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.

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  
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- **Chuck Duffield**  
  Performance Improvement Manager  
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- **Rob Rutherford**  
  Senior Health Care Data Analyst  
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**Announcements**

**HIIN Activities Survey 1Q 2018**

Survey is now open. Please respond by **June 8**.  
[https://www.surveymonkey.com/r/khc-hiin-activities-1Q2018](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
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/lqwNTQ41sS11AcbC2

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SEPSIS CHAMPION WORKSHOP

Advancing Your Knowledge
Wednesday, June 27, 2018
Four Points by Sheraton
530 Richards Drive
Manhattan, Kansas

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
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

Congratulations

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
Measures & Data Update

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

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
  - 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.
**Current Progress (as of May 21)**

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

Harms per 1,000 Discharges

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**Percent Improvement Year-to-Date**

- SST HRR: -52%
- SST Cloae: -99%
- SST Pneum: -39%
- VRE: -36%
- VTE: -30%
- MRSA: -29%
- CA-MDR: -12%
- C. Difficile: -12%
- Clostridium: -4%
- Cific eti: -2%
- Cie: -3%
- PO12: 45%
- PO50c: 30%
- Falls: 17%

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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.)
**ADE: Hypoglycemia**

![Graph showing hypoglycemia data over time]

**Patterns to look for when reviewing charts:**

- **Rule 1:** Shift: 6 or more
- **Rule 2:** Trend: 5 or more
- **Rule 3:** Number of Runs
- **Rule 4:** Astronomical Data Point

Source: The Data by L.Frevert and S.Murray, Austin, Texas, February, 2007: p3 - 10

See HF’s in-demand training for more information.
### CLABSI (Prevent 1/Mo.)

![Graph showing CLABSI rates per 1,000 Central Line Days (All Unit)]

#### Preliminary Results

- **MBET HIIN**
- **Kansas HIIN**
- **HIIN Baseline**
- **Target**

### CAUTI (At Target)

![Graph showing CAUTI rates per 1,000 Catheter Days ICUs + Other Inpt. Units]

#### Preliminary Results

- **MBET HIIN**
- **Kansas HIIN**
- **HIIN Baseline**
- **Target**
Hospital Onset *C. difficile* (Prevent 12/Mo.)

Overall Sepsis Mortality (At Target)
MRSA (At Target)

All-Cause Readmissions (Prevent 285/Mo.)
Post-Op Sepsis (Prevent 2/Mo.)

Falls with Injury (Prevent 81/Mo.)
### Kansas HIIN 2016-2018 Data Submission Schedule

<table>
<thead>
<tr>
<th>Outcome &amp; Process Measures for HACs occurring in:</th>
<th>Readmissions for index discharges in, and SSI for procedures performed in:</th>
<th>Submission Due</th>
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<tbody>
<tr>
<td>September, 2017</td>
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<td>October 31, 2017</td>
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</tr>
<tr>
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</tr>
</tbody>
</table>

### Improvement Calculator

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

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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=A0geKWHQBy9auK0AL6YPxQt?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
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
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.*
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.
• 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?

**Speaking of Scary...Go and See**
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](http://www.hret-hiin.org), Health Research & Education Trust, AHA
- [http://www.ihi.org/education/IHIOpenSchool/resources/Pages/Activities/Hayward-PatientStoriesValuable.aspx](http://www.ihi.org/education/IHIOpenSchool/resources/Pages/Activities/Hayward-PatientStoriesValuable.aspx), Institute for Healthcare Improvement
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
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