MHA: Strategic Quality
What’s Up Wednesday | Lunch and Learn
Your clinical quality, process improvement resource

Jessica Rowden, RN, BSN, MHA
Clinical Quality Improvement Manager
Housekeeping

• Interactive networking platform
  ➢ press *1
  ➢ type questions in the question box feature of the webinar platform
• Please fill out the evaluation
  ➢ give feedback
  ➢ offer suggestions of what would be beneficial to your organization
• Be a featured hospital speaker!
June Topics of Interest

- PFE – Teach-Back
- Hospital spotlight – Western Missouri Medical Center
- High reliability principles – Containment
  - Resilience
  - Deference to expertise
- MHA Update
  - Transparency update
  - HEN 2.0 update
  - Networking capabilities
  - Upcoming events
Refresher

- **HIDI**: [www.hidianalyticadvantage.com](http://www.hidianalyticadvantage.com)
  - MOHEN – if you have not uploaded your data, touchbase with **me**
  - HIDI is able to upload data from other HEN cohorts into Quality Collections for continuation of tracking; touchbase with **me**
  - Analytic Advantage Reports available under the Quality Tab/SQI; touchbase with [me](mailto:me@hidianalyticadvantage.com) if you have questions

Patient and Family Engagement – Teach-Back
Patient and Family Engagement: Teach-Back

- Out of all education and teaching provided to the patient while they are hospitalized, only about ¼ of it is retained correctly.
- Teach-Back is the easiest way to close the gap.
- Teach-Back, combined with materials written in plain language that are relevant to the patient’s treatment plan, and including take home resources and contact information, is the gold standard for improving patient outcomes.

“It is neither just, nor fair, to expect a patient to make appropriate health decisions and safely manage his/her care without first understanding the information needed to do so.”
10 Elements for Effectively Using Teach-Back

1. Use a caring tone of voice and attitude.
2. Display comfortable body language and make eye contact.
3. Use plain language.
4. Ask the patient to explain back, using their own words.
5. Use nonshaming, open-ended questions.
6. Avoid asking questions that can be answered with a simple “yes” or “no.”
7. Emphasize that the responsibility to explain clearly is on you, the provider.
8. If the patient is not able to Teach-back correctly, explain again and recheck.

“Asking that patients recall and restate what they have been told is one of 11 top patient safety practices based on the strength of scientific evidence.”
— Agency for Healthcare Research and Quality, 2001 Report, Making Health Care Safer
Teach-Back Scripting Options

“We’ve gone over a lot of information including what you can do to include more exercise in your day. In your own words, please review what we talked about. How will you make it work at home?”

“I want to be sure I explained everything clearly. Will you repeat what you heard?”

“What will you tell your wife about the changes we made to your blood pressure medicines today?”
Hospital Spotlight

Western Missouri Medical Center
Welcome to Western Missouri Medical Center

An 84-bed, Fully-Accredited Acute Care Facility
Catheter Associated Urinary Tract Infections

• Project to reduce prevalence of catheters
• Ensuring usage meets criteria
• Education of staff on proper handling
Evidence shows that an incidence of hospital acquired UTI can be as high as 36% and most are associated with indwelling urinary catheters.

The biggest risk for developing a UTI in the hospital is the presence of an indwelling catheter.

WMMCs CAUTI rate has been low.

In 2012 national attention to reducing device days and CAUTIs.
PLAN

- 2012—Prevalance rate of indwelling catheters was 21.4%
- Needed to reduce device usage
- Guidelines reviewed
Do

• Education of staff on proper insertion criteria
• Criteria on every catheter kit, completed and turned in to Infection Control
• Education of staff on proper handling
• Daily documentation of necessity
Tools Used

• Checklist placed on each catheter kit by Materials Management
• Completed and turned in to Infection Control when a catheter was inserted
DOES YOUR PATIENT REALLY NEED A URINARY CATHETER?

“Be A LIFE SAVER; FREE-DA FOLEY!”

INDICATIONS FOR URINARY CATHETER USE:

- Acute urinary retention or obstruction
- Perioperative use in selected surgeries
- Assist healing of perineal and sacral wounds in incontinent patients
- Hospice/comfort care/palliative care
- Required immobilization for trauma or surgery
- Chronic indwelling urinary catheter on admission
- Accurate measurement of urinary output in the critically ill patients (Intensive Care)

Please circle the indicator(s), place patient sticker on this form, and return to La'Sonya Buford, RN. Call 7529 with any questions.
Tools Used

• On-line Education of ALL patient care staff—if there was a chance that this staff might touch/move the collection bag they were educated
Fun with Foleys....

• Make it memorable
• Make it funny
• Introducing.....

