Kansas Hospital Engagement Network (HEN 2.0)

June 22, 2016

Agenda

• Welcome and Announcements
• Hospital Innovation Improvement Network (HIIN)
• Leadership in Quality Profile: Labette Health
• Data and Measures Update
• Upcoming Events, Resources
• Contact Us
Introductions

Presenters

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Kansas Healthcare Collaborative
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Announcements

Our final HEN 2.0 Milestone (#4)

• All HEN 2.0 data are current by August 31.  
  June monitoring data for sure, July preferred.

• All Kansas HEN hospitals have achieved 40/20/0 goals in at least 5 core topics, >8 topics preferred.

Please help us meet our collective HEN 2.0 targets!

See new Kansas HEN 2.0 side-by-side progress report and HRET HEN Improvement Calculator.
Coming soon!
Hospital Improvement Innovation Networks (HIINs)

- CMS released RFP: May 25, 2016
- Proposal due date: June 27, 2016
- Contract awards*: September 2016 (est.)

*HIIN = Base period of two years with 1-year option (est. September 2016 to September 2019)

HIIN Topics

1. Adverse Drug Events
2. Central Line-Associated Blood Stream Infections
3. Catheter-Associated Urinary Tract Infections
4. Clostridium Difficile
5. Falls and Immobility
6. Pressure Ulcers
7. Sepsis and Septic Shock
8. Surgical Site Infections
9. Venous Thromboembolism
10. Ventilator-Associated Events
11. Readmissions

Also will include:
- Patient and Family Engagement
- Diversity and Equity
- And more!
HIINs
Focused on 2 Breakthrough Aims

**GOALS:**

- **20%** Reduction in Hospital-Acquired Conditions
- **12%** Reduction in 30-Day Readmissions

CY2014 baseline

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Thank you for your prompt reply!

**HIIN Expressions of preliminary interest**

Kansas hospitals respond highly favorable to potential HIIN participation with KHC and AHA/HRET.

Stay tuned for developments!
Kansas Hospital Association honored for commitment to quality

Honorable Mention Award
2016 Dick Davidson Quality Milestone Award for Allied Association Leadership recognizes efforts to improve health care quality

Read more: http://www.khconline.org/news/khc-news

Upcoming In-person Events

Kansas Hospital Engagement Network

Regional PFE Workshops
June 23 - Topeka
KMS KaMMCO Conference Center

June 24 - Hays
Sternberg Museum

Featuring national faculty and Kansas hospitals:

Tanya Lord, PhD, MPH
Director, Patient and Family Engagement
Foundation for Healthy Communities

Contact KHC today if interested in attending. Call 785-235-0763.

HEN 2.0 Sharing/Celebration
Thursday, September 15
KMS KaMMCO Conference Center
Topeka, KS

Featuring national faculty and Kansas hospitals:

Kathy Duncan
Institute for Healthcare Improvement with Kansas Action Leader Fellows

Tiffany Christensen and Allison Chrestensen
North Carolina Quality Center with Kansas PFAC Collaborative
Kansas Hospital Engagement Network (HEN 2.0)  

Noon briefings: Medicare’s Mandatory Performance-based Payment Reforms  

Two-part Webinar Series:  

Part 1 – Value-based Purchasing (June 8)  
Link to June 8th recording:  
https://datagen.webex.com/datagen/lsr.php?RCID=015492211e016de665b150971720f22e  

Part 2 – Medicare’s Readmissions Reduction Program and Hospital-Acquired Conditions (Noon to 1 p.m., June 22)  
Registration link:  
https://datagen.webex.com/datagen/onstage/j.php?MTID=ebe01d3f031d9399117830029774e5b11  

Program brochure:  
www.kha-net.org/EducationConvNetTN/EducationEvents/133576.aspx  

Final Rule  
March 8, 2016  

- Allows flexibility for Qualified Health Plans and hospitals with greater than 50 beds to meet the PSO requirement through hospital attestations or current agreements to partner with a PSO, HEN or QIO.  
- Effective January 1, 2017  

“We maintain the documentation requirement as outlined in § 156.1110(b) and clarify that we intend the requirement for plan years beginning on or after January 1, 2017, to be broad and inclusive of examples such as hospital attestations or current agreements to partner with a PSO, HEN, or QIO. We believe that the patient safety standards support a common goal of preventing the risk of patient harm in an effective, sustainable way. We believe it is important to allow for flexibility regarding methods of complying with the new documentation requirements at § 156.1110(b)(2) in order to balance both issuer and hospital burden and to accommodate a variety of types of patient safety initiatives in which hospitals may engage. We also believe that QHP issuers and their contracted hospitals should have flexibility in how they comply with the documentation requirement as they develop their contracts.”

