Kansas Hospital Engagement Network
HEN 2.0 Monthly Webinar
January 27, 2016

623 SW 10th Ave. ● Topeka, KS 66609 ● (785) 235-0763 ● www.khconline.org

8 months remain to reach HEN 2.0 goals!

Kansas Healthcare Collaborative

Agenda
• Welcome & Announcements
  - Baseline data
  - Opportunities
  - KHC Summit on Quality
• A focus on Sepsis
  - HRET Sepsis Change Package
  - Upcoming Sepsis Champion Workshop
• NHSN Update
• Measures Update & rollout of remaining HEN 2.0 measures
  - Core Evaluation Measures (Baseline)
  - Additional Measures (4 topics)
  - HEN 2.0 process measures (at last)
• Upcoming Events & Resources
• Q&A
Welcome and Announcements

• Presenter introductions
• HEN 2.0 Milestones
• Kansas HEN 2.0 checks to hospitals
• Opportunities:
  • KHC Summit on Quality, Wichita Hyatt, May 6, 2016
  • #123forEquity Pledge
  • NPSF Immersion Nominations
  • NPSF Patient Safety Awareness Week, March 13-19
  • 2016 Kansas PFAC Collaborative

Presenters

Michele Clark, MBA, CPHQ, ABC
Program Director
Kansas Healthcare Collaborative
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(785) 235-0763 x1321

Susan Runyan, MICT, BS
Program Director
Kansas Healthcare Collaborative
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Suzanne Fletcher, RN, CMSRN
Sepsis Coordinator
Quality & Infection Prevention
Wesley Healthcare
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Joseph M. Scaletta, MPH, BSN, RN, CIC
Program Director, Healthcare-Associated Infections Program
Kansas Department of Health and Environment
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(785) 296-4090

Rob Rutherford, BA
Senior Health Care Data Analyst
Kansas Healthcare Collaborative
rutherford@khconline.org
(785) 235-0763 x1326
Thanks for all your hard work!

- Thank you for completing baseline data submission for HEN 2.0 Core Evaluation Measures. (Meeting our Milestone #2)
- KHC is mailing a $2,500 check to each eligible Kansas hospital by end of next week.

Milestone #2
Kansas HEN Hospital site visits

Our goal:
Visit with each hospital team by December 31, 2015

* Discuss HEN 2.0
* De-fuzzify data questions
* Connect with resources
* Identify actions, next steps for success
Clinical Excellence and Patient Safety Priorities

Prevent Infections
- CAUTI
- CLABSI
- Surgical Site Infections
- Ventilator-associated events

Prevent Harm
- Adverse Drug Events
- Falls
- Obstetric Adverse Events
- Pressure Ulcers
- Readmissions (30-day)
- Venous Thromboembolism

Other Topics
- Severe sepsis
- Hospital culture
- C. diff, inc. antibiotic stewardship
- Failure to rescue

Operational Metrics
- Patient and family engagement
- Health care disparities
- Engaging leadership and governance

Our Next HEN 2.0 Milestone (#3)

- All HEN 2.0 data are current through February by March 31, 2016.

Please help us collectively meet this target.

Kansas HEN 2.0 hospital data reports will be produced for you following this milestone.
Summit on Quality – May 6th

- Hyatt in Wichita Friday, May 6th
- VERY quick turn around for poster and breakout session RFPs – out next week and return by February 15th
- 6 Breakouts sessions
  - Quality Improvement
  - Patient and Family Engagement
  - Culture Change
  - Inspiring Leadership
  - Care Transitions
- Posters
  - Diagnostic Errors
  - Palliative Care
  - Community/Population Health
  - Health Literacy
  - Patient Safety

Take the #123forEquity Pledge to Act: Eliminate Health Care Disparities

#123forEquity Pledge Toolkit


AHA's Institute for Diversity in Health Management can help your organization reach your goals in providing equitable, culturally competent care. Visit www.diversityconnection.org to learn more.

