**KHC Hospital Improvement Innovation Network**

**February 27, 2019**

**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.

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**Introductions**

**Special Guest**
Alexandria Stack
Program Manager
Cynosure Health

**Hospital Presentations**
Anderson County Hospital
Tina Capeder
Phillips County Hospital
Jessica Hawkins

**Kansas Healthcare Collaborative**
Michele Clark
Program Director
mclark@khconline.org
Eric Cook-Wiens
Data and Measurement Director
ecook-wiens@khconline.org
Chuck Duffield
Performance Improvement Mgr
cduffield@khconline.org
Agenda

- Welcome and Announcements
- Summit On Quality
- Featured Topic: Journey to Health Equity
- HIIN Milestone Update
- HIIN Data and Measures Update
- HIIN Resources and Upcoming Events

Event info at: KHConline.org/summit
Call for Nominations due this Thursday, Feb. 26!

The Leadership in Quality Award is presented annually to recognize leadership and innovation in quality improvement and patient safety.

$5,000 will be presented to the grand prize winner at the 2019 Summit On Quality.

→ Download nomination form: KHConline.org/leadershipinquality

New Quality Leader Workshop
March 6-7 • Garden City, KS

This two-day KHC HIIN workshop will advance knowledge for individuals in new roles of quality, patient safety and change leadership.

Registration is open through March 1, 2019.

Agenda and additional details are available: https://www.khconline.org/leaderworkshop
Journey to Health Equity
Alex Stack, MPH, CSSBB
Program Manager
Cynosure Health

Health Equity Operational Assessment

Final – As of Feb. 20

% of KHC HIIN Hospitals (n = 117)

HEOA Metrics:
1 = Data collection
2 = Data collection training
3 = Data validation
4 = Data stratification
5 = Communicate findings
6 = Address and resolve gaps in care
7 = Organizational culture and infrastructure
Agenda

At the end of this webinar participants will have:

- Made the case for health equity as an organizational priority
- Examined the Health Equity Operational Assessment measure set, with a focus on data collection & analysis
- Exchanged ideas & best practices with peer hospitals through facilitated discussion

Health Equity Organizational Assessment (HEOA)

What?

<table>
<thead>
<tr>
<th>Assessment Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Collection</td>
<td>Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver.</td>
</tr>
<tr>
<td>Data Collection Training</td>
<td>Hospital provides workforce training regarding the collection of self-reported patient demographic data.</td>
</tr>
<tr>
<td>Data Validation</td>
<td>Hospital verifies the accuracy and completeness of patient self-reported demographic data.</td>
</tr>
<tr>
<td>Data Stratification</td>
<td>Hospital stratifies patient safety, quality and/or outcome measures using patient demographic data.</td>
</tr>
<tr>
<td>Communicate Findings</td>
<td>Hospital uses a reporting mechanism (e.g., equity dashboard) to communicate outcomes for various patient populations.</td>
</tr>
<tr>
<td>Address &amp; Resolve Gaps in Care</td>
<td>Hospital implements interventions to resolve difference in patient outcomes.</td>
</tr>
<tr>
<td>Infrastructure &amp; Culture</td>
<td>Hospital has organizational culture and infrastructure to support the delivery of care that is equitable for all patient populations.</td>
</tr>
</tbody>
</table>
Write in the chat box

What does health equity mean to you?

Health equity defined

Attainment of the highest level of health for all people. Health Equity means efforts to ensure that all people have full & equal access to opportunities that enable them to lead healthy lives.

Source: SFSU Health Equity Institute
Example

Diabetes Hospital Admission Rate by Race/Ethnicity
State: Kansas

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>37.2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>12.5</td>
</tr>
<tr>
<td>Other</td>
<td>15.7</td>
</tr>
<tr>
<td>White</td>
<td>13.9</td>
</tr>
<tr>
<td>Overall</td>
<td>15.3</td>
</tr>
</tbody>
</table>


Making the case

<table>
<thead>
<tr>
<th>Category</th>
<th>Icon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>★</td>
</tr>
<tr>
<td>Financial</td>
<td>$</td>
</tr>
<tr>
<td>Regulatory</td>
<td>✔</td>
</tr>
<tr>
<td>Resources</td>
<td>🐟</td>
</tr>
</tbody>
</table>
**Measuring health equity**

