KHC Hospital Improvement Innovation Network

November 28, 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
• Highlights of 2017-18 KHC Hospital Healthcare Personnel Influenza Immunization Survey
• HIIN Data Update
• Summary of Quarterly HIIN Activities Survey responses
• Accelerating Progress on Disparities
• HIIN Resources and Upcoming Events
Introductions

Special Guest

Kristin Preihs
MPH, CQIA, CHES
Senior Program Manager
AHA Center for Health Innovation

Kansas Healthcare Collaborative

Michele Clark
Program Director
mclark@khconline.org

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

Announcements

KHC welcomes a new addition to our team!

Treva Borcher
Project Specialist
Desk: (785) 231-1338
tborcher@khconline.org
November 12-18

#UseAntibioticsWisely Week

Thanks to all who participated!

Shawnee County Health Department, Topeka

LMH Health, Lawrence

November 12-18

#UseAntibioticsWisely Week

Thanks to all who participated!

Republic County Hospital, Belleville

Sabetha Community Hospital, Sabetha
<table>
<thead>
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<tr>
<td><strong>November 12-18</strong></td>
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<td><em>Thanks to all who participated!</em></td>
</tr>
<tr>
<td>Allen County Regional Hospital, Iola</td>
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<tr>
<td>Kansas Partners in Pediatrics, Topeka</td>
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<td>Holy Family Medical Associates, Wichita</td>
</tr>
<tr>
<td>Dr. Bradley Barret, Neodesha</td>
</tr>
</tbody>
</table>
#UseAntibioticsWisely posters

Download at: UseAntibioticsWisely.org

Or request laminated copies: pcauthon@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.
National Influenza Vaccination Week
December 2-8, 2018

https://www.cdc.gov/flu/resource-center/nivw/

Health Care Personnel (HCP) Influenza Vaccination

- 10th Annual KHC Hospital Survey
- Aligned with NHSN since 2014/2015
- Online Toolkit at KHConline.org
- Press Release
  https://www.khconline.org/immunizations
**10th Annual Hospital HCP Influenza Vaccination Survey**

### HCP Influenza Vaccination Survey

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of CAH Facilities</th>
<th>CAH Rate</th>
<th>Number of ACU Facilities</th>
<th>ACU Rate</th>
<th>Overall Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-2015</td>
<td>81</td>
<td>81.8%</td>
<td>56</td>
<td>93.5%</td>
<td>91.0%</td>
</tr>
<tr>
<td>2015-2016</td>
<td>73</td>
<td>81.7%</td>
<td>46</td>
<td>94.4%</td>
<td>92.3%</td>
</tr>
<tr>
<td>2016-2017</td>
<td>78</td>
<td>86.2%</td>
<td>50</td>
<td>95.7%</td>
<td>93.6%</td>
</tr>
<tr>
<td>2017-2018</td>
<td>84</td>
<td>89.2%</td>
<td>53</td>
<td>94.9%</td>
<td>93.9%</td>
</tr>
</tbody>
</table>

Facilities with >= 95% vaccination rate → 47
Among the 47 Facilities Achieving 95%

- 46 (98%) send vaccination reminders by mail, e-mail, and/or pager (78% overall)
- 42 (89%) provide vaccination on-site through employee health (74% overall)
- 30 (64%) have mobile vaccination carts (52% overall)
- 26 (55%) provide vaccination at any meetings or on grand rounds (43% overall)

Vaccination required as a condition of employment

<table>
<thead>
<tr>
<th>Condition of Employment Policy</th>
<th>Number of Facilities (n)</th>
<th>Employee</th>
<th>LIP</th>
<th>Student/Volunteers</th>
<th>Contractors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td>64</td>
<td>98.3%</td>
<td>88.9%</td>
<td>94.7%</td>
<td>91.9%</td>
</tr>
<tr>
<td>Not Yet Required</td>
<td>7</td>
<td>95.0%</td>
<td>84.5%</td>
<td>90.4%</td>
<td>92.8%</td>
</tr>
<tr>
<td>Not Required</td>
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<td>65.7%</td>
<td>94.9%</td>
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LIP: Licensed Independent Practitioner
Vaccination required as a condition of employment

