New York State Partnership for Patients

Future of Nursing Annual Summit
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Hospital Improvement Innovation Network

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A partnership of the Healthcare Association of New York State and the Greater New York Hospital Association in collaboration with IPRO

CMS Announces Hospital Improvement Innovation Network (HIIN)

"We have made significant progress in keeping patients safe – an estimated **2.1 million fewer patients harmed, 87,000 lives saved**, and nearly $20 billion in cost-savings from 2010 to 2014 – and we are focused on **accelerating improvement efforts**."

Patrick Conway, MD
CMS Acting Principal Deputy Administrator
and Chief Medical Officer

CMS Goals Moving Forward

2014 Baseline	
Reduce by 20%	• Hospital-Acquired Conditions
Reduce by 12%	• Preventable Readmissions

*NHSN 2015 re-baseline

And…

- Harm Reduction and Cost Savings
- Address Remaining Opportunities in Early Initiatives
- Address Best Practices and Innovation in Priority Areas

HIIN Areas of Focus

Culture and Leadership

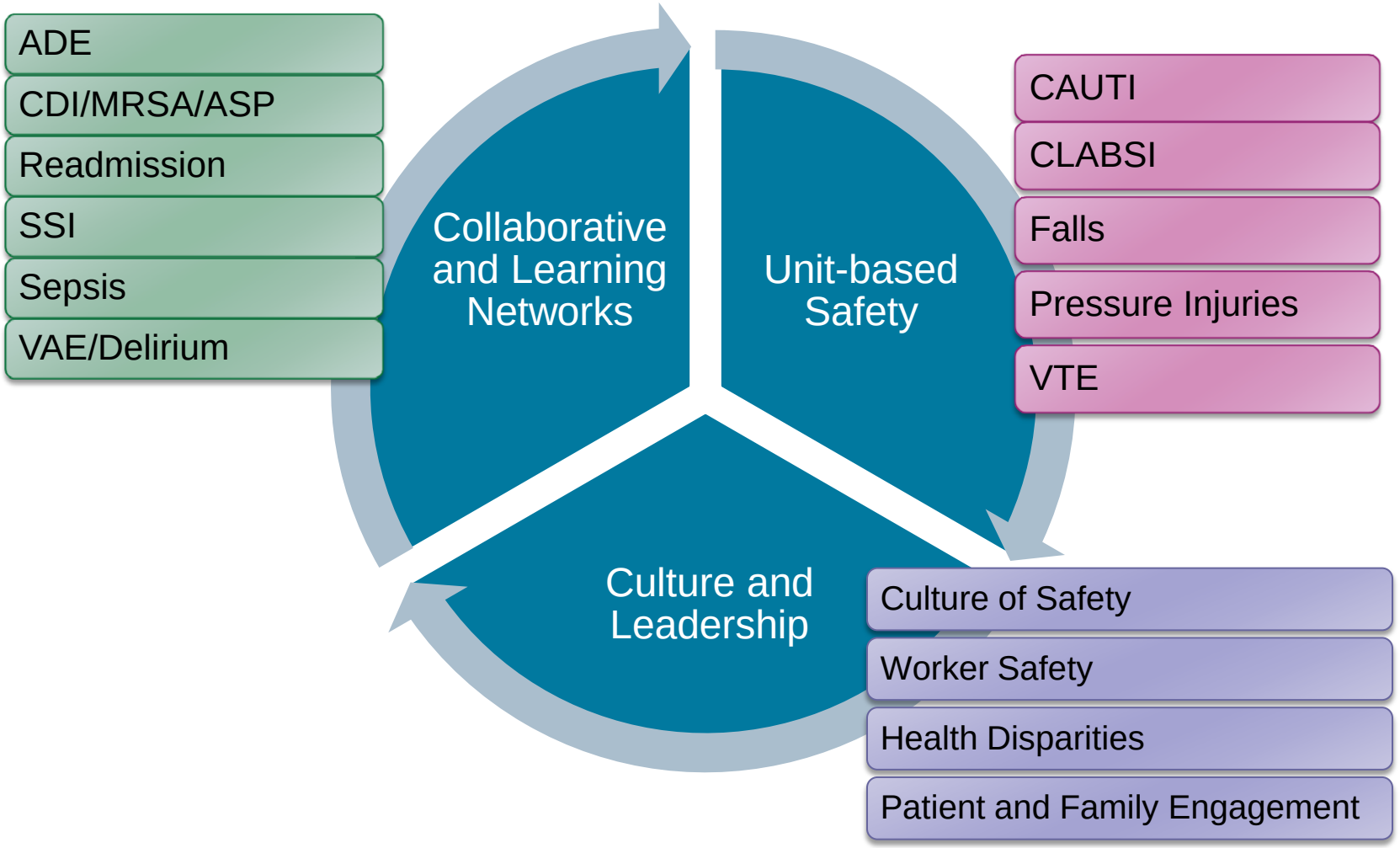
Health Disparities	**New: Worker Safety**	Patient and Family Engagement

