KHC Hospital Improvement Innovation Network

November 20, 2019
10 to 11 a.m. CT

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

Introductions

Special Guests

Hospitals Presenting
• Osborne County Memorial Hospital
  - Cindy Hyde, RN
• Advent Health Ottawa
  – Dorothy Rice, RN, BSN, MBA
  – David Bowers, PharmD
• The University of Kansas Health System,
  Kansas City
  – Nicole Wilson, PharmD, BCIDP

Kansas Healthcare Collaborative

Michele Clark
Program Director
mclark@khconline.org

Eric Cook-Wiens
Data and Measurement Director
ecook-wiens@khconline.org

Chuck Duffield
Performance Improvement Manager
cduffield@khconline.org
Agenda

- Welcome
- Announcements and Updates
- HIIN Data and Measures Update
- Making Progress in Developing Antimicrobial Stewardship Programs – Hospital Sharing
- HIIN Resources and Upcoming Events

Antibiotic Awareness
Week Nov. 18-24

Announcements

KHC Announcements and Updates

- 20th anniversary, “To Err Is Human”
- HIIN Milestones 14 and 15
- HRET HIIN P.I. Collaborative
- KHC HIIN Hospital Site Visits

Michele Clark
MBA, CPHQ, CPPS, ABC
Program Director
Kansas Healthcare Collaborative
mclark@khconline.org
(785) 235-0763 x1321
“To Err is Human” at 20 years

- In November 1999, the Institute of Medicine, which is now the National Academy of Medicine, released its landmark report, “To Err Is Human: Building a Safer Health System.”

→ KHConline.org/ToErr

“After 20 years, we have made considerable progress, but more work needs to be done.

- Of course, that’s why hospitals and health systems are working hard to continually improve health care quality and patient safety.

→ KHConline.org/ToErr
Milestone 14

Congratulations to the 87 Kansas Hospitals that achieved the data submission criteria for Milestone 14!
(complete data for August 2018-July 2019)

Milestone 14

Congratulations to the 53 Kansas Hospitals that achieved the performance achievement criteria for Milestone 14!
(progress toward HIIN goals in ≥70% of eligible topics)
Congratulations to All Kansas Hospitals Achieving KHC HIIN Milestone 14!

48 Kansas hospitals recognized for achieving Timely/complete data and measure performance

- Anderson County Hospital
- Bob Wilson Memorial Grant County Hospital
- Cheyenne County Hospital
- Citizens Medical Center, Inc.
- Coffey County Hospital
- Coffeyville Regional Medical Center
- Community Memorial Healthcare, Inc.
- Decatur Health Systems, Inc.
- Edwards Co. Hospital and Healthcare Center
- Ellsworth County Medical Center
- Girard Medical Center
- Gove County Medical Center
- Green Medical Center
- Lawrence County Hospital
- Macon County Hospital
- Nemaha Valley Community Hospital
- Neosho Memorial Regional Medical Center
- Ness County Hospital District No. 2
- Newman Regional Health
- Newton Medical Center
- Norton County Hospital
- Olathe Medical Center, Inc.
- Osborne County Memorial Hospital
- The University of Kansas Healthcare System
  - Pawnee Valley Campus
- Pratt Regional Medical Center
- Rawlins County Health Center
- Saberha Community Hospital, Inc.
- Satanta District Hospital
- Susan B. Allen Memorial Hospital
- Scott County Hospital
- Sheridan County Health Complex
- St. Catherine Hospital
- Saint Luke Cushing Hospital
- Saint Luke’s South Hospital
- Wamego Health Center
- Wichita County Health Center
- Wilson Medical Center

KHC HIIN Milestones

**DUE DATES**

- **Milestone 14 ....... October 15**
  (August 2018 to July 2019)

- **Milestone 15 ....... December 18**
  (through September 2019)

- **Milestone 16 ....... March 16**
  (through December 2019)

Milestones consider:
- ✔ Data completeness for recent 12-month period
- ✔ Progress toward HIIN “20/12” Goals
- ✔ Implementation status of 5 Patient and Family Engagement (PFE) Metrics
- ✔ Implementation status of 7 Health Equity Metrics
HRET HIIN Milestone #15

- All HIIN data are current – October 2018 through September 2019*
- Hospitals meet reduction goals in 70% of eligible topics.
  - Three ways to meet:
    - Meet 20/12 reduction goals through entire project period
    - Meet 20/12 reduction goals during most recent 6 months
    - Zero streak for ≥6 months (most recent)

Please help us collectively meet this target; Ensure your data are current by **December 18**.

