



March 25, 2015

Agenda

- ❖ Introductions
- ❖ Early Elective Delivery Prevention
– Taking It To the Next Level
 - Dignity Health story
 - Statewide EED survey summary
 - 2015 Kansas EED/Obstetric Harm Collaborative
 - Resources
- ❖ Kansas HEN Data Update
 - 2014 Year-End Summary
 - Introduction to new hospital data reports
- ❖ Announcements & Upcoming Events
- ❖ Questions and Answers

KANSAS HEALTHCARE COLLABORATIVE 2

Introductions

Presenters

Dignity Health

Special Guest:
Suzanne Wiesner, RN, MBA/HCM, C-EFM
 Director, Maternal Child Health Services
 Dignity Health
 Sacramento, California

Kansas Healthcare Collaborative

Michele Clark, MBA, CPHQ, ABC
 Program Director

Eric Cook-Wiens, MPH, PCMH
 Measures and Data Manager

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Chime in!

Comments or questions?

Please type your comments or questions into the chat window throughout the virtual meeting.

We will pause for telephone Q&A after EED presentation and at the end.

Or contact us after the webinar. Emails and phone numbers are provided on the last slide.

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Reducing the Rate of Early Elective Delivery – Our Organization’s Journey

March 25, 2015

Suzanne Wiesner, RN, MBA/HCM, C-EFM
Director, Maternal Child Health Services



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DISCLOSURE

Suzanne Wiesner has reported no relevant financial interest/ relationships with commercial entities that may have ties to this presentation.



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Session Objectives


- To review Dignity Health Perinatal Safety initiative to reduce the incidence of Early Elective Delivery
- To understand the commonalities and differences in the methods used for data collection and reporting
- To identify strategies for success in the reduction of Early Elective Delivery



Perinatal Services at Dignity Health


- 60,000+ deliveries per year
- 29 facilities with Birthing Units in California, Arizona and Nevada
- 21 NICU's
- Perinatal Safety Team includes:
 - System-level Director, Manager and Medical Director
 - Facility-level Perinatal Directors/Managers, Perinatal Safety Specialists and Physician Champions





576-759-6400

Early Elective Delivery (EED) Initiative

 Dignity Health.

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Dignity Health Commits to the Reduction of EED

- Despite guidelines from organizations like ACOG, March of Dimes, and California Maternal Quality Care Collaborative (CMQCC), elective early term delivery was quite common.
- Early term delivery associated with increased Length-of-Stay in Labor and Delivery and increased admissions to the NICU, both associated with increasing health care costs and decreasing patient satisfaction.
- As part of a larger patient safety initiative, a system goal was established to reduce Early Elective Delivery across the organization.

Dignity Health Commits to the Reduction of EED

- Perinatal Safety initiative to reduce EED – system level initiative introduced September 2011
 - Standardized list of approved medical indications for delivery >37 weeks and < 39 weeks gestation
 - “Hard Stop” process for scheduling of Inductions and Cesarean Sections
 - Monthly chart audit / data collection by facility-based Perinatal Safety Specialist
 - System-level goal to reduce rate of EED to < 5%

System-level baseline = 6.82%



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Dignity Health Commits to the Reduction of EED (cont.)

Common Attempts of “Indicated Deliveries” Not Meeting Criteria

1. Impending Preeclampsia
2. Impending Macrosomia
3. Previous C-Section (at 38 weeks)
4. Prolonged prodromal labor
5. Amniotic Fluid Index (AFI) < 7cm
6. Persistent uterine contractions without cervical change
7. Previous preterm birth



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Medical Indications for Delivery before 39 weeks Gestation		
(Revised: January 2013)		
Description	Clarification	TJC Criteria
1. HIV Disease	Delivery recommended at 38 weeks if viral load is unknown or >1000	Yes
2. Placenta previa		Yes
3. Placental abruption		Yes
4. Vaginal bleeding		Yes
5a. Gestational hypertension	Persistent blood pressure >140/90	Yes
5b. Chronic Hypertension	Persistent blood pressure >140/90	Yes
6. Pre-eclampsia/Eclampsia		Yes
7. Renal disease	Documentation of worsening or compromising maternal health	Yes
8. Liver disease	Documentation of worsening or compromising maternal health (i.e. cholecystitis, gallstone pancreatitis)	Yes
9. Heart disease	Documentation of worsening or compromising maternal health	Yes
10. Diabetes	Poorly controlled (on medication)	Yes
11. Coagulation defects		Yes
12. Unstable lie	Transverse or footling breech	Yes
13. Congenital abnormality of fetus or fetal abnormalities due to infection or other causes	Where the neonatal consultant request early delivery	Yes
14. Feto-maternal hemorrhage		Yes
15. Isoimmunization		Yes
16. Fetal distress	Redundant with abnormal fetal heart rate	Yes
17. Fetal demise		Yes
18. Intrauterine growth restriction	<5th percentile	Yes
19. Polyhydramnios		Yes
20. Oligohydramnios	AFI<5 cm or LVP<3 cm	Yes
21. Chorioamnionitis		Yes
22. Abnormal fetal heart rate		Yes
23. Vas previa		Yes
24. Poor obstetric history/prior stillbirth or neonatal death		Yes
25. Spontaneous rupture of membranes		Exclusion
26. Spontaneous active labor		Exclusion
27. Previous vertical uterine scar	Prior classical cesarean section	Exclusion
28. Previous uterine rupture	Requiring surgical repair OR history of a uterine window noted during prior uterine surgery	Exclusion
29. Previous myomectomy		Exclusion
31. ≥ 3 prior cesarean sections		No
32. Specialist Consultation/Recommendation	Documentation that supports why continuation of pregnancy until 39 weeks will have a detrimental effect on maternal and/or fetal/neonatal outcome.	No

NOTE - Only singleton deliveries are counted.

“Hard Stop” Process for Scheduling – Critical Elements

- Determination of Estimated Date of Confinement (EDC) and gestational age – per ACOG guidelines
- Documentation to support Medical Indication for Delivery
- Facility Leadership oversight of the scheduling process
- Physician Champion and escalation using the Chain of Command when conflicts occur
- Peer review process for non-medically indicated early delivery

SAMPLE “Scheduling Form for Induction and Cesarean Sections”



Mercy General Hospital
A Dignity Health Member

Family Birth Center
4001 J Street
Sacramento, CA 95819
Phone: 916.453.4467
Fax: 916.453.4336
mercygeneral.org

SCHEDULING FORM FOR INDUCTIONS AND CESAREAN SECTIONS

Patient Name (Last, First) _____ **PLEASE PRINT!**

G/P ____/____/____ **DOB** _____ **Patient Phone #** _____

OB/Surgeon _____ **Desired Date for Procedure** _____

☐ Induction Bishop Score # 39-40: 6 wks _____ ☐ C/S Antibody Testing Result _____

DATING _____

Best EDC _____ **GA at Induction or C/S** _____ (week + day)

Known LMP: _____ ☐ Unsure / Unknown LMP

EDC Confirmed on: ☐ US <10-12 wks ☐ US > 12-24 wks ☐ US > 24-40 wks

1st US: date/gestation: _____

INDICATION(S) _____

Obstetric and Medical Conditions (OK if <39 weeks) (need to deliver <39 wks dependent on severity of condition)

PREGNANCY	FETAL	MATERNAL
<input type="checkbox"/> Cholestasis of PG	<input type="checkbox"/> Fetal Damage, suspected	<input type="checkbox"/> Post-Dates >41 wks
<input type="checkbox"/> Chromosomitis	<input type="checkbox"/> Fetal Demise (current PG)	<input type="checkbox"/> Schedule C/S >39 wks
<input type="checkbox"/> Diabetes, Type I/II	<input type="checkbox"/> Fetal Demise (past PG)	<input type="checkbox"/> Prior C/S
<input type="checkbox"/> HTN, Chronic	<input type="checkbox"/> Immunization	<input type="checkbox"/> Breech presentation
<input type="checkbox"/> HTN, Gestational	<input type="checkbox"/> Multiples w/ complications	<input type="checkbox"/> Other malpresentation
<input type="checkbox"/> HTN, Preeclampsia	<input type="checkbox"/> Non-reassuring fetal status	<input type="checkbox"/> Patient choice
<input type="checkbox"/> IUGR	<input type="checkbox"/> Unstable lie	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Oligohydramnios		<input type="checkbox"/> Schedule C/S >38 wks
<input type="checkbox"/> Polyhydramnios		<input type="checkbox"/> Twins w/o complications
<input type="checkbox"/> Placenta: Abruptio		<input type="checkbox"/> Elective Induction >39 wks
<input type="checkbox"/> Placenta: Previa		<input type="checkbox"/> Patient choice/social
<input type="checkbox"/> ROM: Premature		<input type="checkbox"/> Macrosomia
<input type="checkbox"/> ROM: Prolonged		<input type="checkbox"/> Distance
		<input type="checkbox"/> Other: _____

