Kansas Hospital Engagement Network

Virtual Meeting

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
### Presenters

<table>
<thead>
<tr>
<th>American Hospital Association</th>
<th>Kansas Healthcare Collaborative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nancy Foster</strong>&lt;br&gt;Vice President&lt;br&gt;Quality &amp; Patient Safety Policy</td>
<td><strong>Michele Clark, MBA, CPHQ, ABC</strong>&lt;br&gt;Program Director</td>
</tr>
<tr>
<td><strong>Eric Cook-Wiens, MPH, PCMH</strong>&lt;br&gt;Measures and Data Manager</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Miami County Medical Center, Inc.</th>
<th>Neosho Memorial Regional Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nelda Jeffery, RN, BSN</strong>&lt;br&gt;Manager of Quality and Risk Management</td>
<td><strong>Tiffany Miller, RN, MSN</strong>&lt;br&gt;Quality Officer</td>
</tr>
</tbody>
</table>

### 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.
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
Hollywood is a place where people from Iowa mistake each other for stars.

Fred Allen
### 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

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### 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

<table>
<thead>
<tr>
<th>Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with Nurses</td>
</tr>
<tr>
<td>Communication with Doctors</td>
</tr>
<tr>
<td>Staff Responsiveness</td>
</tr>
<tr>
<td>Pain Management</td>
</tr>
<tr>
<td>Communication about Medicines</td>
</tr>
<tr>
<td>Discharge Information</td>
</tr>
<tr>
<td>Care Transition</td>
</tr>
<tr>
<td>Cleanliness of Hospital Environment</td>
</tr>
<tr>
<td>Quietness of Hospital Environment</td>
</tr>
<tr>
<td>Recommend Hospital</td>
</tr>
<tr>
<td>Overall Hospital Rating</td>
</tr>
</tbody>
</table>

Plus CMS Creates its own overall composite score

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
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

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

\[
\frac{(4 + 3 + 5 + 2 + 2 + 3 + 3 + 5 + 4)}{9} = 3.4
\]
Results of First HCAHPS Star Ratings

Distribution of Star Ratings

- National
- Region
- Kansas
- Urban
- Rural

% w 5 Stars  % w 4 Stars  % w 3 Stars  % w 2 Stars  % w 1 Star  % Not Rated

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?
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
### IOM’s 15 Core Areas for Measures

<table>
<thead>
<tr>
<th>Life expectancy</th>
<th>Patient safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellbeing</td>
<td>Evidence-based care</td>
</tr>
<tr>
<td>Overweight &amp; Obesity</td>
<td>Care matched to patient goals</td>
</tr>
<tr>
<td>Addictive behavior</td>
<td>Personal spending</td>
</tr>
<tr>
<td>Unintended pregnancy</td>
<td>Population spending</td>
</tr>
<tr>
<td>Healthy communities</td>
<td>Health literacy</td>
</tr>
<tr>
<td>Preventive services</td>
<td>Social support</td>
</tr>
<tr>
<td>Care access</td>
<td></td>
</tr>
</tbody>
</table>

### IOM Core Measure Examples

<table>
<thead>
<tr>
<th>Life Expectancy</th>
<th>Healthy Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Infant mortality</td>
<td>- Childhood poverty rate</td>
</tr>
<tr>
<td>- Maternal mortality</td>
<td>- Childhood asthma</td>
</tr>
<tr>
<td>- Violence and injury mortality</td>
<td>- Air quality index</td>
</tr>
<tr>
<td>Well Being</td>
<td>- Drinking water quality index</td>
</tr>
<tr>
<td>- Multiple chronic conditions</td>
<td></td>
</tr>
<tr>
<td>- Depression</td>
<td></td>
</tr>
</tbody>
</table>
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

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
Questions or Comments???

American Hospital Association

Nancy Foster
nfoster@aha.org
First quarterly release
based on patients discharged between July 1, 2013 and June 30, 2014

Kansas Hospital Ratings
April 2015

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

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
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

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
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

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
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

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
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.
Kansas HEN Data and Measures Updates

- Data Submission Schedule
- Data Reports

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

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>
Sample Facility-level HEN Data Report

