

KHC Hospital Improvement Innovation Network

December 18, 2019
10 to 11 a.m. CT

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



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Introductions

Special Guests



Steve Tremain, MD
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Eric Cook-Wiens, MPH, CPPS
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Chuck Duffield, MMIS, LSS
Performance Improvement Manager
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2

December 18, 2019

Agenda

- Welcome, Announcements and Updates
- HIIN Data and Measures Update
- Featured Topic: Anti-coagulation Safety
Avoiding High INRs: What's the Secret?
- KHC HIIN Mini-Sprint Kick-off: ADE – Anticoagulation Safety
- HIIN Resources and Upcoming Events



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Announcements and Updates

KHC Announcements and Updates

- New KHC HIIN Mini-Sprint:
Adverse Drug Events –
Anticoagulation Safety
- HIIN Milestones
- CMS Quality Improvement
Programs

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Announcements and Updates

Announcing New KHC HIIN Mini-Sprint



Adverse Drug Events
◆
Anticoagulation Safety

Kicking off today!

- Short 'n Sweet
- Impactful
- Multi-disciplinary

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Announcements and Updates

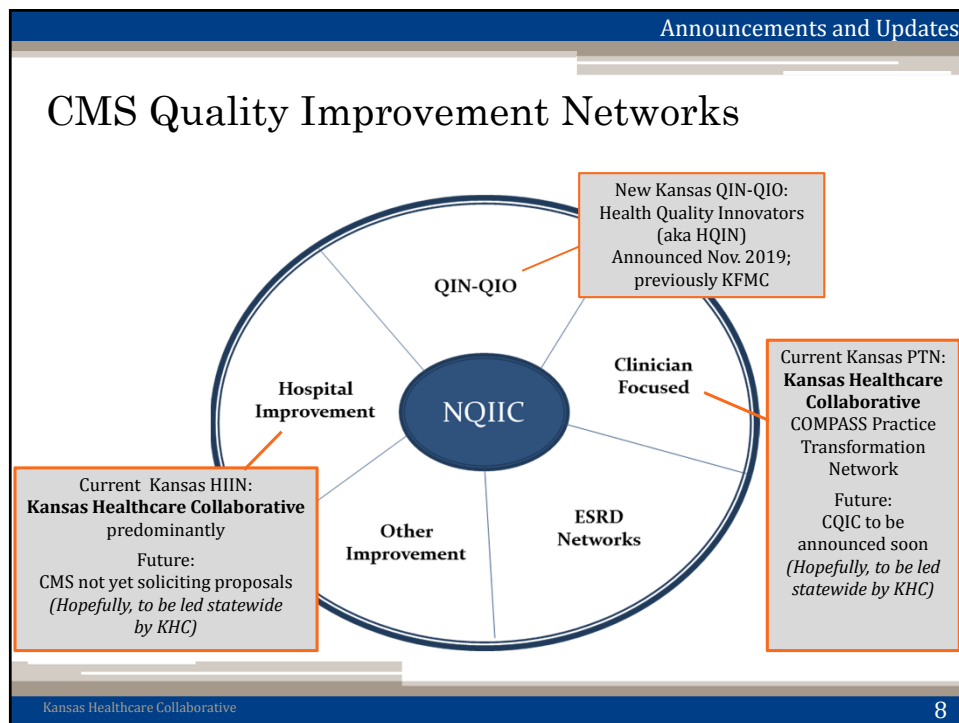
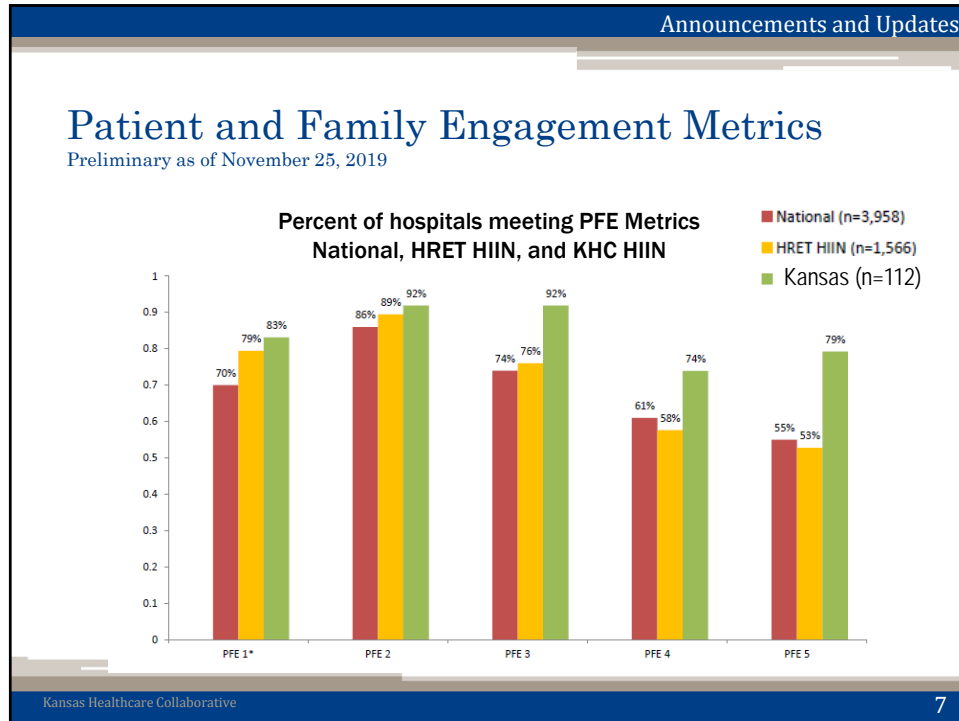
KHC HIIN Milestones

