KHC Hospital Improvement Innovation Network

May 23, 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.

Kansas Healthcare Collaborative

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

KHC HIIN

Agenda

- Introductions and Announcements
- KHC HIIN Progress and Data Update
- **Bringing the Board to Quality**
- Upcoming Events
- Wrap Up

Introductions

Special Guest

Steven Tremain, MD
Physician Advisor
Cynosure Health

KHC Staff

Michele Clark
Program Director
mclark@khconline.org

Chuck Duffield
Performance Improvement Manager
cduffield@khconline.org

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

May 23, 2018 Kansas Healthcare Collaborative 3

Announcements

HIIN Activities Survey 1Q 2018

Survey is now open. Please respond by **June 8**.
https://www.surveymonkey.com/r/khc-hiin-activities-1Q2018

Reflect on your facility's:

- Recent accomplishments and current priorities
- Patient and family engagement (guidance added)
- Governance
- Disparities
- Version of AHRQ software (if any) used for PSI measures

May 23, 2018 Kansas Healthcare Collaborative 4

Announcements

Kansas Workshop: Hospital Antimicrobial Stewardship

May 15, 2018 ◆ Manhattan, Ks.

Workshop handouts: https://khconline.sharefile.com/d-s95112e7339b45d38
Photo album: https://photos.app.goo.gl/IqwNTQ41sS11AcbC2

May 23, 2018 Kansas Healthcare Collaborative 5

KHC Hospital Improvement Innovation Network presents

SEPSIS CHAMPION WORKSHOP

Brought to you in partnership with:

- Watch your email for agenda and registration link!
- Travel assistance is available to KHC HIIN hospitals
- Continuing education will be provided by Wesley Healthcare

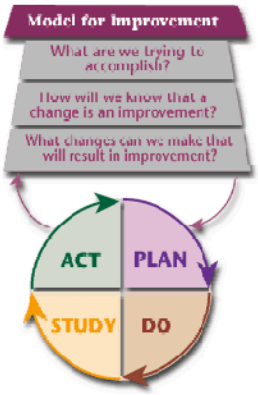
More information:
https://www.khconline.org/31-event-descriptions/353-sepsis-champion-workshop

May 23, 2018 Kansas Healthcare Collaborative 6

Announcements

3 HRET HIIN Sprints

- ***C. difficile* Infections** (CDI)
  - Newman Regional Hospital
  - And . . . ?
- **Post-op Sepsis**
  - Lawrence Memorial Hospital
  - Wesley Medical Center
  - And . . . ?
- **Adverse Drug Events – Hypoglycemia**
  - Labette Health
  - And . . . ?



May 23, 2018 Kansas Healthcare Collaborative 7

Congratulations

Kansas Healthcare Collaborative

KaMMCO FOUNDATION Inc.

2018 Leadership in Quality Award

The KHC Leadership in Quality Award is presented annually to a facility that reflects KHC's vision for health care that is consistent with the Triple Aim of improving the health of populations, enhancing the experience of patients, and reducing the per capita cost of care.

2018 Award Recipient
The University of Kansas Health System, Kansas City

Award of Merit
Ascension Via Christi, Wichita

Award of Merit
Ransom Memorial Hospital, Ottawa

May 23, 2018 Kansas Healthcare Collaborative 8

Measures & Data Update

- Milestones
- Report Updates
- Overall HIIN Progress
- Focus Areas

Rob Rutherford
Senior Health Care Data Analyst
Kansas Healthcare Collaborative
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(785) 235-0763 x1326

Upcoming Milestones

- Milestone 7
  - Data Submission for all months through March 2018
  - Due by June 15th
- Milestone 8
  - Data Submission for all months through May 2018
  - Meet goal for 5+ topics
  - Due by August 31st

Milestone 8 Side-by-Side Report

- Side-by-Side ignores data older than Jan. 2018
- Facility ID is on the upper right of the first page in the Analytic Report
- Final report package for May 2018 contains the monitoring report, analytic report, and side-by-side report.
  - All will be sent out this week to primary and secondary HIIN contacts, CNOs and CEOs.

Report Updates

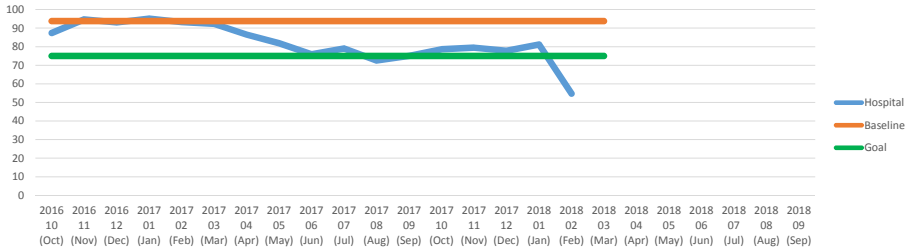
- Process measures with data older than 6 months have now been removed from the Analytic reports.

Preliminary Results HIIN Progress to date

Current Progress (as of May 21)

- Overall 13% Reduction in Harm!
- Saved 152 lives and $12,900,000!

