

# Kansas Hospital Engagement Network 2.0

August 24, 2016



623 SW 10<sup>th</sup> Ave. • Topeka, KS 66612 • (785) 235-0763 • [www.khconline.org](http://www.khconline.org)



Kansas HEN 2.0 August 24, 2016

## Agenda

- Welcome and Announcements
- Hospital sharing:  
*2016 Leadership in Quality Award of Merit Winners*
  - [Holton Community Hospital](#)
  - [Newton Medical Center](#)
- HEN 2.0 Data Update
- Resources, Upcoming Events
- Contact Us



Kansas Healthcare Collaborative 2

Introductions

# Presenters

**Tammy Elliott**  
Patient Care Coordinator/Clinical  
Systems Coordinator  
Holton Community Hospital

**Mandy Bontrager, RN**  
Director of Nursing/Director of Home  
Health and Hospice  
Holton Community Hospital

**Malea Hartvickson, MHCL**  
Director of Quality and Analytics  
Newton Medical Center  
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**Michele Clark, MBA, CPHQ, ABC**  
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**Rob Rutherford, BA**  
Senior Health Care Data Analyst  
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HCP Influenza Immunization Survey

# Thanks to all Kansas hospitals!

## 8<sup>th</sup> Annual Kansas Health Care Personnel (HCP) Influenza Immunization Survey

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

HCP immunization resources are available  
at KHC website:  
[www.khconline.org/initiatives/immunization-project](http://www.khconline.org/initiatives/immunization-project)



KANSAS HEALTHCARE COLLABORATIVE

Announcements	
<p><i>Coming soon!</i></p> <p><b>Hospital Improvement Innovation Networks (HIINs)</b></p>	
CMS released RFP	May 25, 2016
AHA/HRET proposal submitted	June 27, 2016
Contract awards	September 2016*
<p>HIIN = Base period of two years with 1-year option (*September 2016 to September 2019)</p>	
<p>*estimated</p>	
<p>Kansas Healthcare Collaborative 5</p>	

Announcements	
<p><b>HIIN Topics</b></p>	
<ol style="list-style-type: none"> <li>1. Adverse Drug Events</li> <li>2. Central Line-Associated Blood Stream Infections</li> <li>3. Catheter-Associated Urinary Tract Infections</li> <li>4. Clostridium Difficile</li> <li>5. Falls and Immobility</li> <li>6. Pressure Ulcers</li> <li>7. Sepsis and Septic Shock</li> <li>8. Surgical Site Infections</li> <li>9. Venous Thromboembolism</li> <li>10. Ventilator-Associated Events</li> <li>11. Readmissions</li> </ol>	<p>Also will include:</p> <ul style="list-style-type: none"> <li>• Patient and Family Engagement</li> <li>• Diversity and Equity</li> <li>• And more!</li> </ul>
<p>One outcome and one process measure is required for each topic.</p>	
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Announcements

## 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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Announcements

## Kansas HEN 2.0 Collaborative Meeting

### Thursday, September 15

*KMS/KaMMCO Conference Center  
Topeka, KS*

***Learn, share and celebrate with your peers!***  
Featuring guest presenters:

***Kathy Duncan, RN***  
*Institute for Healthcare Improvement  
and faculty for AHA/HRET Action Leader Fellowship*

***Tiffany Christensen and Allison Chrestensen***  
*North Carolina Quality Center and Duke Health  
Systems with Kansas PFAC Collaborative*

***Bruce Spurlock, MD***  
*Cynosure Health*

***Natalie Graves, MPH***  
*Health Research & Educational Trust (HRET)*

Join us in Topeka for an outstanding day of learning, sharing and celebrating as we near the HEN 2.0 finish line... and prepare for the future!

- Featuring an outstanding line-up of national faculty from the Institute for Healthcare Improvement (IHI), Cynosure Health, and the North Carolina Quality Center:
- AHA/HRET Action Leader Fellows: Share your 2016 ALF project in a poster session.
- Team leaders: Share your favorite tool, protocol, poster, PFAC application form, etc.

**Register today at**  
[www.khconline.org/events](http://www.khconline.org/events)

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**Congratulations!**

## 2016 Leadership in Quality Merit Award Winners





**Holton Community  
Hospital**

**Newton Medical Center**

**Phillips County  
Health System**

See more information at:  
[www.khconline.org/news/khc-news](http://www.khconline.org/news/khc-news)




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**Leadership in Quality**




## 2016 Leadership in Quality Award of Merit



**Holton Community Hospital  
Family Practice Associates**

**Tammy Elliott**  
 Patient Care Coordinator/Clinical  
 Systems Coordinator  
[telliott@rhrjc.org](mailto:telliott@rhrjc.org)

**Mandy Bontrager, RN**  
 Director of Nursing/Director of  
 Home Health and Hospice  
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## Holton Community Hospital

## Objectives

- Describe the steps to implement a successful Transitions of Care initiative.
- Identify ways to measure the success of a Transitions of Care initiative.
- Demonstrate initiative value through the Return on Investment (ROI).

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## Holton Community Hospital

## About Holton Community Hospital



- 12-bed Critical Access Hospital
- Rural Health Clinic
- Provide ER, Acute, Surgical, Swingbed and Maternity Services
- Offer Physical, Occupational and Speech Therapy Services
- Offer wide range of ancillary services, such as Cardiac Rehab, Outreach Physician Clinic
- Have a Home Health and Hospice Agency
- Employ 3 MDs, 5 NPs and 2 PAs

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## Quality and Patient Safety Goals

- Provide a Consistent Discharge Process for All Patients
- Provide Excellent Patient Education
- Reduce Our All-Cause Readmission Rate by 20%

## Leadership

- Transitions of Care Team created in 2012
- Project required the creation of a new position
- Spent the first 3-4 months of the project developing that position and roles of that position before getting approval from Administration
- Show benefit to our patients and facility of that new position

