

# KHC Hospital Improvement Innovation Network

June 28, 2017



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## KHC Hospital Improvement Innovation Network

### Agenda

- Welcome and Announcements
- Hospital sharing:  
*Coffeyville Regional Medical Center,  
a recipient of the 2017 Leadership in Quality Award of Merit*
- HIIN Measures & Data Update
- KFMC Readmissions Disparities Report
- Resources and Upcoming Events
- Q&A/Next Steps

Introductions

# Presenters

### Kansas Healthcare Collaborative



**Michele Clark,**  
MBA, CPHQ  
Program Director



**Rob Rutherford, BS**  
Senior Health Care  
Data Analyst



**Cynosure Health**  
**Betsy Lee, MSPH, BSN, RN**  
Improvement Advisor  
Cynosure Health

### Coffeyville Regional Medical Center



**Abby Lickteig, RN, BSN**  
Director of Quality Improvement

### Kansas Foundation for Medical Care



**Sarah Irsik-Good, MPH**  
Director of Quality Improvement  
Kansas Foundation for Medical Care

State Program Director - Kansas  
Great Plains Quality Innovation Network

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## HIIN the News



[www.hhnmag.com/articles/8353-hospital-improvement-innovation-network-aims-to-build-on-success-pursue-new-goals](http://www.hhnmag.com/articles/8353-hospital-improvement-innovation-network-aims-to-build-on-success-pursue-new-goals)

### Hospital Improvement Innovation Network Aims to Build on Success, Pursue New Goals

Innovation and collaboration are integral part of the HIIN, overseen by the AHA's HRET

June 27, 2017 | Julius A. Karash

Faced with ongoing improvement work and beckoning opportunities, more than 4,000 hospitals around the country have joined together to improve care and increase collaboration through the Hospital Improvement Innovation Network, or HIIN, program.

HIIN was launched in September 2016 by the Centers for Medicare & Medicaid Services, and was designed to build upon and accelerate improvements achieved by the Hospital Engagement Network program that ran from 2011 to 2016.

Contracts were awarded to 16 HIINs with the goal of achieving a 20 percent reduction in overall inpatient harm and a 12 percent reduction in 30-day readmissions by the end of 2019. The HIIN, managed by the American Hospital Association's Health Research & Educational Trust, is the largest such network with close to 1,700 hospitals participating. Along with the individual hospitals and health systems, 32 state hospital associations and six Quality Improvement Organizations/Quality Improvement Networks have partnered closely with the HRET HIIN. The HIIN contract allows HRET to provide education, technical and data assistance to the hospitals participating in the HRET HIIN. HRET also facilitates the collection and development of best practices along with peer-to-peer networking opportunities for its participating hospitals.

"We are grateful for the opportunity to participate as a HIIN and are eager to assist our hospitals to better align, amplify and accelerate the improvements already made during HEN," says Jay Bhatt, D.O., chief medical officer of the AHA and president and CEO of the HRET (pictured).

The HRET's HIIN participants are "looking to harness the innovations taking place in the field. The HRET is fostering an environment that encourages sharing and allowing innovative practices and evidence-based practices to flourish," says Bhatt.

The HIIN program consists of a 24-



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## The KHC HIIN Is Growing!

Welcome to our newest hospital in the KHC HIIN

### **Promise Hospital of Overland Park**

The KHC HIIN now has 118 participating hospitals.



States Targeting Reduction  
in Infections via Engagement



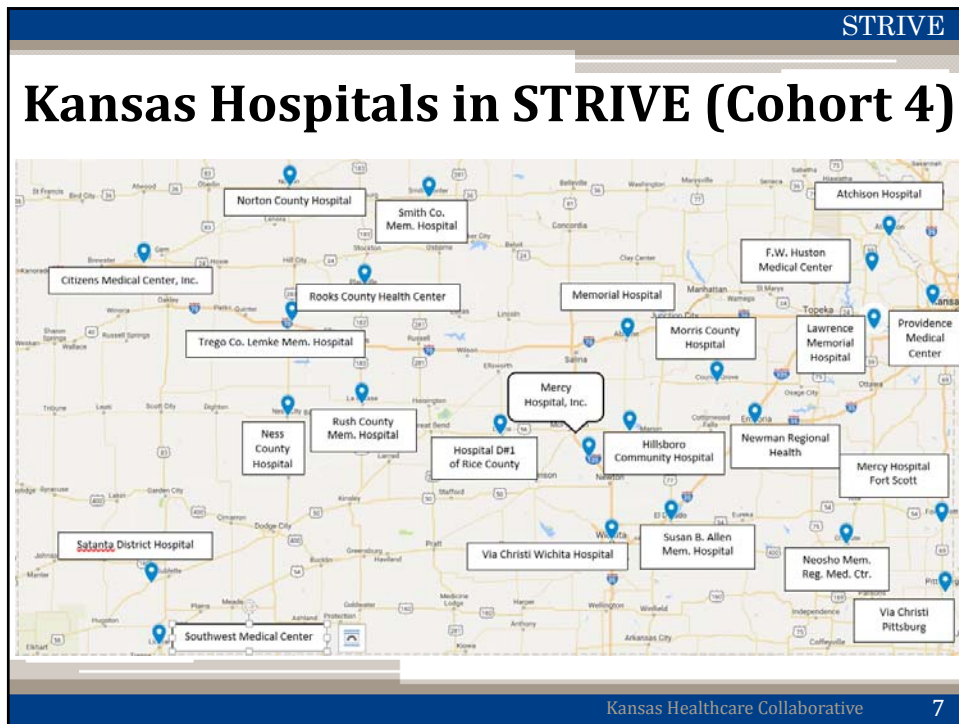
## STRIVE (cohort 4)

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.

- 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

### *Participating hospitals*

Atchison Hospital  
Citizens Medical Center, Inc  
F. W. Huston Medical Center  
Hays Medical Center  
Hillsboro Community Hospital  
Hospital District #1 of Rice County  
Lawrence Memorial Hospital  
McPherson Hospital  
Memorial Hospital  
Mercy Hospital Fort Scott  
Mercy Hospital, Inc.  
Miami County Medical Center  
Morris County Hospital  
Neosho Memorial Regional Medical Center  
Ness County hospital  
Newman Regional Health  
Norton County Hospital  
Providence Medical Center  
Rooks County Health Center  
Rush County Memorial Hospital  
Satanta District Hospital  
Smith County Memorial Hospital  
Southwest Medical Center  
Susan B Allen Memorial Hospital  
Trego County Lemke Memorial Hospital  
Via Christi Hospital Pittsburg  
Via Christi Hospitals St. Francis Wichita



## KHC HIIN Hand Hygiene Collaborative

**Qualaris** Analyze Audit

**Best Practices Checklist**

- Hand hygiene performed? Yes No Keep
- Correct hygiene method used in the situation observed? Yes No Keep
- If sanitizer, full quantity dispensed? Yes No N/A
- If soap, adequate scrubbing time performed? Yes No N/A
- Gloves used properly? Yes No N/A
- Nails 1/4 inch or shorter? Yes No Keep

Enrollment is still open!

