



KHC Office Hours for Compass HQIC

May 25, 2022

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1

KHC Compass HQIC Team and Presenters:




Mandy Johnson
Program Director of Quality Initiatives



Eric Cook-Wiens
Data & Measurement Director



Erin McGuire
Quality Improvement Advisor



Heidi Courson
Quality Improvement Advisor

Special guests:
Rachel Baker, CNO
Decatur Health Systems

Dawn Stasser, Quality Manager
Goodland Regional Medical Center

Martha Hett, Pharmacy RN
Lindsborg Community Hospital

Kalli Weibert
Lindsborg Community Hospital

Niki Lamb, Quality Coordinator
Sumner County Hospital District No. 1

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Agenda

- + Welcome and Announcements
- + Data and Program Updates
- + Round Table Discussion
- + Resources, Upcoming Events, and Next Steps

May 25, 2022

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3

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Surviving Sepsis Campaign 2021 Adult Guidelines

SSC Guidelines—2012-2016-2021

	2012	2016	2021
Sepsis Definition	Systemic manifestation of infection + suspected infection Severe sepsis: sepsis + organ dysfunction	Life threatening organ dysfunction caused by dysregulated response to infection; no severe sepsis category	no change from 2016
Initial Resuscitation	at least 30 mL/kg in first 3 hours Crystalloid fluid (no recommendation on 0.9% NaCl vs balanced solution) Albumin if patients require substantial fluids (weak)	Use dynamic resuscitation markers (passive leg raise) Target MAP of 65mmHg Reassess hemodynamic status to guide resuscitation Normalize lactate	For patients with sepsis induced hypotension or septic shock we suggest that at least 30ML per kilogram of IV crystalloid fluid should be given within the first three hours of resuscitation. We suggest using balanced crystalloids instead of normal saline for resuscitation. No change from 2016 Suggest use of cap refill to assess resuscitation
Vasopressors	target MAP of 65mmHg 1. Norepinephrine 2. Epinephrine if not at target MAP OR vasopressin to reduce norepinephrine requirement 3. Avoid dopamine in most patients		No change from 2016 We suggest starting vasopressors peripherally to restore MAP rather than delaying initiation till central venous access secured
Steroids	only indicated for patients with septic shock refractory to adequate fluid and vasopressors		For adults with septic shock & ongoing requirement for vasopressor we suggest using IV corticosteroid
Antibiotics	One or more antibiotics active against presumed pathogen Combination therapy (double coverage) for neutropenic patients and pseudomonas	Initial broad spectrum antibiotics (ex: vancomycin + piperacillin-tazobactam) Against combined therapy (ex: do not double cover pseudomonas) May use procalcitonin to guide de-escalation	For adults with possible septic shock or high likelihood of sepsis we recommend administering antimicrobials immediately ideally within 1 hr of recognition. For those with possible sepsis- we suggest a time limited course of rapid investigation & if concern for infection persist provided antimicrobials in 3 hrs. For patients at high risk of MRSA we recommend empiric antimicrobials with MRSA coverage. We suggest against empiric with MRSA coverage not using if at low risk
Source control	Achieve within 12 hours, if feasible	Achieve as soon as medically and logically feasible	no change from 2016
Ventilator	prone patient with severe ARDS (P/F <150 in 2017 guidelines) no recommendation regarding HFOV	6cc/kg tidal volume Recommend against high frequency oscillatory ventilation (HFOV)	no change from 2016 no change from 2016
	weak recommendation for noninvasive ventilation in select patients with sepsis induced ARDS	unable to make recommendation on noninvasive ventilation	For adults with sepsis induced ARDS we suggest using VV ECMO when conventional MV fails in experience centers We suggest high flow NC over non-invasive

Dellinger, R. P. et al. CCM 2012

Rhodes et al CCM 2017

Evans L. et al. JCM 2021.

<https://sccmvoices.gv-one.com/hive/ssc-guideline-summaries>

4

KHC & Compass Data Updates

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Data Updates

+ Data Refresh

- Data refresh for May reports: 5/10/2022
- Current Data Refresh: 5/20/2022
- Next Refresh: On or around June 8, 2022

Next data refresh will occur June 6.

Shoot to have your QHi data for
April submitted by June 1.

