KHC Hospital Improvement Innovation Network

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
Opening Remarks

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

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

Welcome to the HIIN

A bold vision for the future

Align
Accelerate
Amplify
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
Meet your team and other partners!

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

HRET HIIN State Partners

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


PRELIMINARY AHA/HRET HEN 2.0 Results

Total harms prevented and cost savings

<table>
<thead>
<tr>
<th>Topic</th>
<th>Harms Prevented</th>
<th>Cost/Harm</th>
<th>Cost Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACF</td>
<td>18,811</td>
<td>$60,000</td>
<td>$1,094,043</td>
</tr>
<tr>
<td>CAUTI</td>
<td>695</td>
<td>$1,000</td>
<td>$695,078</td>
</tr>
<tr>
<td>CLABS</td>
<td>439</td>
<td>$1,000</td>
<td>$418,333</td>
</tr>
<tr>
<td>EOD</td>
<td>1,191</td>
<td>$0,702</td>
<td>$1,174,439</td>
</tr>
<tr>
<td>Falls</td>
<td>1,400</td>
<td>$12,365</td>
<td>$15,366,363</td>
</tr>
<tr>
<td>OB Harm</td>
<td>4,396</td>
<td>$1,014</td>
<td>$763,677</td>
</tr>
<tr>
<td>Pressure Ulcers</td>
<td>1,123</td>
<td>$12,000</td>
<td>$12,000,815</td>
</tr>
<tr>
<td>Reductions</td>
<td>0,840</td>
<td>$15,471</td>
<td>$124,463,07</td>
</tr>
<tr>
<td>SSD</td>
<td>392</td>
<td>$12,000</td>
<td>$12,000,815</td>
</tr>
<tr>
<td>VAD</td>
<td>279</td>
<td>$1,000</td>
<td>$16,333,063</td>
</tr>
<tr>
<td>UTE</td>
<td>276</td>
<td>$690</td>
<td>$690,596</td>
</tr>
</tbody>
</table>

Total: 34,423
$2,188,171,062

1Represents total harms and cost savings for all events reported (hypoglycemia, anticoagulation, and opioid adverse drug effects)
2Represents total harms and cost savings for obstetrical trauma for vaginal deliveries with instrument, and obstetrical trauma for vaginal deliveries without instrument.
3Represents total harms and cost savings for all procedures reported (colon surgeries, abdominal hysterectomy, 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, “PfPPEC Cost Savings ROI Summary”
**MEDICARE FFS 30-DAY ALL-CAUSE READMISSIONS (MEDICARE CLAIMS)**

- FFS Rate decreased 5.56 percent between calendar year 2010 and Q4 2014.
- AHRQ All-Payer All-Cause 30-Day Readmissions declined 2.6 percent from 2010 to 2013.

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

<table>
<thead>
<tr>
<th>Topic</th>
<th>Preliminary KS Hospital Results (Data submitted as of 9/1/2016)</th>
<th>Preliminary AHA/HRET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catheter-Associated Urinary Tract Infection (CAUTI)</td>
<td>Baseline rate: 106 (99%) Baseline rate: 1.30 Mar–May rate: 0.94 Relative reduction: -28.2% Relative reduction: -5.7%</td>
<td></td>
</tr>
<tr>
<td>Central Line-Associated Blood Stream Infection (CLABSI)</td>
<td>Baseline rate: 72 (99%) Baseline rate: 0.55 Mar–May rate: 0.25 Relative reduction: -55.3% Relative reduction: -11.5%</td>
<td></td>
</tr>
<tr>
<td>Early Elective Deliveries (EED)</td>
<td>Baseline rate: 51 (96%) Baseline rate: 4.79 Mar–May rate: 1.46 Relative reduction: -69.5% Relative reduction: -43.2%</td>
<td></td>
</tr>
<tr>
<td>Obstetrical Harm (OB Harm)</td>
<td>Baseline rate: 53 (100%) Baseline rate: 21.50 Mar–May rate: 15.28 Relative reduction: -28.9% Relative reduction: -48.2%</td>
<td></td>
</tr>
<tr>
<td>Falls with Injury</td>
<td>Baseline rate: 106 (100%) Baseline rate: 1.05 Mar–May rate: 1.37 Relative reduction: 30.3% Relative reduction: -3.5%</td>
<td></td>
</tr>
<tr>
<td>Pressure Ulcers (PreU) Stage III or greater</td>
<td>Baseline rate: 106 (100%) Baseline rate: 1.19 Mar–May rate: 0.43 Relative reduction: -64.0% Relative reduction: -49.0%</td>
<td></td>
</tr>
<tr>
<td>Surgical Site Infections (SSI)</td>
<td>Baseline rate: 37 (90%) Baseline rate: 2.12 Mar–May rate: 2.57 Relative reduction: 21.1% Relative reduction: -18.2%</td>
<td></td>
</tr>
<tr>
<td>Ventilator-Associated Events (VAE)</td>
<td>Baseline rate: 41 (100%) Baseline rate: 2.73 Mar–May rate: 6.78 100%+ Relative reduction: 19.0%</td>
<td></td>
</tr>
<tr>
<td>Venous Thromboembolism (VTE)</td>
<td>Baseline rate: 41 (100%) Baseline rate: 4.78 Mar–May rate: 1.06 Relative reduction: -77.8% Relative reduction: -33.0%</td>
<td></td>
</tr>
<tr>
<td>Adverse Drug Events (ADE)</td>
<td>Baseline rate: 106 (100%) Baseline rate: 1.21 Mar–May rate: 1.17 Relative reduction: -3.5% Relative reduction: -6.7%</td>
<td></td>
</tr>
<tr>
<td>Readmissions</td>
<td>Baseline rate: 106 (100%) Baseline rate: 7.79 Mar–May rate: 7.99 2.5% Relative reduction: 2.5% Relative reduction: -3.0%</td>
<td></td>
</tr>
</tbody>
</table>

