Partnership for Patients

2014 Priorities and Expectations

January 10 and 14, 2014
Agenda

• Review of the *Partnership for Patients*
• Overview of Data Measures and Reporting in 2014
• 2014 Commitments
• *Coalition for Care* Approach
• AHA/HRET Improvement Leader Fellowship
• ED Improvement Intervention: CAUTI
• Next Steps
Partnership for Patients

- **40% Reduction in Preventable Hospital Acquired Conditions**
  - 1.8 Million Fewer Injuries
  - 60,000 Lives Saved

- **20% Reduction in 30-Day Readmissions**
  - 1.6 Million Patients Recover Without Readmission

- **Up to $35 Billion Dollars Saved**
## AHA/HRET 30/6/60 Results

### AHA/HRET: Achievement of Targets - November 2013

<table>
<thead>
<tr>
<th>AEA</th>
<th>At least 60% Reporting</th>
<th>30% Change from Baseline (15% Readm)</th>
<th>17.6% Change from Baseline (15% Readm)*</th>
<th>Met High Perf. Benchmk</th>
<th>Achievement of Target**</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAUTI</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>CLABSI</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Falls</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>OB-EED</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>OB-Other</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PrU</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>SSI</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Readm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>VAP</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>VTE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>10</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>6</td>
</tr>
</tbody>
</table>

* 17.6% Improvement includes improvement from 17.6% to < 30%.

** ✓ Indicates HEN met at least one target: 30% improvement, 17.6 % improvement, or high performance benchmark (or 15% improvement for readmissions).
Goal for 2014: 40/10/80

• 40 percent reduction in 10 harm topics with over 80 percent of hospitals who are reporting data

• 8 monthly data points (3 quarterly data points) starting with the AHA/HRET Feb. monthly report to CMS (Previously only 4 monthly data points were needed)
Team Indiana Working Together to Achieve a Bold Aim: Make Indiana the Safest State

On our way to 40/10/80 by Dec. 2014!

2014 year focus:
1. Patient and family engagement (PFE)
2. Leadership
3. Healthcare disparities
4. Teamwork and communication
5. Measurement
National HEN Targeted Harms

1) Adverse drug events
2) OB Adverse Events
   a) Elimination of Early Elective Deliveries
3) Central line-associated blood stream infections
4) Catheter-acquired urinary tract infections
5) Falls with injury
6) Surgical infections and complications
7) Venous thromboembolism
8) Pressure ulcers
9) Readmissions
10) Ventilator-associated events
Measure alignment:
Transition to standardized measures and merge Indiana organization-defined measures with EOM measures, where possible. Your IHA contact can provide guidance to situations affecting your hospital.
## Aligned Measures- ADE

### Current Top Two Most Popular Measures

<table>
<thead>
<tr>
<th>EOM Measure ID</th>
<th>Topic</th>
<th>Measure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>EOM-ADE-12</td>
<td>ADE</td>
<td>Excessive anticoagulation with warfarin - Inpatients</td>
</tr>
<tr>
<td>EOM-ADE-13</td>
<td>ADE</td>
<td>Hypoglycemia in inpatients receiving insulin</td>
</tr>
</tbody>
</table>

### New Measure

<table>
<thead>
<tr>
<th>Topic</th>
<th>Measure</th>
<th>Definition</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE - Opioid</td>
<td>ADEs due to opioids</td>
<td>Naloxone reverses opioid intoxication. For this reason, naloxone administration can be used to identify patients who may have experienced an adverse drug event due to an opioid</td>
<td>Number of patients treated with opioids who received naloxone during the review period</td>
<td>Number of patients who received an opioid agent during the review period</td>
<td>ISMP and PA-HEN</td>
</tr>
<tr>
<td>EOM-111</td>
<td>EOM-111</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Focus and report on all three measures
Additional Considerations - ADE

- Manifestations of Poor Glycemic Control (ADE HAC) will still not be accepted by CMS.
- ADE continues to have the lowest data submission.
- ADE is a key target area for IHA, AHA/HRET, CMS.
- Hospitals will need to collect and report all three measures into the AHA/HRET CDS.
Aligned Measures - CAUTI

