

South Central HIIergy Partners

Six states partnering for quality and patient safety
through the Hospital Improvement Innovation Network

The New Frontier in Quality and Patient Safety: Equity and Diversity

September 27, 2017



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Welcome and opening remarks

- Agenda
- Introductions
- Announcements



Hospital Improvement
Innovation Network

South Central HIIergy Partners Agenda

September 27, 2017

- Welcome and overview
- HIInergizing for the next frontier:
Equity and Diversity
- Hospital Feature:
Kearny County Hospital
- AHA #123forEquity Campaign
- Resources for Equity and Diversity
- Upcoming events and
opportunities
- Q&A, Next Steps
- Contact us

Introducing . . .



Michele Clark, MBA, CPHQ, CPPS, ABC
Program Director
Kansas Healthcare Collaborative



Karen Kendrick, RN, MSN
Director of Clinical Initiatives
Texas Hospital Association



Jackie Conrad RN, BS, MBA, RCC
Improvement Adviser
Cynosure Health



Benjamin Anderson, MBA
Chief Executive Officer
Kearny County Hospital



Kendal Carswell, LMSW, LCAC
Program Director
Kearny County Hospital

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Webinar features

- We encourage everyone to utilize the chat box to give a response or to ask a question.
- The presentation handout can be downloaded from the pod below. Highlight the file and then click download.

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Purpose



The South Central HIINergy Partners is a group of six geographically proximal state hospital associations (SHA) that have partnered together to create synergy and an enriched virtual learning experience for participating HIIN hospitals as we work together with shared aims in achieving a 20% reduction in all-cause harms and a 12% reduction in all-cause readmissions.

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Creating HIINergy together!

State	Number of Hospitals in HIIN
Arkansas	57
Kansas	118
Louisiana	99
Missouri	73
Oklahoma	46
Texas	132
TOTAL	525

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**Let's hear
from you**



Hospital Improvement
Innovation Network

**We are glad you have joined us.
Which is your state?**

- ☐ Arkansas
- ☐ Kansas
- ☐ Louisiana
- ☐ Missouri
- ☐ Oklahoma
- ☐ Texas

7

Creating HIINergy together!

Bi-monthly HIINergy webinars take place on 4th Wednesdays from 10 to 11 a.m. CT.

2017 Schedule	Tentative HIIN Topics	State Lead
January 25	Getting Started	Arkansas
March 22	Up Campaign	Oklahoma
May 24	Patient and Family Engagement	Louisiana
July 26	Transforming Care at the Bedside	Texas
September 27	Equity and Diversity	Kansas
November 15	Sepsis	Missouri

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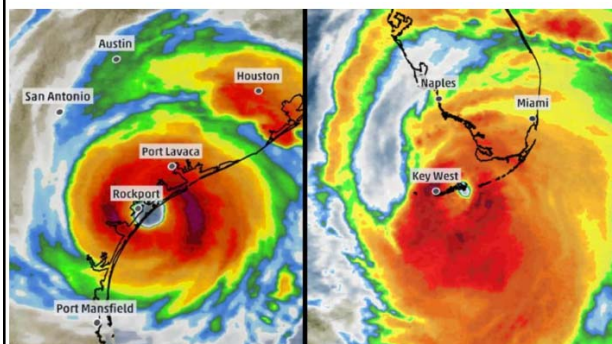
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Why I'm HIIN: Harvey, Irma, and then Maria . . .

Marks first time two Atlantic Category 4 hurricane landfalls have occurred in the U.S. the same year — Make it *three* with the U.S. territory of Puerto Rico.



*Hospitals Ensuring
Patient Care Continues*



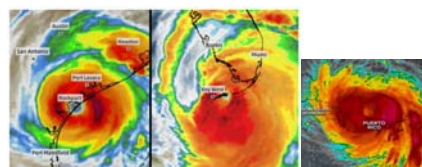
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Why I'm HIIN: Harvey, Irma, Maria




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AHA Message: Hurricane Harvey and How You Can Help

www.aha.org/content/17/170829-president-special-message.pdf



Hurricane Harvey and How You Can Help

As we watch the devastating impact Hurricane Harvey continues to unleash on southeast Texas, we could not be prouder of the response of our hospitals and health systems – especially the thousands of caregivers working around-the-clock to care for victims and keep patients safe.

Nurses, doctors, emergency workers and others are putting their emergency plans into practice and working together to respond to incredibly challenging and dangerous conditions. And those efforts are saving lives.

At the AHA, we've been supporting our colleagues at the Texas Hospital Association as they work with hospitals and health systems, as well as local and federal agencies, to respond to the ongoing disaster.

We know that the crisis is not over. Historic flooding is expected to continue for days, and new challenges will arise. However, the commitment of the men and women of America's hospitals to keep their patients and communities safe will remain steadfast.

See more details below, and watch for more information and resources from the AHA.

AHA Working with Texas, Louisiana Hospital Associations and Member Organizations

Since last week, the AHA has been in close communication with the Texas and Louisiana hospital associations. AHA team members have worked with staff at the Texas Hospital Association, serving as a liaison with federal relief agencies.

The American Society for Healthcare Engineering – an AHA personal membership group – has been in contact with several of their individual members in the affected areas and will work with them to provide assistance to specific hospital infrastructure issues as they arise. In addition, ASHE will coordinate with hospital engineers throughout the country to provide materials and share expertise to ensure facilities are functional and safe for patients.

Disaster Declarations and Waivers

- President Trump has signed disaster declarations for Texas and Louisiana.

- Health and Human Services Secretary Tom Price signed a public health emergency declaration for Texas and Louisiana, authorizing the use of Section 1135 waivers of certain Medicare and Medicaid regulations. The Centers for Medicare & Medicaid Services is coordinating the requests and approvals to use these waivers. [CMS's website](#) includes details on how to apply for an 1135 waiver.
- Texas Governor Greg Abbott has temporarily suspended all necessary statutes and rules to allow health care providers employed by a hospital and licensed and in good standing in another state to practice in Texas in order assist with the Harvey disaster response operations. Hospitals must submit to the applicable licensing entity each out-of-state provider's name, provider type, state of license and license identification number.

