

# KHC Hospital Improvement Innovation Network

July 25, 2018  
10 to 11 a.m. CT

## 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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## KHC HIIN

### Agenda

- Introductions and Announcements
- KHC HIIN Data Update
- Follow up to Sepsis Champion Workshop – Advancing Your Knowledge
- HRET HIIN Sepsis SNAP Learnings
- Introducing new KFMC sepsis/readmissions hospital reports
- Upcoming Events

Introductions

### Special Guests



**Suzanne Fletcher**  
BSN, RN, CMSRN  
Sepsis Coordinator  
Wesley Healthcare



**Maryanne Whitney**  
RN, CNS, MSN  
Improvement Advisor  
Cynosure Health



**Michelle Sigmund**  
RHIT, CCS  
Case Review Manager  
KFMC



**Betsy Lee**  
MSPH, BSN, RN  
Improvement Advisor  
Cynosure Health

### KHC Staff



**Michele Clark**  
Program Director  
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**Eric Cook-Wiens**  
Data and Measurement Director  
ecook-wiens@khconline.org



**Chuck Duffield**  
Performance Improvement Manager  
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## Announcements & Updates

- Milestones 7 and 8
- HRET HIIN Sprints
- *New!* AHRQ CAUTI/CLABSI project for ICUs
- Progress in PFE
- 2018 HRET HIIN Q.I. Fellowship
- HIIN Extension?
- *Coming soon!* 10<sup>th</sup> Annual HCP Influenza Immunization Survey

**Michele Clark**  
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Announcements

## Milestone 7

# Congratulations

to the

# 88

**Kansas Hospitals**  
**that achieved the HRET HIIN's Milestone 7!**  
Having current and complete data for October 2016  
through March 2018 (Feb 2018 for readmissions)

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Announcements

## Our *Next* HIIN Milestone (#8)

- All HIIN data are current – October through May\*  
– by August 31, 2018.
- Hospitals meet reduction goals in at least 5 topics,  
preferably 8 or more.

Please help us collectively meet this target;  
Ensure your data is current **by August 24.**

*\*Being current through June or July is preferred!*



KHC HIIN April 26, 2017  
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Announcements


## HRET HIIN Sprints

Kudos to Kansas “sprinters” who participated!

<p><b>Adverse Drug Events – Hypoglycemia</b></p> <ul style="list-style-type: none"> <li>• Clara Barton Hospital</li> <li>• Labette Health</li> <li>• Providence Medical Center</li> <li>• Saint John Hospital</li> </ul>	<p><b>c. Difficile</b> Newman Regional Health</p> <p><b>Post-Op Sepsis (still going)</b> Lawrence Memorial Hospital Wesley Medical Center</p>
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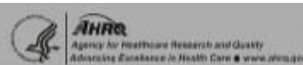
The small Sprint groups of 20-35 hospitals used a chart review discovery tool to identify opportunities to improve, create an aim statement, and begin to test changes to improve patient care.

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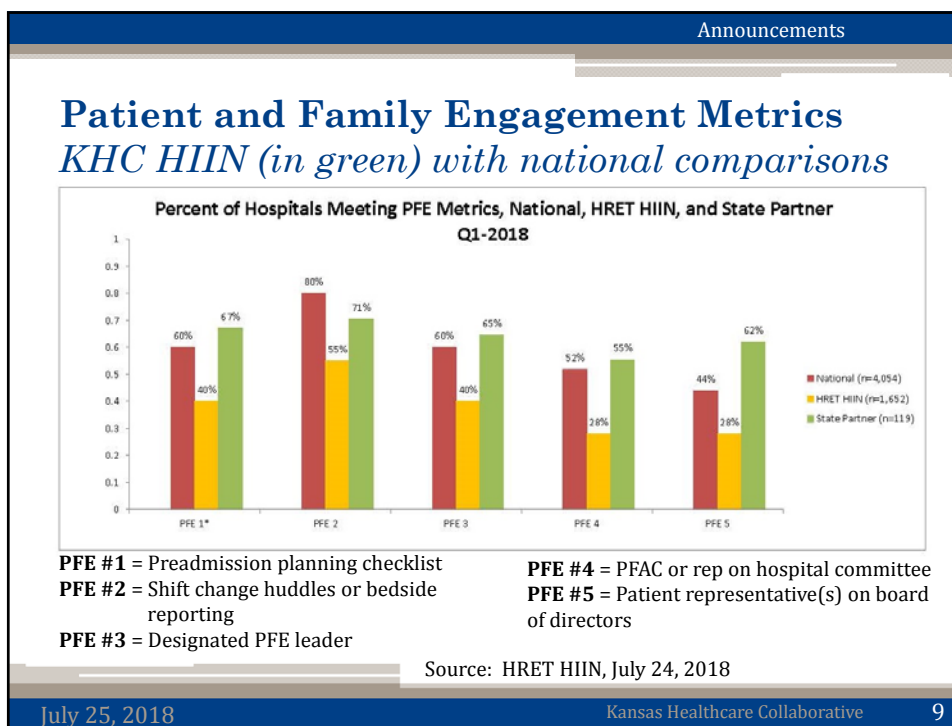


### AHRQ Safety Program for Intensive Care Units: Preventing CLABSI and CAUTI

- 12-month project launches July 30
- HRET is administering the AHRQ project. Cohort 4 has ~93 units in 21 states. Kansas/Iowa has 12 participating ICUs.
- Focus will be on using Comprehensive Unit-based Safety Program (CUSP) strategies to reduce harm.
- Focus on specific challenges with CAUTI and/or CLABSI prevention in the ICU environment.




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Announcements

## 2018 HRET HIIN Q.I. Fellowship

*Congratulations to the following Kansas Fellows for early completion!*

<ul style="list-style-type: none"> <li>❖ Dorothy Rice</li> <li>❖ Ester Knoblock</li> <li>❖ Jamie Waggoner</li> <li>❖ Kristen Hadley</li> <li>❖ Lee Vannier</li> </ul>	<ul style="list-style-type: none"> <li>❖ Michelle Toogood</li> <li>❖ Tammy Cunningham</li> <li>❖ Tiffany Trap</li> <li>❖ Tina Capeder</li> <li>❖ Verla Friesen</li> </ul>
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As of 7/3/2018

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## Announcements

## 2018 HRET HIIN Q.I. Fellowship

*Reminder to Fellows:*

**July 31** is the due date to complete your fellowship requirements and to earn your certificate of completion.

- Complete at least five IHI Open School Lessons
- View eight Fellowship webinars (recordings are available)
- Return your fellowship project report to HRET.

For additional details or the Fellowship report template, contact Michele Clark at KHC: 785-231-1321 or [mclark@khconline.org](mailto:mclark@khconline.org).