• Current Top Two Most Popular Measures

<table>
<thead>
<tr>
<th>EOM Measure ID</th>
<th>Topic</th>
<th>Measure Name</th>
<th>Denominator</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>EOM-CAUTI-18</td>
<td>CAUTI</td>
<td>Catheter-Associated Urinary Tract Infections Rate - All Tracked Units (CDC NHSN)</td>
<td>Number of patient days, in all participating units</td>
<td>AHRQ CUSP: CAUTI/CDC NHSN</td>
</tr>
<tr>
<td>EOM-CAUTI-19</td>
<td>CAUTI</td>
<td>Catheter-Associated Urinary Tract Infections Rate in ICU (CDC NHSN)</td>
<td>Number of patient days, in all participating units</td>
<td>AHRQ CUSP: CAUTI/CDC NHSN</td>
</tr>
</tbody>
</table>

• New Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinary catheter utilization ratio</td>
<td>Ratio of urinary catheter days to patient days</td>
<td>Number of urinary catheter days for all patients with an indwelling urinary catheter, in all participating units</td>
<td>Number of patient days, in all participating units</td>
<td>AHRQ CUSP: CAUTI/CDC NHSN</td>
</tr>
<tr>
<td>CAUTI ED Catheter</td>
<td>ED patients with newly placed indwelling catheters that are admitted</td>
<td>Number of admissions from the ED, including observation patients with a newly placed indwelling catheter in the ED</td>
<td>Number of admissions from the ED, including observation patients</td>
<td>AHRQ CUSP: CAUTI</td>
</tr>
</tbody>
</table>

• Focus and report on EOM-18, EOM-19 and utilization ratio
• Strongly encourage a focus to reduce catheter insertion in the ED
Additional Considerations - CAUTI

- AHA/HRET HEN is team working with CUSP-CAUTI team at AHA/HRET to accept CAUTI-ED data as data for HEN.

- Hospitals will continue to confer rights to NHSN and expand data entry beyond the ICU.
  
  - Note: Inpatient Quality Reporting Program will require submission of CAUTI data for all units beginning Jan. 1, 2015
**Aligned Measures - Falls**

- Current Top Two Most Popular Measures

<table>
<thead>
<tr>
<th>EOM Measure ID</th>
<th>Topic</th>
<th>Measure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>EOM-Falls-37</td>
<td>Falls</td>
<td>Falls With or Without Injury (NSC 4)</td>
</tr>
<tr>
<td>EOM-Falls-38</td>
<td>Falls</td>
<td>Falls With Injury (Minor or Greater) (NSC 5)</td>
</tr>
</tbody>
</table>

- Hospitals will need to collect and report at least one measure into the AHA/HRET CDS.
- IHA considers EOM-Fall-38 Falls with Injury the priority measure.
- The CMS falls HAC measure will not be accepted by CMS.
**Aligned Measures - CLABSI**

- **Current Top Two Most Popular Measures**

<table>
<thead>
<tr>
<th>EOM Measure ID</th>
<th>Topic</th>
<th>Measure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>EOM-CLABSI-24</td>
<td>CLABSI</td>
<td>CLABSI Rate - All Units (Device Days Denominator) (CDC NHSN)</td>
</tr>
<tr>
<td>EOM-CLABSI-25</td>
<td>CLABSI</td>
<td>CLABSI Rate - ICU (Device Days Denominator) (CDC NHSN)</td>
</tr>
</tbody>
</table>

- **New Measure for smaller hospitals of <100 beds**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Measure</th>
<th>Definition</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLABSI</td>
<td>Days since last CLABSI</td>
<td>Days since Last CLABSI</td>
<td>Days since Last CLABSI</td>
<td>N/A</td>
<td>AHA/HRET HEN - Rural CAH Data Collection Tool</td>
</tr>
</tbody>
</table>

- Hospitals will continue to confer rights to NHSN and expand data entry beyond the ICU
- Days since last CLABSI will require data entry into AHA/HRET CDS
- For larger hospitals, a utilization ratio (central lines per 10,000 patient days) is encouraged.
Aligned Measures- OB Harm

