Welcome!
Kansas Hospital Engagement Network 2.0
Virtual Meeting
December 16, 2015
10:00 to 11:00 a.m., CT

Agenda
❖ Welcome and Opening Remarks
❖ HEN 2.0 Announcements
❖ Data and Measures Update
❖ QHi Walk-through
❖ HEN 2.0 Resources
❖ Next steps
❖ Q&A and Wrap Up
Introductions

Presenters

Michele Clark, MBA, CPHQ, ABC
Program Director
Kansas Healthcare Collaborative
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(785) 235-0763 x1321

Rob Rutherford, BA
Senior Health Care Data Analyst
Kansas Healthcare Collaborative
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Sally Othmer
Senior Director, Data and Quality Reporting
Kansas Hospital Association
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(785) 233-7436 x118

Hospital Engagement Network (HEN 2.0)

Our HEN 2.0 Sprint

9 months remain to reach HEN 2.0 goals!
Core Topics:

1. Adverse Drug Events (ADE)
2. Catheter-associated Urinary Tract Infections (CAUTI)
3. Central line-associated Blood Stream Infections (CLABSI)
4. Early Elective Deliveries and Obstetrical (OB) Harm
5. Injuries from Falls and Immobility
6. Hospital-Acquired Pressure Ulcers (HAPU)
7. Surgical Site Infections (SSI)
8. Venous Thromboembolisms (VTE)
9. Ventilator Associated Events (VAE)
10. Readmissions

Other Topics
- Sepsis
- C-Difficile
- Culture of Safety
- Failure to Rescue
AHRQ Report

After 3 years of decline, hospital injury rates plateau, report finds

“Although the precise causes of the decline in patient harm are not fully understood, the increase in safety has occurred during a period of concerted attention by hospitals throughout the country to reduce adverse events. This effort has been spurred in part by Medicare payment incentives and catalyzed by the U.S. Department of Health and Human Services (HHS) Partnership for Patients (PfP) initiative.”


AHA/HRET Hospital Engagement Network
....YOUR Network.... >1,500 hospitals!
Kansas HEN Hospital Site Visits

Our goal:
Visit with each hospital team by December 31, 2015

* Discuss HEN 2.0 * De-fuzzify data questions * Identify actions, next steps for success

Agents of Change

- Will
- Ideas
- Execution

Cheyenne County Hospital

Ottawa County Health Center

Coffeyville Regional Medical Center

Rooks County Medical Center
Salina Regional Health Center Is in Action for HEN 2.0!

Recent HEN 2.0 site visit brings together a mix of SRHC’s Patient Safety Committee members and HEN 2.0 team members. All are working toward reducing harm across the board for their patients.

HRET HEN Action Leader Fellowship
Lead by Institute for Healthcare Improvement

December 16, 2015
January 13, 2016
February 17, 2016

Two tracks:

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

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

Register at [www.hret-hen.org](http://www.hret-hen.org).
Go to “Upcoming Events” tab.
Patient Safety Immersion Initiative

Six awards to be granted by KHC.
$1,000 value per award

Submit expression of interest to Kansas Healthcare Collaborative by February 1, 2016

Use this form to apply: www.khconline.org/files/NPSF-KansasHEN-fillable-form.pdf

Patient Safety Immersion Initiative Components

- **Community**
  - One-year membership in American Society of Professionals in Patient Safety

- **Education**
  - NPSF Online Patient Safety Curriculum
  - NPSF Online CPPS Review Course

- **Professional Advancement - Certification for Professionals in Patient Safety (CPPS)**
  - Practice Test
  - CPPS Credentialing Examination
NPSF Online Curriculum

1. The Science of Patient Safety
2. Advancing Patient Safety through Systems Thinking and Design
3. Identifying and Mitigating Patient Safety Risk
4. Establishing a Patient Safety Culture
5. Increasing Safety Awareness and Practice among Clinicians and Staff
6. Strategies for Engaging Executive and Clinical Leaders
7. Principles and Strategies for Patient and Family Engagement
9. The Role of Health Information Technology in Patient Safety
10. The National Landscape: Policy, Regulation and the Environment

Kansas HEN Data and Measures Update

- Update: Measures
- HEN 2.0 Baseline
- Data Submission Schedule
- Data Reports
- NHSN & QHi

Rob Rutherford
Senior Data Analyst
Kansas Healthcare Collaborative
Measure Changes

Stage II+ Pressure Ulcers:
- Was previously a new measure (all ages). Has since reverted to the HEN 1 version (18+)

OB Massive Transfusions:
- Was previously any blood products, has been adjusted to match JCO/ACOG definition of “four or more units packed red blood cells”

Process Measures

Release of HEN 2.0 process measures and other measures will be released soon.
- KHC will notify primary HEN contacts and data contacts as soon as received.
- Kansas HEN Measures Dictionary will be updated and available on our website at www.khconline.org.
HEN 2.0 Baseline

Your hospital’s baseline summary report will be distributed to primary/secondary HEN contacts this week. Please review.