Free-da
Free-da

• Used Free-da on the nursing units
• She moved around from week to week
• She had a poster of the guidelines with her; reminders to “free-da foley”
Urinary Catheter Prevalence Rate 2013-2014
Check

Urinary Catheter Prevalence 2015


0% | 2% | 4% | 6% | 8% | 10% | 12% | 14% | 16% | 18%
Act

- Continued monitoring of catheters
- IC presence at discharge planning meetings every day
- Continued use of insertion checklist
- “Modified” nurse driven removal protocol
Questions

• Jennifer Koepke, RN, BSN, MHSA, CPHQ
  – jkoepke@wmmmc.com
  – 660-262-7305
HRO Principles – Containment
Characteristics of HROs

- Manage highly complex tasks
- Interdependent departments
- Hierarchical decision making
- Interconnected professionals
- Highly accountable
- Inflexible standards and deadlines
- Continuous standardized feedback systems that support staff decisions, ongoing learning and change
- Look at human factors – how we relate to the world around us and how we work and interact; designing systems that take human factors into account, help us keep patients, families, employees and visitors safe
REVIEW:
HRO Principles – 3 Elements of Anticipation

- Preoccupation with failure
- Avoid simplifying interpretations
- Sensitivity to operations & situational awareness

*How are we going to stay out of trouble?*

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<thead>
<tr>
<th>Weick and Sutcliffe Principles</th>
<th>Brief Explanation</th>
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HRO Principles – 2 Elements of Containment

- Resiliency
- Deference to expertise

How are we going to get out of trouble?

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HRO Principles – Containment

• Resilience
  ➢ Develop capabilities to detect, contain, and bounce-back from events that do occur
  ➢ In the real world...failures still happen
  ➢ All errors in health care are catastrophic
  ➢ Maintain functions during high demand
HRO Principles – Containment

• Deference to expertise
  ➢ Sr. managers and leaders of organizations generally aren’t connected to the knowledge of how to perform the detailed elements of subordinates’ jobs
  ➢ Because of this, performance and expertise are critical in shaping performance and preventing harm
  ➢ Ensure decision-making privileges are offered to the person/people with the most directly related knowledge and expertise
  ➢ Design for minimal process variation
HEN 2.0 Update
HEN 2.0 Overview

- MHA is part of AHA/HRET’s HEN cohort
- HEN 2.0 tab to our website:
  - keeping updated portal of HEN happenings
  - sending formal announcements via email to those organizations in our network as well as update our HEN 2.0 tab
HEN 2.0 Overview

- 10 core topics (all applicable topics are required)
  - Adverse Drug Events
  - CAUTI
  - CLABSI
  - Injuries from falls and immobility
  - OB adverse events
  - Pressure Ulcers
  - SSI
  - VTE
  - VAE
  - Readmissions

- Optional/additional topics
  - Severe Sepsis and Septic Shock
  - Hospital Culture of Safety that fully integrates patient safety with worker safety
  - Iatrogenic Delirium
  - C. diff including antibiotic stewardship
  - Undue Exposure to Radiation
  - Airway Safety
  - Failure to Rescue
HEN 2.0 Hospital Expectations to Ensure Success

• Once the project is awarded and begins, have your CEO sign a commitment that they will work on the aims of the PfP
• Ensure your success in HEN 2.0
  ➢ participate in webinars and in-person meetings and utilize the tools and resources available to them to drive improvement in all target areas
    – START PLANNING YOUR IMPROVEMENT IDEAS
  ➢ form a HEN team
    – HOW WILL YOU DO THIS? WHO WILL BE ON YOUR TEAM?
    – GO AHEAD AND SCHEDULE MONTHLY MEETINGS BEGINNING IN AUGUST!
    – WHO IS GOING TO BE IN CHARGE OF DATA?
Immersion Projects

- Rapid-process improvement model
- Quarterly guided participant calls
- Quarterly guided deliverables
- Ability to network across group participants
- End-of-project report out
HEN 2.0 Timeline

- **March 23**
  - MHA submit final preliminary budget to HRET

- **March 28**
  - HRET submit RFP to CMS

- **Summer 2015**
  - CMS to award grant
  - Formal letters of commitment will be sent to MO hospital CEOs

- **August 1**
  - Projected start date of HEN 2.0
Missouri Quality Transparency
MISSOURI QUALITY – SNAPSHOT
JUNE 2015

Missouri hospitals are developing strategies to continue to increase the success of processes related to quality and patient safety outcomes. Our aim is to provide safe, timely, effective, efficient, equitable and patient-centered care for the Missouri communities we serve.

CARE COORDINATION

MANAGEMENT OF DIABETES – UNCONTROLLED: Diabetes is when your body does not make or use insulin well. Insulin is important because it turns the sugar in the foods you eat into energy for your body.

