Six months remain to reach HEN 2.0 goals!

Agenda

- Welcome and Announcements
- Health Literacy and Teach Back
- Data and Measures Update
- Resources and Upcoming Events
- Contact Us
Presenters

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Your Work Is Being Recognized

Two KHI articles in March highlight KHC’s work with hospitals to reduce early elective deliveries and examines the link between early elective births and potential financial savings to Medicaid.

Summit on Quality
Hyatt Regency, Wichita - Friday, May 6
Keynote Presenters

Angelo Volandes, MD, MPH
Co-founder and president, ACP Decisions
The Conversation: A Revolutionary Plan for End-of-Life Care

Chris Trimble
Dartmouth Center for Health Care Delivery Science
Leading Innovation in Healthcare Delivery

Program and registration at:
www.khconline.org/summit-on-quality

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 still available!

All three days: $500
Or register for specific modules:
Day 1 $150 | Days 2-3 $350
HEN 2.0

Harm Across the Board (HAB) Improvement Calculator

- A new version of the HAB Improvement Calculator will be released in early April (v5.x?)
  - Will fix technical issues identified in newest release
  - Will include new measures: OB hemorrhage, preeclampsia, *c. diff*, sepsis
  - New/revised tabs
- KHC is helping HRET test the new version this week.
- When new version is ready, KHC plans to provide each hospital the HAB Improvement Calculator already pre-populated with facility-level data.
- Contact Rob Rutherford at KHC with any questions.

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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.

HEN 2.0
Health Literacy & Teach Back

What You Need to Know and Do

Steve Tremain, M.D., FACPE
Physician Improvement Advisor
Cynosure Health Solutions
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FORMULA for a failed discharge
- Don’t know
- Didn’t understand
- Patient is not the care giver
- We told you
- Confused
- Conflicting information
What can we do differently?

Use health literacy when we teach and validate understanding through teach back.

BARRIERS TO COMMUNICATION

Do you understand what I am saying?

Toilet out of order.
Please use floor below.
What does this mean?

- There is a bear in a plain wrapper doing flip flops on 78 handing out green stamps.

PRINTED DISCHARGE INSTRUCTIONS

Your naicisyhp has dednemocer that you have a y pocsonoloc. Y pocsonoloc is a test for noloc recnac. It sevlovni gnitresni a elbixelf gniweiv epocs into your mutcer. You must drink a laiceps diuqil the thgin erofeb the noitanimaxe to naelc out your noloc.
WHAT IT SAYS....

- Your physician has recommended that you have a colonoscopy. Colonoscopy is a test for colon cancer. It involves inserting a flexible viewing scope into your rectum. You must drink special liquid the night before the examination to clean out your colon.

Health Literacy

- Most health materials are written at a level that exceeds the reading skills of the average high school graduate.

- Health literacy is the concept of reading, writing, computing, communicating and understanding in the context of health care.
Nearly 9 out of 10 adults have difficulty using the everyday health information that is routinely available in our health care facilities, retail outlets, media and communities.

Healthy People 2020
U.S. Department of Health and Human Services
“How would you take this medicine?”

395 primary care patients in 3 states

• 46% did not understand instructions ≥ 1 labels
• 38% with adequate literacy missed at least 1 label


HEALTHY PEOPLE 2020 GOALS

• Everyone has the right to health information that helps them make informed decisions, and
• Health services should be delivered in ways that are understandable and beneficial to health, longevity and quality of life.

RED FLAGS TO IDENTIFY PATIENTS AT RISK FOR LOW HEALTH LITERACY

- Frequently missed appointments
- Incomplete registration forms
- Not taking medications or not taking medications as prescribed
- Unable to name medications, explain purpose or dosing
- Identifies pills by looking at them, not reading label
- Unable to give coherent, sequential history
- Ask fewer questions
- Lack of follow-through on tests or referrals

Not a yes/no?

