HRET HIIN: DATA ORIENTATION VIRTUAL EVENT

November 15, 2016

11:00a.m. – 12:15p.m. CST

Partnership for Patients
HealthCare.gov

HRET
HEALTH RESEARCH &
EDUCATIONAL TRUST
In Partnership with AHA

WELCOME AND INTRODUCTIONS

Mallory Bender, Program Manager | HRET | 11:00 – 11:05 a.m.

AGENDA FOR TODAY
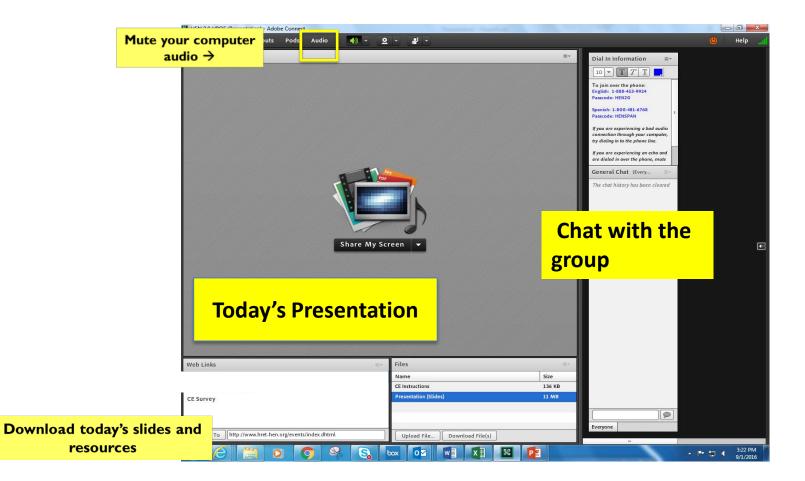
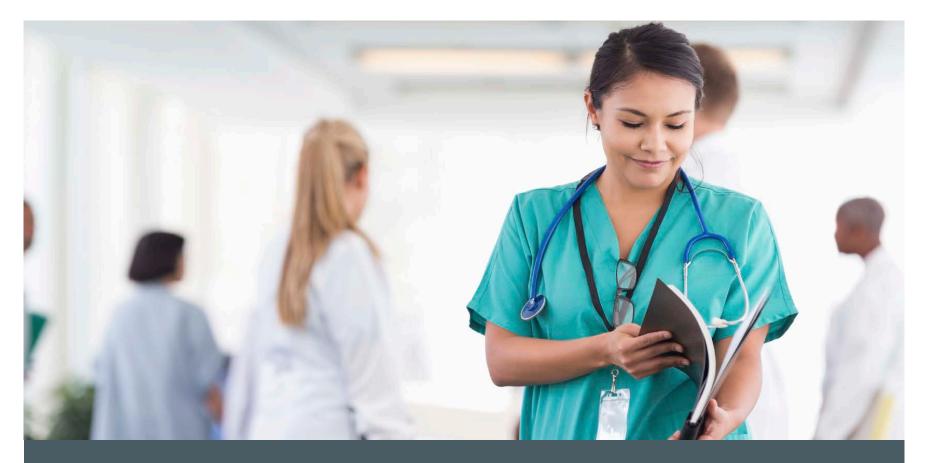| Time	Topic	Presenter
11:00-11:05 a.m.	**Welcome and Introductions**	
	Open and housekeeping information, including review of relevant HRET HIIN data resources, change packages and Listserv®.	**Mallory Bender, MA, LCSW** Program Manager, HRET
11:05-11:15 a.m.	**Background and Introduction to HIIN Data Approach**	
	Background of HEN and goals of HIIN - 20/12 -Why data is essential to success of HIIIN -Structure of HIIN -Who is in the room polling questions	**Mariana Lesher, MS** Director of Data, HRET
11:15-11:35 a.m.	**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)*	**Rich Rodriguez, MS & Vrinda Mahishi, MS** Data Analysts, HRET
11:35-11:55 a.m.	**Overview of Data Collection, Submission, Reporting and Analysis Resources and Tools**	
	HEN 2.0 Data Migration -HIINmprovement Calculator* -CAH/Rural Data Collection Tool* -Encyclopedia of Measures (EOM) -Data Collection Fact Sheets -CDS Quick Start Guide	**Paul Cholod, MS & Julia Heitzer, MS** Data Analysts
11:55 a.m. -12:10 p.m.	**Questions & Answers**	
	Participants may use this time to ask HRET HIIN data-related questions.	**HRET Team**
12:10-12:15 p.m.	**Bring it Home**	
	Action items and tying together of didactic, hospital-level and improvement science information.	**Mallory Bender, MA, LCSW** Program Manager, HRET

WEBINAR PLATFORM QUICK REFERENCE

Mute your computer audio →

Chat with the group

Today's Presentation

Download today's slides and resources

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.

