

# KHC Hospital Improvement Innovation Network

February 28, 2018  
10 to 11 a.m.

## HIIN Goals:

By September 2018, hospitals in the KHC HIIN will achieve 20% reduction in all-cause harm and 12% reduction in readmissions.



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## KHC Hospital Improvement Innovation Network

### Agenda

- Introductions and Announcements
- UP Campaign Assessment Tool
- HIIN Data: Progress to Date and Updates
- Patient & Family Engagement
- Patient and Family Advisor Programs
- Reminders and Upcoming Events

**Introductions**

**Special Guest**

**Kansas PFA/PFAC Collaborative Faculty  
Tandem Healthcare Solutions**

**Allison  
Chrestensen,**  
OTR/L



**Special Guest**

**Cynosure Health  
Improvement Advisor**

**Betsy Lee,**  
MSPH, BSN, RN



**KHC Staff**



**Michele Clark**  
Program Director  
mclark@khconline.org

**Rob Rutherford**  
Senior Health Care Data Analyst  
rrutherford@khconline.org



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**HRET HIIN Quality Improvement Fellowship**

## 2018 Q.I. Fellowship Participants

<p><b>Anderson County Hospital</b></p> <ul style="list-style-type: none"> <li>• Tina Capeder</li> </ul> <p><b>Ashland Health Center</b></p> <ul style="list-style-type: none"> <li>• Jessica Bates</li> <li>• Jamie Waggoner</li> </ul> <p><b>Citizens Medical Center</b></p> <ul style="list-style-type: none"> <li>• Lisa Stoll</li> </ul> <p><b>Cloud County Health Center</b></p> <ul style="list-style-type: none"> <li>• Lisa Hasenbank</li> </ul> <p><b>F. W. Huston Medical Center</b></p> <ul style="list-style-type: none"> <li>• Heather Aranda</li> </ul> <p><b>Hays Medical Center</b></p> <ul style="list-style-type: none"> <li>• Melanie Urban</li> </ul>	<p><b>Holton Community Hospital</b></p> <ul style="list-style-type: none"> <li>• Cody Utz</li> </ul> <p><b>Lawrence Memorial Hospital</b></p> <ul style="list-style-type: none"> <li>• Jill Ice</li> </ul> <p><b>Memorial Health System</b></p> <ul style="list-style-type: none"> <li>• Michelle Toogood</li> <li>• Carolyn Mikesell</li> </ul> <p><b>Mercy Hospital, Inc.</b></p> <ul style="list-style-type: none"> <li>• Lorie Friesen</li> <li>• Verla Friesen</li> </ul> <p><b>Ness County Hospital</b></p> <ul style="list-style-type: none"> <li>• Art Crider</li> </ul> <p><b>Newman Regional Health</b></p> <ul style="list-style-type: none"> <li>• Ester Knobloch</li> </ul>
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HRET HIIN Quality Improvement Fellowship


## 2018 Q.I. Fellowship Participants

<p><b>Newton Medical Center</b></p> <ul style="list-style-type: none"> <li>• Janie Mosqueda</li> </ul> <p><b>Olathe Medical Center</b></p> <ul style="list-style-type: none"> <li>• Tiffany Curtis</li> <li>• Katherine Rucker</li> <li>• Tammy Cunningham</li> </ul> <p><b>Osborne County Memorial Hospital</b></p> <ul style="list-style-type: none"> <li>• Kristen Hadley</li> </ul> <p><b>Ransom Memorial Hospital</b></p> <ul style="list-style-type: none"> <li>• Dorothy Rice</li> </ul> <p><b>Rush County Memorial Hospital</b></p> <ul style="list-style-type: none"> <li>• Tiffany Trapp</li> </ul> <p><b>Sabetha Community Hospital</b></p> <ul style="list-style-type: none"> <li>• Linnae Coker</li> </ul>	<p><b>Smith County Memorial Hospital</b></p> <ul style="list-style-type: none"> <li>• Julie Haresnape</li> </ul> <p><b>Stanton County Hospital</b></p> <ul style="list-style-type: none"> <li>• Jada Crapo</li> </ul> <p><b>Trego County Lemke Memorial Hospital</b></p> <ul style="list-style-type: none"> <li>• Jessica Buchholz</li> </ul> <p><b>VA Eastern Kansas Healthcare System</b></p> <ul style="list-style-type: none"> <li>• Harold Vannier</li> <li>• Sarah Lueger</li> <li>• Courtney Huhn</li> </ul> <p><b>Washington County Hospital</b></p> <ul style="list-style-type: none"> <li>• Jeff McCall</li> </ul>
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Great Turnout by Kansas hospitals!

## KHC HIIN Wound Assessment Workshop Held Feb. 8-9 in Hays, Ks.



1.5-day workshop presented by Wound Care Education Institute

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Announcements

## HIIN Activities Survey

Now Underway.  
Please respond by March 15.  
[www.surveymonkey.com/r/KHC-HIIN-Activities-4Q17](http://www.surveymonkey.com/r/KHC-HIIN-Activities-4Q17)

Reflect on your facility's:

- Current priorities
- Proudest accomplishments
- Patient and family engagement
- Governance
- Disparities


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Announcements

*HRET HIIN*

## Sepsis Readmissions Fishbowl

**The Fishbowl Is Now Filled**



The series will consist of five webinars starting in April and continuing through August 2018.

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Announcements

## Join the Campaign:



**2018  
PATIENT SAFETY  
AWARENESS WEEK**  
March 11-17

**Patient Safety Awareness Week  
Promotional Materials and Resources**  
[www.unitedforpatientsafety.org](http://www.unitedforpatientsafety.org)

In conjunction with Patient Safety Awareness Week,  
the National Patient Safety Foundation offers this complimentary webcast:  
Engaging Patients and Providers: Speaking Up for Patient Safety at 12:00 pm CT  
Register here:  
<http://app.ihl.org/events/SelectAttendee.aspx?New=1&EventId=3129>

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Announcements

## HRET Invites You to Share Your Story



**2018  
PATIENT SAFETY  
AWARENESS WEEK**  
March 11-17

HRET is asking hospitals to submit stories and photos of how you are  
dedicated to improving patient safety and patient engagement.


Submit your story **by March 6**  
<https://www.surveymonkey.com/r/PSAW2018>

Plus submit any supporting photos to HRET at [hiin@aha.org](mailto:hiin@aha.org).

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UP Campaign

**HRET HIIN**  
**UP CAMPAIGN**  
*A Fresh Approach to Harm Reduction*



<http://www.hret-hiin.org/engage/up-campaign.shtml>

**Foundational Questions**

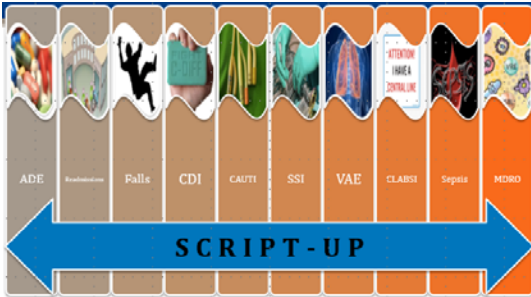
1. Is my patient awake enough to get up?
2. Have I protected my patient from infections?
3. Does my patient need any medication changes?

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UP Campaign

**SCRIPT UP:**  
 Optimizing Patient Medications,  
 Minimizing Adverse Events

*In case you missed it,  
 Webinar recording is available!*



**HRET HIIN SCRIPT UP  
 Virtual Event**

**Optimizing Patient  
 Medications, Minimizing  
 Adverse Events**

11 am – Noon CT  
 January 30, 2018

<http://www.hret-hiin.org/resources/display/hret-hiin-script-up-optimizing-patient-medications-minimizing-adverse-events>

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UP Campaign

**HRET HIIN**

## UP CAMPAIGN -- A new self-assessment tool

UP Campaign Implementation – Self-Assessment	Not thinking about it	Just starting to plan	Testing on one unit	Spread to multiple units
<b>WAKE UP Prevent Over-Sedation</b>				
Are you using the Pasero Opioid-Induced Sedation Scale (POSS) prior to and after opioid administration?				
Do you offer multimodal pain management; both pharmacologic and non-pharmacologic modalities?				
Are you setting pain management expectations ("0" is not the goal) prior to admission?				
Are you asking about comfort level in addition to pain score?				
Are you using Teach-Back methods with patients and families to enhance their knowledge and assist in setting pain management expectations?				
<b>GET UP Mobilize Patients</b>				
Do you have a mobility team?				
Do you have a mobility protocol?				
Have you clearly identified staff that have the capacity to ambulate patients daily?				
Do your nurses or rehabilitation/physical therapists evaluate each patient's mobility status upon admission?				
Do you have safe patient handling and movement training for nursing and assistive staff?				
Is mobility equipment readily available for nurses and patients to access? (canes, walkers, lifting and safe patient handling devices, gait belts)				
Do you have a way to document and monitor daily mobility?				
<b>SOAP UP Hardwire Hand Hygiene</b>				
Do you display hand hygiene (HH) compliance results in highly visible places at the department/unit level?				
Have you implemented scripting to remind other team members to perform HH when it is not observed?				
Do you have a system in place that holds all team members accountable to the HH expectations?				
<b>SCRIPT UP Optimize Medications</b>				
Have you implemented a "time out" after 24-48 hours of antibiotic therapy to re-assess and optimize therapy?				
Do the staff, providers, and pharmacists have ready access to reminders and alerts to avoid medications on the Beers list for patients over 65 years old?				
Is there a specific number of medications on a patient's medication list (e.g., 10) that will trigger a review by a pharmacist?				

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**EHR Incentive Programs**  
A program of the Centers for Medicare & Medicaid Services

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### News Updates

#### Medicare Hospital Attestation Deadline Extended to March 16, 2018

The Medicare eligible hospital and critical access hospital (CAH) attestation deadline has been changed from Wednesday, February 28, 2018, to Friday, March 16, 2018, at 11:59 p.m. Pacific Time. This extension is being granted to provide hospitals additional time to submit attestation data and eCQM data.

