

KHC Hospital Improvement Innovation Network

November 20, 2019
10 to 11 a.m. CT

HIIN Goal:
By March 2020, hospitals in the KHC HIIN will achieve 20% reduction
in all-cause harm and 12% reduction in readmissions.



623 SW 10th Ave. • Topeka, KS 66612 • (785) 235-0763 • www.khconline.org







Introductions

Special Guests



Bryna Stacey, BSN, RN, MPH
Director, Healthcare-Associated Infections
Antimicrobial Resistance Program
Kansas Department of Health and Environment
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Kellie Wark, MD, MPH
AR/AS Subject Matter Expert,
Healthcare-Associated Infections
and Antimicrobial Resistance Program
Kellie.Wark@ks.gov

Hospitals Presenting

- Osborne County Memorial Hospital
- Cindy Hyde, RN
- Advent Health Ottawa
- Dorothy Rice, RN, BSN, MBA
- David Bowers, PharmD
- The University of Kansas Health System,
Kansas City
- Nicole Wilson, PharmD, BCIDP

Kansas Healthcare Collaborative



Michele Clark
Program Director
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Chuck Duffield
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November 20, 2019

Agenda

- Welcome
- Announcements and Updates
- HIIN Data and Measures Update
- Making Progress in Developing Antimicrobial Stewardship Programs – Hospital Sharing
- HIIN Resources and Upcoming Events

Antibiotic Awareness
Week Nov. 18-24



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Announcements

KHC Announcements and Updates

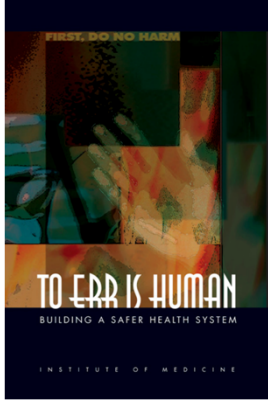
- 20th anniversary, “To Err Is Human”
- HIIN Milestones 14 and 15
- HRET HIIN P.I. Collaborative
- KHC HIIN Hospital Site Visits

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Announcements

“To Err is Human” at 20 years



- In November 1999, the Institute of Medicine, which is now the National Academy of Medicine, released its landmark report, “To Err Is Human: Building a Safer Health System.”


→ [KHConline.org/ToErr](https://www.khconline.org/ToErr)

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Announcements

“To Err is Human” at 20 years

 **Member Advisory**

October 23, 2019

20th Anniversary of *To Err Is Human* Brings Opportunity for Hospitals and Health Systems to Highlight Safety and Quality Strides Made

Background:
 In November 1999, the Institute of Medicine (IOM), which is now the National Academy of Medicine (NAM), released its landmark report, *To Err Is Human: Building a Safer Health System*. The report, which estimated that as many as 98,000 people died each year in U.S. hospitals because of preventable medical harm, captured the attention of the public, policymakers and the media and was a call to action for hospitals, health systems and other providers of care.

In anticipation of the 20th anniversary of the report’s release, media outlets will be revealing the report and commenting on the progress the field has made on the important issues of quality and patient safety. With this renewed interest, it is critical that your hospital or health system be prepared to respond to questions from the public and the media about what has been done to improve patient safety over the past two decades.

The anniversary is also an opportunity for you to proactively share through your various communications channels and methods, and with the AHA, the many strides your organization has taken to improve safety and the quality of care for patients.

This advisory includes talking points and messages to consider when crafting communications and responding to questions. It also includes various other resources.

- After 20 years, we have made considerable progress, but more work needs to be done.
- Of course, that’s why hospitals and health systems are working hard to continually improve health care quality and patient safety.

→ [KHConline.org/ToErr](https://www.khconline.org/ToErr)

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Announcements


Milestone 14

Congratulations

to the
87

Kansas Hospitals
that achieved the **data submission**
criteria for Milestone 14!

(complete data for August 2018-July 2019)



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Announcements


Milestone 14

Congratulations

to the
53

Kansas Hospitals
that achieved the **performance achievement**
criteria for Milestone 14!

(progress toward HIIN goals in $\geq 70\%$ of eligible topics)



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Congratulations to All Kansas Hospitals Achieving KHC HIIN Milestone 14!

48 Kansas hospitals recognized for achieving Timely/complete data *and* measure performance

- Anderson County Hospital
- Bob Wilson Memorial Grant County Hospital
- Cheyenne County Hospital
- Citizens Medical Center, Inc.
- Coffey County Hospital
- Coffeyville Regional Medical Center
- Community Memorial Healthcare, Inc.
- Decatur Health Systems, Inc.
- Edwards Co. Hospital and Healthcare Center
- Ellsworth County Medical Center
- Girard Medical Center
- Gove County Medical Center
- Greenwood County Hospital
- Hays Medical Center
- Hutchinson Regional Medical Center
- Jewell County Hospital
- Kingman Community Hospital
- Kiowa District Hospital
- Labette Health
- Lincoln County Hospital
- Meade District Hospital/Artesian Valley Health System
- Medicine Lodge Memorial Hospital
- Memorial Health System
- Mercy Hospital, Inc.
- Miami County Medical Center, Inc.
- Morris County Hospital
- Nemaha Valley Community Hospital
- Neosho Memorial Regional Medical Center
- Ness County Hospital District No. 2
- Newman Regional Health
- Newton Medical Center
- Norton County Hospital
- Olathe Medical Center, Inc.
- Osborne County Memorial Hospital
- The University of Kansas Healthcare System – Pawnee Valley Campus
- Pratt Regional Medical Center
- Rawlins County Health Center
- Sabetha Community Hospital, Inc.
- Satanta District Hospital
- Susan B. Allen Memorial Hospital
- Scott County Hospital
- Sheridan County Health Complex
- St. Catherine Hospital
- Saint Luke Cushing Hospital
- Saint Luke's South Hospital
- Wamego Health Center
- Wichita County Health Center
- Wilson Medical Center



