AHA/HRET HEN 2.0 RESULTS AND BEST PRACTICE SHARING WEBINAR
OUR SUCCESSES: THE JOURNEY, LESSONS LEARNED AND CELEBRATION

Wednesday, September 21, 2016
11:00 a.m. – 12:30 p.m. CT
WELCOME AND INTRODUCTIONS

Emily Koebnick, Program Manager, HRET | 11:00 – 11:05
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00-11:05 AM</td>
<td>Welcome and Introductions</td>
<td>Emily Koebnick, Program Manager, HRET</td>
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<tr>
<td></td>
<td>Open and housekeeping information, including information on where to access</td>
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<tr>
<td></td>
<td>the AHA/HRET HEN 2.0 final report</td>
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<tr>
<td>11:05-11:35 AM</td>
<td>Better Care, Smarter Spending, Healthier People: Sustaining and Accelerating</td>
<td>Dennis Wagner, Director, CMS Quality Improvement and Innovation Group,</td>
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<tr>
<td></td>
<td>Progress</td>
<td>CCSQ; co-director, Partnership for Patients</td>
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<td>CMS will be sharing their insights on the accomplishments of the HEN 2.0</td>
<td>Dr. Paul McGann, Chief Medical Officer (CMO) for Quality Improvement, CMS;</td>
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<td>project and challenge hospitals to continue the improvement work under CMS’</td>
<td>co-director, Partnership for Patients</td>
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<td></td>
<td>new goals: 20% all cause harm and 12% reduction in readmissions by 2019.</td>
<td>Shelly Coyle, RN, MS, MBA, Nurse Consultant, Division of Quality Improvement Innovation Models Testing and Center for Clinical Standard and Quality, CMS</td>
</tr>
<tr>
<td>11:35-11:50 AM</td>
<td>Overview of AHA/HRET HEN 2.0 Journey and Final Results</td>
<td>Charisse Coulombe, MS, MBA, CPHQ, Vice President, Clinical Quality</td>
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<tr>
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<td>HRET will be sharing the results of our hospitals’ accomplishments during</td>
<td>HRET</td>
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<td></td>
<td>the HEN 2.0 journey.</td>
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**AGENDA FOR TODAY**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Description</th>
<th>Speaker(s)</th>
</tr>
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<tbody>
<tr>
<td>11:50-12:20 PM</td>
<td><strong>Hospital Best Practice Stories</strong>&lt;br&gt;Hospitals who have made significant strides during the project will share their lessons learned and results on the following topics:</td>
<td>Paula Inderwiesen, MHA, BS, RRT-NPS, CIC&lt;br&gt;Kris Dodson BSN, RN&lt;br&gt;Mary Jo Hargadine, RN</td>
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<td></td>
<td><strong>Sepsis</strong>&lt;br&gt;Orlando Health&lt;br&gt;Orlando, Florida</td>
<td>Clinical Quality Specialist&lt;br&gt;Quality &amp; Patient Safety Officer, Quality Resource Management&lt;br&gt;Nurse Manager, Kremmling ED/MedSurg</td>
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<td></td>
<td><strong>OB Pre-Eclampsia</strong>&lt;br&gt;Hendricks Regional Health&lt;br&gt;Danville, Indiana</td>
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<td><strong>Harm Across the Board</strong>&lt;br&gt;Middle Park Medical Center,&lt;br&gt;Kremmling, CO</td>
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<tr>
<td>12:20 – 12:30 PM</td>
<td><strong>Discussion, Reflection and Next Steps</strong>&lt;br&gt;HRET will share reflections on the project, accomplishments and continuing the improvement work to reduce patient harm across the nation.</td>
<td>Charisse Coulombe MS, MBA, CPHQ&lt;br&gt;HRET</td>
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</table>
Better Care, Smarter Spending, Healthier People:
Sustaining and Accelerating Progress

• September 21, 2016
THANK YOU...

• For the hard work you are doing to improve and transform our nation’s healthcare system. This is challenging work

• For your commitment to improving the care of the patients we serve

• For your leadership, participation and results in work to reduce readmissions and patient harm across our nation’s hospitals
OUR SHARED WORK AND SHARED RESULTS ARE GETTING NATIONAL RECOGNITION
– 2016 FEDERAL EMPLOYEES OF THE YEAR --

Jean Moody-Williams, Dennis Wagner & Paul McGann
31 states participated
• Nearly 1500 acute/CAH/children’s hospitals
• Results of original HEN project
  – CLABSI, EED, Pressure Ulcers, SSI, and VTE exceeded the 40 percent preventable harm target
  – ADE, CAUTI, Falls, OB Harm, Readmissions and VAP/VAE exceeded the 17.6 percent all cause harm target
THANK YOU FOR CONTINUING YOUR WORK IN PARTNERSHIP FOR PATIENTS 2.0

- 34 states and over 1500 hospitals in the AHA/HRET HEN 2.0 project
- Working in conjunction with 16 other HENs for a total of 3200 hospitals!
GREAT GOING AND THANK YOU FOR YOUR PFP 2.0 RESULTS IN THE AHA/HRET HEN

- 34 states participated
- Results of AHA/HRET HEN 2.0 project
  - EED, Pressure Ulcers, and OB Harm exceeded the 40 percent preventable harm target
  - SSI and VTE exceeded the 17.6 percent all cause harm target
GREAT GOING AND THANK YOU FOR YOUR PFP 2.0 RESULTS IN THE AHA/HRET HEN

- Results of AHA/HRET HEN 2.0 project, cont.
  - Topics with progress in rates:
    - VAE had a 14 percent reduction and the HEN 2.0 ending rate (1.20) was lower than the HEN 1.0 ending rate (1.52)
    - Falls had a 5 percent reduction and the HEN 2.0 ending rate (0.60) was lower than the HEN 1.0 ending rate (0.64)
    - Readmissions had a 4 percent reduction and the HEN 2.0 ending rate (8/.14) was lower than the HEN 1.0 ending rate (8.78)
  - Topics that need continued focus:
    - ADE (12 percent reduction)
    - CLABSI (11 percent reduction)\(^{11}\)
    - CAUTI (4 percent reduction)
PURPOSES OF SESSION

• Provide update on national progress, including extraordinary results in reducing harm and 30 day readmissions

• Request your leadership and action in next stages of this work

• Explore strategies and your ideas & plans for sustaining and increasing our progress toward new, ambitious national goals
DELIVERY SYSTEM AND PAYMENT TRANSFORMATION

**Current State** –
Producer-Centered
Volume Driven
Unsustainable
Fragmented Care
FFS Payment Systems

**Future State** –
People-Centered
Outcomes Driven
Sustainable
Coordinated Care
New Payment Systems (and many more)
- Value-based purchasing
- ACOs, Shared Savings
- Episode-based payments
- Medical Homes and care mgmt
- Data Transparency
AFFORDABLE CARE ACT IMPACTS

- Expansion of Health Insurance Coverage -> Decreased Uninsured Rates
- Slower Growth in Health Care Costs
- Improved Quality of Care

Source: Furman J, Fiedler M – Continuing the Affordable Care Act’s Progress on Delivery System Reform is an Economic Imperative.
According to the Congressional Budget Office, federal spending on major health care programs in 2020 will be $200 Billion lower than predicted in 2010.
'Jaw-dropping': Medicare deaths, hospitalizations AND costs reduced

Sample consisted of 68,374,904 unique Medicare beneficiaries (FFS and Medicare Advantage).

