

Kansas Hospital Engagement Network 2.0


April 27, 2016

Now is the time to achieve HEN 2.0 goals!





623 SW 10th Ave. • Topeka, KS 66609 • (785) 235-0763 • www.khconline.org



Kansas HEN 2.0April 27, 2016

Agenda

- Welcome and Announcements
- Focus on Fall Prevention
- Keeping Up with Medicare's Quality-Based Payment Reform
- Data and Measures Update
- Resources and Upcoming Events
- Contact Us



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Introductions

Presenters

Dorothy Rice, RN, BSN, MBA
 Director of Quality, Risk & Trauma
 Ransom Memorial Hospital
 Ottawa, Kansas
dorothy@ransom.org



Michele Clark, MBA, CPHQ, ABC
 Program Director
 Kansas Healthcare Collaborative
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Tish Hollingsworth
 Vice President of Reimbursement
 Kansas Hospital Association
 Topeka, Kansas
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Rob Rutherford, BA
 Senior Health Care Data Analyst
 Kansas Healthcare Collaborative
rrutherford@khconline.org



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Kansas Patient and Family Advisory Council (PFAC) Collaborative

Topeka Workshops for Kansas PFAC Collaborative Participants

Being Heard: A Story-Telling Workshop

Wednesday, April 27
 1:00 to 4:30 pm

Train-the-Trainer Workshop

Orientation of and advance utilization
of patient/family advisors


Thursday, April 28
 8:15 am to 4:30 pm

Our Instructors

Tiffany Christensen
 Patient Advocate/
 Patient and Family Engagement
 Specialist
 North Carolina Quality Center



Allison Chrestensen
 MPH, OTR/L
 Project Coordinator
 Duke University Health System



Tiffany and Allison are currently working with the Kansas Healthcare Collaborative to serve as faculty leaders for our Kansas PFAC Collaborative to help hospitals across our state develop effective patient and family advisory councils or to strengthen existing ones.

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Announcements

Save the dates! Kansas HEN Educational Events

Patient and Family Engagement and the 5 PFE Metrics

Regional workshops:

- **June 23 – Topeka**
- **June 24 – Hays**

Featuring national faculty:

- Tanya Lord, PhD, MPH, director of Patient and Family Engagement, Foundation for Healthy Communications, New Hampshire

Kansas HEN 2.0 Showcase and Celebration Event

Statewide Meeting:

September 15 – Topeka

Featuring national faculty:

- Kathy Duncan, Institute for Healthcare Improvement (IHI) with Kansas Action Leader Fellows
- Tiffany Christenson and Allison Chrestensen, North Carolina Quality Center, with Kansas PFAC Collaborative hospitals
- And more!


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Announcements

HEN 2.0 Harm Across the Board (HAB) Improvement Calculator

- Updated HAB Improvement Calculator is now available (v6.0)
 - Fixes technical issues identified in earlier release
 - Includes new measures: OB hemorrhage, preeclampsia, *c. diff*, sepsis
 - New/revised tabs
- KHC will provide each Kansas HEN hospital their HAB Improvement Calculator pre-populated with facility-level data.
- Contact Rob Rutherford at KHC with any questions, RRutherford@khconline.org

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Announcements

AHA/HRET HEN Fellowship enduring materials

- HRET is offering the first five fellowship webinars as enduring materials through ABQUARP!
- The remaining five webinars (May-September) are available for registration now at www.hret-hen.org!
- The optimal experience is to participate on the events live, so register today!

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HRET HEN 2.0

Action Leader Fellowship

Faculty: Institute for Healthcare Improvement

May 11 • June 15 • July 13

August 17 • September 7

September: Showcase and sharing of improvement projects

Two tracks:

<p>Foundational</p> <p>11:00 a.m. to 12:00 pm</p>	<p>Experienced</p> <p>12:30 to 1:30 p.m.</p>
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Register at www.hret-hen.org/events/

Next Q.I. Office Hours:
May 11, 11 am to 12 pm

More information and educational archive:
www.hret-hen.org/engage/fellowship.shtml

Announcements

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Announcements

HEN 2.0: The final stretch

We can make an impact!

What if:

- every Kansas hospital prevented at least 1 more harm... each month... in each HAC...?

And What if:

- every other hospital in the nation did this, too?

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Focus on Falls Prevention



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Director of Quality, Risk & Trauma
Ransom Memorial Hospital
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Small PPS hospital in Ottawa, KS

- 44 licensed bed, 7-bed ER
- 13,000 ED visits per year

Services include

- Surgical:
 - General Surgical,
 - Orthopedics, ENT, Urology,
 - Gynecology, Podiatry
- Medical:
 - Neurology, Pulmonology,
 - Internal Medicine,
 - Cardiology, Nephrology

Joint Commission Accredited
Emergent Stroke Ready Facility
BCBS Distinction Award for Maternity Care
(One of 16 hospitals out of 108 counties that received this)

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Aim and Background

Aim: To further decrease falls by 40% by the end of September 2016 by implementing a revised fall program.