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## Announcements

## HIIN Extension?

- HRET is currently responding to a CMS Request for Proposal (RFP) to extend the Hospital Improvement Innovation Network six months through March 2019.
- CMS also could extend the HIIN another 12 months by exercising its “option year,” continuing through March 2020.
- HIINs would continue improvement work to reduce all-cause harm, readmissions, disparities, and increase PFE.
- Extension is expected to expand the focus to the stewardship of opioids.
- We hope to learn news by end of August.

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Announcements

***10<sup>th</sup> Annual***  
**Health Care Personnel (HCP)**  
**Influenza Immunization Survey**

- Survey link will be distributed to designated hospital contacts in early August to assess 2017-18 HCP immunization rates and key strategies.
- Hospitals providing access to NHSN data can skip the data section and simply respond to short list of intervention questions.
  - **Link to online HCP Influenza Immunization toolkit:**  
<https://www.khconline.org/initiatives/health-care-personnel-influenza-immunization>
  - **Link to last year's survey results**  
[https://www.khconline.org/files/Immunization/KHC announces influenza immunization survey results News Release.pdf](https://www.khconline.org/files/Immunization/KHC%20announces%20influenza%20immunization%20survey%20results%20News%20Release.pdf)

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KHC HIIN Data & Progress Update

**KHC HIIN Data  
and Progress Update**

- Reports
- KHC HIIN Progress to Date
- Focus Area Highlights

**Eric Cook-Wiens**  
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Data and Measurement Director  
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Reports

## Reports

- Preliminary drafts of monthly reports sent on 7/19/2018 (last Thursday). Includes:
  - [Analytic report](#)
  - [Monitoring report](#)
  - [Side-by-side comparison](#)
- Final July reports will be distributed this week
- NHSN → QHi data transferred last week
- New performance category

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Reports

## New Performance Category

- Baseline Rate is Zero
- Improvement not possible
- In HIIN, the overall project rate is used for evaluation

### Progress Summary

Overall Project	Past 3 Mos.
Baseline zero, no rdx.	Zero x 3 mo.
Your facility's current project period performance does not reflect an improvement from baseline in this measure. Reported baseline is zero.	Your facility currently has a streak of 3 monitoring months with no harm events for this measure. Your reported baseline was 0.0 infections per 1,000 device days.
Harms Prevented: 0 Harms to Go: 1	

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## New Performance Category

### How are cell colors assigned?

Green	<ul style="list-style-type: none"> <li>- Zero numerator events, or</li> <li>- A reduction from baseline of <math>\geq 20\%</math> (<math>\geq 12\%</math> for readmissions)*</li> </ul>
Yellow	<ul style="list-style-type: none"> <li>- Reduction from baseline, but not yet achieving target (20% or 12% for readmissions)*</li> </ul>
Red	<ul style="list-style-type: none"> <li>- No reduction from baseline*</li> </ul>
Pink	<ul style="list-style-type: none"> <li>- Zero baseline, reduction not possible</li> </ul>
Grey	<ul style="list-style-type: none"> <li>- No data submitted, or</li> <li>- Insufficient data: Fewer than 3 monthly data points submitted, or</li> <li>- Sparse data: Data is submitted, but there were too few denominator events to evaluate change over time</li> </ul>
N/A	<ul style="list-style-type: none"> <li>- Inapplicable focus areas for certain facilities (eg. CLABSI, SSI, or VAE)</li> </ul>
Orange	<ul style="list-style-type: none"> <li>- Most recent submitted data more than 2 months old</li> </ul>

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## New Cell Color

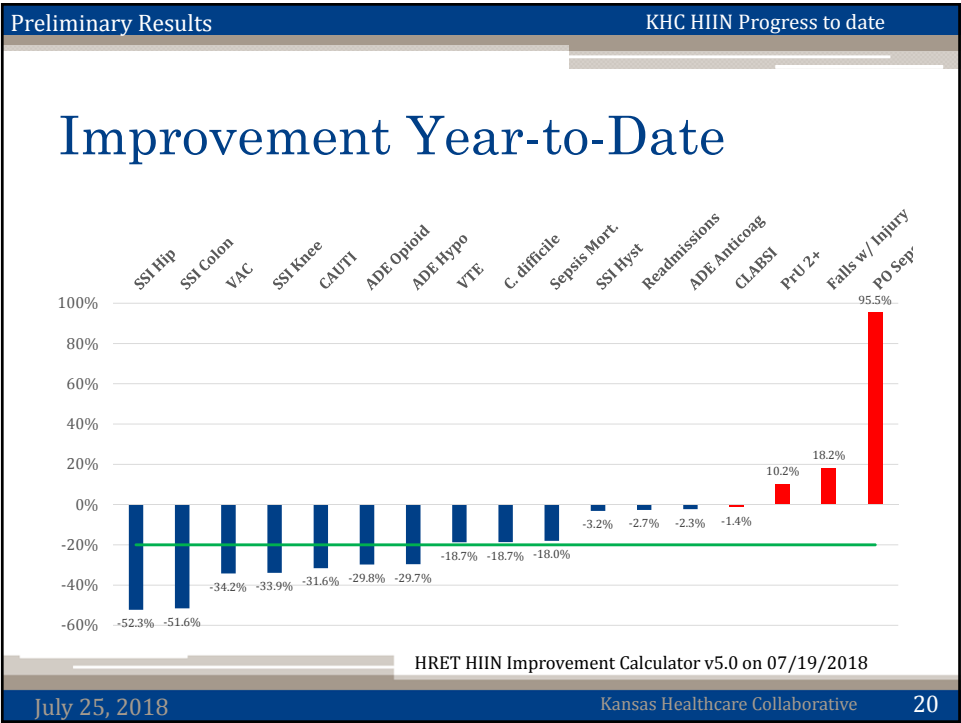
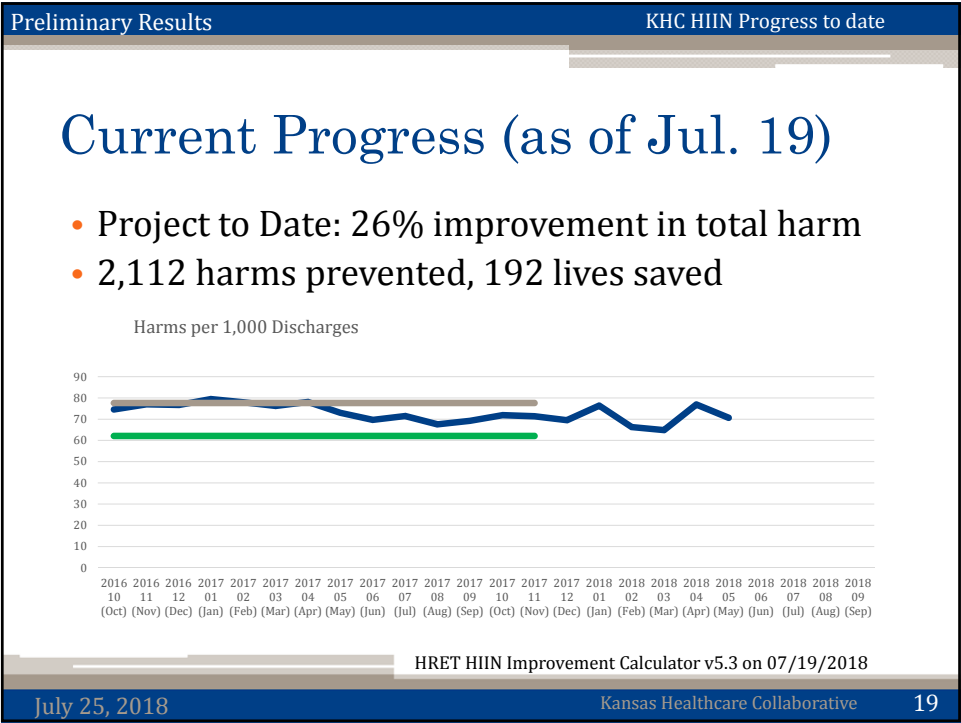
## Summary of Kansas HIIN Outcome Measures