Harms per 1,000 Discharges

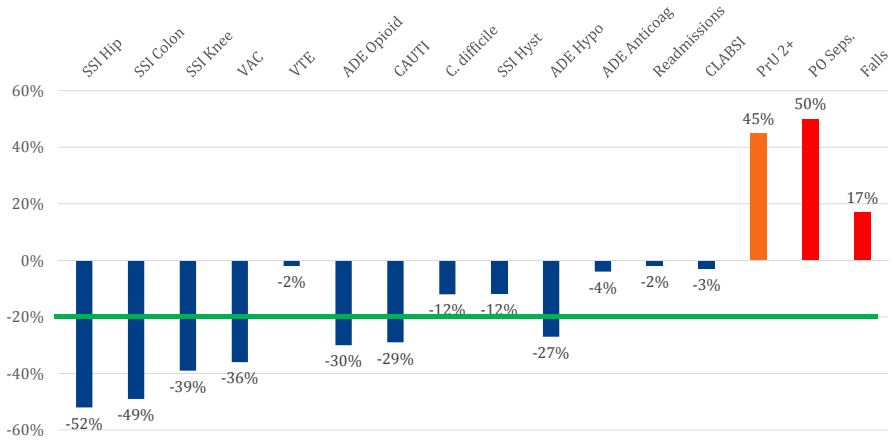


HRET HIIN Improvement Calculator v5.1 on 5/21/2018

May 23, 2018 Kansas Healthcare Collaborative 13

Preliminary Results KHC HIIN Progress to date

Percent Improvement Year-to-Date



HRET HIIN Improvement Calculator v5.1 on 5/21/2018

May 23, 2018 Kansas Healthcare Collaborative 14

KHC HIIN Focus Areas

To achieve the 20/12 goals
in these challenging areas,
The KHC HIIN (as a state) needs to prevent…

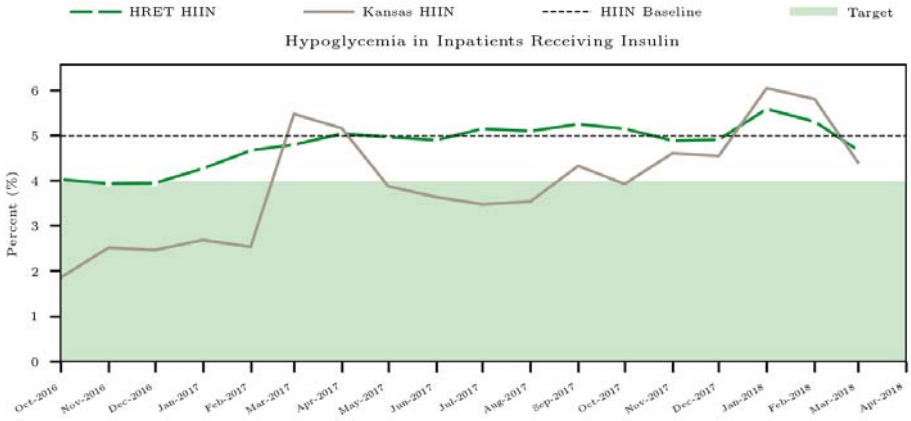
- **Readmissions** (285/Mo.)
- **Falls w/Injury** (81/Mo.)
- **Post-Op Sepsis** (2/Mo.)
- **Pressure Ulcers** (15/Mo.)

