KHC Hospital Improvement Innovation Network

December 19, 2018
10 to 11 a.m. CT

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

Agenda

• Welcome and Announcements
• HIIN Milestone 10, Data and Measures Update
• Featured Topic: Workplace Violence
• HIIN Resources and Upcoming Events
Introductions

Special Guests

Laura Castellanos
Associate Director
American Hospital Association
Center for Health Innovation

Deborah Stern
Senior Vice President of Clinical Services
and General Council
Kansas Hospital Association

Kansas Healthcare Collaborative

Michele Clark
Program Director
mclark@khconline.org

Eric Cook-Wiens
Data and Measurement Director
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Chuck Duffield
Performance Improvement Mgr.
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Announcements

Accelerating Progress in Health Disparities

- **Introduction to the 7 new metrics for Health Disparities**
  November webinar recording featuring Kristin Preihs, HRET, is available in KHC HIIN education archive


- A new Health Disparities LISTSERV® is now open.

- Institute for Diversity Issue Brief 3: Connecting the Dots: Value and Health Equity
6-Month HIIN Extension: October – March

HRET HIIN Sprints, Relays, Fishbowls

Sprints, Relays and SNAPs:
- CDI Fall Sprint
- Hypoglycemia Relay
- Post-op Sepsis SNAP
- VTE PFE Sprint

Fishbowls:
- Falls Delirium
- CAUTI in the ICU
- Pressure Ulcers/Injuries/PFE

Announcements

Announcements

UP CAMPAIGN

www.hret-hiin.org/engage/up-campaign.shtml
KHC HIIN Falls Sprint

A targeted focus among Kansas hospitals on preventing Falls with Injury

October 2018 - March 2019

21 Kansas Hospital Sprinters

- Clara Barton Hospital
- Coffey County Hospital
- Ellsworth County Medical Center
- F.W. Huston Medical Center
- Greenwood County Hospital
- Hillsboro Community Hospital
- Hodgeman County Health Center
- Jewell County Hospital
- Lawrence Memorial Hospital
- Mitchell County Hospital Health Systems
- Norton County Hospital
- Olathe Medical Center
- Osborne County Memorial Hospital
- Phillips County Hospital
- Rush County Memorial Hospital
- Scott County Hospital
- South Central Kansas Medical Center
- Sumner County Hospital District No. 1
- Washington County Hospital
- Wichita County Health Center
- William Newton Hospital
KHC HIIN Hand Hygiene Collaborative

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

Cohort 4 extended!

KHC HIIN PFA/PFAC Collaborative

Next event:
January 8, 2019
1:00 to 2:00 p.m.

Kansas PFAC/PFA Collaborative Faculty

Tiffany Christensen
Vice President for Experience Innovation
The Beryl Institute

Allison Chrestensen
Principal Patient and Family Engagement Consultant
Tandem Healthcare Solutions
KHC HIIN Data Update

- Status Update
- Measure Dictionary Update v2.3
- HIIN Milestone 10
- Worker Safety Measures
- Data submission schedule

Status Update

- Monthly Reports
  - Preliminary Reports, this week
  - Final reports on Friday, 1/4/2019
  - Using HIIN extension baselines
- Targeted emails for data quality
- KHC developing a dashboard for HIIN extension
  - January, 2019 (hopefully)
  - Focus on Milestone targets

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Measure Dictionary Update

- Version 2.3
- See change log for a list of updates


Milestone 10

- Data Submission GOAL:

  >90% of hospitals have complete data for >75% of their applicable measures for the monitoring period:
  
  Jan ‘17 through Oct ‘18

- DUE DATE:

  January 15, 2018

(!)
Current Status: Harms per 1,000 Discharges

Improvement Project-to-Date
Harm Events Related to Patient Handling

Worker Harm Events Related to Patient Handling

Harm Events Related to Workplace Violence

Worker Harm Events Related to Workplace Violence
### Harm Events Related to Workplace Violence

#### Shift
- 

#### Trend
- 

#### Too few runs
- *(for 25 data points, expect between 8 and 18 runs)*
Harm Events Related to Workplace Violence

Poll

- What is behind the increasing rate of workplace violence events in 2018?
  - Violence events **have become more common** in the last year
  - Have **not noticed an increase** in violence events in my hospital
  - The rate is the same, just being documented more consistently
  - **Not Sure**
- Put observations in chat
### 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>April 30, 2018</td>
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<td>March, 2018</td>
<td>May 31, 2018</td>
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<td>February, 2019</td>
<td>January, 2019</td>
<td>March 31, 2019</td>
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</tbody>
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Between 2011 and 2013, workplace assaults ranged from 23,540 and 25,630 annually, with 70% to 74% occurring in health care and social service settings, according to Occupational Safety and Health Administration (OSHA) statistics.

