

Leading Your Hospital Through Quality Improvement Change – The Journey



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Agenda

- Hospital Engagement Network (HEN): 2011 - 2014
- Improving Patient Safety for Mom and Baby: 2014
- AHRQ Safety Program for Perinatal Quality-2015
- HEN 2.0: September 2015 – September 2016
- Hospital Improvement Innovation Network (HIIN): October 2016 – March 2020
- AHRQ Safety Program for Intensive Care Units Preventing CLABSI and CAUTI



Hospital Engagement Network

- **Hospital Engagement Network** – Three year initiative funded by the CMS Partnership for Patients
- KHA partnered with AHA’s Hospital Research and Education Trust (HRET)
- KHA’s K-HEN had 76 hospitals participating by end of project
- Goal – Reduce patient “harm” by 40% and readmissions by 20%



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Improving Patient Safety for Mom and Baby Project

- Anthem Foundation Grant 2014
 - Improving health care delivery by
 - Reducing Early Elective Deliveries (EED)
 - Reducing NICU CLABSI
 - Reducing OB Harm
 - Reducing Cesarean Section Delivery Rates
 - Reducing Obstetrical Hemorrhage
 - Implementing Best Practices for Oxytocin (Pitocin)
 - Implementing Best Practices for Human Breast Milk



Improving Patient Safety for Mom and Baby Project

- Our Successes
 - EED rates decreased by 49.5% from the 2013 baseline rate – 4.33%
 - Overall Cesarean Section rate decreased by 5.2% from the 2013 baseline rate – 33.39%
 - Primary Cesarean Section rates decreased by 7.47% from the 2013 baseline rate – 19.52%
 - NICU CLABSI (per 1000 line days) rates decreased by 53.44% from the 2013 baseline rate – 0.42%



Improving Patient Safety for Mom and Baby Project

Kentucky Dads Support Breastfeeding



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AHRQ Safety Program for Perinatal Quality

- Conducted in 2015, this program was designed to improve patient safety culture in L&D units and decrease maternal and neonatal adverse events resulting from poor communication and system failures.
- Project was three-pronged – involving teamwork and communication (TeamSTEPPS), Perinatal Safety Strategies (such as electronic fetal monitoring, safe medication strategies specific to Oxytocin, etc.) and In Situ Simulation (simulation binders were presented to each birthing hospital in Kentucky).
- 7 birthing hospitals in Kentucky actively participated in this program.



K-HEN 2.0



- Building on the success of HEN 1.0
 - 2011-2014
- HEN 2.0
 - September 24, 2015 – September 23, 2016
- Continue to pursue *40% reduction in harm, and 20% reduction in preventable readmissions*
- Core topics – same as HEN, with increased focus on CAUTI, and Readmissions



HEN 2.0 Results

AHA HRET HEN

1. **ADE** – 7% improvement, 95% reporting
2. **CAUTI** – 4% improvement, 98% reporting
3. **CLABSI** – 11% improvement, 98% reporting
4. **EED** – **44% improvement**, 94% reporting
5. **Falls with Injury** – 3% improvement, 96% reporting
6. **Pressure Ulcers/Injury** – **49% improvement**, 88% reporting
7. **Readmissions** – 3% improvement, 95% reporting
8. **OB Adverse Events** – **49% improvement**, 94% reporting
9. **SSI** – 18% improvement, 91% reporting
10. **VTE** – **33% improvement**, 93% reporting
11. **VAE** – 18% improvement, 92% reporting

K-HEN

1. **ADE** – 12% worsening, 80% reporting
2. **CAUTI** – **17% improvement**, 93% reporting
3. **CLABSI** – **42% improvement**, 91% reporting
4. **EED** – **63% improvement**, 97% reporting
5. **Falls** – 8% improvement, 99% reporting
6. **Pressure Ulcer/Injury** -100% improvement, but only 2% reporting
7. **Readmissions** – 4% worsening, 97% reporting
8. **OB Harm** – no data beyond baseline
9. **SSI** – **45% improvement**, 76% reporting
10. **VTE** – 100% improvement, 100% Reporting
11. **VAE** – 93% worsening, 85% reporting

Hospital Improvement Innovation Network

- The Kentucky Hospital Improvement Innovation Network (KHIIN)
 - Part of the Health Research & Educational Trust's (HRET) two-year contract with the Centers for Medicare & Medicaid Services
 - Funding from Medicare Trust Fund and no longer under the Affordable Care Act
 - Project includes all payer sources
 - Reduce hospital-acquired conditions and readmissions
- **No OB Measures**

Although KHA encourages birthing hospitals to continue to submit OB/EED data in KY Quality Counts; will seek other OB-related grants

 - Early Elective Delivery
 - Vaginal Delivery with Instrument** **AHRQ**
 - Vaginal Delivery without Instrument** **AHRQ**

*****Goal to reduce harm by 20% and readmissions by 12%*****



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KHIIN Outcome Measures

- Adverse Drug Events (ADE)
 - Anticoagulation
 - Hypoglycemia
 - Opioid Safety
- Catheter Associated Urinary Tract Infection (CAUTI)
 - CAUTI Rate All Tracked Units
 - CAUTI Rate ICU Only
 - Catheter Utilization Ratio
- Central Line Associated Bloodstream Infection (CLABSI)
 - CLABSI Rate All Tracked Units
 - CLABSI Rate ICU Only
 - Central Line Utilization Ratio
- C Difficile and Antimicrobial Stewardship
 - C difficile Standardized Infection Ratio (SIR)
 - C difficile Rate
- Falls
 - Falls with Injury Minor or Greater



