

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.



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Introductions

Kansas Healthcare Collaborative



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2

June 26, 2019

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



Kansas photos by Chuck Duffield

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Announcements

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



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Announcements

Option Year Period 2 HRET HIIN Education POTENTIAL Timeline

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Readmissions	Behavioral Health Podcast		Readmissions Sprint						
Falls		Falls Sprint					Falls Workshop		
VAE			VAE Relay				VAE Relay		
VTE		VTE Relay							
HAPI		HAPI Sprint				HAPI Series			
PFE		PFE Sprint							
Sepsis			Sepsis Podcast						
SSI	SSI Resources/Content								
ADE			ADE Hypoglycemia Relay				ADE Anticoagulation Sprint		

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 Other Education

16

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Announcements

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

Collaborative	Start Date	Registration Link / Survey
HAPI Sprint	August 13	https://www.surveymonkey.com/r/Fall2019HAPI
VAE Relay	August 19	https://www.surveymonkey.com/r/2019FALLVAE
Falls Sprint	August 20	https://www.surveymonkey.com/r/fallssprint
VTE Relay	August 28	https://www.surveymonkey.com/r/F19VTE

Kansas Healthcare Collaborative 6

KHC HIIN Workshop • June 25

7 Steps to Sustainable PFA/PFAC Programs Salina, KS

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7

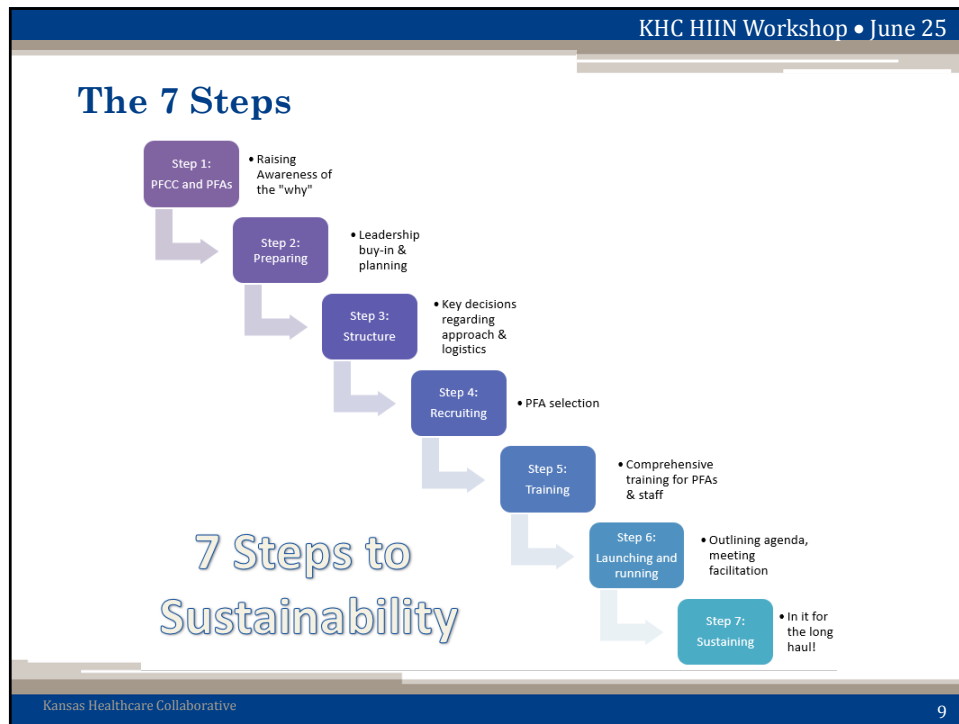
KHC HIIN Workshop • June 25

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

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8



Announcements

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) 690-6145 | [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 40 million hours and \$5.7 billion through 2021. These 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>

Comments Close 8/12/2019

Kansas Healthcare Collaborative 10

KHC HIIN Data & Measures Update

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

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Kansas Healthcare Collaborative 11