Blood Donations

The AABB is urging eligible donors across America, especially those with type O-positive blood, to make and keep donation appointments as soon as possible. See [information](#) that you can share on how to find a local blood drive or schedule an appointment.

HHS Actions

HHS is providing support as local officials are continuing to assess communities' health care infrastructure and medical needs. The latest HHS actions, such as the deployment of personnel and medical equipment and supplies, are on the [HHS website](#). Information on health safety tips during and after the hurricane by the Office of the Assistant Secretary for Preparedness and Response is available at www.phe.gov/harvey.

HOW YOU CAN HELP

THA Creates Fund to Help Hospital Employees Impacted by Storm

The Texas Hospital Association has established the THA Hospital Employee Assistance Fund to help hospital employees who experienced significant property loss or damage because of Hurricane Harvey. All funds will be used to directly assist hospital employees in Federal Emergency Management Agency-designated disaster areas; administrative services are being provided in kind so that 100 percent of donated funds will be used to assist hospital employees. AHA has contributed an initial \$50,000 to get the fund started. For more information or to make a donation, visit www.aha.org/harveydisasterfund.

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2017 | **SEPTEMBER**
SEPSIS SAY SEPSIS
SAVE LIVES
SEPSISAWARENESSMONTH.ORG

Healthcare Toolkit

Public Toolkit

Media Toolkit

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**A Recap of “the most useful thing presented” in:
Transforming Cultures for Safety**

HIINergy Webinar held August 2, 2017

[View recording here](#) | [Handout here](#) | [Bedside Shift Report Tools](#)

What to do in huddles, shift report checklist

Ways to implement change of culture

Real scenarios and processes

All was helpful

Patient Safety Huddles: 20 indicators in 20 minutes.

Can't wait to get started on this! ~ Texas

Coordination team and safety huddles

Tools!

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Polling Question

Select any new action you took after participating in
Aug. 2 HIINergy webinar:

- ▶ Implemented ideas for patient safety huddles
- ▶ Implemented ideas for bedside shift reports
- ▶ Implemented ideas for white boards
- ▶ Implemented ideas for UP Campaign
- ▶ Set new goals for transforming culture
- ▶ Shared information with others
- ▶ Dag nab it! I missed this webinar. Will watch the recording.

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HIIN Readmissions Challenge

Take A Dive, Interview Five

- ☐ Identify 5 or more patients in the hospital that have been recently readmitted.
- ☐ Interview five patients/caregivers using the ASPIRE 2 tool.
- ☐ Aggregate interview results using the Readmission Case Review Analysis tool.
- ☐ Analyze responses for new insight regarding "why" patients soon returned to the hospital.
- ☐ Share what you learned with HIINergy Partners using the SurveyMonkey link below.



Tools You Can Use

ASPIRE 2 Tool
www.hret-hiin.org/resources/display/aspire-tool-2-readmission-review-tool

Readmissions Case Review Analysis Tool
www.hret-hiin.org/resources/display/readmission-case-review-and-analysis

Hospital Feedback Survey
<https://www.surveymonkey.com/r/hiin-readmissions-dive>

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Polling Question

Describe where you are in the readmissions challenge:

- ▶ First I have heard of it
- ▶ Discussing with our team
- ▶ In process of beginning interviews
- ▶ Have conducted a few interviews already
- ▶ Have completed interviews

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The next frontier: Equity and Diversity



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Objectives

- Learn the broadest definitions of diversity and inclusion
- Introduce the drivers of disparities
- Understand the basic elements of culturally competent healthcare and its connection to outcomes
- Recognize how unconscious bias can impact patient provider interactions, provider decision making and health outcomes

Presented by:
Jackie Conrad
Improvement Advisor
Cynosure Health

17

Diversity



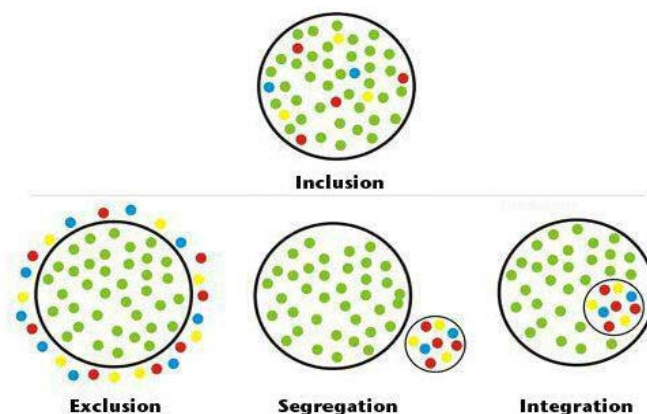
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Inclusion



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Inclusion



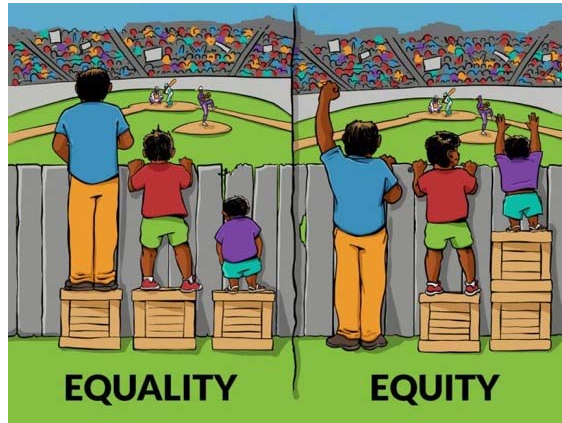
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Equity



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Equity

- Equity is not the same as equality. Those with the greatest need and least resources require more, not equal, effort and resources to equalize opportunities.
- Equity means everyone has a fair and just opportunity to be as healthy as possible.
- Health Equity Means reducing and ultimately eliminating disparities in health and the determinants that adversely affect marginalized groups.