SAMPLE

Summary of Kansas HIIN Outcome Measures

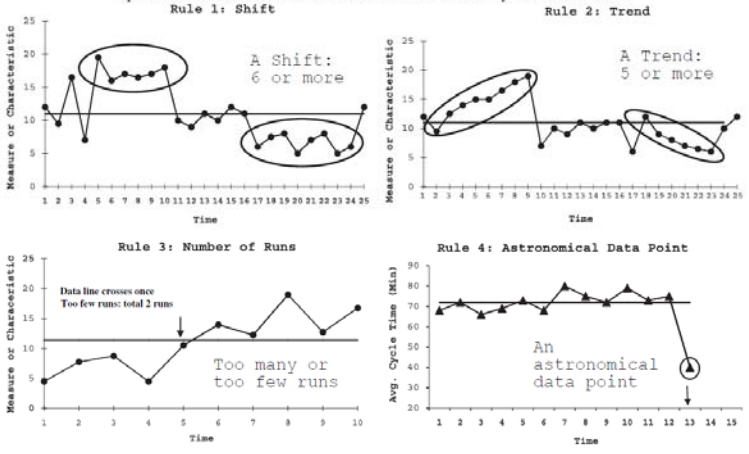
Area	Outcome Measure	Most Recent	Project Performance	Harms to Go by Sep. 2018	Harms Prevented to Date
ADE	Naloxone Administration	03/2018	86.17% rdx.	0	30
	Hypoglycemia in Inpatients Receiving Insulin	03/2018	No reduction	5	0
	Excessive Anticoagulation with Warfarin - Inpatients	03/2018	31.46% rdx.	0	2
CAUTI	CAUTI rate per 1,000 Catheter Days ICUs + Other Inpt. Units	04/2018	No reduction	2	1
	CAUTI rate per 1,000 Catheter Days - ICUs	04/2018	Zero x 16 mo.	0	0
CLABSI	CLABSI Rate per 1,000 Central-Line Days (All Unit)	04/2018	No reduction	1	0
	CLABSI Rate per 1,000 Central-Line Days (ICUs)	04/2018	Zero x 14 mo.	0	0
FALLS	Falls With Injury	03/2018	No reduction	1	0
	Falls With or Without Injury	03/2018	No reduction	16	0
HAPU	Patients with at Least One Stage II or Greater HAPU	02/2018	95.00% rdx.	0	1
	Patients with at least one stage III or greater HAPU	N/A	N/A	N/A	N/A
Readmit	Readmission Within 30 Days (All Cause)	03/2018	17.25% rdx.	0	35
	Readmissions Within 30 Days Medicare	03/2018	52.00% rdx.	0	12
Sepsis	Postoperative Sepsis Cases per 1,000 Elective Surgical Discharges	02/2018	No reduction	2	1
	Overall Sepsis Mortality	02/2018	16.06% rdx.	0	3
	Hospital-Onset Sepsis Mortality	02/2018	25.00% rdx.	1	2
SSI	SSI Rate: Colon Surgeries	04/2018	No reduction	1	0
	SSI Rate: Abdominal Hysterectomies	04/2018	Zero x 6 mo.	0	0
	SSI Rate: Total Knee Replacements	04/2018	No reduction	2	1
	SSI Rate: Total Hip Replacements	04/2018	Zero x 14 mo.	0	0
SSI	SSI Rate: All Surgical Procedures	04/2018	18.09% rdx.	1	8
VAE	VAC Rate - All Units (CDC NHSN)	05/2018	100.00% rdx.	0	2
	IVAC Rate - All Units (CDC NHSN)	05/2018	Zero x 13 mo.	0	0
VTE	Hospital-Acquired Potentially Preventable VTE	02/2018	Sparse data		
	Post-Op PE or DVT Rate	02/2018	No reduction	1	0
CDI	Facility-wide *C. difficile* Rate	05/2018	45.44% rdx.	0	4
WS	Harm Events Related to Patient Handling	02/2018	62.22% rdx.	0	3
	Workplace Violence	02/2018	Zero x 17 mo.	0	0
MRSA	Hospital-Onset MRSA Rate	05/2018	Zero x 12 mo.	0	0

ADE: Hypoglycemia



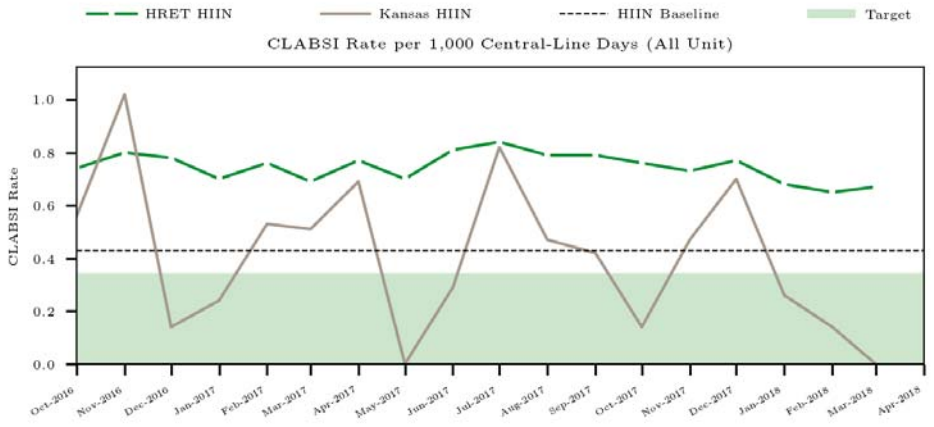
Patterns to look for when reviewing charts.

Spikes due to small denominator values are not neccessarily cause for concern.

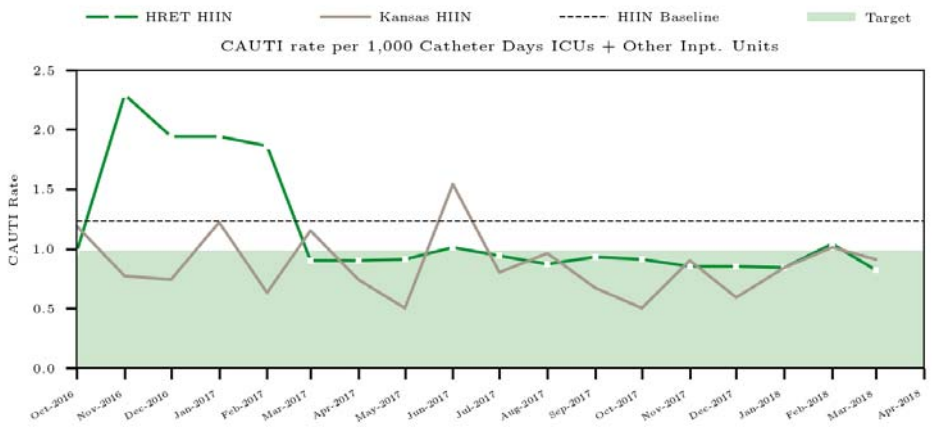


Source: The Data Guide by L.Provost and S.Murray, Austin, Texas, February, 2007: p3 - 10
See IHI's on-demand training for more information.

CLABSI (Prevent 1/Mo.)

