

# KHC Hospital Improvement Innovation Network

October 26, 2016



623 SW 10<sup>th</sup> Ave. • Topeka, KS 66612 • (785) 235-0763 • www.khconline.org



KHC HIIN Kickoff

October 26, 2016

## Agenda

- Welcome and Announcements
- Overview of Hospital Improvement Innovation Network
  - About HIIN
  - Goals and Program Outline
  - Measures and Data
  - Sign-up and Onboarding Process
  - Resources
- Upcoming Events
- Contact Us

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KHC HIIN Kickoff Introductions

## Opening Remarks

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**Kendra Tinsley**  
Executive Director  
Kansas Healthcare Collaborative  
ktinsley@khconline.org

**Sarah Irsik-Good, MHA**  
Director of Quality Improvement  
Kansas Foundation for Medical Care  
(QIO/QIN)

## Content

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**Michele Clark, MBA, CPHQ, ABC**  
Program Director  
Kansas Healthcare Collaborative  
mclark@khconline.org

**Rob Rutherford, BA**  
Senior Health Care Data Analyst  
Kansas Healthcare Collaborative  
rrutherford@khconline.org

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KHC HIIN Kickoff



## Welcome to the HIIN

*A bold vision for the future*

Align

Accelerate

Amplify

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## HIINs: What are they?

### Hospital Improvement Innovation Network

- Improvement collaborative
- Best-practice incubator
- Community of peers
- Spread and sustainability
- Learning cohort
  - Quality improvement (QI)
  - Clinical content



## Core Topics – Aim is 20% reduction

1. Adverse Drug Events (ADE)
2. Catheter-associated Urinary Tract Infections (CAUTI)
3. *C. difficile* infection (CDI)
4. Central line-associated Blood Stream Infections (CLABSI)
5. Injuries from Falls and Immobility
6. Pressure Ulcers (PrU)
7. Sepsis
8. Surgical Site Infections (SSI)
9. Venous Thromboembolisms (VTE)
10. Ventilator Associated Events (VAE)
11. Readmissions (12% reduction)

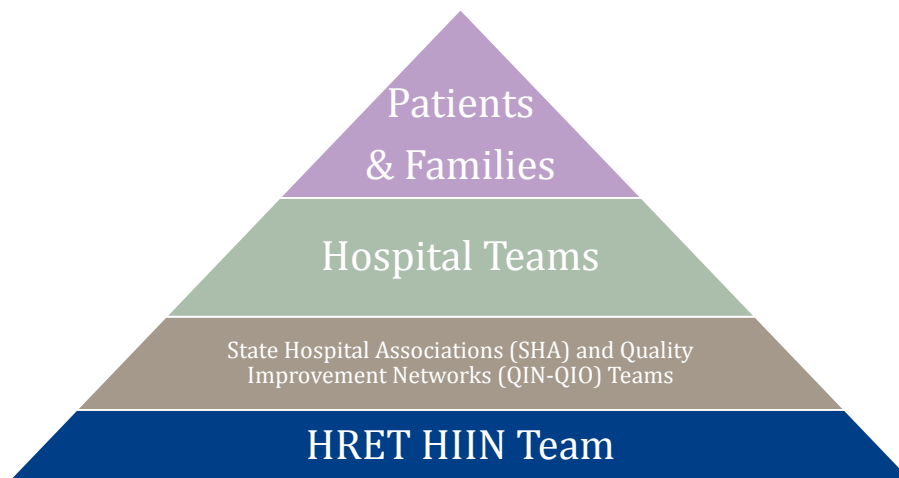
HRET also will have a strong focus on MRSA and Hospital Patient Safety Culture/Worker Safety throughout project, other topics available.

## Bold Aims

**Two base years to reduce all-cause inpatient harm by 20% and readmissions by 12%.**

1. Be in action to support your patients and their families by committing to this project
2. Work to reduce harm *across the board*
3. Learn together by sharing your hospital stories – successes and opportunities
4. Data is the foundation of all improvement at the unit level, hospital level, state and national level

## The HRET HIIN Structure



## Meet your team *and other partners!*

- **Your HRET and KHC Support Teams:**
  - Program Leads
  - Data Analysts
  - Improvement Advisors



### KHC HIIN Kickoff

## HRET HIIN State Partners

- |                      |                   |                   |
|----------------------|-------------------|-------------------|
| 1. Alabama           | 12. <b>Kansas</b> | 23. New Mexico    |
| 2. Arizona           | 13. Kentucky      | 24. North Dakota  |
| 3. Arkansas          | 14. Louisiana     | 25. Oklahoma      |
| 4. Colorado          | 15. Maine         | 26. Puerto Rico   |
| 5. Connecticut       | 16. Maryland      | 27. Rhode Island  |
| 6. Dallas-Fort Worth | 17. Massachusetts | 28. Tennessee     |
| 7. Delaware          | 18. Mississippi   | 29. Texas         |
| 8. Florida           | 19. Missouri      | 30. Virginia      |
| 9. Georgia           | 20. Montana       | 31. West Virginia |
| 10. Idaho            | 21. Nebraska      | 32. Wyoming       |
| 11. Indiana          | 22. New Hampshire |                   |

## New partners with HRET and states



**Sarah Irsik-Good, MHA**  
Director of Quality Improvement  
Kansas Foundation for Medical Care

State Program Director - Kansas  
Great Plains Quality Innovation  
Network

# First, Congratulations Again!

## National Results on Patient Safety

- 17 percent reduction in overall harm; 39 percent reduction in preventable harm
- 87,000 lives saved
- \$19.8B in cost savings from harm avoided
- 2.1M fewer harms over 4 years

Results are a cumulative effort but have been spurred in part by Medicare payment incentives and catalyzed by the Partnership for Patients (PfP) initiative.



Source: Agency for Healthcare Research & Quality. "Saving Lives and Saving Money: Hospital-Acquired Conditions Update. Interim Data From National Efforts To Make Care Safer, 2010-2014." December 1, 2015.