Clinical Focus Areas

CAUTI	CLABSI	SSI	VAE and Delirium	Sepsis	Adverse Drug Events	*C. Difficile* **New: MRSA** **New: Antibiotic Stewardship**	Falls Pressure Ulcers	Venous Thrombo-embolism

Readmissions

Strategies for Success



Robust Measurement and Reporting

Commitment to minimize data collection burden in HIIN

Data Sources

- National Database for Nursing Quality Indicators (NDNQI)
  - Pressure ulcers, falls
- National Health Safety Network (NHSN)
  - CAUTI, CLABSI, *C. difficile*, SSI, VAE, MRSA
- SPARCS
  - Readmissions, VTE, AHRQ PSIs
- DOH/IPRO
  - Sepsis
- Manual

Reports and Analytics

- Comparative Run Charts
  - All process and outcomes measures
- Individualized Dashboard
  - Hospital- and system-level
- 3M Readmission Diagnostic Report
- Specialty Reports
  - AHRQ Culture of Safety Survey, health disparities (REaL)

Collaborative Initiatives

Health Care Disparities

To support hospitals in collecting accurate REaL Data

- 2016-2017:
  - NYSPFP has provided hospitals with feedback on their REaL data. Data obtained from SPARCS as compared to census data
- 2017:
  - Technical assistance will be provided to hospitals to improve collection of REaL data
  - Web-based education
    - American Hospital Association (AHA) Pledge
    - NYS Department of Health Toolkit
- 2018-19:
  - NYSPFP will begin to address reduction in disparities in coordination with state and federal efforts

Integration of Patient Safety and Worker Safety

- Worker Safety – Safe Patient Handling
  - Education and best practices for safe patient handling
    - Align hospital-specific SPH goals and objectives with hospitals' existing safety initiatives.
  - Integrating worker safety with patient safety at the unit level
    - Ensure alignment with the New York State SPH law

Patient and Family Engagement

- Continue to focus on best practice strategies to improve communication with patients and caregivers at the bedside.
- Apply or enhance activities across the board that empower patients and caregivers to act as advocates.
  - PFAC pilot in 2017 with 20 rural hospitals
  - Statewide spread of program and lessons learned in 2018

Unit-Based Safety Approach

- Initiatives – CAUTI, CLABSI, Falls, Pressure Ulcer, and VTE
- Tools and resources to promote patient safety at the unit level—applicable across topic areas
  - New: QI toolkit for unit-based teams
  - Daily safety checklists
  - Condition-specific gap analyses
- Hospital-based education (2 hour nurse coach course, e-learning, etc.)
- Project manager support
- Topic-specific programming based on regional and state-wide trends

Readmissions Domain 1
Patient and Family Centric Discharge

- Programming in this domain will involve the following topics:
  - High-risk readmission assessment on admission
  - Alignment with New York State and federal regulations such as New York State's Caregiver Advise, Record, and Enable (CARE) Act;
  - Ensuring consistent application of patient and family centric discharge planning processes
    - Emphasis on identifying the designated patient representative, caregiver, and/or discharge planner at the earliest point in time

Readmissions Domain 2
Care Transitions

- Domain 2: Care transitions between the acute care setting and skilled nursing facilities
  - Leveraging experience in convening hospitals and nursing homes to improve transitions in care
  - Support will include:
    - Facilitated on-site collaboration and communication between providers to build and strengthen relationships across care settings through:
      - Identification of current SNF and ED capabilities
      - Process mapping to define current processes related to transitions to SNFs
      - Standardizing communication tools
      - Promoting advance care planning
      - Medication reconciliation

