

AHA/HRET HEN AND K-HEN DATA UPDATE K-HEN 2.0 2016 QUALITY CONFERENCE

MARCH 10, 2016

9:45 A.M. – 10:15 A.M.

OUTLINE

- What does the AHA/HRET HEN look like?
- What does the K-HEN look like?
- Date update for the AHA/HRET HEN and K-HEN

DEMOGRAPHICS OF HEN HOSPITALS

	Of acute care hospitals that are			
	Part of the AHA/HRET HEN (n=1500+)	Part of another HEN (n~1700)	Not in a HEN (n~1700)	In Kentucky HEN (n~73)
Critical Access	37%	22%	22%	30%
Rural	33%	17%	21%	61%
Suburban	52%	64%	64%	33%
Major teaching	3%	9%	6%	0%
Children's	0.2%	3%	2%	0%
Not-for-profit	55%	75%	40%	95%
For-profit	16%	8%	30%	5%

WHAT DOES THE K-HEN LOOK LIKE?

	% Responded Yes
Acute/CAH/Children's	99%
Provides OB Services	47%
Places Central Lines	91%
Performs Surgical Services	77%
Uses Ventilators	69%
Part of a System	61%
Part of an Accountable Care Organization (ACO)	26%
Reports to NHSN	84%
Has an ICU	70%
Uses an EMR	96%

Source: Needs Assessments submitted to CDS as of 03/02/2016



PROGRESS ON PATIENT AND FAMILY ENGAGEMENT

	AHA/HRET HEN	KY HEN
Planning checklist for scheduled admission	30.4%	30%
Shift-change huddle and bedside reporting	67.1%	71%
Person or area dedicated to PFE	41.2%	40%
Active PFE committee or patient who serves on safety/QI team	40.6%	41%
One or more patients on Board	32.2%	31%

Source: Needs Assessments submitted to CDS as of 03/02/2016



K-HEN QUALITY IMPROVEMENT EXPERIENCE

	Extensive or moderate experience
Using improvement frameworks (such as PDSA, Lean, Six Sigma, Baldrige)	72%
Monitoring patient safety culture	89%
Teamwork & communication	91%
High reliability concepts	66%
Leveraging data to drive improvement (selecting measures, collecting data, reporting and analyzing results)	88%
Collecting and monitoring "harm across the board" data	69%

