

# KHC Hospital Improvement Innovation Network

January 22, 2020  
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

## Special Guests

**Labette Health**  
PARSONS, KS

**Rachel Merrick, BSN, RN**  
Quality Coordinator  
[rmerrick@labettehealth.com](mailto:rmerrick@labettehealth.com)


**Traci Journot, RN**  
Case Management Director  
[tjournot@labettehealth.com](mailto:tjournot@labettehealth.com)

**Osborne County Memorial Hospital**  
OSBORNE, KS


**Cindy Hyde, RN**  
Risk Manager and Infection Prevention  
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**Kristen Hadley**  
Compliance Coordinator/Quality Improvement  
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### Kansas Healthcare Collaborative



**Michele Clark, MBA, CPHQ, CPPS, ABC**  
Program Director  
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**Eric Cook-Wiens, MPH, CPPS**  
Data and Measurement Director  
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**Chuck Duffield, MMIS, LSS**  
Performance Improvement Manager  
[cduffield@khconline.org](mailto:cduffield@khconline.org)


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January 22, 2020

## Agenda

- Welcome, Announcements and Updates
- HIIN Data and Measures Update
- Featured Topic: **Shining a spotlight on success!**
  - *How Labette Health slashed readmissions by 43% since 2012*
  - *Dramatically reducing patient falls at Osborne County Memorial Hospital*
- HIIN Resources and Upcoming Events

*Happy Birthday*  
**KANSAS**  
*Established January 29, 1861*



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## KHC Announcements and Updates

- KHC Updates
- Milestone 15 achievements
- Milestone 16 due March 16
- Hospital HIIN recognition
- KHC HIIN ADE Anticoagulation Safety Mini-Sprint
- HRET HIIN P.I. Collaborative
- Let's shine a spotlight on your success!

**Michele Clark**  
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Program Director  
Kansas Healthcare Collaborative  
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Announcements

## KHC Announcements and Updates

- **2020 Summit on Quality** — canceled
  - CMS contract uncertainties.
  - Plan to hold 2021 Summit when contracts are set and KHC can ensure educational programming will be relevant and most beneficial to attendees.
- **2020 Leadership in Quality Awards** — proceeding as planned
  - KAMMCO-sponsored again in its 6<sup>th</sup> year.
  - Watch email for Call for Nominations.

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Announcements

## HQIN Partners with KHC and KFMC



**Kansas Foundation for Medical Care & Kansas Healthcare Collaborative are Selected to Participate in the Health Quality Innovation Network**

KHC will focus on building collaborative community coalitions including hospitals, clinicians, home health agencies and community-based organizations. Support at the local level will lead to fewer hospital readmissions and improved management of chronic disease. More details soon.

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Announcements

HIIN Milestone 15

# Congratulations

to the

# 90

Kansas Hospitals

**that achieved the data submission criteria for Milestone 15!**

(complete data for October 2018 through September 2019)

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Announcements

HIIN Milestone 15

# Congratulations

to the

# 57

Kansas Hospitals

**that achieved the performance achievement criteria for Milestone 15!**

(progress toward HIIN goals in  $\geq 70\%$  of eligible topics)

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Congratulations to All Kansas Hospitals Achieving KHC HIIN Milestone 15!

## 53 Kansas hospitals recognized for achieving timely/complete data *and* measure performance

- Anderson County Hospital
- Ashland Health Center
- Bob Wilson Memorial Grant County Hospital
- Citizens Medical Center
- Cloud County Health Center
- Coffey County Hospital
- Coffeyville Regional Medical Center
- Community Memorial Healthcare
- Decatur Health Systems
- Edwards County Hospital and Healthcare Center
- Ellsworth County Medical Center
- Goodland Regional Medical Center
- Gove County Medical Center
- Hays Medical Center
- Hiawatha Community Hospital
- Holton Community Hospital
- Hutchinson Regional Medical Center
- Jewell County Hospital
- Kearny County Hospital
- Kingman Community Hospital
- Labette Health
- Lincoln County Hospital
- Meade District Hospital
- Medicine Lodge Memorial Hospital
- Memorial Health System
- Mercy Hospital, Columbus
- Mercy Hospital, Moundridge
- Miami County Medical Center
- Morris County Hospital
- Nemaha Valley Community Hospital
- Neosho Memorial Regional Medical Center
- Ness County Hospital
- Newman Regional Health
- Newton Medical Center
- Norton County Hospital
- Olathe Medical Center
- Osborne County Memorial Hospital
- Ottawa County Health Center
- Rawlins County Health Center
- Russell Regional Hospital
- Saint Luke's Cushing Hospital
- Saint Luke's South Hospital
- Satanta District Hospital
- Scott County Hospital
- Sheridan County Health Complex
- St. Catherine Hospital
- Stanton County Hospital
- Stevens County Hospital
- Sumner County Hospital District One
- Susan B. Allen Memorial Hospital
- Wamego Health Center
- Wichita County Health Center
- Wilson Medical Center

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## KHC HIIN Milestones

**DUE DATES**

☒ **Milestone 14** ..... **October 15**  
(data through July 2019)

☒ **Milestone 15** ..... **January 22**  
(data through September 2019)

