Why most Organizations Can't Get There

FACULTY

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OBJECTIVES

1️⃣ The changing focus of Medicare
2️⃣ Explain differences between clinical reporting and analytics
3️⃣ Implementation of CDS Systems
4️⃣ Demonstrate opportunities for informatics enabled workflow

The Changing Focus of Medicare Conditions

Past Focus
• Ensuring that Medicare-certified facilities met the structural and procedural standards for patient health and safety

Present Focus
• Patient centered
• Emphasizes quality improvement and patient outcomes
• Hospice Item Set (HIS)
  – Proposed to implement July 1, 2014
  – Data on admission and discharge of every patient
  – Data collection to include information for 7 new quality measures
  – Hospices who fail to report quality data via the HIS system in 2014 will have a 2% market basket reduction for FY2016
  – Electronic submission only for FY2015

• Public reporting on hospice quality measures
  – Not initiated prior to 2017

<table>
<thead>
<tr>
<th>NQF Measure #</th>
<th>Hospice Quality Measure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NQF #1617</td>
<td>Patients Treated with an Opioid who are Given a Bowel Regimen</td>
</tr>
<tr>
<td>NQF #1634</td>
<td>Pain Screening</td>
</tr>
<tr>
<td>NQF #1637</td>
<td>Pain Assessment</td>
</tr>
<tr>
<td>NQF #1638</td>
<td>Dyspnea Treatment</td>
</tr>
<tr>
<td>NQF #1639</td>
<td>Dyspnea Screening</td>
</tr>
<tr>
<td>NQF #1641</td>
<td>Treatment Preferences</td>
</tr>
</tbody>
</table>
| NQF #1647    | Beliefs/Values Addressed (if desired by the patient)
Also known as Clinical Informatics, a **Clinical Decision Support System (CDS)** provides the ability to:

- monitor compliance and
- navigate through patient data to answer questions or provide insight.

**MONITORING COMPLIANCE?**

**REPORTING**

- IT Centric
- Informative
- Static
- As of a point in time
- Raises Questions
- Requires another Report
a.k.a. Clinical Decision Support Systems (CDS)

- People Centric
- Custom / Interactive
- As of a point in time, again and again
- Answers Questions

Reporting is NOT Analytics

Reporting | Analytics
Traditional reporting generally relates to a plan, target or static reporting period.

Quality reporting, done well, can prompt users to ask questions that may be answered with analytical tools.

CDS systems and predictive analytics transform data and information into *dynamic insights that can be acted upon.*
WHY ANALYTICS?

Accumulate facts **to trend**… **to analyze**… **to act**

- Patient Medical Records
- Staffing
- Billing Line Items
- Regulations Compliance
- Monitoring Quality Measures

Three Stages of an Analytical Perspective

📍 Retrospective
  - “What happened in our past?”

💡 Learning
  - “Why did it happen?”

🌟 Predictive
  - “What will happen and when?”
QUALITY MEASUREMENT

- Communication
- Pain management
- Patient satisfaction
- Services
- Finance
- Growth (Strategic Plan)

QUALITY MEASURE COMPLIANCE

<table>
<thead>
<tr>
<th>Admissions</th>
<th>Admission Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Location</td>
</tr>
<tr>
<td></td>
<td>Staff / Team</td>
</tr>
<tr>
<td></td>
<td>Diagnosis</td>
</tr>
<tr>
<td></td>
<td>Level of Care</td>
</tr>
<tr>
<td>Discharges</td>
<td>Discharge Date</td>
</tr>
<tr>
<td>Exclusions</td>
<td>Reasons</td>
</tr>
<tr>
<td>Data Collection</td>
<td>Admission Date</td>
</tr>
<tr>
<td></td>
<td>Discharge Date</td>
</tr>
<tr>
<td></td>
<td>48 Hr Follow-up</td>
</tr>
<tr>
<td></td>
<td>Staff / Team</td>
</tr>
<tr>
<td></td>
<td>Patient</td>
</tr>
<tr>
<td>Calculations</td>
<td>Numerator, Denominator</td>
</tr>
</tbody>
</table>
**MONITORING NQF #0209 with CDS**