KHIIN Outcome Measures

- MRSA Bacteremia
 - Standardized Infection Ratio (SIR)
 - Hospital-onset MRSA Bacteremia Events
- Pressure Ulcers/Injury
 - Pressure Ulcer Prevalence Stage II or Greater (Hospital Acquired)
 - Pressure Ulcer Stage III & IV (Hospital Acquired)
- Readmissions
 - 30 Day All Cause Rate (All Payer)
 - Hospital-Wide All Cause Unplanned Readmissions-Medicare Only
- Sepsis and Septic Shock
 - Postoperative Sepsis Rate
 - Hospital-Onset Sepsis Mortality Rate



KHIIN Outcome Measures

- Surgical Site Infections
 - Standardized Infection Ratio
 - SSI Rate
 - Abdominal Hysterectomy
 - Colon
 - Total Knee Replacement
 - Total Hip Replacement
- Ventilator Associated Event (VAE)
 - VAC All Tracked Units
 - IVAC All Tracked Units
- VTE
 - Post-Operative Pulmonary Embolism or VTE Rate
- Worker Safety
 - Harm Events Related to Patient Handling
 - Harm Events Related to Workplace Violence





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Kentucky Hospital Results

- Kentucky Hospitals are making great strides in Patient Safety and Quality with:
 - 4,043 Harms Prevented
 - \$55,065,803.00 Cost Savings
- CDI – 30% Improvement
- CLABSI – All Settings – 24% Improvement
- CAUTI – All Settings – 10% Improvement
- Pressure Ulcer Stage III and Greater – 12% Improvement
- Post-Op Sepsis – 8% Improvement
- Falls with Injury – 7% Improvement
- CLABSI – ICU Only – 29% Improvement
- CAUTI – ICU Only – 9% Improvement
- Overall Sepsis Mortality – 4% Improvement



12.4% Improvement

Baseline 2015

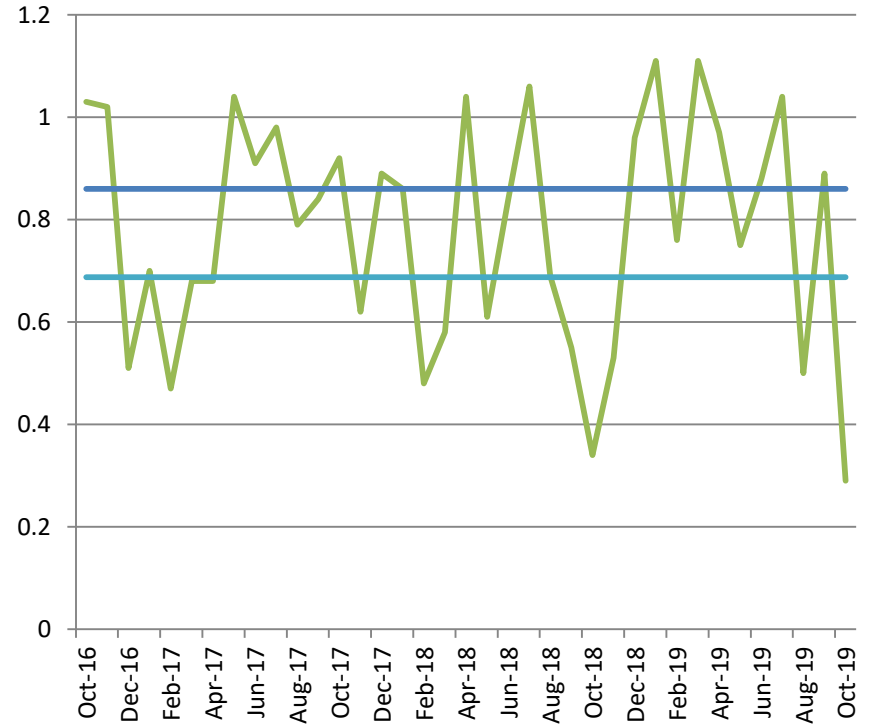
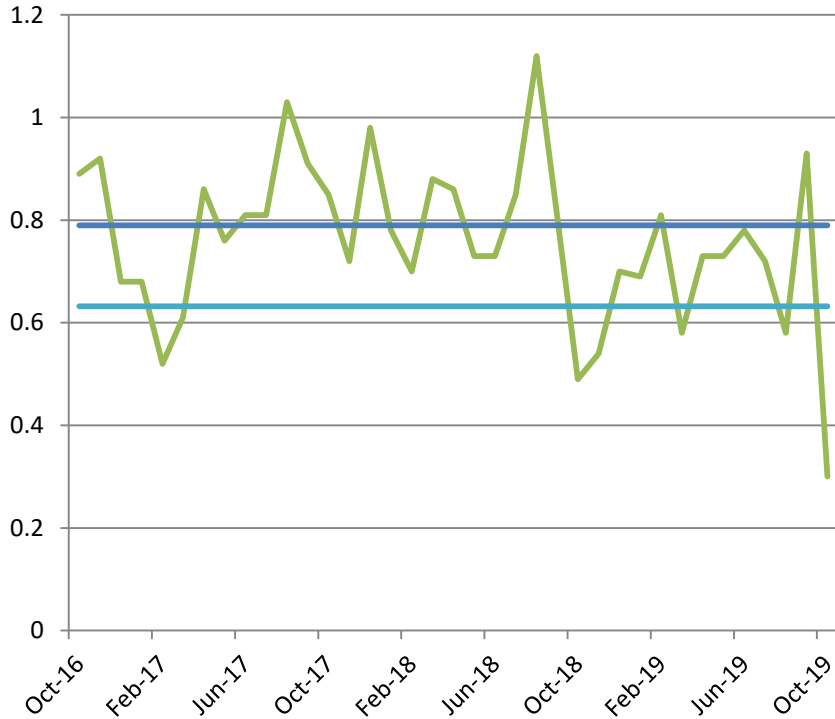
11% Improvement