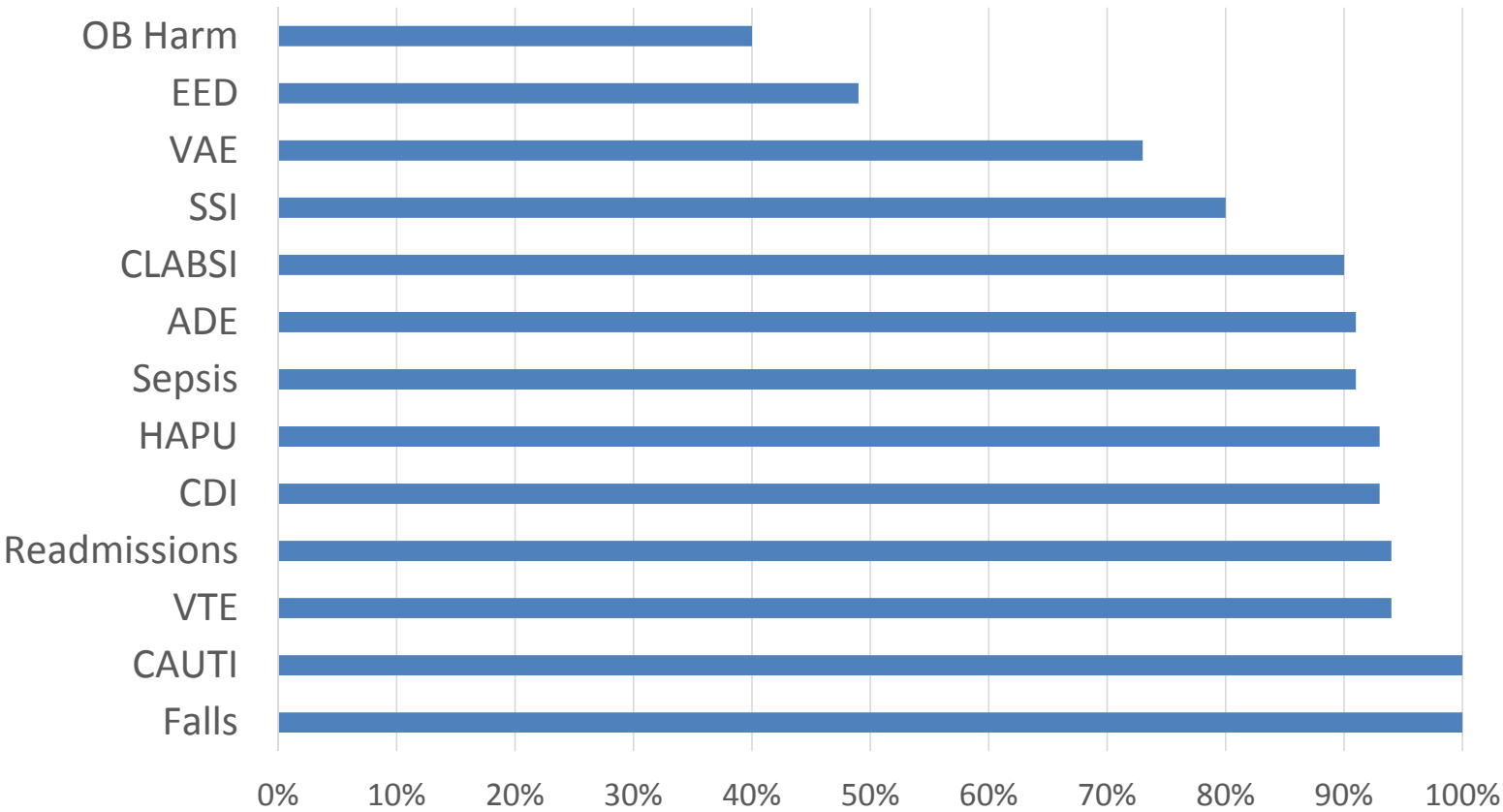
Source: Needs Assessments submitted to CDS as of 03/02/2016



