

**CLINICAL INTEGRATION**

**CARE COORDINATION**

**2014  
ANNUAL REPORT**

**EFFICIENCY**

**QUALITY**

**POPULATION  
MANAGEMENT**



*A patient centered healthcare system accountable for quality of care*



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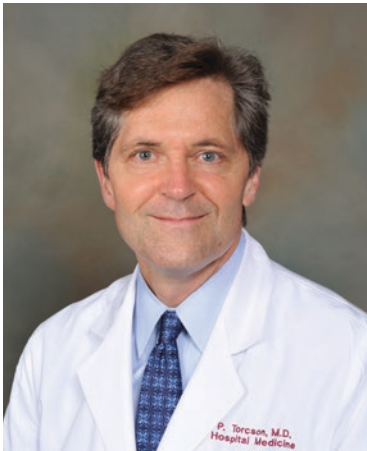
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# STQN GOVERNING BOARD UPDATE

## 2014 IN REVIEW

Dr. Patrick Torcson  
STQN Governing Board Chairman



The St. Tammany Quality Network was established to align key physicians and St. Tammany Parish Hospital in a patient-centered healthcare delivery system that is accountable for the quality of care and the cost. Our vision is to be a clinically integrated organization that provides the highest quality and most efficient care to the patients we serve. Doing that will position St. Tammany Parish Hospital and the aligned physician partners for present and future success.

The STPH administration and medical staff leadership was proactive in preparing our medical community for healthcare payment changing from fee-for-service to value-based payment models such as pay for performance, shared savings and bundled payments. STQN's structure as a clinically integrated network (CIN) working together on a quality agenda is the best platform to deliver on the National Healthcare Quality Strategy's "Triple Aim" of better care for each person, better health for the population and lower costs for the healthcare system.

STQN achieved a remarkable level of success in 2014 as a result of the commitment, dedication and expertise of the board of directors and physician-led governance structure.

The STQN Performance Management Committee, under the direction of Dr. Mike Hill, has done a phenomenal job of defining our performance agenda and providing timely and relevant feedback. The first physician scorecards were issued in October, and work continues to refine the best practice performance measures for each individual specialty. The backbone of the performance program is being built on the McKesson Population Manager clinical disease registry that will allow us to identify patients whom we are caring for and provide the best practice care they deserve.

Under the leadership of Dr. Mark Dominguez, the STQN Network Operations Committee has recruited and engaged more than 200 physician members representing 31 specialties. Network communication has been facilitated with a series of face-to-face meetings, an STQN newsletter and frequent text messages and emails. The STQN website - [stqn.org](http://stqn.org) - was launched to provide general and member-specific content for member physicians.

The STQN Finance and Contracting Committee is led by Dr. Jim Lacour. To date, STQN has completed an exclusive provider contract with the STPH employee group and implemented a pay for performance incentive-based contract with Blue Cross through the "Quality Blue Primary Care" program.

The success of a clinically integrated network like STQN is best measured by demonstrating quality results for evidence-based performance measures for the population across the continuum of care – from the office to the hospital and beyond. Another focus for success is bringing value to our membership by adding significant contracting opportunities.

STQN was presented with a unique opportunity in 2014 to partner with the Ochsner Health Network "super CIN" to take advantage of the scale, influence and leverage of a broader network. STQN members are now able to participate in additional payer contracts, which allows access to several thousand additional patients and the potential for incentive rewards by providing the high quality care STQN strives to provide. The clinical integration structure places the network in the exceptional position of allowing for independent, employed and contracted physicians in our community to work together as part of a 1,400-member network committed to quality.

Paying attention to best outcomes for our patients and providing value to our STQN physician colleagues is vital to our success. 2014 was an auspicious beginning to achieving that vision.

STQN's mission, vision and values speak to making sure we proactively manage the health of the communities we serve. That is accomplished by identifying medium-to high-risk patients and intervening to help make them healthier.

To accomplish that, STQN signed an agreement with McKesson for a clinical disease registry to measure and report on the network's performance. Population Manager will allow member physicians and STQN to aggregate ambulatory coding data to identify gaps in care as well as performance improvement opportunities.

