5 HEALTH PRIORITIES, 10 OUTCOME MEASURES

"improving the health of our community in all we do"

CLICK ON EACH HEALTH PRIORITY TO LEARN MORE

SEPSI Roughly 50% of patients who died at NGMC in 2016* had

sepsis at the time of death.

HEALTH PRIORIT

At NGMC, 30% of 2016 cases had diabetes related diagnosis. HEALTH PRIORIT DIABETES

Н 11,432 (Principal or other)

37,943

25,511

HEALTH PRIORIT



Barrow County had a lung cancer indicator value of 87.9, well above its neighbor Gwinnett County's value of 54.1 and the state benchmark of 68.8, according to the National Cancer Institute 2008-2012.



Incidence rate of lung cancer per 100,000 (age-adjusted) National Cancer Institute 2008-2012

HEALTH PRIORIT

HEALTH PRIORITY) ACCESS **TO CARE**



• Hall County suicide death rate is above the State Benchmark. · Stephens County had the highest indicator value for falls

within our service area: nearly 100 more falls per 100,000 people than the state average in 2014 according to the Georgia Department of Public Health.



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OUTCOME MEASURE 1 REDUCE OVERALL MORTALITY RATE FOR SEPSIS.

Sepsis, or septic shock, is a complication caused by the immune system's all-out attempt to fight an infection. The infection could be caused by bacteria, virus or fungus. The body's own inflammation response to the systemic infection impairs blood flow to the vital organs. It can lead to tissue damage, organ failure, and death. Symptoms can sometimes mimic other less severe conditions, making early diagnosis difficult. But across the country and around the world, armed with new technology and international treatment protocols, health systems are taking action to save lives, reduce damaging lifelong physical impacts and bring down the cost of healthcare by accurately diagnosing and treating sepsis.

Researchers from Kaiser Permanente Northern California tracked 2010 data on 6.5 million hospitalizations at 1,051 facilities. They found that as many as 52% of patients who had died in a hospital had sepsis at the time of his or her death.

Across the nation, as many as 52% of patients who died in a hospital had sepsis at the time of death.

-2010 Kaiser Permanente

That statistic holds true in northeast Georgia as well. In 2016, over 300 NGMC patients died from sepsis which represents roughly half of all hospital deaths.

In an effort to reduce the number of sepsis deaths, we will focus on standardized diagnosis and treatment protocols available through Epic, the new electronic medical record system being implemented throughout the health system. Efforts will also include system wide and community awareness campaigns to improve prevention, diagnosis and treatment.

BASELINE for measuring improvement:

According to Premier* data for NGMC, the mortality rate among patients with severe sepsis/septic shock measures 9.0% in 2016. **314 patients** with severe sepsis/septic shock lost their lives at NGMC during this time period.

HEALTH PRIORITY SEPSIS

* Premier, Inc. provides benchmarking and database services including mortality rates, readmissions, costs per case and other metrics to support health systems' quality improvement efforts.

OUTCOME MEASURE 2 REDUCE HOSPITAL ADMISSIONS AND READMISSIONS FOR PRINCIPLE DIAGNOSIS OF DIABETES AND ITS PREVENTABLE COMPLICATIONS

Diabetes causes many severe complications from foot ulcers to cardiovascular disease, stroke and loss of vision. At NGHS, nearly a third of hospital patients have a diabetes-related diagnosis. During a 30-day period in 2016, almost half of readmissions were for patients with diabetes.





At NGMC, 30% of FY 2016 cases had a Diabetes-related diagnosis SOURCE: NGMC Premier Data for 2016

OUTCOME MEASURE 3 IMPROVE OUTPATIENT DIABETES CONTROL RATE

Successful control of blood sugar levels dramatically decreases complications for people with diabetes. A1-C levels measure how effectively a patient is regulating blood sugar levels over time. Primary care physicians, nutritionists and diabetes educators will play an important role in helping patients meet this objective.

BASELINE

for measuring improvement:

According to Premier, Inc.* data for NGMC, 11,432 of 37,943 inpatients had a diabetes-related diagnosis. The estimated **30-day diabetes-related readmission**

rate in 2016 was 46%.



According to Hp2** 2016 data, 62% of patients tracked had the desired A-1C measure of less than eight (8).

HEALTH PRIORITY DIABETE

* Premier, Inc. provides benchmarking and database services including mortality rates, readmissions, costs per case and other metrics to support health systems' quality improvement efforts.

