KHC Hospital Improvement Innovation Network

August 28, 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.

Kansas Healthcare Collaborative
623 SW 10th Ave. ● Topeka, KS 66612 ● (785) 235-0763 ● www.khconline.org

Kansas Medical Society Established 1859 | KHA Kansas Hospital Association | American Hospital Association | HRET Health Research & Educational Trust

Introductions

Special Guest

Kim Werkmeister, BA, RN, CPHQ, CPPS
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Kansas Healthcare Collaborative

Michele Clark
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Eric Cook-Wiens
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Agenda

Welcome and Announcements

HIIN Data and Measures Update

Four Strategies for Reducing Avoidable Readmissions

HIIN Resources and Upcoming Events

August Flower Lore-Gladiolus

KHC Announcements and Updates

- Kansas Sprint Leaders
- HIIN Updates
- Milestone 13 Update

Michele Clark
MBA, CPHQ, CPPS, ABC
Program Director
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Announcements and Updates

HRET HIIN Spring Sprints

Congratulations to These 7 Kansas Hospitals!

Falls/Delirium Sprint
- **Labette Health**, *Parsons*
- **LMH Health**, *Lawrence*
- **Memorial Health System**, *Abilene*
- **Southwest Medical Center**, *Liberal*

Pressure Ulcers Sprint
- **Southwest Medical Center**, *Liberal*

Ventilator-Associated Events
- **Ascension Via Christi Hospital**, *Pittsburg*
- **Southwest Medical Center**, *Liberal*

Venous Thromboembolism
- **Allen County Regional Hospital**, *Iola*
- **Olathe Health**, *Olathe*

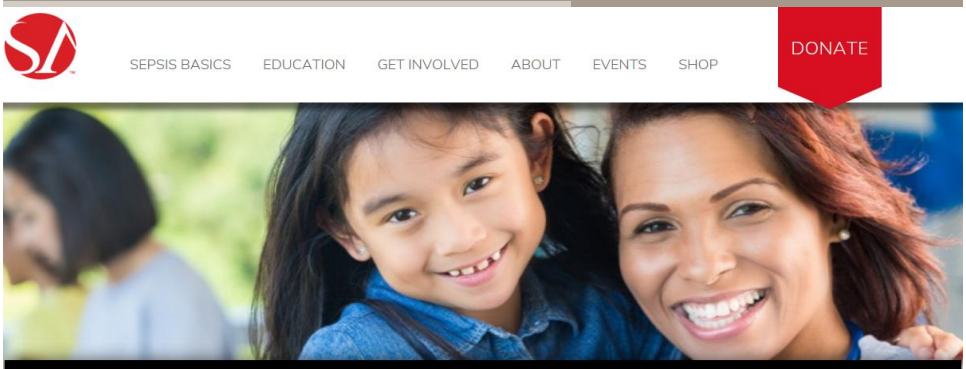
Announcements and Updates

Recordings now available

HIIN July "Hot Topic" Events

Discussions with subject matter experts and peers of key challenges for each topic, strategic ways to overcome them.

- **Falls**
  Recording available at http://www.hret-hiin.org/resources/display/hret-hiin-hot-topic-falls
- **Pressure Ulcers/Injuries (HAPI)**
  Recording available at http://www.hret-hiin.org/resources/display/hret-hiin-hot-topic-hospital-acquired-pressure-injury
- **Venous Thromboembolism (VTE)**
  Recording available at http://www.hret-hiin.org/resources/display/hret-hiin-hot-topic-venous-thromboembolism
- **Ventilator-Associated Events (VAE)**
  Recording available at http://www.hret-hiin.org/resources/display/hret-hiin-hot-topic-ventilator-associated-events



HRET HIIN

New Sepsis Podcast Series Is Now Available

The Health Research and Educational Trust has released a new sepsis podcast series in preparation for Sepsis Awareness Month.

Podcast topics:

- **Pre-Hospital Sepsis Recognition and Treatment**
- **Fluid Management for Sepsis**
- **Post-op Sepsis SNAP Learnings**
- **Post-Op Sepsis Syndrome**
- **Future of Sepsis**

Click here to access the Sepsis Podcast Series:
http://www.hret-hiin.org/resources/display/sepsis-podcasts

To access tools referenced during this podcast series, visit the HRET HIIN Sepsis web page and view the HRET HIIN Sepsis Change Package for information on the sepsis bundles.

HIIN Milestone 13

January 2017 through May 2019

Due Date: August 16

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

Kansas Hospitals
HIIN Milestone 13 Results
as of August 2019

DATA COMPLETE in ≥80% of Eligible Topics

71.3%

IMPROVEMENT in ≥70% of Eligible Topics

57.4%

BOTH!

49.6%

Hospitals with 100% data submission

Anderson County Hospital
Clay County Medical Center
Coffey County Hospital
Coffeyville Regional Medical Center
Community Memorial Healthcare, Inc.
Decatur Health Systems, Inc.
Fredonia Regional Hospital
Gove County Medical Center
Greenwood County Hospital
Hays Medical Center
Hillsboro Community Hospital
Hospital District No. 1 of Rice County
Jewell County Hospital
Kingman Community Hospital
Kiowa District Hospital
Labette Health
Lincoln County Hospital
Medicine Lodge Memorial Hospital
Mercy Hospital Columbus
Mercy Hospital, Inc.
Minneola District Hospital
Mitchell County Hospital Health Systems
Morris County Hospital
Osborne County Memorial Hospital
Rawlins County Health Center
Rooks County Health Center
Sabetha Community Hospital, Inc.
Saint Luke Hospital and Living Center
Sheridan County Health Complex
Smith County Memorial Hospital
St. Catherine Hospital
Stanton County Hospital
Trego County Lemke Memorial Hospital
Wamego Health Center
Wichita County Health Center
Wilson Medical Center