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Admission Quarter</th>
<th>Q2 2012 Dates</th>
<th>Q3 2012 Dates</th>
<th>Q4 2012 Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>May '17 Jun '17 Jul '17</td>
<td>May '17 Jun '17 Jul '17</td>
<td>May '17 Jun '17 Jul '17</td>
<td>May '17 Jun '17 Jul '17</td>
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<tr>
<td>Patients Screened at Admission</td>
<td>0 11 1 2 1 5 5 0 0 0</td>
<td>0 11 1 2 1 5 5 0 0 0</td>
<td>0 11 1 2 1 5 5 0 0 0</td>
<td>0 11 1 2 1 5 5 0 0 0</td>
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<tr>
<td>Patients Excluded</td>
<td>0 2 0 0 0 0 0 0 0 0</td>
<td>0 2 0 0 0 0 0 0 0 0</td>
<td>0 2 0 0 0 0 0 0 0 0</td>
<td>0 2 0 0 0 0 0 0 0 0</td>
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<tr>
<td>Patients Leaving Discomfort at Admission</td>
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<tr>
<td>Patients Unable to Self-Report at Admission</td>
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<tr>
<td>Due to Condition</td>
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<tr>
<td>Due to Age</td>
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<td>Due to Language Barrier</td>
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<tr>
<td>Patients Uncomfortable at Admission (NQF#0299 Denominator)</td>
<td>0 9 1 2 1 4 3 3 3 3</td>
<td>0 9 1 2 1 4 3 3 3 3</td>
<td>0 9 1 2 1 4 3 3 3 3</td>
<td>0 9 1 2 1 4 3 3 3 3</td>
</tr>
<tr>
<td>Patients Screened at Follow-up</td>
<td>0 6 1 2 1 3 1 3 3 3</td>
<td>0 6 1 2 1 3 1 3 3 3</td>
<td>0 6 1 2 1 3 1 3 3 3</td>
<td>0 6 1 2 1 3 1 3 3 3</td>
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<td>0 6 1 2 1 3 1 3 3 3</td>
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<tr>
<td>Patients Unable to Self-Report at Follow-up</td>
<td>0 1 0 0 0 1 0 0 0 0</td>
<td>0 1 0 0 0 1 0 0 0 0</td>
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<td>Due to Death</td>
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<tr>
<td>Due to Discharge</td>
<td>0 0 0 0 0 0 0 0 0 0</td>
<td>0 0 0 0 0 0 0 0 0 0</td>
<td>0 0 0 0 0 0 0 0 0 0</td>
<td>0 0 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>Due to Condition</td>
<td>0 1 0 0 0 1 0 0 0 0</td>
<td>0 1 0 0 0 1 0 0 0 0</td>
<td>0 1 0 0 0 1 0 0 0 0</td>
<td>0 1 0 0 0 1 0 0 0 0</td>
</tr>
<tr>
<td>Due to Other Reasons</td>
<td>0 0 0 0 0 0 0 0 0 0</td>
<td>0 0 0 0 0 0 0 0 0 0</td>
<td>0 0 0 0 0 0 0 0 0 0</td>
<td>0 0 0 0 0 0 0 0 0 0</td>
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<tr>
<td>Percent Comfortable at Follow-up (NQF#0289 Numerator)</td>
<td>0 5 0 2 1 1 0 3 0 0</td>
<td>0 5 0 2 1 1 0 3 0 0</td>
<td>0 5 0 2 1 1 0 3 0 0</td>
<td>0 5 0 2 1 1 0 3 0 0</td>
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<tr>
<td>Calculations Numerator, Denominator</td>
<td>SS.56% 0.00% 100.00% 100.00% 25.00% 0.00% 100.00% 0.00%</td>
<td>SS.56% 0.00% 100.00% 100.00% 25.00% 0.00% 100.00% 0.00%</td>
<td>SS.56% 0.00% 100.00% 100.00% 25.00% 0.00% 100.00% 0.00%</td>
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</tr>
</tbody>
</table>

**QUALITY MEASURE COMPLIANCE**

### Community Outreach Example

<table>
<thead>
<tr>
<th>Referrals</th>
<th>Date and Source of Referral Type of Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>Lag Hours to Admission Diagnosis Location</td>
</tr>
<tr>
<td>Calculations</td>
<td>Numerator, Denominator</td>
</tr>
</tbody>
</table>
Data are at the lowest level of abstraction entered and stored in an EMR.

- Demographics, Patients, Family Members, Location, Staff, Interventions, Medications
WORKING WITH QUALITY DATA

- Accessibility
- Consistency
- Currency
- Accuracy
- Comprehensiveness
- Definition
- Relevancy
- Timeliness

INFORMATION

Meaningful data or facts from which conclusions can be drawn.

Can arise from Reports in an EMR or CDS.
**KNOWLEDGE**

Information that is justifiably considered to be true.

Ex: Prognostic Indicators from CDS systems – trends.

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**WISDOM**

Knowledge used to make intelligent decisions and to work through situations of signal versus noise.
SO HOW DO I GET THERE?

IMPLEMENTATION OF CLINICAL DECISION SUPPORT (CDS) SYSTEMS

BUILD

BUY
A 4 STEP PROGRAM

Step 1: Collect your data
Step 2: Sift your data
Step 3: Pick your Tool

Step 4: CHOOSE THE PLATFORM

EXECUTIVE
INTAKE
CLINICAL
FINANCE
QUALITY
STAFF
BUILD A CLINICAL DECISION SUPPORT (CDS) SYSTEM?

BUILD
Expenditures
Hardware
Staff
Location
Disaster Recovery

Analyze Data Requirements
Design Storage & Capabilities
Design Extraction Process
Education
Programming

BUY A CLINICAL DECISION SUPPORT (CDS) SYSTEM

BUY

• Scope
• Effort
• Budget
• Resources
• Education
Don’t forget about HITECH HIPAA!

From Care to Information to Quality

• Balancing Benefits and Burdens
• Education
• ANALYSIS
• Team Education
  – Processes of Care
  – Documentation
  – Evaluation
  – Goals
  – Outcomes
  – Productivity

Monitor

<table>
<thead>
<tr>
<th>Visits/Wk</th>
<th>Avg Visit Length</th>
<th>Avg Caseload</th>
<th>% Same Day</th>
<th>Patient Score (Evening/Weekend)</th>
<th>Patient Score (Overall Care)</th>
</tr>
</thead>
</table>
SHARE RESULTS

Don’t just share what you’re doing wrong, share what you’re doing right!

Questions?

Are you ready for a demonstration?
Thank you!

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