Improving Patient Safety Across Michigan and Illinois

Hospital Engagement Network (HEN) 2.0 Kickoff Meeting
November 13, 2015

IHA Institute HEN Team

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IHA Institute HEN Team

The HEN wouldn’t cluck without support from our amazing administrative staff!

Marsha Curtis
Manager, Institute for Innovations in Care and Quality

Tammy De Leonardis
Administrative Assistant, Institute for Innovations in Care and Quality

#henmil2

Tweet us!

#henmil2
@IHAhospitals
@MHAKeystonectr
@CMSInnovates
@CMSGov
@HealthCareGov
"The problems that exist in the world today cannot be solved by the same level of thinking that created them."

- Albert Einstein
As part of HEN 1.0, 100 IL IHA HEN hospitals prevented 15,887 instances of patient harm for a cost savings of $161.8 million between January 2012 and March 2014:

- 14,294 readmissions prevented;
- 285 early-elective deliveries prevented;
- 234 post-operative pulmonary embolisms or incidents of deep vein thrombosis prevented;
- 192 central line-associated bloodstream infections prevented;
- 188 catheter-associated urinary tract infections prevented;
- 152 incidents of ventilator-associated pneumonia prevented;
- 131 surgical site infections prevented;
- 126 birth trauma or injuries to neonates prevented;
- 123 pressure ulcers prevented;
- 116 falls with injury prevented; and
- 46 manifestations of poor glycemic control prevented.

### IL IHA HEN 1.0 Results

<table>
<thead>
<tr>
<th>AREA</th>
<th>At least 60% Reporting</th>
<th>At least 70% Reporting</th>
<th>At least 80% Reporting</th>
<th>% Change from Baseline (15% Readm) AND At Least 60% Reporting</th>
<th>% Change from Baseline (20% Readm) AND At Least 80% Reporting</th>
<th>Met High Perf. Benchmark</th>
<th>Achievement of Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>33% reduction</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>CAUTI</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>CLABSI</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>65% reduction</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Falls</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>9% reduction/20% reduction</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>OB-EED</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>79% reduction</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>OB-Other</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>PrU</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>SSI</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>20% reduction</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Readm</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>16% reporting</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>VAP/VAE</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>23% reduction</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>VTE</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
Pacing Change

Period B (How we transition from HEN 1.0-HEN 2.0)

Shared community and shared resources (websites, learning collaboratives, peer to peer networks)

Moving knowledge—not people

MHA-IHA HEN Participation Benefits

1. Expert and peer-sourced resources and tools to support your HEN improvement work
2. In-person and virtual networking opportunities to learn from national experts and each other
3. Keystone and IHA collaborative offerings to advance your quality improvement work
4. Comparative and benchmarked data to identify and track progress
5. Opportunities to participate in peer-mentoring
6. Opportunities to train and certify staff in quality improvement principles and infection control
HEN 2.0 Focus Areas
Goal: 40%/20% Reductions

- Catheter-associated urinary tract infections (CAUTI)
- Central line-associated blood stream infections (CLABSI), in all hospital settings
- Ventilator-Associated Events (VAE)
- Surgical site infections, hip/knee replacements, colon surgery, abd hysterectomy
- Obstetrical adverse events, early elective delivery, obstetrical hemorrhage, and preeclampsia treatment and management
- Adverse drug events (ADE), opioid safety, anticoagulation, and glycemic management
- Injuries from falls and immobility
- Pressure ulcers
- Venous thromboembolism (VTE), including, at a minimum, all surgical settings
- Preventable Readmissions, goal is 20% reduction

Additional HEN 2.0 Focus Areas
Optional Topics for Improvement

- Severe Sepsis and Septic Shock
- Hospital Culture of Safety
- Iatrogenic Delirium
- Clostridium Difficile
- Undue Exposure to Radiation
- Airway Safety
- Failure to Rescue
MHA-IHA Approach to HEN 2.0

MHA-IHA HEN will conduct training and offer technical assistance and support in the foundational components of culture of safety, high reliability, and patient and family engagement. Participants can work together in a range of collaboratives to engage hospitals that address: pain management (harm from opioids); delirium and sedation in ICU; sepsis; obstetrical adverse events (including early elective delivery reduction); readmissions; and CAUTI. Intensive one-on-one coaching and support will be available to hospitals that request assistance through focused interventions to address specific HACs and Readmissions.

- Pressure Ulcers
- Falls
- SSI
- VTE
- VAE
- CLABSI
- Readmissions

- Keystone: Pain Management
- Keystone: ICU (delirium & early mobility)
- Keystone: Sepsis
- Keystone: Obstetrics
- Keystone: CAUTI
- IHA: Readmissions

- Culture
- Patient and Family Engagement
- High Reliability

MHA-IHA HEN 2.0

- Pressure Ulcers
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- Keystone: Pain Management
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- Culture
- Patient and Family Engagement
- High Reliability
Foundational Components

1. **Cultural improvement:** Executive leadership shall implement/participate in hospital-wide safety huddles

2. **Patient & Family Engagement:** Hospital shall implement two new practices from the [PFE Roadmap](#)

3. **High Reliability:** Leadership shall complete the [High-Reliability](#) Self-Assessment Tool

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**Foundational Components**

1. **Cultural improvement:** Executive leadership shall implement/participate in hospital-wide safety huddles

   By September 23, 2016 HEN hospitals shall be involved in hospital-wide safety huddles.
Foundational Components

2. Patient & Family Engagement: Hospital shall implement two new practices from the **PFE Roadmap**

The 12 recommended PFE best practices are broken down into 3 categories:
1. Infrastructure
2. Staffing
3. Deployment

Infrastructure

1. Hospital has policies to support PFE and dedicated resources for this effort.
   Resource: • AHA and IPFCC: “Patient- and Family-Centered Care: A Hospital Self-Assessment Inventory”

2. The principles of patient- and family-centered care, including active PFE, are taught or shared as part of hiring, performance evaluation, orientation and continuing education.

