



IHA's Hospital Engagement Network



Indiana Hospital Association

INDIANA PATIENT
SAFETY CENTER

Partnership for Patients

Harm Across the Board (HAB) Reports

February 19th, 2014



Indiana Hospital Association

Agenda

- Understanding the Harm Across the Board report
- Completing the HAB report
- Submitting the HAB report
- AHA/HRET Improvement Leader Fellowship

Evaluation

- Webinar funded by CMS through the Partnership for Patients
- CMS reviews results and wants 80% of participants to evaluate educational sessions
- Please complete the simple three question evaluation by 2/28/2014 :




<https://www.surveymonkey.com/s/HAB2014>

What is the HAB report?

- CMS and NCD introduced the HAB report last year, as a *Partnership for Patients* (PfP) tool
- Purpose: to understand overall harm at each hospital
- Indiana submissions have been extremely successful over the past year and account for over 10% of the total HAB reports submitted to HRET

HAB Focus

- 2014 Commitment: **Complete a Harm Across the Board (HAB) storyboard by October, 2014**
- HAB will *replace* the progress reports posted to the LISTSERVs

		Project Title: _____ Date: _____ Hospital Name: _____ State: _____		
Self-Assessment Score = _____ (1=Planning, 2=Some Activity, 3=Some Improvement, 4=Significant Improvement, 5=Outstanding Results; See AHAI/HRET Assessment Scale document for more detail)				
Aim Statement <ul style="list-style-type: none"> • Aim?: (Including your <i>How Good and By When</i> statement) • Why is this project important?: 		Run Charts <p>Make fonts large and use simple text, labels, dates and notes prior to shrinking graphs. Should be able to fit 6-8 readable graphs here. If no data are available for a particular measure, please create an "empty" run list that includes the name of the measure to be collected.</p>		Lessons Learned <ul style="list-style-type: none"> • Enter summary here (What did your tested changes teach the team? If something worked or didn't work, list here)
Changes Being Tested, Implemented or Spread <ul style="list-style-type: none"> • For each listed change, indicate whether it is being Tested (T), Implemented (I) or Spread (S) 		Recommendations and Next Steps <ul style="list-style-type: none"> • Enter summary here (What do you need from Executive Project Champion, Sponsor at this time to move project?) • Recommendations • Next steps for testing 		Team Members <ul style="list-style-type: none"> • Name of Project Champion, Senior Leader Sponsor & all other names and roles
		© 2012 Institute for Healthcare Improvement		



Harm Across the Board (HAB): Monthly Update

Hospital: _____ State: _____ Month: _____



Improving Harm Across the Board

Insert your Team Motto here

Insert a photo of your hospital and logo here.

Insert a photo of your Safety Team, including your CEO, here.

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Last Updated:
1/6/2014



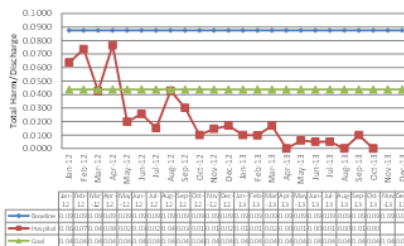
Slide 2

Insert a title for your "Total Harms" run chart here, e.g. "Cut Harm Across the Board in 1/2"

Customize the Heading

Insert your "Total Harm per Discharge" run chart here, and update this each month. See the example run chart

Total Harm per Discharge



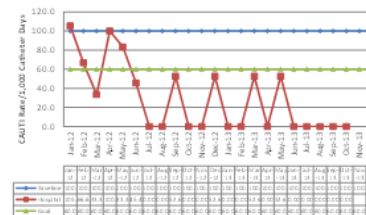
Slide 3

Insert a title for your "Topic-specific" run chart here, e.g. "2014 Breakthrough in Reducing Readmissions: From 20 /Qtr. to 10 /Qtr."

Customize the Heading

Insert a your "Topic-specific" run chart here, and update this each month. See the example run chart below.

Catheter Associated Urinary Tract Infections



Improving Harm Rates (/ Discharge)

Insert a your harm rates per discharge here, using the following table. For non-applicable topics – please insert "Z".

