



**>Welcome!**  
Kansas Hospital Engagement  
Network 2.0  
Virtual Meeting  
December 16, 2015  
10:00 to 11:00 a.m., CT




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Kansas HEN 2.0  
December 16, 2015

## Agenda

- ❖ Welcome and Opening Remarks
- ❖ HEN 2.0 Announcements
- ❖ Data and Measures Update
- ❖ QHi Walk-through
- ❖ HEN 2.0 Resources
- ❖ Next steps
- ❖ Q&A and Wrap Up



KANSAS HEALTHCARE COLLABORATIVE 2

Introductions

## Presenters



**Michele Clark, MBA, CPHQ, ABC**  
Program Director  
Kansas Healthcare Collaborative  
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**Rob Rutherford, BA**  
Senior Health Care Data Analyst  
Kansas Healthcare Collaborative  
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**Sally Othmer**  
Senior Director, Data and Quality Reporting  
Kansas Hospital Association  
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(785) 233-7436 x118

KANSAS HEALTHCARE COLLABORATIVE 3

Hospital Engagement Network (HEN 2.0)

## Our HEN 2.0 Sprint





**9 months remain  
to reach HEN 2.0 goals!**

KANSAS HEALTHCARE COLLABORATIVE 4



Hospital Engagement Network (HEN 2.0)

## Core Topics:

1. Adverse Drug Events (ADE)
2. Catheter-associated Urinary Tract Infections (CAUTI)
3. Central line-associated Blood Stream Infections (CLABSI)
4. Early Elective Deliveries and Obstetrical (OB) Harm
5. Injuries from Falls and Immobility
6. Hospital-Acquired Pressure Ulcers (HAPU)
7. Surgical Site Infections (SSI)
8. Venous Thromboembolisms (VTE)
9. Ventilator Associated Events (VAE)
10. Readmissions

**Other Topics**

- Sepsis
- *C-Difficile*
- Culture of Safety
- Failure to Rescue

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Headlines  
December 1, 2015

## AHRQ Report

### After 3 years of decline, hospital injury rates plateau, report finds

**Exhibit 1. HAC Rates, 2010 to Interim 2014**

Year	HAC Rate
2010 Baseline	145
2011 Final	142
2012 Final	132
2013 Final	121
2014 Interim	121

“Although the precise causes of the decline in patient harm are not fully understood, the increase in safety has occurred during a period of concerted attention by hospitals throughout the country to reduce adverse events. This effort has been spurred in part by Medicare payment incentives and catalyzed by the U.S. Department of Health and Human Services (HHS) Partnership for Patients (PfP) initiative.”

[www.ahrq.gov/professionals/quality-patient-safety/pfp/interimhacrate2014.html](http://www.ahrq.gov/professionals/quality-patient-safety/pfp/interimhacrate2014.html)


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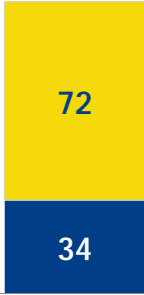
## AHA/HRET Hospital Engagement Network

### ....YOUR Network.... >1,500 hospitals!

Kansas HEN 2.0

## Kansas HEN Hospital Site Visits





**72**

**34**

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

\* Discuss HEN 2.0 \* De-fuzzify data questions \* Identify actions, next steps for success


106 Site visits  
■ Completed!  
■ Scheduled

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Agents of Change

## Agents of Change






Cheyenne County Hospital




Ottawa County Health Center

- Will
- Ideas
- Execution



Coffeyville Regional Medical Center



Rooks County Medical Center

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Agents of Change

## Salina Regional Health Center Is in Action for HEN 2.0!



Recent HEN 2.0 site visit brings together a mix of SRHC's Patient Safety Committee members and HEN 2.0 team members. All are working toward reducing harm across the board for their patients.

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Hospital Engagement  
Network (HEN 2.0)

## HRET HEN Action Leader Fellowship Lead by Institute for Healthcare Improvement

December 16, 2015

January 13, 2016

February 17, 2016

Two tracks:

**Foundational**

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

**Experienced**

12:30 to 1:30 p.m.

Register at [www.hret-hen.org](http://www.hret-hen.org).

Go to "Upcoming Events" tab.

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Patient Safety Immersion Initiative



## Patient Safety Immersion Initiative

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

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


Use this form to apply:  
[www.khconline.org/files/NPSF-KansasHEN-fillable-form.pdf](http://www.khconline.org/files/NPSF-KansasHEN-fillable-form.pdf)

KANSAS HEALTHCARE COLLABORATIVE 13

Patient Safety Immersion Initiative

## Patient Safety Immersion Initiative Components

- **Community**
  - One-year membership in American Society of Professionals in Patient Safety
- **Education**
  - NPSF Online Patient Safety Curriculum
  - NPSF Online CPPS Review Course
- **Professional Advancement – Certification for Professionals in Patient Safety (CPPS)**
  - Practice Test
  - CPPS Credentialing Examination




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Patient Safety Immersion Initiative

