

KHC Hospital Improvement Innovation Network

April 25, 2018
10 to 11 a.m.

HIIN Goals:

By September 2018, hospitals in the KHC HIIN will achieve 20% reduction in all-cause harm and 12% reduction in readmissions.



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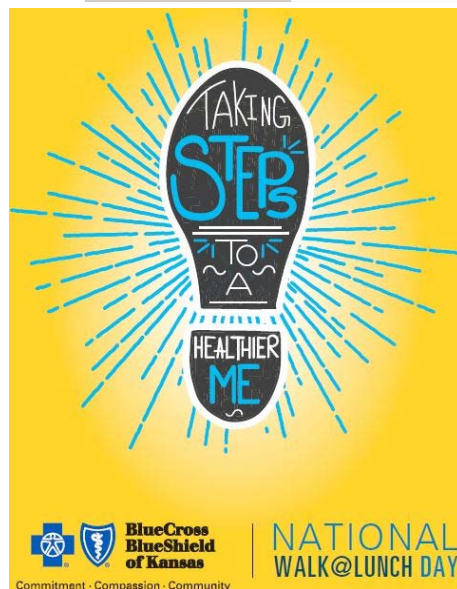


Announcements

National Walk at Lunch Day

Wednesday, April 25
12 PM - 1 PM

Share your photos on social media
by using #NWLDKS



KHC HIIN

Agenda

- Introductions and Announcements
- KHC HIIN Data Update
- Hospital-Acquired Pressure Ulcers/Injuries:
Building skill and will at the bedside
- Resources and Upcoming Events

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Introductions

Special Guests



Jackie Conrad
MBA, BSN, RN
Cynosure Health



Betsy Lee
MSPH, BSN, RN
Cynosure Health

KHC Staff

Michele Clark
Program Director
mclark@khconline.org






Rob Rutherford
Senior Health Care Data Analyst
rrutherford@khconline.org

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Introductions

Wound Care Assessment Workshop “Pearls” Presenters



- Jolene Morgan, APN
Rush County Memorial Hospital
La Crosse, KS
- Jennifer Gordon, RN
Morris County Hospital
Council Grove, KS

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Announcements

March KHC HIIN Webinar Recording

“Post-fall Management: Getting to Types of Falls, Repeat Falls, and Determining Preventability”

<https://www.surveymonkey.com/r/KHC-HIIN-3-28-18-archive>

- Examined post-fall practices as key interventions to reduce repeat falls
- Differentiated:
 - Post Fall Huddles
 - Post Fall Management
 - Post Fall Documentation
 - Incident Report



Patricia Quigley
PhD, ARNP, CRRN, FAAN, FAANP
Nurse Consultant

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Announcements

Next Steps from March webinar:

Identified by participating Kansas hospitals

- Explore/revamp post fall huddles.
- Post-fall meetings within 15 minutes.
- Make sure no one falls twice for the same reason.
- More patient involvement & discussion about what was different that caused them to fall.
- Group thinking approach.
- Change post fall huddles to include analysis/root cause.
- Don't confuse contributing factors with root cause.
- Look at our fall prevention program.
- Present information to unit management.
- Present information to frontline staff.
- Pre-huddles or improved communication at shift change
- Follow decision tree to determine preventability.
- Renewed effort to identify injury risk.
- Making sure change is made on care plan and that it is shared with the next shifts.
- Continuing to use this information to obtain more provider involvement.

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Announcements



Partnering for Health Equity | April 2018

- Take the [#123forEquity Pledge to Act](#) to Eliminate Health Disparities.
- Join the [#Partner4Health](#) Equity Twitter Chat on April 25 from 1 to 2 pm CT.
- Download the [toolkit](#) and share [graphics](#) throughout your organization, including web and social media
- Review topic resources on the [HRET HIIN website](#) and the [AHA Social Determinants of Health](#).

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Announcements

KFMC Readmissions Disparities Report*Provided quarterly to all Kansas hospitals*

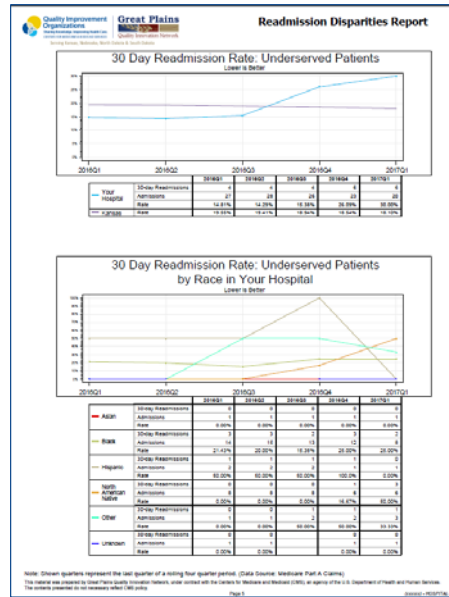
The Readmission Disparities Report report is provided to help hospitals identify potential gaps or disparities in care using readmission rates.

This hospital-specific report provides stratification of the 30-day readmission rate KFMC has been providing you (developed from CMS Claims data) by age, gender, race, rural zip codes, and CMS Designated Socio-Economic Status (SES) zip codes.

This report is provided to your hospital's Quality Net Administrator. The last report (for 2016Q1 to 2017Q1) was provided on February 6, 2018.

