

Today's webinar will begin soon.

- Please mute your line by pressing *6.
- Please do not use the “hold” option on your phone.
- Questions and comments may be typed in the chat box at anytime.
- Lines will be opened during the call, so attendees may participate in discussion.
- Slides and an audio recording of today's webinar will be made available.
- Thank you for your patience.

THA HEN 2.0 Kick-Off Webinar

October 13, 2015

CMS Partnership for Patients

Hospital Engagement Network (HEN)

- HEN 1.0—December 2011-December 2014
- HEN 2.0—October 2015-September 2016
- 3,700 acute-care hospitals nationwide
- Goal—to reduce all-cause preventable in-patient harm by 40% (1.8 million fewer events)
- Goal—reduce 30-day readmissions by 20% (1.6 million fewer readmissions)

CMS Partnership for Patients

Hospital Engagement Network (HEN) 2.0 Overview

- THA is one of 17 HENs across the country
- Focus continues in 10 adverse event areas
 - Adverse Drug Events, CAUTI, CLABSI, Falls, OB Adverse Events, Pressure Ulcers, SSI, VTE, VAE, and Readmissions
- Optional new topics
 - Sepsis, worker safety, undue exposure to radiation, Iatrogenic Delirium, airway safety, failure to rescue, C. diff (including antibiotic stewardship)
- Campaign
 - Innovation, partnerships, call-to-action, rapid cycle development, multi-disciplinary, cross pollination

THA HEN Impact

Infections and complications reductions

1,853 fewer adverse events

\$2,307,325 estimated cost savings

Readmissions reduction

9,256 fewer readmissions

\$88,857,600 estimated cost savings

Total savings = \$91,164,925 and

11,109 events/readmissions

PFE Metrics

Patient and Family Engagement

Prior to admission, hospital staff provides and discusses a discharge planning checklist with every patient who has a scheduled admission, allowing questions or comments from the patient or family.

100%

Hospital conducts shift change huddles for staff and does bedside reporting with patients and family members in all feasible cases.

82%

Hospital has a dedicated person or functional area that is proactively responsible for patient and family engagement and systematically evaluates patient and family engagement activities.

61%

Hospital has an active Patient and Family Engagement Committee or at least one former patient who serves on a patient safety or quality improvement committee or team.

46%

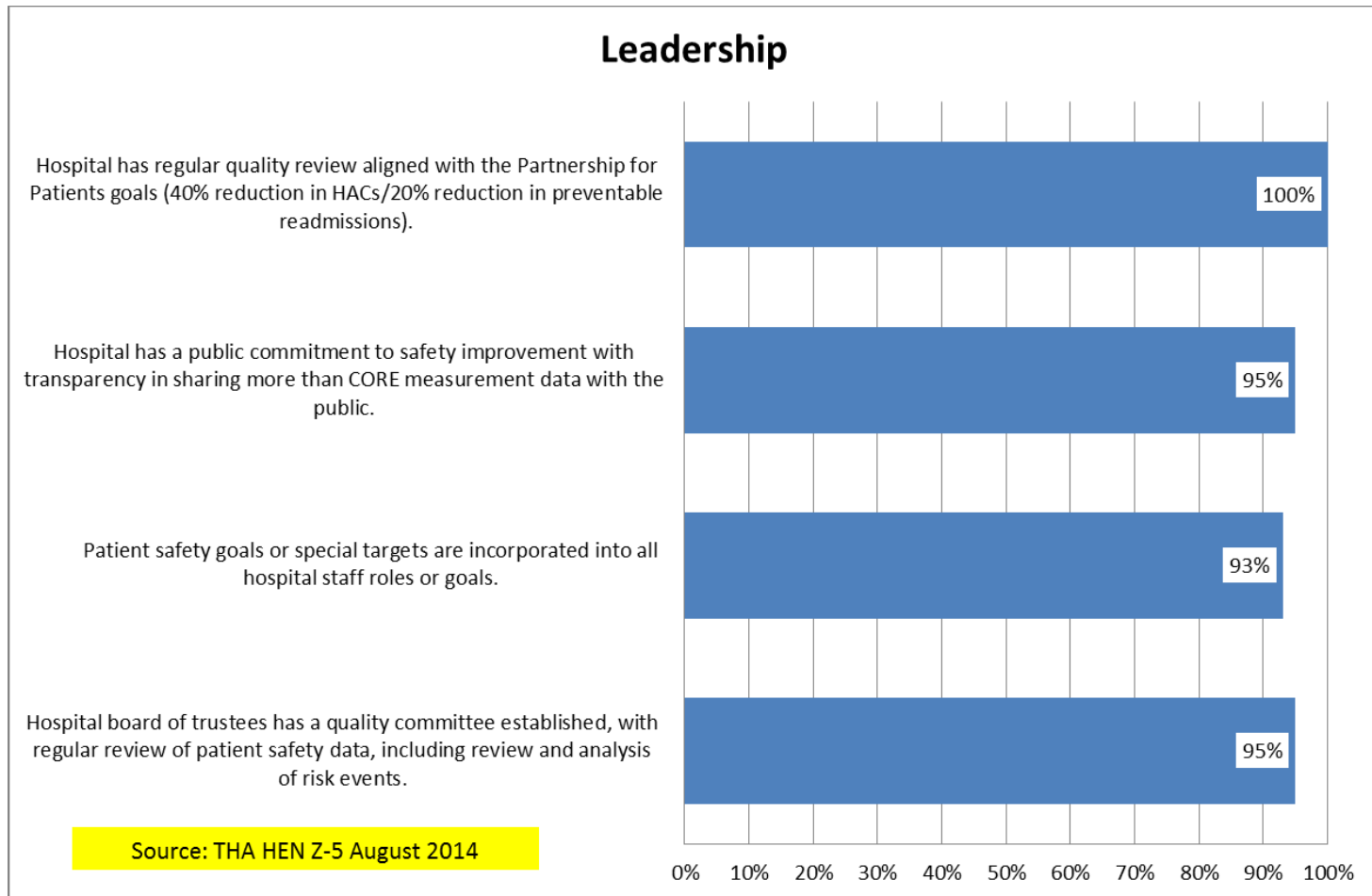
Hospital has one or more patient(s) who serves on a governing or leadership board and serves as a patient representative.

