



**Quality IQ** 2023



# Quality IQ 2023

## Our Quality Promise

We have been entrusted to support the health and wellbeing of our Boyle Heights community. As such, we are committed to an uncompromising pursuit of exceptional quality and service.

We will do this by:

- Striving for optimal care for every person, every time, no matter where we touch their lives.
- Actively engaging each person in their journey to optimal health.
- Becoming a beacon of innovation for quality and safety where providers seek to practice.
- Sustaining top decile performance in quality outcomes and patient safety.

## Our Definition Of Quality

For White Memorial, the seven elements of quality care are:

- **Safety:** Providing care that does not put patients at risk and is free from harm
- **Effectiveness:** Processes and interventions that maximize a patient's health outcomes
- **Patient-Centeredness:** Building care delivery around the needs and decisions of our patients
- **Timely:** Ensuring interventions are delivered when needed
- **Efficiency:** Providing value to patients during their time in our care
- **Equitable:** Offering high quality services to everyone who seeks care with us
- **Access to Care:** Creating opportunities for individuals to receive health care in their own communities

# Quality IQ 2023

The following measures provide **a comprehensive look at the healthcare experience for patients in every system of care, ensuring highly reliable quality care across the continuum.** The indicators outlined here are focus areas determined through our strategic planning process. **This is the way we want to “Change the Business.”** There are other operating indicators we measure to continue to “Run the Business.”



A blue ribbon indicates a top decile performance target. After three years of top performance, the metric will be monitored on respective operational dashboards.



A blue frog indicates a Leapfrog Measured Metric. The Hospital Leapfrog Survey provides a comprehensive assessment of the hospital's safety and quality measures, which can help improve patient outcomes and enhance the hospital's reputation.

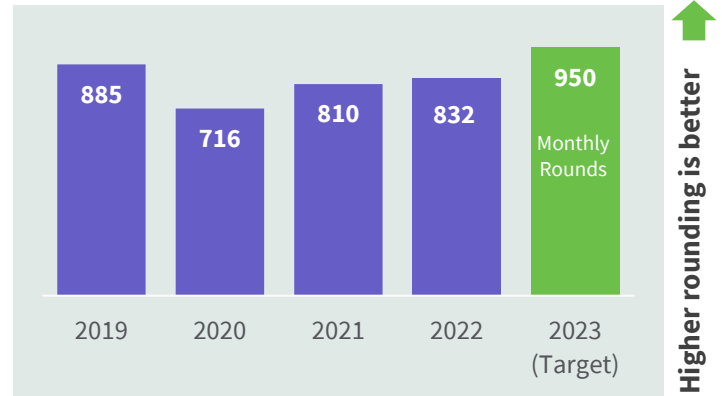
# Optimal Well-Being on Campus

Building a workplace supporting our mission and our people in learning continuously, innovating together and co-creating approaches to health with each other and our patients.

## LEADER ROUNDING ON ASSOCIATES

Are leaders intentionally connecting with staff through rounding?

Rounding directly with staff provides the regular opportunity to connect with our associates in both structured and open-ended dialogue, impacting engagement, performance, and retention. Ensuring we maintain an intentional conversation between our people and our leadership promotes a responsive and agile environment benefitting the workforce and the people we serve.



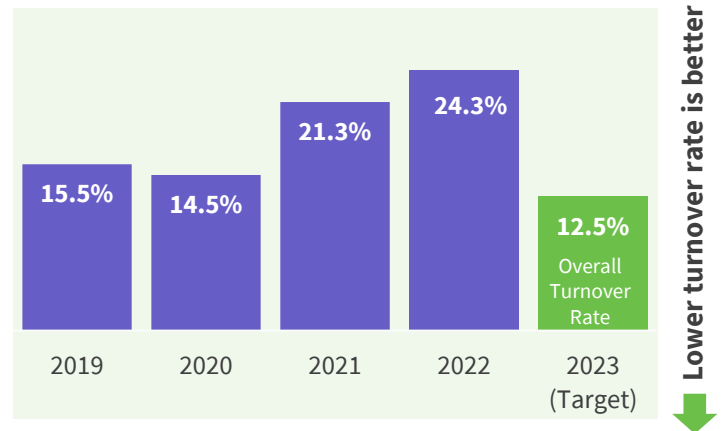
Frequency: Monthly Rounds

Target: 80% of Possible Rounds

## ASSOCIATE TURNOVER RATE: CUMULATIVE

What portion of our workforce leaves each year?

Keeping associates within our organization reflects our strength in attracting and retaining talent. When associates leave the organization, operational disruptions occur due to staffing challenges, in addition to the negative impact on quality of care, service levels, and workforce culture. Keeping our associates demonstrates the organization's ability to be a healthcare employer of choice for the region.



Frequency: Monthly

Benchmark: PwC (PriceWaterhouseCoopers) Saratoga Index Top Quartile

# Health Transformation

Meeting the needs of our unique and complex population by optimizing existing services and building new ones with safety, consistency and top decile outcomes, to provide highly reliable and equitable healthcare services in the community.