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th>2013</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-cause mortality</td>
<td>5.30%</td>
<td>4.45%</td>
<td>-0.85% (approx. 300,000 deaths per year)</td>
</tr>
<tr>
<td>Total Hospitalizations/100,000 beneficiaries</td>
<td>35,274</td>
<td>26,930</td>
<td>-8,344 (approx. 3 million hospitalizations per year)</td>
</tr>
<tr>
<td>In-patient Expenditures/ Medicare fee-for-service beneficiary</td>
<td>$3,290</td>
<td>$2,801</td>
<td>-$489</td>
</tr>
<tr>
<td>End of Life Hospitalization (last 6 months)/100 deaths</td>
<td>131.1</td>
<td>102.9</td>
<td>-28.2</td>
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</tbody>
</table>

Findings were consistent across geographic and demographic groups.

Mortality, Hospitalizations, and Expenditures for the Medicare Population Aged 65 Years or Older, 1999-2013; Harlan M. Krumholz, MD, SM; Sudhakar V. Nuti, BA; Nicholas S. Downing, MD; Sharon-Lise T. Normand, PhD; Yun Wang, PhD; JAMA. 2015;314(4):355-365.; doi:10.1001/jama.2015.8035
PARTNERSHIP FOR PATIENTS (PFP) MODEL TEST FOCUSED ON TWO BREAKTHROUGH AIMS

GOALS:

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

No patient wants a hospital that is good at preventing only 2 or 3 forms of harm.
NATIONAL RESULTS ON PATIENT SAFETY
SUBSTANTIAL PROGRESS THRU 2014, COMPARED TO 2010 BASELINE

- 17 percent reduction in overall harm; 39 percent reduction in preventable harm
- 87,000 lives saved
- $19.8B in cost savings from harm avoided
- 2.1M fewer harms over 4 years

Figure 4—Medicare FFS 30-Day All-Cause Readmissions (Medicare Claims)

- FFS Rate decreased 5.56 percent between calendar year 2010 and Q4 2014.
- AHRQ All-Payer All-Cause 30-Day Readmissions declined 2.6 percent from 2010 to 2013.

Source: Medicare claims data provided by the Health Policy and Data Analysis Group in the Office of Enterprise Management at CMS. The evaluation contractor processed and ran regression-adjusted analysis to control for changing demographics independently with similar findings.

Note: Center line and control limits (U chart) for the first phase were estimated with data between January 2009 and March 2010. Center line and control limits (U chart) for the second phase were estimated with data between January 2012 and March 2013. The dashed green line is the center line; the dashed red lines are the upper and lower control limits; the closest dotted lines above and below the center line are the one-sigma limits, and the dotted lines just inside the control limits are the two-sigma limits. Data include between 981,068 and 754,468 discharges per month.
PfP National Scorecard by AHRQ Earns “Geppetto Checkmark”

• President Obama uses AHRQ analysis in remarks on 5th anniversary of ACA
  – “Fact Checker” awards Geppetto Checkmark
  – One of three Geppettos awarded*
  – Most popular “Fact Check” for April 2015

• AHRQ analysis published in December 2014 on the impact of the Partnership for Patients

*97 “Fact Checker” articles published January 2015 through April 15, 2015
see: http://www.washingtonpost.com/blogs/fact-checker/wp/2015/05/12/the-most-popular-fact-checks-of-april-2/
WHAT IS CAUSING THESE NATIONAL RESULTS?

- **Crystal Clear, Meaningful Aims We Can All Work Toward:** Aims Create Systems; Systems Create Results

- **Quality Improvement Work at Truly National Scale:** Partnership for Patients, Transforming Clinical Practice Initiative, QIO Program, Community Based Care Transitions Program, more

- **Payment Changes:** Penalties, Incentives, New Types of Payments, Payment Goals

- **An Amazing Array of Innovative Models Active All Throughout the Nation**

- **Individual and Organizational Commitments and Choices of Leaders Like You**
PARTNERSHIP FOR PATIENTS (PFP) MODEL TEST IS ESTABLISHING TWO NEW BOLD AIMS

GOALS:

20% Overall Reduction in Hospital Acquired Conditions

12% Reduction in 30-Day Readmissions

partnershipforpatients.cms.gov
# SUSTAINING AND ACCELERATING MAJOR REDUCTIONS IN HARM: AHRQ 2010 BASELINE & PROGRESS

<table>
<thead>
<tr>
<th>Year</th>
<th>Harms/1,000 Discharges</th>
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<tbody>
<tr>
<td>2010</td>
<td>145</td>
</tr>
<tr>
<td>2011</td>
<td>142</td>
</tr>
<tr>
<td>2012</td>
<td>132</td>
</tr>
<tr>
<td>2013</td>
<td>121</td>
</tr>
<tr>
<td>2014</td>
<td>121</td>
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</table>

**New Goal**

<table>
<thead>
<tr>
<th>Year</th>
<th>Harms/1,000 Discharges</th>
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<tbody>
<tr>
<td>2019</td>
<td>97</td>
</tr>
</tbody>
</table>
KEY QUESTIONS FOR DISCUSSION & ACTION

How do we sustain and accelerate momentum and progress on our shared work to further reduce harm and readmissions?

What are your best ideas and current actions?
HOW DO WE SUSTAIN AND ACCELERATE CURRENT MOMENTUM?

• Clear, Bold Goals (more on this)
• Systems Approaches to Reduce Harm Across the Board
  • Culture of Safety
  • Top Down and Bottom Up
  • Executive Rounding
• Systematic Involvement of Patients and Families
  • Increases our own accountability to others
  • Adds urgency
  • Input of our patients/customers enhances our learning
• What else?
AIMS & RESULTS: A CHOICE WE MAKE EVERY DAY

What will the future be?

Value

Time

Today
A PRACTICAL CHOICE ON AIMS (ENDS)

The future is what I have the means to accomplish, right now.

"Pay me more to deliver a marginal increase in services."

Value

Time

Practical

Today
A LEADERSHIP CHOICE: BREAKTHROUGH AIMS

"I want to see something much better."

Value

Practical

Current Drift

Time

Today
HOW DO I GET FROM HERE TO THERE?