+ 5/20 Refresh

- Reloaded all claims data 2019 to current
- **Added filters for Bill Type**
 - ADE Originating during hospital stay
 - '111' Regular Inpatient and '181' Hospital swing beds: admit through discharge
 - All others
 - '111' Regular Inpatient ONLY
- **Also: Fixed data inadvertently keyed-in to QHi**

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6

Administrative Claims measures in QHi

Data inadvertently keyed-in

Post-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate (AHRQ PSI 12, Administrative Claims), KHC Compass

	May 2022	Apr 2022	Mar 2022	Feb 2022
Surgical discharges, for patients ages 18 years and older, with any-listed ICD-10-PCS procedure codes for an operating room procedure. -Denominator				7 <small>From KHA_DATA</small>
Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with a secondary ICD-10-CM diagnosis code for proximal deep vein thrombosis or a secondary ICD-10-CM diagnosis code for pulmonary embolism. -Numerator				0 <small>From KHA_DATA</small>
Calculated Result	All elements must be submitted.	All elements must be submitted.	All elements must be submitted.	0.0

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7

Administrative Claims Measures in QHi

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Calculated Result	All elements must be submitted.	All elements must be submitted.	All elements must be submitted.	0.0

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- + "Administrative Claims" in measure title
- + Generally 1 month behind
- + Once uploaded, flag appears with the data
- "From KHA DATA"

8

Administrative Claims Measures in QHi

One month delay in claims data

+ Data completeness reports account for the one-month delay

Please review the table below to ensure data are correct and complete. Questions? Contact your KHC Quality Improvement Advisor for assistance.

Administrative Claims Data Submitted to HIDI (REQUIRED measures)

Area	Measure	Mar-22	Feb-22	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21
ADE	Adverse Drug Events Originating During Hospital Stay, (AHRQ Statistical Brief #109)		0/60	0/74	0/97	0/95	0/65	0/100
ADE	Opioid-Related Adverse Drug Events		0/33	0/45	0/67	0/54	0/61	0/65
ADE	Opioid Mortality		0/33	0/45	0/67	0/54	0/61	0/65
ADE	Manifestations of Poor Glycemic Control		0/33	0/45	0/67	0/54	0/61	0/65
ADE	Anticoagulant Related Adverse Drug Events per 1,000 Acute Inpatient Admissions		0/33	0/45	0/67	0/54	0/61	0/65
Falls	Fall Rate Resulting in Fracture or Dislocation (CMS HAC)		0/33	0/45	0/67	0/54	0/61	0/65
HAPI	Pressure Ulcer Rate, Stage 3+, (AHRQ PSI-03)		0/54	0/95	0/86	0/85	0/63	0/64
HAPI	Acute Inpatients with a Hospital-Acquired Pressure Ulcer Stage II		0/33	0/45	0/63	0/54	0/61	0/65
Sepsis	Postoperative Sepsis Rate (AHRQ PSI-13)		0/6	0/6	0/4	0/6	0/7	0/4
Sepsis	Sepsis Mortality		0/2	1/3	1/5	0/6	0/3	1/4
VTE	Post-Operative Pulmonary Embolism (PE or Deep Venous Thrombosis (DVT) Rate, (AHRQ PSI-12), (NQF 0450)		0/7	0/8	0/10	0/7	0/10	0/9

Administrative claims typically have a one-month lag, so the most recent month's data are not yet expected (highlighted in gray).

Additional information and resources, refer to the [Compass HQIC Metrics + Measurement Toolkit](#).

Page 4 of 5

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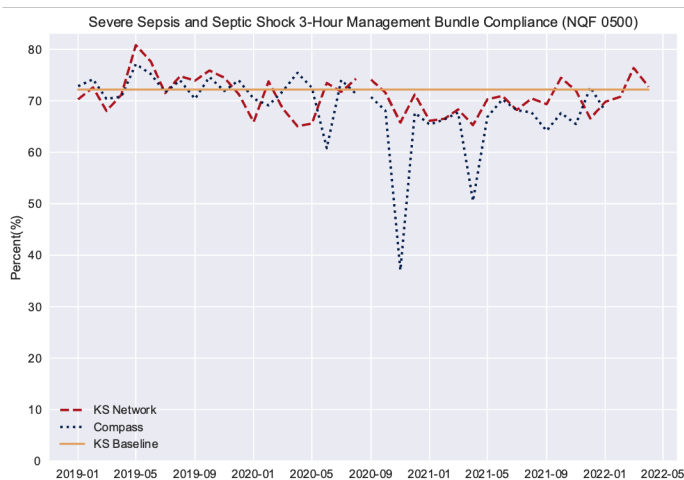
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HQIC Sepsis Measures

