

# Agenda • Welcome and Announcements • Milestone 8 and Data Update • HIIN Extension • Resources • Upcoming Events







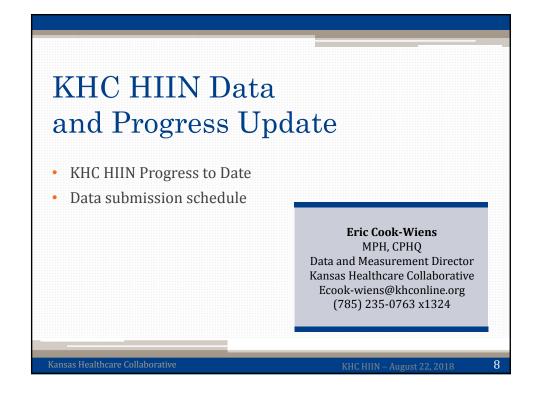


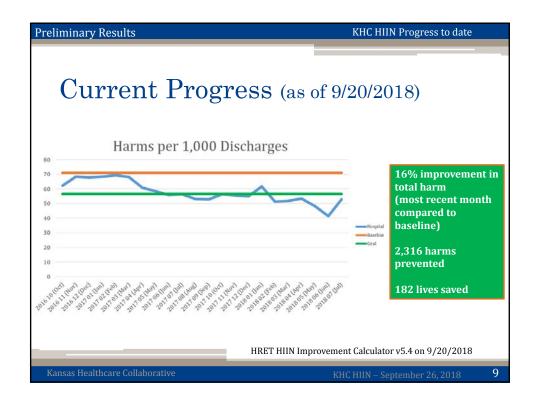
# Sepsis Resources

- HRET HIIN Sepsis and Septic Shock Change Package
- HRET HIIN Sepsis and Septic Shock Top Ten Checklist
- Promote Safety Across the Board:
   Date of Last Septic Event Poster

http://www.hret-hiin.org/topics/sepsis.shtml

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# Keeping on Pace toward HIIN goals

### **HRET HIIN Milestone #8 Criteria**

• Data Submission:

HIIN data are complete and current

- October 2016 through May 2018

• Achievement:

Hospitals met HIIN reduction goals in at least 4-5 topics, preferably 8 or more.

The Milestone 8 deadline was August 28.

Milestone #8

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# HRET HIIN Milestone #8 at State Level

### Tier 1

### **Data Submission**

 70-89% of hospitals submit complete and timely data for at least 70% of each hospital's applicable measures

### **Achievement**

 At least 60% of hospitals have achieved goals in 4-7 topics

## Tier 2 (stretch goal)

### **Data Submission**

 90-100% of hospitals submit complete and timely data for at least 70% of each hospital's applicable measures

Milestone #8

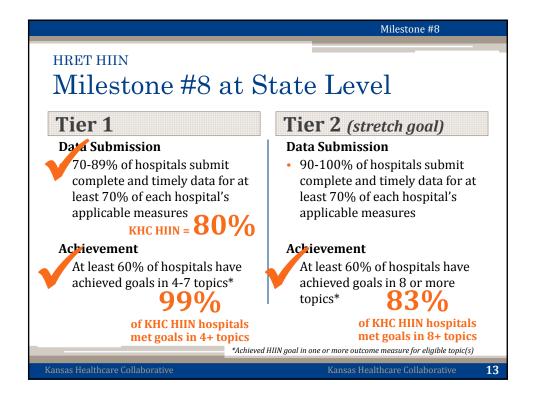
### **Achievement**

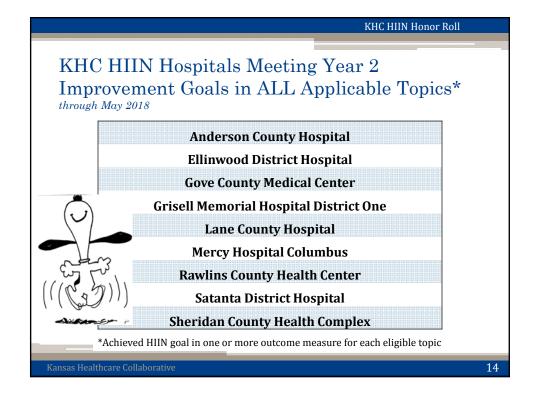
 At least 60% of hospitals have achieved goals in 8 or more topics

The KHC HIIN was eligible for Milestone #8 by achieving previous Milestones.

