HRET HIIN: DATA ORIENTATION VIRTUAL EVENT

November 15, 2016
11:00a.m. – 12:15p.m. CST
WELCOME AND INTRODUCTIONS

Mallory Bender, Program Manager | HRET | 11:00 – 11:05 a.m.
# AGENDA FOR TODAY

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Description</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00-11:05 a.m.</td>
<td>Welcome and Introductions. Open and housekeeping information, including review of relevant HRET HIIN data resources, change packages and Listserv*.</td>
<td>Mallory Bender, MA, LCSW Program Manager, HRET</td>
</tr>
<tr>
<td>11:05-11:15 a.m.</td>
<td>Background and Introduction to HIIN Data Approach. Background of HEN and goals of HIIN - 20/12 -Why data is essential to success of HIIN -Structure of HIIN -Who is in the room polling questions</td>
<td>Mariana Lesher, MS Director of Data, HRET</td>
</tr>
<tr>
<td>11:15-11:35 a.m.</td>
<td>Measurement Overview, CDS, and NHSN Information. -Review the clinical topics and associated measures for HIIN -Discuss how NHSN data is used for HIIN and review the process for conferring rights -Operational Metrics review -Comprehensive Data System (CDS)*</td>
<td>Rich Rodriguez, MS &amp; Vrinda Mahishi, MS Data Analysts, HRET</td>
</tr>
<tr>
<td>11:35-11:55 a.m.</td>
<td>Overview of Data Collection, Submission, Reporting and Analysis Resources and Tools. HEN 2.0 Data Migration -HIINImprovement Calculator* -CAH/Rural Data Collection Tool* -Encyclopedia of Measures (EOM) -Data Collection Fact Sheets -CDS Quick Start Guide</td>
<td>Paul Cholod, MS &amp; Julia Heitzer, MS Data Analysts</td>
</tr>
<tr>
<td>11:55 a.m. -12:10 p.m.</td>
<td>Questions &amp; Answers. Participants may use this time to ask HRET HIIN data-related questions.</td>
<td>HRET Team</td>
</tr>
<tr>
<td>12:10-12:15 p.m.</td>
<td>Bring it Home. Action items and tying together of didactic, hospital-level and improvement science information.</td>
<td>Mallory Bender, MA, LCSW Program Manager, HRET</td>
</tr>
</tbody>
</table>
HIIN Background and Introduction

Mariana Lesher, Director, Data | HRET | 11:05 – 11:15 a.m.
PARTNERSHIP FOR PATIENTS

The 40/20 Goal set December 2011

• Keep patients from getting injured or sicker.
  – Reduce preventable hospital-acquired conditions by 40%.
  • 1.8 million fewer injuries to patients, with more than 60,000 lives saved over the next three years.

• Help patients heal without complication.
  – Reduce all hospital readmissions by 20%.
  • 1.6 million patients will recover from illness without suffering a preventable complication requiring re-hospitalization within 30 days of discharge.
Hospital Engagement Network

- ACA considerable focus on quality
- Created the CMS Innovation Center
- Public-private partnership
- Set 40/20 goal
- Tool: Hospital Engagement Networks
- 26 contracts awarded

Hospital Leadership
- Contracted with 31 state and regional hospital associations
- 1,400 + hospitals

Clinicians & Front Line Staff (Teams)

