


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

8 months remain to reach HEN 2.0 goals!



KHC
Kansas Healthcare Collaborative
623 SW 10th Ave. • Topeka, KS 66409 • (785) 235-0763 • www.khconline.org

KANSAS MEDICAL SOCIETY
Established 1859

KMA

American Hospital Association

HRET
HEALTH RESEARCH & EDUCATIONAL TRUST
In Partnership with AHA



Kansas HEN 2.0 Jan 27, 2015

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



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- 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

Welcome and Announcements

Michele Clark, MBA, CPHQ, ABC
Program Director

Susan Runyan, MICT, BS
Program Director

Kansas Healthcare Collaborative
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Introductions

Presenters



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Data and Measures

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.



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Kansas HEN 2.0

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



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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

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Kansas HEN 2.0

Our *Next* HEN 2.0 Milestone (#3)

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

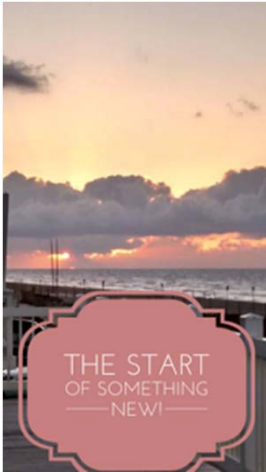
Please help us collectively meet this target.

Kansas HEN 2.0 hospital data reports will be produced for you following this milestone.

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Summit on Quality

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

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

#123forEquity Pledge Toolkit

www.hpoe.org/Reports-HPOE/equity-of-care-toolkit.pdf

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.

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Patient Safety Immersion Initiative



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:
www.khconline.org/files/NPSF-KansasHEN-fillable-form.pdf

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**2016
PATIENT SAFETY
AWARENESS WEEK™**
March 13–19



An Initiative of the
National Patient Safety Foundation®

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.

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

FREE FROM HARM: ACCELERATING PATIENT SAFETY IMPROVEMENT FIFTEEN YEARS AFTER TO ERR IS HUMAN

Report of an expert panel convened by the National Patient Safety Foundation argues for looking at mortality as well as mortality caused by medical errors and going beyond hospitals to improve safety across the continuum of care.



TO ERR IS HUMAN FRAMED PATIENT SAFETY AS A SERIOUS PUBLIC HEALTH ISSUE (1999 ESTIMATES)

44,000-58,000 Annual deaths from medical error among hospitalized patients. ¹⁰	43,458 Annual deaths from car crashes. ¹⁰
42,297 Annual deaths from breast cancer. ¹⁰	16,516 Annual deaths from AIDS. ¹⁰

BY SOME MEASURES, HEALTH CARE HAS GOTTEN SAFER SINCE TO ERR IS HUMAN

1.3 Million
Estimated reduction in hospital-acquired conditions (2011-2013) as a result of the Federal Partnership for Patients initiative.¹¹

ADVANCEMENT IN PATIENT SAFETY REQUIRES AN OVERARCHING SHIFT FROM REACTIVE, PIECEMEAL INTERVENTIONS TO A TOTAL SYSTEMS APPROACH TO SAFETY™

1. Ensure that leaders establish and sustain a safety culture.
2. Create centralized and coordinated oversight of patient safety.
3. Create a common set of safety metrics that reflect meaningful outcomes.
4. Increase funding for research in patient safety and implementation science.
5. Address safety across the entire care continuum.
6. Support the health care workforce.
7. Partner with patients and families for the safest care.
8. Ensure that technology is safe and optimized to improve patient safety.

TO UNDERSTAND THE FULL IMPACT OF PATIENT SAFETY PROBLEMS, WE MUST LOOK AT BOTH MORTALITY AND MORBIDITY

1 in 10 patients develops a health care acquired condition (such as infection, pressure ulcer, fall, adverse drug event) during hospitalization.¹²

BUT WE MUST LOOK BEYOND HOSPITALS TO THE FULL CARE CONTINUUM

1 Billion
Roughly 1 billion ambulatory visits occur in the US each year.¹³
About 12 million hospital admissions occur annually.¹⁴

To read the full report and detailed set of recommendations, visit www.npsf.org/free-from-harm

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2016 Kansas PFAC Collaborative
(Cohort 2)
PARTICIPATING HOSPITALS

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

*Participated in 2015 (cohort 1)


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

A Focus on Sepsis

Suzanne Fletcher, RN, CMSRN
Sepsis Coordinator
Quality & Infection Prevention
Wesley Healthcare

