

KHC Hospital Improvement Innovation Network

March 27, 2019
10 to 11 a.m. CT

HIIN Goals:
By March 2020, hospitals in the KHC HIIN will achieve 20% reduction in all-cause harm and 12% reduction in readmissions.



623 SW 10th Ave. • Topeka, KS 66612 • (785) 235-0763 • www.khconline.org



Introductions

Special Guest



Betsy Lee
Improvement Advisor
Cynosure Health

Hospital Falls Sprint Summaries

LMH Health
Coffey County Hospital
Osborne County Memorial Hospital

Kansas Healthcare Collaborative



Michele Clark
Program Director
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Chuck Duffield
Performance Improvement Mgr.
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KHC HIIN – March 27, 2019

Agenda

- Welcome and Announcements
- Summit On Quality
- Featured Topic: KHC HIIN Falls Sprint – Hospital Sharing
- HIIN Milestone Update
- HIIN Data and Measures Update
- HIIN Resources and Upcoming Events



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Summit on Quality 2019





featuring keynote speaker
Jade Perdue
Director of CMS Quality Improvement
Innovations Model Testing

Event info at: KHOnline.org/summit

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Summit on Quality 2019

A promotional image for the Summit on Quality 2019. It features a large, multi-story Hyatt Regency hotel at night, with its lights reflecting in a pool in the foreground. The text "Summit on Quality 2019" is prominently displayed in large white letters, followed by "May 10" and "Hyatt Regency Wichita, Kansas".

- Full agenda now available and registration now open at:
KHOnline.org/summit

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Falls Sprint Overview

KHC HIIN - Falls Sprint Overview

A portrait of Betsy Lee, a woman with short brown hair and glasses, smiling. She is wearing a blue patterned top.

Featuring:

Betsy Lee
MSPH, BSN, RN
Improvement Advisor
Cynosure Health

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KHC HIIN Falls Sprint Overview

October 2018 - March 2019
Betsy Lee, RN, MSPH
Improvement Advisor, Cynosure Health

UP↑
CAMPAIGN

WAKE UP

SEDATION AND OPIOID SAFETY PLANS

GET UP

PROGRESSIVE MOBILITY FOR ALL PATIENTS

SOAP UP

HAND HYGIENE

SCRIPT UP

OPTIMIZE INPATIENT MEDICATIONS

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KHC HIIN Falls Sprint

Our Goals

- Create a learning community
- Support ACTION!
 - Testing
 - Innovation
 - Sharing

Mobility

Patient and Family Engagement

Post Fall Huddles

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Falls Process Improvement Discovery Tool

HIN Falls Process Improvement Discovery Tool				Falls Process Improvement Discovery Tool			
Instructions: Review 5-10 charts over the past 12 months. Note: Do NOT spend more than 20-30 minutes per chart! Focus on Falls with Injury as priority, use falls without injury & injuries are not available in past 12 months				Instructions: Review 5-10 charts over the past 12 months. Note: Do NOT spend more than 20-30 minutes per chart! Focus on Falls with Injury as priority, use falls without injury & injuries are not available in past 12 months			
Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #
Information about the fall with injury: Name and severity of injury: Was the fall unexpected? Documented reason for the fall: Additional reasons: Was it determined the patient and family caused the fall - "non-compliance with plan"? Age/Gender: Physical at fall since admission time of day:				Instructions: Enter brief characteristics for each chart: (Example: use fall with injury) No Pt received back brace, ordered no ambulation, no bathroom privileges, no intravenous medications, no oral medications, no food or fluids, no walking assistance No No No 80 yrs male day 3 - 11:00A (3:30PM)			
Process to evaluate in chart audit: Was the patient assessed for fall accuracy and severity? Were the following risk factors addressed with a plan or intervention? See below: 1. Appropriate use of restraints, discrimination, non-compliance addressed? 2. Was an IV, including injury severity or another "warning" cue used that morning (ADMP)? 3. Appropriate use (required, injury elimination plan, assessment)? 4. Appropriate use (required, balance, gait or mobility device addressed)? 5. Appropriate use (risk for injury addressed) - Aggravate, decrease, Copulation, surgery? (Eliminate, lower risk, taking equipment)				Instructions: Mark an X in the box where the response would be "Yes" (X = Opportunity, a process failure may have occurred): X (see below) X (see below)			
Individualized Care Planning Processes				Process Observations			
Observations: Bedside Observations				Observations: Bedside Observations			
1. Patient was in room, glasses within reach 2. Patient was wearing a hearing aid or other glasses, are they in place? 3. During wakeful time, are bedside up? 4. Is the patient involved in a mobility stimulating activity?				1. Patient was in room, glasses within reach 2. Patient was wearing a hearing aid or other glasses, are they in place? 3. During wakeful time, are bedside up? 4. Is the patient involved in a mobility stimulating activity?			
Tab 1 - Mini RCA Falls				Tab 2 - Fall Tracer Observations			
Tab 3 - Delirium Inducing Drugs				Tab 4 - Delirium Inducing Drugs			

Chart Audit 5 - 10 of most recent falls with injury

Observations:

- Post Fall Huddle
- Bedside Handoff
- Bedside: are delirium strategies in place, tripping hazards, call lights

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Moving to Mobility: Ideas for Change

- ▶ Start with one patient, one nurse, one tech
 - ▶ Morning routine - up in chair to bathroom to wash face, brush teeth
 - ▶ Up in chair for meals
 - ▶ Mentally stimulating activities - try playback.fm for music from the patients reminiscence bulge: mid teens to early 20s
 - ▶ Walk three times a day
 - ▶ Family engagement
 - ▶ Bedtime routine
 - ▶ Sleep enhancement

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Other Targeted Small Tests of Change

- ▶ **Implement mobility plans**
 - ▶ RN Assessment of mobility on admission
 - ▶ MD orders for activity
 - ▶ Up in Chair for meals
 - ▶ Interdisciplinary mobility rounds
 - ▶ Family training as mobility partners
 - ▶ Sitters ambulate patients
 - ▶ Gait belts in pt rooms
- ▶ **Include patients, families and caregivers**
 - ▶ Provide structured education apart from admission orientation
 - ▶ Educate using teach-back
 - ▶ Encourage family members to stay with high-risk, vulnerable patients
 - ▶ Use whiteboard to document mobility
 - ▶ Signed safety agreement for patient and nurse to sign
- ▶ **Tailored Care**
 - ▶ Test the Fall TIPS tool
- ▶ **Review medications**
 - ▶ Remove culprit medications from order sets (ie Ambien) – just do it
 - ▶ Target high-risk population for pharmacist med review
 - ▶ Target a drug class to evaluate ie benzos, sleeping aids
- ▶ **Conduct post-fall huddles**
 - ▶ Conduct immediately at bedside with patient & family
 - ▶ Engage leadership in responding to fall and leading the huddle
 - ▶ Include a pharmacist & rehab staff member in the post-fall huddle or case review
- ▶ **Communicate risk across the team**
 - ▶ Early shift huddle to discuss patients that staff are concerned about.
 - ▶ Charge nurse or manager rounding on high risk patients

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Thinking Small

- ▶ **How can we target an intervention for a small patient population?**
 - ▶ Patients or residents
 - ▶ At risk for injury
 - ▶ Pts 65 or greater with > 5 medication
 - ▶ Pts 85 or older
 - ▶ Those who have fallen or admitted for fall
 - ▶ Or just try one patient from admit to discharge
 - ▶ Other examples: Drug class
 - ▶ Benzo's and sleep aids?
 - ▶ Antidepressants or Antipsychotics?

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Remember, Go Slow to Go Fast



Plan for Sustainability

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Sustainability: Holding the Gains

STAFF	ORGANIZATION	PROCESS
Engagement	Infrastructure	Adaptability
Education	Culture	Measurement
Leadership		Value

Adapted from: Minnier, T. How to Build Sustainability into the Innovation Process. <https://innovations.ahrq.gov/perspectives/how-build-sustainability-innovation-process>


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Let's hear
from our
hospitals!

LMH Health
Coffey County Hospital
Osborne County Memorial Hospital

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Lawrence Memorial Hospital

Falls Sprint Progress Report as of 2/25/19

Falls Prevention Sprint

Aim Statement

By May 1, 2019, 2nd Medical will improve patient experience and reduce falls related to toileting needs by 25% through implementation of consistent purposeful hourly rounds, utilizing a standard script.

Why is this project important?

Patients depend on us to ensure their safety and prevention from harm while they are under our care. Rounding every hour for a purpose, or more frequently, ensures the above is true and that we care!

Lessons Learned

- Senior Leadership is key to Success: it was very impactful to staff when CNO, Directors of other units, other Dept staff came up and talked to staff/patients that had fallen the previous day.
- Staff engagement is another key stake holder!! If you have staff champions it is easier to accomplish goals. Let them be apart of the decision making.
- Discussing lessons learned from falls at am safety huddle brings forward important lessons learned for every dept., clinic, unit to take back to their staff.


Changes Being Tested, Implemented or Spread

- Completing hospital wide rounding with administration: Fall team reps, CNO, Physical Therapy, Risk Management, Operational Excellence, Clinical excellence and Value. We go up to site of fall and then look at environment and speak with patient on what was different this time, where could we improve (T) 1/25/19- implemented now
- Discuss Falls at admin safety huddle every am and what the staff learned from the fall and how we could prevent in future (T) 1/25/19- implemented now
- Weekly huddles on Friday to discuss every fall that week and then the small group makes recommendations to share organization wide (T) 1/25/19
- Purposeful Rounding scripting/ implementation (I) 3/1/19

Next Steps

- Look at Patient satisfaction scores post rounding implementation and falls related to toileting after 2 months, then roll out to other units if successful!
- Monitor data on how many call lights go off prior to purposeful rounding implementation and then at the 2 month mark. See if decrease!
- Come up with way to monitor purposeful rounding completion
- Continue weekly meetings, post-fall huddles with admin/leaders and discussion of falls at safety huddle until our fall rate is lowered and meeting goal rate
- Implement the use of BMAT/TUG test during admission process

