



4th National Readmissions Summit

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Questions To Run On



- 1. What is happening at my hospital? Are we part of a Hospital Engagement Network (HEN) in the Partnership for Patients (PfP)?*
- 2. How are the Hospital Engagement Networks doing? What are we seeing in terms of results at the State levels, hospital system levels and nationally?*
- 3. What more can each of us do to contribute to this movement that will have the most impact on the safety of patients both during and after a hospitalization?*

Partnership for Patients

Four Leadership Requests to Participating Hospitals



- **Reduce harm across the board.** It is a call for hospitals to continue producing reductions in every type of harm.
- **Take a systemic approach.** It is a call to transform the organization and its practices to eliminate all the causes of harm. “Using every means at our disposal.”
- **Make your safety transparent to all.** It is a call for hospitals and healthcare systems to define themselves by their safety performance; define themselves to their employees, doctors, patients and the community.
- **Make safety personal & compelling.** Make every incident of harm a personal patient story that propels the institution to higher levels of performance.

Partnership for Patients Focused on 2 Breakthrough Aims



GOALS:

40%

Reduction in Preventable Hospital-Acquired Conditions

1.8 Million Fewer Injuries | 60,000 Lives Saved

20%

Reduction in 30-Day Readmissions

1.6 Million Patients Recover without Readmission

Key Principles Campaign Culture & Operations



- Focus on the Aims → enable self alignment
- Full Court Press: Public, Private, CMMI
- Do More of What Works
- All Teach, All Learn
- Share Results Transparently
- Flexibility in Measurement at the HEN Level
- Authentically Engage Patients in the Work
- Commit to Breakthrough Levels of Results... and Act on This Choice Continuously

Ten Priority Areas of Focus



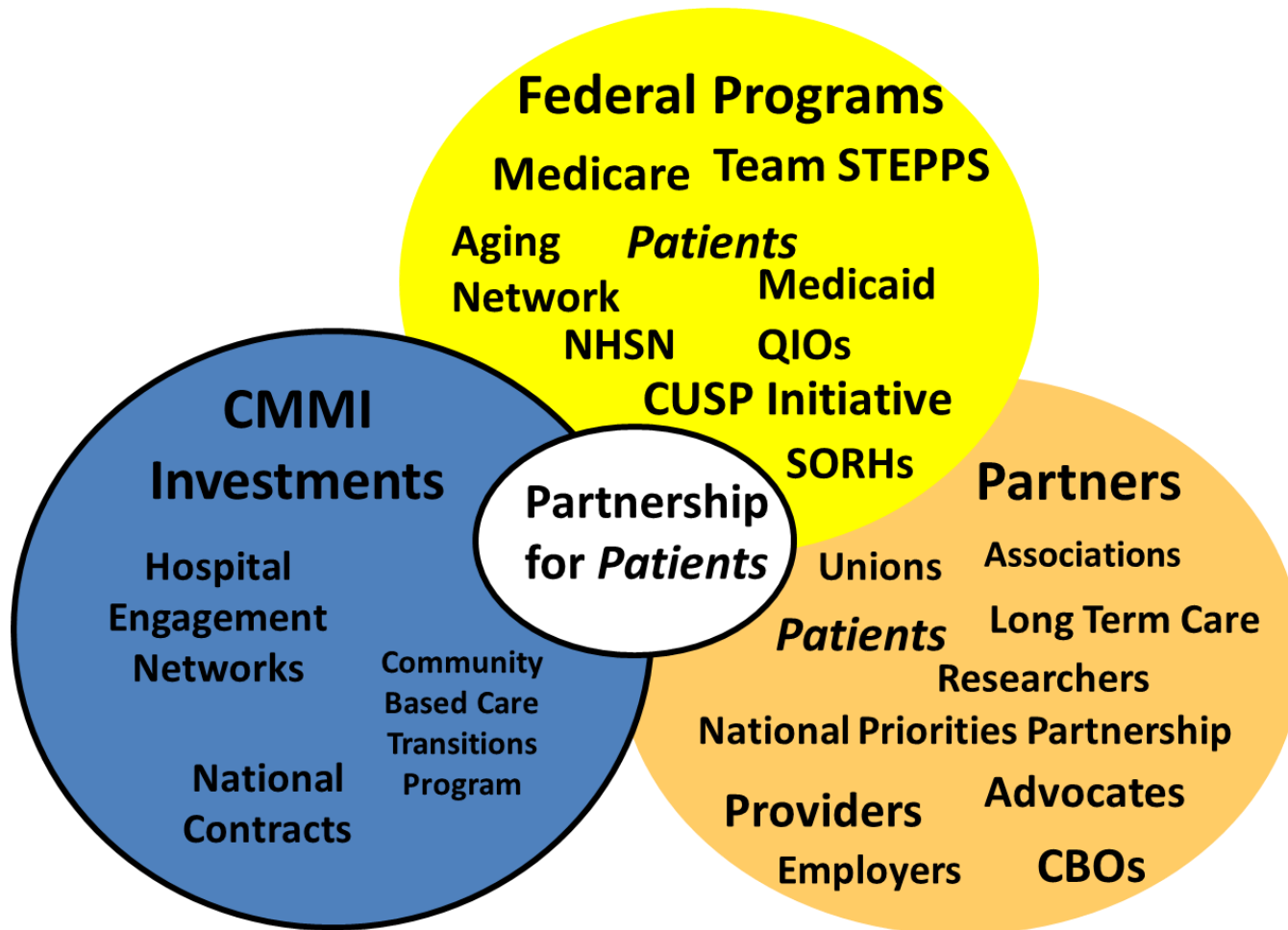
1. Adverse Drug Events
2. Catheter-Associated Urinary Tract Infections
3. Central Line Associated Blood Stream Infections
4. Injuries from Falls and Immobility
5. Obstetrical Adverse Events, including Early Elective Deliveries
6. Pressure Ulcers
7. Surgical Site Infections
8. Venous Thromboembolism
9. Ventilator-Associated Pneumonia
10. Reducing Readmissions

27 Hospital Engagement Networks (HENs) Achieving Results through 3,700+ Hospitals



- American Hospital Association (31 SHA)
- Premier Healthcare Alliance
- VHA
- NC Hospital Association
- Intermountain HealthCare
- GA Hospital Association
- TX Hospital Association
- MN Hospital Association
- Healthcare Assoc of NY State
- IA Healthcare Collaborative
- PA Hospital Association
- WA Hospital Association
- DFWHC Foundation
- OH Hospital Association
- NJ Hospital Association
- Ascension Health
- Tennessee Hospital Association
- MI Health & Hospital Association
- National Public Hospital & Health Institute
- LifePoint Hospitals, Inc
- Joint Commission Resources
- OCHSPS National Children's Network
- Dignity Healthcare
- NV Hospital Association
- Carolinas Health Care
- UHC
- Indian Health Service

Partnership for Patients Achieves Results Through “3 Engines”



Community-Based Care Transitions Program



- Affordable Care Act Section 3026
- Provides Payment for Care Transitions Services
- Connects Community-based Organizations, Hospitals, other Payers to Help Patients and Improve Cross-setting Care
- 101 Sites Nationally; Buttressed by HENs, QIOs, AAAs, ADRCs and Many Others
- Team with these folks! Get involved! Use it! Build on it!

