

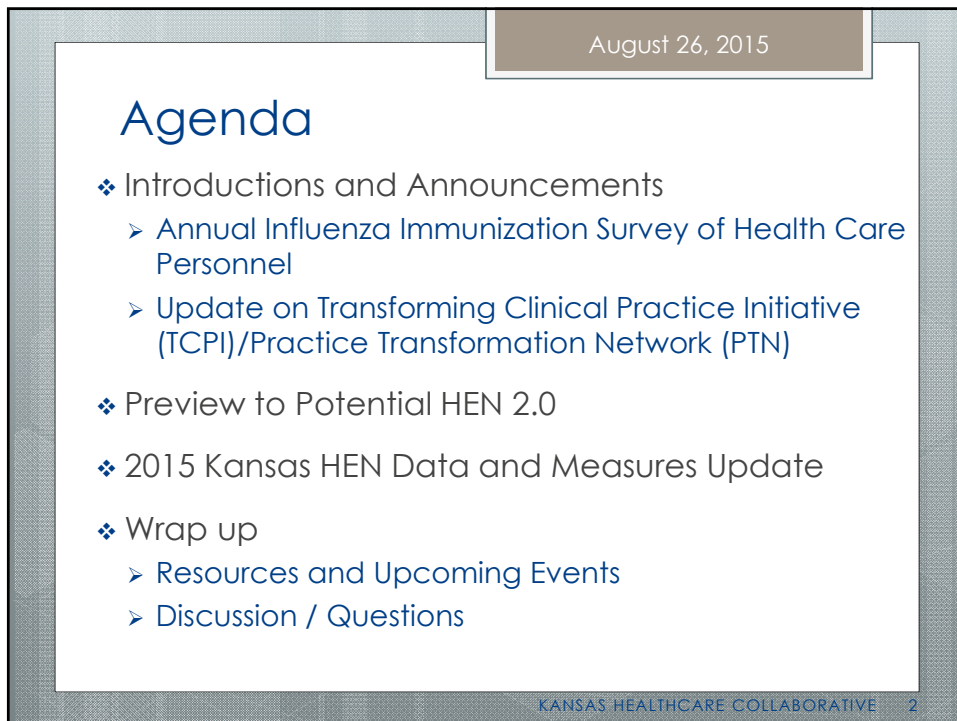
A banner for a virtual meeting. The top left has the text "Kansas Hospital Engagement Network" in blue and "Virtual Meeting" in bold black. The bottom right features a brown box with the "KHC" logo, "Kansas Healthcare COLLABORATIVE", and the event details: "Kansas HEN Webinar", "August 26, 2015", and "10:00 to 11:00 am CT". The background is a light blue with a faint geometric pattern.

Kansas Hospital
Engagement Network

Virtual Meeting

KHC
Kansas Healthcare
COLLABORATIVE

Kansas HEN Webinar
August 26, 2015
10:00 to 11:00 am CT

An agenda slide for a webinar. It has a date box at the top right saying "August 26, 2015". The main title is "Agenda". The list includes: "Introductions and Announcements" with sub-points "Annual Influenza Immunization Survey of Health Care Personnel" and "Update on Transforming Clinical Practice Initiative (TCPI)/Practice Transformation Network (PTN)"; "Preview to Potential HEN 2.0"; "2015 Kansas HEN Data and Measures Update"; and "Wrap up" with sub-points "Resources and Upcoming Events" and "Discussion / Questions". The footer says "KANSAS HEALTHCARE COLLABORATIVE 2".

August 26, 2015

Agenda

- ❖ Introductions and Announcements
 - Annual Influenza Immunization Survey of Health Care Personnel
 - Update on Transforming Clinical Practice Initiative (TCPI)/Practice Transformation Network (PTN)
- ❖ Preview to Potential HEN 2.0
- ❖ 2015 Kansas HEN Data and Measures Update
- ❖ Wrap up
 - Resources and Upcoming Events
 - Discussion / Questions

KANSAS HEALTHCARE COLLABORATIVE 2

Introductions

Presenters



Kendra Tinsley
Executive Director

Kansas Healthcare Collaborative

Also

Michele Clark, MBA, CPHQ, ABC
Program Director

Eric Cook-Wiens, MPH, PCMH
Measures and Data Manager

Janie Rutherford
Communications Director

KANSAS HEALTHCARE COLLABORATIVE 3

Polling Question #1


Fun warm-up poll is here

4

Thanks to all Kansas hospitals!

7th Annual Kansas Health Care Personnel (HCP) Influenza Immunization Survey

Analysis is now underway.
Results will be released
in September.



HCP immunization resources are available
at KHC website:
www.khconline.org/initiatives/immunization-project

KANSAS HEALTHCARE COLLABORATIVE 5



Announcement soon!

Transforming Clinical Practice Initiative (TCPI) A Service Delivery Innovation Model



**Better Health. Better Care.
Lower Cost.**

6

Preview for Potential HEN 2.0

- ❖ General Remarks
- ❖ HEN 2.0 Priorities
- ❖ Potential AHA/HRET/KHC Implementation Structure
- ❖ Potential data and performance measurement
- ❖ Sample operational metrics
- ❖ First 90 days

Preview of Potential HEN 2.0 Strategies

Potential strategies with the Kansas Healthcare Collaborative and the AHA/HRET, if awarded CMS Partnership for Patients "HEN 2.0" contract

KANSAS HEALTHCARE COLLABORATIVE

CMS Partnership for Patients HEN 2.0

Thank you!

Thank you for your ongoing commitment to the Hospital Engagement Network.

HEN 2.0 will continue this great work to prevent additional patient harm by achieving a 40 percent reduction in 10 core harm areas and a 20 percent reduction in readmissions – or maintaining zero harm in these areas.