## NPSF Online Curriculum

1. The Science of Patient Safety
2. Advancing Patient Safety through Systems Thinking and Design
3. Identifying and Mitigating Patient Safety Risk
4. Establishing a Patient Safety Culture
5. Increasing Safety Awareness and Practice among Clinicians and Staff
6. Strategies for Engaging Executive and Clinical Leaders
7. Principles and Strategies for Patient and Family Engagement
8. Methods for Measuring Performance and Clinical Outcomes
9. The Role of Health Information Technology in Patient Safety
10. The National Landscape: Policy, Regulation and the Environment



[www.npsf.org](http://www.npsf.org)

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## Kansas HEN Data and Measures Update

- Update: Measures
- HEN 2.0 Baseline
- Data Submission Schedule
- Data Reports
- NHSN & QHi

**Rob Rutherford**  
Senior Data Analyst  
Kansas Healthcare Collaborative



## Measure Changes

### Stage II+ Pressure Ulcers:

- ▣ Was previously a new measure (all ages). Has since reverted to the HEN 1 version (18+)

### OB Massive Transfusions:

- ▣ Was previously any blood products, has been adjusted to match JCO/ACOG definition of "four or more units packed red blood cells"

## Process Measures

Release of HEN 2.0 process measures and other measures will be released soon.

- ▣ KHC will notify primary HEN contacts and data contacts as soon as received.
- ▣ Kansas HEN Measures Dictionary will be updated and available on our website at [www.khconline.org](http://www.khconline.org).

Kansas HEN Data Report

## HEN 2.0 Baseline

Your hospital's baseline summary report will be distributed to primary/secondary HEN contacts this week. Please review.

- ▣ Reflects the eligible baseline selected for each measure.
  - It is the oldest, most complete calendar year available.
  - Details for preferred baseline periods can be found in the KS HEN 2.0 Measures Dictionary.
- ▣ Reflects applicable topics as indicated in the HEN 2.0 needs assessment
- ▣ Displays current NHSN group status
- ▣ Indicates which measures are missing sufficient data to establish baseline.

KANSAS HEALTHCARE COLLABORATIVE 19

Kansas HEN Data Report

## HEN 2.0 Baseline examples

Baseline preference:  
2010 OR oldest complete calendar year OR 3Q2015\*

A
B
C
D
E
F

Data	
2012	J 1/658
	F 2/521
	M 1/633
	A 0/455
	M 2/629
	J 1/555
	J 2/500
	A 4/633
	S 4/553
	O 2/684
	N 2/558
	D 3/554
2013	J 1/404
	F 1/400
	M 2/565
	A 1/424
	M 2/475
	J 3/511
	J 0/521
	A 2/514
	S 2/508
	O 2/535
	N 2/520
	D 1/569

Data	
2012	J F - -
	A - -
	M - -
	J - -
	J A - -
	S - -
	O - -
	N - -
	D - -
2013	J 0/99
	F 0/99
	M 0/119
	A 0/68
	M 0/73
	J 0/140
	J 1/89
	S 0/67
	O 0/51
	N 1/99
	D 1/59

Data	
2012	J - -
	F - -
	A - -
	M - -
	J - -
	J A 2/182
	S 2/181
	O 1/203
	N 0/250
	D 0/252
2013	J 3/249
	F 1/136
	M 4/218
	A 2/183
	M 2/189
	J 3/177
	J 0/104
	A 0/118
	S 0/118
	O 0/255
	N 0/164
	D 3/227

Data	
2012	J 2/40
	F 1/50
	A 1/37
	M 2/42
	J 2/45
	J 1/38
	A 3/41
	S 1/36
	O 1/29
	N 0/39
	D -
2013	J 5/52
	F 2/27
	M 1/30
	A 0/32
	M 1/23
	J 0/23
	J 2/24
	A 2/34
	S 0/41
	O 0/41
	N 2/39
	D 1/43

Data	
2012	J F - -
	M - -
	A - -
	M - -
	J - -
	J A 0/8
	S 0/15
	O 0/7
	N 0/8
	D 0/12
2014	J 0/18
	F 0/16
	M 0/15
	A 0/7
	M 0/8
	J 0/11
	J 0/14
	S 0/11
	O 0/9
	N 0/17
	D 0/17
2015	J 0/8
	F 0/14
	M 0/10
	A 0/17
	M 0/13
	J 0/19
	J 0/15
	A 0/11
	S 0/17
	O -
	N -
	D -

Data	
2014	J - -
	F - -
	M 0/9
	A 0/7
	M 0/7
	J 0/5
	A 0/5
	S 0/5
	O 0/9
	N 0/7
	D -

