

# KHC Hospital Improvement Innovation Network

May 22, 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.



623 SW 10<sup>th</sup> Ave. • Topeka, KS 66612 • (785) 235-0763 • [www.khconline.org](http://www.khconline.org)



## Introductions

### Special Guests



**Steve Tremain, MD FAAPL**  
Physician Improvement Advisor  
Cynosure Health  
[stremain@cynosurehealth.org](mailto:stremain@cynosurehealth.org)



**Sarah Gregg, RN, BSN**  
Diabetes Educator  
St. Aloisius Medical Center  
Harvey, North Dakota

### Kansas Healthcare Collaborative



**Michele Clark**  
Program Director  
[mclark@khconline.org](mailto:mclark@khconline.org)



**Eric Cook-Wiens**  
Data and Measurement  
Director  
[ecook-wiens@khconline.org](mailto:ecook-wiens@khconline.org)




**Chuck Duffield**  
Performance Improvement Mgr.  
[cduffield@khconline.org](mailto:cduffield@khconline.org)

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May 22, 2019

# Agenda



Hello Spring!

- Welcome and Announcements
- Diabetes Care in the Hospital – Implementing ADA's Top 10 List
- Introduction to the Hypoglycemia Process Improvement Discovery Tool
- HIIN Data and Measures Update
- HIIN Milestone Update
- HIIN Resources and Upcoming Events

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Announcements

## Summit On Quality 2019

*A huge success!*



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Announcements

## Summit On Quality 2019

Photos, illustrations, video, slide decks, and more available at:

→ [KHOnline.org/Summit](https://KHOnline.org/Summit)




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Announcements

## Summit On Quality 2019

The #OneHealthKS Pledge table was among the 2 dozen+ tables and posters



**Take the pledge to advance antimicrobial stewardship!**

<https://www.khconline.org/files/HIIN/OneHealthKS-pledge.pdf>





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## Summit On Quality 2019

Download session illustrations by Sara O'Keeffe

			
<u>Keynote: Looking Back, Moving Forward</u>	<u>Physician Track: Beating Burnout</u>	<u>Breakout Session: Health Equity</u>	<u>Keynote: No Need To Reinvent the Wheel</u>
→ 7.8MB PDF	→ 7.2MB PDF	→ 9.1MB PDF	→ 9.1MB PDF
→ 2.7MB JPG	→ 2.3MB JPG	→ 2.9MB JPG	→ 2.9MB JPG

→ [KHOnline.org/Summit](https://KHOnline.org/Summit)

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## Summit On Quality 2019

Leadership in Quality Award, 2019

### Children's Health Network

→ [KHOnline.org/Summit](https://KHOnline.org/Summit)



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## Summit On Quality 2019

Award of Merit, 2019

**Nikki Lamb**  
Sumner County  
Hospital District #1

→ [KHOnline.org/Summit](https://KHOnline.org/Summit)



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The photograph shows four people standing on a stage. On the far left is a man in a dark suit and tie. Next to him is a woman wearing a black dress with white cross patterns, who is holding a blue award plaque. To her right is a woman in a grey cardigan over a white top, and on the far right is a woman in a black dress. They are all smiling at the camera against a dark background.

Announcements

## Summit On Quality 2019

Award of Merit, 2019

**Nora Elizalde**  
**Bob Wilson**  
Memorial Hospital

→ [KHOnline.org/Summit](https://KHOnline.org/Summit)



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The photograph shows five people standing on a stage. On the far left is a man in a dark suit and tie. Next to him is a woman in a floral patterned dress holding a blue award plaque. To her right are three other women: one in a green floral top, one in a black top, and one in a grey top. They are all smiling at the camera against a dark background.



