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Characteristics of Key Informants

Table J-1. Characteristics of Key Informants: Board of Directors Member, Chief Executive Officer, Nursing Administrator, Medical Director, and Quality Management Professional

	Characteristic	Board of Directors Member	CEO	Nursing Administrator	Medical Director	Quality Management Professional	
Florida	Title	Physician	CEO	Chief Nursing Officer	see Governing Board Member ¹	Assistant Administrator	
	Yrs w/ Organization	—	15	2	14	2	
	Yrs in Position	3.5	9	1	3	<1	
	Title	Physician	CEO	Chief Nursing Officer	Medical Affairs Officer ¹	Director Clinical QI and Case Mgt.	
	Yrs w/ Organization	—	9	9	3 months	1.5	
	Yrs in Position	<1	9	5	3 months	1.5	
Illinois	Title	VP Medical Staff	CEO	Chief Nursing Officer	Executive Director, QM	Director, QM and Reg. Compliance	
	Yrs w/ Organization	—	10	3 months	8	3	
	Yrs in Position	1.5	1.5	3 months	8	3	
	Title	Past President Medical Staff	President and CEO	VP and Chief Nurse Executive	VP Quality Management (Physician)		
	Yrs w/ Organization	—	11.5	4.5	28		
	Yrs in Position	5	10	4.5	6		
	Title	No Interview	President and CEO	Director, Clinical Services	VP, Clinical Performance	Quality Manager	
	Yrs w/ Organization	—	3.5	15	3	9.5	
	Yrs in Position	—	3.5	4	3	3	
	Title	Chair, Quality & Cost Effectiveness Committee	President and CEO	VP of Patient Care	Chairman, Dept. of Medicine ¹	VP, Quality Resource Mgt	
Yrs w/ Organization	—	15	8	10	n/a		
Yrs in Position	3	15	.5	4			
Indiana	Title	Immediate past Chair of the Board	CEO	VP Patient Care Services	Medical Director	Director, Quality Management	
	Yrs w/ Organization	—	18	31	44	18	
	Yrs in Position	15	5	4	7	12	
	Title	Physician	President and CEO	Chief Nursing Officer	Physician ¹	VP CQO	
	Yrs w/ Organization	—	31	.5	1	17	5
	Yrs in Position	9.5	17	.5	2	5	3.5
New Jersey	Title	Chairman of the Board	COO	Chief Nurse Executive	Chief Medical Officer	Corporate Dir. for Outcomes & Quality Control	
	Yrs w/ Organization	—	23	14	10	33	
	Yrs in Position	7	1.5	2	10	16	
	Title	Chairman of the Board	President and CEO	Senior VP, Nursing	Chief of Staff	VP of Clinical Outcomes and Quality Control	
	Yrs w/ Organization	—	16	13	16	14	
	Yrs in Position	8	3.5	4	3.5	3	
North Carolina	Title	Board Quality Council Chair	President and CEO	VP of Patient Care	Chair, Med Staff QI Committee	VP Clinical Effectiveness	
	Yrs w/ Organization	—	7	14	16	8	5

Table J-1. Characteristics of Key Informants: Board of Directors Member, Chief Executive Officer, Nursing Administrator, Medical Director, and Quality Management Professional

Characteristic	Board of Directors Member	CEO	Nursing Administrator	Medical Director	Quality Management Professional	
Yrs in Position	4.5	7	8	2	6	4.5
Title	Chairman of the Board	President and CEO	Chief Nursing Officer	CMO, VP Medical Affairs	Dir. Quality/Risk Management	
Yrs w/ Organization	—	16	5	15	18	
Yrs in Position	4	7	5	4	7	

1 No Medical Director Position

Table J-2. Characteristics of Key Informants: Physician and Nurse Champions for HF, AMI, and PN