For questions or more information, contact:

Michelle Sigmund, RHIT, CCS
Kansas Foundation for Medical Care
msigmund@kfmc.org or (785) 271-4166



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Measures & Data Update

- Reports
- Milestones 7 and 8
- Overall HIIN Progress
- Focus Areas/Sprint

**Rob Rutherford**

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Report Updates

Report Updates

- Final report package containing the monitoring report, analytic report, and side-by-side will be sent out today, 4/25
- Side-by-Side ignores data older than Dec. 2017

Facility 280 |

Topics Currently Meeting Target													Eligible Topics	%
1	2	3	4	5	6	7	8	9	10	11	12	13		
ADE	CAUTI	FALLS	HAPU	Readmit	CDI	WS	MRSA						8/8	100

- Facility ID is on the upper right of the first page in the Analytic Report

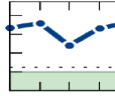
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Data Quality

Focus on Data Quality

- Things to look for:
 - Unusual numerator/denominators.
 - Run-chart always above baseline
 - NHSN and QHi mis-match

F	0/10
M	0/60
A	0/12



QHi	0
	0/17
NHSN	1
	1/25

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Report Updates

- Next month inactive process measures (data older than 6 months) will be removed from the Analytic reports.
- For example:
 - 24 Hour Skin Assessment
 - Central Line Insertion Protocol (CLIP)

NHSN Transfer

- We've recently discovered an issue where some NHSN data didn't transfer QHi correctly
- Fix expected today
- Thank you to those that notified me of data not showing up correctly!

Report Updates

Improvement Calculator

- Improvement Calculator Update
- Refreshed version out in June or by request
 - New version 5.0 includes CEO Dashboard

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Preliminary Results
Report Updates

Improvement Calculator Dashboard

2016 10 (Oct)-Depends on hospital and measure (See "Most Recent Month" Reported Column for period of each measure)

Hospital: (All)
(10/2016)

Harm Measure	Most Recent Month Reported	HIIN Goal Status	Cost Savings	Harms Prevented	Lives Saved
ADE Anticoag (ADE-1a)	2018 03 (Mar)	Making Progress	\$64,233	13	1
ADE Hypo (ADE-1b)	2018 03 (Mar)	Achieved	\$3,273,326	675	76
ADE Opioid (ADE-1c)	2018 03 (Mar)	Achieved	\$1,836,204	367	40
CAUTI Rate - All Units excl NICU (CAUTI-2a)	2018 03 (Mar)	Achieved	\$98,604	39	6
CLABSI Rate - All Units (CLABSI-2a)	2018 03 (Mar)	Worsening			
Falls with Injury (FALLS-1)	2018 02 (Feb)	Worsening			
MRSA Rate (MRSA-2)	2018 03 (Mar)	Achieved	\$187,726	24	7
PRU Prevalence, Stage 2+ (PRU-2)	2018 03 (Mar)	Worsening			
SSI Rate, Colon (SSI-2a)	2018 02 (Feb)	Achieved	\$1,404,982	67	2
SSI Rate, Abd Hyst (SSI-2b)	2018 02 (Feb)	Making Progress	\$73,552	4	0.11
SSI Rate, Hip (SSI-2c)	2018 02 (Feb)	Achieved	\$339,702	16	0.49
SSI Rate, Knee (SSI-2c)	2018 02 (Feb)	Achieved	\$238,082	11	0.34
C. diff rate (CDI-1b)	2018 03 (Mar)	Making Progress	\$321,387	32	2
Post-Op Sepsis Rate (Sepsis-1a)	2018 02 (Feb)	Worsening			
VAC (VAE-1)	2018 02 (Feb)	Achieved	\$814,589	39	15
Post-Op VTE (VTE-1)	2018 02 (Feb)	Making Progress	\$23,003	3	0.43
All Cause 30-Day Readmissions (READ-1)	2018 03 (Mar)	Making Progress	\$5,589,970	361	
			\$14,325,410	1,671	148

Baseline Rate per 1000	Year To Date Rate per 1000	To Date Relative Reduction
22.06	21.88	-4.31%
47.40	31.94	-32.84%
5.03	2.45	-51.49%
1.23	0.88	-28.66%
0.43	0.43	0.17%
1.05	1.21	15.98%
0.08	0.05	-34.99%
0.98	1.43	45.33%
69.20	35.13	-49.23%
12.73	10.66	-16.29%
11.49	5.71	-50.27%
6.32	3.88	-38.64%
0.52	0.49	-7.20%
0.92	1.80	94.47%
6.75	4.45	-34.09%
0.82	0.77	-5.54%
82.03	79.93	-2.55%

HRET HIIN Improvement Calculator v5.0 on 04/23/2018

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HIIN Data Schedule		
Kansas HIIN Data Submission Schedule		
Outcome & Process Measures for HACs occurring in:	Readmissions for index discharges in, and SSI for procedures performed in:	Submission Due
September, 2017	August, 2017	October 31, 2017
October, 2017	September, 2017	November 30, 2017
November, 2017	October, 2017	December 31, 2017
December, 2017	November, 2017	January 31, 2018
January, 2018	December, 2017	February 28, 2018
February, 2018	January, 2018	March 31, 2018
March, 2018	February, 2018	April 30, 2018
April, 2018	March, 2018	May 31, 2018
May, 2018	April, 2018	June 30, 2018
June, 2018	May, 2018	July 31, 2018
July 2018	June, 2018	August 31, 2018
August 2018	July 2018	September 27, 2018

