

NEW YORK CITY HEALTH & HOSPITALS CORPORATION

Governing Body: Role in Implementing A Successful Quality Improvement (QI) Program In A Large Scale Public Organization

Consuelo Dungca, EdD, RN

Juliet Gaengan, MSA, RN

Sue Ling Lee, MPA, RN

November 9, 2009

American Public Health Association (APHA)

Philadelphia, PA

Learning Objectives

- ❑ Identify strategies to implement a well-sustained system-wide QI program.
- ❑ Identify QI indicators impacting on health promotion and disease prevention of disadvantaged population.
- ❑ Describe QI monitoring process in sustaining best practice guidelines.










Overview





Research evidences and outcomes show that success of a QI program depends on high level commitment from the Governing Body, leadership, administration and quality staff. Governing Body support in sustainment of the QI program is imperative in driving the goal of efficient quality patient care while ensuring financial viability of the system.

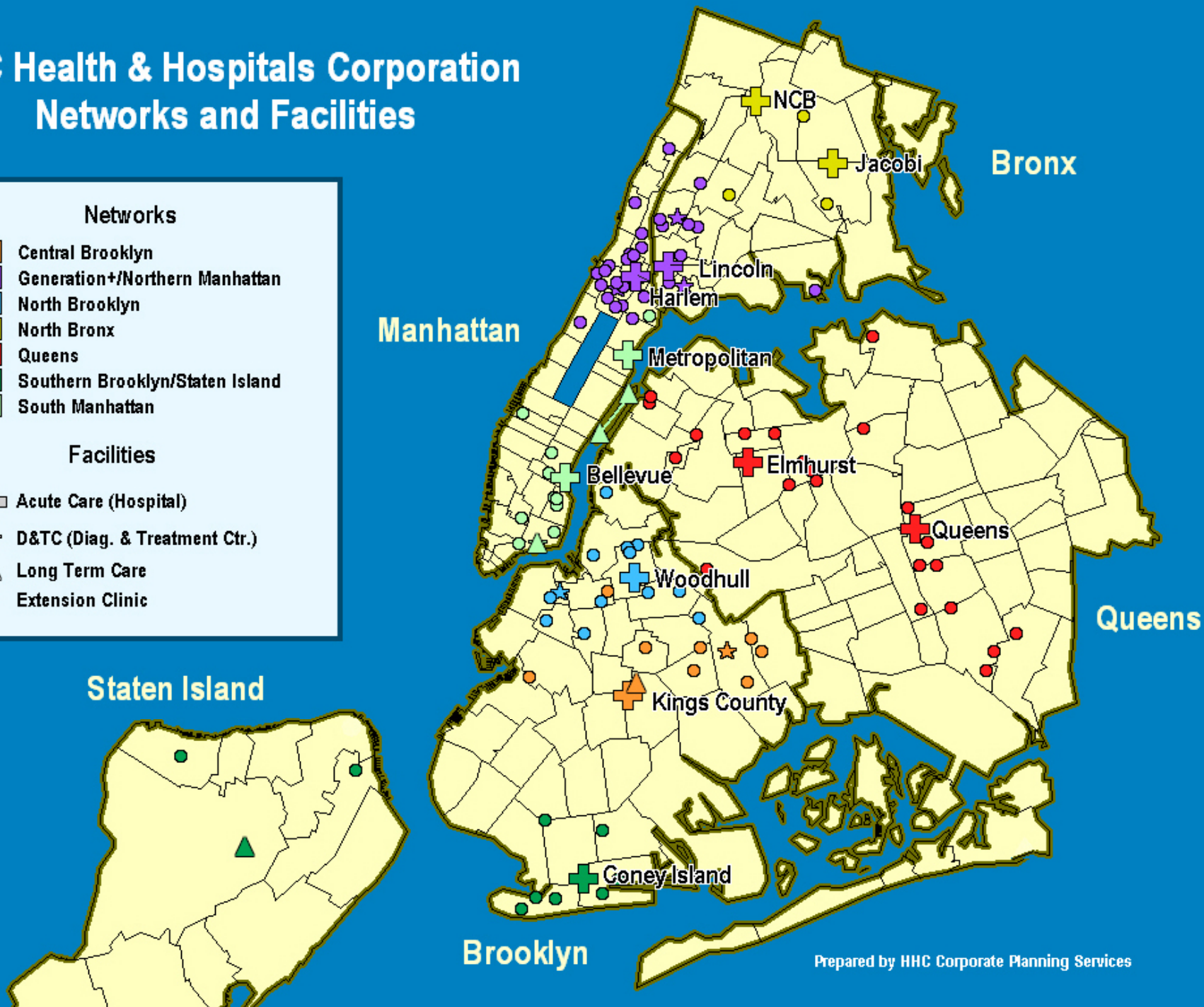
Who We Are

- ❑ A public benefit corporation
- ❑ Largest municipal hospital system
- ❑ 11 acute care (Joint Commission-accredited)
- ❑ 4 long term care (Joint Commission-accredited)
- ❑ 6 diagnostic and treatment centers
- ❑ A certified home care agency
- ❑ A managed care organization (310,000 enrollees)
- ❑ Over 80 community health clinics
- ❑ Affiliation w/all major NYC medical schools
- ❑ 38,000 employees

NYC Health & Hospitals Corporation Networks and Facilities

Networks	
	Central Brooklyn
	Generation+/Northern Manhattan
	North Brooklyn
	North Bronx
	Queens
	Southern Brooklyn/Staten Island
	South Manhattan

Facilities	
	Acute Care (Hospital)
	D&TC (Diag. & Treatment Ctr.)
	Long Term Care
	Extension Clinic



Role We Play...

- ❑ 220,000 discharges; 23,000 deliveries
- ❑ 4.5 million OPD visits (>2 million primary care)
