Now is the time to achieve HEN 2.0 goals!

Agenda

- Welcome and Announcements
- Focus on Fall Prevention
- Keeping Up with Medicare’s Quality-Based Payment Reform
- Data and Measures Update
- Resources and Upcoming Events
- Contact Us
Introductions

Presenters

Dorothy Rice, RN, BSN, MBA  
Director of Quality, Risk & Trauma  
Ransom Memorial Hospital  
Ottawa, Kansas  
dorothyr@ransom.org

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

Tish Hollingsworth  
Vice President of Reimbursement  
Kansas Hospital Association  
Topeka, Kansas  
thollingsworth@kha-net.org

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

Kansas Patient and Family Advisory Council (PFAC) Collaborative

Topeka Workshops for  
Kansas PFAC Collaborative Participants

Being Heard: A Story-Telling Workshop  
Wednesday, April 27  
1:00 to 4:30 pm

Train-the-Trainer Workshop  
Orientation of and advance utilization of patient/family advisors  
Thursday, April 28  
8:15 am to 4:30 pm

Our Instructors

Tiffany Christensen  
Patient Advocate/  
Patient and Family Engagement Specialist  
North Carolina Quality Center  

Allison Christensen  
MPH, OTR/L  
Project Coordinator  
Duke University Health System  

Tiffany and Allison are currently working with the Kansas Healthcare Collaborative to serve as faculty leaders for our Kansas PFAC Collaborative to help hospitals across our state develop effective patient and family advisory councils or to strengthen existing ones.
Save the dates!
Kansas HEN Educational Events

Patient and Family Engagement and the 5 PFE Metrics

Regional workshops:
• June 23 – Topeka
• June 24 – Hays

Featuring national faculty:
• Tanya Lord, PhD, MPH, director of Patient and Family Engagement, Foundation for Healthy Communications, New Hampshire

Kansas HEN 2.0 Showcase and Celebration Event

Statewide Meeting:
• September 15 – Topeka

Featuring national faculty:
• Kathy Duncan, Institute for Healthcare Improvement (IHI) with Kansas Action Leader Fellows
• Tiffany Christenson and Allison Chrestensen, North Carolina Quality Center, with Kansas PFAC Collaborative hospitals
• And more!

HEN 2.0
Harm Across the Board (HAB) Improvement Calculator

• Updated HAB Improvement Calculator is now available (v6.0)
  ▫ Fixes technical issues identified in earlier release
  ▫ Includes new measures: OB hemorrhage, preeclampsia, c. diff, sepsis
  ▫ New/revised tabs

• KHC will provide each Kansas HEN hospital their HAB Improvement Calculator pre-populated with facility-level data.

• Contact Rob Rutherford at KHC with any questions, RRutherford@khconline.org
AHA/HRET HEN Fellowship enduring materials

- HRET is offering the first five fellowship webinars as enduring materials through ABQUARP!
- The remaining five webinars (May-September) are available for registration now at www.hret-hen.org!
- The optimal experience is to participate on the events live, so register today!

HRET HEN 2.0
Action Leader Fellowship
Faculty: Institute for Healthcare Improvement

May 11 ● June 15 ● July 13
August 17 ● September 7
September: Showcase and sharing of improvement projects

Two tracks:

**Foundational**
11:00 a.m. to 12:00 pm

**Experienced**
12:30 to 1:30 p.m.

Register at [www.hret-hen.org/events/](http://www.hret-hen.org/events/)

Next Q.I. Office Hours:
May 11, 11 am to 12 pm

More information and educational archive:
[www.hret-hen.org/engage/fellowship.shtml](http://www.hret-hen.org/engage/fellowship.shtml)
HEN 2.0: The final stretch

*We can make an impact*

What if:
- every Kansas hospital prevented at least 1 more harm... each month... in each HAC...?

And What if:
- every other hospital in the nation did this, too?