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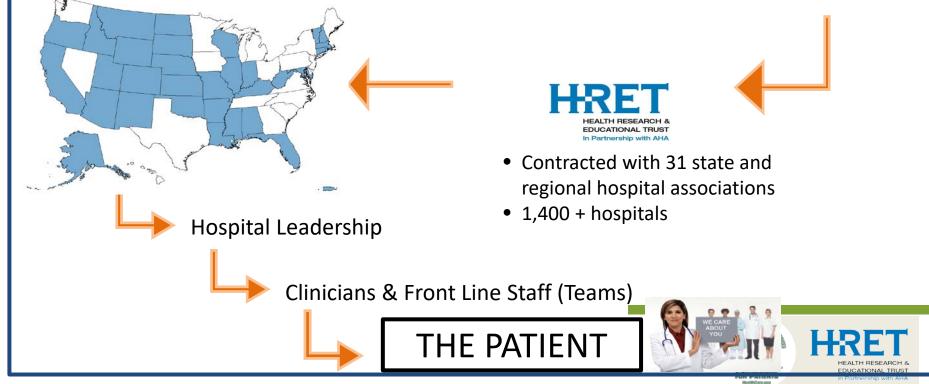In Partnership with AHA

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

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

Hospital Leadership

Clinicians & Front Line Staff (Teams)

THE PATIENT

AHA/HRET ORIGINAL HEN RESULTS

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

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

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:

TOPIC	HARMS PREVENTED	COST/HARM	COST SAVINGS
ADE[1]	15,611	$5,000[1]	$79,054,063
CAUTI	505	$1,000	$505,078
CLABSI	439	$17,000	$7,469,333
EED	1,151	$9,732	$11,240,529
Falls	1,409	$12,965	$18,265,363
OB Harm[2]	4,336	$114 (with instrument) $197 (without instrument)	$753,627
Pressure Ulcers	1,122	$17,000	$19,077,915
Readmissions	8,040	$15,477	$124,440,097
SSI[3]	792	$21,000	$16,630,883
VAE	278	$21,000	$5,832,649
VTE	738	$8,000	$5,901,515
TOTAL	34,422	---	$288,171,052

* Totals may not match sum of individual topics due to rounding.

Hospital Improvement Innovation Network
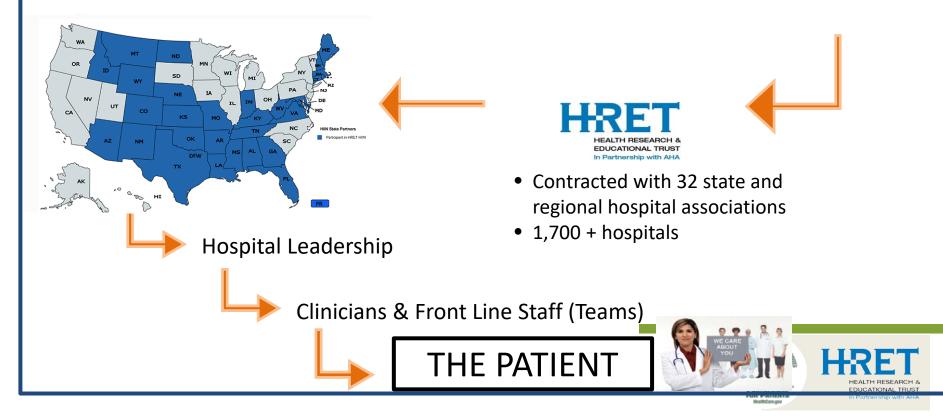
CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

PARTNERSHIP FOR PATIENTS

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

- Tool: HIIN
- 16 contracts awarded

HRET
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- Contracted with 32 state and regional hospital associations
- 1,700 + hospitals

HIIN State Partners
■ Participant in HRET HIIN

Hospital Leadership

Clinicians & Front Line Staff (Teams)

THE PATIENT

WE CARE ABOUT YOU

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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."