KHC is launching a new Hand Hygiene Collaborative to help hospitals track and improve hand hygiene within their facilities. Participation includes easy-to-use, mobile software provided at no cost to each hospital for observation-based measurement.

First HH webinar will be held **Friday, July 7, at 11 a.m. CT.**

For more information, visit:  
<https://www.khconline.org/initiatives/hiin-initiatives/hand-hygiene-collaborative>

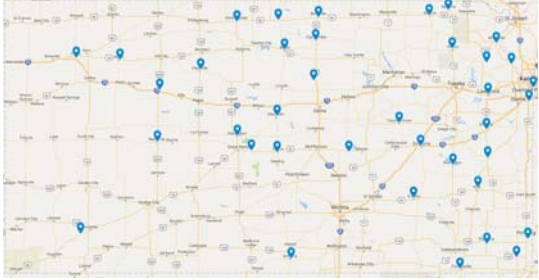
**QualarisAudit**

Software for improving best practices

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KHC HIIN Collaboratives

## 2017-18 Kansas Hand Hygiene Collaborative



Allen County Regional Hospital Anderson County Hospital Anthony Medical Center Atchison Hospital Citizens Medical Center, Inc. Clara Barton Hospital Cloud County Health Center Coffey County Hospital Coffeyville Regional Medical Center Ellinwood District Hospital	Ellsworth County Medical Center F.W. Huston Medical Center Greenwood County Hospital Hillsboro Community Hospital Holton Community Hospital Hospital District No. 1 of Rice County Jewell County Hospital Labette Health Lawrence Memorial Hospital Mercy Hospital Columbus	Mitchell County Hospital Health Systems Morris County Hospital Nemaha Valley Community Hospital Ness County Hospital District No. 2 Newman Regional Health Ottawa County Health Center Ransom Memorial Hospital Republic County Hospital Rooks County Health Center	Sabetha Community Hospital, Inc. Saint Luke Cushing Hospital Saint Luke's South Hospital Satanta District Hospital Sheridan County Health Complex Smith County Memorial Hospital Trego County Lemke Memorial Hospital Via Christi Hospital Pittsburg, Inc. The University of Kansas Hospital
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KHC HIIN Collaboratives

## 2017 Kansas PFAC Collaborative Cohort 3

**July and August Activities:**  
 1:1 Coaching Calls  
 KHC HIIN PFAC Listserv, Toolkit and Videos  
 Action Plan Check-ups  
 Next virtual meeting 9/11/17 at 1 p.m.



Allen County Regional Hospital Anderson County Hospital Anthony Medical Center Ashland Health Center Atchison 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 Morris County Hospital Nemaha Valley Community Hospital Ness County Hospital Dist. 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 Co. Hospital Dist. No. 1 Susan B Allen Memorial Hospital Trego Co. Lemke Memorial Hospital
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## It's Survey Time!

### **HIIN Activities Survey for 2Q2017**

- Only one response needed per hospital
- Complete survey at:  
<https://www.surveymonkey.com/r/KHC-HIIN-activities-2Q2017>
- Please respond by July 26.

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## It's Survey Time!

### **2016-17 Health Care Personnel Immunization Survey**

- Survey link will be distributed to contacts in early July.

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## Comments Due July 12 on National Quality Forum Framework to Measure Diagnostic Safety

Public comments are being accepted through July 12 on the National Quality Forum's (NQF) proposed framework for measuring diagnostic quality and safety. Feedback will inform recommendations for the development of priority measures to address gaps in diagnostic accuracy.

To review the draft report, provide comments or get more information, access NQF's project page at

[www.qualityforum.org/Improving Diagnostic Quality and Safety.aspx](http://www.qualityforum.org/Improving_Diagnostic_Quality_and_Safety.aspx)

or contact the NQF project team at

[diagnosticaccuracy@qualityforum.org](mailto:diagnosticaccuracy@qualityforum.org).

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*The KHC Leadership in Quality Award is presented annually to a facility that reflects KHC's vision for health care that is consistent with the Triple Aim of improving the health of populations, enhancing the experience of patients, and reducing the per capita cost of care.*

**2017 Leadership in Quality Award**  
Salina Regional Health Center

**Awards of Merit**  
Coffeyville Regional Medical Center  
Rooks County Health Center

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Front row (L to R): Jennifer DeRosa, Sarah Vaughan, Pilar Davis, Sarah Hoy, Mark Woodring, and Abby Lickteig

Back Row (L to R): Kendra Tinsley, KHC executive director; and Daniel Suiter, MD, chairman of the KaMMCO Foundation board of directors

## 2017 Leadership in Quality Award of Merit





**Abby Lickteig RN, BSN**  
 Quality Improvement Nurse  
 Coffeyville Regional Medical Center  
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 620.252.2205

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## About CRMC

- Coffeyville Regional Medical Center (CRMC) is a 501(c)3 municipal, non-profit hospital licensed for 47 beds.
- Provide ER, Acute Care, Skilled Nursing and Women's Health/Labor and Delivery Services.
- Surgical Services including General, Orthopedic, Neurological, Urologic and Gynecologic.
- Offer Physical, Occupational and Speech Therapy Services
- Offer outpatient services including cancer treatment, cardiac rehab, pacemaker clinic, and pain clinic.

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## Objectives

- Share Quality Improvement's 2016 Journey
- Issue Identification and Quality Improvement Process
- Culture of Change and Sustainability – Use of the “GEMBA board”

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## Quality and Patient Safety Goals

- *Reduction of Hospital Acquired Conditions (HACs):*
  - Early Elective Deliveries
  - CAUTI
  - Patient Falls
- *Patient Family Engagement*
  - Patient Family Advisory Council
  - Bedside Shift Reporting
  - Story boards

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## Leadership

#	KS Rank of 105 Counties	Definitions	Montgomery County	Trend	KS Rural Norm N=13
1	Health Outcomes		88		66
2	Mortality	Length of life	78		60
2a	Morbidity	Quality of Life	95		68
2b	Health Factors		100		78
3	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	94		76
3a	Clinical Care	Access to care / Quality of Care	79		59
3b	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	99		79
3c	Physical Environment	Environmental quality	84		41

Montgomery County currently ranks 100 out of 101 for Health Factors.

http://www.countyhealthrankings.org, released 2016  
KS Rural Norm N=13 includes the following counties: Atchison, Doniphan, Brown, Nemaha, Jackson, Montgomery, Chautauqua, Elk, Wilson, Neosho, Labette, Crawford and Cherokee.

CRMC conducted a Community Health Needs Assessment in the Fall of 2016.



Coffeyville Regional Medical Center is conducting a  
**Community Health Needs Assessment Town Hall Meeting**

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## Community/Population Health

22<sup>nd</sup> annual “OK Kids” children’s health fair and “Pretty in Pink” providing cancer screening, prevention and education.






CRMC began *Health Partners* magazine in the fall of 2016, offering health information and resources. The free publication is mailed to homes and available online.

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## Resource Management

2016 was an exciting year for growth at CRMC!



Quality Improvement Team



Natalie Rhoton, LBSW  
Community Patient Health  
Advocate




SANE/SART Team


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## Patient Centeredness



The hospitalist program at CRMC.