THE PATIENT
AHA/HRET ORIGINAL HEN RESULTS

## FINAL AHA/HRET HEN ESTIMATED TOTAL HARMS PREVENTED WITH COST SAVINGS

<table>
<thead>
<tr>
<th>Topic</th>
<th>Estimated Harms Prevented</th>
<th>Estimated Cost Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td>8,155</td>
<td>$24,465,000</td>
</tr>
<tr>
<td>CAUTI</td>
<td>2,805</td>
<td>$2,805,000</td>
</tr>
<tr>
<td>CLABSI</td>
<td>893</td>
<td>$15,181,000</td>
</tr>
<tr>
<td>EED</td>
<td>992 (NICU Admissions)</td>
<td>$7,811,000</td>
</tr>
<tr>
<td>Falls</td>
<td>1,331</td>
<td>$882,000</td>
</tr>
<tr>
<td>OB Harm</td>
<td>766</td>
<td>$705,000</td>
</tr>
<tr>
<td>Pressure Ulcers</td>
<td>4,655</td>
<td>$188,528,000</td>
</tr>
<tr>
<td>Readmissions</td>
<td>65,022</td>
<td>$572,714,000</td>
</tr>
<tr>
<td>SSI</td>
<td>4,860</td>
<td>$102,060,000</td>
</tr>
<tr>
<td>VAE/VAP</td>
<td>58</td>
<td>$1,218,000</td>
</tr>
<tr>
<td>VTE</td>
<td>3,255</td>
<td>$72,391,200</td>
</tr>
<tr>
<td>TOTAL</td>
<td>92,792</td>
<td>$988,760,000</td>
</tr>
</tbody>
</table>

**DATA SOURCE:**
Comprehensive Data System (CDS) (11/18/14);
Data covers January 2012 through November 2014.
Cost reference sources listed in PEC April 2014 Formative Feedback report appendices.

1 Harms prevented calculated at hospital level and then aggregated to HEN level (hospital compared to own baseline). Harm calculated only with months that have sufficient n (85 percent of hospitals reporting at baseline). Hospitals omitting months of data were determined to be negligible at HEN level.
Hospital Engagement Network 2.0

- ACA considerable focus on quality
- Created the CMS Innovation Center

• Public-private partnership
• Set 40/20 goal

• Tool: Hospital Engagement Networks
• 17 contracts awarded

- Contracted with 34 state and regional hospital associations
- 1,500 + hospitals

Hospital Leadership

Clinicians & Front Line Staff (Teams)

THE PATIENT
AHA/HRET HEN 2.0 RESULTS:

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>HARMS PREVENTED</th>
<th>COST/HARM</th>
<th>COST SAVINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE¹</td>
<td>15,611</td>
<td>$5,000¹</td>
<td>$78,054,063</td>
</tr>
<tr>
<td>CAUTI</td>
<td>505</td>
<td>$1,000</td>
<td>$505,078</td>
</tr>
<tr>
<td>CLABSI</td>
<td>439</td>
<td>$17,000</td>
<td>$7,469,333</td>
</tr>
<tr>
<td>EED</td>
<td>1,151</td>
<td>$9,732</td>
<td>$11,240,529</td>
</tr>
<tr>
<td>Falls</td>
<td>1,409</td>
<td>$12,965</td>
<td>$18,265,363</td>
</tr>
<tr>
<td>OB Harm²</td>
<td>4,336</td>
<td>$114 (with instrument) $197 (without instrument)</td>
<td>$753,627</td>
</tr>
<tr>
<td>Pressure Ulcers</td>
<td>1,122</td>
<td>$17,000</td>
<td>$19,077,915</td>
</tr>
<tr>
<td>Readmissions</td>
<td>8,040</td>
<td>$15,477</td>
<td>$124,440,097</td>
</tr>
<tr>
<td>SSI³</td>
<td>792</td>
<td>$21,000</td>
<td>$16,630,883</td>
</tr>
<tr>
<td>VAE</td>
<td>278</td>
<td>$21,000</td>
<td>$5,832,649</td>
</tr>
<tr>
<td>VTE</td>
<td>738</td>
<td>$8,000</td>
<td>$5,901,515</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>34,422</strong></td>
<td><strong>---</strong></td>
<td><strong>$288,171,052</strong></td>
</tr>
</tbody>
</table>

* Totals may not match sum of individual topics due to rounding.
Hospital Improvement Innovation Network

- Center for Clinical Standards & Quality
- HIIN funded out of the Medicare Trust Fund

- Public-private partnership
- Set 20/12 goal all cause harm

- Tool: HIIN
- 16 contracts awarded

- Contracted with 32 state and regional hospital associations
- 1,700 + hospitals
HIIN: WHERE WE ARE GOING

