Kansas Hospital Engagement Network

Virtual Meeting

Agenda

- Introductions
- CMS’ Transforming Clinical Practice Initiative (TCPI)
  - Practice Transformation Network (PTN)
  - Support & Alignment Network (SAN)
- Kansas HEN Data and Measures Update
- Announcements & Upcoming Events
- Discussion / Questions
Introductions

Presenters

Kansas Medical Society

Jerry Slaughter
Executive Director

Kansas Healthcare Collaborative

Michele Clark, MBA, CPHQ, ABC
Program Director

Eric Cook-Wiens, MPH, PCMH
Measures and Data Manager

Kendra Tinsley
Executive Director

Comments or questions?

Please type your comments or questions into the chat window throughout the virtual meeting.

We will pause for telephone Q&A between topics.

Or contact us after the webinar. Emails and phone numbers are provided on the last slide.
Polling Question #1

Are you familiar with the Transforming Clinical Practice Initiative (TCPI)?

- Yes
- Heard of it, but that’s about it
- No
Practice Transformation Network (PTN) Partners

- Iowa Healthcare Collaborative (primary applicant)
- States involved: Iowa, Kansas, Oklahoma, Georgia, South Dakota, Nebraska
- Total provider goal: 5,000-6,000
- Why have we applied for this grant?

Kansas Involvement

Kansas Healthcare Collaborative

Kansas Medical Society

Established 1859
A word from KMS about the PTN opportunity in Kansas

Jerry Slaughter
Executive Director
Kansas Medical Society

The NEW ENGLAND JOURNAL of MEDICINE

Setting Value-Based Payment Goals — HHS Efforts to Improve U.S. Health Care

Secretary Sylvia M. Burwell:
3 strategies to drive progress
• Incentives to reward high-quality health care
• Improving the way care is delivered
• Accelerate availability of information to guide decision-making.

(pp. 898)
AHA Federal Quality and Patient Safety Policy Update:

HHS sets Value-Based Payment Goals

- **Triple Aim:**
  - Better Care
  - Smarter Spending
  - Healthier People

- **Moving from volume to value**
  - Pay-for-performance initiatives
  - Alternative payment models

**Context for Transforming Clinical Practice**

- With the passage of the Affordable Care Act in 2010 came renewed efforts to improve our health care system.
- Efforts guided by focus on **better health, better health care, and lower costs** through quality improvement.
- Clinicians want to improve care for their patients, and to position their practices to thrive in a pay-for-value system.
- Increasing accountabilities from care delivery reform programs (e.g., Medicare Shared Savings Program).
- 16% (185,000) of clinicians are currently participating in CMS advanced care delivery models or model tests.
- With Innovation Center support, successful clinical practice leaders can support their peers with direct technical assistance to help them transform their practices.
Transforming Clinical Practice Goals

1. Support more than 150,000 clinicians in their practice transformation work
2. Improve health outcomes for millions of Medicare, Medicaid and CHIP beneficiaries and other patients
3. Reduce unnecessary hospitalizations for 5 million patients
4. Generate $1 to $4 billion in savings to the federal government and commercial payers
5. Sustain efficient care delivery by reducing unnecessary testing and procedures
6. Build the evidence base on practice transformation so that effective solutions can be scaled

Transforming Clinical Practice (TCP) would employ a three-pronged approach to national technical assistance.

This technical assistance would enable large scale transformation of more than 150,000 clinicians’ practices to deliver better care and result in better health outcomes at lower costs.
Clinical Practice Leaders Have Already Charted the Pathway to Practice Transformation

<table>
<thead>
<tr>
<th>Traditional Approach</th>
<th>Transformed Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s chief complaints or reasons for visit determines care.</td>
<td>We systematically assess all our patients’ health needs to plan care.</td>
</tr>
<tr>
<td>Care is determined by today’s problem and time available today.</td>
<td>Care is determined by a proactive plan to meet patient needs.</td>
</tr>
<tr>
<td>Care varies by scheduled time and memory/skill of the doctor.</td>
<td>Care is standardized according to evidence-based guidelines.</td>
</tr>
<tr>
<td>Patients are responsible for coordinating their own care.</td>
<td>A prepared team of professionals coordinates a patient’s care.</td>
</tr>
<tr>
<td>Clinicians know they deliver high quality care because they are well trained.</td>
<td>Clinicians know they deliver high quality care because they measure it and make rapid changes to improve.</td>
</tr>
<tr>
<td>It is up to the patient to tell us what happened to them.</td>
<td>You can track tests, consults, and follow-up after the ED and hospital.</td>
</tr>
</tbody>
</table>

Adapted from Duffy, D. (2014). School of Community Medicine, Tulsa, OK.

