KHC Hospital Improvement Innovation Network

October 24, 2018
10 to 11 a.m. CT

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

Agenda

• Welcome and Announcements
• HIIN Data Update
• Introduction to New KHC HIIN Falls Prevention Sprint
• Resources
• Upcoming Events
Introductions

Special Guest

Jackie Conrad, BSN, MBA
Improvement Advisor
Cynosure Health, Inc.
jconrad@cynosurehealth.org

Kansas Healthcare Collaborative

Michele Clark
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mclark@khconline.org

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Data and Measurement Director
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#UseAntibioticsWisely Week — Nov. 12-18

KDHE and KHC have developed a statewide campaign for this awareness Week.

Resources are available to engage others through social media, display of posters, outreach to media and others.

Download them all for free at:
→ KHConline.org/antibiotics
Hospital Antimicrobial Stewardship Program

How are your action plans coming along?

Check-in Calls available soon – Watch your email for an invitation to visit briefly on the phone with KDHE and KHC.

#FightFlu

CDC recommends everyone* 6 months and older be vaccinated by the end of October.

Encourage others to get their shots by posting pics of your team getting theirs.

Connect with KHC:
→ facebook.com/KHCqi
→ twitter.com/KHCqi

*with rare exception
Yes! **Cohort 4 is Continuing!**
Through March 2019

New focus in tracks during the 6-month extension:

**Track 1: Back-to-Basics or “Reboot”**
*For staff leaders needing back-to-basics instruction for working with patient and family advisors*

**Track 2: Mini-fellowship**
*For hospital teams already working with PFAs*

Hospitals from earlier cohorts are welcome to rejoin us. Individuals/hospitals that have not been in the collaborative before may be interested in Track 1.
Preliminary Schedule

- **Oct. 22** – Virtual Session (1 to 2 pm CT)
  Intro to Collaborative extension, next-step assignments
- **Nov. 12** – *Back to Basics* Session for Track 1
  1 to 2:30 pm CT  [REGISTER HERE]
- **Dec. 4** – Virtual Session (1 to 2 pm CT)
- **Jan. 8** – Virtual Session (1 to 2 pm CT)
- **Feb. 5** – Virtual Session (1 to 2 pm CT)
- **March 5** – Virtual Session (1 to 2 pm CT)

Resources

- Action Plan
- Coaching Calls with Faculty
- Online Instructional Videos
- Virtual learning/sharing sessions
- Kansas PFAC List-serv
- PFA/PFAC Collaborative Living Toolkit
- Private KHC HIIN Web Page
Next Steps

ALL:
- Consider which track is best for you and sign up today!
  https://www.surveymonkey.com/r/KHC-HIIN-PFAC-C4-Ext-Signup

Track 1:
- Sign up for Nov. 12 webinar REGISTER HERE
- Sign up for coaching call
- Submit action plan. (Faculty is available to work on it with you during coaching call.)

Track 2:
- Sign up for Dec. 14 webinar
  (Link will be sent via PFAC list-serv)
- Develop action plan with your team
- Submit action plan by Nov. 21.

KHC HIIN Data Update

- Extension Period Changes
- Reports Poll
- Data submission schedule

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Extension Period (10/2018 – 03/2019)

- Encyclopedia of measures update: pending
- New Measure: PVAP
  [https://www.cdc.gov/nhsn/PDFs/pscManual/10-VAE_FINAL.pdf](https://www.cdc.gov/nhsn/PDFs/pscManual/10-VAE_FINAL.pdf)
- Changes to Baselines
  - Falls w/ injury
  - C. difficile rate
  - SSI (colo, hyst, kpro, hpro)
  - VAE rate

Quarterly Activities Survey

*Watch for link in early November!*

- Patient and Family Engagement (PFE)
  - No changes in the metrics.
    - CMS and HRET aim for all HIIN hospitals to have implemented at least 4 of 5 metrics by March 2019
- Governance
  - Dropping from survey
- Health Disparities
  - Modified, shortened
## Health Disparities Metrics (Y/N)

<table>
<thead>
<tr>
<th>Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital provides workforce training regarding the collection of self-reported patient demographic data.</td>
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<tr>
<td>Hospital verifies the accuracy and completeness of patient self-reported demographic data.</td>
</tr>
<tr>
<td>Hospital stratifies patient safety, quality and/or outcome measures using patient demographic data.</td>
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<tr>
<td>Hospital uses a reporting mechanism (e.g., equity dashboard) to communicate outcomes for various patient populations.</td>
</tr>
<tr>
<td>Hospital implements interventions to resolve differences in patient outcomes.</td>
</tr>
<tr>
<td>Hospital has organizational culture and infrastructure to support the delivery of care that is equitable for all patient populations.</td>
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</tbody>
</table>