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Drivers of Disparity

- **Race**
- **Ethnicity**
- **Language**
- **Income**
- **Insurance**
- **Education**
- **Housing**
- **Religion**
- **Disability status**
- **Veteran status**
- **Appearance**
- **Age**
- **Gender**
- **Gender Identification**
- **Sexual Orientation**
- **Immigration Status**
- **Geographical location**



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Health Disparity Impacts Health Conditions

Health Condition and Specific Example	Index in Selected Populations				
	White	African American	Hispanic or Latino	Asian or Pacific Islander	American Indian or Alaska Native
Infant mortality rate, per 1,000 live births	5.9	13.9	5.8	5.1	9.1
Cancer mortality rate, per 100,000	199.3	255.1	123.7	124.2	129.3
Lung cancer, age-adjusted death rate	38.3	46.0	13.6	17.2	25.1
Female breast cancer, age-adjusted death rate	18.7	26.1	12.1	9.8	10.3
Coronary heart disease mortality, rate per 100,000	206	252	145	123	126
Stroke mortality, rate per 100,000	58	80	39	51	38
Diabetes diagnosed, rate per 100,000	36	74	61	DSU	DSU
End-stage renal disease, rate per 1,000,000	218	873	DNA	344	589

NOTE: DSU, data are statistically unreliable; DNA, data have not been analyzed.

SOURCE: [National Institutes of Health, 2002.](#)

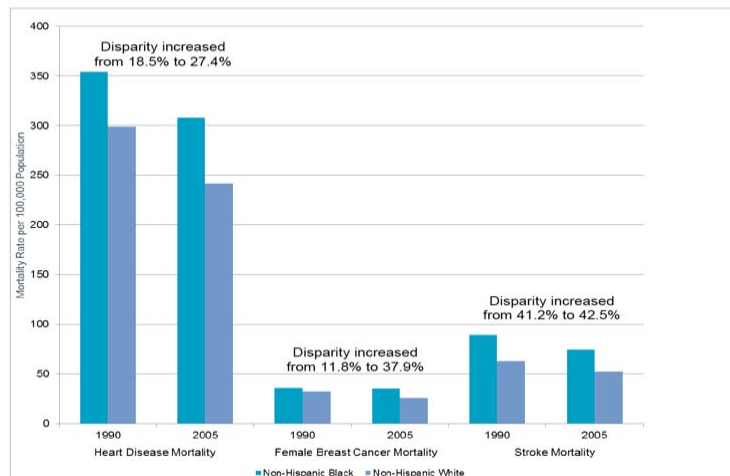
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Disparity is worsening



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What about Implicit Bias?



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Unconscious bias impacts

Patient and provider interactions

Provider decision making

Health outcomes

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The Benefits of Cultural Competency



SOCIAL BENEFITS

- Increases mutual respect and understanding between patient and organization.
- Increases trust.
- Promotes inclusion of all community members.
- Increases community participation and involvement in health issues.
- Assists patients and families in their care.
- Promotes patient and family responsibilities for health.



HEALTH BENEFITS

- Improves patient data collection.
- Increases preventive care by patients.
- Reduces care disparities in the patient population.
- Increases cost savings from a reduction in medical errors, number of treatments and legal costs.
- Reduces the number of missed medical visits.



BUSINESS BENEFITS

- Incorporates different perspectives, ideas and strategies into the decision-making process.
- Decreases barriers that slow progress.
- Moves toward meeting legal and regulatory guidelines.
- Improves efficiency-of-care services.

Source: "Becoming a Culturally Competent Health Care Organization," Institute for Diversity in Health Management and the Health Research & Educational Trust, 2013

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Culturally Competent Care

Three Key Steps Toward Cultural Competency



COMMUNITY SURVEY

The hospital or health care system analyzes demographic data to determine the composition of the local community and the hospital's patient population. With this analysis, the hospital or care system can conduct microtargeting surveys to determine the needs for specific communities.



COMMUNITY ENGAGEMENT

The hospital or health care system communicates survey findings to community members and determines priorities. This information serves as the basis for staff education.



STAFF EDUCATION

Working with community feedback and survey data, the hospital or care system educates staff on the importance of cultural competence and the particular cultural needs of patients with whom staff interact each day.

Source: "Becoming a Culturally Competent Health Care Organization," Institute for Diversity in Health Management and the Health Research & Educational Trust, 2013

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Framework for Health Care Organizations to Improve Equity

1. Make health equity a strategic priority

- Demonstrate leadership commitment to improving equity at all levels of the organization
- Secure sustainable funding through new payment models

2. Develop structure and processes to support health equity work

- Establish a governance committee to oversee and manage equity work across the organization
- Dedicate resources in the budget to support equity work

3. Deploy specific strategies to address the multiple determinants of health on which health care organizations can have a direct impact

- Health care services
- Socioeconomic status
- Physical environment
- Healthy behaviors

4. Decrease institutional racism within the organization

- Physical space: Buildings and design
- Health insurance plans accepted by the organization
- Reduce implicit bias within organizational policies, structures, and norms, and in patient care

5. Develop partnerships with community organizations

- Leverage community assets to work together on community issues related to improving health and equity

Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at ihi.org)

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Resources

Health Equity Report

<https://healthequity.globalpolicysolutions.org/wp-content/uploads/2017/05/rwif436997.pdf>

IHI White Paper – Achieving Health Equity: A Guide for Health Care

www.ihi.org/resources/Pages/IHIWhitePapers/Achieving-Health-Equity.aspx

WIHI webinar handout:

http://app.ihi.org/marketing/program_documents/wihi/WIHISlides_Pursuing_Health_Equity_With_Curiosity.pdf

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31

Kearny County Hospital Equity & Diversity

Benjamin Anderson, MBA, MHCDS

Chief Executive Officer

Kendal Carswell, LMSW, LCAC

Program Director

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Lakin, Kansas

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What is KCH? An Original “Medical Home”

Kearny County Hospital



- Physical Therapy
- X-Ray
- Emergency Room
- Cardiac Rehabilitation
- Respiratory Rehabilitation
- Laboratory
- Surgery
- Obstetrics
- Business Office
- Swing Bed
- Specialty Outreach Services

