KHC Hospital Improvement Innovation Network

June 26, 2019
10 to 11 a.m. CT

HIIN Goal:
By March 2020, hospitals in the KHC HIIN will achieve 20% reduction in all-cause harm and 12% reduction in readmissions.

Kansas Healthcare Collaborative

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Kansas Hospital Association/KHERF

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Sally Othmer
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Agenda

- Welcome and Announcements
- PFA and PFAC Programs
- HIIN Data and Measures Update
  - New design in HIIN data reports coming soon
  - Watch for impact of new baselines submitted to HRET in June
  - Reducing burden: Measure set updates for HIIN and HEN
  - Live demonstration: Best practices in using QHi for HIIN measure selection and more
- HIIN Resources and Upcoming Events

Announcements

- HIIN Milestone 12 Completed!
- CMS Option Period 2 Update (through March 27, 2020)
- HRET HIIN Educational Programming
  - Focus on areas not meeting reduction goals
Option Year Period 2
HRET HIIN Education POTENTIAL Timeline

<table>
<thead>
<tr>
<th></th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
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<tbody>
<tr>
<td>Readmissions</td>
<td></td>
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<td>Behavioral Health Podcast</td>
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<td>Readmissions Sprint</td>
<td>Falls Workshop</td>
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<td>Falls</td>
<td>Falls Sprint</td>
<td>VAE Relay</td>
<td>VAE Relay</td>
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<td>VTE</td>
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<td>HAPI Sprint</td>
<td>HAPI Series</td>
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<td>PPI</td>
<td>PPI Sprint</td>
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<td>SSI</td>
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<tr>
<td>ADE</td>
<td>ADE Hypoglycemia Relay</td>
<td>ADE Anticoagulation Sprint</td>
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</tbody>
</table>

Enrollment is now open
4 HRET HIIN Sprints/Relays to begin in August

<table>
<thead>
<tr>
<th>Collaborative</th>
<th>Start Date</th>
<th>Registration Link / Survey</th>
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</thead>
<tbody>
<tr>
<td>HAPI Sprint</td>
<td>August 13</td>
<td><a href="https://www.surveymonkey.com/r/Fall2019HAPI">https://www.surveymonkey.com/r/Fall2019HAPI</a></td>
</tr>
<tr>
<td>Falls Sprint</td>
<td>August 20</td>
<td><a href="https://www.surveymonkey.com/r/fallssprint">https://www.surveymonkey.com/r/fallssprint</a></td>
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<td>VTE Relay</td>
<td>August 28</td>
<td><a href="https://www.surveymonkey.com/r/F19VTE">https://www.surveymonkey.com/r/F19VTE</a></td>
</tr>
</tbody>
</table>
7 Steps to Sustainable PFA/PFAC Programs
Salina, KS

Hospitals participating the workshop

- Ellsworth County Medical Center
- Hanover Hospital
- Hiawatha Community Hospital
- Hospital District No. 1 of Rice County
- Jewell County Hospital
- Kearny County Hospital
- Kiowa District Hospital
- Logan County Hospital
- McPherson Hospital, Inc.
- Memorial Health System
- Ness County Hospital District No. 2
- Newton Medical Center
- Norton County Hospital
- Osborne County Memorial Hospital
- Republic County Hospital
- Sabetha Community Hospital, Inc.
- Sheridan County Health Complex
- South Central Kansas Medical Center
- Southwest Medical Center
- Stanton County Hospital
- Sumner County Hospital District No. 1
- Susan B. Allen Memorial Hospital
- Wilson Medical Center
The 7 Steps

Step 1: Raising Awareness of the "why"
- PHCC and PAAs

Step 2: Preparing
- Leadership buy-in & planning

Step 3: Structure
- Key decisions regarding approach & logistics

Step 4: Recruiting
- PIA selection

Step 5: Training
- Comprehensive training for PAs & staff

Step 6: Launching and running
- Outlining agenda, meeting facilitation

Step 7: Sustaining
- In it for the long haul

CMS NEWS

CMS Seeks Public Input on Patients over Paperwork Initiative to Further Reduce Administrative, Regulatory Burden to Lower Healthcare Costs

FOR IMMEDIATE RELEASE
June 6, 2019

Contact: CMS Media Relations
(202) 696-6141 | CMS Media Inquiries

CMS Seeks Public Input on Patients over Paperwork Initiative to Further Reduce Administrative, Regulatory Burden to Lower Healthcare Costs

Public feedback will shape initiative’s next steps and future progress in tackling unnecessary burden on healthcare providers.