Area	Outcome Measure	Most Recent Date	Project Performance	Harms to Go by Sep. 2018	Harms Prevailed to Date
ADE	Naloxone Administration to Patients Receiving Buprenorphine	06/2018	91.83% (n=2)	0	193
	Hypoglycemia in Inpatients Receiving Insulin	06/2018	16.38% (n=6)	1	4
	Excessive Antiemetic with Warfarin - Inpatients	06/2018	100% (n=1)	0	2
CAUTI	CAUTI rate per 1,000 Catheter Days ICU + Other Inpt. Units	06/2018	8-month trend (n=16)	N/A	N/A
	CAUTI rate per 1,000 Catheter Days - ICUs	N/A	N/A	N/A	N/A
CLABSI	CLABSI Rate per 1,000 Central Line Days (All Units)	06/2018	26.6% (n=3)	0	0
	CLABSI Rate per 1,000 Central Line Days (ICUs)	N/A	N/A	N/A	N/A
FALLS	Falls With Injury	06/2018	54.23% (n=4)	0	1
	Falls With or Without Injury	06/2018	54.23% (n=4)	0	22
HAPU	Patients with at Least One Stage II or Greater RAPU	05/2018	77.11% (n=4)	0	4
	Patients with at least one Stage III or greater RAPU	05/2018	56.9% (n=3)	0	0
	Readmissions Within 30 Days (All Cases)	05/2018	1.24% (n=1)	0	15
Readmit	Readmissions Within 30 Days Medicare	05/2018	1.24% (n=1)	19	0
	Postoperative Septic Shock per 1,000 Elective Surgical Discharges	-	No Data		
	Overall Septic Mortality	06/2018	75.75% (n=4)	0	14
SSI	Hospital-Care Septic Mortality	06/2018	Septic Data		
	SSI Rate: Colon Surgeries	06/2018	No change	0	0
	SSI Rate: Abdominal Hysterectomies	06/2018	Septic Data		
SSI	SSI Rate: Total Knee Replacements	N/A	N/A	N/A	N/A
	SSI Rate: Total Hip Replacements	N/A	N/A	N/A	N/A
	SSI Rate: All Surgical Procedures	06/2018	10.36% (n=6)	0	2
VAE	VAC Rate - All Units (CDC NHIS)	N/A	N/A	N/A	N/A
	IVAC Rate - All Units (CDC NHIS)	N/A	N/A	N/A	N/A
VTE	Hospital-Acquired Potentially Preventable VTE	06/2018	Septic Data		
	Post-op DVT or PE on EPT rate	05/2018	2.6% (n=3)	0	0
CMI	Facility-wide C Difficile Rate	07/2018	No data/audit	1	0
WS	Harm Events Related to Patient Handling	07/2018	54.84% (n=4)	0	3
WV	Workplace Injury	06/2018	100% (n=1)	4	4
	Hospital-Care MRSA Rate	07/2018	Septic Data	0	0

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Focus Area Highlights

## Focus Area Highlights

- Sepsis (3 measures)
- Readmissions
- Falls with Injury

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Preliminary Results

Focus Area Highlights

## Postoperative Sepsis

Post-Op Sepsis Rate

• Average of Rate

• Mean

• Mean Target

- Baseline: 0.83 cases per 1000 elective surgical cases
- Project-to-date: 1.61 cases per 1000 elective surgical cases

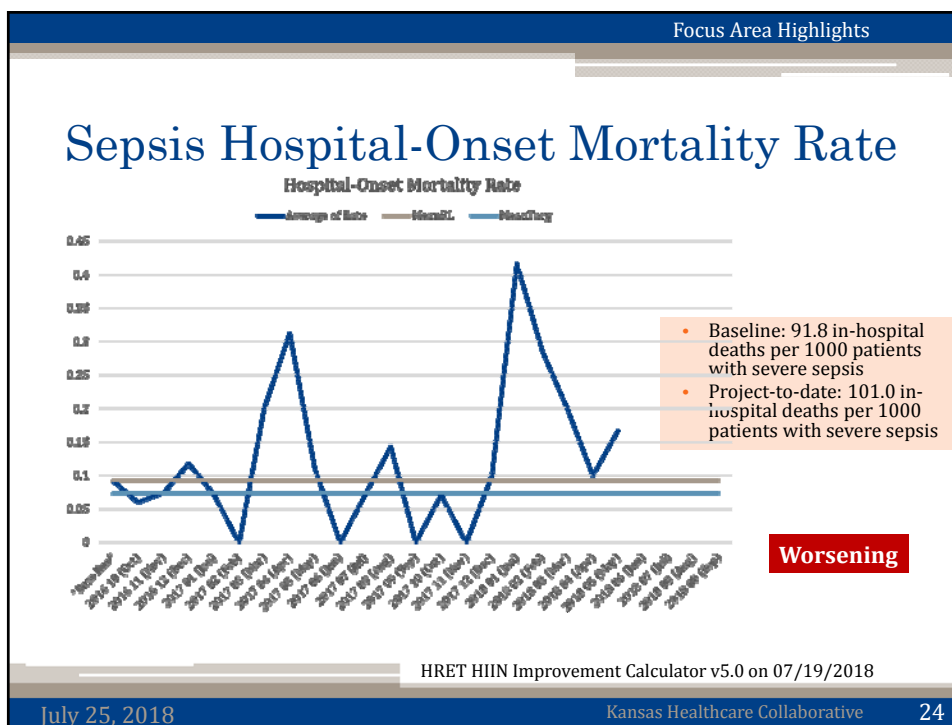
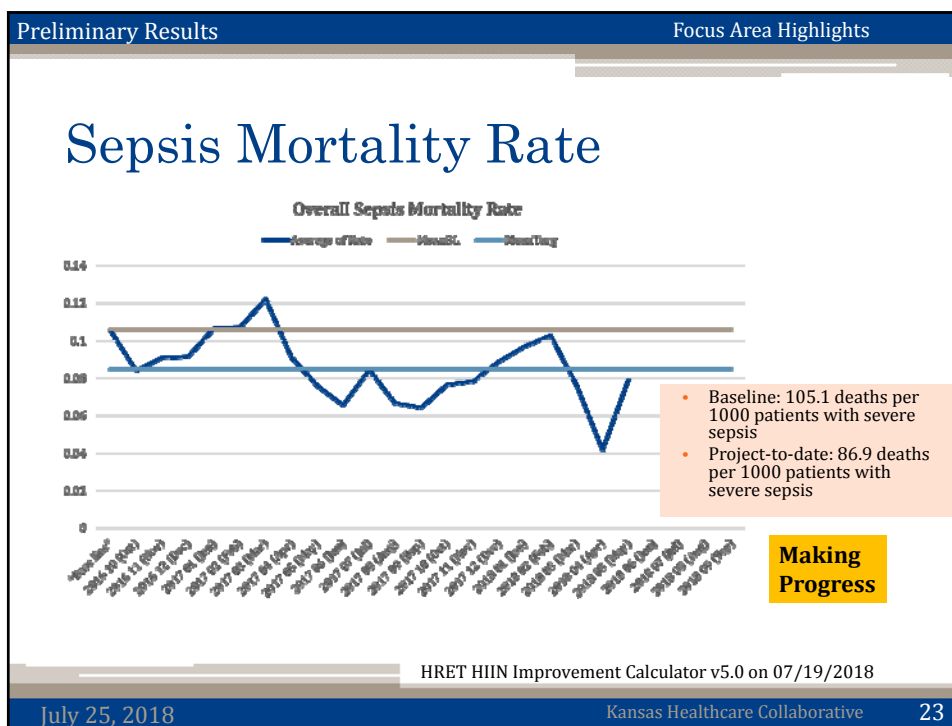
**Worsening**

