KHC Hospital Improvement Innovation Network

October 25, 2017
10 to 11 a.m.

Agenda

• Welcome and Announcements
• Measures & Data Update
• Antimicrobial Stewardship
• Discussion / Q&A
• Resources
• Upcoming Events
Presenters

**Kansas Healthcare Collaborative**
- Michele Clark, Program Director
- Rob Rutherford, Senior Health Care Data Analyst

**Kansas Department of Health and Environment**
- Bryna Stacey, MPH, BSN, RN, Director, Healthcare-Associated Infections and Antimicrobial Resistance Program

Who’s in the room?

Share with us …
- Your role, hospital and town
- If you had one wish for your antimicrobial stewardship program, what would it be?
Polling Question #1

The 2017 World Series is now underway. Which team are you rooting for?

- Houston Astros
- Los Angeles Dodgers
- It is?? I’m not so much into baseball.

Patient Safety Work is Underway in Every Corner of Kansas

120 hospitals are now in the KHC HIIN!

We welcome two new hospitals to the KHC HIIN:
- Girard Medical Center
- Kansas Medical Center
HIIN Goals

By September 2017, hospitals in the KHC HIIN will achieve 20% reduction in all-cause harm and 12% reduction in readmissions.

Connecting All the Pieces

1. Engaged CEOs
2. Hospitals engaged in Quality Improvement
3. Hospitals connected with thought leaders
4. Clear measurement priorities
Key Priorities for Year Two

**Topics**
- Falls
- Readmissions
- Sepsis
- Pressure Injury
- ADE
- CLABSI

**Overarching Initiatives**
- QI and PFE Fellowships
- Patient and Family Engagement
- Health Equity
- Culture of Safety
- Highly Reliable Organizations

**Announcements**

**HRET HIIN Roadshow**
Tuesday ● November 14 ● Salina, KS

**REGISTER TODAY | HRET HIIN ROADSHOW**

You are invited to the HRET HIIN Roadshow to network with your fellow HIIN hospitals and learn from experts in the field.

**DATE:** Tuesday, November 14
**TIME:** 8:30 a.m. — 3:30 p.m. CT
**LOCATION:** Courtyard by Marriott Salina

Register today!
https://www.surveymonkey.com/r/HRETHIINKSRoadshow

Readmissions ● Health Equity ● Peer-to-Peer Networking ● Year 2 HIIN Priorities

*Deadline for free hotel room is Saturday, Oct. 28!*
HIIN Readmissions Challenge

Take A Dive,
Interview Five

THROUGH OCTOBER 2017

- Identify 5 or more patients in the hospital that have been recently readmitted.
- Interview five patients/caregivers using the ASPIRE 2 tool.
- Aggregate interview results using the Readmission Case Review Analysis tool.
- Analyze responses for new insight regarding “why” patients soon returned to the hospital.
- Share what you learned with KHC using the hospital feedback SurveyMonkey link below.

ASPIRE 2 Tool:
www.hret-hiin.org/resources/display/aspire-tool-2-readmission-review-tool

Readmissions Case Review Analysis Tool:
www.hret-hiin.org/resources/display/readmission-case-review-and-analysis

Hospital Feedback Survey:
https://www.surveymonkey.com/r/hiin-readmissions-dive

Measures & Data Update

- Overall HIIN Progress
- Harms to go by topic
- Sepsis Measures
- New Analytic Report Items
- NHSN -> QHi Transfer
- Reporting Schedule

Rob Rutherford
Senior Health Care Data Analyst
Kansas Healthcare Collaborative
RRutherford@khconline.org
(785) 235-0763 x1326
Current Progress (as of Oct. 2)

- Overall 15% Reduction in Harm!

- Saved 54 lives and $928,000!

Milestone 5 Results

**IMPROVEMENT**

- **99%** of KHC HIIN Hospitals have met year 1 goals for at least 5 topics!

- **65%** of KHC HIIN Hospitals have met year 1 goals for at least 8 topics!