## ISCHEMIC STROKE CARE COMPOSITE

Does our stroke care deliver top decile outcomes compared to the nation?

We continue to maintain our excellence in stroke care through our stroke program and specialty care, from early treatment to management throughout the entire hospital stay. Stroke care demands a level of precision which is reflected throughout the entire continuum, including timely assessment when patients arrive to the ED, ensuring inpatients stay in the hospital for an optimized length of time, supporting the continuum of care to avoid returns to the hospital, providing care to increase the patient's chance of survival under our care, and monitoring complications due to clot dissolving IV TPA (Intravenous Tissue Plasminogen Activator) administration.

Composite Indicators:

- **NIHSS (National Institutes of Health Stroke Scale) assessment**
- **Length of Stay**
- **Readmission**
- **Mortality**
- **IV TPA Complications**

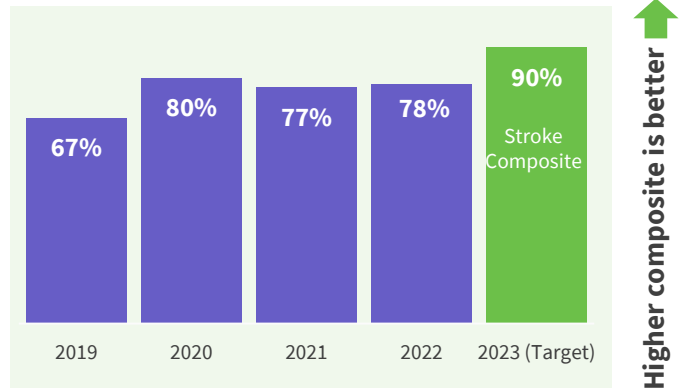
## CARDIAC CARE COMPOSITE: STEMI

Does our emergent ST segment heart attack (STEMI) care meet best practice?

High quality care for heart attack treatment means timely delivery of diagnostics and procedures to ensure the highest likelihood of recovery. We look to national benchmarks for best practice treatment and timeliness as a reflection of high quality including how quickly a patient receives a balloon angioplasty to widen narrowed blood vessels, the time it takes for a cardiac diagnostic to be read, how quickly a patient can receive interventions in our catheterization lab, mortality for those patients who undergo a heart angioplasty, and the efficient timing for percutaneous coronary intervention (PCI) patients to relieve the narrowing of their coronary artery within 90 minutes of arrival to the ED.

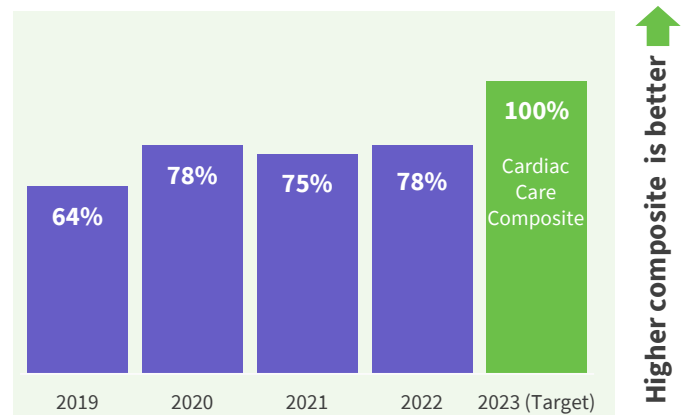
Composite Indicators:

- **STEMI door to balloon median time**
- **STEMI door to EKG read by provider**
- **Median time to cath lab**
- **STEMI PCI (Percutaneous coronary intervention) mortality**
- **% Patient door to balloon PCI within 90 minutes**



Frequency: Monthly

Benchmark: Premier Top Decile



Frequency: Monthly

Benchmark: American College of Cardiology & STEMI Receiving Center Requirement



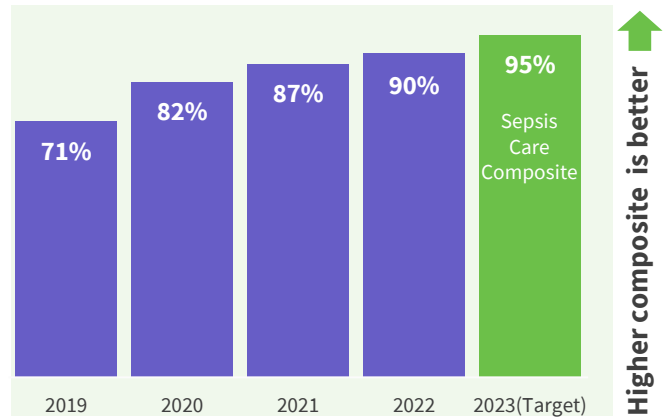
**SEPSIS CARE COMPOSITE: PATIENTS COMING WITH SEVERE SEPSIS OR SEPTIC SHOCK**

Does our emergent sepsis care deliver top decile performance compared to national peers?

Sepsis care relies heavily on precise administration of highly effective therapies at set, time-sensitive intervals to support a sustained recovery. Patients with severe sepsis or septic shock have the highest chance of recovery when we adhere to these best practices including administration of antibiotics within 1 hour of presenting to the ED, providing a comprehensive set of interventions within 3 hours, ensuring the patient stays in the hospital for an optimal length of time, supporting the continuum of care to avoid returns to the hospital, providing care to increase the patient’s chance of survival under our care.