Eligible hospitals and CAHs attesting to CMS for the EHR Incentive Program must submit data through the [QualityNet Secure Portal \(QNet\)](#).

- **Medicaid eligible hospitals** should contact their [state Medicaid agencies](#) for specific information on how to attest.
- **Dually eligible hospitals and CAHs** will register and attest for Medicare on [QNet](#) and update and submit registration information in the [Registration and Attestation System](#).

**Get Attestation Help**

CMS has a variety of resources to help you complete the attestation process:

**Qnet Help Desk**  
For help with registration and attestation on Qnet, contact the Qnet Help Desk from 7 am to 7 pm CT, Mon-Fri.

Email: [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org)  
Phone: (866) 288-8912

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## Measures & Data Update

- Overall HIIN Progress
- PFE Metrics
- Milestones
- Focus Areas/Sprint
- Upcoming Report Changes



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## HIIN: Where We Are Going

### Goals:

**20% Overall reduction in hospital-acquired conditions** (baseline 2014)

**12% Reduction in 30-day readmissions** (baseline 2014)

*partnershipforpatients.cms.gov*

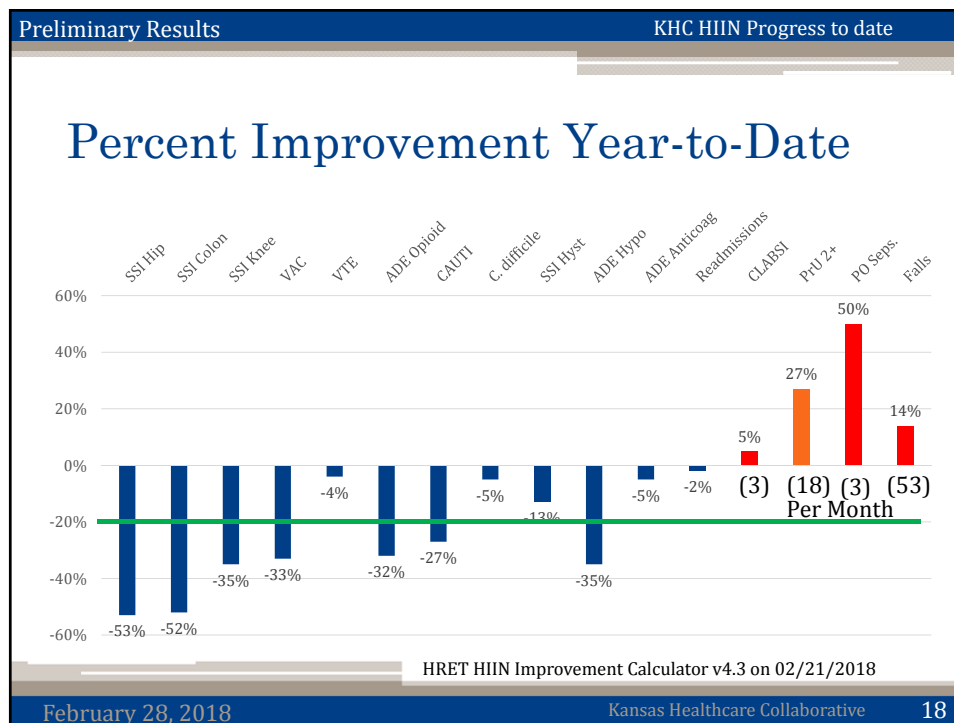
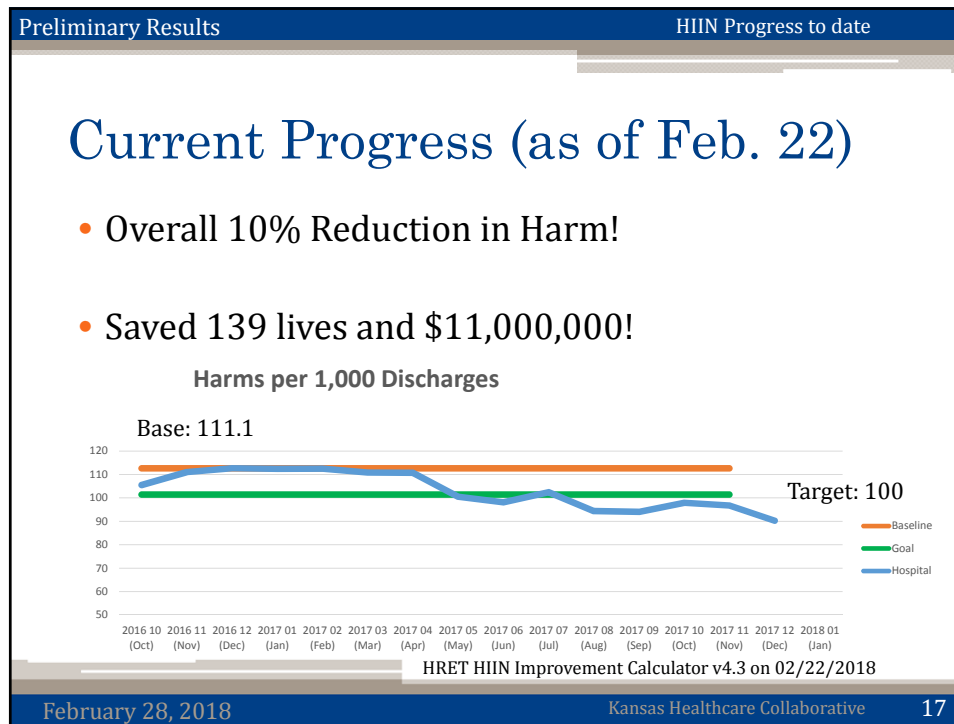
2010	<b>145 Harms/1,000 Discharges</b>
2011	<b>142 Harms/1,000 Discharges</b>
2012	<b>132 Harms/1,000 Discharges</b>
2013	<b>121 Harms/1,000 Discharges</b>
2014	<b>121 Harms/1,000 Discharges</b>
2015	<b>115 Harms/1,000 Discharges</b>
<b>CMS Goal 2019</b>	<b>97 Harms/1,000 Discharges</b>

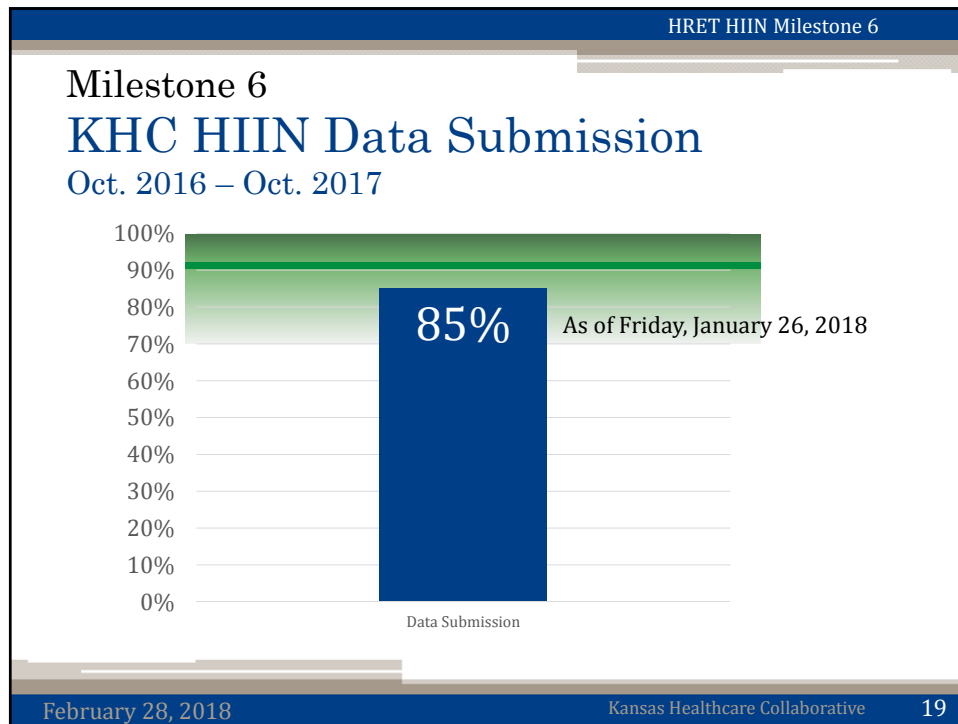
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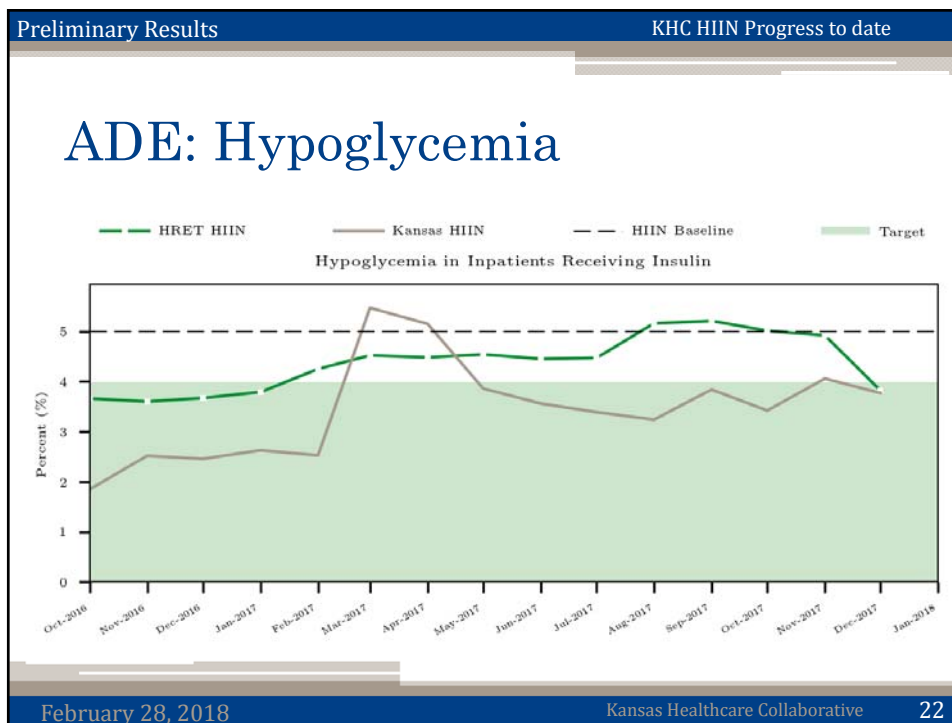
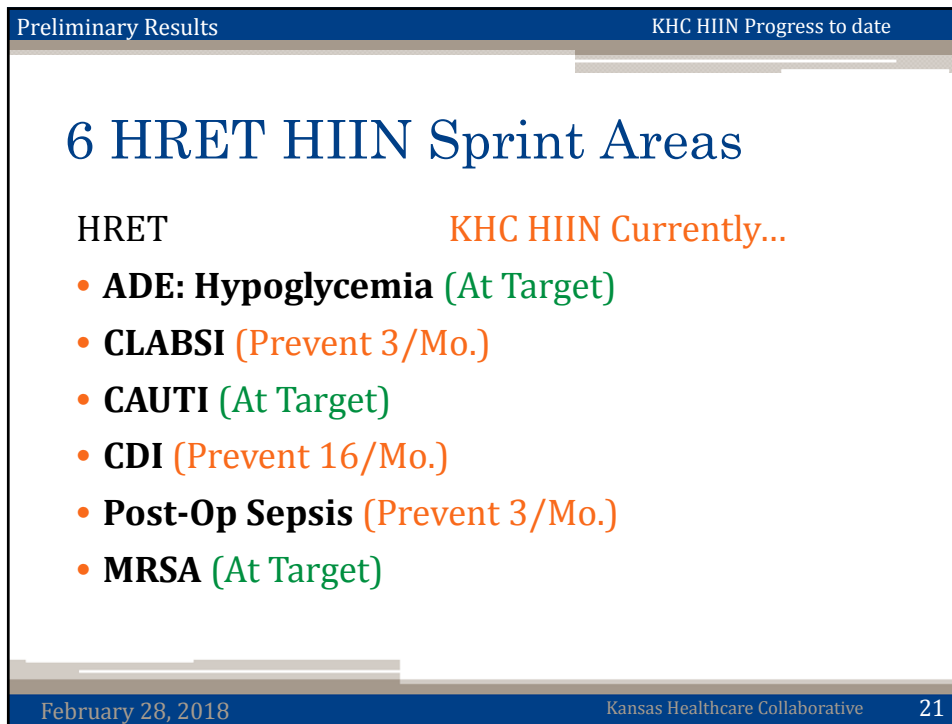
## Our *Next* HIIN Milestone (#7)

