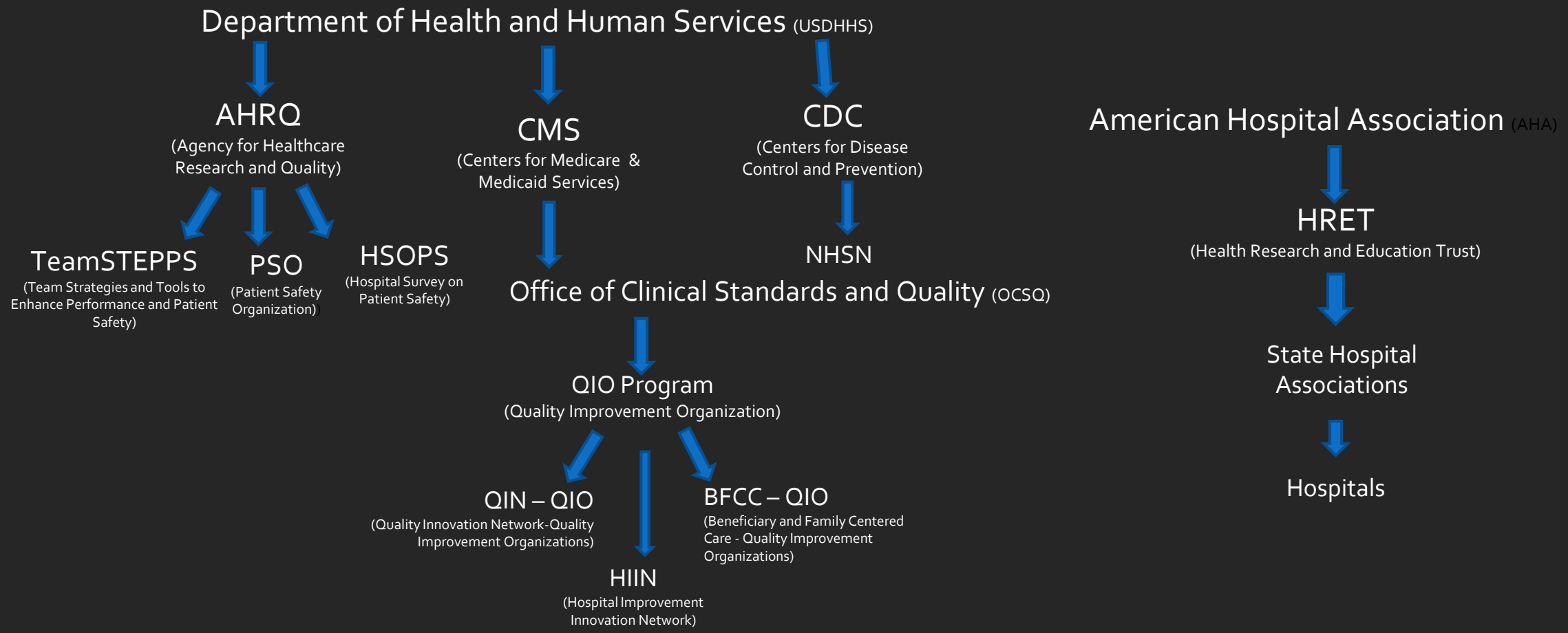
Indiana Patient Safety Center
of the Indiana Hospital Association

# Hospital Improvement Innovation Network
# Partnering with IHA and HRET

Nov. 1, 2016

# Understanding HIIN

*A Flowchart*



# Quick Reference Comparison

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| | Original HEN | HEN 2.0 | HIIN |
|---|---|---|---|
| **Funding Source** | Affordable Care Act | Affordable Care Act | Medicare Trust Fund |
| **Project Timeline** | 2 base years; 1 optional year | 1 base year; no optional year | 2 base years; 1 optional year |
| **Project Aim** | 40% reduction in preventable harm; 20% reduction in readmissions | 40% reduction in preventable harm; 20% reduction in readmissions | 20% reduction in all cause harm; 12% reduction in readmissions |
| **Number of hospitals** | 1,378 | 1,497 | ~1710 |
| **Number/Types of Topics** | 10 core harm topics plus readmissions<br>ADE, CAUTI, CLABSI, EED, Falls, OB Harm, Pressure Ulcers, SSI, VAP/VAE, VTE | 10 core harm topics plus readmissions<br>ADE, CAUTI, CLABSI, EED, Falls, OB Harm, Pressure Ulcers, SSI, VAE, VTE | 10 core harm topics plus readmissions<br>ADE, CAUTI, CLABSI, C-diff, Falls, Pressure Ulcers, Sepsis, SSI, VAE, VTE |
| **Number of Primes** | **26** | **17** | **16** |
| **Data Submission Baseline** | 2010 | 2010 | 2014 |
| **Data Measures** | Mix of national, state, and organizationally defined measures | Nationally defined (standardized) outcome measures | Nationally defined (standardized) outcome measures |

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# HEN

2011-2014

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**Keep patients from getting injured or sicker**

- Reduce preventable hospital-acquired conditions by 40%.
- 1.8 million fewer injuries to patients, with more than 60,000 lives saved over the next three years
- Help patients heal without complication

**Reduce all hospital readmissions by 20%**

- 1.6 million patients will recover from illness without suffering a preventable complication requiring re-hospitalization within 30 days of discharge

