Nearly 40 percent reduction in harm

Nearly 20 percent reduction in readmissions

1,400+ hospitals

Nearly 100,000 harms prevented

Nearly $1,000,000,000,000 estimated cost savings

FINAL PROJECT REPORT
Partnership for Patients Hospital Engagement Network
Final Report
December 9, 2011 – December 8, 2014

Solicitation # APP 111513
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Project Impact Summary

The American Hospital Association (AHA)/Health Research & Educational Trust (HRET) Hospital Engagement Network (HEN) as a part of the Partnership for Patients (PfP) Campaign has been in action since December 2011 to reduce hospital acquired conditions (HACs) by 40 percent and readmissions by 20 percent. Throughout the course of this three year project, the AHA/HRET HEN has prevented an estimate of over 92,000 harms with an estimated cost savings of $988 million. As part of the network of nearly 1,500 hospitals across 31 states, the project has had several areas of impact including: education results with hundreds of thousands of resources and tools shared and downloaded, intensive training of over 2,500 hospital staff to become Improvement Leader Fellows and over a million data points collected to track and trend the improvement of patient care of all applicable topics for all hospitals.

These efforts combined have resulted in the estimated harms prevented and cost savings below:

**FINAL AHA/HRET HEN ESTIMATED TOTAL HARMS PREVENTED WITH COST SAVINGS**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Estimated Harms Prevented</th>
<th>Estimated Cost Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td>8,155</td>
<td>$24,465,000</td>
</tr>
<tr>
<td>CAUTI</td>
<td>2,805</td>
<td>$2,805,000</td>
</tr>
<tr>
<td>CLABSI</td>
<td>893</td>
<td>$15,181,000</td>
</tr>
<tr>
<td>EED (NICU Admissions)</td>
<td>992</td>
<td>$7,811,000</td>
</tr>
<tr>
<td>Falls</td>
<td>1,331</td>
<td>$882,000</td>
</tr>
<tr>
<td>OB Harm</td>
<td>766</td>
<td>$705,000</td>
</tr>
<tr>
<td>Pressure Ulcers</td>
<td>4,655</td>
<td>$188,528,000</td>
</tr>
<tr>
<td>Readmissions</td>
<td>65,022</td>
<td>$572,714,000</td>
</tr>
<tr>
<td>SSI</td>
<td>4,860</td>
<td>$102,060,000</td>
</tr>
<tr>
<td>VAE/VAP</td>
<td>58</td>
<td>$1,218,000</td>
</tr>
<tr>
<td>VTE</td>
<td>3,255</td>
<td>$72,391,200</td>
</tr>
<tr>
<td>TOTAL</td>
<td>92,792</td>
<td>$988,760,000</td>
</tr>
</tbody>
</table>

**DATA SOURCE:**

1 Harms prevented calculated at hospital level and then aggregated to HEN level (hospital compared to own baseline). Harm calculated only with months that have sufficient n (85 percent of hospitals reporting at baseline). Hospitals omitting months of data were determined to be negligible at HEN level.
The efforts of the hospitals, state hospital associations (SHAs), and national team have yielded the following impact over the course of the project:

### AHA/HRET HEN BY THE NUMBERS

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,000,000+ data points in the CDS</td>
<td>The CDS served as the data repository for all hospitals participating in the AHA/HRET HEN. On a monthly and/or quarterly basis hospitals would upload their data to the CDS entering data on national, state, and organization defined measures. The commitment of the hospitals to using data for improvement resulted in over one million data points being entered into the CDS.</td>
</tr>
<tr>
<td>400,000+ downloads of tools and resources via AHA/HRET HEN website</td>
<td>The AHA/HRET HEN website contains a wealth of tools and resources including but not limited to change packages, checklists, best practice presentations and case studies. These tools and resources have been downloaded more than 400,000 times over the course of the project.</td>
</tr>
<tr>
<td>26,000+ participants engaged in education</td>
<td>Providing evidence-based, best practice education has been a key implementation strategy of the AHA/HRET HEN. From 2012-2014, our national level educational offerings have engaged over 26,000 participants.</td>
</tr>
<tr>
<td>6,000+ users of the CDS</td>
<td>There are over 6,000 users of the CDS. The hospitals and SHAs use the CDS to input data and monitor and track process. Users also have the ability to pull reports out of the CDS to share with their leadership and/or improvement teams.</td>
</tr>
<tr>
<td>3,000+ LISTSERV® subscribers</td>
<td>Peer-to-peer sharing has been an important component of our network. Across our 11 LISTSERVs®, there are over 3,000 subscribers. The LISTSERVs® provide a platform for the national team to communicate with the hospitals in the network. More importantly, the subscribers use the LISTSERVs® to ask their peers questions and share best practices.</td>
</tr>
<tr>
<td>2,500+ participants in the Improvement Leader Fellowship (ILF) over the course of the project</td>
<td>The ILF was designed to build and enhance improvement capacity at the hospital level. Over the course of the project, over 2,500 participants have taken part in the Fellowship program. In 2014, the Fellowship provided over 20 hours of improvement science education.</td>
</tr>
<tr>
<td>1,700+ tools and resources available on the AHA/HRET HEN website</td>
<td>The AHA/HRET HEN website serves a central hub of information, tools and resources for hospitals to use in their improvement journey. There are more than 1,700 tools and resources available across the 11 core topics, optional topics and the crossing cutting topics such as patient and family engagement (PFE) and healthcare disparities.</td>
</tr>
<tr>
<td>1,450+ educational offerings by AHA/HRET HEN (National and State Level)</td>
<td>Education was a critical factor in accelerating improvement towards the goals of the PfP campaign. At the national and state level, there have been more than 1,450 educational events.</td>
</tr>
<tr>
<td>1,400+ unique hospital site visits</td>
<td>Using site visits to provide individual technical assistance and support was an important implementation strategy which helped us achieve project goals. In 2014, the national team challenged each state hospital association to visit each of their participating hospitals at least once. This call to action resulted in over 1,400 hospitals receiving at least one site visit from their state level HEN team.</td>
</tr>
<tr>
<td>800+ unique hospitals’ Eliminating Harm Across the Board (HAB) templates submitted</td>
<td>In 2013, the AHA/HRET HEN team began to use the Eliminating HAB template as a mechanism to have hospitals focus on reduction in total harm not by topic alone. By educating hospitals on this tool and having them share their success stories, we have been able to collect over 800 unique hospitals’ Eliminating HAB templates.</td>
</tr>
</tbody>
</table>
As mentioned above, the AHA/HRET HEN has focused much of its efforts over the past three years on reducing harm across topics. The graph below shows the harm rate per 1,000 patient days across six of the 11 core topic areas. This graph shows the reduction in harm for a subset of our HEN (n=221 acute/CAH/children’s hospitals) who submitted complete data for at least 24 months of the project across all six topics.

