



Performance Excellence (at MHC)

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Clinical Director, Max Healthcare

- 1 **Max Healthcare: Vision & Guiding Principles**
- 2 **Governance Model**
- 3 **Performance Management System (Linked to results)**
- 4 **Performance Excellence Results - Monitor, Measure, Improve!!**

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Max Healthcare: Vision & Guiding Principles

Vision



- Deliver **International Class Healthcare with Total Service Focus**
- Creating an institution committed to **highest standards of medical & service excellence, patient care, scientific knowledge, research and medical education**

Guiding Principles

Our 5C Framework:

Care: Culture of 'Patient first', fixing hygiene issues

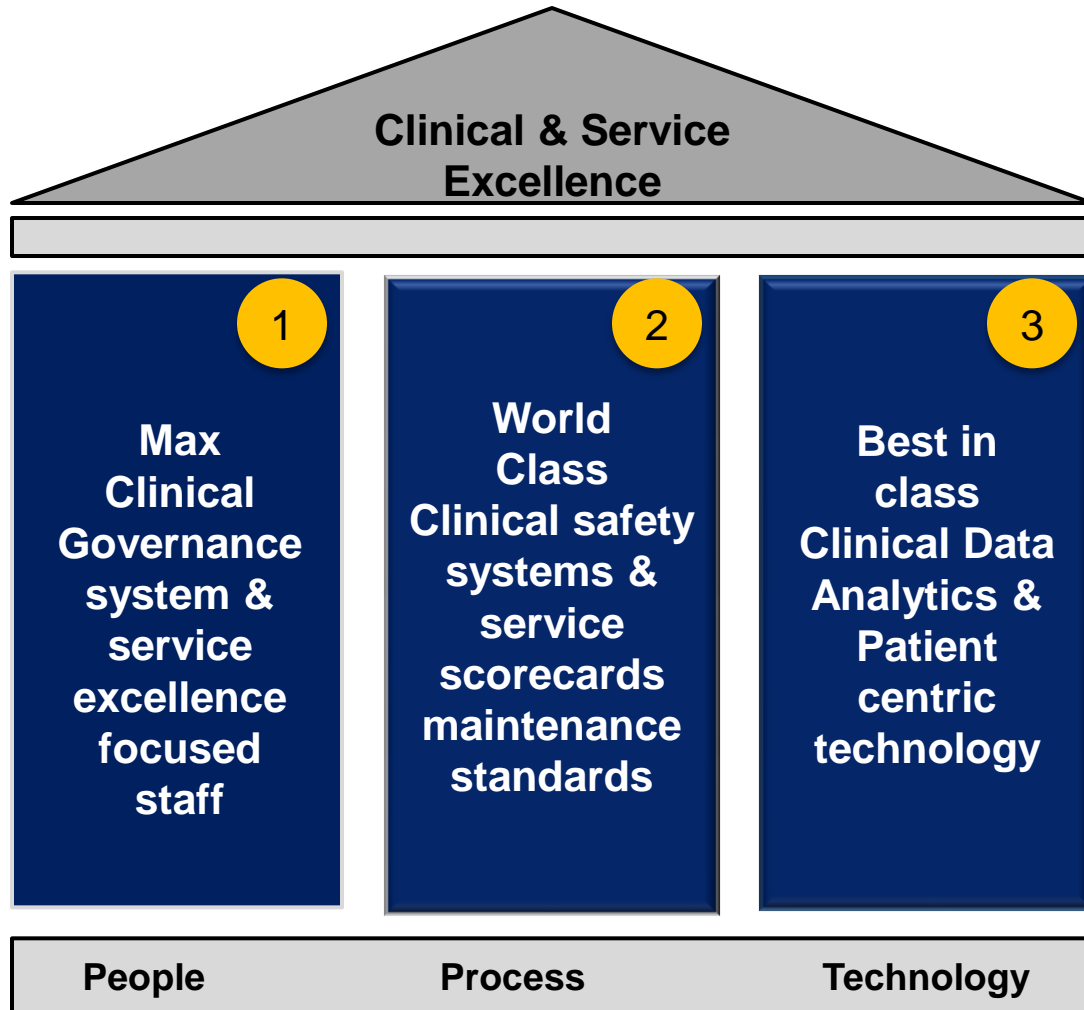
Commitment: Meet plan, ownership mindset

Cohesion: One team, engage clinicians, unleash positive energy

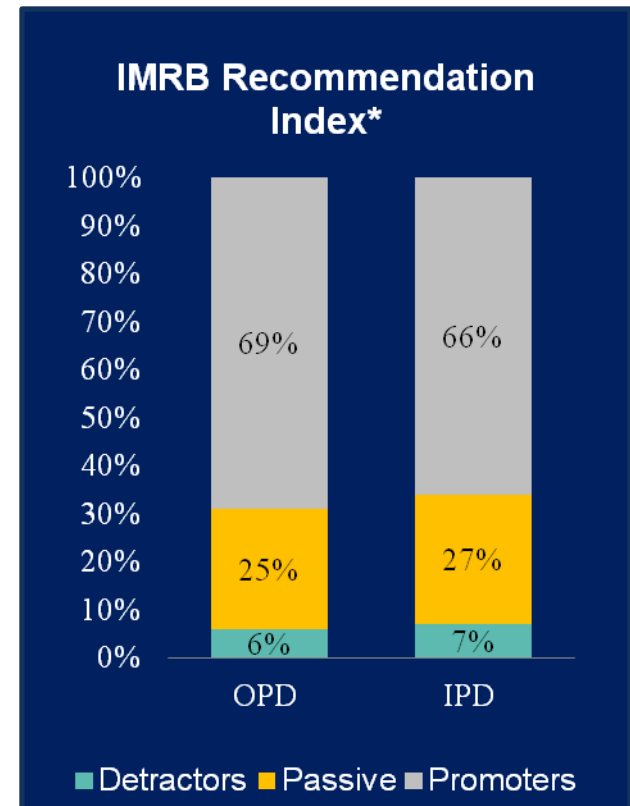
Clinical Excellence: Organizational differentiator

Compliance: Processes, tone at the top, accountability

Our multi disciplinary approach to patient care helps us improve outcomes and level of satisfaction



Service Excellence Scorecard



Patient Safety Goals

Risk Management

Patient Safety
Culture Survey

Multidisciplinary
Care Approach

Preventing Hospital
Acquired Infections
(HAI's)



Quality Improvement
Projects (QIP's)

PSG's Compliance
Assessment

Patient Safety Metrics

Use of Technology

Fall Risk Assessment

Patient Safety Goals



Patient Safety Goals: 2016-17

Let us ensure 100% Compliance to Safe Processes and Target 'Zero Incidents'







Identify Patients Correctly:

- Patients are identified using 'two' patient identifiers
- Patients are identified before providing treatments & procedures







Improve Effective Communication:

- Verbal/ Telephonic Orders: Read back, confirm and record
- Critical results of diagnostic tests: Read back, confirm and record
- Handover communication during shift handovers and patient transfers







Improve the Safety of High-Alert Medications:

- High Alert Medications
- Concentrated electrolytes
- Look Alike Sound Alike medications

Identification, labeling, storage and proper use







Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery:

- Site Marking (with involvement of Patient)
- Time Out (OT & invasive Procedures) by full surgical team
- WHO Surgical Safety Checklist







Reduce the Risk of Health Care Associated Infections:

- Compliance to hand hygiene guidelines
- Evidence-based practices to prevent HAI's
- Follow VAP, Central Line & Catheter Care Bundles.
- Compliance to Antibiotic Policy