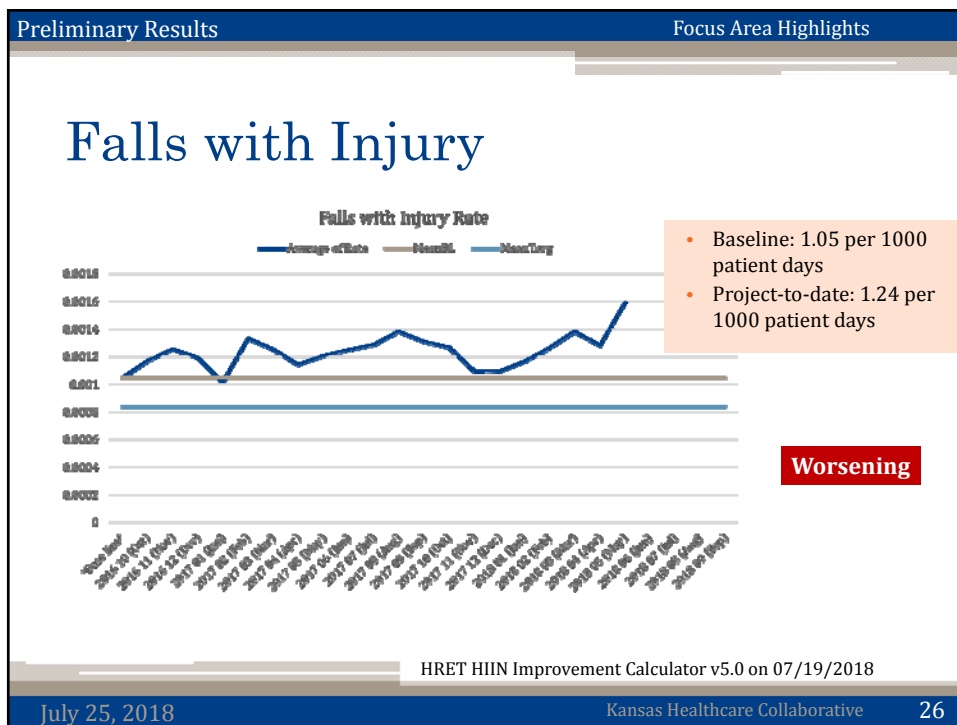
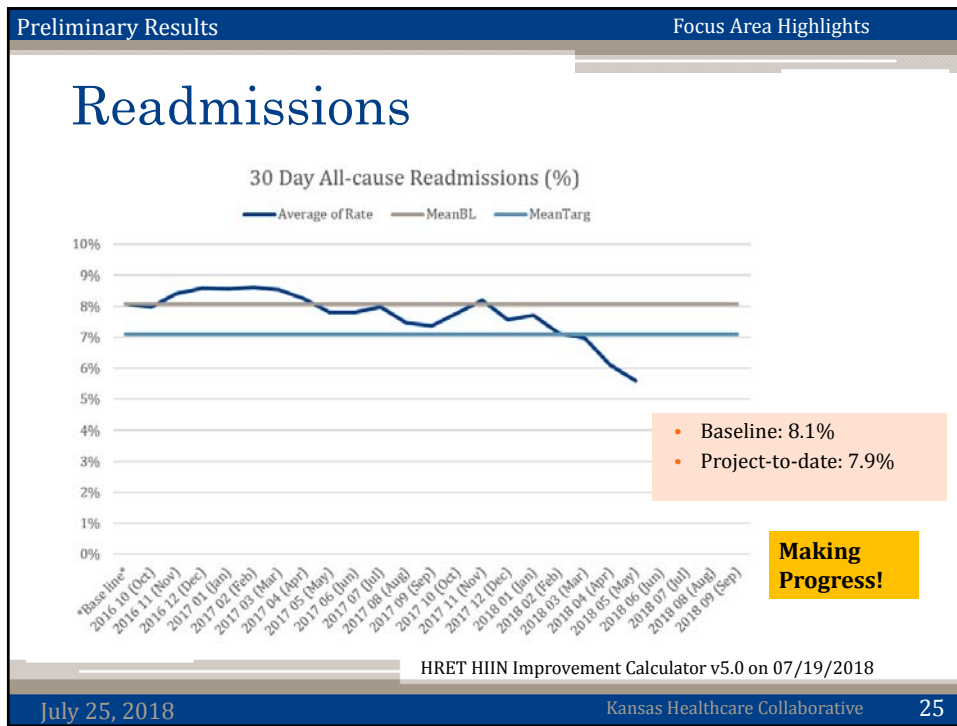
HRET HIIN Improvement Calculator v5.0 on 07/19/2018

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HIIN Data Schedule		
<h2>KHC HIIN 2016-2018</h2> <h3>Data Submission Schedule</h3>		
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	<b>July 31, 2018</b>



