

KHC Hospital Improvement Innovation Network

February 22, 2017



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



KHC Hospital Improvement Innovation Network

Agenda

- Welcome and Announcements
- *The Power of Story Telling*
 - #WhyImHIIN
 - Using personal stories to engage the front line
 - Discussion: How do you engage others?
- HIIN Measures & Data Update
- Resources and Upcoming Events
- Q&A/Next Steps

Introductions

Presenters


Kansas Healthcare Collaborative



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KHC HIIN – February 22, 2016
Kansas Healthcare Collaborative
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Announcements

116 KHC HIIN Committed Hospitals

As of February 21, 2017

- Allen County Regional Hospital
- Anderson County Hospital
- Anthony Medical Center
- Ashland Health Center
- Atchison Hospital
- Cheyenne County Hospital
- Citizen's Medical Center
- Clara Barton Hospital
- Clay County Medical Center
- Cloud County Health Center
- Coffey County Hospital
- Coffeyville Regional Medical Center
- Comanche County Hospital
- Community Healthcare System
- Community Memorial Healthcare, Inc.
- Decatur Health Systems
- Edwards County Hospital
- Ellinwood District Hospital
- Ellsworth County Medical Center
- FW. Huston Medical Center
- Fredonia Regional Hospital
- Geary Community Hospital
- Goodland Regional Medical Center
- Gove County Medical Center
- Graham County Hospital
- Great Bend Regional Hospital
- Greeley County Health Services
- Greenwood County Hospital
- Grisell Memorial Hospital
- Hamilton County Hospital
- Hanover Hospital
- Harper Hospital District 5
- Hays Medical Center
- Herington Municipal Hospital
- Hiawatha Community Hospital
- Hillsboro Community Hospital
- Hodgeman County Health Center
- Holton Community Hospital
- Horton Community Hospital
- Hospital District #1 of Rice County
- Hutchinson Regional Medical Center
- Jewell County Hospital
- Kearny County Hospital
- Kingman Community Hospital
- Kiowa County Health Center
- Kiowa District Hospital
- Labette Health
- Lane County Hospital
- Lawrence Memorial Hospital
- Lincoln County Hospital
- Lindsborg Community Hospital
- Logan County Hospital
- McPherson Hospital
- Meade District Hospital
- Medicine Lodge Memorial Hospital
- Memorial Health System

(Continued next slide)

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Announcements

116 KHC HIIN Committed Hospitals

As of February 21, 2017

- Menorah Medical Center
- Mercy Hospital Columbus
- Mercy Hospital Ft. Scott
- Mercy Hospital, Inc.
- Miami County Medical Center
- Minneola District Hospital
- Mitchell County Hospital Health Systems
- Morris County Hospital
- Morton County Health System
- Nemaha Valley Community Hospital
- Neosho Memorial Regional Medical Center
- Ness County Hospital
- Newman Regional Health
- Newton Medical Center
- Norton County Hospital
- Olathe Medical Center
- Osborne County Memorial Hospital
- Oswego Community Hospital
- Ottawa County Health Center
- Pawnee Valley Community Hospital
- Phillips County Hospital
- Pratt Regional Medical Center
- Providence Medical Center
- Ransom Memorial Hospital
- Rawlins County Health Center
- Republic County Hospital
- Rooks County Health Center
- Rush County Memorial Hospital
- Russell Regional Hospital
- Sabetha Community Hospital
- Saint John Hospital
- Saint Luke Cushing Hospital
- Saint Luke South Hospital
- Salina Regional Health Center
- Satanta District Hospital
- Scott County Hospital
- Sedan City Hospital
- Sheridan County Health Complex
- Smith County Memorial Hospital
- South Central Kansas Medical Center
- Southwest Medical Center
- St. Catherine Hospital
- St. Francis Health
- St. Luke Hospital and Living Center
- Stafford County Hospital
- Stanton County Hospital
- Stevens County Hospital
- Sumner County District Hospital #1
- Sumner Regional Medical Center
- Susan B Allen Memorial Hospital
- Trego County Lemke Memorial Hospital
- VA Eastern Kansas Health Care System – Leavenworth and Topeka
- Via Christi Hospital Pittsburg
- Wamego Health Center
- Washington County Hospital
- Wesley Medical Center
- Wichita County Health Center
- William Newton Hospital
- Wilson Medical Center

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Announcements

Milestone #3 KHC HIIN Hospital site visits



Our goal:
Visit with each HIIN hospital team
by March 31, 2017

- * Learn about your current priorities, progress and challenges
- * Identify actions, next steps for success
- * Connect with resources
- * De-fuzzify data questions

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Announcements

Our *Next* HIIN Milestone (#4)

- All HIIN data are current – October through February – by May 1, 2017.

