



A PROGRAM OF THE PREMIER HEALTHCARE ALLIANCE

# Improving Quality, Safety and Patient Experience through a Multi-Site National Collaborative: The QUEST for High Value in Health Care



**PREMIER**



**Richard A Bankowitz, MD MBA FACP**

Vice President and Medical Director, Healthcare Informatics

# Outline

- Overview of QUEST, Premier's multi-site, multi-dimensional improvement collaborative
- Tools for data exploration and collaborative learning including the role of CAHPS
- The framework for collaborative execution
- Benefits to participants and to the nation

# *Building a Bridge as We Walk on It: A multi-site collaborative to improve care*

**PREMIER**

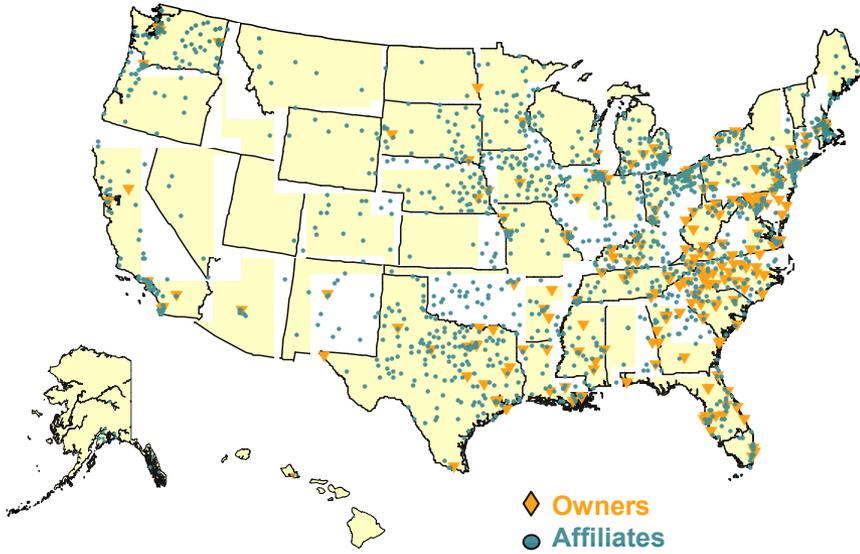


**Tools: The Process Will Be Data Driven**  
**Team: Everyone Commits to the Group's Success**  
**Trust: Transparency is Essential**



# Who are we?

## Premier: The Performance Improvement Alliance



- 1,500+ hospitals that have selected Premier as their *GPO*
- 48,500+ non-acute care sites
- More than \$30 billion in annual group purchasing volume
- Highest *voluntary* contract utilization
- Leadership role in quality improvement and HQID project
- Highest ethical code of conduct
- Over 170 dedicated field resources
- Robust clinical / operational / supply chain comparative databases

### Purchasing Partners

*Group Purchasing  
& Supply Chain  
Improvement*

### Informatics

*Quality Measurement  
& Benchmarking*

### Insurance

*Liability, Benefits  
& Risk Management*

### Premier Consulting Solutions

*Comprehensive, accelerated approach to improving financial, operational and clinical performance.*

# What are we Trying to Achieve?

Premier has been dedicated to hospital performance improvement for thousands of clients for over 30 years.

## Core Purpose:

To improve the health of communities.

## Envisioned Future:

Premier's owners will be leaders in their markets and operate at the highest quality levels, while managing costs



# Planning the Journey: From HQID to QUEST



# HQID Reflections and Lessons Learned



## Success Drivers of Top Performers

- Culture of quality
- Data driven
- A systems approach
- Accountability for results
- Better practice sharing

*Success*



## Gaps in HQID

- Broader patient population
- Broader measurement set
- Correlation to outcomes
- Consistent adoption

*Gaps*

# Collaborative of Thought Leaders

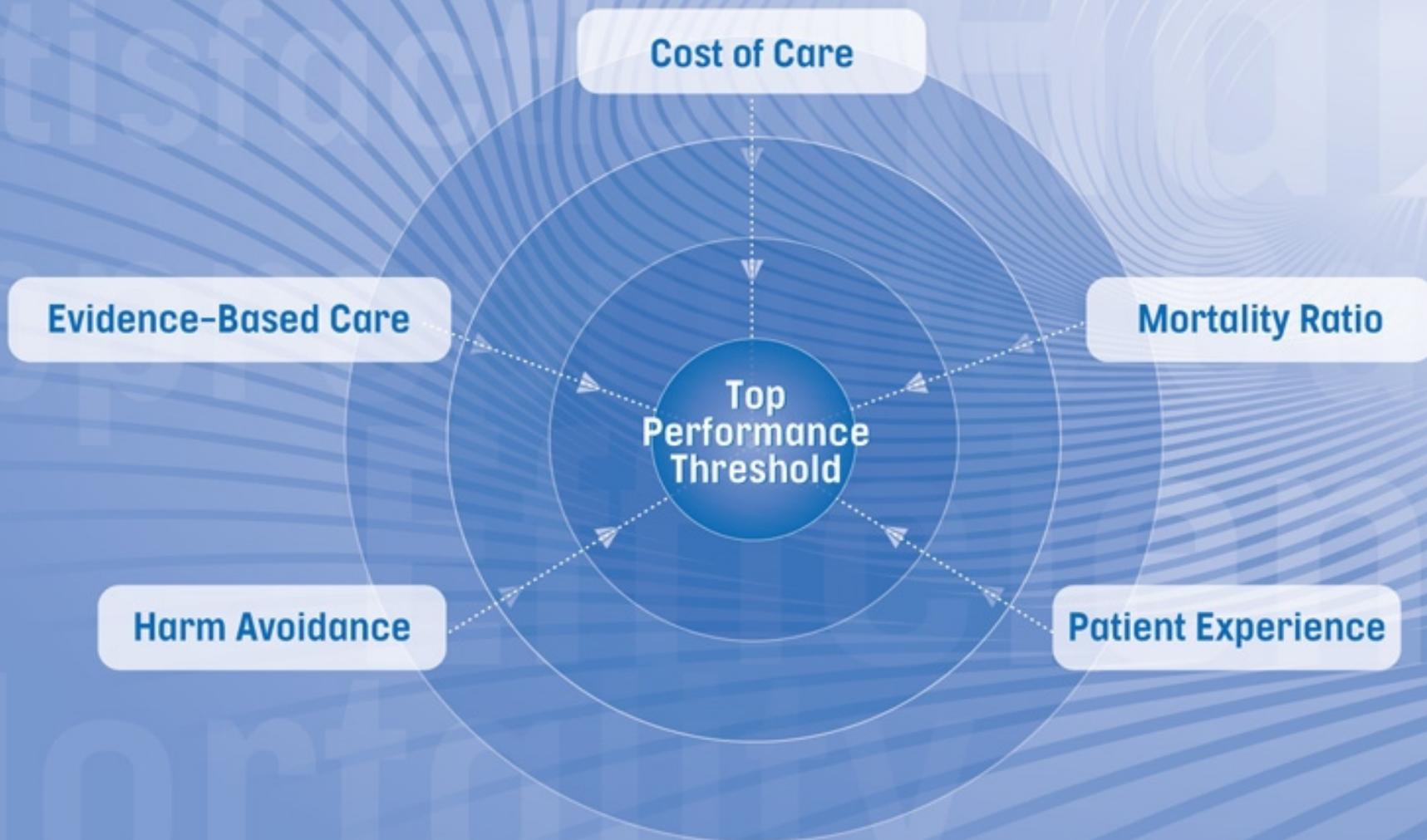


## Accelerated Solutions Design Workshop Organizations Represented

- American Hospital Association
- Aurora Health Care
- Blue Cross and Blue Shield of Massachusetts
- Charleston Area Medical Center
- Centers for Disease Control
- Fairview Health Services
- Hackensack University Medical Center
- Hoag Memorial Hospital Presbyterian
- Institute of Healthcare Improvement
- Kaiser Care Management Institute
- Kettering Medical Center Network
- Methodist Healthcare, Memphis
- McLeod Regional Medical Center
- Mountain States Health Alliance
- Premier, Inc.
- Rapid City Regional Hospital
- SSM Health Care



# The Map to High Value Health Care





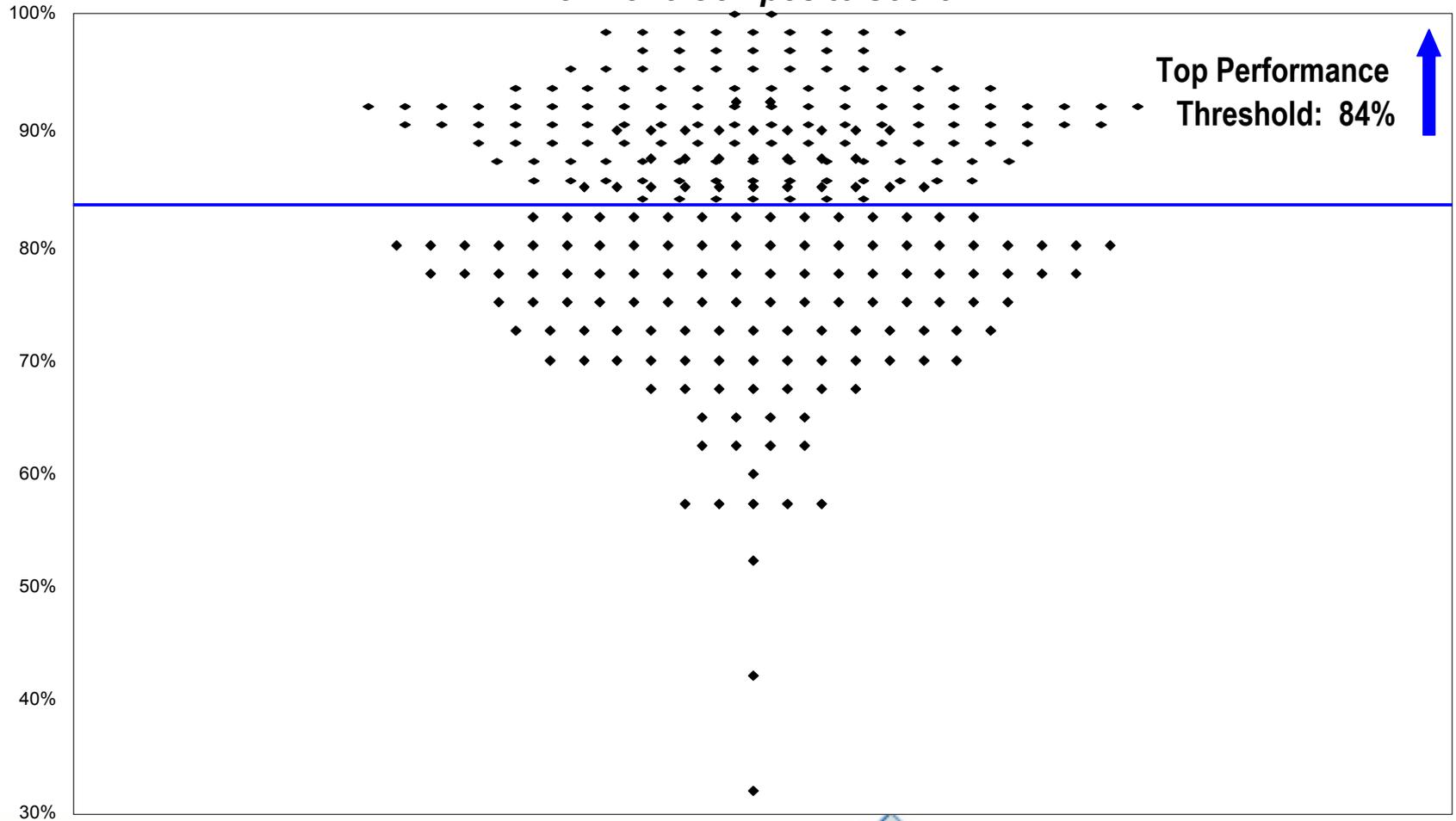
# Aligning QUEST with National Agenda: QUEST Advisory Panel