GOALS:

20% **Overall Reduction in Hospital Acquired Conditions**
(baseline 2014)

12% **Reduction in 30-Day Readmissions**
(baseline 2014)

“America’s hospitals embrace the ambitious new goals CMS has proposed,” said Rick Pollack, president and CEO of the American Hospital Association (AHA). “The vast majority of the nation’s 5,000 hospitals were involved in the successful pursuit of the initial Partnership for Patients aims. **Our goal is to get to zero incidents.** AHA and our members intend to keep an unrelenting focus on providing better, safer care to our patients -- working in close partnership with the federal government and with each other.”

partnershipforpatients.cms.gov
BOLD AIMS FOR HIIN

Reduce all-cause inpatient harm by 20% and readmissions by 12%.

1. Support your patients and their families by committing to this project
2. Work to reduce harm across the board
3. Learn together by sharing your hospital stories – successes and opportunities
4. Collect, submit, and monitor your data
5. Accelerate, align and amplify previous work
THE HRET HIIN STRUCTURE

- Patients & Families
- Hospital Teams (YOU!)
- State Hospital Associations and Quality Improvement Networks (QIN-QIO) Teams
- HRET HIIN Team
CORE TOPICS – AIM IS 20% REDUCTION

1. Adverse Drug Events (ADE)
2. Catheter-associated Urinary Tract Infections (CAUTI)
3. *C. difficile* infection (CDI)
4. Central line-associated Blood Stream Infections (CLABSI)
5. Injuries from Falls and Immobility
6. Pressure Ulcers (PrU)
7. Sepsis
8. Surgical Site Infections (SSI)
9. Venous Thromboembolisms (VTE)
10. Ventilator Associated Events (VAE)
11. Readmissions (12% reduction)

Patient and Family Engagement (PFE) and Health Care Disparities (HCD) woven throughout all topics
ALL OTHER FORMS OF HARM

HRET Focus

• Multi Drug Resistant Organisms (e.g. MRSA)*
• Hospital Patient Safety Culture*

Other Areas Diagnostic Error

• Airway Safety
• Iatrogenic Delirium
• Undue Exposure to Radiation
• Malnutrition in the Inpatient Setting
MEASUREMENT PHILOSOPHY

• Simple, straightforward, explainable
• Capitalize on existing data where possible
• Use standardized measures
• Be responsive to unique needs
• We have done this for 4+ years – the team has the experience and understanding to help support your hospital in gathering data
Measure Review and the CDS

Rich Rodriguez and Vrinda Mahishi, Data Analysts | HRET | 11:15 – 11:35 a.m.
• Catalogued measure information available at

• HIIN core topics (evaluation measures)
  - HIIN core process measures
  - HIIN additional topics
MEASURES OVERVIEW, CDS, AND NHSN INFORMATION

• Measures
  – Operational metrics: Needs Assessment
    • Needs Assessment
    • Quarterly PFE update
    • Disparities data collection practices
  – Evaluation
• Comprehensive Data System
• NHSN info
NEEDS ASSESSMENT

- Basic hospital information
- HIIN topic prioritization and measurement practices
- Quality improvement efforts
- Patient and family engagement practices
- Leadership and governance activities
- Disparities data collection efforts
- Cultural competency practices
- Will determine measure applicability
EVALUATION MEASURES (PREFACE)

• Encyclopedia of Measures provides **guidance**
  – Linked to publicly available references for
    • Specific definitions, including diagnoses and procedure codes
    • Detailed descriptions of included / excluded units and populations
  – Numerator and denominator statements

• If questions remain after consulting the EOM, please contact your state partner
  – SHA will work with HRET data liaison to provide clarification

• Data should be submitted within 45 days of the end of the month
  – Readmissions within 75 days of the end of the month
SOURCES OF DATA

