

Strategic Analytics for Improvement and Learning (SAIL)

What is SAIL?

SAIL, the Strategic Analytics for Improvement and Learning Value Model, is a web-based, balanced scorecard model that the Department of Veterans Affairs (VA) is developing to measure, evaluate, and benchmark quality and efficiency at medical centers.

- SAIL is designed to offer high-level views of health care quality and efficiency, enabling executives and managers to examine a wide breadth of existing VA measures.
- The underlying data on which SAIL is based are identical to those available through other Veterans Health Administration (VHA) sources at VA Hospital Compare
<http://www.hospitalcompare.va.gov/>

Performance

Since 2012 Atlanta has consistently improved in the following measures:

- Length of stay
- Acute Care Standardized Mortality Rate - In Hospital (SMR)
- Acute Care 30-day Standardized Mortality Rate (SMR30)
- In-hospital Complications
- Health Care Associated Infections (HAI)
- RN Turnover
- Mental Health and Specialty Care Wait Times
- Congestive Heart Failure Risk Standardized Mortality Rate (CHF-RSMR)
- Congestive Heart Failure Risk Standardized Readmission Rate (CHF-RSRR)
- Acute Myocardial Infarction (Heart Attack) Risk Standardized Readmission Rate (AMI-RSRR)

Why did VA develop and deploy SAIL?

- VA designed SAIL for internal benchmarking within VHA, to spotlight the successful strategies of VA's top performers in order to promote high quality, safety, and value-based health care across all of its medical centers.
- While other measurement models in VA and the private sector assess and score health care facility performance, SAIL encompasses many more metrics and offers custom views of information to help VA users pinpoint strengths and opportunities for improvement.
- As SAIL's name indicates, it is oriented to support improvement and learning; this is consistent with VHA's vision of "learning, discovery and continuous improvement."

What exactly does SAIL measure and how?

- SAIL divides VA's 128 acute inpatient medical and/or surgical care VAMCs into four comparison groups based on VA standards for hospital complexity level and intensive care unit level.
- SAIL assesses Quality measures in areas such as mortality, complications, and customer satisfaction, which are organized within eight domains.
- In addition, SAIL includes another measure to assess overall Efficiency (the Efficiency domain).
- SAIL draws data from existing measures prepared by VHA Program Offices and VA national databases for inpatient and outpatient care and facility characteristics.
- From these measures, SAIL also provides a composite 1 to 5 star rating for each of the 128 VAMCs in overall Quality.

What exactly does SAIL measure and how?

- The assessment of the relative performance of facilities takes several steps:
 - Facilities are first compared within their comparison group on individual Quality measures and assigned a score based on their relative performance.
 - Within each domain, the measure scores are multiplied by the assigned weight and then added together to become the domain score.
 - The domain scores are then used to calculate the Quality composite score.
 - Using 10th, 30th, 70th, 90th percentile cut-offs of the composite scores, each facility is designated a 1 to 5-Star rating for overall Quality.

What does it mean if a VA facility has only one star Quality? Or five?

SAIL's prototype 5-star rating system for VA Medical Center Quality is structured so that, at any given time, there is always a bottom 10 percent of VAMCs that will have a 1-star rating, a top 10 percent with 5 stars, and a middle 40 percent with 3 stars.



Percentile distribution of score

How many VA Medical Centers (VAMC) are included in the SAIL database?

Currently, VA has 150 operating VAMCs. SAIL scores, ranks and assigns overall Quality and Efficiency Star ratings for the 128 VAMCs that provide acute inpatient medical and/or surgical care to Veteran patients. These 128 VAMCs include divisions which are combined with the main VAMCs within the same health care system.

What period of time does SAIL cover?