☐ **Milestone 16** ..... **March 16**  
(data through December 2019)

Milestones consider:

- ✓ Data completeness for recent 12-month period
- ✓ Progress toward HIIN "20/12" Goals
- ✓ Implementation status of 5 Patient and Family Engagement (PFE) Metrics
- ✓ Implementation status of 7 Health Equity Metrics

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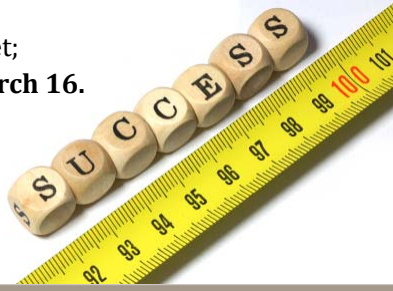
Announcements

## HIIN Milestone #16

- All HIIN data are current – **January through December 2019\***
- Hospitals meet reduction goals in 70% of eligible topics.  
Three ways to meet:
  - Meet 20/12 reduction goals through entire project period
  - Meet 20/12 reduction goals during most recent 6 months
  - Zero streak for  $\geq 6$  months (most recent)

Please help us collectively meet this target;  
Ensure your HIIN data are current **by March 16.**

*\*Note: Being current through January 2020 is preferred!*



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Announcements

## Coming in April! Kansas Hospital HIIN Recognition



Following our final Milestone 16, all hospitals who are participating in HIIN will be recognized at one of three levels

- **“Accomplishment”** hospitals have worked continuously toward goals as part of the KHC HIIN.
- **“Achievement”** hospitals have achieved HIIN goals for both Data Submission and Measure Performance
- **“Highest Achievement”** hospitals have met “Achievement” criteria, *plus* have met HIIN goals in implementing one or both of the HIIN operational metrics:
  - Patient and Family Engagement
  - Health Equity Operational Assessment

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Announcements


Anticipated Recognition Timeline:

- **March 16** – Milestone 16 deadline
- **March 31** – Final KHC HIIN data analytic reports to Kansas hospitals
- **April** – Certificates mailed; press release templates emailed to hospitals
- **April 22** – Recognition of Top 10 Highest Achievers during HIIN webinar
- **Ongoing** – Kansas hospital success stories developed and shared

Download success story template below.

*Coming in April!*

## Kansas Hospital HIIN Recognition



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## KHC HIIN Mini-Sprint Adverse Drug Events – Anticoagulation Safety



### *Kansas ADE Mini-Sprinters!*

- Ashland Health Center
- Clara Barton Hospital
- Greenwood County Hospital
- Kansas Medical Center
- LMH Health
- Mitchell County Hospital Health Systems
- Norton County Hospital
- Ottawa County Health Center
- Phillips County Hospital
- Republic County Hospital
- Satanta District Hospital
- South Central Kansas Medical Center
- Sumner County Hospital District No. 1
- Wilson Medical Center

**SIGN UP BY JAN. 22**

*Last call!*

Discovery tool homework assignments are due by early next week.

**Link to sign up for ADE Mini-Sprint:**  
<https://www.surveymonkey.com/r/KHC-HIIN-ADE-Mini-Sprint-Signup>

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Announcements and Updates

## HRET HIIN Performance Improvement Collaborative

### Hospital pre-assessment summary responses

**Top 3 Priority Topics Identified by Hospitals:**

1. Falls
2. Readmissions
3. Sepsis

*Runner-up topics were:*

Patient and Family Engagement, Health Equity,  
CAUTI, *C. difficile*, ADE-Hypoglycemia, and pressure injuries

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HRET HIIN PI Collaborative

## 38 Kansas hospitals enrolled in the HRET HIIN Performance Improvement Collaborative

<ul style="list-style-type: none"> <li>• Atchison Hospital</li> <li>• Comanche County Hospital</li> <li>• Community Healthcare System</li> <li>• Ellsworth County Medical Center</li> <li>• F.W. Huston Medical Center</li> <li>• Goodland Regional Medical Center</li> <li>• Gove County Medical Center</li> <li>• Greenwood County Hospital</li> <li>• Grisell Memorial Hospital</li> <li>• Hanover Hospital</li> <li>• Hillsboro Community Hospital</li> <li>• Holton Community Hospital</li> <li>• Hospital District No. 1 of Rice County</li> <li>• Hutchinson Regional Medical Center</li> <li>• Kearny County Hospital</li> <li>• Labette Health</li> <li>• LMH Health</li> <li>• Logan County Hospital</li> <li>• Menorah Medical Center</li> </ul>	<ul style="list-style-type: none"> <li>• Miami County Medical Center, Inc.</li> <li>• Mitchell County Hospital Health Systems</li> <li>• Morton County Health System</li> <li>• Ness County Hospital District #2</li> <li>• Olathe Medical Center, Inc.</li> <li>• Phillips County Hospital</li> <li>• Republic County Hospital</li> <li>• Rooks County Health Center</li> <li>• Salina Regional Health Center</li> <li>• Satanta District Hospital</li> <li>• Scott County Hospital</li> <li>• Sheridan County Health Complex</li> <li>• South Central Kansas Medical Center</li> <li>• St. Catherine Hospital</li> <li>• St. Luke Hospital and Living Center</li> <li>• Sumner County Hospital District No. 1</li> <li>• Trego County Lemke Memorial Hospital</li> <li>• Wamego Health Center</li> <li>• Western Plains Medical Complex</li> </ul>
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Announcements and Updates

## Let's Finish HIIN Strong!

What is your hospital's  
next success story?