• NHSN
  – HRET has an NHSN group – conferral of right instructions available for first-time joiners
  – Facilities that belonged to our HEN 2.0 group don’t have to rejoin, but please accept the update (MRSA added to template)
  – Your state partner may have an NHSN group
  – If you confer rights HRET or state partner will download NHSN data and submit to CDS
  – Facilities that don’t confer rights to a group must enter data directly into CDS

• Administrative Claims Data

• Work with your SHA to identify other sources of data if necessary
## HIIN EVALUATION MEASURES: CLABSI/CAUTI

<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
</table>
| CAUTI SIR<sup>1</sup>  
  • ICUs excl NICUs  
  • All reporting units (excl NICUs) | Observed infections                  | Expected infections                   |
| CAUTI Rate<sup>2</sup>  
  • ICUs excl NICUs  
  • All reporting units (excl NICUs) | Number of CAUTIs                     | Number of urinary catheter days       |
| CLABSI SIR<sup>1</sup>  
  • All ICUs  
  • All reporting units | Observed infections                  | Expected infections                   |
| CLABSI Rate<sup>2</sup>  
  • All ICUs  
  • All reporting units | Number of CLABSIs                    | Number of central line days           |

<sup>1</sup> SIR data will be extracted for hospitals reporting to NHSN and conferring rights to the AHA/HRET HEN 2 group, OR hospitals conferring rights to a state group where the SHA will upload to CDS

<sup>2</sup> Rate data expected for ALL hospitals, and will be extracted for hospitals reporting to NHSN and conferring rights to the AHA/HRET HEN 2 group, OR hospitals conferring rights to a state group where the SHA will upload to CDS
### HIIN EVALUATION MEASURES: CLABSI/CAUTI CONT’D

<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinary Catheter Utilization Ratio</td>
<td>Number of urinary catheter days</td>
<td>Number of patient days</td>
</tr>
<tr>
<td>• ICUs excl NICUs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• All reporting units</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Line Utilization Ratio</td>
<td>Number of central line days</td>
<td>Number of patient days</td>
</tr>
<tr>
<td>• All ICUs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• All reporting units</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Utilization ratio data will be extracted for hospitals reporting to NHSN and conferring rights to the AHA/HRET HEN 2 group, OR hospitals conferring rights to a state group where the SHA will upload to CDS.

Hospitals NOT reporting to NHSN will collect and submit numerators and denominators.
<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Site Infection SIR&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Observed infections</td>
<td>Expected infections</td>
</tr>
<tr>
<td>Colon Surgeries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdominal hysterectomies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total knee replacements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total hip replacements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Site Infection Rate&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Number of SSIs</td>
<td>Number of surgical procedures</td>
</tr>
<tr>
<td>Colon Surgeries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdominal hysterectomies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total knee replacements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total hip replacements</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>1</sup> SIR data will be extracted for hospitals reporting to NHSN and conferring rights to the AHA/HRET HEN 2 group, OR hospitals conferring rights to a state group where the SHA will upload to CDS

<sup>2</sup> Rate data expected for ALL hospitals, and will be extracted for hospitals reporting to NHSN and conferring rights to the AHA/HRET HEN 2 group, OR hospitals conferring rights to a state group where the SHA will upload to CDS
# HIIN EVALUATION MEASURES: CDI AND MRSA

<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide C. difficile Rate</td>
<td>Total number of observed hospital-onset C. difficile lab identified events among all inpatients in the facility, excluding well-baby nurseries and NICUs</td>
<td>Patient days (facility-wide)</td>
</tr>
<tr>
<td>SIR C. difficile</td>
<td>Total number of observed hospital-onset C. difficile lab identified events among all inpatients in the facility, excluding well-baby nurseries and NICUs</td>
<td>Expected cases of patients with C. difficile</td>
</tr>
<tr>
<td>SIR-MRSA Bacteremia</td>
<td>MRSA bacteremia events</td>
<td>Expected cases of patients with MRSA bacteremia</td>
</tr>
<tr>
<td>Hospital-onset MRSA bacteremia events</td>
<td>MRSA bacteremia events</td>
<td>Patient days</td>
</tr>
</tbody>
</table>

