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.

Special Guest
Tara Bristol Rouse, MA
Patient and Family Engagement Project Consultant
AHA Center for Health Innovation
American Hospital Association
tbristolrouse_cs@aha.org

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.
cduffield@khconline.org
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

Announcements and Updates

KHC

Announcements and Updates

• Pinnacle Practices
• CQIC
• HIIN Milestones 12 & 13

Michele Clark
MBA, CPHQ, CPPS, ABC
Program Director
Kansas Healthcare Collaborative
mclark@khconline.org
(785) 235-0763 x1321
2019 Kansas Pinnacle Practices

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

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

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.
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) 690-6140 | 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 lacking 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 actions, 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

Where We are Going

GOALS:

**Overall Reduction in Hospital Acquired Conditions**

20% Reduction in Hospital Acquired Conditions

**Reduction in 30-Day Readmissions**

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

"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
HIIN Milestone 13
January 2017 through May 2019

Data Completeness
≥80% of applicable measures
No missing months

and

Improvement
Achievement of HIIN “20/12” Goals
≥70% of all applicable measures meeting improvement goals

<table>
<thead>
<tr>
<th>HRET HIIN</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>1/22/2019</td>
<td>October 2018</td>
<td>≥60%</td>
<td>≥67%</td>
<td>60-75% of hospitals implement ≥4 out of 5</td>
<td>Baseline Survey</td>
</tr>
<tr>
<td>10</td>
<td>11/21/2018</td>
<td>August 2018</td>
<td>≥75%</td>
<td>≥67%</td>
<td>All at Basic Level</td>
<td>All at Basic Level</td>
</tr>
<tr>
<td>11</td>
<td>3/15/2019</td>
<td>January 2019</td>
<td>≥80%</td>
<td>≥70%</td>
<td>≥75% ≥4 out of 5</td>
<td>All at Basic Level with ≥2 at Intermediate or Advanced Level</td>
</tr>
<tr>
<td>12</td>
<td>5/31/2019</td>
<td>March 2019</td>
<td>≥80%</td>
<td>≥70%</td>
<td>≥75% ≥4 out of 5</td>
<td>All at Basic Level with ≥2 at Intermediate or Advanced Level</td>
</tr>
<tr>
<td>13</td>
<td>8/15/2019</td>
<td>May 2019</td>
<td>≥80%</td>
<td>≥70%</td>
<td>≥75% ≥4 out of 5</td>
<td>All at Basic Level with ≥2 at Intermediate or Advanced Level</td>
</tr>
</tbody>
</table>
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.
Kansas Healthcare Collaborative

KHC 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](http://www.hret-hiin.org/events/past-events.shtml)

- **July 24 (11-12 pm)** – **VAE** (ventilator-associated events)

- **July 30 (11-12 pm)** – **PFE** (patient and family engagement)

- **July 31 (11-12 pm)** – **Falls**

KHC HIIN Data & Measures Update

**KHC HIIN Measures and Data Update**

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

**Eric Cook-Wiens**
MPH, CPHQ
Data and Measurement Director
Kansas Healthcare Collaborative
ecook-wiens@khconline.org
(785) 235-0763 x1324
Improvement on selected KHC HIIN measures

Source: HRET Improvement Calculator v6.6

Total Harms per 1,000 Discharges

Source: HRET Improvement Calculator v6.6
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.
New Chart Format (continued)

- If the desired trend is an increase, the green area “flips.”