- Agency for Healthcare Research and Quality (AHRQ)
- Alliance for Nursing Informatics, University of Minnesota
- American Board of Internal Medicine
- American College of Surgeons
- American Health Information Management Association
- American Heart Association
- American Hospital Association
- American Society for Healthcare Risk Management (ASHRM)
- Blue Cross Blue Shield Association (BCBSA)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Institute for Healthcare Improvement (IHI)
- International Center for Nursing Leadership University of Minnesota
- John D. Stoeckle Center for Primary Care Innovation, Massachusetts General Hospital
- National Business Coalition on Health
- National Patient Safety Foundation (NPSF)
- National Quality Forum
- Office of the National Coordinator for Health Information Technology
- The Commonwealth Fund
- The Joint Commission
- The Rand Corporation

# The QUEST Goal: Example - Evidence-Based Care (TPT 84%)

Distribution of QUEST Hospitals on Evidence-Based Care Rates  
*All-or-None Composite Score*

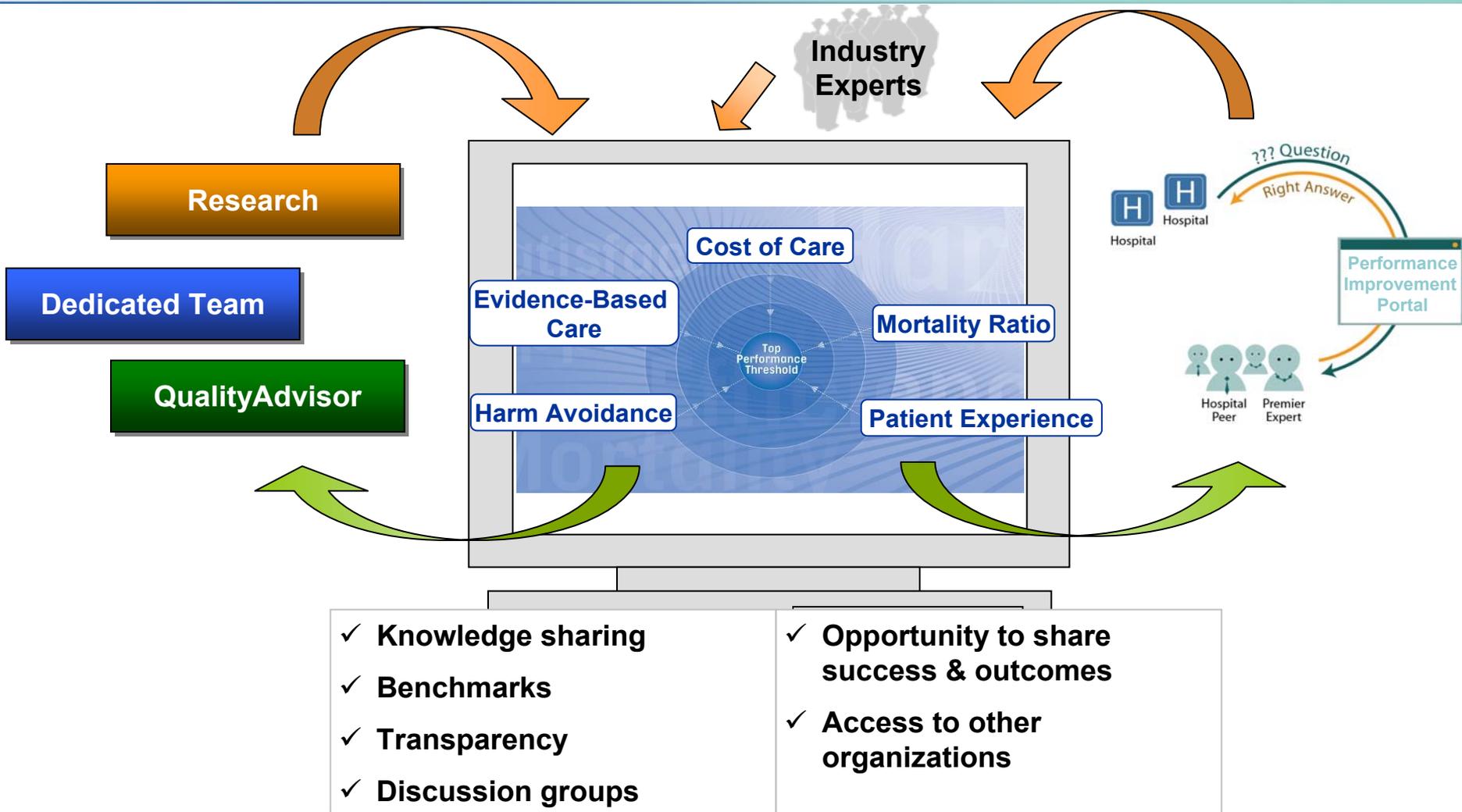


# Essential Components of QUEST

- Tools
  - Patients, Payors and Providers are all searching for a way to define high value in healthcare. QUEST provides a multi-dimensional framework, tangible goals and tools to monitor performance
- Team
  - All participants are continually learning to see the whole together
- Trust
  - Open data, open sharing, and a truly collaborative environment



# Premier QUEST Tools



# Premier ClinicalAdvisor™ - Strategic Planning

## Identify Top Opportunities to Set the Strategic Direction of the Organization

Clinical Advisor™

CLINICAL PERFORMANCE REPORT

Premier Memorial Hospital

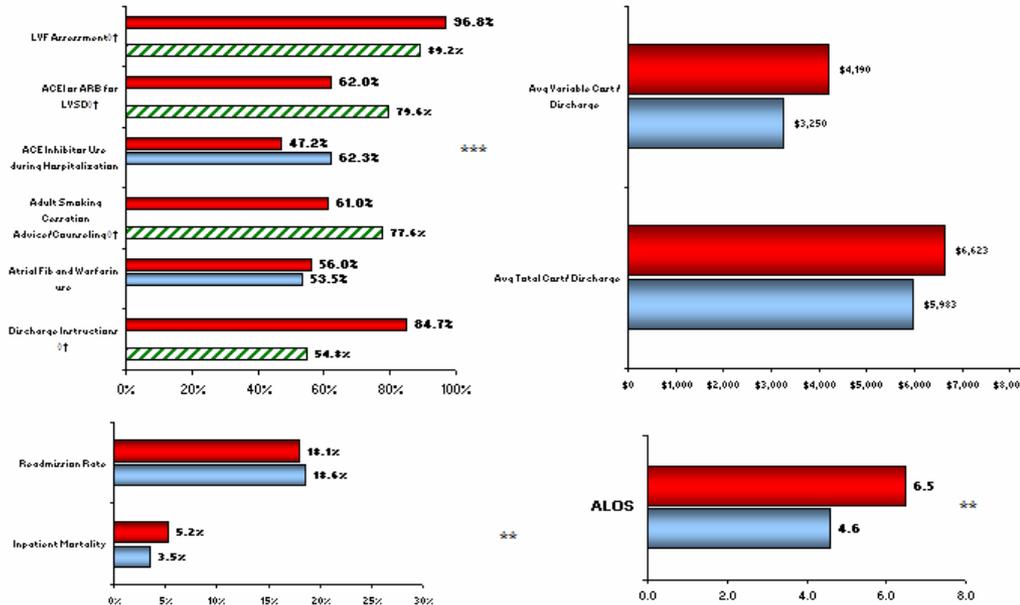
Reporting Period 1/1/05 - 12/31/05

### HEART FAILURE

How does your hospital compare to the top performers in clinical and financial performance?

