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.

Special Guests

Labette Health
PARSONS, KS
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Kansas Healthcare Collaborative

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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

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!

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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 6th year.
  - Watch email for Call for Nominations.

HQIN Partners with KHC and KFMC

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.
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)

HIIN Milestone 15

Congratulations to the

57 Kansas Hospitals

that achieved the performance achievement criteria for Milestone 15!

(progress toward HIIN goals in ≥70% of eligible topics)
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
- Ellis 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
- Kearney 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

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
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 ≥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!

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
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**

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:**

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

38 Kansas hospitals enrolled in the HRET HIIN Performance Improvement Collaborative

- Atchison Hospital
- Comanche County Hospital
- Community Healthcare System
- Ellsworth County Medical Center
- F.W. Huston Medical Center
- Goodland Regional Medical Center
- Gove County Medical Center
- Greenwood County Hospital
- Grisell Memorial Hospital
- Hanover Hospital
- Hillsboro Community Hospital
- Holton Community Hospital
- Hospital District No. 1 of Rice County
- Hutchinson Regional Medical Center
- Kearny County Hospital
- Labette Health
- LMH Health
- Logan County Hospital
- Menorah Medical Center
- Miami County Medical Center, Inc.
- Mitchell County Hospital Health Systems
- Morton County Health System
- Ness County Hospital District #2
- Olathe Medical Center, Inc.
- Phillips County Hospital
- Republic County Hospital
- Rooks County Health Center
- Salina Regional Health Center
- Satanta District Hospital
- Scott County Hospital
- Sheridan County Health Complex
- South Central Kansas Medical Center
- St. Catherine Hospital
- St. Luke Hospital and Living Center
- Sumner County Hospital District No. 1
- Trego County Lemke Memorial Hospital
- Wamego Health Center
- Western Plains Medical Complex
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 Measures and Data Update

• January data reports
• Current status
• Data submission schedule

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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.

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

Data Reports

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

Source: HRET Improvement Calculator v7.2

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:

Kansas HIIN – Monthly Data Submission Schedule

<table>
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<th>Outcome &amp; Process Measures for HAC occurring in:</th>
<th>Readmissions for index discharges in, and SSI for procedures performed in:</th>
<th>Data Submission Due</th>
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<tbody>
<tr>
<td>April 2019</td>
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Spotlight on Success

Prevention of Avoidable Readmissions

Labette Health

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Quality Coordinator
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Traci Journot, RN
Case Management Director
tjournot@labettehealth.com
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

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
Why we targeted this topic

• Easiest to track
• Greatest impact on overall care and part of CMS payment program

• Population monitored
  ◦ Inpatient
  ◦ Observations

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
Pareto Graph Comparison Evolution

2013 – Sort/Filter, Manual Graph

2019 – Pivot Graph, Automated

Key elements to success

- Transparency of Data – most fundamental intervention
- Natural and worked with flow of organization
- All key players involved in the process (multidisciplinary)
- Dedicated efforts of team members
  - Case Managers
  - Quality Department
  - Respiratory
  - Front line nurses
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.

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.
Improvement Story

Labette Health

2012 baseline rate = 9.2%

Barriers and how we resolved them

• Data Analytics
  ◦ Patient days data access
  ◦ Create database
  ◦ Sort/Filter vs. Pivot Table

• Buy-in
  ◦ Medical Staff Engagement
  ◦ Clinical Staff Engagement
  ◦ Champions – Case Managers
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

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.
Read Labette Health’s story online: https://www.khconline.org/labette

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

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Kristen Hadley
Compliance Coordinator/Quality
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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.

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.
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

Falls With Injury

Falls With or Without Injury
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.

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.
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?”
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
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.
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

Resources and Upcoming Events

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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 Buffield (chuffield@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-hin-02-26-20/event/registration.html](https://khconline.adobeconnect.com/khc-hin-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)

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](https://cc.readytalk.com/r/ulifbshiqtc6&eom)
Mark your calendar and plan to attend the 2020 Infection Prevention Conference

You may access the brochure by clicking on the link below:

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 if you have any questions.

Resources

- Kansas Healthcare Collaborative
  www.khconline.org
- AHA/HRET Hospital Improvement Innovation Network
  www.hret-hiin.org
- CMS Partnership for Patients
  https://partnershipforpatients.cms.gov/
- Partnership for Patients Healthcare Communities
  https://www.healthcarecommunities.org/CommunityHighlights/PartnershipforPatients
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!!

HIIN Contacts

Your HIIN Contacts

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