Announcements

## Summit On Quality 2019

Why Quality Improvement Matters video

KENDRA TINSLEY  
KHC Executive Director  
2008-2019

→ [KHOnline.org/Summit](https://KHOnline.org/Summit)

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Announcements

*Save the date!*

**Summit on Quality 2020**  
May 8  
Hyatt Regency  
Wichita, Kansas

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Announcements

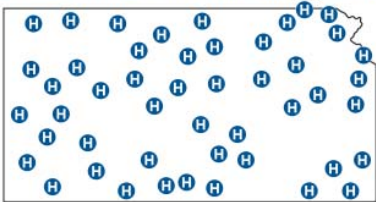


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*Congratulations!*

**Kansas hospitals that  
achieved Milestone #11**

These hospitals have met or exceeded the top-tier levels of performance and data submission for the HIIN project as of Dec. 31



See recognition list of 49 KHC HIIN hospitals in File Download pod below.  
***Milestone 12 due date is May 31!***

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Announcements

**HRET HIIN Spring Sprints**  
April-June  
**Kansas Participants**  
*Good luck!*

**Falls-Delirium Sprint**

- Allen County Regional Hospital
- Atchison Hospital
- Decatur Health
- Ellsworth County Medical Center
- F.W. Huston Medical Center
- Holton Community Hospital
- Labette Health
- LMH Health
- Olathe Health
- Republic County Hospital
- Rooks County Health System
- Southwest Medical Center
- St. Catherine Hospital

**HAPI Sprint**

- Citizens Medical Center
- Ellsworth County Medical Center
- Kingman Community Hospital
- Memorial Health System
- Salina Regional Health Center
- Southwest Medical Center
- St. Catherine Hospital

**VAE Sprint**

- Ascension Via Christi Hospital  
Pittsburg
- St. Catherine Hospital
- Southwest Medical Center
- Salina Regional Health Center

**VTE Sprint**

- Allen County Regional Hospital
- Olathe Health
- Sabetha Community Hospital
- Salina Regional Health Center
- St. Catherine Hospital

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## Feedback from our April KHC HIIN Webinar

### Topic: *Bringing Fun to Patient Safety*

[Link to KHC HIIN Education Archive](#)

#### *Feedback from Kansas hospitals about Next Steps:*

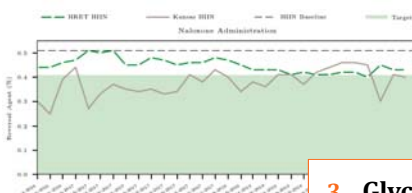
- Think about fun ways to get staff motivated.
- I will try to engage our department managers to collaborate on developing and implementing a patient safety/improvement topic with a game theme.
- Get out on the floors and round, using creative ideas like the ones presented today, round on nightshift as well.
- Figure out a fun way to get staff involved in foley removal and care.
- Try to share the stories more when facilitating meetings and educating staff.
- Read the book "Patients Come Second" and the IHI Framework for Improving Joy at Work.
- Share with co-workers.

## Preliminary KHC HIIN Data: Adverse Drug Events

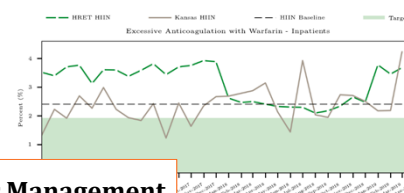
### Kansas Hospital Improvement Innovation Network

## Adverse Drug Events: 3 measures

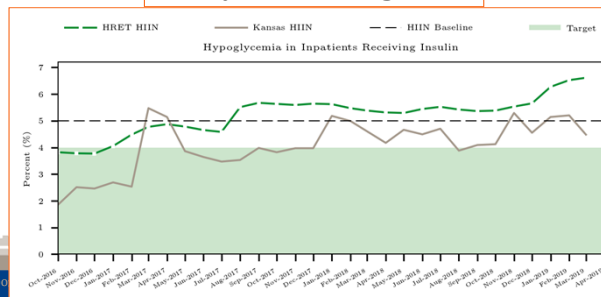
#### 1. Opioid Safety (Naloxone)



#### 2. Anticoagulation Safety



#### 3. Glycemic Management



**Goal:**  
20%  
reduction  
Desired  
trend  
↓



KHC HIIN Webinar – May 22, 2019

## Diabetes Care in the Hospital – Implementing ADA's Top 10 List

- New definitions of hypoglycemia
- What's happening in your facility: a new tool to help you discover *your* opportunities

**Steve Tremain, MD, FAAPL**  
Physician Improvement Advisor  
Cynosure Health

with

**Sarah Gregg, RN, BSN**  
Diabetes Educator  
St. Aloisius Medical Center  
Harvey, ND

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Polling Question

### Pre-Test Question #1

Which is most aligned with our staff's view of hypoglycemia:

- ☐ Unless the glucose is super-low, "like 38", we just treat it and move on. Not a big deal.
- ☐ We get nervous when the glucose is < 50, treat, and try to prevent another event.
- ☐ We all recognize that any glucose < 70 is a failure in inpatient glucose management and immediately modify the insulin regiment to prevent any future hypoglycemic events.