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Announcements

KHC HIIN Milestones

DUE DATES		Milestones consider:
<input checked="" type="checkbox"/>	<p>Milestone 14 October 15 (August 2018 to July 2019)</p>	<ul style="list-style-type: none"> ✓ Data completeness for recent 12-month period
<input type="checkbox"/>	<p>Milestone 15 December 18 (through September 2019)</p>	<ul style="list-style-type: none"> ✓ Progress toward HIIN "20/12" Goals
<input type="checkbox"/>	<p>Milestone 16 March 16 (through December 2019)</p>	<ul style="list-style-type: none"> ✓ Implementation status of 5 Patient and Family Engagement (PFE) Metrics ✓ Implementation status of 7 Health Equity Metrics

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Announcements

HRET HIIN Milestone #15

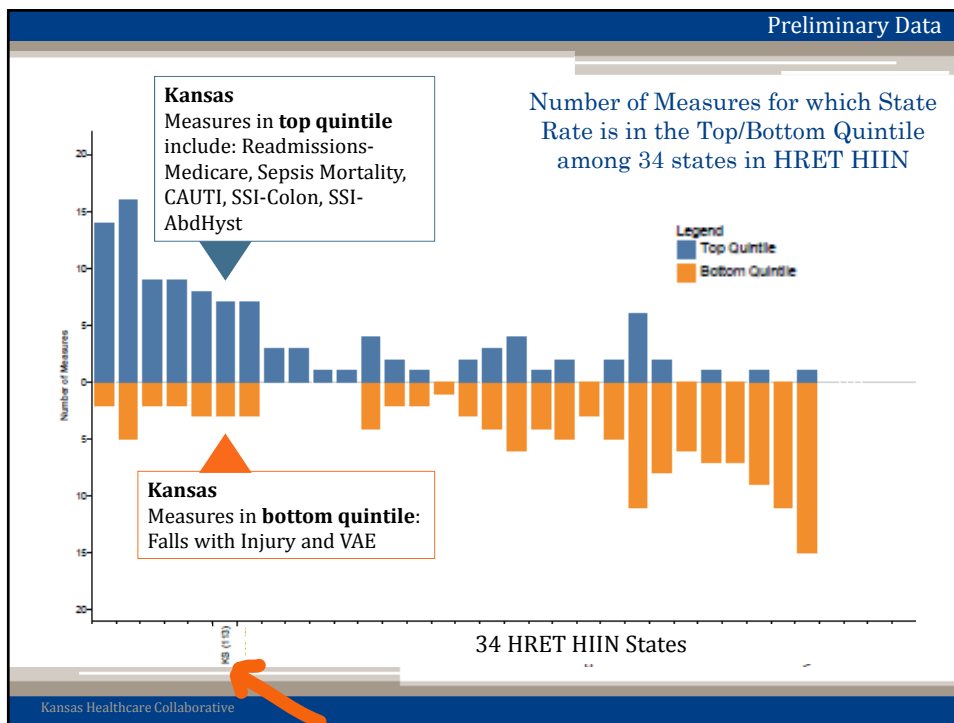
- All HIIN data are current – October 2018 **through September 2019***
- Hospitals meet reduction goals in 70% of eligible topics.
 - Three ways to meet:
 - Meet 20/12 reduction goals through entire project period
 - Meet 20/12 reduction goals during most recent 6 months
 - Zero streak for ≥ 6 months (most recent)

Please help us collectively meet this target;
Ensure your data are current **by December 18.**

**Being current through October is preferred!*



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HRET HIIN PI Collaborative

Kansas hospitals enrolled in PI Collaborative

(Final list as of 11/15/2019)

- Atchison Hospital
- Comanche County Hospital
- Community Healthcare System
- Ellsworth County Medical Center
- F.W. Huston Medical Center
- Goodland Regional Medical Center
- Gove County Medical Center
- Greenwood County Hospital
- Grisell Memorial Hospital
- Hanover Hospital
- Hillsboro Community Hospital
- Holton Community Hospital
- Hospital District No. 1 of Rice County
- Hutchinson Regional Medical Center
- Kearny County Hospital
- Labette Health
- LMH Health
- Logan County Hospital
- Menorah Medical Center
- Miami County Medical Center, Inc.
- Mitchell County Hospital Health Systems
- Morton County Health System
- Ness County Hospital District #2
- Olathe Medical Center, Inc.
- Phillips County Hospital
- Republic County Hospital
- Rooks County Health Center
- Salina Regional Health Center
- Satanta District Hospital
- Scott County Hospital
- Sheridan County Health Complex
- South Central Kansas Medical Center
- St. Catherine Hospital
- St. Luke Hospital and Living Center
- Sumner County Hospital District No. 1
- Trego County Lemke Memorial Hospital
- Wamego Health Center
- Western Plains Medical Complex

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HRET HIIN PI Collaborative

PI Collaborative Objectives

- Utilize communication and engagement strategies as drivers of change.
- Reduce harms by deploying cross-cutting strategies through systematic approaches.
- Apply performance improvement strategies to identify and conduct one change idea to reduce harm in a targeted topic or harm across the board.
- Establish a network of peer hospitals within the HIIN on common challenges and successes in the HIIN.

Upcoming Sessions:

Office Hours (optional)
Dec. 13 at 11:30 a.m.

Session #3
January 13 at 11:00 a.m.

Session #4
February 10 at 11:00 a.m.

Session #5
March 9 at 11 a.m.

*Reminder:
Pre-assessment is due 11/22*

Contact Michele Clark at KHC for details.

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HIIN Site Visits

Visiting Hospital HIIN Leaders/Teams

- Provide technical assistance
- De-fuzzify data/measure questions
- Identify successes
- Identify next steps for success



To request/schedule a visit, contact Michele Clark, mclark@khconline.org or (785) 231-1321

Let's Finish HIIN Strong!

What is your hospital's next success story?