HACs	Baseline Rate [time period]	Target Rate	Current Rate [time period]	Improvement Status (Scale)
ADE				
CAUTI				
CLABSI				
Falls				
Ob AE				
Pt Ulcer				
SSI				
VAP				
VTE				
EED				
Total				
Readmits				



Our Hospital Risk Score Card

Insert a your hospital risk score card here, using the following table.

Our Safety Mandate	
Annual Volume (Discharges)	
Total risk: annual harm opportunities	
Risks per patients (Total Opportunities)/Discharges	
Number of Risk Areas	
Number of PFP Risk Areas Applicable (0 – 11)	
Number of PFP Risk Areas Applicable & Adopted	
Our Progress	
Number of PFP Areas with Major Improvement Opportunity	
Number of PFP Areas at Improvement Target	
Number of PFP Areas at IDEAL	



Pearls

- Bullet your biggest insights about what worked, and what caused it to work here.
- Include what you "tested" and "learned"
- Include how you will advance this topic over the next month (and beyond).
- List the most important drivers of safety that produced these results, but make this list succinct, high-level and clear.
- Include patient and family engagement (PFE), if relevant.

Risk Profile: The Areas of Risk We Are Committed To Controlling		
Annual discharges:		HAC risk opportunities/discharge:
HACs	Estimated annual number of patients at risk in each area	Number of Opportunities
ADE	# of discharges:	
CAUTI	# pts. in IPunits with catheter in place:	
CLABSI	# pts. in IPunits with central lines:	
Falls	# of discharges:	
Ob AE	# of women with deliveries:	
Pt Ulcer	# of discharges:	
SSI	# of inpatient surgeries:	
VAP	# of patients on a ventilator:	
VTE	# of discharges:	
EED	# of women with elective deliveries	
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Readmit	# of inpatients at risk of readmit:	



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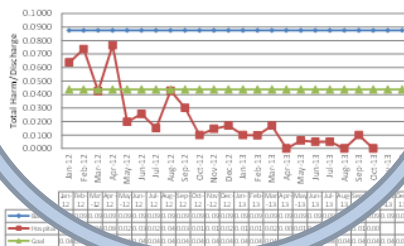
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Total Harm per Discharge



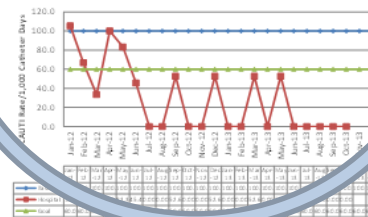
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From 20 / Qtr. to 10 / Qtr."

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Catheter Associated Urinary Tract Infections



Risk Profile: The Areas of Risk We Are Committed To Controlling

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ADE	# of discharges:	
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Quarterly Submissions

- IHA's Aim – to aid hospitals in submitting at least one HAB to a HRET ListServ each quarter
- IHA will contact you in the near future to begin working on your HAB



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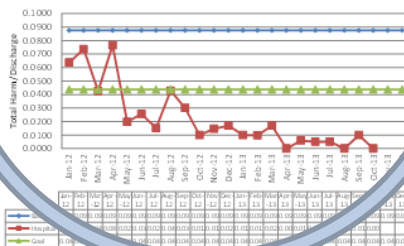
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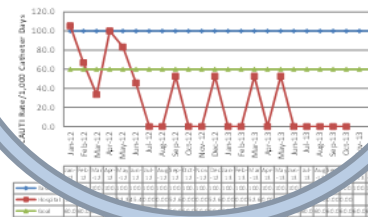
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Falls	# of discharges:	
Ob AE	# of women with deliveries:	
Pt Ulcer	# of discharges:	
SSI	# of inpatient surgeries:	
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VTE	# of discharges:	
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Insert a your harm rates per discharge here, using the following table. For non-applicable topics - please insert "Z"

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CAUTI				
CLABSI				
EED				
OS				
Pts				
PU				
SSI				
VAE				
VTE				
Total				
Readmissions				



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Run Chart Slides

- Total Harm per Discharge Run Chart
- Topic Specific Run Chart
 - Topic of your choosing – what do you want to showcase?
- **Tips and Recommendations**
 - IHA will assist
 - Customize the header of the slides to tell your story
 - Data comes from the Improvement Calculator and CDS