Transforming Clinical Practice Initiative Phases of Transformation

- **Set Aims**
- **Use Data to Drive Care**
- **Achieve Progress on Aims**
- **Achieve Benchmark Status**
- **Thrive as a Business via Pay for Value Approaches**
Our 4-Year Vision

- Have help along the way from QI Advisors and program staff!
- Influence policy!
- Learn from peers!
- Use your data!
- Be a leader!
- Get in at the ground level!
- Take advantage of program resources!

6 Key Benefits to Participating Clinicians

1. Optimizes health outcomes for patients
2. Promotes connectedness of care for patients
3. Learn from high performers how to effectively engage patients and families in care planning
4. More time spent caring for patients
5. Stronger alignment with new and emerging federal policies
6. Opportunity to be a part of the national leadership in practice transformation efforts

*Editorial: Key benefit = help you receive along the way*
Participant Expectations

- Join the Practice Transformation Network by signing a charter to focus on the initiative’s aims;
- Progress through five identified phases of practice transformation over four years using technical assistance and peer-led support;
- Identify a PTN touch point of contact at your clinic to receive and disseminate information to clinicians from the PTN, CMS and other contractors;
- Collect and submit a core data set monthly via secure web portal beginning late Summer 2015;
- Participate in monthly webinars; and
- Participate in four-month PDSA improvement cycles coupled with in-person (regional or statewide) learning sessions.

Time Line

- CMS award announcement for PTNs expected by May 15, 2015.
- PTNs begin June 1, 2015.
- Five phases over four years:
  - Phase 1: Setting aims and developing basic capabilities
  - Phase 2: Reporting and using data to generate improvements
  - Phase 3: Achieving aims of lower costs, better care, and better health
  - Phase 4: Getting to benchmark status
  - Phase 5: Practice has demonstrated capacity to generate better care, better health at lower cost
We Need Kansas Providers!

- We want Kansas to have a footprint and a voice in this program.

- Submit charter after funding award to rlassiter@khconline.org this week!

- “If awarded, we commit to participate in the PTN. We anticipate (x number) providers to be involved in this initiative.”

  *Include primary care, specialists and mid-levels in count.*
Kansas HEN Data and Measures Updates

• Data update
• Reports recap

Eric Cook-Wiens
Data and Measures Manager
Kansas Healthcare Collaborative
ewiens@khconline.org
785-235-0763 x1324

HEN Goals

Project Goal:
To reduce inpatient harm by 40 percent and readmissions by 20 percent by December 2014.

Secondary goal:
Participation by all hospitals in the network with a target of 80% of facilities reporting data for outcome measures.
Percent of hospitals submitting 8 or more data points

- Early Elective Delivery: 98%
- CAUTI Rate (non-CUSP): 80%
- Fall Rate (w/ or w/out injury): 14%
- CLABSI Rate: 96%
- Readmissions (all cause): 71%
- HF Readmissions (all cause): 68%
- Potentially Preventable VTE: 82%
- Stage 2 or Higher HAPU: 67%
- Naloxone Administration: 67%
- SSI-Colon Surgery: 98%
- Excessive Anticoag.: 67%
- Massive O/B Blood Transfusions: 64%
- SSI-Abdominal Hysterectomy: 58%
- Total O/B Blood Transfusions: 58%
- SSI-Applicable Procedures: 44%
- Hypoglycemia: 42%
- Timely Tx. for Severe HTN: 42%
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- Potentially Preventable VTE: 98%
- Both, CUSP & non-CUSP: 6%
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- Timely Tx. for Severe HTN: 42%
- Potentially Preven
### Kansas HEN 2015 Data Submission Schedule

