

KHC Hospital Improvement Innovation Network

July 24, 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 Guest



Tara Bristol Rouse, MA
Patient and Family Engagement Project Consultant
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American Hospital Association
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Kansas Healthcare Collaborative



Michele Clark
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Eric Cook-Wiens
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Chuck Duffield
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July 24, 2019

Agenda

- Welcome and Announcements
- HIIN Data and Measures Update
- HIIN PFE Metrics - Beyond the Metrics: Implementing PFE Strategies that Improve Quality and Safety
- HIIN Resources and Upcoming Events



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Announcements and Updates

KHC Announcements and Updates

- Pinnacle Practices
- CQIC
- HIIN Milestones 12 & 13

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Announcements

2019 Kansas Pinnacle Practices

Hiawatha Community Hospital
Family Practice ClinicDr. Bradley Barrett,
NeodeshaWomen's Health Center,
ChanuteHorizons Mental Health Center,
HutchinsonNorthwest Family Physicians,
Wichita

KHC and CMS have
recognized 5 Kansas
practices as 2019
“Pinnacle Practices.”

For more information, visit <https://www.khconline.org/news/khc-news-releases>



Clinician Quality Improvement Contractor

New Quality Improvement Opportunity for
Clinicians to be Announced Later this Year**CQIC**

The Centers for Medicare and Medicaid Services (CMS) is now collecting proposals to support clinicians in enhancing care for Medicare beneficiaries, as part of the agency's transition toward payment for value over volume. KHC is participating in a joint proposal to CMS.

- Once this program is awarded by CMS, the opportunity will be open to all Kansas medical providers, including rural health clinics, community health centers, FQHCs, and Indian health centers.
- We invite you to learn more (<https://www.khconline.org/cqic>) and contact KHC for more information.

Announcements

CMS NEWS

CMS Seeks Public Input on Patients over Paperwork Initiative to Further Reduce Administrative, Regulatory Burden to Lower Healthcare Costs

FOR IMMEDIATE RELEASE
June 6, 2019

Contact: CMS Media Relations
(202) 690-6145 | [CMS Media Inquiries](#)

CMS Seeks Public Input on Patients over Paperwork Initiative to Further Reduce Administrative, Regulatory Burden to Lower Healthcare Costs

Public feedback will shape initiative's next steps and future progress in tackling unnecessary burden on healthcare providers

Today, the Centers for Medicare & Medicaid Services (CMS) issued a Request for Information (RFI) seeking new ideas from the public on how to continue the progress of the Patients over Paperwork initiative. Since launching in fall 2017, Patients over Paperwork has streamlined regulations to significantly cut the "red tape" that weighs down our healthcare system and takes clinicians away from their primary mission—caring for patients. As of January 2019, CMS estimates that through regulatory reform alone, the healthcare system will save an estimated 40 million hours and \$5.7 billion through 2021. These estimated savings come from both final and proposed rules.

The RFI on Reducing Administrative Burden to Put Patients over Paperwork is posted in the *Federal Register* at: <https://www.federalregister.gov/documents/2019/06/11/2019-12215/request-for-information-reducing-administrative-burden-to-put-patients-over-paperwork>

**Comments Close
8/12/2019**

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Where We are Going

GOALS:

20% Overall Reduction in Hospital Acquired Conditions

12% Reduction in 30-Day Readmissions
(baseline 2014)

"America's hospitals embrace the ambitious new goals CMS has proposed. The vast majority of the nation's 5,000 hospitals were involved in the successful pursuit of the initial Partnership for Patients aims. **Our goal is to get to zero incidents.**"

— Rick Pollack, president and CEO,
American Hospital Association (AHA)

2010	145 Harms/1,000 Discharges
2011	142 Harms/1,000 Discharges
2012	132 Harms/1,000 Discharges
2013	121 Harms/1,000 Discharges
2014	121 Harms/1,000 Discharges
2019	97 Harms/1,000 Discharges

partnershipforpatients.cms.gov

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Milestone 13

HIIN Milestone 13

January 2017 through May 2019

Data Completeness
 $\geq 80\%$ of applicable measures
 No missing months
and
Improvement
Achievement of HIIN "20/12" Goals
 $\geq 70\%$ of all applicable measures
 meeting improvement goals

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HIIN Milestones

HRET HIIN Milestones

HRET HIIN Milestone	Hospital Due Date	Time Period Jan. 2017 Through:	Data Completeness <i>% of applicable topics</i>	"20/12" Improvement	5 PFE Metrics	7 Health Equity Metrics
9	11/21/2018	August 2018	$\geq 60\%$	$\geq 67\%$	60-75% of hospitals implement ≥ 4 out of 5	Baseline Survey
10	1/22/2019	October 2018	$\geq 75\%$	$\geq 67\%$		All at Basic Level
11	3/15/2019	January 2019	$\geq 80\%$	$\geq 70\%$	$\geq 75\%$ ≥ 4 out of 5	All at Basic Level, with ≥ 2 at Intermediate or Advanced Level
12	5/31/2019	March 2019	$\geq 80\%$	$\geq 70\%$	$\geq 75\%$ ≥ 4 out of 5	All at Basic Level, with ≥ 2 at Intermediate or Advanced Level
13	8/15/2019	May 2019	$\geq 80\%$	$\geq 70\%$	$\geq 75\%$ ≥ 4 out of 5	All at Basic Level, with ≥ 2 at Intermediate or Advanced Level

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HIIN Milestone 12 Accomplishments

- 53 Kansas hospitals achieved 100% data submission status.
- 33 Kansas hospitals achieved 80-99% data submission status.

We needed *at least six* more hospitals with complete, timely data to achieve statewide threshold of 80% (≥ 92 total) of all participating hospitals.

HIIN Milestone 13

Please help us meet and *SURPASS* Milestone 13 with timely, complete data.

Help Kansas Achieve Milestone 13!

