KHC Hospital Improvement
Innovation Network
Data Office Hours
November 30, 2016
Kansas Healthcare
Collaborative
623 SW 10th Ave. • Topeka, KS 66612 • (785) 235-0763 • www.khconline.org
KANSAS
MEDICAL
SOCIETY
American Hospital Association
HRET

KHC HIIN Data Office Hours
November 30, 2016
Agenda
Welcome and Introduction
Goals
Partners
Measurement
Data Expectations
Data Systems
Measures in Detail
FAQs and Questions
Next Steps
Upcoming Events
Contact Us
Rob Rutherford
Senior Health Care Data Analyst
Kansas Healthcare Collaborative
RRutherford@khconline.org
(785) 235-0763 x1326
Kansas Healthcare Collaborative
2

# Chat Questions

Please type any questions you have in our chat - time permitting we'll have take phone questions at the end





# Bold Aims

**Two base years to reduce all-cause inpatient harm by 20% and readmissions by 12%.**

1. Be in action to support your patients and their families by committing to this project
2. Work to reduce harm *across the board*
3. Learn together by sharing your hospital stories – successes and opportunities
4. Data is the foundation of all improvement at the unit level, hospital level, state and national level

## Resources

KHC HIIN Measures Dictionary

www.khconline.org/files/KHC-HIIN-Measures-Dictionary.pdf

KHC NHSN Group Instructions

www.khconline.org/files/Instructions_to_Join_KHC_HIIN_NHSN_Group.pdf
www.khconline.org/files/Instructions_to_Update_KHC_HIIN_NHSN_Group.pdf

HIIN Kickoff Webinar Recordings

www.khconline.org/khc-hospital-improvement-and-innovation-network





## Measurement Philosophy

You can only change what you measure!

- Don’t let perfect be the enemy of good
- Start where you can
- Share the load
- Be consistent

## Measure Construction

- Numerator: Number of events
- Denominator: Opportunities for event to occur (risk).

**Example: Falls Measure**

- Numerator – Number of Falls (Events)
- Denominator – Patient Days (Each day a patient is in the hospital there is some risk of a fall)
- Exclusions





## Measurement Collection

If you're not seeing any events you may be doing fabulously!

- But check to see your data collection is working as intended
- E.g. hypoglycemia not being reported as an adverse event because it's a "known side-effect" of insulin

KHC HIIN Data Office Hours

## Measure Reporting

- NHSN is preferred for HAI measures – CDC protocol is the gold standard, and it's a more accurate abstraction
- Duplicate reporting is not necessary – don't make more work for you or your team
- Where possible, share reporting duties amongst team members



KHC HIIN Data Office Hours

## Measure Baseline Periods

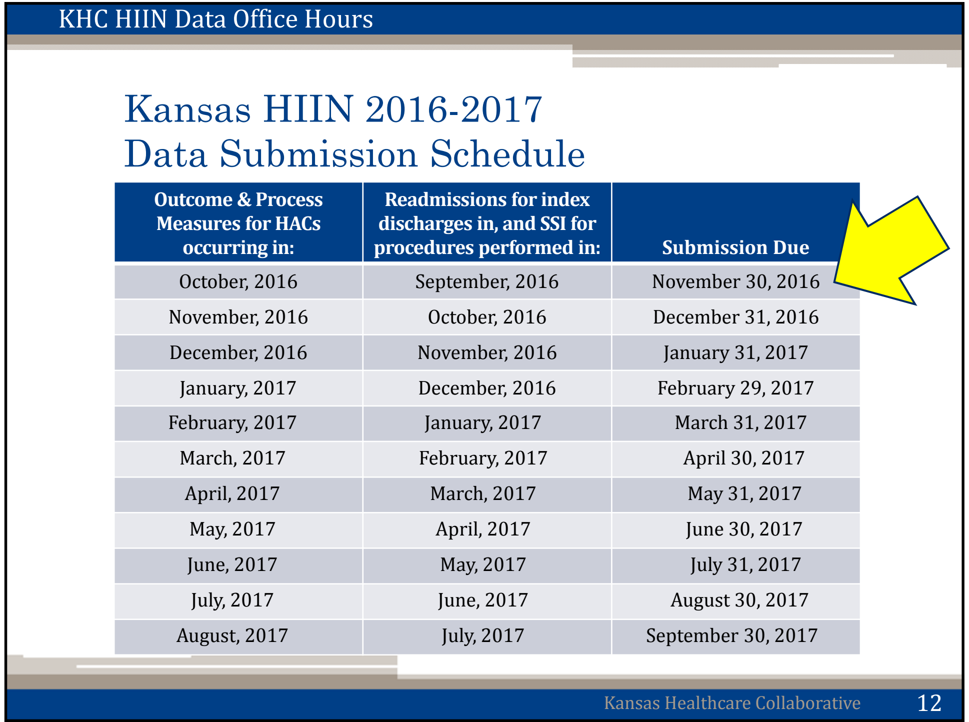
- Preferred: Calendar Year 2014 or 2015 (varies)
- Alternate: Oldest 12-, 9-, 6-, or 3-month consecutive period prior to Oct 2016
- If measure was not tracked prior to HIIN, report *monthly* as early as possible beginning in October 2016.
- Baseline is used to track progress!

KHC HIIN Data Office Hours

# Data Expectations

- Reporting Schedule
- Program Milestones





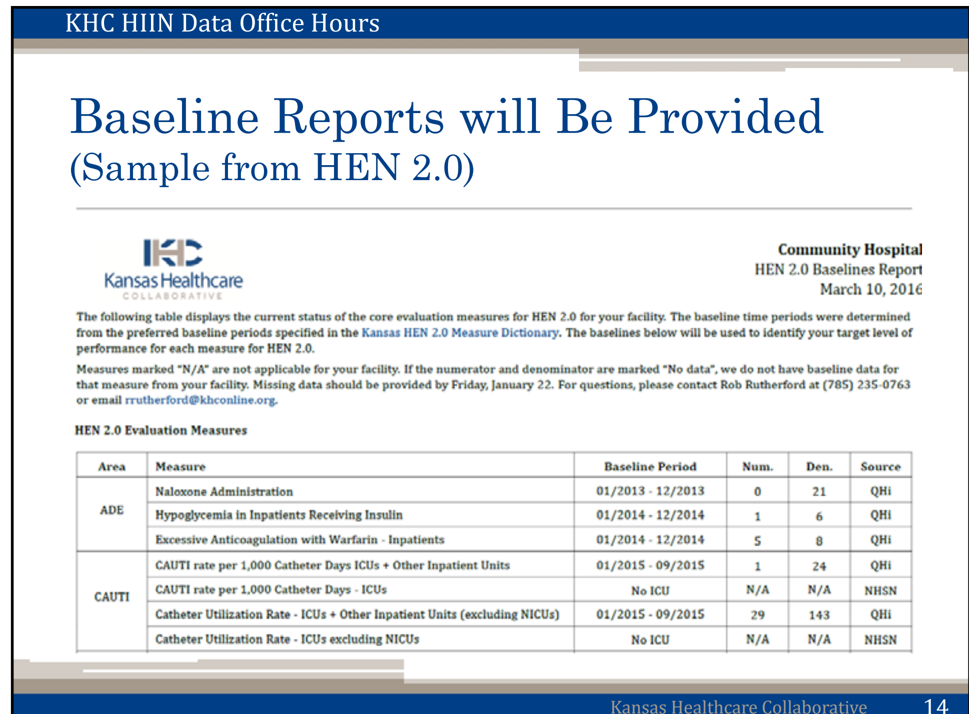

Kansas HIIN 2016-2017
Data Submission Schedule

| Outcome & Process Measures for HACs occurring in: | Readmissions for index discharges in, and SSI for procedures performed in: | Submission Due |
|---|---|---|
| October, 2016 | September, 2016 | November 30, 2016 |
| November, 2016 | October, 2016 | December 31, 2016 |
| December, 2016 | November, 2016 | January 31, 2017 |
| January, 2017 | December, 2016 | February 29, 2017 |
| February, 2017 | January, 2017 | March 31, 2017 |
| March, 2017 | February, 2017 | April 30, 2017 |
| April, 2017 | March, 2017 | May 31, 2017 |
| May, 2017 | April, 2017 | June 30, 2017 |
| June, 2017 | May, 2017 | July 31, 2017 |
| July, 2017 | June, 2017 | August 30, 2017 |
| August, 2017 | July, 2017 | September 30, 2017 |

## Current Focus

- Hospital Enrollment
- Needs Assessment Completed
- Baseline Data Received
- Monthly Monitoring Data Started