2012
2013
2013
2013
2014
3Q2015

\*Exceptions: CAUTI and VAE due to NHSN definition changes

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Kansas HEN Data Update

## HEN 2.0 Baseline

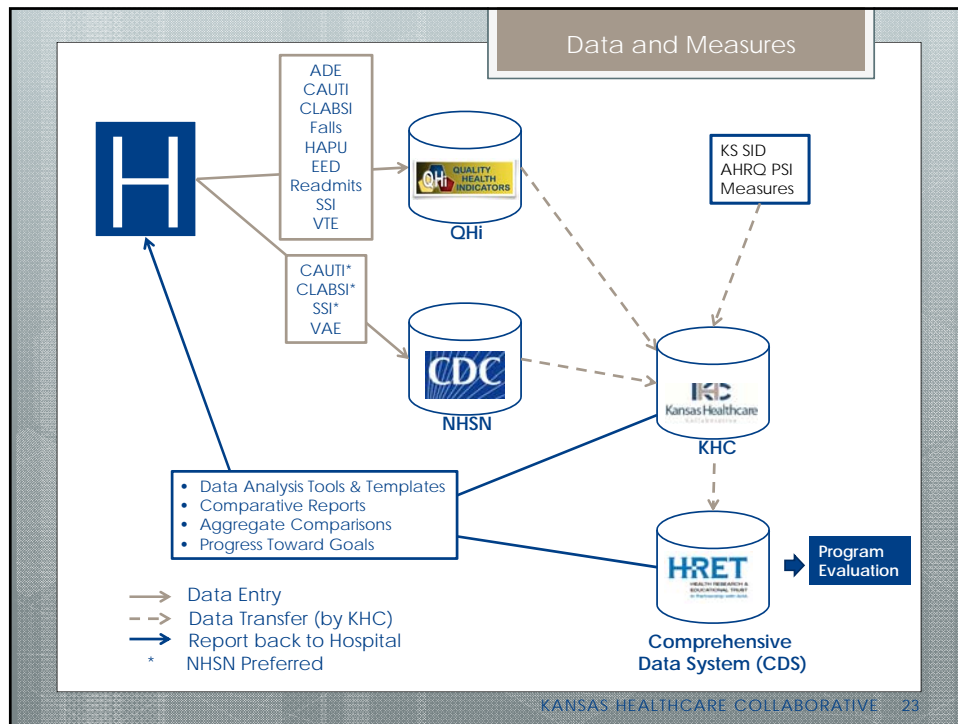
- ❑ The minimum baseline for any measure is 3Q2015 (July – September 2015).
- ❑ Please submit any missing baseline data by December 31, 2015.
- ❑ If you have concerns about baseline data quality, please contact KHC.

Rob Rutherford  
[rrutherford@khconline.org](mailto:rrutherford@khconline.org)  
 (785) 235-0763 x1326

Data and Measures Update

## Kansas HEN 2015-2016 Data Submission Schedule

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



**Kansas HEN Data Report**

## Kansas HEN Data Reports

Next quarterly report to be released:  
**December 17, 2015**

This report will be the last one based on Kansas HEN 1.0 measures and baseline.

- Year-end reports are available by request.
- If you have trouble with the Sharefile link, let us know, and we can send a PDF.

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## NHSN Group(s)

**Joining** HEN 2.0 KHC NHSN Group:  
[www.khconline.org/files/Instructions\\_for\\_Joining\\_Hen2\\_KHC\\_NHSN\\_Group.pdf](http://www.khconline.org/files/Instructions_for_Joining_Hen2_KHC_NHSN_Group.pdf)

**Updating** Existing KHC NHSN Group:  
[www.khconline.org/files/Instructions\\_for\\_Update\\_H2\\_KHC\\_NHSN\\_Group.pdf](http://www.khconline.org/files/Instructions_for_Update_H2_KHC_NHSN_Group.pdf)

## HEN 2.0 measures in QHi

- ❑ HEN 2.0 measures are currently in QHi.
- ❑ KHC will be selecting appropriate measures based on the needs assessment.
- ❑ Please double check!

## Kansas HEN Reporting through QHi

### Quality Health Indicators



*Sharing best practices for exceptional patient care*



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### Quality Health Indicators

#### How can we help you?

**Sally Othmer**  
Sr. Director of Data Services & Quality  
Reporting  
785-276-3118  
[sothmer@kha-net.org](mailto:sothmer@kha-net.org)

**Stuart Moore**  
QHi Program Manager  
785-276-3104  
[smoore@kha-net.org](mailto:smoore@kha-net.org)

- ✓ Password assistance
- ✓ Adding a user
- ✓ Measure selection
- ✓ Running reports
- ✓ Etc...

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## Quality Health Indicators

### What is QHI?

#### *Entirely User Driven*

*every measure, definition, calculation, graph, display, and enhancement exists because of user desire and design*

#### *Voluntary*

*a tool to support initiatives relative to Clinical Quality and Financial Viability this project is about **improvement**, NOT compliance*

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## Quality Health Indicators

### Accessing QHI:

•Provider Contact – maintains Provider profile, selects measures, adds users & enters data (*1 per facility*)

- Provider User – enters data and runs reports (*no limit*)
- View Only – views data and runs reports (*no limit*)
- Report Recipient – no access to QHI, only receives reports (*no limit*)

- There is no limit to the number of users at each facility.*
- User access is facility specific*
- Hospital users that support a clinic can access both with one log in.*
- Provider Contacts can reset passwords for users at their facility*

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**HEN 2.0 Measures in QHI**

**OB Related**

**Elective Deliveries at >= 37 Weeks and < 39 Weeks - Kansas HEN 1.0(Outcome 1) & HEN 2.0**

*(Number of elective deliveries / Total number of deliveries with >= 37 and < 39 weeks gestation) x 100*  
 Total number of deliveries with >= 37 and < 39 weeks gestation (denominator).  
 Number of elective deliveries (numerator).

