What can we Learn from the Airline Industry ?
The Evolution of Pilots

The Health Care Team

Medicine is a Team effort....
.....Why do we insist on playing Solo !
The Board’s Role in Physician Retention

Focus on Results

In health care, quality is assumed*

* Furthermore, it is assumed to be perfect and uniform

There is no consistent definition of quality*

* Quality means different things to different customers

Quality in Health Care is Questioned:
Our Friends in the Media!

Quality in Health Care is Questioned:
The Medical Literature- 1999

44,000-50,000 people die each year in the United States due to preventable medical errors.

System failure was more important than individual or institutional problems.
Quality in Health Care is Questioned: The Medical Literature - 2006 We are Still Not There

Everyone gets equally mediocre healthcare - only 54.9% get recommended care.

“Problems with the quality of care are indeed widespread and require a system-wide approach.”

The Quality Wave  2008–2009

What Have We Seen:

Quality is improving faster than ever
– Consumer scrutiny of data - the rise of Data Transparency

Many effective quality initiatives have been determined
– Implement known Evidence-Based Practices
  – Core Measures
  – 100K/5 Million Lives Initiatives
  – Leapfrog

Payors are willing to Pay for Performance
– Medicare
– Managed Care Organizations

Or… The New Quality Improvement Engine For Health Care

Turbo-Charging Quality !!
Or… The New Quality Improvement Engine
For Health Care

Read all about it !!
April 2005

Pennsylvania
Coronary Artery Bypass Surgery
2006 - 2007

Released: August 2009
Use of Public Performance Reports
A Survey of Patients Undergoing Cardiac Surgery
Schneider, JAMA May 27, 1998

58% of patients probably or definitely would change surgeons if their doctor had a higher than expected mortality rate the previous year.

1% knew the rating of their surgeon.

CABG Mortality in Pennsylvania
Results!
The New York State CABG Experience
Chassin, Health Affairs, 2002

41% reduction in mortality in first four years

Mortality higher in facilities with low volumes
- Reduction in hospitals doing CABG
- Reduction in physicians performing procedures
  - 27 surgeons ceased operations in NY
    Their combined mortality was 11.9%
    (NY state average 3.1%)

Wisconsin
QualityCounts Report on the Safety of Hospital Care
Released January 2003

Data Transparency
The Wisconsin Experience:

That which is measured, tends to **improve**.
That which is measured **publicly**, tends to **improve faster**.

“What we concluded was that even when hospitals know their performance is not good, that’s not sufficient motivation for them to do something. Making it public made a big difference in motivating them to improve.”

Julie Hibbard, Health Affairs 2003

The CMS Hospital Compare Website:

Core Measures:
- Heart Attack
- Heart Failure
- Pneumonia
- Surgical Site Infections
- HCAHPS

Data Transparency
All CMS Core Measures - 90th Percentile

All CMS Core Measures - 50th Percentile

Composite CMS Core Measures

National Sources:
Core Measures
Acute MI
Heart Failure
Community Acquired Pneumonia
Surgical Care Improvement
HCAHPS

Goal: 100% Compliance!!
Core Measures:
- Acute Myocardial Infarction
- Heart Failure
- Community Acquired Pneumonia
- Surgical Care Improvement
- HCAHPS

National Sources:
- Knowledge of the Existence of the CMS Hospital Compare Website
  - Kaiser Family Foundation, October 2008
  - Yes: 6%
  - No: 93%

How Consumers Define Quality
- Thomson Healthcare, 2006 HealthView Plus
- 2007
- 37%
- 21%
- 10%
- 9%
- 7%
- 6%
- 6%

- Good physician
- Treatment Options
- Respect
- Service
- Hospital
- Technology
- Others
How Consumers Obtain Information
1999 - 2006

Exposure to and Use of Quality Information
Percent Who Saw and Acted Upon the Information
Choice of Hospitals

Data Transparency

If the other guy’s getting better, then you’d better be getting better faster than that other guy’s getting better...
...Or you’re getting worse.
Tom Peters
Or... The New Quality Improvement Engine
For Health Care

Implementing Evidence-Based Medicine
What Can we Learn from the Airline Industry?

What Can we Learn from the Airline Industry?
Guidelines and Checklists
Guidelines for Guidelines

There will be **MORE** guidelines in clinical medicine

Guidelines were **NEVER** intended to apply to all patients and do **NOT** take the place of individual physician judgment

Expect physicians to occasionally **deviate** from guidelines in the daily practice of prudent medical care

When so...

... **DOCUMENT** In the medical record that:

- The patient was seen and evaluated
- The options were thoughtfully considered
- The best clinical judgment was used
- Discussed with the patient

What Can we Learn from the Airline Industry?

Guidelines

“In airline literature regarding protocol development, the elimination of ambiguity is consistently cited as a key factor in protocol success and safety”

Degani and Weiner 1993

In contrast, most medical guidelines are based upon **ambiguity** as a guiding principle of protocol development

Example:

Oxytocin Treatment Guidelines

ACOG 2006 Compendium

“Any of the low or high dose regimens outlined in table 2 are appropriate”

(0.5 – 6 mU/min every 15-40 min)

“Each hospital’s OB/Gyn department should develop guidelines for preparation and administration of oxytocin”

“The uterine contractions and fetal heart rate should be monitored closely”

Evidence-Based Medicine
**Example:**

*Postdates Guidelines*  
ACOG 2006 Compendium

"Women with post-term gestations who have unfavorable cervixes can either undergo labor induction or be managed expectantly."