## PRELIMINARY AHA/HRET HEN 2.0 Results Total harms prevented and cost savings

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

TOPIC	HARMS PREVENTED	COST/HARM	COST SAVINGS
ADE <sup>1</sup>	15,611	\$5,000 <sup>1</sup>	\$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 <sup>2</sup>	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 <sup>3</sup>	792	\$21,000	\$16,630,883
VAE	278	\$21,000	\$5,832,649
VTE	738	\$8,000	\$5,901,516
<b>TOTAL</b>	<b>34,422</b>	<b>---</b>	<b>\$288,171,052</b>

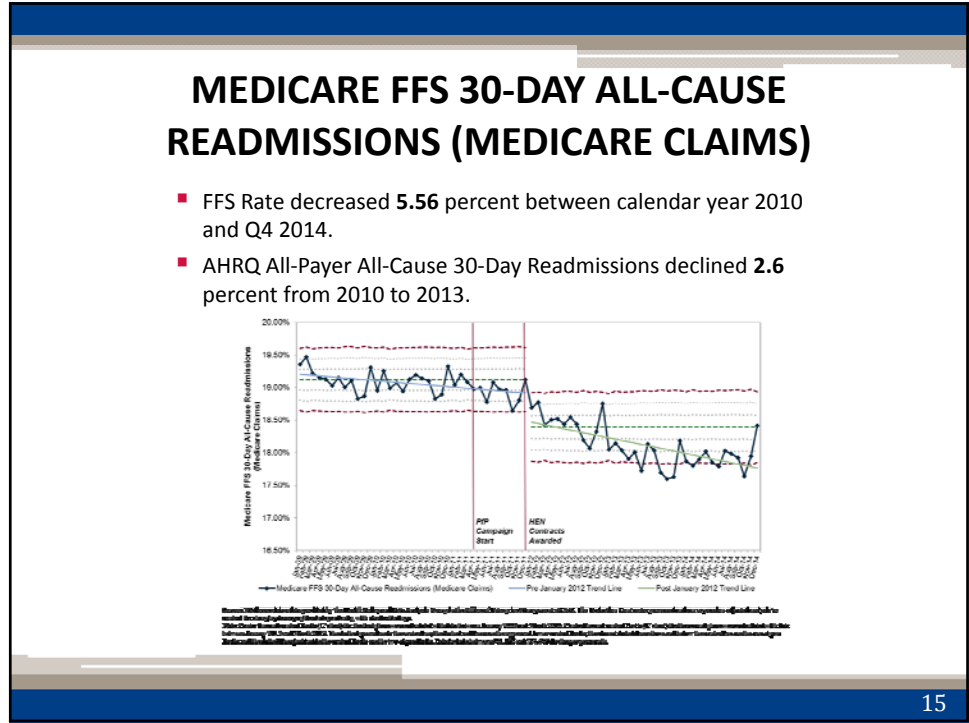
\* Totals may not match sum of individual topics due to rounding.

<sup>1</sup>Represents total harms and cost savings for all events reported (hypoglycemia, anticoagulation, and opioid adverse drug events)

<sup>2</sup>Represents total harms and cost savings for obstetrical trauma for vaginal deliveries with instrument, and obstetrical trauma for vaginal deliveries without instrument.

<sup>3</sup>Represents total harms and cost savings for all procedures reported (colon surgeries, abdominal hysterectomies, total hip replacement, and total knee replacement)

Data source: Submitted as of 9/1/2016 for Oct2015-May2016. Costs per harm were provided by the HEN 2.0 Evaluation Contractor, July 20, 2016, "PFPECC Cost Savings ROI Summary"



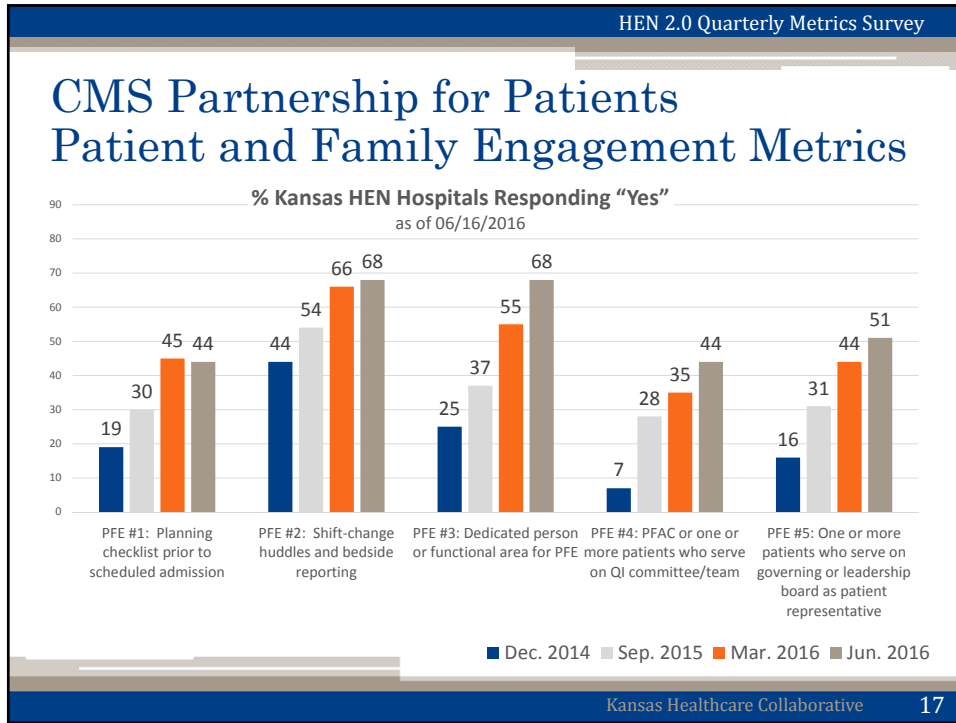
### Kansas HEN 2.0 topic progress to date (Preliminary)