2N Fall Rates, 6 Month Overview




Month	Falls	Fall Rate (# of falls per 1,000 pt. days)
Aug-18	4 falls	5.84
Sep-18	5 falls	7.95
Oct-18	3 falls	4.67
Nov-18	1 fall	1.67
Dec-18	2 falls	2.93
Jan-19	2 falls	3.14

Team Members

- 2nd medical staff
- Jacki Aldrich Manager/Fall team chair
- Carol Gaumer
- Shannon Roberts- Clinical Excellence and Value

Adapted from the Institute for Healthcare Improvement, 2012

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Falls Prevention Sprint

Coffey County Hospital

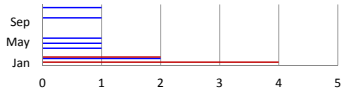
Falls Sprint Progress Report as of March 21st 2019

Aim Statement

We will aim to reduce our hospital fall rate by 15% from current baseline by December 2019.

Upon initially starting this project we were fairly proud of our low fall rate, but thought this would be a great project to further reduce falls and helps us to navigate and learn the PDSA cycle. Around mid February, our mind set was changed. We saw a sudden and drastic increase in our fall rate. We almost had as many falls in quarter one of 2019 as what we had in all of 2018. This Fall Sprint became a priority for us and unfortunately our Aim statement was not longer attainable. While we were still learning how to navigate a PDSA cycle like we had originally hoped, we started to really dive into the root cause analysis of falls and changed our way of thinking to a proactive fall PREVENTION rather than a reactive approach after a fall occurred.

Medical-Surgical Fall Rates

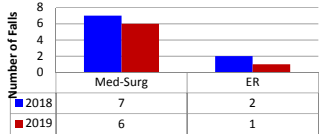


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	4	2										
2018	0	2	0	1	1	1	0	0	0	1	0	1

Changes Being Tested, Implemented or Spread

- Updated Fall Risk Assessment on Admission (I)
- Fall Risk notifications: sign on door and bracelets (I)
- Staff training on fall prevention and root cause analysis
- Post fall evaluations and analysis (I)
- Supplemental Fall/mobility aid indicator at bedside(I)

Fall Totals (2018 vs Year to Date)



	Med-Surg	ER
2018	7	2
2019	6	1

Lessons Learned


- Our staff was focused on fall reactions and what to implement post fall, rather than taking a pro-active approach to fall prevention.
- Chair alarms, bed alarms, etc will not prevent a fall, it will simply alert you to one.
- Communication and fall analysis is key to prevention of further falls after one had occurred.

Next Steps








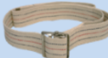





















- Continue post fall analysis
- Provide additional Root Cause Analysis training to staff
- Promote the UP Campaign
- Create a new Aim statement and continue moving forward!



Team Members

- Stacy Augustyn, Chief Quality and Compliance Officer
- Donneta Karmann, QA Assistant
- Melissa Hall, CNO
- Michelle McVey, OB and Med-Surg Supervisor
- Vernon Peters, ER Supervisor



Adapted from the Institute for Healthcare Improvement, 2012

Patient Name:		Date:	
 Increased Risk of Harm if You Fall 		Fall Interventions <i>(Circle selection based on color)</i>	
Fall Risks <i>(Check all that apply)</i>		Walking Aids	
 History of Falls 	 	 Crutches	 Gait Belt
 Medication Side Effects 	Assistance with Equipment while Walking	 Walker	 Cane
 Walking Aid 		 Bed Pan	 Assist to Bathroom
 IV Pole or Equipment 	Bed Alarm On	 Assist to Bathroom	
 Unsteady Walk 		Level of Transfer Assistance	
 May Forget or Choose Not to Call 		 Bed Rest	 Lift Assist
		 1 Person	 2 People

Osborne County Memorial Hospital

Progress Report as March 15, 2019

Falls Prevention Sprint

Aim Statement

OCMH will reduce our total yearly falls with or without injury on the nursing floor by 30% from the fiscal year 2018, from 10 per year to 7 per year in fiscal year 2019.

Why is this focus important?

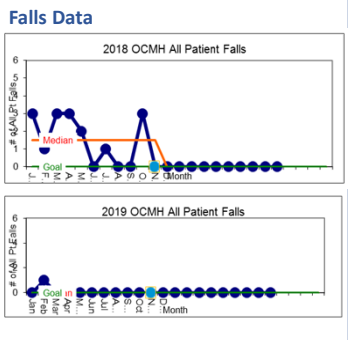
In 2018 we had 11 falls on the nursing floor. Falls can have serious consequences and are a major patient safety concern. OCMH would like to initiate fall prevention strategies to reduce or prevent patient harm and to keep fall and injury rates as low as possible. Treating falls can be very costly for patients and health care facility.

Preventing falls with injury is a priority for this hospital. The Falls Prevention Sprint have provided tools and monthly PDSA intervention testing with report-backs to the group.

