

KHC Hospital Improvement Innovation Network

August 22, 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.



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



KHC HIIN – August 22, 2018

Agenda

- Introductions and Announcements
- Milestone 8
- Data Update
- *Peer-to-Peer Sharing*
 - 2018 Quality Improvement Fellowship Initiatives
 - **Falls** - Tina Capeder, Anderson County Hospital
 - **Readmissions** - Tammy Cunningham, Olathe Health System
- Resources & Upcoming Events

Introductions

Special Guests



Tina Capeder, MBA
Director of Quality, Risk
and Compliance
Anderson County Hospital



Tammy Cunningham, RN, BSN
Quality and Outcomes
Coordinator
Olathe Health System



Betsy Lee
MSPH, BSN, RN
Improvement Advisor
Cynosure Health

KHC Staff



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Eric Cook-Wiens
Data and Measurement Director
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Chuck Duffield
Performance Improvement Manager
cduffield@khconline.org

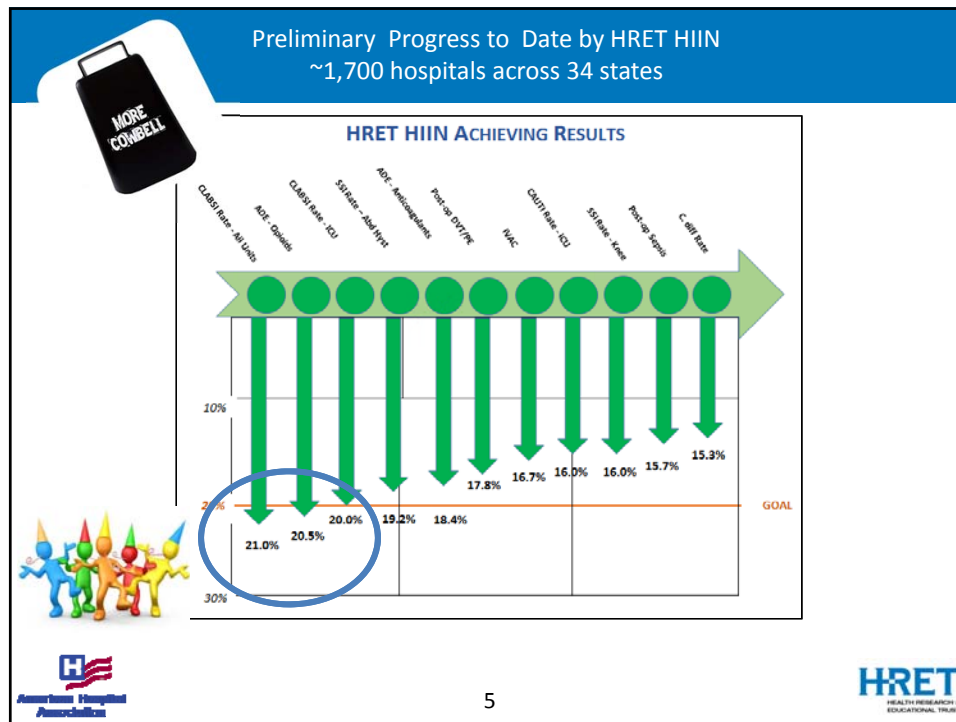
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Announcements & Updates

- HRET HIIN Progress to Date
- Milestone 8
- HIIN Extension?
- HRET HIIN Sprints
- 2018 HRET HIIN Q.I. Fellowship
- 10th Annual HCP Influenza Immunization Survey

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Announcements

HRET HIIN Milestone #8

- All HIIN data are current – October through May*
- 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 28.**

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

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Announcements

HIIN Extension?

- HRET is in negotiations with CMS 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.
- Join us for September 26 KHC HIIN webinar for an update and overview of the anticipated HIIN extension.

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Announcements

Sprint Summary Webinars

HRET HIIN will be hosting Sprint Summary webinars to review the sprint methodology and participants of sprints will share themes, lessons learned and next steps.



ADE Hypoglycemia Sprint Summary Webinar
August 24, 2018 | 11:00 a.m. – 12:00 p.m. CT | Register [here](#)

CDI Sprint Summary Webinar
September 14, 2018 | 11:00 a.m. – 12:00 p.m. CT | Register [here](#).

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Announcements

HRET HIIN Sprints

Kudos to Kansas “sprinters” who participated!

<p>Adverse Drug Events – Hypoglycemia</p> <ul style="list-style-type: none"> • Clara Barton Hospital • Labette Health • Providence Medical Center • Saint John Hospital 	<p>c. Difficile Newman Regional Health</p> <p>Post-Op Sepsis 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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Announcements

2018 HRET HIIN Q.I. Fellowship

Congratulations to our 2018 Kansas Fellows!



- ❖ **Tina Capeder**, Anderson County Hospital
- ❖ **Tammy Cunningham**, Olathe Health System
- ❖ **Verla Friesen**, Mercy Hospital, Inc.
- ❖ **Kristen Hadley**, Osborne County Memorial Hospital
- ❖ **Courtney Huhn**, VA Eastern Kansas Healthcare System
- ❖ **Ester Knoblock**, Newman Regional Health
- ❖ **Sarah Lueger**, VA Eastern Kansas Healthcare System
- ❖ **Dorothy Rice**, Ransom Memorial Hospital
- ❖ **Katherine Rucker**, Olathe Health System
- ❖ **Michelle Toogood**, Memorial Health System
- ❖ **Tiffany Trapp**, Rush County Memorial Hospital
- ❖ **Lee Vannier**, VA Eastern Kansas Healthcare System
- ❖ **Jamie Waggoner**, Ashland Health Center

