Agenda

• Welcome and Announcements

• *Keeping Score –* Communicating progress (and value) in patient safety
  ▫ *AHRQ Patient Safety Scorecard and CMS Goals*
  ▫ *Introducing the HRET HIINprovement Calculator*
  ▫ *Sharing patient safety data with board members*

• HIIN Measures & Data Update

• Resources and Upcoming Events

• Q&A/Next Steps
Presenters

Steve Reinhart, MBA
Director, Clinical Quality
Health Research &
Educational Trust

Hospital Sharing with:
Morris County Hospital
Kristie Hays, Risk/Quality Manager
Satanta District Hospital
Beverly Myers, Quality Improvement/Risk Manager, and Tina Pendergraft, Director of Nursing
Labette Health
Rachel Merrick, Quality/PFAC Coordinator

Facilitated by:
Betsy Lee, MSPH, BSN, RN
Improvement Advisor
Cynosure Health

Kansas Healthcare Collaborative

Michele Clark
Program Director

KHC HIIN PFAC Collaborative
Cohort 3

- Allen County Regional Hospital
- Anderson County Hospital
- Ashland Health Center
- Archieson Hospital
- Citizens Medical Center
- Clara Barton Hospital
- Community Healthcare System
- Community Memorial Healthcare
- Goodland Regional Medical Center
- Gove County Medical Center
- Hiawatha Community Hospital
- Holton Community Hospital
- Hutchinson Regional Medical Center
Labette Health
Lincoln County Hospital
Logan County Hospital
Meade District Hospital/Artesian Valley Health System
Nemaha Valley Community Hospital
- Neosho County Hospital District No. 2
- Newton Medical Center
- Norton County Hospital
- Pawnee Valley Community Hospital
- Phillips County Hospital
- Pratt Regional Medical Center
- Ransom Memorial Hospital
- Rawlins County Health Center
- Rooks County Health Center
- Rush County Memorial Hospital
- Russell Regional Hospital
- Sheridan County Health Complex
- St. Luke Cushing Hospital
- Stevens County Hospital
- Sumner County Hospital District Number 1
- Susan B Allen Memorial Hospital
- Trego County Lemke Memorial Hospital

Kansas PFAC Collaborative Cohort 3 training session with Allison Chrestensen and Tiffany Christiansen in Hays, Kansas, held March 12.
KHC HIIN
Sepsis Champion Workshops
Held in Dodge City and Topeka, April 3 and 5

STRIVE (cohort 4)
Partners will collaborate to improve general infection prevention and control practices in health care facilities and work on practices to reduce HAIs in CDI, CLABSI, CAUTI and MRSA. All Kansas hospitals may participate.

Benefits include:
- Reductions in HAI morbidity and mortality
- Access to expert national faculty
- Networking and learning with peer hospitals
- Free, on-demand education on infection prevention
- Assistance in using and interpreting TAP reports
- Support in using CDC’s Infection Control Assessment Tools
- Access to focused improvement resources
- Assistance in accelerating IP strategies
- Ability to benchmark against other hospitals

Join Us!
Informational Webinar
May 1 • 2-3 p.m.
Link to join the webinar: https://www.surveymonkey.com/r/DW2MWHT

Hospital registration deadline: May 12
12-month program starts: June 1

For more information, visit www.khconline.org/strive.
Contact KHC at 785-235-0763 or info@khconline.org
KHC HIIN
Hand Hygiene Collaborative

Learn more!
Informational Webinar
May 4  •  10-10:45 a.m.
Pre-register at
www.khconline.org/event-info/748-khc-hiin-hand-hygiene-collaborative

Join this informational webinar with KHC and Qualaris Healthcare Solutions to learn more about this new collaborative to help track and improve hand hygiene within KHC HIIN hospitals. No-cost, easy-to-use, mobile software will be provided to each hospital for observation-based measurement to help improve clinical practices and care processes.

May 5 is World Hand Hygiene Day
This year for Hand Hygiene Day on May 5, HRET HIIN is collecting pictures of good hand hygiene practices and the pictures to compile into a collage that shows our collective efforts practicing hand hygiene, reducing infections and improving patient care.

Collage Participation Instructions:
Who: Anyone!
What: Take a picture of yourself practicing good hand hygiene, for example: pictures of hand washing or signage around your facility. Please, be creative!
When: Between now and Friday, April 28. The collage will be shared on World Hand Hygiene Day on Friday, May 5.
Why: To celebrate the importance of hand hygiene.
How: Take a picture of yourself practicing good hand hygiene. Email the picture to HIIN@aha.org with the following information: 1) Your name and title, 2) Your organization, 3) A sentence about why good hand hygiene is important to you.
MOC-IV Sponsorship

- Physicians at participating HRET HIIN hospitals can receive American Board of Medical Specialties (ABMS) Maintenance of Certification (MOC) Part IV (Improvement in Medical Practice) by participating in the Portfolio Program.
- Projects must last a minimum of six months post-application and include data submission.
- Benefits of participating in MOC-IV include:
  - Reducing duplication of quality improvement efforts.
  - Developing long-lasting improvements.
  - Strengthening physicians’ connection to improvement efforts.