2010	145 Harms/1,000 Discharges
2011	142 Harms/1,000 Discharges
2012	132 Harms/1,000 Discharges
2013	121 Harms/1,000 Discharges
2014	121 Harms/1,000 Discharges

New Goal

2019	97 Harms/1,000 Discharges

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
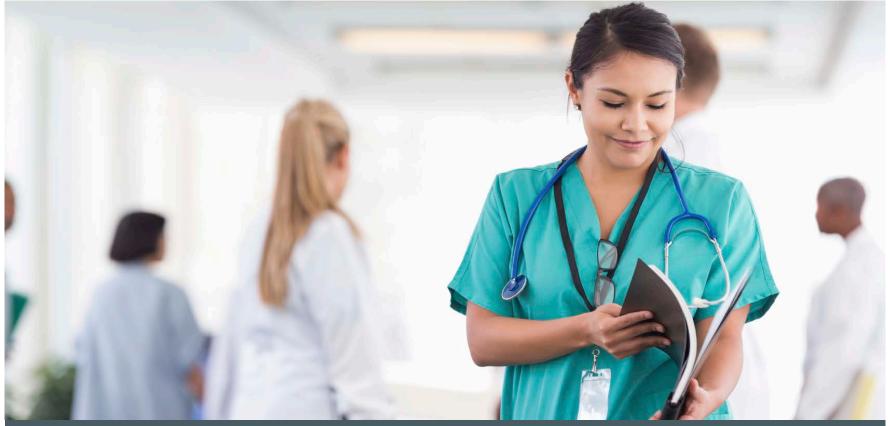
- Iatrogenic Delirium

- 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.

ENCYCLOPEDIA OF MEASURES (EOM)

- Catalogued measure information available at
  - http://www.hret-hiin.org/data/hiin_eom_core_eval_and_add_req_topics.pdf
- HIIN core topics (evaluation measures)
  - HIIN core process measures
  - HIIN additional topics

Post-Operative Pulmonary Embolism or Deep Vein Thrombosis Rate

VTE: CMS HEN Evaluation Measure (AHRQ PSI 12)	
Post-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate	
Measure type	Outcome
Numerator	Number of surgical patients that develop a post-operative PE or DVT
Denominator	All surgical discharges age 18 and older defined by specific DRGs or MS-DRGs and an procedure code for an operating room procedure.
Rate calculation	$(\frac{Numerator}{Denominator}) x\ 1,000$
Specifications/definitions Sources/Recommendations	Available from AHRQ
Data source (s)	Administrative data
NHSN data transfer	No
Baseline period	Calendar year 2010, OR Next oldest calendar year, OR Jul - Sept 2015
Monitoring period	Monthly, beginning Oct 2015
CDS Measure ID(s)	HEN2-VTE-1
AHA/HRET HEN 1	EOM-VTE-105[19]

These data elements shall be submitted by all hospitals. Data can be collected through incident reporting, hospital discharge or administrative data.

Additional references:
- The AHRQ has developed several resources for the patient safety indicators. These resources are available online at the following links:
  http://www.qualityindicators.ahrq.gov/modules/psi_resources.aspx
  http://qualityindicators.ahrq.gov/Modules/PSI_TechSpec_ICD10.aspx
- The Partnership for Patients has also gathered many resources for venous thromboembolism (VTE) prevention and measurement. These resources are catalogued online at the following link: http://partnershipforpatients.cms.gov/p4p_resources/tsp-venusthromboembolism/toolvenousthromboembolismvte.html

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

Measure	Numerator	Denominator
CAUTI SIR[1] • ICUs excl NICUs • All reporting units (excl NICUs)	Observed infections	Expected infections
CAUTI Rate[2] • ICUs excl NICUs • All reporting units (excl NICUs)	Number of CAUTIs	Number of urinary catheter days
CLABSI SIR[1] • All ICUs • All reporting units	Observed infections	Expected infections
CLABSI Rate[2] • All ICUs • All reporting units	Number of CLABSIs	Number of central line days

[1] 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

[2] 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

Measure	Numerator	Denominator
Urinary Catheter Utilization Ratio • ICUs excl NICUs • All reporting units	Number of urinary catheter days	Number of patient days
Central Line Utilization Ratio • All ICUs • All reporting units	Number of central line days	Number of patient days

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.

