

# The American Hospital Association/Health Research & Educational Trust Hospital Engagement Network



Annual Report - December 2013

## EXECUTIVE SUMMARY



## Overview

The American Hospital Association (AHA)/Health Research & Educational Trust (HRET) Hospital Engagement Network (HEN) is comprised of 31 participating states and U.S. Territories and over 1,500 hospitals. As part of the Partnership for Patients Campaign to reduce patient harm by 40 percent and readmissions by 20 percent, the AHA/HRET HEN and its partners, including the 31 state hospital associations, have worked with discipline and speed to improve care in ten clinical areas that have resulted in over 69,000 patients who had harm prevented and an estimated cost savings of over \$200 million in 2012 and 2013 combined. These results were achieved by making significant progress towards achieving the improvement goals of the Partnership for Patients Campaign.

### HARMS PREVENTED WITH COST SAVINGS - PROJECTIONS THROUGH END OF BASE PERIOD

Topic	Harms Prevented	Cost Savings
CAUTI	2,806 patients who did not have a CAUTI	\$ 1,221,600
CLABSI	611 patients who did not have a CLABSI	\$ 8,452,600
EED	13,340 babies who were not electively delivered before 39 weeks (640 babies who did not have to go to the NICU)	\$ 3,132,200
Readmissions	50,442 All Cause 30-Day Readmissions Prevented	\$166,311,600
Pressure Ulcers	96 Stage III/IV Pressure Ulcers Prevented	\$ 933,400
SSI	1,337 patients who had a SSI prevented	\$ 15,056,000
VAP	368 patients who did not have a VAP	\$ 6,430,100
VTE	72 patients who did not have a Post-Operative PE or DVT	\$ 210,200
<b>Estimated Total</b>	69,072 patients who had a harm prevented	\$201,811,600

Data Source: Comprehensive Data System (10/28/2013)

### AHA/HRET: ACHIEVEMENT OF TARGETS - OCTOBER 2013

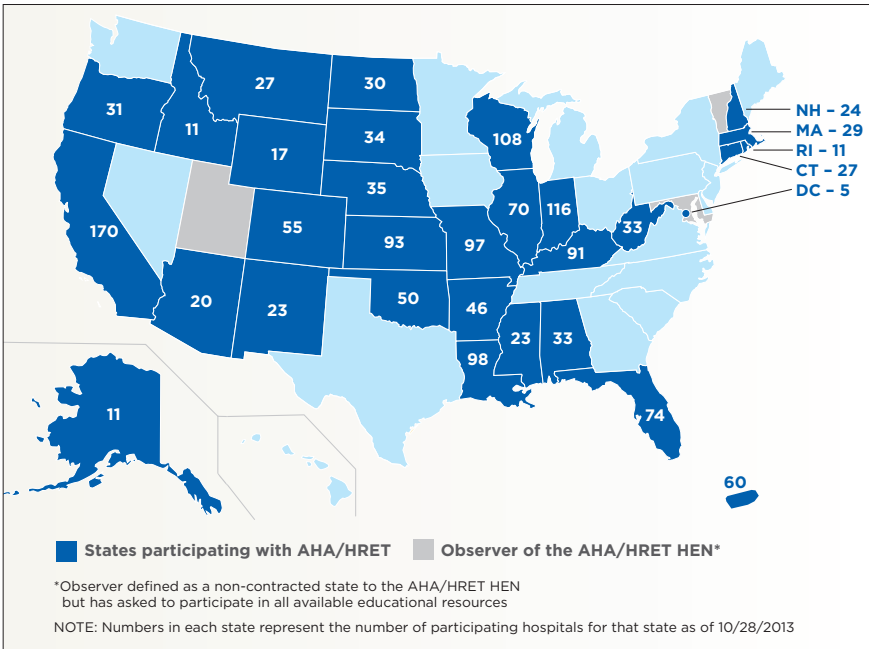
AEA	At least 60% Reporting	30% Change from Baseline (15% Readm)	17.6% Change from Baseline (15% Readm)*	Met High Performance Benchmark	Achievement of Target**
ADE					
CAUTI	✓		✓		✓
CLABSI	✓				
Falls	✓				
OB-EED	✓	✓			✓
OB-Other	✓				
PrU					
SSI	✓	✓			✓
Readm	✓				
VAP					
VTE					
<b>Total</b>	<b>7</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>3</b>

\* 17.6 Improvement includes improvement from 17.6% to <30%.

