KHC Hospital Improvement Innovation Network

June 28, 2017

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
Presenters

Kansas Healthcare Collaborative

Michele Clark, MBA, CPHQ
Program Director

Rob Rutherford, BS
Senior Health Care Data Analyst

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

Cynosure Health

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

HIIN the News

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.

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
Mercy Hospital Fort Scott
Mercy Hospital, Inc.
Ness County Medical Center
Norris County Hospital
Nossoro Memorial Regional Medical Center
Neosho County Hospital
Newman Regional Health
Norton County Hospital
Presbyterian Medical Center
Rush County Health Center
Sedgwick County Hospital
Smith County Memorial Hospital
Southwest Medical Center
Spartan B Allen Memorial Hospital
Trego County Lemke Memorial Hospital
Via Christi Hospital Pittsburg
Via Christi Hospitals St. Francis Wichita
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
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
Morris County Hospital
Nemaha Valley Community Hospital
Neosha County Hospital District No. 2
Neosha Valley Community Hospital
Newman Regional Hospital
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

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
Hawortha 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
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
St. Luke Cushing Hospital
Stevens County Hospital
Sumner Co. Hospital Dist. No. 1
Susan B Allen Memorial Hospital
Trego Co. Lemke Memorial Hospital
Sheridan County Health Complex
It’s Survey Time!

**HIIN Activities Survey for 2Q2017**

- Only one response needed per hospital
- Please respond by July 26.

It’s Survey Time!

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

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

or contact the NQF project team at diagnosticaccuracy@qualityforum.org.

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
2017 Leadership in Quality Award of Merit

Abby Lickteig RN, BSN
Quality Improvement Nurse
Coffeyville Regional Medical Center
abbyo@crmcinc.org
620.252.2205

Front row (L to R): Jennifer De Rosa, 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

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.
Objectives

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

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
Leadership

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

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

Community/Population Health

22nd 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.
Resource Management

2016 was an exciting year for growth at CRMC!

Quality Improvement Team

Natalie Rhoton, LBSW
Community Patient Health Advocate

SANE/SART Team

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
Process Measurement

653 days between CAUTI occurrence.
Culture Change

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

Sample of CRMC's "dashboards". Hospital-Wide High 5 and department-specific dashboards are located on all clinical units’ Gemba Boards.
Sustainability and Spread

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

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!
Tools, Resources, Policies

- [www.hret.org](http://www.hret.org)
- [www.ihi.org](http://www.ihi.org)

Questions?

- Goals
- Process Measurement
- Leadership
- Culture Change
- Sustainability and Spread
  - Lessons Learned
  - Resource Mgmt.
  - Community Health
  - Patient Centeredness

Tools, Resources, Policies
- Gemba Boards
- Team Development
Measures & Data Update

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

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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

### HRET HIIN Year 1 Reduction Goals*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Reduction Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td>7%</td>
</tr>
<tr>
<td>CLABSI</td>
<td>10%</td>
</tr>
<tr>
<td><em>C. Difficile</em></td>
<td>7%</td>
</tr>
<tr>
<td>Falls</td>
<td>7%</td>
</tr>
<tr>
<td>Pressure Ulcers</td>
<td>10%</td>
</tr>
<tr>
<td>Sepsis</td>
<td>7%</td>
</tr>
<tr>
<td>Surgical Site Infections</td>
<td>10%</td>
</tr>
<tr>
<td>VTE</td>
<td>7%</td>
</tr>
<tr>
<td>VAE</td>
<td>7%</td>
</tr>
<tr>
<td>Worker Safety/Culture of Safety</td>
<td>5%</td>
</tr>
<tr>
<td>MRSA</td>
<td>5%</td>
</tr>
<tr>
<td>Readmissions</td>
<td>4%</td>
</tr>
</tbody>
</table>

*Measurement period not yet known

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### KHC HIIN data package for hospitals

**Included in Preliminary data package (only)**
Data Analytic Report Changes

- Addition of Year 1 reduction goals to performance graph
- Red/Green/Yellow performance benchmark unchanged!
Analytic Report Changes

- New Facility Identifier for the Side-by-Side

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KHC HIIN Milestone 5 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
**Side-by-Side**

**Tokens and Cell Colors:**

- **Green**: A current streak of at least 3 months with zero numerator events, or
- A reduction from baseline of 20% (12% for readmissions)*
- For any measure in the category. E.g., a facility with 1 of 3 ADE measures meeting the above criteria would receive a green ADE token.