**Massive OB Blood Transfusions - Kansas HEN 1.0 (Outcome 3) & HEN 2.0**

*[Number of women who received greater than or equal to 4 units of blood products (RBC, FFP, Platelet packs, Cryoprecipitate) used / Number of women giving birth greater than or equal to 20 weeks (birth hospitalization)] x 100*  
 All women giving birth > 20 weeks (birth hospitalizations identified by DRG or diagnosis codes) (denominator).  
 Number of women who received greater than or equal to 4 units of packed red blood cells (numerator).

**Obstetrical (OB) Trauma - Vaginal Delivery with Instrument (AHRQ PSI Measure) – HEN 2.0**

*(Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any listed diagnosis codes for third and fourth degree obstetric trauma / All vaginal delivery discharges with any procedure code for instrument-assisted delivery) x 1000*

All vaginal delivery discharges with any procedure code for instrument-assisted delivery (denominator)  
 Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any listed diagnosis codes for third and fourth degree obstetric trauma (numerator)

**OB Trauma - Vaginal Delivery without Instrument (AHRQ PSI Measure) – HEN 2.0**

*(Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any-listed diagnosis codes for third and fourth degree obstetric trauma / Vaginal deliveries, identified by DRG or MS-DRG code) x 1000*

Vaginal deliveries, identified by DRG or MS-DRG code (denominator)  
 Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any-listed diagnosis codes for third and fourth degree obstetric trauma (numerator)

**Pre-Eclampsia – ICU Admissions – HEN 2.0**

*(Total number of mothers with diagnosis of pre-eclampsia, admitted to the ICU after giving birth / Total number of women giving birth >= 20 weeks with any specified diagnosis code for preeclampsia, severe preeclampsia, or preeclampsia superimposed on preexisting hypertension) x 1000*

Total number of women giving birth >= 20 weeks with any specified diagnosis code for preeclampsia, severe preeclampsia, or preeclampsia superimposed on preexisting hypertension (denominator)  
 Total number of mothers with diagnosis of pre-eclampsia, admitted to the ICU after giving birth (numerator)



Quality Health Indicators 

**CLABSI**

**Central line insertion bundle adherence rate - Kansas HEN 1.0(Process 1) & HEN 2.0**  
*(Number of central line insertions during which all elements of the bundle were followed / Total number of central line insertions) x 100*

Total number of central line insertions (denominator).  
 Number of central line insertions during which all elements of the bundle were followed (numerator).

**Central Line-Associated Bloodstream Infection (CLABSI) Rates - ICUs + Other Inpatient Units (including NICUs) – HEN 2.0**  
*(Total number of observed healthcare-associated CLABSI among patients in bedded inpatient care locations / Total number of central line days for each location under surveillance for CLABSI during the data period) x 1000*

Total number of central line days for each location under surveillance for CLABSI during the data period (denominator)  
 Total number of observed healthcare-associated CLABSI among patients in bedded inpatient care locations (numerator)

**Central Line Utilization Ratio - ICUs + Other Inpatient Units (including NICUs) – HEN 2.0**  
*(Total number of central line days for bedded inpatient care locations under surveillance / Total number of patient days for bedded inpatient care locations under surveillance) x 100*

Total number of patient days for bedded inpatient care locations under surveillance (denominator)  
 Total number of central line days for bedded inpatient care locations under surveillance (numerator)

**CAUTI**

**Catheter-Associated Urinary Tract Infection (CAUTI) rates, reported separately for ICUs + Other Inpatient Units (excluding NICUs) – HEN 2.0**

*(Total number of observed healthcare-associated CAUTI among patients in bedded inpatient care locations / Total number of indwelling urinary catheter days for each location under surveillance for CAUTI during the data period) x 1000*

Total number of indwelling urinary catheter days for each location under surveillance for CAUTI during the data period (denominator)

Total number of observed healthcare-associated CAUTI among patients in bedded inpatient care locations (numerator)

**Urinary Catheter Utilization Ratio - ICUs + Other Inpatient Units (excluding NICUs) – HEN 2.0**  
*(Total number of urinary catheter device days / Total number of patient days) x 100*

Total number of patient days - ICUs + other inpatient units, excluding NICUs (denominator)  
 Total number of urinary catheter device days (numerator)

Quality Health Indicators 

**Surgical**

**Surgical Site Infection (SSI) Rate (within 30 days after procedure) for all surgical procedures - Kansas HEN 1.0 (Outcome 3) (Option 2) & HEN 2.0**

*(Number of SSIs / Number of surgical procedures) x 100*  
 Number of surgical procedures (denominator)  
 Number of SSIs (numerator)

**Post-Operative Sepsis (AHRQ PSI Measure) – HEN 2.0**

*[Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary diagnosis codes for sepsis / Elective surgical discharges, for patients ages 18 years and older, with any listed procedure codes for an operating room procedure (elective surgical discharges are defined by specific DRG or MS-DRG codes with admission type recorded as elective (SID ATYPE=3))] x 1000*

Elective surgical discharges, for patients ages 18 years and older, with any listed procedure codes for an operating room procedure (elective surgical discharges are defined by specific DRG or MS-DRG codes with admission type recorded as elective (SID ATYPE=3) (denominator)