# HRET HEN 2.0

2015-2016

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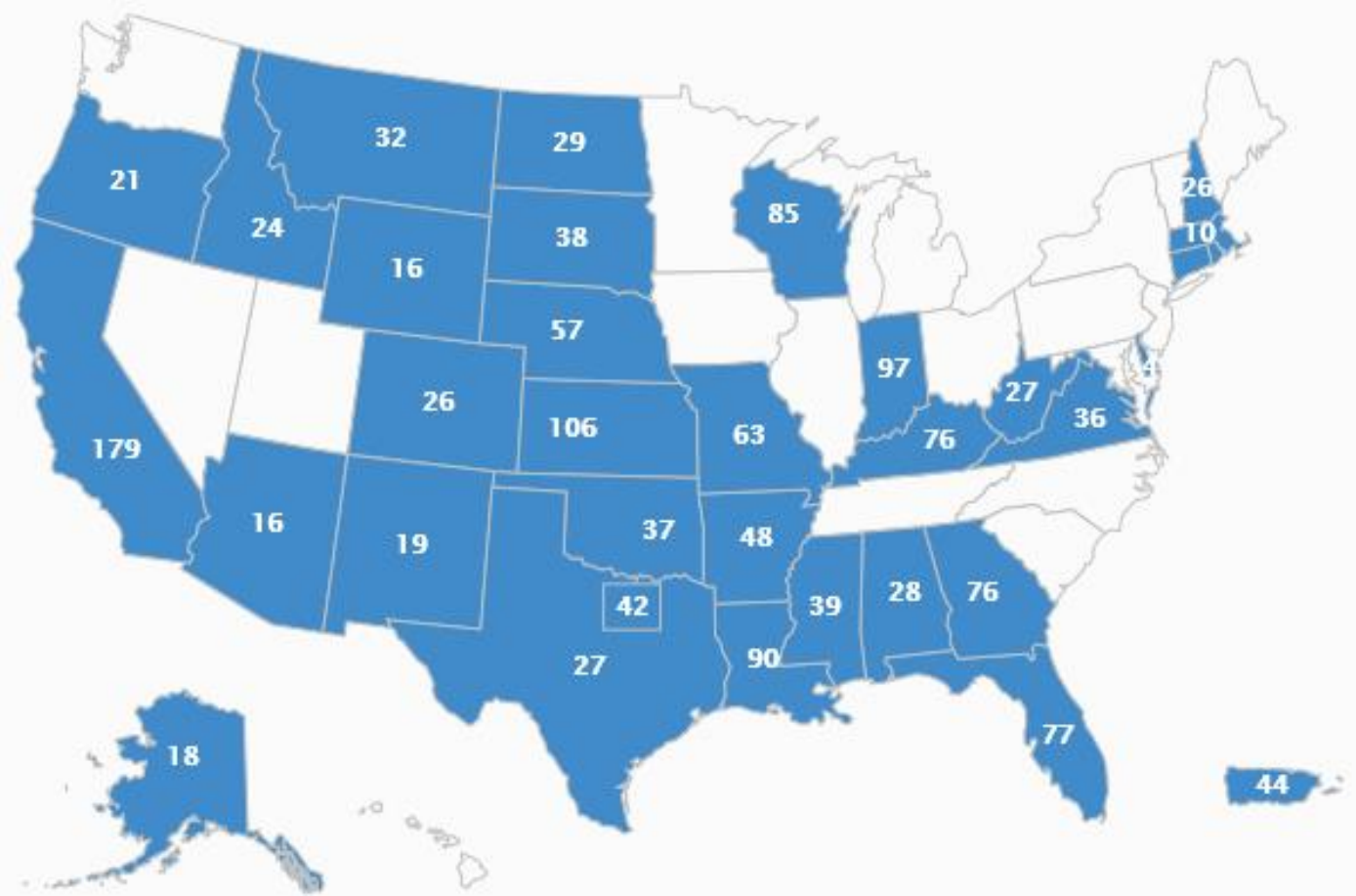
- 34 states and over 1500 hospitals in the AHA/HRET HEN 2.0 project
- Working in conjunction with 16 other HENs for a total of 3200 hospitals!



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# HRET HEN 2.0 Accomplishments

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TABLE 1: FINAL AHA/HRET HEN 2.0 ESTIMATED TOTAL HARMS PREVENTED AND COST SAVINGS

| TOPIC | HARMS PREVENTED | COST/HARM | COST SAVINGS |
|---|---|---|---|
| ADE[1] | 15,611 | $5,000[1] | $78,054,063 |
| CAUTI | 505 | $1,000 | $505,078 |
| CLABSI | 439 | $17,000 | $7,469,333 |
| EED | 1,151 | $9,732 | $11,240,529 |
| Falls | 1,409 | $12,965 | $18,265,363 |
| OB Harm[2] | 4,336 | $114 (with instrument) $197 (without instrument) | $753,627 |
| Pressure Ulcers | 1,122 | $17,000 | $19,077,915 |
| Readmissions | 8,040 | $15,477 | $124,440,097 |
| SSI[3] | 792 | $21,000 | $16,630,883 |
| VAE | 278 | $21,000 | $5,832,649 |
| VTE | 738 | $8,000 | $5,901,515 |
| **TOTAL** | **34,422** | --- | **$288,171,052** |

** Totals may not match sum of individual topics due to rounding.*

1. Represents total harms and cost savings for all events reported (hypoglycemia, anticoagulation, and opioid adverse drug events)
2. Represents total harms and cost savings for obstetrical trauma for vaginal deliveries with instrument, and obstetrical trauma for vaginal deliveries without instrument
3. Represents total harms and cost savings for all procedures reported (colon surgeries, abdominal hysterectomies, total hip replacement, and total knee replacement)

**Data Source:** Data submitted as of 09/01/2016, for October 2015 through May 2016. Costs per harm were provided by the HEN 2.0 Evaluation Contractor, July 20 2016, "PfPPEC_Cost Savings_ROI_Summary_PDF"

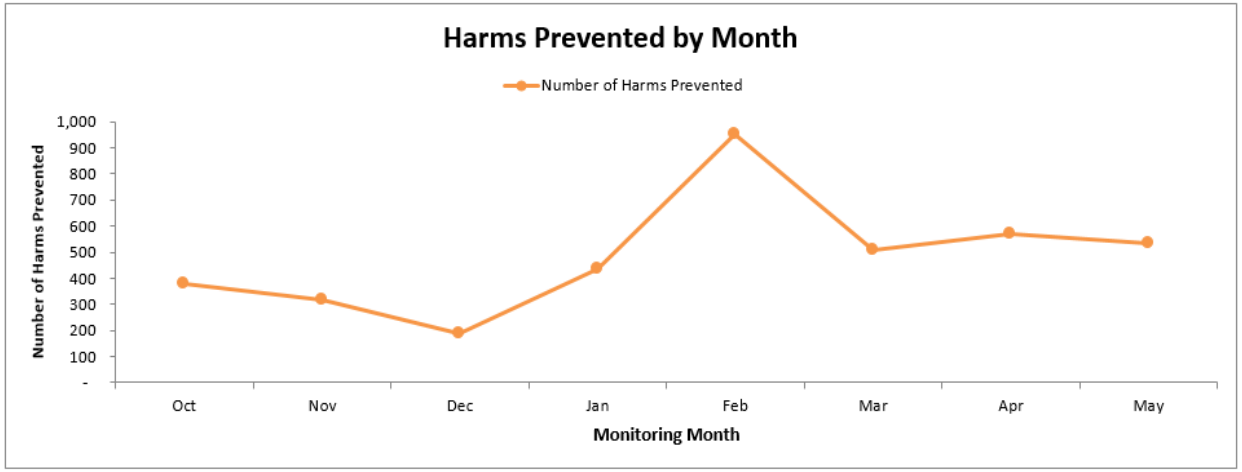
# Indiana HEN 2.0 Accomplishments

Indiana Patient Safety Center
of the Indiana Hospital Association

## Indiana Hospital Association

AHA/HRET HEN 2.0 Final Project Report, 2015-2016

**Aiming High: Collective Impact for Results**




| Using data submitted to CDS as of 09/01/2016 | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | YTD (1) |
|---|---|---|---|---|---|---|---|---|---|
| Number of Harms Prevented | 379 | 316 | 188 | 433 | 950 | 506 | 571 | 533 | 3751 |
| Cost Savings | $4,382,595 | $2,910,726 | $1,093,002 | $3,352,761 | $8,896,475 | $4,267,402 | $5,155,222 | $4,574,632 | $32,937,437 |

The YTD value reflects the net harms prevented for all hospitals in the state for the entire monitoring period, and may not equal the sum of individual monthly harms prevented.