**HIIN data through May
are due by August 15.**

National HRET HIIN Educational Events

HIIN July “Hot Topic” Events

Discuss key challenges for each topic, strategic ways to overcome them, and facilitate peer-to-peer sharing

- **July 22** (11-12 pm) – **VTE** (venous thromboembolism)
Recording available soon at <http://www.hret-hiin.org/events/past-events.shtml>
- **July 24** (11-12 pm) – **VAE** (ventilator-associated events)
Register here: <http://hret.adobeconnect.com/vae-20190724/event/registration.html>
- **July 30** (11-12 pm) – **PFE** (patient and family engagement)
Register here: <http://hret.adobeconnect.com/pfe-20190730/event/registration.html>
- **July 31** (11-12 pm) – **Falls**
Register here: <http://hret.adobeconnect.com/falls-20190731/event/registration.html>

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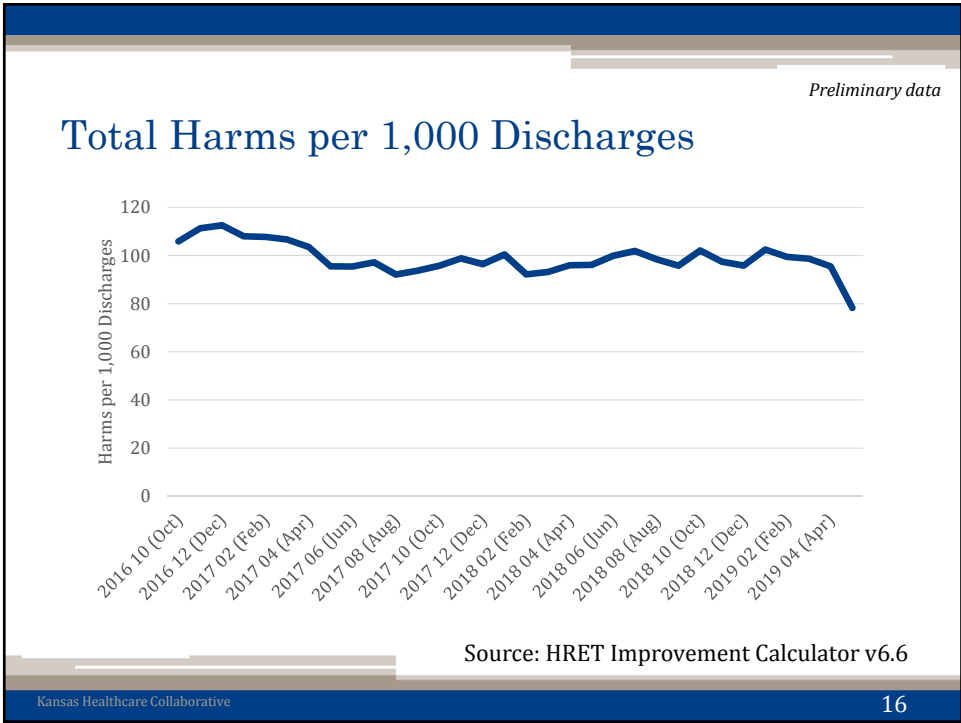
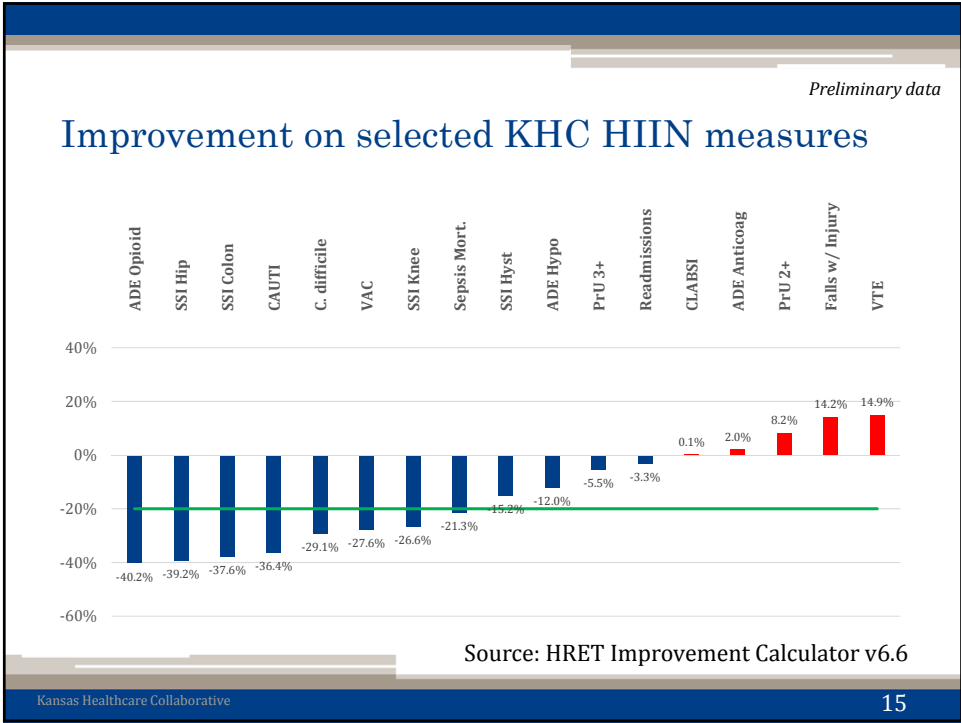
KHC HIIN Data & Measures Update

KHC HIIN Measures and Data Update

- Current status
- Data reports
- New chart format
- Measure review reminder
- Data submission schedule