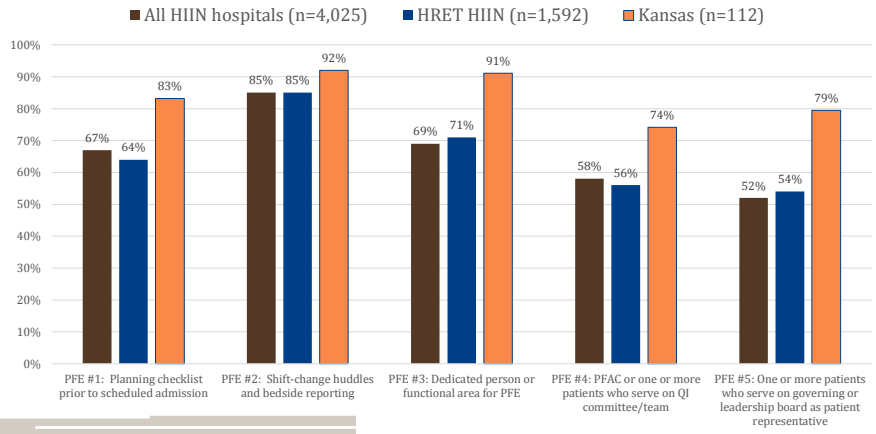
Hospitals with 80-99% data submission

Bob Wilson Memorial Grant County Hospital
Cheyenne County Hospital
Citizens Medical Center, Inc.
Clara Barton Hospital
Comanche County Hospital
Community HealthCare System, Inc.
Edwards Co. Hosp. and Healthcare Ctr.
Ellinwood District Hospital
Ellsworth County Medical Center
F.W. Huston Medical Center
Greeley County Health Services
Grisell Memorial Hospital
Hanover Hospital
Hodgeman County Health Center
Holton Community Hospital
Hutchinson Regional Medical Center
Kearny County Hospital
Kiowa County Memorial Hospital
Lane County Hospital
Lindsborg Community Hospital
LMH Health
Logan County Hospital
Meade District Hospital/Artesian Valley Health System
Memorial Health System
Miami County Medical Center, Inc.
Nemaha Valley Community Hospital
Neosho Memorial Regional Medical Center
Newton Medical Center
Norton County Hospital
Olathe Medical Center, Inc.
Ottawa County Health Center
Phillips County Hospital
Russell Regional Hospital
Saint John Hospital
Saint Luke Cushing Hospital
Saint Lukes South Hospital
Salina Regional Health Center
Satanta District Hospital
Scott County Hospital
Southwest Medical Center
Stevens County Hospital
Sumner County Hospital District No. 1
Susan B. Allen Memorial Hospital
University of Kansas Healthcare System - Pawnee Valley
Washington County Hospital
William Newton Hospital

National and State Progress

Patient and Family Engagement Metrics

Percent of Hospitals Meeting PFE Metrics
All HIINs, HRET HIIN, and KHC HIIN: Milestone 13



CMS HIIN Phases

Core HIIN Period (2 years)
October 2016 to September 2018

HIIN Extension (6 months)
October 2018 to March 2019

Option Year ("Periods")

- Period 1 (3 months): April-May-June 2019
- Period 2 (1 month): July 2019
- Period 3 (1 month): August 2019
- Period 4 (7 months): September 2019 to March 2020*

*anticipated

Next Steps for HIIN

- Focus on "successes." What is your biggest success story?
- Focus on "opportunities." Finish strong over the next seven months.
- Take advantage of HIIN resources.
- Updating QHi permission form and commitment to continue HIIN participation through March 2020. (Watch your email.)

- Anticipate and prepare for next round of CMS Partnership for Patients program priorities to begin in 2020.

KHC HIIN
Measures and Data Update

- Current status
- August data reports
- Focus on readmissions
- Data submission schedule

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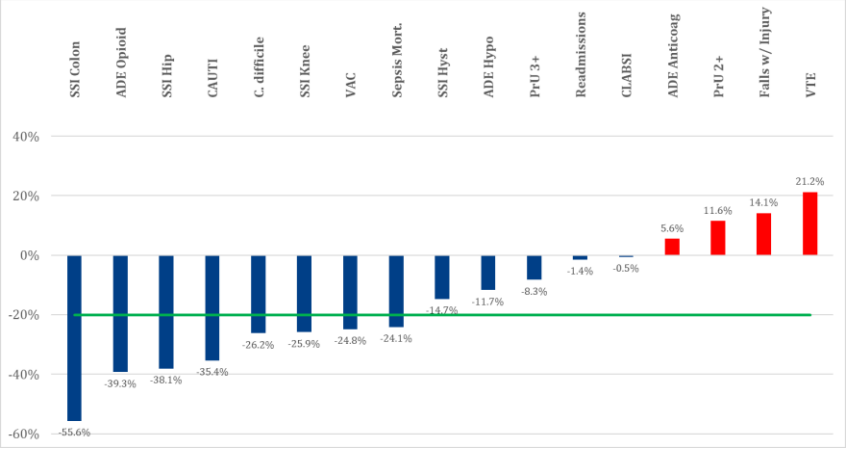
Preliminary data

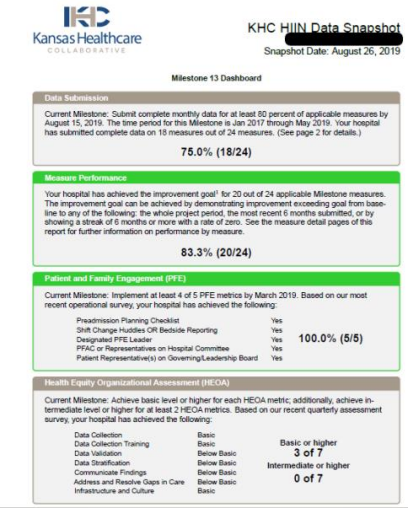
Improvement on selected KHC HIIN measures



Source: HRET Improvement Calculator v7.0

New Reports
Page 1: Dashboard

- Snapshot Date:
  The date data files were pulled from NHSN and QHi
- Green border:
  - Meeting Milestone target
- Should match your 2-page milestone report


Kansas Healthcare COLLABORATIVE

KHC HIIN Data Snapshot
[redacted]
Snapshot Date: August 26, 2019

Milestone 13 Dashboard

Data Submission

Current Milestone: Submit complete monthly data for at least 80 percent of applicable measures by August 15, 2019. The time period for this Milestone is Jan 2017 through May 2019. Your hospital has submitted complete data on 18 measures out of 24 measures. (See page 2 for details.)

75.0% (18/24)

Measure Performance

Your hospital has achieved the improvement goal[1] for 20 out of 24 applicable Milestone measures. The improvement goal can be achieved by demonstrating improvement exceeding goal from baseline to any of the following: the whole project period, the most recent 6 months submitted, or by showing a streak of 6 months or more with a rate of zero. See the measure detail pages of this report for further information on performance by measure.

