HSMR/Weighted Cases-Significant Progress to Date

October 25, 2010

Over three years ago i stood up here in front of everyone and shared with you our hospital standardized mortality ratio of 149.

It was the highest in Canada and possibly North America.

We openly discussed this result and initially started to come up with excuses.

We have sicker patients that other hospitals, the formula used is not fair, we have a cancer program and that makes us unique.

All of the excuses were factually proven incorrect.

We then looked at ourselves in the mirror and used it as our rallying cry to not just talk about it but fully embrace a patient quality and safety agenda for our patients and our community.

At the same time, in late 2007, we discussed the reality of the financial situation facing our province and the impact that would have on our hospital. This was even before the world economy crashed in September 2008.

The conventional wisdom or reaction at that time would be to retreat, massively cut services and try to ride out the wave.

Instead we embraced a new vision of *Outstanding Care…No Exceptions*.

We embraced a strategic direction of embedding patient quality and safety into our culture.

In addition, since then, around us a lot has happened.

Our global economy has been through one economic crisis after another. GM and Chrysler went bankrupt. Local unemployment moved towards middle double digits.

Through all of this we stayed the course.

As a team we went through the Zero Based Budgeting process. As a team we identified top areas that needed to be changed and as a team we developed options, settled on the best one and implemented the selected options in late 2008 and early 2009.

One of the top areas identified during the ZBB process was an investment in both a medical quality assurance process and medical utilization team and process.

Again, unlike the normal and typical response to cut we made investments in these areas.

The results took some time to develop.

Since 2008 we have been recognized over and over again locally, provincially, nationally and internationally with awards.

Prior to 2008 any awards we received primarily if not exclusively were in non-patient care areas. This November, at the Ontario Hospitals Association, 9 out of the 10 awards we have received are clinical achievements.

At the same time our clinical achievements were recognized our financial situation improved.

We ended 2008 with an operating deficit of some $7 million dollars.

In 2009 we ended with a surplus of close to a million dollars.

An $8 million dollar swing.

During all of this two issues still continued to haunt us.

The HSMR result – although going down – still much higher than we wanted and our cost per weighted case.

As a result in the summer of 2009 through the leadership of the Medical Quality Assurance Committee we refocused our attention to both HSMR and cost per weighted case.

Sure enough a few months after we started this deep dive process we were informed that cost per weighted case and HSMR would be two very important metrics for any future funding. Instead of automatic funding from now on we are going to be funded on both clinical and non-clinical performance.

HSMR and CPWC are related. In order for both to go down we have to not only provide outstanding clinical care we have to appropriately document that care.

From this intensive review – you – yes you – developed a couple critical tools and processes.

You developed an acuity summary form – show form -that needed to be completed for every patient to ensure we appropriately documented the patients condition. In addition, we made sure that each mortality was reviewed by the physician and the medical quality assurance to determine if we could learn to enhance future patient care and to ensure it was appropriately documented.

This process was trialed in April 2010 and implemented soon thereafter. I was told by our team that we would see the impact in July 2010, if any.

Well the July results are in.

Let us start with the completion of the acuity summary form. Show form.

You will note that compliance is not where it needs to be in all areas. I can inform you that we will be working with the professional staff to ensure it is completed and as to the quality of the completed document.

Next slide I want to show you is our HSMR score for July.

Our HSMR for July was 63. A far cry from 149.

I want to show you the next slide. Our weighted cases for the period April 2009 to July 2010.

From April 2010 to July 2010 – the last four months - our weighted cases jumped by close to 14% as compared to the period April 2009 to March 2010.

July 2010 alone as compared to the period April 2009 to June 2010 jumped by 27%.

We are finally starting to be recognized statiscally for the work we are doing.

I know some of the skeptics might say these are just numbers…people know the great work we are doing.

Well folks these numbers – like HSMR – is how the public currently judges us collectively and individually.

No one – either individual physicians or a hospital- wants to explain to their patients why their HSMR is above 100. Also, as we all know not everything in healthcare goes perfectly. Errors occur. Errors coupled with a high HSMR make all of us an easy target for being accused of being negligent.