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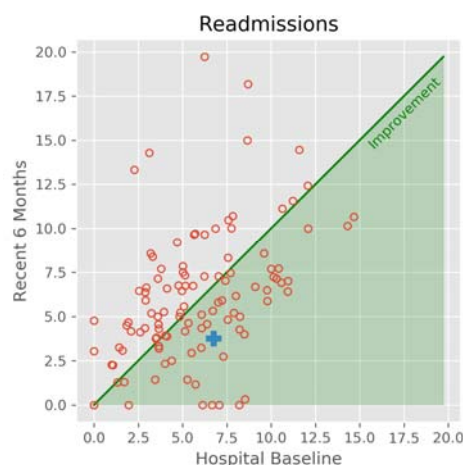
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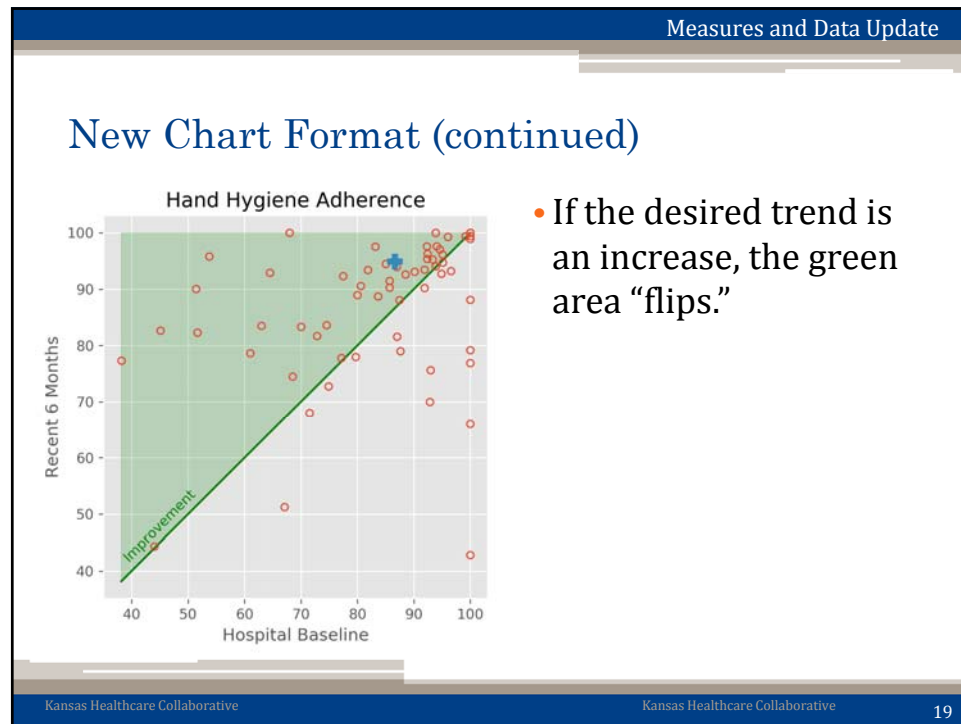
HIIN Data Reports

- This month's reports will come out toward the end of next week
 - Primary HIIN contacts
 - No "final" reports for this month
 - New format

New Chart Format



- Each point is one Kansas HIIN hospital.
- In the report, your facility will be the blue "Plus" symbol.
- Horizontal axis is the facility-level baseline rate
- Vertical axis is the facility-level recent 6-month rate.
- Green shaded area indicates an improvement from baseline.



Measures and Data Update

Reminder:

Time to review your selected measures in QHi.

HEN 1.0 and 2.0 measure sets will be removed 8/1/2019

See [June Kansas HIIN Webinar](#) for details.

<https://www.khconline.org/files/HIIN/KHC-HIIN-Measure-Update-Memo-06-25-2019.pdf>

To: KHC HIIN hospitals and other QHi Users
From: Sally Ortmeyer, KHA
Date: June 26, 2019
Re: Measure set updates for HIIN and HEN

Our QHi team and staff at the Kansas Healthcare Collaborative have been working together in recent weeks to review and shorten the list of measures in Quality Health Indicators (QHi) that are needed related to the current Hospital Improvement Innovation Network (HIIN) initiative, especially previous versions of the project, known as HEN 1.0 and HEN 2.0.

We are writing to notify you of the changes we plan to make in QHi as of August 1, 2019, which we believe could potentially reduce burden in data collection and reporting by retiring measure sets no longer needed for the current CMS patient safety initiative, currently known as the HIIN.

Meanwhile, the measures that are no longer needed for the HIIN are still accessible in QHi should your hospital wish to continue tracking certain processes and outcomes that are important to your hospital's quality and patient safety program.

We will review this information during the upcoming KHC HIIN Monthly Webinar to be held this Wednesday, June 26, from 10 to 11 a.m. Please register here to join the conversation: <https://www.khconline.org/31-event-description/459-khc-hiin-webinar-6-26-19>. This session will be recorded and posted to the [KHC Education Archive](#).

Background
The individual measures that have been identified by KHC as no longer essential or expected for the current HIIN initiative are listed in the table below. You may notice that most of the measures are from earlier Hospital Engagement Network (HEN) projects, which were conducted between 2012 to 2016. (The HEN 1.0 and HEN 2.0 measure sets remained in QHi for hospital use, while the new HIIN measure set was added in October 2016 for the initiative that will continue through March 2020.)

What will happen on August 1?
In an effort to reduce unnecessary reporting burden and to clean up our growing list of measure sets, all HEN 1.0 and HEN 2.0 measure sets will be removed from QHi on August 1. The measures contained within those measure sets will remain in the QHi Library for collection, however, all references to old KHC HEN measure sets (Kansas Hospital Engagement Network 1.0 Measure Set, Kansas Hospital Engagement Network 2.0 Measure Set) will be removed.

What can hospitals do?
We recommend you take the following steps (prior to August 1) to insure you are collecting the appropriate current KHC HIIN measures, removing those measures you need not collect while keeping

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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:	Data Submission Due
January 2019	December 2018	28-Feb-2019
February 2019	January 2019	31-Mar-2019
March 2019	February 2018	30-Apr-2019
April 2019	March 2019	31-May-2019
May 2019	April 2019	30-Jun-2019
June 2019	May 2019	31-Jul-2019
July 2019	June 2019	31-Aug-2019
August 2019	July 2019	30-Sept-2019
September 2019	August 2019	31-Oct-2019
October 2019	September 2019	30-Nov-2019
November 2019	October 2019	31-Dec-2019

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Beyond the Metrics: Implementing PFE Strategies that Improve Quality and Safety

Tara Bristol Rouse, MA

PFE Project Consultant, American Hospital Association

July 24, 2019

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PFE Metrics

Point of Care

- Planning checklist for scheduled admissions (Metric 1)
- Shift change huddles / bedside reporting with patients and families (Metric 2)

