HEDI Safety & Quality Data Analysis Plan

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Crossing the Quality Chasm (2001)

- **Safe**: Avoiding harm to patients from the care that is intended to help them.
- **Timely**: Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Effective**: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
- **Efficient**: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- **Equitable**: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, language, and socioeconomic status.
- **Patient-centered**: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

Pillars	STEEEP	True North	Unit of Measure	Baseline	FY 21 Target	Current Performance		FY21 YTD	Desired Direction	Trend
						Timeframe	Results	Results		
Access	T	Childhood/Adolescent Access to Primary Care Ages 12-19	12 Month Rate	53.11%	57.27%	Dec 2020	42.69%		↑	
	E1, E2	Acute Med/Surg Observed to Expected Length of Stay	Ratio	1.11	1.10	Dec 2020	1.03	1.03	↓	
	T	Median Time from Decision to Admit to Inpatient Bed (ED Admitted Pts)	Hour: Minute	4:59	3:08	Dec 2020	3:28	2:44	↓	
	E2	Avoidable Days per Month	Avg. per Month	476	453	Dec 2020	499	447	↓	
Quality	S, E1, E2	QIP Metrics on Target	Rate	100.0%	90% Q1-2 40% Q3-4	Dec 2020	90%		↑	
	E1, E2	Acute: All Cause 30 Day Readmits	Rate	12.5%	11.91%	Dec 2020	12.62%	12.10%	↓	
	S	Hospital Acquired Infections Index	Ratio (SIR)	0.71	0.64	Dec 2020	0.74	0.73	↓	
	S	Hospital Acquired Harms Index per 1000 discharges	Rate per 1000	1.53	1.38	Dec 2020	1.00	0.81	↓	
	S	Safety Alerts % of Events that resulted in Harm	Rate	3.90%	3.50%	Dec 2020	3.61%	2.75%	↓	
Experience	P	HCAHPS - % Rate Hospital 9 or 10	Rate	69.90%	70.80%	Nov 2020	64%	61%	↑	
	P	CG-CAHPS -% Recommend Practice	Rate	67.78%	68.78%	Nov 2020	73.3%	68.1%	↑	

STEEEP Legend: S=Safe T=Timely E1=Effective E2=Efficient E3=Equitable P=Patient Centered Care

Performance not at Desired Target

Performance Target Met or Exceeded

Analysis of Equity in Quality & Safety

EQUITABLE:
Providing care that does not vary in quality **(OUTCOME)** because of personal characteristics such as gender, ethnicity, language, and socioeconomic status **(SUB-POPULATION)**.

Equality

Equity

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Data Analysis Plan

Outcomes

Pillars	STEEEP	True North
Access	T	Childhood/Adolescent Access to Primary Care Ages 12-19
	E1, E2	Acute Med/Surg Observed to Expected Length of Stay
	T	Median Time from Decision to Admit to Inpatient Bed (ED Admitted Pts)
	E2	Avoidable Days per Month
Quality	S, E1, E2	QIP Metrics on Target
	E1, E2	Acute: All Cause 30 Day Readmits
	S	Hospital Acquired Infections Index
	S	Hospital Acquired Harms Index per 1000 discharges
	S	Safety Alerts % of Events that resulted in Harm
Experience	P	HCAHPS - % Rate Hospital 9 or 10
	P	CG-CAHPS -% Recommend Practice

STEEEP Legend: S=Safe T=Timely E1=Effective E2=Efficient E3=Equitable P=Patient Care

Subpopulations

Registration Data:
- Race
- Ethnicity (Hispanic vs. non-Hispanic)
- Language (English vs. non-English)

Self-Reported:
- Race

Statistical Considerations

- Sufficient sample size for statistical significance

- Patient Level data linkage

- Explanatory Variables

- Longitudinal Data analysis

Presentation Plan

- FY21 Q3:   Harms Analysis by REAL (Race, Ethnicity, & Language, Gender)
  - Review with QSC March 2021
  - Present to QPSC March 2021
- FY21 Q4:   HCAHPS Analysis by Race
- FY22 Q1:   Proposed- Culture of Safety Survey by Race & Gender
  - Dependent on reporting of self-reported demographic data
- Quality will coordinate analysis with HEDI Taskforce efforts on Race & Ethnicity standardization