

Kansas Hospital
Engagement Network

Virtual Meeting

Kansas Healthcare
COLLABORATIVE

Kansas HEN Webinar
May 27, 2015
10:00 to 11:00 am CT

The banner features a diagonal split between white and a grey textured background. The text is positioned in the white area, while the logo and event details are in a brown box on the grey background.

May 27, 2015

Agenda

- ❖ Introductions
- ❖ Public scorecards for quality and patient safety
 - CMS Hospital Compare Star Ratings
 - More and more report cards
- ❖ Insights from two Kansas “five star” hospitals
 - Neosho Memorial Regional Medical Center
 - Miami County Medical Center
- ❖ Kansas HEN Data and Measures Update
- ❖ Announcements & Upcoming Events
- ❖ Discussion / Questions

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The slide has a grey textured border and a date box in the top right corner. The agenda items are listed with blue diamond symbols.

Introductions

Presenters

American Hospital Association Nancy Foster Vice President Quality & Patient Safety Policy	Kansas Healthcare Collaborative Michele Clark, MBA, CPHQ, ABC Program Director Eric Cook-Wiens, MPH, PCMH Measures and Data Manager
Miami County Medical Center, Inc. Nelda Jeffery, RN, BSN Manager of Quality and Risk Management	Neosho Memorial Regional Medical Center Tiffany Miller, RN, MSN Quality Officer

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Chime in!

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.



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Seeing Stars






Kansas Healthcare Collaborative
May 2015



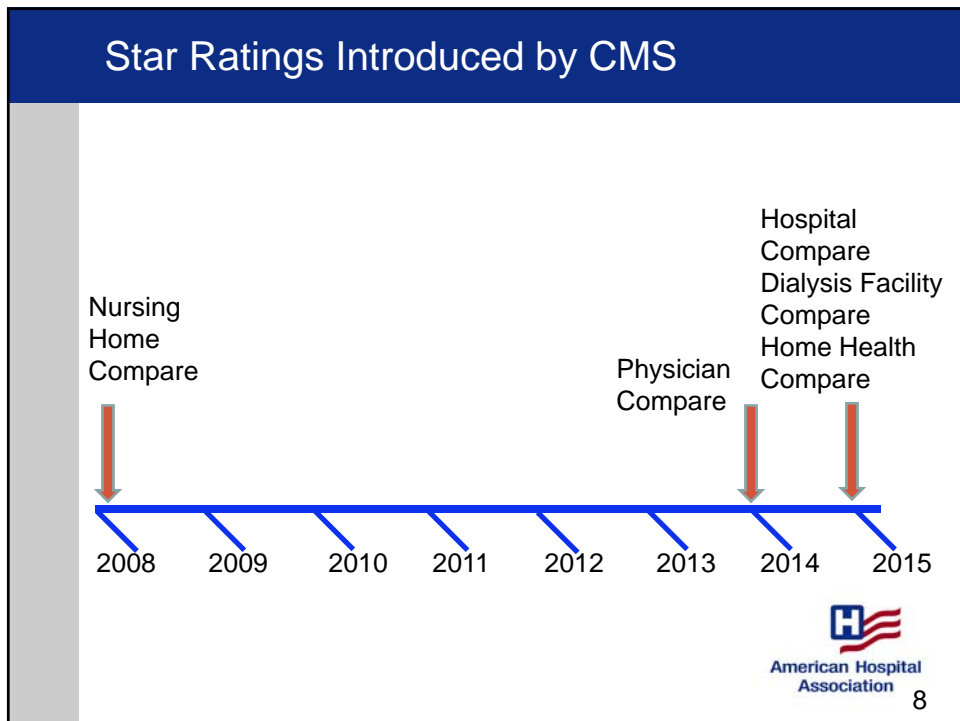
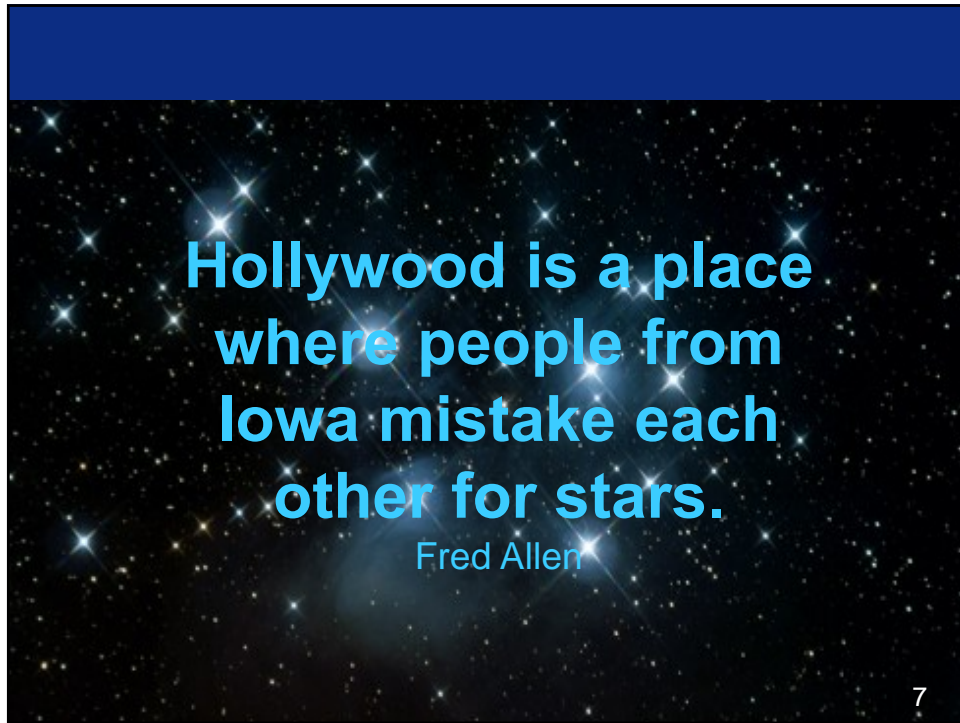
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Presentation Overview