83.3% (20/24)

Patient and Family Engagement (PFE)

Current Milestone: Implement at least 4 of 5 PFE metrics by March 2019. Based on our most recent operational survey, your hospital has achieved the following:

Preadmission Planning Checklist	Yes
Shift Change Huddles OR Bedside Reporting	Yes
Designated PFE Leader	Yes
PFAC or Representatives on Hospital Committee	Yes
Patient Representative(s) on Governing/Leadership Board	Yes

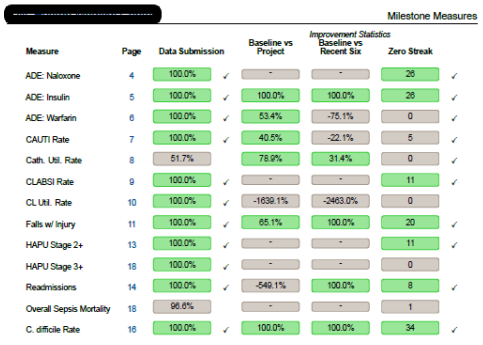
100.0% (5/5)

Health Equity Organizational Assessment (HEOA)

Current Milestone: Achieve basic level or higher for each HEOA metric; additionally, achieve intermediate level or higher for at least 2 HEOA metrics. Based on our recent quarterly assessment survey, your hospital has achieved the following:

Data Collection	Basic	
Data Collection Training	Basic	Basic or higher
Data Validation	Below Basic	3 of 7
Data Stratification	Below Basic	Intermediate or higher
Communicate Findings	Below Basic	0 of 7
Address and Resolve Gaps in Care	Below Basic	
Infrastructure and Culture	Basic	

New Reports
Page 2: Summary / TOC



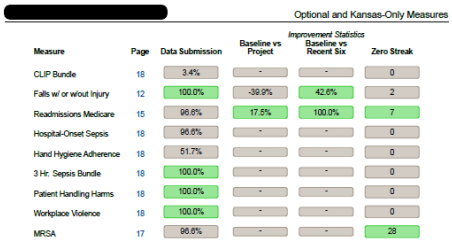
Milestone Measures

Measure	Page	Data Submission		Improvement Statistics: Baseline vs Project	Improvement Statistics: Baseline vs Recent Six	Improvement Statistics: Zero Streak	
ADE: Naloxone	4	100.0%	✓	-	-	26	✓
ADE: Insulin	5	100.0%	✓	100.0%	100.0%	26	✓
ADE: Warfarin	6	100.0%	✓	53.4%	-75.1%	0	✓
CAUTI Rate	7	100.0%	✓	40.5%	-22.1%	5	✓
Cath. Util. Rate	8	51.7%		78.9%	31.4%	0	✓
CLABSI Rate	9	100.0%	✓	-	-	11	✓
CL Util. Rate	10	100.0%	✓	-1639.1%	-2463.0%	0	
Falls w/ Injury	11	100.0%	✓	65.1%	100.0%	20	✓
HAPU Stage 2+	13	100.0%	✓	-	-	11	✓
HAPU Stage 3+	18	100.0%	✓	-	-	0	
Readmissions	14	100.0%	✓	-549.1%	100.0%	8	✓
Overall Sepsis Mortality	18	96.6%		-	-	1	
C. difficile Rate	16	100.0%	✓	100.0%	100.0%	34	✓

- Serves as a table of contents (TOC)
  - Hyperlinks work
  - Only Milestone relevant measures included
- Green shading indicates meeting data submission targets or improvement targets
- Checkmark if any improvement statistics are meeting target
  - Baseline vs. project
  - Baseline vs. recent 6 months
  - Six or more months with a rate of zero.

New Reports
Page 3: Summary / TOC

- Optional and Kansas-only measures are provided on page 3 (with links to detail pages)
- No checkmarks because these measures do not apply to the milestone



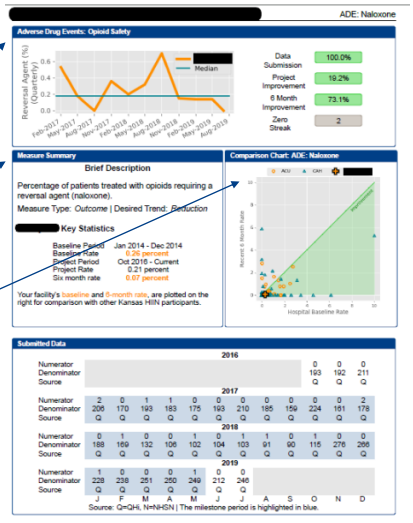
Optional and Kansas-Only Measures

Measure	Page	Data Submission	Improvement Statistics: Baseline vs Project	Improvement Statistics: Baseline vs Recent Six	Improvement Statistics: Zero Streak
CLIP Bundle	18	3.4%	-	-	0
Falls w/ or w/out Injury	12	100.0%	-39.9%	42.6%	2
Readmissions Medicare	15	96.6%	17.5%	100.0%	7
Hospital-Onset Sepsis	18	96.6%	-	-	0
Hand Hygiene Adherence	18	51.7%	-	-	0
3 Hr. Sepsis Bundle	18	100.0%	-	-	0
Patient Handling Harms	18	100.0%	-	-	0
Workplace Violence	18	100.0%	-	-	0
MRSA	17	96.6%	-	-	28

New Reports
Detail pages

4 Sections

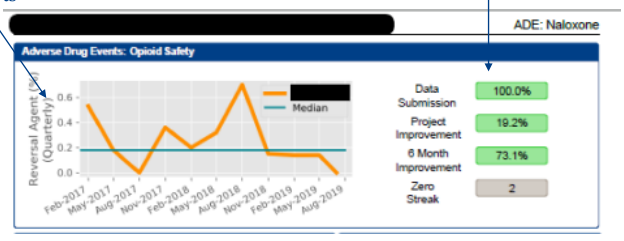
1. Run Chart and project statistics
2. Measure summary
3. Comparison scatter plot
4. Numerators and denominators



New Reports
Detail Pages: Run Chart and Progress Statistics

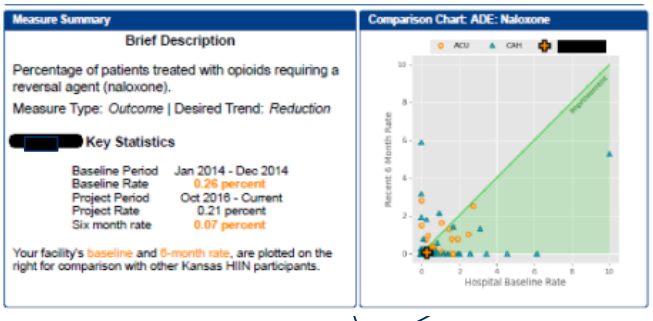
- Run chart
- If median=0, no median line is plotted
- NOTE: if the data is sparse, the plot shows a "Quarterly rate" rather than monthly.
  - Should be "smoother" than monthly run charts

Progress Statistics match what is provided on the summary slide.
These progress statistics "roll up" into the counts and percentages on your dashboard (page 1).