## Holton Community Hospital

## Process Measurement

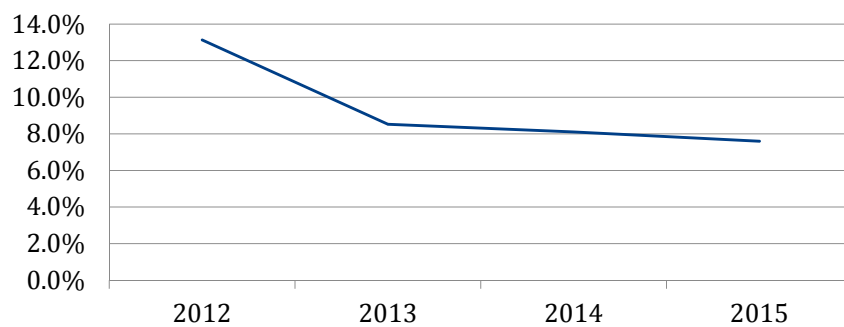
- Readmission rates evaluated monthly (we use an internal method to calculate this)
- Evaluated growth of Home Health and all rehab disciplines
- Evaluate patient satisfaction scores monthly

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## Holton Community Hospital

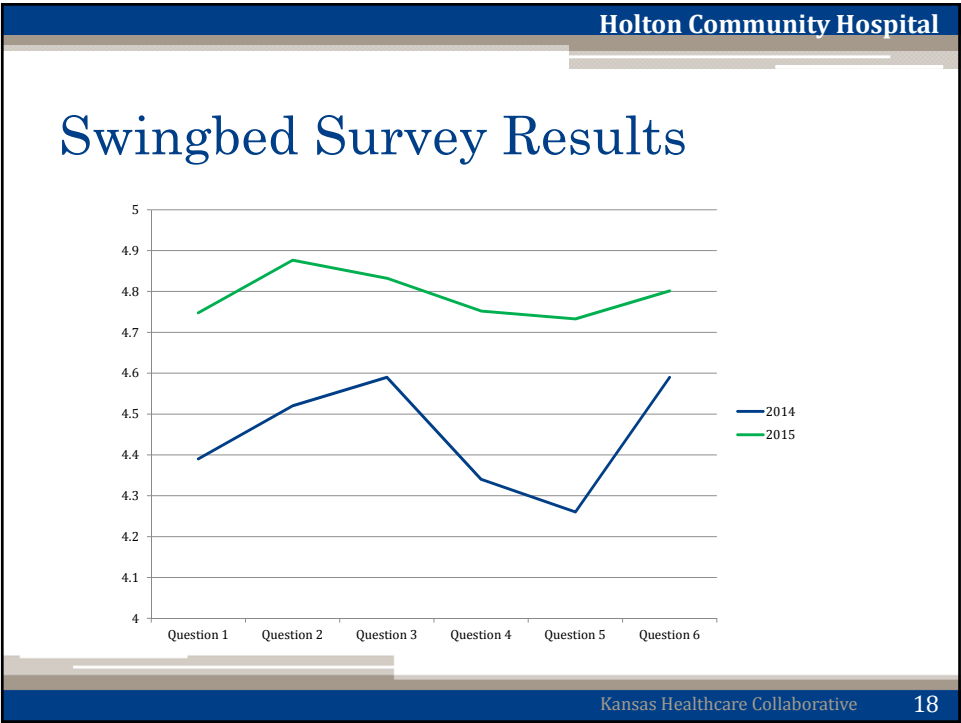
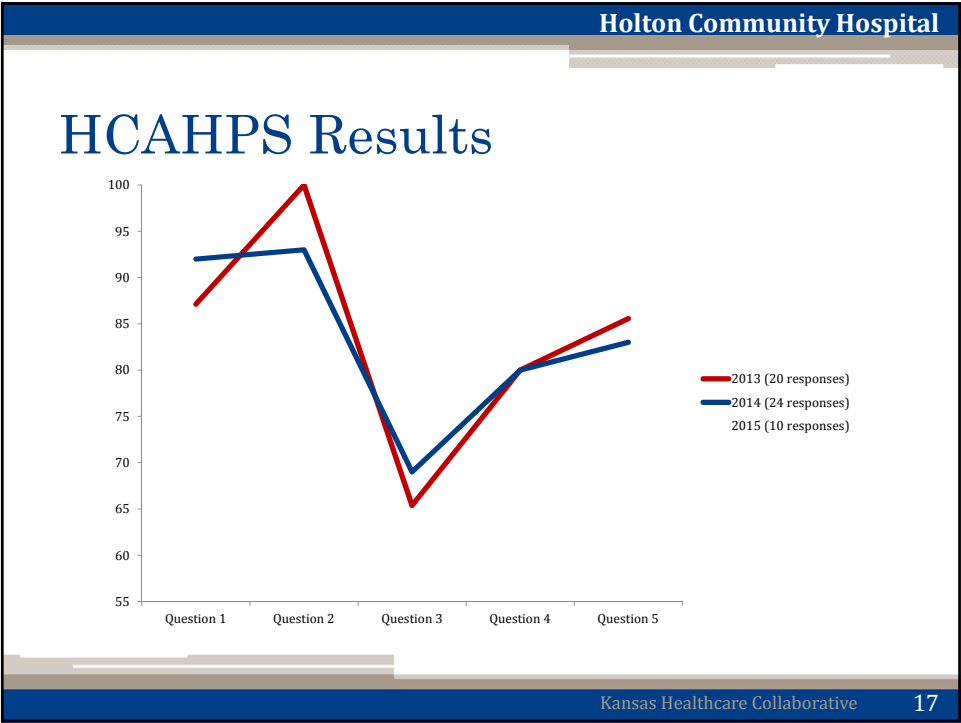
## Yearly Average Readmission Rate