The Future I Stand For

Breakthrough Aims

Practical

Current Drift

Value

Today

Time

American Hospital Association

Health Research & Educational Trust

In Partnership with AAMC
EMERGENT STRATEGY: STAND FOR THEM, ENROLL OTHERS, PERSIST, LEARN, EVOLVE...FAST

Aims Create Systems; Systems Create Results
Bob and Barb Malizzo, along with daughter Kristina Claver and her son Adrian, visit their daughter Michelle Ballog’s grave at Graceland Cemetery in Valparaiso, Ind. She died after a medical error was made during surgery. (Heather Charles/Chicago Tribune)
Bob & Barb Malizzo, Tim McDonald, MD
Speak to 2000 Leaders Working to Reduce Patient Harm
KEY QUESTIONS FOR DISCUSSION & ACTION

How do we sustain and accelerate momentum and progress on our shared work to further reduce harm and readmissions?

What are your best ideas and current actions?

What’s working?
OUR REQUESTS TO EACH OF YOU

- **Choose** to Stand for Better Care, Better Health at Lower Cost...for Our Patients, Your Profession, Our Nation
- **Join HIIN 3.0 and Commit to the New Bold Aims** of the Partnership for Patients
- Remain Focused on **Reducing Harm Across the Board**
- Do **More** of What is Already Working...Everywhere
- Authentically & Fully **Engage Your Patients** in the Improvement Work
- **Lead** in Enrolling Others & Stand **Together** in Serving As Catalysts for Change

Together We Can Continue to Achieve our Bold Aims
CONTACT INFORMATION

Paul McGann, MD
Dennis Wagner, MPA

Co-Directors, Partnership for Patients
Co-Directors, Transforming Clinical Practices Initiative
CMS Chief Medical Officer for Quality Improvement
Director, Quality Improvement & Innovation Group

Center for Clinical Standards & Quality
Centers for Medicare & Medicaid Services
dennis.wagner@cms.hhs.gov
OVERVIEW OF THE AHA/HRET HEN 2.0 JOURNEY AND FINAL RESULTS

Charisse Coulombe, MS, MBA, CPHQ, Vice President, Clinical Quality Health Research & Educational Trust (HRET)
OBJECTIVES

• Review who we are and our structure
• Recap overall HEN 1.0 successes and opportunities
• Review HEN 2.0 goals and deliverables
• Summarize the keys to success in this and all quality improvement projects
RESULTS FROM HEN 1.0 COLLABORATIVE EFFORTS

Results are a cumulative effort but have been spurred in part by Medicare payment incentives and catalyzed by the Partnership for Patients (PfP) initiative.
AHA/HRET ORIGINAL HEN RESULTS:
TOTAL HARMS PREVENTED AND COSTS SAVINGS

<table>
<thead>
<tr>
<th>Topic</th>
<th>Estimated Harms Prevented</th>
<th>Estimated Cost Savings</th>
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<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>
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<tr>
<td>TOTAL</td>
<td>92,792</td>
<td>$988,760,000</td>
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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.
WHAT DOES THE AHA/HRET HEN 2.0 PROJECT LOOK LIKE?

- 1,500+ hospitals across 33 states and one region
- Spanning 5 time zones (PR to AK)
- 82% retention rate from hospitals that participated in the first HEN
HEN 2.0 CORE ADVERSE EVENT AREAS (AEAS): 40% REDUCTION GOAL

1. Adverse Drug Events (ADE)
2. Catheter-associated Urinary Tract Infections (CAUTI)
4. Early Elective Deliveries (EED) and Obstetrical (OB) Harm
5. Injuries from Falls and Immobility
6. Pressure Ulcers (PrU)
7. Surgical Site Infections (SSI)
8. Venous Thromboembolisms (VTE)
9. Ventilator-associated Events (VAE)
10. Readmissions (20% reduction)
HEN 2.0 ALL OTHER AREAS OF HARM: 40% REDUCTION

1. Airway Safety
2. *Clostridium difficile* (*C. diff*)
3. Culture of Safety
4. Failure to Rescue
5. Iatrogenic Delirium
6. Radiation Exposure
7. Sepsis

National focus on *C. diff*, sepsis
SPECIAL TOPICS OF FOCUS

• Patient and Family Engagement (PFE)
  – Looking at best practices to assist hospitals (e.g., bedside huddles with patient participation vs. having a conversation near the patient bed)
  – Our HEN is focused on looking for implementation tips and resources vs philosophical discussions that occurred in original HEN;
• Health Care Disparities (HCD)
  – Looking at different aspects of disparities (i.e., race, age, ethnicity, language) through the quality lens (e.g., readmissions stratified by age)
  – Our HEN is focused on increasing cultural competencies, increasing collection of REAL (race, ethnicity and language preference) data, and increasing diversity in governance and leadership
## PFE: BASELINE THROUGH Q3

<table>
<thead>
<tr>
<th></th>
<th>Planning checklist</th>
<th>Huddles and bedside reporting</th>
<th>Dedicated PFE staff</th>
<th>Active PFE committee</th>
<th>Patients on boards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>31%</td>
<td>67%</td>
<td>41%</td>
<td>41%</td>
<td>32%</td>
</tr>
<tr>
<td>Quarter 1 (Dec '15 - Feb '16)</td>
<td>34%</td>
<td>70%</td>
<td>46%</td>
<td>44%</td>
<td>36%</td>
</tr>
<tr>
<td>Quarter 2 (Mar - May '16)</td>
<td>36%</td>
<td>71%</td>
<td>49%</td>
<td>45%</td>
<td>39%</td>
</tr>
<tr>
<td>Quarter 3 (End of Jul '16)</td>
<td>39%</td>
<td>72%</td>
<td>52%</td>
<td>47%</td>
<td>41%</td>
</tr>
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Percent of active hospitals responding "yes" to the item.
HEALTH CARE DISPARITIES

- **1,282** hospitals have taken the #123forequity pledge

[Map of the United States showing pledged organizations, with text: #123forEquity Pledge to Act, Organizations Pledged: 1282, State Hospital Associations Pledged: 48, Metropolitan Hospital Associations Pledged: 10]

http://www.equityofcare.org/pledge/index.shtml
AHA/HRET HEN 2.0 STORYBOARDS

In July 2016, AHA/HRET HEN hosted a state hospital association meeting that celebrated the spread and sustainability of innovative hospital approaches for harm reduction. One hospital representative from each HRET HEN state hospital association produced a storyboard, which was turned into a video vignette, that detailed their approach to improve patient care. View the storyboards and videos here: [http://www.hret-hen.org/resources/storyboard-vignettes/storyboard_vignettes_home.shtml](http://www.hret-hen.org/resources/storyboard-vignettes/storyboard_vignettes_home.shtml)

C.diff
- Carilion New River Valley Medical Center, Virginia
- Methodist Hospital of Southern California, California

CAUTI
- Baylor Scott and White Medical Center, Texas
- Lafayette General Medical Center, Louisiana
- Memorial Medical Center, Texas

CLABSI
- Baptist Health Louisville, Kentucky
- Ashford Presbyterian Community Hospital, Puerto Rico

Culture of Safety
- Bacon County Hospital and Health System, Georgia
- Memorial Hospital and Health Care Center, Indiana
- DeKalb Regional Medical Center, Alabama