- Reflects the eligible baseline selected for each measure.
  - It is the oldest, most complete calendar year available.
  - Details for preferred baseline periods can be found in the KS HEN 2.0 Measures Dictionary.
- Reflects applicable topics as indicated in the HEN 2.0 needs assessment
- Displays current NHSN group status
- Indicates which measures are missing sufficient data to establish baseline.

HEN 2.0 Baseline examples

Baseline preference: 2010 OR oldest complete calendar year OR 3Q 2015

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*Exceptions: CAUTI and VAE due to NHSN definition changes
HEN 2.0 Baseline

- The minimum baseline for any measure is 3Q 2015 (July - September 2015).
- Please submit any missing baseline data by December 31, 2015.
- If you have concerns about baseline data quality, please contact KHC.

Rob Rutherford
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Kansas HEN 2015-2016 Data Submission Schedule

<table>
<thead>
<tr>
<th>Outcome &amp; Process Measures for HACs occurring in:</th>
<th>Readmissions for index discharges in, and SSI for procedures performed in:</th>
<th>Submission Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>October, 2015</td>
<td>September, 2015</td>
<td>November 30, 2015</td>
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<tr>
<td>April, 2016</td>
<td>March, 2016</td>
<td>May 31, 2016</td>
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<td>May, 2016</td>
<td>April, 2016</td>
<td>June 30, 2016</td>
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<td>June, 2016</td>
<td>May, 2016</td>
<td>July 31, 2016</td>
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Kansas HEN Data Reports

Next quarterly report to be released: December 17, 2015

This report will be the last one based on Kansas HEN 1.0 measures and baseline.

- Year-end reports are available by request.
- If you have trouble with the Sharefile link, let us know, and we can send a PDF.
NHSN Group(s)


HEN 2.0 measures in QHi

- HEN 2.0 measures are currently in QHi.
- KHC will be selecting appropriate measures based on the needs assessment.
- Please double check!
Kansas HEN Reporting through QHi

Quality Health Indicators

Sharing best practices for exceptional patient care

PiHQ
Partners in Healthcare Quality

How can we help you?

Sally Othmer
Sr. Director of Data Services & Quality Reporting
785-276-3118
sothmer@kha-net.org

Stuart Moore
QHi Program Manager
785-276-3104
smoore@kha-net.org

✓ Password assistance
✓ Adding a user
✓ Measure selection
✓ Running reports
✓ Etc…
What is QHi?

Entirely User Driven

every measure, definition, calculation, graph, display, and enhancement exists because of user desire and design

Voluntary

a tool to support initiatives relative to Clinical Quality and Financial Viability

this project is about improvement, NOT compliance

Accessing QHi:

• Provider Contact – maintains Provider profile, selects measures, adds users & enters data (1 per facility)
  ➢ Provider User – enters data and runs reports (no limit)
  ➢ View Only – views data and runs reports (no limit)
  ➢ Report Recipient – no access to QHi, only receives reports (no limit)

• There is no limit to the number of users at each facility.
• User access is facility specific
• Hospital users that support a clinic can access both with one log in.
• Provider Contacts can reset passwords for users at their facility
### Quality Health Indicators

