Kansas Hospital Engagement Network

Virtual Meeting:
Kansas HEN updates and peer-to-peer sharing

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
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

Comments or questions?

Please type your question or message into the chat window as we go. We will monitor chat and respond as we go.

We will pause for telephone Q&A at the conclusion of the program.

Or contact us after the webinar. Emails are provided.
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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**Announcements**

### Kansas HEN 2014 AHA/HRET Improvement Leader Fellows

<table>
<thead>
<tr>
<th>Ashland Health Center</th>
<th>Ottawa County Health Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jessica Bates</td>
<td>Carolyn Winebrenner</td>
</tr>
<tr>
<td>Clara Barton Hospital</td>
<td>Ransom Memorial Hospital</td>
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<tr>
<td>Jane Schepmann</td>
<td>Dorothy Rice</td>
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<td>Hutchinson Regional Medical Center</td>
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<td>Janet Feril</td>
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<td>Kingman Community Hospital</td>
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<td>Gayle Easley</td>
<td>Betty Manley</td>
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<td>Debbie Richter</td>
<td>Beverly Myers</td>
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<td>Meade District Hospital</td>
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<td>Smith County Memorial Hospital</td>
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<td>Neida Jeffery</td>
<td>Julie Haesene</td>
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<td>Newton Medical Center</td>
<td>Susan B. Allen Memorial Hospital</td>
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<tr>
<td>Dr. Jennifer Koontz</td>
<td>Jamie Boyle</td>
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<td>Clothe Medical Center</td>
<td>Trego County Lemke Memorial Hospital</td>
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<td>Kathy Auten</td>
<td>Jessica Buchholt</td>
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<td>Kim Barton</td>
<td>Wesly Medical Center</td>
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<td>Michelle Boylan</td>
<td>Jenn Paul</td>
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<tr>
<td>Amy Harvey</td>
<td>Kansas Healthcare Collaborative</td>
</tr>
<tr>
<td>Thomas Laughlin</td>
<td>Kendra Tinsley</td>
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<tr>
<td>Janiene Nash</td>
<td>Michele Clark</td>
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<tr>
<td>Jennifer Nick-Helmstetter</td>
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</tbody>
</table>
IHI Open School
Kansas: 79 subscriptions reserved (free)

Kansas HEN Participants Completing >12 IHI Open School Modules

**Comanche County Hospital**
- Beverly Malone, Quality Improvement/Infection Control Director

**Rooks County Health Center**
- Pam Harmon, Chief Nursing Officer
- Melva Oller, Director of Surgical Services

**Olathe Medical Center**
- Michelle Boylan, VP Quality & Risk Management
- Jennifer Nick-Helmstetler, Quality & Outcomes Coordinator
- Mariann Wolff, Risk Management Manager

**Republic County Hospital**
- Denise Roberts, Quality Assurance

**Kansas Healthcare Collaborative**
- Kendra Tinsley, Executive Director
- Michele Clark, Program Director

CAUTI in the ICU
>333 ICUs in 16 states: AR, AZ, CO, FL, GA, IL, KS, KY, MN, NC, NJ, OK, SC, TN, TX, VA

<table>
<thead>
<tr>
<th>17 Kansas Hospitals, 18 ICU units</th>
<th>Project Leads</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cloud County Health Center</td>
<td>Mayra Brooks</td>
</tr>
<tr>
<td>Coffeyville Regional Medical Center</td>
<td>Susan Thomson</td>
</tr>
<tr>
<td>Hays Medical Center</td>
<td>Kevin Myers</td>
</tr>
<tr>
<td>Hutchinson Regional Medical Center</td>
<td>Julie Ward</td>
</tr>
<tr>
<td>Labette Health</td>
<td>Peggy Haxington</td>
</tr>
<tr>
<td>Lawrence Memorial Hospital</td>
<td>Nikki Rivers</td>
</tr>
<tr>
<td>Mercy Regional Health Center</td>
<td>Melanie Haster</td>
</tr>
<tr>
<td>Neosho Memorial Regional Medical Center</td>
<td>Patricia Lucke</td>
</tr>
<tr>
<td>Pratt Regional Medical Center</td>
<td>Hayley Linn</td>
</tr>
<tr>
<td>Ransom Memorial Hospital</td>
<td>Justine Fine</td>
</tr>
<tr>
<td>Republic County Hospital</td>
<td>Stevie Swercinsky</td>
</tr>
<tr>
<td>Salina Regional Health Center</td>
<td>Challa Lawson</td>
</tr>
<tr>
<td>Shawnee Mission Medical Center</td>
<td>Zoe Brahka</td>
</tr>
<tr>
<td>The University of Kansas Hospital - NEICU</td>
<td>Stacy Smith</td>
</tr>
<tr>
<td>The University of Kansas Hospital - SICU</td>
<td>Cis Pitchard</td>
</tr>
<tr>
<td>Via Christi Hospital on St. Francis</td>
<td>Kari Gordon</td>
</tr>
<tr>
<td>Via Christi Hospital Pittsburg, Inc.</td>
<td>Cheryl Craig</td>
</tr>
<tr>
<td>Wesley Medical Center</td>
<td>Melinda Fields</td>
</tr>
</tbody>
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Cohort 9