3. There are systems in place to encourage partnerships among patients, families and care providers (chart, patient portal in EMR, email, bulletin/white boards in patient’s room, pager telephone contact) and patients receive guidance and counsel on decision aids to improve patient-provider shared decision making.
   Resource: • AHA and IPFCC: “Patient- and Family-Centered Care: A Hospital Self-Assessment Inventory”

4. Hospital provides for the voice of patients at each Board of Directors meeting.
Staffing

5. Hospital has a person, who may also operate within other roles in the hospital, and/or functional area that is dedicated and proactively responsible for PFE and systematically evaluates PFE activities (e.g., open chart policy, PFE trainings, establishment and dissemination of PFE goals).

Resource:
• AHA: "Engaging Health Care Users: A Framework for Health Individuals and Communities"

6. Hospital has an active PFE committee, council and/or partnership OR at least two former patients that serves on a patient safety, quality, process improvement committee or team. Further, these ‘patient advisors’ are trained to become active participants.

Resources:
• IPFCC: “Creating Patient and Family Advisory Councils”
• IPFCC: “Partnering With Patients and Families to Enhance Safety and Quality: Mini Toolkit”

Deployment

7. At admission, hospital staff share their initial care plan with the patient and their family, and invite their questions and input in care planning throughout their hospital stay.

Resources:
• CMS: “Your Discharge Planning Checklist”
• Robert Wood Johnson Foundation: “Care About Your Care"

8. Patients and families are informed at admission of family-initiated rapid response teams (RRT) with verbal review of guidelines and are encouraged to call for RRT if patient’s health changes notably.

Resources:
• IHI: Condition Help (H) Toolkit
• American Nurse Today: “Family initiated rapid response team”

9. Hospitals conduct change-of-shift reporting at the bedside inviting patients and family members to participate to the degree in which they wish to be involved.

Resources:
• AHRQ: “Nurse Bedside Shift Report Implementation Handbook”
• IHI: “ISHAPED Patient-Centered Approach to Nurse Shift Change Bedside Report”

10. Patient and families are advised of physician/multidisciplinary rounds and are invited and encouraged to participate to the degree in which they wish to be involved.

Resources:
• C.S. Mott Children's Hospital: "Engaging Patients and Families in Multidisciplinary Rounds"
• Cincinnati Children's Hospital Medical Center: "Navigating Patient- and Family-Centered Care Rounds"

11. Family and/or personal representative, as determined by the patient, are respected as essential members of patient’s healthcare team, sharing information and providing support and not viewed as visitors. Their presence and participation is welcomed 24/7 providing safety can be maintained.

Resource: • IPFCC: Better Together – Partnering with Families

12. A process has been developed to identify and include the voice of the patient, family or caregiver in the root-cause analysis process.

Foundational Components

3. High Reliability: Leadership shall complete the High-Reliability Self-Assessment Tool

The High Reliability Stages of Maturity Model™ has three interrelated domains:

High Reliability Domain #1 - Leadership Commitment
High Reliability Domain #2 - Adopting a Safety Culture
High Reliability Domain #3 - Applying Robust Process Improvement® Methods

The High Reliability Self-Assessment Tool™ (HRST)

The Joint Commission developed the HRST to help hospitals determine their strengths and weaknesses in 14 areas of performance that contribute to high reliability. A number of specific component parts in the table below define each of the three major domains: six in leadership, five in safety culture, and three in process improvement.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td>Board of Trustees</td>
</tr>
<tr>
<td></td>
<td>CEO/Senior Management (including nursing leaders)</td>
</tr>
<tr>
<td></td>
<td>Physician Engagement</td>
</tr>
<tr>
<td></td>
<td>Quality Strategy</td>
</tr>
<tr>
<td></td>
<td>Quality Measures-data use and dissemination</td>
</tr>
<tr>
<td></td>
<td>Information Technology usage to support quality and safety</td>
</tr>
<tr>
<td>Safety Culture</td>
<td>Trust</td>
</tr>
<tr>
<td></td>
<td>Identifying Unsafe Conditions</td>
</tr>
<tr>
<td></td>
<td>Strengthening Systems</td>
</tr>
<tr>
<td></td>
<td>Assessment of safety culture</td>
</tr>
<tr>
<td>Process Improvement</td>
<td>Methods</td>
</tr>
<tr>
<td></td>
<td>Training</td>
</tr>
<tr>
<td></td>
<td>Spread</td>
</tr>
</tbody>
</table>
High Reliability

• The senior leaders of the hospital will answer assessment questions that address each component. The tool uses these responses to determine how close to or far away from high reliability the organization is, classifying each component into one of four stages of maturity: beginning, developing, advancing, and approaching.