Focus on Falls Prevention

Dorothy Rice, RN, BSN, MBA
Director of Quality, Risk & Trauma
Ransom Memorial Hospital
Ottawa, Kansas
dorothyr@ransom.org
Aim and Background

**Aim:** To further decrease falls by 40% by the end of September 2016 by implementing a revised fall program.

This is important because patient falls can result in temporary or permanent harm to the patient. Patient safety is a top priority for our hospital. In addition, the patient and organization can be negatively impacted financially. The patient injury from a fall can lead to serious complication up to and including death.

**Background:** Reducing patient falls is an area that has been targeted by Ransom Memorial Hospital as an opportunity to improve Patient Safety. Falls historically have been evaluated by several disciplines and data analyzed to work to reduce falls.
Measures

Outcome:
• Falls with and without Injury
• Falls with Injury
  – *Past fall data is available and has been analyzed*

Process:
• Assessment of Fall Risk
  – *We will continue to collect data to compare the new 2016 baseline (July 1, 2015–Sept 30, 2015 for falls with injury and 2013 for falls with or without injury). Will also measure the impact of changes implemented on the reduction of falls.*
Interventions

- Implemented hourly rounding with a focus on the 3 P’s – Addressing Pain, Potty and Positioning proactively for the patient.
- Educating patients and families about how to prevent falls using the “Tips to Reduce Falls.”
- Placed signage on the whiteboard, at the foot of the patients bed, to remind patient and family to call for help before getting up alone.
- Placed yellow fall magnetic sign on the door frame so that all staff know the patient is a fall risk and can assist in prevention of falls.
- Continue to use the yellow tag on the patient ID band for fall risk identification.
- Post fall huddles completed to identify opportunities to prevent future falls as well as to address what could have been done differently with this patient to prevent the fall.

Ransom Memorial Hospital

All Falls: With or Without Injury

Baseline  - Ransom Memorial Hospital  - Goal
Ransom Memorial Hospital

Ransom Memorial Hospital

Ransom Memorial Hospital

Preliminary HEN 2.0 data as of 4/25/2016
Reflections

• Lessons Learned:
  – It requires a constant focus by leadership and staff.
  – Patients and families have to be engaged and part of the solution along with the staff.
• Barriers:
  – Staff being busy and not seeing value of hourly rounding.
  – Patient wanting to be independent and not calling for help.
  – Handoffs not as good as they should be at times.
• How you overcame them:
  – Leadership discussing with staff ongoing the importance of rounding and role-modeling behavior.
  – Engaging the patient and family ongoing.
  – “Ticket to Ride” to help handoffs

Next Steps

• Continue to focus on the efforts to reduce falls.
• Work to engage staff, as well as patients and families.
• Enlist help from our PFAC on additional ideas to help reduce falls.
• Expand fall reduction ideas into our community.
• Continue to measure falls and report to PI, the Medical Staff, and the Board of Trustees.
Keeping Up with Medicare’s Quality-Based Payment Reform

Presented to
Kansas Healthcare Collaborative
April 27, 2016

Tish Hollingsworth, Vice President of Reimbursement

Policy and Financial Impact Modeling
(Provided to KHA Members as Part of KHA Membership)

KHA Contracts with the Hospital Association of New York State (HANYS)

- Provide Hospital-Specific Reports
  - Impact of proposed and final rules on Medicare payment systems
    - Inpatient, outpatient, home health, skilled nursing facility, etc.
  - New Medicare payment models
    - Comprehensive Care for Joint Replacement (CJR)
  - Advocacy reports
  - Impact of Quality-Based Payment Reform
    - Value-Based Purchasing
    - Hospital-Acquired Conditions
    - Hospital Readmissions Reduction Program
Policy and Financial Impact Modeling

- Report Sets
  - Include a Payment Rule Brief
  - Analysis Description
  - Hospital-specific Impact Report
    - Using information from CMS data files, Medicare cost reports, Medicare claims files, etc.
    - Program rules and/or updates
  - Sent Electronically to the CEO and CFO
  - Posted on HIDI Analytic Advantage
    - Requires user name and password
    - Historical reports are posted
    - Allows access to other hospital staff, i.e. Quality reporting staff

Recent Quality Reporting Analyses

- Hospital-Acquired Conditions
- Hospital Readmissions Reduction Program
- Value-Based Purchasing Program
- CJR Estimated Quality Metrics
- QBPR Reference Guide for 2016 to 2018 Program Years
- QBPR Hospital-Specific 1-Pager
- Medicare Spending per Beneficiary (coming soon)
Questions?