\*\* ✓ Indicates HEN met at least one target: 30% improvement, 17.6% improvement, or high performance benchmark (or 15% improvement for readmissions).

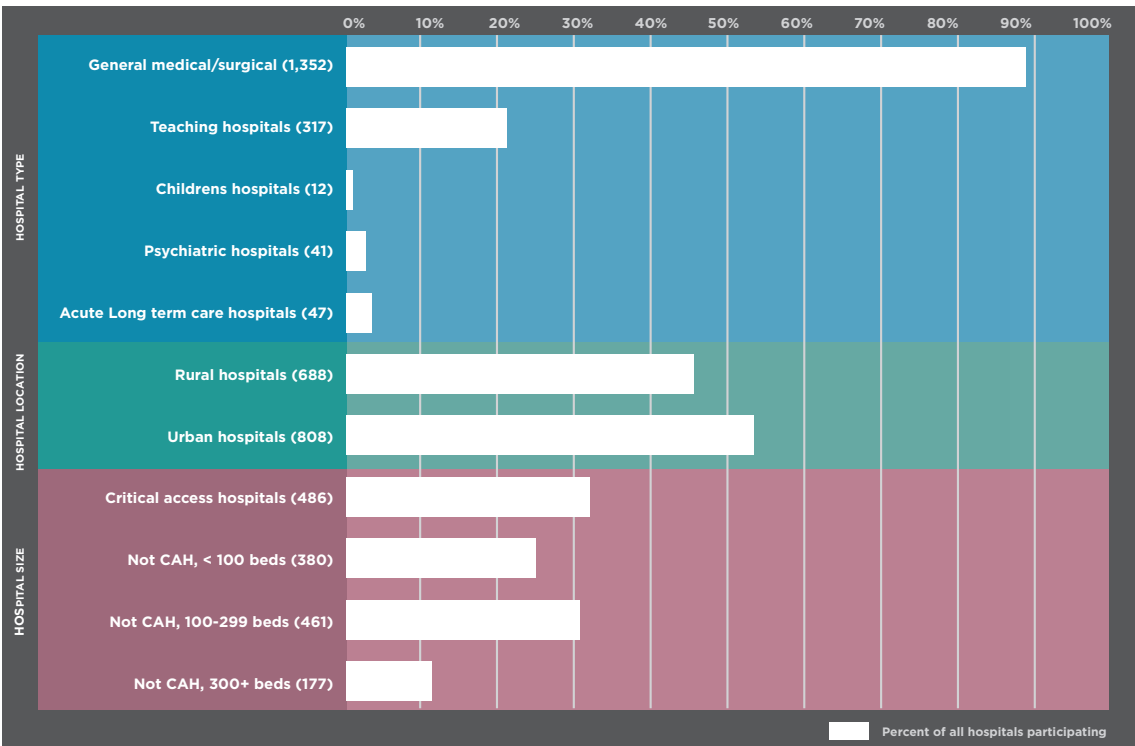
## Overview (CONTINUED)

### AHA/HRET HEN STATE PARTICIPANTS



The diverse group of hospitals participating in our HEN represents a majority of the facilities in the country working towards keeping patients safer and improving overall patient. Forty-six percent of the hospitals in the network are rural hospitals and 33 percent of the hospitals are critical access. This level of diversity offers an opportunity for the AHA/HRET HEN to achieve and share best practices that are relatable and transferable to any hospital across the nation.

