

# KHC Hospital Improvement Innovation Network

April 26, 2017



623 SW 10<sup>th</sup> Ave. • Topeka, KS 66612 • (785) 235-0763 • [www.khconline.org](http://www.khconline.org)



## Agenda

- Welcome and Announcements
- *Keeping Score – Communicating progress (and value) in patient safety*
  - *AHRQ Patient Safety Scorecard and CMS Goals*
  - *Introducing the HRET HIINprovement Calculator*
  - *Sharing patient safety data with board members*
- HIIN Measures & Data Update
- Resources and Upcoming Events
- Q&A/Next Steps

Introductions

## Presenters

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**Steve Reinhart, MBA**  
Director, Clinical Quality  
Health Research &  
Educational Trust



*Hospital Sharing with:*  
**Morris County Hospital**  
 Kristie Hays, Risk/Quality Manager  
**Satanta District Hospital**  
 Beverly Myers, Quality  
 Improvement/Risk Manager, and Tina  
 Pendergraft, Director of Nursing  
**Labette Health**  
 Rachel Merrick, Quality/PFAC  
 Coordinator

*Facilitated by:*



**Betsy Lee, MSPH, BSN, RN**  
Improvement Advisor  
Cynosure Health

**Kansas Healthcare Collaborative**



**Michele Clark**  
Program Director




**Rob Rutherford**  
Sr. Health Care Data Analyst

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## KHC HIIN PFAC Collaborative Cohort 3

- Allen County Regional Hospital
- Anderson County Hospital
- Ashland Health Center
- Atchison Hospital
- Citizens Medical Center
- Clara Barton Hospital
- Community Healthcare System
- Community Memorial Healthcare
- Goodland Regional Medical Center
- Gove County Medical Center
- Hiawatha Community Hospital
- Holton Community Hospital
- Hutchinson Regional Medical Center
- Labette Health
- Lincoln County Hospital
- Logan County Hospital
- Meade District Hospital/Artesian Valley Health System
- Nemaha Valley Community Hospital
- Ness County Hospital District No. 2
- Newton Medical Center
- Norton County Hospital
- Pawnee Valley Community Hospital
- Phillips County Hospital
- Pratt Regional Medical Center
- Ransom Memorial Hospital
- Rawlins County Health Center
- Rooks County Health Center
- Rush County Memorial Hospital
- Russell Regional Hospital
- Sheridan County Health Complex
- St. Luke Cushing Hospital
- Stevens County Hospital
- Sumner County Hospital District Number 1
- Susan B Allen Memorial Hospital
- Trego County Lemke Memorial Hospital



*Kansas PFAC Collaborative Cohort 3 training session with Allison Chrestensen and Tiffany Christiansen in Hays, Kansas, held March 15.*


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## KHC HIIN Sepsis Champion Workshops


Held in Dodge City and Topeka, April 3 and 5



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### States Targeting Reduction in Infections via Engagement



## STRIVE (cohort 4)

Partners will collaborate to improve general infection prevention and control practices in health care facilities and work on practices to reduce HAIs in CDI, CLABSI, CAUTI and MRSA. All Kansas hospitals may participate.

**Benefits include:**

- Reductions in HAI morbidity and mortality
- Access to expert national faculty
- Networking and learning with peer hospitals
- Free, on-demand education on infection prevention
- Assistance in using and interpreting TAP reports
- Support in using CDC's Infection Control Assessment Tools
- Access to focused improvement resources
- Assistance in accelerating IP strategies
- Ability to benchmark against other hospitals

**Join Us!**

**Informational Webinar**  
May 1 • 2-3 p.m.

Link to join the webinar:  
<https://www.surveymonkey.com/r/DW2MWHT>




Hospital registration  
deadline:  
**May 12**

12-month program starts:  
**June 1**


For more information, visit  
[www.khconline.org/strive](http://www.khconline.org/strive).  
Contact KHC at 785-235-0763  
or [info@khconline.org](mailto:info@khconline.org)


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## KHC HIIN Hand Hygiene Collaborative


Qualaris  Analyze  Audit 


**Best Practices Checklist**


Hand hygiene performed? ☐ Yes ☐ No ☐ Keep 


Correct hygiene method used in the situation observed? ☐ Yes ☐ No ☐ Keep 





If sanitizer, full quantity dispensed? ☐ Yes ☐ No ☐ N/A 




If soap, adequate scrubbing time performed? ☐ Yes ☐ No ☐ N/A 



Gloves used properly? ☐ Yes ☐ No ☐ N/A 





Nails 1/4 inch or shorter? ☐ Yes ☐ No ☐ Keep 

**Learn more!**

**Informational Webinar**  
May 4 • 10-10:45 a.m.  
Pre-register at  
[www.khconline.org/event-info/748-khc-hiin-hand-hygiene-collaborative](http://www.khconline.org/event-info/748-khc-hiin-hand-hygiene-collaborative)

Join this informational webinar with KHC and Qualaris Healthcare Solutions to learn more about this new collaborative to help track and improve hand hygiene within KHC HIIN hospitals. No-cost, easy-to-use, mobile software will be provided to each hospital for observation-based measurement to help improve clinical practices and care processes.




**QualarisAudit**   
Software for Improving best practices

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## May 5 is World Hand Hygiene Day

This year for Hand Hygiene Day on May 5, HRET HIIN is collecting pictures of good hand hygiene practices and the pictures to compile into a collage that shows our collective efforts practicing hand hygiene, reducing infections and improving patient care.



**Collage Participation Instructions:**

**Who:** Anyone!

**What:** Take a picture of yourself practicing good hand hygiene, for example: pictures of hand washing or signage around your facility. Please, be creative!

**When:** Between now and Friday, April 28. The collage will be shared on World Hand Hygiene Day on Friday, May 5.

**Why:** To celebrate the importance of hand hygiene.

**How:** Take a picture of yourself practicing good hand hygiene. Email the picture to [HIIN@aha.org](mailto:HIIN@aha.org) with the following information: 1) Your name and title, 2) Your organization, 3) A sentence about why good hand hygiene is important to you.

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## MOC-IV Sponsorship

- Physicians at participating HRET HIIN hospitals can receive American Board of Medical Specialties (ABMS) Maintenance of Certification (MOC) Part IV (Improvement in Medical Practice) by participating in the Portfolio Program.
- Projects must last a minimum of six months post-application and include data submission.
- Benefits of participating in MOC-IV include:
  - Reducing duplication of quality improvement efforts.
  - Developing long-lasting improvements.
  - Strengthening physicians' connection to improvement efforts.

### Learn more:

FAQ Document: [www.hret-hiin.org/Resources/physician\\_engagement/17/20170410\\_HRETHIIN\\_MOC4\\_FAQs.pdf](http://www.hret-hiin.org/Resources/physician_engagement/17/20170410_HRETHIIN_MOC4_FAQs.pdf)

Blog by Jay Bhatt, D.O. (HRET) and David Price, M.D. (ABMS):

<http://blog.aha.org/post/170410-aha-to-join-the-abms-multispecialty-portfolio-program>



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## Connecting Patient Safety Initiatives with Prevention of Harms and Cost

*Communicating progress (and value) in patient safety*

- AHRQ Patient Safety Scorecard and CMS HIIN Goals
- Introducing the HRET HIINprovement Calculator
- Sharing patient safety data with board members

**Steve Reinhart, MBA**  
HRET HIIN Director, Clinical Quality

**Rob Rutherford, BA**  
KHC Senior Health Care Data Analyst

**Betsy Lee, MSPH, BSN, RN**  
Cynosure Health Improvement Advisor

## AHRQ: Hospital-Acquired Conditions Decline



Source: <https://www.ahrq.gov/professionals/quality-patient-safety/pfp/2015-interim.html>

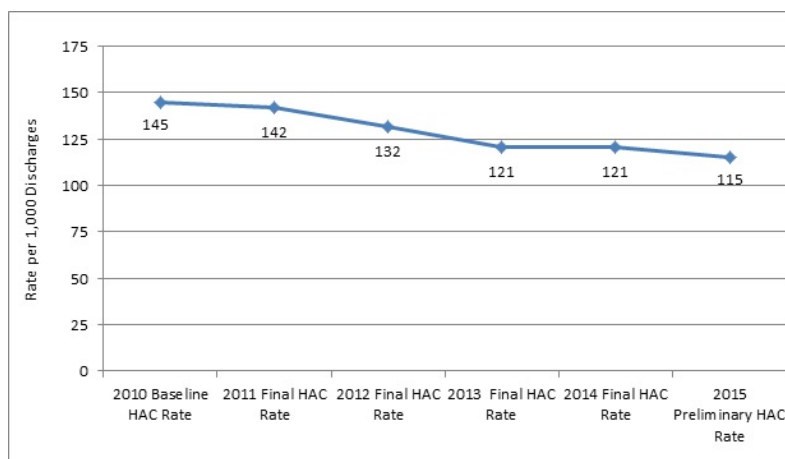


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## Harms per Discharge

HAC Rates, 2010 to 2015 (preliminary)



Source: National Scorecard on Rates of Hospital-Acquired Conditions 2010 to 2015: Interim Data From National Efforts To Make Health Care Safer. Agency for Healthcare Research and Quality, Rockville, MD. [www.ahrq.gov/professionals/quality-patient-safety/pfp/2015-interim.html](http://www.ahrq.gov/professionals/quality-patient-safety/pfp/2015-interim.html)





## HIIN: Where We Are Going

**Goals:**

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

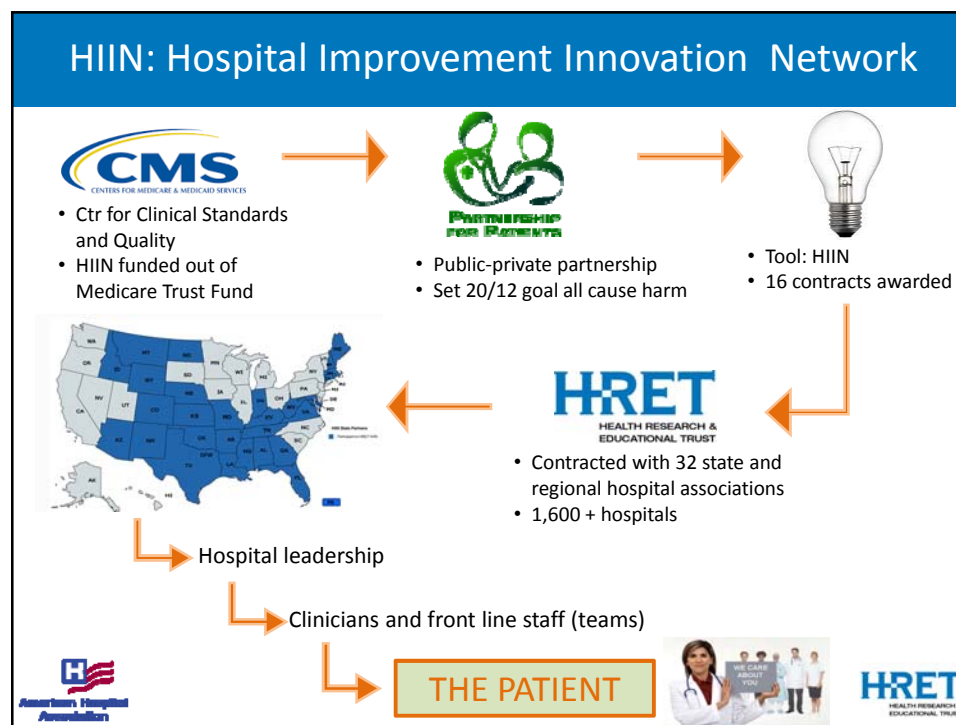
**12%** Reduction in 30-day readmissions (baseline 2014)

“America’s hospitals embrace the ambitious new goals CMS has proposed,” said Rick Pollack, president and CEO of the American Hospital Association (AHA). “The vast majority of the nation’s 5,000 hospitals were involved in the successful pursuit of the initial Partnership for Patients aims. **Our goal is to get to zero incidents.** AHA and our members intend to keep an unrelenting focus on providing better, safer care to our patients -- working in close partnership with the federal government and with each other.”