Slide 2

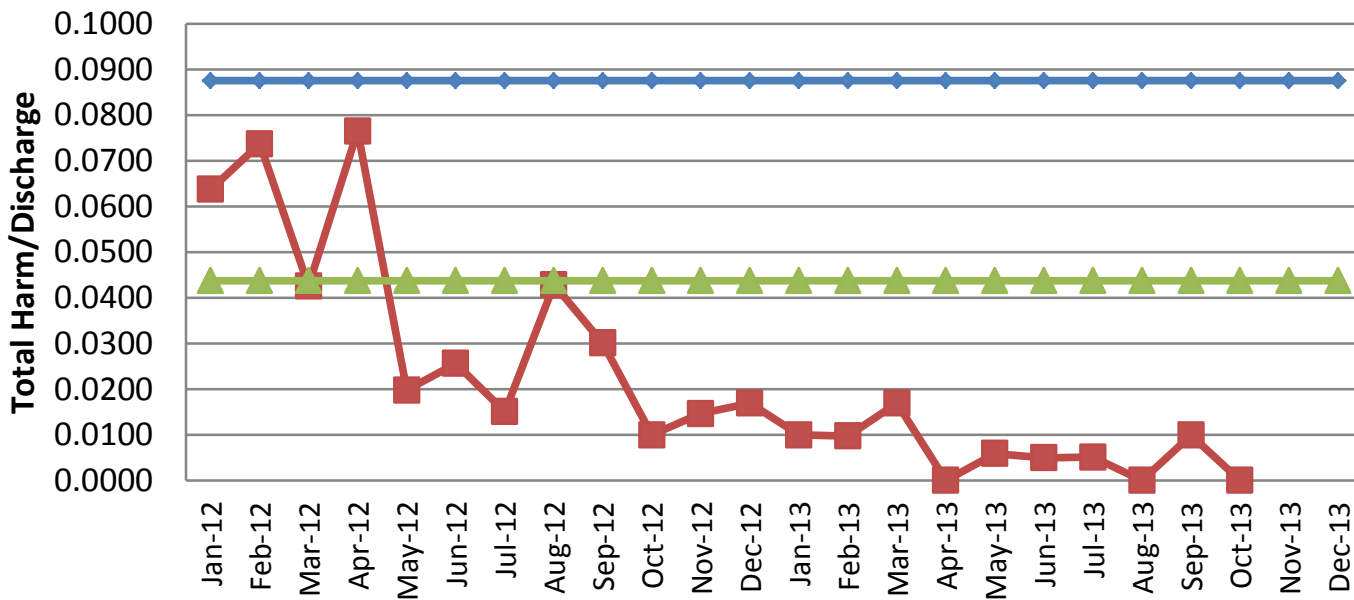
Insert a title for your “Total Harms” run chart here, e.g. “Cut Harm Across the Board in 1/2”

Customize the Heading

Includes all applicable harms EXCEPT readmissions



Total Harm per Discharge



	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Baseline	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09
Hospital	0.06	0.07	0.04	0.08	0.02	0.03	0.02	0.04	0.03	0.01	0.01	0.02	0.01	0.01	0.02	0.00	0.01	0.00	0.01	0.00	0.01	0.00		
Goal	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04