Early July = Survey time!

1. KHC’s 8th Annual Health Care Personnel (HCP) Influenza Immunization Survey
   (Attn: Designated employee Health/Infection Prevention Contact)

2. KHC Early Elective Delivery Follow-up Survey
   (Attn: Obstetric Contact)

3. HEN 2.0 PFE Metrics Survey
   (Attn: Primary/Secondary HEN Contact)

We appreciate your assistance in 100% response for each survey. Statewide results will be shared.

Congratulations!

2016 Leadership in Quality Award

The KHC Leadership in Quality Award is presented annually to a facility that reflects KHC’s vision for health care that is consistent with the Triple Aim of improving the health of populations, enhancing the experience of patients, and reducing the per capita cost of care.

Labette Health

Front row (L to R): Ashley Harlow, PharmD; Teresa DeMerrit RN MSN
APRN NPC; Rachel Merrick RN.
Back row: Brian Williams FACHE, FACMPE, CEO; Kathi McKinney RN
BSN MHCL, CN0; Rebecca Helwig, RN; Kendra Tinsley, KHC Executive Director; Kurt Scott, KaMMCO President and CEO.
2016 Leadership in Quality

Objectives

• Learn from a colleague how their organization achieved Patient Safety Goals in HEN 1.0
• Learn steps used for data transparency
• Identify efforts to improve health outcomes and engage patient, family and communities.
About Labette Health

- Acute Care Hospital in the Rural Southeast Kansas Region since 1961
- Licensed for 99 Beds
- Med/Surg, Intensive Care, Orthopedic Program, OB/GYN, Hospitalist Program, Level III Trauma Center, Inpatient Rehabilitation Unit
- 2016 Blue Cross Blue Shield Distinction+ Orthopedic and Maternity Care

Our Mission

We are Dedicated to Providing Exceptional Healthcare–Centered Around You
Our Vision

To enhance the overall Health of our Communities

Quality and Patient Safety Goals

Align with National Patient Safety Goals/HRET-HEN/CMS Incentive Programs:
- Readmission Reduction
- ADE
- OB HARM
- FALLS
- SSIs
- VBP
- HAC Reduction
Summary of Kansas HEN Outcome Measures
Through December 2015

<table>
<thead>
<tr>
<th>Area</th>
<th>Outcome Measure</th>
<th>Most Recent</th>
<th>Months Submitted</th>
<th>Current Performance</th>
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<tbody>
<tr>
<td>ADE</td>
<td>Naloxone administration</td>
<td>12/2015</td>
<td>22</td>
<td>72.30% med.</td>
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<td></td>
<td>Excessive anticoagulation with Warfarin - Inpatients</td>
<td>12/2015</td>
<td>22</td>
<td>Zero x 7 mos.</td>
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<td></td>
<td>Hypoglycemia in inpatients receiving insulin</td>
<td>12/2015</td>
<td>22</td>
<td>Zero x 3 mos.</td>
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<tr>
<td>GAUTI</td>
<td>CAUTI rate per 1,000 catheter days</td>
<td>12/2015</td>
<td>46</td>
<td>Zero x 25 mm</td>
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<tr>
<td>CLABSI</td>
<td>CLABSI rate per 1,000 central-line days</td>
<td>12/2015</td>
<td>48 (46)</td>
<td>Zero x 44 mm</td>
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<tr>
<td>Falls</td>
<td>Falls with or without injury</td>
<td>12/2015</td>
<td>36</td>
<td>60.03% med.</td>
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<tr>
<td>OB</td>
<td>Elective deliveries at &gt;= 37 Weeks and &lt; 39 weeks</td>
<td>12/2015</td>
<td>36</td>
<td>53% med.</td>
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<tr>
<td></td>
<td>Total OB Blood Transusions</td>
<td>12/2015</td>
<td>22</td>
<td>Zero x 17 mos.</td>
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<td>HAPII</td>
<td>Patients with at least one stage III or greater HAPII</td>
<td>12/2015</td>
<td>35</td>
<td>Zero x 14 mm</td>
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<td>Patients with at least one stage III or greater HAPII</td>
<td>12/2015</td>
<td>33</td>
<td>Zero x 14 mm</td>
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<tr>
<td>Readmit.</td>
<td>Readmission within 30 days (all cause)</td>
<td>12/2015</td>
<td>48</td>
<td>40.73% med.</td>
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<tr>
<td></td>
<td>Heart failure patients: Readmissions within 30 days (all cause)</td>
<td>09/2015</td>
<td>45 (42)</td>
<td>Same reduction</td>
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<tr>
<td>SSI</td>
<td>SSI rate (within 30 days after procedure): Colon surgery procedures</td>
<td>09/2015</td>
<td>38</td>
<td>Zero x 10 mm</td>
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<tr>
<td></td>
<td>SSI rate (within 30 days after procedure): Abdominal hysterectomy procedures</td>
<td>07/2015</td>
<td>24</td>
<td>Zero x 8 mos.</td>
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<tr>
<td></td>
<td>SSI rate (within 30 days after procedure): All surgical procedures</td>
<td>12/2015</td>
<td>48</td>
<td>69% med.</td>
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<tr>
<td>VAE</td>
<td>VAE rate - All units (CDC SRSN)</td>
<td>Pending KHC template update.</td>
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<td></td>
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<tr>
<td>VTE</td>
<td>Potentially preventable VTE</td>
<td>12/2015</td>
<td>36</td>
<td>1.04% med.</td>
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</tbody>
</table>