Download success story template from pod below.  
Contact Michele Clark or Phil Cauthon at KHC when you're ready to begin.

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KHC HIIN Data & Measures Update

## KHC HIIN Measures and Data Update

- January data reports
- Current status
- Data submission schedule

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## KHC HIIN Data & Measures Update

## Data Reports

- Preliminary Reports distributed yesterday (1/21/2020)
  - New component: Outliers identified by HRET are highlighted in the data table in red.

Please review outliers marked in red and update data if appropriate.

Submitted Data												
2016												
Numerator										0	0	0
Denominator										4	4	7
Source										Q	Q	Q
2017												
Numerator	0	0	0	0	0	0	0	0	0	0	0	0
Denominator	1	6	5	3	1	2	2	2	5	10	5	
Source	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
2018												
Numerator	0	0	0	0	0	0	0	0	-	-	-	-
Denominator	4	3	1	3	2	2	1	3	2	-	-	-
Source	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
2019												
Numerator	0	0	0	0	0	0	0	0	0	-	-	-
Denominator	6	12	4	25	6	4	6	4	6	-	-	-
Source	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q

Source: Q=QH, N=HSH | The milestone period is highlighted in blue, missing data in yellow, outliers in red.

- Final Reports will be distributed next week to HIIN contacts, CEOs and CNOs
  - Outliers will not be highlighted in red.

## KHC HIIN Data & Measures Update

## Data Reports

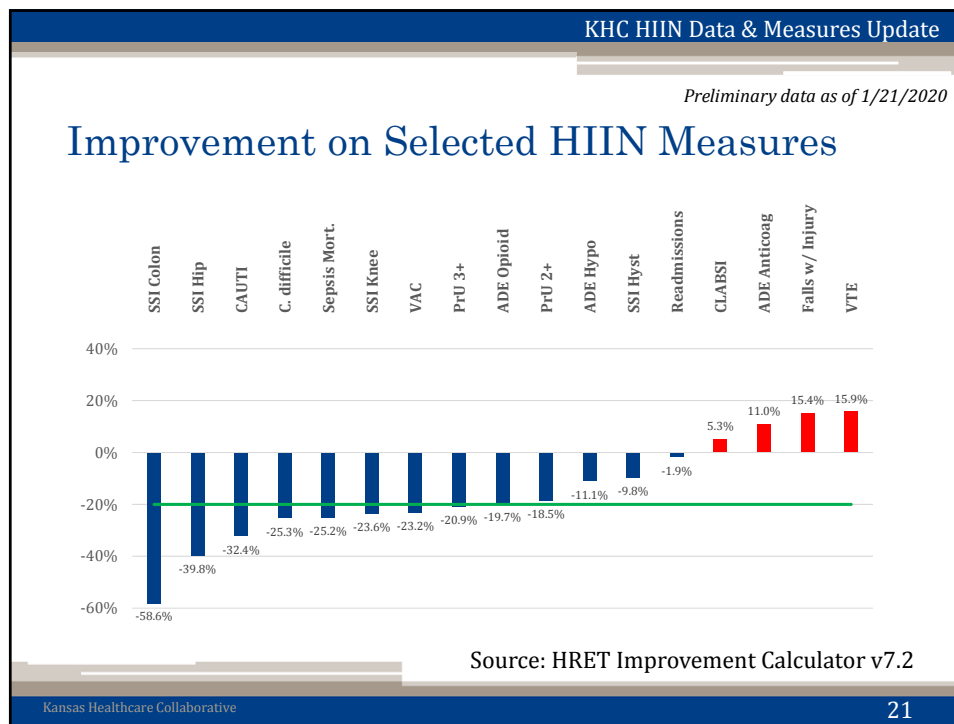
- If you see red, please look the data up using your data analytic report and review to see if it is correct.

Each month must be included for each topic to be counted toward the current Milestone. Topics highlighted in green are currently meeting H1N1 goals. A checkmark indicates data is submitted for the month, yellow highlights indicate no data. Red highlighting indicates a potentially incorrect data; please review your analytic data report to verify the data is correct. Cells with a "0" indicate that the denominator submitted is zero, but is expected to be greater than zero; please review.

[illegible]

Submitted Data													
	2016												
Numerator											0	0	0
Denominator											20	18	18
Source											Q	Q	Q
	2017												
Numerator	0	0	0	0	0	0	0	0	0	0	0	0	0
Denominator	15	14	22	17	13	8	25	19	16	22	15	20	20
Source	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	2018												
Numerator	0	0	0	0	0	0	0	0	0	0	0	0	0
Denominator	24	8	11	11	23	16	13	12	19	24	16	7	7
Source	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	2019												
Numerator	0	0	0	0	0	0	0	0	0	0	0	-	-
Denominator	13	15	12	16	22	16	37	22	28	24	21	-	-
Source	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
	J	F	M	A	M	J	J	A	S	O	N	N	D

Source: Q=QILI, N=NHSS | The milestone period is highlighted in blue, missing data in yellow, outliers in red.