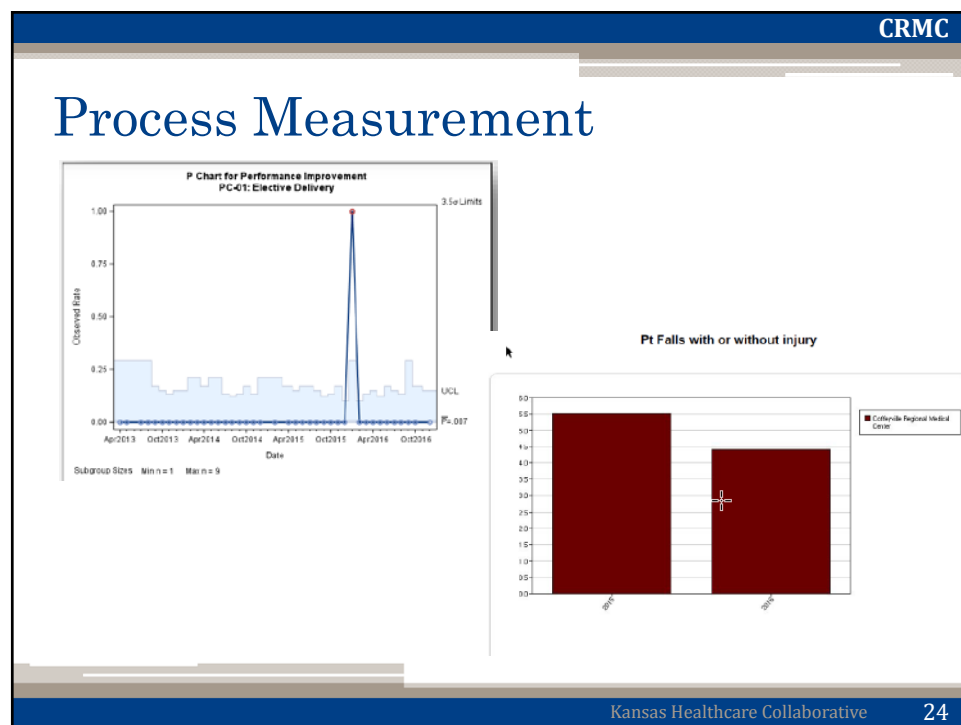
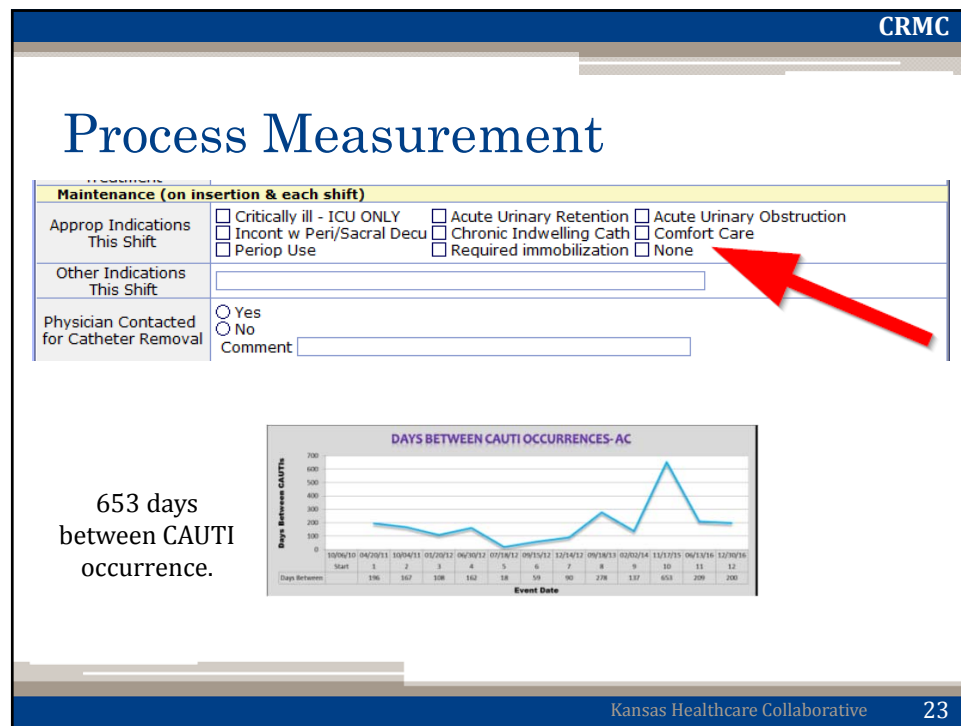


Use of the "story board" plays an important role in patient/family communication and helps to provide personalized care.



CRMC began a PFAC in June of 2016

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## Culture Change





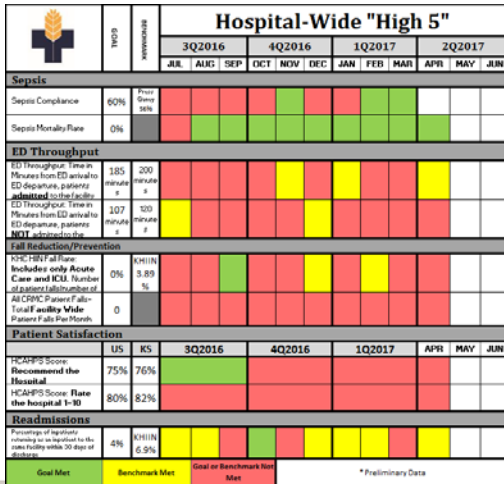

**PLAN.  
DO.  
STUDY.  
ACT.  
REPEAT.**

“Gemba” boards used in all clinical departments for real time data review.

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## Culture Change



Sample of CRMC’s “dashboards”. Hospital-Wide High 5 and department-specific dashboards are located on all clinical units’ Gemba Boards.

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## Sustainability and Spread

- Consistency and Transparency are key.
- Quality must be everyone's priority!



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## Lessons Learned/Tips for Others

- Just start and be flexible!
- Set realistic goals, once attained, raise the bar.
- Don't be discouraged with "the red;" everyone has to start somewhere!

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## Tools, Resources, Policies

- Agency for Healthcare Research and Quality:  
Strategy 3 Nurse Bedside Shift Report.  
[www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy3/index.html](http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy3/index.html)
- [www.hret.org](http://www.hret.org)
- [www.ihl.org](http://www.ihl.org)

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**Questions?**

*Getting Started*

*Goals*

*Leadership*

*Culture Change*

*Process Measurement*

*Tools, Resources, Policies*

*Sustainability and Spread*

*Lessons Learned*

*Resource Mgmt.*

*Community Health*

*Patient Centeredness*

*Gemba Boards*

*Team Development*

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## Measures & Data Update

- Milestone 5
- Analytic Report Changes
- Side-by-Side
- Improvement Calculator Changes
- NHSN to QHi Transfer



**Rob Rutherford**

Senior Health Care Data Analyst  
Kansas Healthcare Collaborative  
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### Data Announcements

## Our *Next* HIIN Milestone (#5)

- All HIIN data are current – October through May\*  
– by September 20, 2017.
- Met reduction goals in at least 5 topics.