Learn more:
AHRQ: Hospital-Acquired Conditions Decline


Harms per Discharge

HAC Rates, 2010 to 2015 (preliminary)

HIIN: Where We Are Going

Goals:

20% **Overall** reduction in hospital-acquired conditions (baseline 2014)

12% **Reduction in 30-day readmissions** (baseline 2014)

“America’s hospitals embrace the ambitious new goals CMS has proposed,” said Rick Pollack, president and CEO of the American Hospital Association (AHA). “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.** AHA and our members intend to keep an unrelenting focus on providing better, safer care to our patients – working in close partnership with the federal government and with each other.”

[partnershipforpatients.cms.gov](http://partnershipforpatients.cms.gov)

<table>
<thead>
<tr>
<th>Year</th>
<th>Harm Incidence/1,000 Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>145</td>
</tr>
<tr>
<td>2011</td>
<td>142</td>
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<tr>
<td>2012</td>
<td>132</td>
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<tr>
<td>2013</td>
<td>121</td>
</tr>
<tr>
<td>2014</td>
<td>121</td>
</tr>
<tr>
<td>2015</td>
<td>115</td>
</tr>
</tbody>
</table>

**New Goal 2019**

97 Harms/1,000 Discharges

HIIN: Hospital Improvement Innovation Network

- Ctr for Clinical Standards and Quality
- HIIN funded out of Medicare Trust Fund
- Public-private partnership
- Set 20/12 goal all cause harm
- Tool: HIIN
- 16 contracts awarded
- Contracted with 32 state and regional hospital associations
- 1,600 + hospitals
- Hospital leadership
- Clinicians and front line staff (teams)
- THE PATIENT
**HRET HIIN State Partners**

1. Alabama  
2. Arizona  
3. Arkansas  
4. Colorado  
5. Connecticut  
6. Dallas Fort-Worth  
7. Delaware  
8. Florida  
9. Georgia  
10. Idaho  
11. Indiana  
12. Kansas  
13. Kentucky  
14. Louisiana  
15. Maine  
16. Maryland  
17. Massachusetts  
18. Mississippi  
19. Missouri  
20. Montana  
21. Nebraska  
22. New Hampshire  
23. New Mexico  
24. North Dakota  
25. Oklahoma  
26. Puerto Rico  
27. Rhode Island  
28. Tennessee  
29. Texas  
30. Virginia  
31. West Virginia  
32. Wyoming

---

**AHA/HRET Original HEN Results**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Estimated Harms Prevented</th>
<th>Estimated Cost Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td>835</td>
<td>$24,466,000</td>
</tr>
<tr>
<td>CAUTI</td>
<td>2,905</td>
<td>$2,005,000</td>
</tr>
<tr>
<td>CLABSI</td>
<td>801</td>
<td>$15,181,000</td>
</tr>
<tr>
<td>SED</td>
<td>992 (NICU Admissions)</td>
<td>$7,811,000</td>
</tr>
<tr>
<td>Falls</td>
<td>1,331</td>
<td>$482,000</td>
</tr>
<tr>
<td>OB Harm</td>
<td>766</td>
<td>$705,000</td>
</tr>
<tr>
<td>Pressure Ulcers</td>
<td>4,655</td>
<td>$188,521,000</td>
</tr>
<tr>
<td>Readmissions</td>
<td>65,022</td>
<td>$572,714,000</td>
</tr>
<tr>
<td>SSI</td>
<td>4,890</td>
<td>$102,060,000</td>
</tr>
<tr>
<td>YAE/VAP</td>
<td>58</td>
<td>$1,218,000</td>
</tr>
<tr>
<td>VTE</td>
<td>3,255</td>
<td>$72,391,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>92,792</td>
<td>$988,760,000</td>
</tr>
</tbody>
</table>

**DATA SOURCE:**
- Harms prevented calculated at hospital level and then aggregated to HEN level (hospital compared to own baseline). Harms calculated only with months that have sufficient data (85 percent of hospitals reporting at baseline). Hospitals omitting months of data were determined to be negligible at HEN level.
AHA/HRET HEN 2.0 Results