CAUTI in the ICU Project

16 hand-selected states
>333 ICUs in >250 hospitals

Each state features an ICU nurse/physician clinical leadership team.

In Kansas,
Shawnee Mission Medical Center:
Shalan Stroud, RN and Larry Botts, MD

National and regional approach for monthly webinars and coaching calls.

State contacts:
Michele Clark at KHC (mclark@khconline.org) and Nadyne Hagmeier at KFMC (nhagmeier@kfmc.org)

Group Facilitators:
NJHA – New Jersey Hospital Association
MHA – Michigan Health and Hospital Association
SCCM – Society of Critical Care Medicine

Announcements

CAUTI in the E.D. Intervention

80 emergency departments in nine states:
CA-1, CT-10; FL-32; KS-16; NJ-3; NY-1; OK-16; SC-1

<table>
<thead>
<tr>
<th>16 Kansas Hospitals</th>
<th>Project Leads</th>
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<tbody>
<tr>
<td>Coffeyville Regional Medical Center</td>
<td>Susan Thomison</td>
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<tr>
<td>Comanche County Hospital, Coldwater</td>
<td>Beverly Malone</td>
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<tr>
<td>Decatur Health Systems, Oberlin</td>
<td>Amy Haas</td>
</tr>
<tr>
<td>Fredonia Regional Hospital, Fredonia</td>
<td>Amanda Green</td>
</tr>
<tr>
<td>Hodgeman County Health Center, Jetmore</td>
<td>Kegan Walser</td>
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<td>Kearny County Hospital, Lakin</td>
<td>Ashley Rich</td>
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<td>Labette Health, Parsons</td>
<td>Willetta Wilson</td>
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<td>Memorial Health System, Abilene</td>
<td>Carol Lands</td>
</tr>
<tr>
<td>Minneola District Hospital, Minneola</td>
<td>Judy Smith</td>
</tr>
<tr>
<td>Norton County Hospital, Norton</td>
<td>Deb Bowen</td>
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<tr>
<td>Olathe Medical Center, Olathe</td>
<td>Nina Shik</td>
</tr>
<tr>
<td>Republic County Hospital, Belleville</td>
<td>Loretta Herman</td>
</tr>
<tr>
<td>Rooks County Health Center, Plainville</td>
<td>Angela Hahn</td>
</tr>
<tr>
<td>Saint Luke’s Chest Hospital, Leavenworth</td>
<td>CK Larson</td>
</tr>
<tr>
<td>Sheridan County Health Complex, Hoxie</td>
<td>Tiffany Palmer</td>
</tr>
<tr>
<td>The University of Kansas Hospital, Kansas City</td>
<td>Christine Metzger</td>
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Celebrating Success

- CMS Partnership for Patients
- AHA/HRET HEN

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

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
**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
- Safety Across the Board as the new normal
- Patient and Family Advocate Community organized for SAB
- Federal and National Partners aligned with SAB

*Source: CMS, QualityNet 2014*
**Safety Across The Board Guide:**
**A HEN Call To Action**

*Safety Across the Board* occurs when hospitals take a systemic approach to measuring, monitoring and continually improving care. Rather than using a project-by-project or unit-by-unit approach, the focus shifts to **systems thinking to reduce all harms occurring in the hospital.**