Every STQN member physician will have access to this point-of-care tool that will allow the network to optimize the care of each patient for consensus-based performance measures. Population Manager also will allow STQN to proactively manage our patient population and facilitate team-based care by the network. The clinical disease registry will encourage the sharing of benchmark data across the continuum of care for quality improvement.



Effective population management goes beyond identifying gaps in care. To be successful, there must be a means of engaging the community, which is why STQN initially will use the registry to manage the health of St. Tammany Parish Hospital employees. Coincidentally, STPH has partnered with Marathon Health to run the Center for Health and Wellness, a free benefit offered to employees and spouses participating in the hospital's medical insurance plan. The center

works closely with primary care providers to improve the health of the workforce and contain healthcare costs for the hospital. Services offered focus on prevention and disease management for a variety of issues.

The Center for Health and Wellness also is a resource for member physicians to help achieve population health management goals for patients beyond the hospital's employees. Using quality measures, the center will offer patient-specific interventions geared toward accomplishing optimal outcomes between physician visits. These interventions ensure all required screenings are performed, regularly monitored and documented; provide ongoing disease state education; and ensure compliance with prescribed medications.

Although the current model focuses on hospital employees and their dependents, the mission of STQN is to expand those services to a broader population of west St. Tammany Parish.

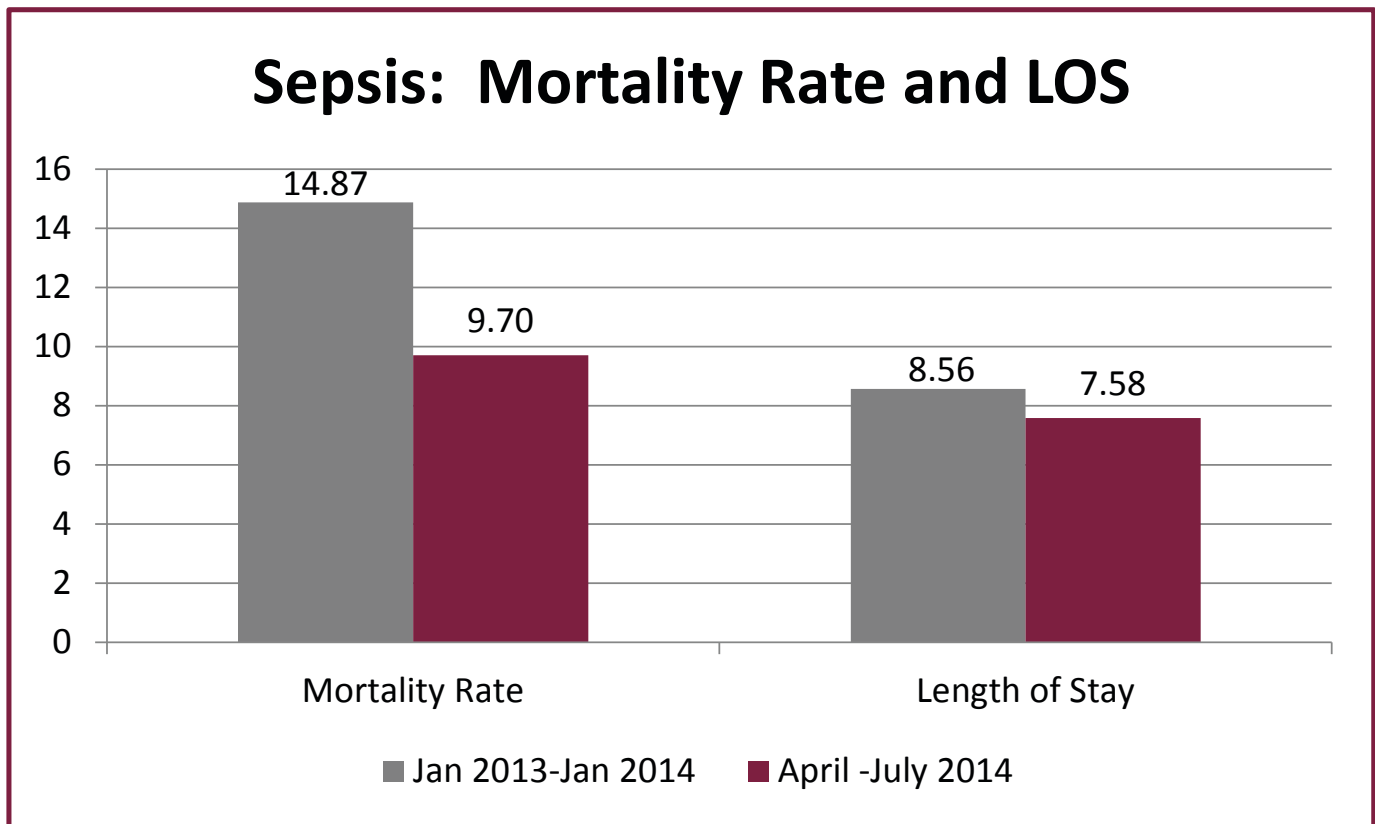
# QUALITY OF CARE IMPROVEMENT

Quality health care is based on evidence-based practice guidelines, which are aimed at improving the overall health and life of those being treated. To improve health care quality, STQN has adopted the Triple Aim approach which includes improving the patient's experience, improving the health of populations and reducing the per capita cost of healthcare. Quality of Care initiatives for 2014 were developed to assist with improvement in the following areas:

## SEPSIS

Sepsis is a life-threatening infection in the blood stream or body tissues that can lead to shock, multiple organ failure and death. Sepsis is one of the most dangerous/difficult conditions to treat, which leads to an increase in mortality rate, length of stay and cost of hospitalization.

STQN acknowledged the need for early identification and provided hospitalwide education specific to this initiative. Sepsis guidelines were developed for early detection and treatment, and, as a result, mortality and length of hospital stay have improved since the guidelines were implemented.