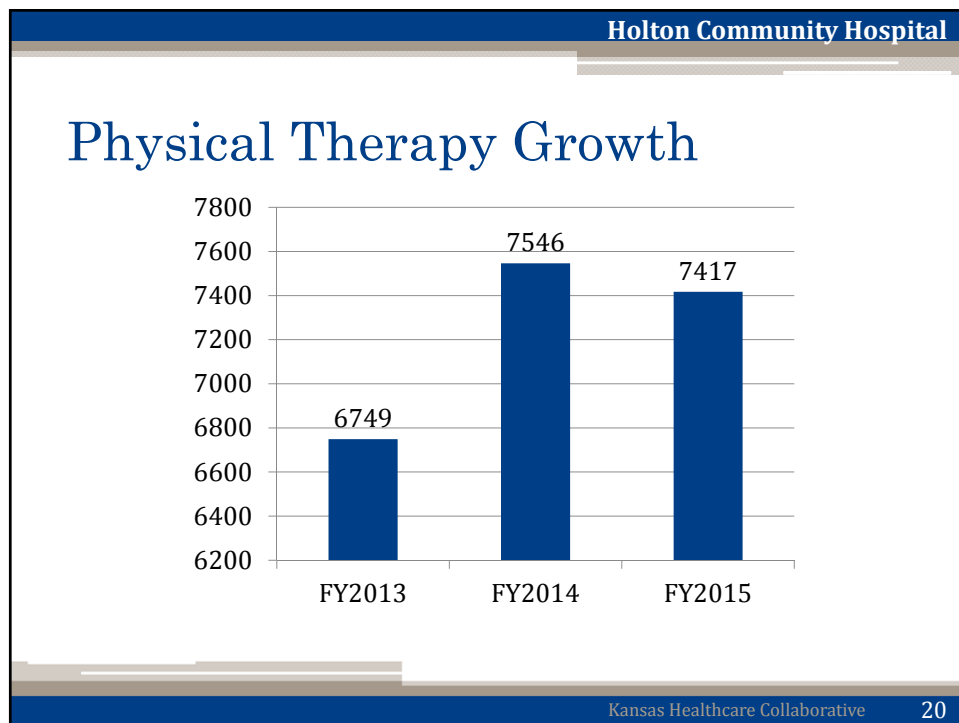
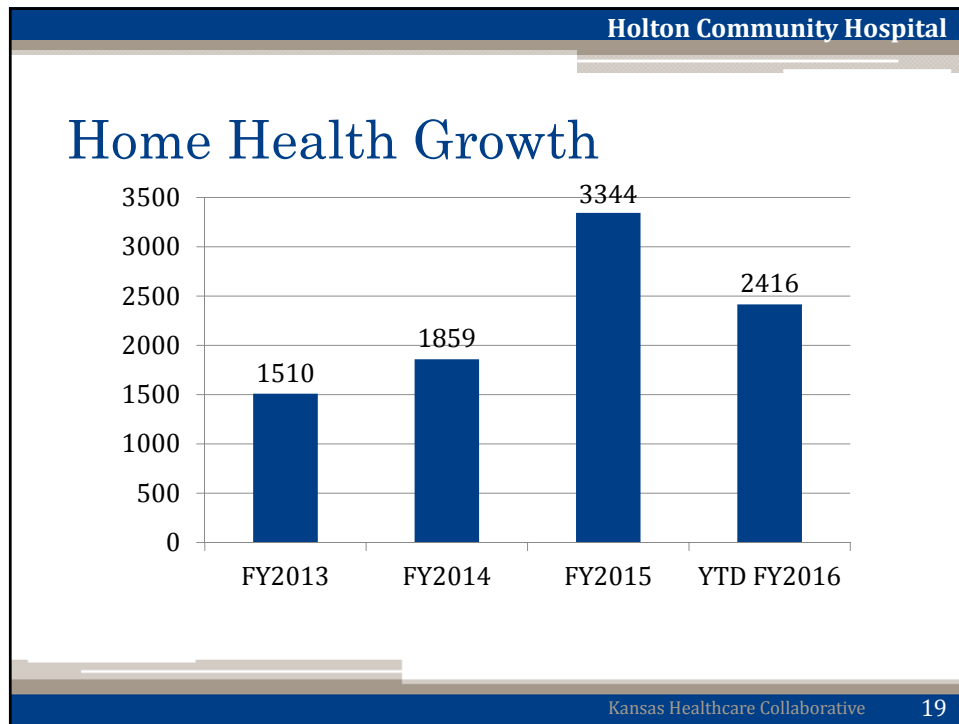


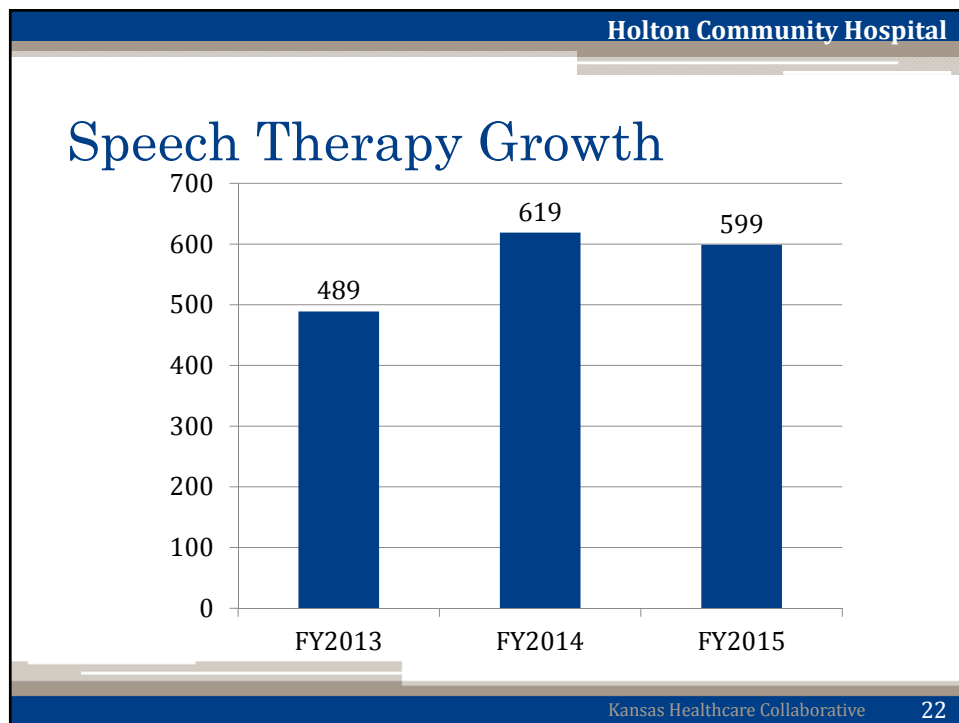
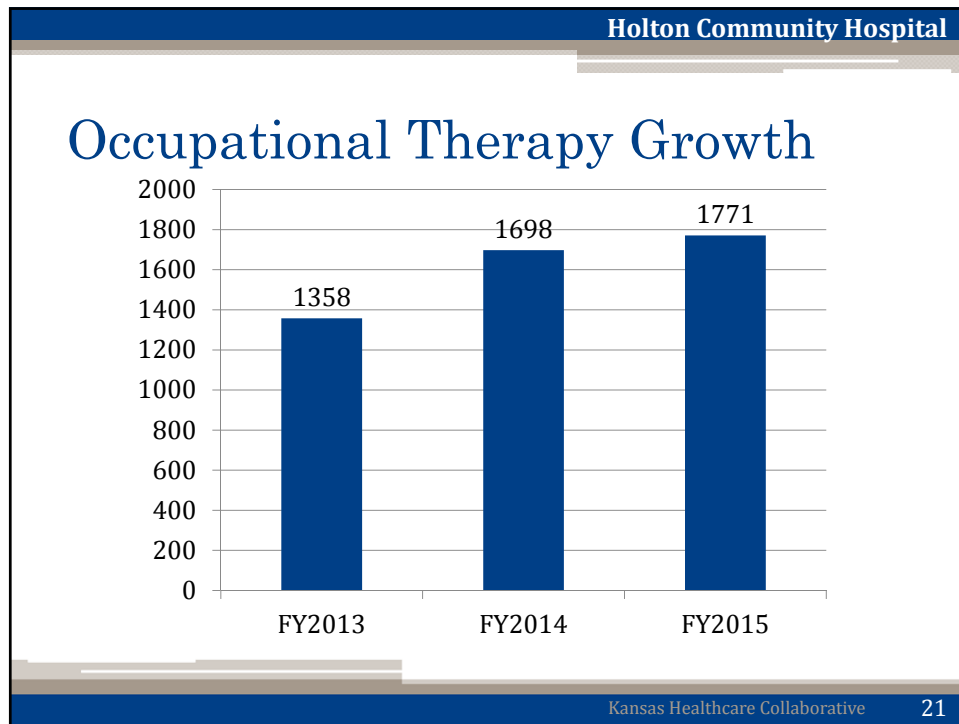
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## Resource Management