### CHARACTERISTICS OF PARTICIPATING HOSPITALS



## Overview (CONTINUED)

### What is our approach?

#### How We Do It?

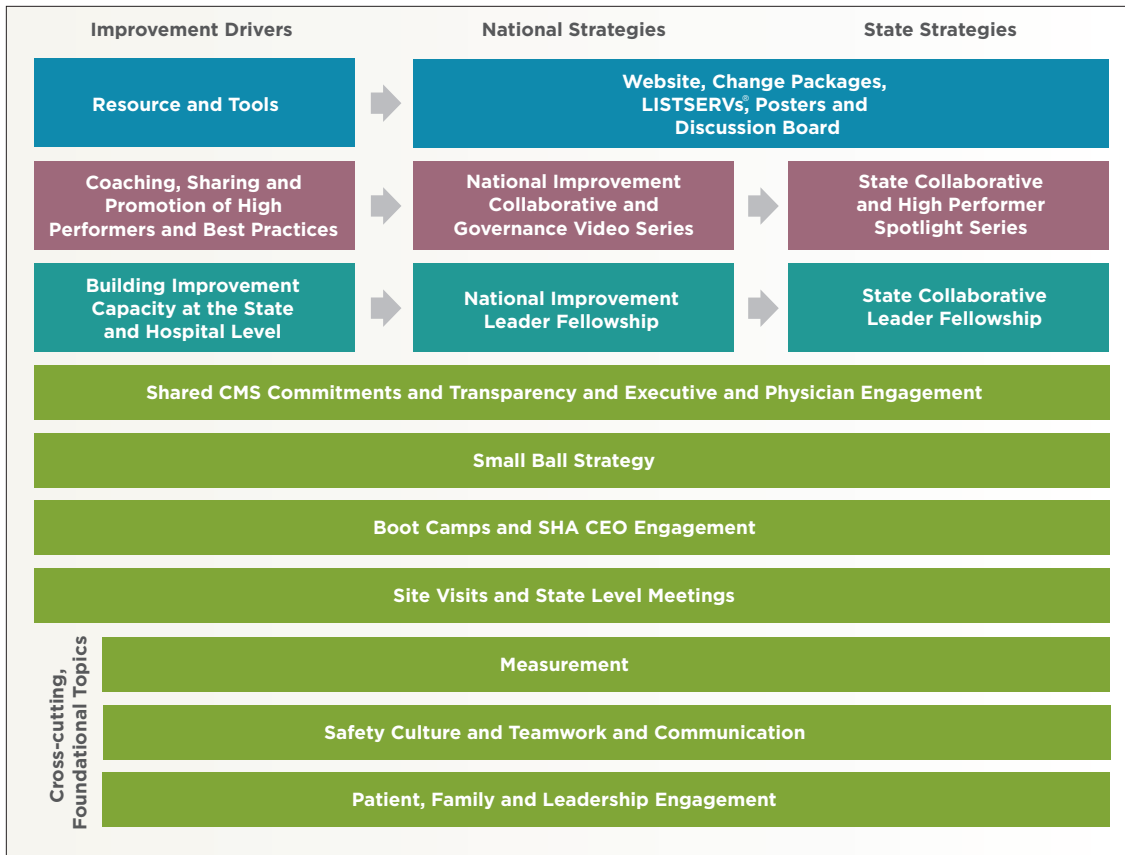
The AHA/HRET HEN is focused on Theories of Change and key Cross-cutting Drivers to reduce harm and readmissions. In 2012, our Theories of Change focused on:

- 1. Measurement:** Utilizing internal and partner infrastructure to educate state hospitals associations (SHAs) and their hospitals on the principles of measurement, as they relate to reducing harm and readmissions.
- 2. Safety Culture, Teamwork and Communication:** Leveraging existing relationships with the Agency for Healthcare Research & Quality (AHRQ) to provide TeamSTEPPS education and training for SHAs and their hospitals.
- 3. Patient, Family and Leadership Engagement:** Incorporating patient, family and leadership stories into peer-to-peer learning for SHAs and their hospitals.