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KHC HIIN Data & Measures Update

KHC HIIN Measures and Data Update

- Current status
- November data reports
- Data submission schedule

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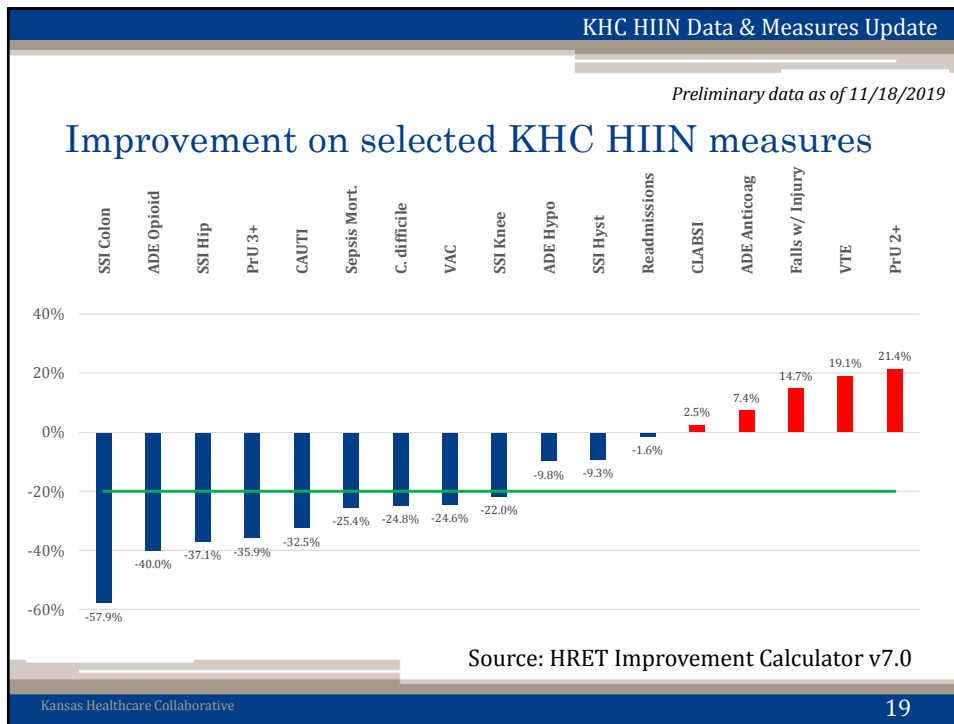
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KHC HIIN Data & Measures Update

Data

- Preliminary Reports distributed yesterday (11/19/2019)
 - Improvement Calculator
 - Dashboard is based on the Milestone 15 timeframe
 - Also included 2-pager for Milestone 15
- Final Reports will be distributed next week on Tuesday (11/26/2019) to HIIN contacts, CEOs and CNOs
- Last day to update PFE and HEOA metrics was Monday 11/18/2019. If you have an update that you haven't sent, please do so ASAP.

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KHC HIIN Data & Measures Update

Kansas HIIN – Monthly Data Submission Schedule


Outcome & Process Measures for HACs occurring in:	Readmissions for index discharges in, and SSI for procedures performed in:	Data Submission Due
January 2019	December 2018	February 28
February 2019	January 2019	March 31
March 2019	February 2018	April 30
April 2019	March 2019	May 31
May 2019	April 2019	June 30
June 2019	May 2019	July 31
July 2019	June 2019	August 31
August 2019	July 2019	September 30
September 2019	August 2019	October 31
October 2019	September 2019	November 30
November 2019	October 2019	December 31
December 2019	November 2019	January 31

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Kansas Department of Health and Environment (KDHE)

Antimicrobial Stewardship in Kansas




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Antimicrobial Resistance =

Ability of organisms to resist the effects of the drugs meant to destroy them




How Antibiotic Resistance Happens

1. Loss of genes. A few are drug resistant.
2. Antibiotics kill bacteria causing the illness, as well as good bacteria protecting the body from infection.
3. The drug resistant bacteria are now allowed to grow and take over.
4. Some bacteria give their drug resistance to other bacteria, creating more problems.

Improve Antibiotic Use to Combat Antibiotic Resistance

70% of antibiotic prescriptions are likely necessary. (but we still need to improve drug selection, dose and duration)



At least **30%** of antibiotic prescriptions are unnecessary.

Antimicrobial Stewardship =

Appropriate use of antimicrobials to:

- Optimize outcomes for patients
- Reduce resistance
- Reduce other adverse events


Right drug, right dose, right frequency, right duration, right route








Goal: By 2020, reduce inappropriate outpatient antibiotic use by **50%**

Antimicrobial Stewardship in Kansas


Part 2: Work on the Frontlines

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Antimicrobial Stewardship: Work on the Frontlines


- 
Leadership commitment
 Demonstrate support and commitment to safe and appropriate antibiotic use in your facility
- 
Accountability
 Identify physician, nursing and pharmacy leads responsible for promoting and overseeing antibiotic stewardship activities in your facility
- 
Drug expertise
 Establish access to consultant pharmacists or other individuals with experience or training in antibiotic stewardship for your facility
- 
Action
 Implement **at least one** policy or practice to improve antibiotic use
- 
Tracking
 Monitor **at least one process** measure of antibiotic use and **at least one outcome** from antibiotic use in your facility
- 
Reporting
 Provide regular feedback on antibiotic use and resistance to prescribing clinicians, nursing staff and other relevant staff
- 
Education
 Provide resources to clinicians, nursing staff, residents and families about antibiotic resistance and opportunities for improving antibiotic use