**DATA SUBMISSION**

- **86%** submitted data through May (April for Readmissions)
Falls with Injury

Pressure Ulcers Stage 2+
Readmissions (All Cause)

Harms to go

- How many harms does the KHC HIIN need to prevent each month to reach our 20/12 reduction goals?
Harms to Prevent before May 2018

Preliminary Results

<table>
<thead>
<tr>
<th>Harm</th>
<th>HIIN Progress to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE Anticoag</td>
<td>42</td>
</tr>
<tr>
<td>ADE Hypo</td>
<td>-25</td>
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<tr>
<td>ADE Opioid</td>
<td>2</td>
</tr>
<tr>
<td>C. difficile Infections</td>
<td>14</td>
</tr>
<tr>
<td>CAUTI Rate excluding NICU + Inpat</td>
<td>25</td>
</tr>
<tr>
<td>CLABSI Rate All inpatient</td>
<td>-7</td>
</tr>
<tr>
<td>Falls</td>
<td>-315</td>
</tr>
<tr>
<td>PrU, Prevalence, Stage 2+</td>
<td>-63</td>
</tr>
<tr>
<td>Readmissions</td>
<td>-9</td>
</tr>
<tr>
<td>Sepsis Post Op</td>
<td>2</td>
</tr>
<tr>
<td>SSI Abdominal Hysterectomy</td>
<td>43</td>
</tr>
<tr>
<td>SSI Colon Surg</td>
<td>12</td>
</tr>
<tr>
<td>SSI Total Hip Replacements</td>
<td>4</td>
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<tr>
<td>SSI Total Knee Replacements</td>
<td>15</td>
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<tr>
<td>VAC</td>
<td>-5</td>
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<tr>
<td>VTE</td>
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</tbody>
</table>

Harms to Prevent per month (08/17 – 05/18)

Preliminary Results

<table>
<thead>
<tr>
<th>Harm</th>
<th>HIIN Progress to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE Anticoag</td>
<td>3</td>
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<tr>
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<tr>
<td>PrU, Prevalence, Stage 2+</td>
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<tr>
<td>Readmissions</td>
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<tr>
<td>Sepsis Post Op</td>
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<td>SSI Abdominal Hysterectomy</td>
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<td>SSI Colon Surg</td>
<td>2</td>
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<tr>
<td>VAC</td>
<td>-1</td>
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<td>VTE</td>
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</tbody>
</table>
Harms to Prevent across the state

- ADE - Hypoglycemia: 3/month
- CLABSI: 1/month
- Falls with Injury: 35/month
- Stage 2+ Pressure Ulcers: 7/month
- Readmission: 230/month
- Post-Op Sepsis: 1/month

Sepsis Bundles

- Reminder that the 3 and 6-hour sepsis bundles part of Blue Cross’ Quality Based Reimbursement Program (QBRP)
- These measures are available in QHi
- They are part of your analytic reports if you’re entering data
Measuring Progress

- With the transition to Year 2 we'll start using the full 20/12 progress goals.

- Currently based on the most recent 3 months

- Starting next month it will be the total project rate
  - October 2016 through present
NHSN to QHi Transfer

• Data Flow
• Analytic Report Elements
• Questions
Data Index

- You may have noticed a new section in your most recent analytic reports. The index is designed to show where your data is coming from.

### CAUTI Rate All Unit

<table>
<thead>
<tr>
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<th>2016</th>
<th></th>
<th>2017</th>
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<td>NHSN</td>
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<td>QHI</td>
<td>0/35</td>
<td>1/17</td>
<td>1/102</td>
<td>0/0</td>
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<td></td>
<td></td>
<td>1/95</td>
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</tbody>
</table>

Data Index

- NHSN is assumed to be the most correct data source.

### CAUTI Rate All Unit

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th></th>
<th>2017</th>
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<td>1/95</td>
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October 25, 2017

Kansas Healthcare Collaborative
What’s being transferred?

- CAUTI (Infections, Utilization)
- CLABSI (Infections, Utilization)
- SSI (Colon, Hysterectomy, Knees, Hips)
- *C. difficile*
- MRSA Bacteremia
- Standardized Infection Ratios (SIRs)

Questions

- When will it start?
  - Today - Wednesday, October 25th
- What time period will be transferred?
  - January 2015 through the present
- How often will data be transferred?
  - Once a month synchronized with our final analytic report
Questions

• Will this overwrite existing data?
  ▫ YES

• What if the information is incorrect?
  ▫ It will need to be corrected in NHSN

Questions

• What will it look like?

