

KHC Hospital Improvement Innovation Network

October 23, 2019
10 to 11 a.m. CT

HIIN Goal:
By March 2020, hospitals in the KHC HIIN will achieve 20% reduction
in all-cause harm and 12% reduction in readmissions.



623 SW 10th Ave. • Topeka, KS 66612 • (785) 235-0763 • www.khconline.org







Introductions

Special Guests



Bryna Stacey, BSN, RN, MPH
Director, Healthcare-Associated Infections
Antimicrobial Resistance Program
Kansas Department of Health and Environment
Bryna.Stacey@ks.gov



Justin Blanding, MPH
Epidemiologist, Healthcare Associated Infections
and Antimicrobial Resistance Program
Kansas Department of Health and Environment
Justin.Blanding@ks.gov



**Nadyne Hagmeier, RN | Quality Improvement
Consultant**
Kansas Foundation for Medical Care, Inc.
nhagmeier@kfmc.org

Kansas Healthcare Collaborative



Michele Clark
Program Director
mclark@khconline.org



Eric Cook-Wiens
Data and Measurement
Director
ecook-wiens@khconline.org




Chuck Duffield
Performance Improvement
Manager
cduffield@khconline.org

Kansas Healthcare Collaborative
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October 23, 2019

Agenda

- Welcome and Announcements
- Antimicrobial Stewardship in Kansas
- Outpatient Antibiotic Stewardship Initiative
- Announcements and Updates
- HIIN Data and Measures Update
- HIIN Resources and Upcoming Events



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 Kansas Department of Health and Environment (KDHE)

Antimicrobial Stewardship in Kansas:



Bryna Stacey, MPH, BSN, RN
Director, Healthcare-Associated Infections and Antimicrobial Resistance Program
Bryna.Stacey@ks.gov



Justin Blanding, MPH
AR Epidemiologist, Healthcare-Associated Infections and Antimicrobial Resistance Program
Justin.Blanding@ks.gov

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Antimicrobial Stewardship: What is it?

Antimicrobial Resistance =

Ability of organisms to resist the effects of the drugs meant to destroy them

ANTIBIOTIC RESISTANCE THE GLOBAL THREAT

Antibiotic resistance – when bacteria change and cause antibiotics to fail – is happening **RIGHT NOW**, across the world.

The full impact is unknown. There is no system in place to track antibiotic resistance globally.

Without urgent action, many modern medicines could become obsolete, turning even common infections into deadly threats.

STREP THROAT

URINARY TRACT INFECTIONS

PNEUMONIA

BE ANTIBIOTICS AWARE

CDC

Antimicrobial Stewardship =

Appropriate use of antimicrobials to:

- Optimize outcomes for patients
- Reduce resistance
- Reduce other adverse events

Right drug, right dose, right frequency, right duration, right route

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Antimicrobial Stewardship: What is it?



Leadership commitment
Demonstrate support and commitment to safe and appropriate antibiotic use in your facility



Accountability
Identify physician, nursing and pharmacy leads responsible for promoting and overseeing antibiotic stewardship activities in your facility



Drug expertise
Establish access to consultant pharmacists or other individuals with experience or training in antibiotic stewardship for your facility



Action
Implement at least one policy or practice to improve antibiotic use



Tracking
Monitor at least one process measure of antibiotic use and at least one outcome from antibiotic use in your facility

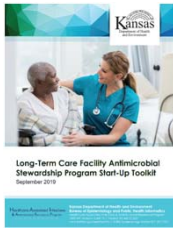


Reporting
Provide regular feedback on antibiotic use and resistance to prescribing clinicians, nursing staff and other relevant staff




Education
Provide resources to clinicians, nursing staff, residents and families about antibiotic resistance and opportunities for improving antibiotic use





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Antimicrobial Stewardship in Kansas

Percent of Hospitals with Antibiotic Stewardship Programs by State, 2014*

Antibiotic stewardship programs ensure patients get the right antibiotics at the right time for the right duration

7 - 28%
29 - 35%
36 - 48%
49 - 58%

*A hospital stewardship program is defined as a program following all 7 of CDC core elements of antibiotic stewardship programs.
AE, AP, AS, GL, VI data are not shown due to 7 or fewer hospital respondents but are included in the overall percentage.
Source: CDC's NHSN Survey

GET SMART About Antibiotics
www.getsmartaboutantibiotics.org

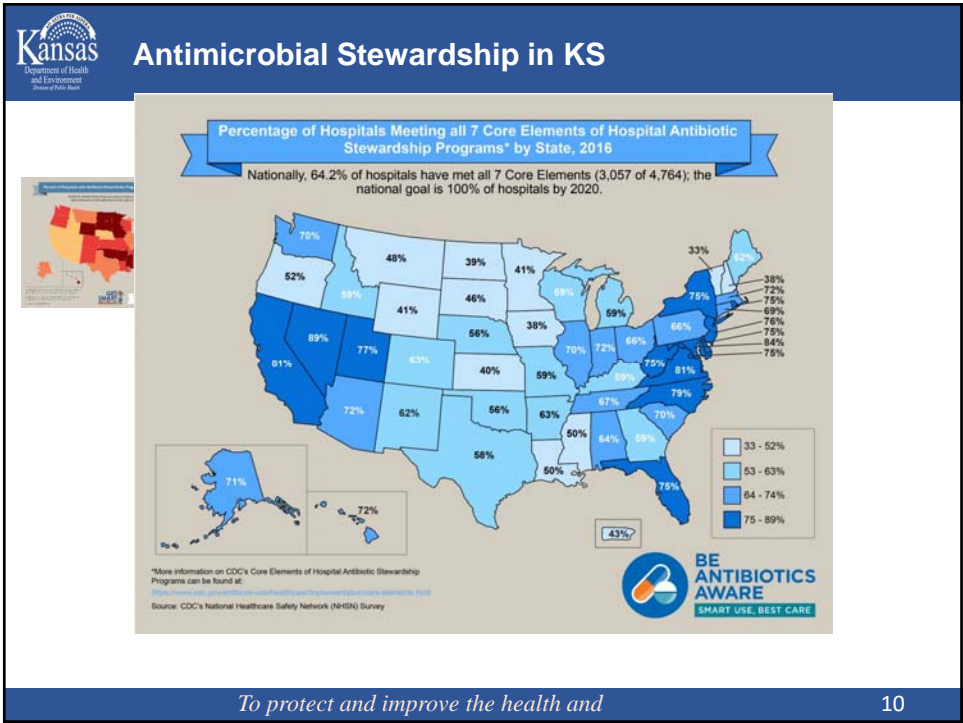
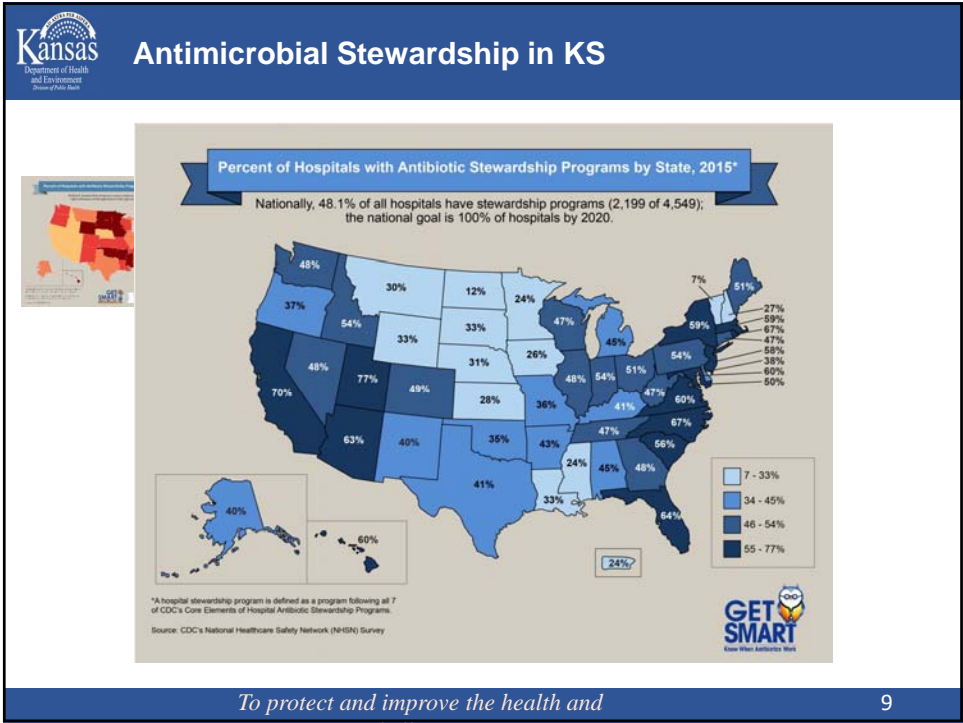
Nationally, 39.2% of all hospitals have stewardship programs (1642 of 4184); the national goal is 100% of hospitals by 2020.

