KHC Hospital Improvement Innovation Network

March 27, 2019
10 to 11 a.m. CT

HIIN Goals:
By March 2020, 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

Introductions

Special Guest
Betsy Lee
Improvement Advisor
Cynosure Health

Hospital Falls Sprint Summaries
LMH Health
Coffey County Hospital
Osborne County Memorial Hospital

Kansas Healthcare Collaborative

Michele Clark
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Eric Cook-Wiens
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Chuck Duffield
Performance Improvement Mgr
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Agenda

- Welcome and Announcements
- Summit On Quality
- Featured Topic: KHC HIIN Falls Sprint – Hospital Sharing
- HIIN Milestone Update
- HIIN Data and Measures Update
- HIIN Resources and Upcoming Events

Event info at: KHConline.org/summit
• Full agenda now available and registration now open at:

KHConline.org/summit
KHC HIIN Falls Sprint

Overview

October 2018 - March 2019

Betsy Lee, RN, MSPH

Improvement Advisor, Cynosure Health

KHC HIIN Falls Sprint

Our Goals

- Create a learning community
- Support ACTION!
  - Testing
  - Innovation
  - Sharing

Mobility

Patient and Family Engagement

Post Fall Huddles
Falls Process Improvement Discovery Tool

Observations:
- Post Fall Huddle
- Bedside Handoff
- Bedside: are delirium strategies in place, tripping hazards, call lights

Moving to Mobility: Ideas for Change

- Start with one patient, one nurse, one tech
  - Morning routine - up in chair to bathroom to wash face, brush teeth
  - Up in chair for meals
  - Mentally stimulating activities - try playback.fm for music from the patients reminiscence bulge: mid teens to early 20s
  - Walk three times a day
  - Family engagement
  - Bedtime routine
  - Sleep enhancement
Other Targeted Small Tests of Change

- **Implement mobility plans**
  - RN Assessment of mobility on admission
  - MD orders for activity
  - Up in Chair for meals
  - Interdisciplinary mobility rounds
  - Family training as mobility partners
  - Sitters ambulate patients
  - Gait belts in pt rooms

- **Include patients, families and caregivers**
  - Provide structured education apart from admission orientation
  - Educate using teach-back
  - Encourage family members to stay with high-risk, vulnerable patients
  - Use whiteboard to document mobility
  - Signed safety agreement for patient and nurse to sign

- **Tailored Care**
  - Test the Fall TIPS tool

- **Review medications**
  - Remove culprit medications from order sets (ie Ambien) – just do it
  - Target high-risk population for pharmacist med review
  - Target a drug class to evaluate ie benzoe, sleeping aids

- **Conduct post-fall huddles**
  - Conduct immediately at bedside with patient & family
  - Engage leadership in responding to fall and leading the huddle
  - Include a pharmacist & rehab staff member in the post-fall huddle or case review

- **Communicate risk across the team**
  - Early shift huddle to discuss patients that staff are concerned about.
  - Charge nurse or manager rounding on high risk patients

Thinking Small

- **How can we target an intervention for a small patient population?**
  - Patients or residents
    - At risk for injury
    - Pts 65 or greater with > 5 medication
    - Pts 85 or older
    - Those who have fallen or admitted for fall
    - Or just try one patient from admit to discharge
  - Other examples: Drug class
    - Benzo’s and sleep aids?
    - Antidepressants or Antipsychotics?
Remember, Go Slow to Go Fast

Plan for Sustainability

Sustainability: Holding the Gains

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<tr>
<th>STAFF</th>
<th>ORGANIZATION</th>
<th>PROCESS</th>
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<td>Engagement</td>
<td>Infrastructure</td>
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 Kansas Healthcare Collaborative

**Let’s hear from our hospitals!**

**LMH Health**
Coffey County Hospital
Osborne County Memorial Hospital

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**Aim Statement**

By May 1, 2019, 2nd Medical will improve patient experience and reduce falls related to toileting needs by 25% through implementation of consistent purposeful hourly rounds, utilizing a standard script.

**Changes Being Tested, Implemented or Spread**

- Completing hospital wide rounding with administration: Fall team reps, CNO, Physical Therapy, Risk Management, Operational Excellence, Clinical excellence and Value. We go up to site of fall and then look at environment and speak with patient on what was different this time, where could we improve (T) 1/25/19 - implemented now
- Discuss Falls at admin safety huddle every am and what the staff learned from the fall and how we could prevent in future (T) 1/25/19 - implemented now
- Weekly huddles on Friday to discuss every fall that week and then the small group makes recommendations to share organization wide (T) 1/25/19
- Purposeful Rounding scripting/implementation (T) 3/1/19

**Lessons Learned**

- Senior Leadership is key to Success; it was very impactful to staff when CNO, Directors of other units, other Dept staff came up and talked to staff/patients that had fallen the previous day.
- Staff engagement is another key stake holder!! If you have staff champions it is easier to accomplish goals. Let them be apart of the decision making.
- Discussing lessons learned from falls at am safety huddle brings forward important lessons learned for every dept., clinic, unit to take back to their staff.