• It will also be locked (grayed out) to prevent editing within QHi – as the next NHSN transfer would over-write any changes
See our FAQ

Rob Rutherford
Senior Health Care Data Analyst
Kansas Healthcare Collaborative
RRutherford@khconline.org
(785) 235-0763 x1326

<table>
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<tr>
<th>Outcome &amp; Process Measures for HACs occurring in:</th>
<th>Readmissions for index discharges in, and SSI for procedures performed in:</th>
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<td>February 28, 2018</td>
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<tr>
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<td>May, 2018</td>
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Antimicrobial Stewardship

Bryna N. Stacey, MPH, BSN, RN
Healthcare-Associated Infections and Antimicrobial Resistance (HAI/AR) Program Director
Bureau of Epidemiology and Public Health Informatics
Overview

- Antimicrobial Resistance
- Antimicrobial Stewardship
- Available Guidance and Resources
- KDHE HAI/AR Program and Resources
- Summary

Antimicrobial Resistance =
Ability to resist effects of drugs

www.cdc.gov/drugresistance/about.html
Antimicrobial Resistance (AR)

- Resistance in organisms is on the rise

- Causes of resistance:
  - Innate
  - Shared
  - Use of antimicrobials

- Can infect anyone

AR Continued

- >50% of all hospital patients receive an antibiotic

- Up to 50% prescribed inappropriately

- Minimum estimates related to AR
  - 2,049,442 illnesses/yr
  - 23,000 deaths/yr

(CDC)
Other Effects of Overuse

- Adverse drug events
- *Clostridium difficile*
- Costly treatment
- Depletion of effectiveness of available antimicrobials

Antimicrobial Stewardship (AS)

- Appropriate use of antimicrobials to:
  - Optimize outcomes for patients
  - Reduce resistance
  - Reduce other adverse effects
- Right drug, right dose, right frequency, right duration, right route
- Education
AS Programs (ASP)

- Programs within facilities that implement AS interventions
- Team effort is key
- **7 Core Elements:**
  - Leadership commitment
  - Accountability
  - Drug expertise
  - Action
  - Tracking
  - Reporting
  - Education

CDC Core Elements

- **Leadership commitment**
  - Formal statements
  - Support

- **Accountability**
  - Program leader
  - Supporting members

- **Drug expertise**
  - Pharmacy leader
  - Co-lead program

[www.cdc.gov/antibiotic-use/healthcare/pdfs/core-elements.pdf](http://www.cdc.gov/antibiotic-use/healthcare/pdfs/core-elements.pdf)
CDC Core Elements

- **Action**
  - Implement AS interventions
  - Broad, Pharmacy Driven, Infection and Syndrome Specific

- **Tracking**
  - Monitor prescribing and use
  - NHSN AUR module

- **Reporting**
  - Share tracked data

---

CDC Core Elements

- **Education**
  - Staff
  - Patients
  - Public

- **Checklist**
  - ASP assessment
ASP in Hospitals

- Proven beneficial:
  - Improve patient outcomes
  - Reduce antibiotic resistance
  - Reduce C. difficile
  - Save money
- Recommended by many organizations
- CMS proposed requirement 2016

Polling Question #2

Does your facility have an antibiotic stewardship program?

- Yes
- We expect to have one by the end of 2017
- Making plans
- Not on our radar
Polling Question #3

Our antibiotic stewardship program is:

- Not on our radar
- Just getting started
- Gaining momentum
- Firing on all cylinders

If your ASP is encountering barriers, please type them into the chat. (No names!)

www.cdc.gov/antibiotic-use/healthcare/evidence.html
Percentage of U.S. Acute Care Hospitals (n=4,569) Implementing All 7 Core Elements of Hospital Antibiotic Stewardship Programs


Community Antibiotic Prescriptions per 1,000 Population by State — 2015

Each year 269.4 million antibiotic prescriptions are written in the United States; enough to give 4 out of every 5 people one prescription.

Data source: GeneralApproach2015.

AS Guidance

- National Quality Partners Playbook: Antibiotic Stewardship in Acute Care
- CDC
  - Core Elements of Antibiotic Stewardship
  - GetSmart
  - Antibiotic Resistance Solutions Initiative
- Kansas Department of Health and Environment’s (KDHE) Healthcare-Associated Infections and Antimicrobial Resistance (HAI/AR) Program

KDHE established HAI 2009, added AR 2016
- Coordinate statewide HAI/AR prevention and surveillance efforts
- Foster key relationships between the healthcare provider community and state agencies
- Provide consultative services
- Provide education and resources
Reporting of Communicable Diseases

- Complete listing of notifiable diseases can be found at:
  www.kdheks.gov/epi/disease_reporting.html

- Submit specimens to KDHE
  - Kansas Health & Environmental Laboratories (KHEL)