* Subject to change (10/2018)
Polling Question #1

Which HIIN data reports do you find useful? (check all that apply)

- Data analytic report
  *(detailed data report with run charts)*
- Side-by-Side Report
  *(peer comparison)*
- Monitoring report
  *(tracking data submission)*
- All are useful
- None are useful

Polling Question #2

Which HIIN reports are used by leadership?

- Data analytic report
  *(detailed data report with run charts)*
- Side-by-Side Report
  *(peer comparison)*
- Monitoring report
  *(tracking data submission)*
- All are useful
- None are useful
- N/A
Polling Question #3

Is it important to send a preliminary AND final version of the report package each month?

- One per month is fine
- Having a preliminary before final is useful
- Do not use
- N/A
Welcome to the KHC HIIN Falls Sprint

• Our Goals
  • Create a learning community
  • Support ACTION!
    • Testing
    • Innovation
    • Sharing
Ideas for Action

- Mobility practices
  - Heels for meals
  - Mobility assessment
  - Mobilization communication tools and practices
- Strengthen PFE
  - Teach-back for Falls tools
  - Bedside Handoffs
  - Post-fall huddle at the bedside

Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>October 1-31</td>
<td>Enrollment</td>
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<tr>
<td>October 24</td>
<td>Introduction and kick-off webinar</td>
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<tr>
<td></td>
<td>Introduction to Falls Discovery Tool, Creating a Culture of Mobility</td>
</tr>
<tr>
<td>November 30</td>
<td>Learnings from using Falls Discovery Tool, Develop AIM, Plan PDSA</td>
</tr>
<tr>
<td>December 13</td>
<td>PDSA Learnings and intro to Teach-back</td>
</tr>
<tr>
<td>January 24</td>
<td>PDSA Learnings and intro to post-fall huddles</td>
</tr>
<tr>
<td>February 28</td>
<td>PDSA Learnings and next steps</td>
</tr>
<tr>
<td>March 22</td>
<td>Wrap up and celebration!</td>
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</tbody>
</table>

KHC HIIN Falls Sprint
Measuring Success

Outcome:
- HIIN Falls with Injury Measure

Processes:
- Completion of monthly PDSA cycles
  (Brief feedback via SurveyMonkey and/or KHC check-in calls)
- Development of a SMART aim statement for preventing falls with injury
- Share a summary of your experience and learnings
  (Completion of brief summary template)

KHC HIIN Falls Sprint

Falls Process Improvement Discovery Tool

- 2 Methods - Chart Audit and Observations
  - Chart Audit / RCA
  - Tracer Observations
    - Observe a post fall huddle
    - Observe a bedside handoff
    - Ask staff about toileting practices, observe call light
  - Bedside Observations
    - Are delirium prevention strategies in place?
    - Are tripping hazards observed
    - Is toilet room safe?
KHC Hospital Improvement Innovation Network

October 24, 2018

KHC HIIN Falls Process Improvement Discovery Tool

Instructions: Review 5 - 10 charts over the past 12 months. Focus on Falls with Injury as priority, use falls without injury if 15 falls are not available in past 12 months.

Note: Do NOT spend more than 20-30 minutes per chart.

Process to evaluate in chart audit:

1. X Was the patient screened for falls seriously and recorded?
   - X fall_mediated after protocol needs updated

Factors that may have contributed to the fall and delirium:

- Patient had received medications that could contribute to delirium: Sedatives, hypotensives, anticholinergics
- Fall on gown 1 to 3 prior to fall
- v. 5. latent at falls and falls

Individualized Care Planning Processes

- X Process failure

Bedside Handoff:
- Do staff engage the patient in determining what was different during the transfer?
- Do staff review current and anticipated care plans?

Bedside and Unit Observation:
- Are staff engaged in the patient's care during the transfer?
- Are staff reviewing the patient's current and anticipated care plans?

Observations:
- Observation 1: Observation 2: Observation 3: Observation 4:

Process Observations:

- Does the patient need assistance with mobility or transfers?
- Does the patient require extra care and assistance?