- Conditions of Participation
- FY 2016 Inpatient PPS Proposed Rule
 - HACs, Readmits, VBP, IQR
- Other Proposed Reporting Rules
 - IPFs, LTCHs, IRFs, SNFs
- IOM Vital Signs Report



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Why Introduce Stars?

- Ease of public understanding, belief that consumer choice will drive improvement
- Summary ratings of more detailed measures
- Effort to encourage more consumer attention to information on quality
- Urging of consumer groups
- Greater apparent consistency across CMS public reporting websites



CMS Concepts for Star Ratings


- Not all measures are right for star ratings
- Be transparent about methodology and display
- Based on same data that are currently displayed
- Start with HCAHPS and then incorporate other clinical measures



All HCAHPS Items Receive Star Ratings

- Communication with Nurses
- Communication with Doctors
- Staff Responsiveness
- Pain Management
- Communication about Medicines
- Discharge Information
- Care Transition
- Cleanliness of Hospital Environment
- Quietness of Hospital Environment
- Recommend Hospital
- Overall Hospital Rating


Plus CMS Creates its own overall composite score




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To Be Eligible

- Hospitals must have at least 100 responses to HCAHPS survey over 4 quarters
- Hospitals must be able to report data on *Hospital Compare*
- Hospitals that do not have enough completed surveys will simply have HCAHPS scores reported






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How Are Stars Assigned?

- Convert HCAHPS Scores to 0 – 100 score
 - Never = 0, Sometimes = 33 1/3, Usually = 66 2/3, Always = 100
 - No = 0, Yes = 100
 - Rating of 0 = 0, 1 = 10, 10 = 100
- Scores are averaged to calculate linear means for each of the 11 measures
- Adjust for patient mix and mode of administration
- Convert to star ratings using clustering technique
 - No predetermined quotas
- 1 to 5 stars assigned to each cluster




