HIIN Goals:
By September 2018, hospitals in the KHC HIIN will achieve 20% reduction in all-cause harm and 12% reduction in readmissions.

Agenda

• Introductions and Announcements
• UP Campaign Assessment Tool
• HIIN Data: Progress to Date and Updates
• Patient & Family Engagement
• Patient and Family Advisor Programs
• Reminders and Upcoming Events
**Special Guest**  
**Kansas PFA/PFAC Collaborative Faculty**  
Tandem Healthcare Solutions  
Allison Chrestensen,  
OTR/L

**Special Guest**  
**Cynosure Health Improvement Advisor**  
Betsy Lee,  
MSPH, BSN, RN

**KHC Staff**  
Michele Clark  
Program Director  
mclark@khconline.org

Rob Rutherford  
Senior Health Care Data Analyst  
rutherford@khconline.org

**2018 Q.I. Fellowship Participants**

**Anderson County Hospital**  
• Tina Capeder

**Ashland Health Center**  
• Jessica Bates  
• Jamie Waggoner

**Citizens Medical Center**  
• Lisa Stoll

**Cloud County Health Center**  
• Lisa Hasenbank

**F. W. Huston Medical Center**  
• Heather Aranda

**Hays Medical Center**  
• Melanie Urban

**Holton Community Hospital**  
• Cody Utz

**Lawrence Memorial Hospital**  
• Jill Ice

**Memorial Health System**  
• Michelle Toogood  
• Carolyn Mikesell

**Mercy Hospital, Inc.**  
• Lorie Friesen  
• Verla Friesen

**Ness County Hospital**  
• Art Crider

**Newman Regional Health**  
• Ester Knobloch
## 2018 Q.I. Fellowship Participants

**Newton Medical Center**  
- Janie Mosqueda  

**Olathe Medical Center**  
- Tiffany Curtis  
- Katherine Rucker  
- Tammy Cunningham  

**Osborne County Memorial Hospital**  
- Kristen Hadley  

**Ransom Memorial Hospital**  
- Dorothy Rice  

**Rush County Memorial Hospital**  
- Tiffany Trapp  

**Sabetha Community Hospital**  
- Linnae Coker  

**Smith County Memorial Hospital**  
- Julie Haresnape  

**Stanton County Hospital**  
- Jada Crapo  

**Trego County Lemke Memorial Hospital**  
- Jessica Buchholz  

**VA Eastern Kansas Healthcare System**  
- Harold Vannier  
- Sarah Lueger  
- Courtney Huhn  

**Washington County Hospital**  
- Jeff McCall  

---

### Great Turnout by Kansas Hospitals!

**KHC HIIN Wound Assessment Workshop**  
**held Feb. 8-9 in Hays, Ks.**

1.5-day workshop presented by Wound Care Education Institute
HIIN Activities Survey

Now Underway.
Please respond by March 15.
www.surveymonkey.com/r/KHC-HIIN-Activities-4Q17

Reflect on your facility’s:
• Current priorities
• Proudest accomplishments
• Patient and family engagement
• Governance
• Disparities

HRET HIIN
Sepsis Readmissions Fishbowl

The Fishbowl Is Now Filled

The series will consist of five webinars starting in April and continuing through August 2018.
Join the Campaign:

Patient Safety Awareness Week
Promotional Materials and Resources
www.unitedforpatientsafety.org

In conjunction with Patient Safety Awareness Week, the National Patient Safety Foundation offers this complimentary webcast:
Engaging Patients and Providers: Speaking Up for Patient Safety at 12:00 pm CT
Register here:
http://app.ihi.org/events/SelectAttendee.aspx?New=1&EventId=3129

HRET Invites You to Share Your Story

HRET is asking hospitals to submit stories and photos of how you are dedicated to improving patient safety and patient engagement.

Submit your story by March 6
https://www.surveymonkey.com/r/PSAW2018

Plus submit any supporting photos to HRET at hiin@aha.org.
HRET HIIN
UP CAMPAIGN
A Fresh Approach to Harm Reduction

Wake Up
Get Up
Soap Up
Script Up

Foundational Questions
1. Is my patient awake enough to get up?
2. Have I protected my patient from infections?
3. Does my patient need any medication changes?

http://www.hret-hiin.org/engage/up-campaign.shtml

SCRIPT UP:
Optimizing Patient Medications, Minimizing Adverse Events

http://www.hret-hiin.org/resources/display/hret-hiin-script-up-optimizing-patient-medications-minimizing-adverse-events

In case you missed it, Webinar recording is available!