• Upon completion of the self-assessment, each hospital will receive a detailed diagnostic report that highlights organizational strengths and opportunities for improvement and focus.

• Following this, for those hospitals wishing to make the commitment, hospitals will then be guided through an assessment of current reliability practices and development of a site-specific high reliability strategy and action plan to align with the Joint Commission High Reliability Maturity Model via site visits, monthly webinars, in-person meetings, and quarterly coaching calls.
MHA-IHA Keystone Collaboratives

MHA-IHA HEN participants have the opportunity to join any (or all) of these 6 Keystone Collaboratives:

1. Pain Management
2. ICU (Delirium and Early Mobility)
3. Sepsis
4. Obstetrics
5. CAUTI
6. Readmissions

IHA and Telligen Collaboration

- IHA and Telligen are maximizing efficiencies by working together to leverage the resources and educational opportunities we offer to hospitals.
- We are cross-pollinating our work and coordinating to accelerate patient safety and care coordination across Illinois.
- CAUTI/CLASBI: HEN hospitals are welcome to participate in Telligen’s monthly group sharing calls and other educational opportunities.
- ADE: Supporting joint goals by aligning ADE reporting and improvement through the formation of an Illinois Medication Safety Coalition.
- Care Coordination/Readmissions: IHA and Telligen are working together to develop the readmissions collaborative which welcomes both hospitals and Telligen members in order to foster a true peer to peer learning environment throughout the state and across the continuum.
Hospital teams participating in the ILPQC Hypertension Initiative (Fall 2015) will work to reduce severe maternal morbidity in women with severe range hypertension through:

- Increased use of appropriate medical management of severe hypertension
- Debriefs
- Discharge education and follow-up with new onset severe maternal hypertension cases through education
- Evidence-based strategies for integrating patient safety practices associated with early identification and medical management of severe hypertension into existing care delivery infrastructure

The Obstetric Advisory Group has formed a Hypertension subgroup to review protocols and toolkits for implementation in Illinois birthing hospitals. Please contact us at info@ilpqc.org if you are interested in participating in this workgroup.

**MHA-IHA HEN 2.0**

**Focused Interventions**
- Pressure Ulcers
- Falls
- SSI
- VTE
- VAE
- CLABSI
- Readmissions

**Collaboratives**
- Keystone: Pain Management
- Keystone: ICU (delirium & early mobility)
- Keystone: Sepsis
- Keystone: Obstetrics
- Keystone: CAUTI
- IHA: Readmissions

**Foundational Components**
- Culture
- Patient and Family Engagement
- High Reliability
Focused Interventions

One-on-one coaching and support will be available to hospitals that request assistance through focused interventions to address specific HACs and Readmissions.

Focused Intervention Platforms:

- IHA Site Visits
- IHA Coaching Calls
- Facilitation of Peer to Peer Site Visits/Coaching Calls

HEN 2.0 Commitments & Opportunities

1. Data
2. Resources
3. Professional Development Opportunities
HEN 2.0 Data

30 required measures

<table>
<thead>
<tr>
<th>Measures reported for you from MHA &amp; IHA claims data</th>
<th>ADE-1</th>
<th>OB-3</th>
<th>Pressure Ulcer-1</th>
<th>Readmits-3</th>
<th>VTE-1</th>
<th>Sepsis-1</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Measures reported for you from MHA &amp; IHA claims data</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Measures reported for you by conferring rights to MHA/IHA</td>
<td>CAUTI-3</td>
<td>CLABSI-3</td>
<td>SSI-4</td>
<td>VAE-2</td>
<td>C.Dif-1</td>
<td>MRSA - 1</td>
</tr>
<tr>
<td>6 Hospital directly-reported measures</td>
<td>ADE-3</td>
<td>Falls-1</td>
<td>OB-EED &amp; PPH</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hospitals will enter numerator/denominator data for 6 self-reported metrics into the Keystone Data System (KDS)

HEN 2.0 Resources

1. IHA-MHA HEN Website
2. MHA Community Website
3. MHA Keystone Data System (KDS)
4. MHA Collaboratives and Readmissions Collaborative
5. In-person meetings, webinars and coaching from IHA staff
Professional Development Opportunities

1. **NAHQ-CPHQ (Certified Professional in Healthcare Quality)**-opportunity for one person from each hospital to get training materials and sit for exam. Package includes Q-Solutions Books, Practice Exam and CPHQ Exam.

2. **NPSF-CPPS (Certified Professional in Patient Safety)**-opportunity for one person from each hospital to get training materials and sit for exam. Package includes access to online Patient Safety Curriculum, Practice Exam and CPPS Exam.

3. **CIC (Certification in Infection Prevention and Control)**-opportunity for one person from each hospital to get training materials and sit for exam. Package includes APIC Certification Study Guide and cost of exam.

4. **QHR Quality Boot Camp**-opportunity to send one staff member to this 2.5 day training in Naperville (January 12-14).

5. **Hospital Wide Culture Survey-SCORE Survey**-Available to 30 hospitals in 2016.

6. **IHA Advocacy Day Improvement Poster**-opportunity to create an improvement poster which will be showcased at the Capitol in Springfield on April 12th as part of our Annual Quality Conference.