New Reports
Detail Pages: Measure Summary & Scatter Plot

- Brief measure description,
- Measure type
- Desired trend (reduction or increase)



Your facility's "+" symbol location is determined by:
Baseline rate (horizontal axis)
Recent six month rate (vertical axis)

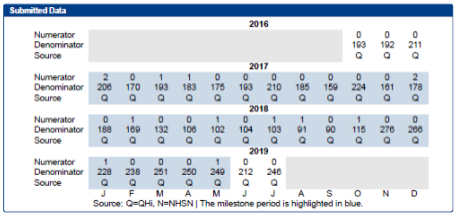
New Chart Format

Preliminary data

- 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.

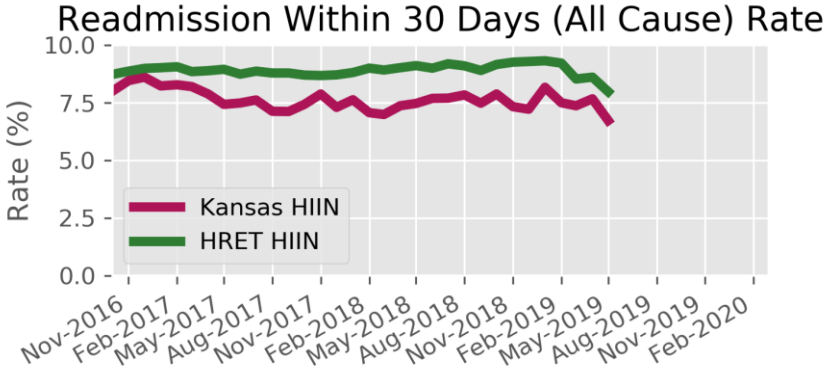
New Reports
Detail Pages: Numerators and Denominators

- For every month during the project period:
  - Numerator
  - Denominator
  - Data Source
- Milestone period is highlighted in blue
- Missing data is highlighted in yellow



Focus on Readmissions

Preliminary data



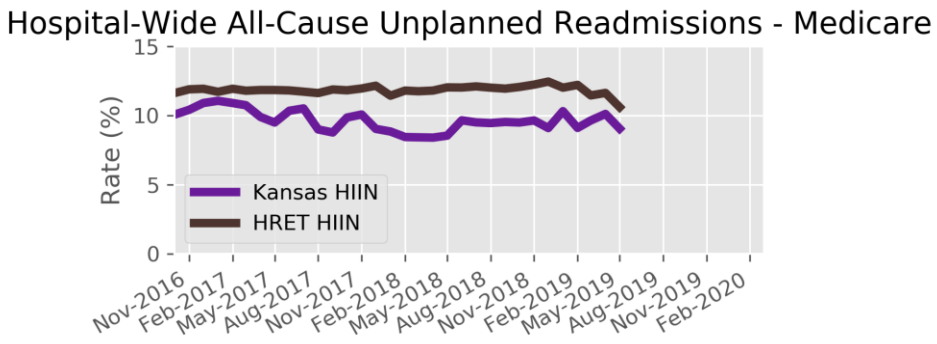
Median (10/2016 – 5/2019)
- Kansas HIIN: 6.8%
- HRET HIIN: 8.1%

Kansas has slightly lower readmissions Rates than the overall HRET HIIN.

However, only modest improvement.

Focus on Readmissions

Preliminary data

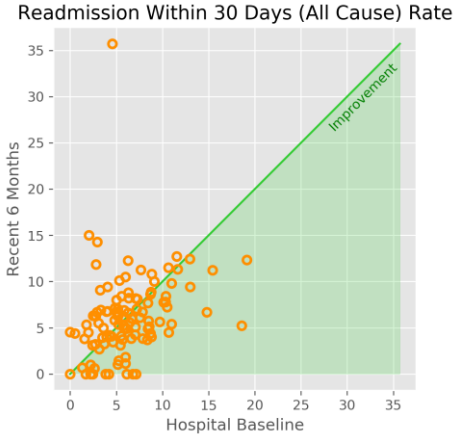


Median (10/2016 – 5/2019)

- Kansas HIIN: 8.4%
- HRET HIIN: 10.7%

Focus on Readmissions
Scatterplot: Baseline vs. Recent 6-Month Rate

Preliminary data

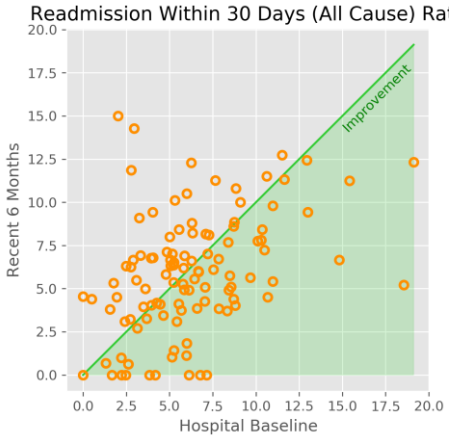


Median (10/2016 – 5/2019)

- Kansas HIIN: 6.8%
- HRET HIIN: 8.1%

Preliminary data

Scatterplot: Baseline vs. Recent 6-Month Rate
Impact of Outliers

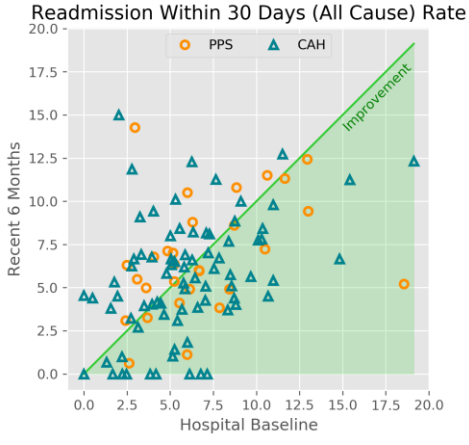


Outlier with high recent-six-month rate removed in this plot.

About half of hospitals improving.

Preliminary data

Scatterplot: Baseline vs. Recent 6-Month Rate
Segmented by Hospital Type



The distribution of baseline and recent-six-month rates is similar for PPS and CAH hospitals.