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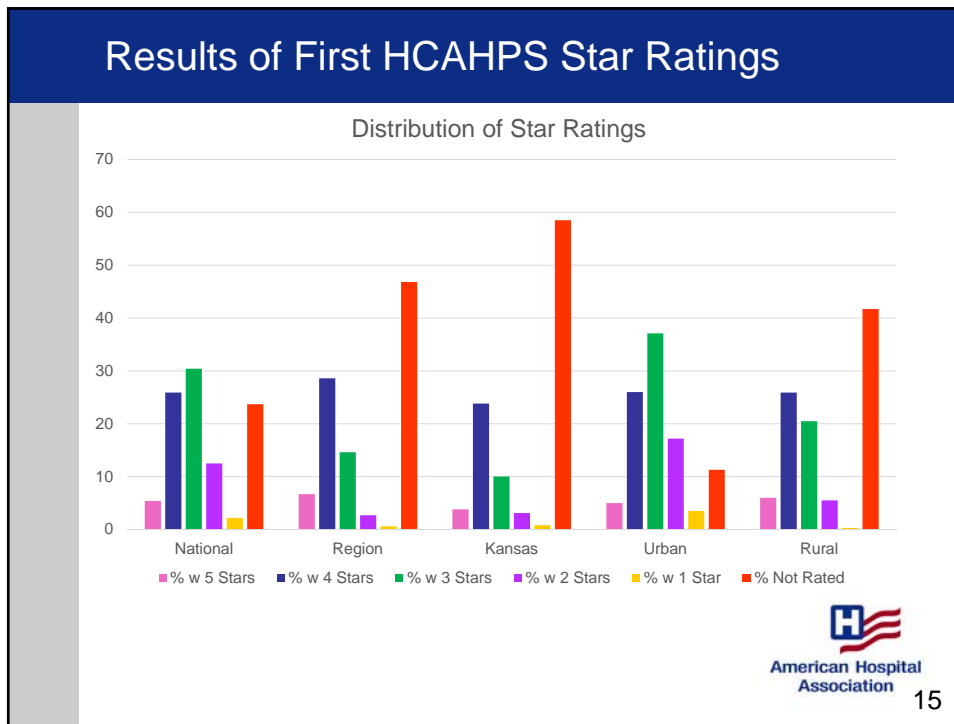
Overall Summary Rating


- Average of 9 elements
 - Take the 11 individual measures
 - Combine Cleanliness and Quietness
 - Combine Overall rating and Willingness to Recommend
- Average across all nine elements
- Use normal rounding rules

$$\frac{(4 + 3 + 5 + 2 + 2 + 3 + 3 + 5 + 4)}{9} = 3.4$$



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- ### Stars Beyond HCAHPS
- CMS hired a contractor and formed a Technical Advisory Panel to determine how to extend stars to other measures on *Hospital Compare*
 - Report expected soon
 - Lots of questions??????
 - Which measures?
 - Continue clustering?
 - Aggregate measures or stand alone?
 - What constitutes too few data points?
 - How to explain significance?
- 
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More and More Report Cards

- US News Best Hospitals
- US News Common Care Hospitals
- Consumer Report ratings
- Blues and other Insurers
- States
- Leapfrog Group
- The Joint Commission
- Truven
- And so forth









IOM Vital Signs Report - A Path Forward?

Report's Premises:

- Measurement is a useful tool
- An overabundance of measures currently being required of health care providers
- The current approach to measurement is:
 - Creating confusion
 - Not yielding the kind of results needed
 - Not supporting development of a more integrated, patient-centric care delivery system
 - Not providing policymakers with needed information



www.iom.edu/vitalsigns




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IOM's 15 Core Areas for Measures

- **Life expectancy**
- **Wellbeing**
- Overweight & Obesity
- **Addictive behavior**
- **Unintended pregnancy**
- Healthy communities
- **Preventive services**
- **Care access**
- **Patient safety**
- **Evidence-based care**
- **Care matched to patient goals**
- **Personal spending**
- **Population spending**
- Health literacy
- Social support




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IOM Core Measure Examples

- Life Expectancy
 - Infant mortality
 - Maternal mortality
 - Violence and injury mortality
- Well Being
 - Multiple chronic conditions
 - Depression
- Healthy Communities
 - Childhood poverty rate
 - Childhood asthma
 - Air quality index
 - Drinking water quality index

What's Next?



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Recommendations

1. The parsimonious set of measures identified should be widely adopted
2. All people should use the core measure set to advance their own health
3. The Secretary of HHS should use the core measures and eliminate existing measures
4. Secretary should have a strategy to get all on board with core measures
5. Secretary should involve stakeholders in measure development & maintenance



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Recommendations (cont)

6. Governors, mayors and state and local health leaders should use the core measure set and drive outcomes
7. Clinicians and health delivery organizations should routinely assess their contributions to performance on the core metrics & work with public health
8. Employers and other community leaders should use core metrics in their incentive programs
9. Payers & purchasers should use core measures to be accountable for results that matter
10. NQF, TJC, NCQA and others should orient their work to these core measures



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Questions or Comments???