• Current Most Popular Measure

<table>
<thead>
<tr>
<th>EOM Measure ID</th>
<th>Topic</th>
<th>Measure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>EOM-OB-48</td>
<td>OB-Non-EED</td>
<td>Birth Trauma - Injury to Neonate (AHRQ PSI 17)</td>
</tr>
</tbody>
</table>
## Aligned Measures - OB Harm

### Other/New Measures

<table>
<thead>
<tr>
<th>Topic</th>
<th>Measure</th>
<th>Definition</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB</td>
<td>OB Trauma – Vaginal Delivery with Instrument</td>
<td>All vaginal delivery patients who have 3rd or 4th degree OB trauma with an instrument-assisted delivery</td>
<td>All vaginal delivery with instrument and 3rd and 4th degree OB trauma</td>
<td>All vaginal delivery discharges with any procedure code for instrument-assisted delivery.</td>
<td>AHRQ PSI 18</td>
</tr>
<tr>
<td></td>
<td>EOM-54</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OB</td>
<td>OB Trauma - Vaginal Delivery without Instrument (AHRQ PSI 19)</td>
<td>All vaginal delivery patients who have 3rd or 4th degree OB trauma</td>
<td>&quot;All vaginal delivery with 3rd and 4th degree OB trauma&lt;br&gt;ICD-9-CM Obstetric trauma diagnosis codes:&lt;br&gt;66420 DEL W 3 DEG LACERAT-UNSP; 66421 DEL W 3 DEG LACERAT-DEL; 66424 DEL W 3 DEG LAC-POSTPART; 66430 TRAUMA TO PERINEUM AND VULVA DURING DELIVERY, FOURTH-DEGREE PERINEAL LACERATION; 66431 TRAUMA TO PERINEUM AND VULVA DURING DELIVERY, FOURTH-DEGREE PERINEAL LACERATION</td>
<td>OB Trauma - Vaginal Delivery without Instrument (AHRQ PSI 19)</td>
<td>AHRQ PSI 19</td>
</tr>
</tbody>
</table>
# Aligned Measures - OB Harm: OB Hemorrhage

<table>
<thead>
<tr>
<th>Topic</th>
<th>Measure</th>
<th>Definition</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB – Hemorrhage</td>
<td>OB Hemorrhage Risk Assessment on Admission (process)</td>
<td>Percent of women who are assessed for risk of OB hemorrhage on admission</td>
<td>Number of women admitted to L&amp;D whose risk of OB hemorrhage is recorded in the medical record</td>
<td>Number of women admitted to L&amp;D</td>
<td>AWHONN</td>
</tr>
<tr>
<td>OB – Hemorrhage</td>
<td>Total OB Blood Transfusions</td>
<td>Total number of blood products used per 100 women giving birth</td>
<td>Total number of units of blood products (including RBCs, FFP, Platelet packs, Cryoprecipitate)</td>
<td>All women giving birth ≥20 weeks (birth hospitalization)</td>
<td>ACOG and CMQCC</td>
</tr>
<tr>
<td>OB – Hemorrhage</td>
<td>Massive OB Blood Transfusions</td>
<td>All women who have given birth were transfused with &gt;=4 units of any blood product</td>
<td>Women who received &gt;=4 units blood products (including RBCs, FFP, Platelet packs, Cryoprecipitate)</td>
<td>All women giving birth ≥20 weeks (birth hospitalization)</td>
<td>ACOG and CMQCC</td>
</tr>
</tbody>
</table>
# Aligned Measures - OB Harm: OB Preeclampsia