KANSAS HEALTHCARE COLLABORATIVE 8

HEN 2.0 Summary

- **Who:** All acute care hospitals in the U.S.
- **What:** Achieve a 40% reduction in “all cause” preventable inpatient harm and a 20% reduction in 30-day readmissions.
- **When:** 12-month contract; start date expected to be immediately upon award. Announcement by September 2015
- **How/Where:** Continue the momentum through Hospital Engagement Networks across the state and nation.
- **Why:** In pursuit of safety across the board

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 Thrombo-embolism

Other Topics

- Severe sepsis
- Hospital culture
- Iatrogenic delirium
- *C-cliff*, inc. antibiotic stewardship
- Failure to rescue
- Airway safety
- Undue exposure to radiation

Operational Metrics

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

Preview for Potential HEN 2.0

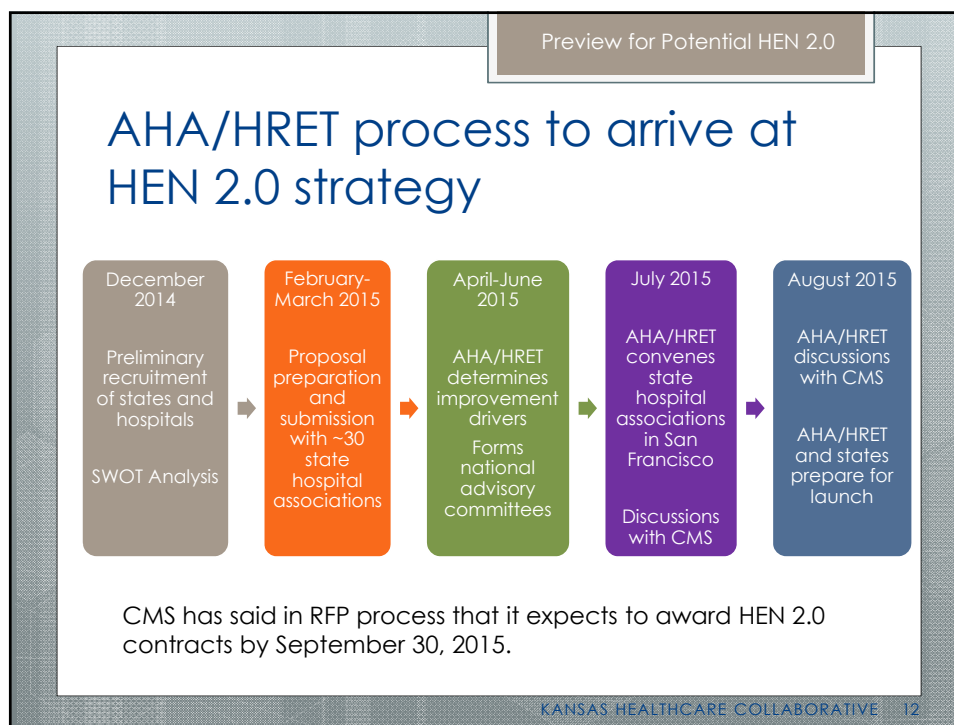
AHA/HRET has submitted a strong proposal for HEN 2.0. CMS final negotiations are underway. Formal announcement is pending.

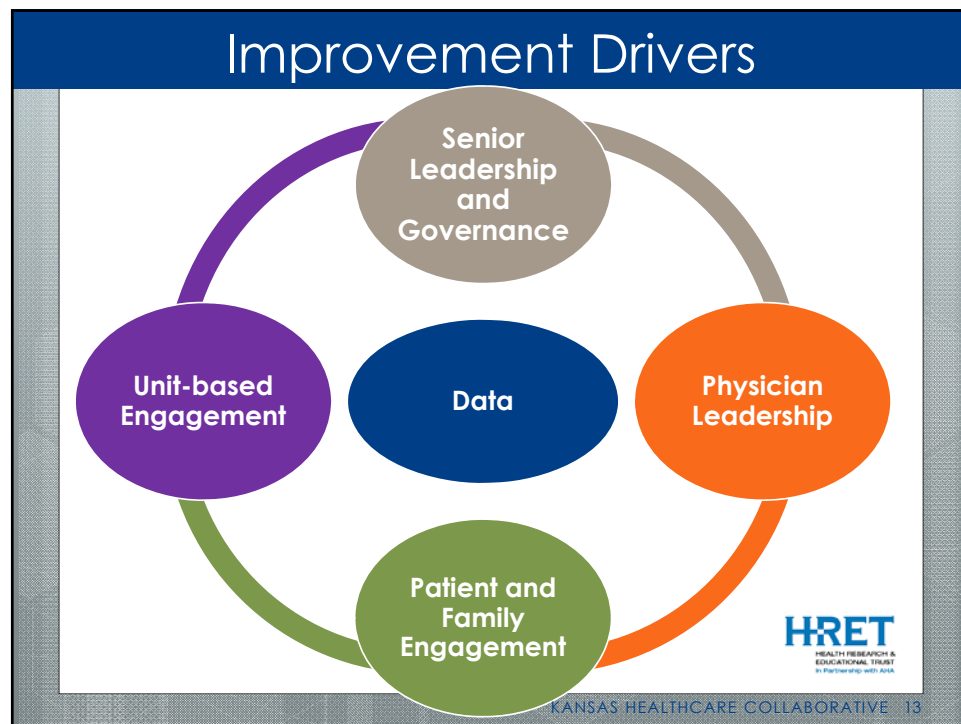


AHA/HRET with 30 state hospital associations, including Kansas



KANSAS HEALTHCARE COLLABORATIVE 11





Polling Question #2

Indicate the level of experience your hospital currently has in:

using improvement frameworks
(such as PDSA, Lean, Six Sigma or Baldrige)

- a) extensive experience
- b) moderate experience
- c) just getting started
- d) no experience

KANSAS HEALTHCARE COLLABORATIVE 14

Proposed Implementation Structure

Preview for Potential HEN 2.0

Emphasis on Implementation

12 months = (ONLY) 260 working days!