Changes Being Tested

- Post Fall Huddles initiated by team within 15 minutes of patient fall event with patient and/or family present.
- More timely in doing fall risk assessments as changed this process from every 24 hours to every 12 hours
- More intentional frequent rounding

Falls Data



Lessons Learned


- Leadership and staff engagement and empowerment crucial
- Engagement of patient and family invaluable towards more positive outcomes
- Earlier identification of clinical changes in patient status beneficial


Next Steps

- Providing fall information in patient admission packets
- Will begin posting how long since last patient falls occurred
- Continue with Post Fall Huddles and Fall Risk Assessments every 12 hours
- Work on utilizing gait belts for patient safety

Team Members

- Kristen Hadley, Quality
- Cindy Hyde, RN, Risk Mgmt, Infection Prevention, Corp Compliance
- Monica Mullender, RN, DON
- Lori Rothenberger, RN, ADON, Surgery
- Aaron Geist, PT, DPT, Cert DN





Adapted from the Institute for Healthcare Improvement. 2012


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Resources

Tools to Test:

- KHC/HRET HIIN Falls Discovery Tool
- Progressive Mobility Tools
 - [Banner Mobility Assessment Tool for Nurses \(BMAT\) video and Tool](#)
 - [Timed Get up and Go Test](#)
 - [Get Up and Go Test](#)
 - [Project HELP Mobility Change Package – multiple tools included](#)
 - [Med Surg Mobility Protocol](#)
 - [ICU Mobility Protocol](#)

PFE Bedside Tools

	Patient Name: <u>John</u>	Date: <u>05/12/2016</u>
Increased Risk of Harm if You Fall <input type="checkbox"/>	Fall Interventions (Circle selection based on color)	
Fall Risks (check if that apply)	Communicate Bed Exit and/or Call for Help <input type="checkbox"/>	
History of Falls <input checked="" type="checkbox"/>	Walking Aids <input type="checkbox"/>	
Medication Side Effects <input checked="" type="checkbox"/>	Crutches <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/>	
Waking Aid <input checked="" type="checkbox"/>	1/ Assistance When Walking <input type="checkbox"/>	
IV Pole or Equipment <input checked="" type="checkbox"/>	Telling Schedule Every 1 hour <input type="checkbox"/>	
Unsteady Walk <input checked="" type="checkbox"/>	Bed Pan <input type="checkbox"/> Assist to Commode <input type="checkbox"/> Assist to Bathroom <input type="checkbox"/>	
May Forget or Choose Not to Call <input checked="" type="checkbox"/>	Bed Alarm On <input type="checkbox"/> Assistant Out of bed <input type="checkbox"/>	
	Bed Rest 1 person <input type="checkbox"/> 2 people <input type="checkbox"/>	

[Fall Tips Article](#)

[Register to receive the Fall TIPS tool](#)

[Fall TIPS Webinar: How to Implement on your unit](#)

[illegible]

Cox Patient Agreement

[illegible]

Fall Prevention Tips for Hospital Patients and Families

TEACH-BACK TOOL for Fall Prevention

HRET
HUMAN RESOURCES EDUCATION TOOL

PURPOSE OF TOOL: TO GIVE STUDENTS AN OPPORTUNITY OF LEARNING FROM EACH OTHER AND TO PROVIDE AN OPPORTUNITY FOR STUDENTS TO REINFORCE THEIR KNOWLEDGE AND UNDERSTANDING OF FALL PREVENTION. THIS TOOL CAN BE USED TO ENHANCE THE LEARNING EXPERIENCE FOR STUDENTS.

Author: Jennifer L. Johnson, Instructional Development and Support, and
 Kristin L. Johnson, Instructional Development and Support, both at
 The University of North Carolina at Charlotte

**Using Teach-Back for Evidence-Based Teaching, Fall Prevention and Injury Prevention
 Education for Nurses and Family Practitioners That is Based on Assessment**

- 1 **Researching and selecting a topic to teach**
 The student selects a topic to teach and is given 10 minutes to research the topic and prepare a presentation. The student is given 10 minutes to prepare a presentation and is given 10 minutes to present to the class.
- 2 **Finding a video resource to teach**
 The student finds a video resource to teach and is given 10 minutes to research the topic and prepare a presentation. The student is given 10 minutes to prepare a presentation and is given 10 minutes to present to the class.
- 3 **Watching and taking notes on the video**
 The student watches the video and takes notes on the video. The student is given 10 minutes to watch the video and take notes on the video.
- 4 **Preparing a presentation to teach**
 The student prepares a presentation to teach and is given 10 minutes to research the topic and prepare a presentation. The student is given 10 minutes to prepare a presentation and is given 10 minutes to present to the class.
- 5 **Presenting to the class**
 The student presents to the class and is given 10 minutes to research the topic and prepare a presentation. The student is given 10 minutes to prepare a presentation and is given 10 minutes to present to the class.
- 6 **Evaluating the presentation**
 The student evaluates the presentation and is given 10 minutes to research the topic and prepare a presentation. The student is given 10 minutes to prepare a presentation and is given 10 minutes to present to the class.

