Agenda

- Welcome & Announcements
- Connecting the Process to the Outcome
- Data & Measures Update
- Resources & Upcoming Events
- Discussion
Presenters

Kim Werkmeister, RN, CPHQ
National Improvement Advisor
Cynosure Health
kwerkmeister@cynosurehealth.org

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

Rob Rutherford, BA
Senior Health Care Data Analyst
Kansas Healthcare Collaborative
rrutherford@khconline.org
(785) 235-0763 x1326

48 Kansas hospitals represented at
Kansas HEN Sepsis Champion Workshop
February 9 - Wesley Medical Center
Kansas HEN Sepsis Champion LISTSERV®

KHC has launched a new email LISTSERV for all Kansas Sepsis Champions. The primary goal of this LISTSERV is to provide participants an engaging community to seek and share information, practical strategies, resources and project updates in support of your continued growth in Sepsis prevention.

This statewide LISTSERV is co-moderated by hospital improvement leaders at Wesley Healthcare: Suzanne Fletcher, RN, CMSRN, market sepsis coordinator, and Brett Hartkopp, RN, BSN, market director, quality, infection prevention & safety.

To subscribe, send request to amiller@khconline.org

Lean in Health Care Training

National Caliber Training in Topeka

Lean in Health Care
April 12-14, 2016

Lean Fundamentals
April 12
- Lean Fundamentals

Lean Team Leader Training
April 13-14
- Advanced training with Lean tools
- Lean team management and coaching skills

Richard Tucker
Healthcare Performance Partners
Gallatin, Tennessee

Registration is now open at www.khconline.org
Space is limited.

All three days: $500
Or register for specific modules:
Day 1 $150 | Days 2-3 $350
The Kansas Medical Society is proud to announce the establishment of its new KMS Leadership Institute

By developing this Institute and providing physicians a solid education in strong leadership principles, we believe physicians can be more effective in their professional environments, communities and other organizations.

The one-day experience will be offered three more times in 2016 at the Kansas Leadership Center, 325 E. Douglas, Wichita.

Cost is $300 per attendee.

March 11 ● June 17 ● September 16

The KMS Leadership Institute one-day experience will provide physicians:
- An introduction to tested leadership behaviors
- Skills to effectively manage change
- An opportunity to apply proven leadership concepts specific to health care
- Post-program resources for ongoing learning

Registration: www.KMSonline.org/events

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**NPSF Immersion Initiative**

**Patient Safety Immersion Initiative**

**Announcing the Kansas HEN Awards:**

1. Jessica Buchholz, RN  
   Quality Director/Infection Prevention/Employee Health  
   Trego County Lemke Memorial Hospital

2. Kesa Easter, MBA  
   Patient and Family Engagement Coordinator, Quality & Analytics Department  
   Newton Medical Center

3. Teresa DeMeritt, RN, MSN, APRN, NPc  
   Director of Quality  
   Labette Health

4. Niki Griffith, RN, BSN  
   Quality Coordinator/Patient Safety Officer  
   Pratt Regional Medical Center

5. Brett Hartkopp, BSN, RN  
   Market Director, Quality, Infection Prevention and Safety  
   Wesley Medical Center

6. Gregg Holt, RN  
   Manager Med/Surg/OPS, Quality Coordinator  
   Mercy Hospital – Columbus

7. Sarah Hoy, RN, BSN  
   Director of Quality Improvement/Risk Management, Compliance Officer  
   Coffeyville Regional Medical Center

8. Renee Janssen, RN, BSN, CPHRM  
   Director, Risk Management  
   Providence Medical Center/Saint John Hospital
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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Summit on Quality – May 6th

- **Hyatt in Wichita Friday, May 6th**
  - Breakout Sessions
  - Poster Presentations

- **Leadership in Quality Awards**
  - Submission deadline March 11th
  - Health care providers and health care organizations to recognize leadership and innovation in quality improvement and patient safety
  - Kansas health care providers and organizations are eligible
  - Cash award of $5,000 sponsored by the KaMMCO Foundation for grand prize
  - Merit award winners will receive recognition
  - Six areas to discuss in SurveyMonkey format
    - [https://www.surveymonkey.com/r/KHICLEADERINQUALITY](https://www.surveymonkey.com/r/KHICLEADERINQUALITY)
AHA/HRET HEN Change Packages