This is important because patient falls can result in temporary or permanent harm to the patient. Patient safety is a top priority for our hospital. In addition, the patient and organization can be negatively impacted financially. The patient injury from a fall can lead to serious complication up to and including death.

Background: Reducing patient falls is an area that has been targeted by Ransom Memorial Hospital as an opportunity to improve Patient Safety. Falls historically have been evaluated by several disciplines and data analyzed to work to reduce falls.

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Measures

Outcome:

- Falls with and without Injury
- Falls with Injury
- *Past fall data is available and has been analyzed*

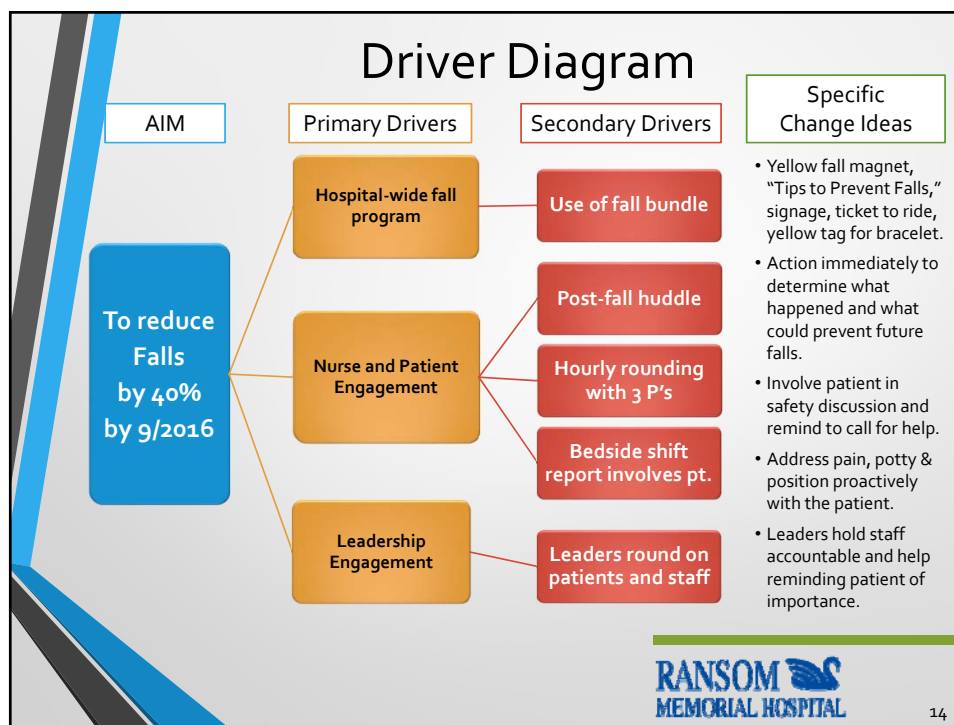
Process:

- Assessment of Fall Risk
- *We will continue to collect data to compare the new 2016 baseline (July 1, 2015-Sept 30, 2015 for falls with injury and 2013 for falls with or without injury). Will also measure the impact of changes implemented on the reduction of falls.*



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Driver Diagram



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Interventions

- Implemented hourly rounding with a focus on the 3 P's – Addressing Pain, Potty and Positioning proactively for the patient.
- Educating patients and families about how to prevent falls using the "Tips to Reduce Falls."
- Placed signage on the whiteboard, at the foot of the patients bed, to remind patient and family to call for help before getting up alone.
- Placed yellow fall magnetic sign on the door frame so that all staff know the patient is a fall risk and can assist in prevention of falls.
- Continue to use the yellow tag on the patient ID band for fall risk identification.
- Post fall huddles completed to identify opportunities to prevent future falls as well as to address what could have been done differently with this patient to prevent the fall.