Composite Indicators:

- **3-hour CMS (Center for Medicare & Medicaid Services) sepsis bundle compliance**
- **Length of stay index**
- **Readmission**
- **Mortality**



**Frequency:** Monthly

**Benchmark:** Premier Top Decile & Adventist Health System

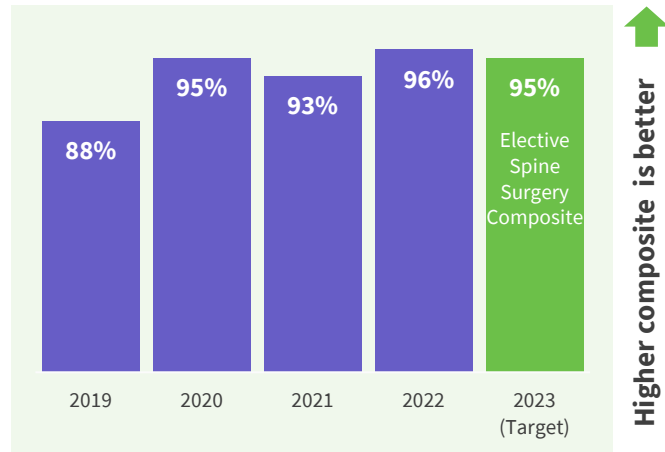
**ELECTIVE SPINE SURGERY: EARNING BLUE LEVEL DISTINCTION**

Are we ensuring our spine surgeries deliver top decile outcomes?

Achieving a national blue distinction for spine surgery involves close management across the patient’s entire continuum of care, particularly with post-discharge outcomes. A “Blue Distinction” provides expert, third-party validation of our commitment to the highest quality spine care and resulting outcomes. We measure these standards of care through monitoring the complication rate as a result of the procedure, ensuring the patient stays in the hospital for an optimal length of time, supporting the continuum of care to avoid returns to the hospital after discharge, and increasing the number of patients who discharge home including with home health.

Composite Indicators:

- **Complication rate**
- **30-day readmission**
- **% Discharge home, including home health**
- **Length of stay**



**Frequency:** Monthly

**Benchmark:** Premier Top Decile

**MORTALITY**

Do our patients survive at a higher rate than the top decile performers?

When patients seek care from our hospital, a primary expectation is their condition improves under our care. Mortality rates indicate whether or not patients with similar conditions and demographics are benefiting from the highest standards of quality and patient safety, in turn leading to the highest chance of recovery and survival. In addition to the rates and volumes, we look at related healthcare indicators including how many 'code blue' critical patient condition calls are made outside of expected care areas (ICU and ER), what percentage of our patients have provided end-of-life instructions documented through a 'POLST' (Physician Orders for Life-Sustaining Treatment) form, and palliative care consultations for complex patients who can benefit from optimized quality of life and pain mitigation due to their condition. 2021 performance was adversely impacted by high volumes of patients hospitalized with the 2019 Novel Coronavirus SARS-CoV-2.

- **Number of code blues outside the ICU and ER**
- **% Patient POLST forms completed at admission**
- **Number of palliative care consults seen**



**Frequency:** Monthly

**Benchmark:** Premier Top Decile & Adventist Health System

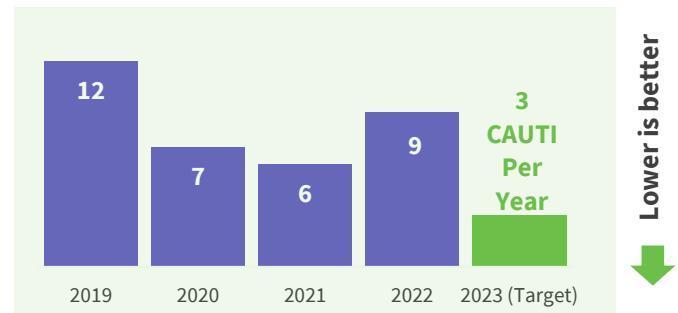
**HOSPITAL-ACQUIRED INFECTIONS**

Are we reducing the incidence of catheter associated infections as part of our journey to Zero Harm?

Hospital acquired infections (HAIs) can lead to detrimental outcomes for patients with tubes and lines inserted into their bodies when left too long, increasing the risk of infection. In addition, when infections are acquired while under our care, the patient may no longer trust in our professional capabilities. Our focus on Central Line Associated Blood Stream Infections (CLABSI) and Catheter Associated Urinary Tract Infections (CAUTI) prioritize the vigilance and ongoing care required for safe procedural protocol and maintenance of supportive access for treatment, including proper insertion, regular monitoring, and reviewing ongoing indications for remaining in place, ensuring removal from the body as safely and quickly as possible. Monitoring alternative device usage encourages evaluating the necessity of line insertion.