NOTE: The number of months having ≥0 denominator events is in parentheses. An analysis summary is provided if ≥1 monthly data points are submitted, with ≥1 denominator event. A zero denominator is valid for the OB/EED and VTE outcome measures.

Leadership

- Board of Trustees
  - Board Quality
  - Commitment to Community/Region
    - Town Hall Meetings
  - Admin Forums
  - Employee Engagement
- Patient and Family Engagement
- Proactive versus Reactive Approach
Flow of Quality Data

- Frontline Employee Champions
  - ICU CAUTI
  - Project Red – CHF/COPD
  - Stroke
  - Trauma
  - Falls
- Bed Huddle
- Multidisciplinary Discharge Planning
- Bedside Report
- Safety Committee
- Quality Council
- Board Quality
Process Measurement

- Hospital-wide Ongoing Data Driven Measures
  - Good, Bad, and the Ugly
- CMS Inpatient and Outpatient Reporting
- NHSN
- HEN
  - QHi
  - Harm Across the Board
- Quality Calendar
  - PDCA

Without data you're just another person with an opinion.
-W. Edwards Deming

Harm Across the Board

Number of Harms Prevented for HEN 1.0 328
Cost Savings for HEN 1.0 $2,342,478
**Readmission Reduction**

**30 Day All Cause Readmission Rate**

**Readmissions – Days to Readmit**

**Days to Readmit All Patients 2014**

**Days to Readmit All Patients 2015**
ADE – Naloxone Administration

Naloxone Administration by Unit
Opioid Administration

Leadership in Quality

Patient Centeredness

- Rapid Recovery Joint Program
- Patient and Family Engagement
- Project Red
- Infection Prevention
  - Hand Sanitizers
Community/Population Health

- Rector’s Diabetes Center
- Nursing Home Forum
- Kid’s Camp
- Free Adolescent Sports Physicals
- Level III Trauma Program
- Stroke Ready facility
  - FAST Education
- Community Annual Events

Community/Population Health

- Center of Rehabilitation Excellence (The CORE)
  - Bill and Louisa Wiener Therapy Garden
- Wellness Program
- Express Care
  - Parsons
  - Independence
Culture Change

- Quality Department versus Culture of Quality
  - Leadership
  - Innovation
- Prioritize QI initiatives
- Multidisciplinary approach
- Connect the Dots
  - EBP to Patient Experience

*A bad system will defeat a good person every time.*
-W. Edwards Deming

Sustainability and Spread

- Start Small
  - Don’t try to tackle the world in one day
- PDCA - Learn from failures
- Training, education and policy development
- Continuous quality monitoring
  - Process, Outcomes and Balancing Measures
  - Monthly versus quarterly data collection
  - Data Transparency and Accountability
- Spread to other units
Lessons Learned/Tips for Others

- Culture of Quality and Patient Safety throughout the organization is critical.
  - High level of engagement from frontline staff, directors/managers, medical staff, administration and Board
- Data transparency with the Good, the Bad and the Ugly.
- Graphs and Run Charts versus Dashboards
- Small changes can make a big difference
- And at the End of the Day...