HIIN EVALUATION MEASURES: SSI

Measure	Numerator	Denominator
Surgical Site Infection SIR[1] • Colon Surgeries • Abdominal hysterectomies • Total knee replacements • Total hip replacements	Observed infections	Expected infections
Surgical Site Infection Rate[2] • Colon Surgeries • Abdominal hysterectomies • Total knee replacements • Total hip replacements	Number of SSIs	Number of surgical procedures

[1] 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

[2] 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

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

[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

Measure	Numerator	Denominator
Ventilator-Associated Condition (VAC) [1]	Number of events that meet the criteria of Ventilator-Associated Condition (VAC); including those that meet the criteria for IVAC and Possible/Probable VAP	Number of ventilator days
Infection-Related Ventilator-Associated Complication (IVAC) [1]	Number of events that meet the criteria of Infection-Related Ventilator-Associated Condition (IVAC)	Number of ventilator days

[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

Measure	Numerator	Denominator
Falls with injury	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	Patient days in eligible units during the measurement period
Post-Operative pulmonary embolism (PE) or deep vein thrombosis (DVT) rate	Number of surgical patients that develop a post-operative PE or DVT	All surgical discharges age 18 and older defined by specific DRGs or MS-DRGs and a procedure code for an operating room procedure.

HIIN EVALUATION MEASURES: PRESSURE ULCERS

Measure	Numerator	Denominator
PrU rate, Stages 3+	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)	Surgical or medical discharges, for patients ages 18 years and older. Surgical and medical discharges are defined by specific DRG or MS-DRG codes
PrU prevalence -hospital acquired-Stage 2+	Patients that have at least one category/stage II or greater hospital-acquired pressure ulcer on the day of the prevalence measurement episode16	All patients, 18 years of age or greater, surveyed for the measurement episode

HIIN EVALUATION MEASURES: ADE & READMISSIONS

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

HIIN EVALUATION MEASURES: SEPSIS

Measure	Numerator	Denominator
Postoperative Sepsis Rate	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.	Elective surgical discharges for patients ages 18 years and older
Hospital-Onset Sepsis Mortality Rate	Number of in-hospital deaths due to severe sepsis and septic shock	Number of patients with hospital-onset severe sepsis / septic shock. Note: hospital-onset is an infection that appears 48 hours or more after admission
Overall Sepsis Mortality Rate	Number of in-hospital deaths due to severe sepsis and septic shock	Number of patients with severe sepsis / septic shock

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HIIN EVALUATION MEASURES: CULTURE OF SAFETY

Measure	Numerator	Denominator
Worker Harm Related to Patient handling (Rate)	Number of worker harm events related to patient handling	Number of full-time equivalents (FTEs)
Worker Harm Related to Workplace Violence (Rate)	Number of associated harm events related to workplace violence	Number of full-time equivalents (FTEs)

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
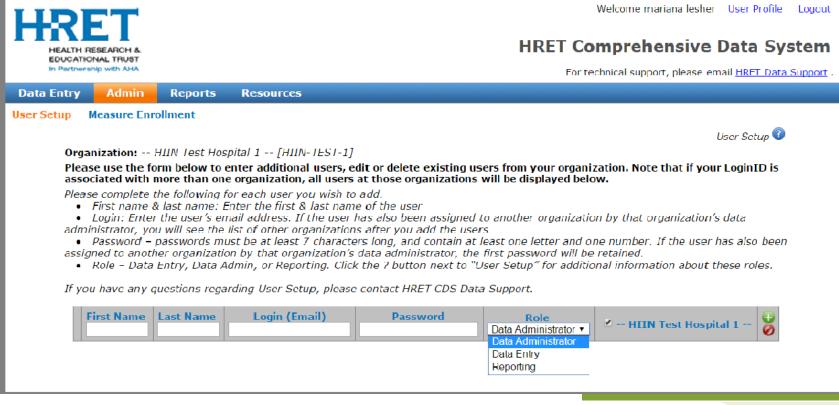
INITIAL LOGIN/SET UP