Topic	Preliminary KS Hospital Results (Data submitted as of 9/1/2016)				Preliminary AHA/HRET
	Baseline submission	Baseline rate	Mar – May rate	Relative reduction	Relative reduction
Catheter-Associated Urinary Tract Infection (CAUTI)	105 (99%)	1.30	0.94	-28.2%	-5.7%
Central Line-Associated Blood Stream Infection (CLABSI)	72 (99%)	0.55	0.25	-55.3%	-11.5%
Early Elective Deliveries (EED)	51 (96%)	4.79	1.46	-69.5%	-43.2%
Obstetrical Harm (OB Harm)	53 (100%)	21.50	15.28	-28.9%	-48.2%
Falls with Injury	106 (100%)	1.05	1.37	30.3%	-3.5%
Pressure Ulcers (PrU) Stage III or greater	106 (100%)	1.19	0.43	-64.0%	-49.0%
Surgical Site Infections (SSI)	37 (90%)	2.12	2.57	21.1%	-18.2%
Ventilator-Associated Events (VAE)	41 (100%)	2.73	6.78	100%+	19.8%
Venous Thromboembolism (VTE)	41 (100%)	4.78	1.06	-77.8%	-33.0%
Adverse Drug Events (ADE)	106 (100%)	1.21	1.17	-3.5%	-6.7%
Readmissions	106 (100%)	7.79	7.99	2.5%	-3.0%

<sup>1</sup> Relative reduction calculated by comparing baseline to quarterly rate Mar– May 2016

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## AHA/HRET Action leadership fellowship

*Congratulations!*

108 individuals from Kansas participated out of 953 total nationally.  
 Nearly one-third completed the entire fellowship program.  
**Kansas fielded the largest number of Fellows than any other state in the AHA/HRET HEN 2.0.**

Action Leader Fellowship projects focused on:

- Sepsis      ● Falls      ● *C. difficile*      ● Bedside rounding
- Patient and family engagement      ● Bedside shift report
- Utilizing germicidal wipes effectively      ● Reducing CABG readmissions
- Naloxone administration reduction
- And more!

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## Where We are Going

**GOALS:**

**20%** Overall Reduction in Hospital Acquired Conditions

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

“America’s hospitals embrace the ambitious new goals CMS has proposed. 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.**

— Rick Pollack, president and CEO, American Hospital Association (AHA)

<b>2010</b>	145 Harms/1,000 Discharges
<b>2011</b>	142 Harms/1,000 Discharges
<b>2012</b>	132 Harms/1,000 Discharges
<b>2013</b>	121 Harms/1,000 Discharges
<b>2014</b>	121 Harms/1,000 Discharges

**New Goal**

<b>2019</b>	97 Harms/1,000 Discharges
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[partnershipforpatients.cms.gov](http://partnershipforpatients.cms.gov)

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## Quick Reference Comparison

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

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## HRET HIIN Goals

Alignment with the Goals / Aims of the Partnership for Patients Program		
<b>Recruitment</b>		
Commitment to total # of hospitals the HIIN shall support		1,710
<b>Bold Aim Milestones</b>		
Commitment to Reducing All-Cause Harm by 20%		
% Reduction of Adverse Drug Events	7%	20%
% Reduction of Central Line-Associated Bloodstream Infections	10%	20%
<b>Bold Aim Milestones</b>		
	<b>Year 1</b>	<b>Year 2</b>
% Reduction of Catheter Association Urinary Tract Infections	10%	20%
% Reduction of Clostridium difficile	7%	20%
% Reduction of Falls	7%	20%
% Reduction of Pressure Ulcers	10%	20%
% Reduction of Sepsis & Septic Shock	7%	20%
% Reduction of Surgical Site Infections	10%	20%
% Reduction of Venous Thromboembolism	7%	20%
% Reduction of Ventilator-Associated Events	7%	20%
Commitment to Reducing Harms Most Meaningful to the HRET HIIN		
% Reduction in Hospital Culture of Safety	5%	20%
% Reduction in MDRO (i.e., MRSA)	5%	10%
Commitment to Reducing 30-day Readmissions by 12%		
% Reduction of Readmissions as a population-based measure	4%	12%
<b>Total Proposed Impact</b>		
Goal for Estimated Number of Harms Avoided Overall	26,635	73,150
Goal for Estimated Number of Lives Saved Overall	1,326	3,639
Goal for Estimated Cost Savings Overall	\$233 million	\$641 million

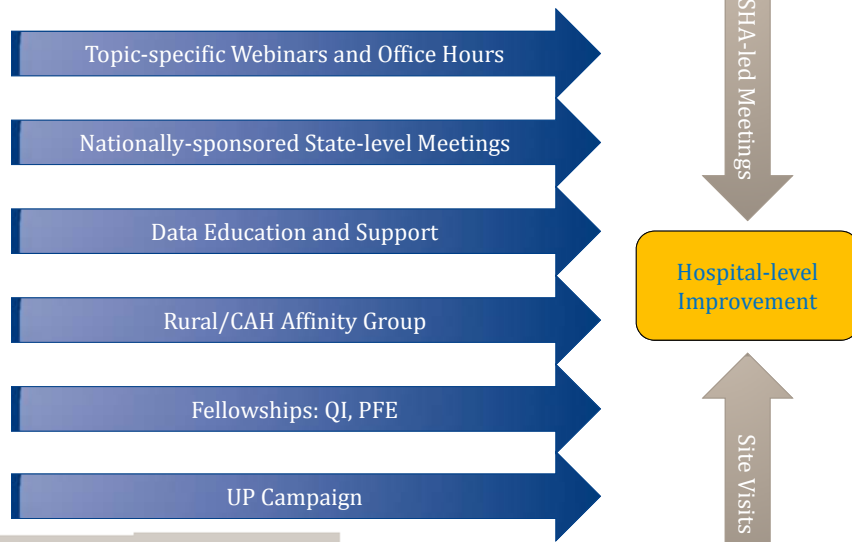
## Special Topics of Focus

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

## Special Topics of Focus

- Health Care Disparities (HCD)
  - 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 disparities will be asked in the initial needs assessment and then updated once a quarter to track progress.

