

Appendix I. HPSS Data on Continuing Hospital Momentum

The data presented in Table I-1 and Table I-2 represent change ideas in the Clinical Management Strategies (CLMS) and Quality Management Strategies (QMS) quality dimensions that were reported during the qualitative interviews *as being put in place between October 2003 and April 2005*. These ideas reflect the *continuing momentum* demonstrated by hospitals after the study period. Further, these data illustrate the ability of the MAS tool to distinguish fine-grained variation in the level of effort and commitment to QI change ideas.

Table I-1. Clinical Management Strategies (CLMS) Quality Dimension: Hospital MAS Continuing Momentum* Score by Change Concept and Change Idea

Clinical Condition	Change Ideas	High-Performer Hospitals						Non-High-Performer Hospitals							
		1	2	3	4	5	6	Total	1	2	3	4	5	6	Total
Change Concept: Technology—Hardware or software used to facilitate and coordinate care for AMI, HF, and PN patients															
Acute Myocardial Infarction	Computer prompts for missing pathway/indicator data							0				7			7
	Computerized education reference tool							0						8	8
	CT angiography		4					4							0
	Electronic discharge						8	8							0
	Electronic discharge with indicator reminders							0			7				7
Heart Failure	BNT Natrecor	1						1						8	8
	Computerized education reference tool							0						8	8
	Electronic discharge						8	8				7			7
	Electronic discharge with indicator reminders							0			7				7
Pneumonia	Alerts—hand held device for panic labs		4					4							0
	Computerized education reference tool							0						8	8
	Electronic discharge						8	8							0
	Electronic discharge with indicator reminders							0			7				7

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Clinical Condition	Change Ideas	High-Performer Hospitals						Non-High-Performer Hospitals								
		1	2	3	4	5	6	Total	1	2	3	4	5	6	Total	
Condition Unspecified	Acuity tracking system—ER				7			7							0	
	Acuity tracking system upgrade for CPOE and nursing notes				6			6							0	
	Additional computer alerts and reminders		1					1							0	
	Automated forms on the computer that can be individualized	6						6							0	
	Automatic trigger to respiratory for patients wanting smoking-cessation program							0				8			8	
	Automatic trigger to use an order set or administer drugs				7			7							0	
	Bar-coding			6		6		12			6				6	
	Bar-coding—charts	6						6				7			7	
	Bar-coding—labs						7	7				7			7	
	Bar-coding—medication	6			7			13				6	6		12	
	Beepers to initiate a rapid response					4		4							0	
	Canopy							0		7					7	
	Computer physician order entry	4	4	6				6	20				1	6	1	8
	Computerized education reference tool							0	0	7					7	
	Computerized pathways, procedures, protocols			7				7	7						0	
	EKG history available in electronic database	2						2	2						0	
	EKG wireless				2	6		8	8						0	
Electronic dictation, labs, x-rays, and Rx			7				7	7						0		

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Clinical Condition	Change Ideas	High-Performer Hospitals						Non-High-Performer Hospitals							
		1	2	3	4	5	6	Total	1	2	3	4	5	6	Total
Condition Unspecified	Electronic discharge	8						8							0
	Electronic medical record			7			6	13		6	6				12
	Electronic nursing notes			7				7							0
	Electronic nursing notes upgrade				4			4							0
	Expand EMR to entire hospital							0				6			6
	Expand PACS to entire hospital	6						6							0
	Expand Pixis to entire facility	6						6							0
	Hand-held		4				6	10						6	6
	IBEX—patient tracking system							0				7			7
	MARS—automated	6						6			6		6		12
	PACS	7						7						6	6
	Reminder system—pop-ups on computer to identify patient based on diagnosis			5				5							0
	Voice recognition						1	1							0
	Total score of change ideas within Technology		58	17	45	33	16	50	219	0	20	39	56	18	45
Count of scored change ideas within Technology		11	5	7	6	3	8	40	0	3	6	9	3	7	28
Total score of change ideas within CLMS		126	71	54	39	30	50	370	36	21	54	126	25	70	332
Count of scored change ideas within CLMS		21	13	9	7	5	8	63	5	4	8	19	4	11	51

* Change ideas put in place between October 2003 and April 2005.

