

The HRET Hospital Improvement Innovation Network (HIIN) requests the following information from our participating facilities. **No hospital specific information will be shared outside of the national program team or your state partner associations.**

**Hospital Name:** \_\_\_\_\_

**Name of person completing this PFE section (last name, first name):** \_\_\_\_\_

**Please enter your responses based on your facility's status as of the end of the first quarter of 2018 (i.e., as of March 31 2018).**

**Functional Area that Most Closely Describes the Primary Role of the Individual Completing the PFE Form (select one):**

PFE	<input type="radio"/>
Quality/Safety	<input type="radio"/>
Clinical Care	<input type="radio"/>
Other : (Please specify)	

**METRIC 1: Our hospital has a physical planning checklist that is discussed with every patient who has a scheduled admission. [METRIC 1 ROADMAP DIGEST](#)**

**Considerations for a “yes” response:**

- 1. Checklist may be a physical handout for the patient OR may be a guide used by staff to direct conversation that is not given to the patient/family**
- 2. Implementation may happen in a single unit or in multiple units**
  - Yes, we have a planning checklist that is used to guide conversations with patients and families about what they should expect during their stay
  - No, we do not yet have a planning checklist or a guide that staff use to prepare patients for scheduled admissions
  - No, this is not a priority for our hospital
  - I do not know
  - Our hospital has no scheduled admissions

**METRIC 2: Our hospital conducts shift-change huddles OR bedside reporting with patients and family members in all feasible cases. [METRIC 2 ROADMAP DIGEST](#)**

**Considerations for a “yes” response:**

- 1. Shift-change huddles OR bedside reporting occurs in at least one unit**
- 2. Shift-change huddles include the patient and/or care partners OR**
- 3. Bedside reporting with physicians and/or clinicians include the patient and/or care partners**
  - Yes, we conduct shift-change huddles OR bedside reporting with patients and/or care partners in one or more units
  - No, we do not yet conduct shift-change huddles or bedside reporting with patients and/or care partners in any units
  - No, this is not a priority for our hospital
  - I do not know

**METRIC 3: Our hospital has a designated individual or individuals with leadership responsibility and accountability for PFE. [METRIC 3 ROADMAP DIGEST](#)**

**Considerations for a “yes” response:**

- 1. A named hospital employee is responsible for PFE (either full time, part time, or as a part of their position)**
  - 2. The employee or employees are recognized within at least one unit as coordinating PFE activities for that unit**
  - 3. The functional area of the employee may be, for example, patient experience, quality/process improvement, nursing, patient relations, etc.**
- Yes, we have a hospital employee who is responsible for PFE (either full time, part time, or as a part of their position) OR an employee or employees who are coordinating PFE activities for a unit
  - No, we do not yet have any employees who are responsible for PFE
  - No, this is not a priority for our hospital
  - I do not know

**METRIC 4: Our hospital has an active patient and family advisory council (PFAC) OR at least one patient who serves on a patient safety or quality improvement committee or team. [METRIC 4 ROADMAP DIGEST](#)**

**Considerations for a “yes” response:**

- 1. At least one patient or family representative has been formally named as a member of a patient safety or quality committee/team at the hospital or unit level OR**
  - 2. A hospital-wide or unit-specific PFAC is in place that is made up of staff and patients and/or family members who meet regularly**
- Yes, we have an active PFAC OR at least one patient and/or family member who serves on a patient safety or quality improvement committee/team
  - No, we do not yet have a PFAC or patient/family member serving on a committee or team
  - No, this is not a priority for our hospital
  - I do not know

**METRIC 5: Our hospital has one or more patients who serve on a governing and/or leadership board as a patient or family representative. [METRIC 5 ROADMAP DIGEST](#)**

**Considerations for a “yes” response:**

- 1. The hospital has at least one position on the board designated for a patient/family member that is appointed to represent the patient/family perspective OR**
  - 2. The hospital collects PFAC or quality committee (committee must include a patient/family member) input on matters before the board and incorporates patient/family feedback into the board agenda OR**
  - 3. The hospital identifies an elected or appointed board member to serve in the specific patient representative role with a written role definition OR**
  - 4. The hospital requires all board members to conduct activities that connect them closer to patients and families, such as visiting actual care units in the hospital and/or attending PFAC meetings**
- Yes, our hospital has at least one patient/family member serving on a governing and/or leadership board OR incorporates the patient/family perspective in one of the above named ways
  - No, we do not yet include the patient/family perspective on a governing and/or leadership board
  - No, this is not a priority for our hospital
  - I do not know

Please select the most appropriate response for the items below.

