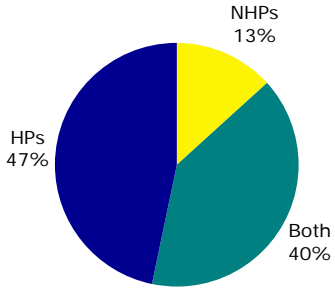
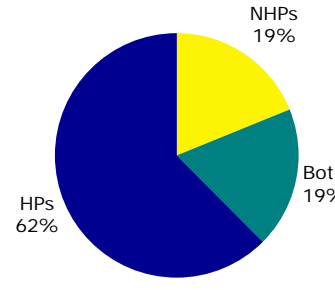


Appendix H. HPSS Momentum Assessment Findings

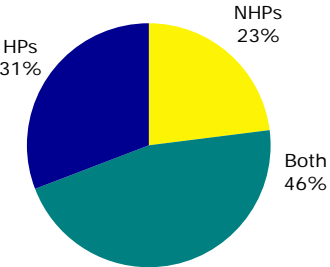
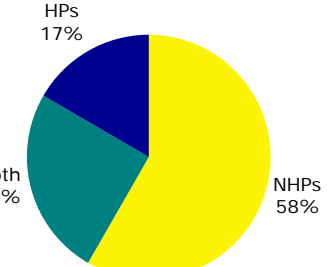
The data presented below represent change ideas that were **known** to have been in place as of October 2003. If a change idea was reported but the implementation date was unknown, it is not reflected in this table.

**Table H-1. Responsibility, Involvement, and Reward (RIR) Quality Dimension:
Change Ideas¹ Grouped by Change Concept and Performance Status**

Change Concept	Change Ideas		
<p>Responsibility and Authority—clearly delineate responsibilities and authority of leaders for quality improvement</p>  <p style="text-align: center;">Percentage of Change Ideas</p>	<p>HPs Only</p> <ol style="list-style-type: none"> 1. QI budget responsibility—CEO 2. QI budget responsibility—VP team 3. QI priorities responsibility—medical executive committee 4. QI program implementation responsibility—BOD 5. QI program implementation responsibility—CEO 6. QI resources responsibility—BOD 7. QI resources responsibility—executive team 	<p>Both HPs and NHPs</p> <ol style="list-style-type: none"> 1. Overall QI responsibility—BOD 2. QI budget responsibility—QMP 3. QI priorities responsibility—BOD 4. QI priorities responsibility—QI council/committee 5. QI program implementation responsibility—QMP at VP level 6. QI resources responsibility—CEO 	<p>NHPs Only</p> <ol style="list-style-type: none"> 1. QI program implementation responsibility—QI committee 2. QI resources responsibility—QMP
<p>Skills Development—organization defines and provides for skills development in quality improvement</p>  <p style="text-align: center;">Percentage of Change Ideas</p>	<p>HPs Only</p> <ol style="list-style-type: none"> 1. Corporate leadership development program 2. Leadership education program includes quality 3. Nurse education—HF reference books on each unit 4. Nurse education—journal club 5. Orientation includes quality and indicators 6. Physician education—lecture series 7. Six Sigma QI training program 8. Staff education—CME program list 9. Staff education—monthly hospital education department calendar 10. Staff education—on statistical process control (monthly) 	<p>Both HPs and NHPs</p> <ol style="list-style-type: none"> 1. Corporate summits on quality 2. Staff education—annual heart symposium 3. Staff education—CME program list (monthly) 	<p>NHPs Only</p> <ol style="list-style-type: none"> 1. Corporate training on data monitoring 2. Regional meeting quality discussed—quarterly 3. Staff education—education day with quality component

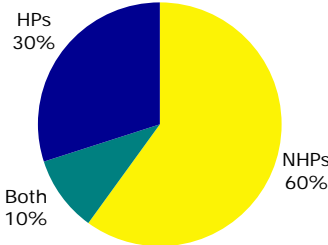
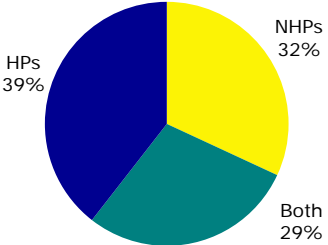
¹ In place as of October 2003 (Study Period = July 2003–June 2004)

Table H-1. Responsibility, Involvement, and Reward (RIR) Quality Dimension: Change Ideas¹ Grouped by Change Concept and Performance Status

