Kansas Hospital Engagement Network

Taking Patient Safety to a Higher Level
Panelists:
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Atchison Hospital
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Quality Coordinator
Rooks County Health Center
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Infection Prevention Officer/Quality Specialist
Hays Medical Center

HENs: What are they?
Hospital Engagement Networks
Common goal: Reduce all-cause preventable inpatient harm by 40% and readmissions by 20%
- Improvement collaborative
- Best-practice incubator
- Community of peers
- Learning cohort
  - Quality improvement (QI)
  - Clinical content
  - Data analytics
  - Leadership and change management
- Learn together by sharing stories – successes and opportunities

AHA/HRET with 30 state hospital associations, including Kansas

More than 100 Kansas hospitals participating!
Kansas HEN Work Plan

**Improvement Strategies**

- Engage leaders to drive accountability for improvement
- Provide best practice education
- Develop the improvement capability of hospital quality leaders
- Collect and submit data for standardized HEN measure set
- Participate in structured improvement efforts

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**HEN 2.0 Announcements**

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**Kansas HEN**

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Our Story:
Coffeyville Regional Medical Center

About Us
- PPS Acute Care Hospital; 88 licensed beds
- Approx 385 total employees; 277 FT employees
- Coffeyville is in SEK; typical rural setting
- 24/7 Emergency Services, ICU, Acute Care, Skilled Nursing, OB, Surgical Services (Neuro, OB, General, Urology, Ophthalmology, Orthopedics, ) Cancer Treatment Center, Physician Clinics

The Why -- Then and Now
Why we joined the Kansas HEN
- Quality Improvement Training
- Show a dedicated focus to patient safety
- Improve patient care

Why we’re still in the Kansas HEN
- Improved patient care
- Networking, networking, networking
- Resources
Our Priorities and Approach

- Quality Improvement Focus – Top down priority
- CAUTI reduction – negative press
- Early Elective Deliveries – higher than desired rate
- Create a culture that is evidence based and moving in the direction of improving patient outcomes. Clinical staff tend to respond well to projects with patient focused results!

Our Successes

- CAUTI reduction (We do prefer to display this in a “days between graph”, but feel free to add any other chart too).
- Early Elective Delivery Reduction (no prepared graph at this time)
Our Successes
CAUTI rate per 1,000 catheter days

Zero x 16 mo.

Our Successes
Elective deliveries at \( \geq 37 \) weeks and < 39 weeks

Zero x 31 mo.

Our Successes
Readmission within 30 days (all cause)

51.9% reduction
Pearls

- PROJECT CHAMPIONS are a must to be successful.
- Set back is part of the journey – do not be easily discouraged.
- There is no perfect place to start – just start! You will never have enough baseline data or enough resources and certainly never enough time, so just jump in and start for the next patient’s sake!

Our Next Steps for HEN 2.0

- CRMC is committed to increasing patient and family engagement in the facility.
- We would like to have a patient and family engagement committee started by mid 2016.
- CRMC is grateful to the KHEN project and the assistance that we have received over the past three years and look forward to continuing ahead with HEN 2.0.
About Us

- A full service Community Critical Access Hospital
- The leading healthcare provider in the Atchison community and surrounding area since 1912
- 310 employees
- New, state-of-the-art facility build in 2010, designed with patient care in mind
  - 85,000 square foot single story building
  - 25 family friendly patient rooms designed for comfort and privacy
  - 8-bed Emergency Department is located at front of hospital
  - New large surgical suites are built to accommodate video and fiber optic technology

Our Community

For a small town, Atchison offers a surprising amount of entertainment - from community theatre, concerts and art functions to sports and recreation. Many of the leisure activities enjoyed by residents throughout the year also attract thousands of visitors to Atchison each year. The city’s quaint, small-town charm, rich historical legacy and its unique downtown shopping district are increasingly drawing travelers from across the country and around the world. Atchison population estimated 16,530.