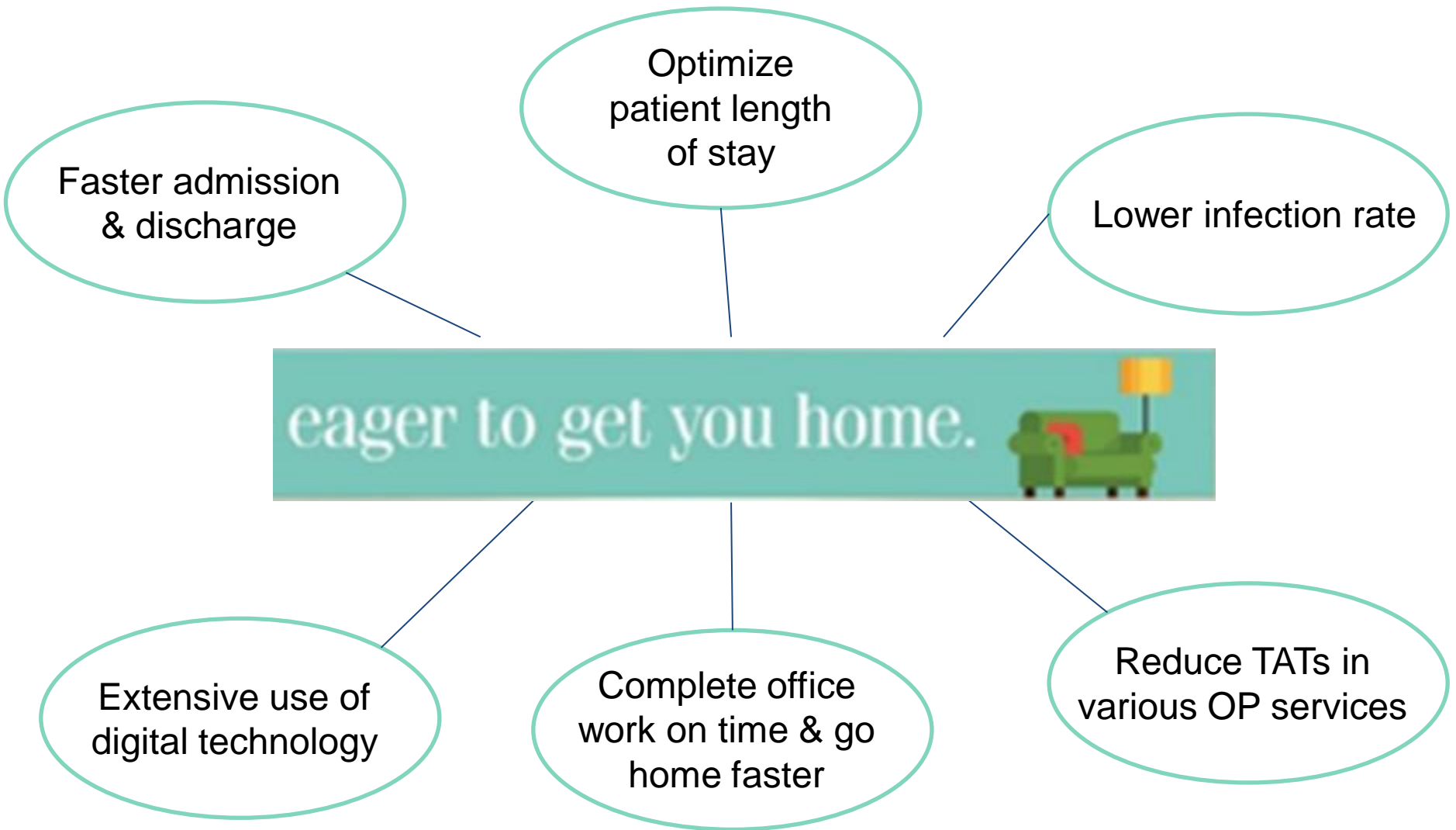






Reduce the Risk of Patient Harm Resulting from Falls:

- Fall Risk Assessment (All Inpatient, Outpatient, Adult & Paediatric)
- Implementation & monitoring of fall risk reduction measures



Clinical Excellence (Contd..)

Brand Positioning & Communication

WE KNOW THERE'S NO PLACE LIKE HOME.

That's why at Max Healthcare, we're eager to get you home.

- Speedy admission and discharge
- Advanced technologies like Robotics and Navigation
- Connected care through seamless communication
- Highest safety standards

EMERGENCY 011 4055 4055 30 MINUTES MAX To book an appointment, call – 8860 444 888 or visit www.maxhealthcare.in
SAREE | PATARGANJ | SHALIMAR BAGH | VASHAU | PITAMPURA | GURGAON | NOIDA | FRANCHISEL | GREATER NOIDA
 *Subject to force majeure and prevailing traffic conditions and within 10 km radius of any Max Hospital in Delhi - NCR.

OUR DOCTORS WORK AS A TEAM, TO GET YOU HOME SOONER.

Connected care through seamless communication for quick recovery.
 Max Healthcare. Eager to get you home.

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NO ONE LOVES HOSPITALS.

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- Speedy admission and discharge
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WE ENSURE NOTHING COMES BETWEEN YOUR RECOVERY AND YOU.

Global standards of patient care to avoid any unforeseen delays in your recovery.
 Max Healthcare. Eager to get you home.

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Journey – Electronic Health Record System

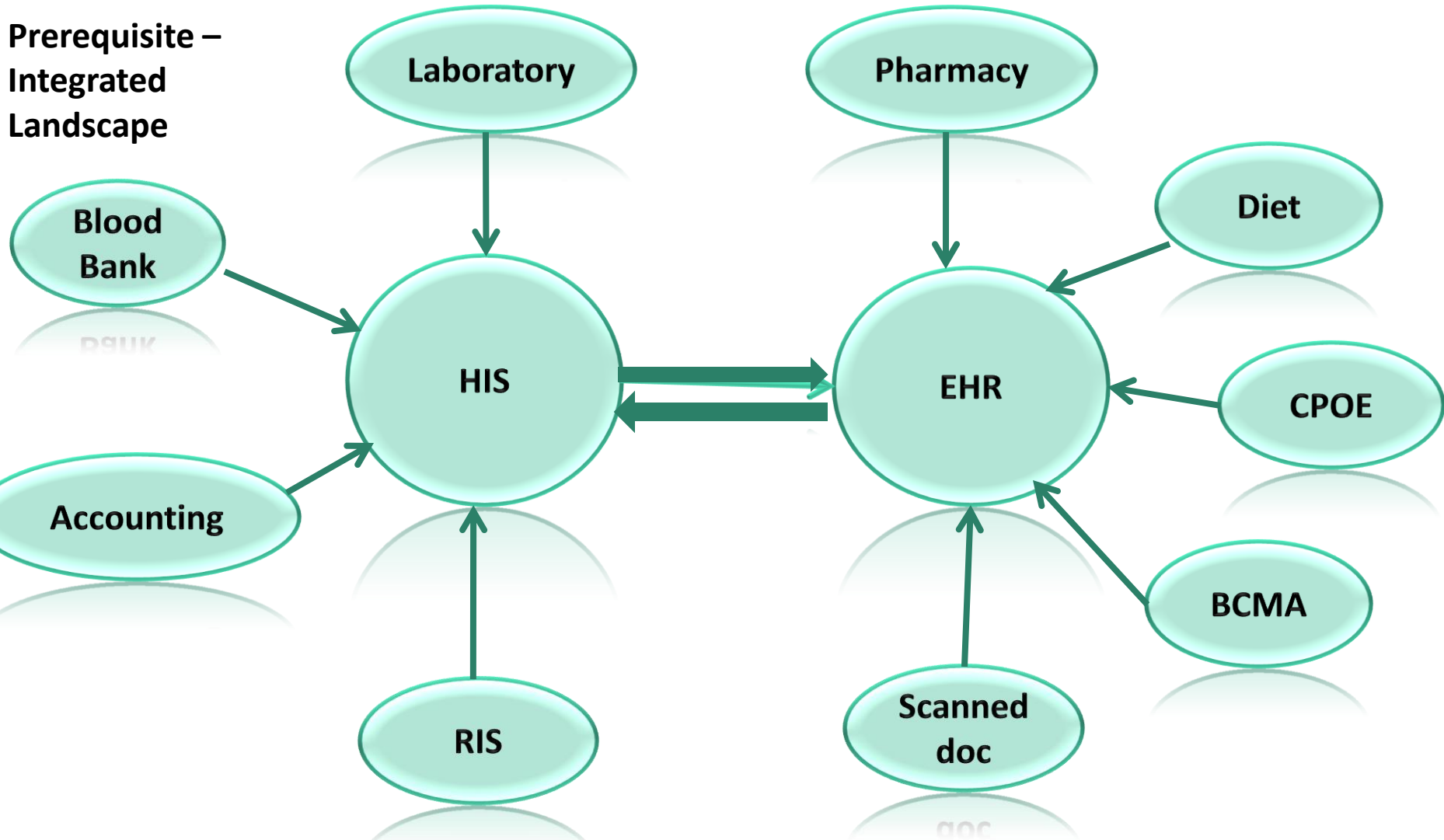
- A year of extensive planning prior to implementation
 - Governance Council
 - Clinical Reference Group – fast and quick decisions
 - Workshops – ‘As – is’ and ‘Future state’
 - Requirement gathering
 - Redefinition of workflows
 - Template design
 - Minimum data sets
 - Change management
 - Training
 - Computer on wheels ‘COWs’
- LIVE on July 2011...
- A centralized and integrated system in use across six of the group hospitals

Journey – EHR Adoption

- On going training sessions
 - new joiners,
 - included in Nurses' and Doctors' induction programs
 - Refreshers
- On the job training
- Governed changes to clinical workflows and templates
- 24x7 EHR help desk for users
- Protocol driven workflow
- Clinical decision support system
- Analytics driven decision process

Clinical Excellence (Contd..)

Prerequisite –
Integrated
Landscape



- **2012**
 - Two of the Max Hospitals achieved HIMSS Certification for Stage 6 EHR implementation in 2012
 - 1st IN INDIA, 6th IN ASIA
 - In 2012 less than 300 hospitals worldwide
- **2015**
 - 6 hospitals in India have reached EMRAM stage 6 (2015)
 - Total 25 hospitals in Asia (including Australia)
 - Only 3 hospitals in Asia have achieved Stage 7

HIMSS Analytics®, the authoritative source on EMR Adoption trends, devised the EMR Adoption Model to track EMR progress at hospitals and health systems.

Stage	Cumulative Capabilities
Stage 7	Complete EHR; CCD transactions to share data; Data warehouses; Data continuity with ED, ambulatory, OP
Stage 6	Physician documentation (structured templates), full CDSS (variance & compliance), Closed loop medication administration
Stage 5	Full E-PMCS
Stage 4	CPOE, Clinical Decision Support (clinical protocols)
Stage 3	Nursing/Clinical documentation (flow sheets), CDSS (error checking), PACS available outside Radiology
Stage 2	CPOE, Controlled Medical Vocabulary, CDSS, may have Document Imaging; HIE capable
Stage 1	Ancillaries - Lab, Rad, Pharmacy - All Installed
Stage 0	All Three Ancillaries Not Installed

Click to enlarge

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- 2 Governance Model**
- 3 Performance Management System (Linked to results)
- 4 Performance Excellence Results - Monitor, Measure, Improve!!

