













### KHC and HRET HIIN **Hospital Improvement Innovation Network** • Participation Update List-servs HRET HIIN Goals South Central HIINergy Partners #WhyImHIIN Getting Started • Education · And much more ... "SNAP" · Addressing Sepsis Mission: Kansas PFAC Collaborative $m{20}$ percent harm reduction (cohort 3) • Sharing Success Stories $oldsymbol{12}$ percent readmission reduction





Alignment with the Goals / Aims of the Partnership for Patients Program						
Bold Aim Milestones	Year 1	Year 2				
Commitment to Reducing All-Cause Harm by 20%						
% Reduction of Adverse Drug Events	7%	20%				
% Reduction of Central Line-Associated Bloodstream Infections	10%	20%				
Bold Aim Milestones	Year 1	Year 2				
% Reduction of Catheter Association Urinary Tract Infections	10%	20%				
% Reduction of Clostridium difficile	7%	20%				
% Reduction of Falls	7%	20%				
% Reduction of Pressure Ulcers	10%	20%				
% Reduction of Sepsis & Septic Shock	7%	20%				
% Reduction of Surgical Site Infections	10%	20%				
% Reduction of Venous Thromboembolism	7%	20%				
% Reduction of Ventilator-Associated Events	7%	20%				
Commitment to Reducing Harms Most Meaningful to the HRET HIIN						
% Reduction in Hospital Culture of Safety	5%	20%				
% Reduction in MDRO (i.e., MRSA)	5%	10%				
Commitment to Reducing 30-day Readmissions by 12%						
% Reduction of Readmissions as a population-based measure	4%	12%				
Total Proposed Impact						
Goal for Estimated Number of Harms Avoided Overall	26,635	73,150				
Goal for Estimated Number of Lives Saved Overall	1,326	3,639				
Goal for Estimated Cost Savings Overall	\$233 million	\$641 million				

# Our Requests to Each of You

- Choose to Stand for Better Care, Better Health at Lower Cost ...for Your Patients, Your Profession, Our Nation
- Commit to the New Bold Aims of the Partnership for Patients
- Remain Focused on Reducing Harm Across the Board
- Do More of What is Already Working...Everywhere
- Authentically & Fully Engage Your Patients in the Improvement Work
- · Stand Together in Serving As Catalysts for Change

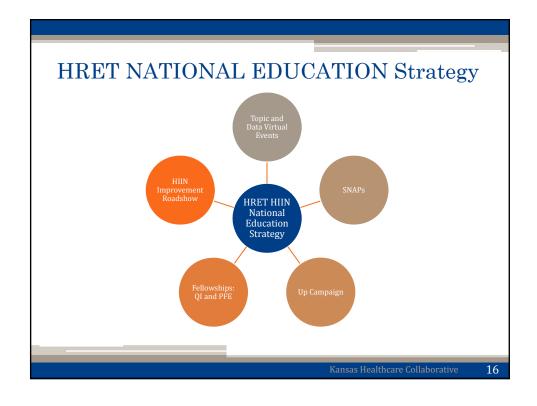
Together, We <u>Can</u> Continue to Achieve our Bold Aims

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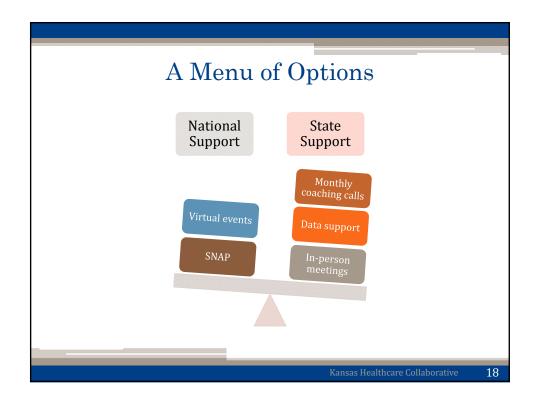












### $\overline{SNAP_s}$

- Safety Network to Accelerate Performance
- Fostering innovation to create the next practices
- First topic: Next Generation PFE Metrics
- Launching January 2017
- Commit to monthly, 60-minute sessions
- Test an intervention, share results with a peer group
- Contribute to a new knowledge base
- More info coming soon!