KHC HIIN Data & Measures Update

### Question . . .

- Should “Kennedy Terminal Ulcers” be counted as a hospital-acquired pressure injury (HAPI)?
  - A pressure ulcer some people develop as they are dying
  - First described in 1989 conference of the National Pressure Ulcer Advisory Panel
  - Ref→ <http://www.kennedyterminalulcer.com/>

### Answer . . .

- No:

Denominator definition	<p>All patients surveyed for the measurement episode.</p> <p>Excluded populations:</p> <ul style="list-style-type: none"> <li>Patients who refuse to be assessed</li> <li>Patients who are off the unit at the time of the prevalence measurement, i.e., surgery, x-ray, physical therapy, etc.</li> <li>Patients who are medically unstable at the time of the measurement for whom assessment would be contraindicated at the time of the measurement, i.e., unstable blood pressure, uncontrolled pain, or fracture waiting repair.</li> <li>Patients who are actively dying and pressure ulcer prevention is no longer a treatment goal.</li> </ul>
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<https://www.khconline.org/files/HIIN/KHC-HIIN-Measures-Dictionary.pdf>

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KHC HIIN Data & Measures Update		
Kansas HIIN – Monthly Data Submission Schedule		
Outcome & Process Measures for HACs occurring in:	Readmissions for index discharges in, and SSI for procedures performed in:	Data Submission Due
April 2019	March 2019	May 31
May 2019	April 2019	June 30
June 2019	May 2019	July 31
July 2019	June 2019	August 31
August 2019	July 2019	September 30
September 2019	August 2019	October 31
October 2019	September 2019	November 30
November 2019	October 2019	December 31
December 2019	November 2019	<b>January 31</b>
January 2020	December 2019	February 28
February 2020	January 2020	March 31
March 2020	February 2020	April 30

Hospital Success Story
<p><b>Spotlight on Success</b></p> <p><i>Prevention of Avoidable Readmissions</i></p> <p><b>Labette Health</b></p> <p>Rachel Merrick, BSN, RN Quality Coordinator rmerrick@labettehealth.com</p> <p>Traci Journot, RN Case Management Director tjournot@labettehealth.com</p>
<p>Kansas Healthcare Collaborative</p> <p>24</p>

Labette Health

## About Us



- 99-bed hospital
- Community of 11,500 residents in southeast Kansas
- Serving a 6 county area since 1961
- Acute, intensive and inpatient rehabilitation services
- Level III Trauma Center with Parsons Campus and an Off Campus ED in Independence

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## Our goal


- *Our goal was to reduce avoidable readmissions to as near to zero as possible.*
  - Reduce overall 30- day Readmissions by 20% in HEN 1.0
  - Reduce overall Readmission by 12% is subsequent HEN/HIIN projects

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## Why we targeted this topic

- Easiest to track
- Greatest impact on overall care and part of CMS payment program
- Population monitored
  - Inpatient
  - Observations




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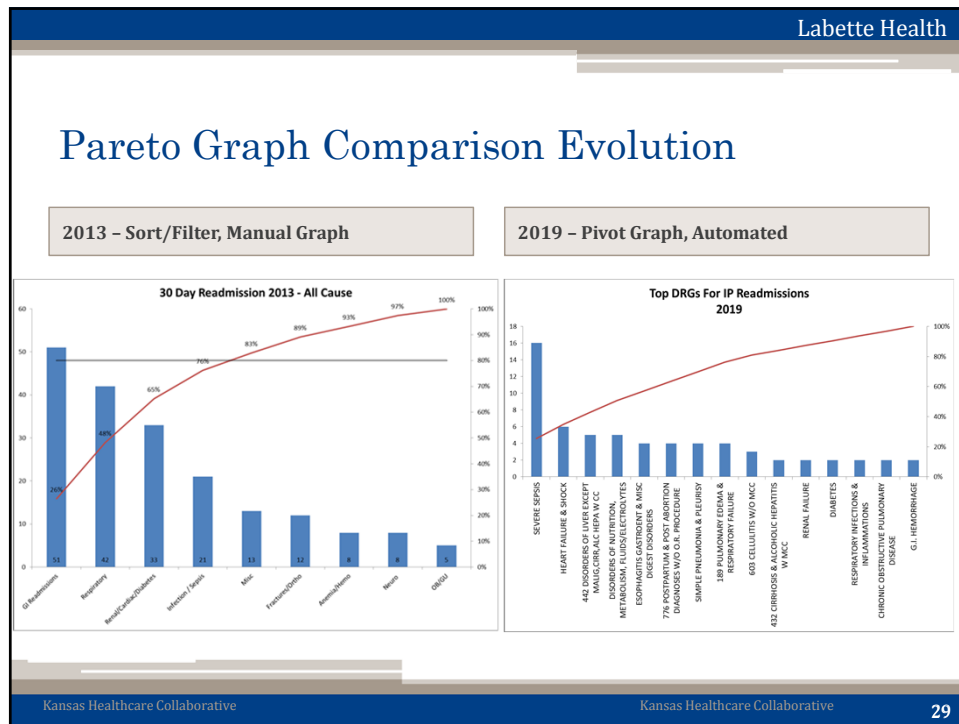
Labette Health