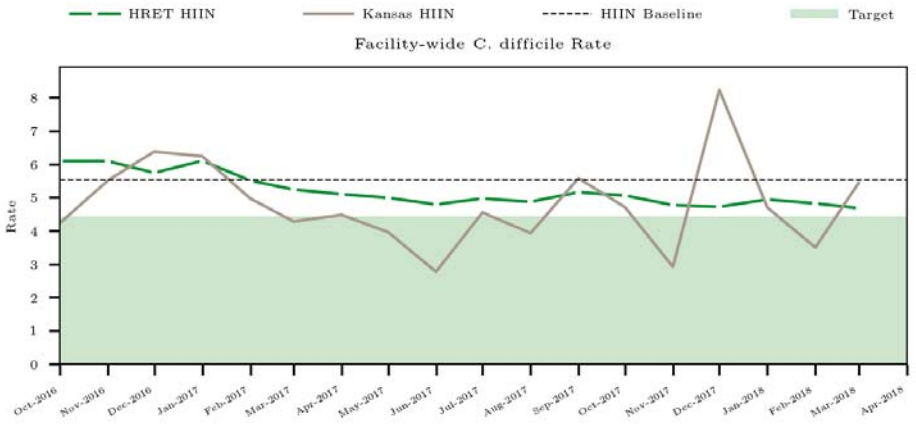


CAUTI (At Target)



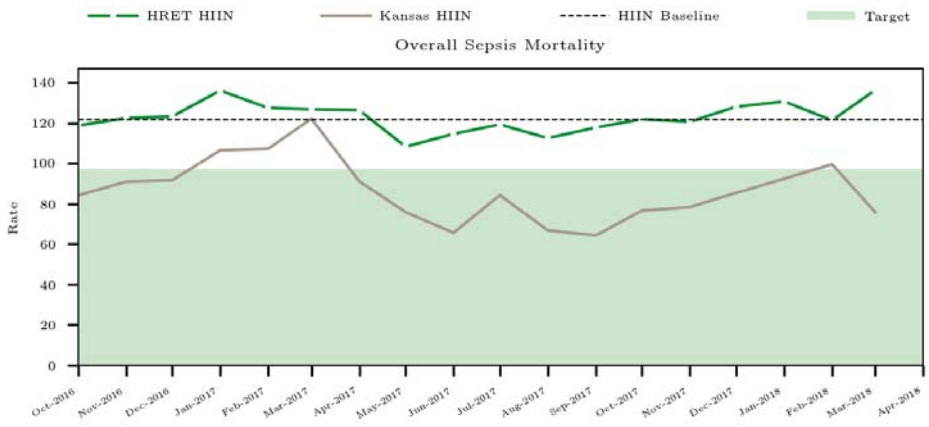
Preliminary Results KHC HIIN Progress to date

Hospital Onset *C. difficile* (Prevent 12/Mo.)



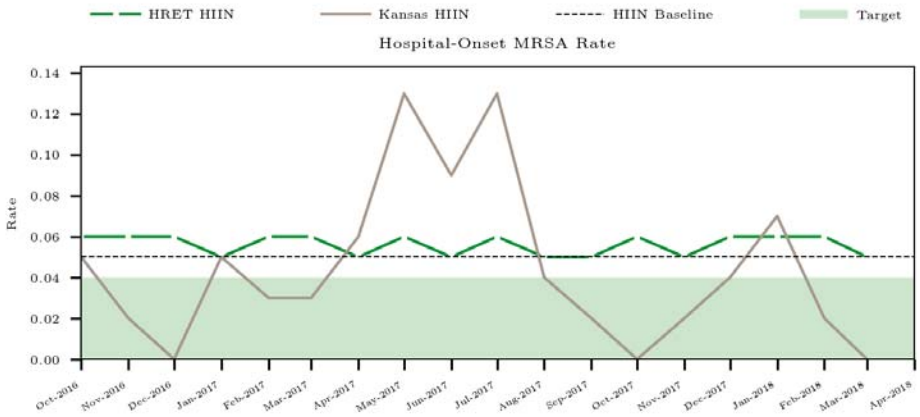
Preliminary Results KHC HIIN Progress to date

Overall Sepsis Mortality (At Target)



Preliminary Results KHC HIIN Progress to date

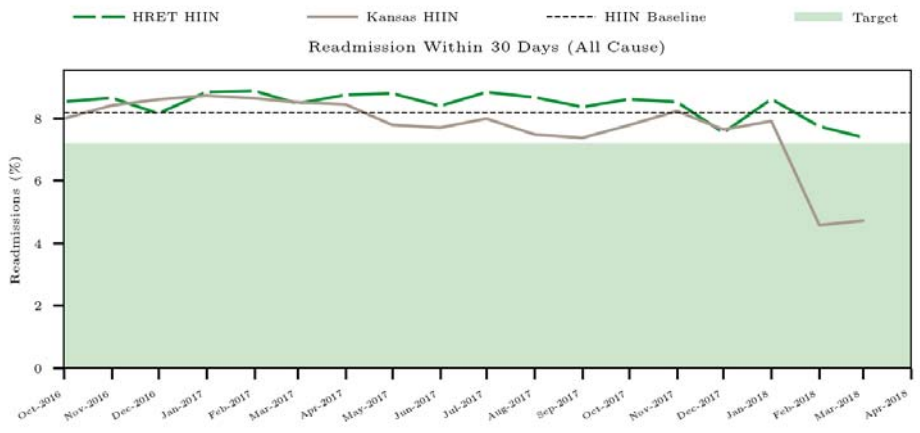
MRSA (At Target)