Contact Michele Clark if interested. mclark@khconline.org

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#### **HIINcredible Fellowship Opportunities**

## Quality Improvement Fellowships

- HRET is offering two Quality Improvement Fellowships free for anyone in the HRET HIIN Hospital Network.
  - Foundations for Change
     Tailored for those who are new to quality improvement
  - Accelerating Improvement
     Tailored for those with previous QI experience, looking to deepen knowledge and skills
- IHI faculty will be leading the sessions encouraging contributions from expert faculty and fellows.
- HRET will be offering certificates of completion to fellows who complete criteria specific to the fellowship.

See more information and to enroll at www.hret-hiin.org/fellowships/qifellowship

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#### **HIINcredible Fellowship Opportunities**

## PFE Fellowship

A 9-month comprehensive, virtual skill building, fun, interactive learning opportunity in patient and family engagement:

- To develop professional skills and tools to work in authentic partnership with Patient and Families to improve quality, patient safety and patient experience
- To work in collaboration with national PFE experts and colleagues
- To network across the HRET HIIN with other organizations as we tackle barriers and celebrate successes

See more information and to enroll at www.hret-hiin.org/fellowships/pfefellowship

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### HRET HIIN LISTSERVs® Enrollment Is Now Open

- · Adverse Drug Events (ADE)
- Data Analytics
- Hospital-Wide Topics
   Includes Culture of Safety/Worker Safety, Falls, Diagnostic Error, Malnutrition, Pressure Injuries/Ulcers, Undue Radiation Exposure, Venous thromboembolism (VTE)
- ICU Includes Ventilator-Associated Events (VAE), Delirium, Airway Safety
- Infections
   Includes Catheter-Associated Urinary Tract Infection (CAUTI), Clostridium difficile
   Infection (CDI), Central Line-Associated Blood Stream Infection (CLABSI), Multi-Drug
   Resistant Organisms (MDROs), Surgical Site Infection (SSI)
- Patient & Family Engagement
- Readmissions
- Rural/Critical Access Hospitals
- Health Care Disparities
- Sepsis

Sign up for list-servs at: www.hret-hiin.org/inc/dhtml/listserv.dhtml

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## Coming Soon!

#### **Kansas PFAC Collaborative**

2017 - Cohort 3: Jan2017-Oct2017 2018 - Cohort 4: Nov2017-Sept2018

#### Two tracks:

- 1) Foundational for hospitals without PFAs/PFACs
- 2) Advanced for hospitals with PFAs/PFACs

Patient Advocate/ Patient and Family Engagement Specialist North Carolina Quality Center





Allison Chrestensen
MPH. OTR/L

Patient and Family
Engagement Consultant

North Carolina Quality
Center

# Cohort 3 Preliminary schedule

January – Virtual kickoff
February – Pre-work, coaching
calls, and join list-serv
March – In-person training and
(living) toolkit rollout
April/May – Coaching calls,
action plan review
June – Virtual event, hospital
sharing
July/August – Coaching calls,
action plan review
Summer – Targeted site visits,

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action plan check-ups **September** – Virtual event –

hospital sharing

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### Be HIINvolved!

- ✓ Share your stories
- ✓ Be HIIN the know
- ✓ Participate in webinars
  - Delegate
  - Get your team involved
- Help us make HIIN a household name
- ✓ Ask us your questions
- ✓ Let us visit and celebrate or work through barriers with you
- ✓ Help us HIINcrease safety and quality across the board

Be alert for new opportunities ahead!



REGIONAL

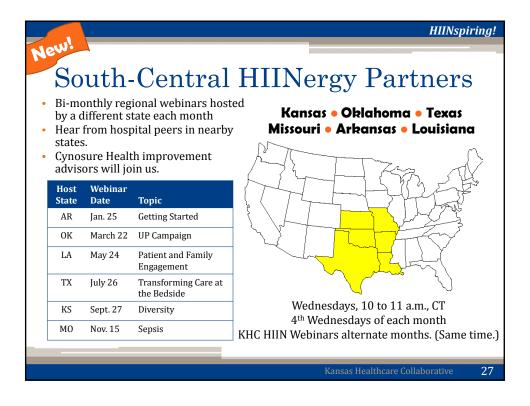
# Sepsis Champion Workshops

this spring

also, KHC HIIN Sepsis Listserv Technical assistance Targeted site visits



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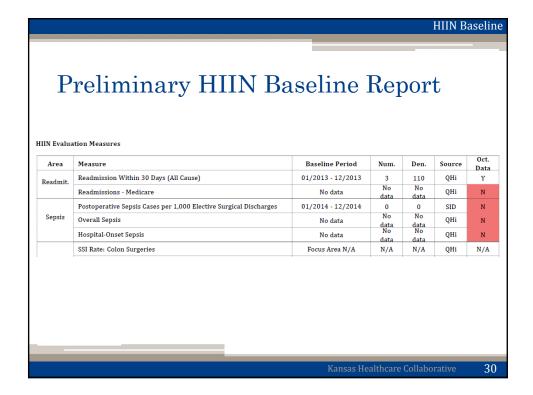