<table>
<thead>
<tr>
<th>Outcome &amp; Process Measures for HACs occurring in:</th>
<th>Readmissions for index discharges in, and SSI for procedures performed in:</th>
<th>Submission Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>December</td>
<td>February 28</td>
</tr>
<tr>
<td>February</td>
<td>January</td>
<td>March 31</td>
</tr>
<tr>
<td>March</td>
<td>February</td>
<td>April 30</td>
</tr>
<tr>
<td>April</td>
<td>March</td>
<td>May 31</td>
</tr>
<tr>
<td>May</td>
<td>April</td>
<td>June 30</td>
</tr>
<tr>
<td>June</td>
<td>May</td>
<td>July 31</td>
</tr>
<tr>
<td>July</td>
<td>June</td>
<td>August 31</td>
</tr>
<tr>
<td>August</td>
<td>July</td>
<td>September 30</td>
</tr>
<tr>
<td>September</td>
<td>August</td>
<td>October 31</td>
</tr>
<tr>
<td>October</td>
<td>September</td>
<td>November 21</td>
</tr>
<tr>
<td>November</td>
<td>October</td>
<td>December 31</td>
</tr>
</tbody>
</table>
Summary of Kansas HEN Outcome Measures
Through December 2014

<table>
<thead>
<tr>
<th>Area</th>
<th>Outcome Measure</th>
<th>Most Recent</th>
<th>Months Submitted</th>
<th>Current Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td>Sodium administration</td>
<td>12/2014</td>
<td>36</td>
<td>0.5 mmol/L</td>
</tr>
<tr>
<td></td>
<td>Excessive anticoagulation with Warfarin - Inpatients</td>
<td>12/2014</td>
<td>24</td>
<td>3.5 mmol/L</td>
</tr>
<tr>
<td></td>
<td>Hypoglycemia in inpatients receiving insulin</td>
<td>12/2014</td>
<td>24</td>
<td>Met Bloodwork</td>
</tr>
<tr>
<td>CAUTI</td>
<td>CAUTI rate per 1,000 catheter days</td>
<td>11/2014</td>
<td>23</td>
<td>1.5 per 1,000 cath.</td>
</tr>
<tr>
<td>CLABSI</td>
<td>CLABSI rate per 1,000 central line-days</td>
<td>11/2014</td>
<td>23</td>
<td>1.5 per 1,000 cl.</td>
</tr>
<tr>
<td>Falls</td>
<td>Falls with or without injury</td>
<td>12/2014</td>
<td>36</td>
<td>3.5 per 1,000 cl.</td>
</tr>
<tr>
<td>OB</td>
<td>Elective deliveries at &gt;= 37 weeks and &lt; 19 weeks</td>
<td>12/2014</td>
<td>24</td>
<td>20.5%</td>
</tr>
<tr>
<td></td>
<td>Total OB Blood Transfusions</td>
<td>12/2014</td>
<td>24</td>
<td>20.5%</td>
</tr>
<tr>
<td></td>
<td>Timely Treatment for Severe Hypertension</td>
<td>12/2014</td>
<td>24</td>
<td>20.5%</td>
</tr>
<tr>
<td>HAPU</td>
<td>Patients with at least one stage II or greater HAPU</td>
<td>12/2014</td>
<td>22</td>
<td>9.3%</td>
</tr>
<tr>
<td></td>
<td>Patients with at least one stage III or greater HAPU</td>
<td>12/2014</td>
<td>22</td>
<td>9.3%</td>
</tr>
<tr>
<td>Rebound</td>
<td>Readmissions within 30 days (all cause)</td>
<td>12/2014</td>
<td>35</td>
<td>1.5%</td>
</tr>
<tr>
<td></td>
<td>Readmissions within 30 days (all causes)</td>
<td>12/2014</td>
<td>35</td>
<td>1.5%</td>
</tr>
<tr>
<td>SSI</td>
<td>SSI rate (within 30 days after procedure) for colon surgery procedures</td>
<td>10/2014</td>
<td>19</td>
<td>2.5%</td>
</tr>
<tr>
<td></td>
<td>SSI rate (within 30 days after procedure) for abdominal hysterectomy procedures</td>
<td>11/2014</td>
<td>28</td>
<td>2.5%</td>
</tr>
<tr>
<td></td>
<td>SSI rate (within 30 days after procedure) for all surgical procedures</td>
<td>-</td>
<td>0</td>
<td>2.5%</td>
</tr>
<tr>
<td>VAE</td>
<td>VAE - All tests (CDC MMWR)</td>
<td>-</td>
<td>0</td>
<td>No data</td>
</tr>
<tr>
<td>VTE</td>
<td>Potentially preventable VTE</td>
<td>12/2014</td>
<td>35</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