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<tr>
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<td>90.4%</td>
<td>92.8%</td>
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</table>

KHC HIIN Data Update

- Status Update
- Data submission schedule

Eric Cook-Wiens
MPH, CPHQ
Data and Measurement Director
Kansas Healthcare Collaborative
Ecook-wiens@khconline.org
(785) 235-0763 x1324
Status Update

• Monthly Reports
  ◦ Data Analytic reports ONLY
  ◦ Final reports next Monday, 12/3/2018
• Baseline updates still not official
• Reviewing reporting needs for HIIN extension
• Measure updates not yet implemented

Baseline Updates (not finalized)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Old Baseline</th>
<th>New Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHSN SIR Measures</td>
<td>Jan-Sept 2015</td>
<td>CY2015</td>
</tr>
<tr>
<td>CLIP: ICU + Other inpatient</td>
<td>Jan-Sept 2015</td>
<td>CY2015</td>
</tr>
<tr>
<td>Falls With Injury</td>
<td>CY2014</td>
<td>FFY2016</td>
</tr>
<tr>
<td>Stage III or greater HAPU</td>
<td>CY2014</td>
<td>FFY2016</td>
</tr>
<tr>
<td>Postoperative Sepsis</td>
<td>CY2014</td>
<td>FFY2016</td>
</tr>
<tr>
<td>VAC Rate - All Units (CDC NHSN)</td>
<td>CY2014</td>
<td>CY2015</td>
</tr>
<tr>
<td>IVAC Rate - All Units (CDC NHSN)</td>
<td>CY2014</td>
<td>CY2015</td>
</tr>
<tr>
<td>Post-Op PE or DVT Rate</td>
<td>CY2014</td>
<td>FFY2016</td>
</tr>
<tr>
<td>Facility-wide C. difficile Rate</td>
<td>CY2014</td>
<td>CY2015</td>
</tr>
<tr>
<td>Harm Events Related to Patient Handling</td>
<td>CY2014</td>
<td>4Q 2016 (Oct 1 - Dec 31 2016)</td>
</tr>
<tr>
<td>Hospital-Onset MRSA Rate</td>
<td>CY2014</td>
<td>CY2015</td>
</tr>
<tr>
<td>MRSA SIR</td>
<td>CY2014</td>
<td>CY2015</td>
</tr>
</tbody>
</table>

FFY (Federal Fiscal Year) begins October 1.
Current Status: Harms per 1,000 Discharges

Baseline
Goal

Preliminary Results

Improvement Project-to-Date
Kansas HIIN Data Submission Schedule

<table>
<thead>
<tr>
<th>Outcome &amp; Process Measures for HACs occurring in:</th>
<th>Readmissions for index discharges in, and SSI for procedures performed in:</th>
<th>Submission Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>March, 2018</td>
<td>February, 2018</td>
<td>30-Apr-18</td>
</tr>
<tr>
<td>April, 2018</td>
<td>March, 2018</td>
<td>31-May-18</td>
</tr>
<tr>
<td>May, 2018</td>
<td>April, 2018</td>
<td>30-Jun-18</td>
</tr>
<tr>
<td>June, 2018</td>
<td>May, 2018</td>
<td>31-Jul-18</td>
</tr>
<tr>
<td>July, 2018</td>
<td>June, 2018</td>
<td>31-Aug-18</td>
</tr>
<tr>
<td>August, 2018</td>
<td>July, 2018</td>
<td>September 30, 2018</td>
</tr>
<tr>
<td>September, 2018</td>
<td>August, 2018</td>
<td>October, 2018</td>
</tr>
<tr>
<td>October, 2018</td>
<td>September, 2018</td>
<td>November, 2018</td>
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<tr>
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</tr>
<tr>
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<td>December, 2018</td>
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</tr>
<tr>
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<td>January, 2019</td>
<td>March, 2019</td>
</tr>
</tbody>
</table>

