

HENRY FORD HEALTH SYSTEM

Category 6 Operations Focus

April 16, 2012

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Panelists

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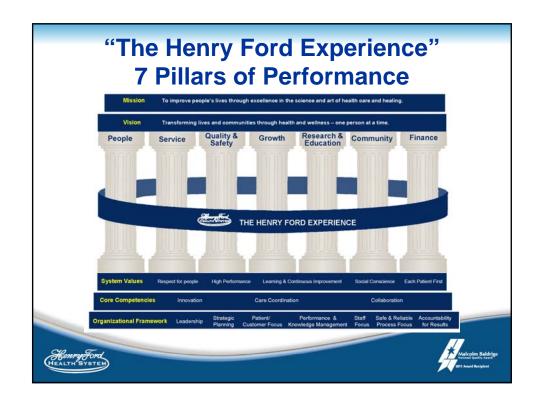
HFH Performance Excellence

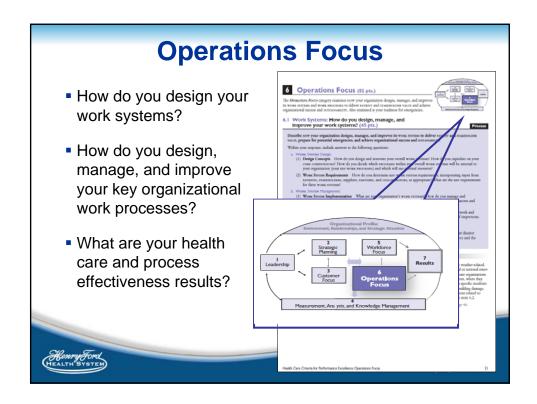
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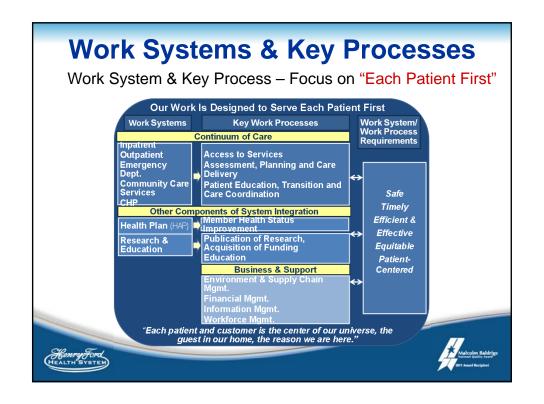