CAUTI-2a Rate - All Tracked Units

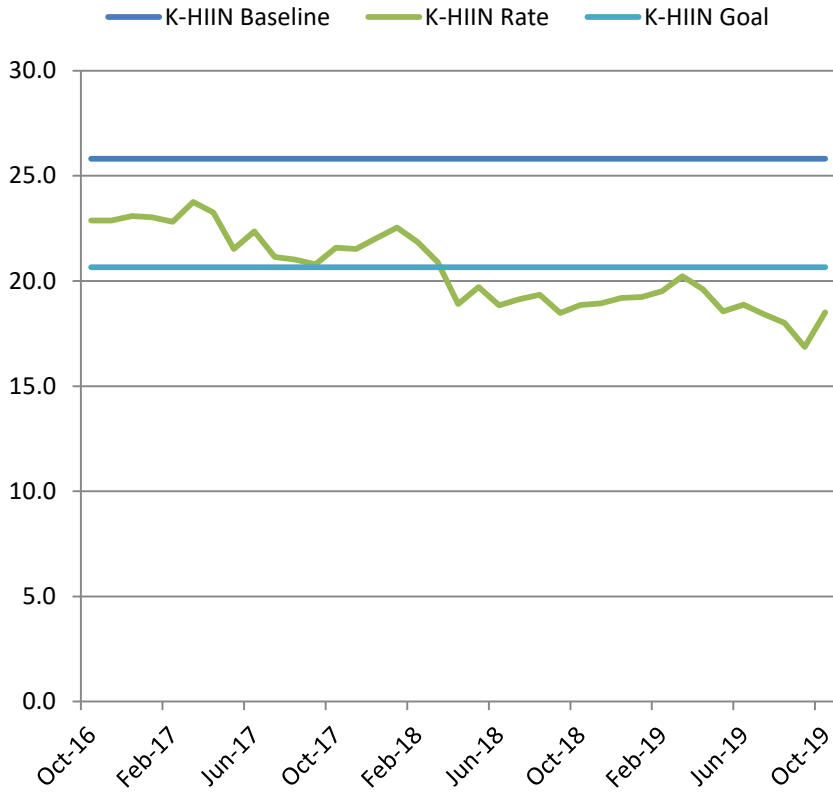
CAUTI-2b Rate - ICU

K-HIIN Rate K-HIIN Baseline K-HIIN Goal

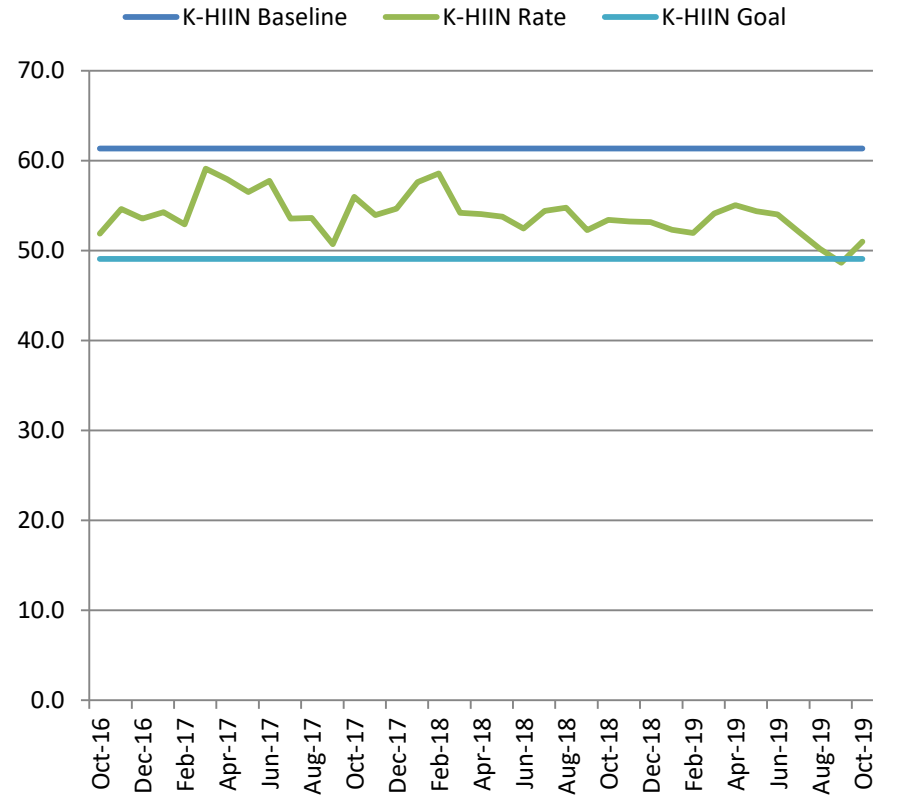
K-HIIN Rate K-HIIN Baseline K-HIIN Goal