Our unique Governance Model helps us bring alignment and improve accountability

Governance

Board & 7 committees

Nomination & Remuneration

Audit

Investment & Performance Review

Medical Excellence & Compliance

Service Excellence

Scientific Projects & Technology

Corporate Social Responsibility

Administration

Managerial

Executive Committee

Unit Heads

Unit MANCO

Clinical

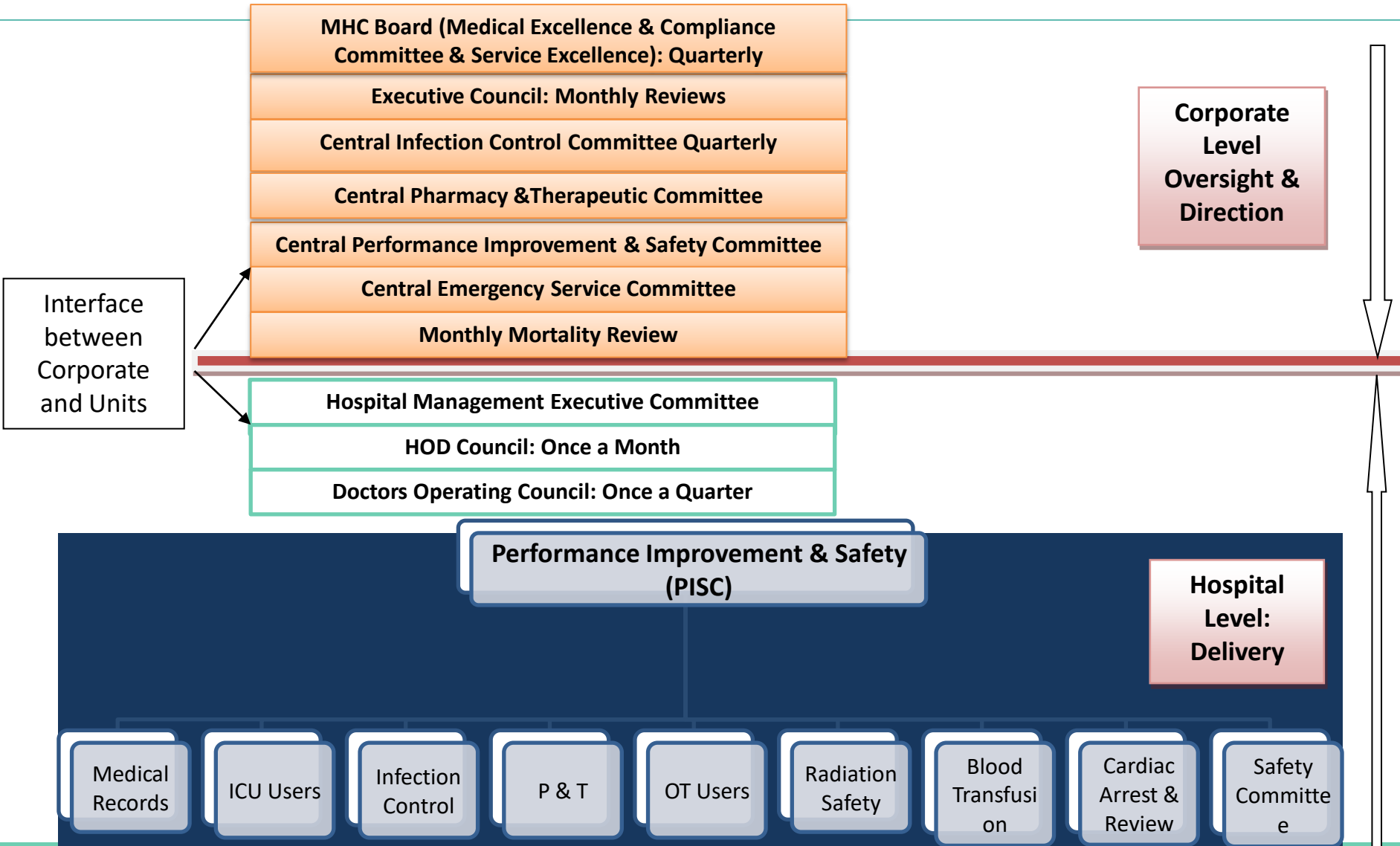
GMAC

HMAC

Doctor's council



Committees that oversee and drive quality



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Different Stages of Performance Cycle



- » **Performance Cycle** each year is linked to financial year - **April to March** and hence **goals linked to this cycle**
- » All **employees and retainers** will be covered

Objectives of Different Stages

Organizational Planning

- To identify organizational goals and departmental goals on the basis of annual business plans and strategy

Individual Planning

- To identify KRA's based on Job Responsibilities, Departmental/Functional/Team Goals & guide their implementation
- To drive focus on competencies and Developmental Goals to ensure continuous development and growth from a long term perspective
- Arrive at mutually understood expectations

End-Year Appraisal

- Recognize and reinforce areas of strong performance
- Develop action plans for areas needing improvement or greater focus
- Provide input and final rating on the performance
- Finalize other outcomes associated with the performance management process

Goals are vital

An aim or objective towards which an endeavor is directed

A Goal is simply a target which an individual or organization intends to reach or achieve

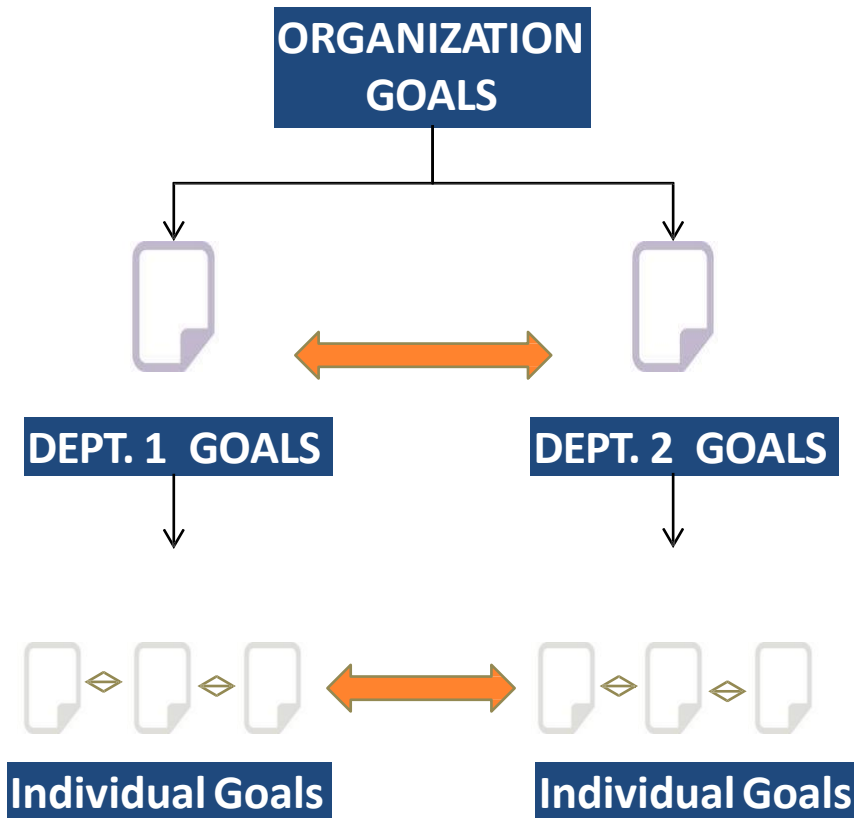
an **idea** is just a
DREAM until you
write it down...
THEN it's a
goal.

Key Result Areas (KRAs)

- Refers to a set of role-based responsibilities, performance measures and targets that support achievement of organization's goals in a year.
- KRAs only cover the key deliverables of an individual's role in the organization. Valid for transactional, administrative and managerial roles.
- Key Result Areas are what the employee is expected to **“Do” and “Deliver”**.

Competencies

- Skills and abilities described in behavioral terms that are coachable, observable, measurable, and critical to successful individual or corporation performance.
- **“How” an employee works on a day-to-day basis**
- Competencies are what the employee is expected to **“Display”**.



- Cascading goals is the process of adopting goals at different levels within a company to ensure alignment between the organization's objectives, Departmental objectives and individual KRAs while also taking into cognizance cross-departmental inter-linkages and dependencies
- On a yearly basis, the targets set for the organization with the Board will be cascaded from one level to another to decide individual goals.

Who need to set Goals

- All employees and Retainers

Why?

- To align employees' goals with those of departments and the organization to support excellence

What's in it for any employee?

