



May 2019

## Congratulations to Nebraska HIIN participating hospitals on their work toward meeting patient and family engagement metrics

### National and HRET HIIN comparison: Percent Implemented of Reported

Source	PFE 1*	PFE 2	PFE 3	PFE 4	PFE 5
National (n=4,025)	67%	85%	69%	58%	52%
HRET HIIN (n=1,647)	64%	85%	71%	56%	54%
Nebraska (n=69)	85%	93%	80%	58%	58%

\*Percentages for PFE 1 do not include exempt hospitals, 455 are exempt from National, 187 from HRET HIIN, and 9 from NE.  
National values obtained from Partnership for Patients HIIN Leader PFE Report Partnership for Patients HIIN Leader PFE Report, December 2018

As you can see by the chart above, Nebraska is ahead of the curve on most metrics but we still have work to do towards engaging the patient and families that we serve. We will continue to support and assist all Nebraska HIIN participating hospitals in their work towards meeting PFE goals.

### Exhibit 1: Partnership for Patients PFE Metrics, by Level of Hospital Setting

Point of Care	<ul style="list-style-type: none"><li>Preadmission Planning Checklist (PFE Metric 1)</li><li>Shift Change Huddles OR Bedside Reporting (PFE Metric 2)</li></ul>
Policy & Protocol	<ul style="list-style-type: none"><li>Designated PFE Leader (PFE Metric 3)</li><li>PFAC or Representatives on Hospital Committee (PFE Metric 4)</li></ul>
Governance	<ul style="list-style-type: none"><li>Patient Representative(s) on Board of Directors (PFE Metric 5)</li></ul>

## PfP Strategic Vision Roadmap for Person and Family Engagement

## Readmissions Resources

Strong engagement with patients and families leads to more successful transitions in care. HRET-HIIN readmissions tools and resources can be helpful in creating a successful transition and decrease the change of unnecessary readmissions:

- Download and share the Readmissions Change Package [here](#).
- Download and share the Readmissions Data Collection Fact Sheet [here](#).
- View the Readmissions White Board Video Series [here](#).

Additionally, HRET HIIN is partnering with the University of Kentucky Center for Health Services Research to collect data for their [Project ACHIEVE](#) grant, funded by the Patient Centered Outcome Research Institute (PCORI). This study is focused on evaluating current care transitions efforts across the country, improving care transitions practices, and developing recommendations on best practices for patient-centered care transitions.

## Readmissions penalties shift when adjusted for social risk factors

Readmissions penalties for hospitals with the greatest share of dually eligible beneficiaries could fall by an estimated \$22.4 million in fiscal year 2019, while penalties for hospitals with the least share of dually eligible patients could rise by \$12.3 million, according to a [study](#) reported yesterday in JAMA Internal Medicine. Large hospitals, teaching hospitals, hospitals in the most disadvantaged neighborhoods, and those with the highest proportion of beneficiaries with disabilities are more likely to see a reduction in penalties, as are hospitals in states with higher Medicaid eligibility cutoffs, the study found. Beginning in FY 2019, the Hospital Readmissions Reduction Program stratified hospitals based on their share of Medicare patients dually eligible for Medicaid to account for differences in the prevalence of poverty, a social risk factor associated with higher readmission rates.

## Patient Family Engagement - Deep Dive (cont'd)

As we continue our focus on PFE, this month we will dive into PFE Metric 4 and Metric 5.

**Metric 4:** Our hospital has an active patient and family advisory council (PFAC) OR at least one patient who serves on a patient safety or quality improvement committee or team.

- A formal Patient and Family Advisory Council (PFAC) is considered best practice, but don't let this scare you from taking steps to engage your patients, families, and communities. For those of you just starting, there are small tests of change that can allow you to find how this will work for you.
  - Identify and prepare at least one PFA (and ideally, at least three to four) from the community to serve on an existing hospital committee, such as the hospital's Patient Experience or Quality Improvement committees
  - Hold small focus groups with community members focused on a specific topic at hand. i.e.: website redesign
  - Sit down with the local coffee group and ask their feelings on the cafeteria menu.
- Starting a PFAC can be a daunting task but try to start somewhere small and celebrate the wins that come with each milestone.

[How to create and sustain a PFAC toolkit](#) (Partnership for Patients):

**Metric 5:** Our hospital has one or more patients who serve on a governing and/or leadership board as a patient or family representative.

- While designating at least one patient representative on the board is the preferred mechanism to ensure co-governance, certain laws, policies, or circumstances may not allow the formation of a patient or family representative seat on the board.
  - Here are some ideas to still meet the intent of this metric:
  - Incorporating a PFAC report into the board agenda.
  - Identifying elected or appointed board members to serve in a specific role, with a written role definition, 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 PFAC meetings per year.

Often hospital board members are also patients, family members, and community leaders. Try to engage board members in Patient and Family Engagement work.