“You cannot manage what you cannot measure...and what gets measured gets done”.
- Bill Hewlett Co-founder of Hewlett Packard

It Takes a Team!
Tools, Resources, Policies

- HEN Fellowship webinars and in-person conferences
- Project Red - [www.bu.edu/fammed/projectred/](http://www.bu.edu/fammed/projectred/)
- HRET-HEN - [www.hret-hen.org](http://www.hret-hen.org)
- AHRQ - [www.ahrq.gov](http://www.ahrq.gov)
- KHC - [www.khconline.org/patient-safety-focus-areas](http://www.khconline.org/patient-safety-focus-areas)
- Networking with peers!

Measures & Data Update

- HEN 2.0 Milestones
- Data Reports
- Quarterly Metrics Survey
- Statewide Progress
- FAQs

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### HRET HEN 2.0 Milestones

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

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

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

**Milestone 4:** (Aug 31, 2016)
- Monitoring data is current, hospitals reach HEN 2.0 goals for at least 5 topics, preferably ≥8.

### Kansas HEN Data Reports:

- HEN 2.0 data analytic reports
  - Refreshed data since preliminary
  - June 23 – Final report to be distributed to CEO, CNO and primary/secondary HEN contacts

- HEN 2.0 Improvement Calculator v6.11
  - Distributed pre-populated tool, June 9, with preliminary side-by-side report

- Milestone 4 Side-by-Side
  - Minor changes and refreshed data since preliminary
  - June 23 – Final report to be distributed to CEO, CNO and primary/secondary HEN contacts
Kansas Hospital Engagement Network (HEN 2.0) June 22, 2016

Kansas HEN 2.0 Data Analytic Report

Executive snapshot

Summary of Kansas HEN Outcome Measures

Milestone 4 Side-by-Side:

Topics Currently Meeting Target

Eligible Topics: %

Facility 250
Facility 745
Facility 514
Facility 684
Facility 420
Facility 362
Facility 788
Facility 126
Facility 455
Facility 846

Access: Adverse Drug Events
CAUTI: Catheter-Associated Urinary Tract Infections
Sepsis: Septic Shock:
Readmission: All cause readmissions within 90 days
CLABS: Central Line Associated Blood Stream Infections
VAP: Ventilator Associated Pneumonia
VAC: Ventilator Associated Cuff Infections
PAC: Patient Falls with Injury
PS: Pressure Ulcers

Kansas Healthcare Collaborative 43
Milestone 4 Side-by-Side:

Tokens and Cell Colors:
- **Green** - A current streak of at least 3 months with zero numerator events, or
- A reduction from baseline of 40% (20% for readmissions)*
- For any measure in the category, e.g., a facility with 1 of 3 ADE measures meeting the above criteria would receive a green ADE status.

- **Yellow** - Reduction from baseline, but not yet achieving target (40% or 20% for readmissions)*
- For any measure in the category.

- **Red** - No reduction from baseline*

- **Grey** - No data submitted, or
- Insufficient data: Fewer than 3 monthly data points submitted, or
- Sparse data: Data was submitted, but there were too few denominator events to evaluate change over time

- **N/A** - Inapplicable focus areas for certain facilities (e.g., CLABSI, SSIs, 09 or VAD)

- **Orange** - Most recent submitted data more than 2 months old
- Otherwise, Green measures will not be shown if stale.

*Current performance is determined by most recent 3 months of monitoring data.
Baseline performance is determined by the program baseline period if available.

Side-by-Side FAQ

- Why are some of my topics not showing up on the Side-by-Side report?

- The most common reason is that your most recent data submission is not current. In the HEN 2.0 analytic reports, “stale” data are highlighted in orange.

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</thead>
<tbody>
<tr>
<td>Naloxone Administration</td>
<td></td>
<td>02/2016</td>
<td>5</td>
<td>18.67% red.</td>
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</table>
Side-by-Side FAQ

- Why are measures not showing up on the Side-by-Side report?