**Health Literacy Assessment**
Adapted from (now) lowest Vital Sign

1. If you eat the entire container, how much sodium will you eat?
   Answer: 200 mg

2. If you are allowed to eat 60 milligrams of sodium as a snack, how much ice cream could you have?
   Answer: 1 serving, 2/3 c, or 1/4 of the container

3. Your doctor advises you to reduce the amount of sodium in your diet. You usually eat 2000 milligrams of sodium each day. If you stop eating ice cream, how much sodium would you eat each day?
   Answer: 1950

4. Pretend that you are allergic to the following: Peanuts, peanuts, latex gloves and bee stings. Is it safe for you to eat this ice cream?
   Answer: No

5. If the patient answered “no” to question 5, ask: Why not?
   Answer: Because it contains peanut oil

**Score = Total # Answered Correctly**

**Interpretation**
- 0 – 1 suggests high likelihood (75%) of limited literacy
- 2 – 3 indicates the possibility of limited literacy
- 4 – 5 almost always indicates adequate literacy

**Nutrition Facts**

- Serving Size: ⅛ cup
- Servings per container: 4

<table>
<thead>
<tr>
<th>Amount per serving</th>
<th>Calories</th>
<th>Fat Cal</th>
<th>%DV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>250</td>
<td>120</td>
<td></td>
</tr>
</tbody>
</table>

| Total Fat | 13g | 20% |
| Sat Fat  | 9g  | 40% |
| Cholesterol | 23mg | 12% |
| Sodium   | 50mg| 2%  |
| Carbohydrate | 30g | 12% |
| Dietary Fiber | 2g |     |
| Sugars   | 22g |     |
| Protein  | 4g  | 8%  |

*Percentages Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

**Ingredients:** Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Maltitol, Peanuts Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.
HOW CAN WE HELP OUR PATIENTS UNDERSTAND HEALTH INFORMATION?

“Universal Precautions”
• Structuring the delivery of care as if everyone may have limited health literacy
  – You cannot tell by looking
  – Higher literacy skills ≠ understanding
  – Anxiety can reduce ability to manage health information
  – Everyone benefits from clear communications

STRATEGIES TO IMPROVE PATIENT UNDERSTANDING

• Focus on “need-to-know” & “need-to-do”
• Demonstrate/draw pictures
• Use clearly written education materials
• Involve patients in the selection and development
• Simulation
The vital few

- Yearly or every year
- Pain in joints
- Having to do with the heart
- Skin doctor
- Elevated sugar in the blood
- High blood pressure
- Water pill

Use plain language

<table>
<thead>
<tr>
<th>Jargon</th>
<th>Plain Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annually</td>
<td>Yearly or every year</td>
</tr>
<tr>
<td>Arthritis</td>
<td>Pain in joints</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>Having to do with the heart</td>
</tr>
<tr>
<td>Dermatologist</td>
<td>Skin doctor</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Elevated sugar in the blood</td>
</tr>
<tr>
<td>Hypertension</td>
<td>High blood pressure</td>
</tr>
<tr>
<td>Lasix</td>
<td>Water pill</td>
</tr>
</tbody>
</table>
How About You?

- How are you assessing health literacy?
- What have you done to improve your educational materials?

TEACH BACK

What is teach back?
Teaching teach back
Monitoring its effectiveness
Teach back is asking patients to repeat in their own words what they have learned.

- It is not a test of the patient, but of how well YOU explained the concept.
- It is a chance to check for understanding and, if necessary, re-teach the information.
THE TEACH BACK CYCLE

Adherence

New Concept: Health Information, Advice, or Change in Management

Clinician Assesses Patient Recall and Comprehension

Clinician Explains New Concept

Patient Recalls and Comprehends

Clinician Clarifies and Tailors Explanation

Clinician Reassesses Patient Recall and Comprehension

Source: Archives of Internal Medicine

WHY USE TEACH-BACK?

• Improves the ability to assess understanding of teaching
• Allows feedback & corrections of misunderstandings immediately
• Increases patient’s confidence in providing self-care
• Encourages active patient/family participation
• Improves the transition from hospital to home
• Improves the overall safety and quality of care

Teaching the topic vs. the patient

<table>
<thead>
<tr>
<th>Topic</th>
<th>Patient</th>
</tr>
</thead>
</table>
| The signs of heart failure:  
  - Dyspnea on exertion  
  - Weight gain from fluid retention  
  - Edema in your lower extremities and abdomen  
  - Fatigue  
  - Dry, hacky cough  
  - Difficulty breathing when supine | I am going to talk to you about the signs of heart failure.  
  The signs of heart failure are:  
  - Shortness of Breath  
  - Weight gain from fluid build-up  
  - Swelling in feet, ankles, legs or stomach  
  - Dry, hacky cough  
  - Feeling more tired, no energy  
  - It’s harder for you to breath when lying down |