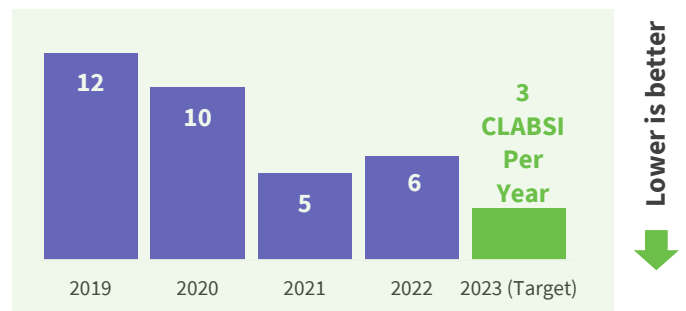
**CAUTI**

CATHETER ASSOCIATED URINARY TRACT INFECTION



**CLABSI**

CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTION



**Frequency:** Monthly

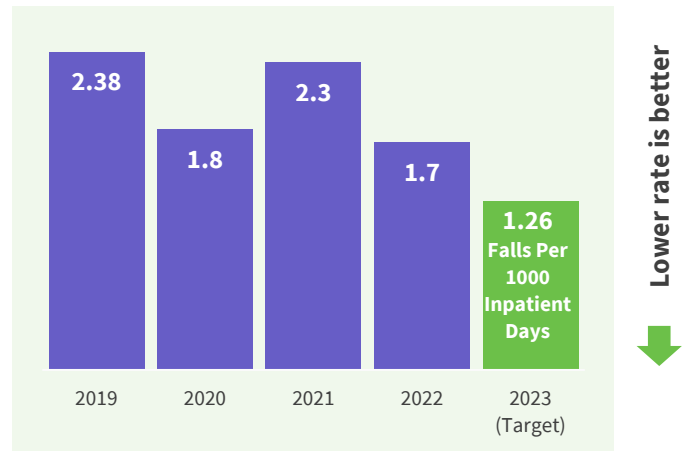
**Benchmark:** California Hospital Association (CHA) National Mean



### FALL RATE

Are we ensuring our patients do not fall when they are in our care?

Patient movement is a crucial component of recovery. When patients fall during unsupervised or unsafe movements, their risk of injury impedes recovery. Falls may happen during everyday mobility activities including going to the bathroom, reaching for personal items, or even losing balance. Supervised ambulation activities, proper fall risk assessments, and responsiveness to patient requests for help can minimize the risk of a patient fall.



Frequency: Monthly

Benchmark: National Database of Nursing Quality Indicators (NDNQI) Top Quartile

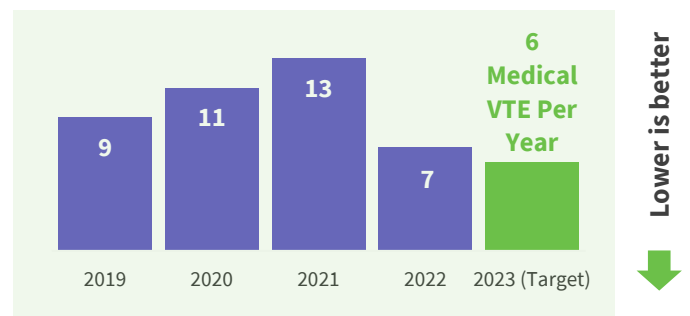


### VTE BLOOD CLOTS (LEG OR LUNG): MEDICAL & SURGICAL

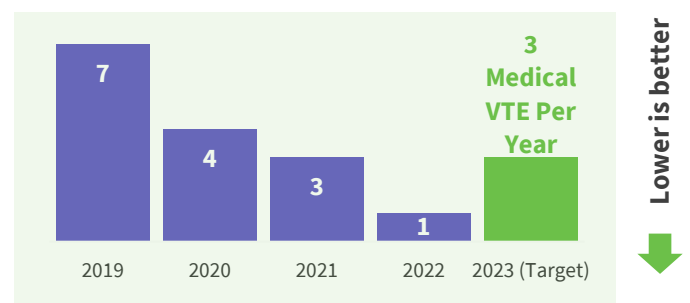
Are we preventing our patients from developing life-threatening blood clots?

Clots formed by coagulating blood can release into the bloodstream and result in vein blockages impeding normal blood and oxygen flow. The risk of VTE (Venous thromboembolism) can be elevated due to medication side effects, lack of activity, and natural coagulation following a procedure. Recognizing the high risk presented by a blood clot, prevention and response include safe ambulation of the patient, leg compression devices applied at the bedside, and administration of medications to dissolve or prevent clots from forming.