- Kansas HEN-specific measures (SSI Option 2, Falls w/wo Injury) are excluded because they’re not included in HRET’s Milestone 4.
CMS Partnership for Patients Leadership Metrics

% Kansas HEN Hospitals Responding “Yes” as of 06/16/2016

- Regular quality review aligned with the PPF goals?
  - Dec. 2014: 70%
  - Sep. 2015: 52%
  - Mar. 2016: 47%
  - Jun. 2016: 53%

- A public commitment to safety improvement with transparency in sharing more than core measurement data with the public?
  - Dec. 2014: 43%
  - Sep. 2015: 46%
  - Mar. 2016: 50%
  - Jun. 2016: 56%

- Do all or nearly all hospital staff have a role or goal in patient safety?
  - Dec. 2014: 56%
  - Sep. 2015: 57%
  - Mar. 2016: 59%
  - Jun. 2016: 71%

- Does your organization have a board-level quality committee or clinical quality committee?
  - Dec. 2014: 61%
  - Sep. 2015: 70%
  - Mar. 2016: 78%
  - Jun. 2016: 75%

Failure to Rescue (process measure)

- Yes, 19%
- No Response, 37%
- No, 33%
- Not yet, but in progress, 8%
Culture of Safety/Worker Safety (process measure)

11 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 self-assessment during HEN 2.0.

The gap analysis tool can be downloaded from the Minnesota Hospital Association:

Additional references:
Minnesota Hospital Association Road Map to a Comprehensive Safe Patient Handling Program

HEN 2.0: The final stretch
We can make an impact!
What if:
- every Kansas hospital prevented at least 1 more harm...
- each month...
- in each HAC...?
HEN 2.0 Data and Measures Update

**ADE: Naloxone**

<table>
<thead>
<tr>
<th>Date</th>
<th>Oct-15</th>
<th>Nov-15</th>
<th>Dec-15</th>
<th>Jan-16</th>
<th>Feb-16</th>
<th>Mar-16</th>
<th>Apr-16</th>
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<td>0.4</td>
<td>0.4</td>
<td>0.5</td>
<td>0.5</td>
<td>0.3</td>
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<td># Orgs</td>
<td>100</td>
<td>100</td>
<td>98</td>
<td>99</td>
<td>96</td>
<td>89</td>
<td>72</td>
<td>18</td>
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**Need to prevent ≥25 harms**

**ADE: Hypoglycemia**

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<th>Nov-15</th>
<th>Dec-15</th>
<th>Jan-16</th>
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<tr>
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<td>6.7</td>
<td>5.7</td>
<td>6.2</td>
<td>5.9</td>
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<td>5.5</td>
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<td>99</td>
<td>97</td>
<td>90</td>
<td>71</td>
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**Need to prevent ≥24 Harms**
### ADE: Warfarin

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<td>2</td>
<td>2.2</td>
<td>1.6</td>
<td>1.6</td>
<td>2.9</td>
<td>2.6</td>
<td>4</td>
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**Need to prevent ≥8 Harms**

### CAUTI: All Units

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**Need to prevent ≥3 Harms**
Catheter Utilization Rate: All Units

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<th>Nov-15</th>
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<td>84</td>
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Need to prevent ≥3400 catheter days

CLABSI Rate per 1,000 CL Days (All Unit)

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<td>0</td>
<td>0.6</td>
<td>0.6</td>
<td>0.2</td>
<td>0.1</td>
<td>0.3</td>
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<tr>
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<td>85</td>
<td>78</td>
<td>69</td>
<td>61</td>
<td>19</td>
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Going great!
Central Line Utilization Rate: All Units

Need to prevent ≥2600 central line days

Falls with Injury

Need to prevent ≥26 harms
### Patients with at least one Stage II or Greater HAPU

**Kansas Healthcare Collaborative**

<table>
<thead>
<tr>
<th>Date</th>
<th>Oct-15</th>
<th>Nov-15</th>
<th>Dec-15</th>
<th>Jan-16</th>
<th>Feb-16</th>
<th>Mar-16</th>
<th>Apr-16</th>
<th>May-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>KS Rate</td>
<td>0.2</td>
<td>0.3</td>
<td>0.2</td>
<td>0.4</td>
<td>0.4</td>
<td>0.3</td>
<td>0.4</td>
<td>0.4</td>
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<tr>
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<td>88</td>
<td>85</td>
<td>89</td>
<td>88</td>
<td>78</td>
<td>64</td>
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</tbody>
</table>