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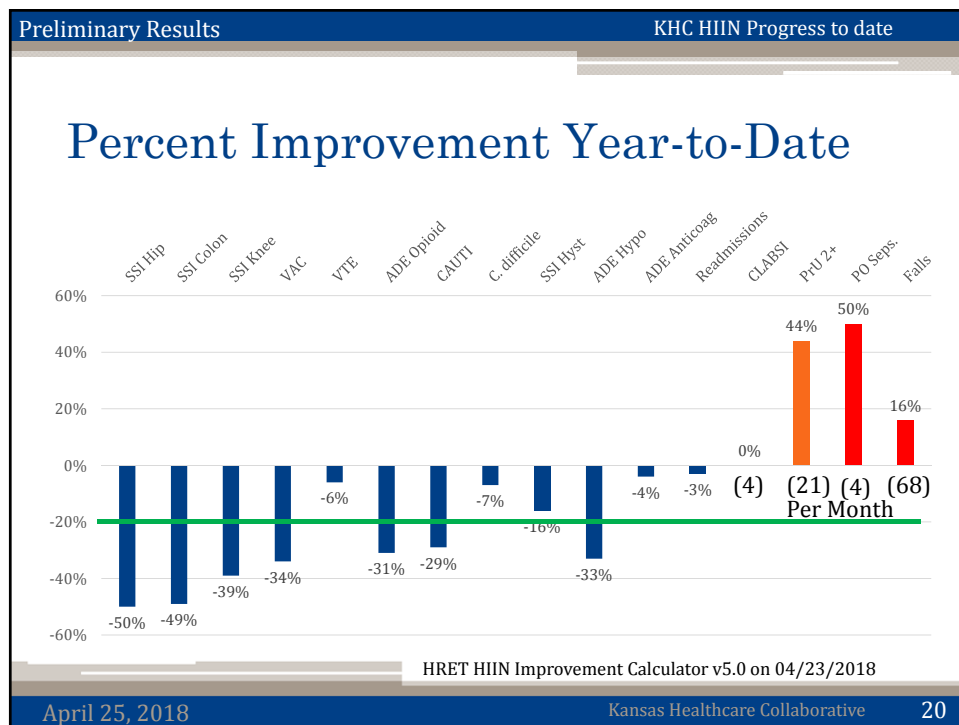
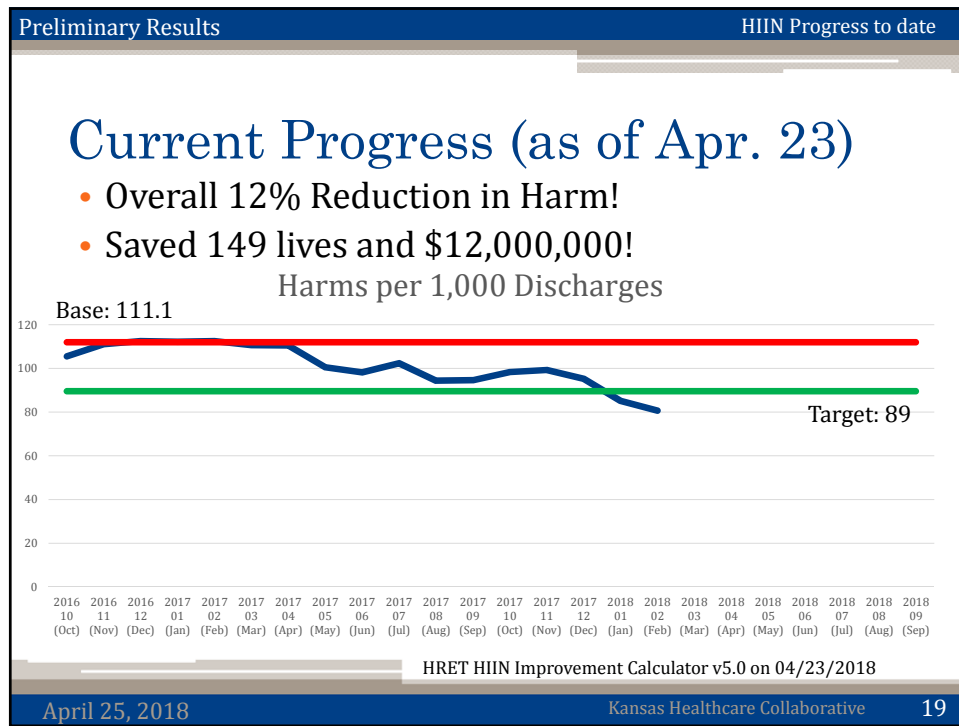
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Milestones
<h2>Upcoming Milestones</h2> <ul style="list-style-type: none"> • Milestone 7 <ul style="list-style-type: none"> ▫ Data submission for all months through March 2018 ▫ Data due by June 15th • Milestone 8 <ul style="list-style-type: none"> ▫ Data Submission for all months through May 2018 ▫ Meet HIIN goals for at least 5, preferably 8+ topics ▫ Data due by August 24th

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Preliminary Results

KHC HIIN Progress to date

Focus Areas

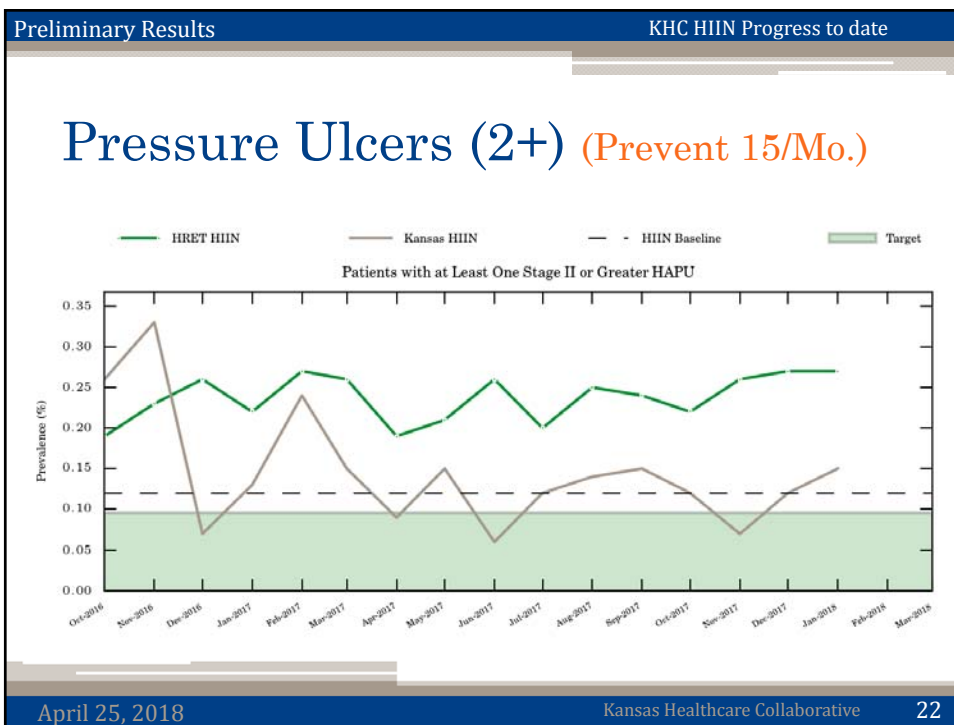
KHC HIIN Currently...

