



# **Partnership for Patients: Efforts to Address Health Disparities through Quality Improvement**

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# Purposes of the Briefing

1. Provide an overview of PfP
2. Summarize the emerging results of PfP
3. Discuss PfP efforts to engage hospitals in reducing disparities in health outcomes through quality improvement

# Partnership for Patients

## Focused on 2 Breakthrough Aims

GOALS:

40%

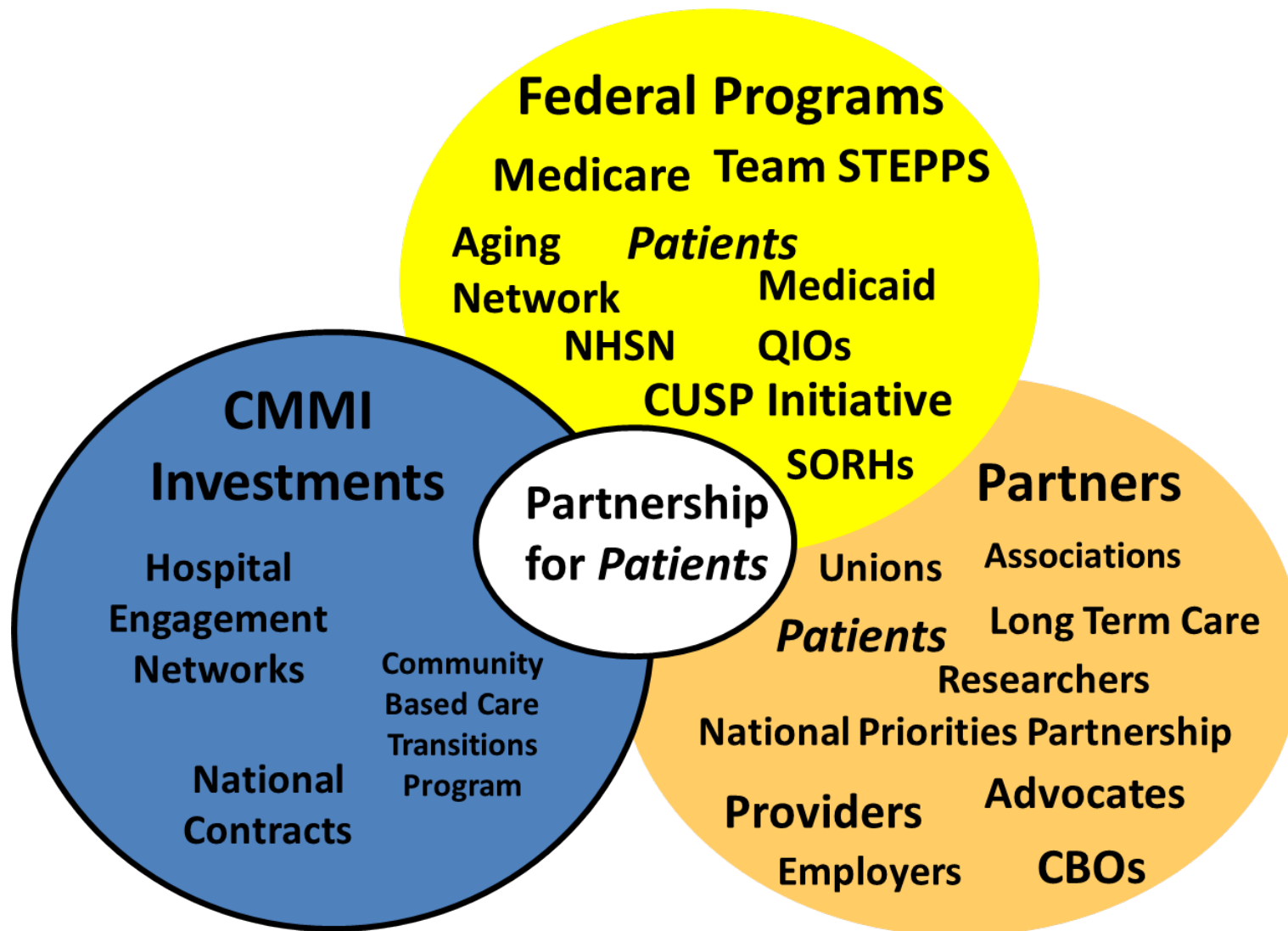
Reduction in Preventable  
Hospital-Acquired Conditions  
1.8 Million Fewer Injuries | 60,000 Lives Saved