Chunk and check

- Teach in small chunks
- Check for understanding
Symptoms to look for

- **Chunk**
  - Increased weight
  - More short of breath than usual
  - More swelling in your legs than usual
  - More dizziness or feeling faint
  - Sleeping upright or in a chair

- **Check**
  - “I want to be sure I help you to understand what to look for when you go home. Can you tell what would make you call the doctor?”

---

Examples

<table>
<thead>
<tr>
<th>Not good</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Got it?”</td>
<td>“I want to be sure I explained everything clearly. Can you please explain it back to me so I can be sure I did?”</td>
</tr>
<tr>
<td>“Any questions?”</td>
<td>“What will you tell your husband about the changes that were made to your blood pressure medicines today?”</td>
</tr>
<tr>
<td>“I want to test you so you need to tell me what I explained to you.”</td>
<td>“We’ve gone over a lot of information, a lot of things you can do to get more exercise in your day. In your own words, please review what we talked about. How will you make it work at home?”</td>
</tr>
<tr>
<td>“Did you get that?”</td>
<td></td>
</tr>
<tr>
<td>“We went over this before.”</td>
<td></td>
</tr>
</tbody>
</table>
Skill building

- Once the theory is taught to staff they need to practice
- Provide time
- Provide scenarios
- Give feedback

VALIDATE COMPETENCY

TEACH BACK METHOD COMPETENCY CHECKLIST
SUTTER HEALTH

<table>
<thead>
<tr>
<th>CRITERIA CHECKLIST</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Defines the concept and definition of Teach Back.</td>
<td></td>
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<tr>
<td>2. Defines “teach back” and offers it in teach-back sessions.</td>
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<tr>
<td>3. Avoid using jargon and technical terms whenever possible.</td>
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<td>4. Ask open-ended questions and avoid closed-ended questions (yes/no questions).</td>
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<td>5. Give plenty of time to practice for patients to prevent.</td>
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<tr>
<td>6. Select an appropriate educational tool to teach the patient.</td>
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<td>7. Have the focus of teaching to 2-4 main points that the patient must know in order to be discharged safely.</td>
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<tr>
<td>8. Review the information to the patient and the family/caregiver.</td>
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<tr>
<td>9. Ask the patient to explain in their own words what they understood or relay a “teach-back” question related to the information that was taught to verify the patient’s understanding of the teaching.</td>
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<tr>
<td>10. Modify the given in understanding and provide additional teaching until the patient is able to re-teach the information that was given.</td>
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<tr>
<td>11. Presents a patient-focused encounter that places the emphasis on the teacher’s communication skills.</td>
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<tr>
<td>12. *Conf to make sure that the patient knew all the basics. *</td>
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<tr>
<td>13. *Just want to make sure that the patient knows anything *</td>
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<tr>
<td>14. *Want to make sure that the patient knows about the basics *</td>
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<tr>
<td>15. *Test the teaching process until the patient confirms that the key message is understood accurately. The &quot;Check&quot; phase of &quot;Check and Check&quot;.</td>
<td></td>
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<tr>
<td>16. Demonstrates the key concepts of &quot;check back&quot; in a real-life scenario.</td>
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</tbody>
</table>

Additional Comments:__________________________________________________________________________

Validator’s Signature __________________________ Date: ____________________
LEADERSHIP’S ROLE

“Good morning. My name is Diane and I am the nurse manager. I am responsible for the overall nursing care on the unit. I see that you have heart failure and want to make sure that we are doing a good job educating you on how to take care of yourself when you leave the hospital. I also want to make sure that you are able to stay out of the hospital so it is important that you understand your discharge instructions. In your own words, can you tell me how you will monitor your weight and when you should be concerned enough to call your doctor?”

How About You?

- How are you teaching teach back to your staff?
- How are you validating staff competency?
- How are you hardwiring teach back?
We can do better

"If they don’t do what we want, we haven’t given them the right information.”