KANSAS HEALTHCARE COLLABORATIVE 15

Proposed Implementation Structure

Preview for Potential HEN 2.0

Education Strategy

- State and national learning events (virtual, in person)
- Education aligned with improvement drivers
- National role-based education offerings

State Hospital Associations

Kansas Healthcare Collaborative

State and National Clinical Improvement Advisors

Hospital Leadership

Senior Leadership & Governance

Quality Department

Physician Leadership

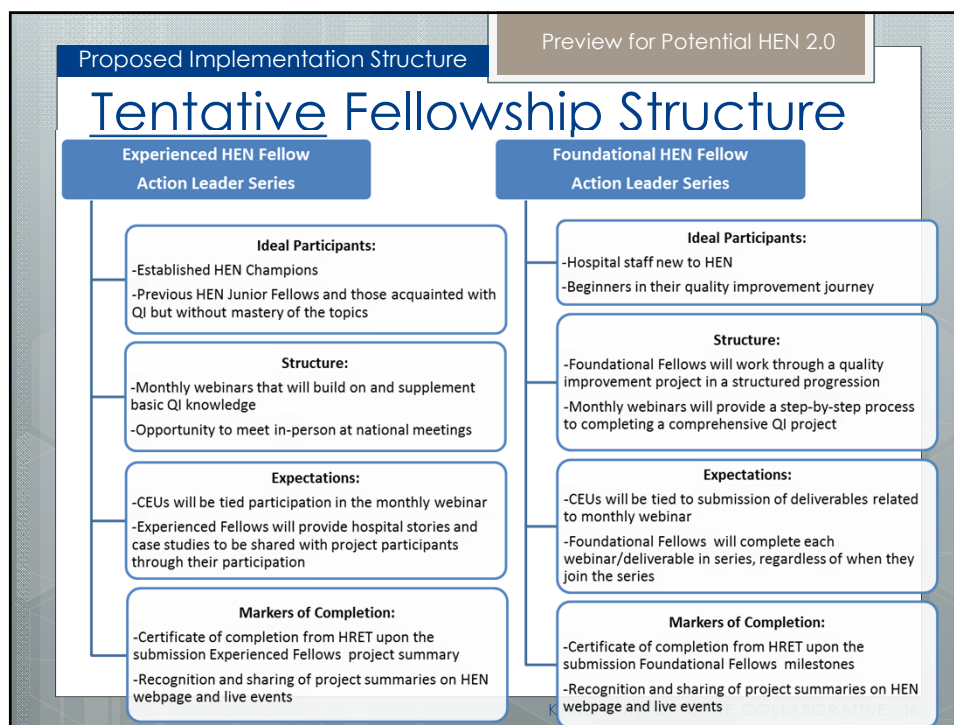
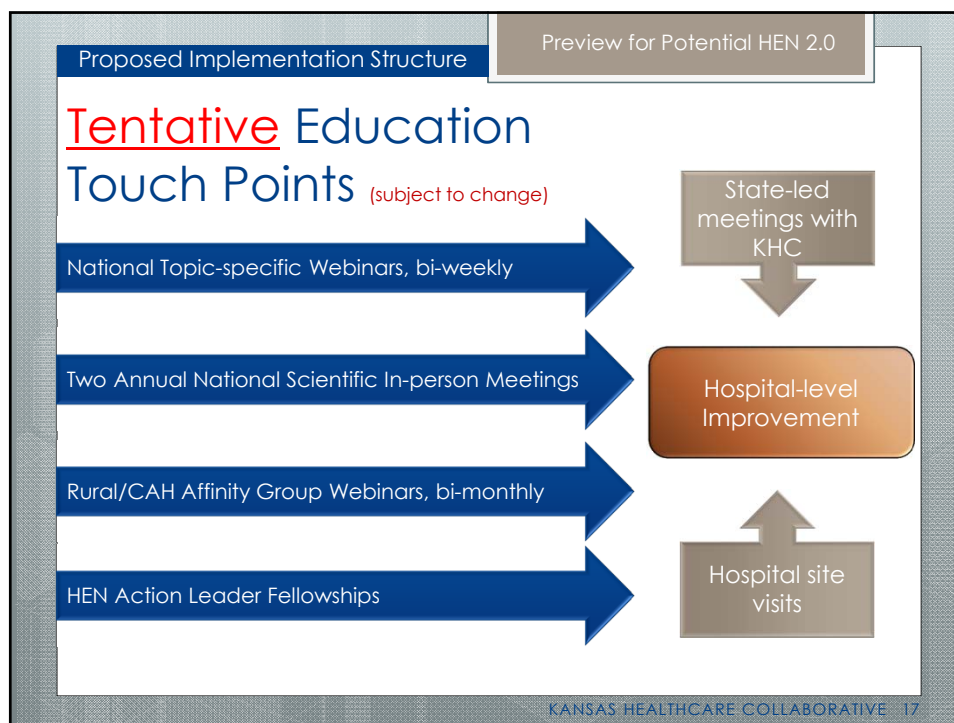
Hospital Support

Unit-based Staff

Data Analysts

Patients & Families

KANSAS HEALTHCARE COLLABORATIVE 16



Proposed Implementation Structure

Preview for Potential HEN 2.0

Educational Resources and Technical Assistance

- Updated change packages, checklists and implementation guide.
- Updated AHA/HRET HEN website:
www.hret-hen.org
Coming soon: *Role-based* navigation and content for physicians, senior leaders, unit-based teams, and patients and families.
- State and national contacts for quality improvement support.

KANSAS HEALTHCARE COLLABORATIVE 19

Proposed Data Approach

Preview for Potential HEN 2.0

Data and Performance Measurement

- Standardized, aligned measures
- Expectation for monthly data submission in all applicable topics
- 12-month baseline
- Active engagement in education and HEN data reports to drive continual improvement in outcomes and high reliability in processes

KANSAS HEALTHCARE COLLABORATIVE 20

| Proposed Data Approach | Preview for Potential HEN 2.0 |
|---|-------------------------------|
| <h2>Data and Performance Measurement</h2> <h3>HEN 2.0 Measures</h3> <ul style="list-style-type: none"> Currently pending. Nothing is final. We DO know: <ul style="list-style-type: none"> The RFP listed 17 evaluation measures, including specification and definition references CMS will also expect Adverse Drug Events (ADE) and Readmission rate reporting Additional evaluation measures pending CMS feedback once project starts <ul style="list-style-type: none"> Additional outcome measures Process measures Baseline measurement time frame | |
| KANSAS HEALTHCARE COLLABORATIVE 21 | |