Measures and Data Update

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

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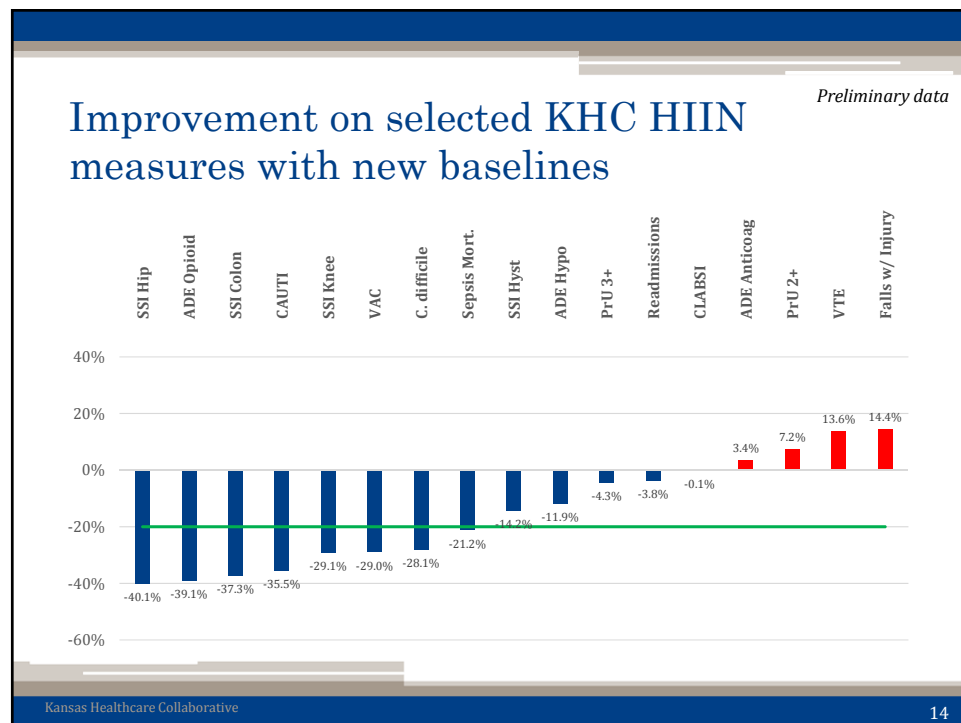
Measures and Data Update

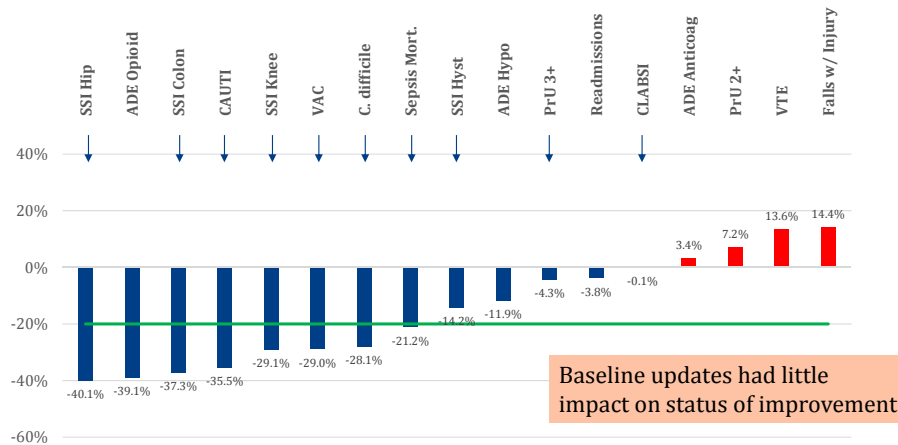
HIIN Baseline Updates

- 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

Kansas Healthcare Collaborative 13





Q. Why is my *C. difficile* denominator flagged as a “zero” denominator in the milestone report?

[illegible]

Measures and Data Update

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>

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Measures and Data Update

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?

