

KHC Hospital Improvement Innovation Network

January 23, 2019
10 to 11 a.m. CT

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



623 SW 10th Ave. • Topeka, KS 66612 • (785) 235-0763 • www.khconline.org



Introductions

Special Guest



Jackie Conrad
Improvement Advisor
Cynosure Health

Kansas Healthcare Collaborative



Michele Clark
Program Director
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Eric Cook-Wiens
Data and Measurement Director
ecook-wiens@khconline.org



Chuck Duffield
Performance Improvement Mgr.
cduffield@khconline.org

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KHC HIIN – January 23, 2019

Agenda

- Welcome and Announcements
- Summit On Quality
- #OneHealthKS Pledge Campaign
- Featured Topic: HAPI Update for hospital-acquired pressure ulcers/injuries: Data, prevalence studies and best practices
- HIIN Milestone 10
- HIIN Data and Measures Update
- HIIN Resources and Upcoming Events

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Summit on Quality 2019



Summit on Quality 2019
May 10
Hyatt Regency
Wichita, Kansas

featuring keynote speaker
Jade Perdue
Director of CMS Quality Improvement
Innovations Model Testing

Event info at: KHOnline.org/summit

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Summit on Quality 2019

Call for Proposals:
Breakout Sessions & Poster
Presentations

Share your successes in quality and patient safety at the [Summit on Quality 2019](#)!

Submit your proposal by Feb. 21.

Selected presenters will receive one free registration (\$125 value) per presentation.

For more information, contact Phil Cauthon, KHC Communications Director,
pcauthon@khconline.org or 785-231-1322.

Download proposal form: KHOnline.org/proposal

2019 Summit on Quality

May 10, 2019 • Wichita, Kansas

Call for Proposals:
Breakout Sessions & Poster Presentations

Proposals are due by Thursday, Feb. 21, 2019.

Selected presenters will be notified in March and receive one free registration (\$125 value, includes lunch) per presentation.

If you need assistance completing this form or have questions, contact Phil Cauthon at pcauthon@khconline.org or (785) 235-0763.

About the Summit on Quality

The Summit on Quality is an educational event drawing health care leaders from across our state. It features national keynote presenters, breakout sessions led by innovative Kansas providers, a diversity of poster presentations, opportunities to network, and the Leadership in Quality Award.

Summit programming is designed to engage and connect a wide range of health care professionals—including physicians, nurses, long-term care providers, clinic managers, hospital CEOs and other senior management, quality improvement professionals, risk managers, infection preventionists, and other interested health care professionals—practicing in both urban and rural settings throughout our state.

In its 11th year, the Summit is presented by the Kansas Foundation for Medical Care and the Kansas Healthcare Collaborative, in partnership with our co-founders the Kansas Medical Society and the Kansas Hospital Association.

Who Can Submit Proposals?

The Summit on Quality invites proposals from all professionals working in health care. Breakout sessions and poster presentations are an opportunity to spotlight successful quality improvement efforts in Kansas from which others may learn.

Potential Topic Areas

Whether you propose a Breakout Session or Poster Presentation, these are some—but not all—potential topics:

- Success stories from the field
- Community/population health
- Coordination with post-acute care
- Culture and leadership
- Diagnostic errors
- Engaging and inspiring leadership
- Health care-acquired conditions
- Health equity
- High-functioning, effective teams

- Creating/sustaining culture change
- Innovative use of technology
- Lean process improvement
- Medication safety
- Palliative care
- Patient and family engagement
- Patient safety
- Practice transformation
- Shared decision making



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KQIP #OneHealthKS Campaign

#OneHealthKS Pledge

www.useantibioticswisely.org

Antimicrobial Stewardship

KHC, along with its partners in the Kansas Quality Improvement Partnership (KQIP), invite all health care settings and providers – animal and human – to:

Actively commit to antimicrobial stewardship by taking the #OneHealthKS Pledge.



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#OneHealthKS Pledge

What would we be pledging to do?

- By end of **month 1**, designate clinical leadership, a single leader, who will be responsible for program outcomes.
- By end of **month 6**, allocate necessary resources, including human, financial and I.T. resources.
- By end of **month 9**, develop local expertise by identifying and providing training for stewardship leaders through online or in-person training.
- By end of **month 12**, complete education for clinicians and patients about both resistance and optimal prescribing/antibiotic use.



How can I learn more?

Visit

<https://public.kfmc.org/sites/hai/SitePages/Kansas%20Quality%20Improvement%20Partnership.aspx>

Pledge online or return the pledge form by fax or email.

KQIP cover letter, recommendation, and pledge form:

<https://www.khconline.org/files/HIIN/OneHealthKS-pledge.pdf>

Questions? Contact a KQIP representative
or call Michele Clark at KHC, 785-235-0763
x1321 or mclark@khconline.org.




Hospital Antimicrobial Stewardship Program

How are your action plans coming along?
Check-in Calls are now underway.

Click on this link to select a time
in December that works for you:
<https://www.signupgenius.com/go/30e0849a8a72ba5fe3-kdhekhc>

Questions? Contact Chuck Duffield at cduffield@khconline.org.



Kansas
Department of Health
and Environment
Division of Public Health



Healthcare-Associated Infections
& Antimicrobial Resistance Program



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American Hospital
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Advancing Health in America

HRET HIIN HAPI Update

Data, prevalence studies and best practices

January, 2019
Jackie Conrad RN, MBA, RCC™
Improvement Advisor
Cynosure Health



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Agenda

- Pressure Injury Data
 - What is in and what is out
 - Education resources for skill building in recognition and staging
 - Validating data
- Prevalence study on a small scale
 - How to make it simple, fun and easy
- Best Practices: Engaging patients and care planning
 - What patients want
 - Care planning tool





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HIIN Data – 2 measures

- PrU Rate, Stage 3 +
 - Collected from administrative data, occurrence reports
 - Excludes LOS 3 days (except for CAHs)
 - Pros – easy to collect
 - Con – can be under reported
 - [ICD 10 Codes](#)
- PrU Prevalence, Stage 2 +
 - Collected during point in time prevalence study – monthly or quarterly
 - Pros – can catch wounds not documented, able to observe how care id delivered at bedside
 - Cons – manpower to conduct head to toe assessment on all patients on the unit on one day, reluctance to report only the injuries on that day
 - DO NOT report all Stage 2 + injuries. Report only those discovered on the day of the study

* PrU 3 excludes: dx of heimiplegia, para or quadriplegia, spina bifida and anoxic brain damage



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Using Pressure Injury Data vs HIIN Reporting

Using Data for Improvement

- Collect and analyze data on ALL injuries
- Trending pressure injuries by anatomical location
- Conducting root cause analysis to identify process failures in delivering preventative care.

Data for Reporting

- Data reporting must follow encyclopedia of measure definitions
 - PrU 2 Prevalence – only report the # of patients with stage 2 + **Hospital Acquired** Injuries that developed during the patient’s current hospitalization that were present on the **ONE** day.
 - PrU 3 Rate – # of patients with stage 3 + **Hospital Acquired** Injuries that developed during the patient’s current hospitalization.

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Using Data to Drive Improvement

Days Since Last Pressure Injury

176

Sample Graph

Sample Days Since Data Display from IHI

15

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PROMOTE SAFETY ACROSS THE BOARD

>>>

DATE OF LAST HAPU/I:

Hospital-Acquired Pressure Ulcers/Injuries (HAPU/I) Top Ten Checklist

- Conduct prevalence studies to collect data on pressure ulcer/injury occurrences and to observe processes of care in real time to identify opportunities to improve the reliability of care delivery.
- Learn from HAPU/I by conducting a root cause analysis on Stage 3, 4 and unstageable ulcer/injuries and by analyzing HAPU/I data for trends by unit for patient characteristics, anatomical location and other contributing factors.
- Conduct a pressure ulcer/injury risk assessment within four hours of admission. Reassess at intervals defined by patient care need.
- Activate HAPU/I prevention bundles for high-risk patients, including appropriate surface selection, off-loading pressure (turning and repositioning), nutrition and a moisture management plan.
- Assess reliability of documentation of pressure ulcer/injury present on admission and of appropriate classification of moisture versus pressure related skin damage.
- Provide annual education and competency evaluation on early detection of Stage 1, assessing darkly pigmented skin, staging of pressure ulcer/injuries and differentiating pressure from moisture related skin damage.
- Investigate clinical practices regarding skin safety in the operating room and in the prevention and reporting of medical device-related pressure ulcer/injuries.
- Establish a partnership with nutritional services to ensure timely nutritional assessments and implementation of interventions for high-risk patients.
- Assess adequacy of moisture management and skin care products, support surfaces (ER carts, OR Tables, ICU units, medical/surgical units) and shear prevention devices (lifts, glide sheets). Engage executive leadership in planning for upgrading or replacement as needed.

[Date of Last HAPI Poster](#)

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PrU 2 Data for HIIN Reporting

FAQ: Should I include swing bed patients in my prevalence study?

- Your choice, be consistent. If the patients are all on one unit with one staff, facilities typically count swing bed patients

Reference:

- [HAPI Data Collection Fact Sheet](#)
- [EOM: Encyclopedia of Measure](#)



Hospital Acquired Pressure Ulcer Prevalence, Stage 2+ NQF0201 (HIIN-PrU-2)

Numerator	<ul style="list-style-type: none">• Number of patients that have at least one stage 2 hospital acquired pressure ulcer/injury, unstageable and/or deep tissue injury on the day of the prevalence study. Tip – Count patients, not number of ulcers
Denominator	<ul style="list-style-type: none">• Number of patients surveyed on the day of the study
Numerator Inclusion	<ul style="list-style-type: none">• Medical, Surgical, Step-Down, Med-Surg combined, and Intensive Care units• Patients aged 18 years and older
Numerator Exclusion	<ul style="list-style-type: none">• Ulcers/injuries present on admission• Patients refusing assessment• Patients who are off the unit at the time of the study (x-ray, therapy)• Medically unstable patients or those for whom assessment is contraindicated• Patients who are actively dying and pressure ulcer prevention is no longer a treatment goal• Moisture associated skin damage• Skin Tears• Venous or arterial stasis ulcers• Mucosal membrane ulcers
Data Sources	<ul style="list-style-type: none">• Prevalence study observations
Frequently Asked Questions	<p>Q: Are unstageable pressure ulcers included in the numerator? A: Yes</p> <p>Q: We usually collect this data quarterly. Do we have to report this data monthly? A: Hospitals are strongly encouraged to report pressure ulcer prevalence monthly. Preferred: Monthly, beginning Oct 2016 Alternate: Quarterly, beginning with 4Q 2016 (report in last month of each quarter)</p>



PrU 3 Data for HIIN Reporting

Reference:

- [HAPI Data Collection Fact Sheet](#)
- [EOM: Encyclopedia of Measure](#)



Pressure Ulcer Rate, Stage 3+ AHRQ PSI-03 (HIIN-PrU-1)

Numerator	<ul style="list-style-type: none">• Discharges with any secondary diagnosis codes for pressure ulcer stage 3, 4, or unstageable.
Numerator Inclusion	<ul style="list-style-type: none">• Medical or surgical discharges• Patients aged 18 years and older
Numerator Exclusion	<ul style="list-style-type: none">• Ulcers/injuries present on admission• Any diagnosis of hemiplegia, paraplegia or quadriplegia, spina bifida, or anoxic brain damage• Transfers from another hospital, skilled nursing, or intermediate care facility• Length of stay (LOS) less than 3 days (except for CAHs who may choose to submit on LOS less than 3 days)• Psychiatric or obstetric discharges• Moisture associated skin damage• Skin tears• Venous or arterial stasis ulcers• Mucosal membrane ulcers
Denominator	<ul style="list-style-type: none">• Medical and surgical discharges (as defined in the AHRQ measure specifications, Appendix C and E) aged 18 years and older
Data Sources	<ul style="list-style-type: none">• Administrative data• Incident or occurrence reports
Frequently Asked Questions	<p>Q: How is present on admission (POA) defined? A: The cut off for determining POA is 24 hours from the time of admission, unless the hospital has specified a shorter time frame.</p> <p>Q: Are unstageable pressure ulcers included in the numerator? A: Yes</p> <p>Q: Are Critical Access Hospitals (CAHs) required to report on this measure given their patients' short length of stay? A: The measure specifications exclude stays less than three days. While CAHs are required to maintain an annual average length of stay of 96 hours or less (https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/CriticalAccessHospitals.pdf), CAHs are encouraged to use the AHRQ PSI specifications to track pressure ulcers for appropriate inpatient stays in their facilities, even if the inpatient stay is less than three days.</p>

Validating data

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Unit A –												
# of pts with stage 2	0	0	1	0	0	11	0	0	0	1	0	0
# of pts on the unit	12	6	11	10	11	10	8	6	11	12	8	14
Hospital B												
# pts Stage 3 or >	2	1	0	20	14	16	18	22	14	16	10	15
# Med surg discharges	330	356	400	3456	5670	4568	3789	4868	4370	5100	3500	4320



Find the suspicious data



Validating data

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Unit A –												
# of pts with stage 2	0	0	1	0	0	11	0	0	0	1	0	0
# of pts on the unit	12	6	11	10	11	10	8	6	11	12	8	14
Hospital B												
# pts Stage 3 or >	2	1	0	20	14	16	18	22	14	16	10	15
# Med surg discharges	330	356	400	3456	5670	4568	3789	4868	4370	5100	3500	4320

Key stroke error?

Switch in data collection – one unit to entire hospital?



What should be counted as a HAPI?

Type of Wound / Injury	IN	OUT
Moisture related injuries, excoriation		
Deep tissue injuries		
Unstageable injuries		
Medical device related injuries		
Venous stasis ulcers		
Skin tears		
Mucosal membrane ulcers		
Injuries present on admission		



What should be counted as a HAPI?

Type of Wound / Injury	IN	OUT
Moisture related injuries, excoriation		X
Deep tissue injuries	X	
Unstageable injuries	X	
Medical device related injuries	X	
Venous stasis ulcers		X
Skin tears		X
Mucosal membrane ulcers		X
Injuries present on admission		X




Differentiating Moisture vs. Pressure

MASD

- Top Down Injury
- Originates in superficial cutaneous layer
- Caused by prolonged exposure to moisture
- Not included in HAPU/I reporting

HAPU/I

- Bottom Up Injury
- Originates in underlying soft tissue
- Caused by prolonged pressure from a **bony prominence** or **medical device**
- Included in HAPU/I Reporting



Skill building in differentiating Moisture vs Pressure:
[HRET HIIN Recognizing Pressure Injury](#) – 20 minutes
[HHRET Moisture Related Skin Damage Webinar Recording](#) – 60 min

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Fear of staging?

- Wound photography can help!
 - [WOCN Photography in Wound Documentation Fact Sheet](#)
 - A few basics in the recommendations
 - Obtain consent. It can be included in consent to treat is photography is routinely used in your organization
 - Establish policy on when photos can be used, intervals of repeat photos, who can take photos, how competency is established, how consistency of photography will be achieved, storing photos, documentation on photos, etc.