This toolkit offers a user-friendly "how-to" guide to help accelerate the elimination of health care disparities and ensure hospital leadership and governance reflect the communities they serve.
Patient Safety Immersion Initiative

Six awards to be granted by KHC.
$1,000 value per award

Submit expression of interest to
Kansas Healthcare Collaborative
by February 1, 2016

Use this form to apply:

New website to launch week of February 1:
unitedforpatientsafety.org

Along with this yearlong effort, NPSF will be launching a new website to celebrate this week which will allow members to share their personal patient safety stories and any plans their organization has to take part in this event.
2016 Kansas PFAC Collaborative  
(Cohort 2)

PARTICIPATING HOSPITALS

<table>
<thead>
<tr>
<th>Allen County Regional Hospital</th>
<th>Hamilton County Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson County Hospital*</td>
<td>Hays Medical Center*</td>
</tr>
<tr>
<td>Anthony Medical Center</td>
<td>Hillsboro County Hospital</td>
</tr>
<tr>
<td>Ashland Health Center</td>
<td>Holton Community Hospital</td>
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<tr>
<td>Cheyenne County Hospital</td>
<td>Hospital District # 1 of Rice County</td>
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<td>Cloud County Health Center*</td>
<td>Kingman Community Hospital</td>
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<td>Coffey County Hospital*</td>
<td>Labette Health</td>
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<tr>
<td>Coffeyville Regional Medical Center</td>
<td>Lindsborg Community Hospital</td>
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<td>Comanche County Hospital</td>
<td>Meade District Hospital</td>
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<td>Edwards County Hospital</td>
<td>Memorial Health System</td>
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<td>Ellinwood District Hospital</td>
<td>Menorah Medical Center</td>
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<tr>
<td>Ellsworth County Medical Center*</td>
<td>Mitchell Co. Hospital Health Systems</td>
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<td>Geary Community Hospital*</td>
<td>Morris County Hospital</td>
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<tr>
<td>Goodland Regional Medical Center</td>
<td>Ness Co. Hospital District No. 2</td>
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<tr>
<td>Gove County Medical Center</td>
<td>Newton Medical Center</td>
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<td>Greenwood County Hospital</td>
<td>Norton County Hospital</td>
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<td>Pawnee Valley Comm. Hospital</td>
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<td></td>
<td>Phillips County Hospital*</td>
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<td></td>
<td>Pratt Regional Medical Center</td>
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<td></td>
<td>Ransom Memorial Hospital</td>
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<td></td>
<td>Republic County Hospital*</td>
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<td></td>
<td>Rooks County Health Center*</td>
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<tr>
<td></td>
<td>Russell Regional Hospital*</td>
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<td></td>
<td>Salina Regional Medical Center</td>
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<td>Sheridan County Health Complex</td>
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<td></td>
<td>Southwest Medical Center</td>
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<td></td>
<td>St. Luke Hospital &amp; Living Center</td>
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<td></td>
<td>Sumner Co. Hospital District No. 1</td>
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<tr>
<td></td>
<td>Sumner Regional Medical Center</td>
</tr>
<tr>
<td></td>
<td>Susan B. Allen Memorial Hospital</td>
</tr>
<tr>
<td></td>
<td>Wichita County Health Center</td>
</tr>
<tr>
<td></td>
<td>William Newton Hospital</td>
</tr>
</tbody>
</table>

*Participated in 2015 (cohort 1)

A Focus on Sepsis

- An introduction to AHA/HRET's New Sepsis Change Package
- Sepsis Driver Diagram
- Sepsis Champion Workshop, February 9

Suzanne Fletcher, RN, CMSRN  
Sepsis Coordinator  
Quality & Infection Prevention  
Wesley Healthcare
Severe Sepsis & Septic Shock Change Package


Sepsis Driver Diagram
**Sepsis Polling Question #1**

Does your facility have a process in place to ensure early recognition and timely implementation of goal-directed therapy?

*(select best answer)*

- Yes – and it is working well
- Yes – but it could be better
- Not yet – we are developing a process
- No
- Unsure

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**Sepsis Polling Question #2**

In reviewing the items on the Sepsis Change Package driver diagram, are there items you need help implementing?

*(select all that apply)*

- Reliable early detection
- Implementation of 3-hour bundle
- Implementation of 6-hour bundle
- Provision of other supportive therapies
- None of the above
- Other  *(type “other” items into chat)*
Sepsis Workshop Objectives

- Articulate the importance of sepsis early recognition and treatment
- Describe the role and responsibilities of Sepsis Champions
- Explain the goals of the Surviving Sepsis Campaign
- Identify the risk factors for developing Sepsis
- Define SIRS, sepsis, severe sepsis, and septic shock
- List the keys to survival
- List the care guidelines defined by the Surviving Sepsis Campaign
- Explain the anticipated nursing actions supporting early goal-directed therapy (EGDT) and management of sepsis
- Prioritize nursing actions associated with assessment and screening for sepsis
- Demonstrate effective communications with peers and physicians
Sepsis Champion Workshop Faculty

Caleb Bowers  
MD

Francie Ekengren  
MD

Suzanne Fletcher  
RN, CMSRN

Lindy Garvin

Carolyn J. Golas  
RN

Amy C. Lisenby  
PE, MBA, ASQ, CSSBB

Gary Winfield  
MD

Sepsis Champion Workshop

• Who should attend?
  Kansas HEN 2.0 hospital clinicians and nurse leaders desiring training to become a Sepsis Champion for their facility.

