Kansas Hospital Engagement Network

Virtual Meeting

Agenda

- Introductions and Announcements
  - Annual Influenza Immunization Survey of Health Care Personnel
  - Update on Transforming Clinical Practice Initiative (TCPI)/Practice Transformation Network (PTN)
- Preview to Potential HEN 2.0
- 2015 Kansas HEN Data and Measures Update
- Wrap up
  - Resources and Upcoming Events
  - Discussion / Questions
Introductions

Presenters

Kansas Healthcare Collaborative

Also
Michele Clark, MBA, CPHQ, ABC
Program Director
Eric Cook-Wiens, MPH, PCMH
Measures and Data Manager
Janie Rutherford
Communications Director

Polling Question #1
Fun warm-up poll is here
Thanks to all Kansas hospitals!

7th Annual Kansas Health Care Personnel (HCP) Influenza Immunization Survey

Analysis is now underway. Results will be released in September.

HCP immunization resources are available at KHC website:
www.khconline.org/initiatives/immunization-project

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

Thank you!

Thank you for your ongoing commitment to the Hospital Engagement Network.

HEN 2.0 will continue this great work to prevent additional patient harm by achieving a 40 percent reduction in 10 core harm areas and a 20 percent reduction in readmissions – or maintaining zero harm in these areas.
HEN 2.0 Summary

- **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.
- **When:** 12-month contract; start date expected to be immediately upon award. Announcement by September 2015
- **How/Where:** Continue the momentum through Hospital Engagement Networks across the state and nation.
- **Why:** In pursuit of safety across the board

Clinical Excellence and Patient Safety Priorities

- **Prevent Infections**
  - CAUTI
  - CLABSI
  - Surgical Site Infections
  - Ventilator-associated events

- **Prevent Harm**
  - Adverse Drug Events
  - Falls
  - Obstetric Adverse Events
  - Pressure Ulcers
  - Readmissions (30-day)
  - Venous Thromboembolism

- **Other Topics**
  - Severe sepsis
  - Hospital culture
  - Iatrogenic delirium
  - C-diff, inc. antibiotic stewardship
  - Failure to rescue
  - Airway safety
  - Undue exposure to radiation

- **Operational Metrics**
  - Patient and family engagement
  - Health care disparities
  - Engaging leadership and governance
AHA/HRET has submitted a strong proposal for HEN 2.0. CMS final negotiations are underway. Formal announcement is pending.

AHA/HRET with 30 state hospital associations, including Kansas

AHA/HRET process to arrive at HEN 2.0 strategy

- **December 2014**: Preliminary recruitment of states and hospitals
- **February–March 2015**: Proposal preparation and submission with ~30 state hospital associations
- **April–June 2015**: AHA/HRET determines improvement drivers, forms national advisory committees
- **July 2015**: AHA/HRET convenes state hospital associations in San Francisco
- **August 2015**: AHA/HRET discusses with CMS

CMS has said in RFP process that it expects to award HEN 2.0 contracts by September 30, 2015.
Polling Question #2

Indicate the level of experience your hospital currently has in:

**using improvement frameworks**
(such as PDSA, Lean, Six Sigma or Baldridge)

- a) extensive experience
- b) moderate experience
- c) just getting started
- d) no experience
Emphasis on Implementation

12 months = (ONLY) 260 working days!

Education Strategy
- State and national learning events (virtual, in person)
- Education aligned with improvement drivers
- National role-based education offerings

State Hospital Associations

Hospital Leadership
- Senior Leadership & Governance
- Quality Department
- Physician Leadership

Hospital Support
- Unit-based Staff
- Data Analysts
- Patients & Families
Proposed Implementation Structure

**Tentative Education Touch Points** *(subject to change)*

- National Topic-specific Webinars, bi-weekly
- Two Annual National Scientific In-person Meetings
- Rural/CAH Affinity Group Webinars, bi-monthly
- HEN Action Leader Fellowships

State-led meetings with KHC

Hospital-level Improvement

Hospital site visits

**Proposed Implementation Structure**

**Tentative Fellowship Structure**

**Experienced HEN Fellow Action Leader Series**

- **Ideal Participants:**
  - Established HEN Champions
  - Previous HEN Junior Fellows and those acquainted with QI but without mastery of the topics

- **Structure:**
  - Monthly webinars that will build on and supplement basic QI knowledge
  - Opportunity to meet in-person at national meetings