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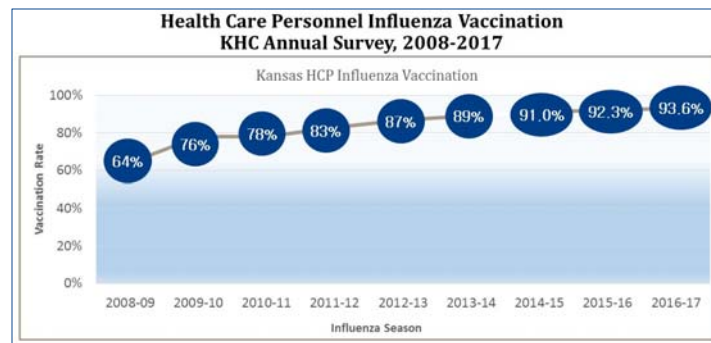
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Announcements

10th Annual Hospital HCP Influenza Immunization Survey

Survey link has been distributed to designated hospital contacts to assess 2017-18 HCP immunization rates and key strategies. **Please respond by 8/31/18.**



Link to online HCP Influenza Immunization toolkit:

<https://www.khconline.org/initiatives/health-care-personnel-influenza-immunization>

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KHC HIIN Data and Progress Update

- Data cleanup and schedule for Milestone 8
- KHC HIIN Progress to Date
- Focus Area Highlights
- Data submission schedule

Eric Cook-Wiens

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Reports

Data Cleanup for Milestone 8

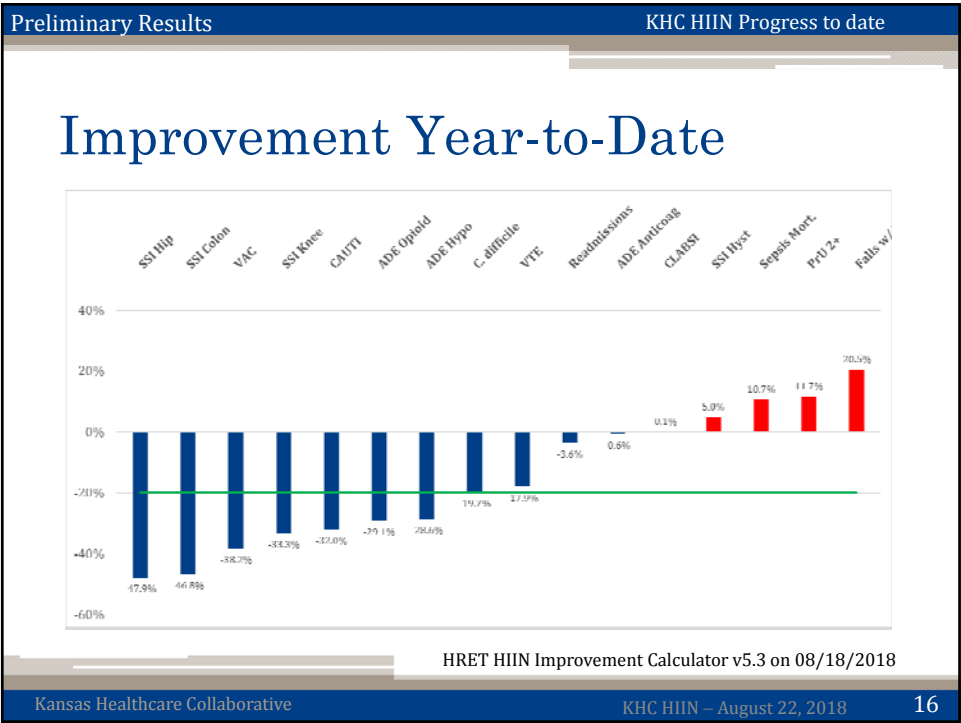
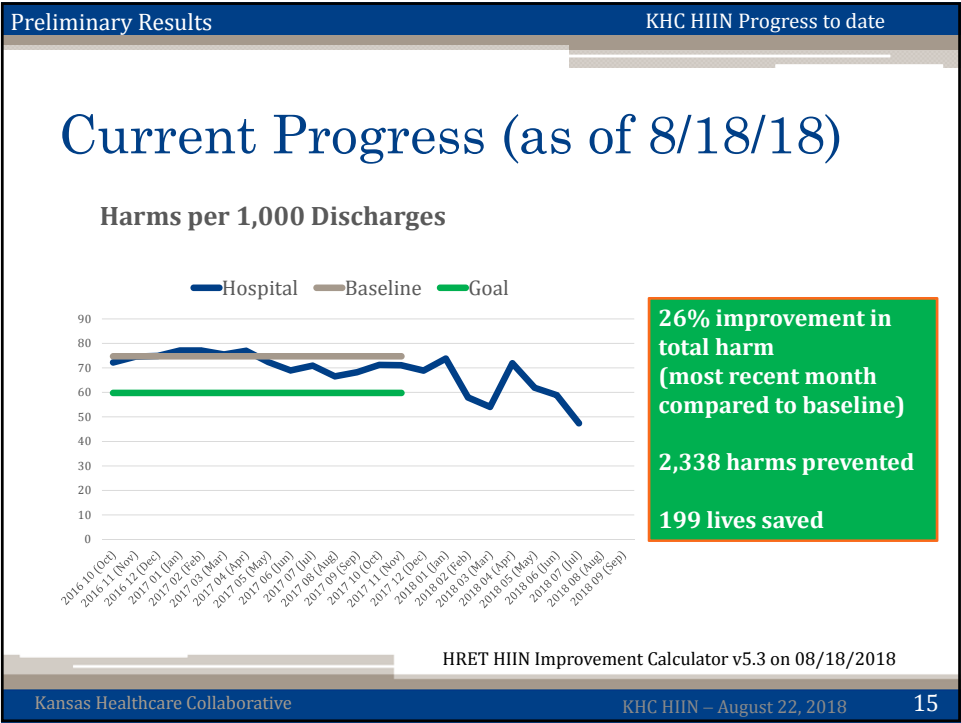
- HRET provides KHC with a list of potentially incorrect data points
 - If you received an email from Michele, please let us know if data are correct.
 - If not correct, please update the originating database with corrected data (QHi or NHSN)
 - Please make corrections by:
Next Tuesday 8/28/2018