#### Clinical Performance

#### Financial Performance



Hospital ■ Top Performer Target ■ JCAHO Comparative ▨

Statistical Significance Compared to Top Performer Target: \*\*\* p < 0.01 \*\* p < 0.05 \* p < 0.10

- Set the Strategic Plan for Quality
- Identify opportunities comparing to:
  - Top Performers
  - Customized Peer Groups
- Set goals for Key Performance Indicators
- Focus resources on high impact projects

# Premier ClinicalAdvisor™

## Baseline Performance for Decision-Making

Patient Safety Indicator	Hospital Patients at Risk	Hospital Events	Hospital PSI Rate	Peer Patients at Risk	Peer Events	Peer PSI Rate	Rate Variance from Peer
Postop PE or DVT	2,125	75	3.5294%	1,228,659	7,952	0.6472%	2.88%

**Opportunity Identification:**  
Higher Post-op PE or DVT rate in the surgical patients

**Zynx Health** Welcome [Home](#) [Search](#) [Settings](#) [Help](#) [Log out](#)

ZynxEvidence™ Deep Venous Thrombosis – Prophylaxis > Therapy > Surgery > General

Product   Include Synopses

Module

Group

Content Type

[Expand](#) [Collapse](#)

- General Information
- Medical Evidence Methodology
- Therapy
  - General Recommendations
  - Medical Conditions
  - Other

**Reminder**

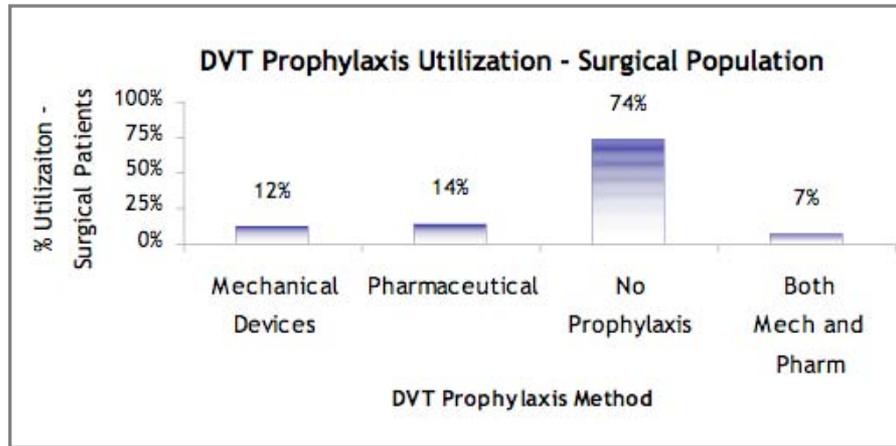
For selected patients (based on patient risk factors and type of surgery) undergoing general surgery, consider perioperative deep venous thrombosis (DVT) prophylaxis with low-dose unfractionated heparin (LDUH), a low-molecular-weight heparin (LMWH; eg, dalteparin, enoxaparin, nadroparin), intermittent pneumatic compression (IPC), or graduated elastic stockings (ES).

**Rationale**

**Mechanical Prophylaxis**

### What does the evidence say about DVT prophylaxis?

Use ZynxEvidence to research proper methods of care



### Are you following the evidence?

Use Resource Utilization reporting to find what types of drugs or devices you are using for prophylaxis, if any

# Drilldowns: Patient level data from almost any report

The screenshot displays a software interface with a navigation menu on the left, a central drilldown menu, and a data table on the right. The drilldown menu is open, showing a list of categories with 'Patient ID' selected. The data table on the right shows various metrics for different categories, with a tooltip for 'Patient ID' showing patient-level data.

**Navigation Menu:** History List, My Reports, Preferences. Clinical Advisor > Clinical Efficiency > Fac

**File Menu:** File, View, Data, Format

**Tools:** PAGE-BY: none

**APR Business Line Metrics**

APR Business Line	Metrics
<b>Total</b>	
11 PULMONARY-MED	
02 CARDIOLO	
18 ORTHOPED	
12 GENERAL-SURG	
31 REHABILITATION	
05 GASTROENTEROLOGY-MED	
36 UROLOGY-MED	
07 INFECTIOUS DISEASES	
24 NEONATOLOGY	
01 GENERAL-MED	
08 NEPHROLOGY	

**Drilldown Menu:**

- APR DRG
- APR DRG Severity of Illness
- APR DRG Risk of Mortality
- APR DRG Code
- Admitting Physicians
- Attending Physicians
- CPT4 Codes
- Clinical Focus Group
- Consulting Physicians
- DRG Code
- Hospital
- Hospital Payors
- ICD9 Codes
- Inpatient/Outpatient
- MS-DRG Code
- Outlier
- Patient
- Patient Demographics
- Patient Origin
- Patient Types

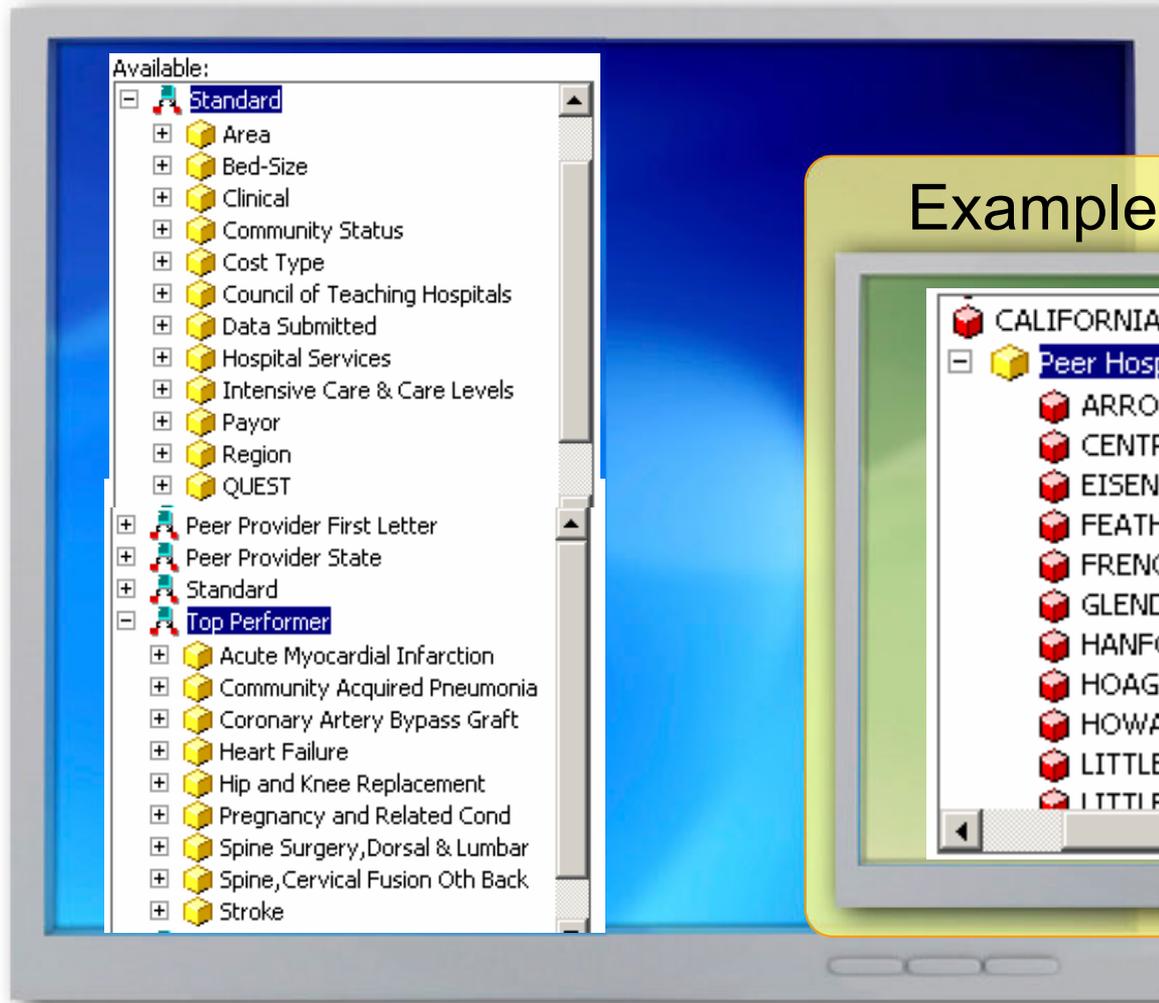
**Data Table:**

Case	Total Cost/Case	Expected Variable Cost/Case	Expected Fixed Cost/Case
8,250	7,080	3,147	3,262
3,921	8,183	3,096	3,498
2,984	6,133	2,376	2,668
6,094	13,183	6,508	5,184
6,934	14,530	6,345	6,362
7,215	16,300	4,935	6,522
2,766	5,771	2,343	2,651
		2,492	2,813
		4,524	4,768
		883	1,030
		2,581	2,888
4,751	10,884	3,830	4,183