- Utilized existing Utilization Review Coordinator as the Patient Care Coordinator (PCC), and combined those duties
- Redefined social work duties to reflect the goals of the team
- Daily patient care team huddle (PCC, SW, nursing staff, HH, Rehab, RX)

## Patient Centeredness

- All patients on the nursing unit, regardless of status, visited by PCC on a daily basis (M-F)
- 2- and 10-day follow-up phone calls made
- Leadership rounding
- Emphasis on providing education to patient every shift

## Community/Population Health

- All acute and swingbed patients returning home are presented with a patient education book
- Yearly community luncheon with other healthcare providers in our community
- Fostered relationships with local HH agencies, NH and AL, and other physician offices
- Monthly Senior Center education

## Culture Change

- Nursing staff feel a part of the discharge process
- Nursing empowered to make discharge suggestions to PCC or SW
- Nurses call PCC or SW first for discharge concerns
- Physicians/Mid-levels use PCC & SW as a resource for discharge planning

## Sustainability and Spread

- PCC & SW also work with the clinic in meeting patient needs
- Transitions of Care Team continues to meet monthly
- Notebooks updated with every patient visit (clinic or nursing)
- Yearly report to Quality Team

## Lessons Learned/Tips for Others

- Don't take on too much too soon
- Go for small wins to build momentum
- Choose one large project to work on at a time
- Have a measureable goal
- Involve front line staff
- Don't wait until the "perfect" time to start the project. Just set a date and DO IT

## Holton Community Hospital

## Tools, Resources, Policies

- Custom Learning Systems Best Practices
- Served on local task forces for transitions of care
- Adaptation of other tools used by other facilities
  - Conferences
  - Webinars
  - Websites

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## Holton Community Hospital

## Our Team



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**Leadership in Quality**



**KaMMCO**  
FOUNDATION Inc.

## 2016 Leadership in Quality Award of Merit



**Newton Medical Center**


*Family friendly. First class.*

**Malea S. Hartvickson, MHCL**  
 Director, Quality & Analytics  
 Newton Medical Center  
 Malea.Hartvickson@newtonmed.com

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**Newton Medical Center**

## About Newton Medical Center



Newton Medical Center is a 103-bed, not-for-profit facility dedicated to providing health care services to residents of Harvey and surrounding counties. Formed in 1988, Newton Medical Center has evolved from an established tradition of excellence.

**Mission:** To excel in providing healthcare by understanding and responding to the individual needs of those we serve.

**Vision:** To be the community's choice for healthcare.

**Values:** Respect. Excellence. Service. Trust.

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Newton Medical Center

## Malea Hartvickson, MHCL



- Employed by Newton Medical Center for ten years
- Director of Quality & Analytics for the past six years
- Holds a Bachelor of Science in business administration
- Holds a Master of Health Care Leadership

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Newton Medical Center

## Background

- Change in leadership
- New focus on strategic plans
- Focus on patient safety
- Goal of proactive organization – how do we predict the future
- Book study
- Activating and empowering staff
  - [NMC University](#)

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Newton Medical Center

## Leadership

- Interdisciplinary Rounds
- Administrative Rounds – To be implemented
- Community Connections
  - Triple “I” Health Care
  - Project Advisory Committee and the Healthy Harvey Coalition
  - YMCA partnership

