MHA: Strategic Quality
What’s Up Wednesday | Lunch and Learn
Your clinical quality, process improvement resource

Jessica Rowden, RN, BSN, MHA
Clinical Quality Improvement Manager
Housekeeping

- Please ask questions
  - press *1
  - type questions in the question box feature of the webinar platform
  - interactive networking platform

- Please fill out the evaluation
  - give feedback
  - offer suggestions of what would be beneficial to your organization

- Be a featured hospital speaker!
May Topics of Interest

- Hospital spotlight – Capital Region Medical Center
- High reliability principles – Anticipation
  - preoccupation with failure
  - avoid simplifying interpretations
  - situational awareness
- IPPS CMS Update
- Transparency update
- HEN 2.0 update
- New networking capabilities
- Upcoming events
Refresher

- HIDI:  [www.hidianalyticadvantage.com](http://www.hidianalyticadvantage.com)
  - MOHEN – if you have not uploaded your data, touchbase with me
  - HIDI is able to upload data from other HEN cohorts into Quality Collections for continuation of tracking; touchbase with me
  - Analytic Advantage Reports available under the Quality Tab/SQI; touchbase with me if you have questions

Hospital Spotlight

Capital Region Medical Center
Jennifer Atkins, Quality Manager at Capital Region Medical Center

Focusing on Harm Events
A little bit about Capital Region Medical Center

- Acute care hospital
- Inpt and Outpt Surgery at main facility
- Outpatient Services – including Mental Wellness, Cancer Center, Diabetes Mgmt Center and Healthplex (fitness and therapies)
- Home Health Agency
- 30+ clinics
- Services cover a wide scope of Healthcare beyond the inpatient setting
Past Approach to Harm Events

- Focus on individual harm events – falls, pressure ulcers, infections, sentinel events, etc.
- Focus was mainly inpatient areas
- Retrospective reviews and analysis of events with little sharing/transparency to organization
- Joined the HEN initiative through MHA in 2011 and started looking at individual harms in a shared group setting
- Began sharing patient safety stories to the Board and our Board QA&I in 2013
Pt Safety Committee covers a broad scope of topics and initiatives – we needed to focus and start making real change that covered the scope of our organization – hospital, clinics, home health, outpatient services, and procedural areas.

We had completed the Patient Safety Culture Survey multiple times without gaining much improvement.

We did not have a method for sharing our committee’s work and learning's with the organization.
Today’s Approach

- CRMC Administrative Council is focusing the Quality section of our Organizations Dashboard on Harm Events in a raw number, something everyone can easily understand.

- Pt Safety Committee has spent the last year focusing in on what level of detail this committee needed to receive on individual teams and reports – eliminating duplication where we already have a team looking at detailed analysis.

- We are focusing our efforts to areas where risk of harm is greater and where our culture has opportunities to improve:
  - Completed the Patient Safety Culture Survey in fall 2014, using Top OFI’s identified for areas of priority for the Pt Safety Committee (both hospital and clinic).
Stopped looking at each individual report and focused on creating a Patient Harms Dashboard for the Pt Safety Committee

Identified action items for our two of our top three OFI’s in the hospital and for one OFI in our clinic network (ex. Handoffs and Transitions)

Fully participating in a PSO which helps us to feel comfortable being more transparent within our organization

Began focusing in on one of our harm events that we struggle with - Falls
# Gaining Traction and Focus

## Patient Safety Dashboard: Patient Harms

Data is entered for illustration purposes but is not actual data from CRMC

<table>
<thead>
<tr>
<th>4Q14</th>
<th>Key Metrics</th>
<th>J 14</th>
<th>F 14</th>
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<td>3</td>
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<td>2</td>
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</table>

(Note: The data is for illustration purposes and not actual data from CRMC.)
First a Beat 16 campaign
Now a Beat 23 campaign
Days since last fall and displayed on organization intranet – update daily
Communication Board for “days since last fall” piloted on Inpt Rehab and then rolled out to other floors
Organization Dashboard revised for last half of fiscal year to have Inpt Fall Rate for Quality metric
Focusing in on these metrics will allow the pt safety committee to provide better support to higher harm areas and allow the individual teams that report to Pt Safety to focus in on details

Organization will be aware that events do happen and focus all areas on prevention

Starting the conversation with patients and families about preventing harm
FY16 Organization Dashboard will include a goal to reduce patient harms and a metric that is the system wide harm raw number.

