



# Reporting on Clinical Quality Trinity Health

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# Trinity Health At - A - Glance

- Acute Care Facilities – 45
- Outpatient Facilities – 342
- Long Term Care Facilities – 24
- Home Health Offices – 28
- Hospice Programs – 20
- Charity Care - \$353 million
- Employees – 45,700
- Nurses – 9,000
- Physicians on Staff – 7,000
- Employed Physicians – 440
- Operating Revenue - \$4.8 billion (FY02)
- Assets – \$5.8 billion



# Our Mission

We serve together in Trinity Health,  
in the spirit of the Gospel,  
to heal body, mind and spirit,  
to improve the health of our  
communities and to steward the  
resources entrusted to us.



# Principles for Use of Indicators



# Clinical Quality Indicators - Principles

- Utilize evidenced based indicators
- The value of the indicator has to exceed the burden of data capture
- Utilize indicators with national benchmarks
- Prioritize the focus
  - A focus on a critical few indicators drives clinical improvement well beyond the focused indicators
- Let data drive the analysis
  - It illuminates the key process improvement opportunities



# System Level Reporting

- Safe
  - Creates an environment for sharing without the posturing associated with competitive reporting
- Organizations Share Learnings
  - Organizations are encouraged to share both what is working well and what has not been successful (failed)
  - Organizations are rewarded for replicating another organization's improvement
- Goal is to Improve
  - To improve locally and at a system level. The goal is not to compete with a colleague but to share and mutually do better.



# Presentation of Clinical Quality Indicators

- **Use reliable data**
- **Present data over time**
  - Demonstrate the degree of change and monitor progress
- **Transparency of data**
  - Promotes open discussion, buy-in, and sharing of processes





# Quality Reporting Activities

- Monthly & quarterly updates of 18 acute care indicators for hospitals
  - Tables and graphs for all indicators at both the local and system level
- Quarterly updates for 8 long-term care indicators
  - Tables and graphs for all indicators at both the local and system level
- Annual “Scanning Reports” (in-depth cross system reviews) of major service lines and core activities (e.g. patient safety).
- Posting of all indicators and scanning reports on Trinity Health intranet site I2S2
- National and System comparative measures
- Performance reviewed monthly with local clinical quality contacts and quarterly with the clinical leadership council



# Quality Reporting Activities cont.

- Reporting to all levels of the organization
  - Staff to Board
- Clinical Collaboration teams
- Annual clinical conference
  - 36 breakout sessions
  - 125 poster exhibits
  - 800 participants (clinician and administrators)
- Clinical tool kits
  - Pneumonia
  - Heart failure
  - Maternal child
  - Orthopedics
  - Patient safety
  - AMI

**TRANSPARENCY**



# Challenges at the System Level

- Incomplete data
- The indicators are based on limited evidence
  - Controversy about indicators can result in compromise – evidence based
- Even when the indicators are nationally recognized they are frequently unclear, captured irregularly, and are not rapidly improved
  - Time to antibiotic
  - Time to PTCA
- Lack of adherence to rigorous definitions and slow response to obvious definitional inadequacies creates distrust.
- Data that does not describe what has to improve is not helpful



# Public Reporting

- The public should have meaningful and responsible information that describes the performance of providers.
- Trinity Health has supported and continues to support several public reporting initiatives including the recent collaboration with AHA and CMS.
- Providers should have an opportunity to contribute to what information is shared with the public and how it is to be shared.
- The information should be actionable by both the public and providers alike.



# Benefits of Responsible Public Reporting

- Informed public
- Informed providers
- Improved performance



# Challenges to Public Reporting

They are similar to those that providers face but magnified.

- Incomplete data
- The indicators are based on limited evidence
- Even when the indicators are nationally recognized they are frequently unclear, captured irregularly, and are not rapidly improved
- Lack of adherence to rigorous definitions and slow response to obvious definitional inadequacies creates distrust.
- The best indicators may not be very meaningful to the public



# Challenges to Public Reporting

- The best indicators may not be very meaningful to the public
- Limited information can mislead the public
- Immature untested indicators can have unanticipated untoward consequences
- Broad overreaching indicators are rarely actionable



# Reporting on Healthcare Quality

- Is difficult if it is to be done well
- Requires testing
  - Indicators
  - Definitions
  - Data collection
  - Presentation





“The more experience we acquire, the more capable we become of discerning deficiency and making some improvement.”

*Catherine McAuley*



# Discussion