Clinic Centers



Family Practice Clinic
Lakin and Deerfield, KS

5 Physicians
5 Physician Assistants
1 Nurse Practitioner

Ear, Nose, Throat and Allergy Clinic
Lakin, Johnson, and Scott City, KS

1 Physician
1 Physician Assistant

Adult Care Services



- Broad Continuum of Care
- Home Health
- Assisted Living Center
- Nursing Home
- Special Care Center for Residents with Memory Loss
- Respite Care Services
- Adult Day Care Services
- Respite Services
- Spiritual Care
- Community Garden

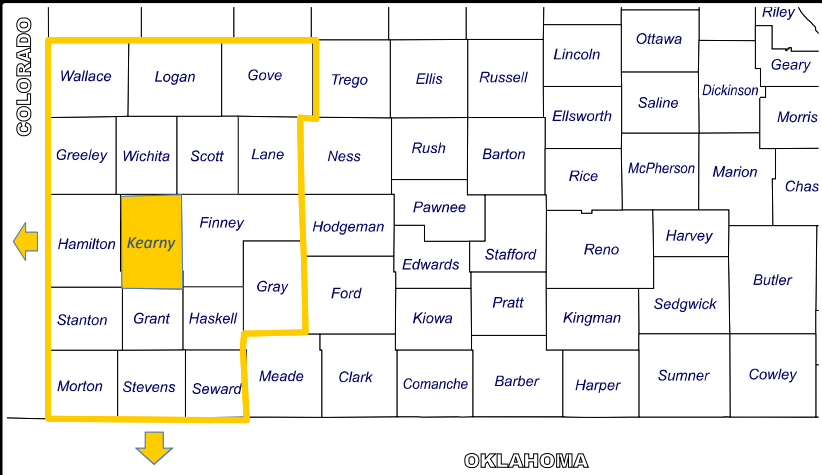
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KCH Serves 20,000 Patients from 20+ Counties in KS, CO and OK



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We serve a very diverse population.
(originating from all over the world)



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Our Current Medical Provider Team



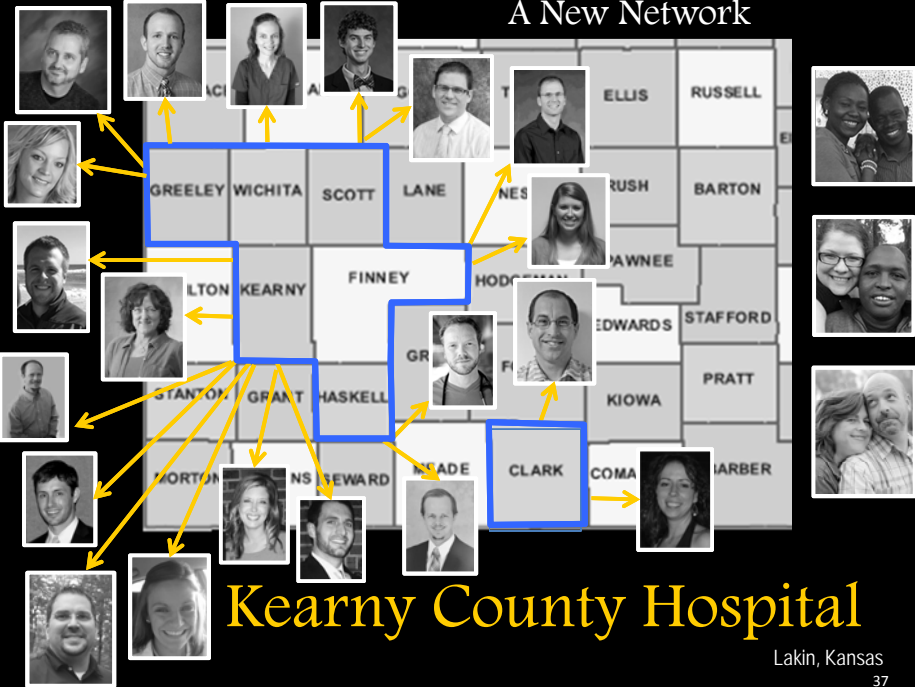
Jonathan Peters, MD Arjo Reimer, MD Drew Miller, MD Kurt Davis, MD Julie Munson, DO Lane Olson, MD

Devon Shumate, PA-C Erin Keeley, PA-C Tammy Meisel, ARNP Anna Johnson, PA-C Soledad Shultz, PA-C Jay Gray, PA-C Audra Olson, PA-C

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A New Network



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Our International Service Sites