Diversity
- Brigham and Women’s Faulkner Hospital, Massachusetts

EED
- Fairbanks Memorial Hospital, Alaska
- CHI Mercy Health – Mercy Medical Center, Oregon

Falls
- Summit Health Care Regional Medical Center, Arizona
- Memorial Hospital, Colorado
- Ransom Memorial Hospital, Kansas
- Magnolia Regional Health Center, Mississippi
- Gerald Champion Regional Medical Center, New Mexico

PFE
- Southern New Hampshire Medical Center, New Hampshire

Pressure Ulcers
- Stonewall Jackson Memorial Hospital, West Virginia

Quality Improvement
- Pondera Medical Center, Montana

Readmissions
- Ste. Genevieve County Memorial Hospital, Missouri
- Columbus Community Hospital, Nebraska
- First Care Health Center, North Dakota
- Alliance Health Pryor, Oklahoma
- Sanford Aberdeen Medical Center, South Dakota
- Fort Healthcare, Wisconsin

Sepsis
- Bristol Hospital, Connecticut

SSI
- Mercy Hospital Northwest Arkansas, Arkansas

VAE
- Health First Palm Bay Hospital, Florida
Throughout the project, the HRET team has developed 30 case studies across 14 topics. The case studies featured topic-specific best practice strategies as well as pearls of wisdom for other facilities attempting to emulate similar interventions. Additionally, 11 hospitals were selected for spotlight videos because of their innovative strategy to provide better patient care and reduce adverse events, successful data-verified outcomes and a collaborative approach which included leadership buy-in. Each in-depth video includes multiple voices within the hospital, weaving together a story of how the particular facility has been working to meet HEN goals. View the storyboards and videos here: http://www.hret-hen.org/resources/casestudies/case-studies.shtml

- **ADE**
  - Labette Health, Kansas

- **CAUTI**
  - Howard Memorial Hospital, Arkansas

- **C. diff**
  - Asante Rogue Regional Medical Center, Oregon

- **Culture of Safety**
  - Wentworth-Douglass Hospital, New Hampshire

- **Falls**
  - Natchitoches Regional Medical Center, Louisiana

- **Pressure Ulcers**
  - Stonewall Jackson Memorial Hospital, West Virginia

- **Readmissions**
  - Fort Healthcare, Wisconsin

- **Sepsis**
  - Wesley Medical Center, Kansas

- **SSI**
  - Jefferson Regional Medical Center, Arkansas

- **VAE**
  - Our Lady of Lourdes Regional Medical Center, Louisiana

- **VAE**
  - St. Jude Medical Center, California
ACTION LEADERSHIP FELLOWSHIP

- 953 fellows participated in the webinars and project

http://www.hret-hen.org/engage/fellowship.shtml
NATIONAL RESOURCES AVAILABLE TO YOU ON THE HEN 2.0 WEBSITE (WWW.HRET-HEN.ORG)

- Data
  - Encyclopedia of Measures
  - CDS Quick Start Guide
- Fellowship
  - Decision Tree
  - Agendas
- Topic Specific
  - Change Packages
  - Checklists
- PFE Compendium
- Quality Improvement Activity Videos
- Much more!
## FINAL AHA/HRET HEN 2.0 PROGRESS

<table>
<thead>
<tr>
<th>Core Harm Topic / Measure</th>
<th>Hospitals (%)</th>
<th>Baseline</th>
<th>Apr – Jun</th>
<th>Relative</th>
<th>HEN 1</th>
<th>HEN 2.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB Harm: Vaginal deliveries without instrument</td>
<td>719 (94%)</td>
<td>21.56</td>
<td>10.91</td>
<td>-49%</td>
<td>19.53</td>
<td>N/A</td>
</tr>
<tr>
<td>Early Elective Deliveries (EED)</td>
<td>722 (94%)</td>
<td>4.02</td>
<td>2.24</td>
<td>-44%</td>
<td>4.89</td>
<td>2.00</td>
</tr>
<tr>
<td>PrU: Pressure Ulcer Rate (Stage 3+)</td>
<td>1137 (88%)</td>
<td>1.60</td>
<td>0.91</td>
<td>-43%</td>
<td>1.21</td>
<td>1.49</td>
</tr>
<tr>
<td>VTE: Post-Operative Venous Thromboembolism (VTE)</td>
<td>911 (93%)</td>
<td>4.51</td>
<td>2.99</td>
<td>-34%</td>
<td>4.35</td>
<td>N/A</td>
</tr>
<tr>
<td>SSI: Surgical site infection rate, all procedures reported</td>
<td>907 (93%)</td>
<td>2.01</td>
<td>1.59</td>
<td>-21%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>VAE: Infection-Related Ventilator-Associated Condition (IVAC) Rate</td>
<td>776 (92%)</td>
<td>1.40</td>
<td>1.20</td>
<td>-14%</td>
<td>1.52</td>
<td>N/A</td>
</tr>
<tr>
<td>ADE: Adverse drug events, all ADEs reported</td>
<td>1,005 (78%)</td>
<td>1.63</td>
<td>1.44</td>
<td>-12%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>CLABSI: Central line-associated blood stream infections per 1,000 central line days</td>
<td>1,007 (98%)</td>
<td>1.00</td>
<td>0.89</td>
<td>-11%</td>
<td>N/A</td>
<td>0.21</td>
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<tr>
<td>Falls: Falls w/Injury</td>
<td>1,230 (96%)</td>
<td>0.64</td>
<td>0.60</td>
<td>-5%</td>
<td>0.64</td>
<td>0.50</td>
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<tr>
<td>Readmissions: All-cause, 30-day readmissions</td>
<td>1,225 (95%)</td>
<td>8.51</td>
<td>8.14</td>
<td>-4%</td>
<td>8.78</td>
<td>N/A</td>
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<tr>
<td>CAUTI: Catheter-associated urinary tract infections per 1,000 catheter days</td>
<td>1,260 (98%)</td>
<td>1.02</td>
<td>0.98</td>
<td>-4%</td>
<td>N/A</td>
<td>0.27</td>
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</table>

1. The percent reporting represents the number of hospitals reporting baseline data divided by the number of hospitals expected to report data for the topic and/or measure. For example, non-OB hospitals are not expected to report data on EED or OB Harm.
2. Relative improvement calculates baseline compared to the most recent available three-month rate (Apr – Jun 2016).
3. Most current available three-month rate at the end of HEN 1.
4. HEN 2.0 performance benchmarks as released by the Evaluation Contractor September 132016 (PfPPEC_Benchmarks_Sept_2016.xlsx)
# FINAL AHA/HRET HEN 2.0 PROGRESS