QR Code

For more information on this tool, visit the website at:
<https://www.hret.org/teach-back-tool>

Fall Teach Back Tool

[illegible]

Fall Questionnaire

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Post Fall Huddle Tools

[illegible]

CAPTURE FALLS TOOLKIT

- ▶ Training videos and power point
- ▶ Forms
- ▶ Pocket Card
- ▶ [CAPTURE Falls Website](#)

[illegible]

Good Example of Post-Fall Huddle



Bad Example of Post-Fall Huddle



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KHC HIIN Update

- Continuation of HIIN
- HIIN Education Reports Available
- Hand Hygiene Collaborative continuing
- More to be announced

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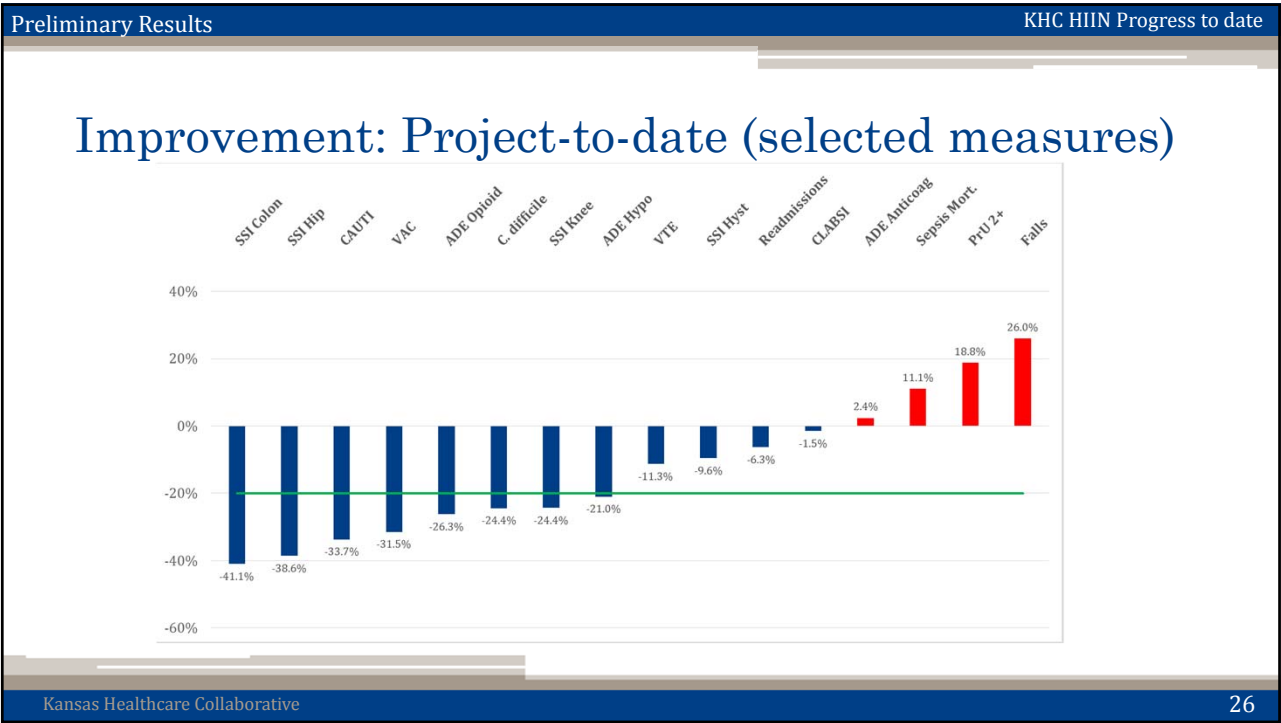
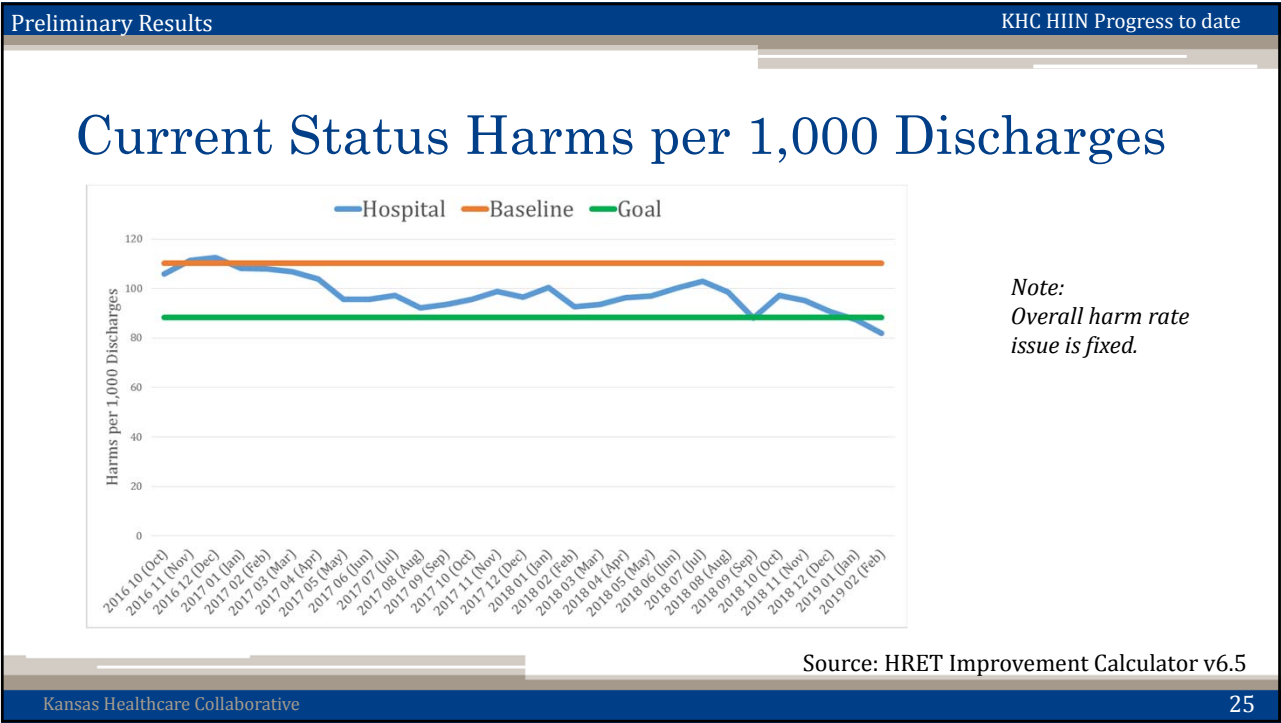
KHC HIIN
Data Update