*partnershipforpatients.cms.gov*

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

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## HRET HIIN State Partners

- |                      |                   |                   |
|----------------------|-------------------|-------------------|
| 1. Alabama           | ★ 12. Kansas ★    | 23. New Mexico    |
| 2. Arizona           | 13. Kentucky      | 24. North Dakota  |
| 3. Arkansas          | 14. Louisiana     | 25. Oklahoma      |
| 4. Colorado          | 15. Maine         | 26. Puerto Rico   |
| 5. Connecticut       | 16. Maryland      | 27. Rhode Island  |
| 6. Dallas Fort-Worth | 17. Massachusetts | 28. Tennessee     |
| 7. Delaware          | 18. Mississippi   | 29. Texas         |
| 8. Florida           | 19. Missouri      | 30. Virginia      |
| 9. Georgia           | 20. Montana       | 31. West Virginia |
| 10. Idaho            | 21. Nebraska      | 32. Wyoming       |
| 11. Indiana          | 22. New Hampshire |                   |



## AHA/HRET Original HEN Results

FINAL AHA/HRET HEN ESTIMATED TOTAL HARMS PREVENTED WITH COST SAVINGS

Topic	Estimated Harms Prevented <sup>1</sup>	Estimated Cost Savings
ADE	8,155	\$24,465,000
CAUTI	2,805	\$2,805,000
CLABSI	893	\$15,181,000
EED	992 (NICU Admissions)	\$7,811,000
Falls	1,331	\$882,000
OB Harm	766	\$705,000
Pressure Ulcers	4,655	\$188,528,000
Readmissions	65,022	\$572,714,000
SSI	4,860	\$102,060,000
VAE/VAP	58	\$1,218,000
VTE	3,255	\$72,391,200
<b>TOTAL</b>	<b>92,792</b>	<b>\$988,760,000</b>

**DATA SOURCE:**  
Comprehensive Data System (CDS) (11/18/14);  
Data covers January 2012 through November 2014.  
Cost reference sources listed in PEC April 2014  
Formative Feedback report appendices.

<sup>1</sup> Harms prevented calculated at hospital level and then aggregated to HEN level (hospital compared to own baseline). Harm calculated only with months that have sufficient *n* (85 percent of hospitals reporting at baseline). Hospitals omitting months of data were determined to be negligible at HEN level.





## AHA/HRET HEN 2.0 Results

TOPIC	HARMS PREVENTED	COST/HARM	COST SAVINGS
ADE <sup>1</sup>	15,611	\$5,000 <sup>1</sup>	\$78,054,063
CAUTI	505	\$1,000	\$505,078
CLABSI	439	\$17,000	\$7,469,333
EED	1,151	\$9,732	\$11,240,529
Falls	1,409	\$12,965	\$18,265,363
OB Harm <sup>2</sup>	4,336	\$114 (with instrument) \$197 (without instrument)	\$753,627
Pressure Ulcers	1,122	\$17,000	\$19,077,915
Readmissions	8,040	\$15,477	\$124,440,097
SSI <sup>3</sup>	792	\$21,000	\$16,630,883
VAE	278	\$21,000	\$5,832,649
VTE	738	\$8,000	\$5,901,515
<b>TOTAL</b>	<b>34,422</b>	<b>---</b>	<b>\$288,171,052</b>

\* Totals may not match sum of individual topics due to rounding.



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## HRET HIIN Goals

Alignment with the Goals / Aims of the Partnership for Patients Program		
<b>Recruitment</b>		
Commitment to total # of hospitals the HIIN shall support		1,710
<b>Bold Aim Milestones</b>	<b>Year 1</b>	<b>Year 2</b>
Commitment to Reducing All-Cause Harm by 20%		
% Reduction of Adverse Drug Events	7%	20%
% Reduction of Central Line-Associated Bloodstream Infections	10%	20%
<b>Bold Aim Milestones</b>	<b>Year 1</b>	<b>Year 2</b>
% 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		
% Increase 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%
<b>Total Proposed Impact</b>		
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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## Bold Aims For HIIN

**Two base years to reduce all-cause inpatient harm by 20 percent and readmissions by 12 percent.**

1. Be in action to support your patients and their families by committing to this project.
2. Work to reduce harm *across the board*.
3. Learn together by sharing your hospital stories – successes and opportunities.
4. Data is the foundation of all improvement at the unit level, hospital level, state and national level.
5. **Accelerate**, **align** and **amplify** the work of the previous HEN projects.



## We're here to help!

Resources and  
Tools

Peer Sharing

Education and  
Skill Building

Data



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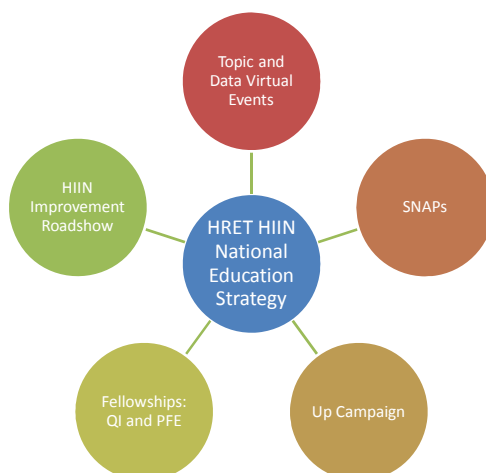
## HRET Technical Assistance Strategy



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## HRET National Education

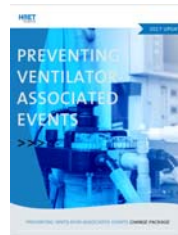
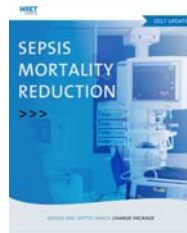


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## Change Packages and Top-Ten Checklists

Jump-start your improvement projects:



[www.hret-hiin.org](http://www.hret-hiin.org)



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## Thank you!



Let us know  
how we can help!

[www.hret-hiin.org](http://www.hret-hiin.org)



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## HRET HIIN Improvement Calculator

### ***Newly Released!***

HIINprovement Calculator will be sent to KHC HIIN primary and secondary contacts *soon*.

Contacts will receive their individual facility report pre-populated with their HIIN data.

- The HIIN Improvement Calculator (IC) is one of many tools provided by HRET to help member hospitals utilize their HIIN data.
- New redesign avoids compatibility issues some users may have experienced in HEN 2.0.
- Contact KHC for assistance with your report. The HRET HIIN Data Team also is available for technical support with the IC.

## HIIN Improvement Calculator

- New features:
  - Single Dashboard
  - Extended cost-savings
  - Inclusion of Mortality – Lives Saved

## HIIN Improvement Calculator

- Organization:
  - Instructions
  - Data Load (your data will be pre-populated)
  - Dashboard
  - Summary Table
  - Summary Table per Discharge
  - Methods
  - References
  - Release Notes

Instructions Data Load Dashboard Summary Table Summary Table per Discharge Methods References Release Notes

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## HIIN Improvement Calculator

- Changes:
  - Single dashboard tab instead of buttons/per topic
  - Summary tables
    - Display standardized “per 1,000” rates
    - Have the most recent month and project Year-to-Date results

Instructions Data Load Dashboard Summary Table Summary Table per Discharge Methods References Release Notes

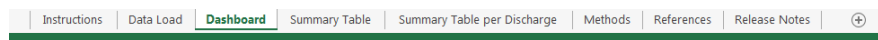
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## HIIN Improvement Calculator

- Data will be pre-populated.
- To view data and charts select the *Dashboard* tab



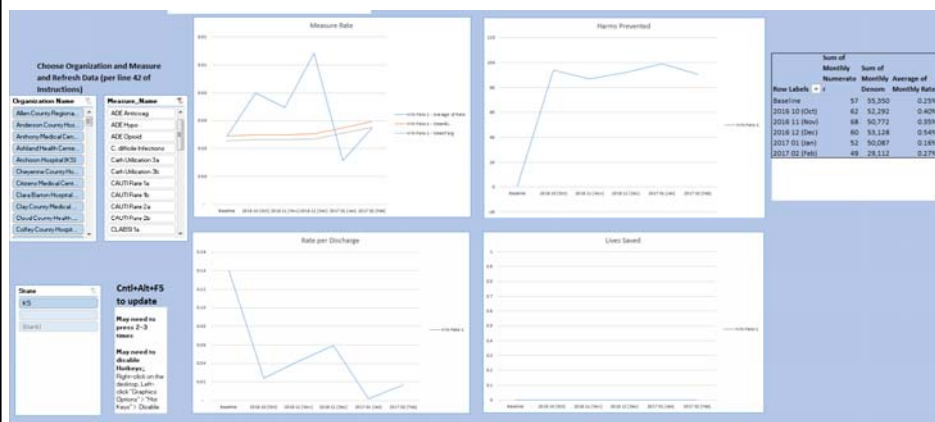
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## Preliminary HIIN Improvement Calculator

- Dashboard



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## HIIN Improvement Calculator

- To see individual measure information select the appropriate measure on the *Dashboard* tab

Choose Organization and Measure and Refresh Data (per line 42 of Instructions)

Organization Name  
Allen County Regiona...  
Anderson County Hos...  
Anthony Medical Cen...  
Ashland Health Cente...  
Atchison Hospital (KS)  
Cheyenne County Ho...  
Citizens Medical Cent...  
Clara Barton Hospital...  
Clay County Medical...  
Cloud County Health...  
Coffey County Hospit...