Tish Hollingsworth
thollingsworth@kha-net.org
785-276-3132
Measures & Data Update

- Analytic Reports Released
- Progress to Date

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

Kansas HEN Data Reports:

- HEN 2.0 data analytic reports released
  - 4/26 – Final report distributed to CEO, CNO and primary/secondary HEN contacts
- Harm Across the Board Improvement Calculator
  - Updated HAB calculator pre-populated with hospital data – To be released this week!
- Side-by-Side Report and Leadership dashboard
  - In development
Kansas HEN 2.0 Data Analytic Reports Released!

**Readmission Within 30 Days (All Cause)**

**Performance**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline Median</th>
<th>Baseline 1st Quartile</th>
<th>Baseline 3rd Quartile</th>
<th>Target Median</th>
<th>Target 1st Quartile</th>
<th>Target 3rd Quartile</th>
<th>Corrected Yr 1</th>
<th>Corrected Yr 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAUTI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLABSI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OB harm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Falls with Injury</td>
<td>83%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PrU</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Readmissions</td>
<td>82%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Progress Summary**

Based on your baseline and current performance, your facility demonstrated a reduction, although not yet achieving the project target.

Data

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data Source</th>
<th>Trend</th>
<th>Status</th>
<th>% Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td></td>
<td></td>
<td></td>
<td>83%</td>
</tr>
<tr>
<td>CAUTI</td>
<td></td>
<td></td>
<td></td>
<td>85%</td>
</tr>
<tr>
<td>CLABSI</td>
<td></td>
<td></td>
<td></td>
<td>80%</td>
</tr>
<tr>
<td>EED</td>
<td></td>
<td></td>
<td></td>
<td>73%</td>
</tr>
<tr>
<td>OB harm</td>
<td></td>
<td></td>
<td></td>
<td>73%</td>
</tr>
<tr>
<td>Falls with Injury</td>
<td>83%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PrU</td>
<td></td>
<td></td>
<td></td>
<td>76%</td>
</tr>
<tr>
<td>SSI</td>
<td></td>
<td></td>
<td></td>
<td>68%</td>
</tr>
<tr>
<td>VAE</td>
<td></td>
<td></td>
<td></td>
<td>73%</td>
</tr>
<tr>
<td>Readmissions</td>
<td>82%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HEN 2.0 Data and Measures Update

Kansas HEN data submission status:

**HEN 2.0 Core Evaluation Measures**

<table>
<thead>
<tr>
<th>Harm topic</th>
<th>% Current through February monitoring period</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td>83%</td>
</tr>
<tr>
<td>CAUTI</td>
<td>85%</td>
</tr>
<tr>
<td>CLABSI</td>
<td>80%</td>
</tr>
<tr>
<td>EED</td>
<td>73%</td>
</tr>
<tr>
<td>OB harm</td>
<td>73%</td>
</tr>
<tr>
<td>Falls with Injury</td>
<td>83%</td>
</tr>
<tr>
<td>PrU</td>
<td>76%</td>
</tr>
<tr>
<td>SSI</td>
<td>68%</td>
</tr>
<tr>
<td>(Colo, AbHyst, KPRO, HPRO)</td>
<td></td>
</tr>
<tr>
<td>VAE</td>
<td>73%</td>
</tr>
<tr>
<td>Readmissions</td>
<td>82%</td>
</tr>
</tbody>
</table>

Rounded.
**Kansas Hospital Engagement Network (HEN 2.0)**

**HEN 2.0 Data and Measures Update**

### Progress to date in achieving 40/20 goals

**Snapshot:** Most recent available month

- **SSI**
- **READ**
- **FALLS**
- **EED**
- **CLABSI**
- **CAUTI**
- **ADE**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Achieving or Zero</th>
<th>Good progress</th>
<th>Not meeting</th>
<th>Missing or N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>READ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FALLS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLABSI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAUTI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HEN 2.0 Data and Measures Update**