20%

Reduction in 30-Day  
Readmissions  
1.6 Million Patients Recover without Readmission

[partnershipforpatients.cms.gov](http://partnershipforpatients.cms.gov)

# Partnership for Patients Achieves Results Through “3 Engines”



# Ten Priority Areas of Focus

1. Adverse Drug Events
2. Catheter-Associated Urinary Tract Infections
3. Central Line Associated Blood Stream Infections
4. Injuries from Falls and Immobility
5. Obstetrical Adverse Events, including Early Elective Deliveries
6. Pressure Ulcers
7. Surgical Site Infections
8. Venous Thromboembolism
9. Ventilator-Associated Pneumonia
10. Reducing Readmissions

# Advanced Practice Topics

- Severe Sepsis and Septic Shock (mandatory)
- Clostridium Difficile (C. diff), including antibiotic stewardship
- Hospital Acquired Acute Renal Failure
- Failure to Rescue
- Airway Safety
- Iatrogenic Delirium
- Procedural Harm (Pneumothorax, Bleed, etc.)
- Undue Exposure to Radiation
- Results beyond 40/20 AIMs on HACs and re-admissions
- Hospital Culture of Safety that fully integrates patient safety with worker safety
- Assessing and quantifying cost savings associated with reductions in harm

# 27 Hospital Engagement Networks (HENs) Achieving Results through 3,700+ Hospitals

- American Hospital Association (31 SHA)
- Premier Healthcare Alliance
- VHA
- NC Hospital Association
- Intermountain HealthCare
- GA Hospital Association
- TX Hospital Association
- MN Hospital Association
- Healthcare Assoc of NY State
- IA Healthcare Collaborative
- PA Hospital Association
- WA Hospital Association
- DFWHC Foundation
- Indian Health Service
- OH Hospital Association
- NJ Hospital Association
- Ascension Health
- TN Hospital Association
- MI Health & Hospital Association
- National Public Hospital & Health Institute
- LifePoint Hospitals, Inc
- Joint Commission Resources
- OCHSPS National Children's Network
- Dignity Healthcare
- NV Hospital Association
- Carolinas Health Care
- UHC

# Partnership for Patients Measurement Data & Results using 3 Major Incoming Streams

- 1. STATE/SYSTEM IMPROVEMENT DATA REPORTS (monthly)**
  - Direct to CMS from each of the 26 Hospital Engagement Network contracts
  - Cumulative, report data for 3700 HEN-aligned hospitals
  - Near real time data; used in the field for quality improvement
  - Used in the work of our learning networks
  
- 2. LEADING INDICATORS DATA (quarterly)**
  - American Nurses Association NDNQI database, for example:
    - Hospital pressure ulcers and Falls
  - NHSN (CDC)
  - Medicare Fee For Service Database
  
- 3. NATIONAL SCORECARD (annual with significant data lags)**
  - Independent assessment of national progress
  - AHRQ-led
  - All 9 core HACs and readmissions, plus additional HACs
  - Uses multiple datasets including MPSMS, NHSN, and HCUP