• How much is registration?
  This event is free to all Kansas HEN 2.0 Hospitals

• Lunch and refreshments available for purchase onsite during the event
Sepsis Site Visits

Hospitals attending the February 9th Sepsis Champion Workshop will be eligible to be considered for a sepsis site visit by Wesley Medical Center. Limited number available.

NHSN Enrollment

- Kansas Quality Improvement Partnership's NHSN Recommendation
- Number of Kansas hospitals using NHSN for HAI reporting
- Next step recommendations
- Resources
  - Technical assistance
  - NHSN training
- Medicare Beneficiary Quality Improvement Program (MBQIP) Update

Joseph M. Scaletta, MPH, BSN, RN, CIC
Program Director
KDHE HAI Program

Susan Runyan, MICT, BS
Program Director
KHC
KQIP recommends all Kansas hospitals use NHSN for tracking HAI and HCP Immunization.

CDC's standardized definitions should be used to promote and assess progress.

**Bold goal:** 100% of Kansas hospitals (including CAHs) will actively use NHSN by January 1, 2016.

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**Number of Facilities, by Type, Reporting >1 Month of Data to NHSN to the Kansas HAI Reporting Group, January 2014–June 2015 vs. January 2014–Present**

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Surgery Centers</td>
<td>2 of 65 (3%)</td>
<td>Same</td>
</tr>
<tr>
<td>Behavioral Health Facilities (Stand Alone)</td>
<td>1 of 4 (25%)</td>
<td>Same</td>
</tr>
<tr>
<td>Critical Access Hospitals*</td>
<td>24 of 84 (29%)</td>
<td>31 of 84 (37%)</td>
</tr>
<tr>
<td>Inpatient Prospective Payment System Hospitals</td>
<td>54 of 55 (98%)</td>
<td>53 of 54 (98%)</td>
</tr>
<tr>
<td>Inpatient Rehabilitation Facilities (Stand Alone)</td>
<td>4 of 5 (80%)</td>
<td>Same</td>
</tr>
</tbody>
</table>

*10 Critical Access Hospitals are currently enrolling in NHSN with KDHE assistance.*
Number of Facilities, by Type, that Reported HCP Influenza Vaccination Data for 2014-2015 to the Kansas HAI Reporting Group vs. those with 2015-2016 Reporting Plan in Place

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>ASC</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>CAH</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>IPPS</td>
<td>55</td>
<td>21</td>
</tr>
<tr>
<td>Inpatient Rehab</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>67</td>
<td>30</td>
</tr>
</tbody>
</table>

Recommendations on Next Steps

Aspiring to meet the Bold goal: 100% of Kansas hospitals (including CAHs) will actively use NHSN by January 1, 2017.

- If you're interested in enrolling or becoming active users again contact:
  - KDHE, Karen Crawford or Robert Geist (kcrawford@kdheks.gov or rgeist@kdheks.gov)
  - KHC, Rob Rutherford (rrutherford@khconline.org)
  - KFMC, Nadyne Hagmeier (nadyne.hagmeier@area-A.hcqis.org)
- Let’s get rolling on HCP Influenza Reporting!
Recommendations on Next Steps

- **Tune in: Live 4 ½ Day NHSN Training Webinar**
  “Applying the 2016 Changes to Accurately Report HAIs”
  February 29 through March 4, 2016
  - Hosted by NHSN.
  - Live web-streamed viewing available; no registration required.
  - Agenda provided in advance.
  - Stay tuned for details for how to view the live webstream.

* Sessions will also be accessible and archived on the NHSN website for future viewing at a later date.

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**NHSN and MBQIP**

Hospitals must also demonstrate efforts to build capacity in collecting the measures below, with the ability to report measures by September 1, 2016.

