GLPP HIIN Update
MICAH Quality Network meeting

November 7, 2019
GLPP HIIN Dashboard

GLPP Monthly Status Update
October 2019

Select State, Timeframe, and Hospital Type to update tables

Lowest Performing Areas

<table>
<thead>
<tr>
<th>Measure</th>
<th>TE</th>
<th>Baseline Rate</th>
<th>Performance Rate</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAUTI-1a (SIR - all units)</td>
<td>0.284</td>
<td>1.875</td>
<td>-560.69%</td>
<td></td>
</tr>
<tr>
<td>CAUTI-2a (rate - all units)</td>
<td>0.394</td>
<td>1.217</td>
<td>-268.92%</td>
<td></td>
</tr>
<tr>
<td>ADE-2 (coag)</td>
<td>1.051</td>
<td>2.703</td>
<td>-63.71%</td>
<td></td>
</tr>
<tr>
<td>CLABSII-2a (Utilization - all units)</td>
<td>0.046</td>
<td>0.064</td>
<td>-37.32%</td>
<td></td>
</tr>
<tr>
<td>CDIFF-2 (CDI SIR)</td>
<td>0.819</td>
<td>1.018</td>
<td>-24.27%</td>
<td></td>
</tr>
</tbody>
</table>

Person and Family Engagement Status

<table>
<thead>
<tr>
<th>Measure</th>
<th>% Complete</th>
<th>% Incomplete</th>
</tr>
</thead>
<tbody>
<tr>
<td>PFE 1 - Planning Checklist</td>
<td>96.30%</td>
<td>3.70%</td>
</tr>
<tr>
<td>PFE 2 - Shift Change Huddles</td>
<td>100.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>PFE 3 - Responsible Party</td>
<td>100.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>PFE 4 - FFAC Patient advisor on QI Team</td>
<td>100.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>PFE 5 - Governing Board</td>
<td>80.50%</td>
<td>19.44%</td>
</tr>
</tbody>
</table>

Select measure to update graphs

ADE-2 (coag)
ADE-2 (giv)
ADE-4 (opi/oids)
CAUTI-1a (SIR - all units)
CAUTI-1b (SIR - ICU only)
CAUTI-2a (rate - all units)
CAUTI-2b (rate - ICU only)
CAUTI-3a (utilization - all units)
CAUTI-3b (utilization - ICU only)
CDIFF-1
CDIFF-2 (CDI SIR)
CLABSI-1a (SIR - all units)
CLABSI-1b (SIR - ICU only)
CLABSI-2a (rate - all units)
CLABSI-3b (rate - ICU only)

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ADE-Opioids

Oct 2018 - Sept 2019
Falls with Injury

Falls

Oct 2018 - Sept 2019
Post-Operative Sepsis (PSI-13)

*AHRQ software update not available yet, only data till Sept 2018 available for this measure
Sepsis Mortality Rate

MI CAH Baseline v. Performance

Baseline Rate  Performance Rate
# 2019-20 PG5 P4P Program

A Voluntary Collaborative to Improve Quality and Save Lives

MHA Keystone Center Great Lakes Partners for Patients (GLPP) Hospital Improvement Innovation Network (HIIN) Scoring Index

2019-20 BCBSM Peer Group 5 Pay-for-Performance Program

<table>
<thead>
<tr>
<th>Table 1: Components</th>
<th>Weight</th>
<th>Scoring Frequency</th>
<th>Reporting Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data submission:</strong> Outcome Measures (Please see the Encyclopedia Of Measures)</td>
<td>30%</td>
<td>Monthly</td>
<td>Apr. 2019 – March 2020</td>
</tr>
<tr>
<td><strong>Performance:</strong> Improvement on ADE - Opioids, Falls and PFE-5 (individual improvement from baseline)</td>
<td>40%</td>
<td>Once</td>
<td>Varies by measure (see Table 3)</td>
</tr>
<tr>
<td><strong>Storyboard/Poster:</strong> Improvement activity project (see topic areas in Table 4)</td>
<td>30%</td>
<td>Once</td>
<td>Due by November 1, 2019</td>
</tr>
</tbody>
</table>
### Table 2: Component Description

