What is a “HEN”?

The success of any campaign is driven by effective communication of a clear, crisp aim and incentives that motivate change. It takes a steady drumbeat of communication to spread the vision of the campaign and execute the goals. The Partnership for Patients (PfP) initiative is at the core of this statement. By pledging their commitment to reach a 40% reduction in Hospital-Acquired Conditions (HAC) and a 20% reduction in hospital 30-day readmissions over a three year period, health care organizations are working to improve the quality and safety of the care they provide to patients in their communities.

Healthcare providers are looking at ways to expand coverage, provide higher quality care, and bend the cost curve. This commitment to the triple aim philosophy has Iowa hospitals and physicians achieving impressive results for patient care and outcomes. The Iowa Healthcare Collaborative (IHC) Hospital Engagement Network (HEN) has dedicated their efforts for the same vision, promoting a culture of continuous improvement in healthcare in Iowa.

IHC is a provider-led and patient-focused nonprofit organization with a mission to achieve exceptional healthcare in Iowa. The IHC HEN plays a unique role in placing healthcare providers (doctors, nurses and hospital executives) in a leadership position to drive clinical improvements and accelerate change. The organization mirrors the national call to improvement through the aims of the Partnership for Patients campaign, using a “multi-stakeholder” approach to share data and rapidly deploy best practices. Through the HEN initiative, healthcare providers gain access to nationally agreed upon evidence-based measures that improve the delivery of care.

The IHC HEN is comprised of 129 community hospitals, with 116 in Iowa and 13 affiliated facilities across the rivers in Nebraska and Illinois. With over 99% of hospitals in this area served by the HEN, this serves as the most powerful network of healthcare system improvement efforts in the region. A major strength of the IHC HEN is connecting the Prospective Payment System (PPS) hospitals and rural hospitals to the shared vision of value-based delivery. The HEN consists of 94 rural hospitals, 86 of which have a Critical Access Hospital (CAH) designation. These hospitals face challenges with limited resources while the serving a primary population of elderly and baby boomer generations.
HEN Results Show Hospitals Avoided 4,344 Errors and Saved over $51 million

The hospitals have demonstrated significant improvement across the PfP focus areas. A critical component of the HEN is communicating the successful results into meaningful messaging for hospitals and patients. The aims of the Partnership for Patients are centered on avoiding events and eliminating harm across the board, while demonstrating valuable cost savings. The 127 hospitals participating in the HEN prevented potential harm to more than 4,300 patients in 2013 and reduced health care costs by more than $51 million.

Among other improvements, participating hospitals reduced early elective baby deliveries by 90 percent; catheter associated urinary tract infections by 44 percent; adverse drug events by 28 percent; central line-associated blood stream infections in intensive care by 24 percent; surgical site infections by 24 percent; patient falls by 23 percent; and avoidable readmissions by 11 percent.

In addition to reducing costs, the Iowa HEN reduced the time that patients spent in the participating hospitals by 17,758 days. It’s estimated that at least 32 lives were saved because of the HEN.

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<tr>
<th>Total Events Avoided</th>
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<td>Decrease the Length of Stay</td>
<td>17,758</td>
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<td>Lives Saved</td>
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<td>Cost Savings</td>
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Historically, hospitals have been focused on public reporting of healthcare data with, depending on the facility, minimal process improvement metrics. The launch of the PfP HEN program two years ago was a game changer for reporting databases. The IHC HEN has dedicated their efforts to aligning and equipping hospitals to report real-time process improvement data in the forms of process and outcome measures. This publicly reported (PR) vs. process improvement (PI) discussion is a titanic shift to a value-driven healthcare system. As a neutral force in the healthcare market, the HEN will continue to lead the discussion to report quality driven metrics, align measurement with national goals, and reduce the reporting burden for hospitals.