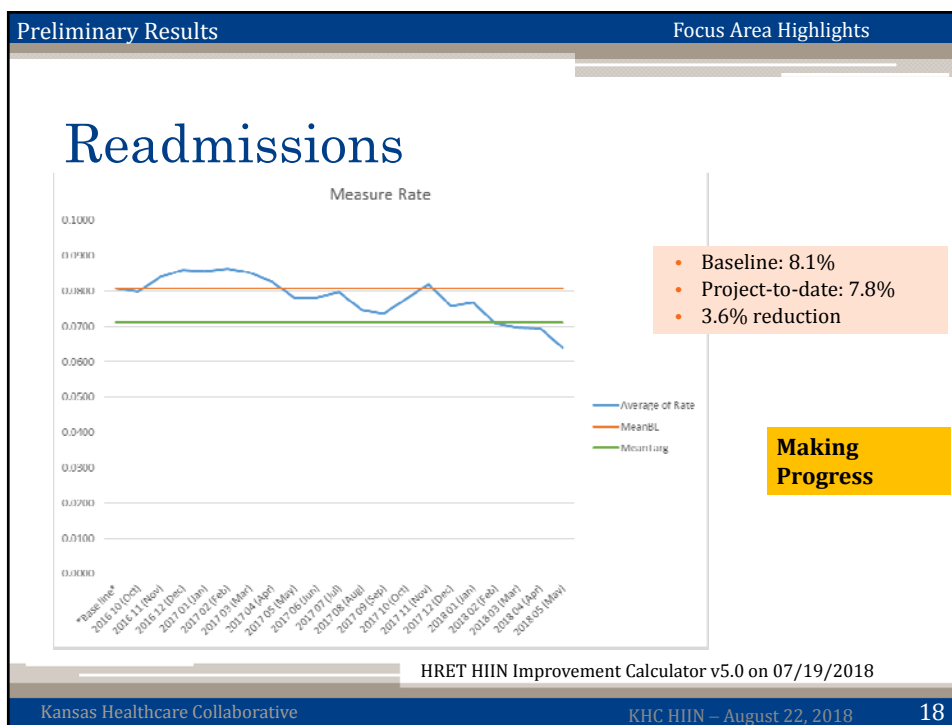
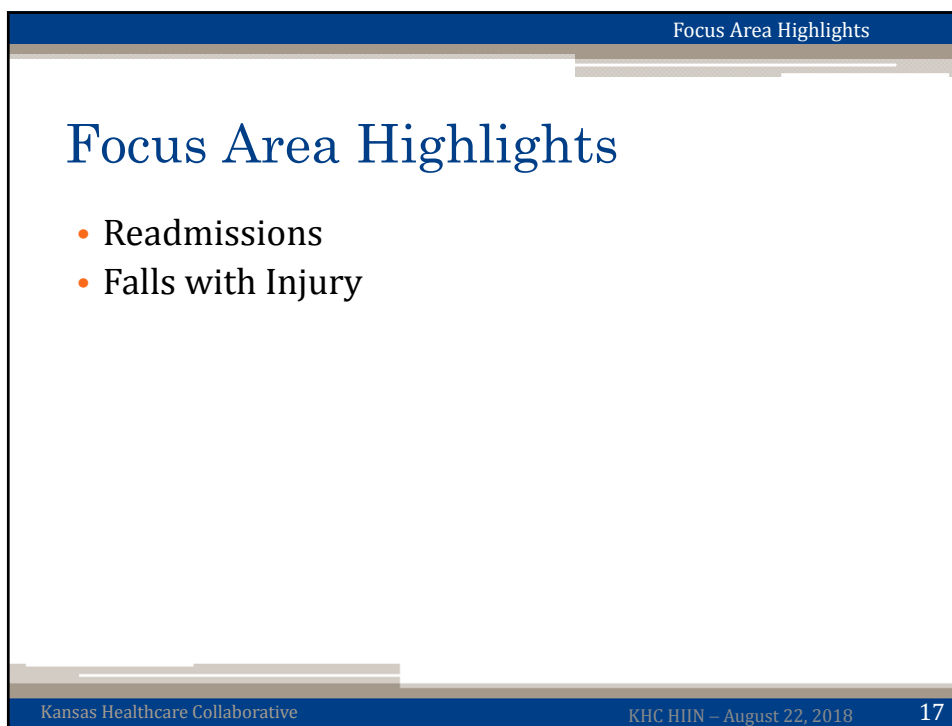
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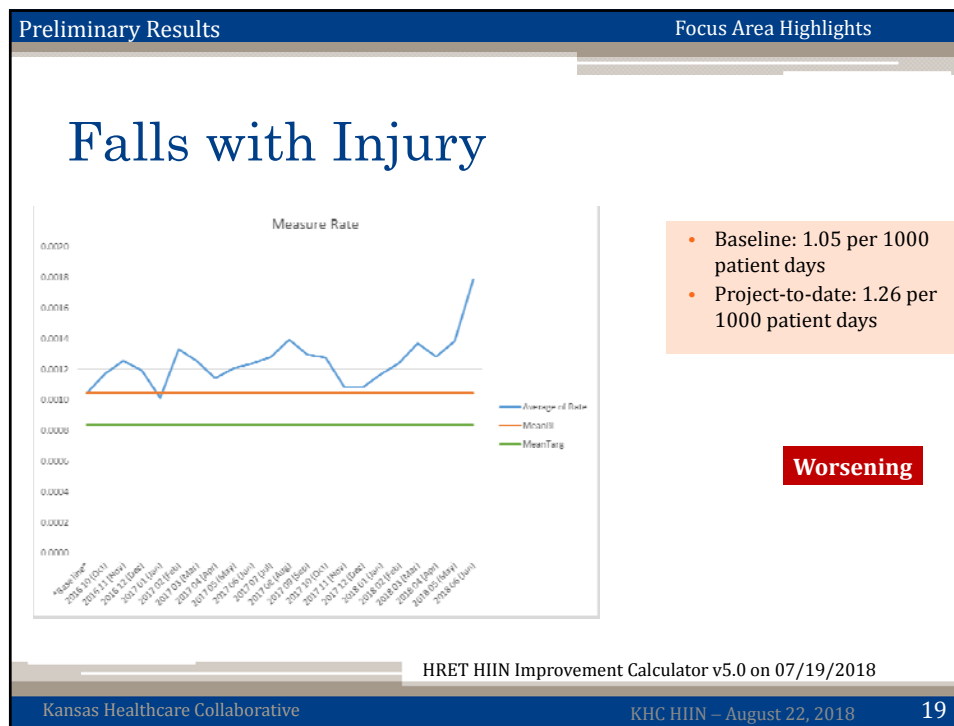
Data Schedule for August

