NCDR eReports™
Health Systems

Systemwide Data Access Leads to Robust Quality Management at Houston Methodist

HEALTH SYSTEM:
Houston Methodist

SIZE OF SYSTEM:
7 hospitals 1 Long-Term Acute-Care Hospital

LOCATION:
Greater Houston area

NCDR eREPORTS TOOL MANAGERS:
Pat Harrison, VP of System Quality and Patient Safety; Charlotte Henderson, System Quality and Patient Safety Project Manager

In 2015, Houston Methodist health system brought in Pat Harrison, RN, MBA, as vice president of System Quality and Patient Safety. Houston Methodist's flagship location, Houston Methodist hospital, had been continuously ranked in *U.S. News & World Report's "Best Hospitals"*, but as the organization grew to consist of six community hospitals and an academic medical center, offering that same level of quality care systemwide was of the utmost importance. Pat's commitment to transparency among hospitals, administrators, providers and patients, in addition to her passion for driving performance excellence, made her the perfect fit to lead the Division of System Quality and Patient Safety.

All Houston Methodist hospitals were already participating in NCDR®'s registries: CathPCI Registry®, Chest Pain – MI Registry™ and ICD Registry™. Thanks to the wealth of cardiovascular (CV) quality data offered through the NCDR registries, the CV service line became the natural place to launch their initial quality improvement efforts. Even though each hospital within Houston Methodist participated in all three registries and was individually working on quality improvement (QI) initiatives, there was no consistency or transparency between the individual hospitals and the administrators. This made **nearly impossible the ability to accurately track the effectiveness of QI efforts across the board.** Physician leadership, hospital quality directors, Cath lab directors and IT leadership formed the Houston Methodist Cardiology Council to lead systemwide quality improvement and promote transparency. The council meets monthly to analyze the CV data, identify performance improvement opportunities, and develop processes and techniques to be implemented systematically.

GETTING TO WORK

When it came time for Pat Harrison and Houston Methodist's project manager for System Quality and Patient Safety, Charlotte Henderson, to begin preparing for their first Cardiology Council meeting, they encountered difficulty in obtaining the hospitals' data. Each hospital managed data differently — one person managed the QI efforts, another abstracted the data, another managed the NCDR web portal. It was a different team at each hospital. To be successful in their efforts, Pat and Charlotte knew they needed an easy, consolidated way to access, monitor and benchmark all of their hospitals' data.

When Pat and Charlotte were introduced to NCDR eReports Health Systems, they knew the tool would solve their problem. This health system, quality-data management tool met their immediate needs — comprehensive, real-time access to their systemwide CV data — but also provided additional system-level benchmarking, customizable comparison groups, performance trends and systemwide volume data.

> "Systemwide transparency allows Houston Methodist to focus on areas of opportunity as a system so we can harness our resources to have the biggest gain in working together in setting up processes. It allows Houston Methodist to provide consistent data to our System Cardiology Council so they can make decisions and see how the performance is across the system," said Pat Harrison, VP of System Quality and Patient Safety.

QUALITY IMPROVEMENT IN ACTION

After receiving access to NCDR eReports Health Systems, the quality team was prepared for their monthly Cardiology Council meeting. **Using the NCDR eReports Health Systems dashboard, the council analyzed their system and hospital level data, assessed their trending performance over time, and evaluated themselves against national benchmarks.** While some of the data proved exactly what they thought to be true, other aspects surprised them. The council agreed that reviewing the Houston Methodist data in the NCDR eReports Health Systems dashboard would be a standing agenda item moving forward.

The council's first goal was to identify six "Focus Metrics" – selected for either the need for systemwide improvement or to align with ongoing performance improvement efforts. The first "Focus Metrics" came from the CathPCI Registry.

Focus Metrics

Metric 16. Percentage of PCI procedures with intra/post-procedure stroke

Metric 22. Median post procedure length of stay (patients with STEMI)

Metric 45. Percentage of patients who received a cardiac rehabilitation referral after PCI

Metric 8. Percentage of PCI patients prescribed aspirin at discharge

Metric 9. Percentage of PCI patients with a stent implanted prescribed a P2Y12 inhibitor at discharge

Metric 10. Percentage of PCI patients prescribed a statin at discharge

Benchmarking their performance against the U.S. 90th percentile, the Houston Methodist Cardiology Council set the bar high from the offset. The council would develop processes and techniques to be implemented systemwide aimed at improving these metrics and ultimately, the overall quality of care. Always driving transparency, the NCDR eReports Health Systems dashboard would be available to all data abstractors, quality and cardiology teams.

PROVEN RESULTS

In setting systemwide Cardiology goals, Quality Improvement became manageable and actionable tasks. Simple changes to the order sets built out in the electronic health record system provided immediate results in their Cardiac Rehab Referral metric performance. Other techniques, such as implementing systemwide hydration protocols, were quickly reflected in decreased Acute Kidney Injury rates. Regular meetings and trainings were hosted to provide abstractors a forum for shared learning. Continued education for physicians and other providers will continue to drive their efforts.

WHAT'S NEXT

Committed to excellence, the Houston Methodist System Quality and Patient Safety team is already planning the next phases of their QI initiatives. Once performance improvement techniques have been implemented for all of their CathPCI Registry "Focus Metrics", they plan to restart the process utilizing their Chest Pain – MI Registry and ICD Registry. As they meet their goals for current "Focus Metrics", associated techniques will become best practices. **The Cardiology Council will continue their monthly analyses of the data using their NCDR eReports Health Systems dashboard and add new "Focus Metrics" to spotlight for future quality initiatives.**

> Houston Methodist's focus on multidisciplinary collaboration, systemwide transparency and data-driven quality improvement using NCDR eReports Health Systems allows them to continue providing their patients with the highest quality care.

CONCLUSION

Using NCDR eReports Health Systems, Houston Methodist was able to easily understand the quality of cardiovascular care provided throughout the health system. Houston Methodist was able to identify strengths, as well as areas of improvement, and gain novel insights along the way. This management tool allowed the System Quality and Patient Safety team to use their valuable time developing process improvement techniques and hosting trainings for abstractors, instead of tracking down individual hospital data and manually aggregating and analyzing it. The Cardiology Council was empowered with a dashboard that clearly quantifies the clinical care being provided. The result is comprehensive quality improvement throughout the Houston Methodist health system, which leads to every patient receiving the highest possible quality of care.