– Vice Admiral Richard Carmona, Former Surgeon General

Related Resources

AHA/HRET HEN Resources

AHA/HRET HEN Website and LISTSERVs
www.hret-hen.org

AHA/HRET HEN Preventable Readmissions Change Package
www.hret-hen.org/topics/readmissions/HRETHEN_ChangePackage_Readmissions.pdf
(See pages 3-4, 7-8 and 15-16 for teach-back information.)

HEN 2.0 Readmissions Webinar, October 29, 2015
Recording and presentation slides
www.hret-hen.org/topics/readmissions/20151029-readmissionswebinars.html
Teach-Back Toolkits

IHC Teach-Back Basics and Educational Materials

Picker Institute
www.teachbacktraining.org/

AHRQ Teach-Back Method

SHM Project BOOST® Implementation Toolkit

Project RED Discharge Toolkit

Educational Recordings

• 5-minute Teach-Back Video
http://nhealthliteracy.org/teachingaids.html

• AMA: Help Patients Understand
https://www.youtube.com/watch?v=cGtTZ_vsjyA

Need Tools on Cultural Competency and Health Literacy?

A great starting point is the Primer: Cultural Competency and Health Literacy guide. It provides teaching tools to improve cross-cultural communications skills, deliver culturally and linguistically appropriate healthcare services to diverse populations, and develop programs and policies to improve health outcomes and reduce health disparities.

Culture and Health Literacy training modules are available at the CDC Health Literacy Website at
SHM Project: Project BOOST

Society of Hospital Medicine (SHM) will offer a free informational webinar about a Project BOOST® quality initiative to reduce readmissions and improve patient care.

Thursday, April 14
1:00 p.m. CDT

SHM Offers:
• One year of mentoring with a QI expert
• Comprehensive Implementation Toolkits
• Literature reviews
• National discussion for networking and sharing tools and resources between hospitals
• Educational webinars
• Online collaborative resources
• And more

Register for webinar here: https://attendee.gotowebinar.com/register/894568744864681218?utm_source=Pulse

Measures & Data Update

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

**HEN 2.0 Core Evaluation Measures**

<table>
<thead>
<tr>
<th>Harm topic</th>
<th>% Current through January monitoring period</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td>65%</td>
</tr>
<tr>
<td>CAUTI</td>
<td>75%</td>
</tr>
<tr>
<td>CLABSI</td>
<td>80%</td>
</tr>
<tr>
<td>EED</td>
<td>65%</td>
</tr>
<tr>
<td>OB harm</td>
<td>75%</td>
</tr>
<tr>
<td>Falls with Injury</td>
<td>40%</td>
</tr>
<tr>
<td>PrU</td>
<td>20%</td>
</tr>
<tr>
<td>SSI</td>
<td>70%</td>
</tr>
<tr>
<td>(Colo, AbHyst, KPRO, HPRO)</td>
<td></td>
</tr>
<tr>
<td>VAE</td>
<td>100%</td>
</tr>
<tr>
<td>Readmissions</td>
<td>70%</td>
</tr>
</tbody>
</table>

*KS Healthcare Collaborative*

**Kansas HEN-wide Snapshots**

*Preliminary, January missing 50% Patient Days*  
Source: HRET HAB Calculator (V.5.4), data as of 03/21/2016
Kansas HEN-wide Snapshots

Readmission within 30 days (All Cause)