Making our Board aware of the work that is going on to prevent harm events.

Goal is to provide safe, quality care and to learn from events that occur.
Thanks to CRMC’s Patient Safety Committee, Leadership and amazing employees for supporting these important efforts, along with striving to make CRMC Better. Everyday.

Questions?
HRO Principles – Anticipation
High Reliability Organizations

HRO is not a process improvement program...it is an organizational culture designed to reduce the frequency and severity of catastrophic events.

“The study of ‘high reliability’—or consistent performance at high levels of safety over long periods of time—began with investigations of organizations that manage extreme hazards with exemplary safety records, far better than those in health care today.” Chassin & Loeb, Health Affairs, April 2011

Three requirements for achieving high reliability:

- Leadership
- Safety Culture
- Robust Process Improvement
How are you going to stay out of trouble?
HRO Principles – 3 Elements of Anticipation

- Preoccupation with failure
- Avoid simplifying interpretations
- Sensitivity to operations & situational awareness
Preoccupation With Failure

• Is harm possible in your organization?
• 99,000 Americans die in hospitals each year from health care associated infections while hand hygiene compliance routinely registers in the 40 percent range
• Operations are still performed on the wrong body part or the wrong patient
• Fires still ignite during surgery
• Wrong medications are still given to our patients
Never events are called never events for a reason
All near-misses and errors are proof of system errors
Avoid the Swiss cheese effect
Pursue causality
Avoid Simplification

- Details matter in error prevention
- A “best practice” solution is not always a quick, easy fix
Sensitivity to Operations/Situational Awareness

- What happens when a front line staff experiences an unsafe practice
- Poor communication within and between teams
- Transition handoffs fraught with risk
Sensitivity to Operations/Situational Awareness

• Are we supporting a “culture of low expectations”
• Continual mindfulness by all staff of risks and failure opportunities
• Continual review with staff of the risks involved with their professional functions
• Culture and behavior at system and operational level
IPPS CMS Update
Push Toward Pay for Performance

“I need your help in accelerating the pace of progress.”
-Sylvia Burwell

17% Reduction

40% Reduction

0 Harm

Safety Across the Board
**CMS’ Bold Payment Model Aims**

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2018</th>
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<tbody>
<tr>
<td>Medicare Alternate Payment Models Tied to Value</td>
<td>30 percent</td>
<td>50 percent</td>
</tr>
<tr>
<td>Medicare FFS Payments Tied to Quality/Value</td>
<td>85 percent</td>
<td>90 percent</td>
</tr>
</tbody>
</table>
IPPS 2016 Proposed Rule

- Scheduled Federal Register publish date- April 30, 2015
- Comment period ends 60 days after FR date
- Final Rule should be available August 1, 2015
Proposed Payment Changes

• Acute Care PPS marketbasket increase of 1.1 percent for those who submit quality data and participate in Meaningful Use
  ➢ other factors can change payment rate for individual hospital
    – failure to report quality data
    – failure to participate in meaningful use
    – wage index
    – DRG utilization
Payment Adjustments

- Continued penalties for Hospital Readmissions Reduction Program
- Continued 1% penalties for Hospital Acquired Condition Reduction Program
- Continued bonuses/penalties for hospital Value-Based Purchasing
Hospital Inpatient Quality Reporting Program