	Characteristic	Physician Champion HF	Physician Champion AMI	Physician Champion PN	Nurse Champion HF	Nurse Champion PN	Nurse Champion PN		
Florida	Title	Medical Director ER Services		Physician	Unit Nursing Director	Director Critical Care	Director Medical/Surgical		
	Yrs w/ Organization	2		14	2	3.5	31		
	Yrs in Position	2		5	1	3.5	15		
	Title	Chairman of CV Committee		No Champion	Director Telemetry		Clinical Mgr. ER		
	Yrs w/ Organization	5			7.5		21		
Yrs in Position	1.5		5		3				
Illinois	Title	See Medical Director		Med Pat Care Committee Chair	Director ER and Critical Care		Director In-patient		
	Yrs w/ Organization			16		3		13	
	Yrs in Position			3		3		6	
	Title	See Medical Director			Clinical Director Cardiac Services	Exec. Dir. of Lung & Heart Inst.	Nursing Director ICU		
	Yrs w/ Organization				7		23		18
	Yrs in Position				7		15		6
	Title	Med. Director, CV Services	Asst. Medical Director, ED	No Champion	Manager EP Lab	AMI Team Leader, Mgr. Cath.	Mgr. Adult Medical		
	Yrs w/ Organization	20	15		32		1	2	
	Yrs in Position	4.5	8		13		1	2	
	Title	Chair, Cardiology QI Team	Med. Director, Emerg. Med.	No champion	Cardiac Case Manager	Cardiac Case Manager	Case Manager		
Yrs w/ Organization	10	15	3		12	8			
Yrs in Position	6-7	4	3.5		4	5			
Indiana	Title	Internist, Champion CHF Team	No Champion	Pulmonologist, Champion CAP Team	Nursing Care Mgr, Telemetry	Nursing Care Manager, ICU	Nursing Care Mgr. Fam. Prac. Unit		
	Yrs w/ Organization	4		9		28	24	20	
	Yrs in Position	4		2.5		20	9	10	
	Title	See Medical Director			Program Director, Heart	Assist. DoN, Emergency	Assist. Director, Nursing		
	Yrs w/ Organization				20		20		18
Yrs in Position	2				9		13		
New Jersey	Title	See Medical Director			Coord. Quality Management	Dir. Patient Care Services	Nurse Mgr. ER		
	Yrs w/ Organization				19		4		11
	Yrs in Position				4		4		3
	Title	No Champion	Chief Cardiac Svcs. Cath. Lab	PI Director, Emergency Dept	Director PI Regulatory	Clinical Nursing Specialist			
	Yrs w/ Organization		24		14		7-8		
Yrs in Position	2		3		7-8				
North Carolina	Title	Cardiologist, Cardiac Service Line Leader		Pulmonologist Respiratory Svc. Line Leader	Clinical Director, Cardiac Services	Cardiac Svc. Line Coord.	Ops Coord. Case Management		
	Yrs w/ Organization	14		10	15	2	5		
	Yrs in Position	12	6	2	2	1	< 1 mo		
	Title	Hospitalist	No Champion	Pulmonologist, Private Practice	Staff/Charge Nurse	CCRN	Asst. Mgr. Charge Nurse Preceptor		
	Yrs w/ Organization	1		17		8		1	
Yrs in Position	1	13		6-7		<1 yr			

**Table J-3. Tenure Characteristics of Key Informants:
High- and Non-High-Performing Hospitals**

Key Informant	HP		NHP	
	Mean	Range	Mean	Range
Board of Directors Member				
Years in organization	n/a	n/a	n/a	n/a
Years in position	7.2	3.5–15	4.3	1–9.5
Chief Executive Officer				
Years in organization	11.8	3.5–18	17.3	9–31
Years in position	6.3	3.5–10	8.5	1.5–17
Nurse Administrator				
Years in organization	13.3	2–31	6.1	.25–14
Years in position	4.3	1–8	2.2	.25–5
Medical Director				
Years in organization	20.2	3–44	7.4	.25–15
Years in position	4.1	2–7	4.7	.25–10
Quality Management Professional				
Years in organization	12.1	2–28	12.9	1.5–33
Years in position	5.1	1–12	6.0	1.5–16
Physician Champions (AMI, HF, PN)				
Years in organization	13.1	2–28	9.2	1–17
Years in position	4.6	2–12	5.4	1–13
Nurse Champions (AMI, HF, PN)				
Years in organization	13.8	2–31	12.1	1–25
Years in position	7.1	.08–15	6.1	1–25

Board Characteristics

Table J-4. Board of Directors Structure—2005				
Hospital	Number of Members	Selection Method	Composition	Compensation
High Performers				
1	14	Parent Corporation	7 Physicians, 7 Community Leaders	Yes
2	—	—	Physicians and Lay Leaders	No
3	9	—	President, VP, Immediate Active Past President of Medical Staff	—
4	15 to 16	—	Physicians and Lay Members	No
5	18	Elected by Board	Community, Ex-Officio: Senior Executives of Hospital, Medical School, Auxiliary, Foundation; 2/3 Healthcare Professionals, 25% from Medical School	No
6	10	Board	8 Best Qualified Persons Available, 2 Active Physicians	No
Non-High Performers				
1	—	Board	Half Physicians, Half Lay Members	Yes
2	—	CEO of Regional Division	—	No
3	—	—	CEO, Lay Members	No
4	14	—	4 Physicians, 10 Lay Members, CEO	No
5	—	—	Lay Members	No
6	14	—	2 Physicians, 12 Lay Members	No