- **Expectations:**
  - CEUs will be tied to participation in the monthly webinar
  - Experienced Fellows will provide hospital stories and case studies to be shared with project participants through their participation

- **Markers of Completion:**
  - Certificate of completion from HRET upon the submission of the project summary
  - Recognition and sharing of project summaries on HEN webpage and live events

**Foundational HEN Fellow Action Leader Series**

- **Ideal Participants:**
  - Hospital staff new to HEN
  - Beginners in their quality improvement journey

- **Structure:**
  - Foundational Fellows will work through a quality improvement project in a structured progression
  - Monthly webinars will provide a step-by-step process to completing a comprehensive QI project

- **Expectations:**
  - CEUs will be tied to submission of deliverables related to monthly webinar
  - Foundational Fellows will complete each webinar/deliverable in series, regardless of when they join the series

- **Markers of Completion:**
  - Certificate of completion from HRET upon the submission of Foundational Fellows' milestone
  - Recognition and sharing of project summaries on HEN webpage and live events
Educational Resources and Technical Assistance

- Updated change packages, checklists and implementation guide.
- Updated AHA/HRET HEN website: www.hret-hen.org
  
  Coming soon: Role-based navigation and content for physicians, senior leaders, unit-based teams, and patients and families.
- State and national contacts for quality improvement support.

Data and Performance Measurement

- Standardized, aligned measures
- Expectation for monthly data submission in all applicable topics
- 12-month baseline
- Active engagement in education and HEN data reports to drive continual improvement in outcomes and high reliability in processes
Data and Performance Measurement

HEN 2.0 Measures

- Currently pending. Nothing is final.
- We DO know:
  - The RFP listed 17 evaluation measures, including specification and definition references
  - CMS will also expect Adverse Drug Events (ADE) and Readmission rate reporting
- Additional evaluation measures pending CMS feedback once project starts
  - Additional outcome measures
  - Process measures
  - Baseline measurement time frame

Proposed Data Approach

<table>
<thead>
<tr>
<th>Topic</th>
<th>Expected CMS Evaluation Measure(s) for HEN 2.0</th>
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<tbody>
<tr>
<td>CAUTI</td>
<td>1. Standardized infection ratio (SIR) or rate – CDC NHSN (NQF 0138)</td>
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<td></td>
<td>2. Catheter utilization – CDC NHSN</td>
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<tr>
<td>CLABSI</td>
<td>3. Standardized infection ratio (SIR) or rate – CDC NHSN (NQF 0139)</td>
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<td>4. Central line utilization – CDC NHSN</td>
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<tr>
<td>Falls</td>
<td>5. Falls w/injury (NQF 0202)</td>
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<tr>
<td>Obstetrics / EED</td>
<td>6. Early elective deliveries (PC-01, NQF 0469)</td>
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<td>7. OB trauma – vaginal delivery w/instrument (AHRQ PSI 18)</td>
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<tr>
<td></td>
<td>8. OB trauma – vaginal delivery w/out instrument (AHRQ PSI 19)</td>
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<tr>
<td>Pressure Ulcers</td>
<td>9. Pressure ulcer stage 3+ (AHRQ PSI 03)</td>
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<td>10. Pressure ulcer stage 2+ (NQF 0201)</td>
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<tr>
<td>Surgical Site Infection</td>
<td>11. Colon surgery</td>
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<td>12. Abdominal hysterectomy</td>
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<td>13. Total hip replacements</td>
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<td>14. Total knee replacements</td>
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<tr>
<td>Venous Thromboembolism</td>
<td>15. Post-operative pulmonary embolism or DVT (AHRQ PSI-12)</td>
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<tr>
<td>Ventilator Associated Events</td>
<td>16. Ventilator-associated complication (VAC) rate – CDC NHSN</td>
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<td></td>
<td>17. Infection-related ventilator-associated complication (IVAC) rate – CDC NHSN</td>
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</tbody>
</table>
Core topics: Hospital-acquired Infections

**CAUTI**
CATHETER-ASSOCIATED URINARY TRACT INFECTIONS

**Measures**
- Outcome measure (NQF 0138)
  - CAUTI rates for hospitals that do not report to NHSN
  - Standardized Infection Ratio (SIR) for hospitals reporting to NHSN
- Catheter utilization ratio

**Notes:**
- ICUs + Other inpatient Units / ICUs, excluding NICUs
- Preferred data source: NHSN
- Using Standardized Infection Ratio (SIR) is new to HEN 2.0. Can easily collect for NHSN hospitals.
- Eligible for BCBSKS 2016 QBRP (PPS and CAH)

