

2007

## Transcribed Speech of Dr. Paul Schyve

Paul Schyve

*Joint Commission on Accreditation of Health Care Organizations*

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### Recommended Citation

Paul Schyve *Transcribed Speech of Dr. Paul Schyve*, 16 *Annals Health L.* 385 (2007).

Available at: <http://lawcommons.luc.edu/annals/vol16/iss2/15>

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## Transcribed Speech of Dr. Paul Schyve

DR. SCHYVE: I'm really very pleased to be here and would like to give you a quick overview of how performance value is being used for some other purposes, particularly the purposes of accreditation and self-improvement within healthcare organizations. I believe you have a copy of these slides in the folder.

As I was walking in, I was noticing the signs on the windows and there were some clever sayings. One of which was something along the line of we should rely on ethics rather than our palm pilots. So for once in my life, I'm actually going to turn it off.

The Joint Commission is just a single factor [in] the healthcare industry. We accredit eighty percent of the hospitals in the United States, which is about ninety-six percent of the hospital beds. We also accredit long-term care, home care, et cetera, but not at that level of penetration. [Thus], most of what I'm talking about will be about how you relate performance value specifically to hospitals. I will first talk about how we use [performance value] to focus self-improvement within the organization and how we use it to focus the on-site visits. The on-site visit is part of an external evaluation, but obviously [it]'s what goes on within the organization that we're trying to foster.

I will talk about three survey reports that we send to the hospital and to the surveyor that are [used] during the surveying by the survey team. I'll talk about public reporting of data, of what we put on the map. Finally, [I will discuss] the strategic surveillance system, which is specifically designed as helpful information for the organization to make improvements.

The accreditation for participation requirements includes the idea that hospitals have to choose three of five currently available matrix sets. You have myocardial infarction, heart failure, pneumonia prevention, and pregnancy. [Hospitals] have to then take the whole set, whatever three things they choose. So there could be [approximately] three to eight measures within a set.

Secondly, they transmit that data monthly to a vendor, a performance measurement system, which analyzes the data. [The vendor] provides [hospitals] with some feedback and quarterly sends that data to the Joint Commission. The data that we [receive] is de-identified, so we do not have in that data individual information about individual patients. About 3,800 hospitals provided data in 2002, so it's a fairly large data mix.

Now, the first way we use this system is something that we call a priority focus process. We do this actually with the organization annually and I hope [hospitals] would [set priorities] specifically before the survey, even though [the survey is] in-house about every three years. This system is based on an expert system and it uses extra survey data.

This is a picture of how the system works. On the left-hand column is the kind of data that we get, which is not related to the survey process itself except for the very first bullet—what we got from previous surveys in this organization. The data comes from the Office of Quality Monitoring. [The data includes] complaints about healthcare organizations, data from the survey application, core measure data, and specific performance measures (those three out of five sets that people are choosing). We also get the [per bed] data. Mortality rates and length of stay [data] comes from the federal government.

When we're doing this for nursing homes we use the nursing home compare data, and for home health we use the home health compare data. Also, for labs we use efficiency processing.

We go through a process, which is rule-driven. These rules have been identified through literature review and expert advice. There're about 1,500 rules, if you see this over here to the left-hand column or you see this combination of things in the left-hand column, those rules help us identify what we've called in the right-hand column, Priority Focused Areas and Clinical Service Groups.

The Clinical Service Groups are fairly obvious depending on what kind of organization you are; if you're a hospital, it might be in cardiology. Priority Focused Areas are those areas that, in fact, if you look at standards for healthcare organizations, they fall into a number of groups and those are the main groups that turn out to be issues for healthcare organizations.

Now, we also can calculate an overall cold score based on how the organization has come out in those groups and see whether there was a difference in score between different types of organizations. If you start at the left [and move to] the right end, you'll see that, in fact, those organizations that actually are entered in the preliminary accreditation or additional accreditation had high scores, lots of points. If their organization has the for-cause unannounced survey and we suddenly go in because of something we received, their point score is 243. It's lower, but it's still higher. All these differences provide us with different statistics.

A random control group of Joint Commission-accredited organizations work [less efficiently] and we said to [this group], what kind of lists do you sometimes look at to see where you think probably some of the best performers are? And they say, well, there's the U.S. News list and there's a solution and benchmark group, so we compare to those. And, again, that

makes sense to the fact [that] they had even lower scores. So this gives some validity to the fact that what happens when you put through this set of 1,500 rules is, in fact, you end up with something that apparently [links] up externally other kind of measures. This does mean something about the organization and at least its overall performance. And where these priority-focused areas do tend to be is the specific issue you should be looking at.

And now, we then take that information provided annually to the organization, but we also provide it up front to the surveyor and it helps us find where the survey group should be on the survey. In a pre-survey report, we also looked specifically at that order and measured it. [O]n the one hand, of course, we had years of data preceding any given survey. And this is also available to the hospital through a secure connection, so it's not singular to us. They have the same information to use for improvement purposes. [We] have two basic things we're showing: control shutters which [show] how reliable your process is, how stable your process is; and [second], compares the charts that show your ultimate performance. [This allows hospitals to ask] how does that compare to others?