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## Sepsis

### *Follow up to 2018*

### *Sepsis Champion Workshop*

**Suzanne Fletcher, BSN, RN, CMSRN**  
Sepsis Coordinator  
Wesley Healthcare

**Maryanne Whitney, RN, CNS, MSN**  
Improvement Advisor  
Cynosure Health

- 1 hour antibiotic clarification
- Q&A
- Sepsis SNAP Learnings

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Kansas Sepsis Champions 2018  
#WhyImHIIN



KHC HIIN

## Sepsis Champion Workshop: Advancing Your Knowledge

Held June 27, 2018  
Manhattan, KS

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See more photos at <https://www.facebook.com/KHCqi/>

## Advancing Our Knowledge in Sepsis



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## Topics discussed at workshop:

- Why focus on sepsis?
- Sepsis pathophysiology
- Procalcitonin and antimicrobial stewardship
- Pediatric sepsis
- Transfer optimization
- Effective nurse/physician communication
- Preventing sepsis readmissions
- Organizational change
- Panel Q&A and next steps

## More Q&A

### Sepsis 1 hour recommendation clarification

- Is it a CMS requirement?

### Q&A

- What are your burning questions that didn't get answered at the workshop?



Sepsis Snap Learnings

# Sepsis SNAP Learnings

KHA Sepsis Webinar  
Maryanne Whitney RN CNS  
Cynosure Health

Sepsis SNAP Learnings

# SNAP

- **S**- Safety
- **N**- Network
- **A**- Accelerate
- **P**- Performance



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# Getting Started

## Sepsis SNAP Learnings

	Primary Drivers	Secondary Drivers	
Optimal Transfer of Sepsis Patient from CAH/ Rural to Regional Hospital	Create a Partnership	<ul style="list-style-type: none"><li>Identify facility that you transfer or receive sepsis patients from and contact sepsis or ED leader</li><li>Arrange a face to face visit</li><li>Arrange a visit to "walk in their shoes"</li><li>Develop a partnership between CAH Rural &amp; Regional Facility</li><li>Establish agreement for screening, treatment/order sets, roles &amp; responsibilities for both facilities</li></ul>	Change Ideas
	Implement Reliable and Valid Early Detection Processes for Sepsis	Screen every patient in ED triage with a standard sepsis evaluation tool	Change Ideas
		Monitor sepsis screening processes for reliability and validity	Change Ideas
	Implement 3-hr Bundle for patient who screen positive for sepsis:	Draw lactate asap and ensure that the results are available within 45 minutes	Change Ideas
		<ul style="list-style-type: none"><li>Implement processes that ensure the ready availability of blood culture draws so that blood cultures can be drawn before starting antibiotics</li><li>Administer broad spectrum antibiotics (goal is within 60 minutes)</li><li>Administer fluid bolus 30ml/kg for patients with hypotension or lactate equal to or &gt; than 4mmol/L</li></ul>	
	Communicate Status of Treatment	Communicate to regional facility & EMS status of treatment	Change Ideas
	Continue Treatment throughout Transport	<ul style="list-style-type: none"><li>Ensure treatment continues during transport</li><li>Develop transfer orders that support fluid administration during transport</li></ul>	Change Ideas
Create learning loop	<ul style="list-style-type: none"><li>Provide regular feedback between CAH Rural facility and referral facility regarding identification, treatment, and status of the patient</li></ul>	Change Ideas	

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## Sepsis Snap Learnings

Sepsis Screening & Transfer Tool		Does the patient meet 2 or more of the following SIRS?		Temp	HR	RR	WBC	Platelets
Presentation to the ED								
Date/Time								
Does the patient have any of the following documented or suspected infections?		<ul style="list-style-type: none"> <li><input type="checkbox"/> Temperature &gt;102.4° or &lt;96.8°</li> <li><input type="checkbox"/> Heart rate &gt; 90 bpm</li> <li><input type="checkbox"/> Respiratory rate &gt;20 bpm</li> <li><input type="checkbox"/> WBC &gt;12,000 or &lt;4,000 or &gt;10% bands</li> <li><input type="checkbox"/> Altered mental status (recent onset)</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Cough/purulent drainage</li> <li><input type="checkbox"/> UTI</li> <li><input type="checkbox"/> Wound/infection</li> <li><input type="checkbox"/> SOB/frequency</li> <li><input type="checkbox"/> Urinary</li> <li><input type="checkbox"/> GI/GU</li> <li><input type="checkbox"/> Bloodstream</li> <li><input type="checkbox"/> Skin/soft tissue</li> <li><input type="checkbox"/> Catheter-related</li> <li><input type="checkbox"/> Device related</li> <li><input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> Other _____</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Outside home/LTAC</li> <li><input type="checkbox"/> Outside surgery</li> <li><input type="checkbox"/> Outpatient clinic/outpatient</li> <li><input type="checkbox"/> Involving device</li> <li><input type="checkbox"/> Currently on antibiotics</li> <li><input type="checkbox"/> Significant risk or reports of infection within the last 30 days</li> </ul>		
Please circle any that apply								
<b>Time Zero for Sepsis</b>		(see both above sections)						
Within 5 minutes of positive screen		<ul style="list-style-type: none"> <li><input type="checkbox"/> Lab draw for stat lactate level</li> <li><input type="checkbox"/> Blood cultures (x2) prior to antibiotic administration</li> <li><input type="checkbox"/> Administer a broad-spectrum antibiotic <i>(Give antibiotic prior to transport and within 1 hour after arrival to ED)</i></li> </ul>						
Do not delay antibiotic administration 1 minute to obtain timely blood cultures		<b>Unfractionated Heparin Antibiotic Recommendations for Septic Shock (septic recommendations)</b> First dose: 4gms IV over 10-15 min over 30 minutes, plus bolus 1gm/kg IV. If the patient is less than 20kg, max 200 mg error over 30 minutes at a rate of 200mg/hr. Alternative: Intravenous penicillin G potassium 4.8 million units IV q4hrs over 3 hours. Alternative: Intravenous ampicillin-sulbactam 2 gm over 30 minutes, plus bolus 1gm/kg IV q4hrs over 3 hours. Alternative: Intravenous piperacillin-tazobactam 4 gm over 30 minutes, plus bolus 1gm/kg IV q4hrs over 3 hours. Allergic Alternative: (severe penicillin allergy) 2 gm vancomycin IV push over 3-5 minutes, plus levofloxacin 750 mg error over 30 minutes, plus azithromycin 500 mg error over the nearest 200 mg max 2000 mg error once at a rate of 100 mg/hr.						
Does the patient have one or more of the following organ dysfunctions?		<ul style="list-style-type: none"> <li><input type="checkbox"/> Systolic blood pressure &lt;90</li> <li><input type="checkbox"/> Mean Arterial Pressure &lt;65</li> <li><input type="checkbox"/> SBP decrease &gt; 40 mmHg baseline</li> <li><input type="checkbox"/> Creatinine &gt; 2.0</li> <li><input type="checkbox"/> BUN &gt; 100,000</li> <li><input type="checkbox"/> AST &gt; 40 u/L</li> <li><input type="checkbox"/> INR &gt; 1.5</li> <li><input type="checkbox"/> Bilirubin &gt; 2.0</li> <li><input type="checkbox"/> PT/APTT &gt; 1.5 times normal</li> </ul>						
<b>Time Zero for Severe Sepsis</b>								
Ensure patient has 2 large bore IVs Re-check vitals q-15 minutes		If the patient is on <5 cc IV NS or a drip in SBP <40 gta from last normal, OR lactate > 4.0 mmol/L, OR pH < 7.35, DO NOT STOP THE DROPS OF 30 cc 0.9% Sodium Fluid Bolus (normal saline / lactated ringers) weight in kg x 30 = mL fluid Stop Time: Stop Time: If hypotension persists after 30 mL/kg bolus, start V.V. vasopressors						
<b>Time Zero for Septic Shock</b>								
Transport		Hospital transported to _____ Transport type to _____ Bedside provider _____ RN report given to _____ RN time to receiving facility _____ via phone _____ email _____ The bedside providers etc. _____ via phone _____ email _____ to whom _____ Communication included: Facility charged for the transfer and driving down sepsis mortality! Patient outcome (ICU, Med, O&A) Patient diagnosis (if known) _____ Comments: _____						