With reporting engagement, over 80% of hospitals reporting to the IHC HEN database, IHC is able to establish a clear picture of the healthcare system locally. IHC continues to explore additional opportunities to align the process improvement data with the publically reported data to affect meaningful change, moving from using data for explanation to using data for transformation. In the HEN base period, IHC and Hospital Association built a web-based PIP HEN Reporting Database to track and monitor progress towards operational and quality improvement goals.
The IHC HEN has made a commitment to collaborate with existing healthcare efforts starting with the co-founders of IHC, the Iowa Hospital Association (IHA) and Iowa Medical Society (IMS). The subcontract with IHA allows IHC to work on aligning existing reporting channels to reduce the reporting burden. IHC and IHA also coordinate on a Leadership Engagement Strategy demonstrating the value the HEN can bring to hospital leadership and Boards. Jointly teaming up to provide leadership assistance via onsite visits, leadership education at IHA events and high performing hospital resources to the CEOs have proven to be foundational commitments hospitals must make to achieve results in the HEN.

The development of a physician engagement strategy with IMS in 2013 communicates the importance of physicians to lead high quality and high value healthcare change. Through the HEN effort, the work of physicians is impacted through three primary means: a) equipping local physicians working in participating hospitals of their roles in preventing readmissions and contributing to the reduction of harm among the 10 areas of focus, b) equipping physicians with skills to contribute to the process, and c) directly encouraging their engagement and contribution to the local hospitals’ efforts to improve processes aimed at improvement of performance in the 10 focus areas.

The HEN has created the opportunity to coordinate initiatives with multiple stakeholders in the state. The alignment of messaging and national focus on the Partnership for Patients has allowed the HEN and the local Quality Improvement Organization (QIO), Telligen, to provide sense-making of value-driven healthcare concepts. This ultimately benefits the local hospitals in promoting cross-community quality improvement and patient safety initiatives. HEN and QIO leadership engage in monthly meetings aimed at coordinating quality efforts deployed throughout the region. In 2013, IHC and Telligen coordinated educational strategies to hold events the same week to reduce the travel burden for hospitals and coordinate best practice quality improvement work to prevent duplication.

Through the work of the HEN, IHC has relied on critical stakeholder partnerships to further promote coordinated best practices. IHC continues to work with the Iowa Department of Public Health (IDPH) on statewide strategies aimed at improving the overall community health in Iowa. IHC and IDPH coordinate efforts to educate hospitals on best practice in Cardiovascular and Stroke Care, Healthcare Worker Immunization strategies, Healthcare-associated Infections (HAI), care coordination activities and patient and family engagement opportunities. IHC and IDPH further work on reducing readmissions in the communities by bringing together the Area Agencies on Aging, local public health offices and the Office of Rural Health to deploy successful community-based organization strategies with the HEN hospitals.

IHC has been working closely with the Iowa Medicaid Enterprise (IME) to further coordinate statewide work among their population. IHC has worked with IME to improve EEDs within structure of a newly adopted payment model that does not pay providers for non-medically indicated C-section EEDs. As well as improving the EEDs related to healthcare disparate Medicaid beneficiaries by educating the providers and patients populations on consequences of EEDs. IHC continues to work with the IME State Innovations Model (SIM) project in deployment of the ACO model by HEN involvement in planning and metric groups.

IHC provides government personnel HEN information through monthly reports, quarterly reports, annual reports, training reports and z-reports. IHC has found the use of a CMS Contract Office Representative (COR) as a key piece in sharing success and challenges. The HEN has allowed IHC to lead national efforts related to the spread successful interventions through weekly NCD pacing events, ad-hoc high performing hospital requests, webinars, and affinity groups. During the base period of the HEN, IHC provided leadership where requested, such as leading topical pacing events or Medication Safety Affinity Group work. Through the national HENs, this has become the most powerful network of collaboration and innovative approaches to ever be executed.
Highlights & Lessons Learned

The most impactful accomplishments and achievements to raise the standard of care can be achieved through building the foundational base. The IHC HEN has used this approach to achieve rapid-cycle results while building a sustainable culture.