Disparate Impact of Violence to Health Care

Violence in health care facilities is a present issue

<table>
<thead>
<tr>
<th>Health care facilities</th>
<th>Examples of reported workplace violence incidents</th>
</tr>
</thead>
</table>
| Hospitals with emergency rooms      | Worker hit in the head by a patient when drawing the patient’s blood and suffered a concussion and a permanent injury to the neck
|                                    | Worker knocked unconscious by a patient when starting intravenous therapy on the patient |
| Psychiatric hospitals               | Worker punched and thrown against a wall by a patient and had to have several surgeries. As a result of the injuries, the worker was unable to return to work |
|                                    | Patient put worker in a head-lock, and worker suffered neck pain and headaches and was unable to carry out regular workload |
|                                    | Patient broke health care worker’s hand when the health care worker intervened in a conflict between two patients |
| Residential care facilities         | Patient became upset after being deemed unfit to return home and attacked the worker |
|                                    | Worker hit in the head by a patient and suffered both physical and emotional problems as a result of the incident |
| Home health care services           | Worker attacked by patient with dementia and had to defend self |
|                                    | Worker was sexually harassed by a patient when the patient grabbed the worker while rendering care |

Table 2: Examples of Workplace Violence Incidents Reported by the Health Care Workers We Interviewed

There is a cost to hospitals preventing and responding to violence

“Overall, we estimated that proactive and reactive violence response efforts cost U.S. hospitals and health systems approximately $2.7 billion in 2016. This includes $280 million related to preparedness and prevention to address community violence, $852 million in unreimbursed medical care for victims of violence, $1.1 billion in security and training costs to prevent violence within hospitals, and an additional $429 million in medical care, staffing, indemnity, and other costs as a result of violence against hospital employees.”

Limited data and reporting is available on violence in health care facilities

<table>
<thead>
<tr>
<th>Agency</th>
<th>Data Set</th>
<th>Types of workplace violence cases reported from this data set</th>
<th>Source</th>
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<tbody>
<tr>
<td>Department of Labor’s Bureau of Labor Statistics (BLS)</td>
<td>Survey of Occupational Injuries and Illnesses (SOII)</td>
<td>Nonfatal workplace violence-related injuries requiring workers to take days off from work</td>
<td>Employers: BLS surveys a nationally representative sample of employers (about 250,000 establishments).</td>
</tr>
<tr>
<td>Department of Justice’s Bureau of Justice Statistics (BJS)</td>
<td>National Crime Victimization Survey (NCVS)</td>
<td>Nonfatal assault against employed persons age 16 or older that occurred while they were at work or on duty.8</td>
<td>Individuals: BJS surveys a nationally representative sample of about 90,000 households, comprising nearly 160,000 individuals.</td>
</tr>
</tbody>
</table>

Challenges from the field

- Lack of a standard definition and collection of data
  - "The Bureau of Labor statistics and the National Institute for Occupational Safety and Health are among several federal agencies devoted to the collection of statistics on workplace violence, and their results are disparate. In addition, inconsistency in defining categories of violence compromise reliability among studies."

- Lack of evidence-based violence prevention programs
  - "Proving that prevention programs are efficacious and cost-effective requires scientific experimentation, and designing such experiments has proved to be challenging. Without standardized definitions, it will remain difficult for researchers to combine or compare data, assess interventions, and detect temporal changes."

- A Culture of Fear
  - "Nurses have cited fear of retribution from supervisors, the complexity of the legal system and disapproval of administrators as barriers to the reporting of workplace violence."
  - "Providers are sometimes uncertain what constitutes violence, since they often believe that their assailants are not responsible for their actions in such cases."


Congress working to address this crisis in 2018...

- H.R. 5223 Health Care Workplace Violence Prevention Act introduced by Rep. Khanna (D-CA) on March 8, 2018

- H.R. 7141 Workplace Violence Prevention for Health Care and Social Service Workers Act, introduced by Rep. Courtney (D-CT) on November 15, 2018
What other organizations are saying?

- American College of Emergency Physicians®
- ENA
- ANA
- NNHMP
- CURE
- The Joint Commission
- IAHSS
- American College of Healthcare Executives

The Joint Commission

- Sentinel Event Alert #59: Physical and Verbal Violence Against Health Care Workers identifies specific types of sentinel and adverse events and high risk conditions, describes their common underlying causes, and recommends steps to reduce risk and prevent future occurrences
- Published April 2018
Sentinel Event Alert #60: Developing a Reporting Culture

identifying and reporting unsafe conditions before they can cause harm, trusting that other staff and leadership will act on the report, and taking personal responsibility for one’s actions are critical to creating a safety culture.