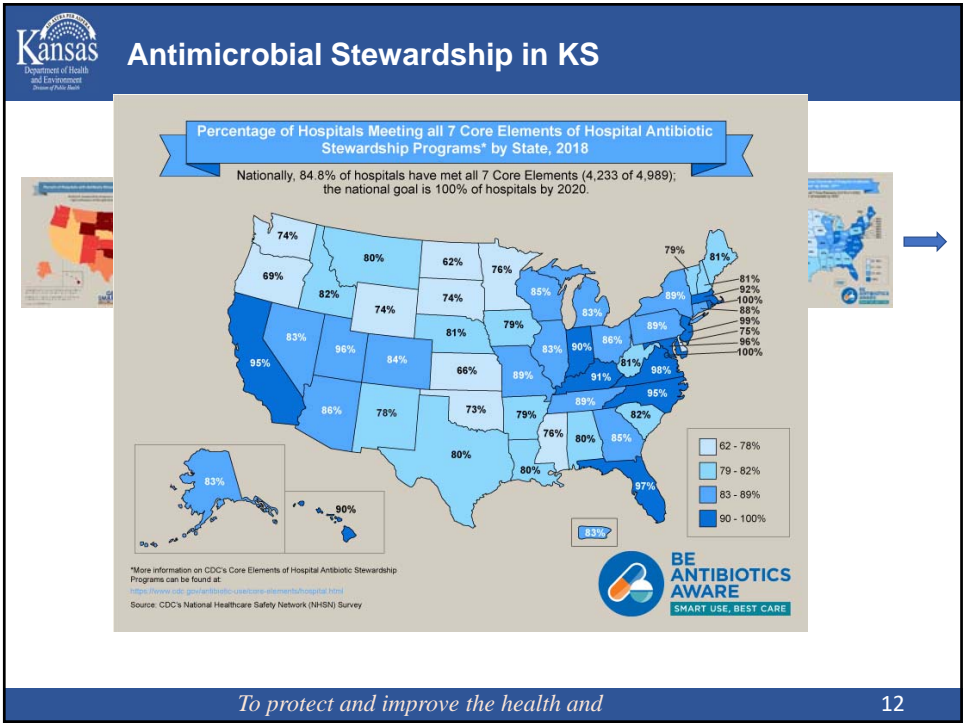
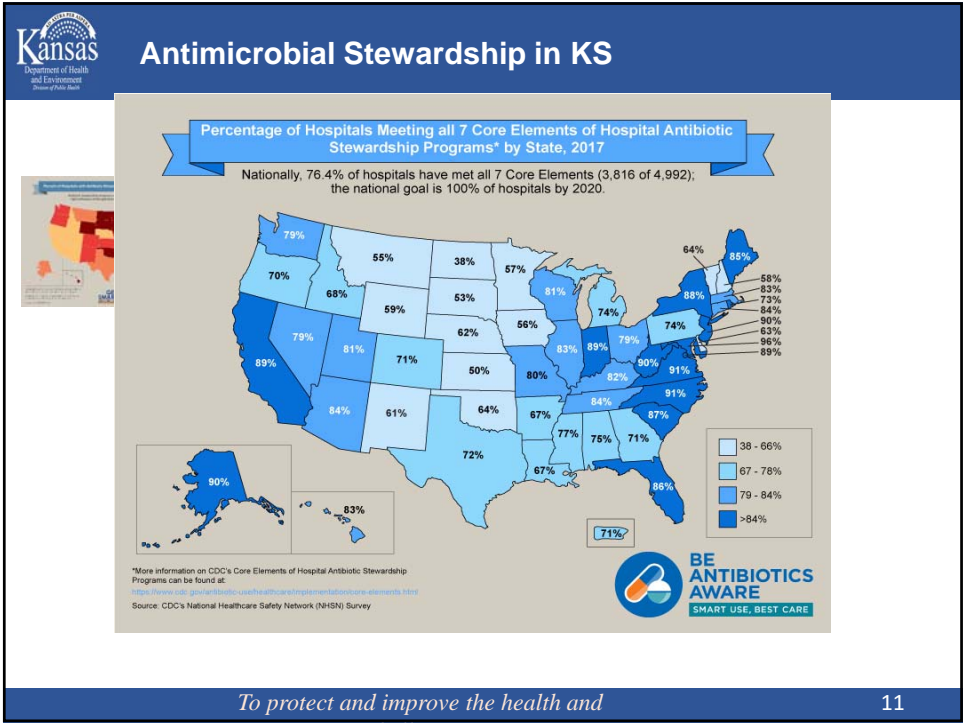
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Antimicrobial Stewardship in KS: What have we done so far?


Kansas Workshop: Hospital Antimicrobial Stewardship

- One-day ASP workshop for acute settings
- Free attendance
- Team participation
- Travel funding
- Tools & time provided to create action plans
- Follow-up calls for all attending facilities
- Pre & post-workshop team ASP assessment surveys



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Antimicrobial Stewardship in KS: What have we done so far?


Methods

- Online survey completion
 - Before and after workshop
- CDC 13 Core Elements of Hospital Antibiotic Stewardship Programs
 - 5-point Likert scale
- Statistical analysis using SAS 9.4
 - Wilcoxon signed-rank test
 - $p \leq 0.05$ significant level




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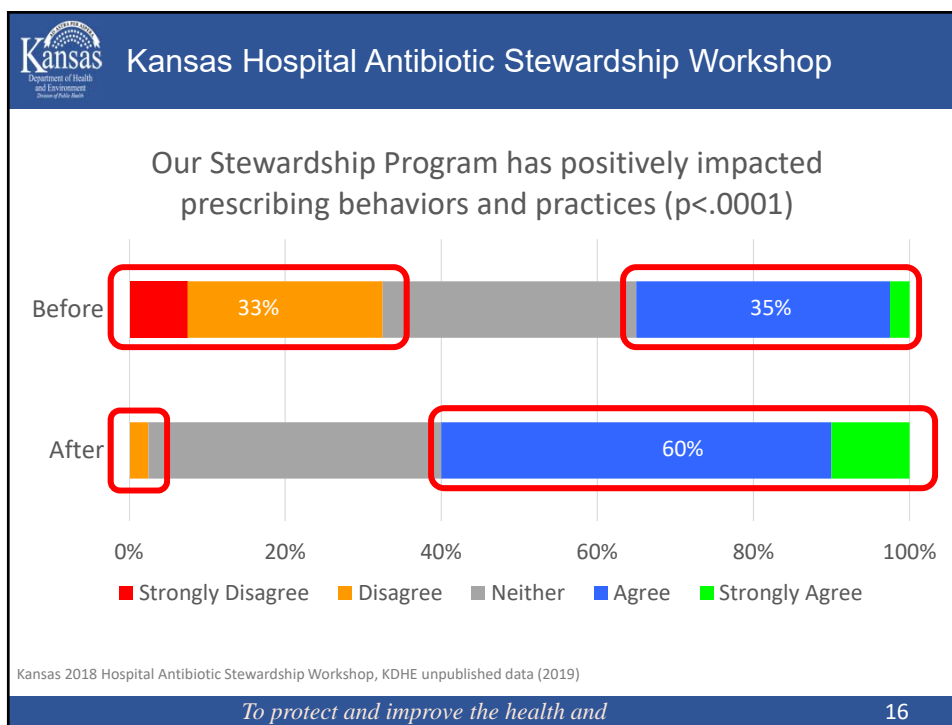
 Kansas Hospital Antibiotic Stewardship Workshop

