

Welcome!

- **Audio for this event is available via ReadyTalk® Internet streaming.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please send a chat message if needed.**
- **This event is being recorded.**



Troubleshooting Audio

Audio from computer speakers breaking up?

Audio suddenly stop?

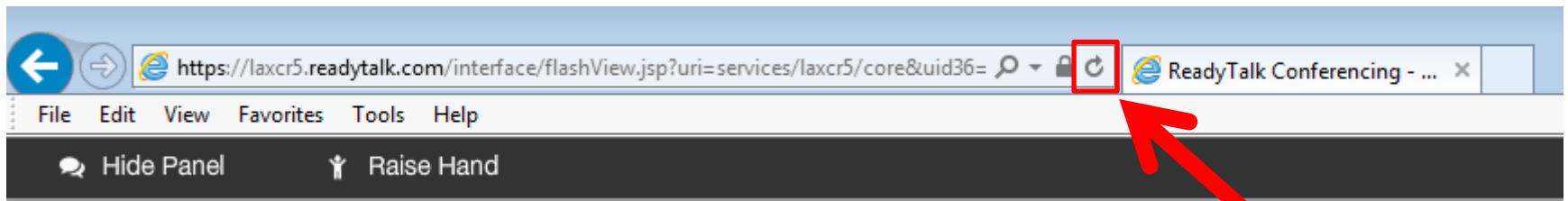
Click Refresh icon

– or –

Click F5



F5 Key
Top Row of Keyboard

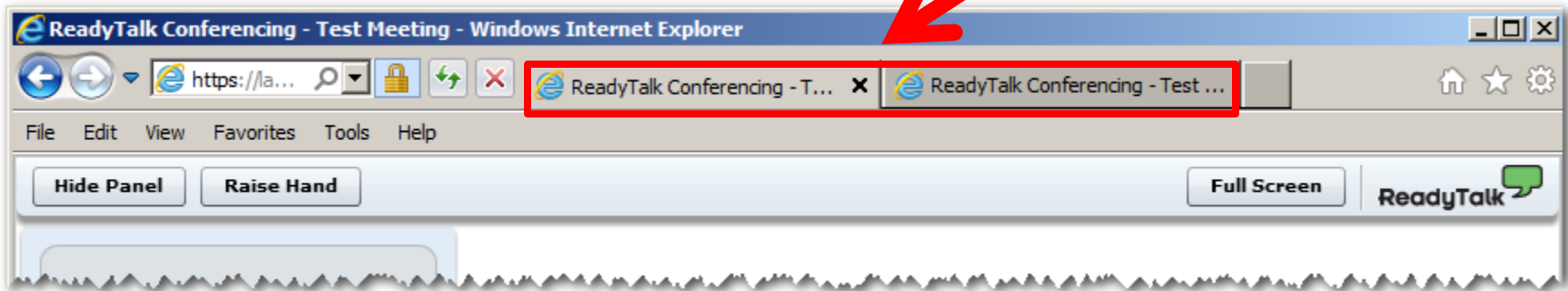


Location of Buttons

Refresh

Troubleshooting Echo

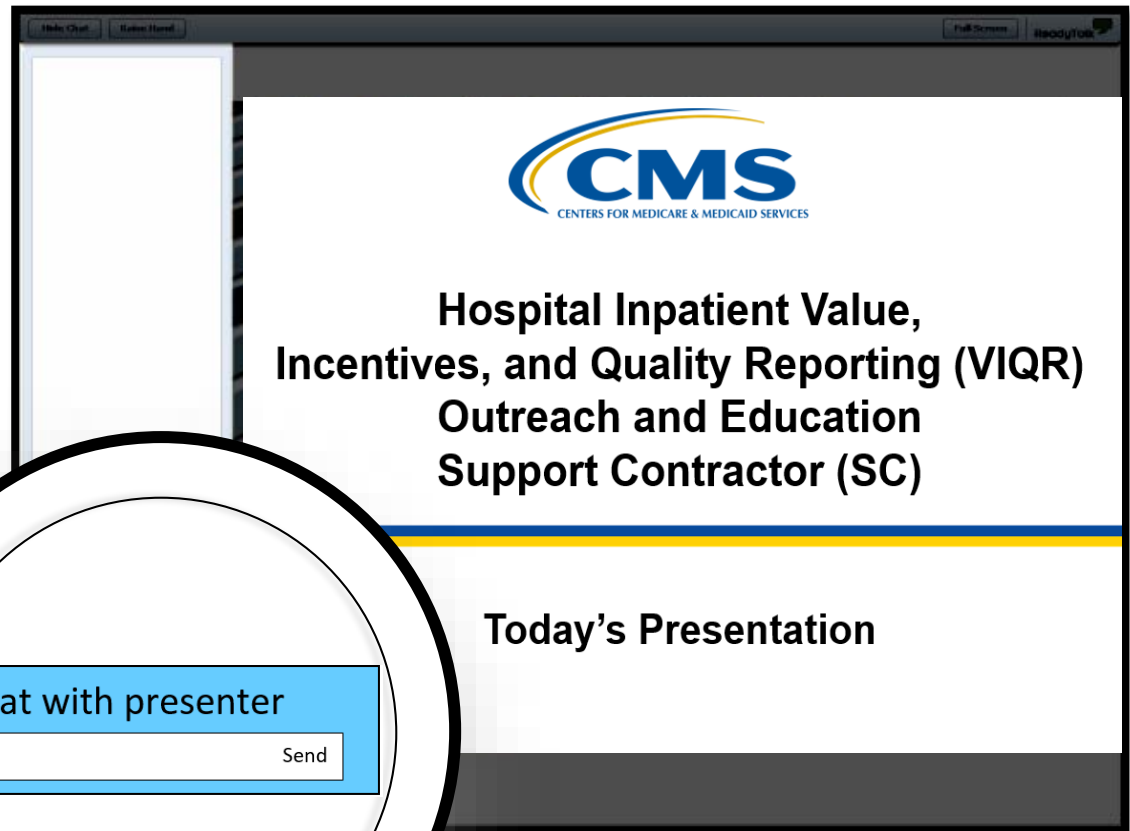
- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

Type questions in the “Chat with presenter” section, located in the bottom-left corner of your screen.





