

Connecting Hospital Rankings and Outcomes:

How to Leverage Rankings to Achieve
Higher Quality Care

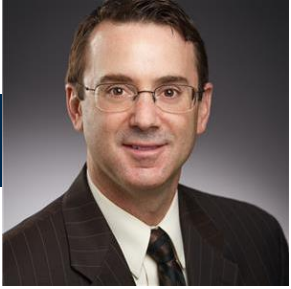


CHARTIS | CLINICAL QUALITY
SOLUTIONS

FORMERLY KNOWN AS THE GREELEY COMPANY

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Today's Panelists



Andrew Resnick, MD
Chief Medical and Quality Officer
Chartis



Michael Stadler, MD
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Cleveland Clinic

The pandemic has disrupted...



HOW we deliver care:

- Supply chain challenges
- Staffing challenges
- Care model changes and disruptions
- Capacity challenges

WHO we are seeing:

- Delays in diagnosis
- Exacerbation of chronic conditions
- Behavioral health challenges

How we **FEEL**:

- Burnout / decreased wellness
- Turnover
- Moral distress

Why High Reliability?

- We are unsafe as an industry
- We are stressed – finances, staff, patients
- We are high cost

We want to create a high performing organization that is resilient to human and system failures that occur every day.



SHOULD WE WAIT FOR THE JOURNEY
TOWARDS HIGH RELIABILITY?

Is now the right time?

- Staffing shortages
- Overworked front line
- Can't do one more thing
- Budget shortfalls
- Capacity constraints
- Prospect of "tridemic"

High reliability is not separate. It is the way to manage through these challenges.

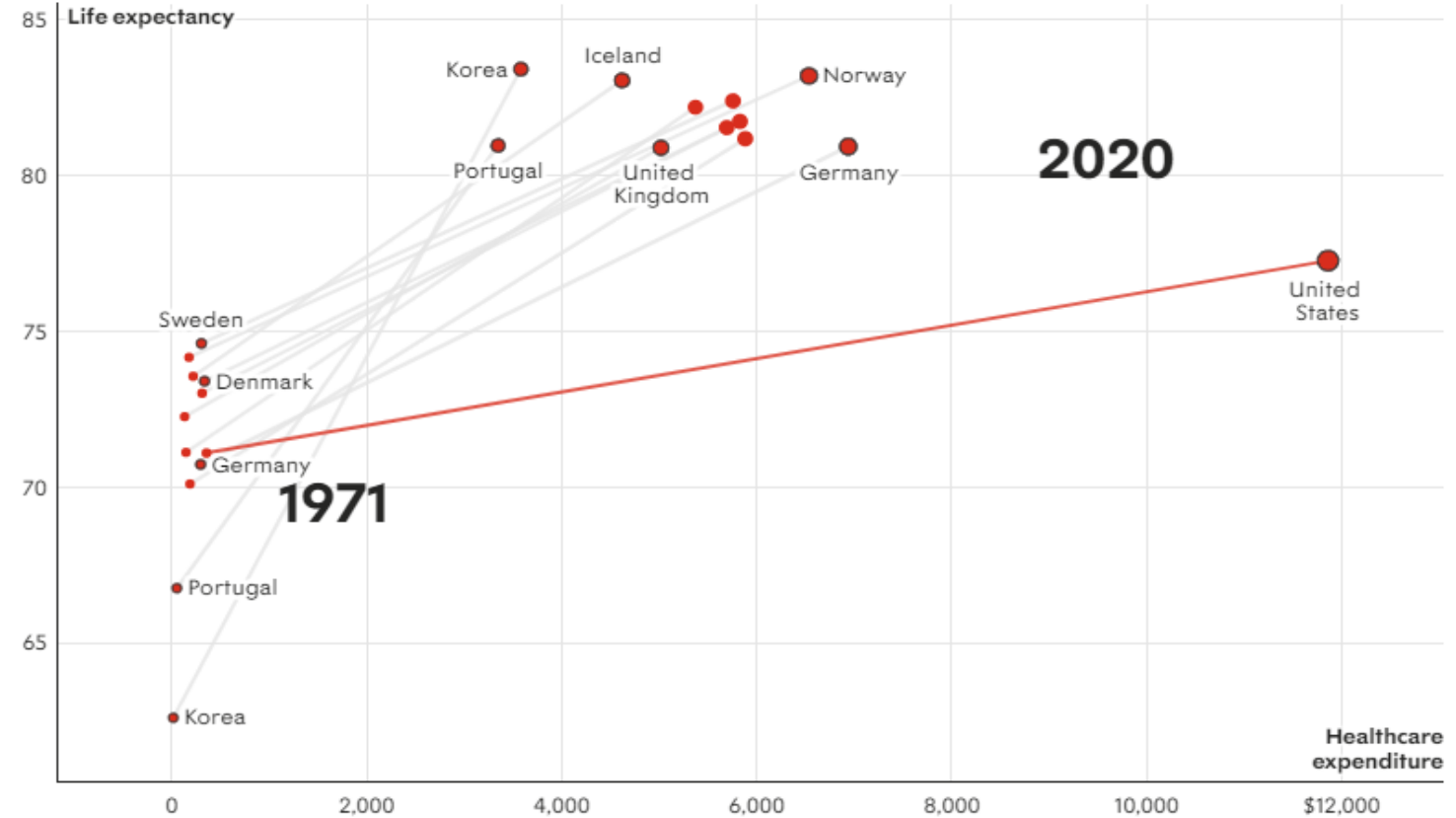


THE CHALLENGE

US healthcare spending is 1.7 to 4 times higher than that of other developed countries, yet has the lowest life expectancy at birth globally