Reminder:

**Time to review your selected measures in QHi.**

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

Kansas HIIN - Data Submission Schedule

<table>
<thead>
<tr>
<th>Outcome &amp; Process Measures for HAC occurring in:</th>
<th>Readmissions for index discharges in, and SSI for procedures performed in:</th>
<th>Data Submission Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2019</td>
<td>December 2018</td>
<td>28-Feb-2019</td>
</tr>
<tr>
<td>February 2019</td>
<td>January 2019</td>
<td>31-Mar-2019</td>
</tr>
<tr>
<td>March 2019</td>
<td>February 2018</td>
<td>30-Apr-2019</td>
</tr>
<tr>
<td>April 2019</td>
<td>March 2019</td>
<td>31-May-2019</td>
</tr>
<tr>
<td>May 2019</td>
<td>April 2019</td>
<td>30-Jun-2019</td>
</tr>
<tr>
<td>June 2019</td>
<td>May 2019</td>
<td>31-Jul-2019</td>
</tr>
<tr>
<td>July 2019</td>
<td>June 2019</td>
<td>31-Aug-2019</td>
</tr>
<tr>
<td>August 2019</td>
<td>July 2019</td>
<td>30-Sep-2019</td>
</tr>
<tr>
<td>September 2019</td>
<td>August 2019</td>
<td>31-Oct-2019</td>
</tr>
<tr>
<td>October 2019</td>
<td>September 2019</td>
<td>30-Nov-2019</td>
</tr>
<tr>
<td>November 2019</td>
<td>October 2019</td>
<td>31-Dec-2019</td>
</tr>
</tbody>
</table>

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

Tara Bristol Rouse, MA
PFE Project Consultant, American Hospital Association
July 24, 2019
The most underutilized resource in all of health care is the patient.

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

Percent of Hospitals Meeting PFE Metrics, National, HRET HIIN, and State Partner: Milestone 12

Kansas – A Closer Look

Percent of All Hospitals Meeting, Not Meeting, or Not Reporting PFE Metrics, by Metric: Milestone 12

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

**PFE IMPLEMENTATION?**
**YES I CAN!**
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)
- PFE or Representative on hospital committee (Metric 4)

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

**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
### Falls

<table>
<thead>
<tr>
<th>Metric</th>
<th>Metric 2</th>
<th>Metric 3</th>
<th>Metric 4</th>
<th>Metric 5</th>
</tr>
</thead>
</table>

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 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

Ask family caregivers to implement the Caregiver’s ABCDE.

### Metric 4

Ask a member of your Falls Prevention Team to implement the Caregiver’s ABCDE. Ask this team member to share local patient stories or those from Patients’ Perspectives of Falling while in an Acute Care Hospital and Suggestions for Prevention to explore how implementation of the Caregiver’s ABCDE program might have prevented the falls.

### Metric 5

- 
- 
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**Falls**

<table>
<thead>
<tr>
<th>Metric 1</th>
<th>Metric 2</th>
<th>Metric 3</th>
<th>Metric 4</th>
<th>Metric 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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.</td>
<td>Ask a member of your Falls Prevention Team to implement the Caregiver’s ABCDE. Ask this team member to share local patient stories or those from Patients’ Perspectives of Falling while in an Acute Care Hospital and Suggestions for Prevention to explore how implementation of the Caregiver’s ABCDE program might have prevented the falls.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Harm Topic: Delirium**

**Falls**

**Metric 1**
- As the patient’s primary 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’s whiteboard. During daily rounds, use this tool as a guide while creating and discussing the plan of care with the patient/family.

**Metric 3**
- Ask a member of your Falls Prevention Team to implement the Caregiver’s ABCD.

**Metric 4**
- Ask this team member to share the patient’s stories or those from Patients’ Perspectives of Falling while in an Acute Care Hospital and Suggestions for Prevention to explore how implementation of the Caregiver’s ABCD program might have prevented the falls.

**Metric 5**
- Recruit patient family advisors to conduct rounds in your unit. Ask them to visit family caregivers, whose loved ones are at high risk for delirium and educate them regarding their role in prevention, including those suggestions found in the Delirium Education Brochure.

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**Topics:**
- Falls
- Delirium
- Patient/ family involvement
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.

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’s white board. During daily rounds, use this tool as a guide while creating and discussing the plan of care with the patient/family.

Ask a member of your Falls Prevention Team to implement the Caregiver’s ABCDE program.