## Overview of HRET HIIN Plan



## Visit HRET'S New Website!

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



The screenshot shows the HRET HIIN website with the following elements:

- Logos:** American Hospital Association, Hospital Improvement Innovation Network, and HRET (Health Research & Educational Trust).
- Audience Menu:**
  - Audience (highlighted)
  - Patients & Families
  - Senior Leadership & Governance
  - Physician Leadership
  - Unit Based Improvement Teams
  - Data & Informatics Teams
- About Section:**
  - Welcome to the HRET Hospital Improvement Innovation Network!**
  - Text: "The Centers for Medicare & Medicaid Services recently awarded \$347 million in contracts to 14 organizations, including the Health Research & Educational Trust (HRET), to continue efforts to reduce hospital-acquired conditions and readmissions in the Medicare program. The HRET HIIN hospitals are working to reduce overall hospital-acquired conditions by 20% and 30-day hospital readmissions by 12%, building on the success of the Partnership for Patients Hospital Engagement Networks and Quality Improvement Organizations. HRET led the largest HEN and HIIN 2.0 projects."
  - HRET HIIN Hospital Kickoff**
  - Text: "For hospitals who participated in HRET HEN 2.0, please join us to discuss our transition to HIIN by attending a webinar for previous participants on Thursday, October 13, 2016 from 11:00 AM CDT - 12:30 PM CDT. Hospitals who did not participate in HRET/HEN 2.0 are welcome to attend as well. Register at the link below: <http://hret.jacobsonconnect.com/hin/hospitalkickoff/event/registration.html>
  - Download: The Agenda.
  - AHA Hospitals in Pursuit of Excellence Webinar:**
  - Text: "Achieving Health Equity—A Discussion with the 2016 Equity of Care Award Winners"
  - Wednesday, October 12, 2016 3:00PM CDT - 4:00PM CDT
- Our Partner:** Partnership for Patients logo.

**NOTE:**  
HRET's HEN 2.0 website and resources are still available at [www.hret-hen.org](http://www.hret-hen.org)

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## HRET HIIN Fellowships

- **Foundational HIIN Action Leader Fellowship:** for new HIIN participants or those new to quality improvement
- **Advanced HIIN Action Leader Fellowship:** for QI-trained HIIN participants or those who have been focused on quality improvement and patient safety for >5 years
- **Patient & Family Engagement (PFE) Fellowship:** for hospital staff and patient/family advisors seeking to support PFE at their institution and guide patient and family advisors on how to support QI and patient safety efforts
- Details for each include:
  - Integrated learning across topics, QI, and PFE fellowships
  - Deliverables throughout fellowship to drive pace
  - Focus on peer-to-peer learning
  - Projects will highlight individual hospital progress toward HIIN project goals
  - Supported by virtual and on-site collaboration

**Registration details will be communicated soon!**

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## Virtual Learning Sessions

- Customized by hospitals' needs
  - High-level and targeted
  - Didactic and interactive
  - Full-hour and condensed webinars
  - Highly technical and practical implementation vs theory;
- Cross-cutting
  - "UP" Campaign (SOAP UP, WAKE UP, GET UP and more!)
  - Patient and Family Engagement
  - Disparities
- Topics will be prioritized based on direction from CMS, your project data, as well as needs identified in the assessment, site visits and your continued feedback.

## Measurement Philosophy

- Simple, straightforward, explainable
- Capitalize on existing data where possible
- Use standardized measures
- Be responsive to unique needs

## Our Requests to Each of You

- Choose to Stand for Better Care, Better Health at Lower Cost...for Your Patients, Your Profession, Our Nation
- **Commit to the New Bold Aims** of the Partnership for Patients
- Remain Focused on **Reducing Harm Across the Board**
- Do More of What is Already Working...Everywhere
- Authentically & Fully **Engage Your Patients** in the Improvement Work
- Lead in Engaging Others -- within your facility and your community
- Stand Together in Serving As Catalysts for Change

**Together We Can Continue to Achieve our Bold Aims**

## Commitment Letter Details

- Contact KHC for a copy of the KHC HIIN commitment letter and QHi addendum.
- Please return by Friday, Nov. 4.
- Commit to:
  - 1) working on all applicable topics;
  - 2) submitting data on all applicable topics (and required measures); and
  - 3) collaboration and sharing

## LISTSERV® Collaboration

- Subscriber-based email groups
- Each email group covers a different topic or group of topics
- Ideal for:
  - Peer-shared learnings and network building
  - Asking questions of your peers and subject experts
  - Sharing tips and tools

New KHC and HRET list-servs will be announced soon.  
Links to sign up will be provided to hospitals enrolled in the KHC HIIN.

## Site Visits

- KHC will contact you to set up a mutually agreeable date and time to visit and review the project, data and your organization's goals.
- What to expect: focused attention, support and guidance, and an opportunity to prepare an action plan. Site visits are meant to set you up for success in HIIN.



## Additional KHC HIIN Features\*

Plans are moving forward to offer:

- Regional Sepsis Champion Workshops and on-going support with Wesley Healthcare
- New cohorts in the Kansas PFAC Collaborative with training, support and resources for two tracks:
  - 1) for hospitals wanting to establish a new PFAC, and
  - 2) for hospitals already having a PFAC and want to utilize them
- Collaboratives with Qualaris Healthcare Solutions, Inc., with value-added QI tools for topics beginning with hand hygiene and others based on needs assessment.
- Special training and collaborative opportunities (TBA)

## Measures & Data Update

- Data Components
- Initial Focus
- Continuing and New Measures in HIIN
- Baseline periods
- Data Systems
- Measure Collection Updates
- Sample Reports
- Data Schedule



**Rob Rutherford**

Senior Health Care Data Analyst  
Kansas Healthcare Collaborative  
RRutherford@khconline.org  
(785) 235-0763 x1326

## Components:

- The Needs Assessment tells us about your hospital
  - Updated annually
  - Quarterly PFE and Disparities efforts
  - Other information requested as needed
- Collect and submit data for applicable\* measures to QHi and/or NHSN.

\*Measure applicability determined by needs assessment responses:

- Critical access status
- Reports HAIs to NHSN
- Has an ICU
- Places/manages central lines
- Performs inpatient surgeries (which ones)
- Uses ventilators

## Initial Focus

- Publish KHC HIIN Measures Dictionary
- Complete enrollment process for hospitals
- Complete hospital needs assessments
- Gather and report hospital baseline data to QHi/NHSN
- Send out initial baseline reports
- Begin comparative and run-chart reporting after 3 months of monitoring data are received

## Measures Continuing in HIIN

- Adverse Drug Events (Opioids, Warfarin, Hypoglycemia)
- CAUTI (Outcome & Cath. Utilization)
- CLABSI (Outcome & CL Utilization)
- Falls with Injury
- Stage 2+ Hospital Acquired Point Prevalence Pressure Ulcers
- Stage 3+ Pressure Ulcer Rate
- All Cause Readmissions (30-day)
- Post-Op Sepsis
- Surgical Site Infections (Spec. Surgeries)
- Post-Op PE/DVT
- Ventilator-Associated Events (VAC/IVAC)
- Hospital-Acquired *C. difficile*

## New HIIN Measures

- All-cause, 30-day readmissions, Medicare FFS
- Hospital-onset MRSA Bacteremia
- Overall Sepsis Mortality Rate
- Worker Harm Events: Workplace Violence

Note: HIIN process measures will be identified and shared at a later date.