We still have more work to do. I can inform you that the completion of the acuity summary form took a slight dip in august.

I would ask that you individually and collectively embrace the completion of this form and do not be surprised if you are approached when you do not complete the form.

In addition i truly want to thank the quality assurance committee and the utilization committee and team. All of you have provided hours upon hours of commitment to this process. Now we are starting to see the results of this hard work.

All if can say is that i proud of all of you. Keep it going.

As we negotiate for the limited amount of resources available being recognized with awards for positive clinical results and non-clinical results is amazing. Coupling that with numbers like I showed you for HSMR and weighted cases is the prize jewel.

Let us leave here today with a renewed sense of energy to see how far we can push both of these numbers to their ultimate limit. While we are doing that we will truly continue to provide *Outstanding Care-No Exceptions*.

ACUITY SUMMARY FORM

MRP Working Diagnosis(es) During Admission

Dx 1	Dx 2	Dx 3	Dx 4

Disease(s) Requiring Management During Hospital Stay *(ie consults,investigation, meds, tx)*

Neuro-Muscular
❑ Dementia ❑ Hemiplegia ❑ Paraplagia ❑ Quadrapalgia

Cardiovascular
❑ Angina ❑ Pulmonary Edema ❑ CHF ❑ Peripheral Artery Disease ❑ Hypertension/Hypotension

Oncology
❑ Primary Cancer: Specify location _____ Type of Cell_____
❑ Metastatic Cancer: *Indicate location(s)*: ❑ Lung ❑ Brain ❑ Bone ❑ Other specify:_____

Endocrine
❑ Diabetes (*requiring adjustment of meds during stay*)
❑ Diabetes with Secondary complications: Retinopathy / Neuropathy / Nephropathy / Circulatory
(Circle concurrent complications whether managed or not)

Respiratory
❑ Hypoxemic Respiratory Failure ❑ Hypercapnic Respiratory Failure
❑ Asthma ❑ Cor Pulmonale ❑ COPD ❑ Pulmonary Fibrosis

Gastrointestinal
❑ Cirrhosis ❑ Chronic Hepatitis ❑ Varices
❑ Chronic Liver Disease complicated by: Ascites/ Encephanopathy/ Coagulopathy/ Alcoholism
(Circle concurrent complications being managed)

Connective Tissue	Hematologic	Skin	Renal
Specify: _____	❑ Anemia	❑ Decubitus Ulcer	❑ Chronic Renal Disease secondary to: Heart Failure / Diabetes / CHF *(Circle if applicable)*

Summary of Management Plan

New Diagnosis(es)/Conditions Arising During Stay *(Note the following: Delirium, Fever, Ileus, Atrial Fib, Anemia & cause)*

Infections ❑ C Diff ❑ MRSA/VRE ❑ Wound ❑ UTI ❑ Pneumonia

Other: ❑ Urinary Retention ❑ Edema ❑ Hypo/hyperNatremia ❑ Hypo/hyperKalemia ❑ Dehydration
❑ Incontinence (specify): _____

Palliative /End of Life Care/ Level III Date _____

Date:_____ MRP Signature: _____

Procedure Worksheet

Procedure	Date Performed	Physician Name
Defibrillation/Cardioversion		
CPR		
Mechanical Ventilation -Invasive		
Mechanical Ventilation- Non Invasive		
Insertion Central Vascular Line – Circle one or specify type: PICC/ PortaCath/ Triple Lumen		
Arterial Line		
Thrombolytics		
Cardiac Catheterization		
Thoracentesis		
Paracentesis		
Tracheostomy		
Bronchoscopy		
Endoscopy		
Radiotherapy		
Chemotherapy		
Parental Nutrition (TPN)		
Bone Marrow		
Lumbar Puncture		
Operative Procedure(s) _____ _____		