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### CPPS, CPHQ, CIC

- **CPPS**-Access to online Patient Safety Curriculum, Practice Exam and CPPS Exam. Send an email to ihapsii@npsf.org identifying who will take advantage of the package by 12/31/2015.

- **CPHQ**-Q-Solutions Books, Practice Exam and CPHQ Exam. To onboard now email akohlrus@ihastaff.org.

- **CIC**-Includes APIC Certification Study Guide and cost of exam. No need to register for this certification, have your Infection Control Nurse send us a reimbursement form for the cost of the exam/study guide (along with the receipt).
QHR Quality Boot Camp

• Arm your new Quality Director (or emerging quality leader) with the basic training needed to enhance your hospital's clinical and financial performance by attending this comprehensive workshop to learn about the Quality Director’s roles and responsibilities and, more importantly, how to prioritize and execute them.

Participants will learn how to:
• Implement the Quality Director’s core roles and responsibilities
• Effectively implement the core components of a quality and performance improvement initiative
• Prioritize the Quality Director’s daily and weekly activities
• Develop a tailored quality initiative action plan to be implemented upon returning to the hospital

• Target Audience: New and aspiring or emerging Chief Quality Officers and Directors Existing Chief Quality Officers and Directors seeking a comprehensive refresher (recommended for those in the role < 5 years)

• Quorum Learning Institute is an approved provider of continuing nursing education by the Tennessee Nurses Association, an accredited approver of continuing education by the American Nurses Credentialing Center’s Commission on Accreditation. Participants who attend at least 85% of the program and complete a course evaluation will earn up to 17.5 contact hours.

House-Wide Culture Survey
SCORE (Safety, Communication, Operational Reliability and Engagement)

• Duplicative survey efforts in most hospitals continue to create cost burden, survey fatigue and isolated datasets that do not produce a comprehensive snapshot of the factors driving hospital performance. The need for survey integration has never been more acute, as has the need for a more refined and specific survey instrument that clearly links measurement to improvement.

• IHA will partner with Safe and Reliable Healthcare, LLC to administer the SCORE survey in 2016.

• IHA is able to fund the administration of this survey to 30 hospitals in 2016.
SCORE (Safety, Communication, Operational Reliability and Engagement)

SCORE provides valuable insights that are acted upon in clear, measurable ways to improve collaborative care and drive measurable improvement. The integrated SCORE Survey effectively measures:

- The Learning Environment
- Perceptions of Local Leadership.
- Resilience and Burnout
- Work-life Balance
- Engagement

IHA Advocacy Day Improvement Poster

- Posters turned into IHA by this Spring will be printed and showcased at the State Capitol Building on Wednesday, April 13th.

- We will be accepting posters in 5 different categories
  1. Care Coordination
  2. Patient Safety
  3. Integrated Behavioral Health
  4. Medication Safety
  5. Population Health
The HEN 2.0 Scoring System has been broken up into 4 buckets:

1. Cultural Improvement Points
2. Data Submission Points
3. Participation Points
4. Improvement Points

The 20 hospitals who accumulate the highest score totals will be awarded a trip, for one of their employees, to the 2016 IHI Annual Conference in Orlando next December.

Creative Confidence

Lucky for us, we are born creative... In 1968, George Land distributed among 1,600 5-year-olds a creativity test used by NASA to select innovative engineers and scientists. He re-tested the same children at 10 years of age, and again at 15 years of age.

Test results amongst 5 year olds: 98%
Test results amongst 10 year olds: 30%
Test results amongst 15 year olds: 12%
Same test given to 280,000 adults: 2%

“What we have concluded,” wrote Land, “is that non-creative behavior is learned.”

HEN Selfies

I commit to...
Next week I will...
I learned...
Ah Ha!...

Questions?

Illinois
Please email;
IllinoisHEN@IHAstaff.org

Or contact:
Adam Kohlrus, CPHQ, CPPS
Director, Performance Improvement
akohlrus@ihastaff.org
(217) 541-1181
Measurement and Metrics

Hospital Engagement Network (HEN) 2.0
Kickoff Meeting
November 13, 2015

MHA-IHA Encyclopedia of Measures

30 required measures
**HEN 2.0 Data Reporting**

**30 required measures**

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</table>

Hospitals will enter numerator/denominator data for 6 self-reported metrics into the Keystone Data System (KDS)

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**Confer Rights to NHSN**

Please have your IC individual confer rights to IHA’s NHSN group ASAP:

1. Group ID: 38103
2. Group Joining Password: iha2015ack

As of today we only have 53 hospitals who have conferred rights!
Adverse Drug Events

HEN 1.0 Results

<table>
<thead>
<tr>
<th>TopicID</th>
<th>Measure Name</th>
<th>Percent Reporting</th>
<th>Number of Additional Hospitals Needed to Meet 80% Reporting</th>
<th>% Reduction (Positive Number Indicates Improvement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td>ADEs due to opioids</td>
<td>61.46</td>
<td>18</td>
<td>25.45</td>
</tr>
<tr>
<td>ADE</td>
<td>Hypoglycemia in inpatients receiving insulin</td>
<td>58.33</td>
<td>21</td>
<td>-1.6</td>
</tr>
<tr>
<td>ADE</td>
<td>Excessive anticoagulation with warfarin - Inpatients</td>
<td>57.29</td>
<td>22</td>
<td>-12.55</td>
</tr>
</tbody>
</table>