- An opportunity to interact with Manager - focus on planning for future, set goals and clarify expectations
- More effective time management
- Increased productivity
- Readily available goal sheets to track progress and
- Managed performance expectations at the end

- Online
- Pre-populated goal sheets for most of the functions
- Goals to be frozen in consultation with Reporting Manager (Manager in Disha)
- Reporting Manager to seek inputs from Function Manager (in case of dual reporting)
- Every new member on board to set goals within 30 days of joining



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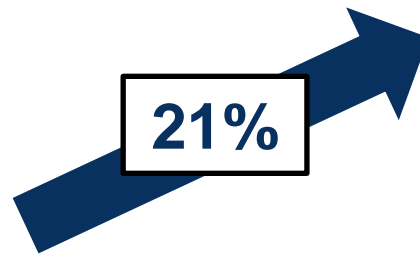
1. Care

IMRB Patient Experience Score (%)



42%

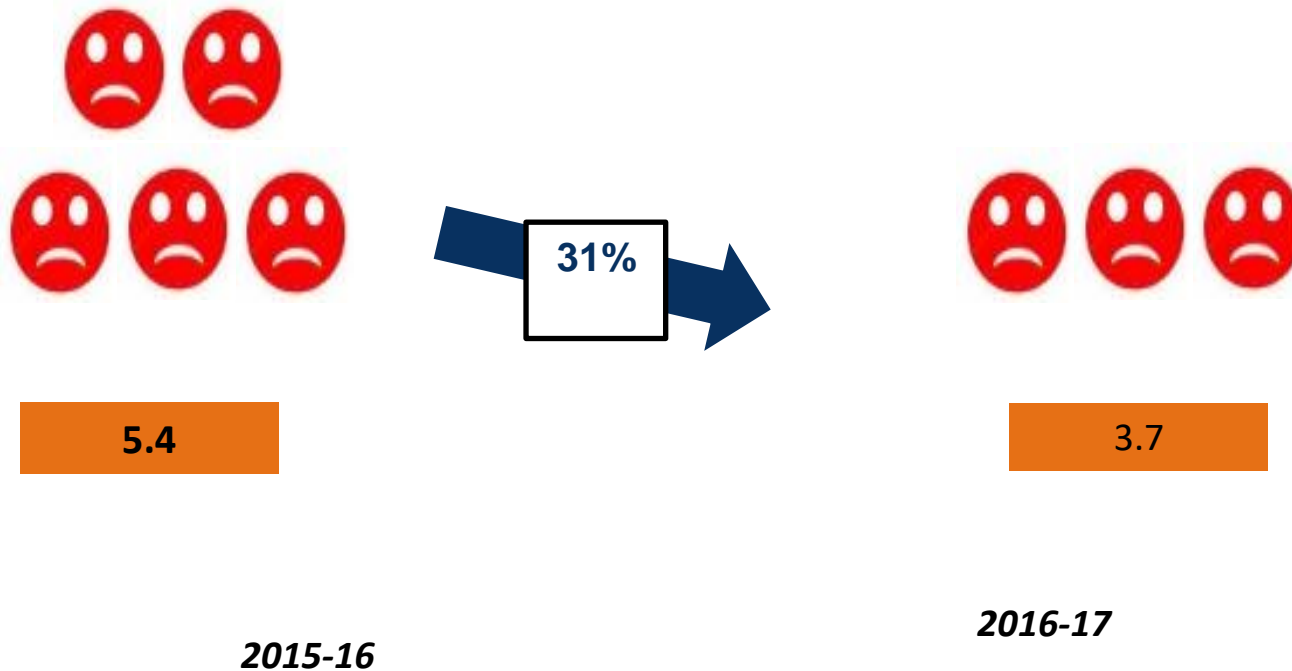
2014-15



63%

2016-17

Number of Complaints per 1000



226 QI projects undertaken across all 13 units creating a business impact of 55 Crores

<i>Theme</i>	<i>Projects Closed</i>	<i>Key Projects</i>	<i>Business Impact</i>
<i>Patient Experience</i>	80	Project under “ Eager to get you Home ” <ul style="list-style-type: none"> • Project AGILE- Accurate Discharge in Least Time • Reduction in OPD waiting time • Reduction in admission time by using Lean Other Projects: On Customer Experience <ul style="list-style-type: none"> • Improving patient experience scores at pharmacy • Improvement in HK IMRB scores 	T2-B2 scores of 68%
<i>Revenue Enhancement</i>	44	<ul style="list-style-type: none"> • Enhancing collection % for PSU, CGHS , TPA and corporates • OP to IP Conversion (Cat-C) • Project i- Wish - OP to Pathology, Radiology and Pharmacy Conversions • Improve OPD Chamber utilization • Reducing Billing Issues • Optimizing usage of gloves in OT • Reduction in OPD No shows • Revenue assurance – A nursing initiatives • Decrease in ALOS (Average length of stay) 	40 Crores
<i>Cost Reduction</i>	34	<ul style="list-style-type: none"> • Green Building – Electricity Consumption Reduction and Water consumption reduction • Optimize store Inventory • Optimizing stationery cost • Optimizing travel cost 	15 Crores

226 projects undertaken across all 13 units creating a business impact of 55 Crores

<i>Theme</i>	<i>Projects Initiated</i>	<i>Key Projects</i>	<i>Business Impact</i>
<i>Patient Safety</i>	34	<ul style="list-style-type: none"> • Reducing medical record discrepancies • Improving VTE compliance • Improvement in Admission to 1st medication order TAT • CAUTI prevention • Reduction in rejection of sample • Safe insulin management • Reduction in Needle stick Injury 	Patient Safety Goals
<i>People</i>	4	<ul style="list-style-type: none"> • Reducing FO Attrition Rate • Reducing Nursing Attrition Rate 	Reducing FO and Nursing Attrition rates

Results of our Quality Journey so far in FY 16-17



Patient Experience

From 62% to 68%

Accolades

**3 International
5 Nationals**

**No of Projects Registered
& expected closure**

190/226

**Revenue enhancement
(in Rs. Crs.)**

40

**Cost Saved
(in Rs. Crs.)**

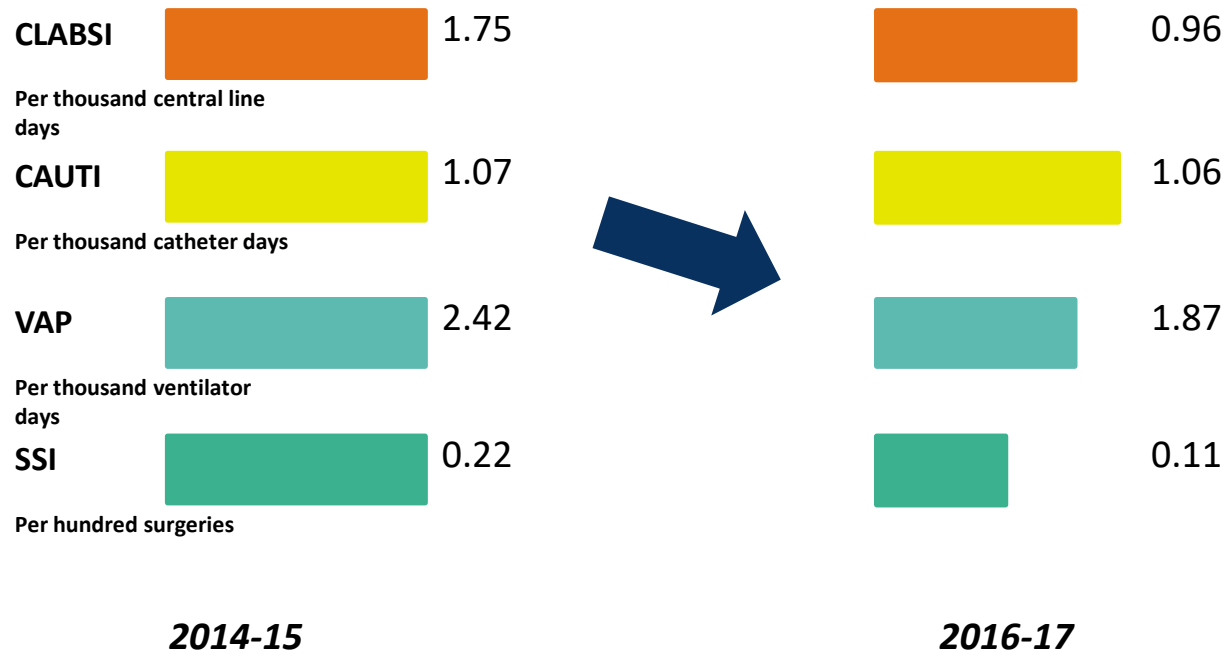
15



“Chasing Zero” patient safety movement -
launched to reduce preventable deaths,
medication errors, and hospital acquired
infections to as close to zero as possible