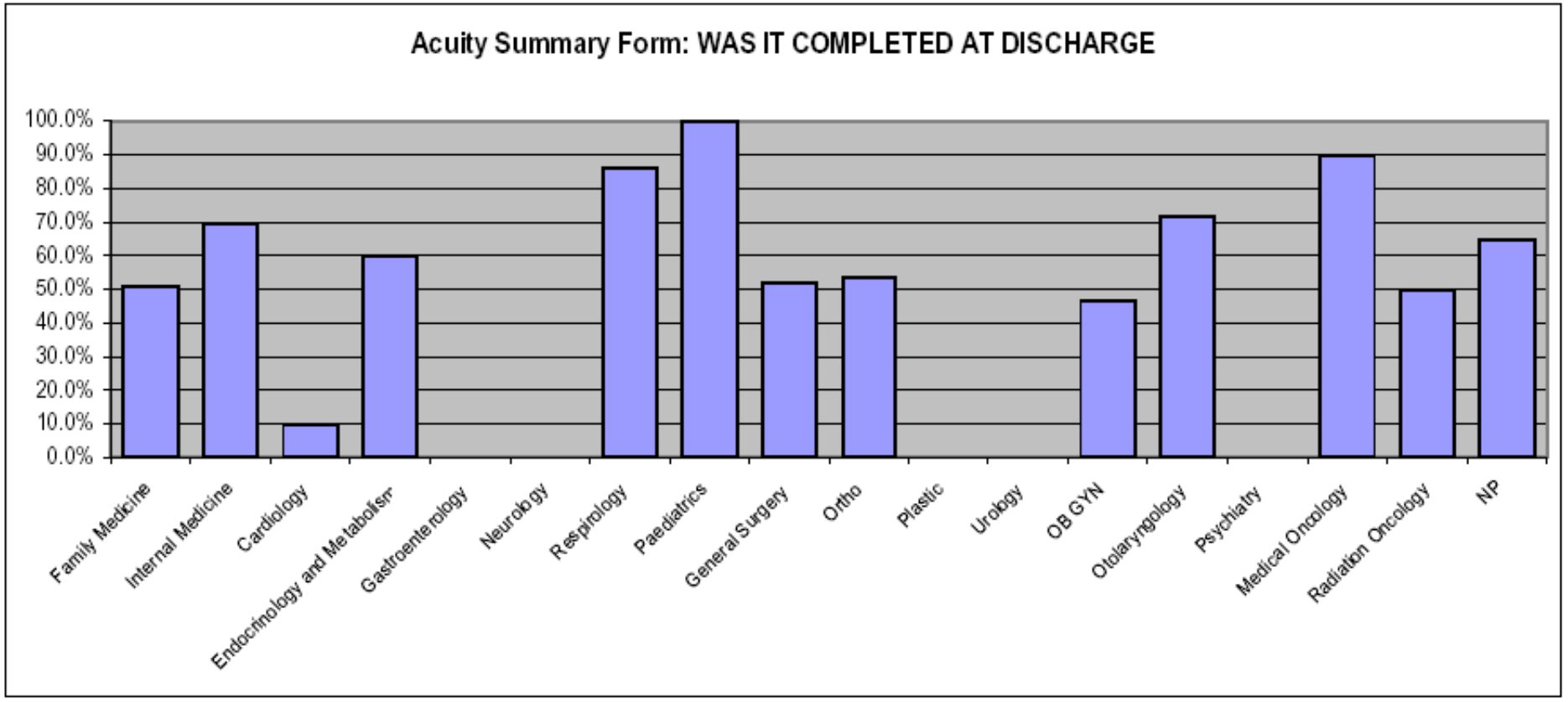
Utilization Information
Admission Date: _____ Estimated Date of Discharge: _____

Physician Discharge Summary (Complete and Dictated Summary Is Recommended)

Date of Discharge: _____ Discharged to: _____
Discharge Diagnosis: _____
_____
_____
Condition of Discharge: _____
Additional Comments:

Date: _____ MRP Signature: _____

MD Policy Compliance



Discharge Abstract Database

Cumulative Hospital Standardized Mortality Ratio Report

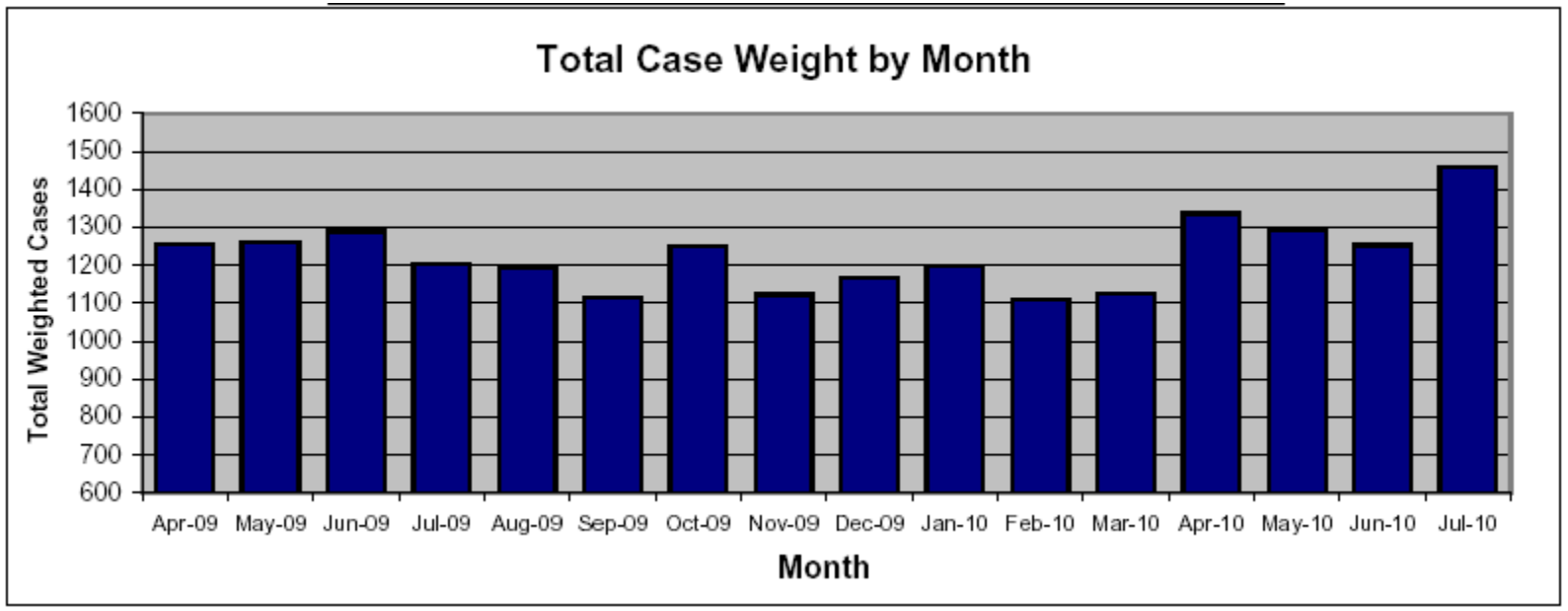
(Methodology version 3.0, 2004-2005 reference year)