Slide 3

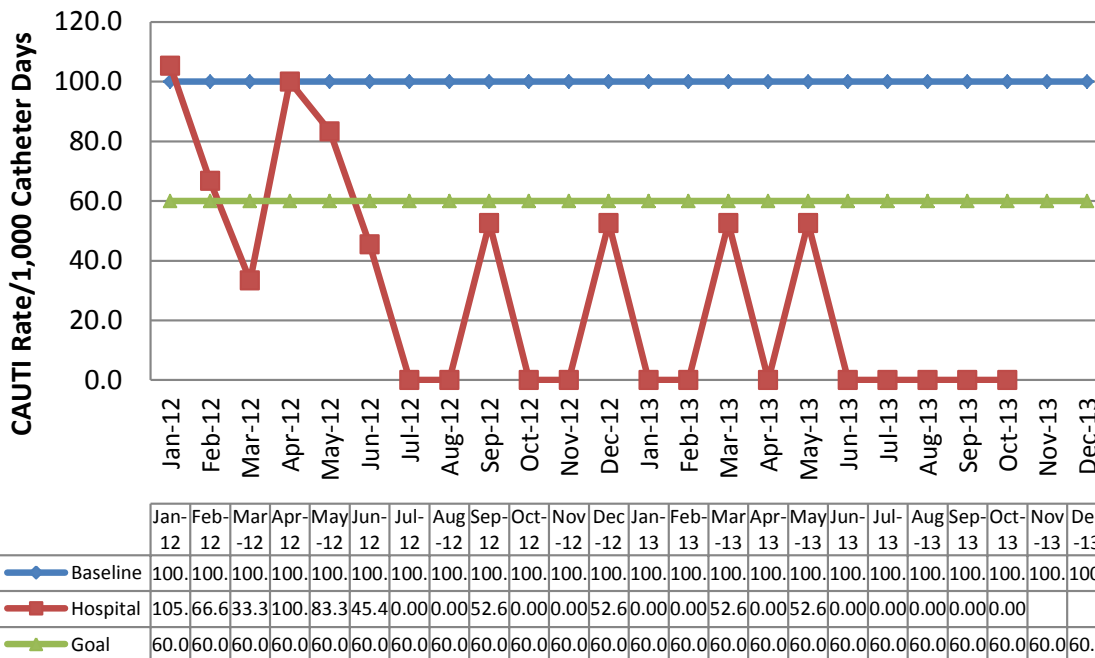
Insert a title for your “Topic-specific” run chart here, e.g. “2014 Breakthrough in Reducing CAUTI: Journey to Zero”

Customize the Heading



Insert your “Topic-specific” run chart here. See the example run chart below.

Catheter Associated Urinary Tract Infections



Improvement Calculator

Improvement Calculator 2-6-2014 - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View

Clipboard Font Alignment Number Styles Cells Editing

Q39

Organization Name: **Cynosure HEALTH**

st Recent 3-Months Total Harm Rate (% Change from Baseline): #N/A #N/A

Number of Harms Prevented To-Date: 0

Cost Savings To-Date: \$ -

Estimated Number of Harms to Prevent in Order to be at Goal Rate by Next Month: #N/A

Total Harm per Discharge

— Baseline — Hospital — Goal

Total # of Harm

— Baseline — Hospital — Goal

Input for calculations

	Harm	Discharges
Baseline		
Goal	40% reduction	
Jan-12		
Feb-12		
Mar-12		
Apr-12		
May-12		
Jun-12		
Jul-12		
Aug-12		
Sep-12		
Oct-12		
Nov-12		
Dec-12		
Jan-13		
Feb-13		
Mar-13		
Apr-13		
May-13		
Jun-13		
Jul-13		
Aug-13		
Sep-13		
Oct-13		
Nov-13		
Dec-13		
Total	0	0
# of Months	0	0
Mthly Avg	#N/A	#N/A

Harm = ADE* • Falls with Injury** • HAPUs Stage III & IV*** • CAUTI • CLABSI • VAP • SSI • EED • VTE • OB Harm (does NOT include)

Please be sure to enter your discharges in column M.

Number of months for denominator baseline period:

ADE ADE2 CAUTI CLABSI EED Falls Injury Falls HAPU HAPUIII OB_Harm Readmissions SSI VAP VTE Total_Harm HAB HABTable



Slide 4

Risk Profile: The Areas of Risk We Are Committed To Controlling

Annual discharges: _____ HAC risk opportunities/discharge: _____



HACs	Estimated annual number of patients at risk in each area	Number of Opportunities
ADE	# of discharges:	
CAUTI	# pts in IP units with catheter in place:	
CLABSI	# pts in IP units with central lines:	
Falls	# of discharges:	
Ob AE	# of women with deliveries:	
Pr Ulcer	# of discharges:	
SSI	# of inpatient surgeries:	
VAP	# of patients on a ventilator:	
VTE	# of discharges:	
EED	# of women with elective deliveries	
TOTAL	<i>Risk opportunities for harm across the board</i>	
Readmit	# of inpatients at risk of readmit:	