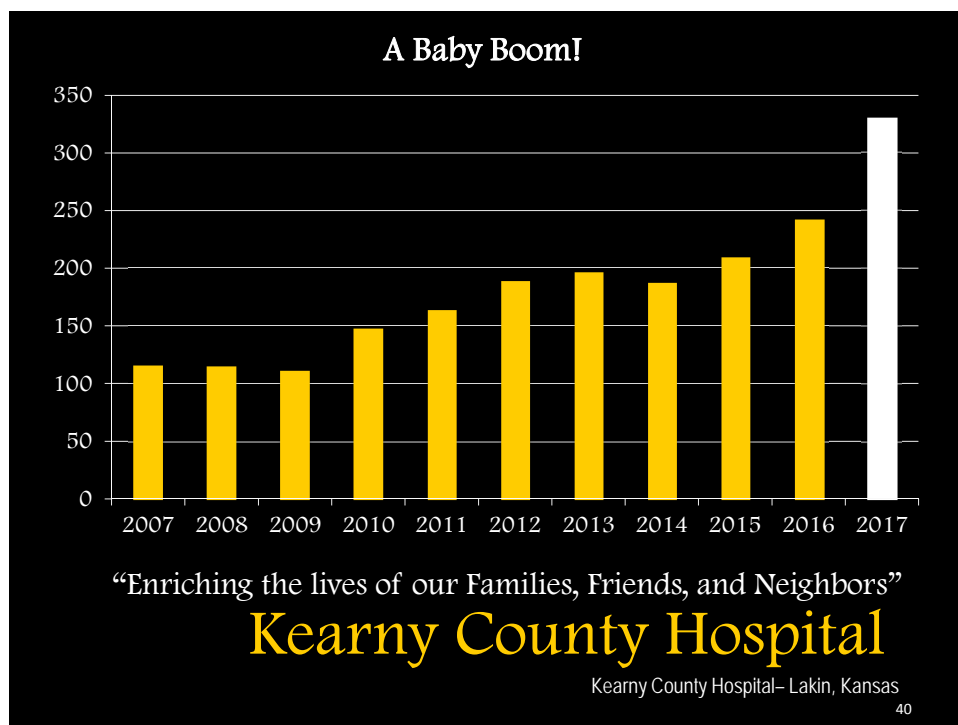


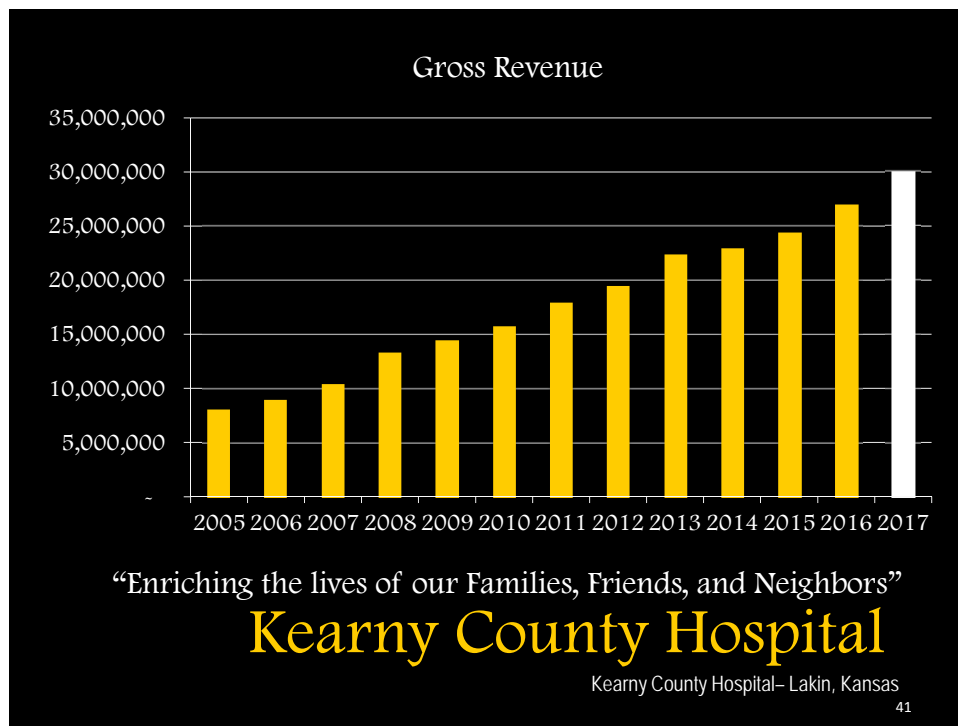
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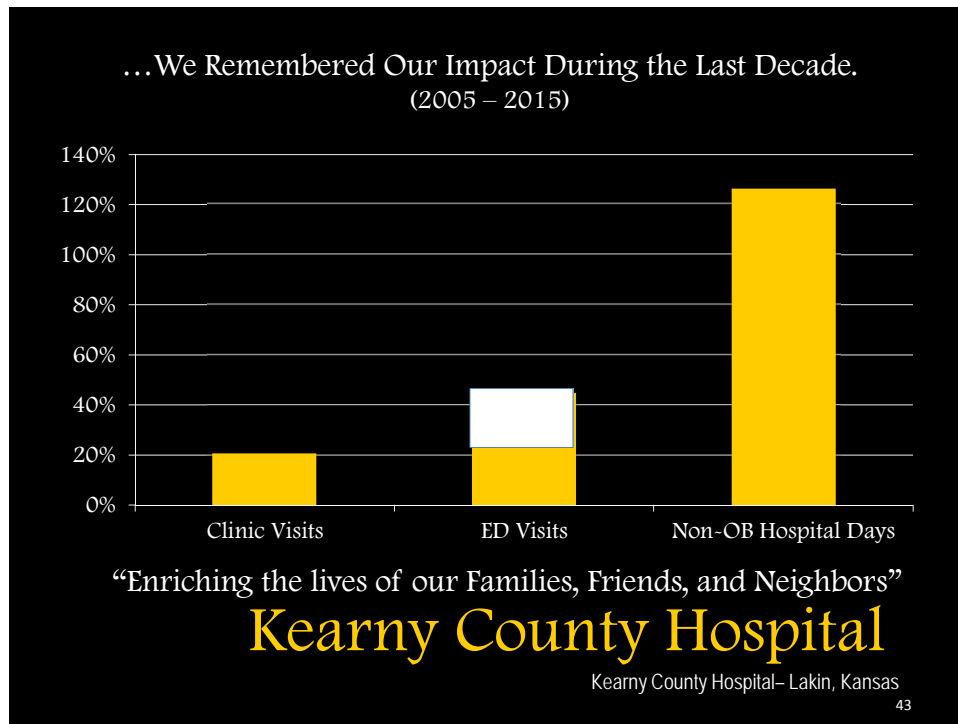
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Elizabeth Teisberg, TDI Faculty

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Well...



“We know our patients by name!”



“Knowing your patients’ names doesn’t equal great outcomes. It means you know your patients’ names.”

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Well...



“People drive up to 90 miles to deliver a baby in our hospital!”



“What are their alternatives?”

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Well...



“We’re a key access point!”



“Access to what?”

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Well...



“Access to great care!”



“Prove it.”

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48

My Perception of our Care
Coordination and Overall Outcomes



Reality



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My Perception of our Care
Coordination and Overall Outcomes



Reality



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Emergency Department Dilemma

"Armed for bear in a world of squirrels"



ED Survey

- Social Needs
- Home Environment
- Mental Health
- Care History
- Substance Use
- Faith Needs / Preferences

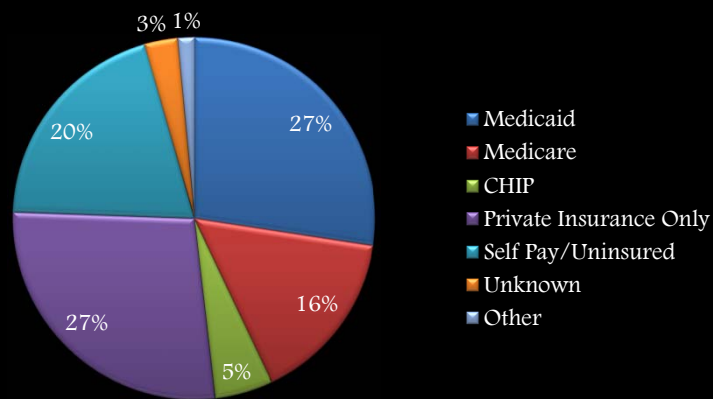
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Insurance Information?