Change Concept	Change Ideas		
<p>Time and Resources—organization identifies and allocates time and resources for quality improvement</p>  <p>Percentage of Change Ideas</p>	<p>HPs Only</p> <ol style="list-style-type: none"> 1. Materials for ER training program that includes PN and AMI 2. Medical librarian 3. Organization supports attendance at national meetings 4. Organizational personnel who provide clinical expertise 	<p>Both HPs and NHPs</p> <ol style="list-style-type: none"> 1. Clinical educator 2. Medical library 3. Medical library—electronic 4. Money/time paid for continuing education/conferences on quality 5. Organizational personnel who assist with/manage QI activities 6. Critical pathway constructor 	<p>NHPs Only</p> <ol style="list-style-type: none"> 1. Corporate medical networking resource 2. Organizational personnel who help with data monitoring 3. Software for data monitoring activities (entry, reports)
<p>Evaluation and Feedback—organization establishes evaluation criteria and provides feedback for quality improvement</p>  <p>Percentage of Change Ideas</p>	<p>HPs Only</p> <ol style="list-style-type: none"> 1. Annual 360° evaluation 2. Self-assessment on performance toward QI goals 	<p>Both HPs and NHPs</p> <ol style="list-style-type: none"> 1. Annual performance evaluations include quality 2. Indicator incorporated into annual performance evaluation 3. Individual monthly scorecard/stoplight that assesses individual quality and indicator goals 	<p>NHPs Only</p> <ol style="list-style-type: none"> 1. Addresses individual HF goals 2. Addresses organizational PN performance 3. Addresses quality of care for AMI patients 4. CEO evaluation tied to corporate QI indicator goals 5. Feedback quarterly on progress of meeting goals 6. Indicator feedback to physicians through cardiology committee 7. Individual performance goals tied to corporate indicator goals

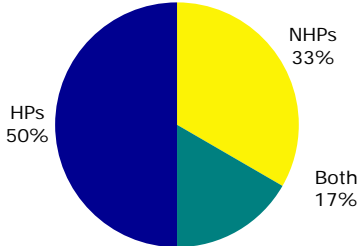
¹ In place as of October 2003 (Study Period = July 2003–June 2004)

Table H-1. Responsibility, Involvement, and Reward (RIR) Quality Dimension: Change Ideas¹ Grouped by Change Concept and Performance Status

Change Concept	Change Ideas		
<p>Recognition and Rewards— organization recognizes and rewards desired behaviors and outcomes for quality improvement</p>  <p>Percentage of Change Ideas</p>	<p>HPs Only</p> <ol style="list-style-type: none"> Bonus plan includes corporate goals Formalized QI recognition and reward Reward for improving PN QI vaccine outcomes 	<p>Both HPs and NHPs</p> <ol style="list-style-type: none"> Bonus tied to corporate QI goals 	<p>NHPs Only</p> <ol style="list-style-type: none"> Bonus tied to indicator goals Bonus tied to personal QI goals Bonus tied to QI in unit Compensation tied to indicator performance Compensation tied to QI goals Merit increase based on QI
<p>Summary RIR Quality Dimension</p>  <p>Percentage of Change Ideas</p> <p>HPs Only n = 26</p> <p>Both HPs and NHPs n = 19</p> <p>NHPs Only n = 21</p>			

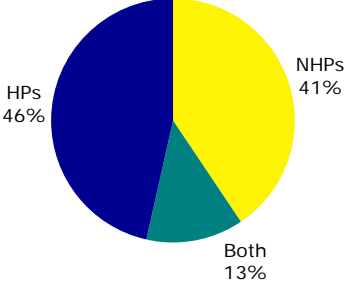
¹ In place as of October 2003 (Study Period = July 2003–June 2004)

Table H-2. Communication (COM) Quality Dimension: Change Ideas¹ Grouped by Change Concept and Performance Status

Change Concept	Change Ideas										
<p>Priorities—coordinate and channel communications on quality improvement <i>priorities</i> for AMI, HF, and PN</p>  <p>Percentage of Change Ideas</p> <table border="1"> <caption>Data for Percentage of Change Ideas</caption> <thead> <tr> <th>Performance Status</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>HPs</td> <td>50%</td> </tr> <tr> <td>NHPs</td> <td>33%</td> </tr> <tr> <td>Both</td> <td>17%</td> </tr> </tbody> </table>	Performance Status	Percentage	HPs	50%	NHPs	33%	Both	17%	<p>HPs Only</p> <ol style="list-style-type: none"> Employee forum discuss priorities Quality meeting discuss priorities—weekly Unit communication book 	<p>Both HPs and NHPs</p> <ol style="list-style-type: none"> Unit QI postings (policies, guidelines) 	<p>NHPs Only</p> <ol style="list-style-type: none"> QMP and case manager standing meeting discuss priorities- monthly Staff meetings discuss priorities—monthly
Performance Status	Percentage										
HPs	50%										
NHPs	33%										
Both	17%										

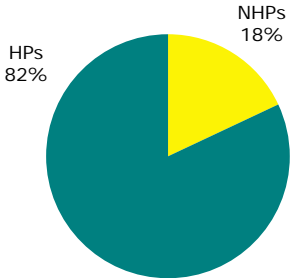
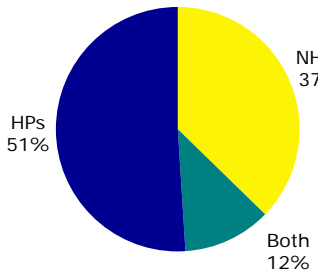
¹ In place as of October 2003 (Study Period = July 2003–June 2004)

Table H-2. Communication (COM) Quality Dimension: Change Ideas¹ Grouped by Change Concept and Performance Status