39%

Source: THA HEN Z-5 August 2014

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Leadership Metrics



HEN 2.0 Changes

- All HENs will use a common set of measures
- 17 measures are identified around the 10 core areas, and at least 15 of these must be adopted
- Hospitals report on all applicable data measures
- Individual hospital data will be reported but may be de-identified
- Promotion of disparities reduction

HEN 2.0 Features

- National network of experts, and evidence-based tools and resources through Partnership for Patients
- Best practice sharing
- Patient and family engagement contractor
- National Content Developer (NCD)
- HEN evaluation contractor
- Network of HENs and hospitals

THA HEN 2.0 Features

- New topics
 - Sepsis
 - *C. diff*
- Expert faculty presenters
- Safety across the board approach
- On-site coaching and hospital visits
- Best practice hospitals as mentors
- Peer-to-peer assistance
- Development of simulation modules

THA HEN 2.0 Features

- De-identified individual hospital data will be reported
- Creation of case studies and success story write ups
- Recognition at local, state, and national levels
- Institute for Healthcare Improvement (IHI) faculty for nurse manager quality collaborative/education

Institute for Healthcare Improvement

- For hospitals that participate in THA HEN 2.0
- Middle manager webinar series
 - Developing skills in leading department-level improvement efforts that align with organization goals
 - Improving care transitions with special focus on enhancing the patient and family caregiver experience

HEN Topics and THA Leads

- Disparities
- Leadership
- Patient and Family Engagement

Patrice Mayo, VP, Operations Director

pmayo@tha.com

615-401-7434

HEN Topics and THA Leads

- Central Line-Associated Bloodstream Infections (CLABSIs)
- Catheter-Associated Urinary Tract Infections (CAUTIs)
- Ventilator-Associated Events (VAEs)
- Sepsis

Darlene Swart, VP, Clinical Director

dswart@tha.com

615-401-7460

HEN Topics and THA Leads

- Adverse Drug Events (ADEs)—anticoagulant safety, glycemic management, opioid safety
- OB—Early Elective Deliveries (OB-EEDs)
- OB—Adverse Events (Pre-Eclampsia; Hemorrhage; PDI 17, PSI 18, and PSI 19)
- Surgical Site Infections (SSIs)
- *C. diff*
- Venous Thromboembolism (VTE)

Jackie Moreland, Clinical Quality Improvement Specialist

jmoreland@tha.com

615-401-7439

HEN Topics and THA Leads

- Readmissions
- Falls
- Pressure Ulcers

Rhonda Dickman, Clinical Quality
Improvement Specialist

rdickman@tha.com

615-401-7404

HEN Data

- General reporting information/requirements
- AHRQ Hospital Survey on Patient Safety Culture (HSOPS)
- Technical definition or data entry questions
- Additional data support (reports, graphs, etc.)

Jessy Cooper, Data Manager

jcooper@tha.com

615-401-7421

Data Entry Changes

A yellow sticky note with a slightly torn edge, tilted to the right. The word 'Remember!' is written on it in a red, cursive font.

Remember!

Data entry of THA-specific topics has moved to THA's Report Distributor.

<http://report-distributor.tha.com/>



If you or someone you work with needs a user ID to log into Report Distributor, please contact Jessy Cooper at jcooper@tha.com.

Data Quick Reference Guide

Topic	Outcome or Process	Frequency of Collection	Where Data is Submitted	On the Leadership Scorecard?
ADE-Anticoagulants	Outcome	Monthly	Report Distributor	Yes
	Process	Monthly	Report Distributor	No
ADE-Glycemic Agents	Outcome	Monthly	Report Distributor	Yes
	Process	Monthly	Report Distributor	No
ADE-Opioids	Outcome	Monthly	Report Distributor	Yes
	Process	Monthly	Report Distributor	No
CAUTI <i>(device utilization)</i>	Outcome	Monthly	NHSN	Yes
	Process	Monthly	NHSN	Yes
<i>C. diff</i>	Outcome	Monthly	NHSN	Yes
CLABSI-monthly rate <i>(device utilization)</i> <i>AHRQ PSI-7</i>	Outcome	Monthly	NHSN	Yes
	Process	Monthly	NHSN	No
	Outcome	Semiannually	THA Claims Database	No

<http://www.tnpatientsafety.com/DataReporting/tabid/60/Default.aspx>

Alternatively, go to www.tnpatientsafety.com and click on “Data Reporting.”

Process Measure Changes

Outcome measures will remain the same.*

Updating:

- Pressure Ulcers
- Falls
- Readmissions
- Surgical Site Infections
- VTE

Adding:

- OB—Hemorrhage
- OB—Pre-Eclampsia
- Sepsis

**Sepsis is a new measure for TCPS, so an outcome measure needed to be added.
We have decided to use PSI-13, which will not require any additional data entry.*

Questions?

THA HEN Commitment

reply by Friday, October 16, 2015

[https://www.surveymonkey.com/r/
THA_HEN_2_Commitment](https://www.surveymonkey.com/r/THA_HEN_2_Commitment)

Comments/Questions

Contact

Patrice Mayo

pmayo@tha.com

615-401-7434