Measure Name  
ADE Anticoag  
ADE Hypo  
ADE Opioid  
C. difficile Infections  
Cath Utilization 3a  
Cath Utilization 3b  
CAUTI Rate 1a  
CAUTI Rate 1b  
CAUTI Rate 2a  
CAUTI Rate 2b

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## Preliminary HIIN Improvement Calculator

- A single page summary is found on the *Summary Table* tabs

Harm Measure for (All)	Baseline Numerator	Baseline Denominator	Baseline Rate per 1000	Target Rate	Current Month	Current Numerator	Current Denominator	Current Rate	Current % Improvement	Year To Date Numerator	Year To Date Denominator	Year To Date Rate	Year To Date % Improvement	Improvement Status (scale)
ADe Anticoag	330	13,724	22.60	21.02 2017.02 (Feb)	13.00	644.00	23.29	-37%	99	4896	19.61	-13%	Achieved	
ADe Hypo	1,468	29,776	49.30	45.83 2017.02 (Feb)	78.00	1520.00	51.32	-4%	529	21214	24.94	49%	Achieved	
ADe Opioid	825	165,979	4.97	4.62 2017.02 (Feb)	25.00	8088.00	3.09	38%	239	76031	3.14	37%	Achieved	
CAUTI	148	122,607	1.21	1.09 2017.02 (Feb)	8.00	9139.00	0.88	27%	47	47820	0.98	18%	Achieved	
CLABSI	41	91,520	0.45	0.40 2017.02 (Feb)	6.00	5895.00	1.02	-128%	23	34306	0.67	-50%	Not Achieved	
Falls	397	350,865	1.08	1.01 2017.02 (Feb)	44.00	26201.00	1.68	-55%	286	232480	1.23	-14%	Not Achieved	
PRU, Prevalence, Stage 2+	108	89,983	1.20	1.08 2017.02 (Feb)	18.00	6134.00	2.93	-144%	64	35366	1.81	-51%	Not Achieved	
PRU, PSI 03, Stage 3+	287	30,558	9.39	8.45 2017.02 (Feb)	0.00	1952.00	0.00	100%	41	25301	1.62	83%	Achieved	
SSI Colon Surgeries	96	1,448	66.30	61.66 2017.02 (Feb)	1.00	82.00	12.20	82%	13	542	23.99	64%	Achieved	
SSI Abdominal Hysterectomy	17	1,335	12.73	11.84 2017.02 (Feb)	0.00	84.00	0.00	100%	3	538	5.58	56%	Achieved	
SSI Total Hip Replacements	19	1,642	11.57	10.76 2017.02 (Feb)	0.00	135.00	0.00	100%	2	753	2.66	77%	Achieved	
SSI Total Knee Replacements	18	2,843	6.33	5.89 2017.02 (Feb)	0.00	217.00	0.00	100%	3	1330	2.26	64%	Achieved	
C. difficile Infections	385	642,656	0.60	0.56 2017.02 (Feb)	25.00	46305.00	0.54	10%	143	246439	0.58	3%	Not Achieved	
Sepsis Post Op	19	11,353	1.67	1.56 2017.02 (Feb)	2.00	520.00	3.85	-130%	12	7955	1.51	10%	Achieved	
VAC	92	13,374	6.88	6.40 2017.02 (Feb)	7.00	870.00	8.05	-17%	22	4651	4.73	31%	Achieved	
IVAC	29	13,374	2.17	2.02 2017.02 (Feb)	1.00	870.00	1.13	47%	4	4651	0.86	60%	Achieved	
VTE	17	15,301	1.11	1.03 2017.02 (Feb)	1.00	1046.00	0.96	14%	6	12953	0.46	58%	Achieved	
Readmissions	11,585	144,886	79.96	76.76 2017.02 (Feb)	1088.00	12299.00	86.84	-9%	7368	84521	87.17	-9%	Not Achieved	
Total Harm**	17,345	1,892,676	9.16	8.58	1298.00	119179.00	10.89	-31%	8,656	811,795	10.91	-32%	Not Achieved	

Instructions | Data Load | Dashboard | **Summary Table** | Summary Table per Discharge | Methods | References | Release Notes | +

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Preliminary

## HIIN Improvement Calculator

- Harms per discharge can be looked at as an aggregate or on a per measure basis

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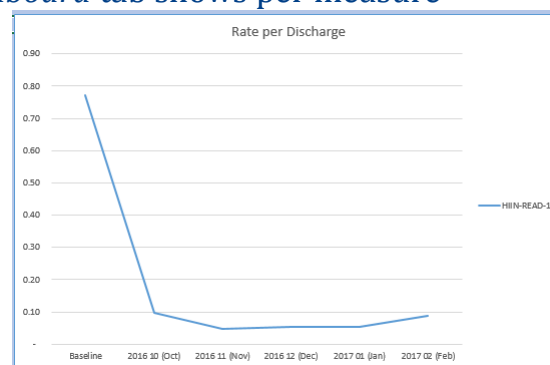
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## HIIN Improvement Calculator

- Harms per Discharge
  - *Dashboard* tab shows per measure



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## HIIN Improvement Calculator

- Harms per Discharge
  - *Summary Table per discharge* tab shows all measures
  - Also displays cost and mortality information
  - “Total Harms” includes
    - ADEs
    - CAUTI
    - CLABSI
    - Falls
    - PrU 2+
    - SSIs
    - *C. difficile*
    - Post-op Sepsis
    - VAC
    - VTE
    - Readmissions

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Preliminary

## HIIN Improvement Calculator

- The *Summary Table per discharge* tab

Harm Measure	Baseline Numerator	Baseline Discharges	Baseline Rate per 1000	Target Rate	Year To Date Numerator	Year To Date Discharges	Year To Date Rate per 1000	Harms Prevented	Cost Per Harm	Costs Avoided	Mortality Rate	Lives Saved
ADE Anticoag	310	144,886	2.14	1.99	96	84,521	1.14	85	\$ 5,000	\$ 424,211	0.11	9
ADE Hypo	1,468	144,886	10.13	9.42	529	84,521	6.26	327	\$ 5,000	\$ 1,636,878	0.11	36
ADE Opioid	825	144,886	5.69	5.30	239	84,521	2.83	242	\$ 5,000	\$ 1,211,369	0.11	27
CAUTI	148	144,886	1.02	0.92	47	84,521	0.56	39	\$ 1,000	\$ 39,338	0.1	4
CLABSI	41	144,886	0.28	0.25	23	84,521	0.27	1	\$ 17,000	\$ 15,603	0.18	0
Falls	397	144,886	4.12	3.83	286	84,521	3.38	62	\$ 12,965	\$ 807,294		-
PrU, Prevalence, Stage 2+	108	144,886	0.75	0.67	64	84,521	0.76	(1)	\$ 17,000	\$ (16,947)		-
PrU, PSI 08, Stage 3+	287	144,886	1.98	1.78	41	84,521	0.49	136	\$ 17,000	\$ 2,305,224	0.07	9
SSI Colon Surgeries	96	144,886	0.66	0.62	13	84,521	0.15	43	\$ 21,000	\$ 903,056	0.03	1
SSI Abdominal Hysterectomy	17	144,886	0.12	0.11	3	84,521	0.04	7	\$ 21,000	\$ 145,260	0.03	0
SSI Total Hip Replacements	19	144,886	0.13	0.12	2	84,521	0.02	9	\$ 21,000	\$ 190,761	0.03	0
SSI Total Knee Replacements	18	144,886	0.12	0.12	3	84,521	0.04	8	\$ 21,000	\$ 157,511	0.03	0
C. difficile Infections	385	144,886	2.66	2.47	143	84,521	1.69	82	\$ 10,000	\$ 815,944	0.064	3
Sepsis Post Op	19	144,886	0.13	0.12	12	84,521	0.14	(1)	\$ 17,000	\$ (15,574)	0.26	(0)
VAC	92	144,886	0.63	0.59	22	84,521	0.26	32	\$ 21,000	\$ 665,056	0.39	12
IVAC	29	144,886	0.20	0.19	4	84,521	0.05	13	\$ 21,000	\$ 271,268	0.31	4
VTE	17	144,886	0.12	0.11	6	84,521	0.07	4	\$ 8,000	\$ 31,337	0.15	1
Readmissions	11,585	144,886	79.94	76.76	7,368	84,521	87.17	(610)	\$ 15,477	\$ (9,417,103)		-
Total Harm (per Discharge)**	15,745	144,886	108.67	101.06	8,856	84,521	104.78	329		\$ (2,426,005)		96

[Instructions](#) | [Data Load](#) | [Dashboard](#) | [Summary Table](#) | **[Summary Table per Discharge](#)** | [Methods](#) | [References](#) | [Release Notes](#) | [+](#)

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## HIIN Improvement Calculator Q's

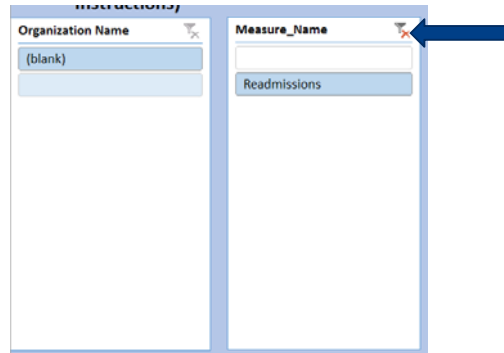
- Where are the instructions?
  - See the first tab labeled *Instructions*.
  - Sections related to CDS may be ignored, as KHC performs these steps for you.
- I am using Excel 2003 and am having issues with the Improvement Calculator
  - Using Excel 2010 and above is recommended.

## HIIN Improvement Calculator Q's

- The baseline numerators and denominators in the data tab don't match what's on the dashboard?
  - Baseline data is converted to a monthly basis and will not match the raw numerators and denominators on the *Data Load* tab.

## HIIN Improvement Calculator Q's

- How do I clear slicers/filters?
  - Click on the red X to clear your filter.



## HIIN Data Tutorials

See tutorials at [www.hret-hiin.org/data/data.shtml](http://www.hret-hiin.org/data/data.shtml)

### Part 1 – Getting Started

- (You may skip slides 2-8 as it is KHC does this step for you.)

### Part 2 – Using the Tool

- Discusses how to view the dashboard and summary tables, interpreting your results, where the cost and mortality estimates come from, etc.

### Part 3 – Frequently Asked Questions

- (You may skip slides 37, 40 as KHC does this step for you.)