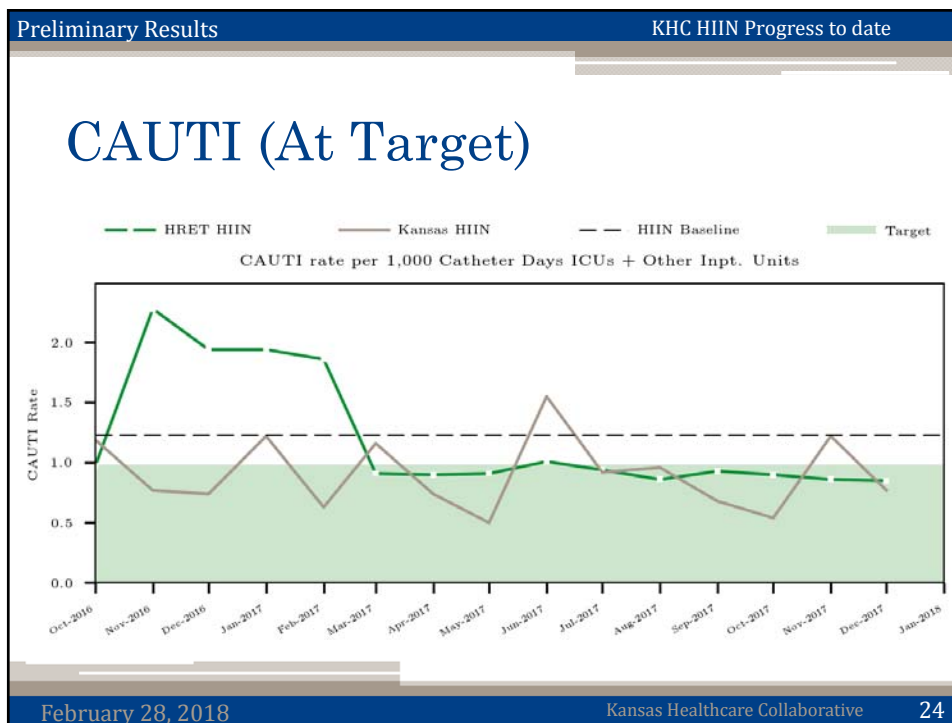
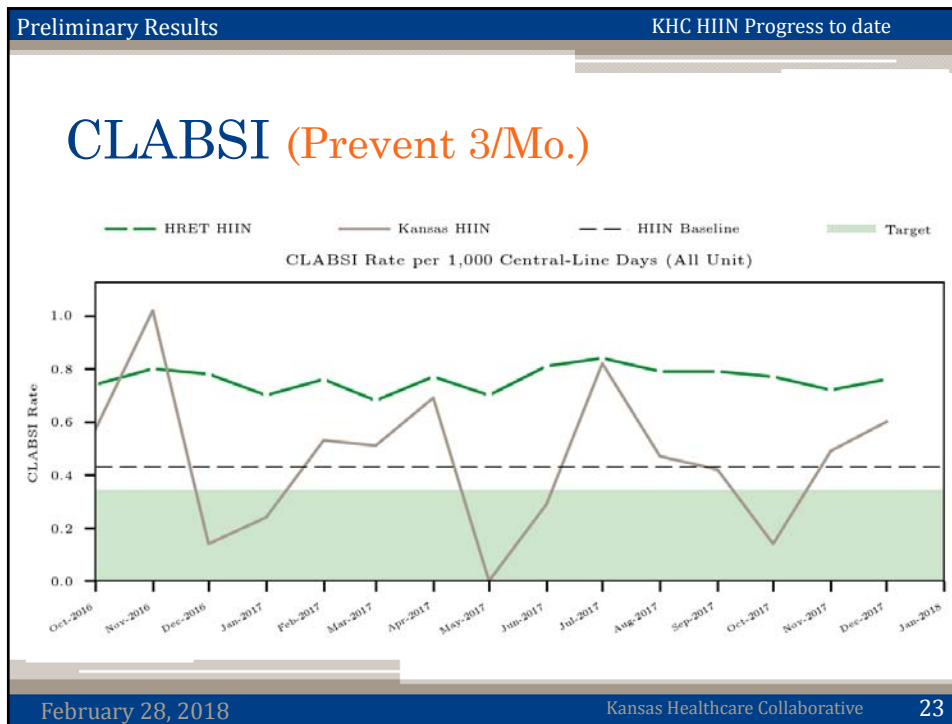
- All HIIN data are current – October through March\* – by June 1, 2018.

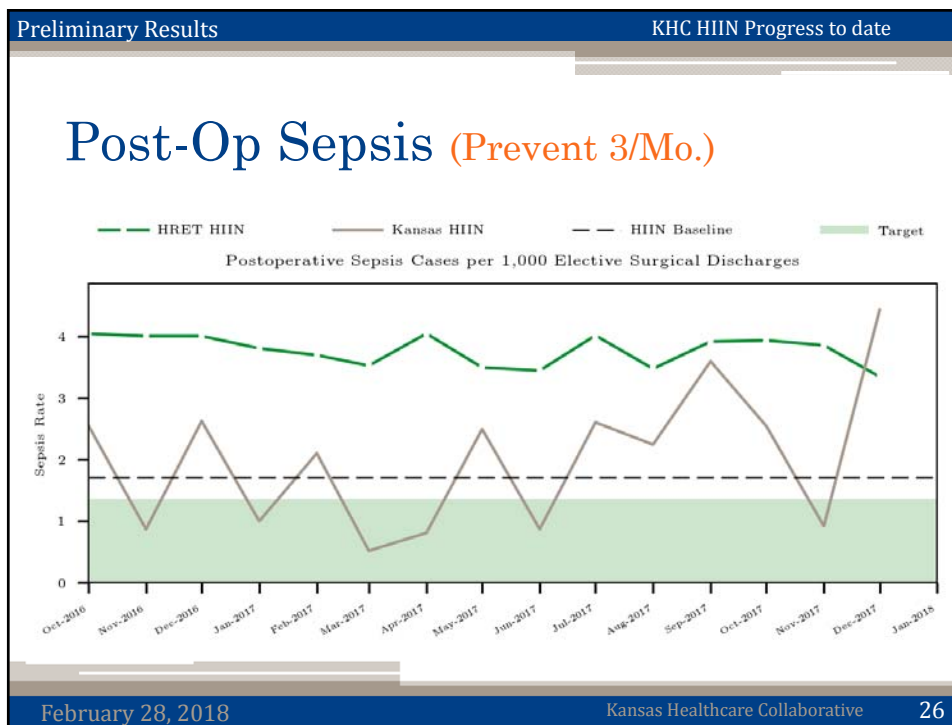
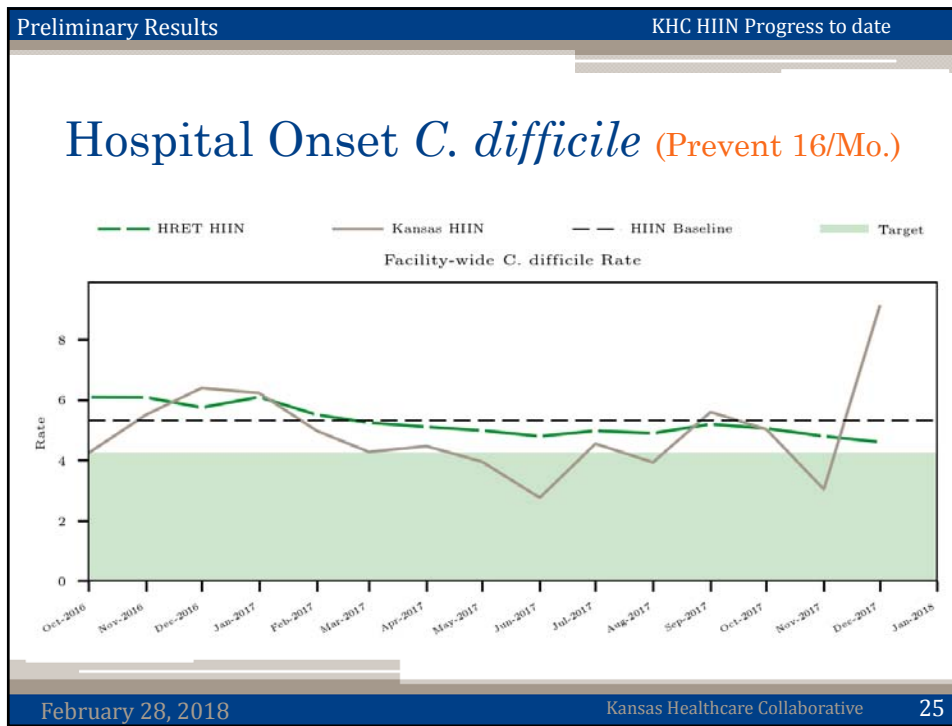
Please help us meet this target.