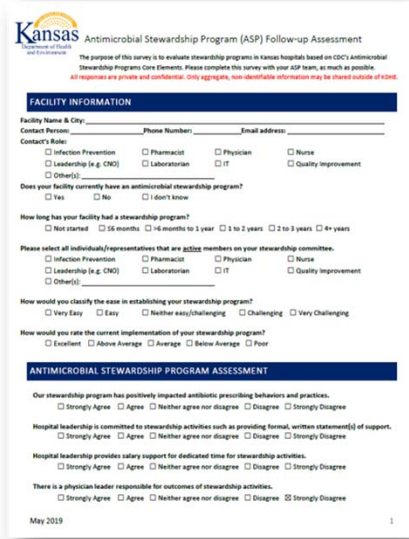
Facilities ASP team was asked to self-assess efforts and impact based on parts of the core elements the day of the workshop and 1 year after



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Antimicrobial Stewardship: Work on the Frontlines



Results

61% (n=42) of hospitals completed both core element surveys

12 of 13 assessed core element practices noted positive changes from pre- to post-assessment

- 43% (n=6) improved at a statistically significant level
- One element, providing salary support, did not change

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Hospital Sharing – OCMH



Osborne County Memorial Hospital

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Hospital Sharing – OCMH

Antimicrobial Stewardship at OCMH

- Reviewed the KDHE Antimicrobial Stewardships Toolkit for Critical Access Hospitals. Decision was made to proceed with the program.
- Started with education (#7 Core element).
- Educated medical staff, nursing staff, and the public.
- Helped establish a foundation for what is needed.

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Addressing the Challenge

- After starting education, formed a committee including:
 - Marianna Harris, our CEO
 - Linda Murphy, our CFO
 - Monica Mullender, our Director of Nursing
 - Lori Rothenberger, our Assistant Director of Nursing
 - Mandy Simon, our Lab Director
 - Kaylene Heller, Pharmacist (she has a retail store down town and is not located in the hospital)
 - Kristen Hadley, Quality
 - Dr. Brown (Chief of Medical Staff)
 - Darlene Hadley, Pharmacy Nurse
 - Cindy Hyde, Infection Prevention

Key Strategies Implemented

- Initially met and decided to track antibiotic usage every month.
- Information was gathered monthly and presented it to Medical Staff (monthly) and at the Antimicrobial Stewardship committee meetings.
- Monthly meetings were soon changed to meeting quarterly.

Results

- Great leadership commitment with the CEO and CFO as active participants of the committee.
- Submit our Antimicrobial Stewardship minutes to the Board of Directors every quarter.
- The board signed the letter of commitment. (Core Element # 1).
- Education for all staff helped ensure the entire staff to feel responsible for Antimicrobial Stewardship. (Core element #2).
- The retail pharmacist, pharmacy nurse, and chief of medical staff are considered our drug experts. We are all continually learning (Core Element # 3).

Lessons Learned

- Worked on the diagnosis and length of days for antibiotic orders. When the hospital switched to Cerner's EHR this was built into the orders.
- Developed a specific protocol on Community Acquired Pneumonia for our facility. (Core Element # 4).
- Started by tracking antibiotics given each month and the number of days in order to respond to any resistant bacteria and the diagnosis. (Core Element # 5).
- Continue providing providers with the antibiotic usage form every month at medical staff along with a days of therapy graph twice a year. (Core Element # 6).

Next Steps

- Continue to provide ongoing education, to staff, medical staff, the board of directors and the community. Use of posters and brochures provided by CDC and KDHE. (Core Element # 7).
- Next steps: continue education, develop additional protocols and continue to monitor our progress with antimicrobial stewardship.

Contact Us



Our Specialty is You

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Hospital Sharing – AdventHealth



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Hospital Sharing – AdventHealth

Our Antibiotic Stewardship Journey

- In April 2017, our hospital was very early in our implementation of an Antimicrobial Stewardship Program.
- The 2018 KDHE HAI/AR Antibiotic Stewardship Workshop in Salina with Dr. Steve Tremain helped us focus our efforts.

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Addressing the Challenges

- 7 Core Elements:
- Formal Leadership support – developed a written a policy of administrative support.
 - Our CNO is part of our Antibiotic Stewardship Committee
 - Other members include: Chair-David Bowers, Pharmacy Director, Physician Champion-Dr. Siemons, Pharmacist-Tom Shrimplin, Infection Prevention-Cindy Tiblow, Quality & Patient Safety-Dorothy Rice, and Kelli Boetel, Administrative Director of IP Services (IP, ICU and OB) & Emergency Department and Amy Hall, Lab Director.
- Budgetary Financial Support-Pharmacy salaries, IT and training