STATE AGGREGATE TOPIC-LEVEL ACHIEVEMENT

| | Baseline Rate | Most Current Q Rate (Mar - May 2016) | Relative reduction | Baseline Data Submission | May Data Submission |
|---|---|---|---|---|---|
| ADE | 1.18 | 0.85 | -28.4% | 90% | 82% |
| CAUTI | 1.01 | 0.94 | -7.3% | 100% | 96% |
| CLABSI | 1.06 | 1.09 | 3.2% | 100% | 96% |
| EED | 2.95 | 0.52 | -82.2% | 100% | 85% |
| Falls | 0.57 | 0.53 | -6.6% | 97% | 82% |
| OB Harm | 20.17 | 11.78 | -41.6% | 100% | 88% |
| PrU (1) | 1.03 | 0.19 | -81.4% | 126% | 104% |
| Read | 9.92 | 9.45 | -4.8% | 95% | 78% |
| SSI | 2.44 | 2.07 | -15.0% | 95% | 80% |
| VAE | 3.41 | 5.44 | 59.7% | 99% | 92% |
| VTE | 3.76 | 3.09 | -17.8% | 98% | 85% |



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# PFE & Health Disparities

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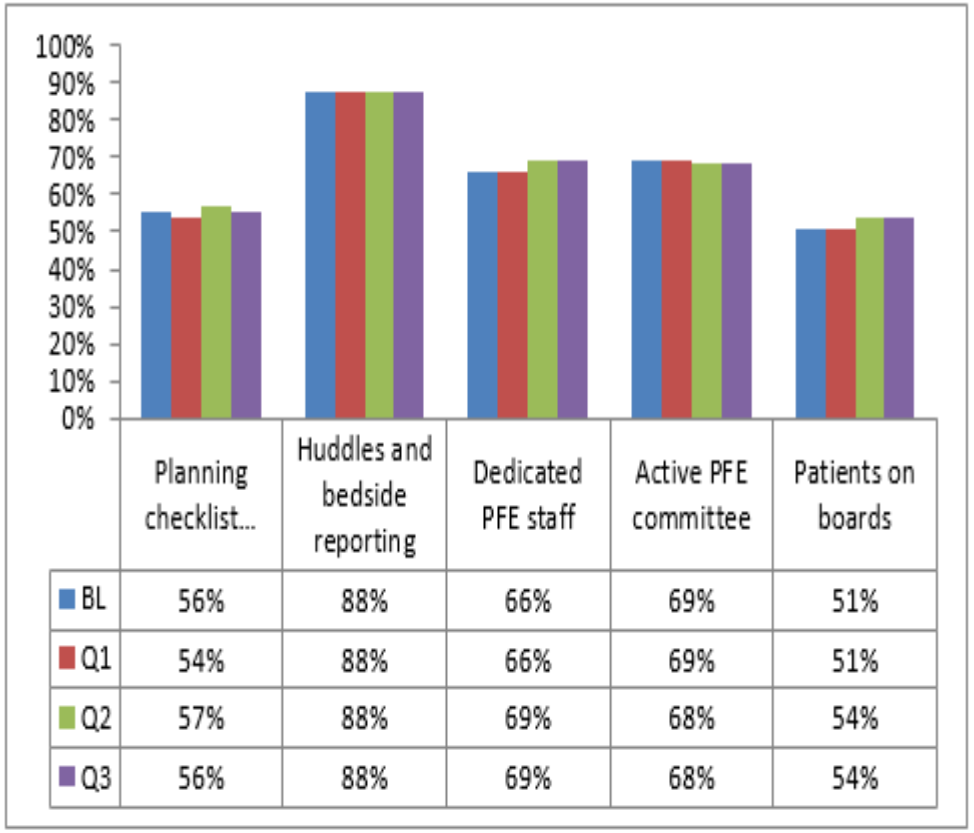
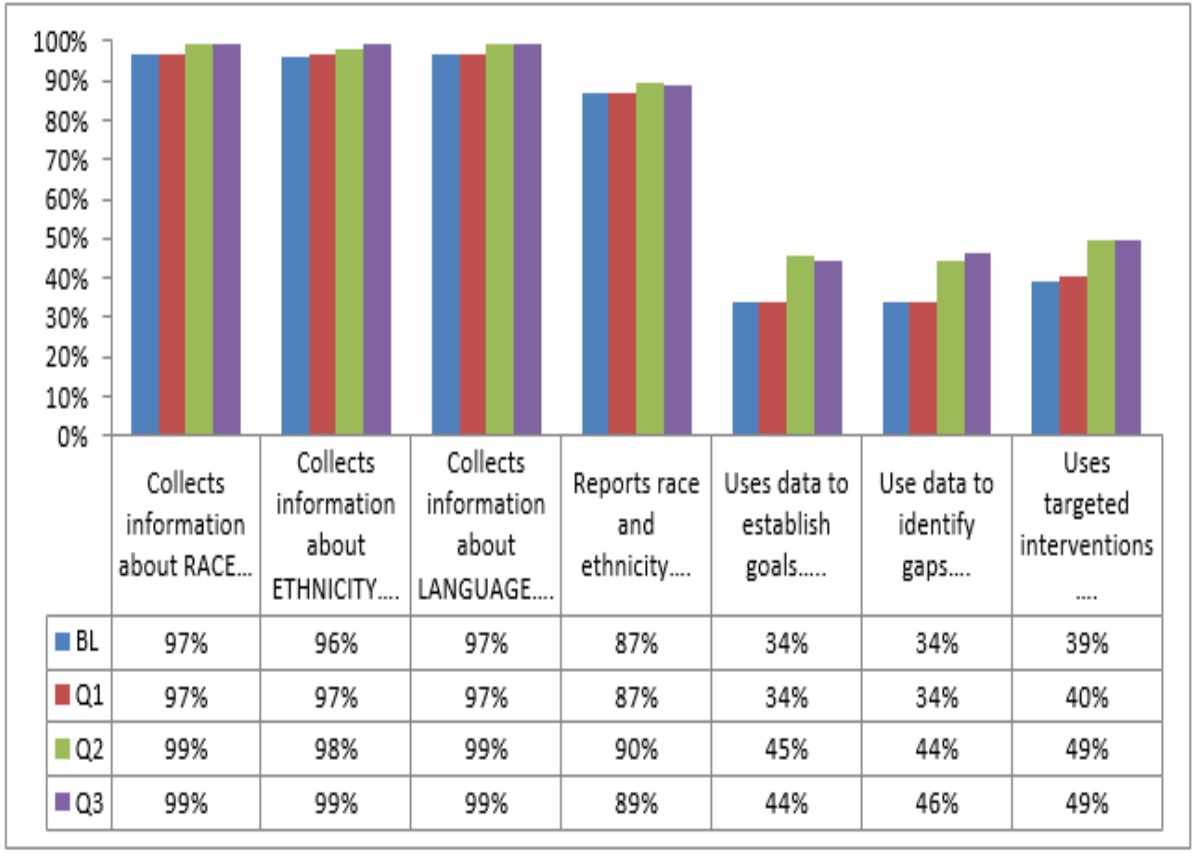
**Patient & Family Engagement Metrics**