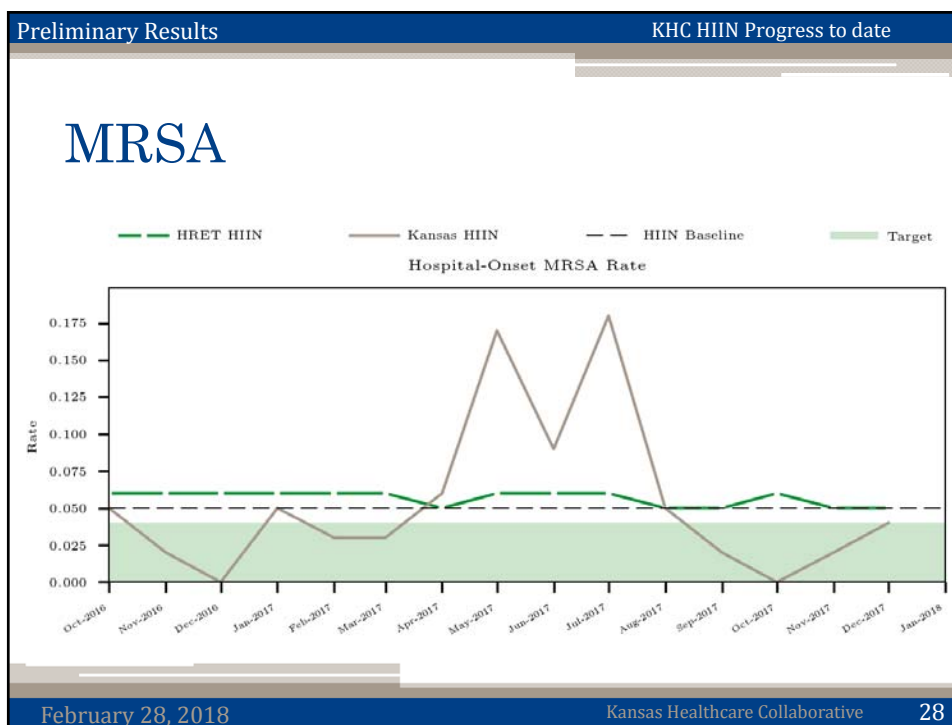
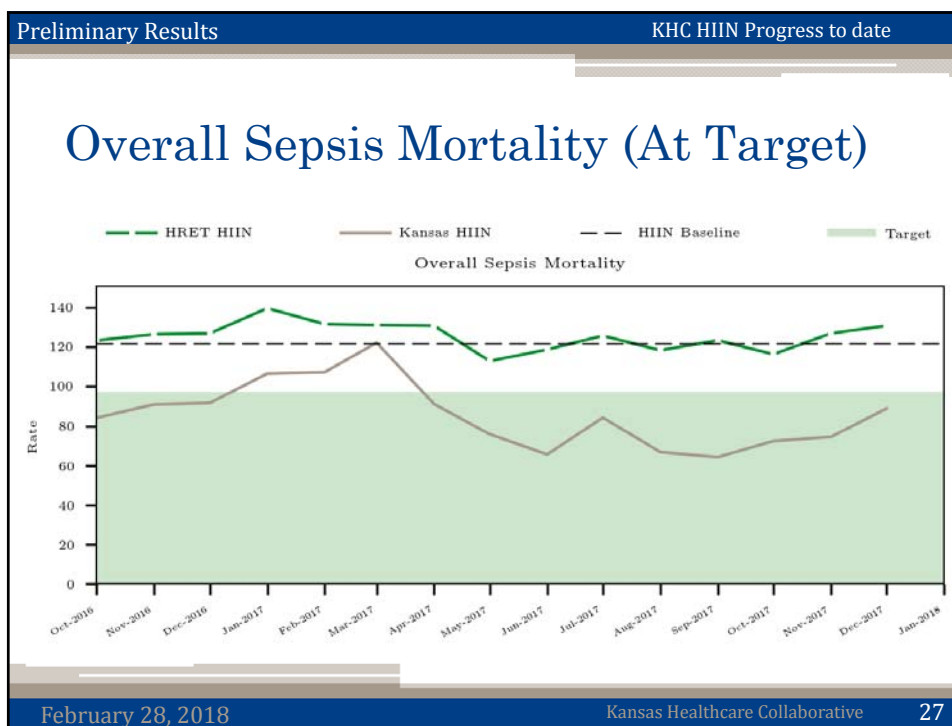
*\*Being current through April is preferred!*

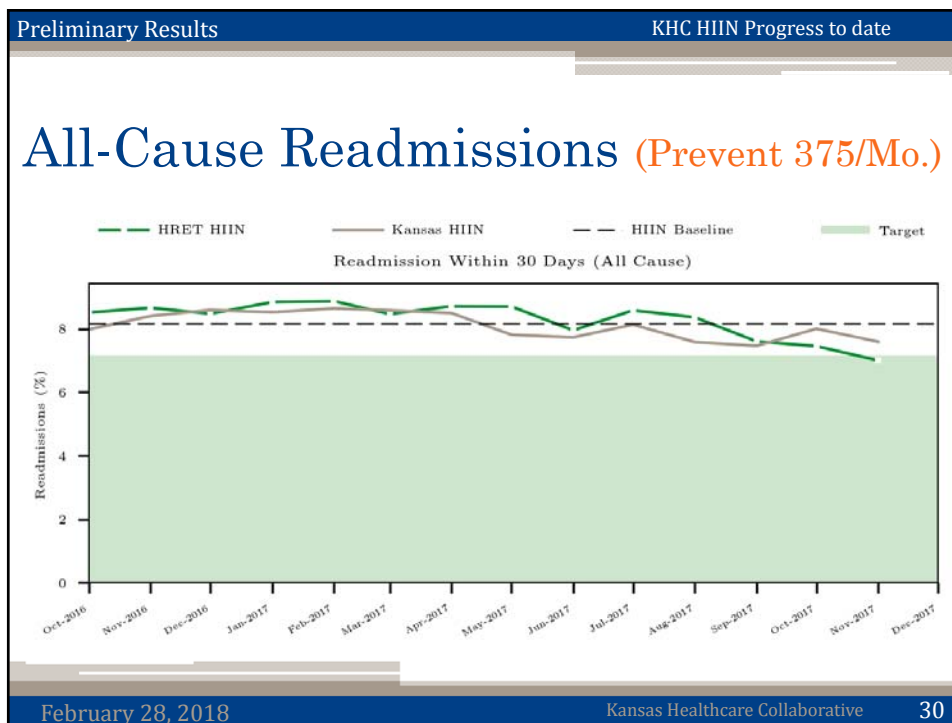
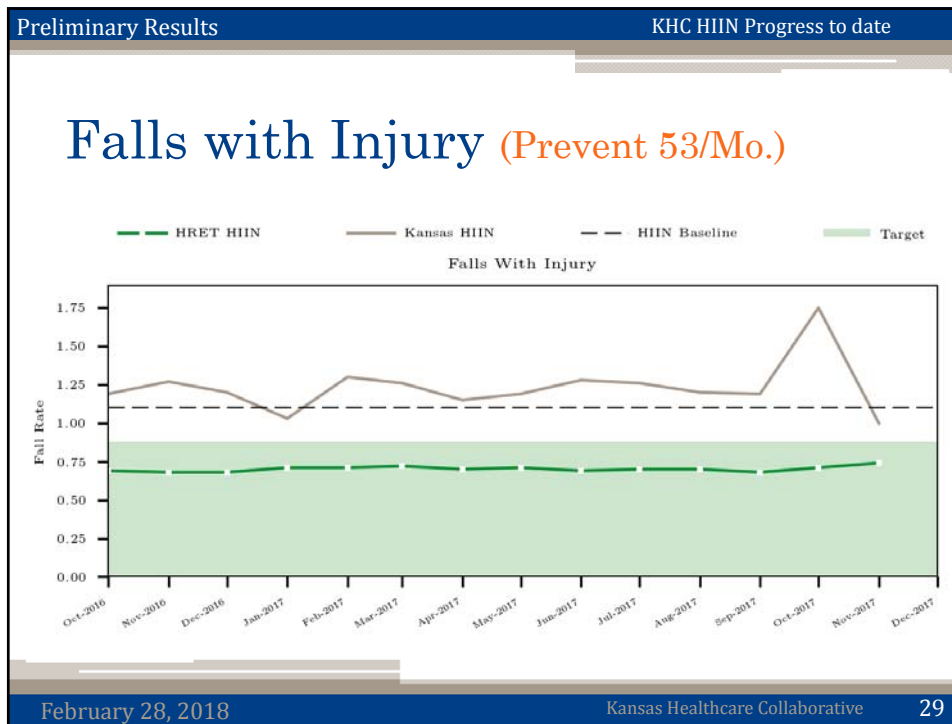
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## Report Changes

## Upcoming Report Changes

- Addition of a 3-month progress measure in the detail slides.