HRET HIIN SCRIPT UP
Virtual Event
Optimizing Patient Medications, Minimizing Adverse Events
11 am – Noon CT
January 30, 2018
UP CAMPAIGN – A new self-assessment tool

UP Campaign

Qnet Help Desk
For help with registration and attestation on Qnet, contact the Qnet Help Desk from 7 am to 7 pm CT, Mon-Fri.

Email: qnetsupport@hcqis.org
Phone: (866) 288-8912

News Updates
Medicare Hospital Attestation Deadline Extended to March 16, 2018

The Medicare eligible hospital and critical access hospital (CAH) attestation deadline has been changed from Wednesday, February 28, 2018, to Friday, March 16, 2018, at 11:59 p.m. Pacific Time. This extension is being granted to provide hospitals additional time to submit attestation data and eCQI data.

Eligible hospitals and CAHs attest to CMS for the EHR Incentive Program must submit data through the Qualsight Secure Portal (QSP).

- Medicaid eligible hospitals should contact their state Medicaid agencies for specific information on how to attest.
- Dual-eligible hospitals and CAHs will register and attest for Medicare on QSP and submit and submit registration information in the Registration and Attestation System.

Get Attestation Help:
CMS has a variety of resources to help you complete the attestation process.

February 28, 2018
Kansas Healthcare Collaborative
Measures & Data Update

- Overall HIIN Progress
- PFE Metrics
- Milestones
- Focus Areas/Sprint
- Upcoming Report Changes

HIIN: Where We Are Going

Goals:

20% Overall reduction in hospital-acquired conditions (baseline 2014)
12% Reduction in 30-day readmissions (baseline 2014)

<table>
<thead>
<tr>
<th>Year</th>
<th>Harm Rate/1,000 Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>145</td>
</tr>
<tr>
<td>2011</td>
<td>142</td>
</tr>
<tr>
<td>2012</td>
<td>132</td>
</tr>
<tr>
<td>2013</td>
<td>121</td>
</tr>
<tr>
<td>2014</td>
<td>121</td>
</tr>
<tr>
<td>2015</td>
<td>115</td>
</tr>
<tr>
<td>CMS Goal 2019</td>
<td>97 Harms/1,000 Discharges</td>
</tr>
</tbody>
</table>

partnershipforpatients.cms.gov
Current Progress (as of Feb. 22)

- Overall 10% Reduction in Harm!
- Saved 139 lives and $11,000,000!

Harms per 1,000 Discharges

Baseline: 111.1
Target: 100

Percent Improvement Year-to-Date
Milestone 6

KHC HIIN Data Submission


As of Friday, January 26, 2018

Data Submission

85%

Our Next HIIN Milestone (#7)

- All HIIN data are current – October through March* – by June 1, 2018.

Please help us meet this target.

*Being current through April is preferred!
6 HRET HIIN Sprint Areas

KHC HIIN Currently...

- ADE: Hypoglycemia (At Target)
- CLABSI (Prevent 3/Mo.)
- CAUTI (At Target)
- CDI (Prevent 16/Mo.)
- Post-Op Sepsis (Prevent 3/Mo.)
- MRSA (At Target)

ADE: Hypoglycemia

Hypoglycemia in Inpatients Receiving Insulin
**Preliminary Results**  

**KHC HIIN Progress to date**

---

**CLABSI (Prevent 3/Mo.)**

- **HIMET HIIN**
- **Kansas HIIN**
- **HIIN Baseline**
- **Target**

**CLABSI Rate per 1,000 Central-Line Days (All Unit)**

![CLABSI Graph](image)

---

**CAUTI (At Target)**

- **HIMET HIIN**
- **Kansas HIIN**
- **HIIN Baseline**
- **Target**

**CAUTI rate per 1,000 Catheter Days ICUs + Other Inpt. Units**

![CAUTI Graph](image)
Hospital Onset *C. difficile* (Prevent 16/Mo.)

Post-Op Sepsis (Prevent 3/Mo.)
Overall Sepsis Mortality (At Target)

MRSA
Falls with Injury (Prevent 53/Mo.)

All-Cause Readmissions (Prevent 375/Mo.)
Upcoming Report Changes

- Addition of a 3-month progress measure in the detail slides.