Table J-5. Board of Directors Practices and Performance—2005				
Hospital	Frequency of Board Meetings	Board Education on Quality	Provider of Board Evaluation	Frequency of Board Evaluation
High Performers				
1	Monthly	Leadership Conferences, Retreats, Presentations	CEO and Chairman of the Board	—
2	Monthly	Annual Retreat	Board Self-evaluation, CEO	Annually
3	Monthly	—	—	—
4	Monthly	5 Orientation Sessions During 1st Year, Hospital Medical Staff and Trustee Conference, National Seminar on Governance	Board Self-Evaluation, CEO	—
5	Monthly	Educational Component of Meetings, Annual Board Retreat, External Executive Education Programs	—	—
6	Monthly	Annual Retreat, Educational Sessions	Quality Council, Administration, Self-Evaluation	Annually
Non-High Performers				
1	Monthly	During Board Meetings, Leadership Conferences	Board, Annual Survey	Annually
2	—	CME Activities, Retreats	Quality Directors	—
3	—	Governance Institute, Retreat	Chair, CEO, Governance Committee	Annually
4	Monthly	Retreats	Board	Annually
5	Monthly	Governance Institute	Board Self-evaluation	Annually
6	—	Governance Institute, State Area Health Education Seminars, Monthly Educational Sessions	Board, CEO, Nominations Committee	Annual Self-Evaluation and CEO Evaluation, Every 3 Years by Nominating Committee

Table J-6. Documents Delineating Quality-Related Board Activities—2005				
Hospital	Responsibilities	Skills Development	Time and Resources	Evaluation and Feedback
High Performers				
1	JCAHO Regulations, Bylaws, Board Orientation Binder	JCAHO and CMS Regulations, Set of Quality Indicators	—	Board Orientation Binder
2	Bylaws, QI Plan, Quality Program Description	Scorecards	—	Self-Assessment Tool
	—	—	—	—
4	Bylaws	Board Development Plan	—	—
5	Bylaws, PI Plan	Minutes	—	—
6	Bylaws, PI Plan	Minutes, Material Presented to Board	Budget	Quality Council PI Plan, PI Oversight and Communications Flow Chart
Non-High Performers				
1	Bylaws, Minutes, Written Materials	—	—	—
2	Bylaws, PI Plan Describes Responsibilities of Board Quality Council	—	—	—
3	Bylaws, Orientation Binder, Charters	—	Committee Guidelines	—
4	Bylaws	Board Book	Agenda	Annual Evaluation
5	Bylaws, Minutes, PI Plan, Strategic Plan	PI Plan	Agenda	Management Report
6	Minutes, Resolution Form	Orientation Notebook	Bylaws	Governance Institute Self-assessment Instrument

Table J-7. Indicators of Board's Commitment to Quality—2005				
Hospital	Percentage of Meeting Time Spent on Quality	Documents Board Approves	Board Quality Committees	Knowledge of Quality vs. Finance Rating*
High Performers				
1	70%	Bylaws, Policies & Procedures	—	8
2	33%	Bylaws, Quality Indicator Policies & Procedures, Quality Program Description	—	5
3	—	Bylaws, CEO Job Description, Annual Operating Plan, Goals of Executive Team	Quality Council	—
4	25%	Budget	—	4
5	25%	PI Plan, Governance Document Changes	Professional Affairs, Governing Board on Quality, Executive Oversight Committee on Quality	4
6	15%	Bylaws, PI Plan, Guidelines for AMI/HF/PNE, Board Responsibilities, Budget, Board Meeting Minutes	Quality Council	8
Non-High Performers				
1	70%	New Protocols, Protocol Changes, CEO Job Description	—	—
2	25% to 35%	PI Plan, Budget	Board Quality Council, Internal Board Quality Committee	7
3	25% to 30%	Bylaws, Corporate Goals	Quality and Cost Effectiveness Committee	10
4	15% to 20%	Bylaws, PI Plan, Committee Guidelines, Senior Management Goals	PI Council	8
5	60%	Report Cards	Joint Conference Committee, Professional Relations Committee	7
6	40%	New Committee Resolutions, CEO Contract, Budget	Performance Review Committee	5

* On a scale of 1 to 10, how would you rate your knowledge of the organization's performance on quality of care compared to your knowledge of its financial performance, where 1 means your knowledge of quality is much less than your knowledge of financial performance, 5 means about the same, and 10 means knowledge of quality is much more than knowledge of financial performance.