Policy & Protocol

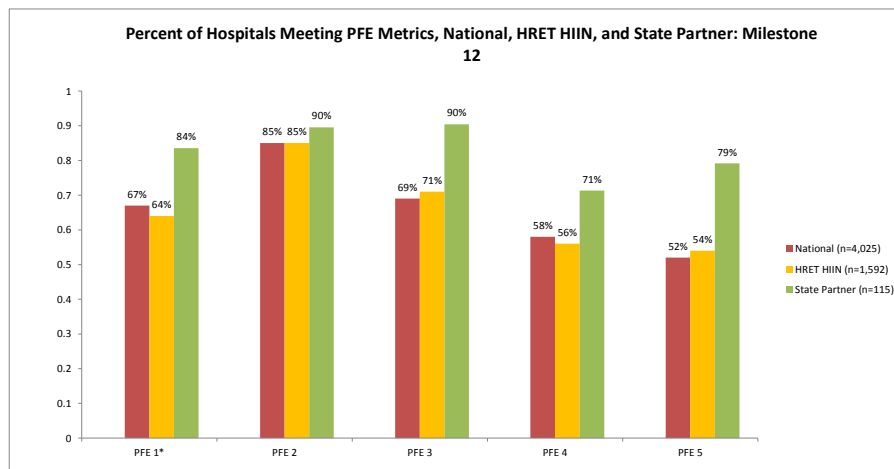
- PFE leader or function area exists in the hospital (Metric 3)
- PFEC or Representative on hospital committee (Metric 4)

Governance

- Patient and family on hospital governing and/or leadership board (Metric 5)

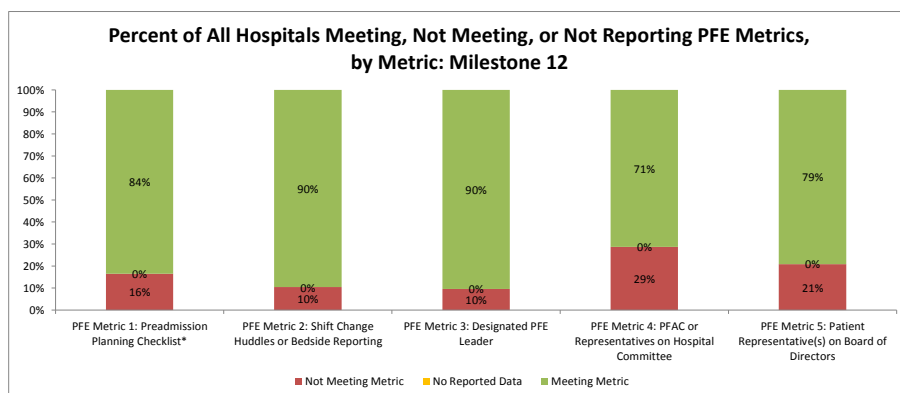


Current State



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Kansas – A Closer Look



*Hospitals that have no scheduled admissions (exempt) and are thus excluded from the PFE1 denominator



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Polling Question

Which of the 5 PFE Metrics is your hospital most struggling to implement?

- **Metric 1:** Planning Checklist for Scheduled Admissions
- **Metric 2:** Shift Change Huddles/Bedside Reporting with Patients and Families
- **Metric 3:** PFE Leader or Functional Area Exists in the Hospital
- **Metric 4:** PFEC or Representative on Hospital Committee
- **Metric 5:** Patient and Family on Hospital Governing and/or Leadership Board



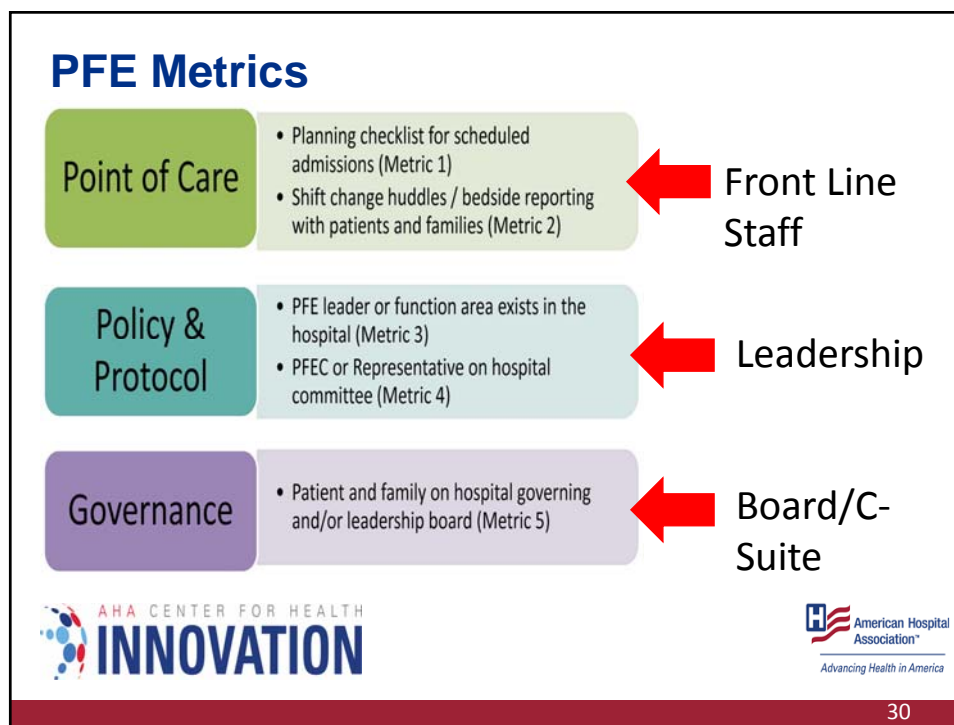
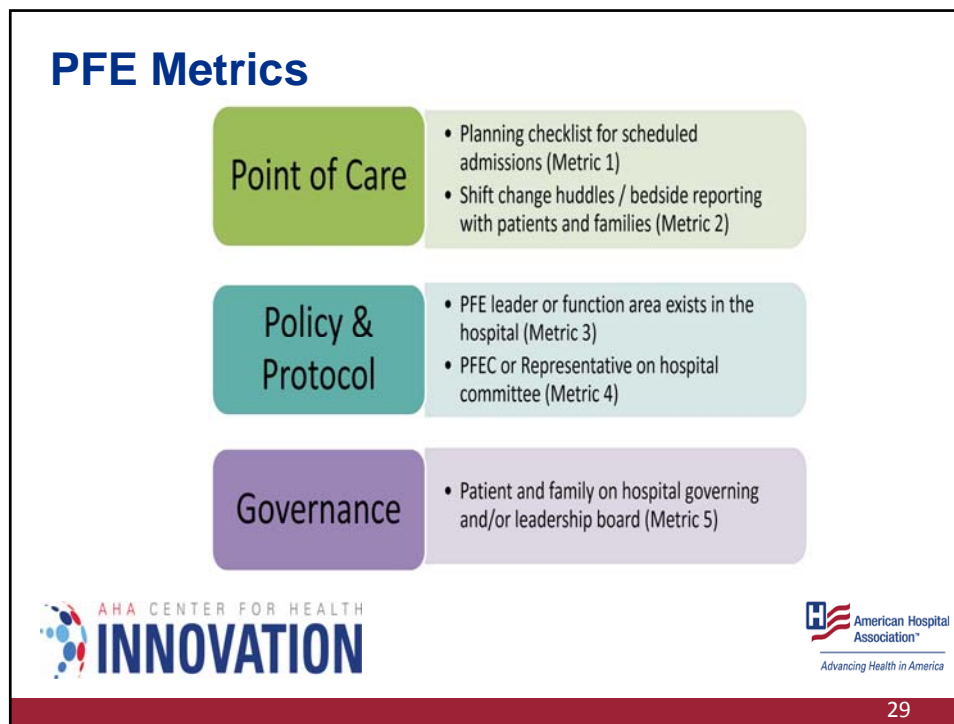
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PFE IMPLEMENTATION?