1 Rate data will be extracted for hospitals reporting to NHSN and conferring rights to the AHA/HRET HEN 2 group, OR hospitals conferring rights to a state group where the SHA will upload to CDS. Hospitals NOT reporting to NHSN will collect and submit numerators and denominators.
## HIIN EVALUATION MEASURES: VAE

<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventilator-Associated Condition (VAC) (^1)</td>
<td>Number of events that meet the criteria of Ventilator-Associated Condition (VAC); including those that meet the criteria for IVAC and Possible/Probable VAP</td>
<td>Number of ventilator days</td>
</tr>
<tr>
<td>Infection-Related Ventilator-Associated Complication (IVAC) (^1)</td>
<td>Number of events that meet the criteria of Infection-Related Ventilator-Associated Condition (IVAC)</td>
<td>Number of ventilator days</td>
</tr>
</tbody>
</table>

\(^1\) Rate data will be extracted for hospitals reporting to NHSN and conferring rights to the AHA/HRET HEN 2 group, OR hospitals conferring rights to a state group where the SHA will upload to CDS. Hospitals NOT reporting to NHSN will collect and submit numerators and denominators.
## HIIN EVALUATION MEASURES: FALLS AND VTE

<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls with injury</td>
<td>Total number of patient falls of injury level minor or greater (whether or not assisted by a staff member) by eligible hospital unit during the measurement period</td>
<td>Patient days in eligible units during the measurement period</td>
</tr>
<tr>
<td>Post-Operative pulmonary embolism (PE) or deep vein thrombosis (DVT) rate</td>
<td>Number of surgical patients that develop a post-operative PE or DVT</td>
<td>All surgical discharges age 18 and older defined by specific DRGs or MS-DRGs and a procedure code for an operating room procedure.</td>
</tr>
</tbody>
</table>
## HIIN EVALUATION MEASURES: PRESSURE ULCERS

<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>PrU rate, Stages 3+</td>
<td>Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary diagnosis codes for pressure ulcer and any secondary diagnosis codes for pressure ulcer stage III or IV (or unstageable)</td>
<td>Surgical or medical discharges, for patients ages 18 years and older. Surgical and medical discharges are defined by specific DRG or MS-DRG codes</td>
</tr>
<tr>
<td>PrU prevalence -hospital acquired-Stage 2+</td>
<td>Patients that have at least one category/stage II or greater hospital-acquired pressure ulcer on the day of the prevalence measurement episode16</td>
<td>All patients, 18 years of age or greater, surveyed for the measurement episode</td>
</tr>
</tbody>
</table>
HIIN EVALUATION MEASURES: ADE & READMISSIONS

<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse drug events (ADE)</td>
<td>Number of patients experiencing the event</td>
<td>Number of patients on the medication</td>
</tr>
<tr>
<td>• anticoagulation safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• glycemic management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• opioid safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Readmission within 30 Days (All Cause)</td>
<td>Inpatients returning as an acute care inpatient to the same facility within 30 days of date of discharge</td>
<td>Total inpatient discharges (excluding discharges due to death)</td>
</tr>
<tr>
<td>Hospital-Wide All Cause Unplanned Readmissions</td>
<td>An inpatient admission for any cause (with the exception of certain planned readmissions), within 30 days from the date of discharge</td>
<td>Medicare patients discharged from the hospital</td>
</tr>
</tbody>
</table>
## HIIN EVALUATION MEASURES: SEPSIS