Scope of Service

Atchison Hospital is a full service Community Hospital. We work hard to make sure that most of your health care needs can be met close to home for both inpatient and outpatient care. Our team of visiting specialist compliments our own local medical staff and our highly trained employees give you the best care right here. If you ever need more advanced care, our relationships with larger hospitals in St. Joseph or Kansas City can make a referral or transfer a much better experience for you and your family.
The Why -- Then and Now
Why we joined the Kansas HEN
- Joined in 2011
- HRET Improvement Leader Fellowship
- Incentive has been to receive leadership training and networking in the model for improvement, skills needed to effect change, facilitate quality improvement activities and teamwork and build a safety culture.
- Successful with standardization of our processes at Atchison Hospital.

The Why -- Then and Now
Why We’re Still In the Kansas HEN
- In 2011-2014, we were able to be successful in participating within 15 core focus groups, and Atchison Hospital ranked #7 in Data Submission Status.
- Engaged all levels of the organization within the Hospital Engagement Network activities.
- Moving forward on outcomes data and building on our successes.
- Partnership and collaboration within this network has been a tremendous reward.

Reduce inpatient harm by 40% and readmissions by 20%.

Our Priorities and Approach
- Sustaining successful processes and following evidenced based practices within the HEN focus.
- Ongoing opportunity to build skills and capacity for leading pro-active change within our organization.
- Reducing all cause preventable harm by 40%
- Key focus on reducing falls and readmission by 20%.
- Initiate Patient and Family Engagement initiative
Our Successes

Multidisciplinary daily care team and discharge planning rounding with our Hospitalist Program.

Team members include: Hospitalist, Nursing, Pharmacy, Rehab Services, Social Services, Dietary Services, Utilization/Case Management.

Multidisciplinary daily care team and discharge planning focuses on:
- Plan of care
- Discharge planning
- ADE
- Readmissions
- Risk factors for CAUTI, CLABSI, HAPU, SSI, VAE, VTE, Falls
- Hourly rounding
Pharmacy staff lead the medication administration team.

Our successes:
- We have reduced our medication process events by 85%.
- Standardizing bar code patient and medication scanning > 90%.
- ADE zero in 8 months.
- Pharmacy completes medication reconciliation on each admission and discharge along with patient education.

Surgical Care Improvement Project
- 2011-2015 Sustaining 96-100% compliance with all SCIP measures
- Surgical Site Infection Rate: 0

No Passing Zone
It is every employee’s responsibility to answer call lights
Reducing OB Harm
Elective deliveries at > 37 weeks and < 39 weeks
► Sustaining 0 for 35 months
Total blood transfusions and massive OB blood transfusions
► Sustaining 0 for 18 months

Emergency Department
Chest pain initiative — reducing door to EKG from 43 minutes to 5.9 minutes
Transition of care and hand-off communication

NO DISTRACTION ZONE
• Medication room area red line
**Pearls**
- Standardization
- Including all of the stakeholders
- Setting clear expectations
- Monitoring outcomes by audits
- Transparency of our data
- Providing feedback to all stakeholders
- Truly celebrating our successes

**Our Next Steps for HEN 2.0**
- Owners and Accountability for sustaining current processes and measures
- Focus on key areas of Falls and Readmissions
- Initiate Patient and Family Engagement Project
- Transparency within organization as well as with community regarding our outcomes, our focus initiatives
- Sustaining a culture of change, promoting health and wellness, partnership with our patients, families and community

**Our Story:**
Rooks County Health Center
About Us
- Critical Access Hospital, 18 beds
- 146 employees
- Largest employer in county
- Plainville, KS
- City population: approx 2,000
- County population: 5,181
- Farming, cattle, oil

Scope of Services
18 Inpatient/Swingbeds

Scope of Services
2 LDRP Rooms
- Waterbirth
- Nitrous oxide
- Doula Services
Scope of Services
Surgery
- General Surgery
- Orthopedic
- Dental
- Cosmetic/Plastic

Scope of Services
Diagnostic Imaging
- 40 slice CT
- Dexa
- Digital Mammography
- Ultrasound
- 4D
- Mobile Nuclear Med
- Mobile MRI
  - In-house coming in 2016

Scope of Services
Rehabilitative Services
- Physical Therapy
- Dry needling
- Home Health
- Sports Medicine
- Occupational Therapy
- Speech Language Therapy
- Respiratory Therapy
- Cardiac Rehab
Scope of Services
Doctors Without Delay
Walk-in Clinic
Monday-Saturday
8 a.m. – 6 p.m.