Current HIIN Hospital Priorities

Top 10-11 Priorities

- Falls
- Sepsis
- Antibiotic Stewardship
- Readmissions
- Culture, Zero Harm
- HAI Prevention
- PFE/PFAC
- Patient Safety/Satisfaction
- ADE/Safe Medication Practices
- Rebuilding Quality Department
- EHR implementation

Additional priority mentions (1 or 2 each):
- Bedside shift change report
- Behavioral health
- Culturing, timeliness
- ED throughput
- EMTALA education/training
- Flu shots
- ISO 9001eQCM
- New patient access
- Nursing documentation
- Opioids
- Process Improvement
- Safety Huddles
- Skin
- Stroke education
- VTE prophylaxis
- Workplace violence
- Other
Patient and Family Engagement Metrics / Strategies

% Kansas HEN/HIIN Hospitals Responding “Yes” as of 11/28/2018

KHC HIIN Progress to date

Preliminary: We are missing ~20 hospital responses to most recent HIIN Quarterly Activity survey.

Disparities Metric #1
Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver

Disparities Metric #2
Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver

Preliminary results
Number of Kansas responses to new HIIN Disparities Metrics
**Preliminary results**

**Number of Kansas responses to new HIIN Disparities Metrics**

**Disparities Metric #3**
Hospital verifies the accuracy and completeness of patient self-reported demographic data

- Basic/Fundamental: 48
- Mid-Level/Intermediate: 10
- Advanced: 1
- N/A: 28

**Disparities Metric #4**
Hospital stratifies patient safety, quality and/or outcome measures using patient demographic data

- Basic/Fundamental: 35
- Mid-Level/Intermediate: 9
- Advanced: 3
- N/A: 38

**Disparities Metric #5**
Hospital uses a reporting mechanism (eg, equity dashboard) to communicate outcomes for various patient populations

- Basic/Fundamental: 32
- Mid-Level/Intermediate: 5
- Advanced: 6
- N/A: 42

**Disparities Metric #6**
Hospital implements interventions to resolve differences in patient populations

- Basic/Fundamental: 37
- Mid-Level/Intermediate: 4
- Advanced: 4
- N/A: 40
**Preliminary results**

Number of Kansas responses to new HIIN Disparities Metrics

**Disparities Metric #7**
Hospital has organizational culture and infrastructure to support the delivery of care that is equitable for all patient populations

![Bar Chart](image-url)

KHC Hospital Improvement Innovation Network

November 28, 2018

Kristin Preihs, MPH, CQIA, CHES
Senior Program Manager
Poll: How much of a priority is health equity within your hospital or health system?

- A) Essential
- B) High
- C) Somewhat
- D) Low
- E) Not a Priority

Kansas Roadshow 2017

- Readmissions Reduction- Pat Teske
- Equity of Care & Unconscious Bias- Dr. Deb Ashton

Participants will be able to:

- Appraise how to reduce health care disparities
- Evaluate the drivers of disparities across various demographics and how hospitals can address disparities, including through partnering across the continuum of care and in the community
- Assess the drivers of health equity that may impact HCAPs scores
- Distinguish how to recognize and address unconscious bias in health care
Consumers want more collaboration between their community, their providers, payers, and employers

How important is it that the following have partnerships with organizations in your local community to help you more effectively manage your health or the health of a loved one?

- Doctor or hospital: 72% important, 28% unimportant
- Insurance company: 72% important, 28% unimportant
- Employer: 59% important, 41% unimportant

Source: Price Waterhouse Coopers LLP, a Delaware limited liability partnership.