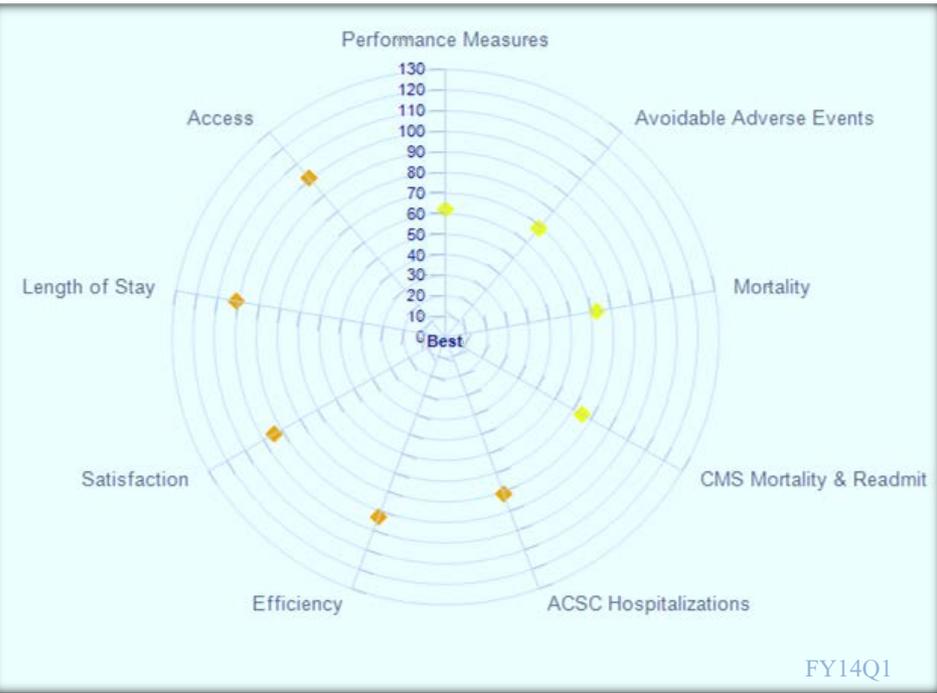
SAIL contains data from Fiscal Year 2010 to roughly one quarter before the current fiscal year quarter.

Performance

Since 2012 Atlanta has consistently improved in the following measures:

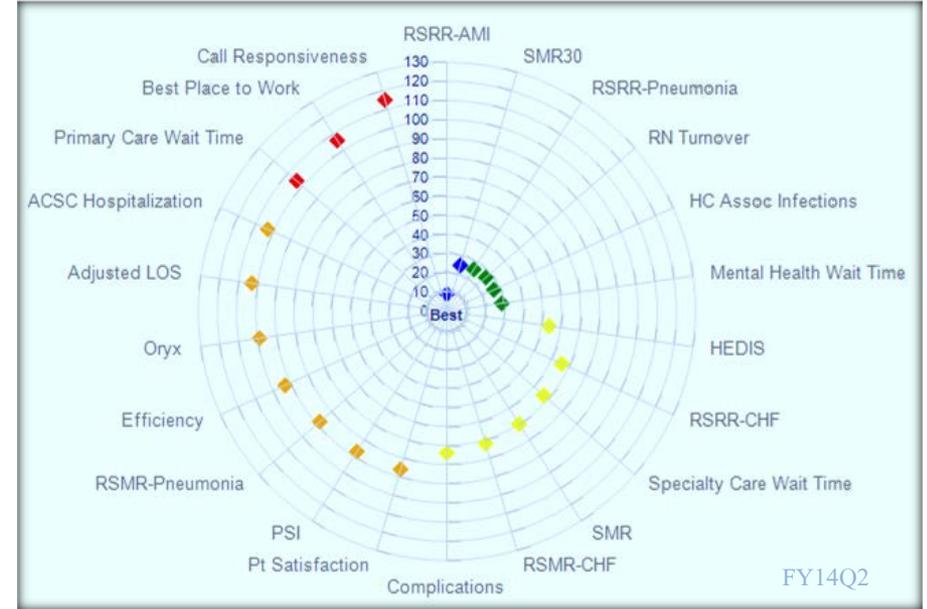
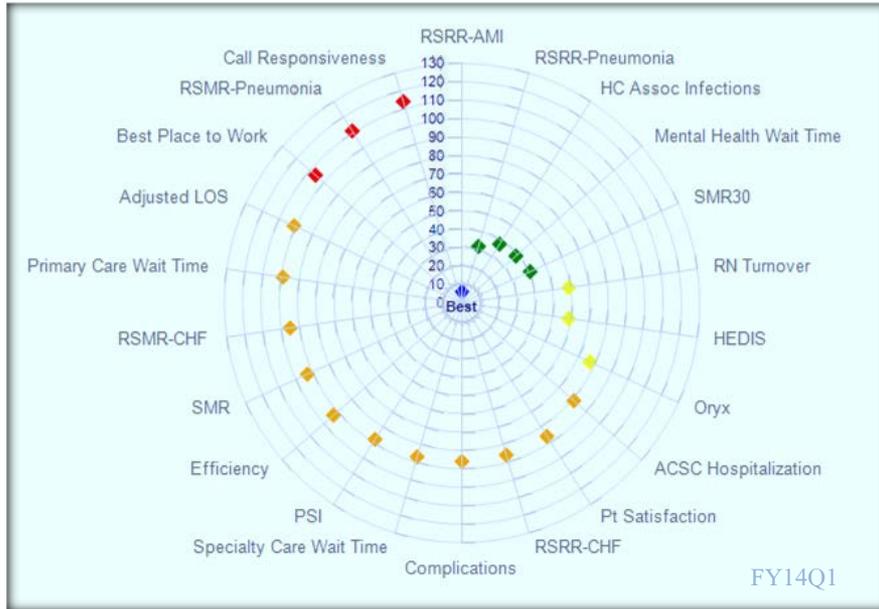
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Domain Performance Comparison



