

Agenda		
 Welcome and Announce Presentation- It's All About Wrap up - upcoming even 	ut the Data - Part 2	
May 24, 2023	C@MPASS MORPHANE CONTRACTOR	Kansas Healthcare





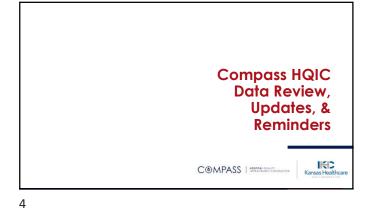


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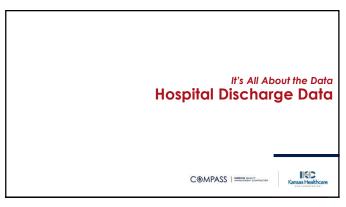
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5/24/2023

KHC Office Hours for Compass HQIC Hospitals - It's All About the Data Part II: Applying the HEOA Concepts



Data Updates	
 + Data are due at the end of the m + Data Refresh - Administrative Claims and NHSN - QHi data are sent to Compass (i - Current Data Refresh: 5/9/2023 - Next Refresh: On or around June 	except for NHSN)
 Reports – Emailed from your QIA (I Compass HQIC Data Completer KHC Compass Data Snapshot Report of the second second	ness Report
	COMPASS MANAGEMENT



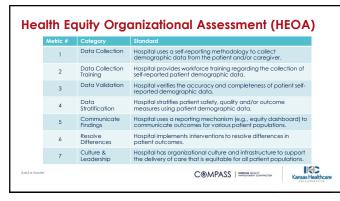
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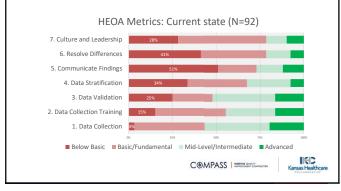


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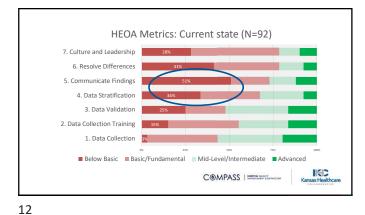
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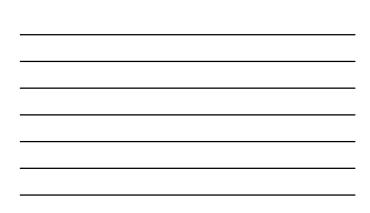
Metric #	Category	Standard
1	Data Collection	Hospital uses a self-reporting methodology to collect demographic data from the patient and/or care giver.
2	Data Collection Training	Hospital provides workforce training regarding the collection of self-reported patient demographic data.
з	Data Validation	Hospital verifies the accuracy and completeness of patientsel reported demographic data.
4	Data Stratification	Hospitalstratifies patient safety, quality and/or outcome measures using patient demographic data.
5	Communicate Findings	Hospital uses a reporting mechanism (e.g., equity dashboard) communicate outcomes for various patient populations.
6	Resolve Differences	Hospital implements interventions to resolve differences in patient outcomes.
7	Culture & Leadership	Hospital has organizational culture and infrastructure to suppor the delivery of care that is equitable for all patient populations

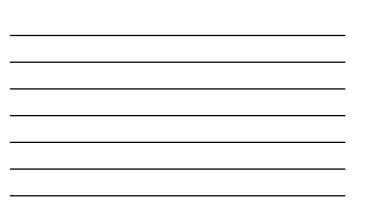
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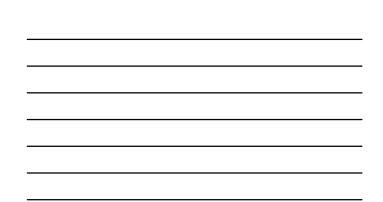