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Newton Medical Center

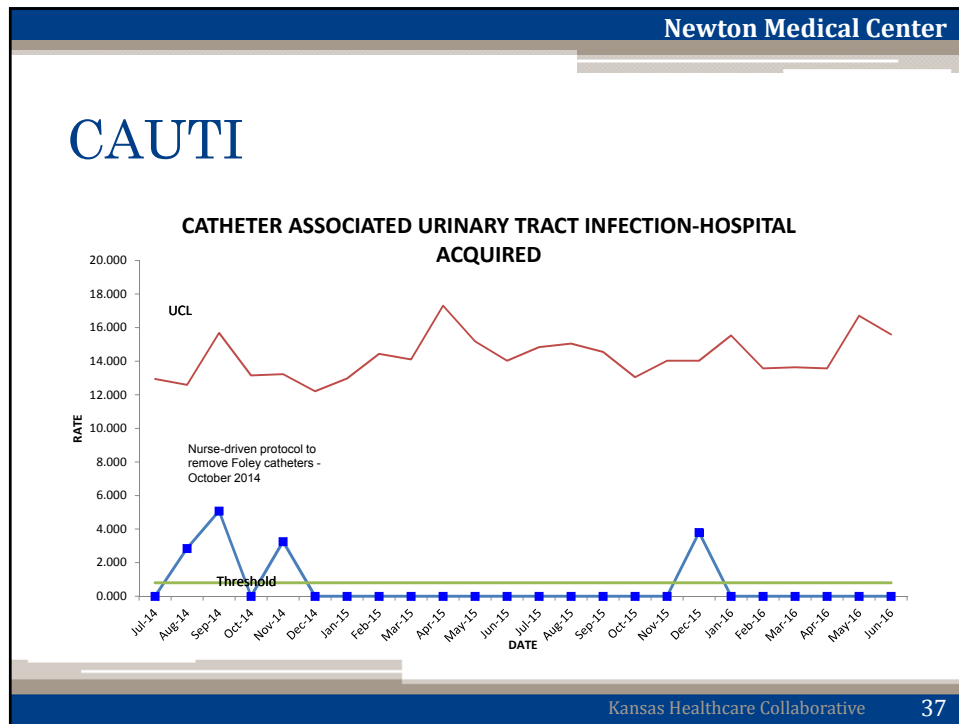
## Process Measurement

- Nursing Leadership Committee
  - CAUTI
  - Fall Committee
  - QAPI reports



The image shows two women standing in a clinical setting. The woman on the left is wearing a black and white patterned top, and the woman on the right is wearing a black top. They are standing next to a flip chart that displays a line graph titled 'NMC's Infection Rates'. The graph shows a downward trend in infection rates over time.

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**Newton Medical Center**

## Resource Management

- Frontline teams
  - Service Excellence Team - AIDET and No Pass Zone
  - Nursing Teams
  - Fall Prevention Committee – Fall Ball
- Patient involvement
  - Hand Hygiene

**AIDET**



**INTRODUCE**  
yourself by sharing your name, job title and what you do at NMC.

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## Patient Centeredness

- Patient and family connections
  - Focus groups
  - Patient & Family Advisory Council (PFAC)



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## Community/Population Health

- Right On Track
- Community health needs assessment and community health improvement project
- Disparities report

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## Culture Change

- Safety Committee
- Nursing Leadership Council
- Teamwork Based Education – in process

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## Sustainability and Spread

- Working towards succession planning
- Culture change
- Survey readiness focus

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Newton Medical Center

## Lessons Learned/Tips for Others

- Leadership sets the expectations and front-line staff are key in change
- Open communication is critical – Team of Teams
- Sharing resources – Team of Teams
- Activating staff is hard to do!

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## Tools, Resources, Policies

- AHRQ
- Kansas HEN
- McChrystal, General Stanley, Tantum Collins, David Silverman, and Chris Fussel. *Team of Teams: New Rules of Engagement for a Complex World*. New York: Penguin Group, 2015. Print.

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## Measures & Data Update

- HEN 2.0 Milestones
- Data Reports
- Statewide Progress
- Beyond HEN 2.0
- Data Systems
- FAQs



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## HEN 2.0 Data and Measures Update

### AHA/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 30, 2016)
  - Monitoring data is current, hospitals reach HEN 2.0 goals for at least 5 topics, preferably  $\geq 8$ .

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## HEN 2.0 Data Timeline

- **Friday, August 25**  
Strive to have all HEN 2.0 data entered in QHi and NHSN.
- **Wednesday, August 30**  
Last day for hospitals to enter data for HEN 2.0 project.
- **Thursday, August 31**  
KHC uploads final batch of Kansas HEN 2.0 data to  
AHA/HRET's Comprehensive Data System
- **Friday, September 1**  
AHA/HRET closes data collection for HEN 2.0 project, so that  
analysis can begin for final project reports.

## Data Transitions

- The majority of topic areas will continue from  
HEN 2.0 to HIIN.
  - We encourage hospitals to continue submitting data  
on a monthly basis for all applicable topic areas.



HEN 2.0 Data and Measures Update

## Kansas HEN Data Reports:

- HEN 2.0 data analytic reports
  - Most recent distributed August 15
- Milestone 4 Side-by-Side Comparative Report
  - Released with the analytic reports on August 15
  - Measures with “stale” data – older than May, are not counted.
  - Showing top-performers (>75%)

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HEN 2.0 Data and Measures Update

## Kansas HEN 2.0 Data Analytic Report

Executive snapshot

Hospital de-identifier

Community Hospital Outcome Measures

Summary of Kansas HEN Outcome Measures

Area	Outcome Measure	Most Recent	Months Submitted	Current Performance
ADE	Naloxone Administration	04/2016	7	No reduction
	Hypoglycemia in Inpatients Receiving Insulin	05/2016	8	Zero to 4 ins.
CAUTI	Excessive Anticoagulation with Warfarin - Inpatients	05/2016	8 (4)	Zero to 4 ins.
	CAUTI rate per 1,000 Catheter Days - ICUs	05/2016	8	Zero to 8 ins.
CLABSI	CAUTI rate per 1,000 Central-Line Days - ICUs	N/A	N/A	N/A
	CLABSI Rate per 1,000 Central-Line Days (All Unit)	05/2016	8 (5)	Zero to 5 ins.
FALLS	CLABSI Rate per 1,000 Central-Line Days (ICUs)	N/A	N/A	N/A
	Falls With Injury	05/2016	8	Zero to 8 ins.
OB	Falls With or Without Injury	05/2016	8	No reduction
	Elective Deliveries at >= 37 Weeks and < 39 Weeks	05/2016	8	No reduction
HAPU	Massive OB Blood Transfusions	05/2016	8 (4)	Zero to 4 ins.
	Pre-eclampsia - ICU Admissions	12/2015	2 (0)	Insuff. data
Readmit.	Patients with at Least One Stage II or Greater HAPU	05/2016	8	Zero to 5 ins.
	Readmission Within 30 Days (All Cause)	05/2016	8	96.80% ins.
SSI	SSI Rate: Colon Surgeries			
	SSI Rate: Abdominal Hysterectomies	N/A	N/A	N/A
SSI	SSI Rate: Total Knee Replacements			
	SSI Rate: Total Hip Replacements	-	0	No data
VAE	SSI Rate: All Surgical Procedures			
	VAC Rate - All Units (CDC NHEN)	N/A	N/A	N/A
VTE	VAC Rate - All Units (CDC NHEN)			
	Hospital Acquired Potentially-Preventable VTE	05/2016	8 (0)	Sparse data
CDI	Facility-wide C difficile Rate	05/2016	8	Zero to 9 ins.
	Harm Events Related to Patient Handling	-	0	No data