8/18/2018	Data snapshot for today's data
8/23/2018 (tentative)	Data snapshot for preliminary report
Friday 8/24	Send preliminary reports to hospitals
Tuesday 8/28	Last day to clean up data
Wednesday 8/29	Data snapshots for final report
Friday 8/31	Final reports, Milestone 8 data is finalized

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Submit by Aug. 28 to count toward Milestone 8!

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
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, 2018
September, 2018	August, 2018	October, 2018
October, 2018	September, 2018	November, 2018
November, 2018	October, 2018	December, 2018
December, 2018	November, 2018	January, 2019

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2018 HRET HIIN Quality Improvement Fellowship

Peer-to-Peer Sharing

Featuring 2018 Fellows:

Tina Capeder, MBA, Anderson County Hospital

Tammy Cunningham, RN, BSN, Olathe Health System

Facilitated by
Betsy Lee, MSPH, BSN, RN
Improvement Advisor
Cynosure Health

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HRET HIIN Q.I. Fellowship

2018 Quality Improvement Fellowship

- ▶ **Two tracks** with Institute for Healthcare faculty offering Q.I. training to kick-start and support projects related to the HIIN goals
- ▶ Offered from **January to July 2018**. Featured interactive webinars and online courses on key topics in quality improvement. Simultaneous to the webinars and coursework, Fellows apply their learning by either developing or advancing a project to improve outcomes in their own department or unit.
- ▶ **Multiple Fellows were encouraged** to participate from one organization. They may work as a team on a project, or individually.
- ▶ **IHI Open School** subscription was provided at no cost to each fellow. Online modules supported learning the Model of Improvement.

www.hret-hiin.org/fellowships/qifellowship/

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HRET HIIN Q.I. Fellowship

Five practical strategies for managing improvement projects




Frontload the Work



Build the Team



Create and Keep Pace



Make It Easy





Start with the End in Mind

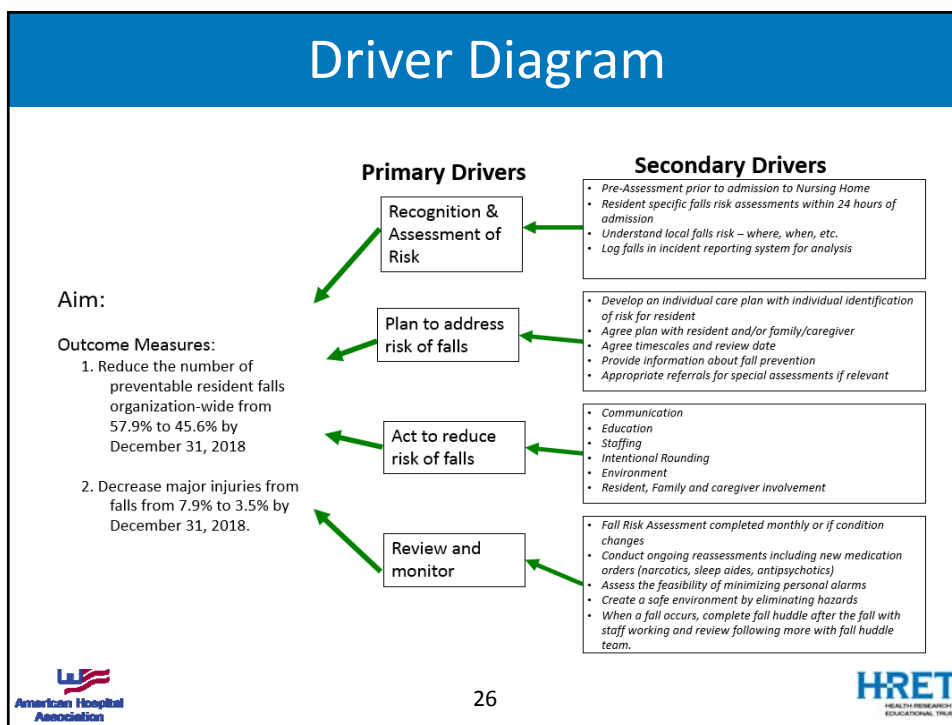
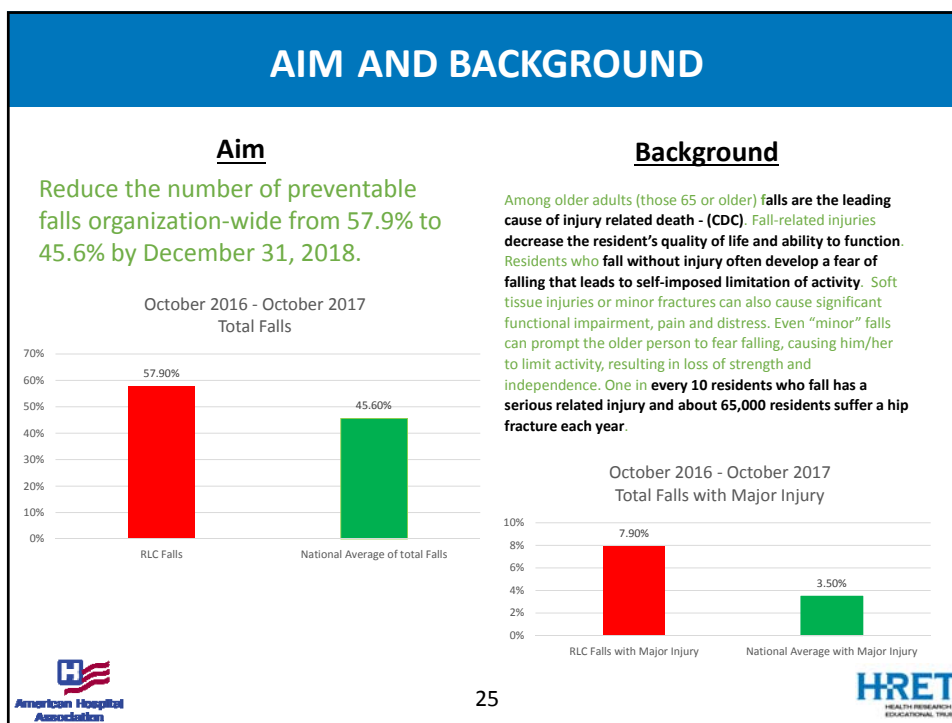
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2018 FELLOWSHIP PROJECT