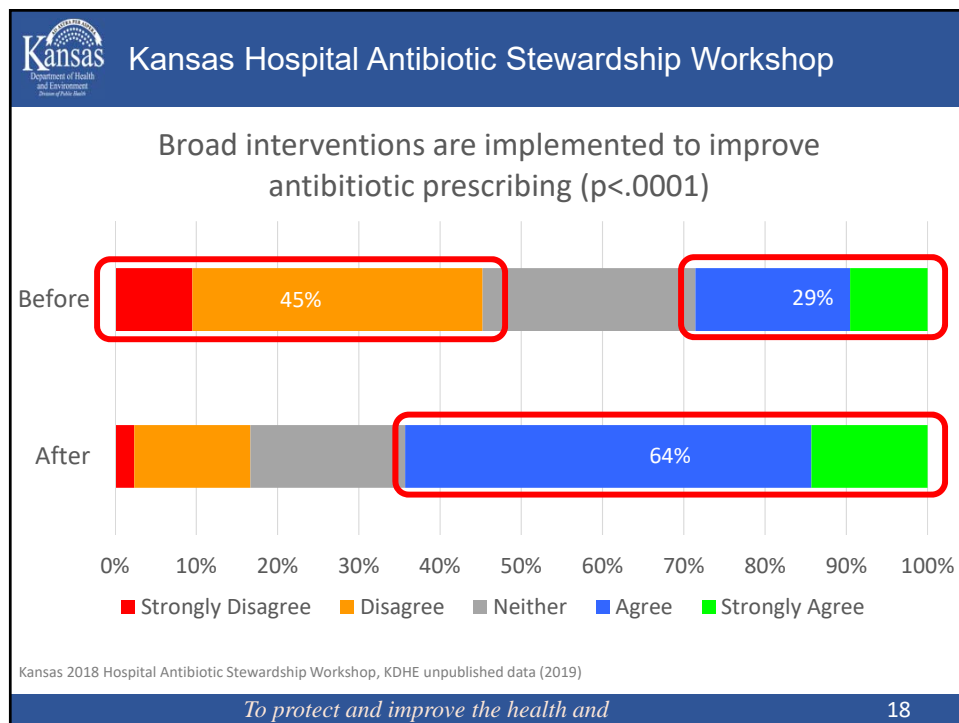
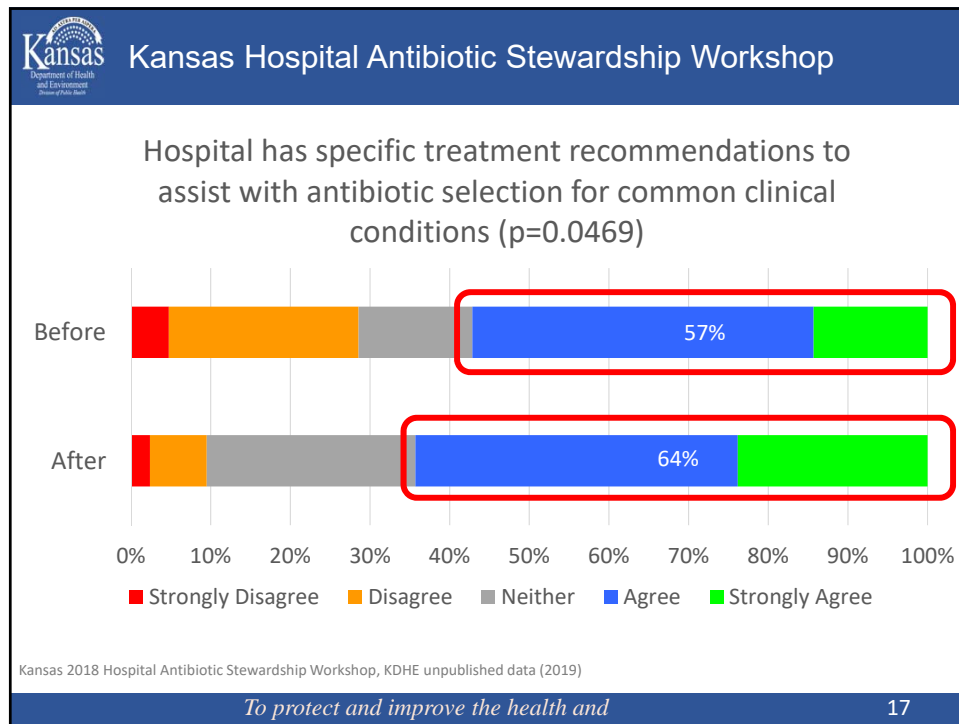
Results

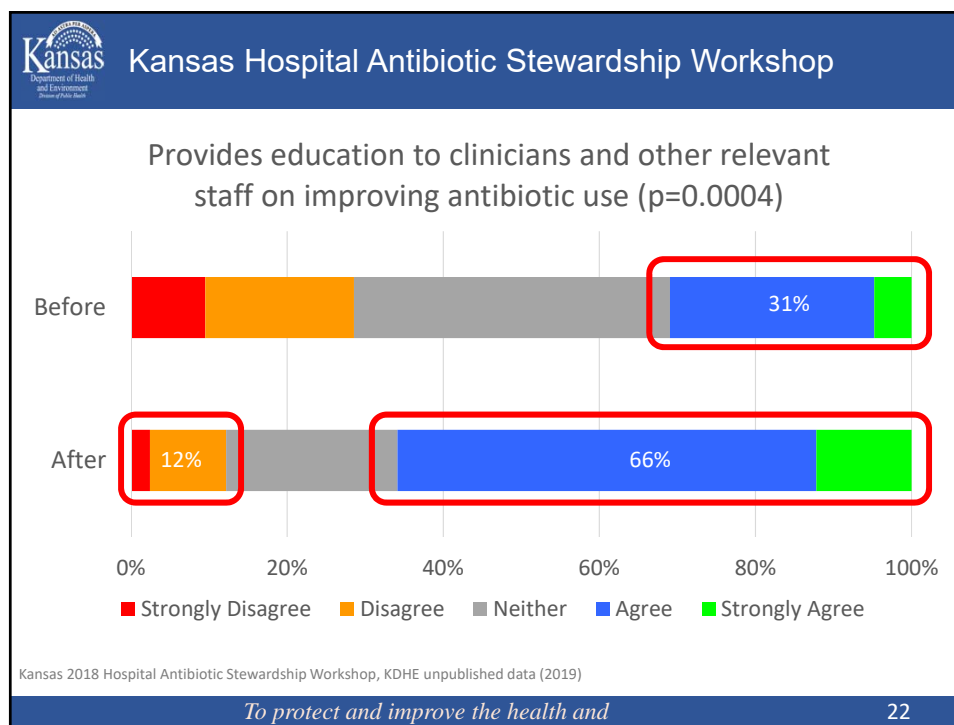
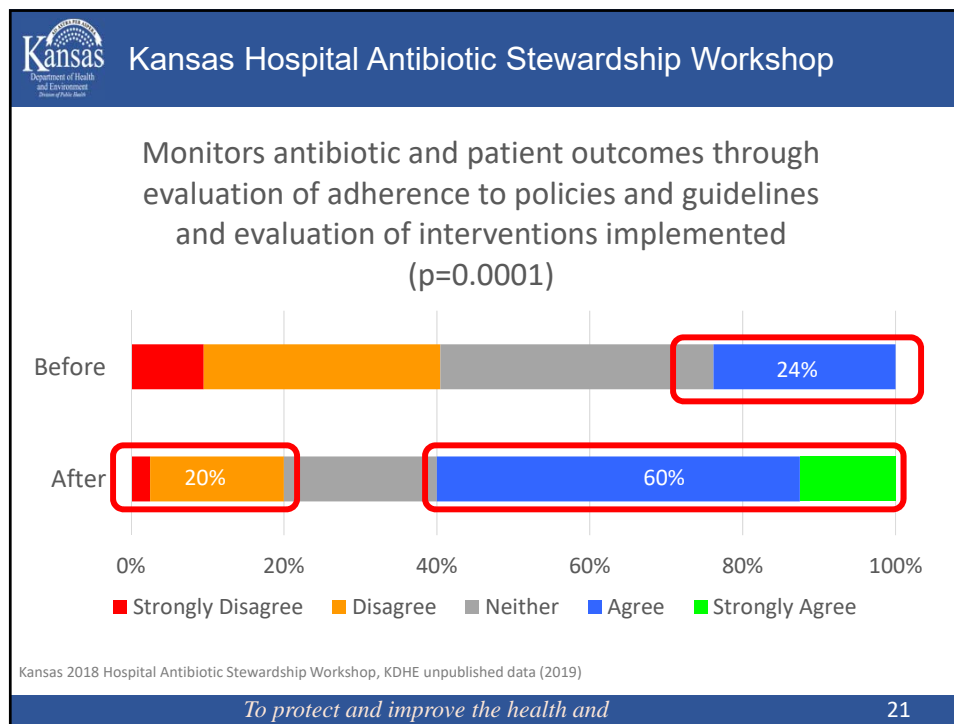
- 61% (42) of hospitals completed both core element surveys
- 12 of 13 core elements noted positive changes from pre- to post- assessment
 - 43% (n=6) improved at a statistically significant level
 - One element, providing salary support, did not change




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Division of Public Health

Kansas Hospital Antibiotic Stewardship Workshop

Workshop Summary

- All but one core element assessed had higher percentage of respondents agreeing or strongly agreeing
- Six elements improved at a statistically significant level
- Team-based approaches can improve antibiotic stewardship programs at facilities
- Continued efforts, such as technical assistance and training opportunities can improve stewardship activities in Kansas



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Antimicrobial Stewardship in KS: What have we done so far?