- **Readmissions** (Prevent 390/Mo.)
- **Falls w/Injury** (Prevent 68/Mo.)
- **Post-Op Sepsis** (Prevent 4/Mo.)
- **CLABSI** (Prevent 4/Mo.)
- **CDI** (Prevent 25/Mo.)
- **Pressure Ulcers** (Prevent 15/Mo.)

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Preliminary Results	KHC HIIN Progress to date
<h2>HIIN PrU Progress</h2> <ul style="list-style-type: none">• 85% of hospitals Reporting• ~53 Pressure Ulcers over baseline rate (discharge basis)• At a cost of \$900,000 <p>HRET HIIN Improvement Calculator v5.0 on 04/23/2018</p>	
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Building Skill and Will at the Bedside	
<h2>Hospital-Acquired Pressure Ulcers/Injuries:</h2> <p>Building skill and will at the bedside</p>	 <p>Jackie Conrad MBA, BSN, RN Cynosure Health</p>
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Building Skill and Will at the Bedside




Wound Care Assessment Workshop “Pearls”

Jolene Morgan, APN
 Rush County Memorial Hospital
 La Crosse, KS



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Building Skill and Will at the Bedside



Wound Care Assessment Workshop “Pearls”

Jennifer Gordon, RN
 Morris County Hospital
 Council Grove, KS

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Pressure Injury Gaps

- Expertise Challenges
 - RNs and MDs lack expertise in staging and assessing wounds
 - How is competency in assessing risk, planning and delivering care measured?
- Failure to follow guidelines is frequently reported
 - RNs report that preventing HAPI was not their top priority
- Simonetti V, Comparcini D, Flacco ME, et al. Nursing students' knowledge and attitude on pressure ulcer prevention evidence-based guidelines: a multicenter cross-sectional study. *Nurse Educ Today*. 2015 Apr; 35(4): 573-9.
- Khong P, Hoi S, Holroyd E, et al. Nurses' Clinical Decision Making on Adopting a Wound Clinical Decision Support System. *Comput Inform Nurs*. 2015 Jul; 33(7): 295-305.

Elevating the value to nurses

- Nurses who had experience working with a patient with a high stage pressure injury prioritized preventative measures higher

Samuriwo R. Effects of education and experience on nurses' value of ulcer prevention. *Br J Nurs*. 2010 Nov 11-24; 19 (20): S8-18.
- High attitude scores were attributed to adherence to guidelines
- Implications for practice

Building Skill and Will at the Bedside

Tools to assess knowledge and attitudes

- Pieper Pressure Ulcer Knowledge Test (PPUKT)
 - 72 question True False
- Pressure Ulcer Knowledge Assessment Tool (PUKAT)
 - 26 multiple choice questions related to prevention
- Attitudes towards Pressure Ulcer Prevention Tool (APuP)
 - 11 questions 1-5 scale

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Building Skill and Will at the Bedside

AHRQ Tool: Clinical Staff Attitudes Towards Pressure Ulcer Prevention

Views on Pressure Ulcer Prevention

Your role: _____ Date: _____

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1. All patients are at potential risk of developing pressure ulcers					
2. Pressure ulcer prevention is time consuming for me to carry out					
3. In my opinion, patients tend not to get as many pressure ulcers nowadays					
4. I do not need to concern myself with pressure ulcer prevention in my practice					
5. Pressure ulcer treatment is a greater priority than pressure ulcer prevention					
6. Continuous assessment of patients will give an accurate account of their pressure ulcer risk					
7. Most pressure ulcers can be avoided					
8. I am less interested in pressure ulcer prevention than other aspects of care					
9. My clinical judgment is better than any pressure ulcer risk assessment tool available to me					
10. In comparison with other areas of care, pressure ulcer prevention is a low priority for me					
11. Pressure ulcer risk assessment should be regularly carried out on all patients during their stay in hospital					

- This tool can be used to determine if misperceptions exist so that they can be addressed with education.

<https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/pressureulcertoolkit/putoolssect7.pdf>

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Building Skill and Will at the Bedside

Pressure Injury Gaps

- Revisiting Competency

RN skills in preventing recognizing, staging and documenting wounds

System's ability to deliver preventative skin care measures reliably

- Is it Either – Or?
- Or is it BOTH?

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Building Skill and Will at the Bedside

Pt
HAPI
Free

RN skills in
preventing recognizing,
staging and
documenting wounds

System's ability to deliver
preventative skin care measures
reliably

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Building Skill and Will at the Bedside

Building front line RN skills

- NDNQI is most popular and effective (Henry & Fortonda 2018)
- Teaching the “fruits of pressure injury”
- Skills fairs
- Other creative approaches
 - Pick a theme for a monthly staff email contests for identifying skin injuries
 - March Madness for Skin!
 - April Showers contribute to Moisture Associated Skin Damage – Can you tell the difference?