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Severe Sepsis & Septic Shock Change Package

www.hret-hen.org/topics/sepsis/13-14/2014-SEPSISChangePackage.pdf

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Sepsis Driver Diagram

Early Recognition and Treatment for Severe Sepsis and Septic Shock	Reliable Early Detection	Implement a Severe Sepsis Screening Tool	Change Idea
		Adopt Sepsis Screening on All Potentially Infected Patients	Change Idea
		Support Prompt Escalation and Timely Intervention for At-Risk patients	Change Idea
	Implementation of 3-hour Bundle for Patients with Severe Sepsis	Measure Lactate	Change Idea
		Obtain Blood Cultures Prior to the Administration of Antibiotics	Change Idea
		Administer Broad-Spectrum Antibiotics	Change Idea
		Administer 30mL/kg Crystalloid for Hypotension or Lactate Levels >4mmol/L	Change Idea
		Promote Prompt Imaging to Confirm Potential Sources of Infection	Change Idea
		Administer Vasopressors	Change Idea
	Implementation of 6-hour Bundle for Patients with Septic Shock	Re-Assess Volume Status and Tissue Perfusion to Ensure Adequate Resuscitation	Change Idea
		Re-Measure Lactate	Change Idea
	Provision of Other Supportive Therapies	Implement the Other Supportive Therapies as Indicated by Individual Patients Using Algorithms and/or Protocols	Change Idea

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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

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 Champion Workshop
Training Session**
Tuesday • February 9, 2016
Wesley Medical Center • Catrona Conference Center
502 N. Hillside • WICHITA, KS

This one-day training event for hospitals in the Kansas Hospital Engagement Network will expand your knowledge and understanding of the treatment of severe sepsis and septic shock and become a Sepsis Champion for your patients and colleagues.

Presented by:




AGENDA

9:30 am Registration opens

10:00 am **Welcome, Introductions and Opening remarks**

10:25 am **Why Focus on Sepsis?**
Gary Wright, M.D., Chief Medical Officer, HCA Continental Division, Denver, Colo.

10:50 am Break and purchase box lunch

10:45 am **What is Sepsis?** (discuss over lunch)
Susanne Fischer, RN, CENRN, Market Sepsis Coordinator, Wesley Healthcare

11:55 am **Effective Communications**
Francis Ikegami, M.D., Chief Medical Officer, Wesley Healthcare

12:15 pm Break

12:30 pm **Breakout Sessions**

- **Provider session** (offered once) with Dr. Wright
- **Nurse-Physician Communication** with Laila Powers, R.N., Hospitalist champion, Premier Hospitals of Kansas
- **Sepsis Champion expectations and Nurse-Nurse Communication** with HCA Continental Division VP of quality and senior director of clinical excellence
- **Severe Sepsis and Septic Shock Scenarios** with team coordinators

2:00 pm Break

2:15 pm **Wrap-up and evaluations**

2:45 pm Adjourn, pick up CEU certificates





Sepsis Champion Workshop Training Session

February 9, 2016
Wesley Medical Center
Wichita, KS

Please register by February 1!

www.khonline.org/event-info/671-sepsis-champion-workshop

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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	

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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

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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.

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- 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

NHSN Enrollment

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

Susan Runyan, MICT, BS
Program Director
KHC

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NHSN Enrollment

KQIP Recommendation

Released June 5, 2015

www.khconline.org/images/NHSN_Recommendation.pdf

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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NHSN Enrollment

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

Type of Facility	# Reporting out of Total in KS	
	Jan. 2014-June 2015	Jan. 2014-Present
Ambulatory Surgery Centers	2 of 65 (3%)	Same
Behaviorial Health Facilities (Stand Alone)	1 of 4 (25%)	Same
Critical Access Hospitals*	24 of 84 (29%)	31 of 84 (37%)
Inpatient Prospective Payment System Hospitals	54 of 55 (98%)	53 of 54 (98%)
Inpatient Rehabilitation Facilities (Stand Alone)	4 of 5 (80%)	Same

*10 Critical Access Hospitals are currently enrolling in NHSN with KDHE assistance.

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NHSN Enrollment		
<p>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</p>		
Type of Facility	# Reporting in KS, 2014-2015	# with Reporting Plan in KS, 2015-2016
ASC	2	0
CAH	8	8
IPPS	55	21
Inpatient Rehab	2	1
Total	67	30

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NHSN Enrollment
<h2 style="text-align: center;">Recommendations on Next Steps</h2> <p>Aspiring to meet the Bold goal: 100% of Kansas hospitals (including CAHs) will actively use NHSN by January 1, 2017.</p> <ul style="list-style-type: none"> • If you're interested in enrolling or becoming active users again contact: <ul style="list-style-type: none"> ▫ 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!