The full report provides information on the AHA/HRET HEN, our approach to achieving the goals of the PfP campaign, the results and the plan to sustain the work of the HEN upon completion of the project.
Overview

Who We Are

The American Hospital Association/Health Research & Educational Trust Hospital Engagement Network (AHA/HRET HEN) is comprised of 31 participating states and U.S. territories and nearly 1,500 hospitals. As part of the Partnership for Patients (PfP) campaign to reduce patient harm by 40 percent and readmissions by 20 percent, the AHA/HRET HEN has diligently worked to improve care in 11 core patient safety areas of focus. As a result, preliminary results have shown the network has prevented harm for more than 92,000 patients and saved an estimated $988 million.

The diverse group of hospitals participating in the AHA/HRET HEN represents facilities working toward the common goal of making patient care safer. 48 percent of the hospitals in the network are rural and 33 percent are critical access hospitals (CAH). This level of diversity offers an opportunity for the AHA/HRET HEN to achieve and share best practices that are relatable and transferable to any hospital across the nation.

TABLE 1: AHA/HRET HEN STATE HOSPITAL PARTICIPANTS

<table>
<thead>
<tr>
<th>States participating with AHA/HRET</th>
<th>Observer of the AHA/HRET HEN*</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH – 25</td>
<td>MA – 20</td>
</tr>
<tr>
<td>RI – 8</td>
<td>CT – 27</td>
</tr>
<tr>
<td>DC – 4</td>
<td></td>
</tr>
</tbody>
</table>

*Observer defined as a non-contracted state to the AHA/HRET HEN but has asked to participate in all available educational resources

NOTE: Numbers in each state represent the number of participating hospitals for that state as of 11/10/2014

TABLE 2: CHARACTERISTICS OF PARTICIPATING HOSPITALS AS OF 10/27/14

<table>
<thead>
<tr>
<th>Hospital Type</th>
<th>Percent of all participating hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>General medical/surgical (1,316)</td>
<td></td>
</tr>
<tr>
<td>Teaching hospitals (332)</td>
<td></td>
</tr>
<tr>
<td>Childrens hospitals (9)</td>
<td></td>
</tr>
<tr>
<td>Psychiatric hospitals (31)</td>
<td></td>
</tr>
<tr>
<td>Acute Long-term care hospitals (431)</td>
<td></td>
</tr>
<tr>
<td>Rural hospitals (723)</td>
<td></td>
</tr>
<tr>
<td>Urban hospitals (762)</td>
<td></td>
</tr>
<tr>
<td>Critical access hospitals (496)</td>
<td></td>
</tr>
<tr>
<td>Not CAH, &lt; 100 beds (363)</td>
<td></td>
</tr>
<tr>
<td>Not CAH, 100-299 beds (446)</td>
<td></td>
</tr>
<tr>
<td>Not CAH, 300+ beds (170)</td>
<td></td>
</tr>
<tr>
<td>Unknown (10)</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Hospital types are not mutually exclusive categories — for example, a hospital can be a general medical/surgical teaching hospital.
Overview

What are our Goals?

The AHA/HRET HEN goals are threefold:
1. Reduce preventable patient harm, by 40 percent by December 2014
2. Reduce preventable readmissions, by 20 percent by December 2014
3. Improve patient safety and quality of care

As a part of the PfP campaign, the AHA/HRET HEN is working to prevent harm in the following 11 adverse event areas (AEAS):
1. Adverse drug events (ADE)
2. Catheter-associated urinary tract infections (CAUTI)
3. Central line-associated bloodstream infections (CLASBI)
4. Early elective deliveries (EED)
5. Injuries from falls and immobility (Falls)
6. Obstetrical (OB) adverse events
7. Pressure ulcers (PrU)
8. Surgical site infections (SSI)
9. Venous thromboembolisms (VTE)
10. Ventilator-associated events (VAE)
11. Readmissions

The additional optional AEAs, as a part of the 2014 Option Year, include:
1. Acute renal failure
2. Airway safety
3. Clostridium difficile
4. Failure to rescue
5. Iatrogenic delirium
6. Procedural harm
7. Sepsis
8. Undue exposure to radiation
Administrative Progress

WHAT IS OUR APPROACH?

How We Improved Quality and Patient Safety

Throughout the three year PfP initiative, the AHA/HRET HEN worked closely with its contract office representative Mary Andrawis, PharmD, as well as the PfP Co-directors, Dennis Wagner and Paul McGann, MD from the Center for Medicare & Medicare Innovation (CMMI), Centers for Medicare and Medicaid Services (CMS). Weekly check-ins with CMS were held in 2012 and 2013, with biweekly check-ins throughout 2014. In addition to working with CMS, the AHA/HRET HEN also worked with the National Content Developer (NCD) and the Program Evaluation Contractor (PEC) in support of the efforts of the PfP HEN campaign.

Our internal team is divided into three working teams, to support partners and hospitals:

1) Data
2) Education and relationship management
3) Meetings, logistics and finance

As outlined below, the three teams work closely together in support of key drivers and partners.

AHA/HRET HEN OVERALL APPROACH TO ACHIEVING 40/20 GOALS

Small-ball Approach

To achieve the PfP 40/20 aims, the AHA/HRET HEN focused on key drivers to improve care. Throughout the course of the project, these drivers were refined by implementing a plan-do-study-act (PDSA) approach to assess impact. In 2012, the AHA/HRET HEN team was focused on an approach driven by large-scale national collaboratives and the ILFs. In 2013, the team changed their approach and began tackling the achievement of the PfP goals using a “small-ball” approach. All of the following drivers were key in 2013, but refined in 2014 through the PDSA process. In 2014, the AHA/HRET HEN once again refined these drivers to what it refers to as a “small-ball” approach.

During the dead-ball era in Major League Baseball, the “small ball” was the primary offensive strategy where teams favored situational hitting and base running tactics to create efficient use of scoring opportunities in any given inning. In recognition of constraints related to 2013 sequestration, the AHA/HRET HEN modified all drivers in order to employ small-ball change for big improvement. Specifically, in lieu of large face-to-face meetings to support collaborative and fellowship learning opportunities, focus was directed towards strategies outlined below.