Proposal for FY18 payment determination

Add 8 new measures
Remove 9 measures
Refine 2 measures
Proposed New Measures

- Hospital Survey on Patient Safety Culture (structural)
- Kidney/UTI Clinical Episode-Based Payment (claims)
- Cellulitis Clinical Episode-Based Payment (claims)
- Gastrointestinal Hemorrhage Clinical Episode-Based Payment (claims)
Proposed New Measures

• Lumbar Spine Fusion/Re-Fusion Clinical Episode-Based Payment (claims)
• Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Primary Elective THA/TKA (claims)
• Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction (claims)
• Excess Days in Acute Care after Hospitalization for Heart Failure (claims)
Proposed Measure Removal

- STK-01: Venous Thromboembolism (VTE) Prophylaxis
- STK-06: Discharged on Statin Medication
- STK-08: Stroke Education
- VTE-1: VTE Prophylaxis
- VTE-2: Intensive Care Unit VTE Prophylaxis
- VTE-3: VTE Patients with Anticoagulation Overlap Therapy
Proposed Measure Removal

- IMM-1: Pneumococcal Immunization
- AMI-7a: Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
- SCIP-Inf-4: Cardiac Surgery Patients with Controlled Postoperative Blood Glucose
Refine Existing Measures

- 30-Day, All-cause, Risk-Standardized Mortality Rate following Pneumonia Hospitalization
- 30-Day, All-cause, Risk-Standardized Readmission Rate following Pneumonia Hospitalization
Value Based Purchasing

• Proposal for FY18 payment determination
  ➢ Add care coordination measure to HCAHPS survey
    – 3-Item Care Transition Measure (CTM-3)
  ➢ Remove 2 measures
    – IMM-2: Influenza Immunization
    – AMI-7a: Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
Care Transition Measure

• During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
  ➢ (Strongly Disagree/Disagree/Agree/Strongly Agree)

• When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
  ➢ (Strongly Disagree/Disagree/Agree/Strongly Agree)

• When I left the hospital, I clearly understood the purpose for taking each of my medications.
  ➢ (Strongly Disagree/Disagree/Agree/Strongly Agree/Was Not Given Medications)
Hospital Acquired Conditions Reduction Program

- Proposal for FY18 payment determination
  - Expand population for two existing measures
    - CAUTI and CLABSI
  - Adjust relevant to contribution of each domain to total HAC score
  - Add extraordinary circumstances exception policy
Hospital Readmissions Reduction Program

• Proposal for payment determination
  ➢ Refinement of Pneumonia readmission measure to expand cohort (FY17)
  ➢ Add extraordinary circumstances exception policy (FY16)
  ➢ Continue research of risk adjustment for socioeconomic status
CMS’ Strategy

- Convening Stakeholders
- Incentivizing Providers
- Partnering with States on Payment Models
- Information exchange

- **Full Proposed Rule** (it’s 1,526 pages)
- **Issue Brief**
HEN 2.0 Update
HEN 2.0 Overview

• MHA is part of AHA/HRET’s HEN cohort
• HEN 2.0 tab to our website:
  ➢ keeping updated portal of HEN happenings
  ➢ sending formal announcements via email to those organizations in our network as well as update our HEN 2.0 tab
HEN 2.0 Overview

• 10 core topics (all applicable topics are required)
  ➢ Adverse Drug Events
  ➢ CAUTI
  ➢ CLABSI
  ➢ Injuries from falls and immobility
  ➢ OB adverse events
  ➢ Pressure Ulcers
  ➢ SSI
  ➢ VTE
  ➢ VAE
  ➢ Readmissions

• Optional/additional topics
  ➢ Severe Sepsis and Septic Shock
  ➢ Hospital Culture of Safety that fully integrates patient safety with worker safety
  ➢ Iatrogenic Delirium
  ➢ C. diff including antibiotic stewardship
  ➢ Undue Exposure to Radiation
  ➢ Airway Safety
  ➢ Failure to Rescue
HEN 2.0 Hospital Expectations to Ensure Success