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Measures and Data Update

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

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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 MSDRG codes)] x 1,000

Included elements

- 1 Surgical or medical discharges, for patients ages 18 years and older (surgical and medical discharges are defined by specific DRG or MSDRG codes) (denominator)
- 2 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) (numerator)

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HIIN Pressure Ulcer Measures

Hospital-Acquired Pressure Ulcer Prevalence, Stage 2+ - Kansas HEN 1.0(Outcome 1) & HEN 2.0 & KHC HIIN

★

Dashboard Title: HAPU Prevalence, Stage 2+

Graph Title: Hospital-Acquired Pressure Ulcer Prevalence, Stage 2+

Definition: (Patients with at least one category/stage II or greater hospital-acquired pressure ulcer on the day of the prevalence measurement episode / All patients, 18 years of age or greater, surveyed for the measurement episode) x 100

Included elements

- 1 All patients, 18 years of age or greater, surveyed for the measurement episode (denominator).
- 2 Patients with at least one category/stage II or greater hospital-acquired pressure ulcer on the day of the prevalence measurement episode (numerator).

★

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

★

Dashboard Title: Pressure Ulcer Rate, Stage 3+

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- 2 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) (numerator)

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HIIN Pressure Ulcer Measures

Hospital-Acquired Pressure Ulcer Prevalence, Stage 2+ - Kansas HEN 1.0 (Outcome 1) & HEN 2.0 & KHC HIIN



Dashboard Title: HAPU Prevalence, Stage 2+

Graph Title: Hospital-Acquired Pressure Ulcer Prevalence, Stage 2+

Definition: (Patients with one category/stage II or greater hospital-acquired pressure ulcer on the day of the prevalence measurement episode / All patients, 18 years of age or greater, surveyed for the prevalence measurement episode) x 100

Included elements

- 1. All patients, 18 years of age or greater, surveyed for the prevalence measurement episode (denominator).
- 2. Patients with at least one category/stage II or greater hospital-acquired pressure ulcer on the day of the prevalence measurement episode (numerator).



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, meeting the inclusion and exclusion rules for the denominator, with 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 MSDRG code)] (numerator) / 1,000

Included elements

- 1. Surgical or medical discharges, for patients ages 18 years and older (surgical and medical discharges are defined by specific DRG or MSDRG codes) (denominator)
- 2. 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)

Data and Measure FAQ (3 of 3)

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?

Measures and Data Update

Data and Measure FAQ (3 of 3)

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):
https://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V60-ICD10/TechSpecs/PSI_13_Postoperative_Sepsis_Rate.pdf

Denominator codes for VTE (AHRQ PSI 12):
https://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2018/TechSpecs/PSI_12_Periooperative_Pulmonary_Embolism_or_Deep_Vein_Thrombosis_Rate.pdf

<https://www.khconline.org/files/KHC-HIIN-Measures-Dictionary.pdf>

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Measures and Data Update

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

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Measures and Data Update

QHi Memo to hospitals from Sally Othmer, June 25

(Copy available in file download pod below)



To: KHC HIIN hospitals and other QHi Users
From: Sally Othmer, KHA
Date: June 26, 2019
Re: Measure set updates for HIIN and HEN

Our QHi team and staff at the Kansas Healthcare Collaborative have been working together in recent weeks to review and shorten the list of measures in Quality Health Indicators (QHi) that are needed related to the current Hospital Improvement Innovation Network (HIIN) initiative, especially previous versions of the project, known as HIIN 1.0 and HEN 2.0.

We are writing to notify you of the changes we plan to make in QHi as of August 1, 2019, which we believe could potentially reduce burden in data collection and reporting by retiring measure sets no longer needed for the current CMS patient safety initiative, currently known as the HIIN.

Meanwhile, the measures that are no longer needed for the HIIN are still accessible in QHi should your hospital wish to continue tracking certain processes and outcomes that are important to your hospital's quality and patient safety program.

We will review this information during the upcoming KHC HIIN Monthly Webinar to be held this Wednesday, June 26, from 10 to 11 a.m. Please register here to join the conversation: <https://www.khccollab.org/2019-measures-data-update-khc-hi-in-monthly-6-26-19>. This session will be recorded and posted to the [KHC Education Archive](#).

Background
The individual measures that have been identified by KHC as no longer essential or expected for the current HIIN initiative are listed in the table below. You may notice that most of the measures are from earlier Hospital Engagement Network (HEN) projects, which were conducted between 2012 to 2016. (The HEN 1.0 and HEN 2.0 measure sets remained in QHi for hospital use, while the new HIIN measure set was added in October 2016 for the initiative that will continue through March 2020.)


