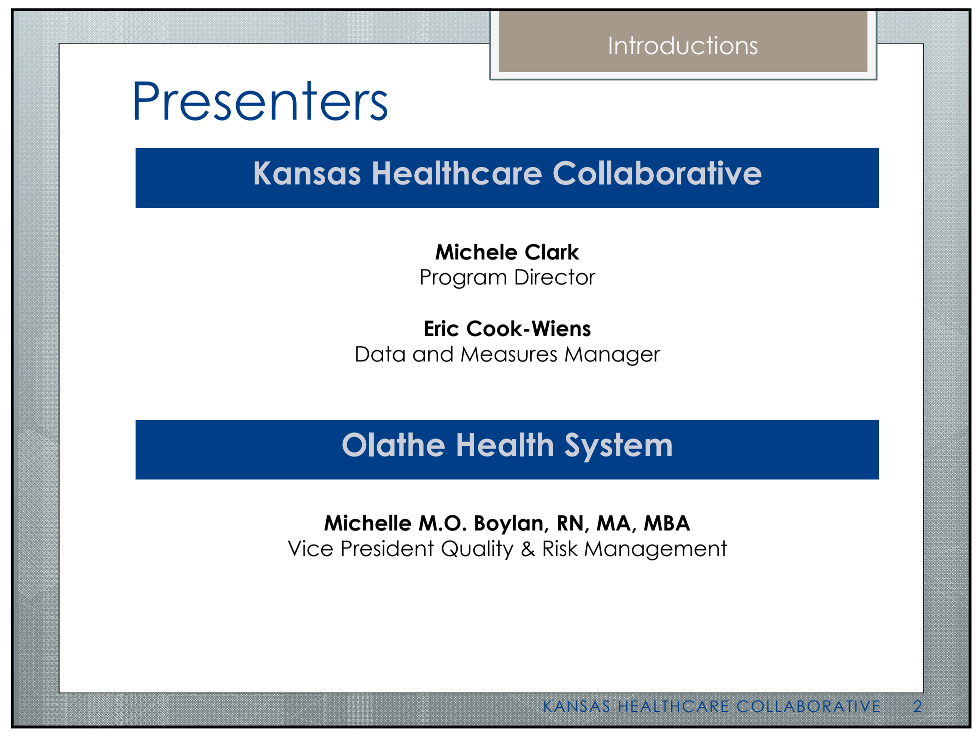
Kansas Hospital
Engagement Network
Virtual Meeting:
Kansas HEN updates
and peer-to-peer sharing
KHC
Kansas Healthcare
COLLABORATIVE
Kansas HEN Webinar
January 28, 2015

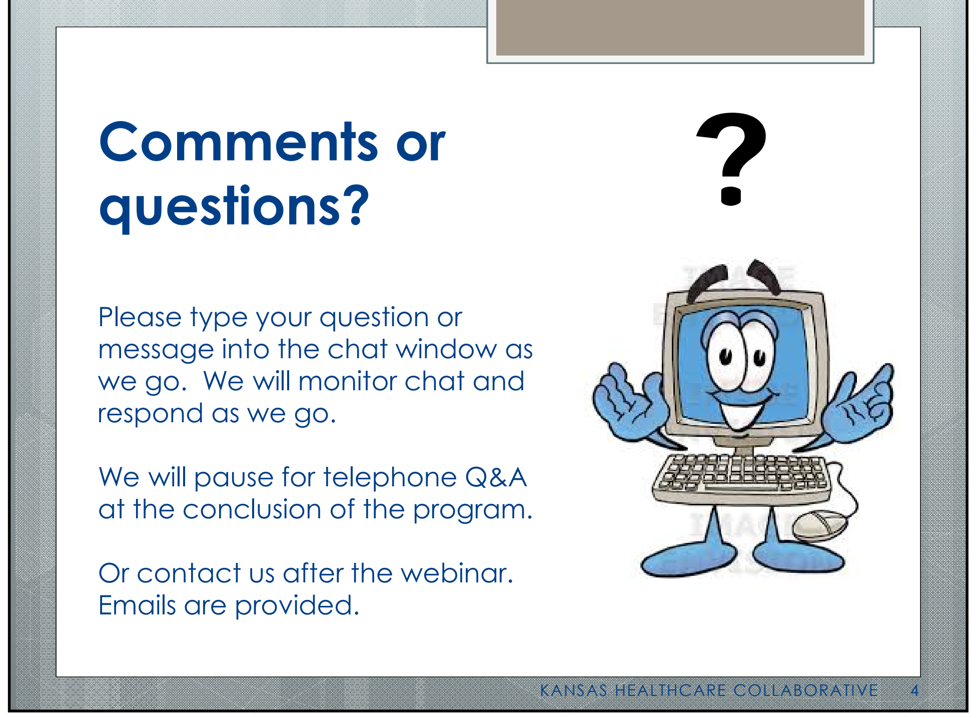

Introductions
Presenters
Kansas Healthcare Collaborative
Michele Clark
Program Director
Eric Cook-Wiens
Data and Measures Manager
Olathe Health System
Michelle M.O. Boylan, RN, MA, MBA
Vice President Quality & Risk Management
KANSAS HEALTHCARE COLLABORATIVE 2

January 28, 2015

Agenda

- Opening remarks
- National Celebration of Successes
- Kansas HEN updates and progress
  - Kansas HEN successes
  - Kansas HEN follow-up survey
- Kansas HEN 2015
  - Potential for HEN 2.0?
  - 2015 data, measures and reports
- Hospital Sharing – Olathe Health Systems
  OHS' approach to performance excellence
- Resources, wrap up and discussion

KANSAS HEALTHCARE COLLABORATIVE 3



Announcements

Welcome to the Kansas HEN!

New hospitals joining the Kansas HEN

- **Lincoln County Hospital**
  Lincoln, Kansas
- **Pawnee Valley Community Hospital**
  Larned, Kansas

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AHA/HRET Improvement Leader Fellowship

Kansas HEN 2014 AHA/HRET Improvement Leader Fellows

Ashland Health Center **Jessica Bates**	Ottawa County Health Center **Carolyn Winebrenner**
Clara Barton Hospital **Jane Schepmann**	Ransom Memorial Hospital **Dorothy Rice**
Hutchinson Regional Medical Center **Janet Feril**	Rooks County Health Center **Stephanie Bjornstad**
Kingman Community Hospital **Gayle Easley**	Sabetha Hospital **Betty Manley**
Lindsborg Community Hospital **Debbie Richter**	Satanta Hospital **Beverly Myers**
Meade District Hospital, Artesian Valley Health **Jane Chance**	Saint Luke's Cushing Hospital **Kimberly Richardson**
Miami County Medical Center **Nelda Jeffery**	Smith County Memorial Hospital **Julie Haresnape**
Newton Medical Center **Dr. Jennifer Koontz** **Malea Hartvickson**	Susan B. Allen Memorial Hospital **Jamie Boyce**
Olathe Medical Center **Kathy Auten** **Julie Richards** **Kim Barton** **Alicia Seckman** **Michelle Boylan** **Janet Smith** **Amy Harvey** **Karen Super** **Thomas Laughlin** **Jeni Wakefield** **Janiene Nash** **Mariann Wolff** **Jennifer Nick-Helmstetler**	Trego County Lemke Memorial Hospital **Jessica Buchholz** Wesley Medical Center **Joann Paul** Kansas Healthcare Collaborative **Kendra Tinsley** **Michele Clark**

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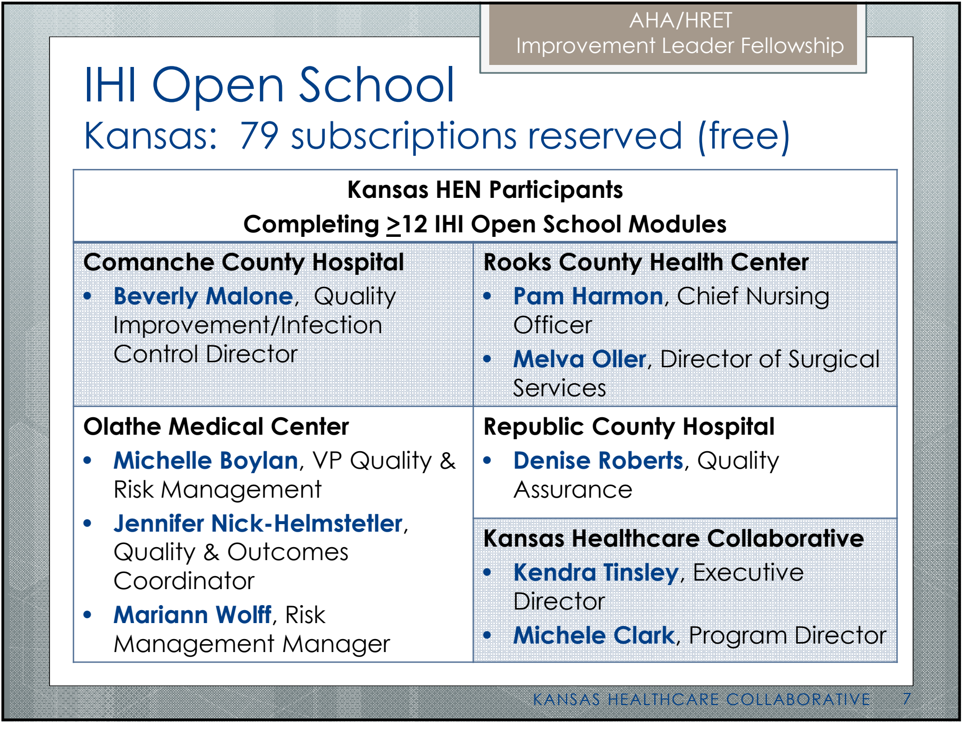
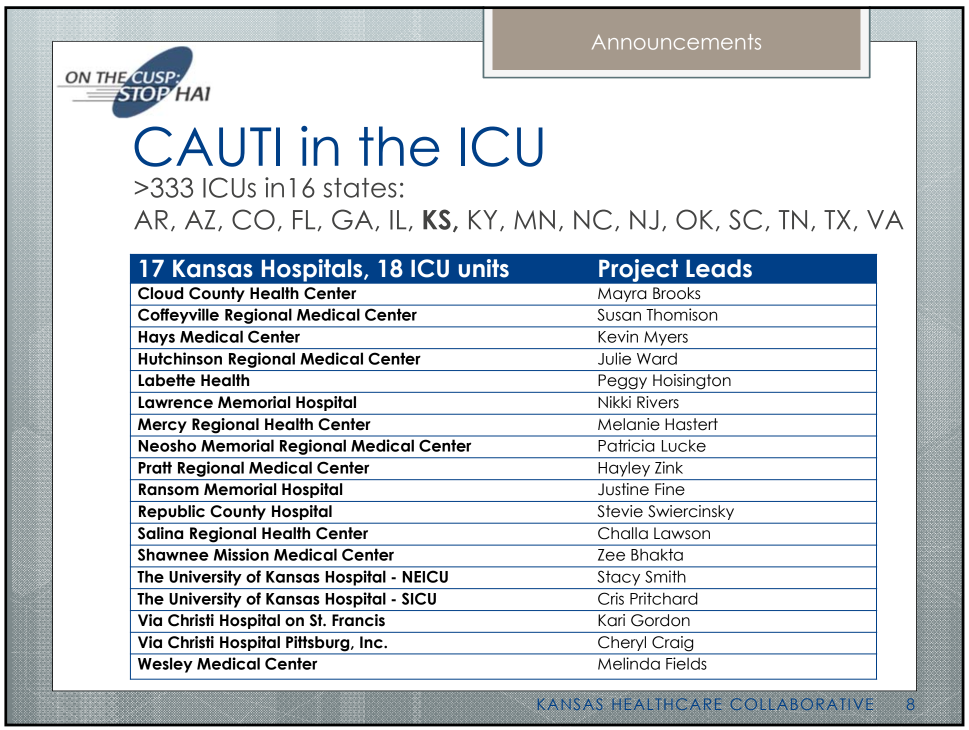
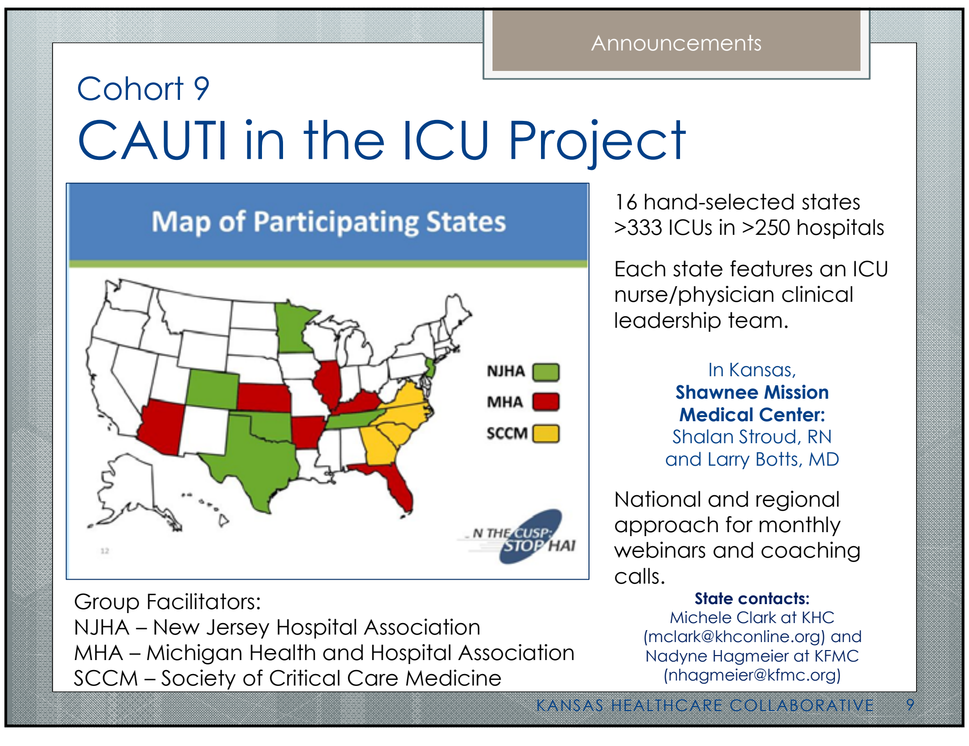
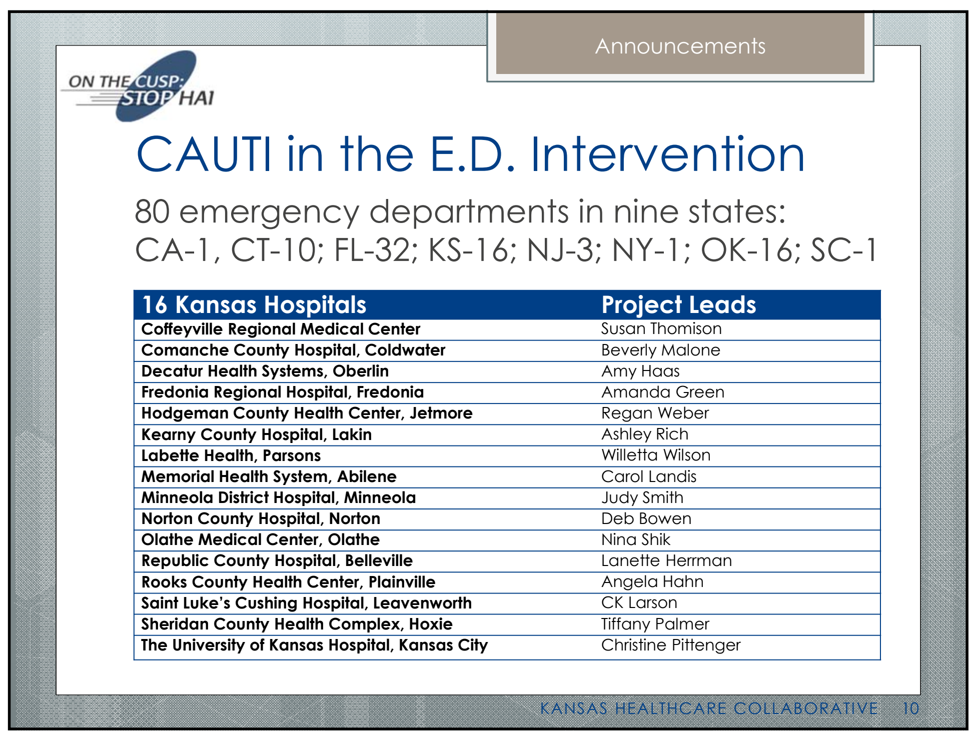