These Theories of Change acted as the building blocks for our network and complimented our key cross-cutting drivers:

1. Building Improvement Capacity
2. Accelerating Peer-to-Peer Learning
3. Providing Coaching to Support Adoption

#### AHA/HRET HEN OVERALL APPROACH TO ACHIEVING 40/20 GOALS



## Overview (CONTINUED)

**Small Ball Strategy:** To implement the small ball strategy, the AHA/HRET HEN worked with the states to provide improvement coaching at both the state and hospital level. This coaching was delivered through site visits, topic specific boot camps and smaller, focused state level meetings. The AHA/HRET HEN team also focused on engaging the SHA CEO in this strategy by holding more frequent and intense calls to gain and maintain buy-in.

**Leadership Commitments, Transparency, and Engagement:** To foster a transparent environment that would help drive improvement towards the 40/20 goals, the AHA/HRET HEN team released reports and dashboards to share progress at both the HEN, state and hospital level. Based on our progress, the AHA/HRET HEN established commitments to serve as milestones to help us achieve the 40/20 goal. A focus was also placed on engaging hospital executives and physician leadership in an effort to continue to push and accelerate the work.

**Building Improvement Capacity at the State and Hospital Level:** Through the AHA/HRET HEN Improvement Leader Fellowship, improvement capacity has been built at both the state and hospital level. The curriculum which is led by faculty from the Institute for Healthcare Improvement (IHI) provides beginners and more advanced QI staff with the tools needed to advance their work.

**Coaching, Sharing and Promotion of High Performers and Best Practices:** The AHA/HRET HEN prides itself empowering the high performers to share their best practices and results. This type of sharing occurs on all of the educational offerings and through our LISTSERVs®.

**Resources and Tools:** The AHA/HRET HEN hospitals have access to a wealth of resources and tools to help guide their improvement work. The AHA/HRET HEN website contains over 850 tools and resources including a change package for each of the clinical topic areas of which there have been over 50,000 downloads. Another resource is peer-to-peer sharing on our topic-specific LISTSERVs®. To date, we have a total of over 4,000 subscribers to our topic and affinity LISTSERVs®. In 2013, we also launched the Fellowship discussion board which is a platform for our Fellows to discuss key questions, reinforce the components of the curriculum and to share best practices and lessons learned.

### COMPONENTS OF THE AHA/HRET HEN APPROACH



## Partnerships and Networking

The AHA/HRET HEN team continues to work in collaboration with the Institute for Healthcare Improvement (IHI) and Cynosure Health on the development and implementation of our educational offerings. These organizations bring forward a wealth of knowledge in the form of subject matter experts and improvement advisors that serve to be very beneficial to our state hospital associations (SHAs) and hospitals by providing education and technical assistance. IHI plays an integral role in our virtual Improvement Leader Fellowship events by delivering a curriculum that continues to build improvement capacity at the facility level.