| Proposed Data Approach | Preview for Potential HEN 2.0 |
|------------------------------|--|
| Topic | Expected CMS Evaluation Measure(s) for HEN 2.0 |
| CAUTI | 1. Standardized infection ratio (SIR) or rate – CDC NHSN (NQF 0138) 2. Catheter utilization – CDC NHSN |
| CLABSI | 3. Standardized infection ratio (SIR) or rate – CDC NHSN (NQF 0139) 4. Central line utilization – CDC NHSN |
| Falls | 5. Falls w/injury (NQF 0202) |
| Obstetrics / EED | 6. Early elective deliveries (PC-01, NQF 0469) 7. OB trauma – vaginal delivery w/instrument (AHRQ PSI 18) 8. OB trauma – vaginal delivery w/out instrument (AHRQ PSI 19) |
| Pressure Ulcers | 9. Pressure ulcer stage 3+ (AHRQ PSI 03) 10. Pressure ulcer stage 2+ (NQF 0201) |
| Surgical Site Infection | Standardized infection ratios (SIR) or rate – ACS-CDC (NQF 0753) 11. Colon surgery 12. Abdominal hysterectomy 13. Total hip replacements 14. Total knee replacements |
| Venous Thromboembolism | 15. Post-operative pulmonary embolism or DVT (AHRQ PSI-12) |
| Ventilator Associated Events | 16. Ventilator-associated complication (VAC) rate – CDC NHSN 17. Infection-related ventilator-associated complication (IVAC) rate – CDC NHSN |

| | |
|------------------------|-------------------------------|
| Proposed Data Approach | Preview for Potential HEN 2.0 |
|------------------------|-------------------------------|

Core topics:
Hospital-acquired Infections

CAUTI
 CATHETER-ASSOCIATED URINARY TRACT INFECTIONS

Measures

- Outcome measure (NQF 0138)
 - CAUTI rates for hospitals that do not report to NHSN
 - Standardized Infection Ratio (SIR) for hospitals reporting to NHSN
- Catheter utilization ratio

Notes:

- ICUs + Other inpatient Units / ICUs, excluding NICUs
- Preferred data source: NHSN
- Using Standardized Infection Ratio (SIR) is new to HEN 2.0. Can easily collect for NHSN hospitals.
- ❖ Eligible for BCBSKS 2016 QBRP (PPS and CAH)

KANSAS HEALTHCARE COLLABORATIVE 23

| | |
|------------------------|-------------------------------|
| Proposed Data Approach | Preview for Potential HEN 2.0 |
|------------------------|-------------------------------|

Core topics:
Hospital-acquired Infections

CLABSI
 CENTRAL LINE-ASSOCIATED BLOOD STREAM INFECTIONS

Measures

- Outcome measure (NQF 0139)
 - CLABSI rates for hospitals that do not report to NHSN
 - Standardized Infection Ratio (SIR) for hospitals reporting to NHSN
- Central line utilization ratio

Notes:

- ICUs + Other inpatient Units / ICUs, excluding NICUs
- Preferred data source: NHSN
- Using Standardized Infection Ratio (SIR) is new to HEN 2.0. Can easily collect for NHSN hospitals.
- New ICU-only field will be added to QHi.
- ❖ CLABSI and CLIP bundle measures are eligible for BCBSKS 2016 QBRP (PPS hospitals)
 CLABSI benchmark of $\leq 1.00\%$

KANSAS HEALTHCARE COLLABORATIVE 24

| | |
|------------------------|-------------------------------|
| Proposed Data Approach | Preview for Potential HEN 2.0 |
|------------------------|-------------------------------|

Core topics:
Hospital-acquired Infections

SSI
 SURGICAL SITE INFECTIONS

Measures

- Outcome measures for four surgical procedures: (NQF 0753)
 - Colon Surgery
 - Abdominal hysterectomy
 - Total knee replacement
 - Total hip replacement
- SSI rates for hospitals that do not report to NHSN
- Standardized Infection Ratio (SIR) for hospitals reporting to NHSN

Notes:

- Preferred data source: NHSN
- Will update QHi for the two additional procedures (knees/hips)
- Will keep Kansas HEN "all procedures" SSI measure available for continuity among our many small hospitals not performing these four procedures.

KANSAS HEALTHCARE COLLABORATIVE 25

| | |
|------------------------|-------------------------------|
| Proposed Data Approach | Preview for Potential HEN 2.0 |
|------------------------|-------------------------------|

Core topics:
Hospital-acquired Infections

VAE
 VENTILATOR-ASSOCIATED EVENTS

Measures

- Outcome measures:
 - Ventilator-Associated Condition (VAC) rate
 - Infection-related ventilator-associated complication (IVAC) rate

Notes:

- Number of events that meet the criteria of ventilator-associated condition (VAC), including those that meet the criteria for IVAC and possible/probable VAP
- Data source: NHSN
- Confer NHSN rights to KHC group.
- Be sure VAE data is reported to NHSN as "in plan."
- "In plan" implies commitment to follow NHSN surveillance protocol in its entirety.

KANSAS HEALTHCARE COLLABORATIVE 26

| | |
|------------------------|-------------------------------|
| Proposed Data Approach | Preview for Potential HEN 2.0 |
|------------------------|-------------------------------|

Core topics:
Harm

Adverse Drug Events

Measures

- Anticipate continued focus on opioid, warfarin and insulin measures
- Anticipate new outcome measure will be All Adverse Drug Events.

Notes:

- Adverse drug events – any injuries resulting from medication use, including physical harm, mental harm, or loss of function
- Data can be collected through incident reporting, trigger tools, pharmacist intervention data or administrative data.
- Details forthcoming for ADE focus area and measures.

❖ Eligible for BCBSKS 2016 QBRP (PPS and CAH)
Attestation that hospital is current in monthly data submission for ADE measures related to opioids, excessive anticoagulation and hypoglycemia in inpatients receiving insulin

KANSAS HEALTHCARE COLLABORATIVE 27

| | |
|------------------------|-------------------------------|
| Proposed Data Approach | Preview for Potential HEN 2.0 |
|------------------------|-------------------------------|

Core topics:
Harm

Falls

Measures

- New outcome measure: Falls with injury (NQF 0202)
 - All documented patient falls with an injury level of minor or greater

Notes:

- This will be new outcome measure for Kansas HEN falls topic.
- Initial measure of falls with or without injury will remain available in QHi and will continue to be included in Kansas HEN data analytic reports.
- Falls with injury measure will be added to QHi and data reports.
- Initial falls measure (with/without injury) will not count toward HEN 2.0 evaluation but *will* count toward additional incentive in BCBSKS 2016 QBRP for Critical Access Hospitals (CAHs), if the rate of falls with or without injury is ≤ 3.0 per 1,000 patient days.