Post Fall Huddle:
- Was the patient engaged in determining what was different during the transfer?
- Was the patient engaged in determining what was different during the transfer?

Kansas Healthcare Collaborative
14
Creating a Culture of Mobility

Progressive Mobility as a Cross Cutting Strategy

Time for Change

“One crucial organizational action is to recognize that zero falls can only be achieved by unacceptable restrictions of the patient’s privacy, dignity and autonomy.” Oliver, Healey and Haines 2010:683

The Frances Healey Reader: Key ideas and references
Cumulative impact of immobility on quality of life

- “New Walking Dependence” occurs in 16-59% in older hospitalized patients (Hirsh 1990, Lazarus 1991, Mahoney 1998)
- 65% of patients had a significant functional mobility decline by day 2 (Hirsh 1990)
- 27% still dependent in walking 3 months post discharge (Mahoney 1998)
- Immobility contributes to delirium. The presence of delirium increase risk for LTC placement by 300%

Where are you?

Where is your unit / organization on the mobility continuum?

0                                5                                  10

Patient s stay in bed            Some mobility Inconsistent     Patients walk 3xD in halls
Non-pharmacological Delirium Interventions

- Meta-analysis of 14 studies showed a 62% reduction in falls when multicomponent non-pharmacological delirium interventions were in place.

- Most interventions were centered around:
  - Early mobilization (OOB for meals and ambulation);
  - Vision and hearing interventions;
  - Orientation protocol (such as white boards);
  - Therapeutic activities (mentally stimulating ≠ entertainment!);
  - Sleep enhancement protocol (in place when delirium order sets are activated).

Sample delirium prevention activities

- Lights on
- Shades up
- Aids in - glasses, hearing aid
- Walk three times a day
- Stimulating activities
  - AM:
    - Teeth brushed
    - Face washed
    - Up for breakfast
  - Evening
    - Teeth brushed
    - Face Washed
Early Progressive Mobility

Injuries from Falls  HAPI/U  Delirium  CAUTI  VAE  VTE  Readmission  Worker Safety

GET - UP

It’s Simple

If they came in walking, keep them walking.
What is progressive mobility?

- Progressive mobility is defined as a series of planned movements in a sequential matter beginning at a patient’s current mobility status with goal of returning to his/her baseline
  (Vollman 2010)


Teaming Up to Mobilize

**Med Surg**
- Sitters
- Family members
- PT assistant / mobility tech
- Transporters
- Rehab

**ICU**
- Intensivist
- Respiratory
- Rehab
- Pharmacy

**Unusual Suspects**
- Materials management and Environmental Services - clutter rounds, equipment maintenance
- Facilities - for environmental factors
MUST DO's

1. Walk in, walk during, walk out!
2. Grab and go mobility devices
3. Three laps a day keeps the nursing home away!

GET-UP MUST DO’S!
MUST DO #1
Walk In, Walk During, Walk Out!

- Determine pre-admission ambulation status
- Don’t assume a frail appearance means weakness
- Use Get Up and Go or BMAT test to assess ambulation skills
Get Up and Go Test

Stand without using arms → walk 3 m → turn around 180° → walk back

Pathologies/gait abnormalities
- Stagger/3 steps in 180° turn = poor postural control
- Proximal weakness = proximal weakness
- Postural control

Fig. 4. The Get Up and Go test.

Banner Mobility Assessment Tool for Nurses (BMAT) video

Always default to the tallest lifting/transfer method (e.g., total lift) if there is any doubt in the patient’s ability to perform the task.
**Mobility begins on admission**

<table>
<thead>
<tr>
<th>Tier Level</th>
<th>Defining Characteristics</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier 1: Nonambulatory</strong></td>
<td>Patients who • require more than a one-person assist for ambulation/transfer • are unable to maintain weight on their lower extremities • require any form of lift equipment</td>
<td>Active range-of-motion exercises • ankle pumps • bed slids • Hip abduction • quad sets • shoulder flexion Passive range-of-motion exercises • ankle dorsiflexion • Hip flexion • Hip abduction • shoulder flexion Sit on side of bed Get out of bed and into a chair with appropriate equipment</td>
</tr>
<tr>
<td><strong>Tier 2: Ambulatory</strong></td>
<td>Patients who • are able to ambulate independently • require a one-person assist with ambulation</td>
<td>Ambulate with or without assistance in the hallway as tolerated Get out of bed and into a chair for all needs</td>
</tr>
</tbody>
</table>

*To be performed these three times a day (in accordance with a patient’s ability)*


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**MUST DO #2**

**Grab and Go Mobility Devices!**

- Gait belts in every room*
- Patients and staff have access to mobility devices
- Safe mobilization and patient handling training for staff

Gait belts are used to help control the patient’s center of balance.