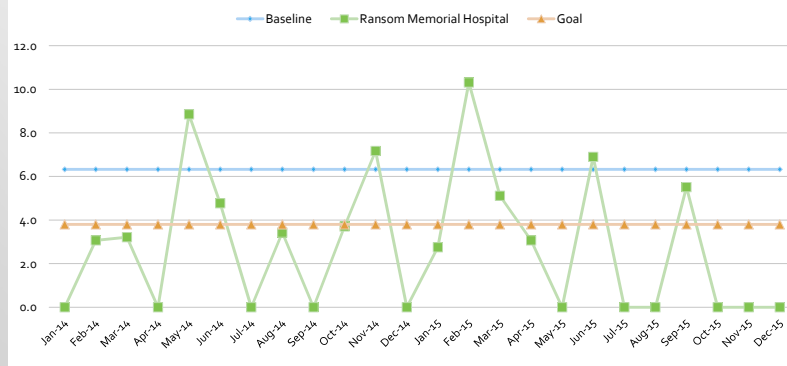


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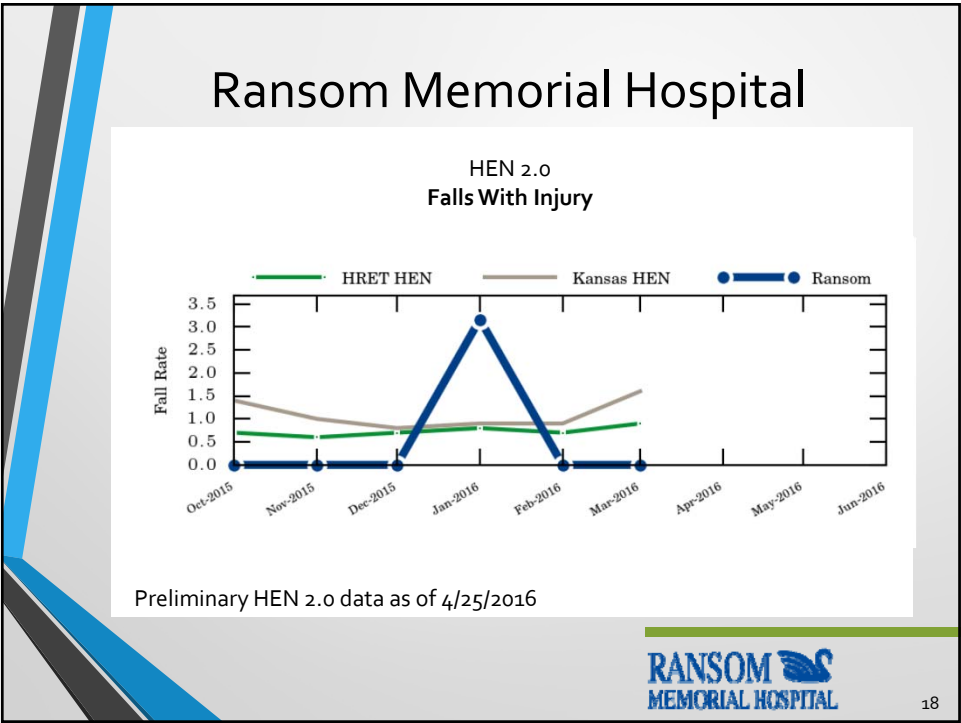
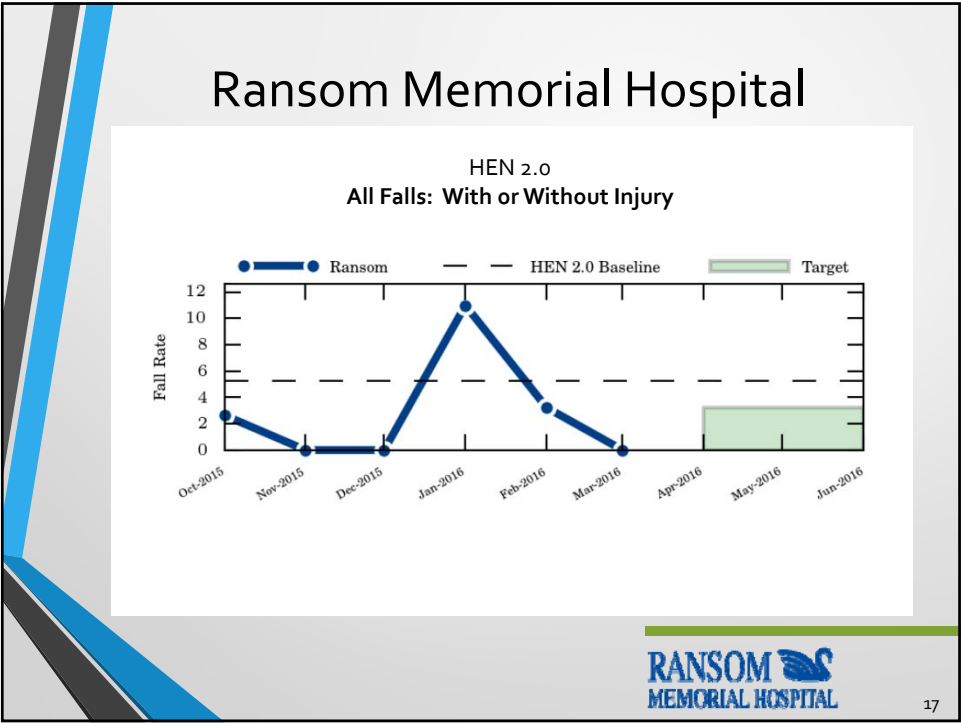
Ransom Memorial Hospital