Addressing the Challenges

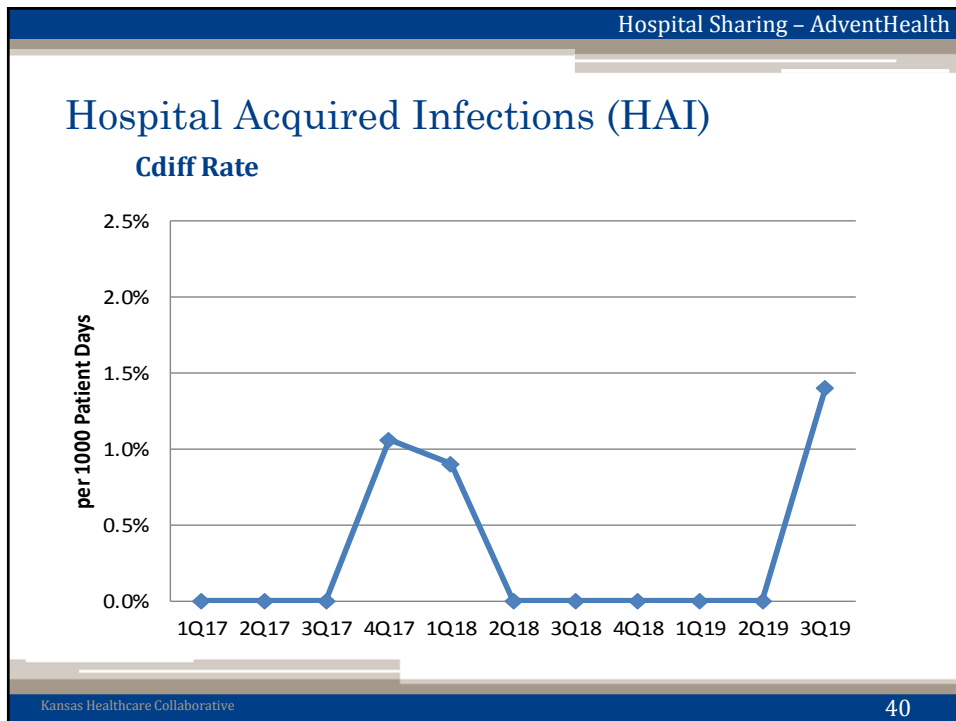
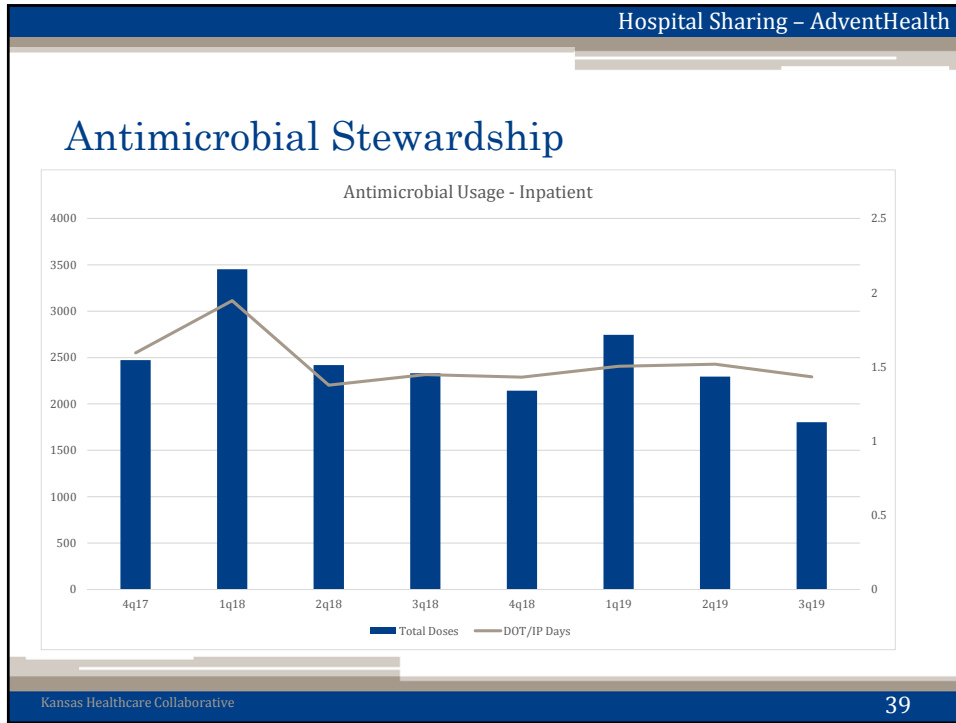
- Pharmacist Leader responsible for improving antibiotic usage
 - Chair-David Bowers
- Policy supports inclusion of a dose and duration for all antibiotics. The indication has been the difficult issue due to our current system but we will have this soon.
- We have facility specific treatment guidelines/order sets for antibiotics such as for Sepsis, Pneumonia, UTI, Surgical prophylaxis and Cellulitis as examples

Addressing the Challenge

- De-escalation of antibiotics
 - PI Data on antibiotic usage:
 - Hospital Acquired Infections such as C Diff Rate (Zero for several qtrs.)
 - Vancomycin Appropriate Diagnoses study
 - Overall Antimicrobial Usage (Doses dispensed per adjusted pt. days)
 - Pharmacy Interventions
- Education of providers
 - Physician and staff have received education re: antibiotic stewardship and the consequences of over use of antibiotics.

Key Strategies Implemented

- Key areas where our hospital has made progress:
 - Collection and analyses of our data-Vancomycin example
 - IV to PO conversion or discontinuation of unnecessary antibiotics (use of Pharmacy careplans)
 - Pharmacy huddles with the clinicians daily
 - Pharmacy training on antibiotic stewardship with MAD-ID
 - Provided an antibiogram for physicians
 - Pharmacokinetics (adjustment for renal dosing, peak & trough, etc.)



Lessons Learned

- What did you learn in the process?
 - Where to find the resources, that we aren't in this alone and that we do have opportunity to continue to improve on our practices of antibiotic prescribing.
- What resources were most helpful?
 - KDHE, HIIN, The Joint Commission, CDC
- What advice would you share with others on this same journey?
 - It is a journey. Healthcare in general is making progress to reduce harm to our patients and antibiotic stewardship is another spoke in the wheel to reduce harm. We have to continue to be diligent about reducing over-usage of antibiotics for our patients!!

Next Steps

Next steps for our organization in advancing our Antimicrobial Stewardship Program:

- 1) Share facility-specific reports on antibiotic use with prescribers
- 2) Share provider-specific reports in 2020
- 3) Have more antibiotic usage data to make decisions on such as situations where therapy might be unnecessarily duplicative

Hospital Sharing – AdventHealth

Contact Us




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Hospital Sharing – TUKHS



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Stewardship Team Contact
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Hospital Sharing – TUKHS

Baseline Stewardship

Spring
2017

- Program Revitalization
- Stewardship Clinical Coordinator
- Vizient Benchmarking Data
- KDHE Workshop
- Strategic Planning