• Once the project is awarded and begins, have your CEO sign a commitment that they will work on the aims of the PfP
• Ensure your success in HEN 2.0
  ➢ participate in webinars and in-person meetings and utilize the tools and resources available to them to drive improvement in all target areas
    – START PLANNING YOUR IMPROVEMENT IDEAS
  ➢ form a HEN team
    – HOW WILL YOU DO THIS? WHO WILL BE ON YOUR TEAM?
    – GO AHEAD AND SCHEDULE MONTHLY MEETINGS BEGINNING IN AUGUST!
Immersion Project

- Rapid-process improvement model
- Quarterly guided participant calls
- Quarterly guided deliverables
- Ability to network across group participants
- End-of-project report out
HRET Data

- May 8 the current HRET/HEN NHSN group will be discontinued
  - the NHSN admin from your hospital might get a notification from NHSN
- MHA encourages all hospitals to confer NHSN rights with HIDI
  - instructions [here](#)
- On May 31, CDS access will be deactivated to prep for HEN 2.0
  - HEN 1.0 data was sent to hospitals in December 2014
  - HRET will keep a copy of HEN 1.0 data
- MHA will utilize HIDI Quality Collections for data collection in HEN 2.0
HEN 2.0 Timeline

- **March 23**: MHA submit final preliminary budget to HRET
- **March 28**: HRET submit RFP to CMS
- **Summer 2015**: CMS to award grant
- **August 1**: Formal letters of commitment will be sent to MO hospital CEOs
- **August 1**: Projected start date of HEN 2.0
Transparency Update
2015 Missouri Quality Outcome Measures

**Care Coordination**
- Manage Chronic Disease
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Hypertension
  - Diabetes
  - Congestive Heart Failure (CHF)
- Reduce Readmissions
  - Hospitalwide
  - Congestive Heart Failure (CHF)
  - Heart Attack (AMI)
  - Pneumonia
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Hip or Knee Replacement

**Clinical Excellence**
- Reduce Infections
  - Post-operative Sepsis
  - Catheter-associated UTI
  - Central line-Associated Blood Stream Infection
  - *Clostridium difficile* (C-diff)
  - Methicillin-resistant Staphylococcus Aureus (MRSA)
  - Surgical Site Infections – Colon
  - Surgical Site Infections – Abdominal Hysterectomy
- Reduce Harm
  - Falls
  - Venous Thromboembolism
  - Mortality
  - Pressure Ulcers
Transparency Update

- Missouri Quality Transparency data was updated, Friday, April 24th
- All 23 claims-based measures are now included
- Over 110 acute care and critical access hospitals in Missouri have dashboards
- Edits were made to the dashboard layout and refinement will continue
- Data date ranges
  - readmission data through November 2014
  - newly created infection measures through December 2014
  - AHRQ and HAC data through September 2014 – will be updated soon to include October through December 2014
MHA has developed a **tutorial** to assist quality staff with accessing and understanding their quality data.
Questions?

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Vice President of Quality Program Development  
573\893-3700, ext. 1314  
ddowning@mhanet.com
Networking Capabilities

And resources
Join the Conversation and Network!

- Linked In
  - Open group: MHA Strategic Quality
  - Closed group: Clinical Excellence
  - Closed group: Care Coordination and Readmission
Member Resources and Support

Strategic Quality

Today, health care leaders are navigating the transformation of payment and health care delivery driven by provisions in the Affordable Care Act, signed into law March 23, 2010. The shift from volume- and fee-based payments to payments based on outcomes requires significant changes in the coordination, communication and delivery of care. The goal of every hospital is to maximize patient-centered, efficient quality of care, while reducing financial costs and penalties. This “Triple Aim” approach has the goals of improving the individual experience of care, improving the health of populations and reducing the per capita costs of care for populations.

