

26th Annual Rural Health Conference

GLENEDEN BEACH, OREGON

November 5-7th

ORHQN

Site Visits

SYSTEMManage

Benchmarks

ORHQN Quality Initiative

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Site Visits Completed



- Columbia Memorial Hospital
- Wallawa Memorial Hospital
- Good Shepherd Medical Center
- Grande Ronde Hospital
- Pioneer Memorial Hospital-Heppner
- Blue Mountain Hospital
- Lower Umpqua Hospital
- Coquille Valley Hospital
- Southern Coos Hospital and Health Center
- Curry General Hospital

Site Visits Still to Complete



- Samaritan North Lincoln Hospital
- Samaritan Pacific Communities Hospital
- Samaritan Lebanon Community Hospital
- West Valley Hospital
- Mountain View Hospital
- Pioneer Memorial Hospital-Prineville
- Cottage Grove Community Hospital
- Lake District Hospital
- Harney District Hospital

Site Visits

Top 10 Lessons Learned and Observations Not to be confused with Leno or Letterman!!!



1. Initiative Tracker
2. ED Discharge – open the excel file
3. Site Visits = reenergized staff
4. Apples & Apples or Apples and Oranges???
5. We are a phone call away!
6. Board materials- customize and use.
7. Link strategy to action
8. Target Setting...or lack there of.....
9. One hand may not know what the other is doing.
10. We have ORHQN for a reason- let's use em'

ORHQ
Hospital Summary Report
(Q4/2008 - Q3/2009)

**Network-wide
“SYSTEMManage”**

•More Progress in OR

•3rd Quarter Data

•UNBLINDED!

Clinical and Business Processes	Network Average Scores				This Calendar Quarter		
	2008Q4	2009Q1	2009Q2	2009Q3	Network Target	Network Median	All Hospital Median
Bad Debt Expense	6.4%	7.1%	6.0%	7.8%	7.0%	7.7%	6.9%
Bad Debt Percentage	5%	5%	5%	6%	5%	6%	4%
ED Wait Time	6.8	12.6	10.0	18.9	15.0	16.7	8.5
HF Topic (All Or None) Calculated	67%	51%	52%	50%	100%	50%	100%
HF Topic (All-or-None)	67%	50%	84%	md	100%	md	md
Patient Fall Rate (IP)	5.8	5.2	4.2	1.8	2.0	1.5	1.5
PN Topic (All Or None) Calculated	67%	72%	71%	83%	100%	83%	80%
PN Topic (All-or-None)	87%	82%	73%	md	100%	md	md
SCIP Topic (All Or None) Calculated	68%	65%	49%	md	100%	md	md
SCIP Topic (All-or-None)	md	100%	50%	md	100%	md	md

Community and Providers	2008Q4	2009Q1	2009Q2	2009Q3	Network Target	Network Median	All Hospital Median
HCAHPS: Would you recommend . . .?	75.8%	69.4%	md	md	80.0%	md	md
Other IP: Would you recommend . . .?	54%	63%	71%	md	90%	md	md
RPM IP: Would you recommend . . .?	84%	86%	82%	85%	80%	86%	94%
Time to Treating Provider (ED)	24.3	24.5	23.6	28.9	7.0	22.2	26.4