Prevention of Falls with Injury Long Term Care Unit (RLC)

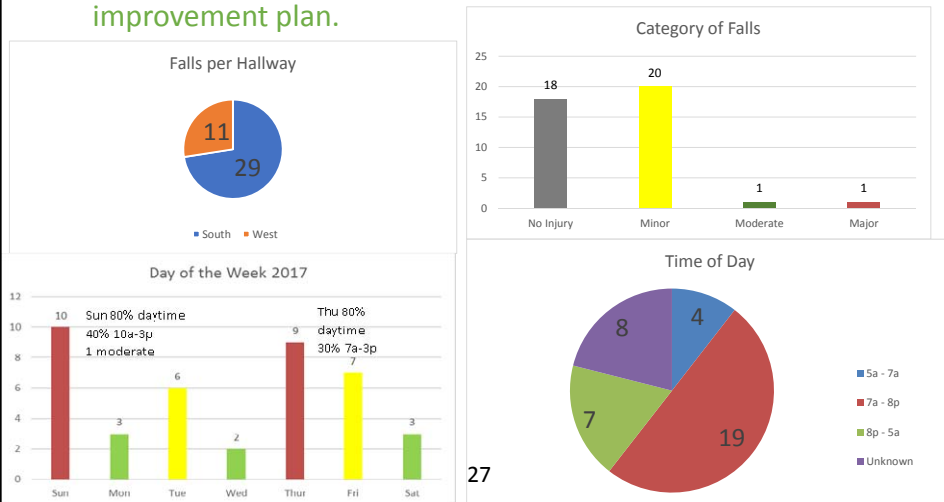
Tina Capeder, MBA
tcapeder@saint-lukes.org
 Anderson County Hospital, Garnett, Kansas
Fellowship Track (Accelerating Improvement)


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Measure: Outcome

- Reviewed falls for 2017 by category, per hallway, time of day and day of week to determine where to begin to focus our improvement plan.



Measure: Process

- Utilize the **Plan Do Check Act (PDCA)** in performance improvement process.
- Selected a team comprised
 - Management of nursing home
 - Staff of nursing home
 - Pharmacy
 - Rehab
 - Hospitality
 - Quality
 - Risk
- Current state of falls in the nursing home:
 - Fall Rate for 57.9% based on the
 - Composite Score Report Long-Stay Quality Measure Performance dated October 2016 to October 2017
 - 7.9% score of falls with major injury.

Measure: Process

- The team then looked at the root causes:
 - Why? Falls occur on the south hallway – bigger more rooms, more residents, staffing
 - Why? Residents and Families not provided education
 - Why? Staff not provided training on how to prevent falls with injury
 - Why? Sit to stand not working well
 - Why? Staffing (e.g. only one float, not enough aides)
- In addition, the team looked at the need for performing fall huddles

Long Term Care Post Fall Huddle Form

Resident Name: _____ Date Time of Fall: _____
 Fall Witnessed (Yes/No): _____ Type of Fall: _____
 Where Did Fall Occur (bedroom, outside their community): _____
 Injury: _____
 Date of Post Fall Huddle: _____ Date Fall Entered in MDS: _____
 Who was included in huddle (enter names): _____
 Name: _____ CNA/CMA: _____ Name Manager/DOH: _____
 Facility: _____ Pharmacy: _____ Other: _____

Instructions:

1. Hold post-fall huddle as soon as possible after the resident fell occurred.
2. Keep the post-fall huddle no longer than 15 minutes.
3. Involve the resident if possible.
4. Forward completed review to Nurse Manager.
5. Have Manager to attach to safety event.
6. Report huddle based at 1015.

Questions	Lessons learned
Why did this resident fall (Root Cause)?	
For a resident who sustained an injury: What was the source/cause of injury?	
Resident's account (if able to share)	
Was resident at correct fall injury risk level?	
Were the appropriate interventions in place?	
What is the follow up plan / additional care plan interventions?	
To prevent a repeat fall based on this cause root cause and protect the resident from injury	

Name Manager Review (date and sign): _____
Not a Part of the Permanent Medical Record