<table>
<thead>
<tr>
<th>REAL (Standard)</th>
<th>Social Determinants (Hospital Specific)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Race</td>
<td>• Economic stability</td>
</tr>
<tr>
<td>• Ethnicity</td>
<td>• Physical environment</td>
</tr>
<tr>
<td>• Age</td>
<td>• Education</td>
</tr>
<tr>
<td>• Language</td>
<td>• Food</td>
</tr>
<tr>
<td></td>
<td>• Community &amp; social context</td>
</tr>
<tr>
<td></td>
<td>• Health care system</td>
</tr>
</tbody>
</table>

**Social determinants of health**

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social integration</td>
<td>Health coverage</td>
</tr>
<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td></td>
</tr>
<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td>Social</td>
<td>Provider availability</td>
<td></td>
</tr>
<tr>
<td>Debt</td>
<td>Parks</td>
<td>education</td>
<td>integration</td>
<td>Provider linguistic and cultural competency</td>
<td></td>
</tr>
<tr>
<td>Medical bills</td>
<td>Playgrounds</td>
<td>Vocational training</td>
<td>Community</td>
<td>Quality of care</td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>Walkability</td>
<td>Higher education</td>
<td>engagement</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Zip code / geography</td>
<td></td>
<td>Stress</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Health Outcomes**

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
**Key milestones**

- Data collection
- Staff training
- Data validation
- Data analysis
- Communicate findings
- Address gaps in care

**Organizational Infrastructure & Culture**

**Data collection**

- Engage Leadership
  - Include leaders at all levels
  - Identify strategic priorities – at the organization level & point of care
  - Align health equity measures

- Define goals
  - Communicate vision & progress to the whole org.
  - Clearly identify successes and lessons learned

- Streamline
  - Combine disparities data collection with existing reporting requirements
  - Build data collection into QI projects
Data analysis

Workgroup

Build off of/or create a workgroup to “drive” health equity

Champion work!

Validate

Assess data accuracy & completeness

Identify & close gaps in reporting

Analyze

Select hospital measures for analysis – process, outcome, patient experience, cost, etc.

Stratify starting with REAL data then SDOH

Example

<table>
<thead>
<tr>
<th>30-day Readmissions</th>
<th>White</th>
<th>Hispanic</th>
<th>African-American</th>
<th>American</th>
<th>Asian</th>
<th>Unknown/Other</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall rate</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
</tr>
<tr>
<td>Overall volume</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
</tr>
<tr>
<td>Heart failure rate</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
</tr>
<tr>
<td>Heart failure volume</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
</tr>
<tr>
<td>AMI rate</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
</tr>
<tr>
<td>AMI volume</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
</tr>
<tr>
<td>Pneumonia rate</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
</tr>
<tr>
<td>Pneumonia volume</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
</tr>
<tr>
<td>COPD rate</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
<td>###%</td>
</tr>
<tr>
<td>COPD volume</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
</tr>
</tbody>
</table>

Source: Equity of Care: A Toolkit for Eliminating Health Care Disparities
Example

Percentage of Asian Patients Who Received Treatment to Prevent Blood Clots Within 24 Hours after Selected Surgeries

Source: Equity of Care: A Toolkit for Eliminating Health Care Disparities

Hear from peers

Why is health equity important to your hospital?
What is your vision? What steps have you taken to achieve health equity?
What was a smashing success? Fabulous flop?
What have you learned that you want others to know?

Anderson County Hospital
– Tina Capeder

Phillips County Hospital
– Jessica Hawkins
We chose #3, Data Validation

This became an obvious issue when doing ER Call backs as about 15% had disconnected phones.

This is where we are.....
Starting with the area code.

**Goal:** to get accurate patient demographic data.

**Risk:** We will not be able to get ahold of patient to report testing outcomes.

Follow-up is more likely to fail as appointment reminders, etc...

This is a revenue cycle issue as we cannot collect money from a patient we cannot locate or one who has given us inaccurate information.

**Plan:** Interdisciplinary discussion on what system we can develop to ensure that the data is correct at the time we collect it.