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NDNQI
A Press Ganey Solution

Pressure Ulcers and Staging

[Home](#)
[Pressure Ulcer Staging](#)
[Other Wound Types](#)
[Pressure Ulcer Survey Guide](#)
[Community vs Hospital/Unit PU](#)

NDNQI® Pressure Ulcer Training
Module I Home Page Outline:

- Module Home
- Pressure Ulcer Definition
- General Staging Information
- Category/Stage I Pressure Ulcers
- Category/Stage II Pressure Ulcers
- Category/Stage III Pressure Ulcers
- Category/Stage IV Pressure Ulcers
- Unstageable Pressure Ulcers
- Suspected Deep Tissue Injury
- Pressure Ulcer Location
- Medical Device Related Pressure Ulcers
- Mucosal Pressure Ulcers
- Pressure Ulcer Healing
- Pressure Ulcer Staging Test

Welcome to Module I

Pressure Ulcers and Staging



Next

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<https://members.nursingquality.org/NDNQIPressureUlcerTraining/Module1/Default.aspx>



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American Hospital Association™
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NDNQI Pressure Ulcer Staging Test

Pressure Ulcer Staging Test

Question 1

Reddened area over the left heel does not blanch with lightly applied pressure.

No underlying area of purple or maroon discoloration is noted.

Used with permission M. Baumgarten

Correct! The answer is: Category/Stage I

Please make a selection

- ☒ Category/Stage I
- ☐ Category/Stage II
- ☐ Category/Stage III
- ☐ Category/Stage IV
- ☐ Unstageable/Unclassified
- ☐ Suspected Deep Tissue Injury

Question 2

This 78 year old patient has a pressure ulcer on the right heel.


Used with permission M. Baumgarten

Correct! The answer is: Unstageable/Unclassified

Please make a selection

- ☐ Category/Stage I
- ☐ Category/Stage II
- ☐ Category/Stage III
- ☐ Category/Stage IV
- ☒ Unstageable/Unclassified
- ☐ Suspected Deep Tissue Injury

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INNOVATION

 American Hospital Association
Advancing Health in America

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NPUAP Educational Resources

Complimentary Webinars

- Support surface standards initiative
- FAQs about staging
- Unavoidable pressure injuries, terminal ulcers and skin failure
- OR Positioning and HAPI prevention
- OR Who is at Risk
- Nutrition & Pressure Injuries
- Wound dressings for HAPI Management
- Preventing Medical Device Related Injuries
- **Webinars, Handouts and CEUs available:** [NPUAP Free CEUs](#)



Fear of Staging?

▪ Free posters from NPUAP












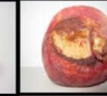


DEFINITION	SCHEMATIC DRAWING	EXAMPLE	DEFINITION	SCHEMATIC DRAWING	EXAMPLE
STAGE 1 PRESSURE INJURY Non-blanchable erythema of intact skin Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.			UNSTAGEABLE PRESSURE INJURY Obscured full-thickness skin and tissue loss Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on an ischemic limb or the heel(s) should not be softened or removed.		
STAGE 2 PRESSURE INJURY Partial-thickness loss of skin with exposed dermis Partial-thickness loss of skin with exposed dermis. The wound bed is visible, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adhesive microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARS), or traumatic wounds (skin tears, burns, abrasions).			DEEP TISSUE PRESSURE INJURY Persistent non-blanchable deep red, maroon or purple discoloration Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.		
STAGE 3 PRESSURE INJURY Full-thickness skin loss Full-thickness loss of skin in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.			MUCOSAL MEMBRANE PRESSURE INJURY Mucosal membrane pressure injury is found on mucous membranes with a history of a medical device in use at the location of the injury. These ulcers cannot be staged.		
STAGE 4 PRESSURE INJURY Full-thickness loss of skin and tissue Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.					



[Full Color Pressure Injury Staging Poster](#)



The Fruits of Pressure Injury Staging

						
						
Stage 1 Think Tomato! Doesn't blanch and return to original color. Has an unusual feel. "Intact skin with non-blanchable redness".	Stage 2 Think potato! Top layer of skin gone, but not too deep. "Partial thickness loss of dermis presenting as a shallow open ulcer".	Stage 3 Think apple! Wound open down into fleshy part, but not to core. "Full thickness tissue loss. Subcutaneous visible but bone, tendon or muscles are not exposed".	Stage 4 Think peach! Deep wound, open to core (bone, tendon). "Full thickness tissue loss, exposed bone, tendon or muscles".	Unstageable Think rotten peach! You know it's probably bad very deep, but you can't see how deep or to where. "Full thickness tissues lost...base of the ulcer is covered by slough and/or eschar".	Deep tissue injury Think eggplant! People are not supposed to be purple or have a bruised appearance! "Purple or maroon localized area of discolored intact skin".	Indeterminate or mucosal Think seedless grape! No underlying structure to judge by but missing or damaged skin.

Fruits of Pressure ulcer staging is included in the second half of the HRET HIIN Prevalence Study Webinar and can be accessed [here](#)



Best Practices / Challenges from the Field

Technical

- Early intervention in the ED – foam dressing, support surface
- Nutritional supplements to patients at risk
- Early mobility
- Four Eyes – 2 RNs assess on admission
- Nurse activation of upgraded support surface

Cultural

- Prevalence Studies
- Skin Champions
- Teamwork with CNAs and families

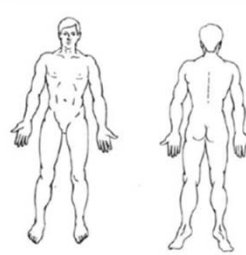
PRESSURE ULCER IDENTIFICATION POCKET PAD

Place the patient's/resident's name on the top of the pad, date it and place an "X" on the area on the body where you see the skin concern. Give this to the nurse and ask him or her to check the patient/resident. They will follow up as needed.

Date: _____ Time: _____

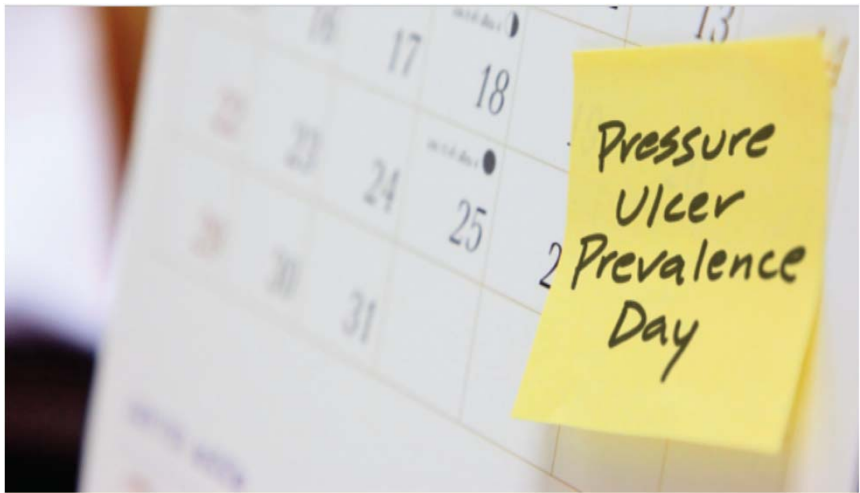
Patient's/Resident's Name: _____

Reporter: _____



<https://www.ahrq.gov/professionals/systems/hospital/presureulcertoolkit/putool7b.html#Tool3C>

Prevalence Party!



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Prevalence

- **Prevalence** describes the number or percent of patients having a pressure ulcer at a single point in time.
- Best measure of the burden of care when providing for care and prevention measures.

N= # of patients with stage 2 or greater (POA excluded)

D = # of patients assessed on the day of the study



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Getting Started – Who?

- Assign a coordinator, skin champion
- Determine who will conduct the study
 - Team approach – 2 is ideal, can use an unlicensed staff person
 - Students, orientees
 - Exempt staff – manager, educator
 - Educate the surveyors using the NDNQI Staging and Prevalence study training modules:
 - [Pressure Injury Staging Module I](#) – basic staging with practice
 - [Other Wound Types and Skin Injuries Module II](#) – the exclusions to HAPI
 - [Pressure Injury Survey Guide Module III](#) – how to do a prevalence study



Getting Started – What?

- Time – 2.5 to 3 hours for a med surg unit
- Pick a good staffing day, schedule staff in advance, no OT
- Audit Tool
- Enjoy a team based activity that is patient centered
 - Teach patients and colleagues while you inspect each patient’s skin

2/4/16 Version 2

HOSPITAL ACQUIRED PRESSURE ULCER PREVALENCE STUDY DATA COLLECTION TOOL

Hospital: _____ Unit & Type: _____ Date: _____ Unit census of day of study: _____ # of patients assessed: _____ Page: _____ / _____

Patient Identifiers		PI ID	Admit date	Age	Gender	# of hospital acquired pressure ulcers at each stage	Ulcer #1 stage	Ulcer #1 location	Ulcer #1 POA?	Ulcer #2 stage	Ulcer #2 location	Ulcer #2 POA?	Ulcer #3 stage	Ulcer #3 location	Ulcer #3 POA?	Comments	
Part 1 - Prevalence data collection	1		1/12/16	72	m	2	2	L heel	N	3	Scrum	Y					
	2																
	3																
Part 2 - Process Measures	Skin assessed upon admission																Y
	PU RISK assessment upon admit																Y
	Was pt identified to be at risk?																Y
	What was the risk score?																9
	Interventions (see key)																Y
Pt on a pressure redistribution surface																Y	
Repositioning as prescribed																Y	
Nutritional support																N	
Moisture Management																N	

Part 1 PRESSURE ULCER STAGING KEY: 1, 2, 3, 4, U = Unstageable, DT1 = Suspected Deep Tissue Injury, Stage 2 or greater plus U and DT1 are reportable
Part 2 Key: Y= yes, N= no, NR= no risk, NA= Admit w/in 24 hours, not necessary for gg, DC = Documented contraindicated, R= refused

PI ID	Additional comments

Team members completing this tool: _____

[HRET HIIN Prevalence Data Collection Tool](#)



Getting Started - How?

- Assess each patient on the unit
 - Head to toe skin inspection focusing on bony prominences
- For injuries discovered, assess medical record to determine if the injury was present on admission (POA)
- Record all injuries discovered, indicating which are POA
- Assess process measures
 - Was risk assessed upon admission?
 - If at risk, were interventions in place such as specialty mattress, moisture management, use of barrier cream?
- Record HAPI Prevalence
 - N = # of patients with a stage 2 or greater observed on the unit that day
 - D = # of the patients observed on the unit that day
 - Exclude patients off the unit for tests, or those that refuse



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Prevalence Study Resources

- [HRET Pressure Ulcer Prevalence Studies Webinar Recording](#)
- [AHRQ Pressure ulcer measurement module](#)



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Tapping into Patients as Partners

Did you know that patients understand that they play an important role in pressure injury prevention (PIP)?

- Keep skin healthy – skin checks, skin care, injury prevention
- Listen to your body – repositioning and movement, use of supports and cushions
- Looking after the inside – drink more, eat well

Patient reported barriers to their participation in PIP include

- Pain and discomfort
- Waiting for help with repositioning and comfort measures
- Lack of education when they need it

Read the full, free article: [BMC Nursing](#)



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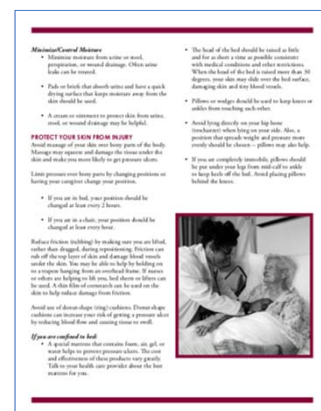
HRET HAPI PFE Resources

Bedside HAPI PFE Tool

Stkin Assessment Tool		SSKN Assessment Tool	
First Name		First Name	
Last Name		Last Name	
Unit		Unit	
Room		Room	
Frequency		Frequency	
Page		Page	

Use a 0 for none or a 1 if there is minimal reason why the action should, or not, be undertaken (e.g. if a patient has no skin condition, then a 0 is appropriate for all items, but the 1s are not applicable).

Item	0	1
Color		
Texture		
Moisture		
Consistency		
Shape		
Size		
Level of injury		
Location		
Wounds		
Pressure		
Ulcers		
Stitch Incisions		
Scars		
Lesions		
Lumps		
Age spots		
Birthmarks		
Spider veins		
Age of skin		
Color of skin		
Texture of skin		
Moisture of skin		
Consistency of skin		
Shape of skin		
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Wounds		
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Ulcers		
Stitch Incisions		
Scars		
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Lumps		
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Spider veins		
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Color of skin		
Texture of skin		
Moisture of skin		
Consistency of skin		
Shape of skin		
Size of skin		
Level of injury		
Location		
Wounds		



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Risk Based Care Planning

- Best practice: Care planning based upon individual risk factors, not a total score.
- Not all risk factors are equal
 - Friction score of 1 or 2 has the highest association for PU development
 - Moisture, and low sensory perception are also more predictive than other sub scores (mobility, nutrition and activity were less predictive)
- Friction best practice: use of lateral transfer devices, safe patient handling, sacral dressings on high risk patients
 - [Expert consensus on sacral dressings](#)
 - [AACN Study on Sacral Dressing](#)



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Risk Based Care Planning [AHRQ Tool 3F: Care Plan](#)

Sensory Perception	Completely limited	Very limited	Slightly limited	No limitation
	*Skin assessment and inspection q shift. Pay attention to heels *Elevate heels and use protectors *Consider specialty mattress or bed *Use pillows between knees and bony prominences to avoid direct contact.	*Skin assessment and inspection q shift. Pay attention to heels *Elevate heels and use protectors *Consider specialty mattress or bed.	*Skin assessment and inspection q shift. Pay attention to heels *Elevate heels and use protectors	*Encourage patient to report pain over bony prominences. *Check heels daily.
Moisture	Constantly Moist	Moist	Occasionally Moist	Rarely Moist
	*Skin assessment and inspection q shift. *Use moisture barrier ointments (Protective skin barriers) *Moisturize dry unbroken skin. *Avoid hot water. Use mild soap and soft cloths or package cleanser wipes. *Check incontinence pads frequently (q2-3h) and change as needed *Apply condom catheter if appropriate. *If stool incontinence consider bowel training and toileting after meals or Rectal tubes if appropriate *Consider low air loss bed	*Use moisture barrier ointments (Protective barriers) *Moisturize dry unbroken skin. *Avoid hot water. Use mild soap and soft cloths or package cleanser wipes. *Check incontinence pads frequently (q2-3h) *Avoid use of diapers but if necessary check frequently (q2-3h) and change as needed *If stool incontinence consider bowel training and toileting after meals *Consider low air loss bed	*Use moisture barrier ointments (Protective skin barriers) *Moisturize dry unbroken skin. *Avoid hot water. Use mild soap and soft cloths or package cleanser wipes. *Check incontinence pads frequently *Avoid use of diapers but if necessary check frequently (q2-3h) and change as needed *Encourage patient to report any other moisture problem (such as under breasts.) *If stool incontinence consider bowel training and toileting after meals	*Encourage patient to use lotion to prevent skin cracks. *Encourage patient to report any moisture problem (such as under breasts.)
Activity	Bedfast	Chairfast	Walks Occasionally	Walks Frequently
	*Skin assessment and inspection q shift. *Position prone if appropriate or elevate HOB no more than 30 degrees *Position with pillows to elevate pressure points off of the bed. *Consider specialty bed *Elevate heels off bed and/or heel protectors *Consider physical therapy consult for conditioning and W/C assessment *Turn/reposition q 1-2 hours. *Post turning schedule. *Teach or do frequent small shifts of body weight	*Consider specialty chair pad *Consider postural alignment, weight distribution, balance, stability, and pressure relief when positioning individuals in chair or wheelchair. *Instruct patient to reposition q 15 minutes when in chair. *Stand every hour *Pad bony prominences with foam wedges, rolled blankets or towels. *Consider physical therapy consult for conditioning and W/C assessment	*Provide structured mobility plan. *Consider chair cushion *Consider physical therapy consult	*Encourage ambulating outside the room at least bid. *Check skin daily *Monitor balance and endurance