OP-27: Influenza vaccination coverage among healthcare personnel
Measure should be reported through NHSN.
ED Transfer Communication

Hospitals must also demonstrate efforts to build capacity in collecting the measures below, with the ability to report measures by September 1, 2016.

- ED Transfer Communication: 7 Measure Sets
- Measures will be reported through Quality Health Indicators (QHi)
- Regional Training registration information coming soon

Medicare Beneficiary Quality Improvement Program (MBQIP)

Baseline Completion
Additional Topics and Process Measures
Measure Details
Kansas HEN Data Office Hours

Kansas HEN 2.0 Data and Measures

Rob Rutherford, BA
Senior Health Care Data Analyst
Kansas Healthcare Collaborative
rrutherford@khconline.org
(785) 235-0763 x1326
Thanks for all your hard work!

### HEN 2.0 Core Evaluation Measures Baseline Completion

<table>
<thead>
<tr>
<th>Harm topic</th>
<th>Kansas HEN Baseline submission rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td>98%</td>
</tr>
<tr>
<td>CAUTI</td>
<td>89%</td>
</tr>
<tr>
<td>CLABSI</td>
<td>85%</td>
</tr>
<tr>
<td>EED</td>
<td>100%</td>
</tr>
<tr>
<td>OB harm</td>
<td>92% EED, 32% pre-eclampsia</td>
</tr>
<tr>
<td>Falls with Injury</td>
<td>66%</td>
</tr>
<tr>
<td>PrU</td>
<td>78%</td>
</tr>
<tr>
<td>SSI (Colo, AbHyst, KPRO, HPRO)</td>
<td>63%</td>
</tr>
<tr>
<td>VAE</td>
<td>92%</td>
</tr>
<tr>
<td>VTE (PSI-12)</td>
<td>100%</td>
</tr>
<tr>
<td>Readmissions</td>
<td>94%</td>
</tr>
</tbody>
</table>
**Additional HEN 2.0 Focus Areas**

<table>
<thead>
<tr>
<th>Status</th>
<th>Focus Area</th>
<th>Data Source</th>
<th>Process</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>Sepsis</td>
<td>Claims or QHi</td>
<td>• 3-hour sepsis bundle</td>
<td>QHi</td>
</tr>
<tr>
<td></td>
<td>• Post-operative Sepsis (Discharges)</td>
<td></td>
<td>• 6-hour sepsis bundle</td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>C. difficile</td>
<td>NHSN or QHi</td>
<td>• Hand-hygiene</td>
<td>NHSN/QHi</td>
</tr>
<tr>
<td></td>
<td>• Facility-wide hospital-onset C. difficile (plus calculated NHSN SIR)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>Culture of Safety</td>
<td>QHi</td>
<td>• Gap analysis for safe handling of patients</td>
<td>KHC online survey</td>
</tr>
<tr>
<td></td>
<td>• Harm events related to patient handling (from OSHA's form 300)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>Failure to Rescue</td>
<td>Claims or QHi</td>
<td>• Adoption of rapid response teams</td>
<td>KHC online survey</td>
</tr>
<tr>
<td></td>
<td>• Death rate among surgical inpatients with serious treatable complications (Discharges)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SEPSIS**

**Postoperative Sepsis Rate**

- **Numerator:** Postoperative sepsis cases (secondary diagnosis) for ages 18 years and older
- **Denominator:** Elective surgical discharges for patients ages 18 and older
- **Data System(s):** Claims or QHi
- **Preferred Baseline:**
  1) Calendar year 2014 OR
  2) July – September 2015
- **First monitoring month:** October 2015
- **Steward:** Agency for Healthcare Research and Quality
## SEPSIS

### 3-hour and 6-hour sepsis bundle compliance

<table>
<thead>
<tr>
<th>3-hour bundle compliance</th>
<th>6-hour bundle compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Numerator:</strong> Number of identified sepsis patients receiving all elements of bundle.</td>
<td><strong>Numerator:</strong> Number of identified sepsis patients receiving all elements of bundle.</td>
</tr>
<tr>
<td>- Measure lactate level</td>
<td>- Apply vasopressors (for hypotension that does not respond to initial fluid resuscitation) to maintain a mean arterial pressure (MAP) ≥ 65mm Hg</td>
</tr>
<tr>
<td>- Obtain blood culture prior to administration of antibiotics</td>
<td>- If persistent hypotension after initial fluid administration (MAP &lt; 65mm Hg) or if initial lactate was ≥ 4 mmol/L, re-assess volume status and tissue perfusion and document findings</td>
</tr>
<tr>
<td>- Administer broad spectrum antibiotics</td>
<td>- Re-measure lactate if initial lactate level elevated</td>
</tr>
<tr>
<td>- Administer 30mL/kg crystalloid for hypotension or lactate ≥ 4mmol/L</td>
<td><strong>Denominator:</strong> Number of identified sepsis patients.</td>
</tr>
</tbody>
</table>

- **Denominator:** Number of identified sepsis patients.