- Strong multidisciplinary collaboration
- Microbiology
- Infection Prevention

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Hospital Sharing – TUKHS

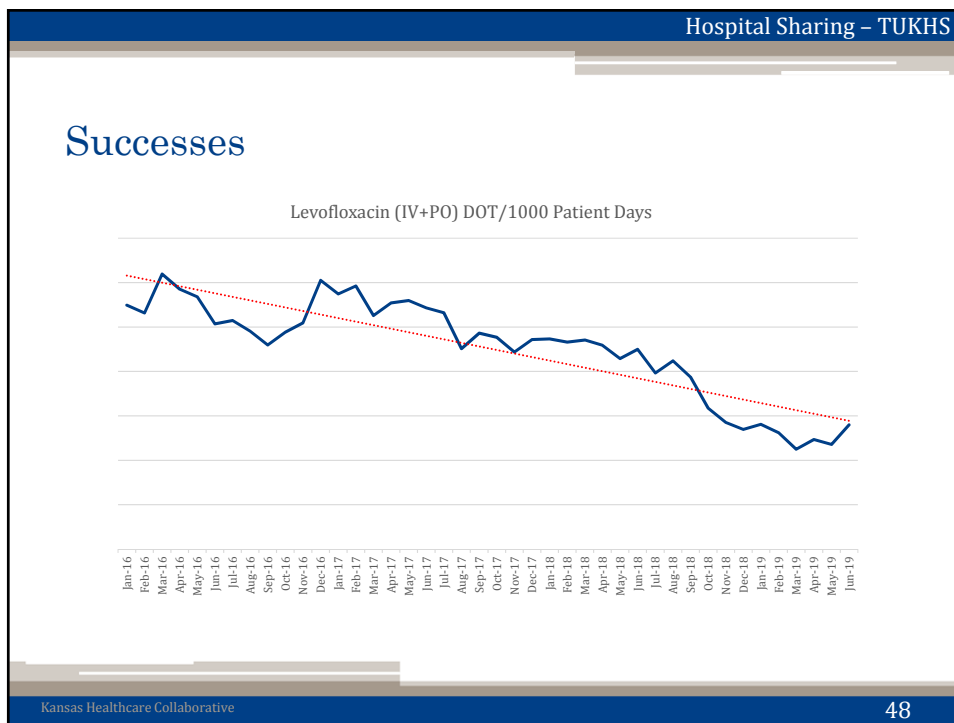
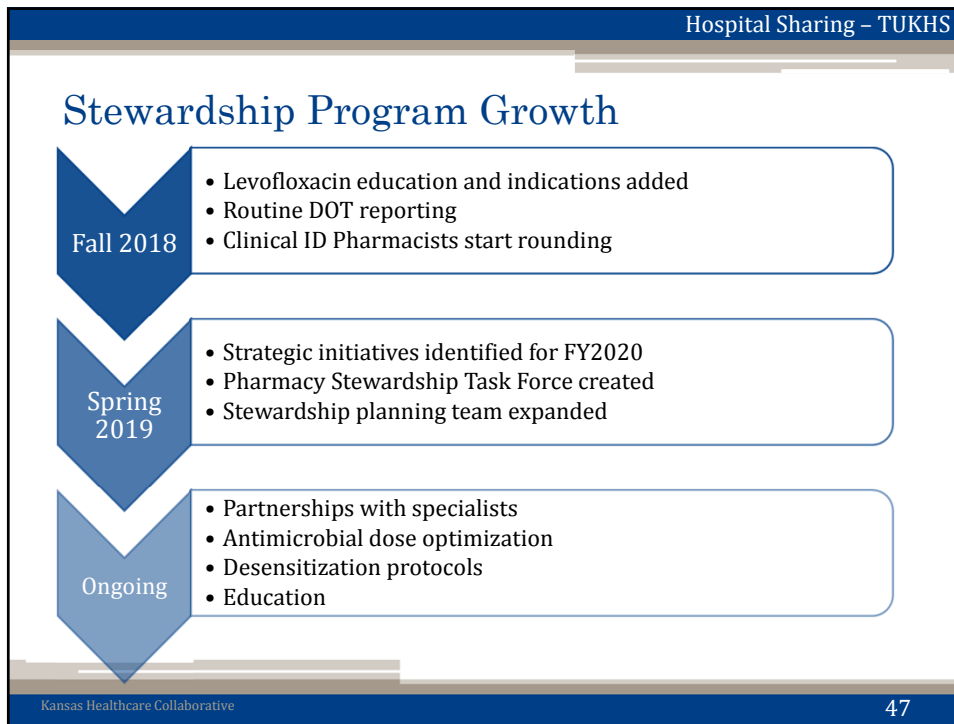
Identifying Opportunities

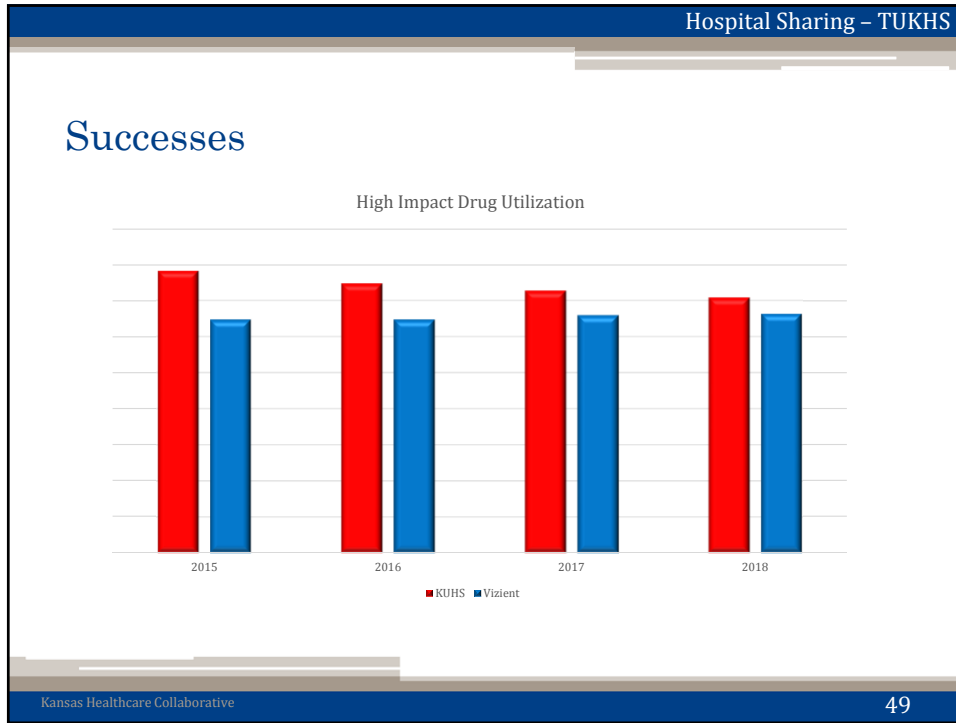
- Strategic planning and problem solving process
 - Identify drivers of suboptimal stewardship practices
 - Prompted by KDHE workshop activities
- Team effort
 - Pharmacists
 - Physicians
 - Laboratory
 - Infection prevention