Focus on Readmissions

- Overall, we about half of hospitals are improving
- As a state, we are improving on readmissions
  - But not meeting the reduction target (12%)
- Similar rates for PPS and CAH hospitals

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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Strategies for Reducing Avoidable Readmissions

Kim Werkmeister, BA, RN, CPHQ, CPPS
Cynosure Health

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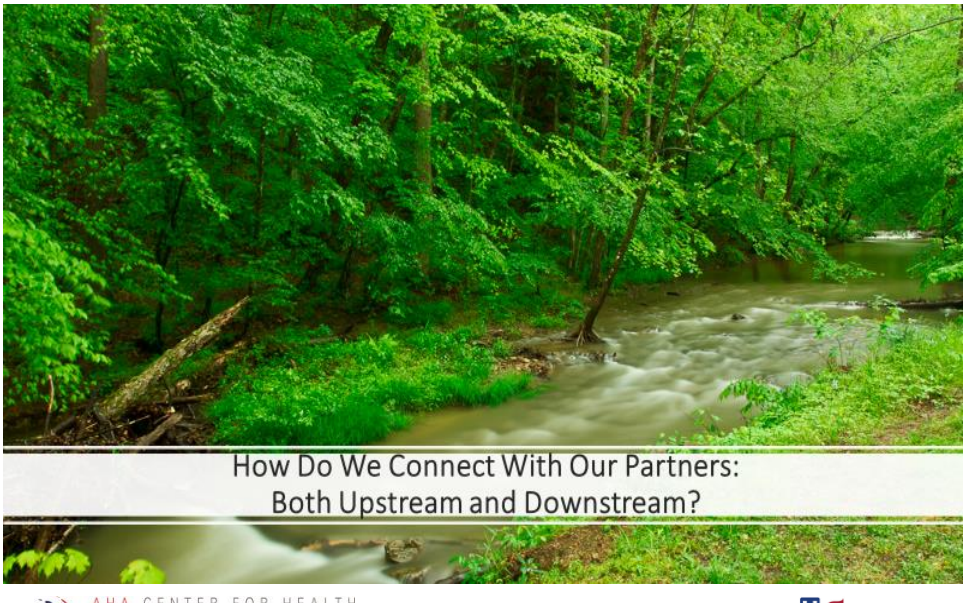

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What Drives Improvement in Readmissions?

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Many Resources Available to Guide Improvement

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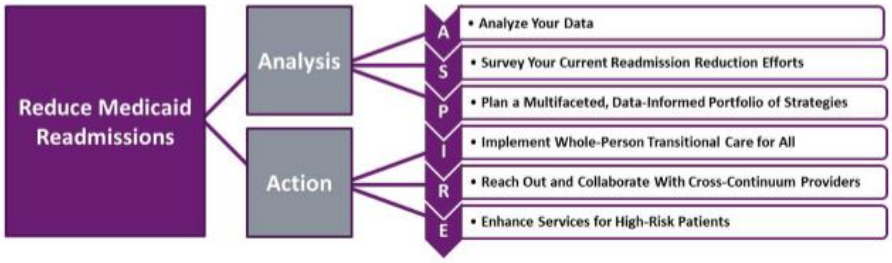
ASPIRE Guide: What Drives Improvement?



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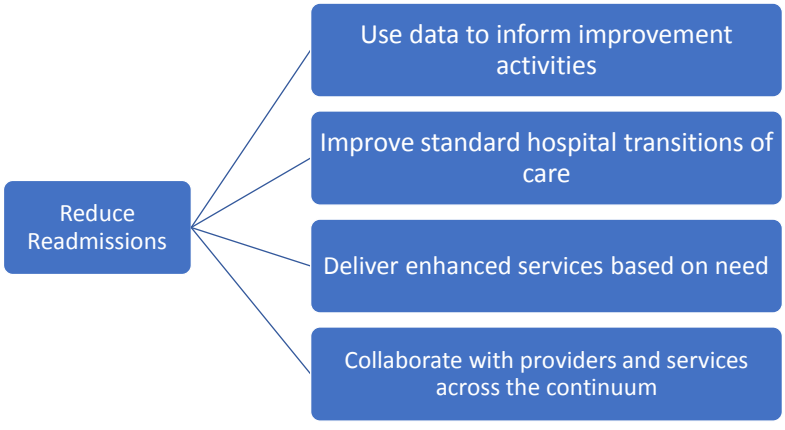
Drivers for Improvement in Readmissions



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Driver #1: Use Data to Inform Improvement Activities

Use data to inform improvement activities

- Analyze data to inform your targeting approach
- Understand root causes of readmissions; elicit the patient, caregiver and provider perspectives
- Periodically update your approach based on findings; articulate your readmission reduction strategies
- Develop a performance measurement dashboard to use data to drive improvement

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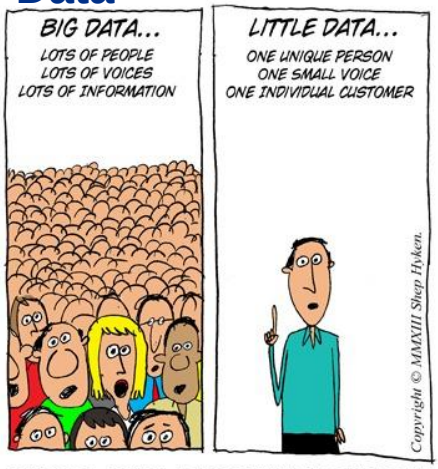
Big Data, Little Data



BIG DATA SPOTS A TREND, WHILE LITTLE DATA SPOTS AN OPPORTUNITY.