Marker color: Blue-1st quintile; Green-2nd; Yellow-3rd; Orange-4th; Red-5th quintile

Metric Performance Comparison



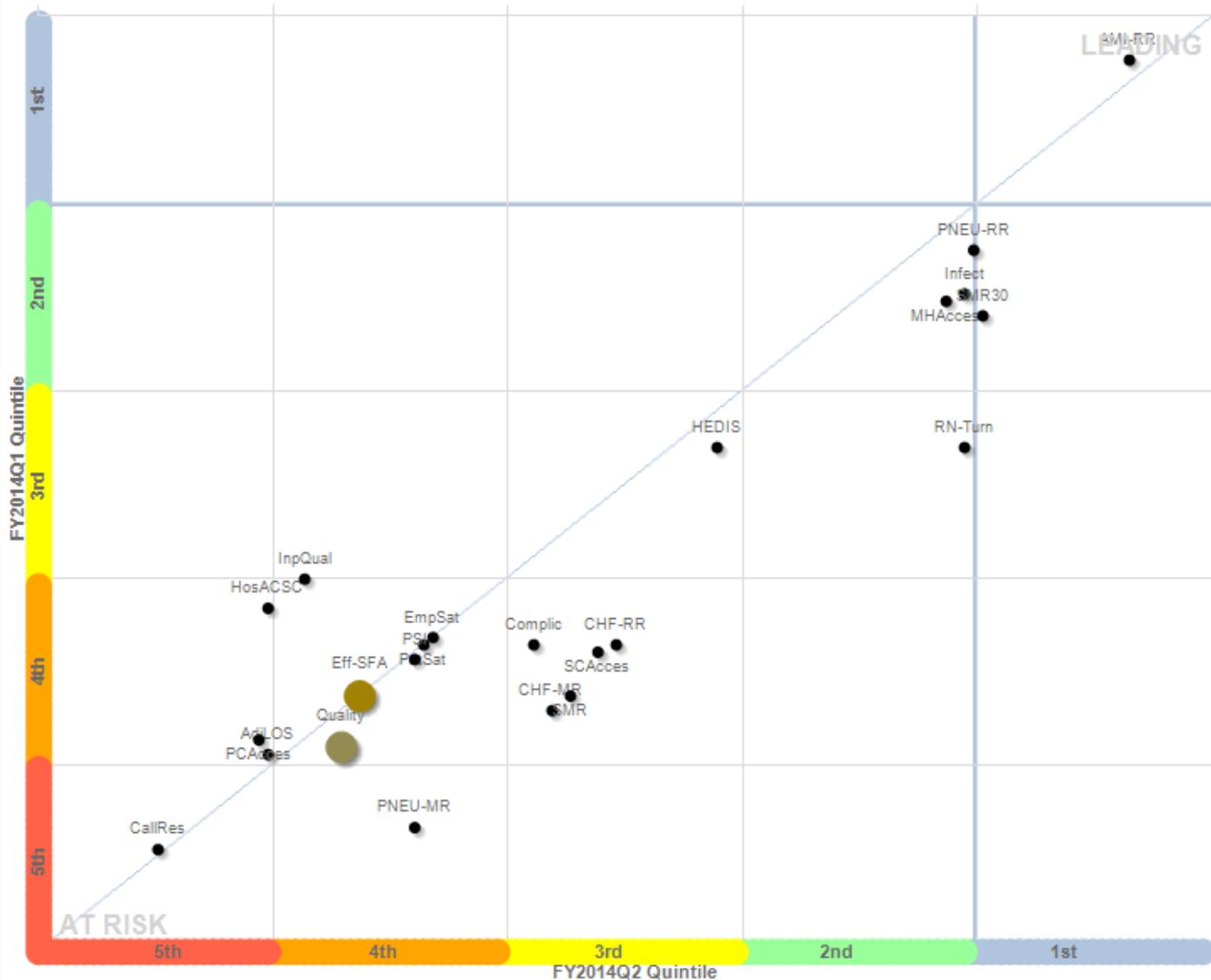
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Quintile Rating