Today, the Centers for Medicare & Medicaid Services (CMS) issued a Request for Information (RFI) seeking new ideas from the public on how to continue the progress of the Patients over Paperwork initiative. Since launching in fall 2017, Patients over Paperwork has streamlined regulations to significantly cut the "red tape" that weighs down our healthcare system and takes clinicians away from their primary mission—caring for patients. As of January 2019, CMS estimates that through regulatory reform alone, the healthcare system will save an estimated 45 million hours and $6.7 billion through 2021. Those estimated savings come from both final and proposed rules.

The RFI on Reducing Administrative Burden to Put Patients over Paperwork is posted in the Federal Register at: https://www.federalregister.gov/documents/2019/06/11/2019-12215/request-for-information-reducing-administrative-burden-to-put-patients-over-paperwork
KHC HIIN Measures and Data Update

• Data report redesign
• New HIIN baselines
• FAQs: CDI denominator in NHSN and HAPU Stage 3
• Measure set updates
• Live QHi Demo by Stuart Moore
• Data submission schedule
• Questions and Answers

HIIN Data Reports

• Final Milestone 12 reports distributed June 11, 2019
• No KHC HIIN Data Analytic Report in June
  ◦ Updated HIIN report design and analytics are in development
  ◦ Update baselines will be included in next round of reports

• HRET HIIN Milestone expectations for Option Year Period 2 are pending
HIIN Baseline Updates

- NHSN measures will all have CY2015 baseline (formerly CY2014)
  - CAUTI
  - CLABSI
  - C. difficile
  - MRSA
  - SSI
  - VAC/IVAC/PVAP
- Falls w/ Injury
  - CY2014
- HAPU Stages 3+ (AHRQ)
  - new baseline is 10/2015 – 9/2016
- All Sepsis measures
  - New baseline is 10/2015 – 9/2016

No action required for participating hospitals

Improvement on selected KHC HIIN measures with new baselines

Preliminary data
Improvement on selected KHC HIIN measures with new baselines

Baseline updates had little impact on status of improvement

Data and Measure FAQ (1 of 3)

Q. Why is my *C. difficile* denominator flagged as a “zero” denominator in the milestone report?
Data and Measure FAQ (1 of 3)

Q. Why is my _C. difficile_ denominator flagged as a “zero” denominator in the milestone report?

- Denominator for _C. diff_ and MRSA rates expected to be greater than zero
- In NHSN, double check to make sure you’ve provided separate CDI and MDRO denominators
  - Total Facility Patient Days/Admissions include all inpatient locations in the facility including units with separate CCNs such as inpatient rehabilitation facility (IRF) and inpatient psychiatric facility (IPF) locations.
  - MDRO Counts are total facility counts minus counts from CMS-certified inpatient rehabilitation units (IRFs) and inpatient psychiatric units (IPFs) with a unique CCN. This is not a count of patients with an MDRO.
  - CDI Counts are total facility counts minus counts from CMS-certified inpatient rehabilitation units (IRFs) and inpatient psychiatric units (IPFs) with a unique CCN, and minus counts from all baby locations. This is not a count of patients with CDI.

https://www.cdc.gov/nhsn/faqs/faq-mdro-cdi.html#q13

Data and Measure FAQ (1 of 3)

Q. I am submitting data for the Pressure Ulcer Stage 3 or Greater measure. Why isn’t it showing up in my HIIN data reports?
Data and Measure FAQ (2 of 3)

Q. I am submitting data for the Pressure Ulcer Stage 3 or Greater measure. Why isn't it showing up in my HIIN data reports?

Make sure you are tracking the correct measure.

**Pressure Ulcer Rate, Stage 3+ (AHRQ PSI Measure) - HEN 2.0 & KHC HIIN**

Dashboard Title: Pressure Ulcer Rate, Stage 3+

Graph Title: Pressure Ulcer Rate, Stage 3+

Definition: Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary diagnosis codes for pressure ulcer and any secondary diagnosis codes for pressure ulcer stage III or IV (or unstageable) / Surgical or medical discharges, for patients ages 18 years and older (surgical and medical discharges are defined by specific DRG or MS-DRG codes) x 1,000

Included elements:

- Surgical or medical discharges, for patients ages 18 years and older (surgical and medical discharges are defined by specific DRG or MS-DRG codes) (denominator)
- Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary diagnosis codes for pressure ulcer stage III or IV (or unstageable) (numerator)
Q. Our hospital performs surgeries, but none of the targeted procedures (colon, ab/hyst, hips, knees) included in the HIIN. Can you clarify whether our hospital should be reporting on the post-surgical sepsis or VTE measures?
Q. Our hospital performs surgeries, but none of the targeted procedures (colon, ab/hyst, hips, knees) included in the HIIN. Can you clarify whether our hospital should be reporting on the post-surgical sepsis or VTE measures?