18% Improvement
Catheter Utilization Ratio - All Tracked Units

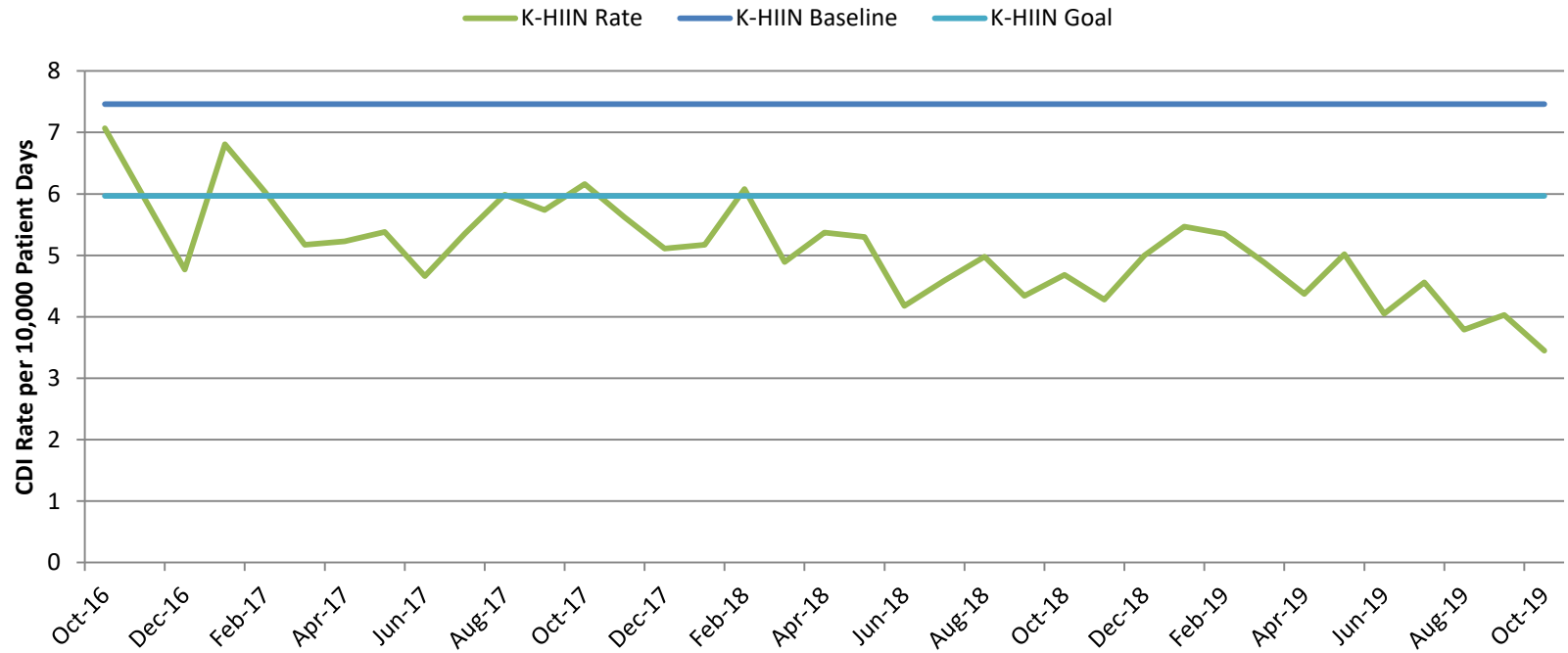


11% Improvement
Catheter Utilization Ratio - ICU Only

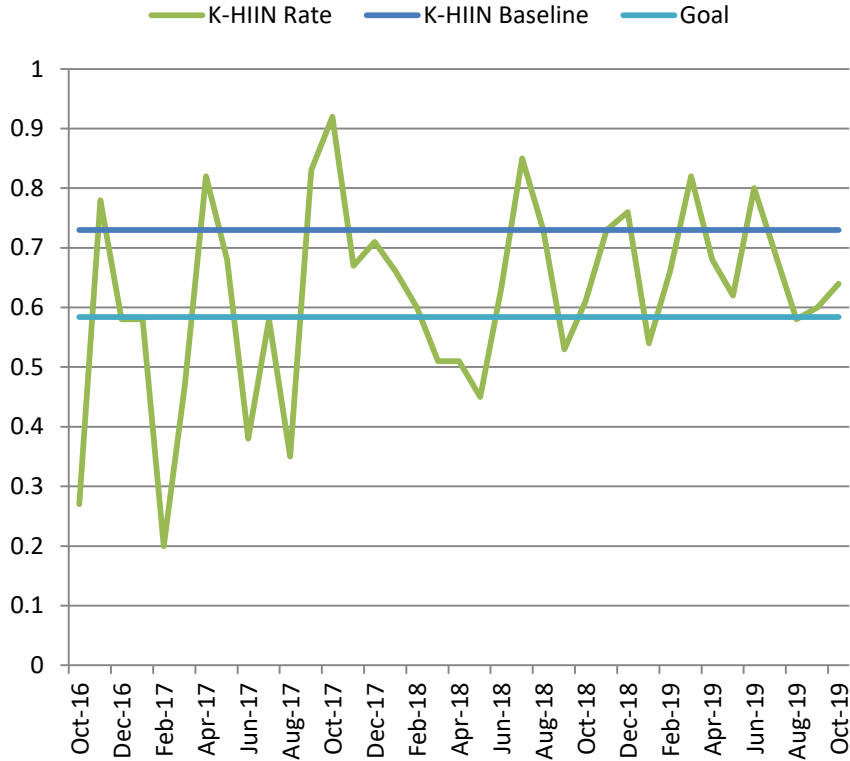