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>HARMs PREVENTED</th>
<th>COST/HARM</th>
<th>COST SAVINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td>15,611</td>
<td>$5,000$¹</td>
<td>$78,063,063</td>
</tr>
<tr>
<td>CAUTI</td>
<td>595</td>
<td>$1,000</td>
<td>$505,078</td>
</tr>
<tr>
<td>CLABS1</td>
<td>639</td>
<td>$17,000</td>
<td>$7,685,203</td>
</tr>
<tr>
<td>EED</td>
<td>1,151</td>
<td>$9,712</td>
<td>$11,240,520</td>
</tr>
<tr>
<td>Falls</td>
<td>1,639</td>
<td>$12,055</td>
<td>$10,267,363</td>
</tr>
<tr>
<td>CII Harm²</td>
<td>4,336</td>
<td>$14 (with instrument) $17 (without instrument)</td>
<td>$753,622</td>
</tr>
<tr>
<td>Pressure Ulcers</td>
<td>1,122</td>
<td>$17,000</td>
<td>$10,977,915</td>
</tr>
<tr>
<td>Readmissions</td>
<td>8,040</td>
<td>$15,477</td>
<td>$12,440,087</td>
</tr>
<tr>
<td>SSP</td>
<td>792</td>
<td>$21,000</td>
<td>$16,830,882</td>
</tr>
<tr>
<td>VAE</td>
<td>278</td>
<td>$21,000</td>
<td>$6,822,649</td>
</tr>
<tr>
<td>VTE</td>
<td>738</td>
<td>$8,000</td>
<td>$5,901,515</td>
</tr>
<tr>
<td>TOTAL</td>
<td>34,422</td>
<td>---</td>
<td>$288,171,052</td>
</tr>
</tbody>
</table>

¹ Totals may not match sum of individual topics due to rounding.

HRET HIIN Goals

**Alignment with the Goals / Aims of the Partnership for Patients Program**

<table>
<thead>
<tr>
<th>Recruitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment to total # of hospitals the HIIN shall support</td>
</tr>
</tbody>
</table>

**Bold Aim Milestones**

<table>
<thead>
<tr>
<th>Commitment to Reducing All-Cause Harm by 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Reduction of Adverse Drug Events</td>
</tr>
<tr>
<td>% Reduction of Central Line-Associated Bloodstream Infections</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commitment to Reducing Harms Most Meaningful to the HRET HIIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Increase in Hospital Culture of Safety</td>
</tr>
<tr>
<td>% Reduction in MRSA (i.e., MRSA)</td>
</tr>
<tr>
<td>Commitment to Reducing 30-day Readmissions by 12%</td>
</tr>
<tr>
<td>% Reduction of Readmissions as a population-based measure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Proposed Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal for Estimated Number of Harms Avoided Overall</td>
</tr>
<tr>
<td>Goal for Estimated Number of Lives Saved Overall</td>
</tr>
<tr>
<td>Goal for Estimated Cost Savings Overall</td>
</tr>
</tbody>
</table>
**Bold Aims For HIIN**

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

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.
5. *Accelerate, align and amplify* the work of the previous HEN projects.

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**We’re here to help!**

- **Resources and Tools**
- **Peer Sharing**
- **Education and Skill Building**
- **Data**
HRET Technical Assistance Strategy

- Site visits
- LISTSERV® email lists
- Resources: change packages, checklists, quick-start guides
- Support visits by national experts
- Website: Evidence, tools, reports, etc.
- Affinity Groups (CAH/Rural)
- Case studies

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HRET National Education

- Topic and Data Virtual Events
- SNAPS
- HIIN Improvement Roadshow
- Up Campaign
- Fellows: QI and PFE
- HIIN National Education Strategy
Change Packages and Top-Ten Checklists

Jump-start your improvement projects:

www.hret-hiin.org

Thank you!

Let us know how we can help!

www.hret-hiin.org
HRET HIIN Improvement Calculator

Newly Released!
HIINprovement Calculator will be sent to KHC HIIN primary and secondary contacts soon.

Contacts will receive their individual facility report pre-populated with their HIIN data.

• The HIIN Improvement Calculator (IC) is one of many tools provided by HRET to help member hospitals utilize their HIIN data.
• New redesign avoids compatibility issues some users may have experienced in HEN 2.0.
• Contact KHC for assistance with your report. The HRET HIIN Data Team also is available for technical support with the IC.