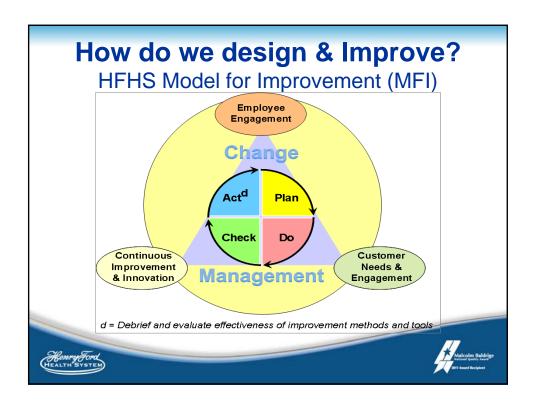


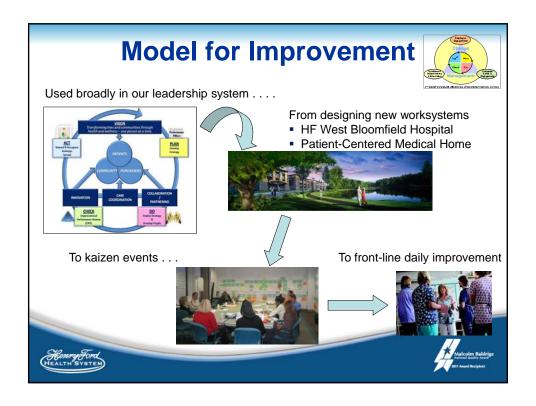




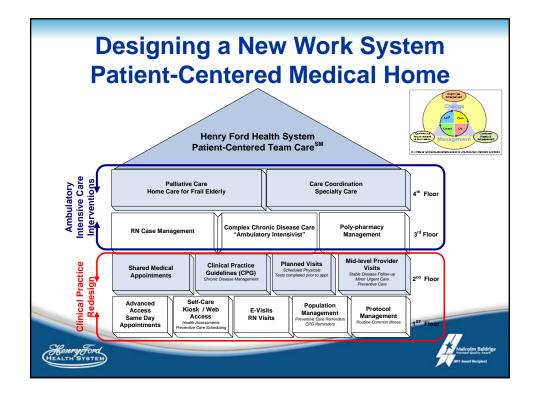


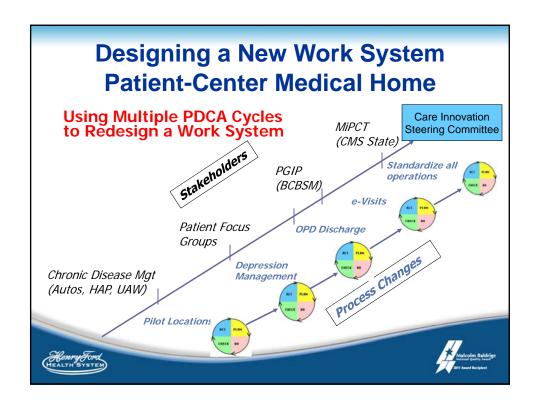




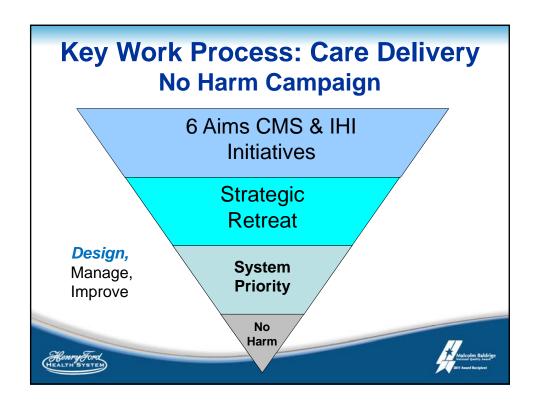




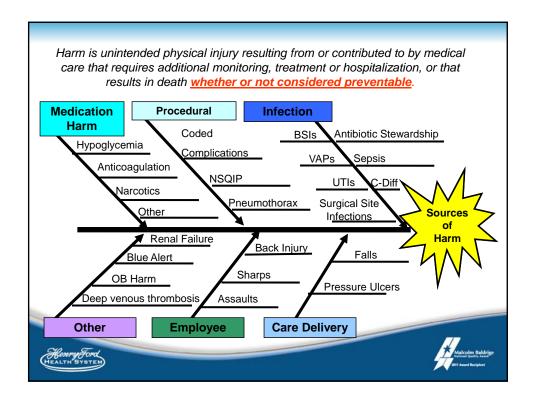




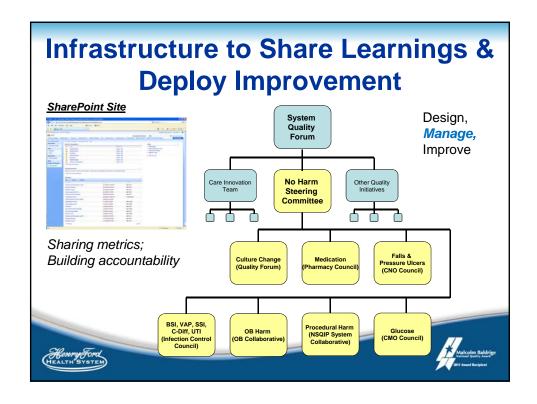
| PIOC | ess Char | nge Workp | nan |
|--|--|--|-----------------------------------|
| Inventing - R&D | Piloting | Spreading | Fully Deployed |
| Depression – Impact Model in PCTC | PCTC RN Care Management | Gestational Diabetes | Diabetes Self Management Educ. |
| Childhood Obesity | PCTC Tel-Assurance | Pediatric MH Special Needs Patients | Smoking Intervention Program |
| Back Pain for BCBSM | Diabetes Support Group Facilitation | Depression In Primary Care | Anti-coagulation clinics |
| Panel Managers | Health Engagement Visits | E-Visits | Weight Management |
| OPD Discharge Process | DocSite to OptimEyes | E-Messaging | Wound Care |
| DocSite Performance Reports | HAP/HEDIS P4P bonus for staff | DocSite use during visit | Cardiac Rehab |
| Quality Bonus | Lipid Clinic | | E-Prescribing |
| Clinical Program Culture Change Process Redesign | | | sign |