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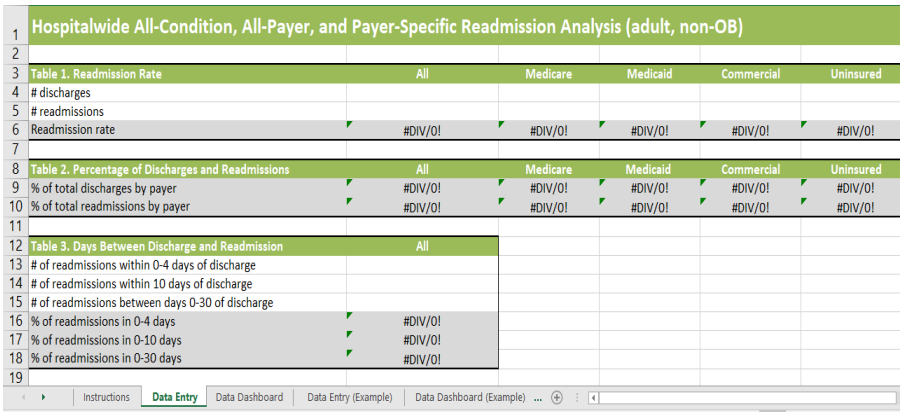
Big Data – What Coded Data Tells Us

Data Drill Down Tool



1	**Hospitalwide All-Condition, All-Payer, and Payer-Specific Readmission Analysis (adult, non-OB)**					
2						
3	**Table 1. Readmission Rate**	**All**	**Medicare**	**Medicaid**	**Commercial**	**Uninsured**
4	# discharges					
5	# readmissions					
6	Readmission rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
7						
8	**Table 2. Percentage of Discharges and Readmissions**	**All**	**Medicare**	**Medicaid**	**Commercial**	**Uninsured**
9	% of total discharges by payer	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
10	% of total readmissions by payer	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
11						
12	**Table 3. Days Between Discharge and Readmission**	**All**				
13	# of readmissions within 0-4 days of discharge					
14	# of readmissions within 10 days of discharge					
15	# of readmissions between days 0-30 of discharge					
16	% of readmissions in 0-4 days	#DIV/0!				
17	% of readmissions in 0-10 days	#DIV/0!				
18	% of readmissions in 0-30 days	#DIV/0!				
19						

Instructions | Data Entry | Data Dashboard | Data Entry (Example) | Data Dashboard (Example) ...

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Talking to our patients

"THE KEY TO GOOD DECISION MAKING IS NOT KNOWLEDGE. IT IS UNDERSTANDING."

—MALCOLM GLADWELL

BLINK

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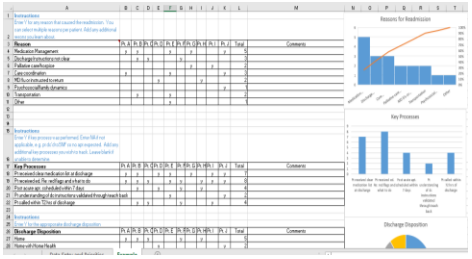
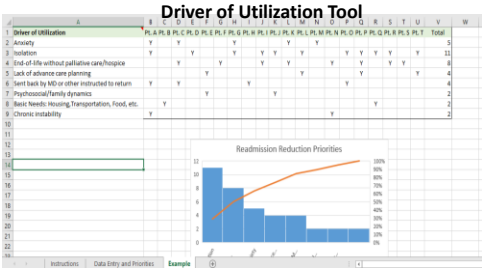
Little Data – What Our Patients Tell Us (The REAL Story)

Readmission Discovery Tool



Driver of Utilization Tool



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Driver #2: Improve Hospital Care Transitions Processes

Improve hospital care transitions processes

- Engage patients and their families to identify the learner, understand care preferences and assess risk for readmission
- Facilitate interdisciplinary collaboration on readmission risks and mitigation strategies
- Develop a customized care transitions plan that includes patient preferences, risk factors and post discharge contact info
- Use teachback and other health literacy tactics to optimize patient/caregiver understanding
- Timely post-discharge follow up with patient and/or caregiver

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Match needs with resources

- Which patients will probably do well with “normal discharge”?
- Which patients need something more?
- Which patients need far more?
- How do you know?
- What do you do?

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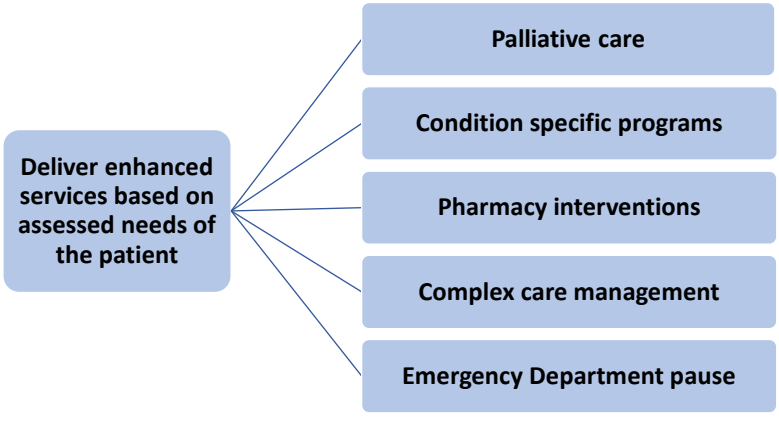
Driver #3: Deliver Enhanced Services Based on Needs



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What are Enhanced Services?

- Additional services and supports in the time following care in your organization.
- Services not provided to all patients as part of routine care.
- Offered to subgroups identified as "high risk" of readmission.
- Delivered prior to and after discharge, often for 30 days.
- Deployed at provider expense to reduce readmissions.
- Delivered by hospital staff or by contracted staff from other entities.

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Which Patients Need Enhanced Services?

- There may be several target populations at high risk of readmission identified by your data analyses.
- Consider the following high-risk target populations:
  - Patients with chronic illness
  - Patients with co-existing behavioral health diagnoses
  - Patients discharged to short term skilled nursing facilities
  - High utilizer patients
- One "standard" transitional care model would not likely meet the needs and address the root causes of readmissions for all these populations.
- Design "enhanced services" to meet the needs of each target population.

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What are Enhanced Services?

- Navigating.
- Hand-holding.
- Arranging for….
- Providing with….
- Harm reduction.
- Meet "where they are."
- Patient priorities first.
- Relationship-based.

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Highest Utilizer Strategies

- Identify highest utilizers
  - How many of your patients are admitted to the hospital 4 or greater times in any calendar year?
- Learn what drives their utilization
  - More than chart audits
- Meet the needs of those patients
  - These changes will have far reaching effects for other patients

What are you doing for your highest utilizers?