#### MEDICAL



#### SURGICAL



Frequency: Monthly

Benchmark: Internal Target



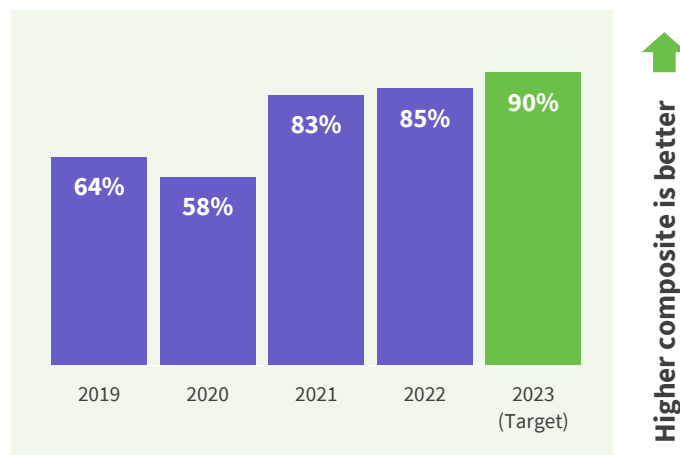
**PERINATAL SAFETY COMPOSITE**

Do we ensure our mothers and babies enjoy the highest quality health outcomes?

Adherence to best practice care for a mother and her baby during pregnancy, birth, and after delivery ensures both individuals remain safe and healthy during and after birth. Education and coordination throughout the pregnancy promotes a level of quality delivering long term health benefits. We measure various targets of perinatal safety including minimizing c-sections rates for initial pregnancies in favor of vaginal delivery, promoting newborn health benefits through breast feeding instead of feeding formula, and lowering the occurrence of both incisions and massive blood loss for the mother during delivery to ensure safe recovery.

Composite Indicators:

- **Primary c-section (Nulliparous, Term Singleton, Vertex)**
- **Exclusive breast feeding**
- **Episiotomy**
- **Maternal hemorrhage**
- **PSI -18 & PSI-19 Cases**



**Frequency:** Monthly

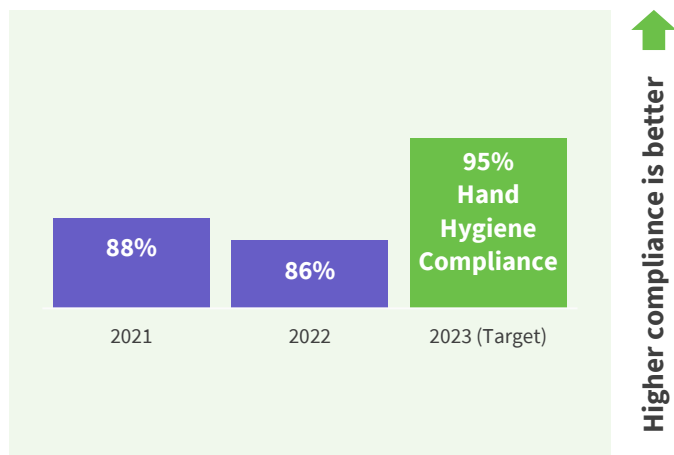
**Benchmark:** California Maternal Quality Care Collaborative (CMQCC) Top Quartile



**HAND HYGIENE COMPLIANCE**

Are we following the hand hygiene protocol consistently to prevent the spread of hospital acquired infections?

Hand hygiene is a critical aspect of infection control in a hospital setting. By frequently washing hands or using hand sanitizers, healthcare workers can reduce the spread of harmful germs and prevent the transmission of infections to patients. Maintaining good hand hygiene also helps to decrease the risk of healthcare-associated infections, which can prolong hospital stays and lead to serious health complications. Therefore, hand hygiene is an essential part of maintaining a clean and safe environment for both patients and healthcare workers in a hospital setting.



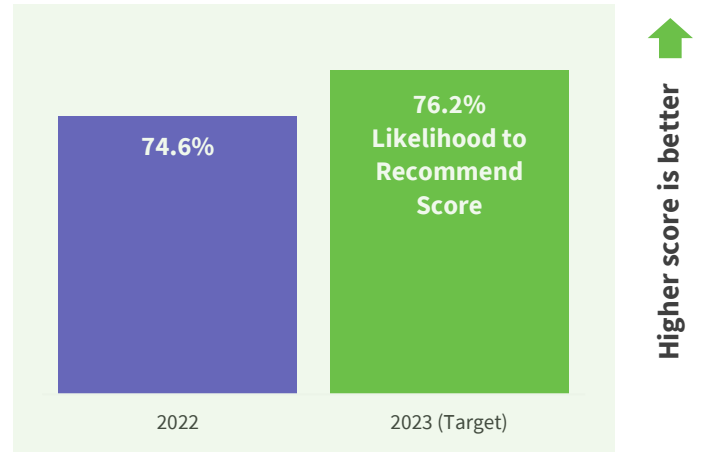
**Frequency:** Monthly

**Benchmark:** National Average

**HCAHPS: LIKELIHOOD TO RECOMMEND**

How can we improve our services to increase the likelihood of our patients recommending our hospital to others?

The measure “Likelihood to Recommend” reflects patients’ overall satisfaction with their hospital experience and their perception of the quality of care they received. To a hospital, a high score on the Likelihood to Recommend measure is important because it indicates that patients had a positive experience and are likely to refer others to the hospital. It also suggests that the hospital is meeting patients’ expectations for quality care and customer service. To patients, the Likelihood to Recommend measure provides an opportunity to share their opinions about the care they received and how likely they are to recommend the hospital to others. This feedback can help hospitals identify areas for improvement and enhance the patient experience. Overall, the Likelihood to Recommend measure is an important tool for hospitals to assess patient satisfaction and identify opportunities to improve the quality of care they provide.