Starts with Leadership and Culture

This starts with IHC’s execution of the leadership engagement strategy. When the HEN launched in 2012, the IHC President and IHA leadership team hit the road to meet with every hospital CEO at regional district meetings. This engagement launched 100% of participating hospitals to sign HEN CEO Charters, a sign of commitment to the aims of the Partnership for Patients. Ongoing education and resource allocation to guiding leadership principles, Board engagement and culture of safety techniques have continued to showcase the value of the Partnership for Patients.

Results from a 2012 HEN CEO Leadership Survey provided valuable guidance to drive the goals of the Partnership for Patients throughout the hospitals. This first survey was conducted in July of 2012 with 85 HEN hospitals responding. CEOs were asked whether their front-line perceive hospital leadership is committed to delivering necessary resources to achieve national benchmark standards in quality and patient safety. 94% of respondents agree with this statement. 95% of CEO respondents said the hospital has a system to report high severity risk events, but only 62% say reports are submitted into the system with 24 hours of occurrence. CEOs were asked if hospital leadership routinely assess the priority of safety on agendas of senior leadership and Board meetings, with 83% responding yes.

Improvement Advisor Resource to Drive Results

IHC learned that onsite resources were critical to rapid-cycle improvement. The IHC employed HEN Improvement Advisors to serve as a change agent and coach, to align hospital strategies and equip them with best practices resources in the 10 PfP focus areas. The Improvement Advisor role encourages onsite commitment, local work plan development, and drives accountability to the program aims. Feedback from the hospital CEOs in 2013 overwhelmingly suggests the Improvement Advisor model one of the most effective components of the HEN as a resource dedicated to onsite and effective change. This is an effective and needed resource to accelerate the achievable results at the hospitals. During the base period, Improvement Advisors made over 500 hospital visits to the network. The Improvement Advisor position has served as a vital bridge between the hospital and the HEN and has helped to facilitate the spread of evidence-based resources to all participants.

Launching a Campaign Model to Accelerate Results

The HEN hospitals have risen to the challenge of achieving goals set in a campaign model. The structure of a campaign sets high aims to reach by driving innovative work and implementing the best practice across multiple domains. IHC has utilized the campaign model to be one of the most impactful rapid-cycle initiatives able to affect meaningful change. Through the HEN and past work in the Institute for Healthcare Improvement’s 100K Lives and 5 Million Lives Campaigns, hospitals have risen to the challenge of goals set in a campaign model. The structure of a campaign sets high aims reached by driving innovative work and implementing best practice resources.
across multiple domains. The IHC HEN tested this approach in June of 2012, launching a “Hard Stop Campaign” charging every hospital in the state to have a policy in place for eliminating non-medically indicated early elective deliveries (EED) prior to 39 weeks gestation by 2013. After sharing educational best practice policies and success stories through the network, the HEN began noticing significant results to the campaign goal. As of the fall of 2013, 83 of the 84 birthing hospitals participating in the HEN have an EED Hard Stop policy in place.

The Power of Network Collaboration

As mentioned, the multiple organizations collaborating on quality improvement and patient safety efforts across the region create opportunities for achievable results for the HEN. This statewide coordination applies locally for achievable results at the hospital and community. Since the launch of the Partnership for Patients, the IHC HEN and partners have equipped hospitals to create cross-continuum community teams to improve transitions of care and tackle unnecessary readmissions. In collaboration with Institute for Healthcare Improvement (IHI) fellows, IHC has promoted the IHI’s STate Action to Reduce Rehospitalizations (STARR) model as an innovative approach to improving the care coordination in the hospital communities. IHC dedicated efforts to breaking down the silos and build bridges to the community resources. Learning events featured best practice examples of communities building cross-continuum teams with the local Area Agencies on Aging, public health offices, long-term care facilities, hospice, home health, among others to strengthen the communication in the communities. This vital bridge between care settings directly effects the transitions of patients, ultimately reducing the unnecessary readmissions.