| | Planning checklist… | Huddles and bedside reporting | Dedicated PFE staff | Active PFE committee | Patients on boards |
|---|---|---|---|---|---|
| BL | 56% | 88% | 66% | 69% | 51% |
| Q1 | 54% | 88% | 66% | 69% | 51% |
| Q2 | 57% | 88% | 69% | 68% | 54% |
| Q3 | 56% | 88% | 69% | 68% | 54% |

**Disparities Metrics**




| | Collects information about RACE… | Collects information about ETHNICITY…. | Collects information about LANGUAGE…. | Reports race and ethnicity…. | Uses data to establish goals…… | Use data to identify gaps…. | Uses targeted interventions …. |
|---|---|---|---|---|---|---|---|
| BL | 97% | 96% | 97% | 87% | 34% | 34% | 39% |
| Q1 | 97% | 97% | 97% | 87% | 34% | 34% | 40% |
| Q2 | 99% | 98% | 99% | 90% | 45% | 44% | 49% |
| Q3 | 99% | 99% | 99% | 89% | 44% | 46% | 49% |

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# Person and Family Engagement

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- Implementation of planning checklist
- Conducting shift change huddles and bedside reporting
- Accountable leader who is responsible for PFE
- Hospitals having an active Person and Family Engagement Committee
- One or more patient representatives serving on hospital Board of Directors

# Health Care Disparities

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- Review and address gaps in the collection of Race, Ethnicity, Age and Language data
- Measure disparities related to readmission as a top priority
- Questions related to PFE and disparities will be asked in the initial needs assessment and then updated once a quarter to track progress

# Where We are Going

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**GOALS:**

**20%** **Overall Reduction in Hospital Acquired Conditions (baseline 2014)**

**12%** **Reduction in 30-Day Readmissions (baseline 2014)**

"America's hospitals embrace the ambitious new goals CMS has proposed," said Rick Pollack, president and CEO of the American Hospital Association (AHA). "The vast majority of the nation's 5,000 hospitals were involved in the successful pursuit of the initial Partnership for Patients aims. **Our goal is to get to zero incidents**. AHA and our members intend to keep an unrelenting focus on providing better, safer care to our patients -- working in close partnership with the federal government and with each other."

| | |
|---|---|
| **2010** | 145 Harms/1,000 Discharges |
| **2011** | 142 Harms/1,000 Discharges |
| **2012** | 132 Harms/1,000 Discharges |
| **2013** | 121 Harms/1,000 Discharges |
| **2014** | 121 Harms/1,000 Discharges |

**New Goal**

| | |
|---|---|
| **2019** | 97 Harms/1,000 Discharges |

partnershipforpatients.cms.gov

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# HIIN Is Different

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- Focus on individualized approaches & technical assistance
- Emphasis on doing, not planning
- Identifying and spreading adaptive solutions
- Leverage stories and public narrative for change

# Benefits of HIIN Participation

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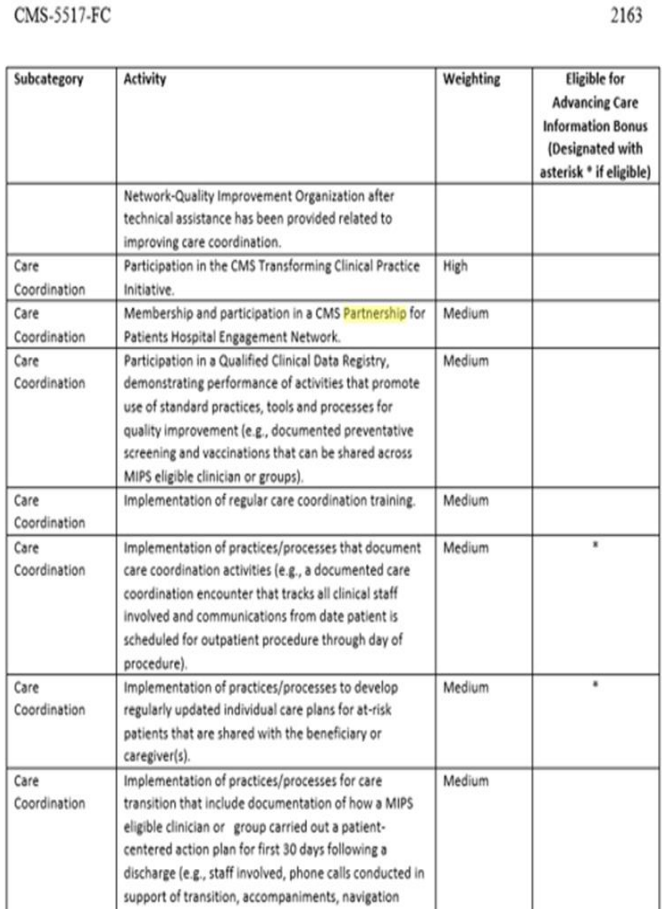
- Reduces harm to patients
- Improves quality of care
- Access to programming
- Pay for Performance https://www.qualitynet.org/
- PSO https://pso.ahrq.gov/
- MACRA *https://qpp.cms.gov*



CMS-5517-FC 2163

| Subcategory | Activity | Weighting | Eligible for Advancing Care Information Bonus (Designated with asterisk * if eligible) |
|---|---|---|---|
| | Network-Quality Improvement Organization after technical assistance has been provided related to improving care coordination. | | |
| Care Coordination | Participation in the CMS Transforming Clinical Practice Initiative. | High | |
| Care Coordination | Membership and participation in a CMS Partnership for Patients Hospital Engagement Network. | Medium | |
| Care Coordination | Participation in a Qualified Clinical Data Registry, demonstrating performance of activities that promote use of standard practices, tools and processes for quality improvement (e.g., documented preventative screening and vaccinations that can be shared across MIPS eligible clinician or groups). | Medium | |
| Care Coordination | Implementation of regular care coordination training. | Medium | |
| Care Coordination | Implementation of practices/processes that document care coordination activities (e.g., a documented care coordination encounter that tracks all clinical staff involved and communications from date patient is scheduled for outpatient procedure through day of procedure). | Medium | * |
| Care Coordination | Implementation of practices/processes to develop regularly updated individual care plans for at-risk patients that are shared with the beneficiary or caregiver(s). | Medium | * |
| Care Coordination | Implementation of practices/processes for care transition that include documentation of how a MIPS eligible clinician or group carried out a patient-centered action plan for first 30 days following a discharge (e.g., staff involved, phone calls conducted in support of transition, accompaniments, navigation | Medium | |

