



KHC Office Hours for Compass HQIC

March 23, 2022

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Agenda

- + Welcome and Announcements
- + Featured Topic: *Kansas Health Information Network Deep Dive*
- + Data and Program Updates
- + Resources, Upcoming Events, and Next Steps

March 23, 2022

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KHC Compass HQIC Team and Presenters



Eric Cook-Wiens
Data & Measurement Director



Heidi Courson
Quality Improvement Advisor



Erin McGuire
Quality Improvement Advisor



Patty Thomsen
Quality Improvement Advisor

Special guest



Rhonda Spellmeier MBA, BSN, RN
HIE Workflow Specialist
Kansas Health Information Network

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Align All Health – Grant Opportunity Available

A targeted intervention for hospitals and community mental health centers to improve health outcomes and care transitions for high-risk and behavioral health patients

- Learn ways to optimize use of the KHIN dashboard and alerting technology.
- Test and implement data-driven strategies for identifying your organization's high-risk patients with behavioral health needs.
- Review and strengthen workflows with health care partners.
- Support your organization's 2022 goals for improving care transitions, reducing readmissions, improving interoperability, and advancing community partnerships for behavioral health.

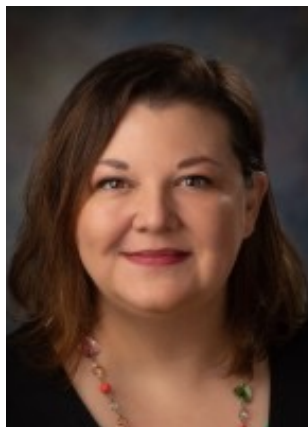
For more information, please reach out to your KHC Quality Improvement Advisor or register at: www.khconline.org/AlignAllHealth.

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Today's special guest



Rhonda Spellmeier MBA, BSN, RN
HIE Workflow Specialist
Kansas Health Information Network

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Health Information Exchange

Utilizing KHIN Interoperability Tools to Reduce Readmissions and Improve Care Transitions

Rhonda Spellmeier MBA BSN RN
Nurse Informaticist/HIE Workflow Specialist

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Agenda

What is Interoperability?

Why do we need Interoperability?

How does interoperability work?

How do we use KHIN tools to
improve care transitions and
reduce readmissions?



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What is HIE?

•**Verb:** The electronic sharing of health-related data between two or more organizations facilitated by applied standards for use by a variety of stakeholders to inform health and care.

•**Noun:** Organizations within the United States that provide health information exchange technology and services at a state, regional or national level and often work directly with communities to promote secure sharing of health data.

What is KHIN?

- Began in 2010
- Headquartered in Topeka, KS
- Over 8 million unique patients in KHIN
- 9,900 providers
- ~ 99% of Kansas hospitals connected
- Physician-led effort



Interoperability is the ability of two or more systems to exchange health information and use the information once it is received.

[Interoperability | HealthIT.gov](https://www.healthit.gov)

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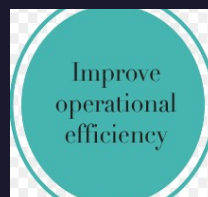
Why Interoperability?



Better Care Coordination



Better Clinical Outcomes
and Satisfaction



Better Business and Admin
Processes



Regulatory
Requirements

[Promoting Interoperability Programs | CMS](#)

[Care Coordination for Certified Community Behavioral Health Clinics \(CCBHCs\) | SAMHSA](#)

[Promoting Interoperability Requirements - OPP \(cms.gov\)](#)

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A Little Evidence

The impact of viewing medical history on various DDs (readmissions within seven days)

Differential diagnosis	Total admissions when medical history was not viewed	Readmissions when medical history was not viewed	Total admissions when medical history was viewed	Readmissions when medical history was viewed	Decrease in readmissions within seven days	P-Value
All DDs	72,689 (100%)	2,956 (4.1%)	43,030 (100%)	785 (1.8%)	56.10%	<0.001
GE	5,265 (100%)	338 (6.4%)	1,900 (100%)	25 (1.3%)	79.69	<0.001
AP	14,068 (100%)	1,412 (10%)	7,511 (100%)	181 (2.4%)	76%	<0.001
CP	41,624 (100%)	865 (2.1%)	26,026 (100%)	508 (2.0%)	4.76%	p=0.257
PO	7,691 (100%)	200 (2.6%)	4,684 (100%)	50 (1.1%)	57.69%	<0.001
UTI	4,041 (100%)	141 (3.5%)	2,909 (100%)	21 (0.7%)	80%	<0.001

The impact of viewing medical history on various DDs (single-day admissions)