For more information, visit:

<http://innovation.cms.gov/initiatives/CCTP>

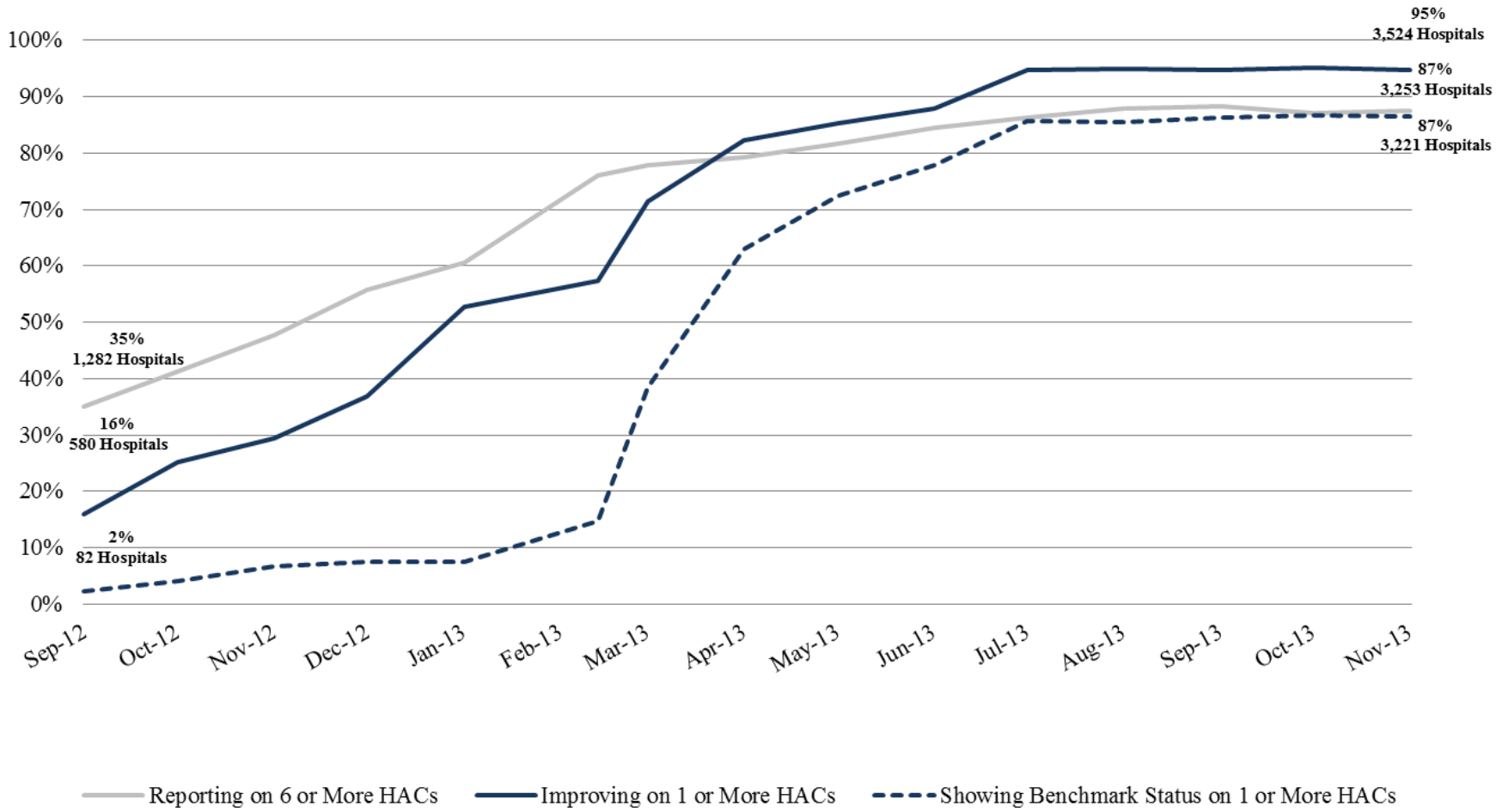
Results on Reduced Readmissions and Harm Come From Many Contributors



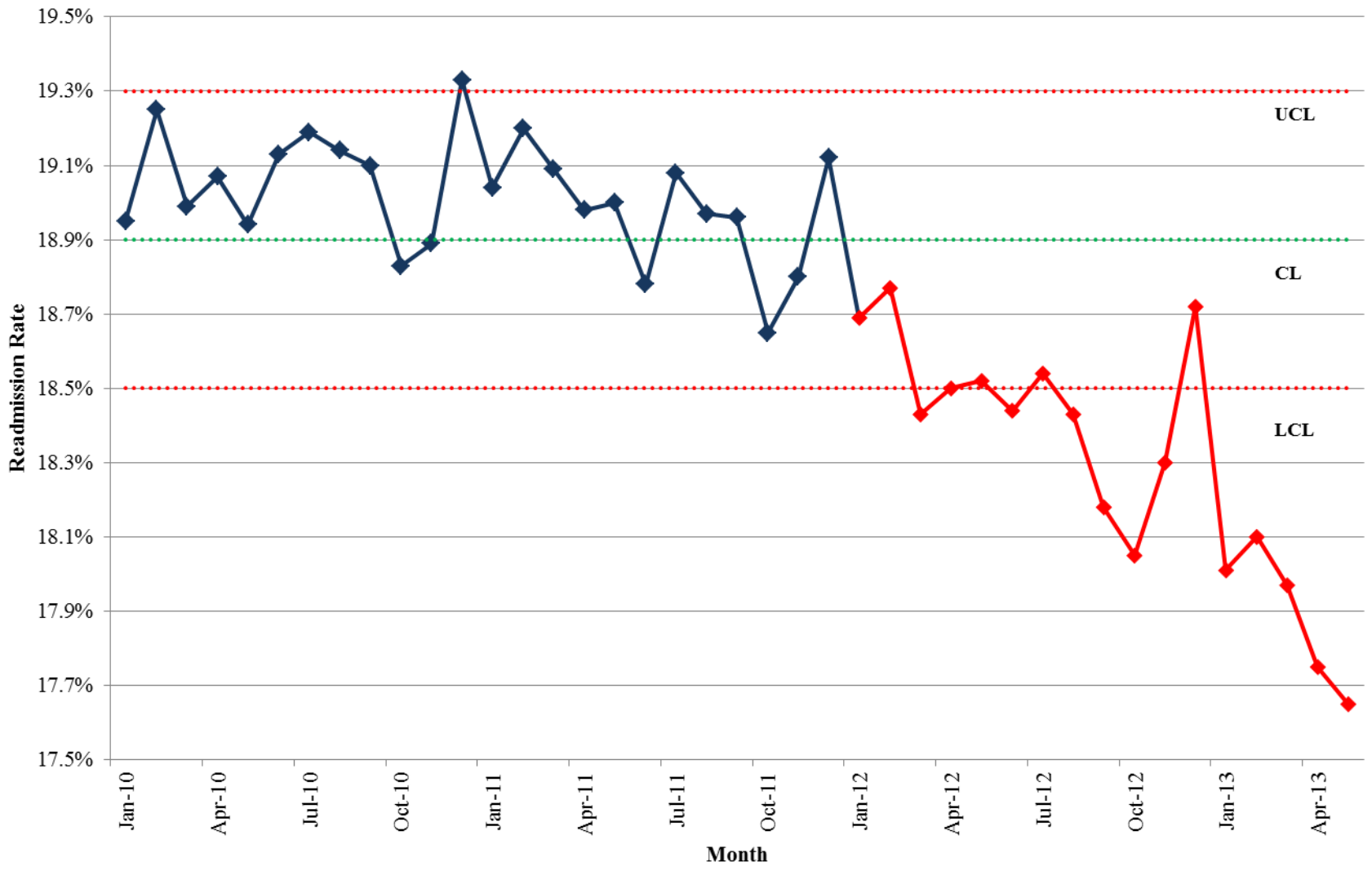
- National Quality Strategy
 - AHRQ Measurement Tools
 - OASH HAI Action Plan
 - HRSA Rural Health Programs
 - Quality Improvement Organizations
 - ACL Aging Services Networks
 - Reporting Programs
 - Payment Penalties
 - Hospital Engagement Networks
 - Private Partners
 - Community Based Care Transitions Program
 - Indian Health Service Hospital Engagement Network
- ...and many others