17 Kansas Hospitals, 18 ICU units	Project Leads
Cloud County Health Center	Mayra Brooks
Coffeyville Regional Medical Center	Susan Thomison
Hays Medical Center	Kevin Myers
Hutchinson Regional Medical Center	Julie Ward
Labette Health	Peggy Hoisington
Lawrence Memorial Hospital	Nikki Rivers
Mercy Regional Health Center	Melanie Hastert
Neosho Memorial Regional Medical Center	Patricia Lucke
Pratt Regional Medical Center	Hayley Zink
Ransom Memorial Hospital	Justine Fine
Republic County Hospital	Stevie Swiercinsky
Salina Regional Health Center	Challa Lawson
Shawnee Mission Medical Center	Zee Bhakta
The University of Kansas Hospital - NEICU	Stacy Smith
The University of Kansas Hospital - SICU	Cris Pritchard
Via Christi Hospital on St. Francis	Kari Gordon
Via Christi Hospital Pittsburg, Inc.	Cheryl Craig
Wesley Medical Center	Melinda Fields



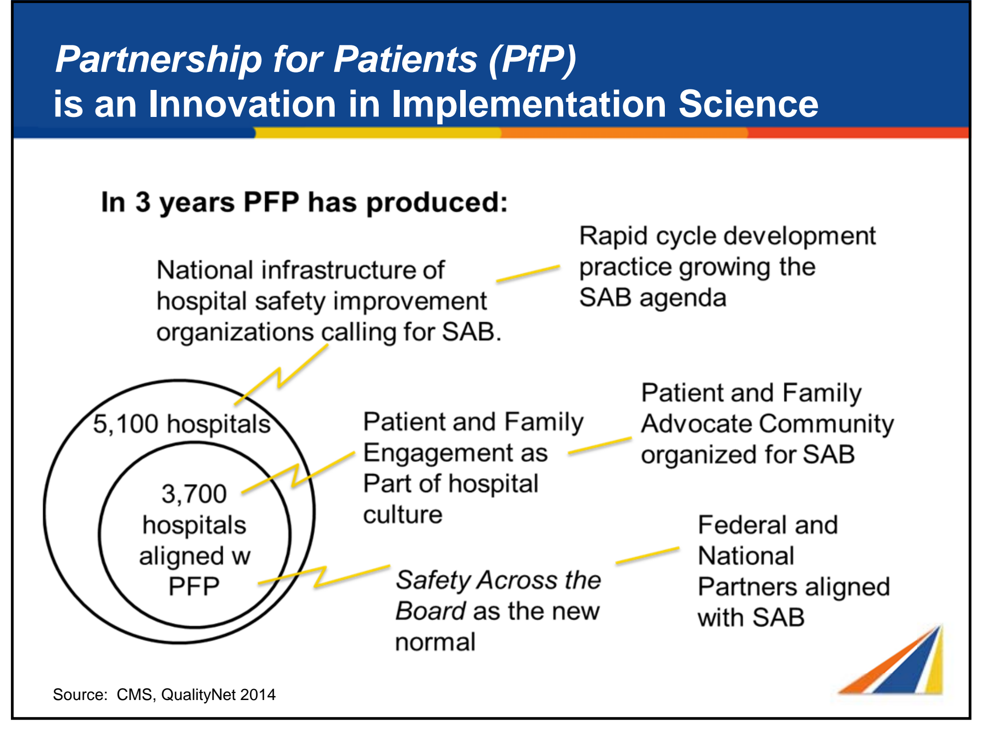


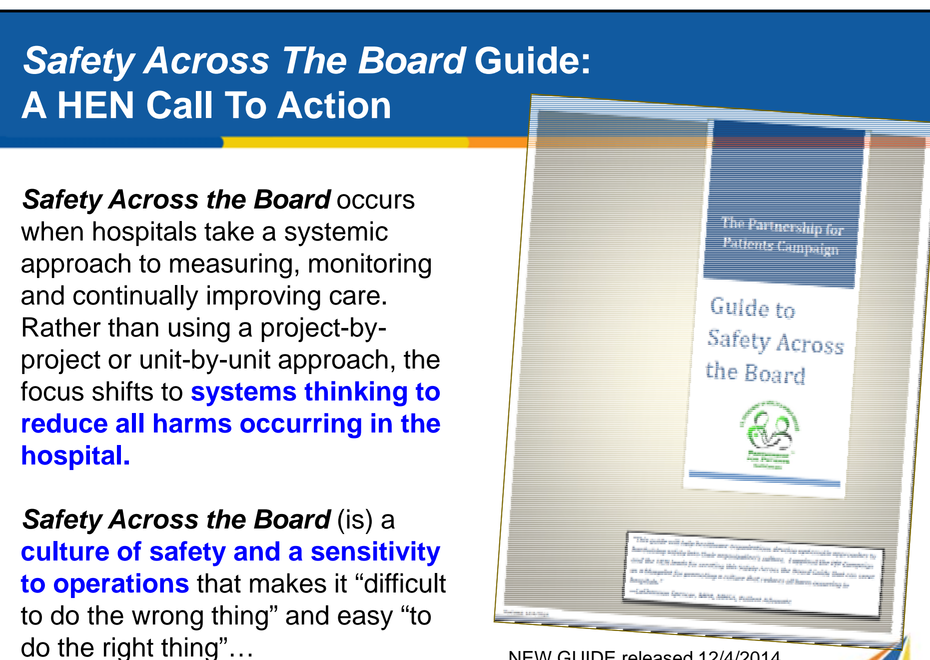
16 Kansas Hospitals	Project Leads
Coffeyville Regional Medical Center	Susan Thomison
Comanche County Hospital, Coldwater	Beverly Malone
Decatur Health Systems, Oberlin	Amy Haas
Fredonia Regional Hospital, Fredonia	Amanda Green
Hodgeman County Health Center, Jetmore	Regan Weber
Kearny County Hospital, Lakin	Ashley Rich
Labette Health, Parsons	Willetta Wilson
Memorial Health System, Abilene	Carol Landis
Minneola District Hospital, Minneola	Judy Smith
Norton County Hospital, Norton	Deb Bowen
Olathe Medical Center, Olathe	Nina Shik
Republic County Hospital, Belleville	Lanette Herrman
Rooks County Health Center, Plainville	Angela Hahn
Saint Luke's Cushing Hospital, Leavenworth	CK Larson
Sheridan County Health Complex, Hoxie	Tiffany Palmer
The University of Kansas Hospital, Kansas City	Christine Pittenger

Celebrating Success
• CMS Partnership for Patients
• AHA/HRET HEN
Michele Clark
Program Director
Kansas Healthcare
Collaborative
mclark@khconline.org
785-235-0763 x1321

QualityNet:
The CMS Healthcare
Quality Conference
MOVING FROM VISION TO REALITY
CMS Leadership Perspective
Thank You
• For the hard work you have done and are doing to improve our nation's healthcare system.
• For your active commitment to improving the care of your patients and clients.
• For your commitment to improvement, innovation and transformation
Paul McGann, MD
Co-Director
Partnership for Patients
December 2, 2014

National Headlines
Dec. 2, 2014
Hospitals make 'unprecedented' strides in patient safety
Dan Mangan | @_DanMangan
Tuesday, 2 Dec 2014 | 8:15 AM ET
CNBC
50,000 lives saved because of fewer hospital errors, officials say
Chicago Tribune
US News
50,000 Fewer Deaths Caused by Hospitals
Government study shows reducing hospital-caused illnesses saves money and lives.
Report: 17 percent drop in hospital patient harm
REUTERS
U.S. hospitals make fewer serious errors; 50,000 lives saved
NBC NEWS
Hospital Errors Drop, Saving 50,000 Lives: Government
Modern Healthcare
1.3 million adverse events prevented in U.S. hospitals since 2010, feds say
KANSAS HEALTHCARE COLLABORATIVE 13


Partnership for Patients (PfP)
is an Innovation in Implementation Science
In 3 years PFP has produced:
National infrastructure of hospital safety improvement organizations calling for SAB.
Rapid cycle development practice growing the SAB agenda
5,100 hospitals
3,700 hospitals aligned w PFP
Patient and Family Engagement as Part of hospital culture
Patient and Family Advocate Community organized for SAB
Safety Across the Board as the new normal
Federal and National Partners aligned with SAB
Source: CMS, QualityNet 2014



Innovations from the "HEN Point of View"
The Power of Regular Network Communication

Traditional Approach: Project Focused and Incremental	Partnership For Patients: Rapid, Full Court Press & System Change
Punitive Action	Culture Change
Prescriptive/Linear	Flexibility
Contractual Obligations	Commitments
Commitment to Design	Commitment to Outcomes/Aims
Local application/local projects	Large scale projects/national application to reach Tipping Point