DUE DATES	
<input checked="" type="checkbox"/>	Milestone 14 October 15 (August 2018 to July 2019)
<input type="checkbox"/>	Milestone 15 December 18 (through September 2019)
<input type="checkbox"/>	Milestone 16 March 16 (through December 2019)

Milestones consider:

- ✓ Data completeness for recent 12-month period
- ✓ Progress toward HIIN "20/12" Goals
- ✓ Implementation status of 5 Patient and Family Engagement (PFE) Metrics
- ✓ Implementation status of 7 Health Equity Metrics

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Announcements and Updates

CMS Task Order Schedule*

Service providers for CMS quality programs are selected from competitive bids by eligible contractors. CMS Task Order competition drives performance, innovation, outcomes and cost.

CMS Task Order	CMS Call for Proposals Released	Estimated CMS Announcement Date	Actual CMS Announcement Date
#1 – QIN-QIO	December 2018	July 2019	November 8, 2019
#2 – Clinician	June 2019	September 2019	Pending
#3 – Hospital Improvement	Not yet released	Unknown	Unknown

*Anticipated per CMS, May 2018. Not official.

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9

Announcements and Updates

Let's Finish HIIN Strong!

What is your hospital's
next success story?

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10

KHC HIIN Data & Measures Update

KHC HIIN Measures and Data Update

- December data reports
- Current status
- Data submission schedule

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11

KHC HIIN Data & Measures Update

Data Reports

- Preliminary Reports distributed yesterday (12/17/2019)
 - New component: Outliers identified by HRET are highlighted in the data table in red.