Please help us collectively meet this target.

*\*Being current through July is preferred!*



Reduction Goals	
<b>HRET HIIN Year 1 Reduction Goals*</b>	
Measure	Reduction Goal
ADE	7%
CLABSI	10%
<i>C. Difficile</i>	7%
Falls	7%
Pressure Ulcers	10%
Sepsis	7%
Surgical Site Infections	10%
VTE	7%
VAE	7%
Worker Safety/Culture of Safety	5%
MRSA	5%
Readmissions	4%

\*Measurement period not yet known

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KHC HIIN Data Analytic Report

## KHC HIIN data package for hospitals

*Included in Preliminary data package (only)*

The screenshot shows the 'Instruction Manual: HIIN Improvement Calculator' document. The title bar indicates it is 'READY 100%'. The document content includes:

- Instruction Manual: HIIN Improvement Calculator**
- Version: 3.0**
- Last Updated: 5/15/2017**
- Introduction:** The Purpose of the Improvement Calculator. The HIIN Improvement Calculator (IC) is one of many tools provided by HRET to help member hospitals utilize the data stored in the Comprehensive Data System (CDS). The IC translates raw HIIN data into meaningful information. The main feature of the IC is that it calculates 'improvement', comparing results from the monitoring period to baseline values for several HIIN evaluation measures. It also provides a graphical display of the results for each measure.
- Getting Started:** Using data already entered into the Comprehensive Data System (CDS).
  - Preparing your "CDS Results" file for Import
    - Log in to the Comprehensive Data System (CDS) using your unique login.
    - Click on the 'Reports' tab on the top of the screen, then click on the 'Basic Items' report.
    - Once the Basic Items report displays, directly below the report you will see an export file feature. Select 'Export All Data' then click on the 'Export to Excel' button.

At the bottom of the window, there is a navigation bar with tabs: Project Select, Admin, Resources, Reports, Individual Measures, All Measures, Organization User, Custom Data, Data Submission, Current Improvement, Relative Improvement, Basic Items. The 'Basic Items' tab is currently selected.

May and June 21.

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KHC HIIN Data Analytic Report

## Data Analytic Report Changes

Facility 1013

Somewhere Community Hospital

Hospital Improvement Innovation Network  
Data Analytic Report



June 26, 2017

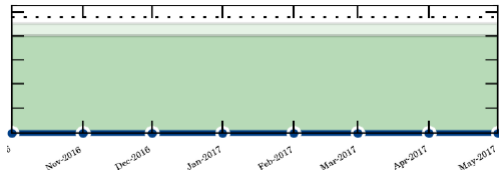
KHC HIIN Data Analytic Report Kansas Healthcare Collaborative June 26, 2017 1 / 1

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KHC HIIN Data Analytic Report

## Analytic Report Changes

- Addition of Year 1 reduction goals to performance graph



- Red/Green/Yellow performance benchmark unchanged!

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KHC HIIN Data Analytic Report

## Analytic Report Changes

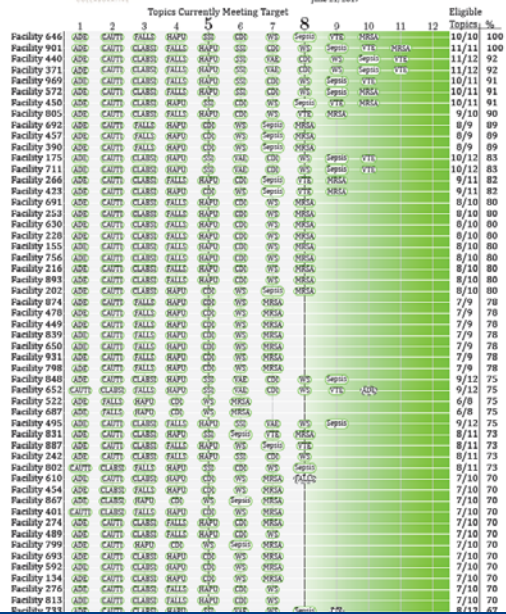
- New Facility Identifier for the Side-by-Side



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## KHC HIIN Side-by-Side Report

- New Facility Identifiers
- Ranking based on most recent 3 months of data
- “Stale” data (currently, older than March) is not counted





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KHC HIIN Milestone 5 Side-by-Side Report

## Side-by-Side

**Tokens and Cell Colors:**

	Green	<ul style="list-style-type: none"> <li>- A current streak of at least 3 months with zero numerator events, or</li> <li>- A reduction from baseline of 20% (12% for readmissions)*</li> <li>- For <b>any</b> measure in the category. E.g. a facility with 1 of 3 ADE measures meeting the above criteria would receive a green ADE token.</li> </ul>
	Yellow	<ul style="list-style-type: none"> <li>- Reduction from baseline, but not yet achieving target (20% or 12% for readmissions)*</li> <li>- For <b>any</b> measure in the category.</li> </ul>

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HRET HIIN Improvement Calculator

## HRET HIIN Improvement Calculator

**Newly Released!**  
Primary and secondary contacts received their HIIN Improvement Calculator (v3.0) as part of their *preliminary* data report package on June 14.

The Excel file is pre-populated with the hospital's HIIN data.

- The HIIN Improvement Calculator (IC) is one of many tools provided by HRET to help member hospitals utilize their HIIN data.
- Contact KHC for assistance with your report. The HRET HIIN Data Team also is available for technical support with the IC.

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HRET HIIN Improvement Calculator

## Polling Question

How have you used your new HIIN Improvement Calculator?

- ☐ First I have heard of it
- ☐ Haven't downloaded it yet.
- ☐ Reviewed it, but have questions.
- ☐ Begun to share information with other staff.
- ☐ Begun to share information with hospital leaders.
- ☐ Other (type into chat)

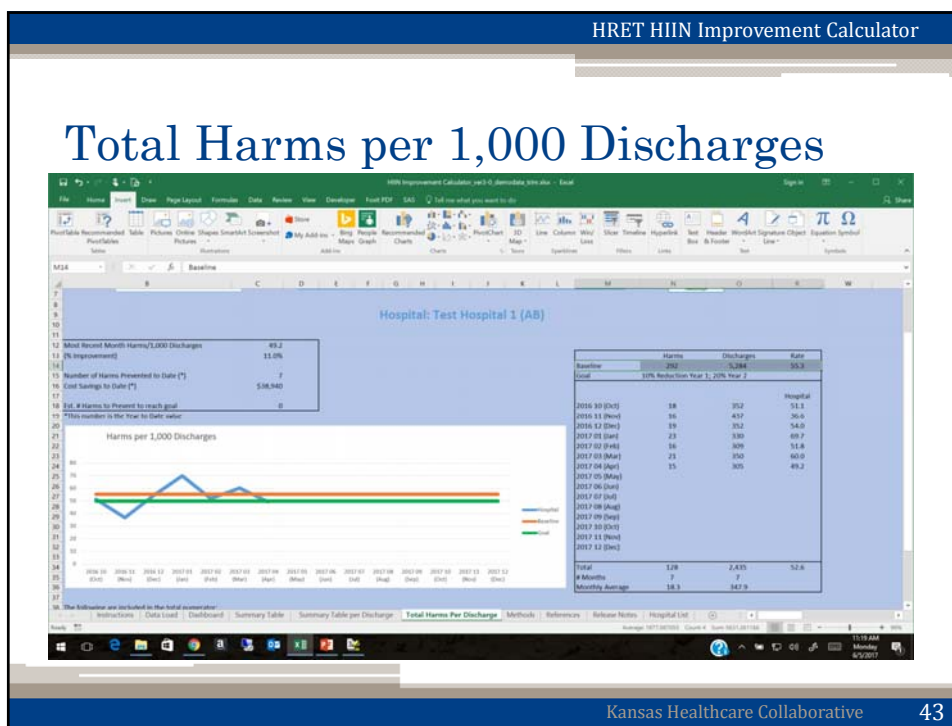
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HRET HIIN Improvement Calculator