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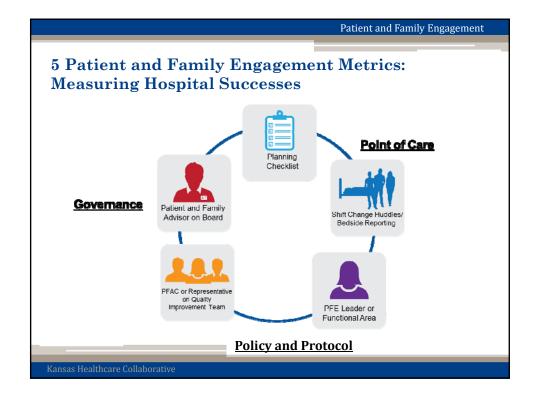
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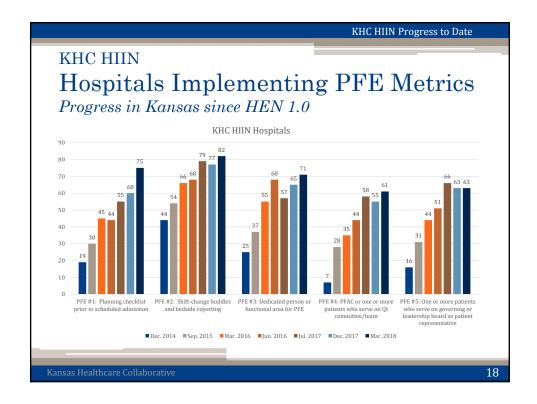


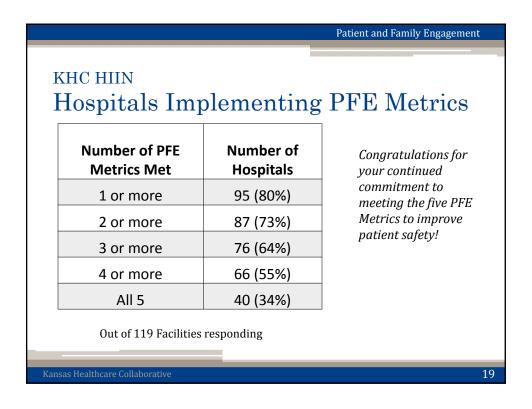


Met Year 2 Improvement Goals in ALL BUT ONE Applicable Topics (88-99%) through May 2018	
Allen County Regional Hospital	Miami County Medical Center
Anthony Medical Center	Newton Medical Center
Ashland Health Center	Rice County District Hospital
Cheyenne County Hospital	Russell Regional Hospital
Coffey County Hospital	Sabetha Community Hospital
Comanche County Hospital	Saint John Hospital
Hillsboro Community Hospital	St. Luke Hospital & Living Center
Hutchinson Regional Medical Center	Scott County Hospital
Meade District Hospital	Trego County-Lemke Memorial Hospital
Mercy Hospital Columbus	Wichita County Health Center

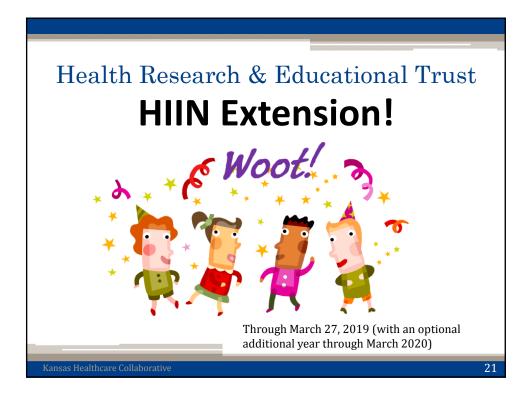












### HRET HIIN Extension

# HRET HIIN – Achieving Results Together

## 1,600 hospitals in 34 states

Since the start of HIIN in September of 2016, together we have achieved <u>\$625</u> million in saving to health care, <u>63,840</u> fewer harms, and <u>5,023</u> lives saved by HRET HIIN.

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### Type in the chat

# What is your proudest accomplishment in the HIIN project thus far?

- Patient and Family Engagement
- Falls Reduction
- Readmission Reduction
- Antibiotic Stewardship
- CAUTI Reduction
- CLABSI Reduction
- Sepsis Reduction
- Improved Data Collection Strategies
- Bedside Huddles
- Other

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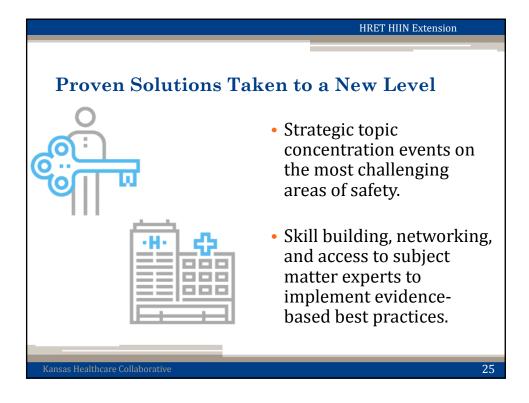
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### HRET HIIN Extension