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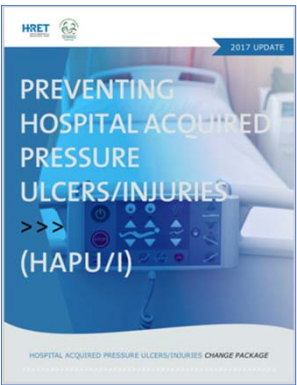
Risk Based Care Planning [AHRQ Tool 3F: Care Plan](#)

Mobility	Completely Immobile *Skin assessment and inspection q shift. *Turn/reposition q 1-2 hours. *Post turning schedule. *Teach or do frequent small shifts of body weight. *Elevate heels *Consider specialty bed	Very Limited *Skin assessment and inspection q shift. *Turn/reposition 1-2 hours. *Post turning schedule. *Teach or do frequent small shifts of body weight *Elevate heels *Consider specialty bed	Slightly Limited *Check skin daily *Turn/reposition frequently *Teach frequent small shifts of body weight *PT consult for strengthening/conditioning *Gait belt for assistance.	No Limitations *Check skin daily *Encourage ambulating outside the room at least bid. *No interventions required.
Nutrition	Very Poor *Nutrition Consult *Skin assessment and inspection q shift. *Offer Nutrition Supplements and water *Encourage family to bring favorite foods *Monitor Nutritional Intake *If NPO for > 24 hours, discuss plan with MD *Record dietary intake and I & O if appropriate	Probably Inadequate *Nutrition Consult *Offer Nutrition Supplements and water *Encourage family to bring favorite foods *Monitor Nutritional Intake *Small frequent meals *If NPO for > 24 hours, discuss plan with MD *Record dietary intake and I & O if appropriate	Adequate *Monitor nutritional intake *If NPO for > 24 hours, discuss plan with MD *Record dietary intake and I&O if appropriate	Excellent *Out of bed for all meals. *Provide food choices. *Offer Nutrition Supplements *If NPO for > 24 hours, discuss plan with MD *Record dietary intake
Friction & Shear	Problem *Skin assessment and inspection q shift. *Minimum of 2 people + draw sheet to pull patient up in bed. *Keep bed linens clean, dry, and wrinkle-free. *Apply or elbow/heel protectors to intact skin over elbows and heels. *Elevate head of bed 30 degree or less	Potential Problem *Keep bed linens clean, dry, and wrinkle-free. *Avoid massaging pressure points. *Apply transparent dressing or elbow/heel protectors to intact skin over elbows and heels.	No apparent problem *Keep bed linens clean, dry, and wrinkle-free.	



HRET Resources

[HAPI Change Package](#)



[HAPI Top 10 Checklist](#)

Hospital-Acquired Pressure Ulcers/Injuries (HAPI/I) Top Ten Checklist

- Conduct prevalence studies to collect data on pressure ulcer/injury occurrence and to observe processes of care in real time to identify opportunities to improve the reliability of care delivery.
- Learn from HAPI/I by conducting a root cause analysis on Stage 3, 4 and unstageable ulcer/injuries and by analyzing HAPI/I data for trends by unit for patient characteristics, anatomical location and other contributing factors.
- Conduct a pressure ulcer/injury risk assessment within four hours of admission. Reassess at intervals defined by patient care needs.
- Activate HAPI/I prevention bundles for high-risk patients, including appropriate surface selection, off-loading pressure (turning and repositioning), nutrition and a moisture management plan.
- Assess reliability of documentation of pressure ulcer/injury present on admission and of appropriate classification of moisture versus pressure related skin damage.
- Provide annual education and competency evaluation on early detection of Stage 1, assessing darkly pigmented skin, staging of pressure ulcer/injuries and differentiating pressure from moisture related skin damage.
- Investigate clinical practices regarding skin safety in the operating room and in the prevention and reporting of medical device-related pressure ulcer/injuries.
- Establish a partnership with nutritional services to ensure timely nutritional assessments and implementation of interventions for high-risk patients.
- Assess adequacy of moisture management and skin care products, support surfaces (OR carts, OR Tables, ICU units, medical/surgical units) and other prevention devices (lily, glide sheets). Change excessive taping in planning for surgery or replacement as needed.
- Engage patients and families in HAPI/I prevention. Design a process to engage patients and families in assessing for early warning signs and participating in preventive measures.

[Top 10 Checklist](#)

SEPSIS/HAPI Top 10 Checklist

WHY IS THIS IMPORTANT?

Patients with sepsis experience a cascade of symptoms and pathophysiologic that makes them extremely vulnerable to pressure injuries. In the early phase of illness, there is underlying tachypnea, fever, tachycardia, hypotension, poor tissue perfusion, inflammation, and decreased microcirculatory blood flow. It is important to note that skin, as the integumentary system, can fail, too.

- Reposition (turn) and promptly reposition patients for redistribution of pressure and offloading. This is important in preventing the local friction and shear associated with dragging.
- Do not decrease head of bed greater than 30 degrees to minimize friction and shear from sliding down in bed, unless contraindicated.
- Place head of bed to supporting the calf and lower leg with a foam wedge or heel supports.
- Refrain from sliding in position. Move frequently turn every 2 hours, turning to greater than 30 degrees in other side, the one head to chest that the second is that of patient.
- Signage to indicate constant use of pressure in a low air flow mattress for patients with a Braden moisture and scale of 1 or 2 or 3 days are required.
- Apply a protective barrier dressing over redness to protect from moisture, friction, and moisture while the patient is still in the emergency room. Monitor dressing for rolling or injury, skin irritation, and moisture within dressing.
- Apply a protective barrier cream after every cleaning and after moisture.
- Use high quality under pads to avoid skin irritation. Avoid the use of diapers. Do not use pad and the surface with additional areas of under pads or sheets to optimize the mattress performance.
- Assess the patient's admission needs and provide training or hygiene according to schedule at night.
- Use high quality under pads to avoid skin irritation. Avoid the use of diapers. Do not use pad and the surface with additional areas of under pads or sheets to optimize the mattress performance.
- Use high quality under pads to avoid skin irritation. Avoid the use of diapers. Do not use pad and the surface with additional areas of under pads or sheets to optimize the mattress performance.

[Sacral Injury Top 10 Checklist](#)

Sacral Injury Prevention Top 10 Checklist

WHY IS THIS IMPORTANT?

The sacrum is the most frequent anatomical location for pressure-related injuries due to the pressure from support surfaces, friction and shear during repositioning and the associated mobility to the right due to the sacrum's location.

- Reposition (turn) and promptly reposition patients for redistribution of pressure and offloading. This is important in preventing the local friction and shear associated with dragging.
- Do not decrease head of bed greater than 30 degrees to minimize friction and shear from sliding down in bed, unless contraindicated.
- Place head of bed to supporting the calf and lower leg with a foam wedge or heel supports.
- Refrain from sliding in position. Move frequently turn every 2 hours, turning to greater than 30 degrees in other side, the one head to chest that the second is that of patient.
- Signage to indicate constant use of pressure in a low air flow mattress for patients with a Braden moisture and scale of 1 or 2 or 3 days are required.
- Apply a protective barrier dressing over redness to protect from moisture, friction, and moisture while the patient is still in the emergency room. Monitor dressing for rolling or injury, skin irritation, and moisture within dressing.
- Apply a protective barrier cream after every cleaning and after moisture.
- Use high quality under pads to avoid skin irritation. Avoid the use of diapers. Do not use pad and the surface with additional areas of under pads or sheets to optimize the mattress performance.
- Assess the patient's admission needs and provide training or hygiene according to schedule at night.
- Use high quality under pads to avoid skin irritation. Avoid the use of diapers. Do not use pad and the surface with additional areas of under pads or sheets to optimize the mattress performance.



THANK YOU!

Jackie Conrad RN, MBA, RCC™
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Cynosure Health
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KHC HIIN Milestone 10 Update

Milestone 10

Preliminary Update for Kansas:

- Data Completeness
- Progress Toward “20/12” HIIN Goals
- Patient and Family Engagement (PFE)
- Health Equity Organizational Assessment (HEOA)

Milestone 11 (mid-March 2019)

Michele Clark
MBA, CPHQ, CPPS, ABC
Program Director
Kansas Healthcare Collaborative
mclark@khconline.org
(785) 235-0763 x1321

HIIN Milestone 10

HRET HIIN Milestones

6-month Extension (Oct 2018 – Mar 2019)

Top Performers would achieve:

HRET HIIN Milestone	Hospital Due Date	Time Period Jan. 2017 Through:	Data Completeness <i>% of applicable topics</i>	"20/12" Improvement	5 PFE Metrics	7 Health Equity Metrics
9	11/21/2018	August 2018	≥60%	≥67%	≥4 out of 5	Baseline
10	1/22/2019	October 2018	≥75%	≥67%		All at Basic Level or higher

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HIIN Milestone 10

Very Preliminary – These results were as of Jan. 17.

Milestone 10 – Clinical Measures

Data Completeness

January 2017 through October 2018

- ≥75% of applicable measures
- No missing months

and

Improvement

Achievement of HIIN “20/12” Goals

- Meeting improvement goals on ≥67% of all applicable measures

Milestone 10 progress to date:

Data Completion

>66%

of Kansas Hospitals

42 hospitals at 100% !

Improvement Goals

>59%

of Kansas Hospitals

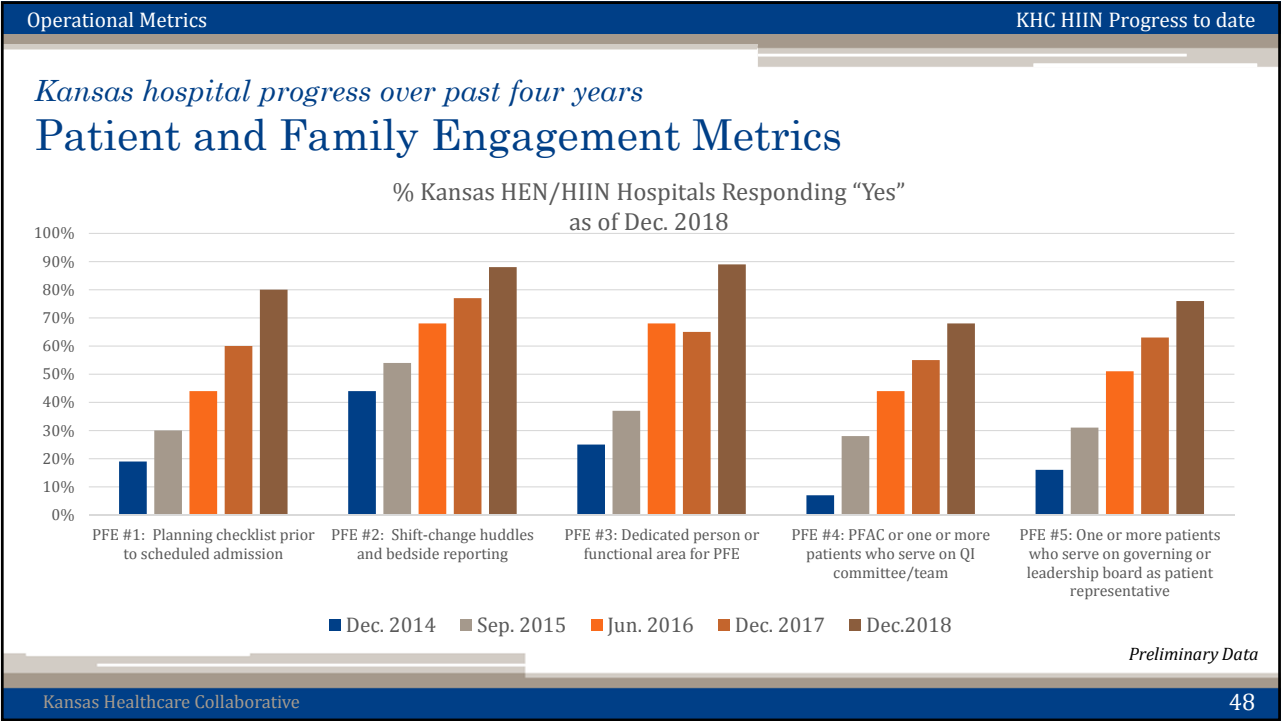
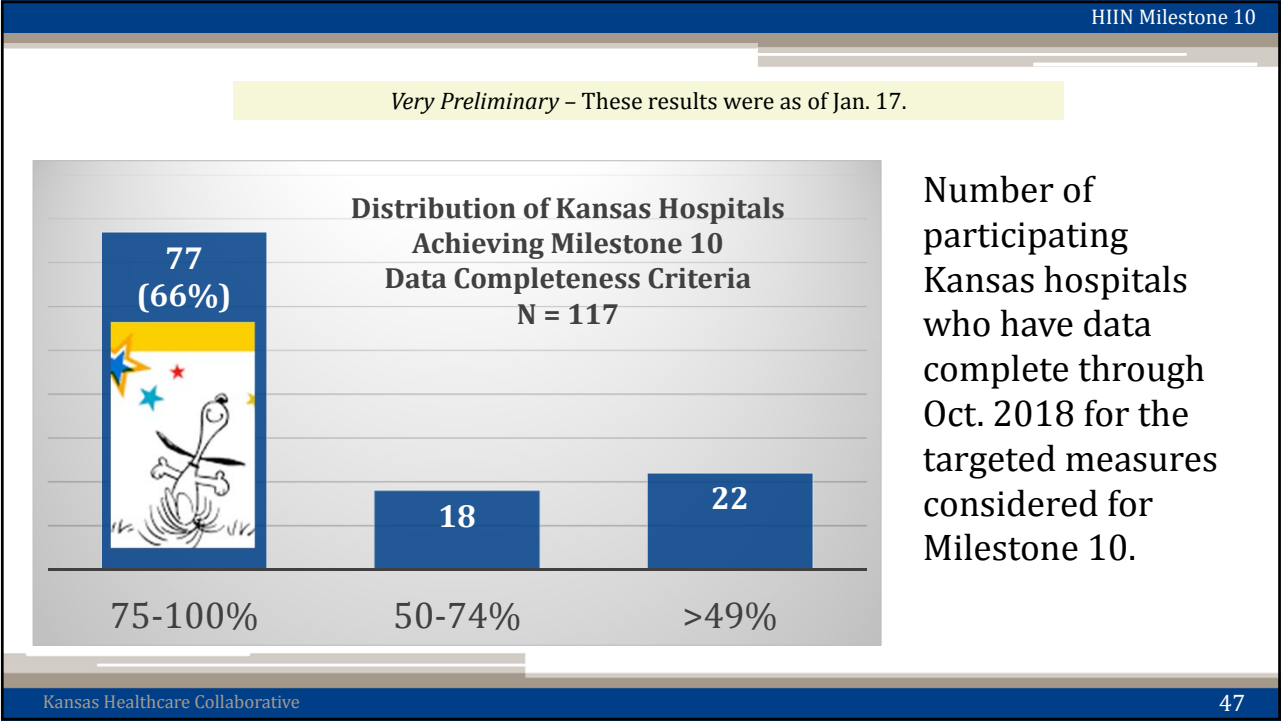
8 hospitals are currently at improvement goals for 100% of applicable topics!