## How data guided improvement efforts

- Excel and use of pivot charts
  - Pareto graphs – helped identify highest area of concern
  - Bar charts
  - Line graphs for rate
- Focus areas
  - CHF
  - COPD
  - Up and coming Sepsis



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Labette Health

## Our team



- Readmissions prevention team includes: Everyone
  - Front line nurses, admission nurse, respiratory staff, doctors, quality department, social services, home health nurses, administration, nursing directors
- Our biggest driver for reducing preventable readmissions has been the case managers.

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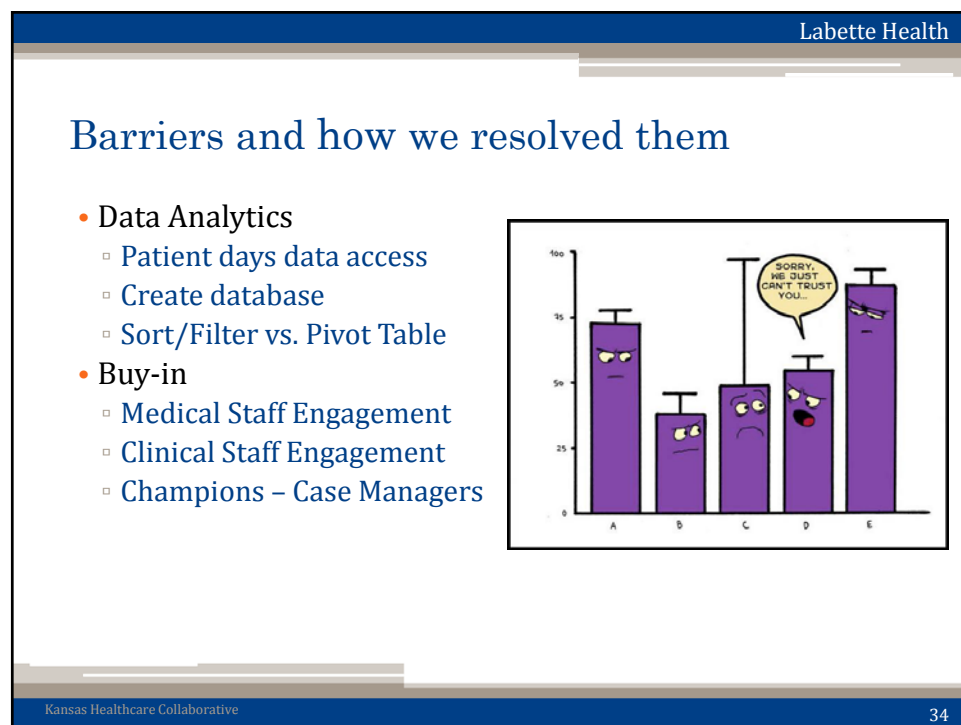
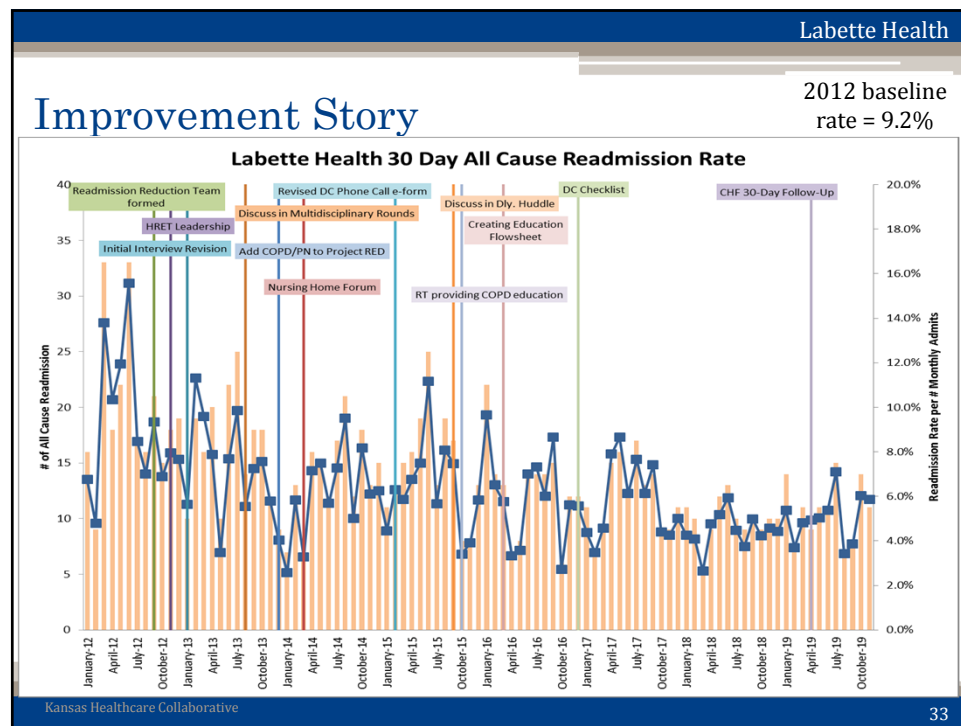
Labette Health

## Tests of change and what we learned

- Transparency
  - Data Awareness
  - Discussing readmissions at Discharge Rounds and Morning Safety Huddle
  - Nursing Home Forum
- Patient Engagement
  - Revising patient interview questions
  - Diagnosis specific questions to discharge phone call script
  - Comprehensive educational booklet on COPD and CHF
  - Discharge Checklist with Case Managers
  - 30 Day follow-up calls for CHF patients.