### Progress Summary

<table>
<thead>
<tr>
<th>Overall Project</th>
<th>Most recent 3 Mos.</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.64% rel.</td>
<td></td>
</tr>
<tr>
<td>During the course of the HIIN project, your facility’s overall rate for this measure has not improved since baseline.</td>
<td>Your facility’s most recent three months of data reflects improvement compared to baseline for this measure.</td>
</tr>
<tr>
<td>Harms Prevented: 3</td>
<td>Harms to Go: 19</td>
</tr>
</tbody>
</table>

### Kansas HIIN 2016-2018 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>
</tr>
</thead>
<tbody>
<tr>
<td>September, 2017</td>
<td>August, 2017</td>
<td>October 31, 2017</td>
</tr>
<tr>
<td>October, 2017</td>
<td>September, 2017</td>
<td>November 30, 2017</td>
</tr>
<tr>
<td>November, 2017</td>
<td>October, 2017</td>
<td>December 31, 2017</td>
</tr>
<tr>
<td>December, 2017</td>
<td>November, 2017</td>
<td>January 31, 2018</td>
</tr>
<tr>
<td>January, 2018</td>
<td>December, 2017</td>
<td>February 28, 2018</td>
</tr>
<tr>
<td>February, 2018</td>
<td>January, 2018</td>
<td>March 31, 2018</td>
</tr>
<tr>
<td>March, 2018</td>
<td>February, 2018</td>
<td>April 30, 2018</td>
</tr>
<tr>
<td>April, 2018</td>
<td>March, 2018</td>
<td>May 31, 2018</td>
</tr>
<tr>
<td>May, 2018</td>
<td>April, 2018</td>
<td>June 30, 2018</td>
</tr>
<tr>
<td>June, 2018</td>
<td>May, 2018</td>
<td>July 31, 2018</td>
</tr>
</tbody>
</table>
### CMS Partnership for Patients

**PFE Metrics Implementation**

February 2018 Aggregate Data

February 2018 Data: Percentage of Total HIIN Hospitals Meeting Each PFE Metric.

Visit the Partnership for Patients [Healthcare Communities website](https://www.healthcarecommunities.org/CommunityHighlights/PartnershipforPatients.aspx) for the most current Patient and Family Engagement Metrics dashboard.

### Patient and Family Engagement Metrics / Strategies

<table>
<thead>
<tr>
<th>Metric Description</th>
<th>3Q2017 Kansas HEN/HIIN Hospitals Responding “Yes”</th>
</tr>
</thead>
<tbody>
<tr>
<td>PFE #1: Planning checklist prior to scheduled admission</td>
<td>30% (Dec. 2014)</td>
</tr>
<tr>
<td>PFE #2: Shift-change huddles and bedside reporting</td>
<td>54% (Sep. 2015)</td>
</tr>
<tr>
<td>PFE #3: Dedicated person or functional area for PFE</td>
<td>44% (Mar. 2016)</td>
</tr>
<tr>
<td>PFE #4: PFAC or one or more patients who serve on QI committee/team</td>
<td>57% (Jun. 2016)</td>
</tr>
<tr>
<td>PFE #5: One or more patients who serve on governing or leadership board as patient representative</td>
<td>74% (Jul. 2017)</td>
</tr>
<tr>
<td>PFE #6: One or more patients who serve on governing or leadership board as patient representative</td>
<td>62% (Dec. 2017)</td>
</tr>
</tbody>
</table>

*Preliminary Data*
Operationalizing your PFA Program: 7 Steps to Sustainability

How is your organization currently engaging community members?

In a PFAC?

In a focus group?

On committees?

Haven’t yet started to engage community members?
The Evolution of Partnership Strategies

PFAC

PFAs on Committees, PFAs on the Board, StoryTelling, Peer Rounding, Other: QO, PFAs in RCAs, PFAs Interviewing

Co-Design/Co-Production/Human-Centered Design

Flipping the traditional model

PFAC

PFAs on Committees, PFAs on the Board, Story-Telling, Peer Rounding, Other: QO, PFAs in RCAs, PFAs Interviewing

Co-Design/Co-Production/Human-Centered Design
Opportunities for Partnership

- PFAC Table
- Speaking/story-telling
- Task Groups
- Peer Rounding
- “Secret Shadowing”
- Interviewing staff/leaders
- PFAs in RCAs
- PFAs in QI projects
- PFAs at the board level