YES I CAN!



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PFE Metric 1: Planning Checklist for Scheduled Admissions



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PFE Metric 1: Planning Checklist for Scheduled Admissions

- Hospital has a physical planning checklist that is discussed with every patient who has a scheduled admission.
- Content may include: what patients should expect during their stay, concerns/preferences during their care; potential safety issues (pre-hospital medications, significant medical history); and relevant home issues that could affect discharge (transport to follow up visits, financial concerns, post-discharge care needs).
- Considerations for a “yes” response:
 - Checklist may be a physical handout for the patient OR may be a guide used by staff to direct conversation that is not given to the patient/family
 - Implementation may happen in a single unit or in multiple units
- Hospitals that do not have scheduled admissions should select “not applicable” for Metric 1.



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PFE Metric 2: Shift Change Huddles/Bedside Reporting with Patients and Families



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PFE Metric 2: Shift Change Huddles/Bedside Reporting with Patients and Families

- Hospital conducts shift change huddles OR bedside reporting with patients and family members in all feasible case
- Purpose is to give the patient/family an opportunity to participate in the conversation, give input or correct erroneous information
- Consider alternative individualized methods to include family; e.g., giving report via phone, Skype/FaceTime based on family need
- Considerations for a “yes” response:
 - Shift change huddles OR bedside reporting occurs in at least one unit
 - Shift change huddles include the patient and/or care partners OR
 - Bedside reporting with physicians and/or clinicians include the patient and/or care partners



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PFE Metric 3: PFE Leader or Functional Area Exists in Hospital



MOTIVATOR



GUIDE



QUESTIONER



BRIDGE BUILDER



CLAIRVOYANT



PEACEMAKER



TASKMASTER



PRAISER



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PFE Metric 3: PFE Leader or Functional Area Exists in Hospital

- Hospital has a designated individual or individuals with leadership responsibility and accountability for PFE.
- This is often the individual facilitating the activities associated with PFE Metrics 4 and 5.
- Considerations for a “yes” response:
 - A named hospital employee is responsible for PFE (either full time, part time, or as a part of their position)
 - The employee or employees are recognized within at least one unit as coordinating PFE activities for that unit
 - The functional area of the employee may be, for example, patient experience, quality/process improvement, nursing, patient relations, etc.



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PFE Metric 4: PFEC or Representative on Hospital Committee



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PFE Metric 4: PFEC or Representative on Hospital Committee

- Hospital has an active Patient and Family Advisory Council (PFAC) OR at least one patient who serves on a patient safety or quality improvement committee or team.
- Meetings of the PFAC or other committees need to have been scheduled and conducted.
- Considerations for a “yes” response:
 - At least one patient or family representative has been formally named as a member of a patient safety or quality committee/team at the hospital or unit level OR
 - A hospital-wide or unit-specific PFAC is in place that is made up of staff and patients and/or family members who meet regularly



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PFE Metric 5: Patient and/or Family on Hospital Governing and/or Leadership Board



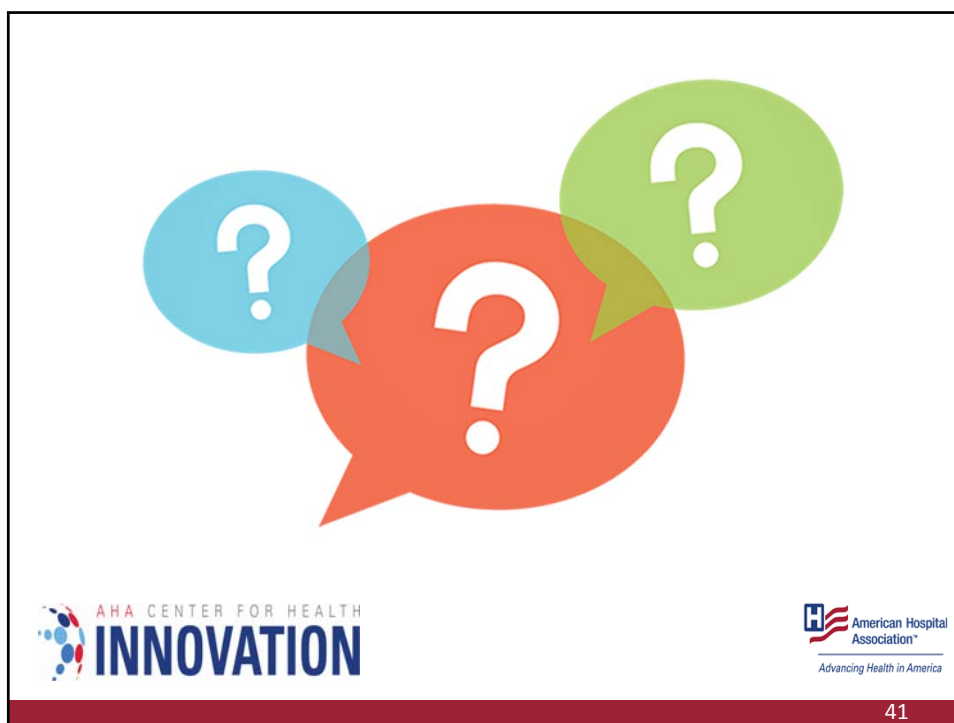
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PFE Metric 5: Patient and/or Family on Hospital Governing and/or Leadership Board

- Hospital has one or more patients who serve on a governing and/or leadership board as a patient or family representative.
- Considerations for a “yes” response:
 - The hospital has at least one position on the board designated for a patient/family member that is appointed to represent the patient/family perspective OR
 - The hospital collects PFAC or quality committee (committee must include a patient/family member) input on matters before the board and incorporates patient/family feedback into the board agenda OR
 - The hospital identifies an elected or appointed board member to serve in the specific patient representative role with a written role definition OR
 - The hospital requires all board members to conduct activities that connect them closer to patients and families, such as visiting actual care units in the hospital and/or attending PFAC meetings



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Polling Question

Which harm topic is the highest priority for your hospital?