May 23, 2018 Kansas Healthcare Collaborative 23

Preliminary Results KHC HIIN Progress to date

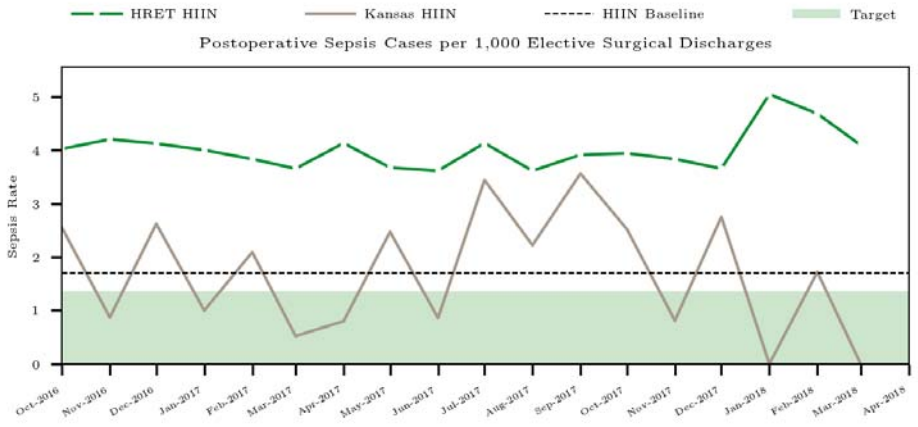
All-Cause Readmissions (Prevent 285/Mo.)



May 23, 2018 Kansas Healthcare Collaborative 24

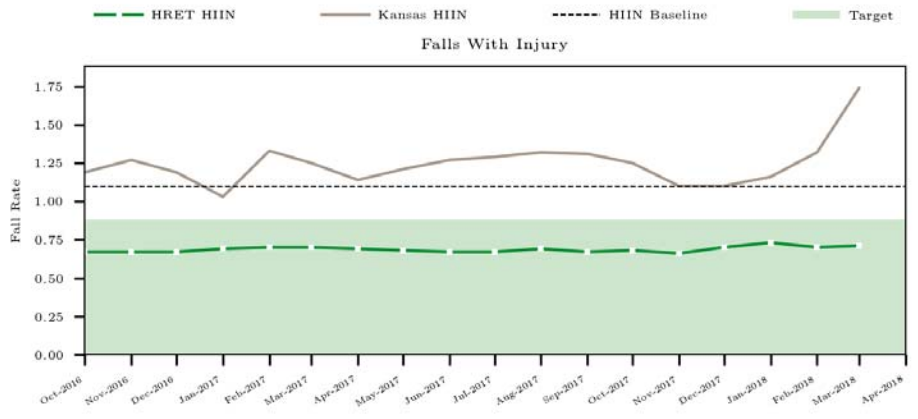
Preliminary Results KHC HIIN Progress to date

Post-Op Sepsis (Prevent 2/Mo.)



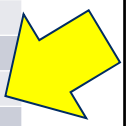
Preliminary Results KHC HIIN Progress to date

Falls with Injury (Prevent 81/Mo.)



Kansas HIIN 2016-2018 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



Improvement Calculator

- Improvement Calculator Update
- Refreshed version out in June or by request
  - New version 5.1 enhances new CEO Dashboard

Back to Basics Training

Next training session will be
Wednesday, May 30
2 to 3 p.m. CT

Register here:
https://cc.readytalk.com/r/bd50uhcmk3ta&eom

A recording of the April QHi training session is available here: http://cc.readytalk.com/play?id=ahkhkl

BRINGING THE BOARD TO QUALITY

Steven Tremain, MD, FACPE
Physician Improvement Advisor
Cynosure Health

Kansas HIIN
May 23, 2018

The Next 30 Minutes

- The Need for Transparency
- Data: The Good, The Bad, and The Ugly
- Patient Stories: Scary but True
- And Speaking of Scary: You Want Me to Do Whaaat???

Transparency to the Board

Polling Question #1

Sharing Quality Data with the Board:

1. We share quality data. It is *first on the agenda*, AND at *least 25% of the board meeting* is spent discussing it.
2. We share quality data face to face also, but not first, and not 25%.
3. We send quality reports for the board to read.
4. We do not share quality data with the board.

Polling Question #2

Sharing Quality Data with the Board:

1. The CEO shares the data and Quality is not in the room.
2. The CEO shares the data but Quality is in the room and we answer questions.
3. Quality presents the data in person directly to the board.
4. I am not sure if and how quality data is shared with the board.

Why Do Folks Sanitize What Is Told to the Board?