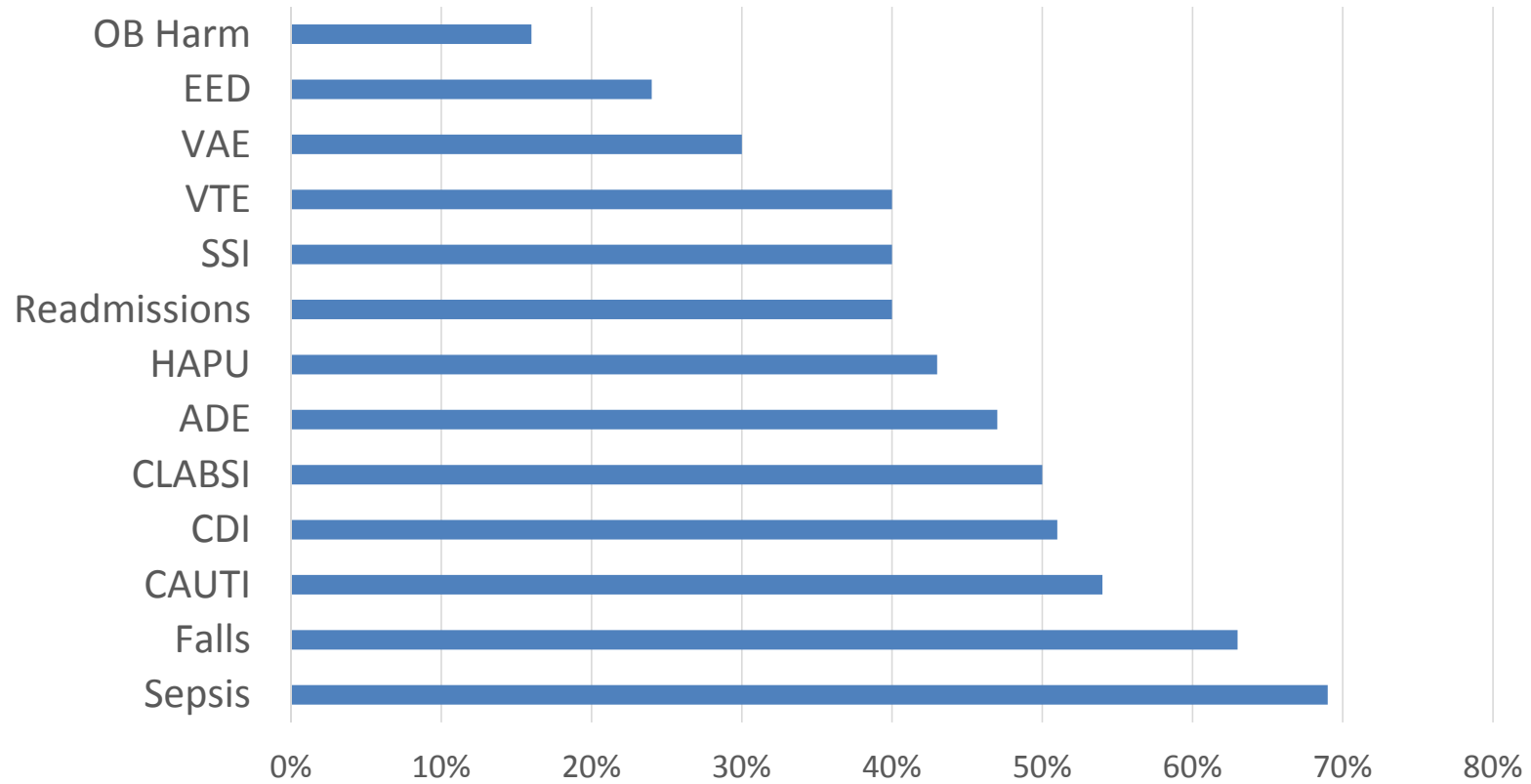
NEEDS ASSESSMENT DATA FOR K-HEN

- Collected in Q1 of HEN 2.0
- Used to understand unique demographics and opportunities in each hospital
- HRET & K-HEN teams use this information to develop education and programmatic strategy for project