### HRET HEN 2.0 Milestones

**Milestone 1:** (Nov 2, 2015)
- Hospital Commitments

**Milestone 2:** (Feb 8, 2016)
- Hospital site visits
- Baseline data

**Milestone 3:** (Apr 29, 2016)
- Monitoring data for all topics for the period of Oct 1, 2015 through Jan 31, 2016

**Milestone 4:** (Aug 31, 2016)
- Monitoring data, and hospitals reaching HEN 2.0 goals for at least 5 topics.
Readmissions FAQ

Q. On the Patients Receiving Complete Discharge Education Verified by Teach-Back or Other Means: HEN 2.0 measure the instructions indicate All eligible patients; Does this include Respite and Swingbed?

A. Consistent with guidance on other measures, HRET recommends hospitals decide which populations to include or exclude, and be consistent for reporting throughout the project. In the spirit of Q.I., HRET recommends hospitals focus on implementation with all populations.

Kansas HEN 2015-2016
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>October, 2015</td>
<td>September, 2015</td>
<td>November 30, 2015</td>
</tr>
<tr>
<td>April, 2016</td>
<td>March, 2016</td>
<td>May 31, 2016</td>
</tr>
<tr>
<td>May, 2016</td>
<td>April, 2016</td>
<td>June 30, 2016</td>
</tr>
<tr>
<td>June, 2016</td>
<td>May, 2016</td>
<td>July 31, 2016</td>
</tr>
</tbody>
</table>
Resources & Upcoming Events

Michele Clark, MBA, CPHQ, ABC
Program Director
Kansas Healthcare Collaborative
mclark@khconline.org
(785) 235-0763 x1321

How Ready is Ready?

- Not thinking about it
- Thinking about it
- Getting ready to do something about it
- Taking action
- Holding the gains

Modified Prochaska’s Model
Change packages and checklists

• Nearly all topics have Change Packages and Checklists!

**Early Elective Delivery (EED)**

**Importance:** Approximately 4 million births occur in the United States yearly (Martin et al., 2015). An early elective delivery is a delivery performed for a nonsurgical reason prior to 39 weeks of gestation age (ACOG, 2011). In the U.S., approximately 16-23% of all births are performed early without a medical reason (March of Dimes, 2012). Additionally, nearly 9% of U.S. births that are paid for by Medicaid are early elective deliveries (Rorer et al., 2010). A survey of insured women found that 32.4% of women reported that giving birth before 39 weeks was safe (Goldenberg et al., 2009). Infants delivered prior to 36 weeks without medical reasons are at an increased risk of lower birth mass (March of Dimes, 2012), low birth weight (Shobita et al., 2010), feeding problems (Shobita et al., 2004), respiratory distress syndrome (Wapaul et al., 2005) and longer hospital stays (Shobita & Shobita, 2013). Learn more about how premature birth can impact the health of newborn patients, their families and society.

**Accomplishments:** From 2011 to 2014, the Kansas Hospital Engagement Network (HEN) prevented an estimated 592 EEDs/misconceived infants, cases with an estimated cost savings of over $7.9 million.

**Pilot Study:** From November 20, 2015, each participating Kansas 2.0 hospital reduces EEDs by at least 40 percent or more for 12 months.

To achieve this goal, we encourage you to use the resources available through this website to support your EED.

http://www.hret-hen.org/topics/early-elective-delivery.shtml

**HRET’s New “Up” Campaign to be introduced in 3-part webinar series**

• Webinar dates have been scheduled – registration now open!
  □ **WAKE UP** on May 12
  □ **GET UP** on May 26
  □ **SOAP UP** on June 9

• Will be 60 minute webinars

• Graphics and supportive tools being developed now

**Up Campaign highlights the role of crosscutting interventions in reducing multiple hospital-acquired conditions: shifting focus from many interventions to a few with far-reaching impact.**
Wanted: Case studies, success stories

<table>
<thead>
<tr>
<th>Categories</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topic-specific Case Studies</td>
<td>HEN 2.0 topics – core and optional</td>
</tr>
<tr>
<td>Equity of Care</td>
<td>Hospital success stories on reducing disparities and promoting diversity and inclusion.</td>
</tr>
<tr>
<td>Patient and Family Engagement</td>
<td>HEN hospital success stories in patient and family engagement, specifically the 5 metrics.</td>
</tr>
<tr>
<td>Huddle for Care</td>
<td>Readmissions, transitions of care</td>
</tr>
</tbody>
</table>

For information about how to submit an idea for a case study, contact Michele Clark, KHC, mclark@khconline.org.