- 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

REPORT EXAMPLE- CHART

REPORT EXAMPLE- DATA

Topic: AHRQ HAI Topics ▼   **Project:** AHRQ Safety Program for ICUs - C1 ▼

Measure: CAUTI Rate per 1,000 Urinary Catheter Days (CDC NHSN) ▼

Data | **Chart**

Start Date	End Date	Numerator	Denominator	Rate	All State Organizations Rate	All State Organizations Median	# State Orgs Reporting	All Proje
01/01/2015	01/31/2015	0	620	0.00	1.3	0.0	42	
02/01/2015	02/28/2015	0	557	0.00	1.6	0.0	42	
03/01/2015	03/31/2015	0	499	0.00	1.1	0.0	42	
04/01/2015	04/30/2015	0	532	0.00	2.5	0.0	42	
05/01/2015	05/31/2015	1	609	1.64	1.7	0.0	42	
06/01/2015	06/30/2015	2	644	3.11	2.2	0.0	42	
07/01/2015	07/31/2015	1	579	1.73	1.8	0.0	43	
08/01/2015	08/31/2015	2	629	3.18	1.9	0.0	43	
09/01/2015	09/30/2015	0	539	0.00	1.6	0.0	43	
10/01/2015	10/31/2015	1	552	1.81	1.9	0.0	43	
11/01/2015	11/30/2015	0	569	0.00	2.0	0.0	43	
12/01/2015	12/31/2015	0	573	0.00	1.5	0.0	43	
01/01/2016	01/31/2016	0	696	0.00	1.2	0.0	46	
02/01/2016	02/29/2016	2	604	3.31	2.2	0.0	46	
03/01/2016	03/31/2016	1	592	1.69	2.3	0.0	46	
04/01/2016	04/30/2016	0	562	0.00	1.4	0.0	46	
05/01/2016	05/31/2016	1	608	1.64	1.5	0.0	46	
06/01/2016	06/30/2016	0	586	0.00	0.9	0.0	46	
07/01/2016	07/31/2016	0	612	0.00	1.0	0.0	43	
08/01/2016	08/31/2016	1	608	1.64	1.7	0.0	37	
09/01/2016	09/30/2016	4	559	7.16	2.1	0.0	26	

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Export to Excel

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

- 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

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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.

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HIIN IMPROVEMENT CALCULATOR

- 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

Your hospital name:	County Hospital

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:

Numerators - 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

| Hospital:	County	Enter your hospital's name, if desired														ENTER YOUR BASELINE START AND END DATES IF DIFFERENT	
HRET ID:	**HRET12345_ST**	Enter your hospital's HRET ID (HRETnnnnn_ST) - REQUIRED FOR DATA UPLOAD BY SHA															
Encyclopedia of Measures		**MAIN MENU**	BASELINE (prior to Oct 2016)	MONITORING (Oct 2016 onward)												Baseline start date	Baseline end date
11/2/2016	**Numerators (number of occurrences)**			Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17		
ADVERSE DRUG EVENTS (ADE)																	
Fact sheet	Number of patients of inpatients on insulin who had hypoglycemia (ADA defines as plasma glucose <50 mg/dl)		2	1	1	0	0	0	0							7/1/2015	9/30/2015
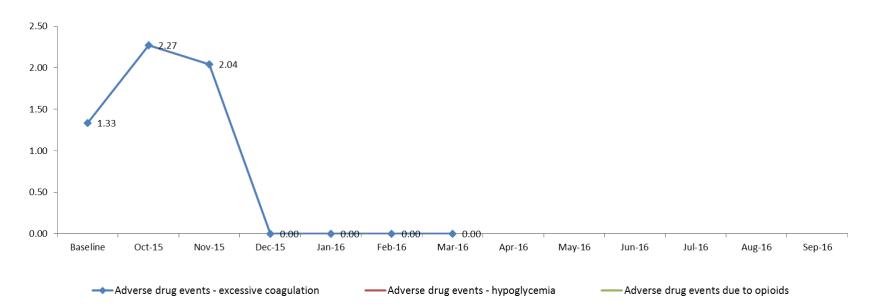
RURAL/CAH DATA COLLECTION TOOL-DATA ENTRY

Denominators													
	Total number of patient days - all included units												
	Total number of patients receiving warfarin anticoagulation therapy	150	44	49	41	36	63	55					

RURAL/CAH DATA COLLECTION TOOL-RUN CHART

Adverse Drug Events

RURAL/CAH DATA COLLECTION TOOL-RATE TABLE

	MAIN MENU	Baseline	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16
ADE												
Adverse drug events - excessive coagulation		1.33	2.27	2.04	0.00	0.00	0.00	0.00	#N/A	#N/A	#N/A	#N/A