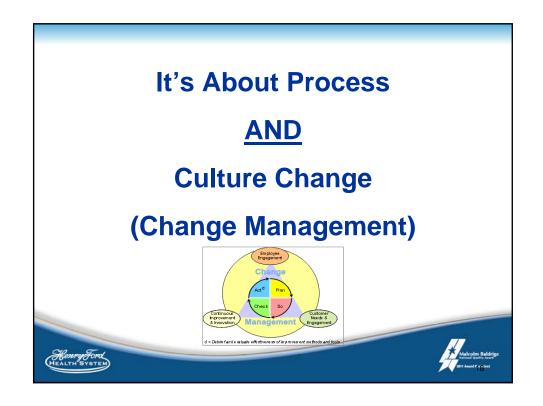




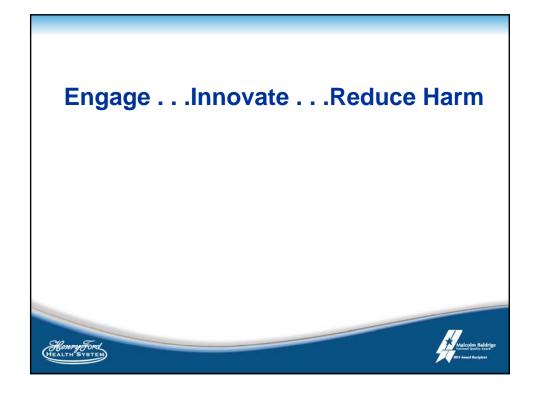




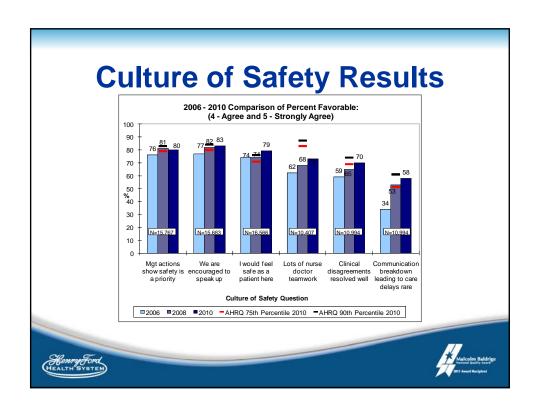


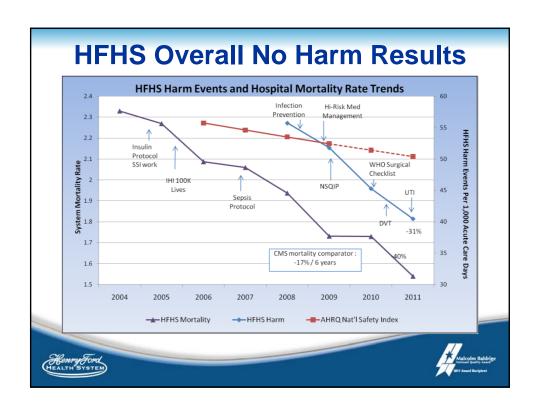


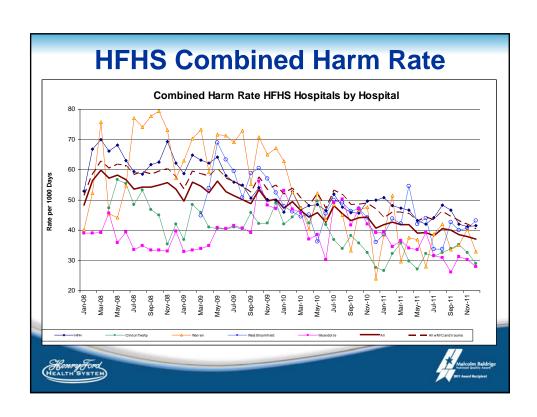


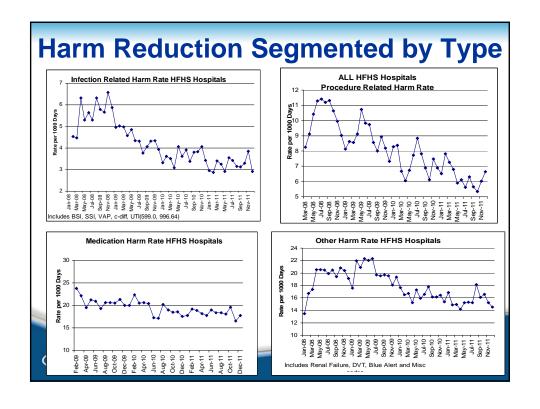


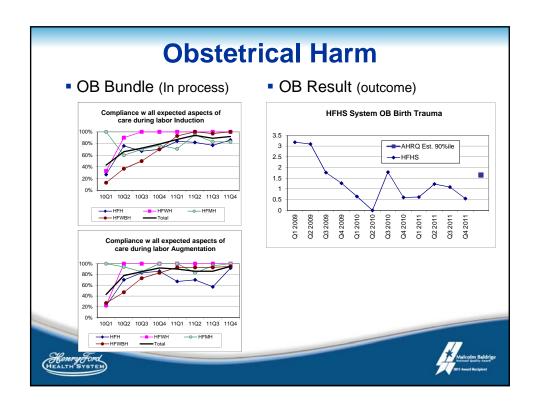






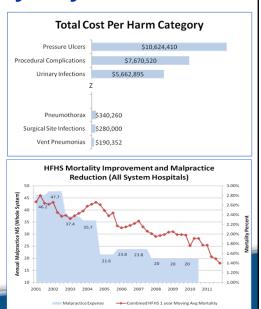






Quality Pays

- Harm reduction produced a \$10 million variable cost reduction over 4 years
- Over 10 years, malpractice expense was cut by 60%, saving more than \$26 million per year



Looking Forward

- Continue to identify key processes, owners and related performance measures at all Business Units and in all work systems
- Develop additional everyday in-process measures and drive accountability at every level
- Continue to drive standard work in clinical, administrative, and management processes
 - Better deploy identified best practices across all Business Units and Work Systems
 - Leverage our new EMR (EPIC) to drive standard practice
- Leverage our annual Quality Expo to identify and spread best practices
 - Update and share our annual No Harm Report

http://www.henryford.com/noharm





Panel Discussion

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A History of Quality Improvement Q101 (first use of industrial improvement tools) 1989 Pursuing Perfection (IHI/RWJ) - Eliminating Suicide Project 2002 • CMS demonstration on surgical site infections; tight Glucose 2003 **Control Project** MHA