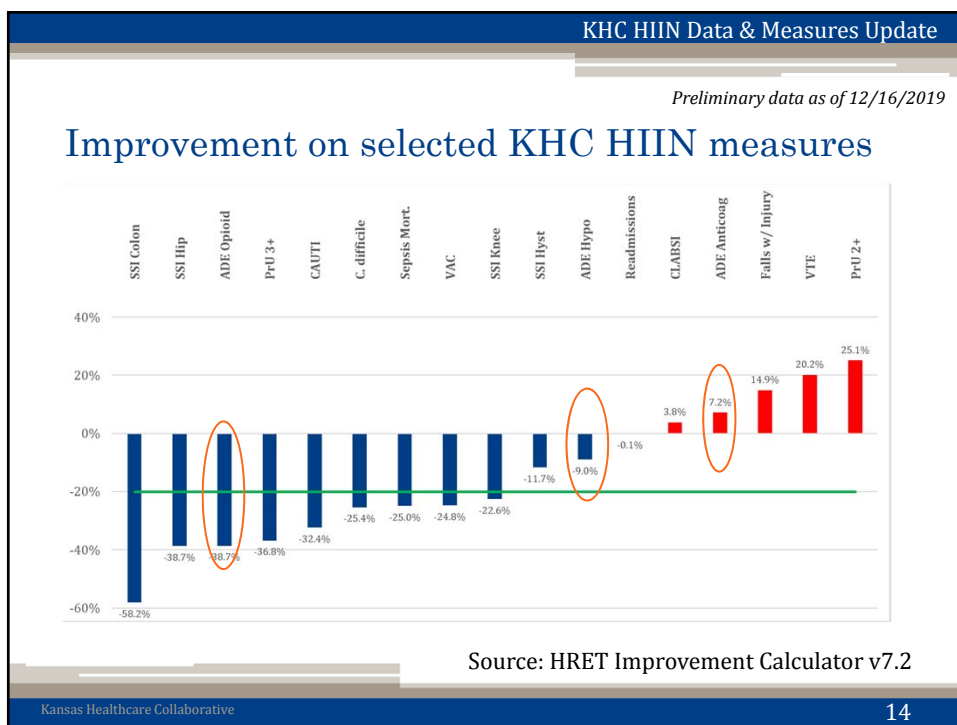
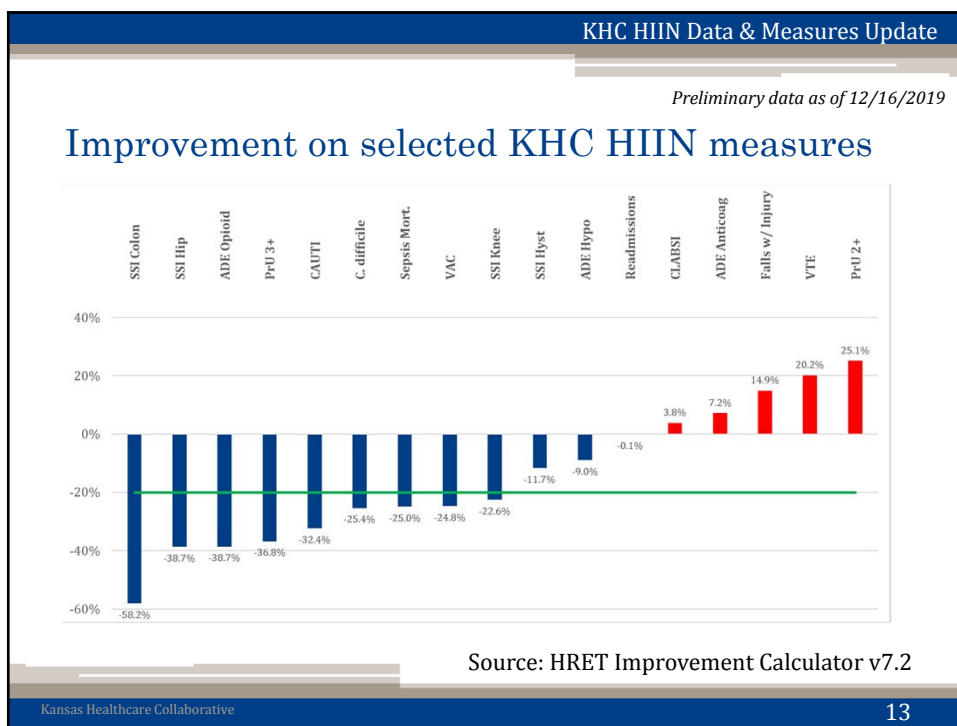
Please review outliers marked in red and update data if appropriate.