**Need to prevent ≥4 harms**

**Preliminary Data**

### Early Elective Deliveries (EED)

**Kansas Healthcare Collaborative**

<table>
<thead>
<tr>
<th>Date</th>
<th>Oct-15</th>
<th>Nov-15</th>
<th>Dec-15</th>
<th>Jan-16</th>
<th>Feb-16</th>
<th>Mar-16</th>
<th>Apr-16</th>
<th>May-16</th>
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</thead>
<tbody>
<tr>
<td>Events</td>
<td>10</td>
<td>6</td>
<td>6</td>
<td>8</td>
<td>7</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>KS Rate</td>
<td>5.6</td>
<td>3.3</td>
<td>3.8</td>
<td>4.3</td>
<td>3.8</td>
<td>1.7</td>
<td>2.4</td>
<td>9.8</td>
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<tr>
<td># Orgs</td>
<td>53</td>
<td>55</td>
<td>53</td>
<td>52</td>
<td>48</td>
<td>43</td>
<td>33</td>
<td>11</td>
</tr>
</tbody>
</table>

**More than 2 EEDs /mo. statewide can erase efforts to achieve 2% national benchmark.**

**Preliminary Data**
### Kansas Healthcare Collaborative

**HEN 2.0 Data and Measures Update**

#### Massive OB Blood Transfusions

<table>
<thead>
<tr>
<th>Date</th>
<th>Oct-15</th>
<th>Nov-15</th>
<th>Dec-15</th>
<th>Jan-16</th>
<th>Feb-16</th>
<th>Mar-16</th>
<th>Apr-16</th>
<th>May-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>KS Rate</td>
<td>1.9</td>
<td>3</td>
<td>2.8</td>
<td>1</td>
<td>0</td>
<td>2.6</td>
<td>1.7</td>
<td>5.2</td>
</tr>
<tr>
<td># Orgs</td>
<td>52</td>
<td>54</td>
<td>51</td>
<td>52</td>
<td>48</td>
<td>40</td>
<td>33</td>
<td>11</td>
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**Need to prevent >1 harm**

Preliminary Data

---

#### Readmission Within 30 Days

<table>
<thead>
<tr>
<th>Date</th>
<th>Oct-15</th>
<th>Nov-15</th>
<th>Dec-15</th>
<th>Jan-16</th>
<th>Feb-16</th>
<th>Mar-16</th>
<th>Apr-16</th>
<th>May-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>KS Rate</td>
<td>8</td>
<td>7.8</td>
<td>7.6</td>
<td>8</td>
<td>7.6</td>
<td>7.7</td>
<td>7.4</td>
<td>9.1</td>
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<tr>
<td># Orgs</td>
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<td>102</td>
<td>99</td>
<td>98</td>
<td>86</td>
<td>72</td>
<td>18</td>
</tr>
</tbody>
</table>

**Need to prevent ≥90 readmissions**

Preliminary Data
SSI Rate: Colon Surgeries

Date: Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 Apr-16 May-16
KS Rate: 5.4 3.4 5.2 4 3.1 6.4 7 6.1
# Orgs: 51 47 45 43 37 31 28 15

Need to prevent ≥2 harms

SSI Rate: Abdominal Hysterectomies

Date: Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 Apr-16 May-16
KS Rate: 2.4 1 0.8 2 0 3.22 0 0
# Orgs: 50 46 42 42 37 32 28 14

Need to prevent >1 harm
HEN 2.0 Data and Measures Update

**SSI Rate: Total Knee Replacements**

<table>
<thead>
<tr>
<th>Date</th>
<th>Oct-15</th>
<th>Nov-15</th>
<th>Dec-15</th>
<th>Jan-16</th>
<th>Feb-16</th>
<th>Mar-16</th>
<th>Apr-16</th>
<th>May-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>KS Rate</td>
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<td>1.5</td>
<td>0</td>
<td>0</td>
<td>0.5</td>
<td>1.9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td># Orgs</td>
<td>21</td>
<td>21</td>
<td>22</td>
<td>24</td>
<td>23</td>
<td>19</td>
<td>16</td>
<td>10</td>
</tr>
</tbody>
</table>

Need to prevent ≥1 harm

Preliminary Data

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**SSI Rate: Total Hip Replacements**

<table>
<thead>
<tr>
<th>Date</th>
<th>Oct-15</th>
<th>Nov-15</th>
<th>Dec-15</th>
<th>Jan-16</th>
<th>Feb-16</th>
<th>Mar-16</th>
<th>Apr-16</th>
<th>May-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>KS Rate</td>
<td>1.8</td>
<td>1.8</td>
<td>0</td>
<td>2.1</td>
<td>1.1</td>
<td>2.3</td>
<td>2.2</td>
<td>0</td>
</tr>
<tr>
<td># Orgs</td>
<td>22</td>
<td>22</td>
<td>23</td>
<td>24</td>
<td>22</td>
<td>19</td>
<td>16</td>
<td>10</td>
</tr>
</tbody>
</table>