PFA Programs & PFE Metrics

1. Pre-admission/planning checklist
   - PFAC
   - Focus Group
   - PFA Reps on Committees

2. Shift-change huddles & bedside shift report
   - PFA Participation in staff training

3. Dedicated person or functional area for PFE
   - PFAs on interview panels

4. PFAC/patients on QI committees
   - PFA Reps on Committees

5. Patients on governing/leadership boards
   - PFA Reps on Hospital Board and other internal committees
HCAHPS Focus

**Your care from nurses**

1. During this hospital stay, how often did nurses treat you with courtesy & respect?
2. During this hospital stay, how often did nurses listen carefully to you?
3. During this hospital stay, how often did nurses explain things in a way you could understand?

**Your care from doctors**

5. During this hospital stay, how often did doctors treat you with courtesy & respect?
6. During this hospital stay, how often did doctors listen carefully to you?
7. During this hospital stay, how often did doctors explain things in a way you could understand?

**The hospital environment**

8. During this hospital stay, how often were your room and bathroom kept clean?

**Your experiences in this hospital**

14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
16. Before giving you any new medicine, how often did the hospital staff tell you what it was for?
17. Before giving you any new medicine, how often did the hospital staff describe possible side effects in a way you could understand?
HCAHPS Focus

Understanding your care when you left the hospital

23. During my stay, staff took my preferences and those of my family or caregiver into account in deciding what my healthcare needs would be when I left.

24. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

25. When I left the hospital, I clearly understood the purpose for taking each of my medications.

7 Steps to Sustainability
Structure for 2017 PFAC Collaborative

**TRACK 1**

For organizations that are:

- Interested in learning more about how to partner with community members
- In the planning/development stages of building a PFAC or engaging PFAs in other areas
- Working on a PFA recruitment strategy

---

**Track 2**

For organizations that are:

- Ready to create a training program for PFAs & staff
- Interested in learning how to progress their existing PFAC/PFA program
- Working on a measurement strategy for the PFAC/PFA program
- Encountering challenges in their work with PFAs
Step 1: PFE and PFA Programs
Raising awareness of the “why”

Who are PFAs and how does this partnership approach relate to Patient- and Family Engagement (PFE)?

"Patient activation"
refers to patient’s knowledge, skills, ability, and willingness to manage his/her own health and care.

“Patient (and Family) Engagement”
combines patient activation with interventions designed to increase activation and promote positive patient behavior (i.e., obtaining preventive care, exercising regularly).

Patient engagement is one strategy to achieve the "triple aim" of improved health outcomes, better patient care, and lower costs.

Who are “PFAs”?  
Individuals who have received care and:  
- (Following training) offer insights/input to (healthcare) organizations  
- Strive to help organizations provide care/services based on patient- and family-identified needs rather than the assumptions of hospital staff about what patients and families want.

Adapted from AHRQ Guide: Working With Patient and Families as Advisors (Implementation Handbook)
Step 2: Preparing
Gain leadership support

- The role of leadership
- Sharing the vision

The role of leadership

*Leadership support is important for new and evolving PFA Programs. In many ways, focus within PFA Programs follows the goals, initiatives and challenges on the radar of leadership. Leadership can be helpful with even when time is limited.*

Asks:
1. Continually encourage staff to seek input from community members/PFAs when working through any new ideas, challenges and/or upcoming plans
2. Offer thanks, guidance and motivation to community members and teams that engage PFAs
Step 3: Structure

- PFA Program models
- Planning the structure
- What is my role?

Choosing the PFA program path
PFA Program Models

PFAs working in org more independently (on committees)
- Faster launch
- More direct mentoring needed
- Frontline Engagement

PFACs with staff requesting feedback from PFAS
- Slower launch
- Less risk
- High level engagement

Focus Groups
- Easier buy-in for resistant leaders
- Often leads to formation of PFAC
- Detailed feedback re 1 specific item

Step 4: Recruiting

- Recruitment strategy
- Volunteer Process
Where do I find my PFAs?

- Physicians, frontline staff, colleagues
- Open House
- Peer support groups
- Volunteer services
- Newsletters
- Websites
- Other media
  (approach w/ caution)

What about via satisfaction surveys or complaints/grievances?