Health care systems and providers must transition from episodic treatment of primarily chronic diseases among an aging population to a coordinated system of prevention, primary, acute, long-term and end-of-life care services. MHA, recognizing the challenges and opportunities of this new paradigm, is strategically positioned to help Missouri hospitals and health systems. The transformative changes in health care today are challenging, yet Missouri’s hospitals are poised to build on the success of the hospital engagement network. The work continues. A focused strategy to reduce variation and improve care is underway. MHA and Missouri hospital leaders and providers are poised to lead the efforts in every Missouri community for better health, better care, and lower costs. Contact us anytime.

Join the conversation on LinkedIn.

http://web.mhanet.com/strategic-quality/
Quality Transparency and Data Measurement Resources

Specialty Services & Hospital QUALITY REPORTING GUIDE
Clinical Quality and Patient and Family Engagement Resources
6 Things to Start Next Week: Action Items

- Sign up for the Quality Conference in Columbia
  - open invite to all applicable positions in your organization
- Assess your organization, are you ready to become a HRO?
- Review your organization’s transparency data
- List your HEN stakeholders and form your HEN team
- Join LinkedIn
  - network with me, Jessica Rowden
  - join MHA Strategic Quality group
- Confer NHSN rights with HIDI
Upcoming Events
Upcoming Events – Quality Conference

- May 20-21 - Strategic Quality 101 Conference, in Columbia at the Hilton Garden Inn (Register)
  - Affordable Care Act and Population Health
  - Inter-Relationship of Quality and Finance
  - Fundamentals of Clinical Core Measures Regulatory and Quality Reporting
  - HIDI Data Reporting
  - Data and Measurement
  - Process Improvement Tools
  - PSO Update
  - Clinical Quality Environment
  - Engaging Stakeholders in Quality
  - Quality and Community
Upcoming Events

- May 27, from Noon to 1 p.m. - [MHA Clinical Quality Quarterly Webinar](#)
- June 3, from Noon to 1 p.m. - [Lunch & Learn: What's Up Wednesday](#) (register, then dial 855/427-9512)
- Join MHA SQI staff at the June 16-18 in Denver, Colorado at the Westin Denver Downtown for the TeamSTEPPS National Conference! Visit the TeamSTEPPS [website](#) to view the agenda and register for this [free](#) event.
OB Harm Regional Meetings, May & June

- May 7 – CoxHealth 3801 S National, Springfield, MO (Register)
- May 27 – Women’s and Children’s Hospitals, 404 Keene Street, Columbia, MO (Register)
- June 2 – Saint Luke’s Hospitals of Kansas City, 4401 Wornall Road, Kansas City, MO (Register)
- All meetings held from 10:00 a.m. to 3:00 p.m.

Visit our website for additional events and links

Leslie Porth, Ph.D., R.N., MSN
Division Vice President of Strategic Quality Improvement

- Triple Aim
- Population Health
- Oversight of division (Quality Improvement, Quality Works, Emergency Preparedness)

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- Clinical quality SME
- Oversight of Quality Improvement
- Grant management
- Collaborative management
- Patient & Family Engagement

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- National quality measures
- Quality outcome transparency
- Electronic clinical quality measures
- MBQIP grant lead

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Clinical Quality Improvement Manager

- Clinical quality SME
- Data management and analytics
- HEN/AHRQ grant projects
- TeamSTEPPS
- Host of WUW|LN

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Cheryl Eads
Executive Assistant of Quality Improvement

- Provides support to the SQI team
- Coordinates webinars, conference calls and meetings
- Distributes correspondence and communication
- Assists in maintaining reports

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Thank you for joining us

• Please fill out the evaluation
  ➢ give feedback
  ➢ debrief: tell us what went well and what didn’t
  ➢ offer suggestions to help us improve
  ➢ what topics would be beneficial to your organization
• Be a featured hospital speaker!
• See you next month, June 3\(^{rd}\) @ noon
  ➢ on the menu: HRO principles and hear a hospital’s CAUTI reduction journey