Need to prevent ≥1 harm

Preliminary Data
HEN 2.0 Data and Measures Update

Ventilators: VAC Rate

<table>
<thead>
<tr>
<th>Date</th>
<th>Oct-15</th>
<th>Nov-15</th>
<th>Dec-15</th>
<th>Jan-16</th>
<th>Feb-16</th>
<th>Mar-16</th>
<th>Apr-16</th>
<th>May-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>9.4</td>
<td>13.5</td>
<td>12.5</td>
<td>7.7</td>
<td>2.5</td>
<td>6.3</td>
<td>6.9</td>
<td>0</td>
</tr>
<tr>
<td>Orgs</td>
<td>29</td>
<td>29</td>
<td>30</td>
<td>28</td>
<td>23</td>
<td>22</td>
<td>18</td>
<td>9</td>
</tr>
</tbody>
</table>

Need to prevent ≥2 harms

Facility-Wide C. difficile Rate

<table>
<thead>
<tr>
<th>Date</th>
<th>Oct-15</th>
<th>Nov-15</th>
<th>Dec-15</th>
<th>Jan-16</th>
<th>Feb-16</th>
<th>Mar-16</th>
<th>Apr-16</th>
<th>May-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>0.5</td>
<td>0.6</td>
<td>0.8</td>
<td>0.5</td>
<td>0.5</td>
<td>0.3</td>
<td>0.7</td>
<td>0.7</td>
</tr>
<tr>
<td>Orgs</td>
<td>77</td>
<td>77</td>
<td>79</td>
<td>83</td>
<td>92</td>
<td>85</td>
<td>75</td>
<td>25</td>
</tr>
</tbody>
</table>

Need to prevent ≥8 harms

Preliminary Data
Need to prevent \geq 5 harms

FAQs

- When will claims measures be shown?

- We are still waiting for the official tool to calculate the AHRQ claims measures. The most recent estimate is the end of June.

- Changes in how some hospitals abstract their records to create inpatient discharge data has caused some delays.
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><strong>June 30, 2016</strong></td>
</tr>
<tr>
<td>June, 2016</td>
<td>May, 2016</td>
<td>July 31, 2016</td>
</tr>
</tbody>
</table>

Resources & Upcoming Events

Michele Clark, MBA, CPHQ, ABC
Program Director
Kansas Healthcare Collaborative
mclark@khconline.org
(785) 235-0763 x1321
Upcoming In-person Events
Kansas Hospital Engagement Network

Regional PFE Workshops
June 23 – Topeka
KMS KaMMCO Conference Center
June 24 – Hays
Sternberg Museum

Featuring national faculty and Kansas hospitals:
Tanya Lord, PhD, MPH
Director, Patient and Family Engagement
Foundation for Healthy Communities

Registration will open soon at www.khconline.org/events/event-list

HEN 2.0 Sharing/Celebration
Thursday, September 15
KMS KaMMCO Conference Center
Topeka, KS

Featuring national faculty and Kansas hospitals:
Kathy Duncan
Institute for Healthcare Improvement
with Kansas Action Leader Fellows
Tiffany Christensen and Allison Chrestensen
North Carolina Quality Center
with Kansas PFAC Collaborative

HRET HEN 2.0
Action Leader Fellowship
Faculty: Institute for Healthcare Improvement

July 13 ● August 17 ● September 7
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/

More information and educational archive:
www.hret-hen.org/engage/fellowship.shtml
Wanted: Case studies, success stories

<table>
<thead>
<tr>
<th>Categories</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topic-specific Case Studies</td>
<td>HEN 2.0 topics – core and optional</td>
</tr>
<tr>
<td>Equity of Care</td>
<td>Hospital success stories on reducing disparities and promoting diversity and inclusion.</td>
</tr>
<tr>
<td>Patient and Family Engagement</td>
<td>HEN hospital success stories in patient and family engagement, specifically the 5 key strategies.</td>
</tr>
<tr>
<td>Huddle for Care</td>
<td>Readmissions, transitions of care</td>
</tr>
</tbody>
</table>

For information about how to submit an idea for a case study, contact Michele Clark, KHC, mclark@khconline.org.

HRET’s New “Up” Campaign

3-Part Webinar Series
Recording are available!