The Why -- Then and Now
Why we joined the Kansas HEN
➢ All expense paid trip to Denver
➢ See what it’s all about
➢ Seemed like the right thing to do for our hospital and patients

Why we’re still in the Kansas HEN
➢ They are really working to decrease harm to patients
➢ They give us numerous tools to guide us
   ➢ Webinars
   ➢ Coaching calls
   ➢ Graphs

Our Priorities and Approach
Priorities
➢ Focus Area: OB/EED
➢ Gradually moved into all focus areas.

Approach
➢ Get the word out
➢ Share the Data
   ➢ If they know you are measuring, they will do it.
➢ You are THE Quality Cheerleader for your Organization
➢ Be Mr. or Ms. Congeniality – make LOTS of friends.
Make Friends with Providers

- Develop Forms & Policies
  - If you don’t get it right the first time, try, try again.

Use of standardized tool for scheduling cesarean sections and induction of labor

Make Friends with Providers

- If they know you’re watching they’ll quit doing it.

Catheter utilization ratio

Make Friends with IT

- Programs to gather Information from EHR

Hypoglycemia in inpatients receiving insulin
Make Friends with IT
* Build Assessments
  * May need to build the same assessment in multiple locations

Make Friends with HIM
* Run Chart Reports from EHR

Make Friends with Pharmacy & Business Office
* Constantly Update
* Keep Anesthesia in the loop
Make Friends with Risk Manager & Pharmacy
(unless you already are the Risk Manager)

- Keep on top of data abstraction & submission
- Share your data from the top to the bottom
- Don’t be afraid to ask for help

Pearls

Our Next Steps for HEN 2.0
- PFAC
- Shift Change Huddles & Bedside Reporting
Our Story:
Hays Medical Center

About Us
- Core Purpose “To Help People Be Healthy”
- 207-bed Private not-for-profit hospital
- >1400 Associates
- DNV Healthcare accredited facility
- Level 3 Trauma Center
- Chest Pain, Stroke Accredited
- Hays, KS – Population 20,510
- Medical, Surgical, Cardiac, Orthopedics, Cancer, Emergency Department & Convenient Care, Obstetric & Pediatric Care, and Skilled Care Facility

The Why -- Then and Now

Why we joined the Kansas HEN
- Patient Safety
- Transparency
- It is the right thing to do!

Why we're still in the Kansas HEN
- Effective tools and support
- Collaborative Practice
- TEAM
Our Priorities and Approach

- Patient Safety #1
- Dissemination of Data – Transparency
  - Quality Committee
  - Practice Committee
  - Electronic Real-time Reports
- FY2016 HaysMed Quality Goals:
  - Venous thromboembolism prevention (VTE)
  - Immunization - Influenza

Our Successes:

Elective Deliverers ≥ 37 wks & < 39 wks:

Zero x16 mo.

Our Successes:

Readmissions – 30 days (all cause)

36.74% Reduction
Aim: Eliminate patient harm of central-line bloodstream infections

**Aim Statement**

- Ongoing surveillance of CLABSI.
- Continued active involvement of the Vascular Access Team.
- Analysis of Neutron Catheter Patency Device for effectiveness/cost.
- Implementation of a new Internal Jugular (IJ) dressing to decrease opportunity for infection.

**Interventions**

1. Hand washing
2. Adherence to Central Line Bundle
3. Vascular Access Team rounds on all patients
5. Implementation of a new Internal Jugular (IJ) dressing to decrease opportunity for infection.
6. Vascular Access Team rounds on all patients with a Central Line.

**Prevention of Central-Line Blood Stream Infections (CLABSI)**

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<th>Month</th>
<th>Positive Blood Culture Present on Admission</th>
<th>Hospital-Acquired Central-Line Blood Stream Infection</th>
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<tr>
<td>Aug 2015</td>
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</tbody>
</table>

**Pearls**

- Electronic reports from Electronic Medical Record (EMR)
- Data drives **change** – “where are we - where do we need to go” - **benchmarks**
- Measurement drives **improvement**
- Transparency – Data to the bedside leaders
  - Practice Committee
  - Quality Committee

**Our Next Steps for HEN 2.0**

- Onboarding of the HEN 2.0
Discussion & Contact Info

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