NOTE: The number of months having >0 denominator events is in parentheses. Any analysis summary is provided if >1 monthly data points are submitted, with >1 denominator event(s). A zero denominator is valid for the O/E, 95% CI, and VTE outcome measures.
How are cell colors assigned?

- **Green**: A current streak of at least 3 months with zero numerator events, or
- A reduction from baseline of 40% (20% for readmissions)*, or
- Rate for the most recent 3 months meets the national benchmark set by CMS or HRET

- **Yellow**: Reduction from baseline, but not yet achieving target (40% or 20% for readmissions)*

- **Red**: No reduction from baseline*

- **Grey**: No data submitted, or
- Insufficient data: Fewer than 8 monthly data points submitted, or
- Sparse data: Data is submitted, but there were too few denominator events to evaluate change over time

- **N/A**: Inapplicable focus areas for certain facilities (e.g. CLABSI, SSI, 0B or VAE)

- **Orange**: Most recent submitted data more than 6 months old

*Current performance is determined by most recent 3 months of monitoring data. Baseline performance is determined by the 2011 annual baseline (if available) or by the earliest 3 months of monitoring data.

---

### National Benchmarks

<table>
<thead>
<tr>
<th>Measure</th>
<th>Benchmark</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective deliveries at &gt;= 37 Weeks and &lt; 39 weeks</td>
<td>2%</td>
<td>CMS HEN Program</td>
</tr>
<tr>
<td>Patients with at least one stage II or greater HAPU</td>
<td>1.487%</td>
<td>CMS HEN Program</td>
</tr>
<tr>
<td>Patients with at least one stage III or greater HAPU</td>
<td>0.21%</td>
<td>HRET</td>
</tr>
<tr>
<td>Falls with or without injury</td>
<td>2.15 falls per 1,000 patient days</td>
<td>CMS HEN Program</td>
</tr>
<tr>
<td>CAUTI rate per 1,000 catheter days</td>
<td>0.48 infections per 1,000 device days</td>
<td>CMS HEN Program</td>
</tr>
<tr>
<td>CLABSI rate per 1,000 central-line days</td>
<td>0.18 infections per 1,000 central-line days</td>
<td>CMS HEN Program</td>
</tr>
<tr>
<td>Potentially preventable VTE</td>
<td>0.156%</td>
<td>HRET</td>
</tr>
<tr>
<td>Excessive anticoagulation with Warfarin - Inpatients</td>
<td>0%</td>
<td>CMS HEN Program</td>
</tr>
<tr>
<td>Hypoglycemia in inpatients receiving insulin</td>
<td>7%</td>
<td>CMS HEN Program</td>
</tr>
</tbody>
</table>

Source: HRET Improvement Calculator v3.03, July 2014
Sample Facility-level Data Report

Summary of Process Measures

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<thead>
<tr>
<th>Area</th>
<th>Process Measure</th>
<th>Most Recent</th>
<th>Months Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td>ADE reporting</td>
<td>12/2014</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Rate of harmful events</td>
<td>12/2014</td>
<td>24</td>
</tr>
<tr>
<td>CARETI</td>
<td>Central line insertion bundle adherence rate</td>
<td>12/2014</td>
<td>15</td>
</tr>
<tr>
<td>CLARIH</td>
<td>Central line insertion bundle adherence rate</td>
<td>12/2014</td>
<td>36</td>
</tr>
<tr>
<td>OB</td>
<td>Use of standardized tool for scheduling cesarean sections and induction of labor</td>
<td>12/2014</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Documentation of induction prior to induction of labor as part of induction bundle</td>
<td>12/2014</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Record review of scheduled cesarean sections and induction of labor less than 39 weeks gestation</td>
<td>12/2014</td>
<td>12</td>
</tr>
<tr>
<td>SSII</td>
<td>Patients with pressure injuries with a risk assessment completed within 24 hours of admission</td>
<td>12/2014</td>
<td>12</td>
</tr>
<tr>
<td>SSI</td>
<td>Prophylactic antibiotic received within one hour prior to surgical incision</td>
<td>12/2014</td>
<td>12</td>
</tr>
<tr>
<td>SI</td>
<td>Prophylactic antibiotic received within 24 hours for surgical patients</td>
<td>12/2014</td>
<td>12</td>
</tr>
<tr>
<td>VTE</td>
<td>VTE prophylaxis bundle adherence rate</td>
<td>11/2014</td>
<td>17</td>
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Data