<table>
<thead>
<tr>
<th>Topic</th>
<th>Measure</th>
<th>Definition</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB – Preeclampsia</td>
<td>Implementation of Treatment Protocols/Checklists for Acute-Onset Severe Hypertension in Pregnancy and for Safe and Effective Use of Magnesium Sulfate (Process)</td>
<td>Implementation of Treatment Protocols/Checklists for Acute-Onset Severe Hypertension in Pregnancy and for Safe and Effective Use of Magnesium Sulfate (Process)</td>
<td>Has your hospital implemented protocol/checklists (including order sets) for treating severe hypertension and using magnesium sulfate in obstetrics? Yes/No</td>
<td>N/A</td>
<td>CMQCC</td>
</tr>
<tr>
<td>OB – Preeclampsia</td>
<td>ICU days among Preeclamptic women</td>
<td>Number of ICU days among Pregnant women with preeclampsia during their birth hospitalization</td>
<td>Among the denominator their total days of ICU care. If the mother was transferred to another hospital for intensive care either the days in intensive care at that facility are used or an arbitrary number of 4 days.</td>
<td>All women giving birth ≥20 weeks (birth hospitalization) with any diagnosis code for Preeclampsia (Mild or unspecified Preeclampsia (642.4x), Severe Preeclampsia (642.5x), Eclampsia (642.6x), or Preeclampsia superimposed on pre-existing HTN (642.7x)) Exclusions: women with gestational hypertension or chronic hypertension without superimposed preeclampsia (642.0x, 642.1x, 642.2x, or 642.3x)</td>
<td>CMQCC</td>
</tr>
</tbody>
</table>
Additional Considerations- OB Harm

• IHA will be able to submit AHRQ PSI 17, 18 and 19 for hospitals (provided data transfer is authorized).

• AHA/HRET is working on detailed measure specifications from Dr. Main/CMQCC.

• For EED JC-PC-01, 0/0 months will count as a month with a zero rate.
**Aligned Measures- OB Harm: EED**

- Current Most Popular Measure

<table>
<thead>
<tr>
<th>EOM Measure ID</th>
<th>Topic</th>
<th>Measure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>EOM-OB-40</td>
<td>OB-EED</td>
<td>Elective Deliveries at &gt;=37 Weeks and &lt;39 Weeks (JC PC 1)</td>
</tr>
</tbody>
</table>

- Hospitals will need to enter data into AHA/HRET CDS for EED or provide data transfer authorization from COP.
Aligned Measures- Pressure Ulcers

• Current Top Two Most Popular Measures

<table>
<thead>
<tr>
<th>EOM Measure ID</th>
<th>Topic</th>
<th>Measure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>EOM-PrU-58</td>
<td>PU</td>
<td>Patients with at least One Stage II or Greater Nosocomial Pressure Ulcer (NSC 2)</td>
</tr>
<tr>
<td>EOM-PrU-63</td>
<td>PU</td>
<td>Pressure Ulcer (MCR FFS) (CMS HAC)</td>
</tr>
</tbody>
</table>

• If you collect Stage II or Greater for your incident reporting, include this measure for your *Coalition for Care* data entry into the AHA/HRET CDS.

• IHA considers EOM-PrU-58 (Stage II or greater) the priority measure.
### Aligned Measures - SSI

#### Current Top Two Most Popular Measures

<table>
<thead>
<tr>
<th>EOM Measure ID</th>
<th>Topic</th>
<th>Measure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>EOM-SSI-88</td>
<td>SSI</td>
<td>Surgical Site Infection Rate (In-Hospital) (CDC NHSN subset)</td>
</tr>
<tr>
<td>EOM-SSI-89</td>
<td>SSI</td>
<td>Surgical Site Infection Rate (within 30 Days after Procedure) (CDC NHSN)</td>
</tr>
</tbody>
</table>
Additional Considerations - SSI

- Using broad measure
- Surgical Classes
  - Colon
  - Abdominal Hysterectomy
  - Knee Replacement
  - Hip Replacement
  - Cardiac Surgeries (may be specific to a common subset of cardiac surgeries such as CABG)
- Hospitals need to continue to confer rights in NHSN.
**Aligned Measures- VTE**