Kansas Healthcare COLLABORATIVE

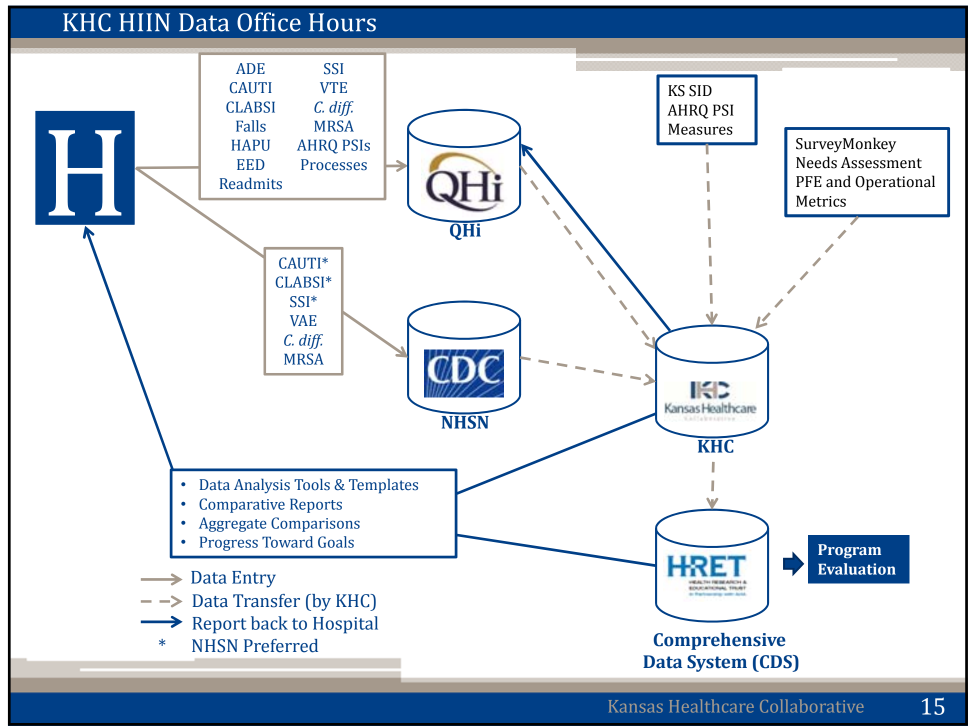
**Community Hospital**
HEN 2.0 Baselines Report
March 10, 2016

The following table displays the current status of the core evaluation measures for HEN 2.0 for your facility. The baseline time periods were determined from the preferred baseline periods specified in the Kansas HEN 2.0 Measure Dictionary. The baselines below will be used to identify your target level of performance for each measure for HEN 2.0.

Measures marked "N/A" are not applicable for your facility. If the numerator and denominator are marked "No data", we do not have baseline data for that measure from your facility. Missing data should be provided by Friday, January 22. For questions, please contact Rob Rutherford at (785) 235-0763 or email rrutherford@khconline.org.

**HEN 2.0 Evaluation Measures**

| Area | Measure | Baseline Period | Num. | Den. | Source |
|---|---|---|---|---|---|
| ADE | Naloxone Administration | 01/2013 - 12/2013 | 0 | 21 | QHi |
| | Hypoglycemia in Inpatients Receiving Insulin | 01/2014 - 12/2014 | 1 | 6 | QHi |
| | Excessive Anticoagulation with Warfarin - Inpatients | 01/2014 - 12/2014 | 5 | 8 | QHi |
| CAUTI | CAUTI rate per 1,000 Catheter Days ICUs + Other Inpatient Units | 01/2015 - 09/2015 | 1 | 24 | QHi |
| | CAUTI rate per 1,000 Catheter Days - ICUs | No ICU | N/A | N/A | NHSN |
| | Catheter Utilization Rate - ICUs + Other Inpatient Units (excluding NICUs) | 01/2015 - 09/2015 | 29 | 143 | QHi |
| | Catheter Utilization Rate - ICUs excluding NICUs | No ICU | N/A | N/A | NHSN |


KHC HIIN Data Office Hours
H
ADE
CAUTI
CLABSI
Falls
HAPU
EED
Readmits
SSI
VTE
C. diff.
MRSA
AHRQ PSIs
Processes
QHi
CAUTI*
CLABSI*
SSI*
VAE
C. diff.
MRSA
CDC
NHSN
KS SID
AHRQ PSI
Measures
SurveyMonkey
Needs Assessment
PFE and Operational
Metrics
Kansas Healthcare
KHC
• Data Analysis Tools & Templates
• Comparative Reports
• Aggregate Comparisons
• Progress Toward Goals
HRET
Program
Evaluation
Comprehensive
Data System (CDS)
Data Entry
Data Transfer (by KHC)
Report back to Hospital
* NHSN Preferred
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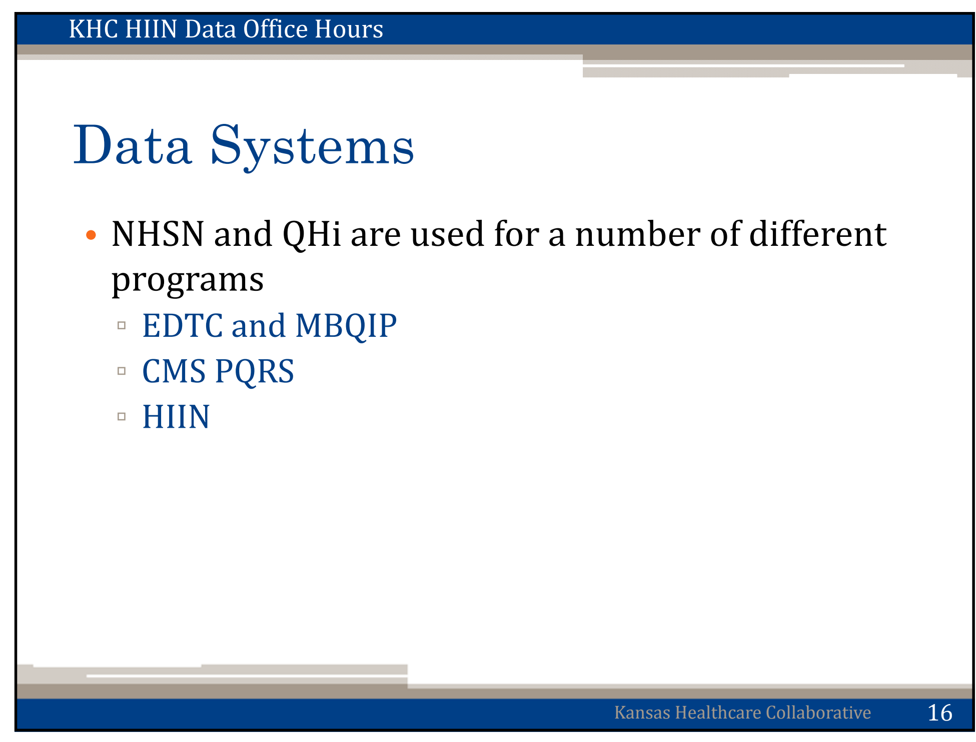
15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Data Systems
• NHSN and QHi are used for a number of different programs
▫ EDTC and MBQIP
▫ CMS PQRS
▫ HIIN
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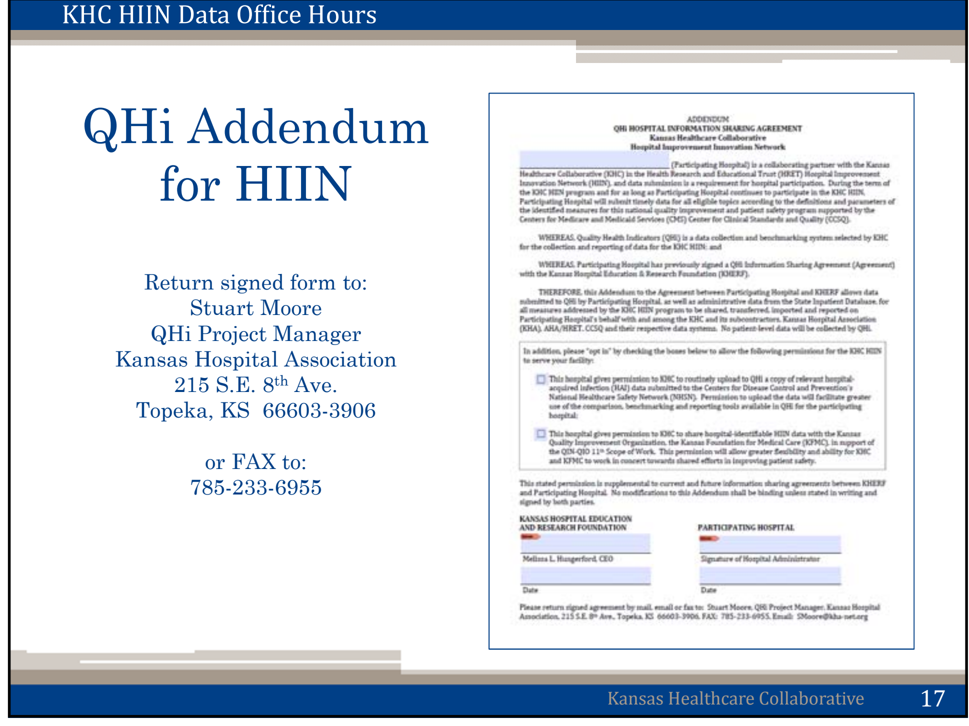
16


