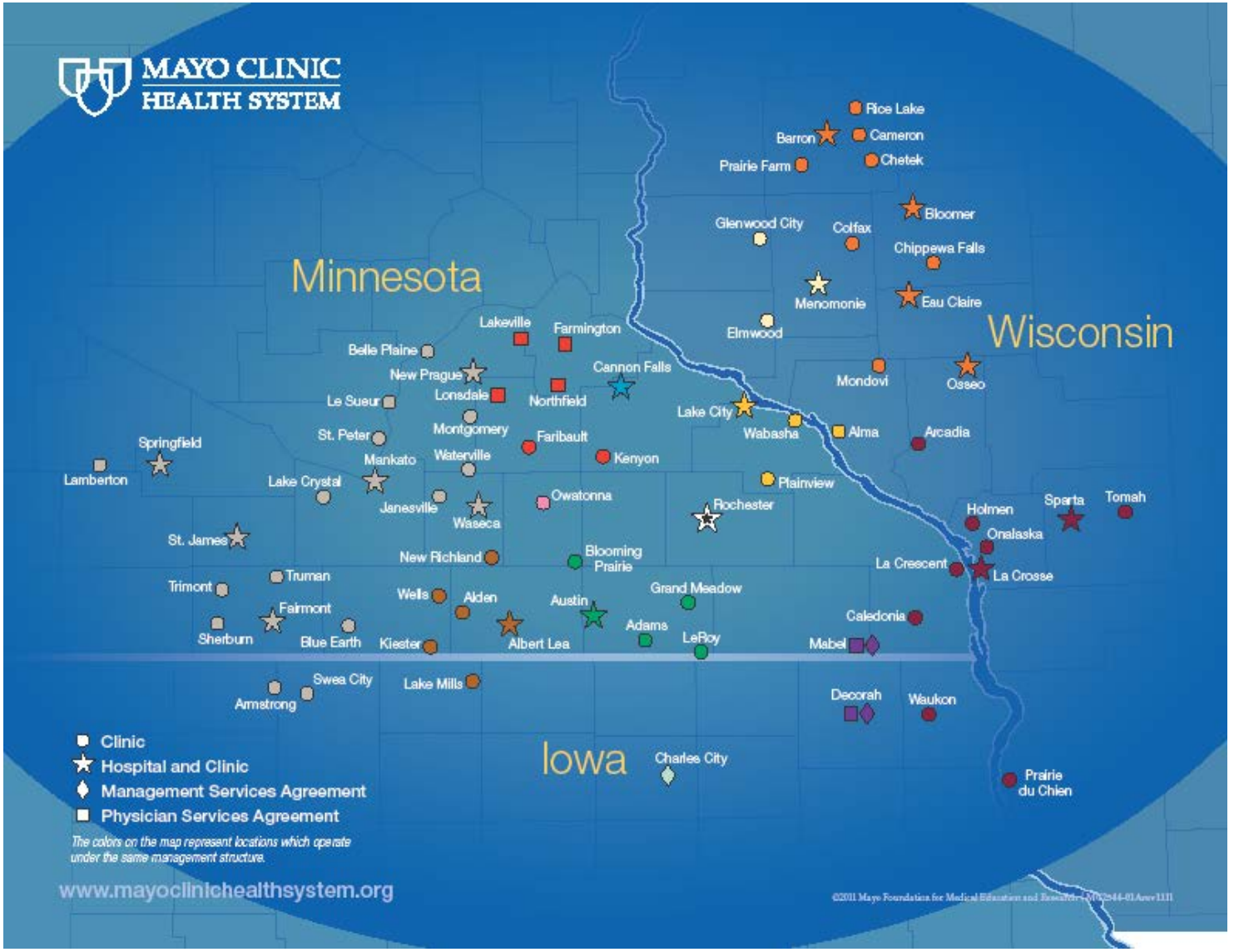
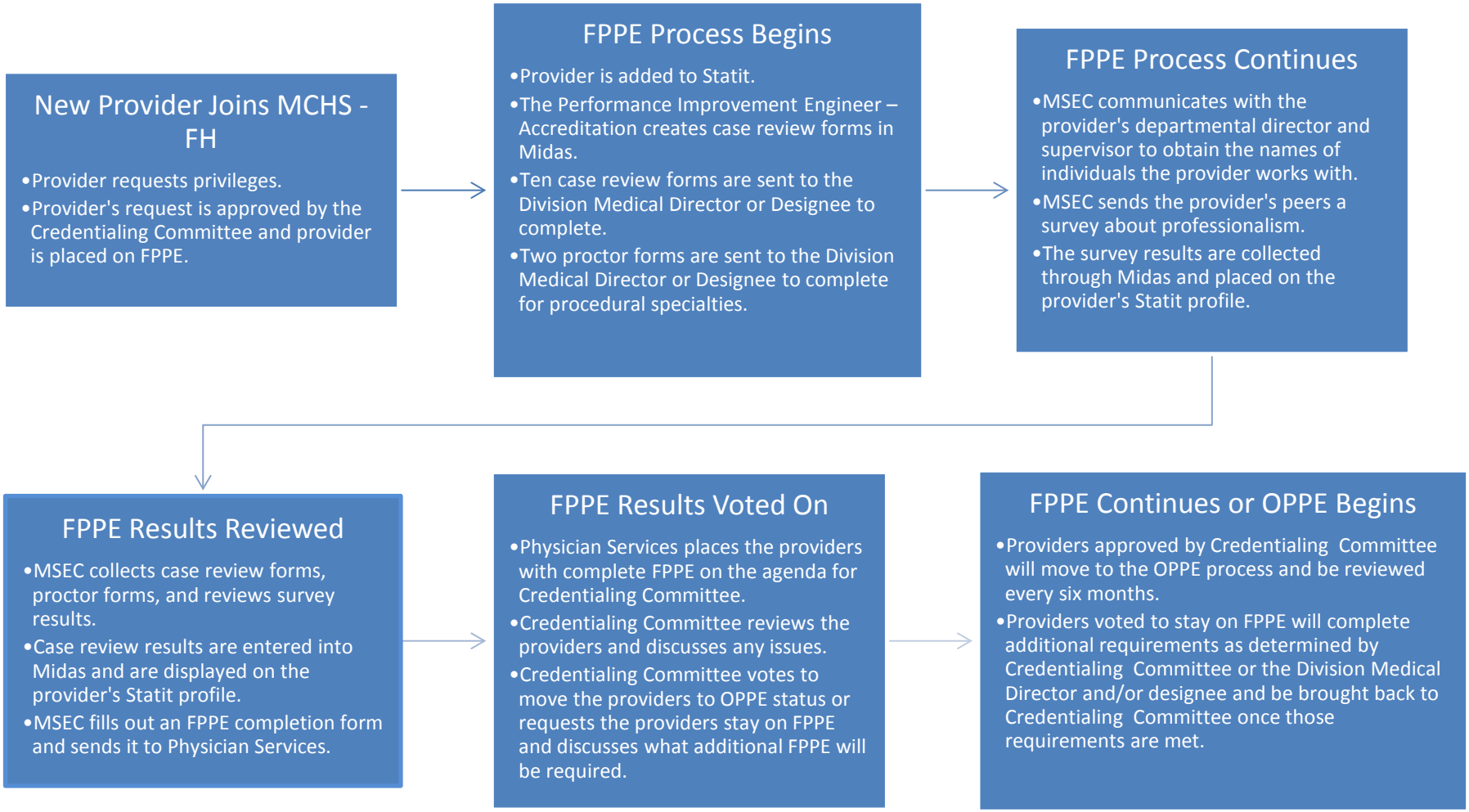