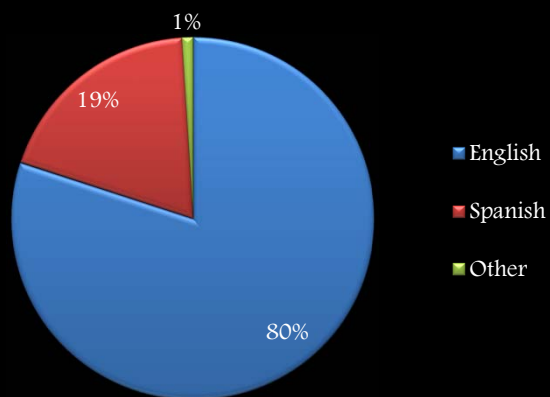


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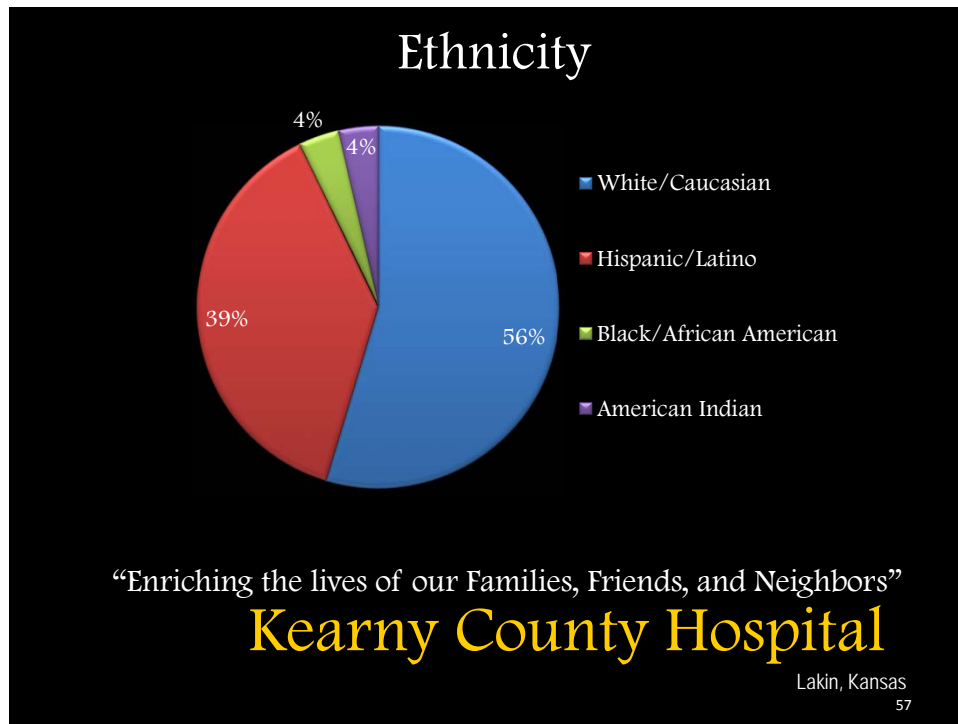
Language Spoken in the Home



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Finding Out What Matters to Patients

Community-Based Participatory Research Survey



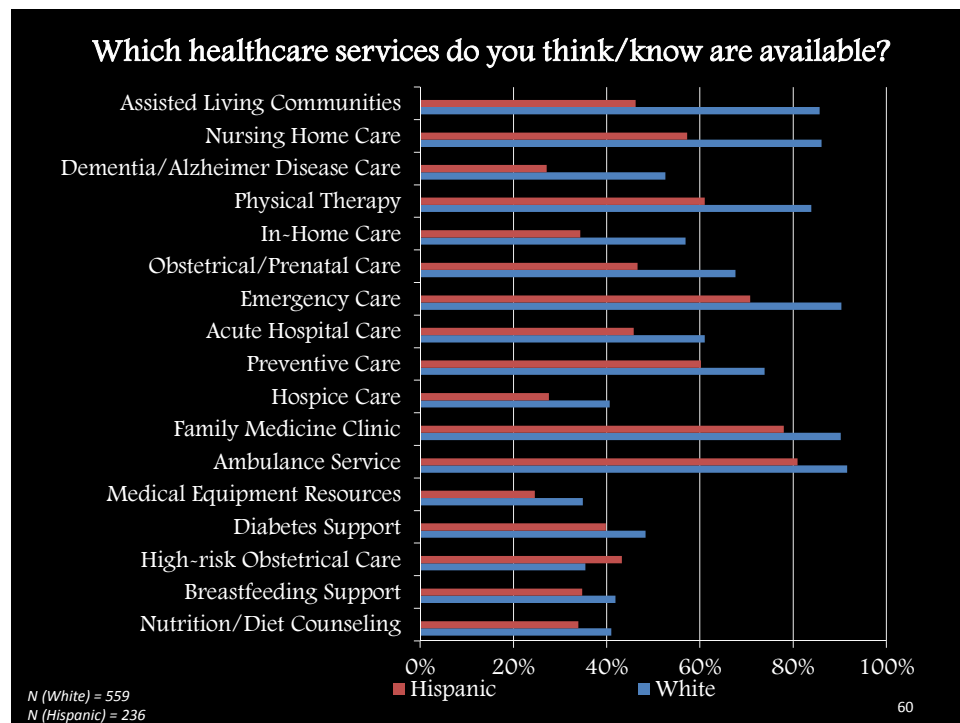
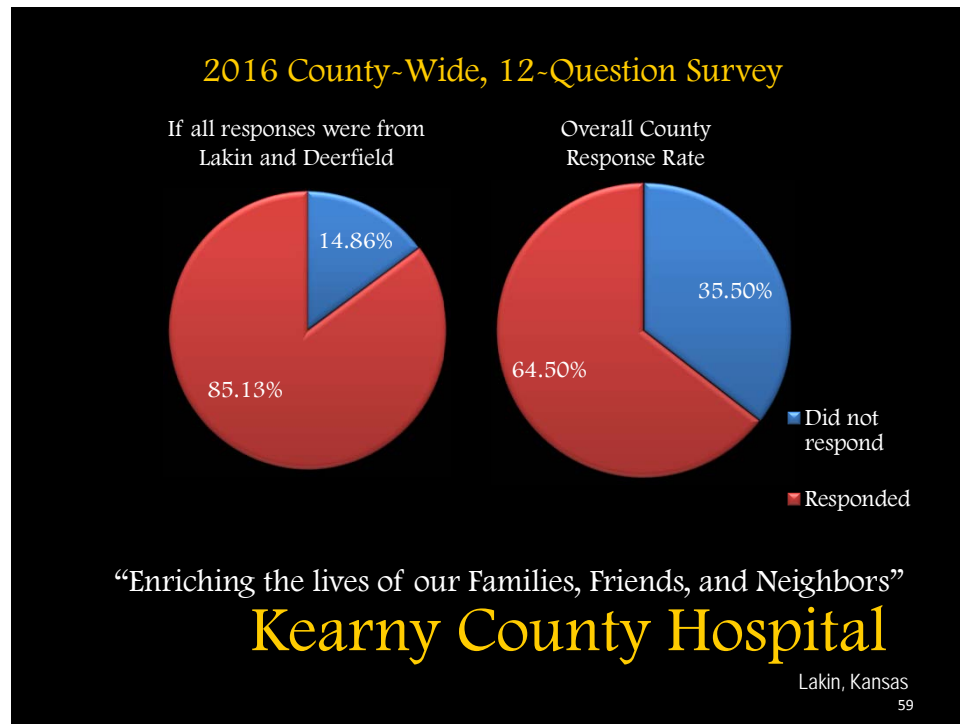
- How do you define health / wellness?
- What services are you aware of that help improve your health / wellness?
- What services would you like to see more of, that would help improve your health and wellness?