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Polling Question

### Pre-Test Question #2

Which best describes our insulin management:

- ☐ Every patient on insulin who is eating receives basal, nutritional, and correction insulin.
- ☐ Some patients are managed briefly with correction ("Sliding Scale") insulin alone.
- ☐ Many of our patients are managed with Sliding Scale insulin alone.

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Polling Question

### Pre-Test Question #3

Which best describes how we think about a specific hypoglycemic event:

- ☐ No matter how the patient seems to be, we respond based on the blood glucose
- ☐ How the patient seems to be is more important than the specific glucose value
- ☐ We perform a detailed cognitive neuro exam and the results drive our response.

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A typical story of brain functioning during a hypoglycemic event...



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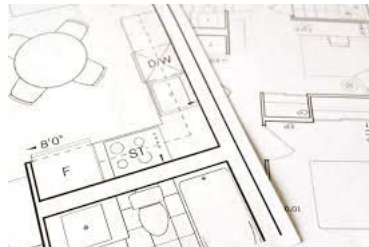


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## #10

- There should be a structured discharge plan tailored to the individual patient with diabetes.



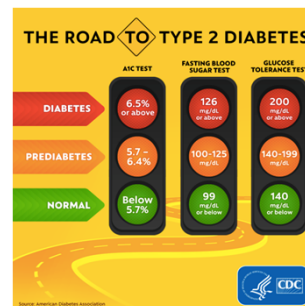
## #9

- When caring for hospitalized patients with diabetes, consider consulting with a specialized diabetes or glucose management team where possible.



## #8

- Perform an A1C on all patients with diabetes or hyperglycemia (blood glucose >140 mg/dL [7.8 mmol/L]) admitted to the hospital if not performed in the prior 3 months.



## #7

- A hypoglycemia management protocol should be adopted and implemented by each hospital or hospital system. A plan for preventing and treating hypoglycemia should be established for each patient. Episodes of hypoglycemia in the hospital should be documented in the medical record and tracked.



## #6

- *Insulin should be administered using validated written or computerized protocols that allow for predefined adjustments in the insulin dosage based on glycemic fluctuations.*



## #5

- *Basal insulin or a basal plus bolus correction insulin regimen is the preferred treatment for noncritically ill hospitalized patients with poor oral intake or those who are taking nothing by mouth.*
- *An insulin regimen with basal, prandial, and correction components is the preferred treatment for noncritically ill hospitalized patients with good nutritional intake.*

**Basal + Nutritional + Correction**



## #4

- Normo-glycemia (tight control) is NEVER the goal for inpatient diabetics.
- For selected surgical patients. A glucose range of 110–140 mg/dL may be appropriate, if this can be achieved without hypoglycemia.

**Target Glucose NEVER < 110 mg/dL**

## #3

- *Insulin therapy should be initiated for treatment of persistent hyperglycemia starting at a threshold  $\geq 180$  mg/dL (10.0 mmol/L). Once insulin therapy is started, a target glucose range of 140–180 mg/dL (7.8–10.0 mmol/L) is recommended for the majority of critically ill patients and noncritically ill patients.*

**Target Glucose for Most Diabetics is  
140-180 mg/dL**

## #2

- *Sole use of sliding scale insulin in the inpatient hospital setting is strongly discouraged.*



## #1

- *The treatment regimen should be reviewed and changed as necessary to prevent further hypoglycemia when a blood glucose value of <70 mg/dL (3.9 mmol/L) is documented.*



Answer Key

### Pre-Test Question #1

Which is most aligned with our staff's view of hypoglycemia:

- ☐ Unless the glucose is super-low, "like 38", we just treat it and move on. Not a big deal.
- ☐ We get nervous when the glucose is < 50, treat, and try to prevent another event.
- ☒ **We all recognize that any glucose < 70 is a failure in inpatient glucose management and immediately modify the insulin regimen to prevent any future hypoglycemic events.**

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Answer Key

### Post-Test Question #2

Which best describes our insulin management:

- ☒ **Every patient on insulin who is eating receives basal, nutritional, and correction insulin.**
- ☐ Some patients are managed briefly with correction ("Sliding Scale") insulin alone.
- ☐ Many of our patients are managed with Sliding Scale insulin alone.