Time to Treating Provider (ED)	2008Q4	2009Q1	2009Q2	2009Q3	Hospital Target	2009Q3		2009Q3	Network Target	Network Median	All Hospital Median
						Hospital Target	Network Rank				
1 Blue Mountain Hospital	26.5	23.1	15.6	25.0	30.0	9	4.0%	4.0%	4.2%	2.1%	
2 Columbia Memorial Hospital	29.9	23.1	17.2	16.2	md	4	3.4%	4.0%	2.9%	2.1%	
3 Coquille Valley Hospital	5.0	11.5	13.2	15.4	16.0	3					
4 Cottage Grove Community Hospital	35.2	36.0	37.1	37.0	13.0	12					
5 Curry General Hospital	md	md	md	md	16.0						
6 Good Shepherd Healthcare System	md	md	0.0	13.5	md	2					
7 Grande Ronde Hospital	12.2	0.1	3.1	52.1	20.0	13					
8 Harney District Hospital	20.6	10.5	12.6	16.8	12.0	5					
9 Lake District Hospital	45.2	60.0	87.0	86.0	md	14					
10 Lower Umpqua Hospital District	md	md	md	md	25.0						
11 Mountain View Hospital District	24.1	33.6	33.8	33.4	20.0	10					
12 Pioneer Memorial Hospital (Heppner)	18.8	16.5	17.2	11.6	15.0	1					
13 Pioneer Memorial Hospital (Prineville)	15.7	16.4	16.0	20.0	15.0	7					
14 Samaritan Lebanon Community Hospital	md	md	md	md	md						
15 Samaritan North Lincoln Hospital	md	md	md	md	md						
16 Samaritan Pacific Communities Hospital	md	md	md	md	md						
17 Southern Coos Hospital	14.4	19.5	14.5	17.3	5.0	6					
18 Wallowa Memorial Hospital	23.1	21.8	21.7	24.4	20.0	8					
19 West Valley Hospital	45.7	46.1	41.6	35.9	md	11					

Question:

**Can we have our
cake and eat it too?**

**Quality Focus?
Financial?
Other?**



ED Benchmarks: Review

From Hospital CEOs to Boards of Trustees, tracking and managing the ED is a top priority. Tracking *Admission Rates*, when considered with other data points such as *Time in the ED*, *Patient Satisfaction*, *Admission to Observation*, *Transfer Rate*, and *ED Visits by Acuity Level* can be revealing and significantly impact hospitals in key ways:

- **Revenue Enhancement-** Forfeited Inpatient Admissions and subsequent Ancillary Services
- **Risk Management-** Patients prematurely and/or inappropriately discharged from the ED
- **Community Engagement-** Patients treated locally when clinically indicated

Emergency Department Performance Improvement
Clint MacKinney, MD, MS

STROUDWATER ASSOCIATES



Front Door



High Volume Dept
Admissions
Ancillaries

Front Window



Patient Perceptions
Hotel Amenities
Modern Equipment

ED Indicators: National Research For Comparison

PMI has researched several years of ED Data from its RPM database and can point to *rural-relevant* benchmarks with confidence.

2007 RPM ED ANALYSIS: National mean performance of CAHs

Hospital	IP#	% Admit IP	OB#	% Admit OB	# Transfer	% Transfer	Total 2007	Time to Screen	Time to Treat	Total Time
Mean	352	6.3%	139	3.1%	191	4.1%	5226	9	29	120
Median	232	5.9%	79	2.3%	137	3.5%	4079	7	24	116
Sample	227	3.9%	222	3.8%	331	5.7%	5813	15	50	144

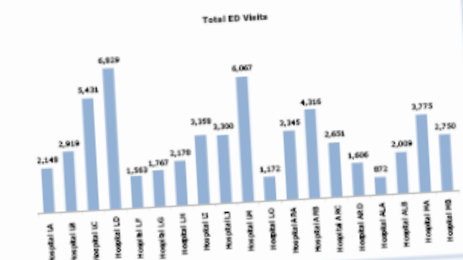
87 hospitals with 90%+ utilization captured in the RPM ED Discharge Tool

This study is expanding in 2009 to include a variety of other **QUALITY** data points such as:

- **AMI Time to ECG, Fibrinolytics, and Transfer**
- **Chest Pain Time to ECG, and Transfer**
- **Transfer Communications**
- **Returns within 72 hours**

ED Benchmarks (see handout)

Mid-South RPM Network Hospitals Emergency Department Data Analysis
The data are selected from the RPM visits and include of post-visit 30-120 minute follow-up of August 6, 2019.



- Hospital IA had the highest volume of ED visits (6,829)
- Hospital IA had the lowest volume of ED visits (772)
- The average number of ED visits for all hospitals was 3,006

Mid-South Hospital Notes:

Hospital IA: Below the state average for number of ED visits. Time to Provider and Time in ED were lower than the national average. The majority of their ED visits were Level 4 (Semi-Urgent). Hospital IA had one of the lowest rates for Inpatient admissions. They transferred 7.4% of their ED visits. The majority of admissions and transfers were Level 4 (Semi-Urgent).