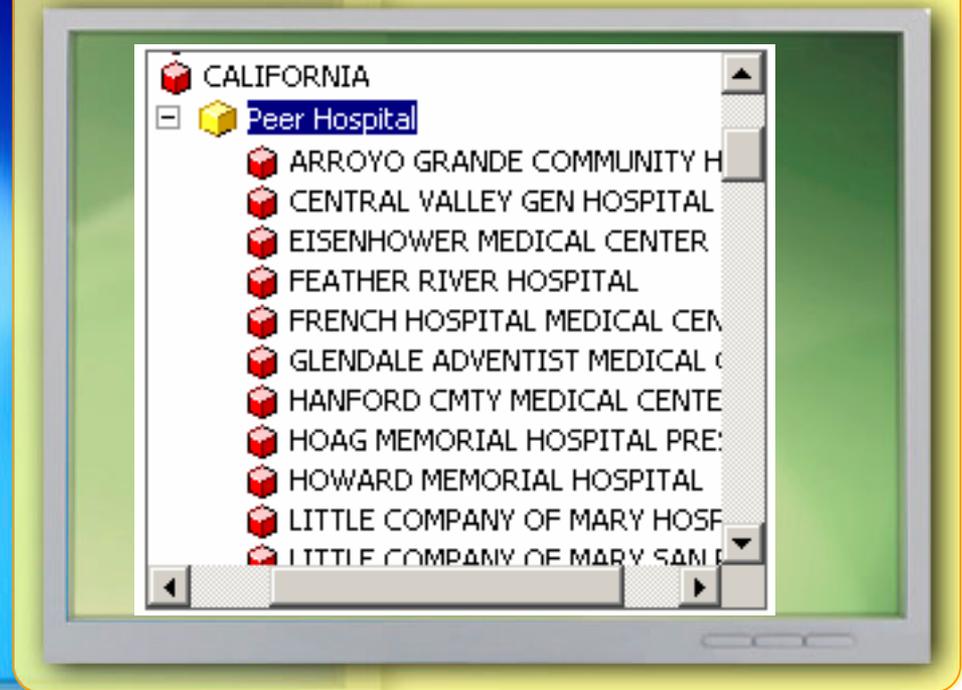
**Tooltip for Patient ID:**

- Birth Weight
- Medical Record
- Patient ID

# Premier QualityAdvisor peer benchmarking



## Examples of peer facilities



## Complications

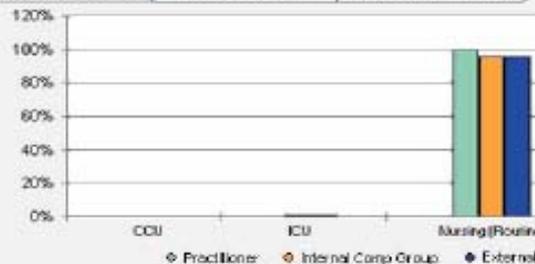
PSI	AHRQ Patient Safety Indicators		CMS Hospital Acquired Conditions		Premier Hospital Acquired Conditions		CareScience Complications	
	Practitioner		Internal Comp		External Peer			
	Num	Den	Num	Den	Num	Den		
PSI-01: Complications of Anesthesia	0	39	0	210				
PSI-02: Death in Low Mortality DRGs	0	2	0	3				
PSI-03: Occult Blood Uter	1	25	1	36				
PSI-04: Failure to Resuscitate	1	3	0	4				
PSI-05: Foreign Body Left During Procedure	0	57	0	235				
PSI-06: Iatrogenic Pneumothorax	0	49	0	234				
PSI-07: Selected Infections Due to Medical Care	0	32	0	247				
PSI-08: Postoperative Hip Fracture	0	34	0	3				
PSI-09: Postoperative Hemorrhage or Hematoma	0	39	0	230				
PSI-10: Postoperative Physiologic and Metabolic Derivates	1	18	0	282				
PSI-11: Postoperative Respiratory Failure	1	18	0	282				
PSI-12: Postoperative Pulmonary Embolism or DVT	2	39	5	230				
PSI-13: Postoperative Sepsis	1	4	0	53				
PSI-14: Postoperative Wound Dehiscence	0	23	0	3				
PSI-15: Abdominal Pain/nausea or Laceration	1	52	1	219				
PSI-16: Transfusion Reaction	0	57	0	235				
PSI-17: Birth Trauma Injury to Neonate	0	3	0	3				
PSI-18: Obstetric Trauma-Vaginal Delivery w/ Instrument	0	3	0	3				
PSI-19: Obstetric Trauma-Vaginal Delivery w/o Instrument	0	3	0	3				
PSI-20: Obstetric Trauma-Cesarean Delivery	0	3	0	3				

## Evidence-based Care (by Attending Physician)

Overall	AMI	CAC	HBPS	HF	PN	PR	SCIP
Measure	Practitioner	Internal Comp	External Peer	HQID Top 50%	HQID Top 10%	Practitioner Performance	
Appropriate Care Score - AMI	84%	84%	84%	84%	84%	84%	84%
Appropriate Care Score - CAC	84%	84%	84%	84%	84%	84%	84%
Appropriate Care Score - HBPS	84%	84%	84%	84%	84%	84%	84%
Appropriate Care Score - HF	84%	84%	84%	84%	84%	84%	84%
Appropriate Care Score - PN	84%	84%	84%	84%	84%	84%	84%
Appropriate Care Score - PR	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Appropriate Care Score - SCIP	84%	84%	84%	84%	84%	84%	84%

## Patient Flow

Patient Days by Level ICU Utilization 30-Day Readmissions



Understand utilization variation.

## Demographic Distributions

Point of Origin Discharge Disposition Payor

Point of Origin	Practitioner	Internal Comp	External Peer
Health Care Facility Point of Origin (1)	42.4%	43.6%	46.8%
ICU	0.1%	4.7%	0.5%
From a Hospital (Different Facility) (2)	0.0%	0.0%	4.0%
From a Skilled Nursing Facility (SNF) or Intermediate Care	0.0%	3.0%	3.0%
From a Assisted Health Care Facility (3)	0.7%	0.0%	0.0%
Emergency Room (7)	18.7%	32.0%	12.0%
Law Enforcement (8)	0.0%	0.0%	0.0%
Person not Available (9)	0.0%	0.0%	0.0%
From One District Unit of the Hospital to Another	0.0%	0.0%	0.4%
Total	100.0%	100.0%	100.0%

## Resource Use

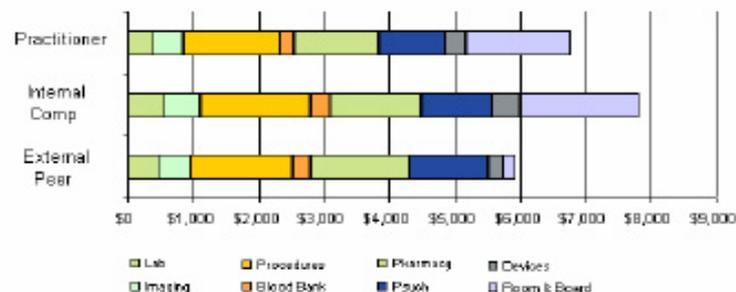
By Department By Individual Resource

Include metrics:

- Lab
- Procedures
- Pharmacy
- Devices
- Imaging
- Blood Bank
- Psych
- Room & Board

Department	Practitioner		Internal Comparison Group		External Peer	
	% Use	Ave Cost	% Use	Ave Cost	% Use	Ave Cost
Lab	89.10%	\$163	84.0%	\$201	84.0%	\$171
Imaging	82.40%	\$502	84.0%	\$507	84.0%	\$493
Procedures	75.40%	\$1,567	84.0%	\$1,678	84.0%	\$1,476
Blood Bank	66.20%	\$278	84.0%	\$291	84.0%	\$223
Pharmacy	99.10%	\$1,000	84.0%	\$1,400	84.0%	\$1,300
Psych	2.0%	\$1,200	84.0%	\$1,100	84.0%	\$1,000
Devices	75%	\$254	84.0%	\$222	84.0%	\$222
Room & Board	100%	\$200	84.0%	\$1,900	84.0%	\$1,900

## Average Cost Comparison



# Premier SafetySurveillor™

## Infection Control, Antibiotic Optimization, and Incident Management

### Infection Control

- House-wide surveillance, alerting, intervention support
- State and mandatory reporting
- SSI investigation, benchmarking, & reporting (NHSN)

### Pharmacy

- Antibiotic/medication optimization
- Intervention management
- Clinical, financial and administrative reporting

### Incident Management

- Increase amount of incident data
- Track intervention performance
- Identify root causes
- Deliver immediate alerts
- Provide comparative data

**PREMIER SafetySurveillor™** Event Detection [\[Start\]](#)

Sub-menu [Master Single Event Log](#) [Institution List](#) [Pre-defined List](#) [Chart Format](#)

**Event Detection Main**

You are currently viewing the main Setnet Event Detection page where you can review your alerts (both [Control Chart Alerts](#)) and instantly view events placed on your [Favorites List](#).

**Single Event Alerts:** [\[View Master Single Event Log\]](#) [\[TOP\]](#)

There were no Single Event alerts since your last session.

Event Name (click to view Single Event log)	Patient ID	Patient Name	Alert Date	Patient Viewed	Remove
<a href="#">MRSA Hospital Wide</a>	<a href="#">Details</a> 12850122	[CONFIDENTIAL]	10/19/2006	Yes	<a href="#">Remove</a>
<a href="#">MRSA Hospital Wide</a>	<a href="#">Details</a> 12850372	[CONFIDENTIAL]	10/19/2006	No	<a href="#">Remove</a>
<a href="#">Ortho SSI</a>	<a href="#">Details</a> 12816847	[CONFIDENTIAL]	10/19/2006	No	<a href="#">Remove</a>
<a href="#">Ortho SSI</a>	<a href="#">Details</a> 12850122	[CONFIDENTIAL]	10/19/2006	No	<a href="#">Remove</a>
<a href="#">Ortho SSI</a>	<a href="#">Details</a> 12603393	[CONFIDENTIAL]	10/19/2006	No	<a href="#">Remove</a>
<a href="#">Ortho SSI</a>	<a href="#">Details</a> 12850741	[CONFIDENTIAL]	10/19/2006	No	<a href="#">Remove</a>
<a href="#">RIDS</a>	<a href="#">Details</a> 12738448	[CONFIDENTIAL]	10/09/2006	No	<a href="#">Remove</a>
<a href="#">Achromobacter Housewide</a>	<a href="#">Details</a> 12425244	[CONFIDENTIAL]	09/21/2006	Yes	<a href="#">Remove</a>
<a href="#">WCH VRE</a>	<a href="#">Details</a> 12406009	[CONFIDENTIAL]	09/21/2006	No	<a href="#">Remove</a>
<a href="#">11D MRSA All</a>	<a href="#">Details</a> 11778315	[CONFIDENTIAL]	08/04/2006	No	<a href="#">Remove</a>

[Remove](#) Remove all viewed items (items with Patient Viewed = Yes)

[Remove](#) Remove all items.

DEMO  
Last Session: Mar 20, 2007  
Session Count: 1408  
Today's Date: Mar 21, 2007

SafetySurveillor  
Version: 3.0.2  
© 2000 - 2006,  
Premier Inc.

**SafetySurveillor [Start]**

Sub-menu [Institution List](#) [Pre-defined List](#)

**Pharmacy Institution Event List**

[Create](#) New Organism Coverage Event Definition...

[Create](#) New Drug Usage Event Definition...

