

# KHC Monthly Webinar

**May 20, 2020**  
**10:00 to 11:00 a.m.**

*Beyond HIIN: Moving Forward in 2020*



**KANSAS MEDICAL SOCIETY**  
Established 1899

**KHC**  
**Kansas Healthcare**  
COLLABORATIVE

**KHA**  
**Kansas Hospital**  
ASSOCIATION

INCREMENTAL CHANGE. EXPONENTIAL IMPACT.

## Introductions

### Kansas Healthcare Collaborative



**Allison DeGroff, BA**  
Executive Director  
adegroff@khconline.org



**Michele Clark, MBA, CPHQ, CPPS, ABC**  
Program Director  
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**Eric Cook-Wiens, MPH, CPPS**  
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**Rebecca Thurman, RHIA**  
Quality Improvement Advisor  
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May 20, 2020

## Agenda

- Welcome and Introductions
- Executive Director Message
- HQIN Program Update
- Update on CMS National Initiatives: HQIN, CQIC and HQIC
- KHC HIIN Wrap Up
  - [Recognition Update](#)
  - [Data FAQs](#)
  - [Hospital Feedback Survey Summary](#)
- Wrap-up /evaluation

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## Welcome Message

Michele Clark

- Webinar platform:  
Chat, links, downloadable files
- About KHC Monthly Webinars
- Question to run on:  
*What impact has COVID-19 had on your organization's quality/patient safety program?*

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## Polling Question

### How has COVID-19 impacted your organization's quality and patient safety program?

*(Check all that apply. Type "Other" into chat.)*

- ☐ Changing priorities
- ☐ Absorbing more work within quality program
- ☐ Workforce reduction among quality staff
- ☐ Redirecting quality staff
- ☐ Increased data burden
- ☐ No impact
- ☐ Other: \_\_\_\_\_

## KHC Executive Director Remarks



**Allison Peterson DeGroff**  
[adegroff@khconline.org](mailto:adegroff@khconline.org)





## Kansas Healthcare Collaborative HQIN Program Update

*Connecting Community Partners  
for Better Community Health*



Rosanne Rutkowski  
Rebecca Thurman  
Eric Cook-Wiens



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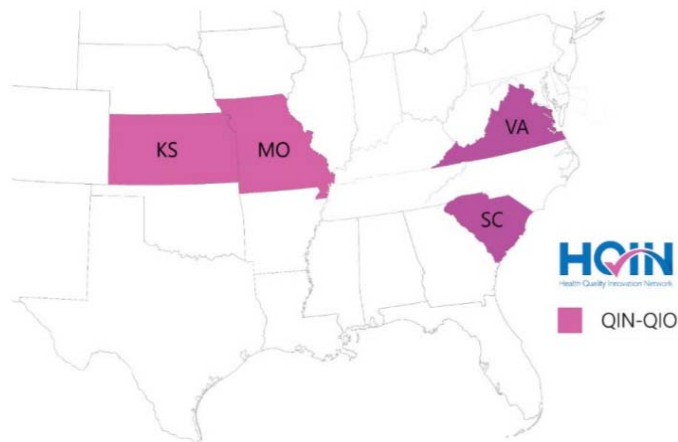
## Medicare QIO-QIN Program

- Goal is to improve health care delivery, safety and efficiency of services to Medicare population
- KHC provides “Boots on the ground” support to improve health care quality at the community level
- Provide technical assistance to healthcare providers (hospitals, clinics, community organizations)
- Data driven to identify areas for improvement



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## HQIN QIO-QIN Coverage Area



## HQIN Local Improvement Partners



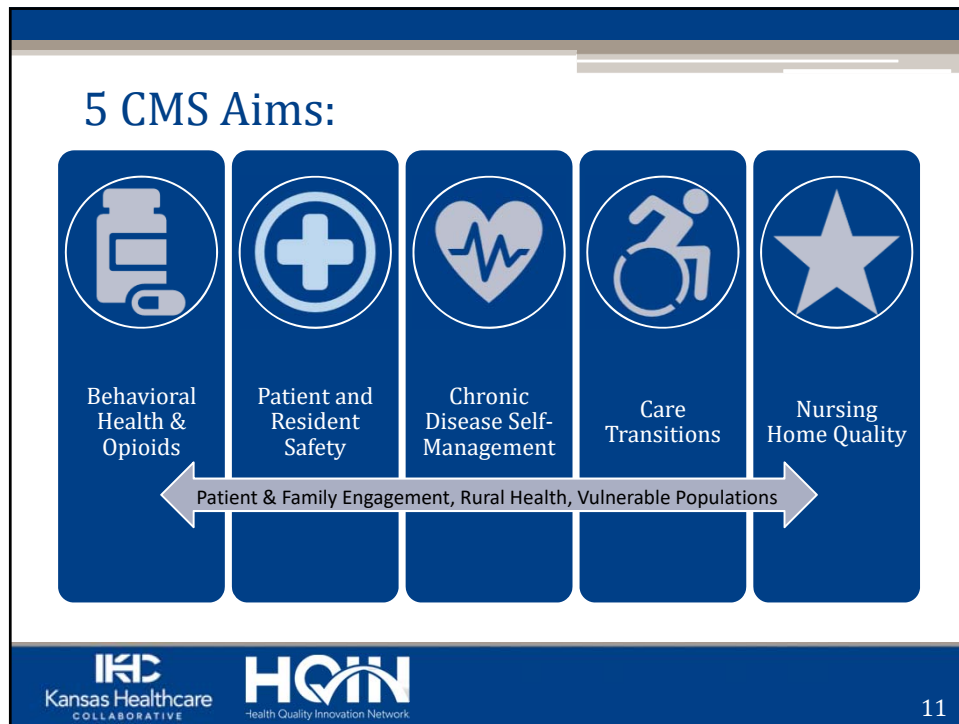
Kansas



Missouri, Virginia



South Carolina



## Community Health Goals



### Care Transitions

1. Reduce hospital admissions and readmissions
2. Reduce E.D. visits and admissions by super-utilizers
3. Reduce potentially avoidable admissions, readmissions and super-utilization

## Community Health Goals



### Patient Safety (ADEs)

1. Reduce adverse drug events (ADEs) in the community overall
2. Reduce ADEs for patients who take high-risk medications\*
3. Reduce *C. difficile* infections in all settings
4. Promote and practice antibiotic stewardship

\*Anticoagulants, diabetic medications, opioids and antipsychotics

## Community Health Goals



Chronic Disease  
Self-Management

1. Screen people for chronic kidney disease
2. Help people quit smoking
3. Help people make lifestyle changes for a healthier heart
4. Help people make lifestyle changes to prevent diabetes or manage it better

## Community Health Goals



Patient  
Safety  
(ADEs)

1. Decrease opioid-related deaths and ADEs for patients who take high-risk medications\* or have a behavioral health diagnosis
2. Expand local non-opioid options for pain management
3. Increase access to behavioral health care