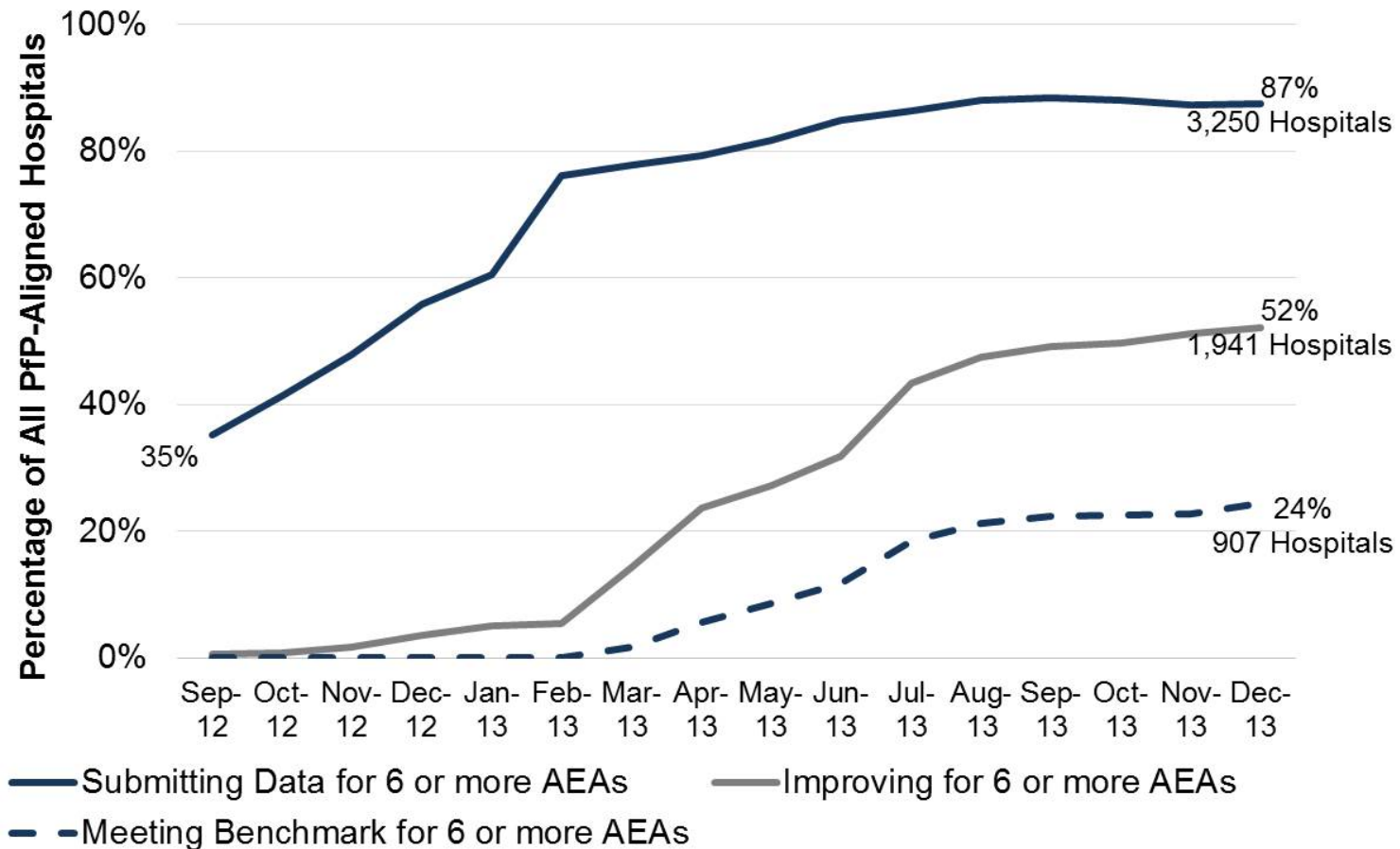


# The Bottom Line

## *All 3 Data Streams Show Improvement*

1. HEN-level Improvement Data show significant increases in the number of hospitals reporting and improving on multiple HACs through December 2013
2. Leading indicators data show improvement in most priority areas
3. Preliminary 2012 AHRQ National Scorecard shows improvement in safety across most areas of harm with significant cost-savings and lives saved