The Kansas Quality Improvement Partnership









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Antimicrobial Stewardship in KS: What can we do to continue to improve?

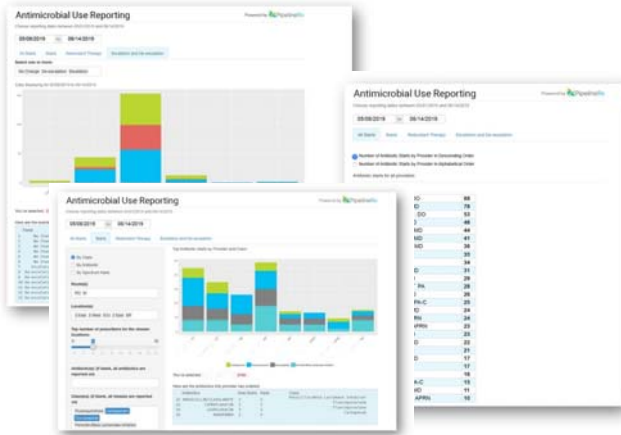


Join the fight against antimicrobial resistance and the emergence of superbugs!

Actionable Data
Utilizes the exact data elements necessary for ASP, as defined by the Federal Government and following national standards and guidelines.


Automated Process
Automates a typically manual and highly time-consuming process, eliminating data entry and potential for error.

Real-Time Integration
Automated data flow between your EHR and NHSN's AUR module.



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Antimicrobial Stewardship in KS: What can we do to continue to improve?

How can we help your ASP?
Please let us know:

KDHE
Bryna Stacey
785-296-4090
Bryna.Stacey@ks.gov

Justin Blanding
785-296-1412
Justin.Blanding@ks.gov

24/7 Epidemiology Hotline
877-427-7317
kdhe.epihotline@ks.gov



Healthcare-Associated Infections & Antimicrobial Resistance Program

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The image shows a presentation slide. The top header is a solid blue bar. On the left side of the header is the Kansas Department of Health and Environment logo, which includes the word 'Kansas' in a large, stylized font, with 'Department of Health and Environment' and 'Division of Public Health' in smaller text below it. To the right of the logo, the words 'THANK YOU!' are written in a large, white, sans-serif font. The main body of the slide is white. In the center of this white area is a large, light blue speech bubble with a white question mark inside it. The bottom of the slide is a solid blue bar. On the left side of this bar, the text 'To protect and improve the health and' is written in a white, italicized, serif font. On the right side of the bar, the number '28' is written in a large, white, sans-serif font.

Great Plains QIN Outpatient Antibiotic Stewardship Initiative

Nadyne Hagmeier



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Great Plains QIN Antibiotic Stewardship Initiative



- 186 Outpatient Provider Settings
 - Provider offices
 - Hospital ED/Outpatient Departments
 - Local Health Departments
 - Rural Health Clinics
 - Pharmacies
- 166 met all four CDC Core Elements!
 - Commitment – 186
 - Action – 181
 - Tracking & Reporting – 166
 - Education & Expertise – 181



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Core Element Checklist

Checklist for CDC's Core Elements of Outpatient Antibiotic Stewardship

Outpatient clinicians and healthcare facilities can take steps to implement antibiotic stewardship activities. Use this checklist as a baseline assessment of policies and practices which are in place. Then use the checklist to review progress in expanding stewardship activities on a regular basis (e.g., annually).

Outpatient Setting(s):

☐ Emergency Department ☐ Federally-Qualified Health Center (FQHC)
☐ Outpatient Clinic ☐ Outpatient Pharmacy
☐ Pharmacy-based Clinic ☐ Physician Office
☐ Public Health Clinic ☐ Urgent Care
☐ Rural Health Clinic

Name of Facility/Clinic: _____

One or more interventions under each of the four core elements will meet Outpatient Antibiotic Stewardship.

Commitment:
 Can your facility demonstrate dedication to and accountability for optimizing antibiotic prescribing and patient safety related to antibiotics? ☐ Yes ☐ No

If yes, indicate which of the following are in place (select all that apply):
☐ Write and display public commitments in support of antibiotic stewardship
☐ Identify a single leader to direct antibiotic stewardship activities within a facility
☐ Include antibiotic stewardship-related duties in position descriptions or job evaluation criteria
☐ Communicate with all clinic staff to set patient expectations

Action:
 Has your facility implemented at least one policy or practice to improve antibiotic prescribing? ☐ Yes ☐ No

If yes, indicate which interventions are in place (select all that apply):
☐ Use evidence-based diagnostic criteria and treatment recommendations
☐ Use delayed prescribing practices or watchful waiting, when appropriate
☐ Provide communications skills training for clinicians
☐ Require explicit written justification in the medical record for non-recommended antibiotic prescribing
☐ Provide support for clinical decisions
☐ Use call centers, nurse hotlines, or pharmacist consultations as triage systems to prevent unnecessary visits

Tracking and Reporting:
 Does your facility monitor at least one aspect of antibiotic prescribing? ☐ Yes ☐ No

If yes, indicate which of the following are being tracked (select all that apply) (continues on page 2):
☐ Self-evaluate antibiotic prescribing practices (this intervention only applies to solo practitioners or practices with fewer than five (5) clinicians, as long as all clinicians participate)
☐ Participate in continuing medical education and quality improvement activities to track and improve antibiotic prescribing (this intervention only applies if all clinicians in the practice participate in the activity)
☐ Track and report antibiotic prescribing for one or more high priority conditions
☐ Track and report the percentage of all visits leading to antibiotic prescriptions

☐ (If already tracking and reporting one of the above) Track and report, at the level of a healthcare system, complications of antibiotic use and antibiotic resistance trends among common outpatient bacterial pathogens
☐ Assess and share performance on quality measures and established reduction goals addressing appropriate antibiotic prescribing from healthcare plans and payers

Education and Expertise:
 Does your facility provide resources to clinicians and patients on evidence-based antibiotic prescribing? ☐ Yes ☐ No

If yes, indicate how your facility provides antibiotic stewardship education to patients (select all that apply):
☐ Use effective communications strategies to educate patients about when antibiotics are and are not needed
☐ Educate about the potential harms of antibiotic treatment
☐ Provide patient education material

If yes, indicate how your facility provides antibiotic stewardship education to clinicians (select all that apply):
☐ Provide face-to-face educational training (academic detailing)
☐ Provide continuing education activities for clinicians
☐ Ensure timely access to persons with expertise

The following question is not one of the CDC Core Elements but will help us in working with you.
 Are your providers participating in MIPS – Merit Based Incentive Payment System for the 2017 transitional year?
☐ Yes ☐ No

Please return this document via email or fax to:
 Nadine Hagmann, RN
nadine.hagmann@kchc.org
 785-275-2323 x 374
 Fax: 785-275-5350

Quality Improvement Organizations
 Kansas Healthcare Improvement Network
 Quality Improvement Organization

Great Plains
 Quality Improvement Organization

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Commitment Posters



Antibiotics only fight bacterial infections



Antibiotics are life-saving drugs



Use all drugs, antibiotics can be harmful only when necessary



Antibiotics won't make you cold. Be better faster



Overuse can cause antibiotic resistance to bacteria

A Commitment to Our Patients

We are **DEDICATED** to prescribing antibiotics only when they are needed. We will avoid giving you antibiotics when they might do more harm than good.