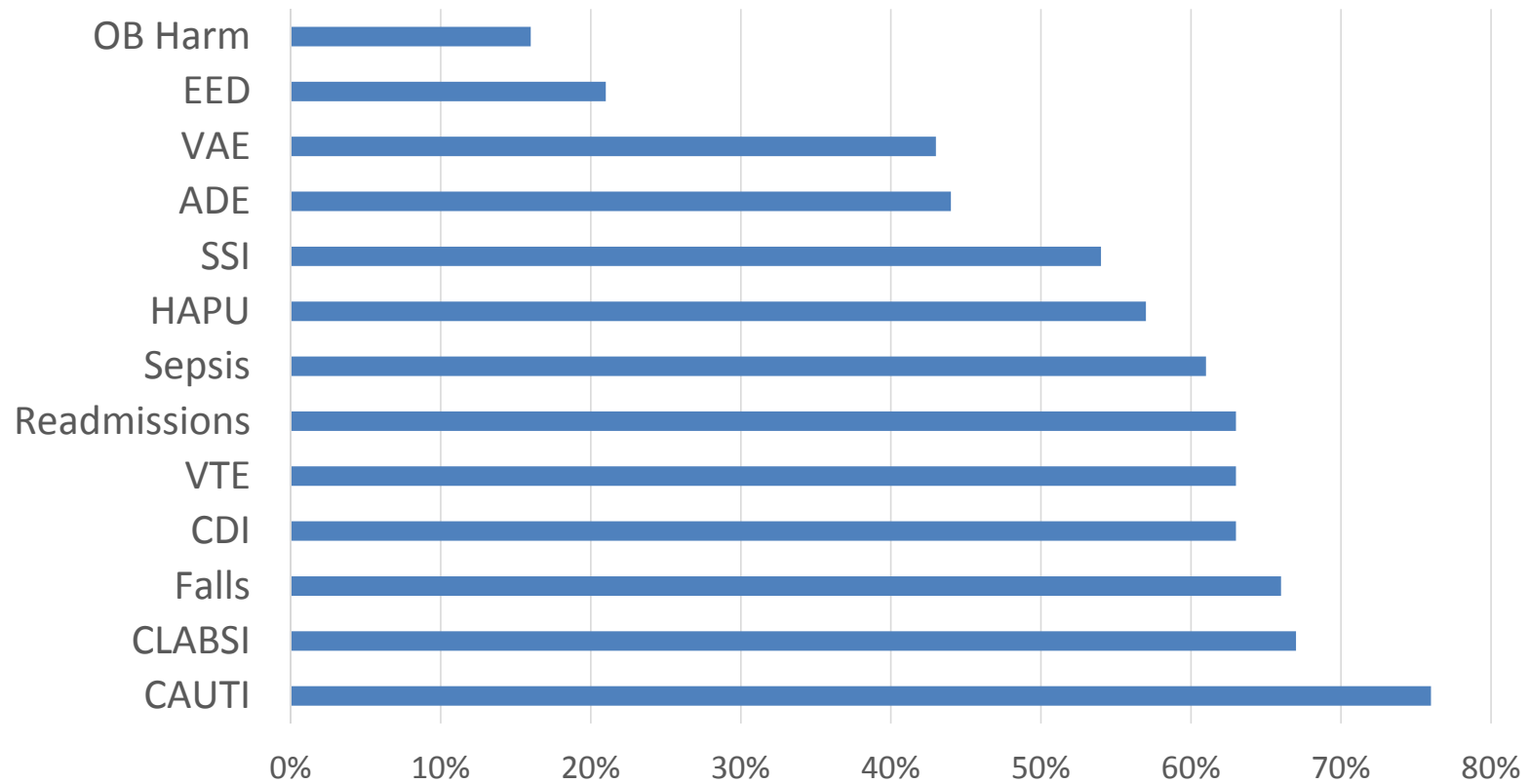
PERCENT OF K-HEN HOSPITALS WORKING ON TOPIC