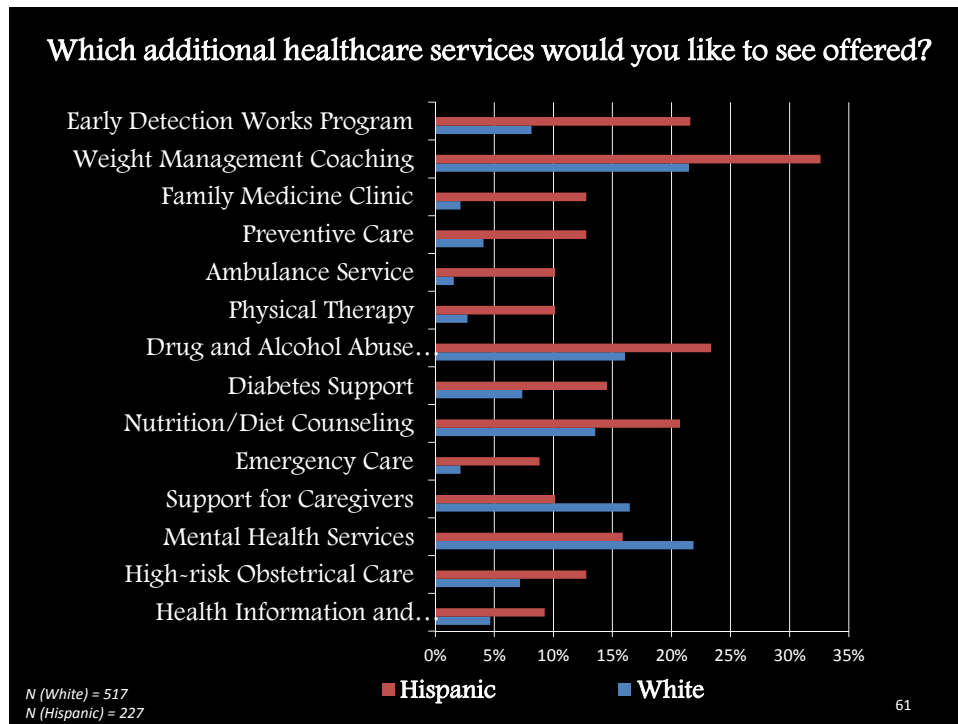
Judy Johnston M.S., R.D./L.D.
Research Instructor
KUSOM-Wichita

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Kansas Health Foundation: HCI Grant