- ❑ 1 million ED visits; 30% of city's trauma services
- ❑ 41% of City's mental health inpatient services;
27% of City's chemical dependency inpatient
capacity
- ❑ 1 million skilled nursing facility patient days
- ❑ 11 designated AIDS Centers
- ❑ Inpatient and specialty provider for Correctional
services

Challenges

The Quality Assurance Committee (QAC) of the Board of Directors (Governing Body) directs the Corporation to:

- ❑ implement and sustain a system-wide robust Quality Improvement (QI) program to address chronic conditions and processes.
- ❑ develop Best Practice Guidelines through standardization of QI measures/indicators methodologies, data analysis, reporting and identifying opportunities for improvement.

Quality Assurance Process

- ❑ Quarterly meetings of the QAC of the Board with each 22 HHC facilities' leadership staff.
- ❑ Discuss results of standardized QI indicators on health promotion and chronic disease prevention.
- ❑ Analyze aggregated QI results and report cards from regulatory/accreditation agencies (TJC, Managed Care, CMS and NYSDOH).
- ❑ Governing Body charters Task Forces to address identified issues and trends for improvement opportunities from QI results.
- ❑ Corporate Clinical Information System provide assistance in improvement opportunities.

Task Forces/Collaboratives

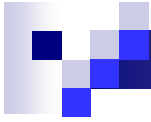
Responsibilities:

- ❑ Address identified disease conditions, procedures/processes (high volume, high risk and problem prone)
- ❑ Standardize equipment, policies/procedures and processes
- ❑ Develop/implement/sustain evidence-based best practice guidelines w/indicators to monitor
- ❑ Enhance with IT solutions; e.g., create mandatory fields; electronic practice guidelines and registries (diabetes/cardiovascular)
- ❑ Continuously identify opportunities for improvements