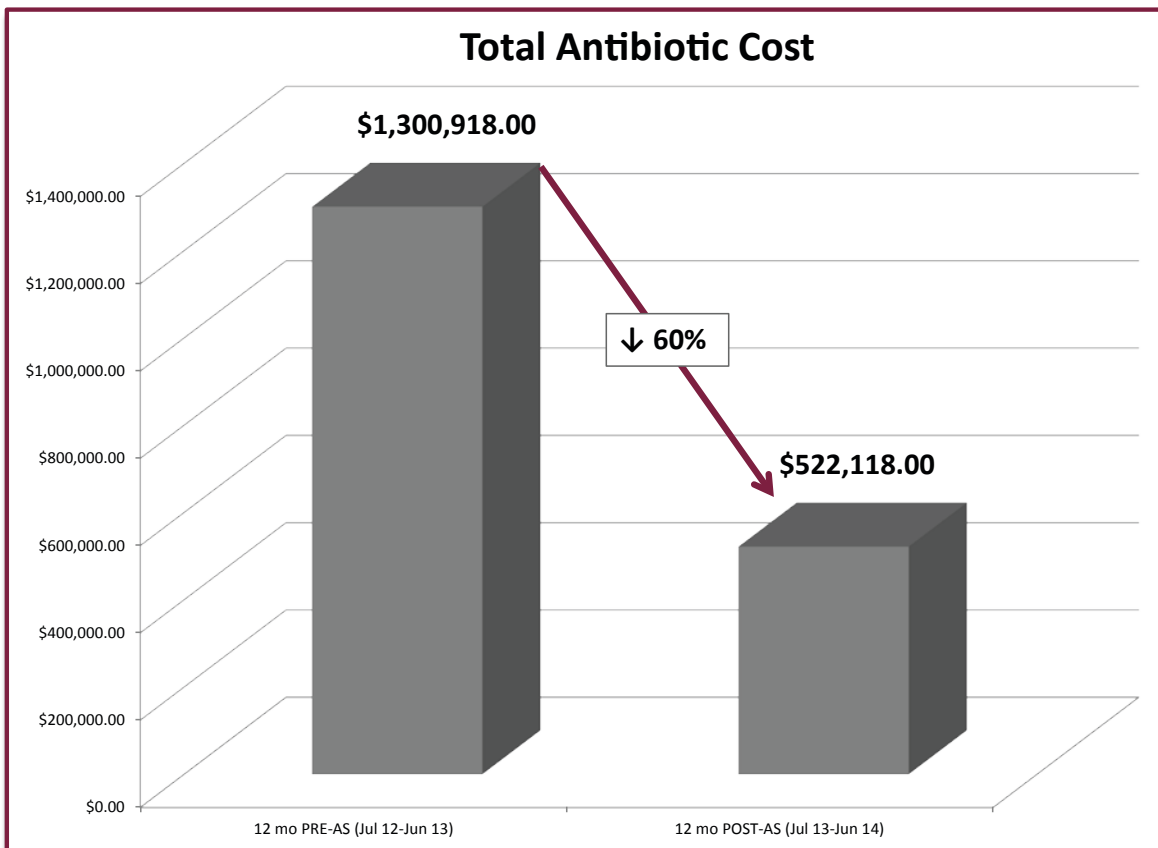
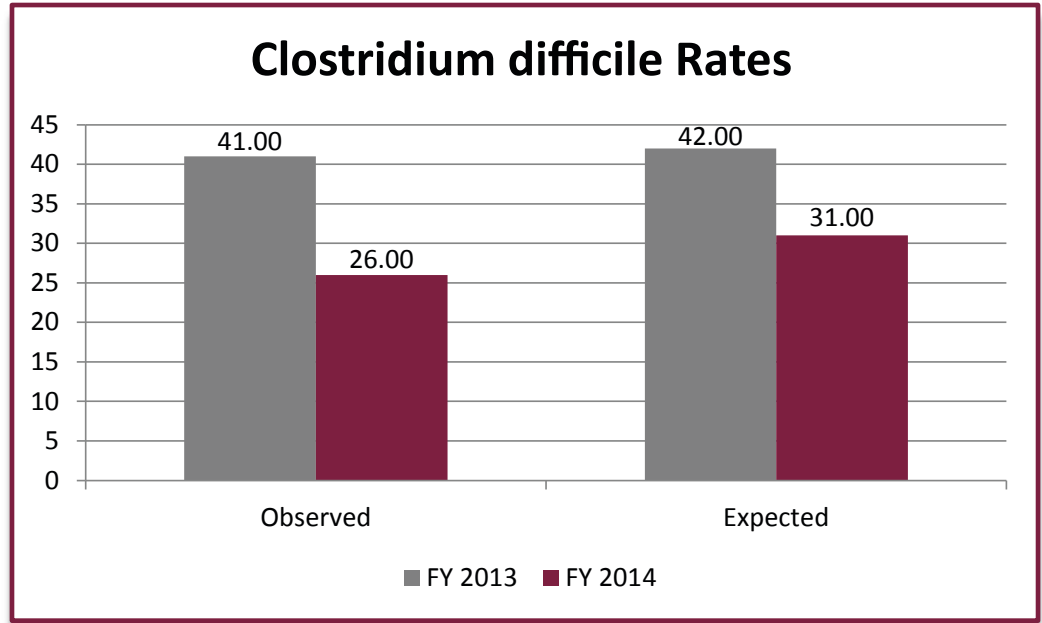


## ANTIBIOTIC STEWARDSHIP

The Centers for Disease Control and Prevention's Get Smart for Health Care campaign encourages antibiotic stewardship programs to ensure that antimicrobials are utilized appropriately within the hospital setting. An antibiotic stewardship team composed of an infectious disease physician, clinical pharmacist, hospitalist and infection preventionist instituted a systematic concurrent review of antimicrobial usage within the hospital setting.

The review includes the indication, agent, culture results and duration of antibiotic therapy. The purpose of this stewardship effort is to reduce antimicrobial usage and development of multi-drug resistant organisms. The process includes tracking the use of targeted agents through real-time review and direct intervention with prescribers.