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Building Skill and Will at the Bedside

The “Fruits” of Pressure Ulcer Identification

						
Stage 1 Think Tomato! Doesn't blanch and return to original color. Has an unusual feel. "Intact skin with non-blanchable redness".	Stage 2 Think potato! Top layer of skin gone, but not too deep. "Partial thickness loss of dermis presenting as a shallow open ulcer".	Stage 3 Think apple! Wound open down into fleshy part, but not to core. "Full thickness tissue loss. Subcutaneous visible but bone, tendon or muscles are not exposed".	Stage 4 Think peach! Deep wound, open to core (bone, tendon). "Full thickness tissue loss, exposed bone, tendon or muscles".	Unstageable Think rotten peach! You know it's probably bad and very deep, but you can't see how deep or to where. "Full thickness tissues loss... base of the ulcer is covered by slough and/or eschar".	Deep tissue injury Think eggplant! People are not supposed to be purple or have a bruised appearance! "Purple or maroon localized area of discolored intact skin".	Indeterminate or mucosal Think seedless grape! No underlying structure to judge by but missing or damaged skin.

Build Front Line Champions

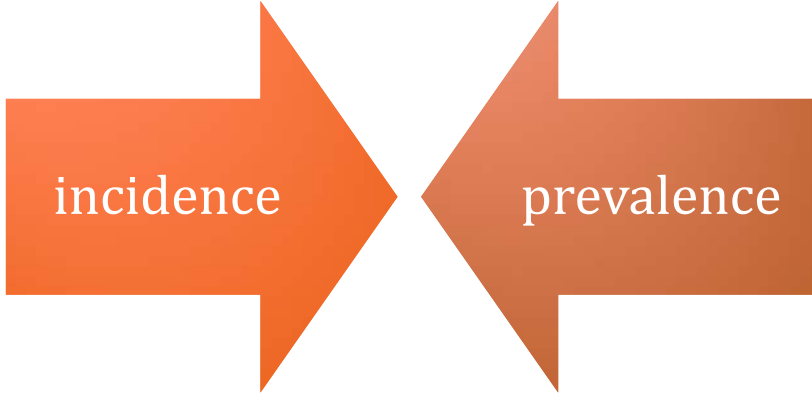
- 1-2 per unit or per shift
- Conduct prevalence studies
 - ½ day prevalence, ½ day QI or Education
- Acts as the “go-to person” for questions
- Tests new products
- Acts as an extension agent with helping staff adopt new practices.

Outcomes of staff education

- Empowerment of staff
 - Activating interventions i.e. specialty mattresses
- Improved attention to preventative activities
 - Early detection of stage 1
- Increased staff and patient satisfaction
- Improved communication

Building Skill and Will at the Bedside

Tracking HAPI



incidence prevalence

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Incidence

Incidence describes the number or percent of patients developing a new PrI in your facility

- Can be underreported
- Reliance on documentation
- Small hospitals will have higher rates

RATE

N= # pts with new HAPI

D= # pt admissions

<http://www.ahrq.gov/professionals/systems/hospital/pressureulcertoolkit/putool5.html>

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How reliable is reporting?

- In a review of 2012 Medicare Data:
 - Among transfers with a POA PI reported, only 34% had a PI documented at the prior facility
 - [Consistency of pressure injury documentation across interfacility transfers](#)
- Allnurses.com, June, 2015 posting: *"...that's a heck of a lot of paperwork....do any other facilities fill out incident report for pressure ulcers? Does that even make sense?"*

Prevalence

- **Prevalence** describes the number or percent of patients having a pressure ulcer at a single point in time.
- Best measure of the burden of care when providing for care and prevention measures.



- N = # of patients with stage II or greater (POA excluded)
- D = # of patients assessed on the day of the study

Building Skill and Will at the Bedside

What's best?

- AHRQ and NPUAP guidelines:
 - Incidence is best
 - Prevalence is reliable snapshot in time
 - Both methods have their drawbacks
- NDNQI reporting for national comparisons
 - Monthly rates can be determined for comparisons.



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Building Skill and Will at the Bedside

What can prevalence tracking do for you?

- Hardwire accurate staging
- Connect with staff
- Assure timely admission skin assessments and daily risk assessments
- Assess implementation of skin care prevention protocols
- Assess ongoing orientation changes
- Improve professionalism of caregivers with pro-active approach
- Gateway “drug” for professional advancement of staff
- What gets measured gets done!
- Ongoing preoccupation with high level care —everyone notices!
- “An ounce of prevention.....”



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Quotes from a Skin Team

What we do:

- Check for pressure ulcers
- Answer questions regarding other skin and wounds
- Help to facilitate interventions and consults as needed
- Serve as extra hands during the busy hours of a shift
- Discuss prophylaxis interventions and or treatments with bedside RN
- Complete hand checks on patients with air overlays

Indiana University Health West Skin Care Team



What we like:

- Learn about new products and how they work
- Discuss in terms of skin things that are improving and provide insight to areas of concern.
- Discuss the reaction of other staff members and efficacy issues with any new products
- The process of being a proactive resource rather than just reactive
- Teaching other staff members about products, the how, why, and when for each use.
- Becoming more knowledgeable in skin as a bedside RN

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Quotes from a Skin Team

Why it works:

- We are a close group in this size hospital setting
- We enjoy the work, look forward to the process
- The audit becomes both a reflection of interventions and care outcomes
- Important discussions occur that change outcomes and processes
- It feels good to be valued and contribute



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Building Skill and Will at the Bedside



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Building Skill and Will at the Bedside

Getting Started – Who?