**Frequency:** Monthly

**Benchmark:** Adventist Health System Target



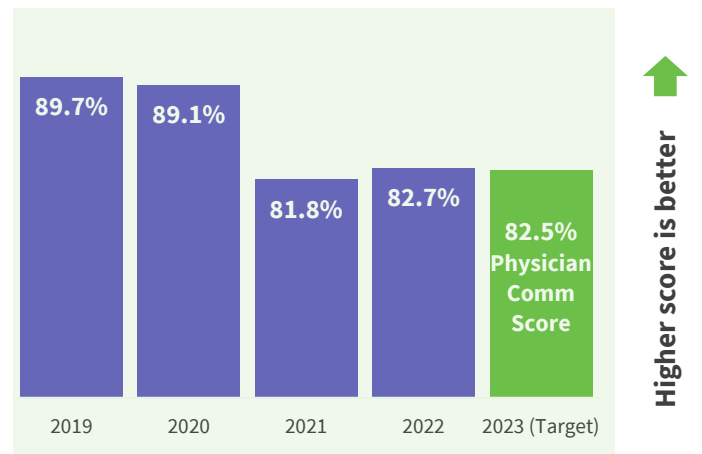
**HCAHPS: PHYSICIAN COMMUNICATION WITH PATIENTS**

Are we ensuring our medical providers effectively communicate with our patients?

The patient experience is predominantly influenced by the everyday interactions with the care team. Because the physician plays a central role for the medical management and progression of the patient stay, measuring the effectiveness of this communication from the patient perspective allows us the ability to monitor and improve this key interaction.

These HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) questions for physician communication include:

- How often did doctors treat you with courtesy and respect?
- During this hospital stay, how often did doctors listen carefully to you?
- During this hospital stay, how often did doctors explain things in a way you could understand?



**Frequency:** Monthly

**Benchmark:** Adventist Health System Target



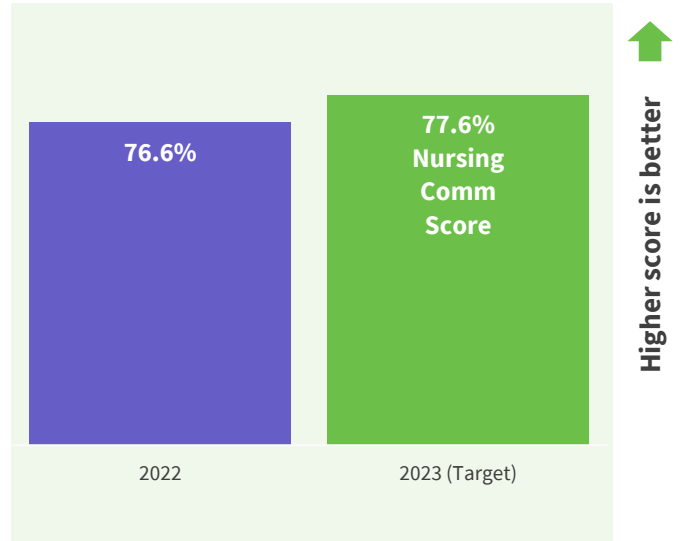
### HCAHPS: NURSING COMMUNICATION WITH PATIENTS

Are we ensuring our nurses effectively communicate with our patients?

The patient experience is predominantly influenced by the everyday interactions with the care team. Because the nurse plays a central role for the medical management and progression of the patient stay, measuring the effectiveness of this communication from the patient perspective allows us the ability to monitor and improve this key interaction.

These HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) questions for nursing communication include:

- How often did nurses treat you with courtesy and respect?
- During this hospital stay, how often did nurses listen carefully to you?
- During this hospital stay, how often did nurses explain things in a way you could understand?



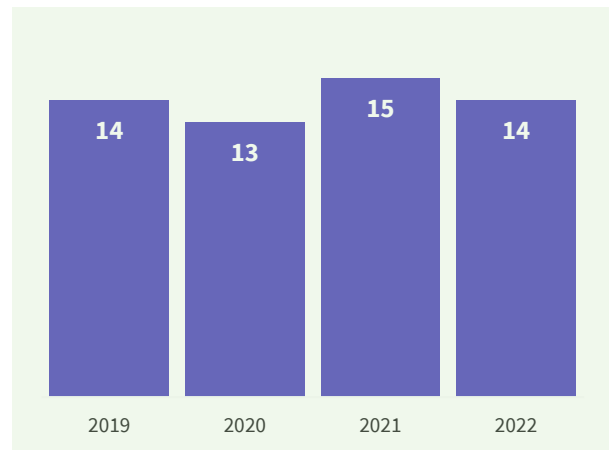
**Frequency:** Monthly

**Benchmark:** Adventist Health System Target

### VOICE OF THE CUSTOMER: COMPLAINTS PER MONTH

What are we learning from formal complaints?