**Hospital Improvement Innovation
Networks and Hospitals Collaboration
to Improve Quality of Care:
30-Day Mortality Measures**

March 13, 2018

Speakers

- **Wendy Boersma, DNP, RN, NEA-BC**, Vice President and Chief Nursing Officer, Henry Ford Allegiance Health
- **Brittany Bogan, MHSA, CPPS**, Vice President, Patient Safety & Quality, Michigan Health & Hospital Association Keystone Center, Great Lakes Partners for Patients Hospital Improvement Innovation Network (HIIN)
- **Kim Fowler, MSN, RN, CNS-BC, CHFN**, Heart Failure Manager, UPMC Pinnacle
- **Amy Helmuth, MS, RN, FACHE**, System Vice President, Organizational Quality/ Chief Quality Officer, UPMC Pinnacle
- **Brian Kim, MD**, Emergency Department Chairman, Chief of Staff-elect, Henry Ford Allegiance Health
- **Robert G. Shipp III, MSHSA, RN, NEA-BC**, Vice President, Population Health Strategies, The Hospital and Healthsystem Association of Pennsylvania

Moderator

Maria Gugliuzza, MBA, Project Manager
Hospital Value-Based Purchasing (VBP) Program
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

Purpose

This event will provide an overview of hospital and HIIN initiatives and activities that sustain and accelerate progress and momentum toward better patient outcomes. Hospitals and HIINs will share their solutions and processes to reduce 30-day heart failure and sepsis mortality rates.

Objectives

Participants will be able to:

- Apply initiatives and activities to improve patient outcomes.
- Identify tools to achieve quality measurement goals.
- Recall the systems and protocols implemented by hospitals to monitor progress for 30-day mortality measures.

Robert G. Shipp III, MSHSA, RN, NEA-BC, Vice President, Population Health Strategies,
The Hospital and Healthsystem Association of Pennsylvania

Amy Helmuth, MS, RN, FACHE, System Vice President, Organizational Quality
UPMC Pinnacle

Kim Fowler, MSN, RN, CNS-BC, CHFN, Manager, Heart Failure Program
UPMC Pinnacle

Improving Heart Failure Mortality

UPMC Pinnacle

- Before June 2017:
 - 3-hospital **PinnacleHealth System**
 - In central Pennsylvania
 - 509 beds
- As of September 2017:
 - 8-hospital system **UPMC Pinnacle**
 - 1,267 beds

The logo for UPMC Pinnacle, featuring the text "UPMC" in a large, purple, serif font above the word "Pinnacle" in a smaller, purple, serif font. The logo is enclosed in a thin black rectangular border.

UPMC
Pinnacle

UPMC Pinnacle

Heart Failure Program

- Despite success with process of care measures, outcomes were not meeting goals.
- Heart failure (HF) inpatient mortality rate and mortality rate within 30 days exceeded state and national benchmarks.

Interdisciplinary Collaborative Team Approach

Provide comprehensive HF care:

A continuum of specialized medical care in combination with education and lifestyle modification to promote and to assist patients with achieving maximum independence in their care, and transitioning patients from the hospital to home environments.

Meet Our Interdisciplinary Team

- **Heart Failure Program**

- Clinical nurse specialist/manager
- Nurse navigators
- CRNPs
- Transitional RN

- **Nurses**

- Inpatient and community
- Educators and CNSs
- Managers

- **Providers**

- HF medical director
- Cardiologists
- Hospitalists – 2 HF specialists
- Palliative medicine
- Medical group
- Post-acute care network

- Dietitians

- Cardiac rehab

- Outcomes management

- Care management team

- Clinical pharmacist

- Occupational therapy

- Community paramedicine

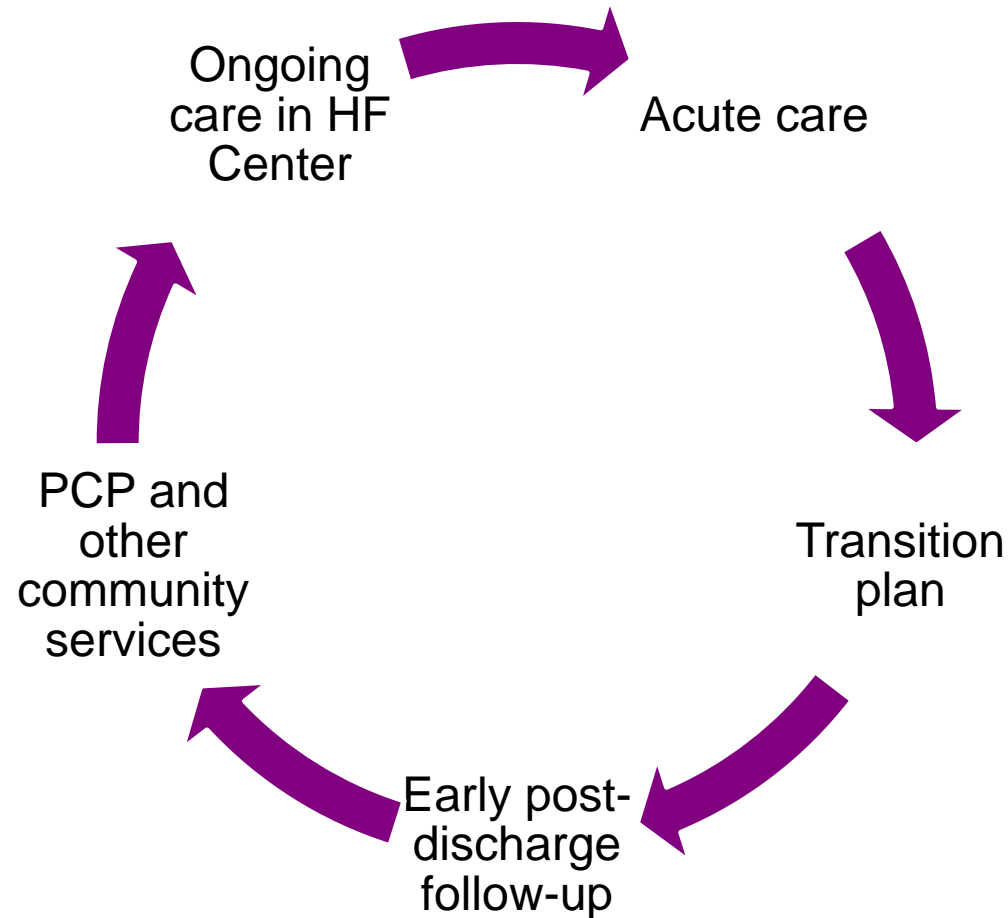
- Quality improvement

- Performance improvement

Scope of Services

- Care across the continuum
 - Inpatient coordination by interdisciplinary team
 - Transitional care
 - Collaboration with other care facilities, primary care physicians (PCPs), cardiologists, and agencies that provide social and medical needs
- Community outreach
- Performance improvement initiatives
- Professional development and dissemination of best practice