#### HEN 2.0 Measures in QHi

<table>
<thead>
<tr>
<th>Measure</th>
<th>Formula</th>
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</table>
| Elective Deliveries at >= 37 Weeks and < 39 Weeks - Kansas HEN 1.0(Outcome 1) & HEN 2.0 | \[
\text{Number of elective deliveries \over \text{Total number of deliveries with >= 37 and < 39 weeks gestation}} \times 100
\]
| Massive OB Blood Transfusions - Kansas HEN 1.0 (Outcome 3) & HEN 2.0 | \[
\text{Number of women who received greater than or equal to 4 units of blood products (RBC, FFP, Platelet packs, Cryoprecipitate) used} \over \text{Number of women giving birth greater than or equal to 20 weeks (birth hospitalization)} \times 100
\]
| Obstetrical (OB) Trauma - Vaginal Delivery with Instrument (AHRQ PSI Measure) – HEN 2.0 | \[
\text{All vaginal delivery discharges with any procedure code for instrument-assisted delivery} \times 1000
\]
| OB Trauma - Vaginal Delivery without Instrument (AHRQ PSI Measure) – HEN 2.0 | \[
\text{Vaginal deliveries, identified by DRG or MS-DRG code} \times 1000
\]
| Pre-Eclampsia – ICU Admissions – HEN 2.0 | \[
\text{Total number of women giving birth >= 20 weeks with any specified diagnosis code for pre-eclampsia} \times 1000
\]
### Quality Health Indicators

#### CLABSI
- **Central Line Insertion Bundle Adherence Rate** - Kansas HEN 1.0 (Process 1) & HEN 2.0
  - (Number of central line insertions during which all elements of the bundle were followed / Total number of central line insertions) x 100
  - Total number of central line insertions (denominator).
  - Number of central line insertions during which all elements of the bundle were followed (numerator).
- **Central Line-Associated Bloodstream Infection (CLABSI) Rates** - ICUs + Other Inpatient Units (including NICUs) – HEN 2.0
  - (Total number of observed healthcare-associated CLABSI among patients in bedded inpatient care locations / Total number of central line days for each location under surveillance for CLABSI during the data period) x 1000
  - Total number of central line days for each location under surveillance for CLABSI during the data period (denominator).
- **Central Line Utilization Ratio** - ICUs + Other Inpatient Units (including NICUs) – HEN 2.0
  - (Total number of central line days for bedded inpatient care locations under surveillance / Total number of patient days for bedded inpatient care locations under surveillance) x 100
  - Total number of patient days for bedded inpatient care locations under surveillance (denominator).

#### CAUTI
- **Catheter-Associated Urinary Tract Infection (CAUTI) Rates**, reported separately for ICUs + Other Inpatient Units (excluding NICUs) – HEN 2.0
  - (Total number of observed healthcare-associated CAUTI among patients in bedded inpatient care locations / Total number of indwelling urinary catheter days for each location under surveillance for CAUTI during the data period) x 1000
  - Total number of indwelling urinary catheter days for each location under surveillance for CAUTI during the data period (denominator).
- **Urinary Catheter Utilization Ratio** - ICUs + Other Inpatient Units (excluding NICUs) – HEN 2.0
  - (Total number of urinary catheter device days / Total number of patient days) x 100
  - Total number of patient days - ICUs + other inpatient units, excluding NICUs (denominator).
  - Total number of urinary catheter device days (numerator).

#### Surgical
- **Surgical Site Infection (SSI) Rate** (within 30 days after procedure) for all surgical procedures - Kansas HEN 1.0 (Outcome 3) (Option 2) & HEN 2.0
  - (Number of SSIs / Number of surgical procedures) x 100
  - Number of surgical procedures (denominator).
  - Number of SSIs (numerator).
- **Post-Operative Sepsis (AHQI PSI Measure)** – HEN 2.0
  - (Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary diagnosis codes for sepsis / Elective surgical discharges, for patients ages 18 years and older, with any listed procedure codes for an operating room procedure (elective surgical discharges are defined by specific DRG or MS-DRG codes with admission type recorded as elective [SID ATYPE=3]) / 1000
  - Elective surgical discharges, for patients ages 18 years and older, with any listed procedure codes for an operating room procedure (elective surgical discharges are defined by specific DRG or MS-DRG codes with admission type recorded as elective [SID ATYPE=3]) (denominator).
  - Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary diagnosis codes for sepsis (numerator).
- **Peri-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate (AHQI PSI Measure)** – HEN 2.0
  - (Number of surgical patients that develop a post-operative PE or DVT / All surgical discharges age 18 and older defined by specific DRGs or MS-DRGs and a procedure code for an operating room procedure) x 1000
  - All surgical discharges age 18 and older defined by specific DRGs or MS-DRGs and a procedure code for an operating room procedure (denominator).
  - Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with a secondary ICD-9-CM or ICD-10-CM diagnosis code for deep vein thrombosis or a secondary ICD-9-CM or ICD-10-CM diagnosis code for pulmonary embolism (numerator).
Quality Health Indicators

**General**

**Readmission within 30 days (All Cause) - Kansas HEN 1.0 (Outcome 2) & HEN 2.0 "Core Measure"**
(Number of inpatients readmitted for any reason within 30 days / Total number of patients discharged alive) x 100
Number of inpatients readmitted for any reason within 30 days (numerator).