*Being current through October is preferred!

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**Preliminary Data**

Number of Measures for which State Rate is in the Top/Bottom Quintile among 34 states in HRET HIIN

- **Kansas**
  - Measures in **top quintile** include: Readmissions-Medicare, Sepsis Mortality, CAUTI, SSI-Colon, SSI-AbdHyst
  - Measures in **bottom quintile**: Falls with Injury and VAE
Kansas hospitals enrolled in PI Collaborative
(Final list as of 11/15/2019)

- Atchison Hospital
- Comanche County Hospital
- Community Healthcare System
- Ellsworth County Medical Center
- F.W. Huston Medical Center
- Goodland Regional Medical Center
- Gove County Medical Center
- Greenwood County Hospital
- Grisell Memorial Hospital
- Hanover Hospital
- Hillsboro Community Hospital
- Hospital District No. 1 of Rice County
- Hutchinson Regional Medical Center
- Kearny County Hospital
- Labette Health
- Logan County Hospital
- Menorah Medical Center
- Miami County Medical Center, Inc.
- Mitchell County Hospital Health Systems
- Morton County Health System
- Ness County Hospital District #2
- Olathe Medical Center, Inc.
- Phillips County Hospital
- Republic County Hospital
- Rooks County Health Center
- Salina Regional Health Center
- Satanta District Hospital
- Scott County Hospital
- Sheridan County Health Complex
- South Central Kansas Medical Center
- St. Catherine Hospital
- St. Luke Hospital and Living Center
- Sumner County Hospital District No. 1
- Trego County Lemke Memorial Hospital
- Wamego Health Center
- Western Plains Medical Complex

PI Collaborative Objectives

- Utilize communication and engagement strategies as drivers of change.
- Reduce harms by deploying cross-cutting strategies through systematic approaches.
- Apply performance improvement strategies to identify and conduct one change idea to reduce harm in a targeted topic or harm across the board.
- Establish a network of peer hospitals within the HIIN on common challenges and successes in the HIIN.

Contact Michele Clark at KHC for details.
Visiting Hospital HIIN Leaders/Teams

- Provide technical assistance
- De-fuzzify data/measure questions
- Identify successes
- Identify next steps for success

To request/schedule a visit, contact Michele Clark, mclark@khconline.org or (785) 231-1321

Let’s Finish HIIN Strong!

What is your hospital’s next success story?
KHC HIIN Measures and Data Update

- Current status
- November data reports
- Data submission schedule

Data

- Preliminary Reports distributed yesterday (11/19/2019)
  - Improvement Calculator
  - Dashboard is based on the Milestone 15 timeframe
  - Also included 2-pager for Milestone 15

- Final Reports will be distributed next week on Tuesday (11/26/2019) to HIIN contacts, CEOs and CNOs

- Last day to update PFE and HEOA metrics was Monday 11/18/2019. If you have an update that you haven’t sent, please do so ASAP.
Improvement on selected KHC HIIN measures

Source: HRET Improvement Calculator v7.0

Kansas HIIN – Monthly Data Submission Schedule

<table>
<thead>
<tr>
<th>Outcome &amp; Process Measures for HACs occurring in:</th>
<th>Readmissions for index discharges in, and SSI for procedures performed in:</th>
<th>Data Submission Due</th>
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Antimicrobial Stewardship in Kansas

Bryna Stacey, MPH, BSN, RN
Director, Healthcare-Associated Infections and Antimicrobial Resistance Program
Bryna.Stacey@ks.gov

Kellie Wark, MD, MPH
AR/AS Subject Matter Expert, Healthcare-Associated Infections and Antimicrobial Resistance Program
Kellie.Wark@ks.gov

Antimicrobial Resistance =
Ability of organisms to resist the effects of the drugs meant to destroy them

Antimicrobial Stewardship =
Appropriate use of antimicrobials to:
- Optimize outcomes for patients
- Reduce resistance
- Reduce other adverse events

Right drug, right dose, right frequency, right duration, right route

Antimicrobial Stewardship in Kansas
Part 2: Work on the Frontlines
Antimicrobial Stewardship: Work on the Frontlines

Facilities ASP team was asked to self-assess efforts and impact based on parts of the core elements the day of the workshop and 1 year after.