<sup>Relative reduction calculated by comparing baseline to quarterly rate Mar–May 2016</sup>
CMS Partnership for Patients
Patient and Family Engagement Metrics

% Kansas HEN Hospitals Responding “Yes”
as of 06/16/2016

- PFE #1: Planning checklist prior to scheduled admission
- PFE #2: Shift-change huddles and bedside reporting
- PFE #3: Dedicated person or functional area for PFE
- PFE #4: PFAC or one or more patients who serve on QI committee/team
- PFE #5: One or more patients who serve on governing or leadership board as patient representative


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!
Where We are Going

**GOALS:**

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

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

*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)

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harms/1,000 Discharges</td>
<td>145</td>
<td>142</td>
<td>132</td>
<td>121</td>
<td>121</td>
<td>97</td>
</tr>
</tbody>
</table>

**New Goal**

<table>
<thead>
<tr>
<th>Year</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harms/1,000 Discharges</td>
<td>97</td>
</tr>
</tbody>
</table>

[partnershipforpatients.cms.gov](http://partnershipforpatients.cms.gov)

### Quick Reference Comparison

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

Alignment with the Goals / Aims of the Partnership for Patients Program

**Recruitment**
Commitment to total # of hospitals the HIIN shall support 1,710

<table>
<thead>
<tr>
<th>Bold Aim Milestones</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Reduction of Adverse Drug Events</td>
<td>7%</td>
<td>20%</td>
</tr>
<tr>
<td>% Reduction of Central Line-Associated Bloodstream infections</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>% Reduction of Catheter Association Urinary Tract infections</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>% Reduction of Clostridium difficile</td>
<td>7%</td>
<td>20%</td>
</tr>
<tr>
<td>% Reduction of Pressure Ulcers</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>% Reduction of Sepsis &amp; Septic Shock</td>
<td>7%</td>
<td>20%</td>
</tr>
<tr>
<td>% Reduction of Surgical Site Infections</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>% Reduction of Venous Thromboembolism</td>
<td>7%</td>
<td>20%</td>
</tr>
<tr>
<td>% Reduction of Ventilator-Associated Events</td>
<td>7%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Commitment to Reducing Harm Most Meaningful to the HRET HIIN

<table>
<thead>
<tr>
<th>Bold Aim Milestones</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Reduction in Hospital Culture of Safety</td>
<td>5%</td>
<td>20%</td>
</tr>
<tr>
<td>% Reduction in MDRO (i.e., MRSA)</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>Commitment to Reducing 30-day Readmissions by 13%</td>
<td>4%</td>
<td>12%</td>
</tr>
<tr>
<td>% Reduction of Readmissions as a population-based measure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Proposed Impact**

| Goal for Estimated Number of Harms Avoided Overall | 26,635 | 73,150 |
| Goal for Estimated Number of Lives Saved Overall | 1,326 | 3,629 |
| 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

- Topic-specific Webinars and Office Hours
- Nationally-sponsored State-level Meetings
- Data Education and Support
- Rural/CAH Affinity Group
- Fellowships: QI, PFE
- UP Campaign
- Hospital-level Improvement
- Site Visits
- SHA-led Meetings
Visit HRET’S New Website!  
www.hret-hiin.org

NOTE: HRET’s HEN 2.0 website and resources are still available at www.hret-hen.org

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!
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.
New Measure Details

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

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
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.
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

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
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.
Data Systems

**QHi**

- 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  
Smoore@kha-net.org

Sally Othmer  
Sr. Director of Data Services and Quality  
785-276-3118  
Sothmer@kha-net.org

---

**NHSN**

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

**What if I need help?**

Robert Geist, MPH  
KDHE Health. Assoc. Infections Program  
785-296-4202  
RGeist@ksheks.gov

Nadyne Hagmeier, RN  
KS Foundation for Medical Care  
800-432-0770  
Nadyne.Hagmeier@area-a.hcqis.org

Brenda Davis, RN  
KS Foundation for Medical Care  
800-432-0770  
Brenda.Davis@area-a.hcqis.org

NHSN technology support:  
nhsn@cdc.gov

The CDC has extensive training documents and videos here:  
www.cdc.gov/nhsn/training/index.html

---

Kansas Healthcare Collaborative
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:

Data Systems & New Hospitals

- If you have not already joined QHi, please contact Stuart Moore to enroll (see earlier slide).