- Afraid of
  - Lack of understanding
  - Over-reaction
  - "Off with their heads"
  - "Can't handle the truth."
    - https://video.search.yahoo.com/yhs/search;_ylt=A0geKWHQBv9auK0AL6YPxQt.?p=you+cant+handle+the+truth&fr=yhs-Lkry-SF01&fr2=piv-web&hspart=Lkry&hsimp=yhs-SF01&type=RVMC_80801206#id=10&vid=b70b13691447ad09ce6bab80dd359406&action=view

Solution: Train the Board

- Workshops, or Bits and Pieces
  - Just Culture
    - The Need for the Truth to come to the Board
  - Variation
- IHI Boards on Board Guide
  - http://www.ihi.org/resources/Pages/Tools/HowtoGuideGovernanceLeadership.aspx

Polling Question #3

Training the Board:

1. The board has actively participated in quality improvement training and they are up to speed.
2. The board learns about quality in bits and pieces during our presentations.
3. The board has had no training to my knowledge.

Boards Can Drive Healthy Change

- Problem Solving Skills from other experiences/industries
- 30,000 foot view
- Assist with 'healthy' accountability

Reports that help you Govern

What works, what doesn't work for you?

Polling Question #4

The Board Quality Reports:

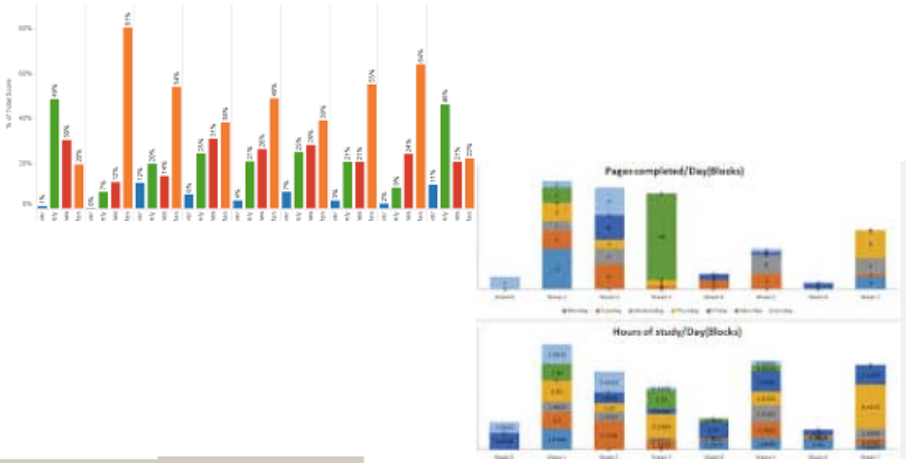
1. Are typical red/yellow/green stoplight reports
2. Are focused run charts
3. Are focused annotated run charts
4. Are *Big Dots*, such as total harm per month.
5. Stoplight reports with some run charts every meeting
6. Big Dots and annotated run charts