Impact of Social Determinants of Health

- 20% of person’s health and well-being is related to access to care and quality of services
- The physical environment, social determinants and behavioral factors drive 80% of health outcomes

Social Determinants of Health

- Housing
- Food
- Education
- Transportation
- Violence
- Social Support
- Employment
- Health Behaviors

**National Current State**

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the hospital collect information about RACE from patients in a standardized way through the use of trained registrars?</td>
<td>96%</td>
</tr>
<tr>
<td>Does the hospital collect information about ETHNICITY from patients in a standardized way through the use of trained registrars?</td>
<td>95%</td>
</tr>
<tr>
<td>Does the hospital collect information about LANGUAGE preference from patients in a standardized way through the use of trained registrars?</td>
<td>95%</td>
</tr>
<tr>
<td>Is the hospital able to report race and ethnicity according to the standardized Federal Office of Management and Budget (OMB) categories?</td>
<td>87%</td>
</tr>
<tr>
<td>Does your hospital use data to routinely (at least on an annual basis) establish goals in the reduction of racial and ethnic disparities (e.g., improve clinical quality indicators, CMS core measures, readmissions, etc.)?</td>
<td>36%</td>
</tr>
<tr>
<td>Does your hospital use data to routinely (at least on an annual basis) identify gaps in care by race and ethnicity (e.g., improve clinical quality indicators, CMS core measures, readmissions, etc.)?</td>
<td>33%</td>
</tr>
<tr>
<td>Does your hospital use targeted interventions to reduce disparities?</td>
<td>41%</td>
</tr>
<tr>
<td>Does your hospital's strategic plan include goals for improving quality, safety of care for diverse individuals?</td>
<td>53%</td>
</tr>
<tr>
<td>Does your hospital stratify quality measure data (e.g. readmissions, CMS core measures, etc.) by race, ethnicity, language reference or other socio-demographic variables (such as income, disability status, veteran status, sexual orientation and gender identity) to identify disparities in treatments or outcomes?</td>
<td>29%</td>
</tr>
<tr>
<td>Does your hospital use stratified quality measure data (as described above) to address disparities in treatments or outcomes?</td>
<td>30%</td>
</tr>
</tbody>
</table>
Metric Creation- HIIN Affinity Groups & CMS Office of Minority Health

- Data Collection (2 Items)
- Data Validation (1 Item)
- Data Stratification (1 Item)
- Communication Findings (1 Item)
- Addressing Gaps in Care (1 Item)
- Organizational Infrastructure and Culture (1 Item)

HIIN Health Equity Metrics

<table>
<thead>
<tr>
<th>Health and Disparities Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver.</td>
</tr>
<tr>
<td>Hospital provides workforce training regarding the collection of self-reported patient demographic data.</td>
</tr>
<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>
</tr>
<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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</table>
Levels of Implementation

- Intent of the Metric

- Level of Hospital Implementation:
  - Basic/Fundamental
  - Mid-Level/Intermediate
  - Advanced
  - N/A

Metric #1

- Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver.
Metric #2

- Hospital provides workforce training regarding the collection of self-reported patient demographic data.

Poll: Does your hospital provide workforce training on demographic data collection?

- A) Yes, it’s a regular part of annual training
- B) Yes, but it’s not a regular training
- C) I’m not sure
- D) No
Metric #3

- Hospital verifies the accuracy and completeness of patient self-reported demographic data.

**Basic/Fundamental**
Hospital has a standardized process in place to both evaluate the accuracy and completeness (percent of fields completed) for REAL data and a process to evaluate and compare hospital collected REAL data to local demographic community data.

**Mid-Level/Intermediate**
Hospital meets the above basic/fundamental level of implementation plus:
Hospital addresses any system-level issues (e.g., change in patient registration screening, redo lab data flow, workforce training, etc.) to improve the collection of self-reported REAL data.

Not Applicable:
Hospital is unable to achieve the metric intent.

**Advanced**
Hospital meets the above basic/fundamental and mid/intermediate levels of implementation plus:
Hospital has a standardized process in place to evaluate the accuracy and completeness (percent of fields completed) for additional demographic data (beyond REAL) such as disability status, gender orientation (gender identity (SGI)), veteran status, geography and/or other social determinants of health (SDOH) or social risk factors — and has a process in place to evaluate and compare hospital collected patient demographic data to local demographic community data.
SDOH/social risk factors may include education level, occupation, neighborhood, race, ethnicity, income, incarceration history, access to healthcare, and employment status, etc. For additional details, click here.