**Review the denominators**

Denominator codes for sepsis measures (based on AHRQ PSI 13):

Denominator codes for VTE (AHRQ PSI 12):

HIIN/HEN Measure Review and Reduction

- **Measure sets in QHi:**
  - HEN 1.0 (old)
  - HEN 2.0 (old)
  - HIIN

- **Considerations**
  - Change to focus on outcome measures
  - Changing areas of focus for the network (ex. Removal of OB measures)
  - Balance against need for continued monitoring
  - Desire to reduce reporting burden
QHi Memo to hospitals from Sally Othmer, June 25

(Copy available in file download pod below)

Measures No Longer Included in the KHC HIIN Program

<table>
<thead>
<tr>
<th>Topic</th>
<th>Measure</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td>ADE Reporting</td>
<td>HEN 1.0</td>
</tr>
<tr>
<td>ADE</td>
<td>Rate of harmful events</td>
<td>HEN 1.0</td>
</tr>
<tr>
<td>CAUTI</td>
<td>Catheter Placement in ED</td>
<td>HEN 1.0</td>
</tr>
<tr>
<td>CAUTI</td>
<td>Appropriate/inappropriate catheter indication rates</td>
<td>HEN 1.0</td>
</tr>
</tbody>
</table>
# Measures No Longer Included in the KHC HIIN Program

<table>
<thead>
<tr>
<th>Topic</th>
<th>Measure</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>Fall risk assessment completed within 24 hours</td>
<td>HEN 1.0, HEN 2.0</td>
</tr>
<tr>
<td>HAPU</td>
<td>Patients with at least one Stage III or Greater Hospital-Acquired Pressure Ulcer (HAPU) <strong>(prevalence measure)</strong></td>
<td>HEN 1.0</td>
</tr>
<tr>
<td>HAPU</td>
<td>Patients with pressure ulcer risk assessment completed within 24 hours of admission</td>
<td>HEN 1.0, HEN 2.0</td>
</tr>
<tr>
<td>HAPU</td>
<td>Patients with skin assessment documented within 24 hours of admission</td>
<td>HEN 1.0, HEN 2.0</td>
</tr>
</tbody>
</table>

# Measures No Longer Included in the KHC HIIN Program

<table>
<thead>
<tr>
<th>Topic</th>
<th>Measure</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB</td>
<td>Use of standardized tool for scheduling C-sections and induction of labor</td>
<td>HEN 1.0</td>
</tr>
<tr>
<td>OB</td>
<td>Documentation of indication prior to induction of labor as part of induction bundle</td>
<td>HEN 1.0</td>
</tr>
<tr>
<td>OB</td>
<td>Record review of scheduled C-sections and inductions of labor &lt;39 wks</td>
<td>HEN 1.0</td>
</tr>
<tr>
<td>OB</td>
<td>Preeclampsia ICU admissions</td>
<td>HEN 2.0</td>
</tr>
<tr>
<td>OB</td>
<td>OB Preeclampsia assessment</td>
<td>HEN 2.0</td>
</tr>
<tr>
<td>OB</td>
<td>Obstetrical (OB) Trauma – Vaginal delivery with instrument</td>
<td>HEN 2.0</td>
</tr>
</tbody>
</table>
# Measures No Longer Included in the KHC HIIN Program

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<tr>
<th>Topic</th>
<th>Measure</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB</td>
<td>OB patients at risk for pre-term delivery receiving antenatal steroids</td>
<td>HEN 2.0</td>
</tr>
<tr>
<td>OB</td>
<td>Total OB blood transfusions</td>
<td>HEN 1.0</td>
</tr>
<tr>
<td>OB</td>
<td>Massive blood transfusions</td>
<td>HEN 1.0, HEN 2.0</td>
</tr>
<tr>
<td>OB</td>
<td>OB hemorrhage risk assessment on admission</td>
<td>HEN 1.0</td>
</tr>
<tr>
<td>OB</td>
<td>Timely treatment for severe hypertension</td>
<td>HEN 1.0</td>
</tr>
<tr>
<td>OB</td>
<td>Early Electric Deliveries ≥37 and &lt;39 weeks</td>
<td>HEN 1.0, HEN 2.0</td>
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# Measures No Longer Included in the KHC HIIN Program