☐ OTHER: Reason not listed above: (requires review) _____

Reviewed and agree w/plan _____ **(Reviewer's name)** _____

Description/Details: _____

FOR L&D SCHEDULER

Updated Prenatals/evidence received in L&D: ☐ Yes ☐ No

Referred for review: ☐ Yes ☐ No

Schedule by _____ **Procedure Date/Time** _____

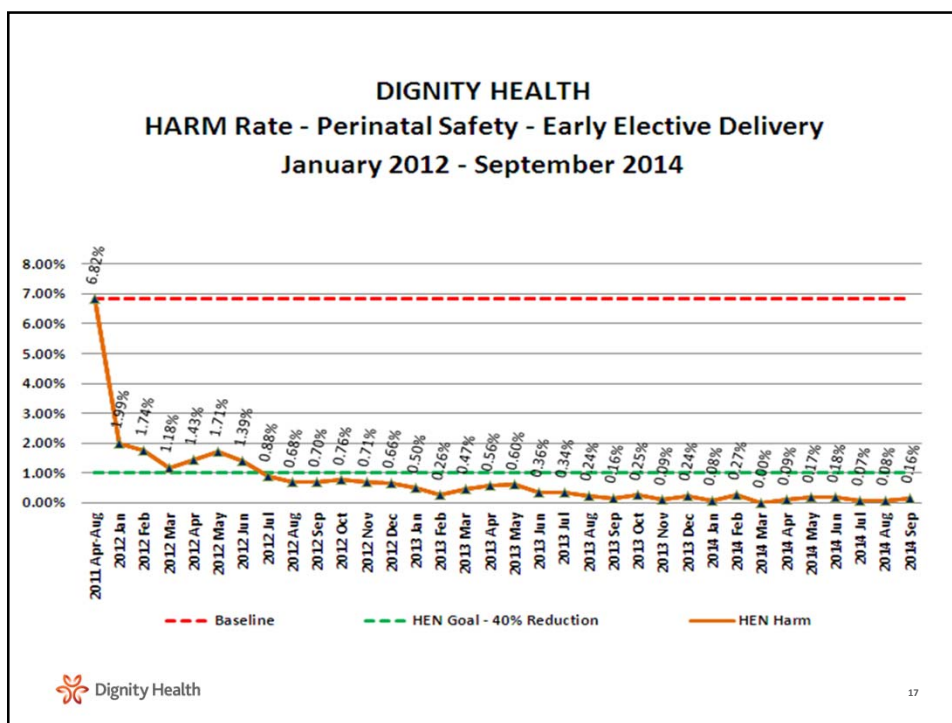
Early Elective Deliveries – Monthly Chart Audits

- Perinatal Safety Specialists – audit charts and submit in Midas
 - Denominator = ALL deliveries 37 0/7 weeks to 38 6/7 weeks
 - Numerator = Deliveries without an approved medical indication
 - See Medical Indications for Elective Delivery Before 39 Weeks Gestation
 - Updated January 2013
 - Indications 1 through 32 – includes clarifying information and TJC criteria

NOTE: Dignity Health EED rate varies slightly from The Joint Commission (PC-01) Perinatal Core Measure.



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Exclusions-Medically Indicated Delivery Dignity Health vs. The Joint Commission

Criteria	Dignity Health	TJC	Comments
31. \geq Three previous C/S	YES	NO	Dignity Health Policy based on increase rate of adverse neonatal outcomes may be higher at \geq previous C/S. <ul style="list-style-type: none"> J Matern Fetal Neonatal Med. 2013 June. J Matern Fetal Neonatal Med. 2013 Jan;26(1):10-2
32. Consultative Recommendation	YES	NO	Instances where guidelines could not be met but delivery is still indicated (i.e. initiation of chemotherapy, maternal surgery of another condition)

Dignity Health vs. The Joint Commission

- Dignity Health:

$$\frac{\text{All Elective Deliveries}}{\text{All Deliveries 37-38w6d}}$$

- The Joint Commission:

$$\frac{\text{All Elective Deliveries}}{(\text{All Deliveries 37-38w6d}) - \text{Exclusions}}$$



Dignity Health vs. The Joint Commission

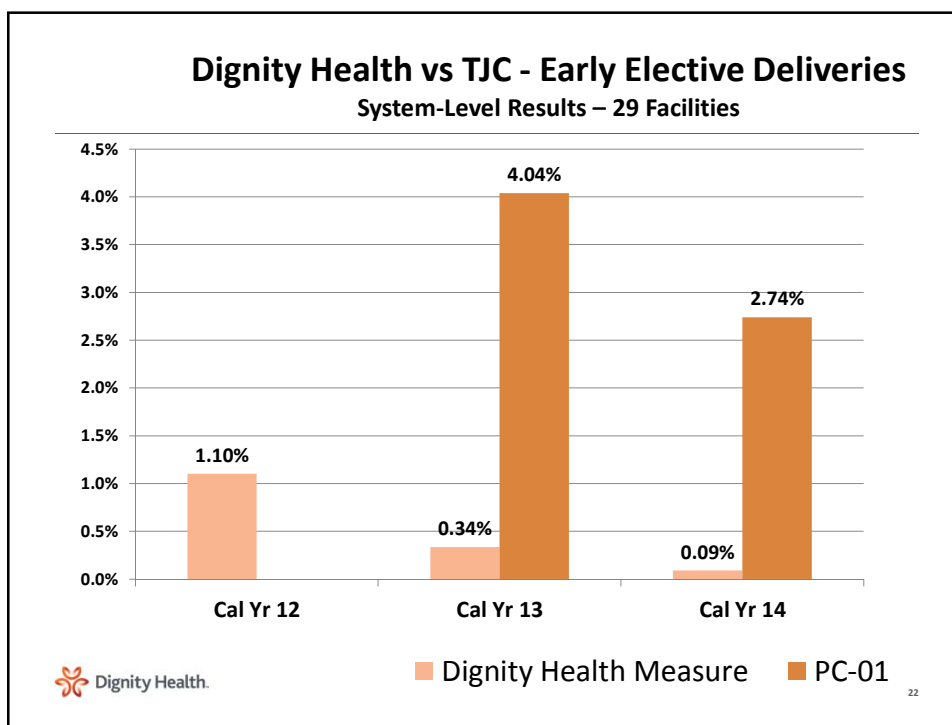
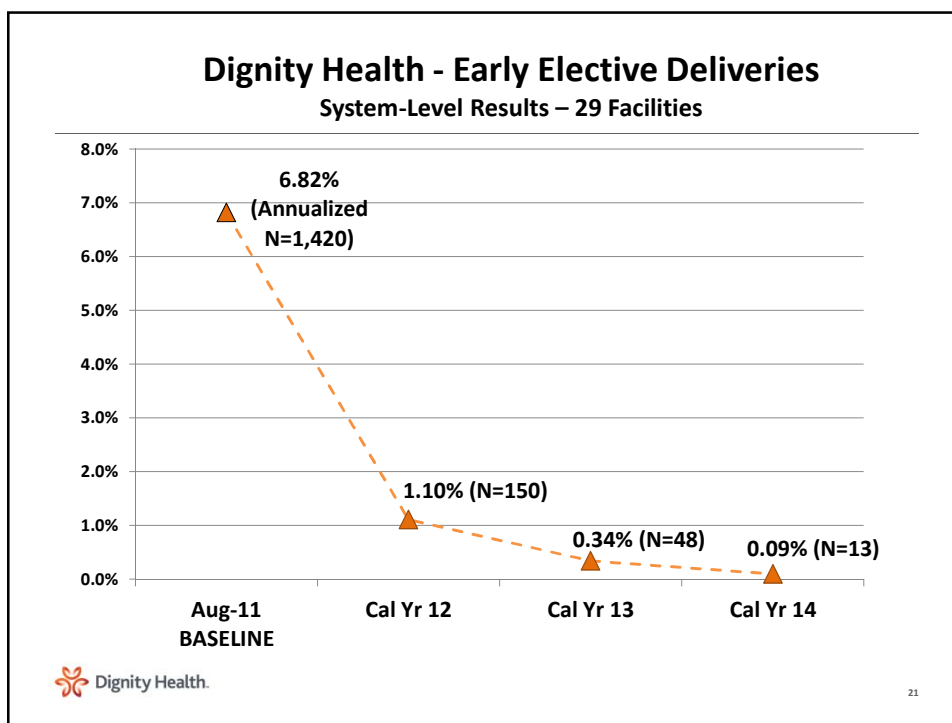
- Dignity Health:

$$\frac{3 \text{ EED}}{1000 \text{ (total 37-38w6d)}} = 0.3\%$$

- The Joint Commission:

$$\frac{3 \text{ EDD}}{1000-750 \text{ (labor, PROM, exclusions)}} = 1.2\%$$





Facilities with No Early Elective Deliveries for CY13 - CY14 Dignity Health Methodology



California Hospital
Community Hospital San Bernardino
French Hospital
Marian Regional Medical Center
Mercy Hospital of Folsom
Mercy Hospital Bakersfield
Mercy Medical Center, Mt. Shasta
Mercy San Juan Medical Center
Sierra Nevada Memorial Hospital
St Bernardine Medical Center
St Joseph's Medical Center, Stockton
St Mary Medical Center, Long Beach
St Rose Dominican – Siena Campus



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Facilities with No Early Elective Deliveries for CY13 - CY14 TJC Perinatal Core Measure (PC-01)



Mercy Gilbert Medical Center
Mercy Hospital Bakersfield
Mercy Medical Center, Mt. Shasta
Mercy San Juan Medical Center
St Joseph's Medical Center, Stockton



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Tips for Success

- Medical Staff Engagement is key to success
- Hospital Leadership Engagement is key to success
- Data! Data! Data! Department and Provider-level data can be very valuable in monitoring progress
- Don't be afraid to Celebrate Your Success!