HIIN Improvement Calculator

• New features:
  ▫ Single Dashboard
  ▫ Extended cost-savings
  ▫ Inclusion of Mortality – Lives Saved
HIIN Improvement Calculator

- **Organization:**
  - Instructions
  - Data Load (your data will be pre-populated)
  - Dashboard
  - Summary Table
  - Summary Table per Discharge
  - Methods
  - References
  - Release Notes

**Changes:**
- Single dashboard tab instead of buttons/per topic
- Summary tables
  - Display standardized “per 1,000” rates
  - Have the most recent month and project Year-to-Date results
HIIN Improvement Calculator

- Data will be pre-populated.
- To view data and charts select the Dashboard tab

Preliminary HIIN Improvement Calculator

- Dashboard
HIIN Improvement Calculator

- To see individual measure information select the appropriate measure on the Dashboard tab

Preliminary HIIN Improvement Calculator

- A single page summary is found on the Summary Table tabs
Preliminary

HIIN Improvement Calculator

- Harms per discharge can be looked at as an aggregate or on a per measure basis.
Preliminary HIIN Improvement Calculator

- Harms per Discharge
  - *Summary Table per discharge* tab shows all measures
  - Also displays cost and mortality information
  - "Total Harms" includes
    - ADEs
    - CAUTI
    - CLABSI
    - Falls
    - PrU Z+
    - SSIs
    - *C. difficile*
    - Post-op Sepsis
    - VAC
    - VTE
    - Readmissions

### Preliminary HIIN Improvement Calculator

- The *Summary Table per discharge* tab

<table>
<thead>
<tr>
<th>Harm Measure</th>
<th>Baseline Rate/1000</th>
<th>Baseline Rate per 1000 Discharge</th>
<th>Target Rate/1000</th>
<th>Year-To-Date Harm Rate/1000</th>
<th>Year-To-Date Harm Rate per 1000 Discharge</th>
<th>Baseline Harm Rate/1000</th>
<th>Baseline Harm Rate per 1000 Discharge</th>
<th>Harm Rate/1000</th>
<th>Harm Rate per 1000 Discharge</th>
<th>Cost Per Harm</th>
<th>Cost Per Harm Rate</th>
<th>Cost Per Harm Rate per 1000 Discharge</th>
<th>Mortality Rate</th>
<th>Length Stay</th>
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<td>ADEs</td>
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<td><em>C. difficile</em></td>
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</tbody>
</table>

### Instructions

- Data Load
- Dashboard
- Summary Table
- *Summary Table per discharge*
- Methods
- References
- Release Notes

---

KHC HIIN – April 26, 2017

Kansas Healthcare Collaborative
HIIN Improvement Calculator Q’s

• Where are the instructions?
  - See the first tab labeled *Instructions*.
  - Sections related to CDS may be ignored, as KHC performs these steps for you.

• I am using Excel 2003 and am having issues with the Improvement Calculator
  - Using Excel 2010 and above is recommended.

HIIN Improvement Calculator Q’s

• The baseline numerators and denominators in the data tab don’t match what’s on the dashboard?
  - Baseline data is converted to a monthly basis and will not match the raw numerators and denominators on the *Data Load* tab.
HIIN Improvement Calculator Q’s

- How do I clear slicers/filters?
  - Click on the red X to clear your filter.

HIIN Data Tutorials
See tutorials at [www.hret-hiin.org/data/data.shtml](http://www.hret-hiin.org/data/data.shtml)

**Part 1 – Getting Started**
- (You may skip slides 2-8 as it is KHC does this step for you.)

**Part 2 – Using the Tool**
- Discusses how to view the dashboard and summary tables, interpreting your results, where the cost and mortality estimates come from, etc.

**Part 3 – Frequently Asked Questions**
- (You may skip slides 37, 40 as KHC does this step for you.)
Raising the Bar: Bringing Quality and Safety to the Board

Betsy Lee, MSPH, RN
Improvement Advisor
Cynosure Health

April 26, 2017

Hospital Sharing

Beverly Myers, Quality Improvement/Risk Manager
Tina Pendergraft, Director of Nursing

Labette Health

Rachel Merrick, Quality/PFAC Coordinator

MCH

Kristie Hays
Risk/Quality Manager
Morris County Hospital
“Chasing Zero”

Reports that Support Governance

What works, what doesn’t work for your board members? What messages have meaning?
Easy to interpret and take action?
Variation

- Random (normal) cause variation
  - Variation that occurs naturally
  - Not caused by any new force or circumstance
  - Not effect of intervention (new force)

- Special cause variation
  - Something has changed
  - Effect of intervention (new force)

How do we know which is which?

- RUN CHARTS !!!
- Can’t tell much from a point in time snapshot
  - Yet that is what we often show
    - Bar graphs/Histograms
    - Tables/Dashboards
- Power of looking at all cause harm reduction, lives saved and cost impact
- Make it personal!
Annotated Run Chart

Baseline Jul-Dec 2011 = 7.3%

- Started I/P anticoagulation monitoring service
- House census greater than capacity to monitor each I/P
- OP clinic open on April 8
- New Computer system implemented - Loss of “Standard Work”

Power of Stories

- Who has patient stories told at board meetings?
- Who has the patients/families *tell* the stories at the board meeting?
- How does it promote quality?
Betsy Lee, MSPH, RN
blee@cynosurehealth.org

Measures & Data Update

• Milestone 4
• Progress so far
• Activities survey
• BCBS QBRP Reporting
• New data collection sheets

Rob Rutherford
Senior Health Care Data Analyst
Kansas Healthcare Collaborative
RRutherford@khconline.org
(785) 235-0763 x1326
Our Next HIIN Milestone (#4)

- All HIIN data are current – October through February* – by May 1, 2017.