**Pharmacy Event List**

Type	Event Name	Edit	Copy	Delete
	5 days of amp/sulbac, ceftaz, pip/tazo, or ticar/clar	<a href="#">Details</a>	<a href="#">Edit</a>	<a href="#">Copy</a> <a href="#">Delete</a>
	AG and Vanc PK	<a href="#">Details</a>	<a href="#">Edit</a>	<a href="#">Copy</a> <a href="#">Delete</a>
	Aminoglycosides: Trauma	<a href="#">Details</a>	<a href="#">Edit</a>	<a href="#">Copy</a> <a href="#">Delete</a>
	Aminoglycosides: UMD trial	<a href="#">Details</a>	<a href="#">Edit</a>	<a href="#">Copy</a> <a href="#">Delete</a>
	amy - kinetics	<a href="#">Details</a>	<a href="#">Edit</a>	<a href="#">Copy</a> <a href="#">Delete</a>
	Anaerobe Double Coverage: clindamycin & cefotetan	<a href="#">Details</a>	<a href="#">Edit</a>	<a href="#">Copy</a> <a href="#">Delete</a>
	Anaerobe Double Coverage: clindamycin & cefoxitin	<a href="#">Details</a>	<a href="#">Edit</a>	<a href="#">Copy</a> <a href="#">Delete</a>
	Anaerobe Double Coverage: clindamycin & imipenem	<a href="#">Details</a>	<a href="#">Edit</a>	<a href="#">Copy</a> <a href="#">Delete</a>
	Anaerobe Double Coverage: clindamycin & metronidazole	<a href="#">Details</a>	<a href="#">Edit</a>	<a href="#">Copy</a> <a href="#">Delete</a>

# Sample performance report



## QUEST CHARTER MEMBER PERFORMANCE REPORT MORTALITY DRILL DOWN REPORT

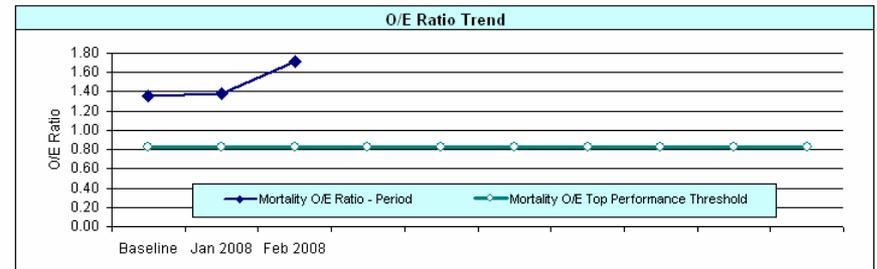
To achieve unprecedented results in quality, safety, and efficiency

### Premier Medical Center

Report Period: Feb 2008 (2/1/2008-2/29/2008)

Report Generated: 6/1/2008

Primary Measure: Observed/Expected Ratio (Top Performance Threshold = 0.82, based on top quartile of July 1, 2006-June 30 2007 Baseline period)

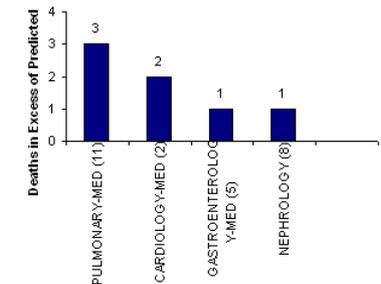


Charter Member Entity-Wide Performance	Baseline	Jan 2008	Feb 2008						
Total Cases (denominator)	2671	223	224						
Observed Mortality Rate	3.9%	4.0%	5.4%						
Expected Mortality Rate	2.9%	2.9%	3.1%						
<b>Mortality O/E Ratio - Period</b>	<b>1.36</b>	<b>1.38</b>	<b>1.71</b>						
<b>Mortality O/E Ratio - YTD</b>	<b>1.36</b>	<b>1.38</b>	<b>1.55</b>						
Deviation from Expected Mortality: (O - E)	1.0% **	1.1%	2.2% **						
Deaths in Excess of Predicted: (O - E) * Cases	27	2	5						

\* Statistically Significant at 75% Confidence Level    \*\* Statistically Significant at 95% Confidence Level

### Top 10 Mortality Opportunities by Business Line Reporting Period: Feb 2008 (2/1/2008-2/29/2008)

Business Line (APDRG)	Cases	Observed Mortality	Expected Mortality	Deviation from Expected (O - E) **	O/E Ratio (O/E)	Deaths in Excess of Predicted (O - E) * Cases
PULMONARY-MED (11)	36	11.1%	3.7%	7.4% **	3.03	3
CARDIOLOGY-MED (2)	54	5.6%	2.4%	3.2% **	2.36	2
GASTROENTEROLOGY-MED (5)	23	4.3%	1.4%	2.9% *	3.11	1
NEPHROLOGY (8)	5	20.0%	8.9%	11.1%	2.26	1



\* Statistically Significant at 75% Confidence Level    \*\* Statistically Significant at 95% Confidence Level

Note: Only positive opportunities are shown which may result in fewer than 10 Business Lines in the above list, or none if no opportunities exist by business line

# Patient Experience Measurement for QUEST

## Alternatives for measurement

- **All dimensions** (Nine Dimension Composite Score)
- **Global perceptions**
- **Selected dimensions** (Five Dimension Composite Score)

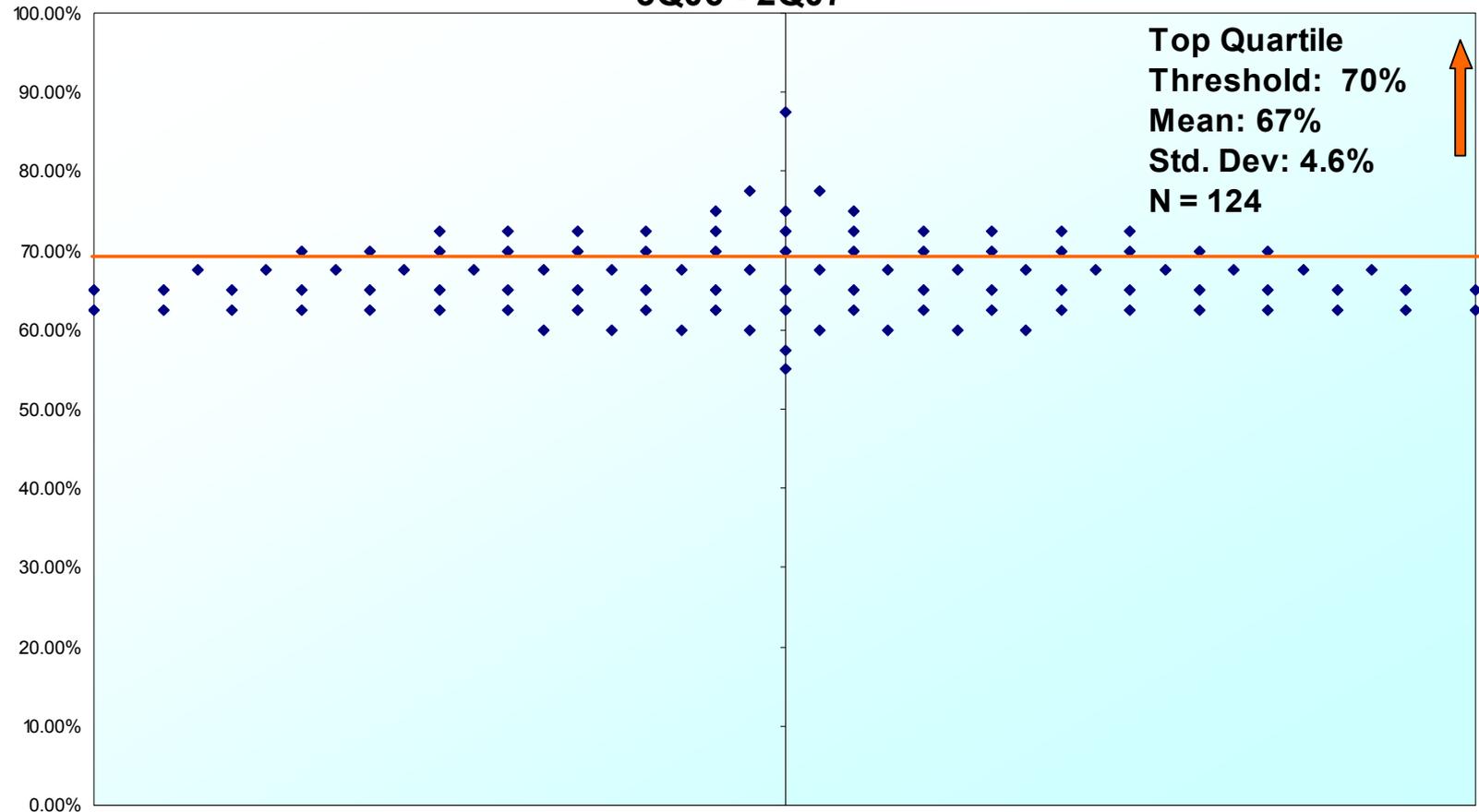


# Patient Experience: Nine Dimension Composite Score

- Data Source: CMS Hospital Compare: 3Q06 – 2Q07
- Data Elements: Top box answers for combined global measures and eight dimensions of care
  - Global
    - Overall Rating (9 or 10) + Willingness to recommend hospital (Yes)
  - Communication with nurses
  - Communication with doctors
  - Responsiveness of hospital staff
  - Pain Management
  - Communication about medicines
  - Discharge information Discharge information
  - Cleanliness of hospital environment
  - Quietness of hospital environment
- Calculation:  $(\text{Overall Rating} + \text{Willingness to Recommend})/2 + \text{Communication with nurses} + \text{Responsiveness} + \text{Pain Management} + \text{Communication about medicines} + \text{Communication with doctors} + \text{Communication with doctors} + \text{Cleanliness of hospital environment} + \text{Quietness of hospital environment})/9$

# Patient Experience: Nine Dimension Composite Score

Distribution of HCAHPS Ten Dimension Composite Score  
QUEST Hospital Compare Facilities  
3Q06 - 2Q07