HIIN Measures

## New Measure Details

- **Hospital-Wide All-Cause Unplanned Readmissions -- Medicare**
  - NQF #1789
  - Existing QualityNet measure with mandated reporting.

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HIIN Measures

## New Measure Details

### Hospital-Onset MRSA Bacteremia

- See CDC MDRO/CDI Protocol  
[www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO\\_CDADcurrent.pdf](http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf)
- Numerator: Hospital-Onset MRSA Bacteremia Events
- Denominator: Patient Days

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## New Measure Details

- **Overall Sepsis Mortality**
  - Numerator: In-hospital deaths due to severe sepsis and septic shock
  - Denominator: Number of patients with hospital-onset\* severe sepsis/septic shock
  - Population: Patients with Sepsis, ages 18-89 or obstetric

*\*diagnosis 48 or more hours after admission*

## New Measure Details

- **Worker Harm Events due to Workplace Violence**
  - Numerator: Harm events related to workplace violence
  - Denominator: Number of Full-Time equivalents (FTE)

## No Obstetrics in HIIN

*EED and OB focus is transitioning to a **state-led** initiative*

- KHC is currently conducting a statewide survey of birthing hospitals to assess the current state of EED prevention and needs in quality improvement for obstetrics.
- KHC is partnering with the KDHE Bureau of Family Health. Analysis of survey responses will inform next steps for Kansas initiatives and support.

## Baseline Periods

- Preferred: Calendar Year 2014 or 2015 (varies)
- Alternate: Oldest 12-, 9-, 6-, or 3-month consecutive period prior to Oct 2016
- If measure was not tracked prior to HIIN, report *monthly* as early as possible beginning in October 2016.

HIIN Required Measures

## Monthly HIIN Measures

***All hospitals:***

- ADE: Anticoagulation/ Warfarin
- ADE: Hypoglycemia
- ADE: Opioids
- CAUTI Rate All Units
- Catheter Utilization Rate All Units
- Facility-wide Hospital-Onset *C. difficile*
- Falls with Injury
- Facility-wide Hospital-Onset MRSA Bacteremia
- All-Cause 30 day readmissions
- All-Cause 30 day readmissions (Medicare)
- Hospital Acquired Pressure Ulcer Prevalence (Stage 2+)
- Overall Sepsis Mortality
- Worker Harm Events: Patient Handling
- Worker Harm Events: Workplace Violence

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HIIN Required Measures

## Monthly HIIN Measures

***As applicable to hospitals:***

- Central Line Assoc. Bloodstream Infections All Unit . . . . . *place/manage CL*
- Central Line Utilization Rate All Unit . . . . . *place/manage CL*
- ICU specific CAUTI and CLABSI measures . . . . . *has an ICU*
- Pressure Ulcer Stage 3+ (AHRQ PSI-03) . . . . . *non-CAH*
- Post-Op Sepsis (AHRQ PSI-13) . . . . . *perform specified inpt. surgeries*
- Post-Op PE/DVT (AHRQ PSI-12) . . . . . *perform specified inpt. surgeries*
- Surgical Site Infec.: Colon . . . . . *perform NHSN COLO surgeries*
- Surgical Site Infec.: Abd. Hysterectomies . . . . . *perform NHSN HYST surgeries*
- Surgical Site Infec.: Total Knee Replacements . . . . . *perform NHSN KPRO surgeries*
- Surgical Site Infec.: Total Hip Replacements . . . . . *perform NHSN HPRO surgeries*
- Ventilator Associated Events (VAC/IVAC) . . . . . *use ventilators*

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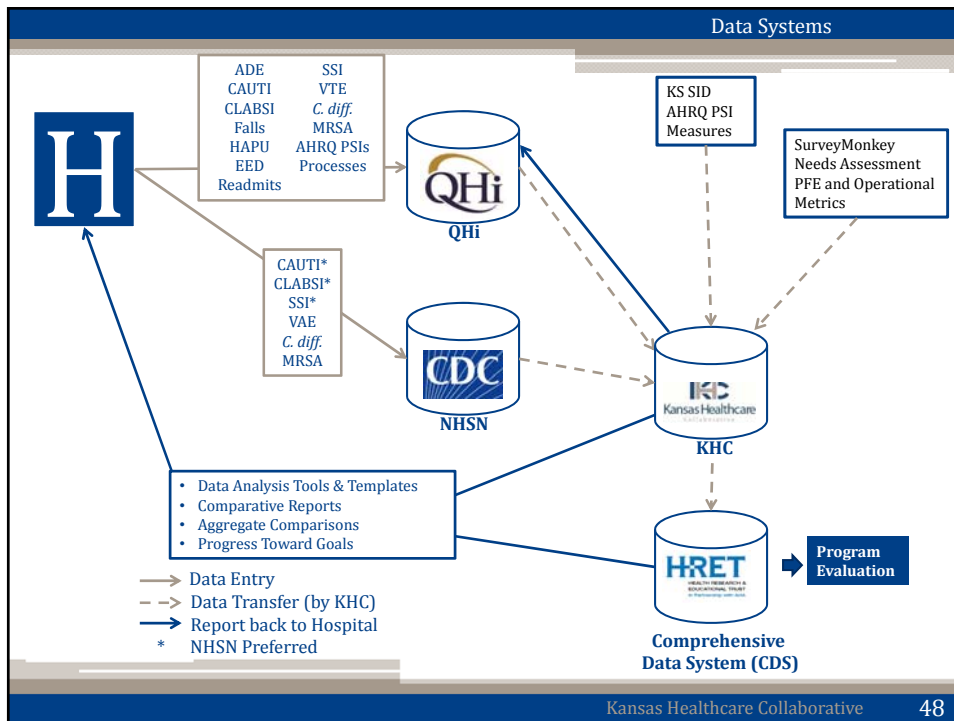
Optional Measures