In HEN 2.0 we will be tracking the same three ADE Metrics we tracked in HEN 1.0:

1. ADEs due to opioids
2. Hypoglycemia in inpatients receiving insulin
3. Excessive anticoagulation with warfarin-inpatients

Reference ADE Data Collection Tips in the EOM

**ADE- Excessive Anticoagulation with Warfarin – Inpatients**

<table>
<thead>
<tr>
<th>ADE: MHA/IHA HEN 2.0 Evaluation Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Drug Events (ADE) related to Anticoagulation Safety: Inpatients experiencing excessive anticoagulation with warfarin</td>
</tr>
</tbody>
</table>

- **Measure type**: Number of inpatients experiencing excessive anticoagulation with warfarin (INR greater than 6)
- **Denominator**: Number of inpatients receiving warfarin anticoagulation therapy
- **Exclusions**: Patients with INR greater than 6, present on admission
- **Rate calculation**: Number of patients receiving warfarin anticoagulation therapy ≥ 6

**Specifications/definitions Sources/Recommendations**: Available from ISMP Trigger Alert List

**Data source (s)**: Hospital Reported: Submit to Keystone Data System (KDS)

**Automatic transfer from**: n/a

**Baseline period**: October 2015

**Data collection period**: Monthly, beginning July 2015

**KDS Measure ID(s)**: KDS-HEN-ADE-2
ADE– Hypoglycemia in Inpatients Receiving Insulin

<table>
<thead>
<tr>
<th>Measure type</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator</td>
<td>Hypoglycemia in inpatients receiving insulin or other hypoglycemic agents (e.g. hypoglycemia defined as plasma glucose concentration of 50 mg per dl or less).</td>
</tr>
<tr>
<td>Denominator</td>
<td>Inpatients receiving insulin or other hypoglycemic agents</td>
</tr>
<tr>
<td>Exclusions</td>
<td>Patients with hypoglycemia present on admission</td>
</tr>
<tr>
<td>Rate calculation</td>
<td>number of patients with hypoglycemia who are receiving insulin / number of patients receiving insulin x 100</td>
</tr>
<tr>
<td>Specifications/definitions Sources/Recommendations</td>
<td>Available from ASHP Safe Use of Insulin</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>Hospital Reported: Submit to MHA Keystone Data System (KDS)</td>
</tr>
<tr>
<td>Automatic transfer from</td>
<td>n/a</td>
</tr>
<tr>
<td>Baseline period</td>
<td>October 2015</td>
</tr>
<tr>
<td>Data collection period</td>
<td>Monthly, beginning July 2015</td>
</tr>
<tr>
<td>KDS Measure ID(s)</td>
<td>KDS-HEN-ADE-3</td>
</tr>
</tbody>
</table>

ADE– ADEs due to Opioids

<table>
<thead>
<tr>
<th>Measure type</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator</td>
<td>Number of patients treated with an IV opioid who received naloxone</td>
</tr>
<tr>
<td>Denominator</td>
<td>Number of patients who received an IV opioid</td>
</tr>
<tr>
<td>Exclusions</td>
<td>Obstetrics and Emergency Department</td>
</tr>
<tr>
<td>Rate calculation</td>
<td>number of patients with IV opioid who received naloxone / number of patients with IV opioid x 100</td>
</tr>
<tr>
<td>Specifications/definitions Sources/Recommendations</td>
<td>Available from MHA Keystone: Pain Management</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>Hospital Reported: Submit to the MHA Keystone Data System (KDS) (Also a measure for the Keystone: Pain Management collaborative)</td>
</tr>
<tr>
<td>Automatic transfer from</td>
<td>n/a</td>
</tr>
<tr>
<td>Baseline period</td>
<td>October 2015</td>
</tr>
<tr>
<td>Data collection period</td>
<td>Monthly, beginning July 2015</td>
</tr>
<tr>
<td>KDS Measure ID(s)</td>
<td>KDS-HEN-ADE-4</td>
</tr>
</tbody>
</table>
# Falls with Injury (NQF 0202)

## HEN 1.0 Results

<table>
<thead>
<tr>
<th>TopicID</th>
<th>Measure Name</th>
<th>Percent Reporting</th>
<th>Number of Additional Hospitals Needed to Meet 80% Reporting</th>
<th>% Reduction (Positive Number Indicates Improvement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>Falls: With Injury minor or greater (NSC-5)</td>
<td>61.46</td>
<td>18</td>
<td>24.44</td>
</tr>
</tbody>
</table>

Falls: CMS HEN 2.0 Evaluation Measure (NQF 0202)

All Documented Patient Falls with an Injury Level of Minor or Greater

**Measure type**

Outcome

**Numerator**

Number of patient falls of injury level minor or greater (whether or not assisted by a staff member) in eligible units.

**Denominator**

Number of patient days in eligible units during the measurement period.

**Exclusions**

Non-eligible unit types: pediatric, psychiatric, obstetrical, etc.

**Rate calculation**

\[
\text{number of falls with injury} / \text{number of patient days} \times 1,000
\]

**Specifications/Definitions Sources/Recommendations**

Available from [NQF 0202](#).