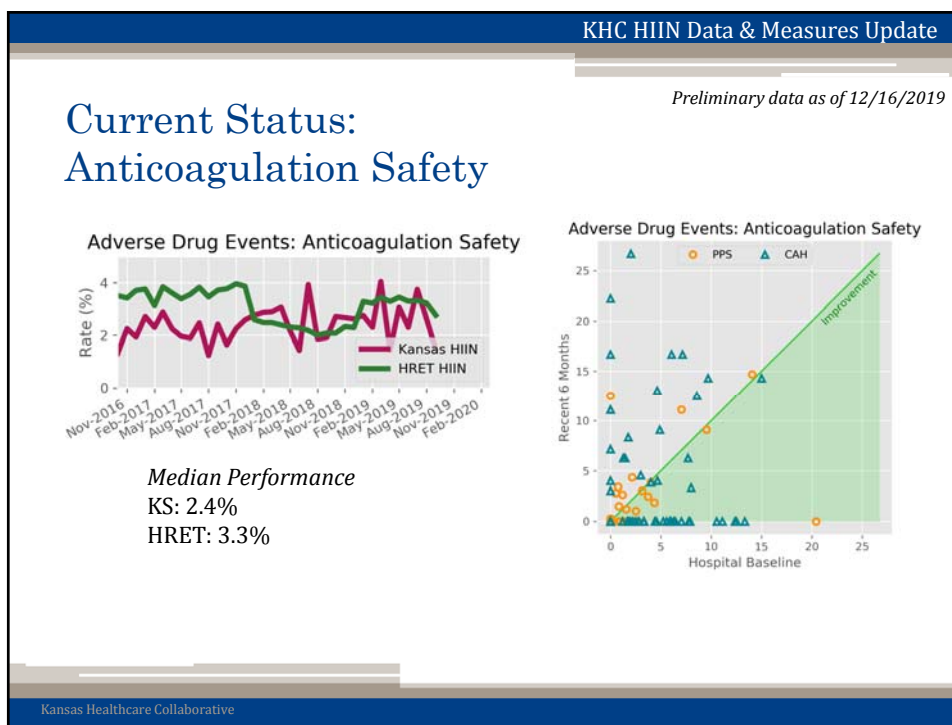
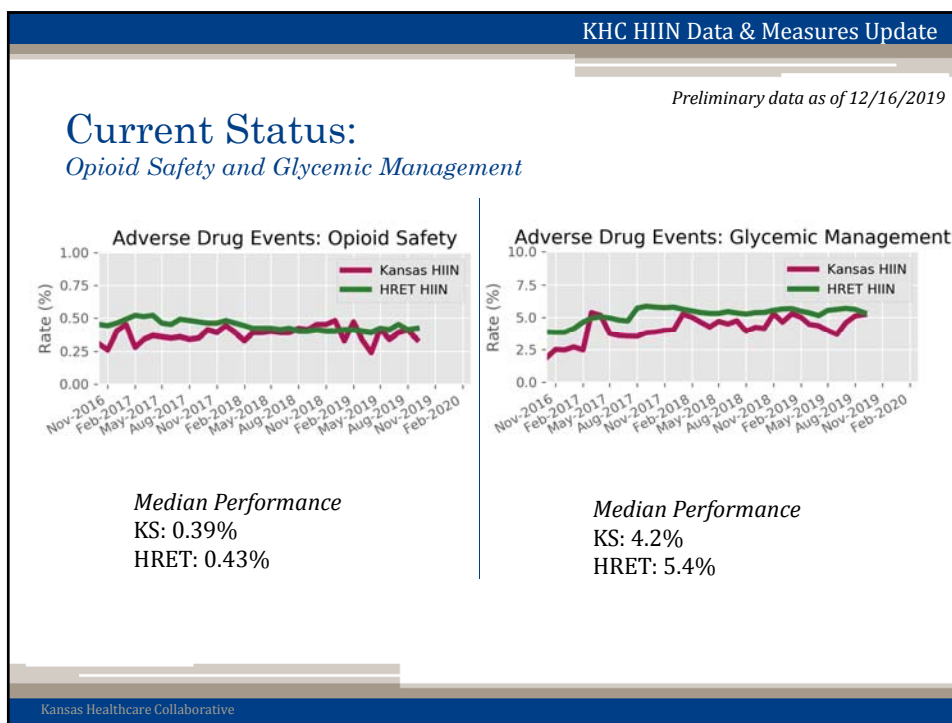
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Denominator	1	6	5	3	1	2	2	2	2	5	10	5	1	6	5	3	1	2	2	2	5	10	5	4	3	1	3	2	2	1	3	2	-	-	-	-														
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Denominator	4	3	1	3	2	2	1	3	2	-	-	-	4	3	1	3	2	2	1	3	2	-	-	-	4	3	1	3	2	2	1	3	2	-	-	-	-	4	3	1	3	2	2	1	3	2	-	-	-	-
Source	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q												
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Denominator	6	12	4	25	6	4	6	4	6	-	-	-	6	12	4	25	6	4	6	4	6	-	-	-	6	12	4	25	6	4	6	4	6	-	-	-	-	6	12	4	25	6	4	6	4	6	-	-	-	-
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Source	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D		

Source: Q=QHI, N=NHISN | The milestone period is highlighted in blue, missing data in yellow, outliers in red.

- Final Reports will be distributed FRIDAY (12/20/2019) to HIIN contacts, CEOs and CNOs
 - Outliers will not be highlighted in red.