1. Increasing the number of coaching visits to hospitals and including the national improvement team on these visits
   a. Site Visits: Throughout the three years of the project, the AHA/HRET HEN worked with states to deliver targeted and impactful site visits focused on measurement, improvement capacity, core and optional-topic data submission and improvement, technical support, etc. The goal entailed each participating hospital receiving at least one visit during the year. In 2014, a national improvement team, including AHA/HRET state contacts, Cynosure Health physicians and improvement advisors, was added to the site visits to support the PfP priorities. 24 of the 31 states met the commitment to conduct a site visit with each of their participating hospitals.

2. Conducting high-intensity virtual events with increased participant interaction
   a. Boot camps, ReBoots and Webinars: From 2012 to 2014, virtual education was used as a key method to get needed information regarding best practices, tools and high-performing strategies to the participating states and hospitals. However, in the spring of 2013, AHA/HRET HEN modified the approach of providing webinars to the use of topic specific boot camps. The boot camp format provided virtual education, ranging between four to eight hours per event. Events were repeated live during the later portion of the same week to maximize participation. This format allowed state and hospital staff with different interests and levels of expertise to log on and off of segments that peaked their interests. The boot camp format is structured to maximize engagement and minimize the interference with patient care. After assessing participation rates of the different segments of the boot camps, “reboots” were introduced as a mechanism of providing additional topic-specific educational opportunities. Reboots often repeated prior information in a condensed format while adding onto content based upon
current measurement needs. More than 12,000 SHA and hospital participants have attended AHA/HRET HEN virtual events over the course of the three years.

3. Improvement Capacity
   a. Improvement Leader Fellowship (ILF): Through the three-year AHA/HRET HEN ILF, improvement capacity was built at both the state and hospital level. Led by the Institute for Healthcare Improvement (IHI), curriculum provided beginners and advanced learners with the quality improvement tools needed to excel their work. AHA/HRET HEN hosted in-person meetings in 2012 and 2013. These meetings built foundational tools for quality improvement and focused on topics, such as patient safety culture, measurement and data collection, the science of improvement, reliability, spread and change concepts. The meetings gathered hospital team members from across the HEN and allowed for networking and best practice sharing. In mid-2013, the meetings were transitioned to the virtual environment where we continued to convene beginners and advanced learners in separate tracks. A series of seven bi-weekly virtual meetings strengthened participants’ understanding of the science of improvement, change management, implementation, spread and sustainability. In order to drive results in low performing topics, such as VTE, Falls, PrU and ADE, tied in hospital stories on these topics to the improvement concepts. In 2014, this work was regionalized as part of our small ball strategy and Fellows were granted access to the IHI Open School, to add to their Fellowship journey. The AHA/HRET HEN hosted 21 in-person meetings and nine virtual monthly meetings. The meeting topics focused on the Eliminating HAB report, PFE, governance and leadership, working styles and the use of qualitative data and patient stories to drive change. The AHA/HRET HEN had over 2,500 fellows complete program over the past three years.

4. Conducting smaller regionalized meetings integrating state and/or regional topics of interest
   a. Regionalizing: As noted – in 2014, modification to delivery of large-scale national improvement collaborative education and the ILF was modified to feature robust state and regional focused collaborative/ILF meetings and virtual education, such as boot camps and reboots. Specifically, the AHA/HRET HEN partnered with SHAs and co-hosted 21 regional mini-collaborative learning events and ILFs from Oregon to Puerto Rico and southern California to Massachusetts. 10 non-host states traveled across state boundaries in the spirit of network collaboration and support. These smaller meetings were both fiscally responsible while continuing to support regional educational needs of participants based upon the data. 511 hospitals participated in these regional meetings.

In addition to the small-ball strategy, the AHA/HRET HEN team employed other drivers to help achieve the PfP aims.

5. Measurement
   a. Internal and Partner Infrastructure: When the AHA/HRET HEN launched in early 2012, one of the key drivers was building a foundation of measurement knowledge for staff, SHA partners and our participating hospitals. One of the first key drivers was to build of a foundation of measurement knowledge for staff, SHA partners and our participating hospitals. The CDS and encyclopedia of measures (EOM) were created. In addition, in-person and virtual training regarding expectations, timelines, common measures, definitions, and reporting techniques and tools were provided. Case studies showcasing hospitals already successful with these approaches, tools and policies were highlighted.

b. Eliminating Harm Across the Board (HAB): In 2012, AHA/HRET HEN participating hospitals were displaying their efforts to reduce harm and readmissions through a one-page Progress Report. Progress Reports included a topic-specific aim, run chart, items tested and learned, key partners and next steps. In 2013-2014, the AHA/HRET HEN team focused hospitals on Eliminating HAB as a key mechanism to share results. Eliminating HAB reports were a step beyond Progress Reports. The AHA/HRET team and the SHAs stressed the importance of adopting the use of Eliminating HAB reports as the common language to measure overall harm at the hospital level. Originally created by the NCD, the AHA/HRET HEN modified the HAB tool to seven key components:
   i. Team information
   ii. A total harm per discharge run chart
   iii. A topic-specific run chart
   iv. The hospital’s risk profile
   v. The hospital’s rates per discharge
   vi. The hospital’s scorecard
   vii. Team pearls of wisdom or lessons learned

The AHA/HRET HEN recommended that all hospitals submit monthly HAB reports, on applicable topics, in order to showcase their commitment to harm reduction in their hospital. The AHA/HRET HEN has received, reviewed and approved 838 HAB reports.
6. Cross-cutting Support

The AHA/HRET HEN partnered with several key organizations to reinforce the importance of the cross-cutting education, as these topics impact patient harm and readmissions on multifaceted levels:

a. Patient and Family Engagement (PFE): Keeping patients at the center of the work has been a key component of our approach. From the beginning of the project, the patient voice was included in our face-to-face and virtual educational offerings. Participants in our network have heard the stories and learned from Tiffany Christensen, Jessie Gruman, Christopher Jerry, Robert and Barbara Malizzo and Victoria Nahum. Resources and tools shared through our change packages, checklists, etc. included resources hospitals could provide to patient and families. In 2014, we partnered with the Institute for Patient- and Family-Centered Care (IPFCC) to increase awareness of the need for engaging patients and family members during the journey to reduce harm and improve the overall patient experience. Existing Z score table data revealed significant opportunities for hospitals nationwide to collaborate with patients and families at the bedside, during the discharge process, on quality improvement committees and in the board room. As a result, the IPFCC facilitated 20 PFE patient and family engagement in-person meetings and virtual events for the AHA/HRET HEN with more than 1,641 participants. Engagement techniques were also integrated into the content for the fellows, critical access hospital programming, core topic and leading edge advance practice (LEAPT) topic education. The IPFCC developed the content for eight biweekly newsletters and two patient safety checklists distributed to more than 1,400 LISTSERV® subscribers. The newsletter content described actionable ways to begin partnering with patients and families, develop and support a patient and family advisory council, identify opportunities to engage with advisors in quality improvement and celebrate success. While offering a roadmap for developing and sustaining these partnerships, barriers were identified, such as confidentiality concerns and lack of executive support. The internal team proposed solutions and available resources to address some of the barriers at the leadership level (e.g., HRET developed a series of videos and a workbook for hospital trustees; one of the modules emphasizes the importance of PFE in quality). AHA/HRET HEN hospitals also benefited from HRET’s work with the Gordon and Betty Moore Foundation on developing a leadership guide and a administering a nationwide survey to assess PFE within hospitals.