## Raising the Bar: Bringing Quality and Safety to the Board

Betsy Lee, MSPH, RN  
Improvement Advisor  
Cynosure Health

April 26, 2017



## Hospital Sharing



*Beverly Myers, Quality Improvement/  
Risk Manager  
Tina Pendergraft, Director of Nursing*

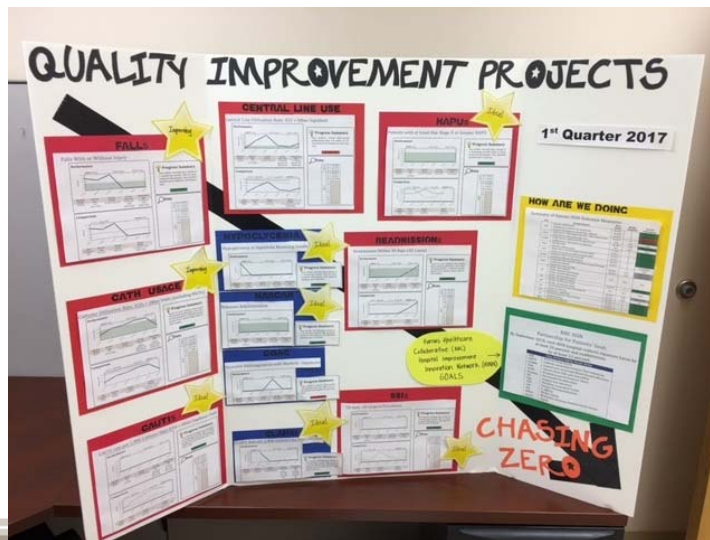


*Rachel Merrick,  
Quality/PFAC Coordinator*



*Kristie Hays  
Risk/Quality Manager*

## Morris County Hospital “Chasing Zero”



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## Reports that Support Governance



What works, what doesn't work for your  
board members? What messages have  
meaning?

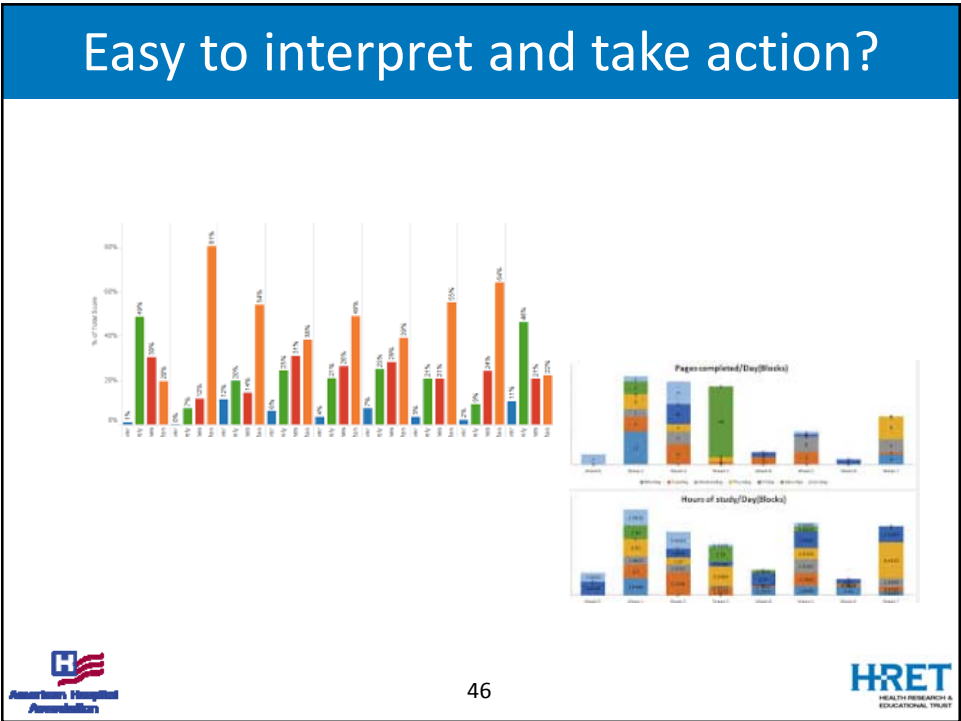


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PT PERCEPTION	Goal	Alert	Measure	April 14	May 14	June 14	July 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan-15	Feb-15	Mar 15	Year to Date
Was department clean	>94%	<94%	Per 20 responses	95%			90%			90%			90%			90%
Were beds clean	>94%	<94%	Per 20 responses	97%			93%			93%			93%			93%
Did nurses wash hands	>94%	<94%	Per 20 responses	89%			100%			85.0%			94.7%			92%
Did doctors wash hands	>94%	<94%	Per 20 responses	94.4%			100%			85.0%			100%			92%
Privacy when discussing treatment	>94%	<94%	Per 20 responses	89.0%			100%			90.0%			89.0%			90%
Privacy when examined	>94%	<94%	Per 20 responses	94.4%			100%			95.0%			100%			97.0%
Dignity & respect	>94%	<94%	Per 20 responses	100%			100%			100%			100%			99%
Opportunity to talk to staff	>94%	<94%	Per 20 responses	73.7%			85.0%			85.0%			100%			85.0%
Noise at night-sleep	<12%	>12%	Per 20 responses	10.0%			15.0%			10.0%			10.0%			12.0%
Noise at night-sleep	<65%	>65%	Per 20 responses	40.0%			47.1%			40.0%			50%			43.0%
Noise at night-sleep	<26%	>26%	Per 20 responses	25.0%			21.1%			40.0%			80.0%			34.0%
Call bell within 2 mins	>95%	<95%	Per 20 responses	100.0%			95.0%			88.0%			73.7%			77.0%
Contact details given	>94%	<94%	Per 20 responses	100%			100%			100%			100%			100%
Did staff check on you	>94%	<94%	Per 20 responses	95.0%			100%			100%			80.0%			94%
Compassion	>94%	<94%	Per 20 responses	100%			94.7%			86.0%			98.0%			93.5%
Level of care given	>94%	<94%	Per 20 responses	100%			95.0%			90.0%			80.0%			93.0%
FAMILIES & FRIENDS																
Responses-36 weeks	>25%	<10%	as % of eligible women	31.4%	80.1%	30.9%	31.8%	26.3%	47.7%	20.0%	14.9%	50.8%	20.4%	36.8%		33.9%
Positive to recommend	>90%	<90%	as % of responses	85.0%	88.0%	92.0%	86.0%	91.0%	88.0%	90.0%	88.0%	97.0%	100.0%	96.0%		88.4%
Responses-36 weeks	>25%	<10%	as % of eligible women	24.1%	54.0%	34.1%	21.6%	24.1%	44.0%	21.2%	18.0%	33.1%	26.0%	45.1%		31.9%
Positive to recommend	>90%	<90%	as % of responses	97.0%	90.0%	93.0%	80.7%	99.0%	95.7%	99.0%	98.0%	100.0%	100.0%	98.0%		97.6%
Responses-PN ward	>25%	<10%	as % of eligible women	18.8%	8.7%	29.8%	20.1%	17.7%	86.0%	23.0%	18.6%	34.1%	28.8%	46.2%		30.9%
Positive to recommend	>90%	<90%	as % of responses	93.4%	90.0%	83.7%	88.0%	80.0%	89.7%	90.1%	93.0%	80.7%	80.0%			86.9%
Responses-PN community	>25%	<10%	as % of eligible women	35.0%	40.0%	52.8%	25.0%	40.0%	88.8%	77.0%	24.7%	24.3%	35.3%	54.5%		37.6%
Positive to recommend	>90%	<90%	as % of responses	94.0%	90.0%	90.0%	95.1%	96.3%	88.1%	95.7%	97.3%	97.3%	96.2%	96.0%		94.1%
INFECTION CONTROL																
Hand hygiene audit	100%	<95%	Monthly audit	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%
MISA	0	>0	Total per year	0	0	0	0	0	0	0	0	0	0	0		0
C diff	0	>0	Total per year	0	0	0	0	0	0	0	0	0	0	0		0
MATERNITY SAFETY THERMOMETER																
Maternal infection	<10%	>15%		n/a	8.0%	0%	0%	0%	8.0%	n/a	8%	14.0%	0%	12.5%		5.40%
Women left alone	<10%	>15%		n/a	8.0%	10.0%	0%	8.0%	0%	n/a	11.0%	0%	0%	0%		5.1%
3/4th degree tear	<5%	>10%		n/a	8.0%	0%	0%	8.0%	0%	n/a	8.0%	0%	0%	0%		2.3%
PPH >1000mls	<10%	>15%		n/a	8.0%	10.0%	0%	18.0%	0%	n/a	0%	14.0%	0%	0%		1.0%
Baby APGAR <8 at 5 mins of birth	<10%	>15%		n/a	18.0%	0%	0%	8.0%	10.0%	n/a	0.0%	14.0%	0%	0%		5.8%
Concern about safety during birth not taken seriously	<5%	>10%		n/a	4.0%	8.0%	0%	12.0%	0%	n/a	11.0%	0%	0%	0%		4.1%
Combined harm free care	>80%	<75%		n/a	70.0%	80.0%	100%	70.0%	80.0%	n/a	72%	88.0%	100%	88.0%		8.1%
RADAR																
Score	<6	>10			4	7	8	7	8	9	9	9	4			2.44



## Variation

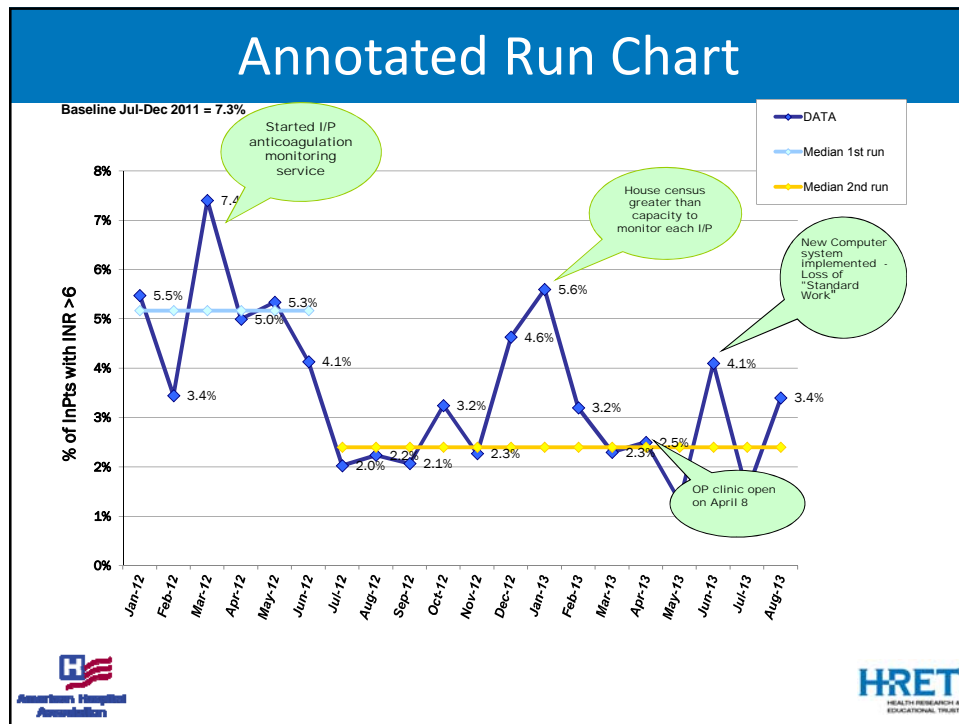
- Random (normal) cause variation
  - Variation that occurs naturally
  - Not caused by any new force or circumstance
  - Not effect of intervention (new force)
- Special cause variation
  - Something has changed
  - Effect of intervention (new force)



## How do we know which is which?

- RUN CHARTS !!!
- Can't tell much from a point in time snapshot
  - Yet that is what we often show
    - Bar graphs/Histograms
    - Tables/Dashboards
- Power of looking at all cause harm reduction, lives saved and cost impact
- Make it personal!