How can you help?

- When you have a cough, sore throat or other illness, tell your doctor you only want an antibiotic if it is really necessary.
- If you are not prescribed an antibiotic, ask what you can do to feel better and get relief from your symptoms.

As your healthcare providers:

- We promise to provide the best possible treatment for your condition.
- If an antibiotic is not needed, we will explain this to you and will offer a treatment plan that will help.



Congratulations on taking a step forward in your outpatient antibiotic stewardship efforts!

Hangng these posters demonstrates your dedication to and accountability for optimizing antibiotic prescribing and patient safety. A commitment from all health care team members to prescribe antibiotics appropriately and taking this action fulfills the first of the four CDC core elements of the outpatient stewardship.

Way to go!

Nadine Hagmann, RN

www.greatplainsqin.org

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Viral Symptom Management RX

Rx Patient Name: _____ Date: _____

The symptoms you presented with today suggest a **VIRAL** infection.

- ☐ Upper Respiratory Tract Infection (Common Cold): Lasts 7-14 days
- ☐ Flu: Lasts 7-14 days
- ☐ Acute Pharyngitis ("Sore Throat"): Lasts 3-7 days, up to 10 days
- ☐ Acute Bronchitis ("Chest Cold"): Lasts 7-17 days
- ☐ Acute Sinusitis ("Sinus Infection"): Lasts 7-14 days

When you have a viral infection, it is very important to get plenty of rest and give your body time to fight off the virus.

You have not been prescribed antibiotics because antibiotics are not effective in treating viral infections, can cause side effects (e.g. diarrhea, yeast infections) and may even cause serious harm.

If you follow these instructions, you should feel better soon:

- * Rest as much as possible
- * Drink plenty of fluids
- * Wash your hands frequently
- * Take over-the-counter medication, as advised:

- ☐ Acetaminophen (e.g. Tylenol®) for fever and aches
- ☐ Ibuprofen (e.g. Advil®) for fever and aches
- ☐ Naproxen (e.g. Aleve®) for fever and aches
- ☐ Lozenges for sore throat

☐ Nasal spray (contact your provider for recommendations) for nasal stuffiness.

(NOTE: observe label directions; some products are problematic if overused)

☐ Other: _____

Please contact your provider if:

- * Symptoms do not improve in day(s), or worsen at any time
- * Other: _____

Prescriber: _____

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Great Plains Quality Improvement

Great Plains Quality Improvement

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Congratulations for taking action to improve antibiotic prescribing in your practice!

Use of these viral symptom management prescriptions demonstrates use of evidence-based practice and provides your patients with concrete guidance to manage their illness. Taking this action clearly supports your dedication to and accountability for optimizing antibiotic prescribing and patient safety. Utilization of these prescriptions is a great strategy to fulfill the Action and Policy core element of outpatient stewardship.

Way to go!

Thelma Nguyen, Rx

kfmc Kansas Foundation for Medical Care, Inc.

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Intervention Tools

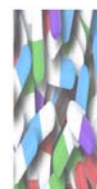
TOP 5 Questions you can ask your healthcare provider about ANTIBIOTICS:

- 1 "Do I really need an antibiotic?"
- 2 "Can I get better without this antibiotic?"
- 3 "What side effects or drug interactions can I expect?"
- 4 "What side effects should I report to you?"
- 5 "How do you know what kind of infection I have? I understand that antibiotics won't work for viral infections?"

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Top 5 Questions you can ask your healthcare provider about Antibiotics

1. "Do I really need an antibiotic?"
2. "Can I get better without this antibiotic?"
3. "What side effects or drug interactions can I expect?"
4. "What side effects should I report to you?"
5. "How do you know what kind of infection I have? I understand that antibiotics won't work for viral infections?"

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Electronic Outpatient Antibiotic Stewardship Toolkit

Electronic Outpatient Antibiotic Stewardship Toolkit

Antibiotic Resistance: A Serious National and Global Health Problem

The discovery of antibiotics in the early 20th century fundamentally transformed human and veterinary medicine. Antibiotics have saved millions of lives each year and slowed the deadly disease. The rise of antibiotic-resistant bacteria strains represents a serious threat to public health and the economy. The CDC estimates that each year, antibiotic resistance causes 23,000 deaths and 3.5 million illnesses in the United States alone.

As more strains of bacteria become resistant to an ever-larger number of antibiotics, our drug choices will become increasingly limited and expensive and, in addition, if this trend continues unchecked, a wide range of modern medical procedures, from heart, dental care to organ transplants, may need to be reconsidered as difficult-to-treat or untreatable antibiotic infections. The safety of many modern medical procedures is dependent on the ability to treat back area as post-treatment complications.

We are working within our region to help slow the emergence of resistance bacteria and prevent the spread of resistant infections, we are sharing information regarding antibiotic stewardship, which is defined as "coordinated interventions designed to improve and optimize the appropriate use of antimicrobials to achieve the best patient outcomes." About Antibiotic Stewardship and Goals of Antibiotic Stewardship

Greetings Leaders in Outpatient Antibiotic Stewardship!

Antibiotic stewardship programs are designed to **strategically approach, monitor, reduce and prevent misuse and overuse** of antibiotics in healthcare settings. The Centers for Disease Control and Prevention (CDC) core elements of antibiotic stewardship in outpatient settings help guide physicians, emergency departments, urgent care clinics, pharmacies and other outpatient providers in the implementation of a robust antibiotic stewardship program. Establishing effective antibiotic stewardship interventions can **protect patients and improve clinical outcomes** in outpatient healthcare settings.

The purpose of this toolkit is to provide outpatient antibiotic stewardship leaders with resources to aid in the implementation of a program inclusive of the CDC Core Elements of Outpatient Antibiotic Stewardship.

I - Commitment	II - Action & Policy	III - Tracking & Reporting	IV - Education & Expertise	V - Resources
<p>A commitment from all health care team members to prescribe antibiotics appropriately and engage in antibiotic stewardship is crucial in improving antibiotic stewardship. Every person involved in patient care can act as an antibiotic steward. Key commitment strategies include:</p> <ul style="list-style-type: none"> • Implement and display public commitments in support of antibiotic stewardship. • Identify a single leader to direct antibiotic stewardship activities within a facility. • Include antibiotic stewardship-related duties in position descriptions or job evaluation criteria. • Communicate with all clinic staff to set patient expectations. <p>A Commitment to Our Patients</p> <p>A Commitment to Our Patients about Antibiotics</p> <p>Under CDC Core Elements of Outpatient Antibiotic Stewardship: Commitment</p>				



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#OneHealthKS



The Kansas Quality Improvement Partnership

The Kansas Quality Improvement Partnership (KQIP) is a group of leading health care organizations that strive to coordinate quality improvement and patient safety initiatives for health care providers.

In 2012, the Partnership came together to maximize resources dedicated to improving quality and to eliminate or reduce duplication of efforts by Kansas providers. KQIP includes the [Kansas Healthcare Collaborative \(KHC\)](#), the [Kansas Hospital Association \(KHA\)](#), the [Kansas Foundation for Medical Care \(KFMC\)](#), the [Kansas Medical Society \(KMS\)](#), and the [Kansas Department of Health and Environment \(KDHE\)](#), including the [Primary Care and Rural Health Program](#) and the [Healthcare-Associated Infections Advisory and Planning Committee](#). This group provides the collective expertise and voice for quality and patient safety in Kansas.

The Partnership convenes regularly to discuss and coordinate events, activities and opportunities to maximize effectiveness and efficiency for health care providers. These meetings provide an opportunity for strategic discussion about ways to complement each organization's work, enhance hospital engagement, and maintain the integrity and reputation of the organizations through clear communication and messaging to hospitals, clinics and other providers. The Partnership fosters a transparent, positive and cooperative working relationship and seeks opportunities to share knowledge with Kansas providers. **The ultimate goal is to improve the patient experience.**

[Kansas Quality Improvement Partnership site](#)



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For More Information Contact

Nadyne Hagmeier

The Kansas Foundation for Medical Care, Inc.

800 SW Jackson St, Ste 700

Topeka, Kansas 66612

nhagmeier@kfmc.org

1-800-432-0770

10/23/2019

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Announcements and Updates

KHC Announcements and Updates

- Remaining HIIN Milestone Schedule
- Last call for join collaboratives: Performance Improvement and Age-Friendly
- Let's finish HIIN Strong!