KANSAS HEALTHCARE COLLABORATIVE 28

Proposed Data Approach

Preview for Potential HEN 2.0

Core topics:

Harm

Obstetric Adverse Events

Measures

- Early Elective Delivery (PC-01)
- OB trauma -- Vaginal delivery with instrument (AHRQ PSI 18)
- OB trauma – Vaginal delivery without instrument(AHRQ PSI 19)

Notes:

- EED measure will continue -- with a focus toward sustainable, benchmark performance.
- Data for OB trauma measures will be gathered through existing administrative data.
- We expect OB hemorrhage measures will continue.
- OB measure not mentioned (so far) in HEN 2.0 is: timely treatment for severe hypertension

❖EED PC-01 is eligible for BCBSKS 2016 QBRP (PPS hospitals)

DRAFT

KANSAS HEALTHCARE COLLABORATIVE 29

Operational Metrics

Preview for Potential HEN 2.0

Patient and Family Engagement

5 Best Practice Metrics

Point of Care

- Planning checklist with each patient prior to admission.
- Family Centered Rounds: Conduct shift change huddles and bedside reporting with patients and family members in all feasible cases.

Policy and Protocol

- Dedicated person or functional area proactively responsible for PFE.
- Hospital has an active PFAC or at least one former patient that serves on a patient safety or QI committee.

Governance

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

❖BCBSKS 2016 QBRP incentivizes each PFE metric for cumulative impact (PPS and CAH).

KANSAS HEALTHCARE COLLABORATIVE 30

| Operational Metrics | Preview for Potential HEN 2.0 |
|--|-------------------------------|
| <h2>Leadership and Governance Sample Metrics</h2> <ol style="list-style-type: none">1. Regular quality review aligned with the Partnership for Patients goals2. A public commitment to safety improvement with transparency in sharing more than core measurement data with the public3. All, or nearly all, hospital staff have a role or goal in patient safety (e.g., can be explicit in HR goals or a group bonus based on a patient safety target)4. Hospital board of trustees has a quality committee established with regular review of patient safety data, including review and analysis of risk events | |
| KANSAS HEALTHCARE COLLABORATIVE 31 | |

| Operational Metrics | Preview for Potential HEN 2.0 |
|---|-------------------------------|
| <h2>Health Care Disparities Sample Metrics</h2> <ul style="list-style-type: none">• Hospital uses targeted interventions to reduce disparities.• Hospital collects information about race, ethnicity and language preference from patients in a standardized way.• Hospital uses data to routinely establish goals in the reduction of racial and ethnic disparities (e.g., readmissions)• Hospital offers cultural competency training to address:<ul style="list-style-type: none">• culture and linguistic factors affecting patient care• family/community interactions• religious beliefs affecting health care, etc. | |
| KANSAS HEALTHCARE COLLABORATIVE 32 | |

| Proposed Hospital Onboarding | Preview for Potential HEN 2.0 |
|--|-------------------------------|
| <h2>First 90 Days</h2> <ul style="list-style-type: none">• Hospital commitment letter signed by Hospital Executive and Quality Director• Work on all applicable core topic areas, as well as operational metrics and other focus areas as needed• Data agreement(s): QHi, NHSN, HIDI, etc.• Baseline data submission (if not already provided)• Needs Assessment (online)• Team onboarding with HEN 2.0 program• KHC site visit with hospital quality/leadership team<ul style="list-style-type: none">➢ Develop an individualized action plan | |
| KANSAS HEALTHCARE COLLABORATIVE 33 | |

| Proposed Hospital Onboarding | Preview for Potential HEN 2.0 |
|--|-------------------------------|
| <h2>Onboarding - Education</h2> <ul style="list-style-type: none">• Expectations for participation in education activities• Calendar of major educational events, webinars and data submission deadlines• Fellowship structure description and guidelines• Available technical assistance options• Resources available:<ul style="list-style-type: none">▪ Topic-specific change packages and checklists▪ List-servs▪ Websites▪ Case study videos and educational archives <p>❖ HEN educational events are eligible for BCBSKS 2016 QBRP – Participate in at least five learning events each six-month period (CAH and PPS hospitals)</p> | |
| KANSAS HEALTHCARE COLLABORATIVE 34 | |

Onboarding – Data and Measurement

- Kansas HEN data submission tools (QHi, NHSN, surveys)
- Data use agreement
- Confer NHSN to KHC group(s), as applicable
- Outcome and process measures
- Baseline data
- Data submission schedule and expectations
- Individualized Kansas HEN data analytic reports
- Kansas HEN side-by-side dashboard reports
- Monthly updates and statewide progress during Kansas HEN webinars
- Frequently asked questions

Polling Question #3

Indicate the level of experience your hospital currently has in:

Leveraging data to drive improvement

- a) extensive experience
- b) moderate experience
- c) just getting started
- d) no experience

Kansas HEN Data and Measures Update

- Data Submission Schedule
- Data Reports

Eric Cook-Wiens

Data and Measures Manager
Kansas Healthcare
Collaborative
ecook-wiens@khconline.org
785-235-0763 x1324