## Optional Measures for Kansas

- Surgical Site Infection Rate – All NHSN Surgeries (Option 2)
- Central Line Insertion Practices\*
- Falls with or without Injury\*

*\*Align with BCBS 2017 Quality-Based Reimbursement Program.  
Carry over from HEN 2.0.*

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Data Systems



- ADE
- CAUTI
- CLABSI
- Falls
- OB
- PrU
- Readmits
- SSI
- VTE
- MRSA
- *C. diff.*
- Sepsis
- AHRQ PSIs
- Culture of Safety
- Process Measures

**What if I need help?**  
(Passwords, adding users, measure selection, reports, etc.)

Stuart Moore  
QHi Program Manager  
785-276-3104  
[Smooore@kha-net.org](mailto:Smooore@kha-net.org)

Sally Othmer  
Sr. Director of Data Services and Quality  
785-276-3118  
[Sothmer@kha-net.org](mailto:Sothmer@kha-net.org)

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Data Systems

# NHSN

- CAUTI
- CLABSI
- SSI
- VAE
- *C. diff.*
- MRSA

**What if I need help?**

Robert Geist, MPH KDHE Health. Assoc. Infections Program 785-296-4202 <a href="mailto:RGeist@kdheks.gov">RGeist@kdheks.gov</a>	Nadyne Hagmeier, RN KS Foundation for Medical Care 800-432-0770 <a href="mailto:Nadyne.Hagmeier@area-a.hcqis.org">Nadyne.Hagmeier@area-a.hcqis.org</a>	Brenda Davis, RN KS Foundation for Medical Care 800-432-0770 <a href="mailto:Brenda.Davis@area-a.hcqis.org">Brenda.Davis@area-a.hcqis.org</a>
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NHSN technology support:  
[nhsn@cdc.gov](mailto:nhsn@cdc.gov)

The CDC has extensive training documents  
and videos here:  
[www.cdc.gov/nhsn/training/index.html](http://www.cdc.gov/nhsn/training/index.html)

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Data Systems

## SID/AHRQ

- Stage 3+ Pressure Ulcer Rate (Non-CAHs)
- Post-Op PE/DVT (If spec. inpatient surgeries)
- Post-Op sepsis rate (If spec. inpatient surgeries)

What if I need help?

Strongly encourage QHi reporting  
“Backstopped” by KHC from KHA’s Inpatient Discharges

Additional details in KHC Measures Dictionary and via AHRQ:  
[www.qualityindicators.ahrq.gov/Modules/PSI\\_TechSpec\\_ICD10.aspx](http://www.qualityindicators.ahrq.gov/Modules/PSI_TechSpec_ICD10.aspx)

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Data Systems


## Data Systems & New Hospitals

- If you have not already joined QHi, please contact Stuart Moore to enroll (see earlier slide).
- If your facility is already enrolled and using the NHSN Patient Safety Component, please confer rights to the KHC HIIN group.
- If your facility is not enrolled in NHSN please contact Robert Geist to discuss the enrollment process (see earlier slide).

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Data System Training

## Data System Training

Quality Health Indicators 

**QHi Back to Basics – Wednesday, Oct. 26, 2-3pm CT**

- Review the fundamentals of selecting measures, entering data and running reports.
- Will include EDTC Training.
- Register at: <https://cc.readytalk.com/r/cb5plgv9lpwp&eom>

**NHSN Training:**

- **Online anytime:** <https://www.cdc.gov/nhsn/training/>
- CE credit available via CDC

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HIIN Data

## SID/AHRQ

### Emphasis on Monthly Data Submission vs. Administrative Data

We strongly encourage monthly reporting of AHRQ PSIs into QHi if your facility is not already doing so:

- Stage 3+ Pressure Ulcer Rate (Non-CAHs)
- Post-Op PE/DVT (If spec. inpatient surgeries)
- Post-Op sepsis rate (If spec. inpatient surgeries)

- ICD codes, and additional inclusion and exclusion criteria will be included in the updated HIIN measures dictionary.
- PSIs will be “back-stopped” by inpatient discharges but claim run-off, validation, and submission delays mean this data will be a *minimum* of 3 months behind.

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HIIN Data

## Data System Updates

- Overall data flow relatively unchanged from HEN 2.0
  - NHSN preferred for HAI measures.
  - Other measures entered into QHi

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HIIN Data

## Data System Updates: KHC's NHSN Template

- The HEN/HIIN group (Kansas Healthcare Collaborative ID 19423) template will be updated to include MRSA Bacteremia LabID events.
- Facility Administrator will need to re-accept after the change in requested data.

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## Data System Updates: QHi


- New HIIN measures will be added to QHi.
- Process to transmit NHSN data into QHi is being developed for hospitals that have opted-in.
  - Can use QHi reporting to create custom cohorts based on elements such as bed-size and services offered.

## Feedback and reports

- KHC will begin providing hospitals with baseline summary reports when needs assessments are completed.

Sample Reports

## Baseline Reports will Be Provided (Sample from HEN 2.0)



**Community Hospital**  
HEN 2.0 Baselines Report  
March 10, 2016

The following table displays the current status of the core evaluation measures for HEN 2.0 for your facility. The baseline time periods were determined from the preferred baseline periods specified in the Kansas HEN 2.0 Measure Dictionary. The baselines below will be used to identify your target level of performance for each measure for HEN 2.0.

Measures marked "N/A" are not applicable for your facility. If the numerator and denominator are marked "No data", we do not have baseline data for that measure from your facility. Missing data should be provided by Friday, January 22. For questions, please contact Rob Rutherford at (785) 235-0763 or email [rrutherford@khconline.org](mailto:rrutherford@khconline.org).