Please help us collectively meet this target.

Your new KHC HIIN hospital data reports will be ready soon!



Announcements

Now Enrolling!

Kansas PFAC Collaborative

2017 – Cohort 3: Jan2017-Oct2017

PFAC Training Workshops

- **Topeka – March 14**
- **Hays – March 15**

Register today at: www.khconline.org

Two tracks:

- 1) Foundational for hospitals without PFAs/PFACs
- 2) Advanced for hospitals with PFAs/PFACs

Tiffany Christensen

Patient Advocate/
Patient and Family
Engagement Specialist

North Carolina Quality
Center



Allison Chrestensen


MPH, OTR/L

Patient and Family
Engagement Consultant

North Carolina Quality
Center



Announcements



New!

Regional Sepsis Champion Workshops

Registration will open soon at www.khconline.org.

Agenda Highlights

- Physician champion faculty: Emergency department, OB/GYN, and pediatric
- Sepsis pathophysiology
- Nurse/physician communication
- Trials and tribulations in the ED
- Pediatric sepsis
- Breakouts:
 - [Tips on implementation processes](#)
 - [The role of best practice champions](#)
 - [Case scenarios](#)

Physicians available for peer-to-peer Q&A


Monday, April 3

Boot Hill Convention Center
Dodge City, KS

Wednesday, April 5

KaMMCO Conference Center
Topeka, KS

also,
KHC HIIN Sepsis Listserv
Technical assistance
Targeted site visits



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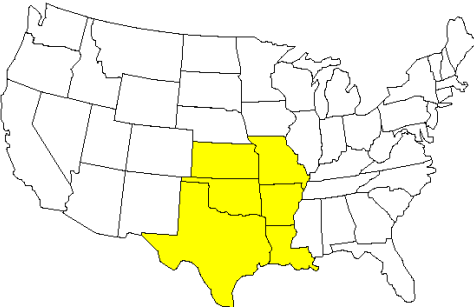
HIINspiring!

South-Central HIINergy Partners

- Bi-monthly regional webinars hosted by a different state each month
- Hear from hospital peers in nearby states.
- Cynosure Health improvement advisors will join us.

Host State	Webinar Date	Topic
AR	Jan. 25	Getting Started in HIIN Recording available!
OK	March 22	UP Campaign Registration now open!
LA	May 24	Patient and Family Engagement
TX	July 26	Transforming Care at the Bedside
KS	Sept. 27	Diversity
MO	Nov. 15	Sepsis

Kansas • Oklahoma • Texas
Missouri • Arkansas • Louisiana



Wednesdays, 10 to 11 a.m., CT
4th Wednesdays of each month
KHC HIIN Webinars alternate months. (Same time.)

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Announcements

Save the Date
for the 9th Annual

Summit on Quality

May 10, 2017
Hyatt Regency - Wichita, KS








Kansas Healthcare Collaborative



Leading the Charge for
Quality Improvement
in Health Care

HRET HIIN Fellowships

Both the Quality Improvement (QI) and Patient and Family Engagement (PFE) fellowships are underway! As of February 17, HRET has 681 fellows enrolled in the QI Foundations for Change, 494 in the Accelerating Improvement, and 430 PFE fellows. That is 1,605 total fellows!
(More than 140 fellows in Kansas!)

NOTE: **Today** at 11 a.m. is the second PFE Fellowship Session. March 1 is the last day to enroll in the first HRET HIIN PFE Fellowship. Cohort 2 will launch in a few months.