<table>
<thead>
<tr>
<th>Data System: QHi</th>
<th>Preferred Baseline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steward: Society of Critical Care Medicine</td>
<td>1) April – June 2015 OR</td>
</tr>
<tr>
<td></td>
<td>2) July – September 2015</td>
</tr>
<tr>
<td></td>
<td>First monitoring month: October 2015</td>
</tr>
</tbody>
</table>

### C. difficile:

#### Facility-wide C. diff. rate

- **Numerator:** Total number of observed hospital-onset (>3 days) C. Diff. lab-identified events among all inpatients in the facility, excluding well-baby nurseries and NICUs

- **Denominator:** Patient days (facility-wide)

<table>
<thead>
<tr>
<th>Data System(s): NHSN or QHi</th>
</tr>
</thead>
</table>

- **Preferred Baseline:**
  1) Calendar year 2013 OR
  2) next oldest year OR
  3) Jul-Sep 2015

- **First monitoring month:** October 2015

- **Steward:** NHSN
**C. difficile:**

**Hand hygiene**

- **Numerator:** Hand hygiene performed consistent with guidelines.
- **Denominator:** Total number of hand hygiene observation opportunities.
- **Data System(s):** QHi or NHSN
- **Preferred Baseline:**
  1) Calendar year 2013 OR
  2) next oldest year OR
  3) Jul-Sep 2015
- **First monitoring month:** October 2015 or as soon as possible
- **Steward:** The Joint Commission

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**CULTURE OF SAFETY:**

**Harms due to patient handling**

- **Numerator:** Number of worker harm events related to patient handling.
- **Denominator:** Number of full-time equivalent (FTEs).
- **Data System(s):** QHi
- **Preferred Baseline:**
  1) 2013 OR
  2) 2014 OR
  3) Jul-Sep 2015
- **First monitoring month:** October 2015
- **Steward:** Occupational Safety & Health Administration
- **Data Source:** Reporting on OSHA form 300, HR records, Workers compensation claims
CULTURE OF SAFETY:
Gap analysis for safe handling of patients

- **Numerator:** N/A
- **Denominator:** Date that gap analysis was completed.
- **Data System(s):** KHC online survey
- **Preferred Baseline:** N/A, ASAP
- **Steward:** Minnesota Hospital Association

FAILURE TO RESCUE:
In-Hospital Mortality
Death rate among surgical inpatients with serious treatable complications (State Inpatient Discharges)

- **Numerator:** In-hospital surgical deaths among patients ages 18 through 89 years or obstetric patients, with serious treatable complications (deep vein thrombosis/pulmonary embolism, pneumonia, sepsis, shock/cardiac arrest, or gastrointestinal hemorrhage/acute ulcer)
- **Denominator:** Patients meeting surgical inclusion criteria.
- **Data System(s):** State Inpatient Discharges, QHi
- **Steward:** AHRQ
**FAILURE TO RESCUE:**
Adoption of rapid response teams

- **Numerator:** N/A.
- **Denominator:** Hospital adopts rapid response teams.
- **Data System(s):** KHC online survey
- **Preferred Baseline:**
  1) Calendar year 2013 OR
  2) Calendar year 2014 OR
  3) Jul-Sep 2015
- **First monitoring month:** October 2015
- **Steward:** Institute for Healthcare Improvement