Table J-8. Information on Quality Provided to Board of Directors				
Hospital	Provider of Information	Frequency of Reports	Information Provided	Report Formats
High Performers				
1	QMP (Assistant Administrator)	Monthly	Indicators, Benchmarks	Dashboards
2	VP of Quality Improvement, Administration	Monthly	Comparison Data, Indicators, Results of New Improvement Processes, Core Measures, Potential Changes in Medicare Policy, Rolling 12-Month Performance	Scorecard, Reports, Articles, Spreadsheets, Presentations, Board Report
3	—	—	—	—
4	QMP	Monthly and Quarterly	Graphical and Statistical Information on Quality, CMS 21 Indicators, Patient Complaints	Videos, Verbal Reports, Quality Report, Dashboard Indicator Banner in Boardroom
5	Quality Committees	Monthly	Core Measures and Indicators	Minutes, Verbal Reports
6	Quality Council, VP of Clinical Effectiveness	Quarterly	CMS 10-11 Indicators, PI Plan for Specific Department	Reports, Presentations, Background Packets
Non-High Performers				
1	Medical Executive Committee, Lower Committees	Monthly	Performance on Indicators	Clinical Process Improvement Summary Report
2	Quality Council, VP/CMO, Quality Director, CEO Division Office	6 times per year	Indicators, Patient Safety Initiatives	Presentations, Reports, Pamphlets, Booklets, Journals, E-mail
3	Quality Committee Chair	Every two months	Indicators, State and JCAHO Benchmark Comparisons, Alliance for Decision Support Program	Scorecard, Charts, Reports, PowerPoint Presentations, Wall Street Journal Articles
4	Operating Officer, Medical Director, QMP	Monthly	Best Practices, Quality Indicators, Balanced Scorecard, Leapfrog Progress	Report, Presentation, Board Book
5	VP of Medical Affairs, PA Leader, Joint Conference Committee	Monthly and Quarterly	Pillars of Quality, 7th Scope of Work, PI Plan, Employee and Patient Satisfaction	Reports

Table J-8. Information on Quality Provided to Board of Directors				
Hospital	Provider of Information	Frequency of Reports	Information Provided	Report Formats
6	QMP, Medical Director, Committees, CEO	Monthly	Customer Service, Indicators	Board Book, Presentation, E-mail, Reports

Quality Management Characteristics

Table J-9. Quality Structure—2005				
Hospital	Title of QMP Interviewed	Level to Which QMP Reports	Information & Authority Flow	QI Model(s) Used
High Performers				
1	Assistant Administrator	CEO	PI Council to Medical Executive Committee to Board	PDCA
2	Vice President, Quality Management	Executive VP & COO	—	Six Sigma
3	Quality Manager	VP of Clinical Practice	Quality Management Group (aka Senior Executive Team) to Board; Professional Affairs Committee/Quality Council of BOD oversees Quality Committee; Medical Executive Committee oversees Patient Care/UR Committee	PDCA
4	Vice President, Clinical Quality Improvement	CEO	Quality Committee to Medical Executive Committee to Board	PDSA
5	VP, Clinical Outcomes & Management	—	PI Committee to Governing Board Committee on Quality to Board; also, Executive Oversight Committee on Quality to Board	PDCA
6	VP, Clinical Effectiveness	CEO	Medical Executive Committee and Administration to Board Quality Council to Board	FOCUS-PDSA
Non-High Performers				
1	Director, Clinical Quality Improvement	CNE	PI Council to Medical Executive Committee to Board	PDCA
2	Director, Quality Improvement	Senior VP & Regional Medical Director	Clinical PI Committee to Medical Executive Committee to Board Quality Council	PDCA
3	Vice President, Quality Resource Management	CEO	—	PDCA
4	Director, Quality Management	VP of Patient Care Services	PI Teams to PI Council to Senior Management to Board	PDCA
5	Corporate Director for Quality & Resource Management	Senior VP for Medical Affairs	PI Committee to PI Steering Committee to Medical Executive Committee to Board	PDCA

Table J-9. Quality Structure—2005

Hospital	Title of QMP Interviewed	Level to Which QMP Reports	Information & Authority Flow	QI Model(s) Used
6	Director of Quality Support, Risk Management & Performance Improvement	VP of Medical Affairs	PI Teams and Nursing Quality Committees to Quality Council to Performance Review Committee of Board to Board	FOCUS-PDSA

FOCUS = Find, Organize, Clarify, Uncover, Start
 PDCA = Plan, Do, Check, Act (Deming-based)
 PDSA = Plan, Do, Study, Act (Deming-based)