Equity of Care update

- Kick off at AHA Annual on May 1 – Achieving the Goals
- Advertising Campaign
- Resources Available after kickoff
  - Online portal to update goals and hospital data
  - Interactive map to use for reporting purposes

#123ForEquity Toolkit
- Hospital Case Studies
- Storyboards on programs with outcomes
- Relevant articles of diversity and disparities
- Research reports

NOTE: Revolving and updated regularly
Featured National Webinars

HRET HEN 2.0 Disparities Webinar
Thursday, April 28 ● 11:00 to 12:30 p.m. CT
Pre-register at: https://hret.adobeconnect.com/disparities20160428/event/registration.html

HRET HEN 2.0 CAUTI Webinar
Tuesday, May 3 ● 11:00 to 12:30 p.m. CT
Pre-register at: https://hret.adobeconnect.com/cautiwebinar20160503/event/registration.html

HRET HEN 2.0 Data Office Hours *(Might discuss the updated HAB I.C.?)*
Wednesday, May 4 ● 11:00 to 12:00 p.m. CT
Pre-register at: https://hret.adobeconnect.com/dataofficehours20160504/event/registration.html

AHA/HRET HEN 2.0 Rural/CAH Webinar
Monday, May 9 ● 11:00 to 12:30 p.m. CT
Pre-register at: https://hret.adobeconnect.com/ruralcahaffinitygroup20160509/event/registration.html

Featured National Webinars

HRET HEN 2.0 WAKE UP Webinar
Thursday, May 12 ● 11:00 to 12:00 p.m. CT
Pre-register: https://hret.adobeconnect.com/wakeup/event/registration.html

HRET HEN 2.0 *C. Difficile* Webinar
Tuesday, May 17 ● 11:00 to 12:30 p.m. CT
Pre-register at: https://hret.adobeconnect.com/cdi/event/registration.html

HRET HEN 2.0 Adverse Drug Events Webinar
Thursday, May 19 ● 11:00 to 12:30 p.m. CT
Pre-register at: https://hret.adobeconnect.com/ade20160519/event/registration.html

HRET HEN 2.0 GET UP Webinar
Thursday, May 26 ● 11:00 to 12:00 p.m. CT
Pre-register at: https://hret.adobeconnect.com/getup/event/registration.html
Upcoming KHC Events

**Compass Practice Transformation Network Kick-off Event**
April 29 ● KMS/KaMMCO Conference Center

**Sepsis Site Visits with Wesley Medical Center**
May 2 ● Kingman Community Hospital & Anthony Medical Center

**Eighth Annual Summit On Quality** – Wichita, Ks
Friday, May 6 ● 8:00 - Registration
Pre-register at: [https://registration.kha-net.org/](https://registration.kha-net.org/)

**Hospital Site Visits with Dr. Bruce Spurlock, Cynosure Health**
Tuesday-Wednesday, May 10-11 ● Tentative
East/Central locations TBD

**Hospital Site Visits with Cheryl Ruble, Cynosure Health**
Monday-Wednesday, May 16-18 ● Tentative
West/Central locations TBD

Thanks for all you do for your patients and for each other!

Next Kansas HEN Webinar:
Wednesday, May 25, 2016
10:00 to 11:00 a.m. CDT
Pre-register at: [https://cc.readytalk.com/r/n189qvbd18on&eom](https://cc.readytalk.com/r/n189qvbd18on&eom)
Your KHC Team

Contact Us

Kansas Healthcare Collaborative 47