Core Elements of Hospital Antibiotic Stewardship Programs

- Hospital Leadership Commitment**
Dedicate necessary human, financial, and information technology resources.
- Accountability**
Appoint a leader or co-leaders, such as a physician and pharmacist, responsible for program management and outcomes.
- Pharmacy Expertise (previously "Drug Expertise"):**
Appoint a pharmacist, ideally as the co-leader of the stewardship program, to help lead implementation efforts to improve antibiotic use.
- Action**
Implement interventions, such as prospective audit and feedback or preauthorization, to improve antibiotic use.
- Tracking**
Monitor antibiotic prescribing, impact of interventions, and other important outcomes, like *C. difficile* infections and resistance patterns.
- Reporting**
Regularly report information on antibiotic use and resistance to prescribers, pharmacists, nurses, and hospital leadership.
- Education**
Educate prescribers, pharmacists, nurses, and patients about adverse reactions from antibiotics, antibiotic resistance, and optimal prescribing.

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- Hospital Sharing – TUKHS
- ### Lessons Learned
- Relationships are essential
 - Engaged multidisciplinary team
 - Administration support
 - Objective data
 - Start small and demonstrate success
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On the Horizon

- Increase dedicated time for physician medical director
- Expand into system level and outpatient antimicrobial stewardship
- Improve website
 - [Resources available to health system and affiliates](#)
- Promote program visibility
- NHSN AUR reporting and benchmarking

Contact Us!



THE UNIVERSITY OF
KANSAS HEALTH SYSTEM

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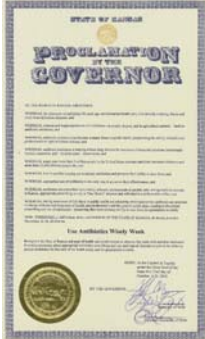
Stewardship Team Contact
asp@kumc.edu

Kansas Department of Health and Environment
Antimicrobial Stewardship: Work on the Frontlines

Reminder – #UseAntibioticsWisely Week in KS

BE ANTIBIOTICS AWARE
 SMART USE, BEST CARE

U.S. ANTIBIOTIC AWARENESS WEEK
 November 18–24, 2019
www.cdc.gov/antibiotic-use

KS focus = Improve Antibiotic Use

- Medicaid & Public Health Collaboration
- Data sharing to provide feedback on potentially inappropriate antibiotic prescribing practice

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Kansas Department of Health and Environment
Antimicrobial Stewardship: Work on the Frontlines

Polling Question (select all that apply)

What are you doing to celebrate Use Antibiotics Wisely Week / US Antibiotic Awareness Week?

- Putting up posters
- Getting our hospital to post on social media
- Posting on my personal social media
- Taking the #OneHealthKS pledge at www.KansasQIP.org
- Other – please respond in chat




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 **Antimicrobial Stewardship in KS: What can we do to continue to improve?**

**How can we help your ASP?
Please let us know:**

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Justin Blanding
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24/7 Epidemiology Hotline
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**Healthcare-Associated Infections
& Antimicrobial Resistance Program**


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Resources and Upcoming Events

**Resources and
Upcoming Events**

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Resources and Upcoming Events

Antibiotic Awareness Week • Nov. 18-24

Antibiotic awareness posters available to download, print, and display in your facility.

11x17 PDFs available in both in English and Spanish.

→ KHConline.org/antibiotics

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Resources and Upcoming Events

Antibiotic Awareness Week • Nov. 18-24

Social media images and sample posts for the entire week also available for your use at:

→ KHConline.org/antibiotics

Or you can share KHC's posts at:

Facebook.com/KHCqi
Twitter/KHCqi

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Resources and Upcoming Events

Antibiotic Awareness Week • Nov. 18-24

#UseAntibioticsWisely campaign

Overuse and misuse of antibiotics is creating a major threat to public health: antibiotic resistance. We are all part of the problem—and the solution. Antibiotics only work on bacteria, not viruses that cause colds or flu. Taking an antibiotic when it's not needed will not help you recover faster. However, doing so does contribute to antibiotic resistance.

KDHE and KHC have developed a statewide campaign to spread the word about what patients and providers can do to help. We invite health care providers and the public to participate within their facilities and communities.

- "Know the Facts" poster (11x17 .pdf)
- "Know the Facts" Spanish poster (11x17 .pdf)
- NEW** Kansas organizations may customize the "Know the Facts" posters with your own logo. Email KHC and we will send you a customized PDF for your organization to use freely.
- "Know the Facts" images and text for social media (zip)
- Facebook.com/KHCcqi
- Twitter.com/KHCcqi
- Tool for patients to determine if you may need antibiotics

Clinics and hospitals are encouraged to email KHC a photo of staff hanging up a poster. KHC posts these on social media to help spread the word about the availability of these posters. For more information, contact Phil Cauthon at KHC: (785) 235-0763.