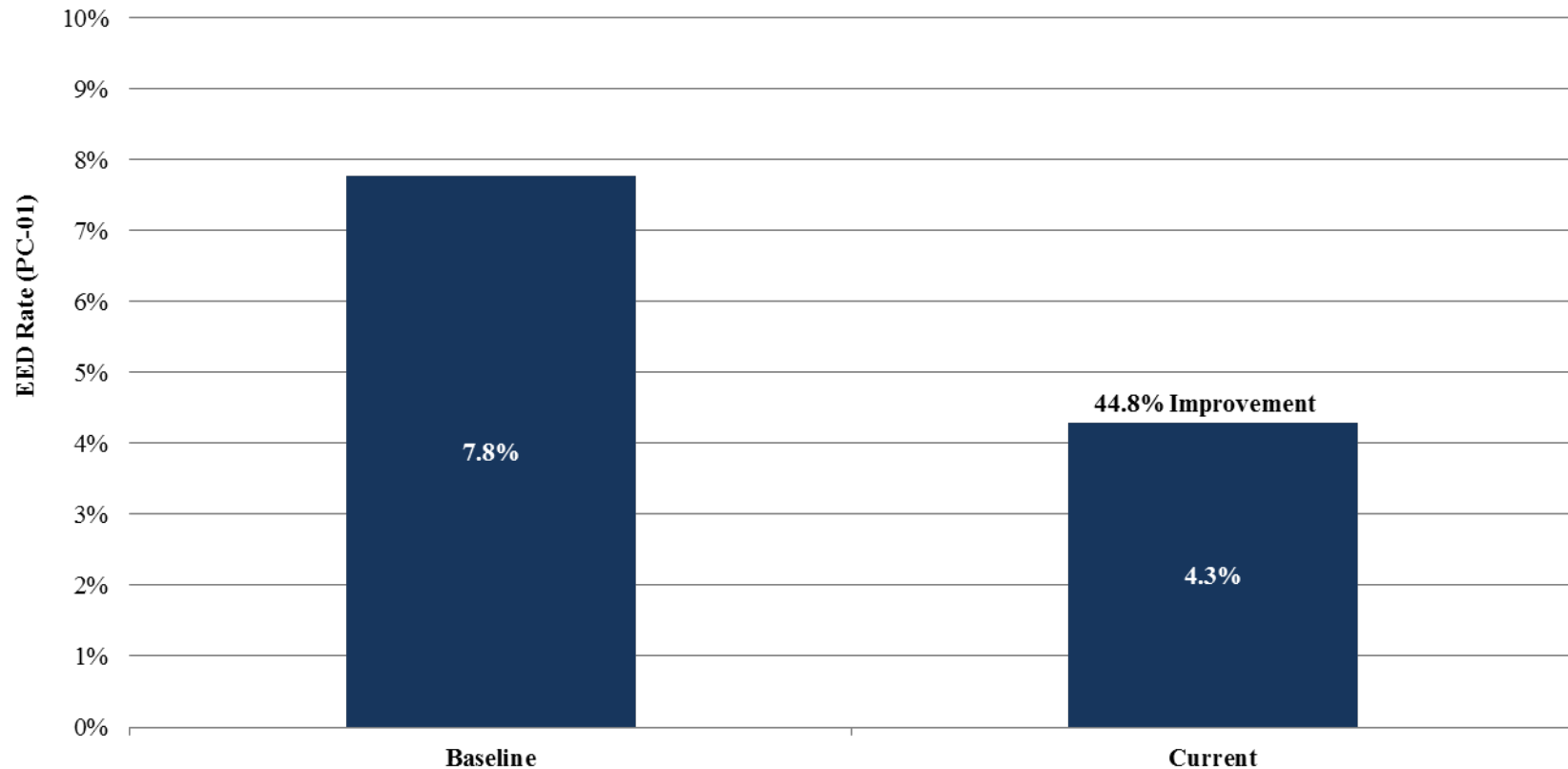
# Engagement and Harm Reduction Status of PfP-Aligned Hospitals (September 2012 – December 2013)



Source: Monthly Z-5 Spreadsheets submitted by HENs..