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary diagnosis codes for sepsis (numerator)

**Peri-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate (AHRQ PSI Measure) – HEN 2.0**

*(Number of surgical patients that develop a post-operative PE or DVT / All surgical discharges age 18 and older defined by specific DRGs or MS-DRGs and a procedure code for an operating room procedure) x 1000*

All surgical discharges age 18 and older defined by specific DRGs or MS-DRGs and a procedure code for an operating room procedure (denominator)

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with a secondary ICD-9-CM or ICD-10-CM diagnosis code for deep vein thrombosis or a secondary ICD-9-CM or ICD-10-CM diagnosis code for pulmonary embolism (numerator)

Quality Health Indicators 

General

**Readmission within 30 days (All Cause) - Kansas HEN 1.0 (Outcome 2) & HEN 2.0 \*Core Measure\***  
*(Number of inpatients readmitted for any reason within 30 days / Total number of patients discharged alive) x 100*  
 Total number of patients discharged alive (denominator).  
 Number of inpatients readmitted for any reason within 30 days (numerator).

**Falls with or without injury - Kansas HEN 1.0(Outcome 1) & HEN 2.0**  
*(Number of patient falls / Total number of patient days) x 1000*  
 Total number of patient days (denominator).  
 Number of patient falls (numerator).

**All Documented Patient Falls with an Injury Level of Minor or Greater – HEN 2.0**  
*[Number of patient falls with an injury level of minor or greater (whether or not assisted by a staff member) / Number of patient days] x 1000*  
 Number of patient days (denominator)  
 Number of patient falls with an injury level of minor or greater (whether or not assisted by a staff member) (numerator)

**Naloxone Administration - Kansas HEN 1.0 (Outcome 1) & HEN 2.0**  
*(Number of patients receiving opioids that required treatment with naloxone or another opioid reversal agent / Number of patients receiving opioids) x 100*  
 Number of patients receiving opioids (denominator).  
 Number of patients receiving opioids that required treatment with naloxone or another opioid reversal agent (numerator).

**Excessive Anticoagulation with Warfarin - Inpatients - Kansas HEN 1.0(Outcome 2) & HEN 2.0**  
*(Inpatients experiencing excessive anticoagulation with warfarin / Number of inpatients receiving warfarin anticoagulation therapy) x 100*  
 Number of inpatients receiving warfarin anticoagulation therapy (denominator).  
 Inpatients experiencing excessive anticoagulation with warfarin (numerator).

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Quality Health Indicators 

General cont.

**Pressure Ulcer Prevalence, Hospital-Acquired-Stage 2+ - Kansas HEN 1.0 (Outcome 1) & HEN 2.0**  
*(Patients that have at least one category/stage II or greater hospital-acquired pressure ulcer on the day of the prevalence measurement episode / All patients, 18 years of age or greater, surveyed for the measurement episode) x 100*  
 All patients, 18 years of age or greater, surveyed for the measurement episode (denominator).  
 Patients that have at least one category/stage II or greater hospital-acquired pressure ulcer on the day of the prevalence measurement episode (numerator).

**Pressure Ulcer Rate, Stages 3+ (AHRQ PSI Measure) - HEN 2.0**  
 [Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary diagnosis codes for pressure ulcer and any secondary diagnosis codes for pressure ulcer stage III or IV (or unstageable) / Surgical or medical discharges, for patients ages 18 years and older (surgical and medical discharges are defined by specific DRG or MSDRG codes)] x 1000  
 Surgical or medical discharges, for patients ages 18 years and older (surgical and medical discharges are defined by specific DRG or MSDRG codes) (denominator)  
 Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary diagnosis codes for pressure ulcer and any secondary diagnosis codes for pressure ulcer stage III or IV (or unstageable) (numerator)

**Hypoglycemia in Inpatients Receiving Insulin - Kansas HEN 1.0 (Outcome 3) & HEN 2.0**  
*(Number of inpatients receiving insulin or other hypoglycemic agents with an occurrence of hypoglycemia / Number of inpatients receiving insulin or other hypoglycemic agents) x 100*  
 Number of inpatients receiving insulin or other hypoglycemic agents (denominator).  
 Number of inpatients receiving insulin or other hypoglycemic agents with an occurrence of hypoglycemia (numerator).

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The screenshot shows the homepage of the Quality Health Indicators (QHI) system. At the top, there is a navigation bar with links for 'PIHQ Search', 'Resource Library', 'Calendar', 'QHI', 'Learning Modules', 'HSI', and 'SQSS'. Below this is a 'Welcome Center' with various updates and links. A callout box labeled 'Selecting Measures' points to the 'Administration' link in the top navigation bar. Another callout box labeled 'Click Administration' points to the 'Administration' link in the secondary navigation bar. A third callout box labeled 'Click Measure Selection' points to the 'Measure Selection' link in the bottom navigation bar.

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The screenshot shows the 'Collected Measures' page in the QHI system. The page title is 'Collected Measures' and it includes a 'CHOOSE BY MEASURE SET' section with a 'Save' button. Below this is a list of measure sets, each with a checkbox and a heart icon. A callout box labeled 'Selecting Measures By Measure Set' points to the list of measure sets. Another callout box labeled 'Select KS HEN 2.0 Measure set' points to the checkbox for 'Kansas Hospital Engagement Network 2.0 Measure Set', which is highlighted with a red arrow.