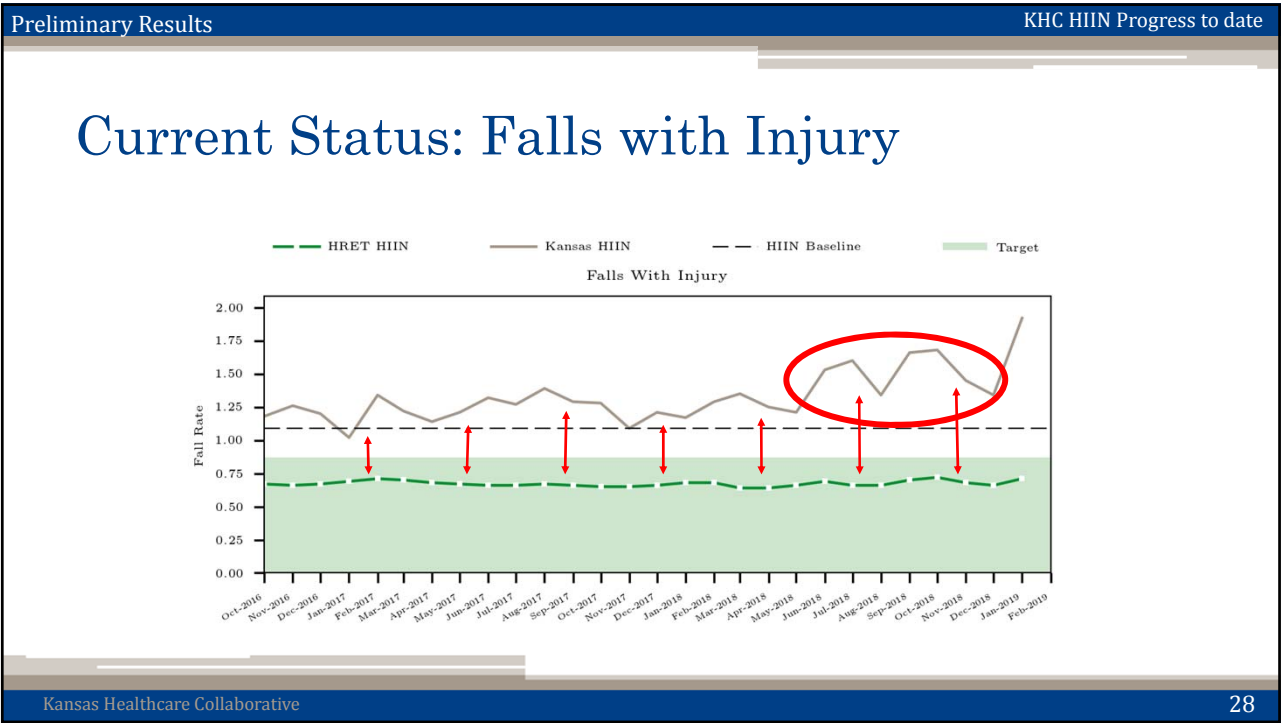
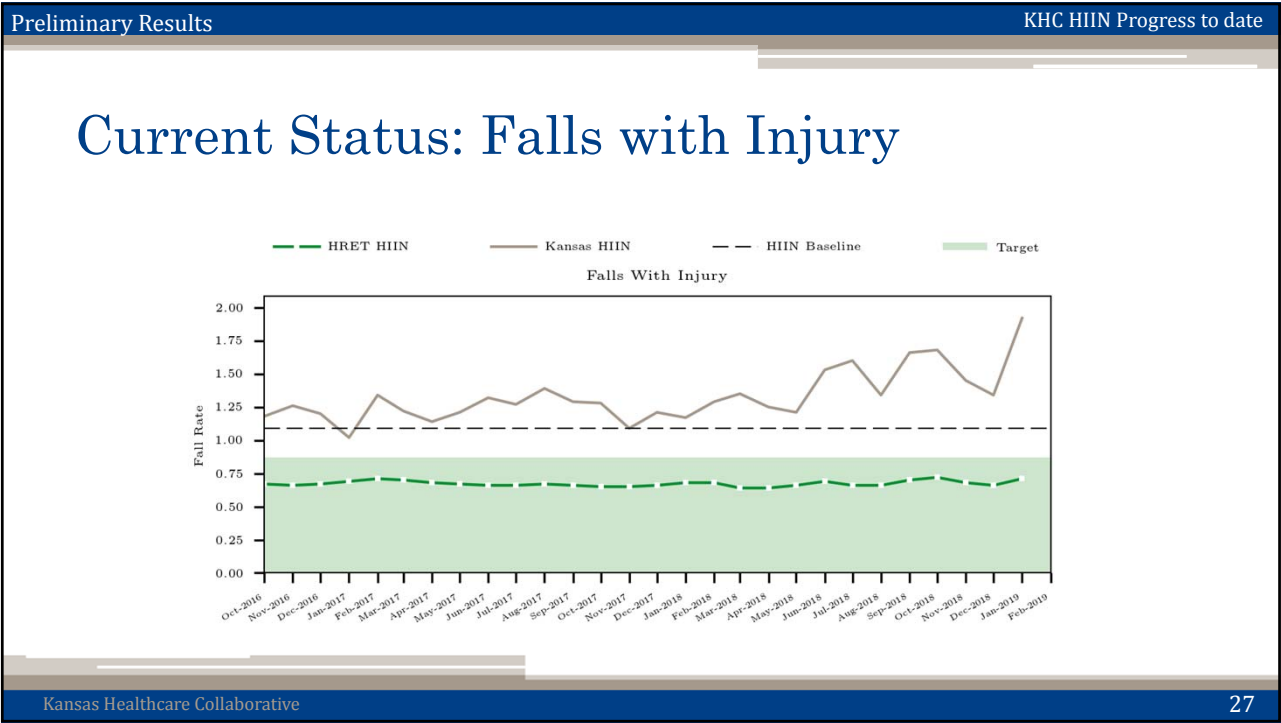
- Status Update
- Reports
- Data submission schedule