Preliminary Kansas HEN 2.0 Analytic Report    Kansas Healthcare Collaborative    June 16, 2016    3 / 38    Affiliate Collaborative    June 21, 2016    1 / 40

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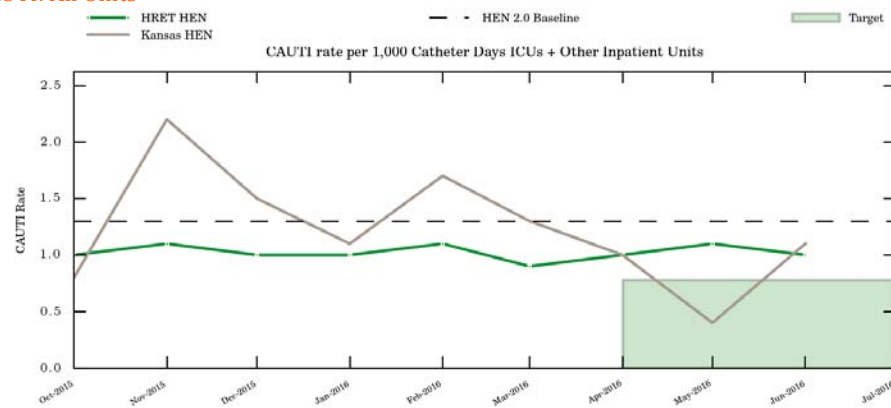
## HEN 2.0: The final stretch

*We can make an impact!*

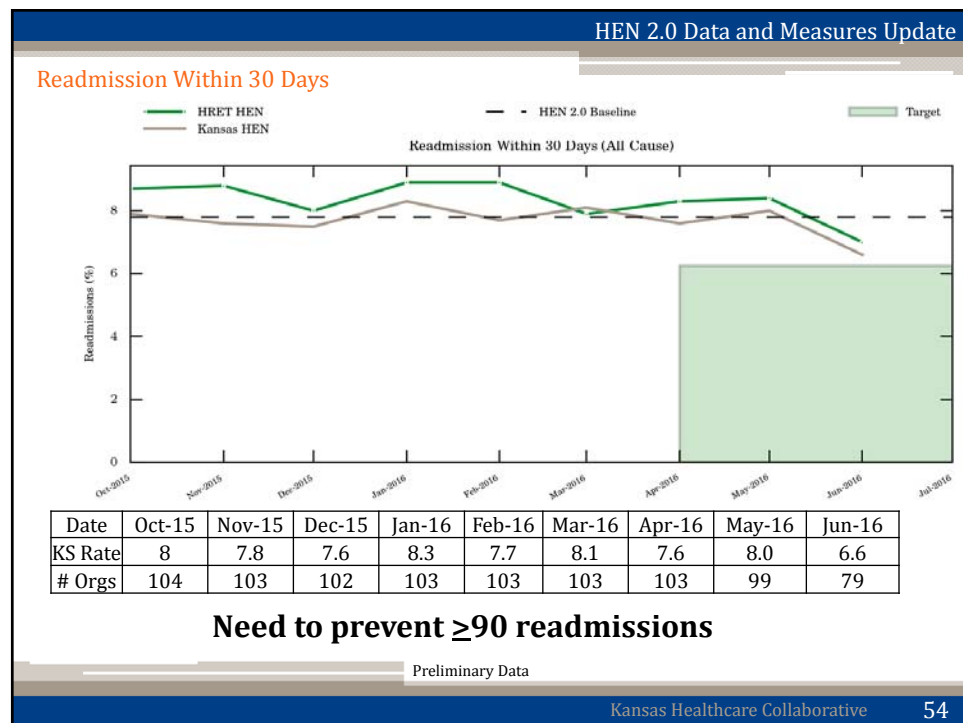
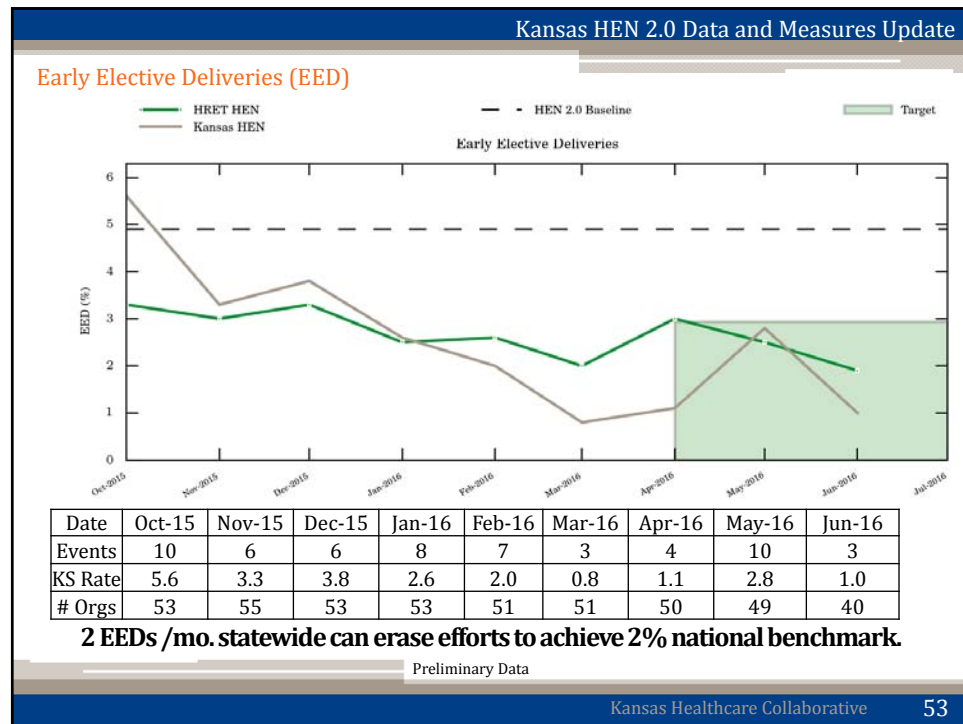
What if:

- every Kansas hospital prevented at least 1 more harm... each month... in each HAC...?