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Quality Health Indicators

https://www.qualityhealthindicators.org/admin/providers/29/collections

Temporary NM measure set  
 WRHC Clinical Measure Set  
 WRHC Financial Measure Set  
 Measure Set  
 Measure Set  
 Measure Set

*What if ALL of the HEN 2.0 measures do not pertain to my hospital?*

Selecting Measures By Individual Measure

CHOOSE INDIVIDUAL MEASURES HEN 2.0 Save

HOSPITAL CHARACTERISTICS

Save Select All

- Acute Inpatient Days 63
- Average Length of Stay (ALOS) in Hours 52
- Average Length of Stay (ALOS) in Days 6
- Average Daily Census (ADC) 7
- Observation Hours 18

CLINICAL QUALITY: ANNUAL

Save Select All Clear All Providers

- Influenza Vaccination Coverage among Healthcare Personnel - CMS OP-27 11

CLINICAL QUALITY: MONTHLY

Save Select All Clear All Providers

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Quality Health Indicators

CLINICAL QUALITY: MONTHLY

- Readmission within 30 days (All Cause) - Kansas HEN 1.0(Outcome 2) & HEN 2.0 \*Core Measure\* 279
- Elective Deliveries at >= 37 Weeks and < 39 Weeks - Kansas HEN 1.0(Outcome 1) & HEN 2.0 67
- Massive OB Blood Transfusions - Kansas HEN 1.0(Outcome 3) & HEN 2.0 64
- Falls with or without injury - Kansas HEN 1.0(Outcome 1) & HEN 2.0 111
- Central line insertion bundle adherence rate - Kansas HEN 1.0(Process 1) & HEN 2.0 84
- Pressure Ulcer Prevalence, Hospital-Acquired-Stage 2+ - Kansas HEN 1.0(Outcome 1) & HEN 2.0 103
- Surgical Site Infection (SSI) Rate (within 30 days after procedure) for all surgical procedures - Kansas HEN 1.0(Outcome 3)(Option 2) & HEN 2.0 78
- Naloxone Administration - Kansas HEN 1.0 (Outcome 1) & HEN 2.0 108
- Excessive Anticoagulation with Warfarin - Inpatients - Kansas HEN 1.0(Outcome 2) & HEN 2.0 109
- Hypoglycemia in Inpatients Receiving Insulin - Kansas HEN 1.0(Outcome 3) & HEN 2.0 109
- Catheter-Associated Urinary Tract Infection (CAUTI) rates, reported separately for ICUs + Other Inpatient Units (excluding NICUs) - HEN 2.0 13
- Urinary Catheter Utilization Ratio - ICUs + Other Inpatient Units (excluding NICUs) - HEN 2.0 13
- Central Line-Associated Bloodstream Infection (CLABSI) Rates - ICUs + Other Inpatient Units (including NICUs) - HEN 2.0 10
- Central Line Utilization Ratio - ICUs + Other Inpatient Units (including NICUs) - HEN 2.0 10
- All Documented Patient Falls with an Injury Level of Minor or Greater - HEN 2.0 13
- Obstetrical (OB) Trauma - Vaginal Delivery with Instrument (AHRQ PSI Measure) - HEN 2.0 9
- OB Trauma - Vaginal Delivery without Instrument (AHRQ PSI Measure) - HEN 2.0 9

**Check the boxes associated with the HEN 2.0 measures that apply to your facility,**

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### Quality Health Indicators

Check the boxes associated with the HEN 2.0 measures that apply to your facility,

