MAYO CLINIC

A RELENTLESS PURSUIT OF INNOVATION TO IMPROVE PATIENT CARE

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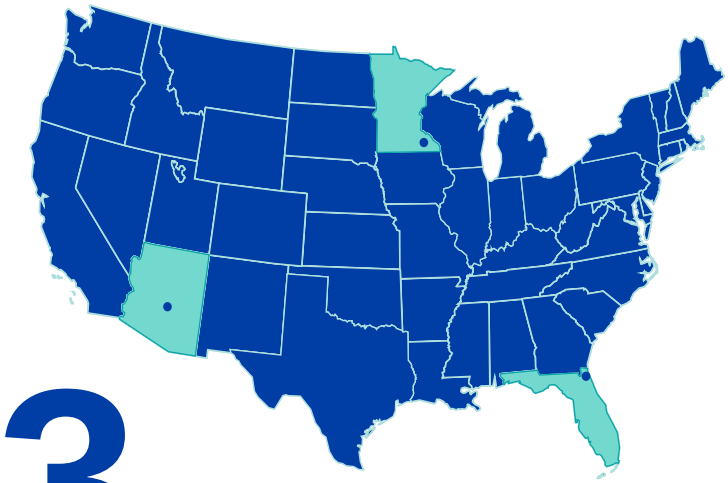
MAYO CLINIC AT A GLANCE