### CAUTI: All Units



Preliminary Data



HEN 2.0 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	December 31, 2015
December, 2015	November, 2015	January 31, 2016
January, 2016	December, 2015	February 29, 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	<b>August 30, 2016</b>
August, 2016	July, 2016	September 30, 2016

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## Resources & Upcoming Events



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**Resources**

## Fluoroquinolone Stewardship

Fluoroquinolones (FQs) are potent antibiotics with potentially serious and permanent side effects. Examples of antibiotics in this class include moxifloxacin, ciprofloxacin, ofloxacin, and levofloxacin.

In July, the FDA updated the warnings for FQs and put limits on their use.

Read the announcement here:  
[www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm513183.htm](http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm513183.htm)



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**Resources**

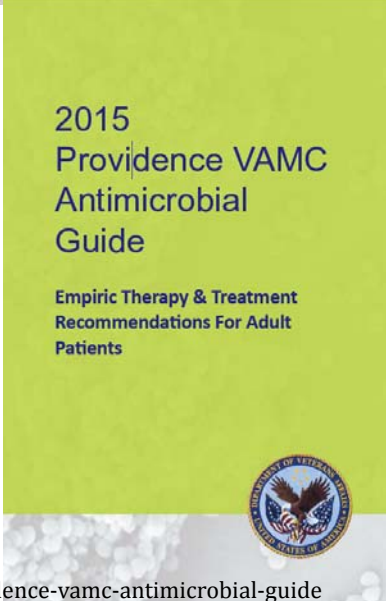
## 2015 Providence VAMC Antimicrobial Guide

U.S. Department of Veteran Affairs

Antimicrobial resistance is globally recognized as one of the greatest healthcare threats. In order to preserve currently available antimicrobials we must use them appropriately; ensuring each patient is on the right antibiotic, route, dose, and duration.

Thanks to hospitals sharing resources on the AHA/HRET HEN list-servs.

Access at:  
[www.hret-hen.org/resources/display/2015-providence-vamc-antimicrobial-guide](http://www.hret-hen.org/resources/display/2015-providence-vamc-antimicrobial-guide)



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Resources

## Management of Postpartum Hemorrhage: Current State of the Evidence

**Clinician Summary** Pregnancy and Childbirth  
Postpartum Hemorrhage

**Management of Postpartum Hemorrhage:  
Current State of the Evidence**

**Focus of This Summary**  
This is a summary of a systematic review evaluating the evidence regarding the potential benefits and harms of medical and/or surgical strategies used to manage postpartum hemorrhage (PPH). Strategies for preventing PPH were not addressed in the review. The systematic review included 68 unique studies published from 1960 to November 2014. The full report, listing all studies, is available at [www.effectivehealthcare.ahrq.gov/postpartum-hemorrhage](http://www.effectivehealthcare.ahrq.gov/postpartum-hemorrhage). This summary is provided to assist in informed clinical decisionmaking. However, reviews of evidence should not be construed to represent clinical recommendations or guidelines.

**Background**  
PPH is commonly defined as blood loss exceeding 1000 milliliters after vaginal birth or cesarean section.<sup>1</sup> PPH is often classified as primary/early (occurring within 24 hours of birth) or secondary/late (occurring from more than 24 hours postbirth to up to 12 weeks postpartum).  
Risk factors for PPH include grand multiparous status, previous history of PPH, prolonged second-stage labor, or a large neonate. Common etiologies of PPH include lack of uterine tone (resulting from one or more of the risk factors listed above), retained placental tissue, or a coagulopathy. PPH is estimated to occur in 6 to 11 percent of births worldwide. In the United States, one study found that the incidence of PPH has increased 26 percent, from 2.3 percent

**Conclusions**  
A limited body of evidence addresses interventions for managing PPH. This does not mean that the interventions reviewed in this summary are ineffective. Diagnosis of PPH is subjective, and management of the condition is urgent, often involving simultaneous initiation of interventions. Therefore, comparing the trajectory of care across studies is challenging. We present here the available evidence regarding PPH interventions for clinicians and policymakers.  
Evidence related to the effectiveness of pharmacological therapies is insufficient because only a few studies evaluating medications were conducted in developed/high-resource countries and could be included in this review. Several studies that were not included in this review evaluated medications in developing countries and generally

This summary from AHRQ is to assist clinicians with clinical decision making related to postpartum hemorrhage. The summary systematically reviews the evidence regarding the potential benefits and harms of medical and/or surgical strategies used to manage PPH.

Access here:  
[www.hret-hen.org/resources/display/management-of-postpartum-hemorrhage-current-state-of-the-evidence](http://www.hret-hen.org/resources/display/management-of-postpartum-hemorrhage-current-state-of-the-evidence)

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Resources

## Final rule: Section 1557

**FEDERAL REGISTER**  
The Daily Journal of the United States Government

**Rule**

**Nondiscrimination in Health Programs and Activities**

A Rule by the Health and Human Services Department on 05/18/2016

**SUMMARY** This final rule implements Section 1557 of the Affordable Care Act (ACA) (Section 1557). Section 1557 prohibits discrimination on the basis of race, color, sex, age, or disability in certain health programs and activities. The final rule clarifies and codifies existing nondiscrimination requirements and sets forth new standards to implement Section 1557, particularly with respect to the prohibition of discrimination on the basis of sex in health programs other than those provided by educational institutions and the prohibition of various forms of discrimination in health programs administered by the Department of Health and Human Services (HHS) or the Department of Education. The rule also prescribes the Department's governance, conduct, and performance of its business, including, here, how HHS will apply the standards of Section 1557 to HHS-administered health programs and activities.

Section 1557 of the ACA makes it unlawful for any healthcare entity receiving funds from the federal government to refuse to treat or otherwise discriminate against an individual based on race, color, national origin, sex, age, or disability.