For more information, visit:
www.hret-hiin.org/fellowships/index.shtml

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Announcements

HRET HIIN SAFETY NETWORK TO ACCELERATE PERFORMANCE: Enhanced Recovery After Surgery (ERAS)

WHY SNAP?
A SAFETY NETWORK TO ACCELERATE PERFORMANCE (SNAP) IS A VOLUNTARY LEARNING NETWORK THAT WILL ADDRESS EMERGING BEST PRACTICES AND DEVELOP INTERVENTIONS. IF YOU ARE AN EARLY-ADOPTER HOSPITAL AND ARE INTERESTED IN CONTRIBUTING TO A NEW KNOWLEDGE BASE BY SETTING FORTH BOLD AIMS AND TESTING INNOVATIVE PRACTICES PLEASE SUBMIT AN APPLICATION AND JOIN US!



More SNAP topics will be offered soon!


Congratulations to Coffeyville Regional Medical Center!

CRMC has been selected to participate in the HRET HIIN's first SNAP focused on enhanced recovery after colorectal surgery (ERAS).

~15 hospitals will work together to:

- Develop an ERAS implementation guide to support HIIN hospitals in their implementation of current ERAS protocols. The guide will be based on the experiences and learnings of the SNAP participants.
- Have 100% implementation of applicable ERAS protocols in SNAP participating hospitals for colon surgery.

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\$ Coming Soon (mid-March)

KHC HIIN hospitals will soon receive a check in the amount of \$500. The funds provided are in support to mitigate any direct or indirect costs associated with HIIN work and related activities.

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Upcoming National Events:



**Patient Safety Awareness Week
Promotional Materials and Resources**
www.unitedforpatientsafety.org

In conjunction with Patient Safety Awareness Week,
the National Patient Safety Foundation offers this complimentary webcast:
The Voice of the Patient and the Public: Wednesday, March 15 at 1:00 pm CT

The Power of Story Telling

- #WhyImHIIN
- Hospital sharing
- How do you engage others?
- Effective principles



Betsy Lee
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KHC Hospital Improvement Innovation Network

Share your story.

Why Are YOU HIIN???

The personal stories behind the passion that drives us to continue improving patient safety and reducing harms.


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#WhyImHIIN

“I’ve spent my whole nursing career in a small critical access hospital in a rural community. The quality of care should not be any different than the care someone would receive in a larger facility.

“It’s my passion to ensure the patients of our community are receiving high quality safe care within our four walls.”




Patty McGuffin, MSN, RN, CNO & ECO
Allen County Regional HOSPITAL

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#WhyImHIIN



“My dad passed in 2005, six days after his 56th birthday.

“He died of lung cancer due to a lifetime of smoking. He is the reason I am passionate about improving the health of our populations!”

Malea Hartvickson
Newton Medical Center

Quality is not an act, it is a habit.
~Aristotle

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#WhyImHIIN

My sister Carol.

“Five years ago, my sister died on my birthday at age 57... most likely from sepsis... Early identification and intervention could have saved her life.”



Kendra Tinsley
Kansas Healthcare Collaborative

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#WhyImHIIN

“Each patient offers us, big or small, an opportunity to learn from mistakes. My purpose is to see what they are teaching us, so the errors are not repeated in vain.”

Juli Heitman
Newman Regional Health

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Storytelling



“The blues are like stories...when you hear someone else’s sad song, you don’t feel so all alone.”

– Robert Cray,
blues musician

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The Leadership Challenge

- Model the Way
- Inspire a Shared Vision
- Challenge the Process
- Enable Others to Act
- **Encourage the Heart**

The Leadership Challenge
Kouzes and Posner, 2002

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Inspiring Collective Change

- A public story includes three elements:
 - • **A story of self:** why you were called to what you have been called to.
 - • **A story of us:** what your constituency, community, organization has been called to its shared purposes, goals, vision.
 - • **A story of now:** the challenge this community now faces, the choices it must make, and the hope to which “we” can aspire.

“Storytelling is about translating our values into emotions that enable us to act.”