**Data source(s)**

Hospital Reported: Submit to MHA Keystone Data System (KDS)

**Automatic transfer from**

n/a

**Baseline period**

2014

**Data collection period**

Monthly, beginning July 2015

**KDS Measure ID(s)**

KDS-HEN-Falls-1

---

# OB Adverse Events

## HEN 1.0 Results

<table>
<thead>
<tr>
<th>TopicID</th>
<th>Measure Name</th>
<th>Percent Reporting</th>
<th>Number of Additional Hospitals Needed to Meet 80% Reporting</th>
<th>% Reduction (Positive Number Indicates Improvement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EED</td>
<td>Elective Deliveries at &gt;= 37 Weeks and &lt; 39 Weeks (JC PC-1)</td>
<td>92.42</td>
<td>0</td>
<td>40.37</td>
</tr>
</tbody>
</table>

In HEN 2.0 we will be tracking two OB Metrics:

1. Early Elective Deliveries (JC PC-1)
2. Post Partum Hemorrhage
### OB Adverse Events-EED

**Measure type:**
- **Numerator:** Number of patients with elective vaginal deliveries or elective cesarean sections at ≥37 and <39 weeks of gestation completed
  - Medical induction of labor as defined in the Joint Commission Manual
  - Cesarean section as defined in the Joint Commission Manual and all of the following:
    - Not in labor
    - Not experiencing spontaneous rupture of membranes
    - No history of a prior uterine surgery
- **Denominator:** Number of patients delivering newborns with ≥37 and <39 weeks of gestation

**Exclusions:**
- Diagnostic codes for conditions possibly justifying elective delivery prior to 39 weeks gestation as defined in Appendix A (see source document)

**Rate calculation:**
- Number of elective deliveries between 37 – 39 weeks gestation / number of deliveries between 37 – 39 weeks gestation

**Specifications/definitions**
- **Data source (s):** Hospital Reported: Submit to MHA Keystone Data System (KDS) for OB Portal for Keystone OB Hospitals
- **Automatic transfer from:** n/a
- **Baseline period:** 2015
- **Data collection period:** Monthly, beginning July 2015

**KDS Measure ID(s):** KDS-HEN-OB-4

### OB Adverse Events-PPH

**Measure type:**
- **Numerator:** Number of women (who gave birth > 20 Q/7 weeks gestation) who were transfused with ≥4 units of any blood product during the birth admission. See included coder below.
- **Denominator:** Number of women giving birth (>20 Q/7 weeks gestation)

**Exclusions:**
- Only include women who have delivered (either vaginal or cesarean) and received a transfusion as a result of the delivery. All other instances would be exclusions e.g. transfusions for co-morbidities, other disease processes, or trauma.

**Rate calculation:**
- number of women transfused with ≥4 units of blood during birth / number of women giving birth

**Specifications/definitions**
- **Data source (s):** Hospital Reported: Submit to MHA Keystone Data System (KDS) for OB Portal for Keystone OB Hospitals
- **Automatic transfer from:** n/a
- **Baseline period:** 2015
- **Data collection period:** Monthly, beginning July 2015

**KDS Measure ID(s):** KDS-HEN-OB-4
Keystone Data System Demo

HEN 2.0 Kickoff

Keystone Data System

• New and Improving!
Getting Started

✓ Committed to the HEN
✓ Registered for boot camp
✓ Filled out enrollment assessment
  ✓ Enrolled in collaboratives
✓ Conferred NHSN rights
✓ Assembled your team

Now what? Where do I submit/access data?

Please have your IT team whitelist:

keystonedata@mha.org
@mha.org
@ihastaff.org

Just in case – keep an eye on firewalls and “junk” filters!
Keystone Data System (KDS)

mhakeystonedatasystem.org
or
mhekds.org

Keystone Data System

Select “Request Access.”
# Requesting Access

## Request Access Form

### Personal Information
- **Name**
- **Email**
- **Phone**
- **Organization Name**

### Survey Selection

<table>
<thead>
<tr>
<th>Survey Name</th>
<th>Collaborative Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAUTI Data Collection</td>
<td>MHA Keystone: CAUTI</td>
</tr>
<tr>
<td>CLABSI Data Collection</td>
<td>CLABSI</td>
</tr>
<tr>
<td>Falls Data Collection</td>
<td>Safe Care</td>
</tr>
<tr>
<td>HEN 2.0 Data Collection</td>
<td>HEN 2.0</td>
</tr>
<tr>
<td>Pain Management</td>
<td>Pain Management</td>
</tr>
</tbody>
</table>

---

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Requesting Access

Message

Security Check

Please type the word as it appears above:

Send

MHA KEYSTONE CENTER © 2015 MHA Keystone Center. All rights reserved.
Setting Up

1. Staff will verify & activate your account
2. Automated message from KDS – link to confirm email address
3. Create your password with
   - At least one uppercase letter
   - At least one digit
   - At least one non-digit symbol
   - Several lowercase letters
   - Example: X8!abc (don’t use this as your password)

Logging In

Sign in to continue to MHA Keystone Data System™

username@hospital.org

password

Sign in

Forgot your password? Request Access
Logging In

From: keystonedata@mha.org
Subject: SecurityCode
Expires in 10 minutes

Basic Navigation
Basic Navigation

Missing any surveys?
Fill out Support > Contact Us form
or
Email keystonedata@mha.org
### Basic Navigation