Change Concept	Change Ideas										
<p>Results—coordinate and channel communications on quality improvement <i>results</i> for AMI, HF, and PN patients</p>  <p>Percentage of Change Ideas</p> <table border="1"> <caption>Percentage of Change Ideas</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>HPs</td> <td>46%</td> </tr> <tr> <td>NHPs</td> <td>41%</td> </tr> <tr> <td>Both</td> <td>13%</td> </tr> </tbody> </table>	Category	Percentage	HPs	46%	NHPs	41%	Both	13%	<p style="text-align: center;">HPs Only</p> <ol style="list-style-type: none"> 1. Administration indicator report—quarterly 2. Administration Six Sigma project report—bi-monthly 3. Board room indicator banner 4. BOD discuss indicators 5. Cath lab meeting discuss indicators—monthly 6. Clinical teams discuss indicators—semi-weekly 7. Clinical teams indicator report—monthly 8. Clinical teams indicator report—quarterly 9. ED newsletter 10. Hospital indicator banner 11. Hospital newspaper 12. Indicator report—weekly 13. Indicator results in annual report 14. Internet indicator posting 15. Leadership meeting discuss indicators—monthly 16. Leadership meetings indicator report—monthly 17. Management indicator report—quarterly 18. Management meeting discuss indicators—monthly 19. Management Six Sigma results report—quarterly 20. Medical executive committee indicator report—monthly 21. Medical staff indicator report—quarterly 22. Medical staff newsletter—monthly 23. Nurse indicator report—monthly 24. Nurse management meeting discuss indicators—monthly 25. Physician indicator banner 26. Physician indicator postings 27. Quality pamphlets with patient info and indicator results 28. Team leaders report on indicators below goals—monthly 29. Unit communication book 30. Unit indicator banner 31. Unit meeting where quality discussed 32. Unit meetings indicator report—quarterly 	<p style="text-align: center;">Both HPs and NHPs</p> <ol style="list-style-type: none"> 1. BOD indicator report—monthly 2. BOD indicator report—quarterly 3. Hospital indicator postings 4. Hospital newsletter—weekly 5. Hospital QI newsletter 6. QI committee indicator report—quarterly 7. Staff meetings discuss indicators 8. Unit indicator postings 9. Unit QI postings 	<p style="text-align: center;">NHPs ONLY</p> <ol style="list-style-type: none"> 1. Administration and corporate members teleconference were performance discussed 2. BOD discuss indicators—monthly 3. Case managers meetings indicator report—quarterly 4. Clinical teams discuss indicators—monthly 5. Department meeting indicator report—quarterly 6. Department report on reasons for fallouts 7. Directors indicator report—quarterly 8. General hospital drive postings—indicators 9. Leadership indicator report—monthly 10. Leadership indicator report—quarterly 11. Leadership meeting discuss indicator compliance—weekly 12. Management indicator report—monthly 13. Medical executive committee indicator report—quarterly 14. Nurse department meeting indicator report—monthly 15. Nurse newsletter—monthly 16. Patient care executive committee discuss indicator compliance—quarterly 17. Physician newsletter 18. Physician pathway report—semi-annual 19. QI committee indicator report 20. QI council discuss indicators—semi-monthly 21. QI showcase—annual 22. QI steering committee indicator report 23. QI teams indicator report—quarterly 24. Staff indicator report—annual 25. Staff indicator report—monthly 26. Staff indicator report—quarterly 27. Staff meetings discuss indicators—monthly 28. Unit indicator report—quarterly
Category	Percentage										
HPs	46%										
NHPs	41%										
Both	13%										

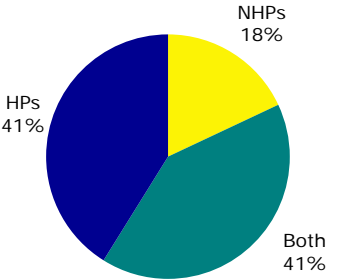
¹ In place as of October 2003 (Study Period = July 2003–June 2004)

Table H-2. Communication (COM) Quality Dimension: Change Ideas¹ Grouped by Change Concept and Performance Status

Change Concept	Change Ideas								
<p>Actions—coordinate and channel communications on quality improvement <i>actions</i> for AMI, HF, and PN patients</p>  <p>Percentage of Change Ideas</p>	<p>HPs Only</p> <ol style="list-style-type: none"> 1. BOD QI process report—periodic 2. Hospital newsletter (current QI teams) 3. Hospital postings (current QI teams) 4. Hospital postings (new actions and forms) 5. Leadership meeting discuss new actions—monthly 6. Manager meeting discuss indicator actions—monthly 7. Nursing meeting discuss actions regarding clinical conditions-- monthly 8. Quality meeting discuss indicator actions—weekly 9. Unit postings (current QI teams) 	<p>Both HPs and NHPs</p> <p>None</p>	<p>NHPs Only</p> <ol style="list-style-type: none"> 1. Clinical team leaders discuss indicator actions 2. Unit communication book on current actions 						
<p>Summary COM Quality Dimension</p>  <p>Percentage of Change Ideas</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td>HPs Only</td> <td>n = 44</td> </tr> <tr> <td>Both HPs and NHPs</td> <td>n = 10</td> </tr> <tr> <td>NHPs Only</td> <td>n = 32</td> </tr> </table>				HPs Only	n = 44	Both HPs and NHPs	n = 10	NHPs Only	n = 32
HPs Only	n = 44								
Both HPs and NHPs	n = 10								
NHPs Only	n = 32								