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Labette Health

## Where we are now...Where we are going...


- Zero is not realistic or sustainable goal. Continue to maintain low rates and constant monitoring of patients.
- Next Steps
  - Sepsis
    - Staff Education on risks of sepsis and high risks of readmission
    - Community engagement with awareness

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Labette Health

## Recommendations

- Get to know your data
- Start small, focus on one thing at a time
- Don't give up on an intervention
  - You may not know the magic key that changes your trend line down, as it could be combination of one or more items.



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## Read Labette Health's story online: <https://www.khconline.org/labette>

The screenshot displays the KHC website with the headline "How Labette Health slashed readmissions by 43% since 2012". It features a group photo of Labette Health staff and a sidebar with navigation links. The footer includes "Kansas Healthcare Collaborative" and the page number "37".

**KHC Kansas Healthcare Collaborative**

HOME ABOUT US PARTNERSHIPS NEWS INITIATIVES EVENTS

Home Initiatives Hospital-led Initiatives HIN Success Stories

### How Labette Health slashed readmissions by 43% since 2012

Some of the more than 700 team members at Labette Health.

**Quality improvement goal:** Our goal was to reduce avoidable readmissions to as near to zero as possible.

We started in partnership with the Kansas Healthcare Collaborative in 2012 through the Hospital Engagement Network (HEN) 1.0, HEN 2.0, and the current Hospital Improvement Innovation Network (HIIN). Since then, we have grown in how we approach and monitor performance improvement projects. Early on, this institution felt that readmissions reduction was a quality department-driven objective—but over the course of this and other projects, we have seen a culture change in institution. Directors and front-line staff see the quality department as a tool and as support for accomplishing ambitious goals.

Interventions selected were what felt natural to the flow of the organization, as well as alterations to current processes. The most fundamental intervention that is now at the core of all Labette Health's processes is transparency of data.

**Labette Health**  
 Labette Health is a 95%...  
 43%...

**IN THIS SECTION:**

- Provider-led Initiatives
- Hospital-led Initiatives
- KHC HIIN Overview
- Safety Focus Areas
- HIIN Data and Measures
- HIIN Upcoming Events
- Education
- HIIN Success Stories
  - Patient and Family Engagement (PFE)
  - Hand Hygiene Collaborative
  - HIIN Contacts
- Previous Initiatives

**UPCOMING EVENTS**

**KHC HIIN Webinar - January 22**  
 Jan 22, 2020  
 Times: 10:00 am - 11:00 am

**KHC HIIN Hand Hygiene Collaborative - Feb. 7**  
 Feb 7, 2020  
 Times: 11:00 am - 12:00 pm

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## Spotlight on Success *Fall Prevention* Osborne County Memorial Hospital Osborne, KS




Cindy Hyde, RN  
 Risk Manager, Infection Prevention  
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Kristen Hadley  
 Compliance Coordinator/Quality  
[khadley@ocmh.net](mailto:khadley@ocmh.net)

Osborne County Memorial Hospital

## About Us

*New hospital will open this spring!*



- 25-bed critical access hospital, averages 16 patients per day
- Community of 1,300 residents in north-central Kansas
- Services include acute care, inpatient and outpatient surgical procedures, lab and radiology services, dietary, emergency medicine, inpatient and outpatient physical, occupational and speech therapy and swing-bed services.

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Osborne County Memorial Hospital

## Our goal

- Reduce falls with injury on the nursing floor in 2019 by 30 percent compared to 2018.

*Why this focus is important . . .*

Falls can have serious consequences and are a major patient safety concern. Preventing falls with injury is a priority for OCMH.

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## Why we targeted this topic

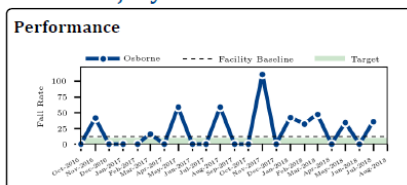
- In 2018 we had 15 falls, 8 with injury.
- OCMH desired to initiate fall prevention strategies to reduce or prevent patient harm and to keep fall and injury rates as low as possible.
- The KHC HIIN Falls Prevention Sprint (Oct. 2018 thru March 2019) provided tools and monthly PDSA intervention testing with report-backs to the group.