### Power of Stories

- Who has patient stories told at board meetings?
- Who has the patients/families *tell* the stories at the board meeting?
- How does it promote quality?

Logos: American Hospital Association, HRET (Health Research & Educational Trust)




Betsy Lee, MSPH, RN  
blee@cynosurehealth.org

## Measures & Data Update

- Milestone 4
- Progress so far
- Activities survey
- BCBS QBRP Reporting
- New data collection sheets



**Rob Rutherford**  
Senior Health Care Data Analyst  
Kansas Healthcare Collaborative  
RRutherford@khconline.org  
(785) 235-0763 x1326

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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.

*\*Being current through March is preferred!*



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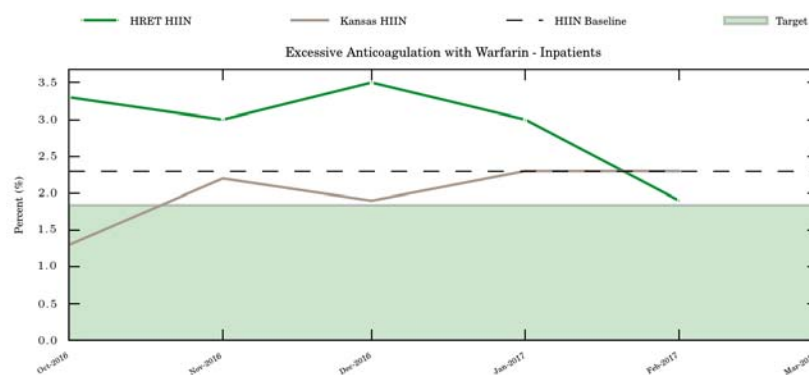
53

## Preliminary KHC HIIN Year-to-Date Progress

### Preliminary Progress

## Adverse Drug Events - Anticoagulation

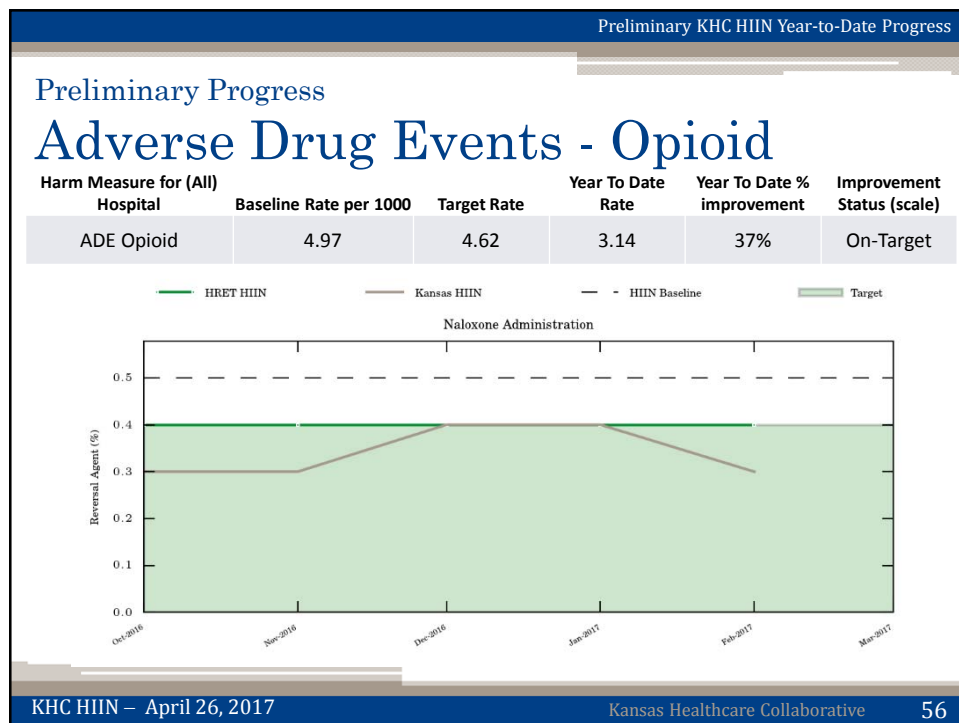
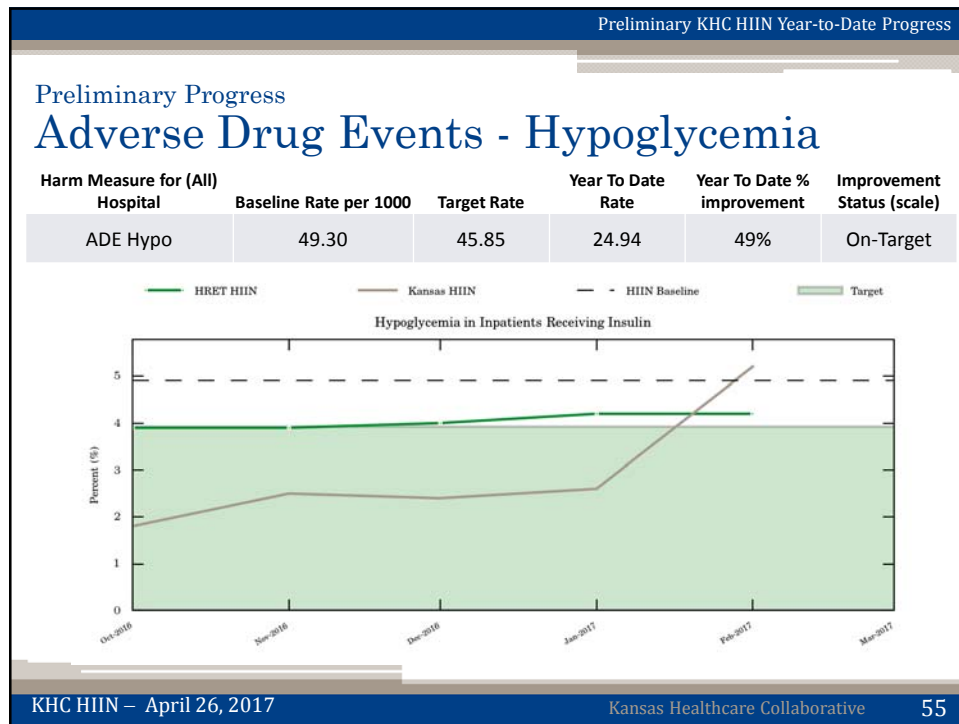
Harm Measure for (All) Hospital	Baseline Rate per 1000	Target Rate	Year To Date Rate	Year To Date % improvement	Improvement Status (scale)
ADE Anticoag	22.60	21.02	19.61	13%	Progress

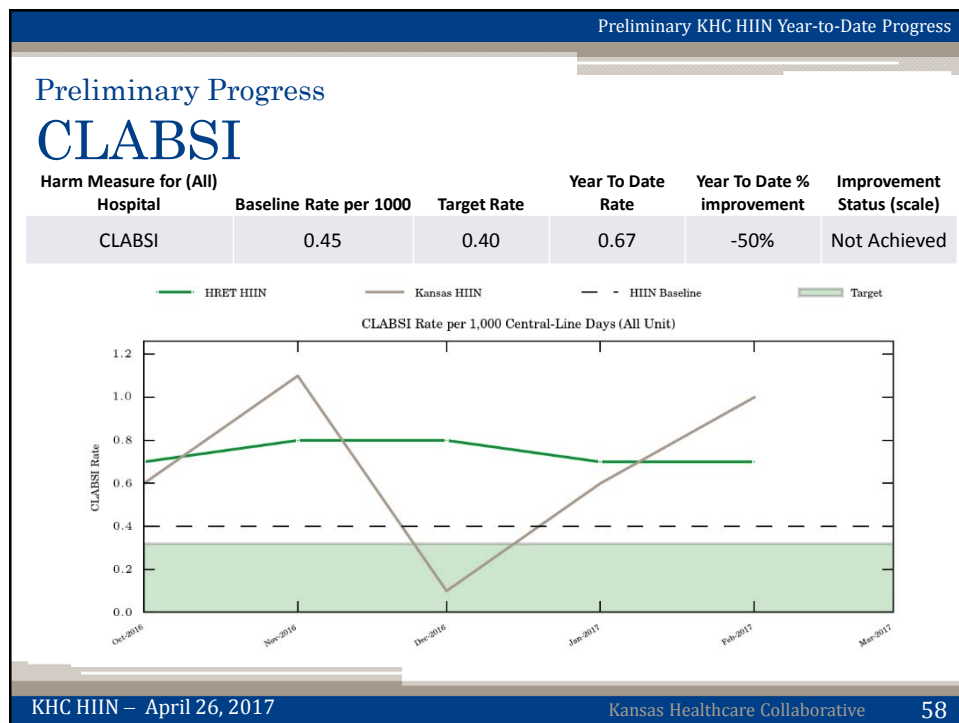
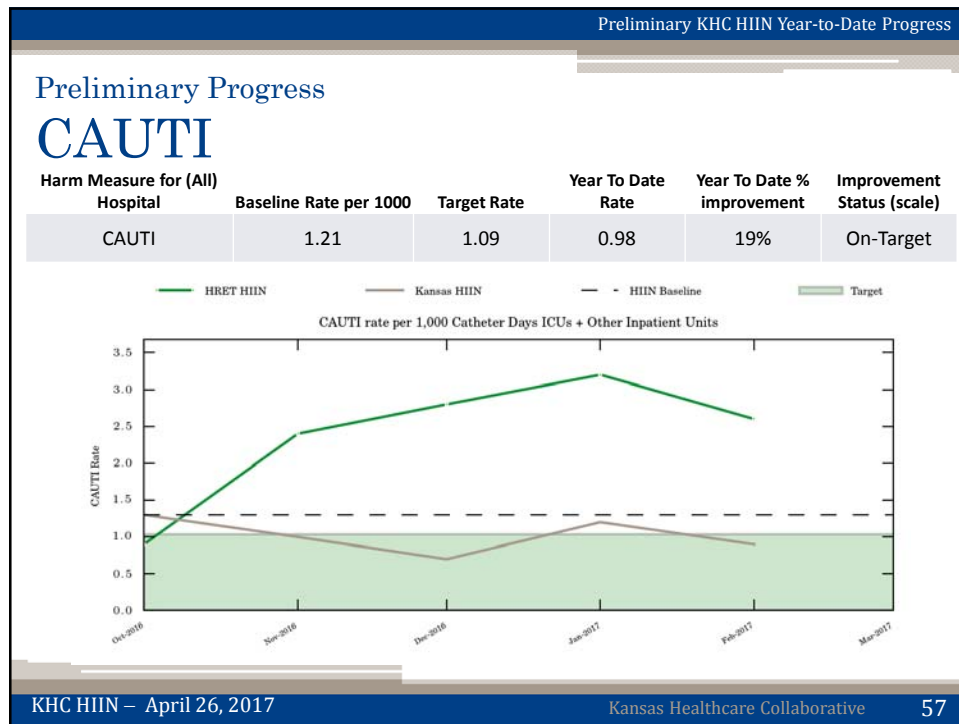