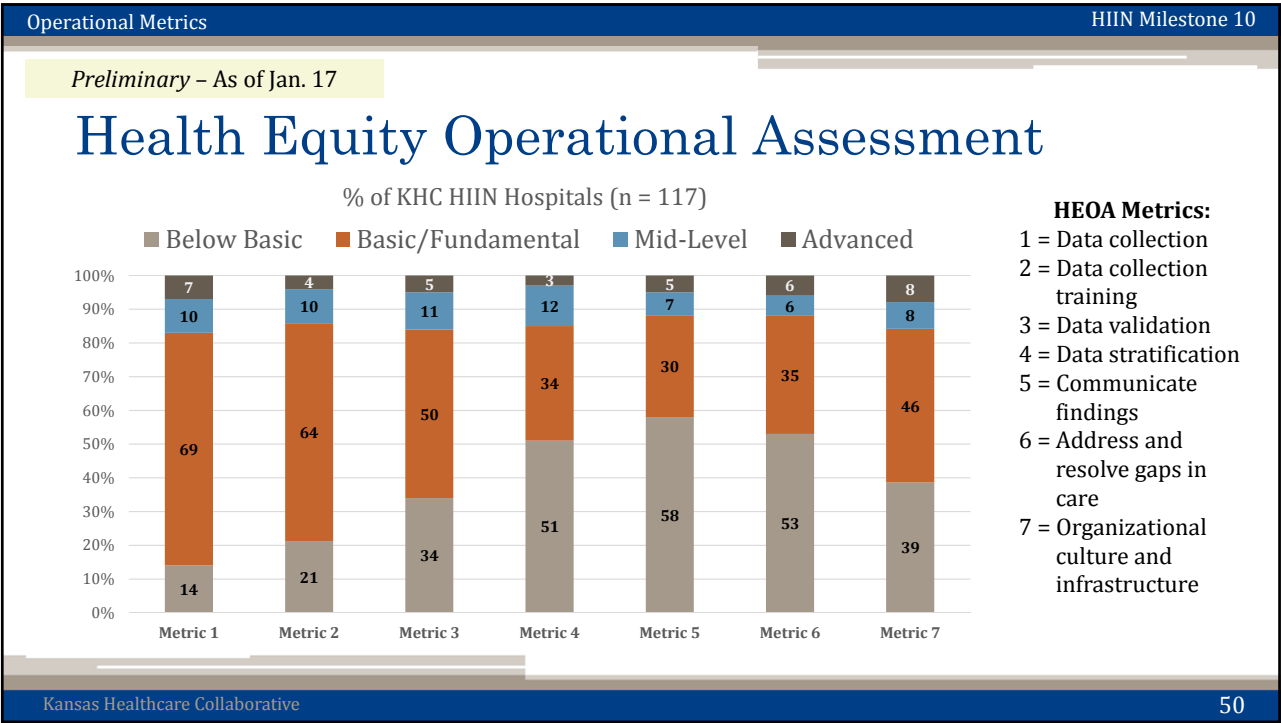
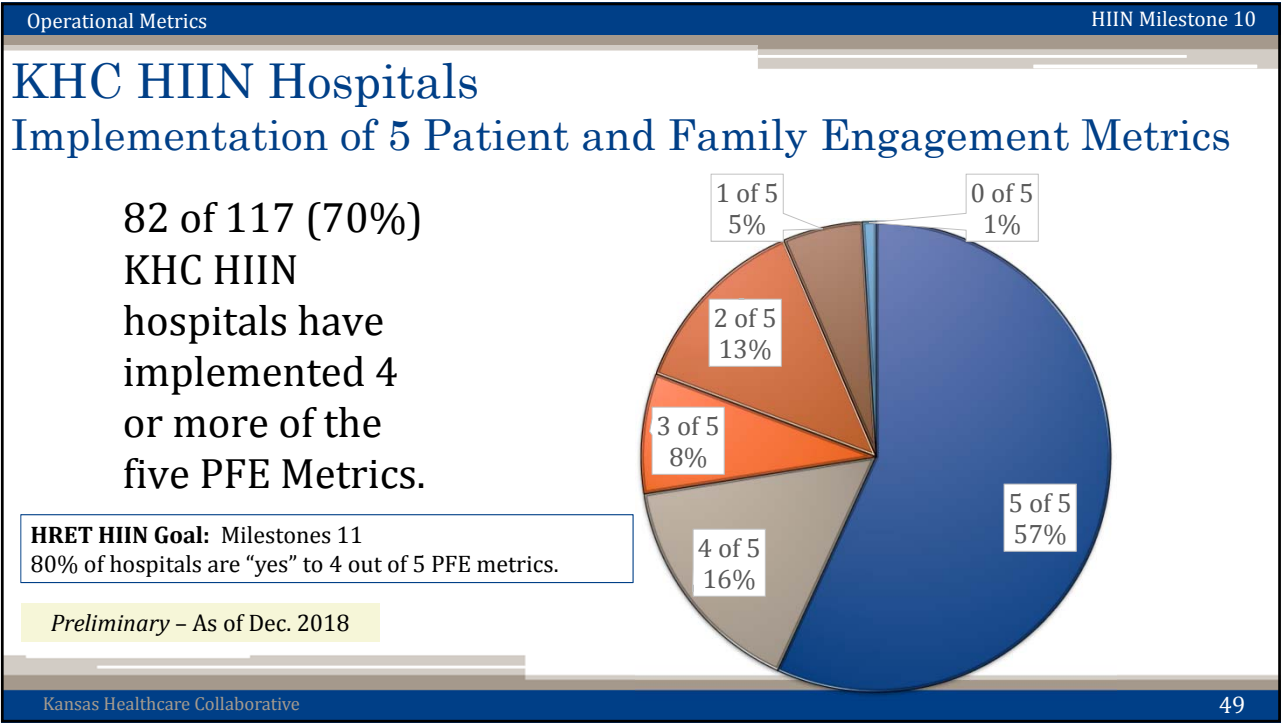
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Operational Metrics

HIIN Milestone 10

HRET HIIN Milestones

6-month Extension (Oct 2018 – Mar 2019)


Milestone Goals:

HRET HIIN Milestone	Hospital Due Date	Time Period Jan. 2017 Through:	Data Completeness	"20/12" Improvement	5 PFE Metrics	7 Health Equity Metrics
			% of applicable topics			
9	11/21/2018	August 2018	≥60%	≥67%	60-75% of hospitals implement ≥4 out of 5	Baseline Survey
10	1/22/2019	October 2018	≥75%	≥67%		All at Basic Level
11	3/15/2019	January 2019	≥80%	≥70%	≥80% ≥4 out of 5	All at Basic Level, with ≥2 at Intermediate or Advanced Level

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HIIN Milestone 10



Final Milestone 10 results will be available in a few weeks.

Letters to HIIN contacts and hospital administrators will recognize hospitals achieving Milestone 10.

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KHC HIIN Data Update

- Status Update
- HAPI Measure Denominators
- State-level performance comparisons
- Data submission schedule

Eric Cook-Wiens

MPH, CPHQ

Data and Measurement Director

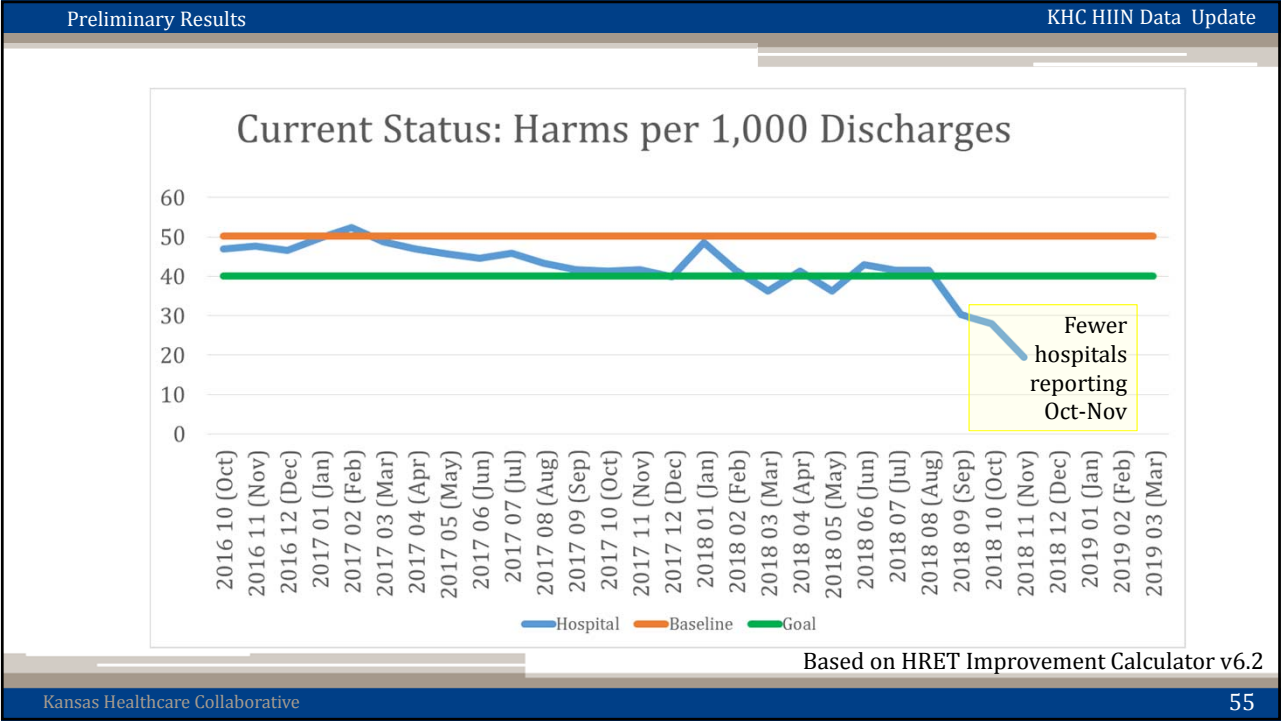
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Status Update

- Monthly Reports
 - Preliminary Reports, [this week](#)
 - Final reports on Friday, 1/25/2019 (or soon thereafter)
- New Dashboards
 - Shooting for February
- Data Cleaning
 - Thanks to everyone who responded to our data quality emails!
 - Please attend to measure applicability
 - Impact on data significant (still using HEN 2 baselines)



Data Update: HAPI Measure Definitions

Two HAPI measures *Different Denominator Definitions*

Hospital-Acquired Pressure Ulcer Prevalence, Stage 2+

Pressure Ulcer: CMS HIIN Evaluation Measure (NQF 0201)		Outcome Measure
Pressure Ulcer/Injury Prevalence, Hospital-Acquired-Stage 2+		
Measure type	Outcome	
Numerator	Patients with at least one category/stage II or greater hospital-acquired pressure ulcer on the day of the prevalence measurement episode. ⁶	
Numerator definition	Patients that have at least one category/stage II or greater hospital-acquired pressure ulcer on the day of the prevalence measurement episode	
Denominator	All patients, 18 years of age or greater, surveyed for the measurement episode	
Denominator definition	All patients surveyed for the measurement episode. Excluded populations: <ul style="list-style-type: none">Patients who refuse to be assessedPatients who are off the unit at the time of the prevalence measurement, i.e., surgery, x-ray, physical therapy, etc.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.Patients who are actively dying and pressure ulcer prevention is no longer a treatment goal.	

Pressure Ulcer Rate, Stage 3+

Pressure Ulcer Rate, Stage 3+: CMS HIIN Evaluation Measure		Outcome Measure
Pressure Ulcer Rate, Stages 3+ (preferred pressure ulcer measure)		
Measure type	Outcome	
Numerator	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) ⁷	
Denominator	Surgical or medical discharges for patients ages 18 years and older. Surgical and medical discharges are defined by specific DRG or MSDRG codes. ⁸	

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

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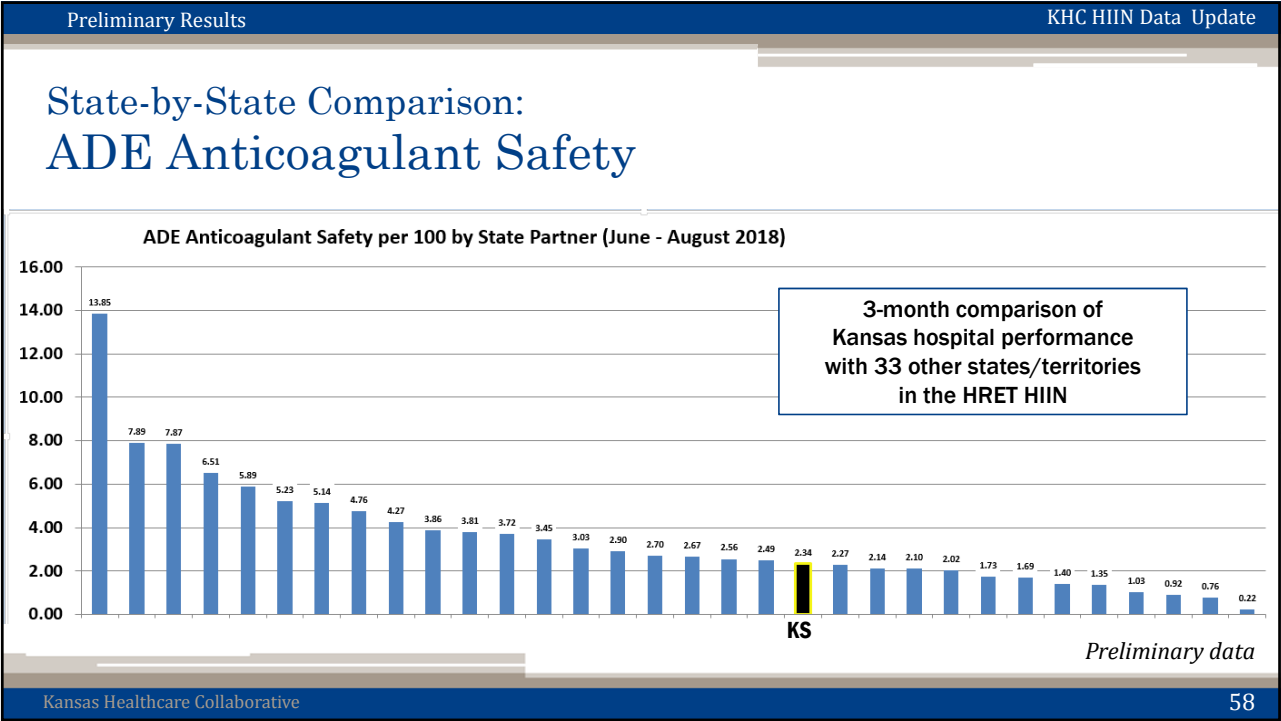
State-level Performance Comparisons