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NHSN Enrollment

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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Medicare Beneficiary Quality Improvement Program (MBQIP)

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.

Medicare Beneficiary Quality Improvement Project (MBQIP)

The Health Resources and Services Administration created the MBQIP in 2010 as a key quality improvement activity within the Medicare Rural Hospital Flexibility grant program. The project officially kicked off in September 2011. The goal of MBQIP is to improve the quality of care provided in small rural critical access hospitals. While many rural hospitals have low patient volume, every patient matters.

2015-2018 MBQIP Quality Domains

To participate in Medicare Rural Hospital Flexibility (FLEX) - sponsored activities and/or to receive Small Rural Hospital Improvement Program (SRHIP) grant funds...

Hospitals must be actively reporting the measures below to CMS QualityNet by December 31, 2015.

Patient Safety

- **Measure 1: Influenza Immunization**

Patient Engagement

- **Original Customer Assessment of Healthcare Providers and Systems**

Outpatient

- **OP-1: Median time to Fiberscopy**
- **OP-2: Fibrinolytic Therapy Received within 30 minutes**
- **OP-3: Median Time to Transfer to another facility for acute Coronary Intervention**
- **OP-5: Median time to ECG**
- **OP-16: Door-to-diagnostic evaluation by a qualified medical professional**
- **OP-21: Median time to pain management for long bone fracture**
- **OP-22: Patient left without being seen**

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

Patient Safety

- **MBF / OP-27: Influenza vaccination coverage among healthcare personnel**
Measures should be reported through the National Healthcare Safety Network (NHSN)

Care Transitions

- **EDTC-1: Administrative Communication**
- **EDTC-2: Patient Information**
- **EDTC-3: Trial Dates**
- **EDTC-4: Medication Information**
- **EDTC-5: Response or Practitioner Generated Information**
- **EDTC-6: Nurse Generated Information**
- **EDTC-7: Procedures and Tests**

Measures will be reported through the Quality Health Indicators

More information, including planned education and technical support, will be sent out in fall 2016. For questions, please contact CDHE Office of Primary Care and Rural Health at ocprh@ks.gov

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Medicare Beneficiary Quality Improvement Program (MBQIP)

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 Project (MBQIP)

The Health Resources and Services Administration created the MBQIP in 2010 as a key quality improvement activity within the Medicare Rural Hospital Flexibility grant program. The project officially kicked off in September 2011. The goal of MBQIP is to improve the quality of care provided in small, rural critical access hospitals. While many rural hospitals have low patient volume, every patient matters.

Quality Measurement

+

Quality Improvement

=

Improved patient outcomes

2015-2018 MBQIP Quality Domains

To participate in Medicare Rural Hospital Flexibility (FLEX) sponsored activities and/or to receive Small Rural Hospital Improvement Program (SRHIP) grant funds...

Hospitals must be actively reporting the measures below to CMS QualityNet by December 31, 2015.

Patient Safety

- Item 2: Influenza Immunization

Patient Engagement

- Hospital Consumer Assessment of Healthcare Providers and Systems

Outpatient

- OP-1: Median time to fibrinolytics
- OP-2: Fibrinolytic Therapy Received within 30 minutes
- OP-3: Median Time to Transfer to another Facility for Acute Coronary Intervention
- OP-5: Median time to ECG
- OP-16: Direct diagnostic evaluation by a qualified medical professional
- OP-21: Median time to pain management for long bone fracture
- OP-22: Patient left without being seen

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

Patient Safety

- HCF / OP-27: Influenza vaccination coverage among healthcare personnel
Measures should be reported through the National Healthcare Safety Network (NHSN)

Care Transitions

- EDTC-1: Administrative Communication
- EDTC-2: Patient Information
- EDTC-3: Vital Signs
- EDTC-4: Medication Information
- EDTC-5: Physician or Practitioner Generated Information
- EDTC-6: Share Complete Information
- EDTC-7: Procedures and Tests

Measures will be reported through the Quality Health Indicators

More information, including planned education and technical support, will be sent out in fall 2016.
For questions, please contact CHSE, Office of Primary Care and Rural Health at cmah@hhs.gov

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


Kansas HEN 2.0 Data and Measures

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Data and Measures

Thanks for all your hard work!