Marshall Ganz, Kennedy School of Government,
Harvard University

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Social Media - #whyimhiin



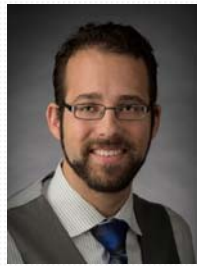



- Promoting virtual events, recommending best practices, highlighting recruitment numbers, state partners and hospitals on Twitter
- Follow @HRETweets
 - Re-tweet, reply or like posts and share your HIIN journey using #WhyImHIIN

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Measures & Data Update

- Milestone 2
- HIIN Needs Assessment
- HIIN baseline and targets
- Sepsis definitions:
HIIN Sepsis and CMS Core Sepsis



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Milestone 2

- Thanks for helping us meet the most recent milestone!
- 97% of Needs Assessments in!
- 96% of Baseline data in!

Needs Assessment

- What are the top 3 priorities?
 - Readmissions
 - Falls
 - Sepsis

Needs Assessment

- Do you have improvement teams?
 - 37 have a dedicated Readmissions team
 - 31 have a Falls team
 - 34 have a Sepsis improvement team

Needs Assessment

- What are the most common barriers?
 - Competing priorities for time/resources
 - Insufficient staff engagement/support

Across the nation, "competing priorities" is the most commonly cited barrier across all topics. How does your hospital address this?

HRET HIIN Goals (preliminary)

Alignment with the “20/12” Goals / Aims of the Partnership for Patients Program		
Bold Aim Milestones	Year 1	Year 2
Commitment to Reducing All-Cause Harm by 20%		
% Reduction of Adverse Drug Events	7%	20%
% Reduction of Central Line-Associated Bloodstream Infections	10%	20%
Bold Aim Milestones	Year 1	Year 2
% Reduction of Catheter Association Urinary Tract Infections	10%	20%
% Reduction of Clostridium difficile	7%	20%
% Reduction of Falls	7%	20%
% Reduction of Pressure Ulcers	10%	20%
% Reduction of Sepsis & Septic Shock	7%	20%
% Reduction of Surgical Site Infections	10%	20%
% Reduction of Venous Thromboembolism	7%	20%
% Reduction of Ventilator-Associated Events	7%	20%
Commitment to Reducing Harms Most Meaningful to the HRET HIIN		
% Reduction in Hospital Culture of Safety	5%	20%
% Reduction in MDRO (i.e., MRSA)	5%	10%
Commitment to Reducing 30-day Readmissions by 12%		
% Reduction of Readmissions as a population-based measure	4%	12%
Total Proposed Impact		
Goal for Estimated Number of Harms Avoided Overall	26,635	73,150
Goal for Estimated Number of Lives Saved Overall	1,326	3,639
Goal for Estimated Cost Savings Overall	\$233 million	\$641 million

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Preliminary HIIN Baseline and Y1 Targets

Topic (Year 1 Target Reduction %)	Measure	HRET Baseline Rate	Kansas Baseline Rate	Hospitals Reporting	KHC HIIN Year 1 Target
ADE (7%)	ADE Warfarin	3.57	2.3	107	2.1
	ADE Hypoglycemia	5.37	4.9	105	4.5
	ADE Opioids	0.55	0.5	103	0.46

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Preliminary
HIIN Baseline and Y1 Targets

Topic (Year 1 Target Reduction %)	Measure	HRET Baseline Rate	Kansas Baseline Rate	Hospitals Reporting	KHC HIIN Year 1 Target
CAUTI (10%)	CAUTI Rate - All Unit	1	1.3	112	1.2
	CAUTI Rate ICUs	1.13	0.8	29	0.7
	Cath. Utilization All Unit	22.09	18.8	112	16.9
	Cath. Utilization ICUs	58.53	48.8	29	43.9

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Preliminary
HIIN Baseline and Y1 Targets

Topic (Year 1 Target Reduction %)	Measure	HRET Baseline Rate	Kansas Baseline Rate	Hospitals Reporting	KHC HIIN Year 1 Target
CLABSI (10%)	CLABSI Rate All	0.9	0.4	80	0.4
	CLABSI Rate ICU	1.11	0.5	28	0.5
	CL Utilization All	19.2	14.9	80	13.4
	CL Utilization ICU	40.7	27.6	28	24.8

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Preliminary
HIIN Baseline and Y1 Targets