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Core topics: Hospital-acquired Infections

**CLABSI**
CENTRAL LINE-ASSOCIATED BLOOD STREAM INFECTIONS

**Measures**
- Outcome measure (NQF 0139)
  - CLABSI rates for hospitals that do not report to NHSN
  - Standardized Infection Ratio (SIR) for hospitals reporting to NHSN
- Central line utilization ratio

**Notes:**
- ICUs + Other inpatient Units / ICUs, excluding NICUs
- Preferred data source: NHSN
- Using Standardized Infection Ratio (SIR) is new to HEN 2.0. Can easily collect for NHSN hospitals.
- New ICU-only field will be added to QHi.
- CLABSI and CLIP bundle measures are eligible for BCBSKS 2016 QBRP (PPS hospitals)
- CLABSI benchmark of ≤ 1.00%
Core topics:
Hospital-acquired Infections

SSI
SURGICAL SITE INFECTIONS

Measures
- Outcome measures for four surgical procedures: (NQF 0753)
  - Colon Surgery
  - Abdominal hysterectomy
  - Total knee replacement
  - Total hip replacement
- SSI rates for hospitals that do not report to NHSN
- Standardized Infection Ratio (SIR) for hospitals reporting to NHSN

Notes:
- Preferred data source: NHSN
- Will update QHi for the two additional procedures (knees/hips)
- Will keep Kansas HEN “all procedures” SSI measure available for continuity among our many small hospitals not performing these four procedures.

Core topics:
Hospital-acquired Infections

VAE
VENTILATOR-ASSOCIATED EVENTS

Measures
- Outcome measures:
  - Ventilator-Associated Condition (VAC) rate
  - Infection-related ventilator-associated complication (IVAC) rate

Notes:
- Number of events that meet the criteria of ventilator-associated condition (VAC), including those that meet the criteria for IVAC and possible/probable VAP
- Data source: NHSN
- Confer NHSN rights to KHC group.
- Be sure VAE data is reported to NHSN as “in plan.”
  “In plan” implies commitment to follow NHSN surveillance protocol in its entirety.
Core topics:
Harm

Adverse Drug Events

Measures
- Anticipate continued focus on opioid, warfarin and insulin measures
- Anticipate new outcome measure will be All Adverse Drug Events.

Notes:
- Adverse drug events – any injuries resulting from medication use, including physical harm, mental harm, or loss of function
- Data can be collected through incident reporting, trigger tools, pharmacist intervention data or administrative data.
- Details forthcoming for ADE focus area and measures.

Eligible for BCBSKS 2016 QBRP (PPS and CAH)
Attestation that hospital is current in monthly data submission for ADE measures related to opioids, excessive anticoagulation and hypoglycemia in inpatients receiving insulin

Core topics:
Harm

Falls

Measures
- New outcome measure: Falls with injury (NQF 0202)
  - All documented patient falls with an injury level of minor or greater

Notes:
- This will be new outcome measure for Kansas HEN falls topic.
- Initial measure of falls with or without injury will remain available in QHI and will continue to be included in Kansas HEN data analytic reports.
- Falls with injury measure will be added to QHI and data reports.
- Initial falls measure (with/without injury) will not count toward HEN 2.0 evaluation but will count toward additional incentive in BCBSKS 2016 QBRP for Critical Access Hospitals (CAHs), if the rate of falls with or without injury is ≤ 3.0 per 1,000 patient days.
Core topics: Harm

Obstetric Adverse Events

Measures
- Early Elective Delivery (PC-01)
- OB trauma – Vaginal delivery with instrument (AHRQ PSI 18)
- OB trauma – Vaginal delivery without instrument (AHRQ PSI 19)

Notes:
- EED measure will continue -- with a focus toward sustainable, benchmark performance.
- Data for OB trauma measures will be gathered through existing administrative data.
- We expect OB hemorrhage measures will continue.
- OB measure not mentioned (so far) in HEN 2.0 is: timely treatment for severe hypertension

- EED PC-01 is eligible for BCBSKS 2016 QBRP (PPS hospitals)

Patient and Family Engagement 5 Best Practice Metrics

Point of Care
- Planning checklist with each patient prior to admission.
- Family Centered Rounds: Conduct shift change huddles and bedside reporting with patients and family members in all feasible cases.

Policy and Protocol
- Dedicated person or functional area proactively responsible for PFE.
- Hospital has an active PFAC or at least one former patient that serves on a patient safety or QI committee.