Hospital IB: Below the state average for the number of ED visits. Wait times were lower than the national average. Keeping in mind Hospital IB only uses Levels 1, 2 and 3 for acuity, the majority of their ED visits were Level 2 (Emergent). They admitted 6.6% and transferred 4.3% of their patients. The majority of admissions and transfers were Level 2 (Emergent).

Hospital IC: Above the state average for number of ED visits. Wait times were lower than the national average. The majority of ED visits were Level 4 (Semi-Urgent). They admitted 4.0% and transferred 5.2% of their ED visits. The majority of admissions and transfers were Level 3 (Urgent).

Hospital ID: Highest number of ED visits. Wait times were above the national average. The majority of their ED visits were Level 4 (Semi-Urgent). Hospital ID admitted 2.5% of their ED visits to inpatient and transferred 6.9%. The majority of admissions and transfers were Level 3 (Urgent).

Hospital IE: Below the state average for number of ED visits. Below the national average for Time to Provider but above the national average for Time in ED. Keeping in mind Hospital IE only uses Levels 1, 2 and 3 for acuity, the majority of their visits were Level 1 (Reassuring). They had the highest percentage of IP admissions and the third lowest percentage of transfers. The were Level 1 (Urgent). They had the highest percentage of IP admissions and the third lowest percentage of transfers. The were Level 1 (Urgent).

Hospital IF: Below the state average for number of ED visits. Wait times were higher than the national average. Keeping in mind Hospital IF only uses Levels 1, 2 and 3 for acuity, the majority of their ED visits were Level 3 (Urgent). They admitted 6.2% of their ED visits to inpatient and had the highest transfer rate. The majority of admissions were Level 3 (Urgent) while the majority of transfers were Level 2 (Emergent).

Hospital IG: Below the state average for number of ED visits. Wait times are just below the national average. The majority of their ED visits were Level 3 (Urgent). They had the third lowest admission rate and transferred 2.5% of their ED visits. The majority of admissions were Level 3 (Urgent) and transfers were Level 2 (Emergent).

Hospital IH: Above the state average for number of ED visits. Wait times were lower than the national average. The majority of their ED visits were Level 4 (Semi-Urgent). They admitted 3.1% of their ED visits to inpatient and transferred 4.6%. The majority of admissions and transfers were Level 3 (Urgent).

Hospital II: Number of ED visits is above the state average. Time to Provider was above the national average while Time in ED was below the national average. The majority of their ED visits were Level 2 (Emergent). Hospital II had the second lowest percentage of admissions. They transferred 4.0% of their ED visits. The majority of admissions were Level 3 (Urgent) and transfers were Level 2 (Emergent).

Hospital IJ: Second highest number of ED visits. Time to Provider was above the national average but the Time in ED was below the national average. The majority of ED visits were Level 3 (Urgent). Hospital IJ had the lowest percentage of admissions. They transferred 3.3%. The majority of admissions and transfers were Level 1 (Reassuring).

Hospital IK: Second lowest number ED visits. Time to Provider is equal to the national average while Time in ED is above the national average. The majority of ED visits were Level 3 (Urgent). Hospital IK had the second highest admission rate. They admitted 1.6%. The majority of admissions and transfers were Level 2 (Emergent).

Hospital IL: Above the state average for number of ED visits. Wait times are above the national average. The majority of ED visits were Level 5 (Non-Urgent). They admitted 3.2% and transferred 3.2% of their visits. The majority of admissions and transfers were Level 3 (Urgent).

Hospital IM: Above the state average for number of ED visits. Time to Provider is equal to the national average while Time in ED is above the national average. The majority of visits were Level 4 (Semi-Urgent) and transfers were Level 3 (Urgent). They admitted 4.2% and transferred 6.2% of their ED visits. Majority of admissions were Level 4 (Semi-Urgent) and transfers were Level 3 (Urgent).

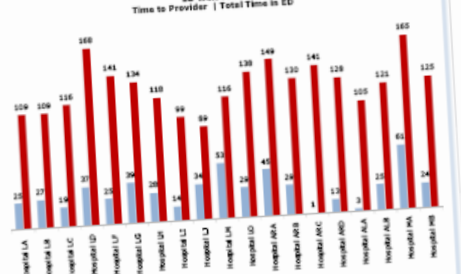
Hospital IN: Below the state average for number of ED visits. Hospital IN had the lowest Time to Provider but was above the national average for Time in ED. The majority of visits were Level 4 (Semi-Urgent). They admitted 7.2% and transferred 3.0% of their visits. The majority of admissions were Level 3 (Urgent). There was an equal distribution of transfers between Level 2 (Emergent) and Level 3 (Urgent).