Physicians Leading Change

In working on transformational interventions for the 10 PfP focus areas, hospitals began to experience communication gaps with the physicians providing care. IHC finds it necessary to equip the physicians in the state to lead the local improvement efforts. In 2012 and 2013, IHC worked with founding partner and the state’s medical association, the Iowa Medical Society (IMS), on the Physician Engagement Strategy. The strategy includes an in depth focus on physicians leading change in a value driven healthcare system and their use of data. In 2013, IHC worked with IMS to incorporate quality and patient safety cornerstones into the IMS strategic plan. This is a monumental push towards physicians not only understanding the importance of quality improvement initiatives but leading those efforts. IHC has also worked to develop physician champions to be on the forefront of local change and to impact the Partnership for Patients campaign. Moving forward, HEN cost savings calculations will provide added support for educating and engaging physicians into the goals of the campaign.

Hospitals share best practices at recent HEN Learning Community
These two year results are incredible. Yet there is more opportunity for improvement and more harm to eradicate. Looking forward, the IHC HEN will work with hospitals to reduce all cause harm in the hospitals across the network. The Partnership for Patients in Iowa hopes to raise public awareness and educate patients and caregivers on making care safer, promote effective engagement with the patients’ and caregivers’ local health care providers, and encourage providers to work in partnership with the patients and families to make care more patient-centered. All of this drives toward the ultimate goal of zero harm for patients in the health care setting. The HEN has dedicated its efforts to equipping hospitals in measuring all cause harm opportunities and achieving the goals of the Partnership for Patients campaign.

Patients and their family members are the ultimate focus. It is essential they have a voice in eliminating their harm occurrences across the board. The improvement efforts in the Partnership for Patients campaign are centered on the patient. In order for these interventions to make a lasting impact, it is imperative to have the most important person at the core of the vision for future health care delivery. Going forward, the IHC HEN will weave patient and family engagement into all components of the HEN, including but not limited to: Learning Communities, webinars, Advisory Councils, hospital quality improvement work, and leadership engagement. No matter the circumstance, patients deserve a seat at the table. The IHC HEN will apply campaign models to accelerate results in CAUTI and medication safety related readmissions. IHC will launch additional campaigns to target the clinical focus areas of CAUTI, readmissions and adverse drug events (ADE). In 2013, the IHC President co-led the CMS NCD pacing event to challenge all HENs to “Reverse the Trend” with regards to the national rising trend in CAUTIs. While IHC is experiencing a 68% improvement in the CAUTI outcomes measure, there is still harm that can be eliminated. In the option year, IHC will continue to promote the “Reverse the Trend Campaign” to serve as best practice leaders with regards to establishing protocols and interventions to prompt removal of unnecessary catheters and avoid insertion. ADEs account for more harm than any of the other HACs in the Partnership for Patients. In 2014, the IHC HEN will couple this focus area with the other high priority area of readmissions by equipping hospitals with post-discharge medication reconciliation (med rec) processes and hospitals reporting on the three high harm areas of blood glucose levels less than 50, INR’s greater than 5, and stat narcan ordered outside the emergency department.

Through remarkable results in the HEN base period, the HEN program has an incredible opportunity to continue the program efforts past 2014. While the Partnership for Patients program highlights 10 clinical focus areas for improvement, the opportunity to expand into other areas is at its greatest window of opportunity. The Partnership for Patients is proven to be the most effective and transformational tool for hospital and community engagement ever implemented in the history of the United States health care system. In Iowa, this has dramatically raised the standard of care and laid foundational groundwork for a value-driven healthcare system. The momentum currently deployed across hospitals has the providers on the edge of their seats for innovative improvement work well into the future.

**Forward Look:**

Without the HEN, these significant rapid cycle results would not have been as recognizable. This translates into improved patient care for the patients and families involved in hospitals across the country. The HEN program created the ability to spread and implement nationally recognized best practices at the community level. This work has altered the health care landscape in the United States and created a transformational delivery system that patients will rely on for years to come.