

BUILDING ON SUCCESS



Hospital Engagement Network

AHA/HRET Hospital Engagement Network



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The Health Research & Educational Trust, an affiliate of the American Hospital Association, received a two-year contract from the Centers for Medicare & Medicaid Services to support the Partnership for Patients campaign. The goal: to help hospitals adopt best practices with the potential to reduce inpatient harm by 40 percent and readmissions by 20 percent. HRET is leading a Hospital Engagement Network to improve patient safety, reduce complications and preventable hospital readmissions and save lives.

The AHA/HRET HEN represents 31 state hospital associations comprising nearly 1,600 hospitals working together to reduce all-cause harm with a focus on 10 clinical areas:

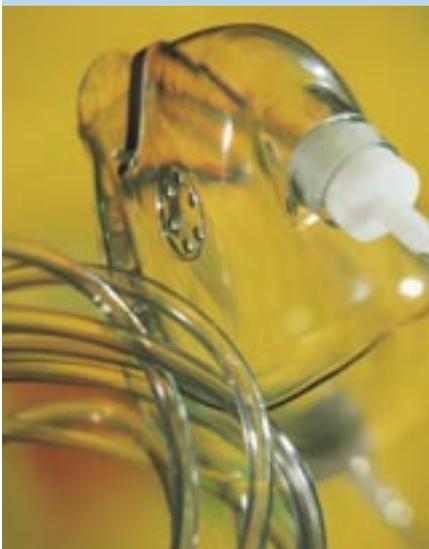
- **Adverse drug events (ADE)**
- **Catheter-associated urinary tract infections (CAUTI)**
- **Central line-associated blood stream infections (CLABSI)**
- **Injuries from falls and immobility**
- **Obstetrical adverse events/Early elective deliveries**
- **Pressure ulcers**
- **Surgical-site infections**
- **Venous thromboembolism (VTE)**
- **Ventilator-associated pneumonia (VAP)**
- **Preventable readmissions**

HRET believes that all 10 areas will not improve unless substantial attention is given to four cross-cutting issues: engaging senior leaders, physicians, patients and families; encouraging a culture of safety; increasing teamwork and communication; and achieving quality measurement goals. HRET supports states and their hospitals as they address these issues.

The Improvement Leader Fellowship and the National Improvement Collaborative are two examples of how HRET has provided this type of support. The Improvement Leader Fellowship trains hospital staff to be improvement leaders, and nearly 1,000 completed the fellowship this year. By hosting and facilitating the National Improvement Collaborative, HRET fosters peer-to-peer learning, bringing together clinicians and other hospital leaders for discussion and closer examination of key topics. In addition, state hospital associations and HEN hospitals are supported through state-level improvement activities.

The AHA/HRET HEN is seeing improvement across the member hospitals. Moving into 2013, the network will continue to use the expertise of state partners and HRET's experience and knowledge of large-scale quality improvement projects to accelerate improvement. Emphasis remains on the need to continually submit data, monitor data, celebrate success, course-correct when necessary and, ultimately, sustain and spread the work.

This gatefold provides a quick snapshot of the AHA/HRET HEN and some successes of state and hospital partners. ●



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Arizona Hospital and Healthcare Association

THREE MAJOR ACCOMPLISHMENTS:

- All 23 Arizona hospitals enter baseline and monthly monitoring data into the HRET Comprehensive Data System.
- The association implemented bimonthly coaching calls for hospitals to share best practices, successes and challenges.
- Weekly e-newsletter is sent to all HEN members, including hospital CEOs, highlighting national and state activities and spotlighting key improvements at participating Arizona hospitals.