Hospitals Reporting, Improving, and Generating Benchmark Results on PfP September 2012–November 2013



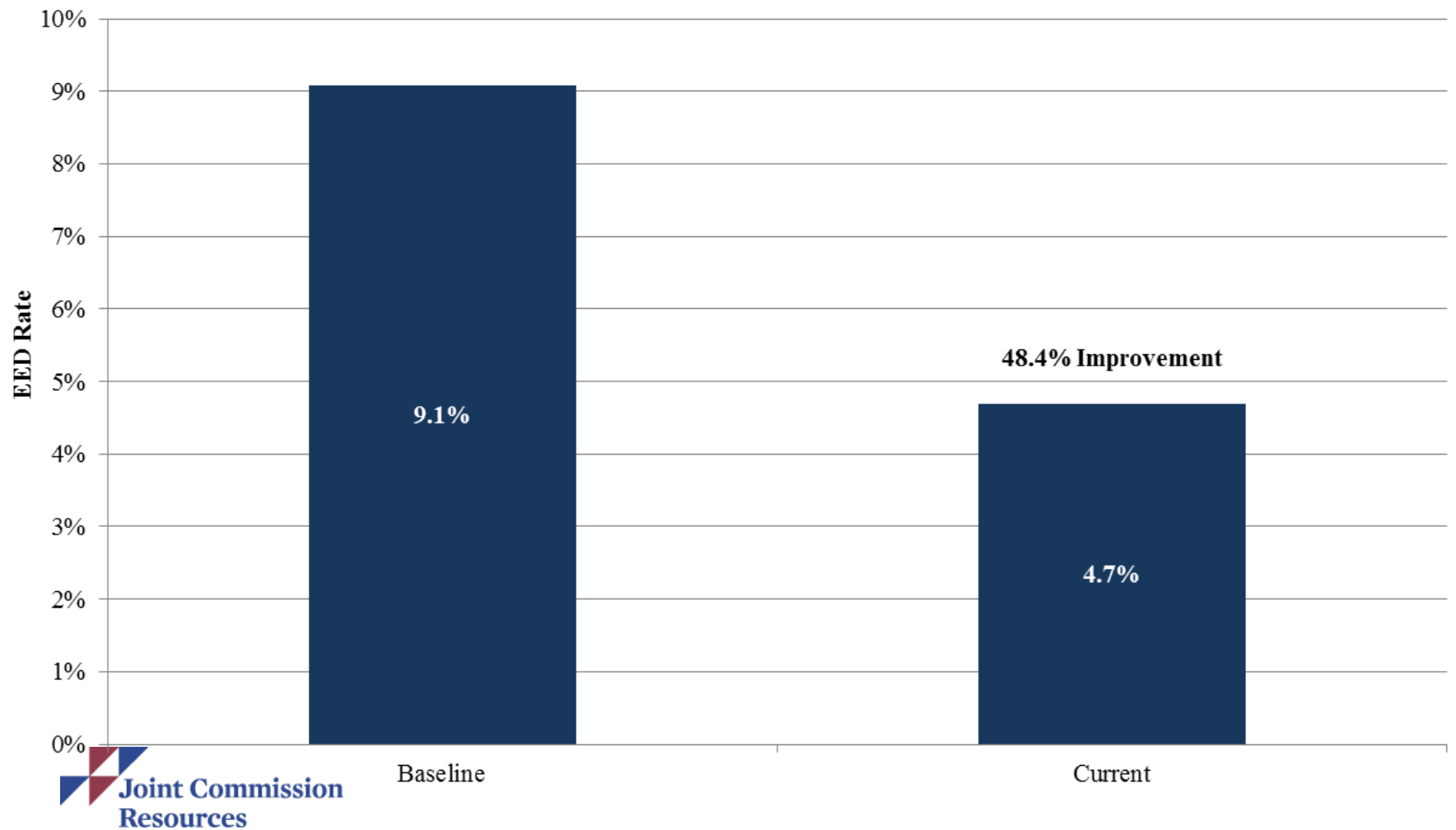
Medicare FFS 30-Day All-Cause Readmission Rate, January 2010-May 2013 All Hospitals Nationally



Reducing Early Elective Deliveries Nationally (PC-01): Improvement from Baseline



21 HENs, 1,236 Hospitals



Source: August 2013 HEN Submissions. Baseline and Current time periods vary by HEN.

Partnership for Patients is Committed to Expanded Patient & Family Engagement



- Involving Patients and Families in Their Care is the Right Thing to Do
- Increased Patient and Family Engagement can Help to Drive Improvement in Hospitals

Partnership for Patients Strategy and Approach to Patient & Family Engagement (PFE)



- **Authentically engage** patients in our work; model this
- **Identify** organizations that reflect best practices
- **Replicate** and spread effective practices
- **Track** progress on PFE across hospitals and increase transparency
- **Team** with and support others leading on this work – don't reinvent the wheel

Advocates Working With the Partnership



Helen Haskell is the President of Mothers Against Medical Error.

Since the medical error death of her young son, Lewis, in 2000, Ms. Haskell has been active in many areas of healthcare quality and safety.