3-Hour Management Bundle



Kansas Network Baseline (1/2019-8/2020, median):

+ 72.2%

+ Shift (in the wrong direction)

October 2020-September 2021

Hard to interpret given pandemic

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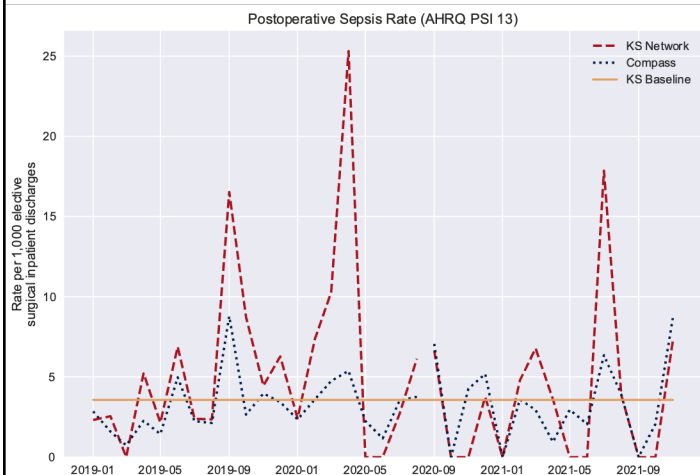
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HQIC Sepsis Measures

AHRQ PSI 13



Kansas Network Baseline (1/2019-8/2020, median):

+ 3.57 per 1,000 elective surgical inpatient discharges

+ Small denominator and numerator counts

→ high variability in the rate

→ "spiky" run chart

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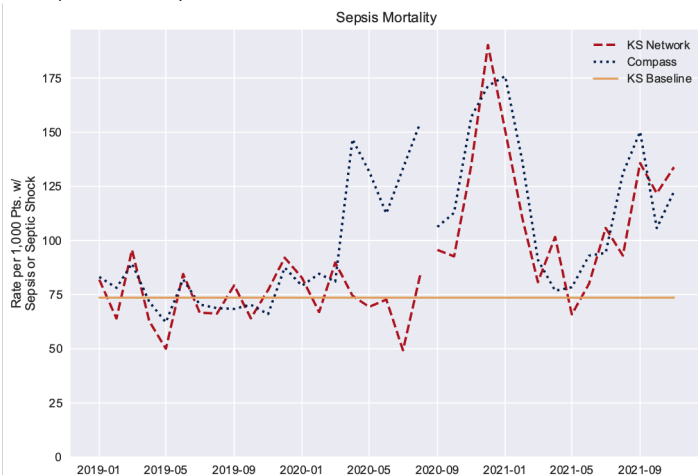
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11

HQIC Sepsis Measures

Sepsis Mortality



Kansas Network Baseline (1/2019-8/2020, median):

+ 73.63 per 1,000 patients with sepsis or septic shock

+ Project period rate higher than baseline

Hard to interpret given pandemic

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12

Stratified analysis (Unadjusted) Combined data 1/2019 through 2/2022

Sepsis Mortality

Group	Deaths	Rate
Age		
18 to 45	43	28.937 per 1,000
45 to 65	235	59.149 per 1,000
65 to 85	654	99.392 per 1,000
85 or older	346	144.167 per 1,000
Sex		
Men	688	92.411 per 1,000
Women	590	84.358 per 1,000

Group	Deaths	Rate
Race & Ethnicity		
AIAN, non-Hisp	2	58.824 per 1,000
Asian or Pacific Islander, non-Hisp	2	28.986 per 1,000
Black, non-Hisp	20	72.727 per 1,000
Hispanic, any race	79	88.964 per 1,000
White, non-Hisp	1,132	89.324 per 1,000
Other, non-Hisp	23	65.903 per 1,000

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Assessing disparities

Sepsis Mortality

- + Observations from unadjusted stratified rates
 - Mortality from sepsis increases with age
 - Higher in men than women
 - Higher in Hispanic and White, non-Hispanic
- + Questions
 - Are the disparities significant in size?
 - Does the relationship between age and sepsis mortality explain the other disparities?