This is going to be a process!

Please advise if you have anything that might be helpful as this is a time consuming project that has to be done at the time the information is collected to prevent the patient leaving prior to verification.

Who does it?

How do they do it?

How does this affect workflow?

Does the staff understand the value?
Write in the chat box

What do you want to learn more about?

Resources

- Health Equity Metric Coaching Guide
- Equity of Care: A Toolkit for Eliminating Health Care Disparities
- AHA resources
Contact

If you have any questions feel free to contact me:

Alex Stack, MPH, CSSBB
Program Manager
Cynosure Health
astack@cynosurehealth.org

KHC HIIN
Milestone Update

• Milestone 10 (Jan. 22)
• Milestone 11 (March 15)

Michele Clark
MBA, CPHQ, CPPS, ABC
Program Director
Kansas Healthcare Collaborative
mclark@khconline.org
(785) 235-0763 x1321
Congratulations to Kansas Hospitals Achieving HRET HIIN Milestone 10

• Allen County Regional Hospital
• Anderson County Hospital
• Bob Wilson Memorial Grant County Hospital
• Citizens Medical Center, Inc.
• Clara Barton Hospital
• Clay County Medical Center
• Coffey County Hospital
• Coffeyville Regional Medical Center
• Comanche County Hospital
• Community HealthCare System, Inc.
• Community Memorial Healthcare, Inc.
• Decatur Health Systems, Inc.
• Edwards Co. Hosp. and Healthcare Ctr.
• Ellinwood District Hospital
• F.W. Huston Medical Center
• Geary Community Hospital
• Gowen County Medical Center
• Graham County Hospital
• Greenway Health Services
• Greenwood County Hospital
• Grinnell Memorial Hospital
• Hanover Hospital
• HaysMed
• Hillsboro Community Hospital
• Hodgeman County Health Center
• Holton Community Hospital
• Hospital District 6 Anthony Campus
• Hospital District No. 1 of Rice County
• Jewell County Hospital
• Kearny County Hospital
• Kingman Community Hospital
• LMI Health
• Labette Health
• Lane County Hospital
• Lincoln County Hospital
• Meade District Hospital/Artesian Valley Health System
• Medicine Lodge Memorial Hospital
• Memorial Health System
• Mercy Hospital Columbus
• Mercy Hospital, Inc.
• Miami County Medical Center, Inc.
• Minnea District Hospital
• Morris County Hospital
• Morton County Health System
• Nemaha Memorial Regional Medical Center
• Nemaha Valley Community Hospital
• Newton Medical Center
• Osborne County Memorial Hospital
• Ottawa County Health Center
• Phillips County Hospital
• Providence Medical Center
• Ransom Memorial Hospital
• Rawlins County Health Center
• Rooks County Health Center
• Rush County Memorial Hospital
• Russell Regional Hospital
• Saberha Community Hospital, Inc.
• St. Catherine Hospital
• Saint John Hospital
• Saint Luke Cushing Hospital
• Saint Luke Hospital & Living Center
• Saint Luke’s South Hospital
• Satanta District Hospital
• Scott County Hospital
• Sheridan County Health Complex
• Southwest Medical Center
• Smith County Memorial Hospital
• Stanton County Hospital
• Stevens County Hospital
• Summer Community Hospital
• Susan B. Allen Memorial Hospital
• Trego County Lemke Memorial Hospital
• Wamego Health Center
• Washington County Hospital
• Wichita County Health Center
• William Newton Hospital
• Wilson Medical Center

**Operational Metrics**

HRET HIIN Milestones
6-month Extension (Oct 2018 – Mar 2019)

**Milestone Goals:**

<table>
<thead>
<tr>
<th>HRET HIIN Milestone</th>
<th>Hospital Due Date</th>
<th>Time Period Jan. 2017 Through:</th>
<th>Data Completeness</th>
<th>“20/12” Improvement</th>
<th>5 PFE Metrics</th>
<th>7 Health Equity Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>11/21/2018</td>
<td>August 2018</td>
<td>≥60%</td>
<td>≥67%</td>
<td></td>
<td>Baseline Survey</td>
</tr>
<tr>
<td>10</td>
<td>1/22/2019</td>
<td>October 2018</td>
<td>≥75%</td>
<td>≥67%</td>
<td></td>
<td>All at Basic Level</td>
</tr>
<tr>
<td>11</td>
<td>3/15/2019</td>
<td>December 2018</td>
<td>≥80%</td>
<td>≥70%</td>
<td>≥80%</td>
<td>All at Basic Level, with ≥2 at Intermediate or Advanced Level</td>
</tr>
</tbody>
</table>
Milestone 11: Next Steps