- **ADE:** Adverse Drug Events
- **CAUTI:** Catheter-Associated Urinary Tract Infections
- **CLABSI:** Central Line-Associated Blood Stream Infections
- **CDI:** Clostridium Difficile Infections
- **Falls**
- **HAPU/I:** Hospital Acquired Pressure Ulcer/Injury
- **MDRO/MRSA:** Multidrug-Resistant Drug Organisms/Methicillin-Resistant Staphylococcus Aureus
- **Readmissions**
- **Sepsis**
- **SSI:** Surgical Site Infections
- **VAE:** Ventilator Associated Events
- **VTE:** Venous Thromboembolism



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"You can't break down silos, but you can connect them"

– Christiaan Lustig, Brayton House


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PFE Metrics and Topic Areas

Point of Care	<ul style="list-style-type: none"> • Planning checklist for scheduled admissions (Metric 1) • Shift change huddles / bedside reporting with patients and families (Metric 2) 	ADE Adverse Drug Events CAUTI Catheter-Associated Urinary Tract Infections CLABSI Central Line-Associated Blood Stream Infections CDI Clostridium Difficile Infections Falls HAPU/I Hospital Acquired Pressure Ulcer/Injury MDRO/MRSA Multidrug-Resistant Drug Organisms/Methicillin-Resistant Staphylococcus Aureus Readmissions Sepsis SSI Surgical Site Infections VAE Ventilator Associated Events VTE Venous Thromboembolism
Policy & Protocol	<ul style="list-style-type: none"> • PFE leader or function area exists in the hospital (Metric 3) • PFEC or Representative on hospital committee (Metric 4) 	
Governance	<ul style="list-style-type: none"> • Patient and family on hospital governing and/or leadership board (Metric 5) 	

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	Metric 1	Metric 2	Metric 3	Metric 4	Metric 5
Falls					

Point of Care



- Planning checklist for scheduled admissions (Metric 1)
- Shift change huddle / bedside reporting with patients and families (Metric 2)

Policy & Protocol

- PPE leader or function area exists in the hospital (Metric 3)
- PPE or Representation on hospital committee (Metric 4)

Governance

- Patient and family on hospital governing and/or leadership board (Metric 5)

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	Metric 1	Metric 2	Metric 3	Metric 4	Metric 5
Falls	At the pre-op appointment (or as early as possible following admission), provide the patient/family with a copy of the Delirium Education Brochure. Review key points regarding how family and friends can help prevent delirium.				

Point of Care



- Planning checklist for scheduled admissions (Metric 1)
- Shift change huddle / bedside reporting with patients and families (Metric 2)

Policy & Protocol

- PPE leader or function area exists in the hospital (Metric 3)
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Governance

- Patient and family on hospital governing and/or leadership board (Metric 5)



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Point of Care	<ul style="list-style-type: none"> Planning checklist for scheduled admissions (Metric 1) Shift change huddle / bedside reporting with patients and families (Metric 2) 				
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Governance	<ul style="list-style-type: none"> Patient and family on hospital governing and/or leadership board (Metric 5) 				
Falls	Metric 1 At the pre-op appointment (or as early as possible following admission), provide the patient/family with a copy of the Delirium Education Brochure. Review key points regarding how family and friends can help prevent delirium.	Metric 2 Ask family caregivers to complete the Who Am I: Getting to Know Me, My Routines and Preferences tool and post it next to the patient white board. During daily rounds, use this tool as a guide while creating and discussing the plan of care with the patient/family.	Metric 3	Metric 4	Metric 5



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HAPI/U						

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<div>Point of Care</div> <ul style="list-style-type: none"> Planning checklist for scheduled admissions (Metric 1) Shift change huddles / bedside reporting with patients and families (Metric 2) <div>Policy & Protocol</div> <ul style="list-style-type: none"> PFE leader or function area exists in the hospital (Metric 3) PFEC or Representative on hospital committee (Metric 4) <div>Governance</div> <ul style="list-style-type: none"> Patient and family on hospital governing and/or leadership board (Metric 5) 					
HAPI/U	Metric 1 At the pre-op appointment, provide the patient/family with a copy of the tool, Staying Active in the Hospital . Review key points regarding what to expect and the important role they have in early mobility.	Metric 2 Post the Let's Get Moving chart next to the patient white board. Introduce it to the patient and family and ask them to track progress. During daily rounds, ask patient/family to report progress and any challenges they have experienced.	Metric 3 As part of his/her nursing clinical ladder program, ask a nurse to audit patient mobility charts to determine how many patients/family members are using the charts and whether their activities are aligning with agreed upon daily mobility goals.	Metric 4 Engage your PFAC to review and redesign the Let's Get Moving tool so that it is personalized to your hospital and target population. Keep what they like about the tool and use their feedback to improve the areas they feel should be changed.	Metric 5 Invite family caregivers to attend a Board meeting. Ask them to discuss the role they play in early mobility and have them outline the inpatient equipment required so that they, along with the staff, can assist their loved one without causing injury to themselves or the patient.

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PFE Metrics and Topic Areas

Point of Care

- Planning checklist for scheduled admissions (Metric 1)
- Shift change huddles / bedside reporting with patients and families (Metric 2)

Policy & Protocol

- PFE leader or function area exists in the hospital (Metric 3)
- PFEC or Representative on hospital committee (Metric 4)

Governance

- Patient and family on hospital governing and/or leadership board (Metric 5)

The logo for the AHA Center for Health Innovation. It features a stylized graphic of four overlapping circles in red, blue, and grey to the left of the text "AHA. CENTER FOR HEALTH INNOVATION". "AHA." is in a smaller, sans-serif font, "CENTER FOR HEALTH" is in a medium, all-caps sans-serif font, and "INNOVATION" is in a large, bold, all-caps sans-serif font.