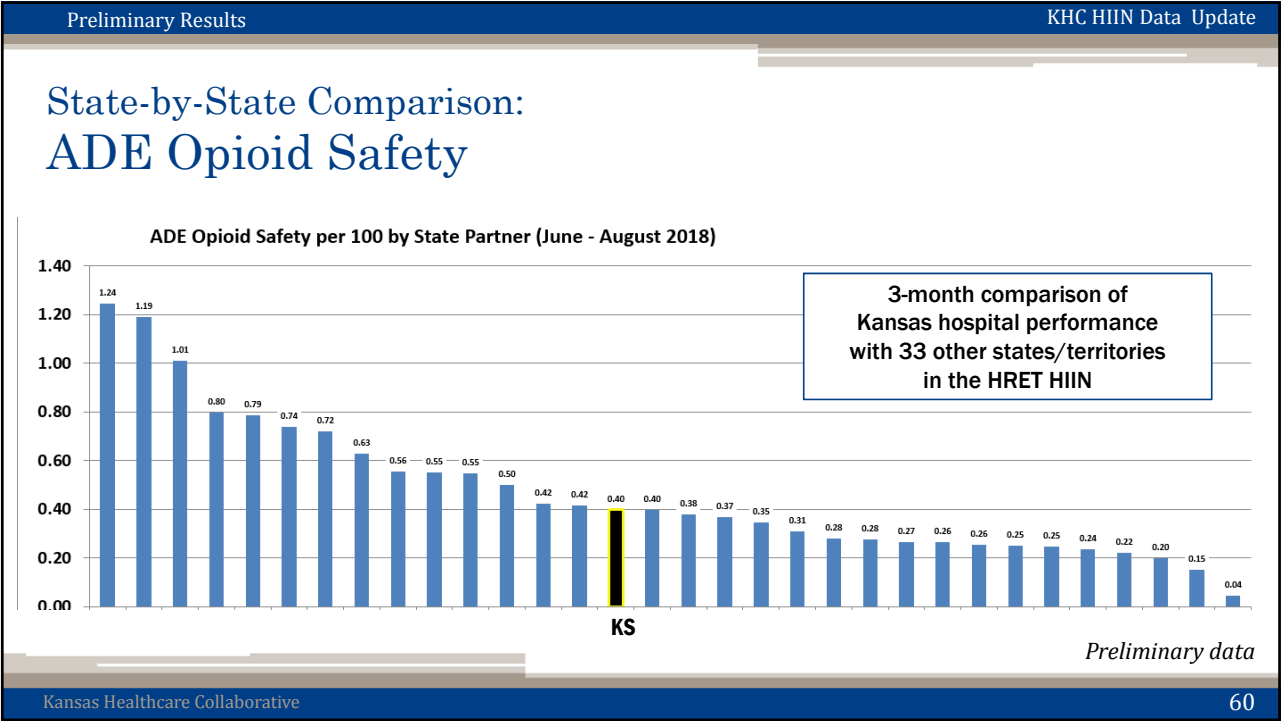
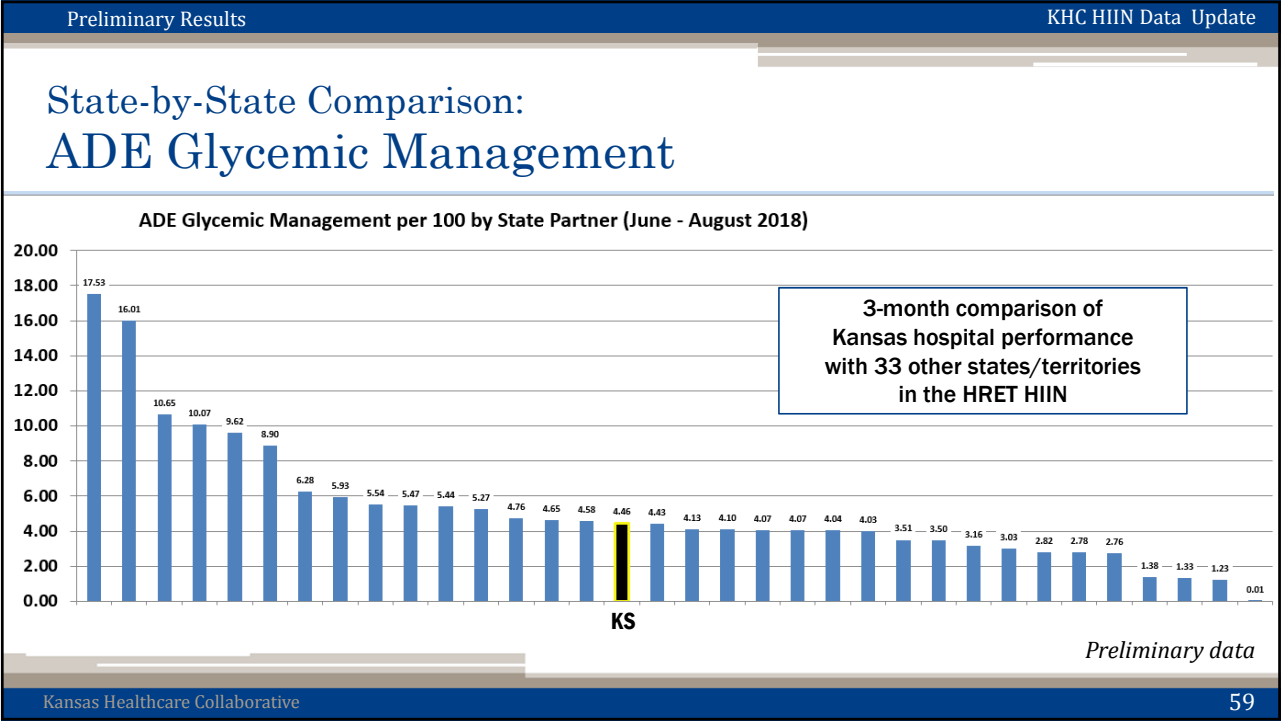
- Charts prepared by HRET for participating States
- Our best measures?
 - CAUTI, CLABSI, *C. diff* and Sepsis
- Our worst?
 - Falls

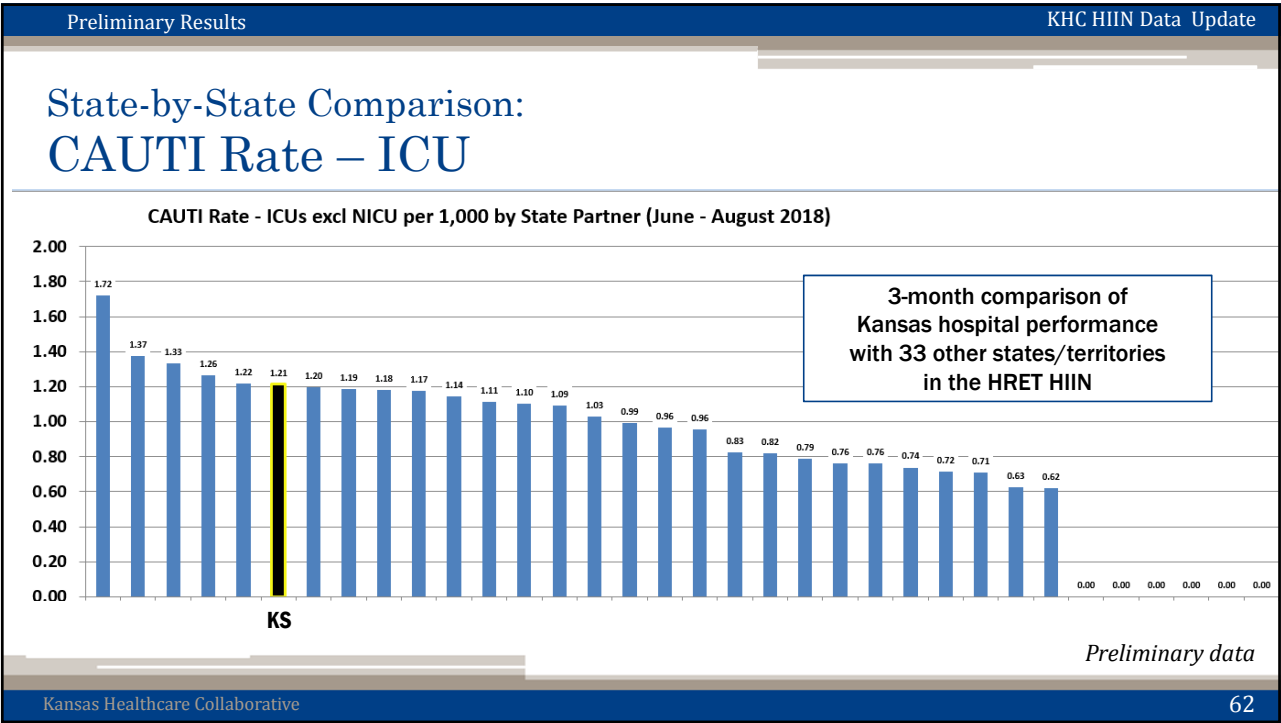
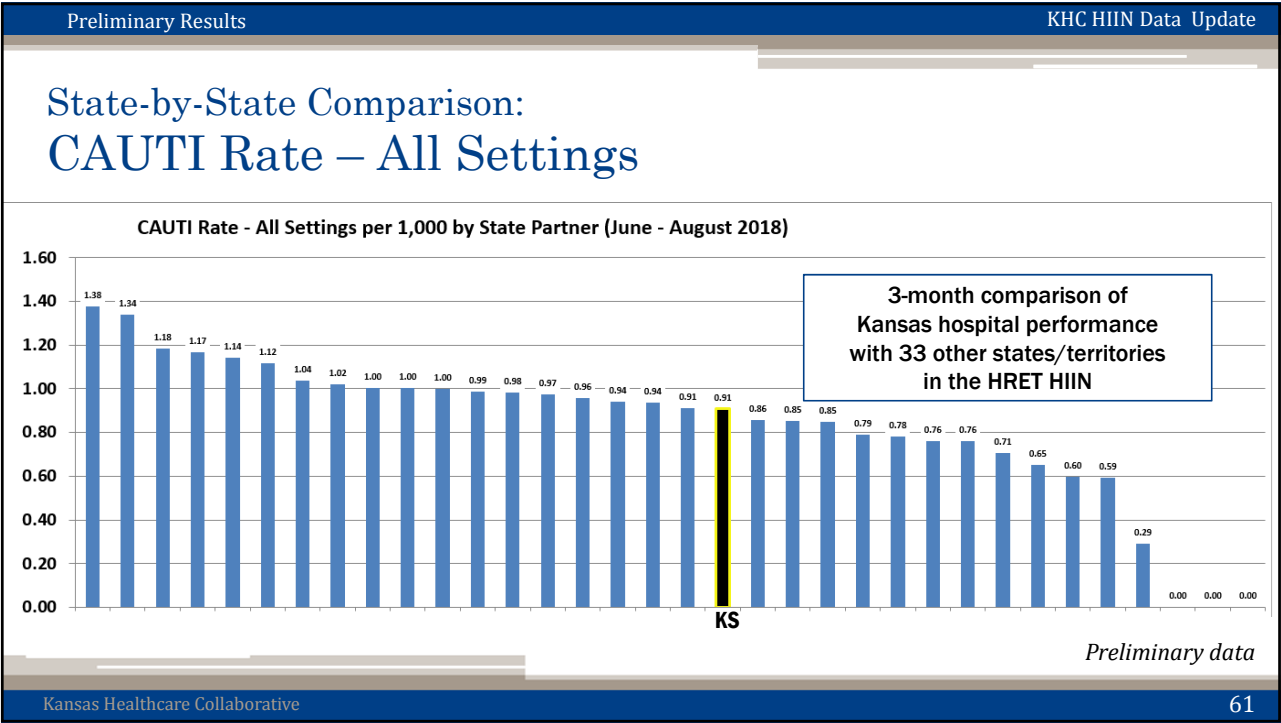
These Data are Preliminary Results!