**American Hospital
Association**


Nancy Foster

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CMS Hospital Compare
Star Rating

First quarterly release

based on patients discharged between July 1, 2013 and June 30, 2014



Kansas Hospital Ratings April 2015


	Kansas n= 54	Nation n=3,553
★ ★ ★ ★ ★	9%	7%
★ ★ ★ ★	57%	34%
★ ★ ★	24%	40%
★ ★	7%	16%
★	2%	3%

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CMS Hospital Compare
Star Rating

Hospital sharing:

Insights to receiving 5-Star Rating



Chanute, Kansas

About Us

- Large Critical Access Hospital located in SE Kansas
- Licensed for 25 beds
- Close to 10,000 ER visits annually
- Deliver about 350 babies a year
- About 2400 Outpatient Surgeries annually
- Average Daily Census of about 19

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CMS Hospital Compare Star Rating

5-Star 'Secret Sauce'

- Alignment/Shared Mutual Goals
- Keep HCAHPS Front & Center
- Hourly Rounding
- Nurse Leader Rounding – accountability
- Bedside Shift Report
- Service Recovery
- Discharge Planning starts on day 1
- Discharge Phone Calls
- Culture




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CMS Hospital Compare Star Rating

Impact for our hospital and community

- Positive Impact for Staff
 - Excites more passion
 - Sense of accomplishment
- Local Newspapers and Social Media sharing
- Positive patient response



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CMS Hospital Compare
Star Rating

Sustainability

- Sustain what we have already done
 - Continue to validate and hold each other accountable
- Voice of the Customer
 - Patient and Family Advisory Council
 - Pathway for Excellence



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CMS Hospital Compare
Star Rating

Hospital sharing: Insights to receiving 5-Star Rating



Miami County Medical Center

2100 Baptiste Dr.
Paola, Kansas



About Us

- 39-licensed bed acute care hospital located south of KC metro area
- Part of the Olathe Health System serving five counties

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CMS Hospital Compare
Star Rating

5-Star 'Secret Sauce'

- Strive for perfection with every patient every time
- Private patient rooms
- Nurse communication – scripting, “it is all about you”
- Constant awareness of current scoring
- Strong Leadership related to patient experiences of care



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CMS Hospital Compare
Star Rating

Impact for our hospital and community

- Kansas City Metro news coverage
- Immediate positive feedback from Board
- Staff and Leaders received feedback via social media
- Several patients have commented it should have been a “6”
- General community awareness and pride in hospital



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Sustainability

- Leadership always at the table on this initiative
- Staff culture is to always strive for perfection
- Strong link to community
- Have been receiving awards from our national patient satisfaction vendor since 2006.



Q&A / Discussion



Kansas HEN Data and Measures Updates

- Data Submission Schedule
- Data Reports

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 Data and Measures Manager
 Kansas Healthcare Collaborative
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 785-235-0763 x1324

Data and Measures Update

Kansas HEN 2015 Data Submission Schedule

Outcome & Process Measures for HACs occurring in:	Readmissions for index discharges in, and SSI for procedures performed in:	Submission Due
December 2014	November 2014	January 31, 2015
January	December	February 28
February	January	March 31
March	February	April 30
April	March	May 31
May	April	June 30
June	May	July 31
July	June	August 31
August	July	September 30
September	August	October 31
October	September	November 21
November	October	December 31

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Sample Facility-level HEN Data Report

Community Hospital
Kansas HEN Data Report
Kansas Healthcare COLLABORATIVE
April 20, 2015

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Sample Facility-level HEN Data Report

