

**BIG** Dot, **Little** Dot:

**Defining Quality**

Michael Heenan, BA, MBA

Haajra Khan, BBA, MBA

Dorothy Binkley, BSc, MBA Candidate

Quality & Mission Committee of the Board

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# Presentation Overview

- Background: How We Got Here
- Methodology
- Defining Quality
- Big Dots: The Literature
- Big Dots: Specific Indicators or Categories?
- Connecting the Dots: SJHH Examples
- Proposed SJHH Process

# How We Got Here

## Board-Exec-MAC Retreat

# Adoption of IHI-Orlikoff Approach

- Boards adopt Definition of Quality
- Boards adopt Big Dots
- Boards frame data in Patient Credo
  - Don't Hurt Me
  - Heal Me
  - Be Nice to Me
- SJHH Work Plan Adopted by Governance

# Methodology

- Literature review
  - Institute for Healthcare Improvement white papers
  - Quality and Safety in Health Care journal
  - Ontario Hospital Association
  - Canadian Institute for Health Information
- Analysis of existing quality definitions:
  - Ontario Teaching Hospitals
    - Toronto General
    - Ottawa Hospital
  - US Teaching Hospitals and other Healthcare Institutions
    - Beth Israel Deaconess (USA)
    - Kaiser Permanente (USA)
    - Institute of Medicine (USA)

# Defining Quality:

Policy/Ministry Level Definitions vs. Provider  
Level Definitions



# Why we need to 'Define' Quality

The problem with the quality business has always been the lurking impression that we're talking about varying degrees of "goodness." In the secular world, people refer to "high-quality" restaurants and "low-quality" products and everyone pretends to know what that means.

But those of us who have to make quality happen must have a definition that's **manageable** and **measurable**. "Goodness" is neither.

-Philip Crosby



# What is a definition?

A statement expressing the essential nature of something.

- Variation across Industries
  - Products
  - Services
- Variation in Policy/Ministry and Provider Definitions





# Examples of Policy/Ministry Level Definitions

- **Institute of Medicine:**
  - The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge



# What others say—Provider Definitions



Provider Definitions	Safe	Timely	Effective	Efficient	Equitable	Patient-Centred	Environment	Outcomes
University of California San Francisco Medical Center	✓					✓		✓
Ottawa Hospital	✓					✓	✓	
Massachusetts General Hospital	✓				✓	✓		
Grand River Hospital	✓				✓	✓	✓	✓
Mayo Clinic	At Mayo Clinic, <b>quality is not just a simple measure</b> . Quality is a comprehensive look at <b>all aspects of a patient's experience</b> ...Quality at Mayo Clinic involves the <b>totality of a patient's experience</b> — from the first phone call to the last appointment.							

# Examples of Provider Definitions

- Ottawa Hospital:
  - Quality is providing the patient with appropriate, consistent health care in a clean and safe environment in which the patient is treated with respect
- University of California San Francisco
  - At UCSF, we define quality as:
    - Superior care and outcomes
    - Outstanding patient safety
    - Excellent service and patient satisfaction



# Moving towards an SJHH Definition

- At SJHH quality means....???
- Safety
- Patient Centeredness
- Equity
- The environment
- Respect/Dignity
- Best possible outcome



# Connecting the Dots

How do we operationalize the big dots?

An operational definition is a procedure agreed upon for the translation of a concept into measurement of some kind.