Results

61% (n=42) of hospitals completed both core element surveys.

12 of 13 assessed core element practices noted positive changes from pre- to post-assessment:

- 43% (n=6) improved at a statistically significant level
- One element, providing salary support, did not change
Antimicrobial Stewardship at OCMH

- Reviewed the KDHE Antimicrobial Stewardships Toolkit for Critical Access Hospitals. Decision was made to proceed with the program.
- Started with education (#7 Core element).
- Educated medical staff, nursing staff, and the public.
- Helped establish a foundation for what is needed.
Addressing the Challenge

- After starting education, formed a committee including:
  - Marianna Harris, our CEO
  - Linda Murphy, our CFO
  - Monica Mullender, our Director of Nursing
  - Lori Rothenberger, our Assistant Director of Nursing
  - Mandy Simon, our Lab Director
  - Kaylene Heller, Pharmacist (she has a retail store downtown and is not located in the hospital)
  - Kristen Hadley, Quality
  - Dr. Brown (Chief of Medical Staff)
  - Darlene Hadley, Pharmacy Nurse
  - Cindy Hyde, Infection Prevention

Key Strategies Implemented

- Initially met and decided to track antibiotic usage every month.

- Information was gathered monthly and presented it to Medical Staff (monthly) and at the Antimicrobial Stewardship committee meetings.

- Monthly meetings were soon changed to meeting quarterly.
Results

- Great leadership commitment with the CEO and CFO as active participants of the committee.
- Submit our Antimicrobial Stewardship minutes to the Board of Directors every quarter.
- The board signed the letter of commitment. (Core Element # 1).
- Education for all staff helped ensure the entire staff to feel responsible for Antimicrobial Stewardship. (Core element #2).
- The retail pharmacist, pharmacy nurse, and chief of medical staff are considered our drug experts. We are all continually learning (Core Element # 3).

Lessons Learned

- Worked on the diagnosis and length of days for antibiotic orders. When the hospital switched to Cerner’s EHR this was built into the orders.
- Developed a specific protocol on Community Acquired Pneumonia for our facility. (Core Element # 4).
- Started by tracking antibiotics given each month and the number of days in order to respond to any resistant bacteria and the diagnosis. (Core Element # 5).
- Continue providing providers with the antibiotic usage form every month at medical staff along with a days of therapy graph twice a year. (Core Element # 6).
Next Steps

• Continue to provide ongoing education, to staff, medical staff, the board of directors and the community. Use of posters and brochures provided by CDC and KDHE. (Core Element # 7).

• Next steps: continue education, develop additional protocols and continue to monitor our progress with antimicrobial stewardship.

Contact Us

Cindy Hyde, RN, IP,
Corporate Compliance and Risk Management
Osborne County Memorial Hospital
chythe@ocmh.net
785-346-2121
Our Antibiotic Stewardship Journey

• In April 2017, our hospital was very early in our implementation of an Antimicrobial Stewardship Program.

• The 2018 KDHE HAI/AR Antibiotic Stewardship Workshop in Salina with Dr. Steve Tremain helped us focus our efforts.
Addressing the Challenges

• **7 Core Elements:**

• Formal Leadership support – developed a written policy of administrative support.
  • Our CNO is part of our Antibiotic Stewardship Committee
  • Other members include: Chair-David Bowers, Pharmacy Director, Physician Champion-Dr. Siemons, Pharmacist-Tom Shrimplin, Infection Prevention-Cindy Tiblow, Quality & Patient Safety-Dorothy Rice, and Kelli Boetel, Administrative Director of IP Services (IP, ICU and OB) & Emergency Department and Amy Hall, Lab Director.