2. Clinical Excellence (Contd..)

MHC becomes first Indian healthcare network with online tracking of all 4 HAIs



2. Clinical Excellence (Contd..)

Unplanned Readmission Rate – within 14 days



1.44%

2014-15

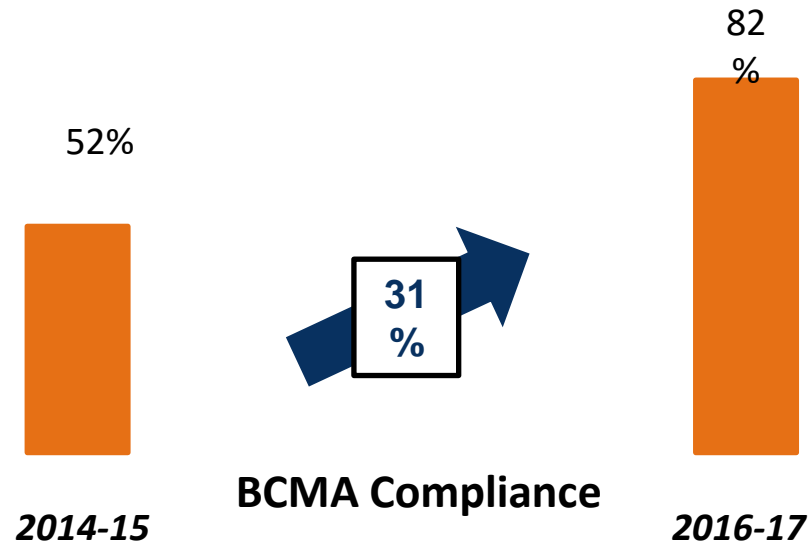


0.69%

2016-17

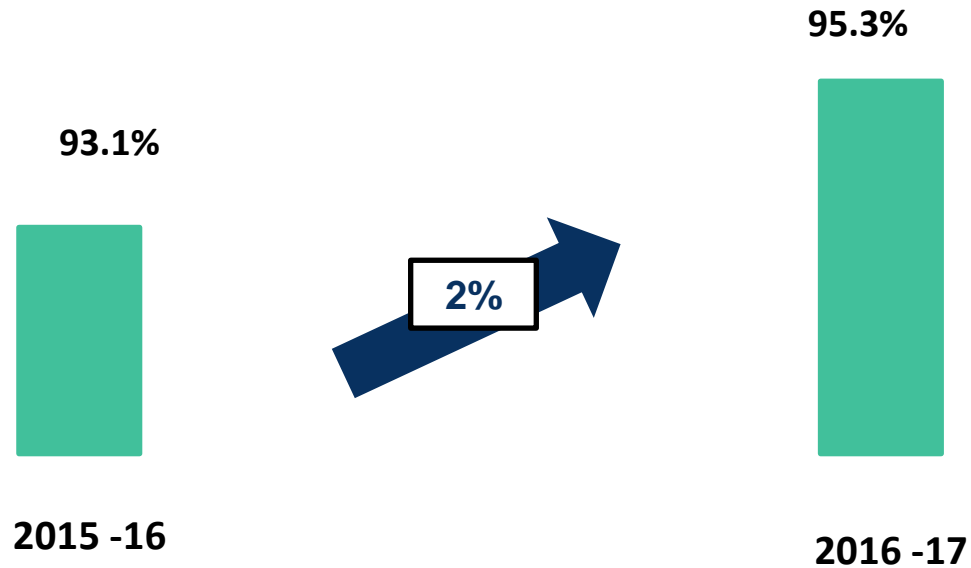
2. Clinical Excellence (Contd..)

IT capabilities deployed for end-to-end patient management such as CPRS, BCMA and E-prescriptions



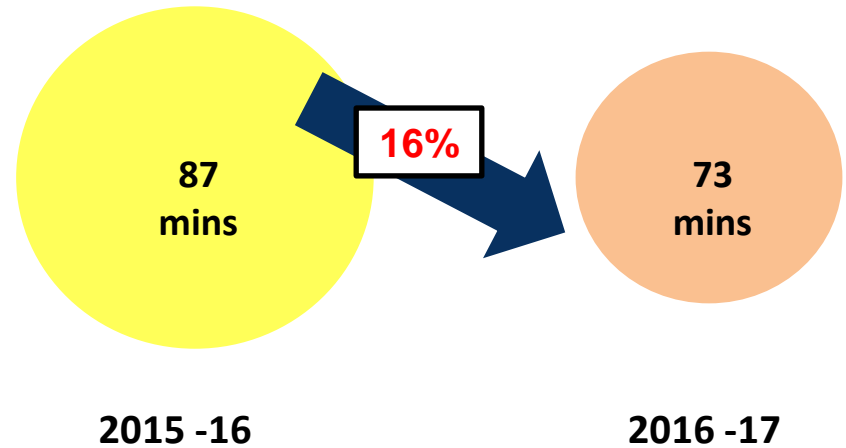
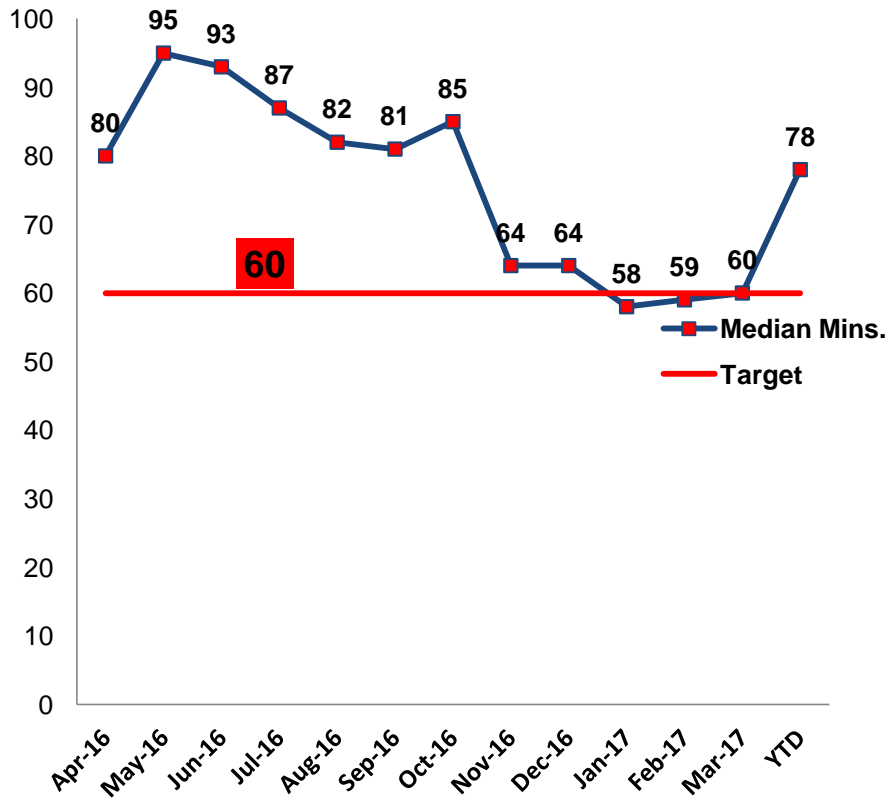
2. Clinical Excellence (Contd..)

Compliance to Medical Documentation Rate



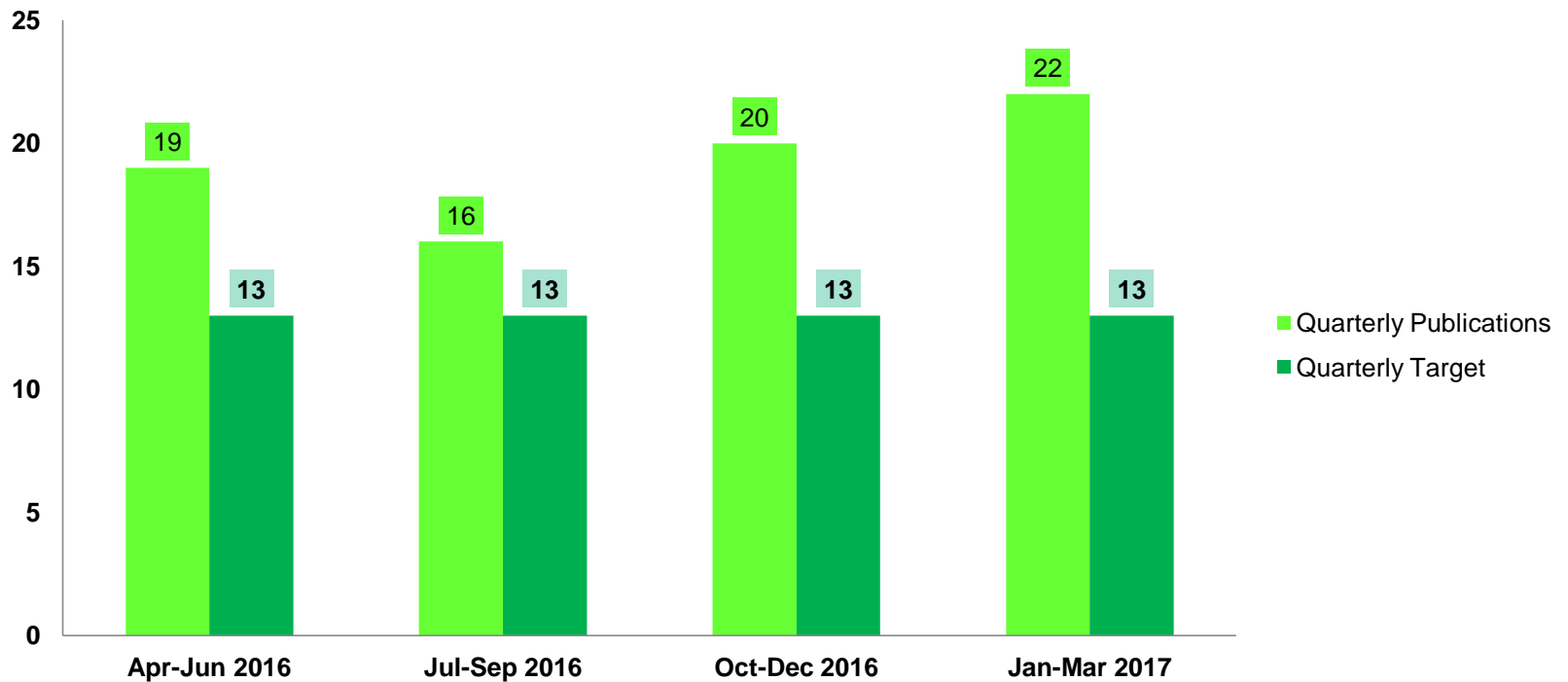
2. Clinical Excellence (Contd..)

Median TAT: First Medication Order in wards (in Mins.)