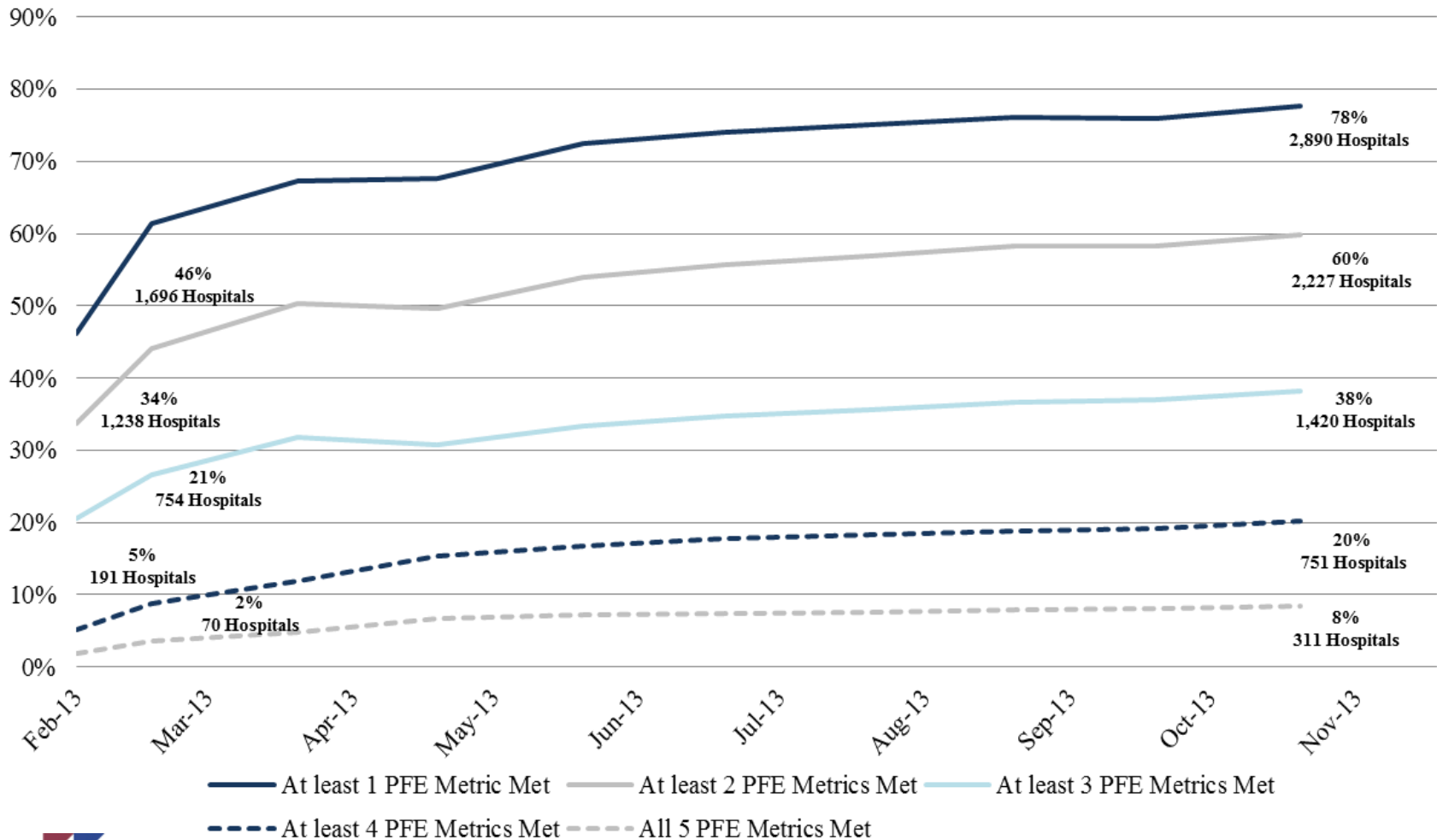
Helen works closely with the hospital association and other healthcare organizations in her home state of South Carolina.



**Lewis Blackman
1985 - 2000**



PfP Hospitals' Progress in Patient and Family Engagement February – November 2013



We Know How to Achieve the Results We Seek



- High performing hospitals...
- Entire systems of hospitals...
- Hospitals across entire states...
- Community-based coalitions of providers...

**...have figured out how to achieve the results we seek.
The challenge is not how to do this at the hospital level.**

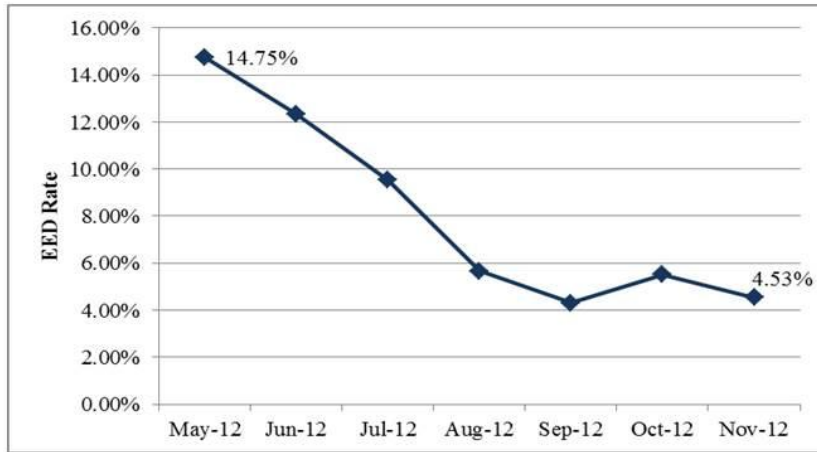
The real challenge is SPREAD.

The following state wide and system wide examples illustrate some of the PfP progress

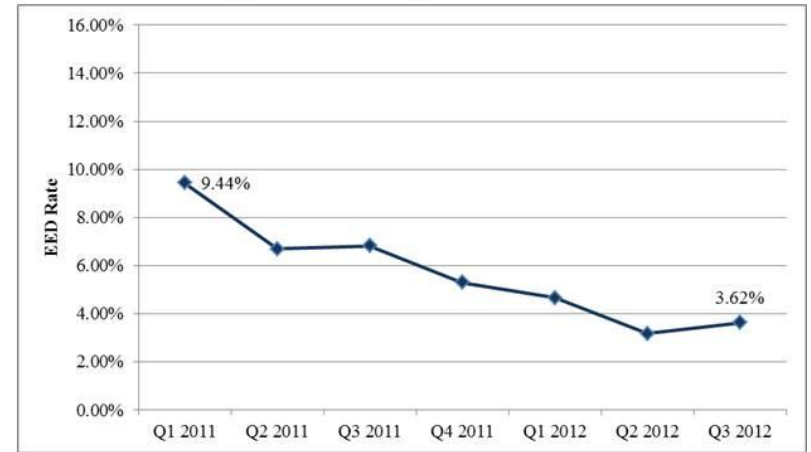
4 Examples of HEN-Wide Results in Reduction of Early Elective Deliveries