# Overview of Our HIIN Plan

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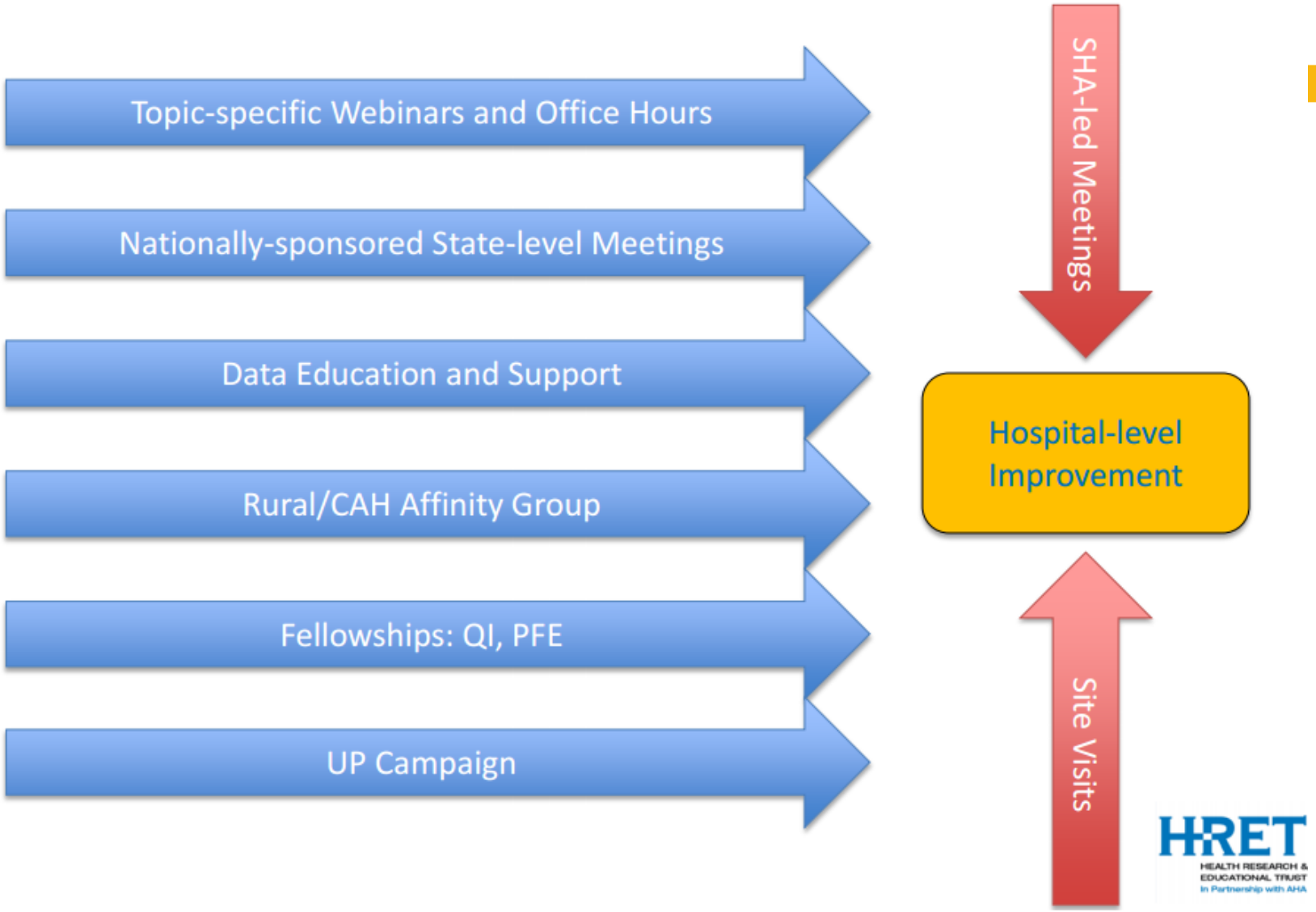


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# Setting Up for Success… HRET will provide

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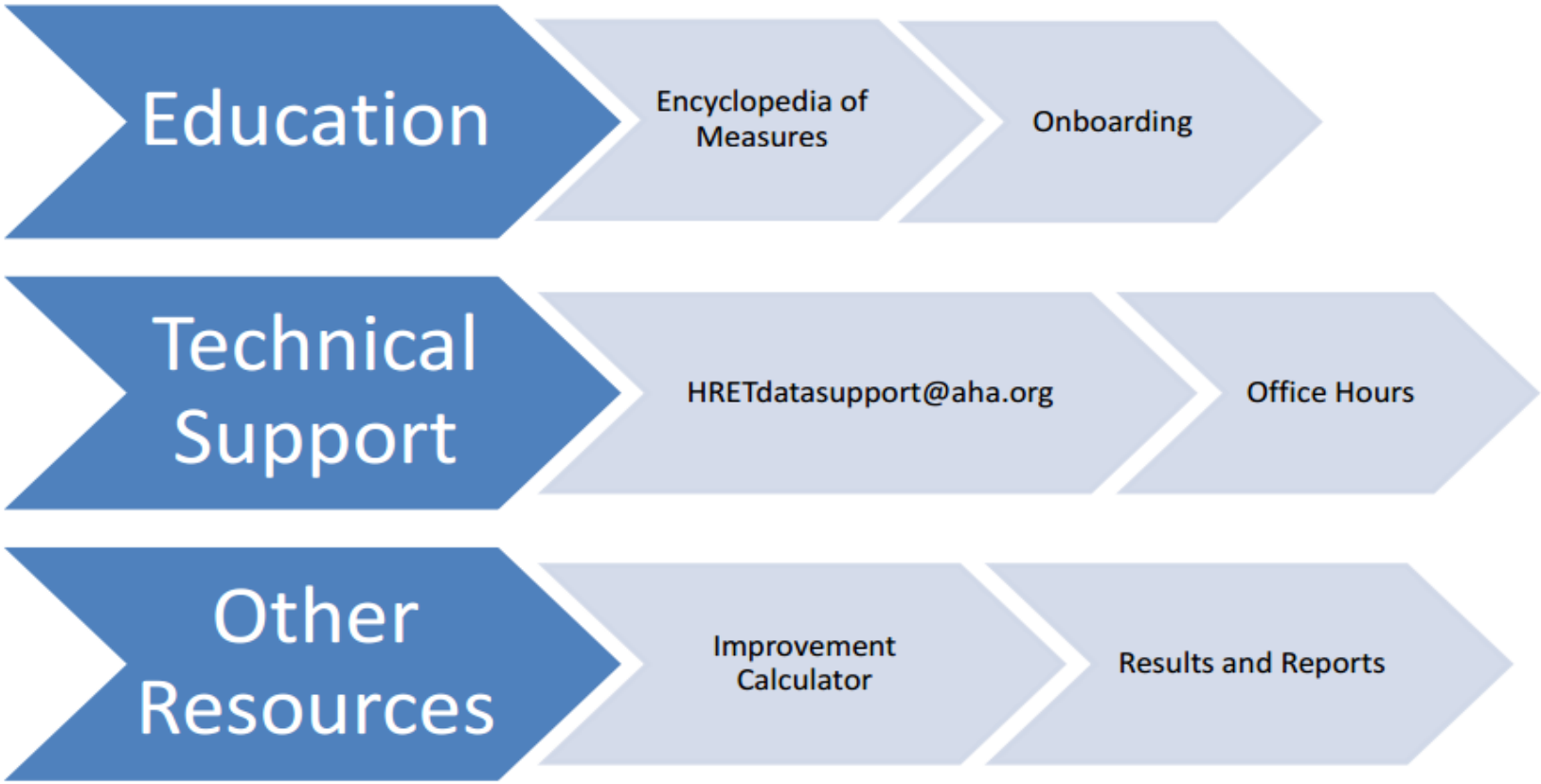