Questions can be directed to Deborah Stern at KHA. She can be reached at 785-233-7436 or at [dstern@kha-net.org](mailto:dstern@kha-net.org)

[https://www.federalregister.gov/articles/2016/05/18/2016-11458/nondiscrimination-in-health-programs-and-activities?utm\\_campaign=subscription+mailing+list&utm\\_medium=email&utm\\_source=federalregister.gov](https://www.federalregister.gov/articles/2016/05/18/2016-11458/nondiscrimination-in-health-programs-and-activities?utm_campaign=subscription+mailing+list&utm_medium=email&utm_source=federalregister.gov)

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Equity of Care

Home Pledge to Act Resources More...

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

- Toolkit for Achieving Success and Sharing Your Story
- Case studies, newsletter, resources
- **Take the #123forEquity Pledge!**

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## Resources

### 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.*

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Resources & Upcoming Events					
<h2>HRET HEN 2.0</h2> <h3>Action Leader Fellowship</h3> <p>Faculty: Institute for Healthcare Improvement</p> <p><b>September 7</b></p> <p>Showcase and sharing of improvement projects</p> <p>Two tracks:</p> <table border="0"> <tr> <td><b>Foundational</b></td> <td><b>Experienced</b></td> </tr> <tr> <td>11:00 a.m. to 12:00 pm</td> <td>12:30 to 1:30 p.m.</td> </tr> </table> <p>Register at <a href="http://www.hret-hen.org/events/">www.hret-hen.org/events/</a></p> <p>More information and educational archive:  <a href="http://www.hret-hen.org/engage/fellowship.shtml">www.hret-hen.org/engage/fellowship.shtml</a></p>		<b>Foundational</b>	<b>Experienced</b>	11:00 a.m. to 12:00 pm	12:30 to 1:30 p.m.
<b>Foundational</b>	<b>Experienced</b>				
11:00 a.m. to 12:00 pm	12:30 to 1:30 p.m.				
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Resources & Upcoming Events	
<h2>National Webinars</h2> <p>HRET HEN 2.0 <b>Soap Up Office Hours</b> Webinar  <b>Thursday, August 25 • 11:00 to 12:00p.m.</b>            Pre-register at: <a href="http://hret.adobeconnect.com/handhygiene20160823/event/registration.html">http://hret.adobeconnect.com/handhygiene20160823/event/registration.html</a></p> <p>HRET HEN 2.0 <b>Rural/CAH Affinity Group</b> Webinar  <b>Monday, August 29 • 11:00 to 12:00p.m.</b>            Pre-register at: <a href="http://hret.adobeconnect.com/ruralcahaffinitygroup20160829/event/registration.html">http://hret.adobeconnect.com/ruralcahaffinitygroup20160829/event/registration.html</a></p> <p>HRET HEN 2.0: <b>QI Office Hours</b> Webinar  <b>Wednesday, August 31 • 11:00 to 12:00 p.m.</b>            Pre-register at: <a href="http://hret.adobeconnect.com/qiofficehours20160831/event/registration.html">http://hret.adobeconnect.com/qiofficehours20160831/event/registration.html</a></p> <p>HRET HEN 2.0 <b>Leadership Engagement</b> Webinar  <b>Thursday, September 1 • 11:00 to 12:00 p.m.</b>            Pre-register at: <a href="http://hret.adobeconnect.com/leadershipengagement20160825/event/registration.html">http://hret.adobeconnect.com/leadershipengagement20160825/event/registration.html</a></p> <p>All times listed are Central Time (CT)</p>	
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<h2>National Webinars (cont'd)</h2>	
<p>HRET HEN 2.0 <b>Foundational Action Leadership</b> Webinar #10  <b>Wednesday, September 7 • 11:00 to 12:00 p.m.</b>            Pre-register at: <a href="https://hret.adobeconnect.com/founational20160907/event/registration.html">https://hret.adobeconnect.com/founational20160907/event/registration.html</a></p>	
<p>HRET HEN 2.0 <b>Experienced Action Leadership</b> Webinar #10  <b>Thursday, September 7 • 12:30 to 1:30p.m.</b>            Pre-register at: <a href="https://hret.adobeconnect.com/experienced20160907/event/registration.html">https://hret.adobeconnect.com/experienced20160907/event/registration.html</a></p>	
<p>HRET HEN 2.0 <b>CAUTI</b> Webinar  <b>Tuesday, September 8 • 11:00 to 12:00p.m.</b>            Pre-register at: <a href="http://hret.adobeconnect.com/hrethen2/event/registration.html">http://hret.adobeconnect.com/hrethen2/event/registration.html</a></p>	
<p>All times listed are Central Time (CT)</p>	
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<h2>National Webinars (cont'd)</h2>	
<p>HRET HEN 2.0 <b>Spread &amp; Sustainability</b> Webinar  <b>Tuesday, September 13/Thursday, September 15 • 11:00 to 12:00p.m.</b>            Pre-register at: <a href="http://hret.adobeconnect.com/spreadandsustainability20160913/event/registration.html">http://hret.adobeconnect.com/spreadandsustainability20160913/event/registration.html</a></p>	
<p>HRET HEN 2.0 <b>Results and Best Practice Sharing</b> Webinar  <b>Tuesday, September 9/Thursday, September 22 • 11:00 to 12:00 p.m.</b>            Pre-register at: <a href="http://hret.adobeconnect.com/resultsandbestpracticesharing20160920/event/registration.html">http://hret.adobeconnect.com/resultsandbestpracticesharing20160920/event/registration.html</a></p>	
<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>See full list of Upcoming Events at  <a href="http://www.hret-hen.org/events">www.hret-hen.org/events</a>            (Recordings available on topic pages.)</p> </div>	
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**Resources & Upcoming Events**

## Wanted: Case studies, success stories

Categories	Focus
Topic-specific Case Studies	HEN 2.0 topics – core and optional
Equity of Care	Hospital success stories on reducing disparities and promoting diversity and inclusion.
Patient and Family Engagement	HEN hospital success stories in patient and family engagement, specifically the 5 key strategies.
Huddle for Care <a href="http://www.huddleforcare.org">www.huddleforcare.org</a>	Readmissions, transitions of care

For information about how to submit an idea for a case study, contact Michele Clark, KHC, [mclark@khconline.org](mailto:mclark@khconline.org).

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**Kansas Hospital Engagement Network**



We hope to see you in Topeka, September 15!

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785-235-0763

Contact Us

### Your KHC Team



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