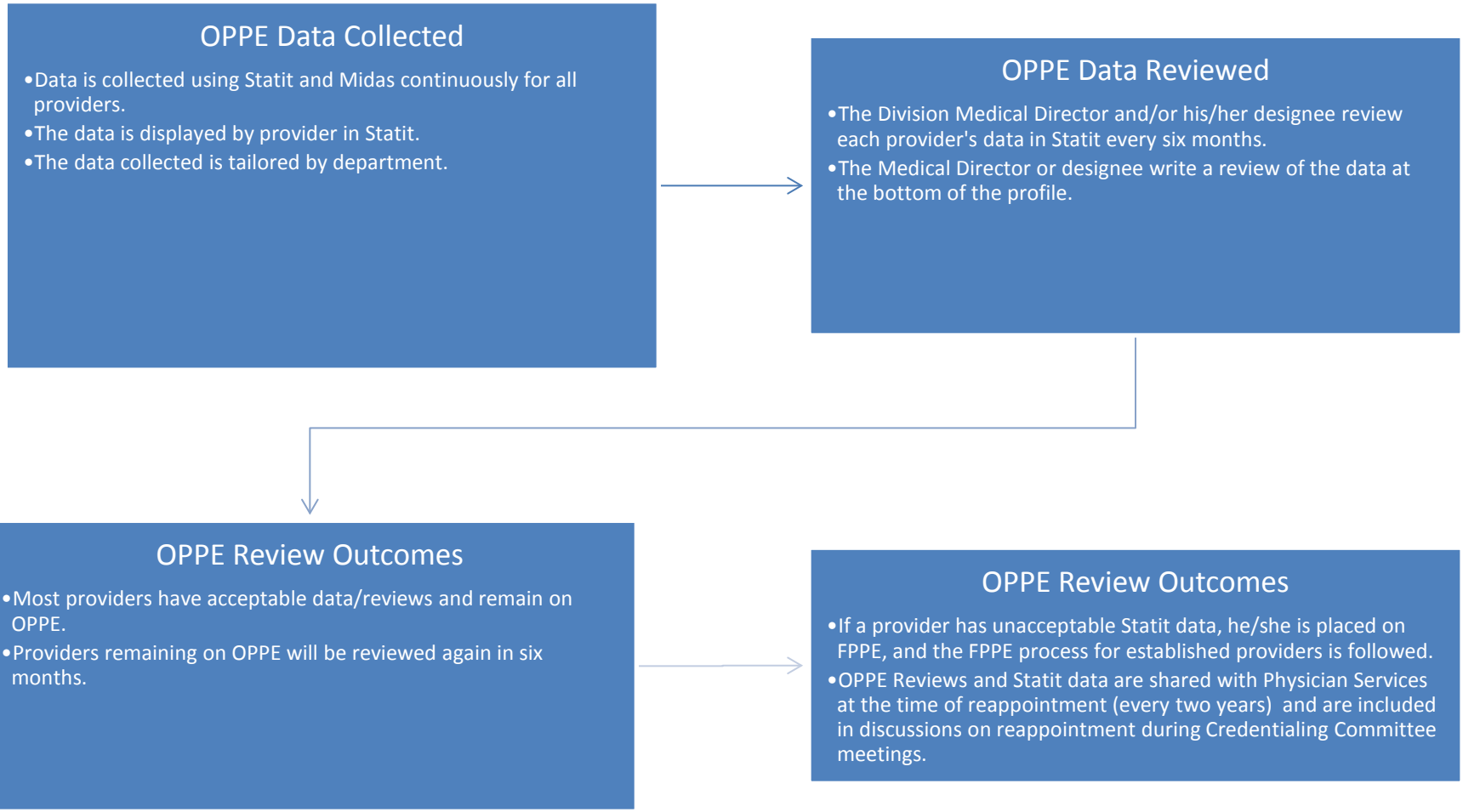
Who are we?