+ Logistic regression

- A statistical tool that can be used to look how rates are associated with multiple factors
- Age adjustment
- Used for Yes/No outcomes of interest (like mortality)
- Estimate the log odds of the outcome, adjusting for other factors in the model
- Convert the log odds to an odds ratio
- "The [adjusted] odds of dying from sepsis for group A as compared to group B."

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14

Adjusted Analysis (logistic regression) Combined data 1/2019 through 2/2022

Sepsis Mortality



Strongly associated with age

Slightly higher in men compared to women
Adj. OR = 1.14
95% CI is [1.01 to 1.28]

No strong evidence for association between mortality from sepsis and race/ethnicity

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QHi Training Session



[MyQHi.org](https://myqhi.org)

Date: Wednesday, May 25

Time: 1:00 – 2:00 CT

Here is the link to register: <https://cc.readytalk.com/r/vrhypyzm2s&eom>

- Adding New Users
- Select Measures
- Entering and Importing Data
- Running Reports

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Round Table Discussion

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Guest Speaker – Decatur Health Systems

Rachel Baker
Chief Nursing Officer

Oberlin, Kansas
Northwest Kansas
18 bed Critical Access Hospital



18

Guest Speaker – Goodland Regional Medical Center

Dawn Stasser
Quality Manager

Goodland, Kansas
Northwest Kansas
25 bed Critical Access Hospital



19

Guest Speaker – Sumner County Hospital District No.1

Niki Lamb Quality Improvement, Risk
Management, Infection Control and Employee
Health Manager

Caldwell, Kansas
South Central Kansas
24 bed Critical Access Hospital



20

Guest Speaker – Lindsborg Community Hospital

Martha Hett, Pharmacy Nurse/Trauma Program Coordinator

Kalli Weibert, OP/Surgery /ER Nurse

Lindsborg, Kansas
North Central Kansas
24 bed Critical Access Hospital



21

Education

- + How do you provide education to staff on sepsis?
 - In Person
 - Virtual
 - Guest Speakers
 - Time of day

22

Standardized Forms

- + Do you use paper forms?
- + Are your sepsis forms in the EHR?

Sepsis Team

- + Who is on your team?
- + What is your review process for determining if they met the bundle requirements?

Lessons Learned

- + Successes and barriers
- + Is there anything else you would like to share about your facility's sepsis story?

KHC & Compass Resources, Updates, and Upcoming Events

2022 Quality Improvement Work Plans (QIWP)

- + Please update your QIWP to include 2022 goals.
- + Your QIA will submit any necessary QIWP changes to the IHC data portal on your behalf.
- + 2022 Updates needed to be submitted no later than ASAP.

Iowa Healthcare Collaborative Annual Forum

June 14 + 15, 2022



OVERVIEW

Convening providers and community stakeholders to work toward the common goal of exceptional healthcare in Iowa and across the nation.



TARGET AUDIENCE

The Iowa Healthcare Collaborative (IHC) Annual Forum sessions will benefit physicians, CEOs, CFOs, senior administrators, nurses, quality assurance professionals, trustees/board members, clinic managers, infection control professionals, hospital pharmacy directors, clinical pharmacists and other healthcare personnel.



REGISTRATION

There is no registration fee to attend the Annual Forum. Please click the link below to register for the event.

Register here: <https://www.ihconline.org/education/annual-forum>

KHC Office Hours

- + Register once for all remaining sessions.
- + Save recurring appointment to your calendar.
- + Stay abreast of KHC program updates.
- + Learn from subject matter experts and peers.

Up Next!

June 22, 2022, | 10:00-11:00a.m.
Sepsis: Reaching and Engaging Physicians w/Dr. Steven Simpson

KHC Office Hours series registration link:
www.khconline.org/officehours

All sessions are held from 10 to 11 a.m. CST.
Sessions will be recorded and posted to KHC Education Archive at www.khconline.org/archive.



29

Now enrolling up to 8 facilities for 2022 project Overdose Data to Action

KHC and KDHE are inviting applications from hospitals and clinics to join a clinical quality improvement project to prevent and decrease harms associated with controlled substances, such as opioids and Substance Use Disorder (SUD).