Michele Clark
MBA, CPHQ, CPPS, ABC
Program Director
Kansas Healthcare Collaborative
mclark@khconline.org
(785) 235-0763 x1321

Kansas Healthcare Collaborative

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KHC HIIN Milestones

DUE DATES

<input checked="" type="checkbox"/>	Milestone 14 (August 2018 to July 2019)	October 15
<input type="checkbox"/>	Milestone 15 (through September 2019)	December 18
<input type="checkbox"/>	Milestone 16 (through December 2019)	March 16



Milestones consider:

- ✓ Data completeness for recent 12-month period
- ✓ Progress toward HIIN “20/12” Goals
- ✓ Implementation status of 5 Patient and Family Engagement (PFE) Metrics
- ✓ Implementation status of 7 Health Equity Metrics

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Let's Finish HIIN Strong!

What will be your hospital's success story?

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It's Not Too Late to Enroll . . .

HRET HIIN P.I. Collaborative

HRET HIIN


PERFORMANCE IMPROVEMENT COLLABORATIVE

October 2019 – March 2020

HRET HIIN invites you to join a 6-month performance improvement collaborative starting in October 2019! The purpose of the collaborative is to help hospitals reduce hospital acquired harms and improve patient safety and the quality of care.

Group #1 enrollment is open through November 10

AHA Age-Friendly Health Systems



The AHA Age-Friendly Health Systems Action Community: An Invitation to Join Us

Full 2019 – April 2020

Rolling admissions through November, 2019

Kansas Healthcare Collaborative

HRET HIIN PI Collaborative

HRET HIIN Performance Improvement Collaborative

Link to enroll: <https://www.surveymonkey.com/r/PIcollaborative>

HRET HIIN

PERFORMANCE IMPROVEMENT COLLABORATIVE

October 2019 – March 2020

HRET HIIN invites you to join a 6-month performance improvement collaborative starting in October 2019! The purpose of the collaborative is to help hospitals reduce hospital acquired harms and improve patient safety and the quality of care.

[Join here](#) to access the following quality improvement opportunities!

- ✓ Identifying gaps in processes and top harm areas for improvement through structured evaluations.
- ✓ Focused coaching and guidance on how to implement successful tests of change to address challenges and opportunities for improvement from AHA Performance Improvement Coaches and national subject matter experts.
- ✓ Peer-to-peer sharing and networking on common challenges and successes.

Your workgroup will be based on your Allied (State Hospital) Association. Each workgroup will have 1 virtual event per month for the duration of the collaborative (with the exception of December). More details will be provided during your 1st virtual event!

THE FINAL DEADLINE TO JOIN IS NOVEMBER 10, 2019

GROUP 1	GROUP 2
Session 2: November 11, 11AM – 12PM CT <ul style="list-style-type: none"> ➤ Idaho Hospital Association ➤ Kansas Healthcare Collaborative ➤ Montana Hospital Association ➤ Mountain-Pacific Quality Health (Guam) ➤ Nebraska Hospital Association ➤ North Dakota Hospital Association ➤ Wyoming Hospital Association 	Session 2: November 12, 11AM – 12PM CT <ul style="list-style-type: none"> ➤ Hospital Quality Institute (Maryland) ➤ Indiana Hospital Association ➤ Kentucky Hospital Association ➤ Virginia Health and Hospital Association ➤ West Virginia Hospital Association
GROUP 3	GROUP 4
Session 2: November 14, 11AM – 12PM CT <ul style="list-style-type: none"> ➤ Arizona Hospital and Healthcare Association ➤ Colorado Hospital Association ➤ Dallas-Forth Worth Hospital Council Foundation ➤ New Mexico Hospital Association ➤ Texas Hospital Association 	Session 2: November 18, 11AM – 12PM CT <ul style="list-style-type: none"> ➤ Arkansas Hospital Association ➤ Louisiana Hospital Association ➤ Mississippi Hospital Association ➤ Missouri Hospital Association ➤ Oklahoma Hospital Association
GROUP 5	GROUP 6
Session 2: November 19, 1PM – 2PM CT <ul style="list-style-type: none"> ➤ Alabama Hospital Association ➤ Florida Hospital Association ➤ Georgia Hospital Association ➤ Puerto Rico Hospital Association ➤ Tennessee Hospital Association 	Session 2: November 21, 11AM – 12PM CT <ul style="list-style-type: none"> ➤ Connecticut Hospital Association ➤ Delaware Healthcare Association ➤ Hospital Association of Rhode Island ➤ Maine Hospital Association ➤ Massachusetts Health and Hospital Association ➤ New Hampshire-Foundation for Health Communities ➤ Vermont Program for Quality in Health Care

To Join, go to: <https://www.surveymonkey.com/r/PIcollaborative>



www.hret-hiin.org
HIIN@aha.org



Kansas Healthcare Collaborative

HRET HIIN PI Collaborative

Kansas hospitals enrolled in PI Collaborative

(preliminary list as of 10/18/2019)

- Atchison Hospital
- Comanche County Hospital
- Community Healthcare System
- Ellsworth County Medical Center
- F.W. Huston Medical Center
- Goodland Regional Medical Center
- Gove County Medical Center
- Greenwood County Hospital
- Hanover Hospital
- Holton Community Hospital
- Hospital District No. 1 of Rice County
- Hutchinson Regional Medical Center
- Labette Health
- LMH Health
- Logan County Hospital
- Menorah Medical Center
- Miami County Medical Center, Inc.
- Mitchell County Hospital Health Systems
- Morton County Health System
- Olathe Medical Center, Inc.
- Phillips County Hospital
- Republic County Hospital
- Rooks County Health Center
- Salina Regional Health Center
- Scott County Hospital
- South Central Kansas Medical Center
- St. Catherine Hospital
- St. Luke Hospital and Living Center
- Sumner County Hospital District No. 1
- Trego County Lemke Memorial Hospital
- Wamego Health Center
- Western Plains Medical Complex


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AHA Age-Friendly Action Community

- Enrollment is open through mid-November.
- Participants are recognized as an Age-Friendly Health System.

Enroll through this link:

<https://www.aha.org/center/new-payment-and-delivery-models/age-friendly-health-systems/form/commitment-form>



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How does Age-Friendly Relate to the HIIN Goals?

Cross cut with HIIN measures

- Falls with injury
- Patient Family & Engagement
- Adverse Drug Events
- Delirium
- Pressure Ulcers



Invitation to Join

Highlights the 4Ms and how to join the action community

https://www.aha.org/system/files/media/file/2019/09/AHA_Invitation-to-Join-Action-Community_September.pdf

See KHC HIIN Webinar Recording
September 25, 2019
(slides #24-45)

<https://www.khconline.org/initiatives/hiin/education/khc-hiin-past-educational-events>

Email ahaactioncommunity@aha.org with any questions.

Next Steps for HIIN

- Take advantage of HIIN resources.
- Focus on “opportunities.” Finish strong over the next five months.
- Anticipate and prepare for next round of CMS Partnership for Patients program priorities to begin in 2020.



Let's Finish HIIN Strong!