Please help us collectively meet this target.

*Being current through March is preferred!

---

Preliminary Progress

Adverse Drug Events - Anticoagulation

<table>
<thead>
<tr>
<th>Harm Measure for (All)</th>
<th>Baseline Rate per 1000</th>
<th>Target Rate</th>
<th>Year To Date Rate</th>
<th>Year To Date % improvement</th>
<th>Improvement Status (scale)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE Anticoag</td>
<td>22.60</td>
<td>21.02</td>
<td>19.61</td>
<td>13%</td>
<td>Progress</td>
</tr>
</tbody>
</table>

**Excessive Anticoagulation with Warfarin - Inpatients**
### Preliminary Progress

**Adverse Drug Events - Hypoglycemia**

<table>
<thead>
<tr>
<th>Harm Measure (All) Hospital</th>
<th>Baseline Rate per 1000</th>
<th>Target Rate</th>
<th>Year To Date Rate</th>
<th>Year To Date % Improvement</th>
<th>Improvement Status (scale)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE Hypo</td>
<td>49.30</td>
<td>45.85</td>
<td>24.94</td>
<td>49%</td>
<td>On-Target</td>
</tr>
</tbody>
</table>

**Preliminary Progress**

**Adverse Drug Events - Opioid**

<table>
<thead>
<tr>
<th>Harm Measure (All) Hospital</th>
<th>Baseline Rate per 1000</th>
<th>Target Rate</th>
<th>Year To Date Rate</th>
<th>Year To Date % Improvement</th>
<th>Improvement Status (scale)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE Opioid</td>
<td>4.97</td>
<td>4.62</td>
<td>3.14</td>
<td>37%</td>
<td>On-Target</td>
</tr>
</tbody>
</table>
Preliminary Progress

**CAUTI**

<table>
<thead>
<tr>
<th>Harm Measure for (All) Hospital</th>
<th>Baseline Rate per 1000</th>
<th>Target Rate</th>
<th>Year To Date Rate</th>
<th>Year To Date % improvement</th>
<th>Improvement Status (scale)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAUTI</td>
<td>1.21</td>
<td>1.09</td>
<td>0.98</td>
<td>19%</td>
<td>On-Target</td>
</tr>
</tbody>
</table>

**CLABSI**

<table>
<thead>
<tr>
<th>Harm Measure for (All) Hospital</th>
<th>Baseline Rate per 1000</th>
<th>Target Rate</th>
<th>Year To Date Rate</th>
<th>Year To Date % improvement</th>
<th>Improvement Status (scale)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLABSI</td>
<td>0.45</td>
<td>0.40</td>
<td>0.67</td>
<td>-50%</td>
<td>Not Achieved</td>
</tr>
</tbody>
</table>
### Preliminary Falls with Injury

<table>
<thead>
<tr>
<th>Harm Measure for (All) Hospital</th>
<th>Baseline Rate per 1000</th>
<th>Target Rate</th>
<th>Year To Date Rate</th>
<th>Year To Date % Improvement</th>
<th>Improvement Status (scale)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>1.08</td>
<td>1.01</td>
<td>1.23</td>
<td>-14%</td>
<td>Not Achieved</td>
</tr>
</tbody>
</table>

#### Preliminary Progress

### Pressure Ulcer/Wound, Stage 2+

<table>
<thead>
<tr>
<th>Harm Measure for (All) Hospital</th>
<th>Baseline Rate per 1000</th>
<th>Target Rate</th>
<th>Year To Date Rate</th>
<th>Year To Date % Improvement</th>
<th>Improvement Status (scale)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PrU, Prevalence, Stage 2+</td>
<td>1.20</td>
<td>1.08</td>
<td>1.81</td>
<td>-51%</td>
<td>Not Achieved</td>
</tr>
</tbody>
</table>
### Preliminary Progress

#### SSI - Colon Surgeries

<table>
<thead>
<tr>
<th>Harm Measure for (All) Hospital Baseline Rate per 1000</th>
<th>Target Rate</th>
<th>Year To Date Rate</th>
<th>Year To Date % improvement</th>
<th>Improvement Status (scale)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSI Colon Surgeries</td>
<td>66.30</td>
<td>61.66</td>
<td>23.99</td>
<td>64%</td>
</tr>
</tbody>
</table>