<table>
<thead>
<tr>
<th>Component Description</th>
<th>Available Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data Submission</strong></td>
<td></td>
</tr>
<tr>
<td>- At least 90% of outcome data submitted across 12-month period</td>
<td>30 points</td>
</tr>
<tr>
<td>- 70 – 89% of all outcome data submitted across 12-month period</td>
<td>15 points</td>
</tr>
<tr>
<td>- Less than 70% of all outcome data submitted across 12-month period</td>
<td>10 points</td>
</tr>
<tr>
<td>(Hospitals will only be scored for the submission of outcome data they are eligible to collect. Please reference the HIIIN Encyclopedia of Measures for a complete list of the required measures)</td>
<td></td>
</tr>
<tr>
<td><strong>Performance on outcomes for Falls, Opioid Adverse Drug Events and PFE metric 5 (see Table 3 for additional detail)</strong></td>
<td></td>
</tr>
<tr>
<td>- Improvement from designated baseline on 3 of 3 measures</td>
<td>45 points (5 bonus*)</td>
</tr>
<tr>
<td>- Improvement from designated baseline on 2 of 3 measures</td>
<td><strong>40 points</strong> (Full points)</td>
</tr>
<tr>
<td>- Improvement from designated baseline on 1 of 3 measures</td>
<td>25 points</td>
</tr>
<tr>
<td><strong>Storyboard/Poster (see Table 4 for additional detail)</strong></td>
<td></td>
</tr>
<tr>
<td>- Develop and implement a plan to drive improvement and share results around the areas of Adverse Drug Events, Falls, Health Disparities, High Reliability Culture, Opioids, Person and Family Engagement, Readmissions, Sepsis or Surgical Site Infections.</td>
<td></td>
</tr>
<tr>
<td>- Create a storyboard to display your improvement activity (Storyboards must follow the template elements to receive the full 30 points (see template)</td>
<td></td>
</tr>
<tr>
<td><strong>Total Possible Points</strong></td>
<td><strong>100 points</strong></td>
</tr>
</tbody>
</table>
Person and Family Engagement: Patient on Advisory Board

**PFE 5: Patient and family on hospital governing and/or leadership board (hospital governance)**  
(One or more patient representatives serving on the hospital Board of Directors)

“Hospital has at least one or more patient(s) who serve on a Governing and/or leadership board and serves as a patient representative.”

**Do We Meet the Metric? YES, if:**
- The hospital has at least one position on the Board designated for a patient or family member who is appointed to represent that perspective.
- If a specific board representative is not possible, an alternative exists to work with patients and families when making hospital governance decisions.

**Alternative:** While designating at least one patient representative on the board is the preferred mechanism to ensure co-governance, certain laws or policies may not allow the formation of a patient or family representative seat on the Board. Until these laws change, alternatives that meet the intent of the metric include:

- Asking for PFEC input on matters before the Board, and incorporating a PFEC report into the Board agenda.
- Identifying elected or appointed Board members to serve in a specific role, with a written role definition, as representing the patient and family voice on all matters before the Board.
- Requiring all Board members to conduct activities that connect them closer to patients and families, such as visiting actual care units in the hospital two times per year and/or attending two PFEC meetings per year.
Upcoming Events
Age-Friendly Initiative

Build a social movement so all care with older adults is age-friendly care. Meet the needs of older adults and provide high-quality care and better health outcomes.

- Guided by an essential set of evidence-based practices (the 4Ms framework)
  - What Matters
  - Medications
  - Mentation
  - Mobility

Action Community webinars will teach you how to test the 4M’s in your setting - causes no harms - and is consistent with What Matters to the older adult and their family.

Funded by the Michigan Health Endowment Fund
MHA Keystone Center Action Community

• Ready to get started? Review and complete the Invitation Guide and the Getting Started Guide

• Participate in MHA Keystone Center Action Community (October 2019 – April 2020)
  • Monthly all-team webinars
  • Scale-up leaders webinars
  • In-person workshop, Dec. 5, 2019
  • Listserv, sharing learnings
  • Monthly reports on testing and learnings
  • Celebration of joining the movement!
Safe Patient Handling & Mobility

MHA Workplace Safety

Safe Patient Handling & Mobility webinar series

December 4, 2019; 1-2 pm
February 12, 2020; 1-2 pm
April 8, 2020; 1-2 pm
June 10, 2020; 1-2 pm
August 12, 2020; 1-2 pm

https://member.mha.org/events/upcoming-events
The GLPP HIIN is hosting a four-part webinar series, *Advancing the Work of Diversity, Inclusion and Cultural Competence to Achieve Health Equity* that will focus on foundational pillars of reducing healthcare disparities.

The educational webinar series will provide a supportive learning community to advance the work of diversity, inclusion and cultural competence, with the goal of achieving health equity. The series will build upon the information covered in the July 24 and Aug. 15 Diversity, Inclusion and Cultural Competency: Strategies for Advancing Health Equity Workshops that were facilitated by Impact4Health.

Registration is open to all hospitals for the following dates:

- **Nov. 14**, 2 - 3 p.m. EST / 1 - 2 p.m. CST
- **Dec. 12**, 2 - 3 p.m. EST / 1 - 2 p.m. CST
- **Jan. 9**, 2 - 3 p.m. EST / 1 - 2 p.m. CST
- **Feb. 13**, 2 - 3 p.m. EST / 1 - 2 p.m. CST

Recommended participants include leaders in patient experience, population health, health equity, diversity and inclusion, community benefits and patient quality of care.
We’re coming to the U.P.!

Save the Date
Quality & Safety Workshop
Marquette, MI

April 16-17, 2020
Save the Date
April 29, 2020

Michigan Hospital Medicine Safety Consortium (HMS) and Michigan Health & Hospital Association (MHA)

Sepsis Symposium
tentative location - Ann Arbor