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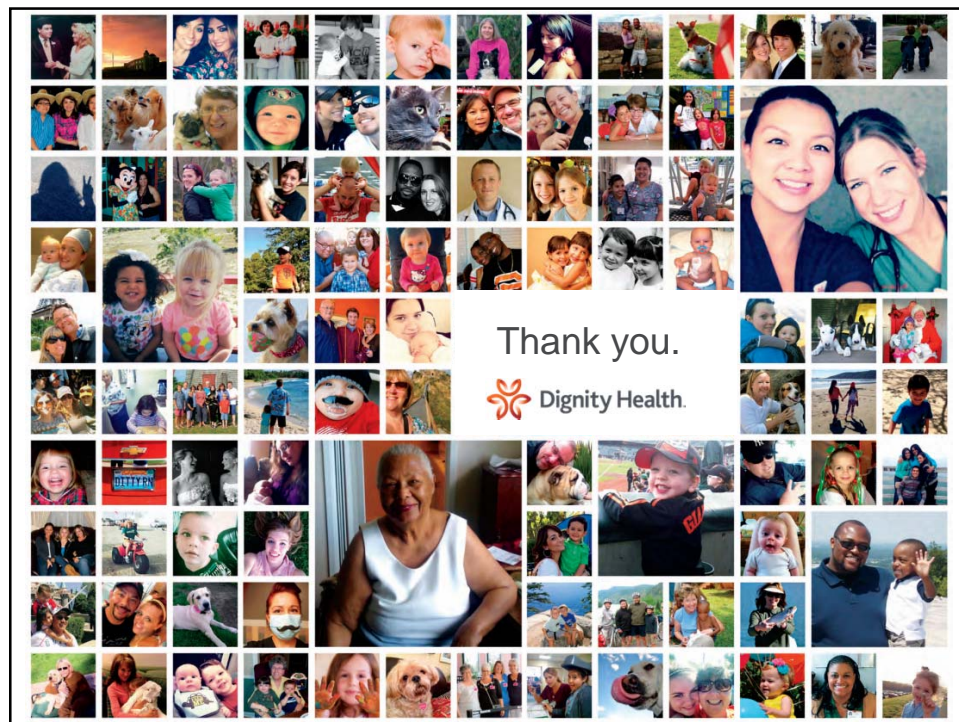
Need More Information?



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 Office (916) 851-2789
suzanne.wiesner@dignityhealth.org



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Taking it to the next level: Kansas EED Prevention

- Background
- Highlights of statewide EED survey
- 2015-16 Kansas EED Collaborative

For more information contact:

Michele Clark
Program Director
Kansas Healthcare Collaborative
mclark@khconline.org
785-235-0763 x1321

Background

Kansas Healthcare Collaborative:

Designee by Kansas Hospital Association to administer the Kansas Hospital Engagement Network.

Comprehensive, multi-faceted approach
Leadership and collaboration
Learn and share with others

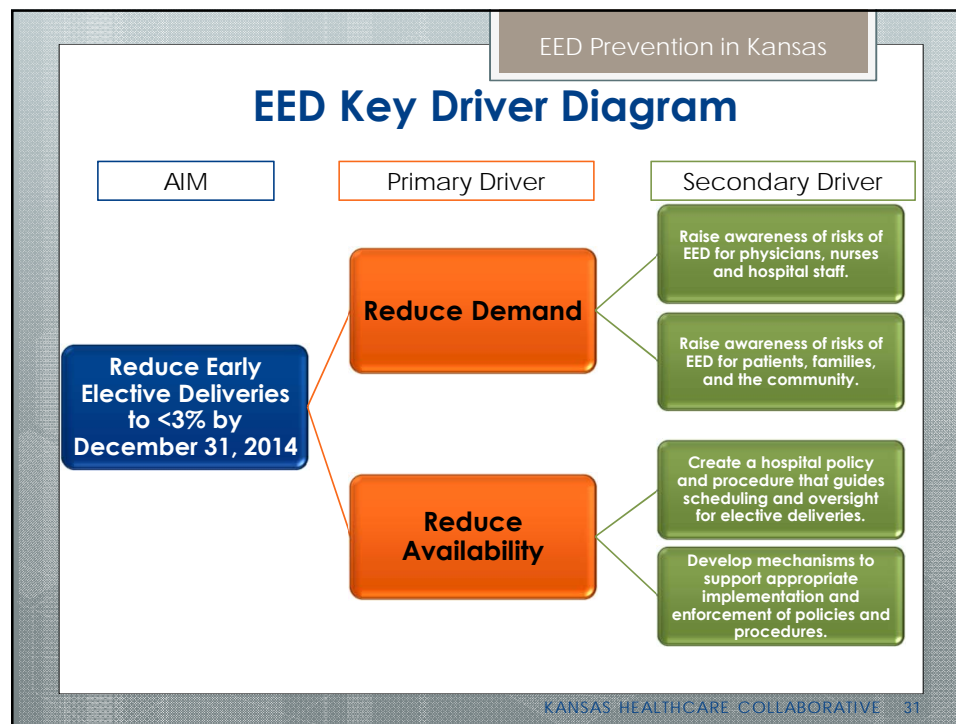
102 hospitals are in the Kansas HEN. (74 are CAH.)

52 are birthing hospitals. (27 are CAH.)

Kansas has 15 more birthing hospitals. (10 were in other HENs).

Kansas HEN Approach

- State-level education and hospital-sharing
- Wesley Medical Center hospital improvement advisor
- State and national partnerships
- Distribution of March of Dimes EED Resource Kits to hospitals
- Resources by AHA/HRET HEN (2012-14)
 - See www.hret-hen.org
 - Change package, literature, resources
 - National experts, education, hospital-sharing
 - National collaboration, list-serve



EED Prevention in Kansas

Kansas HEN Approach

Standard EED Measures:

- Joint Commission PC-01
- Processes: Wesley Medical Center
 - Use of standardized tool for scheduling cesarean sections and induction of labor
 - Documentation of indication prior to induction of labor
 - Record review of scheduled cesarean sections and inductions of labor less than 39 weeks gestation

KHC's Obstetric/EED web page:
www.khconline.org/patient-safety-focus-areas/147-obstetric-adverse-events

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EED Prevention in Kansas

Key influencers to hospital adoption of EED hard-stop policy

- ❖ ACOG guidelines
- ❖ Hospital Engagement Network
- ❖ Blue Cross and Blue Shield of Kansas policy alignment
- ❖ Resolution by KHA Board of Directors encouraging Kansas hospitals to adopt policies against EEDs (June 2013)



RESOLUTION

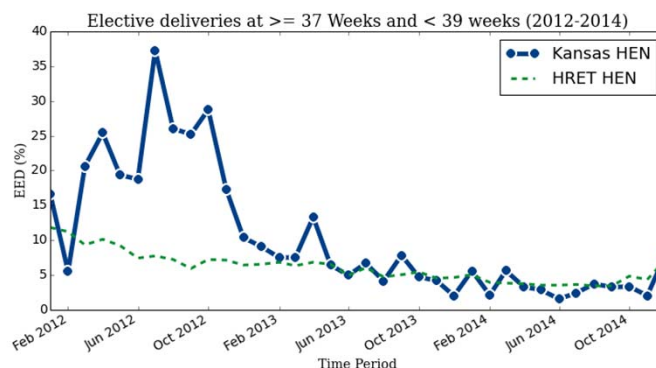
Whereas, Kansas hospitals improve the health of their patients using evidence-based practices and national standards;

Be It Resolved that the Board of Directors of the Kansas Hospital Association recommends that its member hospitals follow a policy stating that unless a medical condition exists that necessitates an earlier delivery, the induction of labor will not be scheduled for women unless they have reached 39 completed weeks of gestation.

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EED Prevention in Kansas

Kansas HEN EED Progress January 2012 to December 2014



Reduction from baseline: **70.5%**
 Year-end EED rate: **4.6%** (Oct-Dec 2014)

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EED Prevention in Kansas

Digging deeper into recent data

In 2014, 53 facilities submitted at least one month of EED data; the number of numerator events reported was:

123

38 facilities submitted EED data for entire 12 months.

- 15 had no EED events the whole year

51 facilities submitted ≥ 3 months of data in 2014

- 32 had a current EED rate of 0.0% (last 3 mo. of data)