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Data and Measures

HEN 2.0 Core Evaluation Measures Baseline Completion

Harm topic	Kansas HEN Baseline submission rate
ADE	98%
CAUTI	89%
CLABSI	85%
EED	100%
OB harm	92% EED, 32% pre-eclampsia
Falls with Injury	66%
PrU	78%
SSI (Colo, AbHyst, KPRO, HPRO)	63%
VAE	92%
VTE (PSI-12)	100%
Readmissions	94%

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Additional HEN 2.0 Focus Areas

Status	Focus Area	Data Source	Process	Data Source
New	Sepsis <ul style="list-style-type: none"> Post-operative Sepsis (Discharges) 	Claims or QHi	<ul style="list-style-type: none"> 3-hour sepsis bundle 6-hour sepsis bundle 	QHi
New	C. difficile <ul style="list-style-type: none"> Facility-wide hospital-onset <i>C. difficile</i> (plus calculated NHSN SIR) 	NHSN or QHi	<ul style="list-style-type: none"> Hand-hygiene 	NHSN/ QHi
New	Culture of Safety <ul style="list-style-type: none"> Harm events related to patient handling (from OSHA's form 300) 	QHi	<ul style="list-style-type: none"> Gap analysis for safe handling of patients 	KHC online survey
New	Failure to Rescue <ul style="list-style-type: none"> Death rate among surgical inpatients with serious treatable complications (Discharges) 	Claims or QHi	<ul style="list-style-type: none"> Adoption of rapid response teams 	KHC online survey

SEPSIS

Sepsis outcome measure
(claims-based)

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

Sepsis process measures

3-hour bundle compliance

- **Numerator:** Number of identified sepsis patients receiving all elements of bundle.
 - Measure lactate level
 - Obtain blood culture prior to administration of antibiotics
 - Administer broad spectrum antibiotics
 - Administer 30ml/kg crystalloid for hypotension or lactate ≥ 4 mmol/L
- **Denominator:** Number of identified sepsis patients.

Data System: QHi
Steward: Society of Critical Care Medicine

6-hour bundle compliance

- **Numerator:** Number of identified sepsis patients receiving all elements of bundle.
 - Apply vasopressors (for hypotension that does not respond to initial fluid resuscitation) to maintain a mean arterial pressure (MAP) ≥ 65 mm Hg
 - If persistent hypotension after initial fluid administration (MAP < 65 mm HG) or if initial lactate was ≥ 4 mmol/L, re-assess volume status and tissue perfusion and document findings
 - Re-measure lactate if initial lactate level elevated
- **Denominator:** Number of identified sepsis patients.

Preferred Baseline:
1) April – June 2015 OR
2) July – September 2015
First monitoring month: October 2015

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C. difficile:

Facility-wide *C. diff.* rate

***C. diff* outcome measure**

- **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)
- Data System(s): NHSN or QHi
- Preferred Baseline:
 - 1) Calendar year 2013 OR
 - 2) next oldest year OR
 - 3) Jul-Sep 2015
- First monitoring month: October 2015
- Steward: NHSN

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C. difficile: ***C. diff* process measure**
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: **Culture of Safety
outcome measure**
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

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**Culture of Safety
process measure**

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

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**Failure to Rescue
outcome measure
(claims based)**

FAILURE TO RESCUE:
In-Hospital Mortality
Death rate among surgical inpatients with serous 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

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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

**Failure to Rescue
process measure**

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Linking Processes to Outcomes

Core HEN 2.0 Focus Areas


Focus Area	Process	Status	Data Source
ADE	<ul style="list-style-type: none"> • Warfarin therapy discharge instructions 	Continuing	QHi
CAUTI	<ul style="list-style-type: none"> • Urinary catheter utilization 	Continuing	NHSN or QHi
CLABSI	<ul style="list-style-type: none"> • Central Line utilization • Central Line insertion bundle 	Continuing Continuing	NHSN or QHi
FALLS	<ul style="list-style-type: none"> • Assessment of fall risk 	New	QHi
OBSTETRICS	<ul style="list-style-type: none"> • Suspected Preeclampsia algorithm • OB hemorrhage risk assessment on admission • Patients at risk for pre-term delivery receiving antenatal steroids 	New New New	QHi QHi QHi

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Linking Outcomes and Processes