Clostridium Difficile Rate

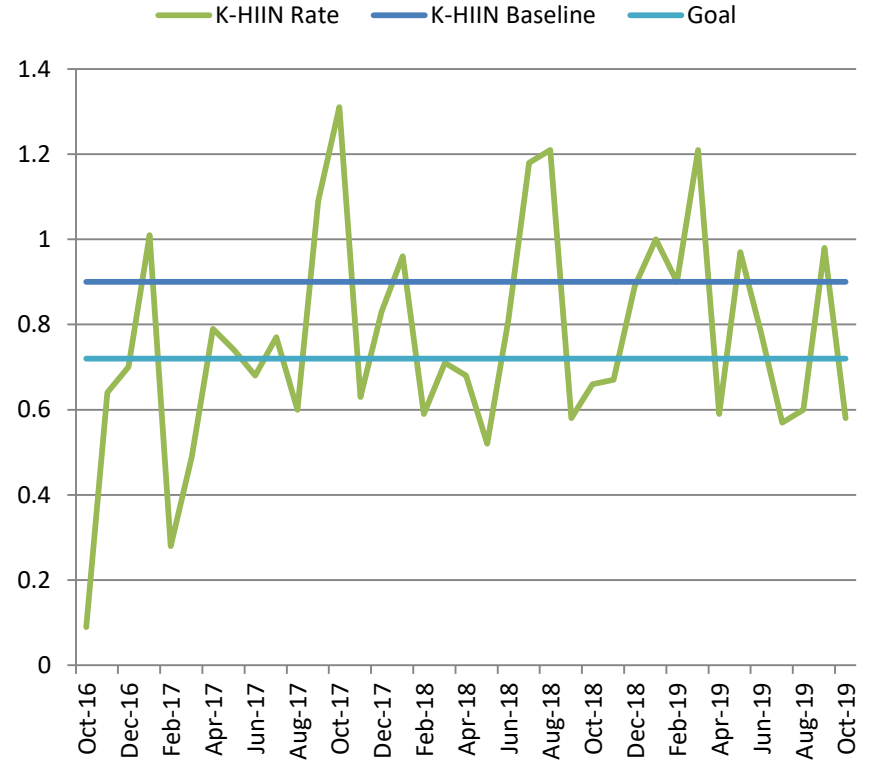
32% Improvement Baseline Period 2015



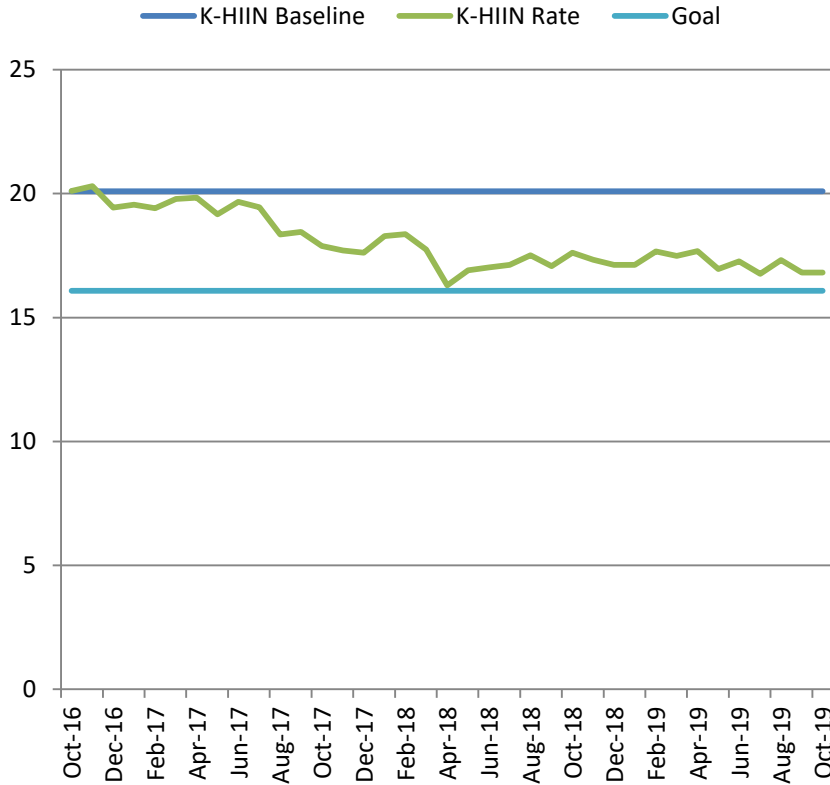
22% Improvement
CLABSI Rate - All Tracked Units