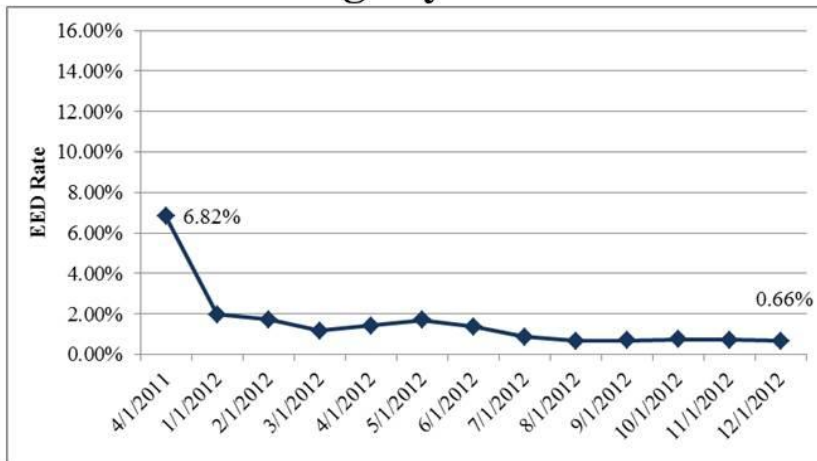
Iowa Healthcare Collaborative



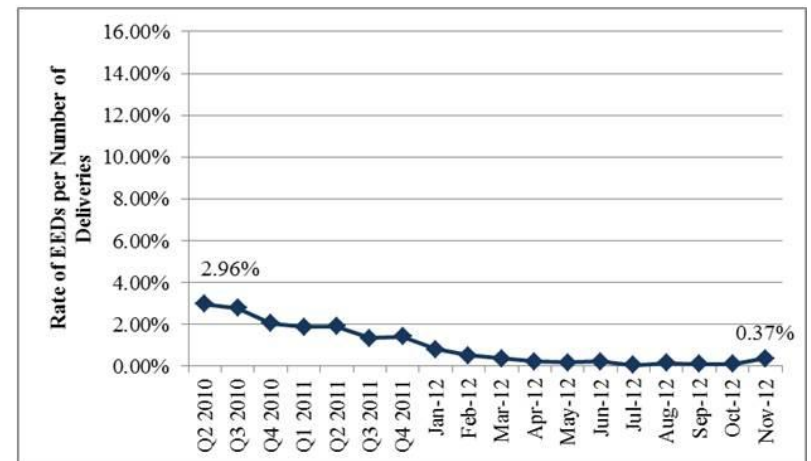
Washington Hospital Association



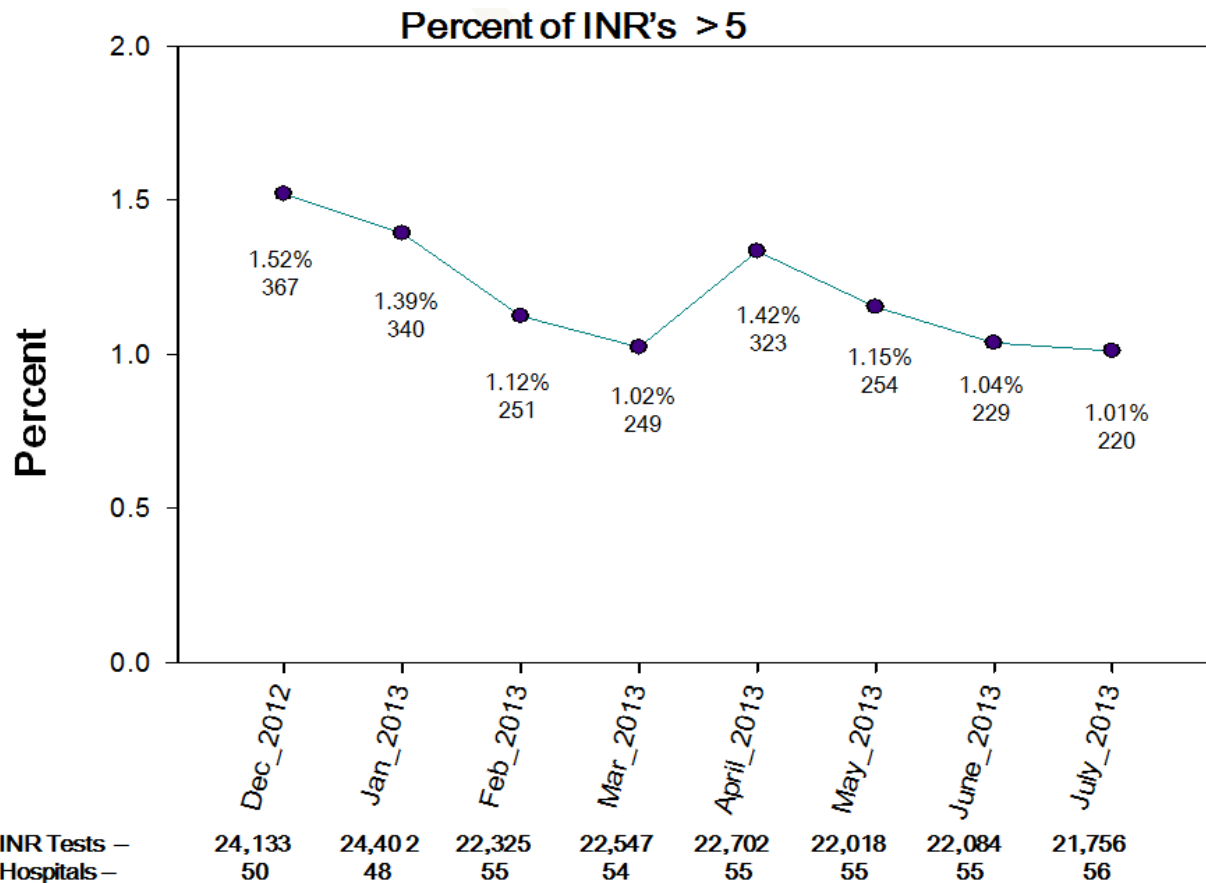
Dignity Health



LifePoint



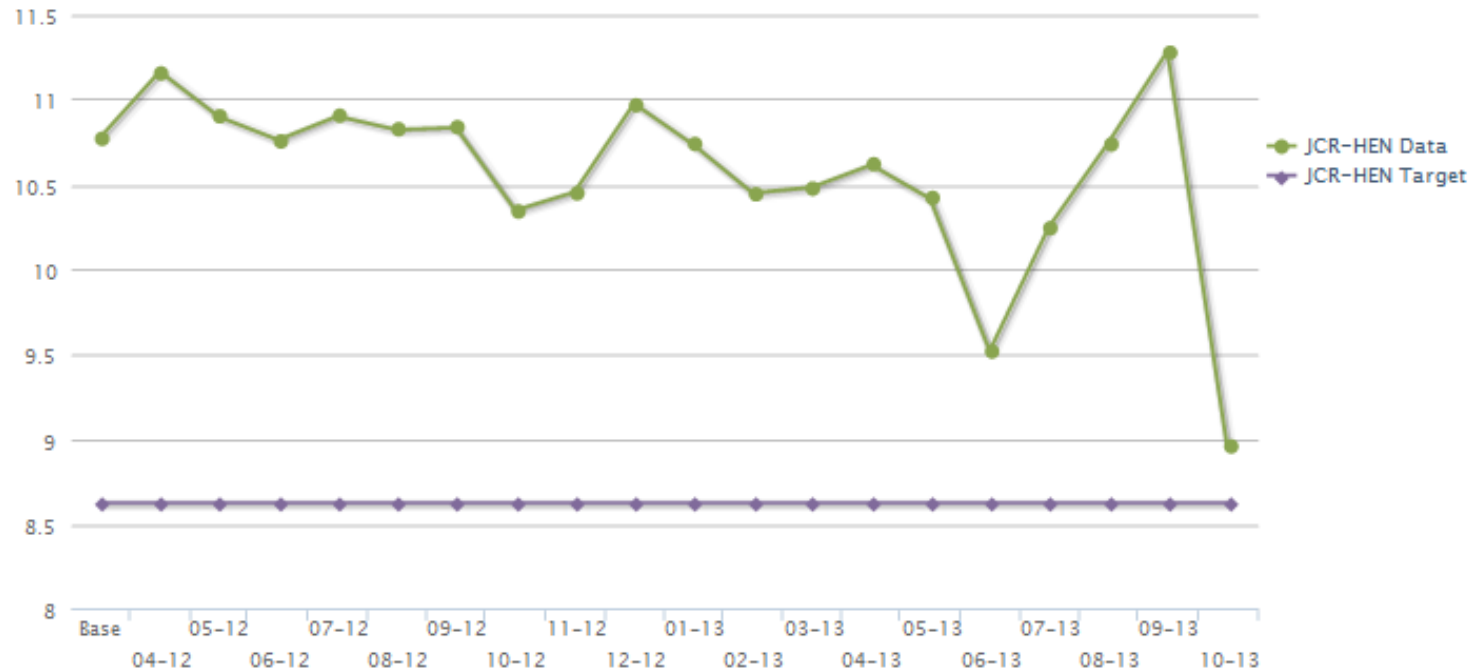
Adverse Drug Events (ADE) New Reporting: International Normalized Ratio (INR) Lab Value Results