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12





KHC HIIN Data & Measures Update		
Kansas HIIN – Monthly Data Submission Schedule		
Outcome & Process Measures for HACs occurring in:	Readmissions for index discharges in, and SSI for procedures performed in:	Data Submission Due
April 2019	March 2019	May 31
May 2019	April 2019	June 30
June 2019	May 2019	July 31
July 2019	June 2019	August 31
August 2019	July 2019	September 30
September 2019	August 2019	October 31
October 2019	September 2019	November 30
November 2019	October 2019	December 31
December 2019	November 2019	January 31
January 2020	December 2019	February 28
February 2020	January 2020	March 31
March 2020	February 2020	April 30

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17

Adverse Drug Events – Anticoagulation Safety
<h2>Avoiding High INRs: What is the Secret?</h2>
<div> <p>Steve Tremain, M.D. Physician Advisor Cynosure Health stremain@cynosurehealth.org</p> </div>

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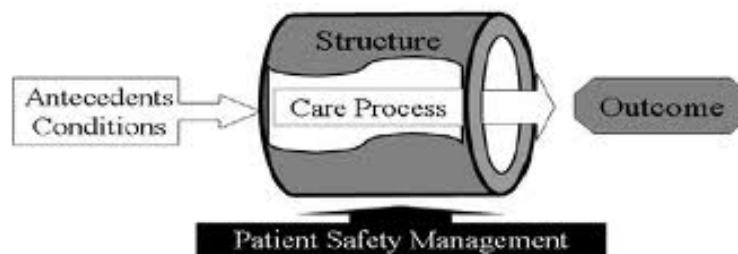
18

Today's Discussion

- The importance of structure and process for attaining and hardwiring improvement
- Getting past “data perfection”
- Warfarin safety: What works
- What's Your Next Step???




Avedis Donabedian



Adverse Drug Events – Anticoagulation Safety

- Structure + Process = Outcome

	Bad Outcome	Good Outcome
Bad process	Expected	Dumb Luck
Good process	Refine Process	Expected




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Adverse Drug Events – Anticoagulation Safety

Polling Question #1

What INR threshold do you report?

- ☐ >4
- ☐ >5
- ☐ >6
- ☐ Other (Type in the chat box)



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Adverse Drug Events – Anticoagulation Safety

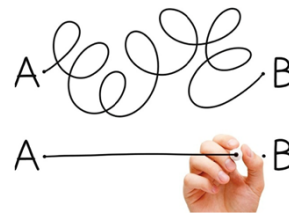
Simplify the Data Collection

Warfarin:

- How often do you see an INR >5 in a patient NOT on warfarin?
- Count all patients who had an INR >5 (numerator)
 - Assume on warfarin
- Count all patients who received warfarin (denominator)
- CLOSE ENOUGH



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23

Adverse Drug Events – Anticoagulation Safety

Warfarin Safety: What Works?

- An admission INR is obtained on all patients before 1st inpatient warfarin dose, even if on warfarin as an outpatient
- Daily INRs are checked on all patients
- Daily INRs tracked and trended and used for predictive modeling



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24

Polling Question #2

How is your pharmacy involved in warfarin management?

- ☐ It orders and manages all facets of warfarin through standardized policy and procedures approved by the medical staff.
- ☐ The physicians order the warfarin and then the pharmacy takes it from there.
- ☐ The pharmacists oversee the care, but it is all physician driven.
- ☐ The pharmacy is minimally involved in warfarin management.
- ☐ We don't have pharmacy involvement.



Warfarin Safety: What Works?

- The pharmacy manages the dosing with standard algorithms
 - 2nd best: pharmacy assists prescriber in dosing orders
 - Generally worst: “usual care”
- All dosing is based upon the daily INR results



Adverse Drug Events – Anticoagulation Safety

Warfarin Safety: What Works?

- Dosing adjustments are anticipatory, not reactive
- All known Drug-Drug and Drug-Food Interactions are considered
- All doses timely
- Consider exclusion of patients known to have labile INRs (many reasons)

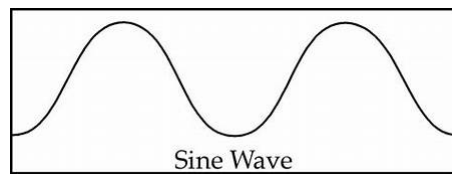


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27

Adverse Drug Events – Anticoagulation Safety

Avoid the Sine Wave




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28

Hospital Story – Newton Kansas

Hospital Story

Adverse Drug Events – Anticoagulant Safety




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Hospital Story – Newton Kansas