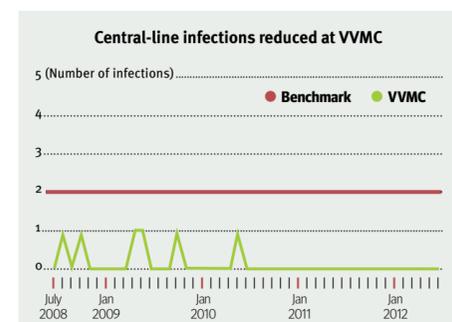
CASE STUDY: Verde Valley Medical Center (VVMC) is a full-service, 99-bed, nonprofit hospital in Cottonwood, serving North Central Arizona. Some of its successes so far include:

1. No central-line infections since May 2010. Accomplished by implementing Institute for Healthcare Improvement central-line bundles; standardizing insertion and after-care policies to comply with best-practice protocols; attaching the central-line insertion checklist on all CL kits; initiating a nursing PICC (peripherally inserted central catheter) team; and utilizing a line securement device.

2. No ventilator-associated pneumonias since June 2009. Accomplished by developing a checklist tool for bundle compliance and tracking tool for capturing vent days; collaborating with respiratory therapy on ventilator equipment selection; standardizing peer-to-peer reporting using SBAR (situation-background-assessment-recommendation); providing family education and teach-back opportunities using education guides from the Centers for Disease Control and Prevention; implementing a VAP team responsible for policies and monitoring of VAP initiative; standardizing physician order sets; educating physicians and nursing to the National Healthcare Safety Network's VAP definition for consistency in identifying a VAP diagnosis; and using Lean processes to implement VAP bundle.

3. Significant decline in readmission rate since October 2011. Accomplished by partnering with Verde Valley Care Givers Initiative for eligible discharge patients to receive follow-up visits in home within one to two days post-discharge; selecting two patients with more than three readmissions in last 12 months and having a team meeting to establish a plan of care; meeting with hospitalists, emergency department physicians and skilled nursing facility nurse practitioners to review readmissions and process.

ACCELERATING RESULTS IN 2013: The Arizona Hospital Association will include more specified quality improvement training, such as Lean, Six Sigma and TeamSTEPPS master training content, to prepare hospitals for spread and sustainability.



Source: Arizona Hospital Association, 2012

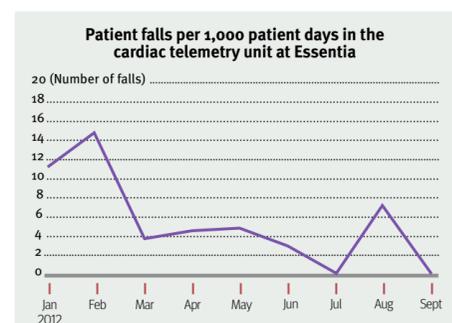
North Dakota Hospital Association

THREE MAJOR ACCOMPLISHMENTS:

- The association conducted multiple activities to embed improvement methodologies and best-practice strategies, including a statewide kickoff meeting, learning activity for Comprehensive Unit-based Safety Program to reduce catheter-associated urinary tract infections/North Dakota HEN; weekly newsletter and one-on-one coaching calls.
- Close collaboration was established among NDHA, North Dakota Health Care Review Inc. (a quality improvement organization) and Center for Rural Health (University of North Dakota School of Medicine & Health Sciences) to leverage multiple quality initiatives and provide support to participating hospitals.
- The association also developed a streamlined reporting process for hospitals so that the monthly narrative report and measurement data can be submitted together via one template; developed additional template geared to small, rural hospitals for reporting "days between events" because these hospitals often have small denominator numbers or events that occur rarely.

CASE STUDY: Essentia Health in Fargo aims to decrease preventable falls in the cardiac telemetry unit by 25% by the end of 2012 and by 50% by June 30, 2013. Multiple interventions have been tested and implemented including intentional rounding, teach-back on the use of the call light, post-fall huddles, fall risk level written on white boards with different colored markers and fall risk included in every shift report. Fall rate from January to June 2012, prior to project, was 7 falls per 1,000 patient days. Fall rate from July to September 2012 was 2.4 per 1000 patient days.

ACCELERATING RESULTS IN 2013: The North Dakota Hospital Association will work on enhancing senior leadership engagement by developing a quarterly report geared for hospital CEOs and governing board members.