- Up-to-date harm definition and resources
- Relevant updates in best practices and change ideas
- An easy-to-use, streamlined structure
- Information on how to use the driver diagrams

C. Difficile

www.hret-hen.org/topics/cdi/HRETHEN_ChangePackage_CDI.pdf

Other updates:
- Severe Sepsis and Septic Shock
- Falls with Injury
- Pressure Ulcers
- Preventable Readmissions
- Airway Safety
- CLABSI

Access all change packages and “Top 10” checklists at:
www.hret-hen.org/topics/

HEN 2.0 Improvement Calculator

The revised version of the Improvement Calculator enables hospitals to track a “total harm” rate in pursuit of Safety Across the Board.

Next steps:
- Ensure your HEN data is current in QHi and NHSN.
- Pre-register for March 1 HRET HEN webinar, “Harm Across the Board” at www.hret-hen.org.
- Contact Rob Rutherford at KHC for data file (rrutherford@khconline.org).
Connecting the Process to the Outcome

**Kim Werkmeister, RN, CPHQ**
National Improvement Advisor
Cynosure Health
kwerkmeister@cynosurehealth.org

Connection Between Process and Outcome

Process – Technique or Strategy

Performance – Specific Standard

Outcome – End Result
### Initial stages of improvement:

- Focus is on rapid improvement of a new process
- Process may be modified multiple times in a short period of time to achieve success
- Focus on the ability to perform the new process effectively within the constraints of the organization
- Focus on how to implement global evidence-based recommendations in the local setting

### On-going Improvement Work

- First focus – outcomes data (Are we avoiding catastrophic events?)
- Secondary focus – completeness or compliance in carrying out steps in the process
On-going *Reliability* Work

- First focus still on outcomes data, but new shift for process measures
- Focus now on how reliably the new process is being carried out (Are we exceptionally consistent?)

Example – Reducing Falls with Injury

Driver Diagram
Example – Reducing Falls Driver Diagram

**AIM:** Reduce rate of falls with injury

**Primary Driver #1:** Assess risk for falling and injury

**Secondary Driver #1:** Implement standardized risk-driven interventions

**Process Measure for Driver #1:** Percentage of patients who have a risk assessment completed

But what if your outcomes data does not improve?

The process measures hold the key to telling you:

- If it is being performed reliably for every patient
- If it is being performed accurately for every patient
- If the interventions are effective for the patient population
Connection between High Reliability and Outcomes

High reliability organizations are organizations with systems in place that make them *exceptionally consistent* in accomplishing their goals and *avoiding potentially catastrophic errors*.

“Exceptionally consistent”

- Must have a process in place to measure “exceptional consistency”
- The difference between “yes we do that for our patients” and “yes we do that reliably for the right patients at the right times”
How can we do this with our current process measures?

• Readmissions / ADE / VTE – Process measure: discharge instructions and discharge teaching

• C. diff and other infections – Process measure: hand hygiene compliance

Discharge Instructions / Discharge Teaching:

**AIM:** Reduction of avoidable readmissions / reduction of adverse drug events related to warfarin / reduction of hospital acquired venous thromboembolism (VTE)

**Primary driver:** Patient and family engagement in their own care

**Secondary driver:** Provide the patient with education related to anticoagulation medication – THIS IS THE PROCESS MEASURE
Measuring for Improvement:

- For Readmission prevention – audit episodes of teach back documented in the medical record
- For ADE / VTE prevention – audit documentation in the medical record that discharge instructions included specific details about anticoagulation medication
- Continue monitoring overall outcomes data

Measuring for Reliability and Effectiveness:

For Readmissions prevention
- Interview patients who are readmitted. Ask specific questions about difficulties with discharge medications. Probe to find out more about the patient’s understanding of the discharge instructions vs. the ability to fulfill the discharge instructions
- Conduct some discharge teaching at shift change so both the off-going and oncoming bedside nurse can assess the effectiveness of teachback
Higher Reliability Methods:

Take the process a step further:
- Use assessment tools to assess patient’s health literacy prior to discharge teaching and plan teaching according to assessment

Hand Hygiene Compliance

**AIM:** Reduction of c. diff rates (or other hospital acquired infections)

**Primary driver:** Provide adequate measures to eliminate infectious organisms

**Secondary driver:** Provide hand hygiene in between every patient encounter - THIS IS THE PROCESS MEASURE
Measuring for Improvement:

- Rate of adequate hand hygiene episodes observed in a month
- Continue monitoring outcomes data

Measuring for Reliability and Effectiveness

- Audit not only if hand hygiene done, but if soap and water – how long?
- Accessibility of hand hygiene areas
- Availability of product
How can we possibly complete all these process measures???