 Progress Summary	
Overall Project	Most recent 3 Mos.
No reduction	9.64% rdx.
During the course of the HIIN project, your facility's overall rate for this measure has not improved since baseline.	Your facility's most recent three months of data reflects improvement compared to baseline for this measure.
Harms Prevented: 3 Harms to Go: 19	

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## HIIN Data Schedule

## Kansas HIIN 2016-2018 Data Submission Schedule

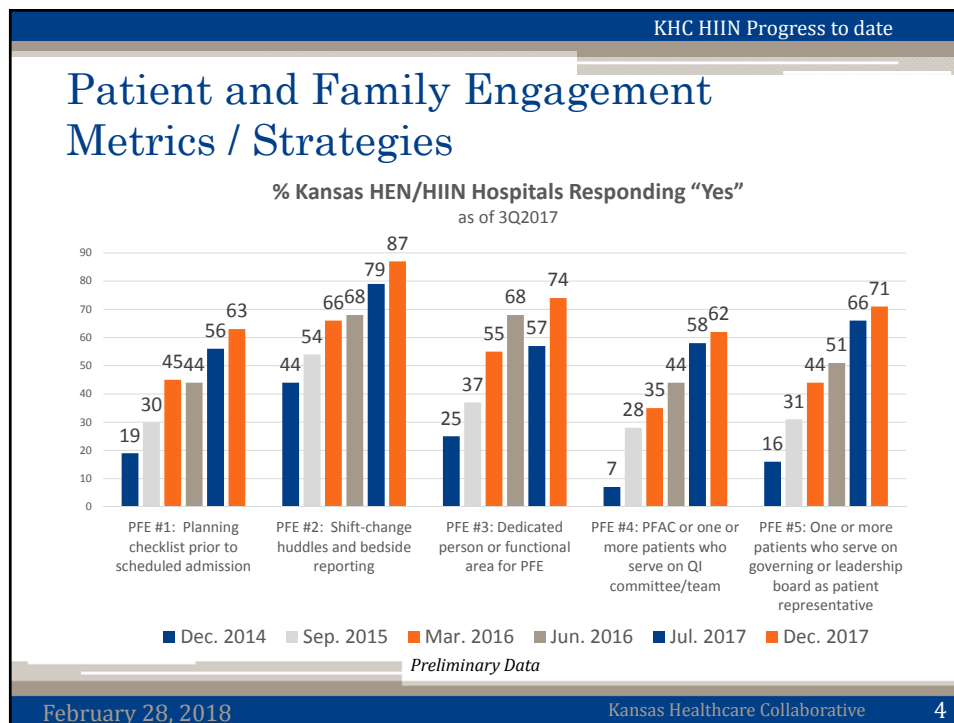
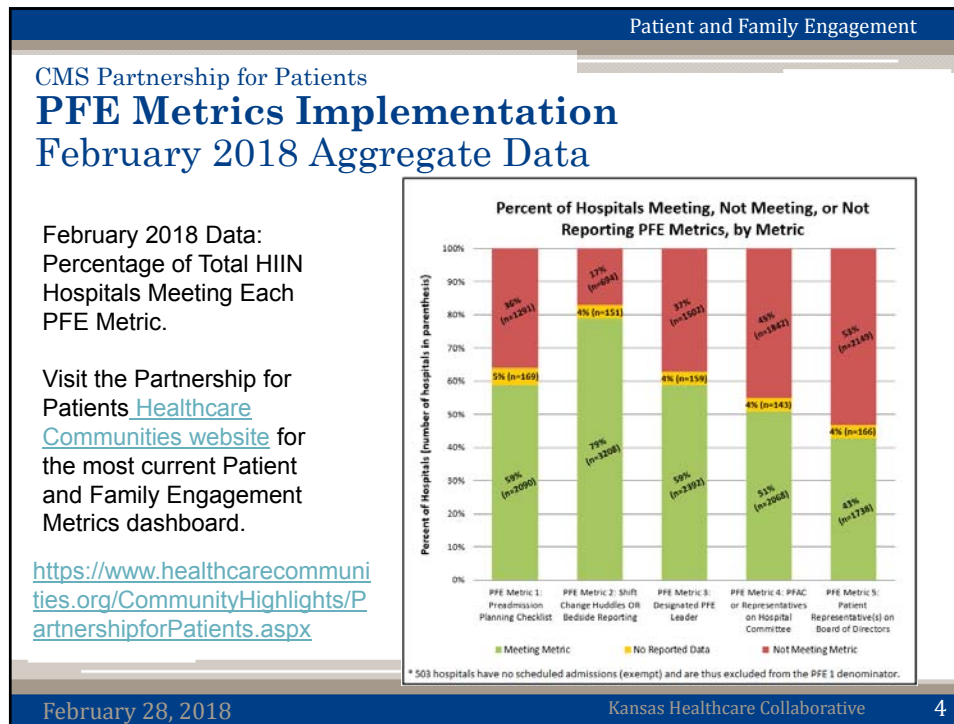
Outcome & Process Measures for HACs occurring in:	Readmissions for index discharges in, and SSI for procedures performed in:	Submission Due
September, 2017	August, 2017	October 31, 2017
October, 2017	September, 2017	November 30, 2017
November, 2017	October, 2017	December 31, 2017
December, 2017	November, 2017	January 31, 2018
January, 2018	December, 2017	<b>February 28, 2018</b>
February, 2018	January, 2018	March 31, 2018
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

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## Operationalizing your PFA Program: 7 Steps to Sustainability



How is your organization currently  
engaging community members?

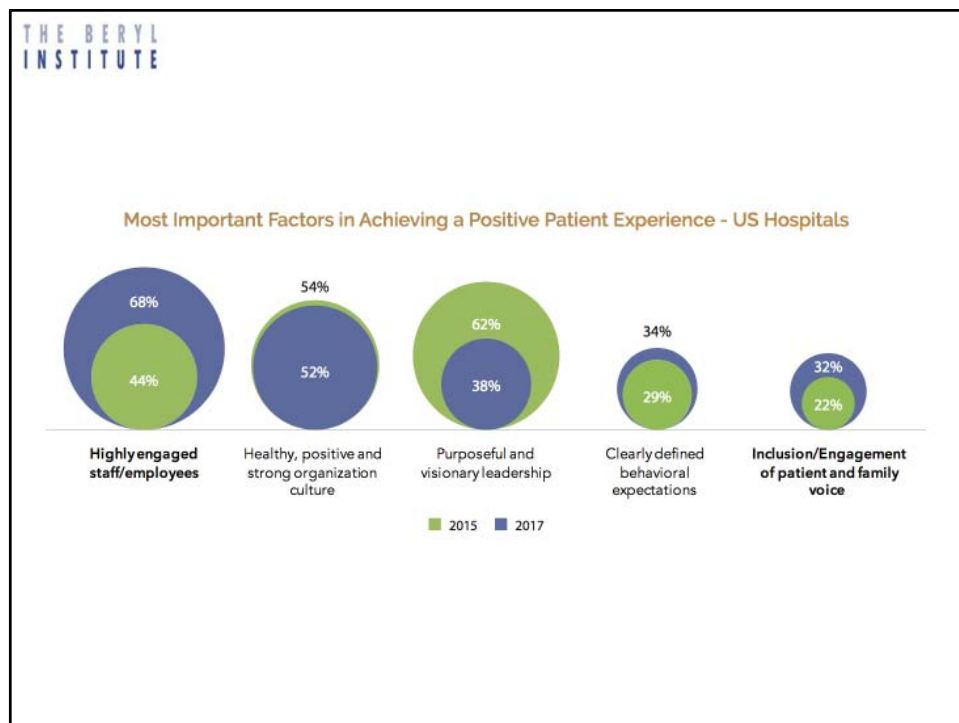
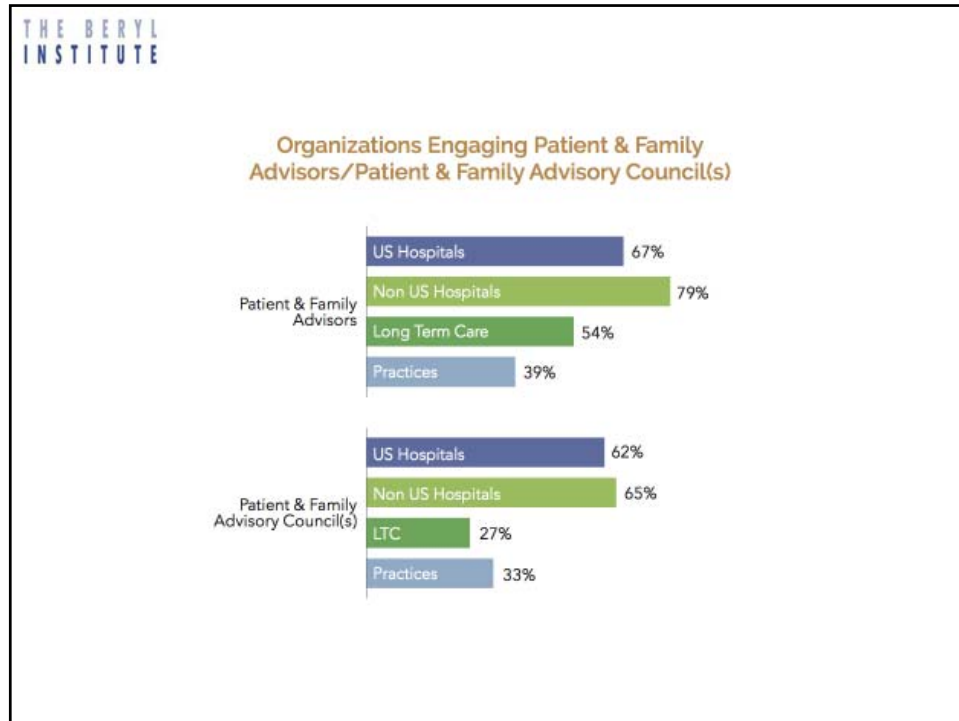