Keystone ICU Projects 2004 Chronic Care Initiative with HAP and Autos 2004 ■ 100K Lives Campaign – Mentor Hospital 2005 ■ E-Prescribe 2006 Sepsis Management 2006 Care Redesign Centers (B6, F4, Medical Home) 2007 ■ 5M Lives Campaign – Mentor 2007 No Harm Campaign 2008+ Lean Lab Process Management 2009 Depression Management in Chronic Disease 2010 Patient Guided Care Redesign 2011 Care Coordination (leveraging Readmissions work) 2012

National Best Practice Safety Innovations

| HFHS Process | HFHS Outcome | Validation |
|--|--|--|
| Perfect Depression Care Model | Up to 180 lives saved from 2002 to 2011 | Codman Award (TJC) 2006 Nat'l Suicide Action Alliance (HHS) 2011 |
| Sepsis Bundle and Deployment | In the last 12 months 211 deaths prevented | New England Journal of Med., Kaiser, HCA, others |
| No Harm Campaign | 16,360 fewer harm events over the past three years | AHA Quest for Quality Award 2010 VHA Patient Safety Leadership Award 2009 John M. Eisenberg Patient Safety and Quality Award 2011 (NQF and TJC) |
| Dialysis Catheter Antibiotic Lock | Prevent 80 catheter infections annually | Nat'l Kidney Foundation of MI Innovations Award 2011 |
| NSQIP Execution and Deployment | 1,000 fewer procedural harm events annually | American College of Surgeons National Initiative Consultants 2009-2011 |
| Pharmacist Directed Anticoagulation Service | Out of Range Test Results Decreased by 80% | CMS Partnership for Patients Best Practice 2009 ASHP Safety Award |