Table J-10. Perceptions of Budget Allocation to Quality Improvement					
Hospital	CEO: % of Overall Budget ¹	Nursing Administrator: % of Overall Budget ¹	CEO: % to AMI, HF, PN ²	Nursing Administrator: % to AMI, HF, PN ²	QMP: % to AMI, HF, PN ²
High Performers					
1	20%	Unknown	15% to 20%	Unknown	30%
2	Unknown	Unknown	Unknown	—	15%
3	Unknown	Unknown	Unknown	—	1 FTE, 25% to 50% of second FTE
4	Unknown	Unknown	Unknown	—	Unknown
5	Unknown	5%	Unknown	—	—
6	Unknown	Unknown	Unknown	—	Unknown
Non-High Performers					
1	Unknown	Unknown	Unknown	—	50%
2	Unknown	Unknown	Unknown	Unknown	—
3	Unknown	Unknown	Unknown	—	—
4	Unknown	Unknown	Unknown	—	33%
5	Unknown	Unknown	Unknown	Unknown	50%
6	0.5%	Unknown	0.0025%	Unknown	15%

1 = What percentage of your budget is devoted to clinical quality improvement?

2 = What percentage of your budget is devoted specifically to improving AMI, HF, and PN?

Table J-11. Frequency and Type of Quality Reports				
Hospital	Weekly	Monthly	Quarterly	Annually
High Performers				
1	—	Quality Indicators by Timeframe & Indicator	Quality Indicators by Timeframe & Indicator; Governing Board Report w/ Rolling Data and Benchmarks	—
2	—	Core Measures Compliance	Six Sigma Results	—
3	—	—	Quality Report with Directional Indicators, JCAHO Benchmarks	—
4	—	Quality Indicators Report to Board and QI Teams; Reports to Validate Apparent Trends	Public Reportable Indicators	—
5	Timing not indicated; Report Cards, Benchmarks, PI Newsletter			
6	Unit Scorecards with Indicators by Patient	Timing not indicated; Indicator Performance Rates, Benchmarks, Service Line Reports, Physician Communication Newsletter		Report to Community, Ongoing Direct Mailings & Newspaper Ads
Non-High Performers				
1	—	Clinical PI Summary Report by Diagnosis to PI Council, Med. Exec. Comm., Medical Departments	Quality Team Reports to PI Council	—
2	Timing not indicated; Quality Reports to Quality Council of Board and Medical Executive Committee, Department and Physician Newsletters			
3	—	Balanced Scorecard	Balanced Scorecard	—
4	Newsletter with current quality data	Indicators Dashboard, Indicators by Physician and by Unit	PI Council Reports to Board	PI Showcase
5	—	QI Report, Indicators by Physician and by Unit	QI Report, Indicators by Physician and by Unit	Internal Annual Report on Quality
6			Reports on AMI, HF, PN in a Quarterly Rotation; Clinical Pathways every other quarter	Dashboards for AMI, HF, PN

Table J-12. Quality Resources		
Hospital	Internal	External
High Performers		
1	4 FTEs in place, 1 additional approved	Regional Director of Clinical QI, Regional Manager of QI
2	QMP acts as resource person to management staff	—
3	4.5 FTEs in decision support, (one of these spends 25% to 50% of time on AMI), expect 2 more; 1 FTE in data abstraction; QMP provides information to teams	—
4	4 FTEs in Quality Department	—
5	—	Medical School, Networks, Medical School Library, Medline
6	—	—
Non-High Performers		
1	4 FTEs and 2 per diem, at least 50% of time to AMI, HF, PNE	Quarterly quality meetings and ad hoc conference calls with other network hospitals in region
2	20% of time of 4 nurses to AMI, HF, PNE; physician leader and his 2 nurses	—
3	1 Clinical & Financial Analyst, 1 Data Coordinator, Case Managers, Admin. Assistant; QMP serves as resource to Case Managers	MD Consult “virtual librarian”
4	—	Foundation funds CHF patient education materials
5	7 FTEs for 2 hospitals; 4 clinical specialists (not disease-specific)	—
6	8 FTEs and 1 Part-time	—

Table J-13. Physician-Level Quality Indicator Data		
Hospital	Physician Profiling	Use of Profiles
High Performers		
1	—	—
2	Yes	Reported to department and individual physicians; aggregated physician data considered in recredentialing
3	Yes	Recently began producing physician reports on indicators
4	—	—
5	—	—
6	Not mentioned, but hospital produces weekly patient-level indicators	—
Non-High Performers		
1	Yes	Produced when trend reports indicate fallout
2	—	—
3	Under Consideration	—
4	Yes	Monthly physician reports, post names of physicians with 100% compliance, letters to physicians with lower compliance
5	Yes	Reports to physicians twice per year; used for recredentialing
6	Yes	Not specified