JCR HEN Readmission Rate



Readmit-O1
Percent 30-Day All-Cause Readmissions



💡 JCR-HEN data includes in parenthesis the number of hospitals included in calculation.

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Base	2012-04	2012-05	2012-06	2012-07	2012-08	2012-09	2012-10	2012-11	2012-12	2013-01	2013-02	2013-03	2013-04	2013-05	2013-06
10.78697 (35)	11.17475 (31)	10.90769 (31)	10.77161 (33)	10.91107 (31)	10.83137 (30)	10.84311 (33)	10.35510 (31)	10.46324 (32)	10.98592 (33)	10.74349 (31)	10.45757 (30)	10.49064 (33)	10.62384 (30)	10.42345 (28)	9.52579 (29)

New York Readmissions

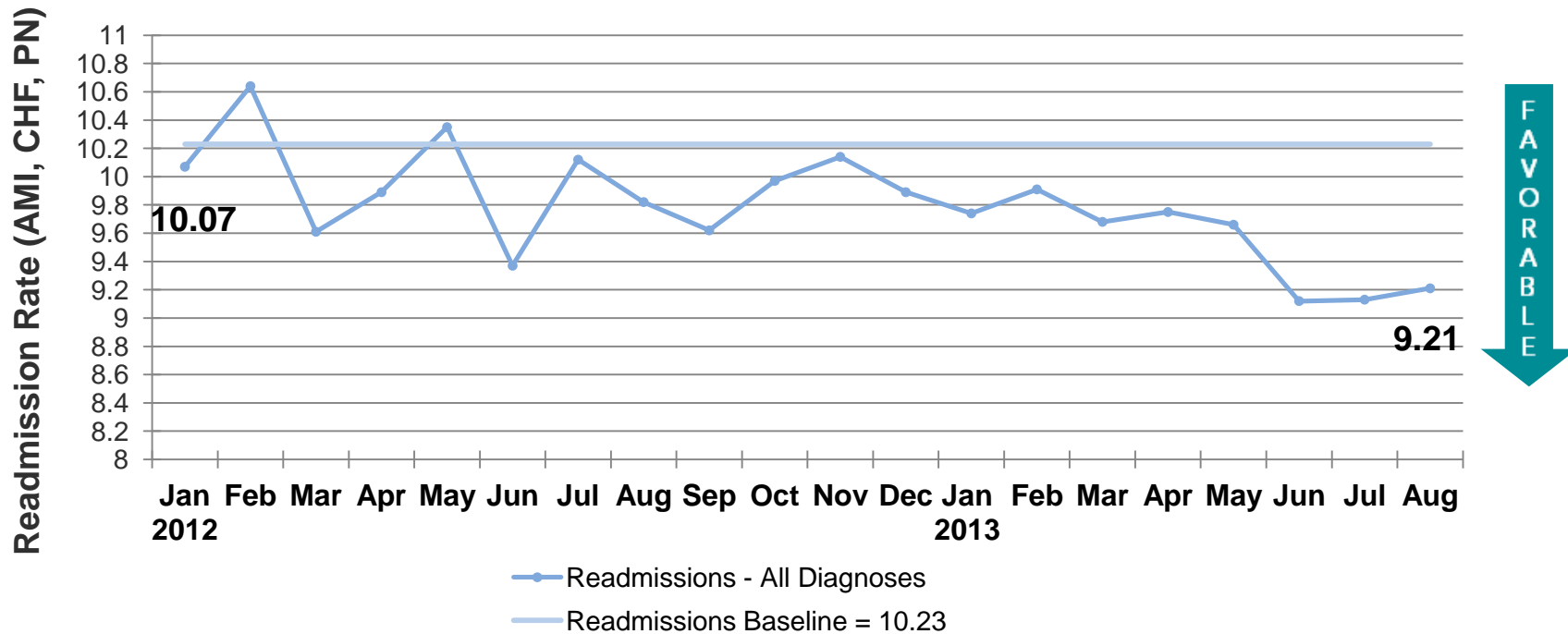


- Non-Rural Hospitals
 - There has been a 8.45% reduction in their readmissions rate from Q1 2012 of 13.66% to 12.50% in Q1 2013.
 - The Potentially Preventable Readmissions (PPR) rate went from 8.05% in the baseline period (YR 2010) to 7.51% in the most recent reporting period (YR 2012), a decreased of 6.71%.

Carolinas Readmissions All Diagnoses



Carolinas HealthCare System Hospital Engagement Network Readmissions - All Diagnoses