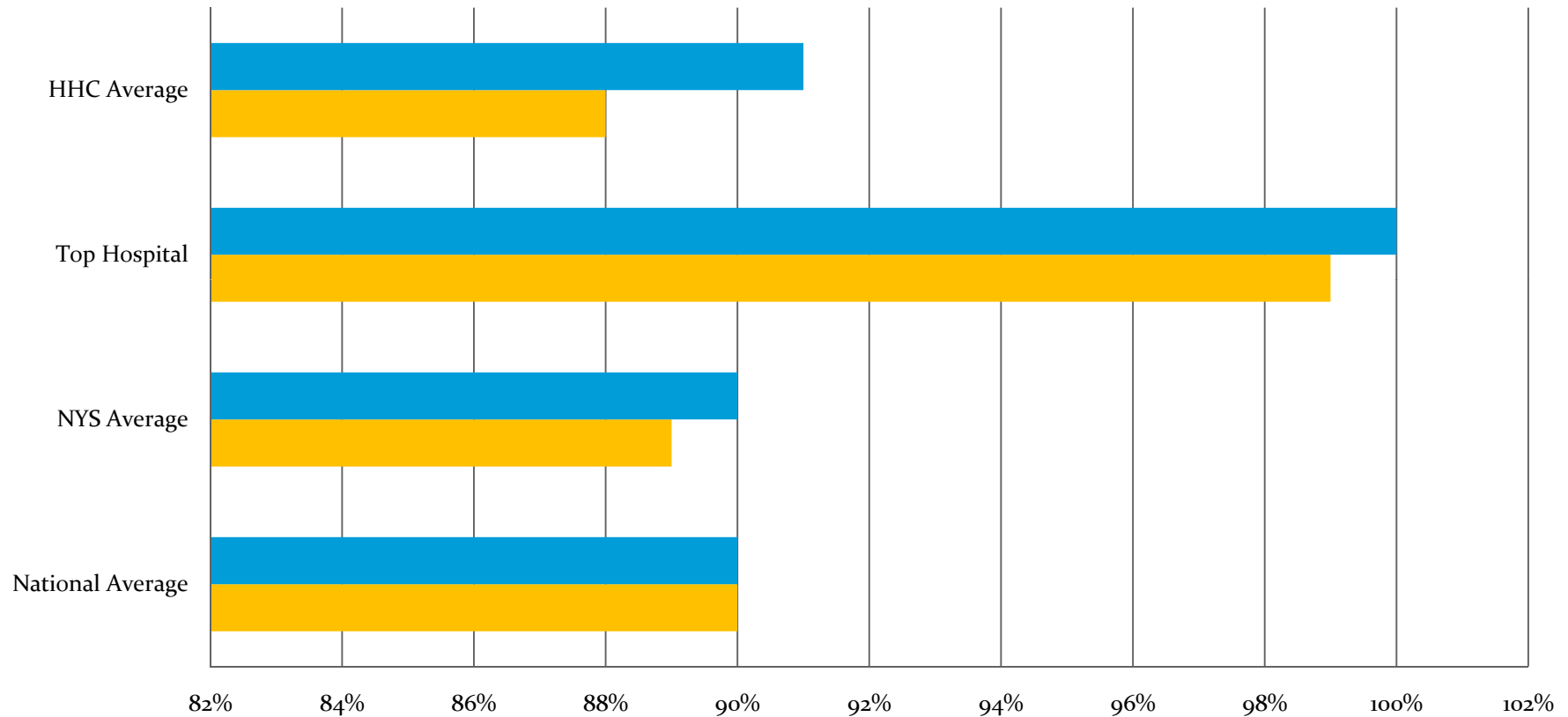
QAC Measures

□ CMS Core Measures:

- Acute Myocardial Infarction (AMI): e.g., aspirin on arrival
- Heart Failure: e.g., discharge prescription for angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB)
- Pneumonia: e.g., initial blood culture
- Surgical Care Infection Prevention: e.g., prophylactic antibiotic timing/choice
- Outpatient Indicators: e.g., fibrinolytic therapy
- Mortality rates: AMI, heart failure, pneumonia



CMS Pneumonia: Initial ER Blood Culture Performed Prior to Administration of 1st Dose of Antibiotics



	National Average	NYS Average	Top Hospital	HHC Average
■ 10/07-9/08	90%	90%	100%	91%
■ 4/07-3/08	90%	89%	99%	88%