Bringing the Board to Quality

PT PERCEPTION	Goal	Alert	Measure	April 14	May 14	June 14	Jul-14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan-15	Feb-15	Mar 15	Year to Date
Was department clean	>94%	<84%	Per 20 responses	90%			90%			90%			90%			90%
Were toilets clean	>94%	<84%	Per 20 responses	90%			95%			75%			61%			80%
Did nurses wash hands	>94%	<84%	Per 20 responses	89%			100%			85.0%			94.7%			92%
Did doctors wash hands	>94%	<84%	Per 20 responses	94.4%			100%			85.0%			100%			93%
Privacy when discussing treatment	>94%	<84%	Per 20 responses	89.5%			100%			90.0%			89.5%			95%
Privacy when examined	>94%	<84%	Per 20 responses	94.4%			100%			95.0%			100%			97.0%
Dignity & respect	>94%	<84%	Per 20 responses	100%			100%			100%			94%			99%
Opportunity to talk to staff	>94%	<80%	Per 20 responses	73.7%			85.0%			80.0%			100%			85.0%
Noise at night-staff	<10%	>15%	Per 20 responses	10.0%			10.5%			10.0%			16.7%			12.0%
Noise at night-pts	<45%	>60%	Per 20 responses	40.0%			47.1%			40.0%			50%			43.0%
Noise at night-ward	<25%	>34%	Per 20 responses	25.0%			21.1%			40.0%			50.0%			34.0%
Call bell within 2 mins	>80%	<60%	Per 20 responses	60.0%			90.0%			65.0%			73.7%			77.0%
Contact details given	>94%	<84%	Per 20 responses	100%			100%			100%			100%			100%
Did staff check on you	>94%	<84%	Per 20 responses	95.0%			100%			100%			80.0%			94%
Compassion	>94%	<84%	Per 20 responses	100%			94.7%			85.0%			94.1%			93.5%
Level of care gd/exce	>94%	<84%	Per 20 responses	100%			95.0%			90.0%			88.2%			93.0%
FAMILIES & FRIENDS																
Responses-36 weeks	>25%	<10%	as % of eligible women	31.4%	52.1%	30.9%	31.8%	26.3%	47.7%	20.9%	14.3%	52.6%	29.4%	36.5%		33.9%
Positive to recommend	>90	<80%	as % of responses	95.9%	88.6%	92.9%	99.0%	91.5%	95.8%	91.2%	99.9%	97.5%	100.0%	96.0%		95.4%
Responses-labour	>25%	<10%	as % of eligible women	24.3%	54.9%	34.0%	21.6%	24.1%	44.9%	21.2%	18.9%	33.1%	26.9%	45.5%		31.9%
Positive to recommend	>90%	<80%	as % of responses	97.0%	99.9%	93.9%	89.7%	99.9%	95.7%	99.9%	99.9%	99.9%	100.0%	98.0%		97.6%
Responses-P/N ward	>25%	<10%	as % of eligible women	11.8%	57.7%	29.9%	20.1%	17.7%	50.0%	23.0%	19.6%	34.7%	26.9%	46.2%		30.9%
Positive to recommend	>90%	<80%	as % of responses	93.8%	99.9%	83.7%	88.9%	80.0%	89.7%	92.1%	89.3%	93.0%	89.7%	89.0%		89.9%
Responses P/N community	>25%	<10%	as % of eligible women	35.8%	40.8%	52.8%	28.9%	40.0%	48.8%	27.9%	24.3%	24.3%	35.3%	54.5%		37.6%
Positive to recommend	>90%	<80%	as % of responses	98.0%	90.8%	90.9%	95.1%	98.3%	88.1%	95.7%	97.3%	97.3%	96.2%	99.0%		95.1%
INFECTION CONTROL																
Hand hygiene audit	100%	<95%	Monthly audit	100%	93%	100%	100%	96%	92%	100%	97%	100%	100%	100%		98%
MRSA	0	>0	Total per year	0	0	0	0	0	0	0	0	0	0	0		0
C Diff	0	>0	Total per year	0	0	0	0	0	0	0	0	0	0	0		0
MATERNITY SAFETY THERMOMETER																
Maternal infection	<10%	>15%		n/a	8.0%	0%	0%	0%	8.0%	n/a	6%	14.0%	0%	12.5%		5.40%
Women left alone	<10%	>15%		n/a	8.0%	10.0%	0%	8.0%	0%	n/a	11.0%	0%	0%	0%		4.1%
3/4th degree tear	<5%	>10%		n/a	8.0%	0%	0%	8.0%	0%	n/a	6.0%	0%	0%	0%		2.3%
PPH >1000mls	<10%	>15%		n/a	8.0%	10.0%	0%	16.0%	0%	n/a	0%	14.0%	0%	0%		6.0%
Baby APGAR <6 at 5 mins of birth	<10%	>15%		n/a	16.0%	0%	0%	8.0%	10.0%	n/a	0.0%	14.0%	0%	0%		5.8%
Concern about safety during birth not taken seriosly	<8%	>10%		n/a	4.0%	6.0%	0%	12.0%	0%	n/a	11.0%	0%	0%	0%		4.1%
Combined harm free care	>80%	<75%		n/a	76.0%	80.0%	100%	76.0%	80.0%	n/a	72%	86.0%	100%	88.0%		81%
RADAR																
Score	<6	>10			4	2	5	2	5	0	0	0	4			2.44

Bringing the Board to Quality

Easy to interpret and take action?



DATA SMOG?

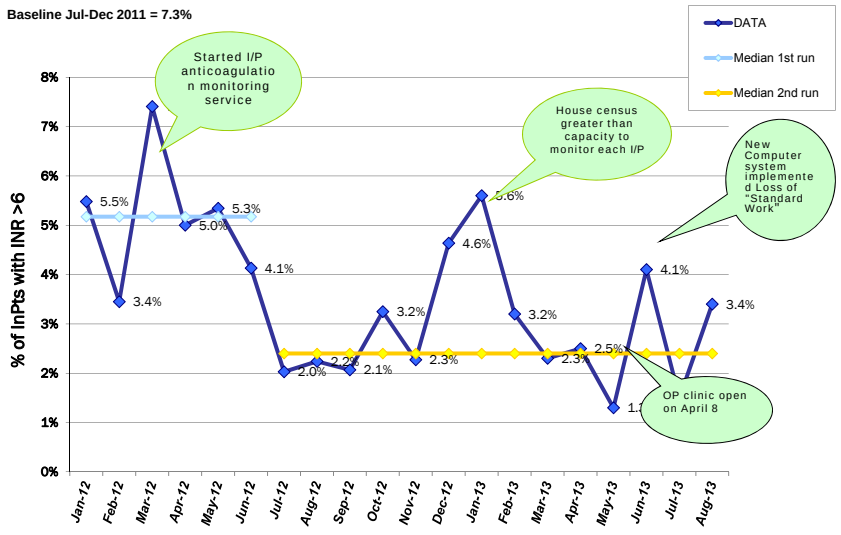
Variation

- Random (normal)cause variation
  - Variation that occurs naturally
  - Not caused by any new force or circumstance
  - Not effect of intervention (new force)
- Special cause variation
  - Something has changed
  - Effect of intervention (new force)

How do we know which is which?