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Statewide EED Survey

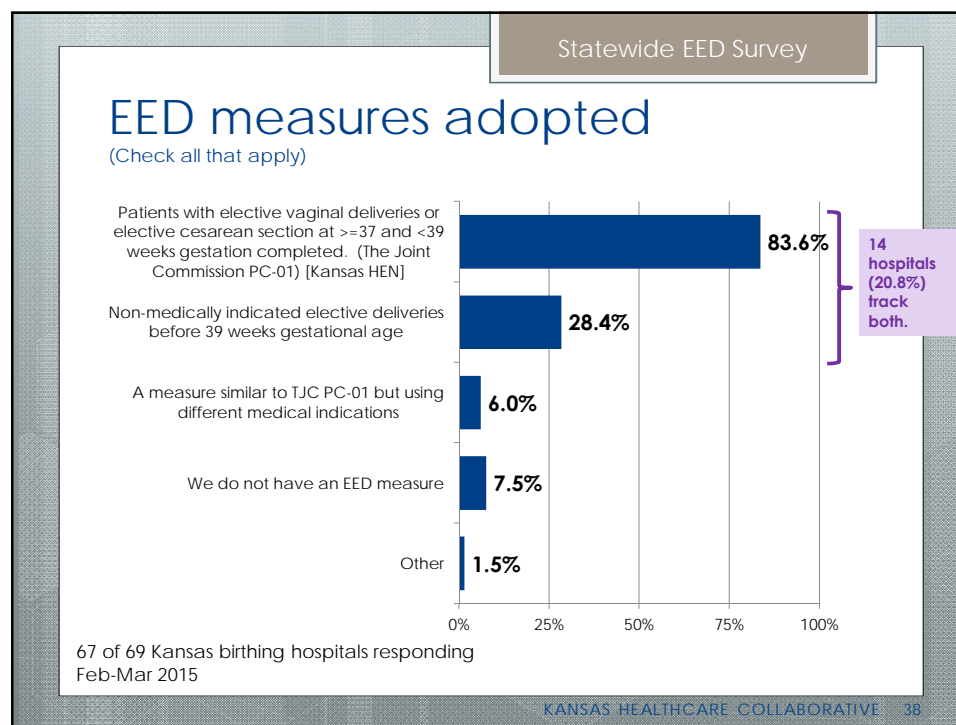
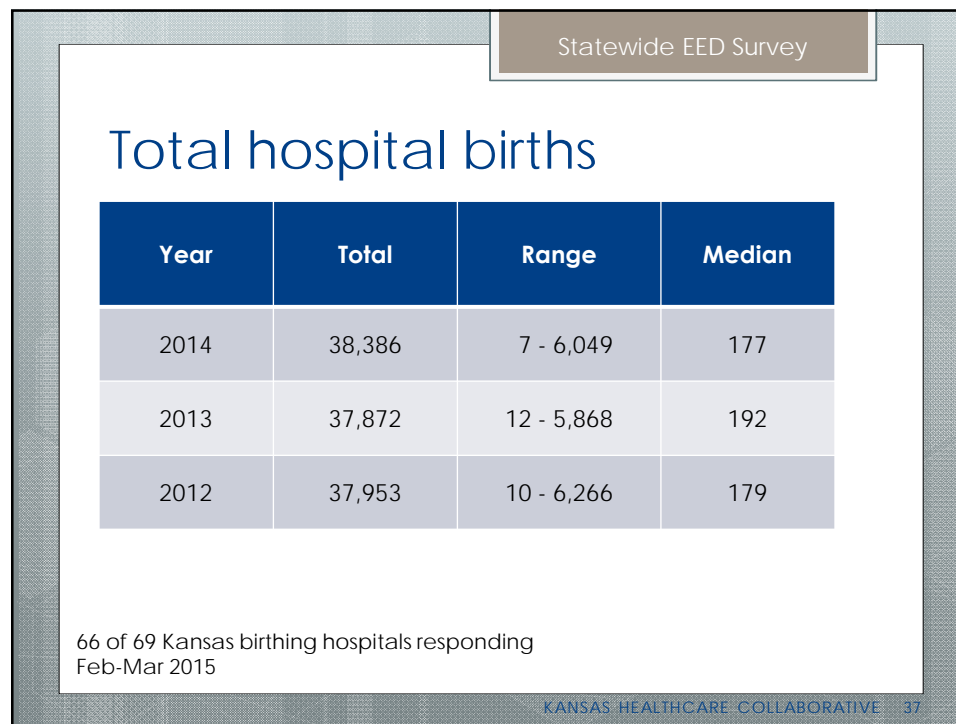
Kansas EED Survey Highlights

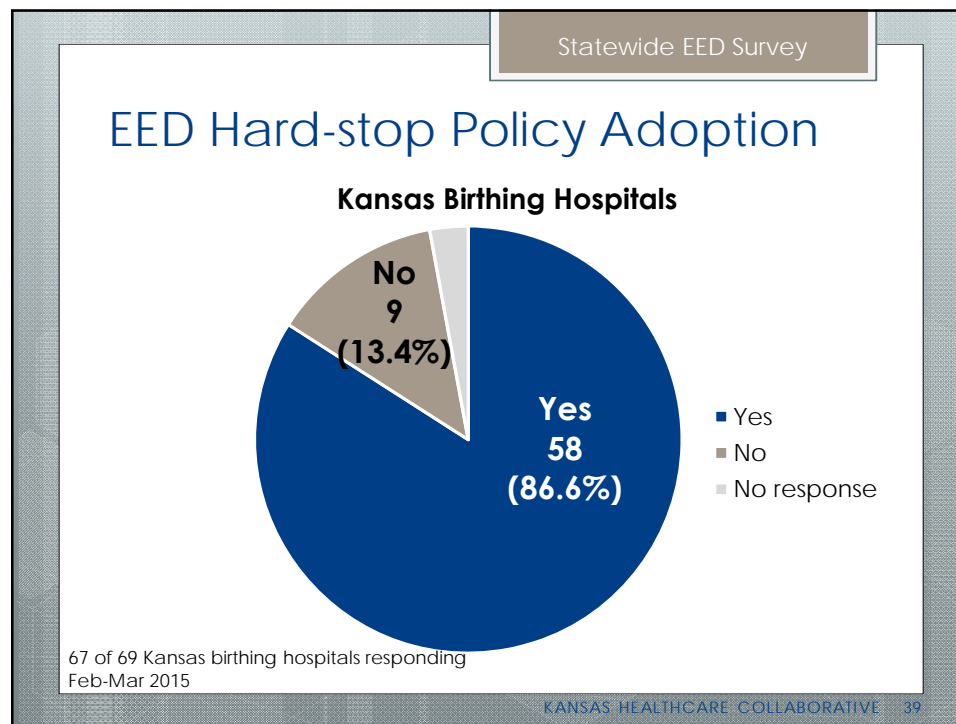
KHC conducted online survey of all Kansas birthing hospitals in mid-February to mid-March 2015 to:

- Gain statewide snapshot of EED progress and perceived impact to date,
- Gather feedback on adoption of EED prevention processes and measures,
- Conduct environmental scan of HEN and NQF OB quality initiatives within the state.

68 of 69 birthing hospitals responded.
98.5% response rate

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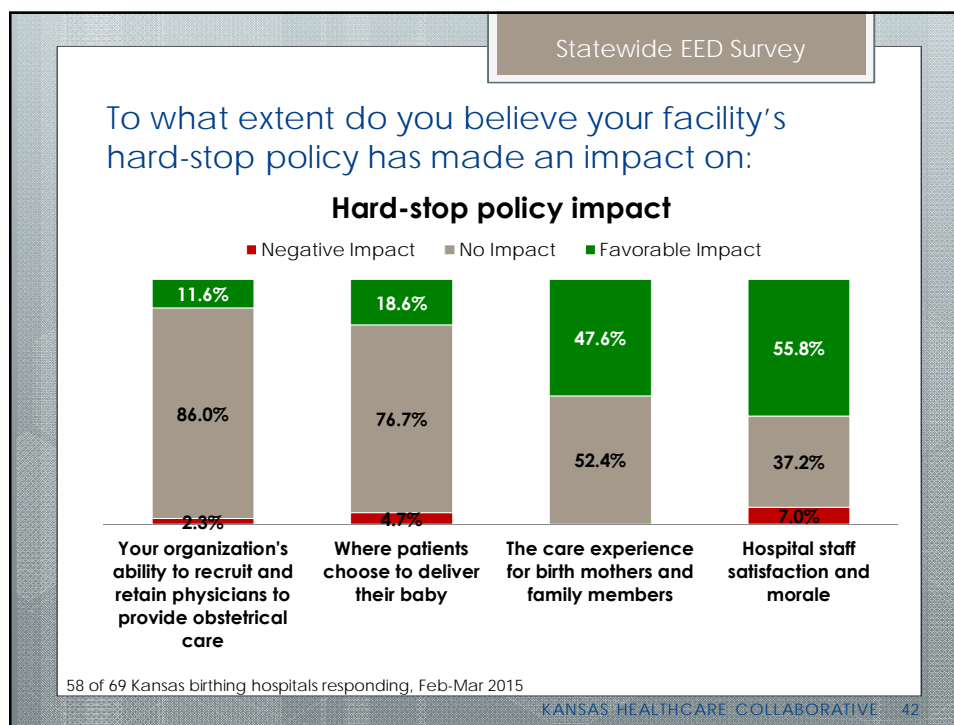
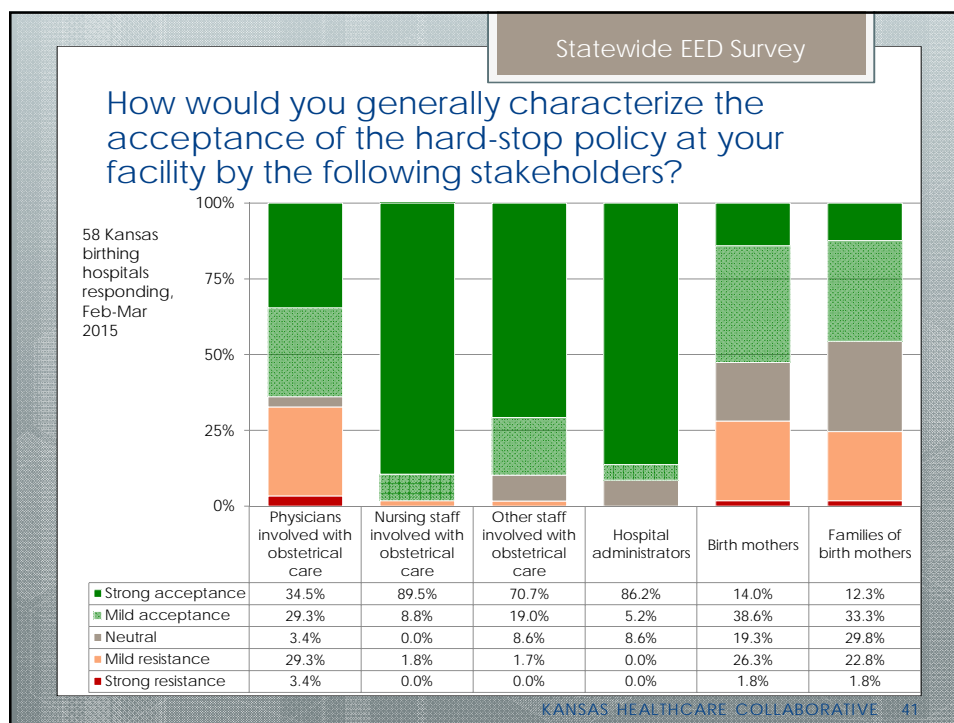
Statewide EED Survey

