

HRET HIIN

Weekly State Partners Call

October 18, 2017

2:00 p.m. – 3:00 p.m. CT



Kristin Preihs

WELCOME



Agenda

2:00 – 2:05	Welcome	
	<ul style="list-style-type: none"> • Agenda overview • HRET transition 	Kristin Preihs, HRET
2:05 – 2:10	Discussion	
	<ul style="list-style-type: none"> • State Partner Convening Discussion and Review • Slides on SharePoint • We Heard You: Themes for Year Two • Submit your Puzzle Pieces to Program Managers by November 10, 2017 • Data Auction 	Michelle Dardis, HRET
2:25 – 2:15	Data Digest	
	<ul style="list-style-type: none"> • Recap: last week in data • This week and next in data 	Julia Heitzer, HRET
2:15 – 2:25	Finance Update	
	<ul style="list-style-type: none"> • Contract Amendments 	Danny Delgado, HRET
2:25 – 2:40	Project Update	
	<ul style="list-style-type: none"> • CMS update 	Charisse Coulombe, HRET
2:40 – 2:45	Action Items, New Resources, Upcoming Events	
	<ul style="list-style-type: none"> • Action items • Upcoming virtual events 	Kristin Preihs, HRET
2:45 – 3:00	Sharing and questions	
	<ul style="list-style-type: none"> • Share your hospital bright spots! • How are you communicating your year two strategy to your hospitals? • Ask questions 	All participants

Michelle Dardis

DISCUSSION

State Partner Convening Follow-Up

- Please complete the evaluation!
- Discussion:
 - What stuck? Who did you call first when you return home? What are your 45 or 60 days goals?



Discussion-Logistics

- Slides & data auction results are now on SharePoint
- We Heard You: Themes for Year Two
 - Data support
 - Targeted support with high variation hospitals
 - PFE inclusion across topics
 - Health equity/disparity

Homework: Submit Your Puzzle Pieces to Program Managers



Julia Heitzer

DATA DIGEST

Last week and this week

- NHSN data extracted on Friday, October 13, 2017.
- NHSN data was uploaded to CDS on Monday, October 16, 2017.
- Please continue to use the recently released Harms to Go, High Variation and Improvement Calculator Reports to focus your improvement efforts.



Danny Delgado

FINANCE UPDATE

Contract Amendments

Reason: Correction of allocation of payments

- Revised Two-year Budget Amount– no change
- Monthly based payments – corrected
- Milestone tier values – corrected

What you will receive:

- Contract amendment – includes updated authorized payment amounts schedule
- Reconciliation payment schedule
- Reconciliation invoice
- Updated monthly base payment amount invoice – begin using with September 2017 invoice

State partners not affected

- HQI
- Maine Hospital Association
- Delaware Hospital Association
- Rhode Island Hospital Association
- VPQHC
- Mountain Pacific (Saipan)



CONTRACT AMENDMENTS

	Initially Calculated	Contract Language	
Original contract	625,741	625,741	
Additional recruits	87,823	87,823	
Total contract value	713,565	713,565	
IBP (fixed)	130,363	130,363	
Milestone (incentive)	71,356	58,320	(Contract – IBP) * 10%
Monthly (fixed)	511,846	524,882	
			Difference
Total fixed	642,208	655,245	(13,036)
Total incentive	71,356	58,320	13,036



CONTRACT AMENDMENTS

	Initially Calculated	Contract Language	
IBP	130,363	130,363	
Monthly (Jan 2017 - May 2017)	103,049	103,049	
Monthly (Jun 2017 - Aug 2017)	76,649	76,649	
Monthly (Sep 2017 - Sep 2018)	332,147	340,218	
Monthly underpayments		4,966	
Total fixed payments	642,208	655,245	(13,036)