• Budgetary Financial Support-Pharmacy salaries, IT and training

Addressing the Challenges

• Pharmacist Leader responsible for improving antibiotic usage
  • Chair-David Bowers

• Policy supports inclusion of a dose and duration for all antibiotics. The indication has been the difficult issue due to our current system but we will have this soon.

• We have facility specific treatment guidelines/order sets for antibiotics such as for Sepsis, Pneumonia, UTI, Surgical prophylaxis and Cellulitis as examples
Addressing the Challenge

- De-escalation of antibiotics
  - PI Data on antibiotic usage:
    - Hospital Acquired Infections such as C Diff Rate (Zero for several qtrs.)
    - Vancomycin Appropriate Diagnoses study
    - Overall Antimicrobial Usage (Doses dispensed per adjusted pt. days)
    - Pharmacy Interventions

- Education of providers
  - Physician and staff have received education re: antibiotic stewardship and the consequences of over use of antibiotics.

Key Strategies Implemented

- Key areas where our hospital has made progress:
  - Collection and analyses of our data-Vancomycin example
  - IV to PO conversion or discontinuation of unnecessary antibiotics (use of Pharmacy careplans)
  - Pharmacy huddles with the clinicians daily
  - Pharmacy training on antibiotic stewardship with MAD-ID
  - Provided an antibiogram for physicians
  - Pharmacokinetics (adjustment for renal dosing, peak & trough, etc.)
Antimicrobial Stewardship

Hospital Acquired Infections (HAI)
Lessons Learned

• What did you learn in the process?
  ◦ Where to find the resources, that we aren’t in this alone and that we do have opportunity to continue to improve on our practices of antibiotic prescribing.

• What resources were most helpful?
  ◦ KDHE, HIIN, The Joint Commission, CDC

• What advice would you share with others on this same journey?
  ◦ It is a journey. Healthcare in general is making progress to reduce harm to our patients and antibiotic stewardship is another spoke in the wheel to reduce harm. We have to continue to be diligent about reducing over-usage of antibiotics for our patients!!

Next Steps

Next steps for our organization in advancing our Antimicrobial Stewardship Program:

1) Share facility-specific reports on antibiotic use with prescribers
2) Share provider-specific reports in 2020
3) Have more antibiotic usage data to make decisions on such as situations where therapy might be unnecessarily duplicative
Contact Us

Dorothy Rice, RN, BSN, MBA
Director of Quality, Patient Safety, Education & Risk
dorothy.rice@adventhealth.com

David Bowers, PharmD
Pharmacy Director
david.p.bowers@adventhealth.com

Nicole Wilson, PharmD, BCIDP
Pharmacy Clinical Coordinator- Antimicrobial Stewardship
nwilson5@kumc.edu

Stewardship Team Contact
asp@kumc.edu
Baseline Stewardship

Spring 2017

- Program Revitalization
- Stewardship Clinical Coordinator
- Vizient Benchmarking Data
- KDHE Workshop
- Strategic Planning
- Strong multidisciplinary collaboration
- Microbiology
- Infection Prevention

Identifying Opportunities

- Strategic planning and problem solving process
  - Identify drivers of suboptimal stewardship practices
  - Prompted by KDHE workshop activities
- Team effort
  - Pharmacists
  - Physicians
  - Laboratory
  - Infection prevention
### Stewardship Program Growth

**Fall 2018**
- Levofloxacin education and indications added
- Routine DOT reporting
- Clinical ID Pharmacists start rounding

**Spring 2019**
- Strategic initiatives identified for FY2020
- Pharmacy Stewardship Task Force created
- Stewardship planning team expanded

**Ongoing**
- Partnerships with specialists
- Antimicrobial dose optimization
- Desensitization protocols
- Education

### Successes

**Levofloxacin (IV+PO) DOT/1000 Patient Days**

[Graph showing the decline in Levofloxacin DOT/1000 Patient Days over time]
Successes

High Impact Drug Utilization

Lessons Learned

- Relationships are essential
- Engaged multidisciplinary team
- Administration support
- Objective data
- Start small and demonstrate success
On the Horizon

• Increase dedicated time for physician medical director

• Expand into system level and outpatient antimicrobial stewardship

• Improve website
  ◦ Resources available to health system and affiliates

• Promote program visibility

• NHSN AUR reporting and benchmarking

Contact Us!