- Audits are done by those who “own” the process
- Disseminated model of quality = Quality Department is the coach, not the whole team

Thank you for what you are doing to keep patients safe!

Contact:
Kim Werkmeister
National Improvement Advisor
Cynosure Health
kwerkmeister@cynosurehealth.org
Measures & Data Update

Rob Rutherford
Senior Health Care Data Analyst
Kansas Healthcare Collaborative
rrutherford@khconline.org
785-231-1326

Program Updates

- Kansas HEN Measures Dictionary updated
  - Consolidates fall risk assessment process measure to the original one in place since HEN 1.0
  - Changes OB preeclampsia and hemorrhage measures to align with revised CMQCC specifications (all births, not just births ≥20 weeks)
- New measures available in QHi
- Improvement calculator/HAB released
- CAH/Rural Data Collection Tool released (note caveats)
- Feb 29th – Survey on PFE, Culture of Safety/Worker Safety, and Failure to Rescue
- March 9th – Final “lock-in” date for baseline submission.
HRET HEN 2.0 Milestones

**Milestone 1:** (Nov 2, 2015)
- Hospital Commitments

**Milestone 2:** (Feb 8, 2016)
- Hospital site visits
- Baseline data

**Milestone 3:** (Mar 31, 2016)
- Monitoring data for all topics for the period of Oct 1, 2015 through Feb 29, 2016

**Milestone 4:** (Aug 31, 2016)
- Monitoring data, and hospitals reaching HEN 2.0 goals for at least 5 topics

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**Milestone 2:** Baseline Submission

<table>
<thead>
<tr>
<th>Core Topics</th>
<th>Kansas HEN 2.0 Baseline submission rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td>96%</td>
</tr>
<tr>
<td>CAUTI</td>
<td>97%</td>
</tr>
<tr>
<td>CLABSI</td>
<td>97%</td>
</tr>
<tr>
<td>EED</td>
<td>100%</td>
</tr>
<tr>
<td>OB harm</td>
<td>100% EED, 62% pre-eclampsia</td>
</tr>
<tr>
<td>Falls with Injury</td>
<td>94%</td>
</tr>
<tr>
<td>PrU</td>
<td>90%*</td>
</tr>
<tr>
<td>SSI (Colo, AbHyst, KPRO, HPRO)</td>
<td>87%</td>
</tr>
<tr>
<td>VAE</td>
<td>92%</td>
</tr>
<tr>
<td>Readmissions</td>
<td>99%</td>
</tr>
</tbody>
</table>

All remaining baseline data must be submitted before March 9 “lock in.”
HEN Sustainability
Comparison of end of 2014 to new HEN 2.0 baseline

<table>
<thead>
<tr>
<th>Harm topic</th>
<th>Rate End of HEN 1.0</th>
<th>Rate Start of HEN 2.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLABSI</td>
<td>0.4</td>
<td>0.5</td>
</tr>
<tr>
<td>EED</td>
<td>4.4</td>
<td>4.8</td>
</tr>
<tr>
<td>SSI – COLO</td>
<td>5.0</td>
<td>6.0</td>
</tr>
<tr>
<td>SSI – HYST</td>
<td>1.4</td>
<td>1.2</td>
</tr>
<tr>
<td>Readmissions</td>
<td>7.0</td>
<td>7.8</td>
</tr>
</tbody>
</table>

• Fairly stable with large number of additional hospitals reporting.