So if you look at this, for example, this one would be for a particular organization and it's got three core stats—heart failure, heart attack, and pneumonia in the upper right table—and this tells something about where they had problems and where they were doing particularly well. So for example, the heart failure has the exclamation point, which means you may have a problem here. You probably want to look at that. The other two have pluses, which mean actually you're doing better than average on that test. [T]he key is down at the bottom.

Then [hospitals] can break it down and not just look at heart failure, but what the specific measures [are] for heart failure, for heart attack, and so on. This table will show that. [T]he little squiggly thing is actually flow charts that say this is one of the matters where there's a question about whether you have a stable process or whether your results keep jumping up and down. Again, the pluses and the exclamation point [are] the second thing on there.

[Here], they actually show them in a flow chart. It's that upper left-hand graph, which now shows what has been happening over time and how a patient is in this variation. [A]lso, some places right in the middle of it right at the bottom—the log in actually goes below that line that's across there. [This] means, to me, that something happened at this time because it looks strange.

[T]here's a number of rules that we apply that will say when you can really pay attention to that flow chart, if you go outside of those lines. Another thing, if you have eight points, for example, all on one side of the average, but what's happening is, you've got eight points above the

average. Something is changing or likely changing. On the right-hand side, you'll see what we call the comparison chart, so the docket sets where the organization's performance is and these bars—the vertical bar between the two edges is what you would expect statistically—are where you'd expect this organization to be if it was like everybody else. So the first thing you see [is] they are higher. You do the math. And the little numbers below it are actually the literal numbers if you look at those numbers.

Now, that's what we use as part of the accreditation process; we're using this performance data. The [data] help us focus the accreditation process—what should the surveyor look at, what practice areas, and what kind of things do you teach, and so on. Secondly, it helps the organization understand where it should try to improve. And finally, third, it actually gets the information out that can be provided with public reporting and we put this on the web site, available for everybody. [W]hat it essentially does is summarize.

[For example], this says heart attack, heart failure, and pneumonia. The check mark means they're doing what would be average performance. On the other hand, if they get one of these pluses, it means that it's above average performance and a negative means that it's below average performance. Obviously, sometimes there's so little data [that] we have to say we can't do an evaluation for this organization.

So, if somebody wanted to tell you I'm particularly interested in heart attack, like some of you might be, I would [ask about] some of the details here, not just raw [data]. So now you're actually looking for specific measures and how we get those specific measures. [T]hose percentages tell where those [specific numbers] appear and [where] others will be across the United States and across the state.

[F]inally, let me turn to [something] we're now developing that will become available in 2007, called Strategic Surveillances. It's how do [hospitals] make use of what they already have? So we've got all this data that includes these performance figures. Is there more that we can do with that than what I showed you [in order] to help organizations improve? And so this doesn't require organizations to spend any [more on] additional data than what is already available to them.

It's one price [for the suite], and there's really two that we're starting with. One is the performance risk assessment and the second one is the performance measure compared. The performance with risk assessment comes from the priority focus process of which measures will be tied. And the second one, performance measure compared, is based just on the risk. So the performance risk assessment will be used in your organization and will give you the following priority report.

Here's a report that tells them how they're doing in each of those performance areas: assessment, communication, gradual accreditation, equipment usage, and how they're comparing to others (in this case the national comparison group). Numbers are reversed from what we saw before, because here the higher the number means you [have] more points to span against the little dot. [S]o, the hand means you have to pay attention to this [number]; it is a "stop sign," [because] the first [measure] is twenty-six, whereas the national average was eighteen.

Now, suppose the hospital system has multiple hospitals and they can actually see across hospitals how this, in fact, plays out. They can connect and get this kind of report, which will tell them a couple things. One is, suppose they had a series of things, "stop sign" hands, red ones all [the way] down for almost every hospital under one of the topics—say infection control. Now you know our system had better pay more attention to infection control or they may see a row in which there's more of these [red "stop sign"] hands. [Of] which the [hospital] says, "How do we compare with that particular hospital?" [O]r you may see a row where it's all pluses. Now the question is, can we learn from that hospital's best practices, which we can spread to others within the system?

[F]inally, the performance measurement compared is now based just on the performance with four measures. So you've chosen heart attack, pneumonia, and congestive heart failure, but you'd like to know how you're doing compared to not just the national average, but compared to other hospitals—either the same type as you or another type. So now you get to choose. You can see types of owners—government, but not federal. We see non-governmental for-profit and non-governmental not-for-profit. You can choose a bed [capacity]. You can do any one of these or you can do combinations. You can choose a particular state. What you get is a kind of report, which essentially tells you [how you] compared to the national average, and also how you are doing compared to any particular comparison group that you've chosen.

If you want more information about heart failure specifically, not just how you did overall in heart failure, but how you did on each of those individual measures, you can get the same type of information now for the specific measures that are being used for heart failure or discharge instructions. Was there an evaluation of function, was an Ace-Inhibiter or ARB medication given upon discharge? That's what we're trying to do with the data.

So this is, I think, another use of the data as part of a more integrated valuation system, number one; and number two, as part of a process. Both in integration, as well as with all the risk measures, [these measures] can help organizations get more data to improve. Thank you.