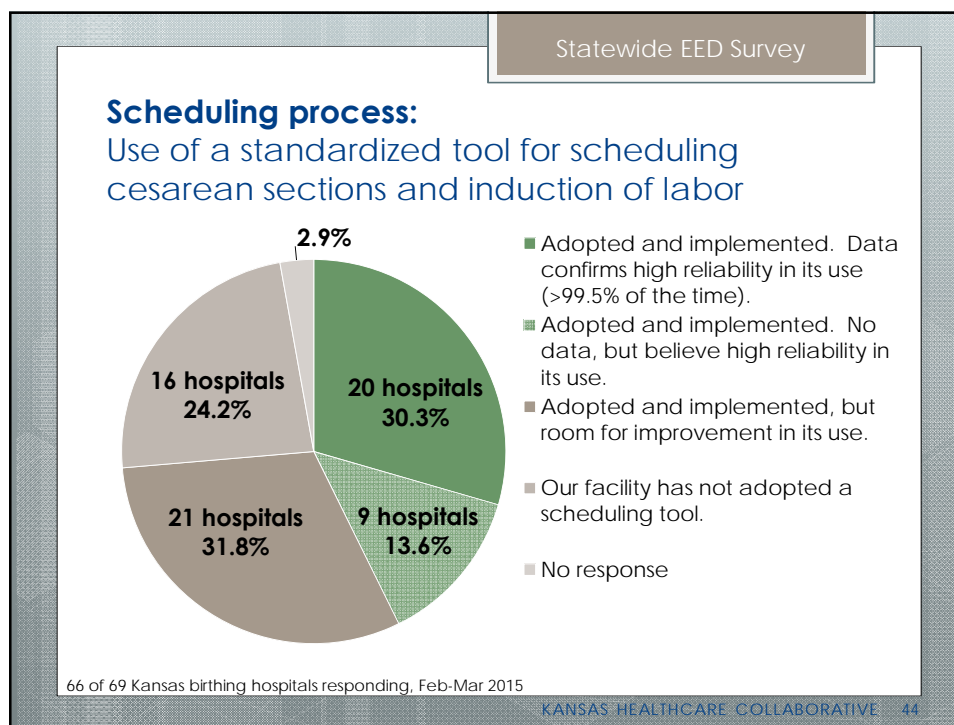
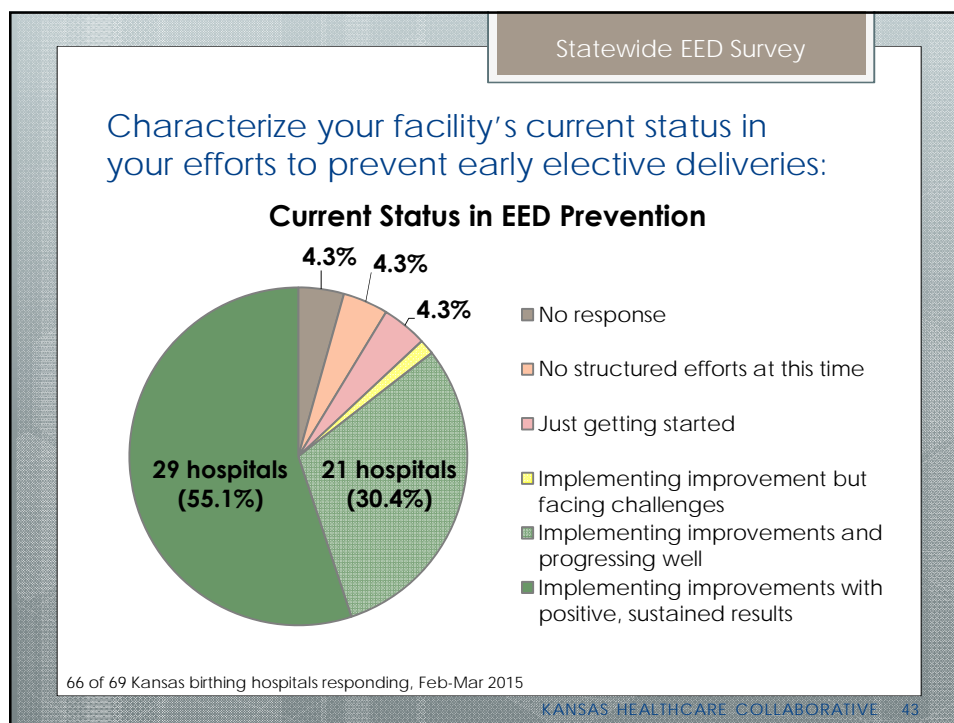
Polling Question

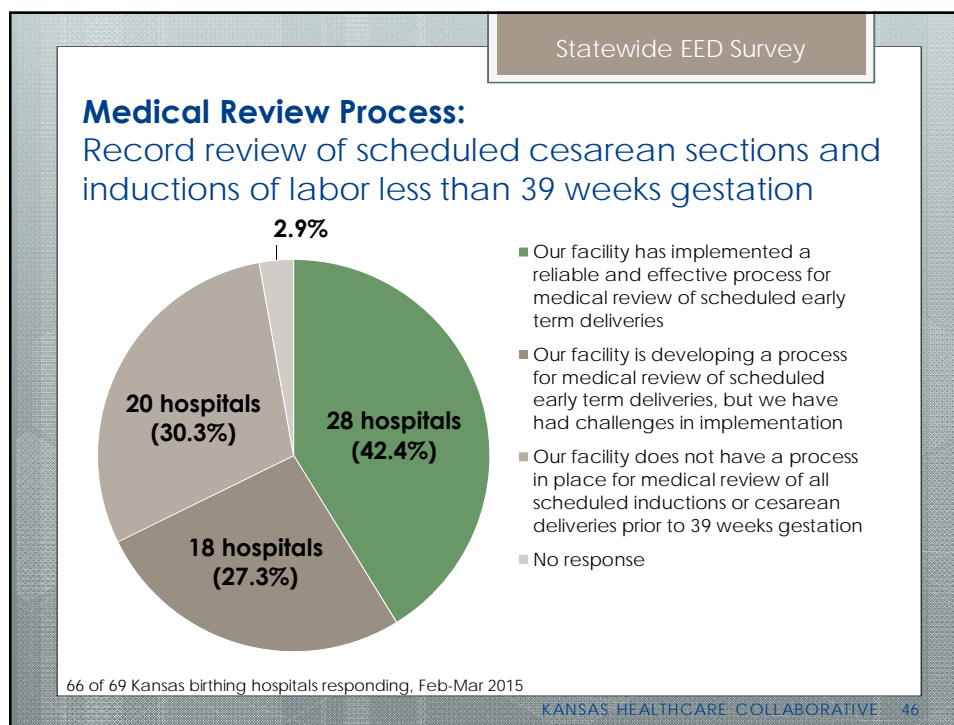
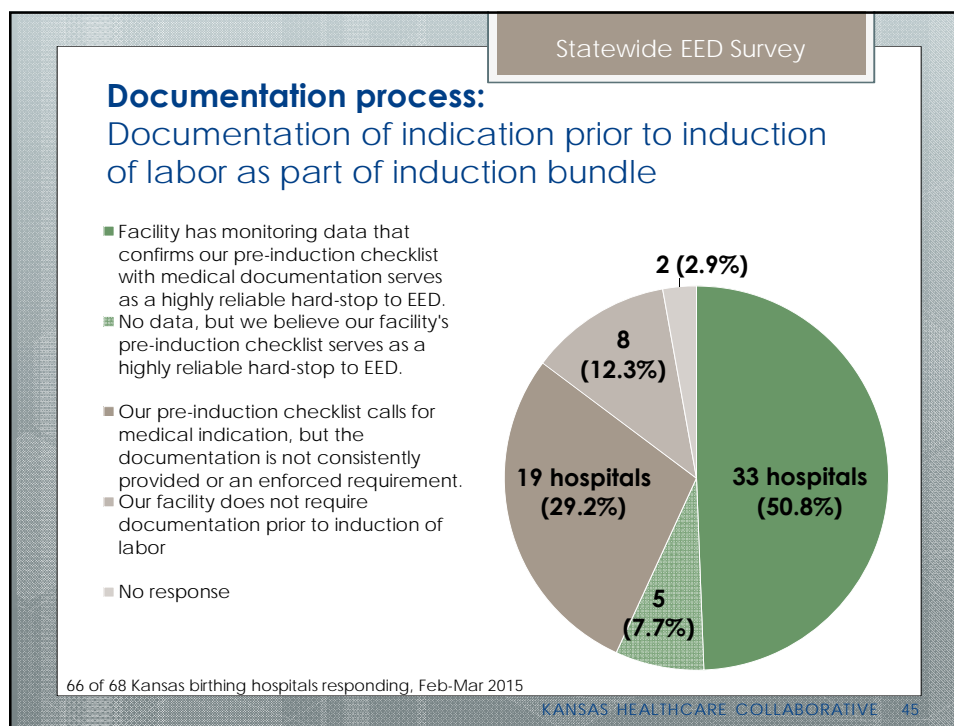
What were the biggest influencers for your facility to adopt a hard-stop policy? (check all that apply)