Data and Measures Update

Kansas HEN 2015 Data Submission Schedule

| 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 |

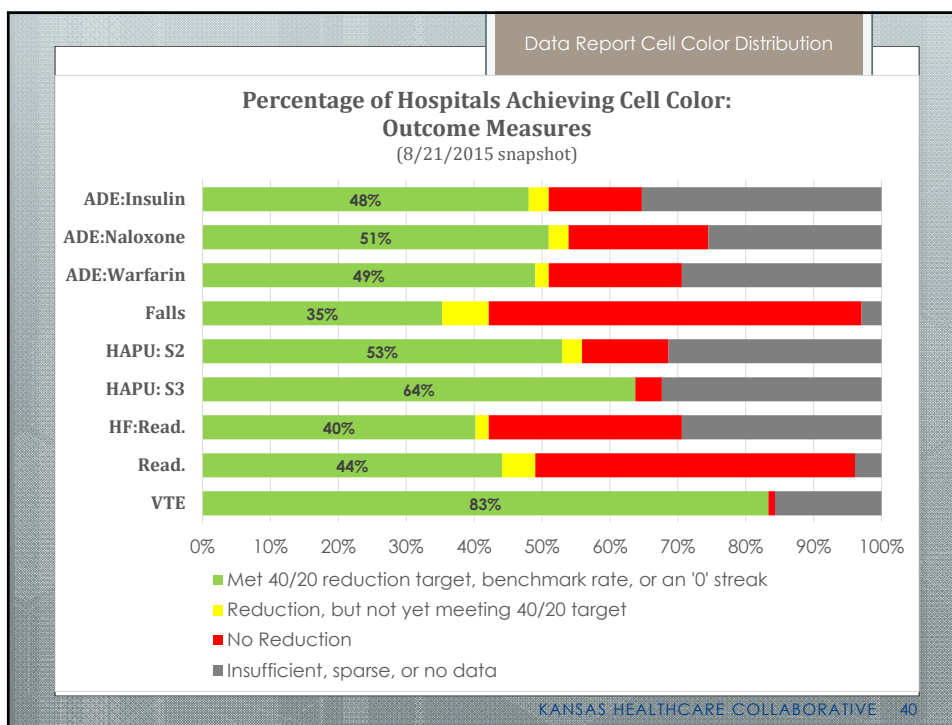
Sample Facility-level HEN Data Report

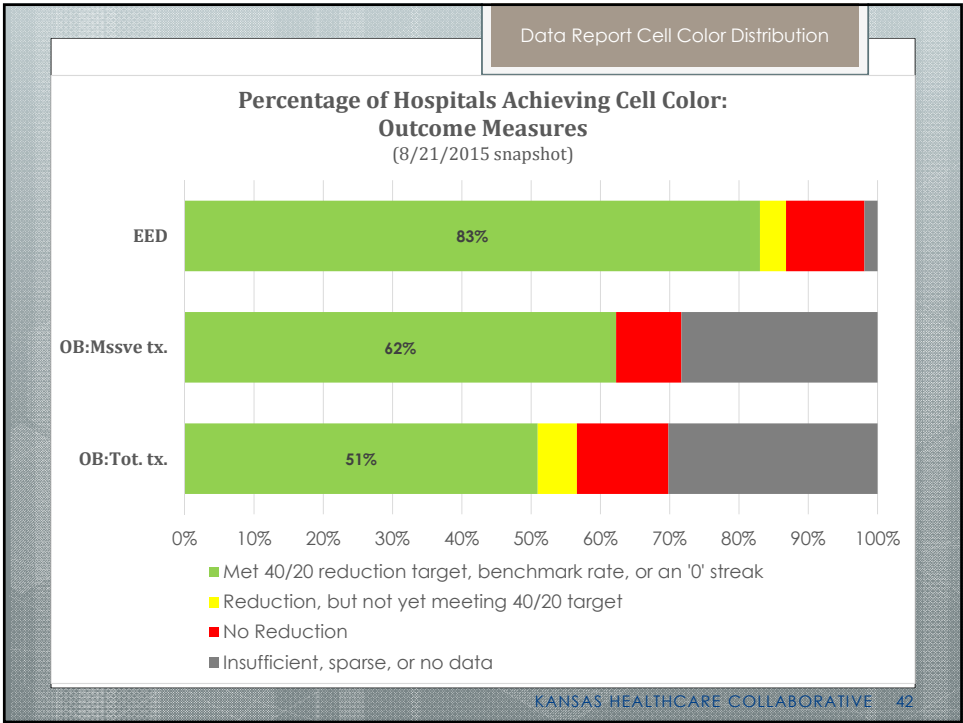
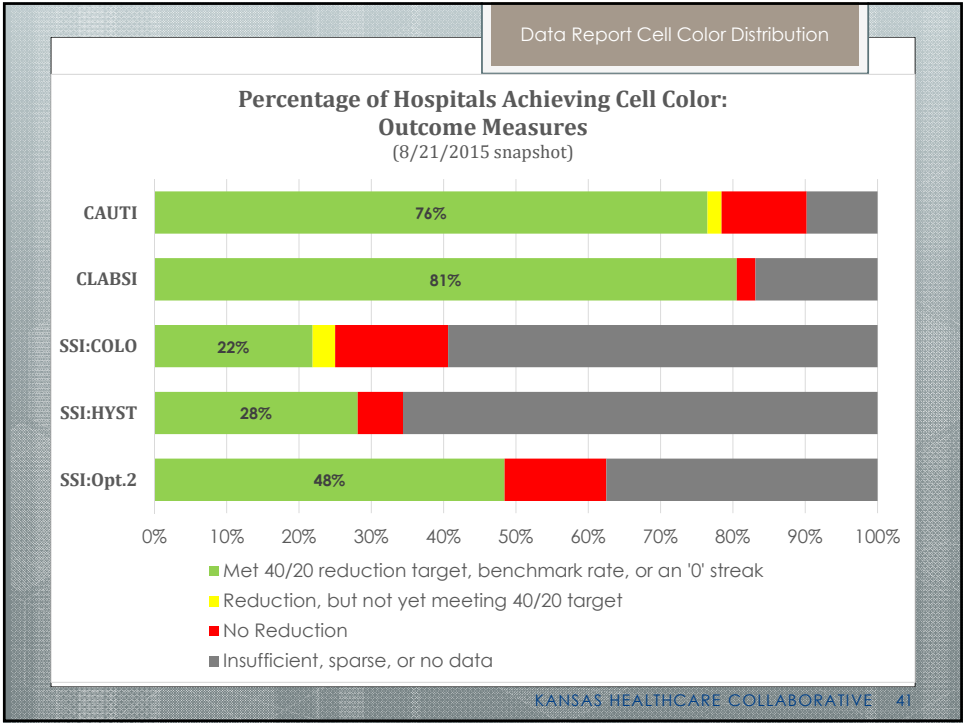
How are cell colors assigned?