- Assign a coordinator
- Determine who will conduct the study
 - Team approach
 - Combination front line and exempt nurses
- Preventing bias
 - Assign team from another unit

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The Team

- 2 observers
 - 1 lead individual specially trained or certified in wound care
 - CNS, Educator, WOCN
 - Unit manger or staff nurse champion
 - 1 individual to assist with turning
 - Staff nurse wound champion
 - Staff nurse orientee
 - Unlicensed staff
- 1 chart auditor, documenter (ideal, can be optional)

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Study Procedure

- Pick a day to conduct the study each month
 - Ex. First Wednesday
 - All units should be surveyed on the same day
 - Pick a good day for staffing: orientees, students



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Building Skill and Will at the Bedside

Assess Each Patient on the Unit

- Inspect the skin of each patient from head to toe
- Look closely at all bony prominences
 - Peds and neonates, look at occiput
 - Visualize each heel using a handheld mirror
 - Palpate for temperature or consistency changes
- Examine the soft tissue under and around medical devices
- Assess the skin under skin folds in bariatric patients

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Building Skill and Will at the Bedside

Record Presence of Pressure Ulcers

- Skin Breakdown present on admission?
- If pressure ulcers are present:
 - Anatomical Location
 - Stage
 - Was this ulcer present on admission?

HOSPITAL ACQUIRED PRESSURE ULCER PREVALENCE STUDY DATA COLLECTION TOOL

Hospital: _____ Unit & Type: _____ Date: _____ Unit census of day of study: _____ # of patients assessed: _____ Page: _____ / _____

Patient Identifiers		PI ID	Admit date	Age	Gender	# of hospital acquired pressure ulcers at each stage	Ulcer #1 stage	Ulcer #1 location	Ulcer #2 stage	Ulcer #2 location	Ulcer #3 stage	Ulcer #3 location	Comments
		22042	1/12/18	72	m	2	1	L Heel	3	Scrum	1	POA?	
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<http://www.hret-hiin.org/resources/display/hospital-acquired-pressure-ulcer-prevalence-study-data-collection-tool>

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Process Measure Observations

- For patients determined to be at risk, are interventions in place?
 - Positioning – turning, heels floated, HOB < 30
 - Support surface, bed not over-padded
 - Moisture management
 - Nutritional support
- For patients with Medical Devices – are interventions in place?
 - Padding
 - Evidence of repositioning the device

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Optimizing the Study Process

- Use the prevalence study to teach
 - Orientees, rotate staff to assist, use student nurses
- Use the prevalence study to assess practice
 - Observe for patterns
 - Select interventions to study
- Assess for other measures
 - Restraint prevalence
 - Environmental safety
 - Use of white boards

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Building Skill and Will at the Bedside

Benefits of PrU Prevalence Study

The diagram illustrates the equation: Patient level data + Care process data = Actionable information. It features three blue circles. The first circle on the left contains the text 'Patient level data'. To its right is a large grey plus sign. The second circle in the middle contains the text 'Care process data'. To its right is a large grey equals sign. The third circle on the right contains the text 'Actionable information'. Below this equation is a horizontal row of green grass.

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Building Skill and Will at the Bedside

Benefits of PrU Prevalence Study

- **Structural process**
 - Real time data collection & intervention
 - Staff involved – learning opportunity, use orientees, light duty
- **Demonstrates commitment to HAPU and teamwork**
 - Leadership and staff partnership in monthly rounding team
- **Richness of data**
 - Quantitative outcome and process measure data on ulcers, implementation of interventions
 - Qualitative data on staff skills, beliefs, abilities and barriers encountered in preventing pressure ulcers

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Financial Cost of Prevalence Study Manpower

- Prevalence study cost for 30 bed unit staffed with 2 frontline nurses
 - $2 \text{ staff} \times 4 \text{ hours} \times \$32/\text{hr} = \text{\$256/month}$
 - Prevalence study cost for 30 bed unit with one front line nurse and one exempt nurse (educator, manager, CNS)
 - $1 \text{ staff} \times 4 \text{ hours} \times \$32/\text{hr} = \text{\$128/month}$
 - Prevalence study cost for 10 bed unit with one front line nurse
 - $1 \text{ staff} \times 3 \text{ hours} \times \$32/\text{hour} = \text{\$96/month}$
 - Prevalence study cost for 3 bed CAH with one front line nurse
 - $1 \text{ staff} \times 1.5 \text{ hours} \times \$32/\text{hour} = \text{\$48/month}$
 - Prevalence study cost for 3 bed CAH with exempt nurse
 - Cost is absorbed by exempt leader = **\\$0**
 - **Cost of one Stage III Pressure Ulcer = \\$38,000-\$55,000**
 - **Cost avoided by preventing any pressure injuries =\\$17,000**
- Prevalence Study Costs are estimates based upon average US RN hourly rate
 ■ Pompeo MQ. The role of "wound burden" in determining the costs associated with wound care. *OstomyWound Manage.* 2001;47(3):65-70.

Advice for others

- Engage your team with education either by yourself or invite vendors in for education – nurses love to learn
- Do whatever you can to make sure they feel valued – because they are and their input and work is invaluable!