Nicole Wilson, PharmD, BCIDP
Pharmacy Clinical Coordinator- Antimicrobial Stewardship
nwilson5@kumc.edu

Stewardship Team Contact
asp@kumc.edu
Antimicrobial Stewardship: Work on the Frontlines

Reminder – #UseAntibioticsWisely Week in KS

KS focus = Improve Antibiotic Use

- Medicaid & Public Health Collaboration
- Data sharing to provide feedback on potentially inappropriate antibiotic prescribing practice

To protect and improve the health and environment of all Kansans

Polling Question (select all that apply)

What are you doing to celebrate Use Antibiotics Wisely Week / US Antibiotic Awareness Week?

- Putting up posters
- Getting our hospital to post on social media
- Posting on my personal social media
- Taking the #OneHealthKS pledge at www.KansasQIP.org
- Other – please respond in chat

To protect and improve the health and environment of all Kansans
Antimicrobial Stewardship in KS: What can we do to continue to improve?

How can we help your ASP? Please let us know:

KDHE
Bryna Stacey
785-296-4090
Bryna.Stacey@ks.gov

Justin Blanding
785-296-1412
Justin.Blanding@ks.gov

24/7 Epidemiology Hotline
877-427-7317
kdhe.epihotline@ks.gov

To protect and improve the health and environment of all Kansans

Resources and Upcoming Events

Phil Cauthon
KHC Communications Director
pcauthon@khconline.org
(785) 235-0763 x 1322

and

Chuck Duffield
KHC Performance Improvement Manager
duffield@khconline.org
(785) 235-0763 x 1327
Antibiotic Awareness Week • Nov. 18-24

Antibiotic awareness posters available to download, print, and display in your facility.

11x17 PDFs available in both in English and Spanish.

→ KHConline.org/antibiotics

Resources and Upcoming Events

Antibiotic Awareness Week • Nov. 18-24

Social media images and sample posts for the entire week also available for your use at:

→ KHConline.org/antibiotics

Or you can share KHC’s posts at:
Facebook.com/KHCqi
Twitter/KHCqi
Antibiotic Awareness Week • Nov. 18-24

Resources and Upcoming Events

All materials available at:

→ KHConline.org/antibiotics

Follow KHC on social media!
We'll help you spread your messaging and provide you with messaging that your organization is free to use.
Resources and Upcoming Events

Summit on Quality 2020
May 8
Hyatt Regency
Wichita, Kansas

Coming soon...
Call for Proposals for Breakout Presentations
& Nominations for Leadership in Quality awards

Sign up to be notified by email at: www.KHConline.org/Summit2020

Monthly KHC HIIN Webinars

- **Dec 18, 2019** | 10:00 to 11:00 am
  - Register Here: [https://khconline.adobeconnect.com/khc-hiin-12-18-19/event/registration.html](https://khconline.adobeconnect.com/khc-hiin-12-18-19/event/registration.html)

- **Jan 22, 2019** | 10:00 to 11:00 am
  - Register Here: [https://khconline.adobeconnect.com/khc-hiin-01-22-20/event/registration.html](https://khconline.adobeconnect.com/khc-hiin-01-22-20/event/registration.html)

KHC Hand Hygiene Collaborative
Final Quarterly Virtual Session for Cohort 2

**Feb 7, 2020** | 11:00 a.m. – 12:00 p.m.
Contact Chuck Duffield ([cduffield@khconline.org](mailto:cduffield@khconline.org)) for webinar registration link.
Previous HRET & KHC HIIN Webinars

In case you missed any of the KHC HIIN or HRET HIIN events, here are links to access the archives:

- KHC HIIN education archive (chronological order)
- HRET HIIN education archive (organized by topics)

Upcoming Events and Webinars

- **December 3, 2019 | 12 to 1:00 p.m.**
  - HRET HIIN: What Matters to You? Session 2 of 4: [Register here](#)
  - KHA De-Escalation Webinar Series, Part 3 of 3
  - SECURITY: Who is Responsible? (Hint: It’s Someone You Know): [Register here](#)