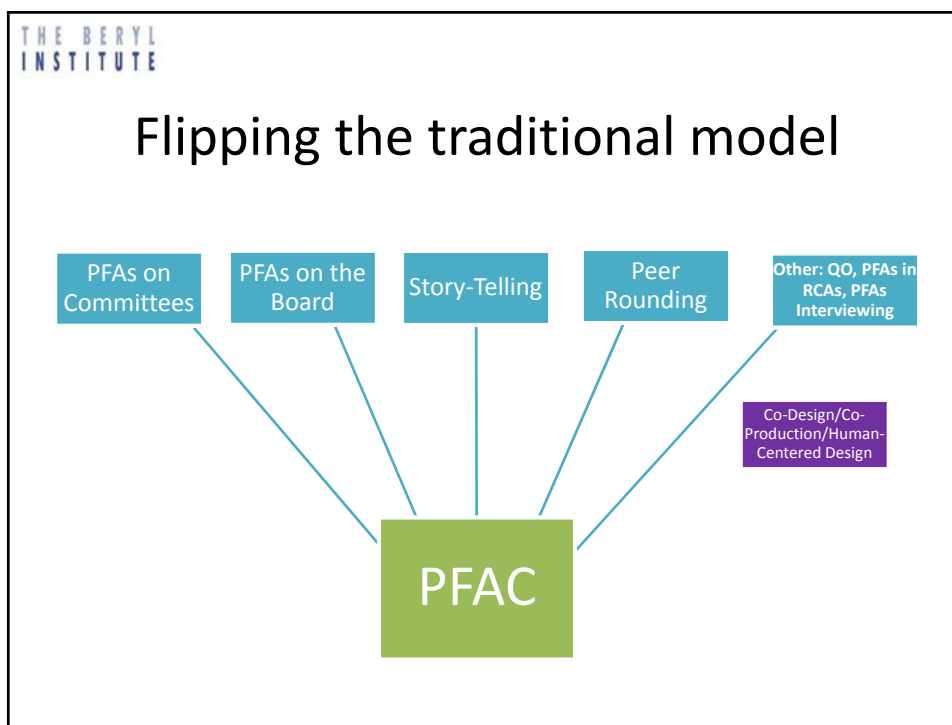
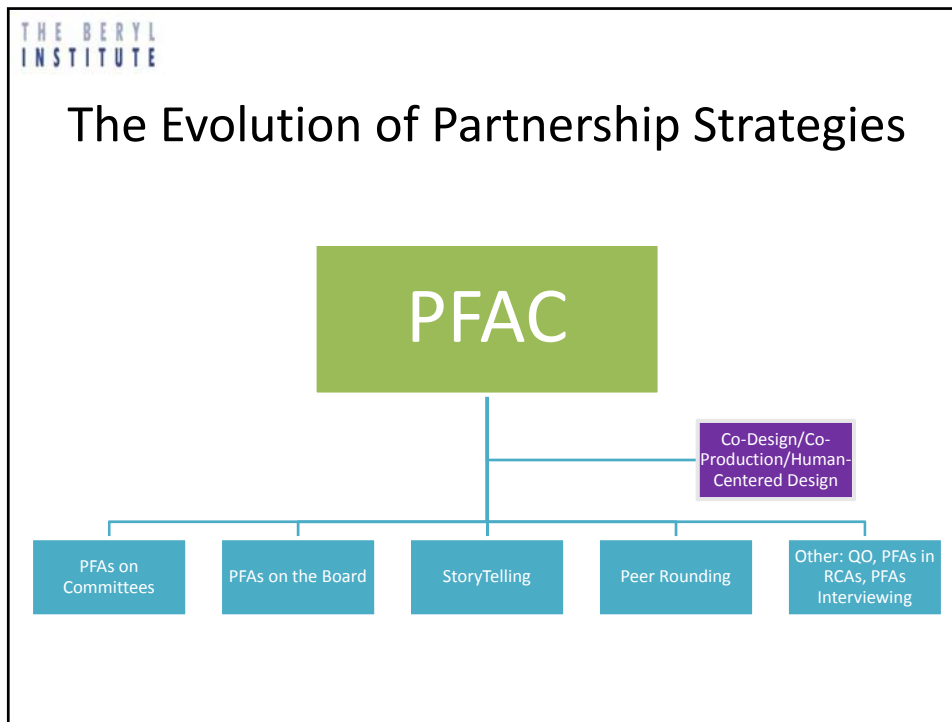
In a PFAC?

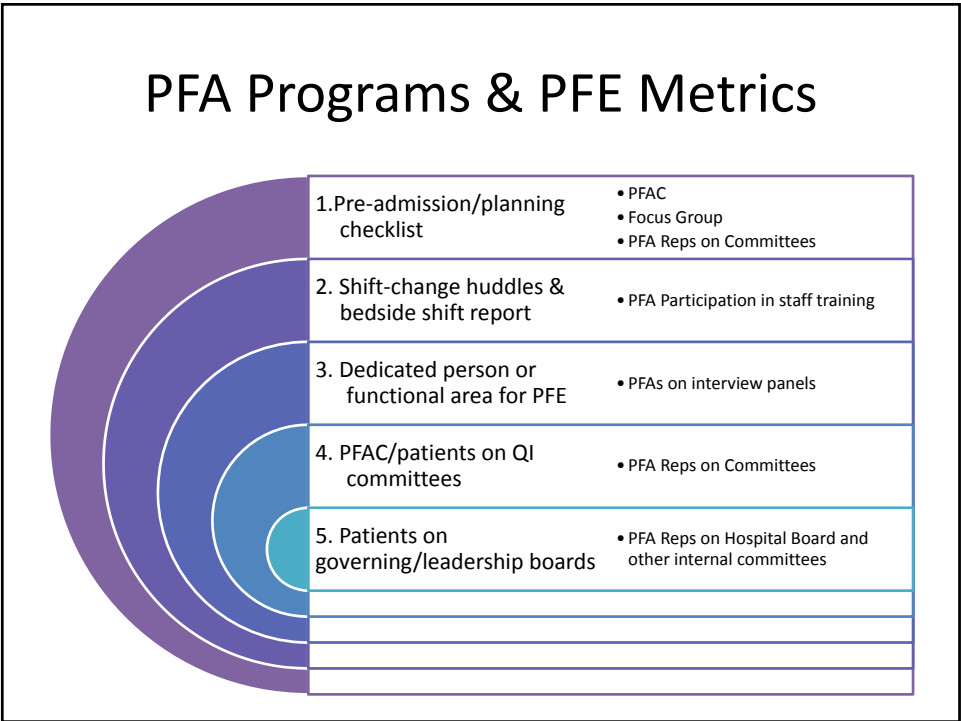
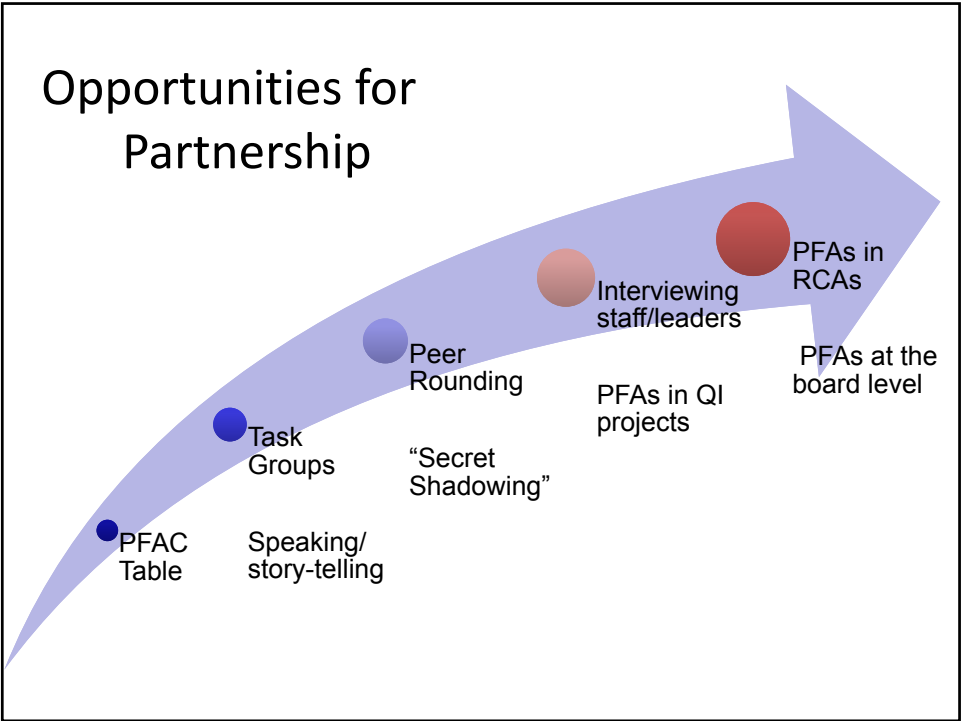
In a focus group?

On committees?

Haven't yet started to  
engage community  
members?







## HCAHPS Focus

### Your care from nurses

1. During this hospital stay, how often did **nurses treat you with courtesy & respect?**
2. During this hospital stay, how often did nurses **listen carefully to you?**
3. During this hospital stay, how often did nurses **explain things in a way you could understand?**

### Your care from doctors

5. During this hospital stay, how often did doctors treat you with courtesy & respect?
6. During this hospital stay, how often did doctors listen carefully to you?
7. During this hospital stay, how often did doctors explain things in a way you could understand?