The SHAs continue to strengthen their relationship with Quality Improvement Organizations (QIO) by sharing activities and exploring ways to leverage their respective work to assist hospitals as they work towards the 40/20 goal while eliminating duplication. Some examples of this relationship are from Alabama, where they worked with their QIO to hold a statewide learning collaborative. In addition, they provide each other dates for events, calls, webinars, etc., in order to coordinate efforts. Another example is the collaboration between the Arizona Hospital Association and the QIO working together to implement On the CUSP: Stop CAUTI initiative. The two have weekly conference calls to discuss project implementation and other activities related to the Hospital Acquired Infection (HAI) prevention. In addition, SHAs are initiating and/or continuing discussions with local Community Care Transitions Programs (CCTPs) to develop networks and work together to improve transitions of beneficiaries from the inpatient hospital setting to other care settings. Seventeen states in the AHA/HRET HEN have an established CCTP, of which five states are actively collaborating with the program. For example, the Connecticut Hospital Association is a member of the advisory councils of each CCTP community and participates regularly in all meetings and programs. In addition, Kentucky has continued their collaboration with the Greater Louisville Medical Society's "Community Transitions of Care Workgroup" to reduce readmissions and improve continuity of care in the Louisville area. We expect the number of states collaborating with their CCTP to increase as the SHA works to establish and expand the relationship. Other organizations that the SHAs have been working collaboratively with include the National Patient Safety Foundation, Midwest Business Group on Health, March of Dimes, VHA, Blue Cross Blue Shield and many others. These joint efforts have proven to be very valuable for hospitals as they enrich topic specific conversations and help coordinate information sharing and collaboration.

The AHA/HRET HEN is an active participant in the pacing events sponsored by the National Content Developer (NCD). The national project team and states finds these events to be helpful and an excellent means of learning and sharing information on HEN initiatives. In addition to the AHA/HRET HEN team participation, these events are actively promoted to the SHAs and our hospitals. On average, about 66 percent of the SHAs attend the weekly pacing events. The weekly office hours calls with CMS, NCD and the Evaluation Contractor continue to provide valuable information on project expectations and implementation from the funder perspective. Participating parties have been very responsive, transparent and quick to follow-up if information is not readily available. In addition, the HEN House calls offer an excellent opportunity for HENs to collaborate on work that is being done. These calls serve as a platform for HENs to share and brainstorm ideas. The AHA/HRET HEN team regularly participates in Affinity Group calls and weekly pacing event debriefs, which help to further inform our work towards achieving the 40/20 goal.

## Lessons Learned

By engaging in the work of the PfP Campaign, the AHA/HRET HEN has gleaned several lessons learned as we work with our hospitals to achieve the 40/20 goals. Some of our major lessons learned include:

- The nine CMS commitments continue to sharpen the focus of SHAs, their CEOs, hospitals and the AHA/HRET HEN.
- Hospitals have not historically been actively assessing how they are performing or utilizing the tools within the Comprehensive Data System. We have educated the hospitals on a regular basis and assist with data interpretation to ensure they understand the reason improvement is not occurring as quickly as anticipated.
- Data reporting is continuously a challenge even though hospitals are already collecting and tracking data. We have worked to dispel the misconception that data entry has to be time consuming or require vast amounts of human resources. Through one-on-one coaching, hospitals have come to realize that data reporting is neither time consuming or cumbersome but a value-added process.
- It is imperative to engage the organization's Chief Nursing Officer (CNO) to facilitate improvement spread and serve as a conduit between leadership and frontline staff, as the bed side nurses and clinical staff offer innovative process improvement recommendations that are sustainable.
- Site visits are necessary to develop positive relationships with our hospitals and gather outcomes data. Hospitals, both large and small, are challenged by limited resources to work on multiple improvement initiatives simultaneously. Smaller hospitals and single hospitals that are not part of larger systems are also challenged with access to a robust database to successfully capture process and outcome data.
- Showing hospital senior leadership their status and in many cases improvement, via CEO dashboards and improvement calculators, has increased awareness and interest among our hospitals.
- The two most effective ways to increase data entry include monthly one-on-one HEN check-in calls and disseminating the 'CEO snapshots.' Phone calls and emails are necessary in order to get data entry up to date.
- Active and consistent involvement from organizational leadership is essential for HEN-related projects to receive the attention necessary to engage and involve unit managers and bedside.
- Hospital CEOs that are engaged are in full support of the HEN initiative and the collaboration. They see the HEN as a great resource for breaking down barriers to collaboration.
- Each state/hospital has different barriers and challenges. Each state/hospital requires a customized strategy to meet the goals.
- Monthly check-in calls with all hospital teams has helped to address challenges and to maintain focus between scheduled site visits.