MAYO CLINIC
HEALTH SYSTEM
Minnesota
Wisconsin
Iowa
Rice Lake
Barron
Cameron
Prairie Farm
Chetek
Bloomer
Glenwood City
Colfax
Chippewa Falls
Menomonie
Eau Claire
Elmwood
Mondovi
Osseo
Lakeville
Farmington
Belle Plaine
New Prague
Cannon Falls
Lonsdale
Northfield
Le Sueur
Lake City
Wabasha
Alma
Arcadia
Montgomery
St. Peter
Faribault
Springfield
Mankato
Waterville
Kenyon
Lamberton
Lake Crystal
Janesville
Waseca
Owatonna
Plainview
Rochester
Holmen
Sparta
Tomah
Onalaska
St. James
New Richland
Blooming Prairie
La Crescent
La Crosse
Trimont
Truman
Wells
Alden
Austin
Grand Meadow
Fairmont
Caledonia
Sherburn
Blue Earth
Kiester
Albert Lea
Adams
LeRoy
Mabel
Swea City
Lake Mills
Armstrong
Decorah
Waukon
Charles City
Prairie du Chien
Clinic
Hospital and Clinic
Management Services Agreement
Physician Services Agreement
The colors on the map represent locations which operate under the same management structure.
www.mayoclinichealthsystem.org