Source: CMS, QualityNet 2014

Major National Reductions in Harm AHRQ 2010 Baseline & Results to Date

2010: 145 Harms/1000 Discharges

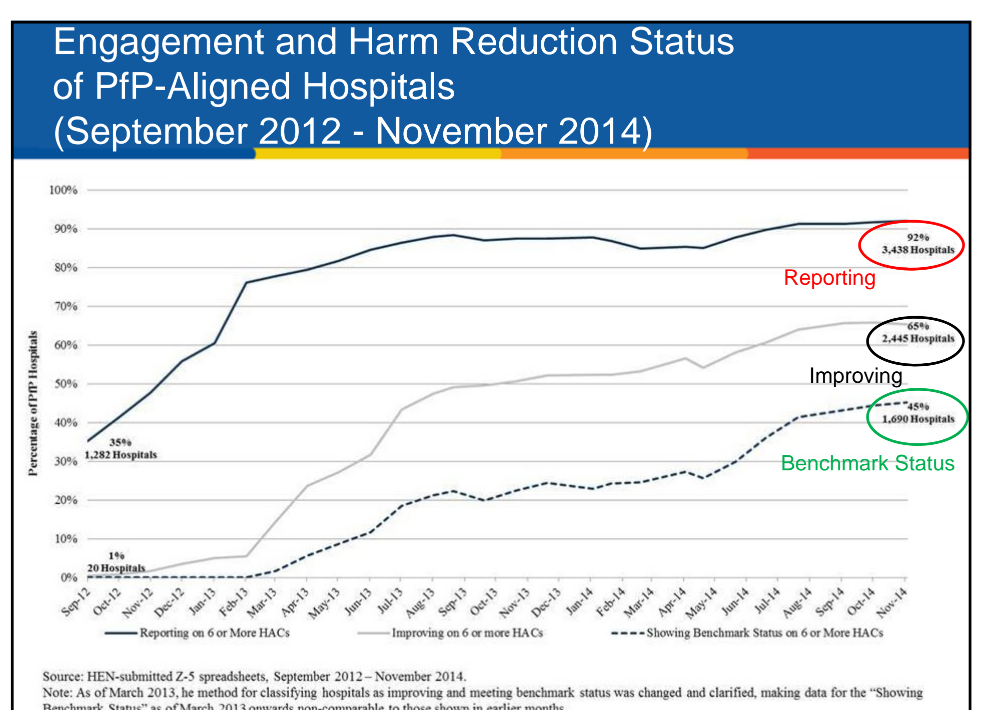
2011: 142 Harms/1000 Discharges

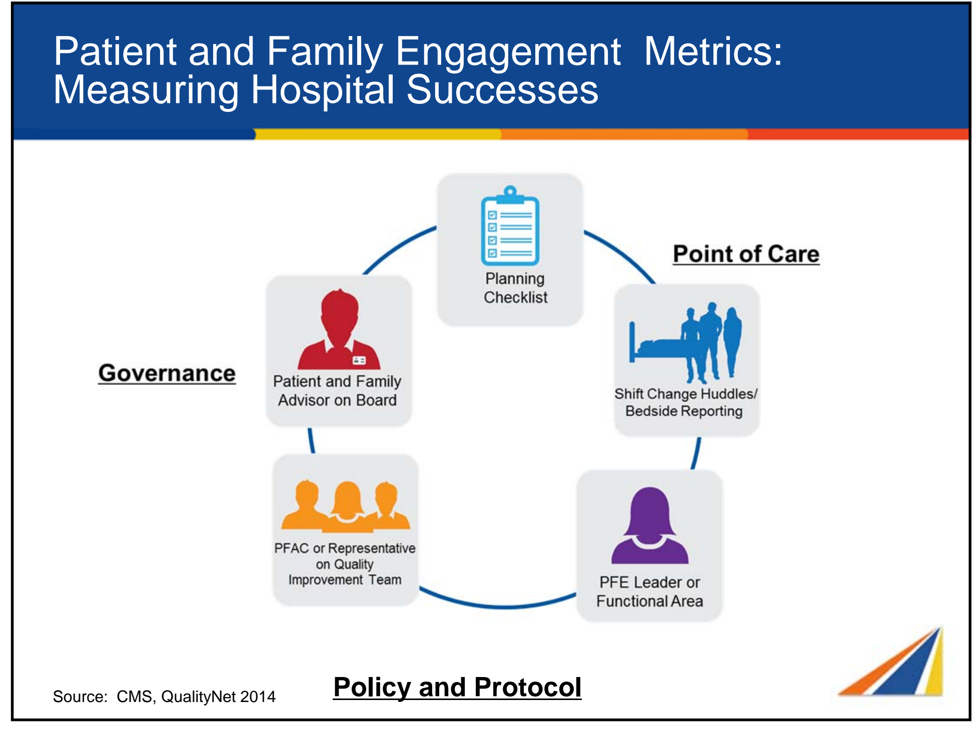
2012: 132 Harms/1000 Discharges

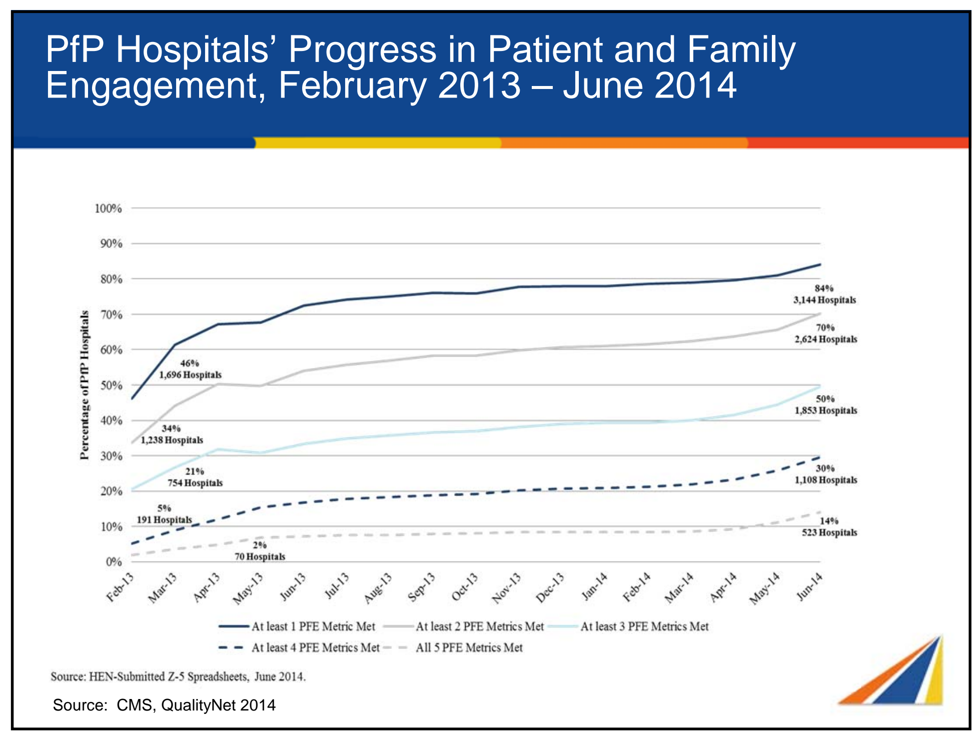
2013: 121Harms/1000 Discharges

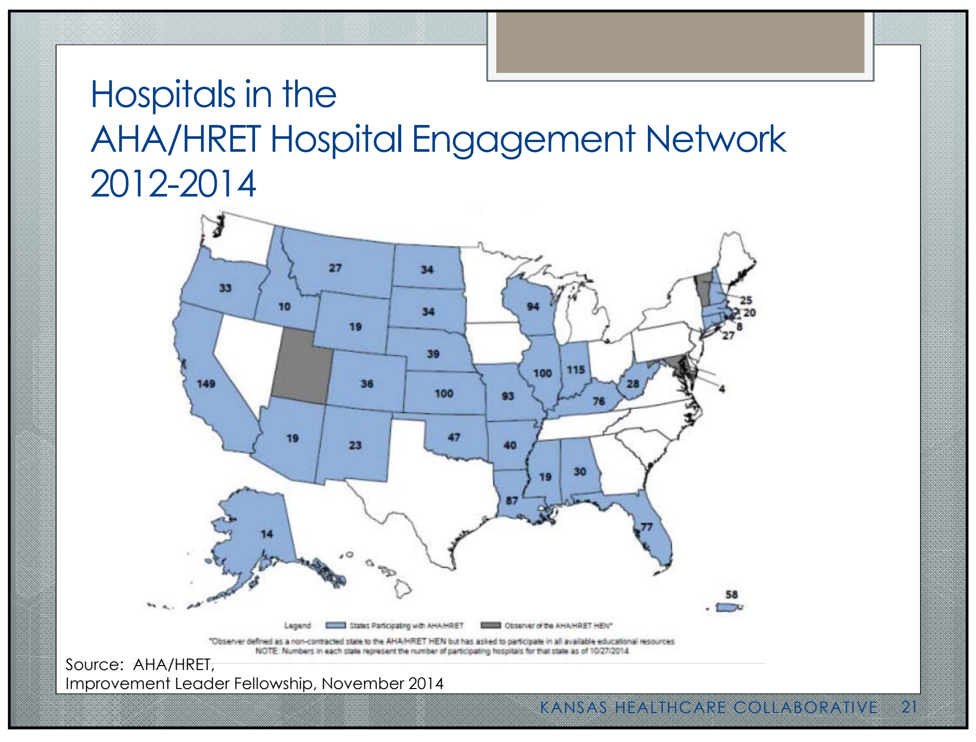
2014: Goal = 120 harms/1000 Discharges

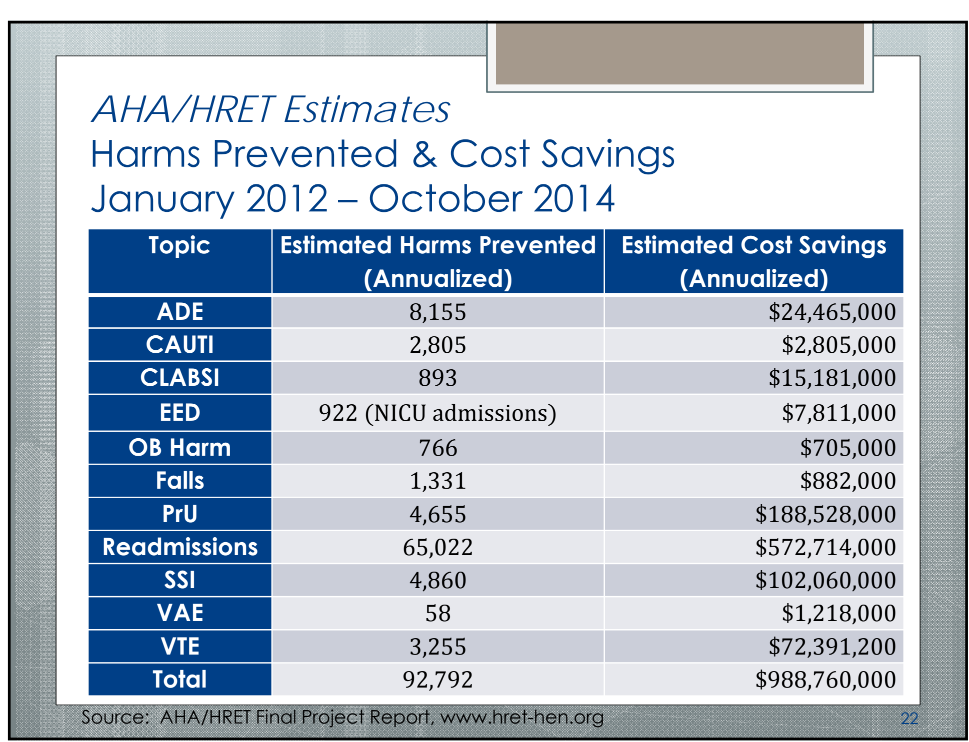
Source: CMS, QualityNet 2014



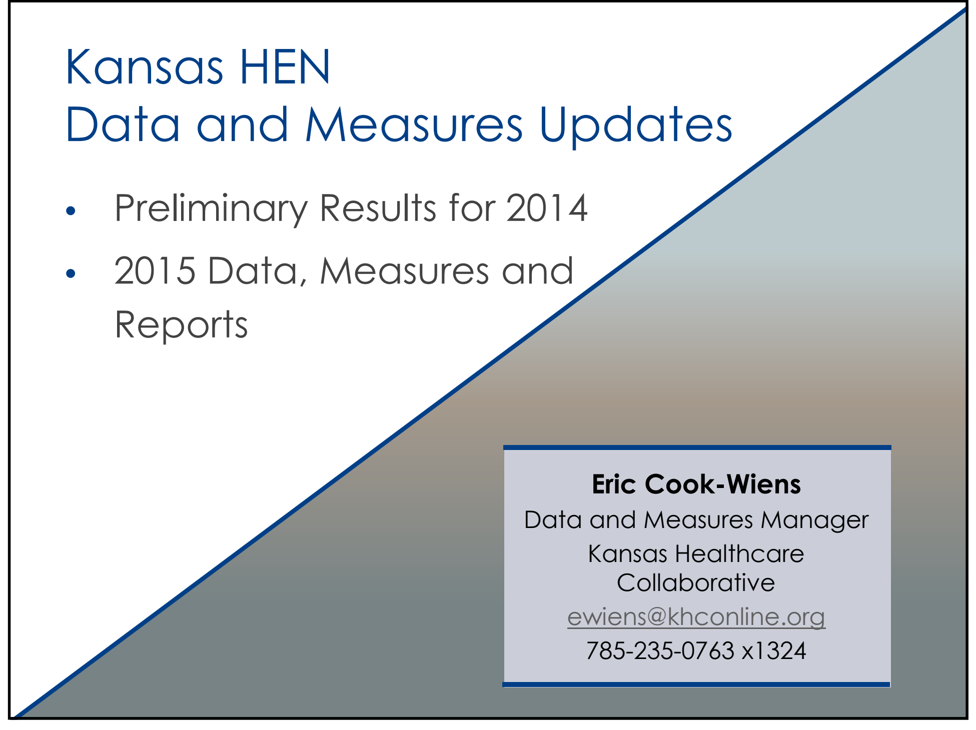

Patient and Family Engagement Metrics: Measuring Hospital Successes
Planning Checklist
Point of Care
Governance
Patient and Family Advisor on Board
Shift Change Huddles/ Bedside Reporting
PFAC or Representative on Quality Improvement Team
PFE Leader or Functional Area
Source: CMS, QualityNet 2014
Policy and Protocol


PfP Hospitals' Progress in Patient and Family Engagement, February 2013 – June 2014
Percentage of PfP Hospitals
84% 3,144 Hospitals
70% 2,624 Hospitals
50% 1,853 Hospitals
30% 1,108 Hospitals
14% 523 Hospitals
46% 1,696 Hospitals
34% 1,238 Hospitals
21% 754 Hospitals
5% 191 Hospitals
2% 70 Hospitals
At least 1 PFE Metric Met
At least 2 PFE Metrics Met
At least 3 PFE Metrics Met
At least 4 PFE Metrics Met
All 5 PFE Metrics Met
Source: HEN-Submitted Z-5 Spreadsheets, June 2014.
Source: CMS, QualityNet 2014





Topic	Estimated Harms Prevented (Annualized)	Estimated Cost Savings (Annualized)
ADE	8,155	$24,465,000
CAUTI	2,805	$2,805,000
CLABSI	893	$15,181,000
EED	922 (NICU admissions)	$7,811,000
OB Harm	766	$705,000
Falls	1,331	$882,000
PrU	4,655	$188,528,000
Readmissions	65,022	$572,714,000
SSI	4,860	$102,060,000
VAE	58	$1,218,000
VTE	3,255	$72,391,200
Total	92,792	$988,760,000