CONTRACT AMENDMENTS

	Initially Calculated	Contract Language	
Milestone 2 (Tier 1)	2,816	2,816	
Milestone 3 (Tier 2)	7,509	7,509	
Milestone 4 (Tier 2)	6,672	6,672	
Milestone 5 (Tier 1)	11,119	9,164	
Milestone 6 (assume Tier 2)	8,896	7,331	
Milestone 7 (assume Tier 2)	8,896	7,331	
Milestone 8 (assume Tier 2)	14,826	12,219	
Milestone payments forfeited	10,624	8,603	2,021
Milestone overpayments		(3,324)	
Total incentive payments	71,356	58,320	13,036
Cash received	702,941	704,962	(2,021)



Charisse Coulombe

PROJECT UPDATE



CMS All Partners Meeting

- 16 HIINs, CMS, support contractors additional HHS and other agencies.
- Day 1: Readmissions, Sepsis, and Behavioral Health
- Day 2: Affinity and working groups addressing burden reduction, Pressure Injury, and ADE



Overall HINN Progress Against Year 1 Target

HINN	Number of PIP-Eligible Hospitals	ADE	CAUTI	CLABSI	C. diff	Falls	PUU	Sepsis	SSI	VTE	VAE	Readmissions	MDRO
Carolinas	37	95	10.3	40.3	19.2**	4.3*	-64.8	35	82.3**	6.2	7.3	4.4	N/A
Dignity Health	36	81.3	28.4	18.3	24.6	-34.8		20.9	31.6*	-17.5	23.1*	-11.5	N/A
Healthinsight	83	33.2	56.7**	46.5	6.4	66.8	4	31.4	53.3*	36.3		5.1	27.5*
HRET	1,635		8.4	19.3	18	-7.6		16.1	20.5**	-0.4	4.6	0.2	6.7
HSAG	277	23	18.3	15.6	30.4		-22.1	16.8	31.2	-5.7		2.9	9
Iowa	149	12.5				27.6		76.3		33.4		0.7	N/A
Michigan	317	17.2	25.1	26.1	6.3	6.9	-10.6	9.5	41.4*	20.9	34.9	2.1	11.8
Minnesota	122	26.2	17.7	33.7	-15.6	-10.4	8.9	24.4		-11.1		-1.9	N/A
New Jersey	66	94.6	29	35.6	23.8	-19.4	-42.4	23.9	38.4**	25	31.2	18.8	11.4
New York	176	4	19.5	23.9	29.6	8.2*	-36.8	30.4	29.3**	12.8	23.9**	26.7	26.4
Ohio	105	24.7	18.9	11.9	10.1	-14.1*	-44.1	37.9	40.0**	86.7	9.2	24.4	57.5*
Ohio Children's	78	5.2	18.1	11.9		6.8	1.2		21		**	-1.5	N/A
Pennsylvania	98	43.7	43.4	27	31.5*	18.4	-97	41.5	35.9	11.9	29.1**	0.5	18.7
Premier	476	1.9	22.1	19.9	16.4	-14.8	-87.3	23.3	4.5	6.3		2.2	-0.5
Vizient	278		23.8	21.3	16.3		7.5	10.9	18.5	13.6	8.3	2.3	22
Washington	119	-3.2	8	39.7	6.1	8.1	-90.2	21.3	58.7**	-20.6	21.6*	10.6	N/A

Source: PEC analysis of HINN's data submissions, September 2017

* HINN met a benchmark, where achievement score is for the measure in that AEA

** HINN met a benchmark for a measure whose improvement is not shown in this table.

Note 1: Where there are multiple qualifying measures, improvement for the measure with the greatest improvement for each AEA is shown.