What will happen on August 1?
In an effort to reduce unnecessary reporting burden and to clean up our growing list of measure sets, all HEN 1.0 and HEN 2.0 measure sets will be removed from QHi on August 1. The measures contained within those measure sets will remain in the QHi Library for collection, however, all references to old KHC HEN measure sets (Kansas Hospital Engagement Network 1.0 Measure Set, Kansas Hospital Engagement Network 2.0 Measure Set) will be removed.

What can hospitals do?
We recommend you take the following 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

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25

Measures and Data Update

Measures No Longer Included in the KHC HIIN Program



Topic	Measure	Source
ADE	ADE Reporting	HEN 1.0
ADE	Rate of harmful events	HEN 1.0
CAUTI	Catheter Placement in ED	HEN 1.0
CAUTI	Appropriate/inappropriate catheter indication rates	HEN 1.0

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26

Measures and Data Update		
Measures No Longer Included in the KHC HIIN Program		
Topic	Measure	Source
Falls	Fall risk assessment completed within 24 hours	HEN 1.0, HEN 2.0
HAPU	Patients with at least one Stage III or Greater Hospital-Acquired Pressure Ulcer (HAPU) <i>(prevalence measure)</i>	HEN 1.0
HAPU	Patients with pressure ulcer risk assessment completed within 24 hours of admission	HEN 1.0, HEN 2.0
HAPU	Patients with skin assessment documented within 24 hours of admission	HEN 1.0, HEN 2.0
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		27

Measures and Data Update		
Measures No Longer Included in the KHC HIIN Program		
Topic	Measure	Source
OB	Use of standardized tool for scheduling C-sections and induction of labor	HEN 1.0
OB	Documentation of indication prior to induction of labor as part of induction bundle	HEN 1.0
OB	Record review of scheduled C-sections and inductions of labor <39 wks	HEN 1.0
OB	Preeclampsia ICU admissions	HEN 2.0
OB	OB Preeclampsia assessment	HEN 2.0
OB	Obstetrical (OB) Trauma – Vaginal delivery with instrument	HEN 2.0
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		28

Measures and Data Update		
<h2>Measures No Longer Included in the KHC HIIN Program</h2>		
Topic	Measure	Source
OB	OB patients at risk for pre-term delivery receiving antenatal steroids	HEN 2.0
OB	Total OB blood transfusions	HEN 1.0
OB	Massive blood transfusions	HEN 1.0, HEN 2.0
OB	OB hemorrhage risk assessment on admission	HEN 1.0
OB	Timely treatment for severe hypertension	HEN 1.0
OB	Early Electric Deliveries ≥ 37 and < 39 weeks	HEN 1.0, HEN 2.0
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		29

Measures and Data Update		
<h2>Measures No Longer Included in the KHC HIIN Program</h2>		
Topic	Measure	Source
READ	Patients receiving complete discharge education verified by teach-back or other means	HEN 2.0
SSI	Failure to Rescue (AHRQ PSI-04)	HEN 2.0
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		30

Measures and Data Update		
<h2>Measures no longer Included in the KHC HIIN Program</h2>		
Topic	Measure	Source
VAP	Ventilator-Association Pneumonia rate	HEN 1.0
VAE	ICU Ventilator Bundle Use	HEN 1.0
VAE	ABCDEF Ventilator Bundle Compliance	HEN 2.0

Kansas Healthcare Collaborative 31

Measures and Data Update		
<h2>Measures Retired by CMS and Already Removed from QHi</h2>		
Topic	Measure	Source
READ	Heart Failure Discharge Instructions	HEN 1.0
SSI	Prophylactic Abx received within one hour prior to surgical incision	HEN 1.0
SSI	Prophylactic Abx Selection for surgical patients	HEN 1.0
SSI	Prophylactic Abx discontinued within 24 hours after surgery end time	HEN 1.0
VTE	Hospital acquired potentially preventable VTE	HEN 1.0, HEN 2.0, KHC HIIN
VTE	VTE warfarin therapy discharge instructions	HEN 1.0, HEN 2.0

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Measures and Data Update

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

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Measures and Data Update



Live demonstration

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Measures and Data Update

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.

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Measures and Data Update

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.