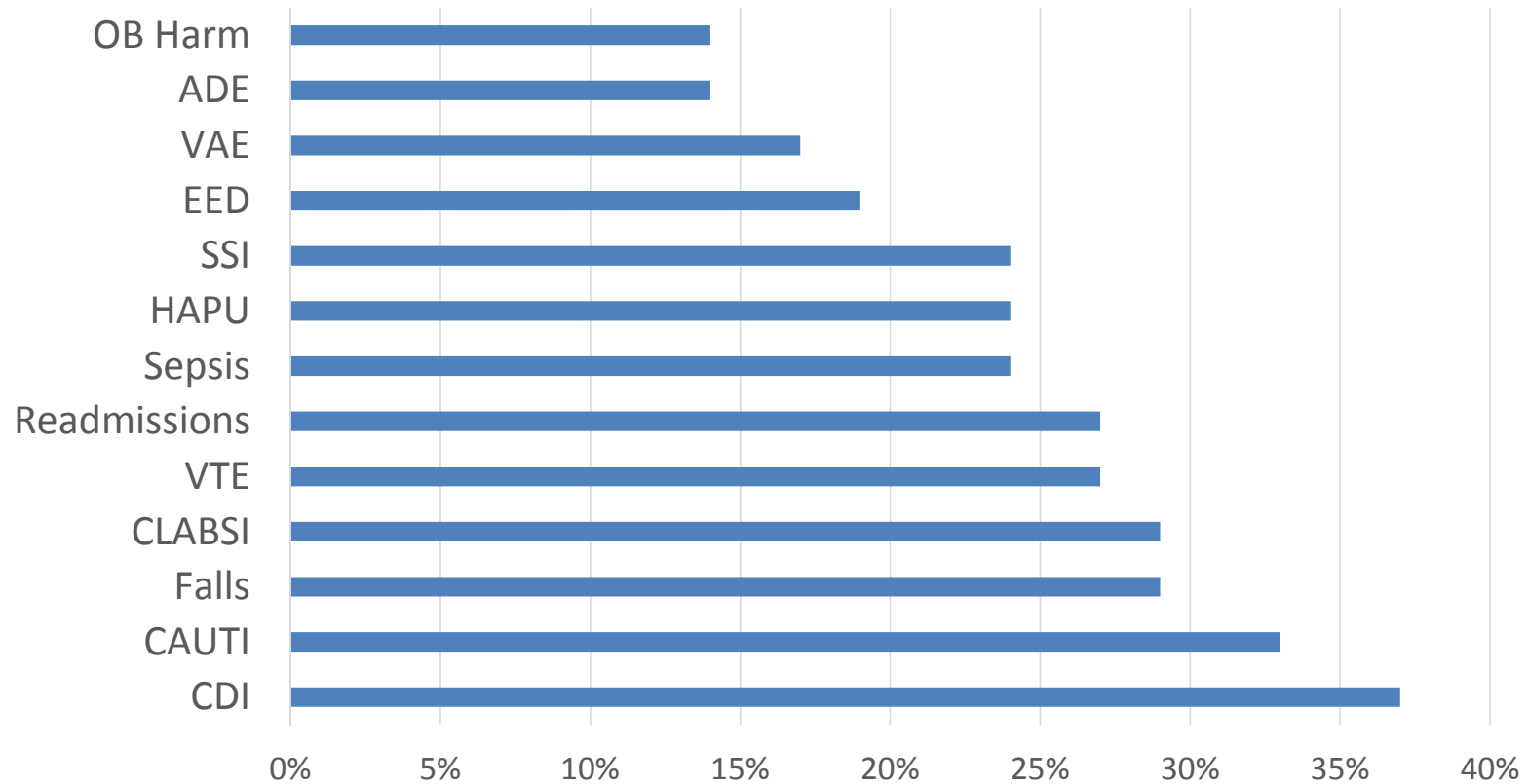
PERCENT OF K-HEN HOSPITALS REPORTING TOPIC IS A HIGH PRIORITY FOR HEN PROJECT



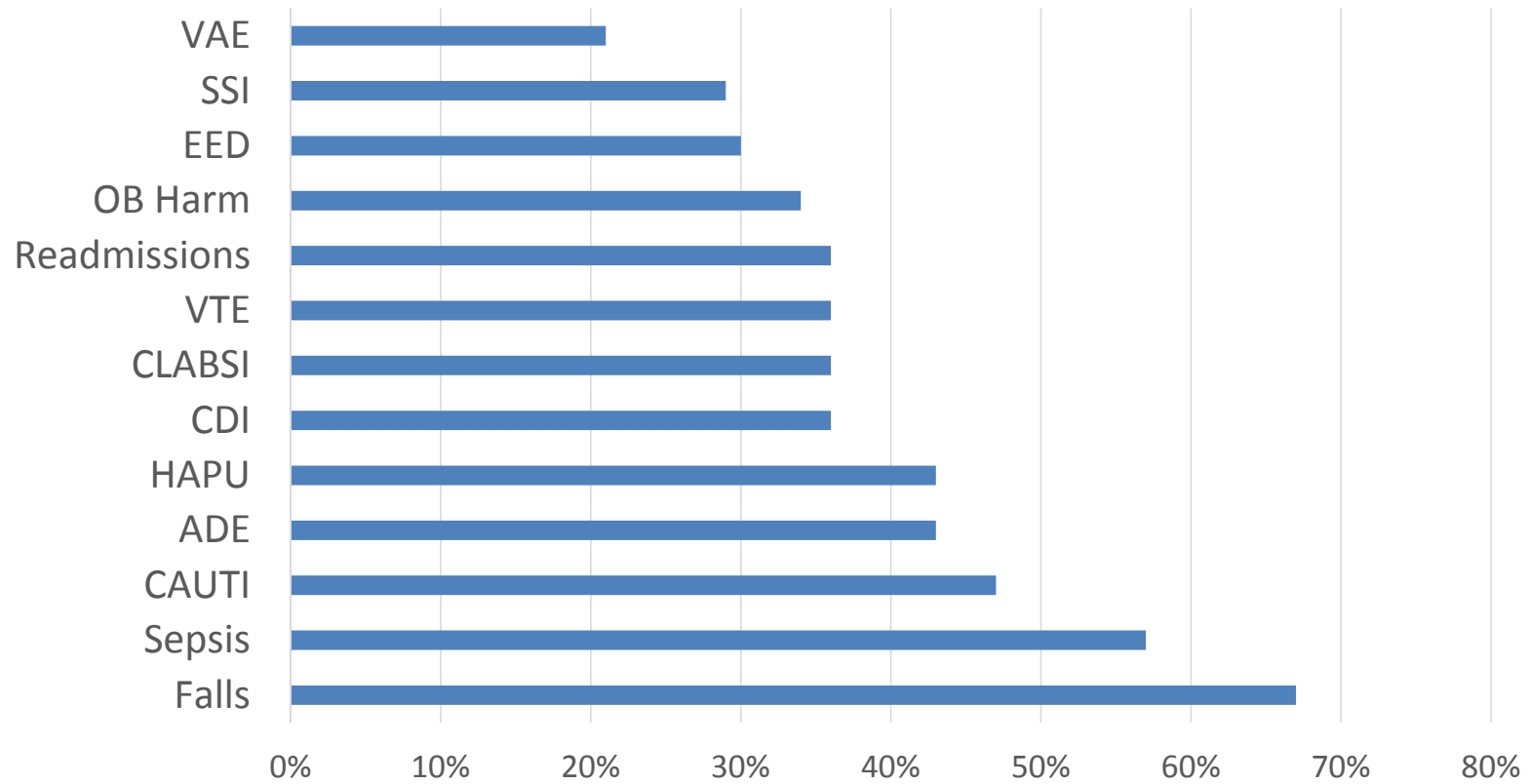
PERCENT OF K-HEN HOSPITALS WHERE TOPIC IS A FOCUS OF CURRENT STRATEGIC PLAN



PERCENT OF K-HEN HOSPITALS WORKING WITH OTHER ORGANIZATIONS (E.G., QIO/QIN)



PERCENT OF K-HEN HOSPITALS THAT HAVE A DESIGNATED IMPROVEMENT TEAM



DATA UPDATE FOR THE AHA/HRET HEN AND K-HEN

- Review of baseline data for all outcome measure for core topics, as well as Sepsis and C.Diff
- Includes data that meets the inclusion criteria for our analysis cohort
- Start with opportunities for KY then move into KY wins!

CAUTI RESULTS TO DATE

Measure	KY Hospitals		All AHA/HRET HEN Hospitals	
	Results	# Hosps Reporting	Results	# Hosps Reporting
CAUTI Rate (per 1,000 catheter days) – All Inpatient locations excluding NICUs	0.73	68	1.01	1135
CAUTI Rate (per 1,000 catheter days) – ICUs excluding NICUs	0.87	45	1.22	764
Urinary catheter utilization ratio - All Inpatient locations excluding NICUs	25.09	68	22.47	1128
Urinary catheter utilization ratio– ICUs excluding NICUs	Insufficient hospitals reporting data to report results		58.84	724

Source: CDS 2/29/16



FALLS RESULTS TO DATE

Measure	KY Hospitals		All AHA/HRET HEN Hospitals	
	Results	# Hosps Reporting	Results	# Hosps Reporting
All Documented Patient Falls with an Injury Level of Minor or Greater (per 1,000 patient days)	1.10	61	0.69	1016

Source: CDS 2/29/16



CLABSI RESULTS TO DATE

Measure	KY Hospitals		All AHA/HRET HEN Hospitals	
	Results	# Hosps Reporting	Results	# Hosps Reporting
CLABSI Rate (per 1,000 central line days) – All inpatient locations	1.09	62	0.99	942
CLABSI Rate (per 1,000 central line days) – ICUs	1.46	45	1.13	757
Central line utilization ratio - All Inpatient locations	20.55	61	18.41	951
Central line utilization ratio– ICUs	--	--	40.31	715