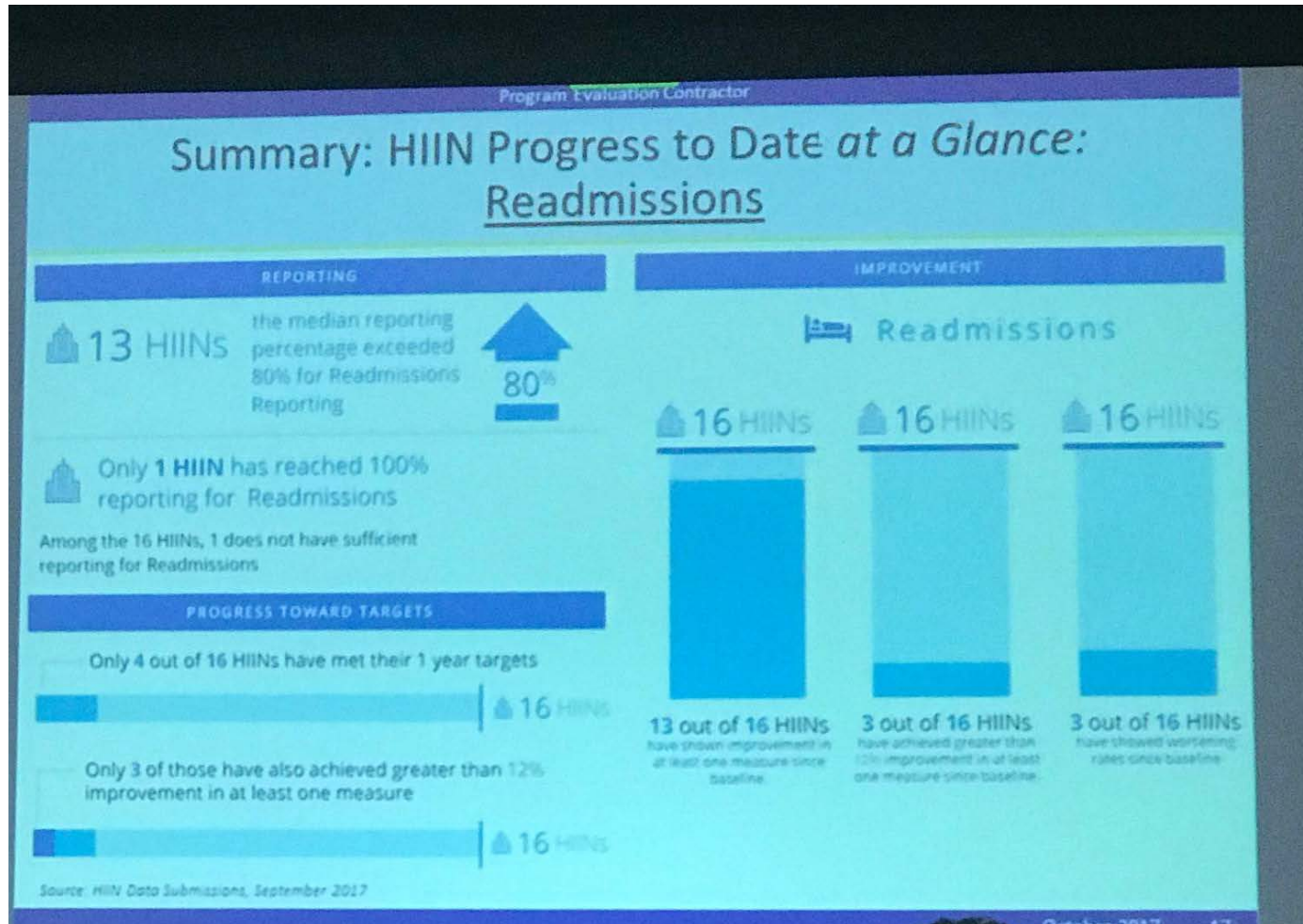
Note 2: MDRO was added to this table to allow improvement on it to be reviewed with other areas of harm, because it is so commonly addressed by the HINN calculate improvement.

Note 3: The blank cells represent no data or inadequate data to count any hospitals as reporting. The "N/A" cells represent no HINN-aligned hospitals parties.

