

How Novant Health used a data-driven approach to systemwide quality improvement

Novant Health

Novant Health is a not-for-profit, integrated health care system that serves patients and communities in Virginia, North Carolina, South Carolina and Georgia.

Recognizing an opportunity

Operating as an effective system remains an elusive goal for many health care organizations across the country. A 2019 study conducted by the Vizient Research Institute revealed that intrasystem variation—in which a single organization or even a single hospital experiences deviation—has increased despite an intense focus on building more effective systems. The Vizient Performance Improvement Collaboratives Effective Operational Models for Systemness Benchmarking Study, conducted in 2019, revealed that the top priorities for organizations working on systemness were establishing a unified culture as well as realigning services and clinical standardization.

Like many health systems across the country, Novant Health has grown tremendously. It has been working to build a singular culture around quality and patient safety, establishing a standard of care that is consistent no matter which Novant Health location a patient visits.

Novant Health had established quality objectives, including setting goals around improving against peers in national rankings. Still, system leaders wanted to understand more about the organization's performance. In late 2018, Novant Health implemented the Vizient

Clinical Data Base (CDB) in 12 of its hospitals to provide a deeper view into its quality and safety performance.

Identifying variation

Novant Health quickly began to educate users on the benefits and day-to-day operations of the system. Vizient worked with Novant Health to develop a plan and support Novant Health's data and analytics team as it loaded clinical data into the CDB. Novant Health paired the CDB with its own collaboration tool, enabling the transparent sharing of information while still controlling access to its data.

During the CDB launch, Novant Health had help from Heather Mann, MPH, Vizient analytics and improvement services director, who works with



Novant Health and three other Vizient members. Mann taught Novant Health's leaders how to most effectively use the CDB, create custom reports and dashboards, and use the Vizient Quality and Accountability (Q&A) scorecard in its annual planning.

"We were able to sit down, look at the data and identify projects that Novant Health could pursue to achieve some early wins," Mann said. "From there, we started looking for larger systemwide opportunities and projects where the data showed that variation existed, including variation Novant Health was not aware of previously."

By late 2019, Novant Health was able to drill down into its quality metrics, revealing new insights and helping the system focus on finding points of variation—an important step, according to David Priest, MD, senior vice president and chief safety, quality and epidemiology officer. Priest was promoted to this role in November 2018 and began working alongside Michele Langford, MHS, senior vice president and integration officer, on developing a centralized quality plan strategy.

"We started using the CDB as quickly as we possibly could as part of our overall data strategy," Priest said. "We had a lot of goals we wanted to work on rapidly, such as adjusting our internal dashboards and looking at our overall data governance. We had a lot of data and a lot of data groups, which were all siloed and using different tools. Having the CDB gave us a common platform to start conversations and planning."

Leveraging a system structure for buy-in

Novant Health has been working to build its system quality planning structure since early 2019, including reimagining its institute-based models. While working as a system is a priority for Novant Health, local facility and service line leaders are also empowered to work toward their own goals, so a strong governance framework helps the system maintain a balance. Novant Health's system structure has both hospitals and institutes.

Novant Health supports each institute with a centralized team designed to support its needs, including strategic sourcing and other operational leaders, clinical excellence leaders and clinical data and analytics staff. Unlike facility structures, each institute uses a dyad leadership structure, in which a physician leader works alongside a nonclinical administrative leader.



Having support from the leadership of Novant Health's seven institutes was pivotal in helping the organization accept that the CDB's insights were valid and should be used as the baseline for future planning. Individual meetings were held with institute leaders to discuss the data, and how CDB insights provided a broader view that was sometimes not as positive as leaders expected it to be.

"We tried to frame this new data in a unique way that showed how we could use it to build upon our already strong legacy," Priest said. "We didn't tell people this is the next big thing, or here are all the things that you've done wrong. We instead offered them a new lens to give them a fresh perspective."

For example, mortality was an area of focus for Novant Health that benefited from powerful insights from the CDB. "We shared this as data they had never had

access to before,” said Priest. “These are opportunities we can uncover now that enable us to do things differently in several areas, from coding and documentation to referrals to hospice.”

Building a unified culture

Once the data was loaded and a strategy was in place, the work to unify the quality improvement culture across the system began. In late 2019, Novant Health hosted its inaugural Safety and Quality Summit: Insight to Action.

The system’s leadership—including presidents, chief clinical officers, clinical excellence leaders, chief nursing officers and institute leaders—were required to attend. However, as word spread about the upcoming summit, other leaders asked to be invited. Ultimately, 125 leaders from across Novant Health attended.

The event served as a way to bring everyone together, including Novant Health’s institutes, which comprise service lines that cross several facilities. Mann educated the group on the Vizient risk adjustment methodology, direct cost methodology framework and approach to creating annual Q&A scorecards. She also shared Novant Health’s Q&A performance data as well as top opportunities for improvement, including specific potential interventions and areas of focus that have been successful for other Vizient members.

Results and next steps

One of the priorities for the summit was developing action plans, which Novant Health has continued to build and work on despite the disruption from COVID-19. Progress has been made in many areas, including improving referrals to hospice. It has been helpful for the system to use the Vizient Q&A scorecard as a guide to measure itself against similar peers across the country.

“For us, the Q&A scorecard is a real-time barometer. As we look at the CDB and the scores around it, we are used to other ratings and metrics, but the CDB is more comprehensive and brings all the pieces together in real time. We know we are making improvements, and we know we are making them fast enough. Now, we can see that we are making improvements faster than similar peers in the CDB.”

Suzie Rakyta

Vice president of safety and clinical excellence, Novant Health

Objectives of the summit



Provide education on how to best use the CDB



Review facility- and institute-specific insights identified using the CDB



Prioritize opportunities for improvement and create work plans to jumpstart work on agreed-upon priorities

Tips for replicating Novant Health's Safety and Quality Summit

To host your own quality summit, Priest recommends the following:

- Demonstrate the benefits of a data tool such as CDB by quickly identifying opportunities and improving them. Priest said Novant Health identified two to three items that it pursued for early wins, which were then discussed at the summit.
- Invite all the decision-makers and influencers from your various facilities. Networking is a valuable part of the experience and gives your leaders the opportunity to exchange ideas.
- Provide customized data that will influence each attendee. Novant Health offered personalized binders with Q&A scorecard information as well as Vizient-identified opportunities.
- Facilitate action planning. At the summit, action planning worksheets with facilitated exercises were led by Novant Health's quality team. A facilities chief nursing officer and data and analytics representative were also present at each table.
- Start the day with the end goal in mind. Novant Health spent the morning analyzing data and discussing opportunities and challenges, while the afternoon was spent on action planning. Every area of the organization left with an action plan that day. The action plan template was created ahead of time to ensure standardization, but each facility had the opportunity to customize it according to its own needs.



- Drive accountability for using the tools and working toward goals. To ensure accountability, Novant Health regularly asks teams to share their data and projects during executive board meetings and other leadership meetings. The teams conduct live demonstrations using visualization tools with data from the CDB and share progress on their action plans. Within facilities and institutes, teams have been created around identified workstreams. These teams share data and progress throughout their organizations to ensure buy-in.



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