# Early Elective Delivery (EED) Rate 44.8% Improvement from Baseline

1,540 Hospitals in 21 HENs

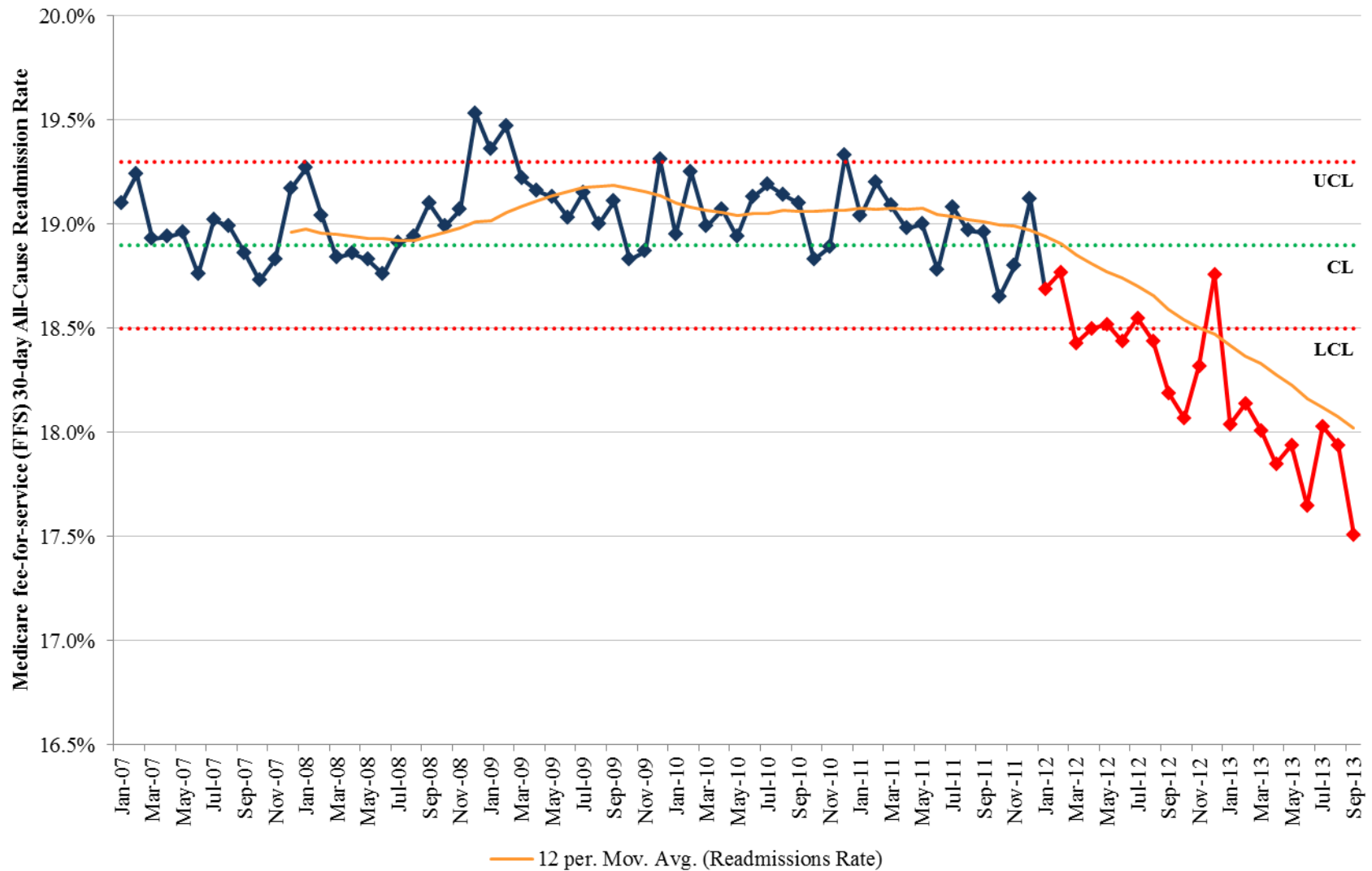


Source: HEN-reported data submitted February 2014.

Notes: Baseline and current periods vary by HEN. The HENs (and therefore number of hospitals) included in the run chart differ from those in this bar chart for two reasons: (1) quarterly data submitters were not included in the run chart, which shows the monthly trend, and (2) not having enough complete data during some of the months shown in the run chart. Baseline and current period rates are rounded for presentation, while the percent improvement is calculated using unrounded data.

# Leading Indicators Data

## Medicare Fee-for-Service (FFS) 30-day All-Cause Readmissions



# Partnership for Patients is Committed to Addressing Health Disparities

- Data Collection & Analysis
- Contract Language and Support of Activities by Hospital Engagement Networks
- Identification of Best Practices in Hospitals
- Spread of Successful Practices and Results
- Addressing Vulnerable Populations in Work on Patient and Family Engagement

# Preliminary Data on Disparities Derived for PFP National Data Sources

- Analyses from PFP National Baseline HAC data
- Analysis from Medicare Patient Safety Monitoring System (MPSMS) data from 2010 & 2011.
  - ADEs and Pressure Ulcers
- Analysis from MPSMS HAI data for 2009-2011 (combined)
- Information on “exposures” to MPSMS adverse events

## New Task Added to the Hospital Engagement Network (HEN) Scope of Work

HENs are now required to implement quality improvement activities to address health disparities. Suggested activities include:

- Engage hospital leadership in discussions on addressing and tracking disparities in harm and readmissions;
- Showcase hospital success stories;
- Promote adoption of best practices in addressing disparities in harm and readmission.