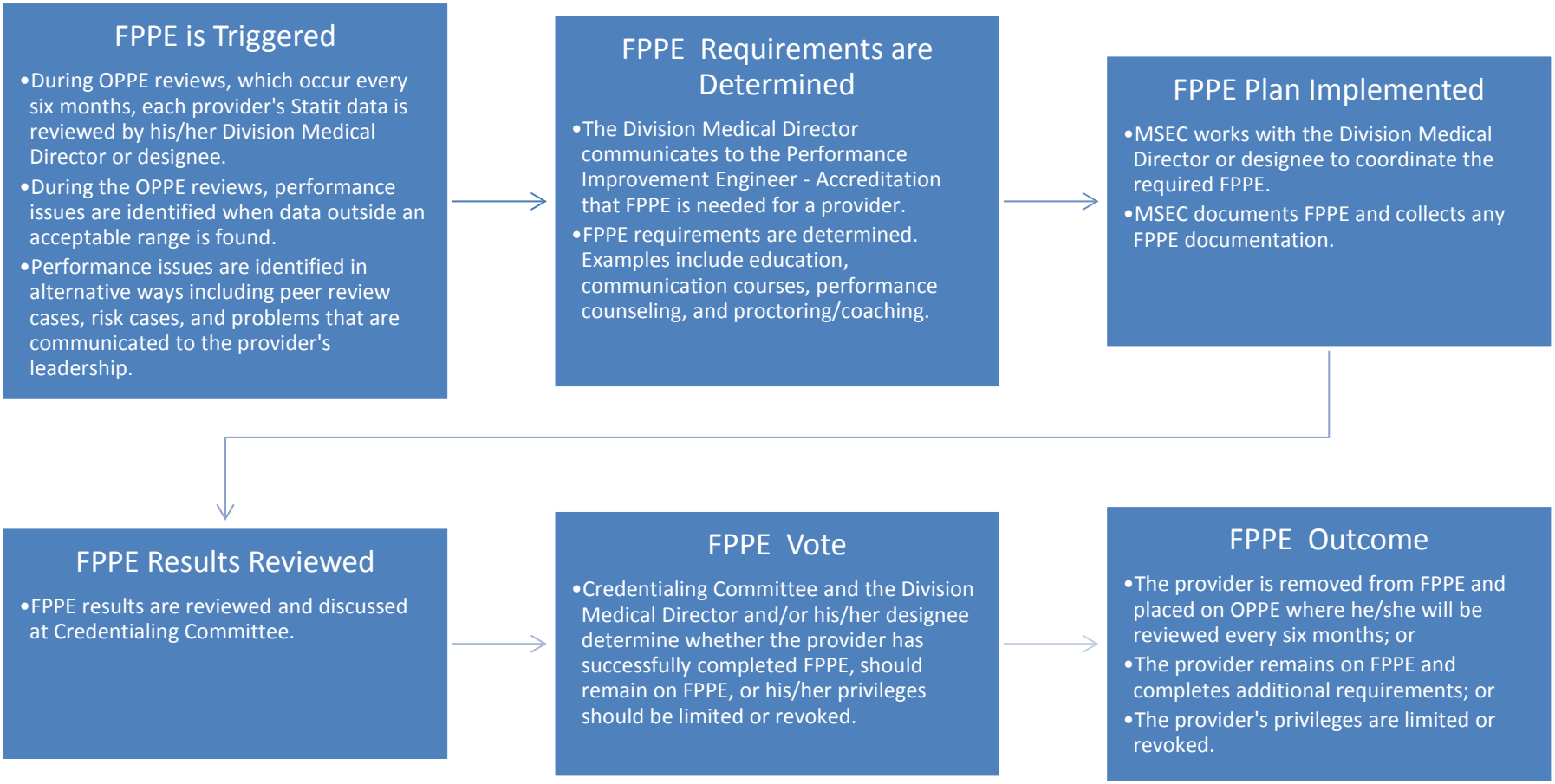
Process flow charts – FPPE New Providers