Falls with or without injury

Data

<table>
<thead>
<tr>
<th>Data</th>
<th>Measure Type</th>
<th>Desired Trend</th>
<th>Community Hospital Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>QMI</td>
<td>Outcome</td>
<td>Reduction</td>
<td>3.4 falls per 1,000 patient days</td>
</tr>
</tbody>
</table>

Summary

HOSP defined a target benchmark for this measure of 2.15 (source: CMS). Based on your recent 3-month rate you met the target benchmark. Based on your baseline and current performance, you demonstrated a reduction exceeding the 48/20 reduction targets.
Facility-level Kansas HEN Data Reports

- When reviewing your report, if you see data that needs to be updated or corrected, fix it in the appropriate data system (NHSN or QHi).
- KHC plans to distribute the facility-level reports once per quarter. KHC will produce updated reports for individual requests within 1-5 work days.
- As our ‘cell color’ rules mature to reflect topic-specific progress, cells colors may be a component of next iteration of a de-identified, side-by-side “comparison report,” which will focus on performance toward HEN goals.

Polling Question #2
(choose one)

Have you analyzed your HEN measures in similar ways before?

- We knew what our performance levels were; the report validated them.
- We tracked our performance, but were surprised at the performance levels in the report.
- We have not considered our performance this way before; this is new for us.
- We have not seen/reviewed the report.
Polling Question #3
(choose one)
What was your overall impression of your facility’s performance “across the board” after reviewing your Kansas HEN report?

- Gratified – we worked hard and it paid off!
- Concerned – we have work to do
- Not surprised
- Mostly just noticed data needs to be cleaned-up
- Do not feel the performance scores are appropriate
- Have not seen the report

Polling Question #4
(Select all applicable responses)
How will you use the Kansas HEN report?

- I will use this report to double-check data.
- I will use this report to help me analyze performance on HEN measures.
- I will use this report to communicate progress on HEN measures with our quality team.
- I will use this report to communicate progress on HEN measures with our CEO/senior leadership.
- I will use this report to communicate progress on HEN measures with our Board of Directors.
- We have other reports for these measures; I will probably will not use this report.
- I do not plan to use this report.
Q&A / Discussion

Announcements

- AHA Quality Map Project
- FY 2016 Inpatient PPS Proposed Rule
- HEN 2.0 Update
- Recent KHC Events
- Upcoming Events
- Resources
- Contacts

For more information contact:

Michele Clark
Program Director
Kansas Healthcare Collaborative
mclark@khconline.org
785-235-0763 x1321
AHA Quality Map Project

- The American Hospital Association will highlight quality success stories in an online, interactive map that brings together examples of QIs across the nation.
- A soon-to-be-released AHA report on quality efforts across the country will serve as a foundation for the Quality Map.
- Kansas has success stories! Let us know if you would like to submit a case study. It can be in any of the 10 core HEN categories, plus patient satisfaction, ED visits, harm avoidance, evidence-based care measures or antimicrobial stewardship.

For more information, contact Janie Rutherford
KHC Communications Director
jrutherford@khconline.org
785-235-0763  ext.1322

FY 2016 Inpatient PPS Proposed Rule

- Published Apr. 17
- Comments due Jun 16
- Detailed Regulatory Advisory forthcoming

This presentation focuses mainly on programs as they exist now (but will mention a couple of notable proposals)

CMS will accept comments on the proposed rule until June 16, 2015, and will respond to all comments in a final rule to be issued by August 1, 2015. The proposed rule can be downloaded from the Federal Register at https://www.federalregister.gov/public-inspection

This document is scheduled to be published in the Federal Register on 04/30/2015 and available online at http://federalregister.gov/a/2015-09245
HEN 2.0 Update

- **Who:** All acute care hospitals in the U.S.