\*Anticoagulants, diabetic medications, opioids and antipsychotics

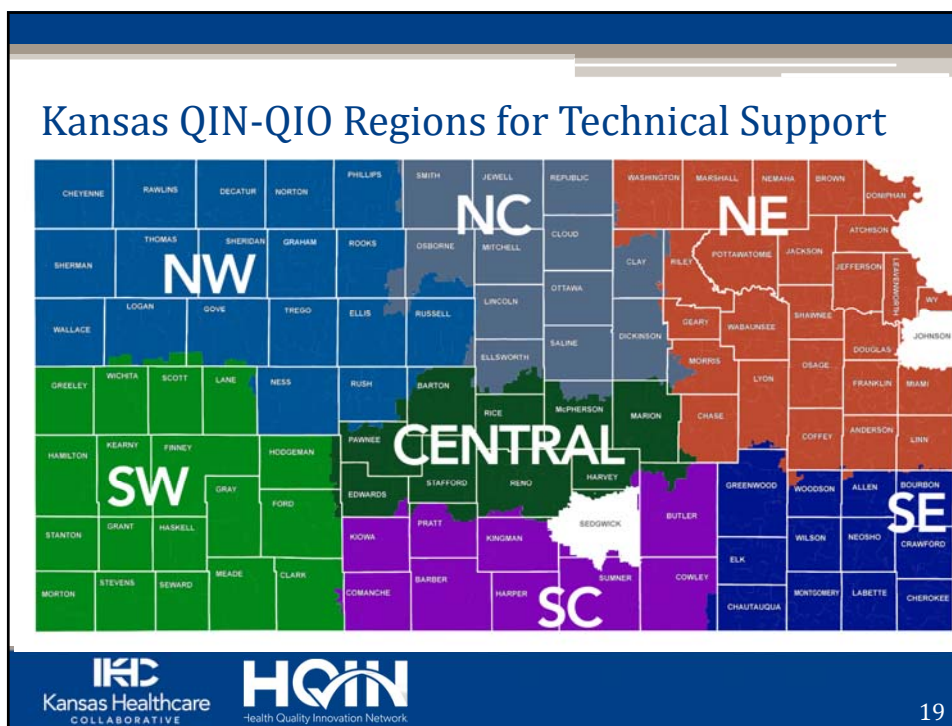


## Quality Improvement Strategies

Area	Focus	Strategy
<b>Care Transitions</b>	Decrease avoidable admissions, readmissions and ED use	<ul style="list-style-type: none"> <li>• Improve communication between acute and non-acute settings of care</li> <li>• Coach patients and caregivers to activate engagement in post-acute management</li> </ul>
<b>Patient Safety (ADEs)</b>	Prevent ADEs and reduce the number of ADEs	<ul style="list-style-type: none"> <li>• Conduct medication reviews</li> <li>• Offer drug take-back days</li> <li>• Partner with local pharmacies</li> </ul>

## Quality Improvement Strategies

Area	Focus	Strategy
<b>Chronic Disease Self-Management</b>	Improve outcomes for people with diabetes, CKD and cardiovascular risk factors	<ul style="list-style-type: none"> <li>• Increase the number of people screened for chronic disease (especially CKD)</li> <li>• Increase availability of chronic disease self-management education</li> <li>• Increase participation in chronic disease lifestyle programs</li> </ul>
<b>Opioids and Behavioral Health</b>	Decrease opioid misuse, overdoses and deaths	<ul style="list-style-type: none"> <li>• Increase access to medication-assisted treatment</li> <li>• Connect providers with local pain management alternatives (e.g., exercise, meditation, massage, etc.)</li> </ul>



### Kansas QIN-QIO Regions for Technical Support

**Rosanne Rutkowski**  
Program Director

**Treva Borchert**  
Project Specialist

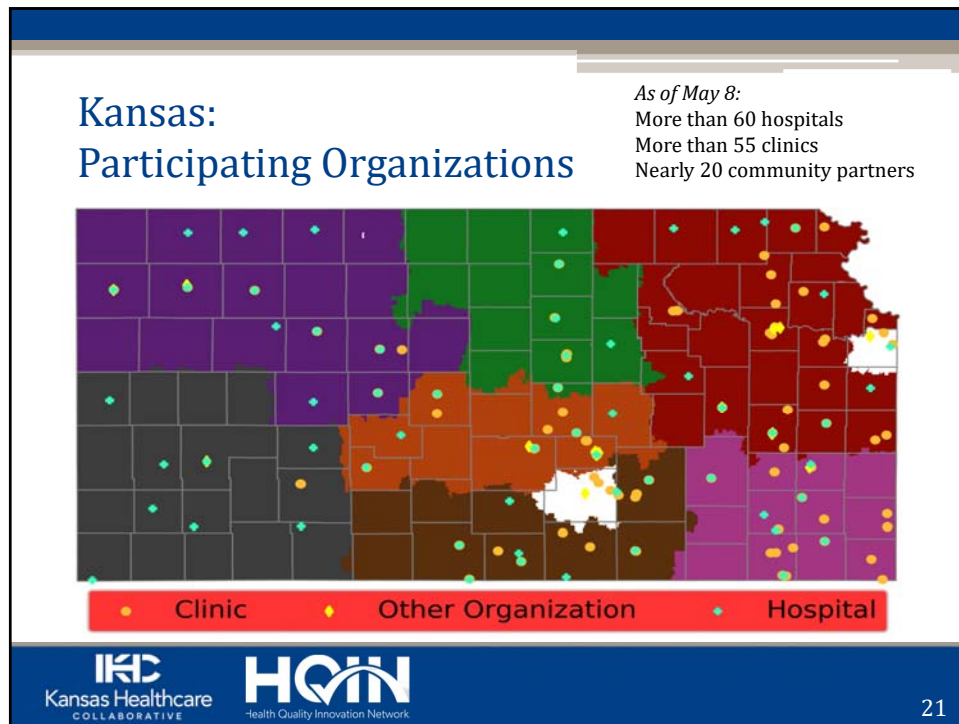
KHC Quality Improvement Advisors	
	<p><b>Rebecca Thurman</b> NW and NE regions (785) 231-1332 <a href="mailto:rthurman@khconline.org">rthurman@khconline.org</a></p>
	<p><b>Malea Hartvickson</b> SW, NC, Central regions (785) 231-8208 <a href="mailto:mhartvickson@khconline.org">mhartvickson@khconline.org</a></p>
	<p><b>Mandy Johnson</b> SC and Central regions (316) 681-8200 <a href="mailto:mjohnson@khconline.org">mjohnson@khconline.org</a></p>
	<p><b>Patty Thomsen</b> SE region (785) 231-1331 <a href="mailto:pthomsen@khconline.org">pthomsen@khconline.org</a></p>
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**HQIN** Health Quality Innovation Network

<https://www.khconline.org/about-us/staff>

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### What you can expect

- Improved health outcomes for patients
- Strengthened partnerships for community health
- Data reports
- Peer-to-peer learning opportunities
- Effective tools, resources and education
- Best practices from across the state, country
- Recognition for your results

**KHC** Kansas Healthcare COLLABORATIVE    **HQIN** Health Quality Innovation Network

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## Your commitment

1. Sign participation agreement  
Enrollment online at: [www.khconline.org/HQIN](http://www.khconline.org/HQIN)  
*Due to COVID-19, enrollment is extended through August!*
2. Monthly data reporting (minimal, if any, for hospitals)
3. Engagement in QI activities
4. Participate actively in virtual learning events
5. Share best practices with other participants

## HQIN Measures

- Hospital (KHC)
  - Medicare Claims- and NHSN-based measurement
- Clinic (KHC)
  - Monthly reporting
  - *Collection tool in development*
- Nursing Home (KFMC)

## Hospital measures

Naloxone Rxs Dispensed	Claims
Opioid ED Utilization	Claims
Opioid prescribing (for prescriptions $\geq 90$ MME daily) - hospitals	Claims
Hospital utilization for ADE for HRM benes	Claims
Hospital onset CDI	NHSN
Readmissions	Claims
Admissions	Claims
Observation Stays	Claims
Hospital utilization by super utilizers (volume)	Claims
Number of potentially avoidable ED vists	Claims
Medicare Advantage beneficiaries with hospital utilization	Claims
Rates of hospital utilization by MA super utilizers	Claims
All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	Claims

## Hospital measures

Little or no additional  
data to collect:

- Claims
- NHSN

Naloxone Rxs Dispensed	Claims
Opioid ED Utilization	Claims
Opioid prescribing (for prescriptions $\geq 90$ MME daily) - hospitals	Claims
Hospital utilization for ADE for HRM benes	Claims
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All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	Claims

**Clinic Measures**

Choose relevant measures to work on

Measure	NQF	QPP	eCQM	MSSP	UDS
<b>Aim 1: Behavioral Health Outcomes/Opioids</b>					
1. Dementia Associated Behavioral and Psychiatric Symptoms Screening and Management	---	283	---	---	---
2. Preventive Care and Screening: Screening for Depression and Follow-Up Plan*	0418	134	2v8	ACO 18	6B21
3. Opioid Therapy Follow-up Evaluation	---	408	---	---	---
4. Use of Opioids at High Dosage in Persons without Cancer	2940	---	---	---	---
5. Evaluation or Interview for Risk of Opioid Misuse	---	414	---	---	---
6. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment*	0004	305	137v7	---	---
<b>Aim 2: Patient Safety/Reduce All Cause Harm</b>					
1. Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	0058	116	---	---	---
2. Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)	---	331	---	---	---
<b>Aim 3: Chronic Disease Management/Prevention</b>					
1. Chronic Care Management (CCM) - Number of Medicare Patients Receiving CCM Services	---	---	---	---	---
2. Preventive Care and Screening: Screening for High Blood Pressure and Follow-up	---	317	22v7	ACO21	---
3. Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	---	---	347v2	ACO42	6B17a
4. Controlling High Blood Pressure	0018	236	165v6	ACO28	2A2c
6. Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	0421	128	69v7	---	6B13
7. Number patients referred to DPP program	---	---	---	---	---
8. CKD Screening for Individuals with Diabetes	---	---	---	---	---
9. Diabetes: Medical Attention for Nephropathy*	0062	119	134v7	---	---
10. Diabetes: Eye Exam	0055	117	131v7	---	---
11. Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation	0417	126	---	---	---
12. Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) *	0059	001	122v7	ACO27	7, C
<b>Aim 4: Care Transitions/Coordination</b>					
1. Advanced Care Planning (Documentation in EHR)	0326	047	---	---	---
2. Annual Wellness Visits (AWVs) – Number of Medicare Patients with an AWV	---	---	---	---	---
3. Transition of Care Management (TCM) – Number of Medicare Patients who Receive TCM Services	---	---	---	---	---
4. Closing the Referral Loop: Receipt of Specialist Report*	---	374	50v7	ACO5	---
5. Follow-Up After Hospitalization for Mental Illness	0576	391	---	---	---
6. Medication Reconciliation within 30 days Post-Discharge	0097	046	---	---	---

## HQIN Measurement

- Use measures from a mix of care settings.
- Select measures relevant to your community health needs and goals.
  - Behavioral Health Outcomes/Opioids
  - Patient Safety
  - Chronic Disease Prevention and Management
  - Care Transitions
- HQIN and KHC staff are available for technical assistance.

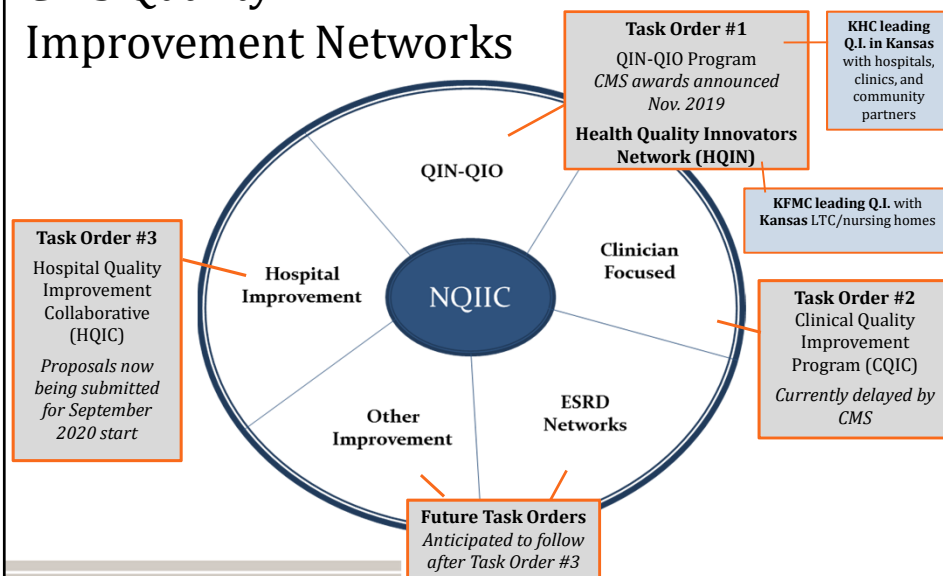
# Update on CMS Quality Initiatives

Allison DeGroff



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## CMS Quality Improvement Networks



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Announcements and Updates

## CMS Task Order Schedule

Service providers for CMS quality programs are selected from competitive bids by eligible contractors. CMS Task Order competition drives performance, innovation, outcomes and cost.

CMS Task Order	CMS Call for Proposals Released	Estimated CMS Announcement Date	Actual CMS Announcement Date
<b>#1</b> – QIN-QIO (Kansas = HQIN)	December 2018	July 2019	November 8, 2019
<b>#2</b> – Clinician (CQIC)	June 2019	September 2019	Delayed
<b>#3</b> – Hospital Improvement (HQIC)	May 15, 2020	September 15, 2020	TBA

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## HQIC Preview

- 4-year CMS hospital quality initiative starting Sept. 2020
- Aligned with CMS Rural Health Strategy

Goals:

1. Improve behavioral health outcomes with a focus on decreased opioid misuse;
2. Increase patient safety with a focus on reduction of harm, and;
3. Increase the quality of care transitions with a focus on high utilizers

*Additionally, HQIC will provide support to hospitals during public health emergencies, epidemics/pandemics and other crises as they arise.*

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## KHC HIIN Wrap-Up

- HIIN Recognition
- Data FAQs
- Hospital Feedback Summary

Michele Clark  
Eric Cook-Wiens



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## Thank you!

Through the HIIN and the American Hospital Association (AHA) Performance Improvement Network, your work contributed to significant results in improved patient care nationwide.

Since 2016, your involvement has contributed to:

**16,075** lives saved

**151,734** fewer patient harms, and

**\$1.233 billion** in cost savings

Source: AHA Center for Health Innovation

Recognition as of Milestone 16 – March 2020

## KHC HIIN Hospital Recognition



*Letters, certificates, and news release templates are being placed in the mail to hospital CEOs on Thursday, May 21.*

All Kansas hospitals participating in the KHC HIIN are recognized at one of four levels:

- **“Accomplishment”** hospitals have worked continuously toward goals as part of the KHC HIIN.
- **“Achievement”** hospitals have achieved HIIN goals for both Data Submission and Measure Performance
- **“Highest Achievement”** hospitals have met “Achievement” criteria, *plus* have met HIIN goals in implementing one or both of the HIIN operational metrics:
  - [Patient and Family Engagement](#)
  - [Health Equity Operational Assessment](#)
- **“Highest Achievement with Distinction”** utilizes a data-driven approach to identify up to 14 “Highest Achievement” hospitals that demonstrated distinction through their improvement achievements and engagement throughout the initiative.