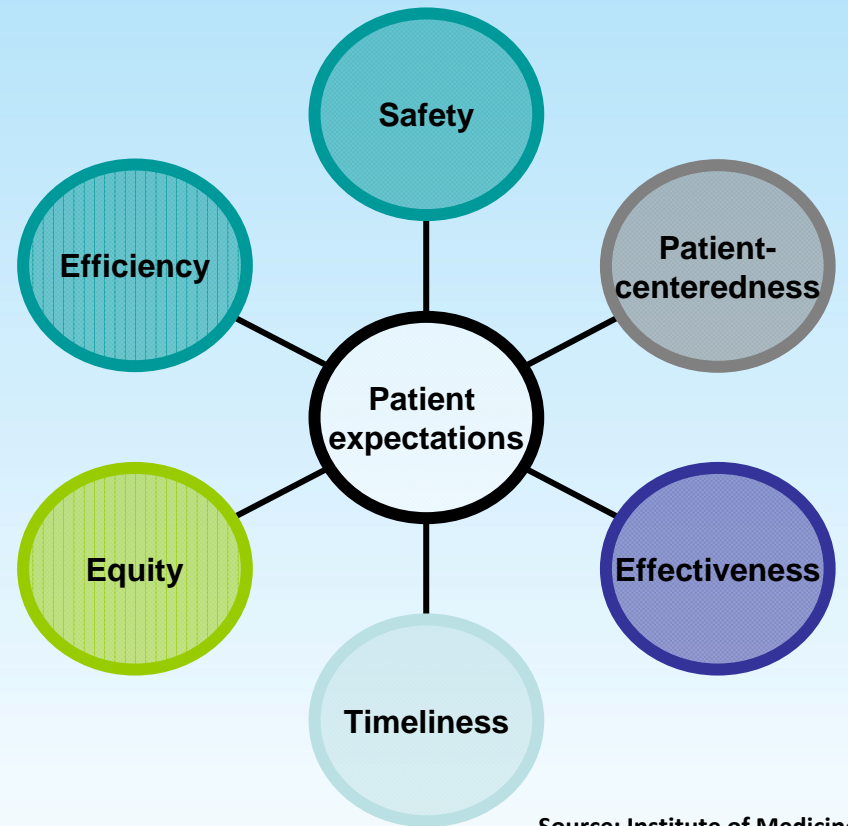
– *W. Edwards Deming*

# Big Dots:

## The Literature

# What are Big Dots?

- Whole-system measures used to evaluate overall organizational performance and the effectiveness of strategies
- Core processes or functions that patients expect from the organization
- Do *not* replace the Mission Excellence Scorecard



Source: Institute of Medicine



# Big Dot Approaches:

## Specific Indicators or Categories



## If it targets a specific program, it's not a Big Dot

- Big Dots reflect the overall quality of the healthcare system
- System-level is not disease or program specific
- Trustees must tackle system-level aims rather than individual projects
- Improving quality across the system cannot be achieved by creating one single “island of excellence”

**One of the best ways for the board to drive quality and safety is to *watch its dots*, by continuously asking the question “Are we getting better – are we on pace to achieve our aims?”**

- James L. Reinertsen, IHI Senior Fellow



# Big Dot Criteria

1. Institution-wide (not program specific)
2. Outcome driven (not a process indicator)
3. Connect to other “little” dots or processes (multifaceted)
4. Reflect the organization’s strategic priorities
5. Reflect the organization’s quality definition

Dot Assumption: Data can or will be collected regularly



# Big Dot Approaches

## Themed Categories (Patient Credo)

Heal Me

Don't Hurt Me

Be Nice To Me

## Clinical Categories (McLeod Health, S. Carolina)

Complications

Readmission

Mortality

## Strategic Categories

Patient Safety

Patient Flow

Mission Excellence

Financial Stewardship

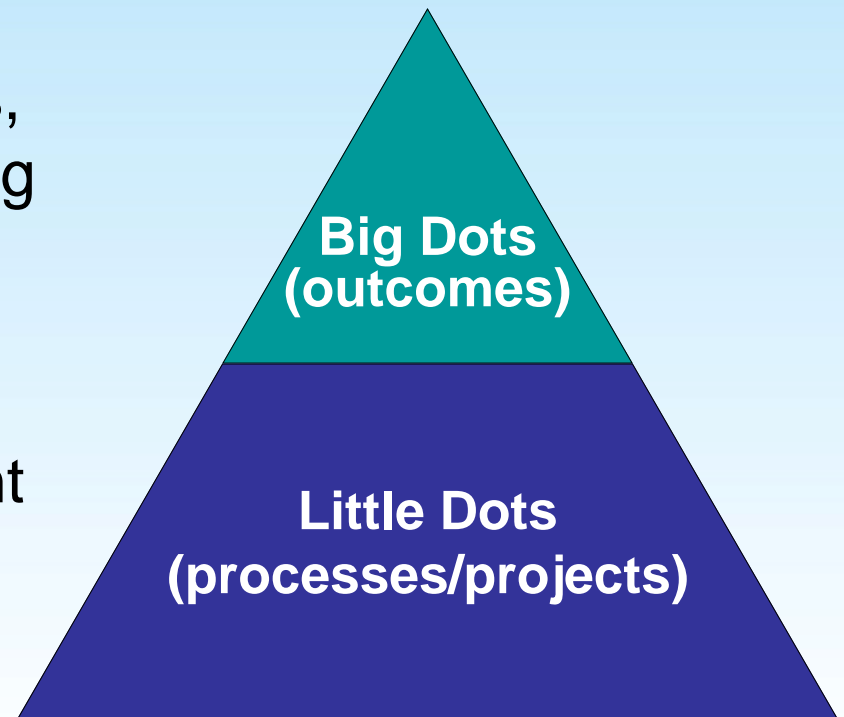
# Connecting the Dots:

## How a Big Dot Leads to Little Dots

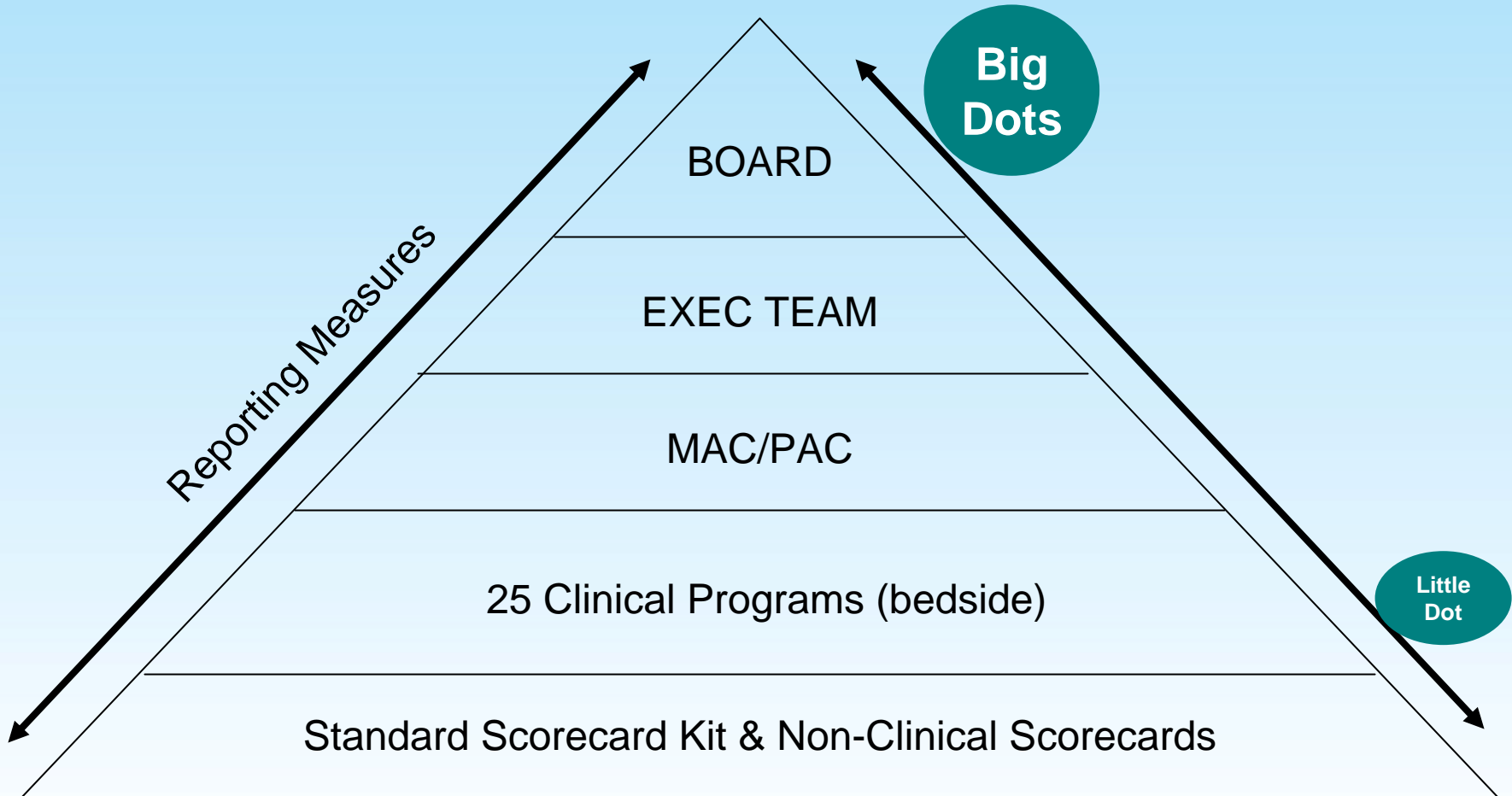


# How to connect the dots?

- Each Big Dot can be broken down into Little Dots
- Little Dots are defined and measurable process indicators, which help to operationalize Big Dots
- Little Dots are attached to the organization's improvement projects



# The Big Dot Cascade





# Example

**Board**

**Executive/MAC/PAC**

<b>Big Dot</b>	<b>Little Dots</b>
Hospital Standardized Mortality Ratio	Infections
	Medication Error
	Falls
Emergency Department Wait Times	Time to lab results
	Time to DI results
	ALC patients
Margin	Volumes
	Bed turns
	Sick time



# Big Dot, Little Dot:

How the SJHH Board has used dots to date

# Big Dot Dynamics

St. Joseph's Healthcare Hamilton		St. Joseph's Healthcare Hamilton Mission Excellence Scorecard					
<p>SJHH is dedicated to providing compassionate, sensitive care to our patients and their families and to achieving clinical, research, and academic excellence in health care through integrated health services and on-going commitment to education and research.</p>							
PERIOD: FY 2008-09 Q1 (April-June 2008)							
Service and Mission Excellence <i>Living our CARE commitment through: Compassion, Attitude, Responsiveness, and Excellence</i>				Excellence in Patient Care <i>Providing improved access to safe and high quality care through innovation and evidence based practice</i>			
	Previous Q	Current Q	Target		Previous Q	Current Q	Target
<b>Patient Satisfaction Overall Care Received</b>				<b>Patient Access &amp; Quality</b>			
Patient Satisfaction - Acute Care	91.1%	94.3%	93.4%	Volumes: Inpatient Cases	3,612	3,705	3,626
Patient Satisfaction - Surgical Care	91.9%	95.7%	93.4%	Volumes: Day Surgery Cases	9,238	10,246	8,894
Patient Satisfaction - Emergency Care	79.2%	73.8%	82.7%	Volumes: Emergency Department (ED) Visits	26,120	27,623	25,667
<b>Wait Times (in days)</b>				Acute Average Length of Stay (LOS)	4.80	4.70	5.00
Cancer Surgery (see graphs for detailed information)	75	74	84	Total Average Length of Stay (ALOS)	6.2	6.1	5
Cataract Surgery	104	93	182	Readmission Rate	3.5%	3.3%	3.3%
Hip Replacement	168	87	182	Average Resource Intensity Weight	1.66	1.67	1.91
Knee Replacement	248	137	182	Number of ALC Equivalent Beds	98	107	88