- Current Top Two Most Popular Measures
  
<table>
<thead>
<tr>
<th>EOM Measure ID</th>
<th>Topic</th>
<th>Measure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>EOM-VTE-104</td>
<td>VTE</td>
<td>Potentially Preventable VTE (JC VTE-6)</td>
</tr>
<tr>
<td>EOM-VTE-105</td>
<td>VTE</td>
<td>Post-op PE or DVT (All Adults) (AHRQ PSI 12)</td>
</tr>
</tbody>
</table>

- Focus on both VTE measures
- IHA will be able to submit AHRQ PSI 12 for hospitals (provided data transfer is authorized).
- Hospitals will need to enter data into AHA/HRET CDS for VTE-6 or provide data transfer authorization from COP.
## Aligned Measures- VAP/VAE

### Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAC Rate-All Units (CDC NHSN)</td>
<td>Ventilator-Associated Condition (VAC); including those that meet the criteria for IVAC and Possible/Probable VAP rate</td>
<td>Number of events that meet the criteria of VAC; including those that meet the criteria for IVAC and Possible/Probable VAP</td>
<td>Number of ventilator days</td>
<td>CDC NHSN</td>
</tr>
<tr>
<td>EOM-96a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IVAC</td>
<td>Infection-Related Ventilator-Associated Condition (IVAC); including those that meet the criteria for Possible/Probable VAP rate</td>
<td>Number of events that meet the criteria of IVAC; including those that meet the criteria for Possible/Probable VAP</td>
<td>Number of ventilator days</td>
<td>CDC NHSN</td>
</tr>
<tr>
<td>EOM-96b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAP</td>
<td>Pneumonias that are ventilator-associated</td>
<td>Ventilator-associated pneumonia rate (Incidence of VAP)</td>
<td>Number of ventilator days (collected daily)</td>
<td>CDC NHSN</td>
</tr>
<tr>
<td>EOM-96c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Focus on all measures

- Hospitals will need to confer rights in NHSN/HRET.
**Aligned Measures: Readmissions**

- Current Top Two Most Popular Measures

<table>
<thead>
<tr>
<th>EOM Measure ID</th>
<th>Topic</th>
<th>Measure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>EOM-Read-75</td>
<td>Readmissions</td>
<td>Readmission within 30 days (All Cause)</td>
</tr>
<tr>
<td>EOM-Read-77</td>
<td>Readmissions</td>
<td>Heart Failure (HF) Patients - Readmissions within 30 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(All Cause)</td>
</tr>
</tbody>
</table>

- Focus on both measures
- IHA will be able to submit all readmission data for hospitals (provided data transfer is authorized).
## Aligned Measures: Readmissions

### Other/New Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readmissions within 30 days (All Cause) – Acute Myocardial Infarction</td>
<td>AMI Patients who were readmitted within 30 days for any reason</td>
<td>Patients readmitted to the same facility, for any reason, within 30 days of date of discharge after hospitalization for AMI</td>
<td>All AMI patients discharged alive (index hospitalization, principal diagnosis code of AMI, excluding those discharged AMA or to another acute care hospital) (AMI principal diagnosis codes 41000, 41010, 41011, 41020, 41021, 41030, 41031, 41040, 41041, 41050, 41051, 41060, 41061, 41070, 41071, 41080, 41081, 41090, 41091)</td>
<td>Based on CMS Hospital Compare measure</td>
</tr>
<tr>
<td>Readmissions within 30 days (All Cause) – Pneumonia (PN)</td>
<td>PN Patients who were readmitted within 30 days for any reason</td>
<td>Patients readmitted to the same facility, for any reason, within 30 days of date of discharge after hospitalization for PN</td>
<td>All PN patients discharged alive (index hospitalization, principal diagnosis code of PN, excluding those discharged AMA or to another acute care hospital) (PN principal diagnosis codes 4800, 4801, 4802, 4803, 4808, 4809, 481, 4820, 4821, 4822, 48230, 48231, 48232, 48239, 48240, 48241, 48249, 48281, 48282, 48283, 48284, 48289, 4829, 4830, 4831, 4838, 485, 486, 487.0)</td>
<td>Based on CMS Hospital Compare measure</td>
</tr>
</tbody>
</table>
Optional Sustainability Measures