Resources for Building Front Line Champions

- Complementary NPUAP webinar recordings:
 - FAQs about Pressure Injury Staging
 - Unavoidable Pressure Injuries, Terminal Ulcers and Skin Failure
 - OR Positioning and Pressure Injury Prevention
 - Why is this wound not healing?
 - Considerations for Bariatric Patients in Pressure Injuries
 - Nutrition & Pressure Injuries

<http://www.npuap.org/resources/educational-and-clinical-resources/complimentary-educational-webinars/>

Resources

- HRET HIIN HAPI Resources:
<http://www.hret-hiin.org/topics/pressure-ulcers.shtml>
- NDNQI Pressure Ulcer Training
<https://members.nursingquality.org/NDNQIPressureUlcerTraining/Module1/Default.aspx>
- NPUAP Complimentary Webinars
<http://www.npuap.org/resources/educational-and-clinical-resources/complimentary-educational-webinars/>
- AHRQ Resources and RN Attitude and Knowledge Assessments
<https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/pressureulcertoolkit/putoolssect7.pdf>

KHC HIIN

Resources & Upcoming Events

- Resources
- Upcoming Events
- Q&A
- Wrap Up



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Resources

Help YOUR Hospital *Sprint*



LESSONS LEARNED FROM YOUR HRET HIIN PEERS:

ADE: Hypoglycemia	Monitor critically and adjust therapy.	Adjust the target range of therapy to patient's clinical condition.	Use the assessment tool with training that aims high while being realistic about what is achievable in your hospital.
CDI	Prevent or promptly intervene to reduce antibiotic-associated diarrhea (AAD).	Develop a process to enhance testing of patients at high probability for CDI.	Establish standing protocols that can reduce impact on cases.
CAUTI	Use training and feedback to enhance catheter management.	Use catheter management bundle.	Monitor catheter utilization and remove catheters as soon as the clinical situation allows.
CLABSI	Use training and feedback to enhance catheter management.	Use catheter management bundle.	Monitor catheter utilization and remove catheters as soon as the clinical situation allows.
MDRO-MRSA	Prevent or promptly intervene to reduce antibiotic-associated diarrhea (AAD).	Develop a process to enhance testing of patients at high probability for CDI.	Establish standing protocols that can reduce impact on cases.
Sepsis	Prevent or promptly intervene to reduce antibiotic-associated diarrhea (AAD).	Develop a process to enhance testing of patients at high probability for CDI.	Establish standing protocols that can reduce impact on cases.

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Stories from the Field



Hospital stories

Share a brief story about an innovative intervention or process that your team implemented to improve patient care.

- Why did you your hospital choose to address this opportunity?
- What intervention(s) were developed, and what were the results?


Contact Michele Clark or Chuck Duffield
at Kansas Healthcare Collaborative
(785) 235-0763

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Resource


A MOVEMENT TOWARD MOVEMENT

New Resource!
Hospital Elder Life Program Mobility Change Package and Toolkit



<http://www.hret-hiin.org/resources/display/hospital-elder-life-program-mobility-change-package-and-toolkit>

Mobility Action Group
Change Package and Toolkit



Sharon K. Inouye, MD, MPH

Contributors:
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Change Package as of February 2011 1

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Interactive Training Tool



Physicians, nurses, and pharmacists: Learn about safer practices for prescribing opioids.

PATHWAYS
TO Safer Opioid Use

now offers CME and CPE credit!



ODPHP | Office of Disease Prevention and Health Promotion

The training is intended for:

- Physicians, nurses, and pharmacists
- Public health professionals, including health educators and interdisciplinary public health practitioners
- Students in health-related fields

Promotional Toolkit

<https://health.gov/hcq/training-pathways.asp>

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Summit on Quality

*Register Today
at www.khconline.org*

**10th Annual
Summit on Quality**

May 4, 2018
Hyatt Regency - Wichita, KS




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Reminder

May 5 is World Hand Hygiene Day

Health care-associated infections, infections acquired during health care delivery, are common and are a risk factor for developing sepsis but we can prevent this. Effective hand hygiene plays a key role. On world hand hygiene day (5 May), the focus for everyone should be on prevention of sepsis in health care.



World Health Organization
Save Lives: Clean Your Hands
5 May 2018
'Prevent Sepsis in Health Care'

Tools and resources at:
<http://www.who.int/infection-prevention/campaigns/clean-hands/5may2018/en/>
 * Posters * Photographs * Slide set
 * Banners * Engagement/activity tool for IPs and more!

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May 15, 2018

Kansas Workshop: Hospital Antimicrobial Stewardship

*Four Points by Sheraton
Manhattan, KS*

A team-based, program-building workshop

- Bring your hospital ASP team
- Travel scholarships are available
- Registration is still open



<https://www.khconline.org/events/event-descriptions/326-kansas-asp-workshop>





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Upcoming Events

Upcoming HIIN Webinars

GP QIN | **TeamSTEPPS 2.0 Essentials Training for Hospital Staff**
April 26 ● 2:00 p.m. to 4:00 p.m. [Register here](#)

National Partnership for Action to End Health Disparities | **Strategies for Building and Strengthening the CHW Effort in Your Area: A Case Study from Utah**
April 26 ● 1:00 to 2:00 p.m. [Register here](#)

HRET HIIN: **Data Driven Techniques to Enhance Physician Participation**
April 26 ● 2:00 to 3:00 p.m. [Register here](#)

WSHA: **Patient Safety Safe Table -- #123 for Equity Training Symposium**
May 2 ● 11:00 am to 4:00 p.m. [Register here](#)

HRET HIIN: **Measurement Matters: NHSN CDI Surveillance Definition Review**
May 3 ● 1:00 p.m. to 2:30 p.m. CT [Register here](#)

HRET HIIN: **HRET HIIN Readmissions Sepsis Fishbowl Series: Part 2**
May 6 ● 11:00 to 12:00 p.m. [Register here](#)

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Upcoming Events

Mark Your Calendars!

KHC HIIN Webinar
May 23, 2018

Save the Date!