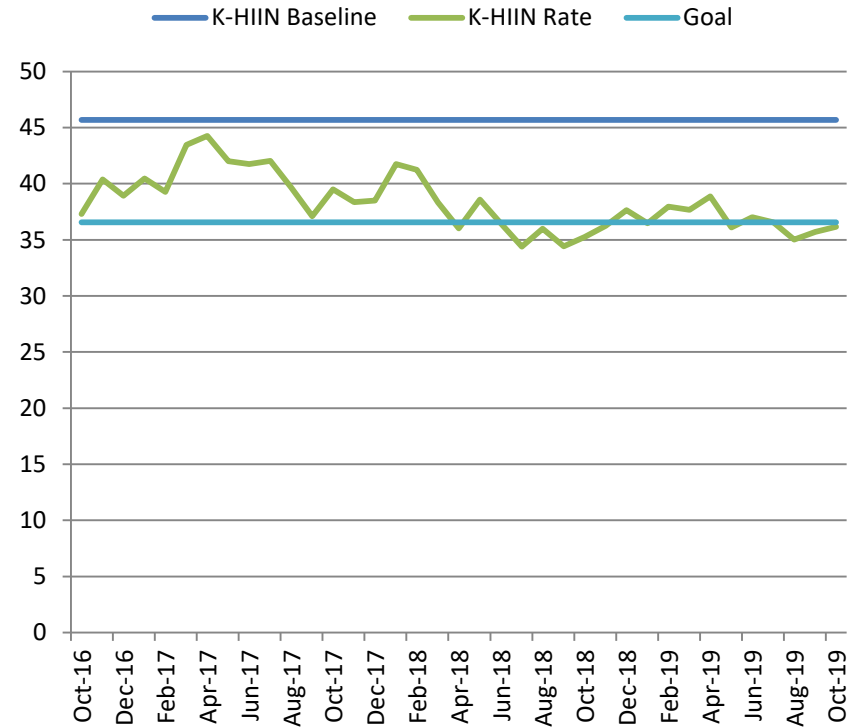
Baseline Period 2015
 29% Improvement
CLABSI-2b Rate - ICU