Slide 4

Risk Profile: The Areas of Risk We Are Committed To Controlling

Annual discharges: **592**

HAC risk opportunities/discharge: **4.6**



HACs	Estimated annual number of patients at risk in each area	Number of Opportunities
ADE	# of discharges:	592
CAUTI	# pts in IP units with catheter in place:	95
CLABSI	# pts in IP units with central lines:	76
Falls	# of discharges:	592
Ob AE	# of women with deliveries:	100
Pr Ulcer	# of discharges:	592
SSI	# of inpatient surgeries:	31
VAP	# of patients on a ventilator:	20
VTE	# of discharges:	592
EED	# of women with elective deliveries	10
TOTAL	<i>Risk opportunities for harm across the board</i>	2700
Readmit	# of inpatients at risk of readmit:	592

Risk Profile Slide

- This slide looks at accountable risk areas and the number of risk opportunities patients encounter in a hospital. These are **estimates** using the hospital's baseline period (one year preferred if possible).
- **To fill out the chart:**
 - **ADE:** All patients are at risk for an adverse drug event. Enter all discharges.
 - **CAUTI:** Estimate the number of inpatients in a year that have a foley catheter.
 - **CLABSI:** Estimate the number of in-patients in a year who have a central line.
 - **Falls (Falls with injury):** All patients are at risk for a fall with injury. Enter all discharges.
 - **OB AE:** Estimate the number of women with deliveries regardless of delivery route.
 - **Pr Ulcer:** All patients are at risk for a pressure ulcer. Enter all discharges.
 - **SSI:** Estimate all inpatient surgeries.
 - **VAE (VAP):** Estimate the number of inpatients in a year on a ventilator.
 - **VTE:** All patients are at risk for VTE. Enter all discharges.
 - **EED:** Estimate the number of women with elective deliveries
 - **Readmissions:** Estimate the number of patients at risk for readmission within 30 days of discharge.

Risk Profile Slide

- **Total:** Add all the numbers in the table, and enter a total. It will be in the thousands.
- Near the top of the slide, enter the number of discharges during the baseline year. To calculate HAC risk opportunities/discharge, take the calculated “total risk opportunities for harm across the board” and divide by number of discharges.
- **Tips and Recommendations:**
 - If areas do not apply to your hospital, keep the row and put in zero.
 - For Patient Counts for CLABSI, CAUTI, VAP: Use charge master for # of catheter trays ordered, or # of patients with ventilator charges OR **estimate:** divide your device days by average length of stay



Slide 5

Improving Harm Rates Per Discharge

Insert a your harm rates per discharge here, using the following table. For non-applicable topics – please insert “Z”.

HACs	Baseline Rate [time period]	Target Rate	Current Rate [time period – last 3 months]	Improvement Status (scale)
ADE				
CAUTI				
CLABSI				
EED				
OB				
Falls				
PU				
SSI				
VAP				
VAE				
Total				
Readmissions				

Microsoft Excel interface showing the Improvement Calculator spreadsheet. The ribbon includes File, Home, Insert, Page Layout, Formulas, Data, Review, and View. The formula bar shows: `=IF(B19<>"",F19-(F19*VTE!L$5),"")`

1	Organization Name					
2	HAC	1 Baseline Rate	2 Target Rate	3 Current Rate	% improvement	5 Improvement Status (scale)
3	ADE*	0.0040	0.0024	0.0028	30.8%	PROGRESS
4		Time period:		Three month period ending: Mar-12		
5	CAUTI	0.0017	0.0010	0.0000	100.0%	IDEAL
6		Time period:		Three month period ending: Mar-12		
7	CLABSI	0.0000	0.0000	0.0007	#DIV/0!	OPPORTUNITY
8		Time period:		Three month period ending: Mar-12		
9	Falls with Injury**	0.0020	0.0012	0.0014	30.8%	PROGRESS
10		Time period:		Three month period ending: Mar-12		
11	OB Harm			#N/A		

Navigation tabs at the bottom: Falls, HAPU, HAPUIII, OB_Harm, Readmissions, SSI, VAP, VTE, Total_Harm, HAB, HABTable. A red arrow points to the HAB tab.