Community Hospital Outcome Measures

Summary of Kansas HEN Outcome Measures Through December 2014

Area	Outcome Measure	Most Recent	Months Submitted	Current Performance
ADE	Naloxone administration	12/2014	36	Zero x 5 mo.
	Excessive anticoagulation with Warfarin - Inpatients	12/2014	24	Zero x 3 mo.
	Hypoglycemia in inpatients receiving insulin	12/2014	24	Met benchmark
CAUTI	CAUTI rate per 1,000 catheter days	11/2014	23	Zero x 13 mo.
CLABSI	CLABSI rate per 1,000 central-line days	11/2014	23	Zero x 23 mo.
Falls	Falls with or without injury	12/2014	36	Zero x 4 mo.
	Elective deliveries at >= 37 Weeks and < 39 weeks	12/2014	36	Zero x 23 mo.
OB	Total OB Blood Transfusions	12/2014	24	No reduction
	Massive OB Blood Transfusions	12/2014	24	Zero x 24 mo.
	Timely Treatment for Severe Hypertension	12/2014	24 (10)	No reduction
	Patients with at least one stage II or greater HAPU	12/2014	22	Zero x 5 mo.
HAPU	Patients with at least one stage III or greater HAPU	12/2014	22	Zero x 22 mo.
	Readmission within 30 days (all cause)	12/2014	35	59.40% rdx.
Readmit.	Heart failure patients: Readmissions within 30 days (all cause)	12/2014	35 (34)	Zero x 3 mo.
	SSI rate (within 30 days after procedure) for colon surgery procedures	10/2014	19	Zero x 19 mo.
	SSI rate (within 30 days after procedure) for abdominal hysterectomy procedures	11/2014	28	Zero x 16 mo.
VAE	SSI rate (within 30 days after procedure) for all surgical procedures	-	0	No data
	VAC rate - All units (CDC NHSN)	-	0	No data
VTE	Potentially preventable VTE	12/2014	35	No reduction

NOTE: The number of months having >0 denominator events is in parentheses. An analysis summary is provided if 8+ monthly data points are submitted, with > 1 denominator event(s). A zero denominator is valid for the OB/EED and VTE outcome measures.

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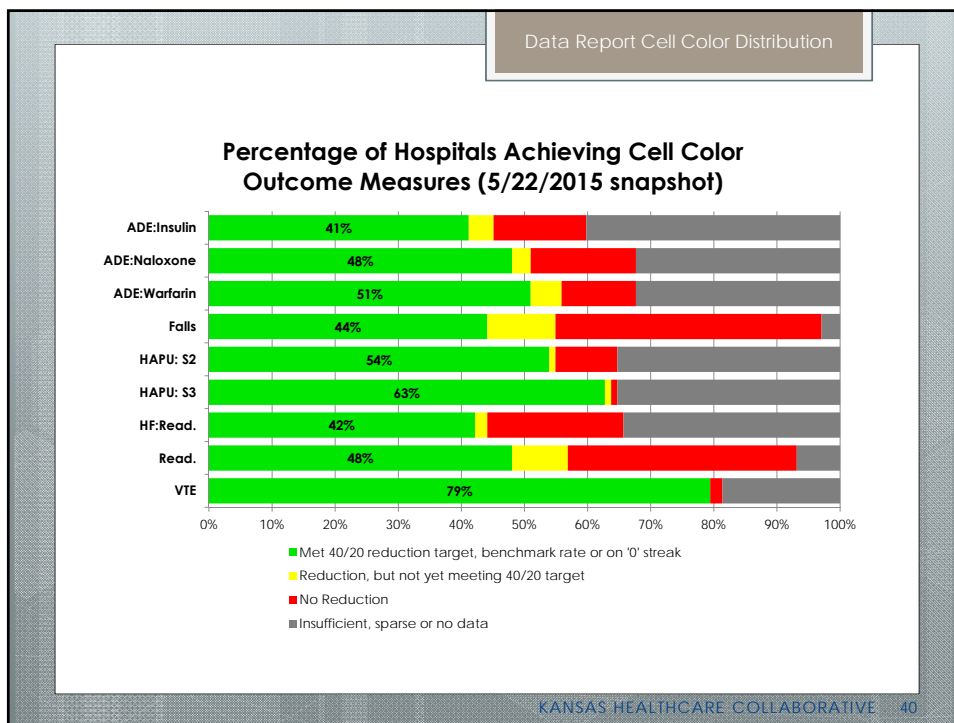
Sample Facility-level HEN Data Report