Kansas HEN
Data and Measures Updates
• Preliminary Results for 2014
• 2015 Data, Measures and Reports
Eric Cook-Wiens
Data and Measures Manager
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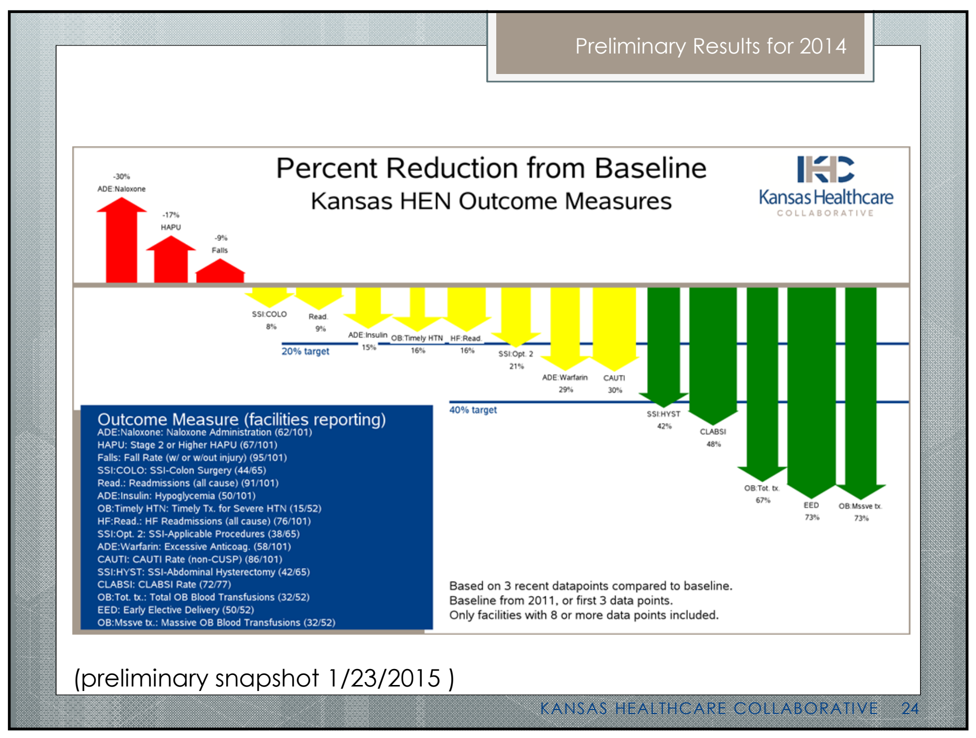
ewiens@khconline.org
785-235-0763 x1324


Preliminary Results for 2014
Percent Reduction from Baseline
Kansas HEN Outcome Measures
Kansas Healthcare COLLABORATIVE
-30% ADE:Naloxone
-17% HAPU
-9% Falls
SSI:COLO 8%
Read. 9%
ADE:Insulin 15%
OB:Timely HTN 16%
HF:Read. 16%
SSI:Opt. 2 21%
ADE:Warfarin 29%
CAUTI 30%
SSI:HYST 42%
CLABSI 48%
OB:Tot. tx. 67%
EED 73%
OB:Mssve tx. 73%
20% target
40% target
Outcome Measure (facilities reporting)
ADE:Naloxone: Naloxone Administration (62/101)
HAPU: Stage 2 or Higher HAPU (67/101)
Falls: Fall Rate (w/ or w/out injury) (95/101)
SSI:COLO: SSI-Colon Surgery (44/65)
Read.: Readmissions (all cause) (91/101)
ADE:Insulin: Hypoglycemia (50/101)
OB:Timely HTN: Timely Tx. for Severe HTN (15/52)
HF:Read.: HF Readmissions (all cause) (76/101)
SSI:Opt. 2: SSI-Applicable Procedures (38/65)
ADE:Warfarin: Excessive Anticoag. (58/101)
CAUTI: CAUTI Rate (non-CUSP) (86/101)
SSI:HYST: SSI-Abdominal Hysterectomy (42/65)
CLABSI: CLABSI Rate (72/77)
OB:Tot. tx.: Total OB Blood Transfusions (32/52)
EED: Early Elective Delivery (50/52)
OB:Mssve tx.: Massive OB Blood Transfusions (32/52)
Based on 3 recent datapoints compared to baseline.
Baseline from 2011, or first 3 data points.
Only facilities with 8 or more data points included.
(preliminary snapshot 1/23/2015)
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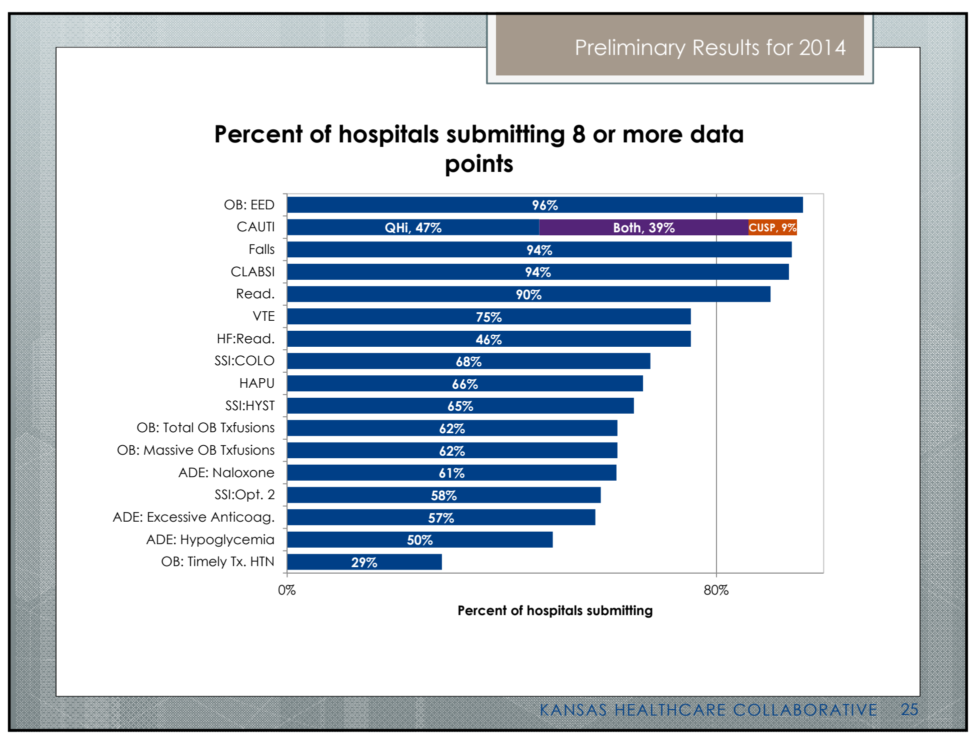
Preliminary Results for 2014
Percent of hospitals submitting 8 or more data points
OB: EED 96%
CAUTI QHi, 47% Both, 39% CUSP, 9%
Falls 94%
CLABSI 94%
Read. 90%
VTE 75%
HF:Read. 46%
SSI:COLO 68%
HAPU 66%
SSI:HYST 65%
OB: Total OB Txfusions 62%
OB: Massive OB Txfusions 62%
ADE: Naloxone 61%
SSI:Opt. 2 58%
ADE: Excessive Anticoag. 57%
ADE: Hypoglycemia 50%
OB: Timely Tx. HTN 29%
0%
80%
Percent of hospitals submitting
KANSAS HEALTHCARE COLLABORATIVE 25

Data and Measures Update
Successes
Significant Improvements
✓ Meeting improvement targets for 5 measures
• Marked success in preventing CLABSI, CAUTI & EED
• Notable progress on SSI
• Early Success with OB measures
• Readmission going in the right direction
• Lots of individual hospital success stories
Participation
✓ Achieved 80% reporting target for 5 measures
• Tremendous improvement in data collection
• 58 facilities joined our NHSN group
• Learned some challenging new measures
• Quality improvement data is reaching senior leaders
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Kansas HEN Follow-up Survey

Kansas HEN Follow-up Survey

- Conducted in December.
- Survey still open.
  https://www.surveymonkey.com/r/KS-HEN-Dec14
- Seek 100% response. Need 16 more!
- Short, online survey will allow us to compare areas of progress since the beginning of the HEN (2012), plus identify priorities for the year ahead.