*Safety Across the Board* is a **culture of safety and a sensitivity to operations** that makes it “difficult to do the wrong thing” and easy “to do the right thing”…

Source: CMS, QualityNet 2014

NEW GUIDE released 12/4/2014
www.h2pi.org/assets/sab_guide.pdf

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**Innovations from the “HEN Point of View”**
**The Power of Regular Network Communication**

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

Source: CMS, QualityNet 2014
Major National Reductions in Harm
AHRQ 2010 Baseline & Results to Date

<table>
<thead>
<tr>
<th>Year</th>
<th>Harms/1000 Discharges</th>
</tr>
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<tbody>
<tr>
<td>2010</td>
<td>145</td>
</tr>
<tr>
<td>2011</td>
<td>142</td>
</tr>
<tr>
<td>2012</td>
<td>132</td>
</tr>
<tr>
<td>2013</td>
<td>121</td>
</tr>
<tr>
<td>2014</td>
<td>Goal = 120 harms/1000 Discharges</td>
</tr>
</tbody>
</table>

Source: CMS, QualityNet 2014

Engagement and Harm Reduction Status of PfP-Aligned Hospitals
(September 2012 - November 2014)

Note: As of March 2013, the method for classifying hospitals as improving and meeting benchmark status was changed and clarified, making data for the “Staying Benchmark Status” as of March 2013 non-comparable to those shown in earlier months.
Source: CMS, QualityNet 2014
Patient and Family Engagement Metrics: Measuring Hospital Successes

Governance
- Patient and Family Advisor on Board
- PFAC or Representative on Quality Improvement Team

Policy and Protocol
- Planning Checklist
- Point of Care
- Shift Change Huddles/Bedside Reporting
- PFE Leader or Functional Area

Source: CMS, QualityNet 2014

PfP Hospitals’ Progress in Patient and Family Engagement, February 2013 – June 2014

Source: HCN-National 2.0 Spreadsheets, June 2014
Source: CMS, QualityNet 2014
Hospitals in the AHA/HRET Hospital Engagement Network 2012-2014

Source: AHA/HRET, Improvement Leader Fellowship, November 2014

AHA/HRET Estimates
Harms Prevented & Cost Savings
January 2012 – October 2014

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

Kansas HEN Data and Measures Updates

- Preliminary Results for 2014
- 2015 Data, Measures and Reports

Eric Cook-Wiens
Data and Measures Manager
Kansas Healthcare Collaborative
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Preliminary Results for 2014

Percent Reduction from Baseline
Kansas HEN Outcome Measures

(preliminary snapshot 1/23/2015)
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
Kansas HEN Follow-up Survey

- Conducted in December.
- 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.

Kansas HEN Preliminary progress

**CAUTI Status Assessment**

- 2015 (n=81) 76%
- 2012 (n=67) 48%

Preliminary results, 84% responding to survey
Kansas HEN Preliminary progress

**CLABSI Status Assessment**

- 2015 (n=60): 72%
- 2012 (n=67): 49%

Preliminary results, 84% responding to survey

**Falls Status Assessment**

- 2015 (n=81): 60%
- 2012 (n=67): 50%

Preliminary results, 84% responding to survey
Kansas HEN Follow-up Survey

Kansas HEN
Preliminary progress

SSI Status Assessment

- 2015 (n=51)
  - Progressing well or sustained results: 81%
  - Starting or facing challenges: 19%
  - No structured efforts: 0%

- 2012
  - Progressing well or sustained results: 40%
  - Starting or facing challenges: 60%
  - No structured efforts: 0%

Preliminary results, 84% responding to survey

Kansas HEN Follow-up Survey

Kansas HEN
Preliminary progress

Readmissions Status Assessment

- 2015 (n=78)
  - Progressing well or sustained results: 27%
  - Starting or facing challenges: 73%
  - No structured efforts: 0%

- 2012 (n=67)
  - Progressing well or sustained results: 20%
  - Starting or facing challenges: 80%
  - No structured efforts: 0%

Preliminary results, 84% responding to survey
Key areas of progress

During the HEN (2012-14), our facility has made progress in:

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

Preliminary results, 84% responding to survey

How would you rate your facility’s current and future level of engagement in the HEN?

