Hospital Improvement Innovation Network

Overview
The Hospital Improvement Innovation Network is the newest health care improvement project proposed by the Centers for Medicare & Medicaid Services. This project will last two years with the option for a third year. The HIINs are expected to achieve hospital-level improvement by reducing all-cause harm by 20 percent and readmissions by 12 percent.

Core Topics
The HIIN will focus on the following core topics:
- Adverse drug events;
- Catheter-associated urinary tract infections;
- Central line-associated bloodstream infections;
- Clostridium difficile, including antibiotic stewardship;
- Injuries from falls or immobility;
- Pressure ulcers;
- Sepsis and septic shock;
- Readmissions;
- Surgical site infections;
- Venous thromboembolism; and
- Ventilator-associated events.

Additional Areas of Focus
Additionally, the HIIN will help participating hospitals in the following areas:
- Multi-drug resistant organisms;
- Diagnostic errors;
- Malnutrition in the inpatient setting;
- Airway safety;
- Hospital culture of safety to fully integrate patient and worker safety;
- Iatrogenic delirium;
- Undue exposure to radiation; and
- Metric to measure/report on all-cause harm.

Why Should Your Hospital Participate?
Participating hospitals will receive:
- Technical assistance and coaching from subject-matter experts on such topics as quality improvement, culture change, person and family engagement, data submission, and data interpretation/analysis;
- Clinical topic-specific resources, including up-to-date checklists, change packages and case studies;
- National trainings and events; and
- Fellowship opportunities.

How Can Your Hospital Participate?
Let the Texas Hospital Association know that your hospital is interested in participating in this project at www.tha.org/hiin/join.

A more formal commitment will be requested in late fall 2016. This commitment will cover your hospital’s role in the project, which will include:
- Submitting data in alignment with commonly reported, nationally standardized measures to document your hospital’s progress in reducing harm;
- Learning from subject-matter experts, sharing your improvement story with other hospitals, and utilizing the resources available to reduce harm and readmissions in your facility; and
- Participating in site visits to work toward your facility’s total harm rate reduction.

For more information, go to www.tha.org/hiin or contact Karen Kendrick, RN, director of clinical initiatives at the Texas Hospital Association Foundation, at kkendrick@tha.org or 512/465-1091.