Governance
- Hospital has one or more patient(s) who serve on a governing and/or leadership board and serves as a patient representative.

- BCBSKS 2016 QBRP incentivizes each PFE metric for cumulative impact (PPS and CAH).
Leadership and Governance
Sample Metrics

1. Regular quality review aligned with the Partnership for Patients goals
2. A public commitment to safety improvement with transparency in sharing more than core measurement data with the public
3. All, or nearly all, hospital staff have a role or goal in patient safety (e.g., can be explicit in HR goals or a group bonus based on a patient safety target)
4. Hospital board of trustees has a quality committee established with regular review of patient safety data, including review and analysis of risk events

Health Care Disparities
Sample Metrics

- Hospital uses targeted interventions to reduce disparities.
- Hospital collects information about race, ethnicity and language preference from patients in a standardized way.
- Hospital uses data to routinely establish goals in the reduction of racial and ethnic disparities (e.g., readmissions)
- Hospital offers cultural competency training to address:
  - culture and linguistic factors affecting patient care
  - family/community interactions
  - religious beliefs affecting health care, etc.
First 90 Days

- Hospital commitment letter signed by Hospital Executive and Quality Director
- Work on all applicable core topic areas, as well as operational metrics and other focus areas as needed
- Data agreement(s): QHi, NHSN, HIDI, etc.
- Baseline data submission (if not already provided)
- Needs Assessment (online)
- Team onboarding with HEN 2.0 program
- KHC site visit with hospital quality/leadership team
  - Develop an individualized action plan

Onboarding - Education

- Expectations for participation in education activities
- Calendar of major educational events, webinars and data submission deadlines
- Fellowship structure description and guidelines
- Available technical assistance options
- Resources available:
  - Topic-specific change packages and checklists
  - List-servs
  - Websites
  - Case study videos and educational archives

HEN educational events are eligible for BCBSKS 2016 QBRP – Participate in at least five learning events each six-month period (CAH and PPS hospitals)
Onboarding – Data and Measurement

- Kansas HEN data submission tools (QHi, NHSN, surveys)
- Data use agreement
- Confer NHSN to KHC group(s), as applicable
- Outcome and process measures
- Baseline data
- Data submission schedule and expectations
- Individualized Kansas HEN data analytic reports
- Kansas HEN side-by-side dashboard reports
- Monthly updates and statewide progress during Kansas HEN webinars
- Frequently asked questions

Polling Question #3

Indicate the level of experience your hospital currently has in:

**Leveraging data to drive improvement**

- a) extensive experience
- b) moderate experience
- c) just getting started
- d) no experience
Kansas HEN Data and Measures Update

- Data Submission Schedule
- Data Reports

### Eric Cook-Wiens
Data and Measures Manager
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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>
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</thead>
<tbody>
<tr>
<td>January</td>
<td>December</td>
<td>February 28</td>
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<td>September</td>
<td>November 21</td>
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<tr>
<td>November</td>
<td>October</td>
<td>December 31</td>
</tr>
</tbody>
</table>
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 (eg. 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: Outcome Measures
(8/21/2015 snapshot)

- **CAUTI**: 76%
  - Met 40/20 reduction target, benchmark rate, or an ‘0’ streak
  - Reduction, but not yet meeting 40/20 target
  - No Reduction
  - Insufficient, sparse, or no data

- **CLABS**: 81%

- **SSI:COLO**: 22%

- **SSI:HYST**: 28%

- **SSI:Opt.2**: 48%

Percentage of Hospitals Achieving Cell Color: Outcome Measures
(8/21/2015 snapshot)

- **EED**: 83%

- **OB:Mssve tx.**: 62%

- **OB:Tot. tx.**: 51%

- **OB:Tot. tx.**: 51%
Kansas HEN Data Reports

Changes and Notes

- Preliminary version to HEN contacts: 9/1/2015
- Final version to CEO, CNO, HEN contacts: 9/8/2015
- Report changes:
  - Excluded measures (will resolve issues during HEN 2.0)
    - OB: Timely Treatment for Severe Hypertension
    - Ventilator Associated Events (VAE)
  - Summary slide: corrected accounting for Quarterly HAPU
  - NHSN for CLIP Bundle data

If you have trouble with the Sharefile link, let us know, and we can send a PDF (tracking in our contacts database).

Other Notes

QHi Back to Basics Session

Thursday, September 17
2:00 to 3:00 p.m.