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Many of These Patients Have, in Combination

Acute clinical:
- Sepsis, UTI

Chronic clinical:
- HF, COPD

Behavioral health
- Mood disorders
- Substance use disorder

Social issues

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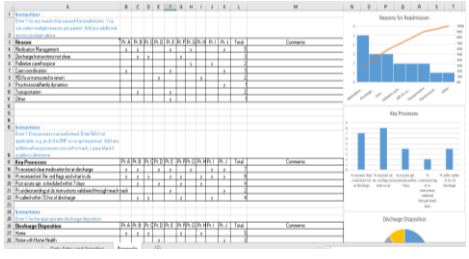
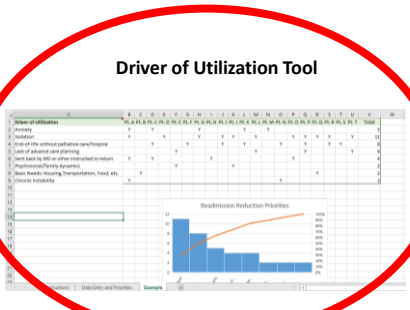
Little Data – What Our Patients Tell Us (The REAL Story)

Readmission Discovery Tool



Driver of Utilization Tool



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Key Strategies for High Utilizer Patients

- Identify the patient in real-time.
- Engage the patient while they are on-site.
- View utilization as a symptom of unmet needs.
- Prioritize engagement.
- Deploy an interdisciplinary team.
- Be proactive in post-hospital follow up.
- Be patient and persistent.
- Have resources to deploy to meet short term needs.
- Use care plans to improve care across settings and over time.

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Emergency Department Efforts

- Process to inform ED staff that this person had a prior admission
- Pause to interact in-person or on the phone with a care transitions team member
- Decision
  - Admit
  - Observation
  - Home with follow up

What are you doing in your ED?

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ED Strategies for High Utilizers

- Create a 30-day return flag on the ED Tracker Board:
  - Be sure to communicate what their desired response to the flag is.
- Use the 30-day return flag to notify the high-risk care team:
  - Real-time notification to allow team to work with ED on safe discharge.
- Use care plans and care teams' involvement in the ED:
  - Communicate baseline clinical status, recurrent utilization, next steps.
- Consider developing "treat and return" pathways:
  - Inventory the capabilities of post acute providers and post in ED.
- Engage hospitalists in decision to admit:
  - Create a collaborative culture to reduce avoidable decisions to admit.

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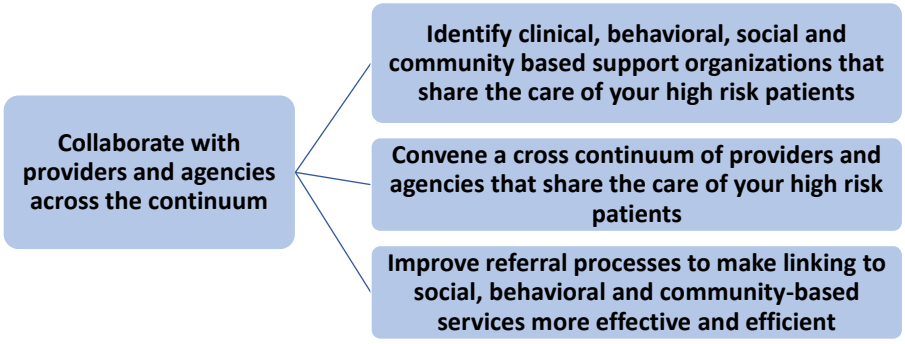
Driver #4: Collaborate with Providers and Agencies Across the Continuum



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Finding Agencies for Collaboration

- Highest utilization for your population
- Referral sources
- Community agencies

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Working With Partners

- Hospitals, Pharmacies
- Patients and Caregivers
- Skilled Nursing Facilities, Long Term Care
- Medical Home
- Home Care Agencies, Palliative Care
- Board and Care Organizations

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What Services Exist That I Am Not Aware Of?

- Community based elder care services:
  - Area Agency on Aging
  - Senior Centers
- Behavioral Health Services
  - Clinics, Drop in Centers
  - Referral Lines, NAMI
- Social Services
  - YMCA
  - Shelters
  - Food, Transportation, Utilities Assistance, 2-1-1

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There Just Aren't Resources to Alleviate this Need

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There Just Aren't Resources to Alleviate this Need

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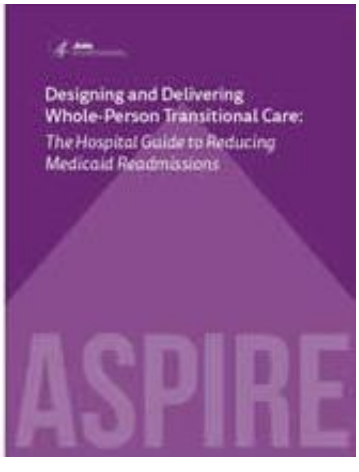
ASPIRE Guide Inventory Tools



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Bright Spots

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Bright Spots

- Use of data to select target populations and priorities
- Interdisciplinary collaboration / Improved educational practices
- Condition specific programs / Complex care management
- Pharmacy involvement in care transitions
- Stronger collaborations with SNF & HH

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Opportunities

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Opportunities

- Learning from and engaging with patients
- Learning what matters most to patients
- Improved health literacy / validating understanding through effective teachback
- Use of an ED pause / mechanism to discuss complex patients prior to admit
- Discussion about/referrals to Palliative Care
- Collaboration with Behavioral Health, Social/Community Resources

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What Are YOUR Bright Spots and Opportunities?

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Get Started

- Identify YOUR Readmission reduction goal
- Identify YOUR target population
- Apply population-specific strategies
- Choose one new idea to test

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Readmissions Resources

- Readmissions Change Package
- ASPIRE Guide
- Trail Guide
- Readmissions Top Ten Checklist
- Readmissions Whiteboard Video Series
- HRET-HIIN Hospital Wide Topics LISTSERV
- Huddle for Care Discussion Forum

- Discovery Tool, Driver of Utilization Tool, Data Drill Down Tool, ASPIRE Interview Guide

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Thank You!

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Resources and Upcoming Events

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

KHA

Three-part De-escalation Webinar Series

The Kansas Hospital Association has announced a three-part webinar series to address current challenges that many — health care employees, volunteers, and others who interact with aggressive individuals — face in the health care setting. Each webinar begins at 12:00 p.m.

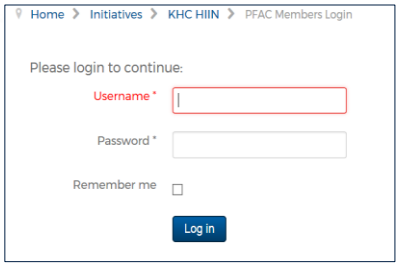
- **Oct. 22** – *Sticks and Stones and Getting Along:* Controlling Conflict with Communication
- **Nov. 12** – *All Patients are Unique (Just Some more than Others):* De-escalation Techniques in Atypical Health Care Settings
- **Dec. 10** – *S E C U R I T Y: Who is Responsible?* (Hint: It's someone you know.)