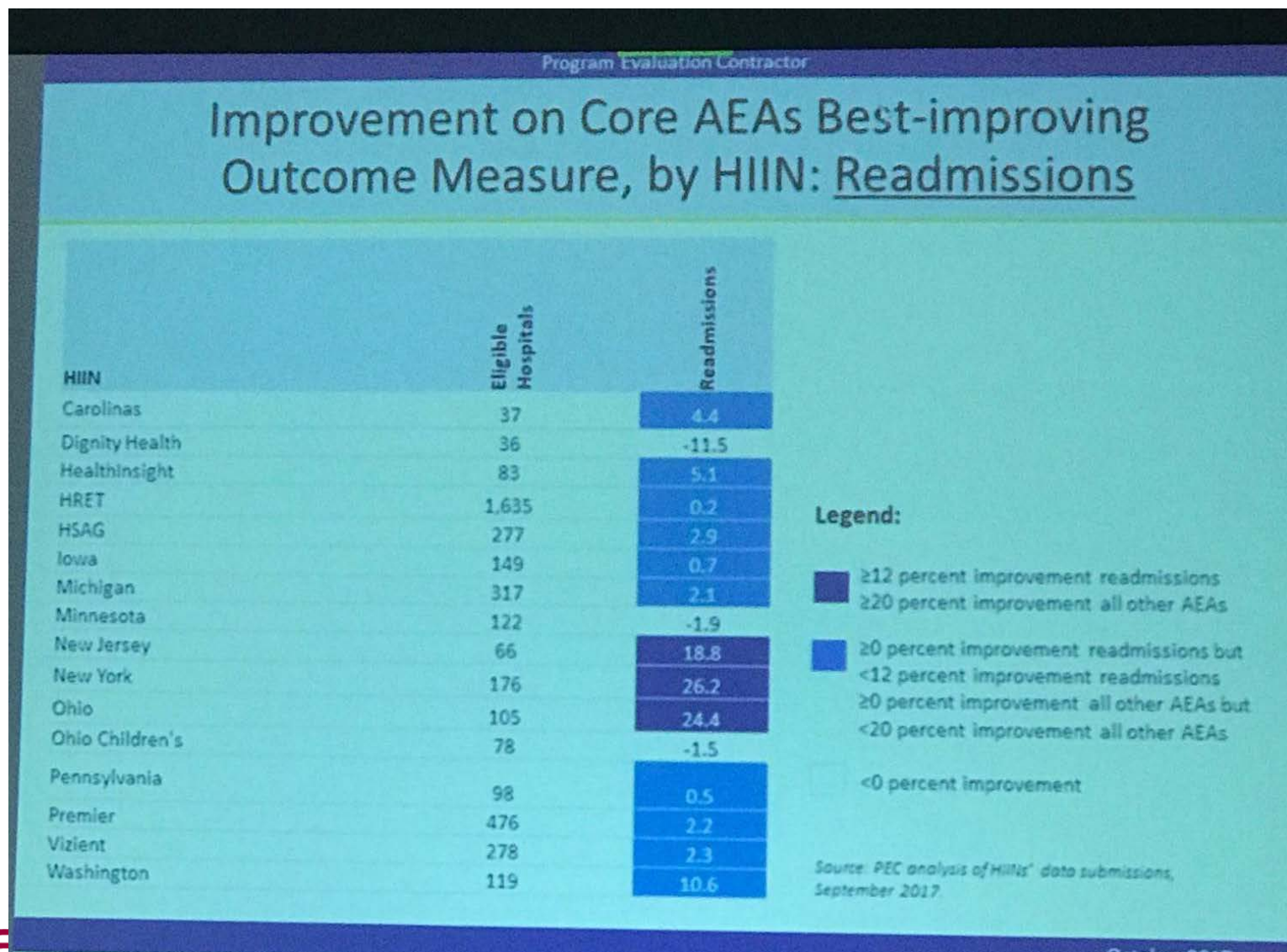
Note 4: The total number of hospitals includes four hospitals listed on two HINN hospital lists and, thus, is eight hospitals more than the unduplicated total.