HF Care Across the Continuum



Standardized Evidence Based Care

- 2013 ACCF/AHA Guideline for the Management of Heart Failure
 - 2016 ACC/AHA/HFSA Focused Update on New Pharmacological Therapy for Heart Failure: An Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure
 - 2017 ACC/AHA/HFSA Focused Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Failure Society of America
- Heart Failure Society of America (HFSA)

ACC = American College of Cardiology

ACCF = American College of Cardiology Foundation

AHA = American Heart Association

Inpatient Care

- Order Sets
 - Heart failure inpatient
 - Peripheral IV diuretic orders
- Protocols
 - Heart failure program
- Best practice alerts
 - New York Heart Association (NYHA)
- Hospitalist HF specialists

Inpatient Care

- Daily surveillance by Heart Failure Nurse Navigators (HFNN)
 - BNP report
 - Unit-based huddles
 - Interdisciplinary rounds
- Consistent approach to symptom management
 - Stoplight
 - Calendar and HF binder
 - Individualized care plan using HF passport

Patient Education Materials

PINNACLEHEALTH Proven.
www.pinnaclehealth.org

Signs and Symptoms of Heart Failure

Emergency - This zone is an emergency

Go to the emergency department or call 911 if you:

- Are unable to do normal activities at all due to symptoms
- Have unrelieved shortness of breath when sitting still
- Have chest pain unrelieved by rest or nitroglycerin
- Note confusion or are unable to think clearly
- Faint or pass out
- Feel breathlessness or are unable to talk
- Note a continuous rapid, racing heartbeat

RED

Caution - This zone is a warning

Call the Heart Failure Center, your cardiologist or medical doctor if you:

- Feel that normal activities are harder due to symptoms
- Gain 2-3 pounds in one day or 5 pounds over one week
- Notice more shortness of breath than usual
- See more than usual swelling of feet, ankles, legs or stomach
- Note a dry hacking cough
- Are dizzy
- Have an uneasy feeling; you know something is "not right"
- Have a hard time breathing when lying down (need to sleep in chair or use extra pillows)

YELLOW

All Clear - This zone is your goal

Your symptoms are under control. You:

- Are able to do normal activities
- Have no shortness of breath or usual shortness of breath
- Have no weight gain or less than 2 pounds in one day
- Have no swelling or usual amount of swelling of your feet, ankles, legs or stomach
- Have no chest pain

GREEN

An activity I do daily is _____

If you have questions about signs or symptoms, contact your doctor or the Heart Failure Center at 231-8445.

Reviewed March, 2012 Adapted from http://www.allina.com/sochealth.net/page/heart_failure_zones

Strong Transition Plan

- 72-hour evaluation
- Post-hospital appointment
- Optimize evidence-based care
- Heart Failure Center (HFC) coordination
- Engage all team members

Immediate Post-hospital Care Heart Failure Center

- Follow-up call from HF nurse completed within 72 hours.
- Transition of care appointment scheduled within 7 days.
- Transitional HF nurse communicates with other agencies and keeps patients linked to our services.
 - Community Health Nurse
 - Paramedicine
 - Post-acute care network
 - Home care and hospice

Heart Failure Clinic

- 2 clinics staffed by CRNP, HFNN
- Virtual HF visits
- More than 600 patients annually

Focus: Offer Evidence-Based Care and Reduce Barriers to Care

- Team education
- HF scorecard
- Integration of palliative care
- HF hospitalist service to improve consistency of care
- Optimization of guideline-directed medical therapy (GDMT) and advanced HF care (home inotropic therapy)
- Use of HF clinic and observation unit to manage symptoms
- Increase use of remote monitoring
- Literacy and cultural diversity

Team Education

- Development of a heart failure resource nurse program to increase peer leaders
- Computer-based learning regarding standard heart failure patient education and evidence-based care
- Shadowing experiences in Heart Failure Center for RNs
- Nurse residency program presentations
- Cardiology education to residents and peer-to-peer hospitalist education
- Bi-weekly heart failure classes and 3 large patient-centered events annually