Looking forward: Milestone 3

• March:
  o Update Kansas HEN dashboard reports to reflect monitoring data submission progress
    • (February data due March 31.)
  o Add new measures to reports

• Up Next:
  o Create/update new analytic reports to reflect improvement progress
## Milestone 3: Monitoring Data Submission

### Core Topics

<table>
<thead>
<tr>
<th>Core Topics</th>
<th>Kansas HEN 2.0 Monitoring submission rate (to date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td>73%</td>
</tr>
<tr>
<td>CAUTI</td>
<td>75%</td>
</tr>
<tr>
<td>CLABSI</td>
<td>74%</td>
</tr>
<tr>
<td>EED</td>
<td>64%</td>
</tr>
<tr>
<td>OB harm</td>
<td>52%</td>
</tr>
<tr>
<td>Falls with Injury</td>
<td>67%</td>
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<tr>
<td>PrU</td>
<td>59%</td>
</tr>
<tr>
<td>SSI (Colo, AbHyst, KPRO, HPRO)</td>
<td>54%</td>
</tr>
<tr>
<td>VAE</td>
<td>53%</td>
</tr>
<tr>
<td>Readmissions</td>
<td>69%</td>
</tr>
</tbody>
</table>

### Updated Data Flow

- **ADE**
- **CAUTI**
- **CLABSI**
- **Falls**
- **HAPU**
- **EED**
- **Readmits**
- **SSI**
- **VTE**
- **HAPU**
- **Addl. Topics**
- **Processes**

**KS SID**

**AHRQ PSI Measures**

**SurveyMonkey**

**Gap Analysis**

**Response Teams**

**Data Entry**

**Data Transfer (by KHC)**

**Report back to Hospital**

**NHSN Preferred**

**Data Analysis Tools & Templates**

**Comparative Reports**

**Aggregate Comparisons**

**Progress Toward Goals**

**HRET**

**Comprehensive Data System (CDS)**

**Program Evaluation**

**QHI**

**NHSN**

**KHC**

**CDC**
Data Systems

- ADE
- CAUTI
- CLABSI
- Falls
- OB
- PrU
- Readmits
- SSI
- VTE
- C. difficile
- Sepsis
- Failure to Rescue
- Culture of Safety
- Process Measures

What if I need help?
(Passwords, adding users, measure selection, reports, etc.)

Stuart Moore
QHi Program Manager
785-276-3104
Smoore@kha-net.org

Sally Othmer
Sr. Director of Data Services and Quality
785-276-3118
Sothmer@kha-net.org

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NHSN

- CAUTI
- CLABSI
- SSI
- VAE
- C. diff.

What if I need help?

Robert Geist
KDHE Health. Assoc. Infections Program
785-296-4202
RGeist@kdheks.gov

NHSN technology support:
nhsn@cdc.gov

The CDC has extensive training documents and videos here:
http://www.cdc.gov/nhsn/training/index.html
State Inpatient Discharge Database

SID/AHRQ

- OB Trauma w/Instrument
- OB Trauma wo/Instrument
- Stage 3+ Pressure Ulcers
- Post-Op PE/DVT
- Post-Op sepsis rate
- FtR Death from serious treatable complications among surgical inpatients

Currently calculated by KHC from KHA's Inpatient Discharges

Data entry into QHi is OPTIONAL (Midas)

Measure details (DRGs, ICD codes etc.) may be found here:

Kansas HEN 2015-2016
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>October, 2015</td>
<td>September, 2015</td>
<td>November 30, 2015</td>
</tr>
<tr>
<td>April, 2016</td>
<td>March, 2016</td>
<td>May 31, 2016</td>
</tr>
<tr>
<td>May, 2016</td>
<td>April, 2016</td>
<td>June 30, 2016</td>
</tr>
<tr>
<td>June, 2016</td>
<td>May, 2016</td>
<td>July 31, 2016</td>
</tr>
</tbody>
</table>
Resources & Upcoming Events

Michele Clark
Program Director
Kansas Healthcare Collaborative
mclark@khconline.org
785-231-1321

NHSN Training: Live Webstream

“Applying the 2016 Changes to Accurately Report HAIs”
February 29 through March 4, 2016

See the agenda and instructions on how to view the webstream at: www.cdc.gov/nhsn/training/2016training.html

- Hosted by NHSN.
- No registration required.