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Data & Measures Update		
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
July, 2018	June, 2018	31-Aug-18
August, 2018	July, 2018	30-Sep-18
September, 2018	August, 2018	31-Oct-2018
October, 2018	September, 2018	30-Nov-2018
November, 2018	October, 2018	31-Dec-2018
December, 2018	November, 2018	31-Jan-19
January, 2019	December, 2018	28-Feb-19
February, 2019	January, 2019	31-Mar-19
March, 2019	February, 2018	30-Apr-19
April, 2019	March, 2019	31-May-19
May, 2019	April, 2019	30-Jun-19
June, 2019	May, 2019	31-Jul-19

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37

Resources and Upcoming Events
<h2>Resources and Upcoming Events</h2> <div> <p>Chuck Duffield Performance Improvement Manager Kansas Healthcare Collaborative cduffield@khconline.org (785) 235-0763 x1327</p> </div>

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38


Resources and Upcoming Events

KHC HIIN Hand Hygiene Collaborative Cohort 2

May 1, 2019 to March 27, 2020

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.



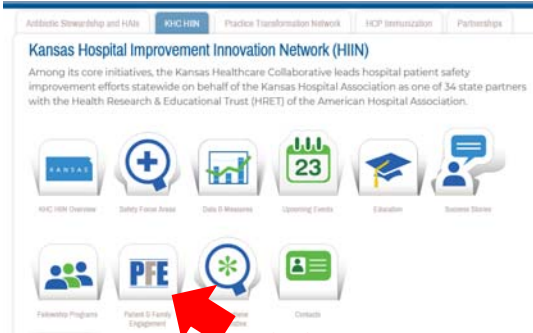
Remaining Schedule:
Aug. 16
Nov. 1
Feb. 7

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

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39

KHC HIIN

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

Home > Initiatives > KHC HIIN > PFAC Members Login

Please login to continue:

Username *

Password *

Remember me ☐

Login information

For login information please download the PFAC-resources-and-passwords file in the webinar Downloadable File pod or contact Treva Borchert TBorchert@khconline.org

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40

KHC HIIN

PFA/PFAC Resource Toolkit

EXAMPLES – RESOURCES YOU CAN USE

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41

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PFA/PFAC Resource Toolkit

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 Borchert TBorchert@khconline.org

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42

Group List-serv Resources

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 Borchert (TBorchert@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>

National PFE Resources

HRET HIIN PFE Resources



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

<http://www.hret-hiin.org/topics/patient-family-engagement.shtml>

National PFE Resources

Partnership for Patients Healthcare Communities



Resource Center > Partnership for Patients Library

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Categories

- [-] Clinical Archive
- [-] Measurement
- [-] Multimedia
- [-] Organizational Drivers and Culture Change
- [-] Other Topics
- [-] Patient and Family Engagement
 - [-] Patient Profiles
 - [-] PFE Resources from PFP 1.0
 - [-] PFE Resources from PFP 2.0 and 3.0
 - [-] Index of Other Resources
 - [-] Metric 1 - Admission Checklist
 - [-] Metric 2 - Shift Change Huddles and Bedside Reporting
 - [-] Metric 3 - PFE Leader of Functional Area
 - [-] Metric 4 - PFAC or Representative on Quality Improvement Team
 - [-] Implementation Resources
 - [-] Research Articles
 - [-] Success Stories
 - [-] Metric 5 - Patient and Family Engagement Advisor on Board
 - [-] PFE Affinity Group Materials
 - [-] PFE Metric Learning Modules
 - [-] PFE Monthly Learning Event Materials
 - [-] PFE Roadmap

Partnership for Patients Resources

This is the Partnership for Patients Community of Practice's dedicated Resource Center for sharing public documents, presentations, webinar recordings and other helpful tools. Feel free to browse through the folder tree to the left of the document listing, or click the links below. This will allow you to access our many resources.

Sort By: Last Modified Date | Desc | Sort

Developing El Concilio - A Culturally-Tailored Patient and Family Advisory Council for Spanish-Speaking Patients

This side presentation outlines the story of El Concilio, a PFAC established to represent spanish speaking patients.