Source: North Dakota Hospital Association, 2012

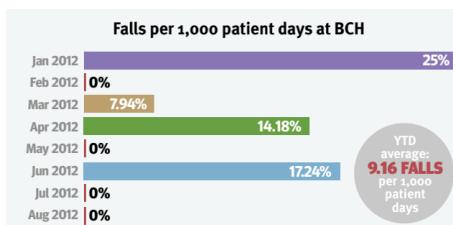
Idaho Hospital Association

THREE MAJOR ACCOMPLISHMENTS:

- Beneath Community Hospital in St. Maries reduced readmissions by two-thirds, from 11% in February 2012 to 4% in August 2012.
- Weiser Community Hospital in Weiser reduced total medication errors by 75%, from 4% in December 2011 to 1% in September 2012.
- West Valley Regional Medical Center in Caldwell has reduced the catheter-associated urinary tract infection rate from 13% in October 2011 to zero from May through August 2012.

CASE STUDY: Beneath Community Hospital (BCH), a 19-bed critical access hospital in a small, remote town in northern Idaho, is actively addressing 5 of the 10 areas targeted by the Centers for Medicare & Medicaid Services: early elective deliveries, all-cause 30-day readmissions, surgical-site infections, catheter-associated urinary tract infections and falls. Falls have been reduced from 25 per 1,000 patient days in January 2012 to zero in July and August 2012. All-cause 30-day readmissions are down from 11% in February 2012 to 4% in August 2012. Urinary catheter days decreased by two-thirds, from 45 in March 2012 to 15 in August 2012.

ACCELERATING RESULTS IN 2013: The Idaho Hospital Association will conduct more on-site visits since one-on-one conversations with hospital staff participating in HEN projects appear to be key in generating and keeping enthusiasm going for the project.



Source: Idaho Hospital Association, 2012

Nebraska Hospital Association

THREE MAJOR ACCOMPLISHMENTS:

- The association made it a priority to reduce early elective deliveries with HEN partners.
- Central line-associated bloodstream infection rates by patient days shows a steady decline.
- Early reporting of early elective delivery rates is beginning to show a decline.

CASE STUDY: Community Hospital is a 25-bed, critical access hospital located in McCook, population 7,698, which serves approximately 30,000 people in southwest Nebraska and the surrounding area. The hospital is working on seven of the eight focus areas applicable to its facility and is demonstrating excellent progress. It has instituted specific patient education for certain populations such as those with congestive heart failure, chronic obstructive pulmonary disease and pneumonia, reducing the heart failure readmission rate from 6.1% to zero during the past seven months. Community Hospital improved situational awareness in surgery by adopting a checklist and improved timing of antibiotics to 100% for eight months. No surgical-site infections have been identified for hospital inpatients for 20 months. With its risk-based venous thromboembolism protocol, the organization has achieved 100% compliance with appropriate VTE prophylaxis with the surgery population, and no potentially preventable VTEs have occurred in 20 months. To reduce the incidence of early elective deliveries, the hospital instituted a scheduling policy with verification of gestational age. The rate of early elective deliveries decreased from 40% to 5.3% during the past nine months.

ACCELERATING RESULTS IN 2013: The Nebraska Hospital Association and HEN team will increase the number of site visits to all participating hospitals and personnel to provide more frequent feedback, identify successes and barriers, share practices that are working in other Nebraska hospitals and ensure continued active involvement in the HEN.

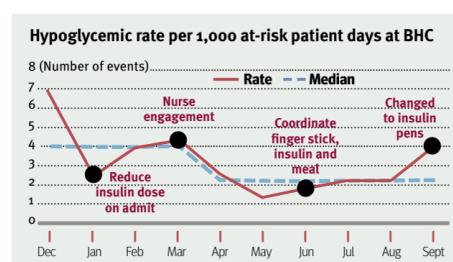
Missouri Hospital Association

THREE MAJOR ACCOMPLISHMENTS:

- Every participating hospital in the Missouri Hospital Engagement Network has entered data in the Comprehensive Data System. All 94 hospitals participating were retained, and one was added for a total of 95.
- MHA conducted 18 webinars or teleconferences, conducted four in-person learning sessions and made on-site visits with 15% of hospitals participating in MO HEN.
- Acute care hospitals participating in MO HEN experienced a relative reduction rate in readmissions of 9.7% from July 2011 to May 2012.