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>Nil nitrate also Administered</td>
<td>12/2014</td>
<td>36</td>
<td>0.5%</td>
</tr>
<tr>
<td></td>
<td>Excessive anticoagulation with Warfarin - inpatients</td>
<td>12/2014</td>
<td>24</td>
<td>0.3%</td>
</tr>
<tr>
<td></td>
<td>Hypoglycemia is difficult to control</td>
<td>12/2014</td>
<td>24</td>
<td>0.4%</td>
</tr>
<tr>
<td>CAUTI</td>
<td>CAUTI rate per 1,000 catheter days</td>
<td>11/2014</td>
<td>23</td>
<td>2.1%</td>
</tr>
<tr>
<td>CLABSI</td>
<td>CLABSI rate per 1,000 central line days</td>
<td>11/2014</td>
<td>23</td>
<td>2.9%</td>
</tr>
<tr>
<td>Falls</td>
<td>Falls with or without injury</td>
<td>12/2014</td>
<td>36</td>
<td>0.4%</td>
</tr>
<tr>
<td>OB</td>
<td>Elective deliveries at &gt; 37 weeks and &lt; 39 weeks</td>
<td>12/2014</td>
<td>36</td>
<td>2.1%</td>
</tr>
<tr>
<td></td>
<td>Total OB Blood Transfusions</td>
<td>12/2014</td>
<td>24</td>
<td>2.4%</td>
</tr>
<tr>
<td></td>
<td>Maternal OB Blood Transfusions</td>
<td>12/2014</td>
<td>24</td>
<td>2.4%</td>
</tr>
<tr>
<td></td>
<td>Planned Treatment for Severe Hypertension</td>
<td>12/2014</td>
<td>24 (10)</td>
<td>2.4%</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>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>3%</td>
</tr>
<tr>
<td>Readmit</td>
<td>Readmission within 30-days (all cases)</td>
<td>12/2014</td>
<td>35 (34)</td>
<td>3.4%</td>
</tr>
<tr>
<td></td>
<td>Heart failure patients: Readmission within 30 days (all cases)</td>
<td>12/2014</td>
<td>35 (34)</td>
<td>3.4%</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>0.3%</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>0.1%</td>
</tr>
<tr>
<td></td>
<td>SSI rate (within 30 days after procedure) for all surgical procedures</td>
<td>-</td>
<td>0</td>
<td>No data</td>
</tr>
<tr>
<td>VAE</td>
<td>VAE rate - All units (CDC MINUS)</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>0.7%</td>
</tr>
</tbody>
</table>

Note: The number of months having ≥ 1 denominator events is in parentheses. An analytic summary is provided if ≥ 1 numerator data points are submitted, with ≥ 1 denominator event(s). A zero denominator is valid for the OB/ED 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, OB 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.
Percentage of Hospitals Achieving Cell Color
Infection Outcome Measures (5/22/2015 snapshot)

- **CAUTI**: 75%
- **CLABSI**: 75%
- **SSI:COLO**: 33%
- **SSI:HYST**: 30%
- **SSI:Opt.2**: 48%

Percentage of Hospitals Achieving Cell Color
Obstetrical Harm Measures (5/22/2015 snapshot)

- **EED**: 81%
- **OB: Massive tx.**: 83%
- **OB: Timely HTN**: 25%
- **OB: Tot. tx.**: 45%

Legend:
- Met 40/20 reduction target, benchmark rate or on '0' streak
- Reduction, but not yet meeting 40/20 target
- No Reduction
- Insufficient, sparse or no data
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.

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
mcclar@khconline.org
785-235-0763 x1321
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

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
Transforming Clinical Practice Initiative (TCPI)
A Service Delivery Innovation Model


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
Upcoming KHC Events

Dates to Remember

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 3</td>
<td>Kansas ICU CUSP/CAUTI Collaborative Meeting (Topeka)</td>
</tr>
<tr>
<td>June 18</td>
<td>Kansas PFAC Collaborative Learning Session #2</td>
</tr>
<tr>
<td>June 24</td>
<td>Kansas HEN Webinar</td>
</tr>
<tr>
<td>July 22</td>
<td>Kansas HEN Webinar</td>
</tr>
</tbody>
</table>

Pre-register at [www.khconline.org](http://www.khconline.org)
Plan to log into webinars 10-15 minutes early.

KHC Educational Archive

Kansas HEN Webinar Archive

Access recordings and handouts at [www.khconline.org](http://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)
Upcoming National Events:

**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

Access archived CAUTI educational sessions at: [www.onthecusptopcauti.org/on-the-cusp-stop-cauti/educational-sessions/content-calls](http://www.onthecusptopcauti.org/on-the-cusp-stop-cauti/educational-sessions/content-calls)

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**Upcoming Events**

<table>
<thead>
<tr>
<th>June 3 (1 pm) webinar</th>
<th>HPOE Live! Quality, Equity and the Triple Aim</th>
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</thead>
<tbody>
<tr>
<td>June 16-18</td>
<td>TeamSTEPPS National Conference Denver, Colorado</td>
</tr>
<tr>
<td>July 22</td>
<td>2015 Quality Roadmap Equity and Quality San Francisco, California</td>
</tr>
<tr>
<td>July 23-25</td>
<td>AHA Leadership Summit “Rewriting the Health Care Playbook: Leading Transformation and Innovation” San Francisco, California</td>
</tr>
</tbody>
</table>
National Resources:
New AHRQ YouTube Channel Features Patient Safety Videos
https://www.youtube.com/user/ahrqpatsafety

Your KHC Team

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