## HIIN Update

### Data deadlines

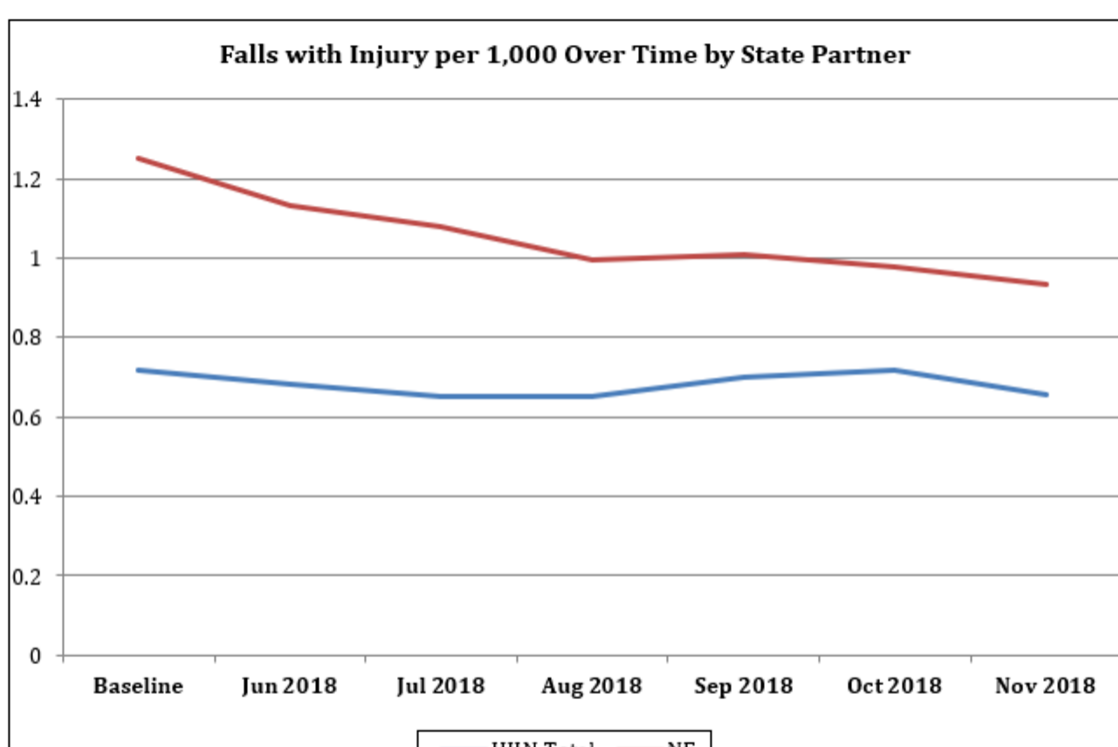
**May 10:** Enter HIIN monthly data (Enter data into the [Comprehensive Data System](#). Please remember that complete monthly data is due into the CDS system for the 10<sup>th</sup> of each month.

Next HIIN Milestone – data deadline: **January-March 2019 Milestone 12 ends June 10, 2019**

### Performance review

As you can see from the graph below, Nebraska HIIN Hospitals are experiencing higher instances of falls with injury than other HIIN participants. Great news that we have seen an overall decrease in instances over 2018 but still have work to do.

**Download HRET resource guide: Preventing Harm from Injuries from Falls and Immobility**



## HIIN Staff Update

We are excited to announce the addition of our new HIIN subcontractor, **Andrea Cramer-Price**. Andrea has worked in nursing for nearly 20 years, with experience in ortho/neuro/trauma, psychiatry, med/surgical and endoscopy. During the past 10 years, she has developed a passion for quality and patient satisfaction. She obtained CPHQ certification in 2015 and an MHA degree in 2018. Andrea is married and has two children. Hobbies include most outdoor activities, volleyball, woodworking and scrapbooking.

Note: Dana Steiner is the HIIN project director and is based in Lexington. Andrea is based in Lincoln.

## Upcoming Events

### Nebraska Infection Control Network (NICN) Infection Control Prevention Course

May 2-3, 2019 | Omaha | [Register](#)

### The Joint Commission | Best Practices in Anticoagulant Therapy Webinar Part 2: Preparing for new Joint Commission EPs effective July 1

May 7, 2019 | 11:00 a.m. – 12:00 p.m. CT | [Register](#)

### Nebraska Antimicrobial Stewardship Summit

May 31 | Bellevue | [Register](#)

### NAHQRS RCA Workshop

June 5 | La Vista | [Register](#)

### Nebraska Healthcare Quality Forum

June 6 | La Vista | [Register](#)

### 2019 AHA Leadership Summit

July 25 - 27 | San Diego | [Register](#)

Register for HRET HIIN events at <http://www.hret-hiin.org/events/index.dhtml>

## Contact Us

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NHA Quality Matters is published monthly by the Nebraska Hospital Association  
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