# Examples of HEN Activities to Reduce Disparities

## **Dignity**

- Implementing a system-wide Leadership Symposium to focus on health disparities in readmissions and CAUTI.

## **America's Essential Hospitals -- EHEN**

- Engaging hospital leaders in discussions and trainings on collecting and utilizing REL data.

## **Joint Commission Resources (JCR)**

- Engaging leadership and physicians in reducing EEDs in disadvantaged populations.



# Examples of HEN Activities Continued

## **American Hospital Association (AHA)**

- Aligned activities with the National Call to Action to Eliminate Health Care Disparities. Identified 4 key indicators for hospitals to track progress in addressing health disparities. Also created an online module addressing the importance of diversity in hospital leadership to improve quality and eliminate disparities.

## **Washington State Hospital Association (WSHA)**

- Engaging hospitals in addressing disparities in quality service delivery for LGBT patients.

## **Texas Center for Quality**

- Developing a statewide plan to strengthen the data infrastructure necessary to support reductions in health disparities.

# Examples of HEN Activities Continued

## **UHC**

- Using NHSN data to improve quality of care in their hospital networks; identifying existing programs.

## **Michigan**

- Addressing disparities in the treatment of mental health patients; leading collaborative to map care transitions for behavioral health patients in Grand Rapids.

Several HENs are engaged in efforts to address health disparities through patient and family engagement, community engagement, and increasing CLAS training for hospital staff.

# Indian Health Service HEN

- Joined the PfP program in Fall 2012 via IAA
- The IHS is collecting data on 10 PfP targeted hospital acquired conditions from hospitals serving Native Americans
- Twenty-eight hospitals within the network

# **Hospital Highlight: University of Washington Medical Center Effort to Improve Health Outcomes through Community Engagement**

**University of Washington Medical Center**

**HEN: Washington State Hospital Association**

**Contact: Lori Chudnofsky, Assistant Nurse Manager, Neonatal Intensive Care Unit, [chudnofs@uw.edu](mailto:chudnofs@uw.edu)**

As part of a broader effort to engage patients and families, especially those representing vulnerable populations, the University of Washington Medical Center has developed a relationship with a large local Somali community.

As a result, UW Medical Center took a step back from “traditional” outreach to this community, and went directly to Somali community centers, leaders and gathering places to begin brokering a partnership that could be parlayed into better health outcomes for this population.

## **Hospital Highlight: Highland Hospital's Program that Reduced Disparities in Fall Rates among the Elderly**

**Highland Hospital (Alameda Health System), Oakland, CA**

**HEN: Essential Hospitals**

**Contact: Stefania N. Kaplanes, Injury Prevention Specialist,  
[skaplanes@alamedahealthsystem.org](mailto:skaplanes@alamedahealthsystem.org), (510) 535-7648**

In 2009, the Trauma Department saw high numbers of elders presenting to the Emergency Department following a fall. The Department jointly developed the Fall Prevention Center to provide comprehensive assessment screening and referral services to improve care for these patients. The key concept driving this program was to disrupt the injury cycle.

# PfP Vulnerable Populations Affinity Group

- Goal is to increase equity in safety across the board outcomes
- Forum for vulnerable populations' advocacy input to Partnership for Patients PFE activities
- Hospitals share success stories inspiring others to create equitable cultures of safety
- Participants include HEN representatives, hospital experts, patient advocates, and CMS staff.
- Develop Pacing Events to spread best practices among the HEN networks.

# Other Examples of Collaboration with the HHS & CMS Office of Minority Health & Others to Address Disparities

- Participation by OMH as a member of the Federal PfP team.
- Indian Health Service is the 27<sup>th</sup> HEN to focus on PfP aims with 28 Native American Hospitals.
- PfP 'Thousand Hospital Pacing Event' features Vulnerable Populations work in partnership with Dr. Nadine Gracia and Dr. Cara James.
- CCSQs National Coordination Center have a disparities analytic report.
- PfP Team will meet with HHS OMH staff to review current work and explore additional possibilities for action.
- OASH/OMH, AHRQ & PfP Team analyze PfP National Scorecard data by race and ethnicity.
- OASH is planning to conduct a pilot with several HENs to address disparities in ADEs.
- Dr. Howard Koh participated on a major national PfP webinar pacing event on Patient and Family Engagement work.