KHC HIIN Data Office Hours
QHi Addendum for HIIN
Return signed form to:
Stuart Moore
QHi Project Manager
Kansas Hospital Association
215 S.E. 8th Ave.
Topeka, KS 66603-3906
or FAX to:
785-233-6955
ADDENDUM
QHI HOSPITAL INFORMATION SHARING AGREEMENT
Kansas Healthcare Collaborative
Hospital Improvement Innovation Network
(Participating Hospital) is a collaborating partner with the Kansas Healthcare Collaborative (KHC) in the Health Research and Educational Trust (HRET) Hospital Improvement Innovation Network (HIIN), and data submission is a requirement for hospital participation. During the term of the KHC HIIN program and for as long as Participating Hospital continues to participate in the KHC HIIN, Participating Hospital will submit timely data for all eligible topics according to the definitions and parameters of the identified measures for this national quality improvement and patient safety program supported by the Centers for Medicare and Medicaid Services (CMS) Center for Clinical Standards and Quality (CCSQ).
WHEREAS, Quality Health Indicators (QHi) is a data collection and benchmarking system selected by KHC for the collection and reporting of data for the KHC HIIN; and
WHEREAS, Participating Hospital has previously signed a QHi Information Sharing Agreement (Agreement) with the Kansas Hospital Education & Research Foundation (KHERF).
THEREFORE, this Addendum to the Agreement between Participating Hospital and KHERF allows data submitted to QHi by Participating Hospital, as well as administrative data from the State Inpatient Database, for all measures addressed by the KHC HIIN program to be shared, transferred, imported and reported on Participating Hospital's behalf with and among the KHC and its subcontractors, Kansas Hospital Association (KHA), AHA/HRET, CCSQ and their respective data systems. No patient-level data will be collected by QHi.
In addition, please "opt in" by checking the boxes below to allow the following permissions for the KHC HIIN to serve your facility:
This hospital gives permission to KHC to routinely upload to QHi a copy of relevant hospital-acquired infection (HAI) data submitted to the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN). Permission to upload the data will facilitate greater use of the comparison, benchmarking and reporting tools available in QHi for the participating hospital;
This hospital gives permission to KHC to share hospital-identifiable HIIN data with the Kansas Quality Improvement Organization, the Kansas Foundation for Medical Care (KFMC), in support of the QIN-QIO 11th Scope of Work. This permission will allow greater flexibility and ability for KHC and KFMC to work in concert towards shared efforts in improving patient safety.
This stated permission is supplemental to current and future information sharing agreements between KHERF and Participating Hospital. No modifications to this Addendum shall be binding unless stated in writing and signed by both parties.
KANSAS HOSPITAL EDUCATION AND RESEARCH FOUNDATION
PARTICIPATING HOSPITAL
Melissa L. Hungerford, CEO
Signature of Hospital Administrator
Date
Date
Please return signed agreement by mail, email or fax to: Stuart Moore, QHi Project Manager, Kansas Hospital Association, 215 S.E. 8th Ave., Topeka, KS 66603-3906. FAX: 785-233-6955. Email: SMoore@kha-net.org
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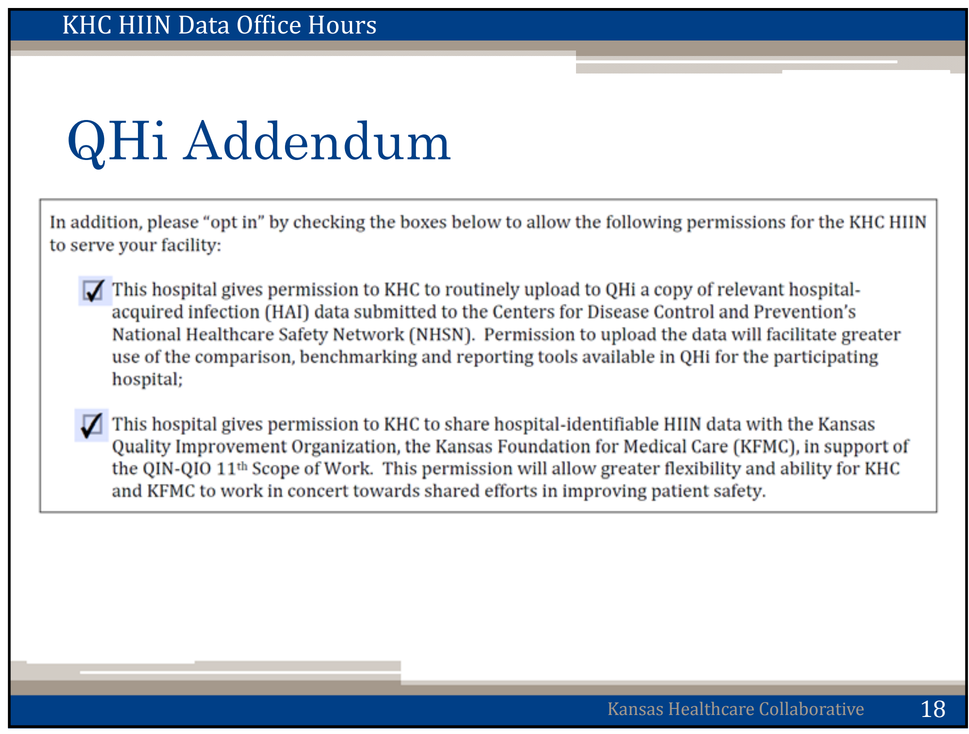
17


KHC HIIN Data Office Hours
QHi Addendum
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This hospital gives permission to KHC to share hospital-identifiable HIIN data with the Kansas Quality Improvement Organization, the Kansas Foundation for Medical Care (KFMC), in support of the QIN-QIO 11th Scope of Work. This permission will allow greater flexibility and ability for KHC and KFMC to work in concert towards shared efforts in improving patient safety.
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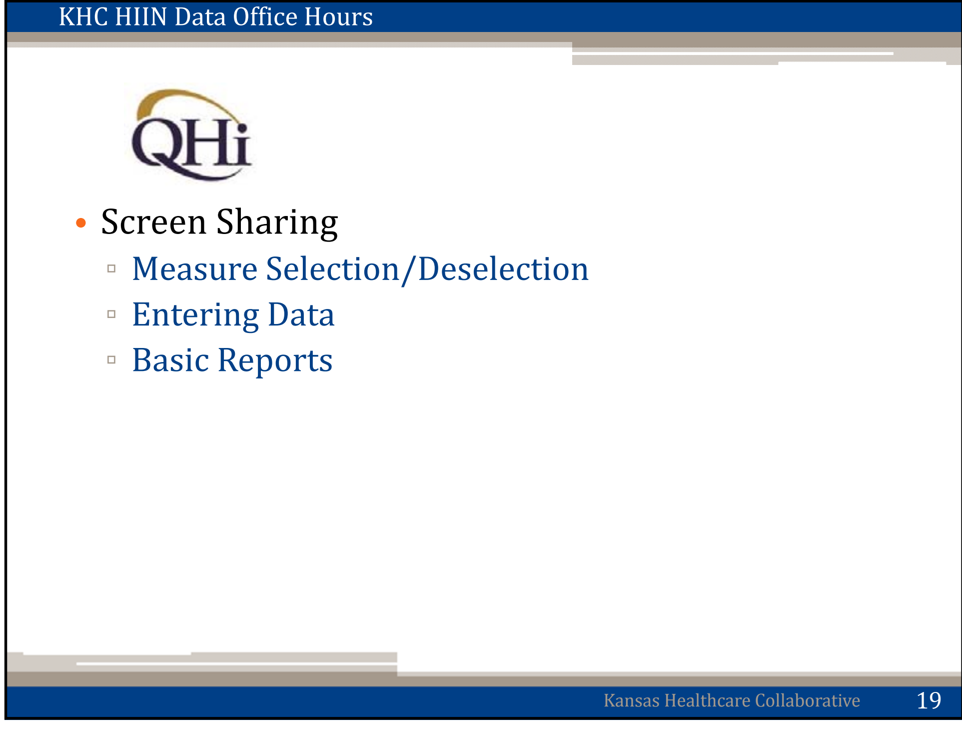
KHC HIIN Data Office Hours
QHi
Screen Sharing
Measure Selection/Deselection
Entering Data
Basic Reports
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19