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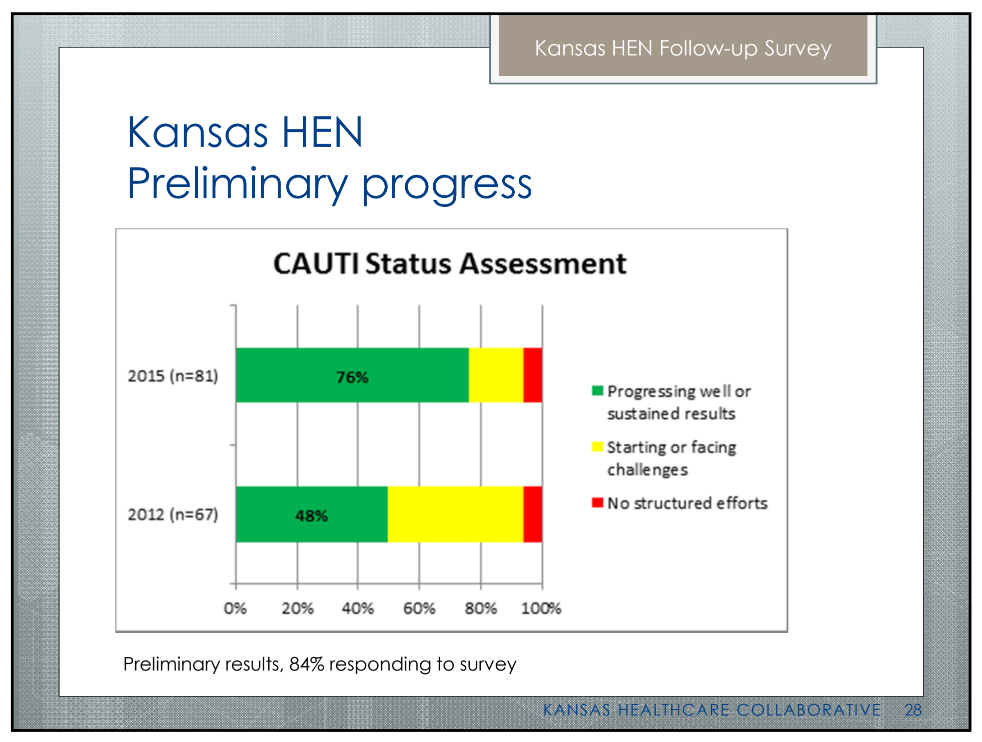
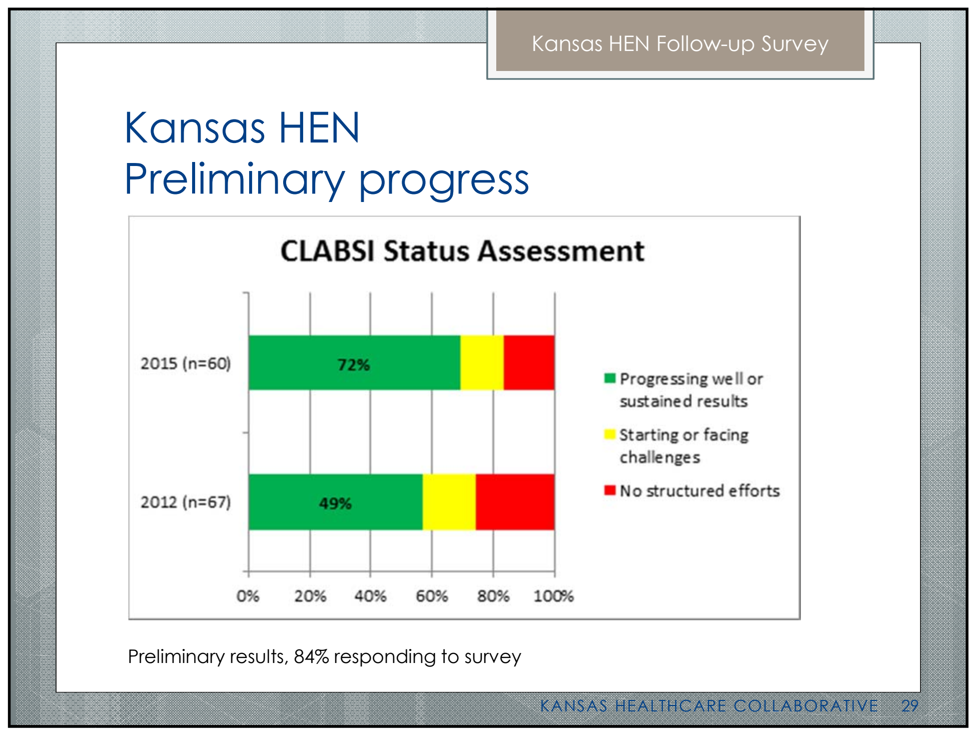
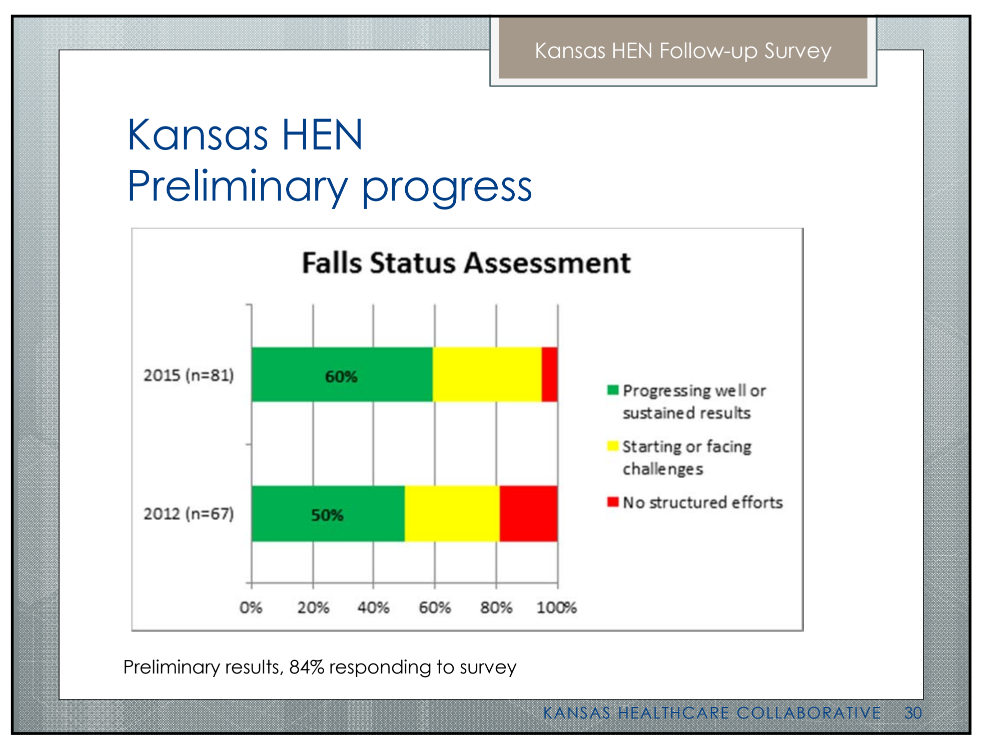
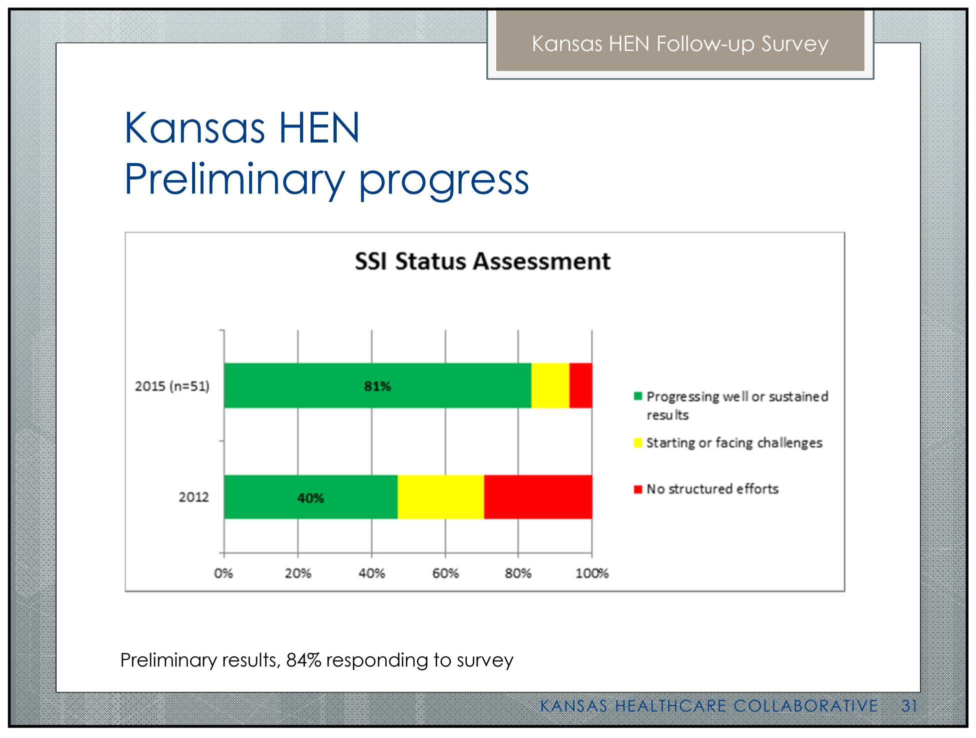
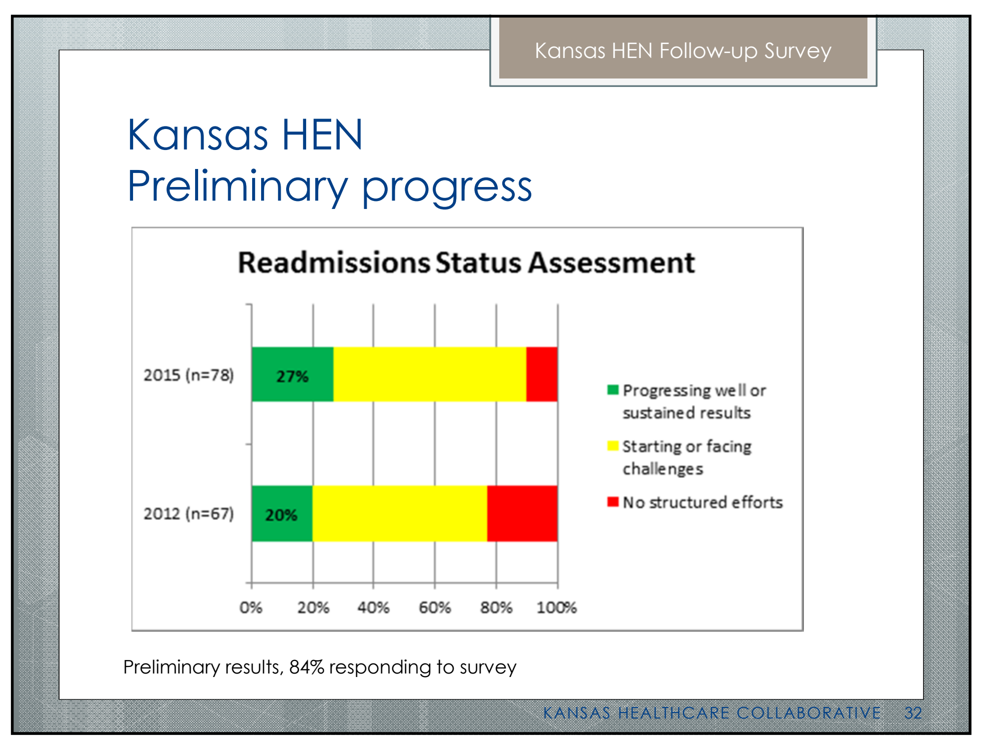
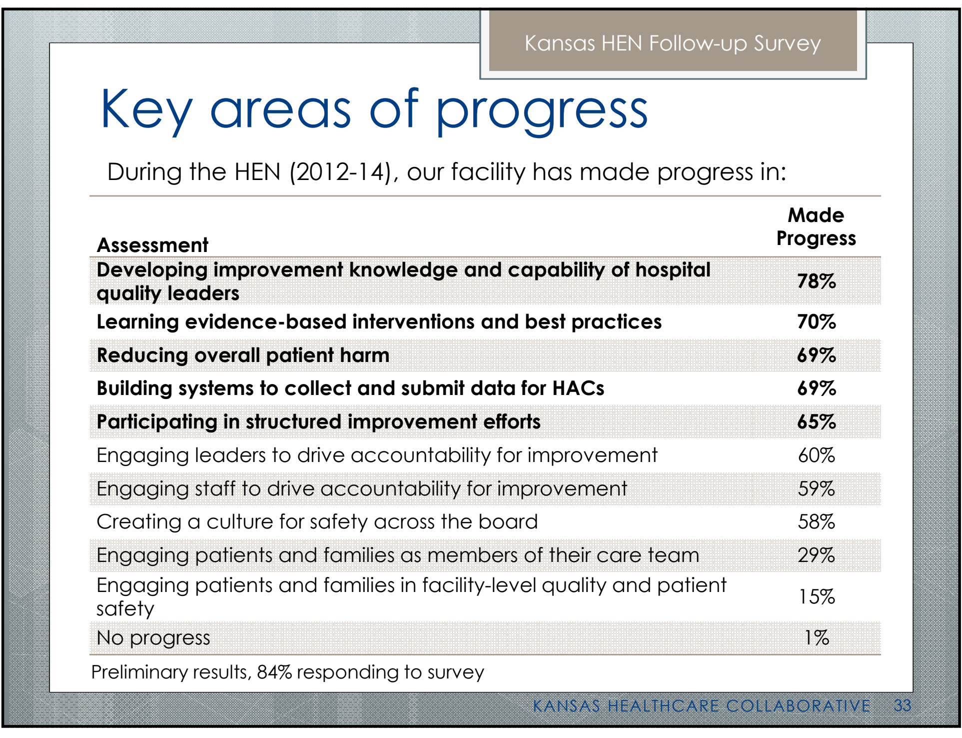



Kansas HEN Follow-up Survey
Kansas HEN
Preliminary progress
CLABSI Status Assessment
2015 (n=60)
72%
2012 (n=67)
49%
0%
20%
40%
60%
80%
100%
Progressing well or sustained results
Starting or facing challenges
No structured efforts
Preliminary results, 84% responding to survey
KANSAS HEALTHCARE COLLABORATIVE 29

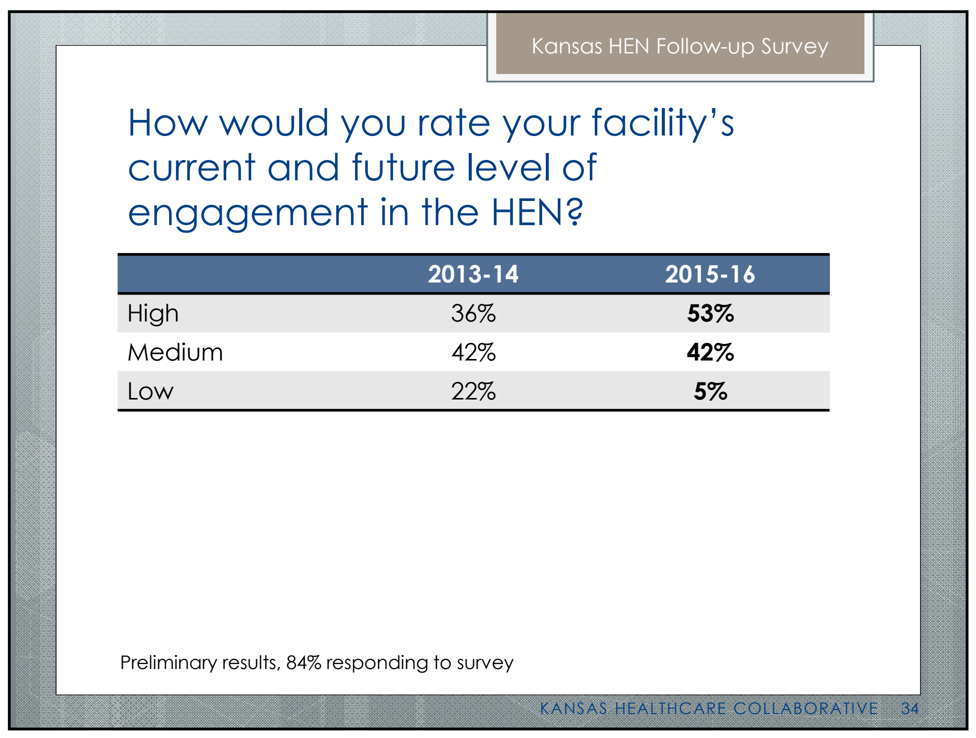

Kansas HEN Follow-up Survey
Kansas HEN
Preliminary progress
Falls Status Assessment
2015 (n=81)
60%
2012 (n=67)
50%
0%
20%
40%
60%
80%
100%
Progressing well or sustained results
Starting or facing challenges
No structured efforts
Preliminary results, 84% responding to survey
KANSAS HEALTHCARE COLLABORATIVE 30


Kansas HEN Follow-up Survey
Kansas HEN
Preliminary progress
SSI Status Assessment
2015 (n=51)
81%
2012
40%
0%
20%
40%
60%
80%
100%
Progressing well or sustained results
Starting or facing challenges
No structured efforts
Preliminary results, 84% responding to survey
KANSAS HEALTHCARE COLLABORATIVE 31


Kansas HEN Follow-up Survey
Kansas HEN
Preliminary progress
Readmissions Status Assessment
2015 (n=78)
27%
2012 (n=67)
20%
0%
20%
40%
60%
80%
100%
Progressing well or sustained results
Starting or facing challenges
No structured efforts
Preliminary results, 84% responding to survey
KANSAS HEALTHCARE COLLABORATIVE 32



Assessment	Made Progress
Developing improvement knowledge and capability of hospital quality leaders	**78%**
Learning evidence-based interventions and best practices	**70%**
Reducing overall patient harm	**69%**
Building systems to collect and submit data for HACs	**69%**
Participating in structured improvement efforts	**65%**
Engaging leaders to drive accountability for improvement	60%
Engaging staff to drive accountability for improvement	59%
Creating a culture for safety across the board	58%
Engaging patients and families as members of their care team	29%
Engaging patients and families in facility-level quality and patient safety	15%
No progress	1%



	2013-14	2015-16
High	36%	**53%**
Medium	42%	**42%**
Low	22%	**5%**

Kansas HEN Follow-up Survey

Sample comments:
More ways the Kansas HEN has been beneficial

"This has been a great network of peers to be involved with. Additional resources and ideas have come from being a part of the HEN."

"The opportunity to have a standardized method for process and outcome measurements has been so helpful. We have benchmark data, best practice data, and collaboration with like and larger facilities. It coordinates with our mission, vision, values and goals."