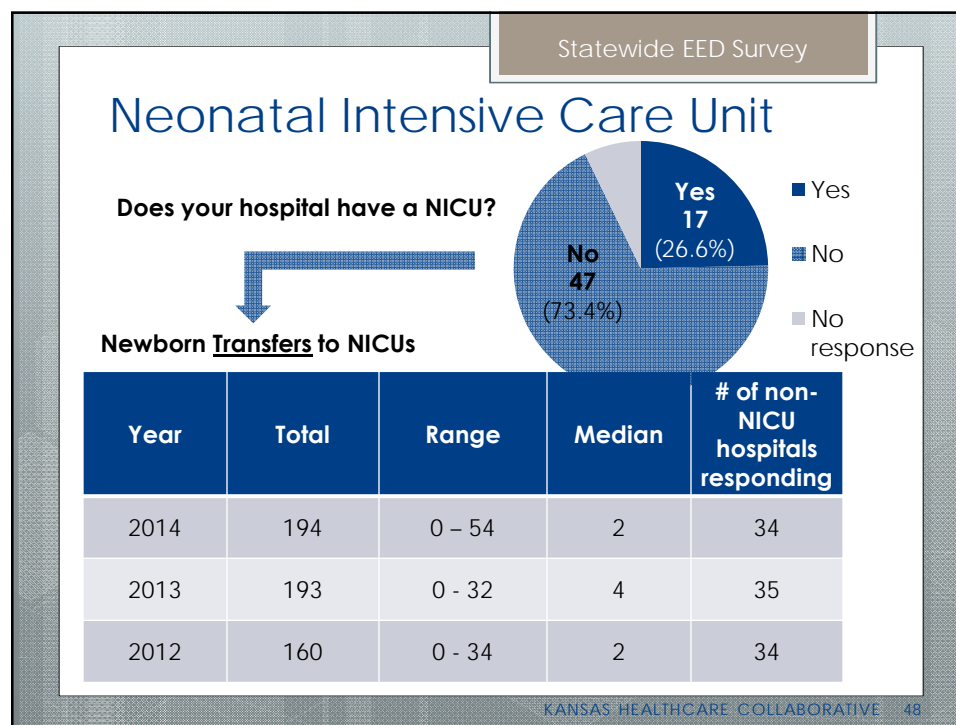
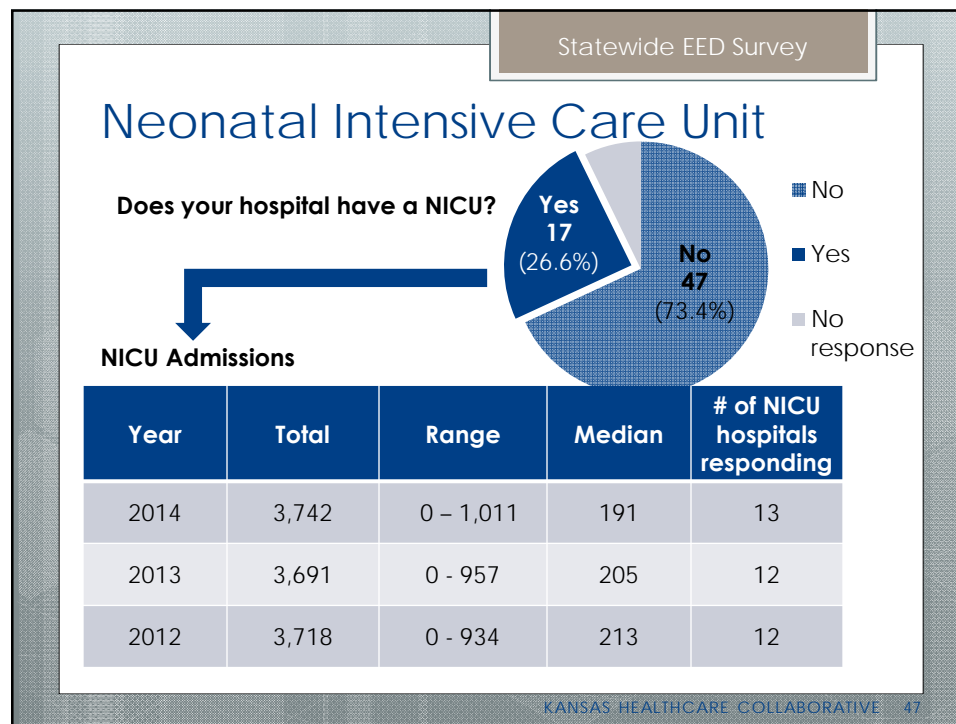
- ☐ Medical guidelines and evidence
- ☐ Participation in EED collaborative
- ☐ KHA board resolution
- ☐ Hospital leadership
- ☐ Physician leadership
- ☐ Hospital medical, quality committees
- ☐ Hospital mission/values for patient safety
- ☐ Financial incentives
- ☐ Other

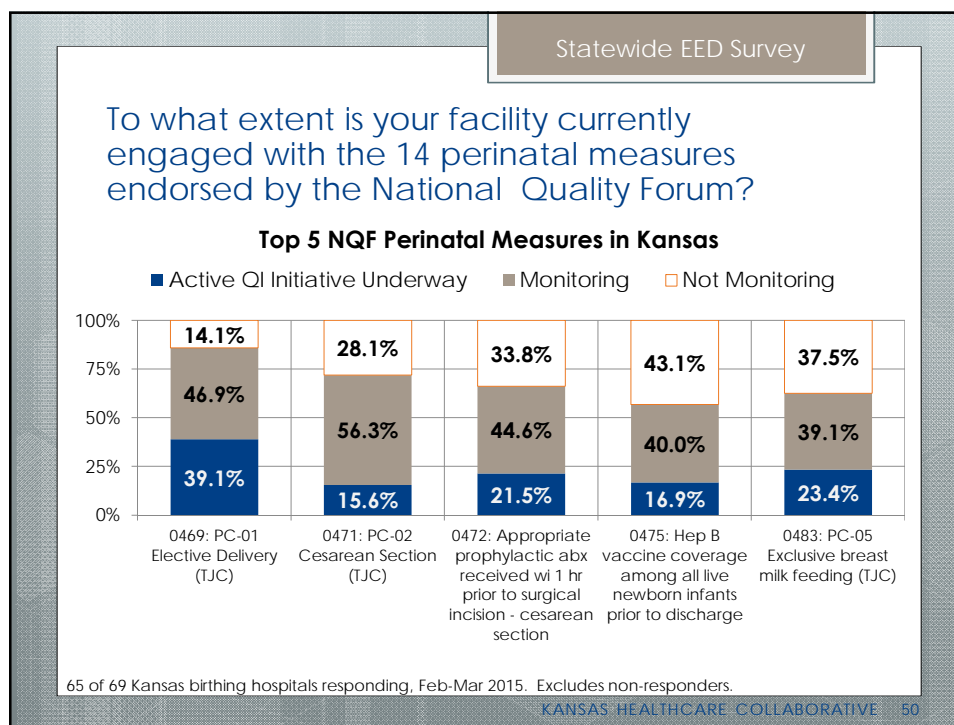
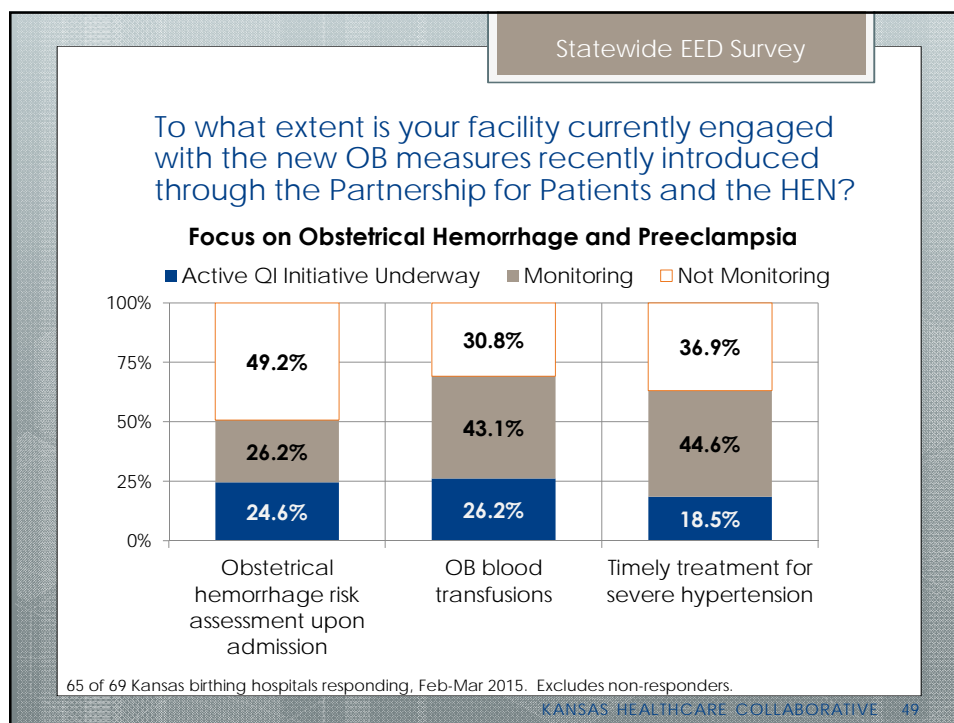
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2015 Kansas EED Collaborative

- Goals
- Methods
- Let's work together!