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KHC HIIN Milestone 16

## KHC recognizes 49 Kansas hospitals for “Accomplishment”






- Atchison Hospital
- Cheyenne County Hospital
- Citizens Medical Center, Inc.
- Clay County Medical Center
- Coffey County Hospital
- Comanche County Hospital
- Community HealthCare System, Inc.
- Ellinwood District Hospital
- Fredonia Regional Hospital
- Greenwood County Hospital
- Hanover Hospital
- Hodgeman County Health Center
- Hospital District No. 1 of Rice County
- Kansas Medical Center
- Kingman Community Hospital
- Kiowa District Hospital
- Lincoln County Hospital

- Lindsborg Community Hospital
- LMH Health
- McPherson Hospital, Inc.
- Menorah Medical Center
- Minneola District Hospital
- Mitchell County Hospital Health Systems
- Morton County Health System
- Olathe Medical Center, Inc.
- Patterson Health Center
- Phillips County Hospital
- Pratt Regional Medical Center
- Providence Medical Center
- Rawlins County Health Center
- Republic County Hospital
- Rooks County Health Center
- Rush County Memorial Hospital
- Saint John Hospital
- Saint Luke Cushing Hospital

- Salina Regional Health Center
- Sedan City Hospital
- Smith County Memorial Hospital
- South Central Kansas Medical Center
- Southwest Medical Center
- Sumner County Hospital District No. 1
- Trego County Lemke Memorial Hospital
- University of Kansas Health System - Great Bend Campus
- University of Kansas Health System - St. Francis Campus
- Via Christi Hospital Pittsburg, Inc.
- Washington County Hospital
- Wesley Medical Center
- Western Plains Med. Complex
- William Newton Hospital

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KHC HIIN Milestone 16




## KHC recognizes 9 Kansas hospitals for “Achievement”

- Allen County Regional Hospital
- Bob Wilson Memorial Grant County Hospital
- Hamilton County Hospital
- Hillsboro Community Hospital
- Lane County Hospital
- Ottawa County Health Center
- Sabetha Community Hospital
- Stanton County Hospital
- Wilson Medical Center

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KHC HIIN Milestone 16



## KHC recognizes 39 Kansas hospitals for “Highest Achievement”

- Ashland Health Center
- Clara Barton Hospital
- Cloud County Health Center
- Coffeyville Regional Medical Center
- Decatur Health Systems, Inc.
- Ellsworth County Medical Center
- F.W. Huston Medical Center
- Geary Community Hospital
- Girard Medical Center
- Goodland Regional Medical Center
- Graham County Hospital
- Greeley County Health Services
- Grisell Memorial Hospital
- Hiawatha Community Hospital
- Holton Community Hospital
- Hutchinson Regional Medical Center
- Jewell County Hospital
- Kearny County Hospital
- Kiowa County Memorial Hospital
- Logan County Hospital
- Medicine Lodge Memorial Hospital
- Mercy Hospital, Inc.
- Miami County Medical Center
- Nemaha Valley Community Hospital
- Neosho Memorial Regional Medical Center
- Ness County Hospital District No. 2
- Osborne County Memorial Hospital
- Russell Regional Hospital
- St. Catherine Hospital
- Saint Luke Hospital and Living Center
- Saint Luke's South Hospital
- Satanta District Hospital
- Sheridan County Health Complex
- Stafford County Hospital
- Stevens County Hospital
- Susan B. Allen Memorial Hospital
- University of Kansas Healthcare System - Pawnee Valley Campus
- Wamego Health Center
- Wichita County Health Center

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KHC HIIN Milestone 16

## KHC recognizes 14 Kansas hospitals “Highest Achievement with Distinction”



- Anderson County Hospital
- Community Memorial Healthcare, Inc.
- Edwards County Medical Center
- Gove County Medical Center
- Hays Medical Center
- Labette Health
- Meade District Hospital / Artesian Valley Health System
- Memorial Health System
- Mercy Hospital Columbus
- Morris County Hospital
- Newman Regional Health
- Newton Medical Center
- Norton County Hospital
- Scott County Hospital

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## FAQs – HIIN Milestones

**Q.** Since Milestone 16 has ended, will hospitals still continue to track the measures?

**A.** The HIIN has officially ended, and there is no longer a requirement or expectation by KHC for hospitals to submit data for HIIN measures.

HIIN Measure Set remains available in QHi.

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## FAQs – HIIN Data Analytic Reports

**Q. Will KHC be able to send me an updated data report for my hospital?**

**A.** The final round of HIIN Data Analytic Reports was distributed to CEOs, DONs and key contacts of KHC HIIN hospitals on Tuesday, March 31.

For now, use QHi Report Builder to create reports.

## FAQs – HQIN Data and Reports

**Q. I am new in my role. What data reports are available to me?**

**A.** Contact Eric Cook-Wiens at KHC for information about data reports that are available from your hospital's previous participation in KHC-led initiatives.

We also can provide a list of organizations and individuals who can answer questions about data.

## FAQs – Quality education tracking



**Q.** Will KHC continue to track webinar/education attendance?

**A.** Yes. KHC continues to offer its monthly learning events, as well as other events that will be available through KHC or our partners.

In support of the BCBSKS Quality-Based Reimbursement Program (QBRP) for hospitals, KHC will track attendance and provide semi-annual reports (and upon request) for both live and recorded events, particularly to support hospitals to earn their QBRP incentive from BCBSKS.



KHC HIIN Hospital Feedback Survey Summary



## Background

States within the American Hospital Association (AHA) Performance Improvement Network collaborated in conducting a feedback survey, as the Hospital Improvement Innovation Network (HIIN) was nearing its March 31, 2020 conclusion.

The HIIN feedback survey was conducted from March 11 through April 17, 2020. With identical questions, data could be aggregated at both the state and national levels, providing insights as to progress made during HIIN, current hospital priorities, and resources that were most helpful during the CMS initiative.

This effort was conceived and implemented by an ad hoc committee of HIIN leads, including Oklahoma, Georgia, Kansas, Louisiana, Missouri, and Virginia/Maryland. Altogether, 11 states participated and shared their results.

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KHC HIIN Hospital Feedback Survey Summary

## Respondents

A total of 47 of 111 (42%) of Kansas hospitals participating in the KHC HIIN responded to the feedback survey.

**34 are critical access hospitals in Kansas**

**13 are acute care hospitals in Kansas**

The number of hospitals in 10 other states participating in the survey totaled 208. Those 10 states were AL, AR, AZ, GA, LA, MD, MS, MT, ND, and OK.

Altogether, 255\* hospitals responded to the survey, representing about 17% of the 1,500 hospitals in the AHA Performance Improvement Network.

\*Two responses were incomplete and could not be used in the compilation.

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KHC HIIN Hospital Feedback Survey Summary

About the HIIN Feedback Survey

Survey questions included:

- Hospital name and contact information for respondent
- Topic priorities during HIIN and which topics had a team and/or champion
- Topic priorities for 2020
- Helpfulness of HRET HIIN resources during HIIN
- Helpfulness of state-level HIIN resources during HIIN
- Hospital's progress in key aspects of developing a culture of safety
- Hospital's greatest accomplishments in HIIN
- Hospital's greatest barriers in HIIN
- Suggestions/comments to improve our work together in the future