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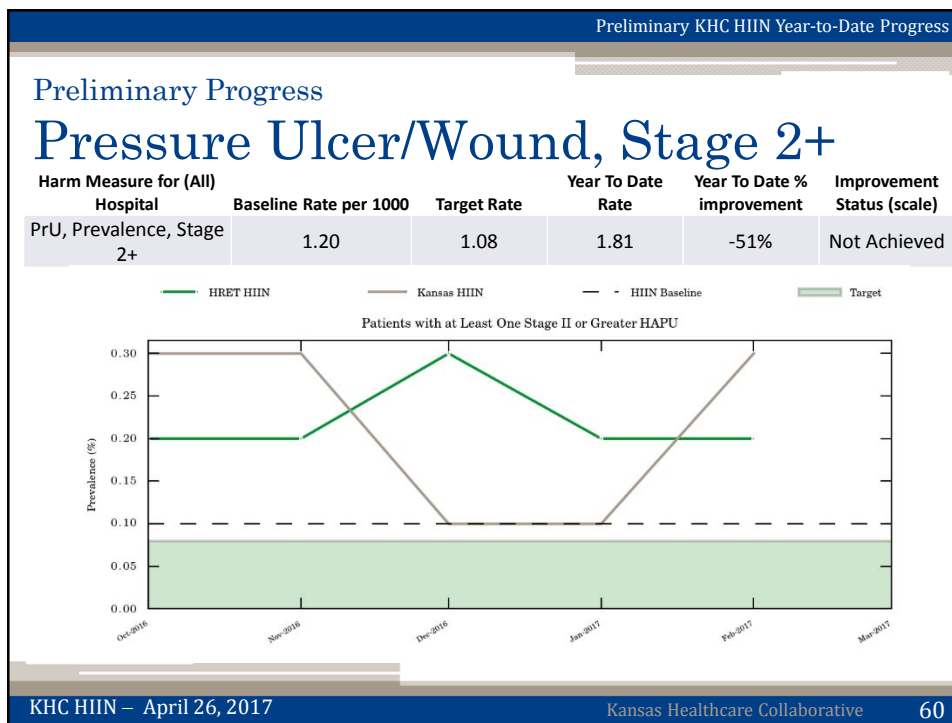
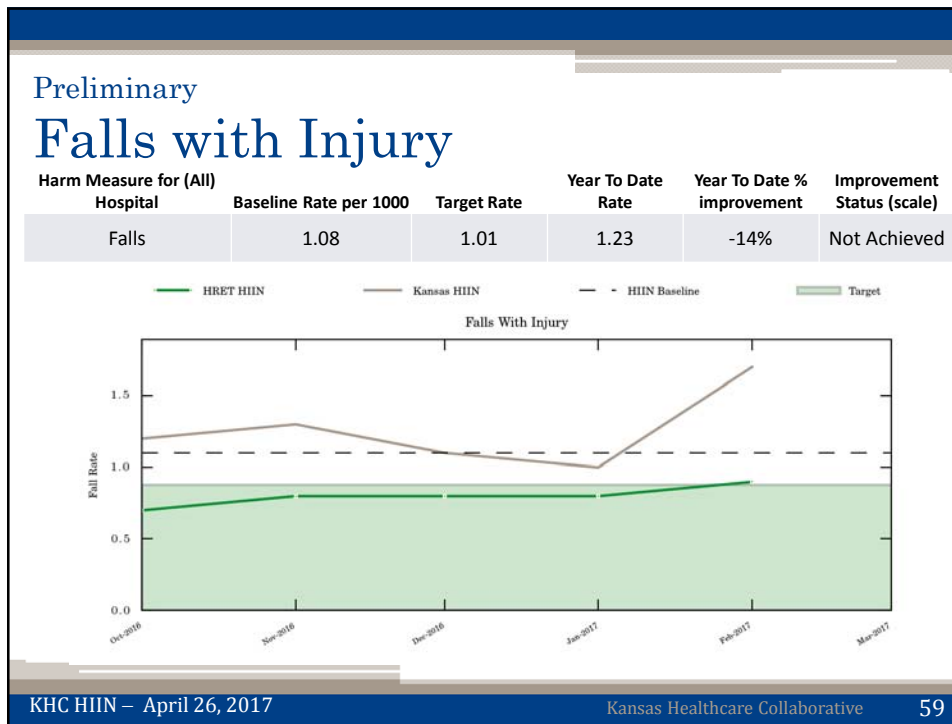
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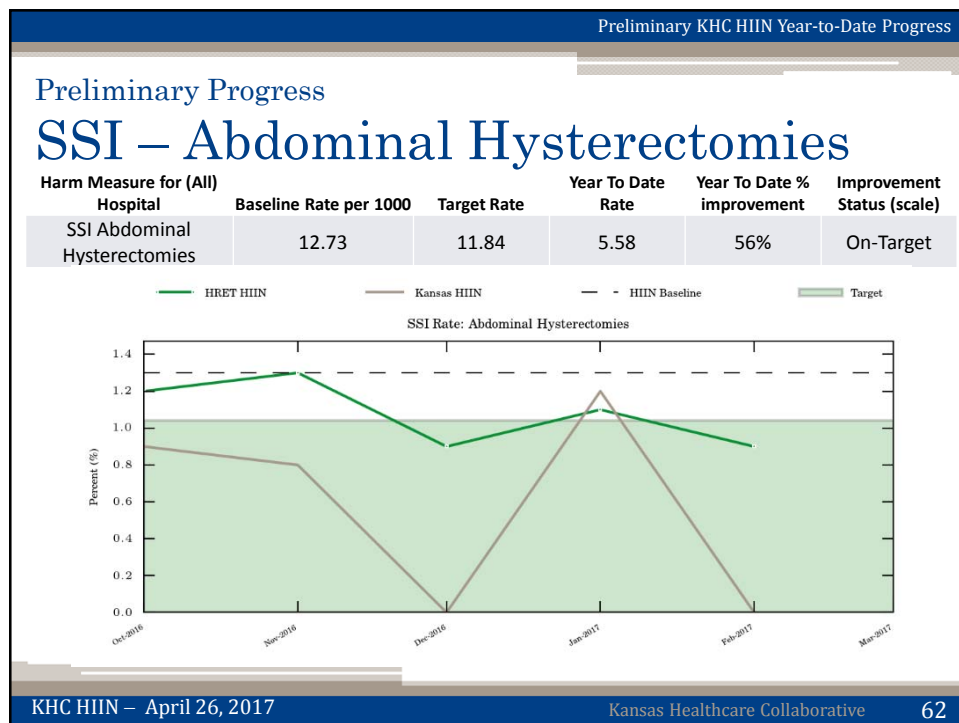
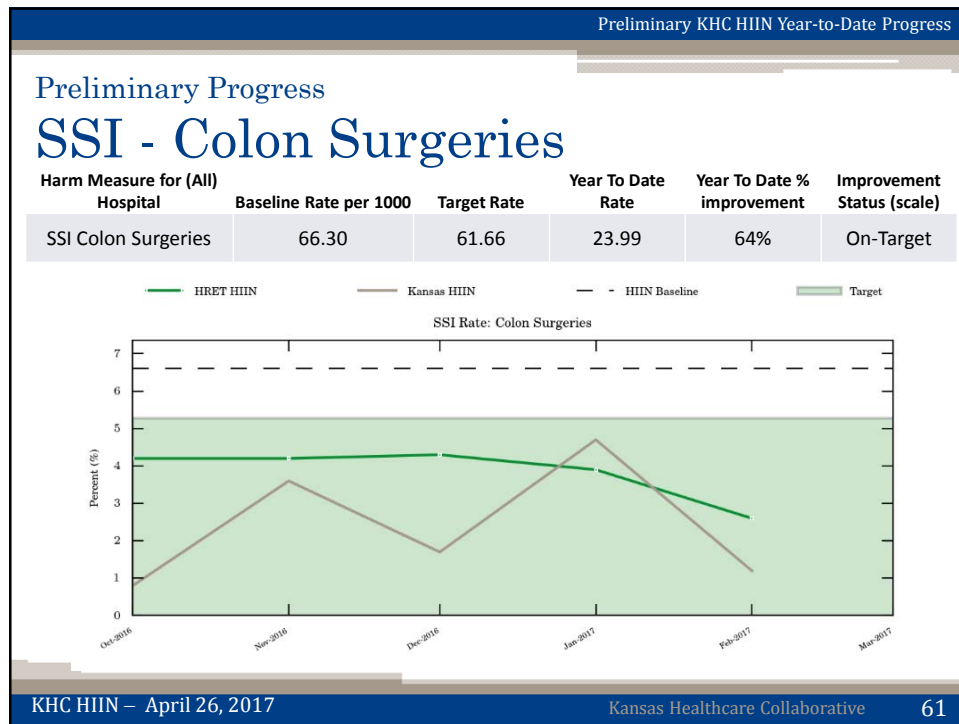
54