# Patient Experience: Global Perceptions Measure Composite Score

Data Source: CMS Hospital Compare: 3Q06 – 2Q07

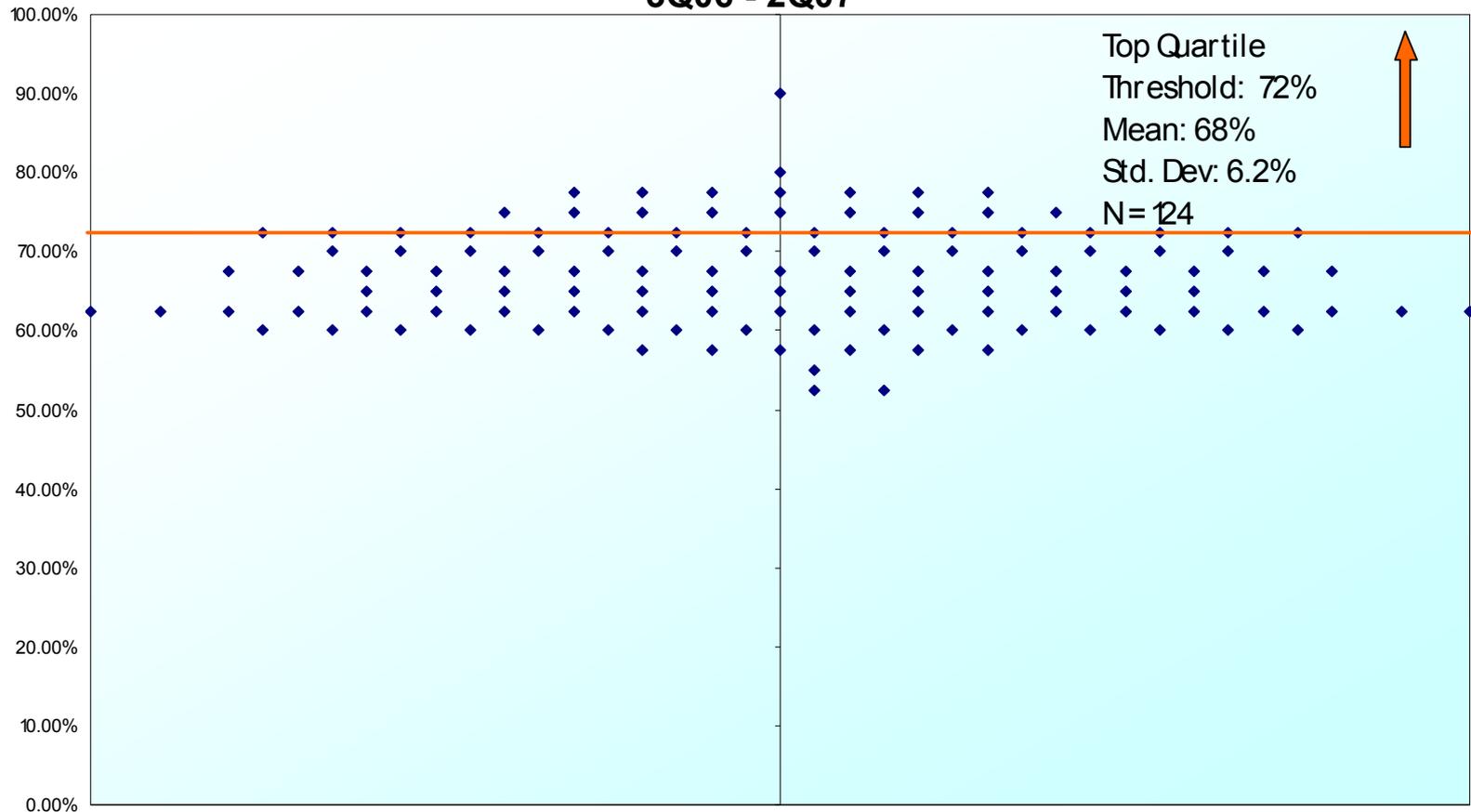
Data Elements: Top box answers for global measures

- Overall Rating (9 or 10)
- Willingness to recommend hospital (Yes)

Calculation:  $(\text{Overall Rating} + \text{Willingness to Recommend})/2$

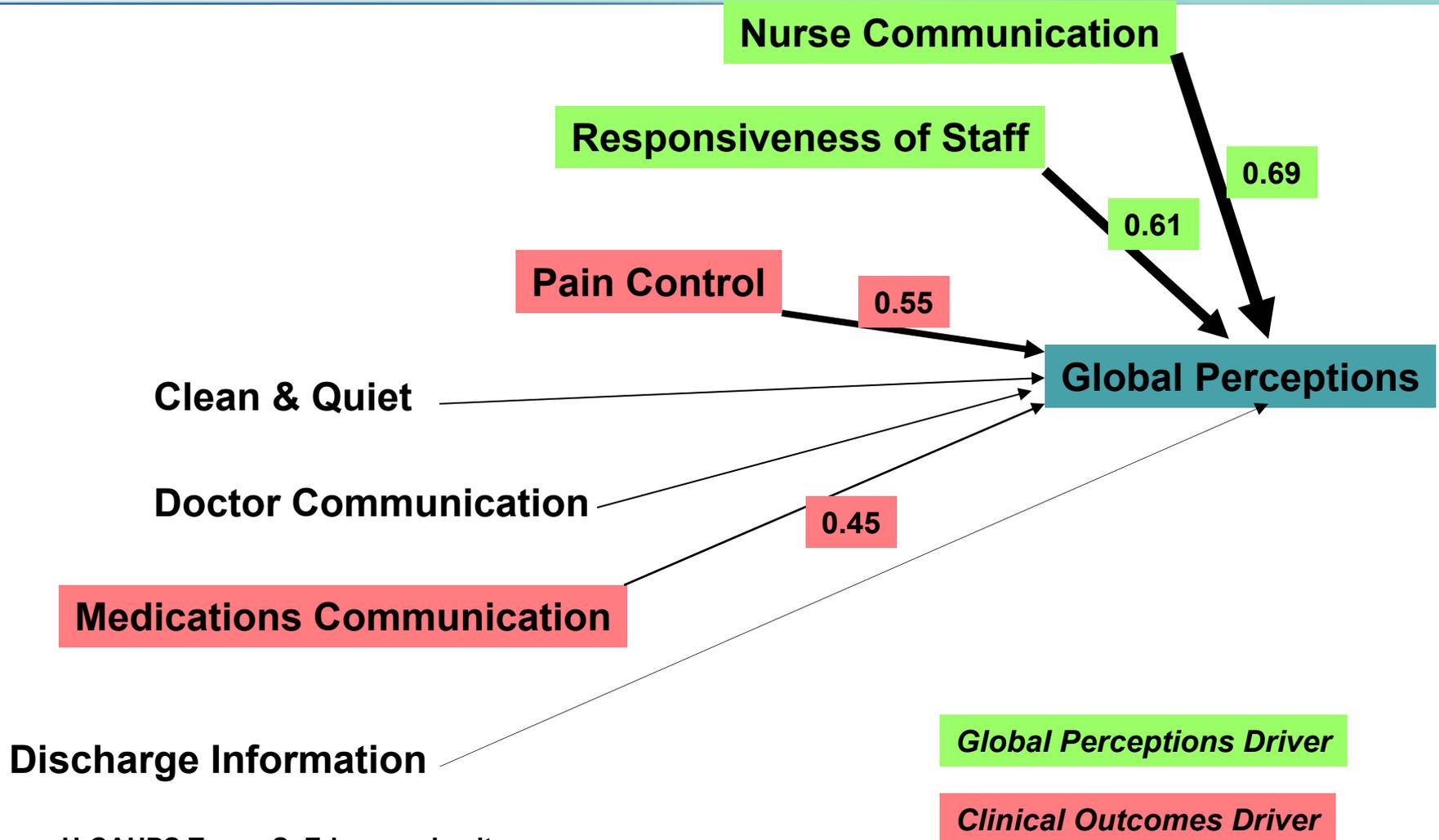
# Patient Experience: Global Perceptions Measure Composite Score

Distribution of HCAHPS Top Box Global Measures Composite Score  
QUEST Hospital Compare Facilities  
3Q06 - 2Q07



# Patient Experience: Five Dimension Composite Score

- Data Source: CMS Hospital Compare: 3Q06 – 2Q07
- Data Elements: Top box answers for combined global measures and four dimensions of care
  - Overall Rating (9 or 10)
  - Willingness to recommend hospital (Yes)
  - Communication with nurses
  - Responsiveness of hospital staff
  - Pain Management
  - Communication about medicines
- Calculation:  $(\text{Overall Rating} + \text{Willingness to Recommend})/2 + \text{Communication with nurses} + \text{Responsiveness} + \text{Pain Management} + \text{Communication about medicines})/5$



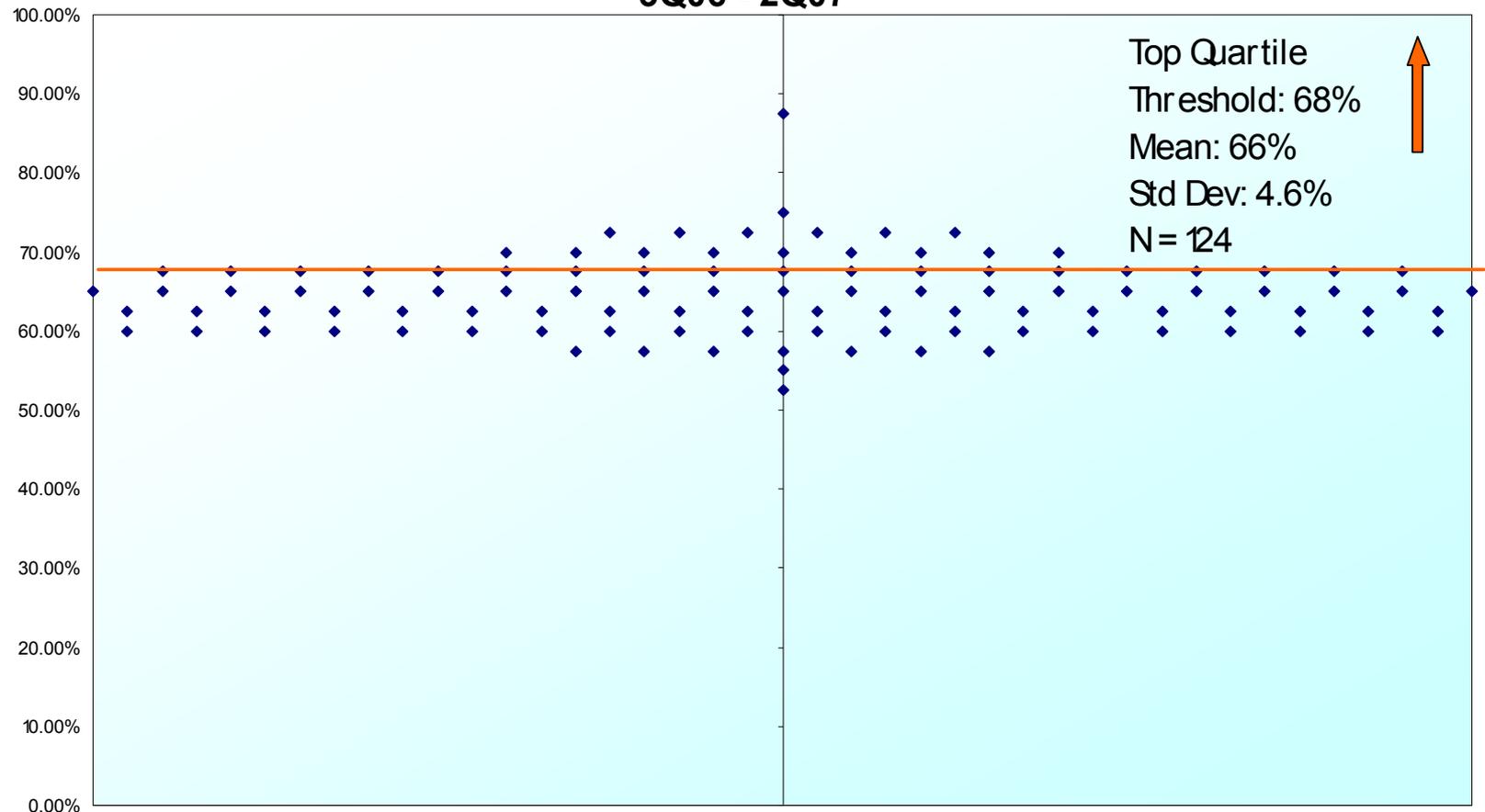
Source: H-CAHPS Team. S. Edgeman-Levitan