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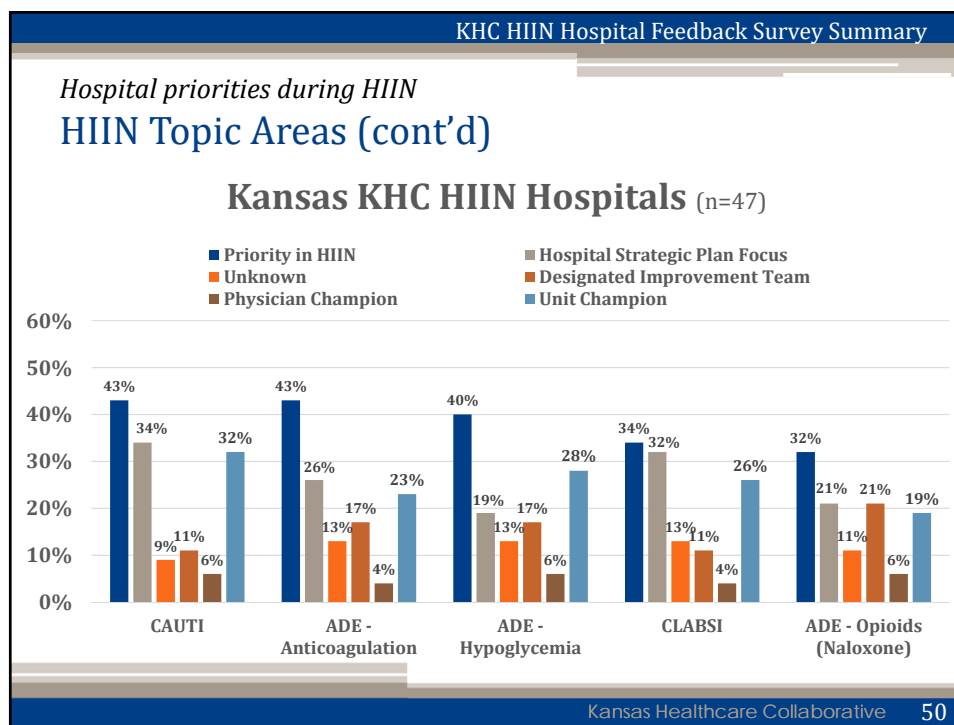
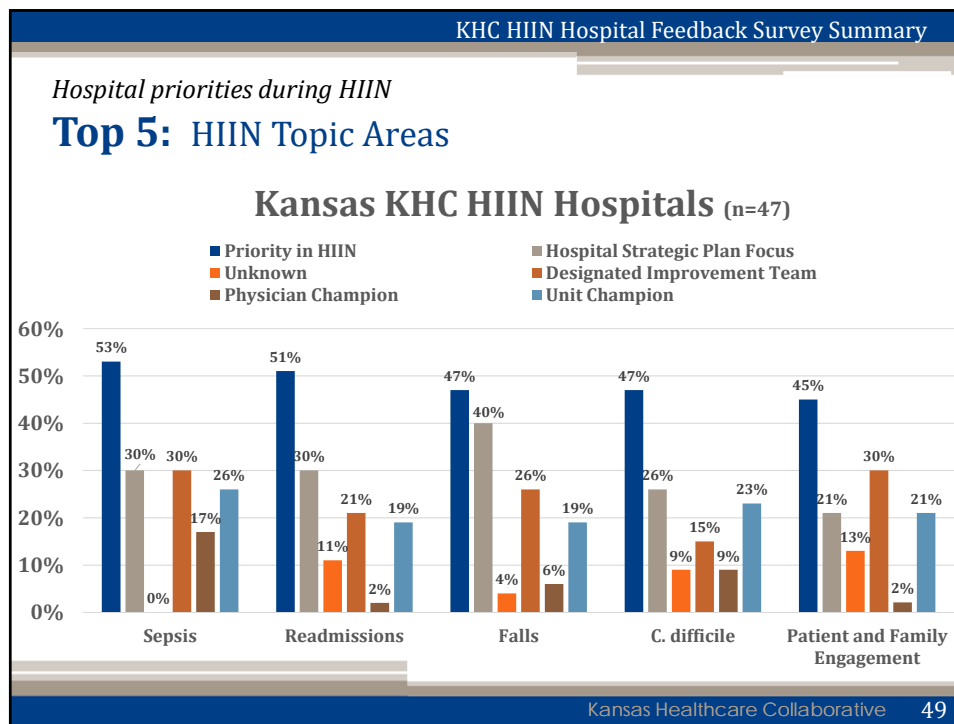
KHC HIIN Hospital Feedback Survey Summary

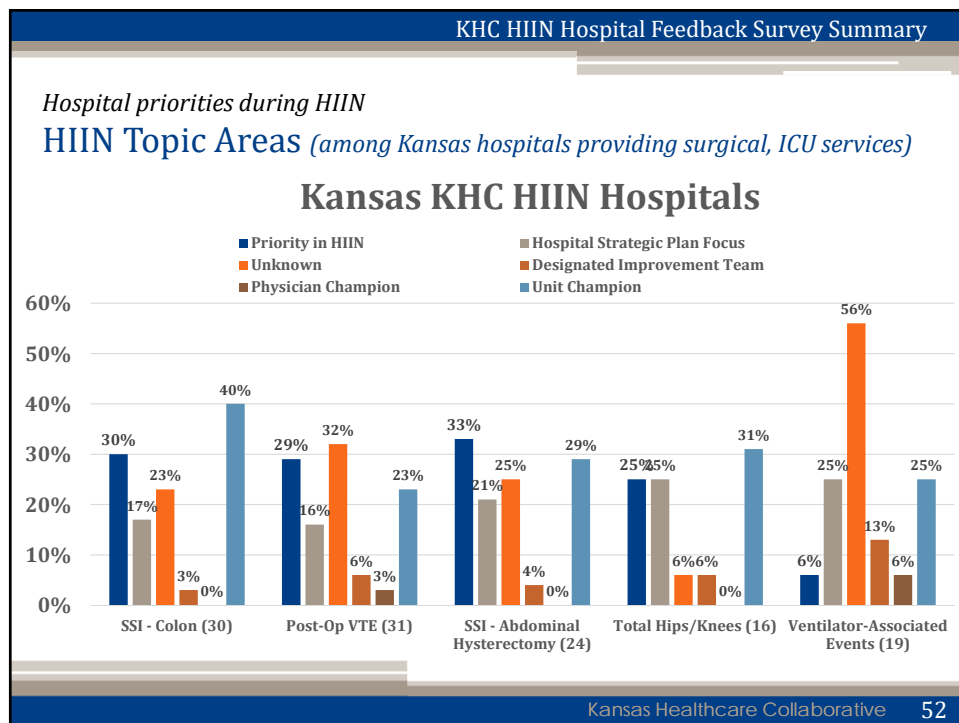
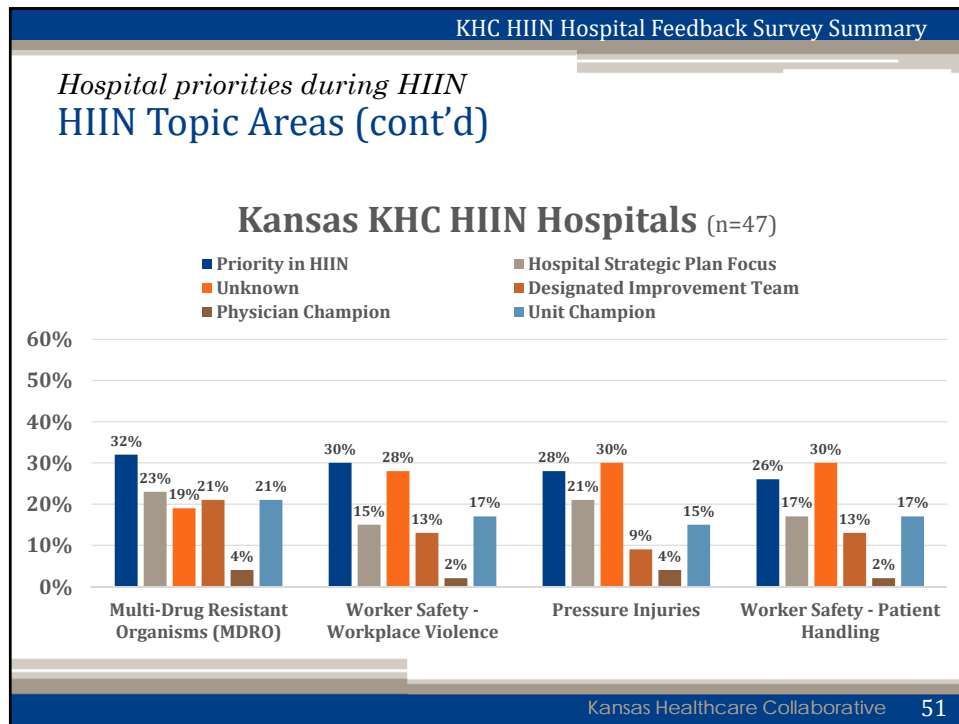
Top 5 Hospital Priorities by Topic *During HIIN*