63,078
ADMINISTRATIVE & ALLIED HEALTH STAFF

4,590
PHYSICIANS & SCIENTISTS

5
SCHOOLS

1.3 M
UNIQUE PATIENTS FROM EVERY STATE & 135 COUNTRIES



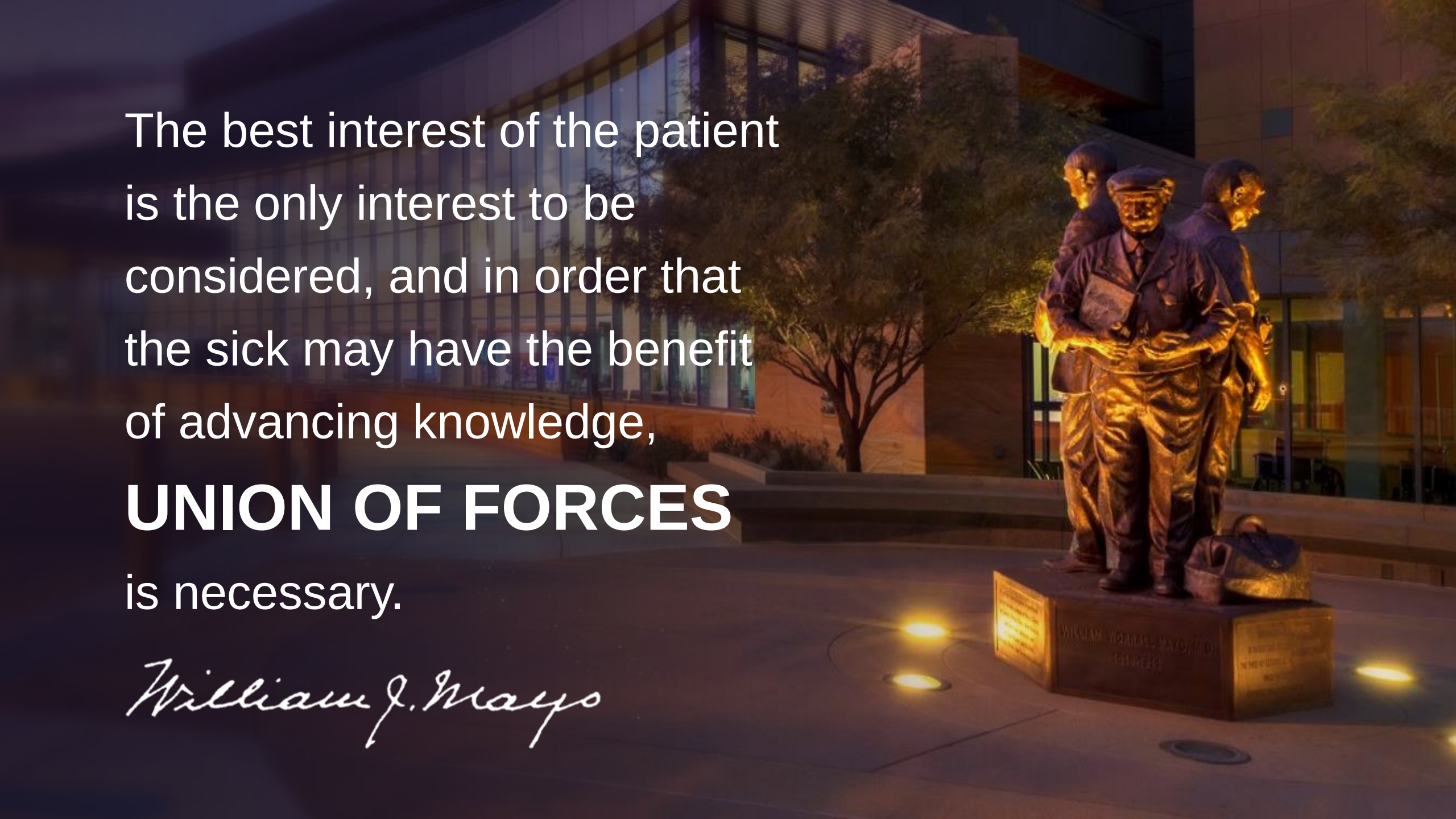
3 PRIMARY LOCATIONS

MAYO CLINIC HEALTH SYSTEM

A system of owned clinics & hospitals in 70 communities across 3 states

MAYO CLINIC CARE NETWORK

A medical alliance of independent health care organizations collaborating with Mayo Clinic to better serve patients


The best interest of the patient
is the only interest to be
considered, and in order that
the sick may have the benefit
of advancing knowledge,
UNION OF FORCES
is necessary.
William J. Mayo

AN ORGANIZATIONAL STRUCTURE BUILT TO SUPPORT SYSTEMS IMPROVEMENT

QUALITY DASHBOARD: TRUSTED & AFFORDABLE

Status	Indicator	Current Value	Target	SPC Alert	Updated
Care Coordination and Patient Flow					
✗ ▲	Core ED - 1b Median Time Arrival to ED Departure for Admit ED pts - PPS (MC)	235.0	180.0		Nov 2017
✗ ▼	Core ED - 2b Admit Decision Time to ED Departure - PPS (MC)	86.0	42.0		Nov 2017
✗ ▲	Core ED OP - 18b - Median Time Arrival to ED Departure - PPS (MC)	132.0	96.0		Nov 2017
★ ▼	Length of Stay - Observed to Expected (MC)	0.83	0.92		Q2 2017
▽ ▲	Readmissions - All Cause Within 30 Days (All Payers) - UHC (MC)	12.55%	10.80%		Q2 2017
★ ▲	Readmissions - All Cause Within 30 Days (Medicare) - PEPPER (MC)	16.31%	20.00%		Q3 2017
Improving Patient Survival					
★ ▼	Mortality Observed to Expected (MC)	0.52	0.67		Q2 2017
Preventing Harm					
▽ ▼	Preventable Harm (MC)	7.0	6.0		Q3 2017
★ ▼	Medication Events with Harm per 1,000 Patient Days (MC)	0.020	0.023		Nov 2017
✗ ▲	Reportable Adverse Healthcare Events per 1,000 Patient Days (MC)	0.257	0.023		Nov 2017
✗ ▲	Serious Harm per 1,000 Patients Days (MC)	0.099	0.023		Nov 2017
★ ▲	PSI - 04 - Death Among Surgical Pts. w/Treatable Serious Conditions Rate Per 1,000 - PPS (MC)	80.52	102.70		Q3 2017
★ ▬	Core VTE - 6 Incidence of Potentially Preventable VTE - PPS (MC)	0.00%	0.10%		Nov 2017
Reducing Variation in Care					
✗ ▲	Core Stroke - All-or-None - PPS (MC)	94.08%	99.30%		Nov 2017