11% Improvement
Central Line Utilization Ratio

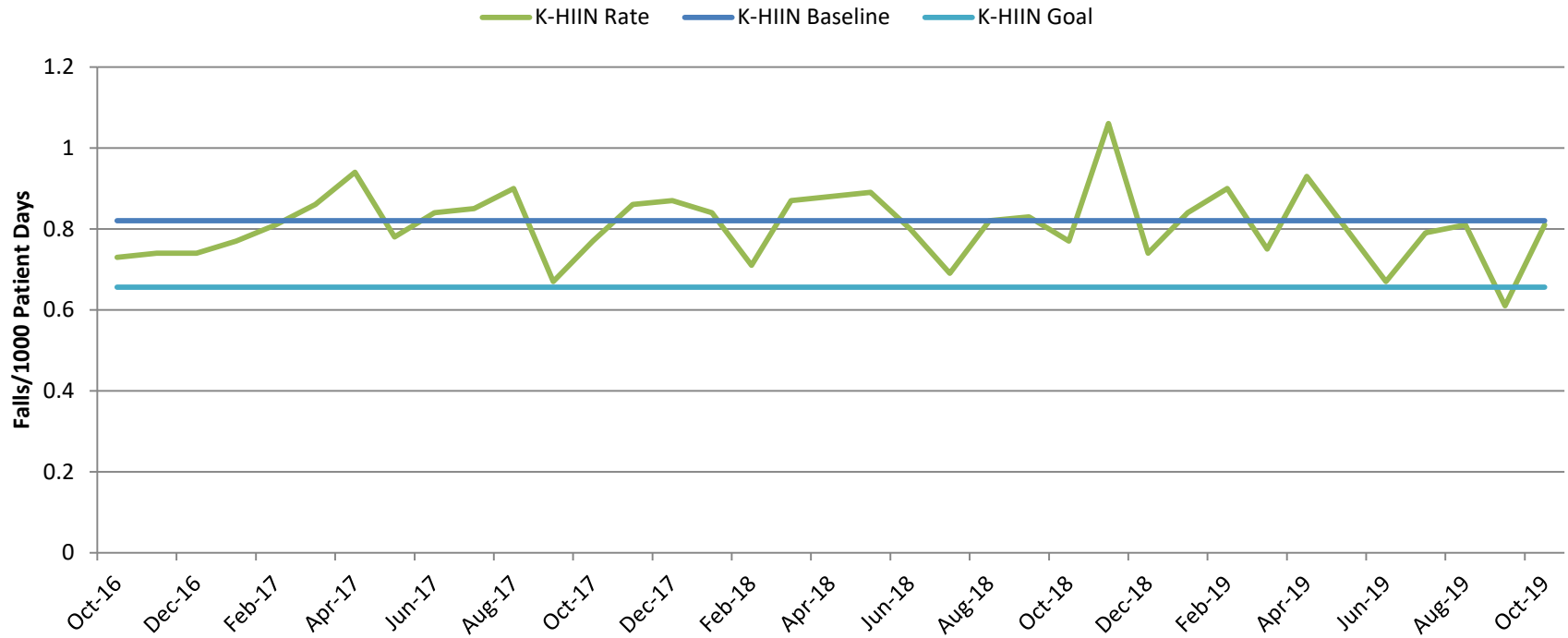


29% Improvement
Central Line Utilization Ratio - ICU Only



Falls with Injury

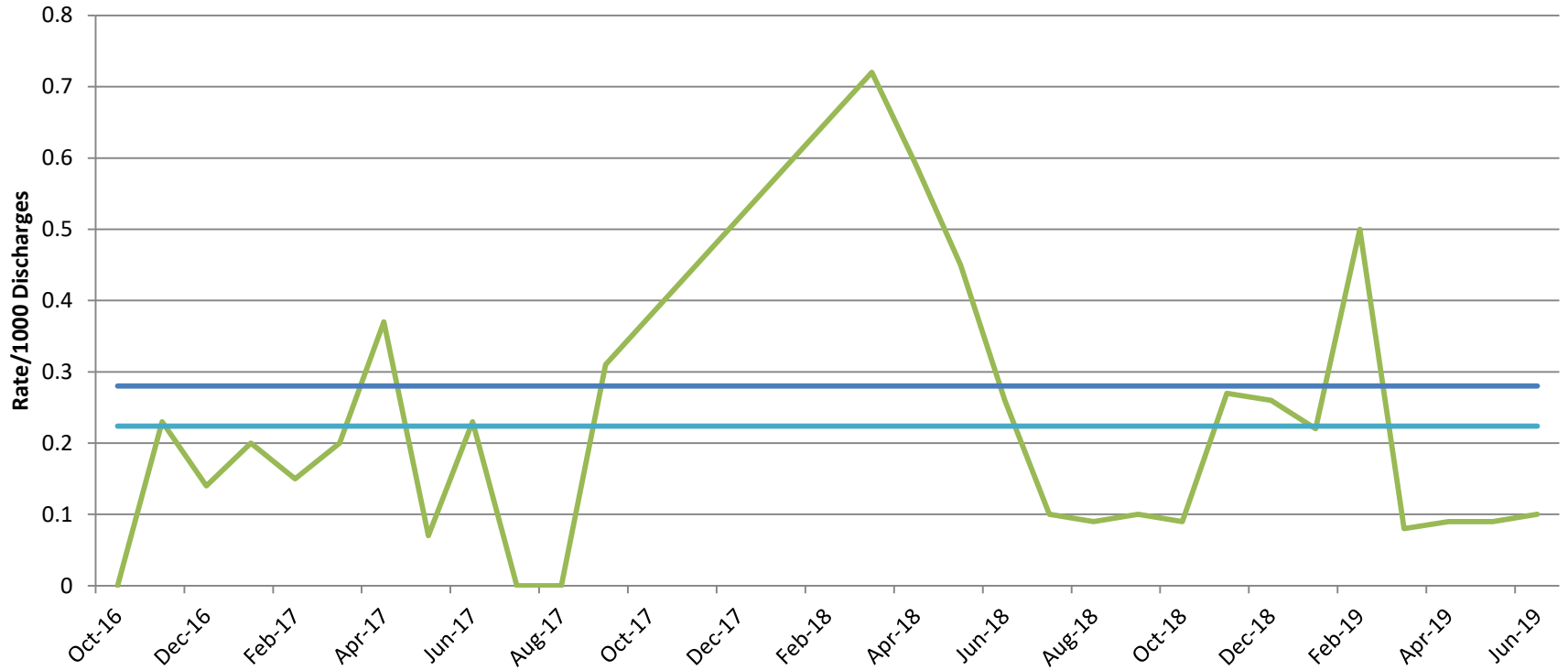
8% Improvement Baseline Period Primarily 2014