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>HARMS PREVENTED</th>
<th>COST/HARM</th>
<th>COST SAVINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE¹</td>
<td>15,611</td>
<td>$5,000¹</td>
<td>$78,054,063</td>
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<tr>
<td>CAUTI</td>
<td>505</td>
<td>$1,000</td>
<td>$505,078</td>
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<tr>
<td>CLABSI</td>
<td>439</td>
<td>$17,000</td>
<td>$7,469,333</td>
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<tr>
<td>EED</td>
<td>1,151</td>
<td>$9,732</td>
<td>$11,240,529</td>
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<tr>
<td>Falls</td>
<td>1,409</td>
<td>$12,965</td>
<td>$18,265,363</td>
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<tr>
<td>OB Harm²</td>
<td>4,336</td>
<td>$114 (with instrument)</td>
<td>$753,627</td>
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<td></td>
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<td>$197 (without instrument)</td>
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<tr>
<td>Pressure Ulcers</td>
<td>1,122</td>
<td>$17,000</td>
<td>$19,077,915</td>
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<tr>
<td>Readmissions</td>
<td>8,040</td>
<td>$15,477</td>
<td>$124,440,097</td>
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<tr>
<td>SSI³</td>
<td>792</td>
<td>$21,000</td>
<td>$16,630,883</td>
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<tr>
<td>VAE</td>
<td>278</td>
<td>$21,000</td>
<td>$5,832,649</td>
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<tr>
<td>VTE</td>
<td>738</td>
<td>$8,000</td>
<td>$5,901,515</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>34,422</strong></td>
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<td><strong>$288,171,052</strong></td>
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* Totals may not match sum of individual topics due to rounding.
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<tr>
<th>AEA</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 (12% readm) AND at least 60% reporting</th>
<th>At least 40% change from baseline (20% readm) AND at least 60% reporting</th>
<th>Met HEN 2.0 High Performance Benchmark</th>
<th>Achievement of Target</th>
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<td>OB-EED</td>
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<td>45% reduction</td>
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<td>OB-Other</td>
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<td>49% reduction</td>
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<td>Falls</td>
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<td>43% reduction</td>
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## FINAL STATE LEVEL PROGRESS BY TOPIC

<table>
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<tr>
<th>State</th>
<th># A/C/C hospitals participating</th>
<th>ADE</th>
<th>CAUTI</th>
<th>CLABSI</th>
<th>EED</th>
<th>Falls</th>
<th>OB Harm</th>
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<tr>
<td>Total achieving reduction goals</td>
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</table>
AHA/HRET HEN 2.0 (2015-2016) PROJECT PROGRESS AND SUCCESS

ADVERSE DRUG EVENTS (ADE)

- 95% of Eligible Acute/CAH/Children's Hospital Reporting Data
- 7% Reduction in ADE Measures
- 94% Percent of participants that stated information provided will promote higher quality work

What does that mean?

- 15,611 ADE HARMs PREVENTED
- $78,054,000 TOTAL PROJECT ESTIMATED COST SAVINGS
- 9 states MEETING THE REDUCTION IN PREVENTABLE HARM GOAL

Reaching Our Audience

- 536 LISTSERV/EMAIL SUBSCRIBERS
- 1,227 PARTICIPANTS ENGAGED IN EDUCATION
- 4,719 NUMBER OF VISITS TO THE ADE TOPIC WEBSITE

Which is enough money to purchase...

- 1,325,425 GLUCOMETERS

AHA/HRET HEN 2.0 (2015-2016) PROJECT PROGRESS AND SUCCESS

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS (CAUTI)

98% of Eligible Acute/CAH/Children’s Hospital Reporting Data

4% Reduction in CAUTI Measures

94% Percent of participants that stated information provided will promote higher quality work

What does that mean?

505 CAUTI HARM PREVENTED

$505,000 TOTAL PROJECT ESTIMATED CAUTI COST SAVINGS

10 states MEETING THE REDUCTION IN PREVENTABLE HARM GOAL

40%

Which is enough money to purchase...

APPROXIMATELY 9 PORTABLE ULTRASOUND MACHINES

Source: www.costowi.com/healthcare/healthcare-ultrasound-machine-costs.html

NUMBER OF CAUTIs PER 1,000 URINARY CATHETER DAYS
AHA/HRET HEN 2.0 (2015-2016) PROJECT PROGRESS AND SUCCESS

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS (CLABSI) —

98% of Eligible Acute/CAH Children’s Hospital Reporting Data

11% Reduction in CLABSI Measures

98% Percent of participants that stated information provided will promote higher quality work

What does that mean?

439 CLABSI HARMS PREVENTED

7,469,000 TOTAL PROJECT ESTIMATED CLABSI COST SAVINGS

15 states MEETING THE REDUCTION IN PREVENTABLE HARM GOAL

40%

Reaching Our Audience

595 LISTSERV(TM) SUBSCRIBERS

206 PARTICIPANTS ENGAGED IN EDUCATION

1,427 NUMBER OF VISITS TO THE CLABSI TOPIC ON THE HRET HEN 2.0 WEBSITE.

Which is equivalent to...

600+ BLOOD TRANSFUSIONS

Number of CLABSI per 1,000 Central Line Days

AHA/HRET HEN 2.0 (2015-2016) 
PROJECT PROGRESS AND SUCCESS

EARLY ELECTIVE DELIVERY (EED)

94% of Eligible Acute/CAH/Children’s Hospital Reporting Data
44% Reduction in EED Measures
92% Percent of participants that stated information provided will promote higher quality work

What does that mean?
1,151 EED HARMS PREVENTED
$11,241,000 TOTAL PROJECT ESTIMATED EED COST SAVINGS
26 states MEETING THE REDUCTION IN PREVENTABLE HARM GOAL

Reaching Our Audience
378 LISTSERV SUBSCRIBERS
164 PARTICIPANTS ENGAGED IN EDUCATION
488 NUMBER OF VISITS TO THE EED TOPIC ON THE HRET HEN 2.0 WEBSITE.

Which is enough money to purchase...
17,423,300 DIAPERS

Met the Partnership for Patients goal of 40% REDUCTION IN PREVENTABLE HARM.
AHA/HRET HEN 2.0 (2015-2016) PROJECT PROGRESS AND SUCCESS

OB ADVERSE EVENTS

94% of Eligible Acute/CAH/Children's Hospital Reporting Data

49% Reduction in OB Measures

98% Percent of participants that stated information provided will promote higher quality work

What does that mean?

4,336 OB Harms Prevented

$754,000 Total Project Estimated OB Cost Savings

25 states 40% meeting the reduction in preventable harm goal

Reaching Our Audience

378 Listserv Subscribers

288 Participants Engaged in Education

977 Number of Visits to the OB Harm Topic on the HRET HEN 2.0 Website.

Which is enough money to purchase...

3,909 Infant Car Seats


Met the Partnership for Patients goal of 40% Reduction in Preventable Harm.
AHA/HRET HEN 2.0 (2015-2016)
PROJECT PROGRESS AND SUCCESS

FALLS WITH INJURY

96% of Eligible Acute/CAH/Children’s Hospital Reporting Data

3% Reduction in Fall Measures

95% Percent of participants that stated information provided will promote higher quality work

What does that mean?