Focus Area	Process	Status	Data Source
Pressure Ulcers	• Skin assessment documented within 24 hours of admission	Continuing	QHi
	• Pressure ulcer risk assessment completed within 24 hours of admission	Continuing	QHi
Readmissions	• Patients receiving complete discharge education verified by teach-back or other means (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

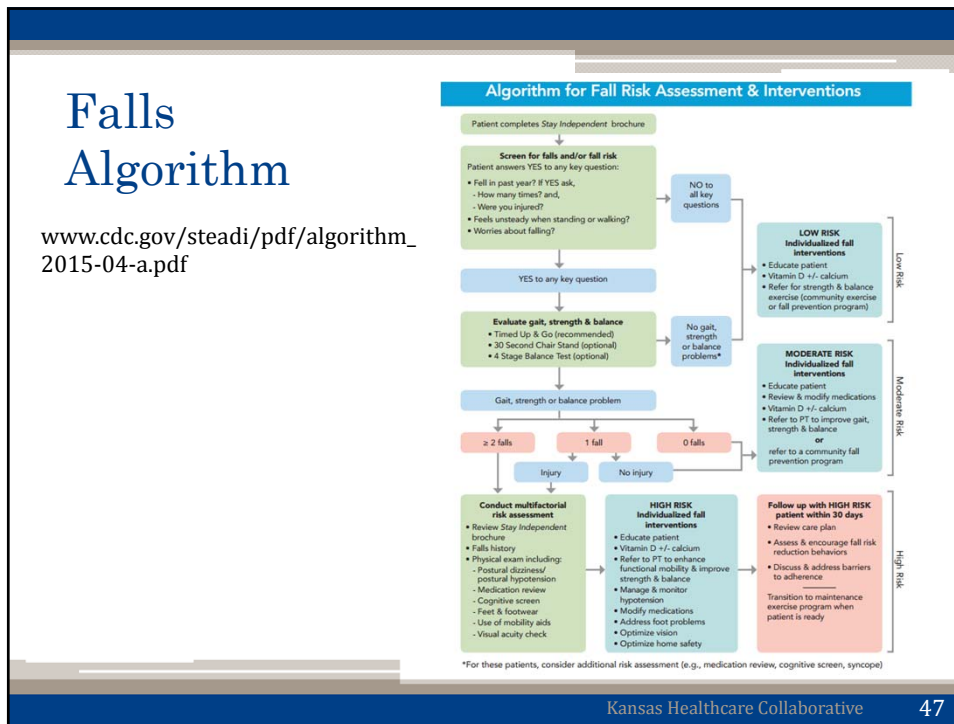
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Falls process measure 

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)

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OBSTETRICS: Suspected pre-eclampsia assessment

Obstetrics process measure NEW!


- **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

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CMQCC Preeclampsia Algorithm

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

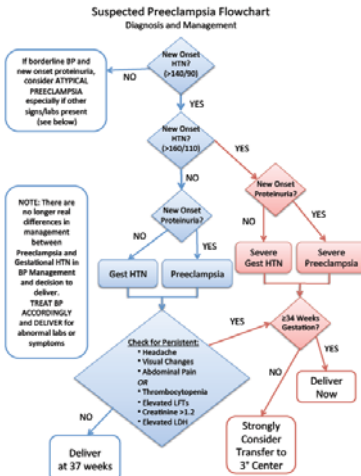
(must complete short survey to access file)



CMQCC PREECLAMPSIA TOOLKIT
PREECLAMPSIA CARE GUIDELINES
CDPH#KCA#1 Approved: 1/20/15

SUSPECTED PREECLAMPSIA ALGORITHM

Suspected Preeclampsia Flowchart
Diagnosis and Management




V10.21.13

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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
process measure




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Obstetrics
process measure 

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

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Readmissions
process measure 

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

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VAE: Ventilator ABCDEF bundle compliance

VAE process measure NEW!

- **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

NHSN	QHi	State Inpatient Discharges
<ul style="list-style-type: none"> • CAUTI* • CLABSI* • SSI Surgeries* • Ventilator (VAE) • <i>C. Difficile</i>* • Hand-hygiene* 	<ul style="list-style-type: none"> • ADE • CAUTI • CLABSI • OB • Falls • PrU 2+ (Point) • Readmissions • Sepsis • <i>C. Difficile</i> • Culture of Safety • Failure to Rescue • All process measures not in NHSN 	<ul style="list-style-type: none"> • OB Trauma (2) • PrU 3+ rate • Post-operative sepsis • FTR – Death among surgical inpatients with serious treatable complications
<p>*Preferred</p>		