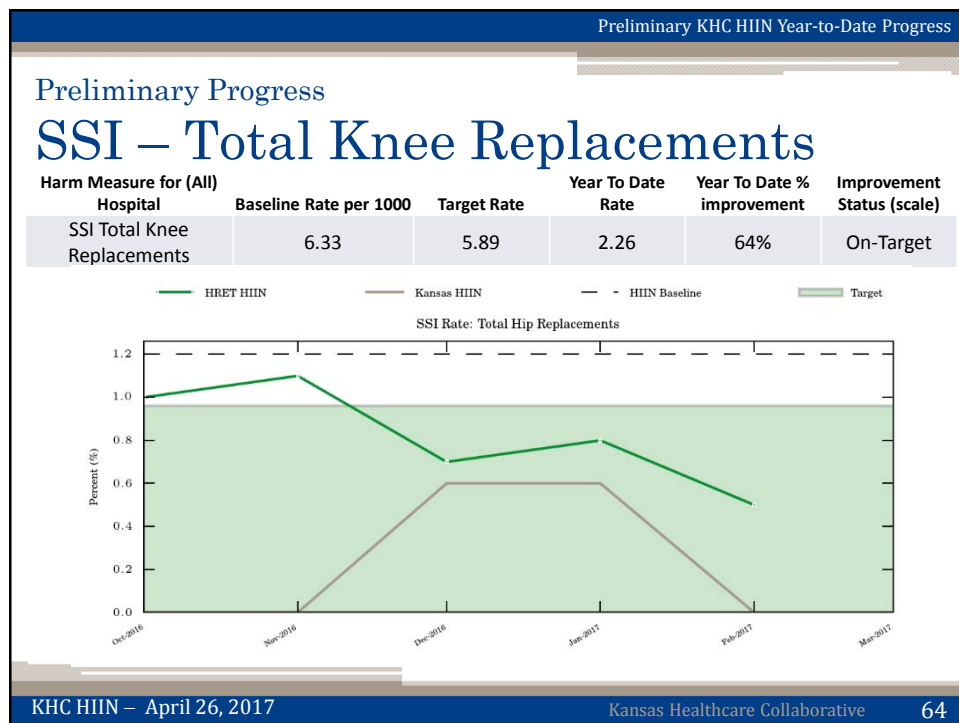
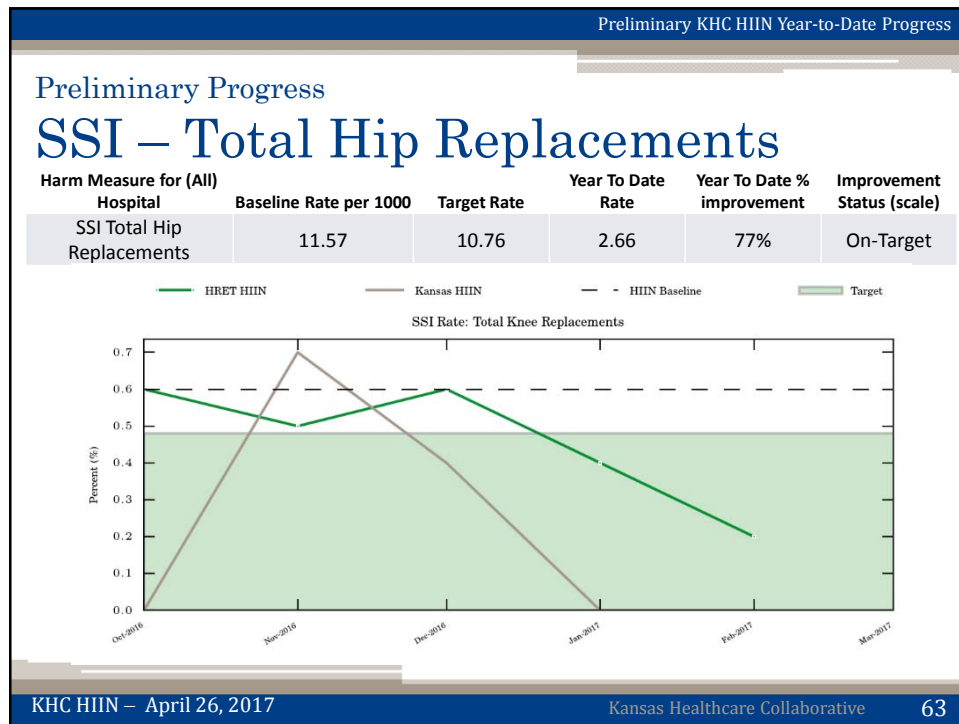


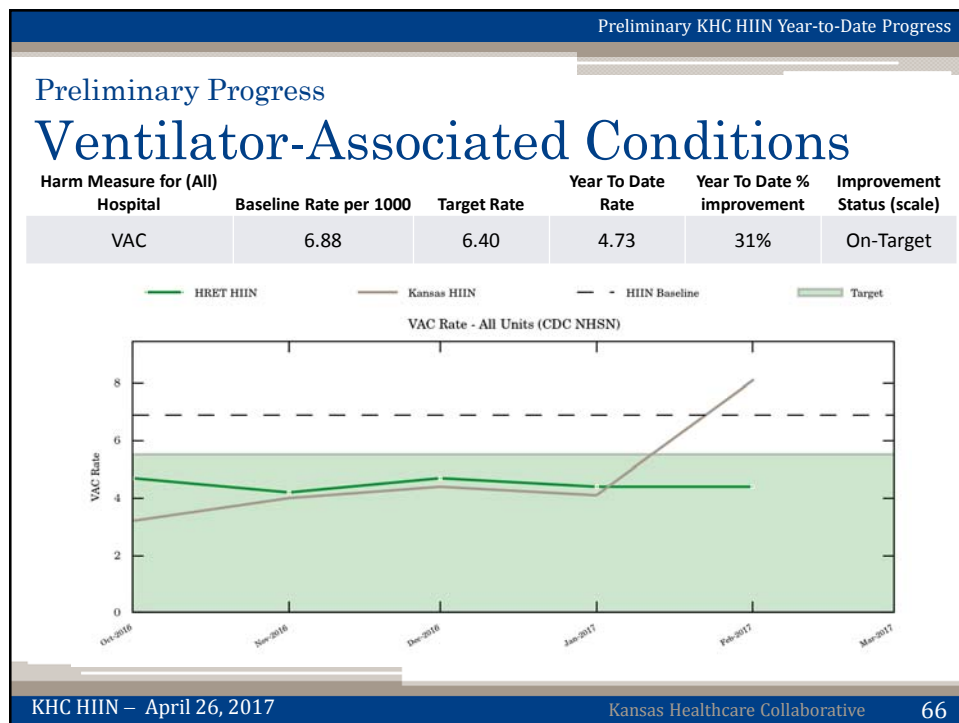
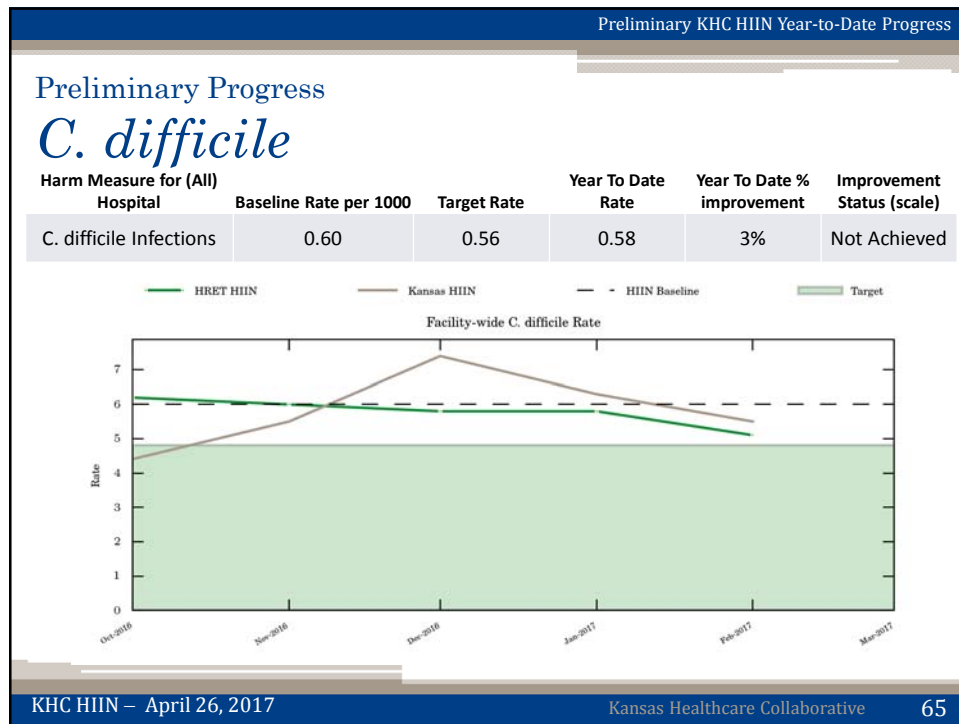


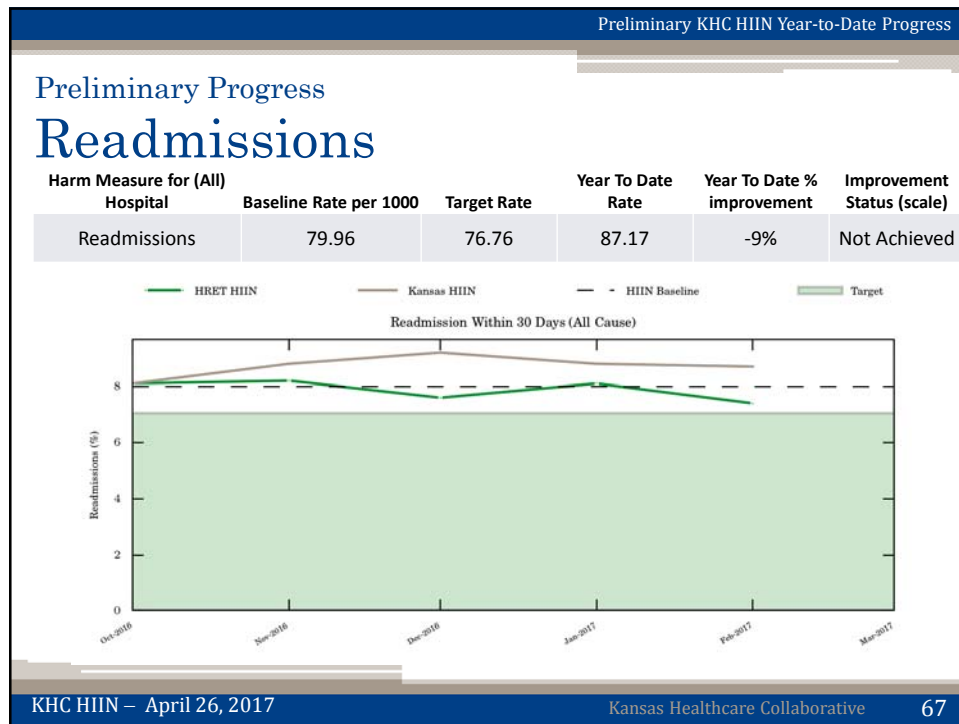












### KHC HIIN Quarterly Activities Survey

Please complete by COB **today** if you have not already done so!

Link: <https://www.surveymonkey.com/r/KHC-HIIN-activities-1Q2017>

Preliminary findings:

- 23/55 (40%) plan to change, or have changed, their EHR systems since October 2016.

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## Final April Analytic Reports Released

- Please review and share!