Kansas Hospitals	AHA Network Hospitals
<ul style="list-style-type: none"><li>• Sepsis (53%)</li><li>• Readmissions (51%)</li><li>• Falls (47%)</li><li>• <i>C. difficile</i> (47%) /Antimicrobial Stewardship</li><li>• Patient and Family Engagement (45%)</li></ul>	<ul style="list-style-type: none"><li>• Sepsis (47%)</li><li>• Falls (47%)</li><li>• Readmissions (46%)</li><li>• CAUTI (45%)</li><li>• Adverse Drug Events (39%) -- All three ADE measures virtually tied</li></ul>

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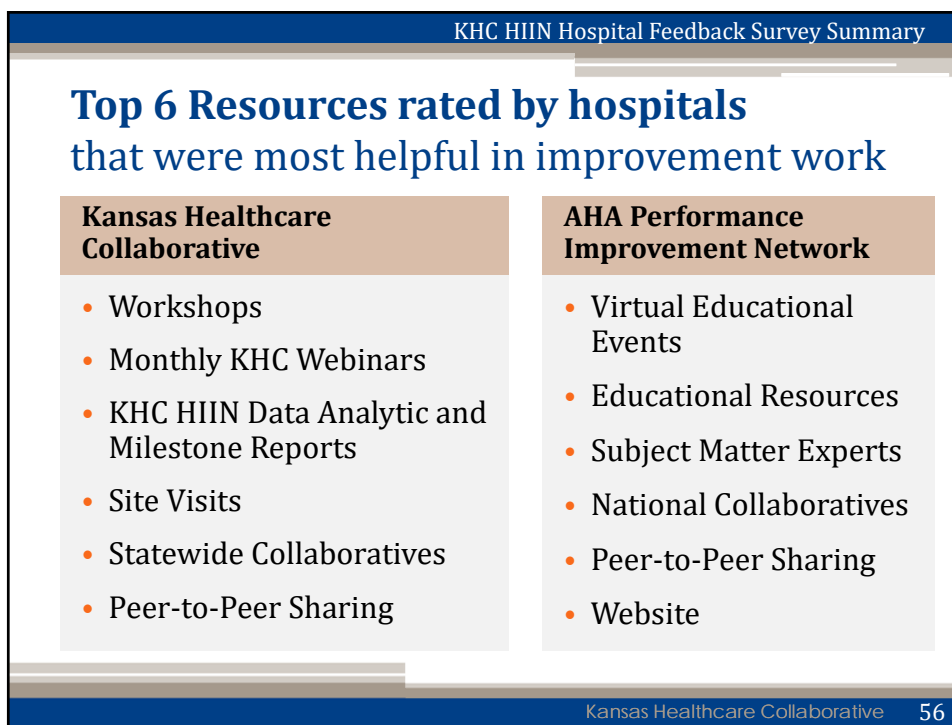
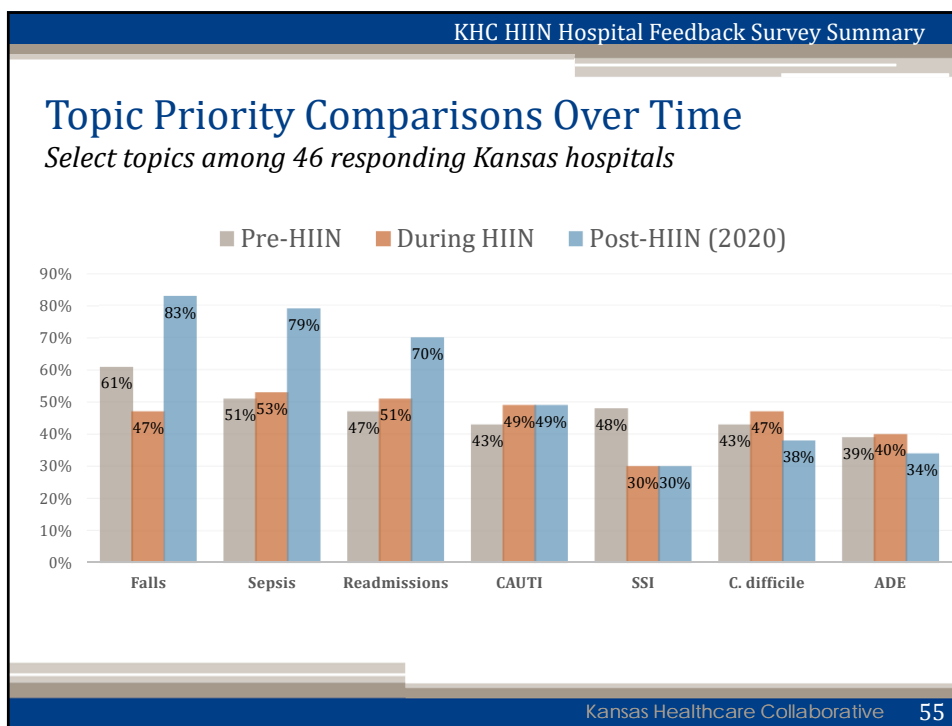