• New sustainability measures are available
• These optional measures may be valuable for:
  – CAHs
  – Rural Hospitals
  – Hospitals that have sustained 0’s for extended periods of time
  – Any organization interested in tracking their progress
### Sustainability Measures to Consider

<table>
<thead>
<tr>
<th>Topic</th>
<th>Measure</th>
<th>Definition</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td>Days since last ADE</td>
<td>Days since Last ADE</td>
<td>Days since Last ADE</td>
<td>N/A</td>
<td>AHA/HRET HEN - Rural CAH Data Collection Tool</td>
</tr>
<tr>
<td>CAUTI</td>
<td>Days since last CAUTI</td>
<td>Days since Last CAUTI</td>
<td>Days since Last CAUTI</td>
<td>N/A</td>
<td>AHA/HRET HEN - Rural CAH Data Collection Tool</td>
</tr>
<tr>
<td>CLABSI</td>
<td>Days since last CLABSI</td>
<td>Days since Last CLABSI</td>
<td>Days since Last CLABSI</td>
<td>N/A</td>
<td>AHA/HRET HEN - Rural CAH Data Collection Tool</td>
</tr>
<tr>
<td>Falls</td>
<td>Days since last Fall with Injury</td>
<td>Days since last Fall with Injury</td>
<td>Days since last Fall with Injury</td>
<td>N/A</td>
<td>AHA/HRET HEN - Rural CAH Data Collection Tool</td>
</tr>
<tr>
<td>OB</td>
<td>Days since last OB Adverse Event</td>
<td>Days since last OB Adverse Event</td>
<td>Days since last OB Adverse Event</td>
<td>N/A</td>
<td>AHA/HRET HEN - Rural CAH Data Collection Tool</td>
</tr>
<tr>
<td>PU</td>
<td>Days since last Pressure Ulcer</td>
<td>Days since last Pressure Ulcer</td>
<td>Days since last Pressure Ulcer</td>
<td>N/A</td>
<td>AHA/HRET HEN - Rural CAH Data Collection Tool</td>
</tr>
<tr>
<td>SSI</td>
<td>Days since last SSI</td>
<td>Days since last SSI</td>
<td>Days since last SSI</td>
<td>N/A</td>
<td>AHA/HRET HEN - Rural CAH Data Collection Tool</td>
</tr>
<tr>
<td>VTE</td>
<td>Days since last VTE</td>
<td>Days since last VTE</td>
<td>Days since last VTE</td>
<td>N/A</td>
<td>AHA/HRET HEN - Rural CAH Data Collection Tool</td>
</tr>
<tr>
<td>VAE</td>
<td>Days since last VAE</td>
<td>Days since last VAE</td>
<td>Days since last VAE</td>
<td>N/A</td>
<td>AHA/HRET HEN - Rural CAH Data Collection Tool</td>
</tr>
<tr>
<td>Readmissions</td>
<td>Days since last readmissions</td>
<td>Days since last readmissions</td>
<td>Days since last readmissions</td>
<td>N/A</td>
<td>AHA/HRET HEN - Rural Tracker</td>
</tr>
</tbody>
</table>
**2014 Additional Topics**

**Education on other topics:**
- These topics will not have a data reporting component, but there will be educational events offered on the following topics:
  - Sepsis
  - MRSA
  - C-diff
  - Acute renal failure
  - Procedural harm

**Expanded focus on Healthcare Disparities:**
- HRET will be hosting webinars focusing on diversity, cultural competency and data collection and use
- Watch for a survey on your current work on disparities – coming soon!
Organization & Safety Culture

Patient & Family Engagement

Transparent Safety

CMS Support
Hospital Engagement Networks, Community Care Transitions Programs, National Contacts

Federal Programs
Medicare, Team STEPPs, Aging Network, Patients, SORHs, Medicaid, NHSN, CUSP Initiative, QIOs

Partners
Associations, Long Term Care, Unions, Patients, Researchers, NPP, Providers, Employers, Advocates, CBOs

Falls
CAUTI
CLABSI
SSI
Ob
Pressure Ulcers
VTE
Re-admits
VAP
ADE
EED
Patient and Family Engagement