KHC HIIN Data Office Hours
QHi
ADE
CAUTI
CLABSI
Falls
OB
PrU
Readmits
SSI
VTE
MRSA
C. diff.
Sepsis
AHRQ PSIs
Culture of Safety
Process Measures
What if I need help?
(Passwords, adding users, measure selection, reports, etc.)
Stuart Moore
QHi Program Manager
785-276-3104
Smoore@kha-net.org
Sally Othmer
Sr. Director of Data Services and Quality
785-276-3118
Sothmer@kha-net.org
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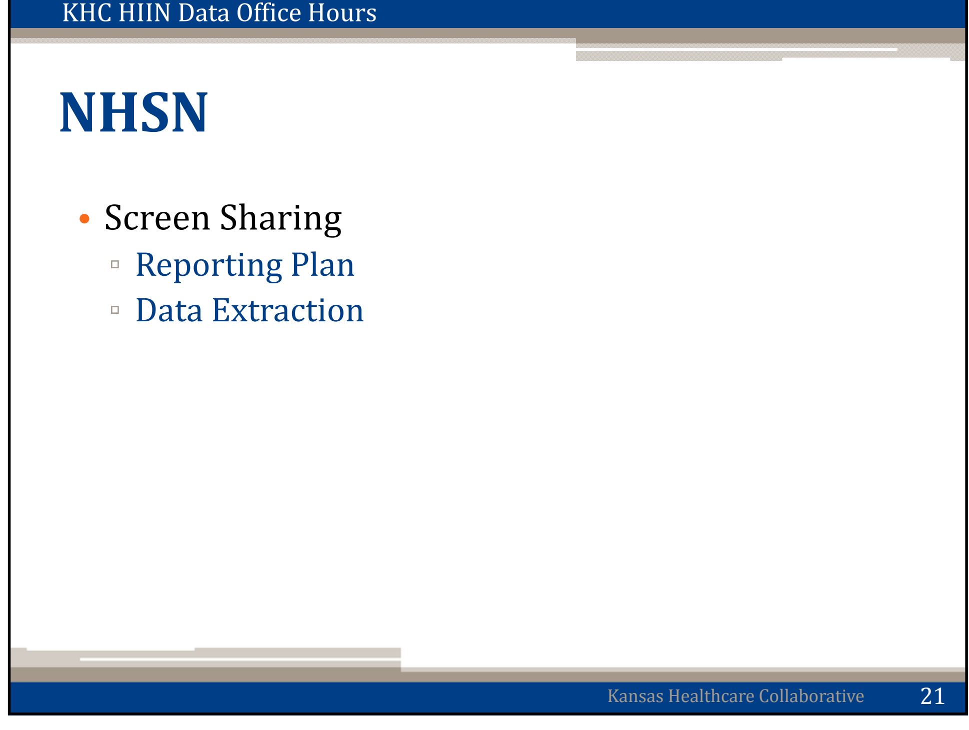
20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NHSN
Screen Sharing
Reporting Plan
Data Extraction
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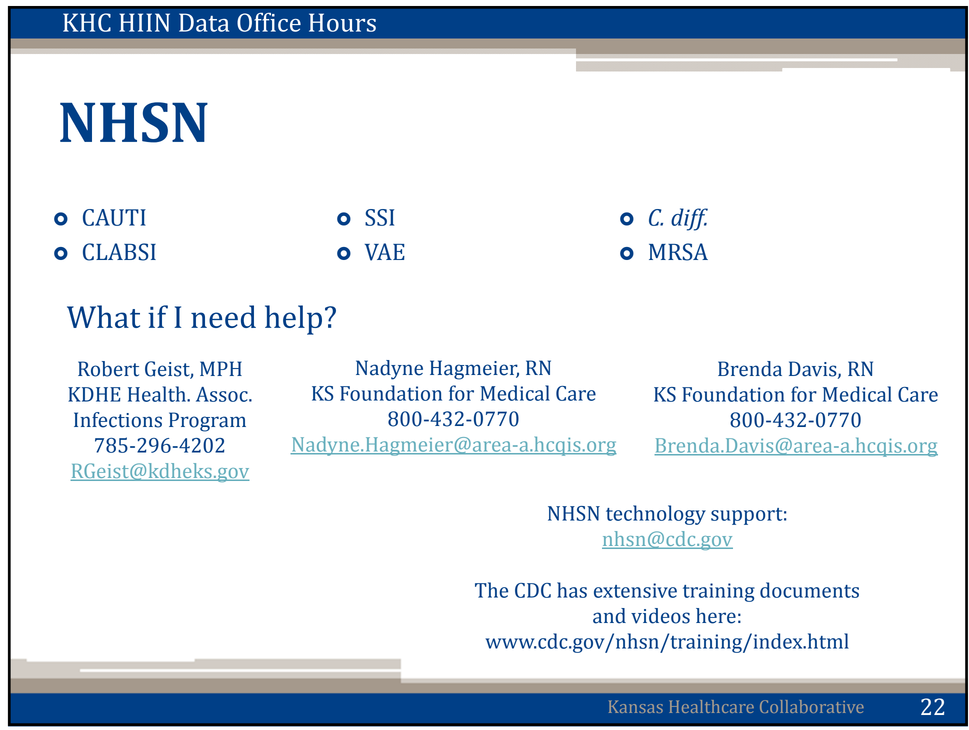
21


KHC HIIN Data Office Hours
NHSN
CAUTI
CLABSI
SSI
VAE
C. diff.
MRSA
What if I need help?
Robert Geist, MPH
KDHE Health. Assoc. Infections Program
785-296-4202
RGeist@kdheks.gov
Nadyne Hagmeier, RN
KS Foundation for Medical Care
800-432-0770
Nadyne.Hagmeier@area-a.hcqis.org
Brenda Davis, RN
KS Foundation for Medical Care
800-432-0770
Brenda.Davis@area-a.hcqis.org
NHSN technology support:
nhsn@cdc.gov
The CDC has extensive training documents and videos here:
www.cdc.gov/nhsn/training/index.html
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# SID/AHRQ

- Stage 3+ Pressure Ulcer Rate (Non-CAHs)
- Post-Op PE/DVT (If spec. inpatient surgeries)
- Post-Op sepsis rate (If spec. inpatient surgeries)

What if I need help?

Strongly encourage QHi reporting
"Backstopped" by KHC from KHA's Inpatient Discharges

Additional details in KHC Measures Dictionary and via AHRQ:
www.qualityindicators.ahrq.gov/Modules/PSI_TechSpec_ICD10.aspx

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# Monthly HIIN Measures

## *All hospitals:*

- ADE: Anticoagulation/ Warfarin
- ADE: Hypoglycemia
- ADE: Opioids
- CAUTI Rate All Units
- Catheter Utilization Rate All Units
- Facility-wide Hospital-onset *C. difficile*
- Falls with Injury
- Facility-wide Hospital-Onset MRSA Bacteremia
- All-Cause 30 day readmissions
- All-Cause 30 day readmissions (Medicare)
- Hospital Acquired Pressure Ulcer Prevalence (Stage 2+)
- Overall Sepsis Mortality
- Hospital-Onset Sepsis Mortality
- Worker Harm Events: Patient Handling
- Worker Harm Events: Workplace Violence

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# Monthly HIIN Measures
***As applicable to hospitals:***

- Central Line Assoc. Bloodstream Infections All Unit ....... *place/manage CL*
- Central Line Utilization Rate All Unit ..................... *place/manage CL*
- ICU specific CAUTI and CLABSI measures ........................ *has an ICU*
- Pressure Ulcer Stage 3+ (AHRQ PSI-03) .......................... *non-CAH*
- Post-Op Sepsis (AHRQ PSI-13) ............. *perform specified inpt. surgeries*
- Post-Op PE/DVT (AHRQ PSI-12) ........... *perform specified inpt. surgeries*
- Surgical Site Infec.: Colon .................... *perform NHSN COLO surgeries*
- Surgical Site Infec.: Abd. Hysterectomies ..... *perform NHSN HYST surgeries*
- Surgical Site Infec.: Total Knee Replacements .. *perform NHSN KPRO surgeries*
- Surgical Site Infec.: Total Hip Replacements .. *perform NHSN HPRO surgeries*
- Ventilator Associated Events (VAC/IVAC) .................... *use ventilators*





# Optional Measures for Kansas

- Surgical Site Infection Rate – All NHSN Surgeries (Option 2)
- Central Line Insertion Practices*
- Falls with or without Injury*
- Potentially preventable VTE

**Align with BCBS 2017 Quality-Based Reimbursement Program.*
*Carry over from HEN 2.0.*

# Measures

- Monthly Reporting
- Baseline is generally the oldest and longest contiguous submission
- See the KHC HIIN Data Dictionary for complete details!

www.khconline.org/files/KHC-HIIN-Measures-Dictionary.pdf





# ADE

OUTCOME

Naloxone administration
Hypoglycemia
Excessive anticoagulation

# HRET ADE Webinar

- Adverse Drug Events (ADE)
  - Warfarin
  - Hypoglycemia
  - Opioids





# HRET ADE Webinar

- ADE – Warfarin
  - Numerator: Inpatients with excessive anticoagulation
  - Denominator: Patients receiving Warfarin
  - Triggers: INR >5, or INR>6, Vitamin K dispensed
  - Co-owners: Pharmacy, Lab, HIT

# HRET ADE Webinar

- ADE – Hypoglycemia
  - Numerator: Inpatients with plasma glucose concentration of 50 mg/dl or less
  - Denominator: Patients receiving insulin or other hypoglycemic agents
  - Triggers: Low glucose levels, Dextrose 50 (D50W)
  - Co-owners: Pharmacy, Lab, HIT





# HRET ADE Webinar

- ADE – Opioids
  - Numerator: Patients treated with opioids who received Naloxone
  - Denominator: Patients receiving opioids
  - Triggers: Naloxone dispensed
  - Co-owners: Pharmacy, HIT

# Adverse Drug Events

**Q: The Warfarin measure includes "inpatients" – does this mean *any* patient in the facility?**

A: This measure is looking only at inpatients receiving Warfarin, SNF or outpatient surgeries shouldn't be counted.