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Measure: Balance

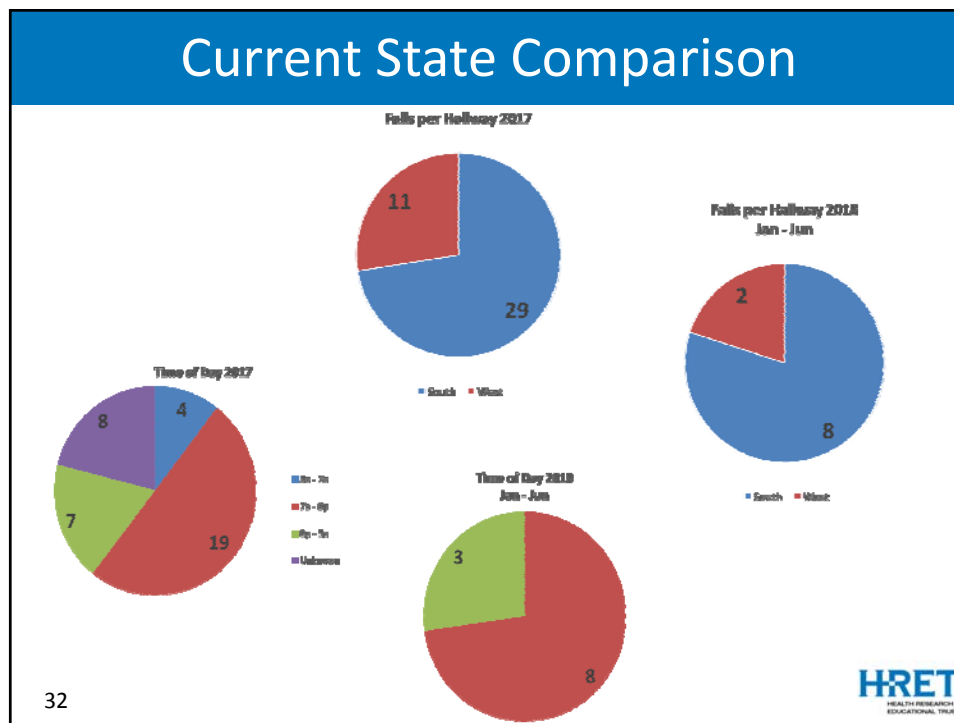
- Measured the incident reporting
- Measured monthly risk assessments
- Measured the effectiveness of the fall huddles
- Provided feedback and education for staffing

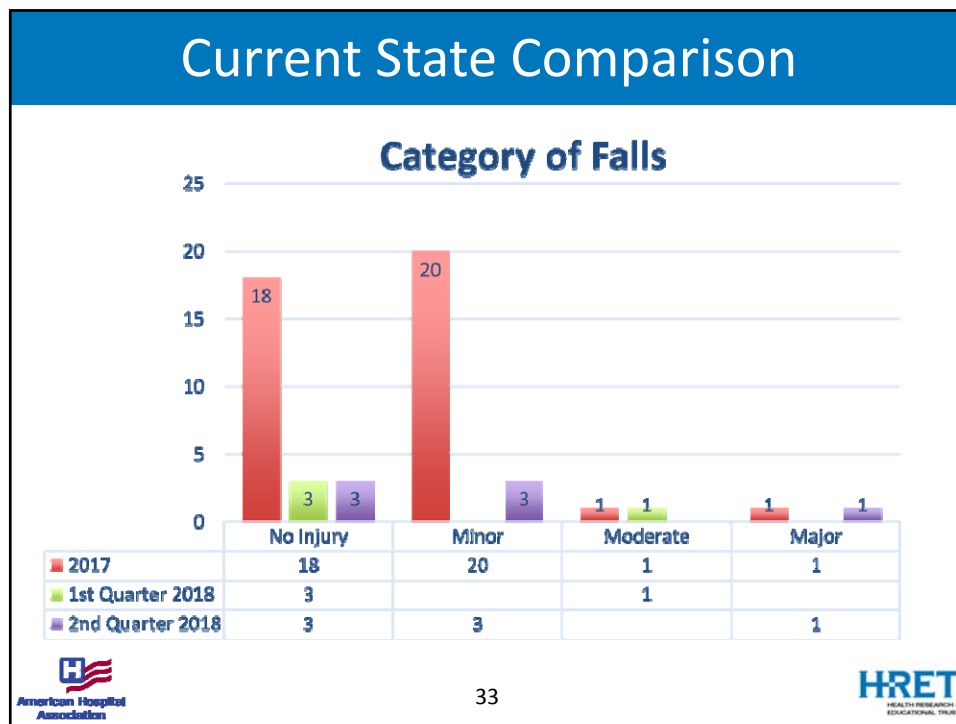


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Change Ideas				
Item No.	What	Who	When	Status
1	Educate residents and families on how to prevent injury if they are going to fall and encourage mobility to the residents and families to prevent further falls – falls safety brochure for admission	Dee Dunn Tina Capeder	August 2018	
2	Implement a fall huddle team – to include rehab, nursing and hospitality along with the RLC staff - meet weekly (review fall huddle for, complete and send to risk management)	Dee Dunn Tabitha Clark	July 2018	Completed and Ongoing
3	Involving Therapy for sit to stand and provide education to staff (group setting resident education)	Ryan Meyer	August 2018	Completed
4	Educate staff what is a fall to heighten awareness to respond quickly to alarms	Margaret Donnelly Dee Dunn Tabitha Clark	April 2018	Completed and Ongoing
5	Revise System policy to support LTCU	Margaret Donnelly	May 2018	Completed
	Implement Policy and send to Policy Committee	Tina Capeder	August 2018	In Process
	Educate Staff	Dee Dunn Tabitha Clark	August 2018	
6	Improve call light system to track time to answer call lights/alarms (new chair and bed alarms hooked up to the call system in January 2018)	Sara Roecker Katie Jensen	January 2018	Completed
7	Add 4 th aide on the floor, add 2 floats throughout the home, added med aid shift 2p-1030p to free up RN	Margaret Donnelly, Katie Jensen	March 2018	Completed
8	Discuss changes in 1010 LTCU (as of June 2018 - called IDT)	Margaret Donnelly Dee Dunn Tabitha Clark	August 2018	Completed and Ongoing





Reflections

- **Barriers encountered:**
 - No barriers
 - We had buy in for this improvement initiative from management to staff and supporting departments
- **Lessons learned:**
 - **Education and communication** is key to improvement not only for the staff but also for the residents and family.
 - **Understanding the state of where we are in preventing harm** to our residents is vital to the success of quality of life.

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Next Steps

- **How will you sustain improvements made?**
 - Continue to monitor quarterly
 - Report to staff during monthly staff meetings
 - Add to quality assurance performance improvement committee
- **How and where will you spread the successful ideas?**
 - Spread the successful ideas to our hospital medical / surgical unit and swingbed



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Questions for Tina?