<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postoperative Sepsis Rate</td>
<td>Discharges among cases meeting the inclusion and exclusion rules for the denominator, with any AHRQ designated secondary ICD-9-CM or ICD-10 diagnosis codes for sepsis.</td>
<td>Elective surgical discharges for patients ages 18 years and older</td>
</tr>
<tr>
<td>Hospital-Onset Sepsis Mortality Rate</td>
<td>Number of in-hospital deaths due to severe sepsis and septic shock</td>
<td>Number of patients with hospital-onset severe sepsis / septic shock. Note: hospital-onset is an infection that appears 48 hours or more after admission</td>
</tr>
<tr>
<td>Overall Sepsis Mortality Rate</td>
<td>Number of in-hospital deaths due to severe sepsis and septic shock</td>
<td>Number of patients with severe sepsis / septic shock</td>
</tr>
</tbody>
</table>
## HIIN EVALUATION MEASURES: CULTURE OF SAFETY

<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker Harm Related to Patient handling</td>
<td>Number of worker harm events related to patient handling</td>
<td>Number of full-time equivalents (FTEs)</td>
</tr>
<tr>
<td>(Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker Harm Related to Workplace Violence</td>
<td>Number of associated harm events related to workplace violence</td>
<td>Number of full-time equivalents (FTEs)</td>
</tr>
<tr>
<td>(Rate)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
COMPREHENSIVE DATA SYSTEM (CDS)

• Secure, web-based data collection and reporting system for HRET projects
• Will support all hospital-level data submission and reporting for HIIN
• Expanded and enhanced features since HEN 2.0
INITIAL LOGIN/SET UP

• For hospitals that participated in HEN 2.0:
  – HRET has migrated all existing, recently active (logged in between July and Oct 15, 2016) user accounts
  – Can login using email and password

• For new hospitals (and returning hospitals that didn’t have user accounts migrated):
  – State partner will provide initial setup account credentials
  – Use initial login to set up user specific accounts
USER SET UP

- One principal data administrator
- One back up administrator
- One or more data entry and reporting users
**NEEDS ASSESSMENT**

**HRET Comprehensive Data System**

For technical support, please email HRET Data Support

<table>
<thead>
<tr>
<th>Measure (click the i button for measure specifications)</th>
<th>Monitoring Period</th>
<th>Baseline Status</th>
<th>Monitoring Status</th>
</tr>
</thead>
</table>
REPORT EXAMPLE- CHART
# REPORT EXAMPLE - DATA

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Rate</th>
<th>All State Organizations Rate</th>
<th>All State Organizations Median</th>
<th># State Orgs Reporting</th>
<th>All Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2015</td>
<td>01/31/2015</td>
<td>0</td>
<td>620</td>
<td>0.00</td>
<td>1.3</td>
<td>0.0</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>02/01/2015</td>
<td>02/28/2015</td>
<td>0</td>
<td>557</td>
<td>0.00</td>
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</tbody>
</table>
REPORTS AVAILABLE IN CDS

- Individual Measure- Chart/Data
  - Organization Data
  - Trendline
  - State Average
  - All Project Average
  - State Median
  - All Project Median
- All Measures Data Export
- Custom Data
- Data Submission
- Current Improvement
- Relative Improvement
CDS RESOURCES

Hospital Improvement Innovation Network (HIIN) Resources

<table>
<thead>
<tr>
<th>Resources</th>
<th>Download</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIIN Encyclopedia of Measures</td>
<td></td>
</tr>
<tr>
<td>NHSN Rights Conferral Instructions</td>
<td></td>
</tr>
</tbody>
</table>

- [hretdatasupport@aha.org](mailto:hretdatasupport@aha.org)
Overview of Data Collection, Submission, Reporting and Analysis Resources and Tools

Paul Cholod and Julia Heitzer, Data Analysts | HRET | 11:35 – 11:55am
DATA MIGRATION

• **Purpose**
  – Use existing data in the HEN 2.0 databases to fill in applicable baseline data.
• **Limited to facilities that participated in HEN 2.0 and are participating in HIIN.**
• **Limited to 12 core measures**
  – ADE-three measures
  – Falls
  – Pressure Ulcers-two measures
  – Readmissions
  – Sepsis-two measures
  – VTE
  – Worker Safety-two measures
DATA MIGRATION METHODOLOGY

• Take existing data in HEN 2.0 database.
• Match HEN 2.0 measures to HIIN measures.
• If there is data for that measure for 12 months of 2014 that will be used for baseline.
• If there is not 12 months of 2014 data then the data is checked for 12 continuous months prior to October 2016, then nine months prior to 2016, three months and six months.
• Your state partner will contact you directly if they need any additional information.
DATA MIGRATION- A FEW POINTS

• Data generated from NHSN will not be included. For those hospitals that conferred NHSN rights to HRET the data will come from the HRET Extract, Transform and Load (ETL) process.