QUALITY DASHBOARD: VALUE BASED PURCHASING

Status	Indicator	Current Value	Target	SPC Alert	Updated
Core Measures					
✕ ▲	Core IMM - 2 - Influenza Vaccination for Inpatients - PPS (MC)	89.61%	100.00%		Nov 2017
★ –	Core PC - 1 - Elective Delivery - PPS (Midwest)	0.00%	0.00%		Nov 2017
Improving the Patient Experience					
▽ ▼	HCAHPS - Care Transitions - PPS (MC)	60.88%	62.44%		Oct 2017
✕ ▼	HCAHPS - Cleanliness of Environment - PPS (MC)	60.88%	79.00%		Oct 2017
✕ ▼	HCAHPS - Communication about Medications - PPS (MC)	66.41%	73.66%		Oct 2017
▽ ▼	HCAHPS - Communication with Doctors - PPS (MC)	84.41%	88.51%		Oct 2017
▽ ▼	HCAHPS - Communication with Nurses - PPS (MC)	83.75%	86.68%		Oct 2017
▽ ▼	HCAHPS - Discharge Information - PPS (MC)	89.91%	91.63%		Oct 2017
▽ ▼	HCAHPS - Overall Rating of Hospital - PPS (MC)	81.89%	84.58%		Oct 2017
✕ ▼	HCAHPS - Pain Management - PPS (MC)	71.18%	78.46%		Oct 2017
✕ ▼	HCAHPS - Quietness of Environment - PPS (MC)	61.00%	79.00%		Oct 2017
✕ ▼	HCAHPS - Responsiveness of Hospital Staff - PPS (MC)	70.22%	80.35%		Oct 2017
Preventing Harm					
	PSI - 90 - PSI Composite - PPS (MC)	None	0.58		Q3 2017
▽ ▼	PSI - 03 - Pressure Ulcer Rate Per 1,000 - PPS (MC)	0.08	0.00		Q3 2017
▽ ▲	PSI - 06 - Iatrogenic Pneumothorax Rate Per 1,000 - PPS (MC)	0.26	0.10		Q3 2017
▽ ▲	PSI - 08 - In Hospital Fall with Hip Fracture Rate per 1,000 - PPS (MC)	0.06	0.00		Q3 2017
★ ▲	PSI - 09 - Post-Operative Hemorrhage or Hematoma Rate Per 1,000 - PPS (MC)	2.24	3.20		Q3 2017
▼	PSI - 10 - Post-Operative Acute Renal Injury Requiring Dialysis Rate Per 1,000 - PPS (MC)	2.43	n/a		Q3 2017
▲	PSI - 11 - Post-operative Respiratory Failure Rate Per 1,000 - PPS (MC)	3.96	n/a		Q3 2017
★ ▲	PSI - 12 - Perioperative PE or DVT Rate per 1,000 - PPS (MC)	3.76	4.50		Q3 2017
▽ ▼	PSI - 13 - Post-Operative Sepsis Rate Per 1,000 - PPS (MC)	5.39	3.40		Q3 2017
★ ▼	PSI - 14 - Post-Operative Wound Dehiscence Rate Per 1,000 - PPS (MC)	0.00	0.00		Q3 2017
▽ ▲	PSI - 15 - Unrecognized Abdominopelvic Accidental Puncture or Laceration Rate per 1,000 - PPS (MC)	1.27	0.80		Q3 2017
▲	CAUTI SIR-ICU (MC)	0.416	0.906		Q3 2017

QUALITY DASHBOARD: PATIENT SAFETY

★ ▼	Mortality Observed to Expected (MC)	0.52	0.67		Q2 2017
Preventing Harm					
▽ ▼	Preventable Harm (MC)	7.0	6.0		Q3 2017
✕ ▲	Reportable Adverse Healthcare Events per 1,000 Patient Days (MC)	0.257	0.023		Nov 2017
✕ ▲	Serious Harm per 1,000 Patients Days (MC)	0.099	0.023		Nov 2017
★ ▼	Medication Events with Harm per 1,000 Patient Days (MC)	0.020	0.023		Nov 2017
▲	Inpatient Falls per 1,000 Patient Days-NDNQI (MC)	2.066	n/a		Q3 2017
▼	Inpatient Falls with Injury per 1,000 Patient Days-NDNQI (MC)	0.515	n/a		Q3 2017
▽ ▼	PSI - 03 - Pressure Ulcer Rate Per 1,000 - PPS (MC)	0.08	0.00		Q3 2017
★ ▲	PSI - 04 - Death Among Surgical Pts. w/Treatable Serious Conditions Rate Per 1,000 - PPS (MC)	80.52	102.70		Q3 2017
▽ ▲	PSI - 06 - Iatrogenic Pneumothorax Rate Per 1,000 - PPS (MC)	0.26	0.10		Q3 2017
▽ ▲	PSI - 08 - In Hospital Fall with Hip Fracture Rate per 1,000 - PPS (MC)	0.06	0.00		Q3 2017
★ ▲	PSI - 09 - Post-Operative Hemorrhage or Hematoma Rate Per 1,000 - PPS (MC)	2.24	3.20		Q3 2017
▼	PSI - 10 - Post-Operative Acute Renal Injury Requiring Dialysis Rate Per 1,000 - PPS (MC)	2.43	n/a		Q3 2017
▲	PSI - 11 - Post-operative Respiratory Failure Rate Per 1,000 - PPS (MC)	3.96	n/a		Q3 2017
★ ▲	PSI - 12 - Perioperative PE or DVT Rate per 1,000 - PPS (MC)	3.76	4.50		Q3 2017
▽ ▼	PSI - 13 - Post-Operative Sepsis Rate Per 1,000 - PPS (MC)	5.39	3.40		Q3 2017
★ ▼	PSI - 14 - Post-Operative Wound Dehiscence Rate Per 1,000 - PPS (MC)	0.00	0.00		Q3 2017
▽ ▲	PSI - 15 - Unrecognized Abdominopelvic Accidental Puncture or Laceration Rate per 1,000 - PPS (MC)	1.27	0.80		Q3 2017
	PSI - 90 - PSI Composite - PPS (MC)	None	0.58		Q3 2017
▼	PSI - Event Free Discharges - PPS (MC)	99.355%	n/a		Q3 2017
★ —	Core VTE - 6 - Incidence of Potentially-Preventable VTE - Quarterly (MC)	0.00%	0.10%		Q3 2017
★ ▲	CAUTI SIR-ICU (MC)	0.416	0.906		Q3 2017
	CAUTI SIR-ICU - By Facility (MC)	None	0.906		Q3 2017
▲	CAUTI SIR - ICU and Med Surg (MC)	0.579	n/a		Q3 2017
	CAUTI SIR - ICU and Med Surg - By Facility (MC)	0.571	n/a		Q3 2017