**Q: Does the hypoglycemia measure include oral medications or just injectables such as insulin?**

A: It is up to the quality team at your hospital to determine which hypoglycemic agents to include in your measure. It is reasonable to limit your tracking to insulins and other injectables – but some facilities include certain oral hypoglycemic agents as well.





# Adverse Drug Events

**Q: The hypoglycemia measure uses plasma glucose, is a bedside glucometer acceptable?**

A: Yes

# CAUTI

OUTCOME

CAUTI Rate
CAUTI SIR (NHSN Derived)

Process

Catheter Utilization





# Patient Inclusion (CAUTI,CLABSI)

**Q: Should swing-bed patients be included?**

A: Yes. Any patient in any bed type that is in any inpatient unit should be included unless explicitly excluded.

Example:

CAUTI Rate for ICUs + Other Inpatient Units (excluding NICUs)

**Q: If I haven't been including swing-bed patients, do I need to go back and correct my data?**

A: Consistency is the key for this current project.

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# NHSN – SIR

**Q: What is a SIR?**

A: SIR stands for standardized infection ratio where NHSN risk-adjustment is used to standardize measures across hospitals. This measure is created within NHSN and is not directly reported by hospitals.

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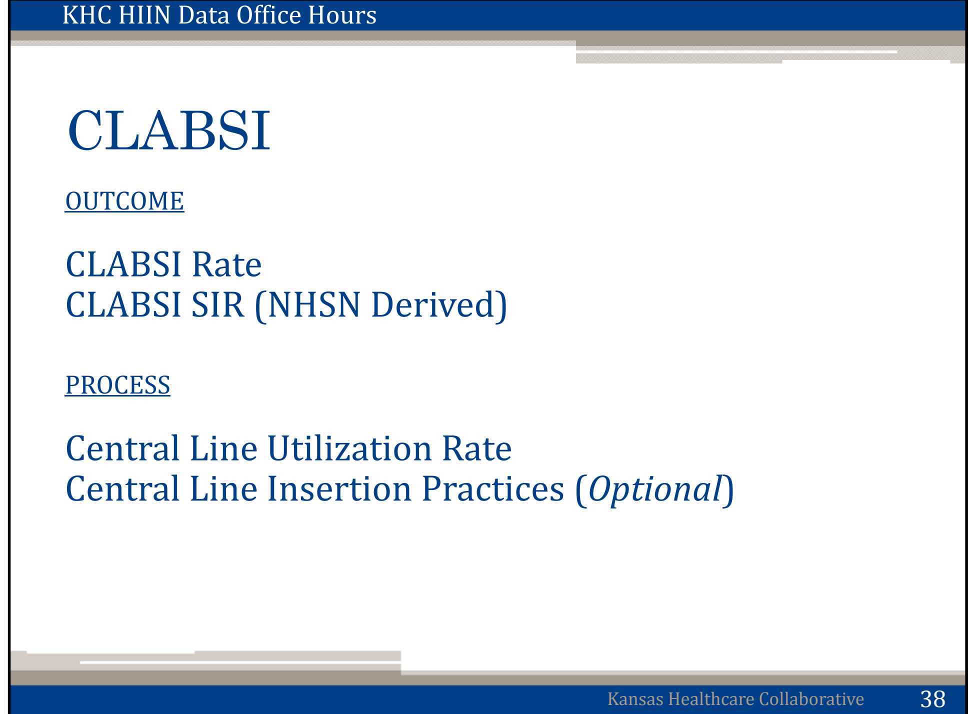

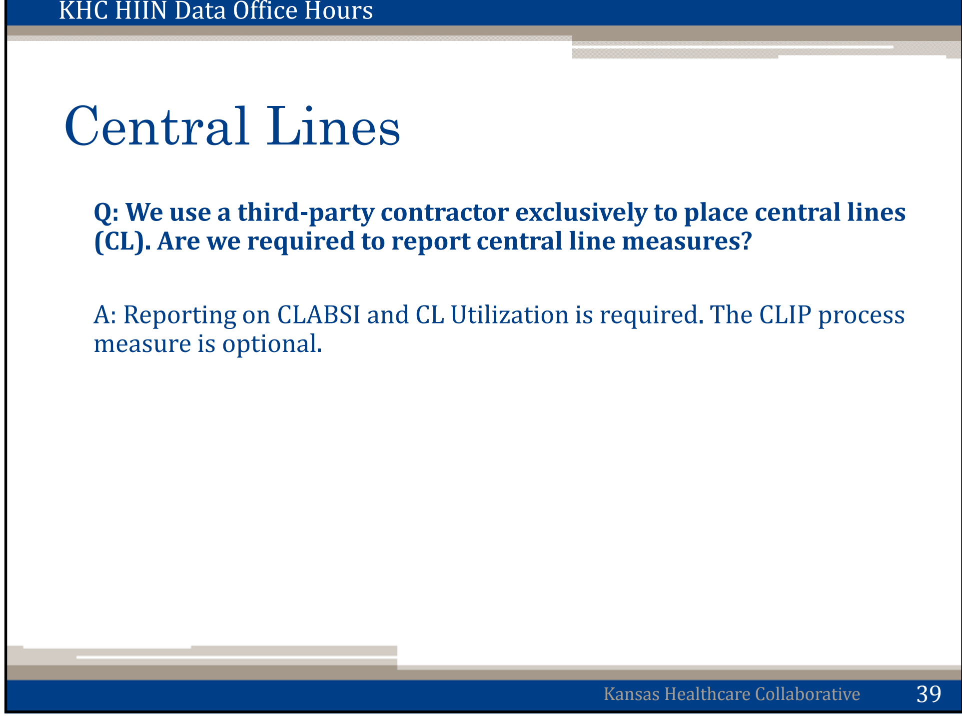
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Central Lines
Q: We use a third-party contractor exclusively to place central lines (CL). Are we required to report central line measures?
A: Reporting on CLABSI and CL Utilization is required. The CLIP process measure is optional.
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Falls
OUTCOME
Falls with Injury
Falls with or without Injury
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40

# Falls

**Q: Our hospital has an adjoined long-term care unit. Should the fall rate include data from that unit?**

A: For the purposes of reporting data to the KHC HIIN, please focus on the hospital fall rate. Do not include data from long-term care facilities associated with the hospital when calculating the fall rate.



KHC HIIN Data Office Hours

# Falls

**Q: Who should be included in our count of patient days?**

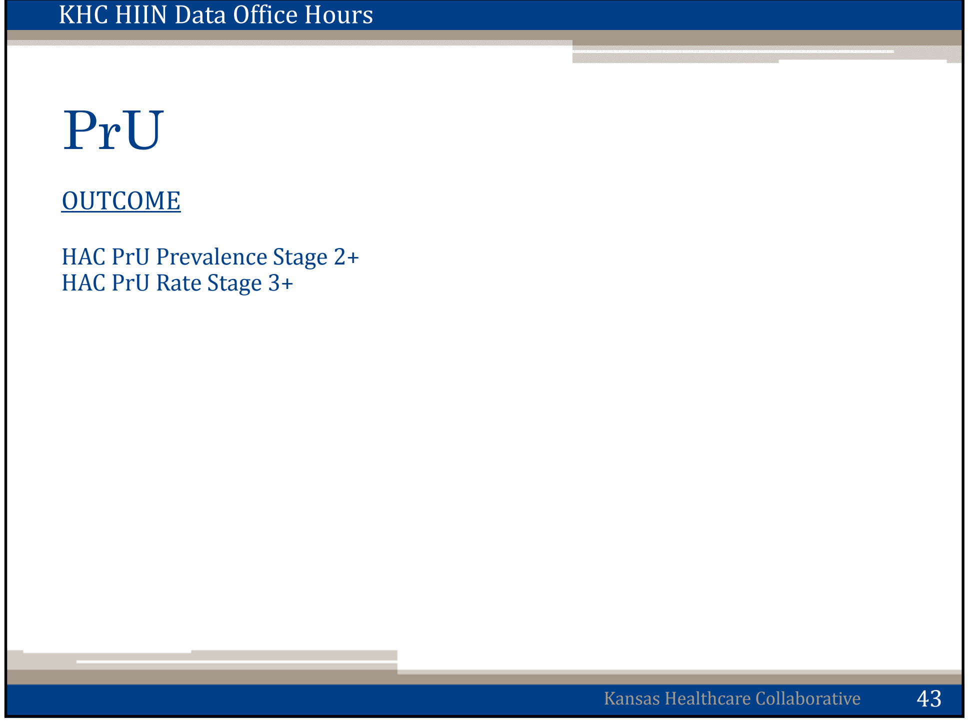
A: NDNQI has the following criteria as shown in our measures document:

Included Populations:

- Inpatients, short stay patients, observation patients, and same day surgery patients who receive care on eligible inpatient units for all or part of a day on the following unit types: adult critical care, step-down, medical, surgical, medical-surgical combined, critical access and adult rehabilitation inpatient units

Excluded Populations:

- Other unit types (e.g., pediatric, psychiatric, obstetrical, etc.)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PrU
OUTCOME
HAC PrU Prevalence Stage 2+
HAC PrU Rate Stage 3+
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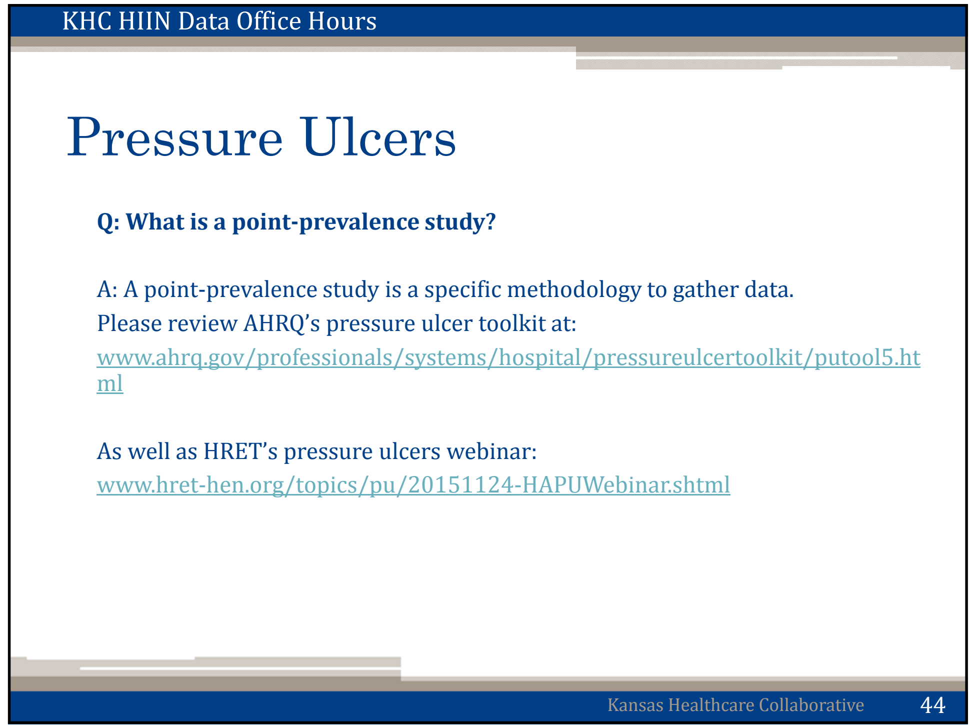
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Pressure Ulcers
Q: What is a point-prevalence study?
A: A point-prevalence study is a specific methodology to gather data.
Please review AHRQ's pressure ulcer toolkit at:
www.ahrq.gov/professionals/systems/hospital/pressureulcertoolkit/putool5.html
As well as HRET's pressure ulcers webinar:
www.hret-hen.org/topics/pu/20151124-HAPUWebinar.shtml
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44

## Pressure Ulcers

**Q: How is the stage 3+ pressure ulcer measure different from Pressure Ulcer 2+?**

A: Stage 3+ is a claims-based measure and designed to be extracted from claims or billing information. See the KHC Measures Dictionary and AHRQ specification.





## Pressure Ulcers

**Q: We do pressure ulcer prevalence studies quarterly, do we have to switch to monthly?**

A: Prevalence studies should be conducted monthly.

# Readmissions

OUTCOME

Readmission all cause 30 days
Readmission all cause 30 days (Medicare)



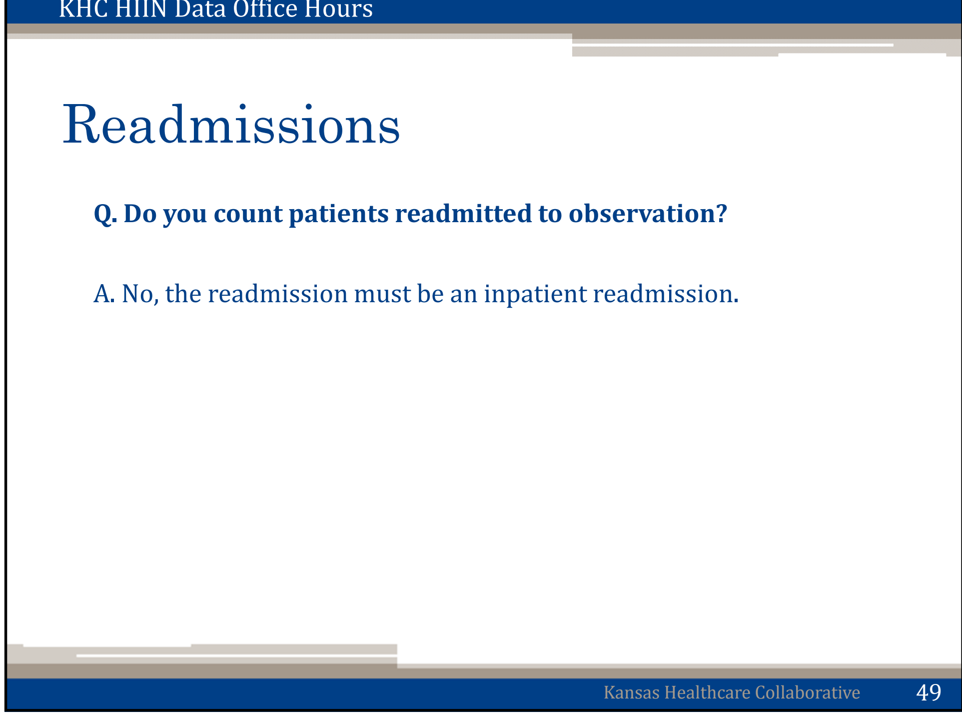


# Readmissions

**Q: What is the definition of "non-elective inpatient" used in the 30-day readmission measure?**

A: Non-elective readmissions are generally those due to acute clinical events experienced by a patient that require urgent hospital management.

Elective readmissions are admissions that occur after the index discharge, but are planned and considered part of the treatment. This would include readmissions for maintenance chemotherapy, rehabilitation or for a planned procedure such as placement of a cardioverter/defibrillator. Elective readmissions are not counted in the numerator for the 30-day readmissions measures.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Readmissions
Q. Do you count patients readmitted to observation?
A. No, the readmission must be an inpatient readmission.
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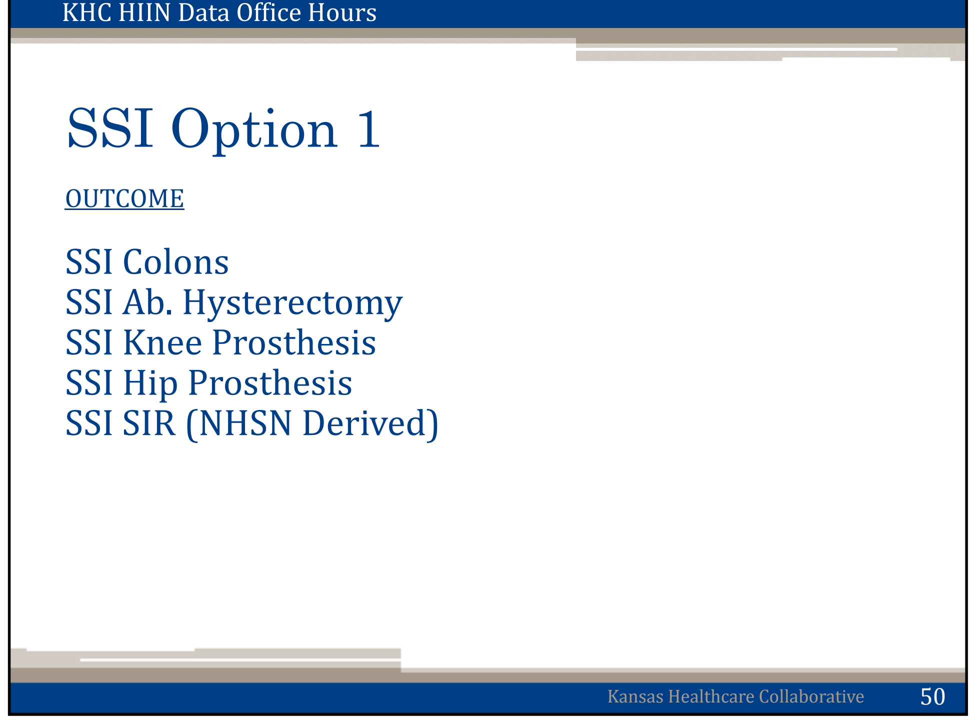
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SSI Option 1
OUTCOME
SSI Colons
SSI Ab. Hysterectomy
SSI Knee Prosthesis
SSI Hip Prosthesis
SSI SIR (NHSN Derived)
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# SSI Option 1

**Q: We only do one or two of the specified (COLO, HYST, KPRO, HPRO) surgeries per year – are they considered applicable?**

A: Because it's difficult to measure progress with extremely low surgical volumes, we encourage facilities that expect to perform less than 12 per year to mark the surgery type as non-applicable in the needs assessment and instead track SSIs using the Option 2 "All Surgeries" measure.