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<table>
<thead>
<tr>
<th>Month</th>
<th>Baseline</th>
<th>Goal</th>
<th>All Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 13</td>
<td>0.08</td>
<td>0.07</td>
<td>0.07</td>
</tr>
<tr>
<td>Nov 13</td>
<td>0.07</td>
<td>0.07</td>
<td>0.07</td>
</tr>
<tr>
<td>Dec 13</td>
<td>0.07</td>
<td>0.07</td>
<td>0.07</td>
</tr>
<tr>
<td>Jan 14</td>
<td>0.07</td>
<td>0.07</td>
<td>0.07</td>
</tr>
<tr>
<td>Feb 14</td>
<td>0.07</td>
<td>0.07</td>
<td>0.07</td>
</tr>
<tr>
<td>Mar 14</td>
<td>0.07</td>
<td>0.07</td>
<td>0.07</td>
</tr>
<tr>
<td>Apr 14</td>
<td>0.07</td>
<td>0.07</td>
<td>0.07</td>
</tr>
<tr>
<td>May 14</td>
<td>0.07</td>
<td>0.07</td>
<td>0.07</td>
</tr>
<tr>
<td>Jun 14</td>
<td>0.07</td>
<td>0.07</td>
<td>0.07</td>
</tr>
<tr>
<td>Jul 14</td>
<td>0.07</td>
<td>0.07</td>
<td>0.07</td>
</tr>
<tr>
<td>Aug 14</td>
<td>0.07</td>
<td>0.07</td>
<td>0.07</td>
</tr>
<tr>
<td>Sep 14</td>
<td>0.07</td>
<td>0.07</td>
<td>0.07</td>
</tr>
<tr>
<td>Oct 14</td>
<td>0.07</td>
<td>0.07</td>
<td>0.07</td>
</tr>
</tbody>
</table>
```

Preliminary, January missing 50% Discharges
Source: HRET HAB Calculator (V5.4), data as of 03/21/2016

CMS Partnership for Patients Patient and Family Engagement Metrics

% Kansas HEN Hospitals Responding “Yes” as of 03/08/2016