Topic (Year 1 Target Reduction %)	Measure	HRET Baseline Rate	Kansas Baseline Rate	Hospitals Reporting	KHC HIIN Year 1 Target
VTE (7%)	Post-Op VTE/DVT	3.39	2.3	21	2.1
Readmissions (4%)	Readmissions All Cause	8.49	8	112	7.7
	Readmissions Medicare	11.56	11.3	77	10.8
C. diff (7%)	C. difficile	5.96	6	105	5.6

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Preliminary
HIIN Baseline and Y1 Targets

Topic (Year 1 Target Reduction %)	Measure	HRET Baseline Rate	Kansas Baseline Rate	Hospitals Reporting	KHC HIIN Year 1 Target
Sepsis (7%)	Hospital-Onset Sepsis	62	83.8	77	77.9
	Overall Sepsis	130.5	114.2	93	106.2

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New Clinical Definitions

- Updated definitions and clinical criteria for Sepsis (Sepsis-3)

<http://jamanetwork.com/journals/jama/fullarticle/2492881>

- CMS Core Sepsis not yet updated

CMS Core Sepsis

- CMS Core Measure Sepsis (SEP-1) for Inpatient Quality Reporting (IQRs)
 - A combined version of the 3- and 6-hour sepsis bundles from HEN 2.0 with some additional exclusions (comfort care etc.)
- As long as reporting is consistent, it is acceptable to use patients identified for SEP-1 as the patient pool for sepsis outcome measures in the HIIN.

Hospital-Onset Sepsis

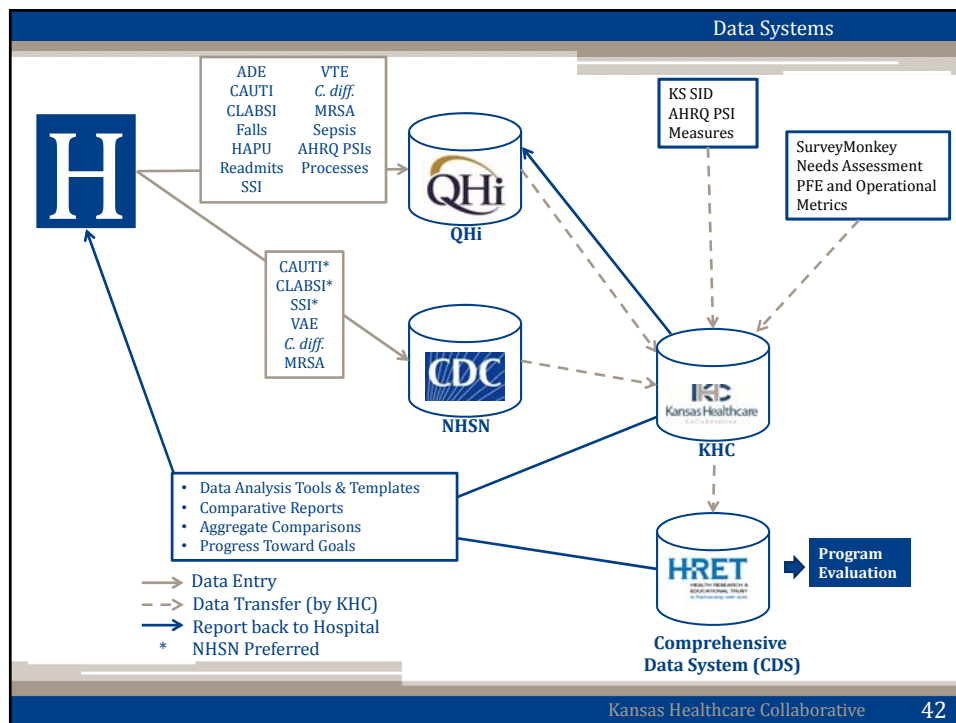
- Hospital-Onset Sepsis is sepsis developing 48 hours or more after admission
 - Ideally date of diagnosis is available
 - As an alternative date of treatment elements can potentially be used – lactate check, broad spectrum antibiotics, etc.
 - Last resort is a present-on-admission flag

Sepsis Measure Rates

- Rates will appear comparatively high and fluctuate significantly
 - Reported as “per 1,000 cases,” so even a relatively low percentage of 1% is 10/1,000
 - Low volumes – even 100+ bed facilities will see 2-3 cases per month.
 - Single events will create large spikes – 1/3 is the equivalent to 333 events per 1,000 cases.