# SSI Option 1

**Q: What if my facility doesn't perform all the procedures (COLO, HYST, KPRO, HPRO)?**

A: That's fine. We can meet you where you are:

- If your hospital does one or more (but not all), mark them as applicable/nonapplicable in the Needs Assessment Survey.
- If your hospital performs surgeries, but not these "option 1" procedures, then use the "option 2" all surgical procedures measure.
- If you are using NHSN, we expect applicable surgeries to be "in-plan". E.g. a facility not doing knees or hips would only have colon and hysterectomy surgeries marked "in-plan" for monthly reporting.
- Those facilities reporting to QHi should leave non-applicable surgeries blank.

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# SSI Option 2

OUTCOME

SSI All Procedures

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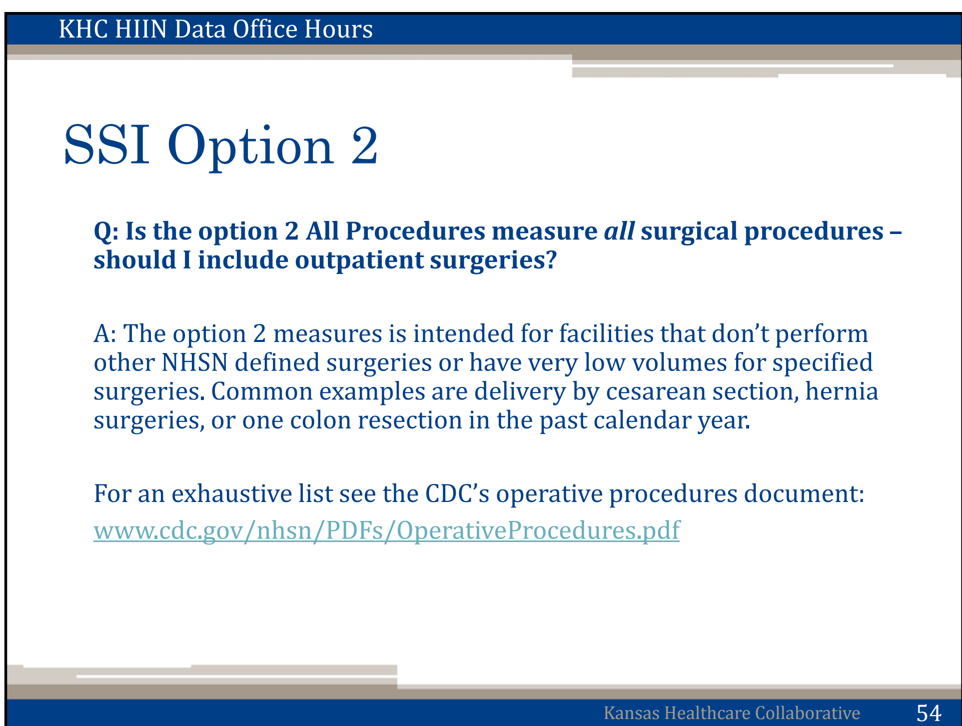

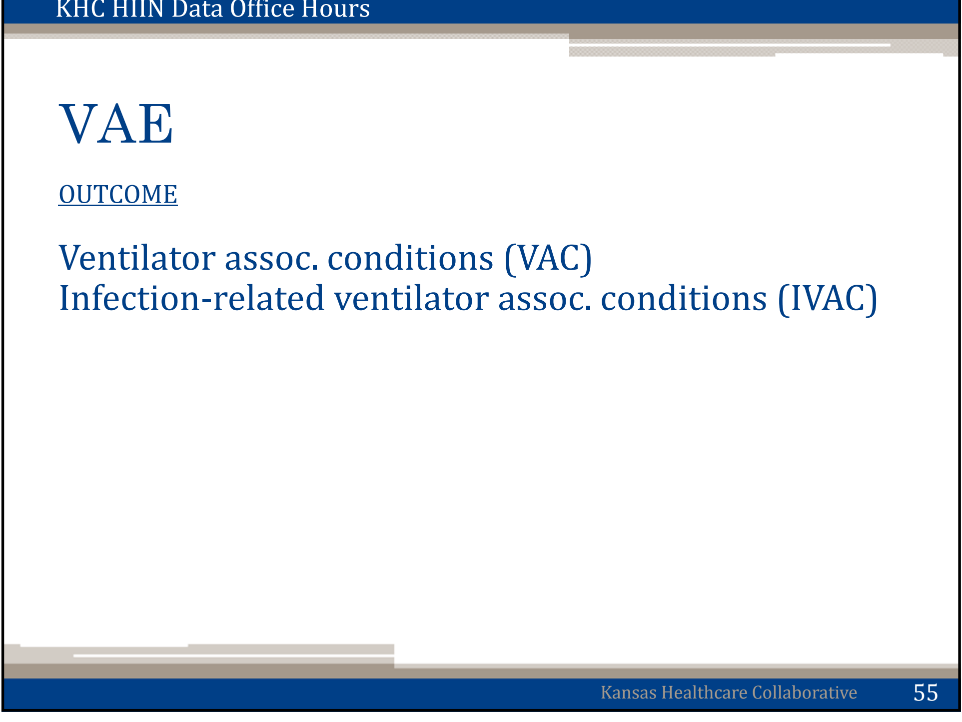
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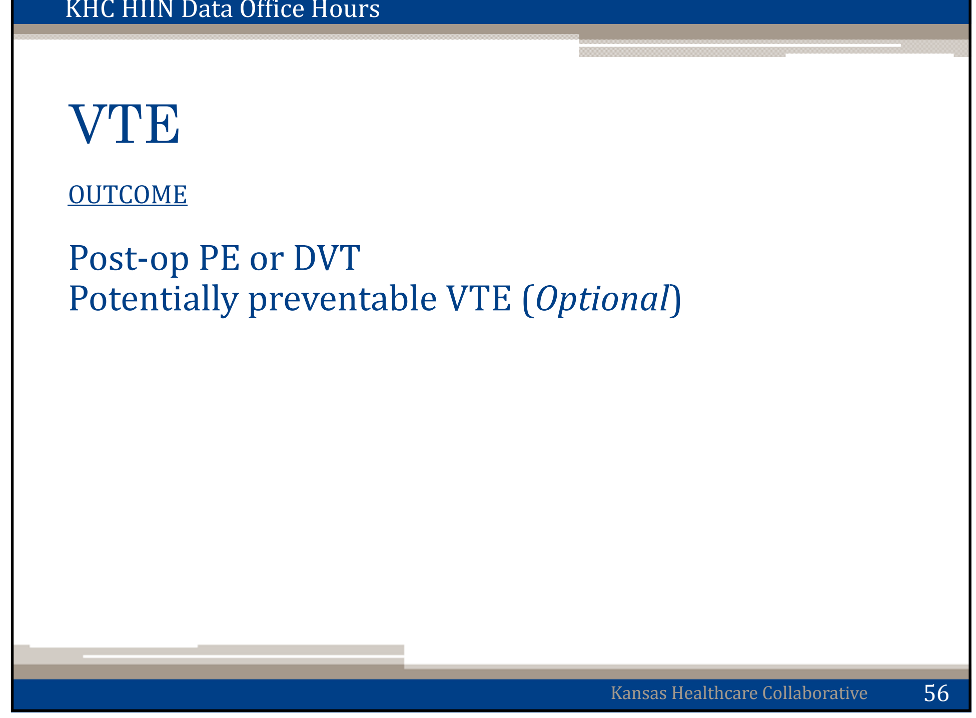
VAE
OUTCOME
Ventilator assoc. conditions (VAC)
Infection-related ventilator assoc. conditions (IVAC)
Kansas Healthcare Collaborative
55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VTE
OUTCOME
Post-op PE or DVT
Potentially preventable VTE (Optional)
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56

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# *C. diff*

OUTCOME

Facility-wide hospital-onset *C. difficile* rate
*C. difficile* SIR (NHSN Derived)