• P1) Prior to admission, hospital staff provides and discusses a planning check list with every patient that has a scheduled admission – allowing for questions or comments from the patient or family - a planning check list that is similar to CMS’s Discharge Planning Checklist.
  – 3 hospitals are listed as Unknown for this question
  – 55 hospitals are listed as Yes for this question
  – 58 hospitals are listed as No for this question

• P2) Hospital conduct shift change huddles and do bedside reporting with patients and family members in all feasible cases.
  – 1 hospital is listed as Unknown for this question
  – 86 hospitals are listed as Yes for this question
  – 29 hospitals are listed as No for this question
Patient and Family Engagement

• P3) Hospital has a person or functional area, who may also operate within other roles in the hospital, that is dedicated and proactively responsible for Patient and Family Engagement and systematically evaluates Patient and Family Engagement activities (e.g., open chart policy, PFE trainings, establishment and dissemination of PFE goals).
  – 2 hospitals are listed as Unknown for this question
  – 69 hospitals are listed as Yes for this question
  – 45 hospitals are listed as No for this question
Patient and Family Engagement

• P4) Hospital has an active PFE Committee OR at least one former patient that serves on a patient safety or quality improvement committee or team.
  – 2 hospitals are listed as Unknown for this question
  – 54 hospitals are listed as Yes for this question
  – 60 hospitals are listed as No for this question

• P5) Hospital has at least one or more patient(s) who serve on a governing or leadership board and serves as a patient representative.
  – 2 hospitals are listed as Unknown for this question
  – 32 hospitals are listed as Yes for this question
  – 82 hospitals are listed as No for this question
Leadership Questions

• L1) Hospital has regular quality review aligned with the PfP goals.
  – 2 hospitals are listed as Unknown for this question
  – 102 hospitals are listed as Yes for this question
  – 12 hospitals are listed as No for this question

• L2) Hospital has a public commitment to safety improvement with transparency in sharing more than CORE measurement data with the public.
  – 1 hospital is listed as Unknown for this question
  – 87 hospitals are listed as Yes for this question
  – 28 hospitals are listed as No for this question
Leadership Questions

• L3) Hospital staff, all or nearly all, have a role or perceived goal in patient safety (e.g., Can be explicit in HR goals or a group bonus based on a patient safety target).
  – 1 hospital is listed as Unknown for this question
  – 106 hospitals are listed as Yes for this question
  – 9 hospitals are listed as No for this question

L4) Hospital board of trustees has a quality committee established; with regular review of patient safety data, including review and analysis of risk events.
  – 2 hospitals are listed as Unknown for this question
  – 106 hospitals are listed as Yes for this question
  – 8 hospitals are listed as No for this question
PFE and Leadership Action Planning

• Review the PFE and Leadership questions and reflect your hospital’s most current information
• Do not indicate an “u” or unknown
• Update the information in the monthly Level of Participation report (received from Paige or Kaitlyn)
2014 Commitments

On our way to 40/10/80 by Dec. 2014!

• Continue to work on all applicable topic areas, with a concentrated effort on the following areas specified as CMS priority topics:
  – CAUTI reduction in all units where catheters are utilized and the Emergency Department
  – 30 day all cause readmission reduction
  – ADE
2014 Commitments

On our way to 40/10/80 by Dec. 2014!

• Complete a Harm Across the Board (HAB) storyboard by October, 2014

Notes:

• HAB will replace the monthly progress reports. HAB is being revised to include 6 slides.
• IHA will assist in completion; watch for additional details
2014 Commitments

On our way to 40/10/80 by Dec. 2014!