For more information contact:

Michele Clark
Program Director
Kansas Healthcare Collaborative
mclark@khconline.org
785-235-0763 x1321

Kansas OB/EED Collaborative

Kansas OB/EED Collaborative

The Collaborative is open to all Kansas hospitals that will:

- 1) Commit to taking it to the next level
- 2) Establish teams that will be highly engaged within the collaborative, and
- 3) Share experiences and successes in the spirit of all-teach, all-learn.

Kansas OB/EED
Collaborative

Goals and Methods

State goal:

Kansas birthing hospitals will collectively achieve benchmark performance ($\leq 2\%$ EED rate) for TJC PC-01 measure by April 2016.

Methods:

- ★ Facility-level goals and work plan
- ★ Bi-monthly learning sessions (at least one in-person)
- ★ Technical assistance, resources, support
- ★ Virtual community, list-serv
- ★ Partnerships
- ★ Monthly data collected through QHI

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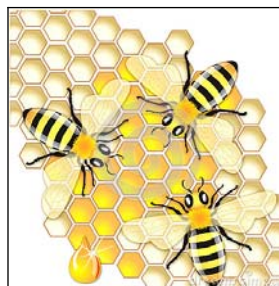
Kansas OB/EED
Collaborative

Next Steps: Kansas OB/EED Collaborative

- ★ Send an email to express interest:

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

or call
785-235-0763 ext. 1321



**LET'S WORK
TOGETHER!!**

Taking it to the next
level in EED and
obstetric harm
prevention.

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OB Harm/EED Resources

OB Harm/EED Resources

- **KHC Obstetrical Adverse Events web page**
www.khconline.org/patient-safety-focus-areas/147-obestric-adverse-events
 - ❖ Education archive
 - ❖ Toolkits and Resources
 - ❖ Literature and Reports
 - ❖ Measures and data
- **AHA/HRET Hospital Engagement Network**
www.hret-hen.org
 - ❖ See [Obstetrical Adverse Event & Early Elective Deliveries](#) section. Click on Resources and/or Event Archives in left menu. (Screen shot provided on next slide.)

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OB Harm/EED Resources

www.hret-hen.org



American Hospital Association

Hospital Engagement Network



HRET
HEALTH RESEARCH & EDUCATIONAL TRUST
in Partnership with AHA

Cross Cutting Topics

Patient and Family Engagement

Health Care Disparities

Core Topic Areas

Adverse Drugs Events (ADE)

Catheter-Associated Urinary Tract Infections (CAUTI)

Central Line Associated Blood Stream Infections (CLABSI)

Injuries from Falls and Immobility

Obstetrical Adverse Events & Early Elective Deliveries

Resources

Event Archives

Home About HEN Resources Fellowship Contact Us

Resources

Below you will find resources to assist in the development and implementation of interventions to drive improvement in Obstetrical Adverse Events.

-  CMS Innovation Center Claims Big Drop in Elective Pre-term Births

View File
-  Coburn Valley Regional Medical Center (Globe, AZ) - Hard Stop Policy for Early Elective Deliveries

View File
-  Early Elective Delivery Playbook


View File


The National Quality Forum published a new guide for hospitals struggling to start or maintain an effective early elective delivery reduction program called the Playbook for the Reduction of Early Elective Deliveries.
-  EED: Change Package 2013


View File
-  EED: Checklist - Days Since Last Early Elective Delivery: English Letter (8x11)

View File
-  EED: Checklist - Days Since Last Early Elective Delivery: English Tablet (11x14)

View File
-  EED: Checklist - Dias desde el último parto prematuro electivo: Spanish Letter (8x11)

View File
-  EED: Checklist - Dias desde el último parto prematuro electivo: Spanish Tablet (11x14)

View File
-  Hospitals in Pursuit of Excellence - Obstetrical Adverse Events Case Studies


View File
-  Massive Transfusion Policies/Protocols: CMQCC Website

View File

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Discussion

Q&A / Discussion



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Kansas HEN Data and Measures Updates

- Results for 2014
- 2015 Data, Measures and Reports

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Kansas Healthcare
Collaborative
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785-235-0763 x1324

Data and Measures Update

HEN Goals

Project Goal:

To reduce inpatient harm by 40 percent and readmissions by 20 percent by December 2014.

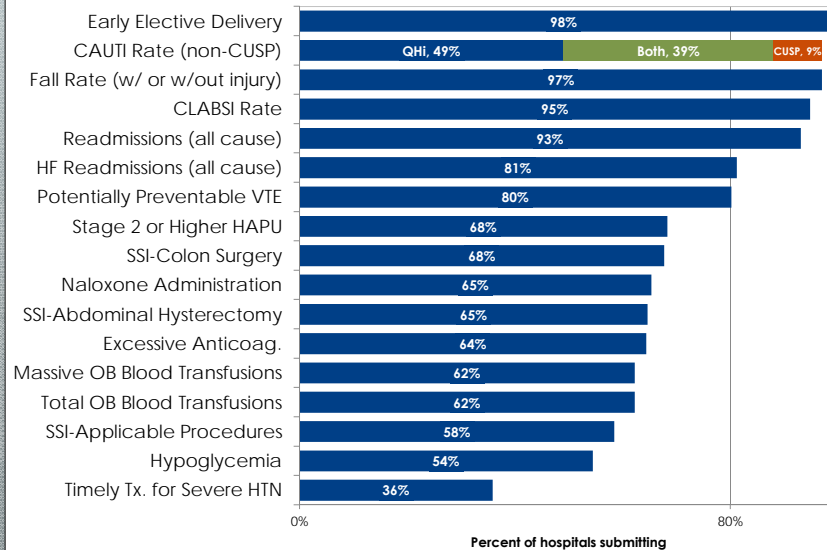
Secondary goal:

Participation by all hospitals in the network with a target of 80% of facilities reporting data for outcome measures.

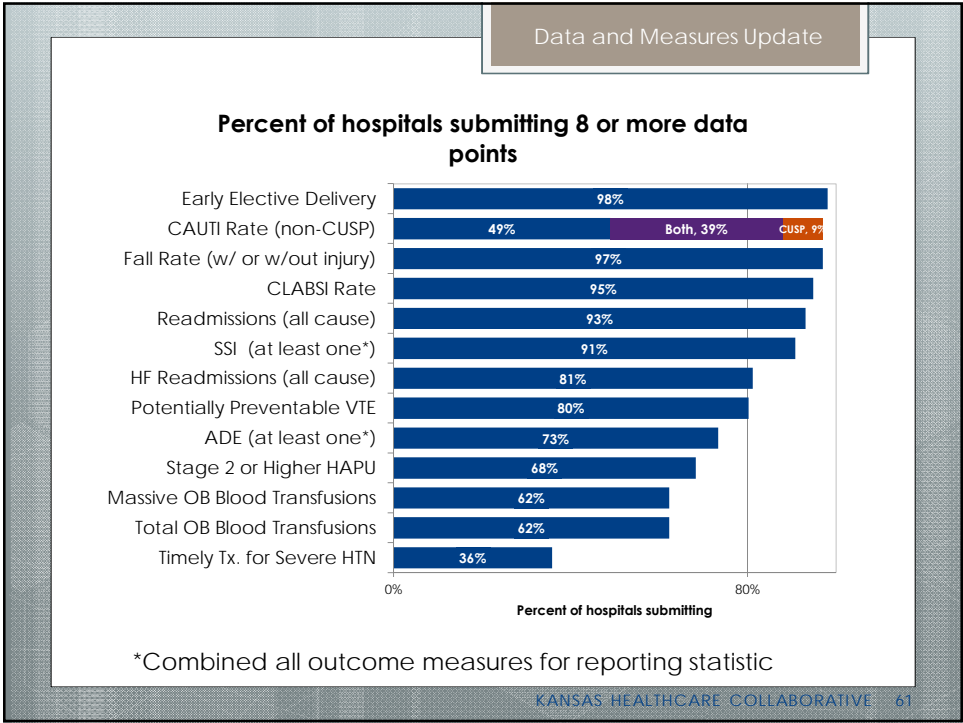
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Data and Measures Update

Percent of hospitals submitting 8 or more data points



KANSAS HEALTHCARE COLLABORATIVE 60



Data and Measures Update

Great work!

Significant Improvements

- ✓ Meeting improvement targets for 5 measures
- Marked success in preventing CLABSI, CAUTI & EED
- Early success with OB measures
- Readmission going in the right direction
- Lots of individual hospital success stories

Participation

- Tremendous improvement in data collection
- 58 facilities joined our NHSN groups
- Learned some challenging new measures
- Quality improvement data is reaching senior leaders

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Data and Measures Update

Where to from here?