Hospital IO: Below the state average for number of ED visits. Below the national average for Time to Provider but higher than national average for Time in ED. The majority of visits were Level 4 (Semi-Urgent). They admitted 4.0% of their ED visits. They had the second highest transfer rate. The majority of admissions and transfers were Level 2 (Emergent).

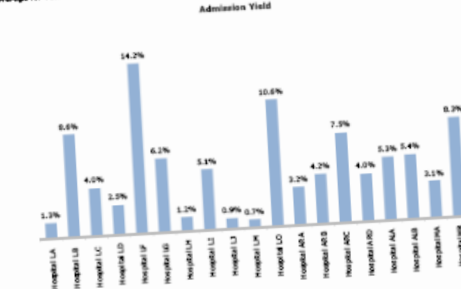
Hospital IP: Lowest number of ED visits. Second lowest Time to Provider. Time in ED is lower than the national average. The majority of visits were Level 5 (Non-Urgent). They admitted 5.3% and transferred 5.7% of their visits. The majority of their admissions were Level 4 (Semi-Urgent) and transfers were Level 3 (Urgent).

Hospital IQ: Below the state average for number of ED visits. Time to Provider is below the national average while Time in ED is above the national average. The majority of visits were Level 2 (Emergent). They admitted 5.4% of visits and had the highest transfer rate. The majority of admissions and transfers were Level 2 (Emergent).

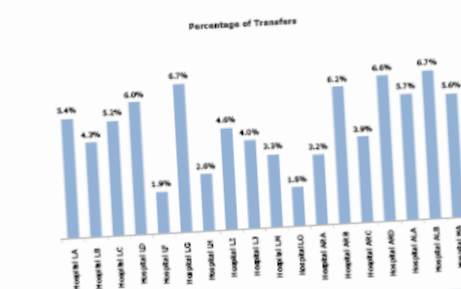
Hospital IR: Above the state average for number of ED visits. Wait times were above the national average. The majority of visits were Level 4 (Semi-Urgent). They admitted 3.1% and transferred 5.6% of their visits. The majority of admissions and transfers were Level 3 (Urgent).



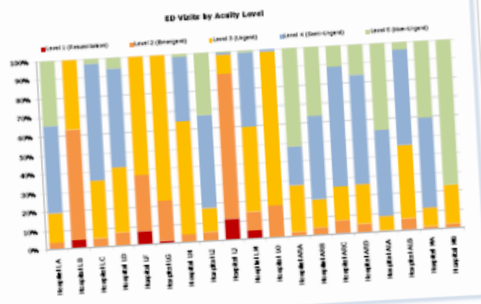
- Hospital IR had the shortest wait time to provider (111 minutes) while Hospital IR had the longest wait time (61 minutes)
- Hospital IJ had the shortest total time in the ED (33 minutes) while Hospital ID had the longest time in the ED (149 minutes)
- Hospital IG had the highest percentage of Level 3 (Urgent) admissions and transfers
- Hospital IQ had the highest percentage of Level 5 (Non-Urgent) ED visits
- Hospital IO had the highest percentage of Level 3 (Urgent) ED visits



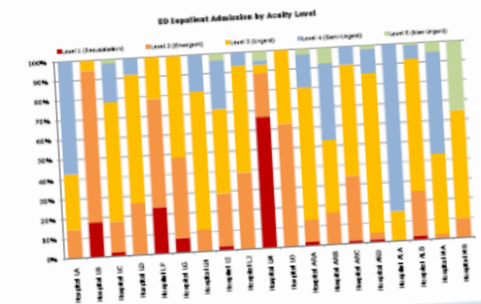
- Hospital IF had the highest percentage (14.2%) of Inpatient Admissions from the ED
- Hospital IJ had the lowest percentage (0.3%) of Inpatient Admissions from the ED