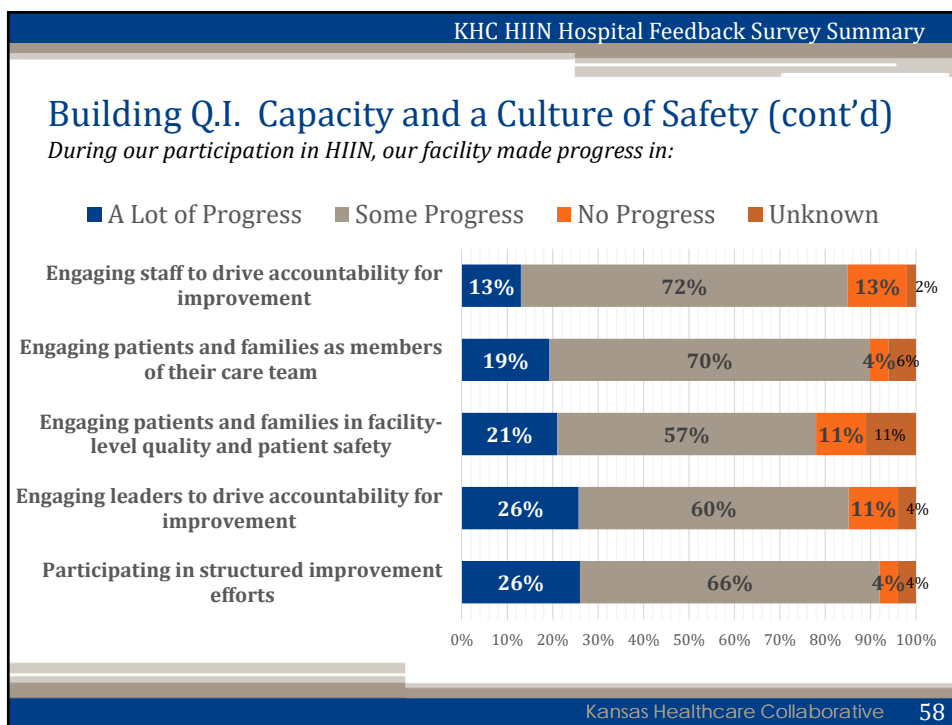
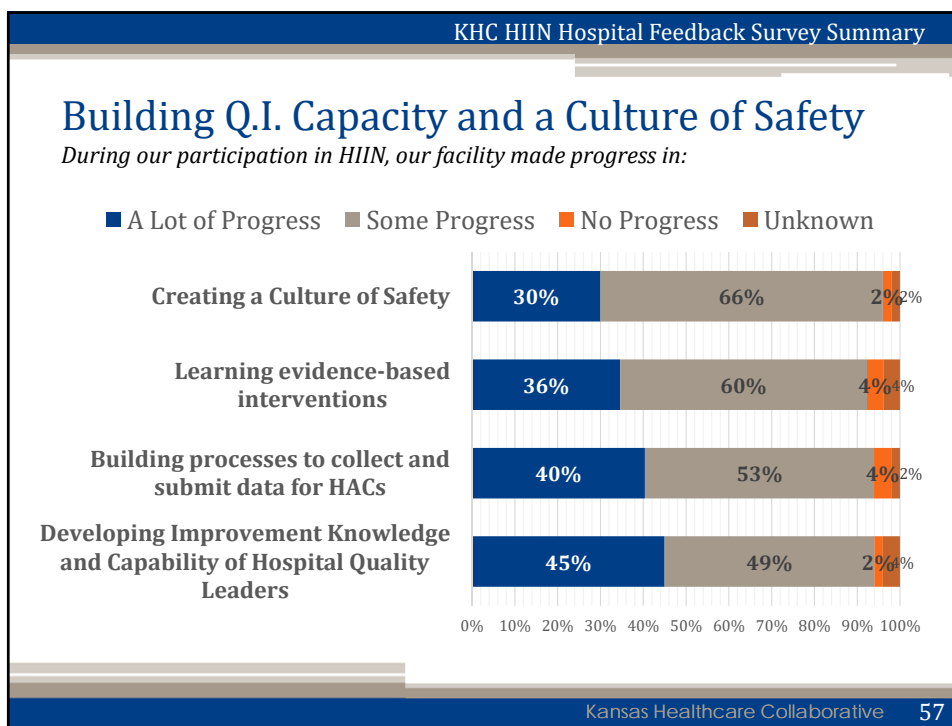


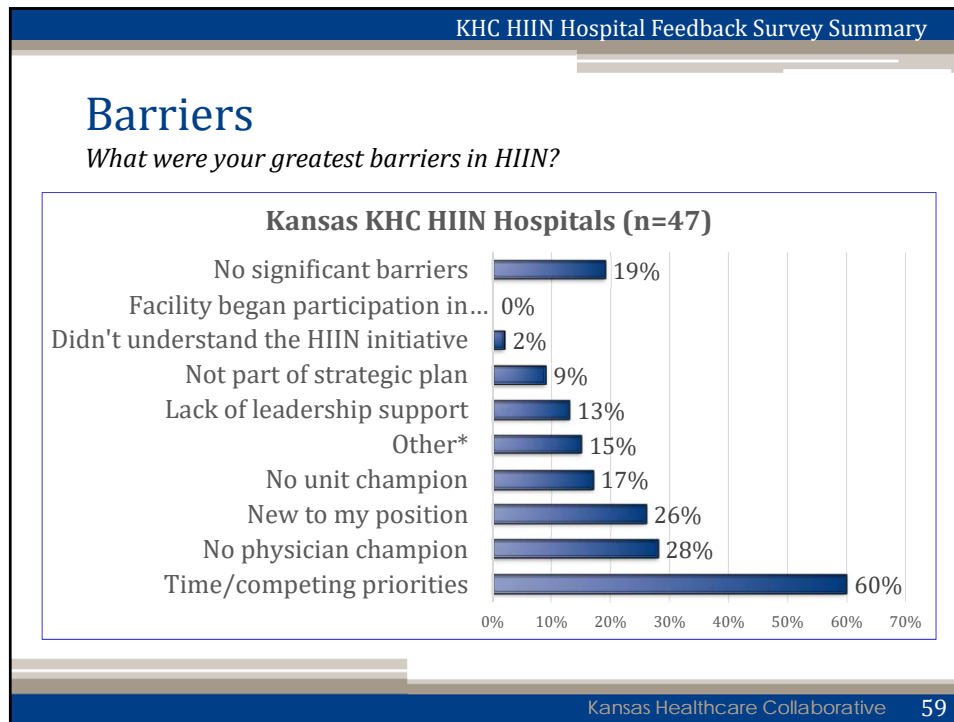


KHC HIIN Hospital Feedback Survey Summary	
Top 10 HIIN Topics <b>Sustaining Zero Harms</b>	
Kansas Hospitals	AHA Network Hospitals
<ol style="list-style-type: none"> <li>1. Post-Op VTE/DVT (76% of eligible)</li> <li>2. CLABSI (72%)</li> <li>3. SSI – Ab Hyst (70% of those eligible)</li> <li>4. ADE – Anticoagulation (66%)</li> <li>5. ADE – Opioids (64%)</li> <li>6. SSI – Colon (64% of those eligible)</li> <li>7. Pressure Injuries (55%)</li> <li>8. CAUTI (53%)</li> <li>9. <i>C. difficile</i> (53%)</li> <li>10. MDRO (47%)</li> </ol>	<ol style="list-style-type: none"> <li>1. ADE – Anticoagulation (57%)</li> <li>2. CLABSI (56% of those eligible)</li> <li>3. CAUTI (52%)</li> <li>4. VAE (52% of those eligible)</li> <li>5. Post-Op VTE (52% of those eligible)</li> <li>6. Pressure Injuries (51%)</li> <li>7. ADE – Hypoglycemia (51%)</li> <li>8. ADE – Opioids (51%)</li> <li>9. MDRO (48%)</li> <li>10. <i>C. difficile</i> (47%)</li> </ol>
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KHC HIIN Hospital Feedback Survey Summary	
Top 10 Priorities for 2020 among HIIN Topics	
<i>Hospitals checked all that apply.</i>	
Kansas Hospitals	AHA Network Hospitals
<ol style="list-style-type: none"> <li>1. Falls (83%)</li> <li>2. Sepsis (79%)</li> <li>3. Readmissions (70%)</li> <li>4. CAUTI (49%)</li> <li>5. Patient &amp; Family Engagement (40%)</li> <li>6. <i>C. difficile</i> (38%)</li> <li>7. ADE – Hypoglycemia (38%)</li> <li>8. ADE – Opioids (Naloxone) (34%)</li> <li>9. Pressure Injuries (34%)</li> <li>10. Tie: ADE – Anticoagulation (28%) and MDRO (28%)</li> </ol>	<ol style="list-style-type: none"> <li>1. Falls (79%)</li> <li>2. Readmissions (76%)</li> <li>3. Sepsis (72%)</li> <li>4. <i>C. difficile</i> (49%)</li> <li>5. Pressure Injuries (48%)</li> <li>6. CAUTI (44%)</li> <li>7. ADE – Opioids (44%)</li> <li>8. CLABSI (41%)</li> <li>9. MDRO (39%)</li> <li>10. Patient &amp; Family Engagement (38%)</li> </ol>
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KHC HIIN Hospital Feedback Survey Summary