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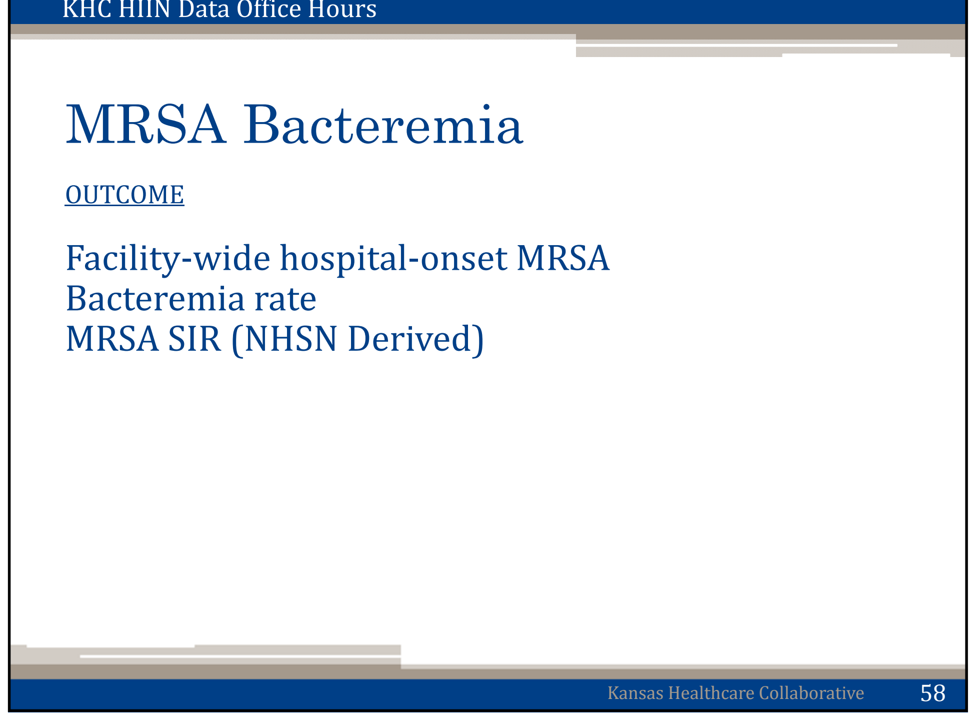
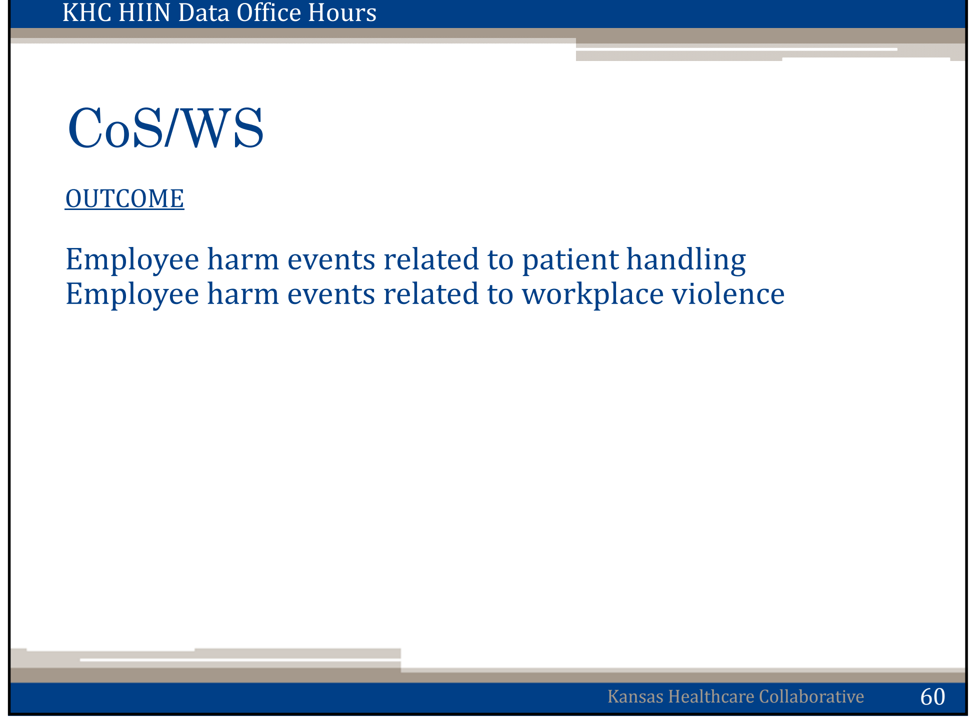


# Sepsis

OUTCOME

Hospital-onset sepsis mortality rate
Overall sepsis mortality rate
Post-operative sepsis rate





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# What and Who

- Project questions: MClark@khconline.org
- Data questions: RRutherford@khconline.org
- Resources: www.khconline.org and www.hret-hiin.org

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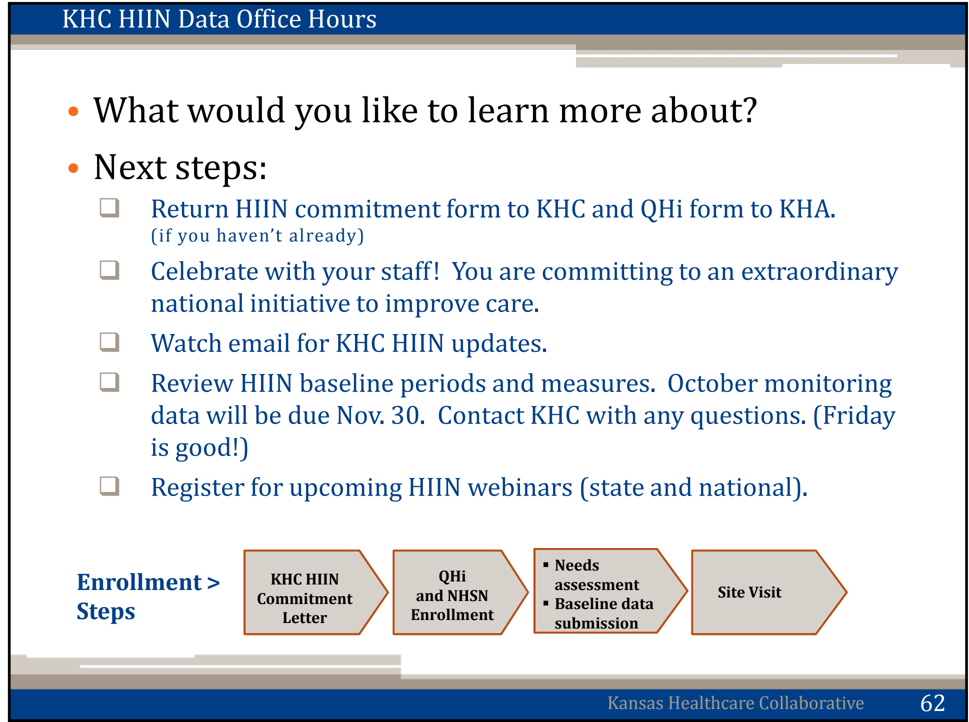

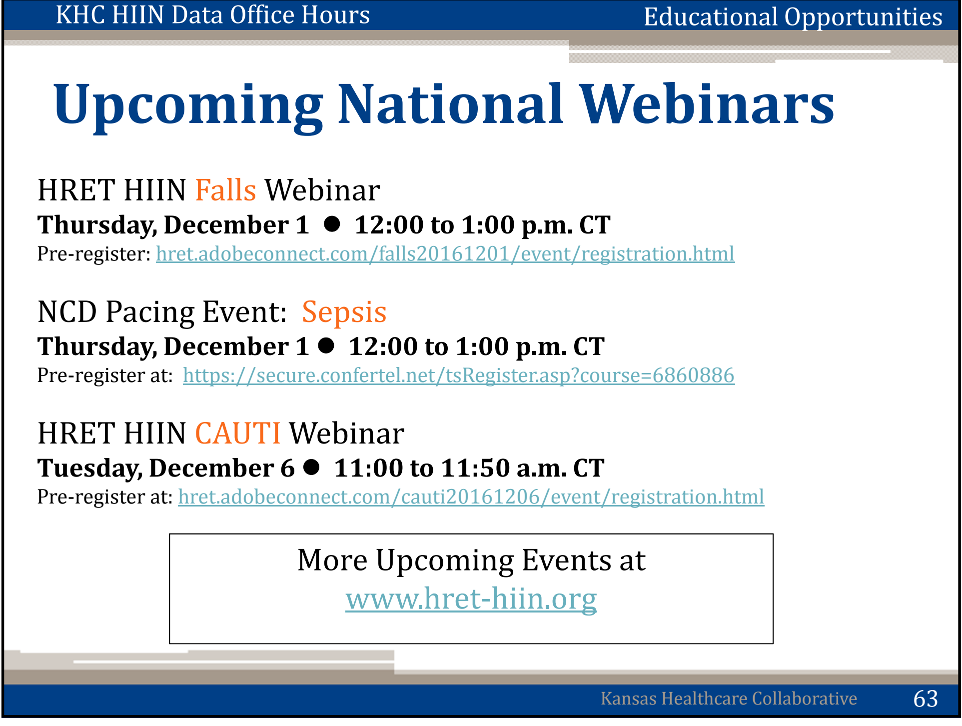
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Educational Opportunities
Upcoming National Webinars
HRET HIIN Falls Webinar
Thursday, December 1 ● 12:00 to 1:00 p.m. CT
Pre-register: hret.adobeconnect.com/falls20161201/event/registration.html
NCD Pacing Event: Sepsis
Thursday, December 1 ● 12:00 to 1:00 p.m. CT
Pre-register at: https://secure.confertel.net/tsRegister.asp?course=6860886
HRET HIIN CAUTI Webinar
Tuesday, December 6 ● 11:00 to 11:50 a.m. CT
Pre-register at: hret.adobeconnect.com/cauti20161206/event/registration.html
More Upcoming Events at
www.hret-hiin.org
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63

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Upcoming Events
Next KHC HIIN Webinar
Wednesday, December 7
10:00 a.m. to 11:00 a.m. CT
Pre-register at:
www.khconline.org
All sessions are recorded and archived at
www.khconline.org/general-education-archive
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64

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Upcoming Events
KHERF
Kansas
Department of Health and Environment
Regional Abstraction Training Sessions
Dates and Locations:
Pittsburg – December 2
Wichita – December 9
Topeka – January 10
Hays – February 9
Garden City - TBD
Register at: https://registration.kha-net.org
Please contact the KHA Education Department (785) 233-7436
or scunningham@kha-net.org if you have any questions.
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65

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66