## Features

- Total Harms
- Expanded Summary Tables
  - Ability to suppress measures from totals

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HRET HIIN Improvement Calculator

## Summary by Discharges

Harm Measure	Baseline Numerator	Baseline Discharges	Baseline Rate per 1000	Target Rate	Year To Date Numerator	Year To Date Discharges	Year To Date Rate per 1000	Harms Prevented	Cost Per Harm	Costs Averted
12 ADE Anticoag	27	5,284	5.11	4.75	2	2,435	0.82	10	\$	5,000
13 ADE Hypo	13	5,284	2.46	2.29	14	2,435	5.75	(0)	\$	5,000
14 ADE Opioid	10	5,284	1.89	1.76	5	2,435	2.05	(0.39)	\$	5,000
15 CAUTI Rate excluding NICU + Inpat	*	*	*	*	*	*	*	*	\$	1,000
16 CLABSI Rate All Inpatient	3	5,284	0.57	0.51	2	2,435	0.82	(1)	\$	17,000
17 Falls	5	5,284	0.95	0.88	18	2,435	7.39	(16)	\$	12,965
18 PJI Prevalence, Stage 2+	11	5,284	2.08	1.87	4	2,435	1.64	1	\$	17,000
19 SSI Colon Surg	*	*	*	*	*	*	*	*	\$	21,000
20 SSI Abdominal Hysterectomy	1	5,284	0.19	0.18	0	2,435	0.00	0.46	\$	21,000
21 SSI Total Hip Replacements	*	*	*	*	*	*	*	*	\$	21,000
22 SSI Total Knee Replacements	*	*	*	*	*	*	*	*	\$	21,000
23 C. difficile Infections	13	5,284	2.46	2.29	2	2,435	0.82	4	\$	10,000
24 Sepsis Post Op	*	*	*	*	*	*	*	*	\$	17,000
25 VAC	*	*	*	*	*	*	*	*	\$	21,000
26 VTE	18	5,284	3.41	3.17	0	2,435	0.00	8	\$	8,000
27 Readmissions	191	5,284	36.15	34.70	81	2,435	33.26	7	\$	15,477
28 Total Harm (per Discharge)**	292	5,284	55.26	49.74	129	2,435	52.57	7		

29 \*Value is not available or is suppressed due to incomplete baseline or monitoring data, or 1 2 Use the baseline and monitoring rates are zero and improvement cannot be calculated.

30 \*\*Does not include HAPU 3+ or IVAC because harms in these categories are already included in other measures.

31 Note: Numbers in parentheses with red colors are negative numbers (eg. (0.39)). If you see (0), this indicates a small negative decimal value.

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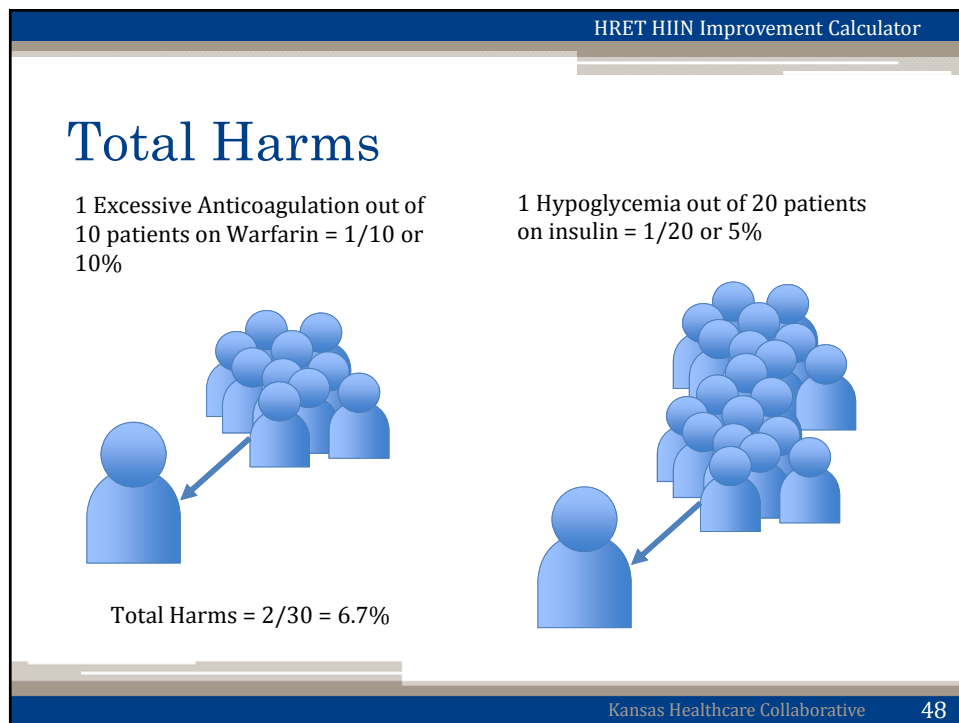
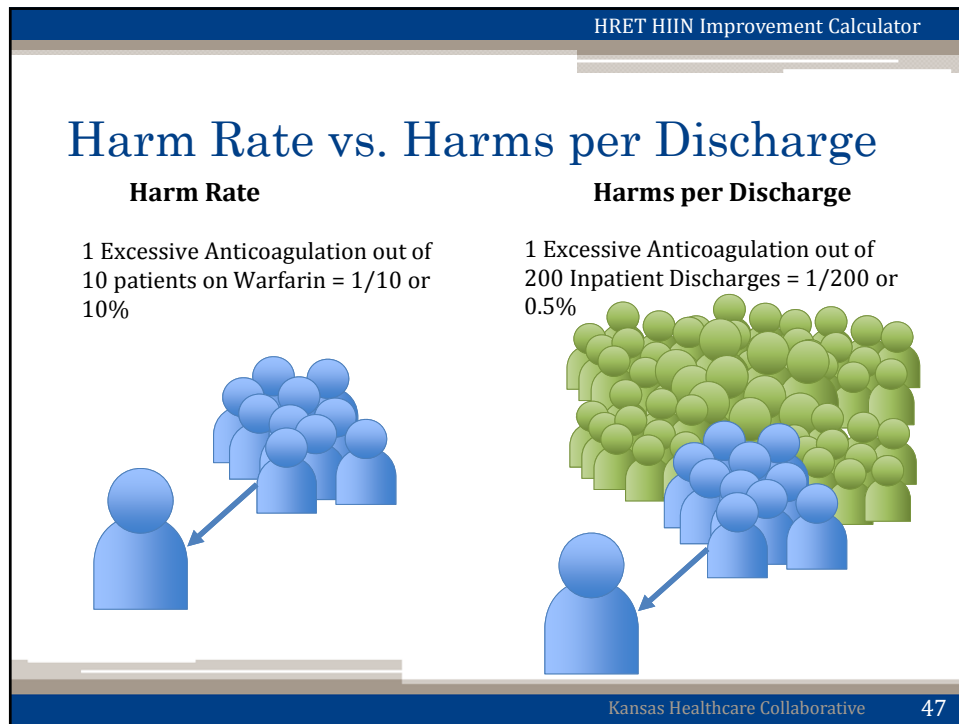
## Summary Table

