The purpose of the HEN is to achieve voluntary hospital participation and is an entity endorsed by the Centers for Medicare & Medicaid Services (CMS) as part of its Partnership for Patients (PfP) initiative. The Iowa Healthcare Collaborative was awarded the sole Iowa-based HEN contract to serve hospitals to advance the initial PfP campaign.

We provide training and technical assistance to facilitate hospital adoption of evidence-based clinical practices that improve safety and care coordination in 10 target areas:

- Pressure ulcers
- Surgical Site Infections
- Injuries from falls and immobility
- Adverse drug events
- Central line-associated bloodstream infections
- Venous thromboembolism
- Catheter-associated urinary tract infections
- Obstetrical adverse events
- Ventilator-associated pneumonia
- Readmissions

And 4 LEAPT (Leading Edge Advance Practice Topics):
- Clostridium-difficile (C-diff)
- Severe sepsis
- Worker safety
- Undue exposure to radiation
What is required of hospitals to participate? Is participation mandatory?

~ Hospitals will complete a charter defining their commitment and identifying joint responsibilities. At that time, you will determine your specific strategies and which improvement areas to focus on, and which units of your hospital to include, based on what services your hospital provides.

Hospital-level commitments include:

- Participation in on-site conferences, learning communities and educational programs, also including webinars and conference calls;
- Submission of data; using that data to drive clinical change locally
- Monitoring progress with the added benefit of feedback reports

The purpose of the HEN is to raise the standard of care. While HEN participation is not mandatory, hospitals that choose not to participate are missing a tremendous opportunity to improve quality and patient safety. Patients will benefit from safer care and fewer complications, and participation will translate to hard dollars and cents for hospitals under the new realities of pay for performance and Medicare readmissions penalties. Now is the time to prepare for the changing health care landscape.

Are there a minimum number of initiatives in which hospitals must participate?

~IHC is in collaboration with our subcontractors and we have available resources in all 14 areas of focus. Hospitals may choose which initiatives to focus on, determine their specific strategies and improvement areas, thereby working on multiple topics.

Can hospitals change initiatives in the middle of the project?

~We anticipate that as hospitals improve that they will identify other areas of focus.

What types of hospitals are participating?

~We work with hospitals of all sizes and types, and we are uniquely positioned to provide individual work plans based on each hospital’s needs. Participating hospitals also will have opportunities to share with and learn from peer organizations across the nation. We anticipate that peer categories involved with IHC’s HEN will include CAHs, Rural PPS and PPS hospitals, safety net hospitals, long term acute care hospitals, and children’s hospitals.
If my hospital is currently involved in the HEN, why do I need to continue reporting data in to the HEN reporting database?

~ This will continue the improvement work at your facility and keep staff prepared for the next phase of HEN performance improvement efforts. The reporting database allows identified hospital leadership (e.g. – Quality Lead, Quality Improvement Coordinator, Infection Preventionist, etc) to securely/privately enter hospital performance metric data and quality improvement (QI) project data.

What if I don’t know what to do or where to begin?

~We are launching a HEN 2.0 toolkit shortly and will be emailed out to all hospital quality leads and placed on our website (ihconline.org). This toolkit will include a roadmap and specifics about measures and how to properly enter data. Under each measure will be specific instructions, evidence based-resources, and information to assist you.

In addition to this resource, IHC staff will come to your facility and help you. We have two friendly improvement advisors on staff who are dedicated to you, Jennifer Brockman and Cyndi Schmidt. We will also partner with your IT systems staff to ensure you are properly supported. William Peters and Sarah Pavelka also from our team will continue to be available to provide technical assistance as well.

Keep up the good work! We are bending the curve—we are changing operations in Iowa.

For more information, please contact IHC and speak with your designated IHC Improvement Advisor (IA).

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