## Correlation Between H-CAHPS Composites and Patients' Global Ratings of the Hospital

<i>H-CAHPS COMPOSITES</i>	<i>CORRELATION WITH OVERALL RATINGS</i>
Nurse Communication	0.69
Responsiveness of staff	0.61
Pain control	0.55
Cleanliness and Quiet	0.50
Doctor communication	0.49
Communication about meds	0.45
Discharge preparation	0.29

# Patient Experience: Five Dimension Composite Score

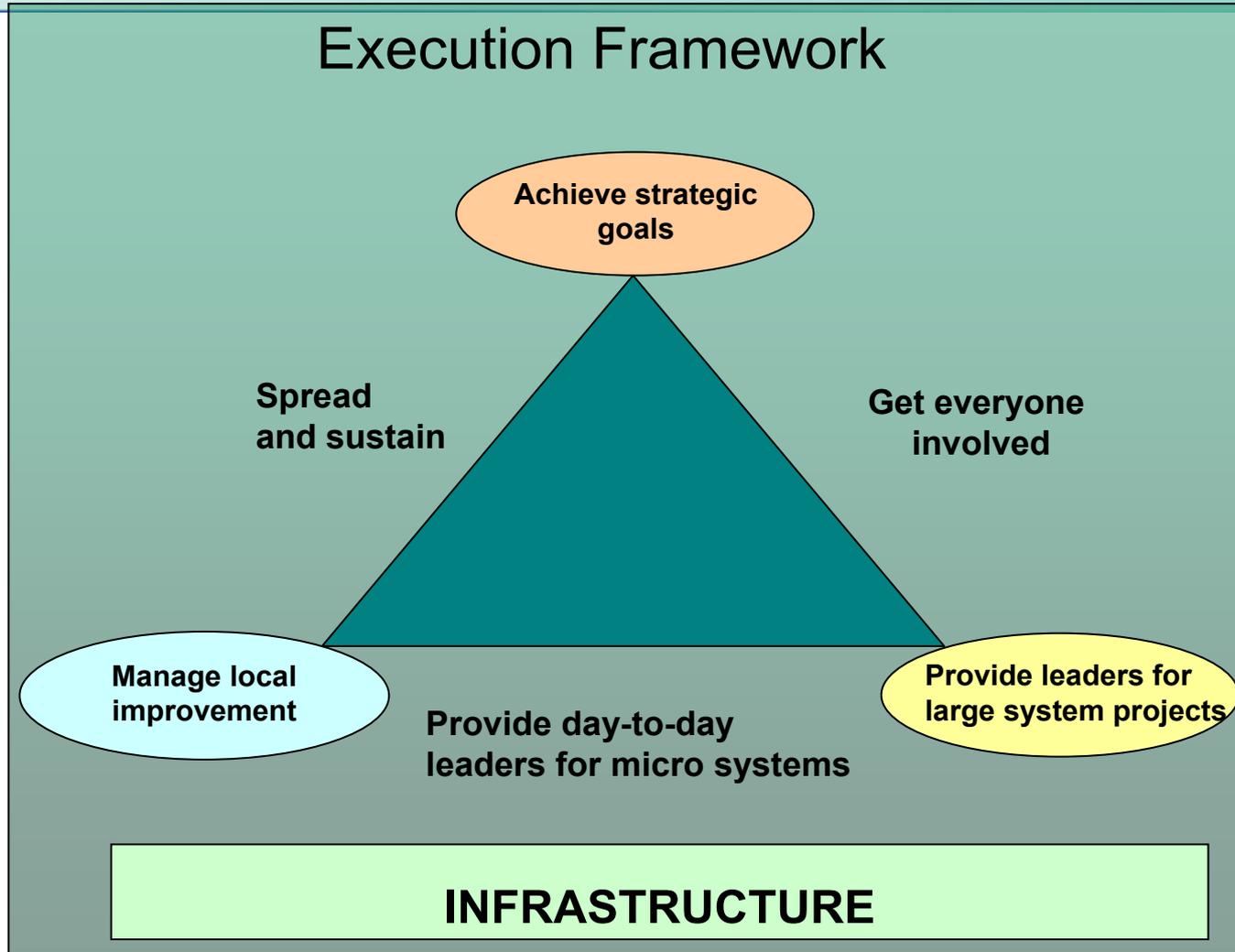
Distribution of HCAHPS Five Dimension Composite Score  
QUEST Hospital Compare Facilities  
3Q06 - 2Q07



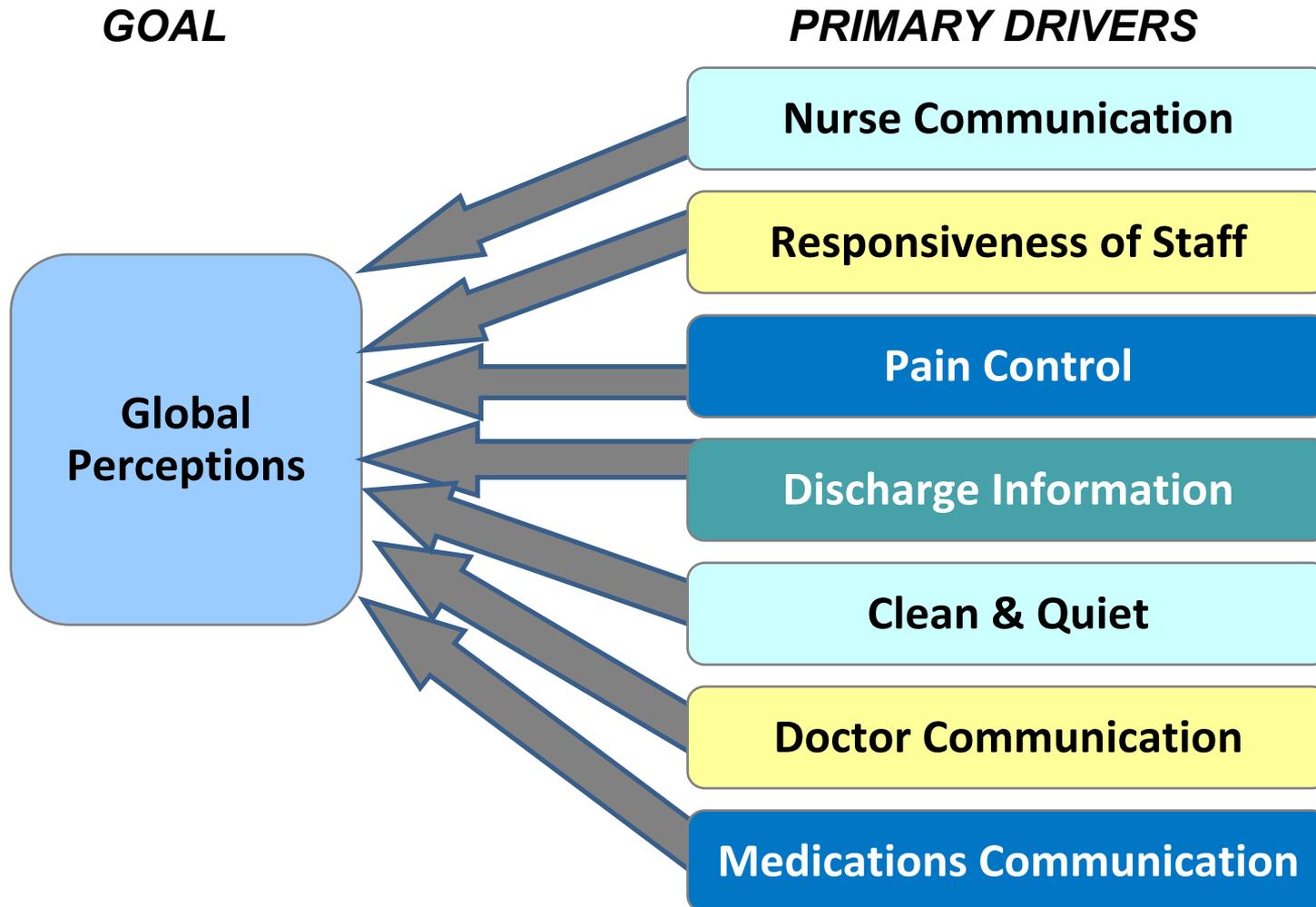
# Recommended measure

- Narrowed down recommendation to either Global Perceptions or the Selected Dimensions alternatives
- Global Perceptions methodology was the final recommendation of the workgroup
  - Aligns with what most hospitals are reporting on Scorecards, etc
  - Overall measure we want to impact and improve
  - Agreed Premier would still provide drill downs and comparatives for all drivers of Patient Experience

# Execution Framework for Implementing Change



# Patient Experience Drivers

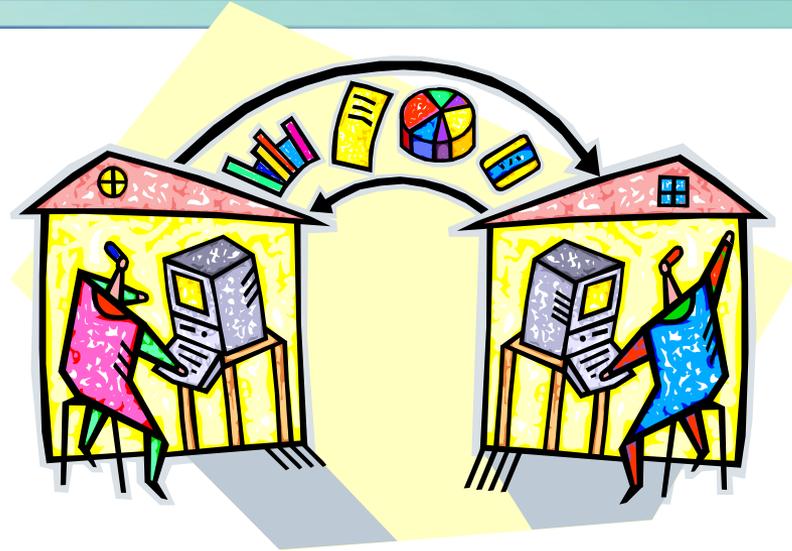


# QUEST on-line Community on the PI Portal: Save time, energy and resources

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Intra group sharing

What's working; what's not

The QUEST  
"community"!