b. Safety Culture: The AHA/HRET HEN team worked closely with the AHA/HRET Comprehensive Unit-based Safety Program (CUSP) team. This Agency for Healthcare Research and Quality (AHRQ) funded program works to reduce and eliminate CAUTIs nationally. The CAUTI team provided CUSP education to patient safety professionals from AHA/HRET HEN hospitals interested in assessing CAUTI and other harmful infection risk. 431 AHA/HRET HEN hospitals are participating in an AHRQ CUSP: CAUTI cohort.

c. Teamwork and Communication: AHA/HRET HEN also worked closely with the AHRQ AHA/HRET TeamSTEPPS team to embed tools such as the situation-background-assessment-recommendation approach (SBAR) into the work with the goal of assisting participants to focus on teamwork and communication skills that contribute to decreasing patient harm. In 2012 and 2013 these concepts were embedded into the Fellowship program, and in 2014, they were referenced in many educational offerings.

d. Health Care Disparities: The AHA/HRET HEN partnered with several AHA affiliates (Hospitals in Pursuit of Excellence (HPOE), Institute for Healthcare Diversity (IFD) and Equity of Care) to provide health equity and disparities education and resources. The initiatives focused on three key strategies: increasing collection and use of race, ethnicity and language preference data (REAL); increasing cultural competency training; and increasing diversity in leadership and governance. In the first and second quarter of 2014, efforts focused on recruiting hospitals to complete the 2013 Diversity and Disparities Benchmark Survey. Data from this survey was subsequently compiled into a report. In total, 1,109 hospitals complete the survey. Key findings include:

i. Hospitals are actively collecting patient demographic data including race (97 percent), ethnicity (94 percent) and primary language (95 percent).

ii. 22 percent of hospitals have utilized data to identify disparities in treatment and/or outcomes between racial groups.

iii. 86 percent of hospitals educate all clinical staff during orientation about how to address the unique cultural and linguistic factors affecting the care of diverse patients and communities.

iv. 64 percent of hospitals require all employees to attend diversity training.
v. Minorities represent fourteen percent of hospital board members, twelve percent of executive leadership positions and seventeen percent of first- and mid-level management positions

In the third quarter of 2014, the AHA/HRET HEN partnered with HPOE and IFD to offer two webinars on diversity and disparities. The first featured Dr. Joseph Betancourt from the Disparities Solutions Center at Massachusetts General Hospital and focused on collection and stratification of REAL data. The second featured presenters from Henry Ford Health System, a winner of the 2014 AHA Equity of Care Award. This webinar focused on their programs to increase diversity in leadership.

Throughout the project, the AHA/HRET HEN has also compiled educational resources, from AHA partners and others access via www.hret-hen.org.

e. Leadership and Transparency Commitments: To support state and hospital leaders, as well as those working with their leaders, several strategies to support transparency and communication with leadership were implemented.

i. Executive-to-executive calls with state hospital association CEOs and AHA President and CEO Rich Umbdenstock as well as AHA Senior Vice President of Research and President of Health Research & Educational Trust Maulik Joshi, Dr.P.H.

ii. Transparent sharing of monthly “roll-up” dashboards with state hospital association executives to showcase data submission and improvement.

iii. Partnering with the AHA Center for Healthcare Governance (CHG) to create and deploy a trustee guidebook and video modules to assist boards in understanding their role in patient safety and quality initiatives. Also, the HEN educated staff to assist in their understanding on how to best partner with their Board on such initiatives.

7. Peer-to-Peer Learning and Coaching to Support Adoption

a. State Mentoring: Modified throughout the course of the project, the AHA/HRET HEN took various approaches to determine what would work best in terms of state-to-state mentoring. In 2012, partnerships were facilitated between states deemed as “high” and “low” performers, according to outcomes and key demographic indicators. By 2013, some partnerships were successful and continued while others discontinued this form of mentoring. In 2014 – state mentoring evolved into cohorts, “high” and “low” performing coaching, where states were convened on a monthly basis to share best practices.

b. High-performer Hospital Showcases: High-performer hospital showcases were embedded in all aspects of in-person and virtual educational offerings. Hospitals shared their journeys, including successes, barriers and lessons learned in relation to technical approaches, communication techniques, best practices tools, etc.

c. Low-performing Analysis: In addition to showcasing high-performers, low-performing state and hospital data was also examined. Beginning in October 2013, all applicable states were provided a list of the poor performing hospitals and issues with data validation. This list included hospitals with data that appeared to be poor performing topics or a data entry error. On a monthly basis, each state was asked to contact all listed hospitals to discuss the measures and data in question and determine if a clinical intervention or data validation was required.

8. Focused Support for CAH and Rural Hospitals

a. Tailored Support: As mentioned, CAH and rural hospitals made up a large component of hospitals within the network and approaches were modified to meet their needs. In 2012, support was provided through group sessions during in-person events and peer sharing via the CAH/rural LISTSERV.* In 2013, monthly virtual coaching was provided. By 2014, bi-monthly virtual coaching calls were implemented to focus on topics specific to CAH/rural hospitals (e.g., the “days between” data collection tool), as well as applicable topics (e.g., measuring harm for CAH/rural birthing hospitals).

9. Resources, Tools and Technical Support

a. Website: The AHA/HRET HEN website provided states and hospitals with access to a wealth of resources and tools to guide improvement work. It contains more than 1,700 tools and resources, including a change package for each of the clinical topic areas. There have been 400,000 downloads across all available tools and resources. The core topic change packages were updated with new resources, references and best practices.
In 2014, Leading Edge Advance Practice Topics (LEAPT) change packages and checklists were created. The core and optional topic change packages and checklists have been downloaded 38,000 times.

b. LISTSERVs:* This platform served as another key resource to support peer-to-peer learning. With the updated scope of work in 2014, the LISTSERVs* were modified to be inclusive of the LEAPT topics.