One of the direct patient benefits has been a decrease in *Clostridium difficile* rates, which is a known complication of antibiotic therapy. In addition, total antibiotic cost per adjusted patient day peaked at \$25.93 in October 2012 and was reduced to \$4.67 per adjusted patient day in November 2014. The reduction has resulted in a total savings of \$1.295 million since implementation of the stewardship program.



## SCIP

The Surgical Care Improvement Project (SCIP) is a national quality partnership of organizations focused on improving the safety of surgical care through the reduction of surgical complications. Several initiatives were instituted in collaboration with STQN to improve SCIP performance, such as:

- Hospitalwide education with nursing and physicians
- Development of standardized protocols
- Paradigm changes to improve practice outcomes
- Continuous monitoring of performance measures and departmental feedback for improvement opportunities

SCIP Performance Measures	STQN Target	2013	2014 YTD*	National Average
Initial antibiotic selection for Community Acquired Pneumonia in immunocompetent patient	100%	95%	99%	96%
Prophylactic antibiotic selection for surgical patients	100%	99%	98%	99%
Prophylactic antibiotic discontinued within 24 hours after surgery end time	100%	96%	97%	98%
Postoperative urinary catheter removal on postoperative day 1 or 2	100%	92%	95%	98%
Surgery patients on a beta blocker prior to arrival that received a beta blocker during the perioperative period	100%	96%	97%	98%
Surgery patients who receive appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery	100%	95%	100%	99%