- 103-bed community hospital
- 16 miles north of Wichita
- 9 Clinics
- Home Health
- Cardiac Rehab
- Outpatient Surgery
- Infusion Center, Wound Center
- Orthopedics
- Women's Center

Pharmacy Department:

- 7am – 7pm
- 6 pharmacists on staff
- Pharmacokinetic dosing
- Antibiotic Stewardship

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Warfarin Dosing Protocol

- Reviewed literature
- Included contraindications
- Approved by P&T

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31

Logistics

- Pharmacy consult is ordered
- See patient
- Labs
- Dosing
- Progress note
- Pharmacokinetics
 - $t_{1/2}$
 - Std dosing time
 - Rate of change

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32

Hospital Story – Newton Kansas

Management of Elevated INR in Non-Surgical Patients Receiving Oral Warfarin Therapy

DEPARTMENT OF PHARMACY PROTOCOL

Adjustments are designed to bring INR levels back down to within therapeutic range, not baseline levels.

INR > therapeutic range to 4.5	Hold dose, repeat INR in am. Consider dose reduction depending on rate of change. May not need dose reduction if only slightly above therapeutic range.
INR 4.5 - 6	Hold dose, repeat INR in am. Consider Phytonadione 0.5-1mg po x 1 dose based on rate of change of INR. (1) Consider dose reduction when restarting warfarin therapy.
INR 6 - 10	Hold dose, repeat INR in am. Consider Phytonadione 1-2.5mg po x 1 dose based on rate of change of INR and evidence of bleeding. (2) Dose reduction when restarting warfarin therapy.
INR > 10	Hold dose, Phytonadione 5mg po x 1 dose. (2) Repeat INR in 8-12 hours.

Notes:

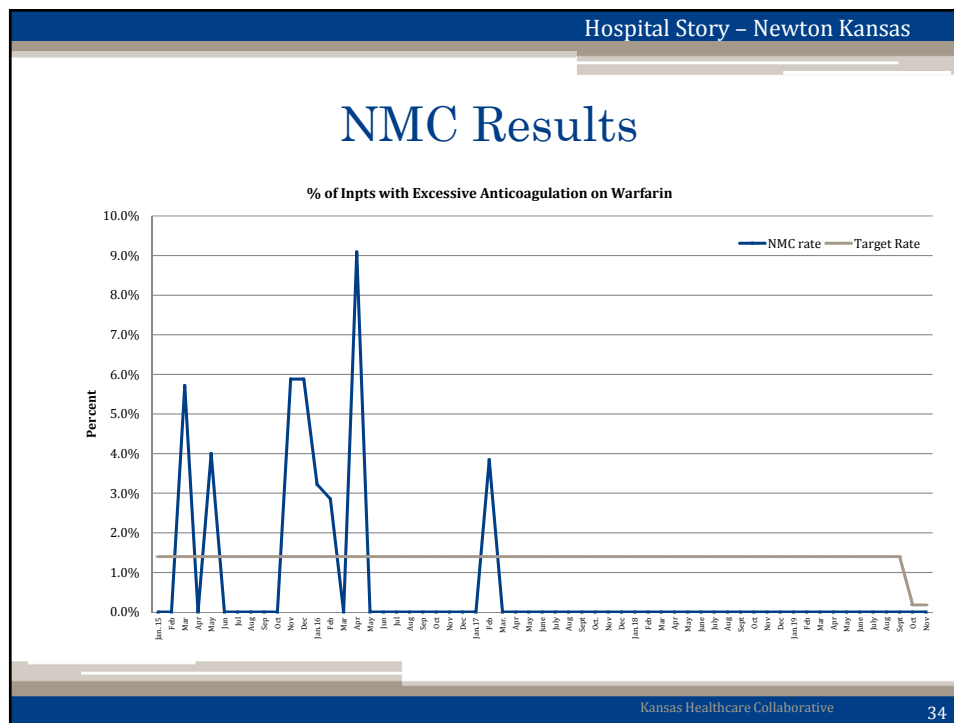
(1) If rate of change of INR has significant increase, consider Phytonadione to prevent INR from exceeding 6.
 (2) If significant bleeding give Phytonadione 5-10mg IV in 50ml diluent over 20-30 minutes. [IV Phytonadione works faster than oral therapy, but is associated with anaphylactic reaction in 3/10,000 patients. [SQ route gives erratic and unpredictable absorption. SQ route is not recommended.]
 May also consider PCC (Prothrombin Complex Concentrate). PCC is preferred over FFP as FFP has slower onset, greater risk of allergic reaction, greater risk of viral transmission, longer preparation time, and higher volume of administration. Confer with provider.