```
<table>
<thead>
<tr>
<th>Metric</th>
<th>Dec. 2014</th>
<th>Fall 2015</th>
<th>Spring 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>PFE #1</td>
<td>19</td>
<td>30</td>
<td>45</td>
</tr>
<tr>
<td>PFE #2</td>
<td>44</td>
<td>55</td>
<td>66</td>
</tr>
<tr>
<td>PFE #3</td>
<td>25</td>
<td>7</td>
<td>28</td>
</tr>
<tr>
<td>PFE #4</td>
<td>35</td>
<td>30</td>
<td>16</td>
</tr>
<tr>
<td>PFE #5</td>
<td>31</td>
<td>44</td>
<td></td>
</tr>
</tbody>
</table>
```

Dec. 2014 □ Fall 2015 □ Spring 2016
CMS Partnership for Patients Leadership Metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>December 2014</th>
<th>Fall 2015</th>
<th>Spring 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular quality review aligned with the PIP goals?</td>
<td>39%</td>
<td>43%</td>
<td>46%</td>
</tr>
<tr>
<td>A public commitment to safety improvement with transparency in sharing more than core measurement data with the public?</td>
<td>52%</td>
<td>53%</td>
<td>56%</td>
</tr>
<tr>
<td>Do all or nearly all hospital staff have a role or goal in patient safety?</td>
<td>59%</td>
<td>57%</td>
<td>56%</td>
</tr>
<tr>
<td>Does your organization have a board-level quality committee or clinical quality committee?</td>
<td>70%</td>
<td>61%</td>
<td>78%</td>
</tr>
</tbody>
</table>

CMS Partnership for Patients Governance

<table>
<thead>
<tr>
<th>Metric</th>
<th>Fall 2015</th>
<th>Spring 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your hospital offer governance education to your hospital's board members on the importance of quality?</td>
<td>62%</td>
<td>74%</td>
</tr>
<tr>
<td>Does your board know your hospital's total patient harm / safety across the board score?</td>
<td>34%</td>
<td>41%</td>
</tr>
<tr>
<td>Does your board currently have at least one &quot;quality champion&quot;?</td>
<td>42%</td>
<td>44%</td>
</tr>
<tr>
<td>Are financial incentives tied to organizational quality goals?</td>
<td>35%</td>
<td>37%</td>
</tr>
</tbody>
</table>
**CMS Partnership for Patients Disparities**

<table>
<thead>
<tr>
<th>Percentage Kansas HEN Hospitals Responding &quot;Yes&quot; as of 03/08/2016</th>
<th>Fall 2015</th>
<th>Spring 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital collects patient RACE data in standardized way</td>
<td>100%</td>
<td>97%</td>
</tr>
<tr>
<td>Hospital collects patient ETHNICITY data in standardized way</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>Hospital collects patient LANGUAGE preference in standardized way</td>
<td>93%</td>
<td>97%</td>
</tr>
<tr>
<td>Hospital is able to report race and ethnicity by OMB categories</td>
<td>75%</td>
<td>79%</td>
</tr>
<tr>
<td>Hospital uses data to routinely establish goals in reduction of racial and ethnic disparities</td>
<td>24%</td>
<td>28%</td>
</tr>
<tr>
<td>Hospital uses data to routinely identify gaps in care by race and ethnicity</td>
<td>24%</td>
<td>29%</td>
</tr>
<tr>
<td>Hospital uses targeted interventions to reduce disparities</td>
<td>25%</td>
<td>31%</td>
</tr>
</tbody>
</table>

**CMS Partnership for Patients Cultural Competency Practices**

<table>
<thead>
<tr>
<th>Percentage Kansas HEN Hospitals Responding &quot;Yes&quot; as of 03/08/2016</th>
<th>Fall 2015</th>
<th>Spring 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your hospital offer cultural competency training to PHYSICIANS?</td>
<td>29%</td>
<td>32%</td>
</tr>
<tr>
<td>Does your hospital offer cultural competency training to NURSES?</td>
<td>46%</td>
<td>44%</td>
</tr>
<tr>
<td>Does your hospital offer cultural competency training to OTHER frontline staff?</td>
<td>43%</td>
<td>42%</td>
</tr>
<tr>
<td>Does your hospital have a documented plan to recruit a workforce that reflects the organization's patient population?</td>
<td>23%</td>
<td>26%</td>
</tr>
<tr>
<td>Does the hospital have a documented plan to retain a workforce that reflects the organization's patient population?</td>
<td>26%</td>
<td>26%</td>
</tr>
</tbody>
</table>
CMS Partnership for Patients Cultural Competency Practices

% Kansas HEN Hospitals Responding "Yes" as of 03/08/2016

- Does training address available language services? 61% Fall 2015, 64% Spring 2016
- Does training address family/community interactions? 51% Fall 2015, 50% Spring 2016
- Does training address languages spoken by patients? 53% Fall 2015, 56% Spring 2016
- Does training address religious beliefs affecting health care? 46% Fall 2015, 51% Spring 2016
- Does training address diverse health beliefs held by patient populations? 47% Fall 2015, 47% Spring 2016

Has your hospital adopted rapid response teams?

- Yes, 24%
- No Response, 28%
- Not yet, but in progress, 12%
- No, 36%

Failure to Rescue (process measure)
Culture of Safety/Worker Safety (process measure)

9 Kansas hospitals have performed a gap analysis to identify barriers to safe handling of patients.

KHC's goal is to have every Kansas HEN hospital complete this by May 31st.


Additional references:
Minnesota Hospital Association Road Map to a Comprehensive Safe Patient Handling Program http://www.mnhospitals.org/Portals/0/Documents/ptsafety/lift/safe-lift-roadmap.pdf

9 Kansas hospitals have performed a gap analysis to identify barriers to safe handling of patients.