Customer feedback is a critical component for improving the way we do business. Patient and family complaints provide an opportunity to identify broken systems and processes. Tracking complaints gives us the opportunity to monitor not only these volumes, but perhaps more valuably, the type and nature of the complaints through the customer's perspective. Learning from these complaints and acting on what they tell us ensures we are continually striving for a customer-centered experience.



**Frequency:** Monthly

**Benchmark:** Listening Mechanism (Not Benchmarked)

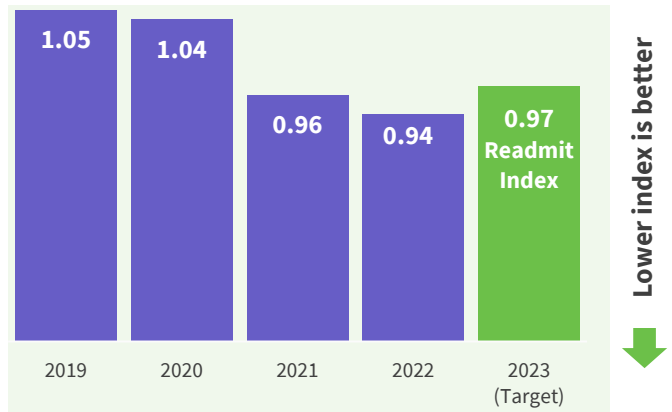
# Value Creation at Every Turn

Providing a cost-effective setting that fosters innovative care delivery in achieving highly reliable performance. The following measures direct our efforts to creating a fiscally sustainable organization responsive to the dynamic needs of our programs.

## READMISSION: ALL CAUSE, ALL PAYER

Are we effectively supporting our patient transitions of care beyond the hospital?

When patients return to the hospital too soon after discharge, we examine the quality of the initial patient admission from the perspective of the whole continuum to ensure the initial care we provided did not contribute to the unexpected readmission. Since patient needs go beyond the medical condition, assessing the entire continuum of care from admission to post discharge ensures the highest likelihood of a patient's successful reintegration after hospitalization, including addressing areas such as medication adherence, the ability to see a primary physician or specialist, lifestyle factors like diet, and even home support and living situation.



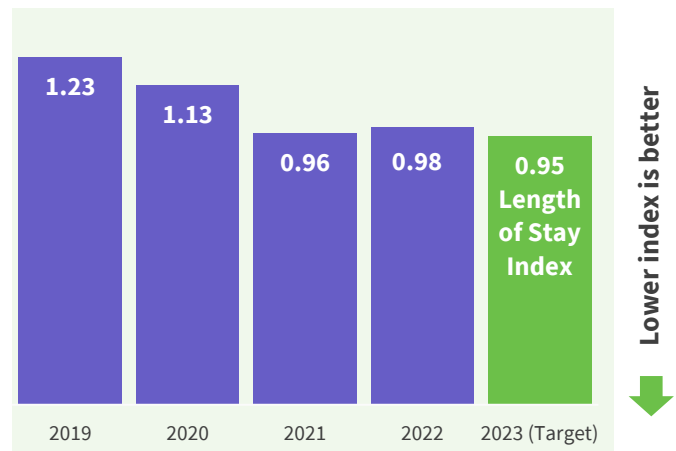
Frequency: Monthly

Benchmark: Adventist Health System Target

## LENGTH OF STAY: MEDICARE

Are we meeting expectations of treatment progression and duration for admitted patients?

Optimizing the length of an inpatient stay in our hospital ensures the progression of treatment is timely and care delivery occurs at the appropriate intervals. By ensuring efficient treatment of our patients through the effective management of their time in the hospital, we can ensure their recovery is aided by timely access to our services, and once safely discharged, additional patients who may be waiting to be admitted can benefit from our healthcare services as well.



Frequency: Monthly

Benchmark: Adventist Health System Medicare Index

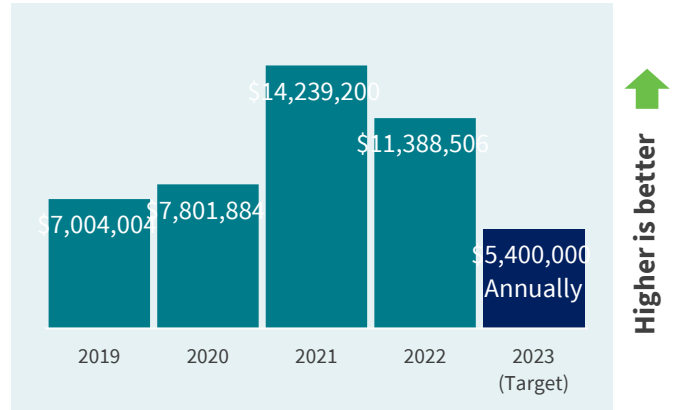
# Optimal Well-Being in the Community

Supporting the wellness and healing potential of our community by investing and collaborating in health-focused approaches placed at the front of daily living.

## PHILANTHROPY DOLLARS RAISED

Are we attracting financial investments in support of our vision?

Raising financial resources from our supporters and our partners allows us to steer money towards the highest good in service of our mission in the Boyle Heights community. Philanthropic contributions pool from individuals, corporations, government agencies, and foundations to meet a variety of operational and strategic needs. In turn these investments often become operational programs integrated into the hospital workflow, create additional funding opportunities for sustaining the work, and contribute to the rich body of research and healthcare knowledge for our community.