• Continue to submit data within 60 days after the end of the measurement period
  – Align to standardized measures identified by AHA/HRET
  – Monthly or quarterly on at least one process and one outcome measure, in all applicable areas and sub-areas
Coalition for Care Approach

**Approach**
- Enhance regional patient safety coalitions
- Develop workforce capabilities
- (Increase transparency by)
  - Develop and disseminate statewide and regional dashboards
- Build statewide improvement infrastructure
- Provide technical assistance and targeted educational opportunities
- Focus on leadership development to support safe cultures, including leverage nursing leaders to drive improvement at the front line

**Deployment**
- Continue coalition facilitator/leader development
- Standardize coalition toolkit
- Connect Improvement leader fellows and lean six sigma belts to lead harm reduction
- Institute “Drive to Thrive” tours of high-performing hospitals
- Conduct targeted hospital coaching, with site visits and peer assist
- Engage executive leaders at IHA district meetings
- Nursing leadership development to enhance vitality and joy in work

**Learning**
- Expand regional education for high need target harm categories
- Create network of TeamSTEPPS Master Trainers to evaluate current implementation and future progress
- Assess ILF/Belt harm reduction results with current and new projects
- Conduct coalition assessment survey
- Evaluate hospital and statewide HSOPS results
- Assess progress toward results utilizing the dashboard and new measurement strategy

**Integration**
- Harmonize actions with key stakeholders to drive results
- Review progress toward aim of making Indiana the safest state to receive health care
- Build synergy between efforts in workforce development, culture enhancement, leadership and patient and family centered care through nursing leadership development and work design
- Include community stakeholders in regional patient safety coalitions
Enhanced AHA/HRET Improvement Leader Fellowship

• In-Person Regional Meeting in Indiana
  – On site meeting specifically designed to combine clinical knowledge with improvement techniques

• Monthly Live Streamed Meetings
  – Fellowship Topics: 2 – 4 p.m. ET every third or fourth Wednesday of the month
Types of Fellows

• Junior Fellows:
  – New hospital to HEN
  – New to quality improvement
  – No previous participation in ILF

• Senior Fellows:
  – Previous participation in Track 1 or 2
  – Working on 1-2 improvement projects
  – Strong understanding of science of improvement

• Champion Fellows:
  – Previous participation in Track 2
  – Leading 1-2 improvement projects
  – Deep understanding of science of improvement
ED Improvement Intervention: CAUTI
Registration deadline is March 1, 2014

Metrics:

✓ Numerator = # admissions from the ED, including observation patients, with newly placed urinary catheters placed in the ED
✓ Denominator = # ED admissions, including observation patients

Data Collection Schedule:

✓ Baseline - 14 consecutive days in March, 2014
✓ Implementation - 14 consecutive days in May, 2014
✓ Sustainability - 14 non-consecutive days in August and November, 2014, and February and May 2015

If interested, please notify:
Carolyn Konfirst ckonfirst@ihaconnect.org or Kaitlyn Ernst kernst@ihaconnect.org
AHA/HRET Data Orientation

• Comprehensive Data System (CDS) webinar
  – Learn how to enter data, track hospitals progress of the project, pull reports and charts and access other features of the system.
• Jan. 16: 12 – 1:30 ET
• Jan. 17: 12 – 1:30 ET (Repeated session)
• [http://www.hret-hen.org/](http://www.hret-hen.org/), click the Education tab for registration
What are next steps?

• Submit your 2014 commitment by Jan. 15
• Continue to submit data on all harms in a timely manner.
• Continue improvement work in all areas to strive for the 40/10/80 goal.
• Collaborate with your IHA contact to achieve success.
Thank you for your time
Contacts

Karin Kennedy
Patient Safety/Quality Advisor
Indiana Hospital Association
kkennedy@IHAconnect.org
317-423-7737

Paige Langel
Patient Safety Analyst/Coordinator
Indiana Hospital Association
plangel@IHAconnect.org
317-423-7798

Kathy Wallace
Director, Performance Improvement
Indiana Hospital Association
kwallace@ihaconnect.org
317-423-7740

Carolyn Konfirst
Patient Safety/Quality Advisor
Indiana Hospital Association
ckonfirst@IHAconnect.org
317-423-7799

Betsy Lee
Director, Indiana Patient Safety Center
Indiana Hospital Association
blee@ihaconnect.org
317-423-7795

Kaitlyn Ernst
Student Intern
Indiana Hospital Association
kernst@ihaconnect.org
317-423-7742