CHOOSE INDIVIDUAL MEASURES hen 2.0

- HOSPITAL CHARACTERISTICS
- CLINICAL QUALITY: ANNUAL Click Save
- CLINICAL QUALITY: MONTHLY

Measure	Value
<input checked="" type="checkbox"/> Readmission within 30 days (All Cause) - Kansas HEN 1.0(Outcome 2) & HEN 2.0 "Core Measure"	278
<input type="checkbox"/> Elective Deliveries at >= 37 Weeks and < 39 Weeks - Kansas HEN 1.0(Outcome 1) & HEN 2.0	64
<input type="checkbox"/> Massive OB Blood Transfusions - Kansas HEN 1.0(Outcome 3) & HEN 2.0	61
<input type="checkbox"/> Falls with or without injury - Kansas HEN 1.0(Outcome 1) & HEN 2.0	111
<input checked="" type="checkbox"/> Central line insertion bundle adherence rate - Kansas HEN 1.0(Process 1) & HEN 2.0	82
<input checked="" type="checkbox"/> Surgical Site Infection (SSI) Rate (within 30 days after procedure) for all surgical procedures - Kansas HEN 1.0(Outcome 3)(Option 2) & HEN 2.0	75
<input checked="" type="checkbox"/> Naloxone Administration - Kansas HEN 1.0 (Outcome 1) & HEN 2.0	107
<input checked="" type="checkbox"/> Excessive Anticoagulation with Warfarin - Inpatients - Kansas HEN 1.0(Outcome 2) & HEN 2.0	109
<input checked="" type="checkbox"/> Hypoglycemia in Inpatients Receiving Insulin - Kansas HEN 1.0(Outcome 3) & HEN 2.0	108
<input checked="" type="checkbox"/> Catheter-Associated Urinary Tract Infection (CAUTI) rates, reported separately for ICUs + Other Inpatient Units (excluding NICUs) - HEN 2.0	2
<input checked="" type="checkbox"/> Urinary Catheter Utilization Ratio - ICUs + Other Inpatient Units (excluding NICUs) - HEN 2.0	2
<input checked="" type="checkbox"/> Central Line-Associated Bloodstream Infection (CLABSI) Rates - ICUs + Other Inpatient Units (including NICUs) - HEN 2.0	2
<input checked="" type="checkbox"/> Central Line Utilization Ratio - ICUs + Other Inpatient Units (including NICUs) - HEN 2.0	2
<input checked="" type="checkbox"/> All Documented Patient Falls with an Injury Level of Minor or Greater - HEN 2.0	2
<input type="checkbox"/> Obstetrical (OB) Trauma - Vaginal Delivery with Instrument - HEN 2.0	2
<input type="checkbox"/> OB Trauma - Vaginal Delivery without Instrument - HEN 2.0	2
<input type="checkbox"/> Pre-Eclampsia - ICU Admissions - HEN 2.0	2

### Quality Health Indicators

CLINICAL QUALITY: MONTHLY

**Healthcare Associated Infections per 100 Inpatient Days "Core Measure" [QHI Core Measure]**

Acute Inpatient Days: 123    Being Bed Patient Days: 423    **Calculate Result With Current Values**

July: No data for July  
 June: No data for June  
 May: No data for May

**Unassisted Patient Falls per 100 Inpatient Days "Core Measure" [QHI Core Measure]**

Acute Inpatient Days: 123    Being Bed Patient Days: 23    **Calculate Result With Current Values**

July: No data for July  
 June: No data for June  
 May: No data for May

**Readmission within 30 days (All Cause) - Kansas HEN 1.0(Outcome 2) & HEN 2.0 "Core Measure" [QHI Core Measure]**

Total number of patients discharged across denominator:    Number of inpatients readmitted for any reason within 30 days:    **Calculate Result With Current Values**

July:    No data for July  
 June:    No data for June  
 May:    No data for May

**Falls with or without injury - Kansas HEN 1.0(Outcome 1) & HEN 2.0**

Total number of patient days denominator:    Number of patient falls numerator:    **Calculate Result With Current Values**

July:    No data for July  
 June:    No data for June  
 May:    No data for May

**Central line insertion bundle adherence rate - Kansas HEN 1.0(Process 1) & HEN 2.0**

Total number of central line insertion denominator:    Number of central line insertions during which all elements of the bundle were followed numerator:    **Calculate Result With Current Values**

July:    No data for July  
 June:    No data for June  
 May:    No data for May

**Pressure Ulcer Prevalence, Hospital-Acquired Stage 2+ - Kansas HEN 1.0(Outcome 1) & HEN 2.0**

Patients that have at least one

The HEN 2.0 measures appear under the Clinical Quality Monthly category immediately following the 'core' measures.

Quality Health Indicators 

[www.qualityhealthindicators.org](http://www.qualityhealthindicators.org)

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Quality Health Indicators 

## Upcoming Training

- QHI Back to Basics Session:
  - ☐ Wednesday, December 16, 2:00 - 3:00 CT

*Thank you,*

Sally Othmer  
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785-276-3118  
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QHI Program Manager  
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## HEN 2.0 Resources

- Patient and Family Engagement
- Upcoming events
- List-Servs
- Next Steps
- Contacts

**Michele Clark**  
Program Director  
Kansas Healthcare  
Collaborative  
[mclark@khconline.org](mailto:mclark@khconline.org)

## Establishing or Improving Patient and Family Advisory Councils (PFACs)

KHC is now beginning Cohort 2 of the Kansas PFAC Collaborative.

- ★ If interested in joining, contact KHC to request more information and the sign-up form:

Kansas Healthcare Collaborative  
Alyssa Miller, KHC office coordinator  
[amiller@khconline.org](mailto:amiller@khconline.org)

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## Kansas PFAC Faculty

**Duke University Health System/  
North Carolina Quality Center**

**Tiffany Christensen**  
Patient Advocate/  
Patient and Family Engagement Specialist





**Allison Crestensen**  
Program Coordinator  
Patient Advisory Councils Expansion Program

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## Schedule: 2015-16 Kansas PFAC Collaborative

**November 19**

- Kick-off and Training Session

**December**

- Sign and return commitment to participate
- Return team roster for Kansas PFAC list-serve
- Complete self-assessment survey
- Sign up for scheduled coaching calls

**January**

- Initial release of video modules
- Learning Session #1 (virtual)
- Coaching calls begin

**April**

- Final release of video modules

**Virtual Learning Sessions**

#1 – January 25 (2-3 pm)

#2 – May 23 (2-3 pm)


#3 – August 15 (2-3 pm)

**In-person Learning Sessions**

**April 2016:**

- Train-the-Trainer Workshop (April 28)
- Possible PFA Training Workshop (tentative)

**September 2016:** Report out, workshop, private coaching and celebration of achievements



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Patient and Family Engagement

## Bedside shift reports

Videos demonstrating bedside shift reports have been one of the top-requested resources this month!