- Governor: State of Kansas Asks Residents to Help Safeguard Antibiotics
- "What's Got You Sick? Virus or Bacteria?" graphic from CDC
- Awareness resources from CDC

All materials available at:
→ KHOnline.org/antibiotics

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Resources and Upcoming Events

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We'll help you spread your messaging and provide you with messaging that your organization is free to use.

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Resources and Upcoming Events



Summit on Quality 2020

May 8
Hyatt Regency
Wichita, Kansas

Coming soon... Call for Proposals for Breakout Presentations
&
Nominations for Leadership in Quality awards

Sign up to be notified by email at: www.KHOnline.org/Summit2020






Upcoming Events

Upcoming KHC HIIN Webinars

Monthly KHC HIIN Webinars

- **Dec 18, 2019** | 10:00 to 11:00 am
 - Register Here: <https://khconline.adobeconnect.com/khc-hiin-12-18-19/event/registration.html>
- **Jan 22, 2019** | 10:00 to 11:00 am
 - Register Here: <https://khconline.adobeconnect.com/khc-hiin-01-22-20/event/registration.html>

KHC Hand Hygiene Collaborative
Final Quarterly Virtual Session for Cohort 2

Feb 7, 2020 | 11:00 a.m. – 12:00 p.m.
Contact Chuck Duffield (cduffield@khconline.org) for webinar registration link.

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Upcoming Events

Previous HRET & KHC HIIN Webinars

In case you missed any of the KHC HIIN or HRET HIIN events, here are links to access the archives:

- [KHC HIIN education archive](#) (chronological order)
- [HRET HIIN education archive](#) (organized by topics)

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Upcoming Events

Upcoming Events and Webinars

- **December 3, 2019 | 12 to 1:00 p.m.**
 - HRET HIIN : What Matters to You? Session 2 of 4: [Register here](#)
- **December 10, 2019 | 12 to 1:30 p.m.**
 - KHA De-Escalation Webinar Series, Part 3 of 3
 - S E C U R I T Y: Who is Responsible? (Hint: It's Someone You Know): [Register here](#)
- **December 12, 2019 | 11 a.m. to 12:00 p.m.**
 - HRET HIIN : QIN-tastic Webinar
 - Early Identification of Sepsis: A Community Commitment: [Register here](#)
- **December 17, 2019 | 12 to 1:00 p.m.**
 - HRET HIIN : What Matters to You? Session 3 of 4: [Register here](#)
- **December 18, 2019 | 10 to 11 a.m.**
 - KHC HIIN - KHC Monthly Virtual Meeting
 - Kansas hospitals are encouraged to attend our monthly virtual meetings for HIIN updates, education, and peer-to-peer sharing. [Register here](#)
- **January 7, 2019 | 12 to 1:00 p.m.**
 - HRET HIIN : What Matters to You? Session 4 of 4: [Register here](#)
- **January 13, 2019 | 11 a.m. to 12:00 p.m.**
 - HRET HIIN : Performance Improvement Collaborative – Session #3
 - Kansas participants, contact [Michele Clark](#) for registration links if not already registered.

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Upcoming Events

Free Learning Resource for VTE Champions

The National Blood Clot Alliance has a free online learning module for health care professionals on its website at www.StopTheClot.org. The course provides foundational information to improve the ability of health care professionals to assess and treat patients at risk for venous thromboembolism (VTE).

- [Learn more](#)

Resources



Webinar Series

Oct. 22 • Nov. 12 • Dec. 10
12:00 - 1:30 p.m.

The final session of KHA's three-part **De-escalation Webinar Series** will take place from 12:00 to 1:30 p.m., Dec. 10. This series is designed for all health care employees, volunteers, and others who interact with aggressive individuals in the health care setting.

This webinar series is provided in partnership with KHC and the Hospital Improvement Innovation Network. One connection per facility, please. Contact Melissa Willey at mwilley@kha-net.org with any questions.

In case you missed either of the first two sessions, links to the recording are available 24/7 on the KHA website, as well as in our KHC HIIN Education Archive.

- [De-escalation Series Brochure](#)
- [Recorded sessions and handouts](#)
- [Registration link](#)

Resources

Resources

- Kansas Healthcare Collaborative
www.khconline.org
- AHA/HRET Hospital Improvement Innovation Network
www.hret-hiin.org
- CMS Partnership for Patients
<https://partnershipforpatients.cms.gov/>
- Partnership for Patients Healthcare Communities
<https://www.healthcarecommunities.org/CommunityHighlights/PartnershipforPatients>

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Additional Information

The KHC Office will be closed for the Thanksgiving Holiday

KHC wishes you and yours a special Thanksgiving holiday. The KHC offices will be closed Thursday and Friday, Nov. 28 and 29.

Chuck preparing the turkey!



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Webinar Feedback


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

• <https://www.surveymonkey.com/r/HiIN-Webinar-11202019>


We welcome your ideas for future topics!!

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HIIN Contacts




Your HIIN Contacts




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For more information:
→ KHConline.org

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Executive Leadership



Tom Bell
Co-Executive Director



Jerry Slaughter
Co-Executive Director (Interim)



Allison Peterson DeGroff
Managing Senior Director



Karen Braman
Senior Director

Hospital-led initiatives



Michele Clark
Program Director



Chuck Duffield
Performance Improvement Manager

Data and Measurement



Eric Cook-Wiens
Data & Measurement
Director



Azucena Gonzalez
Health Care Quality Data Analyst

Physician-led initiatives



Rosanne Rutkowski
Program Director



Jill Daughhete
Quality Improvement Advisor



Jana Farmer
Quality Improvement Advisor



Malea Hartvickson
Quality Improvement Advisor



Mandy Johnson
Quality Improvement Advisor



Patty Thomsen
Quality Improvement Advisor



Rebecca Thurman
Quality Improvement Advisor

Administration & Communications



Rhonda Lassiter
Executive Assistant/
Office Manager



Treva Borchert
Project Specialist



Phil Cauthon
Communications Director

→ Find contact info, bios,
and more at:

KHConline.org/staff

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