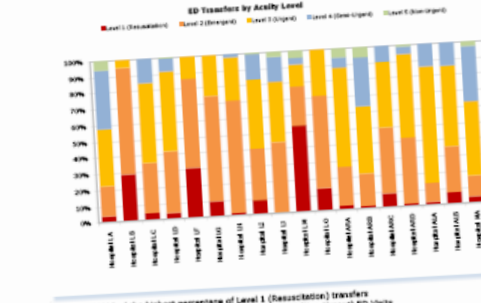
- Hospital IG and ALB had the highest percentage of transfers (6.7%)
- Hospital IS transferred the lowest percentage (1.3%) of their ED Visits



- Hospital IA, IF and IQ used only Levels 1, 2 and 3 acuity
- Hospital IB used only Levels 2, 3 and 4
- Hospital IJ had the highest percentage of Level 3 (Urgent) ED visits
- Hospital IO had the highest percentage of Level 4 (Semi-Urgent) ED visits
- Hospital IS had the highest percentage of Level 5 (Non-Urgent) ED visits



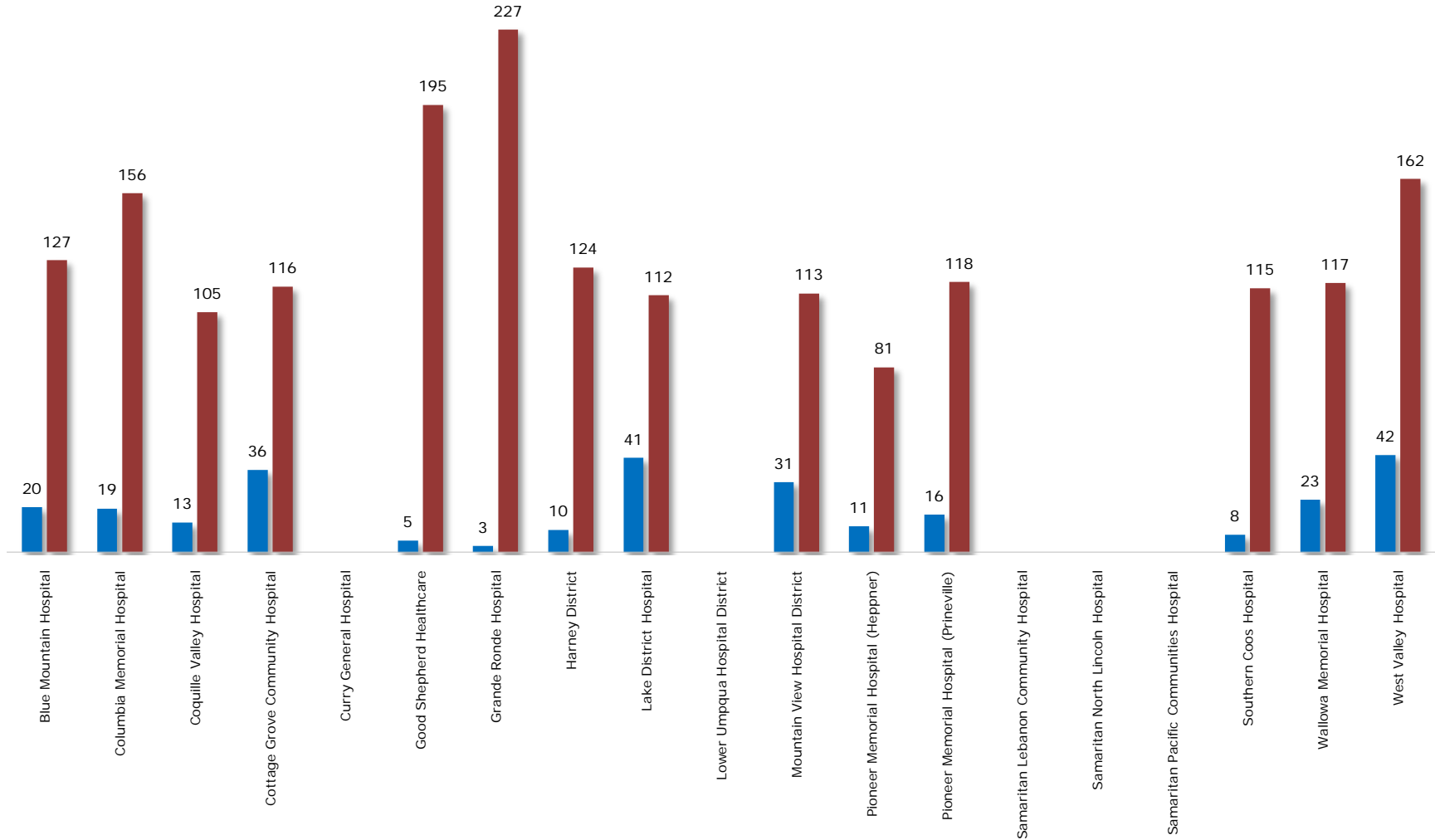
- 11 of the 19 hospitals with Level 1 (Reassuring) ED visits admitted a small percentage to the hospital. Hospital IJ admitted the largest percentage of Level 1 patients.
- All admitted Level 3 (Urgent) patients.
- All but one hospital using the 5 level scale admitted Level 4 (Semi-Urgent) patients.
- 9 of the 19 hospitals using the 5 level scale admitted Level 5 (Non-Urgent) patients.