*with the exception of rooms for behavioral health patients*
Safe Patient Handling & Mobility Training

Safe Patient Handling
- Use of equipment - lifts, lateral devices
- Assisting bed activities
- Lifting limits - not > 35 lbs
- Use SPH coaches when lifts used
- How to avoid friction / shear

Mobility Training
- Assessing ambulation skills
- Use of gait belts
- Control of a fall
- Assisting with ambulation
- Screening for correct fit of mobility aid
- Special populations:
  - Hip precautions
  - Hemiplegia
  - Parkinson’s

MUST DO #3
3 Laps a Day, Keeps the Nursing Home Away!
Make it visible

• Get the Docs involved!
• Engage patients and families

Bedside Sign

Get Up...Get Moving....Get Better!

Day: ________________

GOAL: 3 Walks

Goal: Up to Chair 3x

Facing the Facts about Mobility

Mobility interventions are regularly missed

► Nursing perceptions
  ▶ Lack of time
  ▶ Ease of omission
  ▶ Belief it is PTs responsibility

► Survey results
  ▶ Concern for patients level of weakness, pain and fatigue
  ▶ Presence of devices - IVs and Urinary Catheters
  ▶ Lack of staff to assist

► What Helps?
  ▶ Rehab and Nursing face-to-face bedside handoffs or safety huddles

Tips for Promoting Mobility

- Order Modifications
  - Delete orders for
    - Bedrest
    - Ad lib
  - Replace with specific orders
    - Times, activities, distance
  - Mobility orders to flow to task list
- Build Documentation Fields - centralize
- Collect data - examples
  - Total # of feet ambulated a day documented by RNs
  - Total % of eligible pts ambulated twice by 3pm
  - Total % of eligible patients up in chair for lunch

More Tips - Building a Culture of Mobility

- Integrate mobility status and goal into clinical rounds
- Engage a Physician Champion
- Rename the Falls Team a Safe Mobility Team
Mobilizers

- Repurpose current roles
  - Replace sitters with a mobility aide
  - Train sitters to ambulate patients
  - Create mobility tech role - reallocate transporters, safe patient handling coaches, nursing assistants

Case Study: Franciscan Michigan City, IN
- 3 mobility trained nursing assistants
  - 70% reduction in HAPI
  - 40% reduction in worker back injuries
  - -45% reduction in RN turnover
  - 43% reduction in readmission
  - 39% reduction in d/c to SNF

Case Study: John Hopkins MICU
- ICU rehab program
  - 10% reduction in mortality
  - 30% (2.1 day) reduction in MICU LOS
  - 18% (3.1 day) reduction in hospital LOS

Progressive mobility can reduce patient harm, employee injuries and LOS
Fresh Ideas: Falls: What to STOP doing to START improving

Resources

Tools to Test:

- HRET HIIN Falls Discovery Tool
- Progressive Mobility Tools
- Banner Mobility Assessment Tool for Nurses (BMAT) video and Tool
- Timed Get up and Go Test
- Get Up and Go Test
- Project HELP Mobility Change Package - multiple tools included
- Med Surg Mobility Protocol
- ICU Mobility Protocol

KHC HIIN Falls Sprint
Resources - future topics

Tools to Test:

- Patient Family Engagement Focused Tools
  - Teach Back Tool for Fall Prevention
  - Fall Tips for Patient and Families Handout

- Post-fall huddle
  - CAPTURE Falls mobility training videos, mobility tools - includes Post Fall Huddle training videos and documentation tools

KHC HIIN Falls Sprint

Resources

Collaborative Tools:

- Monthly Virtual Learning Sessions
- List-serv
- Subject Matter Expert - Coach Jackie

Jackie Conrad, BSN, MBA
Improvement Advisor
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jconrad@cynosurehealth.org

KHC HIIN Falls Sprint
We hope you will join us.

Easy, online sign-up:
https://www.surveymonkey.com/r/KHC-HIIN-Falls-Sprint

Sprint Session #2 will take place Nov. 30.