\* January through September



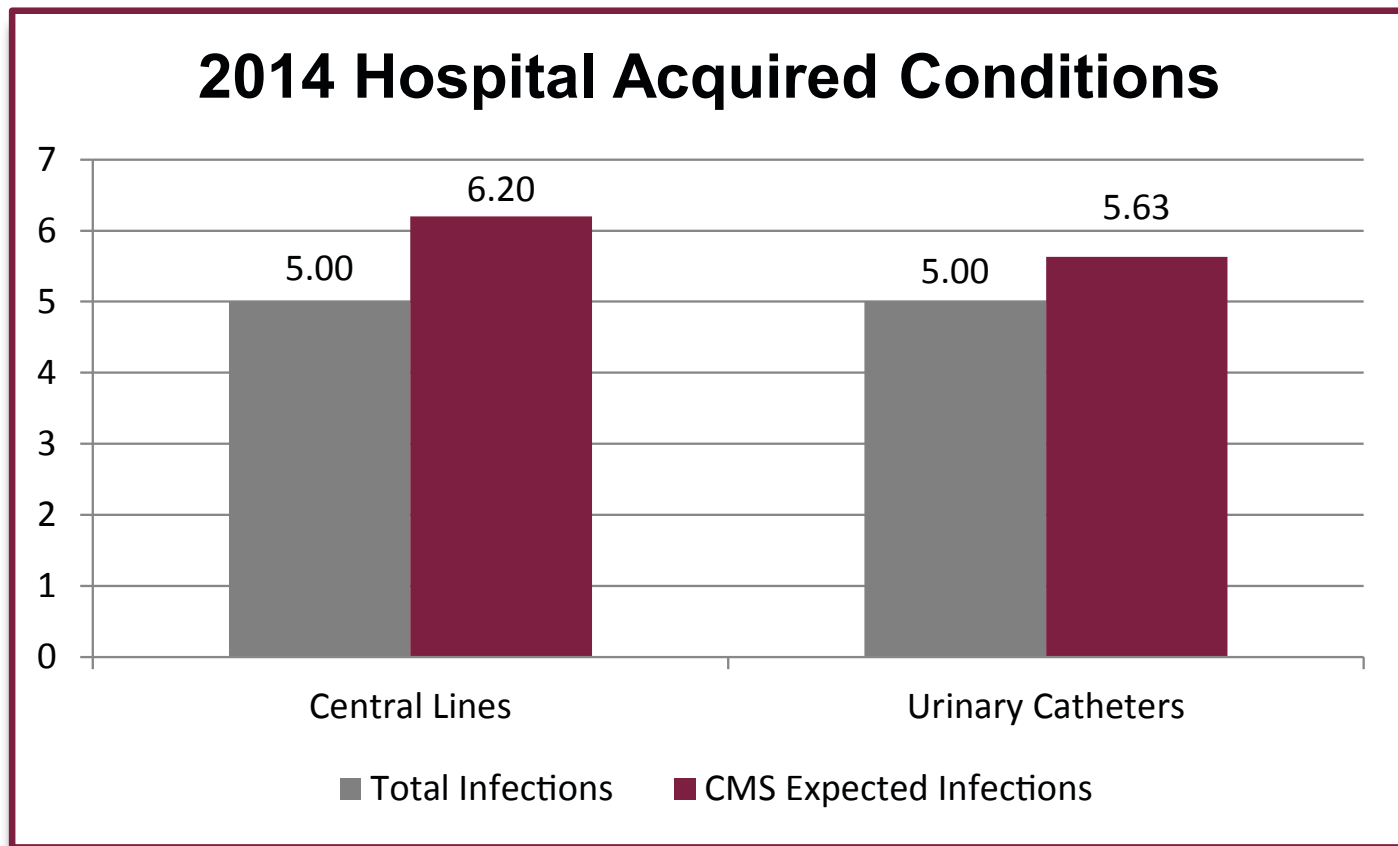
## HOSPITAL ACQUIRED CONDITIONS

Preventable hospital-acquired conditions (HAC) continue to be a major quality and cost-of-care issue for healthcare. The HAC reduction program, mandated by the Affordable Care Act, requires the Centers for Medicare and Medicaid Services to reduce hospital payments by 1 percent for hospitals that rank among the lowest performing quartile, based