2018 FELLOWSHIP PROJECT**Foundations for Change 2018
Reducing Readmissions**

Tammy Cunningham RN, BSN
Quality and Outcomes Coordinator

Olathe Medical Center
Olathe, KS



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**AIM AND BACKGROUND****Aim**

- To reduce 30-day, all-cause readmissions at Olathe Medical Center by 50% by December 31, 2018.

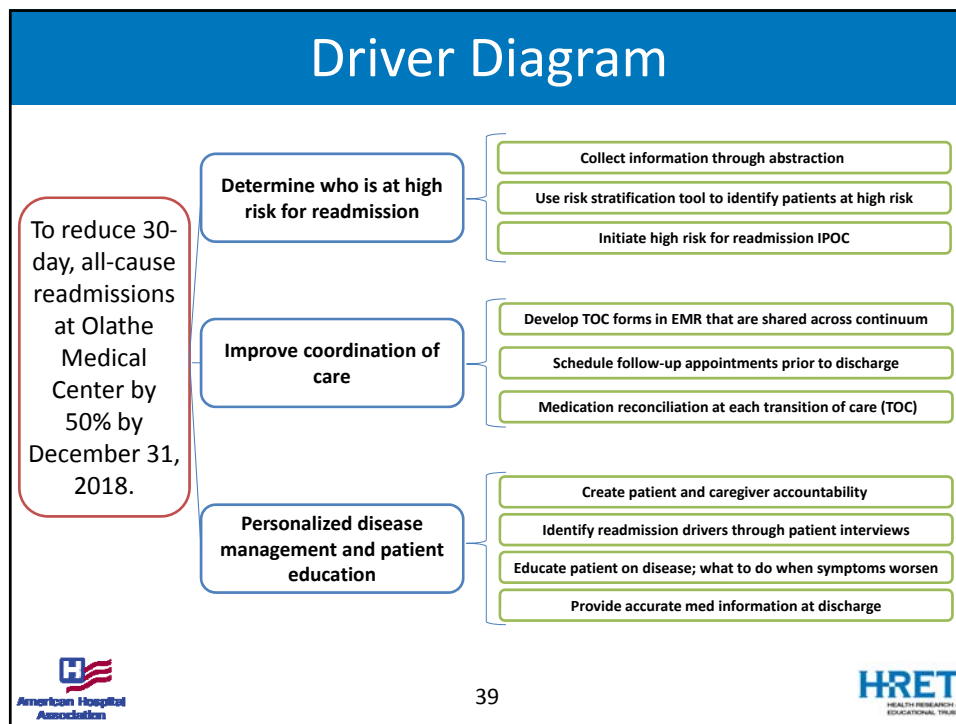
Background

Olathe Medical Center has had borderline 30-day all-cause readmission rates. In 2017 we were penalized by CMS for risk-adjusted readmission rates that were above the benchmark. It was at this time our hospital decided to look closer at readmissions and find ways to reduce them.



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Measure: Outcome

❖ I looked at the overall percentage rate of 30-day, all-cause readmissions utilizing Kauffman Hall/PEAK data for hospital readmission rates. These numbers are based on claims data. Because of this, the data is usually 30-45 days delayed.

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Measure: Process

- ❖ Through chart abstraction, I looked at:
 - Was the High Risk for Readmission Individualized Plan of Care (IPOC) initiated for LACE score > 12?
 - Were follow-up appointments scheduled prior to discharge?
 - Did patients attend follow-up appointments?
 - Were community resource needs set-up and utilized by the patient when discharged?
 - Was a medication reconciliation completed on admission and was it correct at discharge?



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Measure: Balance

- ❖ Unanticipated consequences included:
 - Improved patient satisfaction scores when their education needs are better individualized. These are currently measured by our HCAHPS scores.
 - Patient frustration with multiple follow-up phone calls after discharge. This is measured by patient complaints made to our Case Managers and Care Coordinators.



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Change Ideas

- ❖ Development of Discharge Transition of Care bands in the EMR
- ❖ Improved initiation of the High Risk for Readmission IPOC on appropriate patients.
- ❖ Schedule follow-up appointments prior to discharge home.

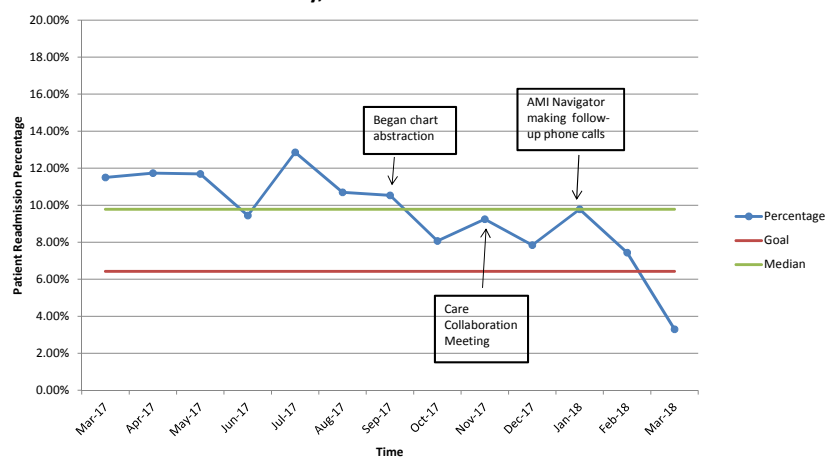


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Run Chart

30-Day, All-Cause Readmissions



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Reflections

- **Lessons learned:**
 - It was more difficult to get buy-in than I anticipated. Although everyone wants improved care for our patients, people are reluctant to change. I also learned that IT holds a lot of power!
- **Barriers encountered:**
 - One barrier was trying to implement a “boomerang” icon on our ECC tracker board. Although the staff nurses liked the idea of being able to identify patients who were potential readmits, the ECC physicians were not impressed.
 - Our biggest barrier is trying to get our new Discharge Transition of Care bands put into the EMR. These bands are a way for inpatient Case Managers and outpatient Care Coordinators to document their communications with the patients, and see each other’s documentation. We have them built, but are having difficulty with our IT department putting them in the EMR due to a “freeze.”