Fax/scan to receiving facility @ time of transfer and send hard copy with patient

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**Quality Improvement Organizations**  
Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES



**Great Plains**  
Quality Innovation Network

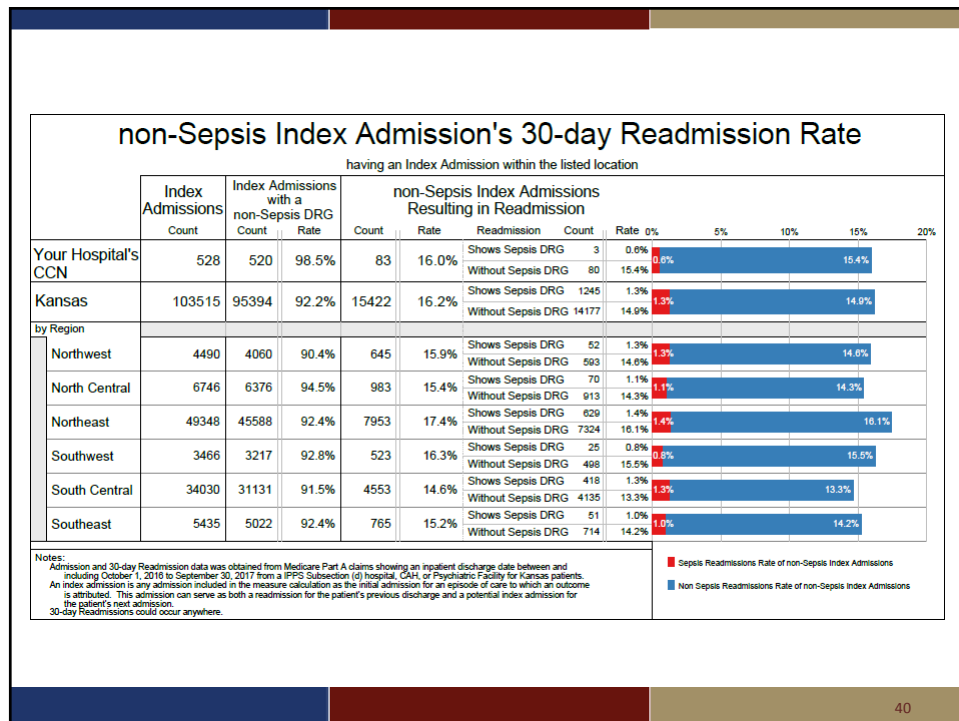
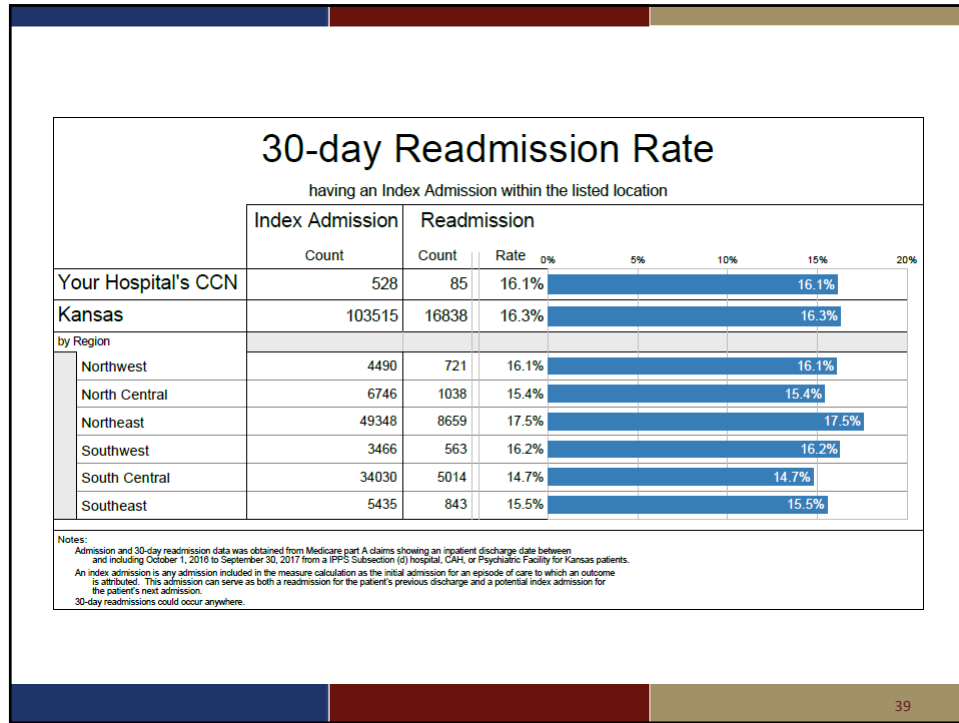


