

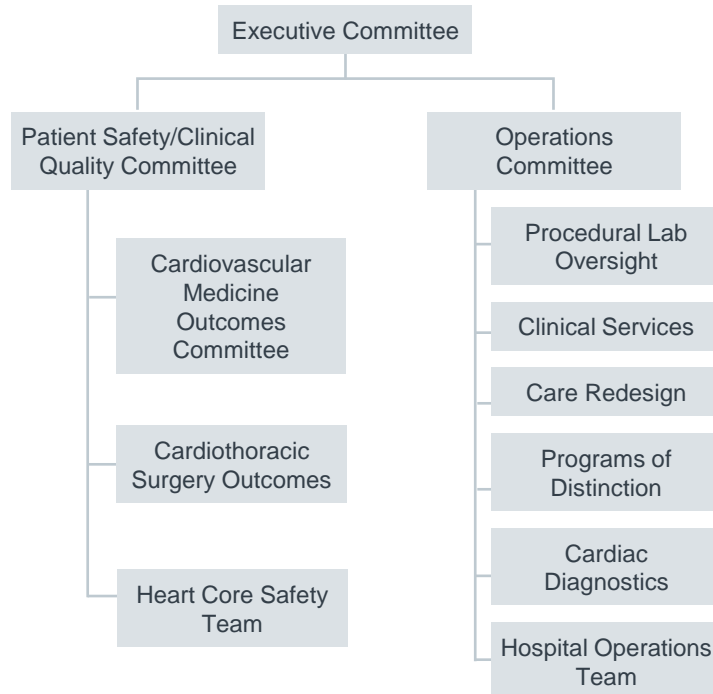
# Duke Health System

## Revised Committee Structure Reflects Care Redesign Focus

### Previous Committee Structure



### New Committee Structure



# Outlining Committee Responsibilities



## Executive

Oversees service line performance; participants include President of Duke Hospital, Chief of Cardiology, Chief of Thoracic Surgery, senior physician leaders, administrator of Heart & Vascular Services, ACNO, Director of Quality & Growth



## Heart Center Leadership

Leadership team with frontline managers and directors from across the service line



## Patient Safety/Clinical Quality

Safety and quality efforts, including work plans, root cause analyses, trends in quality/safety data

- **CV Medicine Outcomes:** Safety/Quality meeting specific to Cardiology
- **CT Surgery Outcomes:** Safety/Quality specific to CT Surgery
- **Heart Core Safety Team:** Local safety teams to discuss trends, concerns, etc.; team is a roll-up of different department level teams to discuss these same issues across the whole service line



## Operations Committee

Daily operations, e.g., clinic access, inpatient bed capacity, procedure lab/OR utilization, efficiency metrics, patient satisfaction, work culture

- **Procedure Lab Oversight:** System-wide committee; sets policies and procedures for labs; reviews metrics, performance, progress against goals
- **Clinical Services:** Inpatient coverage models, outpatient access initiatives, patient satisfaction, etc.
- **Care Redesign:** Specific areas for redesign of care to improve coordination, efficiency, etc.
- **Programs of Distinction:** Growth strategies and strategic planning
- **Cardiac Diagnostics:** Cardiac MRI, ECHO, stress, EKG programs; support all clinical programs within Heart and across other service lines

# Program in Brief



## Duke Health System

- **Hospital Type:** Three-hospital academic system based in Durham, North Carolina
- **Model Summary:** Created “quality and growth” vertical, bringing interventional labs, quality, information technology and communications under common purview; models helps support rapid cycle clinical redesign projects
- **Impetus:** Improve agility, speed of decision-making and collaboration to succeed under bundled payment contracts; build infrastructure to also improve market capture and reduce costs
- **Leadership Model:** Administrator (non-RN) works in close collaboration with medical directors and nursing leadership
- **CV Services Reporting Through Service Line:** Pediatric and adult interventional labs; prevention/wellness and cardiac rehab; CV diagnostic testing; respiratory & PFT; telemetry; perfusion; CV pharmacy; VAD program; inpatient CV nursing
- **Governance Structure:** Executive committee overseeing two main subcommittees: Patient Safety/Clinical Outcomes inclusive of committees focused on cardiovascular medicine outcomes, cardiothoracic surgery outcomes, and heart core safety team; Operations inclusive of committees focused on procedure lab oversight, care redesign, cardiac diagnostics, clinical services, programs of distinction, and hospital operations team. All committees include physician leaders, nursing leaders, and administrators.
- **Financial Model:** Professional fees flow to individual departments

# Program in Brief (Cont.)



## Duke Health System

- **Strategic Planning Process:** Strategic plan developed by service line administrative leadership team with input from physicians, operations managers in alignment with, and in support of, overall Duke Health System strategic plan
- **Participation in Risk-Based Contracts:** CMS Bundled Payments for Care Improvement Initiative for PCI; care redesign projects in place across CV service line (e.g., ablation, CABG, valve) with possibility of development of future risk-based contracts
- **Physician Alignment:** Physicians employed through separate medical group structure; committee structures and colocated offices allow for communication and collaboration with service line leadership
- **Facility Model:** No dedicated standalone facility; CV services distributed across hospitals
- **Impact of Structure:** Successfully meeting internal care redesign deadlines to ensure progress under bundled payment goals