AMERICA'S ESSENTIAL HOSPITALS

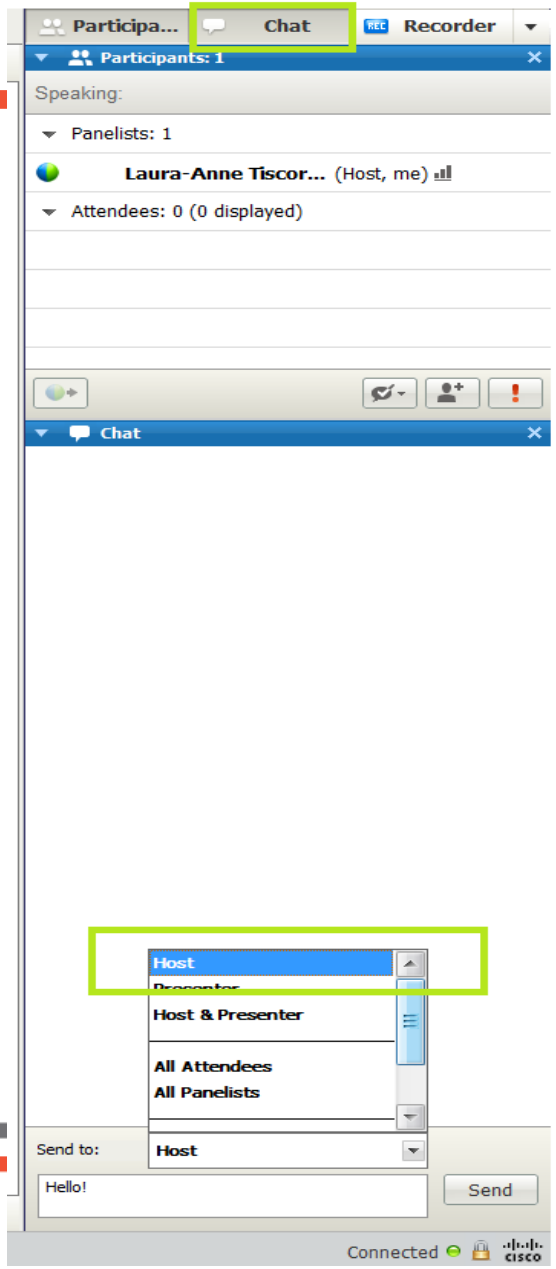
Leadership for Safety: Safety Briefing (Part II)