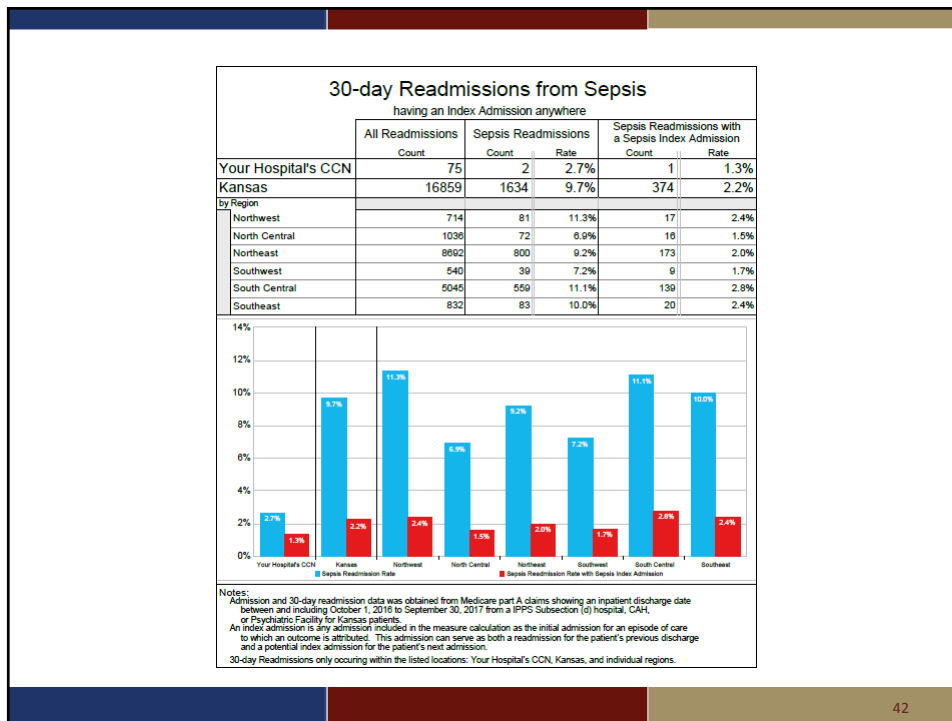
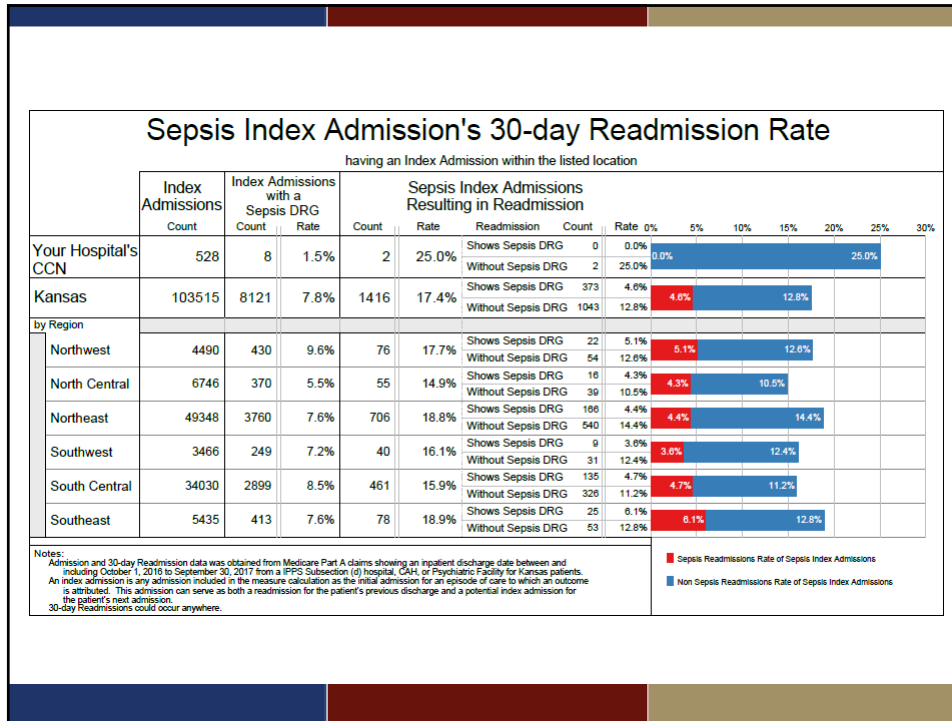
**Michelle Sigmund, RHIT, CCS**  
Case Review Manager  
Kansas Foundation for Medical Care

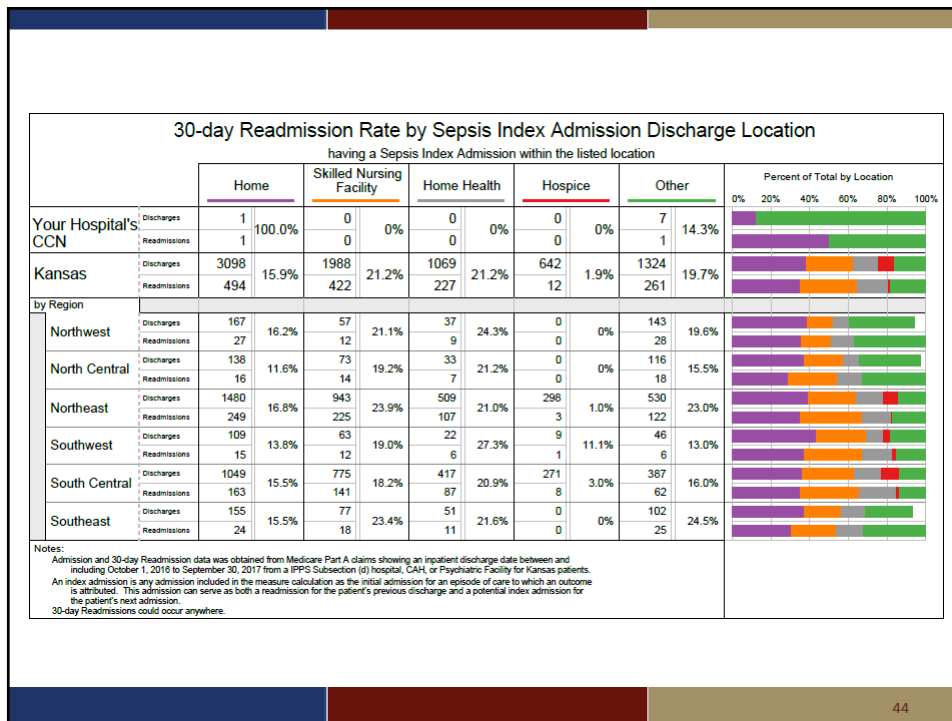
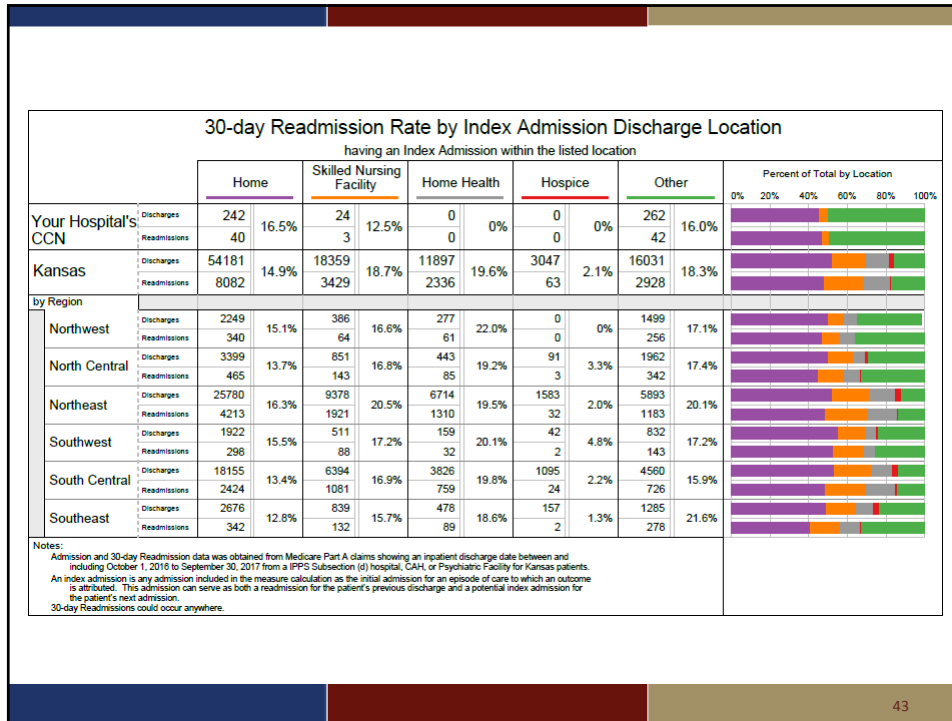
## 30-day Readmissions Report