• If there is “missing” data for a facility in the migration file it may be due to several reasons.
  – There is no data within a preferred baseline period, i.e. in HEN 2.0 calendar year 2011 was used for baseline and monitoring data began in October 2016.
  – There wasn’t at least three consecutive months of data for that facility and measure.
  – Please “stay tuned” for when this process will occur.
The new HIIN Improvement Calculator will offer...

- Improved end-user experience.
- New easier data import process.
- Improved design that no longer requires enabled VBA macros.
- Updated cost estimates and benchmarks.
- New calculation: Lives saved based on measure specific mortality rates.
HRET HIIN RURAL/CAH DATA COLLECTION

• This is a tool designed to facilitate data entry and reporting for small hospitals with low volumes and infrequent adverse events.
• It is limited to core adverse event areas.
• It creates a file that will be in the proper upload format to CDS. (only State Partners and HRET staff can upload files to CDS).
• Tabs include, data entry, run charts, rate tables and the CDS upload file.
# RURAL/CAH DATA COLLECTION TOOL

**AHA/HRET HEN Rural/CAH Hospital Data Collection - Revised Feb 2016**

<table>
<thead>
<tr>
<th>Your hospital name:</th>
<th>County Hospital</th>
</tr>
</thead>
</table>

**Your hospital HRET Identifier (REQUIRED)**

- **HRET12345_ST**
  - HRET IDs follow this convention: HRETnnnnn_ST
  - nnnnn=5 digit number
  - ST = two character state postal code

On the **DATA ENTRY** tab, you will enter the following:

- **Numerator** - number of events, for baseline (PRE-Oct 2015) in Column C, and each month thereafter (columns D-O)
- **Baseline start and end dates** - if your start and end dates differ than what is shown (columns P & Q)
- **Denominators** - rows 60-79, column C for baseline, D-O for each month thereafter
- **Date of last event prior to October 1 2015** - column C
- **Date of most recent event, by month** - columns D-O - **ONLY IF AN EVENT OCCURS**

The **RATES** tab calculates the rates based on your data entry.

The **RUNCHARTS** tab presents the rates, graphically, by topic, and the HEN target calculated based on your baseline.

The **CDS DATA UPLOAD FORMAT** tab is for **STATE HOSPITAL ASSOCIATION** use only.

---

**GO TO DATA ENTRY TAB**

**GO TO RATES TAB**

**GO TO RUNCHARTS**
### RURAL/CAH DATA COLLECTION TOOL

#### DATA ENTRY

<table>
<thead>
<tr>
<th>Hospital:</th>
<th>County</th>
<th>Enter your hospital's name, if desired</th>
<th>ENTER YOUR BASELINE START AND END DATES IF DIFFERENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRET ID:</td>
<td>HRET12345_ST</td>
<td>Enter your hospital's HRET ID (HRETnnnnn_ST) - REQUIRED FOR DATA UPLOAD BY SHA</td>
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</tbody>
</table>

### Encyclopedia of Measures

#### BASELINE (prior to Oct 2016) vs. MONITORING (Oct 2016 onward)

<table>
<thead>
<tr>
<th>Date</th>
<th>Numerators (number of occurrences)</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
<th>Aug-17</th>
<th>Sep-17</th>
<th>Baseline start date</th>
<th>Baseline end date</th>
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<tr>
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<td>ADVERSE DRUG EVENTS (ADE)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fast sheet</td>
<td>Number of patients given insulin who had hypoglycemia (ADA defines as plasma glucose &lt;50 mg/dl)</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7/1/2015</td>
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### Denominators

