



FOR IMMEDIATE RELEASE

Keri McDermott, Communications Director Great Plains Quality Innovation Network Phone: 402/476-1399; Ext. 502

keri.mcdermott@area-a.hcgis.org

The Health Research and Educational Trust of the American Hospital Association selected to continue improvements in patient safety

Great Plains Quality Innovation Network will support efforts, as a subcontractor, to enhance patient safety improvement efforts as part of the Partnership for Patients initiative

[Lincoln, NE] – The Health Research and Educational Trust (HRET) of the American Hospital Association (AHA) has been selected as one of 16 national, regional, or state hospital associations, Quality Improvement Organizations and health system organizations to continue efforts in reducing preventable hospital-acquired conditions and readmissions. Great Plains Quality Innovation Network will serve as a subcontractor to aid in this effort.

The Hospital Improvement Innovation Network (HIIN) contracts awarded build upon the collective momentum of the Hospital Engagement Networks and Quality Improvement Organizations to reduce patient harm and readmissions. This announcement is part of a broader effort to transform our healthcare system into one that works better for the American people and for the Medicare program.

HRET of the AHA, and Great Plains QIN as a subcontractor, will participate in Hospital Improvement Innovation Networks to continue working to improve patient care in the hospital setting.

"We are excited to support the HRET/AHA in this important endeavor to build upon the important patient safety and engagement work underway throughout the region. As the Quality Innovation Network – Quality Improvement Organization, we have extensive experience in working with hospitals to support clinical and quality improvement goals. We are prepared to offer guidance and assistance as we work to generate results and improve patient safety," said Ryan Sailor, Network Director for the Great Plains QIN.

Through 2019, these Hospital Improvement Innovation Networks will work to achieve a 20 percent decrease in overall patient harm and a 12 percent reduction in 30-day hospital readmissions as a population-based measure (readmissions per 1,000 people) from the 2014 baseline. Efforts to address health equity for Medicare beneficiaries will be central to the Hospital Improvement Innovation Networks efforts. CMS will monitor and evaluate the activities of the Hospital Improvement Innovation Networks to ensure that they are generating results and improving patient safety.

"We have made significant progress in keeping patients safe – an estimated 2.1 million fewer patients harmed, 87,000 lives saved, and nearly \$20 billion in cost-savings from 2010 to 2014 – and we are focused on accelerating improvement efforts," said Patrick Conway, M.D., CMS acting principal deputy administrator and chief medical officer. "The work of the Hospital Improvement Innovation Networks will allow us to continue to improve health care safety across the nation and reduce readmissions at a national scale – keeping people as safe and healthy as possible."

The 16 organizations (listed in alphabetical order) receiving contracts in the Hospital Improvement Innovation Networks are:

- Carolinas Healthcare System
- Dignity Health
- Healthcare Association of New York State
- HealthInsight
- The Health Research and Educational Trust of the American Hospital Association
- Health Research and Educational Trust of New Jersey
- Health Services Advisory Group
- The Hospital and Healthsystem Association of Pennsylvania
- Iowa Healthcare Collaborative
- Michigan Health & Hospital Association (MHA) Health Foundation
- Minnesota Hospital Association
- Ohio Children's Hospitals' Solutions for Patient Safety
- Ohio Hospital Association
- Premier, Inc.
- Vizient, Inc.
- Washington State Hospital Association

The Partnership for Patients model is one of the first models established in 2011 to be tested under the authority of section 1115A of the Social Security Act (the Act) with the goal of reducing program expenditures while preserving or enhancing the quality of care. Since the launch of the Partnership for Patients and the work of Hospital Engagement Networks in collaboration with many other stakeholders, the vast majority of U.S. hospitals have delivered results as demonstrated by the achievement of unprecedented national reductions in harm. CMS believes that the upcoming work of the Hospital Improvement Innovation Networks, working as part of the Quality Improvement Organization's work to improve patient safety and the quality of care in the Medicare program, will continue the great strides made in improving care provided to beneficiaries.

For more information on the Partnership for Patients and the Hospital Improvement Innovation Networks, please visit: partnershipforpatients.cms.gov.

###

About Great Plains Quality Innovation Network

Great Plains Quality Innovation Network (QIN) is the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Kansas, Nebraska, North Dakota and South Dakota. The development of Great

Plains QIN is a result of legislation that impacts the structure of the QIO program. The Kansas Foundation for Medical Care, CIMRO of Nebraska, Quality Health Associates of North Dakota and South Dakota Foundation for Medical Care aligned to form the not-for-profit organization in 2014. Each of these organizations has a long history of working collaboratively together, serving as their state's QIO and improving the quality and efficiency of healthcare in the region.

Great Plains QIN works with healthcare providers and communities to implement data-driven quality initiatives to improve healthcare. We offer technical assistance, tailored education, best practices, tools and resources. Through these efforts, we intend to improve patient safety, reduce harm and improve clinical care at the local and regional levels.

This material was prepared by the Great Plains Quality Innovation Network, the Medicare Quality Improvement Organization for Kansas, Nebraska, North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11SOW-GPQIN-NE-GEN-11/0916