**Topic LISTSERVs:**
- i. ADE
- ii. EED and OB harm
- iii. Infections
  - 1. CAUTI, CLABSI, SSI and VAE
  - 2. Clostridium *difficile*
- iv. Intensive care unit harm
  - 1. Iatrogenic delirium
  - 2. Sepsis
  - 3. Acute renal failure
  - 4. Failure and failure to rescue
- v. Other harm
  - 1. Falls
  - 2. PrU
  - 3. VTE
- vi. Procedural harm
  - 1. Airway safety
  - 2. Undue exposure to radiation
- vii. Readmissions

**Affinity Group LISTSERVs:**
- viii. CAH/rural hospitals
- ix. Children hospitals
- x. Behavioral health hospitals
- xi. Long-term acute care (LTAC) and rehabilitation hospitals

Over the course of the project, there have been over 3,000 subscribers to the topic and affinity group LISTSERVs.*

c. Technical Support: Technical support was provided through the HEN@aha.org and HENDataSupport@aha.org email addresses and associated telephone helplines. Both routes were staffed each business day, from 8:30 am – 5:00 pm Central time.
Since the beginning of the project in 2012, the AHA/HRET HEN and SHAs have worked with the hospitals to provide education, tools and resources to drive improvement in the 11 PfP clinical topic areas, as well as the optional LEAPT topics.

In addition to equipping the hospitals with these tangible skills, participants have gained a network of peers who they can engage with in-person and/or virtually to share best practices, lessons learned and to re-energize and motivate one another to continue the work. By building this sense of community via the network (will), providing them with the tools they need to begin to think about how they can make a change (ideas) and implementing and testing (execution), the AHA/HRET HEN has been able to achieve many quantitative and qualitative results. In addition to the countless stories from states and hospitals sharing the value of this project, the outcomes of the collective efforts have resulted in approximately 92,000 patient harms prevented and an estimated cost savings of $988 million.

AHA/HRET HEN progress towards meeting the 40/20 goals in the PfP clinical topic areas is shown below. All 11 topics have met the 60 percent of hospitals reporting and the 17.6 percent reduction goals.

### Highlights and Accomplishments

#### AHA/HRET HEN ACHIEVEMENT OF TARGETS — JANUARY 2012 – NOVEMBER 2014

<table>
<thead>
<tr>
<th>Topic</th>
<th>At least 60% Reporting</th>
<th>At least 70% Reporting</th>
<th>At least 80% Reporting</th>
<th>At least 17.6% Change from Baseline (15% Readm) AND At Least 60% Reporting</th>
<th>At least 40% Change from Baseline (20% Readm) AND At Least 80% Reporting</th>
<th>Met High Performance Benchmark</th>
<th>Achievement of Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td>✓</td>
<td>✓</td>
<td>✓ 964 (70%) reporting</td>
<td>✓ 1,281 (93%) reporting</td>
<td>✓ 30% reduction</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>CAUTI</td>
<td>✓</td>
<td>✓</td>
<td>✓ 1,034 (93%) reporting</td>
<td>✓ 1,360 (99%) reporting</td>
<td>✓ 46% reduction</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>CLABSI</td>
<td>✓</td>
<td>✓</td>
<td>✓ 828 (97%) reporting</td>
<td>✓ 753 (88%) reporting</td>
<td>✓ 61% reduction</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Falls</td>
<td>✓</td>
<td>✓</td>
<td>✓ 1,262 (92%) reporting</td>
<td>✓ 1,048 (92%) reporting</td>
<td>✓ 50% reduction</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>OB-EED</td>
<td>✓</td>
<td>✓</td>
<td>✓ 1,263 (92%) reporting</td>
<td>✓ 729 (88%) reporting</td>
<td>✓ 42% reduction</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>OB-Other</td>
<td>✓</td>
<td>✓</td>
<td>✓ 1,254 (91%) reporting</td>
<td>✓ 5</td>
<td>✓ 47% reduction</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>PrU</td>
<td>✓</td>
<td>✓</td>
<td>✓ 706 (NICU Admissions)</td>
<td>✓ 1,331</td>
<td>✓ 19% reduction</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>SSI</td>
<td>✓</td>
<td>✓</td>
<td>✓ 4,655</td>
<td>✓ 65,022</td>
<td>✓ 47% reduction</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Readm</td>
<td>✓</td>
<td>✓</td>
<td>✓ 6,960</td>
<td>✓ 2,893</td>
<td>✓ 19% reduction</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>VAE/VAP</td>
<td>✓</td>
<td>✓</td>
<td>✓ 4,030</td>
<td>✓ 1,254</td>
<td>✓ 47% reduction</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>VTE</td>
<td>✓</td>
<td>✓</td>
<td>✓ 3,255</td>
<td>✓ 1,254</td>
<td>✓ 47% reduction</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>11</td>
<td>10</td>
<td>11</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>

#### FINAL AHA/HRET HEN ESTIMATED TOTAL HARMs PREVENTED WITH COST SAVINGS

<table>
<thead>
<tr>
<th>Topic</th>
<th>Estimated Harms Prevented</th>
<th>Estimated Cost Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td>8,155</td>
<td>$24,465,000</td>
</tr>
<tr>
<td>CAUTI</td>
<td>2,805</td>
<td>$2,805,000</td>
</tr>
<tr>
<td>CLABSI</td>
<td>893</td>
<td>$15,181,000</td>
</tr>
<tr>
<td>EED</td>
<td>992 (NICU Admissions)</td>
<td>$7,811,000</td>
</tr>
<tr>
<td>Falls</td>
<td>1,331</td>
<td>$882,000</td>
</tr>
<tr>
<td>OB Harm</td>
<td>766</td>
<td>$705,000</td>
</tr>
<tr>
<td>Pressure Ulcers</td>
<td>4,655</td>
<td>$188,528,000</td>
</tr>
<tr>
<td>Readmissions</td>
<td>65,022</td>
<td>$572,714,000</td>
</tr>
<tr>
<td>SSI</td>
<td>4,860</td>
<td>$102,060,000</td>
</tr>
<tr>
<td>VAE/VAP</td>
<td>58</td>
<td>$1,218,000</td>
</tr>
<tr>
<td>VTE</td>
<td>3,255</td>
<td>$72,391,200</td>
</tr>
<tr>
<td>TOTAL</td>
<td>92,792</td>
<td>$988,760,000</td>
</tr>
</tbody>
</table>

**DATA SOURCE:** Comprehensive Data System (11/18/14); Data covers January 2012 through November 2014. Cost reference sources listed in PEC April 2014 Formative Feedback report appendices.