- RUN CHARTS !!!
- Can't tell much from a point in time snapshot
  - Yet that is what we are often shown
  - Bar graphs

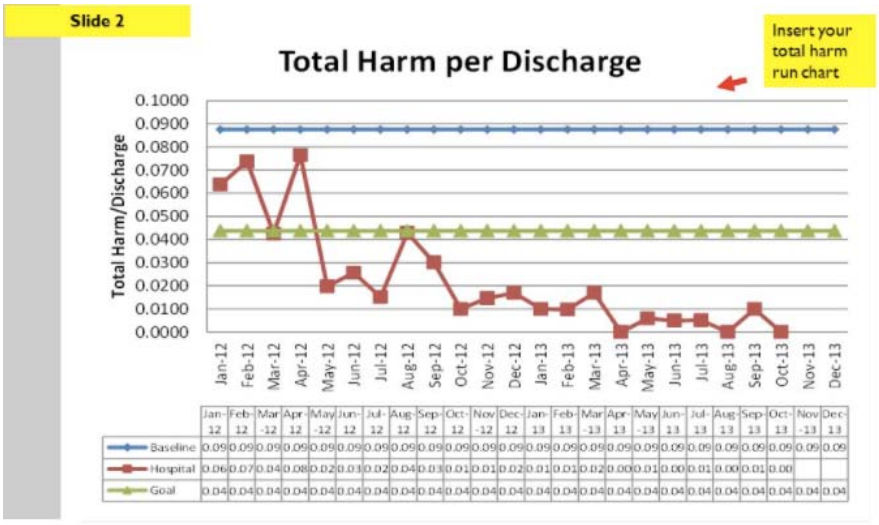
Annotated Run Chart



Harm Across the Board

- Powerful tool to drive improvement (Big Dot)
- Add the numerators of all harms
- All measured harms count as one
- Divide by monthly discharges
- Multiply by 1000 (rate per 1000 discharges)
- Remember, they are not just data points….*They are people, your neighbors.*

HAB example graph



Scary Stories

Polling Question #5

Telling Patient Stories to the Board:

1. Both harm and success stories are told at the board by patients/families.
2. Harm and success stories are told, but by staff.
3. Only success stories are told.
4. We do not tell patient stories to the board.

Bringing the Board to Quality

- Who has patient stories told at board meetings? (Chat in and tell us)
- Who has the patients/families *tell* the stories at the board meeting?
- What is that like to hear as a board member?
- How does it promote quality?

May 23, 2018 Kansas Healthcare Collaborative 51

Bringing the Board to Quality

Speaking of Scary…Go and See

May 23, 2018 Kansas Healthcare Collaborative 52

What To Do on Walk Rounds?

- Increase awareness of safety issues among all clinicians *and leaders.*
- Make safety a high priority for senior leadership.
- Educate staff about patient safety concepts such as a "just culture." Opportunity for leaders to *walk the talk*.
- Obtain information collected from staff about *barriers to safety.*
- Act, *if appropriate and only after careful analysis*, on information collected from staff.
- LISTEN AND LEARN

What *NOT* To Do on Walk Rounds?

- Talk and not listen.
- Criticize.
- Try to appease.
- Make promises you cannot keep.
- Make excuses.
- Show up with an entourage (i.e. a "protection force")

Polling Question #6

Leadership Rounds:

1. We do leadership rounds, and sometimes even board members do them, and we avoid the "Don'ts"
2. The CEO or designee does the Rounds, not the board, and they avoid the "Don'ts"
3. We do leadership rounds, but from the last two slides, we do not do them well.
4. Leadership rounds are done, but it seems like the "box is just getting checked."
5. We do not do regular leadership rounds

Thank You.

Questions and Comments

References

- www.hret-hiin.org, Health Research & Education Trust, AHA
- The Improvement Guide: A Practical Approach to Enhancing Organizational Performance, Langley, Moen, Nolan and Nolan, et al, Jossey-Bass, 2nd Ed, 2009
- http://www.ihi.org/resources/Pages/Tools/HowtoGuideGovernanceLeadership.aspx, Institute for Healthcare Improvement
- http://www.ihi.org/education/IHIOpenSchool/resources/Pages/Activities/Hayward-PatientStoriesValuable.aspx, Institute for Healthcare Improvement
- http://www.hret.org/quality/projects/walkrounds.shtml, Health Research & Education Trust, AHA

Resources & Upcoming Events

- Upcoming Events
- Wrap Up

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Upcoming HIIN Webinars

HRET HIIN: QI Fellowship Office Hours #6
May 23 ● 11:00 a.m. to 12:00 p.m. Register here

HRET HIIN | Culture of Safety – Disaster Preparedness
June 1 ● 11:00 a.m. to 12:00 p.m. Register here

HRET HIIN | Measurement Matters: Ground-breaking CDI Practices from Flowers Hospital in Alabama
June 5 ● 12:00 to 1:00 p.m. Register here

HRET HIIN: QI Fellowship Foundations for Change Call #9
June 6 ● 11:00 a.m. to 12:00 p.m. Register here

HRET HIIN: QI Fellowship Accelerating Improvement Call #9
June 6 ● 12:30 to 1:30 p.m. Register here

HRET HIIN: Readmissions Sepsis Fishbowl Series: Part 3
June 12 ● 11:00 to 12:00 p.m. Register here

Upcoming Events

Mark Your Calendars!

KHC HIIN Sepsis Champion Workshop
June 27
Four Points by Sheraton
Manhattan, KS

KHC HIIN Webinar
July 25, 2018
Sepsis Workshop Follow-up

Questions?

Contact your KHC Team

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

https://www.surveymonkey.com/r/KHC-HIIN-052318

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