#### SSI - Abdominal Hysterectomies

<table>
<thead>
<tr>
<th>Harm Measure for (All) Hospital Baseline Rate per 1000</th>
<th>Target Rate</th>
<th>Year To Date Rate</th>
<th>Year To Date % improvement</th>
<th>Improvement Status (scale)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSI Abdominal Hysterectomies</td>
<td>12.73</td>
<td>11.84</td>
<td>5.58</td>
<td>56%</td>
</tr>
</tbody>
</table>
### Preliminary Progress

#### SSI – Total Hip Replacements

<table>
<thead>
<tr>
<th>Harm Measure for (All)</th>
<th>Baseline Rate per 1000</th>
<th>Target Rate</th>
<th>Year To Date Rate</th>
<th>Year To Date % Improvement</th>
<th>Improvement Status (scale)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSI Total Hip Replacements</td>
<td>11.57</td>
<td>10.76</td>
<td>2.66</td>
<td>77%</td>
<td>On-Target</td>
</tr>
</tbody>
</table>

#### SSI – Total Knee Replacements

<table>
<thead>
<tr>
<th>Harm Measure for (All)</th>
<th>Baseline Rate per 1000</th>
<th>Target Rate</th>
<th>Year To Date Rate</th>
<th>Year To Date % Improvement</th>
<th>Improvement Status (scale)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSI Total Knee Replacements</td>
<td>6.33</td>
<td>5.89</td>
<td>2.26</td>
<td>64%</td>
<td>On-Target</td>
</tr>
</tbody>
</table>
### Preliminary Progress

#### C. difficile

<table>
<thead>
<tr>
<th>Harm Measure for (All) Hospital</th>
<th>Baseline Rate per 1000</th>
<th>Target Rate</th>
<th>Year To Date Rate</th>
<th>Year To Date % Improvement</th>
<th>Improvement Status (scale)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. difficile Infections</td>
<td>0.60</td>
<td>0.56</td>
<td>0.58</td>
<td>3%</td>
<td>Not Achieved</td>
</tr>
</tbody>
</table>

#### Ventilator-Associated Conditions

<table>
<thead>
<tr>
<th>Harm Measure for (All) Hospital</th>
<th>Baseline Rate per 1000</th>
<th>Target Rate</th>
<th>Year To Date Rate</th>
<th>Year To Date % Improvement</th>
<th>Improvement Status (scale)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAC</td>
<td>6.88</td>
<td>6.40</td>
<td>4.73</td>
<td>31%</td>
<td>On-Target</td>
</tr>
</tbody>
</table>

---

**Facility-wide C difficile Rate**

**VAC Rate - All Units (CDC NSHN)**
Preliminary Progress

Readmissions

<table>
<thead>
<tr>
<th>Harm Measure for (All)</th>
<th>Baseline Rate per 1000</th>
<th>Target Rate</th>
<th>Year To Date Rate</th>
<th>Year To Date % improvement</th>
<th>Improvement Status (scale)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readmissions</td>
<td>79.96</td>
<td>76.76</td>
<td>87.17</td>
<td>-9%</td>
<td>Not Achieved</td>
</tr>
</tbody>
</table>

Preliminary findings:
- 23/55 (40%) plan to change, or have changed, their EHR systems since October 2016.

Please complete by COB today if you have not already done so!
Link: [https://www.surveymonkey.com/r/KHC-HIIN-activities-1Q2017](https://www.surveymonkey.com/r/KHC-HIIN-activities-1Q2017)
Final April Analytic Reports Released

- Please review and share!

BCBS of Kansas QBRP

- HIIN Educational reports available upon request
  - Please contact Alyssa Miller at Amiller@khconline.org
BCBS of Kansas QBRP
• Numerator/Denominator Reports
  □ This data is shown in your current and past analytic reports on the individual measure slide

The above is not actual data

BCBS of Kansas QBRP
• Numerator/Denominator Reports
  □ Alternatively QHi’s reporting functionality can be used
BCBS of Kansas QBRP

- Numerator/Denominator Reports
  - Select the desired time period

Create a new report

<table>
<thead>
<tr>
<th>CHOICE A DATE RANGE</th>
<th>COMPARE PEER GROUPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date: January 2017</td>
<td>All QHI</td>
</tr>
<tr>
<td>End Date: March 2017</td>
<td></td>
</tr>
</tbody>
</table>

---

BCBS of Kansas QBRP

- Numerator/Denominator Reports
  - Select the desired measure(s)
BCBS of Kansas QBRP

- Numerator/Denominator Reports
  - Choose the “Raw Data Report” option

New Data Collection Fact Sheets

- Worker Safety Data Collection Fact Sheet
- Adverse Drug Event (ADE) Data Collection Fact Sheet
- Falls with Injury Data Collection Fact Sheet
- Hospital Acquired Pressure Ulcer Injuries Data Collection Fact Sheet
- Sepsis Data Collection Fact Sheet

www.hret-hiin.org/data/data.shtml
Fact Sheets – Selected Tips

• Warfarin
  ▫ Numerator: Lab should be able to provide a count of excessive INRs.
  ▫ Denominator: Pharmacy can provide total number of patients on Warfarin.