"Delivery should be effected if there is evidence of fetal compromise..."

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**How to Land a 747 in a Strong Cross Wind*  
*(Had It Been Written by ACOG)*

- Use any settings of the plane's instruments you feel like
- Every airline and pilot can do it differently
- Be really careful as you get close to the ground

* Steve Clark, MD

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**Do Guidelines Help or Hurt?**

"Yeah, but Pilots do not have to worry about Malpractice Suits"
Do Guidelines Help or Hurt?

We keep missing the point…..

Simply put…
Evidence-based Protocols reduce adverse outcomes!

Adverse Outcomes
Evidence-Based Medicine

Guidelines improve patient care!

Or… The New Quality Improvement Engine For Health Care

Number of Pay for Performance Programs
Steady Increase Despite Questions

Med-Vantage, December 2007
Top deciles of hospitals rewarded on core measures
Hospital acquired conditions - October 2008
Physician reimbursement in pilot project

Hospital Acquired Conditions
CMS Approved Effective October 1, 2008

Reasonably Preventable
An Example from the Auto Repair Shop

You take your car in to get the brakes fixed. While fixing the brakes, the repairman accidentally punctures the tire with the tire iron.

You now receive the following bill:

Bill for Services:
Fixing Brakes: $300
Repairing Tire: $200
Total Due: $500
What Medicare does, so follow the other Payors

Hospital Acquired Conditions
Going from **known** complications……

..... To **known** complications.

Surgical Consent....

- **Hematoma**
- **Head Wound**
- **Mastectomy**
- **Emergency Surgery**
- **Infection**
- **Rebleeding**
- **Allergic Reaction**
- **Nerve Damage**
- **Bowel Failure**...
Surgical Consent ..... or Cop-Out

Looking Good!!

Days Without Bloodstream Infection
ICU
142

Not on my Watch!!

Days Without Bloodstream Infection
ICU
Almost 1
Process Step versus Clinical Outcome
The Journey to Zero Defects

Process Step  ![Mapping Hardwiring](隽⁄隽⁄隽⁄隽⁄)/barb2right/barb2right/barb2right/barb2right
Zero Defects !!

Clinical Outcome  ![Mapping Hardwiring](隽⁄隽⁄隽⁄隽⁄)/barb2right/barb2right/barb2right/barb2right
Incomplete Medical Knowledge
Zero Defects !!

P- Poor Protooplasm

Hospital Acquired Conditions
Where We Need to Be

All hospital acquired conditions should be considered Never Events
A hospital acquired condition is analogous to an industrial accident
Infection Rates of Zero!
Pipe Dream or Reality?

Perfection is unobtainable. But if we chase it, we can catch excellence.
Vince Lombardi

Who Benefits?
The Patient!!
Put it all Together:
The New Quality Improvement Engine
For Health Care

Are you Ready for the Ride??
10 Challenges a Healthcare Organization Must Face

1. Adopt the philosophy of “Perception is Reality”
   - Starts at the Board, and progresses to administration, staff and physicians
   - The data is significant whether it is significant or not.

2. Put a process in place for physicians and staff to quickly analyze data and implement improvement measures

3. A lower rating usually points to a real problem
   - When there is a “one star” rating, assume there is a reason for it.
   - Saying “low volumes” or “sicker patients” does not cut it anymore

4. Anticipate upcoming clinical measures and develop care improvement processes early
   - A “ramp-up” period will no longer be acceptable

5. Clinical data is driven by physician documentation.
   - Accurate and complete documentation is more important than ever before
   - A “good” doctor that does not document well is not a “good” doctor

6. Compliance with core measures is so universally high, it has become a Standard of Care
   - 100% compliance is to be expected
   - Variances are issues for peer review
10 Challenges a Healthcare Organization Must Face

7. Anticipate the continued growth of pay for performance reimbursement
   – Most managed care payors will use CMS as a benchmark
   – Don't forget the importance of steerage volume as well as higher unit cost reimbursement

8. Complications considered preventable will be increasingly not reimbursed
   – Not paying for avoidable complications is gaining public support
   – What is starting at 10 conditions for CMS will undoubtedly grow

9. Lose the “I don’t do cookbook medicine” mentality
   – Learn from the success of other industries
   – Evidence-based clinical guidelines improve care
   – Guidelines were never intended to apply to all patients
     • They never take the place of individual physician judgment
     • When the physician opts out, document:
       – Evaluation
       – Consideration of the options
       – Exercising best judgment
       – Discussion of each with the patient

10. Going from Known Complication to NO Complications
    – View a hospital complication as industry views an industrial accident
    – Set a goal/ benchmark of ZERO
    – Never be “too old a DOG to learn a new trick!!”
The Meaning of Commitment

The Goal is to have Bacon and Eggs for Breakfast

The chicken is motivated. The pig is committed!

To the world you may be just one person,
But to one person you may just be the world.
*Unknown*