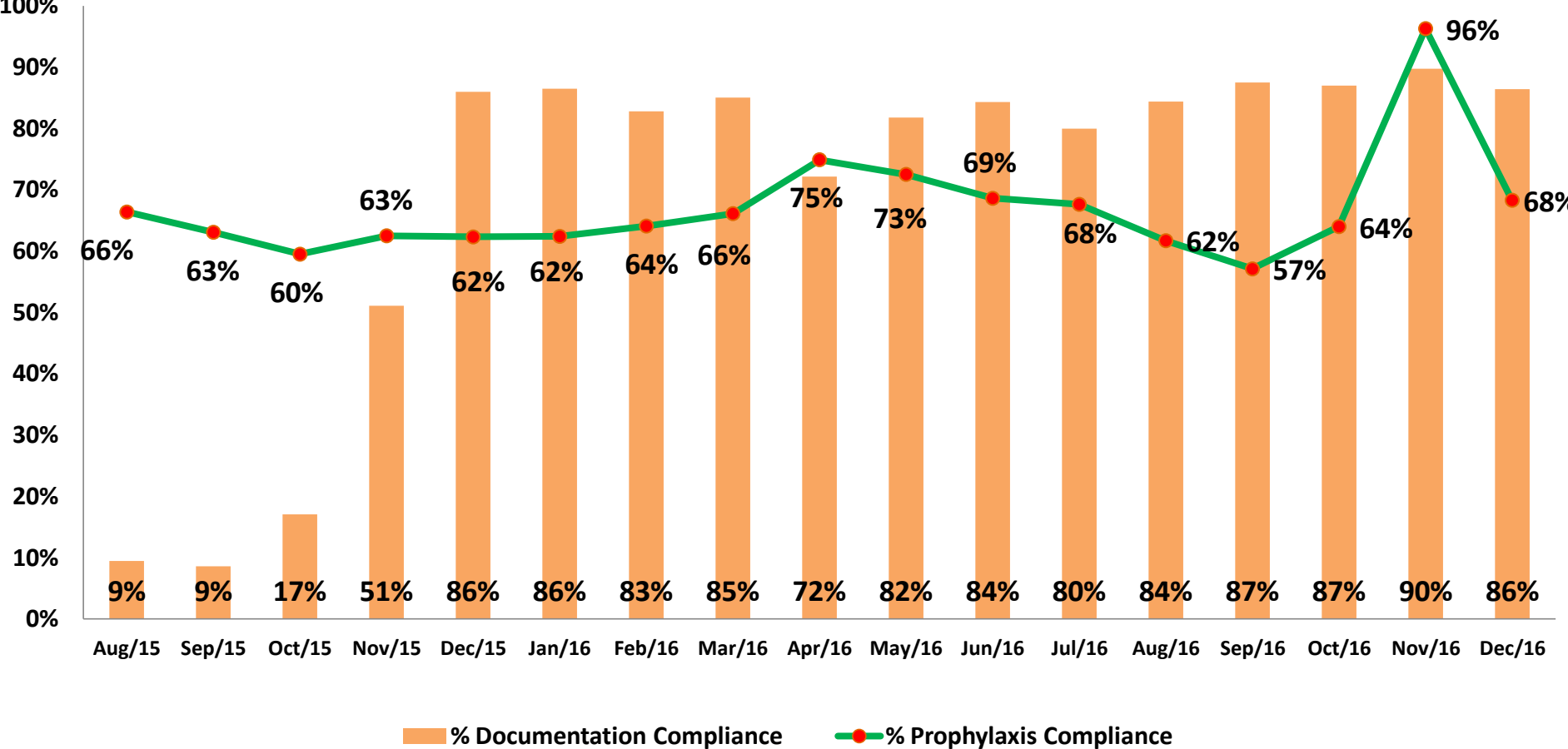
2. Clinical Excellence (Contd..)

Publications in Peer Reviewed Indexed Journals



2. Clinical Excellence (Contd..)

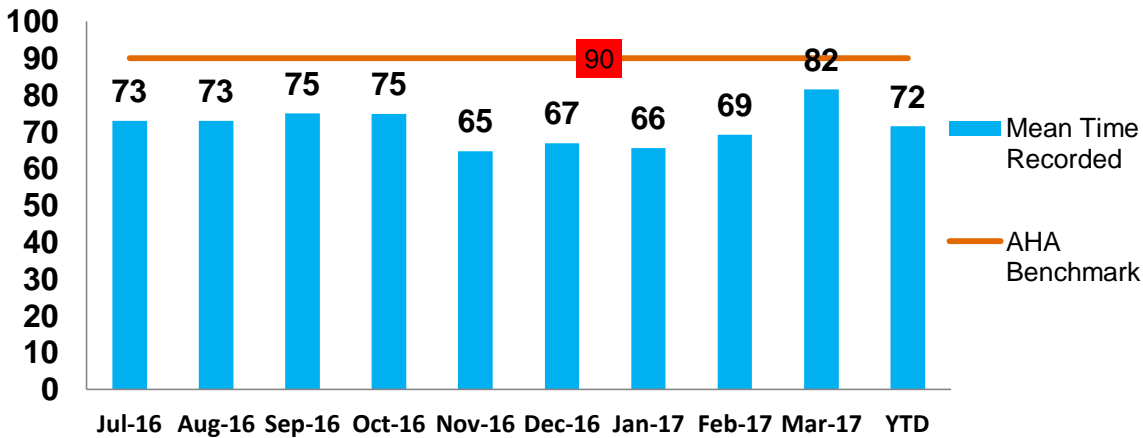
VTE Compliance Rate: Documentation and Prophylaxis



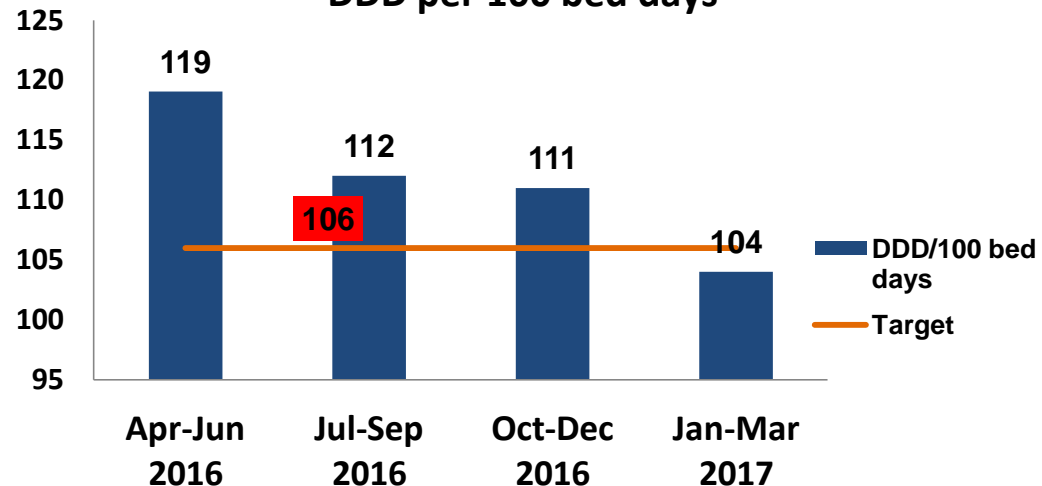
Higher is better

2. Clinical Excellence (Contd..)

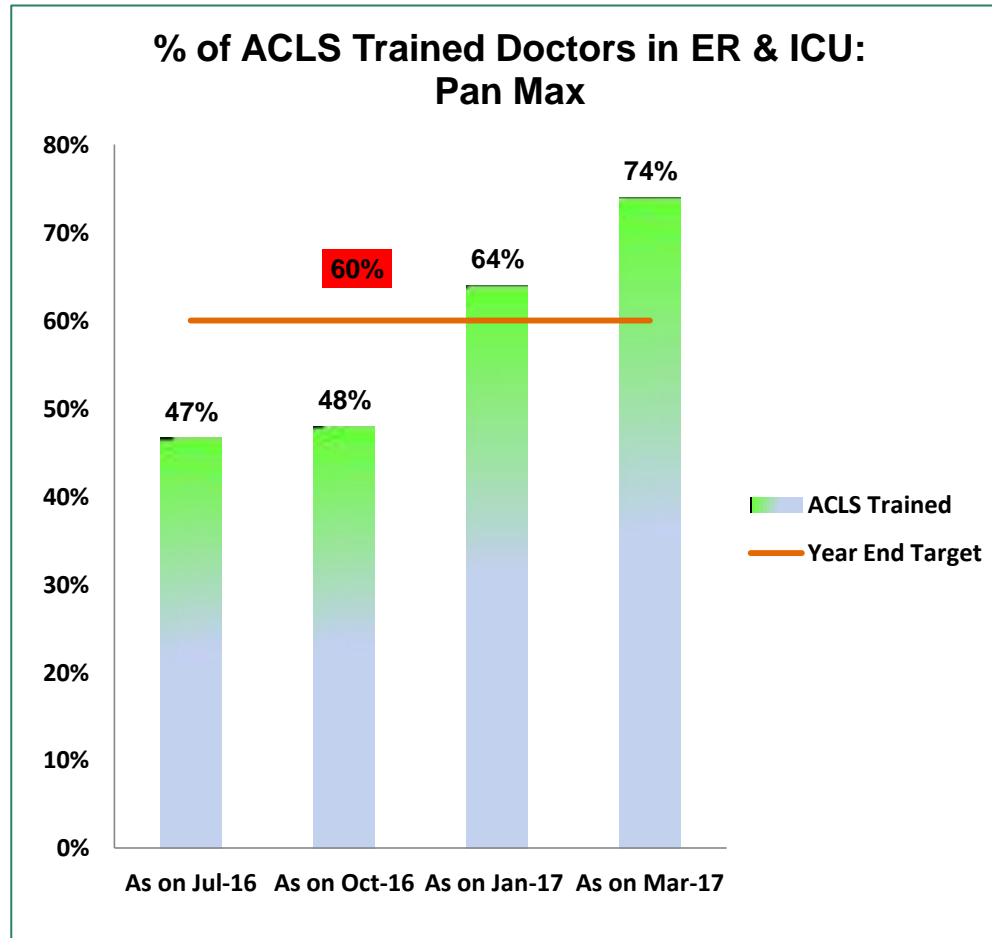
Mean Door to Balloon Time (Mins.)