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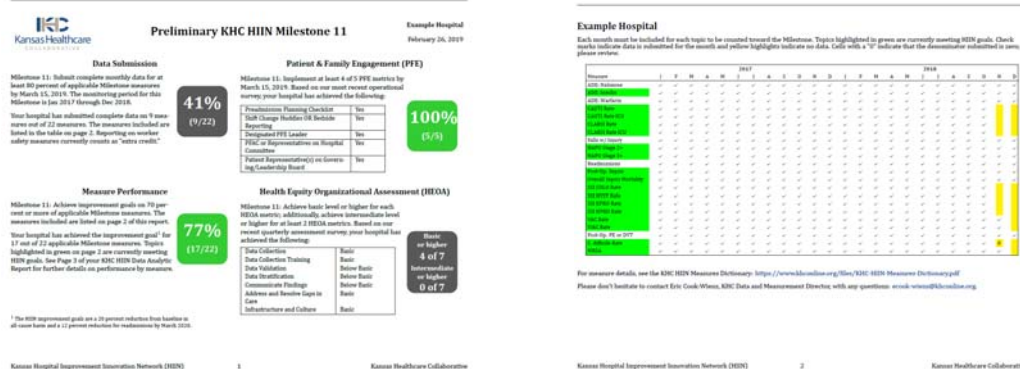




HIIN Milestones

Reports

- Final March Reports distributed Monday (3/25/2019)
- Milestone Reports

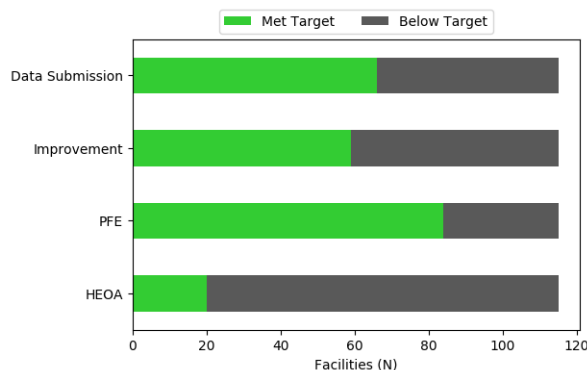


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Preliminary Results

Milestone 11 Aggregate Results



Targets

Data Submission

- COMPLETE data on 80% of applicable measures

Improvement

- Meeting improvement targets for project period or last 6 months
- Green boxes in analytic report