- **December 12, 2019 | 11 a.m. to 12:00 p.m.**
  - HRET HIIN: QIN-tastic Webinar
  - Early Identification of Sepsis: A Community Commitment: [Register here](#)

- **December 17, 2019 | 12 to 1:00 p.m.**
  - HRET HIIN: What Matters to You? Session 3 of 4: [Register here](#)

- **December 18, 2019 | 10 to 11 a.m.**
  - KHC HIIN - KHC Monthly Virtual Meeting
  - Kansas hospitals are encouraged to attend our monthly virtual meetings for HIIN updates, education, and peer-to-peer sharing. [Register here](#)

- **January 7, 2019 | 12 to 1:00 p.m.**
  - HRET HIIN: What Matters to You? Session 4 of 4: [Register here](#)

- **January 13, 2019 | 11 a.m. to 12:00 p.m.**
  - HRET HIIN: Performance Improvement Collaborative – Session #3
  - Kansas participants, contact Michele Clark for registration links if not already registered.
Free Learning Resource for VTE Champions

The National Blood Clot Alliance has a free online learning module for health care professionals on its website at [www.StopTheClot.org](http://www.StopTheClot.org). The course provides foundational information to improve the ability of health care professionals to assess and treat patients at risk for venous thromboembolism (VTE).

- Learn more

Webinar Series

**KHA**

**Oct. 22 • Nov. 12 • Dec. 10**

12:00 - 1:30 p.m.

The final session of KHA's three-part **De-escalation Webinar Series** will take place from 12:00 to 1:30 p.m., Dec. 10. This series is designed for all health care employees, volunteers, and others who interact with aggressive individuals in the health care setting.

This webinar series is provided in partnership with KHC and the Hospital Improvement Innovation Network. One connection per facility, please. Contact Melissa Willey at [mwilley@kha-net.org](mailto:mwilley@kha-net.org) with any questions.

In case you missed either of the first two sessions, links to the recording are available 24/7 on the KHA website, as well as in our KHC HIIN Education Archive.

- [De-escalation Series Brochure](#)
- [Recorded sessions and handouts](#)
- [Registration link](#)
The KHC Office will be closed for the Thanksgiving Holiday

KHC wishes you and yours a special Thanksgiving holiday. The KHC offices will be closed Thursday and Friday, Nov. 28 and 29.
To all of our hospital teams, it is because of you that we help so many in improving their health!

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

- https://www.surveymonkey.com/r/HIIN-Webinar-11202019

We welcome your ideas for future topics!!
Your HIIN Contacts

Michele Clark
Program Director
mc Clark@kHConline.org

Chuck Duffield
Performance Improvement Manager
cd Cuffield@kHConline.org

Treva Borcher
Project Specialist	
tborcher@kHConline.org

Eric Cook Wiens
Data and Measurement Director
ecook wiens@kHConline.org

Phil Cauthon
Communications Director
pc authon@kHConline.org

Contact us anytime:
(785) 235-0763

Connect with us on:

KHCIj
@KHCj
KHCIj

For more information:
→ KHConline.org

HIIN Contacts

Executive Leadership

Tom Bell
Go-Executive Director

Jerry Slaughter
Go-Executive Director (Interim)

Allison Peterson-Diefendorf
Managing Senior Director

Karen Brunton
Senior Director

Hospital-led initiatives

Michele Clark
Program Director

Chuck Duffield
Performance Improvement Manager

Data and Measurement

Eric Cook Wiens
Data & Measurement Director

Adriana Gonzales
Health Care Quality Data Analyst

Administration & Communications

Blenda Lamoter
Executive Assistant / Office Manager

Treva Borcher
Project Specialist

Phil Cauthon
Communications Director

Physician-led initiatives

Rosanne Ratkowski
Program Director

Jill Traughber
Quality Improvement Advisor

Jill Foreman
Quality Improvement Advisor

Moria Harvet Atkinson
Quality Improvement Advisor

→ Find contact info, bios, and more at: KHConline.org/staff

Kansas Healthcare Collaborative

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