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## Aggregate Measures

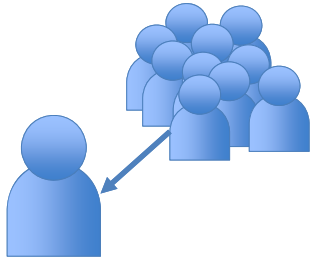
- Indicate an overall rate of harms providing a warning system for potential problems.
- Depend on which measures are included.
- Depend on which denominators are used.

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HRET HIIN Improvement Calculator

Total Harms



	Numerator	Denominator	Rate
Anticoag	1	10	10.0%
Hypoglycemia	1	20	5.0%
Total	2	30	6.7%

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HRET HIIN Improvement Calculator

Demonstration Slides

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## HRET HIIN Improvement Calculator

# Suppression Example

The screenshot displays the 'HRET HIIN Improvement Calculator' spreadsheet. The 'Suppression' tab is active, showing a list of suppression items for 'Test Hospital 2 (Y2)'. The spreadsheet includes columns for 'Suppression?', 'Total #', 'Harm Measure for Test Hospital 2 (Y2)', 'Baseline Numerator', 'Baseline Denominator', 'Baseline Rate per 1000', 'Target Rate', 'Current Month', 'Current Numerator', 'Current Denominator', 'Current Rate per 1000', 'Current % Improvement', and 'Year To Date Numerator'. The suppression items are listed in rows 11 through 37, including 'ADE Anticoag', 'ADE Heparin', 'ADE Oxygen', 'CAUTI Rate excluding NICU + Input', 'Cath Utilization excluding NICU + Input', 'CLABSI Rate All Inpatient', 'CLABSI Rate ICU', 'CLABSI Central Line Util ratio - All Inpatient', 'CLABSI Central Line Util ratio - ICU', 'Falls', 'Pneumonia, Stage 2+', 'SSI Colon Surg', 'SSI Abdominal Hysterectomy', 'SSI Total Hip Replacements', 'SSI Total Knee Replacements', 'C. difficile Infections', 'Sepsis Post Op', 'Sepsis Hosp Onset Mort', 'Sepsis Overall Mort', 'HAC', 'IVAC', 'VTE', and 'MRSA-2'. The 'Suppression?' column is marked with 'Y' for suppression and 'N' for no suppression. The 'Current % Improvement' column shows values ranging from 0% to 100%.

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## HRET HIIN Improvement Calculator

# Override default suppression

The screenshot displays the 'HRET HIIN Improvement Calculator' spreadsheet, similar to the previous one, but with some values overridden. The 'Suppression' tab is active, showing a list of suppression items for 'Test Hospital 2 (Y2)'. The spreadsheet includes columns for 'Suppression?', 'Total #', 'Harm Measure for Test Hospital 2 (Y2)', 'Baseline Numerator', 'Baseline Denominator', 'Baseline Rate per 1000', 'Target Rate', 'Current Month', 'Current Numerator', 'Current Denominator', 'Current Rate per 1000', 'Current % Improvement', and 'Year To Date Numerator'. The suppression items are listed in rows 11 through 37, including 'ADE Anticoag', 'ADE Heparin', 'ADE Oxygen', 'CAUTI Rate excluding NICU + Input', 'Cath Utilization excluding NICU + Input', 'CLABSI Rate All Inpatient', 'CLABSI Rate ICU', 'CLABSI Central Line Util ratio - All Inpatient', 'CLABSI Central Line Util ratio - ICU', 'Falls', 'Pneumonia, Stage 2+', 'SSI Colon Surg', 'SSI Abdominal Hysterectomy', 'SSI Total Hip Replacements', 'SSI Total Knee Replacements', 'C. difficile Infections', 'Sepsis Post Op', 'Sepsis Hosp Onset Mort', 'Sepsis Overall Mort', 'HAC', 'IVAC', 'VTE', and 'MRSA-2'. The 'Suppression?' column is marked with 'Y' for suppression and 'N' for no suppression. The 'Current % Improvement' column shows values ranging from 0% to 100%.

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Remove from total

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Add measure back to total

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NHSN to QHi

## NHSN

- Thanks for joining!
- If you haven't already, make sure you've conferred rights to all Kansas NHSN groups!

	Group I.D. #
▫ Kansas Healthcare Collaborative	19423
▫ Kansas Foundation for Medical Care	29569
▫ KS Dept. of Health and Environment	16463

- See our KHC HIIN instruction guide for details:  
[https://www.khconline.org/files/Instructions to Join KHC HIIN NHSN Group.pdf](https://www.khconline.org/files/Instructions%20to%20Join%20KHC%20HIIN%20NHSN%20Group.pdf)

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NHSN to QHi

## NHSN to QHi Transfer

- Initial Measure: CAUTI
- Target Date: July 15th
- Only hospitals that have agreed to do so will have data transferred
- No intervention needed from the hospital
- Initial data transfer January 2015 to present
- Will occur monthly
- Data submission page will display "Loaded by NHSN"

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HIIN Data Schedule		
<h2 style="text-align: center;">Kansas HIIN 2016-2017 Data Submission Schedule</h2>		
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 28, 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	<b>June 30, 2017</b>
June, 2017	May, 2017	July 31, 2017
July, 2017	June, 2017	August 30, 2017
August, 2017	July, 2017	September 30, 2017

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**Quality Improvement Organizations**  
Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES



**Great Plains**  
Quality Innovation Network



**Sarah Irsik-Good, MHA**  
Director of Quality Improvement  
Kansas Foundation for Medical Care

State Program Director - Kansas  
Great Plains Quality Innovation  
Network

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# Great Plains QIN - QIO

HealthIT Analytics

Population Health   Precision Medicine   Quality & Governance   Tools & Strategies   Analytics in Action

## QIO Program Boosts Medicare Care Coordination, Patient Safety

The Medicare Quality Improvement Organization (QIO) Program has helped providers improve care coordination, patient safety, and population health management.