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Metric #4

- Hospital stratifies patient safety, quality and/or outcome measures using patient demographic data.

**Basic/Fundamental**
Hospital stratifies at least one patient safety, quality and/or outcome measure by REAL.

**Mid-Level/Intermediate**
Hospital meets the above basic/fundamental level of implementation plus:
Hospital stratifies more than one (or many) patient safety, quality and/or outcome measure by REAL.

**Advanced**
Hospital meets the above basic/fundamental and mid/intermediate levels of implementation plus:
Hospital stratifies more than one (or many) patient safety, quality and/or outcome measure by REAL, and other demographic data (beyond REAL) such as disability status, gender orientation (gender identity (SGI)), veteran status, geography and/or other social determinants of health (SDOH) or social risk factors.
SDOH/social risk factors may include education level, occupation, neighborhood, race, ethnicity, income, incarceration history, access to healthcare, and employment status, etc. For additional details, click here.

Not Applicable:
Hospital is unable to achieve the metric intent.
Poll: Does your hospital stratify outcome or other quality indicators?

- A) Yes**
- B) No
- C) I’m not sure

**If yes, type in the chat who in your organization stratifies outcome or other quality indicators.

Metric #5

- Hospital uses a reporting mechanism (e.g., equity dashboard) to communicate outcomes for various patient populations.
Metric #6

- Hospital implements interventions to resolve differences in patient outcomes.

Basic/Fundamental
Hospital engages multidisciplinary teams to develop and test pilot interventions to address identified disparities in patient outcomes.
Met hodological terms can include: evidence-based practice, team building, patient-centered care, etc.

Intermediate
Hospital meets the above basic/fundamental level of implementation plus:
Hospital adopts system-level changes to resolve identified disparities and develops staff or patients to support efforts.

Advanced
Hospital meets the above basic/fundamental and intermediate levels of implementation plus:
Hospital has a culture that promotes continuous improvement and innovation in healthcare delivery.

Not Applicable
Hospital is unable to achieve the metric intent.

Metric #7

- Hospital has organizational culture and infrastructure to support the delivery of care that is equitable for all patient populations.

Basic/Fundamental
Hospital has a strategic plan to align its workforce to deliver culturally competent care and provide timely, appropriate services (according to the CCM standards).
Training should routinely involve patient and family input (e.g., Patient and Family Advisory Councils (PFACs)) and can include culturally competence/ sensitivity training for staff.

Intermediate
Hospital meets the above basic/fundamental level of implementation plus:
Hospital has adopted system-level changes to resolve identified disparities and develops staff or patients to support efforts.

Advanced
Hospital meets the above basic/fundamental and intermediate levels of implementation plus:
Hospital has a culture that promotes continuous improvement and innovation in healthcare delivery.

Not Applicable
Hospital is unable to achieve the metric intent.
Milestone Alignment

- Disparities:
  - Milestone 9 = Submission only
  - Milestone 10 = All measures at least at Basic level
  - Milestone 11 = All measures at least at Basic level with two at intermediate level or above

Health Equity Metric Coaching Guide

Resources to Support Improvement

HRET HIIN, ACHI & IFD Health Disparity Support

- **Thursday, December 6, 2018 1-2 pm CT**
  Pathway to Population Health: A Framework for Improvement
  Register [here](#)

- **Tuesday, December 11, 2018 12-1 pm CT**
  The Power of the Patient: The Path from Engagement to Equity
  Register [here](#)

- **Wednesday, December 19, 2018 12:30-1:30 pm CT**
  Measuring What Works to Achieve Health Equity
  Register [here](#)
AHA Resources:

There can be no quality without equity. Promoting diversity and inclusion and building community are essential strategies for delivering equitable care.

www.diversyconnection.org

AHA Resources:

You are invited to explore The Value Initiative at:

www.aha.org/TheValueInitiative
Key Considerations

- Results are best when “right patients” are identified proactively and early
- Services must be broadly and consistently available
- The multidisciplinary teams are most effective for addressing these issues
- Patient and family voices should assist in informing strategies and goals
- Impacting harm & readmissions requires understanding root causes & rewiring services to be proactive, build relationships, and equip the community with information and resources
Resources and Upcoming Events

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

This six-month sprint will be conducted with Jackie Conrad and Betsy Lee, Cynosure Health. Become a part of a statewide learning community of peers who are committed to preventing falls.