**HEN 2.0 Evaluation Measures**

Area	Measure	Baseline Period	Num.	Den.	Source
ADE	Naloxone Administration	01/2013 - 12/2013	0	21	QHI
	Hypoglycemia in Inpatients Receiving Insulin	01/2014 - 12/2014	1	6	QHI
	Excessive Anticoagulation with Warfarin - Inpatients	01/2014 - 12/2014	5	8	QHI
CAUTI	CAUTI rate per 1,000 Catheter Days ICUs + Other Inpatient Units	01/2015 - 09/2015	1	24	QHI
	CAUTI rate per 1,000 Catheter Days - ICUs	No ICU	N/A	N/A	NHSN
	Catheter Utilization Rate - ICUs + Other Inpatient Units (excluding NICUs)	01/2015 - 09/2015	29	143	QHI
	Catheter Utilization Rate - ICUs excluding NICUs	No ICU	N/A	N/A	NHSN

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Sample Reports

## Sample Monitoring Report



**HEN 2.0 Milestone 3  
Progress Summary Monitoring Data**  
Community Hospital  
March 10, 2016

Thank you for your hospital's recent efforts toward establishing your new baseline for the HEN 2.0 evaluation measures and allowing the Kansas HEN to successfully achieve Milestone 2 set by the AHA/HRET Hospital Engagement Network. We are now focused on achieving Milestone 3, which is to ensure the first five months of monitoring data (October through February) are submitted to HRET by March 31.

The following table displays your hospital's new HEN 2.0 baseline rate and current data submission status. Please review closely to ensure all monitoring data (October through February) are provided by Wednesday, March 30, in order to meet our Milestone 3 deadline. For questions, contact Rob Rutherford at (785) 235-0763 or email [RRutherford@khconline.org](mailto:RRutherford@khconline.org).

**HEN 2.0 Evaluation Measures**

Area	Measure	Source	Baseline Rate	Monitoring Months					Current 3 mo. Rate	40/20 Target Rate
				Oct.	Nov.	Dec.	Jan.	Feb.		
ADE	Naloxone Administration	QHI	0.3	Y	Y	N	Y	0.1	0.2	
	Hypoglycemia in Inpatients Receiving Insulin	QHI	6.1	Y	Y	N	Y	2.5	4.5	
	Excessive Anticoagulation with Warfarin - Inpatients	QHI	3.4	Y	Y	N	Y	0.1	2.3	
CAUTI	CAUTI rate per 1,000 Catheter Days ICUs + Other Inpatient Units	NHSN	0.1	Y	Y	Y	Y	0.1	0.4	
	CAUTI rate per 1,000 Catheter Days - ICUs	NHSN	0.0	Y	Y	Y	Y	0.0	0.0	
	Catheter Utilization Rate - ICUs + Other Inpatient Units (excluding NICUs)	NHSN	16.9	Y	Y	Y	Y	11.7	1.5	
	Catheter Utilization Rate - ICUs excluding NICUs	NHSN	41.5	Y	Y	Y	Y	56.3	24.0	

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Sample Reports

# Sample Analytic Report Snapshot

Executive snapshot

Hospital de-identifier

Facility 001

Summary of Kansas HEN Outcome Measures

Area	Outcome Measure	Most Recent	Months Submitted	Current Performance
ADE	Naloxone Administration	04/2016	7	No reduction
	Hypoglycemia in Inpatients Receiving Insulin	05/2016	8	Zero = 4 mo.
CAUTI	Excessive Anticoagulation with Warfarin - Inpatients	05/2016	8 (4)	Zero = 4 mo.
	CAUTI rate per 1,000 Catheter Days - Other Inpatient Units	05/2016	8	Zero = 8 mo.
CLABSI	CAUTI rate per 1,000 Catheter Days - ICUs	N/A	N/A	N/A
	CLABSI Rate per 1,000 Central-Line Days (All Unit)	05/2016	8 (5)	Zero = 3 mo.
FALLS	CLABSI Rate per 1,000 Central-Line Days (ICUs)	N/A	N/A	N/A
	Falls With Injury	05/2016	8	Zero = 8 mo.
OB	Falls With or Without Injury	05/2016	8	No reduction
	Elective Deliveries at >= 37 Weeks and < 39 Weeks	05/2016	8	No reduction
	Massive OB Blood Transfusions	05/2016	8 (4)	Zero = 4 mo.
HAPU	Pre-eclampsia - ICU Admissions	12/2015	2 (0)	Insuff. data
	Patients with at Least One Stage II or Greater HAPU	05/2016	8	Zero = 5 mo.
Readmit.	Readmissions Within 30 Days (All Cause)	05/2016	8	85.99% rth.
SSI	SSI Rate: Colon Surgeries			
	SSI Rate: Abdominal Hysterectomies			
	SSI Rate: Total Knee Replacements	N/A	N/A	N/A
SSI	SSI Rate: Total Hip Replacements			
	SSI Rate: All Surgical Procedures	N/A	N/A	N/A
VAE	VAC Rate - All Units (CDC-NHNS)			
VTE	IVAC Rate - All Units (CDC-NHNS)			
	Hospital Acquired Potentially-Preventable VTE	05/2016	8 (0)	Sparse data
GDI	Facility-wide C. difficile Rate	05/2016	8	Zero = 8 mo.
WS	Harm Events Related to Patient Handling			No data

Preliminary Kansas HEN 2.0 Analytic Report | Kansas Healthcare Collaborative | June 16, 2016 | 3 / 28 | Healthcare Collaborative | June 21, 2016 | 1 / 40

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Sample Reports

# Sample Analytic Report Detail

## Naloxone Administration

### Performance

Baseline Period	Baseline Rate	Current Period	Current 3-Mo. Rate	Total Project Rate
3Q2016	0.4	04/2016-04/2016	0.7percent	0.15 percent

### Progress Summary

Based on your baseline and current three-month performance, your facility demonstrated a reduction exceeding the 40/20 patient safety improvement targets.

69.65% rth.