ADE

Adverse Drug Events

CAUTI

Catheter-Associated Urinary Tract Infections

CLABSI

Central Line-Associated Blood Stream Infections

CDI

Clostridium Difficile Infections

Falls

HAPU/I

Hospital Acquired Pressure Ulcer/Injury

MDRO/MRSA

Multidrug-Resistant Drug Organisms/Methicillin-Resistant Staphylococcus Aureus

Readmissions

Sepsis

SSI

Surgical Site Infections

VAE

Ventilator Associated Events

VTE

Venous Thromboembolism

A yellow rectangular graphic with a black border, tilted slightly to the right. It contains the text "Where are you STUCK?" in a large, white, sans-serif font. The word "STUCK" is in all caps and appears slightly larger than the other words.

The logo for the American Hospital Association. It features a stylized graphic of three overlapping circles in red, blue, and grey to the left of the text "American Hospital Association". "American Hospital Association" is in a medium, all-caps sans-serif font. Below the text is a blue horizontal line, and below that is the tagline "Advancing Health in America" in a smaller, italicized sans-serif font.

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Try it
at
home!





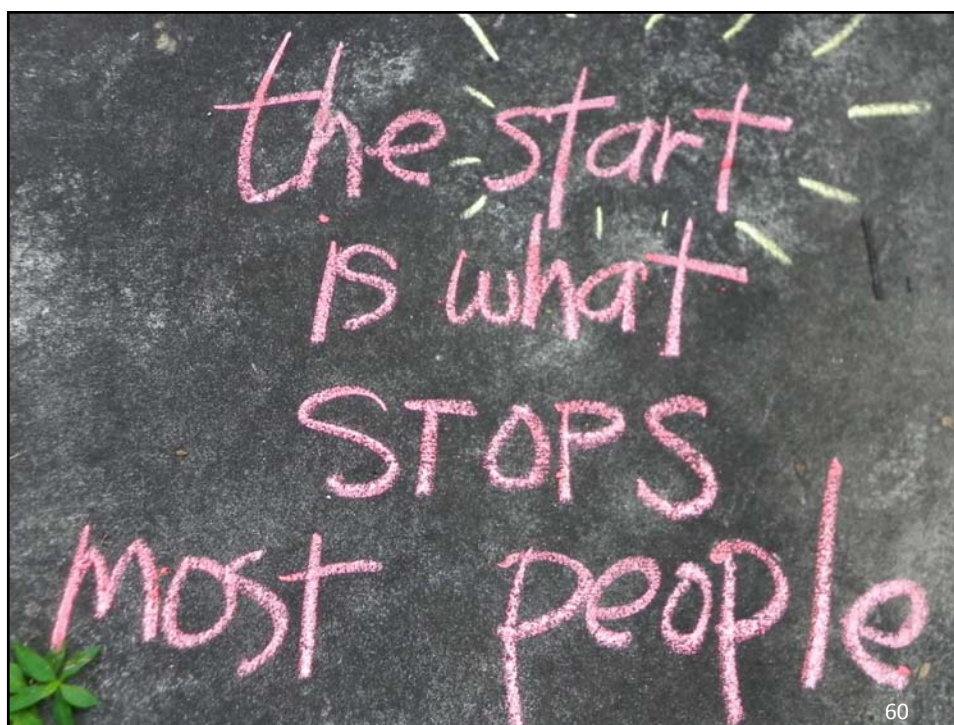


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Move Forward in Action

- Identify a harm topic that is **ALREADY** a focus for your hospital
- Select a PFE strategy (*for which you have not yet met the metric*) to integrate into your existing improvement work
- Start small – one patient, one unit, one meeting, one day

CHALLENGE



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Upcoming HRET HIIN PFE Metric 4 Learning Event

Tuesday, July 30th, 11-12pm CT

Register [Here](#)



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Resources and Upcoming Events

Resources and Upcoming Events

Chuck Duffield
Performance Improvement Manager
Kansas Healthcare Collaborative
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(785) 235-0763 x1327

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KHC HIIN

Gaining Access to Shared PFA/PFAC Resources
at www.khconline.org

Antibiotic Stewardship and HAI


KHC HIIN


Practice Transformation Network


HCP Immunization


Partnerships


Kansas Hospital Improvement Innovation Network (HIIN)
Among its core initiatives, the Kansas Healthcare Collaborative leads hospital patient safety improvement efforts statewide on behalf of the Kansas Hospital Association as one of 34 state partners with the Health Research & Educational Trust (HRET) of the American Hospital Association.



KHC HIIN Overview



Safety Focus Area



Data & Measures



Upcoming Events



Education


Success Stories


Patient & Family Engagement


PFA/PFAC Resources


Contact Us


Then, click on the link to access the password-protected page for KHC HIIN PFA/PFAC Resources

Home > Initiatives > KHC HIIN > PFAC Members Login

Please login to continue:

Username *

Password *

Remember me ☐

Log in

Login information
For login information please download the PFAC-resources-and-passwords file in the webinar Downloadable File pod or contact Treva Borchert
TBorchert@khconline.org

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KHC HIIN

PFA/PFAC Resource Toolkit

EXAMPLES – RESOURCES YOU CAN USE

Shared Folders > HIIN > Kansas PFAC

Kansas PFAC More Options

Items in this Folder People on this Folder

- Kansas PFAC Collaborative - support items
- Step 1 - Raising Awareness of Why
- Step 2 - Preparing- Leadership Buy-in and Planning
- Step 3 - Structure- Key decisions about approach
- Step 4 - Recruiting
- Step 5 - Training and Orienting PFAs**
- Step 6 - Launching and Running
- Step 7 - Sustainability