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# Align – Accelerate - Amplify

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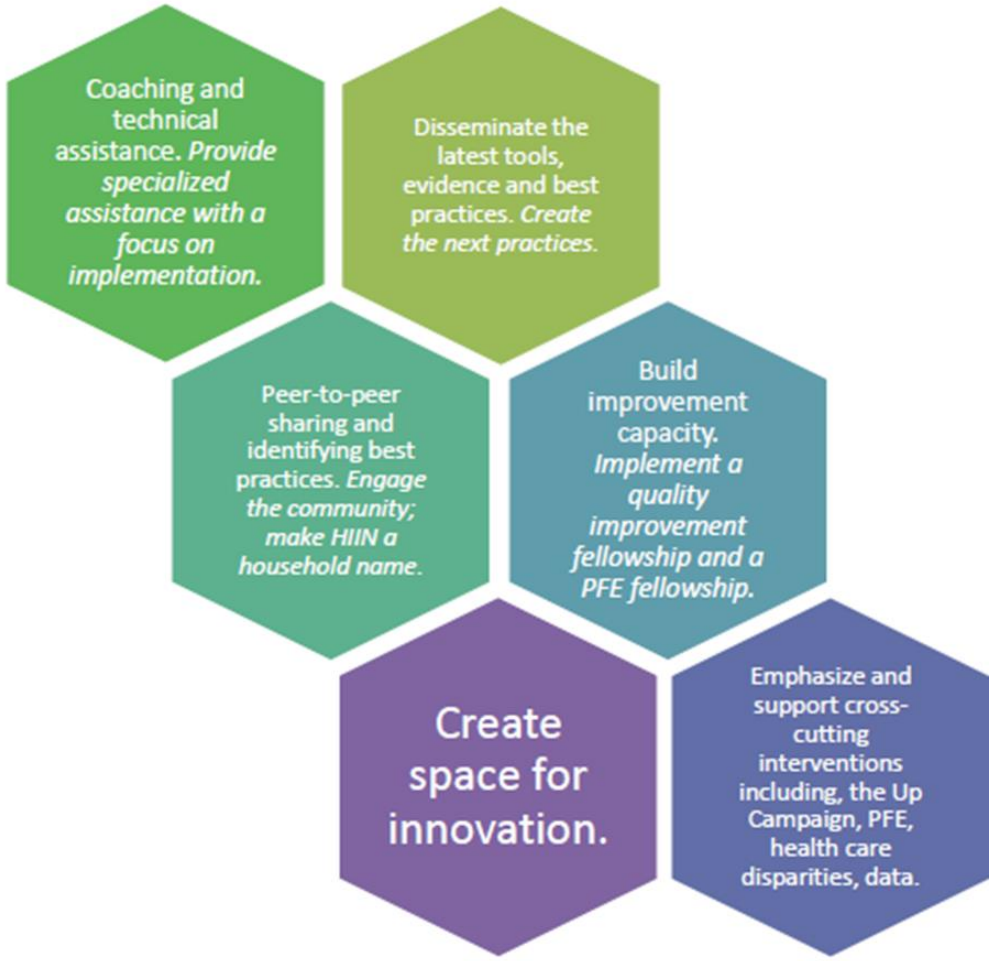
## HRET'S APPROACH

- Framing all HIIN work as a single, cross-cutting improvement initiative rather than series of discrete efforts
  - Group a few interventions together (leadership, current/accurate data, physician engagement, culture of safety, PFE)
- Emphasize "doing" within the hospital rather than "attending" as the route to substantive progress
  - Look at the improvement occurring within the organization
- Stressing rapid progress vs chance
  - Focus on rapid change linked to process improvement

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# HRET Areas of Emphasis

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- Organizational Engagement
  - Leadership engagement
    - Leverage HIT resources to promote improvement
    - Making the financial case
    - Monitoring and promoting improvement
  - Physician Engagement
    - Training and coaching to project leaders regarding how to effectively engage physicians
    - Training and coaching for physicians on how they can champion improvement efforts
  - Patient / Family Insights
    - Provide guidance and coaching on how to leverage PFE insights to reduce harm
    - Focused guidance on how PFE can directly contribute to avoid infections, prevent falls

# HRET Support

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of the Indiana Hospital Association

- Hands on Improvement Support
  - Site Visits
    - Well-planned and executed site visits
    - Foster leadership support
    - Facilitate physician engagement
    - Provide a forum to receive practical advice on topics
  - Coaching calls
    - Focus on implementation challenges
    - Allow hospitals to ask questions, get advice and encouragement
    - Obtain improvement insights
  - Panels
    - Clinical and implementation experts
    - Hospital staff
    - Peer level sharing

# HRET Tactics

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- Data System
  - Simple, straight forward, user-friendly, non-duplicative
- Education and resources development
  - Best practice dissemination
  - Active engagement by participants
  - Implementation challenges addressed
- Virtual support, tools and resources
  - Easily accessible, relevant
  - Website and LISTSERV®
- SMEs, IAs, Physician Advisors
- Guidance from a national patient advisory council
- Focused virtual events (e.g., webinars, conference calls)
- Extensive online support
- In-person meetings: national and state-sponsored
- Fellowships
- Leveraging data
- Site visits
- Coaching and accountability