Source: CDS 2/29/16



CDI RESULTS TO DATE

Measure	KY Hospitals		All AHA/HRET HEN Hospitals	
	Results	# Hosps Reporting	Results	# Hosps Reporting
Facility-wide C. difficile rate	7.74	60	6.35	999

Source: CDS 2/29/16



SEPSIS RESULTS TO DATE

Measure	KY Hospitals		All AHA/HRET HEN Hospitals	
	Results	# Hosps Reporting	Results	# Hosps Reporting
Overall sepsis rate	--	--	42.81	209

Source: CDS 2/29/16



OB HARM RESULTS TO DATE

Measure	KY Hospitals		All AHA/HRET HEN Hospitals	
	Results	# Hosps Reporting	Results	# Hosps Reporting
Early elective deliveries	6.39	28	3.78	615
Obstetrical (OB) Trauma - Vaginal Delivery with Instrument (per 1,000 patients)	98.92	28	118.70	597
OB Trauma - Vaginal Delivery without Instrument (per 1,000 patients)	16.37	27	20.54	629
OB Hemorrhage – Massive Blood Transfusions (per 1,000 patients)	3.51	21	2.27	345
Pre-Eclampsia – ICU Admissions (per 1,000 patients)	0.00	14	3.68	202

Source: CDS 2/29/16



SSI RESULTS TO DATE

Measure	KY Hospitals		All AHA/HRET HEN Hospitals	
	Results	# Hosps Reporting	Results	# Hosps Reporting
SSI Rate - Colon surgeries	5.26	51	5.09	679
SSI Rate - Abdominal hysterectomies	1.53	33	1.56	652
SSI Rate - Total knee replacements	1.01	31	0.75	625
SSI Rate - Total hip replacements	0.78	32	1.15	620

Source: CDS 2/29/16



HAPU RESULTS TO DATE

Measure	KY Hospitals		All AHA/HRET HEN Hospitals	
	Results	# Hosps Reporting	Results	# Hosps Reporting
Pressure Ulcer Rate, Stages 3+ (per 1,000 patients)	0.48	68	1.03	630
Pressure Ulcer Prevalence, Hospital-Acquired-Stage 2+	0.33	66	0.31	900

Source: CDS 2/29/16



VAE RESULTS TO DATE

Measure	KY Hospitals		All AHA/HRET HEN Hospitals	
	Results	# Hosps Reporting	Results	# Hosps Reporting
Ventilator Associated Condition (VAC) (per 1,000 ventilator days)	2.25	42	3.83	598
Infection-Related Ventilator-Associated Complication (IVAC) (per 1,000 ventilator days)	0.65	42	1.44	596

Source: CDS 2/29/16



ADE RESULTS TO DATE

Measure	KY Hospitals		All AHA/HRET HEN Hospitals	
	Results	# Hosps Reporting	Results	# Hosps Reporting
Excessive Anticoagulation with Warfarin - Inpatients	3.44	49	3.16	792
Hypoglycemia in Inpatients Receiving Insulin	2.72	36	4.96	740
Adverse Drug Events due to Opioids	0.40	43	0.50	722

Source: CDS 2/29/16



VTE RESULTS TO DATE

Measure	KY Hospitals		All AHA/HRET HEN Hospitals	
	Results	# Hosps Reporting	Results	# Hosps Reporting
Post-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate (per 1,000 patients)	3.39	52	4.07	796

Source: CDS 2/29/16



READMISSIONS RESULTS TO DATE

Measure	KY Hospitals		All AHA/HRET HEN Hospitals	
	Results	# Hosps Reporting	Results	# Hosps Reporting
Readmissions within 30 Days (All Cause)	8.87	68	8.07	880

Source: CDS 2/29/16



CONCLUSIONS

1. We appreciate the great work and dedication to the HEN project, your hospital and most importantly, **your patients!**
2. Submit your data – celebrate your successes and use opportunities to drive your quality efforts!
3. Share your data! Make it a discussion with your staff, leadership and with your community!
4. Focus on your opportunities, ask K-HEN where your greatest improvements can be made, then tackle them and celebrate your success!
5. Integrate patients and families into your efforts, they are your biggest resource and are deeply committed to your success!
6. THANK YOU!