| | |
|--------|---|
| Green | <ul style="list-style-type: none"> A current streak of at least 3 months with zero numerator events, or A reduction from baseline of 40% (20% for readmissions)*, or Rate for the most recent 3 months meets the national benchmark set by CMS or HRET |
| Yellow | <ul style="list-style-type: none"> Reduction from baseline, but not yet achieving target (40% or 20% for readmissions)* |
| Red | <ul style="list-style-type: none"> No reduction from baseline* |
| Grey | <ul style="list-style-type: none"> No data submitted, or Insufficient data: Fewer than 8 monthly data points submitted, or Sparse data: Data is submitted, but there were too few denominator events to evaluate change over time |
| N/A | <ul style="list-style-type: none"> Inapplicable focus areas for certain facilities (eg. CLABSI, SSI, OB or VAE) |
| Orange | <ul style="list-style-type: none"> Most recent submitted data more than 6 months old |

*Current performance is determined by most recent 3 months of monitoring data. Baseline performance is determined by the 2011 annual baseline (if available) or by the earliest 3 months of monitoring data.

KANSAS HEALTHCARE COLLABORATIVE 39






Kansas HEN Data Report

Kansas HEN Data Reports Changes and Notes

- Preliminary version to HEN contacts: **9/1/2015**
- Final version to CEO, CNO, HEN contacts: **9/8/2015**
- Report changes:
 - ❖ Excluded measures (will resolve issues during HEN 2.0)
 - OB: Timely Treatment for Severe Hypertension
 - Ventilator Associated Events (VAE)
 - ❖ Summary slide: corrected accounting for Quarterly HAPU
 - ❖ NHSN for CLIP Bundle data

If you have trouble with the Sharefile link, let us know, and we can send a PDF (tracking in our contacts database).



KANSAS HEALTHCARE COLLABORATIVE 43

Kansas HEN Data Report

Other Notes

QHi Back to Basics Session

Thursday, September 17
2:00 to 3:00 p.m.

- ❑ Demonstrate new features
- ❑ Review basics of adding users, selecting measures, entering data and running reports

Link to pre-register:

<https://cc.readytalk.com/cc/s/registrations/new?cid=dyx8kdihixh3>

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Announcements & Updates

- KHC Summit on Quality: Registration to open soon
- KHC Leadership in Quality Award
- On the CUSP project update
- Resource: Equity of Care
- Upcoming Events
- Resources
- Contacts

For more information contact:

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

Announcements

SEVENTH ANNUAL SUMMIT ON QUALITY

October 16, 2015

Wichita Marriott

Nationally-recognized keynote speakers
address harm avoidance, physician burn-out

*Exciting breakout sessions featuring successful
quality improvement initiatives at Kansas facilities*

Poster session highlighting Kansas research

*Registration
opens in September*

KHC
Kansas Healthcare
COLLABORATIVE

KANSAS
MEDICAL
SOCIETY
Established 1882

KHA

More information at www.khconline.org/summit-on-quality

For event details, see KHC's website:
www.khconline.org/summit-on-quality

KANSAS HEALTHCARE COLLABORATIVE 46

Announcements



\$5,000 Grand Prize Award

KHC
Kansas Healthcare
COLLABORATIVE

**Leadership
in Quality Award**

Nominations Now Open
www.khconline.org/images/Nomination_form_2015.pdf

An award to recognize health care providers and health care organizations for leadership and innovation in quality improvement and patient safety. For more information, visit the KHC website.

Sponsored by the
**KaMMCO
FOUNDATION**

Download KHC nomination form for details:
www.khconline.org/images/Nomination_form_2015.pdf
Nominations must be submitted by Friday, September 18.

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Announcements




**Thank you and congratulations
to Kansas Cohorts 9**
18 intensive care units
16 emergency departments

Two national intervention projects conducted statewide
January through August 2015.
AHRQ will release final project results on September 17.

KANSAS HEALTHCARE COLLABORATIVE 48

Resources



Project Bibliography

- ❖ Fakih MG, George C, Edson BS, Goeschel CA, Saint S. "Implementing a National Program to Reduce Catheter-Associated Urinary Tract Infection: A Quality Improvement Collaboration of State Hospital Associations, Academic Medical Centers, Professional Societies, and Governmental Agencies." *Infect Control Hosp Epidemiol*. 2013; 34(10):1048-1054.
- ❖ Kennedy EH, Greene MT, Saint S. "SHM BRIEF REPORTS: Estimating Hospital Costs of Catheter-Associated Urinary Tract Infection." *J Hosp Med*. 2013; 8(9):519-22.
- ❖ Saint S, Gaies E, Fowler KE, Harrod M, Krein S. "Brief Report: Introducing a catheter-associated urinary tract infection (CAUTI) prevention guide to patient safety (GPS)." *Am J Infect Control* 2014;42(5):548-50.
- ❖ Greene MT, Fakih MG, Fowler KE, Meddings J, Ratz D, Safdar N, Olmsted RN, Saint S. "Regional Variation in Urinary Catheter Use and Catheter-Associated Urinary Tract Infection: Results from a National Collaborative." *Infect Control Hosp Epidemiol*. 2014;35(S3):S99-S106.

- ❖ Greene MT, Kiyoshi-Teo H, Reichert H, Krein S, Saint S. "Urinary Catheter Indications in the United States: Results from a National Survey of Acute Care Hospitals." *Infect Control Hosp Epidemiol*. 2014;35(S3):S96-S98.
- ❖ Fakih MG, Krein SL, Edson B, Watson SR, Battles JB, Saint S. "Engaging health care workers to prevent catheter-associated urinary tract infection and avert patient harm." *Am J Infect Control*. 2014; 42(10 Suppl):S223-9.
- ❖ Nickel W, Saint S, Olmsted RN, Chu E, Greene L, Edson BS, Flanders SA. "The Interdisciplinary Academy for Coaching and Teamwork (I-ACT): A novel approach for training faculty experts in preventing healthcare-associated infection." *Am J Infect Control*. 2014; 42(10 Suppl):S230-5.
- ❖ Meddings J, Saint S, Fowler KE, Gaies E, Hickner A, Krein SL, Bernstein SJ. "Introducing the Ann Arbor criteria for Appropriate Urinary Catheter Use in Hospitalized Medical Patients: Results using the RAND Appropriateness Method." *Ann Intern Med*. 2015;162(9 Suppl):S1-S34.
<http://annals.org/article.aspx?articleid=2280677>