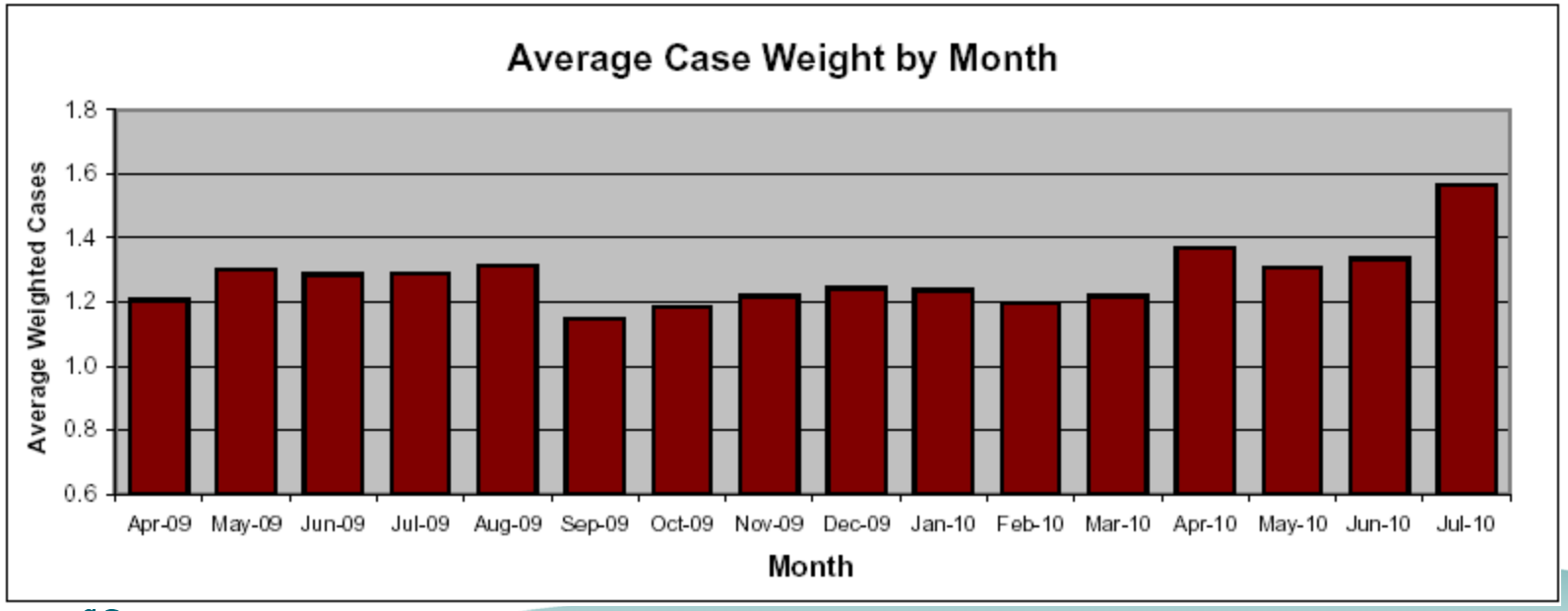
INSTITUTION: 5-1079 WINDSOR REGIONAL HOSPITAL

Fiscal Year: 2010-2011 JUL01-JUL31 2010

Month	Cases	Deaths	HSMR	LCI	UCI	Special Note
Apr	366	35	98	68	136	
May	341	27	86	56	125	
Jun	335	32	87	59	122	
Jul	339	25	63	41	93	
Year to Date	1381	119	83	68	99	

MONTH	Total Cases	Weighted Cases	Average Weighted Cases
Apr-09	1041	1255.416	1.206
May-09	970	1261.232	1.300
Jun-09	1003	1289.498	1.286
Jul-09	936	1204.846	1.287
Aug-09	908	1192.08	1.313
Sep-09	973	1115.09	1.146
Oct-09	1058	1251.829	1.183
Nov-09	921	1122.301	1.219
Dec-09	938	1165.686	1.243
Jan-10	969	1197.809	1.236
Feb-10	927	1107.997	1.195
Mar-10	924	1126.437	1.219
Apr-10	977	1336.051	1.368
May-10	989	1291.527	1.306
Jun-10	938	1252.665	1.335
Jul-10	931	1458.017	1.566


Total Case Weight by Month
Total Weighted Cases
1600
1500
1400
1300
1200
1100
1000
900
800
700
600
Apr-09
May-09
Jun-09
Jul-09
Aug-09
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10
Mar-10
Apr-10
May-10
Jun-10
Jul-10
Month


Average Case Weight by Month
Average Weighted Cases
1.8
1.6
1.4
1.2
1.0
0.8
0.6
Apr-09
May-09
Jun-09
Jul-09
Aug-09
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10
Mar-10
Apr-10
May-10
Jun-10
Jul-10
Month