with a special focus on sepsis

- Hospital specific readmission report to assist hospitals in looking at their readmission data
- Select pages will focus on sepsis readmissions
- 30-day readmission data (developed from CMS Claims data)
  - Readmission Rate
  - By Discharge Location
  - By Discharge Weekday
  - By Readmission Weekday
  - Index Admission & Readmission Top 10 DRG Bundles
  - Days from Index Admission to 30-day Readmission
- State and Regional comparison data
- **Provided August 2018** and then quarterly







## Contact Information

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This material was prepared for the Great Plains Quality Innovation Network, the Medicare Quality Improvement Organization for Kansas, Nebraska, North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. SEP11SOW-GPOIN-KS-SIS-05/0718

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### #WhyImHIIN Selfie Statements

## #WhyImHIIN



Marisa (left) and "Katie Katie The Sepsis Lady" of Olathe Health

To see more photos, visit  
<https://www.facebook.com/KHCqi/>

**Kansas Healthcare Collaborative**  
Published by Phil Cauthon (?) · June 27 at 4:38 PM · 🌐

#SepsisChampions from across Kansas tell what drives them to constantly work on improving the quality of care, such as: "Because ONE person CAN make a difference!! —Katie Katie The Sepsis Lady." #WhyImHIIN #SepsisQI



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#WhyImHIIN Selfie Statements



Crystal, Mirella, and Kelsey (from left) of Southwest Medical Center.

# #WhyImHIIN




Stephanie (left) and Pam of Rooks County Health Center

To see more photos, visit  
<https://www.facebook.com/KHCqi/>


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#WhyImHIIN Selfie Statements


# #WhyImHIIN



Leisha, Kristina, and Amanda (from left) of Sheridan County Health Complex.



Dawn (left) and Lynette of Stevens County Hospital.



From William Newton Hospital (from left) Dixie, Tonya, Kristi, Echo, Debbie, and Brandy

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#WhyImHIIN Selfie Statements

# #WhyImHIIN

Share your team's passion for its work:

- 1) Download PDF:  
<http://gg.gg/WhyImHIIN>
- 2) Print, fill out with bold marker.
- 3) Post with hashtag  
#WhyImHIIN

See more Selfie Statements on HRET HIIN website at  
<http://www.hret-hiin.org/engage/selfie-statements.shtml>

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#WhyImHIIN Selfie Statements

# #WhyImHIIN



 @KHCqi  KHCqi

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## Upcoming Events

- Upcoming Events
- Wrap Up
- Contact Us

**Chuck Duffield**  
Performance Improvement Manager  
Kansas Healthcare Collaborative  
cduffield@khconline.org  
(785) 235-0763 x1327

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## Upcoming HRET HIIN Webinars

HRET HIIN: **Q.I. Fellowship Office Hours**  
**July 25 • 11:00am - 12:00pm (CT)**  
Register here:  
<http://hret.adobeconnect.com/qi-fellowship-20180725/event/registration.html>

HRET HIIN: **Readmissions Sepsis Fishbowl Series: Part 5**  
**August 7 • 11:00am - 12:00pm (CT)**  
Register here:  
<http://hret.adobeconnect.com/readmissions-fishbowl-series-part5/event/registration.html>

HRET HIIN: **Rural/CAH Readmissions Sequel |  
The Power of Personalized Care Transitions in a CAH Setting**  
**August 16 • 11:00 a.m. to 12:00 p.m. (CT)**  
Register here:  
<http://hret.adobeconnect.com/rural-cah-20180816/event/registration.html>

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Upcoming Events

## Upcoming HRET HIIN Webinars

HRET HIIN: **ADE Hypoglycemia Sprint Summary**  
**August 24 ● 11:00am - 12:00pm (CT)**  
Register here:  
<http://hret.adobeconnect.com/ade-20180824/event/registration.html>

HRET HIIN: **CDI Sprint Summary**  
**September 14 ● 11:00am - 12:00pm (CT)**  
Register here:  
<http://hret.adobeconnect.com/cdi-20180914/event/registration.html>

HRET HIIN: **Post-Op Sepsis Sprint Summary**  
To be Announced

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Upcoming Events


## Upcoming KHC HIIN Webinars

KHC HIIN: **Hand Hygiene Collaborative**  
**August 3 ● 11:00am - 12:00 pm (CT)**  
Registration link has been distributed to collaborative participants.  
For information about Hand Hygiene Collaborative, contact Chuck Duffield.

KHC HIIN: **August Virtual Meeting**  
**August 22 ● 10:00 - 11:00 am (CT)**  
Register here:  
<https://www.khconline.org/31-event-descriptions/382-khc-hiin-webinar-8-22-18>

KHC HIIN: **Kansas PFA/PFAC Collaborative Learning Session**  
**September 17 ● 1:00 - 2:30 pm (CT)**  
Registration link will be distributed to collaborative participants.

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**Questions?**  
**Contact your KHC Team**

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

<https://www.surveymonkey.com/r/KHC-HIIN-072518>



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Your KHC Team

				
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*Presented By*

		
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**Kansas Healthcare**  
 COLLABORATIVE

Contact us anytime:  
**(785) 235-0763**

Connect with us on:

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For more information:  
→ [KHConline.org](http://KHConline.org)