## \*Other Barriers

1. **Leadership**
  - No real leadership “buy in,” supportive but QI feels on their own. Harder to make much progress that way.
  - Lack of leadership support hurt our work in some areas, eg, support disappeared when readmissions were reduced.
  - Staff and unit leader engagement is a challenge.
2. **Quality Position**
  - Shifting workload doesn’t allow adequate time to concentrate on quality.
  - Minimal knowledge of HIIN. No training except data entry.
  - Need more information for some topics, eg, health equity.
3. **Data Burden**
  - Data collection burden distracted from higher priority initiatives.
  - Cumbersome data entry; too many unnecessary data points on one page. (QHi)

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KHC HIIN Hospital Feedback Survey Summary

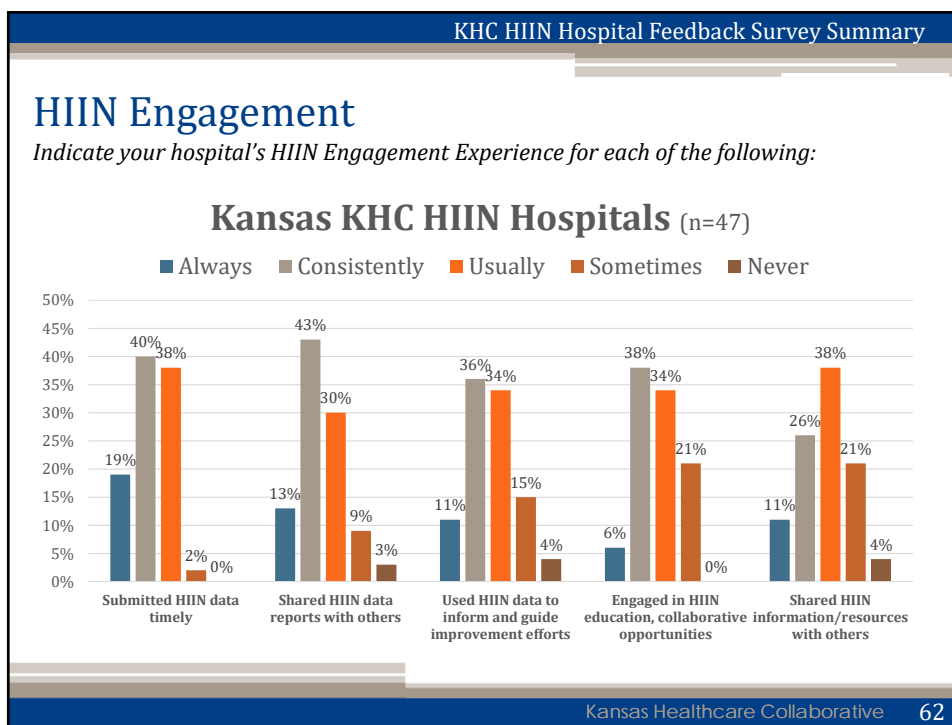
## Hospital Accomplishments during HIIN

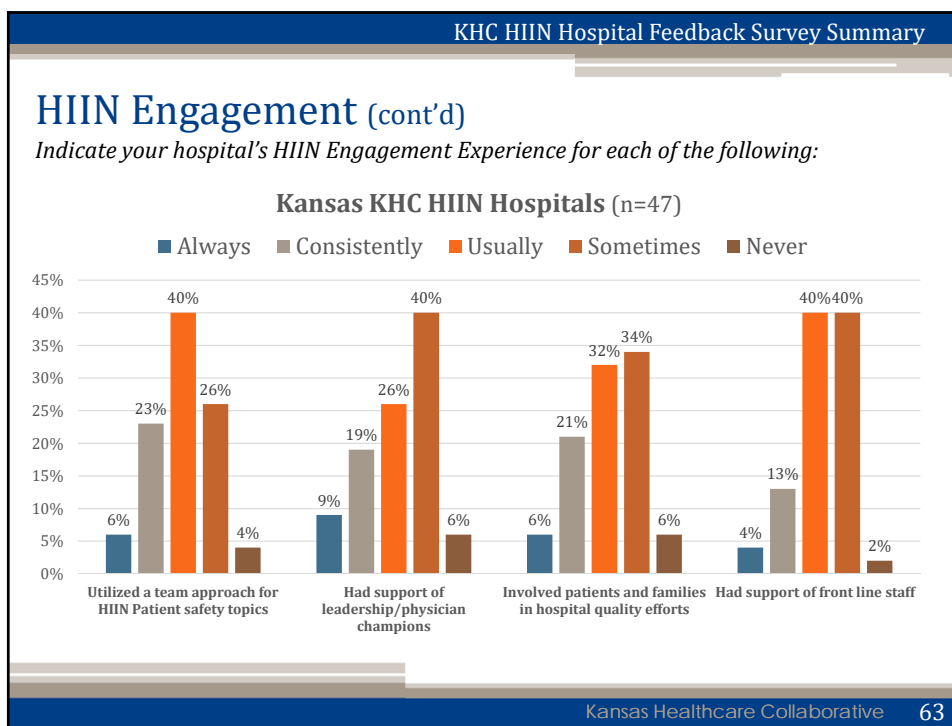
*What has been your hospital's greatest accomplishment as part of your participation in HIIN?*

**Top 5 Mentions by Kansas hospitals:**

1. Improvement or sustaining zero harms in multiple topics.
2. The development of a Patient and Family Advisory Council.
3. Learning best quality practices and increasing awareness of areas that can be improved.
4. Improving teamwork, engagement and implementing strategies, eg, nurse rounding, to create a culture of safety.
5. Use of data to drive quality improvement.

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KHC HIIN Hospital Feedback Survey Summary

## Suggestions to Improve Our Work Together

Top 3 Mentions by Kansas hospitals:

- 1. Keep the education coming!**
  - Virtual education cuts down on travel and is most accessible, even after COVID stay-at-home is lifted.
  - In-person education provides opportunities to bring champion leaders, avoid multi-tasking, and results in greater forward hospital movement.
  - The P.I. Collaborative was a good model, encourages work in team groups.
  - Appreciation of peer-to-peer sharing is mixed.
- 2. Continue support to Quality Directors**
  - Be a point of contact, provide one-on-one coaching on topics specific to hospital.
  - Check in on new quality directors and help connect them with resources.
  - Provide a comprehensive resource for new Q.I. staff in CAHs.
  - Provide access to resources (recorded events and tools) when subject matter needed.
  - More education on what the data means and when/how to report to leadership.
- 3. Facilitate community approach to quality**
  - Have key people from clinic and hospital employees work together on some of these measures, get more people involved
  - Increase use of case management services after dismissal for patients with chronic conditions.
  - Look closer at equity, patient/family resources, particularly in measured areas where no issues are perceived.

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KHC HIIN Hospital Feedback Survey Summary

## Any other comments

- Thank you for all of your assistance with our measures through the initiative! I am hoping that in 2020 our facility will have more areas to focus on for improvement!
- Has been a wonderful learning process and promotes patient safety.
- Thank you for your work!
- Grateful for all the help. Webinars very informative. Great Leadership from KHC.
- Please continue to provide support for QI. We do not have the resources to research and determine all the best evidence-based practices.  
--The change packages and tools are essential to our work.
- Continue with all the efforts you have been making.
- Good job
- No improvements. This has been a very well planned process. We appreciated all of the efforts put into this for the training, learning, and participating efforts you put forth to help us do our jobs better and to train other members. This has been the push that sometimes we need to move forward in creative learning.
- Have HHS continue to support KHC with funding! I need KHC and HIIN!
- You were great! Thank you so much! I hate to think the HIIN is over!

## Save the Date!

### KHC Monthly Webinars

Fourth Wednesday at 10 a.m.,  
except Nov. & Dec. are 3<sup>rd</sup> Wednesdays

June 24

July 22

August 26

September 23

October 28

November 18

December 16

Registration links will be available soon at [www.khconline.org](http://www.khconline.org).  
We are transitioning to a new webinar platform.

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