PrU-1 HAPU Stage 3 and Greater

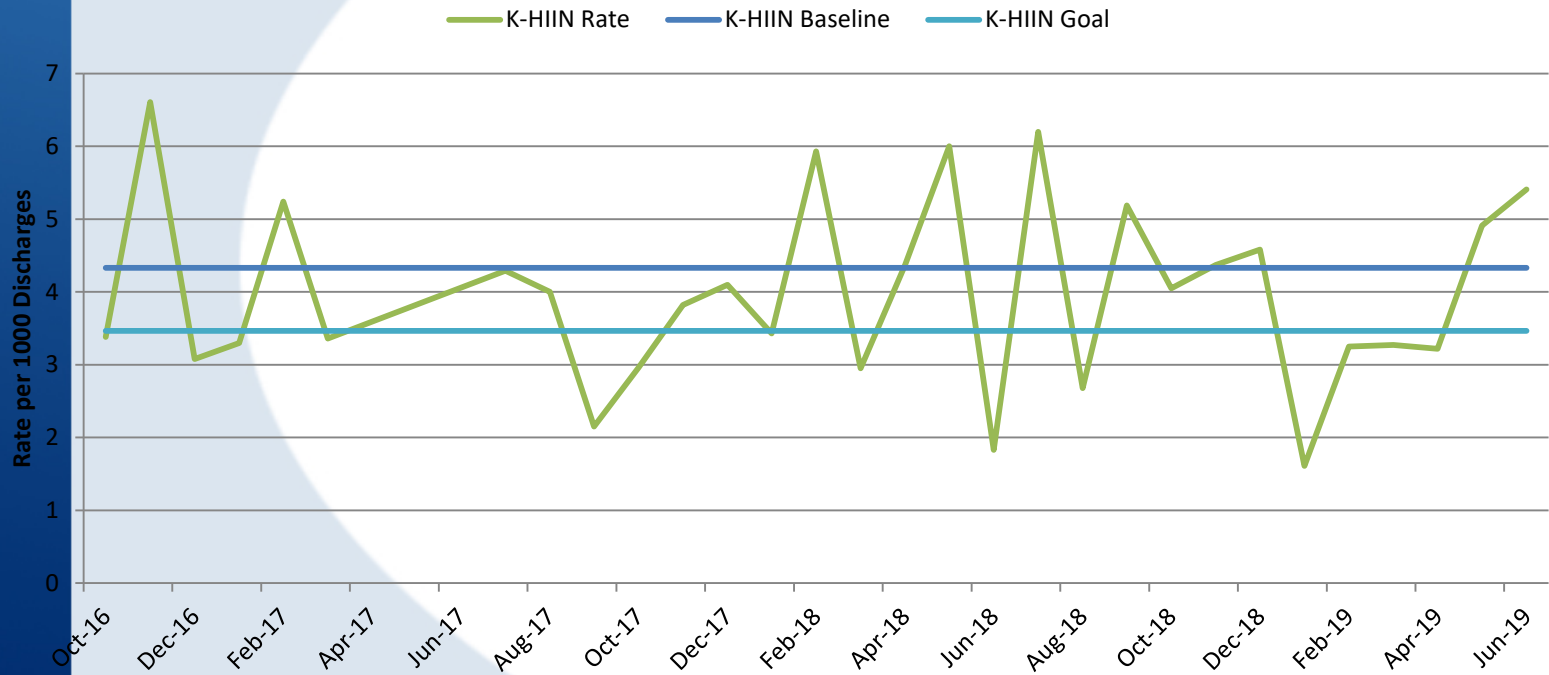
16% Improvement

K-HIIN Rate K-HIIN Baseline K-HIIN Goal



Sepsis Post-Op Rate AHRQ PSI 13

7% Improvement Baseline Period Oct 2015 – Sep 2016



Key Highlights - Readmissions

- Two Measures
 - 30 Day All Cause Readmission All Payer
 - 30 Day All Cause Readmission Medicare Specific
- Approach – Know your Numbers: Big Data / Little Data
 - COPD, CAH, Pneumonia, Chronic, Prescriptions, Supports
- Key Activities
 - Readmission Specific Calls
 - Hospitals receiving individualized coaching from national Subject Matter Expert
 - Peer to Peer Learning
 - American Case Management Conference
 - KY/TN Chapter for Case Management
 - Communities of Hospitals and Post Acute providers, with QIO
 - One on One Coaching Calls
 - Encourage Interviews, Discharge Phone Calls
 - HRET Change Package



Key Highlights

- Wound Care Certification
 - 1 week full paid training
 - 46 Hospitals Participated
- Regional Wound Care Assessment Classes
 - 100 Hospital wound care staff participated
- CHEST Certification (2018 and 2019)
 - Environmental service staff “train the trainer” program regarding infection prevention and best practices
 - 58 KHIIN Hospitals participated
- Sponsored 4 Hospitals to complete the Joint Commission Sepsis Certification Program
 - Saint Joseph Hospital
 - Owensboro Health Regional Hospital
 - Meadowview Regional Medical Center
 - Spring View Hospital



Key Highlights

- TeamSTEPPS Trainings
- Hospital Survey on Patient Safety Culture
 - Patient Safety Culture Coaching Webinars
- Medical Office Safety of Culture Survey
- UP Campaign
 - Get Up
 - Soap Up
 - Wake Up
 - Script Up
- Delirium Webinar Series
- Epi Intensive



Key Highlights-Pharmacy

- Society of Infectious Disease Pharmacists Antimicrobial Stewardship Certification in Acute Care
 - 46 Pharmacists
- Collaboration with University of Kentucky College of Pharmacy for educational events
 - Naloxone, Medication Safety in Aging Population, COPD
- Sponsor Pharmacists to attend Kentucky Society of Health-System Pharmacist biannual meetings and collaborate for KHA Convention 2019
 - 35 Pharmacists
- Kentucky specific Antimicrobial Stewardship Listserve
- Educational presentations at Community Coalition meetings, KHA Quality Conferences, KHA Conventions, KY SOS Regional Training Meetings, KHEN/KHIIN webinars



AHRQ Safety Program for Intensive Care Units Preventing CLABSI and CAUTI

- U.S. Department of Health and Human Services HAI reduction goals were established in October 2016
 - CLABSI – 50% reduction by 2020 (from 2015 baseline)
 - CAUTI – 25% reduction by 2020 (from 2015 baseline)
- This program can assist ICUs in achieving these national goals
- Program
 - 12 months, January 2019 – January 2020
 - Funded by AHRQ
 - Coordinating Agencies
 - CDC and CMS
 - National Program Team
 - Health Research and Education Trust (HRET)
 - American Organization of Nurse Executives (AONE)
 - Association for Professionals in Infection Control and Epidemiology (APIC)



Program Goals

- Reduce CLABSI, CAUTI and device utilization rates in Adult ICUs with elevated CLABSI and/or CAUTI rates
- Improve Safety Culture
- 6 Hospital Units are currently participating in the program





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**X: There is No Final Destination on
the Improvement Journey**



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Questions



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