MISSOURI RATE: Between September 2013 and December 2014, approximately four out of every 100,000 patients were admitted to a hospital because of uncontrolled diabetes complications.

- Missouri hospitals decreased the rate for this measure 75% since the last reporting period.
- The Uncontrolled Diabetes Admission Rate is a national quality indicator that can be used to identify good community-based care.

In 2012, 29.1 million Americans (9.3% of the population) had diabetes. (American Diabetes Association)

CLINICAL EXCELLENCE

FALLS: A fall is an unplanned drop or collapse to the floor. The patient may get hurt and possibly seek additional treatment due to the fall.

- Missouri’s fall rate decreased almost 16% since the last reporting period.
- Each year, somewhere between 700,000 and 1 million people in the U.S. fall in a hospital. (Agency for Healthcare Research and Quality)
- Missouri hospitals have worked diligently on fall prevention strategies including identifying patients at highest risk for injury from a fall, multifactorial assessments, consistent interventions and systematic reporting.

MISSOURI RATE: Fewer than 1 patient per 1,000 had a fall while in the hospital between January and December 2014.

MISSOURI QUALITY – Snapshot measures include:

- 6 CHRONIC DISEASES
- 7 HOSPITAL-ACQUIRED INFECTIONS
- 4 HOSPITAL-ACQUIRED HARMS
- 6 READMISSION MEASURES

53% of the Missouri Quality-Snapshot measures are already meeting or exceeding national benchmarks.

*All data is categorized by bed size.

To download the entire data set, please log in to HIDI ANALYTIC ADVANTAGE PLUS.*

http://web.mhanet.com/strategic-quality/
## Harm and Infection Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Observed Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Difficile</td>
<td>6.78</td>
</tr>
<tr>
<td>CAUTI</td>
<td>0.23</td>
</tr>
<tr>
<td>CLABSI</td>
<td>0.20</td>
</tr>
<tr>
<td>Death Rate in Low Mortality DRGs</td>
<td>0.22</td>
</tr>
<tr>
<td>Falls and Trauma</td>
<td>0.25</td>
</tr>
<tr>
<td>MRSA</td>
<td>0.45</td>
</tr>
<tr>
<td>PE or DVT</td>
<td>5.58</td>
</tr>
<tr>
<td>Post-op Sepsis</td>
<td>11.76</td>
</tr>
<tr>
<td>Pressure Ulcer</td>
<td>0.27</td>
</tr>
<tr>
<td>SSI- Abdominal Hysterectomy</td>
<td>6.79</td>
</tr>
<tr>
<td>SSI-Colon Surgery</td>
<td>27.86</td>
</tr>
</tbody>
</table>
# Readmissions Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Risk-Adjusted Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMI Readmissions</td>
<td>10.10%</td>
</tr>
<tr>
<td>COPD Readmissions</td>
<td>14.63%</td>
</tr>
<tr>
<td>HF Readmissions</td>
<td>15.95%</td>
</tr>
<tr>
<td>Hip/Knee Replacement Readmissions</td>
<td>3.52%</td>
</tr>
<tr>
<td>PN Readmissions</td>
<td>13.18%</td>
</tr>
</tbody>
</table>
# Chronic Condition Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPD Admission Rate</td>
<td>135.80</td>
</tr>
<tr>
<td>Diabetes Long-Term Complication Rate</td>
<td>26.59</td>
</tr>
<tr>
<td>Diabetes Short-Term Complication Rate</td>
<td>23.73</td>
</tr>
<tr>
<td>HF Admission Rate</td>
<td>100.78</td>
</tr>
<tr>
<td>Hypertension Admission Rate</td>
<td>14.42</td>
</tr>
<tr>
<td>Uncontrolled Diabetes Admission Rate</td>
<td>4.34</td>
</tr>
</tbody>
</table>
Data Use Agreements

• CEO memo
• Quality Director memo
Focus On Hospitals

www.focusonhospitals.com

Hospital Quality

Missouri Patients Deserve The Best Care
Hospitals across Missouri are working hard to ensure patients in our communities receive safe care.
Learn more.

Health Care Pricing

Missourians Research Their Costs
Resources available on Focus on Hospitals allow Missourians to estimate the costs of medical care.
Learn more.
Quality Measure Technical Manual

• Audience: quality and coding directors

• Provides specifications for the Missouri quality measures to assist with internal validations

• Refer to electronic [manual](#) for details
Networking Capabilities

And resources
Join the Conversation and Network!