**Survey Name**:CLAES, Collection
**Description**: Central Line Associated Blood Stream Infection
**Status**:
**Collaborative**:
**Organization Type**:
**Temporal Period Type**:
**Entry Level**:

---

### Submissions

**Filter by organization, year, or status, and adjust page size (# of records shown)**

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Year/Period</th>
<th>Status</th>
<th>Validity</th>
<th>Patients Experiencing Excessive Anticoagulation with Warfarin</th>
<th>Patients Receiving Warfarin Anticoagulation Therapy</th>
<th>Hypoglycemia in Patients Receiving Insulin or Other Hypoglycemic Agents</th>
<th>Patients Receiving Insulin or Other Hypoglycemic Agents</th>
<th>Page Size</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keystone Center for Patient Safety and Quality</td>
<td>2015/Jan</td>
<td>Complete</td>
<td>Valid</td>
<td>2</td>
<td>22</td>
<td>5</td>
<td>55</td>
<td></td>
<td>Edit, Edit Status, Data</td>
</tr>
<tr>
<td>Keystone Center for Patient Safety and Quality</td>
<td>2015/Jan</td>
<td>Complete</td>
<td>Valid</td>
<td>3</td>
<td>33</td>
<td>4</td>
<td>44</td>
<td></td>
<td>Edit, Edit Status, Data</td>
</tr>
<tr>
<td>Keystone Center for Patient Safety and Quality</td>
<td>2015/Jan</td>
<td>Not Started</td>
<td>Invalid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Edit, Edit Status, Data</td>
</tr>
</tbody>
</table>
Edit Data

Excessive Anticoagulation with Warfarin - Inpatients

- Inpatients experiencing excessive anticoagulation with warfarin
- Inpatients receiving warfarin anticoagulation therapy

Excessive Anticoagulation with Warfarin Rate: 0.060%

Hypoglycemia in Inpatients Receiving Insulin

- Hypoglycemia in inpatients receiving insulin or other hypoglycemic agents
- Inpatients receiving insulin or other hypoglycemic agents

Rate of hypoglycemia in inpatients receiving insulin: 0.060%

Enter data in boxed fields
Calculations will occur once proper fields are complete

Save = submit and return to submissions
Back = return to submissions without saving changes

Export

Survey Data Export

- Collaborative: Select
- Data Survey: Select
- Organization: Select a Data Survey First

Note: All will filter to your allowed organizations.

- Starting Year
- Ending Year
- Submission Status: All
- Is Valid: All

Export
Export

Coming Soon…

• Notification alerts

• Reports

• Score cards

• Reference pages/documents

• You!
Questions?

Website: https://www.alliance4ptsafety.org/HEN.aspx

Illinois
Please email; IllinoisHEN@IHAstaff.org

Or contact: Adam Kohlrus, CPHQ, CPPS
Director, Performance Improvement
IHA Institute for Innovations in Care & Quality
akohlrus@ihastaff.org | (217) 541-1181

LUNCH!
Please complete your certificate and get your selfie taken by an IHA staff member...

I commit to...
Next week I will...
I learned...
Ah Ha!...
HEN 1.0 Strategies and Successes from the Field

Hospital Engagement Network (HEN) 2.0
Kickoff Meeting
November 13, 2015

Red Bud Regional Hospital
Collaboration with the HEN
2011-2014
CEO Support

• Impacts strategic initiatives r/t patient safety
• Positive financial impact and rewards
  – RM Premium Credit Activity for $8K
  – $2.5K Hen rebates
  – Educated novice Quality leader
  – Focused hospital leadership on reducing patient harm
• Opportunity to collaborate with other hospitals

2011-2013

• 2011
  – Joined the HEN
  – First Collaborative
• 2012
  – Chicago Wave 2
  – Indianapolis Wave 3
  – Focus & Direction-Templates
    • Falls
    • Pressure Ulcers
    • Readmissions
    • SSI
    • CAUTIs
• 2013
  – Quality Director Boot camp
  – CPHQ
  – CPPS
  – Focus & Direction-Templates
    • Falls
    • Pressure Ulcers
    • SSI
    • Readmissions
• 2014
  – Presentation at IHA State Wide Meeting
  – IHI Conference in Orlando, Florida
2015 HEN 2.0

- Resources are invaluable
- Extremely pertinent to your facilities’ challenges
- Minimal time investment
  - Field Trips/Collaboration
- Reduce Preventable Harm

Jerseyville Community Hospital
HEN 1.0 Experience
Sails and Anchors - 30 Minutes

What do YOU Need to Succeed in HEN 2.0??

1. Select a moderator/reporter
2. Draw a sailboat on the flip chart
3. Identify factors that can help move HEN 2.0 along (“sail”)
4. Identify the factors that can slow down HEN 2.0 (“anchors”)
5. Write them on notes and post on your sailboat
6. Report out your findings

MHA-IHA HEN 2.0 Resources and Collaborative Opportunities

Hospital Engagement Network (HEN) 2.0
Kickoff Meeting
November 13, 2015
MHA-IHA HEN 2.0 Website
Access directly at: https://www.alliance4ptsafety.org/HEN.aspx or thru the IHA website.