Improving Health Equity

Authentically engage and include affected community members

Increase engagement with local & state policy makers

Increase community civic engagement

Health issues addressed through policy and systems interventions

Increase community capacity to address health equity issues

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**BlueCross
BlueShield**

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Community Policy

Resident / Community Well-Being

Food Retail

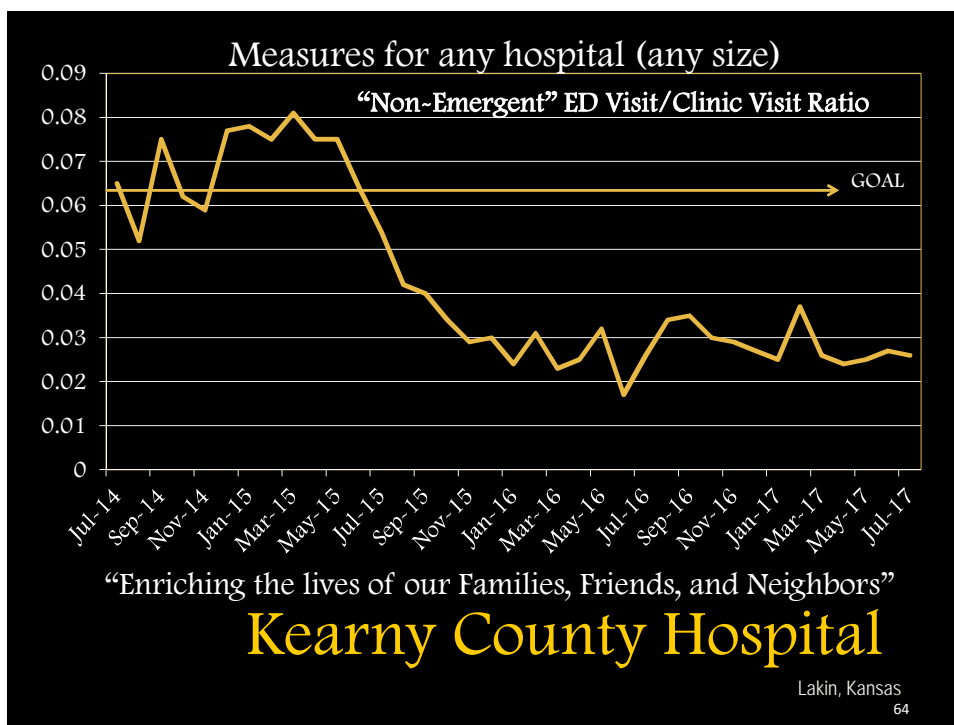
Healthcare

Restaurants

Schools

Worksite Wellness

63



GROUP EXERCISE

WHAT OUTCOME NEEDS IMPROVEMENT?

WHO ARE THE STAKEHOLDERS?

WHERE ARE OPPORTUNITIES TO SHARE?

WHY ISN'T IT ALREADY HAPPENING?

HOW DO WE MEASURE ITS SUCCESS?

WHEN DO WE EXPECT TO SEE PROGRESS?

Kearny County Hospital

Lakin, Kansas
65

Questions?

Comments?


What are your takeaways?

“Enriching the lives of our Families, Friends, and Neighbors”

Kearny County Hospital

Lakin, Kansas
66

Take the Pledge



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#123forEquity Campaign to Eliminate Health Care Disparities

Jackie Conrad
Improvement Advisor
Cynosure Health

67





#123forEquity Campaign

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#123 for Equity Pledge Goals

- Increase collection and use of REaL data
- Increase cultural competency training
- Increase diversity in leadership and governance
- Improve and strengthen community partnerships

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70

Highlighted Resources

[Health Equity Report](#)

- Key steps to advancing health equity

[IHI White Paper: Achieving Health Equity](#)

- A Guide for Healthcare

[WIHI Webinar Handout: Pursuing health Equity with Curiosity](#)

[HPOE Equity of Care Tool Kit](#)

- How to collect and use disparity data

[#123forEquity: A Toolkit for Achieving Success and Sharing Your Story](#)

HRET HIIN LISTSERV® Health Care Disparities

A forum for sharing best practices and peer-to-peer discussion specifically related to efforts to eliminate health care disparities and to promote equity of care.

Join the LISTSERV
at

<https://www.surveymonkey.com/r/S6C6KWN>

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71

Polling Question

Let us hear from you about the Pledge

- ▶ First I have heard of it
- ▶ Our hospital has already taken the pledge
- ▶ Reviewing information
- ▶ Discussing with hospital leaders
- ▶ We plan to take the pledge this year

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72

Next Steps



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73

Upcoming Events



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Register at
www.hret-hiin.org/events

Date/Time	Topic
October 3 11:00 am - 12:00 pm	HRET HIIN Year 1 Virtual Event Our Successes: The Journey, Lessons Learned and Celebration
October 5 11:00 am - 12:00 pm	HRET HIIN Malnutrition Virtual Event
October 11 11:00 am - 12:00 pm	HRET HIIN QI Fellowship — Foundational Track
October 11 12:30 - 1:30pm	HRET HIIN QI Fellowship — Accelerating Improvement Track
October 19 11:00 am - 12:00 pm	HRET HIIN Falls Virtual Event
October 26 11:00 am - 12:00 pm	HRET HIIN WAKE UP Virtual Event

All times are Central Time (CT).

74

Recent Events



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In case you missed it...

Visit topic-specific pages at www.hret-hiin.org

The following event recordings have been posted to the HRET HIIN website:

The Sepsis Continuum: Overcoming Barriers and Create Momentum (Sept. 7) | [View here](#)

Readmissions | Community Partnerships: What Are Your Peers Doing? (Aug. 17) | [View here](#)

AHA's Physician Leadership Forum | Building High-Value Care Bridges (Aug. 15) | [View here](#)

Readmissions | Reduce Readmissions Fishbowl #4 (Aug. 10) | [View here](#)

QI Fellowship – Patient Shadowing: A Treasure Chest for Improvement (Aug. 9) | [View here](#)

“Those Darn Humans!” Change Would Be So Easy If It Weren’t for All the People (Aug. 3) | [View here](#)

PFE Fellowship – Final Report and Sustainability (Aug. 2) | [View here](#)

75

2017 Quality Improvement Fellowships

Reminders:

- Last webinar for the two tracks is Nov. 8.
- Final project summary is due Oct. 15.
(Mail to hiin@aha.org)
- Meet attendance requirements by Nov. 8:
Foundational fellowship: 10 out of 14 sessions
Accelerated fellowship: 9 out of 12 sessions
 (Recorded sessions are available at [ABQAUWP's website](#).)

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76

2017 Patient and Family Engagement Fellowship

Reminders:

- Last webinar for this group was Sept. 20.
- Final report is due Sept. 29.
- Meet attendance requirements by Sept. 29.
At least 7 out of 10 Fellowship sessions.
(Recorded sessions are available at [ABQAUERP's website.](#))
- Be sure action plan and orientation planning guide, organizational assessment and (optional) PDSA form have been submitted to tanyalord@comcast.net.

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77

Reminders

- Data through August 2017 (July for Readmissions)
Due by September 30
- HRET HIIN Readmissions Challenge
Interview 5, Analyze, and Share
Due by September 30
- Consider new SNAP Opportunity
Sepsis – Rural/CAH and Receiving Hospitals

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78

workingdifferentlyworking
together



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Evaluation

Your feedback is very important to us! Please take 2-3 minutes to evaluate this webinar:

<https://www.surveymonkey.com/r/HIINergy-9-27-17>

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81