**Note: Diversity can include racial, ethnic, gender, cultural, language, socioeconomic, or other relevant factors.**

Item	Yes	No
Does your organization have a board-level quality committee or clinical quality committee?	<input type="radio"/>	<input type="radio"/>
Does your board currently have at least one “quality champion”?	<input type="radio"/>	<input type="radio"/>
Does your board reflect the diversity of your hospital/health system in terms of your staff?	<input type="radio"/>	<input type="radio"/>
Does your board reflect the diversity of your hospital/health system in terms of the patients you serve?	<input type="radio"/>	<input type="radio"/>
Does your board reflect the diversity of your hospital/health system in terms of the community you serve?	<input type="radio"/>	<input type="radio"/>

Item	Yes	No
Does the hospital collect information about RACE from patients in a standardized way through the use of trained registrars?	<input type="radio"/>	<input type="radio"/>
Does the hospital collect information about ETHNICITY from patients in a standardized way through the use of trained registrars?	<input type="radio"/>	<input type="radio"/>
Does the hospital collect information about LANGUAGE preference from patients in a standardized way through the use of trained registrars?	<input type="radio"/>	<input type="radio"/>
Is the hospital able to report race and ethnicity according to the standardized Federal Office of Management and Budget (OMB) categories?	<input type="radio"/>	<input type="radio"/>
Does your hospital use data to routinely (at least on an annual basis) establish goals in the reduction of racial and ethnic disparities (e.g., improve clinical quality indicators, CMS core measures, readmissions, etc.)?	<input type="radio"/>	<input type="radio"/>
Does your hospital use data to routinely (at least on an annual basis) identify gaps in care by race and ethnicity (e.g., improve clinical quality indicators, CMS core measures, readmissions, etc.)?	<input type="radio"/>	<input type="radio"/>
Does your hospital use targeted interventions to reduce disparities?	<input type="radio"/>	<input type="radio"/>
Does your hospital’s strategic plan include goals for improving quality, safety of care for diverse individuals?	<input type="radio"/>	<input type="radio"/>
Does your hospital stratify quality measure data (e.g. readmissions, CMS core measures, etc.) by race, ethnicity, language reference or other socio-demographic variables (such as income, disability status, veteran status, sexual orientation and gender identity) to identify disparities in treatments or outcomes?	<input type="radio"/>	<input type="radio"/>
Does your hospital use stratified quality measure data (as described above) to address disparities in treatments or outcomes?	<input type="radio"/>	<input type="radio"/>

**Does your facility collect and report data to the HRET HIIN, for the measure "Pressure Ulcer Rate, Stage 3+, PSI03 (HIIN-PrU1)?"**

- Yes (if yes, please answer the items below)
- No (skip to the next measure)

**Please indicate what software you are using to calculate the "Pressure Ulcer Rate, Stage 3+, PSI03 (HIIN-PrU1) measure:**

- We do not use AHRQ software
  - We use Beta SAS QI v7.0 ICD-10-CM/PCS
  - We use AHRQ: SAS QI®, Version v6.0.1 PSI 17 (ICD-10-CM/PCS), Sept 2016
  - We use AHRQ: SAS QI®, Version v6.0.1 Full PQI (ICD-10-CM/PCS), Sept 2016
  - We use Beta WinQI v7.0 ICD-10-CM/PCS
  - We use AHRQ: QI Windows® Software Version WinQI v6.0.2 ICD-10-CM/PCS
  - Other : (Please specify)
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**Does your facility collect and report data to the HRET HIIN, for the measure "Postoperative Sepsis Rate, PSI 13 (HIIN-Sepsis-1a)?"**

- Yes (if yes, please answer the items below)
- No (skip to the next measure)

**Please indicate what software you are using to calculate the "Postoperative Sepsis Rate, PSI 13 (HIIN-Sepsis-1a)" measure:**

- We do not use AHRQ software
  - We use Beta SAS QI v7.0 ICD-10-CM/PCS
  - We use AHRQ: SAS QI®, Version v6.0.1 PSI 17 (ICD-10-CM/PCS), Sept 2016
  - We use AHRQ: SAS QI®, Version v6.0.1 Full PQI (ICD-10-CM/PCS), Sept 2016
  - We use Beta WinQI v7.0 ICD-10-CM/PCS
  - We use AHRQ: QI Windows® Software Version WinQI v6.0.2 ICD-10-CM/PCS
  - Other : (Please specify)
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**Does your facility collect and report data to the HRET HIIN, for the measure "Post-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate, PSI12 (HIIN-VTE-1)?"**

- Yes (if yes, please answer the items below)
- No (skip to the next question)

**Please indicate what software you are using to calculate the "Post-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate, PSI12 (HIIN-VTE-1)" measure:**

- We do not use AHRQ software
  - We use Beta SAS QI v7.0 ICD-10-CM/PCS
  - We use AHRQ: SAS QI®, Version v6.0.1 PSI 17 (ICD-10-CM/PCS), Sept 2016
  - We use AHRQ: SAS QI®, Version v6.0.1 Full PQI (ICD-10-CM/PCS), Sept 2016
  - We use Beta WinQI v7.0 ICD-10-CM/PCS
  - We use AHRQ: QI Windows® Software Version WinQI v6.0.2 ICD-10-CM/PCS
  - Other : (Please specify)
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# Hospital Improvement Innovation Network



What is your hospital's highest priority item related to patient safety and/or quality improvement, for the second half of 2018?

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