Objectives are to assist participating hospitals in:
• Identifying opportunities for PDSA improvement cycles through use of the HRET HIIN Falls Process Discovery Tool.
• Applying targeted strategies for involving patients and families in fall prevention, such as validating patient/family understanding and adopting or improving the post-fall huddle process.
• Engaging in the HRET HIIN Up Campaign by designing "Get Up" strategies for engaging front line staff in preventing injuries from falls and immobility.

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

Schedule:
Oct. 24
Nov. 30
Dec. 13
Jan. 24
Feb. 28
March 21

All sessions are 10 to 11 a.m.

Schedule:
Nov. 30
Friday
10 to 11 a.m. CT

Session #2 – 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 follow-up assignments:
  - Conduct up to five bedside observations.
  - Write a SMART aim statement.
  - Identify a test of change.

Pre-register:
https://www.khconline.org/31-event‐descriptions/418‐khc‐hiin‐falls‐sprint‐11‐30‐18

Dec. 13
Thursday
10 to 11 a.m. CT

Session #3 – “Get Up” with Patient and Family Engagement
- Hospitals share AIM Statements.
- Discuss validating patient/family understanding.
- Sprint follow-up assignments:
  - Observe a bedside hand-off (up to five).
  - Conduct PDSA #1.

Pre-register:

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, February 1, 2019 at 11 a.m. CT.

For more information, visit:
www.khconline.org/initiatives/hiin‐initiatives/hand‐hygiene‐collaborative
Cohort 4 is continuing!

Kansas PFA/PFAC Collaborative
Through March 2019

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. New staff may be interested in Track 1.

First Track 2 collaborative learning session will be 1-2 pm, Tuesday, December 4 at 1-2 pm. CT.

For more information, contact Chuck Duffield, cduffield@khconline.org or call 785-231-1327.

Kansas Healthcare Collaborative

Upcoming Webinars

HRET HIIN: Fall 2018 CDI Sprint Finale Webinar
November 29 ● 11:00 am - 12:00pm
Register here:
http://hret.adobeconnect.com/cdi-20181129/event/registration.html

HRET HIIN: Discovery and Direction Series: Special Approaches and Essential Questions
November 29 ● 1:00 - 2:00pm
Register here:
http://hret.adobeconnect.com/mdro-20181129/event/registration.html

HRET HIIN: Physician Virtual Event
December 4 ● 3:00 – 4:00pm
Register here:
http://hret.adobeconnect.com/physician-20181204/event/registration.html

All times listed are Central Time.

See more HRET HIIN events at www.hret-hiin.org/events/index.dhtml
Upcoming Webinars

HRET HIIN: Pathway to Population Health: A Framework for Improvement
December 6 ● 1:00 - 2:00pm
Register here:
http://hret.adobeconnect.com/health-disparities-20181206/event/registration.html

HRET HIIN: Readmissions | MVP Webinar #3
December 7 ● 11:00am - 12:00pm
Register here:
http://hret.adobeconnect.com/readmissions-20181207/event/registration.html

Upcoming KHC Webinars

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

KHC HIIN: PFA/PFAC Collaborative Session – Track 2
December 4 ● 1:00 - 2:00 pm
Register here:
https://khconline.adobeconnect.com/khc-pfac-12-4-18/event/registration.html

KHC HIIN: Monthly Webinar
December 19 ● 10:00 - 11:00 am
Register here:
https://khconline.adobeconnect.com/khc-hiin-12-19/

All times listed are Central Time.

See more HRET HIIN events at
www.hret-hiin.org/events/index.dhtml

See more Kansas events at
https://www.khconline.org/events/full-events-list
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Please provide feedback to this webinar. Let us know your next steps.

https://www.surveymonkey.com/r/KHC-HIIN-11282018