# IHA State Implementation

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- Site visits
- Coaching calls
- In-person statewide meeting
- Regional patient safety coalitions
- Patient safety summit
- Improvement cohorts
- Affinity Groups
- Science of Improvement Programs, e.g., LEAN / Team STEPPS / High Reliability
- Topic specific campaigns
- Data support, e.g., reports, help desk
- On-going communication



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# HRET-HIIN Website

Indiana Patient Safety Center
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www.hret-hiin.org

# HRET Encyclopedia of Measures

Indiana Patient Safety Center
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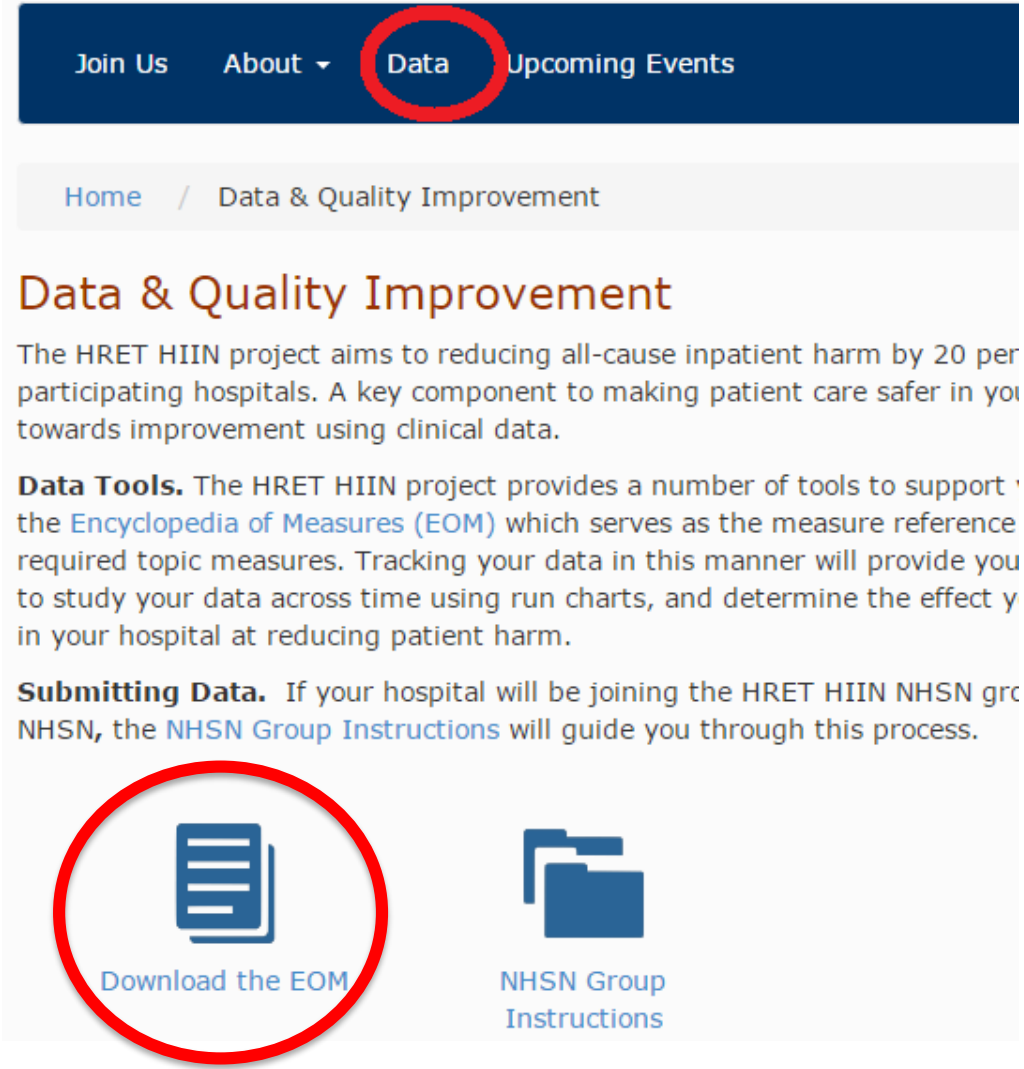


EOM available at [www.hret-hiin.org](http://www.hret-hiin.org)

**ENCYCLOPEDIA(S) OF MEASURES**

- Topic
- Measure applicability
- Numerator & denominator statement
- Rate calculation formula
- Hyperlinked publicly available specifications
- NHSN availability
- Baseline timeframes
- Measure identifiers
- Additional resources

Update was released on 10/31/2016

# Reporting Measures

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## MEASURES FOR ALL HOSPITALS

| Topic – Measure | Baseline | Y1 Goal | Y2 Goal |
|---|---|---|---|
| ADE – individual measures, composite | 2014 | 7% | 20% |
| CAUTI – overall rate | 2015 | 10% | 20% |
| *c. Difficile* – rate | 2014 | 7% | 20% |
| Falls | 2014 | 7% | 20% |
| Pressure Ulcers – rate[1], prevalence | 2014 | 10% | 20% |
| Readmissions | 2014 | 4% | 12% |
| Sepsis – mortality | 2014 | 7% | 20% |
| *MRSA – rate* | *2014* | *5%* | *10%* |
| *Culture of Safety – worker harm events* | *2014* | *5%* | *10%* |

[1] The AHRQ PSI measure specifications exclude stays less than 5 days. While CAHs are required to maintain an annual average length of stay of 96 hours or less, CAHs are encouraged to follow the specifications to track pressure ulcers for appropriate inpatient stays in their facilities, even if the inpatient stay is less than 5 days.

# Reporting Measures

Indiana Patient Safety Center
of the Indiana Hospital Association

## MEASURES FOR SPECIFIC HOSPITALS

| Topic - Measure | Applicability | Baseline | Y1 Goal | Y2 Goal |
|---|---|---|---|---|
| CAUTI – ICU rate | Hospitals w/ICUs | 2015 | 10% | 20% |
| CAUTI – SIRs | Hospitals reporting to NHSN | 2015 | 10% | 20% |
| *c. Difficile* – SIR | Hospitals reporting to NHSN | 2015 | 7% | 20% |
| CLABSI – ICU rate | Hospitals w/ICUs | 2015 | 10% | 20% |
| CLABSI – SIRs | Hospitals reporting to NHSN | 2015 | 10% | 20% |
| MRSA – SIR | Hospitals reporting to NHSN | 2015 | 7% | 20% |
| VTE – post operative | Hospitals that perform inpatient surgeries | 2014 | 7% | 20% |
| VAE – VAC and IVAC | Hospitals that use ventilators | 2014 | 7% | 20% |
| SSI – rates | Hospitals that perform each of the four surgeries listed | 2014 | 10% | 20% |
| SSI - SIR | Hospitals reporting to NHSN | 2015 | 10% | 20% |