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## Answer Key

## Post-Test Question #3

Which best describes how we think about a specific hypoglycemic event:

- ☒ **No matter how the patient seems to be, we respond based on the blood glucose**
- ☐ How the patient seems to be is more important than the specific glucose value
- ☐ We perform a detailed cognitive neuro exam and the results drive our response.

## The Hypoglycemia Process Discovery Tool

Mini RCA Hypoglycemia 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 where a process failure occurred. You may check more than one box per chart. (2) The processes with the most common failures could be a prior.

Process	Chart #1	Chart #2	Chart #3	Chart #4	Chart #5	Chart #6	Chart #7	Chart #8	Chart #9	Chart #10	Chart #11	Chart #12	Chart #13	Chart #14	Chart #15	Chart #16	Chart #17	Chart #18	Chart #19	Chart #20
Target glucose range																				
Target < 140 mg/dL (see glucose correction orders for patient)																				
Insulin adjustments																				
Home insulin regimen continued on admission without modification/reduction																				
Glucose < 100 without regimen modification																				
Glucose < 70 without regimen modification																				
Basal bolus																				
Patient not receiving basal insulin																				
Patient eating but not receiving bolus insulin																				
Patient on Sliding Scale Insulin alone																				
Insulin without carbs																				
Sudden loss of perenteral glucose																				
Sudden NPO																				
Sudden loss of appetite (includes nausea, vomiting, etc)																				
Lack of meal-insulin coordination																				
Other																				


## The Hypoglycemia Process Discovery Tool

Mini RCA Hypoglycemia 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 where a process failure occurred. You may check more than one box per chart. (2) The processes with the most common failures could be a prior

Process	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #
Target glucose range																		
Target < 140 mg/dL (see glucose correction orders for patient)																		
Insulin adjustments																		
Home insulin regimen continued on admission without modification/reduction																		
Glucose < 100 without regimen modification																		
Glucose < 70 without regimen modification																		
Basal Bolus																		
Patient not receiving basal insulin																		
Patient eating but not receiving bolus insulin																		
Patient on Sliding Scale insulin alone																		
Insulin without carbs																		
Sudden loss of parenteral glucose																		
Sudden NPO																		
Sudden loss of appetite (includes nausea, vomiting, etc)																		
Lack of meal-insulin coordination																		
Other																		

# Discussion



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## KHC HIIN Data & Measures Update