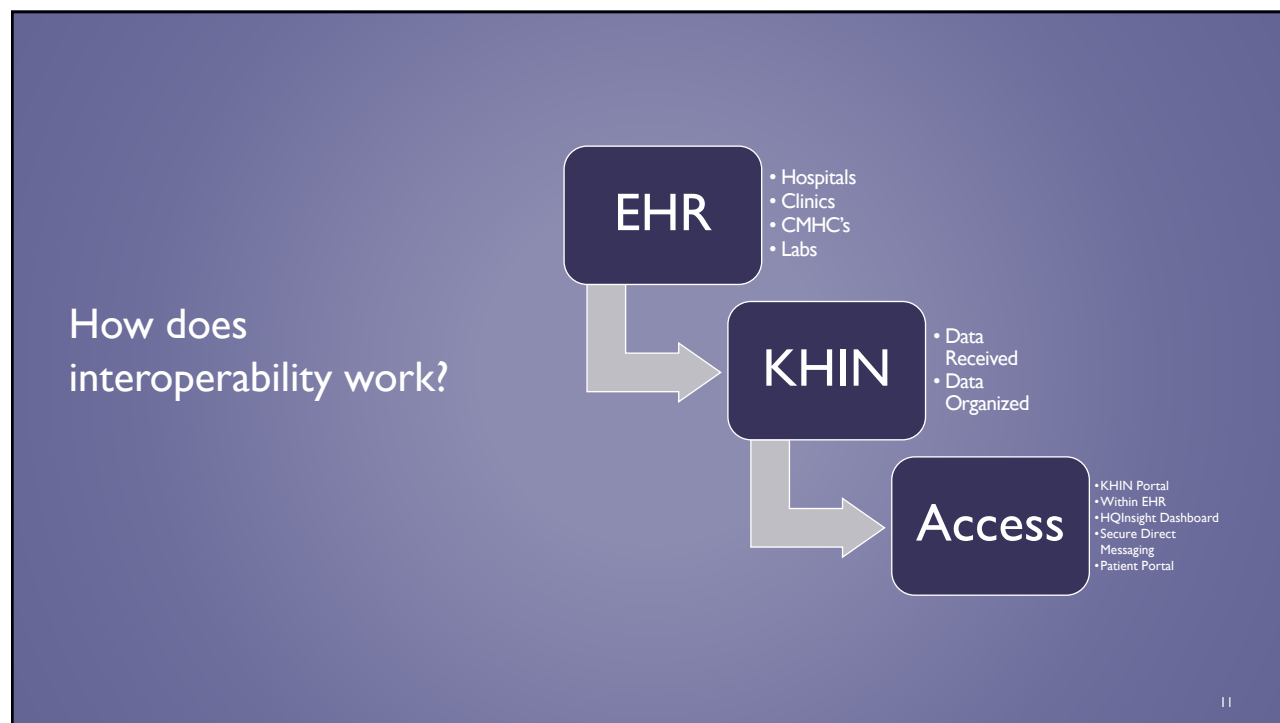
Differential diagnosis	Total admissions when medical history was not viewed	Single-day admissions when medical history was not viewed	Total admissions when medical history was viewed	Single-day admissions when medical history was viewed	Decrease in single-day admissions	P-Value
All DDs	72,689 (100%)	17,812 (24.5%)	43,030 (100%)	7,496 (17.4%)	28.98%	<0.001
GE	5,265 (100%)	1,931 (36.7%)	1,900 (100%)	428 (22.5%)	38.69%	<0.001
AP	14,068 (100%)	4,991 (35.5%)	7,511 (100%)	1,601 (21.3%)	40.00%	<0.001
CP	41,624 (100%)	9,646 (23.2%)	26,026 (100%)	4,917 (18.9%)	18.53%	<0.001
PO	7,691 (100%)	785 (10.2%)	4,684 (100%)	346 (7.4%)	27.45%	<0.001
UTI	4,041 (100%)	459 (11.4%)	2,909 (100%)	204(7%)	38.60%	<0.001

[The impact of EHR and HIE on reducing avoidable admissions: controlling main differential diagnoses \(nih.gov\)](#)

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KHIN Tools



- Web-Based Portal/and or within HER
- Access at Point of Care (many users)
- Export Records to include in your EHR
- Review CCD's, notes, meds, allergies, problems, procedures, immunizations, labs, visits at other care providers
- Follow-up on Transfers, Infection Control