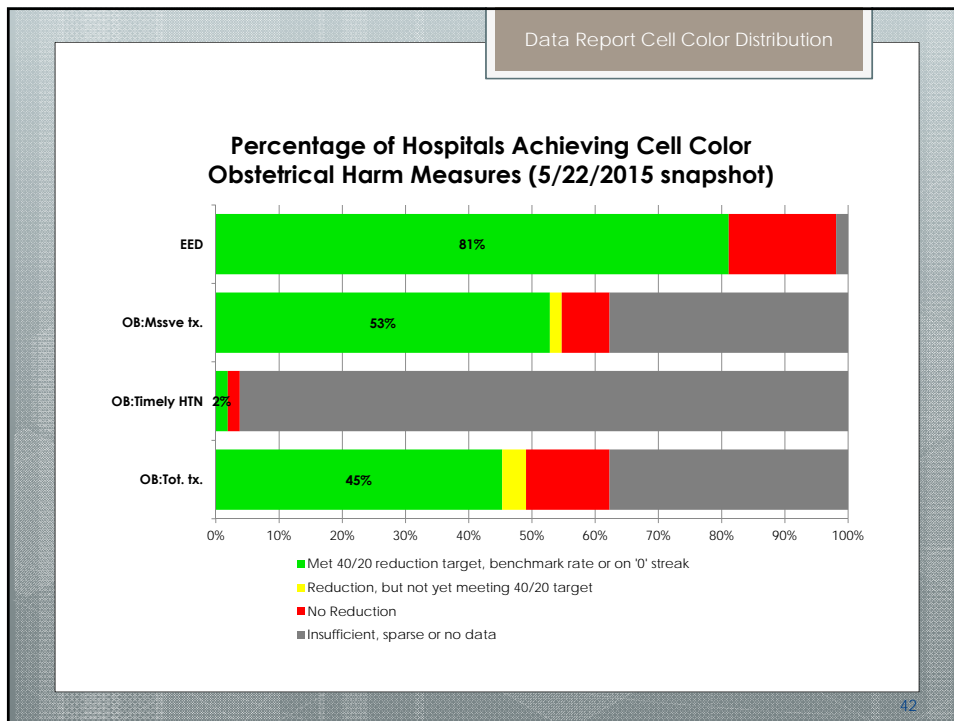
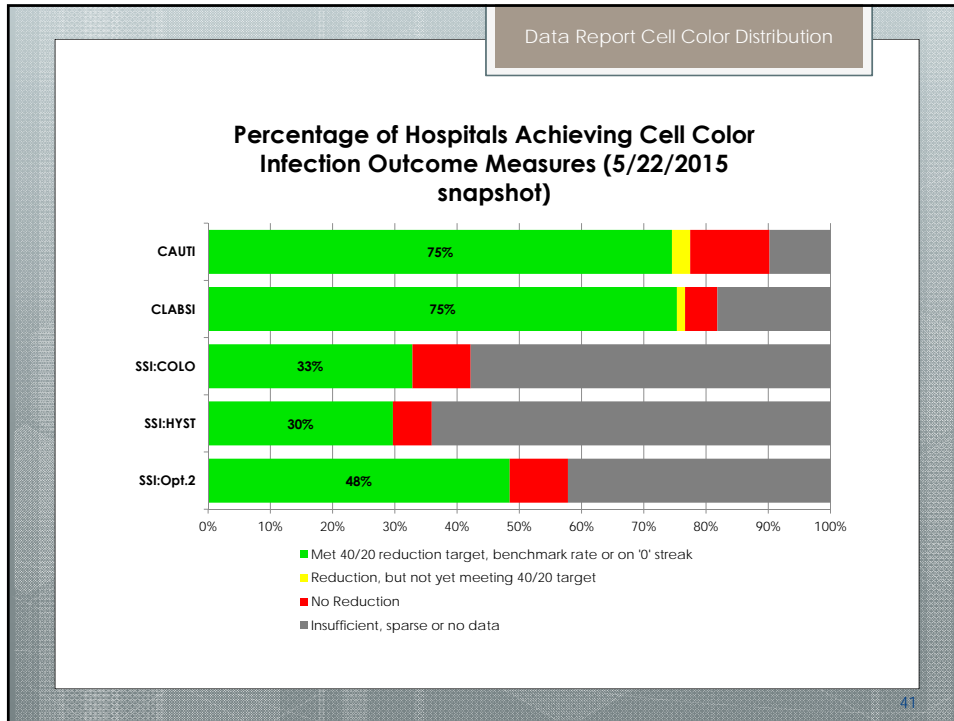
How are cell colors assigned?

Green	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Reduction from baseline, but not yet achieving target (40% or 20% for readmissions)*
Red	<ul style="list-style-type: none"> - No reduction from baseline*
Grey	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Inapplicable focus areas for certain facilities (eg. CLABSI, SSI, OB or VAE)
Orange	<ul style="list-style-type: none"> - 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.

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Kansas HEN Data Report


Facility-level Kansas HEN Data Reports

- KHC plans to distribute the facility-level reports once per quarter. KHC will produce updated reports for individual requests within 1-5 work days.

Next Quarterly report:

- Preliminary to Primary HEN contact: **June 1, 2015**
- Final to CEO, CNO, and Primary HEN contact: **June 8, 2015**

- 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.