1,409 FALLS WITH INJURY PREVENTED

$18,265,000 TOTAL PROJECT ESTIMATED FALL COST SAVINGS

8 states MEETING THE REDUCTION IN PREVENTABLE HARM GOAL

Reaching Our Audience

535 LISTSERV® SUBSCRIBERS

1,332 PARTICIPANTS ENGAGED IN EDUCATION

3,273 NUMBER OF VISITS TO THE FALLS PREVENTION TOPIC ON THE HRET HEN 2.0 WEBSITE.

Which is enough money to purchase...

88,695 FALL PREVENTION MATS

Source: www.allmed.com/absalt-fall-mat.html

FALLS WITH INJURY PER 1,000 PATIENT DAYS

Falls
Pressure Ulcers

AHA/HRET HEN 2.0 (2015-2016)
PROJECT PROGRESS AND SUCCESS

PRESSURE ULCERS (PrU)

- 88% of Eligible Acute/CAH/Children’s Hospital Reporting Data
- 49% Reduction in PrU Measures
- 96% Percent of participants that stated information provided will promote higher quality work

What does that mean?

- 1,122 PrUs PREVENTED
- $19,078,000 TOTAL PROJECT ESTIMATED PrU COST SAVINGS
- 11 states MEETING THE REDUCTION IN PREVENTABLE HARM GOAL

Reaching Our Audience

- 535 LISTSERV® SUBSCRIBERS
- 660 PARTICIPANTS ENGAGED IN EDUCATION
- 1,957 NUMBER OF VisITS TO THE PRU TOPIC ON THE HRET HEN 2.0 WEBSITE.

Source:
www.ahcb.com/store/seating/waffle-seat-cushion

Met the Partnership for Patients goal of 17.6% REDUCTION IN ALL CAUSE HARM.
Surgical Site Infections

AHA/HRET HEN 2.0 (2015-2016) PROJECT PROGRESS AND SUCCESS

SURGICAL SITE INFECTIONS (SSI)

91% of Eligible Acute/CAH/Children’s Hospital Reporting Data

18% Reduction in SSI Measures

92% Percent of participants that stated information provided will promote higher quality work

What does that mean?

792 SSI PREVENTED

$16,631,000 TOTAL PROJECT ESTIMATED SSI COST SAVINGS

16 states MEETING THE REDUCTION IN PREVENTABLE HARM GOAL

12 GERM ZAPPING ROBOTS THAT CAN RID A HOSPITAL ROOM OF GERMS IN FIVE MINUTES


Met the Partnership for Patients goal of 17.6% REDUCTION IN ALL CAUSE HARM.
AHA/HRET HEN 2.0 (2015-2016) PROJECT PROGRESS AND SUCCESS

VENTILATOR ASSOCIATED EVENTS (VAE)

- 92% of Eligible Acute/CAH/Children’s Hospital Reporting Data
- 18% Reduction in VAE Measures
- 91% Percent of participants that stated information provided will promote higher quality work

What does that mean?
- 278 VAE HARMS PREVENTED
- $5,833,000 TOTAL PROJECT ESTIMATED VAE COST SAVINGS
- 8 states MEETING THE REDUCTION IN PREVENTABLE HARM GOAL
- 40%

Reaching Our Audience
- 595 LISTSERV® SUBSCRIBERS
- 730 PARTICIPANTS ENGAGED IN EDUCATION
- 718 NUMBER OF VISITS TO THE VAE TOPIC ON THE HRET HEN 2.0 WEBSITE.

Which is enough money to purchase...

33,280 WALKERS

Source: https://www.activeforever.com/drive-wenzellis-rehab-glitter-walker

INFECTION-RELATED VENTILATOR-ASSOCIATED CONDITIONS PER 1,000 VENTILATOR DAYS

American Hospital Association
HRET
Health Research & Educational Trust
In Partnership with AHA

VAE
AHA/HRET HEN 2.0 (2015-2016) PROJECT PROGRESS AND SUCCESS

VENOUS THROMBOEMBOLISM (VTE)

- 93% of Eligible Acute/CAH/Children's Hospital Reporting Data
- 33% Reduction in VTE Measures
- 97% Percent of participants that stated information provided will promote higher quality work

What does that mean?

- 738 VTE HARMs PREVENTED
- $5,902,000 TOTAL PROJECT ESTIMATED VTE COST SAVINGS
- 16 states MEETING THE REDUCTION IN PREVENTABLE HARM GOAL

Reaching Our Audience

- 514 LISTSERV SUBSCRIBERS
- 316 PARTICIPANTS ENGAGED IN EDUCATION
- 966 NUMBER OF VISITS TO THE VTE TOPIC ON THE HRET HEN 2.0 WEBSITE.

Which is enough money to purchase...

- 2,880+ PORTABLE COMPRESSION DEVICE FOR VTE

Source: www.nhha.com/media/41054/vte_1_techflash.pdf

Met the Partnership for Patients goal of 17.6% REDUCTION IN ALL CAUSE HARM
SAVE LIVES FROM SEPSIS!
ORLANDO HEALTH
ORLANDO, FLORIDA

Paula Inderwiesen, MHA, BS, RRT-NPS, CIC
Clinical Quality Specialist
Corporate Quality Admin.
AIM AND BACKGROUND

To reduce patient mortality from severe sepsis to \( \leq 14\% \) and from septic shock to \( \leq 30\% \) at Orlando Health by Sept. 1, 2016.

- Sepsis is the leading cause of death in hospitalized patients and has an associated mortality rate between 25-50%.
- It is often missed and undertreated which accounts for approximately 220,000 deaths at a cost of almost $20 billion dollars annually.
- Length of stay and cost of care was excessive for sepsis patients at Orlando Health, therefore this became a major focus and system wide initiative.
• **Outcome:** Orlando Health’s “outcomes” measures for sepsis primarily include patient mortality rates and length of stay data (which is divided out by sepsis severity). This data is pulled monthly and shared with our leadership and facility level sepsis teams.

• **Process:** Electronic health record reports have been created to monitor sepsis order set usage, the timeliness of vital sign entry, and compliance with the mandatory SIRS screening twice a day for every patient. This data is currently pulled by the individual unit’s leadership team and shared with their teams. In addition, our abstractors provide monthly feedback to the teams regarding sepsis core measure progress and if individual elements were missed.

• **Mandatory sepsis education** for clinicians and physicians has also been developed and assigned. Reports are pulled electronically to monitor individual completion and identify areas of need.

• **Balance:** Readmission data will soon be studied to look for patients readmitted within 30 days following a previous sepsis admission.
Global Aim

To reduce patient mortality from severe sepsis & septic shock at Orlando Health

Specific Aim

To reduce patient mortality from severe sepsis to ≤ 14% and from septic shock to ≤ 30% at Orlando Health by Sept. 1, 2016.

Primary Drivers
What needs to be done to meet your aim?

- Educate physicians & clinical staff on sepsis
- Revise sepsis order set in EMR & standardize physician usage
- Achieve Core Measure for sepsis documentation
- Develop an inpt sepsis alert process at all OH sites
- Revise sepsis mortality review process at all sites

Secondary Drivers
(How are you going to do it?)