Heart Failure Scorecard

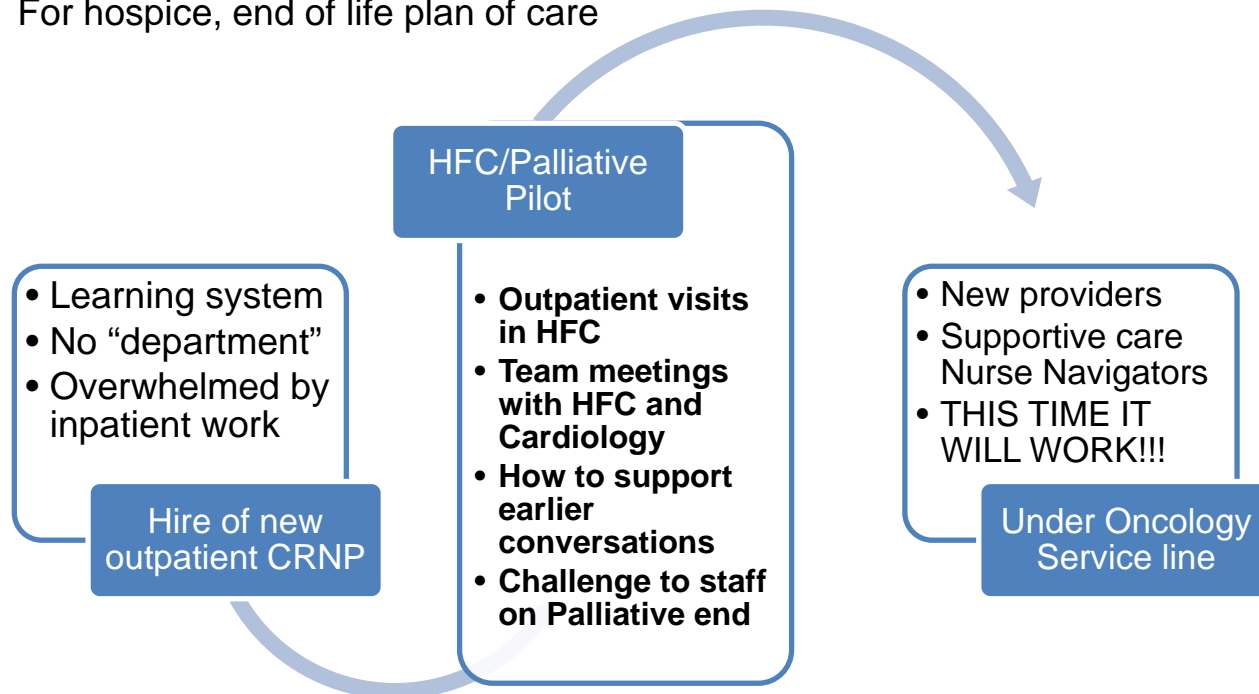
Transparency of data

- HF committee
- Hospitalist, cardiologist, teaching service
- Quality committees
- Provider practices
- Nursing and other allied health professionals
- Board of Directors

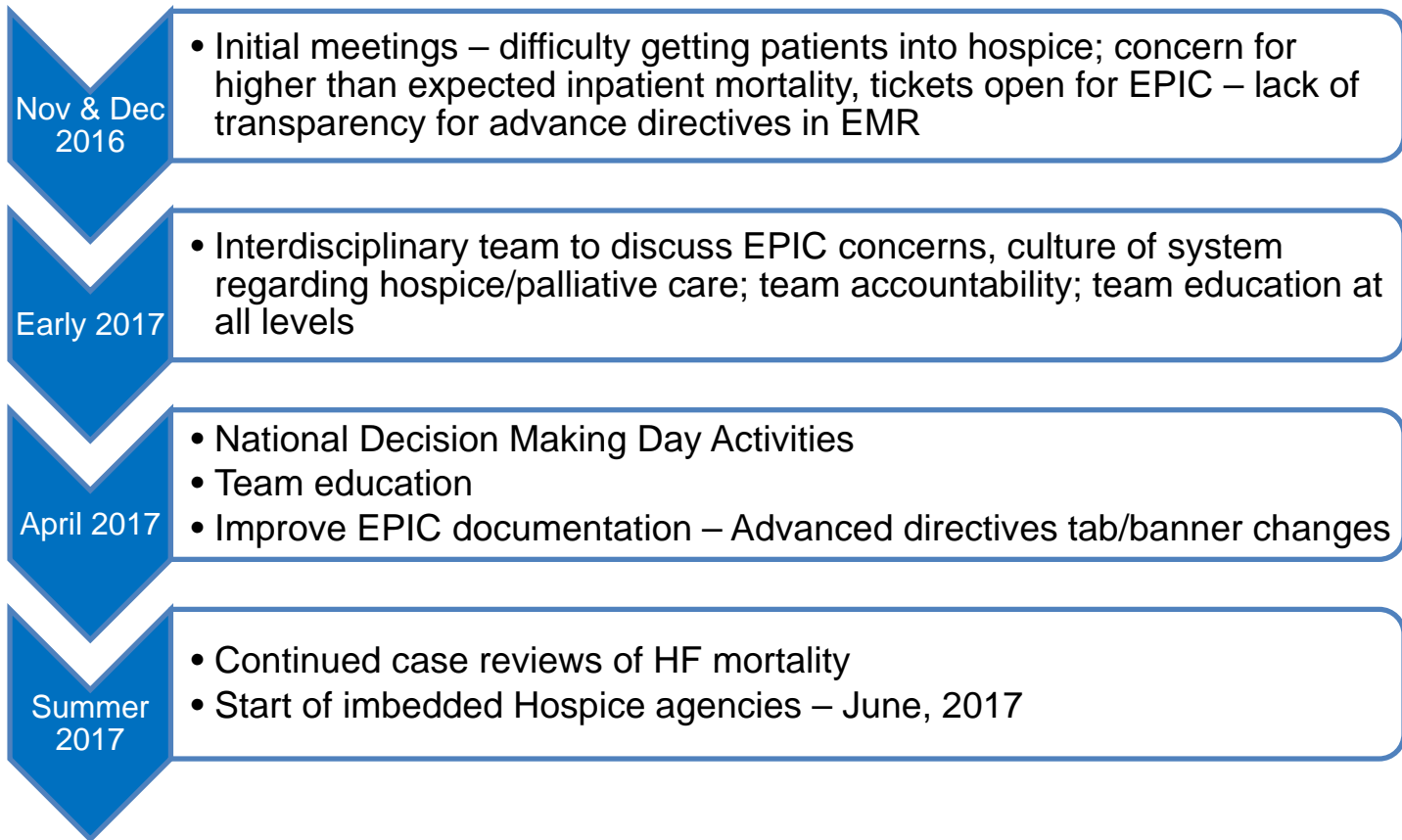
Supportive Care and Palliative Medicine

Root cause analysis (RCA) of all mortalities identified need supportive care and palliative medicine.

- Palliative Consult orders on HF order set:
 - Palliative Care for **Stage C Heart Failure**
 - For chronic disease management; determine goals for therapy
 - Palliative Care for **Stage D Heart Failure**
 - For hospice, end of life plan of care



Imbedding Hospice Project



Key patient outcomes: transparent goals of care in EMR, ongoing goals of care discussion across continuum, easy transition into hospice

Annual Garden Event

YOU ARE INVITED:

Annual – Heart Failure Garden Event



Tuesday, June 20th

10:00 – 11:00

Heart Failure Center, Bloom Building

2nd Floor, 4310 Londonderry Road

Harrisburg, PA

RSVP – 717-920-4201

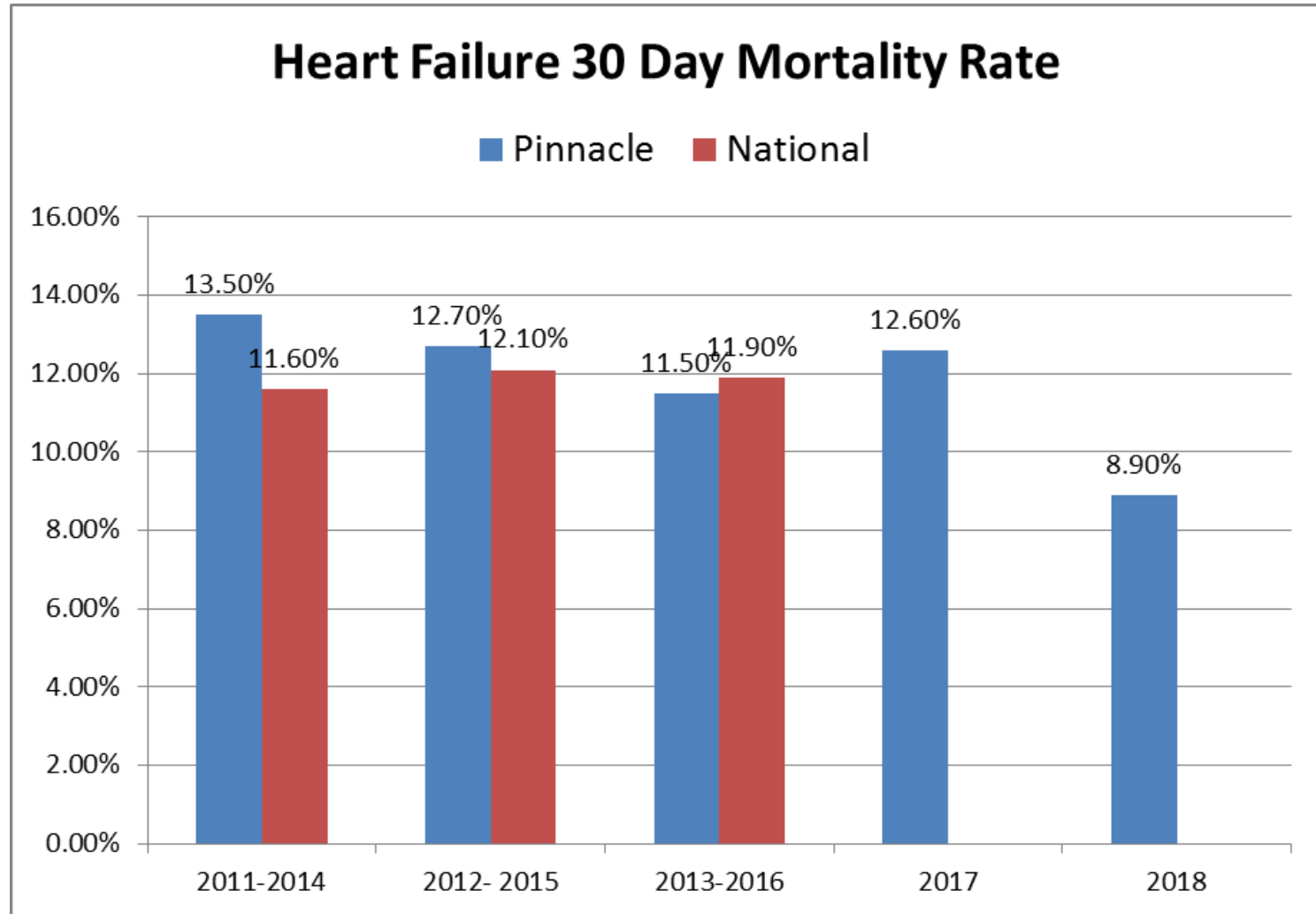
Come to this FREE event to sample summer recipes featuring our vegetables and herbs.

Low Sodium Food Pantry

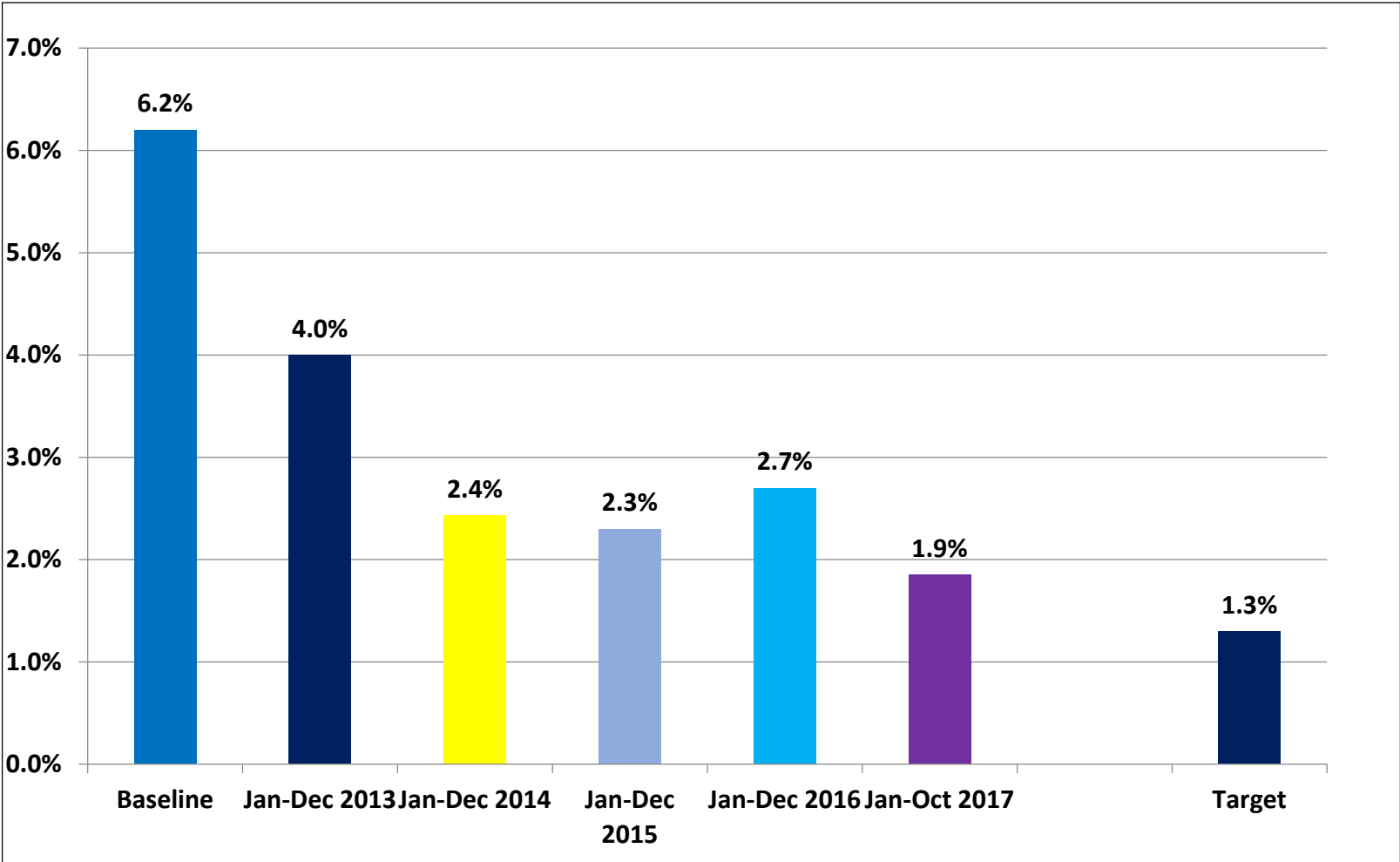
Many generous donations from the following:

- Fellow UPMC Pinnacle co-workers
- Giant Foods

Results: 30-Day Mortality Rate



Results: Inpatient Mortality



Brittany Bogan, MHSA, CPPS, Vice President, Patient Safety & Quality,
Michigan Health & Hospital Association Keystone Center,
Great Lakes Partners for Patients HIIN

Wendy Boersma, DNP, RN, NEA-BC, Vice President and Chief Nursing Officer,
Henry Ford Allegiance Health

Brian Kim, MD, Emergency Department Chairman, Chief of Staff-elect,
Henry Ford Allegiance Health

Henry Ford Allegiance Health Overview

Hospital Improvement Innovation Network

- CMS HIIN contract awarded to the Michigan Health & Hospital Association Foundation on September 28, 2016.
 - Two-year contract with an optional third year based on performance
- Michigan, Illinois and Wisconsin hospitals are in partnership with respective state hospital associations (318 hospitals in total) – Great Lakes Partners for Patients HIIN.
- Hospital enrollment began in November 2016.
- Model for improvement will use data to identify hospitals with opportunities for improvement and then provide direct support and Improvement Action Networks.



Illinois | Michigan | Wisconsin
Powered by the MHA Keystone Center

Accelerating Improvement at the Point of Care

HIIN Scope of Work

- Adverse drug events
(opioid safety, anticoagulation safety, glycemic management)
- Catheter-associated urinary tract infection (CAUTI)
- Central line-associated bloodstream infection (CLABSI)
- *Clostridium difficile* infection
- Injury from falls and immobility
- Pressure ulcers
- Sepsis and septic shock
- Surgical site infection (SSI)
- Venous Thromboembolism
- Ventilator-associated events (VAE)
- Readmissions
- Delirium prevention in the ICU
- Methicillin-resistant *Staphylococcus aureus* (MRSA) infection

About Henry Ford Allegiance Health

Henry Ford Allegiance Health (HFAH) is a 475-bed health system in Jackson, Michigan. HFAH complements traditional acute care services with primary and community-based care to support patients across the health continuum at every stage of life.

Henry Ford Allegiance Health

- Jackson County population: 160,000
- Payor mix
 - 35% Medicare
 - 15% Medicaid
 - 25% Blue Cross
- 475 beds
- 3,887 staff
- 259 physicians
 - 131 employed
 - 128 independent

HFAH Services Overview

- Acute care hospital
- Long-term acute care hospital
- Emergency care
- Level II trauma center
- Cancer center/hematology-oncology
- Cardiac universal bed unit
- Residential hospice home
- Neurology and neurosurgery
- Cardiology
- Vascular
- Oncology
- Orthopedics
- Dermatology/plastic surgery
- Obstetrics/gynecology
- 40 clinical locations, including primary and specialty care, diagnostics and outpatient surgery

Brittany Bogan, MHSA, CPPS, Vice President, Patient Safety & Quality,
Michigan Health & Hospital Association Keystone Center,
Great Lakes Partners for Patients HIIN

Wendy Boersma, DNP, RN, NEA-BC, Vice President and Chief Nursing Officer,
Henry Ford Allegiance Health

Brian Kim, MD, Emergency Department Chairman, Chief of Staff-elect,
Henry Ford Allegiance Health

Successes with Sepsis Bundle

Sepsis Committee Role

- Interdisciplinary
- Define and coordinate sepsis care
- Define and revise protocols for sepsis care hospital-wide
 - Initial focus was in the emergency department (ED) and critical care (CC)
 - Enhancement to tools to support sepsis management
 - Patient placement guidelines and throughput
 - Education to the clinical team
- Review Core Measure abstraction data
 - High attention to opportunities for improvement (OFIs)