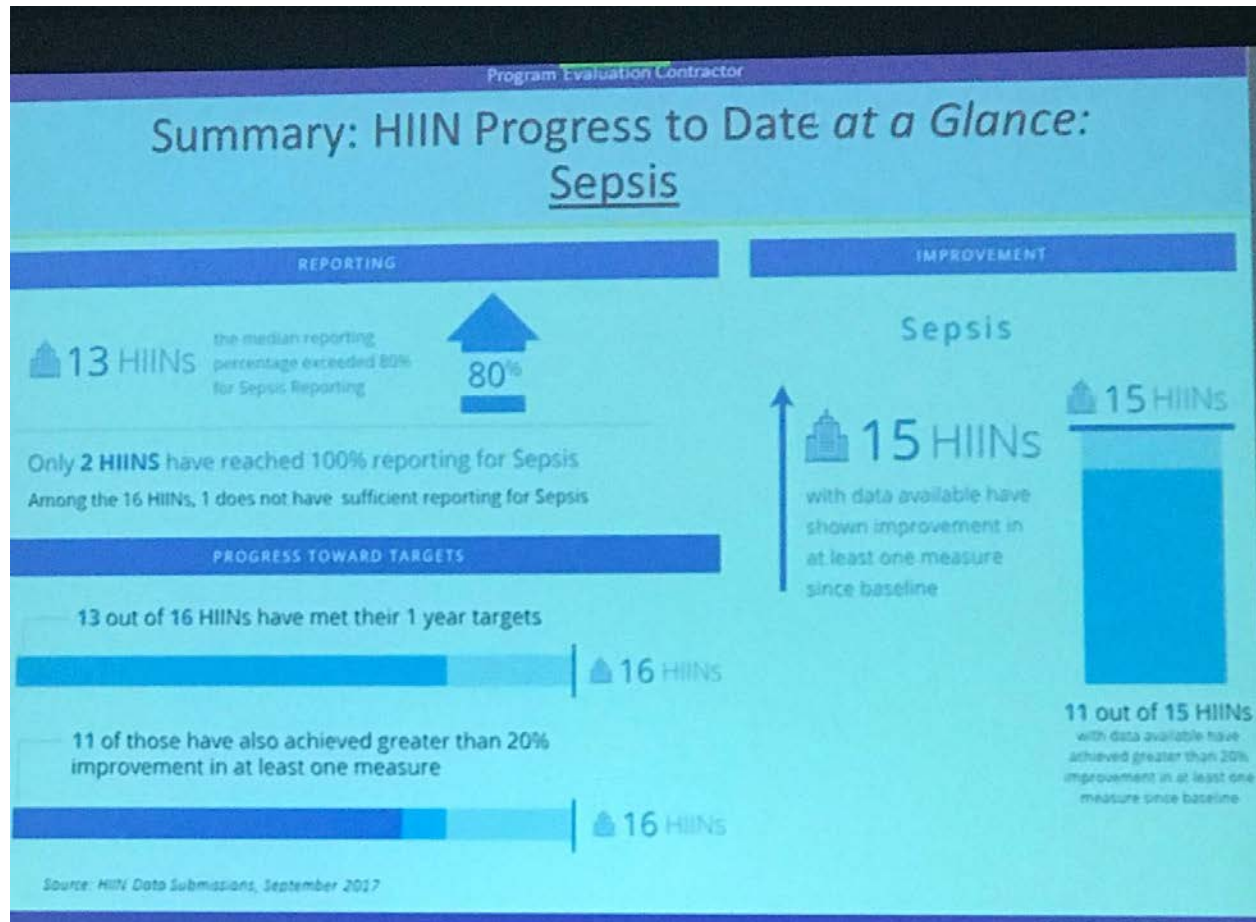
Readmissions



Readmissions Performance by HIIN



Sepsis



Improvement on Core AEAs Best-Improving Outcome Measure, by HIIN: Sepsis

HIIN	Number of PIP-Eligible Hospitals	Sepsis
Carolinas	37	35.0
Dignity Health	36	20.3
HealthInsight	83	31.4
HRET	1,635	16.1
HSAG	277	16.8
Iowa	149	76.3
Michigan	317	9.5
Minnesota	122	24.4
New Jersey	66	23.9
New York	176	30.4
Ohio	105	37.9
Ohio Children's	78	41.5
Pennsylvania	98	23.3
Premier	476	10.9
Vizient	278	21.3
Washington	119	21.3

Legend:

- ≥12 percent improvement readmissions
≥20 percent improvement all other AEAs
- ≥0 percent improvement readmissions but
<12 percent improvement readmissions
≥0 percent improvement all other AEAs but
<20 percent improvement all other AEAs
- <0 percent improvement

Source: PEC analysis of Hillis' data submissions, September 2017.