# Important Themes

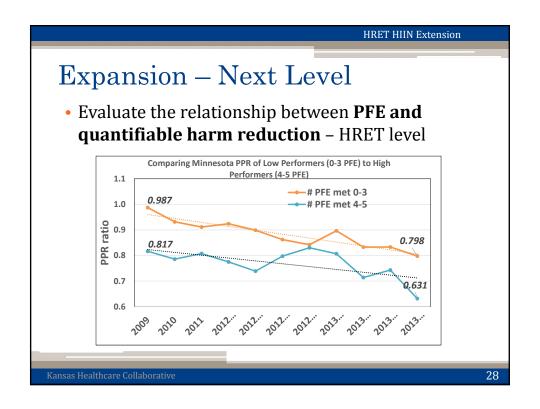
- Advance care to meet or exceed the top 25% of providers. (Getting to zero.)
- Rising all boats.
  - High quality care in all settings.
- Power of the collaborative.
- Transparency to support improvement.
- Clear and consistent strategy.
- Meet hospitals where they are.

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# Expansion — Next Level • Spread plan to a broad range of HIIN hospitals on work related to "other topics" • Opioid Stewardship • Patient and Family Engagement • Disparities • Diagnostic Error • Age Friendly (by member request) • Burden Reduction/Burnout (by member request) Could change based on budget

# Expansion — Next Level • Address disparities • Collect, validate, and stratify data, communicating findings/opportunities • Four topics • Readmissions is one of the four topics • Include addressing organizational infrastructure that may have contributed to disparity • Monthly data, progress, challenges, how obstacles were overcome



# Expansion — Next Level • Timely data to inform hospital quality improvement efforts and for CMS • Submission Rate - 85% for eligible hospitals • Real-time Data - Submit each month for data two months prior • i.e. Submit in July for data from May • Readmissions submit for April • Submit data in monthly increments

# Expansion — Next Level • Update baseline periods against which to compare progress on harm reduction — CY 2015 for NHSN SIR and rate measures — October 1, 2015-September 30, 2016 for AHRQ PSI measures — Harm events patient handling 4Q2016 — Harm events workplace violence 2014 — HRET evaluating other baselines

# Expansion – Next Level

- Review of all measures with CMS, eg, relevance to rural hospitals.
- Core topics will be mostly the same. HRET is considering another VAP measure, "Possible VAP."
- Wide range of collaborative relationships with multiple organizations and stakeholders
  - Engagement and sharing with community

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## **Next Milestones**

- Data submission
- Improvement
- Plus PFE and Disparity Metrics

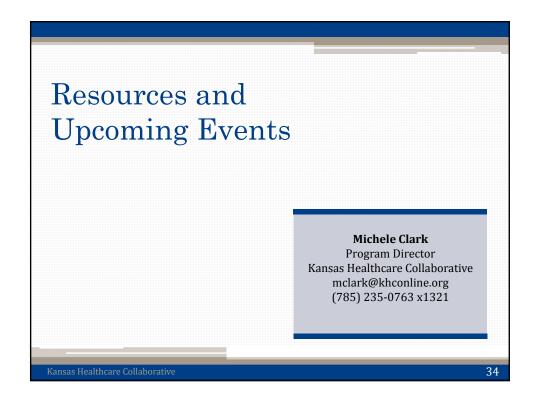
More information will be available by end of October