Engagement of the Clinical Care Team

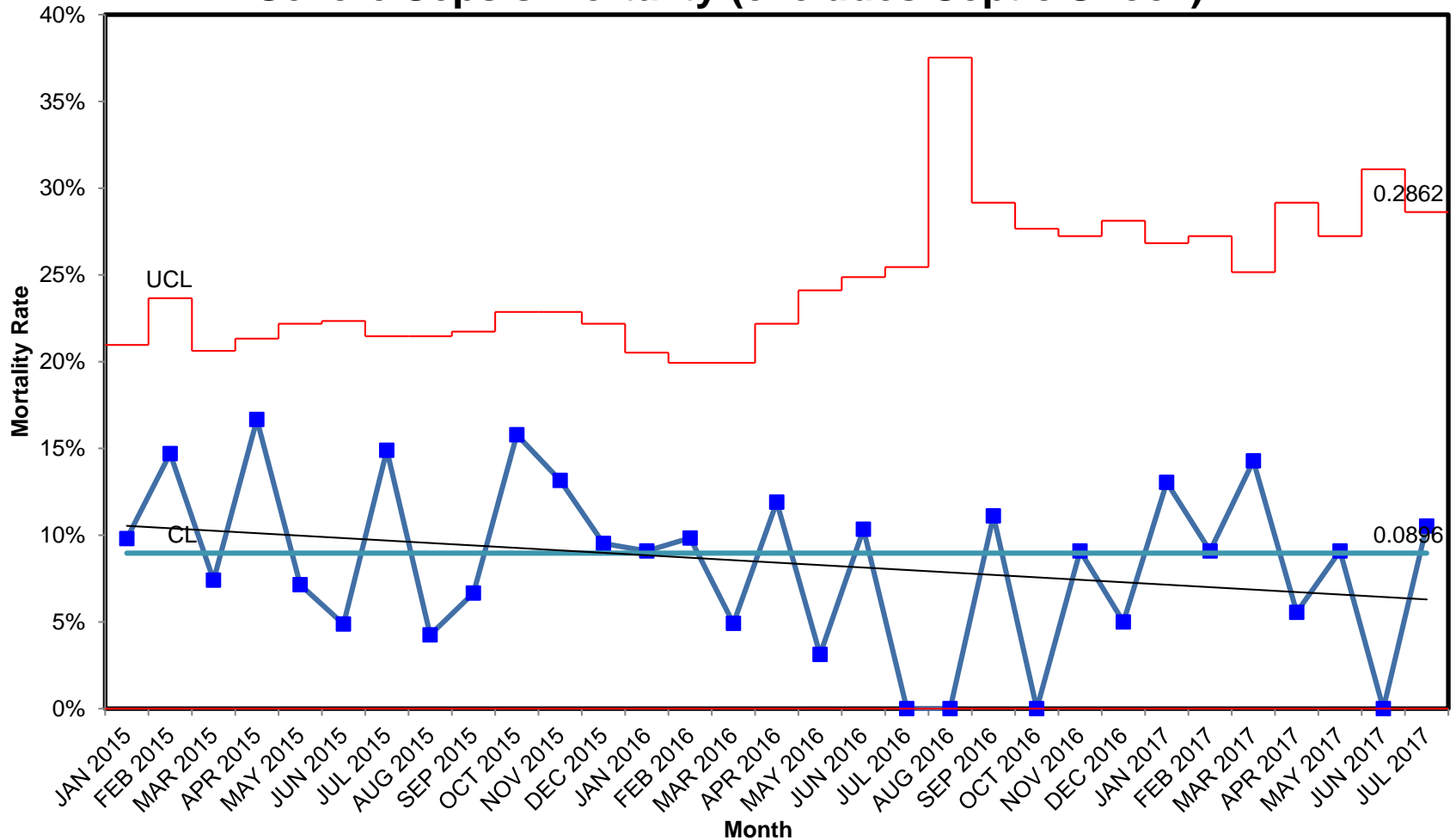
- Cannot highlight this enough
- Multidisciplinary team and provider engagement a must
- Empowering registered nurses to activate sepsis care

What is Working

- Defined physician and nursing champions
 - ED, CC, infectious disease, sepsis coordinator
 - Dedicated sepsis coordinator
 - Data/case review, coordinate meetings and education
- Sepsis alerts and Code Sepsis
- Tools and order sets guiding care that decreases variability
- Sepsis bundle compliance

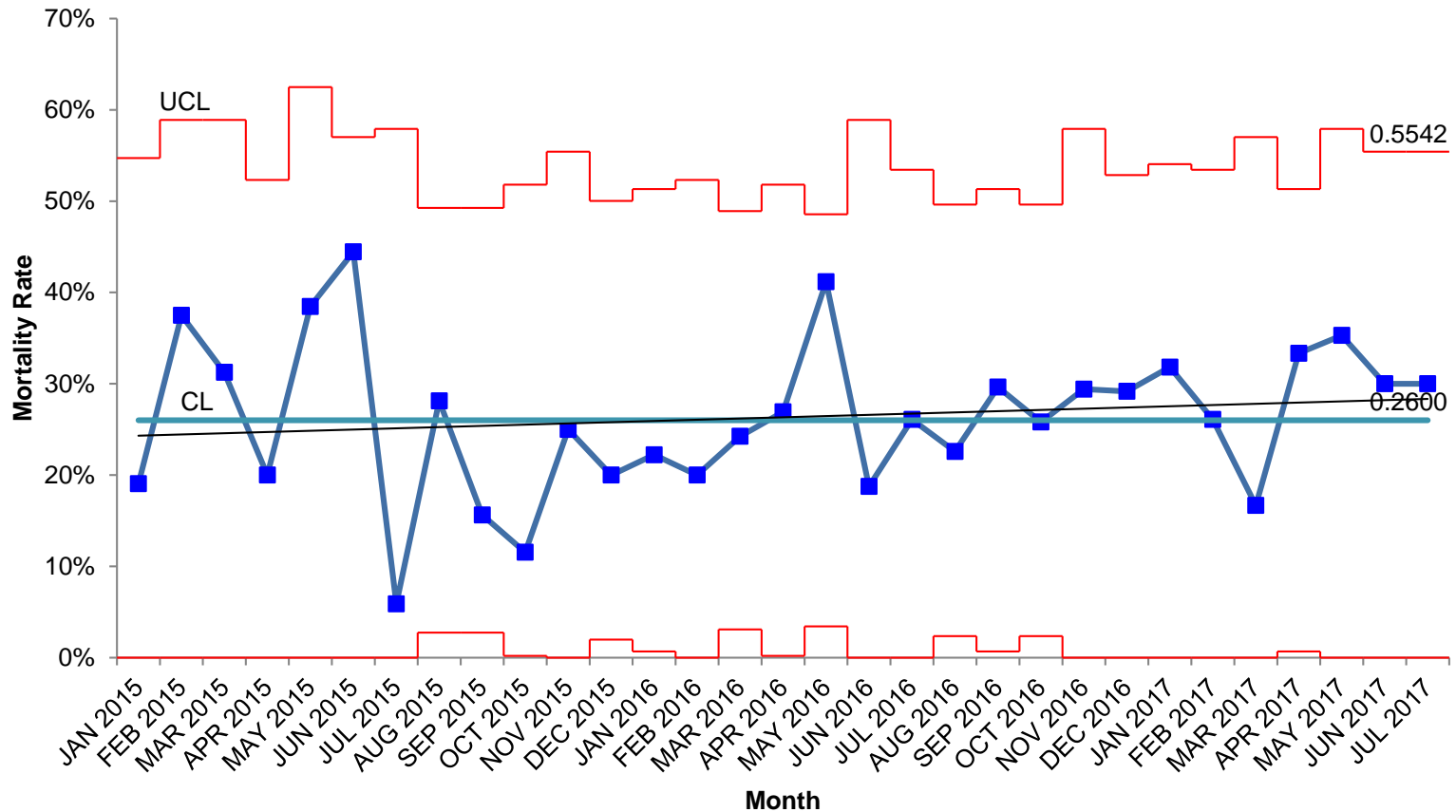
Severe Sepsis

Severe Sepsis Mortality (excludes Septic Shock)