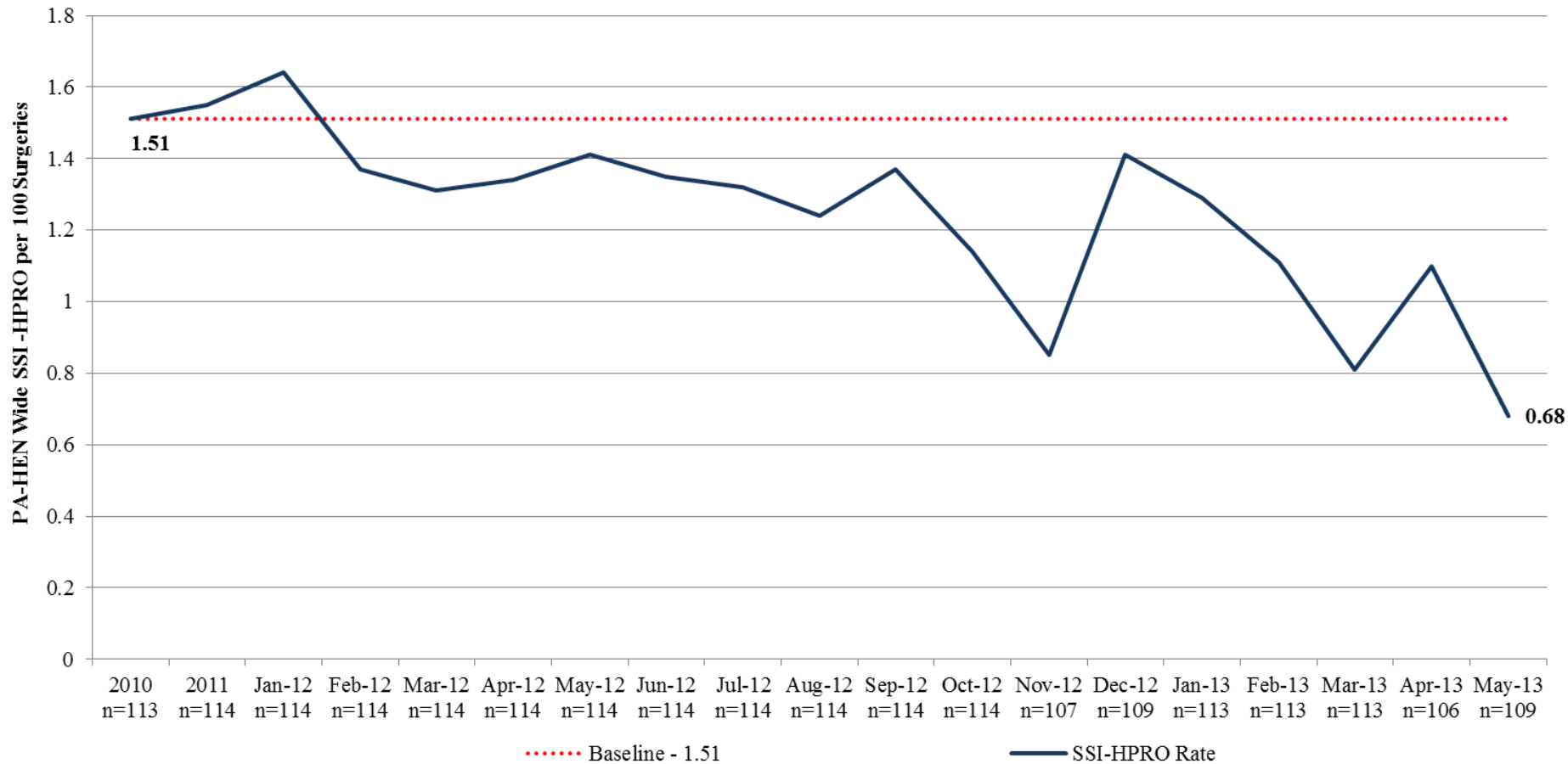


Iowa Readmissions

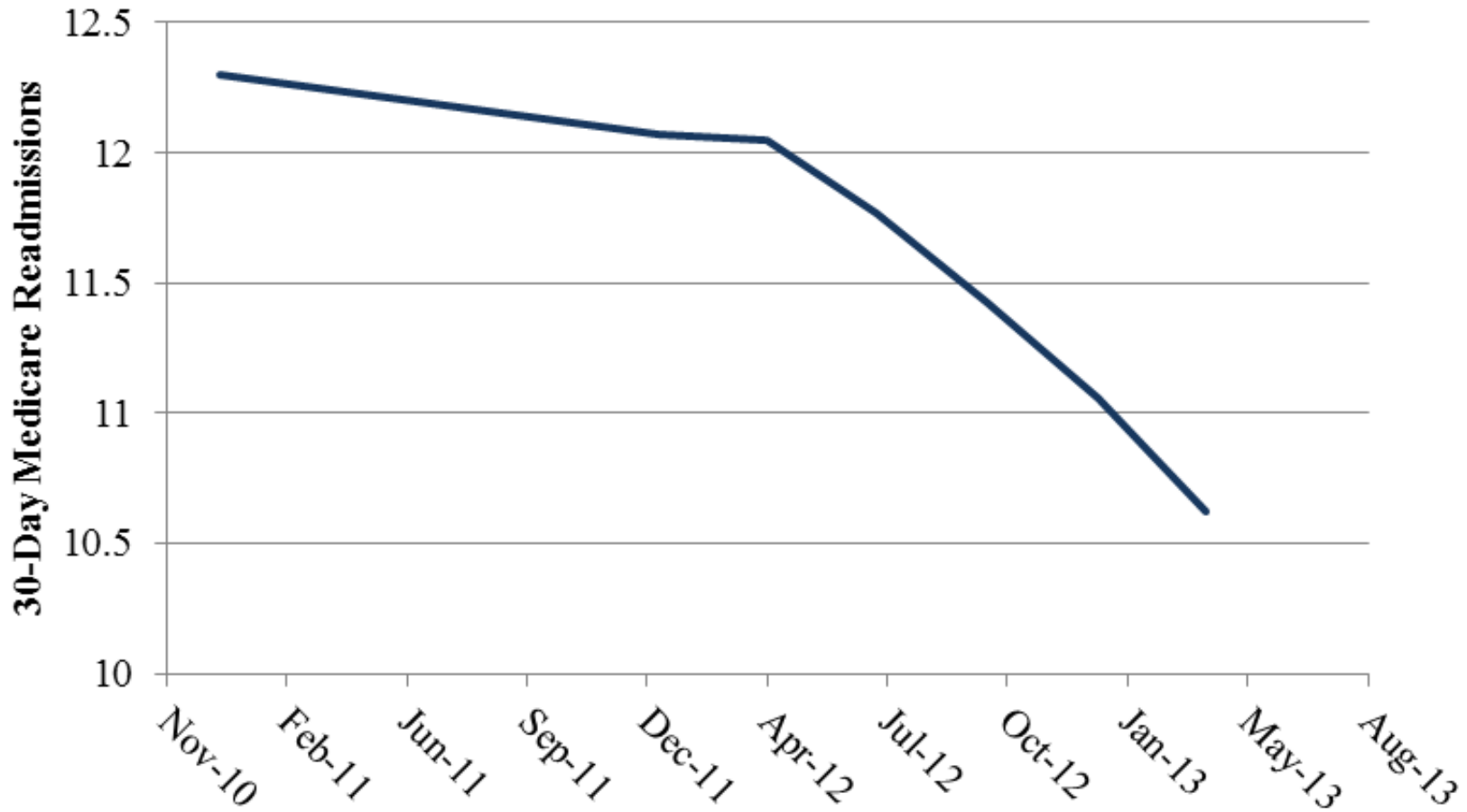


- Iowa hospitals have seen a 4.55% improvement in Readmissions from their baseline rate to July 2013.
- Regional Health Services of Howard County, Cresco, IA
 - They have had zero nursing home readmissions in six months.
- Sanford Hospital Rock Rapids, Rock Rapids, IA
 - The hospital, along with local healthcare related businesses (nursing homes, local pharmacies, DME companies, county public health) have formed the Lyon County Collaborative to focus on reducing preventable readmissions.
- Readmissions educational resources have been provided at every HEN Learning Community.