Source: Thinkstock

Current Readmission Rate (# of Readmissions within 30 days / # of discharges): 04/01/2015 - 03/31/2016

Hospital	Discharges	30-Day Readmissions	Readmission Rate
Hospital A	6,153	902	14.7%

### Readmission Rate Trends

1-Year Period Ending

— Hospital A   — North Dakota

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#123forEquity Pledge to Act

**Organizations Pledged: 1493**

**State Hospital Associations Pledged: 50**

**Metropolitan Hospital Associations Pledged: 10**

**#123forEquity Campaign**

**Take the Pledge**

Number in State = Organizations Pledged

● State Hospital Association Pledged

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## Readmission Disparities Report

- Hospital specific report to identify gaps in care using your readmission rates
- Stratification of the 30-day readmission rate we've been providing you (developed from CMS Claims data)
  - By Age
  - By Gender
  - By Race
  - Rural Zip Codes
  - CMS Designated Socio Economic Status (SES) Zip Codes
- **July 15, 2017** and then quarterly



**Take the Pledge**

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## Resources & Upcoming Events

- HRET HIIN Podcast Series
- South Central HIINergy Partners
- Readmissions Whiteboard Wednesdays
- Fishbowl Check-ins
- Upcoming Events

**Michele Clark**  
Program Director  
Kansas Healthcare Collaborative  
mclark@khconline.org  
(785) 235-0763 x1321

Resources & Upcoming Events

## New! HRET HIIN Podcast Series

### Adverse Drug Events

**ADE Prevention: Hypoglycemia**  
This podcast discusses Hypoglycemia, a topic on Adverse Drug Prevention. HRET facilitates this discussion using a Q&A format. We also hear from Steve Tremain, MD, Cynosure Health, on this topic. (length 8.5 minutes)

[www.hret-hiin.org/resources/display/hiin-podcast-series-ade-prevention-hypoglycemia](http://www.hret-hiin.org/resources/display/hiin-podcast-series-ade-prevention-hypoglycemia)

### Sepsis Snippets for Success

**Sepsis Q.I. vs. Science**  
This podcast discusses regulatory requirements, quality improvement and science information. This podcast can assist your team in understanding and utilizing the Sepsis predefinition and cues fueled by triggers.

[www.hret-hiin.org/resources/display/hiin-podcast-series-sepsis-snippets-for-success](http://www.hret-hiin.org/resources/display/hiin-podcast-series-sepsis-snippets-for-success)

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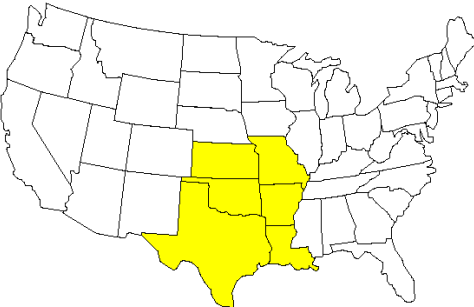
Resources & Upcoming Events

## South-Central HIINergy Partners

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

Host State	Webinar Date	Topic
AR	Jan. 25	Getting Started in HIIN <a href="#">Recording available!</a>
OK	March 22	UP Campaign <a href="#">Recording available!</a>
LA	May 24	Patient and Family Engagement
TX	<b>Aug. 2</b>	<b>Transforming Culture for Safety</b>
KS	Sept. 27	Diversity
MO	Nov. 15	Sepsis

**Kansas • Oklahoma • Texas  
Missouri • Arkansas • Louisiana**



Wednesdays, 10 to 11 a.m., CT  
4<sup>th</sup> Wednesdays of each month  
KHC HIIN Webinars alternate months. (Same time.)

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## 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.

Audience	Webinar Date
HIINergy	<b>August 2</b>
Kansas	August 23
HIINergy	September 27
Kansas	October 25
HIINergy	November 15
Kansas	December 20

***HRET HIIN Roadshow will be coming to Kansas!***

**SAVE THE DATE:**

**Tuesday**

**November 14, 2017**

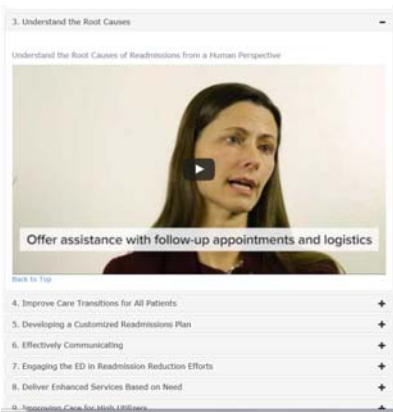
Salina, KS (tentative)

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Resources & Upcoming Events

## Readmissions Whiteboard Video Series

### Whiteboard Wednesdays



- Each Wednesday, a new video is featured from the newly released [Readmissions Whiteboard Video Series](#).
- This 11-part series is delivered by Dr. Amy Boutwell, HRET Readmissions SME and developer of the newly released [AHRQ Hospital Guide to Designing and Delivering Whole-Person Transitional Care](#)

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## Applications Being Accepted for Summer TeamSTEPPS® Advanced Courses

Apply now for your health care team to attend one of AHRQ's no-cost TeamSTEPPS Advanced Courses at regional training centers.

Applications are due June 30 for an Aug. 1 course in Hyde Park, New York, and an Aug. 11 course in Chicago.

Applications are due July 14 for an Aug. 25 course in Cleveland.

TeamSTEPPS Advanced courses foster leadership development of TeamSTEPPS champions who are committed to integrating, spreading and sustaining TeamSTEPPS patient safety principles in their organizations. Access more information about courses, guidelines and the application process at <https://www.ahrq.gov/teamstepps/teamstepps-advanced.html>

## Fishbowl Check-in



Two months ago, HRET HIIN kicked off the ADE and readmissions fishbowl series. The fishbowl hospitals have been hard at work.

### ***Fishbowl—Reducing Readmissions***


The readmissions fishbowl hospitals received the following coaching tips:

- Use your data to make an informed decision about which patient populations you will target with your enhanced readmission efforts.
- Clarify your AIM statement so that everyone who reads it will understand the specific population that you are targeting and your specific readmission-reduction goal.
- Make the measurement of your target population as easy as possible.
- Understand why your patients are being readmitted, and use that information as you plan your portfolio of strategies.

Resources & Upcoming Events

## 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 July 13th for the next 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.

July 13, 2017 ● 11:00 – 12:00pm

August 24, 2017 ● 11:00 – 12:00pm


September 14, 2017 ● 11:00 – 12:00pm

Pre-register at: [www.hret-hiin.org/Resources/readmissions/17/readmissions\\_fishbowl\\_series.shtml](http://www.hret-hiin.org/Resources/readmissions/17/readmissions_fishbowl_series.shtml)

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Resources & Upcoming Events

## Fishbowl Check-in



Two months ago, HRET HIIN kicked off the ADE and readmissions fishbowl series. The fishbowl hospitals have been hard at work.

### **ADE Fishbowl – Opioid Safety**

After receiving feedback, the ADE hospitals finalized the following aim statements:

- Medical West will reduce use of naloxone in its post-op respiratory failure population by Sept. 26, 2017. The coaches will identify a target for Medical West on their coaching call.
- Newton-Wellesley Hospital will decrease naloxone use by 20 percent in the adult GI unit by Sept. 26, 2017.
- Slidell Memorial Hospital will, by Sept. 26, 2017, reduce naloxone administration by 20 percent.
- The Heart Hospital Baylor Denton will reduce use of opioid administration by Sept. 26, 2017, for patients undergoing coronary artery bypass graft. The coaches will identify a target for The Heart Hospital Baylor Denton on their coaching call.