"By participating in KHEN our facility has become more aware of issues and we are now working on improvements to make it a better experience for our patients and to reduce the potential for harm across the board."

"The HEN project has been VERY helpful in giving us quality projects to measure and focus on. By offering education on all of the topics, we were able to get staff educated and more involved in the overall safety for patients!!"

"Participating in KHEN has kept patient safety and reducing harm at the forefront. Consistent communications with KHEN have helped us gain focus."

The KHEN has helped our focus on several areas, specifically HAIs through the many helpful tools and best practice checklist. It helps us be accountable and to help work on engaging our patients!

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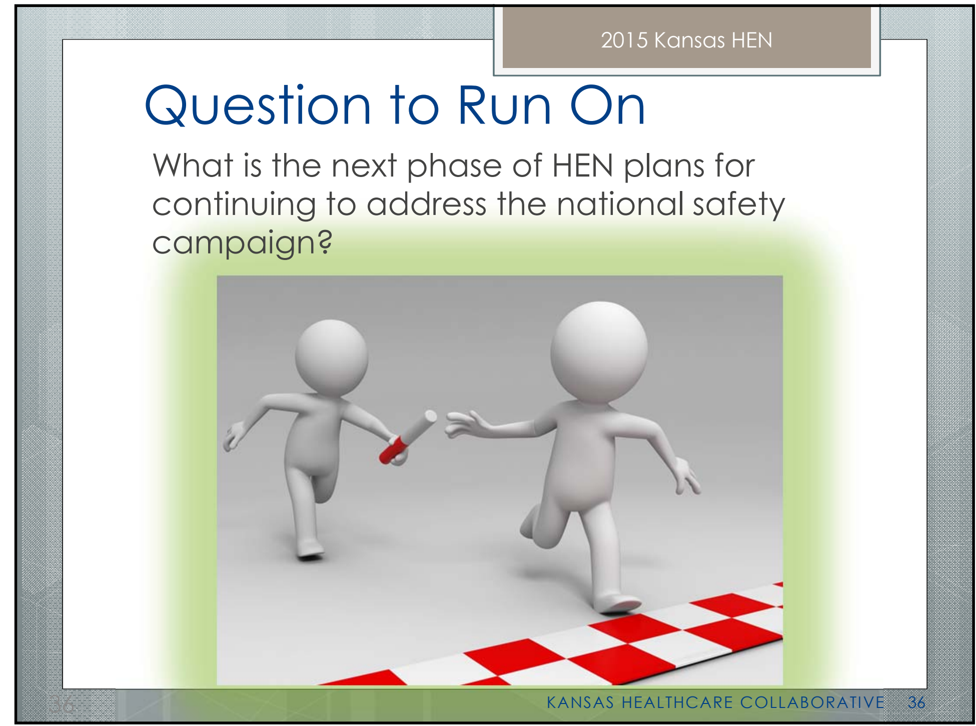
2015 Kansas HEN

Question to Run On

What is the next phase of HEN plans for continuing to address the national safety campaign?



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2015 Kansas HEN

Kansas HEN in 2015

KHC is committed to sustaining and supporting the Kansas HEN community through:

- Measure support, data collection and reports
- Break-through collaboratives in key areas
- Educational programming
- Venues for peer-to-peer sharing
- Technical assistance
- Connecting with state and national aims and priorities
- Positioning Kansas hospitals for continued success and future opportunities

After December 8, 2014, the Kansas HEN is no longer supported by CMS funds or the federal Partnership for Patients.

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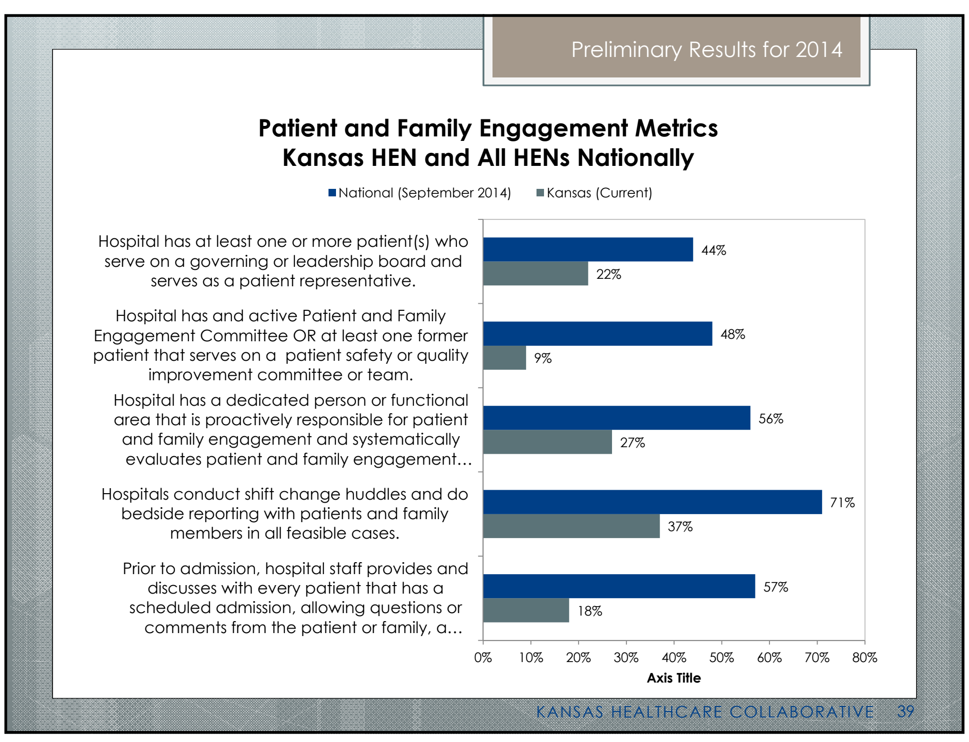
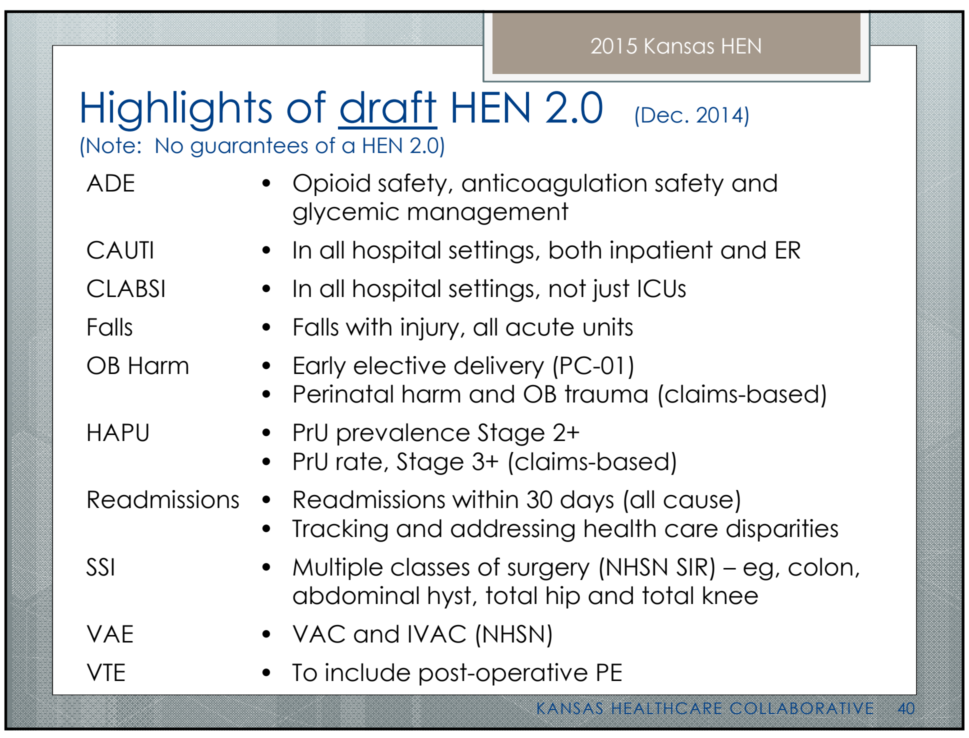
2015 Kansas HEN

Opportunities for 2015

- Renew focus on challenging topics
  - Readmissions
  - Adverse Drug Events
  - Falls and Pressure Ulcers
  - OB/Early Elective Delivery – Sustain, build upon success. Can we get EED to Zero?
  - SSI/Colon
- Patient and Family Engagement
- Continue to engage senior leaders
- All facilities (including CAHs) submitting data to NHSN

KANSAS HEALTHCARE COLLABORATIVE 38


Preliminary Results for 2014
Patient and Family Engagement Metrics
Kansas HEN and All HENs Nationally
National (September 2014)
Kansas (Current)
Hospital has at least one or more patient(s) who serve on a governing or leadership board and serves as a patient representative.
44%
22%
Hospital has and active Patient and Family Engagement Committee OR at least one former patient that serves on a patient safety or quality improvement committee or team.
48%
9%
Hospital has a dedicated person or functional area that is proactively responsible for patient and family engagement and systematically evaluates patient and family engagement…
56%
27%
Hospitals conduct shift change huddles and do bedside reporting with patients and family members in all feasible cases.
71%
37%
Prior to admission, hospital staff provides and discusses with every patient that has a scheduled admission, allowing questions or comments from the patient or family, a…
57%
18%
0% 10% 20% 30% 40% 50% 60% 70% 80%
Axis Title
KANSAS HEALTHCARE COLLABORATIVE 39


2015 Kansas HEN
Highlights of draft HEN 2.0 (Dec. 2014)
(Note: No guarantees of a HEN 2.0)
ADE • Opioid safety, anticoagulation safety and glycemic management
CAUTI • In all hospital settings, both inpatient and ER
CLABSI • In all hospital settings, not just ICUs
Falls • Falls with injury, all acute units
OB Harm • Early elective delivery (PC-01)
• Perinatal harm and OB trauma (claims-based)
HAPU • PrU prevalence Stage 2+
• PrU rate, Stage 3+ (claims-based)
Readmissions • Readmissions within 30 days (all cause)
• Tracking and addressing health care disparities
SSI • Multiple classes of surgery (NHSN SIR) – eg, colon, abdominal hyst, total hip and total knee
VAE • VAC and IVAC (NHSN)
VTE • To include post-operative PE
KANSAS HEALTHCARE COLLABORATIVE 40

2015 Kansas HEN

Possible cross-cutting focus according to draft HEN 2.0 (Dec. 2014)

PFE	• Adoption of five best practices of patient and family engagement in hospital harm reduction program
Leadership	• Adoption of four Leadership best practices aligned with goals
Disparities	• Tracking and addressing health care disparities in harm and readmission
Training activities	• Training for enrolled hospitals to address HACs, readmissions, PFE and continuous improvement efforts.
Organizational culture	• Survey, such as AHRQ Patient Safety Survey or Organizational Audit Tool

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2015 Kansas HEN

2015 Kansas HEN Measures

- **Stay the course with 2014 Kansas HEN measures (for now)**; Anticipate a new national program (HEN 2.0?) to be offered in 2015
- Measures likely to retire (still available in QHi for now)
  - Heart Failure discharge instructions
  - SCIP process measures

KANSAS HEALTHCARE COLLABORATIVE 42

2015 Kansas HEN

2015 Data

- Continue to use QHi for data collection
- CDS (from HRET) is our source for the national comparison line – still available *for now*
- KHC is considering new methods for setting baseline
  - Use more recent data
  - Use a longer time period for baseline
- Emphasize national benchmarks in reports

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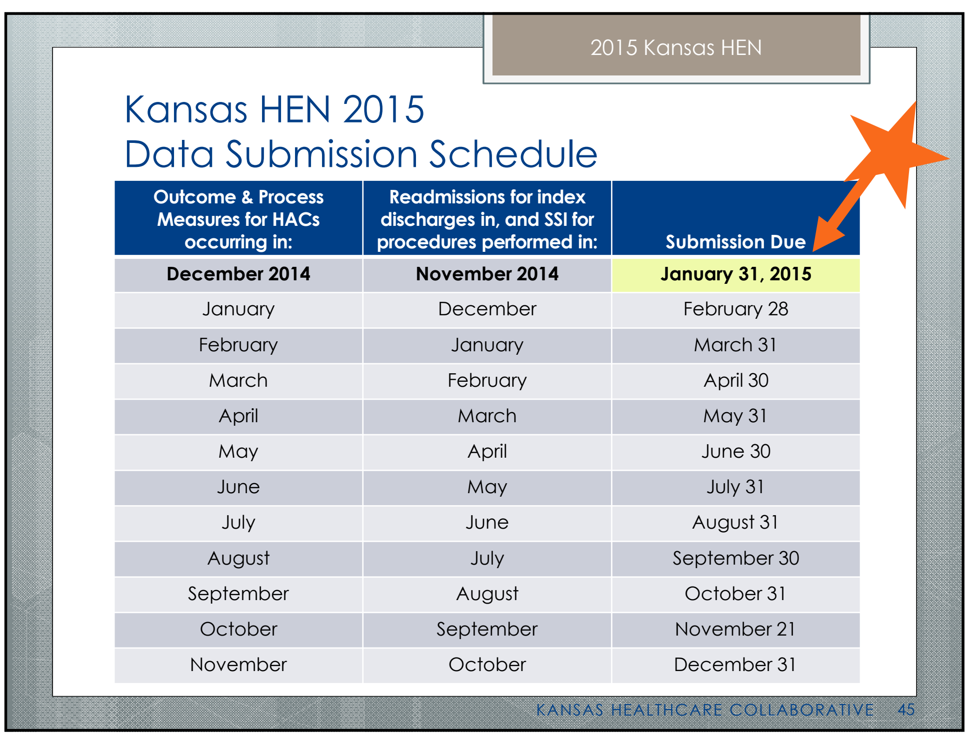
2015 Kansas HEN