SSI: Hospital Association of Pennsylvania



Intermountain 30-Day Medicare Readmissions



Lifepoint Readmissions by Hospital

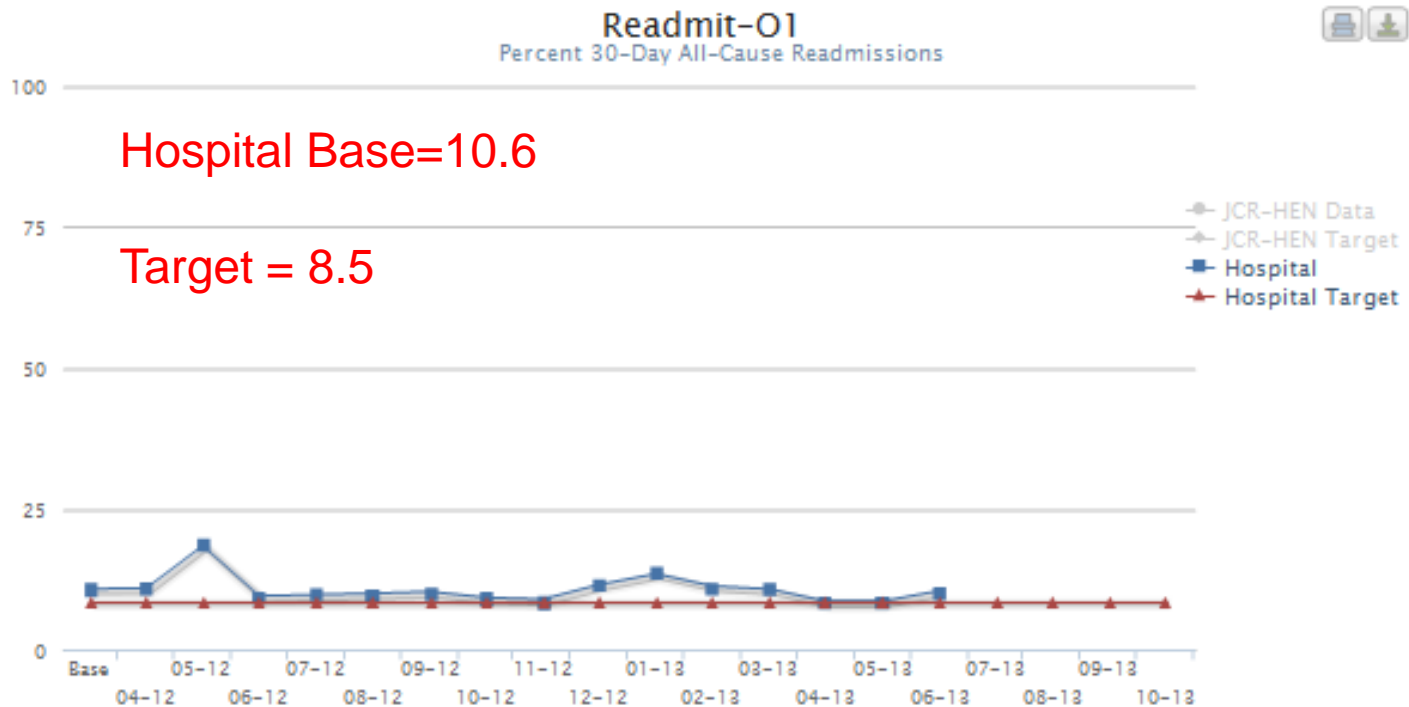


- PNA readmission rate baseline = 9.7%.
 - Current Rate = 9.0%, (7.2% reduction from the baseline)
 - Goal for December 31, 2013 = 7.8%.
- CHF readmission rate baseline = 16.4%.
 - Current Rate = 14.2%, (13.4% reduction from the baseline)
 - Goal for December 31, 2013 = 13.1%.
- AMI readmission rate baseline (2010) = 11.5%.
 - Current Rate = 9.2%, (20% reduction from the baseline)
 - Goal for December 31, 2013 = 9.2%.
- Hospital Wide Readmission Rate (2013) is 8.1%, down from 8.8% in 2010.

Nevada Readmissions

- Overall readmission rate baseline (Jan. – June 2010) = 12%
 - Rate YTD June 2013 = 11.3% (6% improvement from baseline)
- Medicare 30-Day Readmissions Rate baseline (Jan. – June 2010) = 16.5%
 - Rate YTD April – June 2013 = 15.0% (9% improvement from baseline)
- Using \$9,600 per readmission, Nevada estimates that it has saved \$1,814,400 by preventing 189 patients from readmissions.
 - Nevada further estimates a projected annual saving of \$7,257,600.
- Hospital “X” has reported a 23% readmissions rate reduction since 2011.

One Hospital's Trend . . .



JCR-HEN data includes in parenthesis the number of hospitals included in calculation.

[Hide table](#)

	Base	2012-04	2012-05	2012-06	2012-07	2012-08	2012-09	2012-10	2012-11	2012-12	2013-01	2013-02	2013-03	2013-04	2013-05	2013-06	2013-07	2013-08	2013-09
Hospital	10.63090	10.71429	18.49057	9.33852	9.58904	9.79592	10.12146	9.04523	8.73016	11.38211	13.35616	11.15702	10.58824	8.39416	8.36820	10.26786	null	null	null
JCR-HEN Data	10.78697	11.17475	10.90769	10.77161	10.91107	10.83137	10.84311	10.35510	10.46324	10.98592	10.74349	10.45757	10.49064	10.62384	10.42345	9.52579	10.25653	10.75306	11.294
		(35)	(31)	(31)	(31)	(30)	(33)	(31)	(32)	(33)	(31)	(30)	(33)	(30)	(28)	(29)	(24)	(16)	(16)

JCR Harm Across the Board Report Shows Many Patients by



Measure	2012-04	2012-05	2012-06	2012-07	2012-08	2012-09	2012-10	2012-11	2012-12	2013-01	2013-02	2013-03	2013-04	2013-05	2013-06	2013-07	2013-08	2013-09	2013-10	2013-11	Total	Event	
CAUTI-01	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0			2	CAUTI	
CLABSI-01	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	CLABSI	
Falls-06	4	3	2	3	3	4	3	2	2	3	4	7	2	1	0	0					43	Falls	
OB-02										0	0	1	0	0							1	OB	
OBEED-P2		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				0	OBEED	
PrU-03			1			1			0			1			0			0			3	PrU	
Readmit-01	30	48	34	28	34	25	18	22	28	38	37	37	33	20	23						407	Readmission	
SSI-01					0	0	1	0	1	0	1	1	1	1	0	2	0	0			8	SSI	
VAP-02	0	0	0	0	0	0	0	0	0				0	0	0	0	0	0			0	VAP	
VTE-02	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0				2	VTE	
ADEHypo-01																					0	ADE Hypo	
ADEINR-01	8	10	4	7	5	3	3	5	6	8	3	4	3	2	2	4	3				80	ADE INR	
ADEOp-01																					0	ADE Op	
																					0	ADE Readmit	
ADE-01	0	0	0	0	0	0	0	0	0	0	0	0	0	0							0	ADE	
Measure Names:																					HAB Total (excluding Readmission)		139
																					HAB Readmission Only		407

What We Think is Important



- Bold, Clear, Ambitious AIMS
- Involving trusted sources up front
- An environment of great change, including “negative incentives” (one of many “levers”) “reason to change”
- Pulling as many levers simultaneously as possible “deliberately multifactorial”
- Many new partnerships, with alignment of Goals
- Bringing patients into the planning and conversation in meaningful ways
- Involving, and empowering, professional organizations
- Time-limited nature of the interventions/projects
- Competition

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