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Resources & Upcoming Events

## HRET HIIN ADE Fishbowl

### Opioid Safety

**Join the HRET HIIN on July 20<sup>th</sup> for our next "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.

Pre-register at [www.hret-hiin.org/Resources/ade/17/ade\\_fishbowl\\_series.shtml](http://www.hret-hiin.org/Resources/ade/17/ade_fishbowl_series.shtml)



July 20, 2017 ● 11:00 – 12:00pm

August 24, 2017 ● 11:00 – 12:00pm

September 26, 2017 ● 11:00 – 12:00pm

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Resources & Upcoming Events

## Upcoming Fellowship Events

**HRET HIIN: QI Fellowship Accelerated Virtual Event**  
*Creating a Culture of Safety*  
**Wednesday, June 30 ● 1:00 p.m. to 2:00 p.m. CT**

In hospitals across the US, creating a culture of safety can seem like a daunting and near impossible task requiring more resources than you have, human behavior change, and process redesign that feels like it could take years. We know that there is no single "silver bullet" for developing a culture that is safe for both patients and staff, but we believe that improvement science can help us get one-step closer to just and fair environment that focuses on the challenges at a system level instead of the individual. Many of the QI Fellows have asked for a session to dive deeper, focusing on the Framework for Safe and Reliable Care to build a fair and just culture, and we are thrilled to offer this one-hour session with Frank Federico, RPh, a vice President at the Institute for Healthcare Improvement and leader of IHI's work in patient safety.

**HRET HIIN: QI Fellowship Foundational Virtual Event**  
**Wednesday, July 12 ● 11:00 a.m. to 12:00 p.m. CT**

**HRET HIIN: PFE Fellowship Virtual Event**  
**Wednesday, July 19 ● 11:00 a.m. to 12:00 p.m. CT**



Register at: [www.hret-hiin.org/fellowships/qifellowship/index.shtml](http://www.hret-hiin.org/fellowships/qifellowship/index.shtml)

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<h2>Upcoming HIIN Webinar</h2> <p><b>HRET HIIN: SSI Virtual Event</b>  <i>MOST WANTED: Guidance to Prevent Surgical Site Infections in the Era of "Unresolved Issues"</i></p> <p><b>Thursday, June 29 ● 11:00 a.m. to 12:00 p.m. CT</b></p> <p>Are you struggling with providing your surgical team with practical and evidence-based guidance? The recently released CDC HICPAC Guidelines for the prevention of SSIs is the first update since publication of the 1999 SSI prevention guidelines. These new guidelines are based upon randomized controlled trials that were published prior to 2015, and as a result, many practices are listed as 'unresolved' or 'no recommendation.'</p> <p>Seeking to assist front line staff, The Wisconsin Division of Public Health (WDPH) convened content experts. These experts developed a guideline document to enhance, not replace, the CDC HICPAC SSI Prevention Guidelines. We are extremely fortunate that one of these experts, Gwen Borlaug, MPH, CIC, will be featured during the HRET HIIN SSI webinar on June 29th from 10am-11am CT.</p> <p>Register at: <a href="http://www.hret-hiin.org/events/upcoming-events.shtml">http://www.hret-hiin.org/events/upcoming-events.shtml</a></p>	
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<h2>Upcoming HIIN Webinar</h2> <p><b>HRET HIIN: Sepsis Virtual Event</b>  <i>Life After Sepsis: Post-Sepsis Syndrome</i></p> <p><b>Thursday, July 6 ● 12:00 to 1:00 p.m. CT</b></p> <p>Please join us for the HRET HIIN Sepsis Virtual Event "Life After Sepsis: Post-Sepsis Syndrome" presented by the HRET HIIN. HIINformation about Post-Sepsis Syndrome, which affects up to 50 percent of sepsis survivors and causes life-changing challenges, will be presented by Dr. Elizabeth Scruth, PhD, a subject matter expert for sepsis. Suzanne Fletcher, BSN, RN, CMSRN, from Wesley Medical Center will then discuss strategies to assist patients who have Post-Sepsis Syndrome.</p> <p>Gather your sepsis teams, your quality personnel, physicians and nursing leaders and get <i>HIINspired</i> to decrease harm from sepsis. It's not just about keeping them alive...it's about helping them return to their normal life!</p> <p>Register at: <a href="http://www.hret-hiin.org/events/upcoming-events.shtml">http://www.hret-hiin.org/events/upcoming-events.shtml</a></p>	
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Resources & Upcoming Events		
<h2>Upcoming HIIN Webinar</h2> <p><b>HRET HIIN: Falls Virtual Event</b>  <i>Hit the Wall on Falls? Time to Recalibrate!</i>  <b>Tuesday, July 11 ● 2:00 to 3:00 p.m. CT</b></p> <p>What do you do when you have hit the wall, plateaued or experienced an increase in falls? Join us to learn how to dissect your falls program to regroup and re-calibrate. Amy Hester PhD, RN, BC, Director of Nursing Research and Innovation at UAMS Medical Center, and Chief Scientific Officer for HD Nursing, will review the common sense key elements that need to be examined to determine how to intervene to revive a stagnant falls and how care planning can fall short. She will shine light on common mistakes that make a program unsustainable. Dr. Hester will challenge participants to go back to the basics to evaluate the effectiveness of current tools and work-flows, rather than adding more interventions that further dilute the effectiveness of their work. Participants will share which risk and care planning tools, as well as electronic health record systems, they are currently using to promote peer sharing.</p> <p>Register at: <a href="http://www.hret-hiin.org/events/upcoming-events.shtml">http://www.hret-hiin.org/events/upcoming-events.shtml</a></p>		
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Resources & Upcoming Events		
<h2>Upcoming HIIN Webinar</h2> <p><b>HRET HIIN: Rural/CAH Affinity Group Virtual Event</b>  <b>Monday, July 17 ● 1:00 to 2:00 p.m. CT</b></p> <p>Readmission reduction can be hard to come by if you have already picked your low hanging fruit. Taking improvement to the next level will require the next tier of sophistication - a data driven approach looking at your "BIG" and small data. Join this CAH Rural Affinity Group event for a practical approach to using data to identify high-leverage opportunities to drive improvement.</p> <p>Learn from HRET HIIN fellows who have pulled and analyzed "BIG" data and "small" data to find surprising information that led to overall reductions of readmissions in their organization. In an environment limited by scarce resources, choosing the right path for improvement and partnerships is key!</p> <p>Register at: <a href="http://www.hret-hiin.org/events/upcoming-events.shtml">http://www.hret-hiin.org/events/upcoming-events.shtml</a></p>		
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Resources & Upcoming Events

## HRET HIIN PFE Big Picture

### PFE Fundamentals

#### Session #5: August 22

#### Using Stories to Impact Change

This session will focus on all the different structures that can be used to engage PFAs, discuss projects in which PFAs can be involved and how to manage feedback.

#### 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


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

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Best Wishes for a Fabulous Day!



#### Questions?

#### Contact your KHC Team

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785-235-0763
Contact Us

## Your KHC Team

				
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