* Sessions will be recorded and archived on the NHSN website for future viewing at a later date.
HRET HEN LISTSERV®

Topics:

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

Subscribe at www.hret-hen.org/inc/dhtml/listserv.dhtml

HRET HEN 2.0
Action Leader Fellowship
Lead by Institute for Healthcare Improvement

March 9 ● April 13
Dates to be announced: May, June, July, August
September: Showcase and sharing of improvement projects
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/events/

Next QI Office Hours:
March 2, 11 am to 12 pm
Resources and Educational Opportunities

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Curriculum Schedule

AHA/HRET Action Leader Fellowship

<table>
<thead>
<tr>
<th>Month</th>
<th>Foundational Fellowship</th>
<th>Experienced Fellowship</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 9</td>
<td>Partner with patients and providers</td>
<td>Develop and Cultivate Teamwork: Leverage contributions from pts and families, while engaging front-line staff</td>
</tr>
<tr>
<td>April 13</td>
<td>Practice improvement essentials</td>
<td>Manage the Meso-system</td>
</tr>
<tr>
<td>May</td>
<td>Guide frontline staff in developing ideas for change</td>
<td>Use coaching skills to get results</td>
</tr>
<tr>
<td>June</td>
<td>Create structures that sustain improvement</td>
<td>Create supportive structures that sustain improvement</td>
</tr>
<tr>
<td>July</td>
<td>Spread successful improvement</td>
<td>Develop sound spread plans that get results</td>
</tr>
<tr>
<td>August</td>
<td>Expand on data: Qualitative and Quantitative</td>
<td>Expand on data: Qualitative and quantitative</td>
</tr>
<tr>
<td>September</td>
<td><em>Showcasing and sharing of improvement projects</em></td>
<td></td>
</tr>
</tbody>
</table>

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Educational Opportunities

Featured national webinars

**Thursday, February 25**

- **11 to 12:30 p.m. CT**
  OB: “No time to wait! Early recognition and treatment of severe preeclampsia”
  Pre-register at https://hret.adobeconnect.com/obharm/event/registration.html

- **2 to 4 p.m. CT**
  SSI: “Improving Surgical Safety: Strategies for Identifying and Addressing Harm”
  Pre-register at https://secure.confertel.net/tsRegisterasp?course=6860818
Featured national webinars

**Thursday, March 3 • 11:00 to 12:30 p.m. CT**
VAE: Ventilator-Associated Events Webinar

**Monday, March 7 • 11:00 to 12:30 p.m. CT**
Rural/CAH Affinity Group Webinar:
High Risk/Low Volume: A Ticking Time Bomb?
Pre-register at:
[https://hret.adobeconnect.com/ruralcahaffinitygroupwebinar/event/registration.html](https://hret.adobeconnect.com/ruralcahaffinitygroupwebinar/event/registration.html)

**Wednesday, March 9 • 12:00 to 1:00 p.m. CT**
TeamSTEPPS® to Improve Patient Transfers from the OR to the ICU
Pre-register at:

New resources in HRET HEN education archives

**CLABSI**
“Nailing CLABSI Prevention!” (Feb. 18 webinar)
[www.hret-hen.org/resources/display/hen-20-clabsi-webinar-nailing-clabsi-prevention](www.hret-hen.org/resources/display/hen-20-clabsi-webinar-nailing-clabsi-prevention)

**SSI**
“Surgical Site Infection Risk Reduction” (Feb. 9 webinar)

**Culture of Safety/Worker Safety** (Jan. 29 webinar)
[www.hret-hen.org/resources/display/hen-20-culture-of-safety-webinar](www.hret-hen.org/resources/display/hen-20-culture-of-safety-webinar)
The American Institutes for Research (AIR) has published a Strategic Vision Roadmap for Patient and Family Engagement (PFE).

Hospitals can use this document to:
• Promote a shared understanding of PFE,
• Learn how to more effectively implement activities associated with the five PFE metrics,
• Identify cross-cutting keys to successful PFE implementation,
• Identify resources that correspond to best practices, and
• Improve sustainability.

www.hret-hen.org/topics/pfe/FINALPFEStratVisionRoadmap.pdf

Our Next HEN 2.0 Milestone (#3)

• All HEN 2.0 data are current (through February) by March 31, 2016.

Please help us collectively meet this target on our way to achieving HEN 2.0 goals.

Kansas HEN 2.0 hospital data analytic reports will be Produced for you following this milestone.
Thanks for all your hard work!

Questions?
Discussion items?

Your KHC Team

785-235-0763

Kansas Healthcare Collaborative