¹ In place as of October 2003 (Study Period = July 2003–June 2004)

**Table H-3. Clinical Management Strategies (CLMS) Quality Dimension:
Change Ideas¹ Grouped by Change Concept and Performance Status**

Change Concept	Change Ideas										
<p>Tools—tangible documents or objects used to facilitate and coordinate delivery of care for AMI, HF and PN patients</p>  <p>Percentage of Change Ideas</p> <table border="1"> <caption>Data for Percentage of Change Ideas</caption> <thead> <tr> <th>Performance Status</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>HPs</td> <td>41%</td> </tr> <tr> <td>Both</td> <td>41%</td> </tr> <tr> <td>NHPs</td> <td>18%</td> </tr> </tbody> </table>	Performance Status	Percentage	HPs	41%	Both	41%	NHPs	18%	<p align="center">HPs Only</p> <ol style="list-style-type: none"> Admission criteria (AMI) Algorithm (PN) Discharge instructions—diagnosis-specific (PN) Discharge instructions—pre-printed (AMI) Discharge instructions—pre-printed (HF) Discharge instructions—pre-printed (PN) Discharge medication review and order form with PN vaccine included Order set—chest pain (AMI) Order set—discharge Order set—influenza Order set—pneumonia vaccine Order set—post reperfusion (AMI) Order set—standing (AMI) Order set—standing (PN) Patient education—disease management (HF) Patient education material—inpatient expectation of care (AMI) Patient education material—interdisciplinary bedside teaching record Patient education material—medication information Reminder system—indicators on d/c instructions Rounding sheet (AMI) Rounding sheet (HF) Shift-to-shift report sheet (HF) 	<p align="center">Both HPs and NHPs</p> <ol style="list-style-type: none"> Admission criteria (HF) Clinical pathways (AMI) Clinical pathways (HF) Clinical pathways (PN) Discharge instructions—diagnosis-specific (AMI) Discharge instructions—diagnosis-specific (HF) Order set (AMI) Order set (HF) Order set (PN) Patient education material (AMI) Patient education material (HF) Patient education material (PN) Patient education material—smoking cessation (AMI) Patient education—discharge instructions (HF) Patient education—discharge instructions (PN) Reminder system—chart stickers (AMI) Reminder system—chart stickers (HF) Reminder system—chart stickers (PN) Treatment protocol (AMI) Treatment protocol (HF) Treatment protocol (PN) 	<p align="center">NHPs Only</p> <ol style="list-style-type: none"> Admission criteria (PN) Discharge teaching sheet (PN) Disease management material—includes order set, educ material, calendar, book (AMI) Disease management material- includes order set, educ material, calendar, book (HF) Reminder system—chart insert (AMI) Reminder system—chart insert (HF) Reminder system—chart insert (PN) Reminder system—core measures check list (AMI) Reminder system—core measures check list (HF) Reminder system—score measures check list (PN)
Performance Status	Percentage										
HPs	41%										
Both	41%										
NHPs	18%										

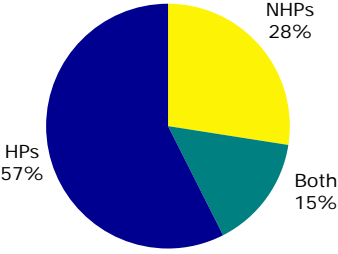
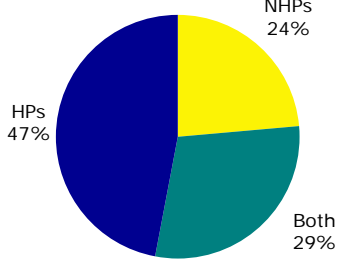
¹ In place as of October 2003 (Study Period = July 2003–June 2004)

**Table H-3. Clinical Management Strategies (CLMS) Quality Dimension:
Change Ideas¹ Grouped by Change Concept and Performance Status**

