

Additional evidence for quality-driven experience tactics

Below is additional evidence (key metrics, related data points, and cited resources) to make the quality and experience business case for the profiled tactics. Consider sharing with senior leadership and frontline providers to get buy-in for investment.

Select results to quantify the value of a mortality risk admission screen¹

Quality ²		
Metric	Data	Source
Unplanned transfers to the ICU within the first 24 hours of admission	21% reduction (from 1.35% to 1.07%) observed for non-operative patients of all mortality risk levels	St. Joseph Mercy Ann Arbor
Failure to rescue (observed: expected ratio)	10% reduction (from 2.06 to 1.85) observed for non-operative patients of all mortality risk levels	St. Joseph Mercy Ann Arbor
Risk-adjusted 30-day mortality	14% reduction observed for non-operative patients of all mortality risk levels	St. Joseph Mercy Ann Arbor
Risk-adjusted all condition 30-day readmission	6% reduction observed for non-operative patients of all mortality risk levels	St. Joseph Mercy Ann Arbor
Risk-adjusted all condition 30-day readmission from patients discharged to SNFs	12% reduction observed for non-operative patients of all mortality risk levels	St. Joseph Mercy Ann Arbor
Palliative care consults ³	Increase in palliative care consults observed for level 1 patients from 37% to ~50%	St. Joseph Mercy Ann Arbor
Patient Experience ⁴		
Metric	Data	Source
HCAHPS doctor communication questions	9%-11% relative improvement observed for level 1 and 2 patients, dependent on specific question	St. Joseph Mercy Ann Arbor
Nurse communication questions	10%-21% relative improvement observed for level 1 and 2 patients, dependent on specific question	St. Joseph Mercy Ann Arbor
Communication about medications	24%-35% relative improvement observed for level 1 and 2 patients, dependent on specific question	St. Joseph Mercy Ann Arbor

1) The data is a temporal association and not necessarily causality, St. Joseph Mercy has not accounted for secular trends or other concurrent improvement activities.

2) The quality data except for palliative care consults is pre-implementation versus post-implementation outcomes.

3) The data point is a comparison of the recent four quarter period to the previous four quarter period. Data sent to Advisory Board 4/16/19.

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Source: St. Joseph Mercy, Ypsilanti, Michigan; Physician Executive Council interviews and analysis.



655 New York Avenue NW, Washington DC 20001 | [advisory.com](https://www.advisory.com)

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