- Linked In
  - Open group: MHA Strategic Quality
  - Closed group: Clinical Excellence
  - Closed group: Care Coordination and Readmission
Member Resources and Support

Strategic Quality

Today, health care leaders are navigating the transformation of payment and health care delivery driven by provisions in the Affordable Care Act, signed into law March 23, 2010. The shift from volume- and fee-based payments to payments based on outcomes requires significant changes in the coordination, communication and delivery of care. The goal of every hospital is to maximize patient-centered, efficient quality of care, while reducing financial costs and penalties. This “Triple Aim” approach has the goals of improving the individual experience of care, improving the health of populations and reducing the per capita costs of care for populations.

Health care systems and providers must transition from episodic treatment of primarily chronic diseases among an aging population to a coordinated system of prevention, primary, acute, long-term and end-of-life care services. MHA, recognizing the challenges and opportunities of this new paradigm, is strategically positioned to help Missouri hospitals and health systems. The transformative changes in health care today are challenging, yet Missouri’s hospitals are poised to build on the success of the hospital engagement network. The work continues. A focused strategy to reduce variation and improve care is underway. MHA and Missouri hospital leaders and providers are poised to lead the efforts in every Missouri community for better health, better care, and lower costs. Contact us anytime.

Join the conversation on LinkedIn.

http://web.mhanet.com/strategic-quality/
Website Resources

- Missouri Quality Snapshot – updated quarterly
- Recordings and presentations of past webinars
- MHA Resources
  - IPPS updates, reports, guides, toolkits, quality resource brief, OB
- National resources from AHRQ and IHI
Quality Transparency and Data Measurement Resources

Specialty Services & Hospital QUALITY REPORTING GUIDE
6 Things to Start Next Week: Action Items

- Ask 4 of your frontline staff to discuss teach-back with you; if they don’t know what it is, begin an education plan
- Assess your organizations’ ability to comply with the HRO containment principles
- Who will be in charge of DATA for your HEN team?
- Join LinkedIn
  - network with me, Jessica Rowden
  - join MHA Strategic Quality group
- Confer NHSN rights with HIDi
- Talk to your CEO about your hospital’s Data Use Agreement. Please forward questions to us!
Upcoming Events
Upcoming Events – Strategic Quality

• HEN! Be on the lookout for agreements and deliverables as soon as the contract is awarded
• July 1, from Noon to 1 p.m. - Lunch & Learn: What's Up Wednesday (register, then dial 855/427-9512)
• August 5, from Noon to 1 p.m. - Lunch & Learn: What's Up Wednesday (register, then dial 855/427-9512)
• To Be Confirmed: August 19th, HEN Kickoff Webinar

Upcoming Events – MHA Center for Education
http://web.mhanet.com/seminars-and-webinars

**Leslie Porth, Ph.D., R.N., MSN**
Division Vice President of Strategic Quality Improvement
- Triple Aim
- Population Health
- Oversight of division (Quality Improvement, Quality Works, Emergency Preparedness)
  - MONL

**Alison Williams, R.N., BSN, MBA-HCM**
Vice President of Clinical Quality Improvement
- Clinical quality SME
- Oversight of Quality Improvement
- Grant management
- Collaborative management
- Patient & Family Engagement
  - MONL
  - MOAHQ

**Dana Downing, B.S., MBA-H, CPHQ**
Vice President of Quality Program Development
- National quality measures
- Quality outcome transparency
- Electronic clinical quality measures
- MBQIP grant lead
  - MOAHQ

**Jessica Rowden, R.N., BSN, MHA**
Clinical Quality Improvement Manager
- Clinical quality SME
- Data management and analytics
- HEN/AHRQ grant projects
- TeamSTEPPS
- Host of WUW|LNL
  - MOAHQ
  - MONL

**Cheryl Eads**
Executive Assistant of Quality Improvement
- Provides support to the SQI team
- Coordinates webinars, conference calls and meetings
- Distributes correspondence and communication
- Assists in maintaining reports

**Contact Information**
- [Lporth@mhanet.com](mailto:Lporth@mhanet.com) 573/893-3700 x1305
- [Awilliams@mhanet.com](mailto:Awilliams@mhanet.com) 573/893-3700 x1326
- [Ddowning@mhanet.com](mailto:Ddowning@mhanet.com) 573/893-3700 x1314
- [Jrowden@mhanet.com](mailto:Jrowden@mhanet.com) 573/893-3700 x1391
- [Ceads@mhanet.com](mailto:Ceads@mhanet.com) 573/893-3700 x1382
Thank you for joining us

- Please fill out the evaluation
  - give feedback (does this day and time work for you?)
  - debrief: tell us what went well and what didn’t
  - offer suggestions to help us improve
  - what topics would be beneficial to your organization
- Be a featured hospital speaker!
- See you next month, July 1st @ noon
  - on the menu:
    - PFE and care transitions
    - Perry County Memorial Hospital readmission reduction journey