<table>
<thead>
<tr>
<th>Rating</th>
<th>2013-14</th>
<th>2015-16</th>
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<tbody>
<tr>
<td>High</td>
<td>36%</td>
<td>53%</td>
</tr>
<tr>
<td>Medium</td>
<td>42%</td>
<td>42%</td>
</tr>
<tr>
<td>Low</td>
<td>22%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Preliminary results, 84% responding to 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!

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

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
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…

Hospitals conduct shift change huddles and do bedside reporting with patients and family members in all feasible cases.

Hospital has a dedicated person or functional area that is proactively responsible for patient and family engagement and systematically evaluates patient and family engagement…

Hospital has an active Patient and Family Engagement Committee OR at least one former patient that serves on a patient safety or quality improvement committee or team.

Hospital has at least one or more patient(s) who serve on a governing or leadership board and serves as a patient representative.

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)

HAPU • PrU prevalence Stage 2+

Readmissions • Readmissions within 30 days (all cause)

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

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

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
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

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 HEN 2015 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>January</td>
<td>December</td>
<td>February 28</td>
</tr>
<tr>
<td>February</td>
<td>January</td>
<td>March 31</td>
</tr>
<tr>
<td>March</td>
<td>February</td>
<td>April 30</td>
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<td>November 21</td>
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<td>November</td>
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### Hospital Sharing

**Our approach to:**

- Performance Excellence
- Performance Improvement Tools
- Transformational Cultural Change

**Michelle Boylan**  
Vice President Quality & Risk Management  
Olathe Health Systems  
Michelle.boylan@olathehealth.org
Welcome to the Olathe Health System

Olathe Medical Center
Licensed 300 beds
Staffed 235
FTE 1,267
Discharge by Service 36,648

Olathe Medical Services
Clinic sites 39
FTE 436
Clinic visits 440,000

Miami County Medical Center
Licensed 39 beds
Staffed 18 beds
FTE 129
Discharge by Service 458

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
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.
What we measure drives the patient experience and improvement of patient outcomes.

Performance Improvement: Lean Six Sigma

Model for improvement

- ACT
- PLAN
- STUDY
- DO

Define

- Value stream mapping
- Process mapping
- Failure modes and effects analysis
- Pareto analysis

Measure

- Yields
- Cycle time
- Flow
- Defects

Analyze

- Root cause analysis
- Failure mode analysis
- FMEA
- Flow analysis
- Yield improvement
- Pareto analysis

Improve

- DOE
- Kaizen
- 5S
- 6S

Control

- Standard procedures
- Standard work
- Training
- System
- Standardization

Customer satisfaction

Financial

Vision and Strategy

Alignment

Communication

Accountability

“Big Data”
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”
Performance Improvement Tools

<table>
<thead>
<tr>
<th>Define</th>
<th>Measure</th>
<th>Analyze</th>
<th>Improve</th>
<th>Control</th>
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<tr>
<td>- Project Selection Tools</td>
<td>- Pareto Charts</td>
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<td>- EBM Management</td>
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<td>- Value Stream Map</td>
<td>- Fishbone Diagrams</td>
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<td>- Financial Analysis</td>
<td>- Flowcharts</td>
<td>- Lean</td>
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<td>- SPC/ Mapped</td>
<td>- Process Mapping</td>
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<td>- Value-Added Analysis</td>
<td>- Capability Analysis</td>
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<td>- Checklist/ Audits</td>
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<td>- VOC and Kano Analysis</td>
<td>- Cause and Effect Analysis</td>
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<tr>
<td>- Lean Six Sigma Tools</td>
<td>- NAQ and Q3D Charts</td>
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Evidence Based Practice/ Benchmark Data/ Outcomes
Performance Improvement/ Enterprise Risk Management

American Hospital Association
HRET

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

ADAPT

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Olathe Health System Incorporated
Resources and announcements

- Upcoming events
- Resources

Michele Clark
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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!
Upcoming National Events:

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

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](https://www.onlineregistrationcenter.com/register.asp?m=347&c=169&usc=February)

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.
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

Visit [www.hret-hen.org](http://www.hret-hen.org). Click on Resources/Quality Improvement drop-down menu.

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](http://www.khconline.org)
See General Education Archive.
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Q&A / Discussion