Choosing Effective PFAs:
Sample Process

Application
2 Written References
Background Check

Interview

Council Vote / Team Consensus

Orientation
Step 5: Training

- Why the PFAC training?
- Components

Why train PFAs?

- Consistent experience for PFAs and staff
- Confident PFAs and comfortable staff
- More respectful interactions
- A fast track to effective conversations and useful feedback/participation
PFA/Staff Training Components

When possible, train staff and PFAs together

Content includes:
- Background info on the organization & organizational priorities
- Standardized procedures for running meetings and reporting activities
- Clarification of staff & PFA roles
- PFA communication strategies
- Opportunities to talk through barriers to partnership

Step 6: Launching and running

Examples of PFA engagement
Sample Projects & Initiatives

**PFAC**

- New patient brochures & info packets
- Way-finding

**Focus Groups**

- EMR Implementations
- Chemotherapy education program

PFAC Projects & Initiatives

**PFAs working more independently**

- Peer rounding: preventing readmissions
- Peer mentoring: bariatric surgery clinic
- PFA reps on falls committee
- PFA reps on hospital board
Step 7: Sustaining your PFA Program
In it for the long haul!

- Measurement
- Supporting staff & PFAs

Measurement

Process Improvement
&
Impact
Supporting your PFAs & Staff for long-term success

Summary: What is a PFA Program?

“Oh, It’s a RESOURCE!”

Effective PFAs become an irreplaceable resource to the organization—providers, staff and leaders rely on PFAs for insight and guidance.

Poorly planned PFA Programs can feel like “one more thing to do” and are often unsustainable.

The difference? The 7 steps!
2018 PFAC Collaborative

Emphasis on:
• Customizing approach to engaging PFAs
• Collaboration: idea & experience-sharing
• Connecting PFA engagement to other initiatives
• Innovation

Who Should Be on my PFAC Collaborative Team?
• Patient Experience/Guest Relations Directors & Staff
• Quality Improvement Officers/Staff
• Patient Safety Officers/Staff
• Unit Directors
• Hospital Administrators (CNOs, CMOs, etc.)
• Frontline staff (RNs, RTs, PTs, OTs, etc.)
• Anyone who has identified an interest/need/opportunity for partnership!
Are there things related to engaging community members you’d like to learn about in the 2018 PFAC Collaborative?

Pre-Work Assignment

Before our in-person training sessions in March:
- View the “Seven Steps to Sustainability” videos
  *Once you’ve signed up for the PFAC Collaborative, KHC will send a link to give you online access to the videos*
- Come prepared with some preliminary ideas about how you might launch or evolve your partnership model
Enrollment Is Still Open!
All hospitals participating in the KHC HIIN are eligible to participate.

2018
Kansas PFAC/PFA Collaborative
Cohort 4
Two Tracks Available
Regional Training Sessions
March 14 - Topeka
March 15 - Great Bend

Goal:
To assist Kansas hospitals establish or build upon an active Patient and Family Advisory Council (PFAC) or engaging patient and family advisors (PFAs) to serve on a patient safety or quality improvement committee or team.

- National faculty
- Learning Sessions
- Coaching Calls
- Video Training Modules
- Online Toolkit
- Listserv®
- Private KHC web page
- Targeted site visits


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Tiffany Christensen
Vice President of Experience Innovation
The Beryl Institute
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Resources & Upcoming Events

- Upcoming Events
- Resources
- Wrap Up

Michele Clark
Program Director
Kansas Healthcare Collaborative
mclark@khconline.org
(785) 235-0763 x1321

Upcoming Events

Attn: Infection Preventionists

Kansas STRIVE Learning Event

**March 7, 2018**
DoubleTree by Hilton Wichita Airport

Presented by KHC and HRET
with partners KDHE and KFMC
for the 21 Kansas hospitals
participating in STRIVE

Save the Date
Infection Prevention Conference
March 8, 2018
DoubleTree by Hilton Wichita Airport

Presented by
Kansas Hospital Association
In cooperation with members of the
Association for Professionals in Infection Control and Epidemiology
Wichita, Kansas City and Heart of America Chapters
Save the Date
for the 10th Annual
Summit on Quality
May 4, 2018
Hyatt Regency - Wichita, KS

May 15, 2018
Kansas Workshop:
Hospital Antimicrobial Stewardship
Manhattan, KS

- Invite your Hospital Antimicrobial Stewardship Team
- Agenda and registration will be available mid-March.
- Travel scholarships for will be available.
Upcoming Webinars

NCD Pacing: Restoring Joy and Preventing Burnout
March 1 ● 12:00 p.m. to 1:00 p.m.
Register here
Indicate your organization's affiliation is with the AHA/HRET HIIN.