- Hospital IM had the highest percentage of Level 1 (Reassuring) transfers
- Hospital IS transferred the highest percentage of Level 5 (Non-Urgent) ED Visits

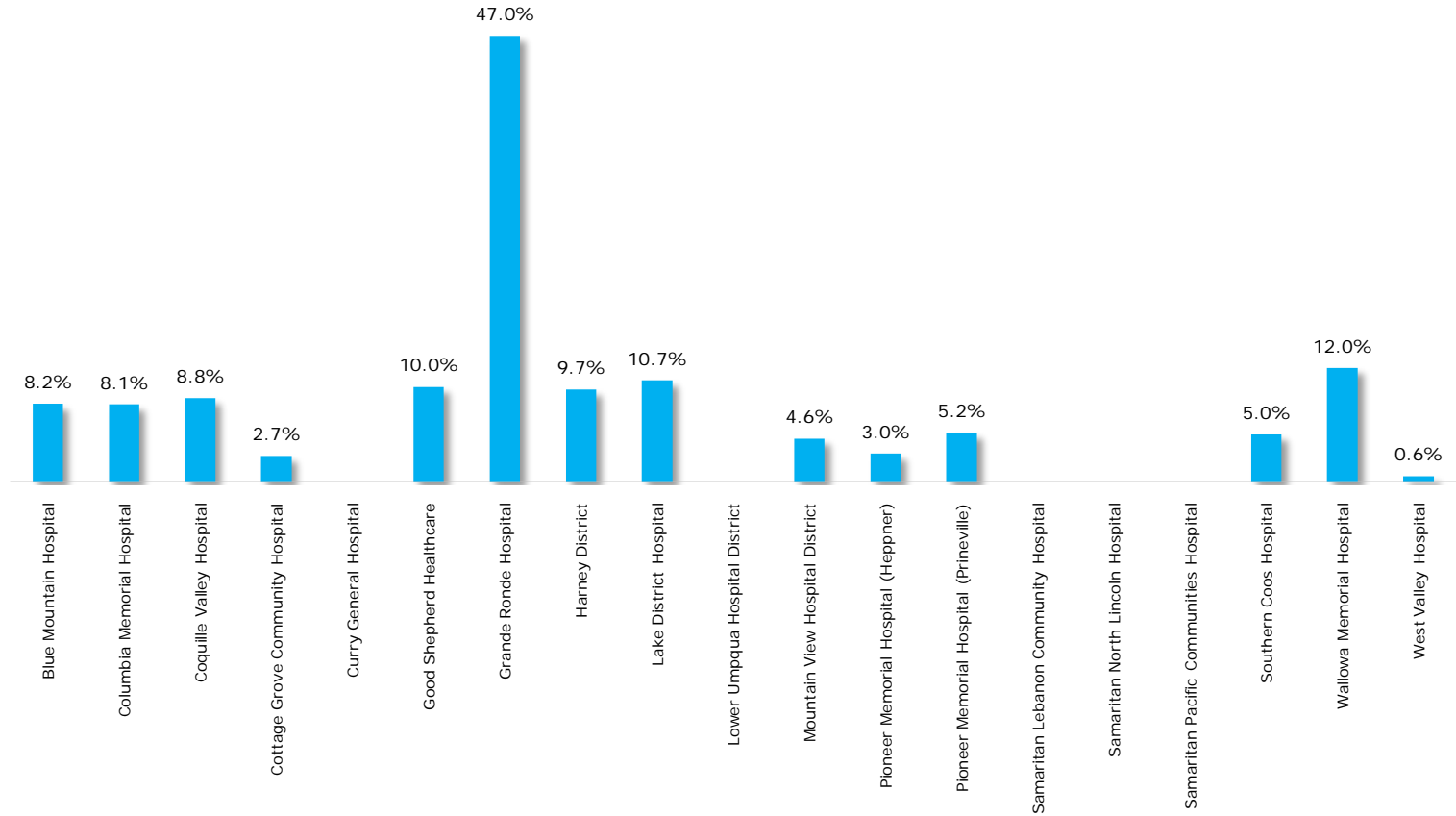