**Next Steps**

- Look at Patient satisfaction scores post rounding implementation and falls related to toileting after 2 months, then roll out to other units if successful
- Monitor data on how many call lights go off prior to purposeful rounding implementation and then at the 2 month mark. See if decreases!
- Come up with way to monitor purposeful rounding completion
- Continue weekly meetings, post-fall huddles with admin/leaders and discussion of falls at safety huddle until our fall rate is lowered and meeting goal rate
- Implement the use of BMIAT/TUG test during admission process

**Team Members**

- 2nd medical staff
- Jacki Aldrich Manager/Fall team chair
- Carol Guarme
- Shannon Roberts - Clinical Excellence and Value

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**Lawrence Memorial Hospital**

Falls Sprint Progress Report as of 2/25/19

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Adapted from the Institute for Healthcare Improvement, 2012
Aim Statement
We will aim to reduce our hospital fall rate by 15% from current baseline by December 2019.

Upon initially starting this project we were fairly proud of our low fall rate, but thought this would be a great project to further reduce falls and help us to navigate and learn the PDSA cycle. Around mid-February, our mind set was changed. We saw a sudden and drastic increase in our fall rate. We almost had as many falls in quarter one of 2019 as what we had in all of 2018. This Fall Sprint became a priority for us and unfortunately our Aim statement was not longer attainable.

Changes Being Tested, Implemented or Spread
• Updated Fall Risk Assessment on Admission (I)
• Fall Risk notifications: sign on door and bracelets (I)
• Staff training on fall prevention and root cause analysis
• Post fall evaluations and analysis (I)
• Supplemental Fall/mobility aid indicator at bedside(I)

Lessons Learned
• Our staff was focused on fall reactions and what to implement post fall, rather than taking a pro-active approach to fall prevention.
• Chair alarms, bed alarms, etc will not prevent a fall, it will simply alert you to one.
• Communication and fall analysis is key to prevention of further falls after one had occurred.

Next Steps
• Continue post fall analysis
• Provide additional Root Cause Analysis training to staff
• Promote the UP Campaign
• Create a new Aim statement and continue moving forward!

Team Members
• Stacy Augustyn, Chief Quality and Compliance Officer
• Donneta Karmann, QA Assistant
• Melissa Hall, CNO
• Michelle McVey, OB and Med-Surg Supervisor
• Vernon Peters, ER Supervisor
### Falls Prevention Sprint

#### Aim Statement

OCMH will reduce our total yearly falls with or without injury on the nursing floor by 30% from the fiscal year 2018, from 10 per year to 7 per year in fiscal year 2019.

#### Why is this focus important?

In 2018 we had 11 falls on the nursing floor. Falls can have serious consequences and are a major patient safety concern. OCMH would like to initiate fall prevention strategies to reduce or prevent patient harm and to keep fall and injury rates as low as possible. Treating falls can be very costly for patient and health care facility.

Preventing falls with injury is a priority for this hospital. The Falls Prevention Sprint have provided tools and monthly PDSA intervention testing with report-backs to the group.

#### Changes Being Tested

- Post Fall Huddles initiated by team within 15 minutes of patient fall event with patient and/or family present.
- More timely in doing fall risk assessments as changed this process from every 24 hours to every 12 hours
- More intentional frequent rounding

#### Lessons Learned

- Leadership and staff engagement and empowerment crucial
- Engagement of patient and family invaluable towards more positive outcomes
- Earlier identification of clinical changes in patient status beneficial

#### Next Steps

- Providing fall information in patient admission packets
- Will begin posting how long since last patient falls occurred
- Continue with Post Fall Huddles and Fall Risk Assessments every 12 hours
- Work on utilizing gait belts for patient safety

#### Team Members

- Kristen Hadley, Quality
- Cindy Hyde, RN, Risk Mgmt, Infect Prevention, Corp Compliance
- Monica Mullender, RN, DON
- Lori Rothenberger, RN, ADON, Surgery
- Aaron Geist, PT, DPT, Cert DN

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### Resources

#### Tools to Test:

- KHC/HRET HIIN Falls Discovery Tool
- Progressive Mobility Tools
  - Banner Mobility Assessment Tool for Nurses (BMAT) video and Tool
  - Timed Get up and Go Test
  - Get Up and Go Test
  - Project HELP Mobility Change Package – multiple tools included
  - Med Surg Mobility Protocol
  - ICU Mobility Protocol
PFE Bedside Tools

Fall Tips Article
Register to receive the Fall TIPS tool
Fall TIPS Webinar: How to Implement on your unit

Fall Questionnaire
Cox Patient Agreement

Fall Prevention Tips for Hospital Patients and Families

Fall Teach Back Tool

Post Fall Huddle Tools

CAPTURE FALLS TOOLKIT
- Training videos and power point
- Forms
- Pocket Card
- CAPTURE Falls Website
KHC HIIN Update

- Continuation of HIIN
- HIIN Education Reports Available
- Hand Hygiene Collaborative continuing
- More to be announced

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KHC HIIN Data Update

- Status Update
- Reports
- Data submission schedule

Eric Cook-Wiens
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Current Status Harms per 1,000 Discharges

Note: Overall harm rate issue is fixed.