HEN 1.0

All Falls: With or Without Injury



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Reflections

- Lessons Learned:
 - It requires a constant focus by leadership and staff.
 - Patients and families have to be engaged and part of the solution along with the staff.
- Barriers:
 - Staff being busy and not seeing value of hourly rounding.
 - Patient wanting to be independent and not calling for help.
 - Handoffs not as good as they should be at times.
- How you overcame them:
 - Leadership discussing with staff ongoing the importance of rounding and role-modeling behavior.
 - Engaging the patient and family ongoing.
 - “Ticket to Ride” to help handoffs

Next Steps

- Continue to focus on the efforts to reduce falls.
- Work to engage staff, as well as patients and families
- Enlist help from our PFAC on additional ideas to help reduce falls.
- Expand fall reduction ideas into our community.
- Continue to measure falls and report to PI, the Medical Staff, and the Board of Trustees.

Keeping Up with Medicare's Quality-Based Payment Reform

Presented to
Kansas Healthcare Collaborative
April 27, 2016

Tish Hollingsworth, Vice President of Reimbursement



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Policy and Financial Impact Modeling

(Provided to KHA Members as Part of KHA Membership)

KHA Contracts with the Hospital Association of New York State (HANYS)

- Provide Hospital-Specific Reports
 - Impact of proposed and final rules on Medicare payment systems
 - Inpatient, outpatient, home health, skilled nursing facility, etc.
 - New Medicare payment models
 - Comprehensive Care for Joint Replacement (CJR)
 - Advocacy reports
 - Impact of Quality-Based Payment Reform
 - Value-Based Purchasing
 - Hospital-Acquired Conditions
 - Hospital Readmissions Reduction Program



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Policy and Financial Impact Modeling

- Report Sets
 - Include a Payment Rule Brief
 - Analysis Description
 - Hospital-specific Impact Report
 - Using information from CMS data files, Medicare cost reports, Medicare claims files, etc.
 - Program rules and/or updates
 - Sent Electronically to the CEO and CFO
 - Posted on HIDI Analytic Advantage
 - Requires user name and password
 - Historical reports are posted
 - Allows access to other hospital staff, i.e. Quality reporting staff



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Recent Quality Reporting Analyses


- Hospital-Acquired Conditions
- Hospital Readmissions Reduction Program
- Value-Based Purchasing Program
- CJR Estimated Quality Metrics
- QBPR Reference Guide for 2016 to 2018 Program Years
- QBPR Hospital-Specific 1-Pager
- Medicare Spending per Beneficiary (coming soon)



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Quality Based Payment Reform (QBPR) Program Reference Guide	
Table of Contents	
Value Based Purchasing (VBP) Program:	
VBP FFY 2016 Program Overview VBP FFY 2017 Program Overview VBP FFY 2018 Program Overview VBP General Program Methodology Guide	
Readmissions Reduction Program (RRP):	
RRP FFY 2016-2018 Program Overview RRP Applicable Condition Definitions	
Hospital Acquired Condition (HAC) Reduction Program:	
HAC FFY 2016-2018 Program Overview	



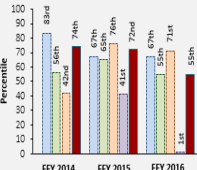
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Medicare Quality Based Payment Reform (QBPR)

Federal Fiscal Year (FFY) 2014 - FFY 2016 Program Performance

	FFY 2014			FFY 2015			FFY 2016		
	Domain Weight	Hospital Score	Hospital Percentile ²	Domain Weight	Hospital Score	Hospital Percentile ²	Domain Weight	Hospital Score	Hospital Percentile ²
Process of Care	45%	78%	83rd	20%	65%	67th ▼	10%	70%	67th
Patient Experience of Care	30%	42%	56th	30%	48%	65th ▲	25%	37%	55th
Outcomes of Care	25%	27%	42nd	30%	58%	76th ▲	40%	60%	71st
Efficiency	Does Not Apply			20%	10%	41st	25%	0%	1st
Total Performance Score (TPS)	54%			47%			40%		
VBP Slope ³	2.0962			2.5801			2.7731		
Payback Percent (TPS x slope)	113.49%			120.98%			111.62%		
Program Contribution Percentage	1.25%			1.50%			1.75%		
VBP Payout Percentage	1.42%			1.81%			1.95%		
Final VBP Adjustment Factor ⁴	1.0017			1.0031 ▲			1.0020 ▼		
Estimated Annual Impact	\$108,000			\$202,800 ▲			\$131,700 ▼		



Legend:


- Process of Care
- Patient Experience of Care
- Outcomes of Care
- Efficiency
- Total Performance Score (TPS)

¹ Performance on all domains is combined to calculate a Total Performance Score (TPS) used to redistribute contributions under the program. Importantly, each domain is not weighted equally and domain weights change over time.