- **WAKE UP**
  [www.hret-hen.org/resources/display/hen-20-english-l-up-campaign-wake-up-webinar](http://www.hret-hen.org/resources/display/hen-20-english-l-up-campaign-wake-up-webinar)

- **GET UP**
  [www.hret-hen.org/resources/display/hen-20-get-up-webinar-l-move-it-or-lose-it-crosscutting-interventions-to-accelerate-improvement](http://www.hret-hen.org/resources/display/hen-20-get-up-webinar-l-move-it-or-lose-it-crosscutting-interventions-to-accelerate-improvement)

- **SOAP UP**
  [www.hret-hen.org/topics/up_campaign/20160609-soapup-webinar-english.shtml](http://www.hret-hen.org/topics/up_campaign/20160609-soapup-webinar-english.shtml)

*Up Campaign highlights the role of crosscutting interventions in reducing multiple hospital-acquired conditions: shifting focus from many interventions to a few with far-reaching impact.*
Featured National Webinars (cont’d)

HRET HEN 2.0 Ventilator-Associated Events Webinar
Thursday, June 23  ●  11:00 to 12:00 p.m.
Pre-register at: https://hret.adobeconnect.com/vae20160623/event/registration.html

PfP Pacing Event: *C. difficile* best practices Webinar
Thursday, June 23  ●  2:00 to 3:00 p.m.
Pre-register at: https://secure.confertel.net/tsRegister.asp?course=6869846

HRET HEN 2.0 Board Composition: Diversity and Equity Webinar
Monday, June 27  ●  11:00 to 12:00 p.m.
Pre-register at: https://hret.adobeconnect.com/ruralcahaffinitygroup20160627/event/registration.html

HRET HEN 2.0 Rural/CAH Affinity Group Webinar
Monday, June 27  ●  11:00 to 12:00 p.m.
Pre-register at: https://hret.adobeconnect.com/ruralcahaffinitygroup20160627/event/registration.html

HRET HEN 2.0 CDI: Sending Stools, Managing Antibiotics and other Practical Information Webinar
Thursday, June 30  ●  11:00 to 12:00 p.m.
Pre-register at: https://hret.adobeconnect.com/cdi20160630/event/registration.html

HRET HEN 2.0 Falls Follow-up Webinar
Wednesday, July 7  ●  11:00 to 12:00 p.m.
Pre-register at: https://hret.adobeconnect.com/falls20160707/event/registration.html

HRET HEN 2.0 CAUTI Webinar
Tuesday, July 12  ●  11:00 to 12:30 p.m.
Pre-register at: https://hret.adobeconnect.com/cauti20160712/event/registration.html

All times listed are Central Time (CT)
Featured National Webinars (cont’d)

HRET HEN 2.0 Foundational Fellowship Webinar #8
Wednesday, July 13 • Foundational - 11:00 to 12:00 p.m.
Pre-register at: https://hret.adobeconnect.com/foundational20160713/event/registration.html

HRET HEN 2.0 Experienced Fellowship Webinar #8
Wednesday, July 13 • Experienced - 12:30 to 1:30 p.m.
Pre-register at: https://hret.adobeconnect.com/experienced20160713/event/registration.html

HRET HEN 2.0 Surgical Site Infections Webinar
Thursday, July 21 • 11:00 to 12:00 p.m.
Pre-register at: https://hret.adobeconnect.com/ssi/event/registration.html

HRET HEN 2.0 Sepsis Webinar
Tuesday, July 26 • 11:00 to 12:00 p.m.
Pre-register at: https://hret.adobeconnect.com/sepsis20160726/event/registration.html

All times listed are Central Time (CT)

Upcoming KHC Events

Kansas HEN 2.0 July Webinar
Wednesday, July 13th • 10:00 – 11:00 am
Register at: https://cc.readytalk.com/r/9h8zg0zuz1x4&eom

Kansas HEN 2.0 PFAC Collaborative Learning Session
Monday, August 15 • 2:00 – 3:00 pm
Registration link is available on private PFAC Collab. web page.

Kansas HEN 2.0 August Webinar
Wednesday, August 24 • 10:00 – 11:00 am
Register at: https://cc.readytalk.com/r/6y7dfmlee1un&eom

Kansas HEN 2.0 Convening Meeting
Wednesday, September 15 • Topeka
Registration will open soon.

All times listed are Central Time (CT)
Thanks for all you do for your patients and for each other!

Next Kansas HEN Webinar:
Wednesday, July 13, 2016
10:00 to 11:00 a.m. CDT

Pre-register at: https://cc.readytalk.com/r/9h8zg0zuz1x4&eom