• Generally attaching reporting sheets or stickers to medications of interest (D50, Glucagon, Naloxone) makes reporting easier. Another alternative is reports via medication dispensing systems.

<table>
<thead>
<tr>
<th>Outcome &amp; Process Measures for HACs occurring in:</th>
<th>Readmissions for Index discharges in, and SSI for procedures performed in:</th>
<th>Submission Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>October, 2016</td>
<td>September, 2016</td>
<td>November 30, 2016</td>
</tr>
<tr>
<td>November, 2016</td>
<td>October, 2016</td>
<td>December 31, 2016</td>
</tr>
<tr>
<td>December, 2016</td>
<td>November, 2016</td>
<td>January 31, 2017</td>
</tr>
<tr>
<td>January, 2017</td>
<td>December, 2016</td>
<td>February 28, 2017</td>
</tr>
<tr>
<td>February, 2017</td>
<td>January, 2017</td>
<td>March 31, 2017</td>
</tr>
<tr>
<td>March, 2017</td>
<td>February, 2017</td>
<td>April 30, 2017</td>
</tr>
<tr>
<td>April, 2017</td>
<td>March, 2017</td>
<td>May 31, 2017</td>
</tr>
<tr>
<td>May, 2017</td>
<td>April, 2017</td>
<td>June 30, 2017</td>
</tr>
<tr>
<td>June, 2017</td>
<td>May, 2017</td>
<td>July 31, 2017</td>
</tr>
<tr>
<td>July, 2017</td>
<td>June, 2017</td>
<td>August 30, 2017</td>
</tr>
<tr>
<td>August, 2017</td>
<td>July, 2017</td>
<td>September 30, 2017</td>
</tr>
</tbody>
</table>
Resources & Upcoming Events

- Summit on Quality
- Upcoming National Events
- Next up: South Central HIINergy Partners, May 24

Ninth Annual Summit on Quality

Wednesday May 10
Hyatt Regency Wichita

The cost is $125
Continuing education credit is available for Nurses and Adult Care Home Administrators
**Upcoming HIIN Webinars**

**HRET HIIN: Falls Virtual Event**
*Teach-Back for Fall Safety: Beyond Checking the Box*
**Thursday, May 11 • 1:00 p.m. to 2:00 p.m. CT**

**HRET HIIN: Rural/CAH Affinity Group Virtual Event**
*Get on Track with Antibiotic Stewardship*
**Monday, May 15 • 1:00 p.m. to 2:00 p.m. CT**

**PfP HIIN: PFE Virtual Event**
*How to Help Hospitals Get Started on the PFE Journey*
**Monday, May 15 • 1:00 p.m. to 2:00 p.m. CT**

**PfP HIIN: HAPU Virtual Event**
*What’s Working in Pressure Ulcer Prevention*
**Monday, May 15 • 1:00 p.m. to 2:00 p.m. CT**

Register at: [https://secure.confertel.net/tsRegisterD.asp?course=6860896](https://secure.confertel.net/tsRegisterD.asp?course=6860896)
Pre-register at: [http://www.hret-hiin.org/events/upcoming-events.shtml](http://www.hret-hiin.org/events/upcoming-events.shtml)

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**Upcoming Fellowship Events**

**HRET HIIN: PFE Fellowship Virtual Event**
*Getting to Work: Implementation and Trouble Shooting*
**Wednesday, May 3 • 11:00 a.m. to 12:00 p.m. CT**

**HRET HIIN: QI Fellowship Foundational Virtual Event**
*Testing Changes, PDSA Cycles*
**Wednesday, May 10 • 11:00 a.m. to 12:00 p.m. CT**

**HRET HIIN: QI Fellowship Accelerated Virtual Event**
*How to Design Reliable Process Health Care*
**Wednesday, May 10 • 12:30 p.m. to 1:30 p.m. CT**

Pre-register at: [www.hret-hiin.org/fellowships/qifellowship/index.shtml](http://www.hret-hiin.org/fellowships/qifellowship/index.shtml)
Educational Opportunities

HRET HIIN PFE Big Picture
PFE Fundamentals

Session #3: May 23
Preparing Patient and Family Advisors: Orientation?