### Comparison

Data Source	Measure Type	Desired Trend	Target
QHI	Outcome	Reduction	0.5 percent

### Data

Year	Month	Count
2015	O	3/356
	N	0/666
	D	0/184
2016	J	2/390
	F	2/140
	M	4/100
2016	A	41/285
	M	0/507
	J	0/424
2016	J	1/103
	A	-
	S	-
2016	O	-
	N	-
	D	-

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Sample Reports

## And Other Feedback Reports TBD, eg, Side-by-Side Progress Report

**Kansas HEN 2.0 Milestone 4**  
**Side-by-Side Progress toward 40/20 Goals**  
July 14, 2016

	Topics Currently Meeting Target												Eligible	
	1	2	3	4	5	6	7	8	9	10	11	12	Topics	%
Facility 315	ADE	CAUTI	FALLS	FrU	ReAdm	CDI	WS						7/7	100
Facility 603	ADE	CAUTI	FALLS	FrU	ReAdm	CDI	WS						7/7	100
Facility 514	ADE	FALLS	FrU	ReAdm	CDI	WS							6/6	100
Facility 316	ADE	CAUTI	CLABSI	FALLS	FrU	OB	SSI	CDI	WS				9/10	90
Facility 806	ADE	CAUTI	CLABSI	FALLS	FrU	OB	ReAdm	SSI	CDI				9/10	90
Facility 864	ADE	CAUTI	CLABSI	FALLS	OB	ReAdm	CDI	WS	FrU				8/9	89
Facility 430	ADE	CAUTI	CLABSI	FALLS	FrU	OB	ReAdm	CDI					8/9	89

For example, the HIIN project may also help hospitals utilize NHSN Tap Reports, as well as examine the use of harms per discharge and harms per patient day.

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*In Development:*

## HRET's HIIN<sub>improvement</sub> Calculator

Excel-based tool to calculate and display:

- Harms prevented
- Costs saved
- Lives saved (new!)

Planned HIIN<sub>improvements</sub>:

- Improved end-user experience
- Based on pivot tables and slicers (not VBA macros)
- Main dashboard
- "Data drop" or "data entry"
- Drill-downs by hospital, measure
- Updated cost estimates

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HIIN Schedule

### Kansas HIIN 2016-2017 Data Submission Schedule

Outcome & Process Measures for HACs occurring in:	Readmissions for index discharges in, and SSI for procedures performed in:	Submission Due
October, 2016	September, 2016	November 30, 2016
November, 2016	October, 2016	December 31, 2016
December, 2016	November, 2016	January 31, 2017
January, 2017	December, 2016	February 29, 2017
February, 2017	January, 2017	March 31, 2017
March, 2017	February, 2017	April 30, 2017
April, 2017	March, 2017	May 31, 2017
May, 2017	April, 2017	June 30, 2017
June, 2017	May, 2017	July 31, 2017
July, 2017	June, 2017	August 30, 2017
August, 2017	July, 2017	September 30, 2017

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- Resources
- ### What and Who
- General questions: [info@khconline.org](mailto:info@khconline.org)
  - Data questions: [rrutherford@khconline.org](mailto:rrutherford@khconline.org)
  - Clinical and Operational support include:
    - Topic LISTSERVs® (coming soon)
    - Subject matter experts at virtual and in-person learning sessions
    - Cynosure Health improvement advisors
    - Collaborative workgroups and fellowships
  - Resources: [www.khconline.org](http://www.khconline.org) and [www.hret-hiin.org](http://www.hret-hiin.org)
- Kansas Healthcare Collaborative 66

Upcoming Events

## National Webinars

**AHA HPOE Webinar**  
**Healthcare Reform and The Path to to Equity**  
Tuesday, Nov. 8 ● 11:00 a.m. to 12:00 p.m.  
Pre-register at:  
[https://events-na12.adobeconnect.com/content/connect/c1/1309328635/en/events/event/private/1309708705/1313399630/event\\_registration.html?sco-id=1583436170&campaign-id=Website& charset =utf-8](https://events-na12.adobeconnect.com/content/connect/c1/1309328635/en/events/event/private/1309708705/1313399630/event_registration.html?sco-id=1583436170&campaign-id=Website& charset =utf-8)

Upcoming Events at  
[www.hret-hiin.org](http://www.hret-hiin.org)

Most HRET HIIN webinars will take place  
Tuesdays or Thursdays.

All times listed are Central Time (CT)

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Upcoming Events

## Next KHC HIIN Webinar

**Wednesday, December 7**  
10:00 a.m. to 11:00 a.m.  
Pre-register at: [www.khconline.org](http://www.khconline.org)

All sessions are recorded and archived at  
[www.khconline.org](http://www.khconline.org)

All times listed are Central Time (CT)

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Reflection and Next Steps

- What would you like to learn more about?
- Next steps:
  - Return HIIN commitment form to KHC and QHi form to KHA. (if you haven't already)
  - Celebrate with your staff! You are committing to an extraordinary national initiative to improve care.
  - Watch email for KHC HIIN Encyclopedia of Measures, NHSN instructions, link to complete needs assessment, list-serv signup, and site visit scheduling.
  - Review HIIN baseline periods and measures. October monitoring data will be due Nov. 30. Contact KHC with any questions.
  - Register for upcoming HIIN webinars (state and national).

Enrollment >  
Steps

KHC HIIN  
Commitment  
Letter

QHi  
and NHSN  
Enrollment

▪ Needs  
assessment  
▪ Baseline data  
submission

Site Visit

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785-235-0763Contact Us

## Your KHC Team

 <b>Kendra Tinsley</b> Executive Director ktinsley@khconline.org	 <b>Michele Clark</b> Program Director mclark@khconline.org	 <b>Eric Cook-Wiens</b> Data and Measurement Manager ecook-wiens@khconline.org	 <b>Rob Rutherford</b> Senior Health Care Data Analyst rrutherford@khconline.org	 <b>Rosanne Rutkowski</b> Program Director rrutkowski@khconline.org
 <b>Toni Dixon</b> Communications Director tdixon@khconline.org	 <b>Rhonda Lassiter</b> Executive Assistant rlassiter@khconline.org	 <b>Alyssa Miller</b> Project Coordinator amiller@khconline.org	 <b>Amanda Prosser</b> Project Coordinator aprosser@khconline.org	
 <b>Jill Daughette</b> Quality Improvement Advisor jdaughette@khconline.org	 <b>Karlen Haury</b> Quality Improvement Advisor khaury@khconline.org	 <b>Mary Monasmith</b> Quality Improvement Advisor mmonasmith@khconline.org	 <b>Josh Mosier</b> Quality Improvement Advisor jmosier@khconline.org	 <b>Jonathan Smith</b> Quality Improvement Advisor jsmith@khconline.org

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