The US spends more on healthcare for less benefit

Life expectancy at birth vs healthcare expenditure per capita (adjusted for purchasing power parity)



Source: OECD Health Expenditure and Financing, World Bank

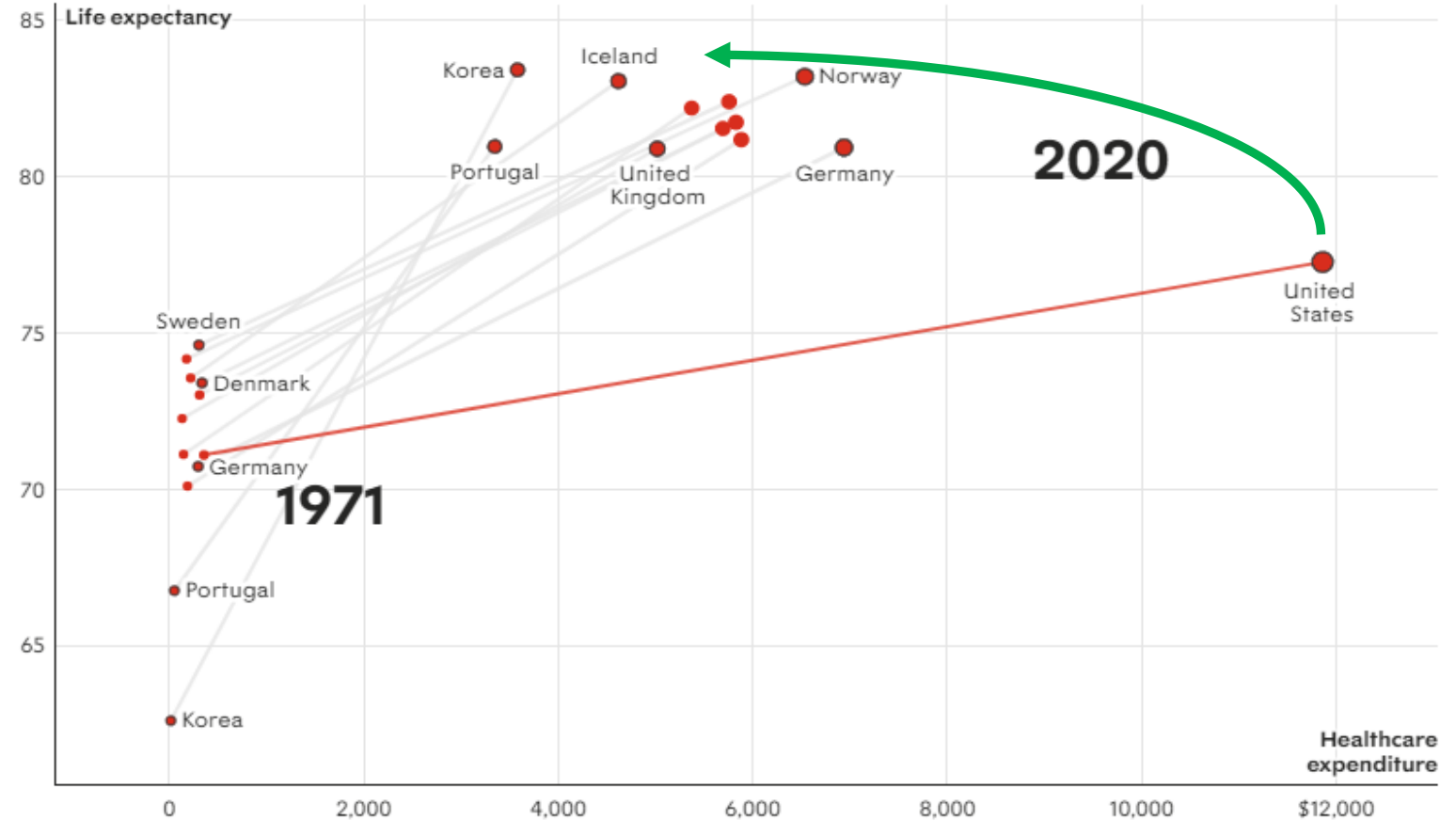
THE SOLUTION: Bend the Cost Curve

It's not about
staying put in
quality and
reducing cost...