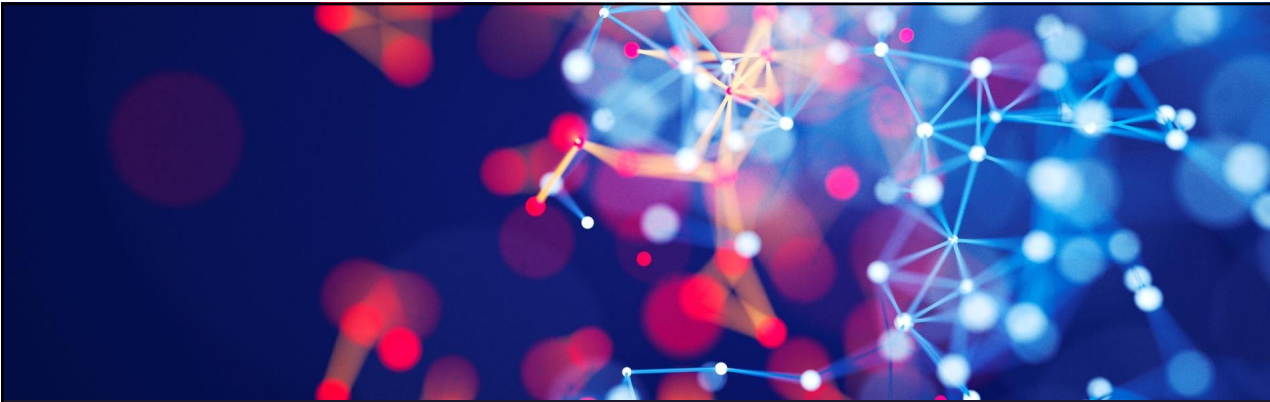
- Web-Based Portal
- Accessed outside Point of Care (fewer users)
- Supports quality metrics and programs
- Create patient panels to assign resources
- Notification of ED or Inpatient admissions

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What's Next?

- For information on your interoperability status, reach out to your IT or Rhonda Spellmeier rsPELLmeier@khinonline.org
- For workflow assistance, reach out to your KHC QIA or Rhonda Spellmeier rsPELLmeier@khinonline.org
- For training go to [KHIN - Online Learning Center \(khinonline.org\)](https://www.khinonline.org) or contact Rhonda Spellmeier rsPELLmeier@khinonline.org

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KHC & Compass Data Updates

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Data Updates

- + Data are due at the end of the following month.
- + Data Refresh
 - Administrative Claims and NHSN transferred to QHi
 - QHi data are sent to Compass
 - Current Data Refresh: 3/7/2022
 - Next Refresh: **On or around April 8, 2022**
- + Compass REAL Reports
 - Reports on Readmissions based on Claims measure for IA, MS and SD
 - For KS: we encourage you to use take advantage of KONZA Dashboards

Data Updates

Data Completeness

Self-reported data to NHSN (REQUIRED measures, as applicable)

Area	Measure	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21
C. diff	Healthcare Facility-Onset Clostridium difficile Infection Rate		0/98	0/88	0/97	0/109	0/89	0/111
CAUTI	Catheter-Associated Urinary Tract Infection Rate		0/112	0/79	0/90	0/87	0/47	0/89
CAUTI	Catheter Utilization Ratio - All Units		112/97	79/78	90/92	87/94	47/57	87/100
CLABSI	Central-Line-Associated Bloodstream Infection (CLABSI) Rate		0/56	0/23	0/0	0/8	0/3	0/12
CLABSI	CLABSI Utilization Ratio - All Units		97	23/78	0/90	8/94	3/57	12/89
MRSA	MRSA Bacteremia events		0/98	0/88	0/97	0/109	0/89	0/111
SSI	Colon Surgical Site Infection Rate		0/1	0/0	0/0	0/2	0/1	0/1
SSI	Abdominal Hysterectomy Surgical Site Infection Rate		0/0	0/2	0/1	0/1	0/0	0/1
SSI	Hip Replacement Surgical Site Infection Rate		0/1	0/1	0/1	0/1	0/1	0/3
SSI	Knee Replacement Surgical Site Infection Rate		0/3	0/9	0/3	0/3	0/5	0/3
VAE	Ventilator-Associated Conditions (VAC)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VAE	Infection-Related Ventilator-Associated Complication (IVAC)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VAE	Possible/Probable Ventilator-Associated Pneumonia	N/A	N/A	N/A	N/A	N/A	N/A	N/A

■ Pink shading indicates the data appears to have been keyed into QHi rather than entered in NHSN. Additional information and resources, refer to the [Compass HQIC Metrics + Measurement Toolkit](#).

Added pink highlighting for data that was keyed into QHi, but should have come from NHSN.