OR ED Benchmarks

Time to Provider & Total Time in ED 1/1/2009 through 9/1/2009



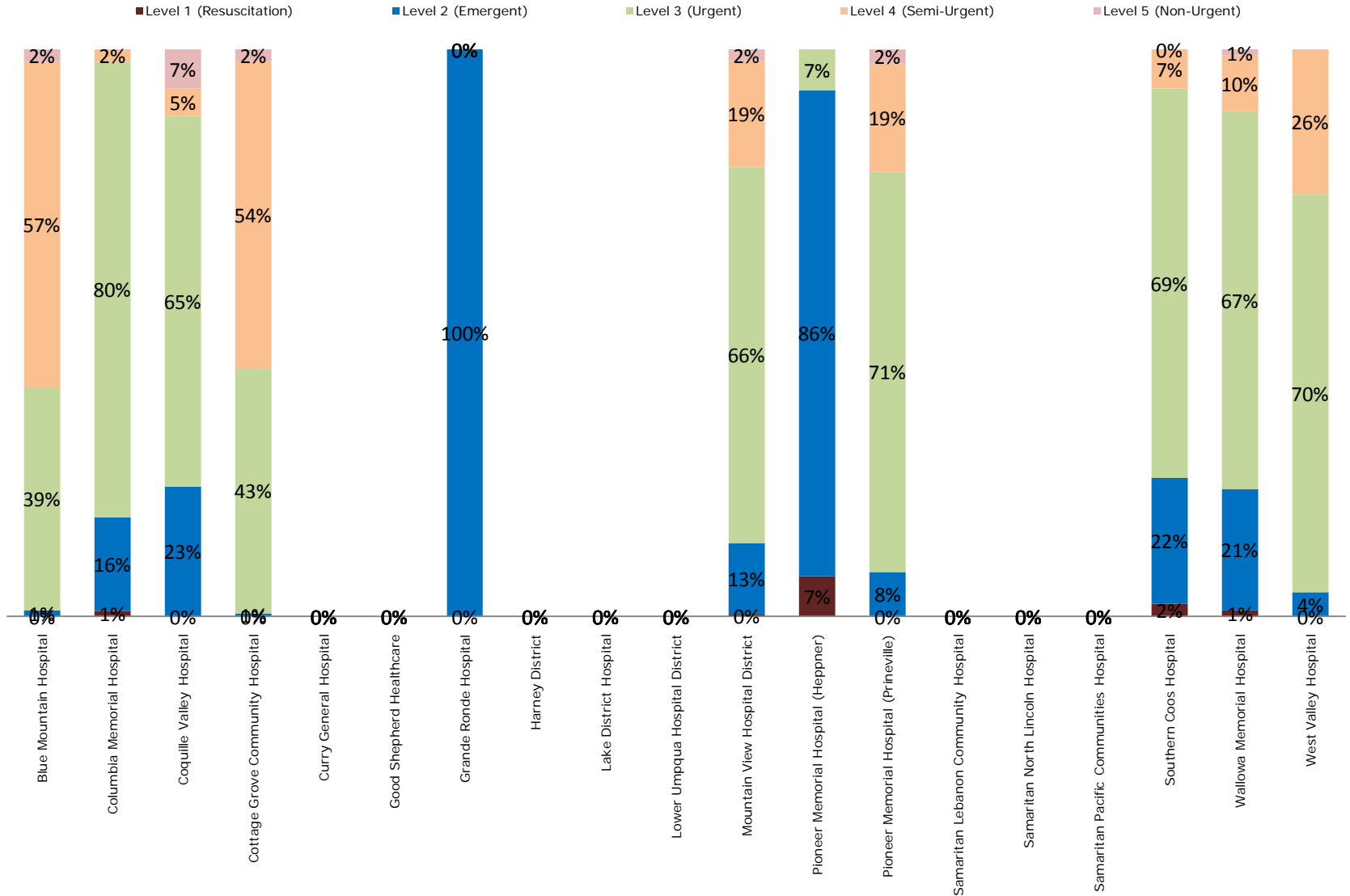
OR ED Benchmarks

Admission Yield 1/1/09 through 9/1/09



OR ED Benchmarks