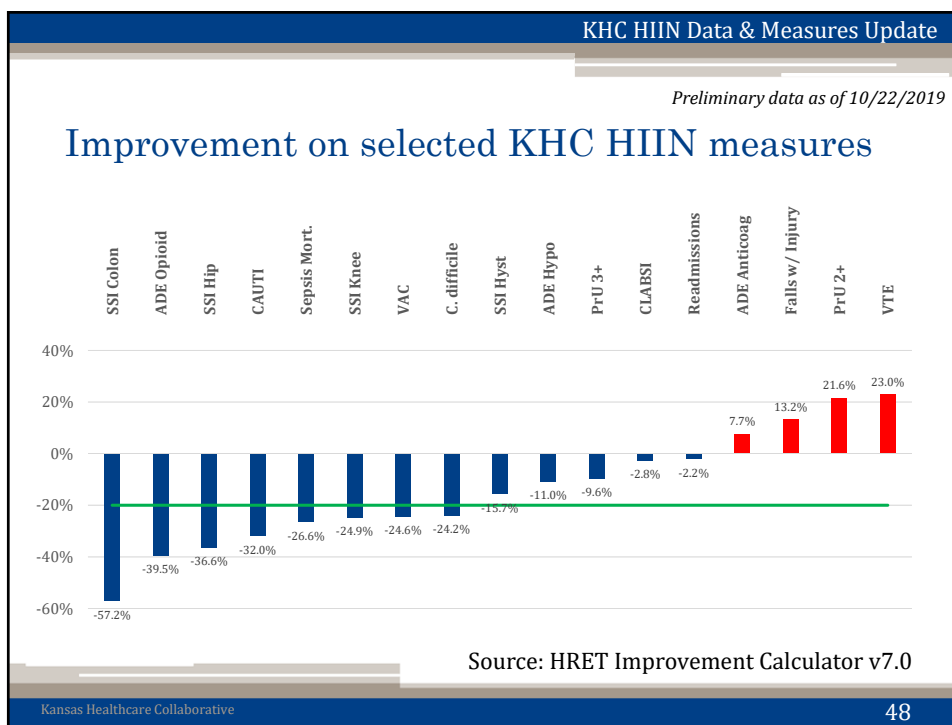
KHC HIIN Data & Measures Update

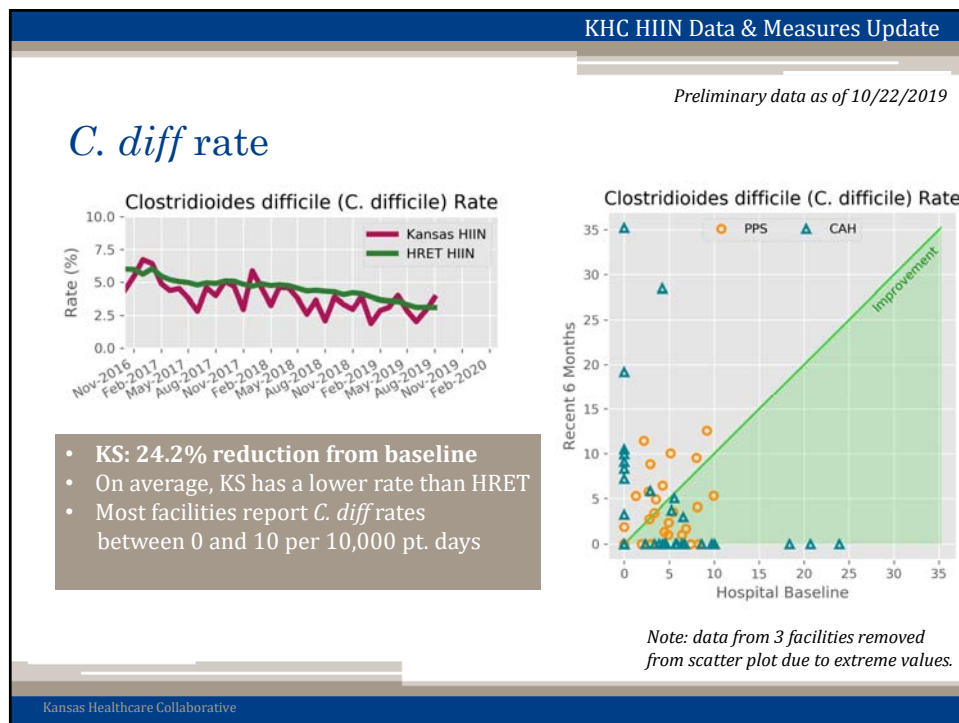
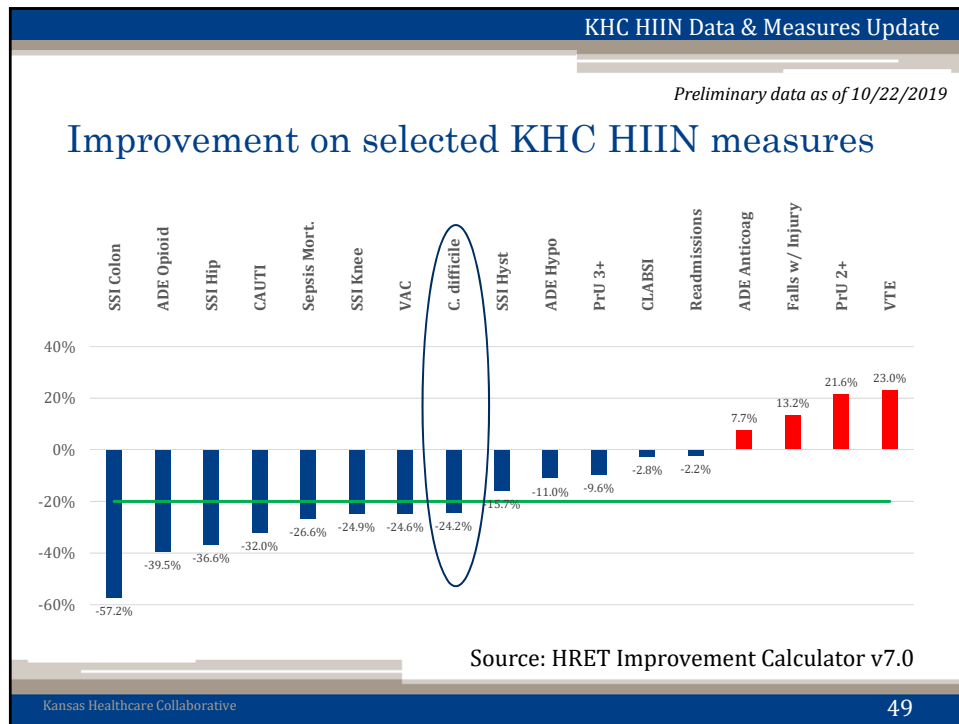
KHC HIIN Measures and Data Update

- Current status
- October data reports
- Data submission schedule

Eric Cook-Wiens
 MPH, CPHQ
 Data and Measurement Director
 Kansas Healthcare Collaborative
 ecook-wiens@khconline.org
 (785) 235-0763 x1324

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KHC HIIN Data & Measures Update		
Kansas HIIN – Monthly Data Submission Schedule		
Outcome & Process Measures for HACs occurring in:	Readmissions for index discharges in, and SSI for procedures performed in:	Data Submission Due
January 2019	December 2018	February 28
February 2019	January 2019	March 31
March 2019	February 2018	April 30
April 2019	March 2019	May 31
May 2019	April 2019	June 30
June 2019	May 2019	July 31
July 2019	June 2019	August 31
August 2019	July 2019	September 30
September 2019	August 2019	October 31
October 2019	September 2019	November 30
November 2019	October 2019	December 31
December 2019	November 2019	January 31

Resources and Upcoming Events
<h2>Resources and Upcoming Events</h2>
<p>Chuck Duffield KHC Performance Improvement Manager cduffield@khconline.org (785) 235-0763 x1327</p> <p>and</p> <p>Phil Cauthon KHC Communications Director pcauthon@khconline.org (785) 235-0763 x1322</p>

Antibiotic Awareness Week • Nov. 18-24

→ UseAntibioticsWisely.org



Facebook.com/KHCqi

Twitter/KHCqi

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Announcements and Updates

Antibiotic Awareness Week • Nov. 18-24

Posters Available from KHC!



English

Spanish

Antibiotic awareness posters available to download, print, and display in your facility.

11"x17" PDFs available in both in English and Spanish.

→ KHOnline.org/antibiotics

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Announcements and Updates

DO YOUR PART TO REDUCE ANTIBIOTIC RESISTANCE

Antibiotic resistance is a major threat to public health—and it is only getting worse. It's closer to viruses and bacteria than we are. We are all part of the problem. We must all be part of the solution.

Know the facts.

- Before antibiotics, make sure someone knows what you're taking.
- Penicillin was discovered just 10 years ago. It's still one of the most powerful drugs we have.
- Antibiotics don't work for all infections. They only work for bacterial infections. They don't work for viral infections like the flu or cold.
- Never use antibiotics if you're not sick. They won't help you and they might make you sick.
- Overuse and misuse of antibiotics is the main cause of antibiotic resistance.
- Taking antibiotics when they're not needed can make you sick. It can also make you resistant to the antibiotics you need when you're really sick.
- Sharing antibiotics and using antibiotics incorrectly can make antibiotic resistance worse.
- Antibiotic resistance is a global problem. It's not just a local problem. It's a global problem.
- Antibiotic resistance is a global problem. It's not just a local problem. It's a global problem.
- Antibiotic resistance is a global problem. It's not just a local problem. It's a global problem.
- Antibiotic resistance is a global problem. It's not just a local problem. It's a global problem.