1 Harms prevented calculated at hospital level and then aggregated to HEN level (hospital compared to own baseline). Harm calculated only with months that have sufficient n (85 percent of hospitals reporting at baseline). Hospitals omitting months of data were determined to be negligible at HEN level.
RESULTS
This section outlines our impact and results for each topic. Detailed information on the hospitals participating in each topic and intervention examples used to achieve results in each topic can be found in Appendix A and Appendix B, respectively.
Project Progress and Success

Adverse Drug Events (ADE)

Reaching Our Audience

- 350+ LISTSERV® Subscribers
- 2,100+ Participants in Engaged in Education
- 3,400+ Change Package Downloads

What does that Mean?

- 70% Percent of Eligible Acute/CAH/Children's Hospitals Reporting Data
- 30% Weighted Percent Reduction from Baseline
- 95% Percent of Positive Responses to ADE Education Events

OR ENOUGH MONEY TO...

- 1,100+ Standalone PYXIS Machines

Met the Partnership for Patients Goal of 17.6% Reduction in Preventable Harm

Percent of Eligible Acute/CAH/Children's Hospitals Reporting Data

8,155 ADEs Prevented

Total Project Estimated Cost Savings of $24,465,000

6 States Meeting the 40 Percent Reduction Goal

Excessive anticoagulation with warfarin — Inpatients: Percent of Patients With Excessive Anticoagulation

Source: https://www.medicalshipment.com/pyxis-medstation-4000-400-drawer.html
Project Progress and Success

Catheter Associated Urinary Tract Infections (CAUTI)

Reaching Our Audience

- 400+ LISTSERV® Subscribers
- 600+ Change Package Downloads
- 1,800+ Participants in Engaged in Education

Percent of Eligible Acute/CAH/Children’s Hospitals Reporting Data: 93%

18% Reduction in Harm for All Tracked Units

What does that Mean?

- 2,805 CAUTI Harms Prevented
- Total Project Estimated Cost Savings of $2,805,000
- 9 States Meeting the 40 Percent Reduction Goal

OR ENOUGH MONEY TO...

Pay the annual cost of health coverage for more than 160 families

Source: Health Benefits in 2014: Stability in Premiums in Coverage For Employers-Sponsored Plans, Health Affairs
http://content.healthaffairs.org/content/33/10/1851

Met the Partnership for Patients Goal of 17.6% Reduction in Preventable Harm
Project Progress and Success

Central Line-Associated Blood Stream Infections (CLABSI)

Reaching Our Audience

- 400+ LISTSERV® Subscribers
- 1,400+ Change Package Downloads
- 1,400+ Participants in Engaged in Education

CLABSI Rate — All units (by Device Days) (CDC NHSN): CLABSI Rate Per 1,000 Central Line Device Days

What does that Mean?

- 93% Percent of Eligible Acute/CAH/Children’s Hospitals Reporting Data
- 46% Weighted Reduction in CLABSI Across Multiple Measures
- 94% “Chance the Information Will Improve My Effectiveness/Results” Percent of Positive Responses to CLABSI Education Events

- 893 CLABSI Harms Prevented
- Total Project Estimated Cost Savings of $15,181,000
- 14 States Meeting the 40 Percent Reduction Goal

THESE SAVINGS ARE...

Equivalent to the costs of over 16,000 blood transfusions

Source:

Met the Partnership for Patients Goal of 17.6% Reduction in Preventable Harm
Project Progress and Success

Injuries from Falls and Immobility (Falls)

Reaching Our Audience

- 500+ LISTSERV® Subscribers
- 2,500+ Change Package Downloads
- 2,550+ Participants in Engaged in Education

Percent of Eligible Acute/CAH/Children’s Hospitals Reporting Data: 99%

27% Reduction in Falls With or Without Injury

“Chance the Information Will Improve My Effectiveness/Results” Percent of Positive Responses to Falls Education Events: 98%

What does that Mean?

- 1,331 Falls Prevented
- Total Project Estimated Cost Savings of $882,453
- States Meeting the 40 Percent Reduction Goal: 9

OR ENOUGH MONEY TO...

- Buy 8,800 Non-slip Floor Mats
  

Met the Partnership for Patients Goal of 17.6% Reduction in Preventable Harm

Falls With or Without Injury (NSC-4): Rate of All Patient Falls With or Without Injury
Project Progress and Success

Early Elective Deliveries (EED)

Reaching Our Audience

- 500+ LISTSERV® Subscribers
- 1,800+ Participants in Engaged in Education
- 1,900+ Change Package Downloads

Percent of Eligible Acute/CAH/Children’s Hospitals Reporting Data: 97%

61% Reduction in Harm Across all Measures

94% Percent of Positive Responses to Falls Education Events

“Chance the Information Will Improve My Effectiveness/Results”

What does that Mean?

- 992 Number of NICU Admissions Prevented
- Total Project Estimated Cost Savings of $7,811,342
- 24 States Meeting the 40 Percent Reduction Goal

WHICH AMOUNTS TO...

Special Care Nursery Admissions Charges for 200+ babies

Met the Partnership for Patients Goal of 17.6% Reduction in Preventable Harm

Source: https://www.marchofdimes.org/peristats/pdfdocs/nicu_summary_final.pdf

Elective Deliveries at >=37 Weeks and <39 Weeks (JC PC-1): EED Rate
Project Progress and Success

OB Adverse Events

Reaching Our Audience

- 500+ LISTSERV® Subscribers
- 1,900+ Change Package Downloads
- 2,600+ Participants in Engaged in Education

Percent of Eligible Acute/CAH/Children’s Hospitals Reporting Data: 88%

26% Reduction in Harm Across all Measures

“Chance the Information Will Improve My Effectiveness/Results” Percent of Positive Responses to Falls Education Events: 94%

What does that Mean?

- 766 Number of OB Harms Prevented
- Total Project Estimated Cost Savings of $704,720+
- 17 States Meeting the 40 Percent Reduction Goal

WHICH AMOUNTS TO...