Source: HRET Improvement Calculator v6.5

Improvement: Project-to-date (selected measures)
Current Status: Falls with Injury

Preliminary Results

KHC HIIN Progress to date

Kansas Healthcare Collaborative
Reports

- Final March Reports distributed Monday (3/25/2019)
- Milestone Reports

Preliminary Results

Milestone 11 Aggregate Results

Targets

Data Submission
- COMPLETE data on 80% of applicable measures

Improvement
- Meeting improvement targets for project period or last 6 months
- Green boxes in analytic report

PFE
- Meet 4 out of 5 (or 3 out of 4) PFE metrics

HEOA
- Basic or higher for each metric AND intermediate or higher for 2 or more
Polling Question

- Is the Milestone report format easy to understand?
  - Yes
  - No
  - Undecided

Polling Question

- The Milestone 11 report was distributed to primary and secondary HIIN contacts. In your facility, who was invited to review the report?
  - Quality director or quality team
  - Nursing leadership
  - CEO/Administrator
  - Board of Directors
  - Your colleagues who help gather data
  - Not shared
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Resources and Upcoming Events

Chuck Duffield  
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Antimicrobial Stewardship
KHC, along with its partners in the Kansas Quality Improvement Partnership (KQIP), invite all health care settings and providers – animal and human – to:

**Actively commit to antimicrobial stewardship by taking the #OneHealthKS Pledge.**

#OneHealthKS Pledge
www.useantibioticswisely.org

What would we be pledging to do?

- By end of **month 1**, designate clinical leadership, a single leader, who will be responsible for program outcomes.
- By end of **month 6**, allocate necessary resources, including human, financial and I.T. resources.
- By end of **month 9**, develop local expertise by identifying and providing training for stewardship leaders through online or in-person training.
- By end of **month 12**, complete education for clinicians and patients about both resistance and optimal prescribing/antibiotic use.
How can I learn more?

Visit
https://public.kfmc.org/sites/hai/SitePages/Kansas%20Quality%20Partnership.aspx

Pledge online or return the pledge form by fax or email.

KQIP cover letter, recommendation, and pledge form:

Questions? Contact a KQIP representative
or call Michele Clark at KHC, 785-235-0763
x1321 or mclark@khconline.org.
Upcoming KHC Events

ICU CAUTI-CLABSI Prevention Workshop
for Kansas-Iowa ICU teams in the AHRQ Safety Program
April 4, 2019 ● Kansas City, Ks
Registration is now open. Please contact a member of the Kansas Healthcare Collaborative team for additional information.

• I.P. Boot Camp
Apr 16 - 17, 2019 ● Manhattan, Ks
Registration now open for novice infection preventionists in acute and ambulatory care settings. Visit www.khconline.org/IP-Bootcamp for additional information, agenda, and registration.

Upcoming KHC HIIN Webinars

KHC HIIN: Monthly Virtual Meeting
April 24, 2019 ● 10:00am - 11:00 am

KHC Hand Hygiene: Monthly Virtual Meeting
May 3, 2019 ● 11:00am - 12:00 pm
We will be conducting a sign-up refresh soon.
Please watch your emails and Listserv messages for more information!

Information: https://www.khconline.org/events/huin-events
Contact Chuck Duffield, cduffield@khconline.org or call (785) 235-0763 x1327.
Case Studies Review

HRET HIIN has recently updated the case studies page on its website to allow everyone to read existing case studies and submit new ones.

**Do you have a success story to share?**
We encourage you to complete a [Case Study Template](mailto:info@khconline.org) and submit to info@khconline.org.

HRET HIIN is featuring case studies on its website. Visit [http://www.hret-hiin.org/resources/display/case-studies](http://www.hret-hiin.org/resources/display/case-studies)

Recent Webinars and Events

- **February 27, 2019 - KHC HIIN Webinar**
  **Journey to Health Equity:**
  Data, prevalence studies and best practices
  [Webinar recording](#) | [Presentation handout](#) (pdf)

- **February 28, 2018 - KHC HIIN Falls Prevention Sprint - Session #5**
  Webinar recording | Presentation handout (pdf)

See KHC HIIN Education Archive at [http://www.khconline.org/initiatives/hiin/education/khc-hiin-past-educational-events](http://www.khconline.org/initiatives/hiin/education/khc-hiin-past-educational-events)
Please provide feedback to this webinar.
Let us know your next steps.
https://www.surveymonkey.com/r/KHC-HIIN-03272019

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