Improving quality
IS the way to
reduce cost

The US spends more on healthcare for less benefit

Life expectancy at birth vs healthcare expenditure per capita (adjusted for purchasing power parity)



Source: OECD Health Expenditure and Financing, World Bank



High
Reliability
is **ALSO**
valuable in
so many
other ways



Improved efficiency



Improved patient experience



Improved liability exposure and expense



Improved performance on regulatory surveys



Improved staff engagement, retention, wellness



Improved Reputation, Ratings, Rankings

HIGH RELIABILITY CARE (HRC) LEADING PRACTICE FRAMEWORK

HRC Alignment & Accountability

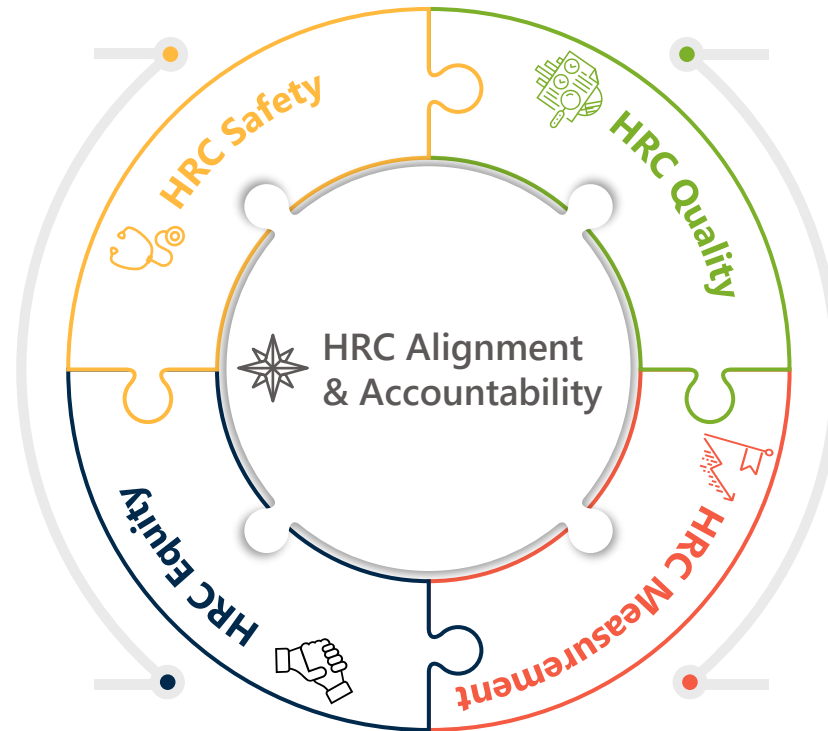
Leadership and Board aligned around quality and safety as organization's "True North," with a mature infrastructure in place that seamlessly aligns quality, safety, and operations to ensure reliable execution and sustainment at the front line, and with key initiatives and KPIs cascaded, measured, and accountably managed across the organization

HRC Safety

Tight collaboration between safety, risk, and other stakeholders to perform key safety functions: manage robust, integrated systems to consistently detect potential and actual harm, and deploy modern investigative approaches to proactively identify, track, and mitigate system and human factor vulnerabilities

HRC Equity

Health equity integrated within quality, safety, and clinical operations infrastructure and built into all quality and safety programs, with clinical processes and outcomes measurement consistently stratified by demographics



HRC Quality

Infrastructure that supports advanced modeling and optimization of quality programs, enables the identification and consistent implementation of best practices at the front line, and deploys pathways to reduce variation, resulting in steady outcomes improvement for key quality priorities

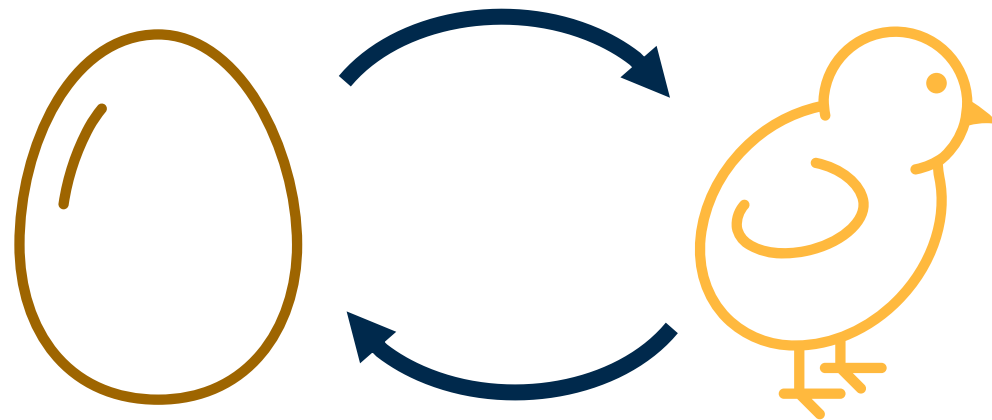
HRC Measurement

Robust data collection (bedside practice audits to EHR data abstraction), effective coding and CDI capabilities to ensure accuracy of administrative data, and advanced analytics capabilities to understand performance drivers and opportunities for improvement

RATINGS/RANKINGS AND QUALITY: CHICKENS AND EGGS

Does improving quality, safety and reliability lead to improved ratings and rankings?

Does effort to improve ratings and rankings lead to clinical outcomes improvement?



We believe the answer is YES to both (if done correctly) and will now turn to our panel for more insight and experience with this question.