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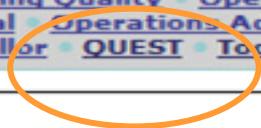
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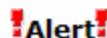
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### success story

**Subject:**

Emergency Department Collections and Financial Cou

**By:**

[Ed Harris](#)

This is a presentation

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- Innovation at Its Best: Medication Reconciliation [GO](#)
- Teleconference Tuesday 3/18/08 - Applying Redesign Principles to Design ED [GO](#)
- Never pay never again - Modern Healthcare [GO](#)
- Materials from QUEST Regional Meeting at Gaston Memorial Hospital on February 20 [GO](#)
- EBC Success - significant reduction of variances in "real time" [GO](#)

### best practices

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**Structure  
of the  
QUEST Category  
w/ subcategories  
– think “buckets  
of content”**

By: [Tricia Kopczewski](#)

Approved By: [Leslie Schultz](#) on 02/04/2008

### QUEST Communications Toolkit



The Charter Member Toolkit was created to help guide Transformation Leads and the Marketing and Public Relations departments of charter member hospitals and healthcare systems in communicating what QUEST is, and their organization's commitment and involvement in the success of the program. These can assist in communications to the administrative and clinical leadership teams, the board, ancillary staff and others who will be supporting the activities to drive the improvement process

#### Toolkit components:

- Customizable HTML e-mail template / e-mail header
- Customizable press release
- Customizable template articles (signature article)
- Fact sheet
- Fonts
- Logos (in various formats)
- Overview & frequently asked questions
- PowerPoint presentation (Driving our healthcare system to a new level of performance)
- Printable newsletters (Three formats: Quark, Adobe InDesign, and Microsoft Word)

The Public Relations and Marketing departments will receive notice of this by Premier's Communications and Public Relations department by the end of the week.

Please use the following link to access the toolkit.

*If you should encounter a warning pop up - please review the second attachment - it will walk you through how to proceed.*

Usefulness: ★★★★★ (100%/5 Ratings) Views: [167](#)



**Categorization:** [Account Management](#) > [QUEST](#) > [Account Management](#) > [QUEST](#) > [Marketing Materials](#), [QUEST](#) > [General Information](#) > [Communications](#) > [Charter Member Communications Toolkit](#)

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### attachments

#### Attachment

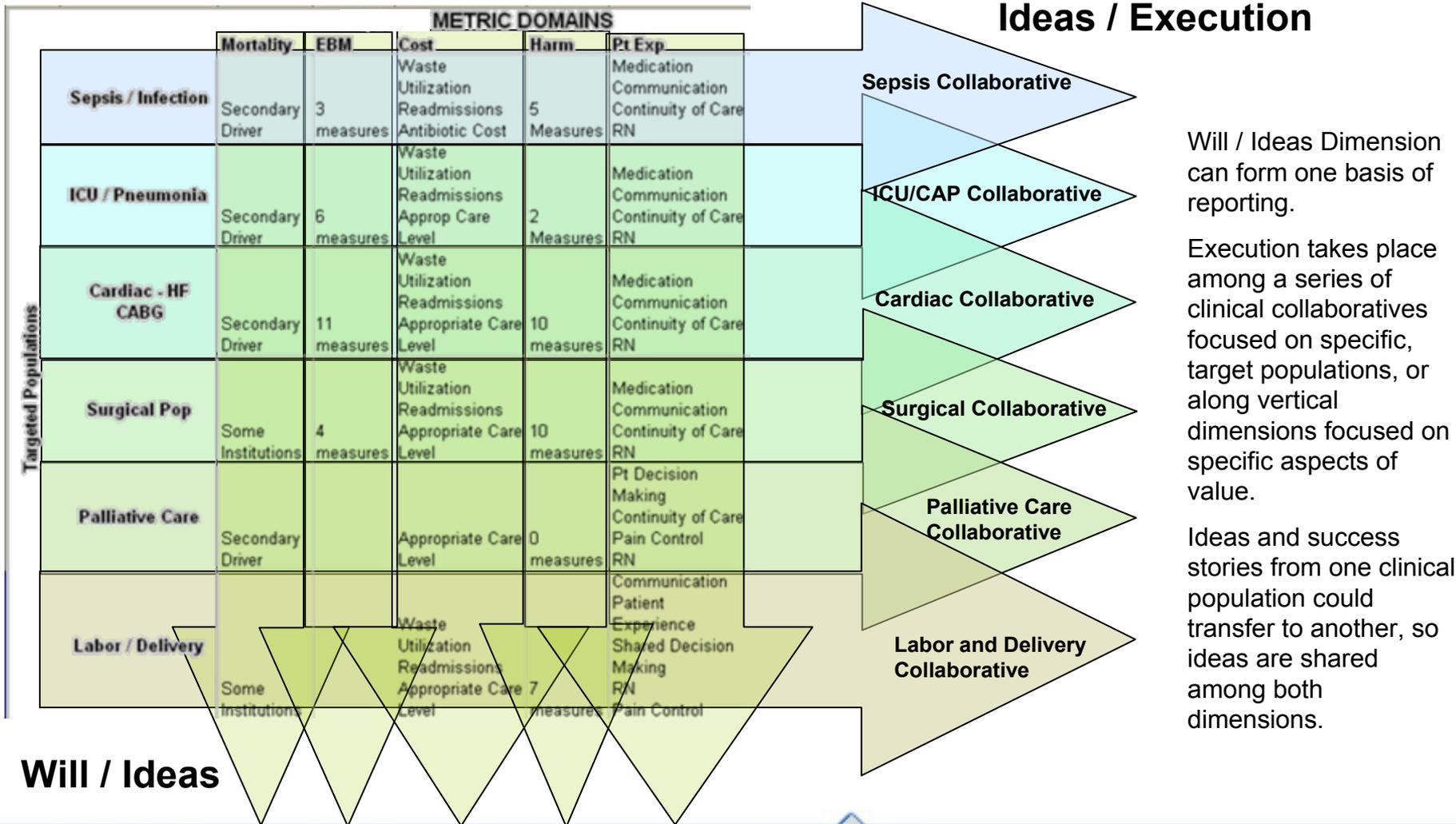
[How to if you encounter a warning pop up when trying to](#)  
Word Document - 1,483K  
<1 min @ 28.8K

[Updated link to QUEST Communications toolkit](#)  
Website Link

### Comments | usefulness

Comment	Added
<a href="#">feedback on communication tool</a> - great job in providing basic info that excite organizations and help jump start processing ...	02/08/2008

# Achieving High Value Healthcare through Learning Collaboratives



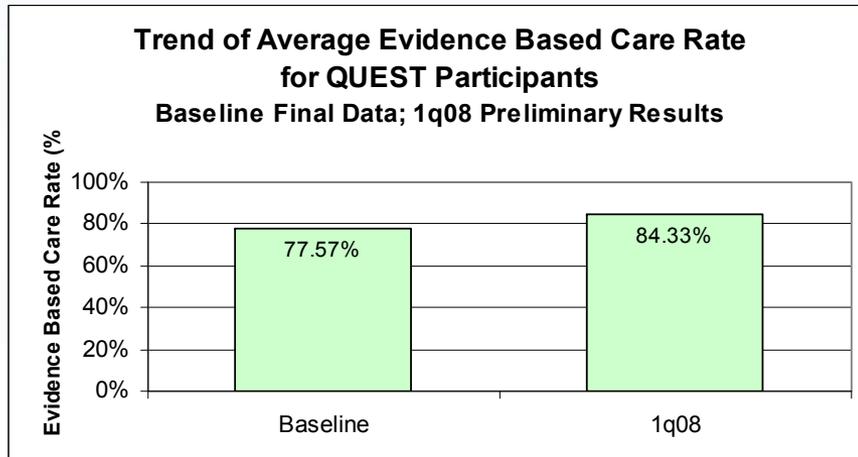
# Observations on Collaborative Execution



- Transparency and Healthy Competition is Key
  - Everyone likes being held up as a best performer; no one wants to see their institution at the bottom of the list
- Trust in each other and in a partner are critical
  - Data must be credible – not perfect
  - Since the group is entirely open with results, both good and bad, there needs to be a trust that information won't be misused
- Focusing on a “higher purpose” can excite and motivate and makes competitive concerns less important
  - By constantly focusing on the improved health of the patient and the community, the group engages in true collaboration

# QUEST Participants Show First Quarter Improvement

- Average improvement in Evidence Based Care Rate of QUEST participants from the baseline to preliminary 1q08 data = 6.71%



- Total improved: 127
- Total decreasing: 19
- Newly crossing the Top Performance Threshold of 0.84: 51
- Falling back from Top Performance Threshold: 1
- 60% of QUEST participants had achieved Top Performance Threshold in EBM Care Rate for Q1 08

# What if?

- All hospitals could deliver EBM care at the level of the QUEST goal of 0.84?
  - **270,000 additional** patients would receive 100% of EBM care
- The approx 1000 hospitals closest to the QUEST mortality goal could reach the goal of 0.82?
  - **20,000 additional** prevented deaths
- The approx 1000 hospitals closest to the QUEST cost goal could reach that goal?
  - **3,000,000 additional** dollars saved



Based on 2006 MedPar Data



[Richard\\_bankowitz@premierinc.com](mailto:Richard_bankowitz@premierinc.com)