## HCAHPS Focus

### The hospital environment

8. During this hospital stay, how often were your room and bathroom kept clean?

### Your experiences in this hospital

14. During this hospital stay, how often did the hospital staff do everything they could to **help you with your pain?**
16. Before giving you any **new medicine**, how often **did the hospital staff tell you what it was for?**
17. Before giving you any **new medicine**, how often did the hospital staff **describe possible side effects in a way you could understand?**

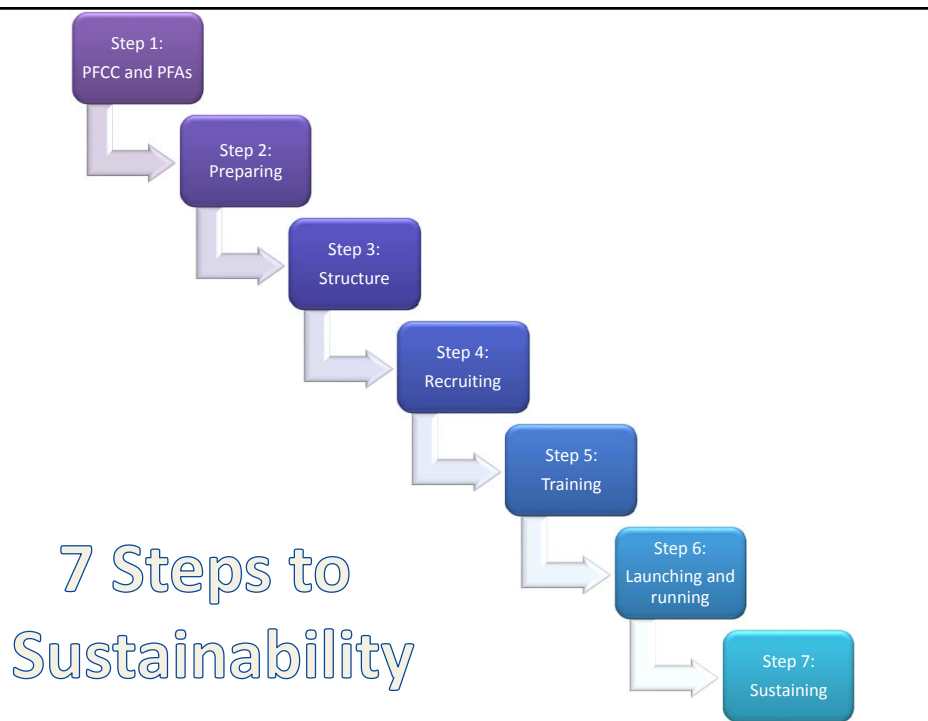
## HCAHPS Focus

### Understanding your care when you left the hospital

23. During my stay, **staff took my preferences and those of my family or caregiver into account in deciding what my healthcare needs would be when I left.**

24. When I left the hospital, I **had a good understanding of the things I was responsible for in managing my health.**

25. When I left the hospital, I **clearly understood the purpose for taking each of my medications.**

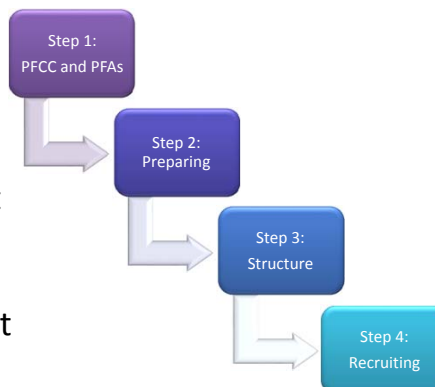


## Structure for 2017 PFAC Collaborative

### TRACK 1

For organizations that are:

- Interested in learning more about how to partner with community members
- In the planning/development stages of building a PFAC **or engaging PFAs in other areas**
- Working on a PFA recruitment strategy

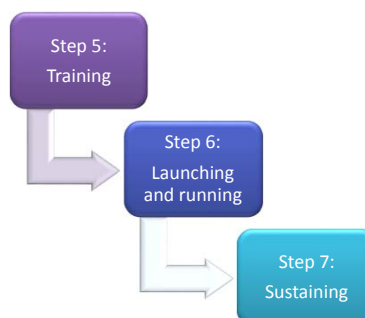


## Structure for 2017 PFAC Collaborative

### Track 2

For organizations that are:

- Ready to create a training program for PFAs & staff
- Interested in learning how to progress their existing PFAC/PFA program
- Working on a measurement strategy for the PFAC/PFA program
- Encountering challenges in their work with PFAs







## Step 1: PFE and PFA Programs

### Raising awareness of the “why”

Who are PFAs and how does this partnership approach relate to Patient- and Family Engagement (PFE)?

PFE and PFAs

#### "Patient activation"

refers to patient's knowledge, skills, ability, and willingness to manage his/her own health and care.

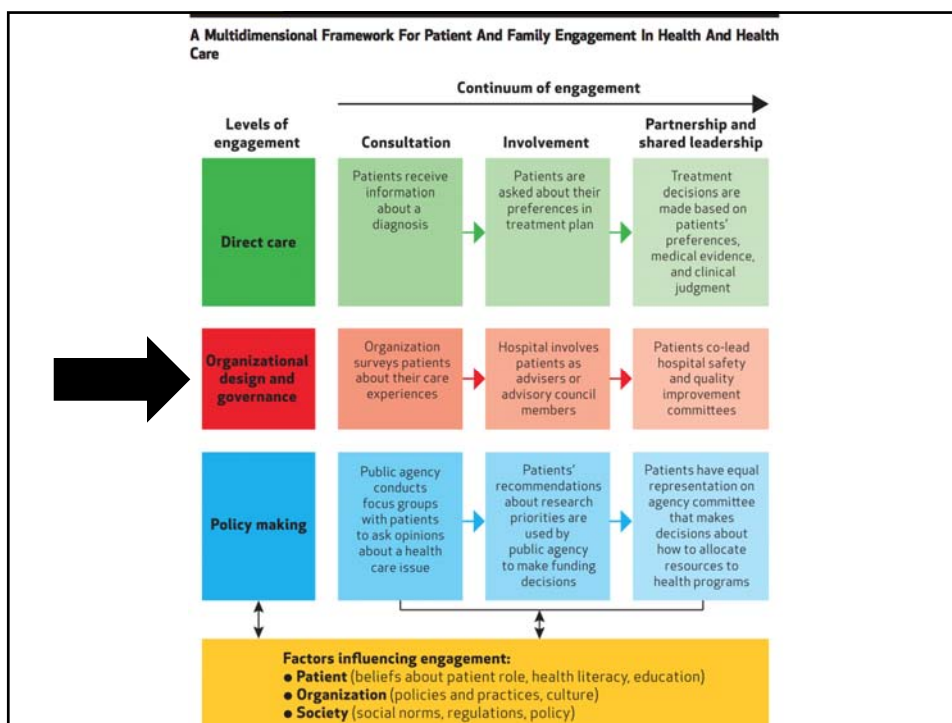
#### "Patient (and Family) Engagement"

combines **patient activation** with interventions designed to increase activation and promote positive patient behavior (i.e., obtaining preventive care, exercising regularly)

Patient engagement is one strategy to achieve the "**triple aim**" of improved health outcomes, better patient care, and lower costs.



"Health Policy Brief: Patient Engagement," *Health Affairs*, February 14, 2013.



## Who are “PFAs”?

Individuals who have received care and:

- (Following training) offer insights/input to (healthcare) organizations
- Strive to help organizations provide care/services based on patient- and family-identified needs rather than the assumptions of hospital staff about what patients and families want.

*Adapted from AHRQ Guide: Working With Patient and Families as Advisors (Implementation Handbook)*



## Step 2: Preparing Gain leadership support

- The role of leadership
- Sharing the vision



## The role of leadership



*Leadership support is important for new and evolving PFA Programs. In many ways, focus within PFA Programs follows the goals, initiatives and challenges on the radar of leadership.*

*Leadership can be helpful with even when time is limited.*

Asks:

1. Continually encourage staff to seek input from community members/PFAs when working through any new ideas, challenges and/or upcoming plans
2. Offer thanks, guidance and motivation to community members and teams that engage PFAs

## Step 3: Structure



- PFA Program models
- Planning the structure
- What is my role?

## Choosing the PFA program path



Structure

## PFA Program Models

PFAs working in org  
more independently  
(on committees)

- Faster launch
- More direct mentoring needed
- Frontline Engagement

PFACs with staff  
requesting feedback  
from PFAS

- Slower launch
- Less risk
- High level engagement

Focus Groups

- Easier buy-in for resistant leaders
- Often leads to formation of PFAC
- Detailed feedback re 1 specific item

Structure

## Step 4: Recruiting

- Recruitment strategy
- Volunteer Process



## Where do I find my PFAs?

- Physicians, frontline staff, colleagues
  - Open House
  - Peer support groups
  - Volunteer services
  - Newsletters
  - Websites
  - Other media
- (approach w/ caution)



What about via satisfaction surveys or complaints/grievances?