ASSETS THAT ENHANCE OUR LEARNING ORGANIZATION

MAYO MODEL OF RESEARCH

DISCOVERY

TRANSLATION

APPLICATION

TEAM SCIENCE

MAYO CLINIC & ILLINOIS ALLIANCE
For Technology-Based Healthcare

About Research Education Connect

SURF PROGRAM PRE-SELECTION: APPLICATIONS DUE DECEMBER 1, 2017

Summer Undergraduate Research Fellowships (SURF) at Mayo Clinic provide an unmatched research experience. Illinois undergraduate students may **apply for 2018 pre-selection** until December 1.

BLOG

Visual Analytics for Precision Medicine - Research Collaboration Highlight

It really all began thanks to Dr.

NEWS

Novel Chip-based Gene Expression Tool Analyzes RNA Quickly and Accurately

A University of Illinois and Mayo

CALENDAR

There are no engagement opportunities available at this time.

To receive the most current information on funding

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Karolinska Institutet

About Karolinska Institutet - a medical university

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Welcome to the Mayo Clinic and Karolinska Institutet Collaboration Platform

Grants | Annual Meeting | History | Travel Details | Contact

New report: Successful strategy for broad-based collaboration

The partnership between Karolinska Institutet and Mayo Clinic includes not only successful research projects but also unique collaborations in innovation, administration and education, a new evaluation shows.

MAYO CLINIC

ASU Arizona State University

STRATEGIC ALLIANCES & COLLABORATIONS

INNOVATION TO IMPACT, TOWARD THE FUTURE OF MEDICINE

ENHANCING THE PRACTICE

CENTER FOR THE SCIENCE OF HEALTHCARE DELIVERY

Use data-driven science to improve the quality, safety and value of health care and create better patient experiences

EXAMPLE: OPTUM LABS

Focus areas:

- Over- and under-use of tests and medications, including identifying resultant medical complications and burdens to individuals and healthcare system
- Comparative effectiveness of different medications, types of surgery or other therapeutic interventions
- Incidence and outcomes of diseases and conditions
- Preference and prevalence of different treatments for a particular disease or condition
- Effects of adherence to or change of therapy to long-term patient outcomes

OPTUM Labs®

60+ papers published

Opioid Prescribing for Opioid-Naive Patients in Emergency Departments and Other Settings: Characteristics of Prescriptions and Association With Long-Term Use.
Ann Emerg Med. 2017 Sep 21. pii: S0196-0644(17)31526-3. doi: 10.1016/j.annemergmed.2017.08.042.

Feeding Tubes and Health Care Service Utilization in Amyotrophic Lateral Sclerosis: Benefits and Limits to a Retrospective, Multicenter Study Using Big Data.
Inquiry. 2017 Jan 1;54:46958017732424. doi: 10.1177/0046958017732424.

Photon and Proton Radiation Therapy Utilization in a Population of More Than 100 Million Commercially Insured Patients.
Int J Radiat Oncol Biol Phys. 2017 Dec 1;99(5):1078-1082. doi: 10.1016/j.ijrobp.2017.07.042. Epub 2017 Aug 2. PMID: 28939229

Increased Computed Tomography Utilization in the Emergency Department and Its Association with Hospital Admission.
West J Emerg Med. 2017 Aug;18(5):835-845. doi: 10.5811/westjem.2017.5.34152. Epub 2017 Jul 19. PMID: 28874935

CENTER FOR INNOVATION

CENTER FOR INDIVIDUALIZED MEDICINE

“Do what you can, with what you have, where you are.”

-Theodore Roosevelt


MAYO
CLINIC