Recruit patient family advocates to conduct rounds in your unit. Ask them to visit family caregivers, whose loved ones are at high risk for delirium and educate them regarding their role in prevention, including those suggestions found in the Delirium Education Brochure.

Invite members of the Board to conduct rounds in your patient care area; help them understand the time and attention that goes into delirium and falls prevention by having them observe care in action.
HAPU/U

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.

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.

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.

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.

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.

PFE Metrics and Topic Areas

- ADE: Adverse Drug Events
- CAUTI: Catheter-Associated Urinary Tract Infections
- CLABSI: Central Line-Associated Blood Stream Infections
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- Readmissions
- Sepsis
- SSI: Surgical Site Infections
- VAE: Ventilator Associated Events
- VTE: Venous Thromboembolism
THINK BIG
START SMALL

the start is what stops most people
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

Upcoming HRET HIIN PFE Metric 4 Learning Event

Tuesday, July 30th, 11-12pm CT
Register Here
Resources and Upcoming Events

Chuck Duffield
Performance Improvement Manager
Kansas Healthcare Collaborative
cduffield@khconline.org
(785) 235-0763 x1327

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

Click on PFE icon

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

Login information
For login information please download the PFAC-resources-and-passwords file in the webinar Downloadable File pod or contact Treva Borcher TBorcher@khconline.org
EXAMPLES – RESOURCES YOU CAN USE

PFA/PFAC Resource Toolkit

INSTRUCTIONAL VIDEOS
Steps #1 - #7

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

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 Borcher TBorcher@khconline.org
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 Borcher (TBorcher@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

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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
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

Kansas Healthcare Collaborative

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.

See the informational flyer at

Resources and Upcoming Events

Remaining Schedule:
Aug. 16
Nov. 1
Feb. 7

Kansas Healthcare Collaborative
## Upcoming KHC HIIN Webinars

**KHC HIIN: Hand Hygiene Collaborative**  
August 16 • 11:00 to 10:00 am

**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](https://khconline.adobeconnect.com/khc-hiin-08-28-19/event/registration.html)

**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](https://khconline.adobeconnect.com/khc-hiin-09-25-19/event/registration.html)

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## Upcoming National Webinars

**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_YvtWZMIeTdiYnp5ss8FTBA](https://zoom.us/webinar/register/WN_YvtWZMIeTdiYnp5ss8FTBA)

**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](http://hret.adobeconnect.com/pfe-20190730/event/registration.html)

**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](http://hret.adobeconnect.com/falls-20190731/event/registration.html)

**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](#)

**HRET HIIN Opioid Safety: Alternatives to Opioids Webinar Series #4**  
August 12 • 10:00 - 11:00am  
Please provide feedback to this webinar.
Let us know your next steps.

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

Your HIIN Contacts

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Executive Leadership

- Tom Bell: Co-Executive Director
- Jon Russell: Co-Executive Director
- Allison Peterson Delcroff: Managing Senior Director
- Karen Braman: Senior Director

Hospital-led initiatives

- Michele Clark: Program Director
- Chuck Duffield: Performance Improvement Manager
- Eric Cook-Wiens: Data and Measurement Director

Data and Measurement

- Amanda Gonzales: Health Care Quality Data Analyst
- Rhonda Lamber: Executive Assistant/Office Manager
- Troya Borcher: Project Specialist
- Phil Cantelon: Communications Director

Physician-led initiatives

- Rosanne Rutkowski: Program Director
- Jill Daughton: Quality Improvement Advisor
- Randy Johnson: Quality Improvement Advisor
- Amanda Fronzer: Project Coordinator
- Patti Thomas: Quality Improvement Advisor
- Malea Hartvickson: Quality Improvement Advisor

Administration & Communications

- Azucena Gonzalez: Health Care Quality Data Analyst
- Mandy Johnson: Quality Improvement Advisor

→ Find contact info, bios, and more at:
https://www.khconline.org/about-us/staff

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Kansas Healthcare Collaborative