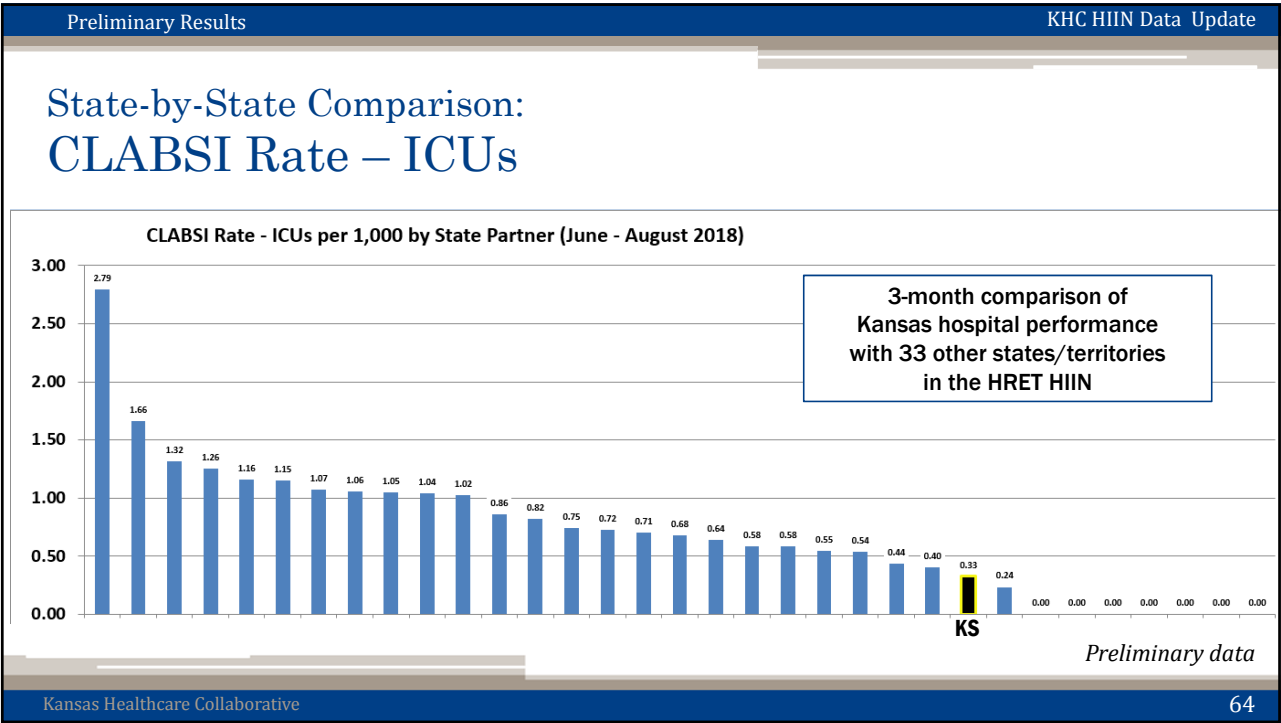
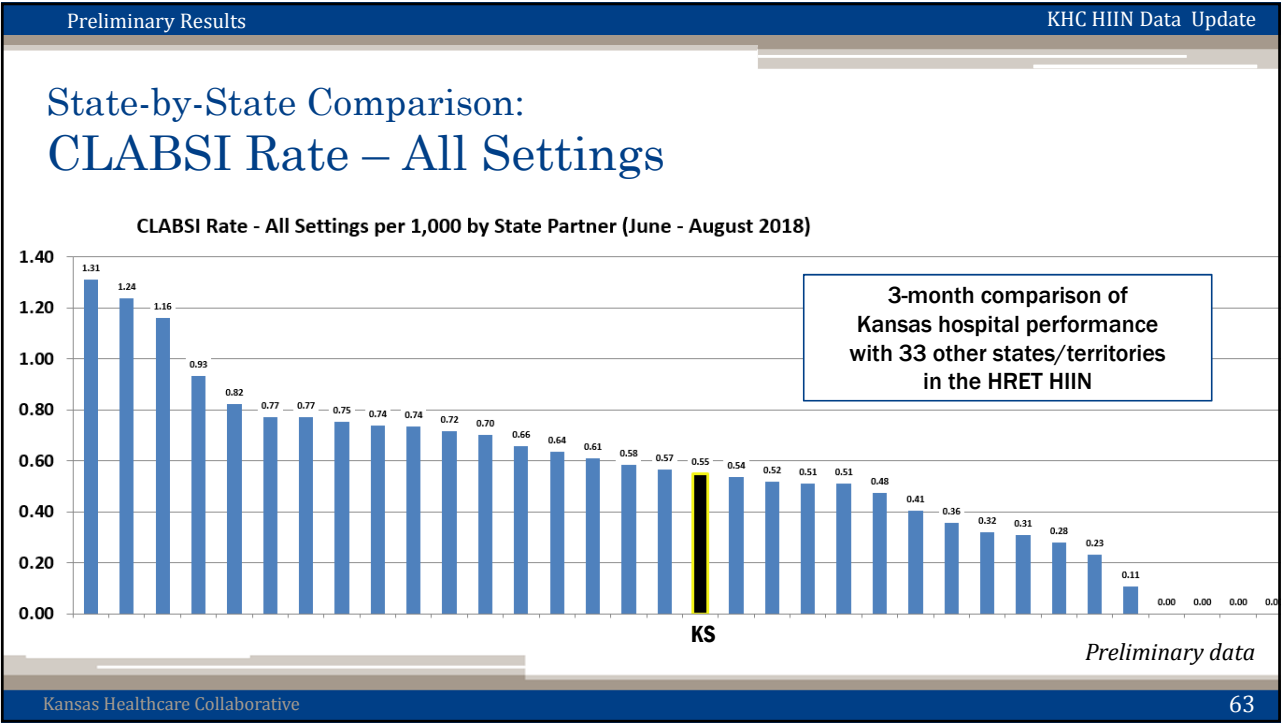
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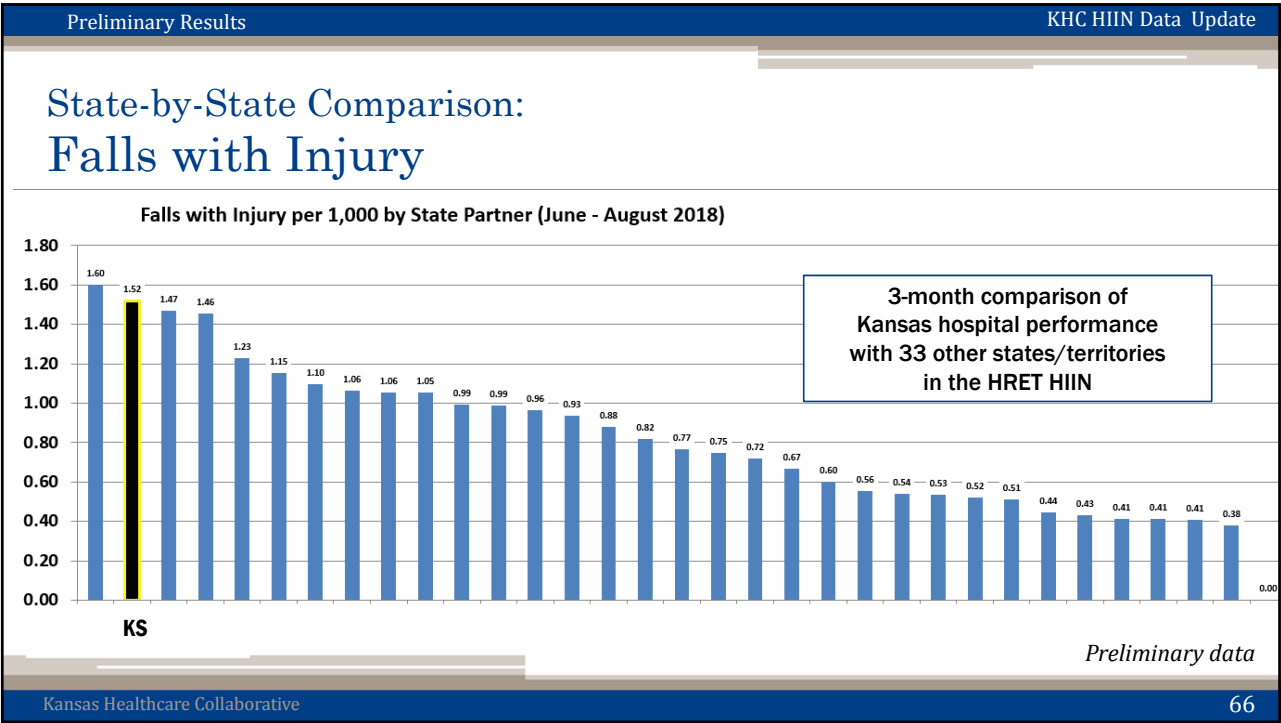
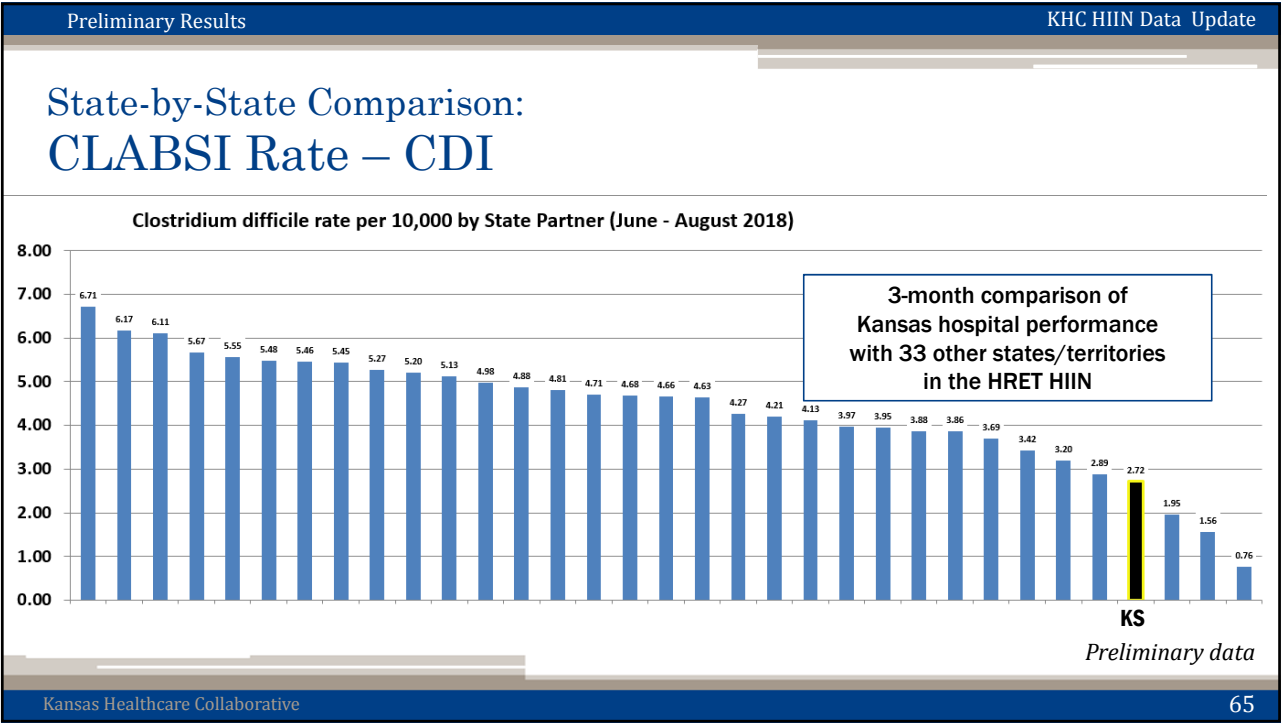
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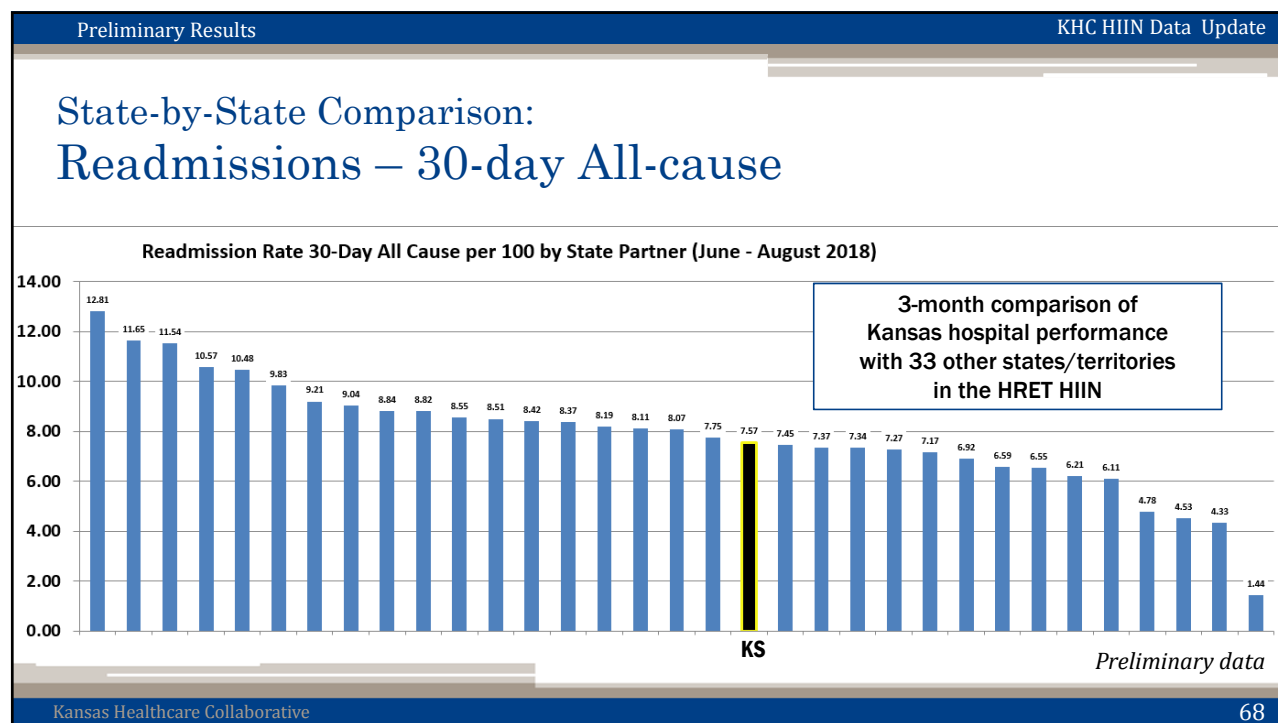
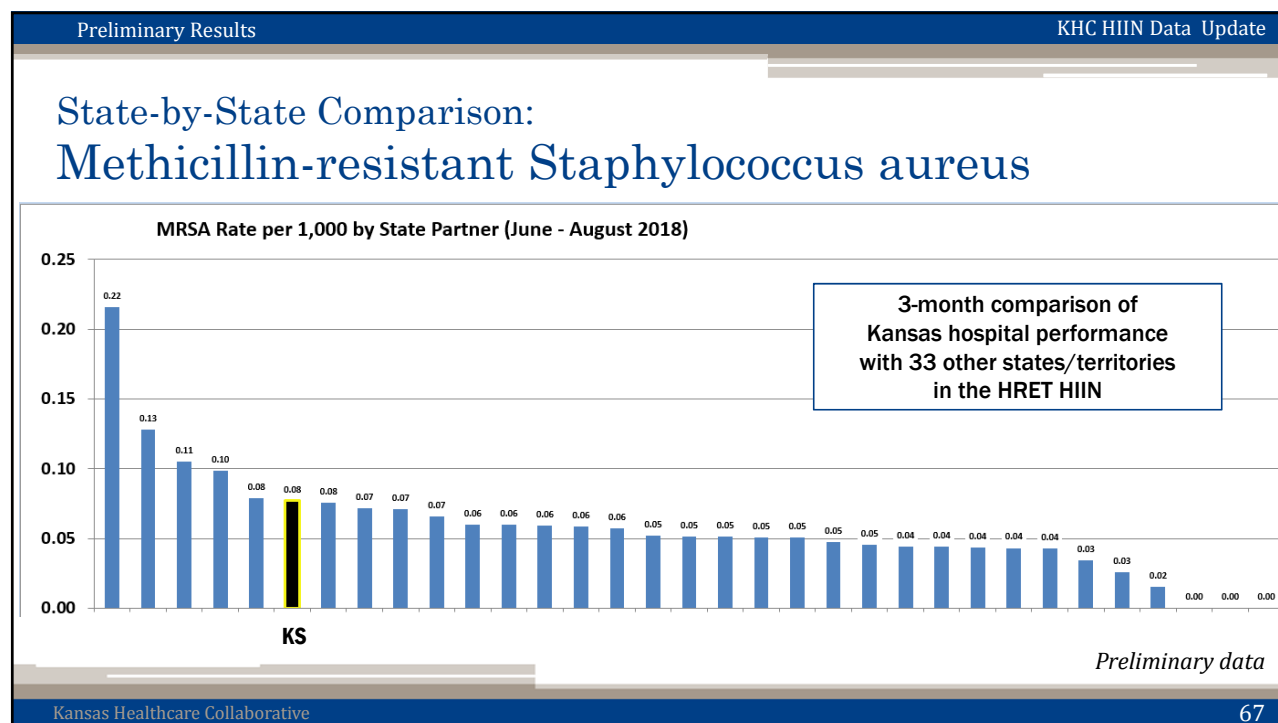