Eligible hospitals and clinics:

- *Serve a high-risk population*
- *Have a need for education, training, policy development and technical assistance around safe prescribing*

For more information, visit

www.khconline.org/od2a

and contact Mandy Johnson, MBA, CRHCP

KHC Program Director

Desk: (316) 681-8200 |

mjohnson@khconline.org

OD2A Project Goals Summary

1. Increase provider and health system awareness of and support for guidelines
2. Decrease high-risk opioid and/or high-risk controlled substance prescribing
3. Support development of clinical quality improvement around substance use disorder screening, referral, overdose management and linkage to care for patients presenting in the clinic or emergency department.

Project ends August 31, 2022



30

Event Schedule

Session #1 | April 7, 2022 | 12:00-1:00pm
Session #2 | May 5, 2022 | 12:00-1:00pm
Session #3 | June 2, 2022 | 12:00-1:00pm
Session #4 | July 7, 2022 | 12:00-1:00pm

Speakers



Kellie Wark, MD, MPH
Asst. Prof Inf Diseases, KUMC
HAI/AR expert and AS Co-Lead, KDHE



Nicole Wilson, PharmD, BCIDP, DPLA
AS Program Coordinator, KUMC
HAI/AR expert and AS Co-Lead, KDHE



Healthcare-Associated Infections
& Antimicrobial Resistance Program

In partnership with



Now enrolling!

Antibiotic Stewardship

Practical Implementation for Kansas Hospitals

Target Audience

Pharmacists | Nurse Leaders | Clinicians | Quality Leaders |
Infection Preventionists | Antibiotic Stewardship team members

*Each session is approved for 1 Nursing and/or
Pharmacy Continuing Education credit*



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31

Upcoming KRHOP Education

Quality Corner Calls

May 26
Noon to 1 p.m.
Patient Experience: Making a Difference

August 10
Noon to 1 p.m.
Topic TBD


September 29
Noon to 1 p.m.
Topic TBD


Employee Health and Safety Cohort

Informational Webinar
May 13
10 a.m.

Project runs from June to October

More information at www.krhop.net





32

Next Steps

- + Ensure data entry is current and timely
- + Review your Q.I. Work Plan and update for 2022 goals — please submit to your QIA
- + Log into iCompass Forum and iCompass Academy to engage and learn
- + Watch your inbox for the Compass Navigator on May 1st



33

Have Questions, Need Help?

Kansas Healthcare Collaborative

Heidi Courson

Quality Improvement Advisor
hcourson@khconline.org
785-231-1334

Erin McGuire

Quality Improvement Advisor
emcguire@khconline.org
785-231-1333

Eric Cook-Wiens

Data and Measurement Director
ecook-wiens@khconline.org
785-231-1324

Kansas Hospital Association/QHi

Sally Othmer

Senior Director Data & Quality
sothmer@kha-net.org
785-276-3118

Stuart Moore

Program Manager QHi
smoore@kha-net.org
785-276-3104

KHIN/KONZA

Josh Mosier

Manager of Client Services
jmosier@khinonline.org
785-260-2761

Rhonda Spellmeier

HIE Workflow Specialist
rsPELLmeier@khinonline.org
785-260-2795



34

Questions?



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35

Thank you for joining us.

We invite your feedback.

What was a key take-away?

What are 3 next steps based on the information shared?

Please complete our brief feedback survey.

www.khconline.org/may-survey

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36

5/25/22



Connect with us on:



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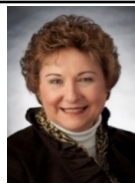
→ Find contact info, bios,
and more at:
www.KHOnline.org/staff



Malea Harlvickson
Executive Director



Mandy Johnson
Interim Director
of Quality Initiatives



Rhonda Lassiter
Operations Manager



Eric Cook-Wiens
Data & Measurement
Director



Phil Cauthon
Communications Director



Treva Borchert
Project Coordinator



Kaylie Andersen
Quality Improvement Advisor



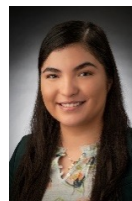
Heidi Courson
Quality Improvement Advisor



Jill Daughhelee
Quality Improvement Advisor
& Education Coordinator



Julia Pyle
Quality Improvement Advisor



Azucena Gonzalez
Health Care Quality Data Analyst



Erin McGuire
Quality Improvement Advisor



Patty Thomsen
Quality Improvement Advisor