Shared Folders > HIIN > Kansas PFAC > Step 5 - Training and Orienting PFAs

Step 5 - Training and Orienting PFAs More Options

Items in this Folder People on this Folder

Name	Size	Uploaded	Creator
021c - Confidentiality Statement - Observer (2).doc	35 KB	9/20/17	J. Keen
Advisor Handbook.docx	1 MB	9/20/17	J. Keen
Bottom Line of PFA Communication Postcard.docx	99 KB	3/20/17	M. Clark
Family Liaison Coordinator job Description.docx	16 KB	3/20/17	M. Clark
Focusing on PFA communication in a PFAC meeting.mp4	20 MB	3/20/17	M. Clark
Focusing on PFA Communication KHC 2017.docx	400 KB	3/20/17	M. Clark
Focusing on Staff Communication in a PFAC meeting.mp4	12 MB	3/20/17	M. Clark
Focusing on Staff Communication_KHC 2017.docx	328 KB	3/20/17	M. Clark
notebook kit-binder cover sample.docx	750 KB	9/20/17	J. Keen
Orientation Plan.doc	25 KB	9/20/17	J. Keen
Patient Centered Care.doc	28 KB	9/20/17	J. Keen
PFA binder table of contents.doc	677 KB	9/20/17	J. Keen
PFAC Advisor Training Power Point.pptx	7 MB	9/20/17	J. Keen
PFAC Training 2016 Power Point.pptx	7 MB	9/20/17	J. Keen

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KHC HIIN

PFA/PFAC Resource Toolkit

INSTRUCTIONAL VIDEOS

Steps #1 - #7

<https://www.khconline.org/initiatives/hiin/417-pfac-videos>

Instructional Video Series: Operationalizing your PFAC

This instructional series on forming a Patient and Family Advisory Council contains 14 short videos (4 to 8 minutes each). You may watch them all at once in the playlist below, or skip down the page to find links to each individual video on YouTube.

Individual Videos in the Series

Note: First log into the Members-Only page to access the videos.

Login information

For details for accessing KHC HIIN resources, download the PFAC-resources-and-passwords file in the webinar Downloadable File pod or contact Treva Borchert TBorchert@khconline.org

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Group List-serv Resources

PFE List-Serves

Email forums for sharing best practices, peer-to-peer discussion, and share resources

- **KHC HIIN PFA/PFAC Listserv (Kansas)**

Please contact Treva Borchert (TBorchert@khconline.org) to be added to the PFAC Listserv forum. (Members of the Kansas PFAC Cohort 4 have already been added to the Listserv).

- **HRET HIIN Patient & Family Engagement Listserv (national)**

Register for PFE and other HRET HIIN Listserves here:

<http://www.hret-hiin.org/engage/listserv.shtml>

Resources

Patient and Family Education Resources

Hospital-Acquired Pressure Injuries

- [Preventing Pressure Ulcers: A Patient's Guide](#) – 4 page booklet from AHRQ
- [Bedside HAPI PFE Tool](#) – Bedside communication tool for SKIN Bundle from UK
- [Preventing Pressure Ulcers: An information booklet for patients](#) – 12-page booklet from UK
- [How to Prevent Pressure Ulcers](#) – 7-page booklet from UK
- [Keeping Bedsores at Bay](#) – tri-fold pamphlet from UK
- [Staying Active in Hospital](#) – 4-page pamphlet from UK
- [Nutrition and Pressure Sores](#) – US Health 24 website
- [Nutrition for Preventing and Treating Pressure Ulcers](#) – 1-page handout from University of Michigan
- [HOW TO: Manage incontinence/moisture](#) – 4-page booklet from UK
- [Essentials of Skin Care for Patients with Incontinence](#) – 2-page article for patients from cmetoolkit.com

National PFE Resources

HRET HIIN PFE Resources



- HPOE/ASHE Guide • PFE Resource Compendium
- Recorded Webinars • Additional PFE resources

<http://www.hret-hiin.org/topics/patient-family-engagement.shtml>


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Resources and Upcoming Events

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

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Resources and Upcoming Events	
<h2>Upcoming KHC HIIN Webinars</h2>	
<p>KHC HIIN: Hand Hygiene Collaborative August 16 • 11:00 to 10:00 am</p>	
<p>KHC HIIN Webinar Aug 28, 2019 • 11:00 to 10:00 am Register Here: https://khconline.adobeconnect.com/khc-hiin-08-28-19/event/registration.html</p>	
<p>KHC HIIN Webinar Aug 25, 2019 • 11:00 to 10:00 am Register Here: https://khconline.adobeconnect.com/khc-hiin-09-25-19/event/registration.html</p>	
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Upcoming Events	
<h2>Upcoming National Webinars</h2>	
<p>Sepsis Alliance - Sepsis: Across the Continuum of Care July 25 • 1:00 p.m. - 2:00 p.m. CT Register Here: https://zoom.us/webinar/register/WN_YvtWZMleTdiYnp5ss8FTBA</p>	
<p>HRET HIIN Hot Topic: PFE July 30, 2019 • 11:00 a.m. - 12:00 p.m. CT Register Here: http://hret.adobeconnect.com/pfe-20190730/event/registration.html</p>	
<p>HRET HIIN Hot Topic: Falls July 31, 2019 • 11:00 a.m. - 12:00 p.m. CT Register here: http://hret.adobeconnect.com/falls-20190731/event/registration.html</p>	
<p>AHA Creating Age-Friendly Health Systems: An Invitation to Join AHA's Action Community, featuring Providence St. Joseph Health August 1, 2019 • 12:00 p.m. - 1:00 p.m. CT Register here.</p>	
<p>HRET HIIN Opioid Safety: Alternatives to Opioids Webinar Series #4 August 12 • 10:00 - 11:00am Register here: http://hret.adobeconnect.com/alternatives-20190813/event/registration.html</p>	
Kansas Healthcare Collaborative	All times listed are Central Time. 72

Resources and Upcoming Events

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


<https://www.surveymonkey.com/r/HIIN-Webinar-07242019>


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Kansas Healthcare
COLLABORATIVE


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Connect with us on:

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 @KHCqi
 KHCqi

For more information:
→ KHConline.org

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 Co-Executive Director


Jon Rosell
 Co-Executive Director


Allison Peterson DeGross
 Managing Senior Director


Karen Braman
 Senior Director

Hospital-led initiatives


Michele Clark
 Program Director


Chuck Duffield
 Performance Improvement Manager

Physician-led initiatives


Rosanne Rutkowski
 Program Director


Jill Daughette
 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

Administration & Communications


Rhonda Lassiter
 Executive Assistant/
Office Manager


Treva Borchert
 Project Specialist


Phil Cauthon
 Communications Director

→ Find contact info, bios,
and more at:

<https://www.khconline.org/about-us/staff>

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