² Hospitals consistently performing better than their peers on all measures/domains will likely gain under the program while hospitals performing worse will lose under the program. Hospital percentile ranks are shown for each domain to indicate performance relative to peers where the 100th percentile represents the best performance and 1st percentile represents the worst.

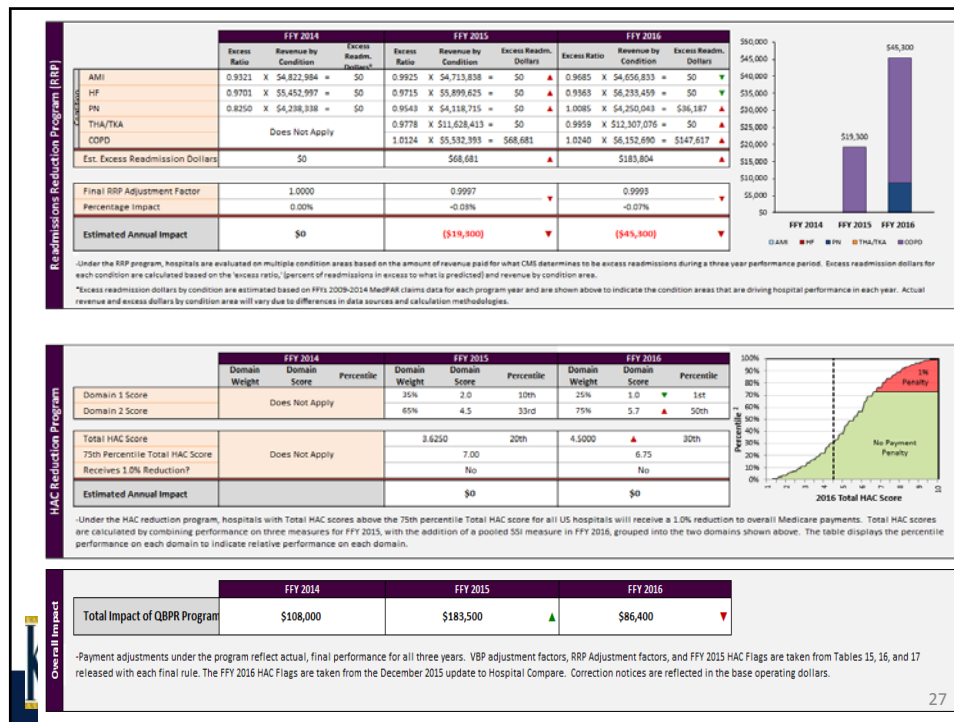
³ Each year CMS calculates a VBP slope that is used to determine hospital payouts under the VBP program and results in a budget neutral program. The slope is dependent on the distribution of all Total Performance Scores and will vary each year.

⁴ Adjustment factors are calculated based on each hospital's program contribution and payout amounts. Adjustment factors are applied to payments on a per-discharge basis to adjust for VBP program performance.



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Questions?