October

Booz | Allen | Hamilton

CMS Huddle

- Assessment for OY1 will occur in June 2018



Kristin Preihs

UPCOMING EVENTS

Upcoming Events

HRET HIIN | Falls Virtual Event | How to Implement the Fall TIPS© Tool on Your Unit Part 2

October 19, 2017 | 11:00 a.m. - 12:00 p.m. CT | Register [here](#).

The HRET HIIN Fall Team has scheduled a follow up event to support teams wishing to pilot the Brigham Woman's Hospital Fall TIPS© (Tailoring Interventions for Patients Safety) tool. The tool was introduced by Megan Duckworth BA, on September 12th. You can view the recording of this introductory event [here](#).

Join this event to learn how to successfully pilot the tool. Learn implementation tips, participate in a 20 minute "train the trainer" session to equip your team for success.



Upcoming Events

HRET HIIN Culture of Safety | Addressing Disruptive Behaviors to Improve Cultures

October 19, 2017 | 1:00 p.m. - 2:00 p.m. CT | Register [here](#).

Has your hospital developed an integrated approach to eliminate disruptive behaviors in the workplace? Such behaviors include inappropriate comments, unprofessional behavior, bullying, threats, and acts of violence. These behaviors undermine psychological safety, increasing fear and the risk of harm to both patients and workers.

Subject matter expert, Michelle Carlstrom, LCSW-C, will describe the development and use of an integrated spectrum of actions and reporting to address disruptive behaviors across a continuum of actions. She will provide practical tips and concrete strategies to identify partners, engage staff, and promote speaking up by all team members. Gather your team including front-line clinicians, human resources, nursing leaders, physicians, and quality and safety leaders. Come prepared to ask the difficult questions and share your strategies for success!

Recommended Audience:

C-Suite leaders, human resources, safety and quality leaders, risk management, front-line clinicians, physicians, department and unit leaders, employee assistance program teams, social workers, security personnel



Upcoming Events

HRET HIIN VAE | No Tubes, No Vents, No VAE

October 24, 2017 | 11:00 a.m. - 12:00 p.m. CT | Register [here](#).

Calling all ICU leaders, nurses, respiratory care practitioners and physicians to reduce Ventilator Associated Events (VAE). Please join the upcoming HRET HIIN VAE Virtual Event October 24th at 11-12pm CT, “No Tubes, No Vents, No VAE.” Let’s look upstream and explore strategies that will decrease the number of intubations our patients experience. Without a ventilator VAE is obsolete! Additionally, we will hear from two hospitals who have successfully decreased the harm in their ICU’s from VAE, one from Maryland that will share their predictive model, and the other from Georgia that will share the secrets of sustaining outcomes in VAE reduction. Join us to learn and walk away with new ideas for your hospitals to implement.



WAKE UP

Managing Pain, Avoiding Oversedation

October 26, 2017 | Virtual | 11:00 a.m. – 12:00 p.m. CT

Register [here](#).

- Optimizing sedation and pain management allows for patients to pursue their full functional potential while recovering from illness. It results in decreased ICU length of stay, fewer ventilator days and fewer harms. On the floor, it allows for faster recovery from surgery due to increased ability to ambulate and fewer hours lying in bed. The UP Campaign's "WAKE UP" provides the opportunity to have cross-cutting effects on multiple harms by using simple tools and approaches. Listen and learn from an expert who has optimized ICU sedation and also from an organization that uses the Pasero Opioid-Induced Sedation Scale to safely manage post-op pain.
- **Audience:** ICU and Surgical leaders, Physicians, Surgeons, Nurses, Pharmacists, Quality and Risk Management Staff, Patient Advocates, and Patient Family Advisors.



Share hospital bright spots

How are you communicating your year two strategy to your hospitals?

Ask questions