- Watch your email for new KHC HIIN Milestone 11 Dashboard report (preliminary).
- Identify gaps and corrections in data submission that can be taken care of by the March 15 due date.
- Review Operational Metrics (KHC email to be sent to hospitals on March 5.) Let us know of any updates by March 15.

KHC HIIN – December 19, 2018

KHC HIIN Data Update

- Status Update
- Milestone 11 Reports
- Data submission schedule

Eric Cook-Wiens
MPH, CPHQ
Data and Measurement Director
Kansas Healthcare Collaborative
ecook-wiens@khconline.org
(785) 235-0763 x1324
**Preliminary Results**

**Improvement: Project-to-date**

<table>
<thead>
<tr>
<th>Category</th>
<th>Improvement Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSQ/Gift</td>
<td>-41.3%</td>
</tr>
<tr>
<td>SSQ/HP</td>
<td>-30.0%</td>
</tr>
<tr>
<td>VAP</td>
<td>-34.8%</td>
</tr>
<tr>
<td>CAUTI</td>
<td>-31.6%</td>
</tr>
<tr>
<td>ADR/Opoid</td>
<td>-27.9%</td>
</tr>
<tr>
<td>C. difficile</td>
<td>-22.7%</td>
</tr>
<tr>
<td>ADR/Hyp</td>
<td>-22.2%</td>
</tr>
<tr>
<td>SSQ/Rese</td>
<td>-22.5%</td>
</tr>
<tr>
<td>VTE</td>
<td>-14.0%</td>
</tr>
<tr>
<td>Readmissions</td>
<td>-4.1%</td>
</tr>
<tr>
<td>SSQ/WRP</td>
<td>-4.2%</td>
</tr>
<tr>
<td>CLABSI</td>
<td>1.7%</td>
</tr>
<tr>
<td>ADR/Anaest</td>
<td>2.0%</td>
</tr>
<tr>
<td>Sepsis Mort</td>
<td>0.0%</td>
</tr>
<tr>
<td>Fall</td>
<td>15.9%</td>
</tr>
<tr>
<td>Fall</td>
<td>24.3%</td>
</tr>
</tbody>
</table>

*Caution: Recent versions of the calculator show lower average harm rates than previous versions.*

**Current Status Harms per 1,000 Discharges**

*Source: HRET Improvement Calculator v6.4*
Milestone 11 Reports

- 2-page PDF report distributed this AM
- Page 1
  - Data submission
  - Measure Improvement
  - Patient and Family Engagement Metrics
  - Health Equity Organizational Assessment (HEOA) metrics
- Page 2
  - Data submission and measure improvement at-a-glance

### 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>
</tr>
<tr>
<td>April, 2018</td>
<td>March, 2018</td>
<td>May 31, 2018</td>
</tr>
<tr>
<td>May, 2018</td>
<td>April, 2018</td>
<td>June 30, 2018</td>
</tr>
<tr>
<td>June, 2018</td>
<td>May, 2018</td>
<td>July 31, 2018</td>
</tr>
<tr>
<td>July, 2018</td>
<td>June, 2018</td>
<td>August 31, 2018</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>
</tr>
<tr>
<td>November, 2018</td>
<td>October, 2018</td>
<td>December, 2018</td>
</tr>
<tr>
<td>December, 2018</td>
<td>November, 2018</td>
<td>January 31, 2019</td>
</tr>
<tr>
<td>January, 2019</td>
<td>December, 2018</td>
<td>February 28, 2019</td>
</tr>
<tr>
<td>February, 2019</td>
<td>January, 2019</td>
<td>March 31, 2019</td>
</tr>
</tbody>
</table>
Kansas Healthcare Collaborative

#OneHealthKS Pledge
www.useantibioticswisely.org

Antimicrobial Stewardship
KHC, along with its partners in the Kansas Quality Improvement Partnership (KQIP), invite all health care settings and providers – animal and human – to:

Actively commit to antimicrobial stewardship by taking the #OneHealthKS Pledge.
#OneHealthKS Pledge

What would we be pledging to do?