DDD per 100 bed days

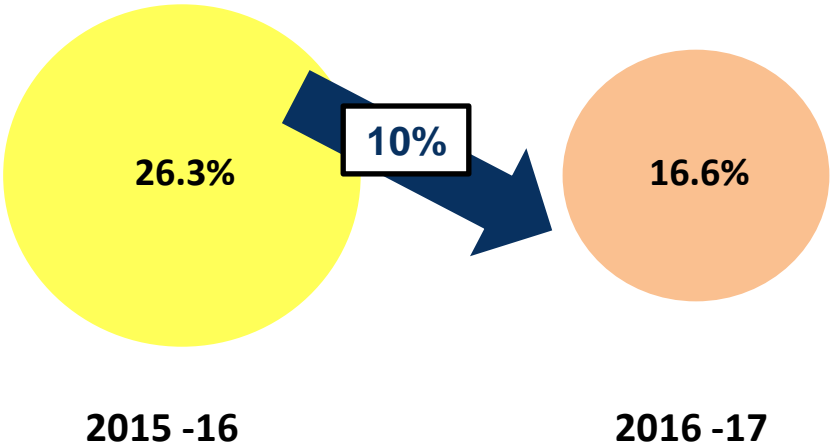
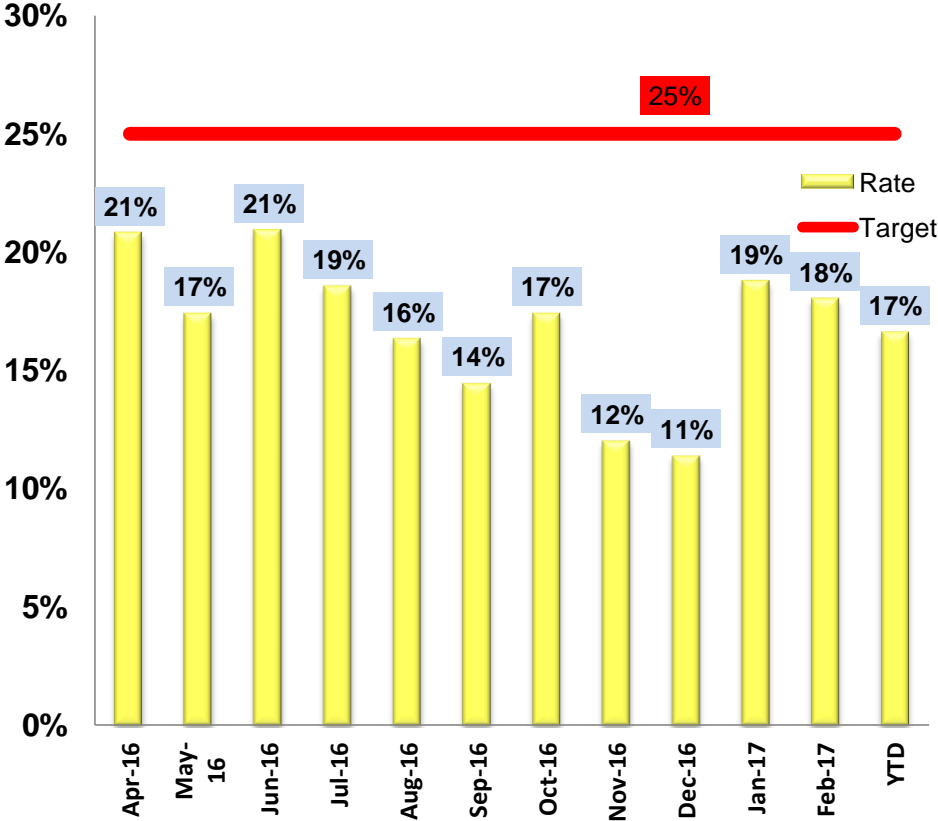


2. Clinical Excellence (Contd..)



2. Clinical Excellence (Contd..)

Category 2 & 3 Death Rate



2. Clinical Excellence (Contd..)

Sample Physician Scorecard

Volumes	Dept	Dr A	Dr B	Dr C	Dr D
OP Consults	2277	199	295	299	228
IP Admissions	355	34	57	40	25
ALOS Ward	3.72	3	3.8	3.6	3.3
OPD Utilization Rate: Consults / Hour	8.5	7.3	6.7	8.1	7.0
ALOS ICU	11	11.5	16.2	0	0
Clinical Results					
Mortality Rate	1.2	0	0	0	0
Category 2 & 3 death rate	0				
Catheter Associated Urinary Tract Infection	1	0	1	0	0
Ventilator Associated Pneumonia	0	0	0	0	0
Catheter Associated Blood Stream Infections	1	0	0	0	0
Unplanned Re-admission Rate (within 14 days)	0	0	0	0	0
Return to ICU	0	0	0	0	0
Rate of Compliance to VTE Risk Documentation	87.90%	86.11%	93.10%	87.80%	95.83%
Rate of VTE Prophylaxis Compliance across all risk stratified patients	50.51%	29.63%	14.58%	92.59%	57.14%
Medication Order TAT for new patients	107.5	25	54	44	75
Sentinel Events	0	0	0	0	0
Service Quality					
Complaints /Legal Cases	0	0	0	0	0
Behaviour (At Risk)					
Medical Record Documentation Compliance	99.68	100	100	100	100
Teaching and Academics					
DNB/Fellowship/other Teaching Hours /week	20	2	2	2	2
CMEs attended (hours)	165	6	9	9	9

2. Clinical Excellence (Contd..)



INTERNAL MEDICINE: Periodic Clinical Monitoring & Review Form {To be completed by HOD in Q3 each year}

FORM-1
(For Physicians)

Name: _____

Code: _____

Designation: _____

Department: _____

Date of Joining: _____

Band: _____

Reporting HOD: _____

Evaluation Period: _____

Date: _____

- 1: Un-satisfactory (There are deficiencies)
- 2: Satisfactory (Adequate)
- 3: Very Good (Exceeds in many areas)

- Methods of Evaluation**
- DO – Direct Observation or Feedback
 - SC – Monthly Scorecard
 - P – Provided by Physician

Periodic Clinical Monitoring & Review Form

S.No	Section (A) COMPETENCY EVALUATION	DO	SC	P	Rating
a.	<u>Patient care</u> <ul style="list-style-type: none"> • Unplanned Readmission Rate • Rate of Compliance to VTE Risk Documentation • Rate of VTE Prophylaxis Documented in all risk categories • Return to ICU within 48 hours • Medication Order TAT for new patients in ward(Min) 		SC		
b.	<u>Medical Knowledge</u> <ul style="list-style-type: none"> • CMEs/courses/workshops/training programs attended in the period • Publications/research 			P	
c.	<u>Practice-based learning and improvement</u> <ul style="list-style-type: none"> • BLS / ACLS Course 			P	
d.	<u>Interpersonal and communication skills</u> <ul style="list-style-type: none"> • Patient complaints • Reports of unacceptable behaviour 	DO			
e.	<u>Professionalism</u> <ul style="list-style-type: none"> • Committee / meeting attendance • Punctuality • Academic /Teaching Activities 	DO		P	
f.	<u>System-based practices</u> <ul style="list-style-type: none"> • CPRS Use 	DO		P	
g.	<u>Stewardship of resources</u> <ul style="list-style-type: none"> • Other 			P	
h.	<u>Behaviour (at risk)</u> <ul style="list-style-type: none"> • Following clinical & Infection control protocols 	DO	SC		
i.	<u>Leadership</u> <ul style="list-style-type: none"> • Team building • Conflict resolution • Direction to teams and motivation • Alignment with MHC Vision, strategy and culture • Departmental initiatives for growth and excellence in patient care 	DO		P	