Sepsis Transfers

- Many hospitals initiate the 3-hour treatment bundle before transferring patients with severe sepsis/septic shock
- Consider requesting mortality and sepsis data from receiving facilities so you can link sepsis identification and treatment to outcomes



Data Systems



- ADE
- CAUTI
- CLABSI
- Falls
- PrU
- Readmits
- SSI
- VTE
- MRSA
- *C. diff.*
- Sepsis
- AHRQ PSIs
- Culture of Safety
- Process Measures

What if I need help?
(Passwords, adding users, measure selection, reports, etc.)

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Data Systems

NHSN

- CAUTI
- CLABSI
- SSI
- VAE
- *C. diff.*
- MRSA

What if I need help?

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NHSN technology support:
nhsn@cdc.gov

The CDC has extensive training documents
and videos here:
www.cdc.gov/nhsn/training/index.html

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Data Systems

SID/AHRQ

- Stage 3+ Pressure Ulcer Rate (Non-CAHs)
- Post-Op PE/DVT (If spec. inpatient surgeries)
- Post-Op sepsis rate (If spec. inpatient surgeries)

What if I need help?

Strongly encourage QHi reporting
 “Backstopped” by KHC from KHA’s Inpatient Discharges

Additional details in KHC Measures Dictionary and via AHRQ:
www.qualityindicators.ahrq.gov/Modules/PSI_TechSpec_ICD10.aspx

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HIIN Schedule

Kansas HIIN 2016-2017 Data Submission Schedule

Outcome & Process Measures for HACs occurring in:	Readmissions for index discharges in, and SSI for procedures performed in:	Submission Due
October, 2016	September, 2016	November 30, 2016
November, 2016	October, 2016	December 31, 2016
December, 2016	November, 2016	January 31, 2017
January, 2017	December, 2016	February 28, 2017
February, 2017	January, 2017	March 31, 2017
March, 2017	February, 2017	April 30, 2017
April, 2017	March, 2017	May 31, 2017
May, 2017	April, 2017	June 30, 2017
June, 2017	May, 2017	July 31, 2017
July, 2017	June, 2017	August 30, 2017
August, 2017	July, 2017	September 30, 2017

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Resources and Next Steps



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Educational Opportunities

Upcoming HRET HIIN Webinars

Pre-register at: <http://www.hret-hiin.org/events/upcoming-events.shtml>

HRET HIIN: **CAUTI** Virtual Event

Thursday, February 23 ● 11:00 a.m. to 11:50 a.m. CT

Implementing nurse-driven protocols, strategies that involve interprofessional collaboration, roles to support daily review of necessity and increasing nursing competencies regarding protocol adherence.

HRET HIIN: **PFE Fellowship** Big Picture Event

Tuesday, February 28 ● 11:00 a.m. to 12:00 p.m. CT

HRET HIIN: **Falls** Virtual Event

Tuesday, March 7 ● 12:00 to 1:00 p.m. CT

HRET HIIN: **C. Difficile Infection (CDI)** Virtual Event

Tuesday, March 9 ● 11:00 to 11:50 a.m. CT

More Upcoming Events at www.hret-hiin.org

2017 KHC HIIN Webinar Schedule

Mark your calendars.

All HIIN webinars will be held from 10 to 11 a.m. CT

Registration links will be posted at www.khconline.org and announced via email.

All sessions will be recorded and posted to the KHC education archive.

Audience	Webinar Date
HIINergy	March 22
Kansas	April 26
HIINergy	May 24
Kansas	June 28
HIINergy	July 26
Kansas	August 23
HIINergy	September 27
Kansas	October 25
HIINergy	November 15
Kansas	December 20



Be HIInvolved!

- ✓ Share your stories: #WhyImHIIN
- ✓ Be HIIN-the-know.
- ✓ Participate in learning events:
 - ☐ Share the opportunities with your staff
 - ☐ Get your entire team HIInvolved
- ✓ Make HIIN a household name across your organization.
- ✓ Share your successes.
- ✓ Ask us your questions.
- ✓ Let us visit and celebrate or work through barriers with you.
- ✓ Help us HIINcrease safety and quality across the board.

Be alert for new opportunities ahead!

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Contact Us

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