- Provide sepsis CME & Grand Rounds to physician groups. Tie to credentialing.
- Provide clinical staff with sepsis modules via ILO. Mandate completion
- Focus on key elements of bundle & reeducate MDs, track usage compliance & provide feedback
- Develop MD sepsis document note in EMR, educate, & promote usage
- Partner with RRT to streamline & standardize sepsis alerts, and inpt sepsis response
- Standardize sepsis mortality review process, collate data & provide feedback, and develop action plans when needed & share lessons learned

(Note: For Experienced Action Leader Fellows only)
INTERVENTIONS

• "Predictive Analytic Computer Program" - This is an early warning “risk of sepsis” predictive tool being trialed on Orlando Health’s patients. We are helping to develop and validate it’s use.

• Sepsis Mortality Reviews - Multiple PDSAs were done to fine tune and streamline the chart review process of these particular mortalities.

• An automated EHR program was developed to “sniff” for SIRS criteria behind the scenes and alert the clinical staff when to perform additional sepsis screens based on the data electronically collected.

• Multiple PDSA’s to improve physician documentation in the EHR to include a revised sepsis order set and a clinical documentation note that includes entry spaces for all necessary elements of the Sepsis CORE Measure.
ORLANDO HEALTH

Sepsis Mortality Rates by ICD-9 & 10
All Sepsis Cases Combined
January 2014 – June 2016
### ORLANDO HEALTH

Sepsis Mortality Rates by ICD-9/10 Codes

**CY2013 - June 2016**

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sepsis</strong></td>
<td>4%</td>
<td>5%</td>
<td>4%</td>
<td>4.70% (67/1426 cases)</td>
<td>≤ 4%</td>
</tr>
<tr>
<td>Sev. Sepsis R65.20</td>
<td>18%</td>
<td>15%</td>
<td>13%</td>
<td>7.94% (15/189 cases)</td>
<td>≤ 14%</td>
</tr>
<tr>
<td>Septic Shock R65.21</td>
<td>34%</td>
<td>31%</td>
<td>36%</td>
<td>26.12% (111/425 cases)</td>
<td>≤ 30%</td>
</tr>
<tr>
<td><strong>All Sepsis Cases</strong></td>
<td>15%</td>
<td>13%</td>
<td>11%</td>
<td>9.46% (193/2040 cases)</td>
<td>≤ 11%</td>
</tr>
<tr>
<td>Sev. Sep./Sep. Shock</td>
<td><strong>30.15%</strong></td>
<td>24.73%</td>
<td>26.40%</td>
<td><strong>20.52%</strong> (126/614 cases)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**37% RR with the Jan-June 2016 mortality rate**
(for all sepsis cases combined) when compared to CY2013

**32% RR with the Jan-June 2016 mortality rate**
(for patients coded with Severe Sepsis or Septic Shock) when compared to CY2013
REFLECTIONS

• Lessons learned:
  1. Developing an **electronic sepsis order set** will increase compliance with the Sepsis CORE Measure.
  2. Developing an **RRT alert** to automatically fire when a patient screens positive for severe sepsis will improve outcomes.

• Barriers encountered:
  1. Developing a **sepsis order set** does not guarantee staff will use it.
  2. Staff do not always complete the entire sepsis screen or do not always chart vital signs timely, therefore an RRT alert does not occur.

• How you overcame them:
  1. Mandate physicians complete the sepsis education module which discusses order set usage and bundle elements.
  2. Documentation of **vital sign reports were developed** and shared with leadership teams to track and encourage improved documentation times of staff.
The Corporate Sepsis Team will continue to hold quarterly sepsis meetings to support, update educate, and share experiences with all of its facility level sepsis team members. During this time, sepsis data/outcomes will continue to be discussed at a system level.

Facility level sepsis teams will also be encouraged to continue meeting monthly, to review their sepsis reports and identify areas of opportunity, to perform sepsis rounding on their units, and to discuss their individual CORE measure fallouts and patient mortalities associated with sepsis.

Partnerships within the continuum of care will need to be developed further. Despite some ground work has already been done with our community’s EMS, outreach programs need to be developed in conjunction with our local SNFs, LTACs, physician offices, and home health care agencies.
OBSTETRICAL ADVERSE EVENTS
HENDRICKS REGIONAL HEALTH
DANVILLE, INDIANA

Kris Dodson BSN, RN
Quality & Patient Safety Officer,
Quality Resource Management
AIM AND BACKGROUND

- Decrease reported OB trauma during vaginal deliveries with and without instrumentation by 20% by December 2016.
- We will follow AHRQ PSI 18 & 19 guidelines.
- HEN baseline data for PSI 18 – OB Trauma-Vaginal Delivery with Instrument and PSI 19 – OB Trauma-Vaginal Delivery without Instrument showed our hospital’s rates to be above the AHRQ benchmark of 22.46.
- Our hospital had not made any efforts in the past to decrease this Patient Safety Indicator or to determine why our rates were so high.
MEASURES

- **Outcome:** 20% Reduction in OB Harm
  - 2015 Rate: 26.22
  - Goal Rate: 20.98

- **Process:**
  - Reviewed Patient Charts
  - Identified Possible Documentation Problems
  - Met with Revenue Cycle Team
  - Educated Physicians on Findings

  - Used same EMR as Revenue Cycle Team
  - Physicians were documenting “partial third” degree lacerations
  - Verified “partial third” degree lacerations were being coded as third degree lacerations
  - Physicians stated a documented “partial third” is a second degree laceration

- **Balance:**
  - Verified Revenue Cycle Team coding correctly
  - Physicians understood their documentation did not reflect care
  - Easy to monitor using Crimson Analytics Data
  - Improvement in PSI Outcome
INTERVENTIONS

• Prior to 2016 OB/Peds meetings, I audited charts of all patients with 3rd and 4th degree lacerations in 2015. I researched and discovered this was a problem for all physicians. I met with the Revenue Cycle Team to understand the way cases were coded.

• 1/11/16: OB/Peds Committee met. With support of CMO, presented data that all OB physicians had cases coded with 3rd and 4th degree lacerations. Data was presented comparing 2013 to current rates. Discussed how their documentation could affect this measure.

• 3/14/16: OB/Peds Committee met. Presented update of data improvements.

• 5/9/16: OB/Peds Committee met. Presented improvement in 1st quarter data and explanation of one laceration that occurred.

• 8/15/16: OB/Peds meeting. Presented run charts showing improvement.
SHARE YOUR DATA

AHRQ PSI 18 – N/D*1000
OB Trauma Rate - Vaginal Delivery w/Instrument

- HRH
- AHRQ Benchmark
- Crimson Top Decile
AHRQ PSI 19 – N/D*1000
OB Trauma Rate - Vaginal Delivery w/o Instrument

- HRH
- AHRQ Benchmark
- Crimson Top Decile
REFLECTIONS

- Lessons learned: Numbers alone will not engage the staff if they don’t know or understand why their scores are below a benchmark. The physicians want to improve, but need guidance, information and feedback to change and maintain any changes.