The annual amount of formula needed to feed 400+ babies

Met the Partnership for Patients Goal of 17.6% Reduction in Preventable Harm

Project Progress and Success

Pressure Ulcers (PrU)

**Percent of Eligible Acute/CAH/Children’s Hospitals Reporting Data**

92%

**50% Reduction in patients with at least one Stage II or Greater Nosocomial Pressure Ulcer**

Percent of Patients with Hospital-Acquired PrU Stage II or Greater

JAN  MAR  MAY  JUL  SEP  NOV  JAN  MAR  MAY  JUL

12 12 12 12 12 12 13 13 13 13

**95% Percent of Positive Responses to HAPU Education Events**

“Chance the Information Will Improve My Effectiveness/Results”

**What does that Mean?**

4,655 HAPUs Prevented

Total Project Estimated Cost Savings of $188,527,500

24 States Meeting a 40 Percent Reduction Goal

**OR ENOUGH MONEY TO...**

Purchase 50,000 pressure-redistribution mattresses


4,655 HAPUs Prevented

Total Project Estimated Cost Savings of $188,527,500

24 States Meeting a 40 Percent Reduction Goal

**Patients with at least One Stage II or Greater Nosocomial Pressure Ulcers (NSC-2): Percent of Patients With Hospital-Acquired PrU Stage II Or Greater**

Met the Partnership for Patients Goal of 17.6% Reduction in Preventable Harm
Project Progress and Success

Surgical Site Infections (SSIs)

Surgical Site infection Rate (in-hospital) (CDC NHSN):

<table>
<thead>
<tr>
<th>In-Hospital SSi Rate</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>1.8</td>
<td>1.6</td>
<td>1.4</td>
<td>1.2</td>
<td>1.0</td>
<td>0.8</td>
<td>0.6</td>
</tr>
</tbody>
</table>

Reaching Our Audience

- 400+ LISTSERV® Subscribers
- 1,500+ Participants in Engaged in Education
- 3,000+ Change Package Downloads

Percent of Eligible Acute/CAH/Children's Hospitals Reporting Data: 92%

Overall Weighted Reduction: 42%

Percent of Positive Responses to HAPU Education Events: 94%

"Chance the Information Will Improve My Effectiveness/Results"

What does that Mean?

- 4,860 SSIs Prevented
- Total Project Estimated Cost Savings of $102,060,000
- 17 States Meeting the 40 Percent Reduction Goal

Which amounts to...

- 770 Ambulances

Met the Partnership for Patients Goal of 17.6% Reduction in Preventable Harm

Source: http://emergencyvehiclesales.net
Project Progress and Success

Ventilator Associated Events (VAE)

Possible/Probable VAP Rate – All Units (CDC NHSN):
Rate of per 1,000 Ventilator Days

88% Possible/Probable VAP Rate – All units (CDC NHSN):
Rate of per 1,000 Ventilator Days

19% Weighted Reduction from Baseline

94% “Chance the Information Will Improve My Effectiveness/Results”
Percent of “Excellent” or “Good” Responses to VAE Education Events

Reaching Our Audience

400+ LISTSERV® Subscribers

1,700+ Participants in Engaged in Education

2,000+ Change Package Downloads

What does that Mean?

58 Number of VAPs Prevented

Total Project Estimated Cost Savings of $1,218,000

States Meeting the 40 Percent Reduction Goal

THE COST OF PROVIDING...

7,000+ portable chest CT scans to diagnose VAP


Met the Partnership for Patients Goal of 17.6% Reduction in Preventable Harm
Project Progress and Success

Venous Thromboembolism (VTE)

Reaching Our Audience

- 500+ LISTSERV® Subscribers
- 1,000+ Change Package Downloads
- 1,500+ Participants in Engaged in Education

Percent of Eligible Acute/CAH/Children’s Hospitals Reporting Data: 91%

47% Reduction in Harm Across All VTE Measures

95% Percent of Positive Responses to VTE Education Events

“Chance the Information Will Improve My Effectiveness/Results”

What does that Mean?

- 3,255 VTE Harms Prevented
- Total Project Estimated Cost Savings of $72,391,200
- 17 States Meeting the 40 Percent Reduction Goal

OR ENOUGH MONEY TO...

Buy 40,000+ Sequential Compression Devices for VTE Prophylaxis

Source: New Jersey Hospital Association
http://www.njha.com/media/41054/vte_techflash.pdf

Met the Partnership for Patients Goal of 17.6% Reduction in Preventable Harm

Post-op PE or DVT (All Adults) (AHRQ PSI-12): Rate of Surgical Patients with Post-op PE or DVT

Percent of Eligible Acute/CAH/Children’s Hospitals Reporting Data Met the Partnership for Patients Goal of 17.6% Reduction in Preventable Harm
Project Progress and Success

Readmissions

Percent of Eligible Acute/CAH/Children’s Hospitals Reporting Data: 92%

18% Reduction in All Cause Readmissions

94% Percent of Positive Responses to Readmission Education Events

What does that Mean?

65,022 Readmissions Prevented

Total Project Estimated Cost Savings of $572,713,776

7 States Meeting a 20 Percent Reduction Goal

 WHICH AMOUNTS TO...

Cost to Have 12,600+ YEARS of Home Health Aid Services

Met the Partnership for Patients Goal of 15.0% Reduction in Preventable Harm

Readmission within 30 days (All Cause): Percent of Patients Readmitted Within 30 Days of Discharge

Partnerships and Networking

**Building Improvement Capacity to Accelerate Improvement.**
The AHA/HRET HEN team worked in collaboration with the Cynosure Health and IHI on the development and implementation of educational strategy to drive improvement in all 11 core topic areas. The wealth of knowledge of both of these organizations as subject matter experts and improvement advisors was a valuable resource to state hospital associations and hospitals; they provided key education and technical assistance. IHI also played an integral role in developing and implementing the Fellowship curriculum. Our national team also worked with many subject matter experts to develop and deliver content as well as to serve a technical resource by responding to questions from hospitals on our LISTSERVs.*

**Cross Cutting Support.**
The AHA/HRET HEN team worked with key partners to provide cross-cutting support. Partners include, but are not limited to: CMS, NCD, PEC, AHRQ (safety culture), the CUSP: CAUTI team (safety culture), the TeamSTEPPS team (teamwork and communication), IPFCC (PFE), the Gordon and Betty Moore Foundation (PFE), AHA’s HPOE and IFD (health care disparities), AHA senior leadership (senior leadership) and AHA’s Center for Healthcare Health Governance (leadership/governance). These partnerships were developed and strengthened throughout the course of the project.

**Engaging External Stakeholders and Partners In Achieving the 40/20 Goals.**
The SHAs leveraged the efforts of external stakeholders and partners to work toward reducing harm and readmissions in their respective states. All of the SHAs worked with the Quality Improvement Organizations (QIO) to share activities, resources and opportunities to collaborate with the main goal of eliminating duplication of efforts. Where applicable, several states have also actively engaged with their local Community Care Transition Programs (CCTP), where applicable, to work together to improve transition of beneficiaries from inpatient hospital setting to other care settings improving quality and safety across the continuum of care.