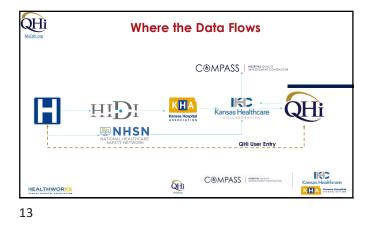




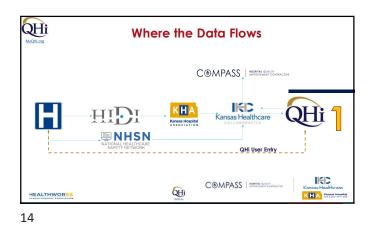




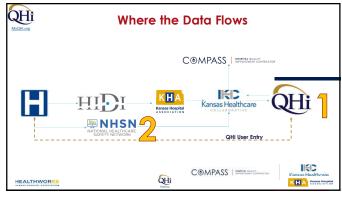








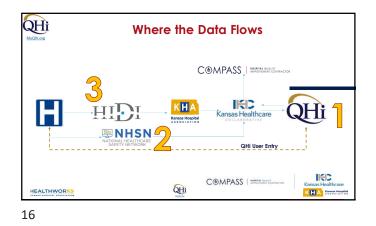






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Quality Measures Kansas HQIC measures based on administrative claims data Adverse Drug Events Originating During Hospital Stay, (AHRQ Statistical Brief #109) ADE Opioid-Related Adverse Drug Events ADE ADE Opioid Mortality Manifestations of Poor Glycemic Control Anticoagulant Related Adverse Drug Events per 1,000 Acute Inpatient Admissions ADE ADE Fall Rate Resulting in Fracture or Dislocation (CMS HAC) Falls Pressure Ulcer Rate, Stage 3+, (AHRQ PSI-03) HAPI Acute Inpatients with a Hospital-Acquired Pressure Ulcer Stage II HAPI Postoperative Sepsis Rate (AHRQ PSI 13) Sepsis Sepsis Mortality Sepsis Post-Operative Pulmonary Embolism (PE or Deep Venous Thrombosis (DVT) Rate, (AHRQ PSI-12), (NQF 0450) VTE IKD Kan

17





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KHC & Compass Resources, Updates, and Upcoming Events

20

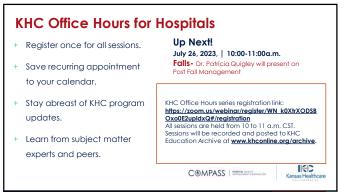


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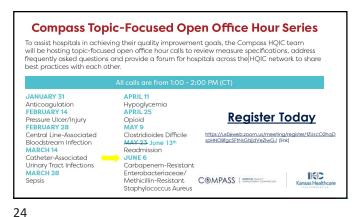
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INSTALLIANT COMPASS : COMP				
SAVE THE DATE June 20, 2023 1:00 - 2:00 PM (CT)				
Enhancing Capacity - Reengineering Fall and Fall Injury Programs: Infrastructure, Capacity and Sustainability				
	Speaker Patricia A. Quigley, PhD, ARRN, CRRN, FAAN, FAANP, FARN	Registration	LEC Kansas Healthcare	

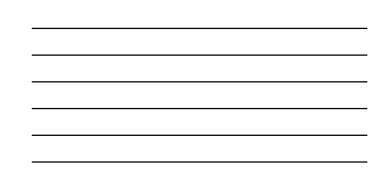
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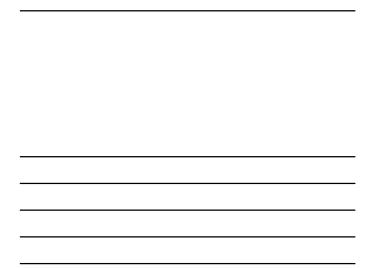


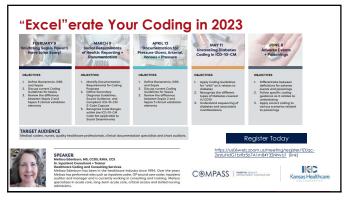
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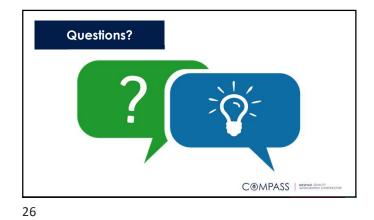
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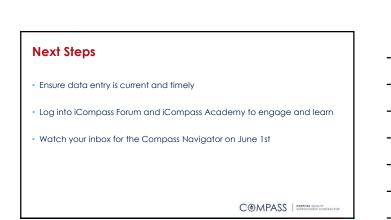






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27

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Have Questions, Need Help? Kansas Healthcare Collaborative Kansas Hospital Association/QHi KHIN/KON7A Julia Pyle Quality Improvement Advisor Jpyle@khconline.org Sally Othmer Rhonda Spellmeier Senior Director Data & Quality HIE Workflow Specialist sothmer@kha-net.org rspellmeier@khinonline.org Erin McGuire 785-276-3118 785-260-2795 Quality Improvement Advisor emcguire@khconline.org 785-231-1333 Stuart Moore Program Manager QHi Eric Cook-Wiens smoore@kha-net.org Data and Measurement Director ecook-wiens@khconline.org 785-231-1324 785-276-3104 C@MPASS Sector Contractor Kansas Health 28

Thank you for joining us. We invite your feedback. Please complete our brief feedback survey.

30

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