Tish Hollingsworth

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Measures & Data Update

- Analytic Reports Released
- Progress to Date



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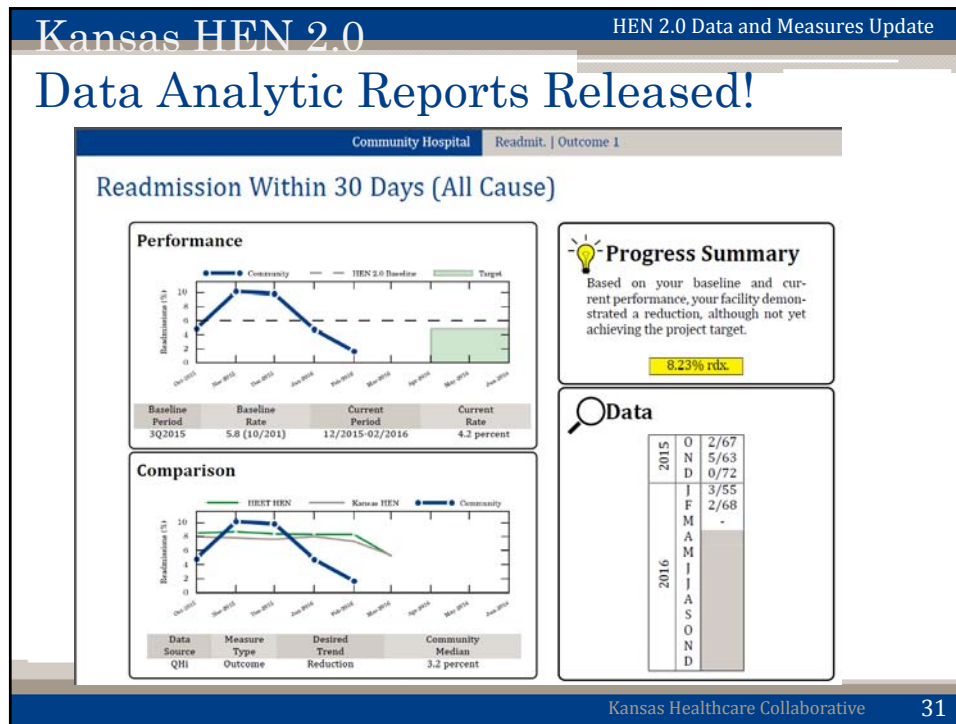
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HEN 2.0 Data and Measures Update

Kansas HEN Data Reports:

- HEN 2.0 data analytic reports released
 - 4/26 – Final report distributed to CEO, CNO and primary/secondary HEN contacts
- Harm Across the Board Improvement Calculator
 - Updated HAB calculator pre-populated with hospital data – *To be released this week!*
- Side-by-Side Report and Leadership dashboard
 - In development

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HEN 2.0 Data and Measures Update

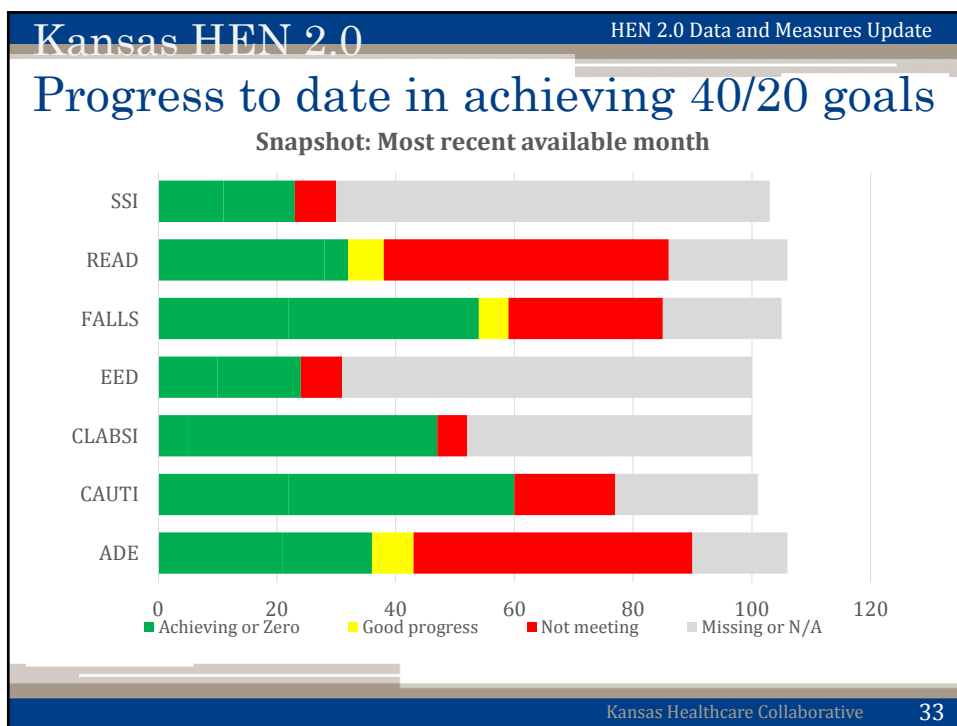
Kansas HEN data submission status:

HEN 2.0 Core Evaluation Measures

Harm topic	% Current through February monitoring period
ADE	83%
CAUTI	85%
CLABSI	80%
EED	73%
OB harm	73%
Falls with Injury	83%
PrU	76%
SSI (Colo, AbHyst, KPRO, HPRO)	68%
VAE	73%
Readmissions	82%

Rounded.

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Readmissions FAQ

Q. On the Patients Receiving Complete Discharge Education Verified by Teach-Back or Other Means: HEN 2.0 measure the instructions indicate All eligible patients; Does this include Respite and Swingbed?