Change Concept	Change Ideas										
<p>Techniques—processes to facilitate and coordinate delivery of care for AMI, HF, and PN patients pre-discharge</p> <p>Percentage of Change Ideas</p> <table border="1"> <caption>Data for Percentage of Change Ideas Pie Chart</caption> <thead> <tr> <th>Performance Status</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>HPs</td> <td>44%</td> </tr> <tr> <td>NHPs</td> <td>28%</td> </tr> <tr> <td>Both</td> <td>28%</td> </tr> </tbody> </table>	Performance Status	Percentage	HPs	44%	NHPs	28%	Both	28%	<p style="text-align: center;">HPs Only</p> <ol style="list-style-type: none"> 1. Chest pain evaluation unit (AMI) 2. Multidisciplinary care conference to discuss patients not meeting plan of care (AMI) 3. Patient care rounds—weekly, interdisciplinary (AMI) 4. Patient care rounds—weekly, interdisciplinary (HF) 5. Patient care rounds— weekly, interdisciplinary (PN) 6. Place patients high in x-ray queue (PN) 7. Quick registration (PN) 8. Rapid response system (AMI) 9. RN can initiate orders w/out physician if patient meets criteria (PN) 10. Stat x-ray call (PN) 11. Train multiple phlebotomists in drawing blood cultures (PN) 	<p style="text-align: center;">Both HPs and NHPs</p> <ol style="list-style-type: none"> 1. Concurrent review 2. Concurrent review (HF) 3. Concurrent review (PN) 4. Fax patient report from ER to floor 5. Patient care rounds—biweekly, interdisciplinary (AMI) 6. Patient care rounds—biweekly, interdisciplinary (HF) 7. Patient care rounds—biweekly, interdisciplinary (PN) 	<p style="text-align: center;">1. NHPs ONLY</p> <ol style="list-style-type: none"> 2. Concurrent review AMI 3. Fax patient report from ER to floor w/ PN antibiotic time listed 4. Nurse-to-nurse phone conference before transferring patient 5. Patient care rounds—tri-weekly, interdisciplinary AMI 6. Patient care rounds—weekly, interdisciplinary 7. Rounds on all patients by Medical Directors daily 8. Satellite pharmacist for chart reviews and suggestions AMI
Performance Status	Percentage										
HPs	44%										
NHPs	28%										
Both	28%										

¹ In place as of October 2003 (Study Period = July 2003–June 2004)

**Table H-3. Clinical Management Strategies (CLMS) Quality Dimension:
Change Ideas¹ Grouped by Change Concept and Performance Status**

Change Concept	Change Ideas		
<p>Technology—hardware or software used to facilitate and coordinate delivery of care for AMI, HF, and PN patients</p>  <p>Percentage of Change Ideas</p>	<p>HPs Only</p> <ol style="list-style-type: none"> 1. Automatic trigger that x-rays are ready (PN) 2. Automatic trigger to case management for patient education (HF) 3. Automatic trigger to dietician (HF) 4. Bar coding—patient bracelet 5. Bar coding—medication 6. Computer prompts for diagnosis-specific questions (HF) 7. Computerized education reference tool (AMI) 8. Computerized education reference tool (HF) 9. Computerized education reference tool (PN) 10. Digital technology for storing records 11. EKG wireless 12. Electronic dictation, labs, x-rays, and Rx 13. Electronic discharge (AMI) 14. Electronic discharge (HF) 15. Electronic discharge (PN) 16. Electronic discharge with indicator reminders (AMI) 17. Electronic discharge with indicator reminders (HF) 18. Electronic discharge with indicator reminders (PN) 19. Picture archiving and communication system 20. Palm Pilot 21. Reminder system—computerized admissions with indicator reminders (AMI) 22. Reminder system—computerized admissions with indicator reminders (HF) 23. Reminder system—computerized admissions with indicator reminders (PN) 	<p>Both HPs and NHPs</p> <ol style="list-style-type: none"> 1. Computerized order set (AMI) 2. Computerized order set (HF) 3. Computerized order set (PN) 4. Electronic medical record 5. Electronic nursing notes 6. Medication administration system 	<p>NHPs Only</p> <ol style="list-style-type: none"> 1. Automatic monitoring tool (HF) 2. Automatic monitoring tool (PN) 3. Automatic trigger to respiratory for patients needing smoking cessation program 4. Bar coding 5. Computer prompts for missing pathway/indicator data (PN) 6. Computerized continuity of care plan 7. Computerized pathways, procedures, protocols (AMI) 8. Computerized pathways, procedures, protocols (HF) 9. Computerized pathways, procedures, protocols (PN) 10. Meditech 11. Pixis medication administration system
<p>Summary CLMS Quality Dimension</p>  <p>Percentage of Change Ideas</p>	<p>HPs Only n = 56</p> <p>Both HPs and NHPs n = 35</p> <p>NHPs Only n = 28</p>		

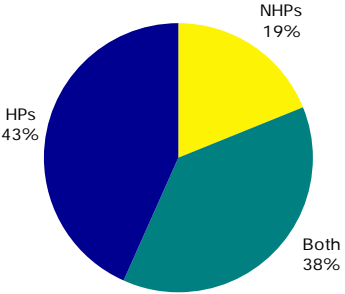
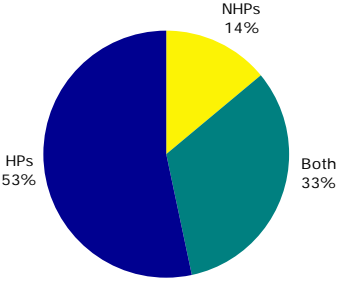
¹ In place as of October 2003 (Study Period = July 2003–June 2004)

Table H-4. Quality Management Strategies (QMS) Quality Dimension: Change Ideas¹ Grouped by Change Concept and Performance Status