- Measure changes pending HEN 2.0
- Re-focus our reports on improvement (not just data submission)
 - Side-by-side reports will start again with HEN 2.0
 - Redesign to focus on performance
 - New format for detailed Kansas HEN data reports ("Beamer reports")
 - First version ready next week – to include data through December 2014)
 - New distribution method:

Email from KHC to Primary HEN Contact next week with link to download facility-level PDF report and share with quality improvement teams and hospital leadership.

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Sample Facility-level HEN Data Report

Sample of new report format:

PDF can be shown as full-screen presentation.

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Sample Facility-level HEN Data Report

Community Hospital Outcome Measures

Summary of Kansas HEN Outcome Measures Through December 2014

Area	Outcome Measure	Most Recent	Months Submitted	Current Performance
ADE	Naloxone administration	12/2014	24	Zero x 4 mo.
	Excessive anticoagulation with Warfarin - Inpatients	12/2014	24	Zero x 3 mo.
	Hypoglycemia in inpatients receiving insulin	12/2014	24	Met benchmark
CAUTI	CAUTI rate per 1,000 catheter days	12/2014	23	Zero x 8 mo.
CLABSI	CLABSI rate per 1,000 central-line days	06/2012	6	Insuff. data
Falls	Falls with or without injury	12/2014	36	50.9% rdc.
OB	Elective deliveries at >= 37 Weeks and < 39 weeks	12/2014	24 (22)	Zero x 23 mo.
	Total OB Blood Transfusions	12/2014	24	No reduction
	Massive OB Blood Transfusions	12/2014	24	No reduction
	Timely Treatment for Severe Hypertension	12/2014	24 (3)	Sparse data
HAPU	Patients with at least one stage II or greater HAPU	12/2014	24	Zero x 5 mo.
	Patients with at least one stage III or greater HAPU	12/2014	24	Zero x 13 mo.
Readmit.	Readmission within 30 days (all cause)	12/2014	35	42.86% rdc.
	Heart failure patients: Readmissions within 30 days (all cause)	12/2014	35 (31)	Zero x 4 mo.
SSI	SSI rate (within 30 days after procedure) for colon surgery procedures	11/2014	24	Zero x 11 mo.
	SSI rate (within 30 days after procedure) for abdominal hysterectomy procedures	-	0	No data
	SSI rate (within 30 days after procedure) for all surgical procedures	-	0	No data
VAE	VAC rate - All units (CDC NHSN)	-	0	No data
VTE	Potentially preventable VTE	12/2014	24 (9)	No reduction

NOTE: The number of months having a denominator greater than zero is indicated in parentheses. An analysis summary is provided if at least 8 monthly data points are submitted. For the OB/EED and VTE outcome measures, a denominator of zero is considered valid.

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Sample Facility-level HEN Data Report

How are cell colors determined?

GREEN

- Streak of at least 3 months with zero numerator events
- Reduction from baseline of 40% (20% for readmit.)
(Either 2011 annual baseline or first 3 months of monitoring data)
- Meeting national benchmarks (current benchmarks set by CMS or HRET)

Yellow

- Reduction from baseline < 40% (20% for readmit.)

Red

- No reduction (note baseline rates of zero)

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Sample Facility-level HEN Data Report

National Benchmarks

Measure	Benchmark	Source
Elective deliveries at ≥ 37 Weeks and < 39 weeks	2%	CMS HEN Program
Patients with at least one stage II or greater HAPU	1.487%	CMS HEN Program
Patients with at least one stage III or greater HAPU	0.21%	HRET
Falls with or without injury	2.15 falls per 1,000 patient days	CMS HEN Program
CAUTI rate per 1,000 catheter days	0.48 infections per 1,000 device days	CMS HEN Program
CLABSI rate per 1,000 central-line days	0.18 infections per 1,000 central-line days	CMS HEN Program
Potentially preventable VTE	0.156%	HRET
Excessive anticoagulation with Warfarin - Inpatients	0%	CMS HEN Program
Hypoglycemia in inpatients receiving insulin	7%	CMS HEN Program

Source: HRET Improvement Calculator v3.03, July 2014

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Sample Facility-level HEN Data Report

How are cell colors determined?

- Grey
 - No Data submitted
 - Insufficient data – fewer than 8 monthly data points submitted
 - Sparse data – data is sufficient, but not enough events to compare recent performance with baseline
- N/A
 - Inapplicable focus areas for certain facilities (eg, CLABSI, SSI, OB and VAE)

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Sample Facility-level Data Report

Community Hospital Process Measures

Summary of Process Measures

Area	Process Measure	Most Recent	Months Submitted
ADE	ADE reporting	12/2014	24
	Rate of harmful events	12/2014	24
CAUTI	Catheter utilization ratio	-	0
	Catheterized patients with appropriate indication	-	0
	Catheter Placement in ED	12/2014	24
CLABSI	Central line insertion bundle adherence rate	12/2014	15
Falls	Fall risk assessment completed within 24 hours of admission	12/2014	36
OB	Use of standardized tool for scheduling cesarean sections and induction of labor	-	0
	Documentation of indication prior to induction of labor as part of induction bundle	-	0
	Record review of scheduled cesarean sections and inductions of labor less than 39 weeks gestation	-	0
	OB Hemorrhage Risk Assessment on Admission	-	0
HAPU	Patients with pressure ulcer risk assessment completed within 24 hours of admission	12/2014	11
	Patients with skin assessment documented within 24 hours of admission	12/2014	12
Readmit.	Heart failure discharge instructions	01/2014	24
SSI	Prophylactic antibiotic received within one hour prior to surgical incision	12/2014	24
	Prophylactic antibiotic selection for surgical patients	12/2014	24
	Prophylactic antibiotics discontinued within 24 hours for surgical patients	12/2014	24
VAE	ICU ventilator bundle use	-	0
VTE	VTE discharge instructions	11/2014	17

Kansas HEN Data Report

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Sample Facility-level HEN Data Report

New Kansas HEN reports


- When reviewing your report, if you see data that needs to be updated or corrected, fix it in the appropriate data system (NHSN or QHi).
- Reports will not include historical data submitted through CareCounts.
- May need some iterations to find and fix issues with the new report format.
- If there is a problem or question(s) about the report, notify Eric at KHC.

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Sample Facility-level HEN Data Report

Facility-level Kansas HEN Data Reports

- KHC plans to distribute the facility-level reports once per quarter.
- KHC will be able to produce updated reports for individual requests within 1-5 work days.
- Once our 'cell color' rules mature to reflect topic-specific progress, cells colors may be a component of next iteration of a de-identified, side-by-side "comparison report," which will focus on performance toward HEN goals.



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Announcements

- HEN 2.0
- PFAC Collaborative
- Upcoming Events
- Resources

For more information contact:
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Announcements

HEN 2.0 Update

- AHA/HRET will submit multi-state hospital association proposal to CMS by March 28.
 - Kansas HEN will be included.
- AHA/HRET anticipates CMS awards will start Summer 2015.
- KHC will keep you informed.

KANSAS HEALTHCARE COLLABORATIVE 75

Kansas PFAC Collaborative

Kansas PFAC Collaborative

A statewide collaborative hosted by KHC with national faculty to help hospitals establish an effective Patient and Family Advisory Council or to improve upon an existing PFAC program.

March/April	Sign-up Period
April 16, 2015	Kick-off Event, PFAC Training in Topeka
May 18	Coaching Call
June 18	Learning Session (webinar)
July 16	Coaching Call
August 19	Learning Session (webinar)
September 11	Learning/Sharing Session (in-person at KHA Convention in Wichita)*
October 22	Coaching Call
November 12	Learning/Sharing Session (webinar?)

For recording of our February webinar and more information, visit:
www.khconline.org/patient-and-family-engagement

KANSAS HEALTHCARE COLLABORATIVE 76

Upcoming Events

Introduction to Lean in Health Care Workshop

KMS/KaMMCO Conference Center
623 SW 10th Ave. Topeka



Steve Taninecz

Instructors
Healthcare
Performance
Partners (HPP)
Gallatin, Tenn.



Richard Tucker

Join us

March 26-27

Space is limited.


Register today!

NOW FULL

KANSAS HEALTHCARE COLLABORATIVE 77

Upcoming Events

Upcoming National Events:



April 14, 2015 • 11 am – 12 pm CT

On the CUSP: Stop CAUTI

April National Content Webinar

Topic:
Sustainability and Spread

Presenter:
Eugene Chu, MD, FHM
Director of Community Medicine
Boulder Community Hospital

To join, dial 877-410-5657, passcode 28128

Webinar link:
<https://www.yourcall.com/webecho/GuestLogin.aspx?ConfRef=27619048&Pin=7313>

Access archived CAUTI educational sessions at:
www.onthecuspstophai.org/on-the-cuspstop-cauti/educational-sessions/content-calls

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Upcoming KHC Events

Dates to Remember

April 16 (all day)	Kansas PFAC Collaborative Kick-off Event (Topeka)
April 22 (10 am)	Kansas HEN Webinar
May 27 (10 am)	Kansas HEN Webinar
June 3 (all day)	Kansas ICU CUSP/CAUTI Project Meeting (cohort 9) (Topeka)
June 24 (10 am)	Kansas HEN webinar

Pre-register at www.khconline.org
Plan to log into webinars 10-15 minutes early.

KANSAS HEALTHCARE COLLABORATIVE 79

KHC Educational Archive

Kansas HEN Webinar Archive

Access recordings and
handouts at
www.khconline.org

See General Education Archive.

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www.khconline.org

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Discussion

Q&A / Discussion



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