### Linking Processes to Outcomes
Core HEN 2.0 Focus Areas

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Process</th>
<th>Status</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADE</strong></td>
<td>Warfarin therapy discharge instructions</td>
<td>Continuing</td>
<td>QHi</td>
</tr>
<tr>
<td><strong>CAUTI</strong></td>
<td>Urinary catheter utilization</td>
<td>Continuing</td>
<td>NHSN or QHi</td>
</tr>
<tr>
<td><strong>CLABSI</strong></td>
<td>Central Line utilization</td>
<td>Continuing</td>
<td>NHSN or QHi</td>
</tr>
<tr>
<td></td>
<td>Central Line insertion bundle</td>
<td>Continuing</td>
<td>QHi</td>
</tr>
<tr>
<td><strong>FALLS</strong></td>
<td>Assessment of fall risk</td>
<td>New</td>
<td>QHi</td>
</tr>
<tr>
<td><strong>OBSTETRICS</strong></td>
<td>Suspected Preeclampsia algorithm</td>
<td>New</td>
<td>QHi</td>
</tr>
<tr>
<td></td>
<td>OB hemorrhage risk assessment on admission</td>
<td>New</td>
<td>QHi</td>
</tr>
<tr>
<td></td>
<td>Patients at risk for pre-term delivery receiving antenatal steroids</td>
<td>New</td>
<td>QHi</td>
</tr>
</tbody>
</table>
### Linking Outcomes and Processes

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Process</th>
<th>Status</th>
<th>Data Source</th>
</tr>
</thead>
</table>
| **Pressure Ulcers** | • Skin assessment documented within 24 hours of admission  
|              | • Pressure ulcer risk assessment completed within 24 hours of admission | Continuing  | QHi         |
| **Readmissions**    | • Patients receiving complete discharge education verified by teach-back or other mean (Project Red/Boost) | New         | QHi         |
| **SSI**            | • SCIP Measures (abx timing, selection, discontinuance)                  | Continuing  | QHi         |
| **VAE**            | • ABCDEF bundle compliance                                               | New         | QHi         |
| **VTE**            | • Warfarin therapy discharge instructions                                | Continuing  | QHi         |

### FALLS:

**Assessment of fall risk**

- **Numerator**: Patients that were assessed using the Algorithm for Fall Risk Assessment and Interventions within 24 hours of admission.

- **Denominator**: All patients

- Data System: QHi

- Preferred Baseline: Jul-Sep 2015

- First monitoring month: October 2015 or ASAP

- Steward: Centers for Disease Control and Prevention (STEADI)
Falls Algorithm


OBSTETRICS:
Suspected pre-eclampsia assessment

- **Numerator:** Women admitted to labor and delivery who have an assessment for pre-eclampsia using the suspected preeclampsia algorithm recorded in their medical record.

- **Denominator:** Number of women admitted to labor and delivery.

- Data System(s): QHi

- Preferred Baseline: Jul-Sep 2015

- First monitoring month: October 2015 or ASAP

- Steward: California Maternal Quality Care Collaborative
CMQCC Preeclampsia Algorithm

https://www.cmqcc.org/resource/suspected-preeclampsia-algorithm

(must complete short survey to access file)

OBSTETRICS: Hemorrhage risk assessment

- **Numerator**: Number of women admitted to labor and delivery whose risk of OB hemorrhage is recorded in the medical record.

- **Denominator**: Number of women admitted to labor and delivery.

- Data System(s): QHi

- Preferred Baseline: Jul-Sep 2015

- Steward: California Maternal Quality Care Collaborative
OBSTETRICS:
Patients at risk for pre-term delivery receiving antenatal steroids

- **Numerator:** Patients with a full course of antenatal steroids completed prior to delivering pre-term newborns.
- **Denominator:** Patients delivering live pre-term newborns with 24 0/7 – 32 0/7 weeks gestation completed.
- Data System(s): QHi
- Preferred Baseline: Jul-Sep 2015
- First monitoring month: October 2015 or ASAP
- Steward: California Maternal Quality Care Collaborative

READMISSIONS:
Patients receiving verified discharge education (Project Red/BOOST)

- **Numerator:** Patients receiving complete discharge education verified by teach-back or other means.
- **Denominator:** All eligible patients.
- Data System(s): QHi
- Preferred Baseline: Jul-Sep 2015
- First monitoring month: October 2015 or ASAP
- Steward: Society of Hospital Medicine/AHRQ
VAE: Ventilator ABCDEF bundle compliance

- **Numerator:** Number of patients on a ventilator who were assessed with the ABCDEF bundle.
  - Assess, prevent, and manage pain
  - Both spontaneous awakening and breathing trials
  - Choice of analgesia and sedation
  - Delirium: Assess, prevent, and manage
  - Early mobility and exercise
  - Family engagement and empowerment

- **Denominator:** Total number of patients on a ventilator.