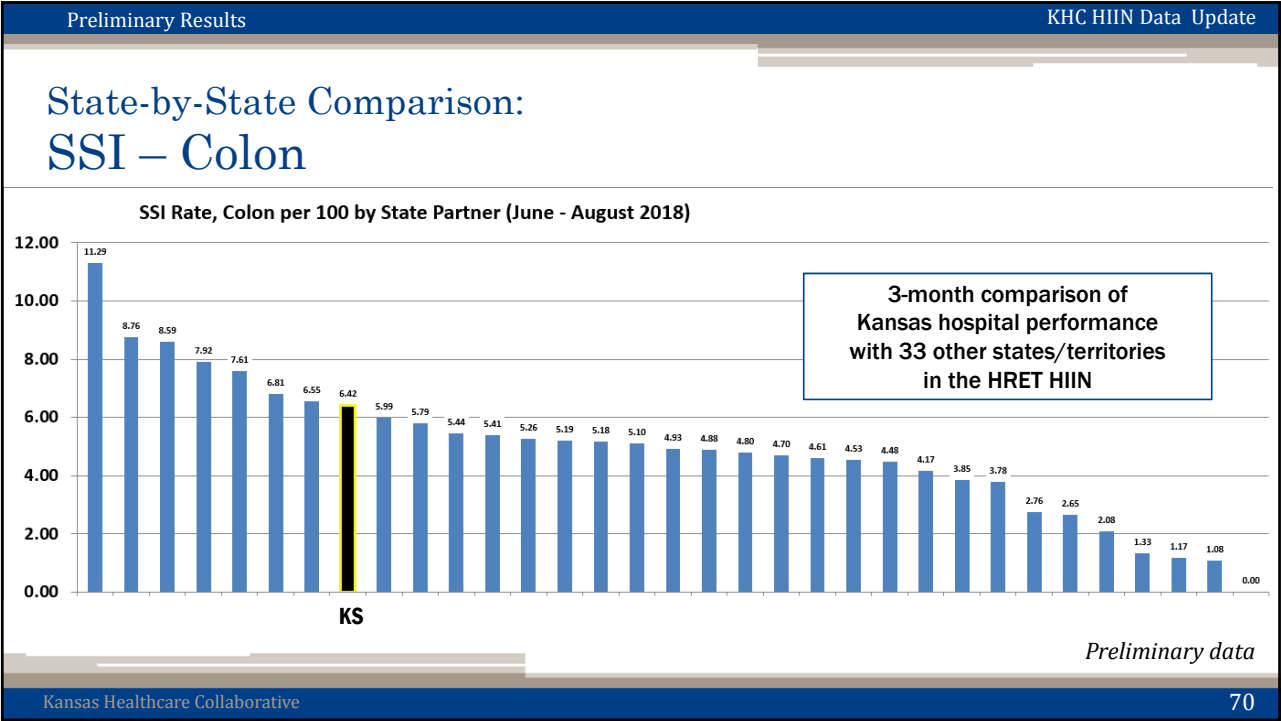
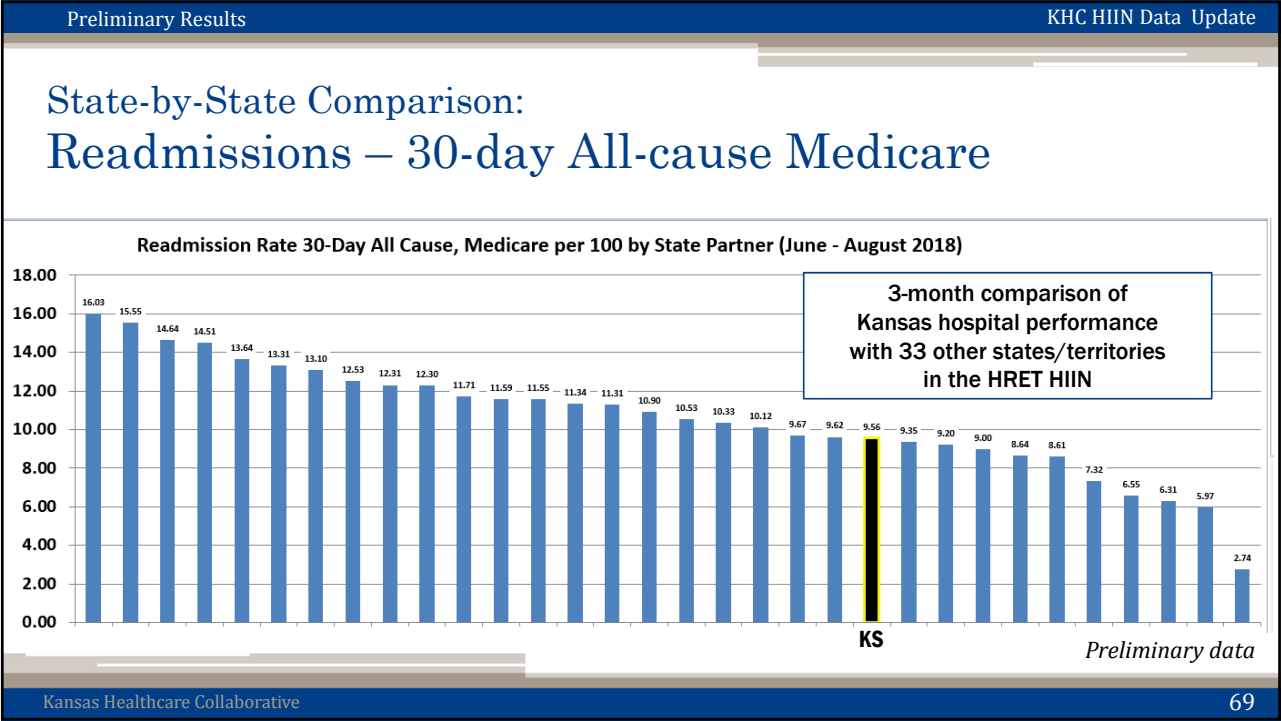


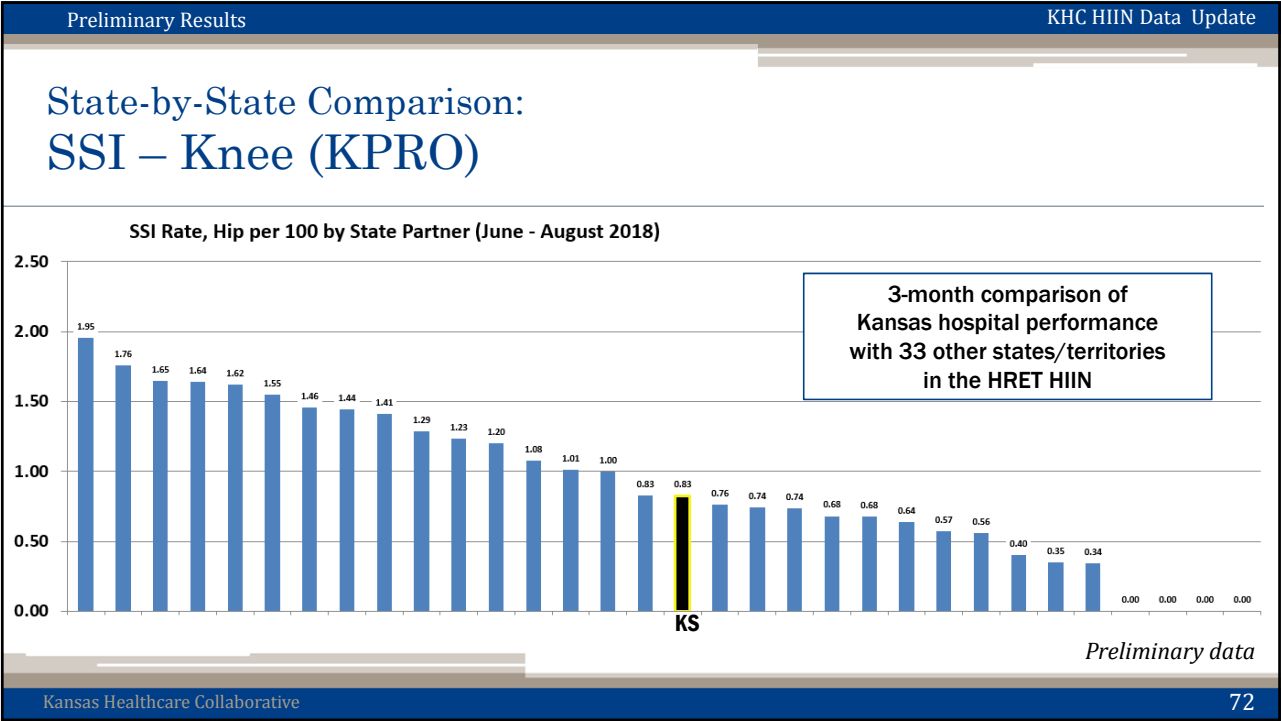
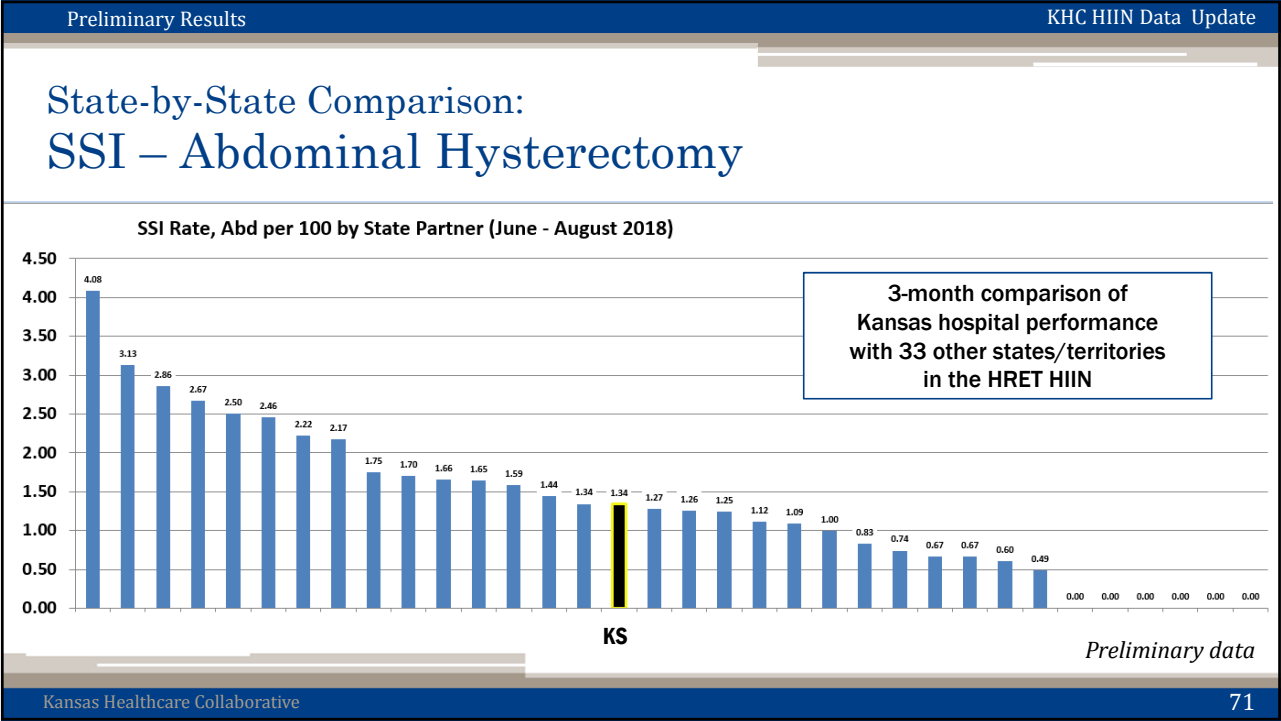


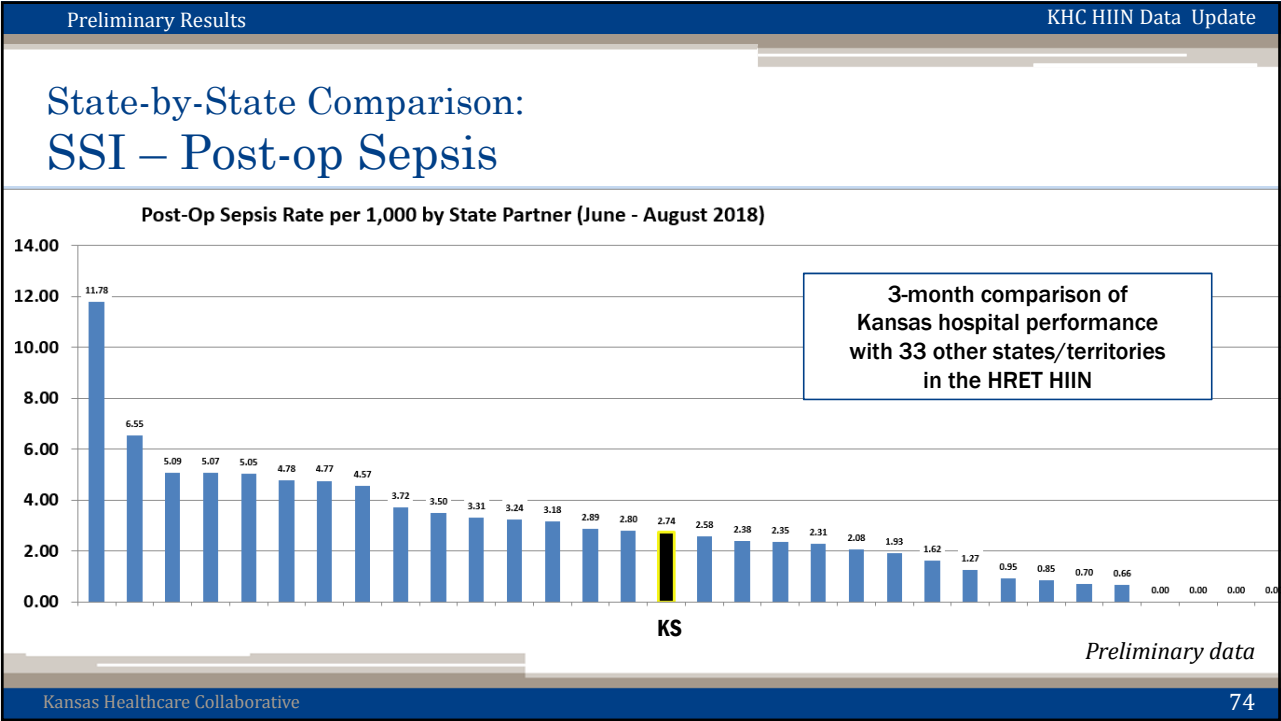
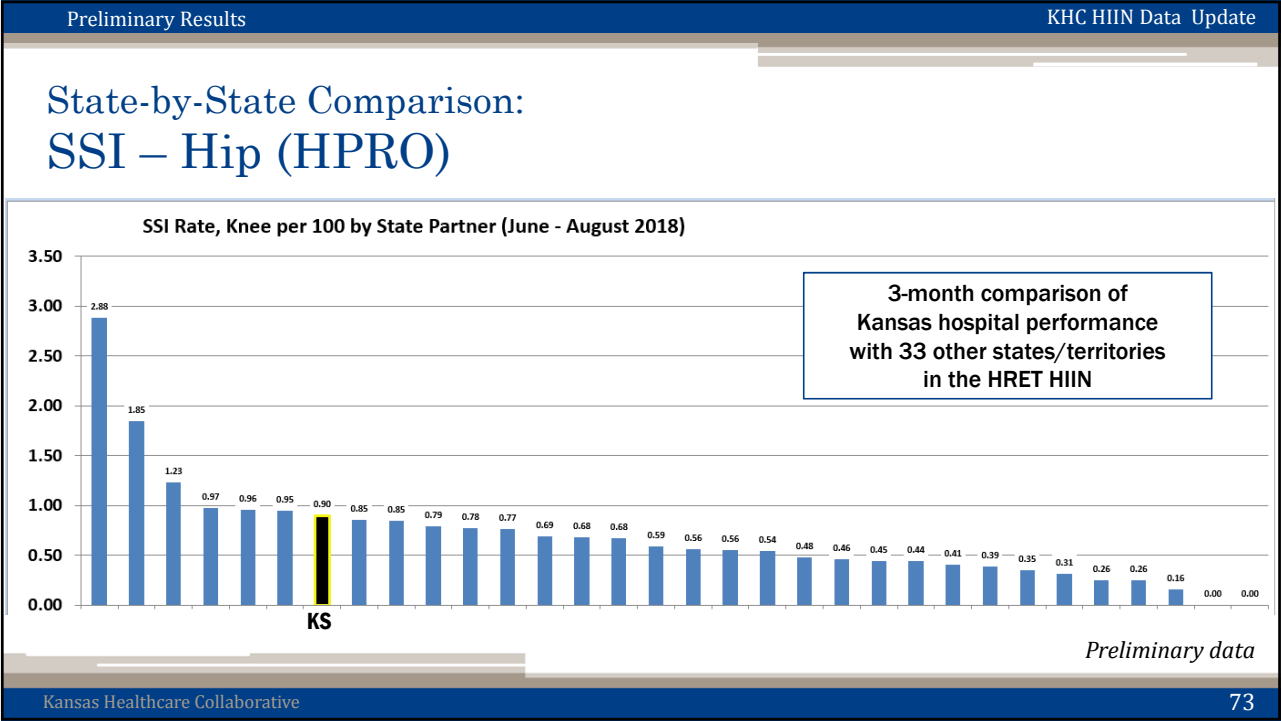