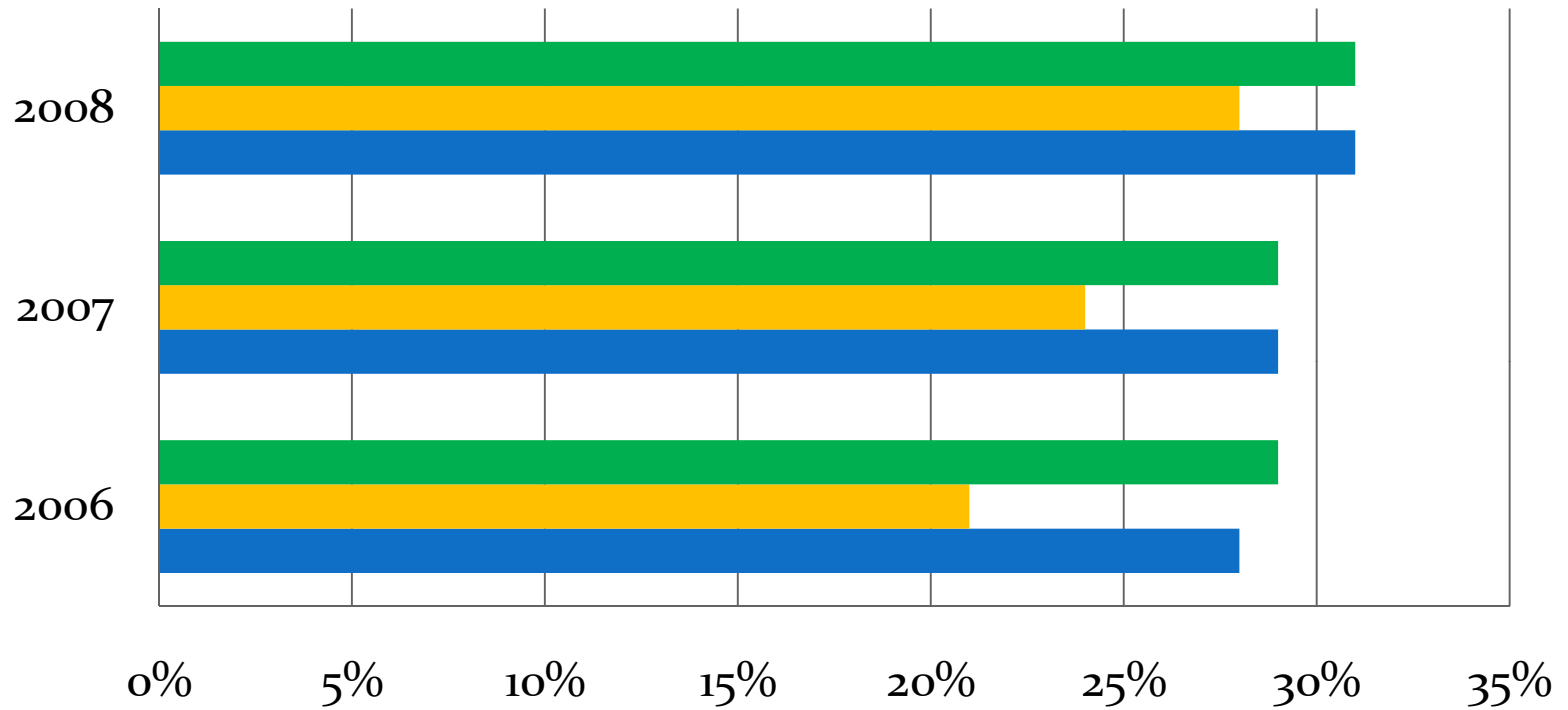
QAC Measures

□ Chronic Disease Prevention Measures:

- Have a regular Primary Care Provider (PCP)
- Smoking: treatment, counseling/medication, quit rate
- Cancer Prevention: colon, breast, cervical screening
- Immunization: adult/childhood
- Diabetes: lipid, BP and HgbA1c control
- HIV Testing: e.g., all new positives linked to care
- Asthma: appropriate meds, pediatric/adult Emergency Department (ED) re-visits w/in 7 days
- Psychiatry: readmission rates w/in 15 days of hospital discharge
- Healthy Baby: exclusive breastfeeding; safe sleep



HHC Smoking Quit Rates

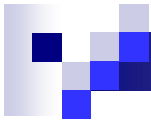


	2006	2007	2008
■ Acute Care	29%	29%	31%
■ D&TC	21%	24%	28%
■ HHC Average	28%	29%	31%