Change Concept	Change Ideas		
<p>Models—quality improvement models used by the organization</p> <p>Percentage of Change Ideas</p>	<p>HPs Only</p> <ol style="list-style-type: none"> Baldrige Six Sigma Studer Studer-like 	<p>Both HPs and NHPs</p> <ol style="list-style-type: none"> FOCUS-PDCA PDCA 	<p>NHPs Only</p> <p>None</p>
<p>Guiding Principles—organizational values expressed affecting the quality of care</p> <p>Percentage of Change Ideas</p>	<p>HPs Only</p> <ol style="list-style-type: none"> Collaboration and cooperation with physicians Commitment to clinical excellence Flat/horizontal organization Intrinsic reward culture Leading edge of quality Non-punitive environment QI initiatives incorporate systematic processes, reliable statistical methods, practical approach QI integrated into management and leadership QI program responsibility of leaders, physicians, and employees Right care, right time, right person Vision of continuous improvement in quality indicators 	<p>Both HPs and NHPs</p> <ol style="list-style-type: none"> Data-driven Evidence-based Goal-oriented 	<p>NHPs ONLY</p> <ol style="list-style-type: none"> Patient-centered care

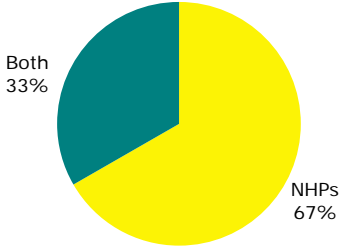
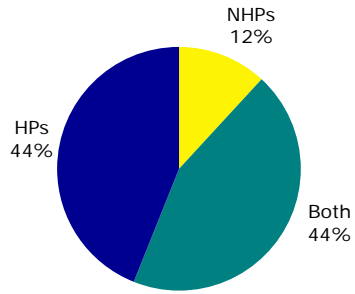
¹ In place as of October 2003 (Study Period = July 2003–June 2004)

Table H-4. Quality Management Strategies (QMS) Quality Dimension: Change Ideas¹ Grouped by Change Concept and Performance Status

Change Concept	Change Ideas		
<p>Methods—approaches for identifying and addressing opportunities for quality improvements post-discharge</p>  <p>Percentage of Change Ideas</p>	<p>HPs Only</p> <ol style="list-style-type: none"> Allocation of resources prioritized on quality criteria Clinical team calls meeting if indicator in red for two quarters Concurrent monitoring of outcome data for early action of trends Concurrent trend report for problem indicators—monthly Dedicated IS analyst to assist physicians with medical access program Formal process for setting QI priorities Get with the guidelines Management meeting discuss challenges with patient not indicator measures Multidisciplinary nursing grand rounds—quarterly Operating plan includes indicator targets Patient follow-up calls QI teams discuss fallouts QI teams discuss fallouts—semi-weekly Quality standing agenda—manager meetings Quality standing agenda—new employee orientation Rapid action teams 	<p>Both HPs and NHPs</p> <ol style="list-style-type: none"> Network with VHA quality collaborative Physician involvement in developing pathways, protocols, order sets, etc. QI plan includes AMI, CHF, and PN initiatives QI prioritization tool QI teams (AMI) QI teams (HF) QI teams (PN) Quality standing agenda—BOD meetings Quality standing agenda—department meetings Quality standing agenda—medical staff meetings Report card/scorecard—physician Report card/scorecard—unit Retrospective review of fallouts Critical pathway constructor 	<p>NHPs Only</p> <ol style="list-style-type: none"> Leadership committee assess order set and educational improvements QI teams discuss fallouts—quarterly Quality standing agenda (AMI)—monthly nursing staff meeting Quality standing agenda—case manager QI team meeting Quality standing agenda—medical executive committee quality standing agenda—nursing pharmacy committee Yearly analysis of pathways
<p>Summary QMS Quality Dimension</p>  <p>Percentage of Change Ideas</p>	<p>HPs Only n = 31</p> <p>Both HPs and NHPs n = 19</p> <p>NHPs Only n = 8</p>		

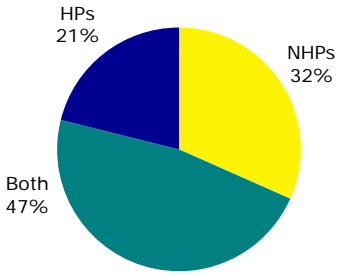
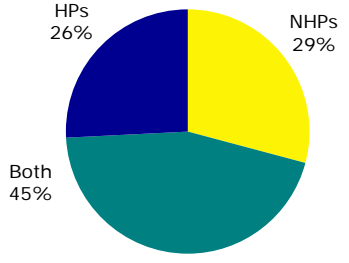
¹ In place as of October 2003 (Study Period = July 2003–June 2004)

Table H-5. Monitoring (MON) Quality Dimension: Change Ideas¹ Grouped by Change Concept and Performance Status

Change Concept	Change Ideas		
<p>Data Collection—mechanisms and processes to facilitate valid and reliable data collection</p>  <p>Both 33% NHPs 67%</p> <p>Percentage of Change Ideas</p>	<p>HPs Only</p> <p>None</p>	<p>Both HPs and NHPs</p> <ol style="list-style-type: none"> Automated data abstraction tool 	<p>NHPs Only</p> <ol style="list-style-type: none"> Retrospective collection from electronic record Retrospective collection of indicators
<p>Data Analysis—mechanisms and processes to track and compare results</p>  <p>NHPs 12% HPs 44% Both 44%</p> <p>Percentage of Change Ideas</p>	<p>HPs Only</p> <ol style="list-style-type: none"> By unit Regression analysis Three levels of analysis of indicators including department t-tests 	<p>Both HPs and NHPs</p> <ol style="list-style-type: none"> Aggregate by condition Benchmarking By physician Software—management and analysis of data 	<p>NHPs ONLY</p> <ol style="list-style-type: none"> By type of admission (ER, direct admit, etc.)