MHA-IHA HEN 2.0 Website
Access directly at: https://www.alliance4ptsafety.org/HEN.aspx or thru the IHA website.
MHA-IHA HEN 2.0 Website
Access directly at: [https://www.alliance4ptsafety.org/HEN.aspx](https://www.alliance4ptsafety.org/HEN.aspx) or thru the IHA website.

Enter your HEN 2.0 data
MHA-IHA HEN 2.0 Website
Access directly at: [https://www.alliance4ptsafety.org/HEN.aspx](https://www.alliance4ptsafety.org/HEN.aspx) or thru the IHA website.

**Register for a Collaborative by Jan 1**
Deeper Dive into the MHA-IHA Collaboratives

- Structure: Kick-off in-person meeting, followed by monthly webinars and coaching calls with national experts. Each collaborative collects its own baseline and monthly data to ensure focused progress is made and sustained and each collaborative continues and grows beyond the HEN 2.0 year.

- Collaboratives utilize the Johns Hopkins University 4Es methodology:
  - **Engage**: Share stories and baseline data that show how the project will improve culture and patient outcomes.
  - **Educate**: Educate staff on evidence and interventions needed for change to occur.
  - **Execute**: Standardize procedures, create independent checks, learn from mistakes and empower staff to pause a procedure if they see a potential error, safety or quality issue.
  - **Evaluate**: View infections or harm as defects in care and provide feedback on performance.

MHA-IHA Collaboratives

MHA-IHA HEN participants have the opportunity to join any (or all) of these 6 Collaboratives:

1. Pain Management
2. ICU (Delirium and Early Mobility)
3. Sepsis
4. Obstetrics
5. CAUTI
6. Readmissions
Pain Management

**Goal:** reduce opioid-related adverse events, improve appropriate pain management, decrease opioid usage statewide and enhance patient expectation management

**Interventions:**
1. Screen to determine if patients are opioid naïve or tolerant prior to receiving any opioids.
2. All patients needing pain control will have multimodal analgesia, follow the World Health Organization analgesic pain ladder.
3. Assess all patients receiving opioids via the Michigan Opioid Safety Score or Pasero Opioid-induced Sedation Scale to prevent unintended sedation and respiratory depression.
4. Patients receiving opioids will not receive more than one concomitant sedative.
5. All patients receiving pain medications will be counseled on potential medication side effects and expectations of realistic pain management.
6. Establish policies and procedures for patients no longer responding to treatment, including increased monitoring, level of care and appropriate pain consultation.
7. Patients requiring a PCA will be monitored via pulse oximetry and/or capnography.

ICU – Delirium and Early Mobility

**Goal:** reduce the risk of ICU patients developing delirium and encourage early mobility of those that are mechanically ventilated.

**Interventions:**

ABCDEF bundle

A. Assess, Prevent and Manage Pain
B. Both Spontaneous Awakening Trials and Spontaneous Breathing Trials
C. Choice of Sedation
D. Delirium: Assess, Prevent and Manage
E. Early Mobility and Exercise
F. Family Engagement and Empowerment
Sepsis

**Goal:** Reduce mortality of septic patients through the implementation of the Surviving Sepsis Bundle

**Interventions:**

**Within 3 hours:**
- Measure lactate
- Obtain blood cultures prior to administration of antibiotics
- Administer broad spectrum antibiotics
- Administer 30mL/kg crystalloid (Lactate \(\leq 4\) or hypotensive)

**Within 6 hours:**
- Apply vasopressors to maintain mean arterial pressure \(\geq 65\) mmHg.
- Measure central venous pressure or central venous O2 saturation
- Re-measure lactate if initial was elevated

Obstetrics

**Goal:** reduce the risk of perinatal harm to mothers and babies.

**Interventions:**

- Management of Post-Partum Hemorrhage
- Management of Preeclampsia
- Reduction of Early Elective Deliveries (continued focus)
Catheter Associated Urinary Tract Infections (CAUTI)

**Goal:** Reduce the risk of patients developing CAUTI.

**Interventions:**
- Conduct a gap analysis gauge a hospital’s practices regarding CAUTI.
- Used the Learning From Defects tool to identify improvement opportunities.

---

**Readmissions Collaborative**

- Contracted Cynosure Health as content experts and collaborative leads.
- Collaborative will consist of an 11 part webinar series beginning in February 2016.
- Development of a Reducing Readmissions Implementation Workbook.
- Establishment of a Readmissions Peer to Peer Learning Network.
Questions?

Website: https://www.alliance4ptsafety.org/HEN.aspx

Illinois
Please email: IllinoisHEN@IHASTAFF.org

Or contact:
Adam Kohlrus, CPHQ, CPPS
Director, Performance Improvement
IHA Institute for Innovations in Care & Quality
akohlrus@ihastaff.org | (217) 541-1181

Action Planning Time

Identify your BARRIERS to successful completion, RESOURCES you would like, a few integral ACTION STEPS you will need to take, and your ESTIMATED DATE OF COMPLETION
Next Steps

1. Confer rights to NHSN
2. Decide on collaborative participation

Thank YOU! Safe travels!

Website: https://www.alliance4ptsafety.org/HEN.aspx
Any questions, please email: IllinoisHEN@IHAstaff.org