- Barriers encountered: Prior to receiving support of CMO, physicians viewed the quality data as being inaccurate. They did not take any responsibility for what was being reported or think they could make a difference.

- How you overcame them: By gathering data and doing research on coding, I was able to engage the physicians. Once the physicians understood what they could do to make a difference, they were excited to find other opportunities for improvement.
How will you support spread and sustainability?

– We will continue to report data on 3rd and 4th degree lacerations at the OB/Peds meetings.

– Pediatricians have asked for explanation of AHRQ PSI 17 – Injury to Neonate. This was presented at the May meeting with case specific data provided. Plan to work with Revenue Cycle Team to determine if coding is appropriate and if additional documentation is needed.

– Obstetricians have requested additional information on PC-02 to understand why our hospital’s scores fluctuate month to month and are not better. Individual cases reviewed by CMO and OB member of our Clinical Review Committee. Coders researched and new education provided. Reviewing 2nd quarter cases.

– OB/Peds Committee meets every other month where updated information and data will be reported.
HARM ACROSS THE BOARD
MIDDLE PARK MEDICAL CENTER
KREMMLING, COLORADO

Mary Jo Hargadine, RN
Nurse Manager, Kremmling
ED/MedSurg
Adverse Drug Events: Hospital Level Progress

Achieved 40% Reduction?

<table>
<thead>
<tr>
<th>Rate of ADEs due to opioids</th>
<th>Most Recent Numerator</th>
<th>Most Recent Denominator</th>
<th>Most Recent Measure Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rate of Excessive Anticoagulation with Warfarin - Inpatients</th>
<th>Most Recent Numerator</th>
<th>Most Recent Denominator</th>
<th>Most Recent Measure Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0.0</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Rate of Hypoglycemia in Inpatients Receiving Insulin</th>
<th>Most Recent Numerator</th>
<th>Most Recent Denominator</th>
<th>Most Recent Measure Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Achieved goal
- No
- Yes

Baseline Measure Rate

Facility Rate
Infections: Hospital-Level Progress

Catheter-Associated Urinary Tract Infections Rate - All Tracked Units (CDC NHSN)

Achieved 40% Reduction?

<table>
<thead>
<tr>
<th>Most Recent Numerator</th>
<th>Most Recent Denominator</th>
<th>Most Recent Measure Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>4</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Urinary Catheter Utilization Ratio - All Tracked Units (CDC NHSN)

<table>
<thead>
<tr>
<th>Achieved goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

Baseline Measure Rate  Facility Rate
Other Harms: Hospital-Level Progress

<table>
<thead>
<tr>
<th>Measure</th>
<th>Most Recent Numerator</th>
<th>Most Recent Denominator</th>
<th>Most Recent Measure Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-Cause Readmission Rate</td>
<td>1</td>
<td>24</td>
<td>4.2</td>
</tr>
<tr>
<td>Rate of Decubitus Ulcer Stage III or greater (AHRQ PSI 3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate of Pressure Ulcer Stage II or greater (NSC 2)</td>
<td></td>
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</tbody>
</table>

- **Facility Rate**
- **Baseline Measure Rate**
- **Achieved goal**
  - Red: No
  - Green: Yes
Preventing Falls

- Hourly Rounding
  - Visual management
  - Empowering all staff
  - 4 P’s

- Huddle Board
  - Multidisciplinary team
  - Plan of the day
AHA/HRET HEN 2.0 – DISCUSSION, REFLECTION AND NEXT STEPS

Charisse Coulombe, MS, MBA, CPHQ, Vice President, Clinical Quality Health Research & Educational Trust (HRET)
BOLD AIMS

Reduce all-cause preventable inpatient harm by 40% and readmissions by 20%

1. Be in action to support your patients and their families by working on this project
2. Work to reduce harm *across the board*
3. Learn together by sharing your hospital stories, including successes and opportunities
4. Ensure that data are the foundation for all of your improvement
5. Work to spread and sustain the gains you have achieved across all areas within your organization
AREAS OF SUCCESS FROM HEN 2.0

• Individual hospital coaching via site visits have provided invaluable for sharing ideas and removing barriers
• Leadership engagement and data transparency are allowing for improvement to occur
• Empowering high performing hospitals to share best practices and results
• Continuing to create (and update!) hundreds of resources and tools with feedback on what is needed from the hospitals to help support and sustain the improvement work
WHAT HAVE WE LEARNED?

• Change is hard but possible
• No data, no proof of improvement
• Barriers can be overcome – you just need to find the hospital that has done it
• One patient harmed is one too many
• Everyone in the HEN projects is passionate about this work and has been inspired by a personal story which motivates them to continue the improvement
WHAT INSPIRES ME TO CONTINUE THIS WORK?
INSPIRATION

• Stay motivated and inspired to make change to reduce patient harm in the hospital and reduce readmissions
  – For yourself, for your family, for others and their families
KEYS TO SUCCESS TO POSITION FOR THE FUTURE

• Incorporate patients and families into your improvement
• Many quality improvement projects are in progress or starting soon – be informed to assess the best project/resources for your hospital/your culture
• Focus on eliminating harm across the board to help track your overall hospital harm
• Continue to review your data across all topics. Assess overall progress at the hospital level with your senior leadership and Board
• Utilize the national and association resources to support your quality and patient-safety journey
• Continue to network, and share your best practices across hospitals, across your state and across the country
PARTNERSHIP FOR PATIENTS (PFP) MODEL TEST IS ESTABLISHING TWO NEW BOLD AIDS

GOALS:

20% Overall Reduction in Hospital Acquired Conditions (baseline 2014)

12% Reduction in 30-Day Readmissions (baseline 2014)
Sustaining and Accelerating Reductions in Harm: Progress to Date from AHRQ 2010 baseline

<table>
<thead>
<tr>
<th>Year</th>
<th>Harms/1,000 Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>145</td>
</tr>
<tr>
<td>2011</td>
<td>142</td>
</tr>
<tr>
<td>2012</td>
<td>132</td>
</tr>
<tr>
<td>2013</td>
<td>121</td>
</tr>
<tr>
<td>2014</td>
<td>121</td>
</tr>
</tbody>
</table>

**New Goal**

<table>
<thead>
<tr>
<th>Year</th>
<th>Harms/1,000 Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>97</td>
</tr>
</tbody>
</table>

*Actual chart reviews; not based on claims data*
Thank You for Your Leadership!

• Our Aims are Clear:
  • You have committed to reduce Preventable Harm by 40% and Readmissions by 20%
  • Commit to Reduce All Cause Harm by 20% and Readmissions by 12% by 2019

• Thank you for incredible progress

• Continue to be inspired and find motivation with each other to continue this great work!
THANK YOU FOR WORKING TO MAKE PATIENTS SAFER ACROSS THE HOSPITALS IN THE UNITED STATES!
THANK YOU!

Find more information on our website: www.hret-hen.org

Questions/Comments: hen@aha.org