Overview

CMS announced its new Hospital Improvement Innovation Network (HIIN) program, which began on Sept. 28, 2016, and will run for two years (with an optional third year). The HIINs will commit to CMS’ new national aims to achieve a 20 percent decrease in overall patient harm and a 12 percent reduction in 30-day hospital readmissions (as compared to 2014) in their participant hospitals.

Vizient’s HIIN program supports these aims by Aligning for Safety across the care continuum, leveraging years of successful harm-reduction strategies deployed during previous federal initiatives, all while also adding new content and connection points. Importantly, it includes new partnerships between Vizient and its QIN-QIO partners, TMF Health Quality Institute and Georgia Medical Care Foundation (“Alliant GMCF”).

Focus Areas

Core Topics:

- Adverse Drug Events (ADE)
- Catheter-associated Urinary Tract Infections (CAUTI)
- Central Line-associated Blood Stream Infections (CLABSI)
- Clostridium difficile (C.diff)
- Falls
- Pressure Ulcers
- Severe Sepsis and Septic Shock
- Surgical Site Infections (SSI)
- Ventilator-associated Events (VAE)
- Venous Thromboembolism (VTE)
- Readmissions

Other Topics Covered:

- Iatrogenic Delirium
- Antibiotic Stewardship
- Diagnostic Errors
- Culture, Leadership and High Reliability
- Disparities of Care
- Person and Family Engagement
- Opioid Management
- Malnutrition and Recovery
- Choosing Wisely™
- Worker Safety/Joy of Work
- Undue Exposure to Radiation
- Alternative Payment Models

Eligibility for HIIN:

All short-stay, acute care U.S. hospitals are eligible to participate. CMS is strongly urging all U.S. hospitals to participate and is tracking individual hospital participation. Hospitals are eligible to join any HIIN, but they may only join one.
Reasons to Participate in the Vizient HIIN

• Vizient HEN participation has led to improved patient safety and has helped organizations avoid CMS hospital-acquired conditions (HACs) and readmissions penalties, along with other associated costs.

• Although the HIIN is currently a voluntary program, CMS is tracking hospital participation closely during this voluntary effort. In addition to being able to network and learn leading practices from peers, HIIN hospitals will be at an advantage in the event the HIIN or a similar federal initiative becomes a nationally mandated program. Not only will HIIN hospitals receive a head start on program requirements such as standardized measure collection, they may be exempted from later, stricter program requirements or mandated participation; this was seen at hospitals participating in the voluntary Bundled Payment for Care Improvement (BPCI) initiative that were exempted from the CMS Comprehensive Care for Joint Replacement (CCJR) program—if they were participating in Phase II of BPCI.

• Notably, participation in a HIIN may provide an alternative to the requirement that certain hospitals participate with a PSO under http://federalregister.gov/a/2016-04439.

• Alignment with HIIN data needs will give participants access to accurate, timely benchmarking and comparative reports that will leverage nationally endorsed, standardized measures.

• The PfP/HIIN program provides an opportunity for hospitals to showcase their accomplishments on both a local and national stage, as well as receive considerable resources at no direct cost to them.

• Vizient’s HIIN will focus on both clinical and cultural keys to success through all of our networks.

• Vizient’s HIIN is able to provide unique perspectives, expertise and best practices from a wide array of hospitals, including community-based hospitals, critical access hospitals and AMCs.

Requirements for Participation

• Identification of a dedicated HIIN Project Coordinator (a central point of contact, such as Director of Quality or other quality leader); an Executive Sponsor (such as CEO, COO, CNO, CMO, CQO); Physician Champion; and a Data Coordinator (may also be the HIIN Project Coordinator).

• Participation is strongly encouraged in learning and improvement activities

• Participation requires a commitment to improve performance in the HIIN areas of focus.

• Participants are expected to submit required data to Vizient HIIN for each applicable area of focus on a monthly basis. If a hospital does not provide services in a particular area, then those measures are not required.

• Participants will provide baseline data for all outcome measures (if not previously provided).

• Participants are requested to confer NHSN data rights to our HIIN.
Vizient’s Program

- **Acceleration Networks.** These are networks made up of HIIN hospital teams that allow for an intensive focus through a learning community. This community will promote rapid, focused, collaborative and continuous learning to achieve harm reduction over a 3 – 4 month period. Core topics (page 1), as well as iatrogenic Delirium, will be explained. This accelerated improvement cycle will allow hospitals to focus on multiple topics throughout the year. Topics will also be repeated to allow for new hospitals to join. Through SMEs and leading performing hospitals, best practices, tools and resources will be provided through a virtual format, while also allowing opportunities for peer-to-peer networking and mentoring. Peer accountability will ignite commitment to learning and allow for every participant to benefit from the strengths and expertise of other Acceleration Network peers.

- **Community Knowledge Network.** This network will focus on new or special topics that may be current safety challenges facing the industry or safety topics just now appearing on the horizon. Each quarter, a new topic will be introduced. Based on need, some topics may repeat on an annual basis. These programs will be delivered via virtual format, including award-winning Vizient TV. Topics may include opioid management, diagnostic errors, malnutrition, Choosing Wisely™ and worker safety.

- **Transformation Networks.** These cutting-edge learning networks allow for expanded work in specific projects that affect patient safety across the organization and across the care continuum. The Transformation Networks represent significant foundational competencies that all health care organizations will need to incorporate into their long-term strategic plans to help them deliver better care for the individual, better health for the population and smarter spending. The Transformation Network model is a structured cycle of activities: gap analysis and opportunity identification, process improvement implementation, measurement and evaluation of results, and planning for spread and sustainability. Each network runs for 9 – 12 months and is led by a triad of national SME(s), leading performing hospital faculty and a Vizient HIIN Improvement Coach. The Transformation Networks are “Culture, Leadership and High Reliability,” “Person and Family Engagement,” “Disparities of Care,” “Reducing Readmissions” and “Antibiotic Stewardship.”

- **Individual Engagements.** Vizient HIIN members will receive targeted 1:1 consultation by a Vizient HIIN Improvement Coach on a regular basis, via coaching calls or on-site visits, to assist with their improvement efforts. Our proprietary Rapid Adoption Network™ (RAN) Clinical Design Day (CDD) performance improvement methodology training is available for HIIN members by request. We will also provide onsite leadership visits and CMS updates as appropriate.

Data Submission

CMS has defined a list of measures for the core areas of focus that hospitals will be expected to submit. CMS has indicated that the vast majority of required measures will be a subset of the measures that are relevant to CMS’ value-based care strategy. Almost all of these measures are nationally endorsed by entities, such as AHRQ, NQF or the CDC, and are the same measures as those used in HEN 2.0. In tracking HIIN progress towards the goals in each area of focus, CMS has indicated that blinded, de-identified hospital-level data will be required, as with HEN 2.0.

How to Contact Us to Sign Up for Vizient’s HIIN

The Vizient HIIN has been designed to provide a wide variety of top quality educational programming, performance improvement methodologies, networking opportunities and expert guidance geared to help all hospitals across the country reduce patient harms. Contact PFPNetwork@tmf.org or Wendy Medcalf (wendy.medcalf@tmf.org) at (512) 334-1629 for questions or to sign up.