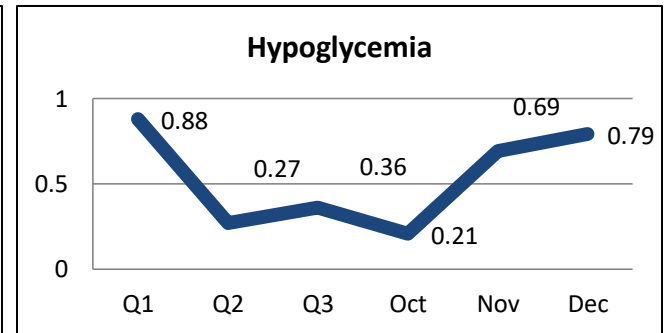
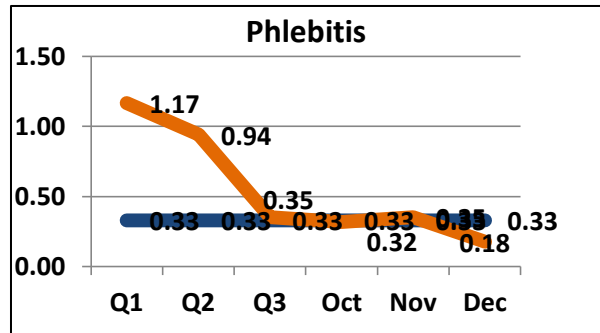
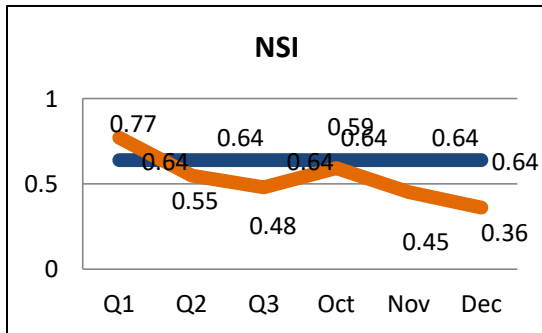
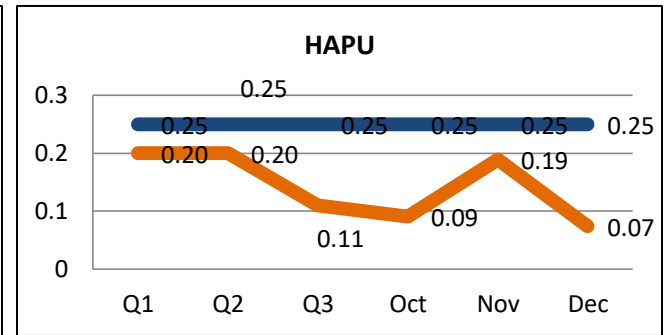
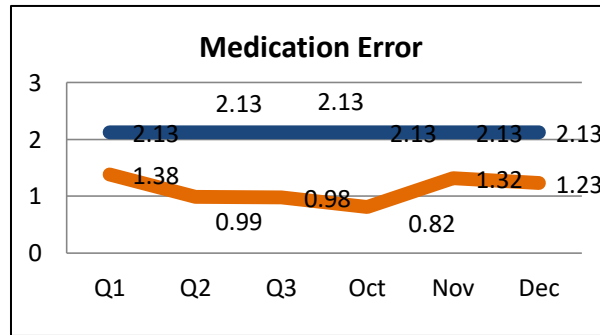
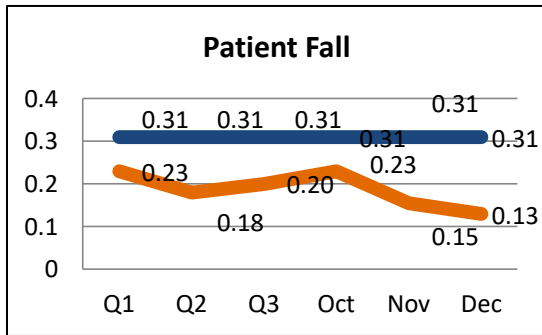
2. Clinical Excellence (Contd..)

Nursing Quality Indicators (Rate Summary)

MHC incidents Report Q1 to Q3 (16-17)									
Indicators	Bench Mark	YTD	TREND	Q 1	Q 2	Q 3	Q3		
							Oct	Nov	Dec
Patient Falls	0.31	0.24		0.23	0.18	0.20	0.23	0.15	0.13
Medication Errors	2.13	1.29		1.38	0.99	0.98	0.82	1.32	1.23
HAPU	0.25	0.22		0.2	0.2	0.11	0.09	0.19	0.07
NSI	0.64	0.75		0.77	0.55	0.48	0.59	0.45	0.36
Phlebitis	0.33	0.94		1.17	0.94	0.35	0.32	0.35	0.18
Hypoglycemia		0.6		0.88	0.27	0.36	0.21	0.69	0.79
Total	0.73	0.67		0.77	0.51	0.41	0.38	0.53	0.46

2. Clinical Excellence (Contd..)

Nursing Quality Indicators (Contd...)



Attrition gone down in key departments

Front Office Attrition – implemented Mission
Pride



55%

2014 - 15

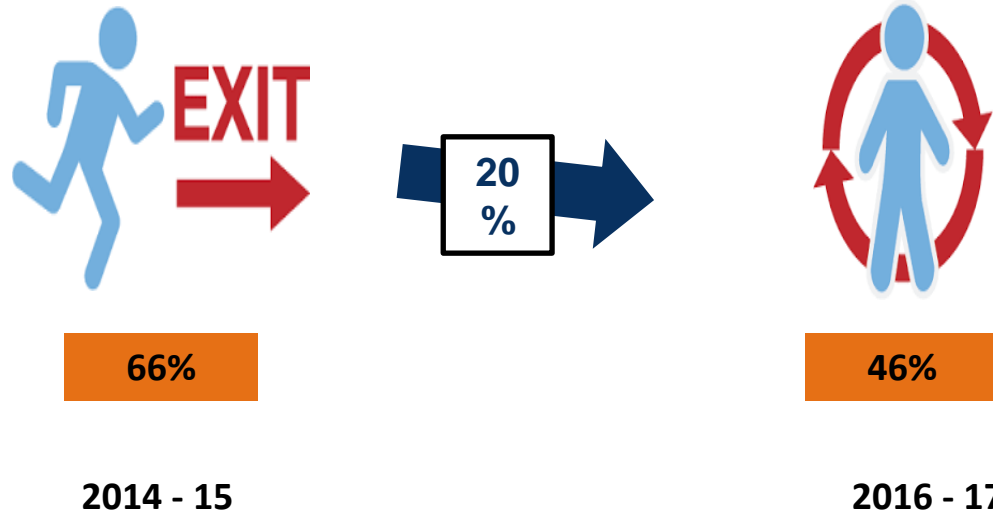


40%

2016 - 17

Attrition gone down in key departments

Physician Attrition



Max Hospital, Saket Receives JCI Accreditation: The World's Gold Standard for Healthcare Quality

NABH Accreditation

1. Max Saket
2. Gurgaon
3. Shalimar Bagh
4. Mohali -
5. Dehradun
6. Bhatinda
7. Noida
8. Vaishali
9. Max Smart
10. Patparganj
11. Greater Noida
12. Panchsheel



FICCI Healthcare Excellence Awards-2015

Patient Safety Award: Max
Super Speciality Hospital,
Saket

Customer Service: Max
Super Speciality Hospital,
Saket

**Improvement Award
(Private)**



Max Healthcare Wins Top Awards at India Health & Wellness Awards 2016

Max Healthcare emerged as the winner of **Healthcare Brand of the Year (Gold)** against considerable competition in the category.

We also bagged Silver as 1st runner up for **'Medical Tourism Brand of the Year' Award.**

Held on 15th Dec '16 in Delhi the event saw many big hospitals like Fortis, Narayana Health, Apollo and Dr. V. Mohan Diabetes, contending for the honours.



Congratulations everyone!

Max Smart: Winner of Asian Patient Safety Awards 2016

Out of 160 entries from across 8 Asian countries, two of our quality improvement projects were selected for the awards in the following categories:

- Infection Prevention and Practices – 1st Runner Up
- Anesthesia and Surgical safety – 1st Runner Up

In addition, the team also received a prize in Poster Presentation Competition.

Max Smart Team received the awards in the presence of the Governor of Maharashtra & Tamil Nadu Mr. Chennamaneni Vidyasagar and around 1,000 senior healthcare professionals, directors and practitioners gathered for the award ceremony held at ITC Grand Chola, Chennai

We congratulate all our clinicians & team members who supported these projects.



Quality Improvement Project - Improving Anesthesia Related Patient Outcomes by Implementing Enhanced Anesthesia Recovery Program (EARP)

Team Leader: Dr. Mukul Kapoor

Team Members: Dr. Manju Mani, Dr. Bindu Sharma, Dr. Shaloo Garg



Quality Improvement Project - Implementation of IT based Application for real time tracking of Hospital Acquired Infection rate

Team Leader: Dr. Manju Mani

Team Members: Dr. Arun Dewan, Dr. Bindu Sharma, Dr. Bansidhar Tarai, Manisha Rattan



Another milestone achieved!

Max Super Speciality Hospital, Patparganj is recognized as a **Centre of Excellence** for

'AOMSI Fellowship in Cranio-Maxillo Facial Trauma'

for the year 2016-17 under the directorship of

Dr. Rohit Chandra,

Department of Aesthetic & Reconstructive Plastic Surgery



Victory Glimpses

Max Healthcare has once again proved itself by participating & winning recognition at the esteemed AHPI Healthcare Excellence Awards, 2017 at Hotel ITC Grand Chola, Chennai.

CONGRATULATIONS TO THE WINNERS!



AHPI Healthcare Excellence Award: **Green Hospital**
Max Super Speciality Hospital, Patparganj



AHPI Healthcare Excellence Award: **Nursing Excellence**
Max Smart Super Speciality Hospital, Saket



AHPI Healthcare Excellence Award: **Best Hospital to work for**
Max Super Speciality Hospital, Vaishali



AHPI Healthcare Excellence Award: **Quality beyond Accreditation**
Max Super Speciality Hospital, Gurgaon