CASE STUDY: Boone Hospital Center (BHC) in Columbia is working intensely on four focus areas of the HEN initiative and has been entering data on six HEN focus areas. Through its work with the HEN, the hospital has had significant success in reducing hypoglycemic adverse drug events in patients receiving diabetic agents. Boone hospital has demonstrated a 47 percent reduction in the median rate of hypoglycemia in 2012.

ACCELERATING RESULTS IN 2013: MHA and the Missouri Center for Patient Safety will provide individual improvement advisers to hospitals to increase personal contact with them.



Source: Missouri Hospital Association, 2012

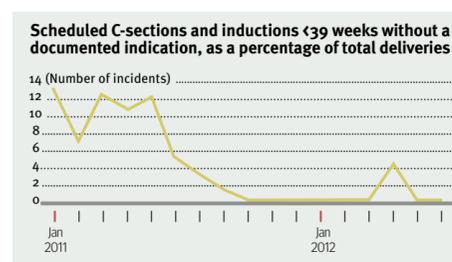
Oklahoma Hospital Association

THREE MAJOR ACCOMPLISHMENTS:

- Early elective deliveries decreased 65% overall in the state through the second quarter of 2012.
- Data submission rate by HEN hospitals was 85% for baseline and recent monitoring data.
- Thirty-four new Improvement Leader Fellows were trained in 2012.

CASE STUDY: Among all deliveries at one 23-bed acute care hospital during the second quarter of 2012, four (1.37%) were scheduled at less than 39 weeks without a documented indication (four by scheduled cesarean section and none by induction). This represents an 81% decrease from the hospital's rate of 11.21% in the first quarter of 2011. Fifty-one of 55 birthing hospitals in Oklahoma decreased the early elective delivery rate by 65% from first quarter 2011 to the second quarter 2012. Accounting for more than 95% of births in Oklahoma, the rate of early elective delivery rate in July 2012 is 1.75%.

ACCELERATING RESULTS IN 2013: The Oklahoma Hospital Association will utilize the HEN hospital CEOs who are on the OHA board of trustees to encourage other HEN CEOs to commit to a deeper engagement in the area of quality and patient safety.



Source: Oklahoma Hospital Association, 2012

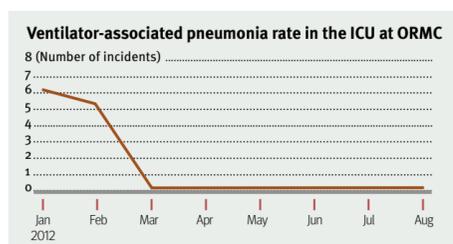
Florida Hospital Association

THREE MAJOR ACCOMPLISHMENTS:

- A structure for keeping hospitals engaged was created, including general HEN monthly "office hours"; monthly check-in calls for readmissions, early elective deliveries and catheter-associated urinary tract infections; a HEN newsletter published at least twice a month; and a HEN website launched for Florida hospitals.
- The association created a HEN advisory group that meets quarterly to provide feedback and ideas, and ensures that FHA staff are meeting their needs for support.
- An online learning module was launched, focusing on the basics of quality improvement; participants get free continuing education units for completing the exam.

CASE STUDY: Orlando Health, a seven-hospital system, is actively engaged in reducing patient harm and readmissions throughout all of its hospitals. Five of the seven hospitals have established improvement initiatives and are reporting data in all of the focus areas relevant to their patient populations. Arnold Palmer Hospital for Children has shown a significant drop in central-line-associated bloodstream infections in its neonatal intensive care unit, with a reduction in device use and a decrease in rates from 0.8 per 1,000 line days to zero. Dr. P. Phillips Hospital had a 26% drop in readmissions from 2011. Winnie Palmer Hospital for Women & Babies saw a 24% reduction in elective deliveries before 39 weeks and implemented the hard-stop policy after attending a HEN meeting. Orlando Regional Medical Center (ORMC) showed a dramatic drop in ventilator-associated pneumonia.