Data Updates

Current Baseline Procedure

- + First Choice
 - 12-months, Jan. 2019 – Dec. 2019
- + Second Choice
 - 6-months, Jan. 2019 – Dec. 2019 (most recent available)
 - Must be contiguous months
- + Third Choice
 - 3-months, Jan. 2019 – Aug. 2020 (most recent available)
 - Must be contiguous months
- + Else:
 - Baseline is missing

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QUALITY REPORTING FOR CRITICAL ACCESS HOSPITALS

QHi

MyQHi.org

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HOSPITAL QUALITY IMPROVEMENT CONTRACTOR (HQIC)

INTRODUCTION

Since 2003, the QHi benchmarking program has supported rural hospitals and clinics across the country. Critical Access Hospitals comprise over 75 percent of QHi participants. The QHi team developed this guide in response to the often posed question, "As a CAH, what quality measures are required to report?"

There are many benefits to participating in a quality program, the most important being improved quality of patient care. All are voluntary but, depending on the program, participation may result in a financial impact. Federally funded programs often require reporting of particular quality measures as do state and local health insurers.

CONTRIBUTORS AND RESOURCES

Centers for Medicare and Medicaid Services

Hospital Quality Improvement Contractors (HQIC):

- KPMG
- Nativus Healthcare, RN
- Kansas Healthcare Collaborative (KHC Compass)
- Epic McGlade
- Island Consulting, RH

ABOUT THE GUIDE

I work at a Critical Access Hospital, what do I need to report?

- Quality Programs
- Impact of participation
- Data submission process
- Measure lists
- Resources
- Acronyms

<https://www.kha-net.org/DataProductsandServices/DataProducts/d164234.aspx>

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QHi Training Session



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

Date: Thursday, March 31

Time: 1:00 – 2:00 CT

Here is the link to register: <https://cc.readytalk.com/r/baq8eyd1ayb8&eom>

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

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KHC & Compass Resources, Updates, and Upcoming Events

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KHC Office Hours

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

Up Next!

April 27, 2022 | 10:00-11:00 a.m.
"Improving Sepsis Strategies Through Patient and Family Engagement"

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

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

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Building a Patient and Family Advisory Council

April 21

Noon - 1 p.m.

Having a Patient and Family Advisory Council (PFAC) is a meaningful step toward providing exemplary care to families and communities.

The challenge for hospitals is often how to build a PFAC with limited resources.

Staff from three Kansas Critical Access Hospitals will discuss their experiences and answer your questions.

Register at: <https://registration.kha-net.org>



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Other Upcoming Education Events

March 24

Noon - 1 p.m.

Webinar series: Overdose Prevention and Harm Reduction in Kansas

March 28th

1 to 2 p.m.

Pressure Injury Prevention - Building Adaptability and Reliability

March 31

Noon - 1 p.m.

Webinar series: Overdose Prevention and Harm Reduction in Kansas

April 6

10:30 a.m. - 4 p.m.

Sepsis Alliance (online) Leadership Conference

April 19

12:15 p.m. - 1:15 p.m.

Webinar series: Kansas Colorectal Cancer Control Program

More information and
registration for these events
and others at:
www.khconline.org/events

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Pressure Injury Prevention Building Adaptability and Reliability

March 28 | 1:00 – 2:00pm (CST)

Overview

Pressure Injury Prevention (PIP) in 2022 is more challenging than we have seen in our lifetime. Workforce shortages, absence of family at the bedside, supply chain issues, prone positioning, COVID skin manifestations and the increased use of medical devices for oxygen therapy have impacted hospitals' ability to reliably deliver preventative care. In this interactive session, subject matter expert, Jackie Conrad will share newly emerging best practices from the field to address these challenges and engage participants in harvesting best practices from within the Kansas hospital peer group.

Registration: www.khconline.org/PIP



Featured Speaker

Jackie Conrad, MBS, BS, RN, RCC
Improvement Advisor +
Leadership Coach
Cynosure Health

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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

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Event Schedule

Session #1	April 7	Noon – 1 p.m.
Session #2	May 5	Noon – 1 p.m.
Session #3	June 2	Noon – 1 p.m.
Session #4	July 7	Noon – 1 p.m.

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

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



In partnership with



Now enrolling

Antibiotic Stewardship Practical Implementation for Kansas Hospitals Registration: www.khconline.org/ABS

Target Audience

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

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Have Questions, Need Help?

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Questions?



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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.KHOnline.org/march-survey

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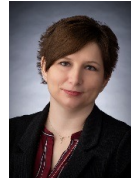
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www.KHOnline.org/newsletter

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



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Executive Director



Mandy Johnson
Program Director
of Quality Initiatives



Rhonda Lassiter
Director of Operations



Eric Cook-Wiens
Data & Measurement
Director



Treva Borchert
Project Coordinator



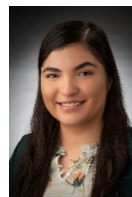
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