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Announcements & Updates

- KHC Summit on Quality: Call for presentations and posters
- AHA Quality Map Project
- Updates: TCPI and HEN 2.0
- Upcoming Events
- Resources
- Contacts


For more information contact:

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

Announcements

Call for Presentations, Posters

**Plan to attend the Kansas Healthcare Collaborative
Seventh Annual Summit on Quality
October 16, 2015 • Wichita Marriott, Wichita, Ks**



Health care providers are invited to submit proposals for breakout session presentations and poster presentations. **Submissions due June 12, 2015.**

Share your experience in quality improvement and patient safety.
Broad topics include:

- Creating and sustaining culture change
- Engaging and inspiring leadership
- Patient and family engagement
- Quality improvement in the medical practice or hospital setting

For details, see KHC's Request for Proposals:
www.khconline.org/images/Request_for_proposals.pdf

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Announcements

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.

Launch of this new promotional map will occur at the AHA Health Forum and Leadership Summit, July 23-25.

**Kansas hospitals have success stories!
Let us know if you would like to submit a case study.**

Submissions due June 15, 2015.

For more information and a single-page project summary form, contact Janie Rutherford
KHC Communications Director
jrutherford@khconline.org
785-235-0763 ext.1322



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This slide features the Department of Health & Human Services - KS logo on the left and the CMS logo on the right. A red banner with the text "Announcement Pending" is positioned at the top. The main title, "Transforming Clinical Practice Initiative (TCPI) A Service Delivery Innovation Model", is displayed in a yellow box. Below the title, there are three small images: a stethoscope, a hand writing on a notepad, and a glowing blue and green abstract shape. The central text reads "Better Health. Better Care. Lower Cost." The number "47" is in the bottom left corner.

This slide has a grey background with a white box containing the text. A brown box at the top right says "Announcements". A red banner with "Announcement Pending" is at the top. The title "HEN 2.0 Update" is in large blue letters. A bulleted list follows, and the number "48" is in the bottom right corner.

Announcements

Announcement Pending

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:** Start date expected to be immediately upon award. Announcement by 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

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Upcoming KHC Events

Dates to Remember

June 3 (9 to 3)	Kansas ICU CUSP/CAUTI Collaborative Meeting (Topeka)
June 18 (2 pm)	Kansas PFAC Collaborative Learning Session #2
June 24 (10 am)	Kansas HEN Webinar
July 22 (10 am)	Kansas HEN Webinar

Pre-register at www.khconline.org
Plan to log into webinars 10-15 minutes early.

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KHC Educational Archive

Kansas HEN Webinar Archive

Access recordings and handouts at
www.khconline.org

See General Education Archive.


2015

- April Transforming Clinical Practice Initiative
- March Early Elective Delivery Prevention: Taking It to the Next Level
- February Patient and Family Engagement, Introduction to Kansas PFAC Collaborative
- January Celebrating Successes, Olathe Health Systems' approach to performance excellence

2014, 2013 and 2012 archives also available (transcripts and handouts only for 2012-13)

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Upcoming Events



Upcoming National Events:

June 9, 2015 • 11 am – 12 pm CT
On the CUSP: Stop CAUTI
June National Content Webinar

Topic:
Part 2 of Changes of NHSN CAUTI Surveillance in 2015

To join, dial 877-410-5657, passcode 28128
 Webinar link:
<https://www.yourcall.com/webecho/GuestLogin.aspx?ConfRef=27619048&Pin=7313>

Access archived CAUTI educational sessions at:
www.onthecuspstophai.org/on-the-cuspstop-cauti/educational-sessions/content-calls

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Upcoming Events

Upcoming National Events:

June 3 (1 pm) webinar	<u>HPOE Live! Quality, Equity and the Triple Aim</u>
June 16-18	<u>TeamSTEPPS National Conference</u> Denver, Colorado
July 22	<u>2015 Quality Roadmap</u> <i>Equity and Quality</i> San Francisco, California
July 23-25	<u>AHA Leadership Summit</u> <i>"Rewriting the Health Care Playbook: Leading Transformation and Innovation"</i> San Francisco, California

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Resources

National Resources:

New AHRQ YouTube Channel Features Patient Safety Videos
<https://www.youtube.com/user/ahrqpatientsafety>

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www.khconline.org

Your KHC Team

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