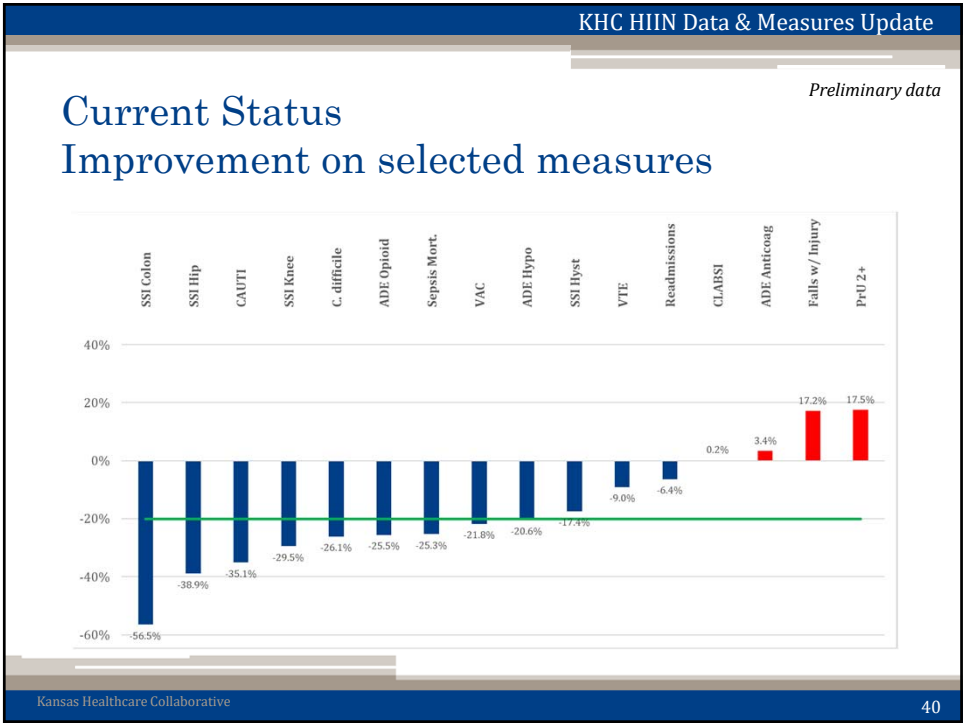
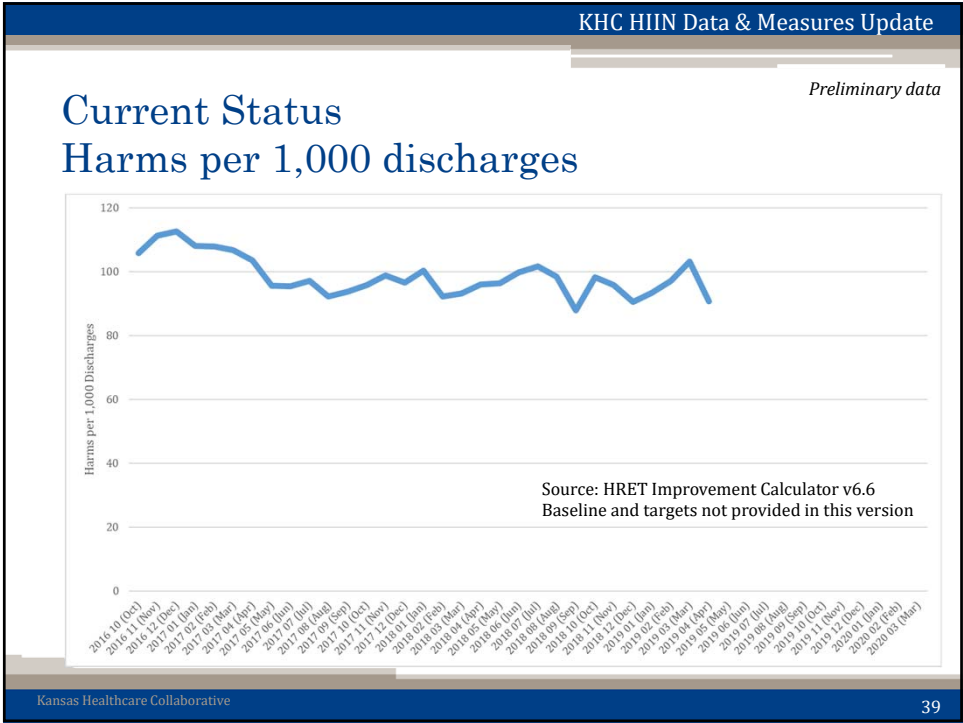
# KHC HIIN Data Update

- Current Status
- Reports
- Updated Measures Dictionary
- Data submission schedule

**Eric Cook-Wiens**  
 MPH, CPHQ  
 Data and Measurement Director  
 Kansas Healthcare Collaborative  
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KHC HIIN Data & Measures Update

## Measures & Other Updates

- Measures Dictionary
  - Version 2.4: released May 16, 2019
  - <https://www.khconline.org/files/KHC-HIIN-Measures-Dictionary.pdf>
  - Includes:
    - Updated baselines for option period
    - New PVAP measure
    - Removed measures: Potentially preventable VTE (VTE-6)
- Currently working with KHA to identify old HEN measures to remove from QHi
- New baselines are not yet implemented in the data system. Look for updated baselines in the July reports.
- Planning to update our data analytic report format starting in July, 2019

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KHC HIIN Data & Measures Update