AHRQ	<a href="http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/video/index.html">http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/video/index.html</a>
AAMC	<a href="https://www.youtube.com/watch?v=PIIzlvXpSDYAAMC">https://www.youtube.com/watch?v=PIIzlvXpSDYAAMC</a>
NCQC	Bedside shift report: <a href="https://www.dropbox.com/s/mlwaxndostrot/bedside%20shift%20report%20video.mp4?dl=0">https://www.dropbox.com/s/mlwaxndostrot/bedside%20shift%20report%20video.mp4?dl=0</a>
NCQC	No bedside shift report: <a href="https://www.dropbox.com/s/yn1ivoe3j8lv312/No%20bedside%20shift%20report.mp4?dl=0">https://www.dropbox.com/s/yn1ivoe3j8lv312/No%20bedside%20shift%20report.mp4?dl=0</a>

See more PFE resources at:  
[www.khconline.org/patient-and-family-engagement#pfe](http://www.khconline.org/patient-and-family-engagement#pfe)  
 and  
[www.hret-hen.org/topics/patient-family-engagement.shtml](http://www.hret-hen.org/topics/patient-family-engagement.shtml)

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Upcoming events

## Be sure to check the KHC Events Calendar for upcoming webinars and learning sessions

[www.khconline.org/events/event-list](http://www.khconline.org/events/event-list)

Monday, January 25	Kansas PFAC Learning Session
Wednesday, January 27	Kansas HEN Monthly Webinar
Friday, May 6	KHC Summit on Quality

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Resources and Educational Opportunities

## AHA/HRET HEN webinars

<ul style="list-style-type: none"> <li> <span style="color: #0056b3;">•</span> <b>Falls</b>                      January 7                      11:00 to 12:30 p.m. CT                 </li> <li> <span style="color: #0056b3;">•</span> <b>Action Leader Fellowship (#3)</b>                      January 13                      11:00 to 12:00 pm – Foundational                      12:30 to 1:30 pm - Experienced                 </li> <li> <span style="color: #0056b3;">•</span> <b>Venous Thromboembolism</b>                      January 19                      11:00 to 12:30 p.m.                 </li> <li> <span style="color: #0056b3;">•</span> <b>Culture of Safety</b>                      January 25                      11:00 to 12:30 p.m.                 </li> </ul>	<ul style="list-style-type: none"> <li> <span style="color: #0056b3;">•</span> <b>Quality Improvement Office Hours</b>                      January 27                      11:00 to 12:00 p.m.                 </li> <li> <span style="color: #0056b3;">•</span> <b>Surgical Site Infections</b>                      February 4                      11:00 to 12:30 p.m.                 </li> <li> <span style="color: #0056b3;">•</span> <b>Action Leader Fellowship (#4)</b>                      February 17                      11:00 to 12:00 pm – Foundational                      12:30 to 1:30 pm - Experienced                 </li> </ul>
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**Pre-register today at [www.hret-hen.org](http://www.hret-hen.org)**

National webinars will be recorded and available online at [www.hret-hen.org](http://www.hret-hen.org).

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Resources and Educational Opportunities

## LISTSERV® Update

**HEN 2.0 List-servs are now open!**  
(after HEN 2.0 enrollment period closes)

Topics:

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

Subscription type\*

Regular – real-time, immediate delivery of posting

Digest – daily delivery of a collection of messages

**Subscribe at [www.hret-hen.org](http://www.hret-hen.org).**

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## Resources and Educational Opportunities

## Educational Resources and Technical Assistance

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

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## Next Steps

## Next Steps

- ❑ Review updated Kansas HEN 2.0 Measures Dictionary.
- ❑ Review hospital baseline summary to be received from KHC. Submit missing baseline by Dec. 31, if possible. (Final deadline for baseline is the end of January.)
- ❑ Join 2016 Kansas PFAC Collaborative by Dec. 18, if you wish to participate.
- ❑ Register for events.  
Watch the KHC Monthly Update and Upcoming Events on our HEN websites for meetings and webinars that are relevant to you.
- ❑ Access resources on [www.hret-hen.org](http://www.hret-hen.org) and [www.khconline.org](http://www.khconline.org).
- ❑ Use HEN 2.0 news release template in your internal and external communications
- ❑ Take the #123for Equity Pledge to Act

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

## Your KHC Team 785-235-0763

 <b>Kendra Tinsley</b> Executive Director <a href="mailto:ktinsley@khconline.org">ktinsley@khconline.org</a>	 <b>Michele Clark</b> Program Director <a href="mailto:mclark@khconline.org">mclark@khconline.org</a>	 <b>Susan Runyan</b> Program Director <a href="mailto:srunyan@khconline.org">srunyan@khconline.org</a>	 <b>Eric Cook-Wiens</b> Data and Measurement Manager <a href="mailto:ecook-wiens@khconline.org">ecook-wiens@khconline.org</a>
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HEN 2.0

  
**Kansas Healthcare**  
Collaborative

## Questions?

### Contact Us

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