Project Manager Support

Team Participation

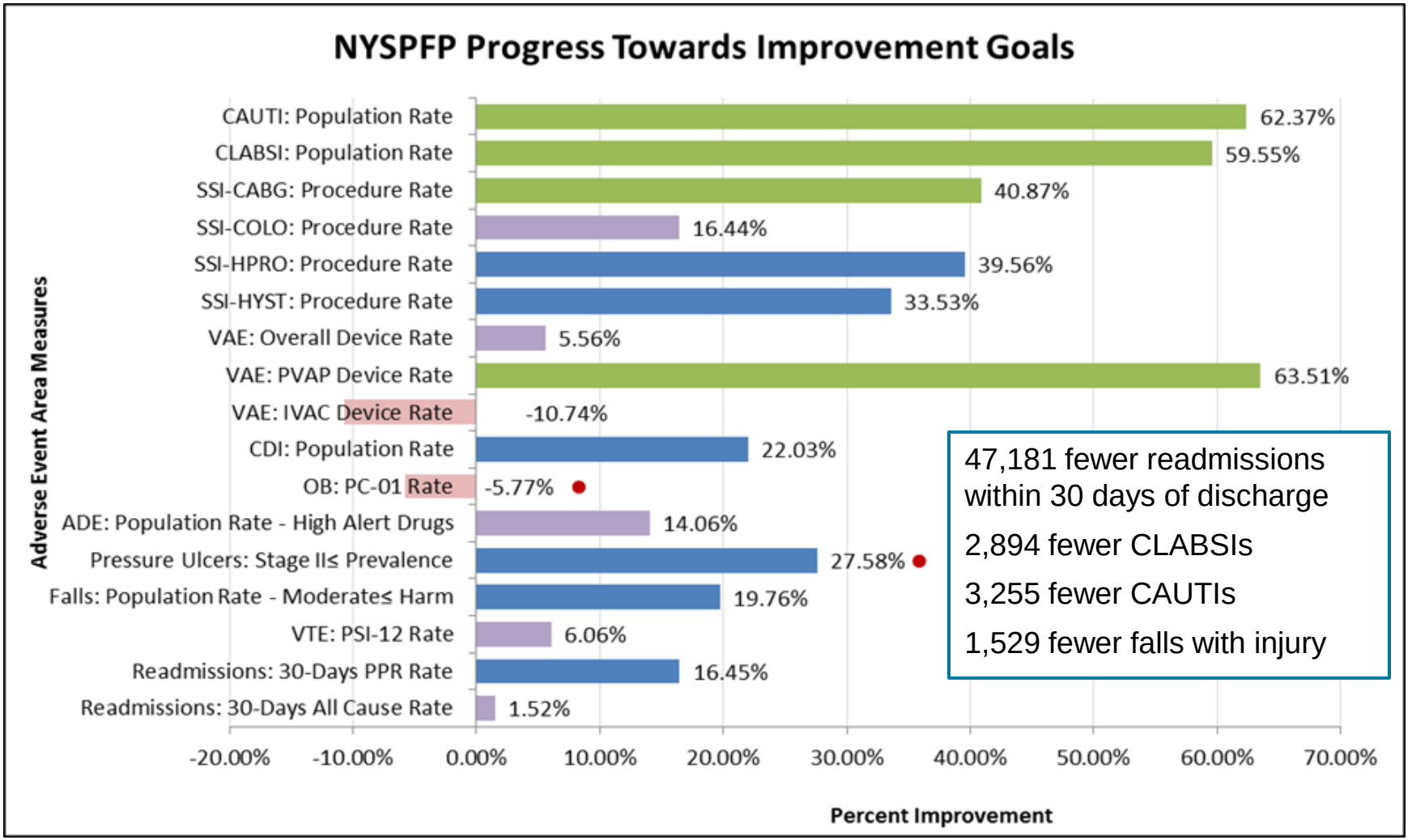
- Committees (ICP, OR, CC, PIC)
- Work groups/Teams (Initiative specific, Ad hoc)
- Unit Based Teams
- Active or educational
- Operational or Best Practice
- Tools and Resources
- Innovation in the industry

NYSPFP Support

Education

- Unit Based Leadership Coaching Skill Course
- E-learning Module for nurse leaders
- NYSPFP Statewide Learning events
- OR/Surgical committee (advanced bundle)
- Unit Specific Quality Improvement efforts (CAUTI/CLABSI/Falls)
- Front-line staff education support

NYSPFP Success 2012 – 2016



A Successful Partnership

- *Know thyself*
- *Learn to value and manage diversity*
- *Develop constructive conflict resolution skills*
- *Use your power to create win-win situations*
- *Master interpersonal and process skills*
- *Recognize that collaboration is a journey*
- *Leverage all multidisciplinary forums*
- *Appreciate the collaboration can occur spontaneously*
- *Balance autonomy and unity*
- *Not required for all decisions**

***Gardner, D.,(2005*) *"Ten lessons in collaboration." OJIN: The Online Journal of issues in Nursing*, Vol. 10 No. 1, Manuscript 1**