ACCELERATING RESULTS IN 2013: Meet with each hospital and health system to discuss their progress and help in their efforts to work on at least six to eight focus areas.



Source: Florida Hospital Association, 2012

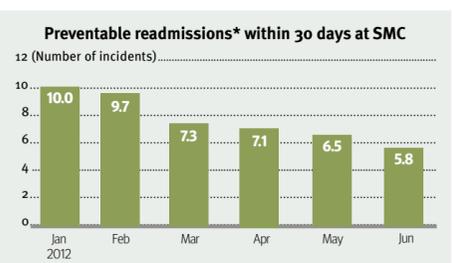
Coalition for Care (Indiana Hospital Association)

THREE MAJOR ACCOMPLISHMENTS:

- Coalition for Care leveraged dialogue and learning through the 11 regional patient safety coalitions to advance collaboration and drive harm to zero, including notable reductions in deaths from sepsis statewide.
- It successfully launched broad-scale Purdue Lean/Six Sigma training/certification, with 235 green belts and 109 black belts to complete training by February 2013.
- The association also launched a video series to encourage hospitals to elevate leadership for safety, engage in regional coalitions and target all harm topics.

CASE STUDY: Schneck Medical Center (SMC) is a 93-bed, nonprofit hospital providing primary and specialized services to the residents of Jackson County, Ind., and surrounding communities. SMC is the recipient of the 2011 Malcolm Baldrige National Quality Award. The medical center's commitment to a "patient first" culture has led to many innovative health care practices. SMC submits data for 9 of the 10 topics and has demonstrated performance excellence in several measures, including low rates of health care-acquired infections and dramatically reduced readmissions.

ACCELERATING RESULTS IN 2013: Coalition for Care plans to enhance its analysis capabilities to further segment education and technical assistance to match the needs of participating hospitals. This approach will include a focused effort to assist hospitals in enhancing data submission through importing Indiana Hospital Association data. Coalition for Care also plans to elevate CEO and senior leader engagement.



* All-cause readmission. Source: Coalition for Care, 2012



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HOSPITALS & HEALTH NETWORKS

HOW WE DID IT:
This gatefold was produced by researching published studies and articles.
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Wisconsin Hospital Association

THREE MAJOR ACCOMPLISHMENTS:

- The association has held 45 condition-specific learning events with 822 logins.
- Baseline to August readmission rates show a 16% reduction in 30-day, all-cause readmissions.
- Baseline to August pressure ulcer rates show a 70% reduction in health care-acquired pressure ulcers.

CASE STUDY: Meriter Health Services in Madison is focusing on surgical-site infections, falls, central line-associated bloodstream infections, obstetrical adverse events, pressure ulcers and readmissions. The last three areas are in sustaining mode, while teams actively are working on SSI, falls and CLABSI. As an example, the SSI team established three so-called tests of change:

- Distribution of chlorhexidine gluconate wipes for patient use at home preoperatively by January 2012 (patient, clinic staff and surgeon education accompanied this)
- Methicillin-resistant *Staphylococcus aureus*/Methicillin-sensitive *S. aureus* screening for all patients scheduled for surgery with an implant initiated by January 2012 (surgeon and clinic staff education conducted; screening strongly encouraged but not yet required)
- Trial program for glucose management of ambulatory patients without diagnosis of diabetes who meet criteria (obesity and those older than age 73 on prednisone therapy); started October 2012

ACCELERATING RESULTS IN 2013: The Wisconsin Hospital Association will launch Wave 2 of its learning collaboratives in March 2013. It will target hospital participation based on results, rather than doing a broad recruitment of all hospitals to all focus areas.

HRET

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