# HIIN Hospital Needs Assessment

- Complete the KHC HIIN Needs Assessment by December 31, 2016.
- The preliminary baseline may not be accurate until you do!
- Currently more than 65 hospitals have completed the needs assessment. Thank you!

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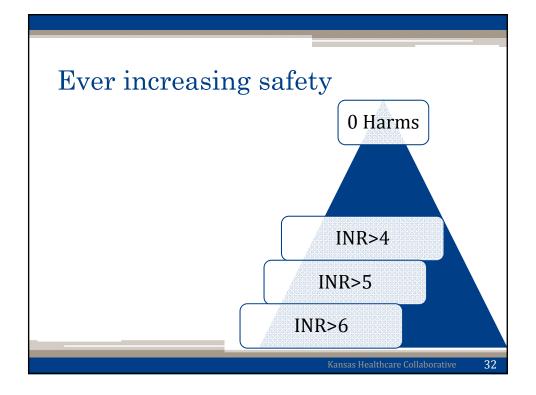


## Recorded Data Webinar

The KHC HIIN Data Office Hours webinar from last week (Nov. 30) is available on the KHC website.

www.khconline.org/general-education-archive

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# Ever increasing safety

- Aggregate (Facility-Wide) isn't everything
  - Can mask individual unit/device problems

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# Worker Safety/Culture of Safety

- Worker Harms related to patient handling
- Worker Harms related to workplace violence

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## Harms related to patient handling

- Worker Harm Events due to patient handling
  - Numerator: Harm events related to patient handling
  - Denominator: Number of Full-Time equivalents (FTE)

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## Harms related to patient handling

• Safe Patient Handling Tools & Resources

www.osha.gov/dsg/hospitals/patient\_handling.html

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## Harms related to patient handling

- What are harms related to patient handling?
  - Musculoskeletal injuries (typically back) related to moving or assisting in the movement of a patient.
    - Transfers, Rehab, shifting positions, attempting to prevent a fall, etc.
  - Does NOT include: accidental needle sticks, splashes, etc.

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## Harms related to patient handling

#### What "counts?"

- OSHA Reportable (OSHA 300) injury
  - Loss of consciousness, <u>days away from work</u>, <u>restricted work</u>
  - · Requires medical treatment beyond first aid

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## Workplace Violence

### **Worker Harm Events due to Workplace Violence**

- Numerator: Harm events related to workplace violence
- Denominator: Number of Full-Time equivalents (FTE)

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# Workplace Violence

"Guidelines for Preventing Workplace Violence for Healthcare and Social Workers"

www.osha.gov/Publications/osha3148.pdf

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## Workplace Violence

### What is workplace violence?

 "violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty."

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# Workplace Violence

#### What "counts?"

- OSHA Reportable (OSHA 300) injury
  - Loss of consciousness, days away from work, restricted work
  - · Requires medical treatment beyond first aid

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### **FTEs**

- Averaged Full-Time Equivalents
  - Staffing levels change frequently!

2,000 worked hours (40 hours x 50 weeks) is considered 1 FTE. [Excludes vacation time]

Use a reasonable look-back, 6-12 months, sum the number of worked hours and divide by 2,000 to get FTEs.

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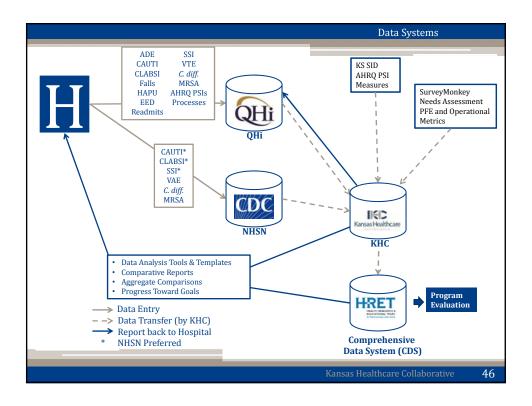
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### **Data Sources**