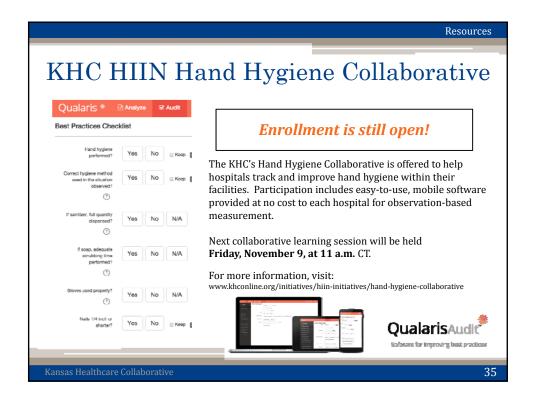


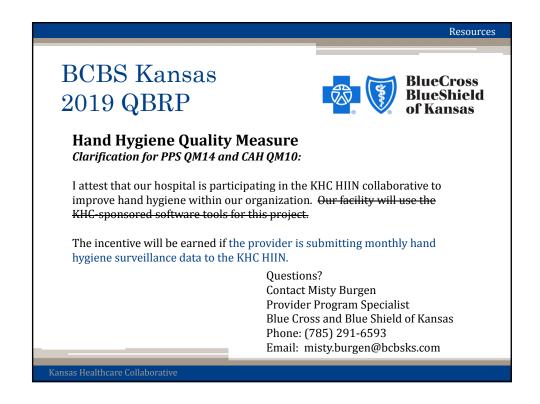
Photograph by Carol Wagner

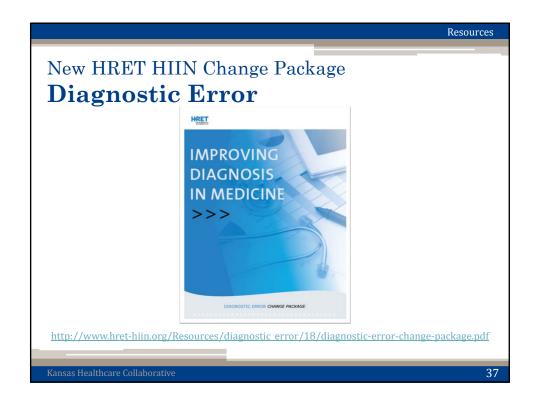
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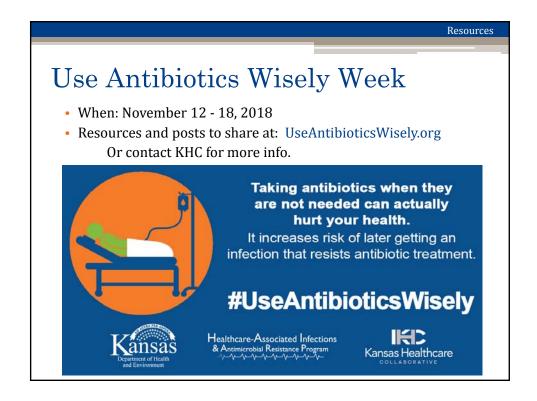












Resources

# Partnership for Patients PFE #1: Sample Preadmission Planning Checklist Pilot Results

In the spring of 2018, the PfP Person and Family Engagement Contractor (PFEC) conducted a pilot of a sample preadmission planning checklist (PFE Metric 1) with four hospitals in the New Jersey Hospital Association (NJHA) Hospital Improvement Innovation Network (HIIN).

All hospitals reported benefits to using the checklist for patients, care partners, and staff. The key takeaways for successfully using the checklist included:

- · Customize the checklist for different patient populations.
- Make the checklist available in different formats, including a trifold brochure.
- Be sure to adequately train hospital clinicians and staff to use the checklist with patients and families.
- Bundle the checklist with existing processes and patient education materials to avoid additional burden for patients.

A summary of the pilot, English and Spanish versions of the checklist, and additional guidance on how to implement the checklist can be found here

 $\underline{https://www.healthcarecommunities.org/ResourceCenter? CategoryID=838953\& EntryID=127911\\$ 

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Upcoming Events

## Save the date

Partnership for Patients October PFE #2 Event:

## Revisiting Shift Change Huddles and Bedside Reporting: Two New Perspectives

Thursday, October 11 12:00 to 1:00 p.m. CT

To register, please click on the following link and follow the instructions on the registration page

https://secure.confertel.net/tsRegisterD.asp?course=68601105

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### Announcements

# New KHC HIIN Falls Sprint to Launch

Join us for our next KHC HIIN webinar for the launch of our new **KHC HIIN Falls Sprint** featuring Jackie Conrad, Cynosure Health

Wednesday, October 24 10:00 to 11:00 a.m.

https://www.khconline.org/events/hiin-events

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Upcoming Events

# New! C. difficile Sprint

The HRET HIIN is now recruiting for the Fall 2018 Clostridium difficile infections (CDI) Sprint. The purpose of the CDI Sprint is to assist participants in using Q.I. techniques to assess root causes and themes of healthcare-onset CDI and the impact of culturing practices.

This program will take place over the course of 6-8 weeks starting Oct. 17. It is deal for the person completing the recruitment survey to be familiar with the organization's *C. difficile* specimen collection and antibiotic prescribing practices.

If interested, please complete the recruitment survey by Friday, Sept. 28. https://www.surveymonkey.com/r/CDISprintRecruitment

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**Upcoming Events** 

# New! Multi-Visit Patients (MVPs) Readmissions webinar series

The HRET HIIN recently launched a new readmissions webinar series introducing "The MVP Method" by Amy E. Boutwell, MD, MPP, to focus on identifying and addressing "drivers of utilization."

The recording is now available at http://www.hret-hiin.org/resources/display/hret-hiin-readmissions-max-mvp-webinar-recruitment-webinar

Hospitals can participate in the six-part webinar series, which starts October 5 and ends March 20. If interested in joining the cohort, send an email by October 1 to Jordan Steiger at HRET, jsteiger@aha.org.

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