¹ In place as of October 2003 (Study Period = July 2003–June 2004)

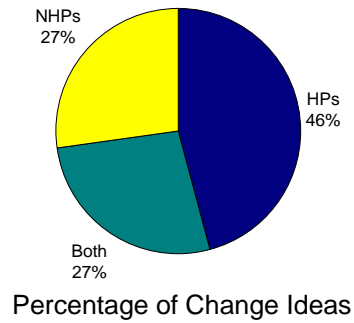
Table H-5. Monitoring (MON) Quality Dimension: Change Ideas¹ Grouped by Change Concept and Performance Status

Change Concept	Change Ideas		
<p>Data Reporting—mechanisms and processes to facilitate reporting to accountable parties</p>  <p>Percentage of Change Ideas</p>	<p>HPs Only</p> <ol style="list-style-type: none"> Color-coded rating level of performance report Pareto chart Standardized PI report format Trend lines 	<p>Both HPs and NHPs</p> <ol style="list-style-type: none"> Balanced scorecard Bar graphs Control chart Dashboard report Histograms Pie graphs Run charts Stoplight report Tables 	<p>NHPs Only</p> <ol style="list-style-type: none"> By admission Mini-dashboard that presents "key aspects of care" on a regular basis for physicians Radar charts Scatter diagrams Software reporting program Star-coded rating level of performance report
<p>Summary MON Quality Dimension</p>  <p>Percentage of Change Ideas</p> <p>HPs Only n = 8</p> <p>Both HPs and NHPs n = 14</p> <p>NHPs Only n = 9</p>			

¹ In place as of October 2003 (Study Period = July 2003–June 2004)

**Table H-6. Overall Quality Dimensions:
Distribution of Change Ideas¹ by Performance Status**

**Overall Summary:
All Quality Dimensions**



**HPs Only
n = 165**

**Both HPs and NHPs
n = 97**

**NHPs Only
n = 98**

¹ In place as of October 2003 (Study Period = July 2003–June 2004)

Table H-7. Responsibility, Involvement, and Reward (RIR) Quality Dimension: Change Idea¹ Count and MAS² Score by Change Concept, by Hospital												
		RIR Change Concepts										Total RIR
		Responsibility and Authority		Skills Development		Time and Resources		Evaluation and Feedback		Recognition and Reward		
High-Performing Hospitals												
Hospital	Count	Score	Count	Score	Count	Score	Count	Score	Count	Score	Count	Score
1	3	24	5	35	2	15	0	0	0	0	10	74
2	7	56	1	8	5	37	0	0	0	0	13	101
3	4	32	0	0	1	7	0	0	0	0	5	39
4	4	28	2	14	9	63	1	7	0	0	16	112
5	2	16	2	14	5	35	2	15	3	20	14	100
6	8	63	7	52	6	43	4	32	1	7	26	197
Total	28	219	17	123	28	200	7	54	4	27	84	623
Non-High-Performing Hospitals												
Hospital	Count	Score	Count	Score	Count	Score	Count	Score	Count	Score	Count	Score
1	0	0	3	21	1	7	4	30	6	48	14	106
2	4	32	1	7	3	23	2	14	0	0	10	76
3	5	38	1	8	6	47	8	57	2	16	22	166
4	4	32	2	14	4	28	1	7	1	7	12	88
5	0	0	0	0	9	63	2	14	1	7	12	84
6	1	7	3	21	4	29	0	0	0	0	8	57
Total	14	109	10	71	27	197	17	122	10	78	78	577

¹ In place as of October 2003; Study Period = July 2003–June 2004

² Momentum Assessment Scale

Table H-8. Communication (COM) Quality Dimension: Change Idea ¹ Count and MAS ² Score by Change Concept, by Hospital								
	COM Change Concepts						Total COM	
	Priorities		Results		Actions			
High-Performing Hospitals								
Hospital	Count	Score	Count	Score	Count	Score	Count	Score
1	2	16	1	7	1	8	4	31
2	0	0	8	57	2	15	10	72
3	0	0	8	61	0	0	8	61
4	0	0	15	109	1	7	16	116
5	2	14	8	58	4	29	14	101
6	0	0	11	77	1	8	12	85
Total	4	30	51	369	9	67	64	466
Non-High-Performing Hospitals								
Hospital	Count	Score	Count	Score	Count	Score	Count	Score
1	1	7	4	28	0	0	5	35
2	0	0	4	29	0	0	4	29
3	1	7	12	92	0	0	13	99
4	0	0	6	47	1	7	7	54
5	1	7	12	80	0	0	13	87
6	0	0	5	36	1	7	6	43
Total	3	21	43	312	2	14	48	347