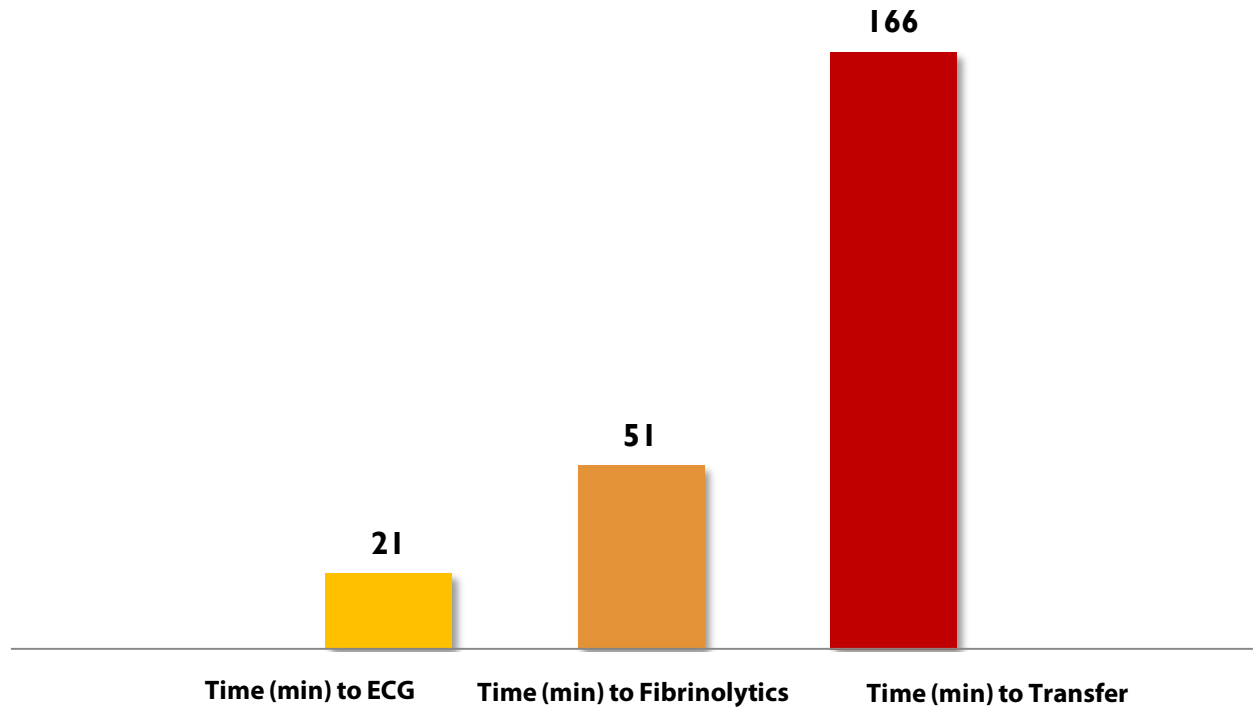
ED Inpatient Admission by Acuity Level 1/1/09 thru 9/1/09



ORQHN Leadership:

How do we compare? Have we improved?

Oregon AMI ED Study 2007-2008



Discussion