KHC HIIN Sepsis Champion Workshop
June 27
Four Points by Sheraton
Manhattan, KS
(in place of June KHC HIIN webinar)

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Questions?
Contact your KHC Team

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Kansas Healthcare Collaborative

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

<https://www.surveymonkey.com/r/KHC-HIIN-042518>



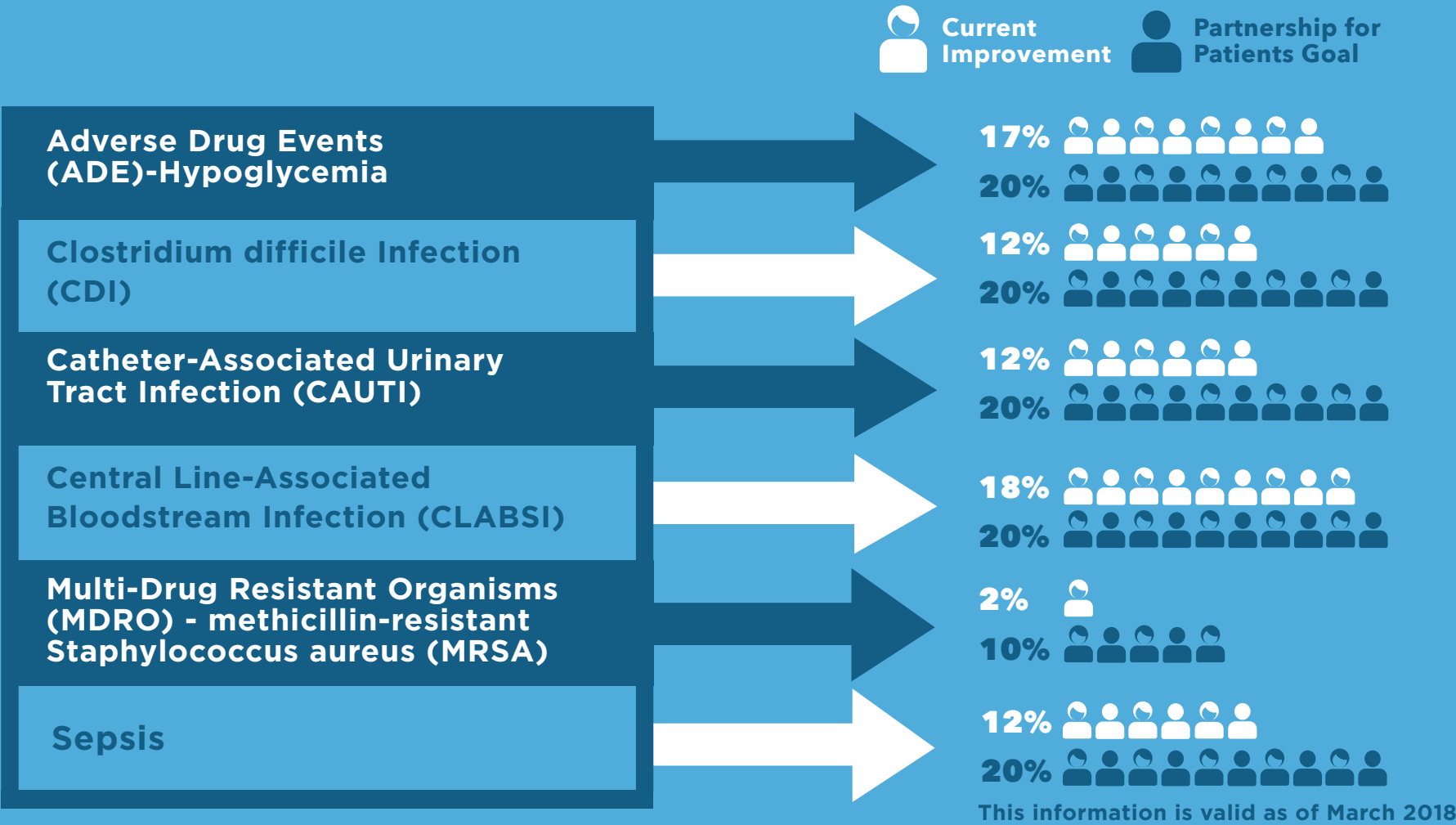
ALIGNING DATA AND INSIGHTS FOR ACTION

Health Research and Educational Trust: Hospital Improvement Innovation Network (HIIN)

HRET HIIN is a contract funded by CMS that aims at continuing efforts to reduce all-cause inpatient harm by 20% and readmissions by 12%

Use the information below to identify potential interventions and best practices shared across the field to reduce the most pressing national harms

STATUS OF MOST PRESSING NATIONAL HARMS:



LESSONS LEARNED FROM YOUR HRET HIIN PEERS:

ADE: Hypoglycemia



Educate patients and families regarding hypoglycemia rescue protocols



Adjust the insulin regimen after a single episode of hypoglycemia (Glucose < 70 mg/dl)



Use the assessment tool with hospitals that have high rates to help them understand what is driving ADE Hypoglycemia in their hospital

CDI



Focus on Diagnostic Stewardship to guide laboratory and clinical diagnosis of CDI



Develop a process to minimize testing of patients at a low probability for CDI



Establish cleaning protocols that are effective against CDI spores

CAUTI



Stop inserting and/or leaving in indwelling urinary catheters unless clinically indicated, particularly in the ED, ICU and PACU. Ask if there is a need for strict I & O in critical care patients



Stop culturing asymptomatic patients



Consider utilizing alternatives such as the female external catheter

CLABSI



Stop leaving central lines in place that are not clinically indicated



Stop routinely drawing blood cultures from the central line



Consider blood culture specimen diversion

MDRO-MRSA



Engage all direct care staff and providers in peer-supported hand hygiene adherence efforts



Involve and educate patients, families and the public about the risk of unnecessary antibiotic use and community resistance patterns



Consider matching decolonization strategies to risk assessment and surveillance findings to target appropriate units and populations

Sepsis



Focus on early identification and treatment, especially in the small/CAH subgroup



Start sepsis screening in PACU with a focus on high risk patients – post-op, immunocompromised, those with devices



Complete enhanced recovery after surgery (ERAS) protocol for each patient