KHC's goal is to have every Kansas HEN hospital complete this by May 31st.


Additional references:
Minnesota Hospital Association Road Map to a Comprehensive Safe Patient Handling Program http://www.mnhospitals.org/Portals/0/Documents/ptsafety/lift/safe-lift-roadmap.pdf

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>
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.

---

**Coming in April:**

- Updated monitoring reports reflecting current data submission.
  - 3/24 – to primary/secondary HEN contacts
- HEN 2.0 data analytic reports released
  - 4/18 – Preliminary draft to primary/secondary HEN contacts for review
  - 4/25 – Final report distributed to CEO, CNO and primary/secondary HEN contacts
- Harm Across the Board Improvement Calculator
  - Updated HAB calculator pre-populated with hospital data
- Leadership dashboard report
  - In development
FAQs

• On the Patients Receiving Complete Discharge Education Verified by Teach-Back or Other Means - HEN 2.0 measure the instructions indicate All eligible patients, Does this include Respite and Swingbed?

• Consistent with guidance on other measures, the hospital should decide which populations to include or exclude, and be consistent for reporting throughout the project. In the spirit of QI, HRET recommends hospitals focus on implementation with all populations.
HRET HEN 2.0
Action Leader Fellowship
Faculty: Institute for Healthcare Improvement

April 13 ● May 11 ● June 15
September: Showcase and sharing of improvement projects
Two tracks:

<table>
<thead>
<tr>
<th>Foundational</th>
<th>Experienced</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 a.m. to 12:00 pm</td>
<td>12:30 to 1:30 p.m.</td>
</tr>
</tbody>
</table>

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

Next QI Office Hours:
March 23, 11 am to 12 pm

More information and educational archive:
[www.hret-hen.org/engage/fellowship.shtml](http://www.hret-hen.org/engage/fellowship.shtml)

---

**HRET HEN LISTSERVs**

<table>
<thead>
<tr>
<th>Topics</th>
<th>Kansas Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Drug Event (ADE)</td>
<td>54</td>
</tr>
<tr>
<td>Data Informatics</td>
<td>12</td>
</tr>
<tr>
<td>Infections – CAUTI, CDI, CLABSI, SSI, &amp; VAE</td>
<td>12</td>
</tr>
<tr>
<td>Early Elective Deliveries &amp; Obstetrical Adverse Events</td>
<td>30</td>
</tr>
<tr>
<td>Patient &amp; Family Engagement/Health Care Disparities</td>
<td>61</td>
</tr>
<tr>
<td>Pressure Ulcers and Falls</td>
<td>51</td>
</tr>
<tr>
<td>Readmissions</td>
<td>42</td>
</tr>
<tr>
<td>Rural/Critical Access Hospitals</td>
<td>59</td>
</tr>
<tr>
<td>Sepsis</td>
<td>12</td>
</tr>
</tbody>
</table>

Subscribe at [www.hret-hen.org/inc/dhtml/listserv.dhtml](http://www.hret-hen.org/inc/dhtml/listserv.dhtml)
Kansas HEN LISTSERV

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.

More than 100 Kansas hospital participants!

Kansas Patient and Family Advisory Council (PFAC) Collaborative

Topeka Workshops for Kansas PFAC Collaborative Participants

**Being Heard: A Story-Telling Workshop**
Wednesday, April 27

**Train-the-Trainer Workshop**
Orientation of and advance utilization of patient/family advisors
Thursday, April 28

Our Instructors

<table>
<thead>
<tr>
<th>Tiffany Christensen</th>
<th>Allison Christensen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Advocate/Project Coordinator</td>
<td>MPH, OTR/L, Project Coordinator</td>
</tr>
<tr>
<td>Patient and Family Engagement North Carolina Quality Center</td>
<td>Duke University Health System</td>
</tr>
</tbody>
</table>

Tiffany and Allison are currently working with the Kansas Healthcare Collaborative to serve as faculty leaders for our Kansas PFAC Collaborative to help hospitals across our state develop effective patient and family advisory councils or to strengthen existing ones.
Featured National Webinars

CMS NCD Pacing Event: Addressing Behaviors that Undermine a Culture of Safety
Thursday, March 24 ● 2:00 to 3:00 p.m. CT
Pre-register at: https://secure.confertel.net/tsRegister.asp?course=6860822

HRET HEN: Pressure Ulcers
Thursday, April 7 ● 11:00 to 12:30 p.m. CT
Pre-register at: https://hret.adobeconnect.com/sepsis20160411/event/registration.html

HRET HEN: Sepsis
Monday, April 11 ● 11:00 to 12:30 p.m. CT
Pre-register at: https://hret.adobeconnect.com/sepsis20160411/event/registration.html

HRET HEN: Adverse Drug Events
Tuesday, April 19 ● 11:00 to 12:30 p.m. CT
Pre-register at: https://hret.adobeconnect.com/adversedrugevents/event/registration.html

HRET HEN: Early Elective Delivery
Thursday, April 21 ● 11:00 to 12:30 p.m. CT
Pre-reg: https://hret.adobeconnect.com/earlyelectivedelivery20160421/event/registration.html

Thanks for all your hard work!

Next Kansas HEN Webinar:
Wednesday, April 27, 2016
10:00 to 11:00 a.m. CDT

Link to pre-register: https://cc.readytalk.com/r/8cfsisrc28aj&eom
Kansas Hospital Engagement Network (HEN 2.0)
March 23, 2016

Your KHC Team

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Program Director
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Susan Runyan
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Kansas Healthcare Collaborative

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