- If you 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).
Data System Training

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/ch5plgy9lpwp&eom

NHSN Training:
- Online anytime: https://www.cdc.gov/nhsn/training/
- CE credit available via CDC

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.
Data System Updates

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

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

Sample Reports

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

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.

In Development:
HRET’s HIINmprovement Calculator

Excel-based tool to calculate and display:
- Harms prevented
- Costs saved
- Lives saved (new!)

Planned HIINmprovements:
- 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
## Kansas HIIN 2016-2017 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, 2016</td>
<td>September, 2016</td>
<td>November 30, 2016</td>
</tr>
<tr>
<td>November, 2016</td>
<td>October, 2016</td>
<td>December 31, 2016</td>
</tr>
<tr>
<td>December, 2016</td>
<td>November, 2016</td>
<td>January 31, 2017</td>
</tr>
<tr>
<td>January, 2017</td>
<td>December, 2016</td>
<td>February 29, 2017</td>
</tr>
<tr>
<td>February, 2017</td>
<td>January, 2017</td>
<td>March 31, 2017</td>
</tr>
<tr>
<td>March, 2017</td>
<td>February, 2017</td>
<td>April 30, 2017</td>
</tr>
<tr>
<td>April, 2017</td>
<td>March, 2017</td>
<td>May 31, 2017</td>
</tr>
<tr>
<td>May, 2017</td>
<td>April, 2017</td>
<td>June 30, 2017</td>
</tr>
<tr>
<td>June, 2017</td>
<td>May, 2017</td>
<td>July 31, 2017</td>
</tr>
<tr>
<td>July, 2017</td>
<td>June, 2017</td>
<td>August 30, 2017</td>
</tr>
<tr>
<td>August, 2017</td>
<td>July, 2017</td>
<td>September 30, 2017</td>
</tr>
</tbody>
</table>

## 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)
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/1309708705/1313399610/event_registration.html?co-id=1583436170&campaign-id=Website&charset=utf-8

Most HRET HIIN webinars will take place Tuesdays or Thursdays.

Next KHC HIIN Webinar

Wednesday, December 7
10:00 a.m. to 11:00 a.m.
Pre-register at: www.khconline.org

All sessions are recorded and archived at www.khconline.org
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
- Site Visit

• Needs assessment
• Baseline data submission

Contact Us

Your KHC Team

- Rob Rutherford
  Senior Health Care Data Analyst
  rrutherford@khconline.org

- Eric Cook-Wiese
  Data and Measurement Manager
  acwiese@khconline.org

- Bob Stockard
  Senior Health Care Data Analyst
  cstockard@khconline.org

- Nicole Clark
  Program Director
  nclark@khconline.org

- Kendra Timley
  Executive Director
  ktimley@khconline.org

- Rhonda Lassiter
  Executive Assistant
  rlassiter@khconline.org

- Amanda Fransen
  Project Coordinator
  afransen@khconline.org

- Jay Kinsler
  Quality Improvement Advisor
  jkinsler@khconline.org

- Amanda Prosser
  Project Coordinator
  aprosser@khconline.org

- Amanda Sorensen
  Project Coordinator
  asorensen@khconline.org

- Josh Mosier
  Quality Improvement Advisor
  jmosier@khconline.org

- Mary Monasmith
  Quality Improvement Advisor
  mmonasmith@khconline.org

- Jill Daughthele
  Quality Improvement Advisor
  jdaughthele@khconline.org

- Kari Luehr
  Senior Health Care Data Analyst
  kluhr@khconline.org

- Karlen Henry
  Quality Improvement Advisor
  khenry@khconline.org

- Mary Wohlgemuth
  Quality Improvement Advisor
  mwohlgemuth@khconline.org

- Jill Daughthele
  Project Coordinator
  jdaughthele@khconline.org

- Jill Timley
  Executive Director
  jtimley@khconline.org

- David Stockard
  Senior Health Care Data Analyst
  dstockard@khconline.org

- Jonathon Deitch
  Quality Improvement Advisor
  jdeitch@khconline.org

- Jill Daughthele
  Quality Improvement Advisor
  jdaughthele@khconline.org