This session will provide details to help develop an orientation process that you can customize to your organization.

Pre-register at: [www.hret-hiin.org/events/upcoming-events.shtml](http://www.hret-hiin.org/events/upcoming-events.shtml)

5-Part Series

- #1 February 28, 2017 • 11:00 - 12:00pm
- #2 April 18, 2017 • 11:00 – 12:00pm
- #3 May 23, 2017 • 11:00 – 12:00pm
- #4 June 20, 2017 • 11:00 – 12:00pm
- #5 August 22, 2017 • 11:00 – 12:00pm

Educational Opportunities

HRET HIIN ADE Fishbowl
Opioid Safety

Join the HRET HIIN on May 2nd for our first "Fishbowl" event where you will watch brave organizations learn by doing...in real time.

Join in as they develop aim statements and measures, organize small improvement teams, and begin rapid cycle Plan-Do-Study-Act (PDSA) learning and improvement cycles.

See how small tests of change can lead to learning from failure; failure that rapidly leads to success.

The intended audience is for hospital teams working to reduce ADEs due to opioids.


May 2, 2017 • 11:00 - 12:00pm
June 22, 2017 • 11:00 – 12:00pm
July 20, 2017 • 11:00 – 12:00pm
August 24, 2017 • 11:00 – 12:00pm
September 26, 2017 • 11:00 – 12:00pm
HRET HIIN Readmissions Fishbowl
Reduce Readmissions

Does your organization have an opportunity to gain new insights and test strategies to reduce readmissions?

Join the HRET HIIN on May 25th for the first reducing readmissions “Fishbowl” event where you will watch the process improvement journey of five HRET HIIN hospitals, including Ransom Memorial Hospital in Ottawa, Kansas!

Listen in as the hospitals create reduction aim statements, focus on their target population and develop their first small test of change to implement in their readmissions reduction efforts.

Pre-register at: www.hret-hiin.org/Resources/readmissions/17/readmissions_fishbowl_series.shtml

South-Central HIINergy Partners

Bi-monthly regional webinars hosted by a different partner state each month

<table>
<thead>
<tr>
<th>Host State</th>
<th>Webinar Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>AR</td>
<td>Jan. 25</td>
<td>Getting Started in HIIN</td>
</tr>
<tr>
<td>OK</td>
<td>March 22</td>
<td>UP Campaign</td>
</tr>
<tr>
<td>LA</td>
<td>May 24</td>
<td>Patient and Family Engagement</td>
</tr>
<tr>
<td>TX</td>
<td>July 26</td>
<td>Transforming Care at the Bedside</td>
</tr>
<tr>
<td>KS</td>
<td>Sept. 27</td>
<td>Diversity</td>
</tr>
<tr>
<td>MO</td>
<td>Nov. 15</td>
<td>Sepsis</td>
</tr>
</tbody>
</table>

Wednesdays, 10 to 11 a.m., CT
4th Wednesdays of each month
KHC HIIN Webinars alternate months. (Same time.)
2017 KHC HIIN Webinar Schedule

Mark your calendars.

All HIIN webinars will be held from 10 to 11 a.m. CT

All sessions will be recorded and posted to the KHC education archive.

SAVE THE DATE: November 14, 2017

HRET HIIN Roadshow will be coming to Kansas! (in-person HIIN meeting)

<table>
<thead>
<tr>
<th>Audience</th>
<th>Webinar Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HII Nergy</td>
<td>May 24</td>
</tr>
<tr>
<td>Kansas</td>
<td>June 28</td>
</tr>
<tr>
<td>HII Nergy</td>
<td>July 26</td>
</tr>
<tr>
<td>Kansas</td>
<td>August 23</td>
</tr>
<tr>
<td>HII Nergy</td>
<td>September 27</td>
</tr>
<tr>
<td>Kansas</td>
<td>October 25</td>
</tr>
<tr>
<td>HII Nergy</td>
<td>November 15</td>
</tr>
<tr>
<td>Kansas</td>
<td>December 20</td>
</tr>
</tbody>
</table>

Questions?

Contact your KHC Team
Contact Us

Your KHC Team

Kendra Tinsley  Executive Director  ktinsley@khconline.org
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Jill Daughhetee  Quality Improvement Advisor  jdaughhetee@khconline.org
Karleen Haney  Quality Improvement Advisor  khaney@khconline.org
Mary Monasmith  Quality Improvement Advisor  mmonasmith@khconline.org
Josh Moteer  Quality Improvement Advisor  jmoteer@khconline.org
Jonathan Smith  Quality Improvement Advisor  jsmith@khconline.org

Dates:
KHC HIIN – April 26, 2017
Kansas Healthcare Collaborative 51