WHAT YOU CAN DO

1. Only use antibiotics when you're sick and only use them for the right reason.
2. Take antibiotics exactly as you're told. Don't stop taking them when you feel better.
3. Don't share antibiotics with anyone else. They're not for you.
4. Don't use antibiotics if you're not sick. They won't help you and they might make you sick.

More info and resources at: **UseAntibioticsWisely.org**

Healthcare-Associated Infections & Antimicrobial Resistance Program

THE UNIVERSITY OF KANSAS HEALTH SYSTEM

Customized posters

NEW! Email your logo to Phil:

→ pcauthon@khconline.org



We will email you posters in both languages customized with your own logo.

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Announcements and Updates

Antibiotic Awareness Week • Nov. 18-24

Social media images and sample posts for the entire week also available for your use at:

→ KHOnline.org/antibiotics

or you can share KHC's posts at:


Facebook.com/KHCq

Twitter/KHCq

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Announcements and Updates

Antibiotic Awareness Week • Nov. 18-24



#UseAntibioticsWisely campaign

Overuse and misuse of antibiotics is creating a major threat to public health: antibiotic resistance. We are all part of the problem—and the solution. Antibiotics only work on bacteria, not viruses that cause colds or flu. Taking an antibiotic when it's not needed will not help you recover faster. However, doing so does contribute to antibiotic resistance.

KDHE and KHC have developed a statewide campaign to spread the word about what patients and providers can do to help. We invite health care providers and the public to participate within their facilities and communities.

- "Know the Facts" poster (11x17 .pdf)
- "Know the Facts" Spanish poster (11x17 .pdf)
- NEW:** Kansas organizations may customize the "Know the Facts" posters with your own logo: Email KHC and we will send you a customized PDF for your organization to use freely.
- "Know the Facts" images and text for social media (.zip)
- Facebook.com/KHCqj
- Twitter.com/KHCqj
- Tool for patients to determine if you may need antibiotics

Clinics and hospitals are encouraged to email KHC a photo of staff hanging up a poster. KHC posts these on social media to help spread the word about the availability of these posters. For more information, contact Phil Cauthon at KHC: (785) 235-0763.

- Governor: State of Kansas Asks Residents to Help Safeguard Antibiotics
- "What's Got You Sick? Virus or Bacteria?" graphic from CDC
- Awareness resources from CDC

All materials
available at:
→ UseAntibioticsWisely.org

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Upcoming Events

Upcoming KHC HIIN Webinars

Monthly KHC HIIN Webinars

- **Nov 20, 2019** | 10:00 to 11:00 am
 - Register Here: <https://khconline.adobeconnect.com/khc-hiin-11-20-19/event/registration.html>
- **Dec 18, 2019** | 10:00 to 11:00 am
 - Register Here: <https://khconline.adobeconnect.com/khc-hiin-12-18-19/event/registration.html>

KHC Hand Hygiene Collaborative

Quarterly Virtual Session for Cohort 2

Nov 1, 2019 | 11:00 a.m. – 12:00 p.m.

Contact Chuck Duffield (cduffield@khconline.org) for webinar registration link.

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Upcoming Sessions for those enrolled . . .

HRET HIIN P.I. Collaborative

HRET HIIN
PERFORMANCE
IMPROVEMENT
COLLABORATIVE
October 2019 – March 2020

Session #2 November 11
 Session #3 January 13
 Session #4 February 10
 Session #5 March 9

All sessions are 11 am to 12 pm CT

AHA Age-Friendly Health Systems



Topical Peer Coaching . . . October 23
 Team Webinar 2 November 6
 IHI Leaders Webinar* . . . November 12

*Will provide an overview on *The Business Case for Becoming an Age-Friendly Health System.*

All sessions are 1 to 2 pm CT

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Webinar Series
Oct. 22 • Nov. 12 • Dec. 10
12:00 - 1:30 p.m.

Three-part De-escalation Webinar Series

- ✓ **Oct. 22** – *Sticks and Stones and Getting Along: Controlling Conflict with Communication*
- **Nov. 12** – *All Patients are Unique (Just Some more than Others): De-escalation Techniques in Atypical Health Care Settings*
- **Dec. 10** – *SECURITY: Who is Responsible?*
 (Hint: It's someone you know.)

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

Links to webinar recordings will be available in **KHC HIIN Education Archive**:
<https://www.khconline.org/initiatives/hiin/education/khc-hiin-past-educational-events>

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Summit on Quality 2020

.....

May 8

Hyatt Regency Wichita, Kansas

Mark your calendar!








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Please follow KHC on social media!

We'll help you spread your messaging and provide you with messaging that your organization is free to use.

Kansas Healthcare Collaborative @KHCqi · Oct 1

Today leadership at the newly opened Patterson Health Center officially joined the KHC Hospital Improvement Innovation Network. Both previous hospitals were participants & we are pleased to continue our partnership in #QualityImprovement & #PatientSafety! pattersonhch.org/about-us/backlog



Kansas Healthcare Collaborative @KHCqi · Oct 7

[Patterson Health Center](#) #PattersonHealthCenter #PattersonHealthCenter

Jim Beaman, MD @jbeamanmd · Oct 6

Get yourself a flu shot even if your dad has to hold your hand!

Yes I hate getting shots! Yes I'll give other people shots all day! Yes I laugh awkwardly before & after my own shot! Does this stop me from getting my #flu shot every year? Not!

Thanks Dad! 🙏❤️

#flu shot



Kansas Healthcare Collaborative

Published by Michele Clark · 711 · July 11 · 🌐

Congratulations Hiawatha Community Hospital & Family Practice Clinics has been recognized as a "Pinnacle Practice." They are just one of five practices in Kansas to receive the distinction in 2019, which comes with a \$12,000 award.

Pinnacle Practices have excelled in efforts to steadily improve health care quality, safety, and value with patient-centered, evidence-based interventions. Read more about what distinguishes the clinic in Hiawatha: KHCOnline.org/hiawatha




9,848 People Reached 5,740 Engagements [Boost Post](#)

👍 200 44 Comments 59 Shares

Like Comment Share HD

 **@KHCqi**

 **@KHCqi**

 **/company/khcqi**

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Resources

- Kansas Healthcare Collaborative
www.khconline.org
- AHA/HRET Hospital Improvement Innovation Network
www.hret-hiin.org
- CMS Partnership for Patients
<https://partnershipforpatients.cms.gov/>
- Partnership for Patients Healthcare Communities
<https://www.healthcarecommunities.org/CommunityHighlights/PartnershipforPatients>

Resources and Upcoming Events

Please provide feedback to this webinar.
Let us know your next steps.

<https://www.surveymonkey.com/r/HIIN-Webinar-10232019>

We welcome your ideas for future topics!!

HIIN Contacts



Your HIIN Contacts



Michele Clark
Program Director
ext. 1321
mclark@khconline.org



Chuck Duffield
Performance Improvement
Manager
ext. 1327
cduffield@khconline.org



Treva Borchert
Project Specialist
ext. 1338
tborchert@khconline.org



Eric Cook-Wiens
Data and Measurement
Director
ext. 1324
ecook-wiens@khconline.org



Phil Cauthon
Communications Director
ext. 1322
pcauthon@khconline.org

Contact us
anytime:
(785) 235-0763

Connect with us on:

 KHCqi
 @KHCqi
 KHCqi

For more information:
→ KHOnline.org

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Executive Leadership



Tom Bell
Co-Executive Director



Jerry Slaughter
Co-Executive Director (Interim)



Allison Peterson DeGroff
Managing Senior Director



Karen Braman
Senior Director

Hospital-led initiatives



Michele Clark
Program Director



Chuck Duffield
Performance Improvement Manager

Data and Measurement



Eric Cook-Wiens
Data & Measurement
Director



Azucena Gonzalez
Health Care Quality Data Analyst

Administration & Communications



Rhonda Lassiter
Executive Assistant/
Office Manager



Treva Borchert
Project Specialist



Phil Cauthon
Communications Director

Physician-led initiatives



Rosanne Rutkowski
Program Director



Jill Daughhetee
Quality Improvement Advisor



Jana Farmer
Quality Improvement Advisor



Malea Hartvickson
Quality Improvement Advisor



Mandy Johnson
Quality Improvement Advisor



Patty Thomsen
Quality Improvement Advisor



Rebecca Thurman
Quality Improvement Advisor

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

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