- **Yellow**: Reduction from baseline, but not yet achieving target (20% or 12% for readmissions)*
- For any measure in the category.

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**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.
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)

Features

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

Summary Table
Harm Rate vs. Harms per Discharge

**Harm Rate**
1 Excessive Anticoagulation out of 10 patients on Warfarin = 1/10 or 10%

**Harms per Discharge**
1 Excessive Anticoagulation out of 200 Inpatient Discharges = 1/200 or 0.5%

Total Harms
1 Excessive Anticoagulation out of 10 patients on Warfarin = 1/10 or 10%
1 Hypoglycemia out of 20 patients on insulin = 1/20 or 5%

Total Harms = 2/30 = 6.7%
### Total Harms

<table>
<thead>
<tr>
<th></th>
<th>Numerator</th>
<th>Denominator</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticoag</td>
<td>1</td>
<td>10</td>
<td>10.0%</td>
</tr>
<tr>
<td>Hypoglycemia</td>
<td>1</td>
<td>20</td>
<td>5.0%</td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>30</td>
<td>6.7%</td>
</tr>
</tbody>
</table>

### Demonstration Slides
Suppression Example

Override default suppression
Remove from total

Add measure back to total
NHSN

• Thanks for joining!

• If you haven’t already, make sure you’ve conferred rights to all Kansas NHSN groups!

  - 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:

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”
# Kansas HIIN 2016-2017

## Data Submission Schedule

<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>
Great Plains QIN - QIO

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.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Discharges</th>
<th>30-Day Readmission</th>
<th>Readmission Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital A</td>
<td>1,234</td>
<td>902</td>
<td>14.7%</td>
</tr>
</tbody>
</table>

Readmission Rate Trends

#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
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

Resources & Upcoming Events

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

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Kansas Healthcare Collaborative
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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

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

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>
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</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>Aug. 2</td>
<td>Transforming Culture for Safety</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>

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.

<table>
<thead>
<tr>
<th>Audience</th>
<th>Webinar Date</th>
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<tbody>
<tr>
<td>HIINergy</td>
<td>August 2</td>
</tr>
<tr>
<td>Kansas</td>
<td>August 23</td>
</tr>
<tr>
<td>HIINergy</td>
<td>September 27</td>
</tr>
<tr>
<td>Kansas</td>
<td>October 25</td>
</tr>
<tr>
<td>HIINergy</td>
<td>November 15</td>
</tr>
<tr>
<td>Kansas</td>
<td>December 20</td>
</tr>
</tbody>
</table>

HRET HIIN Roadshow will be coming to Kansas!
SAVE THE DATE:
Tuesday
November 14, 2017
Salina, KS (tentative)

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.
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.
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.

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

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.
HRET HIIN ADE Fishbowl
Opioid Safety

Join the HRET HIIN on July 20th 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.


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

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

HRET HIIN: SSI Virtual Event
MOST WANTED: Guidance to Prevent Surgical Site Infections in the Era of "Unresolved Issues"

Thursday, June 29 ● 11:00 a.m. to 12:00 p.m. CT

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.'

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.

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

Upcoming HIIN Webinar

HRET HIIN: Sepsis Virtual Event
Life After Sepsis: Post-Sepsis Syndrome

Thursday, July 6 ● 12:00 to 1:00 p.m. CT

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.

Gather your sepsis teams, your quality personnel, physicians and nursing leaders and get HIINspired to decrease harm from sepsis. It’s not just about keeping them alive...it’s about helping them return to their normal life!

Register at: [http://www.hret-hiin.org/events/upcoming-events.shtml](http://www.hret-hiin.org/events/upcoming-events.shtml)
Upcoming HIIN Webinar

HRET HIIN: Falls Virtual Event

*Hit the Wall on Falls? Time to Recalibrate!*

**Tuesday, July 11 ● 2:00 to 3:00 p.m. CT**

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.

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 HIIN Webinar

HRET HIIN: Rural/CAH Affinity Group Virtual Event

**Monday, July 17 ● 1:00 to 2:00 p.m. CT**

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.

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!

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

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

### 5-Part Series

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<th>#</th>
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<tr>
<td>#1</td>
<td>February 28, 2017</td>
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<td>#2</td>
<td>April 18, 2017</td>
<td>11:00 – 12:00pm</td>
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<td>#3</td>
<td>May 23, 2017</td>
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<td>#4</td>
<td>June 20, 2017</td>
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<td>#5</td>
<td>August 22, 2017</td>
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Questions?
Contact your KHC Team

Best Wishes for a Fabulous Day!