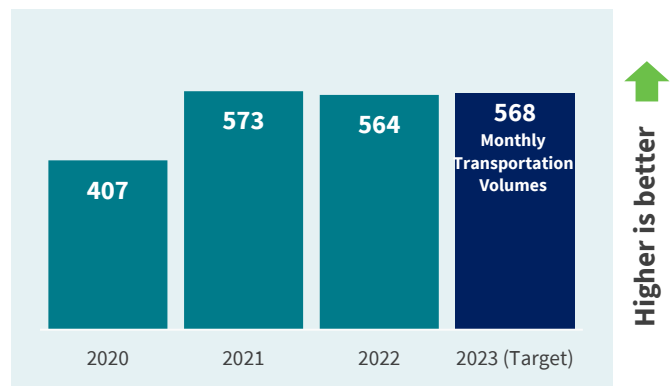


**Frequency:** Annual Total **Benchmark:** Internal Target

## INCREASING ACCESS: TRANSPORTATION VOLUMES

Are we supporting access to care by providing transportation in our community?

Transportation to receive healthcare services on our campus has been a persistent area of opportunity for our community and a key social determinant of health (SDoH). Through grant-funded programs and hospital funding supporting our patient transportation services, we have been able to address a significant barrier to patient access with rides from home.

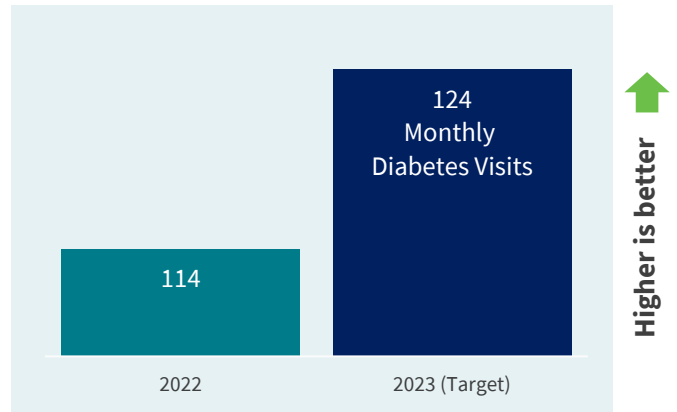


**Frequency:** Monthly **Benchmark:** Internal Target

**CHRONIC DISEASE MANAGEMENT: DIABETES VISITS**

Do our diabetes programs and services effectively reach the community?

Diabetes is a top healthcare condition in our community, impacting people across the gamut of demographics. With offerings including telehealth visits, education and counseling, and supportive services for the community, our hospital has been a key partner with the support of many philanthropic efforts in managing and even reducing the condition for those who enroll in our services.



**Frequency:** Monthly

**Benchmark:** Internal Target



## Strategic Statements

### OUR SHARED MISSION

Living God's love by inspiring health, wholeness and hope.

### OUR SHARED VISION

Compelled by our mission to live God's love by inspiring health, wholeness and hope, we will transform the health experience of our communities by improving physical, mental, and spiritual health. We will enhance interaction and make care more affordable and accessible.

---

### AHWM STRATEGY STATEMENT

Compelled by our mission to live God's love by inspiring health, wholeness and hope, by 2025, Adventist Health White Memorial will change the way our community approaches life by placing health, healing, and well-being at the front of daily living.

In our community, we will:

- Leverage our reputation, legacy, and leadership for the mutual benefit of our community and our people
- Establish ourselves as a magnet for partnerships, investments, and innovations responsive to the needs of our local and virtual community
- Embrace continuous learning and medical education to become an expert in co-creating health by translating best practices for a unique and complex population
- Create more places and ways in which people will connect with our healthcare experts and services in person and digitally
- Continue our Baldrige Journey to achieve top decile performance in key quality, safety, consumer, workforce and operational outcomes

## Possible Points of Inquiry

---

### PROCESSES

- What keeps us from meeting our targets?
- What processes or protocols need to be implemented to address the issues in any measure?
- What process improvements will impact these outcomes?
- How are we optimizing our business practices towards becoming a High Reliability Organization?

---

### ORGANIZATIONAL STRUCTURE

- How are we communicating data and performance gaps timely and effectively?
- How can the organization become better aligned to support these aims?
- How are we communicating and celebrating high-performing outcomes?
- How are we rewarding, recognizing and incentivizing our goals?
- How do we communicate these priorities to engage our workforce?

---

### RESOURCES

- Do patients have access to the care and services they need?
- How do the organization's resources affect these outcomes?
- Which clinical and administrative stakeholders should be involved in addressing poor outcomes?

---

### SKILLS & BEHAVIORS

- Are there any gaps in the clinical skills of the care team?
- How are we encouraging proper interdisciplinary team behavior?
- What counsel and correction is provided when we fail to reach our goals?
- How do we optimize staff understanding of the Clinical Committee's goals and measures?
- Are there potential applications of the Just Culture framework?