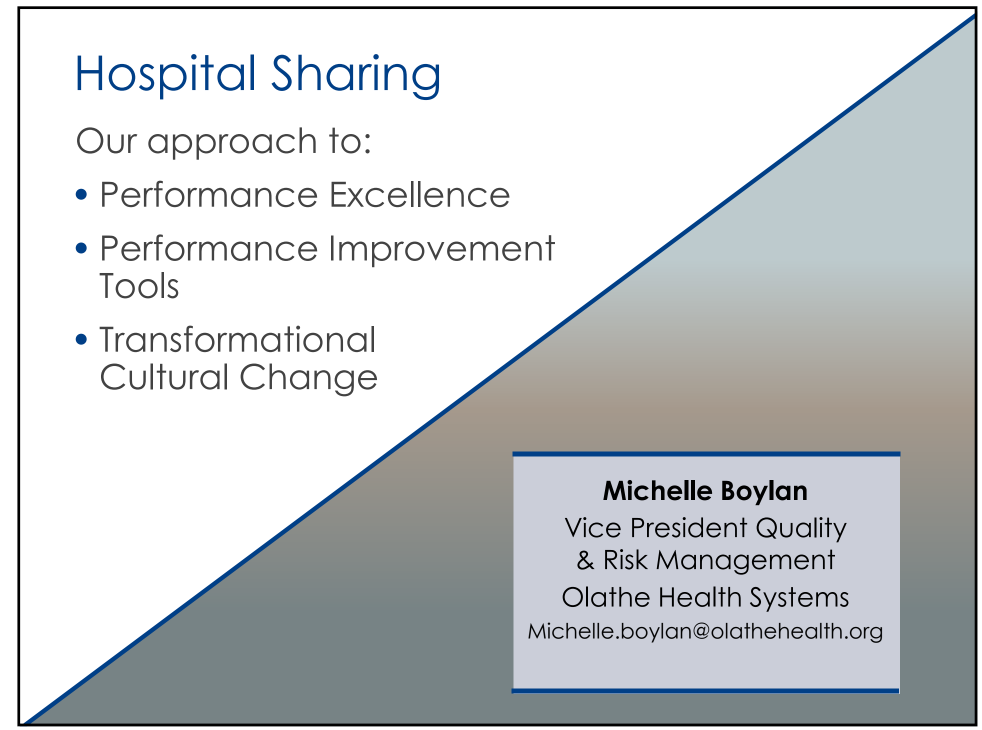
2015 Reports

- QHi reporting tools
- Reports from KHC
  - Currently revamping run chart report format.
  - Side-by-side comparison reports will reflect improvement status (not just data submission status). Hospital names will be blinded.
  - KHC will use ShareFile for report distribution.
- Run chart reports with final 2012-2014 data will be distributed in March.

KANSAS HEALTHCARE COLLABORATIVE 44



Outcome & Process Measures for HACs occurring in:	Readmissions for index discharges in, and SSI for procedures performed in:	Submission Due
December 2014	**November 2014**	**January 31, 2015**
January	December	February 28
February	January	March 31
March	February	April 30
April	March	May 31
May	April	June 30
June	May	July 31
July	June	August 31
August	July	September 30
September	August	October 31
October	September	November 21
November	October	December 31



Performance Excellence

“Performance Excellence” refers to an integrated approach to organizational performance management that results in:

- delivery of ever-improving value to customers and stakeholders, contributing to organizational sustainability;
- improvement of overall organizational effectiveness and capabilities;
- and organizational and personal learning.

High Reliability

Adopted for use with permission, Baldrige, 2014

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2015 Quality and Safety Linkage Drive Outcomes

Quality and safety are inextricably linked. *Quality in health care is the degree to which* its processes and results meet or exceed the needs and desires of the people it serves. Those needs and desires include safety.

The components of a quality management system should include the following:

- Ensuring reliable processes
- Decreasing variation and defects (waste)
- Focusing on achieving better outcomes
- Using evidence to ensure that a service is satisfactory

OHS Initiatives

High Reliability Initiatives (hand hygiene, falls reduction, safe culture)
Building on 60: Lean Six Sigma
Outcomes Management/Harm Across the Board
Service: Patient experience/Service recovery pilot
Technology: Cerner Optimization

Adopted for use with permission, TJC 2015

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Our Strategic Objectives for Excellence

Personnel:
- To provide a competent and sufficient workforce.

Quality:
- To provide quality care and services and improve patient safety.

Customer:
- To provide excellent customer service.

Growth and Development:
- To increase market share and address healthcare needs across our expanding service area.

Financial:
- To maintain financial stability.

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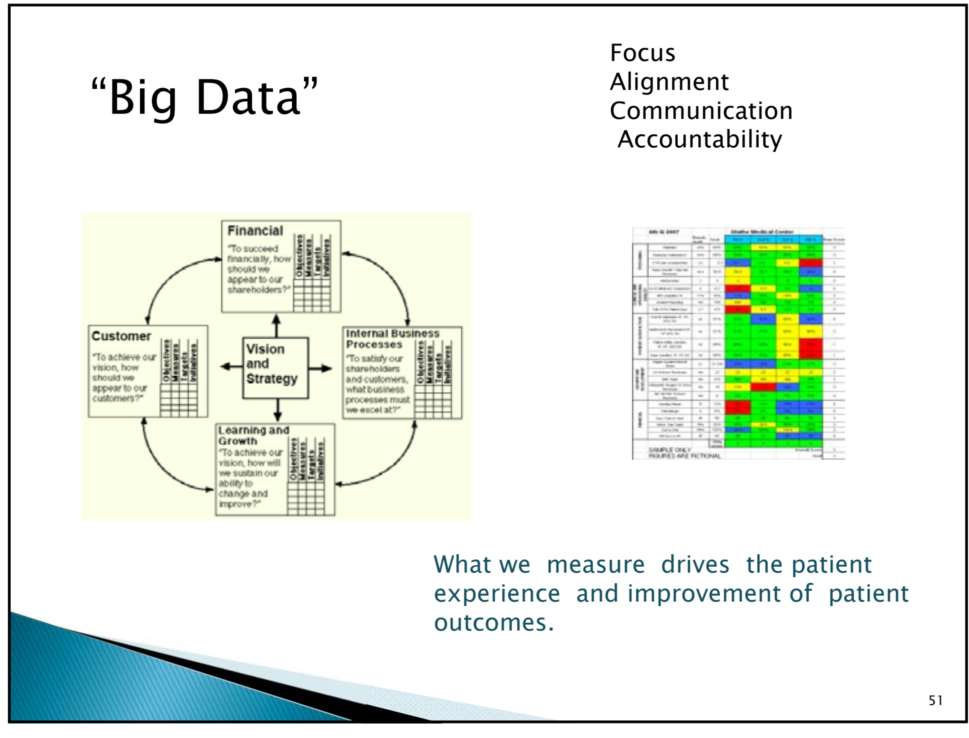
"Big Data"
Focus
Alignment
Communication
Accountability
Financial
"To succeed financially, how should we appear to our shareholders?"
Customer
"To achieve our vision, how should we appear to our customers?"
Vision and Strategy
Internal Business Processes
"To satisfy our shareholders and customers, what business processes must we excel at?"
Learning and Growth
"To achieve our vision, how will we sustain our ability to change and improve?"
Objectives
Measures
Targets
Initiatives
What we measure drives the patient experience and improvement of patient outcomes.
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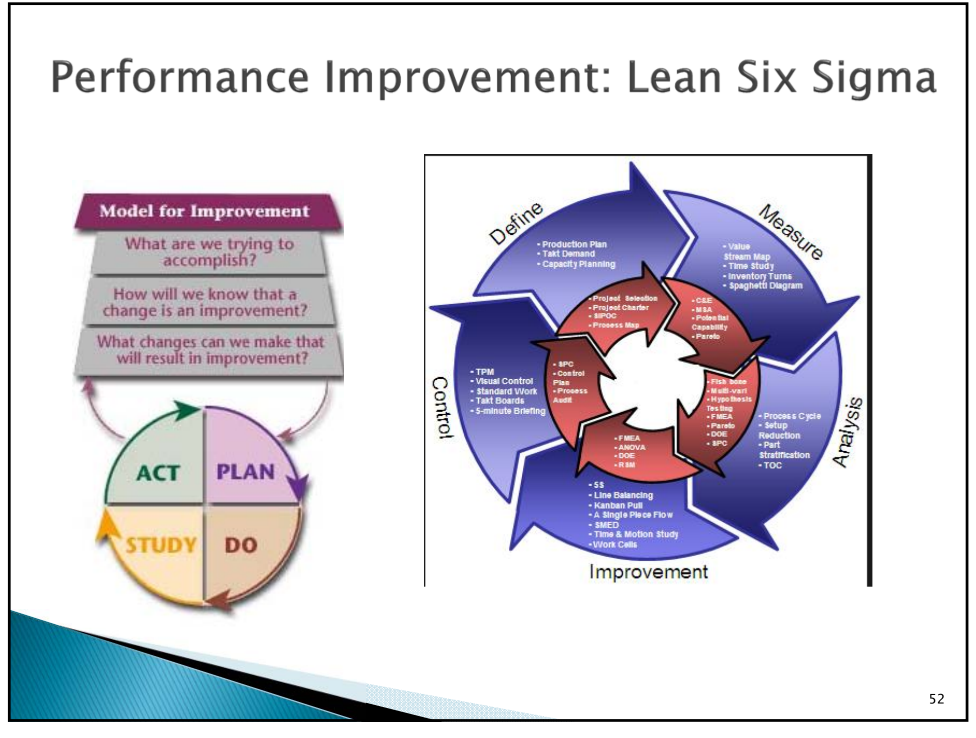
Performance Improvement: Lean Six Sigma
Model for Improvement
What are we trying to accomplish?
How will we know that a change is an improvement?
What changes can we make that will result in improvement?
ACT
PLAN
STUDY
DO
Define
Measure
Analysis
Improvement
Control
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Leadership Accountability

Hospitals are complex environments that depend on strong leadership to support an integrated patient safety system that includes the following:

Safety culture
Validated methods to improve processes and systems
Standardized ways for interdisciplinary teams to communicate and collaborate
Safely integrated technologies

In an integrated patient safety system, staff and leaders work together to eliminate complacency, promote collective mindfulness, treat each other with respect and compassion, and learn from their patient safety events, including close calls and other system failures that have not yet led to patient harm.

" CAN DO ATTITUDE"

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Performance Improvement Tools

Define	Measure	Analyze	Improve	Control
- Project Selection Tools - PIP Management Process - **Value Stream Map** - Financial Analysis - Project Charter - Multi-Generational Plan - Stakeholder Analysis - Communication Plan - SIPOC Map - High-Level Process Map - **Non-Value-Added Analysis** - VOC and Kano Analysis - QFD - RACI an d Quad Charts	- Operational Definitions - Data Collection Plan - Pareto Chart - Histogram - Box Plot - Statistical Sampling - Measurement System Analysis - Control Charts - **Process Cycle Efficiency** - **Process Sizing** - Process Capability C&C	- Pareto Charts - C&E Matrix - Fishbone Diagrams - Brainstorming - Detailed "As-Is" Process Maps - Basic Statistical Tools - **Constraint Identification** - **Time Trap Analysis** - **Non-Value-Added Analysis** - Hypothesis Testing - Confidence Intervals - FMEA - Simple & Multiple Regression - ANOVA - **Queuing Theory** - **Analytical Batch Sizing**	- Brainstorming - Benchmarking - **TPM** - **5S** - **Line Balancing** - **Process Flow Improvement** - **Replenishment Pull** - **Sales & Operations Planning** - **Setup Reduction** - **Generic Pull** - **Kaizen** - **Poka-Yoke** - FMEA - Hypothesis Testing - Solution Selection Matrix - "To-Be" Process Maps - Piloting and Simulation	- Control Charts - Standard Operating Procedures (SOPs) - Training Plan - Communication Plan - Implementation Plan - **Visual Process Control** - **Mistake-Proofing** - Process Control Plans - Project Commissioning - Project Replication - Plan-Do-Check-Act Cycle

Evidence Based Practice/ Benchmark Data/ Outcomes
Performance Improvement/ Enterprise Risk Management

Transformational Cultural Change

- Strength in sharing knowledge and science
- Instilling Inspiration and confidence with a "can do" attitude.
- Role model actions of accountability
- Failures are the gift of learning