Slide 5

Improving Harm Rates Per Discharge

Insert a your harm rates per discharge here, using the following table. For non-applicable topics – please insert “Z”.

HACs	Baseline Rate 2011	Target Rate 40/20 Reduction	Current Rate 1Q 2012 4	Improvement Status (scale)
ADE	1 0.0040	2 0.0024	3 0.0028	5 Progress
CAUTI	0.0017	0.0010	0	Ideal
CLABSI	0	0	0.0007	Opportunity
EED				
OB				
Falls	0.0020	0.0012	0.0014	Progress
PU				
SSI				
VAP				
VAE				
Total				
Readmissions				

Improvement Scale

- **Ideal** – current rate of zero harms
- **At Target** – current rate has met or exceeded the improvement target
- **Progress** – current rate is moving in the right direction, but has not met the improvement target yet
- **Opportunity** – current rate is moving in the wrong direction and there is an opportunity for improvement



Our Hospital Risk Score Card

Insert your hospital risk score card here, using the following table.

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Annual Volume (Discharges)	Taken from Slide 4
Total risk: annual harm opportunities	Taken from Slide 4
Risks per patients (Total Opportunities)/Discharges)	Taken from Slide 4
Number of Risk Areas	
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23	



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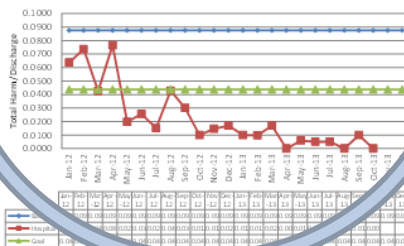
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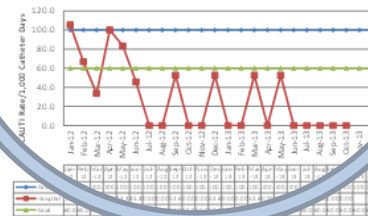
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- List the most important drivers of safety that produced these results, but make this list succinct, high-level and clear.
- Include patient and family engagement (PFE), if relevant.