Septic Shock Mortality

Septic Shock Mortality



Brittany Bogan, MHSA, CPPS, Vice President, Patient Safety & Quality,
Michigan Health & Hospital Association Keystone Center,
Great Lakes Partners for Patients HIIN

Wendy Boersma, DNP, RN, NEA-BC, Vice President and Chief Nursing Officer,
Henry Ford Allegiance Health

Brian Kim, MD, Emergency Department Chairman, Chief of Staff-elect,
Henry Ford Allegiance Health

Dedicated Sepsis Unit: Transforming our Approach to Sepsis Management

Sepsis Unit

- 19-bed medical/surgical unit
- Lactic acid level <4
- Primary diagnosis of sepsis and actively treating

Lessons Learned

- Decrease variability in the way sepsis is managed
- Continuous team engagement
- Celebrate successes
- Study OFIs
- Using a methodology such as Plan-Do-Study-Act (PDSA)

Hospital Improvement Innovation Networks and Hospitals Collaboration to Improve Quality of Care: 30-Day Mortality Measures

Questions/Discussion

Continuing Education Approval

This program has been pre-approved for 1.0 continuing education (CE) units for the following professional boards:

- **National**

- Board of Registered Nursing (Provider #16578)

- **Florida**

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

Please Note: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

CE Credit Process

- Complete the ReadyTalk[®] survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in the HSAG Learning Management Center.
 - This is a separate registration from ReadyTalk[®].
 - Please use your **personal** email so you can receive your certificate.
 - Healthcare facilities have firewalls up that block our certificates.

CE Certificate Problems?

- If you do not **immediately** receive a response to the email with which you signed up in the Learning Management Center, you have a firewall up that is blocking the link that was sent.
- Please go back to the **New User** link and register your personal email account.
 - Personal emails do not have firewalls.

*Please download your continuing education certificate for your records. HSAG retains attendance records for four years, not certificates.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

CE Credit Process: Certificate

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a new user. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the page title is "Learning Management Center". The main content area is titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The page is framed by a blue and yellow border.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

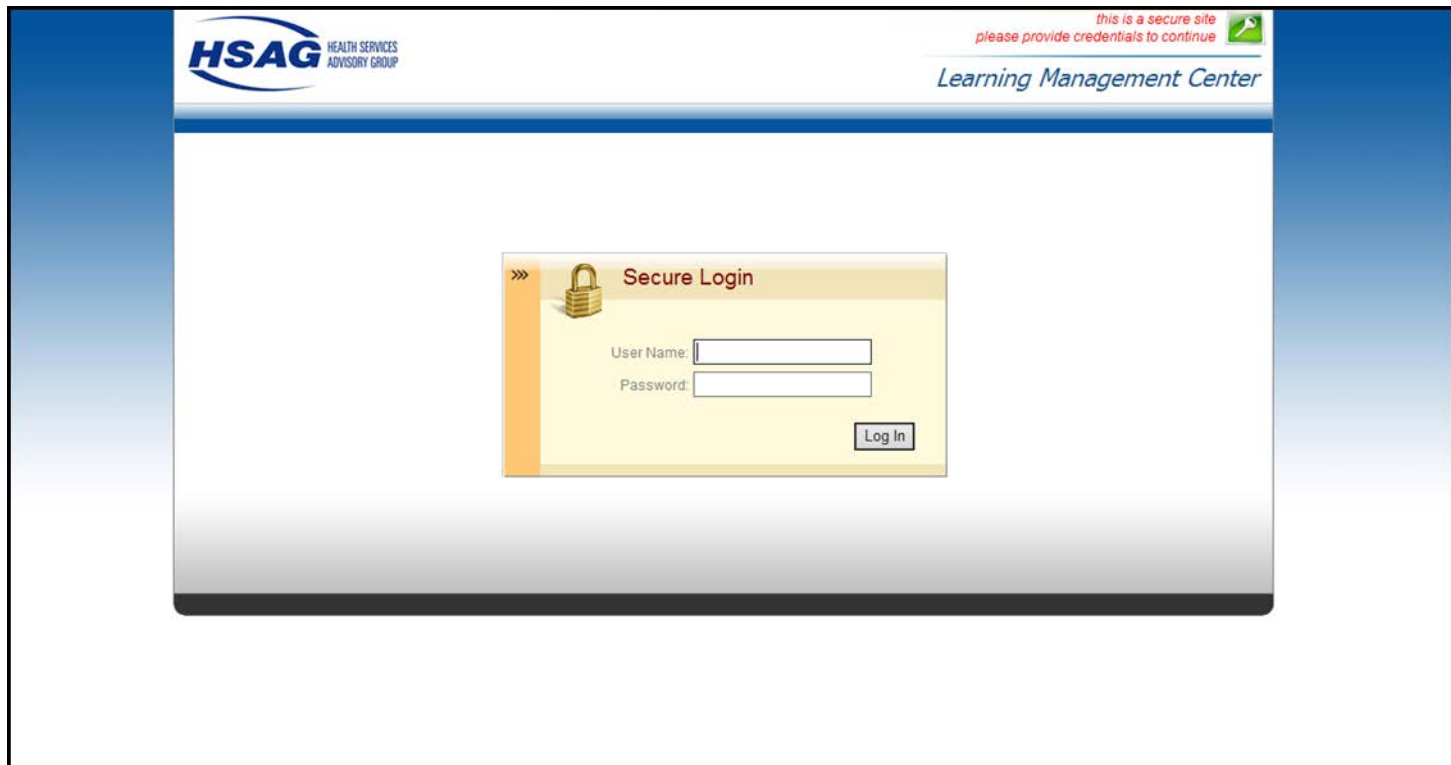
Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, a security notice reads "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box containing a padlock icon, a "User Name:" label with an input field, a "Password:" label with an input field, and a "Log In" button.

Disclaimer

This presentation was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.