References:

- American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. Evidence-based management of anticoagulant therapy: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Chest. 2012 Feb;141(2 Suppl):e152S-84S. doi: 10.1378/chest.11-2295
- Kansas Hospital Engagement Network, Quality Health Indicators, KS HEN 2.0, 12/2015

Pharmacy, 8/2019

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33



Recommendations

- Ask pharmacy to manage
- Create a standard dosing time
- Watch rate of change
- Intervene sooner

Where Are You Now?

- What are you working on?
 - Is it making difference?
- What are you NOT working on?
- Ready to try something new that will jumpstart your INR improvement work???



Announcements and Updates

Introducing.... KHC HIIN Mini-Sprint



Adverse Drug Events
♦
Anticoagulation Safety

Please join us!
Through Feb. 2020

<https://www.surveymonkey.com/r/KHC-HIIN-ADE-Mini-Sprint-Signup>

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Adverse Drug Events – Anticoagulation Safety

High Inpatient INR Process Improvement Discovery Tool (Minimum 10 charts/Maximum 20 charts)

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

Instructions: (1) Mark an X in the box if the best practice process occurred as stated. You may check multiple boxes per chart.
(2) The processes with many blanks could be a priority focus.

BEST PRACTICE PROCESS	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #
The prescriber was managing the warfarin with pharmacy assistance.										
An INR was obtained and resulted before the first inpatient dose was ordered.										
Daily INRs were obtained.										
Dosage adjustments were made based on the last daily INR result.										
Dosage adjustments were ANTICIPATORY not REACTIVE ("It's going up fast, time to decrease the dose.")										
Warfarin dosage adjustments were made based upon known drug-drug interactions.										
Warfarin dosage adjustments were made based upon known food-drug interactions.										
Patient's history of prior INR control predicted that this patient is a good candidate for warfarin management. (Enter N/A if no prior history.)										
No inpatient warfarin doses were missed or refused.										
No medication errors of any kind (e.g. wrong med, wrong dose, missed dose) occurred that would affect the INR. Consider antibiotics and other meds that bind albumin.										
Other factors led to the high INR (specify).										


 Cynosure

Page 1 of 1 www.cynosurehealth.org

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Adverse Drug Events – Anticoagulation Safety

ADE Change Package



<http://www.hret-hiin.org/Resources/ade/18/adverse-drug-events-ade-change-package.pdf>

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Adverse Drug Events – Anticoagulation Safety

Testimonial

Another state's experience
using the ADE Process Improvement Discovery Tool



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**New Mexico
Hospital Association**
Always There, Ready to Care.

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Adverse Drug Events – Anticoagulation Safety



KHC HIIN Mini-Sprint Anticoagulation Safety

- 1. Sign up for the mini-sprint**
<https://www.surveymonkey.com/r/KHC-HIIN-ADE-Mini-Sprint-Signup>
- 2. Download and complete P.I. Discovery Tool**
Review 5 - 10 charts, depending on hospital size
- 3. Return completed tool to KHC by Jan. 22**
- 4. Register for follow-up Mini-Sprint webinar**
10 a.m. Tuesday, Feb. 4 with Dr. Steve Tremain. Registration link will be provided in confirmation email.
- 5. Prepare to share and participate in Feb. 4 webinar**


Note: This Mini-Sprint includes a limited number of individualized coaching calls with Dr. Tremain, Feb. 11 or 13. Invitations will be prioritized by KHC among those completing Discovery Tool and based on need.

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Adverse Drug Events – Anticoagulation Safety


Next Steps

1. Identify your process failures
2. Select 1-2 strategies for improvement or sustainability
3. Conduct PDSAs to implement and refine
4. Track your experience, modifications, successes.....
5. Utilize the expertise at KHC for assistance
6. Carry on to improvement!




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Adverse Drug Events – Anticoagulation Safety



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Resources and Upcoming Events

Resources and
Upcoming Events

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Upcoming Events

Upcoming KHC HIIN Webinars

Next KHC HIIN Webinar
Jan 22, 2019 | 10:00 to 11:00 am
▫ Register Here: <https://khconline.adobeconnect.com/khc-hiin-01-22-20/event/registration.html>

KHC HIIN ADE-Anticoagulation Safety Mini-Sprint
Feb 4, 2020 | 10:00 – 11:00 a.m.
KHC will email registration link upon enrollment in Mini-Sprint.