## How data guided improvement efforts

Our data BEFORE: October 2016 through July 2018

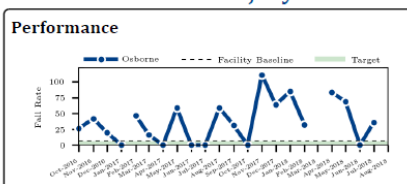
Osborne County Memorial Hospital FALLS | Outcome 1

### Falls With Injury



Progress Summary	
Overall Project	Past 3 Mos.
<b>No reduction</b>	<b>No reduction</b>
Your facility's current project performance does not reflect an improvement from baseline in this measure.	Your facility's current 3-Mo. performance does not reflect an improvement from baseline in this measure.
Harms Prevented: 0	
Harms to Go: 7	

### Falls With or Without Injury



Progress Summary	
Overall Project	Past 3 Mos.
<b>No reduction</b>	<b>No reduction</b>
Your facility's current project performance does not reflect an improvement from baseline in this measure.	Your facility's current 3-Mo. performance does not reflect an improvement from baseline in this measure.
Harms Prevented: 0	
Harms to Go: 22	

Osborne County Memorial Hospital

## Addressing the challenge

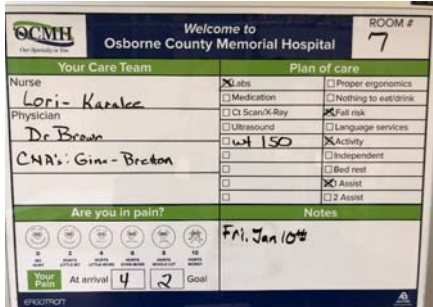
- OCMH joined the KHC HIIN Falls Sprint Collaborative, which started October 2018.
- OCMH established internal team to lead its fall prevention initiative, including Quality, Risk, DON, Assistant DON, and PT.
- Team conducted an assessment of current practices and identified opportunities for improvement.
- Provided staff education about hospital-wide fall prevention initiative, changes that were being tested, and enlisted their engagement.

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Osborne County Memorial Hospital

## Improvement Strategies

- Increase frequency of fall risk assessments from daily to every 12 hours
- More frequent rounding and utilizing white boards in patient rooms
- Initiated new post-fall huddle process in August 2018
  - within 15 minutes of patient fall whenever possible, includes patients and families.



*Hospital EHR now has "hard stop" requiring fall risk assessment every 12 hours. Patient ambulatory status is updated on their white boards and serves as a communication tool.*

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Osborne County Memorial Hospital

## Improvement Strategies

### OCMH Falls Sprint: PDSA Cycle #1

**PLAN:**

List the tasks needed to implement this pilot test process/policy/procedure:	Person Responsible	Timeframe	Where is plan element to be tested
1. Post Fall huddles	Kristen-Cindy RN	6 months	OCMH
2.			
3. Fall Risk done Q 12 hours	Nursing Staff	6 months	OCMH
4.			
5.	All staff	6 months	OCMH
6. Frequent Rounding			
7.			
8.			

How will you document/measure the planned results/outcomes?	
Quantitative Measures (e.g. % of clients whose VL & T-Cells are recorded)	Qualitative Measures (e.g. ease of use, time it took, staff/client impact)
Monitor Falls Q month	This takes approx. 15 min into

How will you collect these data?  
 Cindy - Incident Reports  
 Kristen - patient charts

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Osborne County Memorial Hospital

## Tests of change and what we learned

- Leadership and staff engagement/empowerment are crucial.
- More frequent rounding helped nurses identify clinical changes in patients' health earlier, which is beneficial to patient care.
- Found that no one was using the white boards. With education and coaching, nurses began using them with bedside rounding and including mobility status for staff, patients and family to see.
- Engaging patients and families leads to more positive outcomes.
- Insights gained from patients and families have provided valuable insight to factors contributing to the fall, and preventing future falls.
  - "What do you think happened?"
  - "How could we keep this from happening again?"

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## Tests of change and what we learned

- Patient education helps patients prevent falls when they return home and to know how to respond if they do.
- Follow-up phone call by hospital's social services staff has been helpful in discussing fall prevention while preventing readmissions.
- Hospital culture and expectations around falls has dramatically changed for the better.
  - Before: "Falls are going to happen."
  - Now: "We can make a difference!"

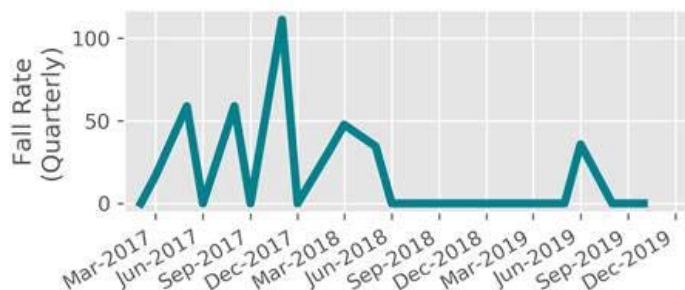
## Our results to date

2017 rate: 18 falls with injury in 1,099 patient days. Rate=16.4

2018 rate: 13 falls with injury in 770 patient days. rate=16.9

2019 rate: 3 falls with injury in 568 patient days. rate=5.3

**69% reduction from 2018 to 2019**




Preliminary data  
Dec. 2019



Osborne County Memorial Hospital

## Our team



A photograph of four healthcare professionals standing in a hallway. From left to right: a woman in a floral jacket, a woman in a purple lab coat, a woman in a blue t-shirt with 'OSM' on it, and a woman in a grey t-shirt. They are all smiling and looking at the camera.