Essential Hospitals Engagement Network

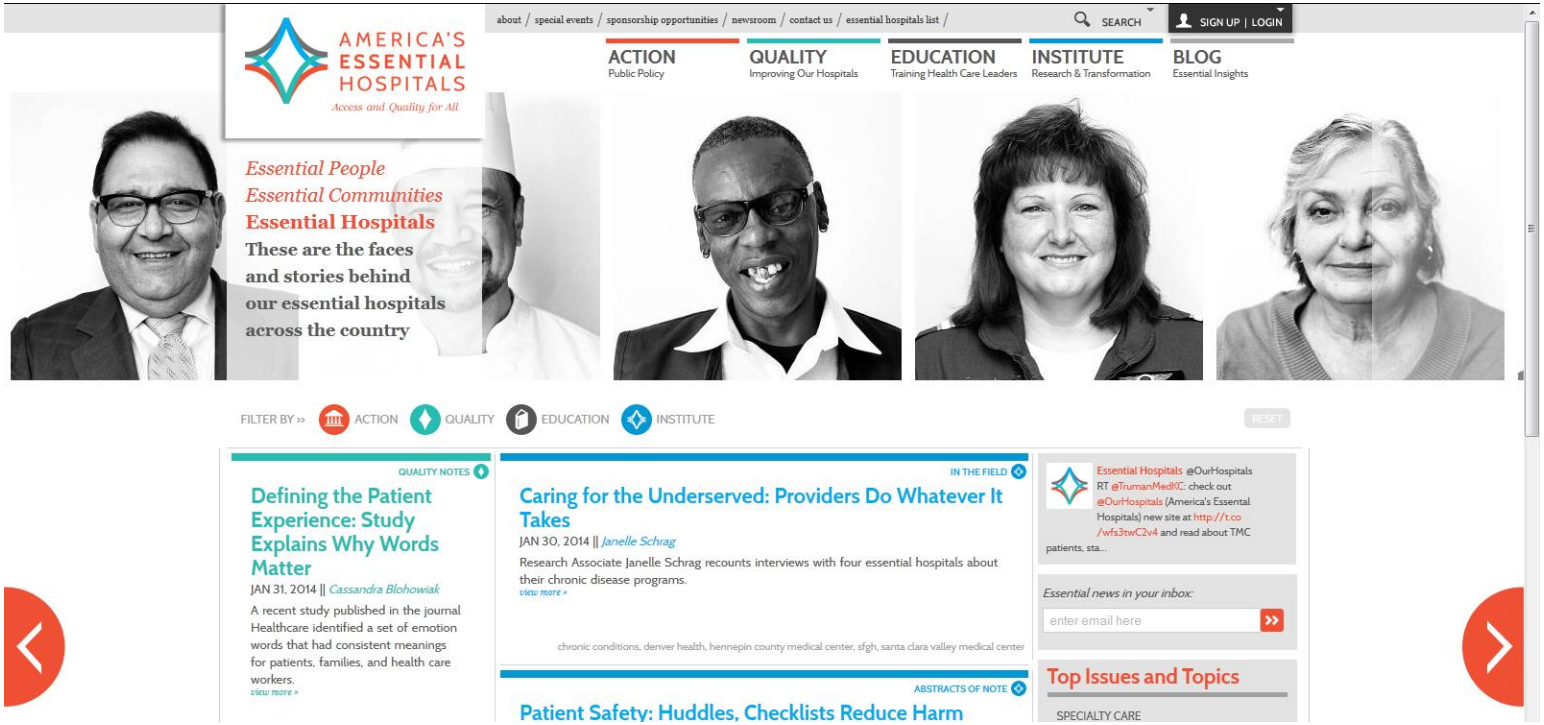
February 20, 2014

CHAT FEATURE

The chat tool is available to ask questions or comments at any time during this event.



ENGAGE AT OUR NEW WEBSITE!



Network with peers, learn how essential hospitals are changing lives
Now live at essentialhospitals.org

2014 PARTNERSHIP FOR PATIENTS

Partnership for Patients (PfP)

- CMS-funded
- Reduce nine hospital-acquired conditions by 40 percent
- Reduce readmissions by 20 percent

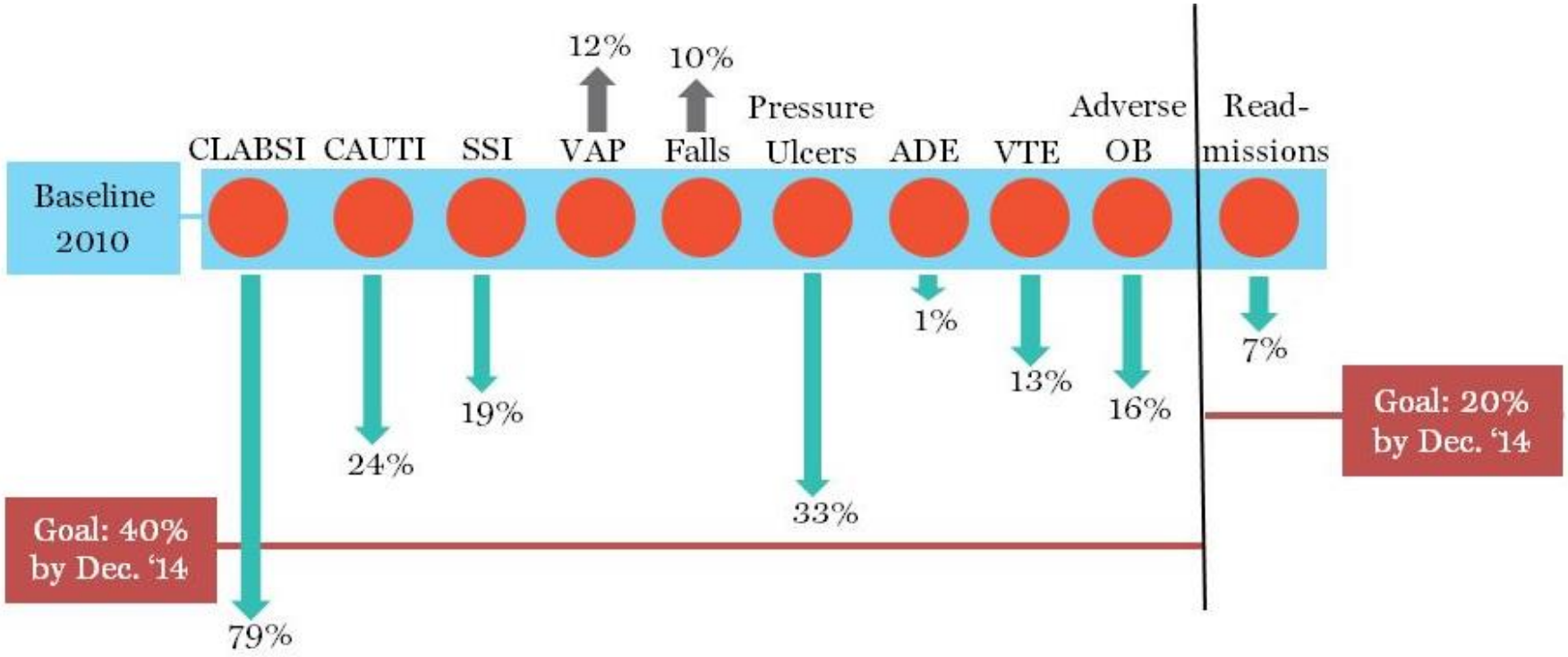
Hospital Engagement Networks (HENs)

- 27 contracted organizations
- 3,700 U.S. hospitals

Essential Hospitals Engagement Network (EHEN)

- 22 hospitals nationwide
- Only essential hospital-focused HEN
- Special focus on health equity

EHEN PROGRESS AS OF AUG'13 – OCT'13 PERFORMANCE PERIOD



Notes: For all measures, UHC's claims database is the source and >80% of the network is represented. Adverse OB is episiotomy. Percent change is based on rates. Readmissions percent change based on Aug'13-Sept'13 due to claims data lag.