- **What:** Achieve a 40% reduction in “all cause” preventable inpatient harm and a 20% reduction in 30-day readmissions. (Baseline 2010 or most recent year available)

- **When:** CMS expects funds will be made available Spring of FY 2015. Start date will be immediately upon award. Announcement expected no later than September 2015

- **How/Where:** Hospital Engagement Networks across the state and nation (AHA/HRET submitted proposal to CMS on March 27.)

- **Why:** In pursuit of safety across the board

Kansas PFAC Collaborative

A statewide collaborative hosted by KHC with national faculty to help hospitals establish an effective Patient and Family Advisory Council or to improve upon an existing PFAC program.
Lean Workshop Attendees

50 participants from 21 Kansas healthcare-related organizations attended the KHC Introduction to Lean in Healthcare Workshop in Topeka, March 26-27.
Dates to Remember

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>May 27 (10 am)</td>
<td>Kansas HEN Webinar</td>
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<tr>
<td>May 18 (2 pm)</td>
<td>Kansas PFAC Collaborative Coaching Session #1</td>
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<tr>
<td>June 3 (all day)</td>
<td>Kansas ICU CUSP/CAUTI Project Meeting (cohort 9) (Topeka)</td>
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<tr>
<td>June 18 (2 pm)</td>
<td>Kansas PFAC Collaborative Learning Session #2</td>
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<tr>
<td>June 24 (10 am)</td>
<td>Kansas HEN Webinar</td>
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Pre-register at [www.khconline.org](http://www.khconline.org)
Plan to log into webinars 10-15 minutes early.
Kansas HEN Webinar Archive

Access recordings and handouts at www.khconline.org

See General Education Archive.

Upcoming National Events:

May 12, 2015 • 11 am – 12 pm CT
On the CUSP: Stop CAUTI
May National Content Webinar

Topic:
Catheter Insertion Practices

Presenter:
Milisa Manojlovich, PhD, RN, CCRN
Associate Professor
University of Michigan School of Nursing

with
Stacy Martin, RN, BSN, CIC and Stephanie Carraway, MPH
Moffitt Cancer Center

To join, dial 877-410-5657, passcode 28128

Access archived CAUTI educational sessions at:
www.ontheCUSPstopCAUTI/educational_sessions/content-calls
### Upcoming National Events:

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Details</th>
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<tbody>
<tr>
<td>May 6</td>
<td>HPOE Live! Community Health Needs Assessments</td>
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<tr>
<td>May 18</td>
<td>TeamSTEPPS Implementation: Fostering Buy-in from the Front Lines to the C-suite</td>
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<td>June 16-18</td>
<td>TeamSTEPPS National Conference</td>
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<td>Denver, Colorado</td>
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<td>July 22</td>
<td>2015 Quality Roadmap</td>
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<td>(For AHA/SLHQ members)</td>
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<td>San Francisco, California</td>
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<td>July 23-25</td>
<td>AHA Leadership Summit</td>
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<td>“Rewriting the Health Care Playbook: Leading Transformation and Innovation”</td>
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<td>San Francisco, California</td>
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### National Resources:

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<thead>
<tr>
<th>Source</th>
<th>Resource</th>
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<tbody>
<tr>
<td>AHRQ</td>
<td>Free TeamSTEPPS Master Training Online: Self-paced option</td>
</tr>
<tr>
<td>AHRQ</td>
<td>2014 National Healthcare Quality and Disparities Report</td>
</tr>
<tr>
<td>Institute for Healthcare Improvement</td>
<td>Getting Started Kit: Multidisciplinary Rounds How-to Guide</td>
</tr>
<tr>
<td>HPOE</td>
<td>Baldrige: Your Hospital’s Journey to Excellence (recording)</td>
</tr>
<tr>
<td>AHA Trustee April 2015</td>
<td>Article: The Importance of Physician Leadership</td>
</tr>
<tr>
<td>BMJ Open September 2014</td>
<td>The role of hospital managers in quality and patient safety: a systematic review</td>
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Your KHC Team

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Q&A / Discussion