## BCBS of Kansas QBRP

- HIIN Educational reports available upon request
  - Please contact Alyssa Miller at [Amiller@khconline.org](mailto:Amiller@khconline.org)

*The above is not actual data*

## BCBS of Kansas QBRP

- Numerator/Denominator Reports
  - This data is shown in your current and past analytic reports on the individual measure slide

 Data

2016	O	0/91
	N	1/25
	D	1/63
2017	J	0/105
	F	2/73
	M	
	A	
	M	
	J	
	J	

*The above is not actual data*

## BCBS of Kansas QBRP

- Numerator/Denominator Reports
  - Alternatively QHi's reporting functionality can be used

Rob Rutherford  
 Mode: Network  
 Provider Kind:  
 Hospital  
 Network: KHC HIIN  
 Network  
 (Switch Modes)



**Quality Health Indicators**  
 About QHi

Home	Data Submissions	Reports	My Profile	Administration	Logout	Help
New Report	Best Practice Report	Data Activation Report	Saved Reports	Report Recipients	System Reports	



## BCBS of Kansas QBRP

- Numerator/Denominator Reports
  - Select the desired time period

Create a new report

CHOOSE A DATE RANGE

Start Date: January 2017

End Date: March 2017

COMPARE PEER GROUPS

☐ All QHI

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## BCBS of Kansas QBRP

- Numerator/Denominator Reports
  - Select the desired measure(s)

CHOOSE BY MEASURE SET

MEASURE SETS

CHOOSE INDIVIDUAL MEASURES

injury

Filter measures by measure set: All Measure Sets...

HOSPITAL CHARACTERISTICS

CLINICAL QUALITY: ANNUAL

CLINICAL QUALITY: MONTHLY

<input type="checkbox"/>	Percentage of unassisted acute care patient falls that result in injury - Wyoming	6
<input type="checkbox"/>	All Documented Patient Falls with or without Injury - Kansas HEN 1.0(Outcome 1) & HEN 2.0 & KHC HIIN	120
<input checked="" type="checkbox"/>	All Documented Patient Falls with an Injury Level of Minor or Greater – HEN 2.0 & KHC HIIN	117

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## BCBS of Kansas QBRP

- Numerator/Denominator Reports
  - Choose the “Raw Data Report” option

OUTPUT FORMAT

☒ Webpage ☐ PDF ☐ Export ☐ Gray Scale

HOW DO YOU WANT TO VIEW THIS REPORT?

☐ Line Graph ☐ Bar Graph ☐ Bar per provider ☐ Table ☐ Table with detail ☒ Raw Data Report

☒ Graph ☐ Table ☐ Graph + Table ☐ Show Line Per Peer

## New Data Collection Fact Sheets

### Data Collection Fact Sheets

Worker Safety Data Collection Fact Sheet

[Learn More](#)

Adverse Drug Event(ADE)Data Collection Fact Sheet

[Learn More](#)

Falls with Injury Data Collection Fact Sheet

[Learn More](#)

Hospital Acquired Pressure Ulcer Injuries Data Collection Fact Sheet

[Learn More](#)

Sepsis Data Collection Fact Sheet

[Learn More](#)

[Back to Top](#)

[www.hret-hiin.org/data/data.shtml](http://www.hret-hiin.org/data/data.shtml)

## Fact Sheets – Selected Tips

- Warfarin
  - Numerator: Lab should be able to provide a count of excessive INRs.
  - Denominator: Pharmacy can provide total number of patients on Warfarin.
- Generally attaching reporting sheets or stickers to medications of interest (D50, Glucagon, Naloxone) makes reporting easier. Another alternative is reports via medication dispensing systems.

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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	<b>April 30, 2017</b>
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 & Upcoming Events

- Summit on Quality
- Upcoming National Events
- Next up: South Central HIINergy Partners, May 24

**Toni Dixon**  
**Michele Clark**  
Kansas Healthcare Collaborative  
(785) 235-0763

### Upcoming Events

## Ninth Annual Summit on Quality

**Wednesday May 10**  
**Hyatt Regency Wichita**

The cost is \$125

Continuing education credit is available for  
Nurses and Adult Care Home Administrators



Educational Opportunities	
<h2>Upcoming HIIN Webinars</h2> <p>HRET HIIN: <b>Falls</b> Virtual Event  <i>Teach-Back for Fall Safety: Beyond Checking the Box</i>  <b>Thursday, May 11 • 1:00 p.m. to 2:00 p.m. CT</b></p> <p>HRET HIIN: <b>Rural/CAH Affinity Group</b> Virtual Event  <i>Get on Track with Antibiotic Stewardship</i>  <b>Monday, May 15 • 1:00 p.m. to 2:00 p.m. CT</b></p> <p>PfP HIIN: <b>PFE</b> Virtual Event  <i>How to Help Hospitals Get Started on the PFE Journey</i>  <b>Monday, May 15 • 1:00 p.m. to 2:00 p.m. CT</b>  <small>Register at: <a href="https://secure.confertel.net/tsRegisterD.asp?course=6860896">https://secure.confertel.net/tsRegisterD.asp?course=6860896</a></small></p> <p>PfP HIIN: <b>HAPU</b> Virtual Event  <i>What's Working in Pressure Ulcer Prevention</i>  <b>Monday, May 15 • 1:00 p.m. to 2:00 p.m. CT</b>  <small>Register at: <a href="https://secure.confertel.net/tsRegisterD.asp?course=6860963">https://secure.confertel.net/tsRegisterD.asp?course=6860963</a></small></p> <p style="text-align: right;"><small>Pre-register at: <a href="http://www.hret-hiin.org/events/upcoming-events.shtml">http://www.hret-hiin.org/events/upcoming-events.shtml</a></small></p>	
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Educational Opportunities	
<h2>Upcoming Fellowship Events</h2> <p>HRET HIIN: <b>PFE Fellowship</b> Virtual Event  <i>Getting to Work: Implementation and Trouble Shooting</i>  <b>Wednesday, May 3 • 11:00 a.m. to 12:00 p.m. CT</b></p> <p>HRET HIIN: <b>QI Fellowship Foundational</b> Virtual Event  <i>Testing Changes, PDSA Cycles</i>  <b>Wednesday, May 10 • 11:00 a.m. to 12:00 p.m. CT</b></p> <p>HRET HIIN: <b>QI Fellowship Accelerated</b> Virtual Event  <i>How to Design Reliable Process Health Care</i>  <b>Wednesday, May 10 • 12:30 p.m. to 1:30 p.m. CT</b></p> <p style="text-align: center;"><small>Pre-register at: <a href="http://www.hret-hiin.org/fellowships/qifellowship/index.shtml">www.hret-hiin.org/fellowships/qifellowship/index.shtml</a></small></p> <div style="border: 1px solid black; padding: 5px; transform: rotate(10deg); display: inline-block;"> <small>Non-fellows are encouraged to audit any of the virtual fellowship events</small> </div>	
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Educational Opportunities	
<h2>HRET HIIN PFE Big Picture</h2> <h3>PFE Fundamentals</h3>	
<p><b>Session #3: May 23</b></p> <p><b>Preparing Patient and Family Advisors: Orientation?</b></p> <p>This session will provide details to help develop an orientation process that you can customize to your organization.</p> <p>Pre-register at: <a href="http://www.hret-hiin.org/events/upcoming-events.shtml">www.hret-hiin.org/events/upcoming-events.shtml</a></p>	<p><b>5-Part Series</b></p> <p>#1 February 28, 2017 ● 11:00 - 12:00pm</p> <p>#2 April 18, 2017 ● 11:00 - 12:00pm</p> <p><b>#3 May 23, 2017 ● 11:00 - 12:00pm</b></p> <p>#4 June 20, 2017 ● 11:00 - 12:00pm</p> <p>#5 August 22, 2017 ● 11:00 - 12:00pm</p>
<p>KHC HIIN – April 26, 2017</p> <p style="text-align: right;">Kansas Healthcare Collaborative 83</p>	

Educational Opportunities	
<h2>HRET HIIN ADE Fishbowl</h2> <h3>Opioid Safety</h3>	
<p><b>Join the HRET HIIN on May 2nd for our first "Fishbowl" event where you will watch brave organizations learn by doing...in real time.</b></p> <p>Join in as they develop aim statements and measures, organize small improvement teams, and begin rapid cycle Plan-Do-Study-Act (PDSA) learning and improvement cycles.</p> <p>See how small tests of change can lead to learning from failure; failure that rapidly leads to success.</p> <p>The intended audience is for hospital teams working to reduce ADEs due to opioids.</p> <p>Pre-register at <a href="http://www.hret-hiin.org/Resources/ade/17/ade_fishbowl_series.shtml">www.hret-hiin.org/Resources/ade/17/ade_fishbowl_series.shtml</a></p>	 <p>May 2, 2017 ● 11:00 - 12:00pm</p> <p>June 22, 2017 ● 11:00 - 12:00pm</p> <p>July 20, 2017 ● 11:00 - 12:00pm</p> <p>August 24, 2017 ● 11:00 - 12:00pm</p> <p>September 26, 2017 ● 11:00 - 12:00pm</p>
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Educational Opportunities

## HRET HIIN Readmissions Fishbowl

### Reduce Readmissions



**Does your organization have an opportunity to gain new insights and test strategies to reduce readmissions?**

Join the HRET HIIN on May 25th for the first reducing readmissions "Fishbowl" event where you will watch the process improvement journey of five HRET HIIN hospitals, including *Ransom Memorial Hospital in Ottawa, Kansas!*

Listen in as the hospitals create reduction aim statements, focus on their target population and develop their first small test of change to implement in their readmissions reduction efforts.

May 25, 2017 ● 11:00 - 12:00pm

June 15, 2017 ● 11:00 - 12:00pm

July 13, 2017 ● 11:00 - 12:00pm

August 24, 2017 ● 11:00 - 12:00pm

September 14, 2017 ● 11:00 - 12:00pm

Pre-register at: [www.hret-hiin.org/Resources/readmissions/17/readmissions\\_fishbowl\\_series.shtml](http://www.hret-hiin.org/Resources/readmissions/17/readmissions_fishbowl_series.shtml)

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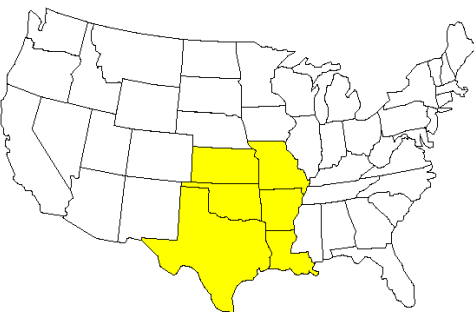
HIINspiring!

## South-Central HIINergy Partners

Bi-monthly regional webinars hosted by a different partner state each month

Host State	Webinar Date	Topic
AR	Jan. 25	Getting Started in HIIN <i>Recording available!</i>
OK	March 22	UP Campaign <i>Recording available!</i>
LA	May 24	<b>Patient and Family Engagement</b> <i>Registration open soon</i>
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  
4<sup>th</sup> Wednesdays of each month  
KHC HIIN Webinars alternate months. (Same time.)

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Upcoming Events

## 2017 KHC HIIN Webinar Schedule

***Mark your calendars.***

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


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

**SAVE THE DATE:**  
November 14, 2017

HRET HIIN Roadshow  
will be coming to Kansas!  
(in-person HIIN meeting)

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

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Questions?

Contact your KHC Team

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785-235-0763

Contact Us

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