RURAL/CAH DATA COLLECTION TOOL

HRET_OrganizationID	CDS_RepEntityID	HRET_QIInitiativeID	HRET_TopicID	HRET_ProjectID	HRET_MeasureID	IsBaseline	MeasurementStartDate	MeasurementEndDate	AnswerNumerator	AnswerDenominator	IsDataCollected	NoDataComment	DataSystemName
HRET12345_ST	HRET12345_ST-1	HEN2	HEN2_TOPICS	HEN2-EVALUATION	HEN2-ADE-1a	TRUE	1/1/2014	12/31/2014	2	150	TRUE		

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

Adverse Drug Events – Excessive Anticoagulation

ADE: HIIN Evaluation Measure	
Excessive Anticoagulation with Warfarin - Inpatients	
Measure type	Outcome
Numerator	Inpatients experiencing excessive anticoagulation with warfarin
Denominator	Inpatients receiving warfarin anticoagulation therapy
Rate calculation	$\left(\dfrac{Numerator}{Denominator}\right) x\ 100$
Specifications/definitions Sources/Recommendations	See references below for guidance
Data source (s)	Numerator: incident reporting systems, trigger tools, pharmacists' intervention systems, medical record review Denominator: billing systems
NHSN data transfer	No
Baseline period	Preferred: Calendar year 2014 Alternate: Oldest 12-, 9-, 6-, or 3-month consecutive period prior to Oct 2016 *If measure not tracked prior to HIIN, report monthly as early as possible beginning with October 2016.*
Monitoring period	Monthly, beginning Oct 2016
HIIN CDS Measure ID(s)	HIIN-ADE-1a
AHA/HRET HEN 2.0	HEN2-ADE-1a

The definition of an adverse drug event is any injury resulting from medication use, including physical harm, mental harm or loss of function[1]. Data can be collected through incident reporting, trigger tools, pharmacists' intervention data or administrative data.

The Institute for Healthcare Improvement's (IHI) trigger tool includes a list of known ADE triggers and instructions for measuring the number and degree of harmful medication events. The tool is available online at the following link:
http://www.ihi.org/resources/Pages/Tools/TriggerToolforMeasuringAdverseDrugEvents.aspx

The Partnership for Patients has gathered many resources for ADE prevention and measurement. These resources are catalogued online at the following link:
http://partnershipforpatients.cms.gov/p4p_resources/tsp-adversedrugevents/tooladversedrugeventsade.html

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

AHA/HRET Hospital Engagement Network (HEN 2.0)
Adverse Drug Events Due to Opioids: Data Collection and Improvement Fact Sheet (HEN2-ADE-1c)

Definition: Any use of naloxone to treat over-sedation should be counted, including those events when naloxone is used to awaken post procedure patients more quickly (a dangerous practice that is opposed by national experts).
Reference: Encyclopedia of Measures http://www.hret-hen.org/resources/data.shtml

Numerator	• Number of patients treated with opioids who received naloxone. • Hospitals may choose to include only injectable opioids or injectable opioids plus selected oral opioids, or injectable opioid plus any oral opioids. This decision should be made based on data of harm for each hospital and should remain consistent during the remainder of HEN 2.0.
Denominator	• Number of patients who received an opioid agent (see above for options)
Inclusions	• Inpatients • Patients in hospital outpatient departments where opioids are used (for example, e.g. Gastroenterology, Cardiology, Radiology, Ambulatory Surgery)
Exclusions	• Emergency department patients • Patients on naloxone for pruritus or nausea
Data Sources	**Numerator:** • Hand collected "tally sheets" each time each time naloxone is administered • Paper or stickers attached to naloxone vials placed for pharmacy retrieval on regular basis • Medication dispensing cabinet reports • Trigger tools • Pharmacists' intervention systems • Medical record review **Denominator:** • Pharmacy systems • Billing systems
Partners to Team Up With	• Pharmacy • Procedural areas • Information Technology
Tips and Tricks **More information may be found in the ADE Change Package at:** http://www.hret-hen.org/topics/adverse-drug-event.shtml	• Small numbers and volumes can be hand collected. • Perform daily concurrent review of patients on opioids by pharmacy. • Perform weekly or monthly retrospective review of labs for patients on opioids. • Attach reporting sheet or sticker to naloxone for easy reporting of utilization. • Multiple doses of naloxone to the same patient during a hospital stay count as one event.
Tools	• Please share useful tools on the ListServ by emailing them to: AHA-HRET-HEN-ADE@AHALS.AHA.ORG.

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

Hospital Improvement Innovation Network
Improve Quality and Patient Safety at your Hospital and Impact National Health Outcomes

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