KHC Hand Hygiene Collaborative
Final Quarterly Session for Cohort 2
Feb 7, 2020 | 11:00 a.m. – 12:00 p.m.
Contact Chuck Duffield (cduffield@khconline.org) for webinar registration link.

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Upcoming Events

Upcoming Events and Webinars

- **January 7, 2019 | 12 to 1:00 p.m.**
 - HRET HIIN : What Matters to You? Session 4 of 4: [Register here](#)
- **January 13, 2019 | 11 a.m. to 12:00 p.m.**
 - HRET HIIN : Performance Improvement Collaborative – Session #3
 - Kansas participants, contact [Michele Clark](#) for registration links if not already registered.

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Upcoming Events

Previous HRET & KHC HIIN Webinars

In case you missed any of the KHC HIIN or HRET HIIN events, here are the links to access the archives:

- [KHC HIIN education archive](#) (chronological order)
- [HRET HIIN education archive](#) (organized by topics)

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47

Upcoming Events



Three-Part
De-escalation Webinar Series
 October – November – December 2019
Recordings Available

Sticks and Stones and Getting Along: Controlling Conflict with Communication
 This presentation focuses on defining common conflicts between caregivers, patients and their families due to the unique nature of health care. To view webinar, click here: <https://www.surveymonkey.com/r/De-escalation-Session-1> (90 minutes)

“All Patients are Unique (Just Some More Than Others)” - De-escalation Techniques in Atypical Health Care Settings
 This presentation follows up to the initial controlling conflict webinar addresses the common causes for verbal and physical aggression from patients, clients and family members in the health care environment. To view webinar, click here: <https://www.surveymonkey.com/r/De-escalation-Session-2> (90 Minutes)

“SECURITY: Who Is Responsible?” (Hint: It’s Someone You Know)
 This presentation examines how every staff member can influence and improve the security culture of their organization through situational awareness, crime prevention techniques and by fostering partnerships with other agencies to prepare for security-related events. To view webinar, click here: <https://www.surveymonkey.com/r/De-escalation-Session-3> (90 Minutes)

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48



Summit on Quality 2020

May 8
Hyatt Regency
Wichita, Kansas

Mark your calendar!

49

Resources

Resources

- Kansas Healthcare Collaborative
www.khconline.org
- AHA/HRET Hospital Improvement Innovation Network
www.hret-hiin.org
- CMS Partnership for Patients
<https://partnershipforpatients.cms.gov/>
- Partnership for Patients Healthcare Communities
<https://www.healthcarecommunities.org/CommunityHighlights/PartnershipforPatients>

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50

Additional Information

The KHC Office will be closed for the Christmas Holidays and New Years Day

KHC wishes you and yours a special Christmas holiday and a Happy New Year.

The KHC offices will be closed Dec. 24-25, 2019 and Jan. 1, 2020.



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Webinar Feedback

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

- <https://www.surveymonkey.com/r/HIIN-Webinar-12182019>

We welcome your ideas for future topics!!

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For more information:
→ KHConline.org

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53



Executive Leadership



Tom Bell
Co-Executive Director



Jerry Slaughter
Co-Executive Director (Interim)



Allison Peterson DeGroff
Managing Senior Director



Karen Brame
Senior Director

Hospital-led initiatives



Michele Clark
Program Director



Chuck Duffield
Performance Improvement Manager

Physician-led initiatives



Rosanne Rutkowski
Program Director



Jill Daughhetee
Quality Improvement Advisor



Jana Farmer
Quality Improvement Advisor



Malea Hartvickson
Quality Improvement Advisor

Data and Measurement



Eric Cook-Wiens
Data & Measurement
Director



Azucena Gonzalez
Health Care Quality Data Analyst



Mandy Johnson
Quality Improvement Advisor



Patty Thomsen
Quality Improvement Advisor



Rebecca Thurman
Quality Improvement Advisor

Administration & Communications



Rhonda Lassiter
Executive Assistant/
Office Manager



Treva Borchert
Project Specialist



Phil Cauthon
Communications Director

→ Find contact info, bios,
and more at:
KHConline.org/staff

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54