# NHSN Reporting Groups

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- Facilities have the option to join and confer rights to an NHSN group (HRET and IHA)
- If you join an NHSN group, baseline and monitoring data will be extracted for you by the group
- Instructions on how to join and confer rights to the HRET group are available on the HEN website: http://www.hret-hiin.org/data/hiin_nhsnconferrightsinstructions_pdf.pdf
- Instructions on how to join and confer rights to the IHA group are available: *https://ihaconnect.boxcn.net/shared/static/02f8529901dc6f674503.pdf*

# HRET HIIN NHSN Group

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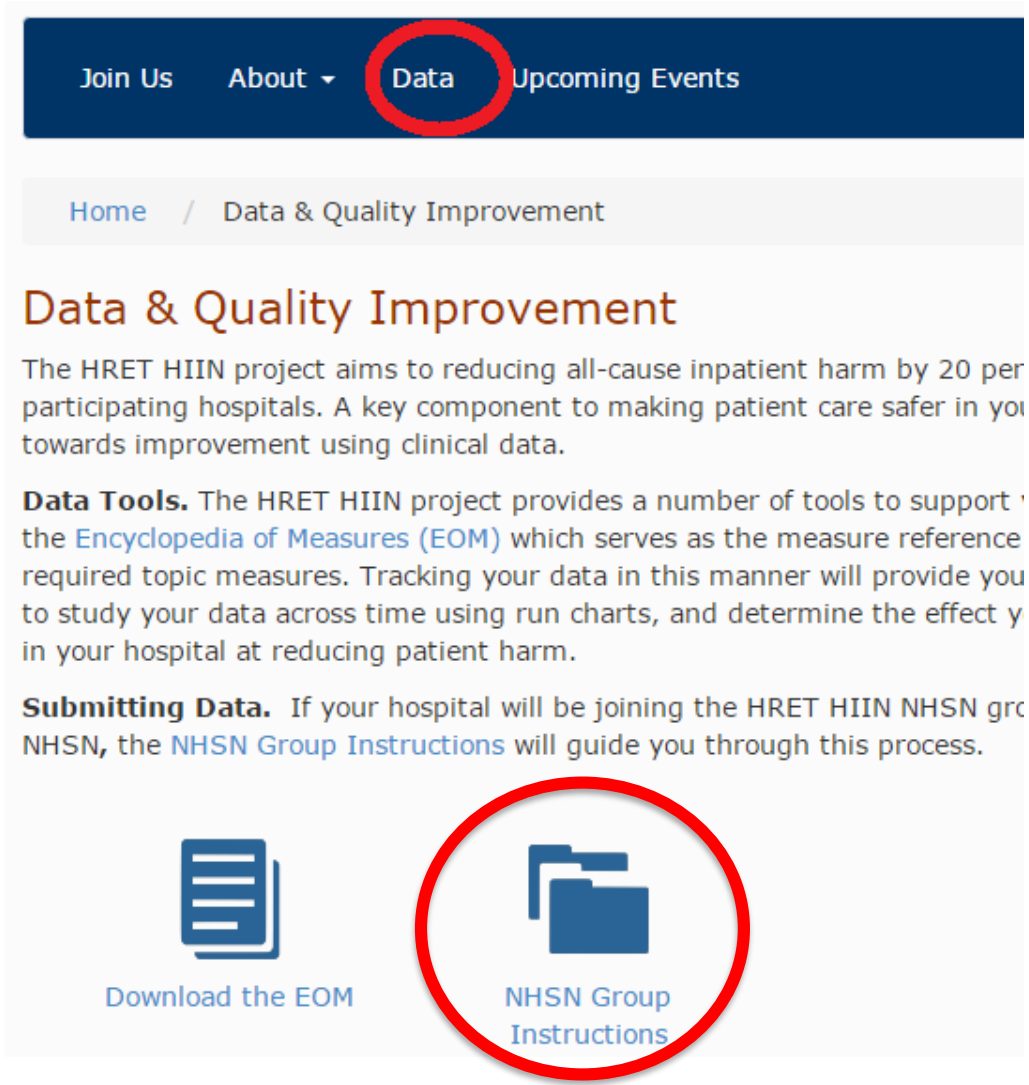


NHSN group instructions available at www.hret-hiin.org

# HIIN Data FAQ

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**Q: When will CDS be available?**

A: Within the next two weeks, but no later than Nov. 11 2016.

**Q: How will hospitals get set up in CDS?**

A: All hospitals will be granted an "initial setup" login which will permit them to create specific user accounts.

- If you are a returning HEN 2.0 hospital, any users who logged into CDS within 90 days of the end of HEN 2.0 will be migrated.

- Stay tuned for the "Quick Start Guides"

# HIIN Data FAQ

Indiana Patient Safety Center
of the Indiana Hospital Association

**Q: How will CDS "look" for HIIN?**

A: CDS will display one baseline, with start and end dates to be selected by the hospital (refer to the EOM for the preferred baselines!)

A: CDS will display monthly data beginning with October 2016.

**Q: Will returning HEN 2.0 hospitals be able to see their HEN 2.0 data?**

A: Not as the HEN 2.0 project. If a returning hospital has data that meets the migration criteria, HRET will migrate that data.

# HIIN Data FAQs

Indiana Patient Safety Center
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**Q: Will data be migrated for returning HEN 2.0 hospitals, and when?**

A: Yes, as much as possible, for the HIIN baseline . HRET is working on the data migration plan and will provide details as soon they can.

## HEN 2 DATA MIGRATION

- Only available for HEN 2 hospitals committed to HIIN
- NHSN measures (facilities in HRET group) "new" baselines
  - SIRs: 2015 – **after** December 2016 update in NHSN
  - Rates: 2014 or 2015 (CLABSI, CAUTI)
- For other measures, assess baseline availability
  - If measure tracked before HEN 2, assess timeframes
  - If measure not tracked before HEN 2, use Oct – Dec '15
- *Will take time to complete*

# Upcoming AHA/HRET Webinars

Indiana Patient Safety Center
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- Nov. 8 from 12 – I p.m. ET
  *AHA HPOE Webinar  Healthcare Reform and The Path to Equity*
- Nov. 8 from 12:00 – 12:50 p.m. ET
  *HRET HIIN | C. Difficile - Stubborn or Unreasonable?*
- Nov. 10 from 12 – 1 p.m. ET
  *HRET HIIN | Readmissions - Hospital Bright Spots*
- Nov. 15 from TIME ET
  *HRET HIIN | Data*
- Nov. 17 from TIME ET
  *HRET HIIN | ADE*
- Nov. 29 from TIME ET
  *HRET HIIN | Sepsis*

Webinar registrations can be located at http://www.hret-hiin.org/events/events.shtml

# Next Steps

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1. Return Commitment Letter to IHA by **Nov. 18**
2. Confer Rights within NHSN to the HRET and IHA user groups
3. Review the Encyclopedia of Measures for data reporting details
4. Watch for announcements about CDS and needs assessments being available
5. Register for webinars