(One = Top 20%; Five = Bottom 20%)

One	Two	Three	Four	Five
RSRR-AMI	RSRR-Pneumonia	HEDIS	Patient Satisfaction	Primary Care Wait Time
SMR-30	RN Turnover	RSRR-CHF	Patient Safety Indicator	Best Places to Work
	HC Assoc. Infections	Specialty Care Wait Time	RSMR-Pneumonia	Call Responsiveness
	Mental Health Wait Time	SMR	Efficiency	
		RSMR-CHF	Oryx	
		Complications	Adjusted LOS	
			ACSC Hospitalization	

FY2014Q2 Change in Quintiles from FY2014Q1



DESIRED DIRECTION =>

Atlanta

MEASURES

AdjLOS	Adjusted LOS
AMI-RR	RSRR-AMI
CallRes	Call Responsiveness
CHF-MR	RSMR-CHF
CHF-RR	RSRR-CHF
Complic	Complications
Eff-SFA	Efficiency (1/SFA)
EmpSat	Employee Satisfaction
HEDIS	HEDIS
HosACSC	ACSC Hospitalization
Infect	HC Assoc Infections
InpQual	Inp Quality Measures
MHAcces	Access to Mental Health
PatSat	Pt Satisfaction
PCAcces	Access to Primary Care
PNEU-MR	RSMR-Pneumonia
PNEU-RR	RSRR-Pneumonia
PSI	PSI
RN-Turn	RN Turnover
SCAcces	Access to Specialty Care
SMR	SMR
SMR30	SMR30

DESIRED DIRECTION =>

NOTE

Quintiles are derived from facility ranking on z-score of a metric among 128 facilities. Lower quintile is more favorable.

Timely & Effective Care

Medicare.gov Hospital Compare <http://www.medicare.gov/hospitalcompare/search.html>

Heart Failure Care

Effective Heart Failure Care

Measures	Atlanta VAMC	Georgia Average	National Average	Data Collected	
				From	To
Heart failure patients given discharge instructions	98%	92%	94%	10/1/2012	9/30/2013
Heart failure patients given an evaluation of left ventricular systolic (LVS) function	100%	99%	99%	10/1/2012	9/30/2013
Heart failure patients given ACE inhibitor or ARB for left ventricular systolic dysfunction (LVSD)	93%	97%	97%	10/1/2012	9/30/2013

Effective Heart Attack Care

Measures	Atlanta VAMC	Georgia Average	National Average	Data Collected	
				From	To
Heart attack patients given aspirin at discharge	97%	99%	99%	10/1/2012	9/30/2013
Heart attack patients given a prescription for a statin at discharge	98%	98%	98%	10/1/2012	9/30/2013

Pneumonia Care

Effective Pneumonia Care

Measures	Atlanta VAMC	Georgia Average	National Average	Data Collected	
				From	To
Pneumonia patients whose initial emergency room blood culture was performed prior to the administration of the first hospital dose of antibiotics	99%	97%	98%	10/1/2012	9/30/2013
Pneumonia patients given the most appropriate initial antibiotic(s)	96%	95%	95%	10/1/2012	9/30/2013

Higher percentages are better