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Osborne County Memorial Hospital

## Surprises

- **Our DON and ADON became champions for bedside rounding.**  
This was a great time to discuss falls or potential safety issues with patients and staff.
- **Patients and staff like the post-fall huddles.**  
Patients have wonderful input as to how to prevent another fall. Gives our staff a new look at safety issues.

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## Where we are now...Where we are going...

- We ended 2019 on a positive note. – We are pleased we reached our goal.
- Fall prevention will be an ongoing priority.

## Next challenges:

- Training by PT on use of gait belts and lifting techniques.
- Looking at facility factors during fall events, eg, higher patient census and/or busy E.D.

## Recommendations

### What advice would you give others beginning this improvement journey?

- First, we recognized that an opportunity for improvement with patient falls existed.
- We utilized the KHC HIIN Falls Prevention Sprint resources and tools, which were invaluable.

**Just keep on it and don't be discouraged!**

# Read OCMH's story online:

## <https://www.khconline.org/osborne>

The screenshot shows the homepage of the Kansas Healthcare Collaborative (KHC) website. The main header features the KHC logo and navigation links: HOME, ABOUT US, PARTNERSHIPS, NEWS, INITIATIVES, EVENTS. Below the header, there's a section titled "Dramatically reducing patient falls at Osborne County Memorial Hospital" with a photo of four team members. To the right, a sidebar lists "IN THIS SECTION:" with links to Provider-led Initiatives, Hospital-led Initiatives, and HIN Success Stories. At the bottom, there's a section for "UPCOMING EVENTS" listing KHC HIN Webinar and KHC HIN Hand Hygiene Collaborative.

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# Resources and Upcoming Events

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KHC Performance Improvement Manager  
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Upcoming Events

## Upcoming KHC HIIN Webinars

*KHC HIIN ADE-Anticoagulation Safety Mini-Sprint*  
**Feb 4, 2020** | 10:00 – 11:00 a.m.  
 KHC will email registration link upon enrollment in Mini-Sprint.

*KHC Hand Hygiene Collaborative*  
*Final Quarterly Session for Cohort 2*  
**Feb 7, 2020** | 11:00 a.m. – 12:00 p.m.  
 Contact Chuck Duffield ([cduffield@khconline.org](mailto:cduffield@khconline.org)) for webinar registration link.

*Next KHC HIIN Webinar*  
**Feb 26, 2020** | 10:00 to 11:00 am  
 Register Here: <https://khconline.adobeconnect.com/khc-hiin-02-26-20/event/registration.html>

## Previous HRET & KHC HIIN Webinars

- In case you missed any of the KHC HIIN or HRET HIIN events, here are the links to access the archives:
  - [KHC HIIN education archive](#) (chronological order)
  - [HRET HIIN education archive](#) (organized by topics)

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Upcoming Events

## Upcoming Events

### QHi Back to Basics


**Wednesday, January 29**  
**2:00 - 3:00 CT**

Included in this session is a demonstration of the EDTC download  
 and upload process for 2020.

Click this link for additional information and registration:  
<https://cc.readytalk.com/r/ulifbshiqtc6&eom>

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Upcoming Events



**KHA**  
Kansas Hospital  
ASSOCIATION

2020 Infection Prevention Conference  
March 5 - 6 at the DoubleTree by  
Hilton Wichita Airport in Wichita, KS.

Mark your calendar and plan to attend the 2020 Infection Prevention Conference

**You may access the brochure by clicking on the link below:**  
<https://www.kha-net.org/EducationConventionTS/EducationEvents/d155548.aspx>

**Online registration is available at the link below:**  
<https://registration.kha-net.org/>

Please contact the KHA Education Department (785) 233-7436 or [mwilley@kha-net.org](mailto:mwilley@kha-net.org) if you have any questions.

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Resources

## Resources

- Kansas Healthcare Collaborative  
[www.khconline.org](http://www.khconline.org)
- AHA/HRET Hospital Improvement Innovation Network  
[www.hret-hiin.org](http://www.hret-hiin.org)
- CMS Partnership for Patients  
<https://partnershipforpatients.cms.gov/>
- Partnership for Patients Healthcare Communities  
<https://www.healthcarecommunities.org/CommunityHighlights/PartnershipforPatients>

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Webinar Feedback

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

- <https://www.surveymonkey.com/r/HIIN-Webinar-01222020>

We welcome your ideas for future topics!!

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HIIN Contacts




## *Your HIIN Contacts*



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For more information:  
→ [KHConline.org](https://KHConline.org)

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**Kansas Healthcare**  
COLLABORATIVE

*Executive Leadership*



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Co-Executive Director



**Rachelle Colombo**  
Co-Executive Director



**Allison Peterson DeGroof**  
Managing Senior Director



**Karen Braman**  
Senior Director

*Hospital-led initiatives*



**Michele Clark**  
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**Chuck Duffield**  
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**KHOnline.org/staff**

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