Your Assignments

1. Sign up for the Falls Sprint.
2. Pre-register for Session #2.
3. Briefly review 5-10 charts using the Discovery tool. (20 minutes ea.)
4. Email a copy of your completed tool to KHC by Nov. 15:
   info@khconline.org
Session #2 – November 30
10 to 11 am CT

Hospital Learnings from Falls Process Improvement Discovery Tool

- Hospitals share insights from using the Discovery Tool.
- Review of developing a SMART aim statement and conducting PDSA cycles.
- Review Top 10 Checklist for fall prevention.
- Select one strategy to implement using PDSA.

*Sprint Session #2 follow-up assignments:*
- Conduct up to five bedside observations.
- Write a SMART aim statement.

KHC HIIN Falls Sprint
Resources and Upcoming Events

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KHC HIIN Hand Hygiene Collaborative

Enrollment is still open!

The KHC’s Hand Hygiene Collaborative is offered to help hospitals track and improve hand hygiene within their facilities. Participation includes easy-to-use, mobile software provided at no cost to each hospital for observation-based measurement.

Next collaborative learning session will be held
Friday, November 9, at 11 a.m. CT.

For more information, visit:
www.khconline.org/initiatives/hiin-initiatives/hand-hygiene-collaborative
HRET HIIN Falls Resources

- 2018 Change Package
- Top Ten Checklist
- Teach-Back Tool
- STOP to START Improving Fall Injuries

Use Antibiotics Wisely Week

- When: November 12 - 18, 2018
- Resources and posts to share at: UseAntibioticsWisely.org
  Or contact KHC for more info.
## Upcoming Events

### Upcoming Webinars

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Date</th>
<th>Time</th>
<th>Register here</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRET and CMS: Mapping Medicare Disparities</td>
<td>October 25</td>
<td>12:00 - 1:00pm</td>
<td><a href="http://hret.adobeconnect.com/health-disparities-20181025/event/registration.html">http://hret.adobeconnect.com/health-disparities-20181025/event/registration.html</a></td>
</tr>
<tr>
<td>HRET HIIN: MDRO Discovery and Direction Series: Organizational Risk Assessment</td>
<td>November 1</td>
<td>1:00 - 2:00pm</td>
<td><a href="http://hret.adobeconnect.com/mdro-20181101/event/registration.html">http://hret.adobeconnect.com/mdro-20181101/event/registration.html</a></td>
</tr>
<tr>
<td>HRET HIIN: Readmissions MVP Webinar #2</td>
<td>November 9</td>
<td>11:00am to 12:00pm</td>
<td><a href="http://hret.adobeconnect.com/readmissions-20181109/event/registration.html">http://hret.adobeconnect.com/readmissions-20181109/event/registration.html</a></td>
</tr>
<tr>
<td>HRET HIIN: Falls Delirium Fishbowl – Session #2</td>
<td>November 15</td>
<td>11:00am - 12:00pm</td>
<td><a href="http://hret.adobeconnect.com/falls-20181115/event/registration.html">http://hret.adobeconnect.com/falls-20181115/event/registration.html</a></td>
</tr>
</tbody>
</table>

All times listed are Central Time.

See more HRET HIIN events at [www.hret-hiin.org/events/index.dhtml](http://www.hret-hiin.org/events/index.dhtml)
Upcoming KHC Webinars

**KHC HIIN: Hand Hygiene Collaborative**  
**November 9 ● 11:00am to 12:00pm**  
Contact Chuck Duffield (cduffield@khconline.org) for webinar registration info.

**KHC HIIN: Kansas PFAC Collaborative – Back to Basics Session**  
**November 12 ● 1:00 - 2:30pm**  
Track 1 Register here: [https://khconline.adobeconnect.com/pfac-track1-11-12-2018/event/registration.html](https://khconline.adobeconnect.com/pfac-track1-11-12-2018/event/registration.html)

**KHC HIIN: Monthly Virtual Meeting**  
**November 28 ● 10:00 - 11:00am**  

**KHC HIIN: Falls Prevention Sprint – Session #2**  
**November 30 ● 10:00 - 11:00am**  

*See more Kansas events at [https://www.khconline.org/events/full-events-list](https://www.khconline.org/events/full-events-list)*

Please provide feedback to this webinar  
Let us know your next steps.  
[https://www.surveymonkey.com/r/KHC-HIIN-102418](https://www.surveymonkey.com/r/KHC-HIIN-102418)
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For more information:

→ KHConline.org

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