KANSAS HEALTHCARE COLLABORATIVE 49

Announcements



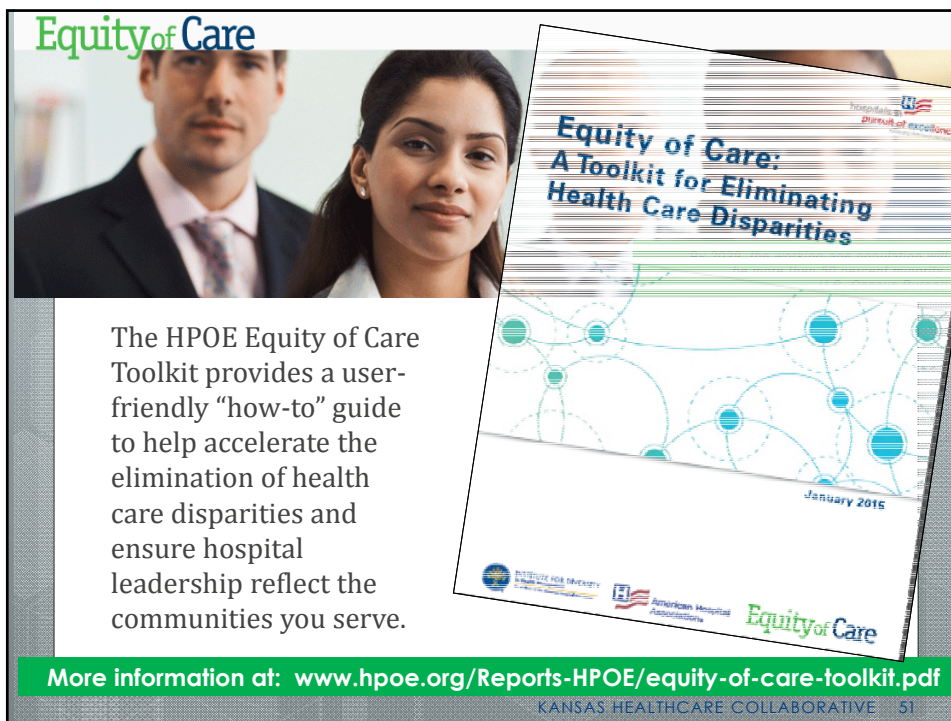
National project website is closing this fall www.onthecuspstophai.org

A selected set of CAUTI prevention resources from the national project will be housed on www.ahrq.gov.

Resources will be posted as the AHRQ Safety Program for Reducing CAUTI in Hospitals:

"Toolkit for Reducing CAUTI in Hospital Units."

KANSAS HEALTHCARE COLLABORATIVE 50



Equity of Care

The HPOE Equity of Care Toolkit provides a user-friendly “how-to” guide to help accelerate the elimination of health care disparities and ensure hospital leadership reflect the communities you serve.

Equity of Care: A Toolkit for Eliminating Health Care Disparities

January 2015

More information at: www.hpoe.org/Reports-HPOE/equity-of-care-toolkit.pdf

KANSAS HEALTHCARE COLLABORATIVE 51

Announcements

Take the Pledge #123forEquity

Join the AHA in pledging to achieve the national call to action to eliminate health care disparities.

1. **TAKE THE PLEDGE** - Pledge to achieve the three areas of the Call to Action within the next 12 months.
2. **TAKE ACTION** - Implement strategies that are reflected in your strategic plan and supported by your board and leadership. Provide quarterly updates on progress to AHA and your board in order to track progress nationally.
3. **TELL OTHERS** - Achieve the goals and be recognized. Tell your story and share your learnings with others in conference calls and other educational venues to accelerate progress collectively.

More information at: <http://bit.ly/1Wn2NQV>

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Released June 5, 2015

KQIP Recommendation

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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Partner Events

Upcoming Events:

August 28, 2015 • Kansas City, Mo.
Kansas City Stroke Symposium
 Great line-up includes speakers on Cryptogenic stroke, Chicago door-to-needle challenges, and many others.
 Link to register: www.kansascitystrokesymposium.org

September 15, 2015 • 1–2 pm CT
Improving Patient and Family Engagement in U.S. Hospitals
 Presenters will give detailed results from the national survey funded by the Gordon and Betty Moore Foundation and highlight two hospitals excel in PFE practices.
 Link to register (free): <http://bit.ly/1PaimGf>

October 23, 2015 • Independence, Mo.
Greater Kansas City APIC Conference
 Infection Prevention and Control: Rapid & Radical Response
 Link to register: <http://community.apic.org/greaterkansascity/home>

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Upcoming KHC Events

Dates to Remember

| | |
|-----------------------------|---|
| September 11 (noon) | PFAC Learning Session #4 at KHA Convention, Wichita |
| September 23 (10 am) | Kansas HEN Webinar* |
| October 16 | 7 th Annual Summit on Quality* Wichita Marriott |
| October 19-24 | National Infection Prevention Week |
| October 22 (2 pm) | Kansas PFAC Collaborative Coaching Session |
| October 28 (10 am) | Kansas HEN Webinar* |

*Pre-register at www.khconline.org
Plan to log into webinars 10-15 minutes early.

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KHC Educational Archive

*Live KHC webinars conducted 10 am CT,
fourth Wednesday of each month*

Kansas HEN Webinar Archive

Access recordings and handouts at
www.khconline.org

See General Education Archive.

| | |
|-------------|--|
| 2015 | |
| June | Health Care Personnel Influenza Immunization |
| May | Hospital quality report cards and honor rolls |
| April | Transforming Clinical Practice Initiative |
| March | Early Elective Delivery Prevention: Taking It to the Next Level |
| February | Patient and Family Engagement, Introduction to Kansas PFAC Collaborative |
| January | Celebrating Successes, Olathe Health System's approach to performance excellence |

2012-2014 archives also available

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Resources



Kansas Healthcare
Collaborative

Discussion / Questions

Contact Us

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