- By end of **month 1**, designate clinical leadership, a single leader, who will be responsible for program outcomes.
- By end of **month 6**, allocate necessary resources, including human, financial and I.T. resources.
- By end of **month 9**, develop local expertise by identifying and providing training for stewardship leaders through online or in-person training.
- By end of **month 12**, complete education for clinicians and patients about both resistance and optimal prescribing/antibiotic use.

How can I learn more?

Visit

https://public.kfmc.org/sites/hai/SitePages/Kansas%20Quality%20Improvement%20Partnership.aspx

Pledge online or return the pledge form by fax or email.

KQIP cover letter, recommendation, and pledge form:


Questions? Contact a KQIP representative or call Michele Clark at KHC, 785-235-0763 x1321 or mclark@khconline.org.
Antimicrobial Stewardship:
Patient Education Resources

Top 5
Questions you can ask your healthcare provider about Antibiotics

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? Understand that antibiotics won’t work for viral infections!”

Viral Rx Pads

Great Plains
Quality Innovation Network
Nadyne Hagmeier, RN
Quality Improvement Consultant
Kansas Foundation for Medical Care, Inc.
800 SW Jackson Street, Suite 700
Topeka, KS 66612
785-273-2552 Ext 374
nadyne.hagmeier@area-a.hcqis.org

Top 5 Wallet Card

Upcoming KHC Events

- **New Quality Leader Workshop**
  March 6 - 7, 2019 ● Garden City, Ks
  *Registration now open*

- **ICU CAUTI-CLABSI Prevention Workshop**
  for Kansas-Iowa ICU teams in the AHRQ Safety Program
  April 4, 2019 ● Kansas City, Ks
  *Registration open soon*

- **I.P. Boot Camp**
  Apr 16 - 17, 2019 ● Manhattan, Ks
  *Registration open soon*

See more KHC events at [https://www.khconline.org/events/full-events-list](https://www.khconline.org/events/full-events-list)
Upcoming KHC HIIN Webinars

KHC HIIN: PFA/PFAC Collaborative Session #8
March 5, 2019 ● 1:00 - 2:00 pm

KHC HIIN: Monthly Virtual Meeting
March 27, 2019 ● 10:00am - 11:00 am

Information: [https://www.khconline.org/events/hiin-events](https://www.khconline.org/events/hiin-events)
Contact Chuck Duffield, cduffield@khconline.org or call (785) 235-0763 x1327.

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

Upcoming Falls Sprint Webinars

KHC HIIN: Falls Prevention Sprint - Session #5
February 28, 2019 ● 10:00am - 11:00 am
Information: [Click Here](#)

KHC HIIN: Falls Prevention Sprint - Session #6
March 21, 2019 ● 12:30pm - 1:30pm
Information: [Click Here](#)

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](https://www.khconline.org/events/full-events-list)
Case Studies Review

HRET HIIN has recently updated the case studies page on its website to allow everyone to read existing case studies and submit new ones.

Do you have a success story to share?
We encourage you to complete a Case Study Template and submit to info@khconline.org. Case studies will be featured on the HRET HIIN website.

Click here to view the case studies:
http://www.hret-hiin.org/resources/display/case-studies

Recent Webinars and Events

- **January 23, 2019 - KHC HIIN Webinar**
  HAPI Update for hospital-acquired pressure ulcers/injuries:
  Data, prevalence studies and best practices
  Webinar recording | Presentation handout (pdf)

- **January 24, 2018 - KHC HIIN Falls Prevention Sprint - Session #4**
  Webinar recording | Presentation handout (pdf)

See KHC HIIN Education Archive at
http://www.khconline.org/initiatives/hiin/education/khc-hiin-past-educational-events
Please provide feedback to this webinar:
Let us know your next steps.

https://www.surveymonkey.com/r/KHC-HIIN-02272019

Your HIIN Contacts

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