- Data System(s): QHi

- Preferred Baseline: Jul-Sep 2015
- First monitoring month: October 2015 or ASAP
- Steward: ICU Delirium and Cognitive Impairment Study Group – Vanderbilt University

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Summary

<table>
<thead>
<tr>
<th>NHSN</th>
<th>QHi</th>
<th>State Inpatient Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAUTI*</td>
<td>ADE</td>
<td>OB Trauma (2)</td>
</tr>
<tr>
<td>CLABSI*</td>
<td>CAUTI</td>
<td>PrU 3+ rate</td>
</tr>
<tr>
<td>SSI Surgeries*</td>
<td>CLABSI</td>
<td>Post-operative sepsis</td>
</tr>
<tr>
<td>Ventilator (VAE)</td>
<td>OB</td>
<td>FTR – Death among surgical inpatients with serious treatable complications</td>
</tr>
<tr>
<td>C. Difficile*</td>
<td>Falls</td>
<td></td>
</tr>
<tr>
<td>Hand-hygiene*</td>
<td>PrU 2+ (Point)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Readmissions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sepsis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C. Difficile</td>
<td></td>
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<tr>
<td></td>
<td>Culture of Safety</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Failure to Rescue</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All process measures not in NHSN</td>
<td></td>
</tr>
</tbody>
</table>

*Preferred
## Kansas HEN 2015-2016 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, 2015</td>
<td>September, 2015</td>
<td>November 30, 2015</td>
</tr>
<tr>
<td>April, 2016</td>
<td>March, 2016</td>
<td>May 31, 2016</td>
</tr>
<tr>
<td>May, 2016</td>
<td>April, 2016</td>
<td>June 30, 2016</td>
</tr>
<tr>
<td>June, 2016</td>
<td>May, 2016</td>
<td>July 31, 2016</td>
</tr>
</tbody>
</table>

## Upcoming Events and Resources

### Upcoming Events
- Kansas HEN
- AHA/HRET HEN

### Resources
- HRET HEN LISTSERVs
- Change Package Updates
- Huddle for Care
- CMS Guide to Prevention Readmissions Among Racially and Ethnically Diverse Medicare Beneficiaries
- Prevention and Treatment of Pressure Ulcers: Quick Reference Guide
- Report: Care and Payment Models to Achieve the Triple Aim
- KMS Leadership Institute

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

Kansas HEN Upcoming Events

- **Sepsis Champion Workshop**
  Tuesday, February 9
  10:00 a.m. to 2:45 p.m.
  Wesley Medical Center, Wichita

- **Data Office Hours**
  Friday, February 12
  10:00 to 11:00 a.m.

- **Kansas HEN Webinar**
  Wednesday, February 24
  10:00 to 11:00 a.m.

- **Kansas HEN Webinar**
  Wednesday, March 23
  10:00 to 11:00 a.m.

- **Lean Training (tentative)**
  April 12-14
  (Day 1-intro; Days 2-3–lean team leaders)
  KaMMCO Conference Center, Topeka

- **Kansas HEN Webinar**
  Wednesday, April 27
  10:00 to 11:00 a.m.

- **Kansas PFA and PFAC Train-the-Trainer**
  April 27-28
  KaMMCO Conference Center, Topeka

Register at [www.khconline.org](http://www.khconline.org)

HEN 2.0 Action Leader Fellowship

HRET HEN
Action Leader Fellowship
Lead by Institute for Healthcare Improvement

Next three:
February 17 • March 9 • April 13

Two tracks:

**Foundational**
11:00 a.m. to 12:00 pm

**Experienced**
12:30 to 1:30 p.m.

Register at [www.hret-hen.org](http://www.hret-hen.org).
Go to “Upcoming Events” tab.
Upcoming Events

AHA/HRET HEN webinars

- Quality Improvement Office Hours
  January 27
  11:00 to 12:00 p.m.
- Surgical Site Infections
  February 4
  11:00 to 12:30 p.m.
- TeamSTEPPS in Small and Rural Hospitals: The Yellow Brick Road of Teamwork
  February 10
  12:00 to 1:00 p.m.
- HPOE: Collaboration between Hospitals and Faith Organizations
  February 11
  11:00 to 12:00 p.m.

- CLABSI
  February 11
  11:00 to 12:30 p.m.
- Action Leader Fellowship (#3)
  February 17
  11:00 to 12:00 pm – Foundational
  12:30 to 1:30 pm – Experienced

- Going Beyond REAL Data Collection: Collecting Social Determinants of Health
  February 23
  11:00 to 12:00 p.m.
- OB Harm Webinar
  February 25
  11:00 to 12:30 p.m.