Other organizations that the SHAs have been working collaboratively with include the National Patient Safety Foundation, Midwest Business Group on Health, March of Dimes, VHA, Blue Cross Blue Shield, state and local health departments and many others. These joint efforts have proven to be very valuable for the associations as they enrich topic specific conversations and help coordinate improvement efforts across the respective states.

**Active Collaborator in the PfP Campaign.**
The AHA/HRET HEN, including 31 SHAs, were active collaborators in the weekly pacing events sponsored by the National Content Developer. Participation in these events served as a means for learning what other HENs and hospitals were doing to drive improvement in each of the topic areas. They also provided an opportunity for states and hospitals in the AHA/HRET HEN to share their improvement journey and best practices in achieving the goals of the project.

The weekly office hour calls with CMS, National Content Developer and the program evaluation contractor continue to provide valuable information on project expectations and implementation from the funder’s perspective. In addition, the weekly HEN house calls offer an excellent opportunity for HENs to collaborate on work that is being done. These calls serve as a platform for HENs to share and brainstorm ideas on how to accelerate the work and achieve the goals of the project.

With a majority of CAH/rural hospitals in the AHA/HRET HEN, it was also important to partner with the Office of Rural Health Policy, part of the Health Resources and Services Administration. As a result, the AHA/HRET HEN participated in the national CAH/rural affinity group to share best practices, challenges and opportunities for this population of hospitals.
Lessons Learned

The experience of running a large-scale national improvement project with nearly 1,500 hospitals and 31 SHA partners has resulted in lessons learned that can be used to engage in similar projects and/or sustain the work of the PfP campaign. Some major lessons learned include:

1. It is important to keep patients and families at the center of the work. Getting patients and families engaged in the work of improving quality and safety is vital to any long-term success and sustained results.

2. Leveraging partnerships is a critical success factor in driving and accelerating performance improvement. Working with internal and external stakeholders at the national, state and local level has been key to aligning towards common aims/goals and efforts to avoid duplication of resources.

3. Alignment with nationally recognized standardized measures to collect and monitor improvement at the state and national level is vitally important in order to measure achievement of goals across a network.

4. The challenges faced by CAH and rural hospitals of participating in projects and initiatives to improve quality and patient safety can be overcome by building the will at the leadership and staff levels, as well as providing tools and resources that are tailored to their needs. With the support of the AHA/HRET HEN and its partners, the impact to this group of hospitals has been increased capacity and improvement results in reducing harm and readmissions.

5. Site visits are an important implementation strategy for any large-scale national improvement project. These visits help develop positive relationships with the hospitals, provide an opportunity for tailored technical assistance and learn and share success and challenges.

6. A system to collect and monitor process and outcome data in real time is critical to rapid cycle improvement. The CDS was a useful tool for the hospitals in the AHA/HRET HEN. It provided access to real time data and monitor trends over time. It also allowed users the ability to retrieve data and run charts to share their results with leadership and front-line staff.

7. Each state/hospital has different cultures, barriers and challenges that require a customized strategy to meet improvement goals.

8. Constant contact/connection with hospital improvement teams is critical to maintaining momentum. Holding monthly check-in calls at minimum with hospital teams helped to address challenges and maintain focus between scheduled site visits and provide real time technical assistance.

9. Active and consistent involvement from organizational leadership is essential for HEN-related projects to receive the attention necessary to engage and involve unit managers at the bedside.

10. Hospital CEOs that are engaged are in full support of the HEN initiative and the collaboration. They see the HEN as a great resource for breaking down barriers to collaboration.
Forward Look – Goals and Strategies in 2015 and Beyond

The AHA/HRET HEN will continue to support the work and efforts of the hospitals by building on the many achievements of the past three years. The plan to build, sustain and spread our work will be twofold:

1. Launching the All In Improvement Network

AHA/HRET is planning to launch the All In Improvement Network in 2015 considering the:

a. Ability to build on numerous successes, e.g. multiple AHRQ-funded projects (i.e., CUSP: CAUTI) and the HEN work;

b. Opportunities to further advance quality in the Institute of Medicine six aims (safe, timely, effective, efficient, equitable and patient centered); and

c. Movement toward the Triple Aim (better health care, better health and lower cost)

The network will serve as a two-year national improvement initiative to engage 500 or more hospitals in multiple improvement projects across the Triple Aim components. Participating hospital must commit to:

a. Working on improvement projects;

b. Submitting regular data (aligned with national measures); and

c. Being transparent within the network on their progress

Success for All In Improvement Network will be measured by:

a. Reliable implementation of best practices as evidenced by meeting each topic’s goals;

b. Improvement in Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores;

c. Improvement in the culture of safety scores;

d. Reduction in readmissions; and

e. Reduction in patient harm and serious safety events

AHA/HRET will provide the content/education and data staff, webinar/in-person meeting and subject matter expert support and the hospitals will have access to the CDS to track progress and benchmark against similar hospitals. The hospitals will be responsible for their own time commitment to attend webinars and collect data, and provide funds for travel and lodging for the four face-to-face national meetings (two meetings in 2015 and two meetings in 2016). Otherwise, there will be no costs to hospitals to participate.

The starter topics may include:

a. Better health
   i. REAL data use
   ii. Readmissions reduction
   iii. Breastfeeding increase

b. Better health care
   iv. Family visiting, 24/7
   v. Bedside engagement
   vi. Total patient harm reduction
   vii. Patient and Family Advisory Councils

c. Lower cost
   viii. Appropriate use of imaging
   ix. Appropriate blood management
   x. Apology and disclosure

Hospitals will select at least two topics from each of the Triple Aim categories for a minimum of six topics to begin the project.

Project planning is underway and will accelerate in early December, once the HEN contract ends.

2. Engaging Clinical Leaders and Front-line Staff in the Symposium for Leaders in Healthcare Quality (SLHQ)

As a key tenet toward the achievement of the Institute of Medicine’s six aims, AHA launched SLHQ in early April 2014. SLHQ members gain access to cutting-edge research and education, innovative professional development opportunities and a robust peer-to-peer learning network to support members in providing safe, high quality care for patients across the care continuum.

In 2015 and beyond, AHA/HRET looks forward to the opportunity to leverage its collective efforts and continue with the same drive and passion of the PfP campaign. It will provide resources and support for hospitals on a variety of topics including core and LEAPT topics, as well as additional areas of harm that is important for the care and safety of our patients. AHA/HRET intends to work closely with existing and new key partners to continue to address harm from a holistic approach. It will continue to commit to build a culture of safety and internal capacity for quality improvement at the bedside. Through these efforts, the 40/20 goals will be achieved and hospital staff will be empowered to continue quality improvement and patient safety initiatives long after the HEN draws to a close.