**Falls with or without injury - Kansas HEN 1.0(Outcome 1) & HEN 2.0**
(Number of patient falls / Total number of patient days) x 1000
Total number of patient days (denominator).

**All Documented Patient Falls with an Injury Level of Minor or Greater – HEN 2.0**
(Number of patient falls with an injury level of minor or greater (whether or not assisted by a staff member) / Number of patient days) x 1000
Number of patient days (denominator).

**Naloxone Administration - Kansas HEN 1.0 (Outcome 1) & HEN 2.0**
(Number of patients receiving opioids that required treatment with naloxone or another opioid reversal agent / Number of patients receiving opioids) x 100
Number of patients receiving opioids (denominator).

**Excessive Anticoagulation with Warfarin - Inpatients - Kansas HEN 1.0(Outcome 2) & HEN 2.0**
(Inpatients experiencing excessive anticoagulation with warfarin / Number of inpatients receiving warfarin anticoagulation therapy) x 100
Number of inpatients receiving warfarin anticoagulation therapy (denominator).

**Pressure Ulcer Prevalence, Hospital-Acquired-Stage 2+ - Kansas HEN 1.0 (Outcome 1) & HEN 2.0**
(Patients that have at least one category/stage II or greater hospital-acquired pressure ulcer on the day of the prevalence measurement episode / All patients, 18 years of age or greater, surveyed for the measurement episode) x 100
Patients that have at least one category/stage II or greater hospital-acquired pressure ulcer on the day of the prevalence measurement episode (numerator).

**Pressure Ulcer Rate, Stages 3+ (AHQR PSI Measure) - HEN 2.0**
(Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary diagnosis codes for pressure ulcer and any secondary diagnosis codes for pressure ulcer stage III or IV [or unstaged] / Surgical or medical discharges, for patients ages 18 years and older [surgical and medical discharges are defined by specific DRG or MSDRG codes]) x 1000
Surgical or medical discharges, for patients ages 18 years and older [surgical and medical discharges are defined by specific DRG or MSDRG codes] (denominator).

**Hypoglycemia in Inpatients Receiving Insulin - Kansas HEN 1.0 (Outcome 3) & HEN 2.0**
(Number of inpatients receiving insulin or other hypoglycemic agents with an occurrence of hypoglycemia / Number of inpatients receiving insulin or other hypoglycemic agents) x 100
Number of inpatients receiving insulin or other hypoglycemic agents (denominator).

Number of inpatients receiving insulin or other hypoglycemic agents with an occurrence of hypoglycemia [numerator].
Quality Health Indicators

Selecting Measures

Click Administration

Click Measure Selection

Selecting Measures By Measure Set

Select KS HEN 2.0 Measure set
What if ALL of the HEN 2.0 measures do not pertain to my hospital?

Selecting Measures By Individual Measure

Use the filter option on the Measure Selection page to display the HEN 2.0 measures.

Check the boxes associated with the HEN 2.0 measures that apply to your facility.
Quality Health Indicators

Click Save

The HEN 2.0 measures appear under the Clinical Quality Monthly category immediately following the ‘core’ measures.

Check the boxes associated with the HEN 2.0 measures that apply to your facility.
Quality Health Indicators

www.qualityhealthindicators.org

Upcoming Training

- **QHi Back to Basics Session:**
  - Wednesday, December 16, 2:00 - 3:00 CT

Thank you,

Sally Othmer  
Sr. Director of Data Services & Quality Reporting  
785-276-3118  
sothmer@kha-net.org

Stuart Moore  
QHi Program Manager  
785-276-3104  
smoore@kha-net.org
HEN 2.0 Resources

- Patient and Family Engagement
- Upcoming events
- List-Servs
- Next Steps
- Contacts

Michele Clark
Program Director
Kansas Healthcare Collaborative
mclark@khconline.org

Establishing or Improving Patient and Family Advisory Councils (PFACs)

KHC is now beginning Cohort 2 of the Kansas PFAC Collaborative.