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Data and Measures Update

Kansas HEN 2015-2016 Data Submission Schedule

Outcome & Process Measures for HACs occurring in:	Readmissions for index discharges in, and SSI for procedures performed in:	Submission Due
October, 2015	September, 2015	November 30, 2015
November, 2015	October, 2015	December 31, 2015
December, 2015	November, 2015	January 31, 2016
January, 2016	December, 2015	February 28, 2016
February, 2016	January, 2016	March 31, 2016
March, 2016	February, 2016	April 30, 2016
April, 2016	March, 2016	May 31, 2016
May, 2016	April, 2016	June 30, 2016
June, 2016	May, 2016	July 31, 2016
July, 2016	June, 2016	August 31, 2016
August, 2016	July, 2016	September 30, 2016

KANSAS HEALTHCARE COLLABORATIVE

- 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

Upcoming Events and Resources

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

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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

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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.
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Register at www.hret-hen.org.
Go to “Upcoming Events” tab.

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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.
- **TeamSTEPS 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 pm
- **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.

KANSAS HEALTHCARE COLLABORATIVE

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.

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Resources

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
- **Severe Sepsis and Septic Shock**
www.hret-hen.org/topics/sepsis/HRETHEN_ChangePackage_Sepsis.pdf
- **Falls with Injury**
www.hret-hen.org/topics/falls/HRETHEN_ChangePackage_FALLS.pdf
- **Preventable Readmissions**
www.hret-hen.org/topics/readmissions/HRETHEN_ChangePackage_Readmissions.pdf

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

KANSAS HEALTHCARE COLLABORATIVE

Resources

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/>
- 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

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Resources

CMS Guide to Prevention Readmissions Among Racially and Ethnically Diverse Medicare Beneficiaries



The Guide provides:

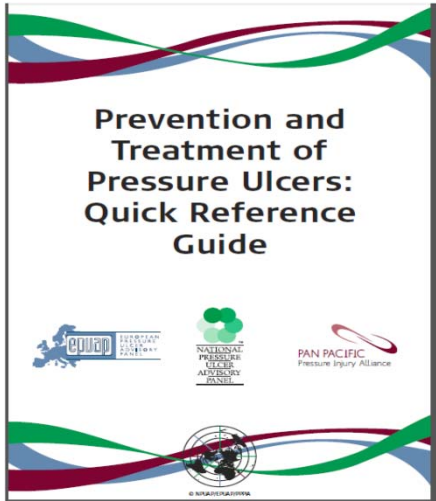
- New, action-oriented guidance for addressing avoidable readmissions in this population by providing an overview of the issues related to readmissions for diverse Medicare beneficiaries;
- A set of seven key recommendations that hospital leaders can take to prevent avoidable readmissions in this population;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

https://www.cms.gov/About-CMS/Agency-information/OMH/Downloads/OMH_Readmissions_Guide.pdf

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Resources

National Pressure Ulcer Advisory Panel



Quick Reference Guide (2014 Update)

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

www.npuap.org/wp-content/uploads/2014/08/Updated-10-16-14-Quick-Reference-Guide-DIGITAL-NPUAP-EPUAP-PPPIA-16Oct2014.pdf

ILPEX
Illinois Performance Excellence

HRET
HEALTH RESEARCH & EDUCATIONAL TRUST
In Partnership with AHA

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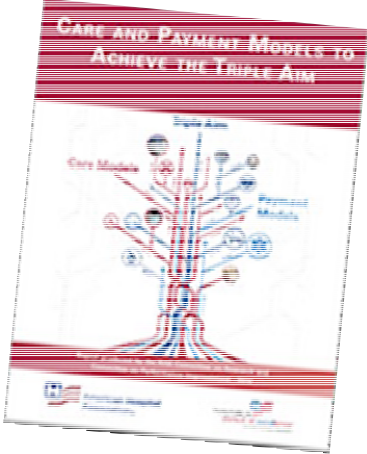
Resources

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.



www.aha.org/content/16/care-payment-models-achieve-triple-aim-report-2016.pdf

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Resources

*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

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Resources

Share your *Agent of Change* photos!



Forward your team photos to
jrutherford@khconline.org

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Resources

Your KHC Team 785-235-0763

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START BY DOING WHAT IS NECESSARY;
THEN DO WHAT'S POSSIBLE;
AND SUDDENLY YOU'RE DOING THE IMPOSSIBLE.
- Saint Francis of Assisi

Questions?

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

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