All outbreaks are reportable, regardless of disease

Epidemiology Hotline
877-427-7317
HAI/AR Advisory Group

- Nurses, pharmacists, veterinarians, medical doctors, and epidemiologists
- Subcommittees:
  - Antimicrobial Stewardship Education
  - Communications
  - Infectious Disease Support
  - Pharmacy Antibiotic Stewardship Taskforce
- Education and resources to all types of providers and the general public

HAI/AR AS Resources

- Critical Access Hospitals AS Program (ASP) Toolkit
- CRE materials
- Work with KHC to provide AS education
- APIC IP Training with KFMC
- Asymptomatic Bacteriuria Toolkit with KFMC
- More to come!
Please plan to join public health leaders during this week as we call attention to the issue of antibiotic resistance – one of the most important health threats of the 21st Century.

For more information and ideas, visit: https://www.cdc.gov/getsmart/week/activities-events.html
KDHE/KHC AS Webinar

“Antibiotic Stewardship Beyond Hospital Walls”
Jo Ann Harris, MD
Pediatric Infectious Disease Specialist
Katie Burenheide Foster, PharmD, MS, BCPS, FCCM
Pharmacy Clinical Manager & PGY1 Pharmacy Residency Director

Thursday, November 16th, 2017
12:00 – 1:00pm CST
5:30 – 6:30pm CST

Summary

- Antimicrobial resistance is a problem that effects everyone
- Antimicrobial stewardship is the solution
- Highly recommended to have ASP in your facility
- Many resources and guidance available
- KDHE HAI/AR Program is here to help
Contact Us

- KDHE Reportable Disease Form
  www.kdheks.gov/epi/download/KANSAS_NOTIFIABLE_DISEASE_FORM.pdf

- KDHE Epidemiology Email
  kdhe.EpiHotline@ks.gov

- KDHE Epidemiology Hotline
  877-427-7317

- KDHE Epidemiology Fax
  877-427-7318

Questions
Resources & Upcoming Events

- Antibiotic Stewardship Resources
- HRET HIIN Roadshow
- Regional HIINergy Partners
- Hand Hygiene Collaborative
- Upcoming Events

Michele Clark
Program Director
Kansas Healthcare Collaborative
mclark@khconline.org
(785) 235-0763 x1321
Resources at www.hret-hiin.org

HRET HIIN ASP Change Package is coming soon!

C. difficile Transmission and Infection Change Package is available now!

www.hret-hiin.org/topics/antibiotic-stewardship.shtml
More Antibiotic Stewardship Resources

2017 WHITE PAPER
Redefining the Antibiotic Stewardship Team:

Recommendations from the ANA/CDC Workgroup on the role of registered nurses in hospital antibiotic stewardship practices.

www.nursingworld.org/ANA-CDC-AntibioticStewardship-WhitePaper

ASP Self-Assessment Tool

Name of Hospital ___________________  Date ___________________
Name/Title of Person Completing Form ___________________

<table>
<thead>
<tr>
<th>Antibiotic Stewardship – Self-Assessment</th>
<th>Not thinking about it</th>
<th>Just starting to plan</th>
<th>Taking on role</th>
<th>Spread to multiple units</th>
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<tbody>
<tr>
<td>Secure leadership/commitment</td>
<td></td>
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</tr>
<tr>
<td>home role/Executive sponsor</td>
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<tr>
<td>Secure Pharmacy Committee</td>
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<tr>
<td>Name of Pharmacy “Owner”</td>
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<tr>
<td>Secure Prescriber/Pharmacist</td>
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<tr>
<td>Name of Prescriber/Pharmacist</td>
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<tr>
<td>Performed CI gap analysis</td>
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<td><a href="http://www.cdc.gov/antibiotic-audit.html">http://www.cdc.gov/antibiotic-audit.html</a></td>
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<tr>
<td>Establish program governance; including roles and responsibilities</td>
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<tr>
<td>Effectively communicate with leaders, managers, providers, pharmacists, nurses, and patients and families</td>
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<tr>
<td>Provide ASP training for ASP leaders</td>
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<tr>
<td>Know the current state and review current antibiotic usage data</td>
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<tr>
<td>Review and develop a plan for implementation of selected antibiotic stewardship techniques</td>
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<tr>
<td>Measure and report regularly with transparency and visibility</td>
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Additional Comments:
The **AHRQ Safety Program for Improving Antibiotic Use** will assist hospitals in developing and implementing a bundle of interventions designed to improve antibiotic stewardship and antibiotic prescribing practices across acute care, long-term care, and ambulatory care facilities across the United States.