<table>
<thead>
<tr>
<th>Topic</th>
<th>Measure</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>READ</td>
<td>Patients receiving complete discharge education verified by teach-back or other means</td>
<td>HEN 2.0</td>
</tr>
<tr>
<td>SSI</td>
<td>Failure to Rescue (AHRQ PSI-04)</td>
<td>HEN 2.0</td>
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</table>
## Measures no longer Included in the KHC HIIN Program

<table>
<thead>
<tr>
<th>Topic</th>
<th>Measure</th>
<th>Source</th>
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<tbody>
<tr>
<td>VAP</td>
<td>Ventilator-Association Pneumonia rate</td>
<td>HEN 1.0</td>
</tr>
<tr>
<td>VAE</td>
<td>ICU Ventilator Bundle Use</td>
<td>HEN 1.0</td>
</tr>
<tr>
<td>VAE</td>
<td>ABCDEF Ventilator Bundle Compliance</td>
<td>HEN 2.0</td>
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## Measures Retired by CMS and Already Removed from QHi

<table>
<thead>
<tr>
<th>Topic</th>
<th>Measure</th>
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</thead>
<tbody>
<tr>
<td>READ</td>
<td>Heart Failure Discharge Instructions</td>
<td>HEN 1.0</td>
</tr>
<tr>
<td>SSI</td>
<td>Prophylactic Abx received within one hour prior to surgical incision</td>
<td>HEN 1.0</td>
</tr>
<tr>
<td>SSI</td>
<td>Prophylactic Abx Selection for surgical patients</td>
<td>HEN 1.0</td>
</tr>
<tr>
<td>SSI</td>
<td>Prophylactic Abx discontinued within 24 hours after surgery end time</td>
<td>HEN 1.0</td>
</tr>
<tr>
<td>VTE</td>
<td>Hospital acquired potentially preventable VTE</td>
<td>HEN 1.0, HEN 2.0, KHC HIIN</td>
</tr>
<tr>
<td>VTE</td>
<td>VTE warfarin therapy discharge instructions</td>
<td>HEN 1.0, HEN 2.0</td>
</tr>
</tbody>
</table>
What Can Hospitals Do?

*Great! Fewer measures! What do we do to stop reporting and remove these from our measures list?*

*OR*

*Oh no! We’re using some of these measures! How can we continue to use them in QHi?*

We recommend you take steps (prior to August 1) to insure you are collecting the appropriate current KHC HIIN measures, removing those measures you need not collect while keeping any prior HEN measures that are meaningful and useful to your facility.

**See Live Demonstration of QHi**
Review

- By August 1, 2019:
  - If selected, please DESELECT the HEN 1.0 and HEN 2.0 measure sets.
  - If there are any measures that are not in the HIIN set that you need to collect, select the individual measure.
  - Use the “Measures” link in the Administration Menu
  - Review the current HIIN measures to be sure you have selected all applicable measures for your facility.

Questions?

If you have questions or need assistance with QHi, contact Stuart Moore at smoore@kha-net.org.

If you have any questions about HIIN measures, contact Eric Cook-Wiens at ecook-wiens@khconline.org or Michele Clark at mclark@khconline.org.
Kansas HIIN - 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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<tr>
<td>July, 2018</td>
<td>June, 2018</td>
<td>31-Aug-18</td>
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<td>August, 2018</td>
<td>July, 2018</td>
<td>30-Sep-18</td>
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<td>31-Oct-2018</td>
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<td>30-Nov-2018</td>
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<td>November, 2018</td>
<td>October, 2018</td>
<td>31-Dec-2018</td>
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<td>December, 2018</td>
<td>November, 2018</td>
<td>31-Jan-19</td>
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<td>December, 2018</td>
<td>28-Feb-19</td>
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<td>March, 2019</td>
<td>February, 2018</td>
<td>30-Apr-19</td>
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<td>April, 2019</td>
<td>March, 2019</td>
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<td>May, 2019</td>
<td>April, 2019</td>
<td>30-Jun-19</td>
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<tr>
<td>June, 2019</td>
<td>May, 2019</td>
<td>31-Jul-19</td>
</tr>
</tbody>
</table>

Resources and Upcoming Events

Chuck Duffield  
Performance Improvement Manager  
Kansas Healthcare Collaborative  
cduffield@khconline.org  
(785) 235-0763 x1327
It’s not too late to join!

This 11-month collaborative, conducted by KHC, features many supports to help your hospital increase hand hygiene adherence. We welcome Cynosure Health improvement advisor Barb DeBaun as our subject matter expert and faculty.