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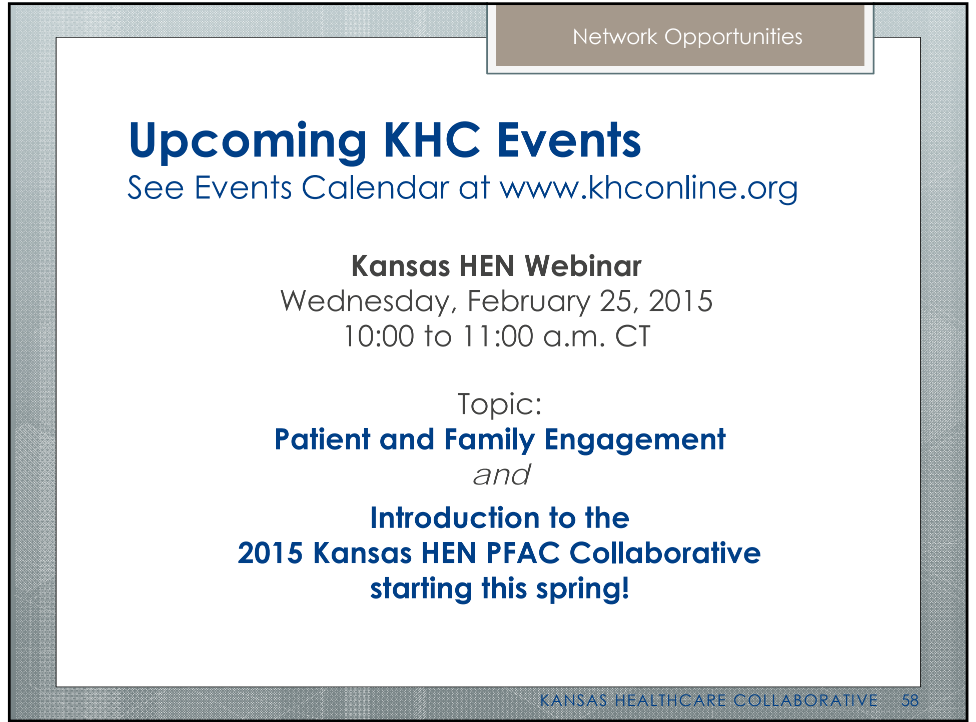
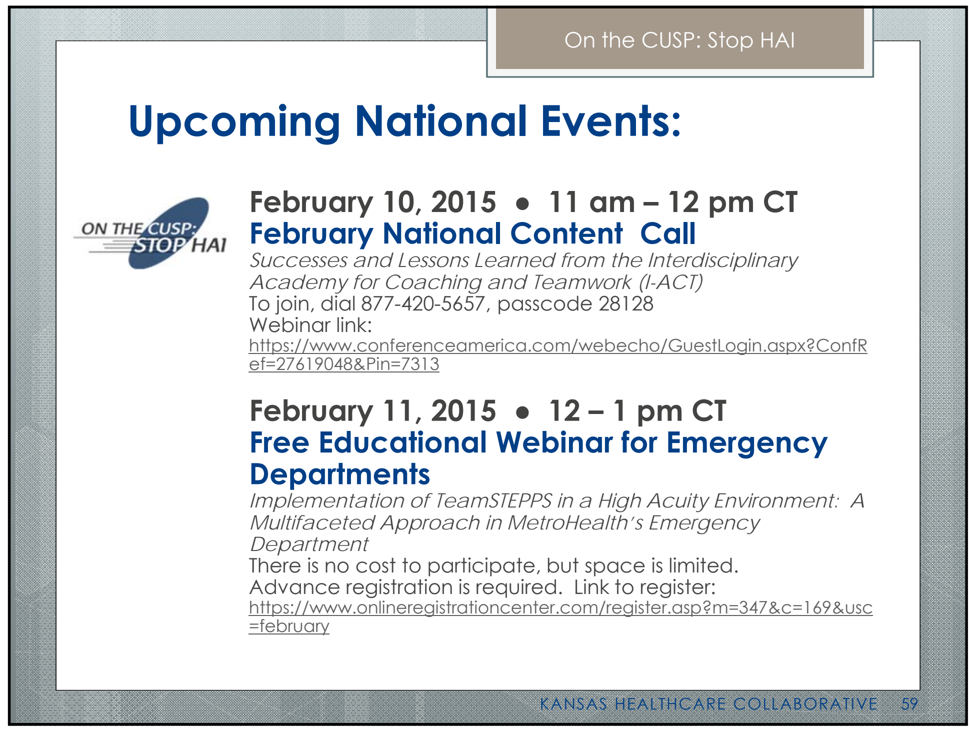
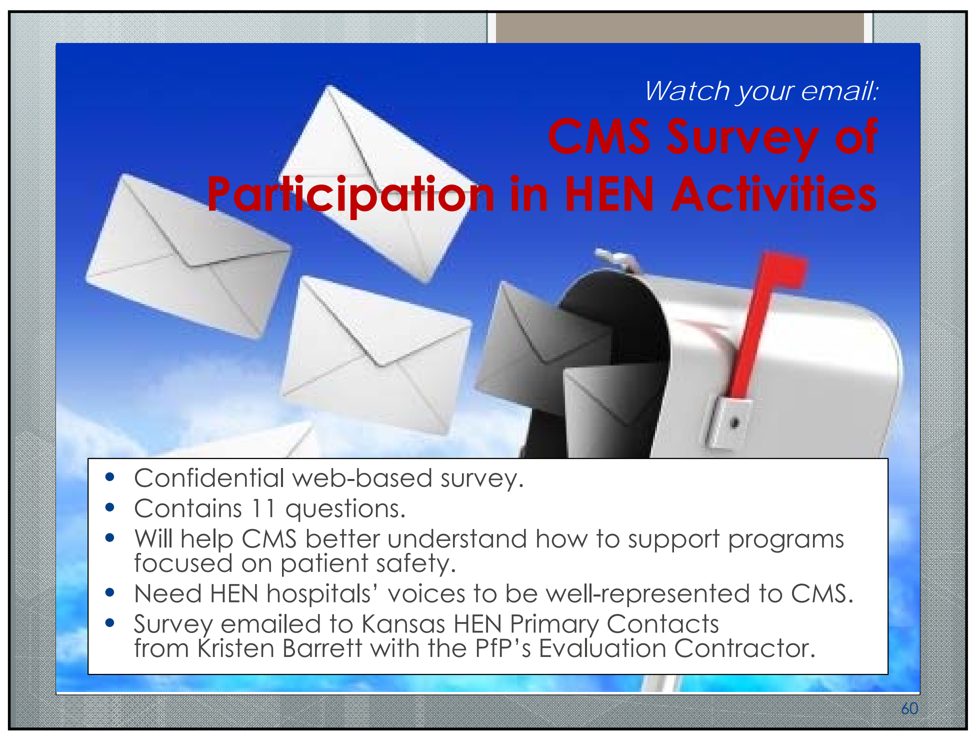
Resources and announcements
• Upcoming events
• Resources
Michele Clark
Program Director
Kansas Healthcare Collaborative
mclark@khconline.org
785-235-0763 x1321


Network Opportunities
Upcoming KHC Events
See Events Calendar at www.khconline.org
Kansas HEN Webinar
Wednesday, February 25, 2015
10:00 to 11:00 a.m. CT
Topic:
Patient and Family Engagement
and
Introduction to the
2015 Kansas HEN PFAC Collaborative
starting this spring!
KANSAS HEALTHCARE COLLABORATIVE 58


On the CUSP: Stop HAI
Upcoming National Events:
ON THE CUSP: STOP HAI
February 10, 2015 • 11 am – 12 pm CT
February National Content Call
Successes and Lessons Learned from the Interdisciplinary Academy for Coaching and Teamwork (I-ACT)
To join, dial 877-420-5657, passcode 28128
Webinar link:
https://www.conferenceamerica.com/webecho/GuestLogin.aspx?ConfRef=27619048&Pin=7313
February 11, 2015 • 12 – 1 pm CT
Free Educational Webinar for Emergency Departments
Implementation of TeamSTEPPS in a High Acuity Environment: A Multifaceted Approach in MetroHealth's Emergency Department
There is no cost to participate, but space is limited.
Advance registration is required. Link to register:
https://www.onlineregistrationcenter.com/register.asp?m=347&c=169&usc=february
KANSAS HEALTHCARE COLLABORATIVE 59


Watch your email:
CMS Survey of Participation in HEN Activities
• Confidential web-based survey.
• Contains 11 questions.
• Will help CMS better understand how to support programs focused on patient safety.
• Need HEN hospitals' voices to be well-represented to CMS.
• Survey emailed to Kansas HEN Primary Contacts from Kristen Barrett with the PfP's Evaluation Contractor.
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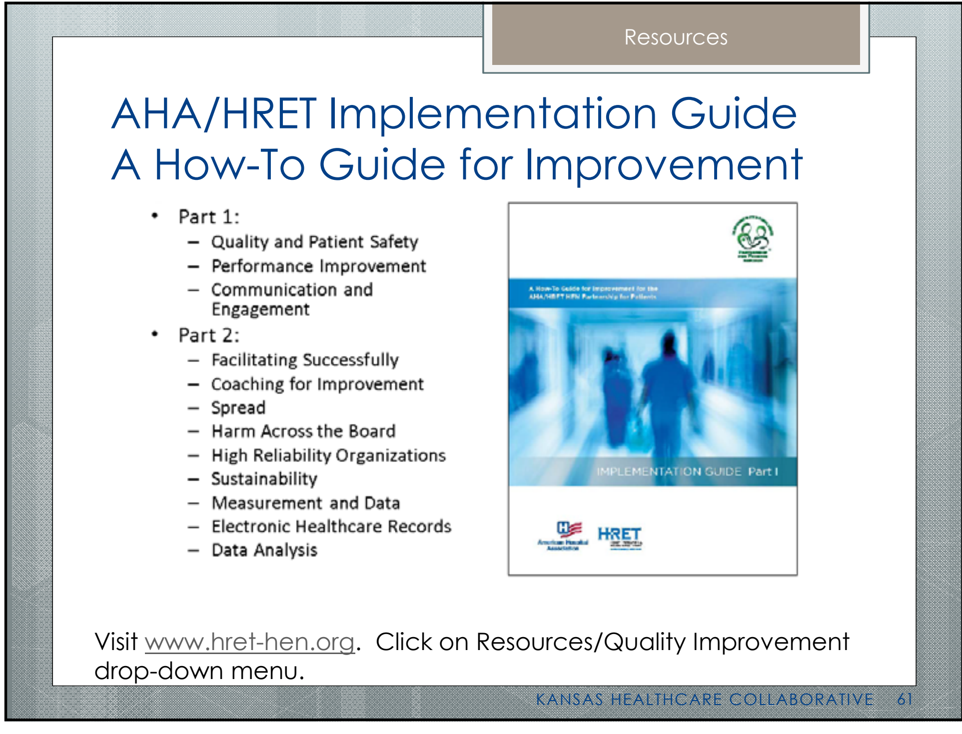
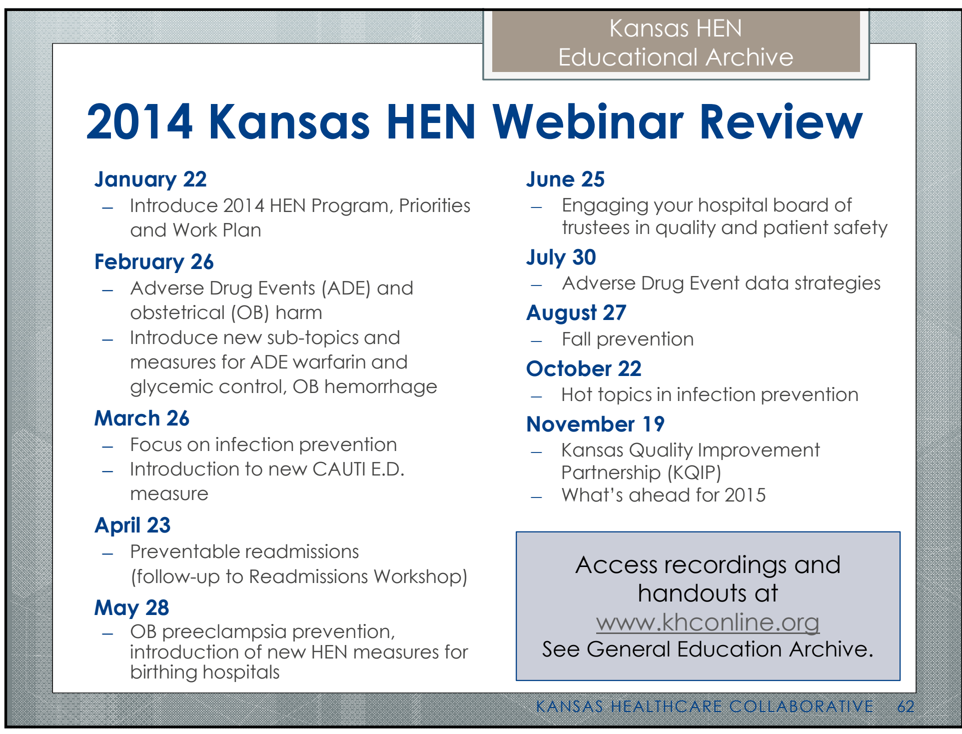

Resources
AHA/HRET Implementation Guide
A How-To Guide for Improvement
• Part 1:
– Quality and Patient Safety
– Performance Improvement
– Communication and Engagement
• Part 2:
– Facilitating Successfully
– Coaching for Improvement
– Spread
– Harm Across the Board
– High Reliability Organizations
– Sustainability
– Measurement and Data
– Electronic Healthcare Records
– Data Analysis
IMPLEMENTATION GUIDE Part I
HRET
Visit www.hret-hen.org. Click on Resources/Quality Improvement drop-down menu.
KANSAS HEALTHCARE COLLABORATIVE 61


Kansas HEN
Educational Archive
2014 Kansas HEN Webinar Review
January 22
– Introduce 2014 HEN Program, Priorities and Work Plan
February 26
– Adverse Drug Events (ADE) and obstetrical (OB) harm
– Introduce new sub-topics and measures for ADE warfarin and glycemic control, OB hemorrhage
March 26
– Focus on infection prevention
– Introduction to new CAUTI E.D. measure
April 23
– Preventable readmissions (follow-up to Readmissions Workshop)
May 28
– OB preeclampsia prevention, introduction of new HEN measures for birthing hospitals
June 25
– Engaging your hospital board of trustees in quality and patient safety
July 30
– Adverse Drug Event data strategies
August 27
– Fall prevention
October 22
– Hot topics in infection prevention
November 19
– Kansas Quality Improvement Partnership (KQIP)
– What's ahead for 2015
Access recordings and handouts at www.khconline.org
See General Education Archive.
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KANSAS HEALTHCARE COLLABORATIVE 63

Discussion
Q&A / Discussion
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