**Hospital Registration Now Open**

Acute-care hospitals across the United States and Puerto Rico can now register for this 12-month project, which begins in December 2017. Learn about Participating. The deadline to register for this free program is Nov. 17, 2017.

Future cohorts are planned for long-term care facilities (beginning December 2018) and ambulatory and urgent care facilities (December 2019).

https://safetyprogram4antibioticstewardship.org/public/Home#

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**Stem the Tide: Addressing the Opioid Epidemic**

[NEW RESOURCE >>>

STEM THE TIDE Addressing the Opioid Epidemic](www.hret-hlin.org/Resources/ade/17/stem-the-tide-addressing-the-opioid-epidemic.pdf)
HRET HIIN Data Collection Fact Sheets

Available at www.hret-hiin.org/data/data.shtml

Readmission Disparities Report

- Hospital specific report to identify gaps in care using your readmission rates

- Stratification of the 30-day readmission rate we’ve been providing you (developed from CMS Claims data)
  - By Age
  - By Gender
  - By Race
  - Rural Zip Codes
  - CMS Designated Socio Economic Status (SES) Zip Codes

- Next Report coming early November to your Quality Net account.

Take the Pledge
HRET HIIN Roadshow
Tuesday ● November 14 ● Salina, KS

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Register today!
https://www.surveymonkey.com/r/HRETHIINRoadshow

Readmissions ● Equity of Care ● Peer-to-Peer Networking ● Year 2 HIIN Priorities

Deadline for free hotel room is Saturday, Oct. 28!

South-Central HIINergy Partners

Bi-monthly regional webinars hosted by a different partner state each month

<table>
<thead>
<tr>
<th>Host State</th>
<th>Webinar Date</th>
<th>Topic</th>
<th>Recording available!</th>
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<tr>
<td>AR</td>
<td>Jan. 25</td>
<td>Getting Started in HIIN</td>
<td>Recording available!</td>
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<tr>
<td>OK</td>
<td>March 22</td>
<td>UP Campaign</td>
<td>Recording available!</td>
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<tr>
<td>LA</td>
<td>May 24</td>
<td>Patient and Family Engagement</td>
<td>Recording available!</td>
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<tr>
<td>TX</td>
<td>Aug. 2</td>
<td>Transforming Cultures for Safety</td>
<td>Recording available!</td>
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<tr>
<td>KS</td>
<td>Sept. 27</td>
<td>Equity &amp; Diversity</td>
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<td>MO</td>
<td>Nov. 15</td>
<td>Sepsis</td>
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KHC HIIN Webinars alternate months.

Register at https://www.khconline.org/events/event-descriptions/292-south-central-hinergy-partner-november2017
Upcoming Webinar

**Antibiotic Stewardship Beyond Hospital Walls**

**Thursday**

**November 16, 2017**

**TWO REPEAT SESSIONS:**
12:00 to 1:00 pm CT and 5:30 to 6:30 pm CT

The Kansas Department of Health and Environment HAI-AR program and KHC invite you to join us to learn more about antibiotic stewardship. See flyer for details.

**Presenters:**
Jo-Ann Harris, MD, and Katie Burenheide Foster, PharmD

Who should attend?
Kansas physicians, mid-level providers, nurses, pharmacists, clinic managers, hospital administrators, long-term care providers and other interested health professionals.

Register here!
https://register.gotowebinar.com/rt/6986624923051882753

Link to download flyer:

Upcoming HIIN Webinars

**HRET HIIN: UP Campaign: WAKE UP**
**Tuesday, October 26 ● 11:00 a.m. to 12:00 p.m.**

**NCD Pacing: Using Simulations to Improve Patient Safety**
**Tuesday, October 26 ● 12:00 p.m. to 1:00 p.m.**

**HRET HIIN: Physician Inclusion**
**Tuesday, October 31 ● 1:00 to 2:00 p.m.**

**HRET HIIN: QI Fellowship – Final Sessions**
**Tuesday, October 31 ● 11:00 to 12:00 p.m. (Foundational)**
**Tuesday, October 31 ● 12:30 to 1:30 p.m. (Advanced)**

Register at: www.hret-hiin.org/events/upcoming-events.shtml
KHC is launching a new Hand Hygiene Collaborative 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, January 5, at 11 a.m. CT.

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

Questions?
Contact your KHC Team
Please provide feedback to this webinar
Let us know your next steps.

https://www.surveymonkey.com/r/KHC-HIIN-102517