**Hp2 is a network of community providers who have partnered to establish meaningful quality measures, improve the patient experience and the health of the population we serve.

OUTCOME MEASURE 4 IMPROVE STAGE OF DIAGNOSIS OF LUNG CANCER IN HIGH RISK COUNTIES IN SERVICE AREA

Working with local community providers, we'll evaluate technologies available in targeted counties to help those at-risk access CT scans for earlier diagnosis. Earlier diagnosis can mean more effective treatments, prolonging lives.

In eight counties in the NGMC service area, more than half of lung cancer diagnoses are Stage 3 or 4.

50%87%62%62%70%77%67%77%BarrowDawsonJacksonLumpkinRabunStephensUnionWhiteSourceNGMCCancerRegistry, 2012 - 20142014

OUTCOME MEASURE 5 REDUCE TOBACCO USE AMONG MIDDLE SCHOOLERS IN BARROW COUNTY

Between 2008-2012, Barrow County had a lung cancer indicator value of 87.9, well above its neighbor Gwinnett County's value of 54.1 and the state benchmark of 68.8, according to the National Cancer Institute. Using programs such as "Tar Wars," we'll work with local agencies and schools to reduce initiation of tobacco in middle schoolers in Barrow County.



Incidence rate of lung cancer per 100,000 (age-adjusted) National Cancer Institute 2008-2012

BASELINE

for measuring improvement:

Using NGMC Cancer Registry data shown above, we'll work to improve the stage (1 & 2) of diagnosis for lung cancers.

According to the GA Dept. of Public Health's *Georgia Tobacco Use Surveillance Report*, in 2015, approximately four percent (4%) of middle school students and 53,000 (13%) of high school students in Georgia smoke cigarettes.

HEALTH PRIORITY CANCER

OUTCOME MEASURE 6 REDUCE FALLS RATE IN STEPHENS COUNTY

Stephens County had the highest indicator value for falls within our service area. In fact, Stephens was dramatically higher than neighboring counties. Their rate was 92 more falls per 100,000 people than the state average according to the Georgia Department of Public Health. According to the CDC, more than 95% of hip fractures are caused by falling, and falls are the most common cause of traumatic brain injuries.



OUTCOME MEASURE 7 REDUCE SUICIDE RATE TO ZERO IN HALL COUNTY

In Hall County, the suicide death rate is 13.1, according to the National Vital Statistics System, above the state benchmark of 11.9. Our goal for this initiative is zero. Ninety percent of Americans who commit suicide had a untreated mental health disorder at the time of death, so reaching this ambitious goal requires a team effort among mental health and community providers to identify and effectively treat conditions which most often lead to suicide.

BASELINE

for measuring improvement:

According to the GA Department of Public Health 2014, 304.7 falls occurred in Stephens County per 100,000 compared to the state average of 212.2.

According to National Vital Statistics System (CDC/NCHS, 2010 - 2014), the suicide death rate is 13.1 in Hall County as compared to 11.9 state benchmark.

HEALTH PRIORITY

OUTCOME MEASURE 8

DEVELOP PARTNERSHIP WITH ESTABLISHED REGIONAL INDIGENT CLINICS BASED ON BEST PRACTICE TARGETING POPULATIONS ALONG THE 400 CORRIDOR.

OUTCOME MEASURE 9

PARTNER WITH AREA CLINICS DEDICATED TO SERVING INDIGENT AND UNDER-SERVED POPULATIONS TO MONITOR AND IMPROVE CLINICAL EXCELLENCE IN CHRONIC DISEASE MANAGEMENT(I.E. DIABETES, CONGESTIVE HEART FAILURE, ETC.) ESTABLISH BASELINE DATA AS SOON AS FEASIBLE THROUGH REPORTING CAPABILITIES.

OUTCOME MEASURE 10 GRADUATE MEDICAL EDUCATION: 2019 FILL RATE FOR GME RESIDENCY SLOTS.

BASELINE for measuring improvement:

Helping community residents access the care they need is important to improving the overall health of a community on many levels. Strengthening and working with local agencies who care for the indigent plus "growing our own" providers through GME will help advance this health priority. Specific measures for enhancing chronic disease management with local partners are under development. Succesfully filling our targeted GME slots with highly qualified and talented physicians will be our measure for outcome 10.

HEALTH PRIORITY ACCESS TO CARE