MRI	179	74	28	<b>Patient Safety</b>			
CT Scans	28	29	28	Hospital Standard Mortality Rate (HSMR)	98	66	76
<b>Emergency Department</b>				Ventilator associated Pneumonia Rates	7.77	7.34	15
Wait without being seen	5.2%	4.9%	2.0%	CCRT - Rate of Inpatient Codes per 1,000 admissions	2.48	4.83	5.00
ER LOS Less than 8 Hours - CTAS Levels I, II	55.9%	57.6%	60.9%	Infection Rate - MRSA	0.40	0.50	0.70
ER LOS Less than 6 Hours - CTAS Levels III	59.9%	63.0%	63.0%	Infection Rate - VRE	0.90	2.10	0.15
ER LOS Less than 4 Hours - CTAS Levels IV, V	58.9%	66.7%	64.1%	Infection Rate - c.Difficile	0.50	0.10	0.77
Wait Time to Inpatient Bed (Admitted Patients)	10.1	10.4	6.5	Central Line Infection Rate	3.2	1.4	6.9
% of patients with ED LOS beyond 24 hrs	5.3%	4.7%	2.0%	Surgical Site Infection Rates	1.45%	0.00%	1.45%
<b>Research</b>				% of chronic patients with new stage 2 or greater skin ulcers	8.5%	0.0%	8.6%
Total Research Funding	\$ 19,819,214.00	\$ -	TBD	Number of Reported Patient Incidents	572	523	500
Percentage of External Peer-Reviewed Funding	54.00%	0.00%	TBD	<b>Mental Health</b>			
Research Staff Repatriated to Campus	4	0	26	Acute Inpatient Volumes	438	436	430
				Acute Average Length of Stay (LOS)	15.97	15.51	16.00
				Acute Readmission Rate	4.38%	6.77%	7.50%
				Specialized MH Inpatient Volumes	168	189	198
				Specialized MH Average LOS	80.53	79.85	72.00
				Specialized MH Average LOS (excl. Forensics)	80.46	78.43	72.00
				Number of Physical, Chemical Restraints and Seclusions	25/208/88	682/75/368	TBD
<b>Financial Health</b> <i>Providing excellence in care through sound fiscal management</i>				<b>Work Life and Learning</b> <i>Promoting a healthy workplace environment, employee engagement, and continuous learning</i>			
	Previous Q	Current Q	Target		Previous Q	Current Q	Target
Total Margin (per GAAP)	-0.15%	-3.34%	-2.36%	Avg Sick Days per FT Employee	4.10	3.98	2.59
Revenue	\$ 118,612,020	\$ 104,246,488	\$ 103,381,095	Turnover Rate	1.70%	2.28%	2.00%
Expenses	\$ 118,784,428	\$ 107,733,346	\$ 105,815,728	HAA Target: % of Full Time Nurses	73.5%	72.3%	70.0%
Contribution	0.25	0.18	0.23	Overall Average Vacancy Rate - Nursing	7.81%	9.04%	0.00%
Total Margin (per Hospital Operations)	-1.33%	-2.22%	0.00%	Number of Employee Incident Reports	247	260	0