¹ In place as of October 2003; Study Period = July 2003–June 2004

² Momentum Assessment Scale

Table H-9. Clinical Management Strategies (CLMS) Quality Dimension: Change Idea¹ Count and MAS² Score by Change Concept, by Hospital									
	CLMS Change Concepts						Total CLMS		
	Tools		Techniques		Technology				
High-Performing Hospitals									
Hospital	Count	Score	Count	Score	Count	Score	Count	Score	
1	9	67	1	7	4	30	14	104	
2	12	75	0	0	10	67	22	142	
3	9	70	3	22	0	0	12	92	
4	15	106	1	7	9	64	25	177	
5	11	86	9	69	13	93	33	248	
6	23	178	4	32	6	46	33	256	
Total	79	582	18	137	42	300	139	1,019	
Non-High-Performing Hospitals									
Hospital	Count	Score	Count	Score	Count	Score	Count	Score	
1	2	16	7	49	0	0	9	65	
2	7	52	5	35	3	21	15	108	
3	18	144	4	31	7	53	29	228	
4	8	62	2	14	7	51	17	127	
5	12	84	1	7	1	6	14	97	
6	10	75	4	29	4	28	18	132	
Total	57	433	23	165	22	159	102	757	

¹ In place as of October 2003; Study Period = July 2003–June 2004

² Momentum Assessment Scale

Table H-10. Quality Management Strategies (QMS) Quality Dimension: Change Idea¹ Count and MAS² Score by Change Concept, by Hospital

	QMS Change Concepts						Total QMS	
	Models		Guiding Principles		Methods			
High-Performing Hospitals								
Hospital	Count	Score	Count	Score	Count	Score	Count	Score
1	2	15	1	7	5	37	8	59
2	1	8	3	24	6	51	10	83
3	2	16	4	32	5	38	11	86
4	0	0	3	22	10	70	13	92
5	2	16	6	48	11	83	19	147
6	1	8	5	39	13	100	19	147
Total	8	63	22	172	50	379	80	614
Non-High-Performing Hospitals								
Hospital	Count	Score	Count	Score	Count	Score	Count	Score
1	0	0	0	0	8	56	8	56
2	1	8	1	8	5	43	7	59
3	1	8	4	32	13	98	18	138
4	1	8	0	0	5	39	6	47
5	0	0	0	0	1	7	1	7
6	1	7	1	8	7	52	9	67
Total	4	31	6	48	39	295	49	374

¹ In place as of October 2003; Study Period = July 2003–June 2004

² Momentum Assessment Scale

Table H-11. Monitoring (MON) Quality Dimension: Change Idea ¹ Count and MAS ² Score by Change Concept, by Hospital								
	MON Change Concepts						Total MON	
	Data Collection		Data Analysis		Data Reporting			
High-Performing Hospitals								
Hospital	Count	Score	Count	Score	Count	Score	Count	Score
1	0	0	1	8	1	7	2	15
2	0	0	3	24	1	8	4	32
3	1	8	3	23	5	40	9	71
4	1	7	2	15	3	23	6	45
5	0	0	1	8	3	24	4	32
6	0	0	2	16	8	64	10	80
Total	2	15	12	94	21	166	35	275
Non-High-Performing Hospitals								
Hospital	Count	Score	Count	Score	Count	Score	Count	Score
1	0	0	0	0	0	0	0	0
2	1	7	2	15	4	32	7	54
3	1	8	3	22	4	31	8	61
4	2	15	1	8	9	72	12	95
5	2	14	2	14	2	14	6	42
6	1	8	2	14	4	28	7	50
Total	7	52	9	66	24	184	40	302

¹ In place as of October 2003; Study Period = July 2003–June 2004

² Momentum Assessment Scale

Table H-12. Total Change Idea ¹ Counts and MAS ² Scores, by Quality Dimension and Hospital												
	Quality Dimensions										All Quality Dimensions	
	RIR		COM		CLMS		QMS		MON			
High-Performing Hospitals												
Hospital	Count	Score	Count	Score	Count	Score	Count	Score	Count	Score	Count	Score
1	10	74	4	31	14	104	8	59	2	15	38	283
2	13	101	10	72	22	142	10	83	4	32	59	430
3	5	39	8	61	12	92	11	86	9	71	45	349
4	16	112	16	116	25	177	13	92	6	45	76	542
5	14	100	14	101	33	248	19	147	4	32	84	628
6	26	197	12	85	33	256	19	147	10	80	100	765
Total	84	623	64	466	139	1,019	80	614	35	275	402	2,997
Non-High-Performing Hospitals												
Hospital	Count	Score	Count	Score	Count	Score	Count	Score	Count	Score	Count	Score
1	14	106	5	35	9	65	8	56	0	0	36	262
2	10	76	4	29	15	108	7	59	7	54	43	326
3	22	166	13	99	29	228	18	138	8	61	90	692
4	12	88	7	54	17	127	6	47	12	95	54	411
5	12	84	13	87	14	97	1	7	6	42	46	317
6	8	57	6	43	18	132	9	67	7	50	48	349
Total	78	577	48	347	102	757	49	374	40	302	317	2,357

¹ In place as of October 2003; Study Period = July 2003–June 2004

² Momentum Assessment Scale