- May need help from Payroll/Accounting and HR
- Worker's Compensation Claims
- OSHA 300
- Staff Injury Reports/Event tracking systems

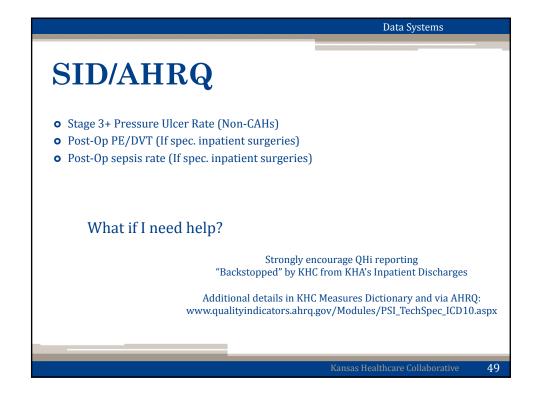
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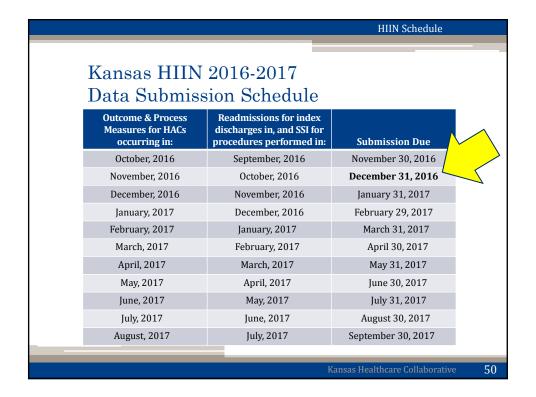


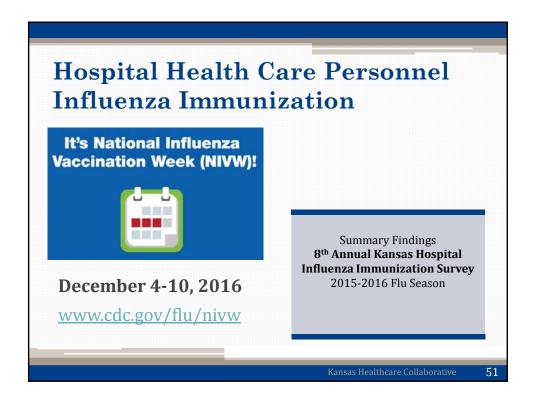


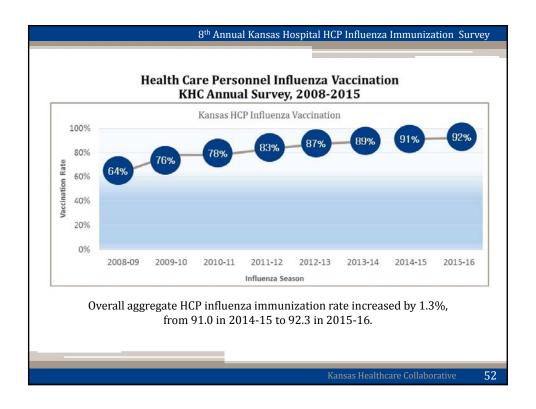












#### 8th Annual Kansas Hospital HCP Influenza Immunization Survey

2015-16 Flu Season

### Kansas HCP Influenza Immunization coverage By hospital type and personnel categories

	НСР	LIP	CON	VOL	Aggregate
ACU	96.3%	91.0%	93.9%	88.4%	94.4%
САН	84.5%	62.6%	72.9%	74.5%	81.7%
Total	94.1%	86.4%	91.1%	87.3%	92.3%

Survey of 141 Kansas hospitals included all but four hospitals for a 96.5 percent response rate.

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#### 8<sup>th</sup> Annual Kansas Hospital HCP Influenza Immunization Survey

### Largest single factor

The single biggest factor, especially for Kansas CAH hospitals, is a HCP immunization policy.

Immunization was highest among those with an employment requirement to be vaccinated at 94.9%.

#### Last flu season,

- 54 hospitals said "yes" to the question:
   Does your facility require seasonal influenza vaccine as a "condition of employment.
- An additional 14 said, "not yet, but policy is in development for next flu season."

See KHC Health Care Personnel Influenza Immunization Toolkit www.khconline.org/initiatives/immunization-project

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