# HSMR – Board Quality Example

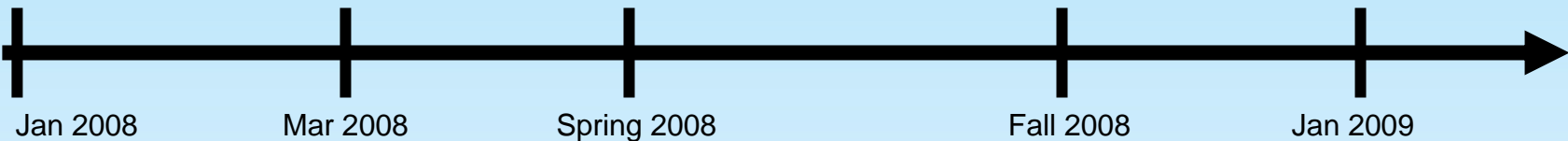
HSMR Score  
of 88 to Board

Exec & MAC  
Discussions

Internal  
Analysis

MAC &  
Program  
Discussions

Action: Sepsis  
Management Project  
in ER & ICU



- Question: Why is target 76 if benchmark is 100?

- Answer: Top Quartile

- Question: How do we get there?

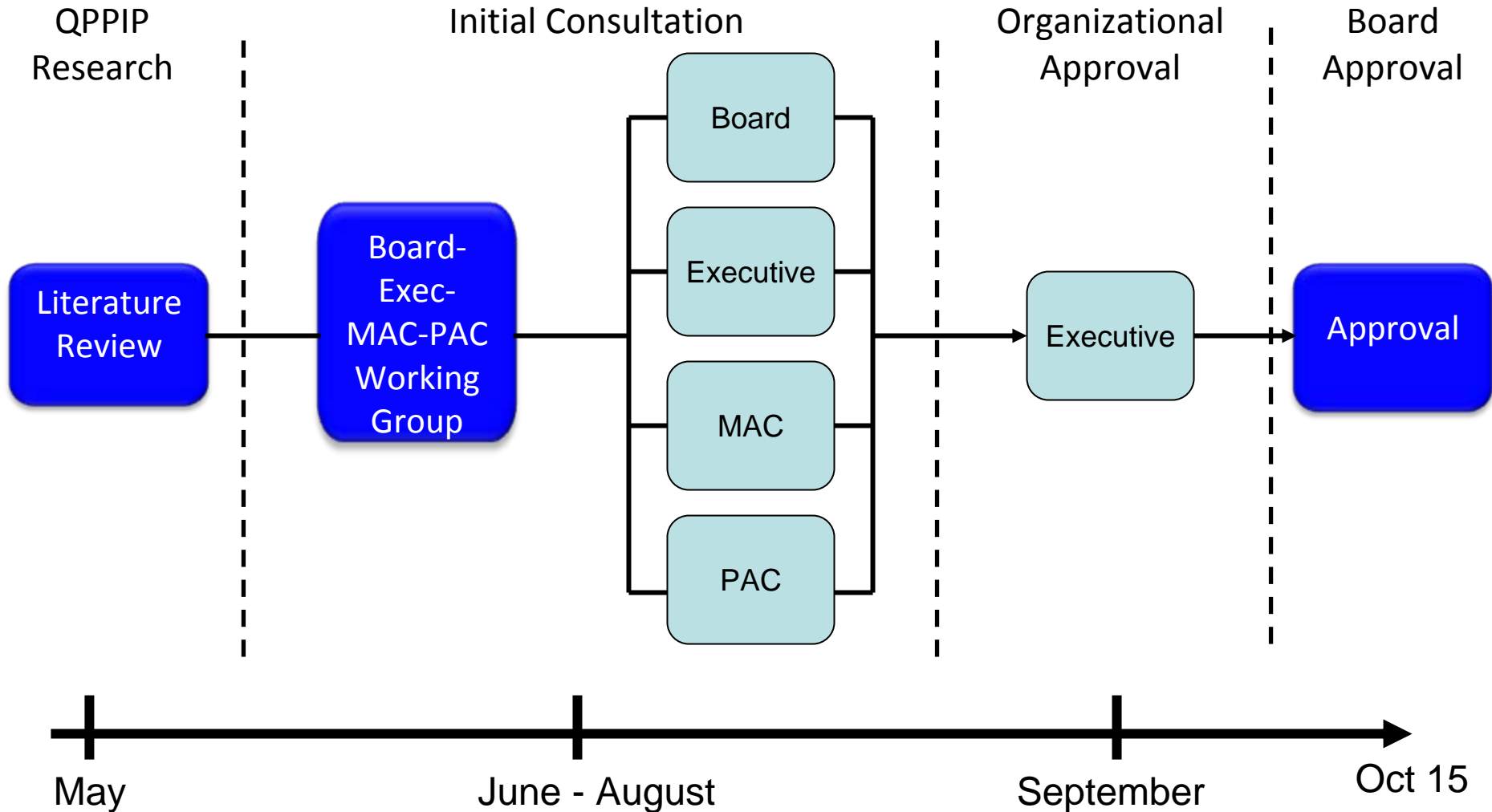
- QPPIP examines data by death type, unit location, and researches other peers across globe
- QPPIP Findings: Sepsis & safety campaigns including infections & hand-washing key to lowering HSMR
- Number 1 cause of death at SJHH: Sepsis

# Proposed Process:

## Selection, Definition & Targets for our Big Dots



# Big Dot Definition, Selection and Target Timeline 2009 (DRAFT)



# Mission Excellence Scorecard Big Dot Report

PERIOD: FY 2008-09 Q3 (Oct-Nov-Dec 2008)

Indicators	Previous Q	Current Q	Target	Target Type
<b>DON'T HURT ME (Mortality &amp; Incidents)</b>				
<b>DON'T HURT ME (Infection Rates)</b>				
<b>HEAL ME (Access &amp; Quality)</b>				
<b>BE NICE TO ME (Patient Satisfaction)</b>				

**\*\* Indicators Publicly Reported by Ministry of Health & Long Term Care.  
Indicators are graphed. Raw case counts & definitions attached with each graph.**

Target Type    A - Internal    B - Benchmark    C - Ministry    D - Peer

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# Contact Information

**Michael Heenan, BA, MBA**

Director, Quality Planning & Performance Improvement

**Haajra Khan, BBA, MBA**

Performance Improvement Consultant

**Dorothy Binkley, BSc, MBA Candidate**

Quality Associate

St. Joseph's Healthcare Hamilton

Tel: (905) 522-1155

Fax: (905) 308-7221

Email: [mheenan@stjoes.ca](mailto:mheenan@stjoes.ca)