## Reports

- Preliminary:
  - Emailed yesterday, May 21**
  - Includes Preliminary Milestone 12 Report**
- Final (cc to CEO and CNO):
  - Wednesday, May 29**
- No JUNE 2019 reports
- July Reports will have a new format and updated baselines
- IPs: look for CAD/TAP reports next week

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KHC HIIN Data & Measures Update		
Kansas HIIN - Data Submission Schedule		
Outcome & Process Measures for HACs occurring in:	Readmissions for index discharges in, and SSI for procedures performed in:	Submission Due
July, 2018	June, 2018	31-Aug-18
August, 2018	July, 2018	30-Sep-18
September, 2018	August, 2018	31-Oct-2018
October, 2018	September, 2018	30-Nov-2018
November, 2018	October, 2018	31-Dec-2018
December, 2018	November, 2018	31-Jan-19
January, 2019	December, 2018	28-Feb-19
February, 2019	January, 2019	31-Mar-19
March, 2019	February, 2018	30-Apr-19
April, 2019	March, 2019	<b>31-May-19</b>
May, 2019	April, 2019	30-Jun-19
June, 2019	May, 2019	31-Jul-19

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KHC HIIN Update

HRET HIIN Milestones

HRET HIIN Milestone	Hospital Due Date	Time Period Jan. 2017 Through:	Data Completeness	"20/12" Improvement	5 PFE Metrics	7 Health Equity Metrics
			% of applicable topics			
9	11/21/2018	August 2018	≥60%	≥67%	60-75% of hospitals implement ≥4 out of 5	Baseline Survey
10	1/22/2019	October 2018	≥75%	≥67%		All at Basic Level
11	3/15/2019	January 2019	≥80%	≥70%	≥75% ≥4 out of 5	All at Basic Level, with ≥2 at Intermediate or Advanced Level
12	5/31/2019	March 2019	≥80%	≥70%	≥75% ≥4 out of 5	All at Basic Level, with ≥2 at Intermediate or Advanced Level

We will send email to primary HIIN contacts on May 29 to review whether any updates to PFE and HEOA metric implementation status.

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Resources and Upcoming Events

## Resources and Upcoming Events

**Michele Clark**  
MPA, CPHQ, CPPS, ABC  
Program Director  
Kansas Healthcare Collaborative  
mclark@khconline.org  
(785) 235-0763 x1321

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Announcements

*Save the date!*

### Planning for KHC HIIN PFA/PFAC Program “101” Workshop Tuesday, June 25 Salina, KS

Information will be shared by email next week.

Target audience: Staff members who are new to their role in leading or supporting hospital patient and family advisor (PFA) and/or patient and family advisory council (PFAC) programs. Space is limited.

Questions? Contact Michele Clark at KHC, mclark@khconline.org.

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Announcements

## KHC HIIN Hand Hygiene Collaborative Cohort 2

### May 1, 2019 to March 27, 2020

**It's not too late to join!**

This 11-month collaborative, conducted by KHC features many supports to help your hospital increase hand hygiene adherence. We welcome Cynosure Health improvement advisor Barb DeBaun as our subject matter expert and faculty.



**Remaining Schedule:**

Aug. 16  
Nov. 1  
Feb. 7

See the informational flyer at [https://www.khconline.org/files/HIIN/Hand\\_Hygiene/KHC-HIIN-HH-C2-flyer.pdf](https://www.khconline.org/files/HIIN/Hand_Hygiene/KHC-HIIN-HH-C2-flyer.pdf)

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Resources and Upcoming Events

## Upcoming KHC HIIN Webinars

**KHC HIIN: Monthly Virtual Meeting**  
**June 26 • 10:00 - 11:00 am**

**KHC HIIN: Hand Hygiene Collaborative (cohort 2)**  
**August 16 • 11:00 to 10:00 am**

*KHC HIIN webinars are held the 4<sup>th</sup> Wednesday of each month at 10 to 11 a.m.*