AHA/HRET: Social Determinants of Health Webinar Series
March 6 ● 2:00 to 3:00 p.m.
Register here

HRET HIIN: Health Behaviors and the Role of Hospitals
March 6 ● 2:00 to 3:00 p.m.
Register here

NCD Pacing: Overcoming Challenges to Meet PFE Metric 5
March 8 ● 12:00 p.m. to 1:00 p.m.
Register here
Indicate your organization's affiliation is with the AHA/HRET HIIN.

Mark Your Calendars!

2018 Kansas HIIN Webinars

March 28, 2018
April 25, 2018
May 23, 2018
June 27, 2018
July 25, 2018

All webinars take place from 10:00 – 11:00 am CT
Register at www.khconline.org
Questions?
Contact your KHC Team

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

https://www.surveymonkey.com/r/KHC-HIIN-022818
The UP Campaign Implementation – Self Assessment


This UP Campaign Implementation Self-Assessment Tool is designed to assist your organization’s implementation efforts to simplify safe care and streamline interventions to improve care. This tool serves as a gap analysis to understand where your organization/unit is with regards to each of the UP campaign components.

How to use this tool:

- Answer the questions with your UP Campaign team,
- You may want to complete the tool from more than one perspective (unit specific and hospital-wide)
- Consider your responses to determine the next steps
  - Create an AIM statement
  - Identify your priorities for implementation
  - Brainstorm and select Tests of Change for each UP
<table>
<thead>
<tr>
<th>UP Campaign Implementation – Self-Assessment</th>
<th>Not thinking about it</th>
<th>Just starting to plan</th>
<th>Testing on one unit</th>
<th>Spread to multiple units</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WAKE UP  Prevent Over-Sedation</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Are you using the Pasero Opioid-induced Sedation Scale (POSS) prior to and after opioid administration?</td>
<td></td>
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</tr>
<tr>
<td>Do you offer multimodal pain management; both pharmacologic and non-pharmacologic modalities?</td>
<td></td>
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</tr>
<tr>
<td>Are you setting pain management expectations (&quot;0&quot; is not the goal) prior to admission?</td>
<td></td>
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</tr>
<tr>
<td>Are you asking about comfort level in addition to pain score?</td>
<td></td>
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</tr>
<tr>
<td>Are you using Teach-Back methods with patients and families to enhance their knowledge and assist in setting pain management expectations?</td>
<td></td>
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</tr>
<tr>
<td><strong>GET UP  Mobilize Patients</strong></td>
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<tr>
<td>Do you have a mobility team?</td>
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</tr>
<tr>
<td>Do you have a mobility protocol?</td>
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<tr>
<td>Have you clearly identified staff that have the capacity to ambulate patients daily?</td>
<td></td>
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</tr>
<tr>
<td>Do your nurses or rehabilitation/physical therapists evaluate each patient’s mobility status upon admission?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have safe patient handling and movement training for nursing and assistive staff?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is mobility equipment readily available for nurses and patients to access? (canes, walkers, lifting and safe patient handling devices, gait belts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a way to document and monitor daily mobility?</td>
<td></td>
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</tr>
<tr>
<td><strong>SOAP UP  Hardwire Hand Hygiene</strong></td>
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</tr>
<tr>
<td>Do you display hand hygiene (HH) compliance results in highly visible places at the department/unit level?</td>
<td></td>
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</tr>
<tr>
<td>Have you implemented scripting to remind other team members to perform HH when it is not observed?</td>
<td></td>
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<td>Do you have a system in place that holds all team members accountable to the HH expectations?</td>
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<tr>
<td><strong>SCRIPT UP  Optimize Medications</strong></td>
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<td>Have you implemented a “time out” after 24-48 hours of antibiotic therapy to re-assess and optimize therapy?</td>
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<td>Do the staff, providers, and pharmacists have ready access to reminders and alerts to avoid medications on the Beers list for patients over 65 years old?</td>
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<td>Is there a specific number of medications on a patient’s medication list (e.g., 10) that will trigger a review by a pharmacist?</td>
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