- Demonstrate new features
- Review basics of adding users, selecting measures, entering data and running reports

Link to pre-register:

https://cc.readytalk.com/cc/s/registrations/new?cid=dyx8kdjhxh3
Announcements & Updates

• KHC Summit on Quality: Registration to open soon
• KHC Leadership in Quality Award
• On the CUSP project update
• Resource: Equity of Care
• Upcoming Events
• Resources
• Contacts

For more information contact:
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Program Director
Kansas Healthcare Collaborative
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785-235-0763 x1321

SEVENTH ANNUAL SUMMIT ON QUALITY
October 16, 2015
Wichita Marriott
Nationally-recognized keynote speakers address harm avoidance, physician burn-out
Exciting breakout sessions featuring successful quality improvement initiatives at Kansas facilities
Poster session highlighting Kansas research

For event details, see KHC’s website:
www.khconline.org/summit-on-quality
Announcements

Leadership in Quality Award

Nominations Now Open

Sponsored by the KaMMCO Foundation.

Download KHC nomination form for details:

Nominations must be submitted by Friday, September 18.

Announcements

Thank you and congratulations to Kansas Cohorts 9
18 intensive care units
16 emergency departments

Two national intervention projects conducted statewide January through August 2015.
AHRQ will release final project results on September 17.
Project Bibliography


Resources

National project website is closing this fall
www.onthecusptophai.org

A selected set of CAUTI prevention resources from the national project will be housed on www.ahrq.gov.

Resources will be posted as the AHRQ Safety Program for Reducing CAUTI in Hospitals:

“Toolkit for Reducing CAUTI in Hospital Units.”
The HPOE Equity of Care Toolkit provides a user-friendly “how-to” guide to help accelerate the elimination of health care disparities and ensure hospital leadership reflect the communities you serve.


Take the Pledge #123forEquity

Join the AHA in pledging to achieve the national call to action to eliminate health care disparities.

1. **TAKE THE PLEDGE** - Pledge to achieve the three areas of the Call to Action within the next 12 months.

2. **TAKE ACTION** – Implement strategies that are reflected in your strategic plan and supported by your board and leadership. Provide quarterly updates on progress to AHA and your board in order to track progress nationally.

3. **TELL OTHERS** – Achieve the goals and be recognized. Tell your story and share your learnings with others in conference calls and other educational venues to accelerate progress collectively.

KQIP Recommendation

KQIP recommends all Kansas hospitals use NHSN for tracking HAI and HCP Immunization.

CDC’s standardized definitions should be used to promote and assess progress.

Bold goal: 100% of Kansas hospitals (including CAHs) will actively use NHSN by January 1, 2016.

Upcoming Events:

August 28, 2015 • Kansas City, Mo.

Kansas City Stroke Symposium

Great line-up includes speakers on Cryptogenic stroke, Chicago door-to-needle challenges, and many others. Link to register: www.kansascitystrokesymposium.org

September 15, 2015 • 1–2 pm CT

Improving Patient and Family Engagement in U.S. Hospitals

Presenters will give detailed results from the national survey funded by the Gordon and Betty Moore Foundation and highlight two hospitals excel in PFE practices. Link to register (free): http://bit.ly/1PaimGf

October 23, 2015 • Independence, Mo.

Greater Kansas City APIC Conference

Infection Prevention and Control: Rapid & Radical Response Link to register: http://community.apic.org/greaterkansascity/home
# Dates to Remember

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>September 11 (noon)</td>
<td>PFAC Learning Session #4 at KHA Convention, Wichita</td>
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<tr>
<td>September 23 (10 am)</td>
<td>Kansas HEN Webinar*</td>
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<td>October 16</td>
<td>7th Annual Summit on Quality* Wichita Marriott</td>
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<td>October 19-24</td>
<td>National Infection Prevention Week</td>
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<tr>
<td>October 22 (2 pm)</td>
<td>Kansas PFAC Collaborative Coaching Session</td>
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<tr>
<td>October 28 (10 am)</td>
<td>Kansas HEN Webinar*</td>
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*Pre-register at [www.khconline.org](http://www.khconline.org)
Plan to log into webinars 10-15 minutes early.

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## Kansas HEN Webinar Archive

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

See General Education Archive.

### 2015

- **June**: Health Care Personnel Influenza Immunization
- **May**: Hospital quality report cards and honor rolls
- **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 System’s approach to performance excellence

2012-2014 archives also available
Discussion / Questions

Contact Us
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Website: www.khconline.org