on measures of adverse events occurring during hospitalization. Each hospital will receive 1-10 points for each measure based on their national percentile ranking. The HAC reduction program has three measures:

- Eleven patient safety indicators
- Central line-associated bloodstream infections (CLABSI)
- Catheter-associated urinary tract infections (CAUTI)

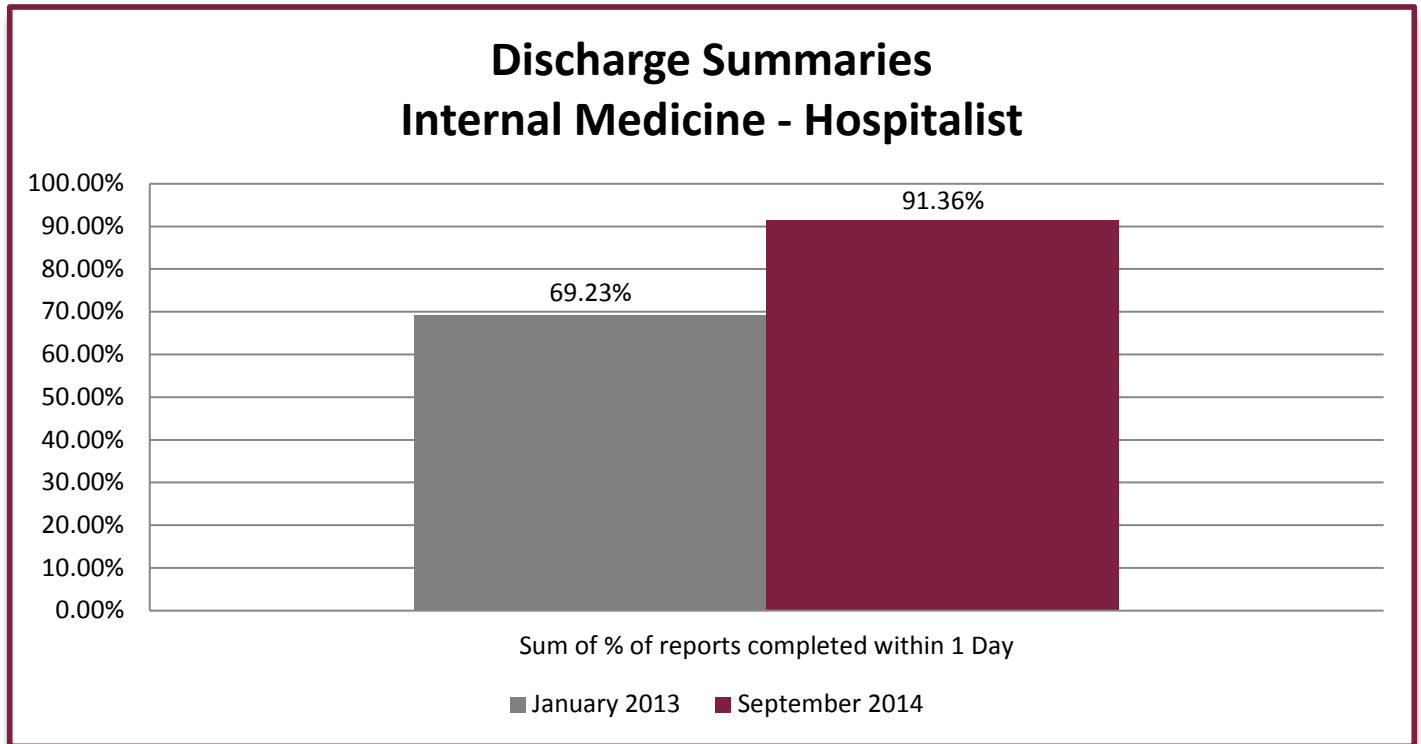
STQN led strategies to reduced HACs, which included:

- Hospitalwide continuous monitoring of central lines and foley catheters
- Change in-site care protocol and access devices of central lines
- Defaulting to prompt removal of foley catheters within 24 hours of most surgeries
- Standardization of order sets to improve adherence to guidelines



## DISCHARGE SUMMARIES

Discharge summaries are an important tool for summarizing inpatient care. The tool is essential for transitioning patient care information from the hospital to other healthcare providers. To improve timely completion of discharge summaries, STQN is tracking individual physician completion rates at one and seven days post discharge. The information is being used as a quality measure, which provides physicians with feedback on individual rates to improve compliance.



## 2014 CLINICAL INTEGRATION INITIATIVES

Clinical Initiatives	Chronic Disease Care	Health and Wellness	Efficiency	Care Coordination and Patient Safety	Patient Experience
30-Day Readmission Rate			✓		
Antibiotic Stewardship				✓	
Chronic Kidney Disease	✓				
Diabetes Care	✓				
Disease Management Utilization				✓	
Discharge Summary Completion				✓	
Emergency Room Utilization			✓		
Gaps in Medication Compliance			✓		
Generic Prescribing Rate			✓		
High Risk Medications in Elderly				✓	
Hospital Acquired Infections				✓	
Hypertension	✓				
Influenza Vaccination			✓		
Low Back Pain Imaging			✓		
Mortality Rate - Acute Myocardial Infarction				✓	
Mortality Rate - Heart Failure				✓	
Mortality Rate - Pneumonia				✓	
Outpatient Satisfaction - Primary Care					✓
Outpatient Satisfaction - Specialty Care					✓
Population Health Wellness- Breast Cancer Screening		✓			
Population Health Wellness- Cervical Cancer Screening		✓			
Population Health Wellness- Colon Cancer Screening		✓			
Surgical Care Improvement (SCIP)				✓	
Tobacco Cessation Screening		✓			
Vascular Care	✓				

# STQN MEDICAL DIRECTOR AWARDS

The **St. Tammany Quality Network Medical Director Award** was created in July 2014 to recognize clinicians who demonstrate innovative leadership, a commitment to quality and a focus on efficiency.



## 2<sup>ND</sup> QUARTER

The first three recipients were Dr. David Cressy for his role in the St. Tammany Parish Hospital sepsis education initiative and Drs. Michael Iverson and Mark Dominguez for their efforts in the reduction of surgical site infections.

Dr. Cressy spearheaded the effort to provide educational information to the ICU staff, ED physicians and hospitalists on the optimal care of sepsis patients. He also provided a roadmap for performance improvement that included operational recommendations and a coding review for providers to make sure they capture all of the work.