Added: 6/20/2019 9:30:41 AM by: Brennan Folsom

[Details](#) | [Download](#)

Developing El Concilio - A Culturally-Tailored Patient and Family Advisory Council for Spanish-Speaking Patients

This side presentation outlines the story of El Concilio, a PFAC established to represent spanish speaking patients.

Added: 6/20/2019 9:29:58 AM by: Brennan Folsom

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[Archives: Cultural, Effective Patient, Patient Care](#)

<https://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary>

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45

National PFE Resources

Partnership for Patients Healthcare Communities

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

- [-] PFE Resources from PFP 2.0 and 3.0
 - [-] Index of Other Resources
 - [-] Metric 1 - Admission Checklist
 - [-] Metric 2 - Shift Change Huddles and Bedside Reporting
 - [-] Metric 3 - PFE Leader of Functional Area
 - [-] Metric 4 - PFAC or Representative on Quality Improvement Team
 - [-] Metric 5 - Patient and Family Engagement Advisor on Board
 - [-] PFE Affinity Group Materials
 - [-] PFE Metric Learning Modules
 - [-] PFE Monthly Learning Event Materials
 - [-] PFE Roadmap
 - [-] Individual PFE Metric Digests
- [-] Preventative Harms
- [-] Safety Across the Board
- [-] Severe Sepsis and Septic Shock

Sort By: Last Modified Date | Desc | Sort

RoadmapMetric1-508.pdf

Step by step, practical instruction around implementation and intent of PFE Metric 1: Preadmission Planning Checklist

Added: 4/16/2019 3:16:43 PM by: Andrew Amolegbe

[Details](#) | [Download](#)

RoadmapMetric5-508.pdf

Step by step, practical instruction around implementation and intent of PFE Metric 5: Patient Representative(s) on Board of Directors

Added: 4/16/2019 1:02:38 PM by: Andrew Amolegbe

[Details](#) | [Download](#)

RoadmapMetric4-508.pdf

Step by step, practical instruction around implementation and intent of PFE Metric 4: PFAC or Representatives on Hospital Committee

Added: 4/16/2019 1:01:38 PM by: Andrew Amolegbe

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RoadmapMetric3-508.pdf

Step by step, practical instruction around implementation and intent of PFE Metric 3: Designated PFE Leader

Added: 4/16/2019 1:00:19 PM by: Andrew Amolegbe

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RoadmapMetric2-508.pdf

Step by step, practical instruction around implementation and intent of PFE Metric 2: Shift Change Huddles OR Bedside Reporting

Added: 4/16/2019 12:58:33 PM by: Andrew Amolegbe

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<https://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary?CategoryID=839898&EntryID=132367>

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46

Resources and Upcoming Events	
<h2>Upcoming KHC HIIN Webinars</h2>	
<p>KHC HIIN: Monthly Virtual Meeting July 24 • 10:00 - 11:00 am https://khconline.adobeconnect.com/khc-hiin-07-24-19/event/registration.html</p>	
<p>KHC HIIN: Hand Hygiene Collaborative August 16 • 11:00 to 10:00 am</p>	
<p><i>KHC HIIN webinars are held the 4th Wednesday of each month at 10 to 11 a.m.</i></p>	
<p>Information: https://www.khconline.org/events/hiin-events</p>	
Kansas Healthcare Collaborative	47

Upcoming Events	
<h2>Upcoming National Webinars</h2>	
<p>HRET HIIN Opioid Safety: Alternatives to Opioids Webinar Series #3 July 8 • 10:00 - 11:00am Register here: http://hret.adobeconnect.com/alternatives-20190709/event/registration.html</p>	
<p>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</p>	
<p>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</p>	
<p>HRET HIIN Opioid Safety: Alternatives to Opioids Webinar Series #4 August 12 • 10:00 - 11:00am Register here: http://hret.adobeconnect.com/alternatives-20190813/event/registration.html</p>	
Kansas Healthcare Collaborative	48

Upcoming Events

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.

Kansas Healthcare Collaborative 49


Resources and Upcoming Events

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


<https://www.surveymonkey.com/r/HIIN-Webinar-06262019>

Kansas Healthcare Collaborative 50


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51



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Hospital-led initiatives



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52