Pre-register today at www.hret-hen.org
National webinars will be recorded and available online at www.hret-hen.org.

Resources

LISTSERV® Update

HEN 2.0 List-servs are now open!

Topics:

- Adverse Drug Event (ADE)
- Clinical Informatics
- Infections – includes CAUTI, CDI, CLABSI, SSI and VAE
- Early Elective Delivery and Obstetrical Adverse Event
- Patient & Family Engagement/Health Care Disparities
- Pressure Ulcers & Falls
- Readmissions
- Rural/Critical Access Hospitals
- Sepsis

Subscribe at www.hret-hen.org.
AHA/HRET HEN Change Packages

- Up-to-date harm definition and resources
- Relevant updates in best practices and change ideas
- An easy-to-use, streamlined structure
- Additional background on how to use the driver diagrams

- Hospital-Acquired Pressure Ulcers
  [www.hret-hen.org/topics/pu/HRETHENPRU_ChangePackage.pdf](http://www.hret-hen.org/topics/pu/HRETHENPRU_ChangePackage.pdf)

- Severe Sepsis and Septic Shock
  [www.hret-hen.org/topics/sepsis/HRETHEN_ChangePackage_Sepsis.pdf](http://www.hret-hen.org/topics/sepsis/HRETHEN_ChangePackage_Sepsis.pdf)

- Falls with Injury
  [www.hret-hen.org/topics/falls/HRETHEN_ChangePackage_FALLS.pdf](http://www.hret-hen.org/topics/falls/HRETHEN_ChangePackage_FALLS.pdf)

- Preventable Readmissions
  [www.hret-hen.org/topics/readmissions/HRETHEN_ChangePackage_Readmissions.pdf](http://www.hret-hen.org/topics/readmissions/HRETHEN_ChangePackage_Readmissions.pdf)

Stay tuned for the release of additional change package updates.
Next up: *C. difficile*

Huddle for Care

- Interactive platform (both website and mobile application) for individuals working in care coordination and care transitions
  - Join the community today and visit: [http://huddleforcare.com/](http://huddleforcare.com/)

- HEN 2.0 Stories- Mississippi and Oregon
  - Connect and check-in with patients after discharge
  - Educating physicians to reduce readmissions in a rural setting
  - Easing the discharge process through a comprehensive readmissions reduction plan

Contact information:
  huddleforcare@aha.org
CMS Guide to Prevention Readmissions Among Racially and Ethnically Diverse Medicare Beneficiaries

The Guide provides:
- New, action-oriented guidance for addressing avoidable readmissions in this population by providing an overview of the issues related to readmissions for diverse Medicare beneficiaries;
- A set of seven key recommendations that hospital leaders can take to prevent avoidable readmissions in this population;
- Concrete examples of initiatives and strategies that may be applied to reduce readmissions in diverse populations.


Resources

National Pressure Ulcer Advisory Panel

Quick Reference Guide (2014 Update)

- Levels of Evidence
- Strength of Evidence
- Strength of Recommendations

Care and Payment Models to Achieve the Triple Aim
Report produced by the AHA Committee on Research and Committee on Performance Improvement

Seven key principles identified:
1. Design the care delivery system with the whole person at the center.
2. Empower people and the care delivery system itself with information, technology and transparency to promote health.
3. Build care management and coordination systems.
4. Integrate behavioral health and social determinants of health with physical health.
5. Develop collaborative leadership.
6. Integrate care delivery into the community.
7. Create safe and highly reliable care organizations.

The Kansas Medical Society is proud to announce the establishment of its new KMS Leadership Institute

By developing this Institute and providing physicians a solid education in strong leadership principles, we believe physicians can be more effective in their professional environments, communities and other organizations.

The one-day experience will be offered four times in 2016 at the Kansas Leadership Center, 325 E. Douglas, Wichita. Cost is $300 per attendee.

**January 29 ● March 11 ● June 17 ● September 16**

The KMS Leadership Institute one-day experience will provide physicians:
- An introduction to tested leadership behaviors
- Skills to effectively manage change
- An opportunity to apply proven leadership concepts specific to health care
- Post-program resources for ongoing learning

Registration: www.KMSonline.org/events
Resources

Share your Agent of Change photos!

Forward your team photos to jrutherford@khconline.org

Your KHC Team 785-235-0763

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Kansas Healthcare Collaborative
Questions?

Contact us!
More resources at:
www.khconline.org
www.hret-hen.org