Information: <https://www.khconline.org/events/hiin-events>

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Announcements

## HRET HIIN Spring Sprints Remaining Sessions *for participating hospitals*

<p><b>Falls-Delirium Sprint</b></p> <p><del>May 9</del>  <b>May 23</b>  <b>June 6</b>  <b>June 20</b></p> <p><a href="#">Click here for recordings</a></p>	<p><b>HAPI Sprint</b></p> <p><del>April 28</del>  <b>May 14</b>  <b>May 30</b>  <b>June 13</b></p> <p><a href="#">Click here for recordings</a></p>
<p><b>VAE Sprint</b></p> <p><del>April 30</del>  <b>May 14</b>  <b>June 24</b></p> <p><a href="#">Click here for recordings</a></p>	<p><b>VTE Sprint</b></p> <p><del>April 29</del>  <b>May 24</b>  <b>June 17</b></p> <p><a href="#">Click here for recordings</a></p>

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Upcoming Events

## Upcoming National Webinars

See more HRET HIIN events at  
[www.hret-hiin.org/events/index.dhtml](http://www.hret-hiin.org/events/index.dhtml)

**NCD Pacing Event: Implementing Opioid Stewardship at the Health-System Level**  
**May 23 ● 12:00 - 1:00pm**  
 Register here:  
<https://secure.confertel.net/tsRegisterD.asp?course=68601159>

**HRET HIIN: Alternatives to Opioids Webinar Series #2 – Pain Management and ALTO**  
**June 10 ● 10:00 - 11:00am**  
 Register here:  
<http://hret.adobeconnect.com/alternatives-20190611/event/registration.html>

**HRET HIIN and QIN-QIO: How Improving Sleep in Healthcare Settings Can Improve Patient Safety**  
**June 18 ● 12:00 - 1:00pm**  
 Register here:  
<http://hret.adobeconnect.com/qin-qio-20190618/event/registration.html>

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Resources and Upcoming Events

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






<https://www.surveymonkey.com/r/KHC-HIIN-05222019>

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HIIN Contacts




  
**Kansas Healthcare**  
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*Your HIIN Contacts*

 <b>Michele Clark</b> Program Director ext. 1321 <a href="mailto:mclark@khconline.org">mclark@khconline.org</a>	 <b>Chuck Duffield</b> Performance Improvement Manager ext. 1327 <a href="mailto:cduffield@khconline.org">cduffield@khconline.org</a>	 <b>Treva Borchert</b> Project Specialist ext. 1338 <a href="mailto:tborchert@khconline.org">tborchert@khconline.org</a>
 <b>Eric Cook-Wiens</b> Data and Measurement Director ext. 1324 <a href="mailto:ecook-wiens@khconline.org">ecook-wiens@khconline.org</a>	 <b>Phil Cauthon</b> Communications Director ext. 1322 <a href="mailto:pcauthon@khconline.org">pcauthon@khconline.org</a>	

Contact us  
anytime:  
**(785) 235-0763**

Connect with us on:

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-  @KHCqi
-  KHCqi

For more information:  
→ [KHConline.org](http://KHConline.org)

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**Hospital-led initiatives**



**Michele Clark**  
Program Director



**Chuck Duffield**  
Performance Improvement Manager

**Data and Measurement**



**Eric Cook-Wiens**  
Data & Measurement Director



**Azucena Gonzalez**  
Health Care Quality Data Analyst

**Administration & Communications**



**Rhonda Lassiter**  
Executive Assistant/  
Office Manager



**Treva Borchert**  
Project Specialist



**Phil Cauthon**  
Communications Director

**Executive Leadership**



**Tom Bell**  
Co-Executive Director



**Jon Rosell**  
Co-Executive Director



**Allison Peterson DeGroff**  
Managing Senior Director



**Karen Braman**  
Senior Director

**Physician-led initiatives**



**Rosanne Rutkowski**  
Program Director



**Jill Daughhetee**  
Quality Improvement Advisor



**Jana Farmer**  
Quality Improvement Advisor



**Malea Hartvickson**  
Quality Improvement Advisor



**Mandy Johnson**  
Quality Improvement Advisor



**Amanda Prosser**  
Project Coordinator



**Patty Thomsen**  
Quality Improvement Advisor



**Rebecca Thurman**  
Quality Improvement Advisor

→ Find contact info, bios,  
and more at:  
**[KHOnline.org/staff](http://KHOnline.org/staff)**

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