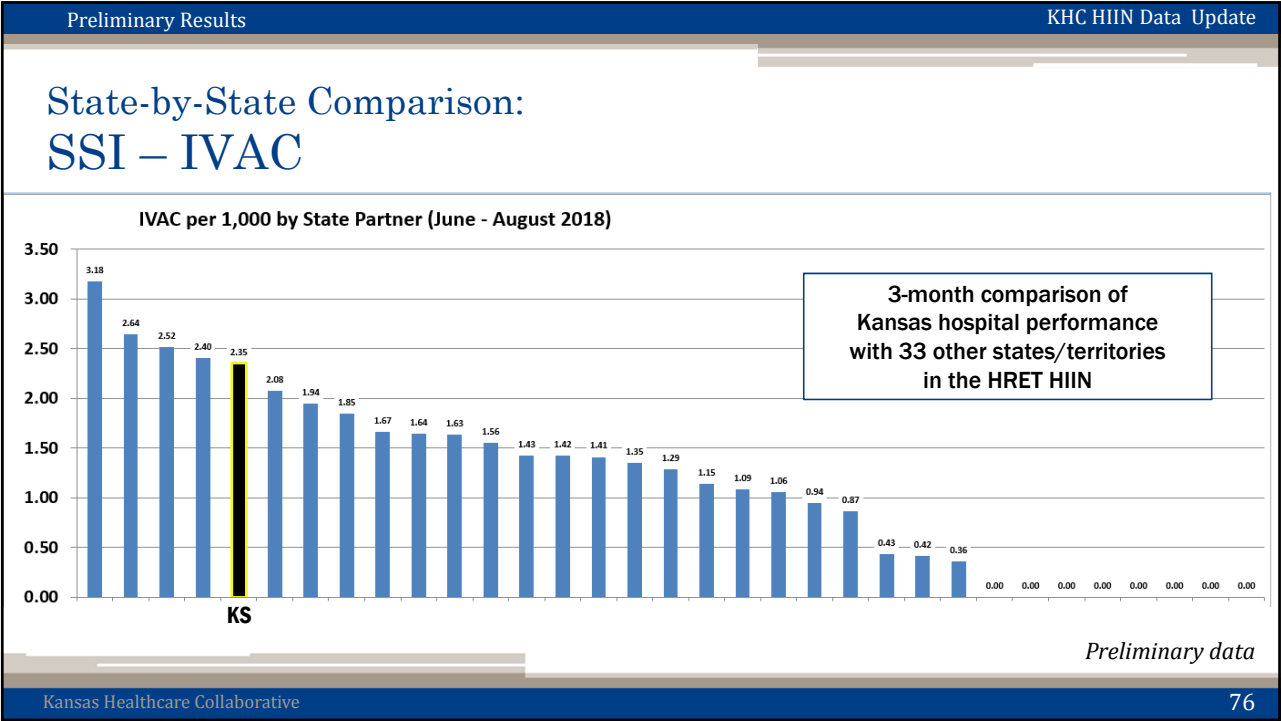
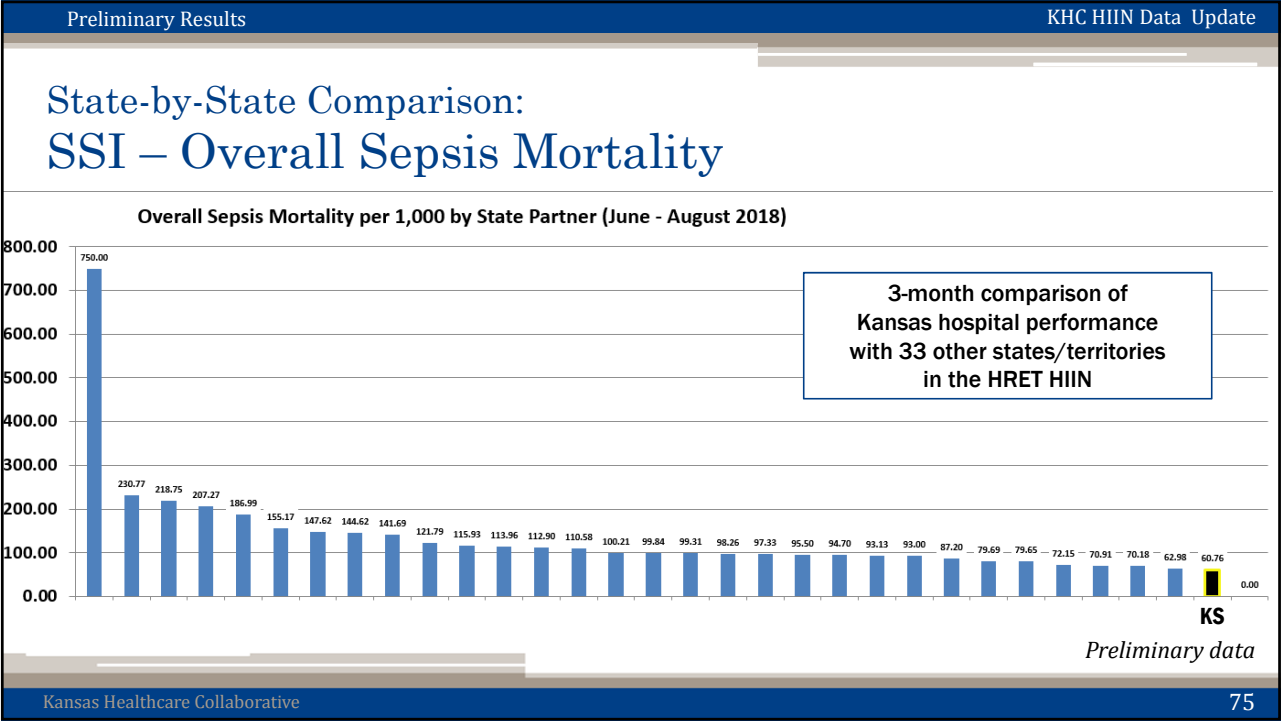












HIIN Data Schedule		
Kansas HIIN - Data Submission Schedule		
Outcome & Process Measures for HACs occurring in:	Readmissions for index discharges in, and SSI for procedures performed in:	Submission Due
March, 2018	February, 2018	April 30, 2018
April, 2018	March, 2018	May 31, 2018
May, 2018	April, 2018	June 30, 2018
June, 2018	May, 2018	July 31, 2018
July, 2018	June, 2018	August 31, 2018
August, 2018	July, 2018	September 30, 2018
September, 2018	August, 2018	October, 2018
October, 2018	September, 2018	November, 2018
November, 2018	October, 2018	December, 2018
December, 2018	November, 2018	January 31, 2019
January, 2019	December, 2018	February 28, 2019
February, 2019	January, 2019	March 31, 2019

KHC HIIN – January 23, 2019

Resources and Upcoming Events

Chuck Duffield

Performance Improvement Manager

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Kansas Healthcare Collaborative

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Upcoming Events

Upcoming Falls Sprint Webinars

KHC HIIN: [Falls Prevention Sprint - Session #4](#)
January 24, 2019 ● 10:00am - 11:00am
Information: [Click Here](#)
Contact Michele Clark, mclark@khconline.org or call (785) 235-0763 x1321.

KHC HIIN: [Falls Prevention Sprint - Session #5](#)
February 28, 2019 ● 10:00am - 11:00 am
Information: [Click Here](#)
Contact Michele Clark, mclark@khconline.org or call (785) 235-0763 x1321.

KHC HIIN: [Falls Prevention Sprint - Session #6](#)
March 21, 2019 ● 12:30pm - 1:30pm
Information: [Click Here](#)
Contact Michele Clark, mclark@khconline.org or call (785) 235-0763 x1321.

See more Kansas events at
<https://www.khconline.org/events/full-events-list>

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Announcements


SOAP UP

↑↓


HAND HYGIENE

KHC HIIN Hand Hygiene Collaborative

Next event:
February 1, 2019
11:00 a.m. to 12:00 p.m.



QualarisAudit
Software for improving best practices



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Announcements

Cohort 4 extended!

KHC HIIN

PFA/PFAC

Collaborative

Next event:


February 5, 2019

1:00 to 2:00 p.m.

Kansas PFAC/PFA Collaborative Faculty


Tiffany Christensen

Vice President for
Experience
Innovation
The Beryl Institute



Allison Chrestensen

Principal Patient and Family
Engagement Consultant
Tandem Healthcare
Solutions



Kansas Healthcare Collaborative

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Announcements

Antimicrobial Stewardship:
Patient Education Resources

#UseAntibioticsWisely

Download at:

UseAntibioticsWisely.org

Or request laminated copies:

Phil Caution

KHC Communications Director

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11" x 17"

Poster


DO YOUR PART
TO REDUCE
ANTIBIOTIC
RESISTANCE

Antibiotic resistance is a major threat to public health—and it is only getting worse. It's caused by overuse and misuse of antibiotics. We are all part of the problem. We must all be part of the solution.


Know the facts.




Before antibiotics, simple bacterial infections could kill.




Penicillin was discovered just 50 years ago but antibiotic effectiveness is already under threat from microbes.




Antibiotics don't work for all infections. They only work on bacteria. NOT all diseases are caused by bacteria and not all "bugs" are bugs for the bug!




Clean and don't mean you need antibiotics.




Overuse and misuse of antibiotics leads to antibiotic resistance.




Taking antibiotics when they are not needed can do more harm than good. Don't take antibiotics unless your doctor tells you to.




Sharing antibiotics and using leftover antibiotics can increase antibiotic resistance.




They use antibiotics a lot. Antibiotic resistance is not just a human problem. Antibiotic-resistant bacteria can be transferred to humans, including from pets to humans.




Overusing time antibiotics is not enough. It's about how you use them. Don't take antibiotics unless your doctor tells you to.



Antibiotic resistance is already impacting our health. Antimicrobial resistance is a global health threat. Hospital and community antibiotic use is a major driver of antibiotic resistance.



If we don't fight antibiotic resistance, by 2050 up to 10 million people may die each year from untreatable infections.



Reducing antibiotic resistance is everyone's responsibility. Doctors and patients.

WHAT YOU CAN DO

1

I will ask for antibiotics for only what I need and for as long as I have no effect on illness.

2

I understand that antibiotics should not be used unless necessary. I will follow my doctor's instructions.

3

I will only take antibiotics when my doctor has prescribed them.

4

I understand that it is possible to become antibiotic-resistant bacteria to others.

5


I will keep my pet to prevent the spread of bacteria by washing my hands thoroughly.

6


I will spread the word to others about antibiotic resistance. #UseAntibioticsWisely

More info and resources at:

UseAntibioticsWisely.org



Healthcare-Associated Infections
& Antimicrobial Resistance Program



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Antimicrobial Stewardship:
Patient Education Resources



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Top 5
Patient flyer

TOP 5 Questions you can ask your healthcare provider about ANTIBIOTICS:


1 "Do I really need an antibiotic?"

"Can I get better without this antibiotic?" 2

3 "What side effects or drug interactions can I expect?"

"What side effects should I report to you?" 4

5 "How do you know what kind of infection I have? I understand that antibiotics won't work for viral infections?"




This material was prepared by the Great Plains Quality Improvement Network, the Midwestern Quality Improvement Organization for Kansas, Nebraska, North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. This document is provided as a courtesy and does not constitute a contract. L22196-01018-01-02-00-0121238

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Top 5

Questions you can ask your healthcare provider about Antibiotics

1. "Do I really need an antibiotic?"

2. "Can I get better without this antibiotic?"

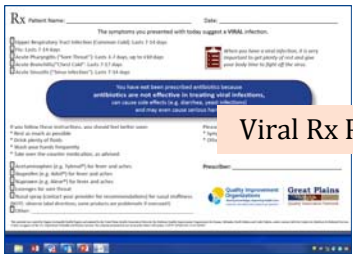
3. "What side effects or drug interactions can I expect?"

4. "What side effects should I report to you?"


5. "How do you know what kind of infection I have? I understand that antibiotics won't work for viral infections?"

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Top 5
Wallet Card



Viral Rx Pads



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Upcoming Events

Recent Webinars and Events

- December 19, 2018 - KHC HIIN Webinar
Workplace Violence
 - Webinar recording (60 min.) | Presentation handout (pdf)
- December 13, 2018 - KHC HIIN Falls Prevention Sprint - Session #3
 - Webinar recording | Presentation handout (pdf)
- November 28, 2018 - KHC HIIN Webinar
Accelerating Progress on Disparities
 - Webinar recording
 - Presentation handout (pdf)
 - HRET HIIN Health Equity Metric Coaching Guide

See KHC HIIN Education Archive at
<https://www.khconline.org/initiatives/hiin/education/khc-hiin-past-educational-events>

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Upcoming Events

Upcoming KHC Webinars

KHC HIIN: Monthly Virtual Meeting

February 27, 2019 ● 10:00am - 11:00am

March 27, 2019 ● 10:00am - 11:00am

Information: <https://www.khconline.org/events/hiin-events>

Contact Chuck Duffield, cduffield@khconline.org or call (785) 235-0763 x1327.


See more KHC events at
<https://www.khconline.org/events/full-events-list>

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Feedback

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

<https://www.surveymonkey.com/r/KHC-HIIN-01232019>



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For more information:
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