Recruitment

## Choosing Effective PFAs: Sample Process

Application  
2 Written  
References  
Background  
Check

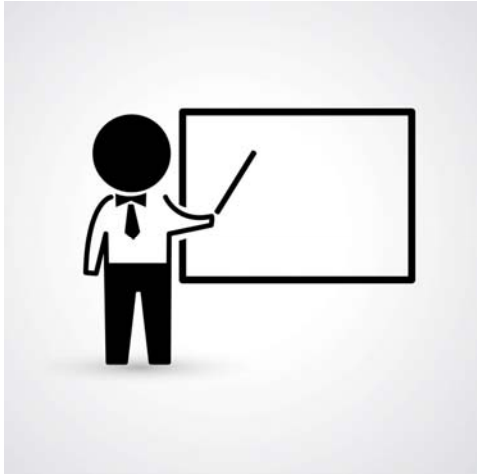
Interview

Council  
Vote /  
Team  
Consensus

Orientation

Recruitment

## Step 5: Training



- Why the PFAC training?
- Components

### Why train PFAs?

- Consistent experience for PFAs and staff
- Confident PFAs and comfortable staff
- More respectful interactions
- A fast track to effective conversations and useful feedback/participation



Training

## PFA/Staff Training Components

When possible, train staff and PFAs together

Content includes:

- Background info on the organization & organizational priorities
- Standardized procedures for running meetings and reporting activities
- Clarification of staff & PFA roles
- PFA communication strategies
- Opportunities to talk through barriers to partnership



## Step 6: Launching and running



Examples of PFA engagement



## Sample Projects & Initiatives

### PFAC

- New patient brochures & info packets
- Way-finding

### Focus Groups

- EMR Implementations
- Chemotherapy education program

## PFAC Projects & Initiatives

### PFA's working more independently

- Peer rounding: preventing readmissions
- Peer mentoring: bariatric surgery clinic
- PFA reps on falls committee
- PFA reps on hospital board

## Step 7: Sustaining your PFA Program In it for the long haul!



- Measurement
- Supporting staff & PFAs

## Measurement

Process Improvement  
&  
Impact



## Supporting your PFAs & Staff for long-term success



## Summary: What is a PFA Program?

“Oh, It’s a **RESOURCE!**”



Effective PFAs become an irreplaceable resource to the organization--providers, staff and leaders rely on PFAs for insight and guidance

Poorly planned PFA Programs can feel like “one more thing to do” and are often unsustainable

The difference? The 7 steps!

Sustainability

Emphasis on:

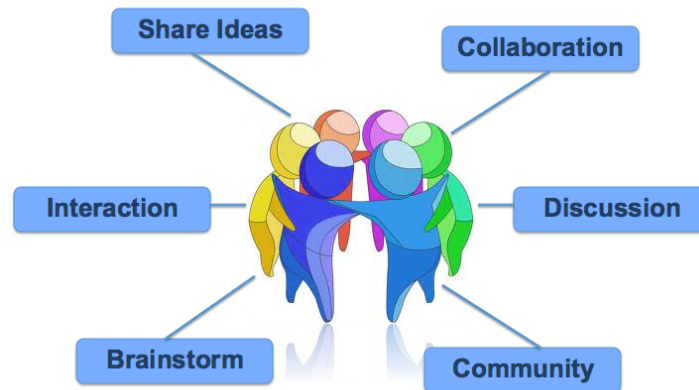
- Customizing approach to engaging PFAs
- Collaboration: idea & experience-sharing
- Connecting PFA engagement to other initiatives
- Innovation



- Patient Experience/Guest Relations Directors & Staff
- Quality Improvement Officers/Staff
- Patient Safety Officers/Staff
- Unit Directors
- Hospital Administrators (CNOs, CMOs, etc.)
- Frontline staff (RNs, RTs, PTs, OTs, etc.)
- Anyone who has identified an interest/need/opportunity for partnership!



Are there things related to engaging community members you'd like to learn about in the 2018 PFAC Collaborative?



## Pre-Work Assignment



Before our in-person training sessions in March:

- View the “Seven Steps to Sustainability” videos
  - \*Once you’ve signed up for the PFAC Collaborative, KHC will send a link to give you online access to the videos
- Come prepared with some preliminary ideas about how you might launch or evolve your partnership model

New Resources	
<p><b>Enrollment Is Still Open!</b>  <i>All hospitals participating in the KHC HIIN are eligible to participate.</i></p> <p><b>2018</b></p> <p><b>Kansas PFAC/PFA Collaborative</b></p> <p><b>Cohort 4</b></p> <p><b>Two Tracks Available</b></p> <p><b>Regional Training Sessions</b>            March 14 – Topeka            March 15 – Great Bend</p> <div> <div> <p><b>Tiffany Christensen</b></p> <p>VP for Experience Innovation The Beryl Institute</p>  </div> <div> <p><b>Allison Chrestensen</b></p> <p>Principal Patient &amp; Family Engagement Consultant Tandem Healthcare Solutions</p>  </div> </div> <p><a href="https://www.khconline.org/initiatives/hiin/patient-and-family-engagement-pfe">https://www.khconline.org/initiatives/hiin/patient-and-family-engagement-pfe</a></p>	
<p><b>Goal:</b>            To assist Kansas hospitals establish or build upon an active Patient and Family Advisory Council (PFAC) or engaging patient and family advisors (PFAs) to serve on a patient safety or quality improvement committee or team.</p> <ul style="list-style-type: none"> <li>✓ National faculty</li> <li>✓ Learning Sessions</li> <li>✓ Coaching Calls</li> <li>✓ Video Training Modules</li> <li>✓ Online Toolkit</li> <li>✓ ListServ®</li> <li>✓ Private KHC web page</li> <li>✓ Targeted site visits</li> </ul>	
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## Resources & Upcoming Events

- Upcoming Events
- Resources
- Wrap Up

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### Upcoming Events

## Attn: Infection Preventionists



### Kansas STRIVE Learning Event

**March 7, 2018**  
DoubleTree by Hilton  
Wichita Airport

Presented by KHC and HRET  
with partners KDHE and KFMC  
for the 21 Kansas hospitals  
participating in STRIVE

Regulations  
Bugs  
Assessment  
Disinfection  
Prevention  
Isolation  
Infection  
Surveillance  
Reporting

### Save the Date Infection Prevention Conference

**March 8, 2018**  
DoubleTree by Hilton  
Wichita Airport

More information will be available in January 2018.

Presented by:  
Kansas Hospital Association

In cooperation with members of the:  
Association for Professionals in Infection Control and Epidemiology  
Wichita, Kansas City and Heart of America Chapters

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Announcements

**Save the Date**  
for the 10<sup>th</sup> Annual

# Summit on Quality

May 4, 2018  
Hyatt Regency - Wichita, KS








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Announcements



**May 15, 2018**  
**Kansas Workshop:**  
**Hospital Antimicrobial Stewardship**  
*Manhattan, KS*

- Invite your Hospital Antimicrobial Stewardship Team
- Agenda and registration will be available mid-March.
- Travel scholarships will be available.

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Resources & Upcoming Events

## Upcoming Webinars

NCD Pacing: **Restoring Joy and Preventing Burnout**  
**March 1 ● 12:00 p.m. to 1:00 p.m.**  
[Register here](#)  
Indicate your organization's affiliation is with the AHA/HRET HIIN.

AHA/HRET: **Social Determinants of Health Webinar Series**  
**March 6 ● 2:00 to 3:00 p.m.**  
[Register here](#)

HRET HIIN: **Health Behaviors and the Role of Hospitals**  
**March 6 ● 2:00 to 3:00 p.m.**  
[Register here](#)

NCD Pacing: **Overcoming Challenges to Meet PFE Metric 5**  
**March 8 ● 12:00 p.m. to 1:00 p.m.**  
[Register here](#)  
Indicate your organization's affiliation is with the AHA/HRET HIIN.

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Upcoming Events


## Mark Your Calendars!

### 2018 Kansas HIIN Webinars

March 28, 2018  
April 25, 2018  
May 23, 2018  
June 27, 2018  
July 25, 2018

All webinars take place from 10:00 – 11:00 am CT  
Register at [www.khconline.org](http://www.khconline.org)

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**Questions?**  
**Contact your KHC Team**

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

<https://www.surveymonkey.com/r/KHC-HIIN-022818>



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## The UP Campaign Implementation –Self Assessment

The UP Campaign consists of four crosscutting interventions: Wake UP: Prevent Over Sedation, Get UP: Mobilize Patients, Soap UP: Hardwire Hand Hygiene and Script Up: Optimize Medications.

This UP Campaign Implementation Self-Assessment Tool is designed to assist your organization's implementation efforts to simplify safe care and streamline interventions to improve care. This tool serves as a gap analysis to understand where your organization/unit is with regards to each of the UP campaign components.

How to use this tool:

- Answer the questions with your UP Campaign team,
- You may want to complete the tool from more than one perspective (unit specific and hospital-wide)
- Consider your responses to determine the next steps
  - Create an AIM statement
  - Identify your priorities for implementation
  - Brainstorm and select Tests of Change for each UP

<b>UP Campaign Implementation – Self-Assessment</b>	<b>Not thinking about it</b>	<b>Just starting to plan</b>	<b>Testing on one unit</b>	<b>Spread to multiple units</b>
<b>WAKE UP    Prevent Over-Sedation</b>				
Are you using the Pasero Opioid-induced Sedation Scale (POSS) prior to and after opioid administration?				
Do you offer multimodal pain management; both pharmacologic and non-pharmacologic modalities?				
Are you setting pain management expectations ("0" is not the goal) prior to admission?				
Are you asking about comfort level in addition to pain score?				
Are you using Teach-Back methods with patients and families to enhance their knowledge and assist in setting pain management expectations?				
<b>GET UP    Mobilize Patients</b>				
Do you have a mobility team?				
Do you have a mobility protocol?				
Have you clearly identified staff that have the capacity to ambulate patients daily?				
Do your nurses or rehabilitation/physical therapists evaluate each patient’s mobility status upon admission?				
Do you have safe patient handling and movement training for nursing and assistive staff?				
Is mobility equipment readily available for nurses and patients to access? (canes, walkers, lifting and safe patient handling devices, gait belts)				
Do you have a way to document and monitor daily mobility?				
<b>SOAP UP    Hardwire Hand Hygiene</b>				
Do you display hand hygiene (HH) compliance results in highly visible places at the department/unit level?				
Have you implemented scripting to remind other team members to perform HH when it is not observed?				
Do you have a system in place that holds all team members accountable to the HH expectations?				
<b>SCRIPT UP    Optimize Medications</b>				
Have you implemented a “time out” after 24-48 hours of antibiotic therapy to re-assess and optimize therapy?				
Do the staff, providers, and pharmacists have ready access to reminders and alerts to avoid medications on the Beers list for patients over 65 years old?				
Is there a specific number of medications on a patient’s medication list (e.g., 10) that will trigger a review by a pharmacist?				