HARM AND COST AVOIDED

Adverse Event Area	Measure	Expected Harm Events[1] (July'12 to Oct'13)	Observed Harm Events (July'12 to Oct'13)	Events Avoided[2] (Expected - Observed)	Cost Per Event	Cost Avoided[2] (Events avoided x Cost per event)
Catheter-associated Urinary Tract Infections (CAUTI)	CAUTI (UHC-Defined)	187	150	37	$1,000	$37,000
Central Line-associated Blood Stream Infections (CLABSI)	CLABSI (UHC-Defined)	154	61	93	$33,600	$3,124,800
Surgical Site Infections (SSI)	All SSI (UHC-Defined)	1,556	1,459	97	$19,300	$1,872,100
Ventilator-associated Pneumonia (VAP)	VAP (UHC-Defined)	351	380	-29	$27,000	-$783,000
Adverse Drug Events (ADE)	C.difficile due to Antibiotic Exposure	1,073	1,054	19	$11,000	$209,000
Falls	Falls & Trauma (UHC-Modified CMS HAC)	68	61	7	$6,200	$43,400
Hospital-acquired Pressure Ulcers	Pressure Ulcer (AHRQ PSI-3)	85	79	6	$17,000	$102,000
Venous Thromboembolism (VTE)	PE/DVT (UHC-Modified AHRQ PSI-12)	499	501	-2	$2,900	-$5,800
Adverse OB	Incidence of Episiotomy (NQF 0470)	660	494	166	$3,000	$498,000
Readmissions	30-Day, All-Cause All-Payer Readmissions (UHC-Defined)	30,795	28,772	2,023	$9,600	$19,420,800
			Total Harm Avoided:	**2,417**	**Total Cost Avoided:**	**$24,518,300**

Notes: 1- Expected based on 2010 monthly average. Readmissions calculations based on July'12-Sept'13 due to data lag.
2- Negative values indicate harm observed was greater than expected and are included in the total.

How would you answer the question, “How safe is your hospital?”

The Measurement and Monitoring of Safety

Vincent et al. The Health Foundation April 2013

- How much harm has occurred in the past?
  - Treatment-specific harm, harm due to over-treatment, general harm, harm due to failure to provide treatment, harm from delayed diagnosis, psychological harm and feeling unsafe
- How reliable are our clinical systems, processes and behaviors?
  - Safety protocols, HAI “bundles,” handwashing, pre-procedural checklists…

The Measurement and Monitoring of Safety (contd.)

Vincent et al. The Health Foundation April 2013

- **How safe are we today?**
  - **Sensitivity to operations: house-wide daily safety briefings, hand-offs, special staffing issues, "stop the line" events…**
- Will care be safe in the future?
  - Anticipation and preparedness: pre-task briefings, predictive analytics, safety culture, …
- Are we responding and improving?
  - Are we learning from what goes wrong? Are we spreading and applying what we learned?

Leadership for Safety: Action Planning Checklist

Leadership Behaviors and Tools	Actions Planned
Take personal ownership of safety in your organization	
Eliminate the denominator: How many patients did we harm last year?	
Be transparent: wall displays, open discussion of serious safety events…	
Start every meeting with a patient story	
Frame safety aims in reference to the theoretical ideal	
Do “reality rounding” on key safety practices	
Executive visits to safety teams	
Daily safety huddle	
Make hard decisions that change the culture—on both values and technical performance!	

Daily Safety Huddle: Summary

- 15 minute daily meeting of key operational leaders, led by CEO or equivalent
- Agenda:
  - Quick report on housewide safety status: “It’s been X days since our last Serious Safety Event and Y Days since last employee lost work day event.”
  - Brief scripted report on any safety issues from each manager, including security, facilities, bio-med…
  - Brief follow-up on any previously identified urgent safety issues
- *Note: Generally works best around 830 or 9 am, allows managers to have their own “pre-huddles” with their teams.*
- ***Note: Don’t skip Saturday and Sunday!***
- ***Note: Don’t ignore nights!***

Safety Huddle Field Reports

- UMC El Paso
- St. Luke's
- …..

UPCOMING EVENTS

- **Save the Date**

  Leadership for Safety Workshops in Dallas, Texas:

  May 8 – Workshop for C-suite Leaders and board members

  May 9 – Workshop for hospital directors and managers

- **Next webinar:** Leadership for Safety: Will and Transparency

  May 15 | 12- 1 pm EST

THANK YOU FOR ATTENDING

- **Evaluation:** When you close out of WebEx following the webinar a evaluation will open in your browser. Please take a moment to complete. We greatly appreciate your feedback!

- **Check out the new EHEN Leadership for Safety Program website:** http://essentialhospitals.org/institute/ehen-leadership-safety-program/