★ If interested in joining, contact KHC to request more information and the sign-up form:

Kansas Healthcare Collaborative
Alyssa Miller, KHC office coordinator
amiller@khconline.org
Kansas PFAC Faculty

Duke University Health System/
North Carolina Quality Center

Tiffany Christensen
Patient Advocate/
Patient and Family Engagement Specialist

Allison Crestensen
Program Coordinator
Patient Advisory Councils Expansion Program

Schedule:
2015-16 Kansas PFAC Collaborative

November 19
- Kick-off and Training Session

December
- Sign and return commitment to participate
- Return team roster for Kansas PFAC list-serve
- Complete self-assessment survey
- Sign up for scheduled coaching calls

January
- Initial release of video modules
- Learning Session #1 (virtual)
- Coaching calls begin

April
- Final release of video modules

Virtual Learning Sessions
- #1 – January 25 (2-3 pm)
- #2 – May 23 (2-3 pm)
- #3 – August 15 (2-3 pm)

In-person Learning Sessions
April 2016:
- Train-the-Trainer Workshop (April 28)
- Possible PFA Training Workshop (tentative)

September 2016: Report out, workshop, private coaching and celebration of achievements
Bedside shift reports
Videos demonstrating bedside shift reports have been one of the top-requested resources this month!

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<th>Source</th>
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<tr>
<td>AAMC</td>
<td><a href="https://www.youtube.com/watch?v=PIlzvXpSDYAMC">https://www.youtube.com/watch?v=PIlzvXpSDYAMC</a></td>
</tr>
</tbody>
</table>
| NCQC   | Bedside report: [https://www.dropbox.com/s/mlwaxondostrot/bedside%20shift%20report%20video.mp4?dl=0](https://www.dropbox.com/s/mlwaxondostrot/bedside%20shift%20report%20video.mp4?dl=0)  
No bedside report: [https://www.dropbox.com/s/yn1ivoe3j8v312/No%20bedside%20shift%20report.mp4?dl=0](https://www.dropbox.com/s/yn1ivoe3j8v312/No%20bedside%20shift%20report.mp4?dl=0) |

See more PFE resources at:  
[www.hret-hen.org/topics/patient-family-engagement.shtml](http://www.hret-hen.org/topics/patient-family-engagement.shtml)

Upcoming events
Be sure to check the KHC Events Calendar for upcoming webinars and learning sessions  
[www.khconline.org/events/event-list](http://www.khconline.org/events/event-list)

- **Monday, January 25**: Kansas PFAC Learning Session
- **Wednesday, January 27**: Kansas HEN Monthly Webinar
- **Friday, May 6**: KHC Summit on Quality
AHA/HRET HEN webinars

- Falls
  January 7
  11:00 to 12:30 p.m. CT

- Action Leader Fellowship (#3)
  January 13
  11:00 to 12:00 p.m. - Foundational
  12:30 to 1:30 p.m. - Experienced

- Venous Thromboembolism
  January 19
  11:00 to 12:30 p.m.

- Culture of Safety
  January 25
  11:00 to 12:30 p.m.

- Quality Improvement Office Hours
  January 27
  11:00 to 12:00 p.m.

- Surgical Site Infections
  February 4
  11:00 to 12:30 p.m.

- Action Leader Fellowship (#4)
  February 17
  11:00 to 12:00 p.m. - Foundational
  12:30 to 1:30 p.m. - Experienced

Pre-register today at www.hret-hen.org

National webinars will be recorded and available online at www.hret-hen.org.

LISTSERV® Update

HEN 2.0 List-servs are now open!
(after HEN 2.0 enrollment period closes)

Topics:
- Adverse Drug Event (ADE)
- Clinical Informatics
- Infections - includes CAUTI, CDI, CLABSI, SSI and VAE
- Early Elective Delivery and Obstetrical Adverse Event
- Patient & Family Engagement/Health Care Disparities
- Pressure Ulcers & Falls
- Readmissions
- Rural/Critical Access Hospitals
- Sepsis

Subscribe at www.hret-hen.org.
Educational Resources and Technical Assistance

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

Next Steps

- Review updated Kansas HEN 2.0 Measures Dictionary.
- Review hospital baseline summary to be received from KHC. Submit missing baseline by Dec. 31, if possible. (Final deadline for baseline is the end of January.)
- Join 2016 Kansas PFAC Collaborative by Dec. 18, if you wish to participate.
- Register for events. Watch the KHC Monthly Update and Upcoming Events on our HEN websites for meetings and webinars that are relevant to you.
- Use HEN 2.0 news release template in your internal and external communications.
- Take the #123for Equity Pledge to Act.