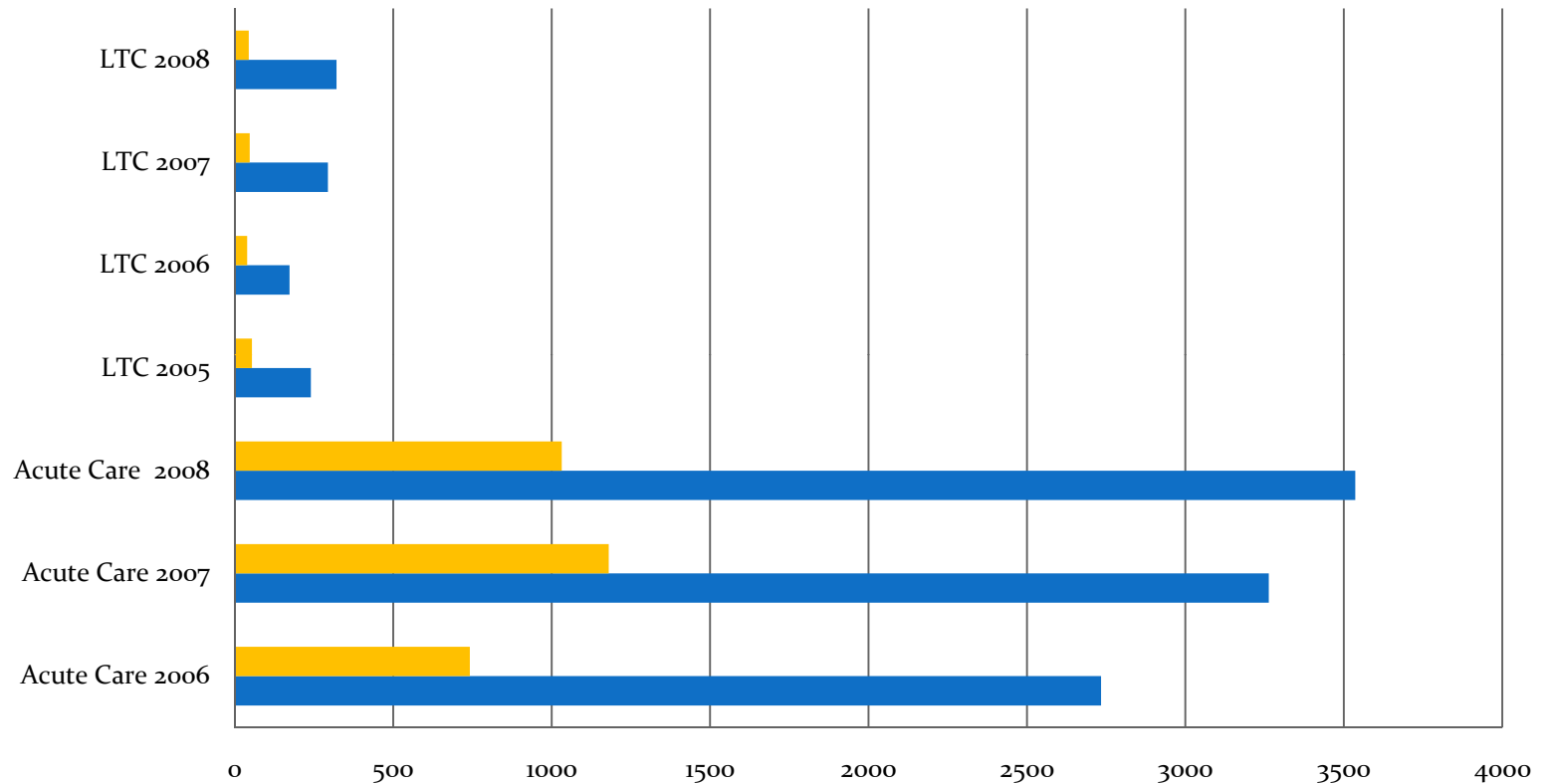
QAC Measures

□ Infection Control Measures:

- Pressure Ulcers - on admission and nosocomial
- Catheter Acquired Urinary Tract Infection (CAUTI)
- Ventilator Associated Pneumonia (VAP): non ICU and ICU
- Central Line Associated Blood Stream Infections (CLABSI): non ICU/ICU, and NICU by birth weight and Umbilical Catheter Associated Infections
- Surgical Site Infections (SSI): Coronary Artery Bypass Graft (CABG), colon surgeries, orthopedic procedures (hip replacement/revision)



Pressure Ulcers



	Acute Care 2006	Acute Care 2007	Acute Care 2008	LTC 2005	LTC 2006	LTC 2007	LTC 2008
■ Nosocomial Pressure Ulcer in facility	742	1180	1032	54	39	47	44
■ Pressure Ulcer Upon Admission	2734	3263	3536	240	173	294	321

Outcomes

- ❑ Task Forces and Collaboratives are instrumental in the development and implementation of evidence-based Best Practice Guidelines.
- ❑ Results of QI process:
 - standardize measures/indicators, processes, systems and outcomes.
 - sustains/monitors and continuously identify opportunities for improvements.
- ❑ Chronic disease management ultimately leads to prevention of disease progression and complications, hospitalization, and decreased cost.