Published December 2018

Nearly 7 in 10 emergency physicians say emergency department violence is increasing.

8 in 10
About 10 percent say violence in the emergency department harmed patient care.

51%
Of those, more than half say patients have been physically harmed.

Nearly 1/2 of emergency physicians have been physically assaulted at work.

47%
More than 6 in 10 of those assaulted say it’s been in the past year.

Nearly 7 in 10 say their hospital reported the incident, yet only 3% pressed charges.

The results of a poll of more than 3,500 emergency physicians across the nation were released October 2, 2018
American Nurses Association

- According to a 2014 ANA survey of 3,765 registered nurses and nursing students, 43% of respondents have been verbally and/or physically threatened by a patient or family member of a patient while at work.
- July 2015 released a position statement on Incivility, Bullying and Workplace Violence.

Emergency Nurses Association

- ENA states that violence in emergency departments has reached epidemic levels and emergency nurses are particularly vulnerable
- ENA offers a Workplace Violence Toolkit and a few online Workplace Violence Course, providing 1.13 contact hours of CNE
Hospital-based Violence Intervention Programs

- Violence is preventable, and trauma centers and emergency rooms have a golden moment of opportunity at the hospital bedside to engage with a victim of violence and to stop the cycle of violence. The Network's purpose is to strengthen existing programs and help develop similar programs in communities across the country.

- Cure Violence stops the spread of violence by using the methods and strategies associated with disease control – detecting and interrupting conflicts, identifying and treating the highest risk individuals, and changing social norms – resulting reductions in violence of up to 70%.

KHA Workplace Violence Initiatives

Deborah F. Stern, RN, JD
Kansas Hospital Association
December 19, 2018
KHA Workplace Violence Activities

- Focus group convened
- Workplace violence defined
- Survey developed and distributed
- Data analysis of survey results
- Next Steps based on survey results

KHA Workplace Violence Focus Group

- Multi-stakeholder group including nursing, quality, safety, emergency department, EMS, HR met in June 2018
- Reviewed environmental scan
- Developed definition of workplace violence
- Tested workplace violence survey
- Provided input on education and resource needs
Environmental Scan

Violent Injuries Resulting in Days Away from Work, by Industry, 2002–2013

Patients are the largest source of violence in healthcare settings, but not the only source

Prevalence of workplace violence

- Workplace violence injuries for inpatient healthcare workers are 5 times higher than private sector workers. 
  2016 General Accounting Office
- Violence is vastly underreported

KHA Workplace Violence Definition
Workplace Violence Defined

Adapted from MHA definition and developed with input from KHA focus group

• An act or threat of violence involving an explicit or implicit challenge to personal safety, wellbeing or health; and/or, other threatening disruptive behavior that occurs within health care facilities. The term "workplace violence" shall not include lawful acts of self-defense or the defense of others. Workplace violence includes, but is not limited to the following:
  – The threat or use of physical force, sexual assault, battery, harassment, bullying or intimidation, which may be verbal or non-verbal, against a caregiver or employee that results in, or has a high likelihood of resulting in injury, psychological trauma or stress, regardless of whether the employee sustains a physical injury;
  – An incident involving the threat or use of a firearm or other weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury.
  – An incident involving a patient, operating under an acute mental illness, significant cognitive impairment or an acute medical condition, who may be unable to understand the effects or the results of their actions. This type of incident is still considered a reportable event.

Kansas Emergency Nurses Association and Kansas Hospital Association Surveys
Kansas Emergency Nurses Association (KANA) Survey Comments - 2018

• Reason for workplace violence – 54% behavioral health, drugs/alcohol
• Violence is part of the job – 18%
• Left nursing due to workplace violence – 5%

KHA Workplace Violence Survey

• Sent to all KHA member hospitals (124) in September 2018
  – Directed to CEOs, Risk Managers, CNOs and HR Personnel
• Responses received from 251 individuals
  – 109 unique hospitals; and
  – rural health clinics, medical offices, and long term care units
KHA 2018 Survey Result Highlights

Respondents by hospital type

[Bar chart showing respondents by hospital type]
Frequency of workplace violence committed by patients, visitors, students, inmates, or any others for whom the organization provides services?

Type of workplace violence experienced in the responding facility
Initiator of violence according to respondents

Day of the week workplace violence occurs at your facility?
Time of day of workplace violence occurrence at your facility?