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<tbody>
<tr>
<td>Total number of patient days - all included units</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total number of patients receiving warfarin anticoagulation therapy</td>
<td>150</td>
<td>44</td>
<td>49</td>
<td>41</td>
<td>36</td>
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</tbody>
</table>
RURAL/CAH DATA COLLECTION TOOL-RUN CHART

Adverse Drug Events

- Blue line: Adverse drug events - excessive coagulation
- Red line: Adverse drug events - hypoglycemia
- Green line: Adverse drug events due to opioids
## RURAL/CAH DATA COLLECTION TOOL-RATE TABLE

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
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## RURAL/CAH DATA COLLECTION TOOL

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<th>MeasurementEndDate</th>
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<td>150</td>
<td>TRUE</td>
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ENCyclopedia OF MEASURES (EOM)

- Catalogued list of measures used for HIIN
- Measure applicability chart
- Three different EOMs
  - Evaluation and Additional Required Topic Outcome measures
  - Process Measures (coming soon)
  - Additional topics measures (coming soon)
- Includes: measure type, measure name, description, numerator and denominator definition, multiplier, data sources, baseline and monitoring timeframes, HRET HIIN measure ID, links to measure steward and additional measure resources and specifications
- Living document – refer to website for latest version
DATA COLLECTION FACT SHEETS

- Coming soon!
- Topic specific data collection resource
- Additional information about numerator and denominator inclusion and exclusions
- Data Sources
- Partners to team up with in your hospital
- Tips and Tricks
- Tools
- FAQs
- Created in HEN 2.0 for ADE and Sepsis and will expand to other topics for HIIN
CDS QUICK START GUIDES

• Detailed instruction guides that provide steps and screen shots on how to utilize CDS

• Series of 3 mini-guides
  – Logging in and User Set up (new and returning)
  – Data Entry
  – Data Reporting

HRET HIIN
Comprehensive Data System (CDS) Quick Start Guide:
Set up for Hospitals that are NEW to CDS

This document is created to support HIIN hospitals that are NEW to the HRET Comprehensive Data System (CDS). This Quick Start Guide covers logging into CDS and walks you through how to set up user accounts for your hospital.

The Comprehensive Data System can be accessed by visiting: https://www.hretcds.org/

SYSTEM REQUIREMENTS

The HRET CDS is a secure, web-based data collection system. Users must have a connection to the Internet and a browser which supports SSL (secure socket layer) encryption.

Currently, the CDS supports the use of Internet Explorer v8 or higher and Firefox v 11.0 or higher. The system is currently being tested for use with Google Chrome and on iPad (iOS v5 or higher).

For optimal performance, your computer and/or browser must be configured as follows:

• The computer/browser must permit SSL connections
• The computer/browser must allow pop-ups from https://www.hretcds.org
• CDS must be set up as a trusted site
• Email systems should be configured to allow emails from hretdatasupport@aha.org

TECHNICAL ASSISTANCE

• HRET actively monitors data support emails: hretdatasupport@aha.org.
• HRET acknowledges these emails within 2 business days of the request.
I want to learn more about...
WHO TO CONTACT?

- Contact your State Partner
- CDS technical questions, contact HRET via hretdatasupport@aha.org
- Utilize the Data Analytics list serve – coming soon!
QUESTIONS?
BRING IT HOME

Mallory Bender, Program Manager | HRET | 12:10–12:15 p.m.
UPCOMING EVENTS

• ADE Virtual Event November 17, 11:00am - 11:50am CT
  Register here!

• Sepsis Virtual Event November 29, 1:00pm - 2:00pm CT
  Register here!

• Quality Improvement Fellowship Informational Session November 30, 11:00 am - 11:30 am CT
  Register here!
THANK YOU!

Find more information on our website: http://www.hret-hiin.org/

Questions/Comments: HIIN@aha.org