Process flow charts – OPPE



Process flow charts – FPPE Established Providers



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

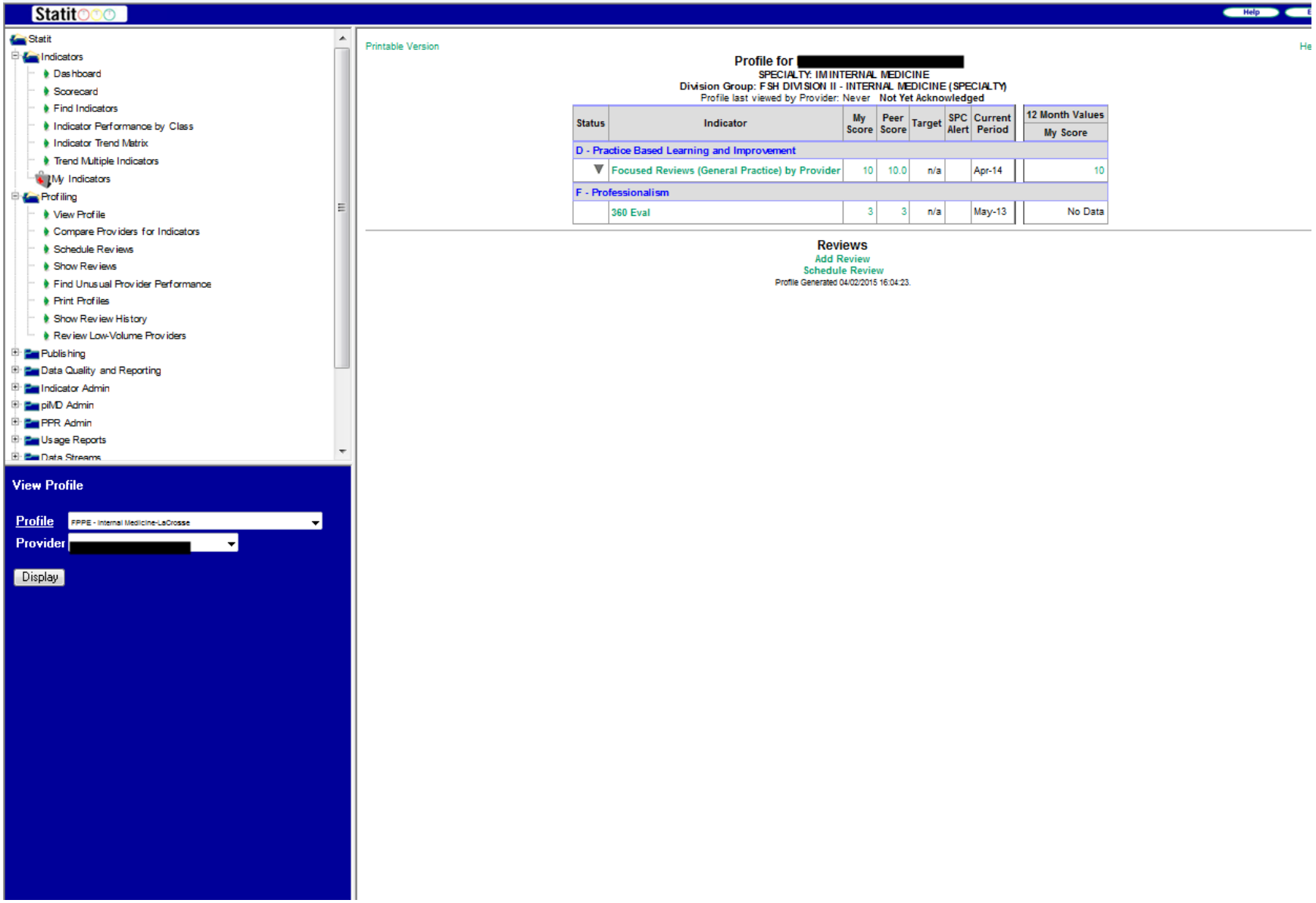
Engagement Activities

- 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

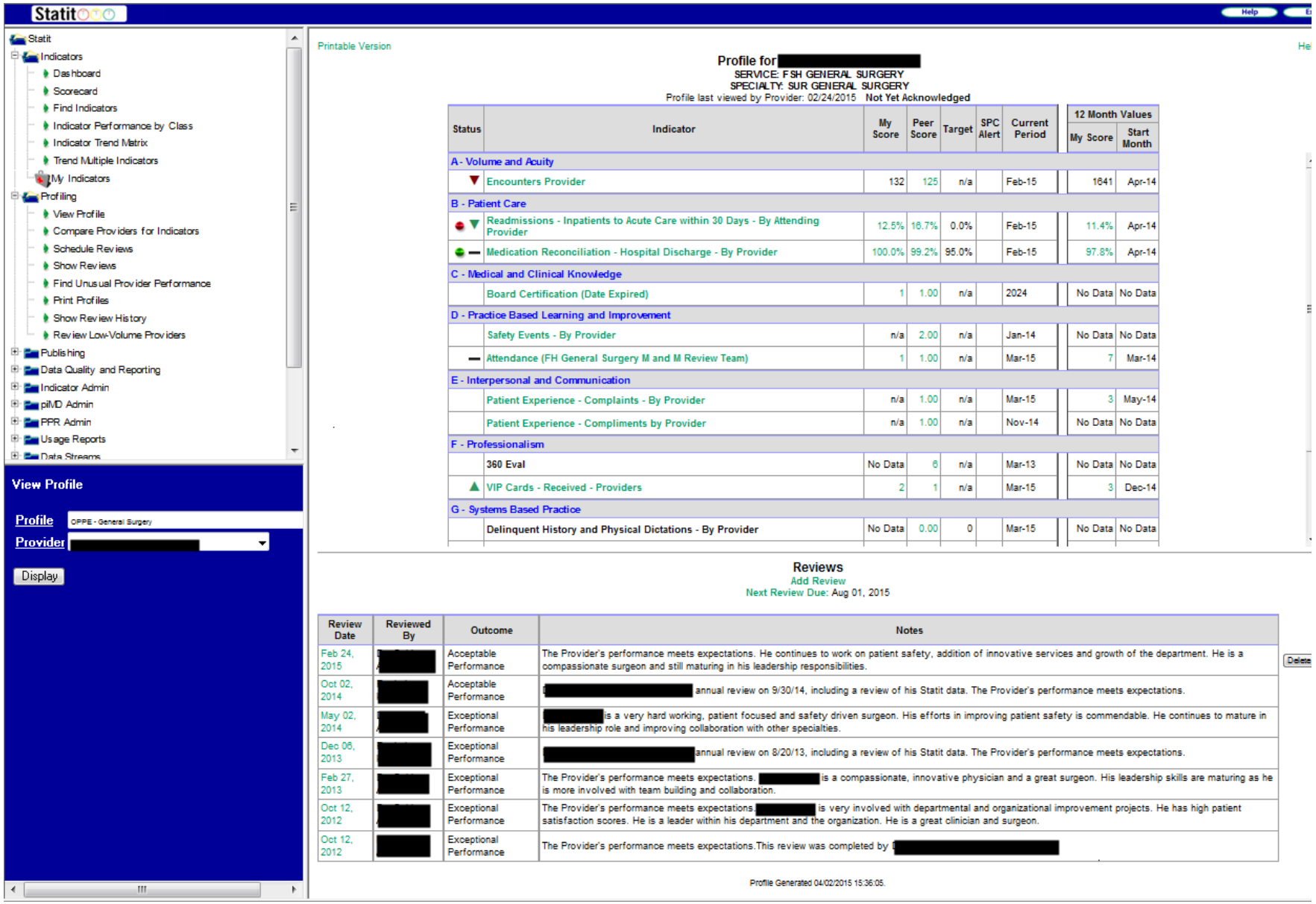
How Statit is used in our process

- 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)



Example – Ongoing Professional Practice Evaluation (OPPE)



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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