Webinar series brochure
Online registration link

Resources

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

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Resources

PFA/PFAC Resource Toolkit
INSTRUCTIONAL VIDEOS
Steps #1 - #7

Note: You must be logged into the PFAC 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

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KHC HIIN Hand Hygiene Collaborative
Cohort 2
May 1, 2019 to March 27, 2020

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.

KHC Hand Hygiene Collaborative

Cohort 2
May 1, 2019 to March 27, 2020

Introduction

About our faculty

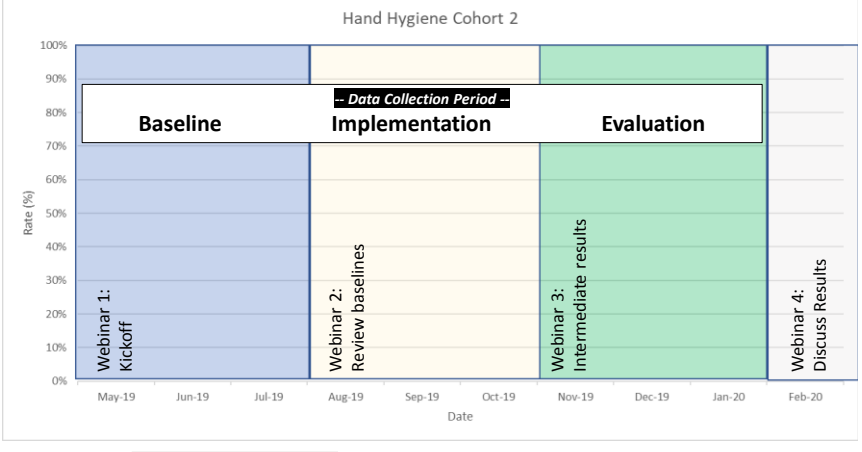
How to Enroll in the Hand Hygiene Collaborative

Kick-off Event

Why Join?

Contact Chuck Duffield at cduffield@khconline.org for additional information

HH Cohort 2 Timeline



Enrolled Hospitals

KHC HIIN Hand Hygiene Collaborative Cohort 2 - 79 hospitals

Allen County Regional Hospital
Anderson County Hospital
Atchison Hospital
Citizens Medical Center
Clara Barton Hospital
Clay County Medical Center
Cloud County Health 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.
Ellsworth County Medical Center
F.W. Huston Medical Center
Fredonia Regional Hospital
Geary Community Hospital
Girard Medical Center
Goodland Regional Medical Center
Gove County Medical Center
Greenwood County Hospital
Hanover Hospital
Hays Medical Center
Hiawatha Community Hospital
Hillsboro Hospital
Hodgeman County Health Center
Holton Community Hospital
Hospital District 6 Anthony Campus
Hutchinson Regional Medical Center
Jewell county Hospital
Kansas Medical Center
Kearny County Hospital
Kingman Community Hospital
Kiowa District Hospital
Labette Health
Lindsborg Community Hospital
LMH Health
Logan County Hospital
McPherson Hospital Inc.
Meade District Hospital/Artesian Valley Health System
Memorial Health System
Mercy Hospital Columbus
Mercy Hospital Inc.
Miami County Medical Center, Inc.
Minneola District Hospital
Mitchell County Hospital Health Systems
Morton County Health System
Nemaha Valley Community Hospital
Ness County Hospital District No. 2
Newman Regional Health
Newton Medical Center
Norton County Hospital
Olathe Medical Center, Inc.
Osborne County Memorial Hospital
Ottawa County Health Center
Phillips County Hospital
Pratt Regional Medical Center
Rawlins County Health Center
Republic County Hospital
Rush County Memorial Hospital
Sabetha Community Hospital
Saint John Hospital
Saint Luke Cushing Hospital
Saint Luke's South Hospital
Salina Regional Health Center
Sheridan County Health Complex
Smith County Memorial Hospital
South Central Kansas Medical Center
Stafford County Hospital
Sumer Community Hospital
Sumner County Hospital District No. 1
Susan B. Allen Memorial Hospital
Trego County Lemke Memorial Hospital
University of Kansas - Great Bend Campus
University of Kansas Health System
Western Plains Medical Complex
William Newton Memorial Hospital
Wilson Medical Center

Upcoming Events

Upcoming KHC HIIN Webinars

KHC HIIN Webinar
Sept 29, 2019 ● 10:00 to 11:00 am
Register Here: https://khconline.adobeconnect.com/khc-hiin-09-25-19/event/registration.html

KHC HIIN Webinar
Oct 23, 2019 ● 10:00 to 11:00 am
Register Here: https://khconline.adobeconnect.com/khc-hiin-10-23-19/event/registration.html

KHC Hand Hygiene Collaborative Quarterly Virtual Session
Nov 1, 2019 | 11:00 a.m. – 12:00 p.m.
Kansas hospitals participating in Cohort 2 of the KHC Hand Hygiene Collaborative are invited to participate in each quarterly session. Contact Chuck Duffield (cduffield@khconline.org) for webinar registration link.

Upcoming National Webinars

See more HRET HIIN events at www.hret-hiin.org/events/index.dhtml

AHA | Patients with Opioid Use Disorder in the Outpatient and Emergency Settings

- September 24, 2019 | 12:00 p.m. - 1:00 p.m. CT | Register here.

All times listed are Central Time.

Upcoming QHi Webinars

See more HRET HIIN events at www.hret-hiin.org/events/index.dhtml

QHi Back-to-Basics Training Session

Review basics of selecting measures, entering data and running/scheduling reports

- October 3, 2019 | 1:00 p.m. – 2:00 p.m. | Register here

All times listed are Central Time.

Resources and Upcoming Events

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

https://www.surveymonkey.com/r/HIIN-Webinar-08282019

HIIN Contacts

Kansas Healthcare COLLABORATIVE

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For more information:
→ KHConline.org

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Co-Executive Director

Jerry Slaughter
Co-Executive Director

Allison Peterson DeGroff
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 Daughhetee
Quality Improvement Advisor

Jana Farmer
Quality Improvement Advisor

Malea Hartvickson
Quality Improvement Advisor

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Quality Improvement Advisor

Administration & Communications

Rhonda Lassiter
Executive Assistant/ Office Manager

Treva Borcher
Project Specialist

Phil Cauthon
Communications Director

→ *Find contact info, bios, and more at:*

KHConline.org/staff