In your opinion what are the 3 most important measures that would reduce violence in your workplace?

<table>
<thead>
<tr>
<th>Measure</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevent and Educate</td>
<td>120</td>
</tr>
<tr>
<td>Security Staff</td>
<td>42</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>26</td>
</tr>
<tr>
<td>Communication</td>
<td>15</td>
</tr>
<tr>
<td>Legal/Legislative</td>
<td>3</td>
</tr>
</tbody>
</table>
Next Steps

• Report survey results to member hospitals
• Develop education and training resources for 2019
  – Provide web-based de-escalation training for use with new employees and for staff in-services
  – Provide face-to-face de-escalation training across the state

Questions?
Resources and Upcoming Events

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Announcements

Antimicrobial Stewardship:
Patient Education Resources

#UseAntibioticsWisely

Download at:
UseAntibioticsWisely.org

Or request laminated copies:
Phil Cauthon
KHC Communications Director
pcauthon@khconline.org

11” x 17” Poster

Know the facts.

DO YOUR PART TO REDUCE ANTIBiotic RESISTANCE

WHAT YOU CAN DO

- Wash hands with soap and water for 20 seconds at least 5 times per day
- Do not give someone your antibiotics
- Visit hospitals safely to prevent nosocomial infections
- Use antibiotics wisely to help manage infections
- Use antibiotics for other infections
- Take antibiotics only as prescribed
- Do not share medication

For more info and resources at
UseAntibioticsWisely.org
Announcements

Antimicrobial Stewardship:
Patient Education Resources

**Great Plains**
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Quality Improvement Consultant
Kansas Foundation for Medical Care, Inc.
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Topeka, KS 66612
785-273-2552 Ext 374
nadyne.hagmeier@area-a.hcqis.org

Top 5 Patient flyer

**Top 5**

1. *Do I really need an antibiotic?*
2. *Can I get better without this antibiotic?*
3. *What side effects or drug interactions can I expect?*
4. *What side effects should I report to you?*
5. *How do you know what kind of infection I have? I understand that antibiotics won’t work for viral infections?*

Viral Rx Pads

**Great Plains**
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Top 5 Wallet Card
Don’t forget your Change Packages!

Change packages include a menu of strategies, change concepts and specific, actionable items that any hospital can implement to improve the quality of patient care.

One package for each topic! www.hret-hiin.org

Upcoming Events

HRET HIIN: Measuring What Works to Achieve Health Equity
December 19 • 12:30pm - 1:30pm
Register here:
http://hret.adobeconnect.com/health-disparities-20181219/event/registration.html

HRET HIIN: Falls Fishbowl #3
December 20 • 11:00 am - 12:00pm
Register here:
http://hret.adobeconnect.com/falls-20181220/event/registration.html

HRET HIIN: Readmissions | MVP Webinar #4
January 4, 2019 • 11:00 am – 12:00pm
Register here:
http://hret.adobeconnect.com/readmissions-20190104/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: Falls Fishbowl #4
January 17, 2019 ● 11:00am - 12:00pm
Register here:
http://hret.adobeconnect.com/falls-20190117/event/registration.html

HRET HIIN: CAUTI Fishbowl #2
January 22 ● 11:00am - 12:00pm
Register here:
http://hret.adobeconnect.com/cauti-fishbowl-20190122/event/registration.html

HRET HIIN: ADE Relay Summary
January 31, 2019 ● 11:00am - 12:00pm
Register here:
http://hret.adobeconnect.com/ade-20190131/event/registration.html

Upcoming KHC Webinars

KHC HIIN: PFAC Collaborative – Track 2 “Mini-Fellowship”
January 8, 2019 ● 1:00pm - 2:00pm
The link to register for this webinar has been shared with hospitals participating in this Collaborative. For information, contact Chuck Duffield, cduffield@khconline.org or call (785) 235-0763 x1327.

KHC HIIN: Monthly Webinar
January 23, 2019 ● 10:00am - 11:00 am
Register here:
https://khconline.adobeconnect.com/khc-hiin-01-23-19/event/registration.html

KHC HIIN: Falls Prevention Sprint – Session #4
January 24, 2019 ● 10:00am - 11:00 am
The link to register for this webinar has been shared with hospitals participating in this Sprint. To view past sessions, visit the KHC HIIN Educational Archive. For information, contact Michele Clark, mclark@khconline.org or call (785) 235-0763 x1321.

See more Kansas events at https://www.khconline.org/events/full-events-list
Please provide feedback to this webinar  Let us know your next steps.
https://www.surveymonkey.com/r/KHC-HIIN-11282018

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