A. Consistent with guidance on other measures, HRET recommends hospitals decide which populations to include or exclude, and be consistent for reporting throughout the project. In the spirit of Q.I., HRET recommends hospitals focus on implementation with all populations.

Kansas HEN 2015-2016 Data Submission Schedule

Outcome & Process Measures for HACs occurring in:	Readmissions for index discharges in, and SSI for procedures performed in:	Submission Due
October, 2015	September, 2015	November 30, 2015
November, 2015	October, 2015	December 31, 2015
December, 2015	November, 2015	January 31, 2016
January, 2016	December, 2015	February 29, 2016
February, 2016	January, 2016	March 31, 2016
March, 2016	February, 2016	April 30, 2016
April, 2016	March, 2016	May 31, 2016
May, 2016	April, 2016	June 30, 2016
June, 2016	May, 2016	July 31, 2016
July, 2016	June, 2016	August 31, 2016
August, 2016	July, 2016	September 30, 2016

Resources & Upcoming Events

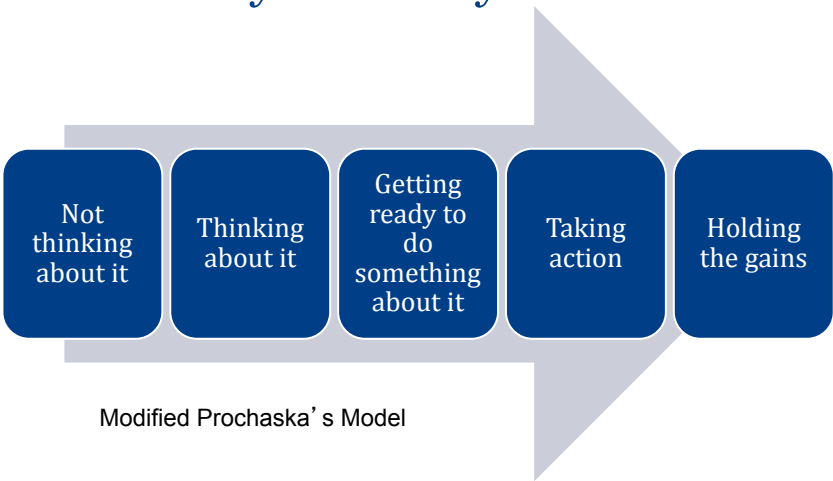


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Resources

How Ready is Ready?



Modified Prochaska's Model

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Resources

Change packages and checklists

- Nearly all topics have Change Packages and Checklists!


Early Elective Delivery (EED)

Importance: Approximately 4 million births occur in the United States yearly (Martin et al., 2015). An early elective delivery is a delivery performed for a nonmedical reason prior to 39 weeks of gestational age (ACOG, 2011). In the U.S., approximately 10-15 percent of all births are performed early without a medical reason (Clark et al., 2009). Additionally, nearly 9 percent of U.S. births that are paid for by Medicaid are early elective deliveries (Flow et al., 2014). A survey of insured women found that 92.4 percent of women reported that giving birth before 39 weeks was safe (Goldenberg et al., 2009). Infants delivered prior to 39 weeks without medical reason are at an increased risk of lower brain mass (March of Dimes, 2012), low birth weight (Donahue et al., 2010), feeding problems (Khan et al., 2004), respiratory distress syndrome (Hibbard et al., 2010) and longer hospital stays (Kong et al., 2013; Jiang, & Steiner, 2013). Learn more about how premature birth can impact the health of newborns from Nicky's experience.


Accomplishments: From 2011 to 2014, the AHA HEN prevented an estimated 992 EEDs/neonatal intensive care unit admissions with an estimated cost savings of over \$7.8 million.

PfP Goal: By September 23, 2016, each participating HEN 2.0 hospital reduces EEDs by at least 40 percent or maintains zero for 12 months.


Visit
www.hret-hen.org
 Click on **Topics**.




Download the EED
Change Package



Download the EED
Checklist



Watch a Recent EED
Event



Access Additional EED
Resources

To achieve this goal, we encourage you to use the resources available through this website to support your EED

<http://www.hret-hen.org/topics/early-elective-delivery.shtml>

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Resources

HRET's New "Up" Campaign to be introduced in 3-part webinar series

- Webinar dates have been scheduled – registration now open!
 - WAKE UP on May 12
 - GET UP on May 26
 - SOAP UP on June 9
- Will be 60 minute webinars
- Graphics and supportive tools being developed now

Up Campaign highlights the role of crosscutting interventions in reducing multiple hospital-acquired conditions: shifting focus from many interventions to a few with far-reaching impact.