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Reflections Cont.

What is your plan for overcoming barriers (or how you did):

- ❖ Our IT department has been on a “freeze” due to Revenue Cycle. Revenue Cycle went live on June 1, 2018. We have submitted a change control request to have our Discharge Transition of Care bands put into the EMR, so I will continue to push the IT department for this. Readmissions not only negatively affect quality patient care and satisfaction, certain CMS diagnosis can cause our hospital to be penalized again if not corrected or reduced. Because of the potential loss to the hospital, I am getting leadership buy-in and support to quickly get this put in the EMR.



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Next Steps

How will you support spread and sustainability?

- ❖ I plan to develop a patient interview tool to interview patients who are readmitted within 30 days. The purpose of this is to collect data and find out what the readmission drivers are for these patients once discharged. I would like to interview 10 patients/month for one quarter and see if there are any commonalities.
- ❖ I am working with our Cardiology/Chest Pain PI team to reduce readmissions post-AMI. We would like to improve scheduling follow-up visits prior to discharge, focusing on AMI patients who have developed decreased LVEF after their AMI event. The goal is to have these patients seen within 3-5 days after discharge. I will help with data abstraction.
- ❖ I will be co-facilitating a Medication Reconciliation PI Team. There used to be one at this facility years ago, but it quit meeting once the issue of medication reconciliation appeared resolved. Medication reconciliation is vital to reducing readmissions.



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Questions for Tammy?

Resources and Upcoming Events

- IHI Open School
- Why I'm HIIN
- Sepsis Awareness Month
- Fall Prevention Day
- Antibiotic Awareness Week
- Upcoming Learning Events
- Wrap Up
- Contact Us

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Open School

Limited availability!

The AHA/HRET HIIN is now extending unused IHI Open School tickets to all HRET HIIN hospitals.

This offer is on a first-come, first-serve basis and the free subscriptions to this IHI learning management system are valid until 12/31/2018.

Download the instructions in the webinar pod below or visit
https://images.magnetmail.net/images/clients/AHA_HRET1/attach/ihioopenschool.pdf

#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



William Newton Hospital sepsis team

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

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Resources

New HRET HIIN Change Packages *to be released this fall*

- Psych & Rehab
 - ✓ Focus: Identification of leading practices to improve psych and rehabilitation hospitals
 - ✓ In collaboration with Technical Advisory Councils
- Diagnostic Error
 - ✓ Focus: Reducing Harm from Diagnostic Error
 - ✓ In collaboration with [Society to Improve Diagnosis in Medicine](#)

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Sepsis Awareness Month

- When: All of September
- Resources and posts ready to share at:
sepsisawarenessmonth.org



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Fall Prevention Awareness Day

- When: September 22
- Resources and posts ready to share at:
ncoa.org/healthy-aging/falls-prevention

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[Economic Security](#) [Healthy Living](#) [Public Policy & Action](#) [Blog & News](#) [Get Involved](#) [Resources](#)

[Falls Prevention](#) [Chronic Disease Management](#) [Senior Hunger & Nutrition](#) [Aging Mastery Program®](#)

Falls Prevention
Awareness Day

Use Antibiotics Wisely Week

- When: November 12 - 18, 2018
- Resources and posts to share at: UseAntibioticsWisely.org
Or contact KHC for more info.



Upcoming Events

Upcoming Webinars

HRET HIIN: **Q.I. Fellowship Office Hours**

August 22 • 11:00am - 12:00pm

Register here:

<http://hret.adobeconnect.com/qi-fellowship-20180822/event/registration.html>

HRET HIIN: **ADE Hypoglycemia Sprint Summary Webinar**

August 24 • 11:00am - 12:00pm

Register here:

<http://hret.adobeconnect.com/ade-20180824/event/registration.html>

HRET HIIN: **Culture of Safety Event | Workplace Violence**

August 27 • 11:00 a.m. to 12:00 p.m.

Register here:

<http://hret.adobeconnect.com/culture-of-safety-20180827/event/registration.html>

All times listed are Central Time.

Upcoming Events	
<h2>Upcoming Webinars</h2> <p>HRET HIIN: The Importance of "F": Family Engagement and Empowerment in VAEs August 30 ● 11:00am - 12:00pm Register here: http://hret.adobeconnect.com/vae-20180830/event/registration.html</p> <p>Great Plains QIN: Improving Adult Immunizations and the Importance of Healthcare Worker Immunization August 30 ● 12:00 - 1:00pm Register here: bit.ly/083018IMM</p> <p>HRET HIIN: Guidelines for Opioid Use in the E.D. August 30 ● 2:00 - 3:00pm Register here: http://hret.adobeconnect.com/e5ymwp97clzv/event/registration.html</p>	<p>August 30 is a Big Day for learning events!</p>
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Upcoming Events	
<h2>Upcoming Webinars</h2> <p>HRET HIIN: Diagnostic Error Change Package September 11 ● 11:00am - 12:00pm Register here: http://hret.adobeconnect.com/diagnostic-error-20180911/event/registration.html</p> <p>HRET HIIN: C. difficile Sprint Summary Webinar September 14 ● 11:00am - 12:00pm Register here: http://hret.adobeconnect.com/cdi-20180914/event/registration.html</p> <p>KHC HIIN: Monthly Virtual Meeting September 26 ● 10:00 - 11:00 pm <i>Anticipated topics to include: HIIN Extension</i> Register here: https://khconline.adobeconnect.com/khc-hiin-09-26-18/event/registration.html</p>	
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Feedback

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
















<https://www.surveymonkey.com/r/KHC-HIIN-082218>



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Your KHC Team

				
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COLLABORATIVE

Contact us anytime:
(785) 235-0763

Connect with us on:

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For more information:
→ KHConline.org