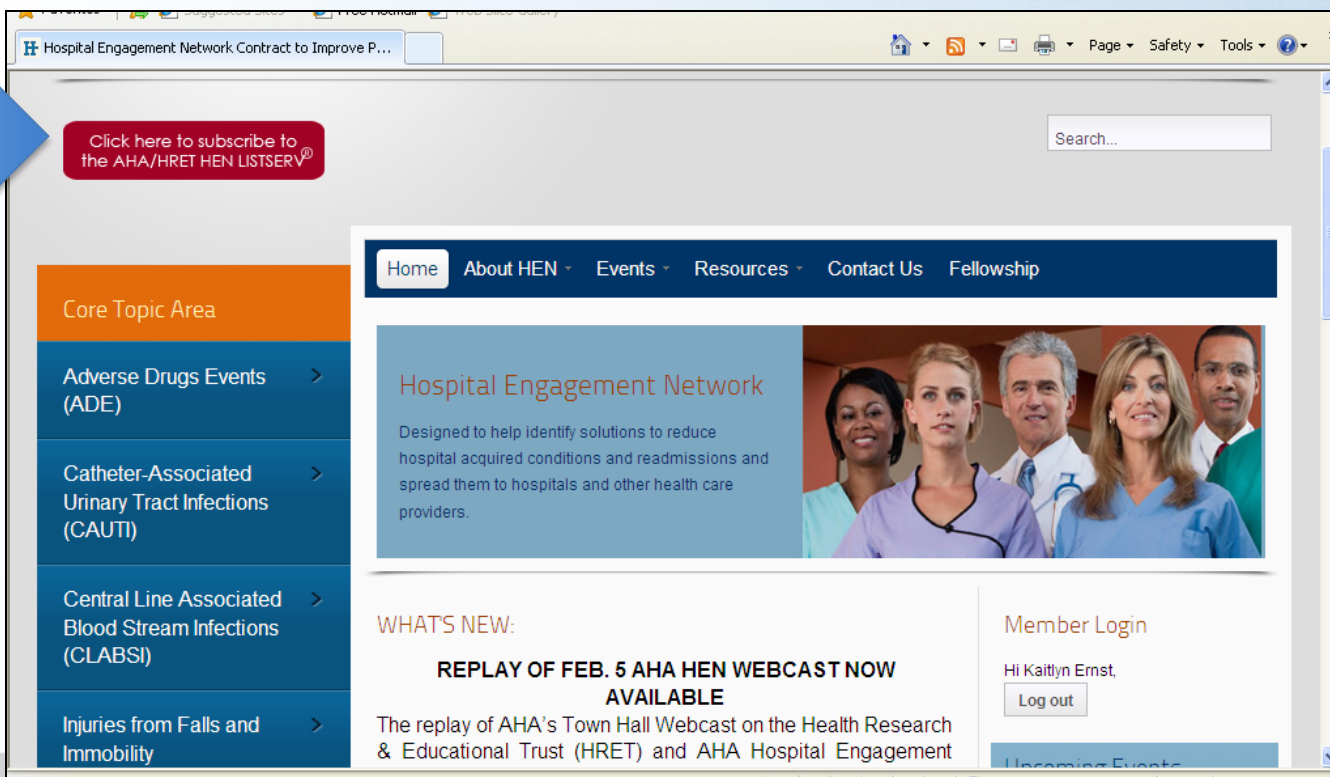
Next Steps

- Look for email from IHA with your hospital's draft HAB template
- Complete Slides 1, 2, 4, and 8
- Upload to appropriate LISTSERV

New LISTSERV® Name	Topics Included
Infections LISTSERV®	CLABSI, CAUTI, SSI, VAE, C-Diff (optional)
Other Harm LISTSERV®	Falls, Pressure Ulcers, VTE
ICU Harm LISTSERV®	Iatrogenic Delirium, Sepsis, Acute Renal Failure, Failure to Rescue (all optional)
Procedural Harm LISTSERV®	Procedural Harm, Airway Safety, Undue Exposure to Radiation (all optional)
ADE LISTSERV®	ADEs (stays the same)
EED / OB LISTSERV®	EED and OB Adverse Events (stays the same)
Readmissions LISTSERV®	Readmissions (stays the same)

Accessing the LISTSERV

- <http://hret-hen.org/>
- If you forgot your login, contact IHA



The screenshot shows the website for the Hospital Engagement Network (HEN). A blue arrow points to a red button that says "Click here to subscribe to the AHA/HRET HEN LISTSERV". The website features a navigation menu with links for Home, About HEN, Events, Resources, Contact Us, and Fellowship. A search bar is located in the top right corner. The main content area includes a "Core Topic Area" sidebar with links to Adverse Drugs Events (ADE), Catheter-Associated Urinary Tract Infections (CAUTI), Central Line Associated Blood Stream Infections (CLABSI), and Injuries from Falls and Immobility. The main content area features a "Hospital Engagement Network" banner with a photo of five healthcare professionals and a "WHAT'S NEW" section announcing a "REPLAY OF FEB. 5 AHA HEN WEBCAST NOW AVAILABLE". A "Member Login" section is also visible, showing the user is logged in as "Hi Kaitlyn Ernst" with a "Log out" button.

Updating your HAB template throughout 2014

- Topic Specific Run Chart and corresponding Pearls slide will need to be updated each quarter – similar to the old progress reports
- IHA will continue to help update slides 2, 3, 4, and 5

Enhanced AHA/HRET Improvement Leader Fellowship

- In-Person Regional Meeting in Indiana (tentatively July 30 in Indianapolis)
 - 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
 - **March 19th streaming meeting focuses on HAB**

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

Improvement Leader Fellows

- ILFs are encouraged to take ownership of HAB
- Submit regularly to appropriate ListServ

Resources

- Following this webinar, we will send out via email:
 - Blank HAB template
 - Today's presentation
 - Improvement Calculator
 - Evaluation link

Evaluation

- Webinar funded by CMS through the Partnership for Patients
- CMS reviews results and wants 80% of participants to evaluate educational sessions
- Please complete the simple three question evaluation by 2/28/2014 :

<https://www.surveymonkey.com/s/HAB2014>

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