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Resources

Wanted: Case studies, success stories

Categories	Focus
Topic-specific Case Studies	HEN 2.0 topics – core and optional
Equity of Care	Hospital success stories on reducing disparities and promoting diversity and inclusion.
Patient and Family Engagement	HEN hospital success stories in patient and family engagement, specifically the 5 metrics.
Huddle for Care www.huddleforcare.org	Readmissions, transitions of care

For information about how to submit an idea for a case study, contact Michele Clark, KHC, mclark@khconline.org.

Huddle for Care
Hutchinson Regional Medical Center
 developed a comprehensive chronic disease management program to improve a patient's quality of life. This story and associated data trends, including 137 admissions pre-program to 21 admissions post-program implementation, may be found here:
<http://huddleforcare.org/design-targeted-hospital-units-to-communicate-consistently-with-patients/>

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Resources

Equity of Care update

- Kick off at AHA Annual on May 1 – Achieving the Goals Advertising Campaign
- Resources Available after kickoff
 - [Online portal to update goals and hospital data](#)
 - [Interactive map to use for reporting purposes](#)

#123ForEquity Toolkit

- Hospital Case Studies
- Storyboards on programs with outcomes
- Relevant articles of diversity and disparities
- Research reports

NOTE: Revolving and updated regularly

#123forEquity Pledge to Act
 Hospitals Pledged: 1098
 SHAs Pledged: 39
 Metros Pledged: 5

Key:
 Dark Green: Hospital Pledged
 Light Green: State Hospital Association Pledged
 Blue: Metro Area Pledged

Data from 4/16/16

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Educational Opportunities	
<h2>Featured National Webinars</h2> <p>HRET HEN 2.0 Disparities Webinar Thursday, April 28 ● 11:00 to 12:30 p.m. CT Pre-register at: https://hret.adobeconnect.com/disparities20160428/event/registration.html</p> <p>HRET HEN 2.0 CAUTI Webinar Tuesday, May 3 ● 11:00 to 12:30 p.m. CT Pre-register at: https://hret.adobeconnect.com/cautiwebinar20160503/event/registration.html</p> <p>HRET HEN 2.0 Data Office Hours <i>(Might discuss the updated HAB I.C.?)</i> Wednesday, May 4 ● 11:00 to 12:00 p.m. CT Pre-register at: https://hret.adobeconnect.com/dataofficehours20160504/event/registration.html</p> <p>AHA/HRET HEN 2.0 Rural/CAH Webinar Monday, May 9 ● 11:00 to 12:30 p.m. CT Pre-register at: https://hret.adobeconnect.com/ruralcahaffinitygroup20160509/event/registration.html</p>	
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Educational Opportunities	
<h2>Featured National Webinars</h2> <p>HRET HEN 2.0 WAKE UP Webinar Thursday, May 12 ● 11:00 to 12:00 p.m. CT Pre-register: https://hret.adobeconnect.com/wakeup/event/registration.html</p> <p>HRET HEN 2.0 C. Difficile Webinar Tuesday, May 17 ● 11:00 to 12:30 p.m. CT Pre-register at: https://hret.adobeconnect.com/cdi/event/registration.html</p> <p>HRET HEN 2.0 Adverse Drug Events Webinar Thursday, May 19 ● 11:00 to 12:30 p.m. CT Pre-register at: https://hret.adobeconnect.com/ade20160519/event/registration.html</p> <p>HRET HEN 2.0 GET UP Webinar Thursday, May 26 ● 11:00 to 12:00 p.m. CT Pre-register at: https://hret.adobeconnect.com/getup/event/registration.html</p>	
<div>Kansas Healthcare Collaborative 44</div>	

Educational Opportunities

Upcoming KHC Events

Compass Practice Transformation Network Kick-off Event
 April 29 ● KMS/KaMMCO Conference Center

Sepsis Site Visits with Wesley Medical Center
 May 2 ● Kingman Community Hospital & Anthony Medical Center

Eighth Annual Summit On Quality – Wichita, Ks
 Friday, May 6 ● 8:00 - Registration
 Pre-register at: <https://registration.kha-net.org/>

Hospital Site Visits with Dr. Bruce Spurlock, Cynosure Health
 Tuesday-Wednesday, May 10-11 ● Tentative
 East/Central locations TBD

Hospital Site Visits with Cheryl Ruble, Cynosure Health
 Monday-Wednesday, May 16-18 ● Tentative
 West/Central locations TBD

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Kansas Hospital Engagement Network

Thanks for all you do for your patients and for each other!



Next Kansas HEN Webinar:
 Wednesday, May 25, 2016
 10:00 to 11:00 a.m. CDT

Pre-register at: <https://cc.readytalk.com/r/n189qvbd18on&eom>

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Contact Us



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