See the informational flyer at https://www.khconline.org/files/HIIN/Hand_Hygiene/KHC-HIIN-HH-C2-flyer.pdf

KHC HIIN Hand Hygiene Collaborative
Cohort 2
May 1, 2019 to March 27, 2020

Remaining Schedule:
Aug. 16
Nov. 1
Feb. 7

Gaining Access to Shared PFA/PFAC Resources at www.khconline.org

Click on PFE icon
Then, click on the link to access the password-protected page for KHC HIIN PFA/PFAC Resources

Login information
For login information please download the PFAC-resources-and-passwords file in the webinar Downloadable File pod or contact Treva Borcher TBorcher@khconline.org
EXAMPLES – RESOURCES YOU CAN USE

INSTRUCTIONAL VIDEOS
Steps #1 - #7

https://www.khconline.org/initiatives/hiin/417-pfac-videos

Note: First log into the Members-Only page to access the videos.

Login information
For details for accessing KHC HIIN resources, download the PFAC-resources-and-passwords file in the webinar Downloadable File pod or contact Treva Borcher at TBorcher@khconline.org.
PFE List-Serves

Email forums for sharing best practices, peer-to-peer discussion, and share resources

• **KHC HIIN PFA/PFAC Listserv (Kansas)**
  Please contact Treva Borcher (TBorcher@khconline.org) to be added to the PFAC Listserv forum. (Members of the Kansas PFAC Cohort 4 have already on the Listserv).

• **HRET HIIN Patient & Family Engagement Listserv (national)**
  Register for PFE and other HRET HIIN Listserves here: [http://www.hret-hiin.org/engage/listserv.shtml](http://www.hret-hiin.org/engage/listserv.shtml)

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National PFE Resources

**HRET HIIN PFE Resources**

- HPOE/ASHE Guide
- PFE Resource Compendium
- Recorded Webinars
- Additional PFE resources

Partnership for Patients Healthcare Communities

Roadmaps for each PFE Metric (#1 - #5)

Emerging Content

- June 20, 2019 - Hospital Safety Showcase
  - Read More
  - https://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary/Category?CategoryId=839898&EntryID=132367

- February 2019 - Hospital Safety Showcase
  - Read More
  - https://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary/Category?CategoryId=839898&EntryID=132367

https://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary/Category?CategoryId=839898&EntryID=132367
Upcoming KHC HIIN Webinars

KHC HIIN: Monthly Virtual Meeting
July 24 • 10:00 - 11:00 am
https://khconline.adobeconnect.com/khc-hiin-07-24-19/event/registration.html

KHC HIIN: Hand Hygiene Collaborative
August 16 • 11:00 to 10:00 am

*KHC HIIN webinars are held the 4th Wednesday of each month at 10 to 11 a.m.*

Information: [https://www.khconline.org/events/hiin-events](https://www.khconline.org/events/hiin-events)

Upcoming National Webinars

**HRET HIIN Opioid Safety: Alternatives to Opioids Webinar Series #3**
July 8 • 10:00 - 11:00am

**Great Plains QIN-QIO: Patient and Family Advisory Council in a Collaborative Medical Neighborhood**
July 11 • 12:00 - 1:00pm
Register here: [https://greatplainsqin.org/event-registration](https://greatplainsqin.org/event-registration)

**P4P: Partnering with Patient and Family Advisors on Root Cause Analysis Committees (PFE Metric 4) and CANDOR**
July 11 • 1:00 - 2:00pm
Register here: [https://secure.confertel.net/tsRegisterD.asp?course=68601125](https://secure.confertel.net/tsRegisterD.asp?course=68601125)

**HRET HIIN Opioid Safety: Alternatives to Opioids Webinar Series #4**
August 12 • 10:00 - 11:00am

See more HRET HIIN events at [www.hret-hiin.org/events/index.dhtml](http://www.hret-hiin.org/events/index.dhtml)
Upcoming National Webinars

AHA | Creating Age-Friendly Health Systems  
June 26, 2019 | 11:00 a.m. - 12:00 p.m. CT | Register here.

HRET HIIN Opioid Safety | Alternatives to Opioids Webinar Series #3: ALTO Medications in the ED  
July 8, 2019 | 10:00 a.m. - 11:00 a.m. CT | Register here.

AHA HAV | Promoting Prevention, Improving Health, and Maximizing Safety Outcomes for Patients Affected by Human Trafficking and Intimate Partner Violence  
July 11, 2019 | 1:00 p.m. - 2:00 p.m. CT | Register here.

HRET HIIN Opioid Safety | Alternatives to Opioids Webinar Series #4: ALTO Procedures  
August 12, 2019 | 10:00 a.m. - 11:00 a.m. CT | Register here.

All times listed are Central Time.

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

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