## Forward Look – Goals and Strategies in 2014

If the AHA/HRET HEN is awarded the option year, we will continue to diligently pursue the Partnership for Patients goal of 40 percent reduction in harm and 20 percent reduction in readmissions by building on the many achievements of the past two years and making adjustments where needed. As we move into 2014, four overall priorities will guide our work:

- 1) Continued transparency with CMS, state hospital associations and hospitals;
- 2) Continued setting of commitments;
- 3) Continued focus on critical access, small and rural hospitals;
- 4) Achieving greater alignment of measures across the HEN.

In addition to these guiding priorities, we will continue many of our successful strategies as well as add new strategies for greater impact.

### Small Ball.

In 2014, HRET and the SHAs will continue the small ball strategy of site visits and one-on-one coaching with hospitals to target the specific areas where they are struggling most. Site visits have been extremely successful for the hospitals, SHAs and AHA/HRET HEN team. Through developing a strong rapport with hospitals, we have increased data collection and helped hospitals improve in even some of the most challenging environments.

### Recruitment and Expansion.

In 2014 we will increase our impact by recruiting additional hospitals to join our HEN, with the goal of 100 percent participation by acute care, critical access hospitals and children's hospitals. A large part of that strategy will be to identify and engage large health systems, such as Tenet and HCA, in our HEN efforts. Through working with multi-state health systems, we will be able to accelerate and spread the many successful interventions of the HEN to touch more patients and further reduce costs.

### Working with “poor performers.”

As in any improvement effort, there continue to be states and hospitals who struggle to collect data and make meaningful improvements across the 10 HEN topics. In 2014, we will take a new approach to working with these poor performing states through providing new incentives for performance and improvement (i.e., pay-for-value funding), and more targeted, one-on-one coaching. As we have seen in 2013, identifying and targeting poor performers can have a significant impact. We will address the “will” to perform and assist with providing additional resources to these states and hospitals.



## Forward Look – Goals and Strategies in 2014 (CONTINUED)

### Topic specific interventions

In 2014 the AHA/HRET HEN will also adopt revised topic-specific goals and strategies. All topics will have goals for 80 percent reporting.

- **Adverse Drug Events** – focus on a 40 percent reduction in opioid safety, anticoagulation safety and glycemic management.
- **CAUTI** – expand efforts to all hospital settings and focus efforts to avoid placement of catheters in emergency departments. Also track CAUTI utilization ratio.
- **CLABSI** – expand to 40 percent reduction across all hospital settings.
- **EED** – although we have achieved the 40/20 goal for early-elective deliveries, we will continue to work with hospitals to achieve an EED rate below 2 percent.
- **OB Adverse Events** – expand focus to include OB hemorrhage and preeclampsia prevention.
- **Surgical Site Infections** – expand to include measurement and improvement of SSI for multiple classes of surgeries.
- **VTE** – expanded to include all surgical settings.
- **VAE** – expanded to include infection-related ventilator-associated complication (IVAC) and ventilator-associated pneumonia (VAP).
- **Readmissions** – focus on national readmission campaign.

### Continuous Improvement.

In 2014 we look forward to the opportunity to work with SHAs and hospitals to expand their improvement efforts even beyond the identified 10 topics. We will provide resources and support for hospitals on a variety of topics including sepsis and MRSA. We will also work closely with the AHA's Institute for Diversity, Hospitals in Pursuit of Excellence and Equity of Care initiatives to begin tracking and addressing health care disparities as they relate to the 10 HEN topics.

We will continue the drive toward 40/20 reduction and will reaffirm our commitment to working with hospitals to build a culture of safety and internal capacity for quality improvement. Through these efforts, we will achieve not only the 40/20 Partnership for Patients goals but will empower hospital staff to continue quality improvement and patient safety initiatives long after the HEN draws to a close.