With a focus on reducing surgical site infections, Drs. Iverson and Dominguez collaborated on a standardized process that spans the continuum of care for surgical patients that begins in the holding area and continues until the patient gets transferred to the floor.



## 3<sup>RD</sup> QUARTER

Drs. Elizabeth White and Arlette Delcham received the third quarter Medical Director Award for their outstanding management in providing routine diabetes care and health screenings for nearly 130 St. Tammany Parish Hospital employees and their dependents between January and June 2014.

Both physicians displayed above-average performance for managing patients with elevated blood sugar, cholesterol and blood pressure readings as well as for encouraging their patients to have routine eye exams. Compared to their peers, they also had more patients at risk for breast, colon and cervical cancers undergo preventative screenings.

## 4<sup>TH</sup> QUARTER

Covington Cardiovascular Care at St. Tammany Parish Hospital Drs. Hamid Salam, Bekir Melek, Paul Stahls, Sohail Khan and Mary Scheyd APRN received the fourth quarter Medical Director Awards for exceptional cardiac care in 2014.

The designation was specifically related to the team's role in St. Tammany Parish Hospital ranking first in Louisiana and in the top 10 percent of hospitals nationwide for medical excellence in interventional coronary care, according to a 2015 report from CareChex® - a division of Comparion® Medical Analytics. The hospital also ranked in the top 10 percent in Louisiana and was No. 1 in the market for patient safety in interventional coronary care.

# FIRST ANNUAL MEMBERSHIP MEETING

The first annual membership meeting was held April 3, 2014, at Tchefuncta Country Club to further explain STQN's goals and mission in its first year.

Network members received updates from Medical Director Dr. Michael Hill and reports from the Performance Management, Network Operations and Finance and Contracting committees.



## 2015 GOALS

STQN experienced tremendous growth in 2014 and is now in position to evolve further. As STQN moves forward in 2015, there are six main strategies to drive the clinically integrated network. These strategies are to:

1. Manage populations by utilizing tools and strategies to identify gaps in care
2. Provide seamless care across all settings by developing care pathways
3. Continually engage the physicians through education and awareness
4. Convey performance data to network physicians by utilizing a transparent approach
5. Consistently develop tactics for performance improvement by examining industry best practices
6. Prove our value to our community by sharing outcomes

Collaboration with stakeholders and execution of these strategies will position the organization to meet the national health care objectives of better care for each person, better health for the population and lower cost for the health care system.

## AWARDS AND RECOGNITION

St. Tammany Parish Hospital, in conjunction with the St. Tammany Quality Network, is proud to be recognized by national organizations for providing quality care to its community. Those organizations include, but are not limited to:



### U.S. NEWS AND WORLD REPORT

St. Tammany Parish Hospital was one of only two of the nearly 40 hospitals in the New Orleans metro area to land on U.S. News & World Report's Best Hospitals list for 2014-15.



### JOINT COMMISSION – GOLD SEAL OF APPROVAL

St. Tammany Parish Hospital earned The Joint Commission's Gold Seal of Approval® for reaccreditation by demonstrating compliance with The Joint Commission's national standards for health care quality and safety in hospitals. St. Tammany Hospital Home Health also earned reaccreditation.

### CARECHEX

St. Tammany Parish Hospital ranks first in the state and is in the top 10 percent of hospitals nationwide for medical excellence in interventional coronary care, according to a 2015 report from CareChex® - a division of Comparison® Medical Analytics. The hospital also ranks in the top 10 percent in Louisiana and is No. 1 in the market for patient safety in interventional coronary care.



### WOMEN'S CHOICE: HEART CARE, OBSTETRICS ORTHOPEDICS, 100 BEST HOSPITALS

St. Tammany Parish Hospital received the Women's Choice Award as one of America's 100 Best Hospitals and Women's Choice awards Best Hospitals for Heart Care, Obstetrics and Orthopedics in 2014, while Mary Bird Perkins Cancer Center at St. Tammany Parish Hospital was selected as one of the Best Hospitals for Cancer Care.



WOMEN'S CHOICE AWARD®

# ST. TAMMANY QUALITY NETWORK

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Mark Dominguez, M.D.  
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