Table I-2. Quality Management Strategies (QMS) Quality Dimension: Hospital MAS Continuing Momentum* Score by Change Concept and Change Idea

Change Ideas	High-Performing Hospitals							Non-High-Performing Hospitals						
	1	2	3	4	5	6	Total	1	2	3	4	5	6	Total
Change Concept: Models—Quality improvement models used by the organization														
Pacific Institute		8					8							0
Total score of change ideas within Models	0	8	0	0	0	0	8	0	0	0	0	0	0	0
Count of scored change ideas within Models	0	1	0	0	0	0	1	0	0	0	0	0	0	0
Change Concept: Guiding Principles—Organizational values expressed affecting the quality of care														
Celebrate success				2			2							0
Commitment to quality							0	7					7	14
Corporate attention on recognizing and rewarding quality performance	1						1							0
Goal oriented							0						7	7
Quality as a critical success factor							0				8			8
Responsibility for quality							0					6		6
Total score of change ideas within Guiding Principles	1	0	0	2	0	0	3	7	0	0	8	6	14	35
Count of scored change ideas w/in Guiding Principles	1	0	0	1	0	0	2	1	0	0	1	1	2	5
Change Concept: Methods—Approaches for identifying and addressing opportunities for quality improvement														
QI teams AMI	7						7							0
QI teams PN	7						7							0
100K lives campaign					6	6	12						6	6
Best practice coordinator							0						7	7
Clear delineation of BOD quality committee function in writing							0		1					1

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Change Ideas	High-Performing Hospitals							Non-High-Performing Hospitals						
	1	2	3	4	5	6	Total	1	2	3	4	5	6	Total
Clear delineation of QI responsibilities							0	1						1
Clear delineation of responsibilities of QI structure			1				1							0
Clear delineation of roles in QI structure			1				1							0
Culture of physician leadership in quality						6	6							0
Delineation of authority and responsibility in ER and cath lab			2				2							0
Discuss high volume fallouts with physicians							0					7		7
Evidence-based medicine across continuum						6	6							0
Focused studies		8					8							0
Formal process for setting QI priorities							0						1	1
Give scales to low-income HF patients							0			8				8
HF clinic							0			4				4
Identify causes of fallouts in ER			1				1							0
Identify opportunities for fallout improvement			1				1							0
Improve communication between staff physicians and patient care committee							0		1					1
Improve physician use of protocols			1				1							0
Indicator performance used in physician credentialing							0		6				4	10
Letter and postings for physicians who are 100% compliant on indicators							0				8			8

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Change Ideas	High-Performing Hospitals							Non-High-Performing Hospitals						
	1	2	3	4	5	6	Total	1	2	3	4	5	6	Total
Letter to physician regarding fallouts		7					7							0
Medical staff involvement in identifying QI priorities			1				1							0
Nursing peer review							0	6						6
Outpatient HF disease management module						6	6							0
Physician champion engages peers			1				1							0
Physician involvement on quality issues							0						1	1
Physician letter on compliance rate—monthly							0				7			7
Physician responsible for pathway utilization							0						1	1
QI recognition and reward					6		6							0
Quality assurance program comparing physicians—on quality and cost							0			6				6
Quality standing agenda—manager meetings							0						1	1
Quality standing agenda—nursing leadership program						7	7							0
Rapid action teams							0	7						7
Report card/scorecard—physician			6				6		1				7	8
Report card/scorecard—unit				4			4		4					4
Retrospective review of fallouts			3			7	10						7	7
Standardized cath lab resource requirements corporate-wide	6						6							0
Unit spot checks by CNO							0	7						7

**Table I-2. Quality Management Strategies (QMS) Quality Dimension:
Hospital MAS Continuing Momentum* Score by Change Concept and Change Idea**

Change Ideas	High-Performing Hospitals							Non-High-Performing Hospitals						
	1	2	3	4	5	6	Total	1	2	3	4	5	6	Total
Total score of change ideas within Methods	20	15	18	4	12	38	107	21	13	18	15	21	21	109
Count of scored change ideas within Methods	3	2	10	1	2	6	24	4	5	3	2	3	7	24
Total score of change ideas within QMS	21	23	18	6	12	38	118	28	13	18	23	27	35	144
Count of scored change ideas within QMS	4	3	10	2	2	6	27	5	5	3	3	4	9	29

* Change ideas put in place between October 2003 and April 2005.