PFE

- Meet 4 out of 5 (or 3 out of 4) PFE metrics

HEOA

- Basic or higher for each metric AND intermediate or higher for 2 or more

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Polling Question

- Is the Milestone report format easy to understand?
 - Yes
 - No
 - Undecided

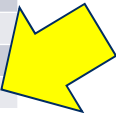
Polling Question

- The Milestone 11 report was distributed to primary and secondary HIIN contacts. In your facility, who was invited to review the report?
 - Quality director or quality team
 - Nursing leadership
 - CEO/Administrator
 - Board of Directors
 - Your colleagues who help gather data
 - Not shared

HIIN Data Schedule

Kansas HIIN - Data Submission Schedule

Outcome & Process Measures for HACs occurring in:	Readmissions for index discharges in, and SSI for procedures performed in:	Submission Due
March, 2018	February, 2018	April 30, 2018
April, 2018	March, 2018	May 31, 2018
May, 2018	April, 2018	June 30, 2018
June, 2018	May, 2018	July 31, 2018
July, 2018	June, 2018	August 31, 2018
August, 2018	July, 2018	September 30, 2018
September, 2018	August, 2018	October, 2018
October, 2018	September, 2018	November, 2018
November, 2018	October, 2018	December, 2018
December, 2018	November, 2018	January 31, 2019
January, 2019	December, 2018	February 28, 2019
February, 2019	January, 2019	March 31, 2019



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KHC HIIN – March 27, 2019

Resources and Upcoming Events

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KQIP #OneHealthKS Campaign


#OneHealthKS Pledge

www.useantibioticswisely.org

Antimicrobial Stewardship

KHC, along with its partners in the Kansas Quality Improvement Partnership (KQIP), invite all health care settings and providers – animal and human – to:

Actively commit to antimicrobial stewardship by taking the #OneHealthKS Pledge.



The Kansas Quality Improvement Partnership


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KQIP #OneHealthKS Campaign

#OneHealthKS Pledge

What would we be pledging to do?

- By end of **month 1**, designate clinical leadership, a single leader, who will be responsible for program outcomes.
- By end of **month 6**, allocate necessary resources, including human, financial and I.T. resources.
- By end of **month 9**, develop local expertise by identifying and providing training for stewardship leaders through online or in-person training.
- By end of **month 12**, complete education for clinicians and patients about both resistance and optimal prescribing/antibiotic use.



The Kansas Quality Improvement Partnership

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How can I learn more?

Visit

<https://public.kfmc.org/sites/hai/SitePages/Kansas%20Quality%20Improvement%20Partnership.aspx>

Pledge online or return the pledge form by fax or email.

KQIP cover letter, recommendation, and pledge form:

<https://www.khconline.org/files/HIIN/OneHealthKS-pledge.pdf>

Questions? Contact a KQIP representative
or call Michele Clark at KHC, 785-235-0763
x1321 or mclark@khconline.org.



Upcoming KHC Events

Upcoming KHC Events

ICU CAUTI-CLABSI Prevention Workshop

for Kansas-Iowa ICU teams in the AHRQ Safety Program

April 4, 2019 ● Kansas City, Ks

Registration is now open. Please contact a member of the Kansas Healthcare Collaborative team for additional information.

- I.P. Boot Camp

Apr 16 - 17, 2019 ● Manhattan, Ks

Registration now open for novice infection preventionists in acute and ambulatory care settings. Visit www.khconline.org/IP-Bootcamp for additional information, agenda, and registration.

See more KHC events at

<https://www.khconline.org/events/full-events-list>

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Upcoming Events

Upcoming KHC HIIN Webinars

KHC HIIN: Monthly Virtual Meeting

April 24, 2019 ● 10:00am - 11:00 am

KHC Hand Hygiene: Monthly Virtual Meeting

May 3, 2019 ● 11:00am - 12:00 pm

We will be conducting a sign-up refresh soon.

Please watch your emails and Listserv messages for more information!

Information: <https://www.khconline.org/events/hiin-events>

Contact Chuck Duffield, cduffield@khconline.org or call (785) 235-0763 x1327.

See more KHC events at

<https://www.khconline.org/events/full-events-list>

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Resources

Case Studies Review

HRET HIIN has recently updated the case studies page on its website to allow everyone to read existing case studies and submit new ones.

Do you have a success story to share?
We encourage you to complete a [Case Study Template](#) and submit to info@khconline.org.

HRET HIIN is featuring case studies on its website. Visit <http://www.hret-hiin.org/resources/display/case-studies>

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Recent Events

Recent Webinars and Events

- February 27, 2019 - KHC HIIN Webinar**
Journey to Health Equity:
Data, prevalence studies and best practices
[Webinar recording](#) | [Presentation handout](#) (pdf)
- February 28, 2018 - KHC HIIN Falls Prevention Sprint - Session #5**
[Webinar recording](#) | [Presentation handout](#) (pdf)

See KHC HIIN Education Archive at
<https://www.khconline.org/initiatives/hiin/education/khc-hiin-past-educational-events>


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Feedback

Please provide feedback to this webinar.
Let us know your next steps.

<https://www.surveymonkey.com/r/KHC-HIIN-03272019>



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Your HIIN Contacts



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